



**USAID**  
FROM THE AMERICAN PEOPLE

**E2A** EVIDENCE TO ACTION  
for Strengthened Reproductive Health



**Pathfinder**  
INTERNATIONAL  
Sexual and reproductive health  
without fear or boundary

# No Community Without Access to Family Planning Services

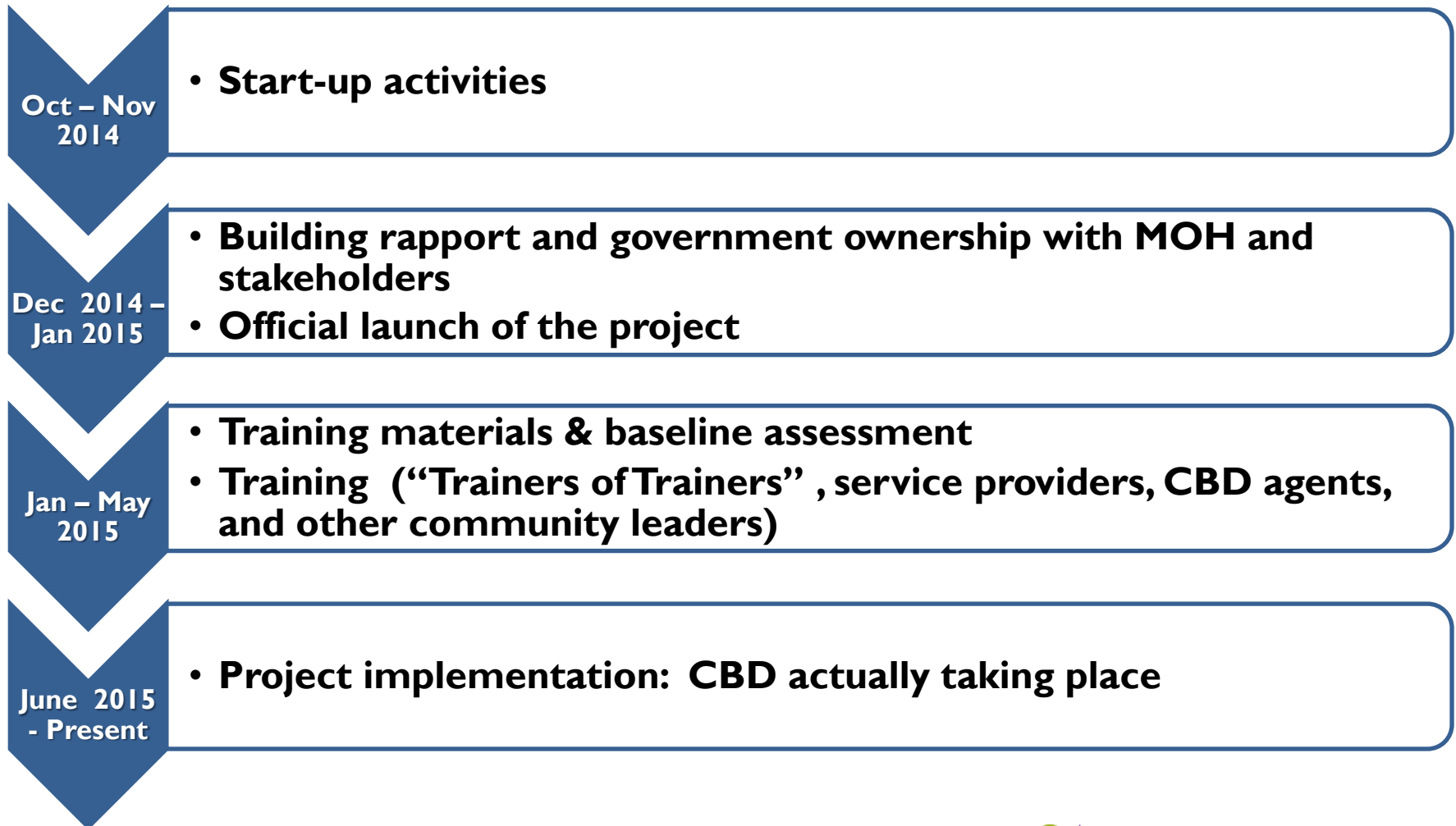


Dr. Aben Ngay  
Country Representative, DRC

# Why community-based distribution of FP?

- Great **unmet need (44% – 67%)** in the targeted health areas and **access** to health facilities **extremely difficult**.
- Community-based distribution (CBD): **newly adopted strategy** by the government.
- E2A works in 50 health areas across 3 provinces (**East and West Kasai and Katanga**), supporting 100 facilities
- **541,000** people (of whom **113,722** are women of reproductive age) to be reached by the project in the **targeted health areas**

# Background: project timeline

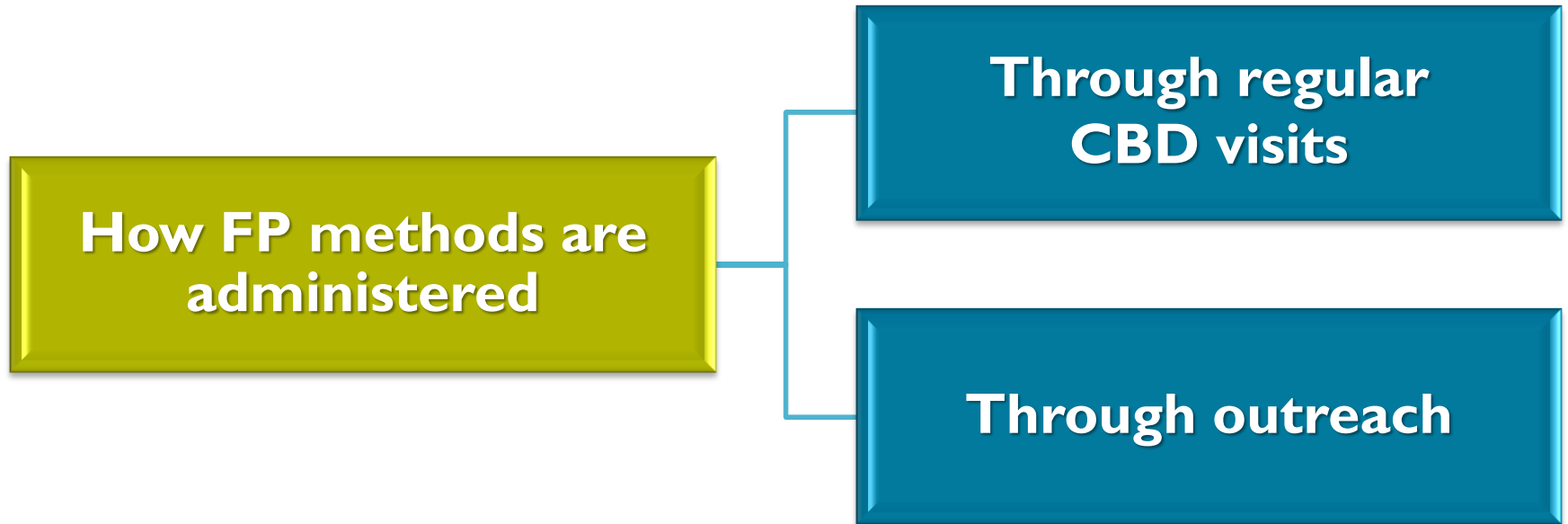


# Institutional Support

**TA and financial support provided to ensure the following:**

- Capacity building of **service providers** at all levels
- Increased **supportive supervision**
- Adaptation of **national communication** and **demand-generation** tools and guidelines
- **Streamlining data-collection** tools

# FP in the community



# CBD agents

## Community members selected and trained as CBD agents

	Females	Males	Total
East Kasai	61	51	112
West Kasai	72	84	136
Katanga	87	65	152
TOTAL	220 (55%)	180 (45%)	400

# Service at the community level

## **CBD agents:**

- Raise awareness (demand creation)
- Conduct one-on-one counseling (couples & individuals)
- Provide pills (COC & POP), condoms (♀ and ♂) and Cycle Beads

## **Nurses/midwives:**

- Provide injectables and implants during outreach
- Manage side effects



# Other Community Agents

For demand generation, CBD agents are supported by:

- Community **religious** and **political** leaders
- Community **Champion** groups
- **Youth** leaders
- Members of **health** committees

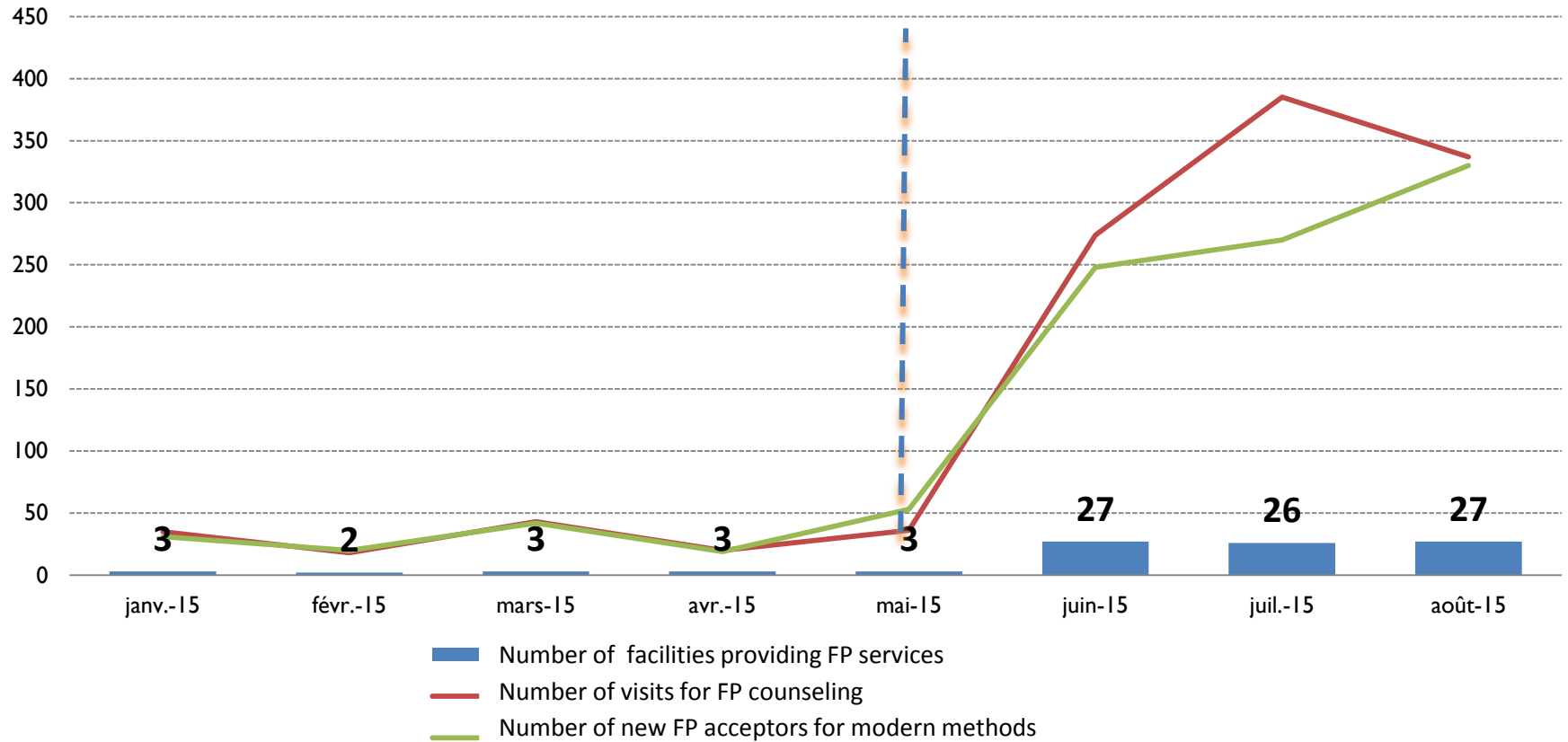




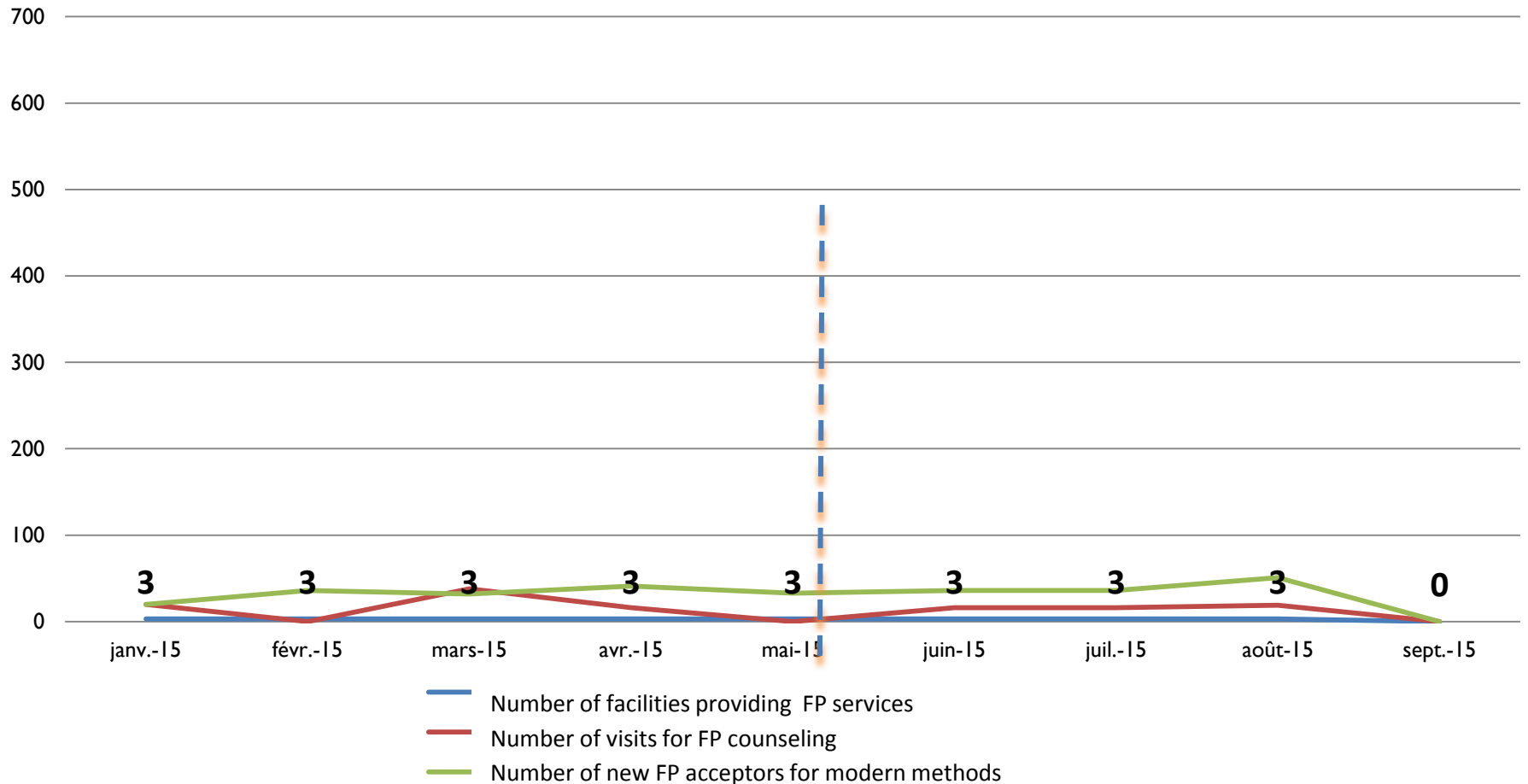
# Advantages of the CBD approach

- **Easy access:** FP services and products are available at the community level.
- Outreach event constitutes a **motivational factor**
- During outreach, non FP health issues can be addressed as well
- Sharp **increase in uptake of FP services** in E2A-supported health areas.

# E2A-supported health areas in Katanga



# Non-E2A supported health areas in Katanga



# Testimonial

*37-year-old Mbuyi Kabemba holds her last born triplet babies. She lives with her husband in a village 5 km away from a regional main hospital in Tshimbulu town (West Kasai).*

**How many elder siblings do these triplets have?**



# Testimonial (cont'd)



*After counseling during an outreach event, Mbuyi Kabemba chooses to receive a Jadelle implant...*

**A qualified nurse performs the procedure right there in a small house within the community.**

# Lessons learned

- Involving **community leaders** is critical for the success of outreach events
- Involving **men** has dramatically **increased FP** uptake
- Promptly **addressing side effects** is **essential** in addressing false rumors/resistance





# Lessons learned (cont'd)

- **Bringing** the **services/ commodities** to the **communities** results in increased use.
- Focused **attention on FP** could **produce better results** in the short-term
- **CBD**, and especially **in combination with outreach**, seems to be a **promising approach**

# Key challenges

- **Low capacity** in FP, esp. CBD approach, among service providers
- **Overcoming entrenched resistance**



# Key challenges



- **Commodity logistics** is an ongoing challenge
- Long distances/difficult terrain
- CBD work done on a voluntary basis

# Some key priorities in year two

- Targeting **adolescents and youth**
- Communication strategies to **address resistance**
- **Building capacity** in FP and in commodity stock management











# Thank You!

 [twitter.com/E2AProject](https://twitter.com/E2AProject)

 [facebook.com/E2AProject](https://facebook.com/E2AProject)