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Community-Based Prevention of Sexual Violence on Women and Girl

End of Project Evaluation Report

COMMUNITY-BASED PREVENTION OF SEXUAL VIOLENCE ON WOMEN AND GIRLS

Project supported by
UN Trust Fund to End Violence against Women

Period covered: **January 2020 to December 2022**

Evaluation commissioned by
Cameroon Association for the Protection and Education of the Child (CAPEC)

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This report was written by an independent evaluation team. The analyses presented therein are the views of the authors and not necessarily those of CAPEC, its partners or the UN Trust Fund.

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ACRONYM

| Acronym | Full meaning |
|----------------|--|
| CAPEC | Cameroon Association for the Protection and Education of the Child |
| CBOs | Community-based Organization |
| DAC | Development Assistance Committee |
| EMG | Evaluation Management Group |
| EVAW | End Violence Against Women |
| FBOs | Faith-based Organizations |
| FGD | Focus Group Discussion |
| GBV | Gender-based Violence |
| IDP | Internally Displaced Person |
| KII | Key Informant Interview |
| NGOs | Non-governmental Organization |
| NSAG | Non-state Armed Group |
| OCHA | Office for the Coordination of Humanitarian Action |
| OECD | Organization for Economic Co-operation and Development |
| RDC | Rural Development Consultancy |
| ToC | Theory of Change |
| ToTs | Training of Trainers |
| UNTF | United Nations Trust Fund to end violence against women |

EXECUTIVE SUMMARY

Context

Despite Cameroon's adherence to several international instruments (UN Security Council Resolution 1325 1981 African Charter on Human and People's Rights) and the implementation of initiatives to combat GBV in the country (National Action Plan and a joint programme to combat GBV), VAW/G remain a major cause for concern in the country. Ongoing humanitarian crises in six of Cameroon's 10 administrative regions (refugee crisis in the North, Adamawa, and East Regions; Boko Haram insurgency in the Far North Region; and socio-political conflict in the North West and South West Regions) have exacerbated the incidence of VAW/G in the country in general and the affected regions in particular.

A major consequence of the crisis in the North West and South West Regions has been a surge in the prevalence of VAW/G with up to 380,000 IDP women and girls reported to be in need of GBV services as of January 2020. All six forms of VAW/G have been reported, with over 40% being rape and sexual assault against women/girls. In the specific case of the project area (Kumba), it is estimated that 73% of women and girls have faced psychological and emotional abuse during the crisis.

About the project

CAPEC's "Community-based Prevention of Sexual Violence on Women and Girls" project was a 3-year initiative that sought to improve access to quality and adequate services for VAW/G survivors, improve awareness amongst survivors and those at risk of VAW/G, and improve existing policies and laws to guarantee friendly environments for women and girls in five communities in Meme Division of the South West Region. The expected outcomes were as follows:

Outcome 1: Women and girls including sexual violence survivors, are more effectively engaged, and supported in preventing sexual violence. Under this outcome, the project planned to increase the knowledge and skills of 1000 women and girls and support them to report and respond to sexual violence. It also planned to support survivors to better access services.

Outcome 2: Women and girls' rights networks, women's organizations, and community members, including boys, more effectively influence and promote practices to end sexual violence. To achieve this output, the project envisaged building the capacity of 5000 community members to denounce and prevent sexual violence, strengthen 4 women's organizations in the 5 target communities to prevent and respond to sexual violence, and put in place a community information system to document and share best practices.

Outcome 3: CAPEC staff are institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls. Here, CAPEC planned to put in place institutional resilience to crises and improve its knowledge, skills, and capacity to maintain or adapt the EAW/G intervention and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.

Evaluation objectives and scope

The project came to an end in December 2022, and CAPEC sought a team of consultants to carry out its final evaluation. The main objectives are (i) to evaluate the entire project over its entire implementation period (01/01/2020–31 December 2022) against the effectiveness, relevance, efficiency, sustainability, knowledge generation, and impact criteria, as well as the cross-cutting movement building, gender equality, and human rights criteria, and (ii) to identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes. It covers the entire project duration (from 1st January 2020 to 31st December 2022) and all five target communities, namely Kumba Town, Fiango, Mambanda, Ikikliwindi, and Diongo.

Approach and methodology

The evaluation was designed as a post-test evaluation without a comparison group. The mixed methods approach was used to collect qualitative and quantitative data in a highly interactive process that ran from January 2023 to February 14, 2023. Data collection methods included a desk review of documents and databases, key informant interviews, focus group discussions, direct field observations, a stakeholder poll, and a beneficiary survey.

Key Findings

Relevance: The evaluation found that the results that the project set out to achieve were clearly relevant to the needs of women and girls in the context of the ongoing socio-political crisis in the project area. Specifically, Outcome 1 and the two planned outputs were clearly relevant to the needs of the target women and girls. Targeting women/girls and IDP survivors was relevant, particularly considering that they are the most vulnerable women in the area and frequently have an inadequate understanding of their rights, support choices as well as available services and resources. The project was also consistent with the National Action Plan's objective of protecting women and girls from SGBV in conflict situations, the 2019 harmonized Standard Operating Procedures (SOPs) for prevention and response to GBV in the context of the socio-political crisis in the project area, and UNTF's 2015-2020 strategic plan.

Effectiveness: The project effectively achieved all its planned outputs, surpassing its target in many, leading to several positive changes.

Under outcome 1, the project trained 1013 women and girls on life skills, 370 women and girl mentors on SGBV laws and channels, sensitized 243 community members on laws and policies protecting young women and girls against SGBV, and trained 300 health service providers, community actors, and social workers to provide better care to women and girl survivors. The major changes resulting from the achievement of these outputs include increased knowledge of available GBV services, change in service seeking attitude among women and girls, and improved access to these services.

Under the second outcome, the project trained 405 men and boys to increase their participation as change agents, sensitized 5,000 community leaders and members on SGBV, and accompanied 14 local women and girls' rights networks and associations to carry out evidence-based advocacy at the local level. 83 staff of partner institutions were also trained on SGBV to improve programming quality and strengthen project implementation and monitoring. Major changes resulting from these outputs include improved capacity and increased engagement of community actors, including men and boys, to denounce and prevent sexual violence, and stronger women's networks responding to sexual violence in the communities.

The main outputs achieved under outcome 3 included the training of 100 CAPEC staff, volunteers, and board members on the new SGBV response mechanisms within the context of COVID-19, the training of 100 medical and non-medical actors on clinical management and psychosocial support to survivors, and support to five grassroots women's rights organizations to provide services to vulnerable women and girls hard-to-reach and remote areas. These outputs have strengthened CAPEC's ability to continue implementing its activities despite the COVID-19 pandemic and the challenging security context of the project area.

Efficiency: The evaluation found that the project was efficiently implemented, with over 82% of its expenditures devoted to project activities against 17% operational costs. The community-based approach to project implementation, coordination with key government agencies and other organizations operating in the area, and utilization of the human resources of the implementing organizations all contributed to the efficiency of the project. The evaluation team is, however, of the opinion that more synergy could have been achieved if other organizations operating in the area were involved in the planning phase of the project.

Sustainability: This evaluation finds that the above-mentioned outcomes of the project are likely to persist well beyond the project's lifespan. There is an acceptable level of ownership at the community level, though this could be better institutionalized if the project targeted and changed community systems and mechanisms rather than just community leaders. Progress reports and data from KII and FGDs indicate that local actors and partners have effectively acquired the necessary capacities to maintain and sustain project benefits. There is, however, the risk that they may not be able to mobilize the necessary resources to do so.

Impact: Results of KIIs, FGDs, and beneficiary surveys indicate that the initiative has successfully contributed to lowering VAW/G in the target communities through increased stakeholder engagement and improved access to preventive and response services. The project has also strengthened CAPEC's capacity to act in challenging contexts, including the COVID-19 pandemic and precarious security situations.

There are indications, however, that in cases where men were not properly involved, the intervention is likely to have created more conflict at the family level as some of the men perceive the project as setting their women against them. There is also fear that NSAGs may perceive the interventions as actions against them, which is likely to strain their relationship with the grassroots women's associations.

Feminist/women's movement building: CAPEC's engagement in feminist/women's movement building within the framework of this project consisted mainly of mobilizing and capacitating grassroots women's associations in the target communities to participate in existing movements. By so doing, CAPEC has effectively bridged the gap between rural women and these essentially urban women's movements. This project has also increased rural women's knowledge and awareness of, and consequently access to GBV services provided by these existing women's movements.

The main impact of CAPEC's movement-building work is stronger and more efficient grassroots women's associations, increased stakeholder awareness of the need to end VAW/G and a connection between mostly urban women's movements and the previously disconnected rural women's associations of some of the project communities.

The project was carried out in a gender-sensitive manner, with a primary focus on women and girls, while men and boys were engaged and equipped to become change agents in their communities. The rights-based approach was also used, and human rights were effectively respected and safeguarded.

Key lessons and good practices:

- Supporting already-existing structures and channels and using them to deal with violence against women and girls (VAW/G) enhances sustainability.
- Engaging directly with families and couples results in longer-lasting improvements in the fight against violence against women in homes.
- Combining soft skills (listening and observation) with technical training on VAW/G prevention and response increases effectiveness and efficiency in the fight against VAW/G.

Recommendations

Recommendation 1. Work more through community volunteers as a means of responding to changes in context that hinder or slow direct implementation of community-level activities by project staff.

Recommendation 2: Capacitate and empower community actors, and work with them to design and implement sensitization activities using a participatory approach.

Recommendation 3: Include feedback mechanisms to ensure continuous participatory learning towards the improvement of the strategies to end SGBV in project communities.

Recommendation 4: Identify other actors working to end SGBV in the project area and associate them with planning activities to ensure synergy and complementarity.

Recommendation 5: In addition to capacitating and empowering community leaders, also seek to change or strengthen community systems and mechanisms as a means to promote institutionalisation of ownership, thereby ensuring sustainability.

Recommendations 6: Engage trained service providers in ongoing follow-up, supervision, coaching, and refresher training activities so that they can improve their skills in counselling and case management while expanding to other affected communities and council areas.

Recommendation 7: Specifically target men and boys in order to avoid misunderstanding the purpose, which could be a source of further conflict at home.

Recommendation 8: Include follow-up activities to ensure the implementation of action plans developed by public officials.

Recommendation 9: Create opportunities for cooperative cross-learning between various partners and government service providers as a means to promote networking and coordination of service delivery at the subnational level.

Recommendation 10: Invest in a more rigorous baseline survey to provide baseline statistics for project indicators and make better use of monitoring data towards improving project performance.

Recommendation 11: Assess the various gender and age groups and target them differently with different interventions based on their identified needs in order to ensure relevance to their differing perspectives.

1. BACKGROUND AND CONTEXT

1.1 Context

Cameroon adheres to several international human rights treaties that address the rights of women and the responsibilities of states towards ensuring them. Key among them are the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as well as its optional protocol, UN Security Council Resolution 1325 of October 31, 2000, and the 1981 African Charter on Human and People's Rights (including its protocol on the rights of women in Africa). In line with these international instruments, the country has implemented several initiatives to combat GBVs. These include its first National Action Plan (NAP), covering the period 2018–2020. This action plan identified four overarching objectives, namely: increasing women's participation in conflict prevention and post-conflict reconstruction processes; protecting women and girls from sexual and gender-based violence in conflict; integrating a gender perspective in emergency aid; and strengthening institutional mechanisms and data collection procedures for gender considerations in peace and security issues. In October 2022, Cameroon's Ministry in charge of women's empowerment launched a new joint programme that is expected to pool the efforts of the government, technical and financial partners, and civil society in combating GBV in the country.

Despite Cameroon's adherence to these international instruments and the various initiatives by its government and civil society actors to combat GBV, VAW/G remains a major cause for concern in the country. According to Cameroon's 2018 Demographic and Health Survey (published in 2020)¹, the most common forms of VAW/G are sexual violence, physical violence, early marriage, denial of resources and emotional and psychological violence. The same survey shows that physical violence is the most prevalent as up to 39% of women were victims of this form of gender-based violence at some point in their lives, compared to 28% for emotional violence, 13% for sexual violence and 12% for early marriage.

Ongoing humanitarian crises in six of Cameroon's 10 administrative regions have exacerbated the incidence of VAW/G in the country in general and in the affected regions in particular. The affected regions are the East, Adamawa, and North Regions, which are host to hundreds of thousands of refugees fleeing from conflicts in the Central African Republic since 2002; the Far North Region, where there is a high level of insecurity due to recurrent attacks by the Boko Haram Islamic insurgents from 2012 to date; and the North West and South West Regions, which are experiencing an ongoing socio-political conflict that started in 2016 and later transformed into an armed separatist conflict in 2017.

The socio-political conflict in the North West and South West Regions started as trade-unionist protests by Anglophone lawyers and teachers, followed by general protests by the Anglophone population of the two regions. These protests later transformed into an armed separatist movement in October 2017 with the creation of several non-state armed groups (NSAGs). It should be recalled that the Anglophone community in Cameroon has been complaining about collective and individual rights abuses, inequalities, and marginalization in the management of state affairs and the distribution of resources. This crisis has led to an alarming number of human casualties and massive displacements of civilians starting in early 2018. By January 2020, about 2.3 million people were affected, including over 2000 civilian deaths, 679,000 internally displaced persons (IDPs), 204,000 returnees (former IDPs) and over 50,000 Cameroonian refugees in neighbouring Nigeria².

¹ National Institute of Statistics (Cameroon) and ICF. 2020. 2018 Cameroon DHS Summary Report. Rockville, Maryland, USA: NIS and ICF

² OCHA, Cameroon Situation Report No 15 (January 2020). <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-crisis-situation-report-no-15-31-january-2020#>

The area covered by CAPEC's "Community-based Prevention of Sexual Violence on Women and Girls" project comprises five communities in the three municipal councils that make up Kumba town (Kumba 1, 2, and 3 Councils) and the Konye Council (Ikiliwindi and Diongo). Kumba is the capital town of the Meme Division of the South West Region. It is a cosmopolitan town with inhabitants mainly from various parts of the North West and South West Regions. Since the onset of this socio-political crisis, Meme Division has received the 2nd highest number of IDPs in the two affected Regions (after Mezam Division in the North West) and the highest in the South West Region, with a total of about 63,500 IDPs as of January 2020, representing over 30% of the total number of IDPs in the South West Region and close to 10% of the total IDP population in the two affected regions³.

A major consequence of the crisis is a surge in the prevalence of VAW/G in the two affected regions. In January 2020, the UN Office for the Coordination of Humanitarian Action in Cameroon (OCHA) reported that about 380,000 IDP women and girls were in need of GBV services⁴ in the two affected regions. About 3,300 GBV cases were reported between July and November 2020 with an average of about 80% of survivors being women/girls. All six forms of VAW/G have been reported with over 40% being rape and sexual assault against women/girls⁵. In the specific case of the project area (Kumba), it is estimated that 73% of women and girls have faced psychological and emotional abuse⁶.

The situation has been compounded by the COVID 19 pandemic and prevention measures, which have so far included a temporal school shutdown in 2020 and restriction of gatherings and movements. 62% of respondents of a 2020 UNFPA survey noticed changes in GBV trends since the outbreak of the COVID-19, with the main GBV risks being domestic violence and sex for survival⁷.

This situation has led to serious physical and psychological health consequences for the affected women and girls, their families and communities, and society at large. The consequences for affected women and girls include physical harm and even death, sexually transmissible diseases, trauma, depression, and panic attacks. At the level of the family, there are serious consequences for children, including trauma, depression, and separation (leading to an increase in the number of separated and unaccompanied children). Other consequences include increased poverty among women and an increase in the incidence of conflict at the family, community, and societal levels.

1.2 GBV Prevention and response interventions in the affected regions

Several humanitarian actors, including UN agencies, international and local NGOs, and state institutions, commenced and gradually scaled up interventions in the two affected regions as the crisis unfolded. In June 2018, Cameroon's Head of State announced a 12.7 billion CFAF Humanitarian Plan⁸, which mobilised further efforts from both national and international actors including the United Nations Systems in Cameroon.

³ Idem

⁴ Idem

⁵ OCHA, Cameroon Situation Reports No 21-25 (July – November 2020). <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-situation-report-no-21-31-july-2020>, <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-situation-report-no-22-31-august-2020>, <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-situation-report-no-23-30-september-2020>, <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-situation-report-no-24-31-october-2020>, <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-situation-report-no-25-30-november-2020>

⁶ International Rescue Committee, Cameroon: South West GBV Rapid Assessment (January 2020).

[gbv rapid assesment key findings - south west cameoron - irc - january 2019 - final.pdf](#)

⁷ <https://wcaro.unfpa.org/en/news/impact-covid-19-gender-based-violence-west-and-central-africa>

⁸ <https://www.prc.cm/en/news/2914-12-7-billion-cfaf-emergency-humanitarian-assistance-plan-for-the-north-west-and-south-west-regions>

Response to this crisis, however, developed relatively slowly as a result of difficult access to many parts of both regions and insufficient funding. Access constraints included road barricades put up by NSAGs, harassment by security forces, regular ghost town days, lockdowns, and rising insecurity. Funding remained grossly insufficient compared to the real needs on the ground. In 2019, for example, the funding needed was estimated to be about US\$ 93 million, but only about 22% of this estimated amount was mobilized. These setbacks limited response, especially in the priority areas such as protection and emergency food and livelihood support and prevented assistance from reaching vulnerable persons in difficult access areas.

In the area of GBV prevention and response, interventions in the affected regions consisted mainly of GBV lifesaving awareness messages, dignity kits, psychosocial First Aid, case management services, health care, and life skills training. Key actors included specialized government services (such as the local services in charge of social affairs, women's empowerment, health, and security), UN organs, international and local non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), administrative and municipal authorities, and community leaders. There was however a huge gap between the estimated number of women and girls in need of GBV services and the number effectively reached. In January 2020, for example, only about 2,700 IDP women and girls were reached, representing just about 1% of the estimated 380,000 in need of GBV services⁹. The main reasons for this gap were insufficient funding, difficult access to some parts of the affected regions, and the low capacity and reach of service providers. In Kumba, it is estimated that only 1-3 welfare officers served an average of 15-20 villages with populations of up to 5,000 inhabitants each. Similarly, there was on average one women's welfare officer for about 700–1000 women/girls, making it very difficult to respond to all reported cases. Women and girls therefore continued to suffer from the consequences of GBV in the context of the crisis, including sexual violence, due to the unavailability of lifesaving GBV services.

1.3 Description of the Project

1.3.1 Project purpose/objectives

The project "Community-based prevention of sexual violence on women and girls" was a three-year project (January 2020 to December 2022) supported by UNTF. It was implemented by the Cameroon Association for the Protection and Education of the Child (CAPEC) in five communities: three in the three councils that make up Kumba Town, namely Fiango, Mambanda, and Kumba Town, and two in Konye Council, namely Ikiliwindi and Diongo.

The purpose of the project was to improve access to quality and adequate services for VAW/G survivors, improve awareness amongst survivors of violence and those at risk of VAW/G, and improve existing policies and laws to guarantee friendly environments for women and girls. Specifically, the project aimed to improve women and girls' access to essential, safe, and adequate multi-sectoral services to end VAW/G in Meme Division. The specific form of violence that the project set out to address, according to the project document, was sexual violence against women and girls by non-partners (rape/sexual assault) within the context of the humanitarian crisis affecting the North West and South West Regions of Cameroon. However, according to the TOR for this evaluation, the project also sought to address other forms of violence against women and girls, such as physical violence with a focus on torture, economic violence with a focus on resource deprivation/denial, and emotional and psychological violence.

⁹ OCHA, Cameroon Situation Report No 15 (January 2020). <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-crisis-situation-report-no-15-31-january-2020#>

1.3.2 Beneficiaries

Envisaged primary beneficiaries, as defined in the project document, were women and girls (adolescents from 10–19 years, young women from 20–24 years, and adult women aged 25 years and above). The target was to reach a total of 1000 primary beneficiaries, comprising 500 female IDPs and 500 female members of the five target host communities, with GBV services. Key envisaged benefits were capacity development and services, which were to be provided by CAPEC in collaboration with secondary beneficiaries.

The categories of stakeholders defined as secondary beneficiaries were host community members (5000), health personnel (500), education practitioners (100), and government officials (50), making a total of 5650. These categories were chosen on the basis of their involvement in the fight against VAW/G. Their assigned role in the project was the identification of beneficiaries, trainings, community mobilization and participation, outreach campaigns, and communication, integration of project results and good practices into institutional/organizational action plans, and the provision of medical and legal services.

1.3.3 Key partners involved in the project

CAPEC collaborated with the following actors to implement the project:

- State institutions (Divisional Delegation of Women Empowerment and the Family, Social Affairs, Public Health, Education, and Public Security): These institutions were engaged to provide technical assistance and institutional support for the safety and security of beneficiaries and other stakeholders involved in the project implementation. Also, officials of these institutions benefitted from training organized within the framework of this project and are expected to integrate the results or changes resulting from the project into government action plans for sustainability.
- Local council administration of the three councils that make up Kumba Town and the Konye Council: Through their social services, local council administrators played a key role in community mobilization and participation and were expected to integrate project results into their action plans for sustainability.
- Community-based organizations (CBOs) or groups: The project engaged CBOs for community mobilizations and participation, identification of beneficiaries, community outreach campaigns, service provision, and technical assistance. They benefited from training and support to improve their role in preventing and addressing SGBV in their respective communities.
- Law firms: The project referred SGBV survivors to law firms for legal aid and assistance. Through this collaboration, several perpetrators of SGBV were prosecuted and sentenced.
- Local media: Local media were engaged to sensitize the public on SGBV through radio spots. They also covered some of the events organized within the framework of the project.

1.3.4 Expected outcomes and outputs

The project initially set out to contribute to two outcomes respectively for primary and secondary beneficiaries through the achievement of five planned outputs. A third outcome was later included in response to the COVID Pandemic. The three outcomes and their respective outputs were as follows:

Outcome 1: Women and girls including sexual violence survivors, are more effectively engaged and supported in preventing sexual violence.

- Output 1.1: 1000 women and girls have improved knowledge, skills, and support to report and respond to cases of sexual violence.
- Output 1.2: Survivors of sexual violence are better supported through improved access to sexual and gender-based violence services and linkages with women's rights networks.

Outcome 2: Women and girls' rights networks, women organizations, community members, including boys, more effectively influence and promote practices to ending sexual violence.

- Output 2.1: 5000 Community members, including boys have increased capacities to denounce and prevent sexual violence on women in their communities.
- Output 2.2: 4 Women's organizations and networks in 5 villages in Meme Division are strengthened to prevent and respond to sexual violence.
- Output 2.3: Community information system is established to document, share and adopt best practices.

Outcome 3: CAPEC staff are institutionally strengthened to sustainably respond to COVID 19 pandemic and other crises while maintaining or adapting existing intervention to EVAW/G with a focus on the most vulnerable women and girls.

- Output 3.1: Organization CAPEC have put in place institutional resilience to crises including covid 19 that ensures the stability of project and sustainability of the organization in the longer term.
- Output 3.2: Organization CAPEC have improved knowledge, skills and capacities to maintain or adapt EVAW/G intervention and reach the most vulnerable women and girls while responding to the impact of covid 19 pandemic or other crises.

1.3.5 Project strategies and activities

The project's strategy was rooted in its theory of change (ToC), which stated that if the project (1) provides women and girls a voice, choice, and control through improved knowledge, skills, confidence, and leadership opportunities, (2) provides support to mobilized women/girls and their communities to demand for an environment free from sexual violence, and (3) promotes community-based systems and strategies to protect, respond to, and monitor rights that are violated, then sexual assault and the acceptability of violence would reduce in the Kumba 1, 2, and 3 council areas. This would lead to women/girls, communities, community-based organizations, and systems having increased willingness, confidence, and ability to report, prevent, and respond to cases of sexual violence on women and girls. On the basis of this ToC, the project planned to achieve its intended results through two main interdependent and mutually reinforcing strategies, namely sexual violence prevention and sexual violence response.

Activities were planned within the framework of these strategies at three levels, as follows:

At the level of the survivors (direct beneficiaries), the project set out to:

- Provide psychosocial support to survivors through counselling.
- Refer sexual abuse cases to relevant authorities at the community level.
- Organize 1 session per year with 5 communities on laws and policies protecting young women and girls against sexual violence.

- Train 1,000 women and girls in school clubs and carry out training of trainers (ToTs) in life skills (leadership and awareness, building confidence and self-esteem, mood and emotion management, and communication skills).
- Train 280 women and girls mentors (one mentor for every 20 girls) on sexual violence laws, how to report cases, and how to help girls become part of society;
- Develop and print sexual violence tools to use with community-based organisations, associations, and safe spaces.

At the community level, the project planned to:

- Mobilize and train 300 men and 100 boys through community groups, to increase male participation as change agents.
- Organize awareness meetings with 5,000 community leaders and members on SGBV and the importance of social inclusion through existing social structures and community gatherings.
- Produce radio spots three (3) times a year and organize community role plays/theatre that aims to sensitized the community on sexual violence.
- Produce communication materials i.e., posters, comics, and information sheets to reach as many people as possible.

At the level of the wider society, the project intended to:

- Support the establishment and linkage of four (4) women's and girls' rights networks.
- Train women's and girls' networks in evidence-based advocacy and human rights-based approach.
- Bring women and girls' rights networks and local councils together with authorities on a bi-annual basis to engage in policy work, focusing on ensuring services are gender sensitive and accessible to all women and girls.
- Support 14 women's organization to organize campaigns and annual debates at community levels to advance the fight against sexual violence.
- Train partner staff on sexual violence and programming.

The following figure summarizes the project strategy:

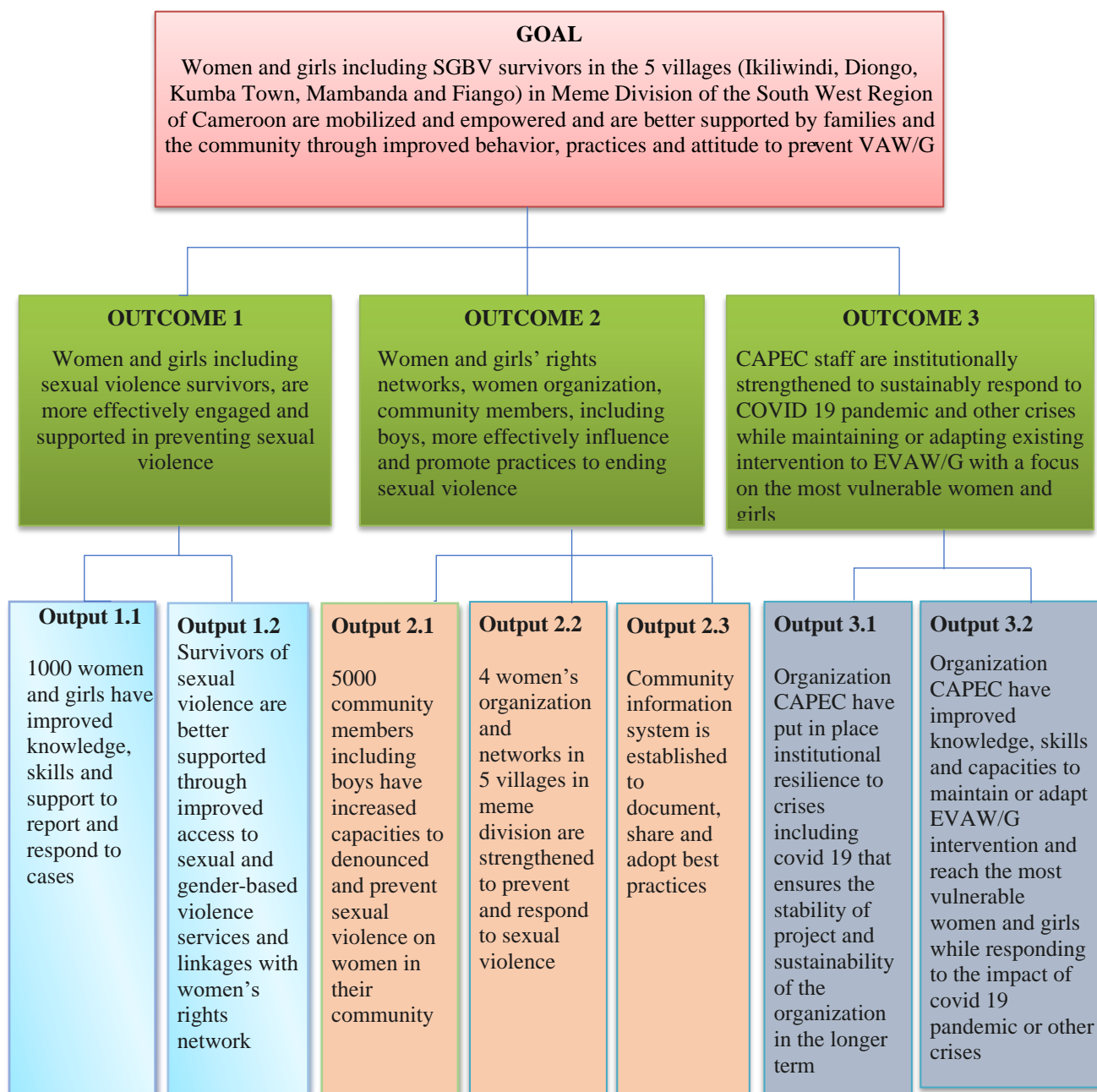


Figure 1. Project strategy

1.3.6 Project budget

The project budget and expenditures disaggregated by source are presented in Table 1.

Table 1. Project budget and expenditure

| No | Source | Amount in USD |
|----|--------------|----------------|
| 1 | UNTF | 290,000 |
| 2 | CAPEC | 12,000 |
| | Total | 302,000 |

2. OBJECTIVES AND SCOPE OF THE EVALUATION

2.1 Objectives of the evaluation

The main objectives of this evaluation are (i) To evaluate the entire project over its entire implementation period (01/01/2020 – 31 December 2022) against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting movement building, gender equality and human rights criteria; (ii) To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes. Specifically, this evaluation seeks to:

- Assess the degree to which project goal and objectives were achieved.
- Assess the changes on community awareness/communities' and changes that resulted on service providers who benefited from the project.
- Identify any gaps or needs for GBV response capacity building.
- Document the lessons learned and record opportunities and gaps.
- Provide recommendations for project development and improvement.
- Evaluate key cross cutting issues and success of coordination with stakeholders.
- Assess the added value of the project.
- Assess collaboration between service providers and key stakeholders on information and data sharing to strengthen services or reduce VAWG.
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes.

2.2 Scope of the Evaluation

This evaluation covers the entire project duration (from 1st January 2020 to 31st December 2022). It was carried out in all five target communities, namely Kumba Town, Fiango, Mambanda, Ikikliwindi and Diongo.

Participants of the consultation process include both primary beneficiaries (IDP women and girls, female host community members, and men and boys) and secondary beneficiaries. The categories of secondary beneficiaries targeted for consultation:

- Leaders of CBOs
- Education professionals (teachers and school authorities)
- Officials of specialized government technical services
- Local administrative and municipal authorities
- Local media practitioners
- Officials of law firms providing support to survivors of VAW/G
- Community leaders
- Project staff
- Community volunteers

It should be noted that the project initially comprised only the first two outcomes. The third outcome was added in response to the COVID 19 pandemic which broke out a few months after the project kicked off. All three outcomes have been assessed against the five standard (OECD-DAC) evaluation criteria of relevance, effectiveness, efficiency, impact, and sustainability.

UNTF's support to this project was provided within the framework of its "Spotlight Initiative" which seeks to promote feminist/women's movement building. This evaluation therefore assesses CAPEC's effectiveness in feminist/women's movement building towards ending VAW/G during the project period. The evaluation also assesses the project against the crosscutting criteria of knowledge generation and gender equality and Human Rights.

2.3 Evaluation Questions

To achieve its objectives, the evaluation seeks to respond to the following questions under each of the above-mentioned criteria:

Relevance

- To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
- To what extent does the project respond to priority needs of women and girls/children?
- To what extent is the project consistent with UN Women, UNTF and Government priorities?
- How did changes in the context of the project, specifically due to the COVID-19 pandemic, affect CAPEC and the project?
- How did the CAPEC/the project adapt to these changes in context?

Effectiveness

- To what extent were the intended project goal, outcomes, and outputs (project results) achieved, and how?

Efficiency

- What resources did CAPEC, and its partners have at their disposal to implement the project?
- How were these resources (including additional resources provided within the institutional building and adaptation funding in the context of COVID-19) used?
- To what extent was the project efficiently and cost-effectively implemented?
- To what extent did the project coordinate with similar interventions to encourage synergies and avoid overlaps?

Sustainability

- To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
- What is the level of national and local ownership of the project?
- To what extent has the project enhanced the capacity of national and local partners to maintain/replicate project benefits?
- Are funds and other resources likely to be made available to maintain/replicate benefits? If so, by whom?

Impact

- To what extent has the project contributed to ending violence against women, gender equality, and/or women's empowerment (both intended and unintended impacts)?
- To what extent has the implementation of the project in general and the use of the funds provided for institutional building and adaptation impacted CAPEC?

Feminist/women's movement building

- What is the state of the feminist/women's movement to end VAW/G in the context of the humanitarian crisis in the project area?
- In what ways did your organization engage in movement-building work in relation to: 1) improving prevention of VAW/G, 2) improving service provision, and 3) increasing the effectiveness of laws and policies and their implementation? Please describe.
- In what ways did your organization work to build power for the movement to end VAW/G?
- How did your organization work directly with **survivors of VAW/G and groups of women and girls facing multiple and intersecting forms of oppression**, to engage them in movement-building work? Please describe this work, any impacts observed (for the survivors and women/girls themselves, as well as any external impacts), and lessons learned
- **What impacts** (intended and unintended) on EVAW/G did your movement-building work foster or contribute to?
- **What challenges and opportunities**, if any, were faced by your organization when working on movement-building for EVAW/G (e.g., resistance and backlash, crises, COVID-19)? How did your organization adapt and mitigate against the same? How did your organization embrace and nurture the opportunities identified?
- How did the funds for institutional strengthening (Outcome 4) affect your organization's resilience and ability to engage in movement-building work?

Knowledge generation

- To what extent has the project generated knowledge, promising, or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
- What are the persisting knowledge gaps or identified training needs for the project team? How can these gaps be closed?
- What are the lessons learned, opportunities and gaps recorded by the project

Gender equality and Human Rights

- To what degree and to what extent have gender and human rights been considered in implementing the project?

2.4 Evaluation Team

The evaluation team comprised a lead evaluator (male) and a co-evaluator (female) with extensive evaluation experience. During data collection in the field, they had help from six enumerators, three of whom were men and three of whom were women.

The lead evaluator was responsible for the overall design and quality of the evaluation, including ensuring the evaluation objectives were attained. He was accountable to CAPEC for the inception, draft, and final evaluation reports. His tasks included the elaboration of data collection tools, the desk review of documents, the conduct of interviews, the supervision of the activities of the other members of the evaluation team, data analysis, and reporting.

The co-evaluator assisted the lead evaluator with the preparation of preparatory activities, coordinated data collection in the field, and conducted some of the interviews. She transcribed interviews and supported the lead evaluator during data analysis and the drafting of the evaluation report.

The enumerators administered the beneficiary survey questionnaire and facilitated focus group discussions in the beneficiary communities. They participated in debriefing sessions and made suggestions for the elaboration of the evaluation report.

Table 2 presents summaries of the profiles of the team members.

Table 2. Profiles of evaluation team members

| Profile | Profile |
|---|---|
| Lead evaluator: SHEI William KANJO | MSc in Integrated Rural Development; 27 years professional experience; Individual consultant and lead evaluator for more than 20 evaluations in the last 10 years |
| Co-evaluator: Confidence MUNKU JATO | MSc in Anthropology and Project Management; 18 years working experience including participation in 7 evaluations during the last 6 years |
| Enumerator: ENOW ESAME MANYI | BSc in Gender Studies; 5 years of experience with participation in several evaluations as enumerator |
| Enumerator: NJI Charles | BSc in mass communication; 25 years of experience in NGOs, years of experience in NGOs, including participation in several evaluations as co-evaluator and enumerator |
| Enumerator: NAMBUALUM Beryl | Senior Agricultural Technician; 6 years of experience as extension worker and enumerator |
| Enumerator: Junior Ramsy AFUGE AKAME | MSc in Development Evaluation and Management; 13 years of experience in NGOs, participation in several evaluations as co-evaluator/enumerator |
| Enumerator: Glen NDZI MANJONG | Senior Agricultural Technician; 6 years of experience as extension worker and enumerator |
| Enumerator: AJEANDE ANDEABA Gillian | MSc in family law, BSc in Women and Gender Studies; 15 years of experience in NGOs and consultancy firms, including participation in several evaluations as co-evaluator and enumerator |

3. EVALUATION METHODOLOGY

3.1 Evaluation Design/Approach

This was a post-test evaluation without a comparison group. The mixed methods approach was used to consult primary and secondary beneficiaries on the implementation approach, processes, and outcomes of the project. The evaluation was highly interactive as participatory qualitative and quantitative methods and tools were used to collect and analyze data from secondary as well as primary sources. The project was therefore evaluated not only on the basis of secondary data sources (project documents, previous assessment etc.) but also, and mainly from the perspectives and opinions of the primary and secondary beneficiaries. Findings from secondary and primary data sources was triangulated to verify, strengthen, and validate conclusions and recommendations against each evaluation criteria.

3.2 Data collection

Data collection started on 30 January 2023 with an in-depth review of documents following the approval of the inception report. Field-level data collection was carried out from 6-14 February after the training enumerators (from 2-3 February). The methods and tools used for the collection of qualitative and quantitative data were as follows:

3.2.1 Qualitative data collection

Qualitative data was collected through a desk review of documents, key informant interviews and focus group discussions with representatives of primary and secondary beneficiaries.

Desk review of documents: The objective of this desk review was to provide answers to some of the evaluation questions and triangulate qualitative data collected from primary sources with information contained in the reviewed documents. The documents reviewed included project documents, assessments reports, humanitarian situation reports and national policy and strategy documents. A full list of documents reviewed is included as Annex 4.

Key informant interviews (KII): These were semi-structured in-depth interviews with representatives of the main categories of stakeholders of the project. A distinct KII guide elaborated for each category (See Annex 3.1 and 3.2). The main categories consulted using this tool included:

- Leaders of CBOs;
- Education professionals (teachers and education authorities);
- Officials of specialized government technical services (government services in charge of social affairs, women's empowerment, health and security issues);
- Local administrative and municipal authorities;
- Local media practitioners;
- Officials of law firms providing support to survivors of VAW/G;
- Community leaders;
- Community volunteers, and
- Project staff

Focus group discussions (FGD): The target group for this method comprised the primary beneficiaries of the project (female IDPs and female members of the target host communities) as well as men and boys residing in the target host communities. Considering the security situation in two of the project communities, the FGDs were organized only in 3 of the 5 target communities. In each community, separate focus group sessions were organized for female IDPs and female members of host communities. In each of these 2 categories, separate FGDs were organized for adolescent girls (10-19 years old), young women (20-24 years old) and adult women (25 years and above). Separate FGDs were also organized for men and boys in each community. A total of

24 focus group sessions were organized in the 3 target communities at the rate of 8 focus groups per community. Each focus group was made up of 6-10 participants. A total number of 144 women, girls, men, and boys effectively participated in the focus group discussions. In addition to this, a FDG session was organized for community volunteers at CAPEC's office in Kumba.

Distinct FDG guides have been elaborated for female IDPs, female members of host communities, and men and boys respectively. Each focus group discussion was facilitated by a trained enumerator, assisted by another who took notes, and lasted at most 90 minutes.

3.2.2 Quantitative data collection

Two main quantitative data collection methods, beneficiary survey and stakeholder polling, were applied.

Beneficiary survey: This method was used to assess the rate of achievement of project outcomes at the level of the primary beneficiaries. To achieve this, a structured questionnaire was designed in Microsoft Excel, uploaded to the Kobo Toolbox administered using Kobo Collect on Android phones. At the end of the data collection process, the data was downloaded to Excel for analysis.

Stakeholder polling: The aim of the stakeholder polling was to assess stakeholders' quantitative ratings of some of the strategies and results of the project. Polling questions were formulated for each category of stakeholders and systematically posed to individual key informants at the end of the KII. These questions were also designed in Kobo Toolbox for administration using Kobo Collect on Android Phones.

3.3 Data organization, analysis, and reporting

3.3.1 Organization and analysis of qualitative data

The thematic analysis technique was used to analyze qualitative data collected through desk review, KII and FGDs. This analysis was carried out in three steps. The first consisted of transcribing and collating the data. The second step consisted of identifying themes and sub-themes under each evaluation criterion on the basis of the evaluation questions. This was followed by the coding of the collated data and organization of the coded data under the various themes and sub themes. The analysis proper, which was the second step, was done by identifying, describing, and interpreting patterns within the themes and sub-themes and possible connections among these themes and sub-themes.

Findings from this analysis were triangulated with findings from the analysis quantitative data from primary sources and databases to strengthen conclusions and recommendations.

3.3.2 Organization and analysis of quantitative data

The data collected through beneficiary survey and stakeholders polling were downloaded from the Kobo platform into Excel and analyzed using Pivot Tables. Cross tabulation was used to disaggregate the findings from the beneficiary survey by displacement status and age group. In addition to this, monitoring data collected by the M&E officer of the project was analyzed to measure the rate of achievement of the indicators of the project.

3.3.3 Triangulation

During analysis and interpretation, data was triangulated for the different sources and data types in order to provide a more thorough understanding of some of the findings. Triangulating data from different sources also allowed the evaluation team to identify the differing perspectives of the different stakeholders vis-à-vis some of the interventions of the project and support evidence-based systematization of lessons learnt and recommendations.

3.4 Sampling methods and sample size

Two sampling methods were used to select primary and secondary beneficiaries to participate in this evaluation. These are purposive sampling to select key informants and participants of FDGs and stratified random sampling to select respondents for the beneficiary survey.

3.4.1 Purposive sampling for qualitative data collection

Purposive sampling was used to ensure that the most relevant stakeholders were identified in view of ensuring the quality of the data collected. Purposive sampling also allowed the evaluation team to come out with a good and balanced mix of participants for the consultation processes including project staff and representatives of the main categories of stakeholders. Finally, this sampling method ensured that all the gender categories and age groups (i.e., women, girls, men and boys) were selected and consulted thereby ensuring gender sensitivity at this level. The following table shows the categories and sample size per category of beneficiaries and stakeholders to be consulted using qualitative methods, and the data collection methods that will be used for each category.

Table 3. Effective sample size for key informant interviews and focus group discussions

| No | Stakeholder category | Sample size | Data collection methods |
|----|--|-------------|-------------------------------|
| 1 | Community leaders | 5 | KII, stakeholder polling |
| 2 | Education professionals (teachers) | 4 | KII, stakeholder polling |
| 3 | Officials of specialized government technical services (Social affairs, women's empowerment, health and security issues) | 7 | KII, stakeholder polling |
| 4 | Local administrative and municipal authorities (Divisional Officers and council executive officers) | 3 | KII, stakeholder polling |
| 5 | Local media practitioners | 1 | KII, stakeholder polling |
| 6 | Officials of law firms providing support to survivors of VAW/G | 1 | KII, stakeholder polling |
| 8 | Project staff | 3 | KII, stakeholder polling |
| | Community volunteers | 13 | KII, Stakeholder polling, FGD |
| 9 | IDP women and girls | 84 | FGD |
| 10 | Female host community members | 50 | FGD |
| 11 | Men and boys | 39 | FGD |
| | Total | 210 | |

3.4.2 Stratified random sampling for the beneficiary survey

Stratified random sampling was used to select respondents for the beneficiary survey from among the primary beneficiaries. The sample size was calculated using an online sample calculator, followed by the calculation of quotas per community and category of primary beneficiaries. According to project documents, a total of 1138 primary beneficiaries were effectively reached. At a confidence level of 95% and an error margin of 5%, the sample size for the beneficiary survey was 288. This sample was distributed proportionately per community and per beneficiary category.

To ensure randomization, the full lists of primary beneficiaries per category and age group were sorted alphabetically and respondents selected at intervals calculated by dividing the total number of beneficiaries on each list by the sample size.

Tables 4 shows the effective sample size for the beneficiary survey, disaggregated by IDP status and age group.

Table 4. Effective sample size for beneficiary survey

| IDP status | Age group | | | Total |
|------------------------|------------|-------------|-------------|------------|
| | Adolescent | Young women | Adult women | |
| IDPs | 36 | 37 | 102 | 175 |
| Host community members | 23 | 39 | 65 | 127 |
| Total | 59 | 76 | 167 | 302 |

3.5 Ethical considerations

The following measures will be put in place to ensure adherence to ethical standards and the protection of the rights of participants of all the activities to be organized within the framework of this evaluation.

Informed consent: Respondents gave their informed consent prior to their participation in all activities organized within the framework of this evaluation. They were informed about the objectives, approach, and methodology of the evaluation and how the information collected would be used. They were given the opportunity to ask questions about the evaluation and to freely decide if they wished to participate or not. Even after giving their informed concern, they still had the right to end their participation before the end of the activity and were informed about this right.

During interviews and FGDs with minors, prior parental consent was obtained from the minor's biological parents or legal guardians. Each minor, however, had to express his/her willingness to participate in addition to this parental consent. The evaluation team paid particular attention to any additional form of risk that minors could face and took the necessary measures to ensure their safety during data collection involving them.

Anonymity and confidentiality: The respondent's right to anonymity and confidentiality was strictly respected. Prior to the start of every data collection activity, respondents were assured of this right and the fact that the data collected from them would remain confidential and be used only for the purpose of the evaluation.

Privacy: All the interviews were carried out in private settings. The presence of other people who were not participants in the evaluation process was only allowed when the respondent was comfortable and agreed. However, measures such as assigning female enumerators to interview female respondents where necessary were taken to ensure that this privacy does not lead to suspicion and anxiety on the part of the interviewee and significant others.

DO NO HARM: The evaluation team took all necessary measures to ensure that respondents or participants were not exposed to any form of psychological or physical harm. The evaluation team made sure that the WHO's rules on how to talk to survivors of GBV were followed when they talked to survivors. For example, enumerators focused on the evaluation questions and avoided questions that could make people think about their hard past, which could cause trauma. The evaluation team made sure that the places where interviews and focus groups took place were safe and easy to get to.

The whole evaluation team was given enough information about existing referral paths so that they could help respondents who were at risk or in trouble while the data was being collected get the best help possible.

Cultural sensitivity: During data collection in the field, the evaluation team paid attention to and respected the target communities' culture, social structure, and customs. The content of the training of enumerators included information on the culture of the project communities.

3.6 Limitations of the evaluation design and methodology

This evaluation was designed as a "within-subject" assessment where the situation of beneficiaries before the project was compared with the situation after the project and not with a control group. Constructing a control group was constrained by the security context and therefore not feasible. It is therefore difficult to emphatically attribute the outcomes observed at the level of the beneficiaries to the interventions of the project.

One of the measures to mitigate security risks and risks linked to the COVID-19 pandemic was the use of remote data collection methods and tools. This has the potential to affect the quality of the data collected, considering that some of the respondents were not familiar with the technologies used. Unstable mobile telephone and internet networks also hindered smooth communication, especially with some of the community leaders.

The precarious security situation in the project area has resulted in a lot of reticence on the part of community-level stakeholders when it comes to providing information. During data collection, some community stakeholders turned down the invitation to participate in the evaluation process. This was the case for community leaders who were not directly involved in the project.

To mitigate these limitations, the evaluation team collected data from multiple sources using multiple data collection methods. The team expressly engaged key informants and participants in FGDs to determine the influence of sociopolitical and cultural factors and other interventions in the area on the outcomes of the project. The triangulation of data from different sources enabled the evaluation team to assess the contribution of the project to observed changes at beneficiary and community levels. This also enabled the team to verify and confirm the findings, thereby ensuring the relevance and appropriateness of the conclusions.

4. EVALUATION FINDINGS

4.1 Relevance

In this domain, the evaluation questions addressed include:

- To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?
- To what extent does the project respond to priority needs of women and girls/children?
- To what extent is the project consistent with UN Women, UNTF and Government priorities?
- How did changes in the context of the project, specifically due to the COVID 19 pandemic, affect CAPEC and the project?
- How did the CAPEC/the project adapt to these changes in context?

4.1.1 Relevance of Project results to the needs of women and girls

This evaluation found that the results that the project set out to achieve were clearly relevant to the needs of women and girls in the context of the ongoing socio-political crisis in the project area. The project was designed on the basis of CAPEC's experience in the area and situational as well as assessment reports from humanitarian actors operating in the area. These include the regular situation reports produced by UNOCHA (specifically Situation Reports No. 3-14 covering the period from January to December 2019) and an assessment report published by CARE and Plan International. The project's focus is on engaging and supporting women and girls, including survivors of VAW/G to effectively prevent violence, and working with community actors towards influencing practices to end VAW/G. VAW/G were relevant to the general need to prevent and end violence in the area.

Specifically, Outcome 1 and the two related outputs, which are respectively related to women's knowledge of the various forms of violence and access to services for survivors and those at risk, were clearly relevant to the needs of the target women and girls. This finding is in line with the results of KIIs and FGDs, which indicate that poor knowledge and poor access to services were among the main influencing factors of VAW/G in the target communities. In the words of the Divisional Delegate of Social Affairs for Meme, for example

"Ignorance among the women and girls themselves is one of the main hindrances to reporting and addressing SGBV or VAW/G at the community level. Any initiative that tackles this barrier is relevant because reporting and addressing this problem starts with identifying it as a problem and knowing where to seek redress".

A leader of the indigenous Mbororo Fulani community in Kumba Town testified that their women and girls in particular recognized only the main forms of violence (rape and physical torture) and had very little or no idea that aspects like deprivation of resources, sexual deprivation, and isolation from friends are forms of violence. In his words,

"Many forms of violence against women are considered part of our culture, so they are not recognized as violence. An example is isolation from friends. Our women are not free to associate with their friends like other women, and this is considered even by them as normal. Sensitizing and educating both men and women of our community on this and other forms of violence that are not recognized as such in our culture has been very useful and relevant".

Concerning knowledge of the various forms of VAW/G, about 89% of the beneficiaries surveyed identified limited knowledge as one of the three most important factors that promote VAW/G in

their respective communities. Seeking to improve women's and girls' knowledge (Output 1.1) was therefore clearly relevant to the needs of the direct target group for this project.

The beneficiaries surveyed identified fear of perpetrators (62%), stigmatization (53%), family pressure (52%), and lack of information on available services (22%), among the three main factors that promote VAW/G in their respective communities. These factors were equally among the main influencing factors at baseline as reported in the baseline report of the project. The project effectively set out to support survivors of sexual violence to better access services by addressing these factors.

It can therefore be concluded that the results that the project sought to achieve were clearly relevant to the needs of the target women and girls.

4.1.2 Project's response to priority needs of women and girls/children

Changing women's and girls' views so that they no longer regard violence as usual is crucial, as does altering men's and boys' conduct. Hence, targeting women/girls and IDP survivors was relevant, particularly considering that they are the most vulnerable women in society and frequently have inadequate understanding of their rights, support choices as well as available services and resources. The extent to which the project attended to the needs of the women and girls is confirmed by beneficiary survey results as can be seen in the Figure below.

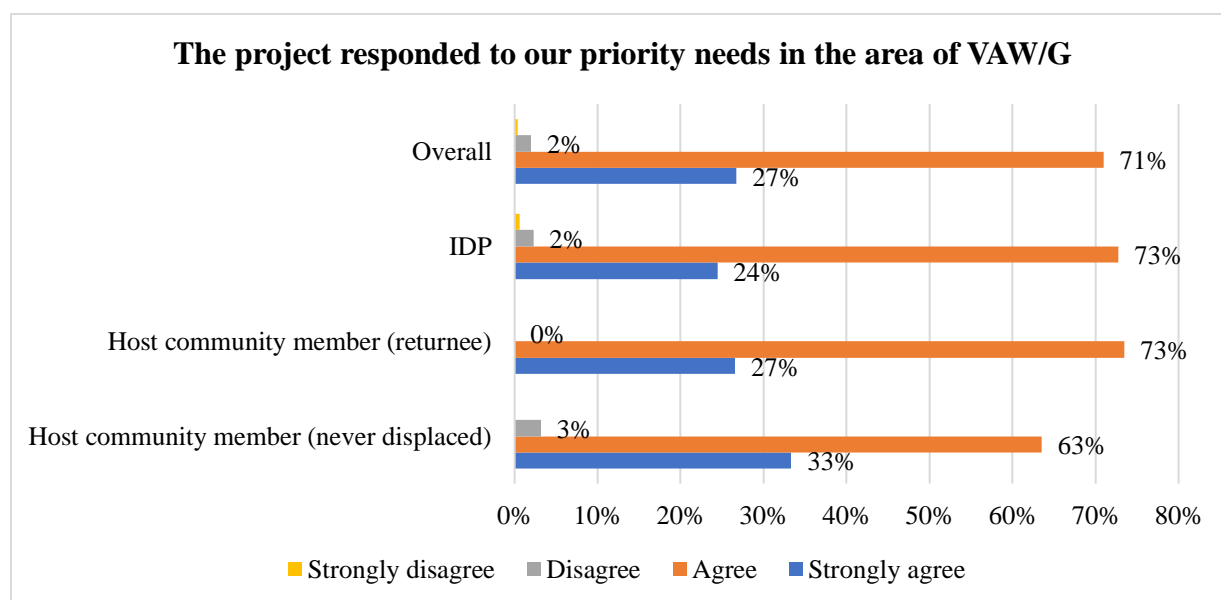


Figure 2. Beneficiaries' perception of relevance of the project to their priority needs

Cumulatively, over 98% of those surveyed agree that the project responded to their priority needs in the area of VAW/G, with host community returnees and IDPs being those mostly in agreement.

Furthermore, a health authority in Kumba testified that the project made a good choice in selecting the target population, who are really victims of GBV, adding that before now, the community and the population were not aware of what to do or where to go to seek assistance, but through sensitizations as part of the project activities, the population now knows the various pathways and how to exploit them. Another KII says that when survivors were traumatized in the past, they were afraid to open up and seek assistance, but a lot has changed as a result of the project. Rape cases, which were formerly considered taboo, are now being reported to community actors such as support groups, traditional councils, and legal services. Through this, at least 3 perpetrators of rape have been prosecuted and sentenced with the help of the law firm that collaborated with CAPEC on the project.

This evaluation, therefore, concludes that through sensitization and information, the project has effectively addressed the awareness and knowledge needs of survivors of VAW/G and linked them to service providers.

4.1.3 Alignment with Government Policies and Plans

At the national level, the project was also consistent with the National Action Plan's overarching objective of protecting women and girls from sexual and gender-based violence in conflict situations¹⁰. The project's focus on preventative, protective, and repressive measures, the project strategy was in line with the strategies of the National Action Plan. Also, the project aimed to contribute to state and non-state VAW/G coordination, support, monitoring, and reporting systems, thereby enhancing access to information, education, awareness-raising, and aid for survivors and those at risk, and has as such contributed directly to many of the expected outcome of the National Action Plan.

At the regional level, the project activities are also in line with the 2019 harmonized Standards Operating Procedures (SOPs) for prevention of, and response to gender-based violence in the South West and North West Regions of Cameroon¹¹. The project's objectives, approach, and activities, which all seek to increase victims' knowledge and service providers' capacity to offer timely and effective assistance to victims and survivors of VAW/G, enhancing referrals for and training of survivors, as well as field work and follow-up operations to help government social workers, are directly in line with the SOPs.

On the basis of all these, the evaluation finds that the project is in sync and relevant to national policies and priorities as it comes in to participate in filling the gaps identified in Cameroon's National Action Plan to exterminate VAW/G.

4.1.4 Alignment with UN Women/UNTF Policies and Plans

The project objectives amongst others seek to Enhance the prevention of VAW/G by modifying behaviors, practices, and attitudes; women's and girls' access to the required services; and changes in behaviour, practices, and attitudes as well as accountability on issues concerning VAW/G. This coincides with the UNTF's 2015-2020 strategic plan which prioritizes actions that contribute to the expansion of access to multi-sectoral services; the prevention of violence against women and girls; and the strengthening of the implementation of laws, policies, and national action plans.

By seeking to strengthen networks of multi-sectoral services that target survivors and facilitate women's and girl's access to their services, raising awareness and the engagement of key actors including perpetrators, the intervention further fits within the UN Trust Fund's goal of a society of global solidarity in which all women and girls enjoy and exercise their human rights and are free from all kinds of abuse¹² which is in line with the Universal Declaration of Human Rights. It also aligns with the UNTF objective of ensuring that more women and girls, particularly the most disadvantaged and those facing overlapping kinds of discrimination, can exercise their right to live a life free of all types of violence, as well as the shifting societal norms on GBV.

4.1.5 Changes in context and how the project responded to the changes

The COVID-19 pandemic caused a dramatic shift in the project's environment during the implementation phase. Certain project operations were delayed or canceled due to the pandemic. According to CAPEC officials, barrier measures such as the prohibition of gatherings of more than 50 people impeded gatherings, hence delaying the timetable for sensitization campaigns.

¹⁰ <http://pwnap1.tetra.in/wp-content/uploads/2020/10/Cameroon-2018-English.pdf>

¹¹ <https://psea.interagencystandingcommittee.org/sites/default/files/7%20CAMEROON%20-%20SW%20NW%20GBV%20SOPs%202019.pdf>

¹² UN Trust Fund to End Violence against Women. Strategic Plan 2021-2025. <https://untf.unwomen.org/en/digital-library/publications/2021/06/strategicplan-2021-2025>. pg. 38

Throughout our KIIs and FGDs, stakeholders testified that this shift in context did not affect the beneficiaries' most pressing requirements. In fact, the new humanitarian environment aggravated all kinds of VAW/G, given that the vast majority of IDPs lacked access to COVID-19 response services.

Simultaneously, COVID-19 stimulated creativity in resolving challenges encountered over the project life cycle and developing creative ways to reach the desired goals. During its training program held on January 27, 2021, to Support engagement of key influencers to advocate for more public support for SGBV and fewer negative statements, CAPEC strengthened its staff to respond sustainably to the COVID-19 pandemic and other crises, while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls. The special funding from UNTF to enable CAPEC respond to the pandemic was useful for this adaptation.

However, project activity reports hold that fear of stigma among community members was the largest obstacle to uncovering occurrences of SGBV during COVID-19 and the Anglophone conflict. Working with community volunteers enabled the project to continue responding to beneficiaries' needs in the area of GBV despite restrictions in movements and meetings as barrier measures to fight the pandemic. However, some of the community volunteers are of the opinion that if they received additional capacity building, they could have taken up most of the activities planned.

On the basis of the above, we recommend that in the event of similar future projects, CAPEC and partners should consider changing the format of some of the planned project activities so as to continue implementation and avoid too much delays. Sensitization meetings, for example, could be changed to door-to-door sensitization to be carried out by community volunteers after special capacity building and orientation on personal COVID 19 preventive measures.

Recommendation 1. In subsequent initiatives, CAPEC and partners should consider changing the format of activities to work more through community volunteers as a means of responding to changes in context that hinder or slow implementation. To increase the project's capacity to adapt to changes through improved participation of volunteers, it is necessary to deepen capacity building for these volunteers and to support them to manage project activities in their respective communities.

4.2 Effectiveness

The evaluation questions for the assessment of effectiveness were:

- To what extent were the intended project goal, outcomes, and outputs (project results) achieved and how?
- What factors affected the achievement of project goal, outcomes, and outputs (negative and positive factors)?

The purpose of the project was to mobilise and empower 2000 women and girl survivors and 5000 actors to lead the fight against sexual violence on women and girls within families and communities, to improve prevention of VAW/G through changes in behaviour, practices, and attitudes.

This evaluation assesses effectiveness by measuring the outputs achieved under each of the project's outcomes and how these have contributed to the above overall as well as the specific objectives of the project. It also identifies positive and negative factors that affected the implementation of the project.

4.2.1 Level of achievement of outputs and outcomes

The project initially set out to contribute to ending violence against women and girls through the achievement of the following outcomes:

- Women and girls including sexual violence survivors, are more effectively engaged and supported in preventing sexual violence.
- Women and girls' rights networks, women organization, community members, including boys, more effectively influence and promote practices to ending sexual violence.

With the outbreak of COVID 19, a third outcome was added as follows:

- CAPEC staff are institutionally strengthened to sustainably respond to COVID 19 pandemic and other crises while maintaining or adapting existing intervention to EVAW/G with a focus on the most vulnerable women and girls.

The level of achievement of outputs under each of the outcomes and how these have contributed to the project objective is as follows:

Level of achievement of outcome 1: Women and girls including sexual violence survivors, are more effectively engaged and supported in preventing sexual violence

Under this outcome, the project effectively trained 1013 women and girls on life skills out of a planned target of 1000, giving a realization rate of 101.3%. The project also planned to train 280 women and girl mentors on SGBV laws and channels, and finally surpassed this target by 90, giving a realization rate of 132%. Another planned activity under this output was to sensitize community members on laws and policies protecting young women and girls against SGBV as a means of creating a safe environment for women and girls against sexual violence and fostering independence and self-confidence. No target was stated in terms of the number of people to be sensitized. By the end of the project, 243 people had been reached. The last planned activity was to train 150 health service providers, community actors, and social workers to provide better care to women and girl survivors of sexual violence. By the end of the project, 300 people had been trained, giving a realization rate of 200%.

The main changes achieved through the achievement of these outputs include increased knowledge of available GBV services, a change in service-seeking attitudes among women and girls, and improved access to these services.

The beneficiary survey has shown that survivors and persons at risk of VAW/G are more aware of and are more open to seeking support from community-level actors (family, community leaders, and peer/ support groups) and formal redress services (police and court/social services) compared to the baseline situation as can be seen on Figure 3 below.

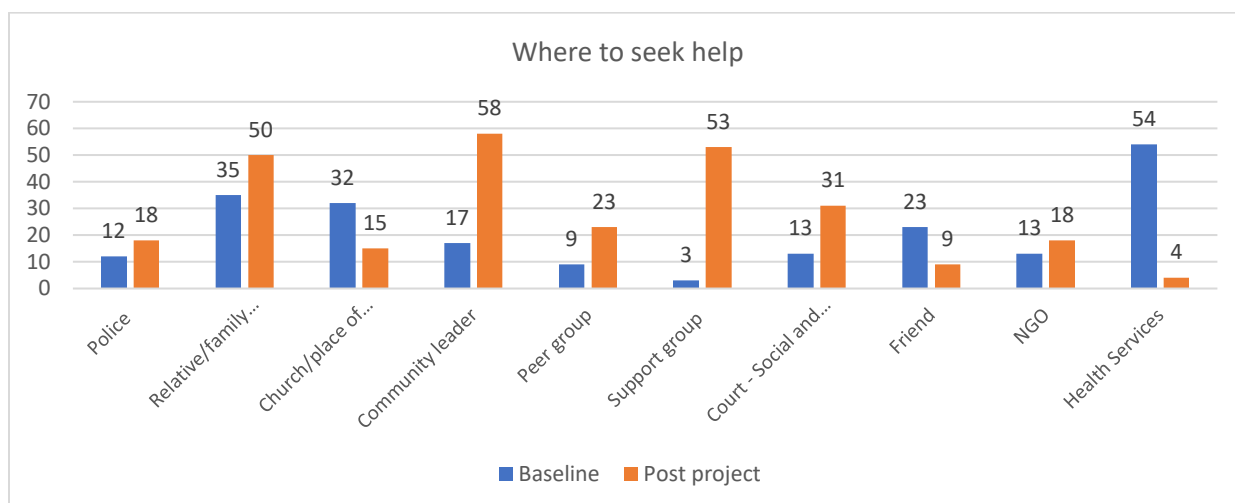


Figure 3. Beneficiaries’ awareness of available sources of support

The survey results also show important differences in the recognition of some of the sources of support between the different age groups and IDP status. More younger survivors and persons at risk mentioned the police as a source of service (32% for adolescents and 20% for young women) than adult women (14%). A similar trend was observed for NGOs as a source of service, as more young people mentioned this source (27% for adolescents and 22% for young women) than adult women (14%). On the contrary, more adult women (39%) mentioned the court than adolescents (20%) and young women (22%).

Important differences were observed between IDPs and host community members with respect to their recognition of the police and peer groups as sources of support. More host community members mentioned the police (25%) and peer groups (35%) than IDPs (14% for both sources).

On the basis of these differences, it may be useful to consider age group and IDP status when targeting survivors and persons at risk with GBV sensitization and education initiatives in similar contexts.

One way to ensure relevance to the specific needs of the different categories of beneficiaries (IDPs and host communities, the different age groups) is to design and implement sensitization campaigns in a participatory manner. This could have enabled the project to benefit from community channels and ensure that both the sensitization messages and channels are relevant to the specific needs of the various categories of beneficiaries. We therefore recommend that in subsequent similar initiatives, CAPEC and partners should consider identifying and empowering community members and working with them to design and implement sensitization initiatives in addition to the use of mass media (such as radio spots on community radio).

Recommendation 2: In future initiatives to sensitize and educate survivors and persons at risk of VAW/G on available services in similar contexts, CAPEC should consider capacitating and empowering community actors, and working with them to design and implement sensitization activities using a participatory approach. This will enable the initiative to explore local community communication channels, thereby ensuring relevance to the specific needs of the various categories of beneficiaries (the different age groups and IDP status).

Participants of focus group discussions and KIIs have also revealed that more women and girls are now willing and open to seeking services from various sources. The sensitization campaigns are reported to have helped survivors and persons at risk break down barriers such as poor access to information on available services, stigma and fear of perpetrators. One KII respondent from the

indigenous Fulani Mbororo community testified that stigma was the most serious barrier, and that through the activities of CAPEC, more women and girls of her community are now open and willing to seek help as the level of stigmatization has reduced. The life skills training was mentioned by many key informants as having raised the level of confidence and assertiveness of survivors rendering them more open to reporting cases and seeking help. A community leader in Fiango attested that more women and girls are now denouncing perpetrators and facing them in a more assertive manner. According to him,

"Girls in our community used to be shy and timid when abused. They lacked self-confidence and were often intimidated by perpetrators. Those of them who have gone through the life skills training are clearly different now. Some of them have testified in a very assertive manner in our traditional council. The project has really been useful and has effectively empowered our girls to act in a more confident manner when faced with violence".

Survey results also show that legal services, counselling services, medical services, and social support are the most known and utilized services in the target communities. The proportion of respondents who mentioned each type of service available in their area increased between baseline and post project situation for counselling services (89% compared to 36% at baseline) and social support (58% compared to 34% at baseline) but decreased for legal services (22% compared to 38% at baseline). The main reason advanced by key informants (project staff and officials of specialized services) for this increase in the number who mentioned counselling and social support services and reduction in the number who mentioned legal services, is the increased availability and sensitization on counselling and social services as part of the continuous response to the humanitarian crisis affecting the project site. Baseline data was not available for medical services for this indicator.

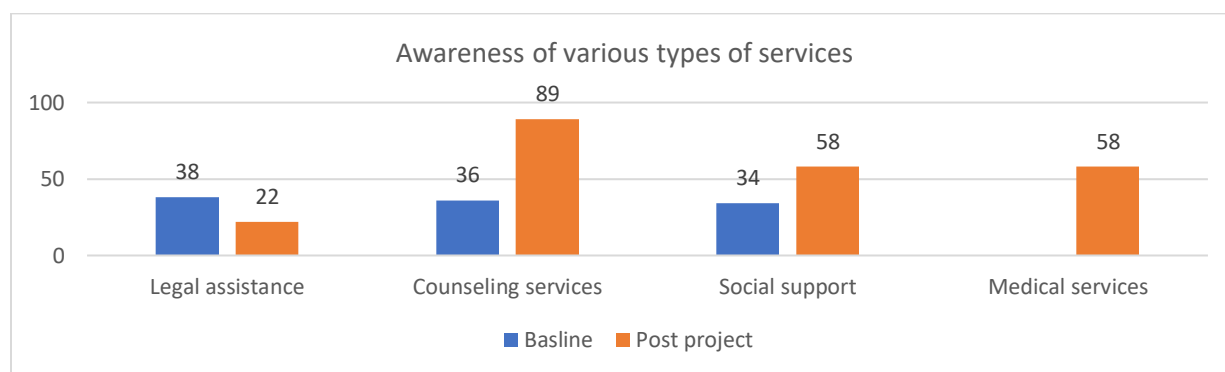


Figure 4. Level of awareness of services in the project communities

Apart from medical services which were mentioned by more members of the host community (76%) than IDPs (46%), there are no important differences in the level of recognition of counselling, social and legal assistance between IDPs and host community members. The proportions of beneficiaries who are aware of the various types of services available in their respective communities.

Age wise, there is no important difference in awareness of counselling services. However, more adult (29%) and young women (17%) mentioned legal services than adolescent girls (9%). An opposite trend was observed for medical services with more adolescent girls (70%) mentioning these services than young women (64%) and adult women (51%).

These differences between IDPs and host communities and between the various age groups in their recognition of GBV services confirms the need to target them with bespoke sensitization and education messages (Recommendation 2 above).

Concerning quality of GBV services, this evaluation has found that there is noticeable improvement in this area. Through training and linkages, the number of survivors and persons at risk who are accessing services is reported to have increased. Service providers who participated in the sensitization and training sessions organized by CAPEC testified that their knowledge, skills, and capacities to support survivors of VAW/G have improved significantly. This is the case especially with community leaders and support groups. For officials of specialized services (officials of social services, education actors, health, and legal service providers), the main value added of the project has been the increased awareness which has caused more survivors to seek their services. Most of them had attended training on how to improve their services organized by other actors and CAPEC's training came as a refresher.

On the basis of the above findings, the evaluation team concludes that the first expected outcome of the project was largely achieved.

Level of achievement of outcome 2: Women and girls' rights networks, women organization, community members, including boys, more effectively influence and promote practices to ending sexual violence

The main achievements under this outcome include:

- The mobilization and training of 405 men and boys out of 400 planned, towards increasing their participation as change agents;
- Strengthening the awareness of 5,000 community leaders and members on SGBV and the importance of social inclusion of survivors of sexual violence;
- Establishment and strengthening of linkages of 4 women and girls rights networks towards evidence-based advocacy and the human rights-based approach;
- Establishment of linkages between women/girls' rights networks and local councils;
- Provision of support to 14 women's organizations to organize campaigns and annual debates to advance the fight against SGBV, and
- Training of 83 partner staff on SGBV to improve programming quality and strengthen project implementation and monitoring.

The main changes resulting from the above achievements include improved capacity and increased engagement of community actors, including men and boys, to denounce and prevent sexual violence, and stronger women's networks responding to SGBV in the communities.

Concerning the capacity and engagement of community members to denounce and prevent sexual violence, this evaluation has found that the different community actors are more engaged, and are effectively collaborating to address violence against women and girls. They are also proactively challenging gender stereotypes and harmful masculinities, which have been accentuated by the current humanitarian situation and the COVID-19 pandemic. A key pointer to this change is the increase in the recognition of community-level service providers such as relatives/family members (50% compared to 35% at baseline), community leaders (58% compared to 17% at baseline) and support group (53% compared to 3% at baseline). According to participants of FGDs and some of the key informants, men, and boys are mainly involved in the fight against sexual violence at the level of their families. Community leaders who are taking the lead in the fight against sexual violence are mainly men.

Concerning women's networks, the four that were supported through capacity building and coaching are more proactively fighting sexual violence in their communities through advocacy and denunciation of bad practices. This has been achieved mainly through improved participation in events such as International Women's Day and the International Day of the Rural Woman. Key informants, particularly the leaders of these women's networks and officials of local specialized services, have testified that these networks came up with more relevant advocacy messages during such events. This improved participation is reported to have improved the visibility of these networks as important actors in the fight against sexual violence in their localities.

One of the expected outputs of this second outcome was the establishment of a community information system to document, share, and adopt best practices. The evaluation team has not found any evidence that this has been achieved. The project missed out on the opportunity to reflect with community actors and document lessons and best practises in a formal way, as such reflection was not expressly planned as an activity of the project. Altogether, the project lacked a functional feedback mechanism that could have served as a means of capturing and documenting lessons and good practices. It is therefore recommended that in subsequent similar initiatives, CAPEC and partners should consider including feedback mechanisms to ensure continuous participatory learning towards the improvement of the strategies to end SGBV in project communities.

Recommendation 3: In subsequent similar initiatives, CAPEC and its partners should consider including feedback mechanisms to ensure continuous participatory learning towards the improvement of the strategies to end SGBV in project communities. This could include reflection meetings with stakeholders, suggestion boxes, and anonymous phone call/messaging facilities. This could be included in the monitoring, evaluation, and learning system by defining performance indicators to be measured by analysing data collected through these mechanisms.

Level of achievement of outcome 3. CAPEC staff are institutionally strengthened to sustainably respond to COVID 19 pandemic and other crises while maintaining or adapting existing intervention to EAW/G with a focus on the most vulnerable women and girls

This third outcome area came up as a response to the COVID 19 pandemic. Two main achievements under this outcome include:

- The training of 100 actors (mainly CAPEC staff, volunteers and board members) on the new SGBV response mechanisms within the context of COVID 19;
- Training of 100 medical and non-medical actors on clinical management and psychosocial support to survivors;
- Support to 5 grassroots women's rights organizations to provide services to vulnerable women and girls hard-to-reach and remote areas.

A major intermediary outcome resulting from the above achievements is CAPEC's ability to continue implementing its activities despite the COVID 19 pandemic. They were able to continue with planned activities and finally caught up with the project targets while respecting COVID 19 barrier measures. This explains why all the planned targets for this project were attained.

The medical and non-medical actors who were trained as part of the activities under this outcome area are reported to be providing better clinical management services as well as psychological support to survivors within the context of COVID 19. Evidence of this service provision is the recognition of such services by beneficiaries as can be seen on Figure 4 above. It is expected that these actors will continue to use this knowledge and skills to continue providing such services in similar contexts.

Women’s rights groups that benefitted from CAPEC’s support under this outcome have continued to provide services to vulnerable women in hard-to-reach areas despite the security crisis and COVID 19. Some of the services they have been providing include information on available services, psychosocial counselling, and linkages. They have also reported difficult cases and some of the perpetrators have been sentenced with the assistance of the legal expert that accompanied CAPEC in the implementation of the project.

4.2.2 Extent to which project objectives have been met

Overall, this evaluation finds that the project has effectively attained its objective of preventing and addressing VAW/G in the project area. Through the survey, beneficiaries have testified that the incidence of VAW/G has significantly reduced in their respective communities.

Table 5. Respondents’ Perception on the Trend of VAW/G since 2020

| Trend of VAW/G in your community Since 2020 | IDP Status | | | Total |
|---|---|-----------|--------|--------|
| | Host community member (never displaced) | Returnees | IDP | |
| On the increase | 8.00% | 4.88% | 8.97% | 8.10% |
| Constant | 4.00% | 4.88% | 4.49% | 4.45% |
| On the decrease | 88.00% | 87.80% | 80.77% | 83.40% |
| I don’t know | 0.00% | 2.44% | 5.77% | 4.05% |

Based on our KIIs, evidence exists that the number of rape cases has dropped, beatings have been reduced, and more women and girls now easily report cases of violence. As many now speak out, domestic violence too is scarcely reported to the quarter heads or councillors (KII with Community leader in Kumba Town). Furthermore, talking about rape is no longer taboo, especially as Fulani communities now speak out more on sexual issues than before (according to KII by a teacher in Fiango); women and girls’ rights networks, women's organizations, and community members, including boys, more effectively influence and promote practices to end sexual violence. This is evidenced by the fact that a total of 149 community leaders and members (68 women, 34 girls, 28 men, and 19 boys) are now ready to fight SGBV and encourage dialogue in the family and the community, as indicated in the Diongo and Ikiliwindi activity reports.

The findings show that the overall trend of VAW/G in your community since 2020 has been on the decline, as reported by 83.40% of the respondents. This is highly reported by host community members who have never been displaced (88,000) and returnees (87.80%). Furthermore, we find evidence that the tendency is still on the increase among host community members who have never been displaced, and more so among IDPs..

4.2.3 Factors that affected the achievement of project goals, outcomes, and outputs

Based on our KIIs, several positive drivers of the achievement of project goals, outcomes, and outputs existed. First, the fact that women themselves wanted to see an end to GBV and were willing to get involved in advocacy issues helped the project reach its goals. This was complemented by the high level of collaboration accorded by the population through their community leaders and the authorities concerned with EAW/G. Furthermore, the KIIs attributed their successes to the good selection of beneficiaries and implementing partners, the composition and mobilization of staff during seminars made up of teachers, nurses, and community leaders, as well as the motivation given to the beneficiaries and workers.

Furthermore, a review of the activity reports and further information from KIIs indicates that these achievements could also be attributed to the effective training methodology adopted by the project. Our findings show the expertise, knowledge, and overall capacity of CAPEC's training team to deliver the training curriculum, sessions, and different lessons to the government social workers in a participatory manner using different methods, tools, and exercises to enhance learning. This is also complemented by the fact that the staff used were largely experienced and trained social development workers who have had years of experience working with other projects and organizations serving disadvantaged communities, and survivors of violence, and liaising with government officials and other organizations concerned with EVAW/G.

At the same time, KIIs and activity reports pointed out important things that made it harder to reach the project's goals. Based on the KIIs, the lack of sustainability on the part of the beneficiaries made them prefer not to speak or act regarding their experiences with EVAW/G. Furthermore, people's or beneficiaries' material preferences over education and sensitization caused some to ignore some of the capacity-building sessions organized to that end. This is evidenced by the low attendance at some of the training sessions organized for the stakeholders.

The KIIs also showed that some of the most important parts of the project had to be done during the rainy season, which made it hard for people to get to meetings. The requirement to plan activities during planting made this issue worse. Additionally, our main source at Fiango informed us that the project's success suffered because Kumba experienced so many power outages, which delayed the production of radio spots.

The activity reports and FGDs also pointed out problems, such as a lack of training and working materials (Kumba Town's activity report) and a lack of knowledge about GBV as a whole (as shown by the FGDs). Most of the people who took part in the training didn't know the SGBV terms when they started, and the women and girls didn't understand the laws and policies that protect young girls from sexual violence. This meant that the project teams had to keep going over the same information (as in the case of Diongo), and they complained that about 80% of the community's key influencers kept quiet about sexual violence. Also, the reports show that during the advocacy that took place in the different project areas, most of the participants complained that they didn't have transportation because it was only planned for the advocacy team. Some of the beneficiaries complained that their communities weren't ready for the implementation of laws and policies to make a safe environment for women and girls, and some of the women faced strong opposition from the men.

Also, both activity reports and KIIs showed that the ongoing anglophone crises that led to the creation of "red zones" disrupted movement and schedules and slowed down the flow of information because some project women and girls were afraid of what non-state actors would do if they told the truth or reported cases of GBV.

4.3 Efficiency

The efficiency of the project was analyzed in terms of the implementation of the major project activities and the timeliness of the accomplishments, as well as the advantages, disadvantages, and cost-effectiveness of these strategies and the availability of resources. In addition, the administration of the project, the monitoring and evaluation system, and jointness were assessed throughout the assessment process. This criterion's assessment questions were as follows:

- What resources did CAPEC, and partners have at their disposal to implement the project?
- How were these resources (including additional resources provided within the institutional building and adaption funding in the context of COVID 19) used?
- To what extent was the project efficiently and cost-effectively implemented?

- To what extent did the project coordinate with similar interventions to encourage synergies and avoid overlaps?

4.3.1 Availability and use of Resources

Using the available resources, the bulk of the project's objectives were met. The project was staffed sufficiently, and the financial resources were allocated to the budget lines without notable deviations. In the final evaluation at the financial management (budget) level, cost efficiency was assessed by comparing the project budget to actual expenditures; overall and for selected items depending on project results.

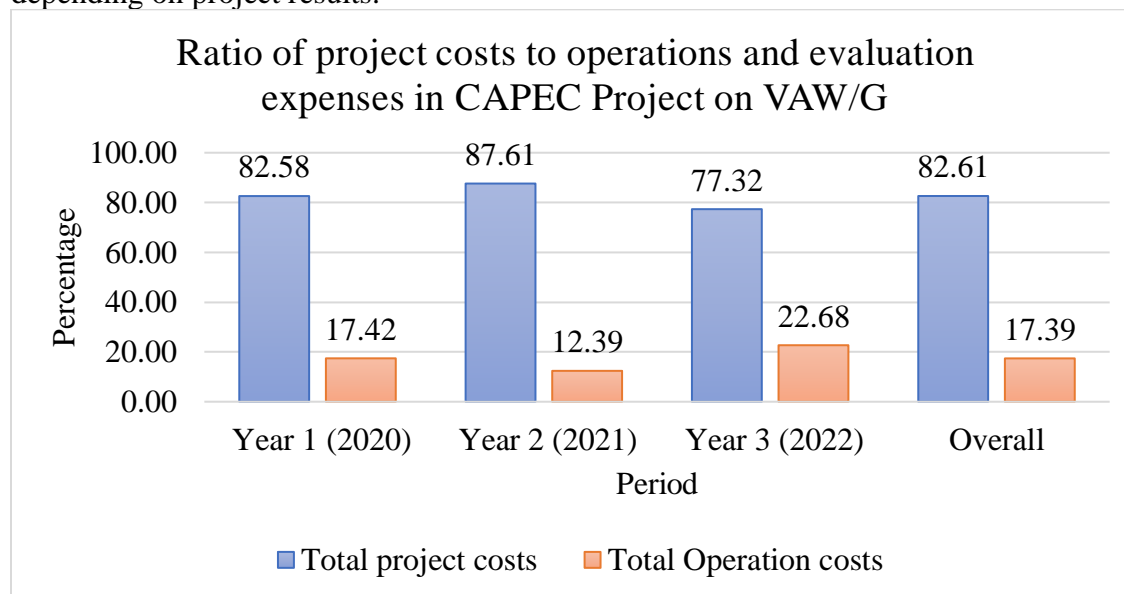


Figure 5. Ratio of project costs to operations expenses

For all the years, proportion of project costs to operations and evaluation expenses was higher: 82.58%: 17.42%, 87.61%: 12.39 and 77.32%:22.68% for the years 2020, 2021 and 2022 respectively. Overall, project cost constituted 82.61% of the entire expenditure while operations and evaluation expenses made up just 17.39%. This shows that a far larger portion of the money is allocated to project outputs and activities, which indicates a rational and equitable use of project financial resources, therefore attesting to the project's budgetary efficiency.

However, a few cases were reported during KIIs and FGD and reiterated by one of the activity reports that during the advocacy that was held in the various project areas, most of the participants complained of not having transport allocation, since the transportation was programmed only for the advocacy team (**Activity 3.1.4 report**). In addition, the activity report for Kumba Town reveals that during the capacity-building programme, most participants complained that they lacked the necessary tools to function in the community.

4.3.2 Cost effectiveness of the project and driving forces

The evaluation found no evidence of resource mismanagement, ineffective strategies, or unproductive collaborations. In addition, the evaluation did not uncover any alternative solutions that could be delivered for less money and/or would be more cost-effective for the project, hence viewed as generally cost-effective. Several factors contributed to ensuring the cost-effectiveness of the project, ranging from the community-based approach to implementing the project, collaboration with relevant government services and other local organizations working in the domain, and the use of the human resources of the implementing organizations.

The community-based approach to project implementation, coordination with key government agencies and other local organizations operating in the area, and utilization of the human resources of the implementing organizations all contributed to the cost-effectiveness of the project.

The strategy of focusing efforts on the community and working with women's organizations and local influencers (community leaders, teachers, nurses, physicians, etc.) guaranteed that more women and other stakeholders were reached with the available resources. The method also made it feasible for the project to get the services of community leaders and peer groups for little or no cost, allowing more to be accomplished with the available resources than would have been possible if project employees had implemented these community-level activities.

Also, cooperation with appropriate government technical services, community-based organizations, and women's groups operating in project areas minimized non-activity project expenditures and allowed the project to benefit from the experience of these stakeholders at little extra expense. In addition, the use of competent workers with past expertise in protection in general and VAW/G was helpful in guaranteeing efficiency since these staff members required less training time. This was the case with using the Human Rights Officer, the DMO, and some teachers who have participated in such projects before.

4.3.3 Coordination with similar interventions

KIIs indicated that some project team members, given their positions, worked with other organizations. Also, it was reported that CAPEC only partially collaborated with other organizations in some domains like the medical component and not on all aspects of the project. It was also reported that CAPEC was a bigger institution in some cases and an inferior to others. In doing so, they observed that there was collaboration, but which seemed weak. This was the case of women empower, CIG in Kake II with CAPEC acting as mother organization; safety net, IRC, DWB (more on medical); State institution, Survivors Network, Reachout, Living Green, caritas all of which are seemingly better than CAPEC in organization (KII, community leader).

While we think that such asymmetric power relations could have impeded effective collaboration with other organization, poll results partially contrast the KII assertions as shown below.

Table 6. Beneficiary perception of synergy between the project and other initiatives

| There was synergy between the project and other initiatives to prevent or address VAW/G in our community | IDP Status | | | Total |
|--|---|----------------------------------|--------|--------|
| | Host community member (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 30.16% | 23.44% | 27.27% | 27.06% |
| Agree | 50.79% | 53.13% | 48.86% | 50.17% |
| Disagree | 19.05% | 23.44% | 23.86% | 22.77% |
| Strongly disagree | 0.00% | 0.00% | 0.00% | 0.00% |

Overall, 77.23% of the surveyed agree that there was synergy between the project and other initiatives to prevent or address VAW/G in our community. This assertion was confirmed by 80.95% Host community member (never displaced), 76.57% of the Host community member returnees and 76.13% of IDPs. It is therefore evident that even though collaboration and synergy existed between the project and other concurrent interventions, it was not 100% as up to 22.77% of the survivors disagreed and such collaboration was seemingly lesser in addressing the needs of IDPs.

4.3.4 Efficiency of strategies

Regarding the efficiency of CAPEC's strategies regarding the synergies, the survivors were very pleased as shown by their rating of the said strategies below.

Table 7. Beneficiary perception of efficiency of CAPEC's Strategies

| The strategies used in this project were efficient compared to those of other projects | IDP Status | | | Total |
|--|---|----------------------------------|--------|--------|
| | Host community member (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 38.10% | 46.88% | 42.61% | 42.57% |
| Agree | 57.14% | 51.56% | 53.41% | 53.80% |
| Disagree | 3.17% | 1.56% | 3.98% | 3.30% |
| Strongly disagree | 1.59% | 0.00% | 0.00% | 0.33% |

Up to 96% of the surveyed agree with the fact that CAPEC's Strategies were relative more superior to that of other organization in the context of the project. Comparatively, Host community member (returnees (98%) and IDPs (96%) slightly rated CAPEC's Strategies higher than did host community members who were never displaced (95%). In all, we assert that survivors were largely positive about the efficiency of CAPEC's Strategies vis-à-vis those of other institutions, as at the time of the project.

Furthermore, a significant proportion (73%) of the survivors admit the absence of duplication of efforts by CAPEC's project and other concurrent projects, with the percentage of the never-displaced host community members, host community member returnees and IDP being 73%, 67% and 74% respectively. Based on these statistics, it is evident that some degree of duplication or overlap in efforts existed during the activities of CAPEC's project on VAW/G, with that seemingly being more common with host community member returnee survivors (who report a lower percentage of agreement, 67%).

Table 8. Beneficiaries' perception on duplication of project efforts

| There was no duplication of efforts | IDP Status | | | Total |
|-------------------------------------|---|----------------------------------|--------|--------|
| | Host community member (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 15.87% | 12.50% | 13.64% | 13.86% |
| Agree | 57.14% | 54.69% | 60.23% | 58.42% |
| Disagree | 25.40% | 29.69% | 25.00% | 26.07% |
| Strongly disagree | 1.59% | 3.13% | 1.14% | 1.65% |

However, the evaluation was unable to determine if CAPEC instigated this synergy or whether it was the result of team members' creativity. In light of this, the assessment team is of the view that better coordination and synergy might have been created if the project's implementing partners and other project stakeholders had been sufficiently included in the planning phase. We therefore recommend that in subsequent initiatives, CAPEC and its partner should consider identifying and

associating other actors working to end SGBV in the planning and inception phases in order to complement their efforts and avoid duplication.

Recommendation 4: In subsequent initiatives of the same nature, CAPEC should consider identifying other actors working to end SGBV in the project area and associating them in its planning activities to ensure synergy and complementarity.

On the basis of the above achievements and the few gaps notwithstanding, this evaluation concludes that the project overall was efficient since the technical competence and project resources (financial, human, material, and time) were properly applied to achieve the desired outcomes.

4.4 Sustainability

With respect to sustainability of the project, the key questions addressed were:

- To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
- What is the level of national and local ownership of the project?
- To what extent has the project enhanced the capacity of national and local partners to maintain/replicate project benefits?
- Are funds and other resources likely to be made available to maintain/replicate benefits? If so, by whom?

Based on data collected by the evaluation team through end-line interviews with women/girls survivors of violence, particularly IDPs, government service providers, and local authorities, as well as focus group discussions (FGDs) with women/girls and men from the community, our outstanding findings are discussed below.

4.4.1 Sustainability of achieved results

The objective of CAPEC's project was to enhance education and understanding of the many forms of VAW/G as well as support behaviour and attitude changes in the target communities, especially among the direct beneficiaries (women and girls) and the most probable perpetrators of VAW/G. In doing so, one of the project activity reports for Diongo indicated that 100 medical and non-medical actors from the five project areas Kumba Town, Fiango, Mambanda, Ikiliwindi, and Diongo were trained and are now able to provide clinical management of rape and other psychosocial services in their respective communities. In addition, a total of 149 community leaders and members (68 women, 34 girls, 28 men, and 19 boys from the Diongo community) have improved their understanding of the definition of SGBV, its types, causes, and consequences, as well as how to prevent SGBV and include survivors in community development.

The FGD and KIIs reveal that more women/girls' survivors, especially IDPs, are seeking GBV services and that more men, boys, community leaders, and other influencers are fighting against VAW/G, indicating a shift in behaviour and attitude. For example, our KIIs indicate that women are now in business without capital (KII, community leader in Kumba Town), that women now participate in decision-making, and many speak out, that mindsets have changed (KII, teacher), and that men have given more room for women to speak out and take part in decision-making meetings (testimonies, stories from the women).

According to CDO **Kumba II**, *the project has trained women's groups, which will continue to run, even at the end of the project.* Another KII argues that *"women are now in business without capital through which they can mobilise funds to carry on advocacy"* (**Human Right Officer**).

Given that the women's groups lobbied for a partnership with local authorities and received promises of collaboration, particularly from Kumba 3 Council, there are strong prospects for the program's long-term viability if it addresses VAW/G in a systematic manner that includes strengthening prevention activities and improving the quality of case management, as detailed in activity reports. In addition, the project interventions have expanded the ability of service providers to offer women and female survivors better-quality VAW/G services, as indicated by training reports, group supervision, and final interviews with key stakeholders.

Moreover, the fact that community members, women and girls, and survivors indicated an improvement in their understanding of VAW/G programs in their community is indicative of the community's ability to sustain itself. As an example, several of the survivors questioned at the conclusion of the study claimed that they would suggest counselling and referral services to friends and neighbours suffering from domestic violence concerns since they had found the advice and assistance to be beneficial. In addition, they claim that they have shared and will continue to share this knowledge with others in their community.

Also, our KIIs with trained government service providers indicated that these dissemination efforts are included in the Ministry of Women's Empowerment and the Family's action plans to eradicate VAW/G. This indicates that the project has government backing.

4.4.2 Level of ownership of the project

At assessment validation meetings and KIIs, several service providers felt confident and committed to continuing to meet with VAW/G survivors periodically as part of their routine work and expanded their ability to deliver effective services. By training stakeholders on the use of the various mechanisms/channels to address VAW/G cases, as well as on the use of various forms such as recording cases, and referring cases, the intervention has enhanced the capacity of government social workers and survivors to utilize the existing coordination system to address VAW/G cases.

According to the stakeholders interviewed for this evaluation, the project's community-based strategy was an effective means of assuring ownership. This strategy has spurred community and national level participation as a result of the project's incorporation into the national agenda on GBV, which is overseen by the ministry of women's affairs, and capacity development. This ownership is also evident at the level of local networks, which are likely to continue the project's operations at that level. The partnership network has pledged commitment and engagement with Kumba 3 council, which may prompt the council to begin incorporating GBV prevention and response into their own planning, budgeting, and programming within current budgets for the health, social, and protection sectors.

While major institutional players such as community leaders, municipal authorities, religious authorities, and other influencers were targeted by the initiative, there is no assurance that their structures will continue with these efforts once they vacate their roles. This is because the target was those leaders and not the systems and mechanisms. We, therefore, recommend that in future similar projects, community-level interventions should seek not only to capacitate and empower the leaders in place but also to change or strengthen systems as a means to promote institutionalisation of ownership, hence assuring sustainability.

Recommendation 5: In subsequent similar initiatives, CAPEC should seek not only to capacitate and empower the leaders in place but also to change or strengthen community systems and mechanisms as a means to promote institutionalisation of ownership thereby ensuring sustainability..

4.4.3 Capacity of national and local actors/partners to maintain project benefits

On an individual level, the amount of verbal and action-oriented pledges made by beneficiaries and GBV players shows that they would continue to apply the knowledge and skills gained via capacity development efforts. One of the activity reports also indicates that the capacity of four women's organizations and networks in the five target communities to prevent and react to sexual assault has been enhanced. Women and girls who have been informed about their rights, including relevant legal instruments, are more likely to report instances of GBV as testified by poll results. In addition, traditional authorities and church leaders who have undergone training have stated that they will be able to address GBV concerns should they arise. The poll results below attest to this.

Table 9. Beneficiaries' perception of project's attendance to long-term needs of Survivors.

| The project took into consideration our long-term needs | IDP Status | | | Total |
|---|---|----------------------------------|--------|--------|
| | Host community member (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 33.33% | 39.06% | 40.34% | 38.61% |
| Agree | 65.08% | 59.38% | 58.52% | 60.07% |
| Disagree | 1.59% | 0.00% | 1.14% | 0.99% |
| Strongly disagree | 0.00% | 1.56% | 0.00% | 0.33% |

Overall, most survivors (98.68%) confirm the fact that the project took into consideration their long-term needs, with this confirmation/agreement being higher for IDPs (98.86%) and host community returnees (98.44%).

The training sessions, awareness-raising workshops, campaigns, and yearly debates were intended to create and improve the capacity of stakeholders and equip them to confront recurring difficulties in the domain of VAW/G. End-line interviews and focus group discussions with survivors revealed that direct VAW/G interventions of individual counselling and referral services often resulted in women taking constructive steps to address their personal circumstances. Poll results based on survivors confirm the effectiveness of this approach in ensuring sustainability of the project's achievements.

Table 10. Beneficiaries' perception of extent to which project has strengthened their capacity

| The project has strengthened our capacity and empowered us to address our recurrent challenges in the area of VAW/G | IDP Status | | | Total |
|---|---|----------------------------------|--------|--------|
| | Host community member (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 33.33% | 43.75% | 55.68% | 48.51% |
| Agree | 66.67% | 54.69% | 42.05% | 49.83% |
| Disagree | 0.00% | 1.56% | 2.27% | 1.65% |
| Strongly disagree | 0.00% | 0.00% | 0.00% | 0.00% |

The poll results show that 98.34% of actors agree with the fact that the project has strengthened our capacity and empowered us to address our recurrent challenges in the area of VAW/G, with 100.00% agreement among Host community members who had never been displaced, 98.44% of Host community returnees and 97.73% of IDPs.

At the local and divisional partner level, the stimulation of women's networks and the implementation of a vast array of project activities through these networks have empowered and bolstered the capacity of participating structures to sustain and replicate the project's benefits in their respective areas of intervention. Institutional stakeholders interviewed at the divisional level stated that their engagement in the networks has increased their capacity and enabled them to guarantee that survivors and at-risk individuals continue to benefit from the project's mechanisms.

In conjunction with local groups working in the GBV sector, the initiative was executed in each community. KIIs with community leaders, women's group leaders, and other stakeholders of these implementing organisations affirm that their involvement in this project has increased their capacity and introduced them to innovative strategies for combating VAW/G.

4.4.4 Availability of funds/other resources to maintain the benefits of the project

The resources for sustainability were investigated from human resource and the financial resource perspective. Regarding human resources, several players are representatives of state and non-state entities with permanent personnel. These personnel include government teachers, district medical officers, nurses, and human rights authorities, among others. These persons are capable of committing a portion of their time to implementing actions for the preservation of project outcomes. With the presence of volunteer youth groups and community leaders who have been trained as a result of the project's many components, the initiative has further sustainability potential.

Furthermore, using the community approach, it is conceivable for community-level players to continue actions that would sustain the project's outcomes. Unfortunately, however, there are no clear procedures to encourage them to do so. This therefore warrants that in future projects, supplying these community actors with meaningful, long-lasting working materials might serve as an incentive for them to continue working on project-related problems after the project has ended. One of such moves could be providing them with Android phones to inspire them to promote the usage of the mobile application among their communities in reporting cases of VAW/G.

Nevertheless, the availability of money to sustain or reproduce project outcomes has been noted as one of the risks to the preservation of some of the project's achievements at the level of CAPEC and other influencers, including women's networks.

Irrespective of the sustainability challenges, poll results show that the survivors remain optimistic about the project's outcomes and impact as shown by the results in Table xxx:

Table 11. Beneficiaries' perception of sustainability of project outcomes

| Even though the project has ended, women and girls in our community will continue to enjoy its positive outcomes | IDP Status | | | Total |
|--|---|----------------------------------|--------|--------|
| | Host community member (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 57.14% | 56.25% | 60.80% | 59.08% |
| Agree | 42.86% | 43.75% | 36.93% | 39.60% |
| Disagree | 0.00% | 0.00% | 2.27% | 1.32% |
| Strongly disagree | 0.00% | 0.00% | 0.00% | 0.00% |

Based on the poll results, 98.68% of surveyed survivors remain confident that although the project has ended, women and girls in their community will continue to enjoy its positive outcomes, with all host community members (never displaced and returnees) accepting as a fact and 97.73% of IDPs.

However, our KIIs indicated that the projects sustainability could be marred by the straight jacket nature of activities which are highly based on GBV will may soar in future, in which case it is recommended that CAPEC should integrate more activities such as sports walk. Another KII indicates that the fact that the project mobilized more of women than men make men feel the women are mobilized against them and recommends that next phases should get more men involved (KII, teacher in Fiango). Finally, CAPEC does not have support for long run, just sensitization, limited support for survivors (KII, Human Right Officer).

Recommendations 6: To ensure long-term viability, we recommend that trained service providers should be engaged in ongoing follow-up, supervision, coaching, and refresher training sessions so that they can improve the quality and skills of counselling and case management for VAW/G survivors and expand to all other communities and council areas to ensure provincial coverage. There must be involvement and empowerment of training organizations, with the resources and responsibility to follow-up, supervise, and coach trainees in the field, to assist trainees' practical learning in the field, and to build upon and enhance training sessions. Moreover, group therapy sessions with men and wives are required so that they can help the elimination of VAW/G. In addition, future programmes should include female village authorities/volunteers in the prevention of VAW/G, since they are the front line and initial point of contact for many women in the community.

4.5 Impact

The overarching objective of the project was to mobilize and empower women/girl survivors and other players in the fight against sexual violence against women and girls within families and communities, to enhance the prevention of VAW/G via changes in behaviour, practices, and attitudes. To evaluate this, we want to respond to the following assessment questions:

- To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)
- To what extent has the implementation of the project in general and the use of the funds provided for institutional building and adaptation impacted CAPEC?

4.5.1 Project's intended and unintended impact

The greater knowledge and comprehension among women/girls and other community-level stakeholders of the many forms of VAW/G and of VAW/G as a violation of human rights has prompted an increase in efforts to prevent and protect women and girls from violence. Women, girls, and survivors of abuse acknowledged a decline in the frequency and severity of domestic violence in their families and communities. The majority of women today acknowledge that they have the right to a life free from violence, and many have the confidence to seek aid from authorities, peers, and women's organisations in situations of GBV in general. This is evident by the increasing number of survivors and individuals at risk who are seeking and successfully obtaining VAW/G services (81.58%), as well as the growing number of men and boys who advocate for the rights of women and girls.

In addition, our FGDs and KIIs demonstrated that many women survivors have acquired the courage to express their thoughts and communicate with their husbands, resulting in fewer domestic fights and quarrels, which are among the causes of VAW/G. Several project participants say that they can now take action to address issues with their spouses as a result of the social workers' guidance and talks. Furthermore, during KIIs, FGDs, and surveys, stakeholders attested that the initiative has successfully contributed to lowering VAW/G in the target areas. In addition, the final poll revealed a strong belief that the CAPEC project has directly contributed to the reduction of violent incidents in areas where the intervention was implemented.

However, some survivors said they were afraid that consulting the appropriate services on VAW/G would make matters worse with their husbands. Some of them complained that their communities were not conducive for the implementation of laws and policies to create a safe environment for women and girls (Activity 1.1.3 report). Furthermore, during the training, most of the women complained of being afraid of non-state armed groups that could easily understand their advocacy group to be a political group. This made some of the women/girls reluctant to participate in counseling sessions, especially group sessions.

Concerning the unexpected but positive impact of the project, we discovered that some service providers and influencers feel appreciated for their abilities and contributions in the workplace due to their enhanced ability and confidence to engage with and support VAW/G survivors in problem-solving. Others admit that their family relationships have improved because of learning how to handle stress and receiving ongoing assistance from CAPEC project staff.

Negatively, one of our KIIs argues that the fact that many social service providers have not and do not meet directly with spouses contribute to increasing domestic violence as men feel excluded from talks and solutions. Some men believe that this initiative is intended to turn their spouses against them. According to him,

"Many of the interventions are targeting women and girls, leaving out men, who are the main actors as far as ending SGBV is concerned. When they are sensitized and their spouses are not, conflicts increase at home as the men become defensive when their women and girl children suddenly become more assertive, thinking that the initiatives are intended to turn the female folk against them".

While acknowledging the attempt made by the project to engage men and boys in the fight against SGBV, we agree with this key informant that sensitization targeting men and boys was not enough. Most of the sensitization activities targeted women, leaving men and boys behind as far as knowledge and awareness of certain forms of GBV are concerned. We, therefore, recommend that subsequent initiatives should specifically target men and boys in order to avoid misunderstanding the purpose, which could be a source of further conflict.

Recommendation 7: In subsequent initiatives with similar objectives, CAPEC should consider specifically targeting men and boys in order to avoid misunderstanding the purpose, which could be a source of further conflict.

On whether the project has contributed to preventing and addressing VAW/G in our community, more than 99% agree it has, with just a few IDPs (1.71%) disagreeing probably due to their non-exposure or limited access to all the support channels open to victims of VAW/G.

Table 12. Beneficiaries' perception of project's contribution in preventing/addressing VAW/G

| The project has contributed in preventing and addressing VAW/G in our community | IDP Status | | | Total |
|---|--|----------------------------------|--------|--------|
| | Host community members (never displaced) | Host community member (returnee) | IDP | |
| Strongly agree | 36.51% | 48.44% | 31.82% | 36.30% |
| Agree | 63.49% | 51.56% | 66.48% | 62.71% |
| Disagree | 0.00% | 0.00% | 1.14% | 0.66% |
| Strongly disagree | 0.00% | 0.00% | 0.57% | 0.33% |

4.5.2 Impact of Project on CAPEC

With the numerous media/radio spots and training programmes, CAPEC personnel enhanced their knowledge, abilities, and capacities to continue or adjust EVAW/G initiatives and reach the most vulnerable women and girls while reacting to the effects of anglophone, the COVID-19 epidemic or any other crises. The project has further raised the morale and image of CAPEC as attested by one of the KIIs who argues that CAPEC is a mother organization with one of the best policies in Cameroon.

4.6 Feminist/women's movement building

The evaluation questions under the feminist/women's movement building criteria are:

- What is the state of the feminist/women's movement to end VAW/G in the context of the humanitarian crisis in the project area?
- In what ways did your organization engage in movement building work in relation to: 1) improving prevention of VAW/G, 2) improving service provision, and 3) increasing the effectiveness of laws and policies and their implementation? Please describe.
- In what ways did your organization work to build power for the movement to end VAW/G?
- How did your organization work directly with **survivors of VAW/G and groups of women and girls facing multiple and intersecting forms of oppression**, to engage them in movement-building work? Please describe this work, any impacts observed (for the survivors and women/girls themselves, as well as any external impacts), and lessons learned
- **What impacts** (intended and unintended) on EVAW/G did your movement building work foster or contribute to?
- **What challenges and opportunities**, if any, were faced by your organization when working on movement-building for EVAW/G (e.g., resistance and backlash, crises, COVID-19)? How did your organization adapt and mitigate against the same? How did your organization embrace and nurture the opportunities identified?
- How did the funds for institutional strengthening (Outcome 4) affect your organization's resilience and ability to engage in movement-building work?

4.6.1 State of the feminist/women's movement in the area

One of the main drivers of the socio-political conflict that led to the ongoing humanitarian crisis in the English-speaking regions of Cameroon is the government's hard-handed reaction to criticisms from male-led anglophone civil society movements. These movements have been literally silenced, making it dangerous for men to criticize the government in an organized movement. This situation has paradoxically led to the expansion of the advocacy space for women, leading to the emergence of several women's movements working towards reducing violence and mitigating its effects.

The first and most popular women's group to have emerged to date is the South West and North West Women's Task Force (SNWOT), a coalition of over 30 local women-led organizations created in June 2018. Other important women's movements that have emerged in the context of the crisis are the Cameroon Women's Peace Movement (CAWOPEM) and Mothers of the Nation. Unlike SNWOT, which is localized in the North West and South West Regions, CAWOPEM and Mothers of the Nation are national movements involving women from other regions, though motivated by the humanitarian conflict in the North West and South West.

Though the overall area of interest of these movements has been campaigns for peace, such as "Back to School," "Stop Burning Health Facilities," "Stop the Killings," "We Want Dialogue," and "Ceasefire," targeting both the government and NSAGs, SGBV has been a key specific area of campaigning by these women's movements. SNWOT, for example, has consistently drawn attention to issues of rape and gender-based violence in its campaigns and public demonstrations.

4.6.2 CAPEC's engagement in feminist/women's movement building work

As a member of the main women's coalition created in response to the humanitarian crisis, CAPEC has participated in all its activities in the project area since its creation in 2018. CAPEC's contribution to this movement within the framework of the "Community-based prevention of sexual violence against women and girls" project has consisted mainly of the mobilization of women from the project communities to join.

CAPEC's specific interventions aimed at mobilizing grassroots women to join women's movements included awareness creation, capacity-building, and advisory support. One of the instances where women's movements have actively carried out advocacy work has been the International Women's Day celebrations. During the entire period of the project, CAPEC mobilized women's associations from the target communities to participate and strengthened the quality of their participation by assisting them to design and properly present sensitization and campaign messages.

In addition to mobilizing grassroots women to join women's movements to sensitize and advocate locally towards ending VAW/G within the context of the crisis, community-level women's organizations have been capacitated and empowered through the project to participate more meaningfully in the fight against SGBV in their respective communities. One leader of a grassroots women's association testified during a KII that her association now has a better understanding of SGBV prevention work and is effectively participating in preventing SGBV in their community. She states that:

"After participating in the sensitization and training sessions organized by CAPEC, we realized that we used to do more complaining than acting to prevent SGBV. Our increased awareness of the various forms of violence and improved capacity to organize and properly target relevant stakeholders, including vulnerable women and girls as well as men and boys, has really enhanced our contribution to SGBV prevention".

Concerning the improvement of service provision within women's movements, CAPEC has strengthened grassroots women's awareness of available services and referral pathways. Women's associations in project communities are now referring survivors and those at risk to the right service providers, enabling them to access relevant services such as health and legal support. For example, after these associations have reported and referred cases of rape after the sensitization and training sessions, 5 perpetrators have been prosecuted and sentenced.

Through its participation in women's movements and mobilization of grassroots women to participate, CAPEC has effectively contributed to raising awareness among public authorities responsible for the implementation of laws and policies at the local level. CAPEC also carried out media sensitization using community radios. A major outcome of this sensitization effort is the fact that government services have improved their action plans as a result of their participation in the sensitization and capacity building sessions organized within the framework of the project. An example is the Divisional Delegation in Charge of Women's Empowerment, which has included in its action plan specific advisory support to grassroots women's associations towards effective SGBV prevention and response in the project community, following the participation of its

officials in the sensitization and capacity building sessions. However, there is no concrete evidence of changes in the effectiveness of laws and policies or their implementation as a result of the interventions. Follow-up to ensure the implementation of the action plans developed by public actors has been insufficient. We therefore recommend that in subsequent similar initiatives aimed at influencing the implementation of laws and policies, follow-up activities should be included.

Recommendation 8: In subsequent similar initiatives aimed at influencing the effectiveness and implementation of laws and policies, CAPEC and its partners should consider including follow-up activities to ensure the implementation of action plans developed by public officials.

4.6.3 Direct work with survivors of VAW/G and those at risk

During the implementation of this project, CAPEC identified, targeted and worked directly with survivors of VAW/G and those at risk. Specific interventions included life skills training, livelihoods training and support and referrals. Livelihoods support included the provision of start-up capital and equipment/material. For example, those who learnt tailoring were provided tailoring materials to start a shop so as to be more independent.

In addition to identifying and working directly with survivors and those at risk, CAPEC also used women's associations in project communities as entry points to reach the women. Working with these associations therefore served two purposes, namely empower the women to become better change agents and advocates against SGBV in their communities, and access survivors and those at risk among them. CAPEC also stimulated networks of survivors in the various communities, though our assessment is that these networks of survivors are still to prove their *raison d'être*.

4.6.4 Impacts of CAPEC's movement building work on EVAW/G

The main impact of CAPEC's movement building work is stronger and more efficient grassroots women's associations, increased stakeholder awareness of the need to end VAW/G and a connection between the mostly urban women's movement and the previously disconnected rural women's association of some of the project communities.

Concerning grassroots women's associations, there is clearly improved awareness and capacity to act. These associations are more efficient in their contribution towards ending VAW/G as their efforts are more specific and properly targeted (at survivors, perpetrators and decision makers). They are also more visible as community actors in the fight against VAW/G.

Stakeholder awareness has also been strengthened though the evaluation team has not found evidence of any concrete long-term change as a result of this increased awareness. There is need for follow up to ensure that this increased awareness effectively translates into concrete changes in the direction of EVAW/G (see Recommendation 8 above).

Prior to this action, most of the women's associations targeted were almost completely disconnected from the essentially urban coalitions of women's organizations. By mobilizing and capacitating rural women's associations to participate in women's movements in the division, CAPEC has effectively linked them to these movements. It should however be noted that more still needs to be done to ensure that these rural women's voice is heard among the various voices in this movement.

4.6.5 Opportunities and challenges to feminist/women's movement building

The existence of several women's coalitions stimulated by the humanitarian crisis affecting the project area, and already established women's associations in project communities are

opportunities for feminist/women's movement building. CAPEC effectively took advantage of these opportunities, first by integrating its activities into those of the women's coalition and complementing them, and secondly by working with community women's associations as entry points while mobilizing them to participate in women's movements.

A major challenge in the area of the women's movement is division among member organizations and individuals over themes and strategies. For example, while some members of SNWOT think that the government is overcriticized, others are of the opinion that the criticism of the government is not strong enough. This often leads to disagreement as to what the content and form of the campaigns should look like. CAPEC's strategy to mitigate the effects of this division has been to focus its participation on the fight to end SGBV at the local level.

Another challenge concerns the capacity of rural women's associations to mobilize the necessary resources to sustain their participation in women's movements. These women have been rendered poor by the crisis and are generally unable to mobilize resources for association activities. During KII with the leader of one of the associations, she kept insisting that CAPEC should consider providing them with resources to continue participating in women's advocacy events. This is an indication that as the project has phased out, the participation of these women in movement building will also end. CAPEC does not seem to have a specific solution to this challenge. However, the component of this project that supported women's livelihoods is expected to contribute indirectly to women's capacity to sponsor their own activities, including their associative lives.

The COVID-19 pandemic through government measures to curb the spread of the virus, and the precarious security situation in the project area greatly affected activities in the area of feminist/women's movement building. Many of the planned activities could not be implemented as planned. CAPEC's strategies to mitigate these challenges included the breakdown of planned large meetings into several smaller meetings and ensuring staff and volunteers are properly informed about the security situation of each community prior to the organization of any activity.

4.7 Knowledge Generation

In terms of the Knowledge Generation capacity of the CAPEC project, our analysis was based on answers to the following evaluation questions:

- To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
- What are the persisting knowledge gaps or identified training needs for the project team? How can these gaps be closed?
- What are the lessons learned, opportunities and gaps recorded by the project?

During the evaluation, particularly in the review of activity reports, KIIs, and FGDs, some knowledge generation, practices, and strategies were identified in terms of backing up existing mechanisms, group supervision and coaching, coordination, and partnership, monitoring and using data, joint training, and working with couples/families, soft skills training, etc.

Based on our KIIs, we found that using and supporting already-existing government structures and channels to deal with violence against women and girls (VAW/G) helps both individuals do their jobs better and everyone work together to stop violence against women and girls. This was the case with one of the KIIs, a teacher from Fiango. Furthermore, based on an interview with some CAPEC staff, our findings showed that follow-up meetings with groups of trainees/trained social workers increased their learning and sharing opportunities and made the trainees more

comfortable discussing cases with one another in groups than with CAPEC project staff individually.

In addition, the combination of excellent training, practical work with women/girls and IDPs in the field, and ongoing supervision has altered the perspective of government social workers, inspired them to provide higher-quality services, and enhanced their capacity as professional service providers. Some of the project activity reports also revealed that most of the non-medical actors have been rendering these services related to EVAW/G in their various communities, without being aware of what they were doing. Project reports also show that training activities gave the women the opportunity to meet with all actors in their respective communities, making them the right group to know that they can participate in decision-making processes.

Furthermore, our KII results revealed that some care providers worked with both survivors (wives) and males (husbands). This has resulted in longer-lasting improvements in the couple's relationship and fewer difficulties, including improved communication, a happier home life, and fewer disagreements. Some participants in KIIs and FGDs with survivors of VAW/G, as well as project personnel, service providers, and a few influencers, opined that engaging more directly with families and couples would result in longer-lasting improvements in the fight against violence against women. Also, some girls are reported to have become volunteers with CAPEC to combat VAW/G.

However, we notice deficiencies in terms of coordination and cooperation. The lack of synergy reported by some KIIs, and pool members attests to this. In our opinion, CAPEC should have been more proactive in supporting and organising project activities and learning among employees, partners, trainees, and other organisations.

Recommendation 9: *In future similar initiatives, CAPEC and its partners should consider creating opportunities for cooperative cross-learning between various partners and government service providers as a means to promote networking and coordination of service delivery at the subnational level. This could be achieved through periodic reflection or coordination meetings.*

In addition, the breadth of the baseline survey was restricted, and it did not give enough information on markers for measuring changes in knowledge, attitude, or behaviours. In addition, targets for a couple of activities were not established, making comparisons after the project's conclusion impossible. In addition, it was unclear how monitoring outcomes were integrated into project learning. We, therefore, recommend that in future initiatives, CAPEC should invest in a more rigorous baseline survey to provide baseline statistics for project indicators and make better use of monitoring data towards improving project performance.

Recommendation 10: *in future initiatives, CAPEC should invest in a more rigorous baseline survey to provide baseline statistics for project indicators and make better use of monitoring data towards improving project performance. This could be achieved by putting in place an M&E system and action plan that clearly outlines how and when data will be collected, analysed and used to improve the interventions.*

In the meantime, the addition of soft skills (listening and observation) into technical training courses on VAW/G prevention and responses is one of the promising strategies that might be modified or reproduced for other projects with comparable interventions. Focusing on women/girls and IDPs as part of counselling and case management skills to address VAW/G motivates stakeholders on a personal and professional level to eliminate VAW/G in their communities. *This soft skills training would be especially beneficial for training frontline health*

professionals who work with VAW/G survivors, law enforcement officials who work with VAW/G survivors, and municipal authorities who are also on the frontlines of resolving VAW/G disputes.

Another promising practise that could be emulated by CAPEC is the emphasis and attention devoted to the health and mental well-being of project personnel and government social service providers throughout the interventions of the project to deliver VAW/G services to survivors. It may be required to do background checks on VAW/G employees' residences, since this may affect how beneficiaries/survivors interpret the information they provide.

Regarding capacity requirements, we found gaps in gender-based violence services in humanitarian contexts in CAPEC. This shift in project context was prompted by the COVID-19 pandemic and the escalation of the Anglophone crisis. For example, during activity 3.2.1, the staff came to understand that people were really in need of these relief materials. It became clear to us that it was not only about capacity building but also about relief. Support for victims is a way to psychologically build them (Report of Activity 3.2.1). With this shift in context, it became apparent that many project personnel lacked the competence to deliver these specialised services in a humanitarian setting, even though some of the training programmes were also intended for them. To be able to work in such a situation, project employees must also be sufficiently educated about humanitarian ideals.

4.8 Gender Equality and Human Rights

The evaluation question for this criterion was, "To what degree and to what extent have gender and human rights been considered in implementing the project?"

In terms of gender, the project expressly targeted women and girls as survivors and persons at risk of SGBV. They were the main target of community sensitization and interventions aimed at improving access to services. Women and girls therefore constituted the main category of beneficiaries and participants in the activities of the project.

Men were equally targeted in some of the interventions, specifically with capacity building in view of turning them into change agents. To boost male engagement as change agents, the project organised men and boys for training sessions via neighbourhood organisations, with up to 405 individuals in attendance as opposed to the 400 planned. However, KIIs showed that men were not expressly and fully involved in the implementation of actions aimed at redressing VAW/G.

The project equally took into consideration the age groups, seeking to engage men, boys, adolescent girls, young women, and young women. The target population and effective beneficiaries have been mentioned in all project documents disaggregated by sex and age, but there is no evidence that these categories were targeted differently or with different interventions. Judging from the differences in perception between the different age groups (for example, more women recognized the court while more adolescent girls recognized social services as reliable service providers), this evaluation concludes that more could have been achieved if the various gender and age groups were assessed and targeted differently with different interventions based on their identified needs.

Recommendation 11: In subsequent initiatives with the same objectives, different gender and age groups should be assessed and targeted differently with different interventions based on their identified needs in order to ensure relevance to their differing perspectives.

In the area of human rights, the main target for this project was women who can be considered as rights holders when it comes to SGBV as a human rights issue. By fighting VAW/G, the project effectively set out to promote the rights of these women and girls. The project also made an effort

to identify and target the most vulnerable rights holders in the area of SBVG within the context of the humanitarian crisis affecting the project area. These include female IDP adolescent girls, young women, and adult women. Vulnerable members of the host community, including returnees, were also targeted. It should also be noted that the project was implemented using a rights-based approach.

The project also targeted a wide range of stakeholders who can be considered human rights promoters and duty-bearers. These include local community leaders, administrative and council authorities, and officials of specialized technical services. The project targeted these categories with sensitization and capacity-building activities and successfully enrolled some of them as rights crusaders in their respective communities. In doing this, the project ensured that the rights of these duty-bearers and those of the rights promoters were equally safeguarded.

During the initiative, government social workers were trained to strengthen their knowledge, abilities, and attitudes to actively provide services to women, girls, and female survivors of abuse in the course of their duties to safeguard women's rights. The initiative provided rights holders with the knowledge and services necessary to assert their right to be free from violence through a mix of information sessions and direct service delivery by government service providers who had received training. It was also instrumental in further instilling government and elected officials with the responsibility to protect women, girls, and children from violence by providing training on topics such as the role of local authorities in supporting victims of domestic violence, assisting victims of rape to file complaints with police and undergo forensic examinations, and obtaining protective orders from the courts.

According to the testimony and gratitude of a survivor to the project's legal consultant, *"if it weren't for your analytical abilities, legal competence, professionalism, and knowledge, the case would not have been resolved by now.... Once again, thank you for your legal advice, time, and effort"*. Furthermore, during the endline FGDs, many women said they were able to explain that violence against women is illegal and that offenders may and must be punished.

From the above findings, it can be concluded that the project was gender though there were a few gaps in the types of interventions targeting men and boys. This evaluation also concludes that the project was in line with national and international human rights frameworks.

5. CONCLUSIONS

The project "Community-based prevention of sexual violence against women and girls" was highly relevant to the needs of the target population. It was designed on the basis of CAPEC's experience and recent assessments carried out by other humanitarian actors in the area, which showed that poor knowledge of the various forms of violence and poor access to services were among the main factors promoting VAW/G in the target communities. The project set out to address these gaps and was therefore relevant to the situation on the ground. The most vulnerable groups, IDP and host community women and girls, were targeted in some of the most affected communities in the South West Region.

The project was also consistent with the objective of Cameroon's National Action Plan, which seeks to protect women and girls from sexual and gender-based violence in conflict situations. Its objectives were in line with the UNTF's 2015-2020 strategic plan, which prioritizes actions that contribute to the expansion of access to multi-sectoral services; the prevention of violence against women and girls; and the strengthening of the implementation of laws, policies, and national action plans.

Despite the challenging security and health contexts, the project successfully met its target in the end. The achieved outputs effectively translated into several positive changes for direct beneficiaries, including increased knowledge, improved access to services, improved capacity and increased engagement of community actors, stronger women's networks, and improved capacity of CAPEC to continue implementing activities in challenging contexts. Through this project, CAPEC has strengthened its participation in women's movements and ensured the link between urban women's movements and rural women's associations. The project was implemented in a cost-effective manner, with its strategies of focusing on the community, working with women's organizations, and leveraging the services of community leaders, women's networks, and officials of specialized technical services contributing significantly to this efficiency.

This evaluation finds that the outcomes of the project are likely to persist well beyond the project's lifespan. Key setbacks to sustainability are the project's failure to effectively influence community systems and mechanisms and the poor capacity of community actors to mobilize the necessary resources to perpetuate some of the activities introduced by the project.

The evaluation has identified some preliminary impacts or impact trends, including reduced incidence and severity of VAW/G, increased visibility and improved capacity of CAPEC to operate in crisis situations, and a connection between rural women's associations and urban women's movements.

The project was implemented in a gender-sensitive manner with the main target being women and girls while men and boys were engaged and capacitated to become change agents in the communities. The rights-based approach was also used, and human rights were effectively respected and safeguarded.

Key lessons and good practises:

- Supporting already-existing structures and channels and using them to deal with violence against women and girls (VAW/G) enhances sustainability;
- Engaging directly with families and couples results in longer-lasting improvements in the fight against violence against women in homes;
- Combining soft skills (listening and observation) with technical training on VAW/G prevention and response increases effectiveness and efficiency in the fight against VAW/G.

6. SUMMARY OF RECOMMENDATIONS

The following recommendations have been formulated on the basis of the findings and lessons from this evaluation towards improving on similar initiatives:

Recommendation 1. Work more through community volunteers as a means of responding to changes in context that hinder or slow direct implementation of community-level activities by project staff

Recommendation 2: Capacitate and empower community actors, and work with them to design and implement sensitization activities using a participatory approach

Recommendation 3: Include feedback mechanisms to ensure continuous participatory learning towards the improvement of the strategies to end SGBV in project communities.

Recommendation 4: Identify other actors working to end SGBV in the project area and associate them in planning activities to ensure synergy and complementarity

Recommendation 5: In addition to capacitating and empowering community leaders, also seek to change or strengthen community systems and mechanisms as a means to promote institutionalisation of ownership thereby ensuring sustainability

Recommendations 6: Engage trained service providers in ongoing follow-up, supervision, coaching, and refresher training activities so that they can improve their skills in counselling and case management while expanding to other affected communities and council areas

Recommendation 7: Specifically target men and boys in order to avoid misunderstanding of the purpose which could be a source of further conflict at home

Recommendation 8: Include follow-up activities to ensure the implementation of action plans developed by public officials

Recommendation 9: Create opportunities for cooperative cross-learning between various partners and government service providers as a means to promote networking and coordination of service delivery at the subnational level.

Recommendation 10: Invest in a more rigorous baseline survey to provide baseline statistics for project indicators and make better use of monitoring data towards improving project performance

Recommendation 11: Assess the various gender and age groups and target them differently with differing interventions based on their identified needs in order to ensure relevance to their differing perspectives

ANNEXES

Annex 1. Terms of Reference

1. Background/context

Despite Cameroon's adherence to several international instruments and several initiatives by the government and civil society actors to combat GBV, VAW/G remain a major cause for concern in the country. According to the 2018 Demographic and Health Survey (DHS), the most common forms of VAW/G are sexual violence, physical violence, early marriage, denial of resources and emotional and psychological violence. The same survey shows that that sexual physical violence is the most prevalent as up to 39% of women were victims of this form of gender-based violence at some point in their lives, compared to 28% for emotional violence, 13% for sexual violence and 12% for early marriage.

Cameroon is currently going through several humanitarian crises which have significantly exacerbated VAW/G in 6 of its 10 administrative regions. These include the refugee crisis in the East, Adamawa and North Regions, the Boko Haram insurgency in the Far North Region and the armed conflict in the North West and South West Regions. A 2019 rapid assessment by Plan International and Care showed that about 56% of women in these regions were victims of VAW/G. With this situation, the UNDP gender equality index for 2019 ranked Cameroon No 150 out of 193 countries classified.

The prevalence of VAW/G has been on the rise in the South West and North West Regions (two English-speaking Regions out of 10 regions) since 2017 as a result of the ongoing armed conflict opposing armed separatist groups to regular government security forces in these two regions. This conflict started in 2016 as trade-unionist protests by Anglophone lawyers and teachers before transforming into an armed separatist conflict as from October 2017. This crisis has led to thousands of human casualties and massive displacements of civilians starting early 2018. Specific events that lead to these casualties and displacements include armed clashes, the burning of houses, kidnappings and other forms of human rights abuses. The United Nations Office for the Coordination of Humanitarian Actions (OCHA) reported that over 2.2 million persons had been affected by April 2021, including 66,000 refugees in Nigeria, over 700,000 internally displaced within or from the two regions and about 334,000 returnees¹³. The Anglophone community in Cameroon had been complaining about collective as well as individual rights abuses, inequalities and marginalization in the management of state affairs and the distribution of resources.

UNOCHA also reported close to 3,300 GBV cases from July to November 2020 with an average of about 80% of survivors being women/girls (Situation Reports No 21-25). All six forms of VAW/G have been reported with over 40% being rape and sexual assault against women/girls.

The humanitarian crisis in the North West and South West Regions has also provided grounds for some positive developments (opportunities). Survivors of sexual violence have continued to benefit from enormous community solidarity, including involvement of specialized Government Institutions and non-governmental organisations. Volunteerism from community members have gained grounds and a growth in civil society engagement on prevention and/or response, with many people welcoming survivors of VAW/G to their homes, becoming engaged in community projects and providing direct support. Also, in June 2018, the Head of State announced a 12.7 billion CFAF Emergency Humanitarian Assistance Plan (<https://www.prc.cm/en/news/2914-12-7-billion-cfaf-emergency-humanitarian-assistance-plan-for-the-north-west-and-south-west-regions>, August 10, 2019) to assist internally displaced persons and victims of abuses in North

¹³ OCHA, Cameroon Situation Report No 29 (April 2021). <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-situation-report-no-29-31-march-2021>

West and South West regions. This plan is being implemented through protection of displaced persons, food and basic needs, healthcare, education, the resumption of the economic and agricultural activities, housing, and the reconstitution of individual administrative documents. This Humanitarian Plan has further mobilised support from both national and international actors including the United Nations Systems in Cameroon through the Office of the Resident Coordinator. There has been a great influx of International Non-Governmental Organisations working in partnership with national organisations. Cameroon's current national development strategy covering the period from 2020 to 2030 (NDS 2030) and its commitment to "leave no-one behind" provide a powerful basis for the inclusion of survivors of VAW/G in economic development planning.

GBV prevention and response interventions in the affected zones have so far consisted of:

- GBV awareness raising and information on available services
- Distribution of dignity kits;
- Safe space activities for women and girls;
- Psychosocial support and first aid;
- Youth and adolescent support programmes, and
- Life skills development for women.

The area of coverage of our "Community-based Prevention of Sexual Violence on Women and Girls" is the Kumba council areas (five villages in Kumba 1, 2 and 3 councils). Kumba is in Meme Division of the South West Region. It is a cosmopolitan town with inhabitants from various parts of the North West and South West Regions. Kumba received the highest number of IDPs in the South West Region (over 30% of the total number of IDPs in the region according to a UNHCR report). The impact of sexual violence in Kumba council areas is highly asymmetrical. About two thirds of women and girls compelled to move by the ongoing Anglophone crisis are directly exposed to gross violations of their rights, and with limited access to protection and support. Only 1-3 welfare officers serve an average of 15-20 villages with populations of about 5,000 inhabitants each. Similarly, there is on average one women welfare officer for about 700-1000 women/girls, making it very difficult to respond to all reported cases.

2. Description of the Project

2.1 Project purpose/objectives

The project "Community based prevention of sexual on women and girls' is a three-year project (January 2020 to December 2022) funded by UNTF. It is being implemented by the Cameroon Association for the Protection and Education of the Child in five communities in the three councils that make up Kumba Town. The communities are Fiango, Mambanda, Kumba Town, Ikiliwindi and Diongo.

The purpose of the project is to improve access to quality and adequate services for VAW/G survivors, improve awareness amongst survivors of violence and those at risk of VAW/G, and improve on existing policies and laws to guarantee friendly environments for women and girls. Specifically, the project seeks to improve women and girls' access to essential, safe and adequate multi-sectorial services to End VAW/G in Meme Division.

The project seeks to addresses all existing forms of violence which women and girls experience within the context of the humanitarian crisis experienced by the population of the area. These include sexual violence with particular focus on rape/sexual assault, physical violence with focus on torture, economic violence with focus on resource deprivation/denial, and emotional and psychological violence. The project is currently in its 3rd and last year of implementation.

2.2 Beneficiaries

The primary beneficiaries of this project are women and girls (adolescent from 10-19 years, young women from 20-24 years and adult women aged 25 years and above). These women and girls are broken down into the following categories: 500 female refugees/IDPs and 500 women/girls in general, giving a total of 1000. They will benefit from capacity development and services provided by the project through CAPEC and secondary beneficiaries.

Secondary beneficiaries comprise community members (5000), health personnel (500), educational practitioners (100) and government officials (50) making a total of 5650. They were chosen on the basis of their involvement in the fight against VAW/G. Their role in the project includes the identification of beneficiaries, trainings, community mobilization and participation, outreach campaigns and communication, integrating project results and good practices into Institutional/organizational action plans, medical and legal services.

2.3 Key partners involved in the project

CAPEC is working closely with the following actors to implement the project:

- State Institutions (Divisional Delegation of Women Empowerment and the Family, Social Affairs, Public Health, Education and Public Security);
- Local council administration of the Kumba urban council area;
- Community-based organizations or groups (men, women, youth, traditional, social and religious);
- Community leaders;
- Law firms, and
- Local media.

State Institutions are being engaged to provide technical assistance, institutional support for safety and security of beneficiaries and other stakeholders involved in project implementation. Also, these Institutions are expected to integrate the results or changes produced as a result of the project into Government action plans for sustainability. They are being involved in project annual planning and monitoring processes. Through its social service, local council administrators (local governments) are playing a key role in community mobilization, participation and integration of project results in their action plans for sustainability. Community-based organizations and groups are also being engaged in community mobilizations and participation, identification of beneficiaries, community outreach campaigns, service provision and technical assistance. SGBV survivors are being referred to law firms for legal aid and assistance, while local media are playing a communication role on themes related to the project.

2.4 Project Strategy and Theory of Change

2.4.1 Project strategy

The project's strategy is rooted in its theory of change, which asserts that if the project (1) provides women and girls a voice, choice and control through improved knowledge, skills, confidence and leadership opportunities, (2) provides support to mobilized women/girls and their communities to demand for an environment free from sexual violence, and (3) promotes community-based systems and strategies to protect, respond and monitor rights that are violated, then sexual assault and the acceptability of violence will reduce in the Kumba 1, 2 and 3 council areas. This will lead to women/girls, communities, community-based organization and systems having increased willingness, confidence and ability to report, prevent and respond to cases of sexual violence on women and girls. In this regard, the project will achieve intended results through two main interdependent and mutually enforcing strategies:

- Sexual violence prevention interventions, and
- Sexual violence response interventions, following the Ecological Framework.

This framework situates survivors in their communities/families, which are a part of the wider society characterized by a set of norms and attitudes towards women and girls and the use of violence to resolve conflict.

Firstly, at the survivors' level, the project will:

- Provide psychosocial support to survivors through counseling;
- Refer sexual abuse cases to relevant authorities at community level;
- Organize 1 session per year with 5 communities on laws and policies protecting young women and girls against sexual violence;
- Train 1000 women and girls in school clubs and carry out training of trainers (ToTs) in life skills (leadership and awareness, building confidence and self-esteem, mood and emotion management, and communication skills);
- Train 280 women and girl mentors (1 mentor per 20 girls) in sexual violence laws and channels to report cases, and social inclusion;
- Develop and print sexual violence tools to use with community-based organisations, associations and safe spaces.

Secondly, at the community level, the project will:

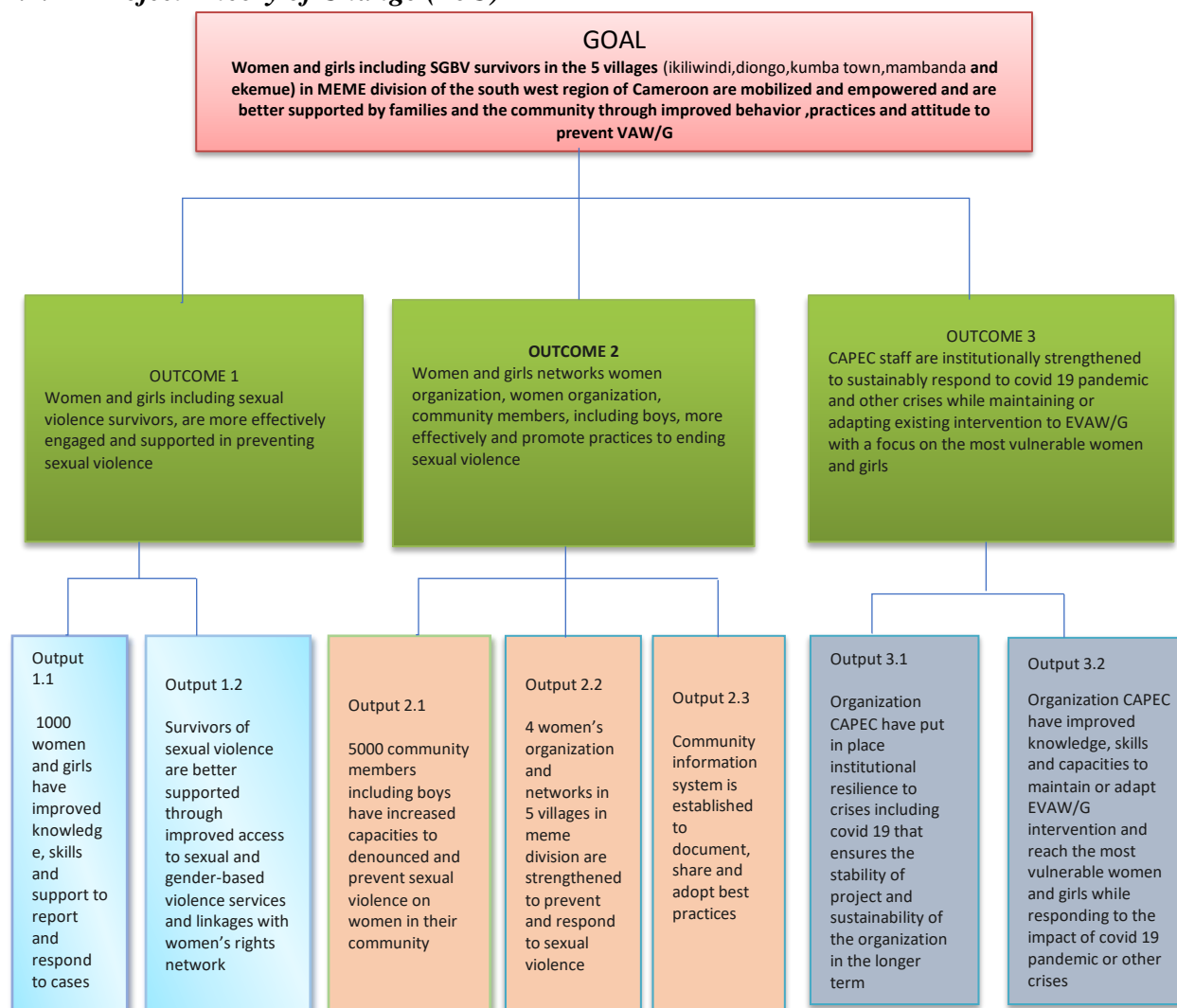
- Mobilize and train 300 men and 100 boys through community groups, to increase male participation as change agents;
- Organize awareness meetings with 5,000 community leaders and members on SGBV and the importance of social inclusion through existing social structures and community gatherings;
- Produce radio spots 3 times a year and organize community role plays/theatre that aims to sensitized the community on sexual violence;
- Produce communication materials i.e., posters, comics and information sheets to reach as many people as possible.

Lastly, at the society level, the project will:

- Support the establishment and linkage of 4 women and girls' rights networks;
- Train women and girls' networks in evidence-based advocacy and human rights-based approach;
- Bring women and girls' rights networks and local councils together with authorities on a bi-annual basis to engage in policy work, focusing on ensuring services are gender sensitive and accessible to all women and girls;
- Support 14 women's organizations to organize campaigns and annual debates at community levels to advance fight against sexual violence;
- Train partner staff on sexual violence and programming.

The design methodology of training/awareness session curriculums includes three processes. Firstly, an analysis of learning-outcomes will be done. Secondly, following these outcomes, training strategies will be designed. Lastly, these strategies will guide development of training/awareness session curriculums.

2.4.2 Project Theory of Change (ToC)



2.4.3 Project activities

The main activities of the project include:

- Trainings for women and girls on life skills, health services providers, community actors and social workers on the provision of better care to women and girl survivors of sexual violence, and for women and girl mentors on SGBV laws and channels;
- Awareness raising sessions each year in the 5 target communities on laws and policies protecting young women and girls against SGBV;
- Design and printing of SGBV tools to improve awareness and promote ownership of concepts and practices to ending sexual violence;
- Provision of support to 1 legal clinic for quality and proximity judicial assistance to survivors of sexual violence;
- Provision of social and economic support to women and girl survivors to avert the impact of sexual violence;
- Mobilization of men and boys and organization of training sessions for them each year through community groups;
- The establishment and strengthening of linkages between women's and girls' rights networks and local councils together;
- Evidence-based advocacy and human rights-based approach;
- Support women's organizations to organise campaigns and annual debates on SGBV;
- Training sessions for partner staff on SGBV.

2.4.4 Project risks

The following risks and risk management actions were identified and incorporated into the design of the project:

- **Risk 1:** Mass displacement and provision of inadequate services that may exacerbate vulnerabilities to sexual violence on women and girls.
Corresponding risk management action: Mobilize host communities' social mechanisms (social groups and families) to increase solidarity and support towards survivors. Advocate for technical government services to include survivors of sexual violence in the humanitarian assistance programme.
- **Risk 2:** Persistent incidence of poverty on women and girl survivors of sexual violence
Corresponding risk management action: Build capacity of survivors to engage in income generating activities and reduce dependency of others for basic social needs.
- **Risk 3:** Weak institutional and operational capacities of local actors and beneficiary groups may slow down local ownership of the project's approach and results
Corresponding risk management action: Integrate institutional and operational capacity building actions into project implementation for partners.
- **Risk 4:** Low mobilization of resources to invest in sustainable development efforts is a common inhibitor in achieving all project results
Corresponding risk management action: CAPEC will strengthen its resource mobilization strategy to diversify its funding sources by developing partnerships with the private sector, foundations and international funding institutions. Advocate for local council Administrations and technical government services to include project results in their action plans.
- **Risk 5:** Persistent uncertainty in terms of beneficiaries' safety and confidentiality
Corresponding risk management actions: Firstly, community structures (social groups and families) will be trained to guarantee the safety of beneficiaries. Lastly, CAPEC will inform beneficiaries of how their information will be used and use of beneficiaries' information will be restricted to key stakeholder in the course of project work and not disclosed to anyone within or out of CAPEC.
- **Risk 6:** Probability of perpetrators of violence attacking project staff.
Corresponding risk management action: CAPEC will inform staff of potential threats in communities, apply preventive measures like cancellation/postponement of field visits and train staff on security management.

On the one hand, risk management will be undertaken at the project level and will take into account internal and external risks that hinder the achievement of results. On the other hand, CAPEC will continue to promote a responsible and risk-conscious decision-making culture, thus promoting opportunity management, foresight and innovation rather than an approach focused solely on damage prevention.

3. Purpose and Objectives of the Evaluation

The main objectives of this evaluation are (i) To evaluate the entire project over its entire implementation period (1st January 2020 – 31st December 2022) against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria; (ii) To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes. Specifically, the evaluation will:

- Assess the degree to which project goal and objectives were achieved;
- Assess the changes on community awareness/communities' and changes that resulted on service providers who benefited from the project;
- Identify any gaps or needs for GBV response capacity building;

- Document the lessons learned and record opportunities and gaps;
- Provide recommendations for project development and improvement;
- Evaluate key cross cutting issues and success of coordination with stakeholders;
- Assess the added value of the project;
- Assess collaboration between service providers and key stakeholders on information and data sharing to strengthen services or reduce VAWG;
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes.

4. How the evaluation results will be used

The primary beneficiary of this evaluation is CAPEC. The results of the evaluation will enable CAPEC draw lessons for future planning, programming and implementation of future initiatives to prevent GBV. The evaluation will also ensure accountability and enable CAPEC and its partners to understand to what extent the expected results were achieved. At the end of the entire evaluation process, CAPEC will develop action points in order to benefit fully from the findings. The recommendations formulated in the evaluation report are therefore expected to be action-oriented. The evaluation report may also be published on UNTF's and CAPEC's websites to strengthen CAPEC's visibility and amplify its resource mobilization capacity.

5. Scope of Evaluation:

- **Timeframe:** This evaluation will cover the entire project duration: **1st JANUARY 2020 to 31 DECEMBER 2022**
- **Geographical Coverage:** This evaluation will be carried out in the FIVE project areas: KUMBA TOWN, FIANGO, MAMBANDA, IKIKLIWINDI AND DIONGO where the project is being implemented. The geographical scope will therefore correspond to the entire project site covering all the target communities. Target groups will therefore be selected from all the five project communities.
- **Target groups to be covered:** The evaluation will cover the target primary and secondary beneficiaries as well as broader stakeholders. These various groups of beneficiaries have been mentioned above. Potential evaluators are expected to propose sampling methods as well as the sample size for each category.

6. Evaluation Questions

| Evaluation Criteria | Mandatory Evaluation Question |
|---------------------|---|
| Effectiveness | <ul style="list-style-type: none"> • To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? |
| Relevance | <ul style="list-style-type: none"> • To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? • To what extent does the project respond to priority needs of women and girls/children? • To what extent is the project consistent with UN Women, UNTF and Government priorities? |
| Efficiency | <ul style="list-style-type: none"> • To what extent was the project efficiently and cost-effectively implemented? • To what extent did the project coordinate with similar interventions to encourage synergies and avoid overlaps? |
| Sustainability | <ul style="list-style-type: none"> • To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? • What is the level of national and local ownership of the project? |

| | |
|----------------------------------|--|
| | <ul style="list-style-type: none"> • To what extent has the project enhanced the capacity of national and local partners to maintain/replicate project benefits? • Are funds and other resources likely to be made available to maintain/replicate benefits? If so, by whom? |
| Impact | <ul style="list-style-type: none"> • To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? |
| Knowledge generation | <ul style="list-style-type: none"> • To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners? • What are the persisting knowledge gaps or identified training needs for the project team? How can these gaps be closed? • What are the lessons learned, opportunities and gaps recorded by the project |
| Gender Equality and Human Rights | <ul style="list-style-type: none"> • To what degree and to what extent has gender and human rights been considered in implementing the project? |

7. Evaluation Methodology (To be proposed by the evaluator)

The bidders should detail their proposed evaluation design and methodology, which will be assessed during the bid evaluation process. However, the following guidelines should be considered:

- *We expect the evaluation to be participatory. Data collection tools such as focus group discussions, key informant interviews and any other relevant data collection tools should be considered.*
- *CAPEC will provide existing data sources such as relevant national strategy documents, project documents and theory of change, monitoring reports and any other available sources for review by the selected evaluator.*
- *Bidders shall propose a sampling frame and explain how they shall proceed to select the respondents for each category of stakeholders.*

8. Evaluation Ethics

The evaluator/s must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. **The evaluator/s must have a plan in place to:**

- Protect the rights of respondents, including privacy and confidentiality;
- Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;
- As the project involves children (under 18 years old*), the evaluator/s must consider additional risks involved in collecting data from children. Child-friendly approaches shall be used when collecting data from children.
- The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues.
- Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents;
- Data collection visits should be organized at the appropriate time and place to minimize risk to respondents;

- The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provide counseling support, for example).
- Respondents do not have the obligation to respond and they respond with informed consent. Their consent must be collected in writing or verbal depending on their desired choices. Evaluators will have to sign the confidentiality and nondisclosure statement that protects the respondent to the highest ethical standards.

9. Key deliverables of evaluators and timeframe

Note that the final product (final evaluation report must be available by February ending

| No. | Deliverable | Deadlines of Submission to UN Trust Fund M&E Team |
|-----|-----------------------------|--|
| 1 | Evaluation Inception Report | This report should be submitted by the evaluator within 1 week from the start of the assessment . The inception report needs to meet the minimum requirements and structure specified by the UN Trust Fund. |
| 2 | Draft Evaluation Report | This should be submitted within 5 weeks of starting the assessment |
| 3 | Final Evaluation Report | No later than 8 weeks from the start of the assessment . The Final Report needs to meet the minimum requirements and structure specified by the UN Trust Fund. |

10. Management Arrangement of the evaluation

10.1 Key roles of actors

A. *Lead Evaluator: (Key Roles)*

- *Shall lead the entire evaluation exercise from start to end in the project locations and oversee the entire evaluation team*
- *Develop the evaluation tools to be used for the exercise*
- *Ensure that the evaluation team completes the evaluation exercise within the required time*
- *Lead all field discussions*
- *Lead the process of compiling the evaluation report and maintain communication with CAPEC team*
- *Lead the presentation of the evaluation findings to CAPEC and UNTF*
- *Determine key documents to be presented by CAPEC to support the evaluation process*

B. *Co-evaluator*

- *Assist the Senior Evaluator and evaluation team in successfully carrying out the evaluation exercise in the project areas*
- *Assist in preparing the evaluation tools*
- *Alongside the lead evaluator pose evaluation questions in the field*
- *Review key project documents (reports, project log book, websites, newsletters etc.) as part of the evaluation exercise*
- *Assist the senior evaluator in capturing and documenting key findings of the evaluation and assist in the overall reporting process and presentation of findings*

C. **PROJECT COORDINATOR (CAPEC)**

- *The Project Coordinator shall be the evaluation Task Manager within CAPEC. She will Work closely with the evaluation team to provide relevant information/data needed by the Senior and assistant evaluator*
- *Mobilize and coordinate relevant stakeholders, direct, indirect beneficiaries and staff to participate in the evaluation exercise and remain engaged throughout the exercise including for inception meetings and validation workshops*

- Accompany the evaluation team throughout the evaluation process to easily access project locations and persons to participate in the evaluation.
- Select suitable and safe venues for the evaluation to take place
- Take charge of all logistical arrangements in the field

D. M&E Officer (CAPEC)

- Assist the evaluation team through provision of relevant documents for desk review to facilitate the evaluation exercise

10.2 Required qualifications/competencies of the evaluators

Lead evaluator

- At least 10 years' experience conducting external evaluations, using both qualitative and quantitative methods, and having flexibility in using non-traditional and innovative evaluation methods;
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls;
- Experience in program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement;
- Specific evaluation experiences in the areas of ending violence against women and girls;
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization;
- In-depth knowledge of gender equality and women's empowerment issues;
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used;
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts;
- Regional/Country experience and knowledge: in-depth knowledge of Cameroon is required.

Co-evaluator

- At least 05 years in conducting external evaluations and having flexibility in using non-traditional and innovative evaluation methods;
- Good knowledge in gender and human-rights based approaches to evaluation and issues of violence against women and girls;
- Experience with program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement;
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization;
- knowledge of gender equality and women's empowerment;
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used;
- Excellent team spirit and interpersonal communication skills to ensure that the evaluation is well understood;
- Good knowledge of the project locations

10.3 Languages

Both the lead evaluator and co-evaluator should be fluent in English. A good understanding of Pidgin English, which is the Lingua Franca of the population of the project area, is mandatory.

Selection criteria

- Soundness of the proposed evaluation design and methodology to meet the purpose and objectives of the evaluation;
- Evidence of subject and evaluation expertise and experience of the proposed team;
- Knowledge of the socio-cultural and political context of the project area;
- Realistic work plan and budget to carry out the evaluation;
- Soundness of task management approach and mechanisms;
- Track record of the consulting firm or individual consultants proposed.

11. DETAIL Timeline of the entire evaluation process

The evaluation team should provide detail time line (No. of working days required and timeframe) for each key task

| Stage of Evaluation | Key Task | Responsible | Number of working days required | Timeframe |
|------------------------------------|--|---|---------------------------------|-----------|
| Inception stage | Briefings of evaluators to orient the evaluators | Evaluation Task Manager | | |
| | Desk review of key documents | Evaluator/s | | |
| | Finalizing the evaluation design and methods | Evaluator/s | | |
| | Submit draft Inception report | Evaluator/s | | |
| | Review Inception Report and provide feedback | Evaluation Task Manager, Stakeholder Group and UNTF | | |
| | Incorporating comments and revising the inception report | Evaluator/s | | |
| | Submitting final version of inception report | Evaluator/s | | |
| | Review final Inception Report and approve. | Evaluation Task Manager, Stakeholder Group and UNTF | | |
| Data collection and analysis stage | Desk research | Evaluator/s | | |
| | In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.) | Evaluator/s | | |
| Synthesis and reporting stage | Analysis and interpretation of findings | Evaluator/s | | |
| | Preparing a first draft report | Evaluator/s | | |
| | Review of the draft report with key stakeholders for quality assurance | Evaluation Task Manager, Stakeholder Group and UNTF | | |
| | Consolidate comments from all the groups and submit the consolidated comments to evaluation team | Evaluation Task Manger | | |
| | Incorporating comments and preparing second draft evaluation report | Evaluation Team | | |
| | Final review and approval of report | Evaluation Task Manager, Stakeholder Group and UNTF | | |
| | Final edits and submission of the final report | Evaluator/s | | |

12. Budget

The evaluation team should prepare and submit alongside the technical proposal a detailed budget in excel for the project evaluation.

Annex 2. Evaluation Matrix

| Evaluation questions per criterion | Specific data to be collected or issues to be assessed | Main potential data sources | Data collection methods/tools |
|--|---|---|--|
| Relevance | | | |
| To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? | <ul style="list-style-type: none"> • Beneficiary needs before the start of the project • Changes in context during the project implementation period • Changes in beneficiary needs during the project implementation period • New and persisting beneficiary needs | <ul style="list-style-type: none"> • Existing documents (Assessment reports, situation reports, baseline report) • Specialized government services • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling • Beneficiary survey |
| To what extent does the project respond to priority needs of women and girls/children? | <ul style="list-style-type: none"> • Priorities of beneficiaries before the start of the project • Changes in beneficiaries' priorities during the project implementation period • Current priorities of beneficiaries | <ul style="list-style-type: none"> • Existing documents (Assessment reports, situation reports, baseline report) • Specialized government services • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling • Beneficiary survey |
| To what extent is the project consistent with UN Women, UNTF and Government priorities? | <ul style="list-style-type: none"> • UN Women/UNTF strategic results areas • Government policies and priorities in the area of GBV prevention and response | <ul style="list-style-type: none"> • Existing documents (UN Women/UNTF strategic plan, sector policy documents and strategy papers, humanitarian response plan) • Decision makers/implementers (Divisional officers, municipal executives and officials of specialized government technical services) | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews |
| How did changes in the context of the project, specifically due to the COVID 19 pandemic, affect CAPEC and the project? | <ul style="list-style-type: none"> • Project context at inception • Changes in project context during implementation • COVID 19 prevention measures • Effects of COVID 19 and prevention measures on CAPEC and its activities | <ul style="list-style-type: none"> • Existing documents on project context in general and effects/impact of COVID 19 • CAPEC staff and volunteers • Secondary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews |
| How did CAPEC/the project adapt to these changes in context? | <ul style="list-style-type: none"> • CAPEC project implementation strategies • CAPEC adaptation strategies/measures | <ul style="list-style-type: none"> • CAPEC strategic documents • Project documents • CAPEC staff and volunteers | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews |
| Effectiveness | | | |

| Evaluation questions per criterion | Specific data to be collected or issues to be assessed | Main potential data sources | Data collection methods/tools |
|---|--|---|---|
| To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? | <ul style="list-style-type: none"> • Outcomes achieved • Outputs and how they have contributed to the outcomes • Factors that have influenced the achievement of outcomes | <ul style="list-style-type: none"> • Existing documents (baseline report, project progress reports, M&E database) • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Analysis of M&E data • Key informant interviews • Focus group discussions • Beneficiary survey |
| Efficiency | | | |
| What resources did CAPEC and partners have at their disposal to implement the project? | <ul style="list-style-type: none"> • List of resources and their quantities | <ul style="list-style-type: none"> • Project budget • Project reports • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| How were these resources (including additional resources provided within the institutional building and adaption funding in the context of COVID 19) used? | <ul style="list-style-type: none"> • Expenditures • Use of other resources (human and material resources) | <ul style="list-style-type: none"> • Project financial and activity reports • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| To what extent was the project efficiently and cost-effectively implemented? | <ul style="list-style-type: none"> • Project resources (including budget, material and human resources) • Use of project resources (including expenditures and use of other categories of resources) • Alternative strategies | <ul style="list-style-type: none"> • Existing documents (project document, project progress and financial reports, M&E database) • CAPEC staff and volunteers • Secondary beneficiaries • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Analysis of monitoring data • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| To what extent did the project coordinate with similar interventions to encourage synergies and avoid overlaps? | <ul style="list-style-type: none"> • Other initiatives to prevent and/or respond to GBV in the area • Coordination mechanisms • Links between project and other initiatives • Opportunities for better coordination • Setbacks to proper coordination | <ul style="list-style-type: none"> • Existing documents (humanitarian response plan, situation reports) • Secondary beneficiaries (especially specialized government services) • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| Sustainability | | | |
| To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? | <ul style="list-style-type: none"> • List of medium- to long-term needs of beneficiaries (and extent to which these have been met) • Conditions necessary for outputs to continue benefitting the target group (and | <ul style="list-style-type: none"> • Existing documents (assessment reports, project baseline report, project progress reports) • Secondary beneficiaries • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling • Beneficiary survey |

| Evaluation questions per criterion | Specific data to be collected or issues to be assessed | Main potential data sources | Data collection methods/tools |
|---|---|--|--|
| | <p>extent to which these conditions have been or are being met)</p> <ul style="list-style-type: none"> • Conditions necessary outcomes to be sustainable (extent to which these conditions have been/are being met) | | |
| What is the level of national and local ownership of the project? | <ul style="list-style-type: none"> • Degree of integration of project results into national and local action plans • Opportunities for integrating project results into national and local action plans • Possible setbacks to the integrating project results into national and local action plans | <ul style="list-style-type: none"> • Existing documents (planning documents of relevant national and local institutions, situation reports) • Secondary beneficiaries • Project staff | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| To what extent has the project enhanced the capacity of national and local partners to maintain/replicate project benefits? | <ul style="list-style-type: none"> • Capacity needs of secondary partners prior to the start of the project • Capacities acquired by secondary beneficiaries and how these could contribute to the maintenance/replication of project benefits • Persisting capacity needs for the maintenance/replication of project benefits | <ul style="list-style-type: none"> • Existing documents (project progress reports, capacity needs assessment reports) • Secondary beneficiaries • CAPEC staff and volunteers | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| Are funds and other resources likely to be made available to maintain/replicate benefits? If so, by whom? | <ul style="list-style-type: none"> • Potential funding sources for the maintenance/replication of project benefits • Resource mobilization capacity of relevant stakeholders • Setbacks to the effective mobilization of resources for the maintenance/replication of project benefits | <ul style="list-style-type: none"> • Existing documents (Project progress reports, capacity needs assessment reports) • Secondary beneficiaries • CAPEC staff and volunteers | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| Impact | | | |
| To what extent has the project contributed to ending violence against women, gender equality | <ul style="list-style-type: none"> • Long term changes (positive and negative) induced by the project (or trends towards such changes) | <ul style="list-style-type: none"> • Existing documents (Project progress reports) • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions |

| Evaluation questions per criterion | Specific data to be collected or issues to be assessed | Main potential data sources | Data collection methods/tools |
|---|--|---|---|
| and/or women's empowerment (both intended and unintended impact)? | | | <ul style="list-style-type: none"> • Stakeholder polling • Beneficiary survey |
| To what extent has the implementation of the project in general and the use of the funds provided for institutional building and adaptation impacted CAPEC? | <ul style="list-style-type: none"> • Long term changes (positive and negative) resulting from the project in general and from the institutional building and adaptation funds | <ul style="list-style-type: none"> • Existing documents (project reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| Movement building | | | |
| What is the state of the feminist/women's movement to end VAW/G in the context of the humanitarian crisis in project area? | <ul style="list-style-type: none"> • Existing feminist/women's movements to end VAW/G in the area | <ul style="list-style-type: none"> • Existing documents • CAPEC staff and volunteers • Secondary beneficiaries | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| In what ways did your organization engage in movement building work in relation to: 1) improving prevention of VAW/G, 2) improving service provision, and 3) increasing the effectiveness of laws and policies and their implementation? Please describe. | <ul style="list-style-type: none"> • Project strategies • Movement building activities | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| In what ways did your organization work to build power for the movement to end VAW/G? | <ul style="list-style-type: none"> • Project strategies • Movement building activities | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| How did your organization work directly with survivors of VAW/G and groups of women and girls facing multiple and intersecting forms of oppression, to engage them in movement-building work? | <ul style="list-style-type: none"> • Project strategies • Movement building activities | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| What impacts (intended and unintended) on EAW/G did your movement building work foster or contribute to? | <ul style="list-style-type: none"> • Long term changes • Contribution of the different activities of the project to observed changes | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| What challenges and opportunities, if any, were faced by your organization | <ul style="list-style-type: none"> • Challenges in relation to movement building | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |

| Evaluation questions per criterion | Specific data to be collected or issues to be assessed | Main potential data sources | Data collection methods/tools |
|---|--|--|--|
| when working on movement-building for EVAW/G. | <ul style="list-style-type: none"> • Opportunities for movement building | | |
| How did your organization adapt and mitigate against the same? | <ul style="list-style-type: none"> • Project strategies and how they evolved | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| How did your organization embrace and nurture the opportunities identified? | <ul style="list-style-type: none"> • Project strategies and how they evolved | <ul style="list-style-type: none"> • Project documents (including progress reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| How did the funds for institutional strengthening (Outcome 4) affect your organization's resilience and ability to engage in movement-building work? | <ul style="list-style-type: none"> • Institutional capacity and how it evolved during the project period | <ul style="list-style-type: none"> • Project documents (including financial reports) • CAPEC staff | <ul style="list-style-type: none"> • Desk review • Key informant interviews |
| Knowledge generation | | | |
| To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners? | <ul style="list-style-type: none"> • New knowledge generated • Good practices that can be shared | <ul style="list-style-type: none"> • Existing documents (Project progress reports) • Secondary beneficiaries • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| What are the persisting knowledge gaps or identified training needs for the project team? How can these gaps be closed? | <ul style="list-style-type: none"> • Stakeholder knowledge prior to the project • Knowledge gaps • Capacity needs of staff and volunteers | <ul style="list-style-type: none"> • Existing documents (baseline report, needs assessment reports, project progress report) • Secondary beneficiaries • CAPEC staff and volunteers | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| What are the lessons learned, opportunities and gaps recorded by the project | <ul style="list-style-type: none"> • Lessons from the implementation of the project • Opportunities for further learning | <ul style="list-style-type: none"> • Existing documents (project progress report) • Secondary beneficiaries • CAPEC staff and volunteers | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling |
| Gender and Human rights | | | |
| To what degree and to what extent has gender and human rights been considered in implementing the project? | <ul style="list-style-type: none"> • Measures taken to engage men and women • Project benefits for men/boys and women/girls | <ul style="list-style-type: none"> • Existing documents (project document, project progress report) • CAPEC staff and volunteers • Primary beneficiaries | <ul style="list-style-type: none"> • Desk review of documents • Key informant interviews • Focus Group Discussions • Stakeholder polling • Beneficiary survey |

Annex 3. Data Collection Tools

Annex 3.1 KII guide for secondary beneficiaries

Informed Consent

Thank you for agreeing to answer our questions. I'm _____ from Rural Development Consultancy (RDC)

We are collecting information for the evaluation of the project titled: “**Community-based Prevention of Sexual Violence on Women and Girls**” that was implemented by CAPEC in 5 communities of the 3 councils of Kumba.

The information collected will be analysed and results will be shared with CAPEC and partners in a report, due in February 2023. This information will be used to identify lessons and good practices for future actions or similar actions in other contexts.

We will treat your answers as confidential. We will not include your name or any other information that could identify you in the report. You have the right not to answer any questions do not wish to answer, and to stop this interview whenever you wish to.

If you feel that you are at risk or distressed, let us know so that we can help you access the necessary support.

Do you have any questions about this evaluation?

A. Relevance

- What was your level of involvement in the project?
- What is your understanding of the terms GBV and VAW/G?
- Is there VAW/G in your area? What are the different forms of VAW/G in your area?
- What were women and girls' needs/priorities in the area of VAW/G before 2020?
- What are women and girls' current needs/priorities in the area of VAW/G?
- To what extent did the project objectives and interventions align with women and girls' needs/priorities in the area of VAW/G at the beginning of its implementation in 2020?
- Did the project address the most pressing issues?
- Were there changes in the project context during implementation?
- Are there needs in the area of VAW/G that the project did not seek to address?
- Were target beneficiaries the most needy in your area?
- To what extent did the project align with government policies and priorities in the domain of VAW/G?
- If the project has to come back, what needs and which target groups do you think should be prioritized?

B. Effectiveness

- Did the project attain its objectives (for women and girls and for secondary beneficiaries)?
- What positive and negative factors affected the activities of the project in your locality?
- If the project has to come back, what do you suggest should be done to reduce the influence of the above-mentioned negative factors?

C. Efficiency

- What are the advantages and disadvantages of the strategies of the project compared to other projects on VAW/G?
- Are there alternative strategies that could be used to achieve the same results at lower costs or more results at the same costs?
- Are there other initiatives to reduce VAW/G in your area? If yes, how did the project ensure synergy with those other initiatives? Did you notice any duplication? Please explain

D. Sustainability

- Do you think the outcomes/outputs of the project will continue to benefit women and girls in the communities after the project has ended?
- What are the necessary conditions for these outcomes to be sustained?
- Are these conditions met or being met?
- What mechanisms are necessary to help stakeholders and communities continue to address recurrent VAW/G? Are such mechanisms in place in your area?

E. Impact

- What are the medium- to long term changes brought about by the project in the area of ending VAW/G in your area

F. Knowledge generation

- Is there anything new you learnt from the project that you think should be shared with other actors working to reduce VAW/G?
- I there any practice of the project which you think is new and interesting that other actors working to reduce VAW/G can copy to improve on their work?

G. Gender and Human Rights

- Did the project consider the specific situation of women, men, boys and girls during implementation? Explain.
- Did the project consider the rights of women, men, boys and girls during implementation? Explain

H. Final thoughts

- Do you have any final thoughts about this project that you would like to share?
- Would you like to share any shortcomings and recommendations that have not been captured in our conversation?
- Do you have any questions?

Annex 3.2 KII guide for project staff

Informed Consent

Thank you for agreeing to answer our questions. I'm _____ from Rural Development Consultancy (RDC)

We are collecting information for the evaluation of your project titled: “**Community-based Prevention of Sexual Violence on Women and Girls**” that was implemented in 5 communities of the 3 councils of Kumba.

The information collected will be analysed and results will be shared with CAPEC and partners in a report, due in February 2023. This information will be used to identify lessons and good practices for future actions or similar actions in other contexts

We will treat your answers as confidential. We will not include your name or any other information that could identify you in the report. You have the right not to answer any questions do not wish to answer, and to stop this interview whenever you wish to.

Do you have any questions about this evaluation?

A. Relevance

- What was your level of involvement in the project?
- What is your understanding of the terms GBV and VAW/G?
- What are the different forms of VAW/G in your area?
- What were women and girls' needs/priorities in the area of VAW/G before 2020?
- What are women and girls' current needs/priorities in the area of VAW/G?
- To what extent did the project objectives and interventions align with women and girls' needs/priorities in the area of VAW/G at the beginning of its implementation in 2020?
- Did the project address the most pressing issues?
- Were there changes in the project context during implementation?
- How did the project adapt to such changes?
- Are there needs in the area of VAW/G that the project did not seek to address?
- Were target beneficiaries the most needy in your area?
- To what extent did the project align with government policies and priorities in the domain of VAW/G?
- If the project has to come back, what needs and which target groups do you think should be prioritized?

B. Effectiveness

- Did the project attain its objectives (for women and girls and for secondary beneficiaries)? What are the most important outcomes in your opinion?
- What positive and negative factors affected the activities of the project in your locality?
- If the project has to come back, what do you suggest should be done to reduce the influence of the above-mentioned negative factors?

C. Efficiency

- What were the key resources that were available for the implementation of the project?
- Do you think all the resources were well used? What do you think should have been done differently to ensure cost effectiveness and better use of resources?
- What are the advantages and disadvantages of the strategies of the project compared to other projects to prevent and/or respond to VAW/G?
- Are there alternative strategies that could be used to achieve the same results at lower costs or more results at the same costs?
- Are there other initiatives to reduce VAW/G in your area? If yes, how did the project ensure synergy with those other initiatives? Did you notice any duplication? Please explain

D. Sustainability

- Do you think the outcomes/outputs of the project will continue to benefit women and girls in the communities after the project has ended?
- What are the necessary conditions for these outcomes to be sustained?
- Are these conditions met or being met?
- What mechanisms are necessary to help stakeholders and communities continue to address recurrent VAW/G? Are such mechanisms in place in your area?

E. Impact

- What are the medium- to long term changes brought about by the project in the area of ending VAW/G in your area

F. Knowledge generation

- Is there anything new you learnt from the project that you think should be shared with other actors working to reduce VAW/G?
- I there any practice of the project which you think is new and interesting that other actors working to reduce VAW/G can copy to improve on their work? In which area do you and your colleagues still need knowledge?

G. Gender and Human Rights

- Did the project consider the specific situation of women, men, boys and girls during implementation? Explain.
- Did the project consider the rights of women, men, boys and girls during implementation? Explain

H. Final thoughts

- Do you have any final thoughts about this project that you would like to share?
- Would you like to share any shortcomings and recommendations that have not been captured in our conversation?
- Do you have any questions?

Annex 3.3 FGD guide for Primary Beneficiaries (Women and Girls)

Informed Consent

Thank you for agreeing to answer our questions. I'm _____
from Rural Development Consultancy (RDC). I am here with my colleague
_____ who will help take notes during our discussion.

We are collecting information for the evaluation of the project titled: “**Community-based Prevention of Sexual Violence on Women and Girls**” that was implemented by CAPEC in 5 communities of the 3 councils of Kumba.

The information collected will be analysed and results will be shared with CAPEC and partners in a report, due in February 2023. This information will be used to identify lessons and good practices for future actions or similar actions in other contexts.

We will treat your answers as confidential. We will not include your name or any other information that could identify you in the report.

You have the right not to answer any questions do not wish to answer, and to stop this interview whenever you wish to.

If you feel that you are at risk or distressed, let us know so that we can help you access the necessary support.

Do you have any questions about this evaluation?

A. Relevance

- How relevant were the interventions of the project to the situation of VAW/G in your community?
- If the project were to come back, what will you suggest that the project should handle as a matter of priority?

B. Effectiveness

- To what extent has the project contributed in preventing or ending VAW/G in your community?
- What positive and negative factors affected the attainment of the objectives of the project in your community?
- If the project were to restart, what would you suggest as measures to reduce the influence of the negative factors listed above?

C. Efficiency

- What are the advantages and disadvantages of the strategies used in this project compared to other projects?
- If the project were to restart, what do you think should be done for more to be achieved at the same cost?

D. Sustainability

- Do you think the positive changes brought about by the project will continue to benefit people in your community after the project has ended? Explain

E. Impact

- What lasting changes has the project brought about at the level of your community? Consider both positive and negative lasting changes?

F. Knowledge generation

- What did the project do differently that you think others should copy?

G. Final thoughts

- Do you have any final thoughts about this project that you would like to share?
- Do you have any questions?

Annex 3.4 FGD guide for men and boys

Informed Consent

Thank you for agreeing to answer our questions. I'm _____
from Rural Development Consultancy (RDC). I am here with my colleague
_____ who will help take notes during our discussion.

We are collecting information for the evaluation of the project titled: “**Community-based Prevention of Sexual Violence on Women and Girls**” that was implemented by CAPEC in 5 communities of the 3 councils of Kumba.

The information collected will be analysed and results will be shared with CAPEC and partners in a report, due in February 2023. This information will be used to identify lessons and good practices for future actions or similar actions in other contexts.

We will treat your answers as confidential. We will not include your name or any other information that could identify you in the report.

You have the right not to answer any questions do not wish to answer, and to stop this interview whenever you wish to.

If you feel that you are at risk or distressed, let us know so that we can help you access the necessary support.

Do you have any questions about this evaluation?

A. Relevance

- How relevant were the interventions of the project to the situation of VAW/G in your community?
- If the project were to come back, what will you suggest that the project should handle as a matter of priority?

B. Effectiveness

- To what extent has the project contributed in preventing or ending VAW/G in your community?
- What positive and negative factors affected the attainment of the objectives of the project in your community?
- If the project were to restart, what would you suggest as measures to reduce the influence of the negative factors listed above?

C. Efficiency

- What are the advantages and disadvantages of the approach of this project compared to other projects?
- If the project were to restart, what do you think should be done for more to be achieved at the same cost?

D. Sustainability

- Do you think the positive changes brought about by the project will continue to benefit people in your community after the project has ended? Explain

E. Impact

- What lasting changes has the project brought about at the level of your community? Consider both positive and negative lasting changes?

F. Knowledge generation

- What did the project do differently that you think others should copy?

G. Final thoughts

- Do you have any final thoughts about this project that you would like to share?

Annex 3.5 Stakeholder polling questions

A. To what extent did the following elements contribute to the success of the project? (Rate from 0-3 where 0 = No contribution at all; 1 = Very little contribution; 2 = Significant Contribution and 3 = Very significant)

1. Needs assessment
2. Staff capacity building
3. Capacity building for other stakeholders
4. Collaboration with relevant stakeholders
5. Acceptance of the project by the communities and other stakeholders
6. Coordination
7. Proper communication
8. Implementing organizations' experience working on VAW/G
9. Monitoring and evaluation
10. Adaptation to changes in the context

B. To what extent do you agree with the following statements about the project (Rate from 1 – 5 where 1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = strongly agree)

1. The project targeted the most needy and vulnerable persons as far as VAW/G is concerned
2. It addressed the most relevant issues around VAW/G
3. It succeeded in attaining its objectives
4. Its implementation strategy appropriate
5. It was cost-effective
6. There was synergy with other initiatives on VAW/G in the project area
7. There was no duplication of efforts
8. Long-term needs of victims and potential victims (women and girls) were considered and addressed
9. The project has been appropriated by local and national actors
10. There are mechanisms in place for the beneficiary communities to continue handling VAW/G
11. Gender was properly mainstreamed in the project
12. Human rights were respected during the implementation of the project

Annex 3.6 Beneficiary survey questionnaire

Section 1. Informed Consent

I'm _____ from Rural Development Consultancy (RDC).

We are collecting information for the evaluation of the project titled: “**Community-based Prevention of Sexual Violence on Women and Girls**” that was implemented by CAPEC in 5 communities of the 3 councils of Kumba. The information collected will be analysed and results will be shared with CAPEC and partners in a report, due in February 2023. This information will be used to identify lessons and good practices for future actions or similar actions in other contexts.

We will treat your answers as confidential. We will not include your name or any other information that could identify you in the report.

You have the right not to answer any questions do not wish to answer, and to stop this interview whenever you wish to.

If you feel that you are at risk or distressed, let us know so that we can help you access the necessary support.

Do you have any questions about this evaluation?
Should we continue with the interview? Yes/No

A. Basic Data on the respondent

Community: 1. Fiango, 2. Mambanda, 3. Kumba Town, 4. Ikiliwindi, 5. Diongo

Age group 1. Adolescent (10-19years) 2. Young woman (20-24 years) 3. Adult woman (25 +)

Displacement status: 1. IDP 2. Non-IDP

B. Assessment of the project against the 7 evaluation criteria

To what extent do you agree with the following statements about the project (1 = strongly disagree; 2 = Disagree; 3 = Agree; 4 = strongly agree)

1. The project responded to our priority concerns in the area of VAW/G
2. The project has contributed to positive changes in the situation of VAW/G in our community
3. The strategies used in this project were more efficient than those of other projects
4. There was synergy between the project and other initiatives implemented by other actors in our community
5. There was no duplication of efforts
6. The project took into consideration our long-term needs
7. Women and girls in our community will continue to enjoy the positive outcomes of the project even after the project would have ended
8. The project has strengthened our capacity and empowered us to address our recurrent challenges in the area of VAW/G
9. The project considered the specific needs of women, girls, men and boys
10. The project has promoted gender equity in our community
11. Human rights were respected during implementation

Annex 4. List of documents consulted

- i. Project design document (including the budget)
- ii. Project baseline report
- iii. Progress and activity reports
- iv. Monitoring database/reports
- v. Financial reports
- vi. Past GBV assessment reports
- vii. Humanitarian situation reports, including cluster reports
- viii. Past and current National Development Strategy Papers
- ix. Relevant sector strategy documents
- x. Action plans of relevant specialized services
- xi. UNTF evaluation guidelines

Annex 5. List of key informants consulted

| No | Name | Function |
|-----|------|--|
| 1. | --- | Divisional Delegate in charge of Women's Empowerment for Meme Division |
| 2. | --- | District Medical Officer, Kumba |
| 3. | --- | Divisional Delegate of Communication for Meme Division |
| 4. | --- | First Deputy Mayor for Kumba III Council |
| 5. | --- | Council Development Officer for Kumba I Council |
| 6. | --- | Council Development Officer for Kumba II Council |
| 7. | --- | Manager Ocean City Radio Station |
| 8. | --- | Lawyer, Queen Law Firm |
| 9. | --- | Community Volunteer |
| 10. | --- | Teacher, Fiango Community |
| 11. | --- | Teacher Kumba Town Community |
| 12. | --- | Teacher Diongo Community |
| 13. | --- | Teacher Mambanda Community |
| 14. | --- | Nurse, Kumba Town Community |
| 15. | --- | Nurse, Diongo Community |
| 16. | --- | Nurse, Mambanda Community |
| 17. | --- | Community leader in Kumba Town |
| 18. | --- | Community leader in Kumba Town |
| 19. | --- | Community leader in Fiango Community |
| 20. | --- | Human Rights Officer (National Commission for Human Rights and Freedoms) |
| 21. | --- | Community Leader in Fiango |
| 22. | --- | Female Religious leader in Kumba III |
| 23. | --- | Community volunteer Kumba Town |
| 24. | --- | Community volunteer Mambanda |
| 25. | --- | Community volunteer Ikiliwindi |
| 26. | --- | Community volunteer Kumba Town |
| 27. | --- | Community volunteer Kumba Town |
| 28. | --- | Community volunteer Fiango |
| 29. | --- | Community volunteer Mambanda |
| 30. | --- | Community volunteer Ikiliwindi |
| 31. | --- | Community volunteer Fiango |
| 32. | --- | Community volunteer Diongo |
| 33. | --- | Community volunteer Diongo |
| 34. | --- | Community volunteer Mambanda |
| 35. | --- | Community volunteer Ikiliwindi |
| 36. | --- | Project Coordinator |

| | | |
|-----|-----|-----------------------------------|
| 37. | --- | Finance Officer |
| 38. | --- | Monitoring and Evaluation Officer |