

LES AILES DU COEUR

FP2020 COMMITMENT



About the commitment-maker:

Primary Organization Name	LES AILES DU COEUR		
Headquarters Location	KINSHASA, DRC		
CEO/President Name	PRISCA MANYALA		
Point of Contact (POC) for Communications related to commitment	Title	Email	Phone
	Reproductive Health and rights Program Manager	castromusafiri@gmail.com	+243824022283
<i>If this is a multi-partner coalition based commitment, specify the other organizations that are part of this commitment in the following rows. (Please submit only one form per commitment.)</i>			
Organization 2:			
Organization Name			
Headquarters Location			
CEO/President Name			
Point of Contact (POC) for Communications related to commitment	Title	Email	Phone
Organization 3:			
Organization Name			
Headquarters Location			
CEO/President Name			
Point of Contact (POC) for Communications related to commitment	Title	Email	Phone
<i>Insert additional lines as needed.</i>			

This commitment is a... (check all that apply)

<input type="checkbox"/>	Commitment building on a prior commitment to the first <i>Global Strategy on Women's and Children's Health (2010-2015)</i>
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<input checked="" type="checkbox"/> New commitment to the <i>Global Strategy on Women's, Children's and Adolescents' Health (2016-2030)</i>
Commitment to a specific supportive initiative: <input checked="" type="checkbox"/> Family Planning 2020 <input type="checkbox"/> A Promise Renewed <input type="checkbox"/> Every Newborn Action Plan <input type="checkbox"/> Other:

Type of Commitment (check all that apply)

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	<i>Financial</i>	X	<i>Research</i>	X	<i>Monitoring & evaluation</i>
X	Scaling-up programming	X	Issue and policy advocacy		<i>Technical assistance</i>
X	Education and Training		<i>Political mobilization</i>	X	Direct provision of services and/or products
X	Health systems strengthening		<i>Innovation for RMNCAH</i>		<i>Policy</i>
	<i>Cross-sectoral (please specify)</i>		<i>Others (please specify)</i>		<i>Others (please specify)</i>

Please describe your commitment below using the SMART principles, i.e. Specific, Measurable, Achievable, Realistic and Time-Bound

<p>Les Ailes Du Coeur commits to accomplishing the following by December 2020:</p> <p>POLICY & POLITICAL COMMITMENTS:</p> <p>Training 260 young leaders (18-30 years old) across DRC with relevant skills in evidence based adolescent health advocacy and accountability to advocate at national and sub-national levels to make adolescent health, particularly sexual and reproductive health, a priority on roadmaps by 2020 (The DSCR 2017-2021, the PNDS 2016-2020). We commit to offering ongoing support to enable youth to gain the skills, knowledge and resources they need to understand and advocate for comprehensive sexual and reproductive health and rights through sub-national workshops.</p> <p>Then later, the 260 trained young leaders will conduct 40 advocacy activities addressing the suppression of barriers such as meetings with members of parliament on topics like age restrictions, parental or marital consent, talks with confessional leaders (churchmen and women) about access to comprehensive sexual education, integrated youth- friendly information and contraceptive and safe abortion services, roundtables with public and private sector on method restrictions based on parity, financial resources, to help prioritize Adolescents and Youth's reproductive health and rights on the national agenda</p>

Output: Up to 260 young leaders (18-30 years old) are strengthened and equipped with relevant skills in evidence based adolescent health advocacy and accountability

Outcome: 102.000 adolescents/young people impacted or sensitized by the 260 leaders' advocacy activities and 520 leaders with high influence touched by the advocacy of 260 young leaders

Indicator:

- Number of young leaders trained across the country

Results from pre/post-test of youth knowledge before and after specific workshops, to help us measuring the progress made by attendees after they're provided skills on advocacy, communication and public-speaking art. To do so, the pretest will help us to have a baseline

- Number of advocacy sessions held.

A session is to be understood in our context as a meeting organized by trained young leaders where invited community leaders and authorities interact with young people once they have followed an advocacy speech

- Number of youth that attended advocacy sessions
- Number of decision-makers and stakeholders that attended advocacy sessions
- Number of official statements made by stakeholders
- Number of panels and presentations led by youth at said sessions
- Number of blogs and articles written by or about youth at said sessions
- Number of readers of said blogs and articles about youth at said sessions
- Number of national policies outlined and analyzed

Les Ailes Du Coeur commits to including a section specifically tracking our FP2020 commitments in our public-facing annual report. We commit to working in a meaningful and accountable manner with other stakeholders and partners and setting up a reporting system with the youth with whom we work.

PROGRAM & SERVICE DELIVERY COMMITMENTS:

Given that the cursus of studies in DRC doesn't include enough matters on SRH, especially for young people. Doctors and nurses coming from universities have a very low and only theoretical level of knowledge. Our training will not only aim to upgrade their theoretical knowledge but, and more, will help them master the practice of service delivery, more specifically in youth-friendly SRH and they will join the national pool of FP providers trained by The MOH specialists and Les Ailes Du Coeur's.

Les Ailes Du Coeur commits to:

Providing reproductive health/family planning training to 130 doctors and nurses in DRC between the beginning of 2019 and the end of 2020.

The training will aim to help attendees to make SRH more youth friendly and will be based on:

- Reproductive and sexual rights
- Counselling
- Communication with young people
- Provision of modern contraceptive methods.
- Safe abortion
- STI and HIV screening and cares
- Cares to Sexual violence's victims

To make sure the HCWs are implementing the gained skills, we will:

- Be following them monthly with a tool comprising a form tracking the number of users they have served and a database gathering all these information.
- Every 4 months, we'll be holding a meeting to assess their progress and update their knowledge

Outcome: 130 doctors and nurses trained in the provision of youth-friendly reproductive health/family planning services in 3 health zones in DRC

Indicators

- Number of doctors and nurses trained on youth-friendly Reproductive and sexual rights, Counselling, Communication with young people, provision of modern contraceptive methods, Safe abortion, STI and HIV screening and cares and cares to Sexual violence's victims.
- Results from pre/post-test of health workers knowledge surrounding specific workshops.

Training 400 community-based sensitizers and distributors of contraceptives(not exclusively healthcare workers but more broadly, young people aged from 15 to 24, community-based, who are going to be equipped to provide information and services. i.e in a barber shop, where young girls often go to braid hair, the braider can be a provider. This "young-to-young" strategy will help us avoiding stigma and discrimination which often make young people dodge services they look for) with communication and social skills to equip them with a comprehensive package comprising changing methods, safe abortion, emergency contraception, HIV/STIs, female genital mutilation, and other aspects of female reproductive health to reach last-mile beneficiaries with more efficiency.

Outcome: 400 Young boys, girls, men and women trained as community-based sensitizers and distributors of contraceptives

Indicators

- Number of Young boys, girls, men and women trained as community-based sensitizers and distributors of contraceptives
- Results from pre/post-test of trainees' knowledge surrounding specific workshops

Commit to scale-up our model of Youth-friendly Reproductive Health center by opening 3 more centers in 3 provinces and then significantly increase this program to reach 80,000 with modern contraceptive methods and generally reproductive health and rights services.

Outcome: 3 Youth-friendly Reproductive Health centers are opened in 3 provinces of DRC(Central Kasai, North Kivu, and Haut-Katanga);

100,000 adolescents and youth benefit from youth-friendly Reproductive health/Family planning services such as: Counselling, psychological support, provision of modern contraceptive methods, Safe abortion, STI and HIV screening and cares and cares to Sexual violence's victims

Indicators:

- Number of Youth-friendly Reproductive Health centers opened in 3 provinces of DRC
- Number of adolescents and youth benefitting from youth-friendly Reproductive health/Family planning services
- Number of modern contraceptive methods provided and distributed

Information on the focus of the support being provided (as relevant): Please specify on what grounds/basis is this commitment made?

The support Les Ailes Du Coeur will provide is made on basis of the commitment the DRC previously made in Addis Ababa (Nov. 2013), renewed in Bali (Jan. 2016) and strengthened in London (Juy 2017) with two new commitments added to accelerate the achievement of 19% mCPR and the access to FP services to at least 2,1 million additional Women of Reproductive Age (15-49) by 2020.

1) **By age-group:** Which age groups are targeted by your commitment? Please specify the estimated affected population.

	Age group	Result target: Estimated Number Affected
	Newborns	
	Children Under-5	
	Adolescents	80.000 (10 to 19)
	Women of reproductive Age	20.000 (20 to 24)

2) **By theme:** Check which of the following themes relate to this commitment.

X	Women's health priorities and interventions
X	Adolescents' health priorities and interventions
	Children's health priorities and interventions
	Newborns' health priorities and interventions
	Early Childhood Development
	Nutrition
	Socioeconomic, environmental and political determinants
X	Health systems resilience and health workforce
X	Innovations

	Financing
X	Human rights and equity
	Humanitarian settings
X	Social mobilization / community engagement
	Other themes (please specify):
	None

3) **By geographic scope:** Global, multiple countries, regional, national, sub-national.

(National and sub-national) Kinshasa, North Kivu, Central Kasai, Haut-Katanga

4) How does this commitment target any intersectoral links relevant for the implementation of essential RMNCAH interventions, such as: education systems, nutrition (including agricultural programs), transportation systems, improved sanitation facilities, improved drinking water, humanitarian and disaster response systems, etc.?

The present commitment has links to education given that the training we will provide to both health workers and community members will strengthen their capacities, providing them relevant skills that can be transversally used in various health and environmental circumstances.

5) How does this commitment specifically relate to, and advance the goals of, *Global Strategy for Women's, Children's and Adolescents' Health*? (e.g., , , health workforce capacity building, coordinated research and innovation)?

X	Country-led health plans
X	Comprehensive, integrated package of essential interventions and services
	Integrated care
X	Health workforce capacity building

	Coordinated research and innovation
	Other ways (please specify):

6) For non-financial commitments:

Expected Outcome (e.g. lives saved or improved, population impacted)	Nearly 100.000 adolescents, young men and women , aged 10 to 24 impacted with benefit from Sexual and reproductive services and rights from January 2019 to December 2020.
Estimated Value (either in USD or local currency) of services, products and other resources provided	422.000\$ for the two years.
Explanation of how this estimated value was determined	<p>As we will train almost 400 health workers and community-based sensitizers and knowing that we spend at average 50\$ per trained, we estimate a cost ranking 20.000\$.</p> <p>100.000 persons will be reached and for each of them, 3\$ will be necessary. Thus the total cost will be around 320.000\$ for the two years.</p> <p>For opening a Youth-friendly Center, we need 10.000\$ and each month 1000\$ to make it work. Thus we plan 34000\$ for two years per each center. So, for the 3 centers, 102.000\$ will be necessary.</p>
Planned timeline for implementation	<p>Start: Month: _____January_____ Year: 2019 _____</p> <p>End: Month: ____December_____ Year: 2020 _____</p>

7) For financial commitments:

Expected Outcome (e.g. lives saved or improved, population impacted)	
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Total amount, either in USD or local currency.	
Proportion of the financial commitment that is above your institution's current spending levels for RMNCAH expenditures.	
Proportion of the financial commitment delivered as in-kind, rather than cash, support.	
If the funding for this commitment is from an external source, not from your institution, please specify the source:	
How funds will be channeled (e.g. bilaterally, multi-laterally, through NGOs or other national partners)	
Planned timeline for implementation	Start: Month: _____ Year: _____ End: Month: _____ Year: _____

8) How do you intend to track and share information on progress towards implementing this commitment to the *Global Strategy*? For instance, releasing an annual shareholder report that includes this commitment, joint reporting efforts together with other stakeholders (please specify), etc.

For tracking and sharing information on progress towards implementing our commitment to the Global Strategy, we'll be releasing a half-yearly report including this commitment, joint reporting efforts together with other youth-led organizations, namely Afriyan RDC for advocacy activities, Lizadeel for Sexual violence's, RACOF for STI/HIV's and ABEF Clinic for FP's, involved in reproductive health and rights. Besides we'll be conducting a bi-annual survey nearby our beneficiaries and reporting. Self-assessment and feedback sessions will be held monthly. Results will be quarterly shared.

CHECKLIST FOR MAKING A COMMITMENT

- **SUMMARY OF COMMITMENT**

- Detailed description of commitment (please see the *How To Make Commitments* section above for specific information to be included). Any other relevant information is encouraged.
- Brief summary of commitment (no more than 200 words) to be used on the website and for communications. The *Every Woman Every Child* communications team will work with you to use this language in the movement's media strategy (including on www.everywomaneverychild.org)

- **LETTER FROM LEADERSHIP – Announcing the commitment**

- Letter from organization Chief Executive Officer or President to United Nations Secretary General announcing the commitment and reviewing the basic parameters of the commitment. (This is required only for organisations that have not previously made a commitment to the Every Woman Every Child initiative.)

- **WEBSITE/MEDIA MATERIALS**

- High-resolution logos of your organization for use on *Every Woman Every Child* website
- Quotations from CEO, President, employees, partners or others on why your organization is participating
- Pictures, video, testimonials of your programs in action

*The Secretary-General is grateful for your interest and contribution to help save
and improve the lives of women and children around the world.
Together we can do more than any one of us could do alone.*

ANNEX: WHAT KINDS OF COMMITMENTS WERE MADE TO THE PREVIOUS GLOBAL STRATEGY?

The Partnership for Maternal, Newborn and Child Health (PMNCH) has produced an annual report analyzing commitments to the *Global Strategy* since its launch in 2010. Please click [here](#) to see the reports produced to date. The nature of PMNCH reporting will be adapted to the ongoing requirements.

Below are examples of commitments made from a variety of sectors, which are by no means exhaustive. For a list of all commitments to the previous *Global Strategy* (2010-2015), please see the *Every Woman Every Child* website, www.everywomaneverychild.org/commitments.

Financial Commitments

Financial commitments can be aimed at mobilizing domestic resources, or at supporting governments and other key actors in a country to implement plans to improve the health of women and children. For example:

<u>Type of Commitment</u>	<u>Real Examples</u>
Scaling-up programming ; e.g., expanding and enhancing successful women's and children's health public or private programs in countries; or taking innovative pilot programs to scale	CARE committed \$1.8 billion over 5 years to expand successful maternal, newborn and child health programs, with a focus on empowering girls and women to increase gender equity, linking health systems and communities in systems of mutual accountability, and using innovative approaches to reach the most vulnerable populations. By expanding its maternal health programs into at least 10 additional countries—a 50 percent increase—and by scaling-up programs in countries where it currently operates, CARE aimed to aid more than 30 million women of reproductive age by the 2015 Millennium Development Goals deadline.

Policy Commitments

Policy commitments can help develop appropriate processes and support advocacy to ensure women's and children's rights and access to health. For example:

<u>Type of Commitment</u>	<u>Real Examples</u>
Issue and policy advocacy ; e.g., Engaging and contributing to advocacy campaigns and	The Body Shop committed over \$2.25 million for their initiative, 'Stop the Sex Trafficking of

<p>becoming a partner in an existing initiative to encourage the adoption of a Health Bill or to increase government spending on health; creating a new advocacy campaign that seeks to eradicate child marriage or improve use of health services by pregnant women; providing high-level spokespersons to amplify advocacy messages</p>	<p>Children and Young People', developed in partnership with ECPAT International, and launched in 60 countries. The Body Shop launched in December 2010 the first of 3 annual campaigns in partnership with UNAIDS.</p> <p>Amnesty International pledged to advocate for equal and timely access to reproductive healthcare services for all women and girls and campaign for greater accountability for violations of reproductive health rights.</p>
<p>Political mobilization; e.g., advocating at the highest political levels to ensure women and children stay at the center of development, are prioritized in national programmes and resource allocation</p>	<p>Partners in Population and Development committed to using diplomatic opportunities in the General Assembly, UN Agencies in Geneva and UN ESCAP through its diplomatic presence in promoting the goals of <i>Every Woman Every Child</i>.</p>

Service and Delivery Commitments

Service and delivery commitments can ensure that women and children have access to life-saving prevention, treatment and care when and where they need it and support health systems strengthening. For example:

<u>Type of Commitment</u>	<u>Real Examples</u>
<p>Education and Training; e.g., pledging to strengthen the training of health professionals (midwives, clinical officers, health extension workers, etc.) by supporting pre-service education or continuous professional development (CPD) through the provision of health tutors and teaching materials in harmony with national health plans OR e.g., supporting the provision of health training tutors to expand the training capacity of health training institutions; providing supply chain management advice for hospitals and centres; or secondment of high-level</p>	<p>John Snow, Inc. (JSI) committed through the Hand to Hand Campaign to supporting the availability of contraceptives in low-income countries through the provision of supply chain management technical assistance and training for national, regional, and global programs; to collecting accurate, timely information about the status of supplies, program requirements, and supply chain operations in over 20 countries, and sharing that information widely with stakeholders</p>

advisors in the ministries of health, development and social welfare	
Direct provision of products and services; e.g., supporting programs where health professionals support the delivery of services; donating medicines, vaccines, and health supplies following the WHO donation guidelines, where it is requested and where there is absorptive capacity; donating airtime for public service announcements	GSK committed to increase support for the WHO strategy to improve children's health with a 5-year commitment to expand donations of albendazole medicine to 1 billion doses each year, an increase of 600 million doses each year.
Research; e.g., researching and developing new drugs; developing effective health information management systems; or researching the impact of different initiatives to improve the health of women and children	Johnson & Johnson committed to researching and developing a drug for tuberculosis with a new mechanism of action in 40 years, antiretrovirals to treat HIV and potentially prevent HIV transmission from pregnant women to their infants, as well as new technologies that may, in the future, prevent the transmission of HIV between adults.
Innovation for RMNCH; e.g., utilizing up to date technology to increase local access to care; improve the quality of health care services; or ensure effective management of the health care system	Infosys pledged to institute an Innovation Co-creation Lab to explore ways that technology can be used to solve critical maternal and child health challenges. The Innovation Co-creation Lab aimed to facilitate the convergence of the initiative's task force members onto a common platform and drive joint innovation to develop affordable healthcare solutions.