Family Planning/Gender-Based Violence Project:
Community-based Distribution of Injectables in Low Resource and Post Conflict Settings

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- Political crisis generated internally displaced persons (IDPs), refugee camps and returned populations
- Health services, including family planning (FP)/reproductive health (RH), have been disrupted
- High exposure to violence and poverty; high rates of unintended pregnancy, transactional sex, sexual abuse
- Lack of innovative and sustainable FP/RH/gender based violence (GBV) service delivery approaches to implement

Target population: 209,904

TFR: 6.3 (DHS 2007)

FP use rate: 2.5% (estimate)
Burundi

• Recovering from decades of internal crisis

• Peace villages, IDPs and repatriated, transit and refugee camps, underserved and hard-to-reach populations

• CPR improving but still poor in rural areas

• High maternal and infant mortality rates, a large adolescent that are highly under-educated and unemployed, and poor health, education and government infrastructures

Population: 8.622.150,
TFR: 6.4
FP use rate: 18.9%
The Regional Flex FP/RH/GBV Services for Transition Situations Project

- **Goal**: to identify, test, and analyze flexible approaches that can be packaged and mixed and matched into models to deliver FP, RH, and GBV services in different phases of crisis situations (in Burundi and Bukavu in DRC).

- **Models** will be then integrated into national Emergency Response Procedures prior to the development of a crisis, or can be used during a crisis or crisis recovery setting.
Emergency Situation Continuum

- Destabilizing Event
- Emergency
- Loss of essential services
- Restauration of essential services
- Relative stability
- Back to normal
- Sustainable Solutions
- SRH complete
- Post-emergency

MISP
Strategies and Pilot Models

1. Early/continuous planning for emergency preparedness
2. Develop partnerships with other organizations (including UN, local and international humanitarian NGOs)
3. Ensure availability of well trained core cadre
4. Provide CBD of FP methods including Injectables
5. Settle 24-hours drop-in services (for SRH/FP and PEP and post care)
6. Address gender issues
7. Establish mobile outreach teams and ensure that hard to reach populations have access to SRH/FP and post rape services
8. Implement community advocacy to limit GBV and health promotion
Early planning for emergency preparedness/partnering and coordination/training core cadre

- 40 trained as core cadre on FP/GBV/MISP
- MISP for RH National work plan developed
- MISP for RH integrated to National Contingency Plan

CBD of FP methods (promoting *Injectables)

- 189 trained CBD agents, 55 offering *DMPA
- 453 trained on FP including HTSP (322 HP, 131 non)
- 1,300 new users of *DMPA (2979 doses administrated)
- 1,466 new beneficiaries of pills
- 36,590 condoms distributed by CHW
24 hour drop-in centers and post-rape care

- 80 trained on GBV case management
- 107 GBV survivors received psycho and medical services
- 14 delivery sites offering post-exposure prophylaxis (PEP) and emergency contraception/24 hours a day
- Ambulances available to enhance emergency case referral (for GBV victims)

Address gender issues (HIM approach)

- 442 volunteers “HIM champions” trained/disseminated messages on “male involvement”
- Promote men involvement in RH/FP/GBV messages
- National HIM training manuals adapted (Burundi and DRC)
Mobile Outreach Activities (*integrated package*)

- 3 mobiles teams created. In 3 months those teams have:
  - Referred male requesting vasectomy request
  - Provided 17 new beneficiaries with DMPA
  - Tested 56 clients on HIV/AIDS
  - Screened 98 malnourished children
  - “Rehabilitated” 184 children at the community level from malnutrition
  - Counseled 371 male adults on FP/GBV
  - Provided 18 adults with STI treatment
  - Tested 5 women for pregnancy

Community advocacy/health promotion

- 19,127 people counseled on FP/GBV
- 65,607 people reached by community education on FP/GBV
- 1,919 users of cycle beads
### Disaggregated CBD Data by Country

<table>
<thead>
<tr>
<th></th>
<th>Congo</th>
<th>Burundi</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD agents trained</td>
<td>114</td>
<td>75</td>
<td>189</td>
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<tr>
<td>New users of DMPA</td>
<td>1,278</td>
<td>19</td>
<td>1,297</td>
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<tr>
<td>Doses of DMPA administrated</td>
<td>2,960</td>
<td>19</td>
<td>2,979</td>
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<tr>
<td>New beneficiaries of pills</td>
<td>1,002</td>
<td>464</td>
<td>1,466</td>
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<tr>
<td>Condoms distributed</td>
<td>13,662</td>
<td>22,928</td>
<td>36,590</td>
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<tr>
<td>Users of cycle beads.</td>
<td>1,234</td>
<td>685</td>
<td>1,919</td>
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</table>
## Disaggregated GBV Data by Country

<table>
<thead>
<tr>
<th></th>
<th>Congo</th>
<th>Burundi</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>People counseled on FP/GBV</td>
<td>8,622</td>
<td>10,505</td>
<td>19,127</td>
</tr>
<tr>
<td>People reached by community education on FP/GBV</td>
<td>24,947</td>
<td>40,660</td>
<td>65,607</td>
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<tr>
<td>GBV survivors have received psychosocial and medical services</td>
<td>70</td>
<td>37</td>
<td>107</td>
</tr>
<tr>
<td>Oriented/trained on HIM</td>
<td>21</td>
<td>442</td>
<td>463</td>
</tr>
<tr>
<td>Trained on SGBV case management</td>
<td>56</td>
<td>24</td>
<td>80</td>
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Lessons Learned

• Community outreach activity + CBD is key to increase FP use and reduce GBV.

• Mobile teams and 24-hours drop in HC are essential for ensuring that victims of GBV have continuous access to SRH/FP and PEP services.

• An integrated package of services (FP/SRH, nutrition, ANC, immunization, etc.) is essential to facilitate FP/SRH promotion where basic needs are unmet.

• Valuing communities roles and skills are key factors for success and ownership: Local Associations are leading now many activities.

• “Early planning” is essential to prepare a country or region to face emergency situation.
Challenges

- Security for beneficiaries and staff
- Displacement of some beneficiaries due to insecurity (in DRC)
- Risk of CHWs abandoning program due to lack of material and financial motivation
- Lack of buy in from the health systems and Government departments. “Transition” and “crisis” are prohibited words
- Integration of these activities into the regular supervision/ follow-up activities (overload for staff, security issues, etc.)
Thank You

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