

AWARENESS Project
Democratic Republic of Congo
Country Report
2003–2007

Submitted by:
The Institute for Reproductive Health
Georgetown University
January 2008



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Recommended Citation:

Democratic Republic of Congo Country Report: 2003–2007. January 2008. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

The *Institute for Reproductive Health*, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods for family planning.

The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

This publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. HRN-A-00-97-00011-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

The AWARENESS Project

Institute for Reproductive Health
Georgetown University
4301 Connecticut Avenue, N.W., Suite 310
Washington, D.C. 20008 USA
Email: irhinfo@georgetown.edu
URL: www.irh.org

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Acronyms

| | |
|----------------|---|
| ABEF | Association pour le Bien-Être Familial |
| ASF | Action Santé Familiale |
| BCC/IEC | Behavior Change Communication/Information, Education, and Communication |
| BDOM | Catholic Diocesan Medical Office |
| BEM | Bureau d'Étude Marketing |
| CA | Cooperating Agency |
| CRS | Catholic Relief Services |
| DOCS | Doctors On Call for Service |
| DRC | Democratic Republic of Congo |
| ECC | Église du Christ au Congo (Protestant Church of Congo) |
| FBO | Faith-Based Organization |
| GTZ | Gesellschaft für Technische Zusammenarbeit |
| IMA | Intermedical Church Assistance |
| IRH | Institute for Reproductive Health |
| JGI | Jane Goodall Institute |
| LAM | Lactational Amenorrhea Method |
| MOH | Ministry of Health |
| NGO | Non-governmental Organization |
| PNSR | National Reproductive Health Program |
| PSI | Population Services International |
| SANRU | Santé Rurale (Rural Health Program) |
| SDM | Standard Days Method [®] |
| TDM | TwoDay Method [®] |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |



Country Program Summary

Democratic Republic of Congo

In 2003, the USAID Mission and the National Reproductive Health Program (PNRS) invited IRH to introduce the SDM in the Democratic Republic of Congo (DRC). The strategy focused on training providers and integrating the SDM into existing clinic, community, and pharmacy services in Kinshasa, Lubumbashi, and Bukavu, and the rural area of Katako Kombe. By 2004, 14 organizations were able to offer the SDM. CycleBeads are included in the national list of essential medicines and the five-year contraceptive security plan. The SDM is part of in-service family planning training curricula. The PNRS is developing national norms and protocols and intends to include the SDM. IRH also worked with the MOH to incorporate the SDM into national policies and logistics and reporting systems. However, the lack of overall government norms and functioning distribution and reporting systems is an obstacle requiring more comprehensive attention than the AWARENESS Project could offer.

The program leveraged significant resources, as most partners paid for their own training programs and CycleBeads. UNFPA supported SDM training in Kisangani as well as meetings and a workshop for the integration of the SDM on the essential list of medicines and contraceptive security plan. Population Services International's (PSI) social marketing affiliate was the exclusive distributor of CycleBeads in the country for the first two years of the project. Although IRH since resumed responsibility for national distribution, the inclusion of CycleBeads within national procurement systems makes it feasible that sustainable procurement will occur, although the funding source is uncertain. PSI continues to procure CycleBeads for the social marketing program. Partner agencies, including PSI and CARE, have fully integrated the SDM in all their family planning programs in the DRC, with SDM now representing over 2.4% of the method mix in CARE-supported zones.

The Congolese program participated in a study to determine the impact of the social marketing campaign, a general evaluation of SDM integration in the DRC. Major findings from the simulated client study showed that 89% of clinic providers gave spontaneous information on the SDM as opposed to only 38% of pharmacists; confidentiality was observed in over 70% of both clinics and pharmacies; 96% of providers in clinics told clients that CycleBeads represent a woman's cycle while only 35% of pharmacists did so; and 7% of clinic providers attempted to convince clients to use other methods of family planning as opposed to 23% of pharmacists. The success of recent initiatives in DRC to introduce the TDM through services of an faith-based organization (FBO) suggest that this method may also be an appropriate addition to family planning services. Further work will be needed to transfer capacity for TDM services to other organizations.

IRH continues to work in DRC, primarily with funds from the USAID mission.

I. Introduction

The Democratic Republic of Congo (DRC) is a large country with 58 million inhabitants, many of whom live in hard-to-reach rural areas. Poor infrastructure and persistent conflict make the delivery of health services quite challenging. The total fertility rate is 6.7 children per woman. Some 31% of married women report using any method of family planning; however, only 4% use modern, effective methods.¹

Georgetown University's Institute for Reproductive Health (IRH) began working in the DRC at the invitation of the USAID Mission in October 2003. IRH first held meetings with the Ministry of Health (MOH), cooperating agencies (CAs), and other groups working in reproductive health to orient key decisionmakers to the Standard Days Method[®] (SDM) and to discuss the integration of the method into the country's reproductive health activities. USAID, Population Services International/Action Santé Familiale (PSI/ASF), the MOH's reproductive health program (MOH/PNSR), the local affiliate of the International Planned Parenthood Federation—Association pour le Bien-Être Familial (ABEF), Conduite de la Fécondité (a local faith-based organizations [FBO]) and the World Health Organization (WHO) all participated in planning discussions leading to the development of both a strategy paper and workplan. IRH received field support from the USAID Mission in the DRC to undertake activities, described in this report, to introduce and then scale up the SDM.



Source: CIA World Factbook 2008

Despite the existence of a significant potential demand for natural family planning methods in DRC, access to these methods is limited. Few family planning institutions offer natural methods. This may be due to a number of factors, including health providers' lack of information and training, misperceptions about natural methods, and lack of political and financial resources. Another limitation is that many natural methods, while effective, take significant time to teach and learn. Integrating a simple, natural method of family planning such as the SDM into current family planning services could contribute to efforts to improve the reproductive and family health of Congolese women and couples by bringing new users to family planning. In addition, it could serve as a bridge to other family planning methods as well as to the use of other primary health care services.

In the process of introducing and beginning scale-up of the SDM in the DRC, IRH also noted an interest in two other methods: the TwoDay Method (TDM) and the Lactational Amenorrhea Method (LAM). Both have been integrated as appropriate.

II. Objectives and Strategy

IRH's objective in the DRC was consistent with USAID's request to establish SDM services in the country and scale them up as widely as possible. The country strategy focused on providing technical and financial assistance to organizations already offering health and/or social services to integrate the SDM into their programs. Initial partnerships were created with PSI/ASF,

¹ Population Reference Bureau. 2005 World Population Data Sheet. <http://www.prb.org>.

Catholic Relief Services (CRS), the MOH/PNSR and Conduite de la Fécondité. IRH chose these partners because of their experience delivering reproductive health programs as well as their geographic coverage. As an initial strategy, the project offered the SDM in four locales: the cities of Kinshasa, Lubumbashi, and Bukavu, and the rural area of Katako Kombe in the Kasai Oriental. The project introduced the SDM into selected family planning sites, pharmacies, and family life programs. In most cases, the SDM became an additional family planning method among those already being offered and promoted by these partner organizations.

To encourage sustainability of SDM services and promote widespread availability of the method through different channels, IRH contracted PSI/ASF to socially market CycleBeads[®], the visual tool that supports SDM services and method use, under its Confiance brand name. IRH also awarded PSI/ASF two-year exclusive distribution rights for CycleBeads, and the social marketing program acted as the central distributing point for the commodity. As part of the social marketing behavior change communication/information, education, and communication (BCC/IEC) strategy, PSI/ASF adapted the CycleBeads instructional insert and created over-branded packaging (a cardboard box), a new calendar insert, a poster, and a radio spot to support the distribution and promotion of CycleBeads. PSI/ASF tested all designs, which were reported to reflect the unique tastes of the Congolese culture.

III. Activities and Accomplishments

Following a positive response by decisionmakers, IRH and the MOH gradually increased the number of partners trained on, and able to offer, the SDM from four in 2003 to eight organizations by 2007. These organizations included private and public clinics representing both faith-based and secular groups. Between 2004 and 2007, IRH continued to provide information on the SDM and technical assistance for service provision efforts to MOH, donor, and NGO decisionmakers.

As interest in the SDM grew, several additional organizations requested training and technical support to include the method in their services. IRH responded by training the trainers and donating a small quantity of CycleBeads. Most organizations then used other funding to train and support providers and purchase the commodity. Between 2003 and 2007, IRH expanded its partnerships from the initial four organizations to the following partners: Santé Rurale (SANRU III), Association pour le Bien-Être Familiale (ABEF), the Catholic Diocesan Medical Office (BDOM) in Bukavu, Action Familiale de Goma, the Jane Goodall Institute (JGI), CARE, Gesellschaft für Technische Zusammenarbeit (GTZ), Action Familiale Kananga, Église du Christ au Congo (ECC)-Kisangani, Doctors On Call for Services (DOCS) and the AXxes project (Intermedical Church Assistance [IMA]/SANRU, Merlin, World Vision, CRS). All these organizations integrated the SDM into their regular service delivery activities.

In late 2004, PSI/ASF promoted the SDM through radio spots to raise awareness of the method and also distributed posters to clinics. IRH continued to raise awareness through the development and provision of IEC materials such as posters, stickers, and T-shirts and the airing of radio spots on the SDM.

IRH continued to expand its partner base, train providers and community mobilizers, monitor progress, and increase awareness of the SDM. IRH also worked with the MOH to incorporate the SDM into national reproductive health policies and logistics systems. In 2006, the United Nations Population Fund (UNFPA) sponsored and WHO financed the establishment of national reproductive health norms. The norms were finalized in 2007 and included the SDM.

CycleBeads are on the national list of essential medicines and the reproductive health procurement document. CycleBeads are included as an essential contraceptive commodity in the criteria for a quality maternity. The SDM has also been integrated in the national family planning training manual

In late 2006, IRH started a pre-pilot project with another fertility awareness-based method, the TwoDay Method[®] (TDM), in collaboration with Conduite de la Fécondité. This Catholic organization has provided the Billings ovulation method for several years and has added the SDM to their method mix. Because offering the SDM substantially increased their clientele, the group agreed to participate in the TDM pre-pilot project. This offered an opportunity to learn more about offering the TDM and the Billings ovulation method in the same program.

IRH also piloted Lactational Amenorrhea Method (LAM) services as a transition method for postpartum women in the DRC. AXxes project partners (IMA, World Vision, CRS) integrated LAM into their services in 60 zones in eastern and southern DRC. Project AXxes is a three-year, \$40 million USAID program designed to deliver basic health care services and rebuild the health system.

Table 1: Partners, Roles, and Accomplishments

| Collaborating organizations | Activities undertaken | Partner's Role | IRH's role | Accomplishments |
|---|---|--|--|--|
| Reproductive Health Program, Ministry of Health (PNSR/MOH) | Advocacy | <ul style="list-style-type: none"> • Integrated SDM into national reproductive health system • Oversaw SDM service delivery in public clinics • Advocated for funds for SDM integration | <ul style="list-style-type: none"> • Trained trainers • Provided technical assistance for SDM integration in public service delivery systems • Advocated with MOH for inclusion of method at all levels | <ul style="list-style-type: none"> • Integrated method into essential medicines list • Integrated SDM into national training program • Integrated into national family planning method mix • SDM acted as bridge to reestablish relationship with some FBOs in Kinshasa • 250 people trained in total • 32 trainers • 1,430 users • 63 sites |
| Population Services International/ Action Santé Familiale (PSI/ASF) | <ul style="list-style-type: none"> • Social Marketing • Development of IEC materials and campaign | <ul style="list-style-type: none"> • Branded and marketed CycleBeads under the Confiance line of contraceptive products • Made CycleBeads available in | <ul style="list-style-type: none"> • Provided funding to PSI/ASF to socially market method • Provided technical assistance on materials development | <ul style="list-style-type: none"> • Method fully integrated into PSI/ASF's line of contraceptives • PSI/ASF leveraging and using other funds to promote, train, and offer the method throughout its program • Method acts as a bridge to FBOs |

| Collaborating organizations | Activities undertaken | Partner's Role | IRH's role | Accomplishments |
|--|---|--|---|--|
| | | pharmacies nationwide <ul style="list-style-type: none"> Created, printed, and distributed over-branded CycleBeads promotional materials | | |
| Catholic Relief Services (CRS) | SDM services in health centers in Sankuru | <ul style="list-style-type: none"> Monitored provider activities Trained providers and community workers | <ul style="list-style-type: none"> Provided subgrant to integrate the SDM into health program Trained trainers and monitored activities | SDM offered in remote areas in the DRC |
| Conduite de la Fécondité | SDM integration in Conduite de la Fécondité's family life programs | <ul style="list-style-type: none"> Offered the SDM Collected service statistics Conducted research | Provided financial and technical support, including training | <ul style="list-style-type: none"> 2,118 SDM users as of October 2007 Revitalization of FBO program attributed to the inclusion of the SDM Stronger relationship developed with PSI and MOH |
| Association pour le Bien-Être Familial (ABEF) | SDM integration into its programs | <ul style="list-style-type: none"> Offered the SDM to clients as part of their family planning services Collected service statistics | Provided financial and technical support and CycleBeads | Offered SDM to 875 users as of October 2007 |
| Jane Goodall Institute (JGI) | Natural family planning integration in JGI's environmental conservation programs in eastern DRC | Offered the SDM in health centers and via JGI's field-based development agents | Provided technical assistance in training and service delivery | SDM available through clinics and community-based services to women in eastern DRC |
| Bureau d'Étude Marketing (BEM) | Research and evaluation | Designed research, developed instruments, recruited participants, conducted evaluation and wrote reports | Provided guidance in the design of research and evaluation | <ul style="list-style-type: none"> SDM integration project evaluated Social marketing activities studied |
| Catholic Diocesan Medical Office (BDOM-Bukavu) | Integrated SDM into FBO program | Integrated method into family planning activities | Provided funding to train providers | Providers trained and offering method to 602 users |
| AXxes Project (IMA, CRS, World Vision, Merlin) | Capacity development of providers in health zones in eastern and southern DRC | <ul style="list-style-type: none"> Organized and conducted training of trainers Supervised providers in 60 health zones | <ul style="list-style-type: none"> Provided financial and technical resources for SDM and LAM integration into the AXxes training | <ul style="list-style-type: none"> 257 trainers trained SDM and LAM being integrated in at least 60 health zones Cascade training and service delivery supervised |

| Collaborating organizations | Activities undertaken | Partner's Role | IRH's role | Accomplishments |
|--|---|--|--|--|
| | | | agenda <ul style="list-style-type: none"> • Provided assistance to develop IEC materials | |
| Doctors On Call for Service (DOCS/Goma) | Supervision of service delivery in the Goma health zone | Supervised services and collected statistics | Provided training and technical assistance to integrate the SDM | <ul style="list-style-type: none"> • Conducted SDM monitoring and supervision in the Goma health zone, comprised of 18 health centers, two referral centers, and one general hospital • Offered SDM to 83 users as of October 2007 |
| CARE | SDM integration into CARE family planning program | Conducted supervision of SDM integration | <ul style="list-style-type: none"> • Trained trainers and assisted with the training of providers • Provided sample IEC materials • Assisted CARE in SDM monitoring and data collection | <ul style="list-style-type: none"> • SDM integration monitored and evaluated • Service statistics collected in CARE zones |
| Gesellschaft für Technische Zusammenarbeit (GTZ) | SDM integration into GTZ family planning program | Integrated the SDM into family planning program in one zone | Provided training and technical assistance to GTZ | <ul style="list-style-type: none"> • SDM integrated into GTZ family planning program • Offered SDM to 192 users as of October 2007 |
| Santé Rurale (SANRU II) | SDM integration into SANRU family planning program | Integrated SDM into SANRU II reproductive health program | Provided technical assistance, training of trainers, and sample IEC materials | 849 SDM users as of June 2006, when SANRU II ended |
| Église du Christ au Congo (ECC-Kisangani) | SDM integration into ECC member churches and church-operated clinics, as well as community health clinics in the Kisangani area | Offered SDM services, collected service statistics | Provided training and financial and technical support for SDM integration | <ul style="list-style-type: none"> • SDM offered as part of family planning programs of FBO • Offered SDM to 116 users as of October 2007 |
| Action Familiale de Kananga | SDM integration into family life programs | Offered the SDM to clients as part of their family planning services, collected service statistics | Provided training and financial and technical support through Conduite de la Fécondité | <ul style="list-style-type: none"> • SDM offered as part of family life programs of FBOs • Offered SDM to 502 users as of October 2007 |
| Action Familiale de Goma | SDM integration into family life programs in Goma | Offered the SDM to clients as part of their family planning services, collected service statistics | Provided training and financial and technical support for SDM integration | <ul style="list-style-type: none"> • SDM offered as part of family planning programs of FBO • Offered SDM to 608 users as of October 2007 |

A. Research

In September 2005, IRH initiated two research activities: a study to determine the impact of the social marketing campaign, and a general assessment of SDM integration in the DRC. Due to the high cost of conducting a countrywide study, assessments focused primarily on services based in Kinshasa and Lubumbashi. CRS also conducted an independent assessment of their SDM activities in Katako Kombe.

i. Social marketing study

IRH contracted Bureau d'Etude Marketing (BEM) to conduct the social marketing research in Kinshasa. The first component included a baseline survey to determine family planning practices, knowledge, and attitudes, as well as exposure to and understanding of the SDM. A second component consisted of simulated client visits to clinics and pharmacies offering the SDM within Kinshasa to measure the capacity of trained providers and pharmacists to correctly offer the SDM to clients.

Major Findings from Client Simulations

- 89% of clinic providers gave spontaneous information on the SDM, as opposed to only 38.3 percent of pharmacists.
- Over 70% of both clinics and pharmacies observed confidentiality.
- 96% of providers in clinics told clients that CycleBeads represent a woman's cycle, while only 35% of pharmacists did so.
- 7.4% of providers in clinics attempted to convince clients to use other methods of family planning, as opposed to 23.3% of pharmacists.

These results suggest significant provider and pharmacist bias against the SDM, more so at pharmacies than at clinics, and a need for additional training and advocacy.

Three months after collection of baseline data, the research team conducted an endline survey to assess the effect of the intervention, finding that the social marketing campaign raised awareness and was accompanied by a dramatic rise in sales of CycleBeads. However, sales fell as the campaign ended. Client follow-up interviews compared the experience of clients who obtained the SDM from a pharmacy with clients provided the SDM in a clinic setting. In addition, researchers compared data from pharmacy clients to clinic-based user data. The project recruited approximately 70 pharmacy SDM users and 200 clinic-based users from all the sites in Kinshasa where pharmacists/providers had been trained to offer the SDM. The researchers trained interviewers to follow up and interview SDM users who consented to participate three times during a seven-month period (one month after admission, at three months, at six months).

Study results showed that both before and after the campaign, more than 90% of both men and women were interested in using the method, primarily because it aids in understanding the woman's cycle. The second reason—given a degree of importance much lower than the first—was to space pregnancies (15 and 25% of pharmacy and clinic clients interviewed, respectively). Other reasons mentioned were that the SDM is a natural method and has few side effects. The main reason for not being interested in the method was the use of another method.

ii. General assessment of SDM integration

In September 2006, two years after the introduction of the SDM in DRC, IRH contracted a local research organization to undertake a general assessment of the SDM integration efforts, including the experiences and attitudes of clinic and community-based SDM providers and male and female users. The assessment used both qualitative and quantitative methodologies. Researchers interviewed 97 female clients to assess their experience with use of the SDM, satisfaction with the method, partner involvement in method use, etc. The team also conducted focus groups with providers and male users (partners). The assessment concluded that the SDM was generally well received and well liked by both providers and users, but that a large number of potential users did not know about the SDM because the method had not been promoted. The main recommendations of the assessment were to increase IEC and promotional activities; to make efforts to reach populations with the greatest unmet need through pharmacies, since certain population categories do not visit clinics and hospitals unless they are sick; and to reduce the cost of CycleBeads to make them more accessible to a greater number of people.

B. Building awareness of and support for SDM

i. Building awareness

Activities to increase awareness of the SDM included church outreach, clinic open house events, interpersonal communication with health workers, street theater presentations, TV interviews, and t-shirt and poster advertising. PSI developed an SDM radio spot in September 2005 that aired on two radio stations in December and January 2005-06. In addition to a Confidence/CycleBeads radio spot, PSI ran an integrated campaign on the importance of family planning in general, that included billboards and posters. This campaign was followed by more specific messages promoting the Confidence brand name.

Other partners also conducted BCC/IEC campaigns. Conduite de la Fécondité participated in various popular TV talk shows to discuss the SDM. CRS contracted a local theater group to conduct presentations in rural areas of the Sankuru on the SDM. IRH reproduced a birth spacing poster developed by the Advance Africa Project and provided this to partners for display in clinic waiting areas.



Community members gather to talk about CycleBeads and the SDM.

In addition to the radio spots that PSI/ASF developed for the social marketing campaign, IRH developed three additional SDM radio spots in French, Lingala, and Kiswahili. These spots aired in February, March, and May 2007 and focused on adopting a family planning method, the importance of birth spacing, and male involvement in family planning. All partners received a compact disc version of the radio spots to broadcast over local radio stations.

Additional materials developed by IRH included a low-literacy CycleBeads insert in four local languages as well as a calendar, stickers, posters, and T-shirts for promotion of the SDM.

ii. Building support

The MOH and, in particular, the PNSR have been involved in the SDM integration effort since the official launch of activities in early 2004. The Minister of Health presided at the launch, which was attended by project partners PSI/ASF, CRS, and Conduite de la Fécondité as well as USAID, PNSR, UNFPA, and ABEF. This activity was well received and created considerable local and national media attention.

At the national level, the PNSR provided necessary technical support and facilitated project expansion. PNSR has shown significant interest in the SDM and reported that the method appeals to many women and couples who are not currently using family planning. The PNSR organized SDM partner meetings at MOH facilities. These meetings were the catalyst for an increased involvement by the PNSR in the activities of many of the FBOs, NGOs, and cooperating agencies.

As mentioned earlier, IRH leveraged WHO and UNFPA support to the MOH to establish national reproductive health norms and protocols and revise the national in-service family planning training curricula. IRH also indirectly benefited from WHO support of 2000 maternities in which the SDM is being offered. As of December 2007, ten of the 2000 maternities have received WHO-funded training and other service delivery support.

C. Developing the capacity of local organizations

IRH's main role in the DRC is to provide technical assistance, mainly in the form of training. By doing so, IRH develops capacity of its partner organizations to offer quality SDM services.

i. Training

- IRH supports local partner organizations by funding and conducting training-of-trainers workshops, provider training workshops, and community health worker trainings.
- IRH has been called upon by major organizations such as WHO, UNFPA, SANRU III, and JGI to provide technical assistance during training workshops organized and/or supported by those organizations and including the SDM.
- IRH has organized refresher training sessions for MOH and ABEF trainers and providers.
- IRH has also made contributions to the revision of the national family planning training manual.

"I found out about CycleBeads on the Internet one year before the training. Having unsuccessfully used other natural methods in the past, my wife and I decided to try the Standards Days Method. Not owning a set of CycleBeads and not knowing where to find one, I made a drawing of a set of on paper and was using it as visual help. I am so pleased to finally hold an actual set of CycleBeads in my hands". –Doctor at a TOT organized

ii. IEC

IRH provides technical assistance to partners to develop or revise SDM and LAM IEC materials. IRH has assisted the AXxes Project to develop SDM and LAM pages to be inserted in their training manuals and counseling flipchart.

iii. Supervision

IRH participates in partners' supervision programs and provides partners with supervision tools such as the Knowledge Improvement Tool (KIT) to help maintain quality of services.

**Table 2: Service Delivery Sites with Active Providers
(as of October 2007)**

| | Type of Site | | | | | Total Number of Sites |
|---------------------------------|--|-------------------------------------|-------------------------|-------------|-------------------|-----------------------|
| | Hospitals (public and private) | Health clinics (public and private) | Family planning clinics | Communities | Other: Pharmacies | |
| USAID cooperating agency | | | | | | |
| CRS | 6 | 64 | 0 | 0 | 0 | 70 |
| ASF/PSI | 0 | 29 | 0 | 0 | 161 | 190 |
| SANRU III | 5 | 28 | 0 | 0 | 0 | 33 |
| JGI | 3 | 71 | 0 | 4 | 0 | 78 |
| CARE International | 12 | 69 | 0 | 0 | 0 | 81 |
| AXxes Project | 0 | 1,200 | 0 | 0 | 0 | 1,200 |
| <i>Comments</i> | <i>Training of providers in the 60 AXxes health zones is ongoing, however, an estimated 1,200 clinics will be offering the SDM as part of IRH's partnership with the AXxes Project</i> | | | | | |
| Non USAID partner | | | | | | |
| Conduite de la Fécondité | 0 | 44 | 0 | 1 | 0 | 45 |
| PNSR | 34 | 28 | 1 | 0 | 0 | 63 |
| ABEF | 5 | 1 | 0 | 0 | 0 | 6 |
| BDOM Bukavu | 6 | 0 | 1 | 0 | 0 | 7 |
| GTZ | 1 | 12 | 0 | 0 | 0 | 13 |
| Action Familiale de Goma | 5 | | 1 | 23 | 0 | 29 |
| Action Familiale de Kananga | 0 | 17 | 1 | | 0 | 18 |
| DOCS | 1 | 31 | | | | 32 |
| ECC Kisangani | 19 | 0 | 0 | 0 | 0 | 19 |
| Total Number of Sites | 97 | 1,594 | 4 | 28 | 161 | 1,884 |

D. Incorporating SDM into reporting systems

The family planning reporting system in the DRC is fragmented. Partners integrated the SDM into their individual reporting systems, and the MOH included it on a recent revision of its clinic monitoring form. However, clinics have yet to receive instructions on how to report back to the national level. Work still needs to be done to ensure that accurate information is reported to the national family planning program.

E. Generating commitment of resources to SDM by governments, NGOs, or donor agencies

The PNSR used UNFPA funding to train providers and community health workers in Kisangani on the SDM. UNFPA funds were also used to arrange partner meetings and a dissemination workshop for the inclusion of the SDM on the essential drug list and in the national contraceptive security plan.

In addition to funds received from the USAID/DRC Mission, most partners used their own funds to provide SDM services. GTZ, Action Familiale Goma, SANRU III, AXxes, JGI, CARE, and PSI all covered costs of training providers and community health workers and purchasing CycleBeads. ABEF used its own funds to include CycleBeads in its flipchart. Conduite de la Fécondité integrated the SDM in its natural family planning training manual.

F. Incorporating SDM into the logistics system

For the first two years of the project, PSI/ASF was the exclusive distributor of the SDM in the country and ordered 12,000 CycleBeads for itself and partners. Partners then purchased CycleBeads from PSI/ASF at the wholesale price of fifty cents per set and resold them to clients at one US dollar per set. Partners used profits from the sale of CycleBeads to purchase additional product.

At the end of the formal agreement with IRH, PSI/ASF transferred the procurement and distribution of CycleBeads back to IRH. PSI/ASF now purchases CycleBeads directly from the manufacturer and uses its own over-branded inserts and calendar for its program. It no longer manages the procurement and distribution process for other organizations.

The local IRH office in Kinshasa now manages distribution of CycleBeads and has produced an unbranded low-literacy insert/calendar that is currently available in four languages. As part of IRH's efforts to continue to raise awareness, it developed new IEC materials (stickers, T-shirts, posters, and radio spots) to promote family planning and the SDM. It will be necessary to maintain this distribution system until a sustainable alternative can be found.

G. Summary of experience of SDM introduction and expansion

As a result of four years of collaboration with IRH, the PNSR and partners made significant progress in integrating the SDM into family planning training and service delivery programs. The MOH included CycleBeads in its five-year contraceptive security plan, which means the

government will request that donors purchase CycleBeads for the country. It also included CycleBeads in national norms and protocols, the national list of essential medicines, and in the national in-service family planning training curricula.

PSI integrated the SDM into all its family planning activities in the DRC, which enabled it to reach out to FBOs and their communities. PSI will continue to include the SDM in all its DRC family planning programming without IRH funds.

CARE incorporated the SDM into its entire complement of clinic and community-based family planning activities. After only a few months of service delivery, the method has proven to be a popular choice and it now represents over 2.4% of the method mix in CARE-supported zones.

In March and April 2007, IRH assisted the main bilateral AXxes Project to train 257 master trainers in 60 health zones on the SDM and LAM. This was the first step in training providers in these zones. It is anticipated that over the course of the IRH-AXxes partnership, more than 1200 providers will be trained and supervised by AXxes with IRH support.

IV. Challenges

The DRC health system has suffered from years of conflict and neglect. The task of integrating the SDM into a country the size of Western Europe, plagued with poor infrastructure, has been challenging, but the task has been facilitated by strong partnerships with a wide range of organizations already offering services in these areas. Because the SDM is a new method in the country, it was extremely beneficial to have one organization serve as advocate for the method, oversee training and research activities, and monitor progress. In the future, to ensure widespread expansion of the SDM into national programming, a leadership agency, whether in the public or private sector, will need to advocate for the method.

V. Lessons Learned

The strong support of the MOH (through the PNSR) was beneficial. Although the PNSR had limited financial capability to assist with SDM introduction and training activities, it appointed a contact person to act as liaison for SDM activities and promoted the inclusion of SDM in the activities of all organizations offering family planning in the country. USAID Mission assistance was also key to rapidly integrating the SDM. Continuing to work closely with both public and private partners to provide technical assistance, training, and monitoring support will promote sustainability. Unfortunately, the DRC health system has been severely damaged; and until the MOH is strong enough to take the lead, other implementing agencies will need to ensure that quality services are provided. It will be important to continue to work with the mission and other donors to develop and implement a logistics plan that includes an adequate supply of CycleBeads.

Integrating the method into the family planning program was instrumental in bridging a divide between partner organizations and either the MOH or the faith-based groups. It also allowed both faith-based and secular groups to access more clients.

VI. Future Plans

Technical assistance agencies should continue to work closely with the MOH and other organizations in the DRC to expand and integrate SDM activities into their training and service delivery programs. Partners such as PSI, CARE, Conduite de la Fécondité, and GTZ are able to provide the method on a sustainable basis as long as they have funding for family planning programs in their zones. In the short term, other partners such as AXxes, JGI, DOCS, and BDOM will be able to offer the SDM in a sustainable manner in their family planning programming. Because of the neglect that the health system has experienced over the past two decades, most health centers and programs that do not have donor support will likely be incapable of providing the method on a sustainable basis in the foreseeable future.

The IRH–PSI/ASF partnership to socially market the SDM ended at the beginning of 2006. In February 2006, PSI/ASF returned CycleBeads distribution responsibilities to IRH, but continued to purchase CycleBeads for its own program directly from Cycle Technologies. Although IRH currently acts as the main distributor of CycleBeads for DRC partners, a sustainable solution for the provision and distribution of the commodity must be found. The fact that CycleBeads are on the contraceptive procurement table and on the list of essential commodities makes it feasible that this will occur, although the funding source is uncertain.

To further expand access to the SDM, future scale-up efforts will likely also employ a greater use of community-based distribution, while continuing to involve a variety of service delivery points. This strategy could have a significant impact on the reach and scope of the method in the country.

The 2007 Demographic and Health Survey did not include the SDM separately because it is a relatively new method in DRC. However, given the large number of SDM providers trained and the fairly quick uptake by clients since the start of the program, it should be included in future national surveys.