



Save lives and  
liberate the potential  
of youths





# ACRONYMS

<b>AU</b>	African Union
<b>CERF</b>	Central Emergency Response Fund
<b>DRC</b>	Democratic Republic of Congo
<b>ESARO</b>	Eastern and Southern Africa Regional Office
<b>EMONC</b>	Emergency Obstetric and Neonatal Care
<b>GBV</b>	Gender Based Violence
<b>GPHC2</b>	General Population and Housing Census2
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>ICPD</b>	International Conference on Population and Development
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Non-Governmental Organization
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PSI</b>	Population Services International
<b>RH</b>	Reproductive Health
<b>SDGs</b>	Sustainable Development Goals
<b>SRH</b>	Sexual and Reproductive Health
<b>SSV</b>	Survivor of Sexual Violence
<b>STI</b>	Sexually Transmissible Infection
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children Fund
<b>UNO</b>	United Nations Organization



## FOREWARD

This report reflects the results obtained in 2017 within the framework of the implementation of the fourth program of Cooperation between the United Nations Population Fund (UNFPA) and the Democratic Republic of Congo. It is aimed at demonstrating to Congolese authorities as well as partners how UNFPA and implementing partner's interventions have contributed to save and transform the lives of Congolese populations in such a way that every pregnancy is wanted, every child birth is safe, every girl and woman treated with dignity and respect.

Program implementation in 2017 was characterized by acute humanitarian crisis which led UNFPA and other organizations of the United Nations system to activate for the first time level 3 humanitarian crisis response in the Kasai provinces, South Kivu and Tanganyika.

The need to respond efficiently to these different crises to alleviate the sufferings of affected populations required us to reorient our resources and refocus our interventions

As such UNFPA's support was mostly focused on improving access to reproductive health services including post exposure prophylaxis to displaced populations and survivors of crisis in the

zones affected by humanitarian emergencies

Apart from response to humanitarian crisis, UNFPA's interventions contributed to the fight against maternal and newborn mortality by making available family planning commodities and supplies, improving the quality of deliveries assisted by skilled personnel including emergency obstetric and neonatal care. The empowerment women and young girls, gender equality, prevention of HIV as well as the strengthening of youth leadership were equally targeted by UNFPA's interventions

2017 also witnessed the launching by DRC of the African Union road map on demographic dividend with the support of UNFPA

The combined support of UNFPA to response to humanitarian emergencies and to development efforts of the government led to the achievement of the following results in 2017:

- 1 669 445 new adherents to modern family planning methods;
- 3547 women with obstetric complications managed and 1318 cesarean sections performed;
- 94 % of child births assisted by skilled personnel in the program intervention zones;
- 268 cases of obstetric fistula surgically repaired

These results could not have been achieved without the implementing partners. I take this opportunity to congratulate and to praise each and every one of them for their determination and commitment to achieve the objectives agreed at the beginning of the year

I am pleased to salute and to honor the different leaders of the UNFPA country office in 2017 starting with my predecessor Ms Diene Keita whose leadership enabled the achievement of these results and also enabled UNFPA to regain her rightful place among technical and financial partners including the humanitarian community.

I also wish to commend the Deputy Representative Mr Keita Ohashi who managed the office during the departure of Mme Keita as well as Mr Assane Ba, communication specialist who on several occasions was head of office in the absence of the Representative and the Deputy Representative.

The progress registered in the implementation of the program notwithstanding, many challenges persist.

In effect:

- Every hour four (4) women die in DRC from pregnancy related complications:

**Dr. SENNEN HOUNTON**  
UNFPA/DRC Representative

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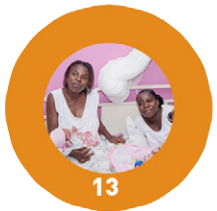
Sexual and reproductive health  
in DRC



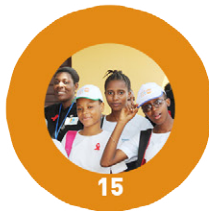
Our Response to  
humanitarian emergencies



Yes to Choice and  
No to Chance



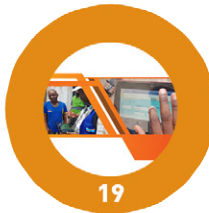
Eliminate preventable  
maternal deaths



Work on adolescent  
reproductive health



Prevention of GBV and promotion  
of sexual and reproductive  
health rights



Population and  
Development



Advocacy and strategic  
partnership



# SEXUAL AND REPRODUCTIVE HEALTH IN DRC

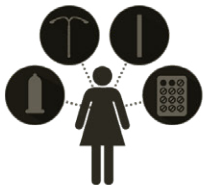
In order to achieve universal access to sexual and reproductive and rights and to reduce maternal mortality and accelerate progress in the implementation of the ICPD program of action in line with SDGs, UNFPA supports the government of the DRC in her efforts to eliminate (i) unmet needs in family planning (ii) preventable maternal deaths (iii) gender based violence



On average a woman expects to have 6 children before the end of her reproductive life (3.1 in Kinshasa and 9.6 in the Kasai)



For every 100,000 live births 846 women die from preventable causes



More than one woman on four who is sexually active and does not wish to become pregnant do not use a modern contraceptive method



Nearly one woman on two in union or divorced has undergone at some point of the other acts of physical violence from their husbands or partners



More than one woman on two aged between 25 and 49 years was already in union before the age of 18 years and one adolescent girl on five is a mother



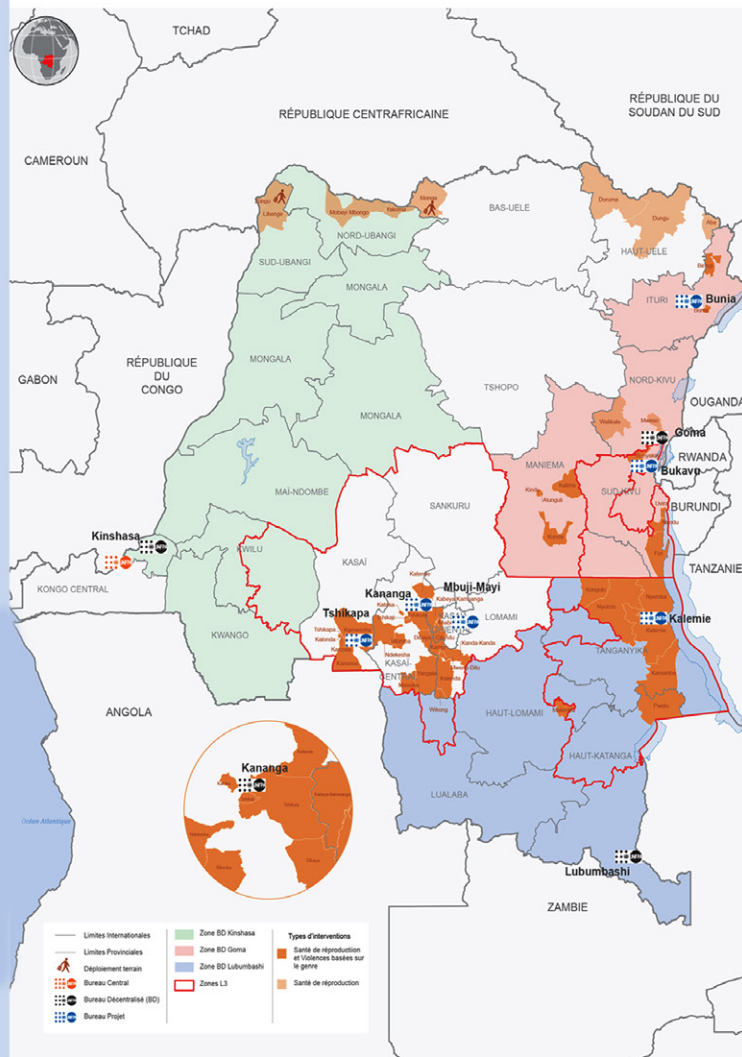
Every year 14940 new infections to HIV are recorded



A total population estimated at 81,300,000 inhabitants or 94,000,000 (OCHA)  
Absence of a GPHC for 34 years.

# OUR RESPONSE TO HUMANITARIAN EMERGENCIES

RD Congo : Zones d'intervention humanitaire de l'UNFPA - 2018



Les frontières et les noms indiqués et les désignations employées sur cette carte n'impliquent pas reconnaissance ou acceptation officielle par l'Organisation des Nations Unies  
Date de création: 05 mars 2018 | Sources: UNFPA, RCG  
Carte créée par OCHA

In 2017 the humanitarian crisis in DRC worsened and extended affecting people in zones initially considered stable and exhausting the capacity of adaptation of persons initially fragilized by crisis in zones with high poverty indices.

Currently this large scale crisis affects 16 million persons of whom 13.1 million persons are in need of humanitarian assistance and protection including 2,7 million children. More than 16% of the population is in a precarious situation DRC recently became the African country most affected by population movements with 4.49 million internally displaced persons of whom 2.16 million are newly displaced in 2017. 52% or 2.3 million internally displaced persons are women (OCHA, December 2017)

For more efficiency in assistance offered to persons affected by humanitarian emergencies, UNFPA strengthened her operational capacities for response commensurate to the size of the crisis. As such, in addition to human resources both national and international, 4 field offices in Kalemie, Kananga, Tshikapa and Mbuji Mayi were opened to complement those of Goma in North Kivu, Lubumbashi in Haut Katanga and Kinshasa in the west of the country.



## SAVE LIVES DURING HUMANITARIAN EMERGENCIES

**17 716**

child births conducted  
under hygienic conditions

**984**

cesarean sections performed

**11 412**

survivors of sexual violence  
benefitted from medical  
management

**15 446**

survivors of sexual violence  
benefitted from psychosocial  
management



*To obtain key results in humanitarian settings including 17 716 deliveries taking place in hygienic conditions, 984 cesarean sections performed and 15446 survivors of sexual violence benefitting from psycho social support UNFPA:*



Rehabilitated 6 health facilities and equipped 16 others,



Strengthened the capacity of 125 health care providers in reproductive health care service delivery in emergency settings



Trained 342 (psychosocial assistants and police officers) to collect data on GBV and the clinical management of rape.



Distributed 12400 individual delivery kits and 3984 dignity kits to internally displaced women of reproductive age.

**In total, 253 emergency reproductive health kits of about 32 tones were distributed by UNFPA to:**



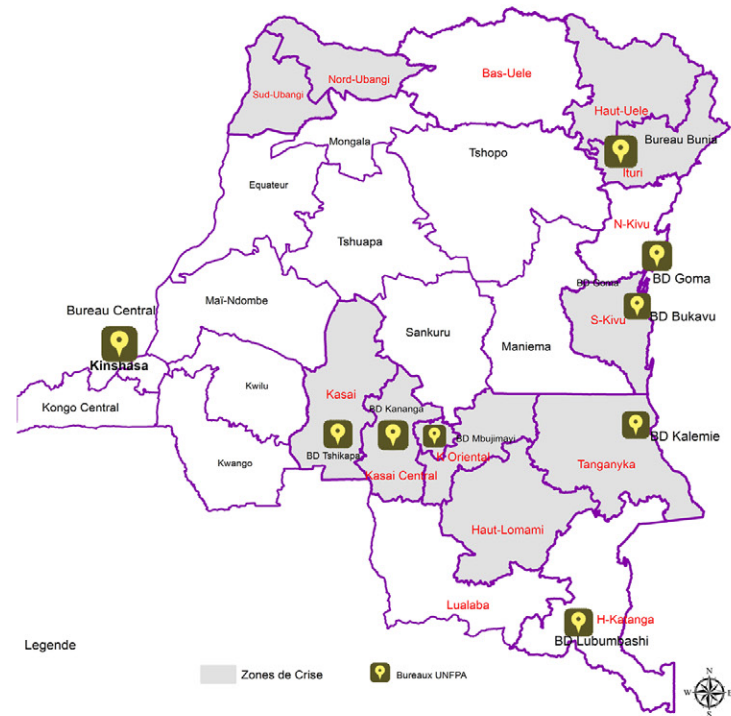
Save lives and relief suffering for 66696 women during child birth including complications of pregnancy.



Manage cases of STIs and also cases of gender based violence.



Facilitate and ensure safe blood transfusions.



# THE FACE OF HUMANITARIAN CRISIS





## YES TO CHOICE, NO TO CHANCE

*«Eliminate unmet needs in family planning »*

**1 699 445**

new adherents to modern  
contractive methods recruited

**219 670**

unwanted pregnancies avoided

**949**

maternal deaths averted

**72 894**

abortions avoided

**Capacity building of service providers, regular provision of supplies and modern contraceptives including community involvement and participation enabled the UNFPA DRC office to widely surpass its annual target of 1 million new adherents to modern family planning methods**

In order to recruit the maximum number of new adherents to modern contraceptive methods and avoid maternal deaths and unwanted pregnancies in 2017, UNFPA:

- Trained 233 clinical providers and 234 community health workers on family planning service delivery;
- Provided family planning methods and supplies to 256 health zones representing half of the health zones in DRC .
- Trained 22 hospital managers of medicines in North and South Kivu on logistic management.

UNFPA equally provided technical and financial support to the development of the road map for strengthening the logistic and information management system for medicines

### **TAM TAM FOR FAMILY PLANNING**

Tam Tam for family planning is a hybrid approach which consists of organizing a certain number recreational and popular activities involving motorized caravans, football matches, sporting events and competitions, dance groups to attract a large number of adolescents and youths in order to sensitize them and at the same time offer reproductive health services to those who wish.





## ELIMINATE PREVENTABLE MATERNAL DEATHS

**392 641**

child births assisted by  
skilled personnel

**43 740**

cases of obstetric complica-  
tions correctly managed

**204**

cases of obstetric fistula re-  
paired

To eliminate preventable maternal deaths, UNFPA's strategy was centered around (i) expanding access to modern family planning, (ii) strengthening the technical capacity of targeted health facilities to manage obstetric complications (iii) regular provision of essential lifesaving medicines and supplies to health facilities

Our main interventions:

- 67 health zones provided with essential medicines and supplies to save the lives of pregnant women and their babies,
- 30 maternities in 17 health zones benefitted from strengthened technical capacity of including provision of materials and equipment as well as management tools
- 115 service providers received training in emergency obstetric and new born care as well as medical and psychosocial management of sexual and gender based violence
- 15 institutions of higher learning adopted the new curriculum for the training of midwives into their training programs



### Ms Jetu speaks out

*I am called Jetu. I live in Kinshasa in the Ndjili municipality. Following a love adventure, I became pregnant and my boyfriend abandoned me.*

*When the time came to deliver the baby, I spent two days of difficult and painful labor in a small health center. Seeing no improvement I was referred and transferred to the Cino Congolese hospital in Ndjili where I gave birth to a still born weighing 5.2 kg.*

*Following this delivery in the month of March 2014, I started to pass urine uncontrollably. This situation forced me to stay indoors for shame but most especially for fear of stigmatization and reject by the community.*

*In the month of November 2014, I was successfully operated upon during an obstetric fistula campaign organized by UNFPA. It is then that I again took pleasure in life. I have renewed with church and the cultural associations in the quarters.*

*6 months later-that is in May 2015, still with the support of UNFPA, I benefitted from training to cut and to stitch dresses including a reinsertion kit consisting of a sewing machine and its accessories. My living conditions greatly improved as I am today able to take care of myself and to take care of the needs of my family thanks to UNFPA*

The story of Jetu illustrates in reality the "tree which is hidden in the forest". In effect, thousands of women with obstetric fistula are waiting somewhere in DRC for a miracle to enable them regain their dignity like Jetu. Within the limits of their resources, UNFPA gives the opportunity to those women to realize their dreams-that of one day being cured of obstetric fistula and to regain their social life.



## LIBERATE THE POTENTIAL OF ADOLESCENTS

**5 283**

Students acquired knowledge and abilities to make informed choices with respect to sexual and reproductive health

**12 282**

Youths benefitted from voluntary counselling and testing for HIV.

**6 248**

Of STI among adolescents and youths adequately managed

**667 239**

adolescents and youths exposed to early and unwanted pregnancies benefited from modern contraceptive methods

*To deliver a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled, UNFPA ensures access of adolescents and youths to quality sexual and reproductive health information and services*

To enable adolescents and youths to access quality health services adapted to their needs, UNFPA utilized 3 strategies namely

(i) Organization of sensitization campaigns combined with service delivery within university campuses and in popular and highly populated quarters

(ii) integration of comprehensive sexual education into the normal training curriculum for students at primary and secondary level

(iii) the establishment of youth centers and the introduction of health services adapted to the needs of youths in health facilities.

These strategies enabled the achievement of the following results:

- 5,283 students gained knowledge and abilities to make informed choices with respect to sexual and reproductive health;
- 667.239 adolescents and youths exposed to risks of early and unwanted pregnancies received modern contraceptive methods;
- 12.282 youths benefitted from voluntary counseling and testing for HIV;
- cases of sexually transmissible infections among adolescents and youths.







## PREVENTION AND RESPONSE TO GBV

**300**

girls received first time menstruation kits enabling them to be well equipped and prepared to manage their sexuality

**11 412**

survivors of gender based violence accessed medical services and support

**15 446**

survivors of gender based violence accessed psychosocial assistance and support

**1**

national data base for gender based violence established and functional

**2**

one stop centers established and functional in the east of DRC

*The program jointly realized together with UNWOMEN, UNICEF, BCNUDH, and international NGOs such as PSI and MSH, a sensitization campaign for adolescents on gender based violence through a context bringing together schools in Kinshasa during the 16 days of activism against gender based violence*

**D**uring the year 2017, UNFPA-United Nations Development Fund in partnership with national and international NGOs and the government of DRC assisted women and adolescent girls' survivors of gender based violence.

In the provinces of North Kivu, South Kivu, Kasai, Kasai Central, Lomami, Tanganyika and Ituri, 22797 survivors accessed medical services and 12480 received psychosocial assistance

Thanks to the availability of post rape kits in health facilities especially in crisis situations, pregnancies and sexually transmissible infections resulting from sexual violence were avoided, psychosocial support provided as well as judicial accompaniment and social reintegration in collaboration with UNDP

### **A green line established for denouncing cases of GBV**

The program supported the office of the personal representative of the head of state in the campaign to denounce cases of GBV through a green 385 persons were orientated towards management and assistance services through the number 122. Moreover, the program mobilized the private sector notably telecommunication enterprises (Vodacom, Airtel, Africel) and obtained their engagement to support the fight against GBV.





# POPULATION AND DEVELOPEMENT

## Demography, Reproductive Health and Gender: Essential challenges for SDGs in DRC

The acceleration of demographic transition and the capture of demographic dividend are at the center of DRC's national development vision for the 2050 horizon

## Achieve universal access to sexual and reproductive health and rights and reduce maternal mortality in order to accelerate progress in the implementation of the ICPD program of action

UNFPA's strategy is to accompany the government alongside other technical and financial partners in preparing for GPHC2 which will lead to the comprehensive counting of the population in 2019.

### The year 2017 was marked by:

- Continuation of the elaboration of documents and technical tools for GPHC2
- Procurement of material and equipment in preparation for GPHC2
- Conducting the first part of pilot cartography
- Launching of the communication strategy for GPHC2
- Recruitment of a Chief Technical Adviser for Census

### Four crucial stages for GPHC2 are envisaged in 2018:

- Finalize and test the optimized option of pilot cartography
- Conduct a round table for donors of GPHC2
- Conduct the census mapping proper
- Conduct pilot census





## MANAGEMENT AND RESOURCES

**7 705 01,8 USD**

mobilized from the  
government of DRC

**2 759 493,57 USD**

mobilized from the  
Thematic Trust Fund

**6 820 613,18 USD**

mobilized from our different  
donors: World Bank, Canada,  
Netherlands, Sweden, UK and  
Japan

**1 897 813,96 USD**

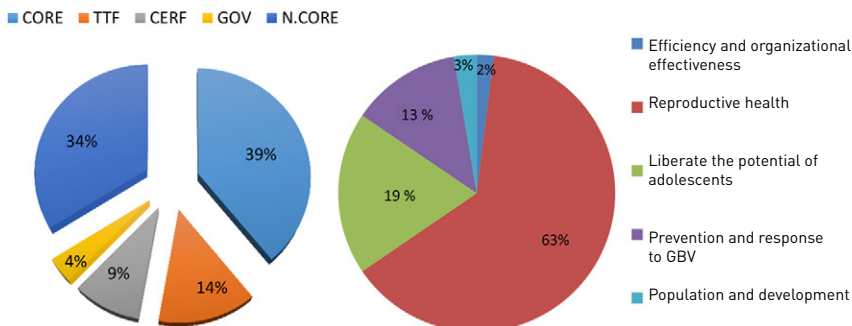
mobilized from Central  
Emergency Response Fund

**In 2017** the total budget for the office was 20109848.53 USD of which 7861426.02 USD was core resources and the rest mobilized from different donors

The breakdown of global budget of the office in 2017 was as follows:

- 34% regular resources of the Organization;
- 39% resources mobilized from different donors including Canada, Sweden, Netherlands, UK, Japan, World Bank...
- 14% from Thematic Trust Funds
- 9% from Central Emergency Response Fund;
- 4% from the Congolese government.

64% of the resources were allocated to sexual and reproductive health, 19% allocated to adolescents and youths, 13% allocated to prevention and response to gender based violence and 3% to population and development issues



## A year of Transition



**Ms Diene Keita became Representative for UNFPA Nigeria in June 2017**



**Mr Keita Ohashi Deputy Representative was named Acting Representative in July 2017**




**Mr Assane Ba, Communication specialist, several times head of office in the absence of the representative and Deputy Representative. He headed the response of the office to the Kasai crisis**

# FUNDS MOBILIZED


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Improving sexual and reproductive health for adolescents, youths and women of reproductive age especially the most vulnerable in Kinshasa
Duration of project	2016-2019
Donor	Sweden
Total budget of the project	1640935 USD


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Strengthen the supply chain and improve prevention of sexual violence and access of survivors to quality health care in the Kivu regions of DRC
Duration of project	2017-2019
Donor	Netherlands
Total budget of the project	1700000 USD


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Reach adolescents everywhere: Increase access of youths to family planning and contraceptives
Duration of project	2017-2018
Donor	Canada
Total budget of the project	2300000 USD


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Improving access to quality sexual and reproductive health services and prevention and response to gender based violence among refugees, internally displaced persons and host population s in DRC
Duration of project	2017-2018
Donor	Japan
Total budget of the project	530,000 USD


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Respond to gender based violence and other human rights violations in communities affected by conflict in Kasai. Central Kasai and Tanganyika
Duration of project	2017 (6 months)
Donor	OCHA/CERF
Total budget of the project	495736 USD


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Primary health care for persons affected by conflict in Tanganyika and Kasai, Central Kasai and Kasai Oriental
Duration of project	2017 (6 months)
Donor	OCHA/CERF
Total budget of the project	493344 USD


Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Response to reproductive health needs and gender based violence in the most affected crisis zone in Tanganyika
Duration of project	2017 (6 months)
Donor	UNFPA Emergency Funds
Total budget of the project	220000 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Response to reproductive health needs and gender based violence in the most affected crisis zone in Tanganyika
Duration of project	2017 (6 months)
Donor	UNFPA Emergency Funds
Total budget of the project	400000 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Reduction of mortality and morbidity among Central African refugees and host populations through improving access to primary health care including sexual and reproductive health
Duration of project	2017 (6 months)
Donor	OCHA/CERF
Total budget of the project	498255 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Prevention and management of gender based violence in three health zones of Lomami (Mwene, Ditu, Wikong and Kalenda)
Duration of project	2017-2018
Donor	OCHA/CERF
Total budget of the project	1000000 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Social cohesion and socio economic reinsertion of youths in the priority zone around Kitchanga
Duration of project	2017-2018
Donor	ISSSS/STAREC Kitchanga
Total budget of the project	720000 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	 Provide contraceptive commodities and supplies to health zones across DRC
Duration of project	2017
Donor	Congolese Government
Total budget of the project	1000000 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	Technical support for the organization of general population and housing census in DRC
Duration of project	2017-2018
Donor	World Bank
Total budget of the project	464400 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	Provide the CO with basic and essential health products, commodities and supplies
Duration of project	2017
Donor	UNFPA Supplies
Total budget of the project	1830964 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	Support to Maternal and Neonatal Health priority interventions in DRC
Duration of project	2017
Donor	Maternal Health Trust Fund
Total budget of the project	615348 USD

Name of beneficiary	United nations fund for Population UNFPA
Name of project	Additional support obstetric fistula interventions in DRC
Duration of project	2017
Donor	Maternal Health Trust Fund
Total budget of the project	58457 USD







Fonds des Nations Unies pour la Population  
RD Congo

30, Boulevard du 30 Juin Kinshasa-Gombe, Tél: 00243(0)1819947292 / 00243(0)18803627  
Web: [www.unfparc.org](http://www.unfparc.org), Facebook: [www.facebook.com/UNFPA-RDC](https://www.facebook.com/UNFPA-RDC)