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MCH PROGRAM DESCRIPTION

Democratic Republic of the Congo



Overall MCH and health sector situation

The Democratic Republic of the Congo (DRC), currently recovering from over a decade of war, has a population of almost 62.6 million with a life expectancy at birth of 45 years. Sixty-eight percent of the population is rural, and a majority of the population live below the poverty level. DRC ranks 168 out of 177 countries on the United Nations Human Development Index. In 2003, the DRC's total health expenditure represented only 4 percent of the gross domestic product (GDP), which is less than the 5 percent spent, on average, by other SSA countries.

While the MCH situation in DRC is among the worst in Africa, some indicators have improved over the last decade. Infant and under-5 mortality rates have decreased from 126 per 1,000 to 92 per 1,000, respectively, and from 216 per 1,000 to 148 per 1,000 live births, respectively. However, newborns contribute to almost half of the total IMR. The TFR has also declined from 7.3 to 6.3. MMR is one of the highest in sub-Saharan Africa, at 1,289 deaths per 100,000 live births. The major causes of high mortality rates

include lack of essential newborn care and treatment, vaccine-preventable diseases, malnutrition, malaria, tuberculosis, diarrheal disease, acute respiratory infections, poor health infrastructure and management skills, and lack of access to health services due to poverty and long travel distances. Despite the noted improvements, these indicators highlight a strong need for quality improvement and strengthening of the primary health care system.

There are several signs that improvements are possible in the short and medium term. The DRC has recently completed its first democratic election, and the country benefits from the attention of many donors. In 2005, MOH, in partnership with donors, developed and adopted a new strategy called *Stratégie de Renforcement du Système de Santé (SRSS)* – Strengthening Health System Strategy (SHSS) – using the health zone model as the entry point for integrated interventions in the health sector. The Government of DRC has set guidelines for a Minimum Package of Services to help provide a basis for uniformity and guidance of service delivery. The government and donors have agreed to focus programs at the health zone level, enabling more targeted, comprehensive, and coherent health programming.

MCH interventions at the Mission level

USAID's program currently focuses on the following MCH priority areas of intervention: birth preparedness and maternity services; treatment of obstetric complications and disabilities; newborn care and treatment; immunizations, including polio; maternal and young child nutrition, including micronutrients; and treatment of child illness. The total population covered is about 10.5 million in 82 health zones, where about 2.1 million are children under 5 and 2.2 million are women of reproductive age.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USAID's program in the public sector focuses specifically on strengthening the local capacity to deliver quality integrated primary health care services and on improving health zone management and referral systems. The health

program achieves these objectives through training implementing partners, medical staff, and nurses in the management of primary care; mobilizing communities to promote good health practices and care-seeking behavior; and ensuring appropriate supervision and monitoring of service delivery.

Specific actions supported as part of the MCH approach

USAID's program focuses on strengthening the country's institutional capacity to finance, coordinate, and oversee decentralized health service delivery, including MCH, making it sustainable over time. USAID's programming also includes a policy analysis and support activity, which will provide technical assistance to MOH to develop and disseminate policies that support MCH activities at provincial and district levels.

The USAID program's geographic focus

The USAID program currently focuses on 82 health zones (out of a total of 515 health zones countrywide) in South Kivu, Katanga, East Kasai, and Western Kasai Provinces, representing a population of about 10.5 million. At the national level, support has been provided for routine immunizations, polio eradication, and measles mortality reduction activities.

The Mission program's relationship to the country's health sector and development plans and strategies

Recently, the Government of DRC developed and adopted the SRSS mentioned above and the Road Map for Maternal Mortality Reduction (2006–2008). Additionally, the government has set guidelines for a Minimum Package of Services for a health zone and a complementary package for the general hospital to help provide a basis for uniformity and guidance of service delivery. USAID supports both of these strategies as well as the government's focus on interventions at the health-zone level, enabling more targeted, comprehensive, and coherent health programming. In order to best complement the Government of the DRC's priorities, especially in MCH, the USAID Mission is currently developing a new health strategy.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

While DRC is not a PEPFAR focus country, it is considered an important bilateral program by PEPFAR, and the country has received a significant amount of USG funding to control the spread of the HIV/AIDS epidemic. The MCH program works closely with the HIV/AIDS program, specifically in promoting integrated service delivery by providing PMTCT and safe blood transfusion as a component of the package of services in rural health zones. The U.S. Centers for Disease Control and Prevention provide technical assistance to the Government of DRC to implement a program for the prevention of mother-to-child transmission (PMTCT) of HIV. Although not a PMI focus country, USAID malaria investments are being connected to the distribution of subsidized long-lasting insecticide-treated nets (LLINs) to mothers and children under 5 and are strengthening antenatal care interventions against malaria.

Lastly, the Mission also receives support from the Food for Peace Office for displaced persons in urban and peri-urban areas. This funding will be used to form water committees, increase access to treated municipal water, and introduce rain water harvesting technology. Latrines and drainage systems for schools, health centers, and markets will also be constructed. Improved hygienic practices will be promoted.

Investments and initiatives of other donors and international organizations

The DRC Government works with the U.S. Government and other donors, including UNICEF, WHO, UNFPA, the World Bank, the European Union, the Global Alliance for Vaccines and Immunization, and several NGOs, to implement maternal and child health interventions throughout the country. The World Bank, Canadian Embassy, British Department for International Development, Belgium Cooperation, UNFPA, UNICEF, and the EU are making new investments in the DRC and are adopting the same health zone-based approach. More than 70 percent of health zones receive some donor assistance.

Planned results for the Mission's MCH investments over the next 5 years

Over the next 5 years, the DRC plans to reduce by at least 10 percent the current MMR of 1,289 per 100,000 live births, the IMR of 126 per 1,000 live births, and micronutrient deficiency.

MCH COUNTRY SUMMARY: DEMOCRATIC REPUBLIC OF THE CONGO	VALUE
MCH FY08 BUDGET	12,093,000 USD
Country Impact Measures	
Number of births annually*	2,761,000
Number of under-5 deaths annually	409,000
Neonatal mortality rate (per 1,000 live births)	42
Infant mortality rate (per 1,000 live births)	92
Under-5 mortality rate (per 1,000 live births)	148
Maternal mortality ratio (per 100,000 live births)***	1,289
Percent of children underweight (moderate/severe)	25%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	85%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	74%
Percent of women receiving postpartum visit within 3 days of birth	N/A
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	36%
Immunization	
Percent of children fully immunized****	31%
Percent of DPT3 coverage	45%
Percent of measles coverage	63%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	82%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months***	12%
Percent of children under 6 months exclusively breastfed	36%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	45%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	42%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	46%
Percent of population with access to improved sanitation**	31%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** Multiple Indicators Cluster Survey (MICS) **** Fully immunized at any time before the survey (Unless otherwise noted, the data source is the preliminary 2007 Demographic and Health Survey.)</small>	