

Working with government to improve SRH commodity availability after a humanitarian crisis

Case study from Kasai Oriental, DRC

Reproductive Health Supplies Coalition 2019 Annual Meeting

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Crisis in Grand Kasai



- **Assassination of customary chief**
- **Armed conflict with state security forces**
- **Inter-ethnic clashes**
- **Conflict spreads to other provinces**
- **More than 1.4 million people are displaced**
- **Widespread sexual and gender based violence**
- **Cholera outbreak and food insecurity**
- **Health facilities are targeted**

Services

- Clinical management of SGBV
- Referrals for SGBV survivors
- Family planning
- EmONC, incl. post-abortion care
- STI treatment

Utilization

- 10,756 new FP users (51% LARC)
- 867 new FP users <20 years
- 10,806 assisted deliveries
- 153 SGBV clients



Permanent Multisectoral Technical Committee - FP



National PMTC-FP



Nord Kivu PMTC-FP



- **Established 8 months after crisis**
- **Advocates with government and its partners to increase investment in FP**
- **FP services not available prior to crisis**
- **Dialogues with MoH & partners**
- **Law passed to establish PMTC-FP**
- **Achievements to date:**
 - **Quantification of contraceptive needs**
 - **Government commitment to buy contraceptives**

Humanitarian actors should plan for the continued supply of SRH commodities after the acute phase of the crisis. This is critical in locations where family planning services were not widely available prior to the crisis.

CARE was able to respond rapidly to the crisis in Kasai Oriental and to establish the PMTC-FP, because it was able to leverage learning and resources from the SAFPAC initiative in Nord Kivu. Linking humanitarian and development initiatives will help us respond better to immediate needs as well as helping communities to build back better after crisis.