

Democratic Republic of Congo

Community, Rights and Gender Country Profile

Working Document



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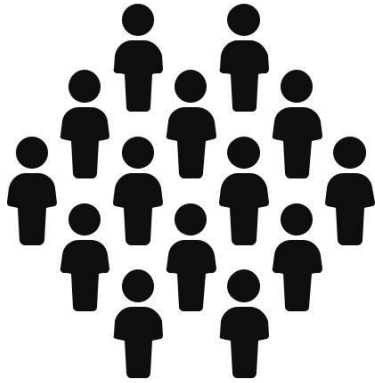


CFCS Round 11 Partners



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Quick Facts



**95.89 million people
(2021)**

Working Document



**High TB, TB/HIV and
MDR/RR TB Country**

UNHLM Targets



Resource Needs (2022)

57.19 million (USD)

Available TB Funding 2020 (USD)

Domestic: 1.1 million

International (Excluding Global Fund): 2.2 million

Global Fund: 18.5million

Funding Needs: 25.4 million



Diagnosis and Treatment Targets (2020)

TB Target: 263,100

% Target Achieved: 77



Prevention Therapy (2022)

Total PT Targets: Not defined

*Please note that this will be updated in October after 2023 UNHLM on TB
Source: [Stop TB Partnership Dashboard](#)

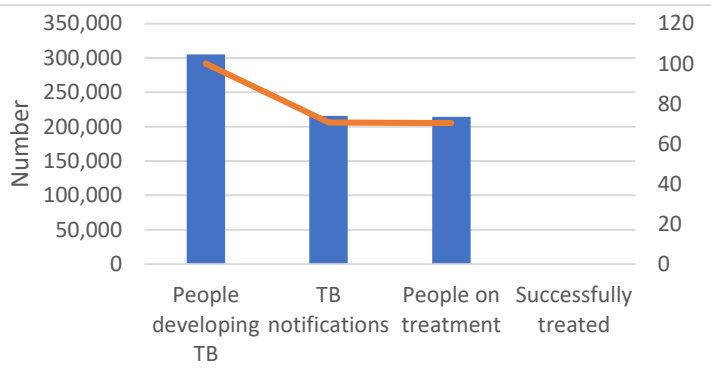
National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: **2024**
- Next Global Fund funding request (proposal development): **2023**

TB Situation

Epidemiological Data (2021)

Community, Rights, and Gender Data



The [2018 CRG assessment](#) identified several barriers, which can be categorized as follows:

Accessibility Barriers: These barriers include the imposition fees for consultations, x-rays, and sputum tests by clinics, as the cost of transportation to clinics. Lack of information about TB services and legal rights, absence of nutritional support, long distances to clinics in remote areas, and the criminalization of drug use for people who use drugs (PWUD) all hinder access to TB services.

Availability Barriers: Challenges related to availability include drug stock-outs, insufficient quality diagnosis technologies (such as rapid molecular tests), the absence of integrated TB/HIV services, and the lack of preventive treatment in clinics.

Major Gaps in TB Prevention and Care

- 90,592 Missing people with TB (16,227 were children)
- 49,000 people died because of TB
- 1236 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

Acceptability issues encompass the restrictive use of directly observed therapy (DOT), especially in rural areas. Lack of respect for confidentiality of TB test results and status, stigmatizing and discriminatory treatment in clinics, and a lack of specific support for the elderly and poor organization of TB services for children are also barriers to accessing TB services.

Quality issues include the restrictive use of DOT, stigma and discrimination in clinics, untrained healthcare workers (HCWs) in some clinics, and long wait times for test results. People with TB experience stigma and discrimination from family members, at health facilities, and in the community. There is no legal prohibition of TB discrimination.

Freedoms: HCWs violate the privacy and confidentiality of people with TB by disclosing their test results and status. The criminalization of drug use and narcotics law enforcement pose barriers for people who inject drugs (PWID) and cannabis smokers. There is no law on isolation or guidelines for hospitalization or confinement of people with TB, and there is no legal protection for the right to privacy or confidentiality of people with TB.

Gender: There is a lack of sex-disaggregated data for TB prevalence and mortality. Women have limited say in health decision-making within families, while stigma is a major barrier to healthcare for men. Trans persons with TB are not addressed by the law. Additionally, the national gender policy has not been updated for approximately 10 years. Tribal and customary laws and norms are discriminatory towards women, including laws on marriage and sexual relations.

Key and Vulnerable Populations Prioritized: The assessment identified several key populations that need prioritization in TB services. These include people living with HIV (PLHIV), TB contacts, PWID, and smokers. TB contacts face poor living conditions with inadequate ventilation, overcrowding, unhealthy environments, food insecurity, and a lack of information on TB prevention. PWID and smokers encounter access barriers due to the criminalization of drug use, stigmatization, and discriminatory treatment by HCWs, lack of nutritional support during treatment, absence of mapping and specific national health policies, and guidelines for key populations. TB screening for PLHIV is often not systematic, and PLHIV often have to bear the cost of X-rays and TB-LAM tests.

Source: HHR: Health and Human Rights Journal (2021): Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis

Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- Club des Amis Damien

TB Network/Community represented on CCM

- N/A

National High-Level Engagement with Parliamentarians

- N/A

Celebrities Engagement in TB response

- N/A

Challenge Facility for Civil Society Round 10 Regional Level Partners

- Dynamique de la réponse d'Afrique francophone sur la tuberculosis (DRAF TB)

Challenge Facility for Civil Society Round 11 Regional Level Partners

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CFCS Round 10 Global Level Partners

- TB People
- Lean on Me Foundation

CFCS Round 11 Global Level Partners

- Lean on Me Foundation



COUNTRY PROFILE DRC

Community, Rights and Gender



- CRG Assessment Complete
- Costed CRG Action Plan Available
- TB Stigma Assessment
 - In progress
- TB Stigma Elimination Plan Available
 - In progress, to be funded by TGF grant
- Community-led Monitoring Mechanism in place
- Legal and Human Rights Scorecard Assessment
 - No



CFCS Round 10 Grantees

Club des Amis Damien

Global Fund Sub-sub recipient

Project Location: Kinshasa, Kongo Central, Tshopo

Timeline: November 2021 - November 2022

Objectives:

- To strengthen the engagement of key and vulnerable Populations in the TB response in DRC.
- To strengthen strategic partnerships to support and strengthen human rights based on TB in the context of COVID-19 in DRC.
- To deploy OneImpact CLM for community-led evidence-based advocacy and social accountability in 3 provinces (Kongo Central, Kinshasa, and Tshopo) in DRC.
- To participate and engage in TB advocacy and accountability initiatives at national, regional and global levels.

CFCS Round

10 Grantees

National League Against Tuberculosis and Antileprosy of DR Congo (NLAC)

Global Fund NFM3 Sub recipient

Project Location: Kinshasa, Kongo Central, Kasai Oriental, Haut Katanga

Timeline: January 2022 - January 2023

Objectives:

- To raise awareness among TB stakeholders about the impact of C19 on the TB response in the Democratic Republic of Congo.
- To monitor the impact of C19 on the TB response, from the perspective of affected communities in the Democratic Republic of Congo.
- To develop a Plan of Action to respond to the survey findings for the Democratic Republic of Congo
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 11

Grantees

Club des Amis Damien

Project Location: Kinshasa, Kongo Central, Tshopo and Haut Katanga Provinces

Timeline: March 2023 – March 2024

Aim:

- To empower people affected by TB including key and vulnerable populations to know and claim their rights and access to TB care and support services, using a people-centered, rights-based approach in Kinshasa, Kongo Central, Tshopo, and Haut Katanga Provinces in DRC.

Objectives:

- To strengthen the engagement of Key and Vulnerable Populations in the TB response in DRC
- To scale up OneImpact CLM to community-led evidence-based advocacy and social accountability in 4 provinces (Kinshasa, Kongo Central, Tshopo, and Haut Katanga)-
- To ensure the maintenance and monitoring and evaluation of OneImpact CLM platform in DRC
- To adapt and implement OneImpact CLM platform in DRC.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 11

Grantees

Focus Droits et Access

Project Location: Masisi, North Kivu Province

Timeline: April 2023 – April 2024

Aim:

- To contribute to the promotion of the right to health of people infected/affected by tuberculosis and of key and vulnerable populations, and the reduction of inequalities and discrimination with regard to equal access to tuberculosis prevention, diagnosis and care services in the project's target area.

Objectives:

- To strengthen community mobilization and commitment to the adoption of attitudes, practices and perceptions that promote non-discrimination and equal access to TB prevention, diagnosis and care services in Masisi, North Kivu Province
- To strengthen the dissemination of prevention, diagnosis and care services and the care charter for people infected/affected by tuberculosis.
- To establish a community consultation mechanism between people infected/affected by TB, health advocates, and health care providers to improve equal access to TB prevention, diagnosis, and management services in Masisi, North Kivu Province

CFCS Round 11 Grantees

Stop TB DRC

Project Location: Kinshasa Province

Timeline: March 2023 – March 2024

Aim:

- To engage key stakeholders, including parliamentarians, celebrities, journalists, government, and donors at national level through country-level partnership platforms and catalyzing country dialogues on UNHLM targets 2022 and preparations for UNHLM TB 2023,

Objectives:

- To support the meaningful engagement of key stakeholders and sustaining TB response beyond UNHLM ON TB in DRC
- To ensure the effective participation of civil society, Key and vulnerable populations and people affected by tuberculosis in the fight.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 11

Grantees

Synergie Des Organisations De La Societe Civile Pour La Promotion Des Droits Humains Et De L'environnement Sydhe ABSL

Project Location: Kabare, Kalehe, Uvira, South Kivu provinces,

Timeline: April 2023 – April 2024

Aim:

- To contribute to TB awareness and management in 8 mining sites and 4 prison houses in 3 territories and the city of Bukavu in South Kivu province

Objectives:

- To contribute to the sensitization and capacity-building efforts of 80 community leaders, 40 health workers in the 8 mining sites and 4 health zones to focus the TB response on the mining sector
- To promote access to TB services for the mining community in 4 health zones located near the 8 mining sites in south Kivu province
- To conduct 4 targeted advocacy campaigns to reduce social injustice and discrimination against TB patients in 8 mining sites and 4 health zones.
- To participate and engage in advocacy and accountability initiatives on TB at the national, regional and global levels

Country-Level Platform Partnership

CLUB DES AMIS DAMIEN "CAD"

Project Location: DRC

Timeline: November 2022-May 2024

Overall Aim:

- To engage key stakeholders, including parliamentarians, celebrities, journalists, policy makers at national level and through country-level partnership platforms and catalyzing country dialogues, on UNHLM targets 2022 and on UNHLM TB 2023, and in increasing TB budget allocations needed in DRC

Objectives

- To enhance domestic resource mobilization and increase funding for TB
- To generate high-level advocacy activities targeting country key stakeholders and decision-makers to ensure alignment of national and global advocacy efforts
- To increase the number of partners engaged in TB response at the country level and ensure the relevance of the partnership platforms
- To increase the level of knowledge of key stakeholders at the country level on the overall budgetary needs to end TB at the country level, following a comprehensive approach and Global Plan to end TB 2023-2030
- To develop et implement a roadmap towards increased budgetary contribution towards National TB programme activities
- To secure statements and commitments from Ministers of Budget, Finance, and the Prime Minister on the need to fully fund TB response and identify approaches to ensure this

Questions? Contact us.

cfcs@stoptb.org

