

COUNTRY EXPERIENCES

Democratic Republic of the Congo

Mobile Clinics Reach Women Hiding in Fear



Millions more are in danger as conflict worsens in the DRC

Continued violence, the Ebola crisis and violations of human rights and international humanitarian law, including acts of sexual violence and abuse, are behind a worsening humanitarian situation in the Democratic Republic of the Congo (DRC). The number of people who urgently require humanitarian assistance is up from 8.5 million in 2017 to 13.1 million in 2018. Through partnership, community engagement and evidence-based planning, UNFPA is working to deliver urgently needed services and supplies for maternal and neonatal health, gender-based violence and family planning. When violence erupted in the Kasai region, for example, mobile clinics reached displaced, uprooted, crisis-affected women and girls with lifesaving services.

HUMANITARIAN NEEDS



13.10 million

Total people in need



3.28 million

Women of reproductive age



432,300

Pregnant women



4.12 million

Young people

As of 1 September 2018

When armed groups attacked in Kasai, UNFPA reached women and girls with mobile clinic teams

Some 4.4 million people struggle to survive displacement within the DRC, where almost 8 million people across the country are facing severe food insecurity. Renewed violence in North and South Kivu and in the Kasai region has taken a heavy toll, especially on girls and women, who suffer horrific gender-based violence (GBV).

"Armed men abused and killed young girls, even while they were fleeing. Some people were attacked and raped, killed or taken hostage. My aunt was killed, [as were] my uncle, and the wife of my younger brother, the mother of this young boy," says Felikanko, 44, a woman who escaped an outbreak of conflict in the Kasai region and is caring for the orphaned child.

In 2017, conflict-related sexual violence, widely reported in the East, spread to the three provinces of the Kasai region. Villages were burned to the ground, people were abducted and killed, and thousands of women and children, who were forced to flee their homes, took shelter in the bush. Pregnant women, afraid to move even when they urgently needed health care, risked their lives to reach health facilities, only to find many centres burned down or looted or closed. This damage and destruction resulted in a severe lack of access to maternal and newborn health services and medical treatment for rape. The crisis in the Kasai region unfolded in 2016 and reached a peak from June to August of 2017, with 1.4 million internally displaced persons and more than 30,000 refugees forced to flee to Angola, as well as 1,429 reported incidents of gender-based violence.

The conflict affected 170 health centres in Kasai. In response, UNFPA supplied reproductive health kits to 25 health facilities in the eight worst-affected health zones in Kasai Central, Kasai and Kasai Oriental. These kits contained the supplies needed to manage a range of sexual and reproductive health concerns, including emergency obstetric care, sexually transmitted infection (STI) management, and post-rape treatment. **Projected to last three months, the kits were sent to meet the needs of an estimated 450,000 people, including 22,500 pregnant women.**

Objectives in the Kasai response

The main objectives of the UNFPA response to the Kasai crisis in the DRC were to:

- Verify and respond to the needs of affected women and adolescent girls
- Secure quick delivery of reproductive health supplies to ensure access to services
- Establish strong inter-agency coordination for GBV and sexual and reproductive health response
- Equip health facilities with needed supplies
- Establish mobile clinics to reach women and girls in remote areas
- Set up safe spaces for survivors of GBV to receive support including rape treatment and psychosocial support
- Train staff and community health workers
- Establish solid monitoring mechanisms

Strategies and lifesaving interventions

UNFPA used mobile clinics to reach the many pregnant women living in the bush in Kasai, working in collaboration with the implementing partners Caritas Congo and Caritas Kananga. The mobile clinics provided basic emergency obstetric care in areas where health centres and hospitals had been looted and destroyed and no health service providers were available. They also supported existing health facilities with both basic and emergency reproductive health services and supplies, including contraceptives for family planning and psychosocial support offered through collective counselling groups organized alongside the clinic.

“This is the only way we can reach these women and save their lives, as most of them are afraid to go to health centres for antenatal care,” said Dr Marguerite Kunduma, coordinator of the UNFPA decentralized office covering the Kasai region.

When a persistent feeling of insecurity and fear of violence prevented women from leaving the bush, UNFPA collaborated with local volunteers and partners to encourage women to receive reproductive health services at established mobile clinics. Many of the pregnant women who came to the clinics had never before visited a health centre; some had given birth in the bush unattended. Most of these women received their first pregnancy care or antenatal care in the mobile clinics after having been displaced. Many of these women had experienced or witnessed traumatizing events.



After her family fled fighting in the DRC, Jacqueline Lusambo found herself pregnant and alone, living in the bush and caring for her one-year-old son, wondering how she would give birth on the run. She is pictured here at the UNFPA-supported mobile clinic in Kalomba.
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The UNFPA humanitarian response included evidence-based planning, engagement of local communities, partnership with UN agencies and non-governmental organizations (NGOs), strategic interventions such as mobile clinics and quick delivery of health supplies to facilities. These efforts were backed by strong coordination and monitoring. The response employed a number of strategies and interventions:

- **An initial rapid assessment** enabled partners to verify needs and respond accordingly. UNFPA and partners then delivered legal, psychosocial and medical assistance to survivors of GBV and sexual and reproductive health services to those in need.
- **Logistical challenges** were effectively addressed through a partnership with the Logistics Cluster that enabled the efficient transportation, storage and distribution of reproductive health supplies, including contraceptives and life-saving maternal health medicines. This ensured access to supplies and services in communities and health facilities even in remote areas and under volatile security situations.
- **Last mile distribution** of contraceptives was accomplished through VillageReach, an NGO that works on last mile distribution of vaccines and in 2017 started a collaboration with UNFPA. Through this and other channels, more than 950,000 male condoms were distributed to youth.
- **Mobile clinics** significantly improved access to services for the most vulnerable people and ensured a timely distribution of critical supplies, with skilled mobile health teams reaching conflict-affected areas.



Pregnant women waiting to be screened at the Kalomba health centre during a UNFPA-supported mobile clinic. © UNFPA DRC 2017

One of the world's most complex emergencies

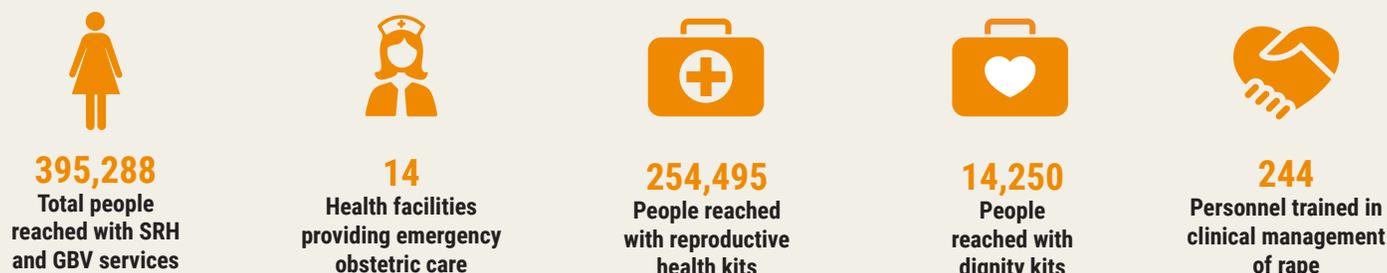
People in the DRC face one of the world's most complex emergencies due to the combination of natural disasters (e.g. recurring floods), armed conflicts in North and South Kivu, and inter-community conflicts especially in the provinces of Tanganyika and Ituri — all in a context of food insecurity, malnutrition and frequent epidemics such as cholera, measles and Ebola. In addition, the DRC hosts more than 533,827 refugees from the Burundi, Central African Republic, Rwanda and South Sudan; and the expulsion of Congolese from Angola has intensified, affecting nearly 300,000 people.

Between October 2017 and April 2018, the United Nations declared the situation in DRC a Level 3 emergency, the highest level in the international humanitarian system. In August 2018, the tenth Ebola epidemic broke out in an active conflict zone, where 60 per cent of the sick are women and girls. Accounts of rape by members of armed groups have intensified since the start of the conflict. Reports suggest that the high needs of women and girls for sexual and reproductive health were overwhelming frontline responders — even before the Ebola crisis, and the situation has worsened.

Progress and results in the DRC

Gender-based violence: Across the country, services reached some 50,000 GBV survivors from January 2017 to June 2018, with UNFPA among the key actors of the response. UNFPA-supported interventions enabled more than 2,000 women and girls to access services provided through health centres and other service delivery points equipped with post-rape kits. Some 244 personnel received training on clinical management of rape; 126 personnel on psychosocial support and 166 personnel on GBV case management. UNFPA support operationalized nine mobile medical teams, 19 safe spaces and 77 maternity health facilities/tents/homes. In the Kasai region, UNFPA leads three GBV Sub-Clusters and three Sexual and Reproductive Health/Minimum Initial Service Package Working Groups.

Key results from January 2017 to June 2018



Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-democratic-republic-congo and UNFPA Emergencies Dashboard at www.unfpa.org/data/emergencies/democratic-republic-congo-humanitarian-emergency

Lessons and conclusions

Reaching women and other affected people where they are, and going the last mile, are strategies that save and improve lives in emergencies.

- Engaging local communities, and partnering with UN agencies and local and international NGOs multiplies the impact of UNFPA assistance.
- Working directly with affected women and adolescent girls, including an assessment with them to determine their needs, enables an effective response and the achievement of results under challenging and often dangerous conditions.
- Redeploying national staff from the capital to humanitarian hubs increases impact, agility and builds local capacity where needed.
- Working with GBV Sub-Cluster coordinators in all humanitarian hubs builds trust and visibility.
- Establishing a monthly bulletin on results in all hubs of the GBV Sub-Clusters and sub-groups on SRH and the Minimum Initial Service Package (MISP) for reproductive health, for the first time in DRC, improves accountability and results-based management.
- Integrating sexual and reproductive health services alongside food security and agriculture with FAO and the WFP in Tanganyika and South Kivu improves service delivery and outreach.

Partners

ALIMA

CARE

Caritas Congo

Caritas Kananga

CISP

Food and Agriculture Organization of the United Nations (FAO)

La convention pour le bien-être social (CBS)

Les Ailes du Cœur

LIZADEEL

MAGNA

United Nations Children's Fund (UNICEF)

United Nations High Commissioner for Refugees (UNHCR)

World Food Programme (WFP)

World Health Organization (WHO)

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Cover photo: UNFPA emergency reproductive health kits arrive in the DRC.

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