



# FP CAPE

Family Planning  
Country Action Process Evaluation

*Insights Deck –  
Democratic Republic of the Congo (DRC)*

December 2017



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# Executive summary

*DRC Findings, insights & information gaps*

# Summary dashboard: Enabling environment

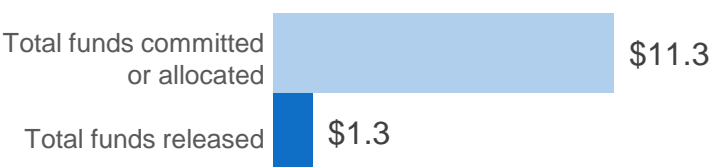
*Despite a history of commitments to provide funds for the purchase of contraceptives, the government's release of funds has been slow and difficult to track. However, diverse & engaged partners are gaining support and momentum in advocacy efforts.*

## Commitments for the purchase of contraceptives

5

Government commitments for funds to purchase contraceptives made since 2013

Government commitments, in millions (USD)



## Key barriers

### Data use

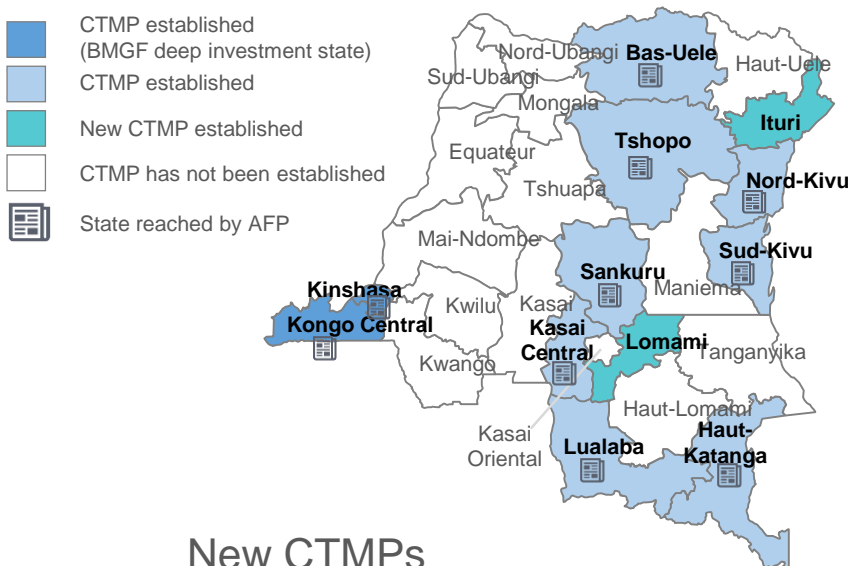
Low number of FP stakeholders aware of the PMA2020 data and tools

### Context

Socio-political instability with political climate focusing on other priorities (i.e., elections) hinders policy at national level

## CTMPs

Diverse and engaged partners active in CTMP process at the national level



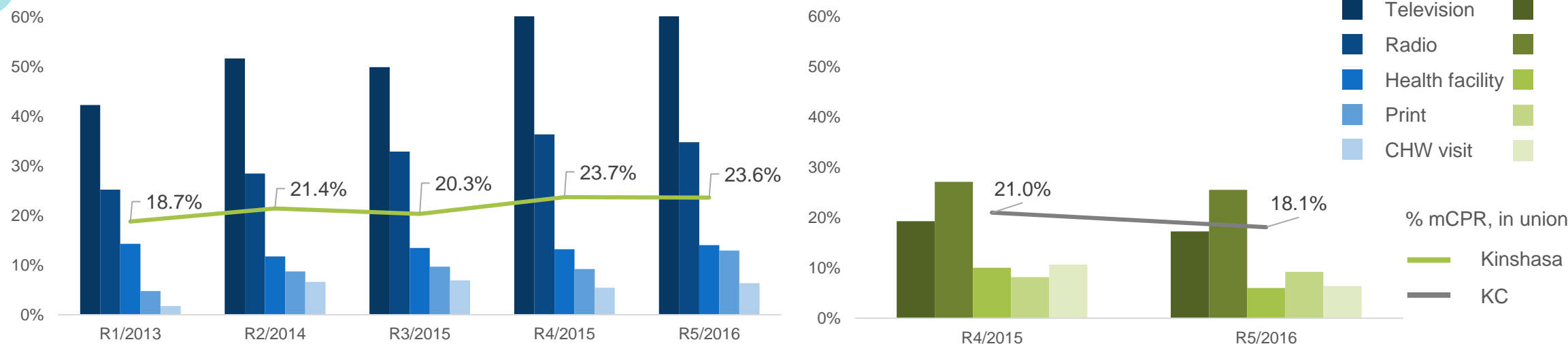
2

New CTMPs established since June 2017

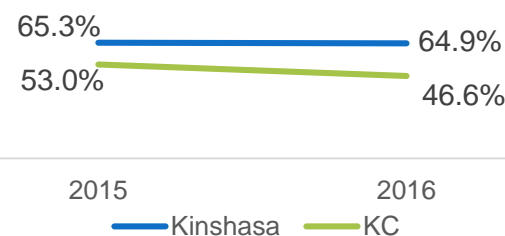
# Summary dashboard: Demand generation

We see FP message exposure and mCPR declining in Kongo Central. In Kinshasa, program exposure and mCPR seem to be staying about the same.

Media exposure to FP is on the rise in Kinshasa, while declining slightly in KC:



## Intention among youth



Intention to use FP among youth has decreased or remained the same in both provinces

## Key barriers

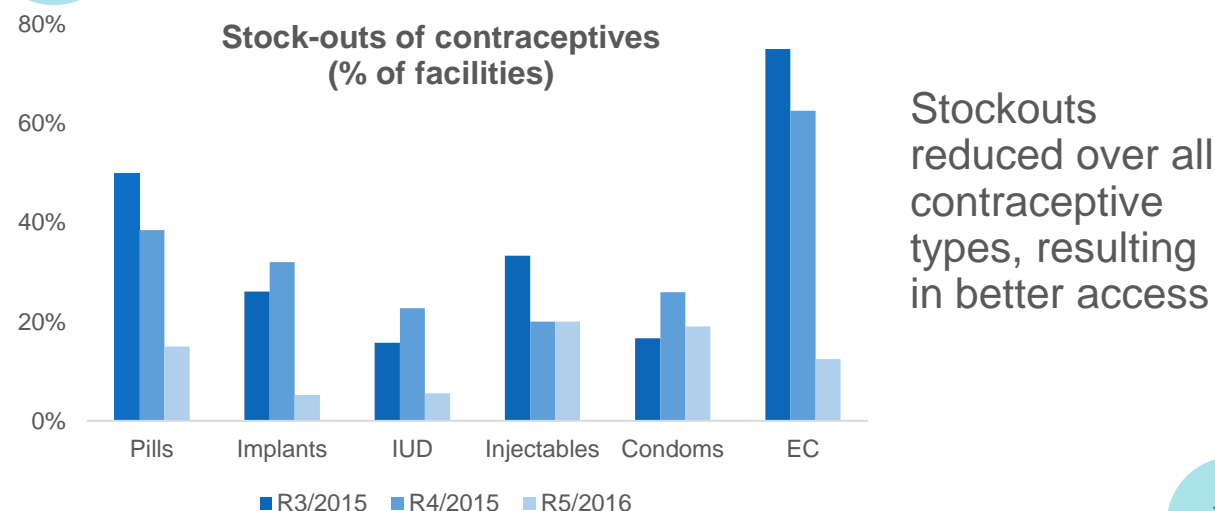
Youth & fathers' low program participation due to youth's lack of incentives & fathers' unavailability

Weak involvement and inaccessibility of trained personnel and officials from non-engaged partners in demand generation activities

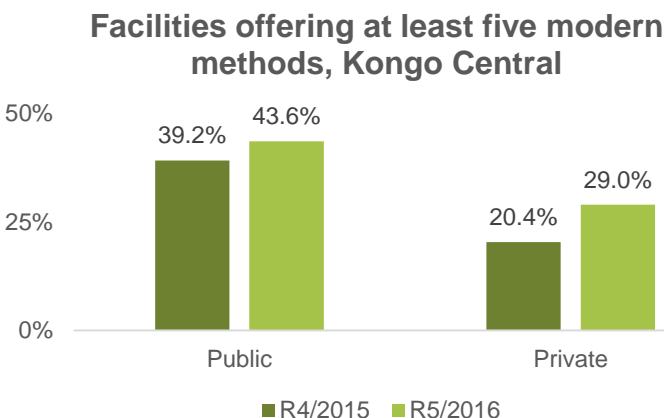
# Summary dashboard: Service delivery

Contraceptive access and quality have improved in Kinshasa with lower stock outs across methods and improved counseling. In Kongo Central, access is much lower and quality is low and declining for most methods.

## Improved contraceptive access in Kinshasa



## Area of improvement



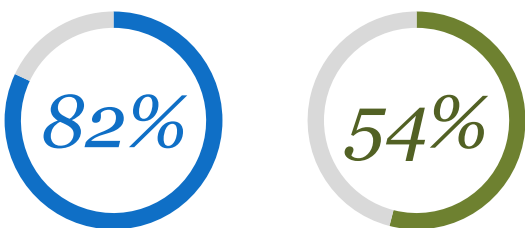
Access to multiple options is increasing but still low in Kongo Central

## Pharmacies still leading source for FP



Almost half of all women in Kinshasa & Kongo Central obtain methods from pharmacies/drug shops

## Percentage of users counseled on side effects



Kinshasa

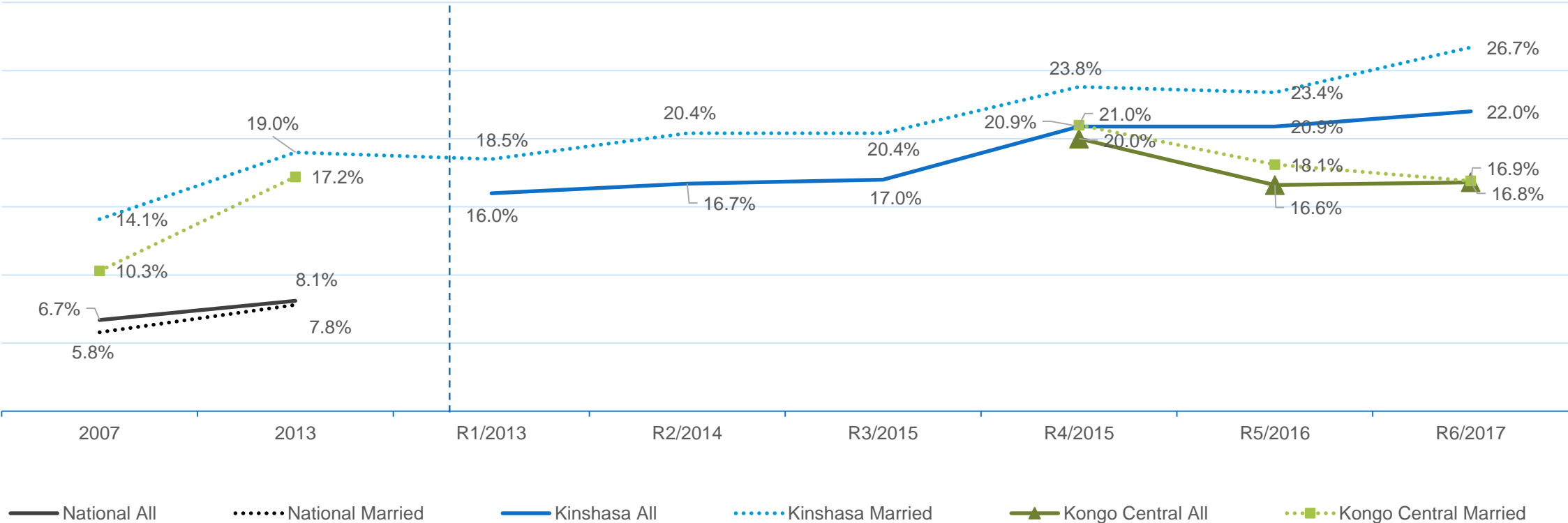
Kongo Central

In Kongo Central, about half of women using implants were not counseled on side effects

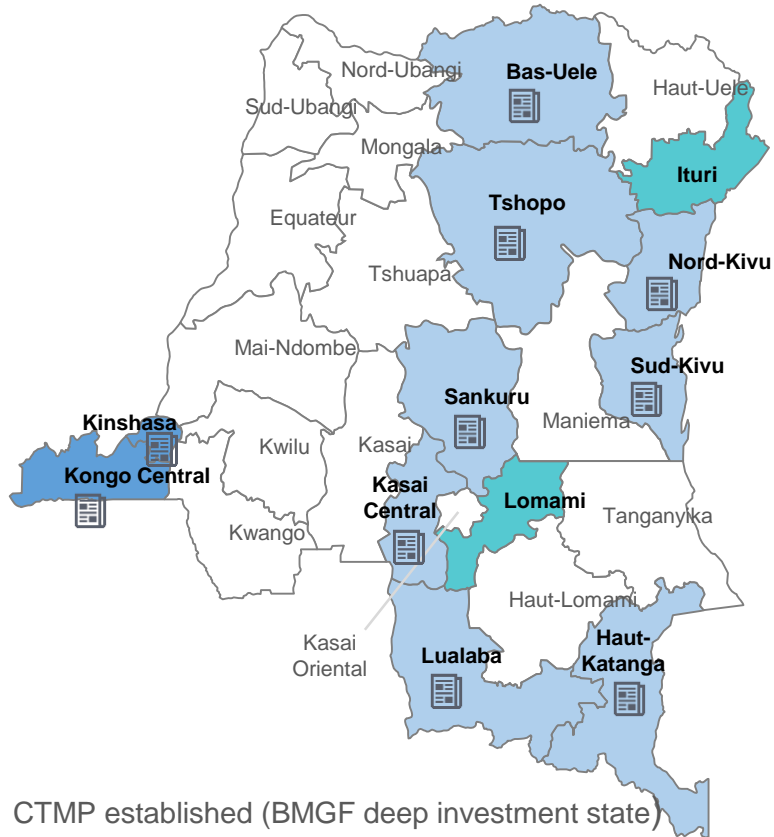
# Summary dashboard: Scale-up and impact

Overall, we see an increase in the mCPR in DRC as compared to 2007. However, recent trends have been decreasing in Kongo Central.

mCPR longer-term trends



# Scale up and BMGF expansion



- CTMP established (BMGF deep investment state)
- CTMP established
- CTMP newly established
- CTMP has not been established
- State reached by AFP



## *Enabling environment*

- ▶ AFP & ACQUAL2 scale up of CTMPs in 12 provinces



## *Demand generation*

- ▶ DKT expansion of youth campaign to Equateur, North Kivu, Kasai, and Bandundu



## *Service delivery*

- ▶ In the process of obtaining official authorization for scale-up of community-based distribution of Sayana® Press & self-injection
- ▶ Planned scale-up of Implanon Nxt at the community level with medically trained CHW
- ▶ DKT expansion of FP sales via boat up the Congo River



# Overall portfolio progress



<i>ToC Segment</i>		<i>Geography</i>	<i>Status</i>	<i>Details</i>
Enabling Environment		National		<ul style="list-style-type: none"> <li>▶ Overall positive momentum in CTMP expansion and government leadership engagement</li> </ul>
				<ul style="list-style-type: none"> <li>▶ Mixed results on government funding release &amp; data use for decision-making</li> </ul>
Demand Generation		Kinshasa		<ul style="list-style-type: none"> <li>▶ Maintained levels of program exposure, but no increase</li> <li>▶ Intention to use among all women and youth declining</li> </ul>
		Kongo Central		<ul style="list-style-type: none"> <li>▶ Women's exposure to FP messages declining, mCPR also declining</li> <li>▶ Intention to use among all women and youth declining</li> </ul>
Service Delivery		Kinshasa		<ul style="list-style-type: none"> <li>▶ Improvements in stock-outs &amp; accessibility</li> <li>▶ Some quality improvements (counseling for injectables and implants)</li> </ul>
		Kongo Central		<ul style="list-style-type: none"> <li>▶ Access to FP still very low</li> <li>▶ Quality remains low (through counseling on side effects)</li> </ul>

# Going forward: Opportunities & questions



## *Opportunities*

1 Increase effective **demand generation** activities in both provinces – this area currently the weakest

3 Focus **expansion of access** to FP in **Kongo Central** – improvement seen in Kinshasa but Kongo Central still very weak

5 Maximize info flow/support to **provincial-level CTMPs** for wider reach

2 How to **tailor demand generation activities** to sub-populations **to achieve the most change?** (non-users that intend to use? Traditional method users? Youth?)

4 **What drives government release of funds?** (CTMPs? Charismatic individuals? Data?)

6 How can we better understand what is going on in other parts of the country on FP to achieve national goals?

Are there **other data or evaluations** available?

## *Challenging questions*

# This presentation has a threefold purpose

01

**Present a summary of new data and trends** – use quantitative and qualitative data to track progress across the investment portfolio (as of Dec 2017)

02

**Allow for reflection** – support BMGF consideration of their current family planning investment portfolio

03

**Inform future strategy** – brief decision-makers of BMGF FP investments

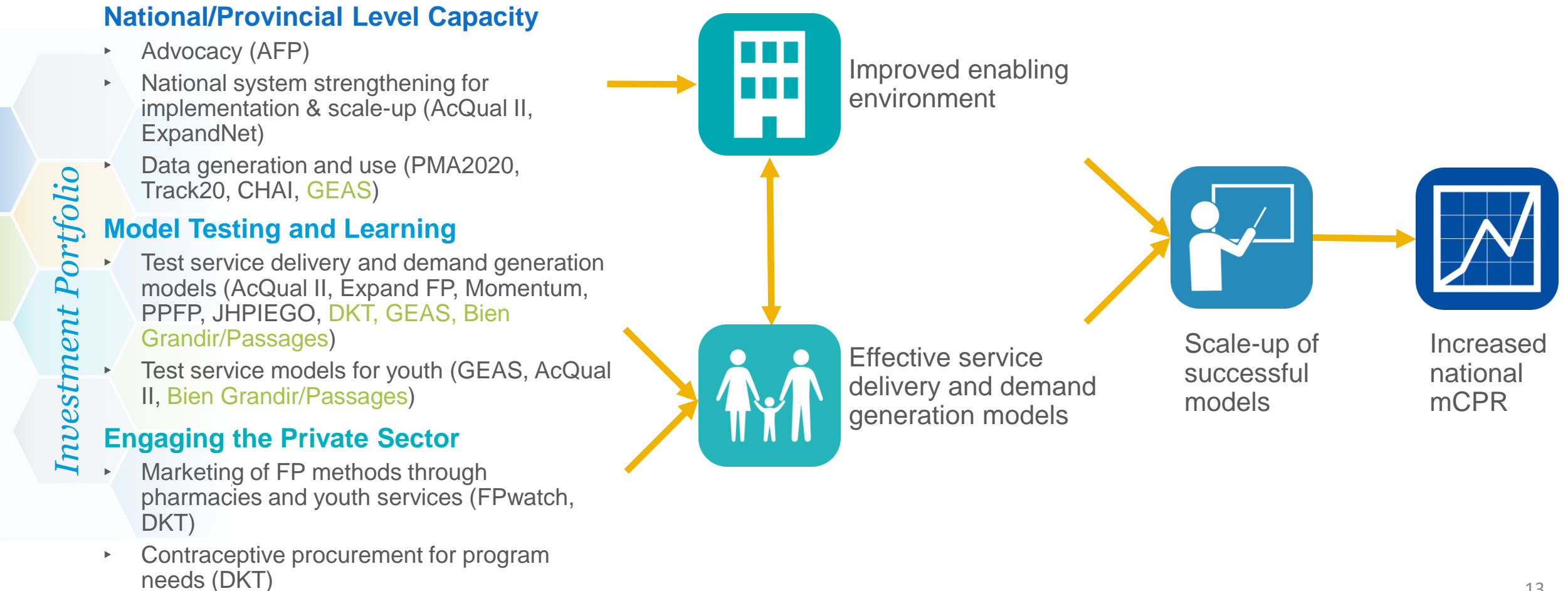


# Portfolio theory of change (TOC) and critical assumptions

*Project overview*



# BMGF FP Portfolio Theory of Change: DRC

*FP CAPE's research questions are based on a theory of change (TOC) which defines and monitors causal linkages towards increased national mCPR. BMGF's work is in support of the DRC government's overall National Strategic Plan for Family Planning (2014-2020).*



# DRC investment portfolio: Critical assumptions

*FP CAPE's research agenda is driven by explicit critical assumptions underlying the portfolio TOC.*

 Investment Portfolio	Project area	Critical assumptions
	National/provincial level capacity	<ul style="list-style-type: none"><li>▶ PNSR and PNSA coordinate partners in support of national and provincial strategies</li><li>▶ Favorable FP policies are enacted</li><li>▶ Effective national supply-chain ensures commodity availability and GIBS-MEG contributes to estimating needs.</li></ul>
	Model testing and learning	<ul style="list-style-type: none"><li>▶ Service delivery models increase quality and access to full range of services</li><li>▶ Learning about sexual/RH behaviors improves youth-related outcomes</li></ul>
	Engaging the private sector	<ul style="list-style-type: none"><li>▶ Private sector models increase access to FP</li><li>▶ Adults and youth will purchase socially marketed FP methods</li></ul>
	Scale up of successful demonstration models	<ul style="list-style-type: none"><li>▶ Improved coordination and planning will attract scale-up investments</li><li>▶ Strong measurement drives performance, scale-up and donor coordination</li><li>▶ Demonstration models seen as relevant and feasible for other provinces and donors</li></ul>
 Outcomes	Increased national mCPR	<ul style="list-style-type: none"><li>▶ Model programs remain effective when scaled up by others in new contexts</li></ul>

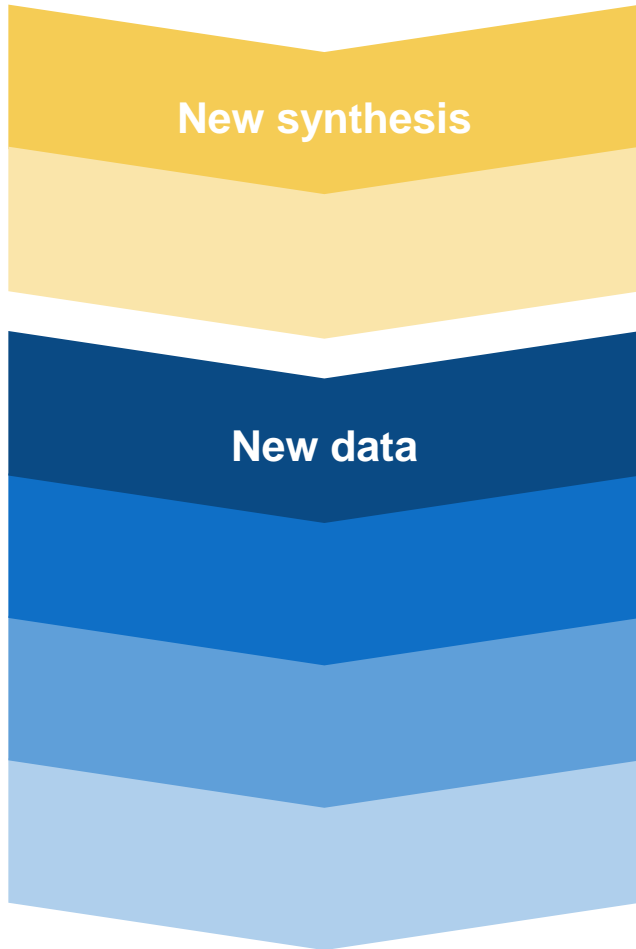


## **DRC: Findings**

*Targeted evaluation findings and new results*

# FP CAPE targeted additional analyses & new data

*Since the [June 2017 Insights deck](#), we have completed additional analyses based on portfolio gaps and needs and included new data sources, where available.*



- Updated systematic document review, including grantee reports, findings, and monitoring data
- New analyses using PMA2020 Round 5 Kinshasa/Kongo Central data
- New interview data with BMGF Program Officers
- New System Support Mapping (SSM) data collected with BMGF grantees
- New FP2020 country commitments
- New measures from the Youth Family Planning Policy Scorecard, April 2017





## **Findings: Enabling environment**

*Targeted evaluation findings and new results*

# Enabling Environment

Critical assumptions	Expected changes	Sentinel indicators
<i>Advocacy efforts will raise FP visibility</i>	Visibility of FP is increased	▶ <b>FP2020 Government commitments</b>
<i>Favorable FP policies are put in place</i>	Enabling environment improved	▶ <b>FP2020 Government commitments, allocations and disbursements (USD)</b>
<i>PNSR &amp; PNSA coordinate partners in support of national &amp; provincial strategies</i>	Donor coordination increased	▶ # of national CTMP meetings held
	Provincial CTMP strengthened	▶ # of organizations/partners in attendance at CTMP meetings
		▶ # of provincial CTMP created
<i>Strong measurement will drive performance</i>	Data used to make decisions	▶ # of distinct organizations as CTMP members
		▶ No data
<i>National supply chain ensures availability of commodities</i>	Increased funding for contraceptive procurement	▶ No new data

▶ Existing indicator

▶ New indicator

# DRC FP2020 Commitments

TOC critical assumption: advocacy efforts will raise FP visibility.

*Since 2013, the DRC government has made commitments to support FP2020 goals.*

2013 & 2016: Past FP2020 commitments

2017: Additional FP2020 commitments

2020: Goals

Execute national strategic plan for family planning for 2014-2020

Committed to reforming laws which pose barriers to responsible parenthood and planned births

Secure the voting on a law for reproductive health and FP for all women of reproductive age, by December 2020

Allocated \$1 million for the purchase of contraceptives

Allocate at least \$2.5 million annually from domestic resources, a budget line called "Purchase of contraceptives"

Committed to protect adolescent girls from early marriage, through: education, awareness raising, social reintegration, and women's empowerment programs

Reform laws that protect adolescent girls from early marriage through education, awareness, and more

Foster support of private sector to invest in FP

Scale up community-based distribution of Sayana® Press in all forms (self-injection and distribution through CHWs)

2.1

million additional  
FP users

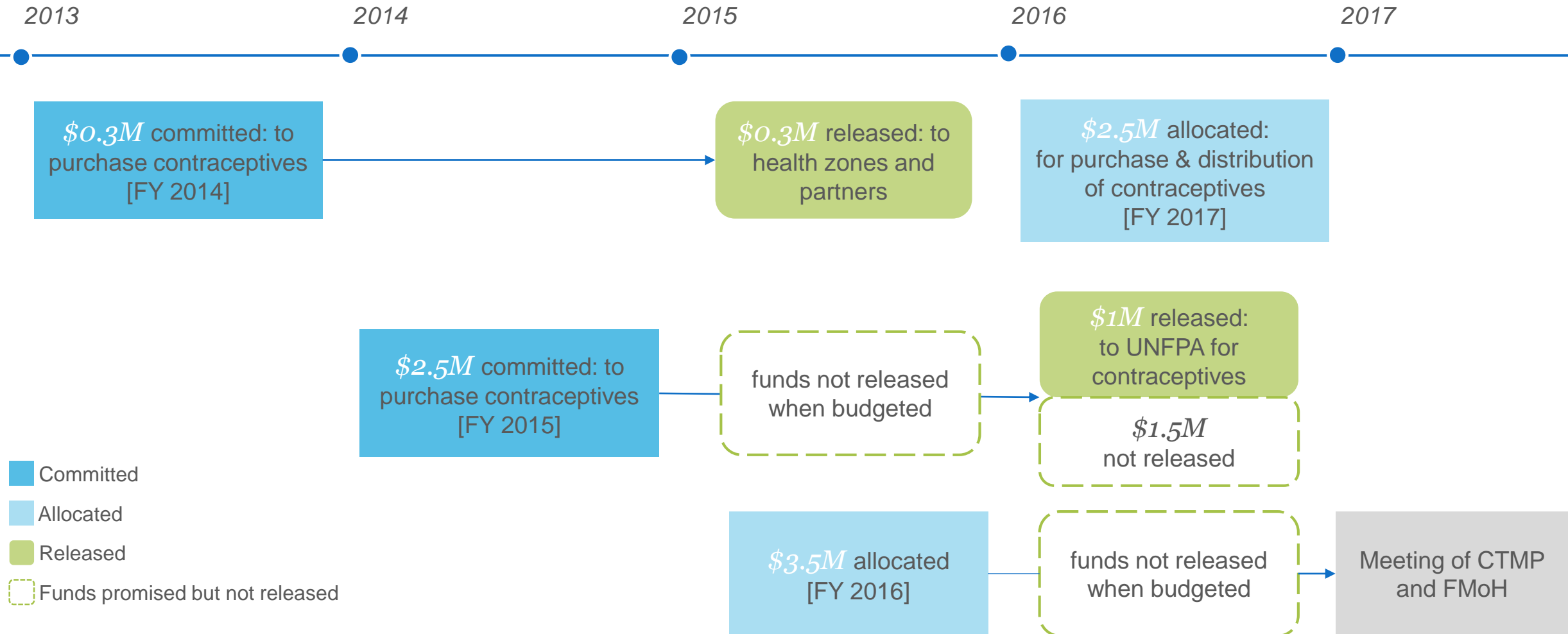
19%

mCPR

# DRC government FP funding status

TOC critical assumption: favorable FP policies are put in place.

*While money is consistently committed or allocated to FP, disbursement issues result in years-long wait for funds or no funds released at all.*



# Youth policy context: restrictions on access to FP

TOC critical assumption: favorable FP policies are put in place.

*Policy restrictions currently limit access to FP through restrictions on parent/spousal consent, age minimums and marital status. Guidelines on provision of FP to youth more favorable.*

*consent*

Law/policy exists that requires provider discretion OR consent from a parent OR spouse for youth access to FP services.



restricts access

*age*

Law/policy exists that restricts youth from accessing a full range of FP services based on age.



restricts access

*marital status*

Law/policy exists that restricts youth from accessing FP based on marital status.



restricts access

*provision*

Policy references targeting youth in provision of FP services but does not describe providing youth with a full range of methods.



unspecific

# DRC sentinel indicator updates: CTMP expansion

TOC critical assumption: PNSR & PNSA coordinate partners in support of national and provincial strategies

# of new provinces with CTMPs (newly established or planned for 2017)

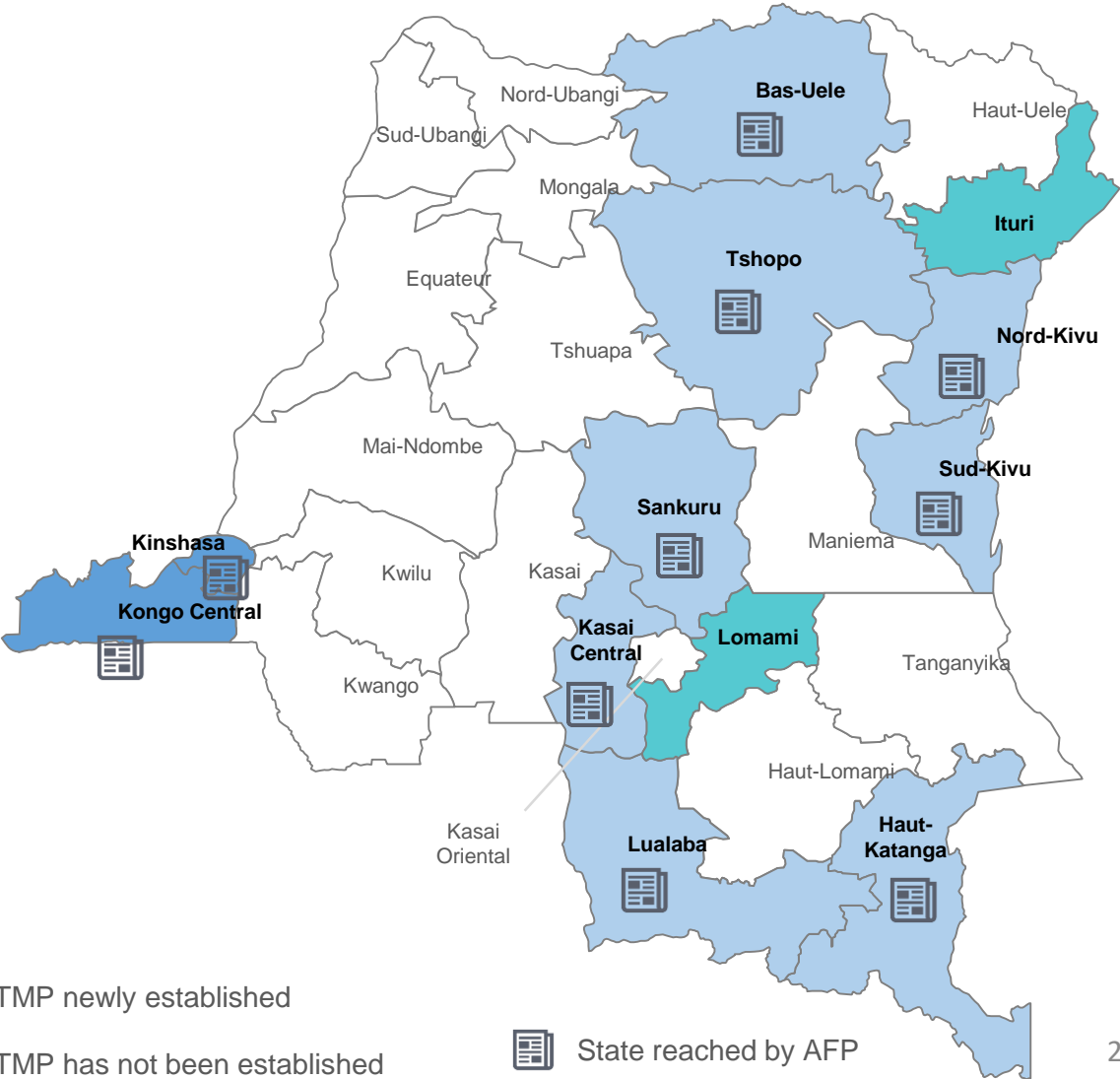
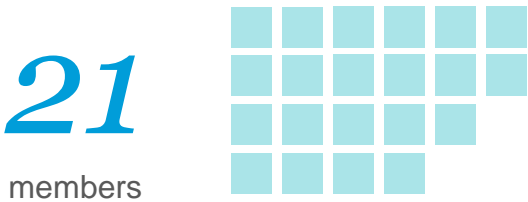
+2 = 12

(Lomami & Ituri) provinces total

# of National CTMP meetings held: 2 (no additional meeting since June 2017)



# of unique organization members of national & provincial CTMPs (no new since June 2017)



- CTMP established (BMGF deep investment state)
- CTMP established
- CTMP newly established
- CTMP has not been established

State reached by AFP

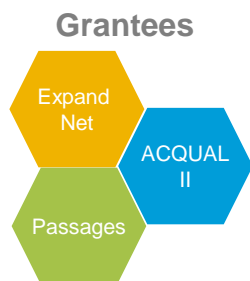
# SSM grantee-level findings: Advocacy

Grantee	Activities
<div>AFP/ Tulane</div>	2016
	Participation in the design of the law on Reproductive Health (RH) and FP
	Budgeting procurement of contraceptive at national level
	2017
	Determining advocacy objectives for provinces

Facilitators most cited		2016	2017
<div>✓</div>	Good collaboration with government at national & provincial levels and FP partners (ministries of Health, Budget, Finances)		
	Financial & technical support from AFP headquarters, government stakeholders, and public & private partners		
	Government commitments (London Summit, Declaration of Addis-Ababa, Court in favor to vote on a new RH/FP law)		
	Government willingness to favor FP		
	Strong leadership within CTMP		

Barriers most cited		2016	2017
<div>✗</div>	Socio-political instability with political climate focusing on other priorities (i.e., elections) hinders policy at national level		
	Low percentage of budget allocation to the health sector, and also a challenge to ensure it gets distributed		
	Existence of the colonial law on RH/FP		
	Existence of a budget line for medicine procurement bars interest in separate line item for contraceptives procurement		
	Insufficient number of trainers		

# SSM grantee-level findings: Capacity building



## Activities

2016

Creation of CTMP at provincial level  
Support MOH in supervision of activities (i.e., providers' service provision)

2017

Technical assistance for scaling up of solutions  
Capacity building for RH/FP stakeholders (i.e., MOH)

## Facilitators most cited

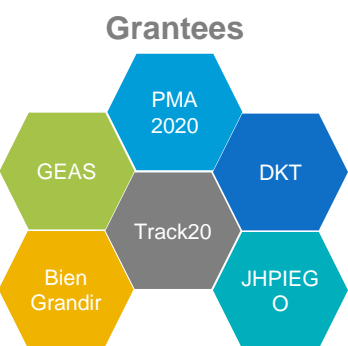
		2016	2017
✓	Availability of financial and technical support from headquarters and other partners		
	Good collaboration with FP stakeholders, and public & private partners (i.e., MOH, SANRU, ABEF)		
	Political will of the government, provinces, and stakeholders to promote FP		
	Availability of internal & external expertise (i.e., MOH, PNSA, PNSR, ASF, IRH, Save the Children)		
	Existence of training tools/ materials (i.e., training tools used in Uganda, training module on social norms)		

## Barriers most cited

✗	Overlapping activities between partners		
	Insufficient resources and trainers/ facilitators		
	Socio-political instability		
	Limited institutional capacity of local actors, and difference in education levels of training participants		
	Weak coordination at local level due to challenges to identify local implementers, supervisors' conflicting agenda		



# SSM grantee-level findings: Data collection and use



Grantees	Activities
	2016
	Conduct & disseminate FP research & surveys (i.e., clinics, FP indicators)
	2017
	Monitoring and evaluation of FP activities and FP structure

## Facilitators most cited

		2016	2017
	Good collaboration with government, BMGF partners, and external institutions (i.e., MOH, Consortium JHU, Tulane, KSPH)		
	Availability of local expertise (KSPH, MOH), and data collection & management tools (DHIS2, Track20 & PMA2020 tools)		
	Availability of financial and other resources supporting the data collection and dissemination		
	In-house M&E expertise, local staff familiar with country context, and previous experience with similar projects		
	Involvement of local health authorities and institution leaders that facilitated the recruitment of research participants		

## Barriers most cited

	Political unrest and insecurity in certain zones		
	Insufficient funds along with additional costs for difficult-to access zones		
	Issues with data and data analysis (i.e., lack of baseline data, bad coding, large sample size requirements)		
	Weak capacity of youth participants to lead participatory evaluations, and lack of training on new tool use among providers		
	Low number of FP stakeholders aware of the PMA2020 data and tools		

# Enabling environment: Bottom-up synthesis

## Facilitators most cited

		POs	Grantees
✓	Government's budget for FP has been consistently growing		
	Government commitments to FP (London Summit, Declaration of Addis-Ababa, Court in favor to vote on RH/FP law)		
	Political will of the government, provinces, and stakeholders to promote FP and scale up CTMPs (national CTMP, MOH)		
	Strong leadership within CTMP and MOH		
	Leader position of the prime organization/ grantee in enabling environment work in the country		
	Lessons learned from various FP programs (i.e., FP movement in the Ouagadougou Partnership)		
	Good collaboration with government at national & provincial levels, FP stakeholders, and BMGF partners		

## Barriers most cited

✗	Socio-political instability and insecurity in certain zone		
	Low budget allocation and release on FP commodities despite govt's improving commitment to purchasing contraceptive		
	Continuing underfunding and sufficient resources that has impacted FP activities		
	Overlapping activities between partners		
	Issues with data, data analysis & data use (i.e., lack of baseline data, low number of stakeholders aware of PMA2020 data)		
	Limited institutional capacity of local actors, and differences in education levels of training participants		

# Summary dashboard: Enabling environment

*Despite a history of commitments to provide funds for the purchase of contraceptives, the government's release of funds has been slow and difficult to track. However, diverse & engaged partners are gaining support and momentum in advocacy efforts.*

## Commitments for the purchase of contraceptives

5

Government commitments for funds to purchase contraceptives made since 2013

Government commitments, in millions (USD)



## Key barriers

### Data use



Low number of FP stakeholders aware of the PMA2020 data and tools

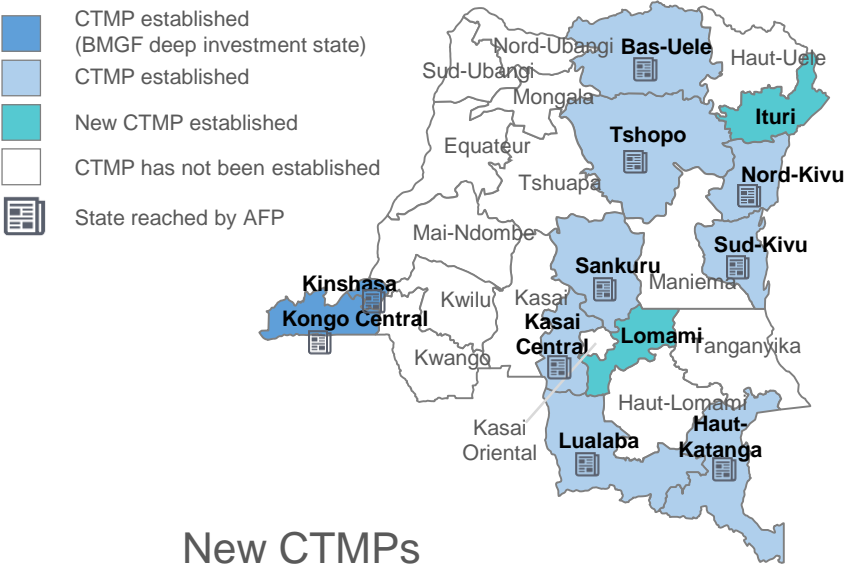
### Context



Socio-political instability with political climate focusing on other priorities (i.e., elections) hinders policy at national level

## CTMPs

Diverse and engaged partners active in CTMP process at the national level



2 New CTMPs established since June 2017



## **Findings: Demand generation**

*Targeted evaluation findings and new results*

# Demonstration models: Demand generation



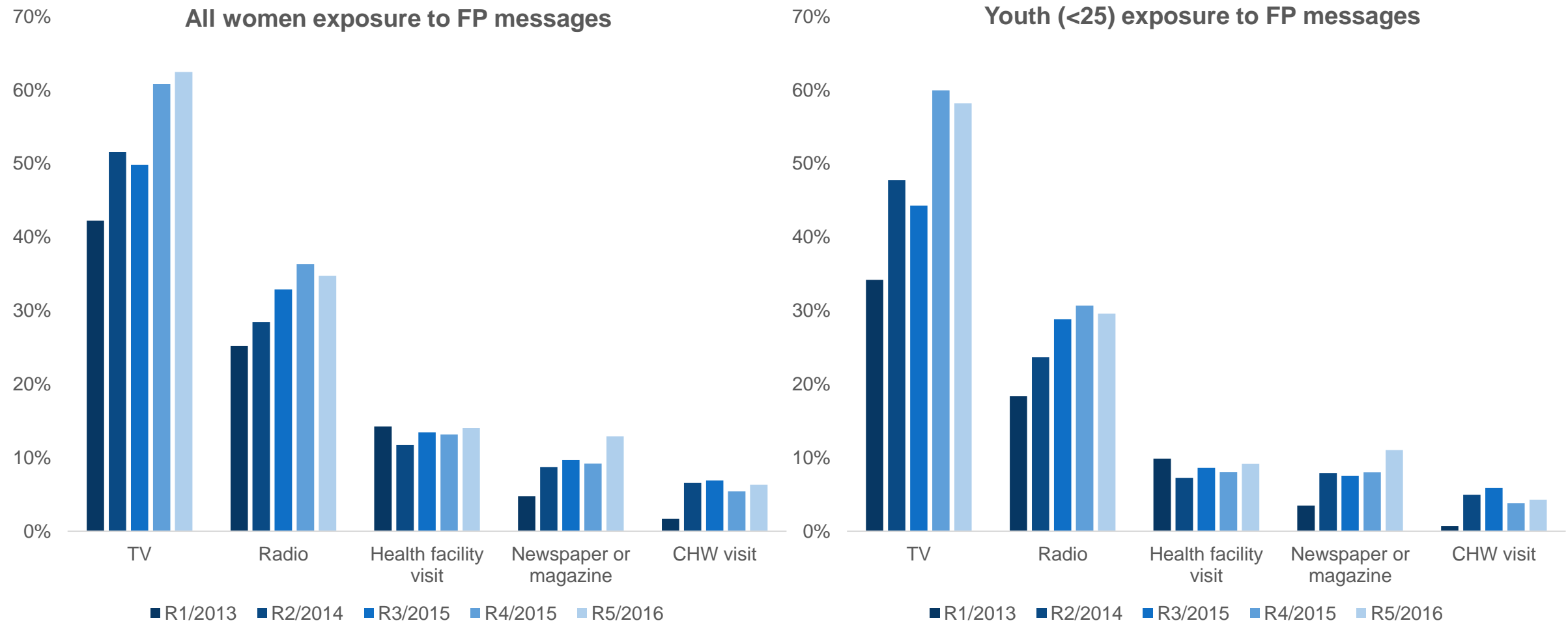
Program demonstration models  
DRC

*Updated sentinel indicators and additional deeper analyses featured in this section.*

Critical assumptions	Expected changes	Sentinel indicators
<i>Demand generation demonstration models in focus provinces are successful</i>	Increased exposure to FP messages in focus provinces	► % of women exposed to FP messages through radio and TV (by age)
	Increased intention to use FP among all women	► % of all women who are not using a FP method who intend to use a method in the future
<i>Learning about sexual &amp; RH behaviors of 10-14 year olds will improve youth-related program outcomes</i>	Increased intention to use FP among youth	► % of youth (15-24) who are not using a FP method who intend to use a method in the future

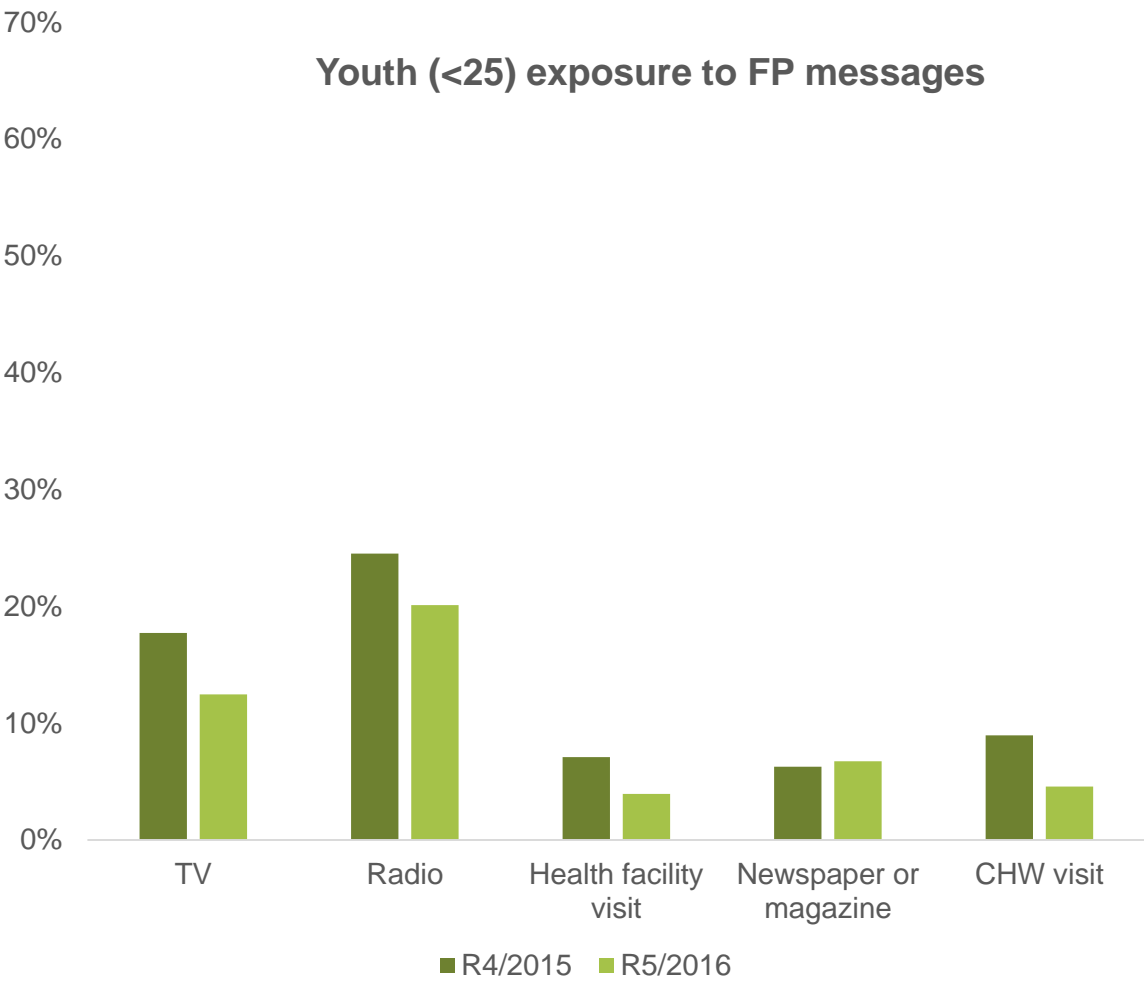
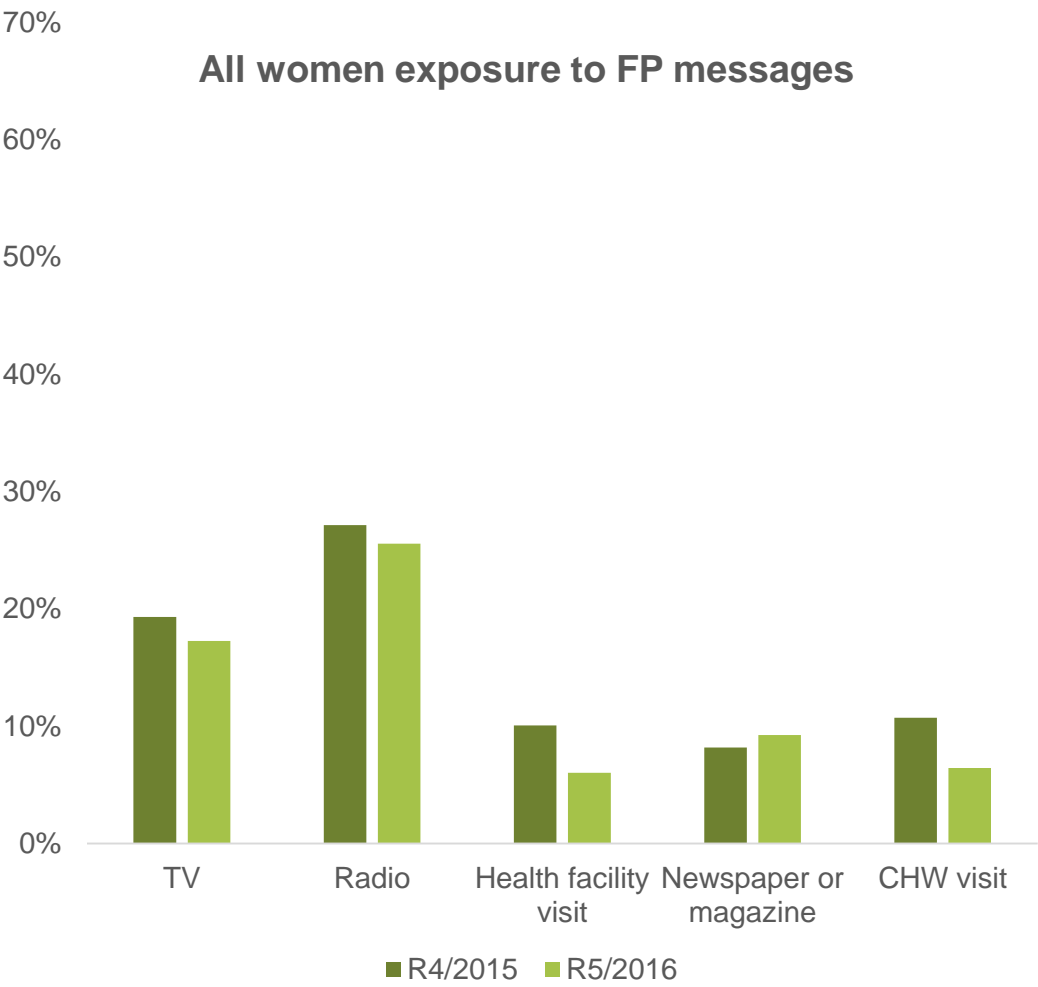
# Exposure to FP messages in Kinshasa

*Increases in exposures to FP messages on TV and radio since 2013 have recently leveled off among all women & youth. Youth have slightly lower levels of exposure.*



# Exposure to FP messages in Kongo Central

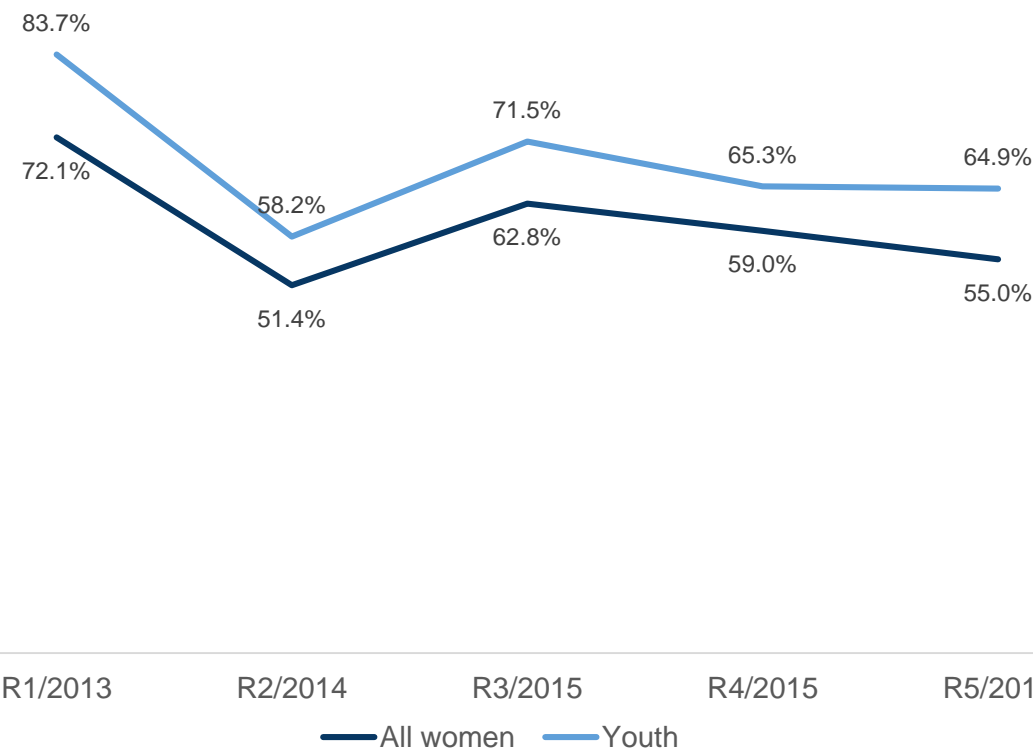
*Exposures to FP messages are generally declining or staying about the same. Overall, women's exposure is low and among youth slightly lower.*



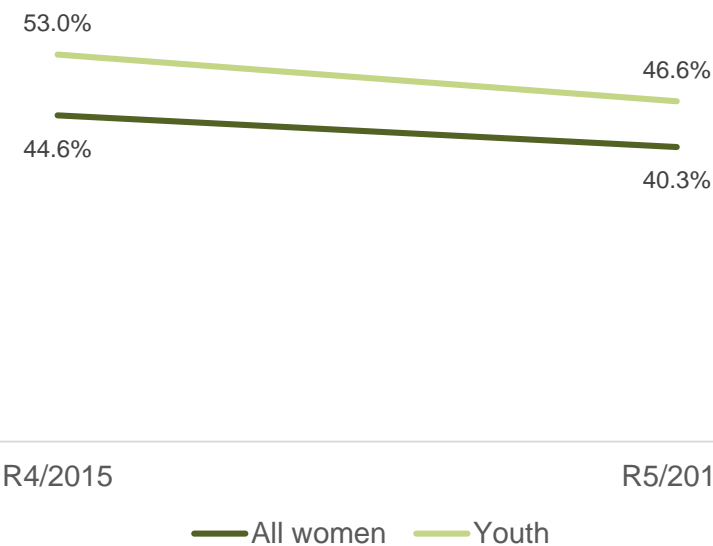
# Intention to use FP, Kinshasa & Kongo Central

*Intention to use FP in the future among non-users is declining among all women & youth <25 years old in both provinces.*

Intention to use among all women and youth, Kinshasa, 2013-2016



Intention to use among all women and youth, Kongo Central, 2015-2016

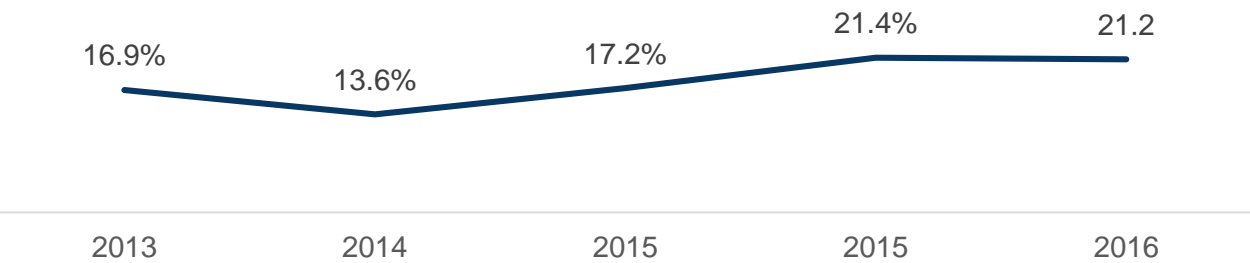




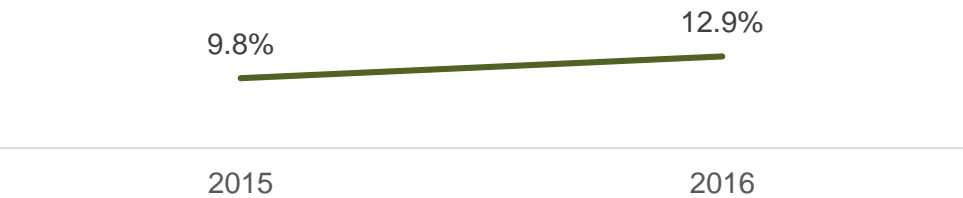
# Traditional method use in Kinshasa & Kongo Central

*In Kinshasa and Kongo Central, women’s use of traditional methods is on the rise.*

Percent of women 15-49 using a traditional method, Kinshasa 2013-2016



Percent of women 15-49 using a traditional method, Kongo Central 2015-2016



# SSM grantee-level findings: Demand generation

Grantees	Activities	
<div> <div>ACQUAL II</div> <div>Bien Grandir</div> <div>DKT</div> </div>	2016	
	Production of media communication campaigns/ programs on FP	2017
	Youth song competitions related to SSRAJ	
	Organization of special promotional days for sales of FP products	Implementation of advocacy activities for behavior change (i.e., users, youth, providers)
	Training of youth ambassadors	

## Facilitators most cited


		2016	2017
✓	Availability of financial and technical support from headquarters and other partners		
	Good collaboration with government, religious leaders, public & private partners (PNSR, PNSA, FP product distributors)		
	Availability of internal and local expertise		
	Engagement of national and international TV chains at reduced prices		
	Availability of supervision tools (i.e., supervision guide/ handbook)		

## Barriers most cited


✗	Socio-political instability		
	Insufficient funds with high costs of activities that limited the usage of media outlets and other demand generation activities		
	Overlapping activities between partners		
	Weak involvement and inaccessibility of trained personnel and officials from non-engaged partners		
	Youth & fathers' low participation in education sessions due to youth's unmet excessive expectation & fathers' unavailability		

# Demand generation: Bottom-up synthesis

## Facilitators most cited

		POs	Grantees
	Strong capacity and expertise of the grantees in demand generation work		
	Existence of successful demand generation model for scaling up (i.e., Batela Lobi Na Yo)		
	Availability of financial and technical support from headquarter and other partners		
	Good collaboration with government, religious leaders, public & private partners		
	Engagement of national and international TV chains at reduced prices		
	Availability of supervision tools (i.e., supervision guide/ handbook)		

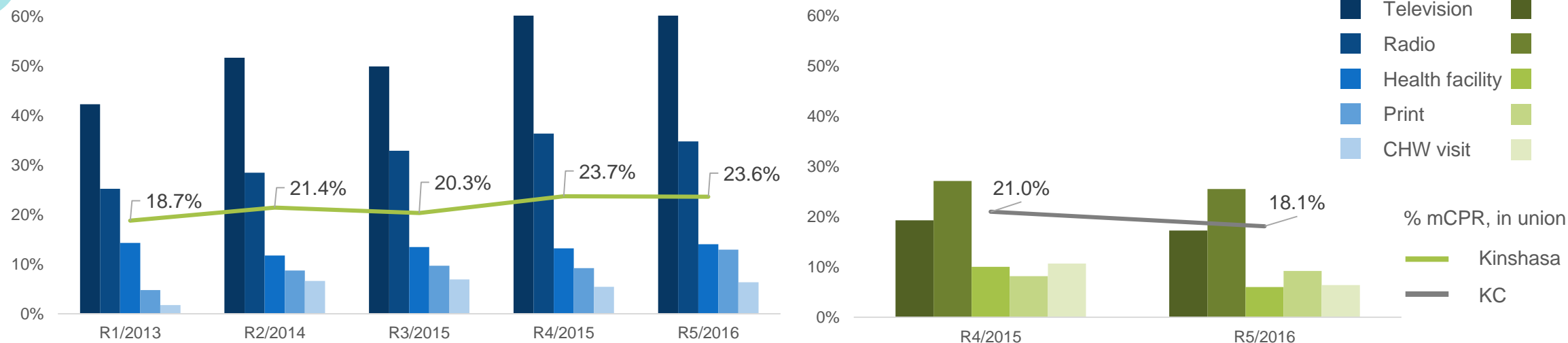
## Barriers most cited

	Continued political tension and security unrest		
	Insufficient funds with high costs of activities that limited the usage of media outlets and other demand generation activities		
	Overlapping activities between partners		
	Weak involvement and inaccessibility of trained personnel and officials from non-engaged partners		
	Difficulty to encourage active participation among girls & boys in demand generation activities due to social-cultural barriers		

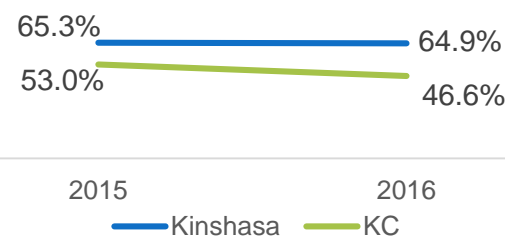
# Summary dashboard: Demand generation

We see FP message exposure and mCPR declining in Kongo Central. In Kinshasa, program exposure and mCPR seem to be staying about the same.

Media exposure to FP is on the rise in Kinshasa, while declining slightly in KC:



## Intention among youth



Intention to use FP among youth has decreased or remained the same in both provinces

## Key barriers

Youth & fathers' low program participation due to youth's lack of incentives & fathers' unavailability

Weak involvement and inaccessibility of trained personnel and officials from non-engaged partners in demand generation activities



## **Findings: Service delivery**

*Targeted evaluation findings and new results*

# Demonstration models: Service delivery



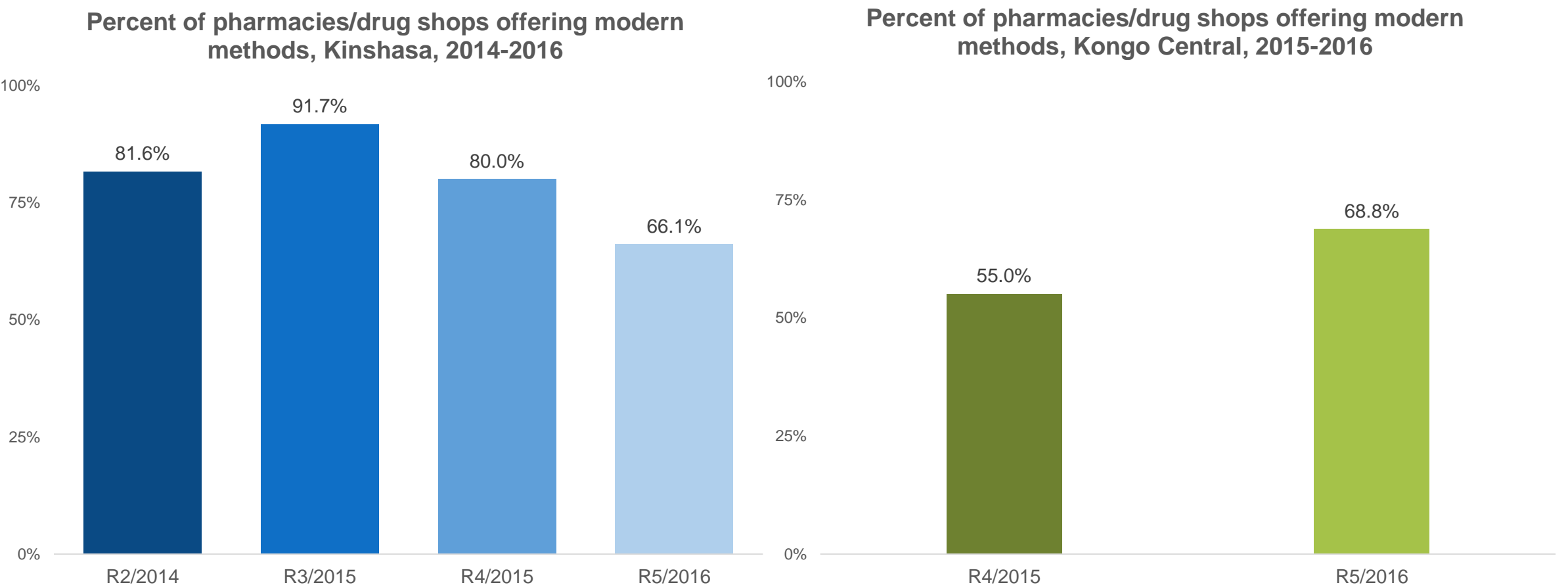
Program demonstration models  
DRC

*Updated sentinel indicators and additional deeper analyses featured in this section.*

Critical Assumptions	Expected changes	Sentinel indicators
<i>Service delivery models will increase quality and access to FP services/commodities</i>	Access to services is increased in focus provinces	<ul style="list-style-type: none"> <li>▸ % of facilities offering at least five modern contraceptive methods, by facility type</li> <li>▸ % of pharmacies/drug shops offering modern FP methods</li> <li>▸ % of public facilities with a CHW that provides FP</li> <li>▸ % of women hearing FP message from CHW</li> <li>▸ % of public facility with stock-outs in the last 3 months (IUD, implant, injectable, pill)</li> </ul>
	Quality of services increased in focus provinces	<ul style="list-style-type: none"> <li>▸ % of women counseled on side effects</li> </ul>
	Increased demand for Sayana® Press and Nexplanon, especially among youth	<ul style="list-style-type: none"> <li>▸ % of facilities offering Sayana® Press (public, private)</li> <li>▸ % of modern method users using Sayana® Press</li> <li>▸ % of modern method users using implants</li> </ul>
<i>Private sector models will increase access to FP</i>	Access to FP services in the private sector increased in focus provinces	<ul style="list-style-type: none"> <li>▸ % of private facilities offering at least five modern contraceptive methods</li> <li>▸ % of pharmacies/drug shops offering modern FP methods</li> </ul>
<i>Adults and youth will be willing and able to purchase socially marketed products</i>	Increased private sector market share	<ul style="list-style-type: none"> <li>▸ % of women who obtained their most recent method from a pharmacy or drug shop/kiosk</li> </ul>

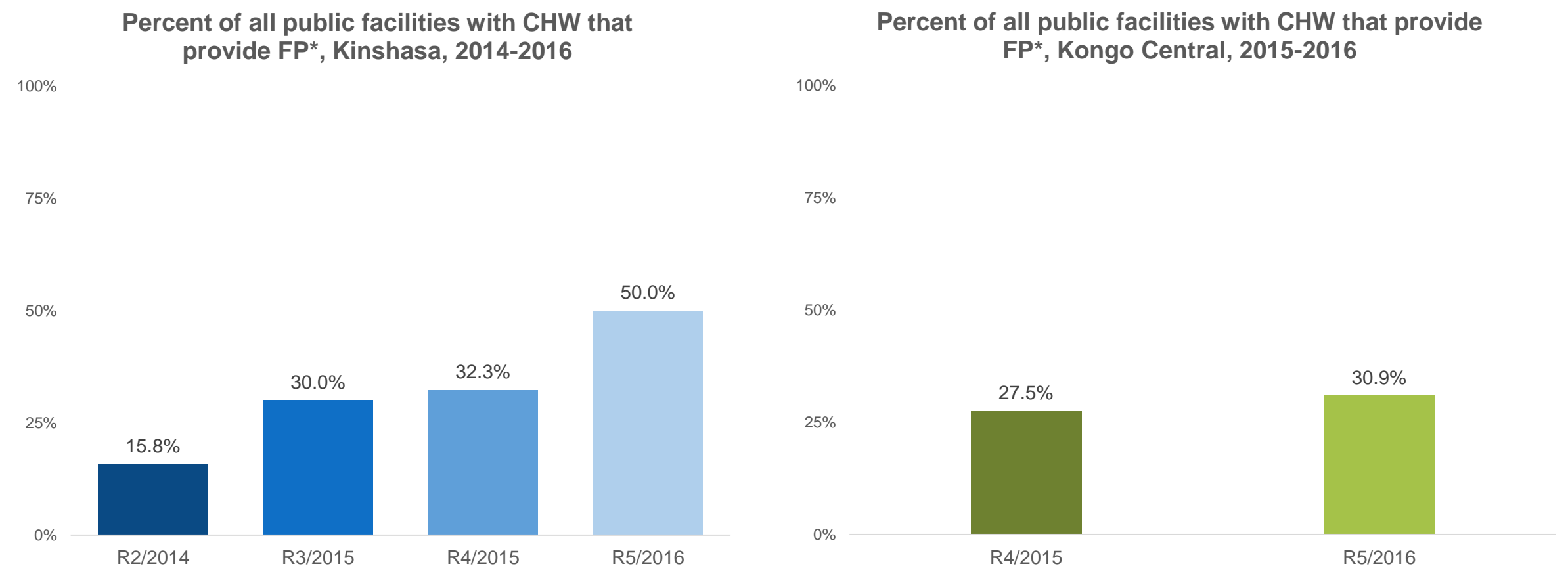
# Access to services through pharmacies/drug shops

*In Kinshasa we see a decline in access to FP through pharmacies/drug shops. In Kongo Central, access through these outlets is on the rise.*



# Access to services through community health workers

*In Kinshasa we see an increase in facilities with CHW providing FP. In Kongo Central, we see a small increase.*

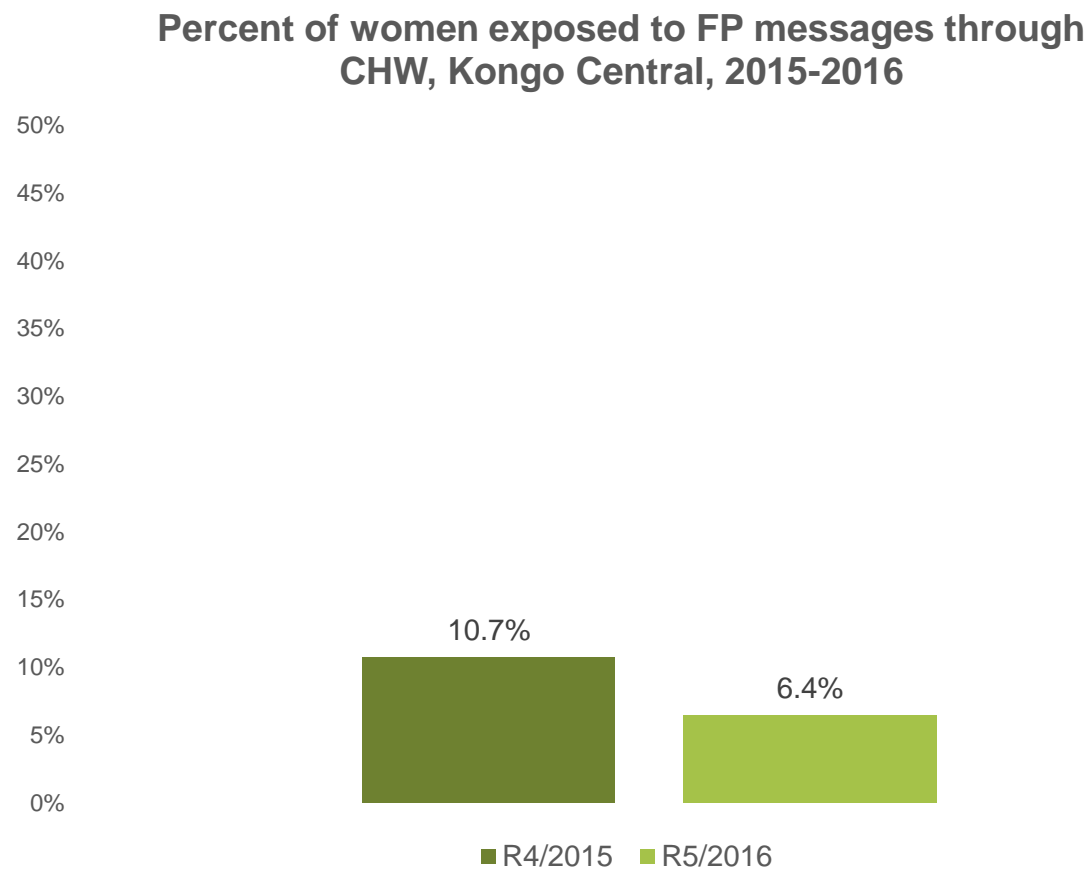
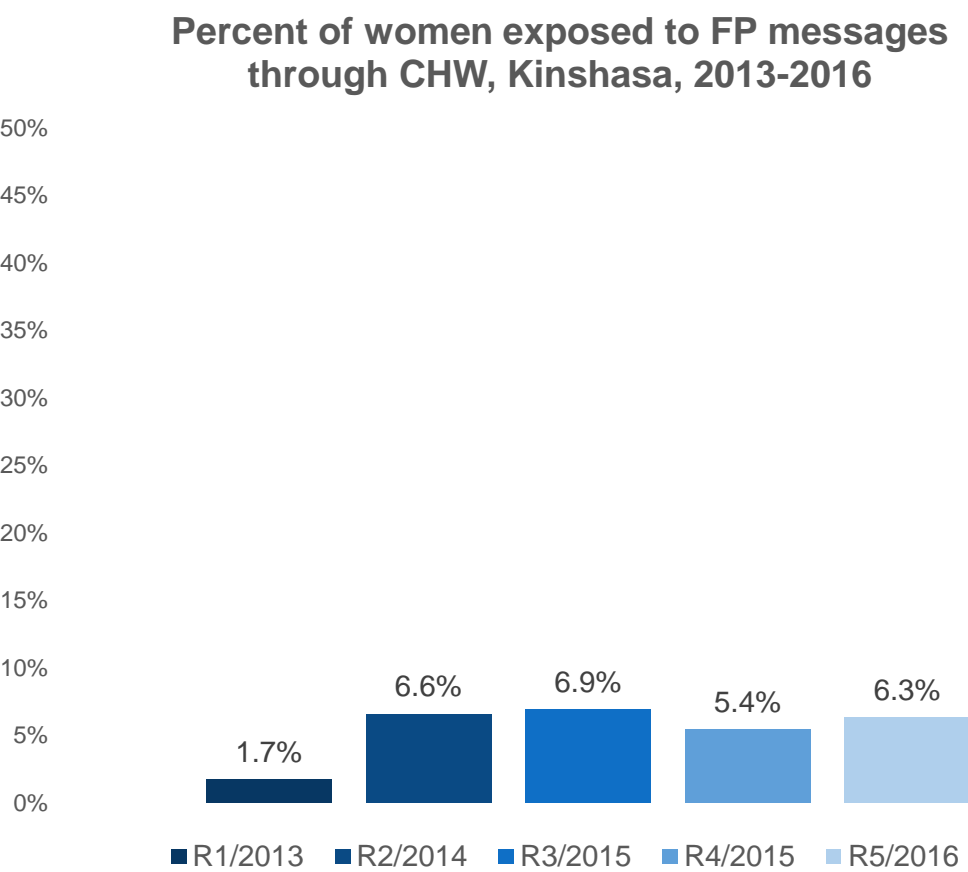


Source: PMA2020 data (R2-R5 Kinshasa; R4/R5 KC)



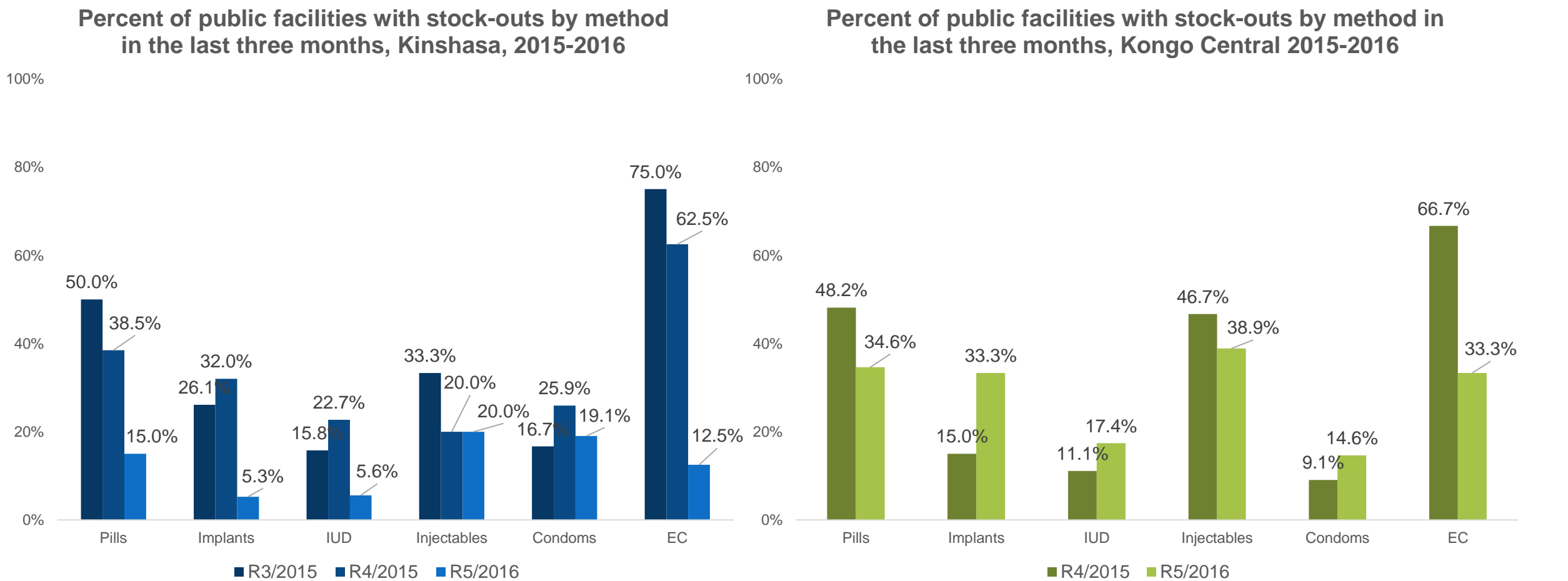
# Exposure to FP: through community health workers

*In Kinshasa we see low but stable exposure of women to FP messages through CHW. In Kongo Central, exposure has declined slightly.*



# Access to services: Method stock-outs

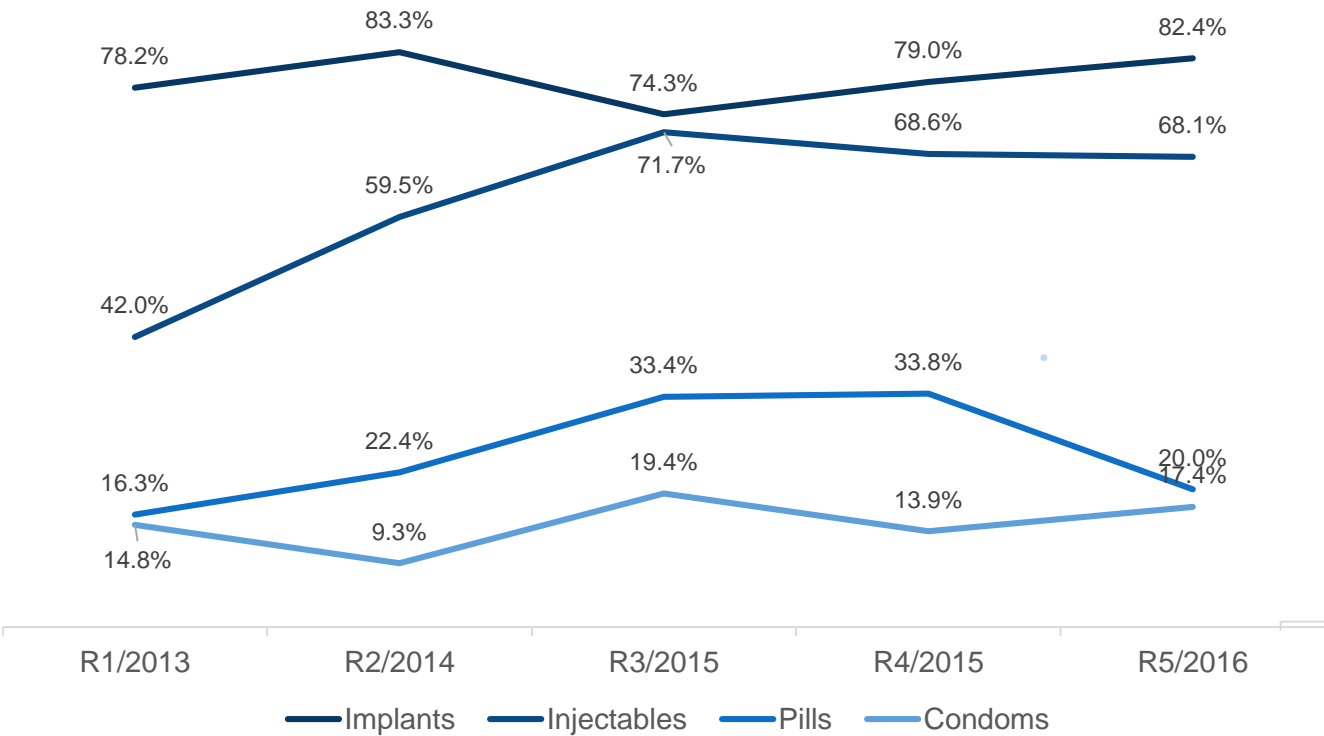
*In Kinshasa, stock-outs of all methods have been reduced. In Kongo Central, we see increases in stock-outs of implants, IUD and condoms while access to EC, injectables and pills has improved.*



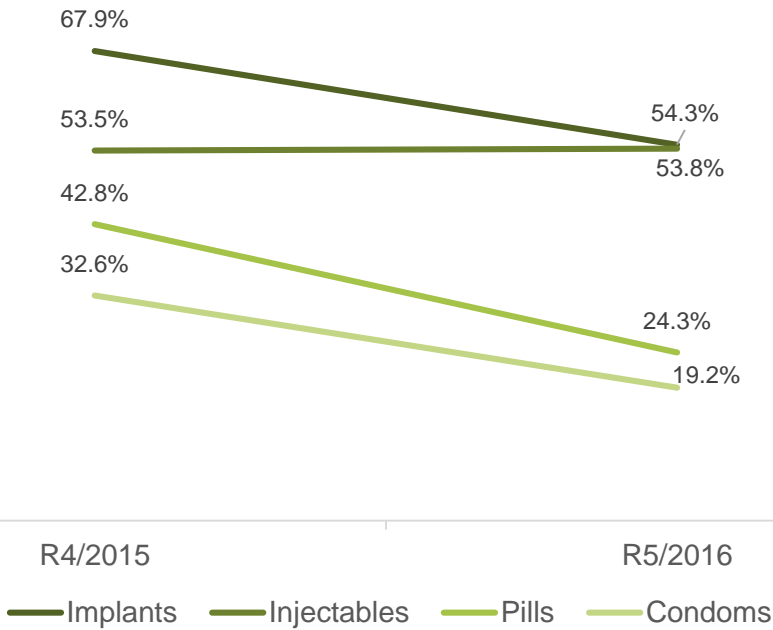
# Quality: Counseling on side effects for current method

Counseling for implants has increased in Kinshasa but has declined or stayed about the same for other methods. We see declines in counseling in Kongo Central, except for injectables.

Women counseled on side effects for current modern method by method, Kinshasa 2013-2016

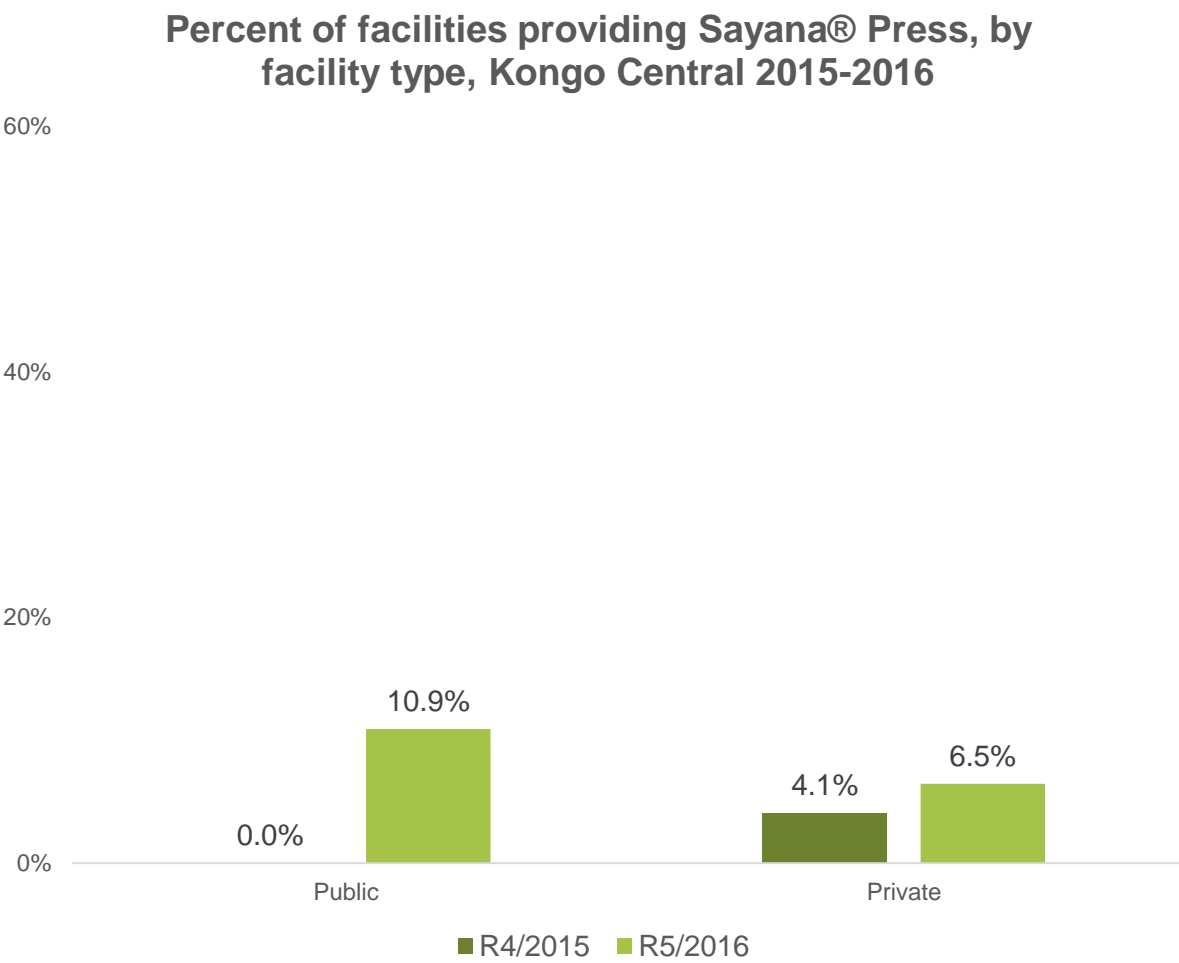
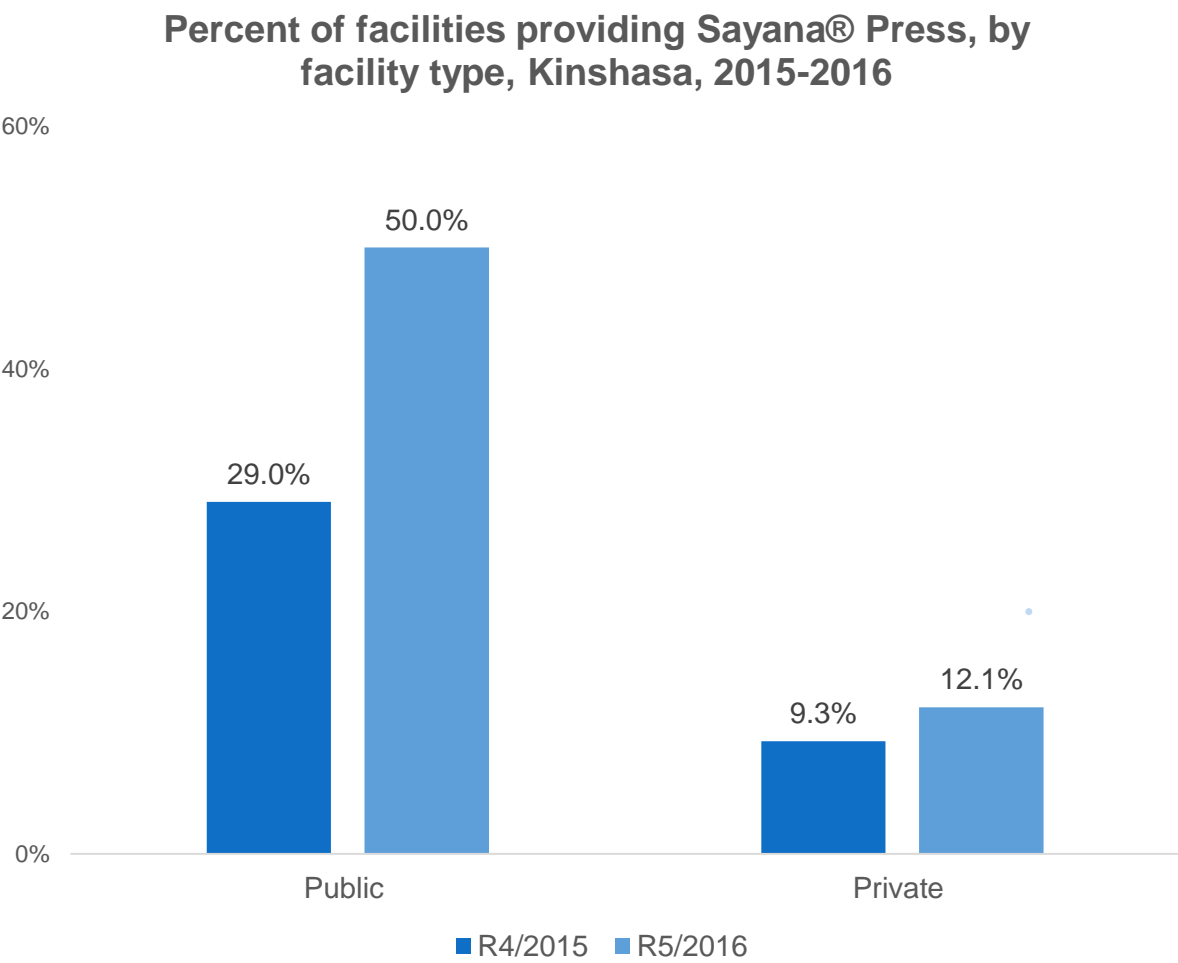


Women counseled on side effects for current modern method, Kongo Central 2015-2016



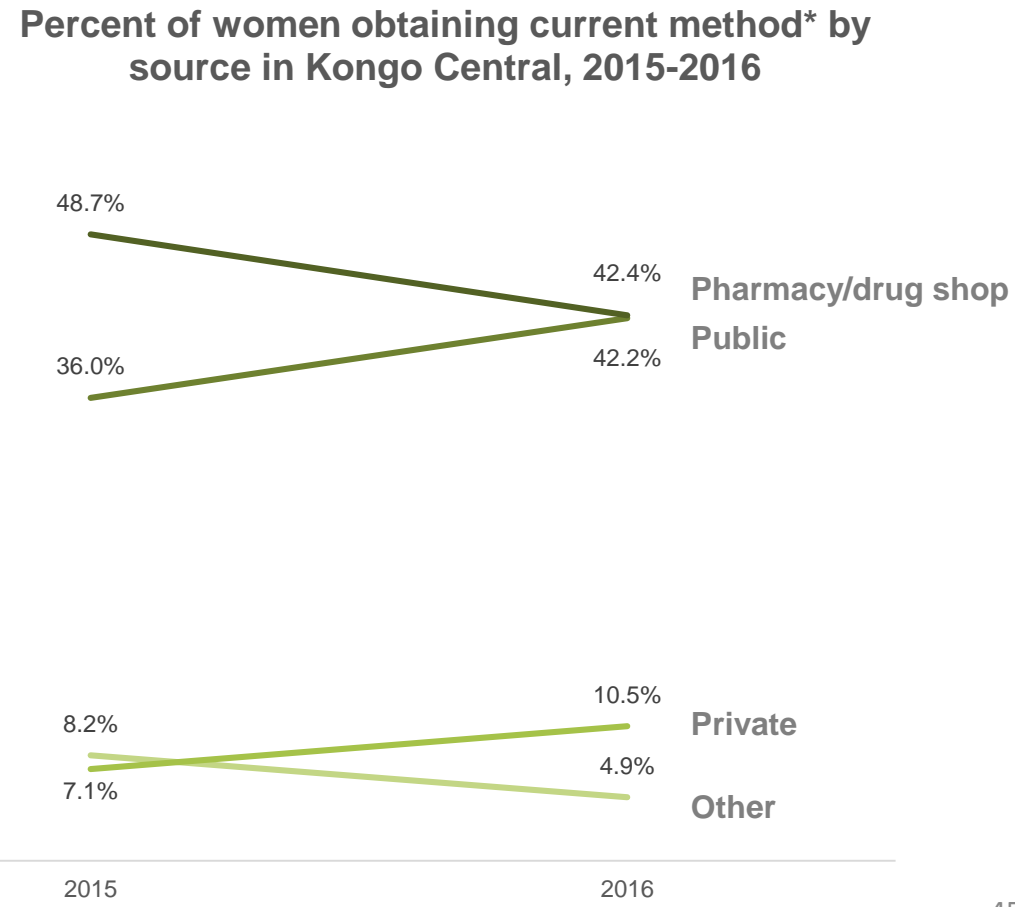
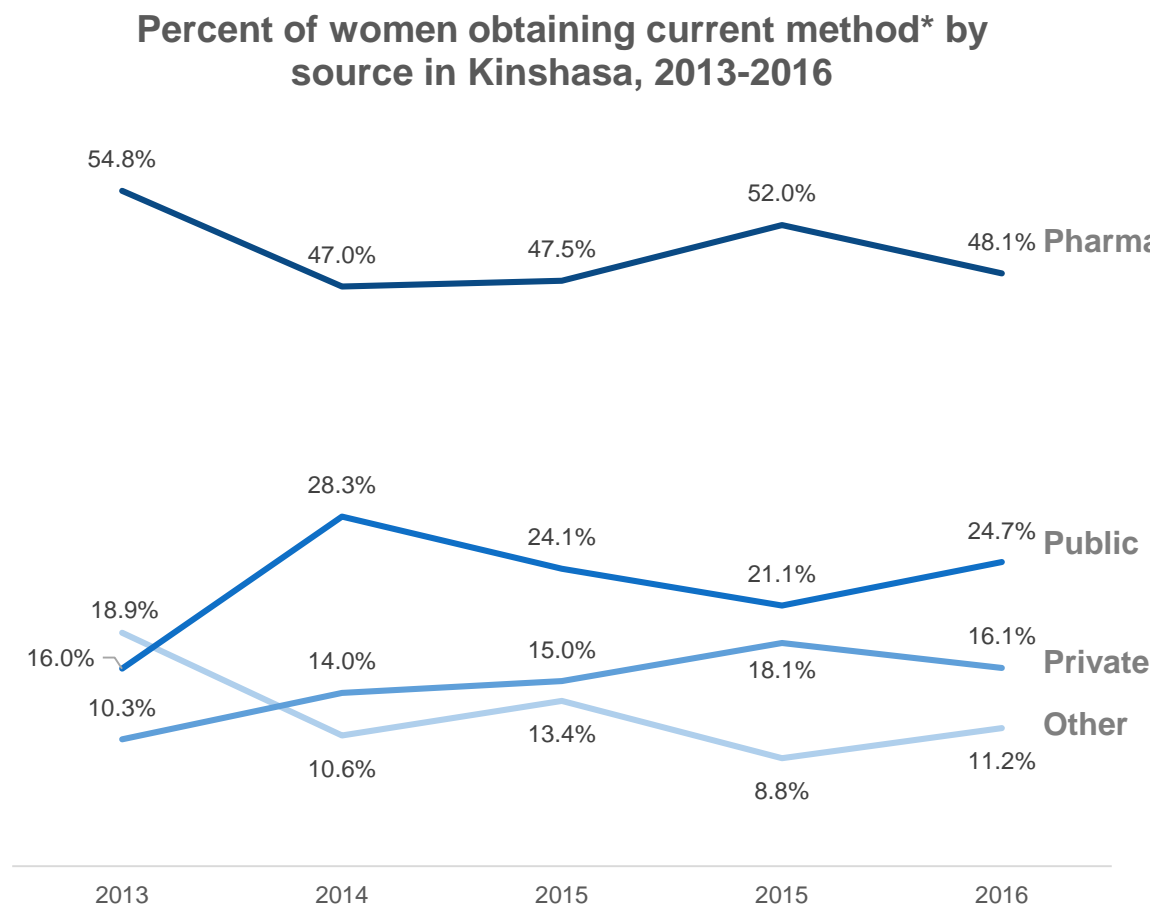
# Access to Sayana® Press

*Access to Sayana® Press has increased in both Kinshasa and Kongo Central and in public and private facilities.*



# Where women get their methods...

*The percentage of women who obtained their method from a pharmacy/drug shop declined in both Kinshasa and Kongo Central, although pharmacies/drug shop remain the most popular source in Kinshasa and tied as the most popular source with the public sector in Kongo Central*

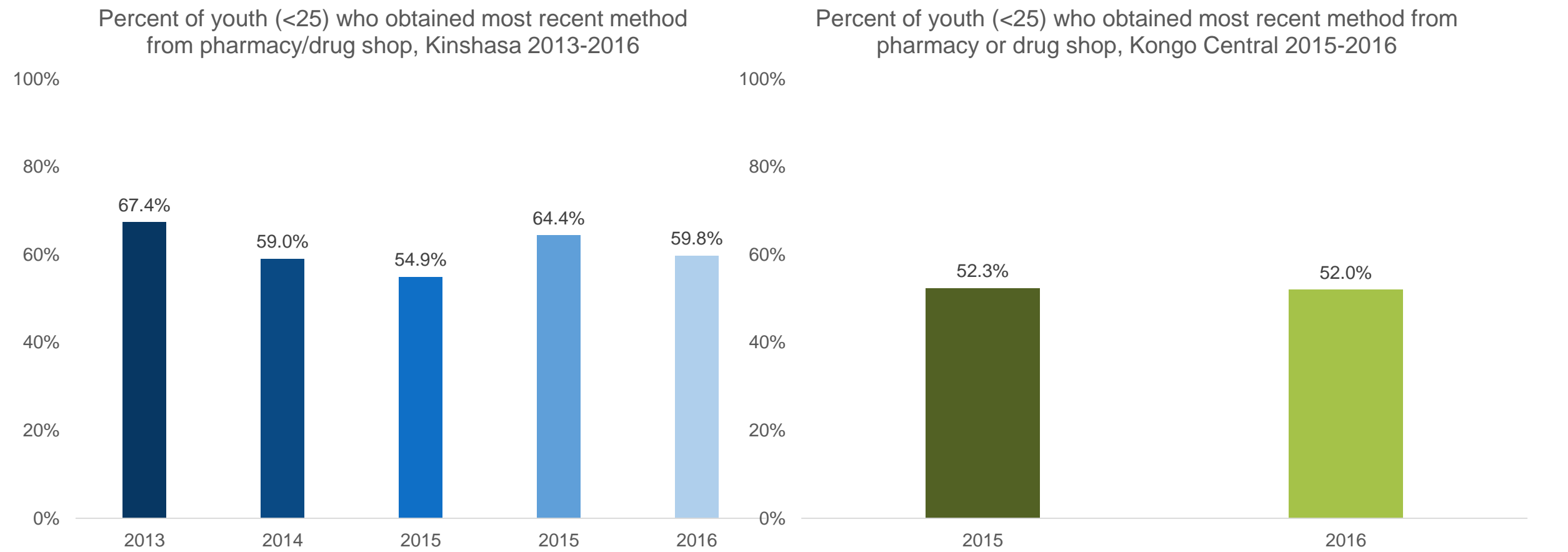


Source: PMA2020 data (R1-R5 Kinshasa; R1/R2 KC)

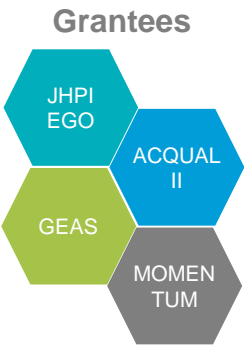
\*Excluding LAM

# Youth access at pharmacies and drug shops

*The percentage of youth under 25 years old who obtained their method from a pharmacy/drug shop declined slightly in Kinshasa and remained the same in Kongo Central*



# SSM grantee-level findings: Service delivery



Activities
2016
Contraceptive provision for ACQUAL II
Training in FP clinics and community service providers (i.e., nursing students)
M&E of clinics
2017
Quality assurance and improvement of FP services to increase access to FP
Provision of the new FP service 1-5-5 (Green Line)

## Facilitators most cited

		2016	2017
	Good collaboration with government, BMGF partners, national programs, institution, military zones, and private companies		
	Availability of financial and other resources supporting the service delivery work		
	Trained staff in clinics and community service providers available		
	Existence of training tools and materials (JHPIEGO, Momentum)		
	Availability of experts from headquarters, local offices, and government (i.e., MOH, JHU/CCP)		

## Barriers most cited

	Socio-political instability, and difficulty to access military zones		
	Insufficient budget		
	Overlapping activities		
	Trained personnel instability, and lack of proper training materials & a tool for commodity quantification (ACQUAL II)		
	Issues with volunteers (i.e., no reimbursement trained volunteers providing FP, insufficient numbers of male students)		

# Service delivery: Bottom-up synthesis

## Facilitators most cited

		POs	Grantees
✓	Availability of financial, FP commodities, and technical support from BMGF headquarter and other partners		
	BMGF's procurement investment as an impactful example drawing interest from partners to come on board (i.e., USAID)		
	Data on procurement needs & gaps from CTMPs caught attention of other partners to FP product supply (i.e., World Bank)		
	Grantees' effective advocacy strategy on FP service supply		
	Good collaboration with government, BMGF partners, national programs, institution, military zones, and private companies		
	Availability of trained staff in clinics and community service providers		
	Existence of training tools and materials		
	Availability of experts from headquarters, local offices, and government		

## Barriers most cited


✗	Socio-political instability and insecurity in certain zone		
	Ongoing crisis of the shortage of FP commodities		
	Insufficient budget		
	Overlapping activities		
	Trained personnel instability, and lack of proper training materials and a standardized tool for commodity quantification		




# SSM grantee-level findings: Private sector engagement

Grantee	Activities
 DKT	2016
	Marketing FP to youth (Youth Sensitization)
	2017

## Facilitators most cited

		2016	2017
	Favorable FP environment at the national level (i.e., gov't and stakeholders' support to FP)		
	Good reputation and strong in-house capacity of the prime organization in private sector engagement work		
	Availability of financial support from BMGF/ headquarter		
	Availability of various social marketing & education approaches/ platforms (i.e., Green Line, youth ambassador model)		
	Positive collaboration with and support from churches and religious leaders		

## Barriers most cited

	Inconsistent pricing policy in the clinics		
	Social-cultural barriers to FP (i.e., myths around sexuality & contraceptive)		
	Comfort zone barriers (i.e., difficulty for youth ambassadors to find appropriate words to speak about sexuality)		
	Poor data on FP use, and lack of tracking tools		
	Limited availability of youth ambassador due to conflicts with schooling, and inadequate length of training for them		

# Private sector engagement: Bottom-up synthesis

## Facilitators most cited

		POs	Grantees
✓	Favorable FP environment at the national level (i.e., government and stakeholders' support to FP)		
	Availability of data on drug shop market generated increased interest in engaging informal private sector in providing FP		
	Strong in-house capacity of grantees in private sector engagement work		
	BMGF's emerging investment portfolio strategically responds to needs in private sector engagement in FP		
	Availability of financial support from BMGF/ headquarter		
	Availability of various social marketing and education approaches/ platforms		
	Positive collaboration with and support from churches and religious leaders		

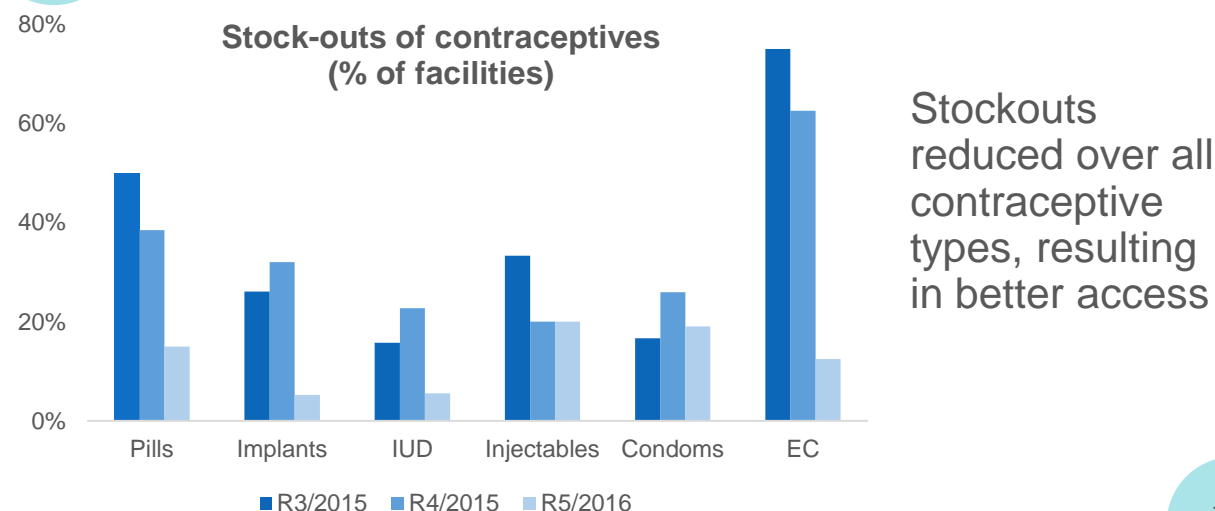
## Barriers most cited

✗	Socio-political instability and insecurity in certain zone		
	Challenges to drugs shops (i.e., high cost & low quality of FP products, providers' poor knowledge, poor counseling service)		
	Inconsistent pricing policy in the clinics		
	Social-cultural barriers to FP (i.e., myths around sexuality & contraceptives)		
	Poor data on FP use, and lack of tracking tools		
	Comfort zone barriers (i.e., difficulty for youth ambassadors to find appropriate words to speak about sexuality)		

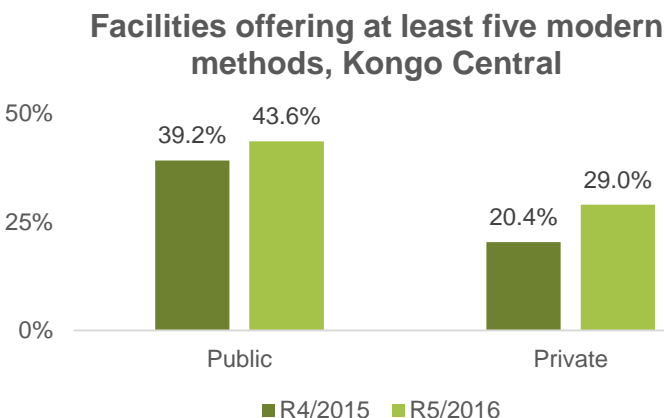
# Summary dashboard: Service delivery

Contraceptive access and quality have improved in Kinshasa with lower stock outs across methods and improved counseling. In Kongo Central, access is much lower and quality is low and declining for most methods.

## Improved contraceptive access in Kinshasa



## Area of improvement



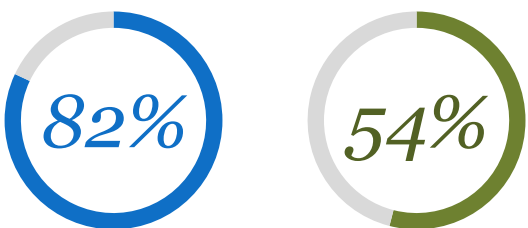
Access to multiple options is increasing but still low in Kongo Central

## Pharmacies still leading source for FP



Almost half of all women in Kinshasa & Kongo Central obtain methods from pharmacies/drug shops

## Percentage of users counseled on side effects



In Kongo Central, about half of women using implants were not counseled on side effects



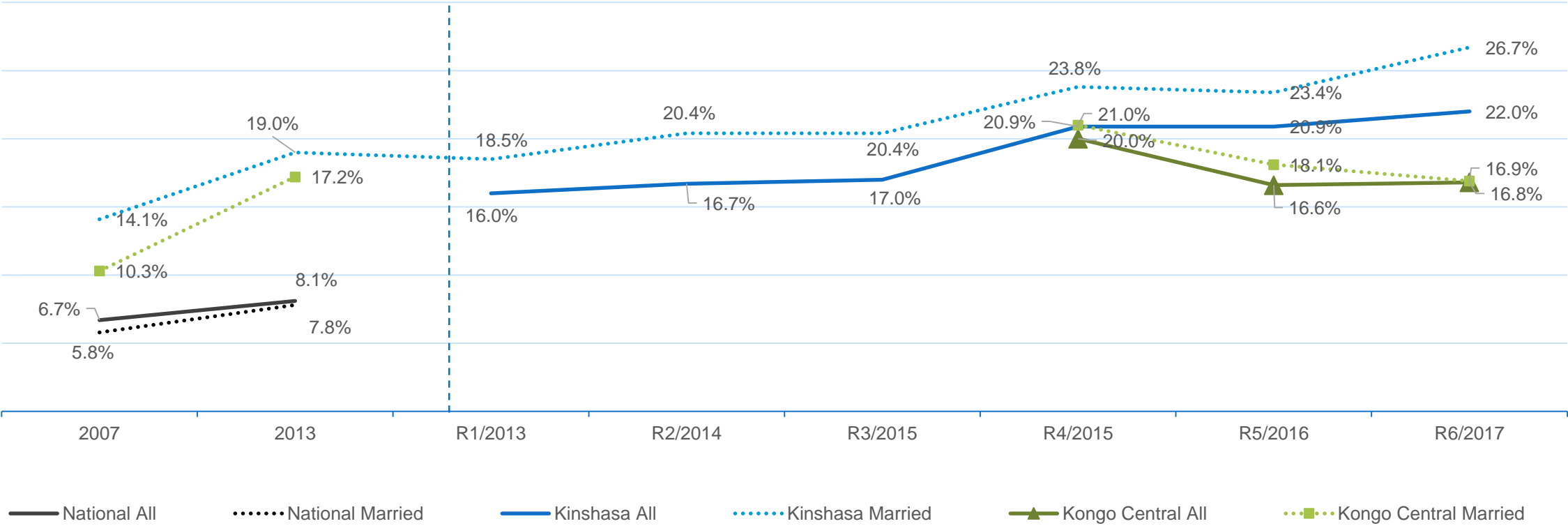
## **Findings: Scale-up and impact**

*Targeted evaluation findings and new results*

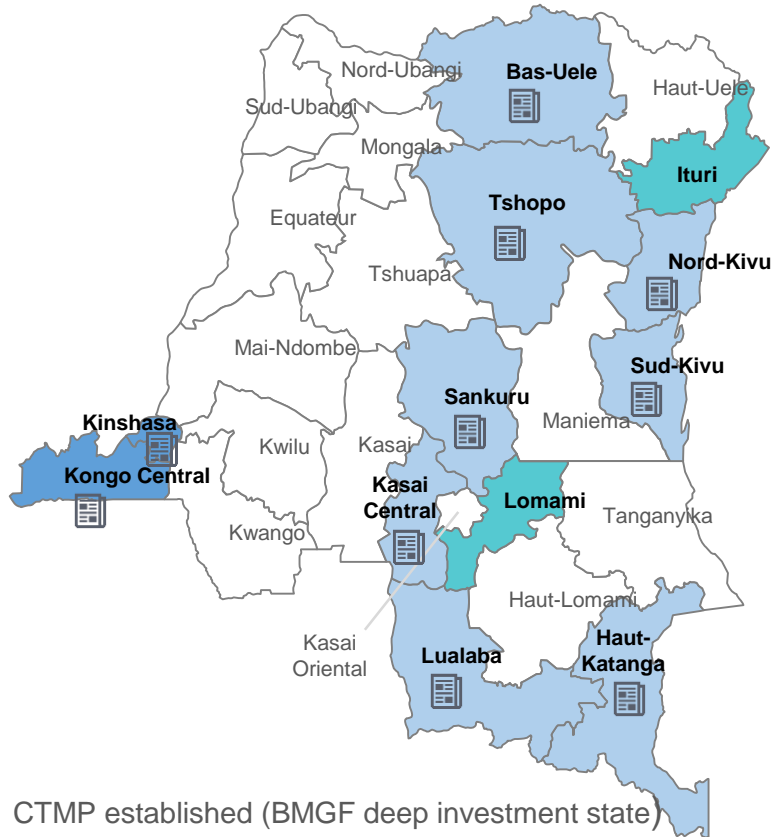
# Summary dashboard: Scale-up and impact

Overall, we see an increase in the mCPR in DRC as compared to 2007. However, recent trends in have been decreasing in Kongo Central.

mCPR longer-term trends



# Scale up and BMGF expansion



## *Enabling environment*

- AFP & ACQUAL2 scale up of CTMPs in 12 provinces



## *Demand generation*

- DKT expansion of youth campaign to Equateur, North Kivu, Kasai, and Bandundu



## *Service delivery*

- In the process of obtaining official authorization for scale-up of community-based distribution of Sayana® Press & self-injection
- Planned scale-up of Implanon Nxt at the community level with medically trained CHW
- DKT expansion of FP sales via boat up the Congo River



## **Findings: Coordination**

*Targeted evaluation findings and new results*

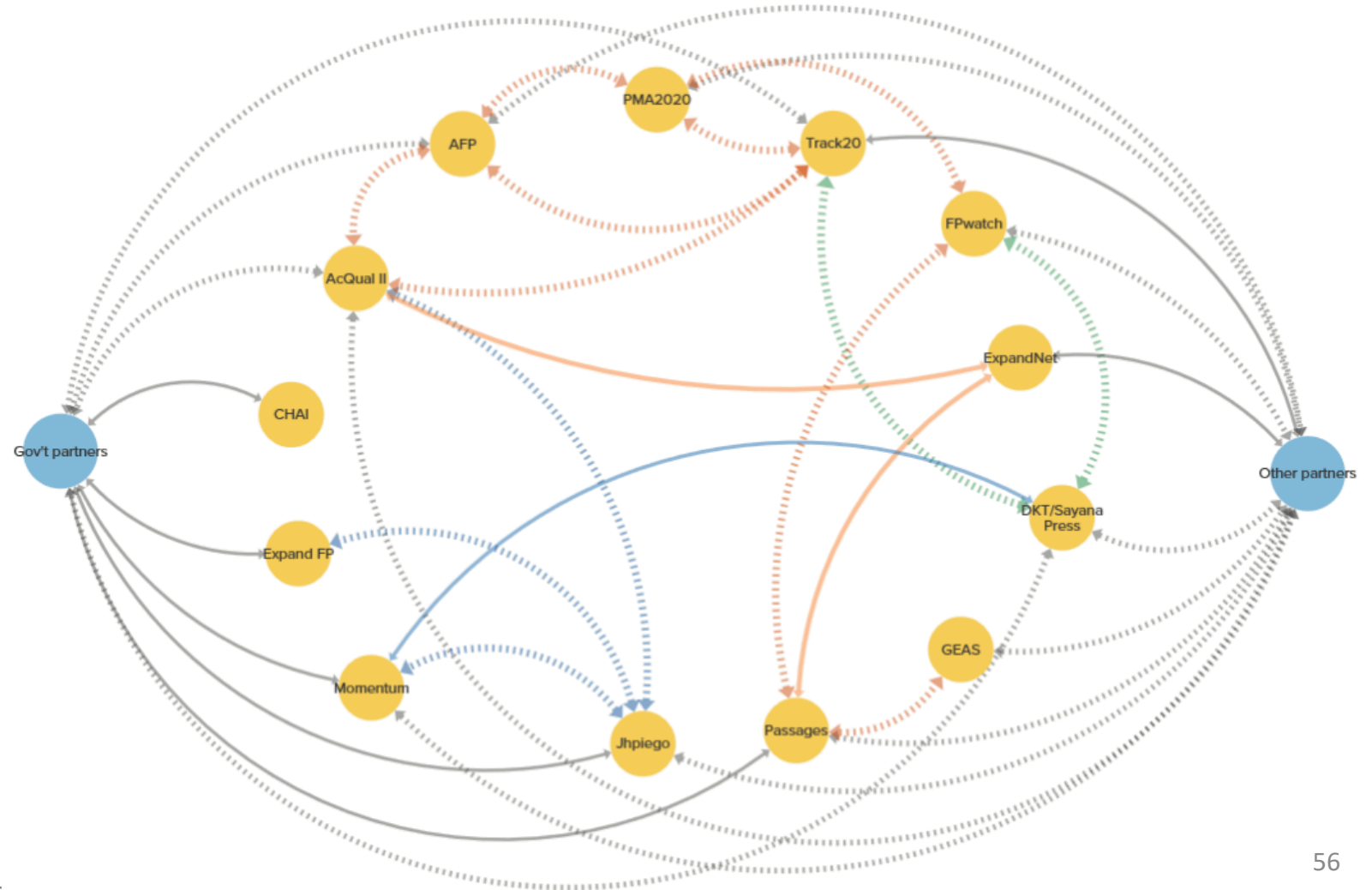
# Current status of cross-grantee coordination

*Overall, we see a lot coordination between BMGF grantees and gov't partners, with new connections reported since June 2016 particularly additional connections with Government.*

**Other partners** include the World Bank, USAID, UNFPA, Norway Forestry Ministry, SIDA, Save the Children Fund, TJ Mather, PNAM, Maman Mbola, MSD/Merck, Marie Stope, the David & Lucile Packard Foundation, ideo.org, University of Kinshasa School of Public Health, DRC Pediatric Society, radio/TV chains, and local schools

## Legend

- BMGF grantee/ partner
- Non-BMGF partner
- - - Nat'l/provincial level capacity - Existing
- - - Nat'l/provincial level capacity - New
- - - Model testing & learning - Existing
- - - Model testing & learning - New
- - - Engaging the private sector - Existing
- - - Engaging the private sector - New
- - - Non-BMGF partners - Existing
- - - Non-BMGF partners - New







# Appendix

# The purpose of FP CAPE

*FP CAPE takes a complex systems look at BMGF family planning investment portfolios in the Democratic Republic of the Congo and Nigeria towards achieving national mCPR goals.*

## *Mechanisms of action*

A clear **theory of change** identifies critical assumptions on drivers of family planning use.

By testing theorized processes, FP CAPE generates evidence on how and why each mechanism can achieve sustained change.

## *Context & interaction*

A **portfolio-level evaluation** independently assesses family planning investments in DRC and Nigeria.

By observing how multiple activities work together, rather than focusing on individual grants, FP CAPE detects interactions and synergies between programs.

## *Design features*

A **prospective design** documents change, issues, and learning concurrently with implementation. This allows FP CAPE to test critical assumptions in real time.

**Realist, theory-based models** define and test theoretical assumptions, use realist evaluation techniques, to adapt portfolio theories of change (TOC) in response to FP CAPE findings.



# FP CAPE evaluation toolkit

*FP CAPE uses quantitative, qualitative and mixed-methods approaches to consider the complexity inherent in evaluating diverse program activities across different socio-political contexts.*

## Sentinel indicators

Indicators are used to monitor whether expected changes are happening within the FP portfolio.



Primarily  
quantitative data

Indicators are tracked over time, in order to give an understanding of changes while FP portfolio programming is occurring.

### Updates

- Occur every 6 months
- Or as frequently as indicator is updated/new data is available
- Indicators are tracked over time

## Bottom-Up Inquiry

Bottom-Up Inquiry is used to qualitatively understand the portfolio of programs related to FP.



System  
support  
mapping



BMGF Program  
Officer &  
Grantee interviews



Systematic  
document  
review

By identifying themes of inquiry, the information identified is used to validate or adjust the Theory of Change (TOC).

### Themes of inquiry

- Activities
- Facilitating factors
- Desired changes
- Proximate indicators
- Needs
- Barriers/challenges
- Cross-grantee coordination
- Sentinel indicators



Validate or adjust  
critical  
assumptions and  
potentially change  
our TOC

# Bottom-up inquiry methodology

*FP CAPE synthesized four separate streams of data that make up the bottom-up inquiry.*



## System support mapping (SSM)

- Participatory qualitative data collection activity
- Collect data on factors of implementation and context that influence program success
- Includes physical map of themes, audio and video recordings of SSM facilitation sessions



## Program officer (PO) interviews

- Conducted quarterly using a structured interview guide
- POs identify notable changes and updates to the FP portfolio and environment in their home countries
- POs are also in a unique position to identify work with private sector entities and innovations in FP



## Systematic document review

- Review of grantee documentation allows for understanding of established FP infrastructure and policies
- Looked at grantees documents, including grantee proposals, annual/quarterly progress reports, findings reports, concept notes, newsletters, and other publication on the grantees' websites



## Grantee interviews

- Annual structured interviews with grantees to identify facilitators and barriers to their FP work in the DRC
- Allowed for analysis of how and why expected changes happened

# List of abbreviations

<b>AcQual</b>	“Accès” et “Qualité”
<b>AFP</b>	Advance Family Planning
<b>ASF</b>	Association de Santé Familiale
<b>BMGF</b>	Bill & Melinda Gates Foundation
<b>CHAI</b>	Clinton Health Access Initiative
<b>CHW</b>	Community health worker
<b>CPC</b>	Carolina Population Center
<b>CPR</b>	Contraceptive prevalence rate
<b>CTMP</b>	Comité Technique Multisectoriel Permanent
<b>DHS</b>	Demographic and Health Survey
<b>DKT</b>	DKT International
<b>DRC</b>	The Democratic Republic of the Congo
<b>EC</b>	Emergency Contraception
<b>FBO</b>	Faith-based organization
<b>FMOH</b>	Federal Ministry of Health
<b>FP</b>	Family planning
<b>FP CAPE</b>	Family Planning Country Action Process Evaluation
<b>FY</b>	Fiscal year
<b>GEAS</b>	Global Early Adolescent Study
<b>GIBS-MEG</b>	Groupe Inter-Bailleur pour la Santé-Médicaments Essentiels Génériques
<b>JHU</b>	Johns Hopkins University
<b>ICEC</b>	International Consortium for Emergency Contraception
<b>IRH</b>	Institute for Reproductive Health
<b>IUD</b>	Intrauterine device

<b>KC</b>	Kongo Central
<b>KSPH</b>	Kinshasa School of Public Health
<b>M&amp;E</b>	Monitoring and Evaluation
<b>mCPR</b>	Modern contraceptive prevalence rate
<b>NCIFP</b>	National Country Index for Family Planning
<b>PMA2020</b>	Performance Monitoring and Accountability 2020
<b>PMA2020 SDP Data</b>	PMA2020 Service Delivery Point Data
<b>PMA2020 WS Data</b>	PMA2020 Women Survey Data
<b>PNSA</b>	Programme National de la Santé de l'Adolescent
<b>PNSR</b>	Programme National da Santé de la Reproduction
<b>PO</b>	Program Officer
<b>RH</b>	Reproductive health
<b>SANRU</b>	Santé Rurale
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>SP</b>	Sayana® Press
<b>SSM</b>	System support map
<b>SSRAJ</b>	Santé sexuelle et reproductive des adolescents et des jeunes
<b>TOC</b>	Theory of change
<b>UNC-CH</b>	University of North Carolina at Chapel Hill
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>USD</b>	United States Dollar