



Fonds des Nations Unies pour la population
R.D Congo

**THE LATEST EVIDENCE TO ACCELERATE
THE THREE TRANSFORMATIVE RESULTS**
2021 UNFPA D.R Congo Annual Report

UNFPA Physical presence in DRC



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Acronyms

AoR	: Area of responsibility
B-EmONC	: Basic emergency obstetric and newborn care
CEmONC	: Comprehensive Emergency Obstetric and Newborn Care
CMR	: Clinical management of rape
CRVS	: Civil registration and vital statistics
DRC	: Democratic Republic of the Congo
EmONC	: Emergency obstetric and newborn care
ESARO	: East and Southern Africa Regional Office
GBV	: Gender based violence
GIS	: Geographic information system
GPHC	: General population and housing census
H6	: Partnership of UNAIDS, UNFPA, UNICEF, UN Women, World Bank Group and WHO
IASC	: Inter-Agency Standing Committee
ISTM	: Institutes of Scientific and Technological Research
LMA	: Last-mile assurance
LMIS	: Logistics management information system
MISP	: Minimum Initial Service Package
MPDSR	: Maternal and perinatal death surveillance and response
NFI	: Non-food items
PCI	: Prevention and control of infections
PSEA	: Prevention of sexual exploitation and abuse
QGIS	: Quantum GIS

RH	: Reproductive health
RHCS	: Reproductive health commodity supply
SDG	: Sustainable Development Goal
SOP	: Standard operating procedure
SRAT	: Sustainable Readiness Assessment Tool
SRH	: Sexual and reproductive health
SRHR	: Sexual and reproductive health and rights
SRMNCAH	: Sexual, reproductive, maternal, newborn, child and adolescent health
STI	: Sexually transmitted infection
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children’s Fund
UNECA	: United Nations Economic Commission for Africa
UNLIA	: United Nations Legal Identity Agenda
WHO	: World Health Organization

Message from the UNFPA D.R Congo Representative



“

In 2021, UNFPA accelerated progress towards the three transformative results in the DRC. With support from UNFPA, there were 3 million new users of contraceptives, some 3,189 maternal deaths have been averted and 97,375 GBV survivors have received multisectoral care and services.

Dr. Eugene Kongnyuy
UNFPA DRC Representative

”

2021 was a year of generating evidence of the acceleration of the Cairo Promise and the achievement of the three UNFPA transformative results. The support of UNFPA in 2021 led to a 44 percent increase in the number of new users of family planning, a 25 percent increase in obstetric fistula repairs and a 40 percent increase in medical and psychosocial care for survivors of gender-based violence **(GBV)** compared with 2020. Five main enablers contributed to the achievement of the results presented in this annual report, namely **(i)** the strategic positioning of the three transformative results in national policy frameworks, **(ii)** results-oriented and evidence-based programming, **(iii)** business continuity and duty of care in times of crisis, **(iv)** partnerships and resource mobilization and **(v)** innovation and creativity in communication.

Strategic positioning of the three transformative results in national policy frameworks

UNFPA DRC integrated the three transformative results in national development plans and family planning frameworks, including frameworks on the humanitarian-development-peace nexus, climate change, poverty reduction, food insecurity and universal health coverage **(UHC)**. The agenda of sexual and reproductive health (SRH) rights and choices was positioned in the Head of State's Special Strategy for Poverty Reduction, the National Strategy for Zero Hunger and the President's Statement during his speech on the State of the Nation, which confirmed political commitment at the highest level. After 38 years without a census, the government committed to organizing the second General Population and Housing Census **(GPHC)** using internationally accepted standards. The centrality of population dynamics was exemplified in the development of a national demographic dividend profile and advocacy for the development of provincial profiles, as well.

Results-oriented and evidence-based programming

We improved our preparedness and strengthened our response to multiple humanitarian emergencies, including the volcanic eruption of Nyiragongo and the ongoing "état de siège" in North Kivu and Ituri provinces. Family planning was integrated in climate change, deforestation, agriculture and food security initiatives. UNFPA took the lead in the prevention of sexual exploitation and abuse **(PSEA)** by integrating it in humanitarian and development programming and mobilizing US\$ 15 million from the World Bank to help integrate it in education. UNFPA is in the process of securing nearly US\$ 20 million from the World Bank to integrate PSEA in the health sector in 20 of the country's 26 provinces. We successfully scaled up our midwifery programme to 18 provinces and routine obstetric fistula repair to 17 provinces. We supported training for several pools of humanitarian midwives who work routinely in government health facilities and are available to be redeployed at short notice to support humanitarian emergency interventions. And we strengthened our approach to humanitarian planning and programming by emphasizing the humanitarian-development-peace nexus and integration of GBV, sexual and reproductive health and PSEA interventions, including pre-positioning reproductive health commodities to improve access for hard-to-reach populations and strengthening the primary health-care approach.

Partnership and resource mobilization

During 2021, UNFPA continued to build strategic alliances with bilateral donors, multilateral institutions, the Government of the DRC, the Office of the Distinguished First Lady, civil society and the private sector, including the banking sector and mining sector. In addition, UNFPA actively participated in United Nations joint programming initiatives and the midterm evaluation of the United Nations Sustainable Development Cooperation Framework **(UNSDCF)**.

UNFPA DRC almost doubled its annual resource mobilization target for 2021, from US\$ 20 million to US\$ 37 million. Donors included the United Nations Central Emergency Response Fund (**UN CERF**), National Humanitarian Fund, World Bank, Sweden and the Korea International Cooperation Agency (**KOICA**).

Business continuity and duty of care in times of crisis

Despite the difficult and complex circumstances surrounding COVID-19 and the humanitarian crisis in the DRC, UNFPA successfully achieved an overall budget implementation rate of 83 percent (93 percent for regular funds). All quality-assurance activities, including spot checks and remote audits, were conducted according to UNFPA guidelines. Staff and their families based in the province affected by the volcano were relocated to a safe location and measures were taken to ensure their safety and security. As the COVID-19 outbreak was still active, staff were provided with equipment and materials to telecommute and for their personal protection and safety. With the support of UN staff counsellors, UNFPA organized stress counselling sessions to help its personnel cope throughout this difficult period.

Innovation and creativity in communication

UNFPA increased the visibility and communication of its results through social media. Innovative social media strategies were adopted and

included social listening, content marketing, more visuals and less text, human-interest stories adding knowledge and value and sharing credit with our partners. High-quality content quickly boosted the number of Facebook  followers (**56,643**) and Twitter  followers (**19 290**) and led to a very active Instagram  account (**471**).

Acknowledgements

I would like to extend my special appreciation and gratitude to all UNFPA personnel in the DRC for their hard work and dedication, which led to strong implementation and delivery in 2021. On behalf of UNFPA, I would like to sincerely thank the Government of the DRC for its collaboration and strong commitment, our sister United Nations agencies for their collaboration and support in prioritizing sexual and reproductive health and rights, our humanitarian community for prioritizing the needs of women and girls in times of crisis and our donors for their continued trust and support. Our work will continue until we reach the last beneficiary at the last mile, leaving no one behind and upholding rights and choices for all.





2021

Main results



ZERO unmet need for family planning



ZERO preventable maternal deaths



3,040,056

New users of contraception



2,531,424

Couple year of protection



1,594,752

UNFPA Supplies
Partnership contribution



256,189

Unsafe abortions averted



879,082

Unintended pregnancies averted



3,189

Maternal deaths averted



850

Midwives trained in UNFPA-supported midwifery training institutions



1,010

Women benefited from obstetric fistula surgical repairs



ZERO gender-based violence and harmful practices



97,375

Survivors of GBV received multisectoral care and services



3,465

Survivors accessed case management services through the UNFPA-support national GBV helpline



945,002

Persons were sensitized on GBV, including in the context of the COVID-19 pandemic



2,224,517

Adolescents and young people were sensitized on the prevention of STIs/HIV/AIDS and the use of modern contraceptive methods to prevent early and unwanted pregnancies



231,284

New users of modern contraceptives among adolescents and young people



1,010

Students acquired life skills to make informed choices about their sexual and reproductive health



Unleashing youth potential



Family planning is life-saving reproductive health intervention

ZERO unmet need for family planning

Progress in 2021

CONTRACEPTIVES SUPPLIED BY UNFPA



New users of
contraception

3,040,056



Unintended
pregnancies averted

879,082



Couple-years
of protection

2,531,424

IMPACT OF CONTRACEPTIVES



Unsafe
abortions averted

256,189



UNFPA Supplies
Partnership contribution

1,594,752



Main

Interventions



Policy environment

With the support of the UNFPA Supplies Partnership, the Ministry of Public Health applied the Sustainability Readiness Assessment Tool (SRAT) and developed a report for the Transformative Assistance application, new in Phase III of the programme. The SRAT identifies gaps in sectors where health services in the DRC need support with the implementation activities of the 2022 Annual Work Plan (**AWP**) and in subsequent years to ensure sustainability.

With the support of the UNFPA Supplies Partnership, family planning bottlenecks were identified, and actions taken to address them :

- The programme was instrumental in the mobilization of resources for humanitarian emergencies, the delivery of family planning services, the fight against COVID-19 and the prevention of GBV.
- Following intensive advocacy, in 2021 the government initiated the process of allocating \$2,097,680 to UNFPA for the procurement of contraceptives and other maternal health medicines.
- Guidelines for family planning and maternal health services in the context of the COVID-19 pandemic were developed.
- A costed family planning communications strategic plan for 2021–2025 was finalized with technical and financial support from the UNFPA Supplies Partnership.



Family planning service delivery during the COVID-19 pandemic and in humanitarian settings

- Family planning services were provided to 47,400 internally displaced women and girls in the humanitarian provinces of Kasai, Kasai Central, Kasai Oriental, North and South Kivu, Ituri and Tanganyika.
- RH kits and dignity kits were procured and distributed to those in emergency situations.
- 60 family planning service providers were trained in the use of the new Minimum Initial Service Package (MISP).

- 53,108 young girls living with disabilities were among the 231,284 new users of a modern contraceptive method added in 2021.
- UNFPA implementing partner, International Planned Parenthood Federation (**IPPF**), sensitized 2,224,517 adolescents and young people, including 81,095 living with disabilities, on sexually transmitted infections (**STIs**), HIV and AIDS, as well as the use of modern contraceptive methods to prevent early and unintended pregnancies.



Procurement, storage and distribution of commodities in the last mile

- The UNFPA Country Office procured commodities with a total value of US\$ 9,300,000. Of this amount, US\$ 8,064,000 was used for development, including US\$ 7,211,270 for contraceptives and US\$ 1,236,000 for humanitarian settings (e.g. emergency RH kits and dignity kits).
- The UNFPA Supplies Partnership supported the PROMIS project funded by the Central African Forest Initiative (**CAFI**) and implemented by a consortium of three NGOs: DKT, Tulane and Marie Stopes International (MSI). Through this partnership, the UNFPA Supplies Partnership procured, stored and distributed contraceptives amounting to US\$ 3,855,652 and providing 1,362,873 couple-years of protection (**CYP**).
- Contraceptives were distributed by USAID through the NGO Chemonics International and the PROSANI project (Integrated Health Program, IHP) and UNFPA to 27 health zones in the Haut Katanga province.

Strengthened supply chain management and last mile assurance

- With support from the Reproductive Health Commodity Supply (**RHCS**) technical group and the Multisectoral Technical Committee for Family Planning, supply chain management bottlenecks were identified and actions taken to address them.
- The InfoMed road map (a data visualization platform for RHCS data) was adopted by the Ministry of Public Health with support from UNFPA, USAID, Chemonics and the Clinton Health Access Initiative (**CHAI**).
- Two workshops were held to estimate contraceptive and RH medicine needs and to develop a national supply plan.
- Third-party procurement of reproductive health commodities for the PROMIS project was funded by CAFI and FONAREDD.
- The 2021 RHCS baseline survey was finalized in collaboration with the Ministry of Public Health and the Kinshasa School of Public Health.
- The last-mile assurance (**LMA**) process was implemented.
- Early in the year, spot checks were carried out in warehouses managed by UNFPA implementing partners that benefit from UNFPA-donated commodities.
- The Board of Auditors conducted an inventory audit of commodities management, including the issuance of commodities to UNFPA implementing partners, and certified the inventory count report as of 31 December 2021.
- The software shipment tracker was updated regularly in the three entry points of Goma, Kinshasa and Lubumbashi.
- Commodities were delivered to implementing partners using last-mile tools and procedures, and LMA reports and tools were submitted in a timely fashion.



Midwives contributed to saving and improving women's lives



Zero preventable maternal deaths

Progress in 2021



Midwives trained in UNFPA-supported midwifery training institutions

850



Women who benefited from obstetric fistula repair

1,010



Maternal deaths averted

3,189



Women and girls who benefited from cervical cancer sensitization, screening and orientation for adequate treatment during a campaign

603



Main

Interventions



Obstetric fistula and gynecological morbidities

- 1,010 obstetric fistula cases were repaired, 631 through obstetric fistula campaigns and 379 routine procedures in 17 provinces where teams have the capacity to make simple obstetric fistula repairs.
- 603 women and girls benefited from cervical cancer screening, of which 202 of whom were referred for further testing and treatment of suspicious lesions or cancer at various stages.
- As part of a national vision to expand obstetric fistula treatment teams to the entire country, 4 anesthetist nurses and 4 post-operative ward nurses were trained for 2 months, and 4 medical doctors for three months, at St. Joseph's Hospital.
- There are 17 obstetric fistula surgical teams in the DRC, although only a few have been active. The teams will be revamped in 2022.
- 21 midwifery pre-service training schools are linked to at least one accredited Basic Emergency Obstetric and Newborn Care (**BEmONC**) and one Comprehensive, Emergency, Obstetric and Newborn Care (**CEmONC**) facility.
- The demonstration centre of the national midwifery association in Kinshasa was renovated and supplied with new equipment. An official ceremony for the reopening of the demonstration centre was attended by the UNFPA Representative to the DRC.
- To commemorate the International Day of the Midwife, the DRC Midwifery association in Kinshasa received financial and technical support from midwifery associations throughout the country, including Kalemie (Tanganyika), Bunia (Ituri), Goma (Nord Kivu), Bukavu (Sud Kivu), Kindu (Maniema), Lubumbashi (Haut Katanga), Kolwezi (Lualaba), Bandundu (Kwilu), Kisangani (Tshopo), Tshikapa (Kasai), Mbuji Mayi (Kasai Oriental) and Kananga (Kasai Central).

- 9 midwifery institutions in the DRC benefited from UNFPA support, including higher institute of medical techniques in Tshikaji and Kananga (Kasai Central), Tshikapa (Kasai); Kindu and Kalima (Maniema), Lodja (Sankuru); Goma (Nord Kivu), Kolwezi (Lualaba), Mbuji Mayi (Kasai Oriental) and Kinshasa (Kinshasa).
- The higher institute of medical techniques of Bunia (Ituri) and Lodja (Sankuru) province integrated the reconversion programme for nurses to midwives, benefiting from equipment for their laboratories.



Maternal and perinatal death surveillance and response

- ◆ An annual report on maternal and perinatal death surveillance and response (**MPDSR**) was published in 2020 and a bulletin on MPDSR was published in the first quarter of 2021.
- ◆ 24 provincial health delegations were provided with revised management tools for MPDSR.
- ◆ 24 provincial committees of MPDSR were revamped and are now functional.
- ◆ 3,189 maternal deaths were reported, including in health facilities and in the community, 12 percent of which benefited from maternal death reviews.

Emergency obstetric and newborn care

- ◆ 17 maternity wards and operating theatres in referral health facilities were renovated and equipped.
- ◆ 600 health-care staff, including midwives and birth attendants, were trained in basic and reproductive health infection prevention and control (**IPC**).
- ◆ 35,000 people were reached through awareness-raising on preventive measures against Ebola virus disease (**EVD**) and COVID-19.
- ◆ 460 health-care providers strengthened their skills in the provision of comprehensive SRH services, including EmONC and MPDSR
- ◆ 65 health providers and members of health zone management teams were trained in the MISP for SRH in humanitarian settings in Ituri, North Kivu and North Ubangi.
- ◆ 188 health facilities benefited from technical capacity strengthening with the provision of modern materials and equipment to maternity wards and operating theatres, the supply of essential medicines and the provision of management tools.
- ◆ 121 health facilities were provided with emergency RH kits in health zones in humanitarian settings.
- ◆ 600 health-care providers, including midwives, were trained in the prevention and control of infections (**PCI**) as part of the response to the COVID-19 pandemic.
- ◆ 393 maternity hospitals benefited from PCI kits in 15 provinces.



Gender-based violence



ZERO gender-based violence and harmful practices

Progress in 2021



12

Integrated one-stop Centre's operational and capable of offering multisectoral services to victims of GBV



366

Health facilities supported with post-rape kits



97,375

GBV survivors received multisectoral care and services



3,465

GBV survivors accessed case management services through the UNFPA-supported national helpline



945,002

Persons sensitized on GBV in the context of the COVID-19 pandemic



Main

Interventions



GBV/PSEA leadership and coordination

The integration of GBV treatment, prevention and response continued in 2021 across various sectors through training on the importance of protection and GBV Inter-Agency Standing Committee (IASC) guidelines :

- 163 humanitarian actors were trained in the following clusters: Food and Security, Protection (and the Child Protection and GBV sub-clusters), Nutrition, Shelter and Education.
- GBV standard operating procedures (**SOPs**) were functional in 7 provinces: Kasai Central, Kasai, Kasai Oriental, Lomami, Kinshasa, North Kivu and South Kivu.
- 5 advocacy notes were developed, one in Boga (Ituri), one in Beni-Bunia (Ituri), one in Beni-Lubero, one in Pinga-Oninga, one in Nyiragongo (all in North Kivu) and Tanganyika.
- 2 guidance notes were developed on the distribution of dignity kits to vulnerable women and girls, including a joint guidance note for WASH, NFI and the GBV Sub-cluster – for the first time in the DRC.
- 1 training-of-trainers event was organized for 30 GBV actors on GBV case management.
- 1 training-of-trainers event was organized for GBV information management experts on database management
- 163 humanitarian partners were trained to use GBV area of responsibility (AoR) joint analysis and assessment tools.
- 72 GBV actors received training on GBV IASC guidelines.
- 2 funding maps for GBV prevention and response were produced and shared with key stakeholders at the national and regional level.
- 4 GBV operational presence maps of key actors were published to enhance access to GBV services.
- 17 of the 26 provinces in the DRC now have a fully functioning GBV referral pathway.

PSEA

- 510 humanitarian actors were trained in PSEA and sexual misconduct in 4 humanitarian hubs.
- SOPs for PSEA were developed.
- SOPs for community-based complaint mechanisms were developed.
- A national protocol for the care of victims of sexual exploitation and abuse was developed.
- 30 actors were trained as trainers on sexual exploitation and abuse case management.

GBV/PSEA prevention

- The knowledge, attitudes and perception (KAP) assessment for GBV conducted in 2021 led to improved programming and interventions.
- Extensive awareness-raising campaigns were conducted in Kasai on GBV and PSEA, with focus on the education system and humanitarian hotspots.

GBV Medical and psychosocial Response

- 73,592 survivors of GBV received medical care and services in 2021.
- 25 trainers from 8 provinces benefited from capacity building in the clinical management of rape (CMR).
- 431 service providers were trained in CMR.
- 89,670 survivors of GBV received psychosocial support.
- 8 new women-friendly safe spaces were established.

GBV economic reintegration

- A guidance note on socioeconomic reintegration was developed to improve services and care for GBV survivors.
- 8,502 survivors benefited from socioeconomic and educational kits.

GBV legal assistance

- 5,099 GBV survivors benefited from legal assistance.
- A reparation fund was established for victims of sexual violence with the support of the UNFPA Country Office.

Data for accountability protection and security

- 4 monitoring activities were conducted in 4 humanitarian hubs.
- 141 GBV actors in 4 humanitarian hubs were trained to use GBV AoR joint analysis and assessment tools.
- 62 GBV Sub-cluster partners in 4 humanitarian hubs were trained using the GBV information management system and GBV national database.
- 106 service providers received training in information management and data collection.



Adolescents and youth



Unleashing youth potential

Progress in 2021

NUMBER OF



1,010

Students acquired life skills to make informed choices about sexual and reproductive health



2,224,517

Adolescents and young people sensitized on the prevention of STIs, HIV and AIDS and the use of modern contraceptive methods to prevent early and unintended pregnancies



231,284

New users of a modern contraceptive method were recorded, including 53,108 young girls living with disabilities



2,492

Young people empowered through capacity development, participation and access to information and services leveraging the youth incubators



Main

Interventions



Youth incubators

Youth incubators were established, including one in Kinshasa with 25 member associations, one in Goma with 16 member associations, one in Kalemie with 13 youth associations and one in Lubumbashi with 22 associations

Women's Leadership Academy

- UNFPA supported the training of 20 coaches in the use of 4 student training books.
- UNFPA supported the briefing of 15 mentors on the implementation processes and the roles of each mentor in the Women's Leadership Academy. Among these mentors, UNFPA benefited from the presence of the Deputy chief of Head of State cabinet in charge of legal issues.
- More than 10,000 students were sensitized on the importance of the Women's Leadership Academy.







Policies and demographic intelligence

Progress in 2021

To support the three transformative results of UNFPA, a range of population and development strategies were undertaken in 2021 with the following major results:

Capturing the demographic dividend for emergent and inclusive growth

- The country profile report on the demographic dividend was finalized and validated
- 30 national executives from sectoral ministries strengthened their technical capacity in demographic dividend indicators.

Improving governance of the National Statistical Institute and Census Bureau for better quality assurance

- High-level advocacy was continued to ensure the second GPHC is conducted according to international norms and standards for other population census operations such as the identification of the population and the electoral census that is underway in the country.
- The evaluation report of the second GHPC process was validated as being in compliance with international standards and adapted to the new context of DRC. This report was shared with all census partners (e.g. World Bank, African Development Bank).
- A new IT platform was created to collect mapping data in compliance with international standards, using traditional census software such as CPro, QGIS and ArcGIS.
- The testing of IT tools was conducted at two sites in Kinshasa . A second test is being prepared to finalize various technical aspects in the field before mapping begins in 2022.



République DEMOCRATIQUE DU CONGO
 Province de KINSHASA
 Ville de KINSHASA
 District de LA LOUKUNGA
 Territoire / Commune de LA OMBRE
 Chefferie / Secteur de LA OMBRE
 Bureau / Secteur du Cité de
 Bureau Principal de l'Etat civil de LA OMBRE
 Acte n° 126/1909 Volume II Folio n° 279

ACTE DE NAISSANCE
 Le sieur MUYA NIMBA le 12 jour du mois de AOÛT de l'année 1964 à 12 heures
 civil de KINSHASA en tant que PROTECTOR
 du PROTECTOR en qualité de PROTECTOR
 résidant à KINSHASA nous a déclaré ce qui suit :
 est né à KINSHASA le 12 jour du mois de AOÛT de l'année 1964
 homme BAMBA nationalité CONGOLAISE profession PROTECTOR
 fils (fille) de MUYA NIMBA et de EMMA
 résidant à KINSHASA nationale CONGOLAISE profession PROTECTOR
 le 12 jour du mois de AOÛT de l'année 1964 et de EMMA
 résidants à KINSHASA nationale CONGOLAISE profession PROTECTOR
 Lecture de l'acte a été faite en présence de MUYA NIMBA et de EMMA
 Connaissances de l'acte a été faite par MUYA NIMBA et de EMMA
 En foi de quoi, avons dressé le présent acte.
 Le déclarant MUYA NIMBA interprète ayant prêté serment
 (Président de l'Etat civil) (Billet des parents)

Carte Familiale
 N° 126/1909
 MUYA NIMBA
 EMMA
 BAMBAMBA
 1964 et de

PAR CE
 Etablissons le présent acte de naissance

Data for development

Supporting civil registration and vital statistics

- A database development project financed by the World Bank in partnership with the public and private sector came to a close with more than 2.4 million children registered, and more than 1.25 million free birth certificates issued to kindergarten and primary school pupils and their siblings under 18.
- UNFPA participated in the production of civil registration and vital statistics (**CRVS**), as well as a legal identity strategic road map for advocacy and resource mobilization for 2022–2025. The roadmap was developed by the National UNLIA Taskforce on behalf of the United Nations Country Team and its partners in the DRC.
- The UNFPA Country Office coordinated the participation of national partners and experts in two assessments of CRVS systems in several eligible countries in East and Southern Africa. These assessments were carried out by the United Nations Economic Commission for Africa (UNECA) in 10 countries and UNFPA Regional Office for East and Southern Africa in 6 countries.



ADDRESSING EMERGENCIES OF D.R Congo



29,443,846	Affected people targeted with integrated and life-saving SRH services, supplies and information
11,282	People reached with dignity kits
49,066	UNFPA-assisted safe deliveries
36,001	People reached with adolescent SRH services, supplies and information
3,392	Women and girls accessed services at service delivery points equipped with post-rape kits
2,346	GBV survivors reached within 72 hours
143	Midwives reached with clean delivery kits to perform normal deliveries in communities where there is no access to a health facility
22	Safe spaces supported by UNFPA (includes safe spaces for women, girls and youth)

SERVICES DELIVERED



734	Mobile clinics and mobile sexual and reproductive health teams supported
854	Functional health facilities supported by UNFPA that offer emergency obstetric care

CAPACITY STRENGTHENED



691	Personnel trained in the MISP for reproductive health in crisis situations
1,441	Youth peer facilitators and volunteers trained in SRH and GBV



ADDRESSING EMERGENCIES

THE DECENTRALIZED OFFICE IN GOMA

PEOPLE REACHED



18,303 431	Affected people targeted with integrated and life-saving SRH services, supplies and information
4,400	People reached with dignity kits
1, 508	UNFPA-assisted safe deliveries
11,347	People reached with adolescent SRH services, supplies and information
1,586	Women and girls accessed services at service delivery points equipped with post-rape kits
1,396	GBV survivors reached within 72 hours
29	Midwives reached with clean delivery kits to perform normal deliveries in communities where there is no access to a health facility
22	Safe spaces supported by UNFPA (includes safe spaces for women, girls and youth)

SERVICES DELIVERED



320	Mobile clinics and mobile sexual and reproductive health teams supported
460	Functional health facilities supported by UNFPA that offer emergency obstetric care

CAPACITY STRENGTHENED



60	Personnel trained in the MISRP for reproductive health in crisis situations
48	Youth peer facilitators and volunteers trained in SRH and GBV



ADDRESSING EMERGENCIES THE DECENTRALIZED OFFICE IN TANGANYKA

PEOPLE REACHED



31,500	Affected people targeted with integrated and life-saving SRH services, supplies and information
275	People reached with dignity kits
3,200	UNFPA-assisted safe deliveries
11, 347	People reached with adolescent SRH services, supplies and information
125	Women and girls accessed services at service delivery points equipped with post-rape kits
80	GBV survivors reached within 72 hours
60	Midwives reached with clean delivery kits to perform routine deliveries in communities where there is no access to a health facility
4	Safe spaces supported by UNFPA (includes safe spaces for women, girls and youth)

SERVICES DELIVERED



230	Mobile clinics and mobile SRH teams supported
108	Functional health facilities supported by UNFPA that offer emergency obstetric care

CAPACITY STRENGTHENED



601	Personnel trained in the MISP for reproductive health in crisis situations
105	Youth facilitators, peers and volunteers trained in SRH and GBV



ADDRESSING EMERGENCIES

THE DECENTRALIZED OFFICE IN KANANGA

PEOPLE REACHED



11,108,915	Affected people targeted with integrated and life-saving SRH services, supplies and information
6,607	People reached with dignity kits
44,358	UNFPA-assisted safe deliveries
13,307	People reached with adolescent SRH services, supplies and information
1,681	Women and girls accessed services at service delivery points equipped with post-rape kits
870	GBV survivors reached within 72 hours
54	Midwives reached with clean delivery kits to perform normal deliveries in communities where there is no access to a health facility
8	Safe spaces supported by UNFPA (includes safe spaces for women, girls and youth)

SERVICES DELIVERED



184	SRH mobile clinics and mobile teams supported
286	Functional health facilities supported by UNFPA to provide emergency obstetric care

CAPACITY STRENGTHENED



30	Personnel trained in the MISIP for reproductive health
1,288	Youth peer facilitators and volunteers trained in SRH and GBV



Resource mobilization and strategic partnerships

Resource mobilization focused on strengthening strategic partnerships to achieve the three zeros, with Government donors (Belgium, Canada, Japan, Netherlands, Norway, United Kingdom, USA, Republic of Korea, China, Germany, Switzerland and Sweden), the private sector and developing strong partnerships with the World Bank and other United Nations agencies.

We also broadened our scope of partnerships to large international NGOs and strategic actors that are also key players in achieving the three zeros. UNFPA DRC also took the lead of the Private Sector Partnerships Sub-group on the United Nations Country Team.

Several partners placed their trust in UNFPA DRC locally in 2021, including:

- World Bank funding for PSEA through the Ministry of Education
- Extended programme support and specialized PSEA funding from Sweden
- Funding from Canada for sexual and reproductive health and rights programming
- Government of DRC funding for the purchase of contraceptives
- UN CERF
- DRC Humanitarian Fund
- Norway through the CAFI project

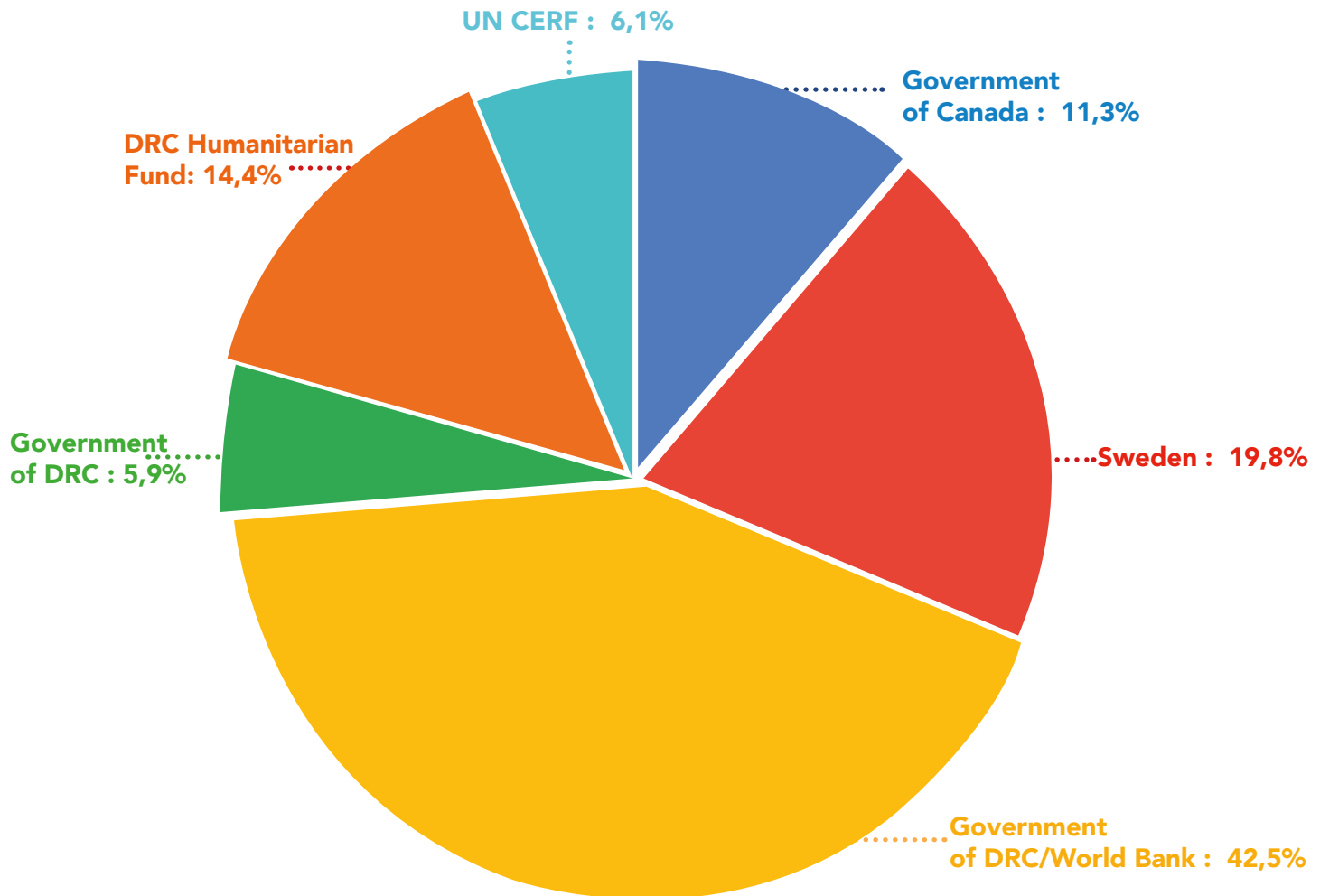


Resource mobilization and strategic partnerships

Foundations and strategic partners

- DNT Foundation of the First Lady supported the fight against GBV
- Panzi Foundation
- Takeda Foundation
- Public partnerships
- Ministry of Education (with World Bank funding for PSEA)
- Funding from the Government of DRC for the purchase of contraceptives
- Private sector
- Mutombo Hospital, Panzi Hospital, St. Joseph's Hospital, Benicare
- SOIK Corporation

Funds Mobilised by sector

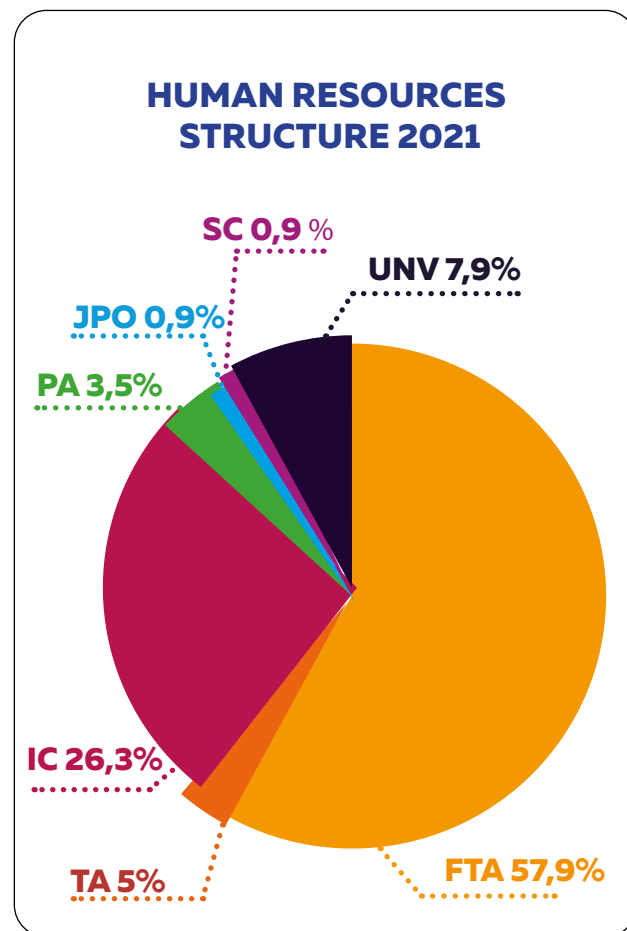


Human and financial resources management

To implement the programme, the UNFPA Country Office in DRC employed approximately 114 personnel (all types of contracts included) working in the main office in the capital city, in the three main decentralized offices and in five project offices. Some staff were deployed or relocated in the field to ensure UNFPA provided adequate and timely response to the various crises that occurred in the country during 2021.

Fixed-term appointments (FTA)	66
Temporary appointments (TA)	3
Individual consultants (IC)	30
Permanent appointments (PA)	4
Junior Professional Officer (JPO)	1
Service contract (SC)	1
United Nations Volunteers (UNV)	9
TOTAL	114

With the COVID-19 pandemic, UNFPA DRC allowed staff more flexibility and the means to work from home. Staff delivered on expected results: 9 United Nations Volunteers were recruited to support the various departments and 4 youth had the opportunity to learn as they supported the programme as interns. The Country Office also deployed 6 humanitarian midwives to help vulnerable people in areas affected by humanitarian crises and recruited a country midwife advisor.



SOUTH-SOUTH COOPERATION

As in the DRC, health facilities in Chad lack qualified personnel and life-saving medicines and supplies for pregnant women and their newborns. Added to this is a lack of suitable maternity services, BEmONC and CEmONC located close to displaced persons. Almost all evaluations of humanitarian response programmes in recent years mention that the quality of the management of field staff and human resources have an impact on the effectiveness and efficiency of the programmes.

Two pools of humanitarian surge midwives participated in training to build capacity. Under the South-South cooperation framework, the UNFPA supported training for a total of 62 midwives, including a pool of 10 trainers in Chad, to provide appropriate and effective SRH responses in crisis situations. UNFPA DRC initiated this innovative midwifery surge training programme in 2019 and it has revolutionized our work in humanitarian settings with a total of 200 humanitarian surge midwives trained.

The Minister of Women and Early Childhood Protection in Chad, Madame Amina Priscille Longoh, visited Kinshasa as the head of a

high-level delegation to share experiences in the prevention of, and support for GBV. Like the DRC, Chad has a high level of GBV. This visit provided an important opportunity for representatives of the Ministries of Gender and Family, civil society actors and United Nations Development Programme (UNDP) and UNFPA specialists from Chad and the DRC to share their experiences in the prevention and response to GBV in the context of humanitarian and development crises.

The Chief Technical Adviser for the DRC Census, conducted a technical mission to Ndjamena UNFPA Office as part of a round-table with agricultural and population and housing census partners. This mission allowed him to present the experiences of DRC and Mali with digital mapping, given the difficulties accessing certain locations for data collection.

The hybrid census method is also used to cover inaccessible locations for various security reasons. These experiences have reassured partners in Chad that the potential impact of incomplete coverage of the national territory can be mitigated in the next population and housing census.



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Vision 2030

Universal access to sexual and reproductive health and rights



End unmet need for family planning



End maternal death



End gender-based violence and harmful practices

Leave no one behind



 **OBJECTIFS
DE DÉVELOPPEMENT
DURABLE**



Fonds des Nations Unies pour la Population
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