



2015-2025

Sexual and Reproductive Health Rights for Adolescents and Youth in Kinshasa

PATHFINDER



📍 The David & Lucile Packard Foundation

Sexual and Reproductive Health Rights for Adolescents and Youth in Kinshasa (DSSR Ado-Jeunes)

GOAL

To ensure equitable and universal access to quality sexual and reproductive health (SRH) services, including comprehensive abortion care (CAC), for young people aged 15 to 24 by strengthening the health system, mobilizing the community, and advocating for the rights of all.

PRIMARY OBJECTIVES

1. **Ensure continued access to quality SRH services**, including abortion care, for young people in Kinshasa
2. **Reduce psychosocial barriers to accessing SRH services** through community-based activities
3. **Improve the legal framework for comprehensive SRH services**, including CAC

10 years of implementation

PHASE 1
Jan. 2015 – Dec. 2016
Development of Youth Corners

JANUARY 2015

PHASE 3
Jan. 2019 – Dec. 2020
Improving inclusion in partnership with young people with disabilities

JANUARY 2019

PHASE 5
Nov. 2022 – Oct. 2024
Training providers in sign language

NOVEMBER 2022

PHASE 2
Jan. 2017 – Dec. 2018
Implementation and evaluation of the unsafe abortion harm reduction pilot

JANUARY 2017

PHASE 4
Jan. 2021 – Oct. 2022
Evaluation of the Youth Corner approach

JANUARY 2021

PHASE 6
Nov. 2024 – Oct. 2025
Transition project to government and local organizations

NOVEMBER 2024

INTERVENTION AREAS

Six health facilities (HF) in three health zones (HZ) in Kinshasa: Masina 1, Matete and Ngiri-Ngiri.



Kinshasa

Democratic Republic of the Congo



Beatrice Nday Wa MBAYO (left) and Albertine MAVINGA (right), DSSR Ado-Jeunes project managers.

Development of Youth Corners

KEY ACTIVITIES

Objective 1: Strengthening SRH service provision

- Selected 6 HFs and established one Youth Corner per facility
- Developed a clinical curriculum on youth-responsive post-abortion care (YR-PAC)
- Conducted foundational provider trainings on AY-PAC and GBV survivor care
- Conducted awareness-raising sessions with non-medical facility staff on adolescent and youth's sexual and reproductive health rights (SRHR)
- Equipped HFs with PAC procedure kits and contraceptive commodities

Objective 2: Reducing psychosocial barriers

- Conducted a knowledge, attitudes and practices survey among 503 young people in the 3 HZs
- Established partnership with the youth organization Si Jeunesse Savait (SJS)
- Trained youth association members working on SRH community awareness with support from SJS
- Training 6 youth clubs in the 3 HZs

Objective 3: Improving the legal framework

- Established partnerships with local associations: Ligue de la Zone Afrique pour la Défense des Droits des Enfants Etudiants et Elèves (LIZADEEL) and the Cadre Permanent de Concertation de la Femme Congolaise (CAFCO)
- Created and trained the core SRH advocacy group, supported by CAFCO
- Referral and assistance for GBV survivors to social, legal and psychosocial services, supported by LIZADEEL

KEY RESULTS

- ✓ **6 Youth Corners established** in the 6 HZs and equipped to provide comprehensive SRH services adapted to the needs of young people
- ✓ **36 advocacy meetings with 70 community leaders** using the values clarification approach on gender, GBV and abortion
- ✓ **56 youth GBV survivors received legal assistance** as a result of the project

Stories from Phase 1

Since the Youth Corner opened, I've been participating in activities twice a month. I appreciate the warm welcome from providers and the good advice they give us. I didn't know much about sexuality, but now I'm well informed and I take my girlfriend with me. We use double protection, as advised, and are happy in our relationship.

My little sister is 15 and, when she was two months pregnant, her boyfriend took her to a traditional healer to induce an abortion. I stopped them from carrying out a risky abortion that could have put my sister's life in danger. I convinced my sister to go and meet the providers at the Youth Corner, where we were told about the harm reduction program.

I told her that she could get good advice from these providers and that she could make an informed decision about her pregnancy and her future without risking her health and safety. I've already lost my older sister and a good friend who had risky abortions that cost them their lives because they couldn't afford to go to a health care provider. I don't want to lose my little sister the same way; Here she is safe. **[translated from Lingala to French to English]**

Provider
Aux Bons Soins Health Center

Implementation and evaluation of the unsafe abortion harm reduction pilot

KEY ACTIVITIES

Objective 1: Strengthening SRH service provision

- Partnered with the International Youth Alliance for Family Planning (IYAAP) to establish a mentoring program for FP Youth Champions
- Led awareness-raising campaigns on SRHR and youth responsive services
- Established a referral system for youth responsive services
- Implemented and evaluated an unsafe abortion harm reduction (HR) pilot in the 6 HFs

Objective 2: Reducing psychosocial barriers

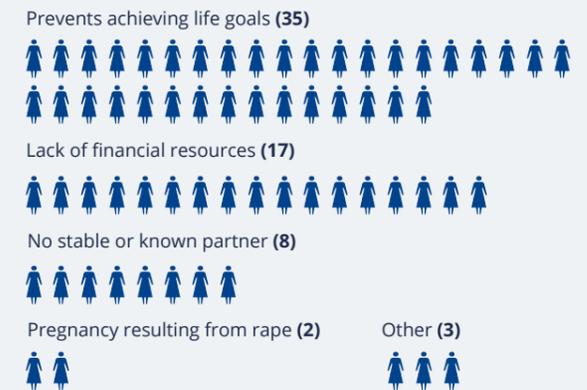
- Trained 15 police officers on GBV services and the referral system for survivors needing PAC
- Organized a workshop with school administrators in the three HZs to raise awareness of the now-available GBV and AY-PAC services
- Organized SRH education sessions in these same schools

Objective 3: Improving the legal framework

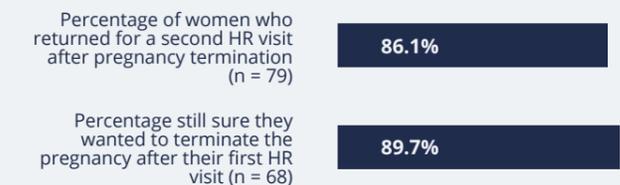
- Strengthened the network of advocacy organizations working towards effective implementation of the Maputo Protocol
- Established partnership with the Coalition de Lutte Contre les Grossesses Non Désirées (CGND) to organize a conference-debate on abortion decriminalization

KEY RESULTS

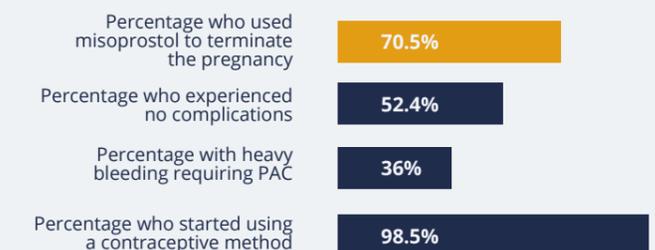
Reasons cited for wanting to terminate the pregnancy, among pregnant clients seen across the 6 HFs, aged 15 to 24 (n = 65)



Among all clients who participated in the HR pilot



Among clients who participated in the HR pilot and terminated the pregnancy (n = 68)



Stories from Phase 2

I don't know how to thank the doctor, he saved my life. I was forced to marry my uncle, who is 20 years older than me, for a debt I don't even know where it came from. My uncle told my parents he was taking me to Kinshasa to study, but I was surprised when he took me to a friend's house. I was pregnant and didn't want to have this child. I came to this facility to ask for help. The guard at the door told me to talk to the doctor and he explained my right to not want this child. I took the pills and now I can go back to my family and go back to school. **[translated from Lingala to French to English]**

Youth HR pilot participant
Matete Health Zone

Improving inclusion in partnership with young people with disabilities

KEY ACTIVITIES

Objective 1: Strengthening SRH service provision

- Ongoing strengthening of Youth Corner SRH services, including ongoing CAC training for providers
- Collaborated with IYAAP to facilitate access to services for vulnerable young people, especially youth in the deaf and hard-of-hearing community and youth with albinism

Objective 2: Reducing psychosocial barriers

- Collaborated with IYAAP to create a youth advisory board for inclusive project management
- Trained advisory board members in advocacy, leadership and negotiation techniques

Objective 3: Improving the legal framework

- Organized orientation and training meetings on the new abortion law
- Served as a key member of the CGND, who supported the Programme National de Santé de la Reproductive (PNSR) in developing the country's first CAC clinical standards and training materials

KEY RESULTS

- ✓ **144 young people from the albino community consulted** to understand their needs and plan future activities
- ✓ **20,038 young people reached by community SRH awareness-raising activities**, including information on CAC
- ✓ **1 successful advocacy campaign that led to the publication of the Maputo Protocol in the Official Journal of the DRC**, authorizing abortion in cases of rape, incest, or danger to a woman's physical or mental health

The story of Edith, a courageous advocate for discrimination-free SRH services

Edith Matondo is a 20-year-old woman selected by IYAAP to sit on the project's youth advisory board. She is one of the most active members of the Mwimba Texas Foundation. Edith immediately integrated into the advisory board and quickly understood the Packard project's objectives. She is a strong, independent young woman with all the qualities of a good leader. She participated fully in the trainings on leadership and advocacy for young people's reproductive rights all while she was in the middle of exams at the university where she was studying.

The project selected her among four other young people from the advisory council as youth representatives for the National Family Planning Repositioning Conference. Edith worked at the project stand before and during the conference itself. She welcomed government officials who visited the booth and shared communication materials on the project's work to improve the SRH of all adolescents and young people, with a focus on disadvantaged populations including people with albinism.

For more information on Edith's story, [please see this blog post](#) or the short interview available [through this link](#).



Edith MATONDO
Fondation Mwimba Texas

Evaluation of the Youth Corner approach

KEY ACTIVITIES

Objective 1: Strengthening SRH service provision

- Trained 10 provincial trainers in youth responsive SRH services, including the new CAC clinical guidelines. These trainers then trained an additional 30 providers in Kinshasa
- Implemented an evaluation of the Youth Corner approach in collaboration with researchers from the Programme National de Santé de l'Adolescent (PNSA)
- Implemented an assessment to identify SRH needs among marginalized youth

Objective 2: Reducing psychosocial barriers

- Integrated young leaders from disabled and marginalized youth organizations into the peer educator network and project advisory board
- Strengthened peer educator capacity through the youth mentoring program and quarterly supervisions conducted by youth mentors, HZ officials, and the PNSA
- Introduced a service voucher system allowing participants to receive free SRH services project-supported HF's

Objective 3: Improving the legal framework

- Collaborated with the CGND to advocate with the government's Commission Service to validate the new CAC clinical standards
- Integrated disabled and marginalized youth organizations into the CGND

KEY RESULTS

- ✓ **16,968 young people visited a Youth Corner...**
 - **14,109** received FP counseling
 - **4,443** received STI/HIV prevention services
 - **312** received GBV services
- ✓ **DRC's first national CAC clinical standards and training materials validated**, following years of advocacy by the CGND coalition

Illustrative quotes from the Youth Corner evaluation

For me, there's a big difference. In a health center that has a Youth Corner, we give advice and teach about disease prevention, whereas in the health center that doesn't have a Youth Corner, we don't do anything apart from treatment. We prefer the Youth Corner for advice and information because prevention is better than cure.

DSSR Ado-Jeunes youth participant
Matete Health Zone

It's clear to see that young people are following our advice. We see the questions they ask, the changes in their behavior, the interest they have in issues related to sexual and reproductive health. Lastly, we see them frequently asking for condoms at the Youth Corner, when before they didn't use them.

DSSR Ado-Jeunes peer educator
Ngiri-Ngiri Health Zone

Stories from Phase 4

When a girl with an unwanted pregnancy comes to us for advice, we tell her to keep the pregnancy and start prenatal consultations... but if she wants an abortion, we help her because we're trained to do that. If we refuse to do so, she'll go to untrained people and come back to us with complications that are often difficult to manage.

Provider
Ngiri-Ngiri Health Zone

Training providers in sign language

KEY ACTIVITIES

Objective 1: Strengthening SRH service provision

- 20 HF providers trained in sign language
- Ongoing strengthening of quality SRH service provision, including CAC and GBV services
- 21 project-supported HF providers trained in stock and supply chain management
- Renovations to 6 Youth Corners



Providers during a sign language training

Objective 2: Reducing psychosocial barriers

- Developed SRH digital awareness campaigns in partnership with Magic Media
- Ongoing peer educator capacity-strengthening via the youth mentoring program and quarterly supervisions
- Distributed 7,797 service vouchers to youth as part of community-based activities



Participants and members of the DSSR Ado-Jeunes consortium during a community activity at a church in the Massina HZ

Objective 3: Improving the legal framework

- Developed the project's sustainability plan in collaboration with the PNSA and PNSR
- Revitalized the youth advisory council with the participation of nine youth organizations

KEY RESULTS

- ✓ **92 young people received comprehensive abortion care** after visiting a Youth Corner supported by the project
- ✓ **68 young people from the deaf community received SRH services** without the need for interpreters
- ✓ **648 young survivors of GBV received clinical services** at Youth Corners

Stories from Phase 5

I'm glad I took the sign language training, because it was the response to a concern I had that was very important to me. Once, a young deaf woman came to give birth at our center. I didn't know how to help her effectively, as she spoke to me in sign language and I didn't understand a word. The interaction was very confusing and I found it very distressing. Today, I've just taken the sign language course and I'm very proud of it, because I'm going to start receiving deaf patients, talking to them without intermediaries and providing appropriate care in complete confidentiality.

Provider
Malaika Medical Center

Transition project to government and local organizations

KEY ACTIVITIES

Objective 1: Strengthening SRH service provision

- Collaborated with the PNSA and PNSR to implement the sustainability plan such that Youth Corner services continue beyond the life of the project
- 31 project-supported providers and peer educators received refresher training on effective communication skills and use of SRH job aids for FP counseling, community outreach, and home visits
- Youth Corners continue to be a space for inclusive SRHR discussions and learning, including four community-based, youth-led discussions held this phase

Objective 2: Reducing psychosocial barriers

- Financial mobilization and advocacy efforts strengthened 21 local organizations representing various marginalized groups of young people

Objective 3: Improving the legal framework

- Organization of an end-of-project webinar in collaboration with the PNSR and PNSA to share the project results, lessons learned, and recommendations. This webinar brought together the main stakeholders involved in project implementation, as well as NGOs working with marginalized youth and partner health centers.
- Project documentation efforts concluded with the publishing of a final report, legacy brief, and blog

KEY RESULTS

- ✓ **Co-creation of a stakeholder commitment document**, ensuring continuity of SRHR service delivery for young people as well as consistent availability and fairly-priced SRH commodities in project-supported HZs
- ✓ **48 peer educators integrated into HZ community outreach units**, participating in community health planning and oversight activities

Stories from Phase 6

I am a Medical Doctor assigned to PNSA Coordination. I have been involved throughout the implementation of this project, which unfortunately concludes in 2025. Today, I participated in the dissemination meeting of the Sustainability Plan developed from the Packard project's achievements over its ten years of implementation in Kinshasa. I feel both immense pride in the remarkable work accomplished and a real concern about whether we, as government, will be able to take full ownership of these hard-earned gains.

That is why I call on all stakeholders, as outlined in the sustainability plan, to fully assume our responsibilities—so that this 'child' we are entrusted with does not die but continues to live and thrive for the benefit of our youth, without any discrimination.

We extend our sincere thanks and congratulations to Pathfinder for these tremendous accomplishments, and we encourage other partners to follow in the same direction.

PNSA Official

10 lessons learned

from 10 years implementing alongside youth partners

- 1** Despite mixed evidence on the effectiveness of separate spaces for youth SRH services, this particular Youth Corner model proved effective in providing quality information and services to young people in three health zones in Kinshasa.
- 2** The creation of the Youth Advisory Board and the peer educator mentoring program were two essential elements in ensuring youth leadership, engagement in Youth Corner activities and the ultimate success of the model.
- 3** The challenges of providing access to quality SRH services for young people with disabilities are enormous. This project demonstrated that a youth-centered, participatory approach achieved promising results in meeting the needs expressed by young people themselves.
- 4** Our guiding principles of listening to young people, hearing their needs without judgment, and co-leading alongside youth were essential to the project's success.
- 5** As national policy on abortion evolves, it is essential to plan for dedicated and ongoing time for provider refresher trainings. Annual trainings built into the project from inception helped Youth Corner providers smoothly transition from provision of youth responsive PAC services to the unsafe abortion harm reduction model, to finally being able to offer comprehensive abortion care as the policy environment becomes less restrictive.
- 6** The changing legal environment on abortion made the HR approach less necessary over time. Nevertheless, results were promising. Advocates working in more restrictive contexts for abortion provision should explore the possibility of implementing a similar approach.
- 7** The collaboration of several local and international partners finally led to the actual implementation of the Maputo Protocol, after years of advocacy. Movements to expand access to CAC in other countries have much to learn from this collaborative approach in the DRC.
- 8** Close collaboration from the outset with the PNSA and PNSR was a key factor in the project's success. The PNSA praised the project for its long-term commitment and flexibility, including the integration of PNSA strategic priorities into project work plans. This enabled greater progress towards collective priorities.
- 9** Flexibility in funding mechanisms and donor requirements were key factors in ensuring the project remained focused on the diverse needs of young people. This model should be considered an exemplar for trust-based philanthropy.
- 10** The creation of a sustainability plan and dedication of the final project phase to its implementation were recognized by the PNSA as a best practice for others to follow in the future.

Pathfinder expands access to sexual and reproductive health services, opening the door to opportunities for women and all individuals to thrive—economically, educationally, and civically. Driven by our country-led leadership and local community partners, Pathfinder brings together a suite of services and programs that enable millions of people to choose their own paths forward.

pathfinder.org

The photos in this brief were taken DSSR Ado-Jeunes staff and enhanced with AI.

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