



# PMA2016/KINSHASA-R5

## PERFORMANCE MONITORING & ACCOUNTABILITY 2020

**PMA2020** uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 10 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Kinshasa is led by the University of Kinshasa's School of Public Health, in collaboration with Tulane University School of Public Health and Tropical Medicine. The first three rounds of PMA2020/DRC data collection occurred exclusively in Kinshasa. In Round 4, the PMA2020/DRC team expanded to cover Kongo Central, the province adjacent to Kinshasa. The study is funded by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health with support from the Bill and Melinda Gates Foundation.

For more information on PMA2020 please visit <http://www.pma2020.org>

### KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys  
(Married and All Women, Age 15-49)

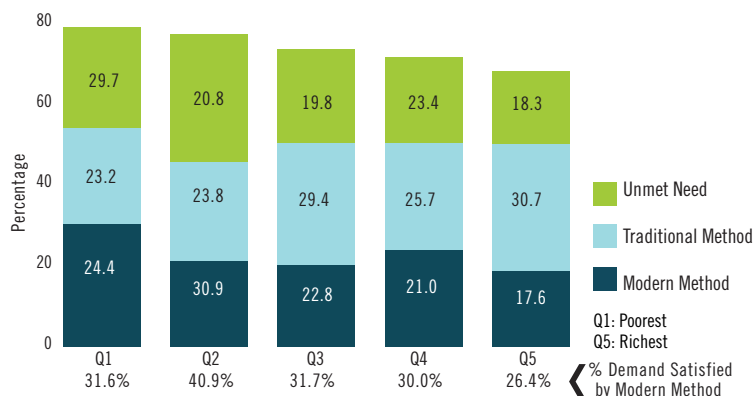
	PMA2015-R3		PMA2015 - R4		PMA2016 - R5	
	All	Married	All	Married	All	Married
<b>Contraceptive Prevalence Rate (CPR)</b>						
All Methods CPR	34.3	42.3	42.3	50.2	<b>42.3</b>	<b>49.9</b>
Modern Methods mCPR	17.0	20.4	20.9	23.8	<b>20.9</b>	<b>23.4</b>
Long Acting CPR	3.1	5.3	4.8	7.9	<b>5.1</b>	<b>8.4</b>
<b>Total Unmet Need*</b>	<b>20.1</b>	<b>31.3</b>	<b>16.0</b>	<b>25.6</b>	<b>14.6</b>	<b>22.6</b>
For Limiting	5.3	10.4	3.4	6.7	<b>3.0</b>	<b>5.9</b>
For Spacing	14.8	20.9	12.6	18.9	<b>11.5</b>	<b>16.7</b>
<b>Total Demand</b>	<b>54.4</b>	<b>73.7</b>	<b>58.3</b>	<b>75.8</b>	<b>56.8</b>	<b>72.5</b>
<b>Demand Satisfied by Modern Method</b>	<b>31.2</b>	<b>27.6</b>	<b>35.9</b>	<b>31.4</b>	<b>36.7</b>	<b>32.3</b>

Fertility Indicators (All Women, Age 15-49)

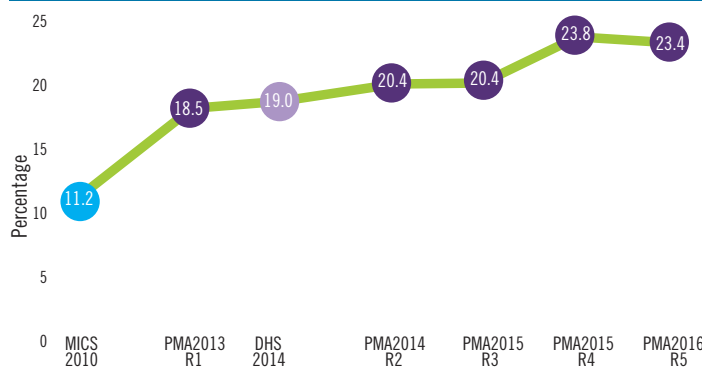
	PMA2015-R3	PMA2015-R4	PMA2016-R5
<b>Recent Births Unintended (%)*</b>	57.7	58.9	<b>52.8</b>
Wanted Later	45.2	47.4	<b>44.6</b>
Wanted No More	12.5	11.5	<b>8.2</b>

\* Indicator measurement based on different questions posed in the DHS and PMA2020

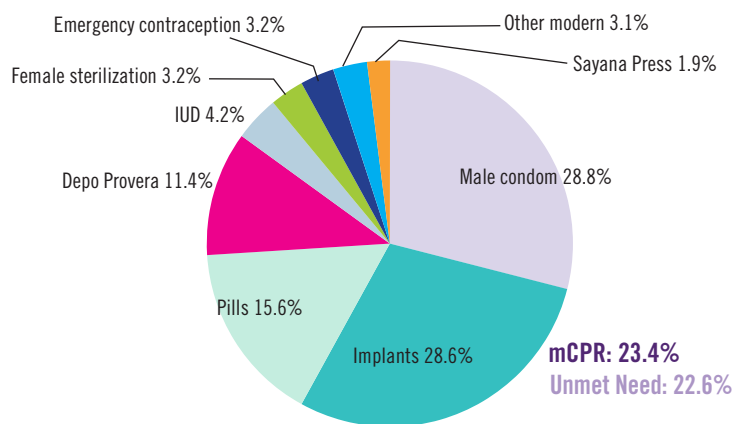
Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile, PMA2016-R5



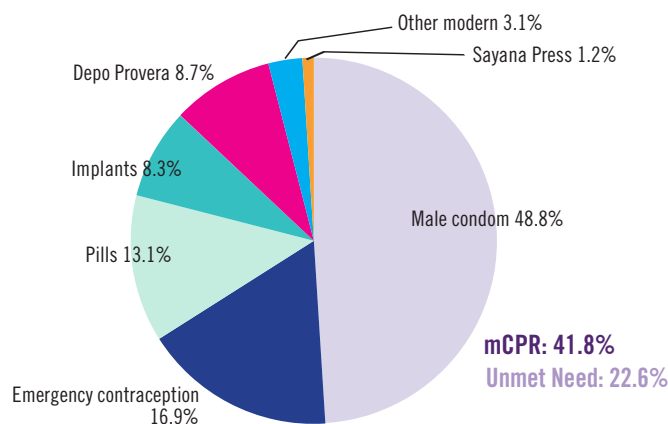
Modern Contraceptive Prevalence Rate, 2010-2016 (Married Women, age 15-49)



Current Modern Method Mix Among Married Contraceptive Users, PMA2016-R5

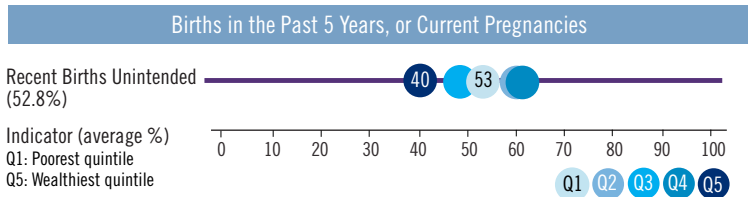
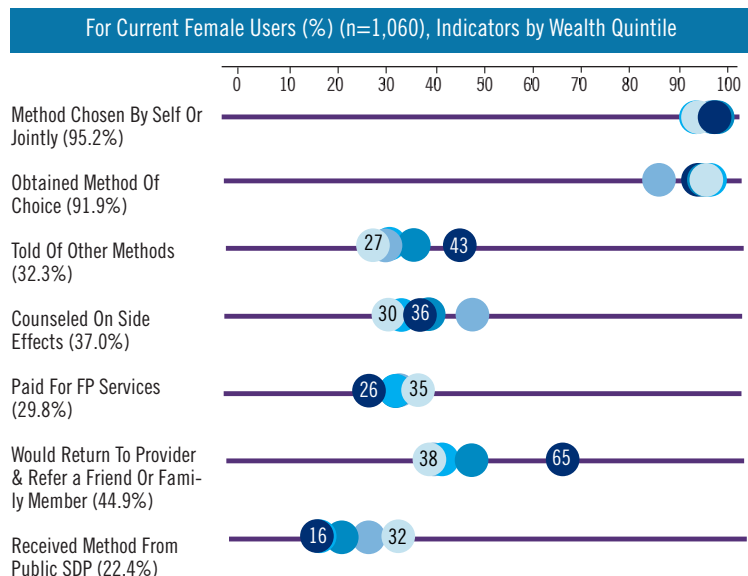


Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users, PMA2016-R5



# PMA2016/KINSHASA-ROUND 5

## INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE



For Current Female Non-Users

Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)

Not Married	46.1
Perceived Not-At-Risk/Lack of Need	58.8
Method or Health-Related Concerns	16.8
Opposition to Use	8.6
Lack of Access/Knowledge	14.3
Other	3.2

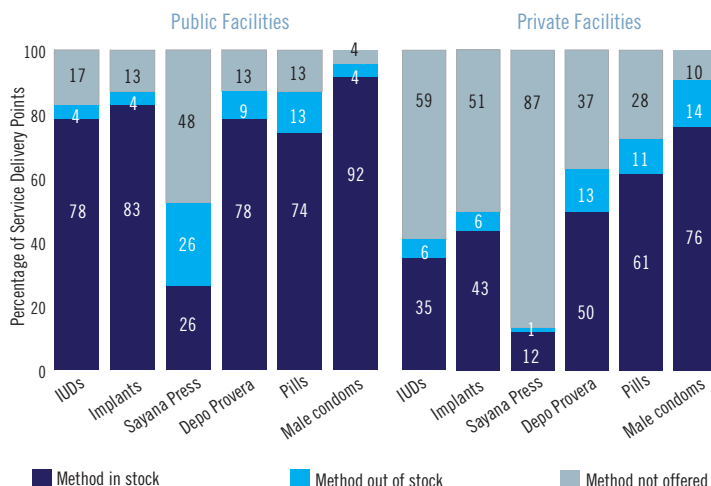
Reproductive Health and Contraceptive Indicators

	Round 3	Round 4	Round 5
Median Age at First Marriage (25-49 years)	21.8	22.1	22.5
Median Age at First Sex (15-49 years)	17.3	17.2	17.3
Median Age at First Contraceptive Use (15-49 years)	20.4	20.4	20.5
Median Age at First Birth (25-49 years)	22.1	22.0	22.0
Mean No. of Living Children at First Contraceptive Use (Ages 15-49)	1.3	1.5	1.6
Women Having First Birth by Age 18 (Ages 18-24, %)	9.2	6.1	5.7
Received FP Information from Provider in Last 12 Months (15-49 years, %)	18.7	16.5	17.9
Exposed to FP Media in Last Few Months (15-49 years, %)	58.1	69.1	67.9

## SAMPLE DESIGN

PMA2016/Kinshasa-R5 used a two stage cluster design to draw a representative urban sample of 58 enumeration areas (EA) in Kinshasa, using selection probabilities proportional to EA size. Sampling and listing of households occurred in July 2016 prior to the start of data collection. For each EA, 33 households were randomly selected, and all women of reproductive age (ages 15-49) within each selected household were contacted and consented to be interviewed. A total of 1,841 households (97.2% response rate), and 2,582 females (95.3% response rate), were interviewed, along with 173 SDPs (93.5% response rate). Data collection for Round 5 was conducted between September and October 2016.

## Percent of Facilities Offering/Not Offering & Currently In/Out of Stock, by Method



## Percent of Public Facilities Offering At Least 3 or At Least 5 Modern Contraceptive Methods, by Facility Type

Facility Type	3 or more methods	5 or more methods
Health center (n=11)	90.9	81.8
Hospital (n=14)	78.6	78.6
Total	84.0	80.0

## Service Delivery Points (n= 173; 25 public, 148 private)

	Public	Private	Total
Among All Service Delivery Points:			
Offering Family Planning (%)	92.0	56.1	61.3
With Mobile Teams Visiting Facility In Last 6 Months (%)	16.0	12.8	13.3
Supporting CHWs From This Service Delivery Point (%)	48.0	20.3	24.3
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week Family Planning Is Offered	4.7	5.5	5.3
Offering Female Sterilization (%)	4.3	21.7	17.9
Offering Family Planning Counseling/Services To Adolescents (%)	56.5	38.6	42.5
Charging Fees For Family Planning Services (%)	78.3	74.7	75.5
Percent Integrating Family Planning Into Their:			
Maternal Health Services (among all offering maternal health services)	100.0	60.0	69.9
HIV Services (among all offering HIV services)	100.0	93.6	95.7
Post-Abortion Services (among all offering post-abortion services)	88.9	78.7	81.5

