



2024 Annual Report

Security and protection of the most
vulnerable populations: Keeping promises

UNFPA's Presence in R.D. Congo



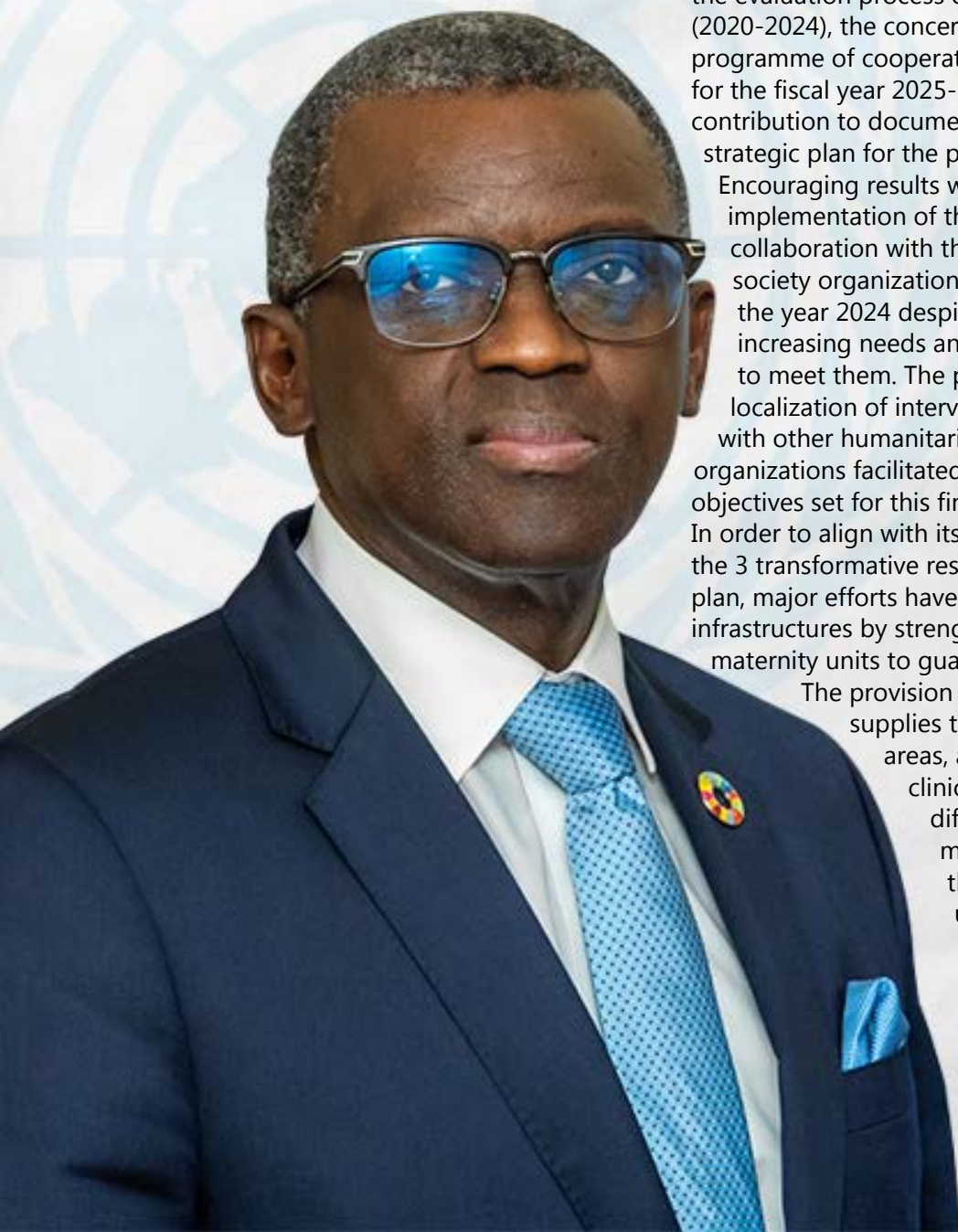
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Acronymes

ADBC	Community-Based Distribution Agents
BCNUDH	United Nations Human Rights Office
BHA	Bureau for Humanitarian Assistance
CBCM	Community Complaints Management Mechanisms
CEICA	Friendly Listening and Information Center for Adolescents
CERF	Central Emergency Response Fund
CEDEF	Convention on the Elimination of All Forms of Discrimination Against Women
CFMA	Marie Antoinette Women's Center
CISM	Integrated Multi-Sectoral Services Center
CPD	Country Program Development
CREEIJ	Framework for Youth Empowerment and Development
DAAPD	Addis Ababa Declaration on Population and Development
DMU/SSR	Minimum Emergency Package in Sexual and Reproductive Health
EAS	Sexual Exploitation and Abuse
EDS-III	Third Demographic and Health Survey
ESARO	Regional Bureau for East and Southern Africa
ESPD	School of Population and Development Sciences
GRAME	Thanks to My Mother
GBV AoR	Gender-Based Violence Thematic Group
FAP	Women of Reproductive Age
FOTHAM	Thalia Malko Foundation
HS	Sexual Harassment
ICPD	International Conference on Population and Development
INS	National Institute of Statistics
IST	Sexually Transmitted Infections
KOICA	Korean International Cooperation Agency
LMA	Last Mile Assurance

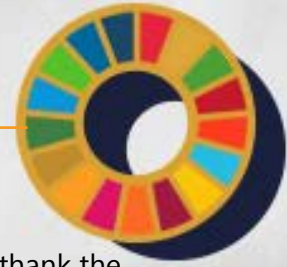
ODD	Sustainable Development Goals
PDSS	Health System Strengthening Project
PERSE	Equity and Education System Strengthening Project
PF	Family Planning
PNUD	United Nations Development Programme
PSEA	Prevention of Sexual Exploitation and Abuse
RDC	Democratic Republic of the Congo
RECO	Community Relays
RGPH2	Second General Population and Housing Census
RGPL	General Population and Housing Census
RTNC	Congolese National Radio and Television
SCMU	Supply Chain Management Unit
SIDA	Acquired Immunodeficiency Syndrome
SMN	Maternal and Neonatal Health
SONU	Emergency Obstetric and Neonatal Care
SSN	National Statistical System
SSRAJ	Adolescent and Youth Sexual and Reproductive Health
SR	Reproductive Health
SRHR	Sexual and Reproductive Rights
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
VBG	Gender-Based Violence
VIH	Human Immunodeficiency Virus
WCARO	Regional Office for West and Central Africa



As the last year of implementation of the fifth programme of cooperation between UNFPA and the Democratic Republic of Congo, 2024 was marked by the evaluation process of the expiring programme (2020-2024), the concerted elaboration of the sixth programme of cooperation between UNFPA and the DRC for the fiscal year 2025-2029, and the country office's contribution to documenting the results of UNFPA's strategic plan for the period 2022-2025.

Encouraging results were recorded in the implementation of the program by UNFPA in close collaboration with the Government of the DRC, civil society organizations and the private sector, during the year 2024 despite the immensity of the ever-increasing needs and the availability of resources to meet them. The prioritization of needs, the localization of intervention zones and consultation with other humanitarian and development organizations facilitated the achievement of most of the objectives set for this final year of the country program. In order to align with its strategic priorities and achieve the 3 transformative results in line with UNFPA's strategic plan, major efforts have been made to improve health infrastructures by strengthening the technical platform of maternity units to guarantee.

The provision of medical equipment and supplies to health centers in supported areas, and the setting up of mobile clinics, particularly in areas that are difficult to access or affected by multi-faceted crises, are among the strategies that have enabled us to reach populations living in remote and hard-to-reach areas, who have been able to regain their smiles, dignity and comfort, while respecting their reproductive rights and gender equality.



Demographic intelligence and data production are part of UNFPA's strategic mission in the DRC. In this area, high-level political dialogue and advocacy were conducted with public authorities, in this case the Prime Minister and the Deputy Prime Minister and Minister of Planning, with a view to national ownership of the second general population and housing census in the DRC (RGPH2).

In addition, UNFPA remained committed to humanitarian interventions, prioritizing safe childbirth and the protection of vulnerable people, including women and young people, against sexual and gender-based violence, as well as sexual exploitation, abuse and harassment. . By 2024, 95% of deliveries in UNFPA-supported health facilities, as well as through mobile clinics set up at sites for displaced persons in conflict zones, were attended by qualified personnel. This has considerably reduced the maternal and infant mortality rate in partner health facilities.

At the level of UN system coordination, UNFPA has actively contributed to the elaboration of a Common Country Assessment (CCA) and to the formulation of a new UN cooperation framework for sustainable development for the period 2025-2029 in collaboration with the Government of the DRC.

For all these achievements, the remarkable contribution of our donors has enabled us to step up our interventions on behalf of the most

vulnerable populations.

I would like to sincerely thank the contribution of the Congolese Government, Japan, the United Kingdom, the Kingdom of Norway, the Kingdom of Sweden, the World Bank, France, Belgium, Canada, Italy, the European Union and USAID. I would also like to express my gratitude to our implementing partners, i.e. government structures, national and international non-governmental organizations and the private sector, for their collaboration and added value in achieving results during 2024.

It is therefore with great eagerness and satisfaction that we share the progress made by our office during the year 2024, which I am convinced has contributed to positively changing the lives of the people of the Democratic Republic of Congo.

Mady Biaye

UNFPA DRC Representative Resident



Prévention VIH		
Prévention VIH	X	
Prévention de la transmission	X	X
Prévention de la transmission	X	X
Prévention de la transmission	X	X
Prévention de la transmission	X	X
Prévention de la transmission	X	X
Prévention de la transmission	X	X

Our main achievements in 2024



1

Objective: reduce avoidable maternal deaths



Safe deliveries were a major priority. In 2024, 95% of deliveries in establishments supported by UNFPA were assisted by qualified personnel. This significantly reduced the maternal and infant mortality rate in partner health facilities.





565

Midwives trained in Higher Institutes of Medical Techniques and not Institutes of Science (ISTM)



509,760

Avoided unsafe abortions



1,308,216

deliveries performed (by qualified personnel, in supported ZS)



1,006

Obstetric fistula cases repaired



1,848,540

Avoided unwanted pregnancies



6,396

Avoided maternal deaths



3,820,546

Couple Years Protection for all modern methods combined



180

providers are trained in SONU (clinical mentoring)

Principales interventions

As part of the implementation of the Minimal Emergency Device in Sexual and Reproductive Health in humanitarian crisis situations (DMU), UNFPA assisted displaced populations in preventing STIs/HIV through condom distribution, syndromic management of STI cases, encouraged safe blood transfusion, and provided materials for universal standard precautions for healthcare providers in sites of persons displaced by humanitarian crises.

Furthermore, midwives were recruited and retrained for reproductive health care and simple delivery management in mobile clinics established in sites of internally displaced persons. This significantly reduced excess maternal and neonatal mortality and morbidity in provinces affected by crises.



Out of the 26 provinces of the RDC, 23 have qualified providers for obstetric fistula repair, thanks to the training of medical teams on the repair of simple fistula cases, the strengthening of technical platforms of general referral hospitals with necessary equipment and medications. The goal of achieving total country coverage will be reached in 2025 with the training of providers from Kwango, Kwilu, and Kongo Central provinces.



Campagne
pour éliminer
les fistules



2

Objective: reduce unmet needs in family planning





3, 200,000

users of modern contraceptive methods, including 242,629 girls aged 15 to 24 USD of commodities received



2

permanent multisectoral technical committees (CTMP) established in Maniema and Kwango provinces



15,363,387

USD for received goods



17

provincial health divisions supplied with goods



800

out-of-school adolescents benefited from a vocational starter kit (aesthetics, hairdressing, pastry, and leather goods)



4,896,000

out-of-school adolescents benefited from a vocational starter kit (aesthetics, hairdressing, pastry, and leather goods)

Principal interventions

In-depth evaluation of supply chain management

A joint mission was conducted in September 2024 in Kinshasa by UNFPA headquarters, through its Supply Chain Management Unit (SCMU), in collaboration with the East and Southern Africa Regional Office (ESARO) as well as the country office in the RDC, to analyze bottlenecks in the supply chain of essential reproductive health medicines. This mission allowed for the formulation of concrete recommendations aimed at accelerating product clearance, improving storage conditions, and ensuring distribution to the last mile.



**Last Mile Assurance-LMA
Evaluation Mission**

In October 2024, a last-mile supply chain evaluation mission for partner Tulane International was conducted by an international consultant recruited by the SCMU. The NGO Tulane was chosen because it had received contraceptives worth 2.03 million USD from UNFPA RDC for providing family planning services in the community through student nurses and midwives. Following visits made in Kinshasa, Lubumbashi,

and Goma, it was recommended to strengthen the capacity of Tulane staff in supply chain management and to implement a functional logistics management information system.



3 Objective: reduce sexual and gender-based violence





11,479
dignity kits distributed



1,000,000
People informed about
GBV risks, services, and risk
mitigation measures.



21,372
GBV survivors who received
holistic care students participated
in psycho-educational sessions



14,722
Students participated in
psychoeducational sessions,
focus groups, and awareness-
raising activities through safe
spaces established in schools.



3,434
GBV allegations, including
478 cases of SEA in school
settings, were reported
through the green line.



30
Integrated Multisectoral
Service Centers (IMSC) ope-
rational.



51
Safe spaces established and
operational.

Key interventions

Strengthening of Community and Institutional Mechanisms for Promoting Gender Equality

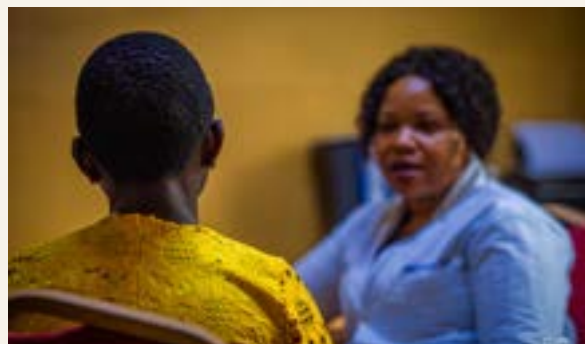
A national strategy on positive masculinity, which includes the participation of men in reproductive health (RH), was developed. Traditional and religious leaders played a key role in raising awareness about the protection of women and the fight against gender-based violence (GBV). In Kasai-Central province, 50 traditional leaders and 25 religious leaders actively took part in awareness campaigns against GBV, sexual exploitation and abuse (SEA), sexual harassment (SH), and early marriage. A community dialogue was also organized between traditional leaders and teaching staff to combat SEA in school settings.



Holistic Care for Survivors of Gender-Based Violence

Holistic support services were provided in 26 Integrated Multisectoral Service Centers (IMSCs) supported by UNFPA, with funding from multiple donors, including the World Bank (through the PERSE and PDSS projects), Canada, KOICA, Sweden, and BHA-USAID. The established green line recorded 3,434 GBV allegations, including 478 cases of Sexual Exploitation and Abuse (SEA) in school settings. Among

the victims, 75% were referred to available services tailored to their needs. In addition, 18,848 people received medical and psychosocial support through the IMSCs and partner health facilities.



UNFPA at the forefront of the response to the dramatic consequences of the escape attempt at Makala Central Prison in Kinshasa, Democratic Republic of Congo (DRC)

Following a report by MONUSCO's Correctional Services Unit of a mass rape of 269 inmates at Makala Central Prison in Kinshasa on September 01, 2024, UNFPA provided the Military Reproductive Health Program (PMSR) and the Military Health Corps (CorSM) of the DRC Armed Forces with post-rape kits for distribution to all women survivors. These kits provide survivors

with a full 28-day prophylactic treatment to prevent HIV infection, a pregnancy test, emergency oral contraceptives ('morning-after pill') and first aid. In addition, 350 dignity kits were handed over to the military authorities for the care of 120 women who had been raped.



GBV Risk Prevention and Mitigation

The involvement of the media particularly the thematic channel Educ TV, RTNC, Télé50, B-One, and 15 community radios helped amplify awareness messages against GBV, including child marriage, within communities. In total, 404 broadcasts were aired; 173,294 students, 27,135 teachers, and 4,799 parent committee representatives were informed about GBV and the Prevention of Sexual Exploitation and Abuse (PSEA) through a network of 35 women-led

organizations. Overall, approximately 900,000 people were informed about GBV risks, risk mitigation measures, and the availability of support services for GBV survivors.



Inter-Agency Coordination on GBV Prevention and Response

The Gender-Based Violence Area of Responsibility (GBV AoR) enhanced collaboration among GBV actors across various provinces. It facilitated the update of the mapping of operational actors and the referral pathway for GBV survivors. This tool includes all operational service delivery points in each province, helping to streamline the care of GBV survivors. It also serves as a reference for the Call Center to guide victims toward appropriate services. The GBV AoR further supported the integration of GBV prevention and

response into the Humanitarian Response Plan and helped mobilize resources for the crisis response in the eastern part of the country. A national roadmap for the Call to Action on GBV in humanitarian settings was also developed.



4

Objective: Promote Youth Leadership





79,312

Adolescents and young people (in and out of school) accessed high-quality sexual and reproductive health (SRH) services beyond contraception.



242,629

New users of modern contraceptive methods were registered.



1,142

Out-of-school girls received comprehensive sexuality education and entrepreneurship skills training.



727,887

Adolescents and youth were sensitized on sexually transmitted infections (STIs), HIV/AIDS, and family planning.



800

Vocational kits for economic reintegration were distributed to out-of-school adolescent girls following professional training in beauty and hairdressing, pastry-making, and leatherwork.



50

Peer educators were trained to provide adolescent- and youth-friendly sexual and reproductive health services.

Key interventions

Revitalization of the Listening, Information, and Youth-Friendly Health Services Center in Boma

Established in 2005 and rehabilitated in 2018 by UNICEF, the Boma Youth-Friendly Listening and Information Center (CEICA BOMA), located in Kongo Central Province, was revitalized by UNFPA. The city of Boma is among the three cities in the country with particularly high rates of adolescent pregnancy. With funding from Norway, UNFPA carried out light rehabilitation of the center; provided equipment, including IT and audiovisual tools for recreational activities; trained around twenty adolescents as peer coaches on sexual and reproductive health; and ensured the regular supply of medicines, contraceptives, and consumables.



To attract young people to the services offered, the CEICA BOMA also organizes fun activities such as live broadcasts on a giant screen of national and international sports competitions, in addition to awareness sessions in schools and communities on unwanted pregnancies and sexually transmitted infections (STIs), including HIV. The Congregation of the Sisters of Boma, which manages the center, has received a significant amount of sewing and beauty equipment to provide free training to idle adolescent girls and young women in professional trades.

Socio-economic and health empowerment of schoolgirls

In partnership with local NGOs, namely the Grace to My Mother Foundation (GRAMÉ), the Thalia Malko Foundation (FOTHAM), and the CREEIJ ASBL, UNFPA enabled 800 vulnerable adolescent girls and young women to learn a trade and receive professional reintegration kits. These trainings were accompanied by sessions on sexual and reproductive health education, covering topics

such as menstrual hygiene, intimate hygiene, STIs/HIV/AIDS, and major contraceptive methods.





5

Objective: Strengthening policies and demographic intelligence



Principales interventions

- UNFPA is part of the team of partners that financed the third Demographic and Health Survey of the DRC (EDS-III). Technical support from the government over three years eventually led to the execution of this national-scale data collection operation, with the report to be officially released in February 2025.
- The technical capacities of experts from the National Institute of Statistics (INS) were strengthened in the use of satellite imagery to refine digitized maps of enumeration areas created during the second General Population and Housing Census (RGPH2).

As part of the strengthening of the National Statistical System (SSN), UNFPA's

- technical and financial support enabled the INS to develop a draft statistical law, a document that has been submitted to the Minister of Planning for presentation to Parliament.

Furthermore, the strengthening of the SSN involved resource mobilization

- that will allow the implementation of a joint pilot project (UNICEF, UNHCR, BCNUDH, and UNFPA), one of whose objectives is to digitalize the production of civil status statistics (births, marriages, divorces, and deaths).

With the financial support of UNFPA, the DRC participated in the Global Summit on the Future in September in New York through political authorities

- and national experts who presented the report on the review of the ICPD+30.

In order to promote research on emerging issues related to population and development, UNFPA supported the School of Population and Development

- Sciences (ESPD) in organizing two scientific forums, namely:
 - (i) A roundtable on the centrality of population and the centrality of data for inclusive development;
 - (ii) A scientific symposium with presentations and discussions on the theme "The production and use of data to improve the well-being of populations in the DRC in the context of chronic and multifaceted insecurity."

UNFPA through the decentralized office in Goma

Covered provinces : North Kivu, South Kivu, Ituri, Maniema, Tshopo, Haut-Uele, and Bas-Uele

Our presence in deep Congo

Our areas of intervention

Ensuring safety during childbirth has been a major priority. In 2024, 95% of deliveries in facilities supported by UNFPA were attended by qualified personnel. This significantly reduced maternal and infant mortality rates in partner health structures.

UNFPA has invested in continuous training for local healthcare providers to improve their skills in maternal and neonatal care. A total of 234 providers participated in training sessions on family planning (PF), obstetric and neonatal care (SONU), and sexual and reproductive health and rights (SRAJ).

UNFPA established listening and psychological support centers (safe spaces) in several intervention sites. These safe spaces were equipped with the necessary resources to provide emotional and psychological support to survivors, thus facilitating their recovery process. Additionally, training was offered to community health workers to ensure care that is adapted and respectful of the specific needs of victims.





Our main achievements in 2024

A. In the field of Reproductive Health



10

Mobile clinics set up to support access to information and reproductive health services, including family planning, with 7 in North Kivu, 2 in Ituri, and 1 in South Kivu.



9,673

Prenatal consultations carried out in partner health facilities and in mobile clinics set up in North Kivu.



12,050

STI cases managed using the syndromic approach.



145,995

145,995 women and girls adopted modern contraceptive methods, including long-acting methods.



6,260

Women gave birth in health facilities equipped with maternity services supported by UNFPA.



511

Complicated childbirth cases were referred to UNFPA partner referral hospitals.



285,336

Male and female condoms distributed.



6,260

Deliveries assisted by qualified personnel were carried out.



177,118

People (women, adolescents, and youth) received information on life-saving services, including reproductive health, family planning, and HIV.



7,582

Delivery kits distributed.

B. In the field of combating gender-based violence (GBV)



8,026

Survivors of GBV received medical care within 72 hours.



898

Victims of sexual violence and sexual exploitation and abuse (SEA) received legal and judicial support.



671,778

People sensitized on GBV/SEA, referral pathways, and the availability of GBV services.



9,981

Victims of sexual violence and SEA received psychosocial support.



1,829

Vulnerable people, including GBV/SEA victims, received socio-economic reintegration



444

People received dignity kits.



507

Service providers were trained on GBV case management and emotional support.

C. GROUPS OF AFFECTED POPULATIONS

NORTH KIVU PROVINCE

2.441.338	Displaced populations : Women represent 51% of the displaced population
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651.508	Adolescents and youth (10-24 years)
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488.268	Sexually active men
----------------	---------------------

537.094	Women of childbearing age (FAP)
----------------	---------------------------------

74.888	Pregnant women; Newborns
---------------	--------------------------

3.749	Pregnancy complications and childbirth
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1.248	Cesarean cases
--------------	----------------

10.742	Cases of sexual violence
---------------	--------------------------

66.168	STI cases
---------------	-----------

SOUTH KIVU PROVINCE

1.478.639	Displaced populations: Women represent 51% of the displaced population
------------------	--

340.087	Adolescents and youth (10-24 years)
----------------	-------------------------------------

295.728	Sexually active men
----------------	---------------------

325.301	Women of childbearing age (FAP)
----------------	---------------------------------

45.357	Pregnant women; Newborns
---------------	--------------------------

2.268	Pregnancy complications and childbirth
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756	Cesarean cases
------------	----------------

6.506	Cases of sexual violence
--------------	--------------------------

40.076	STI cases
---------------	-----------



C. COUCHES DES POPULATIONS AFFECTÉES

ITURI PROVINCE	
1.246.044	Displaced populations: Women represent 51% of the displaced population
286.590	Adolescents and youth (10-24 years)
249.590	Sexually active men
274.130	Women of childbearing age (FAP)
38.222	Pregnant women; Newborns
1.911	Pregnancy complications and childbirth
637	Cesarean cases
5.483	Cases of sexual violence
33.722	STI cases

UNFPA through the decentralized office in Lubumbashi

Covered provinces: Tanganyika, Haut-Katanga, Lualaba, Haut-Lomami

AFFECTED POPULATIONS

3. 000	Displaced populations: Women represent 51% of the displaced population
2,271	Adolescents and youth (10-24 years)
732	Sexually active men
404	Women of childbearing age (FAP)
20	Pregnant women; Newborns

CAPACITY BUILDING

496	Humanitarian actors trained on PSEA (Prevention of Sexual Exploitation and Abuse) topics
30	Actors trained in GBV (Gender-Based Violence) case management
17	Healthcare providers trained in ultrasound techniques
50	Healthcare providers trained in providing SSRAJ services (Sexual and Reproductive Health and Rights)
40	Community relays (RECO) and ADBC trained in providing SSRAJ services
50	Peer educators trained in SSRAJ

UNFPA through the decentralized office in Kinshasa

Covered provinces: Kinshasa, Kongo Central, Kwilu, Kwango, Mai-Ndombe, Equateur, Kasai, Kasai Central, Sankuru, Lomami, Kasai Oriental, Nord-Ubangi, Sud-Ubangi, Mongala, and Tshuapa

Our areas of intervention

UNFPA's actions in the 15 provinces of the western zone covered by the Kinshasa Decentralized Office focused primarily on the following priority areas:

- Supporting the provision of quality maternal and neonatal health services through the capacity building of providers and the supply of maternal health inputs to health facilities, including obstetric fistula repair.
- Supporting the provision of family planning services.
Integrating adolescent and youth-friendly sexual and reproductive health services into healthcare facilities.
- Preventing and responding to gender-based violence, including protection
- against sexual exploitation, abuse, and harassment.



Our main achievements in 2024

- Integration of information and communication spaces for young people in 30 health centers in Central Kasai, with the establishment of a pilot center that includes a diverse package of activities for young people.
- Establishment of protection mechanisms against sexual exploitation, abuse, and harassment in the health sector in the provinces of Central Kasai, Kwilu, and Equateur.

More than 1,430,000 people reached

SERVICES OFFERED

2.761	GBV survivors received medical care, including 1,825 within 72 hours.
1.825	People received medical care within 72 hours.
2.816	People received psychosocial support.
1.514	Dignity kits distributed to GBV survivors and vulnerable women and girls.
1.431.066	Community relays (RECO) and ADBC trained in providing SSRAJ services.
1.308.216	Deliveries conducted by qualified personnel.
658.250	Family planning renewals.
147	Deliveries conducted by qualified personnel.
4.585	Individual birth kits provided to visibly pregnant women.
2.590	Post-rape kits distributed.
2	Safe spaces for women and girls set up in schools.

CAPACITY BUILDING

104	Providers trained in GBV/EAS case management.
295	Service providers trained in GBV data collection.
50	Religious and customary leaders signed commitments against child marriage.
50	Service providers trained on the 16 minimum standards for combating GBV.
240	Community-based complaint management mechanisms (CBCM) set up
20	Health service providers trained in providing adolescent and youth-friendly sexual and reproductive health services.
25	prestataires cliniques formés sur le dispositif minimum d'urgence en santé sexuelle et de la reproduction, DMU







MAJOR EVENTS



High-Level Forum on Maternal Health and the Fight Against GBV

At the initiative of the Distinguished First Lady of the DRC, and in collaboration with the Government and its partners, including UNFPA, the Ministry of Health organized a national forum of women leaders to mobilize the potential of women leaders in the fight against avoidable maternal and neonatal deaths, gender equality, and the empowerment of women in the DRC. Under the theme «Women Engage to Accelerate the Reduction of Avoidable Maternal and Neonatal Deaths and Facilitate the Sustainable and Equitable Development of the DRC,» this forum brought

together all state and non-state actors, as well as public and private sector operators engaged in the fight against maternal and neonatal mortality and for women's empowerment.

At the end of this high-level forum, a roadmap was developed for a call to action aimed at reducing maternal and neonatal deaths, as well as promoting gender equality, with contributions from various multisectoral actors.



Activities conducted:

Roundtable on Maternal Health and GBV

Through presentations and expert panels addressing topics related to reproductive rights, women's and girls' empowerment, and gender equality to

reduce maternal and neonatal deaths, the discussions focused on advocating for more actions in favor of women. The call to action from various women leaders to strengthen investments in women's rights and empowerment, which will contribute to the reduction of maternal and neonatal deaths, was one of the highlights of the forum.





Village of Women (Bomoto Ya Mwasi)

To strengthen their advocacy strategies and their ability to engage in reducing maternal and neonatal deaths and promoting women's empowerment, women leaders went to meet communities through the «Bomoto ya Mwasi» or «Dignity of Women» village, organized in the Ndjili commune in Kinshasa. In this village, actors working in maternal health and gender, as well as private companies, organized free services in terms of awareness-raising on gender issues and health services. The Distinguished First Lady, in her capacity as a nurse, also took part in the exercise by offering

prenatal consultations and child vaccination against polio. Mrs. Denise Nyakeru Tshisekedi, alongside female parliamentarians, ministers, and partners including the Swedish Ambassador, also participated in a focus group discussing the challenges women and girls face in defending their rights. The Distinguished First Lady emphasized raising awareness among women about the benefits of family planning, prenatal consultations, and the fight against gender-based violence.





Inauguration of the Integrated Multisectoral Services Center in Kinshasa



This event was marked by the inauguration of the CISM (Integrated Multisectoral Services Center) located within the premises of the Marie Antoinette Women's Center (CFMA) in the Limete commune of Kinshasa. The building housing the CISM was rehabilitated and equipped, along with an ambulance obtained through the joint UNFPA-PNUD program funded by both the Korean International Cooperation Agency (KOICA) and the World Bank










through the Equity and Education System Strengthening Project (PERSE). The CISM is one of the most effective mechanisms for providing care to GBV survivors, as it offers holistic assistance through medical, psychological, and legal services, as well as socio-economic reintegration for survivors of sexual and gender-based violence.














Resource Mobilization and Strategic Partnerships

In 2024, UNFPA DRC signed agreements worth **23 million USD**, reflecting the trust that donors have in the organization’s work, especially in fragile and crisis-affected contexts. A total of 9 agreements were concluded with various partners. These contributions supported essential

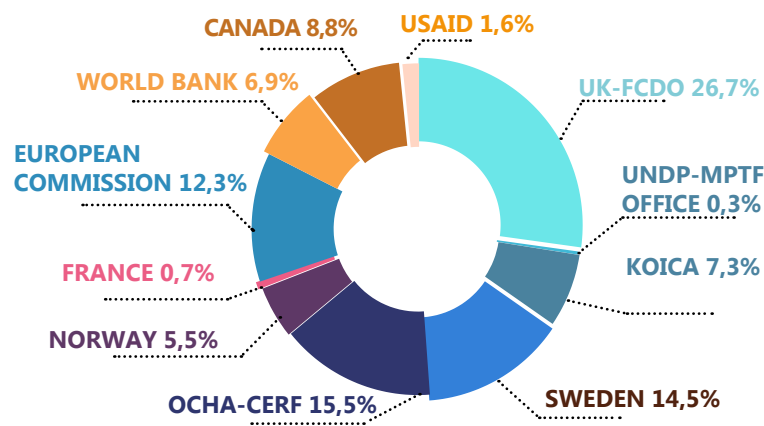
programmatic areas, including sexual and reproductive health and rights (SRHR), prevention and response to gender-based violence (GBV), adolescent health, and humanitarian preparedness, particularly in the eastern provinces affected by displacement and conflict. These agreements represent 98.72% of the annual target set.

Partners		Types	Amount (USD)
 Norway	Norwegian Government	Bilateral	2 617 800,92
 Suède Sverige	Swedish Government	Bilateral	4 818 348,50
	French Government	Bilateral	107 181,14
	UK Government	Bilateral	9 386 998,71
	US Government	Bilateral	1 250 000,00
	UN OCHA - CERF	Multilateral	1 500 000,00
	European Union - ECHO	Multilateral	2 521 929,83
	Canadian Government	Bilateral	687 409,55
	Vodacom Foundation	Private Sector	210 000,00
Total Signed Agreements			23 099 668,65

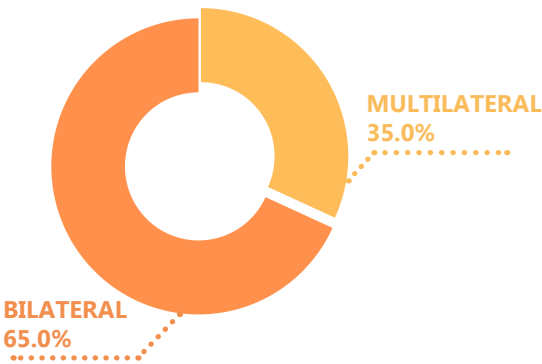
Regarding an annual resource mobilization target of 23.4 million USD, the country office successfully mobilized 16,164,846.61 USD in actual financial contributions, achieving a performance rate of 69% for the year.

	Donors	Categories	Amount (USD)
	Canada	Bilateral	1 417 285,000
	World Bank	Multilateral	1 117 292,000
	European Commission	Multilateral	1 996 115,150
	France	Bilateral	107 181,140
	Norway	Bilateral	896 674,570
	OCHA-CERF	Multilateral	2 500 001,000
	Sweden	Bilateral	2 343 017,810
	KOICA	Bilateral	1 174 269,790
	UNDP-MPTF Office	Multilateral	44 108,000
	UK FCDO	Bilateral	4 315 352,420
	USA-USAID	Bilateral	253 549,730
	Total		16 164 846,61

Donor Contribution by Percentage



Donor Contribution by Type

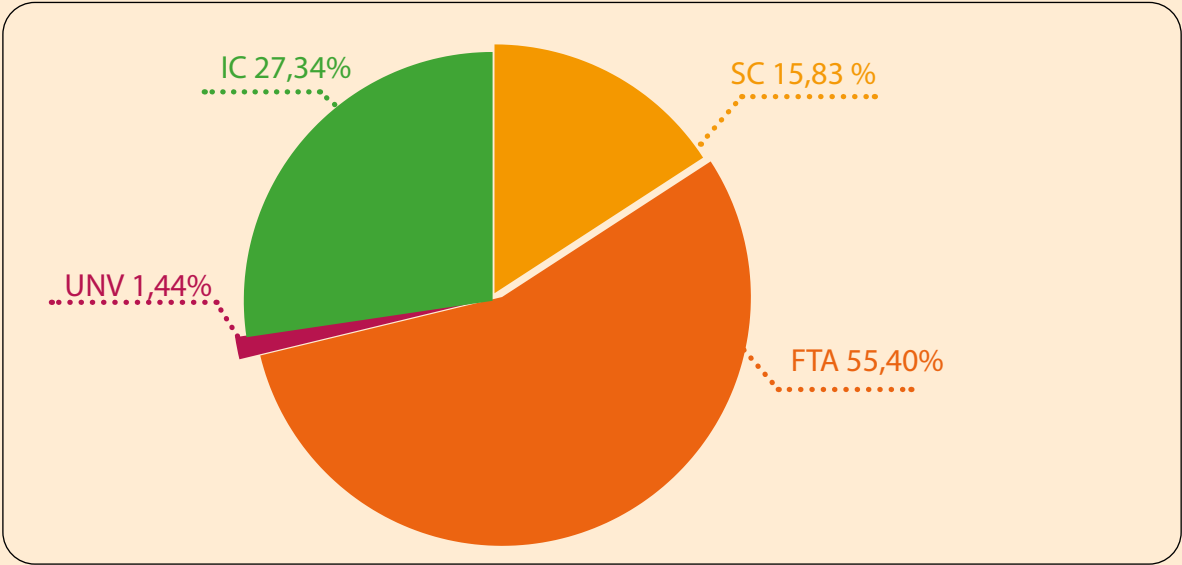


Human Resources

At the beginning of 2024, the UNFPA RDC office had 126 staff members. By December 31, the number of active staff was reduced to 101. During the year, 7 service contracts were not renewed upon expiration. Additionally, the office recorded 3 resignations of service contracts that were not replaced, 2 retirements, 8 UN Volunteers contracts that were not renewed, some staff succeeded in internal recruitments, and 1 FTA staff member was reassigned. Seven national and international FTA staff members joined the country office.

STAFF DISTRIBUTION BY CONTRACT TYPE AS OF DECEMBER 31, 2024

Service Contracts	22
FTA (Fixed-Term Appointment) National and International Mission Staff	77
UN Volunteers (VNU)	02
Individual Consultants	38
TOTAL	139



South-South Cooperation

Two colleagues from the Brazzaville office came to exchange experiences at the Kinshasa office. Marina Malapet, Personal Assistant to the Representative of the Brazzaville office, came to acquire skills in implementing an operational communication plan based on behavior change and best communication practices to promote UNFPA's three transformative results.



As part of the final evaluation of the 6th program (2020-2024), Marlene Auxanne Kinouani-Kengue, Program Officer for Monitoring and Evaluation at the UNFPA office in the Republic of Congo, carried out a mission in Kinshasa to exchange knowledge with the UNFPA RDC team on program monitoring and evaluation in preparation for the country program evaluation planned for 2025. This will be supported financially by the Regional Office for West and Central Africa (WCARO).



Antoine Banza Nsungu, Program Specialist for Population and Data for Development, provided support to the Gabonese Government for the implementation of the General Population and Housing Census (RGPL). This support was strengthened by the recent signing of a partnership agreement between both parties, with particular emphasis on the technical assistance of the organization to ensure high-quality data collection and analysis for the RGPL.



Junior Mayindu carried out a mission to Niamey to support the Niger country office in documenting the achievements of the project on the Promotion of Sexual and Reproductive Health Rights and the fight against GBV in Niger, funded by the Kingdom of Norway.





Antoine Banza
(R.D Congo)



Marina MALAPET
(Congo-Brazza)



Junior MAYINDU
(R.D Congo)



Marlene Auxanne K
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