

PERFORMANCE MONITORING FOR ACTION

PMA DEMOCRATIC REPUBLIC OF CONGO (KONGO CENTRAL)

Results from Phase 2 cross-sectional survey

November 2020-February 2021

OVERALL KEY FINDINGS



Long-acting method use has increased steadily from **3%** in 2016 to **12%** in 2021.

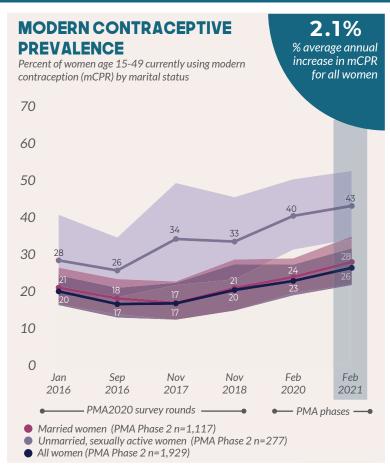


The percentage of women reporting that their most recent birth or current pregnancy was unintended has been stagnant. It was **62%** in 2020 and is **63%** in 2021.



Service Delivery Points (SDPs) offer the IUD less and less. The percentage of SDPs not offering the IUD increased from **45%** in 2020 to **53%** in 2021 in public facilities, and from **73%** in 2020 to **81%** in private facilities.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND



CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (n=1,929)



- Short-acting methods
- Long-acting methods
- Traditional methods







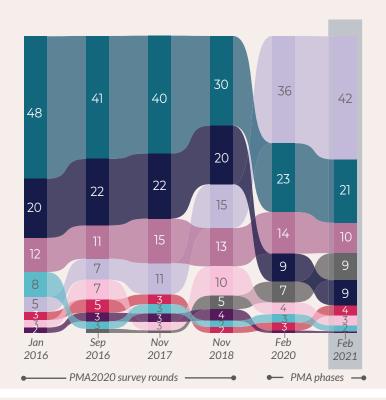


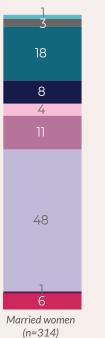
TRENDS IN MODERN CONTRACEPTIVE MIX

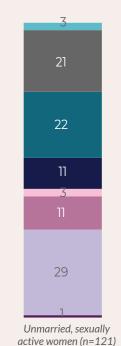
Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=509)

MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status





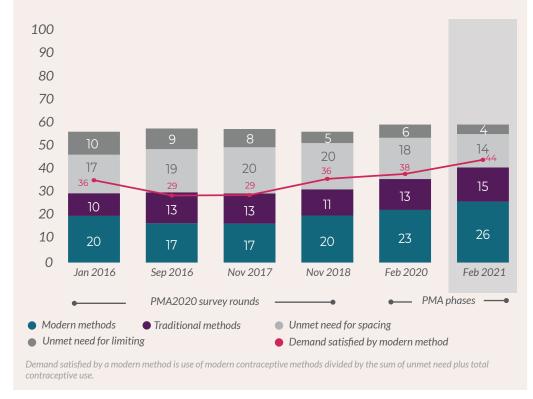


charts: Other modern methods Emergency Contraception Male condom Pill Injectable (SC) Injectable (IM) Implant IUD Female sterilization "Other modern methods" include male sterilization, female condom, foam or gel, standard days/cycle beads, and lactational amenorrhea method (LAM).

Key for method mix

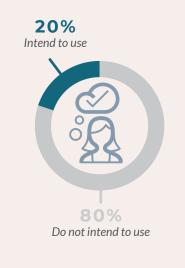
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A **MODERN METHOD**

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=1,929)



INTENTION TO USE **CONTRACEPTION IN** THE NEXT YEAR

Percent of all women aged 15-49 years not currently using a contraceptive method, but who have the intention to use in the next 12 months (n=973)





INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY Percent of women by intention of their most recent birth or current pregnancy (n=942) 9 % Wanted no more children 54% Wanted later 63% of pregnancies

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

- The implant is the most common contraceptive method among married women. Unmarried women who are sexually active use emergency contraception more often.
- One in five non-users (20%) intended to use a contraceptive method in the next 12 months.
- Over 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 9% wanted no more children.

SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

of pregnancies were unintended

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=455)

When you obtained your method were you told by the provider about side effects or problems you might have?

Were you told what to do if you experienced side effects or problems?

25

Were you told by the provider about methods of FP other than the method you received?

61

No Yes

Percent of women who responded "Yes" to all four MII+ questions

15 %
answered "Yes" to all four MII+ questions

85%
answered "No" to at least one MII+ question

DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Were you told that you could switch to a

different method in the future?

Percent of women who received FP information from a provider or community health worker (CHW), by age



KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

39

- Less than **one** in **six** women (**16%**) received comprehensive information when receiving family planning (FP) services.
- Less than **one** in **five** women had discussed FP with a provider in the last 12 months. Adolescents were even less likely to have had these discussions compared to older women.

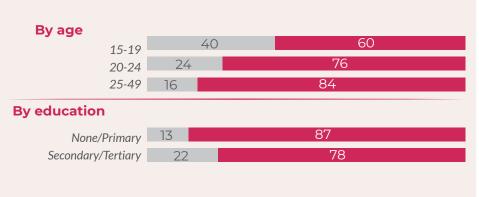


SECTION 3: PARTNER DYNAMICS

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=402)

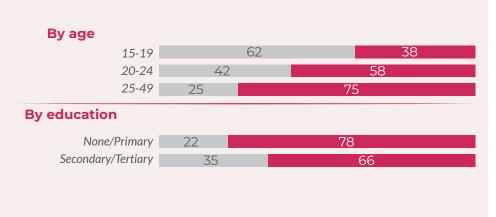




Modern, female controlled methods includes all modern methods except male sterilization and male condoms.

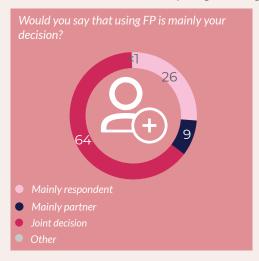
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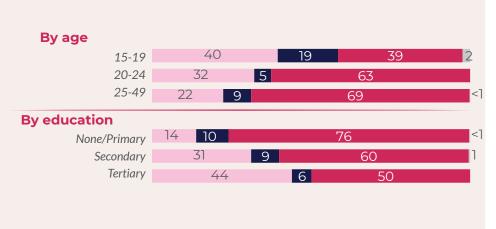




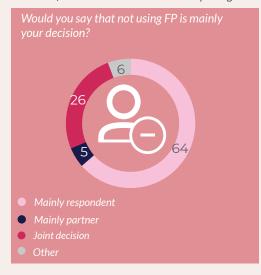
Les méthodes modernes sous le contrôle de la femme incluent toutes les méthodes modernes sauf la stérilisation masculine et les préservatifs masculins

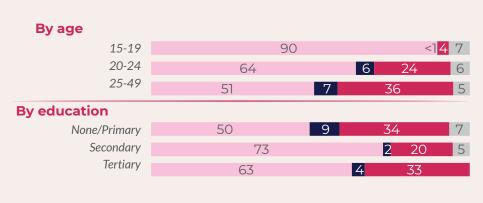
Percent of women who are currently using FP and agree with the following statement, by age and education (n=811)





Percent of women who are not currently using FP and agree with the following statement, by age and education (n=975)





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=1,108)



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=1,108)



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=1,108)



Percent of currently married women who report that their partner took away her FP method or kept her from a clinic in the past 12 months (n=1,108)



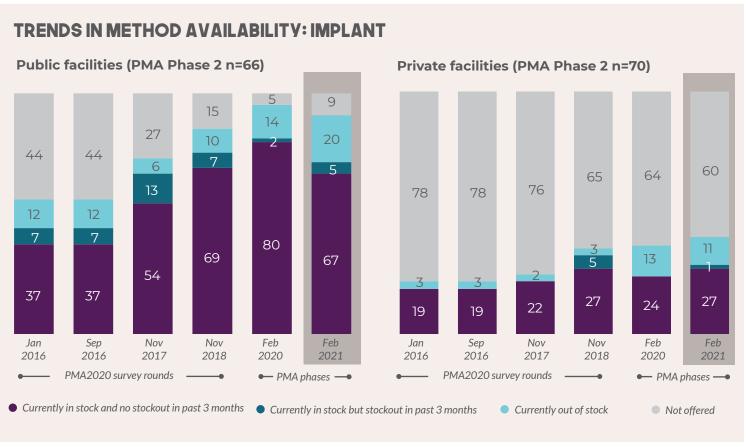
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women who currently use a female-controlled modern contraceptive method, **eight in ten** women (**81%**) reported that their partners knew about the method they were using.
- Nearly **two in three** users reported that the decision to use a contraceptive method was made jointly with their partner. Nearly **two-thirds** of non-users made the decision to not use contraception by themselves.
- One in ten married women reported that their partner tried to force or pressure her to become pregnant in the past 12 months, while 7% reported that their partner took away their FP method or kept them from a clinic in the past 12 months.

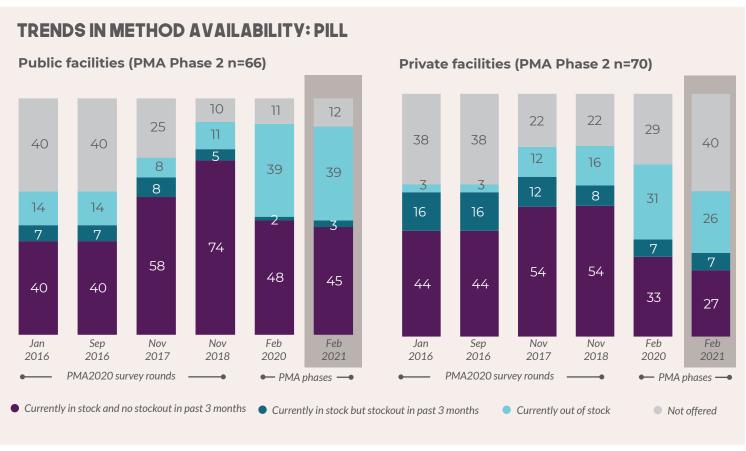


SECTION 4: SERVICE DELIVERY POINTS

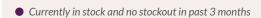












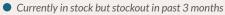
PMA2020 survey rounds

Nov

2017

Sep

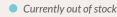
2016



Feb

2021

PMA phases —



Nov

2018

Nov

2017

Not offered

PMA phases —

Feb

2021

Feb

2020

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

Public facilities (n=188 episodes)



Jan

2016

32%Did not place orde for shipment



Nov

2018

Feb

2020

54%Ordered but did not receive shipment

Private facilities (n=89 episodes)

Sep

2016

PMA2020 survey rounds



Jan

2016

27%Did not place order for shipment

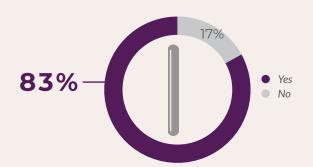


51%Ordered but did not receive shipment

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".

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=88)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=44)



of women obtained their current modern method from a public health facility (n=499)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- Implant and injectable stockouts were very high in 2021 compared to 2020. These stockouts were particularly high in public facilities.
- The main reason for these stockouts was that products had been ordered but shipment was not received.
- Nearly eight in ten SDPs offering implants had a trained provider and the supplies needed for implant insertion and removal.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source			Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	Round 1	Nov 2015-Jan 2016	1,565	29.82	2.85	24.45	35.82	20.00	2.00	16.30	24.29	26.46	2.15	22.38	30.99
PMA 2020	Round 2	Aug-Sept 2016	1,668	30.02	3.70	23.19	37.88	16.60	1.99	13.00	20.96	27.46	2.30	23.11	32.30
PMA 2020	Round 3	Sept-Nov 2017	1,689	29.84	3.96	22.57	38.29	16.79	2.46	12.43	22.29	27.87	1.99	24.06	32.03
PMA 2020	Round 4	Oct-Nov 2018	1,744	31.61	3.77	24.60	39.58	20.35	3.11	14.84	27.25	24.81	2.55	20.06	30.26
PMA	Phase 1	Dec 2019- Feb 2020	1,950	36.09	2.87	30.58	41.99	22.77	2.06	18.91	27.14	23.54	2.12	19.57	28.03
PMA	Phase 2	Nov 2020-Feb 2021	1,929	40.93	2.95	35.19	46.93	26.28	2.47	21.65	31.49	18.44	2.08	14.64	22.96

M	ARRIED	CPR				mCPR				Unmet need for family planning					
Data source	Round / phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	Round 1	Nov 2015-Jan 2016	1,013	32.48	3.71	25.54	40.28	20.99	2.45	16.50	26.31	31.90	2.72	26.72	37.56
PMA 2020	Round 2	Aug-Sept 2016	978	32.97	4.28	25.04	41.99	18.11	2.34	13.89	23.27	33.16	3.26	26.99	39.97
PMA 2020	Round 3	Sept-Nov 2017	1,094	31.9	4.30	23.99	41.00	16.91	2.56	12.40	22.64	33.09	2.38	28.51	38.01
PMA 2020	Round 4	Oct-Nov 2018	1,098	34.33	4.61	25.80	44.01	20.89	3.41	14.90	28.50	28.30	2.63	23.34	33.84
PMA	Phase 1	Dec 2019- Feb 2020	1,188	40.28	3.47	33.58	47.36	23.83	2.32	19.51	28.76	27.67	2.40	23.14	32.71
PMA	Phase 2	Nov 2020-Feb 2021	1,117	46.94	3.94	39.22	54.82	27.82	3.22	21.86	34.68	22.21	2.71	17.28	28.07

In Kongo Central 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 1,891 households (98.6% response rate), 1,929 females age 15-49 (98.3% response rate), and 172 service delivery points (98.9% 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.

