


Breaking the Silence

5-Year Impact Report
2018 – 2023



**On Sexual &
Reproductive Health
and Rights (SRHR)
in the DRC**

Mashujaa with internally displaced people
living in the Kanyaruchinya camp



Contents

Foreword

03

About Us

05

Our Impact at a Glance

06

**Building a Sustainable Abortion
Ecosystem in a Fragile Context**

07

**Making Sexual and Reproductive
Health Rights a Reality**

10

Looking Ahead

30

Our Partnerships

31

Our Leadership

32

Ipas DRC's Vision:

We envision a country where women and girls have the right and the ability to determine their own reproductive health decisions.



Photo: Joachim Baraka

Foreword

Dear Partners,

This inaugural Impact Report for Ipas in the Democratic Republic of Congo (DRC) covers our work over the past five years to break the silence on sexual and reproductive health and rights (SRHR) for women and girls.

In our relentless pursuit of ensuring women and girls can make decisions about their bodies, lives, and futures without limitations, we have worked with our partners to build a sustainable abortion ecosystem. A robust, gender-responsive, institutional and social framework underpins our approach. This ecosystem has changed the trajectory of SRHR and supported women and girls in claiming their autonomy and the right to make informed reproductive choices. Through this report, we showcase the milestones we have achieved so far.

We have had a remarkable journey. With the support of our community of partners and donors, we have helped reshape the landscape of SRHR in the DRC by navigating the intricacies of advocating for safe and legal abortion, within a context that presents a number of restrictions and vulnerabilities.

At the heart of our achievements is translating laws and policies into services for women and girls. Our advocacy and policy initiatives have been a driving force in the publication of the Maputo Protocol (to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa), the first pan-African treaty to explicitly recognize abortion as a human right, in the National Legal Gazette, in 2018, a decade following its ratification. Following this significant advancement, the Ministry of Health endorsed the Comprehensive Abortion Care (CAC) Standards and Guidelines in 2020 making the DRC the first country in Francophone Africa to have implemented sweeping changes to broaden access to abortion care.

Collaboration is the cornerstone of our approach as a partner for reproductive justice. We fostered partnerships with government, parliamentarians, community-based organizations, academia, and civil society because we understand that collective efforts can help us achieve our vision. Our distinctive approach bridges donors with grassroots, youth-led, women-led, and people-with-disabilities organizations, thereby promoting reproductive justice through the domestication of the Maputo Protocol. We invested \$2M as strategic grants to empower 25 local organizations, providing technical assistance for integrating SRHR, including abortion, into their initiatives. Beyond this, we have introduced community-driven support mechanisms, dismantling norms that once hindered access to

essential SRH services and fueled gender inequality.

Our Makoki Ya Mwasi (Lingala term loosely translated as “the rights of women”) movement continues to amplify the voices of Congolese women and their reproductive health needs across local, national, and regional platforms. Going forward, this intricate ecosystem calls for a multidimensional approach. In response, we embrace the challenge of addressing gender-based violence, gender equity, positive masculinity, education for girls, humanitarian response, and women empowerment.

The milestones accomplished thus far are a testament to the trust, collaboration, and shared vision we have cultivated with the DRC government, our partners, and donors. With immense anticipation, we embrace the journey ahead, fueled by the ideals of reproductive justice and gender equity. **Together, we stride forward, navigating change and transforming lives.**



Dr. Jean-Claude Mulunda
Country Director, Ipas DRC

About Us

The Ipas Impact Network works across Africa, Asia and the Americas to expand access to abortion and contraception for all people.

Our Vision

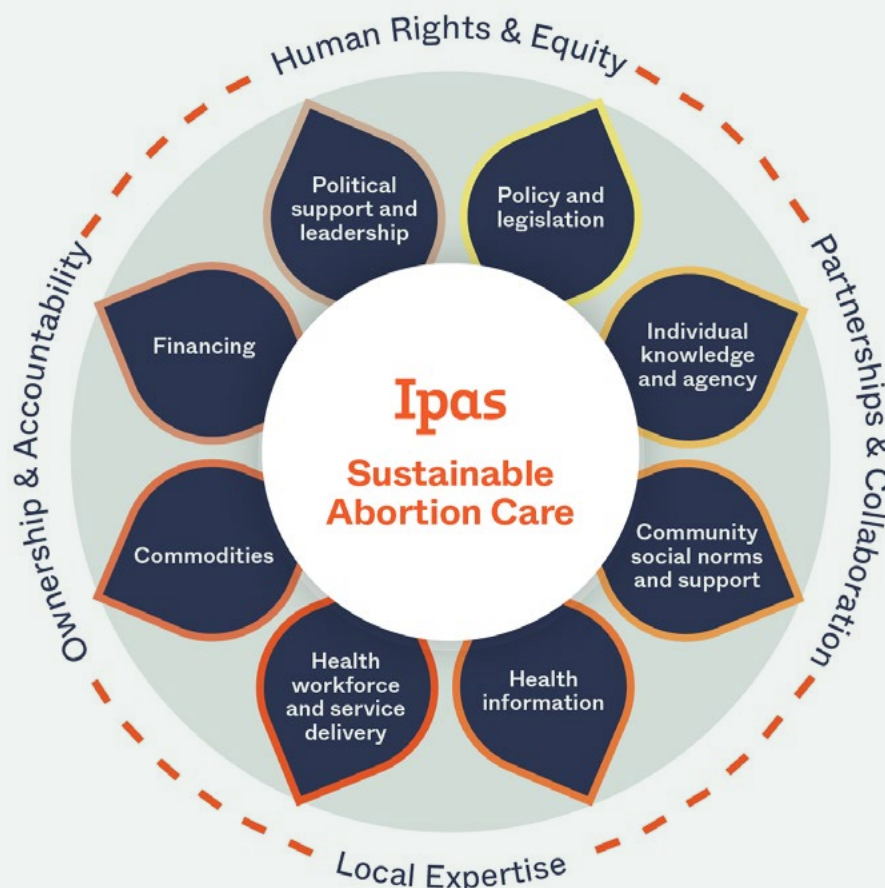
Women and girls in the DRC freely decide about their bodies, their lives and their futures, through sustainable, resilient and gender-sensitive institutional and social systems.

Our Mission

Women and girls have access to higher-quality sexual and reproductive health and rights, through wider access and use of safe abortion and contraceptive care.

Our Approach

Our approach starts by putting the individual at the center, to achieve a better understanding of why people decide to abort. We define a sustainable abortion ecosystem as a dynamic condition in which resilient local stakeholders and systems are actively accountable and committed to abortion rights and responsive to everyone's abortion needs.



The Sustainable Abortion Ecosystem

To achieve balance and ensure a committed, responsive system for abortion care, we have identified eight key programming components for action and evaluation. The drivers of the abortion ecosystem are human rights and equity, partnerships and collaboration, local expertise and ownership and accountability.

We use the programming components to assess and track our success.

In such an ecosystem, people have the information they need to make decisions about abortion and reproduction. There is community and political support for human rights and abortion access, and there are

laws and policies that support comprehensive abortion care, sexual and reproductive health, and bodily autonomy.

At Ipas, our programs focus on local ownership. Without local expertise to guide progress, the abortion ecosystem will not survive.

Our Impact at a Glance

We work with local partners to educate all relevant stakeholders—including women and communities—on women’s newly expanded right to access safe abortion.

In collaboration with the Ministry of Health and partners, we supported the development and publication of the Comprehensive Abortion Care (CAC) Standards and Guidelines that align with the Maputo Protocol.

We are now working to operationalize their implementation through robust programs,

underpinned by the support of political leaders, that enhance access to services, and strong partnerships with community organizations to expand access to SRHR information. We hope this implementation will break the silence on abortion to reduce the stigma that has had a hold on communities for decades.

Breaking the Silence

19,400+

people reached through the Nurse Nisa chatbot providing abortion and contraception information

2,4M

people reached through the Makoki Ya Mwasi initiative

65

Journalists and experts trained on safe abortion as essential care for women

2,861

Magistrates trained on the Maputo Protocol and Congolese abortion legal framework



Delivering tailored and high-quality comprehensive abortion care to women and girls

90,089

people received contraceptive services at Ipas-supported sites

25,491

people received abortion care at Ipas-supported sites

253

Healthcare Professionals trained

192

Abortion Access Points Ipas supported through the selection and training of health-care workers and supply of pharmacies

69,400

unintended pregnancies averted

33,600

unsafe abortions averted

305

maternal deaths averted



Shifting power to grassroots organization and communities

\$2M

Ipas grants provided to local organizations

25

local organizations Ipas has supported

102

Ipas Champions in the Parliament, Government, Administration and Community leaders

Building a Sustainable Abortion Ecosystem in a Fragile Context

The Democratic Republic of Congo (DRC) is a vast expanse of possibilities and challenges. As the second-largest country on the African continent, the DRC commands attention for its sheer size and unique characteristics. The DRC is the 4th most populous country in Africa with a total population estimated at 102 million as of 2023.

The country's magnificent flora and fauna have earned distinction; the Congo River

boasts the world's second-largest flow and watershed, while the expansive DRC rainforest is the second-largest globally, trailing only the Amazon. Within this lush terrain live rare and endemic species, from the bonobo and mountain gorilla to the African forest elephant and the elusive okapi. The land also holds strategic minerals vital for the energy transition, including cobalt for electric batteries and elements essential to electronic devices.

However, this idyllic panorama is rife with adversity. Climate change's unyielding impact casts shadows over the DRC's pristine landscapes. Devastating rains have wreaked havoc on health facilities, altering the healthcare landscape in regions like Kinshasa, Tanganyika, and

Tshopo—provinces where Ipas has steadfastly implemented interventions. The DRC's narrative includes conflict, political instability, and an ongoing humanitarian crisis. For nearly three decades, sexual violence has been a weapon of war, staining the lives of countless women and girls. In 2010, 40% of women reported experiencing sexual violence, often perpetrated by army groups, in the eastern region. The aftermath left 17% of survivors with the burden of unwanted pregnancies without no safe options for abortion. The unmet sexual and reproductive health needs of women and girls – specifically, in humanitarian settings – are huge and the responses are few.

The Sexual and Reproductive Health Landscape

Some of the most significant sexual and reproductive health needs on the African continent are in the DRC. Indeed, the country has one of the highest maternal mortality rates in the world (547 maternal deaths per 100,000 live births), the third highest fertility rate in Africa (6.2 births per woman), contraceptives are only available to two out of every 10

women, a growing unmet need for contraception and endemic sexual violence (27%), resulting in unintended pregnancies and clandestine abortions, especially among youth.

Although the legal framework of the 1970 public health law authorized access to contraception, it maintained

a ban on access to abortion, creating intimidating barriers for women. The ratification of the Maputo Protocol in 2008 and its publication in the National Gazette in 2018 introduced a beacon of hope, authorizing access to safe abortion under specific circumstances.

The road to widening access to safe abortion care

Penal code introduced prohibiting abortion and contraception

1940

Code of Medical Ethics permits abortion in cases of malformation, incompatible with life and when the pregnancy endangers the mother's life

1970

National Council for the Promotion of Desirable Birth authorizes birth spacing only

1973

DRC ratifies the Maputo Protocol which authorizes abortion under the following conditions: sexual assault, rape and incest

2008



The ratification of the Maputo Protocol in 2008 introduced a beacon of hope, authorizing access to safe abortion

Photo: a village in green hills at Congo River, DRC

Publication of the Maputo Protocol in the National Gazette, rendering the Maputo Protocol superior to national laws including the penal code

2018

Mifepristone (used for abortion) is added to the essential medicines list
Comprehensive Abortion Care Standards and Guidelines adopted offering more safe choices to women having an abortion

2020

Comprehensive Abortion Care Standards and Guidelines training, management and delivery tools and implementation plan

2021

The establishment of the Comprehensive Abortion Care Standards and Guidelines working group and network of national trainers

2022





Photo: Joachim Baraka

Making Sexual and Reproductive Health Rights a Reality

Creating a legal framework to support access to safe abortion care

Article 14 of the Maputo Protocol guarantees women's right to health, including sexual and reproductive health. This regional treaty also allows access to safe abortions in cases where the continued pregnancy endangers the mental and physical health of the mother, or the life of the mother or the foetus.

The legal landscape for abortion in the DRC was very restrictive, with a deep silence that permeated the country on "abortion rights". Although

the country had signed and ratified the Maputo Protocol in 2008, it had yet to be effectively transposed into the national legal framework.

Thus, the implementation of the Protocol was not possible because it had yet to be published in the National Gazette.

However, in 2018, The Maputo Protocol was published in the National Gazette.

After 5 years of advocacy work, in the face of considerable challenges, Ipas, in collaboration with local players in the DRC, have made significant progress in improving rights and access to healthcare for Congolese women and girls.

Leveraging the provision of the Maputo Protocol, led to the development of the Comprehensive Abortion Care (CAC) Standards and Guidelines.

Galvanizing political support and leadership for access to safe abortion care

Ipas has been strengthening the sustainable abortion ecosystem in the DRC and by engaging key political leaders on the path to improving access to safe abortion care. Ipas strengthened their capacities through the Values Clarification for Action and Transformation (VCAT) trainings, highlighting the impact of unsafe abortion on the lives of women and girls and their role in promoting women's rights. This work has been done through several ministries, and despite political instability, Ipas has been able to support policy makers and work with champions within the government and parliament supporting advocacy initiatives and policies favoring women's rights.



The full implementation of this [Maputo] protocol will strengthen the bodily autonomy of women, improve their well-being and socio-economic empowerment”

H.E. Benoît-Pierre Laramée,
Ambassador of Canada to the DRC

“The Maputo Protocol is the first document ratified by the DRC that recognizes abortion under certain conditions as a human right for women, who can use this right without restriction or fear of any legal proceedings”

Albert-Fabrice Mpuela,
DRC Minister of Human Rights

The Superior Council of the Judiciary (SCJ) and the Ministry of Justice

- Introducing the groundbreaking executive order* that paved the way for the implementation of the Maputo Protocol
- Following the publication of the Maputo Protocol in the Official Gazette, confusion reigned on its applicability, as the penal code does not authorize abortion, nor does any other Congolese law. The SCJ, at the request of Ipas, thus confirmed the prominence of the Maputo Protocol over the penal code and its straightforward applicability
- With the support of Ipas, the SCJ developed the Training Guide on the Maputo Protocol to provide critical information to judges, magistrates, and other stakeholders enabling them to master and use the Maputo Protocol as the primary source of law when making judgements on abortion-related cases.
- Training 2,861 magistrates in the Maputo Protocol



For the past 5 years, the government of the Democratic Republic of Congo, in collaboration with Ipas, has been working to ensure that the Maputo Protocol is effectively implemented through revision of the penal code.”

H.E. Yves Bunkulu,
Minister of Youth



H.E. Albert-Fabrice Mpuela, DRC Minister of Human Rights at the 20th Maputo Protocol Anniversary organized by Ipas DRC



Ministry of Health

- ✓ Development of progressive Comprehensive Abortion Care (CAC) Standards and Guidelines
- ✓ CAC training and management tools development including data collection tools
- ✓ CAC and VCAT pool of trainers and the CAC working group set up



Ministry of Gender

- ✓ Launch of the national campaign to promote the Maputo Protocol by the Minister of Gender
- ✓ Leading advocacy actions within the government, at regional (African Union) and international (United Nations) level on the importance of domesticating the Maputo Protocol in the DRC and its contribution to reparations for survivors of sexual violence



Ministry of Human Rights

- ✓ Advocating within the government to recognize abortion as a human right
- ✓ Call to action for the decriminalization of abortion



Ministry of Youth

- ✓ Advocating for youth friendly SRHR services, including abortion



The Parliament

- ✓ Advocating for policies that advance abortion rights
- ✓ Recruiting members of Parliament to champion progressive SRHR policies

Providing access to services and changing lives

Translating policy into access to high-quality abortion care has been the main goal of our work since 2018. Our advocacy work involves close collaboration with the Ministry of Health and supporting the health system through capacity building of healthcare workers and improving access to abortion services.



What an amazing experience to have visited the Makala Center of Excellence renovated by Ipas DRC. The UK is proud to support Ipas DRC in raising awareness and providing sexual and reproductive healthcare."

Emily Maltman,
Former Ambassador of the UK to the DRC

Before the Maputo Protocol:

No clear guidelines on the provision of safe abortion care

Limited access to abortion medication and misuse of alternative drugs or traditional medicine

Surgical abortion recognized but not available meaning use of obsolete and WHO non-recognized methods

No training tools for healthcare providers

Only doctors allowed to provide abortion care

No information on abortion available in the National Health Information System and abortion not integrated in the National Health Development Plan

After the Maputo Protocol:

As a result of advocacy by Ipas and partners and requests to the Constitutional Court, the Court instructed the Ministry of Public Health to draw up safe abortion care standards and guidelines.

This was in line with its constitutional responsibility to apply the Maputo Protocol. Ipas supported the PNSR (National Program on Reproductive Health) to establish a Comprehensive Abortion Care (CAC) working group.

The working group was co-led by PNSR and Ipas, and included members of civil society organizations, the Youth network, the National Program for Adolescent Health (PNSA), UN agencies, and international partners. With technical and financial support from Ipas DRC and other international and national partners, the Ministry of Public Health developed the "Comprehensive Abortion Care (CAC) standards and guidelines" adopted in December 2020.

The standards and guidelines address several barriers to accessing safe abortion services:

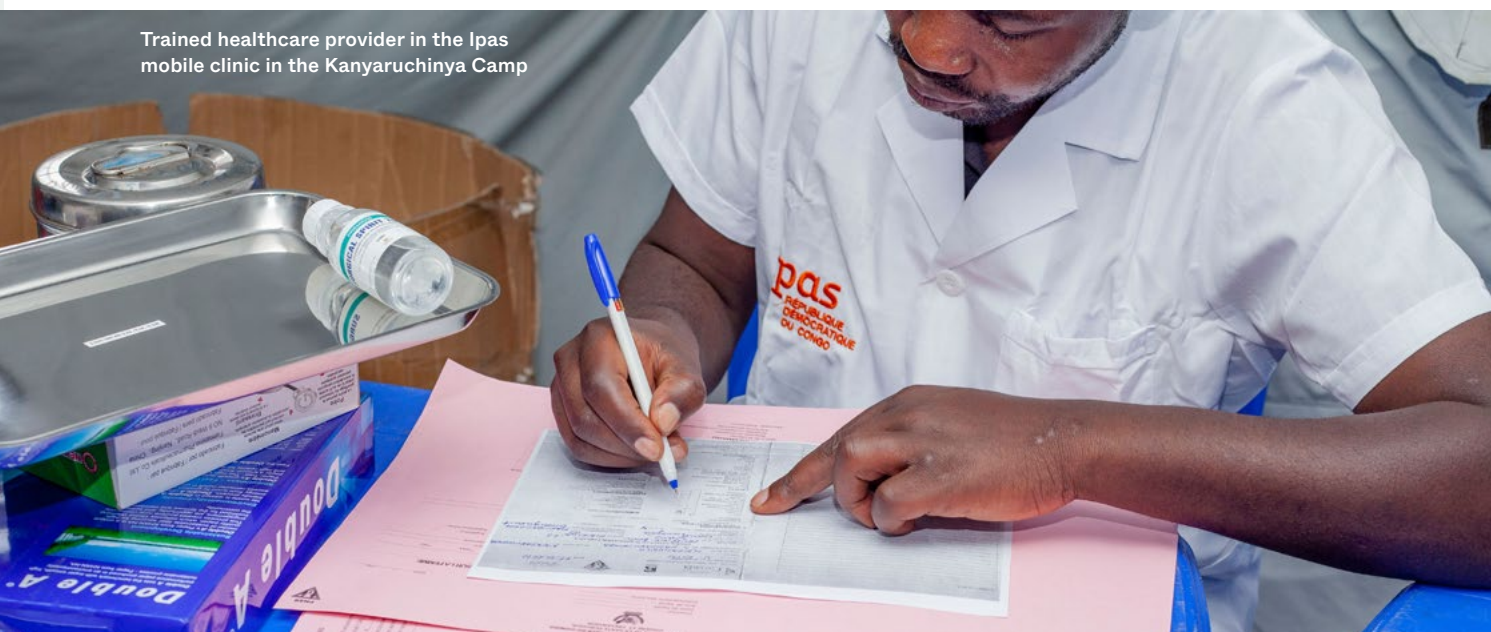
- **Gestational Age:** Access to safe abortion is authorized up to 14 weeks gestational age. The protocol also mentions second trimester case management and post-abortion care
- **Proof of Rape:** Survivors of sexual violence no longer need to prove that they were raped to receive an abortion
- **Marital or Partner Approval:** Women who are married or in a relationship are not required to obtain permission from their spouse or partner before seeking abortion care
- **Minors:** Parental permission or accompaniment of the minor by a parent is not required
- **Providers authorized to offer medical abortion:** Any healthcare provider trained on comprehensive abortion care can offer safe abortion services
- **Healthcare facilities authorized to provide medical abortion services:** Any health facility with a trained provider and adequate equipment can provide safe abortion care
- **Methods of abortion:** Medical abortion allowed. Misoprostol and Mifepristone are available in pharmacies by prescription
- **Community role:** Community healthcare workers, including youth, are allowed to refer and accompany clients to service delivery points, and additionally sign on behalf of minors seeking abortion services




We can't continue to hide behind harmful beliefs and restrictive laws; the truth is that denying women and girls access to SRH information and services do not prevent them from performing abortion. It forces them to use unsafe and dangerous methods."

Christelle Vuanga, Member of Parliament and President of the Permanent Commission on Gender

Trained healthcare provider in the Ipas mobile clinic in the Kanyaruchinya Camp





“As a health professional, it’s important to have skills that enable me to protect women’s rights to choose, but above all to contribute to reducing the maternal mortality rate”

Aimée Olenga, Midwife,
Kintambo Maternity Hospital



Photo: Ley Uwera

Creating Standards: The Training of Healthcare Providers

Growing up, Nsaka Nimi Igor had always wanted to be a doctor to assist thousands of patients and save lives. This would create a big impact to the DRC Society.

Igor achieved his goal of being a doctor. In 2019, he was among the 253 healthcare professionals who have been trained so far on the comprehensive abortion care (CAC) standards and guidelines.

“Thanks to the training courses in comprehensive abortion care, I have had access to practices that comply with international standards and requirements,” Dr Nasaka Nimi Igor said. “Knowing that today I can contribute to the protection of women thanks to the necessary knowledge acquired during the training courses is for me one of the greatest successes. As a healthcare provider, there’s nothing more important than the well-being of our patients”.

To ensure the full implementation of the Comprehensive Abortion Care Standards & Guidelines (CAC S&Gs), Ipas supported the Ministry of Health to develop management tools to facilitate CAC management and implementation within the facilities.

Ipas also supported in developing training tools, including a training curriculum for healthcare workers, medical school training curriculum and data collection tools to monitor and track abortion data.

The quality of care was assured through a Clinical Mentorship Strategy to support newly trained providers in developing competence and confidence in providing abortion services. These newly trained providers were also trained on how to supervise other health care providers so as to improve the quality of care and services offered to women.



Thanks to the support of Ipas DRC, the PNSR has developed standards and guidelines to better secure and supervise access to comprehensive, woman-centred abortion care in the DRC,” said **Dr. Anne-Marie Tumba**, Director of PNSR.

“PNSR is ready to support young people at all levels, equipping them with documents and evidence-based data to help them lobby decision-makers and donors,” she said.

Other healthcare professionals have also benefitted from the training courses ensuring that the healthcare professionals trained were from various stations of the health care ecosystem.

Dr Michael Mboma, a clinical mentor who plays a critical role was among those trained in comprehensive abortion care.



Clinical mentoring is a good way of facilitating communication between providers and women. We create a bridge and facilitate communication. Being a mentor is a great responsibility to our fellow providers but also to women: doing clinical mentoring allows me to better understand women’s reproductive rights and needs,” said **Dr. Michael Mboma**, healthcare provider, mentor since 2020.

Midwives were also among the healthcare providers who were trained. “As a health professional, it’s important to have skills that enable me to protect women’s rights to choose, but above all to contribute to reducing the maternal mortality rate, which is a public and reproductive health problem in the DRC. The training given by Ipas to public health experts in reproductive health has helped me to make decisions in favor of women when I’m faced with a woman who wants an abortion” shared **Aimée Olenga**, Midwife, Kintambo Maternity Hospital.

Investing in communities to build a Makoki Ya Mwasi reproductive justice movement

The DRC penal code (1940) prohibited abortion, even to save a woman's life. This ban, combined with religious beliefs and harmful social norms, has significantly reinforced stigma within communities. Access to accurate information on abortion was difficult to access, worsening the silence around sexuality and reproduction. The taboo

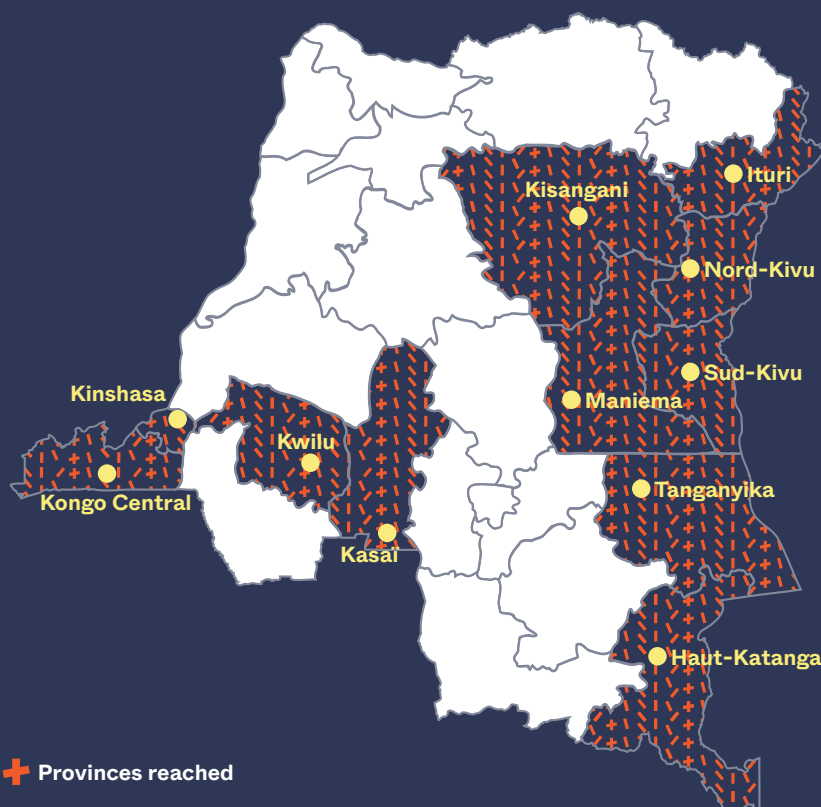
surrounding sexuality stems from a lack of information on sexual and reproductive health and stigmatization due to religious beliefs and harmful social norms; and the stigma is even greater in the case of abortion. Therefore, many women suffered from complications and did not receive the medical care they needed.

To break the silence on access to safe abortion, improve access to accurate SRH information, and shift social norms, Ipas DRC relied on strengthening community dynamics, local ownership, and the operational and programmatic capacity building of grassroots organizations through strategic partnerships and flexible grants.

Building & Sustaining the Abortion Movement in the DRC

Starting in Kinshasa, the Makoki ya Mwasi movement now covers 11 of the DRC's 26 provinces, making it one of the most significant women's rights advocacy movements with an intersectional focus, with the ambition to extend it to the remaining provinces and other countries in the African Great Lakes region. The extension of the movement to the African Great Lakes region will begin with Burundi, thanks to a partnership agreement signed between Ipas and the government of the Kingdom of the Netherlands.

Given the rising opposition to abortion, one of the core components of the Makoki Ya Mwasi movement is opposition monitoring. In the DRC and across its neighboring countries, the opposition takes multiple forms: political, social, institutional, community-based, and individual. Thus, the Makoki Ya Mwasi movement includes a multi-sectorial opposition monitoring task force comprised of trained and active community



leaders, youth, women, human rights activists, legal actors, and healthcare providers. The task force monitors the opposition online and within the community and is at the forefront of implementing communication

strategies that mitigate anti-rights and anti-SRHR opposition attacks within the country that can impact and even halt progress achieved thus far.



Everyone has the human right
to choose whether and when
to become pregnant.



The Makoki ya Mwasi Movement

Ipas, in collaboration with civil society and professional organizations, set up a feminist, intersectional and grassroots movement for reproductive justice called “Makoki ya Mwasi”, which means “women’s ability” in Lingala. This movement is essential to Ipas’ community

engagement, advocacy and opposition monitoring strategy. As an intersectional movement, Makoki ya Mwasi brings together youth-led and women-led organizations, male engagement networks, champions (Makoki ya Mwasi ambassadors), and professional organ-

izations such as women lawyers, magistrates, journalist’ networks, societies of midwives, and gynecologists; making them partners in the fight for women’s sexual and reproductive health and rights, including access to legal, safe and free-of-stigma-abortion care.

The Youth Sprint Movement

To ensure young people’s involvement in promoting sexual and reproductive health and rights, creating a safe space to express themselves and be heard, Ipas has supported the creation of a youth-led national coalition, the “Youth Sprint Movement.” The movement is comprised of 25 youth organizations across several provinces of the country. This movement is committed to expanding across the Great Lakes Region and growing its alliances for SRHR.

Ipas DRC trained more than 1000 youth in VCAT, shifting gears for behaviour change, how to communicate on abortion and GBV, conducting online SRHR awareness-raising campaigns, and monitoring opposition. These empowered and skilled youth are trusted members of their community and bridge the gap between the community and the health system by providing reliable SRHR information and referrals.

Through the Youth Sprint Movement, Ipas has:

- ✓ Secured youth involvement in the CAC S&Gs drafting process to ensure that the policy considered youth SRH needs
- ✓ Developed a user-friendly digital health solution called “Nurse Nisa” to improve youth and adolescents’ SRH information
- ✓ Improved the community referral pathway, by safely linking youth and adolescents to SRH services including abortion through the chatbot Nurse Nisa
- ✓ Improved communication skills of thousands youth intermediaries on the dissemination of SRH evidence-based information to eradicate myths and rumors through the online campaigns “Parlons Avortement” and “Solola Na Nurse Nisa”
- ✓ Raised funds to support interventions that promote access to SRH services for women and youth



Mashuuja in Kanyaruchinya camp, Goma

Let's Talk About Abortion!

Youth-led organizations across the Democratic Republic of the Congo (DRC) led an online campaign in 2020, 2021 and 2022—"Let's Talk About Abortion!"—to promote sexual and reproductive health and rights during the coronavirus pandemic and beyond. Using images with educational messages, the social media campaign provided information on myths and misconceptions about sexual and reproductive health—especially abortion.



 The campaign reached **316,306** people 



In our collaborative work, we have set up a referral network of young people involved in advocacy, community involvement and the referral of young girls and women to sexual and reproductive health services. Today, with the “positive masculinity” approach, the Mashujaa are gradually redefining gender norms in the region and specifically in the IDP camps, through dialogues with the community.”

Dr Simon Bine Mambo, Executive Director,
YARH-DRC (Youth Sprint Movement)

Safe Abortions – A right for Women

One 28 year old female survivor and member of the Mashujaa Network Referral is based at the Bulengo Camp for internally displaced people (IDP) in Northern Kivu – eastern DRC. Most have been displaced as a result of war in eastern DRC.

“After being raped while collecting firewood to feed my children, I later discovered I had become pregnant. In the camp, there are women who came to educate us about contraception and abortion services. I decided to seek help to have a safe abortion at a mobile clinic set up by Ipas” she told us.

She was among one out of every 10 women, who were treated at the clinic, and went ahead to have a safe abortion. This showed the need for safe abortion services in conflict areas.

Over four weeks, Ipas provided sexual and reproductive health care to displaced women and girls sheltering at the Kanyaruchinya and Bulengo camp, located in the Northern Kivu – eastern DRC.

The overall objective of the humanitarian response was to contribute to improving the

reproductive health of displaced persons in the Kanyaruchinya and Bulengo camp by providing safe abortion services in the face of the humanitarian crisis.

They identified Gender-based Violence (GBV) and abortion cases, then referred women to the Ipas Mobile Clinic for care services, and conducted post-care monitoring for adolescents and youth, and provided social support to women.



I was taken care of by a doctor who gave me comprehensive abortion care. I paid nothing.

28 year old survivor

Breakdown of the 2,377 people treated in the Bulengo IDP Camp

2,377

People Reached

1,854

Women Reached

1,786

Treated for Sexually Transmitted Infections

213

Safe Abortions

18

Treated for Sexual Violence

200

Received Hygiene Kits

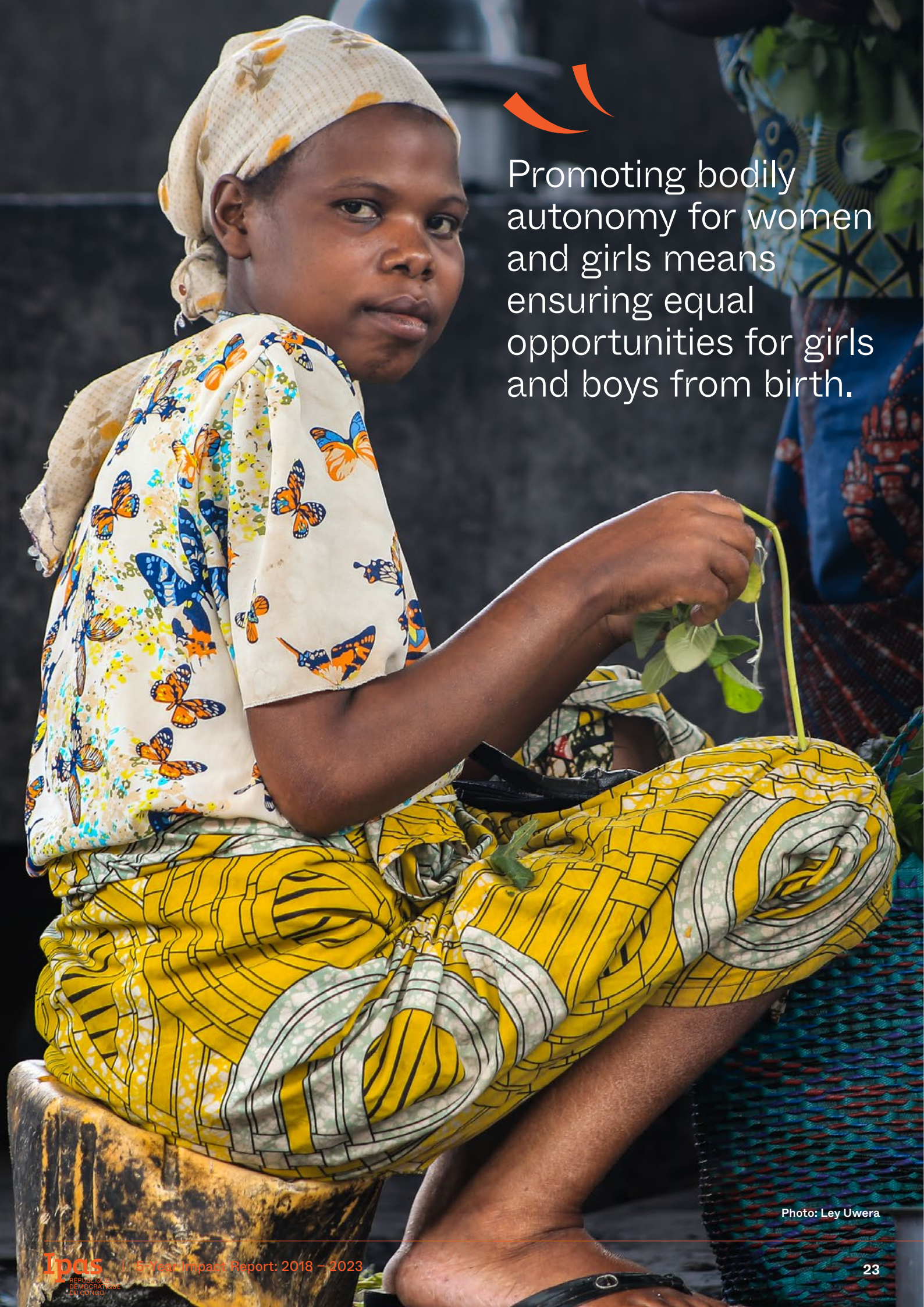
Photo: Joachim Baraka



The Mashujaa (Swahili for “heroes” who are the referral network used in the eastern part of the DRC serving as a bridge between the Ipas clinic and the community) and community relay collaboration succeeded in breaking down the barriers to safe abortion services for girls and women in the camp, as well as raising awareness of the Maputo Protocol.

“As Mashujaa, we are not just here to provide information on sexual and reproductive health rights. We are here to listen to these women and girls who were silenced and had no one who could understand them.”

Member of the Mashujaa Network Referral



Promoting bodily autonomy for women and girls means ensuring equal opportunities for girls and boys from birth.

Photo: Ley Uwera

Overcoming barriers and resistance in implementing the Maputo Protocol

Resistance to implementing the Maputo Protocol within the judiciary system, through arrests of health providers and abortion seekers despite the provisions of article 14 of this regional treaty, represents a significant barrier to accessing safe care and reinforces the use of unsafe methods.

Leveraging the strong partnership with the Superior Council of Magistrates (SCM), Ipas and partners has achieved the following:

- The release of an Executive Order by the Superior Council of Magistrates enforcing the immediate obligation of implementing the provision of the Maputo Protocol (art. 14) within the judiciary system and health system through the development of the CAC S&Gs
- The development of the Maputo Protocol Practical Facilitation Guide endorsed by the President of the Supreme Court, the Permanent Secretary of the Superior Council of Magistrates, and the Minister of Gender
- The training of 2861 magistrates, including twenty-six 1st President of the Court of Appeal, on the Maputo Protocol, building their understanding of the provisions of the law and its applicability in abortion-related cases
- The development of the Maputo Protocol FAQs Booklet, which serves as a resource on frequently asked questions about the Maputo Protocol for all stakeholders

Beyond the strong partnership with the Superior Council of Magistrates (SCM), Ipas also empowered judicial professional associations to improve the implementation of the Maputo Protocol, reduce stigma within the judiciary system, and strengthen accountability mechanisms.



The support provided to Women Lawyer Association (AFEAC) served to:

- Monitor the application of the Maputo Protocol within the judiciary system, ensuring its full implementation
- Strengthen the judiciary accountability toward communities

The support provided to the Magistrate Association served to:

- Conduct awareness-raising initiatives within the judiciary system
- Train fellow magistrates fostering peer-to-peer learning on SRHR legal framework
- Act as SRHR Champions advocating for improvement within the judiciary system

Sexual and Reproductive rights are essential, but it is important to also work for the full implementation of those rights in the DRC. Making abortion illegal does not reduce the number of abortions, nor does it deter women from having abortions. Any woman whose pregnancy is unintended and who cannot access safe abortion is at risk of serious complications.”

Télesphore Kavundja Maneno,
Chairman of the Court of Appeal



Women Lawyer Association (AFEAC)
during a VCAT session



Women and girls must be able to live without fear of gender-based violence, including rape and other forms of sexual violence.

Ipas staff in the Bulengo camp talking with women

Supporting accurate SRHR coverage in the media

In an effort to break the silence on abortion and promote SRHR, Ipas supported the creation of the SRHR Journalist Network (RJSSR) which focuses on dismantling myths and misinformation on SRH, increasing SRHR coverage in the media, and awareness-raising and advocacy through the dissemination of accurate SRHR information.

Over the past five years, Ipas collaborated with the SRHR Journalist Coalition Network to train new members and other journalism experts on the abortion VCAT with a special focus on combating SRHR misinformation through fact-checking.

Ipas trained 65 SRH journalists enabling the publication of over 500 articles and other media pieces on abortion, SGBV, reproductive justice, positive masculinity, and climate justice.

In collaboration with experts from the Ministry of Public Health National Program for Health Communication, Ipas developed a comprehensive communication plan on the Maputo Protocol and CAC S&Gs. The communication plan improved the government understanding of the provision of the Maputo Protocol, emphasized the commitment of the government, and ensured the availability of the services, and referrals pathway and social support to abortion seekers.



Journalists can bring about a significant change in perceptions and thus break the silence (on sexual and reproductive health rights). That's why, it is essential to strengthen the capacity of journalists working within the health sector because they influence the way in which women, men, and youth access care."

Christian Bosembe, President of CSAC (Superior Council of Communication and Audiovisuals)



Members of the Journalist Coalition Network participating at a VCAT session

65

Journalists and experts trained on safe abortion as a policy, health, and social issue

Improving access to safe abortion care and information

The 122-Gender Based Violence hotline

Through the 122-Gender Based Violence (GBV) hotline, Ipas, in collaboration with the Embassy of the Netherlands, has supported the President's cabinet to fulfil the promises of the Maputo protocol, by linking GBV survivors to abortion care. The 122-GBV hotline connects callers to the One-Stop Centers to receive abortion and GBV services in Kinshasa. Callers can dial 122 on their mobile phone from across any network to access the service.

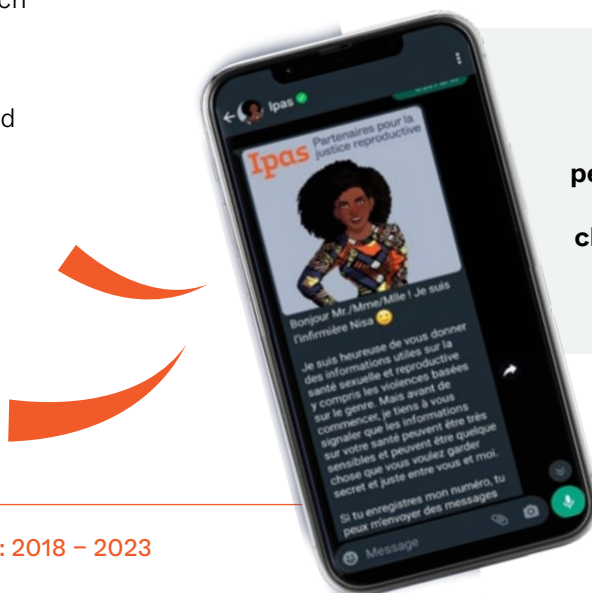
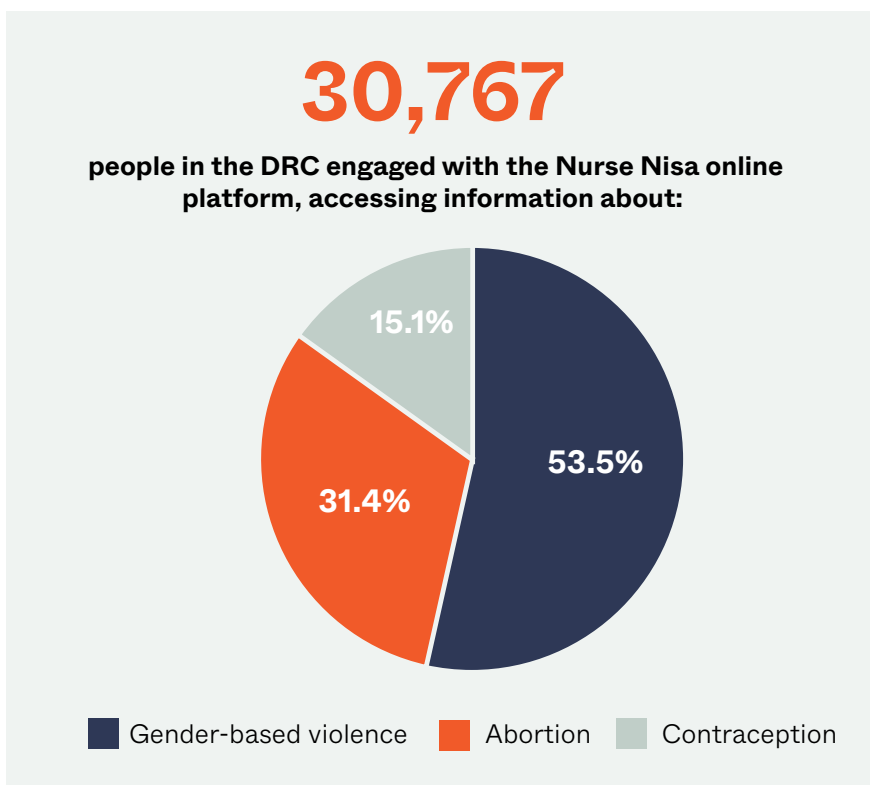
24,634 have received reliable information through the 122 GBV hotline, with 432 women and girls referred by the 122 GBV hotline received comprehensive abortion care in the One-Stop Centers.

Chatbot Nurse Nisa

Nurse Nisa a user-friendly digital health solution designed to simulate a WhatsApp text chat between a trained health provider and a person seeking health information. Nurse Nisa is programmed to address frequently asked questions about contraception and self-management of abortion with pills.

Vulnerable populations often lack a private and discreet way to obtain important information on abortion and contraception so Nurse Nisa provides a private way of accessing this information. Information is provided instantly and the content is fully customizable to the local context. The Nurse Nisa prototype was produced in three countries – including Kenya and the DRC – and in English, French and Swahili.

53.5% of people accessed information about gender-based violence, 31.4% about abortion and 15.1% about contraception.



19,058
people in the DRC reached through the Nurse Nisa chatbot providing abortion and contraception information.

Shifting power to grassroots organizations and strengthening operational capacities

Over the past five years, Ipas DRC has provided nearly \$2M to 25 grassroots organizations, including \$800,000 in flexible funds to strengthen their operational and programmatic capacity and \$1.2M to implement activities through co-creation, participative planning, learning, and sharing.

\$2M

Ipas DRC
grants provided
to local organizations

25

Local Organizations
Ipas has supported



“As a member of Youthsprint, the financial support from Ipas has enabled us to do more activities. When we were each in our own organization, even if we did some activities, we were somewhat limited by lack of resources. Thanks to IPAS’s support, our scope of action has widened, and we now have enough resources to supply all our provinces (Kinshasa, Kongo Centra, Kasai Oriental and South Kivu)”.

Oracle Itoko, ASRJ member de Youthfim



We want to look ahead to the next few years and identify how we can continue to work together with government, partners, and donors to strengthen women's bodily autonomy and agency

Dr Jean-Claude Mulunda Director, Ipas DRC

Looking Ahead

Completing the sustainable abortion ecosystem in DRC

The transition to providing complete provisions for safe abortion services is now within reach, but not without its own set of unique and complex challenges.

Firstly, the capacity of the country's health system – at both primary and referral levels – must be more robust to ensure the provision of post-abortion care is in line with international standards. Nurses and midwives must train in the medicalized practice of Manual Vacuum Aspiration (MVA) and the use of misoprostol for uncomplicated incomplete abortion, as recommended by the relevant guidelines.

However, a robust healthcare system is only effective if those who need it can use it. This is why we need to make post-abortion care services more affordable to the women who need these services.

Investing in family planning services to prevent unplanned pregnancies will be critical. This means sustaining recent efforts to improve access to and uptake of contraception

to support women in avoiding unplanned pregnancies and unsafe abortions. These efforts should aim to improve the quality and consistent availability of a wide range of methods in public-sector health facilities while ensuring the provision of affordable options of acceptable quality. Services must adapt to the needs of young women, and communities must be informed about the methods available. Ipas will continue transforming policy and legislative change into services for women (e.g., health system strengthening, CAC S&Gs, ASC), including in humanitarian areas.

Community engagement, particularly youth engagement, will remain the cornerstone of our approach. We will develop tools to strengthen the capacity of the civil society movement and monitor the opposition.

Ipas will continue to maintain government and stakeholder momentum to strengthen national ownership and build a reproductive justice movement that fits into the socioeconomic and cultural context of the DRC.

Through the Makoki Ya Mwasi Movement, we envision a DRC where every woman can freely decide about their body, life, and future through sustainable, resilient, and gender-responsive social systems. We will continue to engage with men to advance women's rights, including abortion rights and advancing positive masculinity.

We are looking for a better harmonization of the law and exploring how to make domestic laws more progressive in this area. We will continue to monitor the domestication of the Maputo Protocol through our collaboration with the Minister of Justice.

We will continue to identify, train and support healthcare systems and community leaders and strengthen access to accurate and reliable SRHR information to improve women's knowledge and agency.

For the years to come, Ipas will work on data collection and tools to generate evidence to inform programming, support advocacy, and experience sharing within the wider French-speaking region.

Our Partnerships

In five years, Ipas succeeded in ensuring that sexual and reproductive health issues – and abortion care in particular – were taken into account thanks to the trust, the commitment and the strong collaboration with the Congolese government through the Ministries of Justice, Gender, Health and Youth.

The promotion of sexual and reproductive health rights was made possible through the financial support of our donors namely the governments of Sweden, Canada, United Kingdom of Great Britain, Norway and the Kingdom of the Netherlands, as well as Packard Foundation and the anonymous donors.



Signature of the partnership contract between the Netherlands Embassy to the DRC and a consortium led by Ipas comprising DKT DRC, MSI DRC, Youth Sprint, AFIA MAMA, Women Lawyer Association (AFEAC), and the Magistrate Association.



The Embassy of Sweden is very proud of the partnership with Ipas DRC. A lot of progress has been made since 2018.”

Joachim Beijmo, Ambassador of Sweden to the DRC

“There is a very high rate of maternal mortality partly caused by clandestine abortions, and it is important that all of us – civil society organizations, government, public and private institutions, and philanthropists – work together to ease access to safe abortion and thus reduce maternal mortality as a result.”

Piter Pals, Policy Advisor, Embassy of the Kingdom of the Netherlands in the DRC

Governmental Partners



Donors



Our Leadership

To make the most of the collective power of our global network, Ipas practices shared leadership—an organizational philosophy that broadly distributes authority and responsibility and moves decision-making closer to where our work is done. This enables a more collaborative and democratic way of working and gives more authority and responsibility to staff and leaders who work at the level closest to the people we serve.

Senior Leadership

Dr. Jean-Claude Mulunda,
Country Director, Ipas
Democratic Republic of Congo

Dr. Mike Mpoyi,
National Program Manager, Ipas
Democratic Republic of Congo

Hélène Bampengesha Mpinda,
Financial Director, Ipas
Democratic Republic of Congo



Civil Society Organizations



Coalition



Professional Organisations



Men Engage



Glossary

CODESA

Community agents who act as a bridge between the community and the health system. During awareness campaigns in the community, they make referrals, advising the community where to receive care.

Community Relay

RECO (Relais Communautaire, in English “Community Relay”), this is an organ of the health system that is based at the community level and attached to health centers. Their principal role is health education.

Makoki ya Mwasi

A Lingala term loosely translated as “the rights of women”. Makoki ya Mwasi brings a new vision of a DRC where every woman, regardless of her social and ethnic class, has the potential to achieve all her social, cultural, economic, and political goals.

Mashujaa

A Swahili term meaning “heroes”, it refers to the referral network used in the eastern part of the DRC serving as a bridge between the Ipas clinic and the community.

Mifepristone

Mifepristone is used in combination with misoprostole in early pregnancy to induce abortion.

Misoprostol

Acts as a potent uterine stimulant to cause contractions to end a pregnancy.

Positive Masculinity

Positive masculinity represents a transformative approach that seeks to redefine and promote the roles, behaviors and expectations associated with masculinity. It moves away from traditional norms that often perpetuate rigid stereotypes and toxic expectations of men, to embrace a more egalitarian, respectful and enlightened vision.

PRESICODESA

The President of the CODESA.

Reproductive Justice

Relates to both access and rights of reproduction, while also addressing social, political and economic systemic discrimination and inequalities that affect women’s ability to control their reproductive lives.

Referral mechanism

A mechanism that sets up a network of intermediaries such as the “the Mashujaa” to advocate and encourage women, provide information to the community on safe abortion and standards in this area, accompany and refer women to sites and access points to abortion products but also serve as an unconditional support for women who face legal threats for having recourse to safe abortion.

Value Clarification for Action Transformation (VCAT)

Abortion Values Clarification for Action and Transformation (VCAT) is a curriculum designed to support groups in examining the individual and collective values, attitudes and beliefs related to abortion.

¹Burkhardt, G. et al. (2016) ‘Sexual violence-related pregnancies in eastern Democratic Republic of Congo: a qualitative analysis of access to pregnancy termination services’, Conflict and Health, 10(1). <https://pubmed.ncbi.nlm.nih.gov/28031743/>

²WHO (2023) ‘Maternal mortality: The urgency of a systemic and multisectoral approach in mitigating maternal deaths in Africa’ https://files.who.int/afahobckpcontainer/production/files/iAHO_Maternal_Mortality_Regional_Factsheet.pdf



Photo: Ley Uwera



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Makoki ya Mwasi



Makoki ya Mwasi