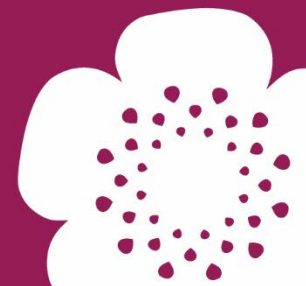


EngenderHealth’s Expand Family Planning II (ExpandFP II): Reaching Street Adolescents and Youth with Sexual and Reproductive Health (SRH) Care in Kinshasa, Democratic Republic of Congo (DRC)



Background

In the Democratic Republic of the Congo (DRC), the national rate of modern contraception usage among married women of reproductive age is only 7.8% and the fertility rate is high at 6.6 (Dieudonné et al. 2018). In Kinshasa, the modern contraceptive prevalence rate among married women increased from 18.9% in 2007 to 26.7% in 2014 (Ahmed et al. 2019). Despite some gains, unmet need for family planning (FP) is still around 25% (Dieudonné et al. 2018). In addition, DRC is listed as one of the countries with the highest need for postpartum FP (PPFP) in the world (Cleveland et al. 2015).

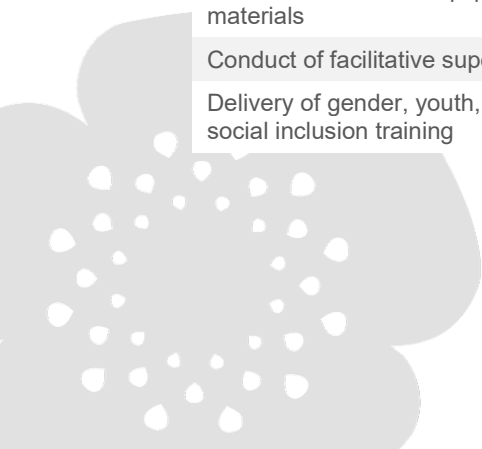
With support from the Bill and Melinda Gates Foundation, EngenderHealth implemented the Expand Family Planning II (ExpandFP II) project from 2018 to 2021 to improve access to contraceptive care in the DRC. Through this project, EngenderHealth established a partnership with REEJER (*Réseau des Educateurs des Enfants et Jeunes de la Rue* or Street Children and Youth Educators), an umbrella organization created in 1998 by 164 local nongovernmental organizations (NGOs) working to reach children and youth who live on the streets. REEJER ensures the protection of these children and youth, promotes their rights, and supports social reintegration back with their families and through alternative placements across the DRC. REEJER is a key partner to the government, various United Nations agencies, and international NGOs (including EngenderHealth and Médecins du Monde) in addressing the needs of adolescents and youth on the streets. EngenderHealth worked with REEJER to integrate contraceptive care, including PPFP, into existing service provision packages offered to street youth in Kinshasa. Working through five health centers operated by REEJER, the project increased access to and use of the sexual and reproductive health (SRH) services, including FP, among street youth in Kinshasa for 19 months.

Program Approaches and Activities

EngenderHealth designed a three-pronged approach to plan, implement, and monitor this collaborative implementation model for reaching adolescents and youth living on the streets of Kinshasa (see Table 1). This included: (1) strengthening REEJER’s capacity to expand the range of services its members provide to street youth, particularly street girls, by building an FP services provision component in and across their programmatic pillars; (2) supporting community-based interventions, such as sensitization activities, conducted by street youth leaders in Kinshasa at street youth concentration sites (centers) to increase awareness of SRH services available; and (3) facilitating mobile interventions provided in target areas that street youth frequent.

Table 1. Project Approach by Intervention Area

Facility	Community	Mobile
Delivery of FP and other SRH-related information and services	Community sensitization by community leaders	Facilitation of mobile clinics in areas where street youth frequent
Supply of contraceptives and other medical and non-medical commodities	Awareness raising and community mobilization by street youth leaders	
Provision of medical equipment and materials	Case referrals from the community to health centers	
Conduct of facilitative supervision		
Delivery of gender, youth, and social inclusion training		



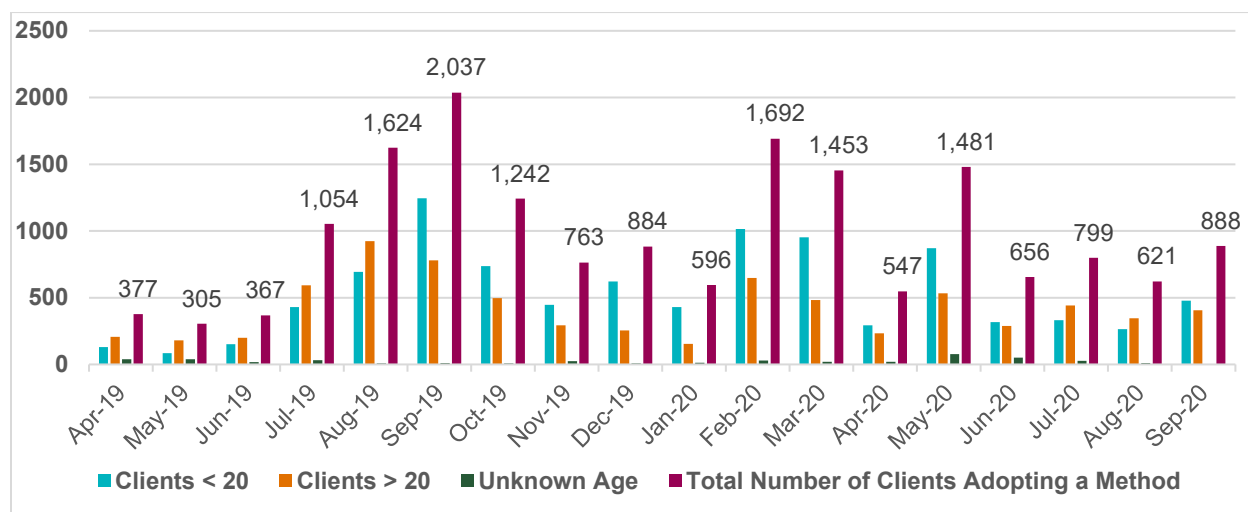
EngenderHealth’s ExpandFP II: Reaching Street Adolescents and Youth with SRH Care in Kinshasa, DRC

Program Results

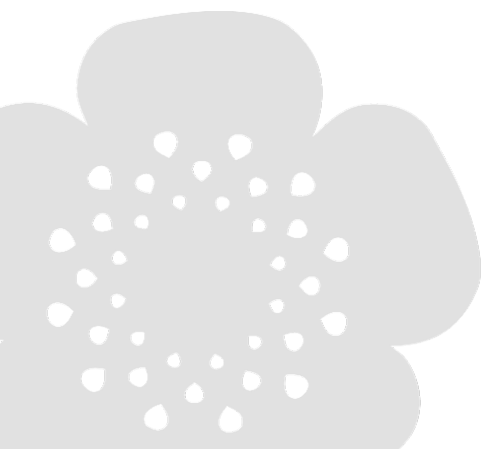
ExpandFP II identified and trained 30 street youth leaders as “near peers” and “peer mentors” (15 men and 15 women). EngenderHealth also trained healthcare providers on new contraceptive technologies and the reception of street children in health centers. These efforts were instrumental in integrating SRH and FP (including PPF) interventions into existing REEJER services.

Between April 2019 and December 2020, ExpandFP II strengthened facility-based services and increased the availability of youth-friendly SRH care in Kinshasa. As a result of interventions undertaken during this period, the project reached a total of 12,036 street youth with SRH information. From April 2019 to September 2020, the project supported 17,381 street youth in accessing a contraceptive method of their choice.

Figure 1. Adoption of a Contraceptive Method among Street Youth, by Age and Month (April 2019 to September 2020)

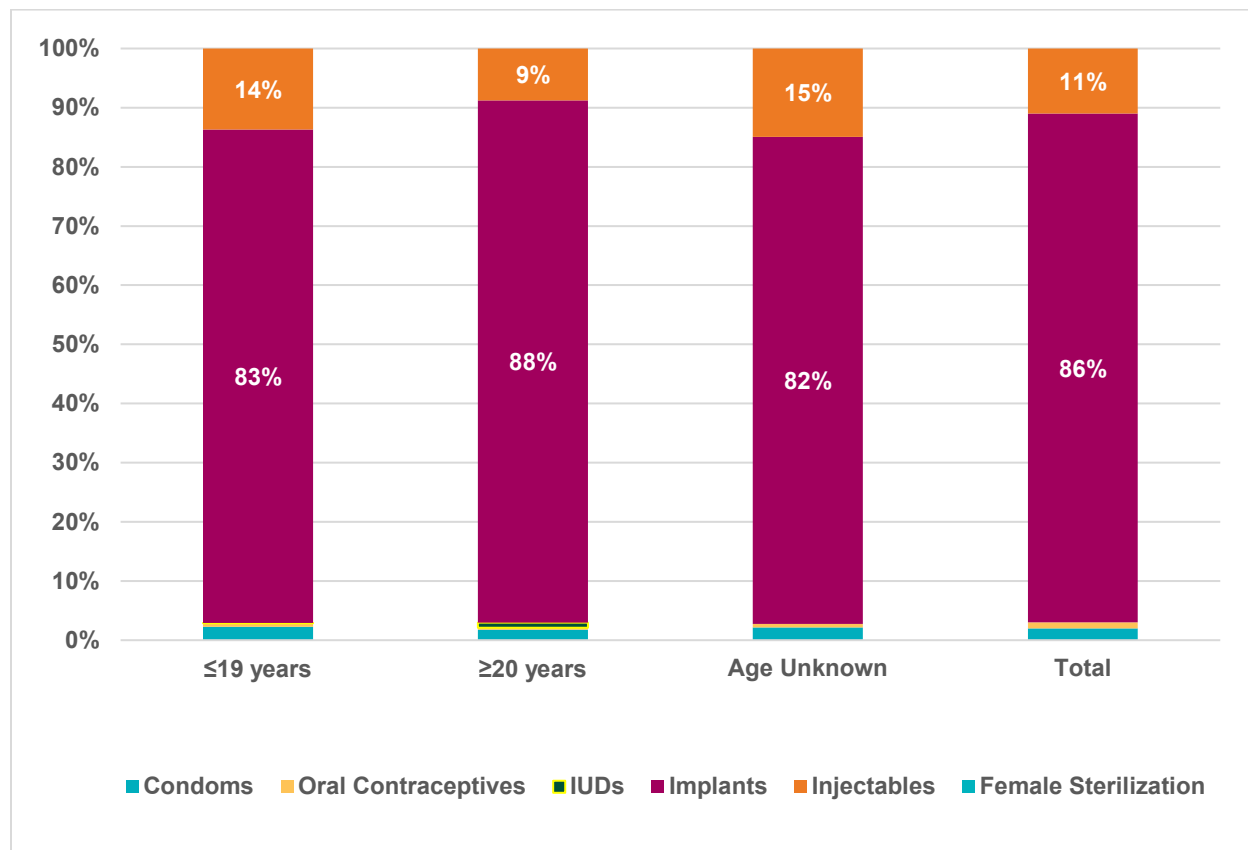


Observing the method mix during the project duration, we found that implants were the most commonly adopted method across all age bands. The method mix was as follows: implants (86%), injectable contraceptives (11%), intrauterine devices (IUDs) (<1%), male condoms (2%), oral contraceptives (<1%), and permanent methods (0%). Anecdotal information from street youth suggests that implants were the preferred method given their ease of use and convenience.



EngenderHealth's ExpandFP II: Reaching Street Adolescents and Youth with SRH Care in Kinshasa, DRC

Figure 2: Method Mix among Street Youth Receiving FP Services from REEJER's EngenderHealth-Supported Sites (April 2019 to September 2020)



Lessons Learned and Recommendations

While prioritizing reaching adolescents and youth living on the streets of Kinshasa remains a challenge, as does mobilizing funds for this work, undertaking joint implementation models that leverage existing community-based platforms and strengthen health and community systems can be cost-effective and sustainable. This program generated several lessons learned and recommendations for scaling up such approaches, both within Kinshasa and in other parts of West and Central Africa. First, a concerted effort to provide SRH care for adolescents and youth living on the streets revealed a significant unmet need for contraception. Second, meaningful and consistent involvement of current and former street adolescents and youth and community volunteers resulted in an influx of demand for contraceptive services. Moving forward, the project recommends that governments and donors continue to partner with and support REJEER and that more collaborations like this one take place to maximize resources and sustain achievements made in Kinshasa to expand access to SRH care for all people, including adolescents and youth living on the streets.

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