

# DEMOCRATIC REPUBLIC OF THE CONGO



## Key Results: Fourth UNFPA Country Programme



August 2015



This booklet summarizes key results, implementing strategies, progress and lessons learned in six UNFPA country programme areas in the Democratic Republic of the Congo (DRC).

1. Family Planning (FP) and Reproductive Health (RH) Commodity Security
2. Maternal and Newborn Health
3. Humanitarian Action
4. Adolescents and Youth
5. Gender-based Violence (GBV)
6. Population Dynamics and Demographic Dividend





# Family Planning and Reproductive Health Commodity Security

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# National and international partners, including community-based organizations, have committed to provide quality family planning services.

Major achievements in this area include:

## Advocacy and policy dialogue, partnerships and resource mobilization

- In 2015, as part of a partnership between UNFPA, the World Bank, UNICEF, GAVI and the Global Fund, a joint project on result-based financing in the Bandundu and Equateur provinces now supports FP services delivery.
- In 2013, following sustained advocacy efforts the DRC government presented a positive FP repositioning statement at the Third International Conference on Family Planning in Addis Ababa. The statement enabled funding from the Bill & Melinda Gates Foundation, the David and Lucile Packard Foundation and other development partners.
- The DRC parliament approved a bill on RH and FP that addresses removing legal barriers to the access and use of contraceptives by poor and marginalized people.
- In 2014 the DRC government purchased \$300,000 USD worth of contraceptives. As a result of decision maker advocacy, they also committed to increasing their contribution from \$1 million in 2013 to \$2.5 million in 2015.
- To fund purchases of contraceptives and related support activities, UNFPA and USAID renewed annual commitments of \$10 million and \$15 million USD, respectively. The Multi-Sectorial National Family Planning Strategic Plan 2014-2020 was developed to guide implementation.

The 2014 Third National Conference on Family Planning and the 2014 Youth Conference on Family Planning focused FP as a key economic and social development pillar and convinced stakeholders to promote it.

- Following successful advocacy efforts, financial and technical support of FP from development partners has grown significantly, including in the private sector. Partners include the World Bank, DFID, the Bill & Melinda Gates Foundation, the David and Lucile Packard Foundation, Futures Group, Engender Health, Pathfinder Handicap International, Médecins du Monde, PSI, ABEF/IPPF Tulane University, MSH and C-Change, among others.

## Capacity building

- 4,832 providers were trained in FP services delivery, including 3,008 healthcare providers and 1,824 community-based distribution agents.

## Services delivery

- Since 2013, mobilization of various social organizations around FP has grown and a coalition of media professionals, youth organizations and women leaders was set up to implement FP repositioning.
- Communication strategies have been strengthened and communications vehicles for FP behaviour change (including billboards, A1 posters, brochures, leaflets, ads, songs, etc.) were produced and distributed to inform, educate and advise the population.

- In 2014, 876 health facilities received contraceptive supplies.
- Following FP campaigns organized by the National Reproductive Health Programme (NRHP) in partnership with local NGOs, civil society and international NGOs that provided free FP services, 665,092 and 874,643 new users of modern contraceptive methods were recorded in 2013 and 2014, respectively. Nearly 18 million people in 2013 and 23 million people in 2014 were sensitized about FP through social mobilization, including about 30 per cent of the country's youth and adolescent population.
- In 2014, FP intervention and stakeholder mapping was conducted. Results showed that 81 per cent of health facilities in UNFPA-supported health zones offer at least three modern contraceptive methods and 72 per cent of these facilities had contraceptives in stock on the day they were surveyed.
- A study conducted in Mbanza-Ngungu on Jadelle contraceptive implant acceptability and continuity showed that 57.3 per cent of users were satisfied. However, 42.7 per cent of those that tolerated implants mentioned side effects (spotting, 62.1 per cent and amenorrhea, 27.3 per cent). Twenty-five users (10.4 per cent) required implant removal due to amenorrhea. The continuation rate for implant use in the second year was 89.6 per cent.





# The national supply chain for essential medicines has been strengthened for reproductive health community security.

## Progress of indicators

- The percentage of health facilities that provide at least three modern contraceptive methods increased from 25 per cent in 2012 to 81 per cent in 2014. The number of new users of modern contraceptive methods increased from 3,553,137 in 2012 to 4,218,229 in 2014. 5,014,403 users are projected for i2017.

## Lessons learned

- An FP campaign that provided free FP services helped remove geographical and financial barriers and increased contraceptive use.
- Religious leader involvement helped remove socio-cultural barriers and improved access to FP services by poor and marginalized people. The community-based distribution approach helped strengthen ownership of FP interventions and promoted capacity building for community resilience in humanitarian settings.

## Capacity building

- Conscious of supply chain challenges for essential medicines in the DRC, UNFPA, the World Bank, the Bill & Melinda Gates Foundation, UNICEF, the Global Fund and GAVI joined efforts to strengthen it in 2015. An analysis helped identify supply system bottlenecks and concrete actions that would address the issues found. A strategic plan of the National Supply Chain for Essential Medicine is currently under development to help strengthen coordination of interventions and improve the efficiency of support from development partners.
- 270 providers in supported health zones were trained on commodities management
- 56 officials and managers in the Orientale province were trained on channel software for health commodities logistics management.

## Reproductive health, contraceptives, drugs and equipment

- UNFPA and USAID are the largest donors of contraceptives to the DRC. In 2015, UNFPA purchased contraceptives amounting to \$10 million USD (excluding the cost of transportation, warehousing and distribution).
- In addition to contraceptives, UNFPA provides health equipment and basic essential medicines for maternal and newborn health. In 2015, UNFPA also provided the government with three ambulances for health emergencies, including emergencies involving children and pregnant women.



# 2

## Maternal and Newborn Health

The proportion of emergency obstetric and newborn care events attended by skilled personnel has improved in UNFPA programme intervention areas, including humanitarian settings.

### Advocacy and policy dialogue

During the 2013-2015 timeframe, the UNFPA programme supported:

- The Campaign for the Acceleration of Maternal Mortality (CARMMA) launch, which helped raised awareness among decision makers on maternal and newborn health issues and mobilized local resources to meet women's needs.
- Organization of in-service training by the NRHP on emergency obstetric and newborn care with international trainers from the University of Liverpool.
- Organization of sensitization campaigns to raise awareness of danger signs during pregnancy and childbirth.
- Commitment of a coalition of men and women to review a bill on reproductive health tabled before the National Assembly. UNFPA supported an advocacy note to help national stakeholders clearly identify the needs and urgency of basic maternal and newborn care issues in the DRC.

### Capacity building

Service provider capacity building for emergency obstetric and newborn care (EmONC) included:

- 120 EmONC instructors were trained at the national level in Kinshasa and at the provincial level in Bandundu, Bas Congo, Lubumbashi, North Kivu, South Kivu, Maniema and Ituri.
- 344 doctors and midwives in supported health zones were trained in EmONC.
- Up to 75 doctors in supported health zones were trained in cesarean techniques.
- 560 providers in supported health zones were trained in maternal death surveillance techniques and third-stage labour management.
- 10 doctors and 8 nurses were trained in urogenital fistula management.
- The UNFPA midwifery programme helped train 96 Institute of Higher Medical Techniques (ISTM) tutors, 500 midwives and 43 nurse/midwives.
- In the same context, ISTM training labs were equipped with teaching materials.
- The NRHP received IT equipment, including an HP desktop with wifi, an HP laptop, an LCD and a printer.





## Services delivery

- The UNFPA programme supported reproduction and made available 6,760 copies of maternal and newborn health standards and guidelines in targeted health zones.
- 43,700 partogrammes (childbirth monitoring tools) were reproduced and distributed in supported health zones. Throughout the country, 30 midwife training institutions received 540 volumes of a revised midwifery training curriculum that meets International Confederation of Midwives (ICM) standards.
- As an element of maternal death and response surveillance, four types of forms and a guide were developed for supported health zones.
- 254 health facilities within supported health zones were provided with basic drugs and medical equipment.
- Since 2013, mobile strategies and community-based distribution have prioritized integrated maternal and newborn health, FP and HIV services for poor and marginalized people in the slums of DRC's large cities.



## Reproductive health services used by the population

- 175,587 births were attended by skilled personnel, including 4,972 in emergency humanitarian setting. 1,754 complicated deliveries were reported.
- 8,800 pregnant women received individual delivery kits.
- 8,956 emergency cesarean sections were performed and 5,692 newborns received basic care at birth.
- 601 cases of urogenital fistula were repaired, with a success rate of 90 per cent.
- Sensitization campaigns in supported health zones helped raise awareness about danger signs during pregnancy and childbirth among 187,555 reproductive-age women and men and 137,500 adolescents.

## Progress indicators

- The number of referral health facilities that provide comprehensive EmONC in 17 targeted health zones increased from two in 2012 to 12 in 2014, and is projected to reach 34 by the end of 2017.
- The number of health centres that provide basic EmONC in 17 targeted health zones increased from zero in 2012 to 36 in 2014, and is projected to reach 78 by the end of 2017.
- The number of trained midwives climbed from 1,540 in 2012 to 2,575 in 2014, and is projected to reach 4,000 by 2017.

## Lessons learned

- Training providers in new maternal death surveillance techniques and the use of simplified tools facilitated an in-depth analysis of maternal deaths and lead to identification of real causes and adequate solutions

# 3 Humanitarian Action

Basic emergency and reproductive health care needs among vulnerable populations have been met, even during conflicts and other disasters.

## Services delivery

- Youth and Internally Displaced Populations (IDP) have access to prevention and treatment of sexually transmitted infections. 11,974 people were tested for HIV, including 3,433 IDPs, 49,623 young people and adolescents from Lubumbashi and Likasi. 900 sex workers were counseled on HIV prevention and 3,455 cases of STIs were treated.
- The UNFPA programme supported 4,972 deliveries by skilled birth attendants in humanitarian emergency situations.
- A sensitization campaign on HIV, RH and STIs among adolescents and young people helped raised awareness among 15,197 people in the North Kivu and South Kivu provinces, including 300 soldiers and policemen, 1,200 dependents, 2,000 boat travellers and 6,147 adolescent and young girls.
- 4,709 women in emergency situations received dignity kits, including 2,039 girls of reproductive age.
- Data collection on sexual and gender-based violence (SGBV) helped strengthen knowledge sharing and evidence-informed policy making. The 2013 report showed higher vulnerability among adolescents, young people and the elderly in post-conflict areas.







## Adolescents and Youth



# Access to information and reproductive health services by adolescents and young people is improving.

## Advocacy and policy dialogue

- In 2013, 40 sex workers were trained as peer educators for awareness-raising campaigns on HIV prevention and free distribution of condoms. 2,429 sex workers and 3,000 long-distance truck drivers were sensitized through interpersonal communications.
- 1 million young people were reached on HIV sensitization activities through community radio.
- 10,500 young people and adolescents were sensitized through interpersonal outreach activities.
- In partnership with UNESCO, inventory situational analysis of the country's young people strengthened integration of comprehensive sexuality education into training school curriculums for adolescents and young people.
- UNFPA provided technical and financial support to revive two multi-sectoral platforms for the fight against HIV/AIDS through condom promotion and coordination of actors.
- The Condom Working Group, a consultation and knowledge-sharing platform involved in promoting condom use in the DRC, was set up at both the central level and in Katanga, North Kivu and South Kivu provinces.

- Support was provided for production of strategic documents, including the National AIDS Strategic Plan 2014-2017, the Global Aids Response Programme (GARP) Report 2013 and the 2013 National HIV Report of the National Multi-sectorial AIDS Control Programme (PNMLS).

- 11,558,554 condoms were distributed in seven provinces, including 11,232,720 male and 275,834 female condoms.

## Capacity building

RH capacity building activities for young people included:

- 90 peer educators were trained in HIV, sexual and RH peer education techniques for adolescents and young people, including 60 from Goma and Bukavu's youth associations and Catholic and Protestant faith-based organizations.
- 26 girls in Goma were trained in sexual and reproductive health leadership.
- 103,000 pupils in the Kinshasa and Bandundu provinces were taught comprehensive sexuality education.

## Services delivery

- Youth and IDPs had access to prevention and support services for STIs and HIV. In North Kivu and South Kivu provinces, 11,974 people were tested for HIV, including 3,433 IDPs. In Katanga province (Lubumbashi and Likasi), 49,623 young people and adolescents (representing 10 per cent of Katanga's young people and adolescents) were sensitized on HIV/STI prevention and treatment. Additionally, 900 sex workers in Katanga were trained in HIV prevention and 3,455 STI cases were treated.
- 15,197 people were sensitized on HIV, STIs, and adolescent sexual and reproductive health in the North Kivu and South Kivu provinces, including 300 military and policemen, 1,200 dependents, 2,000 boat travellers and 6,147 young girls.
- Nearly 700,300 people were reached through radio and TV broadcasts on adolescent sexual and RH. 5,352 youth were reached through Kinshasa's Bomoto Youth Centre, including 2,738 girls and 2,614 boys – 1,606 of who were tested (1,002 girls and 604 boys). 900 sex workers from Katanga were sensitized on HIV prevention.
- Integration of comprehensive sexuality education in 72 health facilities that provide sexual and RH services adapted to the needs and rights of adolescents and young people. Comprehensive sexuality education is also taught in 360 primary schools in Kinshasa and Bas Congo provinces.
- Sexual and reproductive health information and services were provided to 123,026 adolescents and young people.

## Lessons learned

- Despite the existence of HIV prevention and maternal health and family planning services in some supported health facilities, effective integration of care and services is difficult to measure and not optimal. Indicators relating to the integration of services need to be formulated and utilized.
- Youth awareness through religious groups contributed to the increased use of services, especially by girls, including voluntary counseling and the testing of young girls who generally resist services.







# Gender-based Violence and Gender Equality

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# Community-based institutions, organizations and networks actively participated in implementing gender equality and reproductive rights.

## Advocacy and policy dialogue

- UNFPA supported revision of the legal framework (family code) to combat all women-based discrimination and promote gender equality. The DRC senate approved the revised family code, which is now under review in parliament. Similarly, the RH law has been developed and is currently under review in parliament, which also approved a law for the implementation of gender equality. Advocacy has led to the involvement of men, especially traditional and religious leaders, in the fight against early marriage and the promotion of women's rights.
- Political authorities, including PMs, have committed to combating GBV through awareness campaigns and increasing budgetary resources allocated to combat SGBV.

## Capacity building

- Institutional and technical capacity building of the Ministry of Gender, Family and Children included training on gender issues, SGBV data collection, and procurement of office furniture and vehicles. Nearly 250 SGBV data collection partners were trained in using data collection tools.
- A national SGBV data collection system was put in place, and a manual of procedures on data collection and data collection tools was developed and disseminated to stakeholders responsible for assistance to victims of GBV.
- An online SGBV database to be coordinated by the Ministry of Gender, Family and Children was established.
- 21 medical facilities improved capacity through the supply of new equipment and a regular supply of drugs and post-rape kits for the care of GBV victims.
- 193 health providers were trained to provide medical care to GBV victims .

## Services delivery

- In 2013 and 2014, the UNFPA programme strengthened support to GBV survivors. Nearly 4,374 GBV survivors received psychosocial assistance – 31 per cent of the initial 14,000 target. Out of a total of 2,520 GBV survivors in the North Kivu and South Kivu provinces, 683 were socioeconomically reintegrated.
- Medical care was provided to 2,666 GBV survivors, including 382 survivors within 72 hours.

## Knowledge generated

- SGBV data collection and analysis helped provide current evidence on its scope and characteristics, as well as evidence on support provided to GBV survivors.
- The 2013 report on SGBV data showed that 25,612 GBV cases, including 19,937 incident cases, were received in specialized support facilities.
- The SGBV database is now online in a trial phase. Qualitative studies on GBV in non-conflict areas helped produce evidence on structural causes of GBV.

- Support to drafting reports on CEDAW, Beijing +20 and the Universal Periodic Review enabled the DRC to report on results achieved against international commitments related to gender equality and reproductive rights.
- Assessment of the national strategy against GBV produced evidence that will provide guidance on development of a National Gender Policy.
- In the Kinshasa, Bas Congo, Bandundu and Katanga provinces, six mechanisms for promoting reproductive rights and gender equality were set up, including FP related to the networks or alliances of young people or married men. The existence of these mechanisms is evidence of positive progress in population awareness on these issues.
- As a result of community-based organization and network capacity building, 620,000 people were sensitized on gender equality, reproductive rights and FP.

## Progress indicators

- Progress remains slow on set objectives to sensitize 6 million people by 2017. Only 620,000 people have been sensitized so far.

## Lessons learned

- Integrating mental health into the medical and psychosocial response needs of GBV survivors is key to successful interventions.
- Through networks of truck drivers and religious leaders, men's involvement in promoting rights contributed to the promotion of reproductive rights and gender equality.





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## Population Dynamics and Demographic Dividend

The national statistics system for analysis, dissemination and use of quality socio-demographic data has been strengthened to provide valuable information to plan for and monitor various sectors.

### Advocacy and policy dialogue

- The Country Office held advocacy sessions at the Prime Minister's office and at Planning, Health and Youth sectorial ministries to sensitize policy decision makers. Sessions focused on the DRC's need to promote FP, empowerment/health, education, economic reforms and governance in order to reap the benefits of demographic dividend, economic prosperity and jobs creation for young people.
- Regarding population dynamics and young people, UNFPA provided the DRC with support in evaluating the International Conference on Population and Development (ICPD) action programme goals 20 years on. This was part of the process to mobilize government and civil society authorities at the national, sub-regional (Southern African Development Community) and regional (African Union) levels on goals during various stages of the 2013-2014 evaluation.
- The national report on the progress of the DRC's ICPD goals served as the basis for a national statement at the 29th Special Session of the United Nations General Assembly on ICPD +20.
- World Population Day 2014 was organized around the theme of "Investing in Young People." Overseen by the Ministry of Planning, youth associations under the leadership of the National Youth Council were encouraged to submit memos to the Prime Minister on priorities they wished to see included in the post-2015 global development agenda. Priorities identified by youth include employment, education, health, equal opportunities and participation.

- Advocacy days organized in the assemblies of Katanga and Bas Congo in favor of the Second General Census of the Population and Housing (RGPH2) helped include budget lines on RGPH2 in these provinces.

### Capacity building

- According to the National Strategy for the Development of Statistics (NSDS) action plan and in view of the RGPH2, UNFPA supported National Institute of Statistics capacity building. Three senior Institute staff members trained in master level demography at the Demographic Training and Research Institute (IFORD) in Yaoundé have been recruited by the Central Census Bureau (BCR), and 25 senior staff were trained in CS Pro on census data design, processing and clearance.
- In 2013 the BCR gained a Senior Technical Adviser (CTA), and with the support of that staff member achieved the following:
  - 1) Mapping collection documents (infrastructure and agricultural activities collection sheets and a household sheet) were evaluated and improved.
  - 2) As part of the Join Project on Census and Election, a form was developed that combined data collection necessary for census mapping and population identification.
  - 3) Technical counting documents (questionnaires, manuals, technical guides and forms, general methodology) were developed.

- Basic documents – from fieldwork to analysis U- were developed, including technical papers on thematic reports, indicators by thematic area likely to be generated from the RGPH2, and technical document standards.
- In 2015, the INS/BCR were staffed with three international consultants: a senior consultant/team supervisor, a long-term consultant/acting CTP and a census mapping consultant. With this technical support:

1) An update on all work undertaken for the second General Population and Housing Census has been carried out.

2) Technical documents were updated, including counting methodology and the mapping budget.

3) Mapping methodology validation is underway and will be completed with a field test.

- In order to construct a database, the INS received support to enter data from the 1984 census – the only general population census ever held since the country's independence. An electronic version of national census data was created, which enhanced capacity building on data processing, clearance and analysis by BCR officials preparing the second General Population and Housing Census.

## Knowledge generated

- The second Health and Demographic Survey (2013-2014) provided data on reproductive health trends and gender indicators to assess strategic development goals related to programme intervention. The survey updated data on fertility, FP, RH, maternal mortality, HIV/AIDS, women's status and domestic violence.
- Maternal mortality (underestimated at 549 maternal deaths per 100,000 live births in the Demographic and Health Survey [DHS] 2007) was updated to 846 maternal deaths per 100,000 live births in the DHS 2013-2014. The new data should enable the DRC to identify new development strategies that reduce maternal mortality.
- SGBV data collection has strengthened knowledge generation and sharing. The 2013 report showed some vulnerability of adolescents, youth and elderly people in post-conflict areas.
- The 2013 report showed clear progress in GBV cases reported in 2011, 2012 and 2013 (11,641, 18,795 and 25,612 cases, respectively). The increase shows the effectiveness of public awareness campaigns that encourage survivors to visit support facilities and report cases.
- Seeking to set up a reference library on population issues in the DRC, support to the University of Kinshasa's Department of Population and Development Sciences (DSPD) helped equip the centre with more than 2,000 publications.

## Lessons learned

- Use of adequate international experience at each implementation stage of the Second General Population and Housing Census is necessary to ensure the quality of the DRC's first general population census in over 30 years.







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