Key highlights from Q1–Q4 SDP surveys in Kinshasa

- The SDP sample in Kinshasa is composed of 101 public and 99 private facilities in Q1.
- Staff trained to provide family planning in both public and private facilities tend to be nurses, doctors, and community health workers.
- Although public SDPs account for the majority of couple-years of protection, the methods provided are largely limited to implants.
- Even though implants constitute a significant share of CYPs provided by private SDPs, other methods such as EC, pills, condoms, and IUDs also contribute.
- From Q1 to Q4, there was a rise in clients visits to public facilities for nearly all family planning methods, except for IUDs, EC, and sterilization, which saw small declines.
- The main contraceptive method sold at private SDPs was male condoms, with an average of 119–365 units sold per month, followed by injectables.
- Over the year, public SDPs are more likely than private SDPs to have IUDs, injectables, and implants in stock. Private SDPs are more likely than public ones to have EC and condoms in stock.
- Public health centers reported stockouts of implants across all four quarters, with the highest stockout level reported in Q2 (17%).
STAFF TRAINED IN FAMILY PLANNING AT FACILITIES
Among public (101) and private (99) facilities in Kinshasa in Q1

Staff trained in family planning in public facilities tend to be nurses (44.5%), followed by community health workers (36.3%) and doctors (14.1%). In private facilities, nurses are also the primary staff with FP training (61.0%), followed by doctors (17.6%) and community health workers (10.1%).

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD
Average number of client visits in past month
Among public facilities in Kinshasa (n=101)

<table>
<thead>
<tr>
<th>Method</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contraception (EC)</td>
<td>9.0</td>
<td>10.2</td>
<td>13.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Male and Female Condoms</td>
<td>122.1</td>
<td>158.6</td>
<td>162.6</td>
<td>157.9</td>
</tr>
<tr>
<td>Injectable</td>
<td>10.9</td>
<td>10.6</td>
<td>12.9</td>
<td>34.7</td>
</tr>
<tr>
<td>Implant</td>
<td>11.0</td>
<td>8.9</td>
<td>13.8</td>
<td>18.9</td>
</tr>
<tr>
<td>IUD</td>
<td>1.4</td>
<td>1.2</td>
<td>1.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Pill</td>
<td>3.4</td>
<td>10.9</td>
<td>8.7</td>
<td>33.7</td>
</tr>
<tr>
<td>Sterilization</td>
<td>0.5</td>
<td>0.4</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

From Q1 to Q4, there was a rise in clients visits to public facilities for nearly all methods, except IUDs EC, and sterilization, which saw small declines. Client visits were highest for condoms across all four quarters.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=99)
The main contraceptive method sold at private SDPs were male condoms, with an average of 119 to 365 units sold per month, followed by injectables. Sales of male condoms rose from an average of 119 in Q1 to more than 300 units sold per month in Q2 through Q4.
Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to implants. While implants account for a large percentage of CYPs provided by private SDPs, other methods, such as EC, pills, condoms and IUDs, also contribute.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)

Facility-based Contraceptive Coverage Rate (%) among Married Women 15-49 Years

The estimated CCRs ranged across the four quarters from 3.7 to 25.6, averaging 17.1%. Although not a direct counterpart, the 2018 PMA2020 household survey estimated the modern contraceptive prevalence rate among all women aged 15-49 in Kinshasa at 26.5%.
PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client’s selection probability which is a function of the SDP’s average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.


### Percent out-of-stock of IUDs by quarter and facility type

**Among public facilities (n=101)**

- **Health center**
  - Q1: 0%
  - Q2: 10%
  - Q3: 20%
  - Q4: 30%

- **Hospital clinic**
  - Q1: 10%
  - Q2: 20%
  - Q3: 30%
  - Q4: 40%

Public health centers reported stockouts of implants across all four quarters, with the highest stockout level reported in Q2 (17%). Hospital clinics reported high levels of implant stockouts in Q2 and Q3.

Over the year, public SDPs are more likely than private SDPs to have IUDs, injectables, and implants in stock.

Private SDPs are more likely to have condoms and EC in stock than public SDPs.

### PMA Agile Sample

PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client’s selection probability which is a function of the SDP’s average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.