PERFORMANCE MONITORING FOR ACTION

PMA DEMOCRATIC REPUBLIC OF CONGO (KINSHASA)

Results from Phase 2 cross-sectional survey

November – February 2021

OVERALL KEY FINDINGS

The implant is the most common contraceptive method among married women, and emergency contraception is the most common method among unmarried women who are sexually active.

The percentage of women reporting that their most recent birth or their current pregnancy was unintended increased from 49% in 2020 to 61% in 2021.

Stock-outs of oral contraceptive pills and male condoms in public service delivery points increased in 2021 and were more frequent in public service delivery points compared to private service delivery points.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

1.7% average annual increase in mCPR for all women

CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=2,369)

0 10 20 30 40 50 60 70 80 90

PMA2020 survey rounds

- Married women (PMA Phase 2 n=1,044)
- Unmarried, sexually active women (PMA Phase 2 n=472)
- All women (PMA Phase 2 n=2,369)
TRENDS IN MODERN CONTRACEPTIVE MIX
Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=630)

MODERN CONTRACEPTIVE METHOD MIX
Percent distribution of modern contraceptive users age 15-49 by method and marital status

“Other modern methods” include female condom, standard days/cycle beads, and LAM.

INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=1,182)

Do not intend to use

Intend to use

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD
Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 2 n=2,369)

Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.
INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY
Percent of women by intention of their most recent birth or current pregnancy (n=841)

- 54% Desired to have children
- 39% Intended
- 7% Wanted no more children
- 61% of pregnancies were unintended

KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- There is an increase in the use of emergency contraception among women of reproductive age in Kinshasa. Its prevalence has increased from 23% to 31% between 2020 and 2021.
- Nearly one in six non-users (16%) intend to use a contraceptive method in the next 12 months.
- Six in ten women reported that their most recent birth or current pregnancy was unintended. In 2021, 54% of women reported that their most recent birth or current pregnancy was wanted later, while 7% wanted no more children.

SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

METHOD INFORMATION INDEX PLUS (MII+)
Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=554)

- When you obtained your method were you told by the provider about side effects or problems you might have?
  - Yes: 60%
  - No: 40%

- Were you told what to do if you experienced side effects or problems?
  - Yes: 87%
  - No: 13%

- Were you told by the provider about methods of FP other than the method you received?
  - Yes: 31%
  - No: 69%

- Were you told that you could switch to a different method in the future?
  - Yes: 37%
  - No: 63%

- Percent of women who received comprehensive information when receiving FP services:
  - Yes: 80%
  - No: 21%

DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW
Percent of women who received FP information from a provider or community health worker (CHW), by age

- 15-19 (n=526)
  - Yes: 90%
  - No: 10%
- 20-24 (n=496)
  - Yes: 80%
  - No: 20%
- 25-49 (n=1,347)
  - Yes: 81%
  - No: 19%

KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only one in five women (21%) received comprehensive information when receiving FP services.
- One in five women had discussed FP with a provider in the last 12 months. Adolescents were even less likely than older women to have had these discussions.
SECTION 3: PARTNER DYNAMICS

PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=424)

Does your partner know you are using this method?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>15-19</th>
<th>20-24</th>
<th>25-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Primary</td>
<td>30%</td>
<td>36%</td>
<td>27%</td>
</tr>
<tr>
<td>Secondary/Vocational</td>
<td>70%</td>
<td>64%</td>
<td>73%</td>
</tr>
</tbody>
</table>

By education

Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=1,228)

Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>15-19</th>
<th>20-24</th>
<th>25-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Primary</td>
<td>15%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Secondary/Vocational</td>
<td>85%</td>
<td>80%</td>
<td>83%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>90%</td>
<td>93%</td>
<td>93%</td>
</tr>
</tbody>
</table>

By education

Modern, female controlled methods includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=1,228)

Would you say that using FP is mainly your decision?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>15-19</th>
<th>20-24</th>
<th>25-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Primary</td>
<td>55%</td>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>Secondary/Vocational</td>
<td>40%</td>
<td>45%</td>
<td>48%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>40%</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

By education

Mainly respondent

1. Mainly respondent
2. Mainly husband/partner
3. Joint decision
4. Other
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=991)

Would you say that not using FP is mainly your decision?

By age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mainly respondent</th>
<th>Mainly husband/partner</th>
<th>Joint decision</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>88</td>
<td>15</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>77</td>
<td>16</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>25-49</td>
<td>68</td>
<td>24</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

By education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Mainly respondent</th>
<th>Mainly husband/partner</th>
<th>Joint decision</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Primary</td>
<td>73</td>
<td>16</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Secondary/Vocational</td>
<td>78</td>
<td>15</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>73</td>
<td>22</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

PREGNANCY COERCION

Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=1,037)

Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=1,037)

Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=1,037)

Percent of currently married women who report that their partner took away their FP method or kept them from going to a clinic in the past 12 months (n=1,037)

KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS

• Among women who currently use a female-controlled modern contraceptive method, seven in ten reported that their partners knew the method they were using. This percentage was higher among women with a university-level education.

• More than half of users (55%) reported that the decision to use contraception was made jointly with their partners. More than seven in ten non-users (77%) made the decision to not use contraception by themselves.

• Eight percent of married women reported that their partner tried to force or to pressure them to become pregnant in the last 12 months. Four percent reported that their partners took away their contraceptive method or kept them from going to a clinic in the last 12 months.
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 2 n=21)
- Jun 2015: 56
- Jan 2016: 16
- Oct 2016: 14
- Nov 2016: 9
- Nov 2017: 5
- Nov 2018: 85
- Feb 2020: 80
- Feb 2021: 81

Private facilities (PMA Phase 2 n=116)
- Jun 2015: 56
- Jan 2016: 53
- Oct 2016: 38
- Nov 2016: 14
- Nov 2017: 16
- Nov 2018: 13
- Feb 2020: 46
- Feb 2021: 52

- Currently in stock and no stockout in last 3 months
- Currently in stock but stockout in last 3 months
- Currently out of stock
- Not offered

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 2 n=21)
- Jun 2015: 36
- Jan 2016: 11
- Oct 2016: 9
- Nov 2016: 20
- Nov 2017: 22
- Nov 2018: 10
- Feb 2020: 10
- Feb 2021: 24

Private facilities (PMA Phase 2 n=116)
- Jun 2015: 36
- Jan 2016: 29
- Oct 2016: 28
- Nov 2016: 17
- Nov 2017: 16
- Nov 2018: 28
- Feb 2020: 27
- Feb 2021: 29

- Currently in stock and no stockout in last 3 months
- Currently in stock but stockout in last 3 months
- Currently out of stock
- Not offered
TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 2 n=21)

- 2020 survey rounds
- PMA2020 survey rounds
- Currently in stock and no stockout in last 3 months
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Not offered

Private facilities (PMA Phase 2 n=116)

- 2020 survey rounds
- PMA2020 survey rounds
- Currently in stock and no stockout in last 3 months
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Not offered

MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=51 episodes)

- 78% Ordered but did not receive shipment
- 22% Other

Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

Private facilities (n=179 episodes)

- 53% Ordered but did not receive shipment
- 15% Did not place order for shipment

Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."
28% of women obtained their current modern method from a public health facility (n=575)

**Key Findings for Section 5: Service Delivery Points**

- Contraceptive stock outs in public service delivery points were very high in 2021 compared to the year 2020.
- The main reported reason for stock outs was that products were ordered but shipment was not delivered.
- Nearly eight in ten service delivery points offering implants have a trained provider and the supplies needed for their insertion and removal.
# Tables: Contraceptive Prevalence and Unmet Need

## All Women

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMA 2020 R1</td>
<td>Oct-Jan 2014</td>
<td>2,129</td>
<td>33.22</td>
<td>1.26</td>
<td>30.75</td>
<td>35.79</td>
<td>16.24</td>
<td>0.95</td>
<td>14.42</td>
<td>18.24</td>
<td>17.65</td>
<td>0.92</td>
</tr>
<tr>
<td>PMA 2020 R3</td>
<td>May-Jun 2015</td>
<td>2,665</td>
<td>34.20</td>
<td>2.33</td>
<td>29.71</td>
<td>38.99</td>
<td>16.92</td>
<td>1.72</td>
<td>13.75</td>
<td>20.64</td>
<td>20.08</td>
<td>1.50</td>
</tr>
<tr>
<td>PMA 2020 R4</td>
<td>Oct-Jan 2016</td>
<td>2,733</td>
<td>42.32</td>
<td>1.86</td>
<td>38.65</td>
<td>46.09</td>
<td>20.94</td>
<td>1.53</td>
<td>18.04</td>
<td>24.17</td>
<td>16.00</td>
<td>1.52</td>
</tr>
<tr>
<td>PMA 2020 R5</td>
<td>Aug-Oct 2016</td>
<td>2,582</td>
<td>42.28</td>
<td>2.29</td>
<td>37.79</td>
<td>46.90</td>
<td>20.89</td>
<td>1.31</td>
<td>18.39</td>
<td>23.63</td>
<td>14.57</td>
<td>1.77</td>
</tr>
<tr>
<td>PMA 2020 R6</td>
<td>Aug-Nov 2017</td>
<td>2,568</td>
<td>40.50</td>
<td>2.18</td>
<td>36.23</td>
<td>44.91</td>
<td>22.01</td>
<td>2.52</td>
<td>17.40</td>
<td>27.43</td>
<td>15.75</td>
<td>1.74</td>
</tr>
<tr>
<td>PMA 2020 R7</td>
<td>Oct-Nov 2018</td>
<td>2,583</td>
<td>46.62</td>
<td>2.10</td>
<td>42.44</td>
<td>50.84</td>
<td>26.54</td>
<td>1.86</td>
<td>22.98</td>
<td>30.43</td>
<td>14.95</td>
<td>2.59</td>
</tr>
<tr>
<td>PMA Phase 1</td>
<td>Dec-Feb 2020</td>
<td>2,611</td>
<td>43.61</td>
<td>1.58</td>
<td>40.47</td>
<td>46.8</td>
<td>24.48</td>
<td>1.40</td>
<td>21.78</td>
<td>27.40</td>
<td>10.67</td>
<td>0.93</td>
</tr>
<tr>
<td>PMA Phase 2</td>
<td>Nov-Feb 2021</td>
<td>2,369</td>
<td>45.26</td>
<td>2.08</td>
<td>41.14</td>
<td>49.45</td>
<td>27.29</td>
<td>1.74</td>
<td>23.96</td>
<td>30.91</td>
<td>11.39</td>
<td>1.24</td>
</tr>
</tbody>
</table>

## Married Women

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMA 2020 R1</td>
<td>Oct-Jan 2014</td>
<td>1,073</td>
<td>38.83</td>
<td>1.98</td>
<td>34.95</td>
<td>42.85</td>
<td>18.86</td>
<td>1.62</td>
<td>15.83</td>
<td>22.32</td>
<td>31.07</td>
<td>1.43</td>
</tr>
<tr>
<td>PMA 2020 R2</td>
<td>Aug-Sept 2014</td>
<td>1,396</td>
<td>35.64</td>
<td>2.52</td>
<td>30.77</td>
<td>40.83</td>
<td>20.26</td>
<td>1.76</td>
<td>16.97</td>
<td>23.99</td>
<td>33.34</td>
<td>2.05</td>
</tr>
<tr>
<td>PMA 2020 R3</td>
<td>May-Jun 2015</td>
<td>1,200</td>
<td>42.24</td>
<td>2.99</td>
<td>36.41</td>
<td>48.29</td>
<td>20.39</td>
<td>2.27</td>
<td>16.22</td>
<td>25.30</td>
<td>31.37</td>
<td>2.24</td>
</tr>
<tr>
<td>PMA 2020 R4</td>
<td>Oct-Jan 2016</td>
<td>1,173</td>
<td>50.22</td>
<td>2.59</td>
<td>45.06</td>
<td>55.37</td>
<td>23.78</td>
<td>1.83</td>
<td>20.31</td>
<td>27.63</td>
<td>25.60</td>
<td>2.34</td>
</tr>
<tr>
<td>PMA 2020 R5</td>
<td>Aug-Oct 2016</td>
<td>1,190</td>
<td>49.90</td>
<td>3.38</td>
<td>43.20</td>
<td>56.61</td>
<td>23.40</td>
<td>2.18</td>
<td>19.34</td>
<td>28.03</td>
<td>22.58</td>
<td>2.90</td>
</tr>
<tr>
<td>PMA 2020 R6</td>
<td>Aug-Nov 2017</td>
<td>1,166</td>
<td>47.33</td>
<td>2.83</td>
<td>41.75</td>
<td>52.99</td>
<td>26.70</td>
<td>4.12</td>
<td>19.34</td>
<td>35.63</td>
<td>24.77</td>
<td>2.07</td>
</tr>
<tr>
<td>PMA 2020 R7</td>
<td>Oct-Nov 2018</td>
<td>1,197</td>
<td>51.26</td>
<td>3.22</td>
<td>44.85</td>
<td>57.63</td>
<td>27.37</td>
<td>2.21</td>
<td>23.19</td>
<td>32.00</td>
<td>23.52</td>
<td>3.78</td>
</tr>
<tr>
<td>PMA Phase 1</td>
<td>Dec-Feb 2020</td>
<td>1,159</td>
<td>54.65</td>
<td>2.20</td>
<td>50.24</td>
<td>59.00</td>
<td>29.63</td>
<td>2.40</td>
<td>25.07</td>
<td>34.63</td>
<td>15.60</td>
<td>1.21</td>
</tr>
<tr>
<td>PMA Phase 2</td>
<td>Nov-Feb 2021</td>
<td>1,044</td>
<td>54.93</td>
<td>1.96</td>
<td>50.98</td>
<td>58.82</td>
<td>30.33</td>
<td>2.11</td>
<td>26.29</td>
<td>34.69</td>
<td>17.62</td>
<td>1.66</td>
</tr>
</tbody>
</table>

In Kinshasa province, PMA Democratic Republic of Congo collects information on knowledge, practice and coverage of family planning services in 57 enumeration areas. The results are representative at the provincial level. Phase 2 data were collected between November 2020 and February 2021 from 1,866 households (95.1% response rate), 2,369 females age 15-49 (93% response rate), and 204 service delivery points (98.5% response rate).

For sampling information and full datasets, visit www.pmadata.org/countries/democratic-republic-congo.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Democratic Republic of Congo is led by l’École de Santé Publique de l’Université de Kinshasa. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.