

Edited by  
**Sennen HOUNTON, Victor RAKOTO,  
Pierre KLISSOU - Elise KAKAM**

# **DEVELOPMENT COOPERATION AMID TRIPLE CRISES**

**UNFPA pursuit of transformative results  
in the Democratic Republic of the Congo  
from 2017 to 2020**





# **Development Cooperation Amid Triple Crises**

**UNFPA pursuit of transformative results  
in the Democratic Republic of the Congo from 2017 to 2020**



Edited by  
Sennen HOUNTON, Victor ROKOTO,  
Pierre KLISSOU, Elise KAKAM

## **Development Cooperation Amid Triple Crises**

**UNFPA pursuit of transformative results  
in the Democratic Republic of the Congo from 2017 to 2020**



**© L'HARMATTAN-SENEGAL, 2020**  
**10 VDN, Sicap Amitié 3, Lotissement Cité Police, DAKAR**

<http://www.harmattansenegal.com>  
[senharmattan@gmail.com](mailto:senharmattan@gmail.com)  
[senlibrairie@gmail.com](mailto:senlibrairie@gmail.com)

ISBN : 978-2-343-21731-4  
EAN : 9782343217314

# Table of Contents

<b>PREFACE: A VISIONARY WAY OF WORKING</b> .....	<b>V</b>
<b>LETTER FROM THE REPRESENTATIVE</b> .....	<b>IX</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>XV</b>
<b>LIST OF ACRONYMS AND ABBREVIATIONS</b> .....	<b>XVII</b>
<b>BACKGROUND: CONTEXT OF THE DRC</b> .....	<b>1</b>
<i>Conflict, copper and internally displaced persons</i> .....	<i>1</i>
<i>Transitions</i> .....	<i>2</i>
<i>Economy and environment</i> .....	<i>3</i>
<i>Health, youth and the status of women and girls</i> .....	<i>5</i>
<i>A context of transformation</i> .....	<i>6</i>
<b>INTRODUCTION: ENDS, GOALS AND TACTICS</b> .....	<b>9</b>
<b>PART I: TACTICS AND TIGRITUDE</b> .....	<b>13</b>
<b>CHAPTER 1: YOU ARE THE LEADER OF WHAT YOU ARE DOING RIGHT NOW</b> .....	<b>15</b>
<i>Objective 1.1: Create a shared, inspiring vision</i> .....	<i>15</i>
Tactic: Adopt game-changing objectives .....	15
Tactic: Establish a “situation room” to focus shared vision .....	16
<i>Objective 1.2: Align structure, staff and reality</i> .....	<i>18</i>
Tactic: Assess human resource assets .....	18
Tactic: Incentivize redeployment .....	19
Tactic: Leverage partnerships to co-locate .....	21
<i>Objective 1.3: Exercise courage in risk management</i> .....	<i>23</i>
Tactic: Be risk-savvy, not risk-averse .....	23
<i>Objective 1.4: Build an engaged, motivated team</i> .....	<i>24</i>
Tactic: Engage and motivate .....	25
Tactic: Recognize and encourage .....	28
Tactic: Talent management.....	30
Tactic: Empower self-leadership and unleash potential .....	31
Tactic: Ensure accountability .....	33
Tactic: Performance management and feedback culture .....	33
Tactic: Cross-train for more effective resource mobilization .....	34
Tactic: Break silos, Take care of staff.....	36
<i>Key results, recommendations and reflections</i> .....	<i>39</i>

CHAPTER 2: GRATITUDE AND TIGRITUDE..... 41

*Objective 2.1: Position UNFPA DRC as a respected leader in the context of ongoing crisis response* ..... 42

Tactic: Be the tiger. .... 42

*Objective 2.2: Expand effectiveness working in a crisis context with strategic and innovative and non-traditional partnerships*..... 44

Tactic: Foster accountable and trusted partnerships with government and partners .46

Tactic: Collaborate with UN agencies, NGOs, joint programmes and multisectoral projects ..... 51

Tactic: Build public-private partnerships..... 55

Tactic: Build allies in different sectors, non-traditional sectors ..... 57

Tactic: Embrace tradition, and break tradition ..... 58

Tactic: Muster resources when donor funds reach farther..... 58

*Key results, recommendations and reflections*..... 59

CHAPTER 3: RETWEET THIS ..... 61

*Objective 3.1: Effectively communicate within the UNFPA DRC team*..... 63

Tactic: Establish open lines of communication between headquarters, regional office and the field..... 63

Tactic: Use communication for team-building..... 63

Tactic: Act on communication volume and quality ..... 65

Tactic: Communicate to strengthen partnerships ..... 67

*Key results, recommendations and reflections*..... 69

**PART II: HUMANITARIAN RESPONSE ACROSS THE BOARD..... 77**

CHAPTER 4: A NEW WAY OF WORKING IN UNPRECEDENTED CRISIS 81

*What did UNFPA DRC do differently?* ..... 83

*Objective 4.1: Realizing a vision of humanitarian response*..... 84

Tactic: Align office structure to meet current needs in the DRC ..... 85

Tactic: Humanitarian crisis response team ..... 86

Tactic: Engage the hubs ..... 87

*Objective 4.2: Implement timely humanitarian assistance interventions*..... 89

Tactic: Communicate strategic information to mobilize resources..... 89

Tactic: Train humanitarian midwives in crises responses ..... 91

Tactic: Prepositioning and roster of service providers and suppliers..... 92

*Key results, recommendations and reflections*..... 92

**PART III: THREE TRANSFORMATIVE RESULTS, TRIPLE NEXUS OF CRISIS..... 95**

CHAPTER 5: THE GOAL IS ZERO UNMET NEED FOR FAMILY PLANNING..... 97

*What did UNFPA DRC do differently?* ..... 99

*Objective 5.1: Strengthen the enabling environment*..... 100

Tactic: Advocate for change in law..... 100

<i>Objective 5.2: Ally with non-traditional family planning partners</i> .....	101
Tactic: Bridge family planning and forest protection: CAFI .....	102
Tactic: Bridge family planning and women-led farming: “Purchase for Progress” (P4P).....	105
<i>Key results, recommendations and reflections</i> .....	107

## CHAPTER 6: THE GOAL IS ZERO PREVENTABLE MATERNAL

DEATHS .....	109
<i>What did UNFPA DRC do differently?</i> .....	111
<i>Objective 6.1: Increase skilled attendance at birth</i> .....	112
Tactic: Scale up midwifery education, regulation and association to all 26 provinces .....	112
Tactic: Train humanitarian midwives .....	114
<i>Objective 6.2: Eliminate obstetric fistula</i> .....	118
Tactic: Advance a new vision of countrywide obstetric fistula repair .....	119
Tactic: Train teams to integrate fistula services in routine hospital care .....	121
Tactic: Focus attention with a star-studded gala for resources mobilization.....	122
Tactic: Address obstetric fistula in humanitarian response .....	125

## CHAPTER 7: THE GOAL IS ZERO GENDER-BASED VIOLENCE.....

<i>What did UNFPA DRC do differently?</i> .....	130
<i>Objective 7.1: GBV leadership with partners at the global and national level</i> .....	130
Tactic: Bring expertise to the table.....	130
Tactic: Ensure functional GBV sub-clusters in humanitarian hubs.....	131
<i>Objective 7.2: Advocacy for GBV prevention including in conflicts</i> .....	134
Tactic: Calling for action on GBV protection in emergencies .....	134
<i>Objective 7.3: Provide services for GBV survivors</i> .....	136
Tactic: Integrated one-stop centres.....	136
<i>Objective 7.4: Strengthen alliances to tackle GBV using national database..</i> .....	139
Tactic: Digitize the national GBV database .....	139
Tactic: PSEA in infrastructures along road construction project (“Pro-Routes”) and in Education and Agriculture.....	141
<i>Key results, recommendations and reflections</i> .....	142

## PART IV: TOWARDS A FUTURE OF EMPOWERED YOUTH AND GOOD DATA.....

.....	145
-------	-----

### CHAPTER 8: EMPOWER YOUTH FOR DRC’S FUTURE .....

<i>What did UNFPA DRC do differently?</i> .....	149
<i>Objective 8.1: Expand work with and for youth</i> .....	151
Tactic: Clarifying purpose .....	151
Tactic: Empower girls: Kitumaini Adolescent Girls Initiative.....	153
Tactic: Achieve peace and security by engaging youth in crises: “Tusikilizane Project”.....	156
Tactic: Engage and empower youth participation: SDGs Youth incubator .....	157
Tactic: Global events can propel national planning and priorities setting.....	160
Tactic: Youth as agents of change.....	161
<i>Key results, recommendations and reflections</i> .....	161

CHAPTER 9: DATA FOR DEVELOPMENT ..... 163

*Objective 9.1: Leverage data and technology for sustainable development...* 163

        Tactic: Improve governance of the National Statistical Office and Census Bureau 164

        Tactic: Advocacy for innovation in census ..... 165

        Tactic: Advocacy for linkages between census and biometric identification ..... 166

        Tactic: Support the Civil Registration and Vital Statistics system..... 167

        Tactic: Demographic Dividend Profile for each of the 26 provinces ..... 168

*Key results, recommendations and reflections*..... 169

  

**EPILOGUE .....171**

**POSTFACE .....175**

**END NOTES .....181**

**REFERENCES .....183**

## Preface: A visionary way of working

Context matters, particularly in countries where humanitarian crises are recurrent, socioeconomic and health indicators are daunting, governance at the national level is variable, armed conflict abounds, people are fleeing violence both inside and outside the borders, and the donor community faces all too many pleas for assistance and support. In this book of ideas and inspiration, the UNFPA DRC team courageously shares their innovative, silo-breaking strategies, tactics, results and reflections on what they have done differently in positioning the agenda of rights and choice in the 2017 to 2020 period towards the three UNFPA transformative results—**zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices, including child marriage and female genital mutilation**—in the face of unprecedented crisis.

In this knowledge transfer book, the UNFPA DRC team illustrates how they contextualize and implement the principles of “leaving no one behind” and “reaching the furthest behind first”, emphasizing that development is a central goal in itself, and that in countries in conflict and post-conflict situations, the development work of the entities of the United Nations development system can contribute to nation-building and sustaining peace, in accordance with national plans, needs and priorities, and respecting national ownership. By tackling the reality of protracted crises and by reducing needs, risks and vulnerabilities, UNFPA DRC contributes to development in full partnership with other agencies and organizations in a spirit of “delivering as one”.

The UNFPA DRC country team narrates in this document how they operationalize the UNFPA corporate strategic plan in a large and complex business unit in the context of multiple transitions. Their visionary new way of working creates a strong platform from which to balance all five modes of engagement: (a) Advocacy and policy dialogue focused on development, improvement and reform of legislation, policies and strategies; (b) Capacity development that strengthens people skills, systems and resources, and that provides tailored technical expertise; (c) Knowledge management that improves programmes through data analysis and the timely delivery of high-

quality knowledge products and the provision of innovative solutions; (d) Partnerships and coordination, as well as inter-agency humanitarian coordination, based on collaborative advantage that reinforces the collective accountability to achieve results; (e) Service delivery of essential reproductive health care and services to prevent and respond to gender-based violence.

Of particular interest is the UNFPA DRC drive for innovations to improve programming such as the humanitarian midwifery surge, or to address development bottlenecks such as the national GBV database, or scaling up proven solutions such as Kitumaini, an initiative for adolescent girls, or institutionalizing a culture of innovation in the office with examples such as the innovation corner during annual office retreats, integration of family planning with food security or climate change, prevention of sexual exploitation and abuse along road construction projects, in the education sector and along agriculture production chains.

An important component of this knowledge-sharing book is risk management in complex and large business units with the contiguity among humanitarian development and peacebuilding and stabilization actions, with modes of risk management reflecting this reality on the ground where short-term and long-term actions and results overlap. The DRC team demonstrates agility and adaptability, taking into account *external* risk factors (e.g. the global gag rule, the rise of nationalism and retreat of multilateralism, limited core resources and increased competition for funding, global push-back towards the agenda of rights and choice, historic political transition in the DRC, limited national fiscal space, etc.) and *internal* risk factors (e.g. maintaining capable and motivated human resources, adaptation to business practices when securing funding from governments grants and projects, etc.) in delivering on some of the largest UN Central Emergency Response Fund (CERF) grants and development government grants under short and tight timelines. As we continuously review UNFPA enterprise risk management systems to introduce change, leverage existing resources and integrate lessons learned, as well as conducting the midterm assessment of the UNFPA Strategic Plan 2018-2021, the experiences from DRC described in this book provide a much-needed and useful resource.

Going to scale to achieve the three zeros will require large-scale programmes, and this necessitates government actions, as only governments can take development to scale. The ability of UN teams to adapt to government and private business practices is crucial, and UNFPA DRC gives us a glimpse of how we could approach this challenge. In large and complex business units with protracted crisis, the team in DRC contend that UNFPA must transform into a reliable, effective and fit-for-purpose organization of humanitarian response and resilience to be a relevant partner for the triple nexus and socioeconomic transformation of nations. Although competition remains a reality among UN agencies, the DRC team has embraced “delivering as one” and “joint programming” as a winning strategy as no single agency can achieve any of the Sustainable Development Goals. The three zeros are more likely to be achieved when owned and integrated by other agencies and partners. In addition, these partnerships between different types of interventions respond both to the immediate humanitarian emergencies and to the objectives of development, security and peace. The examples shown in this book are deliberate actions to intensify and build collaboration through multi-stakeholder partnerships and joint programming at national and subnational levels.

As we embark on the coming decade of action, we hope this book will catalyse creative brainstorming within each UNFPA business unit, regardless of context classification, to re-evaluate the ways of working, techniques and tactics to develop excellence in operations, effective strategic partnerships and communications, and the drive to transform lives and achieve the Sustainable Development Goals.

**Dr. Ramiz Alakbarov**  
Former Director, Policy and  
Strategy Division  
UNFPA

**Dr. Julitta Onabanjo**  
Regional Director  
East and Southern Africa Region  
UNFPA



## Letter from the Representative



Dear Colleagues and Friends,

Our deep conviction is that the best asset of an organization is its human resources, and that the success of UNFPA (and in fact any United Nations agency, fund or programme) as a global goods organization will depend largely on the culture of UNFPA country teams to be that of a “development army”: A cohesive, unified, highly motivated force for change, equipped with innovation and passion, working with an intensive focus on achieving the objectives of zero maternal deaths, zero gender-based violence and zero unmet need for family planning. We realize that the word “army” may invoke for some readers a negative association of power and dominance, but we have chosen the word deliberately and from a place of positivity. A “development army” is not a force of conquest, but rather of partnerships and collaboration; it is not a hierarchical structure of rigid ranks, but a congregation of mutual support, emphasizing self-leadership, coaching and creativity. Shoulder to shoulder, from the drivers to the Representative, with one voice, we set our sights on leaving no one behind and transforming the lives of women and girls as we move forward, step by step, in some of the most difficult humanitarian, development and peace and security challenges on the planet.

In a world experiencing a return of unilateralism and nationalism, in a world with an upsurge in humanitarian emergencies, climate change and conflicts, and in a large country undergoing multiple transitions (political, demographic, economic, technological and security), United Nations organizations in general and UNFPA in particular must be more agile, more efficient and better fit-for-purpose. This book explains how the UNFPA country office in the DRC has attempted to rise to the challenge, applying the New Way of Working advanced by the World Humanitarian Summit and—going a step further—defining a vision to guide our work. This visionary way of working positions UNFPA DRC as a credible and effective humanitarian actor and a model for the organization.

When I arrived in the DRC as the UNFPA Representative in December 2017, the delay of national elections had sparked political crisis and the outbreak or aggravation of armed conflict in several of the country’s 26 provinces. The flight of internally displaced persons and waves of gender-based violence emanated from centres of conflict and unrest.

When the UN declares a Crisis Level 3 (L3) anywhere, you know that the situation is dire and the response will not be easy. As I arrived in the DRC, an unprecedented three L3 crises were declared in the country at the same time, in Kasai, Tanganyika and South Kivu. More than 2.5 million people had been displaced by violence in those provinces in the past year, and 4.3 million people were facing critical food insecurity. Six months later, an Ebola virus disease outbreak was identified in Equateur Province, followed shortly by the second largest outbreak of Ebola virus disease by August 2018 in North Kivu, South Kivu and Ituri.

My arrival to the DRC also came just after an office realignment exercise which, among other things, called for closure of a number of the country's decentralized UNFPA offices. For example, the realignment recommended abolishment of the project office in Bunia in the province of Ituri (at end of project), which was experiencing a "re-emergency" of a decades-long crisis, with numerous cases of rape, massive displacement, famine and other humanitarian consequences. The realignment was perhaps outdated, and no longer aligned with the rapidly shifting reality in DRC context.

The country office had no presence in Kananga, Kalemie, Tshikapa or Mbuji-Mayi where OCHA and several other humanitarian actors were present. Most of the UNFPA staff was concentrated in Kinshasa, the capital, while other provinces, particularly those that were more remote, had far more pressing humanitarian needs. The Bukavu humanitarian hub had only one person while Lubumbashi, where the volume of activities was low, had a surplus of staff.

My diagnosis was fast and clear. I asked the question: Who is in charge of the humanitarian preparedness and response? I saw someone with his computer, the humanitarian programme coordinator. So, with my field experience as Senior Emergency Coordinator for UNFPA in South Sudan, Humanitarian Portfolio Manager of the largest UNFPA thematic fund (UNFPA Supplies) and with years of reviewing operational reports from over 40 Asian and sub-Saharan African countries as Senior Reproductive Health Technical Advisor at UNFPA headquarters in New York, I told my team: We cannot do it this way. Humanitarian response cannot be the purview of one or a few persons—it must be mainstreamed.

The first order of business, then, was establishing a humanitarian crisis response team within the office with a clear, shared vision and objectives. It is a multidisciplinary team that still meets every Tuesday morning from 9 a.m. to 10 a.m. and covers all the functions of emergency preparedness and response in DRC including coordination, sexual and reproductive health and GBV services, human resources, security, IT, finance, procurement, communication and resource mobilization. Humanitarian aid was no longer the business of an individual or a few individuals, but rather a cross-sectional team business.

From that first step, the organizational culture of UNFPA DRC was gradually changed. Our transformational journey to a visionary way of working had begun. The silos that had kept us each locked in our own narrow spheres of work collapsed, and we forged a UNFPA DRC team in which each member was rising to his/her full potential, shared and developed skills and knowledge, and practiced self-leadership while supporting and coaching one another. Passion, self-confidence and effectiveness blossomed.

Soon our newly-forged development army was building bridges—engaging in partnerships of collaboration. Not the types of nominal partnerships where one entity contributes funds and receives recognition, but true networks of collaboration.

We built working relationships with NGOs, sharing spaces with other UN organizations for economic efficiency and mutual security. Our approach to ensure presence in the humanitarian field has been to negotiate and share premises with larger sister agencies, e.g. OCHA, UNICEF, WHO, World Food Programme (WFP), creating bonds and networks where there has been a sense of competition and walls.

We were not scattered in our approach. We proceeded with a single-minded dedication to the objective of the SDGs and the three transformative results of the UNFPA Strategic Plan, always with a vision of transforming the lives of women and girls in the DRC. But we quickly got it in our heads that it is only through strategic partnerships and a multisectoral approach in support of the government that we could cross the field of challenges and conflict that permeate the DRC and reach that objective. The way into these other sectors was to enter through our mandate, so we developed for example family planning strategies and programmes that work together with

agriculture and food security, that work together with environmental protection, that work together with the needs of the miners.

If we all recognize that development can only be achieved through large government programmes and projects, then we must position ourselves as a credible, responsive partner to government entities amid governance issues. We strove to position UNFPA as a credible business partner to the Global Financing Facility, supported by the World Bank Group; to the Ministry of Infrastructure, Ministry of Education and Ministry of Agriculture for prevention of sexual exploitation and abuse along roads construction; to the Ministry of Interior and Ministry of Justice for civil registration and vital statistics.

We know that national contexts differ, and different countries are at different stages on their socioeconomic transformation journeys and on the human rights scale, including the rights of universal access to sexual and reproductive health and rights. Success in reaching the three zeros both in development and humanitarian contexts for every country will depend largely on the effectiveness with which our UNFPA country teams manage to position the three zeros in national priorities, in national development strategies and national scale projects; scaling up can only be achieved by national governments and not through any one agency or development partner no matter how large they may be. In a country as vast as the DRC, with frequent and diverse crises, the permanent challenge (danger of losing purpose) for UNFPA remains to make the humanitarian response an immediate, massive action in which the crisis response gradually gives way to the development programme for sustainable access to basic socioeconomic services.

The idea of this book by the management team and the heads of the different units of the UNFPA country office in the Democratic Republic of the Congo is to share our choices, our strategies, our tactics, our actions in implementing the corporate UNFPA Strategic Plan 2018–2021, share both our successes and our failures and what we would/could/should have done differently if we had to start over again given our specific transition context and reference time (June 2017 to 2020).

This book's introduction sets the stage by explaining the context of the DRC. It is only with knowledge of the country's history, geography,

environment and culture that the importance of the innovation and forward progress of the UNFPA DRC team can be fully appreciated.

**Part I** of this book shares the story of the transformation of the country office’s institutional culture. Here we narrate how we broke down silos, unlocked the roles of staff and administration, and established a new paradigm for communications, creating a revitalized team and a visionary way of working in support of the Government.

**Part II** explores the integration of the humanitarian response in all aspects of UNFPA DRC’s work. Here we demonstrate how our visionary way of working actually looks on the ground in the context of a triple nexus of crisis.

**Part III** reports some of our highlights towards achieving the three zeros—the UNFPA transformative goals of zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices, such as child marriage and female genital mutilation.

Finally, in **Part IV** we provide examples of innovate work for adolescents and youth, and conclude with a call for good data to inform decision-making for development.

This, then, is our story—the story of how the UNFPA DRC office administration and staff transformed itself into a development army of change; in the face of conflict, of contagion, of crisis, we pulled together moving forward with courage on our mission to support the government towards social and economic transformation and leaving no one behind.

Sennen Hounton, MD, PhD

UNFPA Representative, Democratic Republic of the Congo

## Acknowledgements

We would like to recognize all the women and girls in all the humanitarian settings who always took time to welcome us, listen to us and share with us their horror, despair and hope for a better future. Our hope is that our story will inspire more humanitarian actors to go the extra mile amid all difficulties to assist the government with sustainable solutions to crises.

Our appreciation to all our partners in government for the trusted partnerships, to the United Nations system, NGOs and civil society organizations for fruitful collaboration. We would particularly like to recognize the following United Nations agencies: FAO, OCHA, OHCHR, UNAIDS, UNDP, UNESCO, UNICEF and WFP for the joint programming and strong alliances, new ways of working and for forging partnerships towards the Sustainable Development Goals, with aspirations in stark contrast to the pitiful and deplorable competition we observed in some places.

A special thanks to development specialists who champion beyond their affiliation and agencies the centrality of population and rights and choices for women and girls, notably Claude Jibidar (WFP), Alexis Bonte (FAO), Dominic Sam (UNDP), Edouard Beigbeder (UNICEF), Gianfranco Rotigliano (UNICEF), Tajudeen Oyewale (UNICEF), Marc Saba (UNAIDS), Prosper Djiguemde (WHO), Rein Paulsen (OCHA) and Julien Harneis (OCHA).

In our quest to improve our operations and strategic positioning for the rights and choice agenda for women and girls we have benefited from the unwavering support of Canada (including with flexible humanitarian funding), Sweden (with the first programme support), DFID (UK) through UNFPA Supplies, the World Bank, Japan, Italy and UNCERF.

As we adapt and innovate, we have benefited from strong support within the UNFPA institution starting from our Regional Director, Dr. Julitta Onabanjo, as well as managers in key position such as Henia

Dakkak in the Humanitarian Office; Roberto Fernandes, Chief of the Finance Branch; Eric Dupont, Chief of the Procurement Services Branch; and Mira Ihalainen, Senior Advisor, Public Partnerships and Business

Development. The timely support has been instrumental to our programme delivery.

A special note to two global leaders, Mark Lowcock, Emergency Relief Coordinator (USG/ERC), and Henrietta Fore, UNICEF Executive Director, who kindly shared with Representative Sennen Hounton, some wisdom and tips for effective leadership during a field trip in DRC, and captured in this book.

Last but not least, we would like to recognize our esteemed leaders who kindly provided reviews for the book and we would also like to thank the consultants who helped us develop the manuscript, Dr. Nestor Azandegbe, Telesphore Some, Susan Guthridge-Gould and the feedback from all the colleagues at UNFPA headquarters and in the region.

### **Authors and contributors**

Sennen Hounton, Victor Rakoto, Pierre Klissou, Elise Kakam, Issa Lokushe, Vanessa St. Val, Ali Wanogo, Mireille Ikoli, Anita Akumiah, Noemi Dalmonte, Pierre Shamwol, Achu Lordfred, Paulin Tshimanga, Jean Paul Makay, Delpeche Mayatezulu, Marguerite Kunduma, Brigitte Kiaku, Siaka Traoré, Polycarpe Takou, Denise Alauwa.

## List of acronyms and abbreviations

AAP	Accountability to Affected Populations
ABEF	Association for Family Welfare
ADB	African Development Bank
APN	Access Point Name
AWP	Annual Work Plan
AY	Adolescents and youth
AYRH	Adolescent and youth reproductive health
BARAZA	Multi Actors Dialogue Space in Swahili
OHCHR	United Nations Joint Human Rights Office
CAFI	Central African Forest Initiative
CDC	Centers for Disease Control
CERF	Central Emergency Response Fund
CHT	Country Humanitarian Team
CHW	Community health worker
CIVIPOL	Consulting company
COVID-19	Coronavirus disease 2019
CPD	Country Programme Document
CREG	Centre Régional d'Économie Générationnelle
CRT	Crisis Response Team
CSE	Comprehensive sexuality education
CSO	Civil society organization
DD	Demographic Dividend
DFID	UK Department for International Development
DHR	Division for Human Resources
DHS	Demographic and Health Survey
DKT	Deep Dharmendra Kumar Tyagi Foundation
DRC	Democratic Republic of the Congo
DSF	Family Health Department
EmONC	Emergency Obstetric and Newborn Care
ESARO	Eastern and Southern Africa Regional Office
EU	European Union
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization
FGM	Female genital mutilation
FONAREDD	National REDD Funds
FP	Family planning
GAVI	The Vaccine Alliance
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
GFF	Global Financing Facility

GRID	Geo-referenced Infrastructure and Demographic Data
HCT	Humanitarian Country Team
HDI	Human Development Index
HGR	General Referral Hospital
HIV	Human immunodeficiency virus
HQ	Headquarters
HR	Human Resources
IASC	Inter-Agency Standing Committee
IC	Independent contractor
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IDA	International Development Association
IDP	Internally displaced person
IFPF	International Family Planning Federation
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IPM	Informed Push Model
ISTM	Training Institute for Medical Techniques
IT	Information technology
KOICA	Korea international Cooperation agency
LMIS	Logistics management information system
MARA	Monitoring analysis and reporting arrangements
MHTF	Maternal Health Thematic Trust Fund
MISP	Minimum Initial Service Package
MNCAH	Maternal, newborn, child and adolescent health
MNH	Maternal and newborn health
MONUC	United Nations Organization Mission in the DRC
MONUSCO	United Nations Organization Stabilization Mission in the DRC
MSI	Marie Stopes International
NGO	Non-governmental organization
NSI	National Statistics Institute
NWOW	New Way of Working
OCHA	UN Office for the Coordination of Humanitarian Affairs
OHCHR	UN Office of High Commissioner on Human Rights
P4P	Purchase for Progress
PBF	Performance-based financing
PEP	Post Exposure Prophylaxis
PNSD	National Strategic Development Plan
PNSR	National Reproductive Health Programme
PROMIS-PF	DRC FP Scale-Up Project

PSB	UNFPA Procurement Services Branch (Copenhagen)
PSEA	Prevention of Sexual Exploitation and Abuse
QR	Quick Response Code
RC	Resident Coordinator
DRC	Democratic Republic of Congo
REDD	Reducing Emissions from Deforestation and Degradation
RGPH	General Census of Population and Housing
RH	Reproductive health
RHR	Reproductive health and rights
RMNCH	Reproductive, maternal, newborn and child health
RO	Regional Office
SCOSAF	DRC Association for Midwifery Practice
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
TFP	Technical and Financial Partners
UBRAF	Unified Budget, Response and Accountability Framework
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNV	United Nations Volunteers
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization
YAP	Youth Advisory Panel



## Background: Context of the DRC



Kalemie, Tanganyika, 2018

### **Conflict, copper and internally displaced persons**

The Democratic Republic of the Congo (DRC) has been shaped by the consequences of colonialism, a history of conflicts, rich natural resources and security threats in many provinces, and a culturally diverse and geographically dispersed population. A state of continual crisis has raged, characterized by oppression, political upheaval and armed conflict, since the late nineteenth century. Natural resources—particularly copper, but also diamonds, wood and minerals—have attracted foreign forces, smugglers and poachers. Disease such as HIV and Ebola have emerged repeatedly, bolstered by the living conditions of the country’s many internally displaced persons and a rise in development and logging in forest lands. Areas of the country, continue to suffer the effects of ongoing violent conflict, with more than 100 armed groups active on the ground. The DRC is still recovering from a series of conflicts that broke out in the 1990s. MONUSCO, the UN Organization Stabilization Mission, has operated in the DRC since 1999 and is one of the largest UN peacekeeping missions in the world.

Persistent difficult conditions punctuated by crisis have taken their toll on the status of women and girls in the country. Still in a fragile phase of post-conflict reconstruction and peacebuilding, the Democratic Republic of the Congo is a least developed country with very high maternal and newborn mortality and HIV prevalence as well as a legacy of sexual violence. With families averaging over 6 children, and over 10 in some provinces, the population is very young and growing at more than 3 per cent per year. Working in the country since 1978, UNFPA aims to improve access to quality reproductive health care services — including HIV interventions — and to integrate population and gender issues in national policies and programmes.

### **Transitions**

The damage done by the two Congo Wars is also only beginning to heal. Forced labour and human trafficking are a destructive adjunct to the large presence of armed groups. Since 2015 the DRC government has been making significant efforts to eliminate human trafficking, and the Congolese national army has ceased recruitment of child soldiers since 2014, and was delisted by the UN, which is a significant step forward.

The groundbreaking 2019 election has opened the door to transformation of civil society in the DRC. However, extraordinary challenges remain. Today the people of the DRC stand poised to reap the benefits of peace and security, economic development and an end to their humanitarian crises. The demographic dividend of the rise of youth provides new opportunities to shape the country's future. From the fire of unprecedented three Crisis Level 3 designations, a National Strategic Development Plan has been adopted and the United Nations Country

Team has ushered a new generation of United Nations Sustainable Development Cooperation Framework, within which the UNFPA DRC team has forged a New Way of Working to position UNFPA as a leading force for positive change.

## Economy and environment



Luntu, Kananga, Kasai Central, 2019

With a surface area equivalent to that of Western Europe or one-fourth of the United States, the Democratic Republic of the Congo is the second largest country in Africa<sup>1</sup> after Algeria. Its population is estimated at nearly 100 million persons, with one of the fastest population growth rates in the world—more than 3 per cent per year. Over half the population lives outside the major cities, in villages in the agricultural regions or in the forestland that covers over 60 per cent of the country.

The DRC straddles the equator, has a small bit of coastline, and is dominated by dense tropical rainforest rising into the eastern highlands, known throughout the world as the home of the mountain gorillas<sup>2</sup>. The DRC's natural environment is stunningly beautiful, and can be shockingly wrathful. The mighty Congo river floods seasonally. Droughts periodically affect the agricultural lands. Active volcanoes rim the Great Rift Valley, including Nyiragongo, which erupted in 2002 and poses an ongoing hazard to the city of Goma, and Nyamuragira, Africa's most active volcano, which last erupted in 2010<sup>3</sup>.

Human incursions are also taking their toll on the DRC's natural environment. Poaching threatens wildlife, while deforestation (including land clearing for agriculture), forest fires and armed conflict negatively impact habitat. The DRC's extensive mining operations, which still feature copper along with diamonds, gold and silver, and a host of rare earth minerals with high value in the manufacturing of electronic devices, are causing water pollution and soil erosion<sup>4</sup>.

Armed attacks on DRC's military forces guarding its national parks and wildlife refuges erode conservation efforts as well as peace and security<sup>5</sup>.

Despite a wealth of fertile soil, hydroelectric power potential and mineral resources, the DRC's economy has struggled to gain momentum. Due to ongoing conflict, the pressures of humanitarian crises and, until recently, the instability of civil government, overall coverage of basic public services—education, health, sanitation and potable water—is very limited and piecemeal, with substantial regional and rural/urban disparities. Food insecurity and malnutrition is widespread<sup>6</sup>.

While its poverty rate has fallen slightly over the past two decades, particularly in rural areas, the DRC nonetheless remains one of the poorest countries in the world. In 2018, 72 per cent of the population, especially in the North West and Kasai regions, was living in extreme poverty on less than \$1.90 a day. Currently, 43 per cent of households have access to drinking water (69 per cent in urban areas, 23 per cent in rural areas) and only 20 per cent have access to sanitation<sup>7</sup>.

After reaching 5.8 per cent in 2018, economic growth slowed to 4.4 per cent in 2019, owing to the drop in commodity prices, particularly for cobalt and copper, which account for over 80 per cent of the country's exports. The coronavirus pandemic (COVID-19) is expected to trigger an economic recession (-2.2 per cent) in 2020, stemming from weaker exports caused by the global economic downturn<sup>8</sup>.

The telecommunications system in the country is generally poorly developed. Bandwidth is limited and Internet access is expensive. A revised Telecommunications Act was adopted in 2018, but conflict, unrest and lack of transportation for development has thwarted expansion of telephone and Internet communications. There are both state-owned and private television stations, but radio remains the most popular mode of mass media and

entertainment, broadcasting news and music from over 100 private radio stations<sup>9</sup>.

Historically, rivers and railroads have served as the DRC's primary modes of transportation. The roads network that had developed was all but obliterated by the First and Second Congo Wars. Bridges and ferries have not been maintained for decades given the lack of stable civil government. Key infrastructure projects are now being undertaken to unlock the country by rehabilitating primary road corridors. Humanitarian efforts are particularly thwarted by lack of road access to much of the country; air transport is the only way to deliver supplies and move people to places where services or medical care are available<sup>10</sup>.

### **Health, youth and the status of women and girls**



Itula, South Kivu, 2019

The DRC's population is overwhelmingly characterized by youth. Over 60 per cent of the population is under 25 years of age. The DRC ranks 135 out of 157 countries in terms of human capital, with a human capital index score of 0.37 per cent, which is below the average in Sub-Saharan Africa (0.40). This means that a child born today will be 37 per cent less productive in adulthood than a child who received a complete education and proper

health care. Congolese children spend an average of 9.2 years in school and 43 per cent of children are malnourished<sup>11</sup>.

The average national total fertility rate estimated at 6.6 children per woman sometimes reaches 10 children per woman in several provinces. Maternal Mortality Rate is 473 maternal deaths per 100,000 live births. The health of adolescents and youth is marked by a lack of reproductive health information and service delivery; low utilization of family planning services (5 per cent); and high prevalence of induced abortions (30 per cent), STIs (11.7 per cent), early marriages (18 per cent), sexual violence (9.4 per cent), unintended pregnancies and early fertility (27 per cent). Use of modern methods of contraception (mCPR) increased from 8.1 per cent in 2014 to 18 per cent in 2018, yet this upward dynamic is still not enough to impact people's standard of living in general, women and adolescent girls in particular. Unmet need for family planning remains at 27 per cent among women in union and 31 per cent among adolescents and youth, with huge inequalities among provinces and within the same province.

### **A context of transformation**

Rising over this persistent pressure of unprecedented challenges, the UNFPA DRC team has fiercely and passionately transformed to bring a visionary new way of working to the country. At the heart of this effort is a cutting-edge and cross-cutting new way of making linkages between the three transformative results: zero maternal mortality, zero unmet family planning need, and zero gender-based violence—and the DRC's socioeconomic development frameworks. For example, UNFPA DRC's linkages between family planning, climate change and food security are helping to build a network of mutual support between environmental concerns and the status of women and girls.

Music forms an integral and cross-cutting part of Congolese identity. Kinshasa, capital of the DRC and its largest city with over 10 million inhabitants, has been named a UNESCO "Creative City" in recognition of its vibrant musical history and culture. Cradle of the Congolese rumba, Kinshasa is home to national and internationally-renowned music festivals like the Jazz Kif Festival and the Pan African Music Festival. The INA, or National Institute of Arts, is an internationally known higher-education institution for the performing arts, also located in Kinshasa<sup>12</sup>.

Lubumbashi, the DRC's second-largest city, is also a UNESCO "Creative City". The heart of the DRC's Copperbelt mining region, copper and malachite art and crafts abound. The miners also have a rich cultural identity which is expressed in theatre performance and music. The city is home to two large cultural festivals, the annual Copper Eaters Festival celebrating local artisan traditions, and the biennial Picha Encounters featuring innovative and experimental urban visual arts.

UNFPA DRC is leveraging this vibrant urban culture to fulfil its vision for nationwide obstetric fistula services by using star-filled galas to not only raise funds but to ensure that obstetric fistula is prominent in the minds of the country's cultural leaders.

Along with these hopeful signs for national transformation, run continued crises of conflict, disease and natural disaster; in 2017, the United Nations declared three Level 3 humanitarian responses in 12 of 26 provinces of the DRC at the same time.

As you are about to read, UNFPA DRC rose to the challenges.



## Introduction: Ends, goals and tactics

Strategies, summits, and seminars create broad ends—the desired end result.

Policies, procedures and programmes define goals, which are concrete intermediary steps to reach those ends.

For example, if justice, dignity and empowerment of women and girls and no one left behind are our ends, then the SDGs, reducing maternal mortality, distributing family planning information and supplies, and reducing gender-based violence are our goals, or concrete steps directed towards those ends. To use a sports analogy, if winning the game is our end, then scoring a winning number of goals for our team is, after all, the goal. In that sports context, the goal is, literally, the goal to reach the end result of winning the game.

All too often, this is where the instruction manual stops, with a directive to go forth and make progress towards accomplishing goals which are in turn directed at larger and eminently worthy end results.

But when you are standing in the DRC in early 2020 as torrential rain washes away the homes, crops, schools and medical facilities of hundreds of thousands of people, in a country characterized by armed conflict, a refugee crises, less than 2000 miles of operable roadway, lack of basic sanitation, food insecurity, economic and political instability, HIV, EVD, cholera and COVID-19, you need something more than the soggy pages of an instruction manual

You need the **means** to reach your goals and ends. You need objectives and tactics.

**Tactics** (n): the art or skill of employing available means to accomplish an end. Merriam Webster online.

A **tactic** is a conceptual action or short series of actions with the aim of achieving a short-term goal. This action can be implemented as one or more specific tasks. A strategy is a set of guidelines used to achieve an overall objective, whereas tactics are the specific actions aimed at adhering to those guidelines. *Wikipedia, "tactics"*.

**Tactics** (n): Means by which a strategy is carried out; planned and ad hoc activities meant to deal with the demands of the moment, and to move from one milestone to another in pursuit of the overall goal(s). In an organization, strategy is decided by the board of directors, and tactics by the department heads for implementation by the junior officers and employees. *Businessdictionary.com*.

**Tactics** are the tools in the toolbox of practical measures to get from wherever you are presently standing to the point where you have achieved your goals and ultimately reach your desired end results. Tactics are the art of using available **means**—resources of every type, from money to personnel to skill sets and intangible assets like credibility, to build the infrastructure necessary to reach your goals and your long-term ends. Tactics are devised in the field, where teams can adapt to conditions on hand, use what is available, and determine **objectives**—intermediate steps along to the path to goals and ends.

Back to the sports analogy, in order to score our goal, we might set the objective of advancing the ball up the field using a diversionary tactic feinting in one direction then running towards the other direction. In a military analogy, before we can secure the end result of freeing the country from an incursion force, we might set a goal of surrounding that force so that their supply lines are cut-off; in order to do that we may establish an objective of conquering a particular hill. We may accomplish our objective by using tactics which might include getting allies to help us, moving under cover of night to reduce our risks, or using ropes to climb a rock cliff instead of taking an easier but more predictable path.

In a military setting, determining objectives and choosing tactics is left to small field units and their leadership, because the generals back in their offices can not ever know exactly what conditions will be like on the ground. Having a working knowledge of tactics gives leaders in the field guidance and a range of options to consider when facing difficult and ever-changing conditions.

Many sports, military, and navigational tactics are part of our common-sense popular knowledge base: use a zigzag path to advance a ball through a tight defense, or to climb a steep hill; follow a watercourse downhill if you are lost in the woods to avoid walking in circles; outflank an enemy force to turn the front of a skirmish, or to win market domination in a new product placement campaign. Even a rudimentary study of history will include readings on the use of diamonds, wedges and squares as tactical formations when foot soldiers and cavalry clash on now-legendary battlefields.

Little has been written, however, about tactics which may be useful to a UNFPA country office team attempting to achieve the agency's defined goals (the three transformative results, the SDGs, no one left behind, going the last mile and reaching those most in need first) and move towards the desired end results of justice, dignity and empowerment for women and girls, while operating in a context of a profound and prolonged triple nexus of crisis. No tactical manual has been written for a UNFPA team to consult in the field as they navigate the rough terrain which faces a development army of change.

This did not daunt the UNFPA DRC team. Over the last several years, as the DRC itself has been in the flow of great transitions on every level, the UNFPA DRC team courageously re-envisioned itself as a positive force to be reckoned with. To do so, they drew on tactics from leaders in business management, from the widespread experience and practical knowledge of their administration and staff, and from the wisdom of a popular local expression. When those means did not completely fill the brief, they created their own tactics, arising from an institutional culture that encourages innovation and respects the contributions of every member of the team regardless of their job title or position.

**PART I** tells the story of how the UNFPA DRC team changed its institutional culture, mindset and structure, creating a *vision* of how to work towards UNFPA ends and goals within the crisis conditions of the DRC, and *defining objectives* and *developing the tactics* necessary to reach those objectives.

**Chapter 1** seeks to answer the question, How do you position UNFPA as a positive entity of change in these crisis conditions? The answer lies in creating a common vision, pursuing authentic and often non-traditional partnerships in a spirit of collaboration and mutual support across sectors—and in borrowing some tactics from a tiger.

**Chapter 2** explores the tactics used by the UNFPA DRC management and staff to empower their team as an effective force in single-minded pursuit of their objectives of transforming the lives of women and girls in the DRC. Motivation, inspiration, visioning, self- leadership and coaching are tactics often discussed in the context of complex multinational business development. Here, the UNFPA DRC team develops these tactics in the context of restricted resources and continual crisis which would daunt any corporate CEO—and succeeds.

**Chapter 3** looks at the role communications and technology can play in leveraging the effectiveness of a business entity while also promoting the institutional culture of team-building, encouragement and empowerment. Not to be dissuaded by the constraints of the DRC’s limited communication infrastructure, UNFPA DRC has created effective tactics for communication within the team, and between the team and other entities. These tactics reinforce our ability to speak with one voice—and to do so effectively.

In **PART II** of this book, we will set out how this changed institutional culture worked to engage the UNFPA team’s humanitarian response in cross-cutting, silo-breaking ways.

In **PART III**, we’ll demonstrate how, against all odds, the toolbox of tactics has enabled the UNFPA DRC team to make measurable progress towards the shared UNFPA goals of meeting the SDGs, transforming the lives of women and girls, and leaving no one behind.

And in **PART IV** we look towards the future with empowered youth and decision-making informed by good data.

## Part I: Tactics and Tigritude

### Forging an effective team in crisis conditions



Tshikapa, Kasai, 2019



# CHAPTER 1: YOU ARE THE LEADER OF WHAT YOU ARE DOING RIGHT NOW

## **Objective 1.1: Create a shared, inspiring vision**

The core essence of any team is a common vision. Before they could leap into action and innovation, UNFPA DRC first needed to define a clear vision, developing into the office the culture of one result. “*We are UNFPA,*” says Noemie Dalmonte, UNFPA Regional Emergency Gender-Based Violence Advisor. “*We need to get everyone to have a better understanding of where we want to get to.*”

***Vision*** (n): the act or power of imagination. *Merriam Webster Dictionary online.*

***Visioning*** (n): the process of imagining how a business will develop in the future and planning in a suitable way. *Cambridge dictionary online.*

***Visioning*** (n): The development of a plan, goal or vision for the future. *Oxford online dictionary.*

### ***Tactic: Adopt game-changing objectives***

Faced with extraordinary challenges and nearly insurmountable obstacles, UNFPA DRC did not dial down their goals and set safe objectives. Instead, they changed the game with a go-big-or-go-home strategy: They adopted expansive objectives worthy of standing as a shared vision not only by the whole UNFPA DRC team but also by their partners, allies and the women and girls they serve.

In their focus on training midwives, the team gave the UNFPA humanitarian response a different shape with a vision to bring midwifery to all major responses to the hotspots of the country.

Obstetric fistula had never been thought about in a visionary, systematic way. Instead of setting an objective of obstetric fistula treatment in a few urban centres, the UNFPA DRC vision is to provide capacity by 2024 in all 26 provinces for a national team to handle all simple cases.

Family planning was re-envisioned from several perspectives, including reducing maternal deaths but also for food security and agriculture, environment, poverty reduction and development.

### **Addressing fistula in humanitarian settings**

In its efforts to leave no one behind, UNFPA DRC scaled the humanitarian action of its campaign to end fistula. Advocacy was developed from several approaches.



Kolwezi, Lualaba, 2019

In the DRC, fistulas are sometimes consequences of war atrocities; obstetric or post-rape fistula is an additional physical and moral trauma in displaced women and increases their vulnerability. The transversality of protection must provide benefit to these victims and leads to restoration of their dignity and enjoyment of their right to health; an inclusive humanitarian response must not leave out people with special needs.

Thus, “the integration of disability in all recovery responses and efforts with targeted actions” (António Guterres, United Nations Secretary-General) is an illustration of a response guided by human rights. Positioning fistula as a handicap is a critical step highlighting obstetric fistula in the humanitarian community which generally has little awareness of this matter. Some 600 cases of fistulas were repaired with CERF funds in 2019 and 300 will be operated in 2020, also with CERF funding.

### ***Tactic: Establish a “situation room” to focus shared vision***

UNFPA DRC set up a show room of the humanitarian operations, also called the Situation Room. This tactic is cross-cutting and intersectional: It serves substantively as part of the humanitarian response, discussed in Part

II of this book; it is a unique mode of communication through visual representation, discussed below in regard to communication strategy; and it serves as a visioning tool. The space allows everyone (donors, partners, UNFPA staff) to see at a glance an overview of UNFPA humanitarian action to date: the situation in the field, the humanitarian profile, human and financial resources, the mapping of key field interventions, results, the monitoring of key inputs and communication tools and channels (monthly reproductive health and GBV newsletters, social networks, etc.). By being able to physically visualize the entirety of the humanitarian response, a shared vision of humanitarian goals and objectives is created and reinforced, adding strength to the weave of team-building.



Situation Room, UNFPA Country Office, Kinshasa, 2019

## **Objective 1.2: Align structure, staff and reality**

When Representative Sennen Hounton arrived at UNFPA DRC in late 2017, the UN had declared three Level 3 humanitarian crises in places where UNFPA had no presence (Kasai region, Tanganyika) or only a one-person team (Bukavu, South Kivu). A “realignment” process had started in 2016 and was finalized on paper on December 2017, abolishing the position in Bunia, Ituri while the Ituri province was going through a re-emergency of decades-long crises. Positions were being eliminated, the country office was under pressure to adapt and adjust, and anxiety reigned for the staff who needed to compete for new profile positions to maintain their job. The long delayed signed-off realignment document was already obsolete and did not match the rapidly shifting reality of needs on the ground in the DRC. The initial objective, then, took little imagination: align the country office structure and staff organization to meet the reality and the programme requirements.

### ***Tactic: Assess human resource assets***

A human resources assessment was conducted prior to implementation of the planned office realignment. A week after his arrival, Dr. Hounton conducted one-on-one meetings with every single person—human resource asset—in the office.

The assessment (conducted by Paolo Bernasconi, then an HR Strategic Partner of ESARO) showed that UNFPA DRC had staff highly committed to deliver on the mandate of the organization, although it was observed that their actions often tended to be too reactive rather than proactive. There was a workforce gap with shortage in certain functions including humanitarian, GBV Sub-Cluster Coordinators, GBVIMS, reporting, communication, adolescent and youth programming, procurement and Human Resources. However, there was a surplus of staff in others such as maternal health, family planning and monitoring and evaluation (M&E). There was a notable gender imbalance and insufficient staff diversity. Staff were in comfort zones, each with their own very isolated approach, while the organization’s three transformative results are interlinked with one another and with broader humanitarian issues.

Structurally, staffing costs were above 50 per cent of the ceiling (Regular Resources) which is not sustainable and needs to be lowered in order to free funding for activities and also improve the culture of resources mobilization, enabling staff to mobilize resources to cover staff posts.

As such, the office needed to quickly adapt to the new reality of the context with three Level 3 crises response, and the need to ensure UNFPA presence in all humanitarian hubs in Kasai, Kalemie, Bukavu and Goma and lead Gender Based Violence sub clusters in protection clusters and Sexual and Reproductive Health working groups in health clusters. The office cannot be credible unless it is present in humanitarian hubs. One of the strong measures, due to the context, was to maintain not only the offices that were projected to be closed under realignment, but also to strengthen others to make UNFPA a present and effective actor in the field of humanitarian-development-peace triple nexus and security.

To maintain the valued human resource assets, while tailoring the structure to meet UNFPA DRC's needs, the best solution was to redeploy existing personnel to the new regions of intervention. The big question was, How to do this?

### ***Tactic: Incentivize redeployment***

Redeploying fixed-term staff is not easy. Staff redeployment was initially made possible by a financial incentive granted to them for a change in the location for one year. The financial motivation was based on CERF funding and the UNFPA emergency fund. The redeployment was done by negotiating as part of the realignment, together with the three L3 declarations, and with the guidance of the organization's Human Resources Department.

The idea of the redeployment was to ensure effectiveness of the two main functions, namely (i) facilitating GBV sub-clusters in Protection Cluster and SRH working groups of the Health Cluster in all humanitarian hubs by sharing office space with other large-scale operation agencies (for example, WFP, UNICEF, OCHA); (ii) coming as close as possible to the population in need of life-saving services.



Kananga, Kasai Central, 2018

Leveraging the temporary re-deployments and with guidance from DHR Headquarters, we ensured final and long-term redeployment in all the humanitarian hubs, and used the UNV instrument to fill other gaps, while bringing on-board temporary supports under independent contractor (IC) contracts in crisis period or special context needs. The multiplicity and diversity of crises in DRC require adaptable and agile workforces to address UNFPA value added propositions in humanitarian situations.

Staff redeployment was initially made possible from small project funds approved by donors and CERF funding. Great communication and information-sharing on the survival and development issues of the office were carried out within the team and incentives for the Staff were negotiated and granted, which helped mitigate the redeployment effects and keep the Staff sufficiently motivated.

To ensure compliance with the regulations and staff and organization protection, discussions took place with the Regional Office and HQ aiming to explain the staff movement planned by the office. HQ guidelines on staff redeployment, definitive for some and temporary for others, were taken into account according to the UNFPA Strategic Plan and the country office's Country Programme Document.

***Tactic: Leverage partnerships to co-locate***

UNFPA DRC negotiated with a number of agencies and UNFPA partners already present on the ground to host the UNFPA team or share their offices—a tactic discussed further below regarding partnerships. Co-locating compatible business entities is a common cost-saving tactic, especially for start-up and small businesses with specific equipment needs such as food production facilities, temperature-controlled computer servers or printing machinery. In UNFPA DRC’s case, co-locating with other agencies and partners allowed the office to significantly expand its presence in the field over a wide geographical area, while diminishing the costs and concerns regarding transportation, communication and especially security.

UNFPA DRC was able to find office space for staff in other agency’s field offices and place supplies in other entity’s protected compounds.



World Humanitarian Day, Bunia, Ituri, 2019

*Whenever I sent staff, it was on a team. I sent someone to cover GBV, another for RH, a car and a driver at a minimum. So we negotiated with other partners to 'host' us, provide us shelter.*

*--Dr. Sennen Hounton, UNFPA Representative*

Co-locating is easier if effective networks and personal relationships are already in place with the staff and administration of other humanitarian actors and NGOs in the region. The negotiations on offices to share with the World Food Programme (WFP), WHO, UNICEF or OCHA were relatively easy because of the very good cordial relationships developed by the Representative with his colleagues from these other agencies. For example, UNFPA DRC was able to utilize the World Food Programme office in Kalemie. The ability to place UNFPA DRC staff in Kalemie proved fortuitous, particularly in regard to UNFPA DRC's role in mobilizing several rounds of Peace Building Fund in Tanganyika Province, which would not have been possible hadn't UNFPA been present in the humanitarian hub.

“It is particularly important for UNFPA to quickly deploy GBV sub-cluster coordinators to coordination hubs,” explains Noemie Delmonte, UNFPA DRC Gender Based Violence Team Leader. “Humanitarian coordination particularly solicits us on GBV issues because of the magnitude of the problem in DRC, efforts made in this fight over several decades and commitments made by humanitarian players in the DRC. When we have a sub-cluster able to produce maps, update referral channels, quickly analyse the gaps, able to assess the needs of any new crisis and mobilize the players for response as we did by example in Kalemie, we save lives and we are respectful and credible players. When we play our role as a ‘service provider of the last resort’ at every shortage of available post-rape kits, the entire humanitarian community sees the added value of UNFPA.”

The presence of the sub-cluster coordinators in widely dispersed locations thanks to co-location with supportive partners elevated the leadership status of UNFPA DRC, particularly in the field of GBV.

### **Objective 1.3: Exercise courage in risk management**

The UNFPA DRC tactic on risk aversion is clear: Take measurable risk with mitigation strategies.

Risk is an inherent component of effective action in the DRC. UNFPA DRC's strategic decision to align its resources to address humanitarian emergencies and enter collaborative partnerships with government and other development partners was not without many risks: risk to credibility and reputation; risk to funding streams; and the very real risks associated with working under crisis and conflict conditions.

#### ***Tactic: Be risk-savvy, not risk-averse***

The team's cohesive vision is that risks should be taken, as the mobilization of humanitarian resources could not be increased without UNFPA team members being present in the field and funding being sent to only the field players.

Taking measurable risk means having management ready to take some important risk, but also flexible in putting in place important risk mitigation measures. For example, the humanitarian midwives surge discussed in Part III of this book were not only prepared to provide skilled birth assistance in the midst of crisis conditions, they were also trained to know how to respond in security risk context. In addition they were fully included in the Country Office (CO) staffing list, and were all informed that they could be benefiting from the UN stress counsellor support at any moment should they feel the need.

Other risk-mitigation measures utilized by the UNFPA DRC team include:

- Security risk management with MONUSCO and government.
- Building high trust and confidence within the country Management Team.
- Developing a sense of self-leadership within the country teams, in all staff categories.
- Clearly communicating to the team all risks involved, and together, thinking about the local mitigation plans.

- As much as possible, involve the government officials of the area where the midwives will be posted in the selection process or supervisory process of the assigned midwife.
- As all staff recruited under IC (Independent Consultant) modality, the CO supports the midwives in subscribing for their insurance, so that they can have a minimum coverage in case of incident.
- As for all staff, these deployed midwives (ICs) are provided with means of communication (phone, modem, computer), which helps the CO to always be in contact with them and ensure they are safe. The midwife has to send regular weekly reports, focusing not only on their achievements, but also on their safety and security information in their area.

Managing staff contracts also entails significant risks. On one hand, you need staff to mobilize resources, but on the other hand, you need resources to pay for staff salaries. In the DRC, resources are mobilized throughout the year. This means resources are not always available at the time you need to renew contracts of many staff. The CO, however, has been able to manage to have staff in key positions and use them to influence the financing stream by showing to the donors that UNFPA is present in all hubs and has the required human resources to deliver as per the standards and within the set time frame. This risk taking pays off as the CO has been able to mobilize enough resources to cover activities as well as salaries and other running costs. Not taking this risk would mean not having staff in humanitarian spot, not exercising our role as per IASC guidance, and thus be irrelevant for the Humanitarian Country Team.

#### **Objective 1.4: Build an engaged, motivated team**

The UNFPA DRC vision of a resilient and motivated development army revolved around five prongs:

1. Empowering staff: employee engagement, motivation and recognition
2. Talent management and staff development

3. Team work: individual accountability, shared leadership, shared accountability
4. Performance management: line manager excellence and instituting a feedback culture
5. Staff well-being, duty of care and PSEA

From the get-go it was clear that for the UNFPA DRC business unit to succeed in the context of a decades-long protracted crisis, it needed not only to have the best human resources in key positions, but also to have motivated and resilient human resources. UNFPA DRC needed to strive towards a culture of development army in a United Nations agency whose mandate is not easily assignable to other entities (particularly family planning), and which is not one of larger United Nations agencies in terms of size and budget.



Tshikapa, Kasai, 2019

***Tactic: Engage and motivate***

The UNFPA DRC team is courageous. It faces multiple challenges, yet is all the time looking to innovate, to go ahead with new ideas to mobilize resources with the government and the private sector.

The UNFPA DRC team keeps to the strategic plan; but what is different is that we can all get to the end we have set out in the strategic plan, but context matters a lot. A critical element has been developing the spirit of getting the UNFPA staff more confident. The office uses the managerial strategic plans—but implements them in their own DRC way.

*Armed with a great motivation and with unconditional personal engagement, I developed the feeling of positivity and professionalism which allowed me to have an impact appreciated by women beneficiaries of the services of UNFPA including RH, GBV and the fight against obstetric fistulas.*

*--Dr. Léonie Atimango Marini, Reproductive Health Programme Officer, Tshikapa*



Tshikapa, Kasai, 2019

The reduction in core funding and the impending realignment exercise that had been in the making for two years before approval had demoralized staff and, as a consequence, teamwork suffered as well as overall engagement and motivation. In such a context of impending office realignment and the uncertainty that comes with it, it is understandable that employees were anxious about their future and job security was their highest concern.

As reported by Paolo Bernasconi who conducted several human resources reviews of the UNFPA DRC country team, the problem is that

disengaged employees can drag others down and impact everything—quality, productivity, retention and other critical business areas of the office. Employee engagement does not mean employee happiness. Employee engagement is when the organization values a staff member and the staff member values the organization. Research shows strong relationships between engagement and outcomes such as absence, turnover, safety, customer satisfaction and productivity. Engaged employees care about their work and their company. They don't work just for a paycheck or just for the next promotion but work on behalf of the organization's goals and are, thus, more productive. Job satisfaction increases, and turnover goes down.

As Paolo Bernasconi—a former UNFPA Human Resources Strategic Partner—reports, employee engagement drives and is driven by organizational culture. Engagement is the emotional commitment the employee has to the organization and its goals and it is closely linked to organizational culture. Indeed, employee engagement is largely about social connections happening in organizations and aligning work experiences with employees' cultural needs. In the DRC, upon first taking office the Representative spent quality time on bilateral conversations with every member of the office personnel, understating their special circumstances, getting to the heart of what matters to them and finding about their plan in the next five years. This was very appreciated by the staff. When staff see that their interests and circumstances are genuinely taken into consideration, they instantaneously become more engaged. Tom Haak, renowned director of the HR Trend Institute, says “Every good conversation starts with listening.” That advice became the touchstone for interpersonal communications in the office.

Extending this ethic, the country office management adopted an open door policy and transparency in decision-making in all matters related to human resources. This helped make it very clear to all staff members that in the competitive environment we are working in, the country office must have committed and productive staff members to secure funding and respond properly to the expectations of the donors and the government.

Open and frank communication also made it clear to the staff members that the more resources the country office has, the higher its capacity to secure the position of the existing staff and to hire new employees. As a

result, staff motivation, commitment and productivity are very high. Compliance with donors' requirements has increased significantly in the country office operations, and tangible results of programme implementation are observed on the ground by key decision makers, including the government. Hence, the country office operations budget increased from \$25 million in 2016 to \$43 million in 2019. The size of the UNFPA staff in the DRC increased from 82 in 2017 to 121 in 2020 (and up to 130 with the midwifery surge in 2019).

Lastly, maintaining regular communication with HQ and the regional office helped the country office management to quickly secure talented candidates by using flexible management procedures to offer independent contractor (IC) contracts to selected candidates from a recruitment process while all administrative formalities were being finalized.

***Tactic: Recognize and encourage***

The DRC Country Office has many talented staff; however, many of the staff members tended to be shy and often lacked self-confidence. There was no formal individual or team recognition. UNFPA DRC's office leadership diversified the exposure of national staff to international missions and established a transparent annual award system and committee to recognize individual and teams in all categories including Driver, Assistants, Procurement, Finances, Communication, Resources Mobilization, Best Team, etc. with celebration, and prizes. Year after year the office observed a good competition for individuals and teams to win employees recognition awards.



Engaged employees lead to better business outcomes and contribute to a more motivated and high-performing workforce. Employees engaged in their work are likely to be motivated, remain committed and stay focused on achieving business goals and driving the organization's future. The management invested in staff capacities and career development with formal humanitarian surge training, brought on-board consultants or got the Regional Office Advisers to come in country to train the team on competency-based interviews, coaching sessions on job applications, lateral moves within the office, career growth, learning and exposure to new environments (South to South collaboration, or internal geographic locations within DRC), and onboarding of new hires. Whether a new hire is stepping into a role from outside or an internal hire hailing from another area of the same organization, integration of staff will be critical, and the office invested in systematic onboarding orientation and a welcoming package. Bringing in staff from other country offices (South to South cooperation) was another kick off point for staff, who could learn from those new bloods, but also felt excited to depart as well to support other business units.

Beside the annual office award ceremony, UNFPA DRC management regularly notices and acknowledges contributions from staff. These contributions cannot be taken for granted; acknowledging them fosters a

culture of appreciation, which research has proved is a game changer for sustainably better performance. Frequent recognition and acknowledgement of the country teams by the Regional Director and Executive Director have galvanized the team, and staff can connect the praise explicitly to the values of the organization, be it the team, the unit or the office as a whole. Staff want to be seen and recognized and that is what we did.

*I appreciate the efforts by management for the recognition of the performance of the staff through encouragement and prizes to the best staff and the best team, which motivates and creates emulation to improve the quality and productivity of the work.*

—*Philomène Matondo, Communication Officer, UNFPA*

A positive environment was created for staff to excel, conversations and space were provided to educate, and to coach the staff on “luck” – which is what the Roman philosopher Seneca called the situation when preparation meets opportunity – and on how, as Confucius stated, “the will to win, the desire to success, the urge to reach your full potential are the keys that will unlock the door to personal excellence”.

### ***Tactic: Talent management***

For an organization like UNFPA with competition and change in the landscape in international development including SDGs, high-level policy dialogue and technical assistance, it is paramount to secure and develop talent and manage succession planning. Given that UNFPA DRC is a very complex business unit with many non-family duty stations, there is an expectation of turnover and finding quality human resources requires attracting and keeping talents with a minimum benefit package.

In the DRC, we first looked internally to identify talent and empower them as is the case with Adolescent and Young People programming, GBV Sub-Cluster Coordinators, IMS associate and develop their human capital; secondly we looked to external human capital to secure quality resources in key locations with Temporary Appointments. Finding potential hires by

using network intelligence. Referral networking is becoming one of the fastest growing trends. We relied on referral networking and entrepreneurial skills to find talents. We then more offered attractive temporary agreement appointments (as opposed to Individual Contract with no health insurance and no paid Rest & Recuperation) and managed the risks in recruitment of quality HR for short term emergency projects to ensure continuity in assignment over consecutive emergency projects. This is huge. UNFPA is championing a UN-wide approach to recruitment and sourcing and establishing a candidate roster. The office relied on internal and external networks to quickly secure quality candidates on individual consultancies basis while finalizing temporary appointments with headquarters. Innovation and infusion of youth is also very critical for staff development and the establishment of the adolescents and youth incubator for SDGs has been instrumental to empower networks of adolescents and young people associations, groom them and associate them as sounding board for planning and programming, for implementation and for monitoring and evaluation. Our flagship adolescent girls' programme is largely designed and run by adolescents and young people with their mentors.

One of the very effective strategies management has been using to get frank and objective feedback on performance of the business unit and its staff, was to invite key observers during country office retreats. This strategy allows staff members to hear from those observers (other United Nations Agency Resident Representatives, Ministers, etc.) on the way they see the performance and the areas for development of the country office. Though the feedback during those sessions are general in nature, each staff member got some take away as to how he or she can perform his/her duty differently.

***Tactic: Empower self-leadership and unleash potential***

Develop the spirit of self-leadership in the team. The management team empowered each staff member to understand: **You are a leader in what you are doing and represent UNFPA in all aspects of what you do.** Speak with one voice. Empowerment of the team is crucial so they can think independently, present options for discussions without fear, discuss openly the best courses of actions and to go beyond the call of duty.

How to inspire that? It is not easy to replicate; each team will have its own journey, but all managers must catalyse this. One example from the DRC team is that a man was working for UNFPA as a driver, and in the process of getting to know all of the team staff, we learned that he had a Master's degree in Computer Sciences and IT. We offered him an opportunity to unleash his full potential as GBV Information Management Specialist (pictured below).



Mbuji Mayi, Kasai Oriental, 2020

The DRC country office is the largest field business unit in UNFPA, with three decentralized offices, 15 different nationalities and some teams larger than that of regional offices; for example the DRC Population and Development unit had, at that point in time, five Senior Demographers including four with PhDs. It is thus critical for any management of such an office to ensure empowerment of decentralized offices, team and clusters leaders. It means staff are engaged, motivated and recognized for their achievement. It also means we take coaching seriously: When we have a large team and people taking self-leadership, it makes people much more passionate, but sometimes you don't get the results you need as a manager. You have to identify the gaps and step in to help to keep things moving. You must, as the leader of the team, have a prospective vision and support the

team with networking and strategic partnerships, you must develop a problem solving attitude and invest in preparation and adaptability.

***Tactic: Ensure accountability***

From the start we had a very engaging coach (Cheikh Tidane Cisse) during our office annual retreat who used the charming parable garnered from “Who Moved My Cheese?”, a book by Spencer Johnson, MD, to engage the staff around inevitable change, adaptation and how with shared leadership and shared accountability we can achieve team success. Accountability is a critical factor since stronger accountability makes stronger teamwork. What we see in great teams is peer to peer accountability where employees hold one another accountable. Peer pressure in an office is the best kind of accountability. This had been missing in the DRC team; hence the management invested in enhancing accountability in order to sustain performance momentum.

***Tactic: Performance management and feedback culture***

“In order to build a rewarding employee experience, you need to understand what matters most to your people,” said Julie Bevacqua<sup>13</sup> of *Rise People*. Indeed, the individual manager is where the burden of talent management lies on a day-to-day basis. And the most important threat to the employer-employee relationship is trust, and the way we build trust is through honesty and open communication around what matters most to people: discuss performance and provide feedback.

Therefore, investing in manager’s excellence and leadership development is crucial and pays off down the road. Enhance training and development offerings, particularly in supervision and leadership. We invested in giving feedback (bad or good news) about what the staff should be learning and how to grow. We believe the regular exchange of authentic feedback (even though very painful) builds trust in working relationships. As indicated by Jack Welch, Former CEO of the General Electric corporation, “an organization’s ability to learn, and translate that learning into action rapidly is the ultimate competitive advantage.”

Our standard office meetings of the Country Office Management Team or the Crisis Response Team meetings were all opportunities for learning and growth. Staff who were shy and who only hid behind “we would

like your orientations” without proposing any solution, now feel more confident to openly present their analysis and solutions options in a meeting without fear.

Moreover, it is worth noting that the country office management has invested a lot in the performance of the staff members. The Staff clearly understand that the management cares not just for the work of the business unit but also for its staff’s career development. This has been demonstrated by the management through its effort to formally organize trainings on Job Application and Interview preparations to help staff members increase their chances in getting higher positions. As a result, many staff have been able to move their career forward. Some of them have obtained higher positions in the same business unit and some in other business units of UNFPA Regional Offices and country offices and some in other UN Agencies. UNFPA in DRC is then being seen caring for its staff and as a good workplace in the country.

***Tactic: Cross-train for more effective resource mobilization***

In sports, cross-training enhances athleticism and helps maintain engagement in fitness by honing several resource sets, such as weight lifting, swimming and yoga leveraging strength, endurance and flexibility. Cross-training in the business entity context means creating a workforce team with the strength to carry out multiple critical tasks at once, the endurance to work in an extended crisis context, and the flexibility to shift between different job roles.



Annual Office Retreat, Kinshasa, 2019

In order to foster collaboration across teams, UNFPA DRC management created an extended management team which enables timely information of key office engagements with leaders of programme and operations teams. The extended team includes the Representative, Deputy Representative, International Operations Manager and senior national operations specialist, all heads of units, some key team leaders (such as Adolescent and Youth), local security associate, all coordinators of decentralized offices, IT and communication officers.

This extended management team has an email and whatsapp groups and is systematically copied for offices strategic actions irrespective of the units of concern. It trains staff and partners on preparedness, contingency planning, humanitarian programming, resilience building programming, youth and peacebuilding, data collection in emergencies, coordination and security to fulfil the humanitarian and development mandate of the country office and sets up coaching, mentoring, tutorship mechanisms to support staff in increasing their technical capacities.



Breaking silos, Annual Office Retreat, Kinshasa, 2019

By investing in people, cross training all heads of units in humanitarian preparedness and response, with a back-up for all key positions in the humanitarian response, and by training the team on Minimum Initial Services Package in sexual and reproductive health, including our best asset, the Emergency RH kits, which is the main added value of UNFPA in terms of life-saving interventions, we increase the team knowledge and ability to scan opportunities and position UNFPA for resources mobilization opportunities in humanitarian situations. Humanitarian action has become everyone's business, all ranks combined. Humanitarian work became a matter for everyone and the whole team. The results of this coordinated team-building are unprecedented resource mobilization and are better set out in Part II of this book.

***Tactic: Break silos, Take care of staff***

Another positive driver in building team spirit was the cluster approach (balanced and diverse team), WhatsApp groups and social interactions outside of work, celebrations of life events (anniversaries, farewell, re-assignment) which adds a social dimension to work and creates a positive work culture and environment.

As described by the Harvard Business Review in March 2015, a workplace characterized by the following positive and virtuous practices excels in a number of measurable domains:

- Caring for, being interested in, and maintaining responsibility for colleagues as friends;
- Providing support for one another, including offering kindness and compassion when others are struggling;
- Avoiding blame and forgive mistakes;
- Inspiring one another at work;
- Emphasizing the meaningfulness of the work;
- Treating one another with respect, gratitude, trust & integrity;
- Positive practices;
- Increase positive emotions that broaden employees' resources and abilities by improving people's relationships with each other and amplifying their creativity and ability to think creatively;
- Buffer against negative events like stress, improving employee's ability to bounce back from challenges and difficulties;
- Attract and bolster employees, making them more loyal, bringing out the best in them<sup>14</sup>.

Considering the protracted crisis nature of the DRC, and the level of stress in delivering in such context, promoting a healthy work-life balance is critical, to be sensitive to staff family's needs and promote an environment of civility and zero tolerance for sexual exploitation and abuse.

In addition to all supporting documents from the Headquarters and Regional Office on PSEA, civility and harassment, country office management regularly uses the United Nations Country Stress Counsellor and the Office PSEA Specialist, to emphasize on the work-life balance and PSEA in our country context.

In the DRC, staff association is very active and is being used as a platform for boosting staff well-being and team spirit. Despite the size of the office,

all birthdays are properly celebrated. Staff outside the capital city join the celebration through zoom. This kind of social gathering has a very significant positive impact on the team spirit and staff effectiveness at work. Management is upholding this practice as a way of promoting social interactions among staff members which are key to increasing staff productivity.

The UNFPA DRC country office is one of the largest UNFPA field business units. Leading a big team is different from leading a small one. As described by Julie Zhuo in her watershed Harvard Business Review article, “*As Your Team Gets Bigger, Your Leadership Style Has to Adapt*”<sup>15</sup>, the leadership style needs to adapt when the team grows, and you will probably find that it becomes more indirect. For example, on a five-person team, you can develop a close relationship with each individual; on a 30-person team, that is nearly impossible. Since you cannot give everyone the attention they deserve, it is important to hire or develop other leaders to manage the people you cannot. You should also accept that prioritizing and delegating are the new normal. The more you look after, the more likely it is that some projects will not be going as well as they could. **Figure out where you really need to spend your time, and get used to trusting your team to handle things without your direct involvement.**

Some decisions will be made without your input, and tasks may be done with a method different from yours. That is OK. A big part of managing at scale is learning to find the right balance. As we reflect on what we have done and what we could have done differently we think we could have spent more time with few young professionals with great potential instead of seeking to bring all unit leaders to the same levels of vision, strategies and tactics. We could have spent more time with our implementing partners getting them to appreciate United Nations rules and regulations for accountability and results instead of the burden of reporting and paperwork. As we lead business units, we must lead with purpose, we must have driver and impact, we must manage relationships and manage complexity, we must adapt and cope and influence and represent our organizations; but we must never forget we are dealing with people, with their hopes and dreams, with their personalities and stories, and at the end the questions are, how many lives have we touched?, how many leaders have we developed to carry the torch after us?, and we wish we had done more of these.

## **Key results, recommendations and reflections**

The main result was a very engaged team, motivated and ready to go the extra miles. The recommendations and reflections are well captured by the guidance received by the Representative from two Global leaders in leading organizations: Mark Lowcock, Emergency Relief Coordinator (USG/ERC), and Henrietta Fore, UNICEF Executive Director.

1. Develop listening skills; listen to colleagues more than speaking
2. Safeguard the organization reputation
3. Do what responsibilities only you can do, and make time to ensure you do these, else the chain is blocked or delayed as the team waits for your clearance
4. Hire the best people to do the job and empower them
5. Cover the key functions of your role (if technical you need to bring top notch expertise; if managerial, manage programme and team; if executive, do well media relations, resources mobilization, manage supervisors, Executive Committees, Executive Board and Security Council, etc. if applicable)
6. Understand partners' perspectives, particularly donors
7. Have your team look in the same direction (share the same vision, strategies, tactics)
8. Innovate, do not be rigid, be open to change your mind, it is essential to change minds, do not resist to change your mind. One must not stand still, organizations that grow do not stand still, modernize! Change is inevitable!
9. Reach out to others; there is no need to compete, all hands are needed for achieving the SDGs
10. Engage civil societies, private sectors, and young people--they often move faster than UN and governments
11. Do not take offense when you lose, or fail to convince; not every decision is personal
12. Do not be hierarchical. Help when people fail, do not put them down further and be a good friend, a reliable friend.



## CHAPTER 2: GRATITUDE AND TIGRITUDE

### Partnerships and positioning

Strategic partnerships had been mistakenly, and all too often, limited to a matter of funding by the team. This is because getting money is of course critical—without it, you cannot cover for staff salaries for example or conduct humanitarian aid. But now at UNFPA DRC the emphasis is on strategic partnerships, and primarily innovative and non-traditional partnerships in the pursuit of the three transformative results. We are expanding our reach with the mindset of positioning the three transformative results in a wider development context. This is a new direction we contend UNFPA offices should move into—not just looking to funding mechanisms or to public private partnerships, but to nontraditional partnerships as well to position the rights and choice agenda in all major development frameworks.

The UNFPA DRC team has taken this new way of working as a priority, because it is the only way we can be meaningfully relevant and effective towards the three transformative results. If we cannot form collaboration and partnerships, we cannot survive as a relatively small agency with a huge mandate on human capital and sexual and reproductive health and rights. We need allies and collaborations through large and effective programmes and strategies. We must be more proactive and we started negotiating more with other agencies, government and large financiers.

Our new way of working involves an emphasis on implementing partnerships; but partnerships that have another dimension, not just funding. Partnerships to build sustainability; invest in a strong collaboration, an equal relationship. There is less competition, and more collaboration. We approach partnerships with an attitude of gratitude and mutual support. Invest in the human side; team-building is part of that, not just within UNFPA but also with our partners. But how do you building networks in the context of continuing crises found in the DRC when government would like a change in narrative and advocates for a more balanced approach with more focus on development?

**Objective 2.1: Position UNFPA DRC as a respected leader in the context of ongoing crisis response**



Itula (Forest, 300 km from Bukavu), South Kivu, 2019

***Tactic: Be the tiger.***

***“THE TIGER DOES NOT PROCLAIM ITS TIGERNESS.***

***IT POUNCES.”***

This popular expression, originating in the 1950s from Nigerian Nobel prize winning author Wole Soyinka, is used locally to mean that you cannot just claim to be something, you have to successfully demonstrate that you can in fact be what you claim, as the tiger demonstrates its “tigrity”. For example, you cannot just claim to be a GBV sub-cluster lead as per IASC guidelines, or a lead agency for census or any other area of our UNFPA mandate. You must have a quality product and actually lead, and then you will be recognized as the tiger you are claiming to be.

We were able to claim our space and leadership because people were seeing us in the field doing it. In all other field business units we believe we

must be relevant if we want to achieve the UNFPA three transformative results!

—Dr. Sennen Hounton, UNFPA Representative



Libenge, South Ubangui, 2019

Beyond the changes and transformations in lives is the recognition of UNFPA as a credible and effective partner for humanitarian responses in DRC. UNFPA DRC is consulted on a regular basis for strategic issues both by the Humanitarian Country Team and world leaders on emergency issues in DRC. Thus the nomination of UNFPA as member of the advisory board of the Humanitarian Fund DRC, (HCT) as a key player for HCT nexus projects, the integration of UNFPA in post-Ebola resilience, the nomination of UNFPA to coordinate HCT project on Prevention of Sexual Exploitation and Abuse and Accountability to Affected Population (PSEA/AAP), the nomination of UNFPA as a host agency for technical advice in the Resident Coordinator office for PSEA and for hosting Protection Advisor (ProCap) for a better integration of collective commitments on SEA and GBV as decided at the first global 2019 Oslo Conference on SGBV.

*We improved our capacity to invest in new things, to scan the environment and make connections. We were first in addressing domestic violence in the context of Covid. UNFPA is growing in importance and respect for many*

*reasons; leadership support, technical support, humanitarian part of the work has changed. Powerful to find a way to support leadership. That leadership needs to be supported with results. UNFPA DRC can show other UNFPA offices how to be a leader and innovative. We can proudly say, Look at what we did in GBV and PSEA!*

*—Noemie Dalmonte, DRC GBV SC Coordinator*

**Objective 2.2: Expand effectiveness working in a crisis context with strategic and innovative and non-traditional partnerships**

As a United Nations agency, working in a large and complex country undergoing multiple transitions requires adaptability and agility. With the ambitious agenda of achieving the three transformative results by 2030 implies implementation on behalf of governments or playing the role of technical assistance for governments on large-scale programmes towards universal access. Implementing large programmes with governments implies playing by the rules and expectations of governments partners while managing risks of fraud, sexual exploitation and abuse with beneficiaries and implementing partners, risks of inefficiency in awarding large amount of grants to government implementing partners, inefficiency in timely implementation, reporting and deliveries, and meeting International Development Association funding requirements.



Reaching the last miles, Libenge, South Ubangui, 2019

It is important to note that there are many organizations (UN and non-UN) intervening in the DRC, using the same implementing partners (government and NGOs), making it a very competitive geographical ground, where everyone tries to safeguard its mandate and image.

How did UNFPA DRC manage with implementing partners (governments and NGOs/INGOs) large projects? What are the internal and corporate requirements with UNFPA (and any UN entity) to be able to leverage such opportunities and deliver? Here are just a few of the answers:

- Networks to learn about IDA grants with government and position UNFPA relevant agenda;
- Personal relationships, marketing, competing for government grants;
- Choice of implementing partners; mainly government and United Nations agency;
- Apply UNFPA rules and regulations and get timely waivers when necessary;

- Improve market research to have a good staffing for coordination, monitoring and evaluation (M&E), quality assurance (QA), finances, communication, reporting;
- Work closer to government entities, bringing in high-level technical advice;
- Regularly screen the environment to know what other actors are doing or planning and where possible joint the planning process;
- Develop and spread information on prevention of fraud and sexual abuse and exploitation both internally as well as externally.

***Tactic: Foster accountable and trusted partnerships with government and partners***

*We are at a crossroads. There has been a lethargy, a quantity of wavering due to the change in the leadership on the government side. I can say today, without being mistaken, that UNFPA is a partner with whom we interact easily and in the best possible way, including on very strategic issues. The proof, for example, is this work that we did together for the adoption of the 5<sup>th</sup> Country Programme Document for the new UNFPA DRC cooperation programme. We have worked, really hand in hand, here in Kinshasa and we have continued this work in New York until the adoption of CPD.*

*—Vincent Musambya Sanganya, Secretary-General, Ministry of International Cooperation*



Ministry of Economic Cooperation and Development Permanent Secretary visit to UNFPA Youth Incubator, 2020

With respect to GBV, as part of the implementation of a national road map on the Call to Action, UNFPA has strengthened its role as lead agency for GBV in humanitarian settings. More specifically, the work of UNFPA was focused on greater inclusion of the national players, and helped strengthen ties between humanitarian, stabilization and development players.

In other words, the quest for zero preventable maternal deaths, zero unmet need for family planning, and zero GBV by 2030 cannot be the work of the government alone, much less UNFPA or the United Nations. To achieve these ambitious outcomes in connection with the SDGs, the government and its partners, in particular the key financial institutions including African Development Bank (AfDB), World Bank and European Union should have ownership of the three zeros and integrate them into their respective development, poverty reduction, education, mother and child survival, food security programmes and projects, etc. If we manage to do that, it is a different ball game. If we do not, we may look like a small NGO with no transformation of society.

To achieve the key transformative goals and outcomes of UNFPA DRC, the country programme needs to carry out actions in partnership with government authorities, CSOs and NGOs, bilateral cooperation organizations, other United Nations agencies, etc. in line with its partnership approach, UNFPA/DRC office advocates and supports joint programming, thus materializing the concept “Delivering as One” promoted by the UN.

The DRC demonstrates successful examples of implementation of the UN Common Chapters where UNFPA, UNDP, UNICEF and UN Women work together around shared objectives starting from programme design, joint resources mobilization and programme implementation. Key areas of the common chapters are being covered, such as poverty reduction (the four agencies), climate change (UNFPA and UNDP), adolescent and maternal health (UNFPA and UNICEF), gender equality (UNFPA, UNDP and UN Women), production and use of data (UNICEF and UNFPA) and peacebuilding (UNFPA, UNESCO, ILO, FAO, UNHCR).

From the situational analysis described above, and due to the context of the humanitarian crisis with immense and urgent needs, after scanning the environment to assess the involved forces, the power and positioning games of each other, but also the alliance possibilities, the Representative and his management team decided to make humanitarian aid the trademark for the country office and have a dual approach of humanitarian and development using a triple strategy:



GBV One Stop Centre, Kananga, Kasai Central, 2019

1. Play a catalytic role in the projects of national scope of the government funded by large international financial institutions including the World Bank, AfDB, etc.
2. Pool its resources and other agencies' resources in order to integrate family planning into key development frameworks, poverty reduction, education, mothers and children survival, food security projects.
3. Make the country office visible on the ground, in provinces particularly those in humanitarian settings, by positioning competent Staff, able to lead interventions for the achievement of the transformative outcomes of UNFPA, while discussing with UN sister agencies on sharing operational costs.

*It must be said that when I arrived, several provinces of DRC were in a humanitarian crisis and 90 per cent of development aid was rather humanitarian-oriented. That means if I wanted to be efficient in accomplishing my mission here, I had to work and*

*be successful in the humanitarian sector. You can be very good, but if you could not invest and cannot be effective in aid, in this particular time of DRC history (2017-2020) you will be out of step, you will be speaking a language that nobody will listen to. It has now been changing gradually since the historic peaceful transition of power in January 2019.*

*—Dr. Sennen Hounton, UNFPA Representative*

Environmental scanning allows, among other things, the building of alliances and networks. Various factors such as behaviour and the personal capacity of the agency manager to create opportunities and spaces for socialization beyond the formal framework of the meeting of agency managers will also come into play. It is rather about informal meetings that foster more friendship, camaraderie. This is what the UNFPA Representative was able to do, thereby creating opportunities for partnership and resources mobilization for his organization.

Likewise, partnership with government authorities is important to drive political dialogue on the country's priorities. It is more than necessary to be attentive to the current priorities and move along these. Thus, proactively, team leaders and programme managers should hold meetings with various coordinating government project coordinators and provide their technical support by highlighting the comparative advantages of work with UNFPA. In relationships with the other, to gain trust, you have to develop listening skills, mutual respect, be open-minded, transparent and efficient.

*What we particularly appreciate in the partnership with UNFPA is the collaboration which is horizontal, not vertical because there are nevertheless technical and financial partners who do not principle of partnership especially when organizations are led by young people and women. But that is not the case for UNFPA; we can contact UNFPA with our challenges and needs at any time, we can send emails at any time.*

*—President, Afia Mama*

*Partnership with UNFPA is a partnership in the truest sense of the word, because we empower the partner; we are not babysitters as some donors do; they give you and they bottle you. With UNFPA, you are considered adults; UNFPA supports us strategically and helps us to grow. At the given moment, they put you face to face with your responsibilities, you must assume and that helps to grow. I think this is a model other partners should copy.*

—Dr. Socrates Cuma, DPS, Bukavu

***Tactic: Collaborate with UN agencies, NGOs, joint programmes and multisectoral projects***



International Women's day, Kananga, Kasai Central, 2020

Convinced that the achievement of the three transformative outcomes of UNFPA necessarily requires fruitful partnerships, the Representative and his team have worked for the development and strengthening of partnerships with the government, public institutions, embassies, UN agencies, CSOs, the private sector, etc. There are instances showing well enough the promptness of successful partnerships including: (i) partnership built around the “Pro-Route” highway project funded by the World Bank and

implemented by the Ministry of Infrastructure, in which UNFPA has engaged its expertise and is coordinating PSEA interventions with involved NGOs to implement the activities of the project; (ii) the Global Financing Mechanism (GFM) for RMNCH interventions for adolescents and youth with the investment in \$30 million for contraceptives over 5 years through UNFPA Procurement Service Branch (Third Party procurement); (iii) SDGs youth incubator at UNFPA Central Office in Kinshasa, flagship Kitumaini and Tusikilizane projects developed and implemented in partnership with public institutions, Embassies, United Nations agencies and youth NGOs; (iv) partnership with UNESCO around youth and education; (v) UNFPA-WFP-FAO partnership in Tanganyika on youth, peace and security and in which family planning is an essential intervention for rights and choices, for peace and security (demography, peace and security) and to help increase agricultural production for small farmers.



Lusambo, Sankuru, 2019

*I would say that UNFPA as a multilateral partner in DRC is a very strategic partner for Canada priorities because everything related to women and girls SRH and fight against sexual violence are two of the UNFPA three pillars. If we did not have UNFPA as a partner, we would miss out. Our Embassy has a very good relationship with UNFPA. I had the opportunity to carry out a few missions with*

*Sennen, UNFPA Representative in Kasai and recently in Sankuru, a very landlocked province.*

*—Daniel Gagnon, Head of Cooperation, Embassy of Canada*

*You have to do “Joint Programming”. No single agency can achieve their mandate alone. Our UN agencies are agencies that do not have enough resources, are complementary in mandates. We thus need to join forces and when we do so, that does not necessarily mean that we must bring financial resources and that is the mistake some people make.*

*—Dr. Sennen Hounton, UNFPA Representative*

It is important to work out joint projects and it is also important to find good allies, the right attentive ear. On this point, it may happen that very subjective factors take precedence over objective reasons during the financing negotiations. This should not discourage nor should it be an excuse not to invest in joint programming. In joint projects, although the coordination of the project could go to a specific agency, other stakeholders have frameworks for the expression of a proper management of their portfolios and activities. This means that agencies should not fear losing some of their prerogatives by doing joint programming.

*A framework for the consultation of representatives known as the meeting of agencies heads, namely UNDP, UNFPA and OHCHR was put in place. These three representatives meet on a regular basis to discuss the implementation, its progress. So, in the design phase, they are together and they know they are going to negotiate, which gives a certain dynamic to the whole executive team.*

*There is collaboration from the project design. The two programmes were coordinated by UNDP but it is a joint coordination with UNFPA. They are both lead agencies for implementation, each has its component that it leads: coordination was with UNDP but in concert with UNFPA. So*

*all the steps have been taken by UNDP with Canada and UNFPA is at a certain level associated to bring its contribution, its vision in relation to the activities that we want to develop.*

*In the implementation, we have coordination meetings where all the experts from UNFPA, OHCHR and UNDP are involved. We meet once a month to take stock of the implementation of the activities. Each agency has autonomy in managing its portfolio, but we have the responsibility and the duty to be able to report collectively at the coordination level.*

—Gender expert, UNDP GOMA



With Dr Denis Mukwege, Nobel Peace Prize and partners, Kinshasa, 2020

*In 2019, we decided to move from project support to programme support. We thought about giving more opportunity to an important agency like UNFPA in a context like this one (DRC). It is necessary to give them a little more global support over the whole programme rather than staying in a project approach. This year, we have a project with them in Kinshasa that focuses on young people.*

—Dr. Berthollet Kaboru, Embassy of Sweden in Kinshasa

In the DRC, in 2018, a consortium made up of three international NGOs (Tulane International, DKT and MSI) was selected and worked with UNOPS and UNFPA in order to submit a consolidated proposal with a clear distribution of roles among these five key players. This proposal is part of the Central Africa Forest Initiative (CAFI), linking access to contraception to deforestation and has two phases of 3 years each, and targets more than 36 million people spread over 10 provinces in its phase one (2019-2021), with the possibility of extending its coverage and increasing its target in phase two (2022-2024). Out of a projected budget of \$33 million, UNFPA has \$8,729,140 for contraceptive management including the acquisition, storage, distribution and monitoring of use. Excluded from discussions at an earlier stage (based on false report by competitors to the donors and partners on UNFPA lack of efficiency), UNFPA managed to get invited, present its added value and become a full member of the consortium that developed the PROMIS-Family Planning project. Our arguments were the UNFPA Supplies (Global Commodity Facility like GAVI or Global Fund), the Global Midwifery Programme, the lead agency within IASC for sexual and reproductive health and gender based violence and we managed to position UNFPA as lead technical assistance for the project, and for the provision of more reliable and quality supplies while other partners (International NGO and national IPFP-affiliate) will focus on services delivery.

***Tactic: Build public-private partnerships***

Partnerships with the private sector have revolved around themes carried out by UNFPA and falling within the framework of the social responsibility of private companies including PERENCO Oil, ECOBANK, VODACOM, and mining companies.

The objective of scaling up obstetric fistula response nationwide has been supported by a tactic of holding fundraising galas in coordination with leaders of the DRC government, including the First Lady, as well as notable social influencers.

Beyond the mobilization of the national opinion and financial resources, the galas promote new partnerships, especially in the private sector, for the

survivors of obstetric fistula. This is, for instance, the strategic partnership with a mobile phone company (Vodacom), PERENCO Mining Company, Embassies, the African Union, MPs and CSOs, etc.



Vodacom Partnership, St Joseph Hospital, Kinshasa, 2018



Ecobank Partnership, N'djili, Kinshasa, 2020

### ***Tactic: Build allies in different sectors, non-traditional sectors***

When a significant portion of the population are internally displaced persons fleeing armed conflict or natural disaster, outbreaks of cholera and EVD are commonplace, transportation is difficult to say the least, and resources are scarce, going the last mile means meeting women and girls where they are. UNFPA forged innovative alliances in different sectors like food security, environmental protection and road construction to intersect with women and girls along pathways already being built by others.

In countries like DRC where most unmet need for family planning is concentrated in rural areas among women whose main activities are farming, the UNFPA DRC analysis of the environment led to the strategic positioning of family planning with food security and agriculture, where women are already organized in cooperatives (Clubs Dimitra). We started with WFP and FAO in Tanganyika and are now scaling up to other provinces (North and South Kivus, Kasai). The details of this “Purchase for Progress” (P4P) programme are set out in Part III of this book.

As part of a strategic partnership with the DRC Ministry of Infrastructure and the World Bank, UNFPA DRC collaborated with the subcontracting company and eight NGOs to train construction workers and management building the DRC’s transportation infrastructure regarding sexual exploitation and abuse (SEA) and GBV. The details of this Pro-Routes project are set out in Part III of this book.

The Kitumaïni Adolescent Girls Initiative is a multisectoral initiative launched by UNFPA, the DRC Government and UNESCO with funding from Canada, Sweden, KOICA and DFID. At the operational level, the initiative is supported by communities, schools, vocational training centres and health facilities in a given health zone, working together and in a synergistic and complementary manner, to improve the lives of young women. This innovation is discussed in detail in Part IV of this book.

***Tactic: Embrace tradition, and break tradition***

Fostering a deep understanding of cultural tradition allows for deliberate actions to either embrace and incorporate those traditions into effective strategies—or to break with tradition in order to form new platforms on which to build new peace and understanding.

The innovative Tusikilizane Youth Peace and Security project, initiated by UNFPA and initially funded by Iceland flexible humanitarian fund and Peace Building Funds, was implemented in pursuit for peace and social cohabitation for communities in violent conflict in the province of Tanganyika. It includes the participation of youth and women in traditional community circles (BARAZA) to prevent conflicts and consolidate peace. It also encouraged entrepreneurial skills in women and girls. And even more dramatically, the 2018-2019 Tusikilizane project raised awareness among 10,000 youth and women through farming, entrepreneurship, football games, utilizing women's sports to advance the goals of peaceful coexistence.

***Tactic: Muster resources when donor funds reach farther***

One important thing in negotiating funding is that it is necessary to go beyond its mandate, to demonstrate to the donor what economists refer to as externalities and demonstrate to the donor that it is possible to kill several birds with one stone or demonstrate benefits beyond the immediate objectives of projects.

*I am convinced that for our mandate, the way we position ourselves today to raise money will work more if we can show the donor that his investment has an effect that goes beyond what we are asking for. For example, I ask money for family planning which everyone knows the health benefits. If I tell the donor that family planning works on agriculture, deforestation, he or she is more inclined to listen to me much more than when I only talk about unmet needs in family planning. I believe I will get more his attention and curiosity*

—Dr. Sennen Hounton, UNFPA Representative

## **Key results, recommendations and reflections**

Fistula fundraising helped collect \$100,000 during the 2018 gala, and over \$300,000 in 2019. In addition, in 2018, to mark effective start of their partnership, PERENCO awarded a batch of equipment consisting of 150 mattresses and 150 hospital beds and UNFPA provided approximately 30,000 male and female condoms, individual delivery kits and maternal and newborn lifesaving medicines for the emergency obstetric care of 800 pregnant women in two health zones in Kongo-Central.

The Partnership with WFP and FAO helped recruit 30,000 additional users of modern contraceptive methods in the targeted health zones; 240 community distribution workers members of Dimitra Clubs trained in family planning, and 60 health providers capacitated to deliver family planning services in targeted health zones.

One of the first lessons about developing partnerships is the importance of quickly scanning the environment to identify potential partners. This exercise is crucial as it allows us to focus ourselves on possible alliances. Then various factors will come into play, for example the intrinsic capacity of the agency manager to create opportunities and spaces for socialization beyond the formal framework for the meeting of agency heads. Here, it is more about informal meetings fostering more friendship and camaraderie with a positive impact on professional relationships.

With regard to the outcomes garnered by various partnerships concluded, the strategy is paying off. Some partnerships may seem counterproductive, but the reality is that they achieve very good outcomes. Strategic partnerships with various agencies and production sectors able to help the organization achieve its mandate should not be overlooked. It is important not to always expect to get funds and funding. The gain can be a good positioning for a next funding, an invitation for discussions or high-level meetings, thus offering an opportunity to “sell” or market its mandate to others, also gain visibility and value its expertise.

An important lesson we learn in strategic partnerships is to not necessarily find solutions to your own problems but propose solutions for others. The remaining challenge is the balance between development activities, the questioning of the government and actors on the rights and choices agenda

for SRHR (policy and political environment) as translated by these words of a faithful donor of UNFPA:

*The essential is that UNFPA differentiate between momentary activities and a more strategic positioning vis-à-vis the government and other actors. I believe that the other agencies succeeded in doing so. UNICEF, even UNDP despite all the criticisms, managed to establish themselves as essential. Since the arrival of Dr. Sennen, UNFPA is getting there. My fear is that everlasting emergencies in this country will divert the attention of the organization from its strategic role, from what must be in its core business. I see Dr. Sennen, he's in a lot of emergencies, a lot of media outings, which is great; I believe that this strategic role must remain.*

—Chief of Cooperation, Embassy of Sweden

## **Recommendations**

- Increase partnership with other UN agencies. The “One UN” must be a reality and not an objective to be achieved. Agencies must go beyond their respective mandates for the common goal of improving the living standards of the populations they serve. Stay the course and intensify the development of joint projects, taking into account the comparative advantages of each other to undertake synergistic and complementary actions.
- Strengthen transparency and accountability mechanisms to enhance UNFPA credibility and confidence among public authorities, donors, CSOs and communities.
- Go on and extend search for partnerships to multinational companies, Universities and training institutes, while strengthening and capitalizing on existing partnerships.

## CHAPTER 3: RETWEET THIS

### *Communications to support a visionary new way of working*

Positive, well-structured communication is essential to operationalize the UNFPA vision to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Communication is a vital element of the strategic plans of the organization. In recent years, UNFPA has worked on several initiatives to make effective communication a reality. Examples include the One Voices initiative, the master narrative of UNFPA, “Be bold, vocal and visible” and the new branding strategy. These initiatives put communication at the centre of interventions and helped give the staff a clear direction on how to effectively communicate about UNFPA and its mandate.



Festival Amani, Goma, North Kivu, 2020

Prioritizing effective communication has been urged by the highest levels of the UNFPA organization. UNFPA Executive Director, Dr. Natalia Kanem has expressed her unconditional support for the One Voice and UNFPA branding strategy. Communication with one voice has become a

priority to ensure a coherent, strong and clear positioning at the global level, in countries, in the UN system and in the world of development organizations.

*I am personally excited about the branding strategy, which I believe will make UNFPA more visible and known for our core areas of work in RHR, which resonate with the public widely. I invite you all to embrace the new brand and speak with one consistent and focused voice.*

—Dr. Natalia Kanem, Executive Director UNFPA

According to a 2011-2012 health survey, 35 per cent of women and 38 per cent of men aged 15 to 49 in the DRC had no regular exposure to media of any type. However, 53 per cent of women and 44 per cent of men reported regularly watching television at least once a week; 35 per cent of women and 33 per cent of men listen to the radio; and 19 per cent of women and 12 per cent of men regularly read a newspaper<sup>16</sup>.

Landline phones in the DRC are virtually non-existent. Cell phones, however, were owned by 38 per cent of the DRC's inhabitants, as of 2018<sup>17</sup>.

Only about 3.8 per cent of the country's population has computer access to the Internet, with almost no broadband subscribers<sup>18</sup>. However, Internet access is increasingly attainable through cell phones. It is becoming easier to access the country's youth, who are the principal users of the Internet and social media<sup>19</sup>.

Within this context of limited but developing communication technology, UNFPA DRC has forged bold objectives and developed effective and fluid strategies for communicating within the organization, with and about partners, and with the women, girls and communities they serve. UNFPA has also leveraged their position as a leader in addressing GBV in humanitarian contexts by embracing new technology and focusing on data development and sharing, which forms the fundamental building blocks for effective responses by UNFP, government units, and other NGOs.

### **Objective 3.1: Effectively communicate within the UNFPA DRC team**

#### ***Tactic: Establish open lines of communication between headquarters, regional office and the field***

A critical element of functionality for the UNFPA DRC office was open lines of communication with headquarters and the Regional Office. At UNFPA DRC, it was clear that nearly every action would involve working with exceptions or waivers (for example, thresholds for financial transactions for implementing partners on large World Bank projects). Staff needed to be able to get top management involved immediately, in order to get headquarters on-board and be clear on what was needed to avoid delays.

#### ***Tactic: Use communication for team-building***

The UNFPA DRC office developed a two-page document to describe and define the place and role of UNFPA in humanitarian emergencies so that all UNFPA Staff can speak with one voice and be able to say the role and functions of the humanitarian office. This document, which is in a simple format, is also shared with all partners, including in the humanitarian architecture where players do not necessarily know the role, functions and added value of UNFPA.

At the UNFPA DRC country office, communication is a priority. However, this communication suffered to take off. Indeed, before 2018, digital communication through the website and social networks was not



enough. Facebook had only a very limited number of subscribers and publications. The same with the Twitter account. UNFPA had a good presence in the media and a collaboration with the networks of journalists. UNFPA logos were on various tools, which provided a certain visibility at the country office. However, this communication was very focused on the visibility of UNFPA and did not provide enough space for other players and donors. In addition, even if stories of human interest were published, the quality of these elements remained low and the data were less used, which did not help draw full gain of evidence-based communication.

UNFPA DRC is working in a context where often more competing voices resonate in humanitarian, development and peacebuilding fields, marked by the presence of 22 UN agencies and a very large number of national, international NGOs and foundations. In addition to these numerous stakeholders, communication from several mission representations of countries working in DRC has increased the number of voices seeking to be heard. This situation has created strong competition in terms of communication. UNFPA is a –non-traditional humanitarian actor but one that is gaining momentum and achieving results, unfortunately little or not well known before 2018.

To implement communication actions, before 2018, the country office had three communication specialists including a P4 Staff, a communication programme associate programme assistant. The three people had a profile with a predominant journalism which offered little complementarity to properly cover computer graphics, photography, strategic communication. As a result, the communication of the country office focused mainly on media coverage, the production of a few visibility tools with a very low presence in digital communication. It was nearly exclusively in the hands of the communication team which struggled to fulfil its mission. This team did not benefit from the potential of other Staff of the office who were of great support to increase the voice of the organization in DRC and within global UNFPA.

The new UNFPA Representative, upon his arrival, presented his five pillars (evidence-based and results based programming; empowered and motivated human resources; excellence in operations; strategic partnerships and resource mobilization and lastly effective communication) for the

country office and communication was identified as the fifth pillar. This decision to make communication a pillar is a turning point for the office and will have positive impacts on subsequent actions. Indeed, this choice will help endow communication with financial, human and material resources for it to achieve its full potential.

In management, it is said that there is no positive wind for those who do not know where they are going. Armed with this idea, UNFPA Representative defined his vision of communication on the principle of organization and preparation which is “communication by choice and not by chance”. Thus no more room for improvisation, no more room for “communication received” with uncontrolled consequences but a communication, organized and structured with clear objectives and conducted through a structured approach. From this vision, annual communication plans will be developed and for the various actions and events, specific plans will be elaborated. We decided as the largest business field office in the ESARO we should also be number one on social media (Facebook and Twitter) and within two years we achieve this feat among West and Central and East and Southern Regions UNFPA country offices.

***Tactic: Act on communication volume and quality***

UNFPA DRC strengthened the team’s technicality, empowerment and responsiveness. The communication team was deeply adjusted in order to enlarge the profile of the staff who had essentially a journalist profile in a context where the office needed additional profiles in the field of strategic and digital communication, journalism, computer graphics, professional photography, etc. This adjustment has led to a change in the head of the unit, the integration of two consultants to cover the needs of photography, video and computer graphics and a CERF project temporary appointment of a communication specialist in humanitarian situations. The additional recruitments played an important role. Thus the production of photos, video, visuals, leaflets etc. could now be done without the need for external expertise which could be time-consuming and reduce team responsiveness.

In addition, a partnership was established with “Institut Facultaire des Sciences de l’Information et de la Communication”(IFASIC) to provide learning opportunities to cohorts of communication interns. This partnership

started in 2018 with the recruitment of the first cohort of four interns and continued in 2019 by the second cohort. This partnership, which offers professional learning opportunities to these students who are about to complete their studies, is an excellent opportunity to strengthen the communication team. Indeed, these interns help facilitate the team and bring their skills to the overall achievements of the communication unit.

Communication at UNFPA DRC is not only for communication specialists, but everyone’s business. To successfully communicate within a country office, it is essential that most staff be mobilized. Thus, every staff member of the country office was encouraged to be an important player in communication. Staff were trained in photography, short videos and human stories. Unit heads, specialists and programme assistants were all encouraged to get involved in communication.



African Cup of Rollers, ICPD@25, Kinshasa, 2019

Each activity must be a subject to communication and as communication specialists cannot attend all activities, staff were strongly encouraged to collect key information and share it with the team in charge of processing and dissemination through adequate communication channels. With regard to digital communication, which takes into account social networks, greater staff engagement was recommended by the management in relaying the office’s communication. Thus, by encouraging the staff to relay information

of the office account and pages on their personal accounts, UNFPA has now a new communication space and channel.

To make the office's communication vision a reality, Representative Dr. Sennen Hounton provides leadership in communication. In all messages to the staff, he highlights the importance of communication for the office and programme. He was also the first to question field colleagues to ensure they collect information about their activities. He serves as example by making an effort, regardless of his agenda, to take pictures and summaries when he attended an activity where a communication specialist was not represented. This engagement was followed by other colleagues. In addition, he got involved personally in messaging. To enable the office team to understand the communication message they wanted to convey, he was personally involved in reviewing messages before publication. This has been done through the coaching of the communications team.

*The first responsible for communication, I may say is the Representative as he is more engaged in this field. This morning, I made a tweet and as soon as he saw it, he shared it immediately in the WhatsApp group of the office and said "Please colleagues, retweet". He tweeted himself first and asked colleagues to retweet. Even before I published the same message on Facebook, 15 colleagues had already retweeted. This is one strength of communication in our office. And I, a communication specialist, I am experiencing for the first time this situation in 26 years of my career. It looks like a dream as it is hard to find such engagement in communication from a top official of an organization.*

—Siaka Traoré communication Specialist, UNFPA/ DRC

### ***Tactic: Communicate to strengthen partnerships***

Granting a place to programme and organization partners: UNFPA communication, especially in the digital field, has in the past given limited space to donors and the organization's strategic partners. A reorientation was made to correct this situation in order to contribute to communication for

resource mobilization and strategic partnerships. In addition, this reorientation had the advantage of giving an opportunity to increase the voice of the organization by relaying UNFPA messages through communication channels of its donors and partners. Thus this strategy helped UNFPA work for the promotion of its financial, public partners, UN and implementing partners. UNFPA should no longer “get the whole coverage” but show through communication that its partners are playing an important role in achievements. As a result, several agencies and donors organizations made tweets out of UNFPA DRC work and communication products.

Changing communication programming in annual work plans: at UNFPA, activities are funded through Annual Work Plans (AWP). In order to improve communication performance, management has decided that all AWP's should include at least activities and a budget for communication. This decision has been shared with the entire Staff of the office and the signing of AWP was conditioned by compliance with this guideline. In addition, this guideline has been regularly explained to the Staff by the Representative, and all projects now include resources for communication.



Mobile clinics with Army Baracks, Kinshasa, 2018

## **Key results, recommendations and reflections**

UNFPA visibility through traditional media, digital media and among the various national and international stakeholders reached an unprecedented level. We also note a greater commitment of Staff in communication and improved strategic communication which helped strengthen the links between UNFPA and its partners. UNFPA DRC is now No1 in social media in Sub Saharan Africa by followers.

### **A. Increased visibility of UNFPA at the country, regional and global levels**

The country office recorded very high visibility in 2018-2020 in social and traditional media and on the Internet. In terms of digital communication, UNFPA greatly improved its presence and image on the Internet at all levels:

- Facebook page: UNFPA DRC country office has the most followed Facebook page in both African regions (ESARO and WCARO). The number of the subscribers of the page increased from 9 000 at the end of 2017 to more than 40 000 in July 2020. The quantity of publications of the Facebook page of the office also increased. Thus, if in 2017 there was an average of nearly one publication every four days, in 2019, however, the Facebook page of the office had 1.2 publications per day on average, five times more than 2017. Such a permanent publication helped increase the presence of UNFPA on the Internet and improved its visibility. So, the publications of the five first months of 2020 touched 629,005 people while in 2017, all publications reached 297,005 people.

- The Twitter account also made a spectacular leap from 2 739 subscribers for the whole year in 2017 to 27 000 at the end of August 2020. In addition, the content of the account was provided on a regular basis with at least one tweet per day on average in 2019 (401 tweets in 2019) that encouraged more subscribers.

- In 2017, the UNFPA website published five articles in the updated column. In 2019, 40 articles were published.

- From 2018, several articles and reporting were disseminated in the media. Those articles helped to make the achievements of UNFPA known among the decision makers, public partners, NGOs and the

general public. At the level of the media, UNFPA carried out an annual meeting with the top media managers for exchange on: partnership, the achievements of UNFPA and the broadcasting of population issues in the media.

- On the ground, communication became “everybody’s business”: the staff is fully involved in communication. Therefore, a staff attending an activity makes an effort to ensure the visibility of both the office and the organization, which results in an organizational culture of visibility. The staff is often seen on the ground wearing clothes with the logo of UNFPA and its partners.

The reinforcement of the presence of UNFPA on the classical media, new media and the engagement of its staff in communication helped improve the visibility of UNFPA DRC country office at the national, regional and global level. Therefore, over the period 2018-2020 more than 20 publications of articles from the country office were published on ESARO and HQ sites. Those publications helped carry the voice of UNFPA DRC at the global level of the organization. Most of those publications were on humanitarian emergencies while taking into account the three transformative results of the 2018-2021 strategic plan of UNFPA

## **B. Quality and quantity of productions and publications**

A major visible outcome of communication was a gradual increase in 2018-2020 in the volume of production of communication media and publications on the actions and achievements of the programme.

The availability of communication tools helps support the dissemination actions of messages, with a gradual increase in the number of publications. Those achievements are a direct consequence of the readjustment carried out within the communication team, which now has a certain autonomy of production as it includes picture, video and infographic specialists.

In 2019, the office produced 25 videos against 6 in 2017, increasing the production of a video every two months to two per month. As for script-visual productions (leaflets, brochures, annual reports, banner), the production increased from 41 in 2018 to 113 in 2019.

In addition to the increased volume, there is a steady improvement of the quality and rapidity of the production which helps the office timely meet expressed needs.

The quality of communication was also strengthened through an increased space granted to the beneficiaries in the generalization of evidence-based communication. In this vein, in the publications of 2019, the floor was given to a number of beneficiaries. Similarly, the data on the achievements of the office were greatly used in communication. The use of those factual data in communication helped enhance the trust and reputation of UNFPA DRC.

### **C. Sound involvement of staff in communication**

Communication within the country office is no longer just for communication specialists within the UNFPA DRC country office. A remarkable change was observed in the attitude of the staff. Indeed, the staff naturally wears the UNFPA logo during the events they participate in, which helps improve UNFPA visibility and presence with partners and beneficiaries. Events are better relayed by the communication team because the staff who participate in activities produce pictures, sometimes videos and summaries that allow the communication team to take over in order to conduct communication on social media and other communication channels.

For instance, in 2018, Dr. Mayatezeulua Salanga, Coordinator of UNFPA decentralized sub-office in Lubumbashi, who is not a communication specialist, filmed a beneficiary of Dimitra Club in her field. When making this video with his phone, this doctor was unaware of the whole communicational scope of this video taken as an amateur. This video, which is made in a simple style, gave the floor to a beneficiary who is talking about her family planning experience, and who is explaining the benefit from the adoption of Family Planning, related to her field works. Once the video was mounted by the communication team, it became a powerful tool which displayed the benefits of family planning in food security, agriculture and rural women empowerment, while displaying the inter-agency partnership between UNFPA, WFP and FAO and has led to increased resources mobilization.

The office staff is the best partner of the social media accounts of UNFPA DRC. Its engagement significantly helped increase the audience. The

engagement rate of the Facebook page had a spectacular leap because the staff “share”, “like” and make comments on the publications of the office. Operation “I commit myself for the Facebook page of the office”, which consisted of urging staff to ask their friends to follow the UNFPA DRC page, over a period of one month garnered more than 3,000 additional subscribers rising from 11,788 to 14,800. This staff engagement significantly helped disseminate information on UNFPA DRC interventions and results within the organization, among the national decision makers, financial partners and the general public. Indeed, the Facebook accounts of the staff are followed by those targeted groups, helping enhance the voice of UNFPA and increase its visibility.

#### **D. Communication for strategic partnerships and resource mobilization**

The Executive Director of UNFPA, has pointed out the linkages between communication and donors: “Confidence and positive communication helps resource mobilization among traditional donors. It generates new financial resources and establishes fruitful partnership. The synergy between an effective communication and resource mobilization must be secured”.

In recent years, UNFPA has been working in this spirit so that communication may strengthen partnerships. So, in publications on social media, website and documents, and tools produced, an important place is granted to partners. This communication based on sound strategic partnership had significant impacts on the work of the organization in DRC. Partners’ trust in the organization was enhanced. For instance, after benefiting from Canada flexible funds in 2018, UNFPA communications showed to Canada that those funds were used properly, and UNFPA also gave credit for the results to Canadian development cooperation. The social network accounts of the Embassy of Canada as well as the Ambassador of Canada were often tagged and pointed out, which helped them see, timely, how UNFPA used flexible funds to get the results, and especially in humanitarian field that needed quick interventions. This strategy was used for other technical and financial partners such as Sweden, Japan, Italy, CERF, etc.

The place granted to public partners and national decision-makers in UNFPA communication largely focused on information on UNFPA

achievements and partners' visibility. Thus, the Prime Minister's Office, MOH, the Ministry of Gender, Humanitarian Action, etc. are "tagged" on a regular basis. This communication strategy helped reinforce the duty of accountability and above all build stronger trust with government and partners who could timely see UNFPA contributions to DRC development cooperation.

UNFPA communication valued its partners such as UNDP, UNESCO, WFP, FAO, MONUSCO, WHO, etc. It is worth mentioning that, UNFPA, in its publications regularly welcomes the specific role played by the UN agencies for a given achievement even in the absence of a joint project or funding.

*They produced very good videos. There are small videos that were produced by UNFPA, which explain the process they are undertaking on partnership in Tanganyika. There are interviews of several field partners in Tanganyika. And even WFP recognized that it is a very good video. I saw the good feedbacks related to this video.*

*--Hakan Falkell, Deputy Representative WFP/DRC*

In addition, UNFPA is an active member of the United Nations communication group in the DRC and works in synergy with other agencies in the field of communication to amplify the voice of the United Nations system in the country.

UNFPA outcomes are achieved by field implementing partners. To motivate these implementing partners, UNFPA took into account their added value in its publications. This is a good practice because when a partner is mentioned in a publication, he is more engaged to share it, thus contributing to increasing the audience of the said publication. So, we found that several UNFPA publications were relayed by the implementing partners because they were pointed out and felt themselves concerned.

*We are performing a strategic work in communication, by valuing our partners. For instance, in the tweet on flood, we said thank you to Canada and Japan because it is their funds that we used to save those who were severely affected by water overflowing on the banks of the Oubangui river. We often tag UNDP or WHO or others paving the way for resource mobilization. Such a communication for strategic partnership and resource mobilization is fundamental and is one of the secrets of our success in the DRC.*

—Siaka TRAORÉ, Communication specialist, UNFPA DRC

## **Lessons learned**

- The leadership of UNFPA Representative in DRC, his involvement and the place he is granting to communication in the implementation of the programme is a key factor in the significant improvement of the outcomes and quality of communication of the country office;
- The staff of the office is a “development army” in communication, when they understand communication is a functional competency for all;
- The availability of qualified human resources to conduct a number of tasks (photography, video, infographics) more often outsourced to UNFPA country office is crucial for successful communication in a country like DRC where the volume of interventions and the humanitarian context needs a fast and effective communication;
- Technical and financial partners of both the UN system and implementing partners can be allies to enhance the voice of UNFPA in a very competitive environment if UNFPA grants a sound place in its own communication.

## **Recommendations**

UNFPA could further harness the communication potential of its implementing partners to amplify the achievements of the country program. Many of its partners carry out activities, get good results but

communicate less about these achievements or without granting enough space to UNFPA when they talk about it. It is imperative to better use the communication potential of these partners to strengthen UNFPA communication.

- The organizational communication culture among in field offices is still under development and has not achieved its full potential. This process deserves more attention.

- Communication for social and behavioural change has an important place in the work plans of UNFPA implementing partners. However, such a communication is not conducted in a structural manner with clear communication strategies and plans with no resources. It is, therefore, necessary to invest in this form of communication for social changes.



## PART II: Humanitarian response across the board



Regional Hospital, with HE President Felix Tshisekedi, Beni, North Kivu, 2019

Over the last ten years the world has experience an unprecedented surge in humanitarian crises. When crises strike, the most affected and most vulnerable are women and girls and young people who are the targeted populations of UNFPA mandate. It is of paramount importance that UNFPA is fit for purpose, particularly in the field, if we are to achieve our three transformative goals. This will require an organizational culture change, agility and adaptability in operations, and a skilled and committed workforce. UNFPA DRC deliberately endeavoured, with timely support of the regional office and the headquarters, to be a model for a UNFPA fit-for-purpose in humanitarian settings.

In the Democratic Republic of the Congo, the continued violence, the Ebola crises and violations of human rights and international humanitarian law, including acts of sexual violence and abuse, are behind a worsening humanitarian situation for the last three years. The number of people who urgently require humanitarian assistance went up from 8.5 million in 2017 to 13.1 million in 2018<sup>20</sup> and similarly through 2020.

Over five million people have been uprooted by insecurity within the borders of the DRC, while nearly a million Congolese have fled to neighbouring countries as refugees. Rates of internal displacement are among the highest in the world. The number of sexual and gender-based assaults and abuses targeting women and girls was on the rise as of mid-2020.

### Reflections by Dr. Polycarpe Takou



**Dr. Polycarpe Takou, Coordinator of Humanitarian action for the last 7 years, UNFPA/ DRC, identified the following success factors:**

- The vision: What I call the humanitarian vision is the horizon the Representative wanted to take UNFPA DRC to reach in terms of humanitarian capacities and positioning. He believed in this vision, knew how to communicate it to us and helped us internalize it with pleasure.
- The role model: the office quickly discovered that Representative Sennen Hounton was a high-ranking humanitarian expert and passionate about any action that eases suffering, saves and transforms lives. The office had a great leader, a coach and a role model. The staff is consciously or unconsciously influenced.

- The manager showed every staff member that he trusted them and therefore felt like a centrepiece of the team. He trusted the staff and so did the staff. I note a kind of perfect communion between the manager and his team. No one was excluded and no one felt excluded. In my opinion there were no staff from the first or the second zones.

- The rehabilitation / restitution of Staff responsibilities: where needed, the Staff was rehabilitated in their initial responsibilities, the case in particular of the midwife country counsellor and the humanitarian action coordinator who contributed enormously to achieving many of the innovations listed.

- Excellent relationships between UNFPA and its major partners, in particular the Government and Donors: Be it the Ministers responsible for our programme, the First Lady, or the Ambassadors of the donor countries (Sweden, Canada, Japan, Korea, United Kingdom, etc.) or the Humanitarian Coordinator as well as the other agency heads, the quality of the relationships that Representative Sennen maintains with them greatly contributes to seizing the programmatic, resource mobilization and positioning opportunities of UNFPA.

The support of the Regional Director and HQ: all the requests I was aware of had positive responses, for example the agreement for the maintenance by UNFPA of L3 response capacities until December 2018 whereas level three was deactivated in April.



## CHAPTER 4: A NEW WAY OF WORKING IN UNPRECEDENTED CRISIS

UNFPA DRC has adopted the New Way of Working (NWow) outlined at the 2016 World Humanitarian Summit in order to bridge the gulf between its humanitarian action and its development programme, convinced that no sustainable solution can be effectively brought to an end if the moral imperative of immediate principled humanitarian assistance and crises prevention are not taken into account, especially in situations of armed conflicts. The UNFPA DRC country office management team strategically decided, not without risk, to **align resources to address humanitarian emergencies and combine the efforts of UNFPA with the government and other development partners** while remaining focused on the objectives of UNFPA DRC development cooperation programme.



Mobile clinic, Kalemie, Tanganyika, 2018

Multiple armed and inter-ethnic conflicts in several provinces have plunged the Eastern DRC into a serious economic and social crisis, contributing to a chronic humanitarian crisis with sporadic acute phases for more than two decades. It is a sub-continent with all sorts of humanitarian crises, either natural (including flood, drought, volcanoes, and epidemics)

or man-made including community, land or armed conflicts, leading to internally displaced persons or refugees.

In August 2017, conflicts in several provinces caused numerous human rights violations and massive population movements which led the Inter-Agency Standing Committee to activate, for the first time, the maximum level of humanitarian response (Level 3) in three simultaneous crises including areas of Kasai, Tanganyika and South Kivu. These crises coincided with a period of preparation for presidential and legislative elections, which led to diplomatic quarrels between the government and the international community about the form of response; the international community decided to concentrate development aid in humanitarian emergencies through NGOs.



Kamako, Kasai, 2018

As of mid-2019 the context is marked by food insecurity and recurrent epidemics, including yellow fever, measles, cholera. Ebola virus disease (now ongoing eleventh epidemic) is still active. The deterioration of the humanitarian situation hits 10 out of 26 provinces but particularly Ituri, North Kivu, South Kivu, Maniema, Tanganyika, Kasai region and Mayindombe (Yumbi). The country also hosts 538,000 refugees from neighbouring countries.

As we know, during humanitarian crises, women and girls are even more exposed to GBV. Affected populations have no access to modern contraceptives and sexual and reproductive health services. A large number of pregnant women develop complications likely to cost their lives during pregnancy and delivery, or are exposed to violence or sexual exploitation as well as HIV infections, or cannot meet their basic sanitation needs. Women and girls may lose access to their rights, income and get their livelihoods reduced. Negative survival mechanisms including child marriage or sexual exploitation and abuse, and rights violation including sexual and reproductive health and rights may be established.

### **What did UNFPA DRC do differently?**

In a country experiencing the impact of serious crises – three L3 at the same time – the UNFPA DRC management determined that successfully positioning the three transformative results of UNFPA required several measures:

- 1) positioning the three zeros in humanitarian aid across all clusters;
- 2) developing within the office the culture of a development army addressing both development and humanitarian issues;
- 3) communicating effectively with the government, partners, donors and the population on challenges faced by women, adolescent girls and young people in accessing sexual and reproductive health services, and on UNFPA's actions during conflicts, natural disasters and other epidemics-related emergencies.

UNFPA DRC applies a contiguous approach in emergency situations, concomitantly providing life-saving services such as the distribution of reproductive health kits, dignity kits, medical treatment for rape and, at the same time, also ensuring rehabilitation and equipment of maternity wards, equipment of health facilities and capacity building of medical and paramedical staff. In the provinces of North Kivu, Tanganyika, Ituri and Kasai, UNFPA development, humanitarian assistance, stabilization and peacebuilding interventions are intertwined and complementary.

## **Objective 4.1: Realizing a vision of humanitarian response**

Our vision was to transform UNFPA into one of the most credible and reliable partners for the government and the humanitarian community and be better fit-for-purpose in humanitarian preparedness and response. Who are we? What do we do? How can we be reliable for our mandate areas in the humanitarian country team? Are we prepared, ready to address acute phase of emergencies as well as post recovery and resilience? How can donors trust us more with humanitarian assistance funding and are accountable to affected populations? These are some of the questions that guided our office with the ambition to play in the same field as larger humanitarian assistance agencies such as the WFP, UNICEF or OCHA.



Fataki, Ituri, 2019

### ***Tactic: Align office structure to meet current needs in the DRC***

The end of the humanitarian assistance project in Bunia in 2017 had prompted UNFPA to abolish the office in Bunia in Ituri province during office realignment. The situation is rapidly shifting in DRC and by December 2017, the situation had changed with large-scale displacements as a result of resumption of decades ethnic communities' conflicts in Ituri.

As indicated in Part I, the country office had no presence in several humanitarian hubs and was relying on scant and non-effective surge deployment from abroad. Colleagues were coming to DRC for six weeks, eight weeks or three months while it takes nearly four weeks to get to the field and by the time of second weekly clusters meetings the surge deployment was already leaving the country. There was no presence in the humanitarian hubs beside Goma where UNFPA has the largest decentralized office: Kananga, Tshikapa, Mbuji-Mayi, Kalemie had no office nor staff where OCHA and several humanitarian actors were established. The team had the will and determination to play on the ground of big humanitarian agencies, and therefore come closer to OCHA to know their crucial needs in the sectors under the responsibility of the office (visibility on post-rape kits, updated strategic information on GBV and SR). The negotiation on offices to share with WFP, WHO, UNICEF or OCHA was easy because of the very good cordial relationships developed by the Representative with his colleagues from HCT.

The ability of the country office to adapt to these changes made it possible to deploy staff quickly in order to effectively meet the needs of the population throughout the country, including the provinces experiencing humanitarian crises, while at the same time focusing on interventions aimed to achieve the three transformative results.

**Staff redeployment** is one of the most difficult decisions a manager has to make as families are involved. Typically, managers will seek new funding or ask for surge deployment and stay still while waiting for one of these two options to materialize. In DRC we had a newly approved realignment which became outdated with the constantly shifting crises and the circumstances in development cooperation and the only effective solution was to redeploy the plethora of staff in the central office to the humanitarian and nexus areas. A

great communication and information-sharing on the survival and development issues of the office were carried out within the team and incentives for the staff were negotiated and granted, which helped mitigate the redeployment effects and keep the staff motivated enough.

To ensure compliance with the regulations and staff and organization protection, discussions took place with the Regional Office and HQ to explain the staff movements planned by the office. HQ guidelines on the staff redeployment, definitive for some and temporary for others, were taken into account according to the progress of the strategic plan of the office / UNCT / UNFPA HQ.

The staff redeployed to some sites enjoyed support from some UNFPA partners. Indeed, UNFPA negotiated with a number of agencies already present on the ground to host or share their office spaces. In addition to the redeployment we developed an innovative humanitarian midwifery surge programme which has helped the office to carry out humanitarian actions in the far and hard to reach areas not usually accessible to the UN, to save and transform lives.

### ***Tactic: Humanitarian crisis response team***

Humanitarian leadership is critical in field business units dealing with humanitarian situations. UNFPA should ensure all leadership positions (Representatives, Deputy Representatives and International Operation Managers) are filled with human resources trained in humanitarian preparedness and response. With a background and command of humanitarian issues and emergency preparedness and response at the helm (former regional emergency programme coordinator at WHO, humanitarian team leader of UNFPA Supplies, Senior Emergency Coordinator of UNFPA Surge Roster, Acting Representative in Sierra Leone in post-Ebola period and deployment in South Sudan as Senior humanitarian coordinator) the UNFPA DRC senior management took a series of measures to make the team better fit for purpose in preparedness and response to emergencies.

Establishing a “humanitarian crisis response team” within the office with a clear and shared vision and objectives made a remarkable difference. It is a multidisciplinary team that meets every Tuesday morning from 9 a.m. to 10 a.m. and covers all the functions of emergency preparedness and response in DRC including coordination, SR and GBV services, HR, security, IT,

finance, procurement, communication, resource mobilization. Humanitarian aid was no longer the business of an individual or a few individuals, but rather a team issue. Humanitarian action has therefore become everyone's business and at all levels. This is a good practice that other field business units can emulate and replicate. This is important for the UNFPA Strategic Plan as opposed to currently having just a staff or a small unit of two to three colleagues in charge of humanitarian assistance.

*While in the past, when developing annual work plans, I went from one unit to another to ensure that humanitarian interventions were planned, I was happily surprised to note that many units sent me their draft work plans so that I could improve the wording and/or completeness of the humanitarian activities that they had already taken into account. The humanitarian work, which was an overwhelming weight on my shoulders and those of one or two other colleagues, became everyone's business and that of the whole team. So I can speak about the humanitarian revolution of UNFPA DRC and this is neither an exaggeration nor a chauvinism.*

*--Dr. Polycarpe Takou, Humanitarian Coordinator DRC*

### ***Tactic: Engage the hubs***

The response of the humanitarian community revolves around five hubs in Goma (North Kivu), Bukavu (South Kivu), Kalemie (Tanganika), Kananga (Kasai) and central Kinshasa. In this context, it became imperative for UNFPA to strengthen its action and reputation in the humanitarian work towards vulnerable populations through a technical expertise in all the humanitarian -hubs of the country, in line with DRC humanitarian architecture dividing the country into these humanitarian hubs with decentralization of priority settings and action plans. This means that the country office should ensure the priority of women and girls are included at hubs level, and thus ensure appropriate staffing to cover GBV Sub-Cluster Coordinator and SRH Working Group coordinator functions. With funds mobilized from UNCERF and the Canadian flexible humanitarian funding,

the UNFPA DRC office has been able to strengthen its capacity in all hubs as well as responding to ad hoc requests in locations covered by catchments areas of the humanitarian hubs. With the improved field presence the hubs were empowered through joint analysis and decision-making during the weekly Crisis Response Team meetings.



Nexus Ebola Response, Beni, North Kivu, 2018

*With the “development-humanitarian-peace” nexus approach, much more advocated by development players including the UN, other UNFPA country offices should be inspired by the example of DRC and break the silos existing within their team and mainstream humanitarian issues across the responsibilities of all the staff of the office.*

*—Mr. Victor Rakoto, Deputy Representative*

## **Objective 4.2: Implement timely humanitarian assistance interventions**

The recurrence, the protracted nature and the complexity of the various crises in the DRC have convinced UNFPA to plan and implement immediate humanitarian assistance interventions, to support communities in their resilience, development and peacebuilding efforts. UNFPA, through its prepositioning and interventions, aims to meet reproductive health needs of the affected population and safeguard the dignity of women and girls while supporting the production, utilization and dissemination of quality demographic data on the population dynamics, gender and sexual and reproductive health.

### ***Tactic: Communicate strategic information to mobilize resources***

The TV news “Situation Room with Wolf Blitzer” on CNN and CDC’s Emergency Operations Center (USA), inspired the country office to set up a “Situation Room” at the central office, where at a glance, any visitor or staff member can quickly grasp the scope of UNFPA humanitarian operations in the DRC. Several issues are displayed:

- The profiles of humanitarian crises and the needs for adolescent girls, women and young people in line with UNFPA essential functions;
- Key information from GBV-IASC sub-group and reproductive health sub-group on the monitoring of coordination, prevention and intervention activities, maps and weekly updates of kits, supplies and key functions;
- The funding reservation for resource mobilization;
- HR and the monitoring of rest, recovery and leave to ensure the continuity of services;
- Data, in particular the very first monthly bulletins reflecting the work of GBV sub-group and reproductive health sub-group.

The situation room put in place by the Representative and his team allows all visitors and UNFPA staff to have the humanitarian response situation in one place in the form of images, tables and graphs clearly indicating progress made, but also the bottlenecks and problems to resolve in order to move forward.

The UNFPA DRC office developed a two-page document to describe and define the place and role of UNFPA in humanitarian emergencies so that all UNFPA staff can speak with one voice and be able to say the role and functions of the humanitarian office. This document, in a simple format, was also shared with all partners, including in the humanitarian architecture where players do not necessarily know the role, functions and added value of UNFPA. For the first time ever, UNFPA emulated WFP, UNHCR, IOM, FAO by producing a monthly bulletin for the GBV Sub-Cluster and for the SRH Working Group. This has been a game changer and partners were very pleased to share their programme results in this bulletin led and produced by UNFPA just like we received monthly updates on refugees, on food security, or from IOM. It also is an accountability and programming tools as one could read stock outs and availability on post rapes kits (used as tracers for Emergency RH kits) in all humanitarian crises.

The country office successfully mobilized resources in humanitarian situations using a certain agility and adaptability to financial instruments such as CERF, Humanitarian Fund and others; UNFPA mobilized some of largest CERF funding particularly in 2019 in the amount of to \$7,158,073 out of a total \$30 million window for CERF Underfunded window for a period of 9 months. The project was titled “Access to women and girls SRHR in the conflict-affected communities in Kasai, Kasai-Central, North Kivu, South Kivu, Ituri and Tanganyika”. The quality and timely implementation of this project was a determining factor in securing in 2020 another CERF Underfunded funding of \$3,685,000 and another \$1,800,000 from CERF-Rapid Response for post-Ebola crisis in early 2020. By now it is clear the UNFPA has become a Tiger, a reliable and credible partner in the Humanitarian Country Team. From 2017 to 2020, the country office tripled resources mobilized for humanitarian aid. The country office reached a record level in humanitarian resource mobilization in the past three years, from \$7.5 million in 2017 to \$10.4 million in 2018 and \$20.5 million in 2019.

***Tactic: Train humanitarian midwives in crises responses***



Humanitarian Midwifery Surge Training, Goma, North Kivu, 2018

Noting that the tenth EVD outbreak was disproportionately affecting women and girls, that maternity wards did not receive the necessary attention in Infection Prevention and Control (IPC) measures and that only 1 per cent of the trained service providers were midwives, the Representative decided to re-adjust the UNFPA response and make infection prevention and control in maternity ward a priority focusing on three intervention areas: supply maternity hospitals with IPC inputs, train midwives in IPC and set up a supervision system of these trained midwives. A total of 210 midwives have been trained on IPC and some of them declared that their training against EVD helps them to better protect themselves and fight the COVID-19 pandemic. (See the more detailed description of midwife training and the humanitarian midwife surge in Part III.)

*Everyone at UNFPA knows that in humanitarian action we are successful only if we integrate SRH into GBV and vice versa, but it frequently materializes in GBV activities on clinical management of rape and dignity kits. In the DRC we have put as much as possible of SRH and GBV standards*

*into our humanitarian action including obstetric fistula, family planning and even legal counselling for survivors in our humanitarian programme systematically balancing 60 per cent of funds on SRH and 40 per cent on GBV. The humanitarian midwives surge embodies this integration. This approach led to almost tripling the humanitarian portfolio in three years.*

*--Noemi Dalmonte, GBV Sub-Cluster Coordinator, DRC*

### ***Tactic: Prepositioning and roster of service providers and suppliers***

Based on previous services and an urgent analysis of the market, the office developed a roster of service providers and suppliers with financial capacity and stock for a quick reaction to emergency responses. This helped the office use emergency procurement procedures both locally and with the central UNFPA Procurement Service Branch (PSB) office. This complementarity was important in the prepositioning of goods and, in particular, helped improve the quality of goods supplied, which better meet the needs of the beneficiaries as they are adapted to the context. With support from PSB, Long Term Agreements (LTAs) are being established locally to fast-track supplies provision when crises strike.

### **Key results, recommendations and reflections**

- We have the potential to transform our field offices into effective humanitarian actors if we have the courage, the know-how, and a culture of humanitarian organization.
- UN humanitarian agencies should invest more in the NWOW, strengthen national capacities, and build resilience of local communities.
- With limited means UNFPA demonstrates agility and quality in interventions and earned trust as a credible humanitarian actor.

- Collectively, humanitarian actors failed to strengthen government capacities, particularly the ministry of humanitarian affairs for better coordination and efficiency of humanitarian aid.

- Development cooperation should include increasing government preparedness and response and we have collectively failed to do so.

- The setting up of a command centre for operations, the Situation Room, is a good practice that has proven effective for UNFPA DRC and that other business units may reproduce.

- Given turnover, particularly in hotspots, UN agencies must invest in local actors and rely more on national staff as opposed to heavily relying on external experts.

- The positioning of issues of reproductive health and GBV issues in humanitarian settings remains a battle and requires passionate leaders for advocacy across all clusters.

- Innovations are critical and must be tailored to local context.

- Work towards the institutionalization of the training of humanitarian midwives, able to use their skills to transform and save lives in all circumstances, including in humanitarian settings.

- Strengthen the integration of various programmatic areas of UNFPA with humanitarian action at the level of the Government (the Ministry of Humanitarian Affairs, Ministry of Health and the Ministry in charge of Women, Family and Children) because these areas particularly related to maternal and newborn health, family planning, the fight against obstetric fistula, adolescent and youth sexual and reproductive health, and GBV elimination are always seriously affected in humanitarian settings.

- Invest in GBV sub-cluster coordination by complete and sub-national teams according to response needs-National GBV Coordinator and GBV Information Manager at least-from the outset of a humanitarian emergency by training and developing local

capacities. For a country like DRC in crisis for two decades we cannot count on short-term surge deployments.

- Ensure ongoing, strategic presence to the humanitarian team and inter-cluster and a substantial contribution to the humanitarian planning cycle and all related activities and strategic information through a monthly bulletin. An effective participation at the central level allows for better orientation of decentralized work and integration at the base of SR and GBV issues. It is the nucleus of strategic and planning decisions for the humanitarian response, and it impacts resource mobilization for humanitarian players, especially in HCTs where the donors are represented and diligent as in the DRC.

## PART III: Three transformative results, triple nexus of crisis



Humanitarian Midwife, Itula (300 km from Bukavu), South Kivu, 2019

Bridging family planning efforts with environmental, climate change, food security and agricultural actions opened innovative and effective opportunities to serve vulnerable populations. A surge of humanitarian midwives provided skilled birth attendants to expectant mothers, reducing maternal mortality while strengthening the country’s fragile health system for all. Development and staffing of eight integrated one-stop centres for the health, psychological, judicial, legal assistance and socioeconomic reintegration has brought efficient one-stop services to survivors of sexual and gender-based violence, even in the DRC’s conflict zones.

The UNFPA Strategic Plan change model calls for “strengthening cooperation and complementarity among development, humanitarian action and sustaining peace”. This could not be more relevant to the triple nexus of crisis in the DRC: humanitarian, development and peace and security.

If everyone has a right to sexual and reproductive health, regardless of where they live, their income level or their circumstances—even if they are displaced by conflict or disaster—the DRC has a long way to go. The “three zeros” of the UNFPA Strategic Plan define the goals of the mission: By 2030, achieve zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices, such as child marriage and female genital mutilation.

The principle of universality is advanced in the ICPD Programme of Action commitment to achieve universal access to sexual and reproductive health, the call to “leave no one behind” in the Sustainable Development Goals<sup>21</sup> and the UNFPA Strategic Plan 2018–2021. In this plan, universal and people-centred transformative results are to be delivered in both humanitarian and development settings. Working towards achievement of the goal of the plan, a number of remarkable, innovative initiatives described in this chapter have delivered results for women and girls towards the UNFPA three zeros.

## CHAPTER 5: THE GOAL IS ZERO UNMET NEED FOR FAMILY PLANNING



Kamonia, Kasai, 2019

Given the country’s context, UNFPA sought every opportunity to position family planning and population dynamics alongside droughts, floods, climate change and climate action—seemingly unrelated, almost certainly siloed areas. The country office scanned opportunities with environment line ministries and with partners such as the United Nations Development Programme, seeking entry points to advance sexual and reproductive health and rights. UNFPA DRC also capitalized on the addition of family planning to the Minimum Initial Service Package for Sexual and Reproductive Health in crisis situations (MISP). Updated in 2018, the MISP. Family planning is now integrated as a major intervention both in the field and in CERF funding requests and results.

An annual growth rate of nearly 3.3 per cent will double the DRC population by 2050. For example, adolescent girls aged 10 to 19 accounted for nearly 22 per cent of the population in 2015; by 2030 they will account for nearly 30 per cent if population growth remains unchanged.

*Our contraceptive prevalence is 18 per cent in the DRC. We have made good progress, but there are different geographic constraints. We are increasingly able to face these constraints with the support of UNFPA. Indeed, the support by UNFPA helps us today to reach some remote and landlocked areas, and thus meet a target which, without UNFPA, would be unable to benefit from modern contraceptive methods. UNFPA makes commodities available where accessibility is difficult, at the last mile. It's a loyal partner who is always permanent. UNFPA is a big partner regarding RH commodities.*

— Staff, National Programme for Reproductive Health



Rural women farming cooperative, Luntu, Kasai Central, 2019

The average national total fertility rate estimated at 6.6 children per woman sometimes reaches 10 children per woman in several provinces. The health of adolescents and youth is marked by a lack of reproductive health information and service delivery; low utilization of family planning services (5 per cent); and high prevalence of induced abortions (30 per cent), STIs (11.7 per cent), early marriages (18 per cent), sexual violence (9.4 per cent), unintended pregnancies and early fertility (27 per cent). Use of modern

methods of contraception (mCPR) increased from 8.1 per cent in 2014 to 18 per cent in 2018, yet this upward dynamic is still not enough to impact people's standard of living in general, women and adolescent girls in particular. Regarding family planning, the biggest bottleneck in the DRC is supply chain management, due to logistical constraints including the high cost of air transportation and the lack of safe road networks to go the last mile to reach the population. As a result, unmet need for family planning remains high, reaching 28 per cent among women in union and 7 per cent higher among adolescents and youth, with high inequalities within and between provinces.

In the DRC, as in all countries, access to safe and voluntary family planning is a fundamental human right, and is essential for achieving gender equality and the empowerment of women, unleashing their creative potential and energy so that they contribute effectively in wealth creation and poverty reduction.

In the three-year period 2017-2020, the innovations and initiatives did not start from scratch, but continued and enhanced a trend towards greater use of family planning. Ministry of Health efforts, supported by UNFPA and other partners, have achieved significant outcomes resulting in an increased rate of modern contraceptive methods utilization from 8.1 per cent in 2014 to 18 per cent in 2018. UNFPA ensures regular supplies and utilization of high-quality modern contraceptive methods. In 2018, the number of additional users of modern contraceptive methods reached 1,996,078. In our bold vision we moved from the goal of 1 million new users per year to 2 million new users per year in the 5<sup>th</sup> Country Programme 2020-2024

### **What did UNFPA DRC do differently?**

The UNFPA DRC team engaged in several innovative initiatives and important steps towards increased information and use of modern contraceptive services including in the context of humanitarian crises. These include:

- Integration of family planning in environment and climate change: CAFI;

- Integration of family planning in food security: FAO-WFP P4P Project;
- Kitumaini initiative: access of modern contraception by adolescent girls;
- Tusikilizane: access of modern contraception by youth in crises;
- Integration of family planning in poverty reduction programme;

### **Objective 5.1: Strengthen the enabling environment**

#### ***Tactic: Advocate for change in law***

Following high-level advocacy by UNFPA and its human rights champions, the Parliament of the Democratic Republic of the Congo passed a law authorizing legal access to modern contraceptive methods for adolescents, youth and married women. This new legal environment is expected to improve the working climate for reproductive health and be a source of motivation for those working in the area of family planning and thus contribute, ultimately, in increased use of modern contraceptives. But even before passing this law, Ministry of Health efforts, supported by UNFPA and other partners, had already achieved significant outcomes resulting in an increased use of modern contraceptive methods, with a national contraceptive prevalence rate (CPR) up from 8.1 per cent in 2014 to 18 per cent in 2018. This is however very far from what is required (at least 45 per cent) to match the country ambition to be an emerging economy by 2030 and a developed nation by 2050.

UNFPA DRC continues to promote a multisectoral approach of family planning. Lack of funding for contraceptive procurement remains a major challenge. Mobilization for procurement of contraceptives through other sectors and development mechanisms remains a priority, such as the environment, the private mining sector and poverty reduction, food security, better agricultural productivity programmes.

## **Objective 5.2: Ally with non-traditional family planning partners**

When nearly 5 per cent of the country’s population is IDPs fleeing armed conflict or floods, and the countryside is ravaged with cholera, measles, and Ebola, innovation is required to ensure no one is left behind and UNFPA services reach the last mile—even when there is no road. It involves forging alliances where the women and girls are—such as in women-led agricultural cooperatives—and cultivating synergy with other sectors such as environmental advocates.



**One Stop Centre, Kananga, Kasai Central, 2019**

Population growth steadily poses new problems for environmental preservation. If it is true that “the forest feeds the population”, it is also true that “population growth destroys the forest”, and increases pressure issues on natural resources (forest massifs but also soil and water) and pollution (solid waste and CO<sub>2</sub> emissions). In this context, access to family planning services and methods is one of the key strategies contributing both in controlling birth rates and decelerating the population growth, thereby mitigating its negative effects on the DRC’s environment, economy, communities, women and families.

By reaching women farmers and integrating family planning in agriculture and food security initiatives, family planning has direct links with three Sustainable Development Goals, including Goal 1 on the elimination of poverty in all its forms, Goal 2 to eliminate hunger, ensure food security, improve nutrition and promote sustainable agriculture, and Goal 5 to ensure healthy lives and promote well-being for all at all ages.

***Tactic: Bridge family planning and forest protection: CAFI***

The pursuit of non-traditional partnerships, ability to enhance and support the work of others through supplies and technical assistance, and—importantly—the willingness to innovate moved the family planning agenda forward despite the challenging country context.



Rural health centre, Itula (300 km from Bukavu), South Kivu

The Congo Basin is the second largest tropical rainforest in the world, and the majority of the rainforest lies within the DRC. Different countries will have different opportunities to position family planning and sexual and reproductive health services in environment and climate change programmes, and entry points may vary. In DRC, the Central African Forest Initiative (CAFI) stood out. CAFI is a multi-donor funded programme aimed to accelerate reforms in Central Africa to fight climate change, protect

forests, reduce poverty and contribute to sustainable development. While developing the DRC Central African Forest Initiative (CAFI) investment framework, family planning stakeholders worked with environmentalists to integrate family planning components. CAFI project provided a platform and framework to position family planning and sexual and reproductive health services by linking populations dynamics with greenhouse gas emission.

In 2017, a scanning mission with support from Norway led to the identification of consortium composed of three international NGOs, Tulane International, Marie Stopes International (MSI) and DKT to lead the family planning component of the CAFI in DRC. The UNFPA country office increased advocacy at various levels in order to highlight UNFPA comparative advantages related to quality contraceptives supply, supply chain management and family planning services delivery. The country team emphasized the value of the UNFPA Supplies programme (the world's largest procurer of donated contraceptives), the Global Midwifery Programme and the role of UNFPA as the lead humanitarian actor for sexual and reproductive health. UNFPA succeeded in achieving position as a provider of technical assistance and quality reproductive health supplies, while other partners would focus on service delivery. Other strategic partners include Care International and the national IPPF affiliate (Association pour le Bien Être Familial - ABEF).

In 2018, the consortium worked with UNOPS and UNFPA in order to submit a consolidated proposal to the CAFI Secretariat in the DRC and the Ministry of Health with a clear distribution of roles between the five organizations. The proposal was approved and the DRC CAFI Family Project Scale-Up Project ("PROMIS-FP") targets more than 36 million people across 10 provinces in its phase one (2019 to 2021), with the possibility of extending its coverage. Out of a projected budget of \$33 million, UNFPA managed \$8,729,140 for the acquisition, storage, distribution and monitoring of the contraceptives management.

The community is directly involved in the transportation of commodities from health zones to health facilities. This active participation of the population would greatly increase the availability of contraceptives, and thus creating a better care continuum as well as greater family planning coverage.

Access in the 10-province intervention area is challenging given poor roads, security issues and lack of health infrastructure. Community involvement makes it possible to reach the last mile and increase contraceptive supplies to reduce frequent stock-outs.

Mobile clinics will bring family planning supplies and services to remote landlocked areas and areas in humanitarian crisis. Nursing students and interns and community health workers provide community-based distribution, awareness campaigns and clinical services. Good management of the supply chain makes it possible to bring family planning services closer to the people.

This PROMIS-FP project is carried out in a spirit of synergy and complementarity with various projects and programmes implemented in the targeted geographic areas of coverage. The main project interventions include technical assistance capacity building of health service providers, awareness campaigns and the delivery of family planning services, in particular to the most vulnerable and marginalized populations.

In addition to the technical assistance the Ministry of Health will benefit from the strengthening of the supply chain, for improved Logistics Management Information System (LMIS), then the development of a LMIS guide and software for the stock monitoring at every regional warehouse.

***Tactic: Bridge family planning and women-led farming:  
“Purchase for Progress” (P4P)***



Integration Agriculture and Family Planning, Tshikapa, Kasai, 2019

Most unmet need for family planning in the DRC is concentrated in rural areas among women whose main activity is farming. As in many countries, the World Food Programme (WFP) and Food and Agriculture Organization (FAO) assist governments with women-led farming cooperatives and women-led associations for food distribution. These women are also prime populations for family planning programmes.

Analysis of the environment by the UNFPA DRC country office led to the strategic positioning of family planning with food security and agriculture, where women are already organized in cooperatives known as “Clubs Dimitra”. UNFPA DRC started working together with WFP and FAO in Tanganyika in 2018 and later scaled up to other provinces, including North Kivu, South Kivu and Kasai in 2020 on a joint UNICEF-FAO-WFP. WFP as the Logistics Cluster lead also offered a comparative advantage for reaching the last mile with family planning supplies and services.

## **What is the joint WFP-FAO Purchase for Progress (P4P) Project?**

In June 2017, WFP and FAO launched a programme titled “Purchase for Progress” (P4P) to support the value chains of small agricultural producers in the territories of Kabalo and Nyunzu in the Province of Tanganyika – with family planning as an integrated part of the programme. In this area, inter-community crisis between the Twa and Bantu populations has been ongoing since 2013. The conflict has increased poverty, especially among small farmers and food insecurity due to field fires, destruction of seeds and other production units.



International Day of Rural Women, Matadi, Kongo Central, 2019

The integration of family planning into P4P is a strategy for increasing contraceptive prevalence rates among rural women already mobilized around agriculture and food security. It contributes to women’s empowerment, resilience and fighting against poverty and hunger, but also increases the productivity of rural farmers. P4P aims to strengthen the livelihoods of small agricultural producers in the targeted territories. It develops their capacities on production, post-harvest management, processing and access to the market.

P4P is implemented by taking into account the comparative advantages of every agency. WFP has significant logistics resources for the transportation and distribution of contraceptives. FAO, through its presence in rural areas and especially its work in the facilitation of Dimitra Clubs, brings its expertise and facilitates community dialogue on family planning.

In 2018, the three agencies jointly led the training of 60 clinical providers in reproductive health including HIV and STI treatment and prevention in Nyunzu and Kabalo (UNFPA) and 110 members of Dimitra Clubs on basic family planning concepts and community service provisions (FAO-UNFPA) with work kits. UNFPA supplied the health facilities of Nyunzu and Kabalo health zones with more than six tons of family planning inputs. Awareness campaigns and the free delivery of family planning services by the members of Dimitra Clubs (who had been previously trained for community-based distribution of contraceptives) have helped increase demand.

### **Key results, recommendations and reflections**

- The centrality of population dynamics (e.g. youthful population, high fertility) should remain at the heart of family planning actions and is an entry point with food security, agriculture, climate change, poverty reduction programmes. UNFPA field business units should embrace this positioning of Family Planning as an investment for achieving SDGs and not merely as a health intervention. This strategic inclusion of family planning as an investment is always possible. Family planning can be positioned as an investment for transformation, saving lives, reducing poverty, environmental protection and in the conceptual frameworks of resilience, socioeconomic change, education for all, food security, universal health coverage, etc. without which no transition to the scale of universal access to modern contraception.

Mobile teams and outreach are needed to leave no-one behind and to facilitate community-based distribution of modern contraceptives in combination with measures to strengthen the national supply chain for reproductive health commodities have been effective and efficient in

the DRC, especially among populations in situations of forced displacement.

- Integration of family planning into P4P helped small-scale farmers avoid unintended pregnancies, increase production and improve their living standard by meeting the basic social needs through incomes from the sale of their products. Implementation of the joint P4P-Family Project Project demonstrated that family planning is a critical link in guaranteeing food security, and that it is important to include the demographic dimension in the analysis and management of environmental issues.

- Operationally, strengthening life-saving supply systems on a regular basis, including contraceptives and life-saving maternal health medicines, while ensuring their arrival in the last mile and their permanent availability at service delivery points, including in humanitarian settings and hard to reach areas so as to leave no one behind. WFP being the head of the Logistics Cluster, a strategic partnership with WFP-FAO facilitates our supplies to reach the last mile.

- If family planning is well known for its cornerstone role for demographic dividend, fertility, populations dynamics, demography is also an important factor for peace and security. UNFPA has integrated family planning in the Peace Building Fund project TUSILIKIZANE and could be replicated elsewhere as a central component for projects designed to address community conflicts in the Horn of Africa, the Sahel, the Lake Chad Basin areas, etc. High fertility is increasing pressure on scarce sources of water and land and is contributing to the root causes of the conflicts.

## CHAPTER 6: THE GOAL IS ZERO PREVENTABLE MATERNAL DEATHS

Sixty per cent of preventable maternal deaths take place in conflict settings including displacement and natural disasters according to World Health Organization estimates. Pregnant women are one of the most vulnerable groups caught in crises across the DRC. Some 3.28 million women of reproductive age, including more than 432,300 were in need of humanitarian aid as of first September 2018.



IPC during COVID19, Regional Hospital, Beni, North Kivu, 2020

The maternal mortality ratio has improved from 846 deaths per 100,000 live births (DHS 2014) to 473 maternal deaths per 100,000 live births (WHO 2017) – extraordinary progress in a few short years, though there is still a long way to go. Nearly 29 per cent of maternal deaths are among adolescent girls. Young women and adolescent girls are also the most at risk of obstetric fistula, which is prevalent due to weaknesses in the health system and inadequate provision of quality medical and obstetric care to women, especially during childbirth.

The rate of skilled attendance at birth increased from 80 per cent in 2014 to 86 per cent in 2018—another remarkable step towards safe motherhood,

however this indicator is really about institutional delivery (not skilled attendance at birth), and with the serious quality of care issues, the maternal mortality rate remains very high. Basic Emergency Obstetric and Neonatal care (EmONCB) remains scarce, however, with only 12 per cent of health facilities offering basic level care and 7 per cent providing comprehensive EmONC services. The shortage of qualified staff is remarkable: for example, 18 provinces out of 26 lack specialists such as gynecologists and obstetricians. The country has one midwife per 20,000 inhabitants, compared with the World Health Organization standard of one midwife per 5,000 inhabitants. The need is urgent to expand and strengthen midwifery training, recruitment, deployment and retention.

Only five of the country's 26 provinces had the technical platform needed for women's obstetric fistula repair. The national strategy for the fight against obstetric fistula indicates 10 surgeons, a backlog of more than 40 000 women suffering from obstetric fistula and estimates at 5,000 the number of new cases expected per year. Obstetric fistula repair campaigns supported by all partners working in the area repair some 1,000 fistula cases each year.

*Qualified staff are defined as a midwife, obstetrician/ gynecologist, nurse or doctor*

*—Joint WHO-FIGO-ICM statement*

Although progress has been made in improving maternal and reproductive health in DRC, much more remains to be done to ensure universal access to maternal and RH services including family planning.

*When I met the Minister of Foreign Affairs HE She Leonard Okitundu, upon taking office, we discussed and after the salamalecs (greetings), he asked me to contribute to two things: help promote Congolese experts and rely more on national expertise in the UNFPA development approach and, secondly, expand our presence on the ground. So, these two things that he asked me to do were my gateway.*

*— Sennen Hounton, Representative UNFPA*

To fill the gaps, it will be necessary, more than in the past, to strengthen partnerships and work with the government, development partners, civil society organizations, NGOs, health workers associations and all stakeholders, in order to ensure universal coverage of maternal health.

### **What did UNFPA DRC do differently?**

To accelerate progress and quickly achieve the elimination of preventable maternal and neonatal mortality, UNFPA focused on family planning (see Chapter 5) and two major programme areas proven effective for its technical and financial support to countries around the world: skilled attendance at birth (midwives in particular), and fistula prevention, treatment and social reintegration.

Given the multiple crises in DRC and the reduced funding of maternal health globally, it is necessary to make strategic choices, to focus (and not to be scattered) and select a limited number of catalytic interventions given limited resources, logistics bottlenecks. Thus, in order to mobilize everyone's effort and pool resources to achieve the eradication of preventable maternal mortality, UNFPA DRC made the strategic choice to focus on both the programmatic and geographic scale up to accelerate progress on midwifery and fistula. Our vision was bold, unique, transformative and never done before. This vision was then later encapsulated in the 5<sup>th</sup> UNFPA Country Programme with the target to cover all the 26 provinces by 2024, a very bold vision.

This same vision can certainly be done for agriculture and food security, for child survival, and any development field in that matter instead of old solutions applied over the last 20 years with little progress. As UN agencies UNFPA wish for decentralized development approach in support of region, provinces with provincial development, aligned with Provincial development plans (spearheaded by UNDP).

Focus does not mean abandonment of other proven solutions, however no one can go on scale by spreading thin, and to accelerate the reduction of maternal and neonatal mortality, DRC, like any other country, needs to build a functional and resilient health system from the community to the hospital via the health centre, all well equipped with skilled, committed and

motivated health workers and UNFPA will thus leverage contributions to Emergency Obstetric and Newborn Care and in Maternal Deaths Surveillance and Response.

**Objective 6.1: Increase skilled attendance at birth**

***Tactic: Scale up midwifery education, regulation and association to all 26 provinces***

The country had few midwives until 2011 when UNFPA introduced the international midwifery curriculum with the World Health Organization. Not only did the country lack enough qualified people, but the distribution was inadequate, sometimes with a few of the scarce midwives assigned to tasks other than obstetric care. To date, there is one midwife per 20,000 inhabitants while WHO standards recommend one midwife per 5,000 inhabitants. The UNFPA country office decided to invest in scaling up the midwifery programme in the 26 provinces, by supporting the national programme to convert nurses to midwives.



Kananga, Kasai Central, 2019

Therefore, it is necessary to have, in each province, at least one midwifery training institution meeting the standard, in order to train enough qualified staff able to meet the needs of the country, including the provinces in a humanitarian crisis. In times of crisis, the vulnerability of the population in affected areas is aggravated by the loss of access to property, basic social

services and livelihoods. It is exacerbated by inter-ethnic conflicts and human rights violations as well as non-respect for human dignity and integrity. In these conditions, access to sexual and reproductive health services becomes more difficult with a higher risk of maternal and neonatal mortality.

In regions hit by the humanitarian crisis, in particular in the health zones that welcomed IDPs, the pressure is even greater on a yet weak and fragile health system. A significant shortage of qualified staff together with limited available inputs and life-saving drugs lead to a lack of quality maternity services, especially in areas sheltering refugees and IDPs, thus forcing pregnant women to give birth without the health worker's assistance in general and midwives in particular.

Given this context, and in accordance with its commitment to contributing in ongoing improvement of women, newborns, children and adolescents and youth health, UNFPA DRC decided to strengthen the place and the role of midwives in the health system in order to combat maternal, newborn and infant mortality and morbidity, including in humanitarian settings.

- The first strategy is the reconversion of nurses into midwives using the one and a half year curriculum adopted by the Ministry of Education and Ministry of Health.
- The second strategy is to merge classical midwifery programme with EmONC programmes (with more in-service capacity development); and
- The third strategy is the training and deployment of humanitarian midwives with needed skills to work towards the three zeros.

The surge training of “humanitarian midwives” was initiated in order to provide the country with qualified human resources able to provide quality care to the population, including in humanitarian settings. UNFPA delivered the new midwifery training programme to 18 midwifery training institutions. Fourteen received support from UNFPA to train a workforce of 612 midwives in line with ICM and WHO standards. Two midwifery training institutions, ISTM-Kindu and ISTM-Kalima, both based in the Province of Maniema, benefited from an in-depth assessment which helped fill the gaps related to the lack of teaching materials. Twenty-six teachers from the same

institutions as well as 22 internship mentors developed their capacities on the competency-based training approach.

*With UNFPA we started converting nurses into midwives because in DRC we have trained multi-skilled nurses for childbirth. UNFPA has concluded a partnership with higher training schools to design and implement a programme to convert nurses into midwives, based on a training curriculum in line with ICM and WHO international standards.*

*—Provincial Health Ministry Deputy Director, Bukavu*

***Tactic: Train humanitarian midwives***

In 2019, UNFPA DRC launched a new initiative—the first of its kind in the DRC—to specifically train midwives to provide care in the midst of crisis and enhance field staff capacity. This innovation makes available specific expertise in humanitarian action and responds to the ongoing shortage of field staff, which has had a negative impact on the effectiveness and efficiency of humanitarian interventions in general, and obstetric care in particular.



Midwifery Training Institute, Kananga, Kasai Central, 2020

In the DRC, there is an acute shortage of qualified staff as well as inputs and life-saving drugs for pregnant women and their newborns, in addition to the lack of maternity services adapted and close to the IDPs: many displaced pregnant women give birth on the ground in huts. UNFPA has learned from two experiences: (1) deployment of medical doctors with reproductive health profile as emergency health managers did not substantially change the availability and quality of maternal and newborn health services, (2) deployment in emergency situations of midwives not trained in humanitarian assistance offered good clinical maternity services but had limited impact on the humanitarian response in relation to the implementation of the MISIP.



Mobile clinic on IDP camp, Kalemie, Tanganyika, 2018

UNFPA, in partnership with the Ministry of Health, DRC Association for Midwifery Practice (SCOSAF) and in collaboration with the World Health Organization and MONUSCO held the training of a first cohort of 30 midwives in April 2019 ready for humanitarian prevention and response and deployed them in humanitarian areas in the six provinces supported by CERF-Underfunded Window. The presence of midwives in some hard to reach places has greatly improved the humanitarian response in those areas, touching, saving and transforming many lives. The initiative has also

positioned UNFPA as a credible and impactful champion of reproductive health and GBV prevention and response in humanitarian settings.

The training was held according to the surge training model. A call for candidates with details on the selection criteria is done. The selected files are reviewed by a committee for this purpose, with the midwife country advisor as an influential member.

Thirty midwives were trained, using the surge training approach on the Minimum Initial Services Package for reproductive health in humanitarian settings and the role of UNFPA in humanitarian preparedness and response, focusing on sexual and reproductive health and GBV. Of these, 18 were deployed in humanitarian crisis settings.

The work of these brave midwives has produced convincing outcomes as reported in the box dedicated to humanitarian midwives. Out of a total of 30 313 skilled attendance at birth, 5,497 are from young women and adolescent girls. Some 981 cases of obstetric complications with 916 caesarean sections and 241 cases of post-abortion care among women and girls who benefited from a modern contraceptive method.

The training programme was developed under the supervision of UNFPA Representative, who is a Senior Emergency Humanitarian Coordinator and Surge Trainer. It was conducted by a team mainly composed of colleagues who received the surge training under the coordination of the Chief Technical Reproductive Health Adviser, the Humanitarian Coordinator and the Country Midwife Adviser, in collaboration with the teams in charge of GBV and communication.

Stress management was carried out by the MONUSCO stress advisor while the aspects of humanitarian architecture and field security were provided by WHO, Health Cluster Lead, with a special focus on the practice of EmONC, RH kits and aspects of field coordination and representation.

This training enabled the 30 midwives to become familiar with interventions saving the lives of women, girls and young people in humanitarian settings and who are grouped in health and protection clusters. Thus, the various theoretical and practical sessions of this workshop strengthened their skills in the various related topics, including sexual and reproductive health, and fight against GBV.

In times of crisis, the risk of maternal and neonatal mortality is even higher. Urgent interventions in this area can make a difference for the survival of pregnant women and newborns. Access to sexual and reproductive health remains a significant issue in the provinces affected by humanitarian crises and in particular in the health zones that welcomed IDPs. The vulnerability of the population is aggravated in humanitarian crisis areas due to the loss of access to property, basic services and livelihoods, human rights violations and non-respect of the human dignity and integrity, including malnutrition.

Midwives are essential if we want to achieve the vision that “no woman should die while giving life.” In the DRC, UNFPA committed to an everlasting and fruitful partnership with midwives and the government in order to accelerate the reduction of maternal and neonatal mortality and therefore achieve the transformative result of “zero preventable maternal deaths”, and beyond the three transformative results as the midwife is an essential human resource who can simultaneously perform the various interventions aimed at achieving those three transformative results for UNFPA.

From an initial cohort of 30 midwives trained on humanitarian aid, UNFPA DRC conducted several other cohorts and has done useful work in bringing midwifery care closer to women and girls who are in great need both in humanitarian settings and in hard to reach areas. This is perfectly in line with the principle of “leaving no one behind”. The success of this initiative resulted in UNFPA agile positioning during the COVID-19 pandemic and UNFPA plan to continue this investment in an effective, agile, multi-skilled workforce ready to work wherever needed, including in humanitarian settings, in partnership with WHO, UNHCR, UNICEF and NGOs as part of the triple humanitarian, development and peacebuilding nexus. In this vein, the midwifery programme of the 5<sup>th</sup> Country Programme includes a plan to scale up midwifery training for all the 26 provinces of DRC by 2024.



St Georges Hospital, Kananga, Kasai Central, 2019

### **Objective 6.2: Eliminate obstetric fistula**

For decades, only a few provinces offered routine fistula repair. Our groundbreaking vision is that each province will have by the end of 2024 at least one team of national experts able to handle all simple cases of obstetric fistula in the Regional General Hospital of each province. This is a departure from UNFPA general support to few campaigns in few places with reliance on external experts and a move towards a more sustainable development solution, and a universal health care solution.

The effort to integrate obstetric fistula care into routine hospital services is also helping to end the stigma of women survivors of obstetric fistula. At the same time, partners are scaling up interventions for the prevention and care of obstetric fistulas across all 26 provinces, an effort now benefiting from internal domestic funding. The organization of galas to mobilize these national resources is a good practice that should continue. Similarly, including the elimination of obstetric fistula in the agenda of provincial governors is of great importance in order to accelerate the elimination of obstetric fistula in DRC.

Obstetric fistula is preventable; it can largely be avoided by delaying the age of first pregnancy; the cessation of harmful traditional practices; and timely access to quality obstetric care<sup>22</sup>.

***Tactic: Advance a new vision of countrywide obstetric fistula repair***

With a view to accelerating the elimination of obstetric fistula, the DRC government, with the support of UNFPA and other partners, set up an ambitious programme for scaling up the prevention and management of obstetric fistulas, mixed with campaigns and routine care. Leaving no one behind means that we must ensure that survivors in all of the 26 provinces have access to quality care. For decades this was not the case and with all the investment in five provinces (out of 26) routine fistula surgeries were offered only in the capital city of the provinces. One province in DRC being larger than sometimes two countries combined in sub-Saharan Africa you could envision a territory as large as Greece (Tanganyika), or Sankuru (larger than Sierra Leone and Liberia combined) with no routine provision of fistula repairs and women dying needlessly or living in shame for over 20 years.

*UNFPA helped us organize fistula repair campaigns. When we came back to the training on fistula repair, we thought that we had no one to support us. Who could believe in what we are doing because there were no results so far. We are sincerely grateful to UNFPA for taking a great risk in supporting, funding us and demonstrating to everyone that we can repair vesico-vaginal fistulas. This is the third campaign we have done recently... We do not want to continue to repair only in the campaign mode. We want to repair in routine mode such that obstetric fistula surgery can be done everyday.*

*--Director of Regional Hospital, Bunia, Ituri*



National expert training for fistula surgeries, Kisangani, Tshopo, 2019

The UNFPA DRC country office in partnership with the Ministry of Health and two Centres of Excellence (St Joseph Hospital in Kinshasa and Panzi Hospital in Bukavu) identified teams of surgeon, anaesthetist, nurses to be trained on waves of four provinces to support the integration of obstetric fistula care in the routine activities of hospitals. A team is composed of a doctor (trained for a period of three months), an anesthesiologist, an operation theatre nurse and a post-operative ward nurse trained for a period of two months. After the training, UNFPA supports the teams through the provision of material and equipment to the hospitals where the teams are working to ensure effective management of simple cases of obstetric fistula. In addition, it organized an annual gala for social mobilization and local financial resources. These are innovative and promising initiatives and provide hope for change in the lives of thousands of women survivors of obstetric fistula in the DRC.



St Luc Hospital, Kisantu, Kongo Central, 2019

***Tactic: Train teams to integrate fistula services in routine hospital care***

At the programmatic level, in 2018, four teams were put in place to repair simple cases in four provinces and in 2019, five teams were in place in five new provinces to make a total of 14 out of 26, the number of provinces with teams for surgical repair of simple cases of obstetric fistula.

These capacity building and resource mobilization efforts enabled us to conduct surgical repair of 1,220 obstetric fistula cases in 13 provinces in 2019 (Kinshasa, Maniema, Haut-Uele, Tanganyika, South Ubangi, North Ubangi, Tshopo, South Kivu, North Kivu, Ituri, Kasai- Central, Kasai and Lualaba), 300 surgical repairs more than the previous year which recorded 996 cases repaired in 10 provinces (Kinshasa, Kongo-Central, Kwilu, Kananga, Haut Katanga, Tanganyika, Maniema, South Kivu, North Kivu, Ituri). Equally important are the validation of the national strategy to combat obstetric fistula, and the establishment of a new multisectoral committee to combat obstetric fistula.



Fistula repair campaign, Regional Hospital, Tshikapa, Kasai, 2019

Staff development for obstetric fistula care teams, upgraded technical platforms in hospitals and the supply of “fistula kits” and other consumables, as well as mobilized national resources reflect the will and commitment of the government and its partners, including UNFPA, to scale up the strategy for the elimination of obstetric fistula. By 2024, each of the country’s 26 provinces will have at least one health facility able to provide routine service to simple cases of obstetric fistula while complex cases will be referred to the centres of excellence with adequate technical platforms.

***Tactic: Focus attention with a star-studded gala for resources mobilization***

It was not enough to strengthen obstetric fistula services in the few locations where they were offered; UNFPA presented a vision of services that everywhere there were women in need—in other words, nationwide. In a city known for its vibrant arts and music scene, the venue to share this vision became the gala. In 2018, UNFPA DRC organized its first gala to provide smiles and dignity to women and girls suffering from obstetric fistula. The galas promoted new partnerships, especially in the private sector, for the survivors of obstetric fistula. This is, for instance, the strategic partnership with a Mobile Phone Company (Vodacom), PERENCO Mining Company,

Embassies, the African Union, MPs, CSOs, etc. The galas are in addition to other ongoing efforts to mobilizing the national opinion and financial resources.

This approach uses national surgeons to conduct obstetric fistula repair campaigns in the various provinces. It helps train new health teams in the Province, thus bringing obstetric fistula care services closer to the grassroot populations.



Fund Raising Gala for Fistula repairs, Kinshasa, 2019

To prepare the galas, registration coupons are distributed in advance by targeting institutions and personalities, artists well known nationwide and worldwide are invited to the gala. The video presentations on obstetric fistula and its psychosocial and economic impact on women and their families, the testimony of women healed of obstetric fistula and incentive/motivational speeches grace the galas. A specific bank account number and M’Pesa number (mobile money) are widely disseminated during the gala, but also by SMS, together with awareness messages on the scourge.



Distinguished First Lady, Fund Raising Gala for Fistula repairs, Kinshasa, 2019

Domestic fundraising is not new and many countries have tried, success lies in the preparation and identifying rallying champions to be the face of this endeavour– the 2018 event raised US dollars \$100,000 for the treatment and care of women suffering from obstetric fistula, and the 2019 event raised approximately \$300,000 under the auspices of the distinguished First Lady. The presence of the distinguished DRC First Lady helped rally members of the government, Governors, Ambassadors, Companies executives of the private sector, heads of UN agencies, and CSO representatives. UNFPA then moved in early 2020 to a special edition of fund raising in the minerals rich Province Lualaba under the patronage of its Governor.



Fund Raising Gala for Fistula with HE Governor MM Muyej, Kolwezi, Lualaba, 2019

***Tactic: Address obstetric fistula in humanitarian response***

In its efforts to leave no one behind, UNFPA DRC scaled up the campaign to end obstetric fistula in the humanitarian action. In the DRC, there are fistulas as consequences of war atrocities in addition to more ordinary medical occurrences. Obstetric or post-rape fistula is an additional physical and moral trauma in displaced women and increases their vulnerability. The transversality of protection must benefit these victims and lead to the restoration of their dignity and the enjoyment of their right to health. An inclusive humanitarian response must not leave out people with special needs. Thus “the integration of disability in all recovery responses and efforts with targeted actions” (António Guterres, United Nations Secretary-General) is an illustration of a response guided by human rights. Positioning obstetric fistula as a handicap is a critical step highlighting obstetric fistula in the humanitarian community which generally has little knowledge of this matter.

600 cases of fistulas were repaired with UNCERF funds in 2019 and an additional 300 cases will be operated in 2020 still with UNCERF funding.



## CHAPTER 7: THE GOAL IS ZERO GENDER-BASED VIOLENCE



Kananga, Kasai Central, 2019

The special context of DRC, with multiple humanitarian crises due to armed conflicts or natural disasters, makes it a country with a high prevalence of sexual violence but also other forms of GBV. UNFPA's proven expertise in the prevention and management of cases of GBV placed the organization in the front-line for the fight against these scourges plaguing the DRC society. UNFPA management team raised humanitarian issues as a higher priority and established sound links between the humanitarian emergency and the various programmatic areas, with a particular focus on "humanitarian emergency and sexual and gender-based violence".

This choice is reflected through partnership and resource mobilization efforts. Thus, existing partnerships were reinforced and new partners were contacted. These efforts were achieved in projects like the Pro-Routes<sup>22</sup> Project funded by the World Bank, JAD project funded by Canada, joint PERENCO-UNFPA support for the health of women, mothers and newborns, adolescents and youth as well as gender equality issues, especially those concerning women empowerment and out-of-school girls.

UNFPA DRC country office is determined to continue its partnership and resource mobilization efforts for the most vulnerable groups of the DRC population, women and adolescent girls, especially in humanitarian settings. In its new 2020-2024 cooperation programme with DRC, over a total amount of \$150.3 million for women, over \$60 million was allotted to gender based violence, with only \$1 million from UNFPA regular resources and thus \$59 million from co-financing and thus to be mobilized.

As of 2020, the DRC is still affected by conflict, food insecurity and epidemics, including an Ebola outbreak. Consequently, millions of people are obliged to flee their homes in search of food, health and protection. Women and children among displaced and host communities are the ones most exposed to life threatening forms of gender-based violence. Sexual violence is the most reported form of GBV, but many survivors are afraid to report rape or violence due to stigma and the fear of reprisal from perpetrators. However, sexual violence committed by national security entities has decreased, according to an impact evaluation on sexual violence published in May 2019. The democratic transition has created hope for the stabilization of the country despite the humanitarian crises.



One Stop Centre, Kananga, Kasai Central, 2018

## **What was the context of UNFPA positioning in GBV over the last 10 years?**

In 2009, a resolution by the UN Security Council entrusted the coordination of the response to GBV still led by UNFPA to MONUC (UNO Mission in DRC, renamed in July 2010 MONUSCO), while recognizing the technical leadership of UNFPA in data collection. This strategy established a coordination mechanism piloted by MONUSCO, outside the humanitarian architecture, and which was in force until 2012 when UNFPA and UN Women were entrusted with the coordination of GBV in non-conflict areas, by a new resolution of the UN Security Council; MONUSCO keeping the lead in the conflict-affected and stabilized areas with four pillars including UNFPA, the leading the data and mapping one.

In 2015, at the request of the government, UNFPA-supported assessment of implementation of the national strategy against sexual violence, indicating inadequacies including, among others, weakness of the coordination system and the need for a consolidated coordination mechanism. The main recommendation of the assessment was the revision of the national GBV strategy.

In 2016, in accordance with IASC guidelines and following a situation assessment carried out by UNHCR, the lead agency of Global Protection Cluster responsible for GBV, DRC humanitarian team decided to reactivate the GBV sub-cluster by placing it under the lead of UNFPA for better coordination of the response to GBV in humanitarian settings. A stellar GBV Sub Cluster Coordinator was recruited. The same year, at the initiative of the government supported by UNFPA, UN Women by Canada, Sweden and the UK, it was decided to carry out a global assessment of the impact of more than a decade of funding for the fight against GBV in DRC.

At the programmatic level, the implementation of UNFPA was aligned with the flagship documents that help implement the strategic plan and the country programme but it did not, for example, perform all the standards of UNFPA minimum GBV guidelines in humanitarian settings or in development aid. Investments in GBV prevention were almost non-existent. UNFPA intervened mainly in joint UN programmes and projects and had a budget dedicated to gender not beyond 1.5 million per year.

In 2017, the outbreak and/or the aggravation of the conflicts in several provinces and the political crisis related to the pre-election context in DRC generating activation of the L3 response, led UNFPA to strengthen its leadership in the response to GBV in DRC.

At a global level, UNFPA has made the progress of gender equality and the empowerment of all women and girls one of the pillars of its intervention strategy. The fight against GBV had an increasing programmatic space in the country programmes in recent years. However, few countries manage to mobilize resources to meet multiple and multifaceted challenges. UNFPA is supporting the national coordination in the fight against GBV, including by leading the humanitarian response to GBV in crisis contexts. UNFPA defines its programmatic approach to GBV in a contiguum, by ensuring a concomitance of planning and implementation of its emergency and development interventions at the onset of the crisis.

### **What did UNFPA DRC do differently?**

The UNFPA DRC management team determined in 2018 to build on gains made over the last two years and to accelerate progress towards the transformative result of “zero GBV by 2030”. The GBV humanitarian action served as a critical gateway for promoting the agenda against sexual and gender-based violence.

### **Objective 7.1: GBV leadership with partners at the global and national level**

#### ***Tactic: Bring expertise to the table***

UNFPA became the sole lead of the GBV AoR (Area of Responsibility) and GBV Sub-Cluster within the humanitarian architecture in 2016. The GBV AoR brings together non-governmental organizations, United Nations agencies, academics and others under the shared objective of ensuring life-saving, predictable, accountable and effective GBV prevention, risk mitigation and response in emergencies, both natural disaster and conflict-related humanitarian contexts. The commitment of the new leadership of UNFPA made of the GBV sub-cluster, which was understaffed during its

first year of life in DRC, became more efficient and more operational, in line with the country's humanitarian architecture. The UNFPA Representative contributed to and monitored meetings of the humanitarian team and carried out advocacy for the GBV sub-cluster; this furthered the comeback of UNFPA leadership in the coordination of the fight against GBV in DRC.

In 2017 and 2018, UNFPA DRC quickly shifted from few staff, operating alone on GBV issues including in humanitarian settings, to 2, 6 and then 22 staff members currently, spread out in five humanitarian hubs – change due to the dynamism and foresight of the UNFPA DRC management team, but also to the role of UNFPA as a GBV Sub-Cluster Coordinator. This has been consequential decision that translated our ambitions and increase credibility of UNFPA as reliable humanitarian actor for the Humanitarian Country Team.

Better integration of collective **commitments on SEA and GBV** was achieved through partnerships. UNFPA is increasingly recognized as a credible and effective partner for humanitarian responses in DRC. UNFPA DRC is consulted on a regular basis for strategic issues both by HCT and world leaders on emergency issues in DRC. This was due in part to the integration of UNFPA in HCT nexus projects, the integration of UNFPA in post-Ebola resilience, the nomination of UNFPA to coordinate HCT project on PSEA / AAP, and the nomination of UNFPA as a host agency for advice in the RC office for PSEA and Protection (ProCap).

***Tactic: Ensure functional GBV sub-clusters in humanitarian hubs***

In addition to the national coordination, GBV sub-clusters were established in the provinces and resources dedicated to GBV activities were allocated for UNFPA to achieve its role within the humanitarian community in the various provinces. This strategic positioning helped make progress in the fight against GBV in humanitarian settings thanks to the positioning of women and girls priorities in resources mobilized for the response to humanitarian crisis in DRC.

*Humanitarian aid is our gateway, it is our strength. We have a leadership recognized in the area of GBV, institutionalized and which is there.*

—Noemie Delmonte, UNFPA GBV SC Team Leader, DRC

*UNFPA is GBV Sub-Cluster Lead. That's why for us OCHA, UNFPA is very important because of a number of cases of sexual violence we have to work together on. We funded UNFPA several times through funding mechanisms such as the Humanitarian Fund based here. But that is not enough given the numerous GBV issues in the DRC. We work together and we have a very dynamic partnership with UNFPA that will continue because when you look in Kasai, there are several cases of rape. So we are trying to see together with UNFPA how we can help women (...). Due to the magnitude of issues here, this relationship will remain. OCHA is calling for UNFPA DRC to receive more funding from its HQ to carry out GBV activities.*

— OCHA Country Director

*It is particularly important for UNFPA to quickly deploy GBV sub-cluster coordinators to coordination hubs. Humanitarian coordination particularly solicits us on GBV issues because of the magnitude of the problem in DRC, efforts made in this fight over several decades and commitments made by humanitarian players in DRC. When we have a sub-cluster able to produce maps, update referral channels, quickly analyse the gaps, able to assess the needs of any new crisis and mobilize the players for response as we did for example in Kalemie, we save lives and we are respected and credible players.*

*When we play our role as a “supplier of the last resort” at every shortage of available post-rape kits, the entire humanitarian community sees the added value of UNFPA.*

*—Noemie Delmonte, UNFPA GBV SC Team Leader, DRC*

This leadership is recognized by other agencies looking at UNFPA as a good partner for the implementation of a few humanitarian projects. The GBV sub-cluster has at least 45 active members, including local and international NGOs, UN agencies, donor countries and public bodies.



16 Days of Activism in Nyunzu, Tanaganyika, 2019

UNFPA contributed in monitoring analysis and reporting arrangements (MARA) on conflict-related sexual violence. In 2018, in recognition of the strength of its action, UNFPA was appointed by the UN Resident Coordinator as PSEA and AAP lead by the Humanitarian Country Team.

*Having a strong GBV sub-cluster is critical to ensure a UNFPA role in the humanitarian community. A strong sub-cluster needs field presence, experienced GBV experts and full-time dedicated coordinators in larger operations. It not only reinforces life-saving services for survivors; but it*

*enables to prioritize, to determine gaps, to build partnership, in particular with national actors. The work of the GBV Sub-Cluster has been instrumental in building up advocacy at a higher level. We have found allies to put the Call to Action on the Protection of GBV in Emergency in the HCT agenda and we have even created national ownership around it. We have been bold and visible on GBV at HCT towards concrete initiatives, and this is essential to attract investments and build sustainable partnerships shaped on real needs of women and girls.*

—Noemie Delmonte, UNFPA GBV SC Team Leader, DRC

## **Objective 7.2: Advocacy for GBV prevention including in conflicts**

### ***Tactic: Calling for action on GBV protection in emergencies***

With the support of the European Commission (ECHO), the Commission for Refugee Women and the overall GBV coordination in humanitarian settings (GBV AoR), UNFPA led the development process of the national road map for the call for action on GBV protection in emergencies. DRC was the second country to be selected after Nigeria to bring to the ground this tool and mechanism of advocacy and mobilization of stakeholders in the fight and aiming at a systemic and powerful change in GBV prevention and management in crisis settings. The initiative brought together 143 stakeholders and 68 made concrete commitments to continuing this fight and reporting every six months for collective accountability.



16 Days of Activism in Nyunzu, Tanganyika, 2019

In addition, UNFPA and UN Women championed among donors to document efforts made in DRC in the fight against GBV. In 2018, Sweden, the UK and Canada entrusted UNFPA with conducting an impact assessment of investments in the fight against GBV in DRC between 2005 and 2017, carried out by an independent firm. Published in 2019, this study makes available to all players of the fight against GBV in DRC a knowledge management tool measuring the effectiveness and efficiency of actions and identifying the practices, the lessons learned and the challenges to make opportunities for upcoming investments.

Regarding Gender Based Violence, as part of the implementation of a national road map on the Call to Action, UNFPA has strengthened its role as lead agency for Gender Based Violence in humanitarian settings. More specifically, the work of UNFPA was focused on greater inclusion of the national players, and helped strengthen ties between humanitarian, stabilization and development players.

### **Objective 7.3: Provide services for GBV survivors**

#### ***Tactic: Integrated one-stop centres***

*What is a “One Stop Centre”? We have four counters here. The first door is medical. When the survivor arrives, she first goes to the hospital for welcome and get her sign her consent... We listen carefully to her, then we look for the vital signs and send her to the doctor. The doctor in turn will examine the survivor and send her to the lab for check-up for an STI or pregnancy, etc. After the results, since these lab results will guide us for care, she comes back to the doctor who appreciates and if she is within 72 hours, she benefits from PEP kit. If it is beyond 72 hours, we take care of an STI if necessary; and if by chance the HIV result is positive, we also have a unit for care. If the pregnancy test is positive and confirmed, she receives care until delivery. Everything is free. Then, the survivor is referred here (at the psychosocial care counter) for psychosocial care. Here, we welcome people too and receive their consent. We try to reassure her that everything is free and confidential. We do the counselling, the active listening. If she is a minor, we discuss with her parents. We try to show them that the child did not choose to be a survivor. Then, we give her an appointment. When she comes back, we will give her a reference ticket for legal care in order to look for his perpetrators and she may agree and decide about the penalty. This is the way we are working here. What I especially appreciate is that when a survivor arrives, she immediately receives health care, psychosocial support without even going out. She has legal support and, in the end, we take her to socioeconomic reintegration. That’s what I love about it.*

*—Nurse and psychosocial assistant, One-Stop-Centre in Walungu in South Kivu*



Keshero One Stop Centre, Goma, North Kivu, 2016

From 2017 to 2020, UNFPA supported eight integrated centres for the health, psychological, judicial, legal assistance and socioeconomic reintegration of GBV survivors. Nearly 14,000 GBV survivors received medical and psychosocial assistance with the support by UNFPA.

*In the beginning, there were various facilities where GBV survivors could move from one place to another for assistance. Today all the services are integrated in one place. Sometimes they have no means of transportation and we lose sight of them. This one place aims to bring all the services together in order to provide the survivor with medical assistance, psychological aid, legal assistance and socioeconomic reintegration if necessary. Everything happens at one place known as an integrated centre for multisectoral services or the “one-stop centre”.*

—Dr. Irene Katoba, UNFPA Kinshasa

In DRC, UNFPA is promoting this multisectoral and multifunctional model for managing cases of sexual and gender-based violence in a “one-stop-shop” where all services are available (integrated centre). This approach, developed by Panzi hospital (North Kivu), was implemented by UNFPA in three provinces (Ituri, North Kivu and South Kivu). Like for midwifery and for fistula, our vision is to support all 26 provinces to have a One-Stop Centre for holistic care to GBV survivors. While investing in establishment of new One-Stop Centres, UNFPA strengthened partnerships with long standing Centres of Excellence as referral centres.

*The centre has existed since 2016. But before, UNFPA was already working with the hospital on the care for sexual violence and particularly health and psychosocial care. UNFPA input includes first the integration of psychological and mental health services in primary health care... UNFPA has provided a lot of material and human support (training providers). Health care includes drug supply, training of doctors, nurses on the surgical repair of fistulas, on the management of rape cases. PEP kits are still available thanks to UNFPA. UNFPA is working directly with the provincial health directorate and Kyeshero is part of the DPS. When drugs leave UNFPA to DPS, they are in turn supplied the hospital (...). In the past, it was difficult to reach the survivors of rape within 72 hours. This has been made possible to us by medical ambulances UNFPA provided Kyeshero hospital with. In the event of warnings in the community, we quickly move to collect the survivors and take them to the hospital for adequate health care. This is a success.*

*—Psychologist, Kyeshero Hospital*

## **Objective 7.4: Strengthen alliances to tackle GBV using national database**

### ***Tactic: Digitize the national GBV database***

The GBV database has helped to build alliances with the government through evidence-based advocacy using sound data, and sharing data that the government can use to strengthen its GBV response. Specifically, it makes quality data available to service delivery points with access point name (APN) application.

In 2018, this database was digitized with the use of a new smartphones and tablets application. Updating the application for GBV data collection will help feed the online database without resorting to the Internet. This has the following advantages:

- Faster data collection and a large geographic coverage;
- Greater reliability of data and much more promptness in the transmission of information;
- Reinforced accountability towards donors and the participation of partners who can analyse their own data in the application;
- Measurement of the impact of GBV and support for the survivors of this phenomenon;
- Data safeguarding measures will maintain the highest ethical standards and principles for data collection and a victim-oriented approach;
- The renewed database also improves the monitoring of the alleged conflict related to incidents of sexual violence, thereby increasing the accountability of national security forces in particular.

*The good practice is that we have a national database against sexual and gender-based violence. Many countries don't have it and most countries use GBV Information Management System—a humanitarian information management system. In our case, it is a national database which is maintained by the Ministry of Gender, but which uses the same forms as GBVIMS and its classification tool. The difficulty is data collection, unable to have all the data, have up-to-date data. However, these data enable us to make the advocacy, guide the partners on actions and interventions. Unfortunately, it is often difficult to get data completeness as not all the actors fill the database or share data, though many others do. This means that having a certain data completeness is not possible. That is one of the challenges. But having a national database on the GBV issue is a good practice that we have in the DRC.*

—Mireille Ikoli, Programme Officer, UNFPA



Kisangani, Tshopo, 2019

***Tactic: PSEA in infrastructures along road construction project (“Pro-Routes”) and in Education and Agriculture***

Renovated roads are reaching populations cut-off from health services, providing a new opportunity to build alliances with non- traditional partners and provide life-saving reproductive health services, including prevention and treatment of GBV. As part of the fight against sexual exploitation and abuse, UNFPA developed a strategic partnership with the Ministry of Infrastructure and the World Bank to manage the social impacts of the World Bank investment in the DRC along renovated roads called “Pro-Routes Project”.

*The Pro-Routes project is a project in which we want to fight against sexual exploitation and abuse. But in practice, we are fighting against GBV in a much broader way. It is no longer for me an accountability tool but a programmatic one. If we play our cards well, we can have several projects, especially with the World Bank.*

—Noemie Delmonte, UNFPA GBV SC Team Leader, DRC

This project concerns prevention and safeguarding measures relating to SEA. In collaboration with the subcontracting company and eight NGOs, the interventions made it possible to achieve the following outcomes in 2018:

- A pool of 40 trainers on SEA among NGO partners trained more than 1 500 workers and Executives in charge of the renovation works;
- A communication plan with innovative communication tools was developed and a major awareness campaign is being implemented;
- Operationalized six complaint management mechanisms in each axis of Pro-Routes, which handled hundreds cases of allegations, including cases confirmed as being directly linked to Pro-Routes;
- Survivor’s assistance within the GBV programme: enabling all the alleged survivors of SEA as well as the other survivors of GBV to benefit from specialized services.

This is a completely new and innovative areas of programming for UNFPA that other field business units can replicate. It is not acceptable that large governments contribute to women and girls vulnerabilities and positioning UNFPA as lead technical assistance offers several comparative advantages including the GBV Sub-Cluster role, the Emergency Reproductive Health Kits, particularly the post rape kits and Sexually Transmitted Infections kits. It is also a smart opportunity to position the rights and choice agenda into new and non-traditional development frameworks such as agriculture, infrastructures, food security, education, and mining.

### **Key results, recommendations and reflections**

As we recap and reflect on UNFPA technical assistance and development cooperation with the Government and the technical and financial partners in eliminating GBV we believe:

- Strategic partnerships must be leveraged to strengthen a survivor-oriented approach around the provision of holistic care to GBV survivors in emergency settings;
- Humanitarian crises must be an opportunity to Build Back Better, and used as opportunities to invest in development;
- UNFPA field business units think bold, leaving no one behind and seek endogen solutions with local populations, invest in building national capacity so programmes can continue beyond the lifecycle of projects;
- Field presence and quality staff in hotspots is crucial to contribute, in real-time, in resolving populations problems, with their full participation.
- Invest in sustainable data solutions. As UN agencies or development agencies we must avoid old practice of non-sustainable demonstration projects and instead invest in national solutions even if for practical reasons (teams, funding) a stepped-wedged design is necessary. The established national GBV database hosted by the

Ministry of Gender is a perfect example that could be replicated in other countries;

- Seek, develop and nurture non-traditional partnerships in pursuit of scaling up progress towards the transformative results, such as was the case in DRC of positioning PSEA and GBV prevention in infrastructures, in education and in agriculture and foodsecurity.

*DRC has been among the countries pioneering the GBV area of the response and has developed knowledge and practices over a decade, and not business as usual. I believe that our success has been to call into question our models of responding to GBV in the DRC, looking at the impact of 15 years of programming and simultaneously testing innovations. We listened to women and girls' needs and they inspired our new investments.*

—Noemie Delmonte, UNFPA GBV SC Team Leader, DRC



## **PART IV: TOWARDS A FUTURE OF EMPOWERED YOUTH AND GOOD DATA**



## CHAPTER 8: EMPOWER YOUTH FOR DRC'S FUTURE



Celebration of ICPD@25, Kinshasa, 2019

Nearly 75 per cent of the DRC population is less than 25 years old. Some 8 million adolescent girls are entering their reproductive years in the DRC (considering 16 years as the median age at first intercourse, DHS 2013-2014). Initiatives launched by UNFPA in the DRC aimed to reach women and young people wherever they are, and to involve them in resolving their specific problems. Especially important are efforts to improve coverage of adolescents and youths sexual and reproductive health needs

In 2017, according to statistics from the National Statistics Institute (NSI), adolescents (10 to 19 years old) accounted for 23.1 per cent of the population in DRC (nearly 21,220,000 people). They will come close to 30 per cent of the population by 2030, the year of SDGs assessment and the African Union Agenda 2063, “The Africa We Want”<sup>24</sup>.



International Women's Day, Kananga, Kasai Central, 2020

### **The future of the ten-year-old girl**

Age 10 is the beginning of adolescence, when girls start to see life's possibilities expanding—or contracting. The UNFPA global report *State of World Population 2016*<sup>25</sup> contends that the world's future will be determined by the fate of its 10-year-old girls. What does life look like for the 10-year-old girl in the DRC? Certainly, the environment in which she is living offers opportunities if one takes into account the progress made over the past decade in the fields of education, health and child safeguarding. But, multiple challenges including barriers on the way towards adulthood destroy her potential in terms of contribution to the development of their families, communities and the country as a whole remain.

Most 10-year-old girls in the DRC begin their adolescence with many challenges, in particular weight, body or mental deficits linked to chronic malnutrition. They will struggle to complete their studies and are likely to be exposed to serious socio-health issues including child marriage, early and forced sexual intercourse, unintended and early pregnancy, physical and emotional abuse and harassment, and lack of information on their body and their rights, STIs, including HIV.

Barriers such as poverty, gender inequality, low availability of and limited accessibility to health-friendly services, unsupportive laws and social standards of fledgling sexuality will prevent them from seeking and getting help. All such constraints have negative impacts on their mental health, including increased anxiety and even depression, loss of self-esteem and suicide tendency. They are facing numerous challenges including those related to their sexual and reproductive health, education, vocational training and respect for their rights.

### **What did UNFPA DRC do differently?**

A number of initiatives have been implemented in DRC with an aim to remove the obstacles that the 10 year-old girls are facing. In line with the principle of “leaving no one behind”, those initiatives have been targeting both in-school and out-of-school girls. Vocational training followed by socio-economic reintegration has been put in place to support adolescent girls who failed to complete the formal education curriculum following unwanted pregnancies, child marriage, and/or lack of resources, as well as comprehensive sexuality education. For those who are in school, special support is implemented to strengthen their knowledge and skills and improve their access to reproductive health services, with an aim to help them stay at school as long as possible by removing the obstacles related to early pregnancy, unsafe abortion, STI and HIV infection.

In fact, the UNFPA DRC’s support to the 10 year-old girls does not stop at the age of 10 years. For their transition to professional life to succeed, UNFPA continues the initiative to accompany them throughout their path to adulthood to ensure the achievement of the ultimate goal of having the girls of today, the real drivers of the development in 2030. In line with this, the following specific supports are being implemented targeting adolescent and young people:

1. **SDGs Youth Incubator:** UNFPA DRC established the *Professor Babatunde Osotimehin Youth Incubator*, building on the already established Youth Advisory Panel within the country office. A group of young leaders plays the role of secretariat and adviser for all organizations and networks of adolescents and youth on population

and development issues. This initiative includes capacity building and involves young people in planning, implementation and evaluation of UNFPA programmes, contributing significantly to strengthening youth leadership and youth-sensitive programming.

2. The country office also developed two flagship programmes to avoid spreading thin across multiple, small scale investments with no proven and measurable results. These two flagships are the **“Kitumaini Initiative”**, an adolescent girls human capital development programme targeting in and out-of-school adolescent girls; and the **“Tusikilizane Project”**, a youth, peace and security programme focusing on human capital of young people in conflicts

3. Finally, UNFPA elected to develop **capacity of young leaders and networks** as implementing partners for UNFPA and use them for our projects including in humanitarian settings. We believe other development partners can do the same with young people, with vulnerable girls and women.



Youth Caravan, ICPD@25, Matadi, Kongo Central, 2019

## **Objective 8.1: Expand work with and for youth**

### ***Tactic: Clarifying purpose***

Some restructuring and clarification of purpose starting in 2017 have invigorated the focus on adolescence and youth within the UNFPA DRC country office, with a more targeted data and analysis unit and a new youth cluster. Several items provided guidance: The African Union’s DD road map launched in 2017, titled “*Harnessing the Demographic Dividend Through Investments in Youth*”<sup>26</sup>, has guided UNFPA in the DRC. The UN Security Council Resolution 2250 on youth, peace and security, which passed unanimously in 2015, recognized that “youth play a great and positive role in maintaining and promoting international peace and security”. This resolution urges Member States to give young people a greater voice in decision-making at local, national, regional and international levels and utilize established mechanisms likely to help young people to participate meaningfully in peace processes. In addition, the new strategy of the UN Secretary- General and the concurrently launched UNICEF Youth Strategy is focused on the human capital and employability of adolescents and youth.

Working on behalf of youth and adolescents, UNFPA DRC had in the past focused on comprehensive sexuality education, leadership and participation and life skills—the change has been to integrate access to full range of contraception and entrepreneurship.

*The Adolescent and Youth cluster we set up within UNFPA country team was not new and was inspired by the introduction of clusters at UNFPA in 2012, when there were two clusters, the Adolescent and Youth cluster and the Reproductive Health cluster). Looking at the demography of the DRC, it was clear for us that we could not achieved meaningful success in a family planning programme without targeting adolescents and girls.*

—Dr. Sennen Hounton, UNFPA Representative

In line with the African Union Demographic Dividend road map, the UNFPA country office prioritized action to develop youth capacities and skills, especially adolescent girls, so that they can make informed choices about their sexual and reproductive health and rights as well as their well-being. Strategies planned include:

- operationalize and strengthen comprehensive sex education and life skills for in-school and out-of-school adolescents and youth;
- support empowerment of youth, especially adolescent girls, so that they have skills to make informed choices about their sexual and reproductive health and rights, including HIV prevention;
- promote youth leadership and participation in policies and programmes, including humanitarian and peacebuilding; and
- foster innovation and entrepreneurship among youth.



Out-of-school Kitumaïni, Lubumbashi, Haut Katanga, 2019

### ***Tactic: Empower girls: Kitumaïni Adolescent Girls Initiative***

Kitumaïni is an innovative multisectoral programme designed to empower adolescent girls to stay at school as long as possible. With the active participation of adolescent girls themselves, it combines: (i) integrated comprehensive sexuality education / family life education into the curriculum of primary, secondary and vocational education; (ii) developed adolescents and youth-friendly life skills for them to make informed decisions concerning them; (iii) and access to quality youth-friendly sexual and reproductive health information and services, in health facilities near schools and places of residence of these young girls.

Kitumaïni or “Hope” was launched by UNFPA in collaboration with the government and UNESCO. The programme is funded by Canada, Sweden, KOICA and DFID. At the operational level, the initiative is supported by communities, schools, vocational training centres and health facilities in a given health zone, working together and in a synergistic and complementary manner. It is implemented in the health zones of N’sele in Kinshasa, Ruashi in Lubumbashi, Karisimbi in Goma.

The integrated approach in the design, implementation and monitoring of these various interventions for adolescent girls is a real paradigm shift. In addition, two more innovative approaches help strengthen the effectiveness of interventions:

- mentorship provided by young adult women who are role models in their communities, to support and share their knowledge, skills and attitudes with adolescent girls; and
- setting up a real-time monitoring system, based on a mobile application using cards with a “QR” code allowing the identification of each adolescent girl and the recording of her health data managed in full confidentiality.



Out-of-school Kitumaïni, N'sele, Kinshasa, 2019

The implementation of Kitumaïni initiative has achieved outstanding results contributing to the well-being of youth in general and young girls in particular. In 2018, Kitumaïni enabled the integration of family life education into the teaching programme of 70 secondary schools and four vocational training centres; training 75 mentors and 210 teachers working in the provinces of Kinshasa, Lubumbashi and Goma on the use of the family life education manual.



In school Kitumaïni, Lubumbashi, 2019

Some 18,000 students, boys and girls aged 15 to 17 received full sex education at school and outside school, 60,000 adolescent girls had access to quality youth-friendly care services, 300 adolescent girl mothers trained in tailoring, aesthetics and the culinary arts while receiving full sex education. In 2019, 9,000 adolescent students and 1,000 others who were out-of-school were encoded in the system, 13 vocational training centres for adolescent girl mothers renovated and equipped, 1,100 young girls learned a trade, and integration of youth-friendly sexual and reproductive health in 17 health facilities.

*For me, Kitumaïni is a reference. We also want to make a difference with Kitumaïni.*

*—N'Sele zone Chief Doctor*



Peace Building, Kalemie, Tanganyika, 2019

***Tactic: Achieve peace and security by engaging youth in crises:  
“Tusikilizane Project”***

Using sports, farming, and entrepreneurship for youth, women and girls in conflict are just some of the many DRC innovations promoted through the Tusikilizane Youth Peace & Security project. From 2018 to 2019, raised awareness among 10,000 youth and women through football games that brought together post-conflict communities, developed the capacities and knowledge of 50 youth and women in leadership and entrepreneurship, supported financially 115 young people and 65 women for community income-generating activities, helped restore trust, minimized discrimination between the Twa and the Bantus, and promoted the economic role of the youth in their villages and in IDPs sites.

The inter-community conflicts which broke out in particular between the Pygmies<sup>27</sup> and the Bantus in the province of Tanganyika resulted in numerous losses in human life, destruction of social infrastructure and massive displacements of population. In order to contribute in the culture of peaceful coexistence between the different communities in Tanganyika, UNFPA initiated in June 2018 “TUSILIKIZANE” project funded by Iceland and Peace Building Funds. “Tusikilizane” means “Let us understand each other”; the project promotes peaceful coexistence and social cohesion, especially between the Twa and the Bantu in IDPs sites for trust and peaceful community life when they will come back to their respective communities.

The implementation of Tusikilizane project relies on the “BARAZAs” which are local committees responsible for peace culture, but only composed of adults in the social model of Tanganyika hardly granting place to youth and women in decision-making bodies. The first strategic Tusikilizane axis is precisely working to involve youth and women in BARAZA, through advocacy activities targeting Twa and Bantu community leaders. In addition, the project supports the establishment of solidarity clubs made up exclusively of youth or women (Twa and Bantu).



Youth incubator for SDGs aims to set up a platform for active commitment of youth in DRC, take into account youth voice in decision-making processes affecting their lives, especially in the development of policies, strategies, projects and programmes. The youth incubator for SDGs is led by AfriYAN, a continental umbrella organization of young Africans, led by young people and which carries out advocacy and political dialogue activities on themes such as: population, environment and sustainable development, sexual and reproductive health and rights, jobs and youth well-being.

*The incubator is a platform allowing youth from various organizations to come together and talk about their problems, develop programmes together, provide solutions to specific issues of youth, and so to get them present in the implementation and evaluation of these programmes.*

*—President / Youth incubator, Kinshasa*

The established youth incubator meets the need for youth training and capacity development as well as empowerment in order to help them make a successful transition to adulthood and prepare them for a fulfilled active life. This youth incubator is a real gateway between UNFPA and youth organizations working in various fields such as entrepreneurship, health, environment, etc.

The UNFPA country office is devoting time and resources to this youth incubator, which it hosts in its offices in Kinshasa and Goma. UNFPA is training these young people in project development, advocacy, resource mobilization, leadership, etc. Similarly, the organization is promoting, supporting and sponsoring youth participation in the incubator in national and international youth forums, as well as in its internal meetings for the development, monitoring and evaluation of projects and programmes in favour of adolescents and youth. In addition, UNFPA country office is promoting the emancipation of youth from the incubator by systematically exposing them to its partners, who may be from the UN system, the government, the private sector, CSOs or NGOs. And UNFPA housing youth incubator is increasing their credibility and visibility.



Adolescent and Youth Incubator, UNFPA Office, Kinshasa, 2020

*UNFPA is a bridge for us, and a lot of partners respect us because we have space here in UNFPA premises. When UNFPA friends and partners come, they come to see us here. CSOs meeting was held here in youth office. When partners come, they already see that we are well organized; and even on the administrative plan. Sometimes, when we get stuck, we go to UNFPA administration, which listens to us and helps us overcome the bottleneck.*

*—Lorence Kabasele, Afriyan DRC President*

***Tactic: Global events can propel national planning and priorities setting***

The Nairobi Summit in November 2019 offered an inclusive and unique platform to discuss and agree on initiatives for accelerated promises and stimulated implementation of ICPD Programme of Action. DRC delegation led by the Deputy Prime Minister, Minister of Planning, was composed of the Minister of Gender, Family and Children, the Deputy Minister of Health, Parliamentarians, journalists, a strong representation of Adolescents and Youth and CSOs.



Youth Rollers, ICPD@25, Kinshasa, 2019

UNFPA DRC was involved in preparing a national road map “On the way to Nairobi” highlighting specific initiatives: periodic meetings with media owners, journalists and communicators, the organization of leadership camps for adolescents and youth in a few targeted cities (Kinshasa, Goma and Lubumbashi), the launch of the annual report on the state of the world population, the celebration of the World Population Day, the inauguration of vocational training centres in Kinshasa, Goma and Lubumbashi, the training of nearly 50 youth associations in leadership and sexual and reproductive

health projects management, the provision of free integrated family planning services for adolescents, youth, and women.

### ***Tactic: Youth as agents of change***

Youth are seen as UNFPA Implementing Partners. The advocacy, dialogue and empowerment of youth organizations, undertaken by UNFPA, is welcomed and appreciated by all--political and administrative authorities, technical and financial partners, and CSOs as well as youth. Youth empowerment has been materialized through the contractualization of youth organizations by UNFPA as implementing partners for projects that largely make room for youth leadership. Annual work plans are signed either directly with these youth organizations, or through the Ministry of Youth. This is new, this is different and this shows the importance and trust placed in youth organizations. Such partnerships are opportunities for institutional and capacity building of these local youth organizations thus positioned as reliable and credible partners, capable of guaranteeing the sustainability of interventions towards adolescents and youth.

### **Key results, recommendations and reflections**

All the youth-oriented initiatives created extraordinary enthusiasm among DRC youth who are actively participating in the implementation and monitoring of these initiatives. In addition, these youths seem well experienced for amplified, extended and sustained initiatives.

As we recap and reflect, we believe:

- Development organizations should involve more adolescents and young people from the design phase of projects and programmes to implementation and evaluation.
- Development partners should invest in more government owned programmes.
- We must trust adolescents and young people, there are assets of today not tomorrow and we recommend similar investments in all UNFPA field business units through innovative strategic partnerships

to help accelerate the pace of demographic transition, youth entrepreneurship and women and girls empowerment for the capture of the demographic dividend.

## CHAPTER 9: DATA FOR DEVELOPMENT

### *Technology is our friend*

The data revolution and artificial intelligence have transformed the way we think of data. The classical technical assistance to government through censuses, health and demographic surveys, has been affected and shaped by data revolution, bringing the field of data security and integrity in development cooperation, yet advances in technology remain our friend. We can now more easily, and in minutes, process large amounts of data, satellite sensing imaging have allowed data capture in security-compromised areas and small areas estimations have improved analysis of programmes effectiveness at districts or village levels.

### **Objective 9.1: Leverage data and technology for sustainable development**

In order to support the three transformative results of the country programme between DRC and UNFPA, the population and development strategies of the country office focus on: (i) the production of quality statistical data through the second General Population and Housing Census (GPHC) using new technologies, (ii) improving the country's civil registration system and (iii) capturing the demographic dividend for emergence and inclusive growth of the country. This is firstly the complete coverage of the entire territory of the DRC during the population count, then the use of international standards for GPHC.

Development policy can only be successful when it takes appropriately into consideration the population dynamic, especially in the context of DRC, where the needs of the fast growing population surpass the country's production capacity. Emphasis is placed on the central role of the population in achieving the Sustainable Development Goals. With an average annual population growth rate of 3.3 per cent, the Government's efforts to fight poverty and eradicate hunger by 2030 may be jeopardized. This is why UNFPA supports the Government by making informed choices.

### ***Tactic: Improve governance of the National Statistical Office and Census Bureau***

UNFPA supports the Census Bureau and National Statistical Institute for quality assurance of General Population and Housing Census 2 (GPHC2) 2 in compliance with international standards.



Census preparation fieldwork, Kinshasa, 2019

In effect, the system set up by the Census Bureau for the second GPHC (first and only census conducted in 1984) did not meet international standards.

UNFPA's advocacy led the current Deputy Prime Minister, Minister of Planning, to reorient the GPHC2 process towards the use of modern techniques recognized at the international level. This is a very important result which restores confidence in the methodological tools that can be used for the census and may bring back in the short term the donors of second GPHC especially the World Bank and the African Development Bank who had withdrawn their funding for this activity. UNFPA after analysis of why the process has stalled for the last 10 years decided to invest time, networks and capital in getting the country to align by international standard. We congratulate the new Government for engaging in a more sustainable path towards the realization of the second census.

### ***Tactic: Advocacy for innovation in census***

UNFPA's focus is on supporting the second General Population and Housing Census (GPHC) by hybrid solution combining classical enumeration with geo-referenced data (satellite imaging). The use of high-resolution satellite images to cover hard-to-reach localities during population enumeration. The risks are real with respect to the complete co-openness of the country: inter-tribal and inter-community conflicts in certain localities, Ebola epidemic in certain provinces, etc. This methodology, called the hybrid census method, was therefore proposed by UNFPA and its partners to the Government. Likewise, technical partners have developed a semi-automatic approach for dividing enumeration areas to support census mapping. UNFPA and its partners thus proposed to improve the national coverage rate and the quality of data collection using these innovations and after review the national experts from the National Statistical Office have found it useful in DRC context.

*I appreciate the good relationships between UNFPA and my institution, the National Statistics Institute, as I appreciate the relationships between other technical and financial partners and my institution. But let me make a special mention of UNFPA. UNFPA is among the privileged partners of our country, the DRC. It is among the partners who support NSI. The DRC government is determined to proceed with its collection of demographic data, and in this context, UNFPA, is taking the lead. I am committed to helping the DRC in this challenge. As recently as 2019, when many donors denied funding RGPH2 (the national census) for various internal and external reasons, I saw UNFPA take the lead and not giving up. I welcome the leadership of UNFPA, and also the personality and courage of its Representative.*

*—Roger Shulungu Runika, Director General, National Statistics Institute (NSI).*

This trust is hard earned, and is important in any development cooperation and for any sustainable solution to difficult questions or issues. UNFPA is very appreciative of the positive review by Government officials.

***Tactic: Advocacy for linkages between census and biometric identification***

The second GPHC process is disrupted by various constraints; institutional, technical, financial and even political, which hamper its smooth implementation for the last 10 years. It is very clear that the coming years, in particular 2022 and 2023, will be strongly influenced by the organization of presidential elections, and thus the limited fiscal space for other major initiative and commitments by the DRC government such as the census and strengthening of the Civil Registration and Vital Statistics (CRVS) system.

Talking of election means electoral census. The revision of the electoral list for the organization of elections is compulsory and is prescribed by electoral laws. In addition, in recent months, there has been a revival of the organization of the Administrative Census, intended to identify the population, with a view to having the population file in order to possibly extract the electoral list.

The National Population Identification Office (ONIP), which is in charge of this population identification process has started putting together a technical file to seek funding. The constitution and management of a general population file on the one hand, the issuance of identity documents and other security and legal documents on the other hand becomes another urgent project launched by the government while at the same time we observe a dynamic of reform of the civil registration and vital statistics system.

The UNFPA DRC office decided to focus on a broad communication in favour of the second census but also to explain the differences between the various exercises to avoid confusion among the population on the objectives and expected results of each of these processes. Several strategic questions are addressed notably:

- Can the three types of census be combined (second GPHC, administrative census destined at identifying the population and finally electoral census)?

- How can resources be pooled to achieve economies of scale and substantial gains in the three operations?
- The revision of the electoral list being compulsory, how can this political result be achieved while ensuring real knowledge of the size of the population of the DRC, which has long remained a challenge? This is a unique situation and negotiation for sustainable investments for generations to come.

***Tactic: Support the Civil Registration and Vital Statistics system***



Civil Registration Vital Statistics, Kinshasa, 2020

The country's civil registration and vital statistics (CRVS) system was completely missing in DRC. Unlike in many countries where CRVS is often limited to small scale projects in few villages by NGOs or UNICEF offices, the technical assistance to DRC government was funded by the World Bank and revolves around the production of the related data and the reform process of the CRVS system with government and public private partnerships and the first phase includes:

- Organization of data collection for developed Civil State system mapping;
- Established database on the inventory of Civil State offices in the country (typology, geographic location, human, financial and material resources, etc.);
- Organization of data collection for established birth certificates of 600,000 children attending kindergarten and primary school as well as their siblings without birth certificates who have not reached the age of legal majority (school upgrading campaign);
- Established database containing 2,400,000 children registered at the Civil Status;
- Implemented communication strategy annotated with a related plan.

The second phase is a scale up phase of the established reform system of phase to be jointly implemented by UNFPA, UNICEF and using Public Private Partnership in support of the government. UNFPA is advocating for a national system with government partners and not just few provinces. The scale-up plan may have several phases given the size of DRC, but the plan must be national and other agencies can take the similar approach.

***Tactic: Demographic Dividend Profile for each of the 26 provinces***

The Country Office used a visionary and strategic approach to go beyond the development of the DRC national Demographic Dividend profile and focus on the provinces. Indeed, DRC like other countries such as Nigeria, Ethiopia, Algeria must address development at the decentralized levels. Provinces in DRC are larger than most African countries and therefore investing in provincial Demographic Dividend profiles, at the decentralized level, will allow the availability of inform choices for the governors regarding development investments to reap demographic dividend. Development is local and it makes sense, and we believe other development sectors should integrate decentralization and provinces entities in their development cooperation. The national Demographic Dividend profile will

be complemented by the provincial Demographic Dividend profiles which will build on the comparative advantages of each provinces. The platform of the Governors forum that meets quarterly will be leveraged for the presentation and discussions of the provincial profiles by national and international experts.

### **Key results, recommendations and reflections**

As we reflect and recap there few things we have achieved through diplomacy and credible technical assistance such integrating the demographic dividend as main challenge among other economic challenges in the national strategic development plan, the consensus on family planning as an investment for social and economic transformation of the DRC, the consideration of hybrid techniques with high resolution satellite images methodology for estimating the population of areas with poor or security compromised accessibility as well as the test of the automatic division of enumeration areas carried out in several localities as a prelude to the organization of census mapping. This later is well documented, available and can be used during census mapping in the DRC or in other countries. We have also foster collaboration for a national CRVS system, however we must continue the advocacy and technical assistance to maintain focus and quality of technical assistance where governance is improving but issues remain prevalent.

We have learned along the way that we must be patient, with a laser focus on national, sustainable solutions amid all bottlenecks; Rome was not built in one day, and we must not fall to the temptation of embarking on small scale projects for the sole visibility of development organizations. Financial mobilization to support sustainable solutions are seldom but is possible when government sets appropriate priorities. This was the case with the *Free Education Policy* (for primary school) supported with grants from the World Bank and this will be the case for the census or CRVS.

In a country like DRC, which has gone through three decades of instability, wars and humanitarian crises the strengthening the technical capacities of national staffs is critical; very seldom are the best human assets put in charge like in many other countries and thus development

organization have an obligation to advocate for and to contribute to strengthen national capacity with top notch technical assistance.

We have an opportunity for new knowledge and experiences through the hybrid census methodology, with the automatic cutting test of the population enumeration areas, the development of two demographic databases that were given to the Congolese government readily adaptable to up-to-date (national ownership of national development planning tools), namely, a database containing key information about the essential characteristics of the mapping of the civil registration system; and a basic recording of children without birth certificates, recipients of birth and as well as their biological parents.

## Epilogue

By Benoit Kalasa, Director Technical Division, UNFPA

The development and adoption of the 2030 Agenda for Sustainable Development was a historical paradigm shift for the narrative on development, shared leadership and shared accountability for the people, planet, prosperity and peace.

Achieving the Sustainable Development Goals requires the active involvement of all stakeholders: the United Nations system, national, regional and local governments, the private sector, civil society, academia and people at large. Success depends on pursuing a whole-of- government and whole-of-society vision with an eye to meeting the high ambitions and challenges of the goals. As per Goal 17, calling for strong global partnerships and cooperation, the United Nations system should be prepared to assist UN Member States in all aspects of this endeavour.

The only choice for United Nations agencies in general and UNFPA in particular is to define the most efficient and effective pathways and levers of engaging to achieve the global goals in a complex environment – including in a triple nexus context such as the Democratic Republic of the Congo with humanitarian, development and peace and security crises.

In the DRC, the three transformative results guided the UNFPA team to specific goals: achieving zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence including harmful practices. Throughout this publication, we followed the courageous exercise that the UNFPA team sought to achieve in narrating the vision, the choices made, the strategies and tactics used, the strategic engagements in the pursuit of transformative results in the Democratic Republic of the Congo.

Of particular interest were the organizational changes at level of field offices as well as strategy, including the prioritizing of humanitarian response and new partners for gender-based violence and family planning. As UN offices seek to be more effective and efficient in assisting UN Member States in all development, humanitarian, peace and security towards the bold 2030 Agenda, bold changes are required.

If we agree that only a national government can implement national policies, strategies and large-scale programmes that can impact and sustain progress on national-level indicators of the Sustainable Development Goals, then collaboration and cooperation become our priorities. The role of UN agencies becomes that of supporting leveraging all stakeholders (e.g. local governments, private sector, civil society, NGOs and academia) by mainstreaming institutional and transformative goals into global, regional and national governance and financial institutions, mechanisms and investment instruments.

Thus, United Nations agencies, funds and programmes must become more agile, more proactive and more relevant for governments and large investors and social bonds (World Bank, African Development Bank, International Monetary Fund, Islamic Development Bank, European Development Fund, etc.) and more responsive to these innovative and non-traditional partnerships, including business practices. UNFPA and other United Nations agencies, funds and programmes need to have a hard look at the profile of human resources, strategic partnerships, revisit the timeliness and quality of technical assistance needed and valued by Member States.

Moving forward, for UNFPA, we must avoid offering or applying old solutions to new problems. We must aim for bold and innovative solutions for the rights and choice agenda in development frameworks. In this publication, examples demonstrate the importance of working with partners in many sectors: the education and infrastructure sectors (prevention of sexual exploitation and abuse along road construction), the agriculture and food security sector (improving productivity and human capital of female farmers and in agrobusiness and maternal health), in environment and climate sector (addressing deforestation and energy renewal through the contraception revolution). These and other initiatives are grounded in the centrality of population in a country that struggles with chronic and acute humanitarian situations, conflict and some of the world's most serious development challenges.

The UNFPA DRC Country Office has pioneered innovative approaches. As we move in this direction and engage in these paradigm shifts, we must embrace risk management and anticipate and assist countries with risk mitigation instead of risk avoidance. We must embrace entrepreneurial and

business practices instead of relying on donations. And we must be able to make the case for social investments in people-centred policies in win-win endeavour where governments focus on political capital.

The experience and stories in this book tell us how UN agencies can play effective roles when driven by the ideal to change and save lives through structural adaptation and transformational vision, when equipped with the right set of skills and capacities, and when there is an institutional culture of change.



## POSTFACE

**By Prof. Augustin MATATA PONYO MAPON**  
**Senator, DRC Parliament; Former Prime Minister, Former Minister of Finance, DRC**

In a context of crisis such as that of the DRC, development cooperation is an important path for the country to maintain and readjust. Since 2017, there has been instability in the macroeconomic framework and an accelerated deterioration in the living conditions of the Congolese population. This situation is essentially due to a lack of strong and enlightened leadership and widespread poor governance within the public administration.

In such context, standard development cooperation would not be able to help the country develop. A better approach to development cooperation should be based on the following six axes: (i) a shared strategic vision; (ii) transparency among partners in terms of the circulation and reliability of information; (iii) a clear, context-specific and coherent decision-making process; (iv) the competence and involvement of stakeholders; (v) effective and appropriate monitoring-evaluation mechanisms; and (vi) relevant risk management to prevent and overcome internal and external crises.

The operationalization of these areas depends on a common foundation of strong leadership and good governance. UNFPA's approach is innovative in that it takes into account a number of the above-mentioned elements. As described in this book, the method used by UNFPA team in DRC brings added value in that it creates a solid platform for balancing the five modes of engagement: (i) advocacy and policy dialogue that focuses on the development, improvement and reform of legislation, policies and strategies; (ii) capacity development that strengthens skills, systems and human resources and provides appropriate technical expertise; (iii) knowledge management that improves programmes through data analysis and the timely delivery of high quality knowledge products and innovative solutions; (iv)

partnerships and coordination, as well as inter-agency humanitarian coordination, based on the advantage of collaboration that strengthens collective accountability for results; and (v) the provision of essential reproductive health care and services to prevent and respond to gender-based violence. Such approach could achieve the best results.

**By Cheikh Tidiane CISSE,**

**Former UNFPA Country Representative Zimbabwe, Madagascar, Seychelles, Comoros, Mauritius, Somalia, Chad**

This book is about amazing success stories in the DRC, a very complex and challenging environment. The story behind these successes can be summarized in few words: Leadership, Innovation & Agility, Partnership.

Dr. Sennen Hounton and his colleagues in UNFPA DRC are sharing here very useful tips on how they have reached these good results. The positive changes described are jointly forged and owned by all players on the ground namely, government institutions, the UN family, international partners, civil society and the communities ... not as a lip service... but for fact, with skills, courage and patience.

Very useful reading...

**By Dominic SAM,**

**UNDP Resident Representative, DRC**

Thank for sharing the UNFPA DRC Country Office publication *Development Cooperation Amid Triple Nexus*. I found it refreshing, bold and easy read with a compelling story line. Sharing how you approached delivering your mandate differently in a complex context like DRC, is self-telling in its own right and deserves to be applauded and recognized as a best practice.

I could not agree more with the two key tenets that drove the understanding of your approach: need for transformative action and bringing to scale. I had the opportunity upon arriving DRC in 2018 to visit a good portion of the country and came to the same understanding. Yes, DRC is indeed a sub-continent and development efforts have hugely resulted in largely small scale successful projects that failed to bring transformation at scale in most cases in a context where national and provincial/territorial planning discipline had been a huge challenge. Recognizing the importance of government leadership, ownership and clarity of vision reflected in national, provincial and territorial planning frameworks and strategies is a must in order for transformation at scale to happen. How we re-imagine a development approach as you and your team so ably designed and outlined in this publication would then yield more impactful and scaled up transformational results through government simultaneous and or relay action.

Your choices and strategies to deliver on a set of clear bold goals have been on mark. I bear testimony, having had the opportunity to undertake joint field visits with you and your teams to see the striving for innovation at work, communications up front and partnerships for resources and results the driving force. **To innovate is to dare.** It comes with risks as to dare is to accept the possibility of failure. We need an institutional culture and leadership that understands this and tools and systems in place to mitigate risks and failures when they do occur. Your efforts in having a team that is motivated and strives for innovation,

demonstrates the importance of leadership that drives a positive office culture, creating an enabling environment for staff to excel and deliver results beyond expectations.

Focusing on integrated projects/programmes comes from an understanding of the importance of systems approach in analysing development problems that then lead to the offering of multifaceted solutions for communities with a clear read of the impact of forward linkages in a given context. I applaud the integration of this approach that has enhanced joint programming with other UN agencies, Funds and Programmes. And yes the reforms of the UN development system are showing early positive results. You just have to look at the number and quality of joint work with various agencies listed in the publication to demonstrate this fact!

Kudos to you and your staff for a clear bold vision and daring to offer something different that will certainly contribute in a significant way to our joint efforts as the UN development system and the UN mission, supporting DRC's transition to peace, stability and prosperity.



## End Notes

- <sup>1</sup> [www.worldbank.org/en/country/drc/overview#1](http://www.worldbank.org/en/country/drc/overview#1)
- <sup>2</sup> [www.cia.gov/library/publications/the-world-factbook/geos/cg.html](http://www.cia.gov/library/publications/the-world-factbook/geos/cg.html)
- <sup>3</sup> [www.cia.gov/library/publications/the-world-factbook/geos/cg.html](http://www.cia.gov/library/publications/the-world-factbook/geos/cg.html)
- <sup>4</sup> [www.cia.gov/library/publications/the-world-factbook/geos/cg.html](http://www.cia.gov/library/publications/the-world-factbook/geos/cg.html)
- <sup>5</sup> <http://whc.unesco.org/en/news/2138/>
- <sup>6</sup> [www.cia.gov/library/publications/the-world-factbook/geos/cg.html](http://www.cia.gov/library/publications/the-world-factbook/geos/cg.html)
- <sup>7</sup> [www.worldbank.org/en/country/drc/overview#1](http://www.worldbank.org/en/country/drc/overview#1)
- <sup>8</sup> [www.worldbank.org/en/country/drc/overview#1](http://www.worldbank.org/en/country/drc/overview#1)
- <sup>9</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/cg.html>
- <sup>10</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/296FAADD2CD1C4EF852571B5005CD59C-unjlc-cod-24jul.pdf>
- <sup>11</sup> [www.worldbank.org/en/country/drc/overview#1](http://www.worldbank.org/en/country/drc/overview#1)
- <sup>12</sup> <https://en.unesco.org/creative-cities/kinshasa>
- <sup>13</sup> <https://risepeople.com/blog/its-all-about-the-people/>
- <sup>14</sup> <https://hbr.org/2015/03/positive-teams-are-more-productive>
- <sup>15</sup> <https://hbr.org/2019/03/as-your-team-gets-bigger-your-leadership-style-has-to-adapt>
- <sup>16</sup> <https://unsdg.un.org/sites/default/files/Congo-Comms-Strategy.pdf>
- <sup>17</sup> [www.cia.gov/library/publications/the-world-factbook/geos/cg.html](http://www.cia.gov/library/publications/the-world-factbook/geos/cg.html)
- <sup>18</sup> [www.cia.gov/library/publications/the-world-factbook/geos/cg.html](http://www.cia.gov/library/publications/the-world-factbook/geos/cg.html)
- <sup>19</sup> <https://unsdg.un.org/sites/default/files/Congo-Comms-Strategy.pdf> p.6
- <sup>20</sup> [www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_PUB\\_2018\\_EN\\_Delivering\\_Supplies\\_When\\_Crisis\\_Strikes.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2018_EN_Delivering_Supplies_When_Crisis_Strikes.pdf)
- <sup>21</sup> [www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/qcpr/undg-discussion-note-on-universality-and-2030-agenda.pdf](http://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/qcpr/undg-discussion-note-on-universality-and-2030-agenda.pdf)
- <sup>22</sup> [www.un.org/en/observances/end-fistula-day](http://www.un.org/en/observances/end-fistula-day)
- <sup>23</sup> [www.worldbank.org/en/news/statement/2017/11/27/drc-world-bank-suspends-disbursements-for-civil-works-for-the-high-priority-roads-reopening-and-maintenance-proroutes-project](http://www.worldbank.org/en/news/statement/2017/11/27/drc-world-bank-suspends-disbursements-for-civil-works-for-the-high-priority-roads-reopening-and-maintenance-proroutes-project)
- <sup>24</sup> <https://au.int/en/agenda2063/overview>
- <sup>25</sup> [www.unfpa.org/swop-2016](http://www.unfpa.org/swop-2016)
- <sup>26</sup> [https://au.int/sites/default/files/documents/32665-doc-au-echo-magazine-2017-23\\_june17-1.pdf](https://au.int/sites/default/files/documents/32665-doc-au-echo-magazine-2017-23_june17-1.pdf)
- <sup>27</sup> [www.survivalinternational.org/tribes/pygmies](http://www.survivalinternational.org/tribes/pygmies)

*Also cited:*

[www.plan.gouv.cd/wp-content/uploads/2020/08/PNSD-2019-2023.pdf](http://www.plan.gouv.cd/wp-content/uploads/2020/08/PNSD-2019-2023.pdf)

<https://drcongo.un.org/sites/default/files/2020-02/UNSDCF- RDC%202020-2024%20.pdf>

[https://drc.unfpa.org/sites/default/files/pub-pdf/dp.fpa\\_.cpd\\_.cod\\_.5\\_-\\_drc\\_cpd.pdf](https://drc.unfpa.org/sites/default/files/pub-pdf/dp.fpa_.cpd_.cod_.5_-_drc_cpd.pdf)

<https://reliefweb.int/report/democratic-republic-congo/gender-based-violence-democratic-republic-congo-key-facts-and>

[www.worldbank.org/en/programs/state-and-peace-building-fund](http://www.worldbank.org/en/programs/state-and-peace-building-fund)

## References

Johnson, Spencer (1998). *Who Moved My Cheese? An amazing way to deal with change in your work and in your life*. Spencer Johnson, M.D., New York: Putnam.

UNFPA (2013). *The UNFPA Strategic Plan, 2014-2017*.

<https://unfpa.org/sites/default/files/resource-pdf/Strategic%20Plan,%202014-2017.pdf>

UNFPA (2017). *The UNFPA Strategic Plan, 2018-2021*.

[www.unfpa.org/resources/strategic-plan-2018-2021](http://www.unfpa.org/resources/strategic-plan-2018-2021)

UNFPA (2017). *UNFPA Annual Report 2017, I Have The Power To Change My World*.

[https://unfpa.org/sites/default/files/pub-pdf/UNFPA\\_PUB\\_2018\\_EN\\_AnnualReport.pdf](https://unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2018_EN_AnnualReport.pdf)

# DEVELOPMENT COOPERATION AMID TRIPLE CRISES

Context matters, particularly in countries where humanitarian crises are recurrent, socioeconomic and health indicators are daunting, governance at the national level is variable, armed conflict abounds, people are fleeing violence both inside and outside the borders, and the donor community faces all too many pleas for assistance and support. In this book of ideas and inspiration, the UNFPA DRC team courageously shares their innovative, silo-breaking strategies, tactics, results and reflections on what they have done differently in positioning the agenda of rights and choice in the 2017 to 2020 period towards the three transformative results – zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices, such as child marriage and female genital mutilation – in the face of unprecedented crisis.

*This book is about amazing success stories in the DRC, a very complex and challenging environment. The story behind these successes can be summarized in few words: Leadership, Innovation & Agility, Partnership. Dr. Sennen Hounton and his colleagues in UNFPA DRC are sharing here very useful tips on how they have reached these good results. The positive changes described are jointly forged and owned by all players on the ground namely, government institutions, the UN family, international partners, civil society and the communities ... not as a lip service... but for fact, with skills, courage and patience. Very useful reading...*

Cheikh Tidiane CISSE

Former UNFPA Country Representative

*...a clear bold vision and daring to offer something different that will certainly contribute in a significant way to our joint efforts as the UN Development System and the UN Mission, supporting DRC's transition to peace, stability and prosperity.*

Dominic SAM

UNDP Resident Representative, DRC

*In a context of instability in the macroeconomic framework since 2017 and an accelerated deterioration in the living conditions in DRC, standard development cooperation would not be able to help the country develop. UNFPA's approach is innovative in that it takes into account a better approach to development cooperation. The method used by UNFPA team in DRC brings added value in that it creates a solid platform for balancing various modes of engagement which operationalization depends on a common foundation of strong leadership and good governance.*

Prof. Augustin MATATA PONYO MAPON

Senator, DRC Parliament; Former Prime Minister, Former Minister of Finance, DRC



*Lead editor and author **Sennen Hounton**, MD, PhD served as UNFPA Representative in the Democratic Republic of the Congo from 2017 through 2020. He is a business unit manager and an international development and humanitarian preparedness and response expert. With studies in Medicine and psychology (Benin), epidemiology (USA), and health economics (UK), he is passionate about women's empowerment, human capital and the Sustainable Development Goals. He is presently the UNFPA Representative in Chad.*

Illustration de couverture : Junior Mayindu

ISBN : 978-2-343-21731-4

23,50 €

