Ministry of Foreign Affairs

livingPEACE
Men Beyond War

Endline Evaluation of the Living Peace Project (LPP)

Final Report

January 2023

ADE
Evidence for better policy

ACKNOWLEDGEMENT

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List of Acronyms

ADE	Aide à la Décision Economique
DDR	Disarmament, Demobilization, Reintegration
DRC	Democratic Republic of Congo
EKN	Embassy of the Kingdom of the Netherlands
EQ	Evaluation Question
FARDC	Forces Armées de la République Démocratique du Congo
FGD	Focus Group Dicussion
GIZ	German Agency for International Cooperation
IMAGES	International Men and Gender Equality Survey
IPV	Intimate Partner Violence
ISL	Institut Supérieur du Lac
KII	Key Informant Interview
LP	Living Peace
LPI	Living Peace Institute
LPP	Living Peace Project
M&E	Monitoring and Evaluation
MONUSCO	UN Organization Stabilization Mission in the Democratic Republic of the Congo
MINBUZA	Ministry of Foreign Affairs of the Kingdom of Netherlands
NGO	Non-Governmental Organization
OECD	Organisation for Economic Co-operation and Development
PNC	Police Nationale Congolaise
RCT	Randomized Controlled Trial
RISD	Research Initiatives for Social Development
SBVG	Sexual- and Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
SSR	Security Sector Reform
ToC	Theory of Change
ToR	Terms of Reference
UNFPA	United Nations Population Fund
VSLA	Village Savings and Loan Association
WFAD	World Federation Against Drugs

1. Introduction

This document sets out the Final Report of the Endline Evaluation of the Living Peace Project (LPP) conducted by ADE, in collaboration with the Research Initiatives for Social Development (RISD), with the purpose of presenting the results of the evaluation. After a brief reminder of the objectives of the evaluation and description of the LPP (Section 1), the methodological approach and the data collection tools are presented in Section 2. Section 3 presents the answers to each sub-question of the six Evaluation Questions (EQs). Finally, Section 4 incorporates the conclusions structured according to the evaluation criteria, and Section 5 presents the recommendations organized by type of involved stakeholder (Living Peace Institute, the embassy and the Great Lakes Regional Program, and regional stakeholders). The Terms of Reference (ToR) of the evaluation are available in Annex I.

1.1 Objectives of the evaluation

The objective of this endline evaluation is to assess the results of the LPP in terms of relevance, coherence, effectiveness, efficiency, impact, and sustainability. The EQs structured according to these six OECD/DAC criteria are answered in Section 3 of this report.

The evaluation ensured that all four levels of intervention (individual, family, community, society) were covered and explored throughout the entire evaluation process. To this aim, specific sub-categories of analysis were developed for all operational levels, to enable investigation of impact at each program level, and any catalytic effects between various levels of the program (i.e., how did individual transformations positively affect family life?).

This evaluation took place from September to December 2022 and accounts for both phase I (2016-2019) and phase II (2019-2022) of the project. It is an opportunity to capitalise on achievements, successes and lessons learned, and consider recommendations for a potential phase III of the project.

1.2 The Living Peace Project in brief

The Netherlands Great Lakes Program, managed by the Embassy of the Kingdom of the Netherlands (EKN) in Rwanda, currently funds the Great Lakes Program, that aims to contribute to peace and security in the Great Lakes Region. The Living Peace Project (LPP) - Working with Men to Increase Security and Stabilization in North Kivu, South Kivu and Ituri Provinces - is part of this program and is implemented by the Living Peace Institute (LPI), a Congolese Non-Governmental Organization (NGO) that aims to promote equality between men and women, and to prevent sexual- and gender-based violence (SGBV), and thus to restore peace within the couple, the household, the community, and society.

The context of continued violence and armed conflict in the Democratic Republic of Congo (DRC) since the mid-1990s has led to a situation of chronic instability and serious human rights violations, initially nationwide but now concentrated **in the Eastern provinces**. SGBV is one important dimension of this humanitarian crisis. Although quantification of the phenomenon is hindered by underreporting and diffused stigmatization, studies conducted by local and international actors reveal that most cases of SGBV take place in family and communities, where perpetrators are partners or relatives of the survivors. While girls and woman are the primary survivors of SGBV, boys and men are also targeted, mainly when SGBV is used as a weapon of war.

Without justifying the crime, there is an important acknowledgement towards preventation that **some perpetrators are themselves traumatized by the horrors of war, having endured repetitive conflicts and faced loss of property and close relatives**. Ex-combatants struggle to reintegrate into civil society and conform to its norms. Moreover, the lack of resources in the community hinders peaceful

resolution of conflicts and ongoing land disputes undermine cohabitation in villages. Finally, ethnic conflicts are still frequent, with the phenomenon of men joining an armed group to take revenge against a hostile group.

LPI was created in 2015 in Goma, North Kivu, with the objective of breaking the cycle of perpetration of violence and changing the dynamics described above. Two studies have influenced the logic underlying the Living Peace methodology: the International Men and Gender Equality Survey (IMAGES) conducted by Promundo-US in 2013, and the Study on masculinity and gender-based violence in the DRC published by UN Women. These studies brought to light the strong link for men between being a victim or witness of violence in an armed conflict, and the risk of becoming a perpetrator of violence in their home and community. LPI therefore developed a methodology that relies on psychological support for men, with educational activities and therapeutic group sessions, to understand and change gender roles, and, ultimately, to increase stability and peace in Congolese society.

The first activity of the LPP was the set-up of a pilot intervention in 2013, financed by the World Bank, with the elaboration of the first Living Peace manual. After positive feedback from the pilot, LPI was officially founded in 2015 as an independent NGO. Phase I of LPP took place from 2015 to 2018 and targeted the provinces of South Kivu and North Kivu. The second Phase is ongoing from 2019 to 2022, with activities in Ituri in addition to the Kivus.

The Living Peace methodology targets not only perpetrators of violence, but all Congolese men at risk of perpetrating SGBV. The decision to enlarge the target base and to not only focus on violent men is based on the goal of creating sustainable impact by changing gender norms at a societal level. Moreover, a more generalized intervention helps prevent the stigmatization of participants.

For this reason, LPI targets different type of participants: husbands of survivors of SGBV, military men (FARDC), members of the police (PNC), violent civilians in communities identified by MONUSCO as high-risk zones, and ex-combatants. The spouses are included in four therapy sessions (out of 15) for every category of participants. In addition, a component directly targeting women through the organization of Village Savings and Loans Associations (VSLA) was added in Phase II of the LPP, but only in North Kivu. The underlying assumption behind this additional component is that, with the deconstruction of traditional gender norms, women should be able to become economically empowered with the support of their partners.

In practice, LPI psychosocial support methodology is based on the implementation of therapeutic groups, which should help reduce the consequences of trauma, and foster nonviolent and gender transformative coping strategies. The mechanism through which this objective is reached, is the adoption by participants of "positive masculinity" behaviours. Men are taught the importance of being non-violent, supportive, responsible, and respectful to their partners, children and other men.

LPI articulates its Theory of Change on different levels. Practically, therapeutic sessions promote behavioural change at an **individual** level. This behavioural change in individuals translates in transformed dynamics in the **family** and in the **community**, and this transformation is strengthened by campaigns and community activities organized by LP. Moreover, training of religious and community leaders work towards the institutionalization of those results. Finally, public communication strategies and dissemination activities aim at engaging the entire **society** in this behavioural change process.

Since its early years, LPI has worked in close collaboration with key partner institutions operating in the area. Direct partnerships include Caritas, Institut Supérieur du Lac (ISL), HEAL Africa, Kivu men, Centre Rafiki (for VSLA activities), Mobile Cinema Foundation, and La Benevolencijia (for dissemination activities). Moreover, collaboration or participation in common platforms are undertaken with GIZ, Cordaid, CARE, WFAD-DRC, and UNFPA.

2. Methodology

2.1 General approach

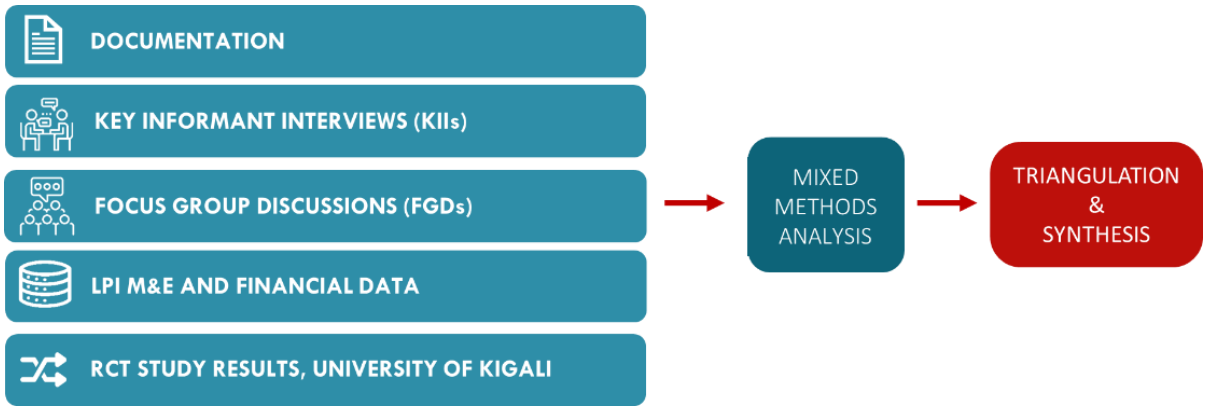
This final report responds to the EQs specified in the ToR, structured according to the six OECD/DAC criteria (coherence, relevance, effectiveness, efficiency, impact and sustainability). These EQs have been set out in an evaluation matrix which specifies sub-questions to be answered by indicating the relevant indicators and sources of information needed to answer them (Annex 3).

The methodology follows a mixed-methods approach, combining qualitative and quantitative data sources (Figure 1). The different sources of information are triangulated to increase reliability and credibility of the answers to the EQs, and yields evidence-based findings.

The quantitative tools allow for the quantification of the magnitude of the project's effects on various outcomes as well as the sustainable effects at the participant level for certain indicators. The quantitative information is mostly extracted from quantitative data collected by LPI as well as from the preliminary findings of the Randomized Control Trial (RCT) conducted by the University of Kigali.

Qualitative tools allow for an in-depth understanding of the mechanisms underlying the (non-) changes at each program level, and to inform the dynamics and catalysts of change and to nuance, complement and triangulate quantitative information documented elsewhere (RCT preliminary results, LPI reports, independent studies, etc.). The qualitative information has been collected through a three-week field visit in Eastern DRC, mostly through Focus Group Discussions (FGDs) with participants as well as Key Informant Interviews (KIIs) with other relevant stakeholders.

Figure 1 - Methodology and tools



2.2 Evaluation phases

To deliver findings for each EQ and provide relevant and actionable recommendations, the evaluation was organized in three phases.

Inception phase

The inception phase served as the period to:

- **Better understand the project, the context, and the expectations of the evaluation**, through remote interviews with the embassy of the Netherlands in Kigali and LPI**.**
- **Refine and fine-tune the proposed methodology** to meet the pre-defined EQs as well as clarified expectations**.**

- **Develop the evaluation matrix** which then served as the guiding framework for the evaluation approach**.**
- **Gather relevant existing documentation, literature and data** for the desk review and data analysis. The desk review started during the inception phase.
- Gather the list of direct participants and relevant stakeholders to **develop a relevant sampling strategy.**
- **Prepare the data collection tools and organize the timeline of activities** for the primary field data collection.

Data collection phase

After the validation of the inception report from the evaluation commissioners and LPI, the evaluation team travelled to the field in the three targeted provinces (South Kivu, North Kivu and Ituri) for primary qualitative data collection. The field visit lasted for a period of three weeks from the 20th of October to the 13th of November 2022. A detailed agenda of the field visit can be found in Annex 4.

The international evaluation team composed of a male and a female consultant to ensure access to all participants started the mission on the 21st of October in Kigali, with an **introductory meeting with the embassy** focal points as well as with researchers of the University of Kigali conducting the RCT to measure the impact of the LPP.

The international evaluation team then travelled to Bukavu and spent two days with their local colleagues (one male and one female expert, experienced in collecting qualitative data on this topic in this context) from Research Initiatives for Social Development (RISD) **to align on the overall qualitative data collection approach, familiarizing with the data collection tools and processes** (presentation of the study and appropriate interaction with participants, informed consent gathering, effective note taking, digitized systems of storing the audio files and transcriptions) and finalizing the agenda.

The international evaluation team focused on conducting KIIs in Bukavu and Goma, particularly with LPI and partner organizations, national authorities, and other NGOs and international organizations operating in the region on the theme of GBSV. **The local evaluation team conducted FGD with participants and facilitators within and outside the provincial capital cities in the three provinces**.

The data collection was conducted in strong collaboration with the LPI staff, who supported the evaluation team in drafting the agenda, contacting and approaching participants, and arranging KII and FGD locations. Nevertheless, **all FGD and KII with external stakeholders were conducted without the presence of LPI to avoid participant biases**.

Unfortunately, the deterioration in the security situation around Goma imposed required the international evaluation team to return to Kigali a few days earlier than planned. Nevertheless, some KIIs were conducted remotely through videoconference and the local evaluation team successfully finalized the data collection in North-Kivu and Ituri, with remote supervision by the international team.

Synthesis, analysis, and reporting phase

A debriefing session with the Dutch Embassy focal point and the Living Peace Institute was conducted less than one week after the finalization of the qualitative data collection phase. The evaluation team presented preliminary findings per EQ as well as preliminary conclusions based on the qualitative data collected during the field visit. This debriefing is part of the participatory approach followed in this evaluation, allowing both the commissioner and the implementing NGO to validate and make sense of the results.

An in-depth analysis of the different quantitative data sources was then conducted and triangulated with the preliminary results derived from the field visit. This triangulation between different data sources helps clarify how different program elements combine to create cumulative effects across the four ascending levels of intervention, and thus to ground a credible narrative when different data sources clearly corroborate one another.

2.3 Data collection tools

The evaluation is based on three main data collection tools:

- Documentation received by LPI and available literature,
- Available quantitative and qualitative data from LPI's M&E and financial reporting and from the RCT conducted by the University of Kigali, Rwanda,
- Primary qualitative data from FGDs and KIIs collected during the field visit.

Documentation

The evaluation team reviewed relevant available documentation related to the context as well as to LPI's intervention. This includes background documentation, academic literature, conflict analysis report, available project proposals, work plans and (semi) annual reports, previous evaluations, budget documents, M&E plans, amongst others. See Annex 2 for further details.

The documentation review during the inception phase allowed the evaluation team to tailor qualitative data collection instruments before the field visit in DRC. The documentation review also served to derive certain findings and data in order to triangulate findings resulting from other data sources.

Available quantitative and qualitative data from LPI

Data analysis was performed on the quantitative and qualitative data generated by LPI, such as the indicators produced by the results framework and data collected through its M&E system. For each intervention level, LPI has delineated specific outputs and outcomes, with the correspondent indicators and means of measurement. The data from M&E activities is presented in each (semi-) annual report.

Monitoring tools are used to collect output indicators. In this category, LPI includes specific **forms to check attendance, satisfaction level, and feedback reports**. These forms are administrated to participants and their spouses, facilitators, field officers for VSLA, community and religious leaders, as well as health sector, government, Civil Society Organizations (CSOs) and security forces representatives. In addition, LPI introduced an **ad hoc Adverse Event Form** to be used by facilitators in case of an event that threatens the health and safety of participants, or that interferes with the data collection activity and compromise its quality. **Media reports** are planned to cover every communication activity to estimate its reach.

Evaluation tools cover outcome indicators. Specifically, LPI uses **self-administered change assessment questionnaires** to collect quantitative data, mainly on objectives 1 and 2 of the intervention. These questionnaires are administrated at the end of the last group session (15th session). The sample of participants for this instrument consists of 30 men and 30 spouses for each target group.[1]

[1] Based on the latest available M&E plan (November 2020).

As part of their M&E tool, LPI also collects qualitative information to complement quantitative data. LPI conducts 14 FGD with men participants, 14 FGD with spouses, and one FGD for security sector workers, health sector workers, CSO and government workers. The FGDs take place after the group sessions, community celebrations or trainings on the LP methodology. LPI also developed **KII** guides and aims at interviewing 3-5 key informants in each target community (community and religious leaders, military and police leaders and CSO representatives). Finally, LPI also uses of **community testimonials** in the occasion of community celebrations (at least one testimonial per targeted group).

The evaluation team also relied on the preliminary quantitative findings of a study conducted by the University of Kigali, Rwanda, which aimed at assessing effectiveness of LPP in terms of reduction of domestic violence and other outcomes, such as violence against children, mental health wellbeing, and social/family relations. This study used a Cluster Randomized Controlled Trial (RCT) design, where the counterfactual is villages that are considered as being affected by the conflict in the Kivus.

This approach allows to estimate the net effect of the project on a subset of outcomes of interest. The data analysis compared treatments versus control groups on their mean change in domestic violence and other outcomes between baseline and endline one month after the intervention (endline 1) and 1.5 years after the intervention (endline 2). Sixty villages with 1736 participants (977 participants and 759 individuals from the control group for baseline, and around 900 participants and 700 controls for endline 1 and endline 2) were included in the study.

The study presents the **domestic violence total score** as the primary outcome. The analysis is articulated on seven secondary outcome measures, which can be linked to some of LPI's outcomes:

- **Domestic violence** and **Violence Against Children** (LPP Outcome 2.3: Reduction in LP Program participating men's use of violence against women and children)
- **Mental Wellbeing**, **Depression**, **Anxiety**, **Posttraumatic Stress disorder** (LPP Outcome1.1 Improved mental health (depression/ PTSD symptoms))
- **Perceived Social Support** and **General self-efficacy** (LPP Outcome 1.4: Improved sense of social cohesion and belongingness)
- **Substance abuse** (LPP Outcome 1.2. Reduced substance abuse)

Primary qualitative data collection tools

Qualitative analysis was conducted on data collected by the evaluation team through FGDs and KIIs.

- Focus Group Discussions (FGD)

In the three provinces, FGD targeted all different types of participants (husbands of SGBV survivors, PNC men, FARDC men, violent civilians living high risk zones, men ex-combatants and VSLA women), but also family members, community and religious leaders, facilitators, and technical supervisors.

Most FGD included around 8-12[2] participants to ensure that each can have adequate time and space to participate. They were semi-structured in nature and guided by discussion guides (Annex 5). The duration of FGDs lasted from 2-3 hours. The conduct of these FGDs followed **standard ethical procedures** of consent, anonymity, do no harm, and data protection and security, described in more detail in Annex 5. The diversity of the evaluation team in the field in terms of gender and local languages allowed the facilitation of the FGD to be tailored to best effect.

[2] A few FGDs included more than 12 participants because of high interest of participants, mostly in police and military camps.

The development of the FGD guides was based on the evaluation matrix and initial interviews with LPI and MINBUZA staff to ensure proper fit between the OECD-DAC EQs and evaluation expectations.

- Key Informant Interviews (KII)

The evaluation team also collected information through KIIs during the field phase. KIIs included interviews with LPI staff, embassy staff, implementing partner staff (Caritas, ISL, Heal Africa, Centre Rafiki, Kivu Men), local government officials, security forces (PNC and FARDC) officials, stabilization unit/MONUSCO focal points, and SGBV cluster focal points (CARE, Cordaid, GIZ, UNFPA). Some KIIs were also conducted with direct participants, family, community members, facilitators, and technical supervisors in order to cross-check accounts of success and progress, but also areas of weakness in program strategy and delivery.

Interviews with non-participants took place, as far as possible, in their offices. Certain institutional or higher-level key informants were interviewed remotely due to scheduling conflicts and/or insecurity in Goma in the final days of the international evaluation team's field visit.

Interviews lasted for 1 to 1.5 hours and included between 1-4 participants. They were semi-structured in nature and were guided by the KII discussions (questionnaires) guides presented in Annex 5. Standard ethical procedures of consent, anonymity, do no harm, and data protection and security were systematically respected.

The development of the KII guides was based on the evaluation matrix and initial interviews with LPI and embassy staff to ensure proper fit between the OECD-DAC EQs and evaluation expectations.

- Sampling of FGD and KII participants

The sampling of participants met during the field visit (Table 1) **was done on two levels**:

1. Sampling of direct LP participants, family members, community members and facilitators,
2. Sampling of institutional and higher-level stakeholders.

Table 1 - Selected sample of participants

FINAL SAMPLE				
Participants	South Kivu	North Kivu	Ituri	Total/category
Participants[3]	*105*	*213*	*68*	*386*
Leaders[4]	*9*	*16*	*9*	*38*
Facilitators	*8*	*26*	*8*	*38*
LPI & partners	*22*	*10*	*5*	*37*
Other	*5*	*8*	*3*	*16*
Total	*150*	*273*	*93*	*515*

[3] Including participants' wives.

[4] Some community leaders are also facilitators and conversely.

Sampling of direct participants, family members, community members, and facilitators

The sampling strategy for this category of participants followed four steps and was done in close collaboration with LPI, with the aim of obtaining a representative sample including participants from all types of participants, provinces, and years of interventions while taking into account limitations related to security, accessibility and language. This approach allows for both objectivity/impartiality of the selection process and for logistical ease and efficiency.

1. All intervention sites were categorized according **four characteristics**: location (urban or rural), accessibility, security level, and language spoken by participants.
2. Based on this categorization, intervention sites were classified into **three clusters**:
    - ***Cluster 1*** included intervention sites near Goma or Bukavu, which would be secure, accessible, and had at least 20 participants speaking French (from phase II). Intervention sites from cluster 1 were therefore accessible to the whole evaluation team.
    - ***Cluster 2*** included rural intervention sites that were secure, accessible, and had a minimum of 30 participants (from phase II). Intervention sites from cluster 2 were accessible only to the local evaluation team.
    - ***Cluster 3*** included sites with minimum 30 participants (from phase II), and did not have constraints concerning accessibility, location, or language. Intervention sites from cluster 3 were completely secure or partially secure, and were therefore only accessible to the local evaluation team.
3. **Four to eight intervention sites were randomly selected in each cluster (for a total 16 sites), following an iterative approach** to make sure all types of participants, partner organisations, provinces and years of intervention are included in the final selection.
4. **Finally, a random draw to select participants was done for each pre-selected intervention site**. Specifically, thirty direct participants and their spouses, four to eight community and religious leaders, and four to fourteen facilitators were randomly selected for each site. An oversampling strategy was followed to account for likely and potential unavailability of selected participants.

The evaluation team selected and visited a total of 16 intervention sites covering the three provinces.

Table 2 - Selected sample of participants by category of beneficiaires

FINAL SAMPLE				
Participants	South Kivu	North Kivu	Ituri	Total
Military men	*24*	/	/	24
Policemen	*45*	*17*	/	*62*
Civilians	*36*	*59*	*68*	*163*
VSLA women	/	*56*	/	*56*
Men Ex combatants	/	*57*	/	57
Husbands of survivors	/	*24*	/	24
Total	*105*	*213*	68	386

Sampling of institutional and high-level stakeholders

Respondent selection for non-LP participants stakeholders was done through purposive sampling. Stakeholders were selected based on their knowledge of the project or the thematic/context surrounding the project. The evaluation team defined a pre-selection of institutions or individuals of interest and transmitted it to LPI staff who provided concrete contacts for each type of stakeholder.

Snowball sampling was also used: some key informants have referred the team to other relevant contacts.

2.4 Limitations

This section presents the limitations of the different sources of information as well as the solutions found to mitigate them in the interests of transparency and a better understanding of the challenges faced in developing the methodology.

- **A positive evolution of LPI's M&E indicators does not mean a positive contribution of the LPP to this change.** While change over time could indicate an effect of the LPP, these changes could also be due to multiple other external factors. **Therefore, these changes over time (pre-post) are triangulated with preliminary findings derived from the RCT conducted by the University of Kigali**[5] consisting of a comparison of indicators between participants and a control group similar to the participants but not benefiting from the project. A difference between these two groups shows the net effect of the programme if the control group is similar in terms of observable (such as age, education, level of enterprise development etc.) and non-observable (such as motivation, interest in entrepreneurship etc.) characteristics. However, the RCT study focuses only on some outcomes of interest at the household and family levels.

- **M&E data collected by LPI at the individual level is limited to informing the behavior and mentalities of targeted men**. Collecting information on the wellbeing of spouses is very important to inform LPI's impacts onhanism.

- **Strategic thinking bias**. Possible in the responses of participants who orient their answers to match the expectations of LPI in the hope of receiving additional support (e.g., funding) despite the precautions taken in our communication with participants. However, during the training of the interviewers, they were taught to present the survey in such a way that the respondents felt comfortable answering according to their personal situation, insisting that their answers would not influence the support of LPI.

- **Participation bias.** Although the program itself is voluntary, participation in the evaluation offered reimbursement of transportation costs (5 USD). If evaluation participants had genuine criticisms of the program, $5 is still enough to potentially dissuade them from sharing negative comments. Interviewees may have thought that maintaining appearances and polite manners was a pre-requisite for receiving payment.

- **Social desirability bias**. Possible in the responses of therapy participants who orient their answers to match the expectations of LPI and to convince themselves and others that they have positively changed their behaviour. Participants who said little during group discussions were later found to struggle more with the new behaviours, which they admitted in one-on-one conversation after the interview. With facilitators, however, evaluators often heard a

[5] However, as the academic paper presenting the results of the RCT conducted by the University of Kigali has not been pubished yet, the evaluation team has been asked to use trends (and not statistical results) in the evaluation report.

more objective view of LPI outcomes, strengths and weaknesses, as they have experienced multiple therapy cycles and seen hundreds of participants evolve through the process.

- **Volunteer bias**. Even though the evaluation team conducted a (semi-)random selection of participants, participation in this study is based on freewill. It is therefore possible that the views collected from this sample of participants (who agreed to participate in the study) are not shared by all participants.
- **Lack of representation in terms of insecure and remote localities.** As mentioned in Section 2.4, the sampling strategy followed a semi-random selection approach. Localities where insecurity levels were too high or that were difficult to access were excluded, which limits the representativeness of the sample.

To overcome these limitations, the evaluation team relied on a systematic triangulation of all data sources to ensure that the results reported are sufficiently corroborated by various data sources to build a credible contribution narrative.

3. Assessment of the project

3.1 EQ1 – Relevance

EQ1.1 To what extent is the project responsive to the causes and conditions that create the problems the project seeks to address?

By following a bottom-up, individual approach, the LPP is responsive to the specific causes and conditions that create the problems the project seeks to address.. LPI recognizes that preventing and reducing interpersonal violence begins with self-analytical individuals, rather than with public institutions, societal values, or cultural traditions. This 'bottom-up' approach is rare in a context where most violence reduction programs follow a 'top-down' approach, emphasizing institutional behaviour change (e.g., USAID legal reform programs seeking to end impunity for SGBV perpetrators[6]), or by encouraging security institutions to respect human rights (e.g., EUPOL training the PNC in the penal code and human rights[7]). However, most Congolese do not view top-down, governance reform programs as effective or appropriate in the context in eastern DRC of chronic conflict and recurrent political turmoil. Therefore, LPI's strategy to focus on the individual, family and community levels is relevant in this context.

Moreover, experiential learning among trusted peers fosters experimentation and reinforces positive behaviour post training. LPI's psychosocial group therapy approach is key to effecting change at all four levels of the program, each of which is based on self-aware, individual agency within increasingly wider group dynamics of family, community, and society. Equally critical, the group therapy approach helps shape, direct and motivate experiential learning, creating trust through interpersonal connections that can help sustain positive behaviour after trainings end. **Voluntary participation** helps initiate the personal accountability necessary for LPI's "journey of transformation".

Various studies preceded and informed the current LPP. Early studies from 2010 (HEAL Africa) on male roles in SGBV and 'failed' or hegemonic masculinity can result from prolonged exposure to violence and trauma. This and related studies, such as the 2014 Swedish Embassy Report, "DRC Gender Profile", informed the **shift toward male-focused preventive programming and the development of '*positive masculinity*'**. Out of the World Bank-funded PROMUNDO research in 2012-2013, an initial group therapy training module was developed, which continued to evolve through various iterations up to the present day.

Regarding its focus on security sector personnel, LPI references various MONUSCO studies to underscore that most reported SGBV events are attributed to the military (FARDC), the police (PNC) and armed groups. Other studies have shown how the exposure to violence (taking part in conflict or being a survivor of SGBV) increases the probability for a man to become a perpetrator himself. LPI intervention has also been described as a promising approach by a **recent study conducted by Murphy *et al.* (2022)**[8]. This report is a comprehensive synthesis of existing projects and practices for the prevention of SGBV in conflict setting. LPI is included among "Social norms change programming targeting security sector actors", and its approach is considered encouraging by the authors, who mention "clear commitments from police and military representatives to integrate the social norms

[6] USAID toolkit for addressing gender-based violence through rule of law projects

[7] Operation Plan for the EU Police Mission In Kinshasa (DRC), EUPOL Kinshasa

[8] Murphy, M., Fraser, E., Lamb, G., Artz, L., (2022). "Evidence for Action: What Works to Prevent Conflict-Related Sexual Violence". What Works to Prevent Violence: Impact at Scale.

approach into their work as a best practice to prevent urban violence and address sexual and gender-based violence".

Moreover, LPI has highlighted the structural violence that is endemic to its intervention sites, which helps account for the causes of violent behaviours. In most targeted communities, domestic and community violence are widespread, taking the form of economic, psychological, and sexual violence. In families, children as well as women are survivors of violence. Many domestic problems arise from excessive alcoholism and psychoactive substance abuse, used as coping mechanisms. Polygamy is common, producing negligence and unaccountability among fathers and heavier burdens for mothers.

EQ1.2 To what extent does the project take into account the evolving needs and priorities of targeted beneficiaries and stakeholders?

The Living Peace methodology is sufficiently adapted to meet all the challenges of the men´s healing process, a path of discovery that must be driven by participants themselves if it is to succeed. However, the **LPP is neither adapted nor designed to address structural forms of political, social and economic violence** that are caused by weak state institutions and their contribution to instability across eastern Congo today. These 'top-down' forces create enormous pressures on individual lives, including trauma.

Yet LPI's approach in accessing communities, selecting appropriate participants, and working with different types of participants, and therefore different needs, is critical and requires substantial preparatory investment:

- **Privileged access to security sector institutions** provides the opportunity to work directly with men in uniform on the psychological causes and triggers of violent behaviour, in the public and private spheres.
- **Participants and facilitators are identified in strong collaboration with (and invited to participate by) local community leaders and security sector officials**. Moreover, LPI invests heavily in educating these leaders and officials who participate voluntarily in the selection and recruitment of participants. This specialized community knowledge, be it a residential neighbourhood or a military camp, is essential to identifying the most suitable participants—those most likely to benefit from psychosocial group therapy and to change their violent behaviour. Participants generally report that before LPI they were aware of having "a lot of problems" in their personal and professional lives, but LPI does not record this level of personal detail. **Confidentiality and volunteerism contribute to ownership of one's problems and need for personal growth**.
- **To avoid the stigmatization of participants, the training groups also include men who are considered "model citizens" alongside persons known to be violent and unstable**. The inclusion of men ex-combatants is critical, even if they are at high risk of relapse because they do not belong to any institution to supervise them (i.e., there is a need for special follow-up). Mixing ex-combatant participants with civilians avoids stigmatization and facilitates their social (re)integration.
- **Training modules are adapted to the different types of male participants**: civilians with reputation for violence, 'model citizens' with no known history of violence, ex-combatant, security sector, but also to some of their wives (couple).
- While therapeutic simulation exercises are not tailored to individual needs, **participants are asked to identify their own challenges and to experiment with new behaviours, language, or**

approaches to learn what works through *homework*. Any positive or negative results are reported back to the group in the next session for analysis and feedback.

- **The addition of VSLA in Phase II in North Kivu was in response to widespread demand for an IGA component to combat family poverty and increase chances of lasting positive change after the LP therapy ended**. Indeed, for many families, especially in police and military camps, one of the main drivers of domestic violence is destitution and debt. VSLA support, targeted in Phase II to spouses of policemen and military in North-Kivu, meets this need and is requested by all participants and their families (men, women, underage dependents), in the three provinces.

LPI deliberately does not invest in creating individual profiles of participant needs or priorities as part of its methodological approach and in coherence with its objective of changing attitudes and behaviours:

- **LPI's experiential learning model, embedded within a group therapy framework, requires participants to assume ownership of all therapy outcomes**. This begins with identifying their own problems, needs, and priorities, which itself is a progressive discovery, and not fully visible at the outset of therapy. Indeed, conjuring the ability to regain control over one's predicament by changing one's attitude, behaviours, and language is a personal journey to be discovered by participants themselves. Facilitators create the conditions for learning the lessons that help participants advance on their path (i.e., coping mechanisms). Across all interviews from all three provinces, participants stressed the 'miraculous' experience of re-gaining control over the quality of their personal, professional, and family lives by testing out the insights and practices learned from each weekly module.

- **Participants are not only voluntary; they are also self-selecting**. Many participants explained that their initial attraction to the program was its claim to deliver peace (e.g., "Living Peace") at the personal level: acceptance of self, peace within household, and surroundings. Participants were also drawn to an opportunity to learn to get along better with family and others; many described their lives as empty of joy, or full of futile distraction and hostility. By helping participants reconfigure the sources of joy away from immediate gratification and self-interest toward greater connection through joint planning with family, the need for prior analysis of participant priorities is arguably irrelevant.

- **Participants who are unwilling to embark on or continue this therapeutic journey are free to leave**. They may receive follow-up visits from facilitators and peers, but their decision to stay or go is their own. Multiple testimonies describe participants' initial interest in LP after being invited to attend therapy, but not following through. Only after hearing from increasing numbers of colleagues and friends in their community of LP's positive impact despite offering no material assistance ("Living Peace is worth more than money," Goma), these individuals decided to commit to the full cycle of therapy.

- **Where LPI is still young, as in Ituri, expectations and needs raised by participants seem to exceed what LP is prepared and willing to offer**. For example, participants in Bunia were asked to record their personal projects in writing at the start of training, to be collected by facilitators. This exercise raised expectations that following the training, LPI would offer material support to participants to realize these activities. This observation from Bunia was echoed repeatedly, but only among Ituri participants: "We received solutions to our psychological problems, but on the economic, material level we received no support. We were offered advice on how to achieve our objectives." LPI deliberately chooses to focus on the healing of trauma and positive changes in mentality and behaviours. Financial support of participants is not in line with LP methodology.

EQ1.3 To what extent has LPP adapted to changing environments and lessons learnt?

The political and security context of the three provinces is highly volatile, and therefore in constant flux, but this instability has dominated people's lives since the early 2000s. Crisis is the norm, trauma is widespread, and the responsiveness of public institutions and traditional social structures that can offer support—down to the family unit itself—are deeply eroded. In such a context of chronic conflict and political instability, the causes of trauma and violent behaviour continue unchecked:

"As soon as one trauma is healed, another is born" (Facilitator, Bukavu).

Moreover, the community of development and humanitarian agencies and donors have struggled to innovate effective solutions to social ills that are ultimately due to the absence of effective public institutions, widespread corruption, and impunity. Donor fatigue and widespread cynicism are further obstacles to innovation.

Despite these challenges, LPI and its successes are built on a number of critical innovations:

- **Prioritizing behaviour change among Security Sector personnel, not reforming the institutions themselves**. In a programming context centred on survivor response, LPI has brought a vital preventive angle to the SGBV sector, not only with its psychosocial approach to positive masculinity but its focus on security sector personnel. The national army (FARDC) and national police (PNC) are notoriously subject to punitive working conditions and abusive hierarchies; their institutional cultures are characterized by corruption and impunity. Prioritizing the security sector as a primary participant population is a rare and vital innovation, as it is among the principal root causes of civilian violence across the East. Security sector officers interviewed for this evaluation unanimously noted the benefits of LPI to their staff conduct, discipline, and order in their residential camps in Bukavu, Goma, and Bunia.

- **By focusing on men with a prevention focus, the project stands out from traditional SGBV approaches that focus almost exclusively on responding to women survivors**. This shift responds directly to a recommendation in the 2014 Swedish Embassy Report 'DRC Gender Profile': "Put men and male behaviours at the centre of gender discourse."

- **Including women in the group therapy cycle in Phase II appears to maximize impact at the family level, helps sustain positive change over time, and results in greater demand for wider female inclusion in the LP program** (VSLA + group therapy). Including women in four of the fifteen group therapy sessions was regularly cited as a powerful catalyst for greater communication, empathy, and mutual respect between couples. An oft-cited example was the exercise where wives explain problems in the home and whether husbands were responding appropriately, or not, to these challenges.

"I also really liked the session where our wives were invited, and each one shared problems that were hidden by their husbands" (Bunia).

Moreover, from the start of the group therapy cycle, husbands discuss their household problems among peers, but these concerns are subjective and may only matter to the man. Their wives' concerns may not register, so **by inviting wives to share their perspectives with the therapy group, husbands are asked to face the possibility of different views**. Sitting among their peers, men cannot ignore their wives' account, which they may reject at home. This exercise highlights the subtle ways that the LP group therapy approach pushes participants to dig into the depth and complexity of their problems using participatory exercises in a closed setting dedicated to constructive problem-solving, not humiliation or blame. In sum, the LP methodology seems very well adapted to awaken this ownership within

participants in a non-threatening, non-accusatory fashion. **The approach is designed to cultivate self-awareness and self-critique, both of which are essential for personal growth and successful partnerships in marriage, parenting, and beyond**.

- **Geographic reach and rural/urban spread**. The fact that new activity sites for Phase II align with MONUSCO's priority "red zones" and the addition of VSLA for spouses (NK) are two programmatic adaptations that have yielded positive results, in the eyes of participants, community leaders, and LPI partner institutions (PNC, FARDC).

3.2 EQ2 – Coherence

EQ2.1 To what extent is the project coherent with other internal and external projects working on SGBV causes, the roles of men in socio-political violence and improving social cohesion?"

Having started in 2016, the LPP is coherent with some of key research findings at the time on the conceptualization of gender and SGBV by national and international programs. The evaluation team concludes that the project is coherent with a called-upon conceptualization on the roles of men in preventing socio-political violence and improving social cohesion.

Although the project also targets women to improve their socio-economic status, the LPP differs from traditional approaches to gender that focused almost exclusively on women. According to the Swedish Embassy Country Profile from 2014, in the DRC the image of women in most national and international programs was that of 'poor, rural and vulnerable' (i.e., passive) victims of conflict. This resulted in an almost exclusive focus on sexual violence against women, in a curative humanitarian response logic. In consequence, women were confined to the status of victims, instead of agents, and men developed a relationship of mistrust with the gender approach being implemented by the national and international programs.

LPI works on positive masculinities and the transformation of social norms, responding directly to the recommendation of the from the same Country Profile to 'place men and male behaviours at the centre of the gender discourse'. This includes efforts to ensure that men take responsibility for their families, including prioritizing the household budget; to model this positive masculinity in public life, in the community and within the family, including by taking on household chores.

Moreover, results from the International Men and Gender Equality Survey (IMAGES), published in 2012 concluded that there was an urgent need for psychosocial support and for building on examples of cooperative, collaborative couple relationships, two dimensions at the centre of LPI's approach. This was a comprehensive study on men's practices and attitudes as they relate to gender norms, attitudes toward gender equality policies, household dynamics including caregiving and men's involvement as fathers, intimate partner violence, health and economic stress. Amongst its key findings, it also highlighted the following which are relevant for the work of LPI:

- Stress related to lack of work or economic security;
- High exposure to multiple forms of violence during childhood in the context of the conflict and high levels of psychological stress;
- Scepticism towards gender equality;
- Both men and women affirming that men have more power in household decision-making (and interestingly men´s participation in the daily care of children is associated with other positive, more equitable behaviours, including less perpetration of intimate partner violence);

- Men reporting having used physical and sexual violence against a partner.

A previous study by Desiree Lwambo from HEAL Africa, on Men and Masculinities in Eastern DR Congo, analyzed the relationship between sexual and gender-based violence and hegemonic masculinities in the conflict zone of North Kivu province in the Eastern Democratic Republic of Congo. The study's main focus lied on the discrepancies between dominant ideals of masculinity and the actual realities of men's lives. As men tried to enact masculine ideals of breadwinner and family head, the political and economic context put them under increasing pressure. Respondents drew a **direct connection between the resulting sense of failure and unhealthy outlets for asserting masculinity, lack of productivity and violence**. They were critical of the fact that most programs dealing with sexual and gender-based violence focused exclusively on supporting women.

The study also argued that humanitarian interventions did not recognize the interdependent and interactive nature of gender. Their antagonizing effect was evidenced by the high level of men's resistance to programs and campaigns promoting gender equality. The study further highlighted the role of hegemonic masculinity in creating a general climate of violence and conflict, pointing up the need for holistic approaches that empower men to make non-violent life choices.

Finally, 2010 research by Maria Eriksson Baaz and Maria Stern on Understanding and Addressing Conflict-related Sexual Violence, discussed the problem of a reductionist understanding of sexual violence as a weapon of war. The authors called for sexual violence in the DRC context to be understood in relation to several other factors, including the following:

- High levels of violence against civilians – including sexual violence –must be understood in light of the present circumstances of the **state security forces (institutional decay, culture of corruption and impunity)**
- High levels of violence must be understood in the context of **hostile civil-military relations.**
- **The weak justice and penal system, and widespread impunity**. It is important to recall that impunity is the rule not only in relation to sexual violence, but perhaps even more so to other violence committed by state security personnel. The result of impunity is a normalisation of sexual violence, as well as other violence against civilians.
- **Rape occurs in the context of certain militarised ideals of masculinity and sexuality common in most military institutions, including those of the DRC**. The (male) soldier's libido is often described as a natural, virile and potent force, which ultimately requires sexual satisfaction from women. While these ideals are purely cultural constructs, and bear no biological relation male sexuality, they nevertheless contribute to a climate in which sexual violence (including rape) is more likely to occur without repercussion, and thus become normalized.

The research also highlighted the dangers of isolating sexual violence from other violence, and the problem of the invisibility of men and boys as survivors of SGBV. It therefore called for sexual violence to be treated as part of –and not as separate from—other forms of violence committed by state security forces, recognizing boys and men as targets of violence including SGBV and, very importantly for the coherence of the LPI project, engaging in comprehensive Security Sector Reform aimed at a systemic change, including the im-portance of strengthening civil society's influence on the military reform process.

Fast-forwarding from design phase to the implementation of the LPI project from 2016 to 2022, the evaluation team sees that it is coherent with recognized good practices. For example, the CARE International **Mawe Tatu project** implemented in 2015-2019 in the two Kivus and financed by the Dutch Embassy ($5.3 million budget), worked with savings groups, involved men and women on questions of positive masculinity and supported couples' conversations. In the region, other initiatives also took place, as the **Sisi Vijiana initiative in Burundi** towards developing a regional model of engagement of young men and boys focused in transforming gender roles.

Worldwide, the work on engaging men continues to thrive. The Organisation for Economic Cooperation and Development (OECD) guidance note on Engaging with Men and Masculinities in Fragile and Conflict-affected Settings (2019) examines some of the promising practices related to working on violence reduction – especially in terms of reducing or preventing male violence against women, domestic violence, intimate partner violence and other forms of GBV.

As will be seen in the rest of this report, **the LPP uses a series of innovative approaches throughout the implementation of the project, which will provide important lessons for resilience programmes in fragile and conflict-affected contexts**. The evaluation team understands the project as a men's GBV prevention and women's economic empowerment project that aims to improve their socio-economic and civic-political participation (household and community) using a gender relational approach. **LPI appears to be the only organization to apply a psychosocial clinical approach to issues of man-made violence against women and others**, expertise that is recognized and sought after. LPI is therefore a leader in its field in eastern DRC.

EQ2.2 How could the coherence of the project have been improved and what lessons can be learned to increase the coherence of any future project?

LPI complements and builds upon certain other GBV and SSR initiatives in recent history in eastern DRC, including other positive masculinity approaches and a well-regarded community policing program in South Kivu.[9] **Deliberate exchange between LPI and these programming communities, including donors and implementers, around comparative approaches and lessons learned would reinforce linkages, shared learning, and reduce stove-piping between parallel technical sectors**. LPI could also continue developing new ways to support relational gender approaches, whereby men and women directly support each other on specific joint activities.

Although characterized by competition and some mutual suspicion, **the diversity of actors within the SGBV sector and community security space means that approaches and lessons are numerous but not always shared transversally**. Nor do donors of these projects actively share results, insights or positive outcomes amongst themselves, except by making their evaluations public. While sectoral coordination exists, attendance is a bureaucratic nor is its impact or added value measured. LPI could endeavour to learn directly from its security sector partners and 'zone rouge' communities of past interventions that were uniquely positive or innovative. Evaluators in South Kivu heard repeatedly from PNC staff about how LPI values and goals were an extension of a previous community policing (2009 – 2014), but does LPI know of this program?

By learning from partners, beneficiaries and their communities which other interventions ('positive masculinity' approaches are common, if called differently) were **effective, why, and how, LPI would be much better positioned to understand, frame and develop its programming** in light of innovations in overlapping sectors, such as police reform, community violence prevention, women's

[9] https://www.gov.uk/government/publications/evaluation-security-sector-accountability-and-police-reform-programme

empowerment, and others. Developing non-competitive relationships with other actors in this space, such as CARE International or HEAL Africa, to increase information sharing and comparative learning, is one obvious step forward.

3.3 EQ3 – Effectiveness

EQ3.1 To what extent did the project achieve its objectives, at output and outcome levels?

According to the latest Annual Narrative Report submitted by LPI to the Dutch Ministry of Foreign Affairs in December 2021, the LPP pursues various objectives at five different levels of interest: i) individual, ii) family, iii) community, iv) society, and v) social and economic empowerment of women.

At output level, Annex 6 **shows that the objective of reaching the targeted number of participants both in Phase I and 2020/2021 has been achieved**, and sometimes also exceed the initial plan (despite COVID-19 outbreak in 2020). Note that computation of the rate of attendance evolved between Phase I and Phase II: for the first intervention phase, LPP participation was defined by presence in at least one session, while the threshold for the second phase is four sessions. While this adjustment is a crucial step in accurately measuring the number of participants benefiting from the LPP, the data collected by LPI and presented in its annual reports could be further improved by disaggregating the number of participants who attend: all sessions, more than 50%, fewer than 25%, etc.

Measuring LPI's achievement in reaching their targeted outputs could be improved with a clearer presentation of their initial objectives in the M&E framework. Distinguishing direct from indirect participants is one possible solution. For some indicators, such as the number of people attending community celebrations (indirect participants, estimates only) or the number of CSO representatives trained (direct participants), the absolute number of participants is inexact, making it hard to know if the target has been reached or not. For objectives 4 and 5, there are few numerical targets, so the evaluation team could not quantify the level of achievement for many indicators belonging to those objectives.

The sub-sections below focus on LPP's achievement of outcomes for each level of interest[10].

- **At the individual level**

At the individual level, LP aims at reducing mental health problems (Outcome 1.1), reducing the use of alcohol and drugs (Outcome 1.2), improving positive coping mechanisms (Outcome 1.3), and improving trust and confidence in others (Outcome 1.4).

Outcome 1.1 – Reduced mental health problems

The LPP includes 15 weekly sessions conducted by trained facilitators with the objective to deal with trauma and transform coping strategies. They include content on i) sharing problems and experiences, ii) coping with emotions and stress, iii) dealing with problems and difficulties, and iv) restoring trust in others.

Results from various data sources show a positive contribution of the LPP in reducing mental health problems among both men and female participants. Indeed, results from the RCT conducted by the University of Kigali show a positive difference between participants and non-participants, for both men

[10] LPI M&E data presented in this sub-section is extracted from LPI's 2020-2021 annual report.

and women, in various indicators related to mental health: **improved mental wellbeing, reduced anxiety and depression, and decreased posttraumatic stress disorder**. RCT results also show that these positive effects of the project on men and women last 1.5 year after the end of the intervention.

M&E data collected by LPI before and after the intervention also show that participating in the sessions is associated with a reduction of symptoms of psychological distress and the improvement of positive mental health precursors. For example, 66% of participating men report to enjoy their lives and 75% to have the ability to plan for the future, while there were only 27% and 35% before the intervention. Moreover, the percentage of men feeling stressed and restless at home decreased from 40% to 10%. Participants also report an improvement in their quality of sleep and a reduction in headaches since the intervention. Even more strikingly, the percentage of participating men stating being able to love or to take care of others increased from 17% to 64%.

As mentioned in Section 2.4., while LPI's therapeutic groups focus on men, **LPI's M&E framework could be further improved if this type of data would be collected for both women and men and disaggregated by sex** to be able to identify the project's achievements with a gender perspective. Psychological distress might have different causes and symptoms for men and women, who also might have different coping mechanisms. Moreover, including measures of psycohological change for women is motivated by the fact that LPI has implemented tailored sessions for women, and it would be meaningful to track the effectiveness of this component. Finally, as mentioned in section 4.1, studies have demonstrated how a structural change in gender norms is successful if it involves positive transformation of both men and women's mentalities. This constitutes an additional reason to include indicators to measure changes in women's wellbeing and perception of gender norms.

Qualitative information collected during the field visit confirm these positive findings. In most FGDs, participants explain that the therapeutic group sessions conducted by LPI helped them heal from previous traumas and that they feel happier today than before the intervention. In these instances, the forms of trauma that participants reported did not originate in combat or armed conflict. Instead, security sector husbands and wives primarily described the cumulative stress, tensions, and interpersonal struggles of family life in camp, exacerbated by insufficient funds, escapism, and destructive personal behaviour (alcoholic binges, chronic indebtedness, gambling, extra-marital affairs). Frontline traumas did not surface in our interviews, which does not mean they do not exist. As such experiences may be considered confidential or extremely private, they were not disclosed to outside evaluators.

Outcome 1.2 – Reduced use and abuse of alcohol and drugs among men

Alcohol abuse and use of drugs are one of the harmful mechanisms used by men when they are attempting to reduce extreme stress and hiding their vulnerability. **Results from the M&E data collected by LPI show that alcohol abuse decreased from 50% to 8% and the use of drugs from 34% to 4% among men after the LPP**. Testimonies from FGD participants, but also from their wives and community leaders, confirm this significant reduction in the use and abuse of alcohol and drugs.

This positive effect in the reduction of use of drugs and alcohol for men seems to last over time, as preliminary RCT results show a significant decrease in substance abuse among men in the treatment group compared to the control group even 1.5 years after the intervention.

Outcome 1.3 – Improved positive coping skills among participating men

Coping strategies are different ways in which people respond to stress and are predictors of an individual's mental health. Developing effective coping skills begins with an awareness of one's undesirable behaviours, negative attitudes, and their destructive consequences in the private and public realm. LPI's self-reflection and exercise simulations are critical to the cultivation of new coping skills and learning to apply them appropriately. LPI incentivize participants to replace unhealthy coping

strategies (e.g., use of violence, abuse of alcohol) with more positive reactions, such as seeking advice from relatives or doing sports.

LPI's M&E data show an increase in various indicators related to healthy coping strategies. 63% of men participants reported going to church when they feel distressed or frustrated (compared to 28% before the intervention) and seeking advice from a trustworthy person increased from 30% to 72%.

Outcome 1.4 – Improved trust and confidence in others, stronger social cohesion in the community and a restored sense of belongingness among participating men.

Trust, confidence in others, social cohesion and sense of belongingness are key elements for individual wellbeing. **The data collected by LPI on** participating men **show that they are feeling more respected** (increase from 43% pre-intervention to 76% post-intervention) **and integrated into their community** since the end of the intervention. At the end of the LPP, 74% said that they participate with other community members in economic activities (compared to 45% before the intervention) and 67% report that they are consulted by the members of the community in case of disputes (compared to 45% before the intervention). RCT results also show a positive difference between treatment and control groups related to perceived social support, for both men and women participants.

- **At the family level**

At family level, LPP aims at reducing violence at home and restore peaceful partner relations in the family. At this level, men psychosocial support groups, the inclusion of women through weekly homework tasks and women participation in shared sessions with men work to increase gender equitable behaviours in the household (Outcome 2.1), improve communication (Outcome 2.2) and reduce the use of violence by men against their partners and children (Outcome 2.3), and thus creating a safer and more equal environment for all members of the family.

Outcome 2.1 – LPP participating men and women have more gender equitable attitudes and behaviours

Overall, data collected by LPI show that men participants in LP psychosocial support groups acquired new gender attitudes to support equality between men and women and engagement in the prevention of SVBG. The percentage of men who believe that a woman who does not dress in a decent manner is at risk of being raped decreased from 63% to 15%. The percentage of men who believe that there are times when women deserve to be beaten decreased from 52% to 7%. It is these changes in gender attitudes and the improvement of mental health conditions which can explain new behaviours among LP group participants.

Both men and women FGD participants describe a better distribution of household chores at home since the end of the LPP. Results from data collected by LPI show that the number of men who were participating in household chores such as cooking and cleaning home, washing and feedings kids increased from 14% to 66% and 76% respectively.

Moreover, many participants point out that, since the end of the intervention, the wife is now also participating to decisions linked to household expenditures. Sharing salary with his wife and planning together family expending increased from 15.7% to 79.9% and 19.1% to 89.1 % respectively. This seems to be especially the case among participants from the FARDC and the PNC, who ask their spouse to keep their bank card and deal with the household's expenses.

Outcome 2.2 – Improved communication in partner relationship

Communication is an important factor of peaceful family relations and conflict management. **Both quantitative and qualitative sources of information show an improvement in communication and collaboration among household members of** participants. The percentage of men who use dialogue to find solutions to family problems increased from 26% to 77%. The percentage of men who dialogue

with their wives to get mutual consent for sexual intercourse increased from 28% to 85%. Finally, the percentage of men who dialogue with their wives about children education increased from 37% to 83%.

Outcome 2.3 – Reduction in the use of physical, psychological, and economic violence against women and violence against children

LP intervention seeks to break the cycle of violence by tackling its root causes and by engaging men in the process of change. The data collected by LPI show that the frequency of conflicts and violence decreased after the intervention. For example, according to the M&E data collected by LPI, the percentage of men who slap their wives when they feel not respect decreased from 32% to 0.4%.

Preliminary findings of the RCT show a decrease in domestic violence and violence against children reported by spouses of Living Peace participants. This decrease in violence against women and children arise directly at the end of the project and seems to remain stable 1.5 year after the intervention.

Qualitative information collected during the field visit from men and their spouses, but also from community leaders, confirm the reduction in violence against women and children. Testimonies collected during FGD and KII also show a reduction in sexual violence in the household. Living Peace sessions help men to understand the concept of sexual consent of their wives. The percentage of men who was used to force their wives to have sex even if they do not want decreased from 25.9% to 9.1% (Annual Narrative Report 2020/2021).

Moreover, it has been reported that polygamous men now also financially provide for the needs of their second wife, and that there has been a reduction in the abandonment of children, especially in police and military camps.

The positive effects of the LPP reported by participants and their family members are corroborated by community leaders, who repeatedly noted a **decrease in the number of complaints of women related to the behaviour of their husbands**. Nevertheless, they do not keep actual records, nor do security sector officials, of the number of times per week or month they are called to intervene in a household to resolve a conflict, which prevents both LPI and the evaluation team to verify this claim on the ground.

- **At the community level**

At the community level, the LPP aims at creating and restoring social support systems to support men, women and families in the target communities (both participants of the LPP and non- participants) in establishing an environment that is gender-equitable, peaceful and favourable to positive social change. Restored community-based social support systems increase social cohesion between families, individuals and community structures resulting in higher levels of inclusion and solidarity between community members.

Outcome 3.1 – Increased awareness of gender equality, positive masculinity, SGBV among community members

Based on discussions with participants and their wives as well as with community leaders at LPI intervention sites (both security sector and civilian locations), there seems to be some **increased awareness related to gender equality, positive masculinity and condemnation of SGBV also among non- participants of the community**. Making the connection between LPI's explicit aim of reducing violence through group therapy and positive masculinity, and a wider community awareness of gender equality is less palpable among non-participants of LP therapy sessions (or wider community). Community leaders and security sector officials interviewed were aware of greater gender equality as a core aim of LPI and claimed to witness it in the household of LPI participants. In the wider community,

they described enthusiasm and interest in the LP approach, but did not mention specific changes in households of non-participant neighbours of LPI participants.

Community celebrations seem to play an important role in the transmission of awareness to the rest of the community. The fifteenth (and last) psychosocial support group session of LPI consists of a community celebration where the members of the targeted community, including community and religious leaders, celebrate the new behaviour and positive change of the LP participant. One of the objectives of this last session is to improve perceptions of other community members in terms of gender equality.

However, while non-participants do attest behaviour change in their neighbours who benefitted from the LPP, and its positive impact on their lives and family, most of them also request to be part of the next round of LP participants. This demand shows that other community members seek direct participation, and that 'indirect transmission' of LP benefits is not enough to change mentality and behaviour. One wonders if the category of 'indirect participants' has any use beyond being an indicator of LP recognition in the community.

Outcomes 3.2 & 3.3 – Increased levels of social cohesion & reduced conflicts in communities in the targeted areas

Discussions with community members and leaders also reveal improved social cohesion through increased communication, trust and collaboration among families of the community. Participants, both men and women, report being now friends with their neighbours. As already mentioned before, the data collected by LPI on participating men show that they are feeling more respected (increase from 43% pre-intervention to 76% post-intervention) and integrated into their community since the end of the intervention. Moreover, at the end of the LPP, 74% said that they participate with other community members in economic activities (compared to 45% before the intervention) and 67% report that they are consulted by the members of the community in case of disputes (compared to 45% before the intervention). RCT results also show a positive difference between treatment and control groups related to perceived social support, for both men and women participants.

At the community level, community celebrations play an important role in spreading LPI's effects among other community members and aim at increasing the levels of social cohesion in the community and reduction of conflict in communities in the targeted areas.

Outcome 3.4 – Increased capacity of targeted Men and Women within the community to promote peace and gender equality, and to intervene as appropriate in families and community conflict.

One of the objectives of LPI's intervention is to provide participants new insights and capacity to promote peace and gender equality, to intervene in community conflicts, and support SGBV survivors in their communities. Indeed, the 12th session consists of a sharing group session aiming at identifying different obstacles within the community and how to overcome them. Moreover, session 13 encourages participants to discuss how they actively have a role in their community to reduce SGBV and develop security network plans to effectively respond to fundamental needs of SGBV survivors which are healthcare, support and protection.

Based on the qualitative data that have been collected by the evaluation team, there is little evidence on the translation of such capacity building into practice. The LPP M&E does not, moreover, track the actions of training participants in their communities, and how they might actively promote peace and gender equality outside of the home. However, participants and community leaders that have been *trained as facilitators* reported taking an active role in promoting gender equality, preventing SGBV and supporting survivors of SGBV in informal ways. Many other participants interviewed for the study corroborated this tendency among facilitators, who are more comfortable in their informal role as models, leaders, and representatives of LPI within their community.

"Talking to the neighbours happens every day, in case of a problem in the household (for example if a couple is fighting), they come to see us, we facilitators, and at this time we talk about LPI in order to remedy their problem. They are immediately interested and want to participate in the LPI training. We explain to them how we proceed to be identified. We talk about LPI even through the radio, we talk about gender and change." (Facilitator, North Kivu)

Outcome 3.5 – Gender-sensitive and power conscious military and police forces in targeted areas

Positive effects on security personnel are noted and appreciated by the community, reinforcing LPI's desired goal of creating 'multiplier effects' through its therapy approach. While institutional shifts in response to LPI therapy are difficult to quantify, numerous anecdotal observations were shared with the evaluation team. Specifically, police and soldiers described accompanying women returning from a day of sales at urban markets or from farming outside of town to ensure their safety at night. Small gestures such as these are noticed by the population and can become positive multiplier effects or catalysts in themselves, as they model positive behaviours that are expected by any community, but historically absent in this context.

There is however little evidence of the scale or degree of these positive practices, or how long they will last. Indeed, in the Congolese context of political instability, reinforcement of these behaviours is most effective through continued LPI presence within these two security institutions, and growing the numbers of participants who model these positive behaviours and are publicly recognized by their superiors at each graduation ceremony.

Another commonly cited behaviour shift in the treatment of women and civilians by security personnel concerns bribery and extortion, common practices in towns and rural areas where abuse of power, corruption among security forces, and impunity are the norm. The evaluation team heard numerous reports of fewer bribes and hostile encounters with police or military demanding money, particularly from women *commerçantes* who are known to carry money on their person, and therefore easy targets. Security personnel and their superior officers also addressed this common complaint, noting that as the family life of LPP participants stabilized, their extortion of civilians also tended to abate.

This causation was particularly noted in North Kivu, where wives of security personnel could participate in VSLA activities, generating additional revenue for the family. However, as they are known locally as wives of police or military, this may also protect them from such extortion. But the implied link between greater financial stability in the home and a decrease of *'tracasseries'* or extortion was widely noted, although purely anecdotal. This link further explains the widespread demand for VSLA across the program for wives of LPI participants in the security sector, given its positive secondary effects for the population, a principal one being reduced extortion.

Outcome 3.6 – Reduction of stigma toward and re-integration of ex-combatants and ex-child soldiers in the target communities

LPP efforts to normalize ex-combatants by integrating them with other participants **in therapy does reduce stigma and may facilitate their acceptance in the wider community**. This alone is insufficient for social reintegration, as their actions post-therapy are the primary determinant of their acceptance in society. LPI is seen as contributing directly to positive behaviour change in all its cohorts, including ex-combatants. LPP does not work directly with minors, so any positive effects among former child soldiers is indirect. Macroeconomic stagnation and extreme insecurity across eastern DRC continue to make rebel groups an attractive employer for many young men, particularly ex-combatants who are frustrated with unemployment and the mediocrity of civilian life and subsistence agriculture, which is the only livelihood option available to most ex-combatants.

Many other donor-funded activities address social cohesion and reintegration of ex-combatants and their dependents in communities where LPI is operating, specifically the national DDR program. This includes publicity and education campaigns to raise awareness of ex-combatants and former child soldiers to cultivate tolerance and acceptance of these groups. Similar to LPI, however, the primary factor influencing successful reintegration and prevention of re-enrolment by armed groups is financial self-sufficiency. This is a challenge in a context where formal employment is nearly non-existent for unskilled laborers. VSLA has proven itself highly effective not only for women's autonomy and gender equality, but also in sustaining the positive outcomes of LPI therapy for husbands. Prioritizing VSLA for the wives of ex-combatants would likely yield similarly positive results.

Outcome 3.7 – Gender-sensitive and power conscious community and religious leaders in targeted areas

LPI methods revealed to some pastors that prayer alone cannot heal trauma or change destructive behaviour patterns. Here too LPI impact is difficult to quantify apart from anecdotal testimony, as community and religious leaders do not typically undergo LPI group therapy. They know and understand the LPI approach and help identify potential participants for group therapy sessions, and report back to LPI on the experience of participants post-training. In this intermediary capacity, they play a vital role, by connecting LPI to local communities and helping identify candidates for group therapy.

In some case Church pastors were also selected as LP participants despite having no reputation for violence. They reported that the LP experience opened their eyes to different forms of violence (IPV, physical, psychological, economic) in local households and even among parishioners in their congregation. Some pastors reported changes in how they counsel parishioners who seek guidance in difficult times, and the way they engage young couples seeking to marry. One facilitator described the impact of LPI on local belief in the salutary power of prayer this way:

> *"In our area, there is a proliferation of churches whose mission is to heal, but they do not understand the real problems of the population: psychological problems are not the same as spiritual ones. Pastors think they can solve people's psychological problems through prayer. This is why LPI included pastors as facilitators, so we could all learn the difference between these types of problems, and the need for different solutions. The LPI methodology should also be adopted by Churches" (facilitator, Bunia).*

Outcome 3.8 – Increased capacity among community leaders to support individuals and community in presenting positive models of masculinity, preventing and mitigating SGBV, and gender equality.

Community leaders play an active and long-term role in presenting the positive effects of LPI and in presenting positive models of masculinity, preventing and mitigating SGBV and promoting gender equality. They are actively involved and crucial in LPI's intervention, from the beginning with the selection and awareness raising of participants, to the community celebration of participants.

Many participants **stated a need for community leaders and security sector officials to undergo LPI therapy, because 'poor behaviour starts at the top'**. At the same time, some participants reported that they were promoted in their community (receiving a higher rank in military or police) thanks to LPI's intervention and the impact of their changed behaviour in the workplace and community.

Outcome 3.9 – 300,000 People aware of psychosocial and Gender-Equitable Peace (Living Peace) approaches in North Kivu, south Kivu and Ituri Province of the DRC

Different sources are available to quantify the reach of LPI and understand how many people in DRC are aware of its activities. Firstly, LPI monitors the number of people participating in the community celebrations that take place after the last group session for each implementation round. From the last

report available (LPI Annual Report 2020-2021), it emerges that 84 community campaigns were organised, with the participation of 2941 participants and their spouses, around 3000 community members and 465 community leaders.

On a larger scale, the channels used by LPI to inform people about its activities are Radio campaigns, Social Media channels and cinema activities. Specifically, LPI's Annual Report 2020/2021 reports that 365,471 people from DRC follow LPI messages on Facebook.

- **At the society level**

At society level, LPI has the objective of involving Congolese civil society (CSO) and public institutions to institutionalize the LP approach and thereby generate a wider influence on gender equality and male behaviour towards women. LPI approaches local CSOs, including its direct partners and Congolese institutions to try to empower them to take responsibility and action against SGBV.

Outcome 4.1 – Targeted government and civil society organizations (CSOs) display commitment to ending SGBV through the use of LP methodology

LPI's two key State partner institutions, the PNC and FARDC, are enthusiastic supporters of LPI and full of praise for how much the group therapy experience and 'positive masculinity' has improved morale, discipline, and performance among LPI participants. Senior officers from both institutions also claim that LPI has reduced the number and frequency of complaints from wives in their camps, that they 'are now free to do their job'. Managing household conflict is described by commanding officers as a necessary distraction that consumes valuable time and energy. These institutions have not formally adopted LPI methodology into their training curricula, however, nor have they publicly committed to ending SGBV in their ranks (see Outcome 4.3). This would require approval from Kinshasa, and entail agreements and changes at the national level, according to SK provincial PNC leadership.

Still, 'positive masculinity' as a path towards greater gender equality and ending SGBV has gained momentum in DRC's political sphere, thanks in part to LPI's own diplomacy and networking in Kinshasa. Last November 21, 2021, President Tshisekedi in his second role as President of the African Union, convened a day-long seminar in Kinshasa dedicated to positive masculinity, gender equality, and SGBV. The event was attended by numerous African heads of state.[11]

CSOs that partner with LPI on media dissemination, specific trainings, or VSLA, report positive experiences with LPI and support the values and aims of the program. Their ability to adopt LPI methodology is limited as their operations are contingent on donor funding, which is project specific and limited in duration.

> *"This is the fourth objective of LPI, which is at the level of society and which aims to strengthen the capacities of local civil society organizations. In this context, as ISL we train facilitators who are not ours because they are hired by the police. In statistical terms, we have trained more than 222 facilitators on the PNC side here in Bukavu. They are trained on the methodology and they know how to identify someone. And in the context of clinical supervision, LPI still comes to capacitate our facilitators. We as a professional agency within the framework of positive masculinity have been supported by LPI." (ISL, Bukavu)*

[11] https://www.africanewsrdc.net/featured/masculinite-positive-tshisekedi-interpelle-la-conscience-des-leaders-africains/

Outcome 4.2 – CSOs and security sector implement and promote positive masculinity and achieve sustainable, gender-equitable peace in South-Kivu, North-Kivu and Ituri provinces

The consistent participation and public support from security sector institutions is most visible in the community celebrations that serve to highlight positive effects of LPI training, and to put positive masculinity on public display. Engagement in these ceremonies by high-level provincial officers from the national police and military gives a clear sign to attendees that these institutions support the values of gender equality and are committed to ending SGBV by reforming the behaviour of their servicemen. Public displays of support must be followed by internal reforms, but these institutions have not historically demonstrated a willingness to adopt reforms proposed by outside actors.

This support goes deeper than celebrations and publicity, as proven excellence through changed behaviour among LPI participants has been rewarded with promotions for military and police. This is evidence of security institutions embracing the changes that accompany effective positive masculinity, and rewarding those changes with professional promotions. Interviews with senior staff from FARDC and PNC in Goma and Bukavu described this form of reward for ambitious junior staff based on improved performance that was linked to the effects of LPP participation. A positive secondary effect of these promotions was also noted, in that it motivated peers to request LPP participation as a path to career advancement.

Outcome 4.3 – Targeted military and police force representatives display commitment to ending SGBV through the use of LP methodology to end SGBV

The widespread appreciation of LP methodology and its aims of gender equality and ending SGBV are nominally shared by security institutions, but they rarely prosecute or punish their servicemen for domestic violence or investigate accusations of rape, for example. In this regard they prefer to outsource the problem of criminal behaviour and hegemonic masculinity to external actors who are working to change the behaviour of servicemen through training and/or therapy, as LPI is doing. Security sector support for LPI must not be conflated with ownership, which would involve proactively committing to address and change behaviours within the institution. **There is no evidence of this latter institutional commitment**.

While there may be no official, explicit commitment to ending SGBV, security leadership are happy to reap the benefits of LPI training as it demonstrably improves staff behaviour in multiple ways, one of which is the reduction of IPV in the home. This means happier households, and less conflict resolution by security sector superiors in the homes of their subordinate staff.

Outcome 4.4 – Targeted healthcare professionals/providers/workers display commitment to ending SGBV through the use of LP methodology

LPI has a long history of collaborating with state and non-state health services across the east, dating back to the PROMUNDO period, in which *Institut Superieur du Lac* (ISL) was a key partner. The evaluation team met with officials from the **Ministry of Gender, Women and Children, who described a long history of partnership with LPI, and attested to their leadership, support and influence** in the field. The same Ministry relies on LPI to deliver the programming and awareness campaigns that are necessary for government policy to become a reality, as the Ministry has no budget or capacity to enforce or translate its policies into reality on the ground.

The current HEAL Africa collaboration with Cordaid (S3G) is another example of complementary synergy between LPI and medical service provision in response to SGBV. ISL is another actor in this field that has trained its counsellors in the LPI methodology and who regularly participate in research around SGBV reduction.

Outcome 4.5 – Gender-sensitive and SGBV educated healthcare professionals in targeted areas improved access for male and female SGBV survivors and deliver appropriate care to male and female SGBV

The current HEAL Africa collaboration and the FARDC military hospital in Goma are two examples of LPI working relationships that involve technical support and skills transfer to relevant health staff who also receive the LPI therapy and training. LPI has also trained healthcare providers in how to handle SGBV cases when they are referred to the hospital from military and police camps. Couples counselling is then offered by staff trained again by LPI and ISL. Another outcome is that senior military officers are now able to discern and identify wives or girls in their camps who may be SGBV survivors, and have them referred to the **'one stop shop'** (*guichet unique*) established by S3G and supported by LPI. There women can receive medical treatment, psychosocial trauma therapy, couples counselling if desired, as well as legal support if legal action is to be pursued.

As transfers are common in the security sector, whenever these healthcare providers are relocated, regular professional communication is maintained with the Goma hospital for guidance in handling new SGBV cases as they arrive in a clinic or health post in rural areas. This is evidence of transferred skills not being lost and of military healthcare providers adapting to changing circumstances in order to maintain a quality of care for SGBV survivors, despite being beyond the reach of LPI.

- **At the level of social and economic empowerment of women**

Women's socio-economic empowerment is promoted through the implementation of VSLA in military and police camps in North Kivu. Potential participants are spouses of military and policemen who participated in the LPP. To be effective, women members of VSLA need positive support from their husbands.

Outcome 5.1 – Women, organized in VSLA and VSLAN, improve their social and economic status and application of their skills and capacities for income generation showing her independence and equality in relation to men

For many families, one of the main drivers of domestic violence is destitution and debt. VSLA support meets this need and is requested by all participants and their families (men, women, young dependents). The addition of VSLA in Phase II in North Kivu was in response to widespread demand for an IGA component to combat family poverty and increase chances of lasting positive change after the LP therapy ended.

The evaluation found that women benefiting from VSLA membership are able to finance their own business activities and generate income. **By reducing the sources of conflict (particularly financial) within the household and by allowing women to access a professional occupation, the VSLA component strengthens the achievement of LPI objectives**. The success of VSLAs attracts imitators - everyone wants to participate in the VSLA program - husbands, young people, neighbours. Aware of the positive impact of the additional income generated by VSLAs on stability and harmony within households, security institutions (PNC, FARDC) outside of North Kivu are also asking for it.

> *"The biggest problem in the DRC is poverty, and if this VSLA project expands (to SK and Ituri) it can really help. If a wife finds herself in VSLA, she will also help her husband. This modification concerns the improvement of economic conditions and increases the participation of women." (ISL administrator)*

Outcome 5.2 – Improved capacity of Men to be supportive (allies) to their wives' economic activities and as positive partners in household economic empowerment

Male and female participants attested to the benefits of VSLA in dimensions of women's

empowerment: as an income generator (enabler of autonomy) and, consequently, as a direct contributor to family finances with greater decision-making power. LP male participants described themselves as ready to support and navigate these changes in family dynamics as the wife becomes an equal partner and breadwinner, when previously she was subordinate, because dependent on the husband for household expenses**. VSLA clearly acts as a 'force multiplier' for LP positive masculinity training and accelerated gender equality, as many male and female participants attested**.

Joint management of family finances is another important area of impact and transformation with a positive multiplier effect from families outward to surrounding communities. In general, supporting women with VSLA and including them in training sessions reinforces holistic change within the household. **Not sufficiently including women in group therapy sessions can destabilize households, many participants and partners reported, despite the transformative therapy of LPI**.

Outcome 5.3 – Involvement of men and women to engage other women in social change, including sexual and reproductive health, and rights, and sexual and gender-based violence (SRHR & SGBV)

In the interviews and group discussions conducted for this evaluation, there is less evidence of an increased involvement of men and women to engage other women in social change, including sexual and reproductive health, and rights, and sexual and gender-based violence . Eventhough it is not part of the current LP methodology, a **family planning component was repeatedly requested as a necessary addition to the LP modules**. It was also raised as an example of a topic that LPI couples could discuss more freely than couples still struggling under hegemonic masculinity or 'retrograde values', where women are treated as beasts of burden and expected to find the minimum resources to care for the children, regardless of their number, without material assistance from the husband.

EQ3.2 To what extent was risk management, conflict sensitivity, do no harm and gender responsiveness adequate, and to what extent has the implementation of the project been adjusted based on regular assessments of conflicts, assumptions, and risks?

A risk and conflict analysis (Conflict Sensitivity Analysis, January 2020) was conducted and its findings incorporated into program delivery. The aim of this analysis was to discover and address the interactions of the LPP with existing conflict dynamics in intervention areas, and it was explicitly based on a "Do No Harm" framework. In the study, LPI presents an articulated analysis of the conflict and its challenges in its three provinces, where it operates and how this is informed by national dynamics generally. Specifically, it describes the interactions between LP interventions and the localized conflict and tensions across the region.

LPI recognizes the following of conflict dimensions that reverberate in the lives of its participants and create the conditions that warrant its interventions: tribal and ethnic tensions, armed conflict, abuse of power by oppressive leaders, land-related conflicts, violence targeting women due to belief in witchcraft, polygamy-related conflict, impunity for perpetrators of SGBV and a patriarchal culture that condones it, and endemic corruption across public and private institutions. **For each of these issues, LPI details the mitigation mechanisms that were implemented**. For example, as a relatively high share of participants are polygamous, LPI recognizes that the fact of selecting only one wife to participate to the sessions is likely to increase tensions in the household. To address this, it was decided to select one session where the "other wives" of the participant would participate, and to actively include them in community celebrations.

Given the particularities of instability in Eastern DRC, direct engagement and inclusion of community leaders seems a more practical investment than relying on recurrent conflict analysis exercises. The

deep relationships and strong collaboration that LPI has developed with community leaders and security officials enables rapid, real-time updates of new threats and power shifts on the ground, which in turn allows rapid adaptation and response in the program.

By maintaining its diverse local relationships and layers of connection within each community of service (participants, families, facilitators, neighbourhood chiefs, religious leaders, etc.), LPI has built what amounts to an effective risk management network. As long as the communication flow is sustained and nurtured (i.e., not neglected or taken for granted), this two-way information channel also serves as a Do No Harm sensor or 'radar', in that LPI is able to learn from local contacts the state of progress (or regress) of any of its participants at any given time, and how this is affected by wider socio-political dynamics or influences (i.e., ethnic hostility). It is able to learn about the rate of re-enrolment of ex-combatant participants, for example, by local armed groups when armed conflict threatens the area. To what degree LPI program managers are currently exploiting this resource to inform their planning and activities is not clear, however, as evidence from our interviews and research is anecdotal.

EQ3.3 What lessons learned can be drawn to achieve greater effectiveness?

Maximizing the effectiveness of inputs in relation to desired outcomes (and outputs) requires a more robust evidence base which exceeds the scope of LPI's current M&E system. What is the program's baseline in each community of intervention, its success rate over what duration, individual relapse rate, and what conditions are documented to promote optimal results? How does the success rate of ex-combatants compare with other civilians; how does it compare with military and police? And for what reasons? This evaluation did not uncover significant data or systematic analysis of these questions, although anecdotal observations abound among program participants, facilitators, partners, and administrative staff.

Cause/effect relationships between trainings, therapy, and life changes among direct and indirect participants (husbands, wives, families, etc.) remain unclear within the program. There is a parallel need to track reports of SGBV and related IPV incidents in camps (PNC, FARDC) and at military hospitals or public health clinics in LPI intervention areas. The LPP is of course not the sole factor responsible for a reduction in SGBV or of improved behaviour among security sector personnel, or of male violence generally. But greater effort to track SGBV and IPV data in LPP areas would allow LPI to better defend plausible correlations between trainings and behaviour change (reduction of SGBV rates, reduction of complaints of IPV in camps) at the family level. LPI could easily measure, for example, the percentage of LPI families in Jules Moké who report joint management of household finances 6 months after the training, 12 months after, 24 months after. This is not currently the case, but could be fixed.

Tracking the recommendations that surface in the course of real-time monitoring, how these are implemented, and their impact is another role for a more robust M&E system. Program procedure mandates that after each training cycle an internal evaluation is held, but these internal assessments do not appear to inform the creation of a baseline against which individual participant progress post-therapy can be tracked and measured:

> *"At the end of each session, a coordination meeting is called where everyone presents their annual achievements, challenges, lessons learned, and their conclusions. The difficulties are also mentioned, and any recommendations people wish to make." (LPI staff, Goma)*

Long-term monitoring and support to participants is evolving but still insufficient. Investment in the post-training life of LPI participants is an essential component of lasting success, but deemed insufficient by many participants, stakeholders and observers of the program. 'Security networks' and 'ambassadors' receive little training, support, follow-up or tracking to assess progress, document

challenges, and identify solutions. **Respondents compared this weaker LPI approach to other initiatives with more robust long-term impact strategies, specifically the S3G program led by CordAid and HEAL Africa**. Finally, no M&E data is collected by LPI on the existence, activities, added value measurement, or sustainability of security networks.

The question of increased effectiveness also raises the comparative advantages and trade-offs between and expansion of coverage to include new intervention sites where LPI is not known but needs are palpable, versus continuing to invest in the same participant populations where LPI is already active, appreciated, and understood, but its impact is still minimal with respect to the size of the population. In the security sector, with its practice of regular transfers of personnel to combat or remote areas, there is a natural dilution of effect as LPI participants leave for places where LPI is not known.

> *"You know that in Bukavu there are no less than 10,000 soldiers and more than 4,000 police. We suggest increasing the groups because with few groups it is like a drop in the water, the impact is weak." (Military commander, Bukavu)*

3.4 EQ4 – Efficiency

EQ4.1 Were resources optimized - in cost and timing - to achieve goals?

Regarding timing, it seems that resources have been optimized to achieve the program's goals: despite the constant instability in the region and the outbreak of COVID-19, there has been no major delay in the implementation of the program. According to interviews with LPI and implementing partner organizations there also has been no delay in accessing funding to implement the program. Moreover, the evaluation team noticed a clear understanding of the program by partner organizations as well as excellent communication between LPI and implementing partners, which plays an important role in respecting the planned timeline.

Regarding costs, both LPI and their implementing partner organizations indicate that the available resources are sufficient to implement the program. Moreover, the strong and long-term voluntary involvement of community leaders and facilitators (mostly former participants) plays an important role in optimizing resources.

However, based on the financial information that has been shared with the evaluation team**, some expenses related to the implementation of LP group sessions are not sufficiently detailed and does not enable to conduct a thorough analysis of the financial data** and have a clear understanding of the optimization of implementations costs. The evaluation team analysed all available budget documentation (Proposal budget for the second phase (2020), Realigned Budget 2016-2018 (2018) and various Annual Financial Reports). One element of interest was the budget allocation for the group sessions, in order to compute the cost per beneficiary as shown in EQ4.2. From this analysis, it emerged that the budget line devoted to this activity did not include a satisfactory level of justification. More specifically, in the two budget documents, the budget line devoted to group sessions was divided into four sub-categories: Group sessions, Meeting Facilities, Food and Refreshments, Transport-Facilitator-Technical Supervision. The first element ("Group sessions") is also the most consistent, amounting on average to more than half of the total for this budget line. The evaluation team tried to collect more exhaustive information on this, analysing Annual Financial Reports and the concept note for a SRHR call, provided by LPI for further clarification. However, those documents do not provide further details on the precise determinants of the Group sessions expenditure. Therefore, it seems that there is still room for improvement in the NGO's capacity to clearly document financial expenses and costs to be able to analyze its financial data with the objective to optimize resources and increase efficiency.

EQ4.2 What is the cost/benefit of the project?

Table 3 summarizes the allocation of resources across the five levels of analysis. The analysis focuses on the yearly budget for 2019/2020[12] extracted from LPI's proposal Budget (September 2020).[13] The division of activities by components follows the organization of the budget as it is presented by LPI. The fixed costs, such as staff salaries, office equipment, budget for M&E activities and unforeseen costs, are not considered here.

An explanation of the content of the table is provided by component:

- Component 1 corresponds to the **individual level**. The cost is computed by taking the total budget allocated per group session, divided by the number of **direct participants**. The evaluation team acknowledges that LPI follows a "bottom-up" community-based approach, and therefore considers members of the targeted community as indirect participants. The cost per (in)direct is therefore also computed at the family level (see Component 2 below) and can be considered as an overestimation of the cost per (in)direct participant at the community level.
- The same computation is applied for the 2nd Component, for the **family level**. The cost is computed by dividing the total budget allocated per group session with direct participants, divided by the number of relatives, which is estimated following LPI approach as described in their "Concept note SRHR call 2022" (August 2022).[14]
- The third component includes activities at the **community level**. In this case it was decided to drop LPI's classification of activities as described in the Proposed Budget, since only group sessions with Policemen and Military men were included under this category. Instead, the evaluation team selected relevant activities that can be reconducted to community celebration and communication.
- At **society level**, LPI component four, the most relevant activities selected are the trainings of Civil Society Organizations representatives, Master Trainers, and facilitators.
- Finally, the Component 5 includes activities for **VSLA groups**. As for the first component, the cost is computed by dividing the total budget allocated per VSLA session by the number of direct participants.

Table 3 - Cost per participant per level of analysis

Component	Annual total cost	Focus: Cost/Participant or Cost /Activity	
1: individual level	$ 818.100	Cost/direct participant/group session	$ 90.900 / 225 = **$ 404**
2: family level		Cost/direct and indirect participant per group session	$ 90.900 / (225 + 2092) = **$ 39,23**

[12] The structure of the budget is relatively similar for the other two years of the 2nd phase, according to the Proposal Budget

[13] The evaluation team choose to analyze the Proposed Budget because it is the most complete documentation available. The "expenditure versus budget" tables presented in the annual reports, although they display the amounts that were actually spent, are not detailed by budget line.

[14] LPI indicates an estimation of 9.3 relatives (siblings, parents and parents in law) per participant.

3: community level		LP Community Celebration-T-shirts	$14.000
		Advocacy material, success stories, visibility and communication activities	$ 7.043
4: society level	$ 212.330	Training of CSOs on LP Methodology	$10.400/20 days = **$520/day**
		Training of Master Trainers on LP methodology	$40.440/ 30 days =**$ 1.346,6/day** $40.440/ 12 MT = **$ 3.366,6/MT**
		Training of group therapy facilitators by master trainers	$ 112.680 / 320 facilitators = **$352,12 per facilitator**
5: VSLA	$ 170.590	Cost/direct participant/group session	$ 43.500 / 250 = **$ 174**

Computing the cost of the program per component is challenging with the little level of detail of the information shared to the evaluation team. When looking at the cost of the program per direct participant (level 1), it seems that the program is very costly. However, as described in Section 3.3, **benefits of the LPP are also deeply felt by the family (level 2), therefore reducing the cost of the program per participant**. Regarding VSLA (level 5), it seems that the cost/women is relatively low compared to the benefits of the component both in terms of generating revenues for the family as well as reinforcing the impact of the LP group sessions on men in the long-run. Costs at society level (level 4) are important, but relatively small compared to the number of men and women that can be reached at this level. However, the contribution of the LPP to the possible changes at these levels of analysis is difficult to estimate.

Comparing the costs with the benefits of the program is even more ambitious than computing the cost of the program per component as LPI's effects are impossible to quantitatively estimate based on the nature of these impacts (e.g., what is the value of reducing SGBV?). However, due to the evidence of the program reaching its expected objectives, it is arguable that the return on investment of the program is substantial.

Nevertheless, it is crucial for the project to be able to compare the cost/benefits of its different activities and measure them against achieved results in order to determine what is most strategic in terms of value for money. If some activities are too expensive, the project can work in tandem with other organizations doing IGA, for example.

Comparing the cost/benefit of the LPP to other similar projects in the region is also very arduous as information on the costs of similar projects is difficult to access.

An in-depth Cost-Benefit Analysis (CBA) study would be required to be able to answer to this EQ with more certainty.

EQ4.3 How can LPP's efficiency be improved?

As mentioned in EQ4.1, LPI's capacity in following and documenting implementation expenses could be reinforced in order to optimize costs and improve efficiency. Without a clear and detailed categorization of costs, as it is the case for the Group sessions activities, it is challenging to determine which component should be targeted in order to increase efficiency. The adoption of a more detailed justification of the costs in Budget documents and in Financial Reports, would allow LPI and evaluators to have a more immediate comprehension of the efficiency of each component.

LPI can also improve efficiency by reinforcing its (positive) effects in the long run. To this aim, LPI needs to further improve its M&E system (and therefore also increasing the budget allocated to M&E). Indeed, LPI's M&E data is currently mainly based on pre- and post-intervention tests that are only conducted at the end of the intervention. Following participants in the longer run (three years after the intervention for example) can help LPI understand factors of success or relapse while also prioritizing the needs and maximizing allocation of resources. While there is an attempt to follow participants in the longer run through the RCT conducted by the University of Kigali which results show a positive impact of the LPP on various dimensions, the data collected and analyzed seems not enough to understand the factors and causes of success and relapse. While there is already regular and good communication with partner organizations working in the SBGV sector in Eastern DRC, collaboration could be reinforced, especially to improve practices and build internal capacity regarding their M&E and financial tools. Indeed, a more regular and collaborative partnership could allow LPI to closely observe the approach and methods of other organizations in the area. Exchanging lessons learnt would be a way for LPI to discover new approaches, but also to reflect on their own practices. A possible exchange and learning opportunity could concern the observation of similar organizations Monitoring and Evaluation systems, which could serve LPI to draw practical examples to improve their own, as stated above.**Moreover, an expansion of the program to more participants could reinforce and sustain the impact of the LPP at the family and community levels, therefore improving efficiency.** Indeed, there is a high probability that the effects of the program increase exponentially with the number of participants to the LPP through limiting the risk of relapse and increasing multiplier effects at the community and society levels. Indeed, to be able to have an effect on the behaviour of men in the community and the Congolese society, there is a threshold of participants that need to be reached. Therefore, by expanding the program and increasing the effects of the program, cost by participant would decrease, and hence improve efficiency.

Specifically, cost efficiency could improve if this expansion of the program would concern the police and army camps where LPI already operates. An expansion in already existing intervention localities is likely to be more efficient than a general geographical expansion in new villages. Indeed, the setting up of new intervention sites would require to select, hire and train new local community leaders and facilitators. Differently, LPI could increase the number of target participants in existing sites at a relatively lower cost, employing personnel and capacities already in use. Moreover, even the eventual necessity of hiring new facilitators and leaders would be less costly in urban police and army camps, because the level of education and literacy of people residing in the cities is expected to be relatively higher. On the contrary, hiring and instructing new personnel in remote areas implies that their education level is likely to be lower, and thus more effort and resources would be spent in the training and oversight.

As resources are limited, it is necessary to study different possible expansions of the program, to maximize allocation of resources and efficiency:

- **Inviting wives (of some types of participants) to more therapy sessions**. Including wives in more training sessions would increase the chances of success at the family level and improve long-term violence reduction. Not only men are not aware of the concept of positive masculinity and gender equality, women's mentalities may also be negatively conditioned by the dominant culture of hegemonic masculinity, and therefore resist their husbands' changed behaviours. Moreover, some participants reported a negative (unintended) effect of LPI's intervention, where women become even more violent (physically, but also economically) in a sense of revenge or because they do not understand the change of their spouse's behaviour. Participating to their husbands' homework and to a very limited number of sessions is not enough for some women. Studying closely the circumstances and characteristics of families where these issues arise can help LPI identifying when it is necessary to include wives to more (or even all) sessions.

- **Adding VSLAs to more men and women seems also be key to increasing success rates and sustaining impact over time**. As will be further explained in Section 3.6 on Sustainability, instability across the region and paucity of financial resources are frequent triggers of relapse and the creation of new traumas. For example, the risk that ex-combatants reintegrate armed group is high without a proper strategy of reintegration in the civil society and economic activity. While the evaluation team is aware that LPI has not the intention of shifting to implement a VSLA approach, it might be interesting to study the possibility of reinforcing collaboration with other NGOs and institutions focusing on economic support and development to avoid cases of relapses due to the lack of financial means, and therefore increase efficiency of the LPP.

3.5 EQ5 – Impact

EQ5.1 To what extent has the project had an impact on individual lives, families, communities, and wider society?

The final impact sought by the LPP is to "achieve sustainable, gender-equitable peace at all levels of society in provinces of South Kivu, North Kivu, and Ituri in eastern DRC" through i) **reducing violence and building trust in the community**, and ii) **promoting women socio-economic empowerment** by implementing VSLA groups for spouses of former LP participants with positive support of husbands through an adaptation of the Living Peace methodology (LPI Annual report 2020-2021).

All sources of data show that the project is meeting its impact targets at all four levels (Section 3.1):

- Extensive evidence of positive impact at individual and family levels, such as joint management of household finances, or wives receiving monthly salary directly from security institutions to manage family finances.
- Unanimous enthusiasm for the program, its staff, and its approach with unilateral demand for increased LPI services (geographically and within partner institutions).
- The program appears to have reduced conflict within the community and improved interpersonal relationships between individuals connected to the program.
- At the societal level, a change in male perceptions of participants of their wives, daughters and women in general by helping men abandon received belief in female inferiority and prohibitions on female freedoms.

- Individual level

LPI does not dictate how participants are to apply the received therapy, it is up to participants to prioritize their own needs, test alternate behaviours and attitudes, and then observe their results (experiential learning). Because each participant applies these new behaviours to different domestic circumstances, the reactions of wives and families are varied. Nevertheless, certain common outcomes were reported by participants.

Some of these recurrent outcomes were anticipated by LPI and its partner agencies, as they are contributing factors to domestic dysfunction, even violent behaviour. Excess alcohol consumption, for example, exhausts meagre finances intended for family use, adding anger and resentment to volatile marriage dynamics. Relationship tools and conflict management skills are included in the training modules, but whether and how these would be applied in each household was not explicitly prescribed. Choosing to reduce or cease alcohol, not as an end itself but in order to improve domestic relations and increase family finances, is a secondary calculus that many LP participants chose to

pursue. **Success in controlling this behaviour builds self-confidence and increases participant ownership of their recovery process**.

"Before, when I left work, I had to take at least five or six bottles of beer and then go home. When I arrived, I went straight to bed without speaking to anyone, without eating. Sometimes a whole week passed without speaking to my wife. Today, and even my wife can attest, change happened as soon as I started the training." (Bukavu)

The impacts of therapy described here attest to the efficacy of the theory of change at the heart of the therapy method: to spark self-analysis, to notice one's own symptoms and manifestations of trauma, to link these to destructive behaviours and, ultimately, to mitigate them.

Other personal transformations that reduced IPV were an **increase in consensus before sexual contact**:

"What really touched me in the teachings was when we were told about behaviours to adopt before sex. Before, I jumped on my wife without preparing her or conversing with her. Today before doing anything we converse and plan. Everyone feels comfortable."

The LPP also has an impact on facilitators, who all begin as therapy participants. Some are traumatized and prone to violent behaviour. Others are selected given their visibility in their community, and may hold leadership roles as pastors, neighbourhood chiefs, or other position of influence and responsibility. Facilitators differ from the general caseload of LP participants in that they administer the therapy modules and are expected to counsel participants who present all manner of personal problems and challenges, despite relatively little training for this critical role. Their accrued experience as impromptu therapists is key to their ability to make all participants feel heard, understood, and mentored. Their skill and professionalism are essential to attracting new trainees and to inspiring participant attendance at all 15 sessions.

"Facilitators are open and speak freely about their former behaviours and how they have changed. That's why we call them 'champions' of positive masculinity, because it's not easy to speak frankly in front of people about your old bad behaviour. And each year we follow up on these people to see their state of progress. We also record women's testimonies and how they have changed over the year." (LPI administrator)

Other facilitators shared their own odyssey of transformation during therapy, the power of which convinced them of the importance of the LP approach to help others:

"When LPI came, I was someone so reserved I did not speak, but through the training I realized that this behaviour was linked to a great trauma of which I was a victim. We were born with 9 children but all died except me. I got married and had 9 children but 5 of them died too. I believed that it was people from my community who killed them. My solution was to distance myself from everyone, for example if I find myself in a small group and people start chatting, I could not participate. I used to teach Catholic doctrine to children but because of my bad faith, I thought everyone was my enemy. When I was chosen as a facilitator, we started therapy. Before, I couldn't sleep, I had no appetite, I rarely ate, I had pains in my chest. When we were taught the signs of trauma, I realized I had all these signs. I went home and told my husband about it, he said, "you must be traumatized, that's why you hate getting together with others." In the second session, each person describes the difficulties they face. When I spoke, it was with tears in my eyes, but I found the courage to tell my life story, and I felt hugely relieved. I came home and slept peacefully. My husband was amazed. I realized that when someone does not let off steam, this creates other illnesses that are difficult to cure. As I continued as a facilitator, I was so transformed that people were amazed. Just a year after my training, my husband died while I was facilitating others

in a training. My participants comforted me, and I continue now as a facilitator, without trauma." (Bunia)

- **Family level**

As described throughout this report, positive changes at the family level are widely noted and varied in form. Besides improved communication and joint planning on family priorities, characterized primarily by husbands seeking their wives input on decisions and financial advice, some wives also describe becoming directly responsible for household financial management, and receiving the husband's salary directly from security institutions. In addition to greater equality and empowerment within the marriage, other secondary effects include increased education rates for children.

"I have seen a lot of changes. My husband was a serious alcoholic, he came home very late at night having drunk too much and took me by force without my consent. After these teachings, he comes home very early and now we talk before we move on (to sex). Living Peace has changed him a lot: before he wouldn't take the child when he cried and I was busy; now he does it with no problem." (wife of participant, Bukavu)

"From the moment Living Peace arrived, it was like heaven for me. Now, when he has money, he talks to me about it. The children explain their needs to him, to which he responds calmly. The neighbours began to ask us if the teachings we follow could not benefit them as well: they saw how our home was becoming more and more stable." (wife of participant, Goma)

"From the moment he entered the teachings of Living Peace, if he received a small job somewhere, he presents his earnings to me and we decide on its use. Sometimes he comes back with children's shoes or something else for the good of the family." (wife of participant, Bukavu)

- **Community level**

Again, while not quantified and purely anecdotal, the evaluators heard reports of improved social cohesion and reduction of tensions in residential areas of security camps and urban neighbourhoods where LPI was active. This included active efforts to apologize to neighbours after years of bickering, or to treat refugees from neighbouring Burundi more respectfully in Luvungi, South Kivu, for example.

"My husband had bad friends who misled him and when he came to Living Peace, he started to select his friends differently. Those who were rejected asked him why he no longer saw them, although they were great friends. He told them that he observed them and found that they do not want change in their homes, and that he didn't want to be around them anymore. Those who stayed friends with him asked their wives to approach us for advice because although we have nothing, we are comfortable. When these women come to me, they asked for my secret. They see that when I am sick, my husband takes care of me. I tell them my secret comes from Living Peace because before whenever I was suffering, the only time I ever saw my husband was when he came to pay the medical bill." (Kamanyola, SK)

However, 'restoration of community-based social support systems' implies that these systems or structures are formally recognized by LPI as 'broken' or weak, and were then actively prioritized for reconstruction. There were no examples with this degree of precision or formality. But in each of the three provinces, evaluators heard numerous testimonies of improved social and inter-ethnic relations at the community level, where LPI partners begin behaving differently towards peers, neighbours, civilians, their in-laws and children.

"Yes, this change has an impact because my husband is appreciated by those around him

and gives advice to his colleagues who in turn come tell me that my husband has become exceptional and that I have no right to betray him." (Bunia)

For the security sector, increased respect for the civilian population is noted and reciprocated. **The** primary change in the conduct of security personnel noted by participants, community leaders, and stakeholders was a general **reduction of extortion and bribery of civilians**. Police and military have a long history of generating extra revenue for themselves and their superiors by using their uniform, position, and weapons to intimidate civilians into paying small sums at any encounter, despite no infraction being committed. While the amounts generated could conceivably be measured (per neighbourhood, over a month), many other anti-corruption and security sector reform programs (SSR) have attempted to do so without success.

"There is also less extortion of civilians by the military. This can be seen during our jogging sessions on Saturdays, there are civilians cheering us on, while others run with us and congratulate us. Even when there is a suspicious case, they call on us to solve their problem. We organize football matches with them, we go to church with them, we have four churches in the camp, we have schools and it is mostly the children of civilians who attend them. We have a hospital which is attended by civilians and it is the civilian doctors who treat here and are paid by the civil state. Costs of treatment are less than civilian hospitals. They used to take us all for brigands." (FARDC Commander, Goma)

The improvements in gender equity in marriages and in household management described above can also have an outward radiating effect on the surrounding community, particularly in relatively closed communities such as police and military camps. While this can sometimes inspire changes in other family dynamics, it is also often a source of suspicion as to the hidden source or cause of the changed male behaviour in the LP family. Increased requests to join LP therapy are an oft-cited indicator of wider community impact, which raises the visibility and reputation of LPI.

Yet not everyone who observes these changes believes they come from LPI. Alternate sources include sorcery, as not everyone sees the changes involved 'positive masculinity' as desirable:

"Since Living Peace is here, in the morning, man and wife go to the fields together. I can even testify, for example, before my neighbours, when I say that when collecting or looking for firewood, I take a bundle and my husband another; people even think that i witchcraft has appeased my husband, not Living Peace. But he's only demonstrating what he was taught, and that which he himself realizes is necessary to do." (Bunia)

- **Society level**

Positive masculinity and LPI impact at the individual and family levels translates into fewer disciplinary problems in the camp that require intervention from superiors:

"The military authorities congratulate us because before there were many complaints morning, noon and evening from military husbands and wives about the management of family resources, the truancy and neglect of children. Today these complaints have decreased thanks to LPI. There are servicemen who marry legally thanks to LPI; there are couples who were together many years without getting married and that have settled down after these training sessions." (Facilitator, FARDC, Bukavu).

Generating buy-in from security institutions came in large part from wives attesting to the changed behaviour in their husbands:

"When wives started reporting on their husbands' changes it was thought to be a good project and anyone who wanted to participate was given permission to do so." (Commissaire supérieur principal PNC)

However, institutional adoption and ownership of LPI methodology is hampered by insufficient resources and institutional inflexibility. One of the objectives of the LPP was that the police academy curriculum integrates the Living Peace methodology to ensure that newly training police are well aware of personal and social challenges in working with survivors of SGBV (Project Proposal Second Phase, 2019). However, when asked if their institutions could integrate the LP training modules into their own training curricula, officers gave multiple reasons why this would not be possible. Outsourcing positive masculinity training and group therapy to external actors with their own budget is preferable than doing it themselves. While this appears to be 'lack of political will', it is also an indirect admission of institutional torpor, rigidity, and aversion to change. Absence of fungible resources and well-trained administrators is also a well-known handicap of Congolese public institutions.

Nevertheless, LPI's close relations with security institutions and its leadership on the topic of positive masculinity, which becomes more and more popular at the institutional level in DRC, offer the NGO a comparative advantage in terms of institutionalizing its work. To this end, a **well-defined long-term strategy for continued advocacy and communication with the Congolese government and security institutions is still relevant and needed**. Such a strategy would need to be developed in a participatory fashion with the provincial offices of the FARDC, PNC and Ministry of Gender as the three key state partners of LPP.

The strategy would involve a simple roadmap with clear, basic benchmarks of progress towards increased ownership and adoption (institutionalization) of positive masculinity through the group therapy and 'training of trainers' approach successfully developed by LPI. Consensus on the defining elements of 'institutionalization' would serve as the baseline against which benchmarks of progress and a timeline towards agreed end goals would be developed. Ultimately, state partners must come to agree that championing the merits of positive masculinity is hollow as long as these institutions depend on outsiders to train their staff and to cultivate support for ending SGBV through male behaviour change.

There is no noticeable effect on conflict dynamics in each province, as there are myriad drivers of conflict in Eastern DRC, primarily mineral extraction and export. No testimonies were heard of changed performance on the battlefield involving positive masculinity. To seek such an outcome is to conflate two distinct realms of behaviour: national security services (warfighting) and the subjective realm of private relations. LPI only focuses on the latter.

Yet LPI can claim to be helping to professionalize security sector conduct and behaviour towards civilians. One noted change relates to support for ethnic militias by a FARDC soldier, and then after LPI choosing to cease his sedition:

> *"There was a FARDC soldier who collaborated with an ethnic militia in his village. He communicated to them all FARDC information, he was a spy. After participating in the LPI therapy, he realized he was supporting people who rape and loot, even if they are his brothers. When he decided to be loyal to the FARDC, this militia dissolved, because he was the bridge between them and the FARDC. And he even began to preach these LPI values."*
> *(Facilitator, Ituri)*

It is feasible to track these various statistics and centralize them as part of an expanded M&E (i.e., MERL) system, though LPI does not do so at present. Accumulating and verifying such data may already be done by other SGBV actors, such as HEAL Africa, so the risk of duplication of effort should be studied. Sharing data like this among SGBV actors is unlikely, however, as the work must be paid for and the State does not do it. It would not be defensible to infer that decreased SGBV rates are directly caused by LPI activities, however, as there are too many other determinant factors in the environment.

Some broad differences between provinces were noted. In Bunia, drug and alcohol abuse among

police and military is common, and LPI is seen as contributing to a significant decrease in this practice. LPI is relatively young in Ituri compared to the Kivus, where cumulative effects at the community level have had time to take root and gain momentum. Primarily noted in North and South Kivu is the clear causal linkage between personal changes among male participants and how these radiate outwards into their families, and then into the neighbourhood or wider community. This is explained by years of concentration in specific police and military camps in each province. Greater penetration and saturation lead directly to wider, more lasting impacts on lives and communities.

As an institution like the national police begins to reflect these changes on a wider scale, the surrounding civilian population takes note, irrespective of their knowledge of LPI.

> *"Our Congolese police now have another image. Between the population and the police there was a big gap, like the relationship between a cat and a rat. We also want better cohesion between the population and the police, which is why we include district police officers. We want to reduce violence at the police level." (ISL, Bukavu)*

This is to say that the 'bottom-up' or community-based approach to individual behaviour change appears to also be effective at generating, over time, public service improvements in the security sector that are appreciated the population itself. This outward radiation of impact from the individual to the collective is an LPI aim and a key assumption of its Theory of Change (TOC).

This evaluation found numerous and diverse forms of evidence that the radiation effect of LPI group therapy and its approach to positive masculinity is working as intended. Again, the current M&E system is not designed to measure this process of change in action, as it occurs between the four levels of programming. So LPI's only body of evidence that its theory of change is working are testimonials, which are qualitative and anecdotal. The RCT is independent of LPI and the evaluation team was not able to read or corroborate its findings with those of this evaluation. Nor is there any systematic attempt to quantify how individual behaviour change among LPI's participants is connected to reports of fewer SGBV incidents among that caseload.

LPI does not generate quantitative data on behaviour change, yet it operates in a world of donors and programming parameters that requires and expects evidence of change. The evaluation team found LPI's resistance and defensiveness about its lack of quantitative measurement data curious. Why not do it -- Is there something to hide? LPI has everything to gain by doing it, and everything to lose by not doing it. It is a primordial component of accountability and transparency both to beneficiaries and to donors. *Continuing to operate without any investment in basic tracking and measurement of behaviour change among participants will compromise LPI's claims of success in the future.*

EQ5.2 What were the unintended (positive and negative) effects of the project?

One positive unintended impact of the LPP mentioned by participants to FGDs and KIIs is the reduction of conflict within the security community and fewer complaints about abusive husbands leading to **more free time for community leaders to address other priorities and improve life in the community**.

However, in some households, the project had an unintended adverse effect on couple relations. Although not generalized, some FGD participants related that their wives used the opportunity of a more docile and solicitous husband to take their revenge after years of brutal mistreatment. **Physical and economic violence perpetrated by the wife** are the result. Such reactions, facilitators explained, are likely due to a misunderstanding of LPI and its goals for gender equality and female emancipation. As mentioned above, it may be necessary to work closely with certain wives and couples to prevent such misunderstanding that can involve violence.

LPI's CSA (2020) also mentions the following unintended negative effects, for which the organization

has prepared mitigation strategies. Participants met during the field visit did not report any of these unintended negative effects, demonstrating that these mitigation strategies have been effective.

- LPP might contribute to exacerbate **ethnic tensions** when participants and facilitators are selected from a single ethnic group, as it had been observed in the Ituri province. To address this risk, LPI decided to assign two facilitators to each group ("travail en binôme") from two different tribes, whenever possible. Facilitators are also instructed to select participants from all different ethnic groups that are present in their assigned intervention area.
- LP is active in **highly insecure areas**; this exposes participants and staff to the risk of being targeted. The inclusion of security forces in LPP, the collaboration with community leaders, the adoption of a LPI Security Manual are all factors of mitigation towards this risk.
- **Tensions with traditional leaders** can emerge, they tend to see LPP as a threat because it is promoting cultural norm change, and they might fear to lose their role of mediators in the community (for which they traditionally receive small compensations). LPI strategy is to actively involve traditional leaders, and specifically to hold a meeting with them in the targeted communities even before selecting participants, to guarantee their support and comprehension of the LPP.
- When LP participants are educated on women's right to access **land inheritance**, tensions tend to arise between them and other community members or relatives who claim rights to the same land. LPI believes that community celebrations and awareness and communication campaigns are the best tools to address these issues. It is also to respond to this issue that LPI decided to partner with Mobile Cinema Foundation, to communicate and change stigma and cultural norms also among non-participants.
- **Wives of participants can be accused of witchcraft** when husbands change their behaviour, and community members do not believe such changes are of men's free will. Community involvement and awareness campaigns can reduce this phenomenon, diffusing information about how positive masculinity benefits society.
- LPI might exacerbate family conflicts due to **polygamy** as sessions including participant wives sometimes exclude other wives. LPI is suggested to resolve this by inviting wives of polygamous men to a group session, and to include them actively in community celebrations.

EQ5.3 How does the VSLA component further the aims and achievements of the LPP?

By reducing the sources of conflict (particularly financial) within the household and by encouraging women to access a professional occupation, the VSLA component consolidates and sustains LPI outcomes over a longer period. Women benefiting from VSLA membership are able to finance their own business activities and generate income, which has palpable positive effects on marital equity, joint household planning, and improved quality of life, including child education.

The success of VSLAs attracts imitators - everyone wants to participate in the VSLA program - husbands, young people, neighbours. Partners in LPI provinces that do not have VSLA are demanding them. Aware of the positive impact of the additional income generated by VSLAs on stability and harmony within households, security institutions (PNC, FARDC) are also asking for it.

EQ5.4 How could LPP's impact be improved?

There is an argument to be made that **without quantitative evidence and an M&E system fit to measure behaviour change in this manner, LPI's impact is still undocumented**, because it hasn't been

measured. Many people report positive things about LPI, but this is subjective and cannot alone stand as evidence of proof of concept or of impact. Repeated positive testimony is insufficient to prove an effective Theory of Change—this is not opinion; it is the standard position of donors and of innumerable practical guidelines across the industry. LPI must learn and apply the M&E standards of the development industry to its psychotherapeutic practiceThe development industry requires more objective standards and metrics of change, without which a program's Theory of Change is invalid. **Therefore, the critical answer to the question of how to improve LPP impact is to *start measuring it***. This includes a need for collection and analysis of disaggregated data (wives, effects over time). A strategic redesign of the M&E system would also include real-time active learning and track how lessons are integrated back into the program and then track how these changes create new effects on programming impact, and how these can be sustained. Measurement can take many forms. LPI currently has no way of counting or confirming the number of relapses among its participants. Does it have an operational definition of 'relapse'? Is it: 'quit the therapy without returning? 'Finish the therapy and change behaviour, but later revert to earlier violent behaviour?' It can have these meanings, and others. But without any systematic monitoring of cases of relapse, there is no way to understand the conditions behind individual success or failure. Without tracking and studying the conditions for success and failure, there is no scientific way to refine the LPI approach.

LPI conducts periodic mid-term and final evaluation exercises, but these do not generate hard data beyond what the current M&E system is able to track: inputs and outputs. Nor does it capture the number of successful cases, for what reasons they succeed, and for how long they retain their changed behaviour. Qualitative evaluations are not a substitute for real-time learning during the implementation of activities.

The great number of positive testimonies immediately raises the need to measure them: all positive reported changes are potentially measurable. If less extortion is widely reported, what does this mean in financial terms? If fewer cases of IPV are reported in security camps (PNC, FARDC), what is the baseline and what is the rate of decrease? Transforming positive anecdotes into measurable, confirmable figures makes it possible to claim a rate of positive impact.

In terms of approach and objectives, impact might be improved in the next iteration through:

- **Participant selection – include both men and women in group therapy**. This recommendation appears in nearly all previous LPI evaluation reports reviewed for the current evaluation. From Phase II in 2019, women began participating in three therapy sessions: 9th, 12th, 13th (when peer support groups are created to sustain progress from the project, aka 'security networks'), and for the community celebration. For the other sessions wives are indirectly involved through participant homework. This is insufficient for many participants, their wives, community leaders, and security sector officials, a frustration summarized by one participant:

  "Just me transmitting my learning from the sessions to my wife at home can't compare to what she would gain if she participated directly."

- **Expansion of VSLA.** In all three provinces participants request the addition of some form of income generating activity to complement the LPI training and group therapy. VSLA in North Kivu was adopted for the second phase, from 2019, and has demonstrated significant results for LP families. Male and female participants attested to the benefits of VSLA in terms of women's empowerment as an income generator and direct contributor to family finances and decision-making. LP male participants described themselves as "prepared" to support and navigate these changes in family dynamics as the wife becomes an equal partner and breadwinner, when previously she was dependent on the husband for household management costs. VSLA clearly acts as a 'force multiplier' for LP positive masculinity training, therapy and transformation, as many male and female participants attested.The benefits seen in NK could be replicated in SK and Ituri if LPI agreed to expand this activity, yet LPI staff do not

fully support this move, fearing that it would dilute or distract from the uniqueness of the LPI psychosocial therapeutic approach to positive masculinity. *ISL* described the benefits of VSLA thus:

"... modifications such as the presence of VSLAs which was not part of the first phase, this was based on earlier recommendations. We started with the wives of participating police officers. This need is felt everywhere but we are now at the end of the project, and we do not know the future of LPI. The biggest problem in the DRC is poverty, and if this project happens it can really help. If the wife finds herself in the VSLA, she will also help her husband. This modification concerns the improvement of economic conditions and the participation of women." (ISL, Goma)

- **Challenges of scale: go deeper or wider?** Would impact be increased by investing in greater geographic spread or by penetrating more deeply into existing participant groups (PNC, FARDC, ex-combatants, civilians) in their current location? Enthusiasm to expand the scale of LP activities is widespread; no one doubts the value and utility of the group therapy technique to transform individual lives and families. What is the appropriate path to increase program impact: deepen penetration into existing partner communities and stay in the same locations, or reduce engagement in Phase I and II areas, and expand into new geographies within each province, based on assessed need? Despite adaptations and improvements to the program over time, participants, stakeholders and partners emphasize the vast scale of need compared to the small size and reach of the program. Scale of need far exceeds LPI ("*une goute dans l'océan*"), so what is the best strategy to increase LP presence and impact? This would require a separate study to consider these options, separately or blended, and consider other possible alternatives.

3.6 EQ6 – Sustainability

EQ6.1 To what extent are specific program impacts sustainable over time?

The informal monitoring and support structures for participants that LPI developed for Phase II following earlier recommendations were deemed, on the whole, to offer mixed results and could be improved. As the living conditions and institutional culture to which many LP participants return post-therapy are unchanged, and are sources of frustration and dysfunction that can lead to trauma and violence, many participants described positive therapy outcomes in the short term but considered retention of these positive behaviours over the longer-term to present challenges[15].

Many LPI participants attest to longer-term positive behavioural change on several levels (personal, family, professional), **while others admit to relapse in the face of permanent challenges, often financial struggles that trigger interpersonal hostilities in the home**. Relapse at the individual participant level is understood as the resumption of violent, unilateral, or dictatorial behaviour in the home, at work, and among peers. All participants interviewed, even those who see their outcome as 'mixed' or a 'work in progress', recognize that responsibility for positive or negative outcomes over time is their own. This insight alone, many stressed, was a direct effect of self-analysis practices

[15] Following the definition used in the RCT conducted by the University of Kigali, 'short-term' results are understood as within six months, while 'longer-term' pertains to 18 – 24 months.

encouraged during the LP trainings.

While informal security networks, a sense of solidarity, and group attachment (as graduates of LPP) contribute to motivate self-control by LP participants post-therapy, **closer systematic follow-up by LPI post-training would strengthen the duration of impact**.16 When asked if LPI provided an effective monitoring and support strategy, formal or informal, many participants referred to the security networks and groups of neighbours who meet informally to revisit LP module content and offer counsel in case of individual problems. As participants and facilitators often reside in the same neighbourhoods or camps, informal visits are frequent. Views were mixed on the efficacy of this approach, which depends on the level of dedication from facilitators within their communities:

> *"LPI always supports us even after the training, the facilitators make domestic visits and especially in the event of unfortunate events such as bereavement they are always present." (Luvungi, SK)*

Individual factors vary, but two systemic factors pose high risks to the sustainability of results for program participants:

- **Mobility of security sector participants** (e.g., transfer, conflict) to areas not covered by LPI. While the transfer of policemen and military participants and their families can be an opportunity for LPI to expand its influence to other camps, the new environment in which participants are transferred, where positive masculinity mentality is still unknown and unaccepted, seems to be a high factor of risk of relapse rather than expansion of LPI impact.
- **Instability across the region and the paucity of financial resources** for participant families are frequent triggers of relapse (e.g., forced displacement, recruitment by armed groups) and the creation of new traumas.

In terms of numbers within their respective communities and professional institutions, LPP participants are still extreme minorities. As models of positive masculinity they are outnumbered by men practicing negative values and harmful attitudes which include misogyny and violence. As described below by a police commissioner in Bukavu, institutional obedience and professional discipline in the security sector do not necessarily translate into changed behaviour toward women or produce nonviolence. It is LPI's approach that promotes behaviour change at individual level, and these values contrast with those of security institutions. This **tension between the demands and expectations of security institutions and the personal aims of LP participants is ongoing and reinforces the need for comprehensive monitoring and follow-up to guard against relapse**.

> *"The important thing is that these changes be lasting, and most have lasting impact. However, we cannot give the impression that everyone improves at the same time or in a lasting way because there are external factors that influence police behaviour, in particular socio-economic factors, his entourage, his friends who have not yet participated in the training and who lack the same knowledge and behaviour as him. Either he dominates them, or they dominate him. In the household as well, when wife and husband do not share a common understanding. If the man was violent before but is now serious like a lamb, instead of appreciating this shift the woman may seek revenge. This risks upsetting the husband who*

[16] The 2017 Promundo evaluation noted this same weakness and proposed a stronger beneficiary support strategy.

then reverts to his former behaviour. Working conditions are another obstacle. It is no secret that we receive a meagre salary. The officer may be bribing civilians or looting them, but after the training he becomes responsible. But when he collects his salary, he finds it cannot cover two weeks. This precarity risks returning him to his old habits." (PNC commissioner, Bukavu)

EQ6.2 To what extent are relevant stakeholders active in ensuring the sustainability of different activities?

LPI provides training to other organizations related to positive masculinity to ensure continued and sustainable work in this area. Its partner agencies within the LPP were uniformly positive about the capacity building and professionalization received during the course of the program.

There is no formal capacity or designated role among partner agencies to support participants in their post-training journey, beyond the informal security networks established, and social relations with local facilitators. If LPI were already capturing hard data on success rates, over what duration, and relapse rates and their causes, the informality of the current participant support strategy might be considered adequate. But as there are no metrics to measure change among participants post-therapy, or to track rate of IPV and SGBV over time, this represents a missed opportunity for delivery partners to assume greater responsibility for understanding and enhancing the sustainability of program results over time.

Such opportunities include:

- **Participant tracking (caseload tracking)**: The M&E system as it currently stands cannot capture impact over time, because participants are not tracked individually upon completion of the training (safety networks and 'ambassadors' are not enough for rigorous monitoring, or to ensure the sustainability of impacts). These tracking needs include participants who are transferred to other areas, as little is known of them.

"For those who are transferred, there is no appropriate follow-up. But here in Bukavu we did the follow-up, we took a sample of 100 participants and we found that there were 20 people who had relapsed, and we submitted the problems to LPI, and we were given permission to integrate them among the new participants for the new session." (ISL, on a review in 2017)

- **Transfer and ownership**: Partner institutions (PNC, FARDC, Min. of Gender) demand continued LPI support but lack the political will to contribute to the budget or the manpower necessary for ownership. This reluctance creates continued dependence on external actors to meet their own needs. LPI and MINBUZA have collaborated on initiatives to convene other donors with national security sector leadership in Kinshasa around positive masculinity. Connecting the President's AU workshop (Nov 2022) with the prospect of greater institutional ownership of the LPI methodology is an obvious next step.

Verified and consistent statistics from public service providers (health, security) on rates of reported SGBV are a pervasive weakness in DRC and hindrance to LPI's own ability to generate quantitative data. In FARDC hospitals supported by the S3G program, such data is available and could offer a general reference to reflect the overall impact of SGBV actors in each province. Baseline data would be required in order to demonstrate trends over time, but inferring any direct impact by LPI on these rates would be speculation. For this reason, a participant-focused tracking system would allow trends to be established that more clearly reflect the impact of LPI on participant behaviour over time.

4. Conclusions

This section summarizes key findings from each of the EQs presented above in greater detail.

4.1 Relevance

The LPP is responsive to the causes and conditions that create the problems the project seeks to address. The project follows a **bottom-up individual approach,** recognizing that preventing interpersonal violence begins with self-analytical individuals, rather than with top-down reforms in public institutions or shifts in societal values or cultural traditions. The bottom-up individual approach is an important innovative starting point to change the institutions and the society at large from within, but this needs to lead to institutional behaviour change and to significant shifts in societal values. This latter shift, the institutional commitment to change, could take a strong step forward by embracing the incremental changes that individuals are driving forward through their LPI experience.

In addition, the **voluntary, group therapy approach is relevant in this context** as LPI acknowledges that transformative change in reducing violence begins with the individual (and personal will), but is also highly dependent on quality interpersonal relationships to resolve trauma and increase tolerance in the face of violence. By **placing men at the centre of the project (as key perpetrators of violence this is not a reward but essential to prevention),** LPI stands out from traditional gender approaches that focus on assistance for female survivors. In this regard, LPI responds to recommendations made by past influential studies. LPI also highlights the **structural violence that is endemic to its intervention sites**, which are may manifest as violent behaviour among individuals.

LPI's approach in accessing communities and selecting participants is critical to appreciating the evolving needs, context, and priorities of targeted participants. Its **privileged access to security sector institutions** provides the opportunity to work directly with men in uniform on the psychological causes and triggers of violent behaviour, in the public and private spheres. Participants and facilitators are identified in **partnership with local community leaders and security sector officials**, essential to identifying those who will most likely benefit from psychosocial group therapy.

Moreover, **confidentiality and volunteerism contribute to ownership of one's problems** and the need for personal growth. To **avoid stigmatizing participants**, training groups also include men considered "model citizens" alongside persons known to be violent and unstable, or mix ex-combatants with civilians. While therapeutic simulation exercises are not tailored to individual needs, **training modules are adapted to different participant profiles. Each is asked to identify their own challenges** and to experiment with new behaviours, language, and approaches to learn what works through ***homework***.

On LPI and VSLA wider impact. The addition of **VSLA in Phase II in North Kivu** was in response to widespread demand for an IGA component to combat family poverty and increase chances of lasting positive change after LP therapy. This evaluation finds that increased VSLA to LPI families would increase the potential for lasting positive effects of LPI therapy. At the same time, it is clear that the **LPP is neither adapted nor designed to address structural or 'top-down' forms of political, social and economic violence that are caused by weak state institutions and their contribution to instability across eastern Congo today. Top-down dysfunction generates enormous downward pressure** on individual lives and families, including trauma. In a context of whole-of-government under-performance, there is no incentive for the weakest, most corrupt institutions, particularly security, to improve their services.

LPI does not invest in creating individual profiles of participant needs or priorities as part of its methodological approach to changing attitudes and behaviours. Instead, LPI's experiential learning model, embedded within a group therapy framework, requires **participants to assume ownership of all therapy outcomes.** This begins by identifying their own problems, needs and priorities. Participants

are **voluntary and self-selecting**, attracted by the program and its claim to deliver peace at the personal and family levels. **LPI and its successes are adapted to the changing environment and lessons learnt in the SGBV practice space. While this bottom-up focus increases traction and impact at the individual level and can be scaled, the security institutions themselves** remain hampered by poor management, widespread corruption, and impunity. **By prioritizing men with a prevention focus**, the project is distinct from traditional SGBV approaches that focus on aiding female survivors. While response programmes are key to a survivor-centred approach to address SGBV, prevention programmes are too few. In this regard, LPI responds directly to a recommendation in a 2014 Swedish Embassy Report for a shift towards men and masculinity as causes of SGBV. With its preventive angle to SGBV, not only with its psychosocial approach to positive masculinity but its **focus on security sector personnel**, LPI is tackling a principal root cause of civilian violence across the East.

Finally, **including women in more group therapy sessions** in Phase II appears to maximize impact at the family level, helps sustain positive change over time, and results in greater demand for wider female inclusion in the LP program. Geographically, the new activity sites for Phase II **align with MONUSCO's priority "red zones"** -- this and the **addition of VSLA for spouses (NK)** are two programmatic adaptations that have yielded positive results.

4.2 Coherence

Coherence in this context is measured by a program's reflection of recognized best practices and recent proven innovations in programming methodology, Theory of Change, and framing of successful outcomes. Having started in 2016, the LPP is coherent with certain key research findings and recommendations from specialized studies on SGBV prevention from that time (see below). Although the LPP includes women to improve their socio-economic status and improve gender equality in the home, **LPP differs from historical approaches to gender equality and SGBV in eastern DRC that avoided men and focused almost exclusively on women. The LPP develops positive masculinities and transforms social norms**, for example, and in this way responds directly to a recommendation by the Swedish Embassy Country Profile (2014), mentioned above. A previous study by HEAL Africa on Men and Masculinities in Eastern DRC analysed the relationship between SGBV and hegemonic masculinities in the conflict zone of North Kivu. It showed a **direct connection between men's sense of failure and unhealthy outlets for asserting masculinity, lack of productivity, and violence**. In these ways the LPP is coherent with innovations and responsive programming recommendations found in influential studies at the time of LP program start-up.

Moreover, results from the International Men and Gender Equality Survey (IMAGES), published in 2012 concluded that there was an **urgent need for psychosocial support and for building on examples of cooperative, collaborative couple relationships**, two dimensions at the centre of LPI's approach.

Finally, 2010 research by Maria Eriksson Baaz and Maria Stern on "Understanding and Addressing Conflict-related Sexual Violence," discussed the problem of a reductionist understanding of sexual violence as a weapon of war. The authors called for sexual violence in the DRC context to be understood in relation to other factors, including the present circumstances of the **state security forces**, **hostile civil-military relations, weak justice and penal system, and widespread impunity**. Further, **rape occurs in the context of certain militarised ideals of masculinity and sexuality** common in most military institutions, including those of the DRC. The research also highlighted the **dangers of isolating sexual violence from other forms of violence, and the problem of the invisibility of men and boys as survivors of SGBV**. It therefore called for sexual violence to be treated as part of –and not as separate from—other forms of violence committed by state security forces, recognizing boys and men as targets of violence including SGBV and, very importantly for the coherence of the LPI project, engaging in comprehensive Security Sector Reform aimed at systemic change, including the im-portance of strengthening civil society's influence on the military reform process.

Fast-forwarding from design phase in 2016 to LPI delivery in 2022, the evaluation team finds that the program is coherent with recognized good practices, such as the CARE International Mawe Tatu project in the Kivus, which worked with savings groups, involved men and women on questions of positive masculinity and supported couples' conversations, and the Sisi Vijiana initiative in Burundi aiming at developing a regional model of engagement of young men and boys focused on transforming gender roles.

4.3 Effectiveness

At the output level, LPP figures show that the objective of reaching the targeted number of participants both in Phase I and 2020/2021 was achieved, and sometimes also exceeds the initial plan (despite COVID-19 outbreak in 2020). However, measuring LPI's achievement in reaching their targeted outputs could be improved with a clearer presentation of their initial objectives in the M&E framework. Practically, this means a direct correspondence between the program logframe and the M&E outputs and outcomes to be tracked.

At outcome level, **various data sources suggest that the LPP reached its objectives, mainly at individual, family, and community levels**.

- *Individual level*: **reduction in mental health problems** among participating men and women through improved mental well-being, reduced anxiety and depression, and decreased posttraumatic stress disorder, also 1.5 years after the end of the intervention; **reduction in the use and abuse of drugs and alcohol** among participating men; **improved positive coping skills** among participating men; **improved trust and confidence in others, stronger social cohesion in communities and a restored sense of belongingness** among participating men.

- *Family level*: LPP participating men and women have **more gender equitable attitudes and behaviours** (new gender attitudes, better distribution of household chores, increased women's power of decision, etc.); **improved communication in partner relationships**, including dialogue before sexual intercourse; and a **reduction in the use of physical, psychological, and economic violence against women and violence against children** reported by women but also community leaders, even 1.5 years after the end of the intervention.

- *Community level*: **increased awareness related to gender equality, positive masculinity and condemnation of SGBV also among non- participants of the community**, mainly through the organization of community celebrations; **improved social cohesion** through increased communication, trust and collaboration among families of the community; **positive effects on security personnel regarding SGBV prevention**, reinforcing LPI's desired goal of creating 'multiplier effects' through its therapy approach, as well as **improved relations with civilian population and reduction in bribery** (this causation was particularly noted in North Kivu, where wives of security personnel could participate in VSLA activities, generating additional revenue for the family); and **increased capacity among community leaders to support individuals and community in modeling positive masculinity, preventing and mitigating SGBV, and promoting gender equality**, through their active role in the implementation of the LPP.

- *Society level:* **effective involvement of Congolese CSOs and public institutions** (mainly the PNC and FARDC) to support the LP approach as they recognize the success of its interventions on participants; LPI increased **partnerships with CSOs helped the diffusion of LP message** and values through media dissemination and specific trainings; consistent participation and public **support from security sector institutions in community celebrations**, also rewarding changed behaviour among LPI participants with promotions for military and police; **collaboration with state and non-state health services**, and with the Ministry of Gender, Women and Children,

which recognizes the support, influence and leadership of LPI; and **synergies with FARDC military hospital in Goma and Heal Africa** to transfer skills and to train healthcare providers to handle SGBV cases.

- *VSLA:* Increased possibility for women benefitting from VSLA membership to **finance their own business activities** and generate income; **reduced financial conflict within the household** and facilitated **access to professional occupation**; male and female participants acknowledged VSLA benefits as an **additional contribution to family finances**; **male participants attest to their readiness to support their partners** in VSLA as it transforms not only finances but also family dynamics, pushing towards a **more equal role of men and women in the running of the household**.

Nevertheless, the lack of quantitative data at the community and society level makes it difficult to quantity LPI's impact at community and society levels. Moreover, **LPI's M&E frameworrequires that this type of data is disaggregated by sex** to be able to understand how activities impacted women and men differently and identify the project's achievements with a gender perspective. For example, psychological distress might have different causes and symptoms for men and women, who also might have different coping mechanisms, and therefore requires an adapted response and measurement

The evaluation team also noted several **challenges** for LPI towards reaching its objectives:

- At the **individual/family level**, both female and male participants repeatedly requested **family planning** as a necessary addition to the LP modules.
- At the **community level**, as non-participants attest the change of behaviour of their neighbours benefiting from the LPP, many of them request inclusion in the project, highlighting the scale of need **to spread awareness** around gender equality and SGBV prevention. Moreover, in practice, there is **little evidence on the translation of capacity building** of participants to promote peace and gender equality, and to intervene as appropriate in families and community conflict, as well as the scale or degree of these positive practices, or how long they will last. Regarding **LPI's effort to normalize ex-combatants by integrating them with other participants, this helps establish camaraderie and parity between participants. It is a small step for the greater challenge of long-term socio-economic reintegration, given the** challenges of macroeconomic stagnation and extreme insecurity across eastern DRC that continue to make rebel groups attractive employers for many young men.
- At the **society level**, while the involvement of CSOs is supported by evidence, and there are CSOs actively supporting LPI interventions, **this is no reason to believe that LPI methodology is institutionally adopted** by those organizations. The same is true for security forces, whose public support during therapy sessions and celebrations is crucial, but there is no evidence that this is leading to internal reforms, such as the adoption of the LPI curriculum, approach, and values. For CSOs, one limitation is the **lack of core funding**, since donor financing is tied to specific projects.

4.4 Efficiency

Efficiency has been optimized in terms of timing as there has been **no delay in the implementation** of the program despite constant instability in the region and the outbreak of COVID-19, and thanks to the **effective communication** between LPI and its implementing partners. Regarding costs, **available resources are sufficient** to implement the program. The strong and long-term **voluntary involvement of community leaders and facilitators** plays an important role in optimizing resources.

However, based on the financial information shared with the evaluation team**, some expenses related to the implementation of LP group sessions are insufficiently detailed and prevent a thorough**

analysis of the financial data to have a clear understanding of the optimization of implementation costs.

The evaluation team struggled to compute the cost/benefits of the project. Computing the cost of the program per component is challenging with the **little level of detail of available information and possible overlap in the allocation of expenses per level of interest** (individual, family, community, society, and women's economic empowerment). Comparing the costs with the benefits of the program is even more ambitious than computing the cost of the program per component **as LPI's effects are impossible to quantitatively estimate based on the nature of these impacts** (e.g., what is the value of reducing SGBV?). However, given evidence of the program reaching its expected objectives, it is arguable that the return on investment of the program is substantial.

Nevertheless, **it is crucial for the project to be able to compare the cost/benefits of its different activities and measure them against achieved results in order to determine what is most strategic in terms of value for money and to increase efficiency**.

4.5 Impact

The final impact sought by the LPP is to achieve sustainable, gender-equitable peace at all levels of society in provinces of South Kivu, North Kivu, and Ituri in eastern DRC. **Triangulation from different data sources shows how the project meets this aim at every intervention leve**l:

- At the **individual level**, the reduction of unhealthy male coping mechanisms and violence against women and children is regularly described by participants, their partners, colleagues, and neighbours. None of these changes have been quantified, however. It emerged that psychosocial group therapy serves to encourage self-analysis among participants, pushing them to identify symptoms of their rooted trauma, and to link these dysfunctional behaviours to unaddressed trauma, and to seek help. In particular, one key personal behavioural change that reduced IPV was an increase in consensus before sexual contact.

- Participation in LPP led to a change at **family level**, including improved communication and joint planning of household activities and finances. Women reported gaining more control of household financial management, leading to more equitable relations in the couple. Anecdotical evidence shows in some cases increased education rates for children as an unintended result, although no attribution can be established with the project.

- At the broader **community level**, the evaluation team identified improved social cohesion and reduction of tensions in LPI activity areas. These reports are based on testimonies, and include conflict resolution between neighbours, and better mutual respect and cohabitation. Testimonies also included reports of better inter-ethnic relations at the community level, recognized as critical by LPI since it is a main source of conflict in the region, particularly Ituri. In the security sector, it was reported that respect for civilians increased and is reciprocated, the main change being a reduction of bribery and extortion, as reported by civilians.

- At **society level**, the evaluation team observed that LPI interventions in military and police settings translate into fewer disciplinary problems in the camps. Wives of military and police attested to positive behaviour change in their husbands. However, as explained above, institutional adoption of LP values, approach, and curriculum is hindered by scarce financial means, resistance to change, and a general lack of flexibility in security institutions. Finally, the evaluation team was unable to assess any direct effects on conflict dynamics in the targeted provinces, so their existence cannot be excluded.

- Finally, the **VSLA component** contributes to the ultimate goal of LPP of reducing domestic violence by decreasing financial tensions between husband and wife. Participating women

have access to a source of income, and this increases equality in the household and encourages a joint management of family issues, including children's education.

The LPP also created a few unintended impacts, both positive and negative. Positive unintended outcomes include increased time for community leaders to dedicate to other priorities as a result of the reduction of conflict in the family and in the community. On the negative side, it was reported that some wives do not understand positive masculinity and mistake it for weakness, which they in turn use to take revenge on their husbands. Men then revert to violence to punish their wives. This negative impact reflects the need to work closely with women to ensure correct understanding of LPI messages, and to stop the cycle of abuse.

Moreover, the evaluation team compared LPI's Conflict Sensitivity Analysis (CSA, 2020) to the findings emerging from our field visits. It emerged that no complaints were collected about those criticalities that LPI had defined as unintended negative effects, such as exacerbation of ethnic conflict, or household conflict in case of polygamy. This indicates that LPI is able to design and put into place effective mitigation strategies, and should continue to do so whenever new unintended impacts are identified. To this end, regular risk and conflict analysis could help identify risks and act upon them.

4.6 Sustainability

The **informal monitoring and support structures** for participants that LPI developed for Phase II (security networks, group attachment) in response to earlier recommendations were deemed, on the whole, to offer mixed results that could be improved. As the living conditions and institutional culture to which many LP participants return post-therapy are unchanged, and are sources of frustration and dysfunction that can lead to trauma and violence, many participants described positive therapy outcomes in the short term but considered retention of these **positive behaviours over the longer-term to be challenging**.

Individual factors vary, but two systemic factors pose high risks to the sustainability of results for program participants: the **mobility of security sector participants**, and the **instability across the region and** participant poverty are frequent triggers of relapse, and create new traumas. Moreover, the tension between the demands and expectations of security institutions and the therapeutic healing of LP participants reinforces the need for comprehensive monitoring and follow-up to guard against relapse.

LPI provides training to other organizations around positive masculinity to ensure continued and sustainable work in this area. Its partner agencies within the LPP were uniformly positive about the capacity building and professionalization received during the course of the program.

5. Recommendations

Given the significant contribution of the LPP to reducing SGBV and promoting peace in Eastern DRC, potential for greater impact with further funding is high. W**e recommend continued support to the project**, building on the achievements of the two Phases and taking into account new challenges and the changing social and economic context.

The following recommendations build on the conclusions presented above.

5.1 Recommendations for the consortium implementing the project

On the design and implementation of the program

- **Types of participants**

1. **Include security sector superiors as participants, not just soldiers and policemen.** While some captains and commanders have been trained and serve as facilitators, colonels and generals in some training sessions could be included, both to increase understanding of LPI, and to encourage leadership to model respect, tolerance and positive masculinity towards women and their own subordinates. Institutional ownership of positive masculinity needs gender equality champions at the top of these institutions.

2. **Include wives in more group therapy sessions.** Including women in Phase II appears to maximize impact at the family level, helps sustain positive change over time, and results in greater demand for wider female inclusion in the LP program. Including wives in additional sessions is a widespread demand by many participants, but exactly which sessions requires additional analysis (see below).

3. **Include violent or unschooled youth, especially where armed groups are active.** In violent conflict, local politicians and community leaders are often partisan, and can deliberately manipulate youth away from tolerance toward logics of violence. Armed group enrolment is not the only threat to youth, but criminal gangs and banditry also pressure rural communities and urban neighborhoods for recruits. In therapy sessions that invite wives to discuss partner acceptance and joint problem-solving, including adolescent youth who lack parental guidance and are not in school could be considered.

4. **Increase participation of Church pastors in LP trainings, as significant anecdotal evidence suggests that their** inclusion can act as a 'force multiplier' that increases the reach of positive masculinity across their congregations. These participating pastors could in turn act as informal 'ambassadors' not only to their Church communities but to other pastors in their vicinity, introducing the message of positive masculinity, and increasing awareness of LPI.

- **Types of sessions**

5. **Strengthen the VSLA component though increased collaboration with organizations specialized in VSLA.** VSLA has proven itself highly effective not only for women's autonomy and gender equality, but also in sustaining the positive outcomes of LPI therapy for husbands. The evaluation also found strong 'multiplier effects' from VSLA, including a reduction in extortion and bribery by security personnel in North Kivu, where wives participated in VSLA. While additional VSLA assistance complements the meagre salary of security personnel, increases gender equity and improves relations in the home, and helps prevent relapse due to poor working conditions and

ongoing conflict, LPI has stated it is less willing to shift its objectives away from trauma healing and positive changes in male mentality and behaviour. The LPI perception of VSLA as a divergence from its mission and the aims of positive masculinity generally needs reconsideration based on evidence.

6. **For participants seeking facilitator training, make this accessible to them, regardless of whether they serve formally as facilitators.** Give them some title and brevet showing their achievement as, for example, LPI 'ambassadors'. Only requirement being that they keep a record of numbers, names, and locations of persons they formally or informally instruct. If they are transferred elsewhere, have the security institution agree to introduce them to cohorts as LPI ambassadors, and that they are available for counselling and training. Ask ambassadors to report back on their activities, and changes they observe among trainees. Integrate reality that facilitators are also ambassadors in the community, and could also be transferred at any time.

7. **Develop and add a training session on couples planning and problem solving in the household, to increase productive interactions in the couple.** Besides household financial management, a noted success story, LPI could envision other ways to support teamwork in gender relations, whereby men and women directly support each other on specific joint activities of their choosing. Revenue generation projects and micro-finance are one area, and **participants also requested the addition of family planning to the LPP module**. This is another subject with clear potential for greater understanding and equitable engagement by both genders.

- **Coherence and Continuity**

8. **Invest in more deliberate exchange between LPI and other program implementers working in community security and improving civ-mil relations, as well as SGBV and violence reduction**. Discussions would focus on sharing comparative approaches and lessons learned to reinforce linkages, shared learning, and reduce stove-piping between parallel technical sectors. LPI complements and builds upon certain other GBV and SSR initiatives in recent history in eastern DRC, including other positive masculinity approaches and a well-regarded community policing program in South Kivu.

9. **Include leaders from security institutions in therapy sessions to improve ownership and sustainability of impact**. Organize other brainstorming sessions where community and security sector leaders are invited to see that they have a role to play in oversight of participants post-therapy, and to model positive behaviour themselves.

Towards an institutionalization strategy (national ownership as sustainability)

10. **Elaborate a clear institutionalization strategy in collaboration with relevant stakeholders, specifically the PNC, FARDC and Gender and Family Ministry.** This would involve skills transfer and national ownership. Partner institutions (PNC, FARDC, Min. of Gender) demand continued LPI support but lack the political will to increase their budget or supply manpower necessary for ownership. This reluctance creates continued dependence on external actors to meet their own needs. LPI and MINBUZA have collaborated on initiatives to convene other donors with national security sector leadership in Kinshasa around positive masculinity. Connecting the President's AU workshop (Nov 2022) with the prospect of greater institutional ownership of the LPI methodology is an obvious next step.

11. **Greater public communications of impact and success by LPI stakeholders and institutional partners would help correct defeatist narratives among Congolese who are conditioned to expecting solutions to come from outside.** LPI is evidence that Congo can solve its social problems

and reduce suffering. Documenting and sharing the LPI method through video and personal testimony with the donor community, the Congolese media, relevant national and provincial ministries to increase visibility, raise interest, influence sector programming and potentially inspire greater national ownership and institutionalization by national stakeholders.

Improving the M&E framework, evidence of impact, and financial data collection

Without standard metrics to capture and measure change among male and female participants post-therapy, or to track rates of IPV and SGBV over time, the LPP M&E system is unable to quantify its impact over time. This is an essential component of all mainstream development programs today, and a primary expectation of all donors, as evidence-based decision making is central to good donorship and accountable program delivery.[17] Such measures are also instrumental in helping **program stakeholders and institutional partners assume greater responsibility** for program results over time.

The same measures are critical to understanding which factors determine successful outcomes at the program's individual and family level, and how to generate similar results in the wider community. Equally important, what are the **causes of relapse among** individual participants? Is it a personal failing, related to family struggles, or issues with one's peers? LPI isn't systematically tracking or measuring these dimensions of its impact.

Maximizing the effectiveness of inputs in relation to desired outcomes (and outputs) requires a more robust evidence base which exceeds the scope of LPI's current M&E system. What is the program's baseline in each community of intervention, its success rate over what duration, individual relapse rate, and what conditions are documented to promote optimal results? How does the success rate of ex-combatants compare with other civilians; how does it compare with military and police? And for what reasons? This evaluation did not uncover significant data or systematic analysis of these questions, although anecdotal observations abound among program participants, facilitators, partners, and administrative staff.

12. **In practical terms, this means expanding the current M&E focus on inputs and outputs to the broader scope of MERL,** or Monitoring, Evaluation, Research and Learning**.** This shift will help transition the LPP evidence base from positive testimony to empirical evidence of lasting change. This would include tracking numbers of relapse or other negative program impact. Detailed changes to the M&E and participant tracking system include:

12.1 **Develop a caseload management and support strategy**. **Formalize participant follow-up system to capture impact over time and understand factors for both success and failure.** Long-term monitoring and closer systematic follow-up by LPI post-training would strengthen the duration of impact. Investment in the post-training life of LPI participants is an essential component of lasting success, but is currently deemed insufficient by participants, stakeholders and observers of the program. 'Security networks' and 'ambassadors' receive little training, support, follow-up or tracking to assess progress, document challenges, and identify solutions. Respondents compared this weaker LPI approach to other initiatives with more robust long-term impact and follow-up strategies, specifically the S3G program led by CordAid and HEAL Africa. At present, no M&E data is collected on the existence, activities, or added value of the current 'security network' approach.

12.2 **Maximizing the effectiveness of inputs in relation to desired outcomes (and outputs) requires a more robust evidence base which exceeds the scope of LPI's current M&E system**.

[17] https://www.ghdinitiative.org/ghd/gns/best-practices.html

What is the program's baseline in each community of intervention, its success rate over what duration, individual relapse rate, and what conditions are documented to promote optimal results? How does the success rate of ex-combatants compare with other civilians; how does it compare with military and police? And for what reasons? This evaluation did not uncover significant data or systematic analysis of these questions, although anecdotal observations abound among program participants, facilitators, partners, and administrative staff.

12.3 **Better define cause/effect relationships between trainings, therapy, and life changes among direct and indirect participants (husbands, wives, families, etc.) within the program**. There is a parallel need to track reports of SGBV and related IPV incidents in camps (PNC, FARDC) and at military hospitals or public health clinics in LPI intervention areas. Doing so would allow LPI to establish observable correlations between trainings and behaviour change (reduction of SGBV rates, reduction of complaints of IPV in camps) at the family level. LPI could easily measure, for example, the percentage of LPI families in Jules Moké who report joint management of household finances 6 months after the training, 12 months after, 24 months after.

12.4 **Collect sex disaggregated data** LPI's M&E framework could be improved if data were collected for both women and men training participants to be able to identify the project's achievements from a gender perspective. For example, psychological distress might have different causes and symptoms for men and women, who also might have different coping mechanisms.

12.5 **Track which recommendations are made by the M&E learning exercises, and how these are followed-up by the program.** Program procedure mandates that after each training cycle an internal evaluation is held, but these internal assessments do not appear to inform the creation of a baseline against which individual participant progress post-therapy can be tracked and measured.

12.6 **Develop objective measures of impact on SGBV by tracking reported cases in provincial health services and partners receiving such cases (HEAL, Panzi, etc)**. Verified and consistent statistics from public service providers (provincial medical services) on rates of reported SGBV are a pervasive weakness in DRC and hinder LPI's own ability to capture change and generate quantitative data. In FARDC hospitals supported by the S3G program, such data is available and could offer a general reference to reflect the overall impact of SGBV actors in each province. Baseline data would be required in order to demonstrate trends over time, but inferring any direct impact by LPI on these rates would be speculation. For this reason, a participant-focused tracking system would allow trends to be established that more clearly reflect the impact of LPI on participant behaviour over time, including SGBV.

12.7 **Formalize and monitor security networks.** Security networks and 'ambassadors' are informally structured and not supported or monitored systematically. Organizing 'Clubs des jeunes' could be a way to include youth (as in GIZ program) and to increase impact by promoting personal responsibility to model changed behaviour and to actively share it with others. 'Model couples' award could be adopted more widely by security institutions to reward changed behaviour and to set example for others – not to publicize LPI but to improve image of PNC and FARDC as models of positive citizen behaviour, gender equality in household, etc. Publicizing positive couples, personal stories and benefits of change on their lives. Others will seek to emulate, and this will attract interest in LPI methodology, and facilitators could lead more trainings without LPI support.

13. **Improve the categorization of costs to increase efficiency.** LPI should increase the level of detail related to the allocations of costs in order to be able to analyse its expenses and study how to decrease costs and improve efficiency.

14. **Build up on a cost-benefit analysis to improve LPI's efficiency and value for money.** What type of

growth is most cost efficient for LPI, and how would institutional partners be involved? A 'cost benefit analysis' would study and advise on the comparative advantages and trade-offs between expanding coverage to include new intervention sites where LPI is not known but needs are palpable, versus continuing to invest in the same participant populations where LPI is already active, appreciated, and understood, but where impact is still minimal with respect to the size of the population. In the security sector (PNC, FARDC), with its practice of regular transfers of personnel to combat or remote areas, there is a natural dilution of effect as LPI participants leave for places where LPI is not known. Continuing to invest heavily in these institutions at their camps in the three provincial capitals would build on LPI previous success, with its secondary positive impact on extortion reduction of local populations (reducing economic and structural violence). Related, biannual risk and conflict analyses could help identify new potential and actual risks and act, adapt mitigation strategies, and assess how previous mitigation strategies are working against threats already identified.

5.2 Recommendations for the Embassy / Great Lakes Regional Program

1. **Continue collaborating with and supporting government/ministerial counterparts in development of positive masculinity.** The team heard often of NL Embassy meetings in Kinshasa, with other donors, and DRC ministerial counterparts on matters of security sector reform and SGBV. This type of face-to-face diplomacy, based on the successes of existing programming (LPI, S3G), should be continued. . Ending government dependence on NGOs for ending SGBV should be an explicit outcome for LPI as part of its overall sustainability strategy and its broader aim of increasing national ownership of critical social problems such as SGBV

2. **Toward greater national ownership, continue strengthening the capacities of government actors before the project is closed** (police and Ministry of Gender) to develop understanding and capacity to pursue positive masculinity as applied learning and behavioural change. As a key program within the wider Great Lakes portfolio, LPI should coordinate with consortium agencies (from S3G, for instance) to develop a strategy to train specific agents from the Ministry of Gender at the provincial level.

3. **To advance localization and autonomy of local partners like LPI, emphasize NGO and CSO partner development as an explicit goal of LPI programming for the next phase, with objectives that include diversification of funding away from NL Embassy.** LPI impact on local CSOs is reportedly positive in terms of capacity building and familiarization with the realities of project delivery, reporting, accountability, and donor relations. However, there is no formal approach to achieving excellence in these areas, nor is there much evidence that these organizations could survive without LPI support. For CSO self-sufficiency, one limitation is the lack of core funding, since donor financing is tied to specific projects. Donor pressure to seek and obtain alternative funding sources, ideally self-generated resources (i.e., payment for services rendered, or a fee-based business model), is key to delivering on donor localization commitments. LPI is fully capable of seeking and obtaining funding elsewhere given its record of success. The NL Embassy may wish to consider a schedule of gradually reduced annual funding for LPI over the next three years, for example, as an incentive to seek additional sources within a fixed deadline.

5.3 Recommendations for stakeholders in the project area

Considering that the LPI approach is relevant, coherent and effective in several aspects, stakeholders working in the project area can derive lessons learnt for their own programs and follow a similar

approach readjusted depending on their objectives.

1. **Consider following a bottom-up approach**, as it has proven valuable in a context of absence of effective public institutions, widespread corruption, and impunity.
2. **Target participants at the roots of the problem the project is seeking to address** (i.e., men) and not only focus on the ones that suffer from the consequences (i.e., women), to directly change the causes and origins of the issue and avoid stigmatization of individuals (i.e., women as 'victims' and men as 'perpetrators').
3. **Recognize that prior engagement of community leaders is a necessary condition of success** in terms of local ownership, diffusion of impact and visibility, and sustainability of impact over time.
4. **Follow a voluntary approach to ensure individual commitment** and internal cohesion among peers (participant groups), which in turn sets the stage for the voluntary formation of mutual support groups post-training.
5. **Support target participants with multidimensional support** (i.e., healing individual trauma, work on family and social relationships, community celebrations, VLSA component, etc.) **to achieve the desired impacts at different levels of interest** (individual, family, community, and society) and ensure sustainability of the results.

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