



IMA WORLD HEALTH



GENDER

in the Democratic Republic of Congo

ASSP and ASSR - 2013 to 2022

GENDER EQUALITY AND SOCIAL INCLUSION

GESI

Gender inequality and social exclusion are inextricably linked to social, economic and health outcomes as root causes of poor health and wellbeing (SDG). IMA understands that in the DRC context, commitment to address gender inequality and social exclusion is paramount to long-lasting and sustainable change.

While the term “GESI” has not figured into ASSP/ASSR project documentation, per se, our approach is anchored in promoting social equality for women and girls, especially in poor communities and among displaced persons from adjacent communities in Central African Republic and Angola. As such, ASSP/ASSR has addressed gender equality and social inclusion (GESI) by integrating women’s needs and access to care in the design of all of its programs. Starting with lowering the cost for all women to access health care, designing health facilities to assure they are appropriate for women’s needs, and ensuring representation in community governance, specific interventions address the needs of survivors of sexual violence and women desiring family planning options.

Community scorecard: The community scorecard program gives voice to communities while also being an instrument for improving gender equity in healthcare. Subgroups of women are systematically included in the process to make sure that they have weight in community health care decisions. During ASSR Extension I, 424 health centres completed the community score card exercise annually.

PEP Kits: During ASSR I, a total of 2900 survivors of GBV who arrived at supported health facilities received a Post-exposure prophylaxis (PEP) Kits within 72 hours to help protect them from contracting HIV. This activity was part of larger community initiative to prevent GBV, reduce stigma, and empower victims.

Family planning: ASSR Extension I provided family planning services, a key activity in the effort towards gender equity, by giving women choice and control over their reproductive schedules. In partnership with UNFPA, a total of 261,172 Couple Years of Protection were provided through ASSR I.

In 2020, the Third Party Monitor (HERA) conducted a gender strategy review of ASSP/ASSR to assess the extent to which our Gender approach had been implemented and to provide recommendations for strengthening the gender strategy and action. The report highlighted a number of less overt gender-inclusive initiatives that underscored the IMA team's commitment to gender equality including:

Clean cookstoves initiative launched to support women to pursue livelihoods.

Consultation with women in the development of building plans for new clinics to make sure they were gender responsive.

Provision of water cisterns in safe locations to reduce incidences of women and girls subjected to violence while fetching water.

CELEBRATING WOMEN LEADERS

DR EUGENIE, KASAI CENTRAL

Forty-nine years old, married, mother of five, Dr Eugenie MISENGA KANGOJI is the highest-ranking physician executive in the province of Kasai Central, Democratic Republic of Congo.

“My first job after graduating from medical school in Kinshasa was to provide primary care in a remote health zone over 350 kilometres from the urban centre of Kananga,” she remembers. “I was very ambitious. I was ready to go where it was difficult, even as a young woman.”

Dr Eugenie stayed at that health zone for four years before continuing her studies in public health and becoming Medical Director of Kananga Health Zone. In 2013, Dr Eugenie began collaboration with IMA's health strengthening programme, ASSP, which continues to this day. “The programme was and is really aligned with the priorities of the government,” she says, “and this set it apart.”

From building health centres to introducing flat user fees, from providing access to essential medicines to capacity development of the health workforce, “ASSP was comprehensive and addressed fundamental building blocks of our primary care system.” Dr Eugenie give credit to the programme for improved vaccination coverage. “Each health facility has a refrigerator to store vaccines. This has avoided so many wasted doses by

maintaining the cold chain,” she says.

“Our vaccination rates are consistently over 90 percent. We have had fewer outbreaks of measles than previously and we are helping to eradicate polio. ... In fact, we are impacting a whole generation through safe vaccination!”

Since 2013 the programme has also significantly improved health statistics in the province. Dr Eugenie attributes much of this success to enhanced community involvement. “When the programme began we had a very low 2 percent family planning acceptance rate. Using community-based distribution, a programme innovation, we now have acceptance rates over 15 percent.” Community-based distribution has now become part of the National Strategy for family planning. In addition, community advisory councils, supported by the programme, meet regularly in every health zone. “They hold us accountable. One Community advisory council actually caught and turned in a nurse who was stealing medications from the health centre pharmacy. Another Community advisory council stopped sexual harassment by a health worker by using the programme hotline. This was the right thing to do.”

Dr Eugenie states that one of the most important contributions of the UK-funded programme was introduction of the health information system called DHIS/DHIS2. “Thanks to the programme, all health zones have computers, electricity or solar power and internet access to enter and collect data.” She smiles. “I don't have to go far anymore to know what is going on in my health zones. The data is right here.” She points to her laptop computer. “She who has information has power.”

Despite these successes, Dr Eugenie pressed to highlight a number of challenges to the primary care system in her province for the years to come. “Quality of care in our referral hospitals needs to be reinforced,” she says. She hopes for innovation and multisectoral approaches, including technology and infrastructure. “Where there is a health center, there also needs to be roads to allow regular delivery of medications and efficient referral to hospitals.” With her eye on the future, Dr Eugenie salutes the significant impact and support by the UK-funded health system strengthening programme, ASSP/ASSR 2013-2022.

INTERNATIONAL WOMEN'S DAY

MARCH 2022

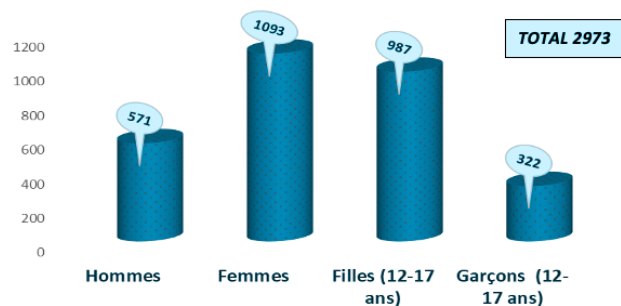
IMA teams across DRC celebrate International Women's Day annually in line with our commitment to promote gender equality in how we work and in the communities we serve. On March 8, 2022, DRC promoted the national Women's Day theme "Promoting women's empowerment in the context of climate change and disaster risk reduction". ASSR teams in Kasai and Kasai Central joined local partners to make the celebrations a success.

Official launch ceremonies in both provinces were presided by provincial authorities in the presence of members of the provincial governments, members of the provincial security council, United Nations agencies including UNFPA, UNDP, UNHCR, and international organisations, humanitarians, NGOs, women's associations and women's organisations. Opening speeches covered a variety of topics, but were significant for the focus on ending GBV and risks to women and girls in light of the climate crisis.

On day two, a conference-debate was organised for students in the main hall of the local university in Kananga on the theme "Empowerment of women and girls and the fight against global warming by putting women at the centre as a solution to these scourges". Out of 332 conference participants, 209, or 63 percent, were female students.

In addition to opening speeches and academic debate, community awareness was organised in three schools and five markets in the provinces to highlight the central role of women and girls in mitigating the climate crisis.

Figure 1. People reached by category



Finally, some health zones chose to focus awareness on family planning, gender-based violence and the medical management of GBV. Free family planning services were offered as part of the awareness campaign in others.

A total of 2973 people participated in the awareness-raising activities over five days in March 2022.

The International Women's Day activities in Tshikapa and Kananga were robust and well attended. Notably, 6450 women (3820) and men (2630) were educated on GBV and family planning, including two new survivors of sexual violence identified and managed according to best practice guidelines. Two hundred twelve (212) new acceptors received modern contraceptive methods.

Table 1: Contraception distributed by age group and by type during the awareness campaign, Tshikapa

1457 contraceptives were distributed, including 39 POPs, 21 Implants, 95 Depot provera, 5 COCs, 93 female condoms and 1152 male condoms.

AGE GROUP	METHODS						TOT.
	POP	IMPLANT	DEPOSIT	COC	CONDOM F	CONDOM M	
12 - 18	19	0	38	31	23	795	906
19 - 25	5	14	29	0	65	301	414
26 - 35	13	6	25	17	5	49	115
36 and over	2	1	3	9	0	7	22
Total	39	21	95	57	93	1152	1457