



Implementation of the National Strategic Plan for Family Planning

RESULTS TO ACHIEVE IN **2014**



Sous-objectif 1. **Obtain the effective and concrete commitment of the government to support Family Planning**

N°	Sub-objectives	Outcomes
1	<p>1.1. Integrate Family Planning in the documents of socio-economic development and health policy of the DRC (PNDS, PPDS, DSCR, Growth and Poverty Reduction Strategy Document, etc.), to be produced between 2014 and 2020</p>	<ol style="list-style-type: none"> 1. Family Planning is taken into account in the government's Priority Action Plan. 2. The national population policy is updated. 3. The national population policy is adopted. 4. The decree of the Permanent Multisectoral and Technical Committee is signed. 5. A Policy and Advocacy Committee is established. 6. The Policy and Advocacy Committee becomes operational. 7. The website on FP is updated and includes the actions taken by the government.
2	<p>1.2. Create a budget line to purchase contraceptives (at the national and provincial levels)</p>	<ol style="list-style-type: none"> 8. A budget line for Family Planning (FP) is created at the central level. 9. 1.2 million USD are spent by the government to purchase contraceptives. 10. Number of Health Zone (HZ) that benefited from the contraceptive commodities purchased with governmental funding. 11. A Provincial Strategic Plan for FP is developed for at least 4 provinces (including Kinshasa).
3	<p>1.3. Integrate Family Planning in the priority issues of the Donors' Group and Cluster Health, including development, gender, youth & adolescents, and population issues</p>	<ol style="list-style-type: none"> 12. The National Multisectoral Plan for Family Planning is presented at the meetings of the Inter-Agency Group of Health Donors (GIBS) and Health Cluster.
4	<p>1.4. Create a law to favor Family Planning, minors and adolescents' protection, and gender promotion</p>	<ol style="list-style-type: none"> 13. The law on Reproductive Health/ Family Planning (RH/FP) is voted in 2014.



Sous-objectif 2. **Increase access for men and women to Family Planning in the public and private sectors**

N°	Sub-objectives	Outcomes
5	2.1. Create partnerships between various FP stakeholders in each province	<p>14. A Family Planning (FP) Coalition is created in at least 4 provinces (including Kinshasa).</p> <p>15. At least 4 professional organizations involved in promoting and providing FP services (SCOGO, UNAAC, ANIC, UCPPF); and at least 2 faith-based organizations.</p>
6	2.2. Progressively increase the number of health zones with one referral health facility and at least 5 health centers	<p>16. 250 Health Zones (HZ) have integrated Family Planning (FP) services in 2014.</p> <p>17. In each Health Zone (HZ) with Family Planning (FP), at least 5 health areas have functional Family Planning (FP) services.</p>
7	2.3. Progressively introduce community-based distribution (CBD) with at least 3 community health workers (CHWs) delivering FP services in each health area	<p>18. 100 Health Zones (HZ) have community-based distribution (CBD), with 3 community-based workers (CBW) per health area.</p> <p>19. New approaches for community-based distribution (CBD) of tested injectables (SayaPress) and implants (NxT Implanon) are tested in Context of community-based distribution (CBD).</p>
8	2.4. Extend integrated youth-friendly services to all health zones	20. Youth-friendly services are integrated in at least 40 Health Zones (HZ)
9	2.5. Extend FP services to the private sector	21. At least 6 private companies integrate Family Planning (FP) into their medical services for workers.



Sous-objectif 3. Améliorer la qualité de service

N°	Sub-objectives	Outcomes
10	<p>3.1. Provide an extended range of at least 3 contraceptive methods in health facilities providing Family Planning</p>	<p>22. 100% of health facilities providing Family Planning (FP) services have at least 3 modern contraceptive methods, including at least one long-acting method, one short-term method and one natural method.</p>
11	<p>3.2. Provide FP training to health providers, including the elaboration of training modules</p>	<p>23. 100% of health facilities providing Family Planning (FP) services have trained Family Planning providers.</p> <p>24. The training module for clinical providers is adopted.</p> <p>25. The training module for community providers is updated and adopted.</p> <p>26. The counseling module for adolescents and young people is finalized and validated.</p> <p>27. The module for peer education is revised and validated.</p> <p>28. Technical briefs on FP are updated and adopted.</p>
12	<p>3.3. Integrate Family Planning into training offered by medical and nursing schools, including issues on youths and adolescents</p>	<p>29. An inventory of FP integration in training courses at the ITM, IEM, ISTM and university medical schools.</p>

Sous-objectif 4. **Accroître la demande pour la PF**

N°	Sub-objectives	Outcomes
13	4.1. Elaborate a focused and detailed communication strategy to promote Family Planning	<p>30. A Strategic Communication Plan to promote FP is elaborated for:</p> <ul style="list-style-type: none"> • <i>National level (at least the main strategies)</i> • <i>Kinshasa (as a pilot site)</i> <p>31. A Coalition for communication on FP is created and is operational at least in Kinshasa.</p> <p>32. The FP Campaign (communication and service) is organized in at least 6 provinces.</p>
14	4.2. Develop and distribute educational, user-friendly materials (posters, leaflets, audiovisual materials) to clients, clinical providers and community health workers, including young people and adolescents	<p>33. X types of educational materials are developed and distributed.</p> <p>34. The educational materials are translated into 4 national languages and distributed (to clients, health providers and community health workers, including young people and adolescents).</p>
15	4.3. Improve community norms and perceptions of FP	<p>35. Potential champions of Family Planning (FP) are identified at the community level in the health areas with FP services.</p> <p>36. The Third National Conference to Reposition Family Planning in the DRC is organized from 3-5 Dec 2014.</p>
16	4.4. Develop programs targeting men, including young men	<p>37. A section on men's participation in FP is integrated into the Communication Plan.</p> <p>38. A section on sexual and reproductive health activities for adolescents is integrated into the Communication Plan.</p>
17	4.5. Develop community mobilization strategies for FP	<p>39. A section on communication activities for community health workers is integrated into the Communication Plan.</p>

Sous-objectif 5. **Develop and strengthen an efficient logistics system to procure contraceptives**

N°	Sub-objectives	Outcomes
18	5.1. Create a multi-agency committee to ensure contraceptive security	<p>40. Contraceptive needs for 2014-2015 are forecasted.</p> <p>41. A Multiagency Committee on contraceptive logistics supplies is established.</p> <p>42. The modalities of collaboration for the implementation of this system are defined.</p>
19	5.2. Build capacity of the MoH/PNSR and technical partners in all aspects of the logistical process: purchase, supply, distribution, monitoring and accountability.	43. A core team is created at the central level to manage the entire contraceptive logistics system ?
20	5.3. Develop an information system to track the flow of contraceptives in the country (from the government, donors and partners on the field)	44. A pilot information system to follow the flow of contraceptives in the country is developed and tested in Kinshasa.
21	5.4. Ensure sufficient stocks of main contraceptives in health facilities offering FP services	45. A pilot mechanism to identify stockouts is developed and tested in Kinshasa (as a pilot site).
22	5.5. Reduce the frequency of contraceptive stock outs in health facilities offering FP services	46. A back-up stock for contraceptives is constituted to prevent stockouts (at least in Kinshasa as a pilot site).



Sous-objectif 6. **Implement a reliable evaluation system to measure results**

N°	Sub-objectives	Outcomes
23	6.1. Develop and update the list of health facilities offering FP services by health zone in all provinces	<p>47. A system to update the lists of health facilities providing Family Planning (FP) services by Health Zone (HZ) in all provinces is implemented.</p> <p>48. The list of health facilities providing Family Planning (FP) services by Health Zone (HZ) is updated at least for Kinshasa (pilot site).</p>
24	6.2. Enhance current capacity of the National Information System in FP data transmission	<p>49. At least one province tests FP data management using mobile phones.</p> <p>50. The results of the pilot experiment using mobile phones (new information and communication technologies) to manage routine FP data are available in 2014.</p>
25	6.3. Produce annual reports on the evolution of different indicators of the strategic plan	51. Two bi-annual reports are released by the National Program for Reproductive Health (PNSR) on the progress of the Strategic Plan's implementation in 2014.
26	6.4. Evaluate the National FP Strategic Plan	52. The annual report on key FP indicators (CYP, CPR, MCP, unmet needs) is released.

- ANIC** : Association des Infirmiers du Congo
(Nurses Association of Congo)
- CYP** : Couple Year Protection
- DSCR** : Document de la Stratégie de Croissance et de Réduction de la Pauvreté
(Growth and Poverty Reduction Strategy Document).
- IEM** : Institut d'Enseignement Médical
(Institute for Medical Studies)
- ISTM** : Institut Supérieur Technique Médical
(Institute for Higher Technical Medical Studies)
- ITM** : Institut Technique Médical
(Technical Medical Institute)
- PNDS** : National Plan for Health Development
- PPDS** : Provincial Plan for Health Development
- SCOGO** : Société Congolaise de Gynécologie et d'Obstétrique
(Congolese Society of Gynecologists and Obstetricians)
- CPR** : Contraceptive Prevalence Rate
- MCPR** : Modern Contraceptive Prevalence Rate
- UCPPF** : Union Congolaise des Prestataires en Planification familiale
(Congolese Union of Family Planning Providers)
- UNAAC** : Union Nationale des Accoucheurs et Accoucheuses du Congo
(National Union of Congolese Birth Attendants).

For more information, see : www.familyplanning-drc.net