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SOME PROGRESS IN DRC IN ADDRESSING NEEDS OF WOMEN AND GIRLS

The Democratic Republic of Congo (DRC) is making some progress in addressing the problems women and girls face in accessing HIV service.

Although there have been some successes – such as more women accessing antiretrovirals (ARVs) – many challenges remain, particularly with respect to prevention. Cultural, behavioral and social factors combine to restrict the access of women and girls to HIV prevention services. In 2014, the DRC was in 149th place (out of 155 countries) on the UNDP's gender-based [inequality index](#).

According to the concept note submitted by the DRC, women are victims of sexual or physical violence by their husbands or partners, and harmful traditional practices such as levirate (where a man is obliged to marry his brother's widow). The DRC is one of 22 countries in which 90% of the needs of pregnant women concerning prevention of mother-to-child HIV transmission are not being met. HIV prevalence among women remained unchanged between 2007 and 2013 (1.6%), while in the case of men it went down slightly (from 0.9% to 0.6%). The prevalence of HIV among sex workers is 6.9%.

In addition, in conflict areas, there are “groupes armés” where rape is frequently used as a weapon of war.

Between 2010 and 2014, the percentage of women living with HIV in the DRC who accessed treatment increased from 11% to 28%.

Concept note

The Global Fund initially reviewed an HIV concept note from the country coordinating committee (CCM) in

January 2014. (The DRC was an early applicant in the transition phase of the new funding model.) The Technical Review Panel (TRP) and the Grant Approvals Committee (GAC) sent the proposal back for iteration, requesting that the country present an integrated TB/HIV concept note to foster greater integration of services and collaboration between partners. An integrated TB/HIV concept note was submitted in August 2014.

During the country dialogue that preceded the submission of the integrated TB/HIV concept note, the CCM decided that much more needed to be done to reduce new infections and mortality rates among women (and key populations).

The integrated funding request included modules specifically on the prevention of mother-to-child transmission and prevention for sex workers. In addition, cross-cutting interventions on gender and human rights were included. The section on human rights contained the following strategies:

- the creation of a more enabling environment for persons living with HIV and sex workers (among others);
- psychosocial care for vulnerable individuals, with a focus on the legal and legislative framework, involving the review and reform of laws, regulations, and policies; and
- awareness raising of legislators and police and prison officials regarding the availability of HIV-specific legal services.

The following activities targeting women and girls specifically were also included in the concept note:

- promoting greater empowerment for women;
- strengthening women's capacities to negotiate and make their own decisions; and
- lobbying to promote female leadership.

When it reviewed the concept note, the GAC requested that during grant-making the country focus particular attention on the issues of women and girls, and better integrate activities addressing gender-based violence when designing its programs. The GAC also requested that operational plans be developed for key populations, including transgender people and sex workers.

During grant-making, the CCM requested the support of several national and international consultants, including Enda Santé Dakar and John Hopkins University, to help the country meet the GAC recommendations. The consultants were tasked with carrying out an exercise involving mapping and estimating the size of key populations.

Therese Omari, a member of the CCM, told Aidspace that "after several consultations, and based on our national context, we have decided to strengthen the community component in order to enhance and expand quality HIV/AIDS services for key populations including women and girls." Omari said that this strategy would also help the DRC address stigma, discrimination, and violence against key populations. "Ultimately," she said, "we seek to create quality service delivery that leads to increased HIV testing, improved linkage to HIV prevention and treatment services."

In order to strengthen the community component, a strong collaborative relationship with key population-led community organizations will be developed.

According to one of the grant confirmations, there are three principal recipients (PRs) implementing HIV programs in the DRC: the Ministry of Health; and SANRU and Cordaid, both NGOs. The MOH is in charge of training and monitoring health personnel, implementing a technical assistance plan, and conducting some of the research studies. SANRU and Cordaid focus on prevention and treatment activities; and the purchase, transport and delivery of health products.

The start date for the SANRU and Cordaid grants was 1 July 2015. Aidspace was not able to find any record on the Global Fund's website of an active HIV grant for which the PR was the MOH.

Grant implementation

The sub-recipients for the SANRU and Cordaid grants have all been selected. They have completed the recruitment of additional personnel within their organizations, and the acquisition of equipment such as vehicles. Training of peer educators is underway.

The mapping of key populations and size estimation has been completed in the city of Kinshasa. It will continue in four other provinces (Kasai-Oriental, Katanga, Maniema, and Orientale).

A pilot program on teenage girls has been established. It is aimed at reducing gender-based violence. It will be implemented in the same locations mentioned above (including the conflict zone in Maniema and Orientale provinces). The main activities include: establishing friendly centers for teenage girls that will allow them, under the guidance of a mentor, to discuss their experiences, share information and develop self-esteem; providing information and education, including behavior change communication; providing condoms; and organizing psycho-social support groups for women who have been the victims of sexual violence.

Cordaid and SANRU, which have experience in implementing humanitarian actions, will work with community based organizations to contribute to reducing the risk of sexually transmitted HIV and other sexually transmitted infections, as well as testing potentially HIV-infected people and guiding those who test positive towards ARV treatment.

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