

Family Planning

The Integrated Health Project Plus (IHPplus) was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. This USAID-funded project was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office's five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high impact family planning, maternal, newborn, and child health (FP/MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision-making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase from the 78 health zones supported by IHP).

Integrated Health Project Plus in the Democratic Republic of Congo



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in **78** health zones:

1.8 million
counseling visits for family planning

3,000
delivery points
offering family
planning services

1,600+
providers trained on
family planning

2,000+
community-based distributors
of family planning services

1.1 million
couple years of protection

“ Knowledge of family planning, quality of services, and utilization of these services are improving in the DRC, and we want to make sure that these improvements are sustained. I believe it is our responsibility to do so. We have gained a lot from our collaboration with IHPplus, and we will use the skills we acquired and the lessons we learned to continue to strengthen our family planning programs and access to quality services.”

— **Fidèle Mbadu**

Director of National Program for Reproductive Health



Family Planning

Challenge: The fertility rate among women in DRC is very high, at 6.6 births per woman, and the use of modern contraceptive methods is low at 8%

DRC-IHPplus response: In an effort to address this challenge, IHPplus:

- Organized mini-campaigns to reach households with family planning
- Integrated permanent methods (tubal ligation and vasectomy) and postpartum family planning, and equipped health zones with materials for voluntary surgical contraception
- Integrated Sayana Press as a new technology to provide services at the community level
- Trained more than 1,600 clinical and community providers in providing family planning services in 30 health zones, including 502 women
- Managed the provision of family planning commodities and management and delivery tools. This includes a broad and diverse range of family planning methods: male and female condoms, pills, Depo-Provera, Sayana Press, Implanon NXT®, Jadelle, Levonogestrel, cycle beads, the IUD, and other commodities such as lidocaine, pregnancy tests, compresses, scalpels, syringes, gloves, Tiaht posters, and the WHO medical eligibility criteria wheel for contraceptive use.
- Established and helped to coordinate the provincial Lualaba and Sankuru *Comité technique multisectoriel de planification familiale* (multisectoral technical committee on family planning).

Family planning mini-campaigns

The family planning mini-campaigns consisted of three days of intensive activities designed to mobilize communities around family planning, provide door-to-door services for family planning, and link women and men to community-based distributors (CBDs) of family planning methods, while supporting and motivating the CBDs. The strategy was also aimed at enabling CBDs to talk with couples and engage men in counseling and awareness sessions. The mini-campaigns aimed to reach communities with limited or no access to family planning services.

Mobilizing the community: One week before the activity, information was publicized via different channels to notify communities about the upcoming mini-campaign and the benefits of family planning,

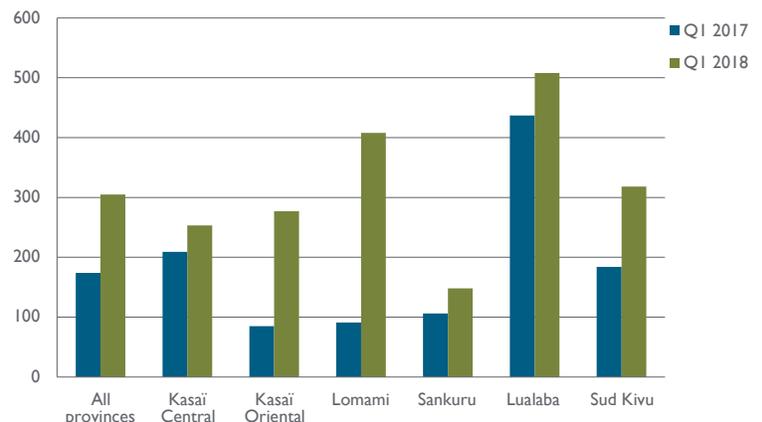
Service delivery: CBDs conducted counseling sessions with interested clients/couples and provided short-term family planning methods to those interested (pills, Sayana Press, cycle beads, male and female condoms, and the Lactational Amenorrhea Method). CBDs referred clients interested in other methods (Depo-Provera, implants, IUDs, fertility awareness methods) to either a health center or a fixed site set up in the community and staffed by a nurse.

Follow-up campaign: CBDs used their registers to identify and re-visit all clients in their catchment area. ■



Photo by Warren Zelman

Average number of new family planning acceptors per health area



2017: Before mini-campaign
2018: After mini-campaign