Quality Family Planning Programming through Participatory & Community-driven Approaches

Case study from North Kivu & Kasai Oriental, DRC

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Severely Compromised Health System
Women and girls exercise their rights and have access to contraception and safe abortion care in crisis affected settings.
Community involvement in holding the health system accountable
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Supporting government to fulfill family planning policies and commitments

- Routine joint supportive supervision visits
- Quarterly stakeholder meetings; analyze program data for continuous program improvement
- Building capacity for emergency preparedness; Minimum Initial Services Package (MISP)
- Advocate for government policies, systems and budgets to increase access to FP
Pivoting from comprehensive services to provision of SRH services at the onset of an emergency
CARE’s Emergency Response in Kasai

Services
- Clinical management of SGBV
- Referrals for SGBV survivors
- Family planning
- EmONC, incl. post-abortion care
- STI treatment

Utilization
- 10,756 new FP users (51% chose long-acting reversible contraceptive methods)
- 867 new FP users <20 years
- 10,806 assisted deliveries
- 153 SGBV clients
Kasai Oriental Successes

- Established 8 months after crisis
- Advocates with government and its partners to increase investment in FP
- FP services not available prior to crisis
- Dialogues with MoH & partners
- Law passed to establish PMTC-FP
- Achievements to date:
  - Quantification of contraceptive needs
  - Government commitment to buy contraceptives
THANK YOU