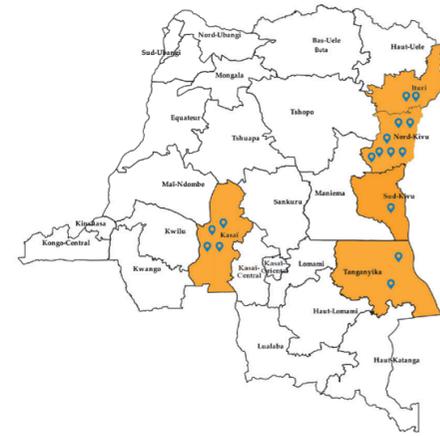




## Interventions areas of the 2019 CERF Under Funded (UNFPA)



- Tshikapa
- Kanzala
- Kamonia
- Kananga
- Kayina
- Nyiragongo
- Itebero
- Drodoro
- Tchomia
- Fataki
- Linga
- Kalole
- Minova
- Mulungu
- Nyunzu
- Kiyambi

### IMPLEMENTING PARTNERS



### BUDGET BREAK DOWN

CATEGORY	AMOUNT	%
Human resources	1 062 698,00	15%
Reproductive health and supplies Kits	2 091 028,00	29%
Services delivery	3 089 624,00	44%
Communication	159 474,00	2%
Operation costs including security	148 434,00	2%
Support Cost	546 363,00	8%
<b>TOTAL</b>	<b>7 158 021,00</b>	<b>100%</b>



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[www.facebook.com/UNFPA-RDC](https://www.facebook.com/UNFPA-RDC)

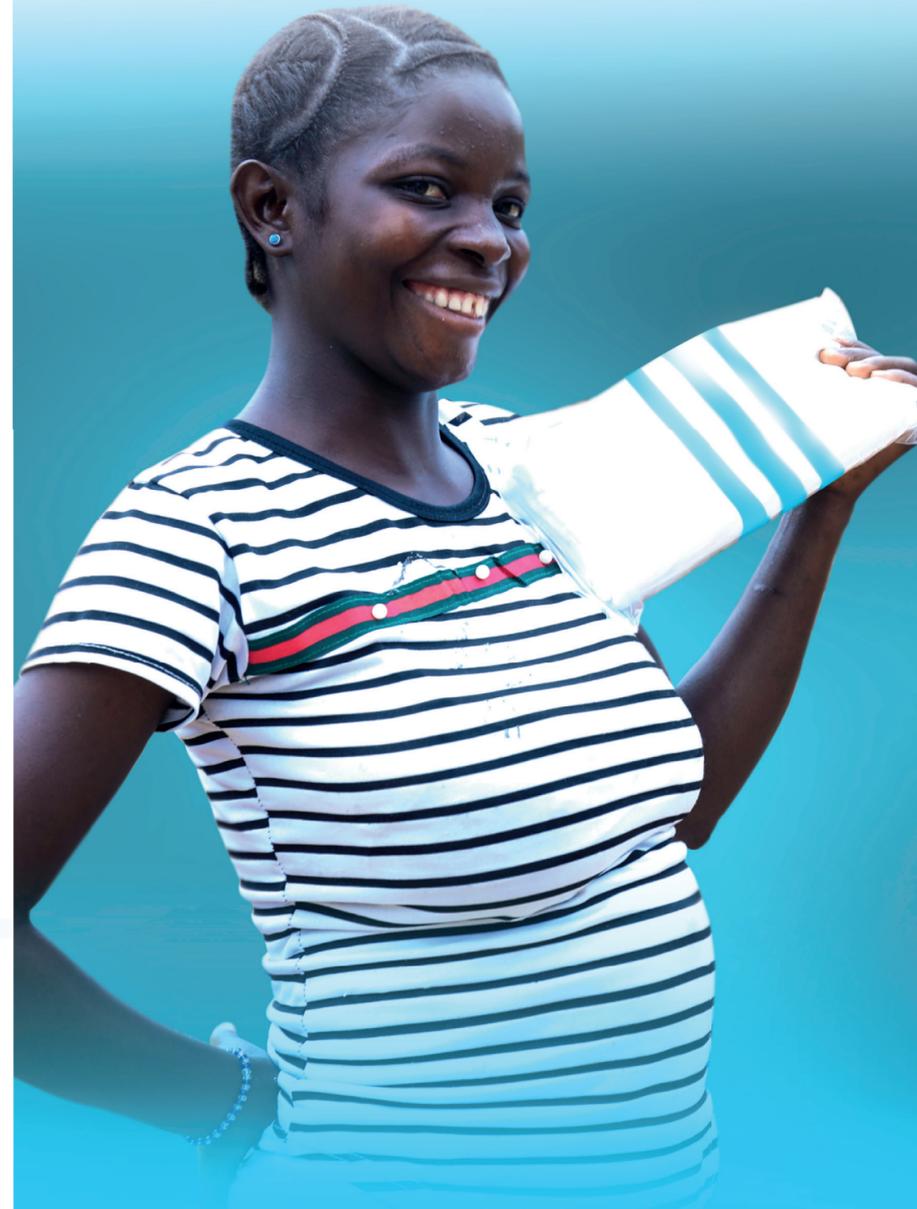
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## ENSURING SEXUAL AND REPRODUCTIVE RIGHTS TO WOMEN AND GIRLS IN CONFLICT-AFFECTED COMMUNITIES OF THE DRC



United Nations  
CERF  
Central Emergency Response Fund





## Context and challenges

- Implement \$ 8 million worth activities within 9 months in the DRC humanitarian context, particularly in remote and hard to reach areas, often left behind
- Find (head hunting) and assign skilled, dedicated and motivated staff in a very short time in spite of Human Resources Fast Track Procedures;
- Ensure a rapid supply of lifesaving Emergency Reproductive Health Kits and equipments to meet the needs of beneficiary communities.
- Select capable implementing partners for timely delivery in hard to reach locations
- Use the appropriate logistics to support the implementation of activities even in remote and difficult to reach areas (last mile delivery)
- Obtain timely waivers at regional and headquarters levels for financial operations when required

## Keys achievements at mid term

**42,26% of the target beneficiaries at mid-term**



**8,252** prenatal consultations provided through the 18 midwives surge deployed by UNFPA



**8,463** pregnant women received antenatal consultation and information on family planning



**5,651** safe deliveries have been directed by qualified personnel; and



**5,673** new-borns assisted



**109** women have been relieved from fistula through surgery campaign while beneficiaries received social reintegration package.



**4,924** persons have received STI through syndromic approach



**1,761** survivors of various forms of gender-based violence have received tailored assistances including 781 medical supports for sexual violence, 440 post rape surveillances and 20 reintegrated to normal social life.



**96,631** condoms distributed



**3,610** new acceptants of modern contraceptive methods are being care of



**1,860** dignity kits distributed in affected community and including in IDPs camps.



**40** tons of Emergency Reproductive Health Kits deployed in affected communities.

## Innovations

### The Humanitarian Midwives Surge

Midwives save mothers and newborns lives through the provision of specialized care. In DRC the total number of midwives is 5,758 (World Midwifery Report 2011), about 1 midwife per 13,000 persons. This ratio is far from the WHO standards of 2 midwives per 5000 persons. In the health zones covered by the CERF-UF, this ratio is even lower. Indeed, there were many women who give birth in precarious conditions without assistance from a qualified midwife.

In order to cope with this situation and to provide appropriate health care for women and newborns, in the remote areas covered by the CERF UF allocation, UNFPA recruited, trained midwives in the Sexual and Reproductive Minimum Initial Service Package (MISP) in emergencies, and deployed them hard-to-reach humanitarian areas (Midwives Surge). This innovative strategy has produced outstanding results that exceed expectations. These midwives working in difficult conditions are changing, transforming and saving lives in the host communities.

For example, the midwife of Nyiragongo territory in North Kivu, affectionately called Ms Yaya Gloria by the community, works on a radius of 48 kilometers. Gloria is one of those brave midwives who is saving lives in the humanitarian context and delivering health babies.

In the KALOLE health zone, 360 km from Bukavu in South Kivu, Ms Estelle BAHATI, when she is not in a health center to assist with childbirths and counseling on family planning, devotes her time on awareness-raising sessions for girls on family planning, contraception and the consequences of early pregnancy, and helping women and girls exercise rights and choice. UNFPA DRC has since supported the integration of the MISP module into the midwifery school training curricula, which is a nexus investment that will make midwives fit for purposes in humanitarian settings

### Mobile clinics using MONUSCO Prefabs

Given the terrain and remoteness, UNFPA DRC has developed the innovative approach to transform peace keeping mission prefabs into maternities with MONUSCO engineering

## Some lessons learned

Preparedness: Anticipated identification of potential candidates to quick-start the implementation of activities with consultancy contracts whilst finalizing HR procedures even before the allocation of the CERF grant.

- The establishment of a high level interdivisional taskforce under the overall monitoring of the Deputy Executive Director in charge of the programme to accelerate procurement of reproductive health kits, to fast-track recruitment and to clear waivers for financial implementation
- The flexibility offered by UNFPA Procurement Service Branch in term of packaging and supply and multiplication of entry points in order to reach beneficiaries rapidly (Goma & Kinshasa ports of entry)
- The UNFPA innovation aimed at recruiting, training and deployment of humanitarian midwives surge in remote and hard to reach health zones has contributed to significant improvement in lives saved, transformed, touched by maternal health, family planning and GBV services
- The focus on nexus intervention strategy of the project helped at strengthening communities and their healthcare systems.
- The logistic support of MONUSCO and UN agencies including WFP became crucial for effective deployment of supplies to the field and reach the last miles covered by the CERF UF grant
- Managing risks (no risk zero), agility, adaptability are critical for successful implementation of a large CERF grant in a short period of time.