

Project number	39911122
Title	Kvinnors hälsa och livsstil (SRHR)

Countries

DR Kongo

Summary

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. In 2013, there were 210 maternal deaths per every 100,000 in the world down from 380 in 1990 due to complications related to pregnancy and childbirth. Of these 99% occur in developing countries within the most disadvantaged population groups, where Sub-Saharan Africa is the most risky region in the world. Although there has been reduction in maternal mortality, this is not reaching the targeted reduction for 2015 in Millennium Development Goal 5. This situation is made worse by significant gaps in availability, accessibility and quality comprehensive sex education and services for young people, especially in low-income countries (*2014 WHO Report*).

The focus of the SMI Project is reproductive health with emphasis on knowledge on the importance of and making available family planning interventions for men and women. The review revealed that SMI project has done a well in addressing the need of reproductive health through family planning services within their operational area. The consultative meeting at the end of the field study as well as the analysis of information gathered during the evaluation process revealed the following findings and observations.

Increased Awareness of Sexual and Reproductive Health

The general awareness on sexual and reproductive health and rights (SRHR) is limited in concept, understanding and application; however large population through women clubs, weekly *Neno la Uzima* Radio Program and provision of family planning services there is a good level of understanding and active participation of many women and a number of men. The women clubs have become forums for learning where men and women are engaging in other ways to improve their family and community relationships and in economic activities for improved family health standards.

Project Strengths

The project's strengths include value-based approach that has given family planning messages space amidst traditions and stereotype cultures where women do not have power over their sexuality and reproductive health. The project is also facilitating (empowering) women to appreciate their rights and responsibilities in sexual and reproductive health. A great number have accepted and are actively participating in family planning as well as sensitizing others to uptake family planning.

Project Achievements

Many people have been trained on the importance of participating in family decisions including issues around sexual and reproductive health with emphasis on family planning. Those who have been trained are sharing the information with family, friends and others beyond the borders of their communities. For example a motorcycle association in Mugogo/Walungu brings together its members for discussions on issues around family planning and strategies to improve family lives. This includes income generating activities for association members and their families.

Project Challenges

The challenges facing the project may be categorized as capacity for improved performance. These are:

- ***Inadequate Administrative and Logistical Support*** (from CEPAC): SMI project being part of CEPAC needs a conducive work environment (to be provided by the church through the Coordination Office for Development Projects). This includes adequate office space, working resources such as computers, a project vehicle, and motorbikes to facilitate project supportive supervision for the SMI project personnel.

- **Unmet Family Planning Needs:** The project through its activities is creating needs and desires for family planning services. However, the project is not able to meet the needs for preferred family planning methods. Inadvertently, having people informed and ready, and not be in a position to make the services available and especially the preferred type of family planning methods do not augur well with the project objective. These services need to be addressed soon before men and women get discouraged and in the process get children that they have not planned for.
- **Inadequate/Lack of Medical Follow-up:** The project does not have adequate strategies in place for medical check-ups (follow-up) for women who are receiving family planning services. The project response would include collaboration with the government and Panzi Hospital for medical reviews services for clients.

Recommendations Many maternal deaths can be avoided by improving women's access to quality care from skilled health attendants before, during and after pregnancy and childbirth. The available services could be supported with accessible family planning services. SMI project needs to be financially supported to address the challenges raised in this report to move this project forward and to sustain its gains. Below are issues and areas that need to be addressed.

Address Major Project Challenges

- SMI Project and CEPAC need to work together in providing administrative support to the project, and ensure that the family planning supplies and especially the preferred methods are available. In addition, SMI together with the MoH to lobby for partnership with United Nations for Population Activities (UNFPA) and United States Agency for International Development (USAID) in providing needed family planning supplies as well as ensuring that medical reviews are carried out for women on family planning methods.
PMU should increase funding for family planning services to support provision of information, adequate variety of family planning services and supplies at delivery sites; integrate youth-friendly services at health delivery sites; and integrate life-planning skills for young people at school, community and household levels.
- **Increase Radio Outreaches on SRHR**
The project needs to continue the well-accepted and valued Radio program on sexual and reproductive health in areas of family planning methods, skilled attendance at birth, sexual transmitted infections (STI) treatment, and gender and socio-cultural issues among other sexual and reproductive health issues. The goal is to address existing misinformation, rumors and myths about family planning, STIs and other reproductive tract infections including Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS); and to scale-up family planning services consistently and increase awareness amongst the community, especially adolescents on the benefits of delaying births.
- **Capacity in SGBV Prevention and Management**
SMI project personnel should encourage women club members to maintain statistical data of male and female victims on SGBV. This will be critical in ensuring that they receive the support they need in coping and recovering from the effects of SGBV. The project personnel should also be trained on SGBV prevention and management and they in turn train women club members in ways to identify violations, seek protection, and empower the public to respect human rights. Consultative forums on SGBV should be held with stakeholders to review information on SGBV for action.
- **Skills Development for Health Workers**
The project to continue developing the skills of health workers in sexual and reproductive health, family planning, fistula prevention and management, provision of sexual and gender-based violence medical care, counseling, and communication.
- **Intensify Training and involvement of Church Leaders**
The review observed that the attitude of the church leaders towards sexual and

reproductive health and family planning in particular was acceptable and supportive. Future activities should increase the involvement of more church leaders through training to encourage them to address negative aspects of inadequate family planning.

- **Educate Adolescents and Young People on Life Planning Skills**

The SMI project needs to look into educating adolescents and young people in and out of schools on life skills and SRHR. Such initiatives could include youth to youth (peer) education activities using youth networks and clubs and particularly through CEPAC youth programs. To enrich this initiative the SMI project should seek information from successful youth programs in and out of the Democratic Republic of Congo.

The SMI project should work with the Evangelical University in Africa to teach and train students on reducing teenage pregnancy rates and provide integrated ASRH services. The project also, to reach out to adolescents and young people and provide youth appropriate and friendly information on health matters.

The outcome of this component would be: institutional mechanisms and socio-cultural practices to promote the rights of boys, girls and women, protect them against sexual and gender-based violence and other harmful practices, and advance gender equity and equality.

- **Collaborate with MOH to Provide SGBV Interventions**

Work with MoH and the community to support the initiate of SGBV treatment, counseling and referral services for survivors of post-abortion care, treatment of sexually transmitted infections (STIs), and post-exposure prophylaxis for HIV infections after rape, screening and treatment of cervical cancer, prevention of primary and secondary infertility, and treatment of gynecological conditions. The services will involve community participation, and will contribute to improved user/provider relations, men's participation, and women's empowerment to make reproductive health choices.

- **Document Lessons Learned and Best Practices.**

The project should continuously document lessons learnt and good practices and disseminate them to stakeholders.