



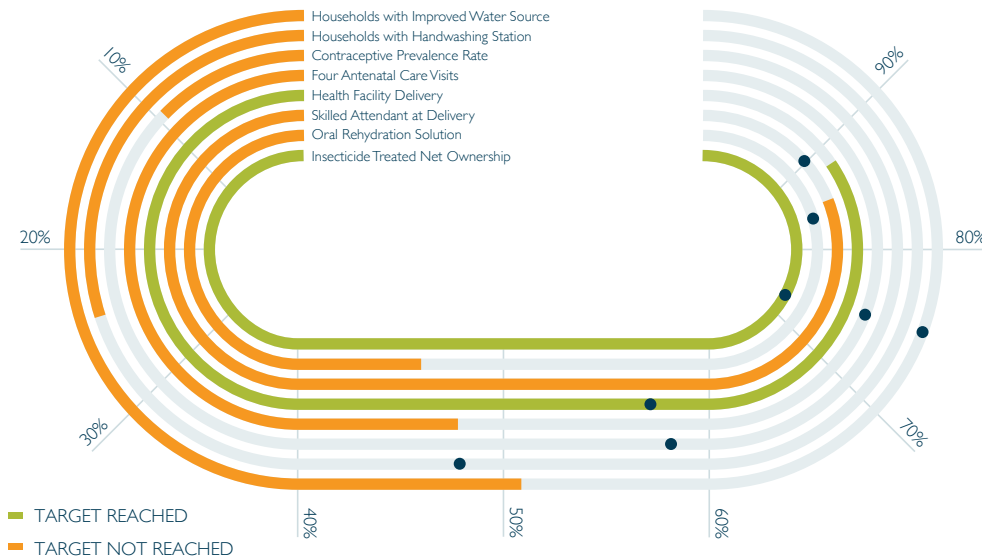
# DEMOCRATIC REPUBLIC OF CONGO

\* Estimate from 2015 \*\* Estimate from 2016

2017	<b>83.3M</b> ↑ Total Population	<b>12.6M</b> ↑ Population Under 5 Years	<b>** 304K</b> ↑ Under-5 Deaths /Year	<b>** 94</b> ↓ Under-5 Mortality Rate Per 1,000 Live Births	<b>2.8M</b> ↑ Births	<b>* 693</b> ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	<b>39M</b>	<b>7.4M</b>	<b>266K</b>	<b>171</b>	<b>1.8M</b>	<b>930</b>

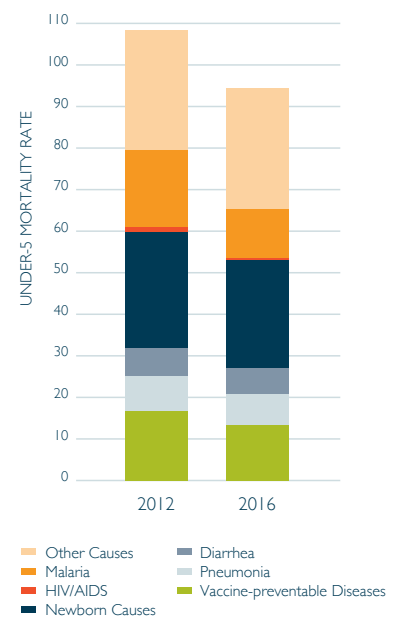
## INTERVENTION COVERAGE

● = PREDICTED COVERAGE RATE  
BASED ON 2014 AOTC ANALYSIS



Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to *Acting on the Call* efforts

## SHIFTING CAUSES OF CHILD MORTALITY



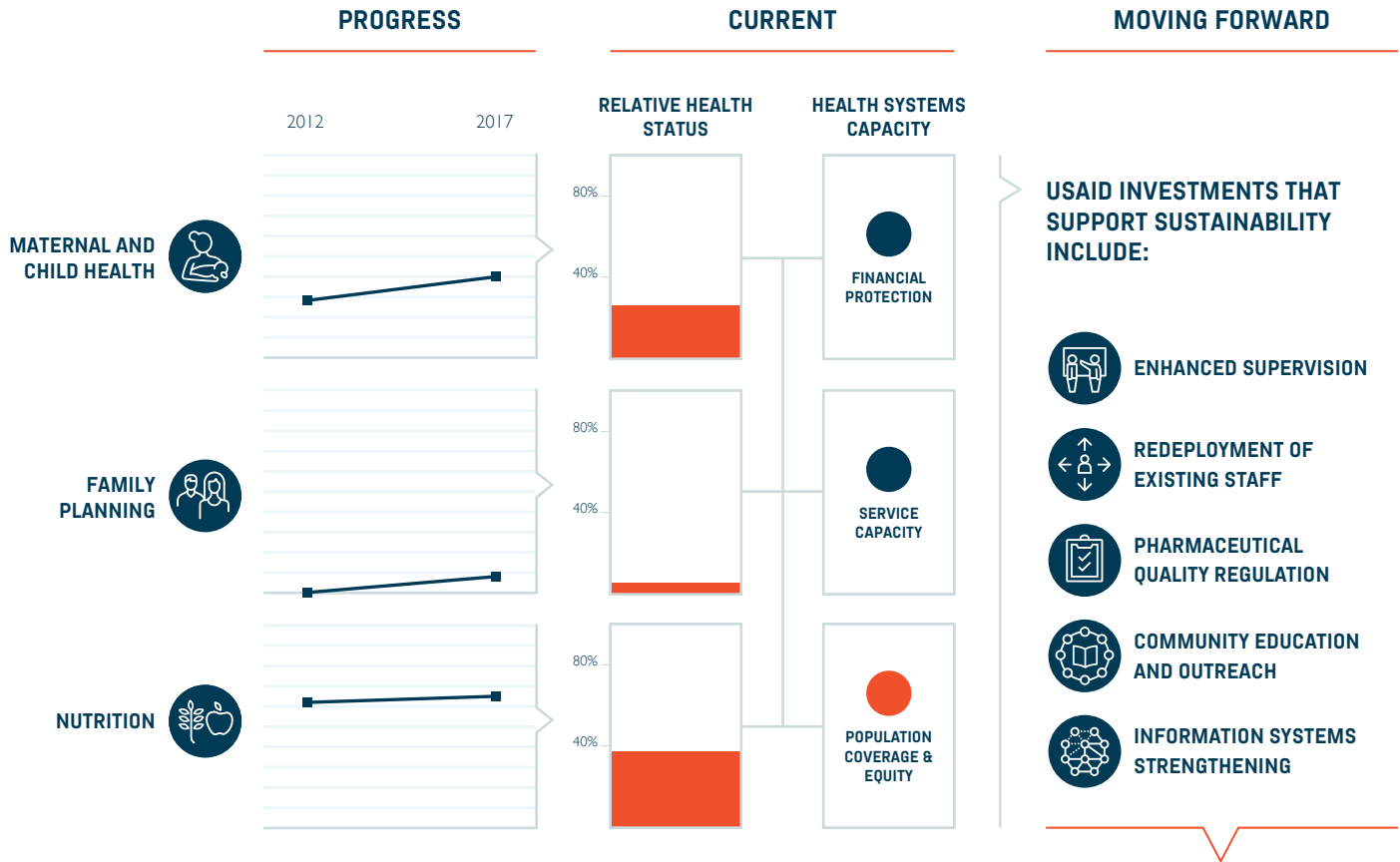
## IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE DEMOCRATIC REPUBLIC OF CONGO (GDRC) AND OTHER PARTNERS, WE HAVE ACHIEVED THE FOLLOWING:

- Advocated at the provincial level for the creation of budget lines for contraceptives, which resulted in a \$480,000 investment by local governments
- Trained 70 senior Ministry of Health (MoH) staff on decentralization in the health sector, which will help improve health by bringing decision-making closer to recipients
- Created national support for health: following the 2017 *Acting on the Call* event, the Government of the DRC held a two-day workshop on RMNCH, during which the Prime Minister announced his Government will subsidize access to health care for pregnant women and children under-five in Kinshasa, the capital city
- Mobilized \$120,000 from private companies to support the provision of voluntary family planning in the Provinces of Lualaba and Haut Katanga.
- Provided coaching that led the Kinshasa School of Public Health to organize a course to assist senior MoH staff in mobilizing domestic resources to achieve health objectives
- Scaled-up performance-based financing at the county level, including by expanding the program geographically and coordinating with other donors across three provinces in 730 health facilities

## TRANSITION SINCE THE 2012 CALL TO ACTION

Because of the humanitarian situation in the Kasai Region, USAID shifted programs from a development approach to a humanitarian response to meet the needs of 1.4 million displaced persons, by training community health workers on humanitarian health care and preventive services in camps of internally displaced populations, often using mobile clinics. USAID also participates in a working group to plan for the eventual transition back to development programs in the Kasai.

# JOURNEY TO SELF-RELIANCE FOR PREVENTING CHILD AND MATERNAL DEATHS



**\$81M IN RESOURCES MOBILIZED BY 2025**  
WHICH IS A **31%** RETURN ON USAID'S INVESTMENT

**GOING FORWARD, USAID WILL WORK WITH THE GDRC TO FULFILL ITS COMMITMENT TO WOMEN AND CHILDREN'S HEALTH, INCLUDING THROUGH THE FOLLOWING:**

- Sponsoring the Community Leadership Development Program and the new Community Health National Strategic Plan, which will emphasize local ownership, resources, and knowledge in community health
- Strengthening the management of the Kinshasa School of Public Health to move from a manual financial reporting system to an automated report generated with financial software to help predict future expenses