



FP CAPE

Family Planning
Country Action Process Evaluation

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

June 2017



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Executive summary

DRC Findings, insights & information gaps

DRC: Key highlights & findings



Overall, we see an increase in modern contraceptive use in the DRC when compared to 2007, however recent trends in mCPR have been flat.

DRC is a **difficult environment** – political unrest commonly cited as a barrier.

Despite **diverse and engaged partners** on the ground, DRC generally lags behind F-SSA peers in enabling environment.

Context & FP Enabling Environment

1

2

Demand Generation

Large potential impact of FP messages on **TV** in Kinshasa due to high exposure and significant association of exposure with mCPR. TV exposure is lower in Kongo-Central, however.

Community Health Workers also found to have a significant association with mCPR and are the only channel to effectively reach the poorest. Overall exposure levels are still low.

Drug shops and pharmacies are widespread and widely used for FP, although service quality is low (in terms of counseling, method choice and stock-outs)

About half of all women using a modern method use **male condoms**.

Service Delivery

3

4

Data, Scale-up & Impact

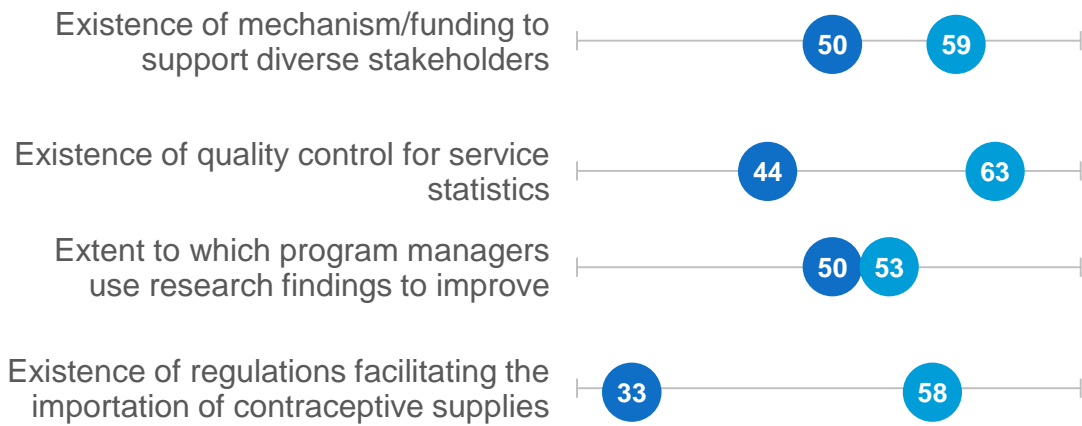
PMA2020 data collected **only in two provinces** so planning for and tracking impact of scale-up will be difficult.

Summary dashboard: Enabling environment

Long term structural issues within the FP enabling environment cause the DRC to lag behind the Francophone Sub-Saharan Africa (F-SSA) region in several measures. However, diverse & engaged partners are gaining support and momentum.

Perception of enabling environment

% agreement, **DRC** and **F-SSA**



Area of improvement



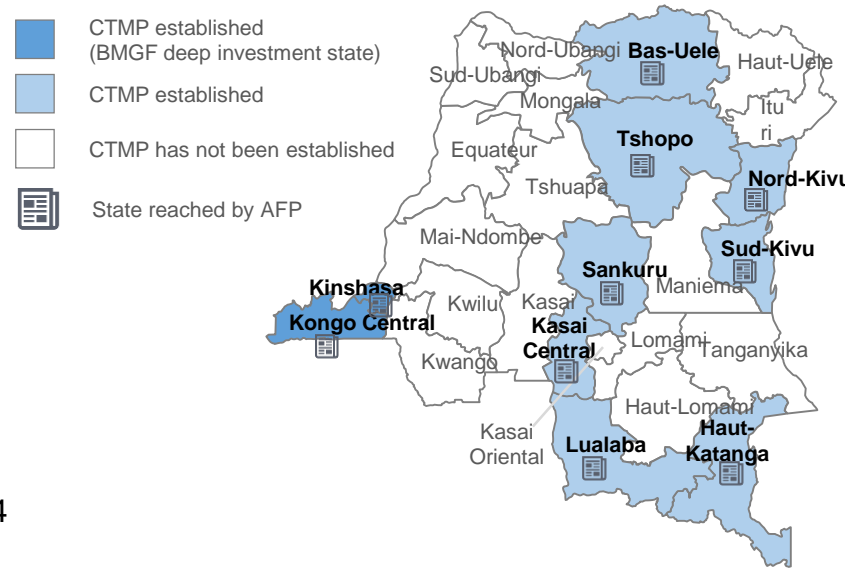
33% Feel there are regulations in place assuring commodity supply

21 Organizations represented in the CTMPs

20-40 Participants at any given national CTMP meeting

Portfolio status

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



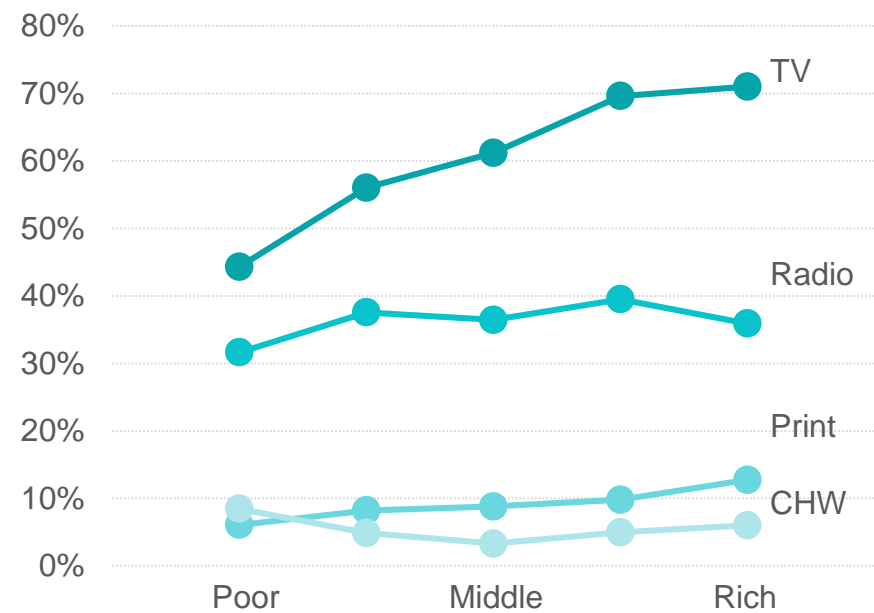
Summary dashboard: Demand generation

The poor are most likely to be non-FP users, and also receive the least FP media exposure.



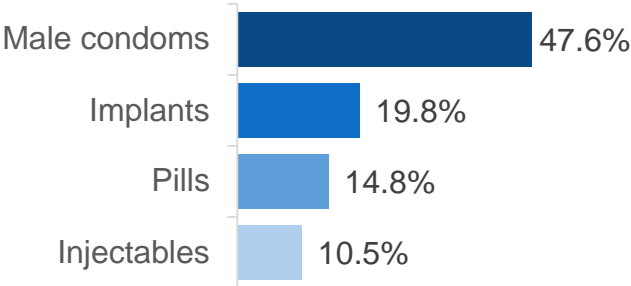
Media exposure

Positive and significant effects found on mCPR for FP on TV, print media, CHWs, and at a health facility visit.



Most popular modern methods

If using FP, about 1/2 use male condoms.



Area of improvement

79% = **58%** + **21%**

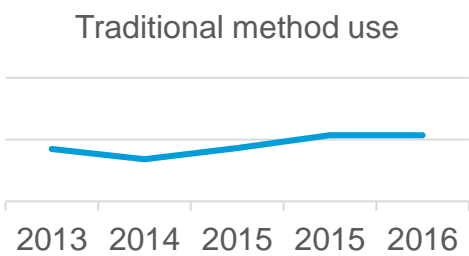
Of women in Kinshasa do not use mCPR

Use no FP

Use traditional methods



Targeting traditional method users



Traditional method use is on the rise: are we reaching them appropriately?

Summary dashboard: Service delivery

Drug shops are the most common type of site stocking contraceptives. About half of women in Kinshasa and Kongo central obtain their method from them. However, they provide low levels of quality of care and a narrower range of methods.



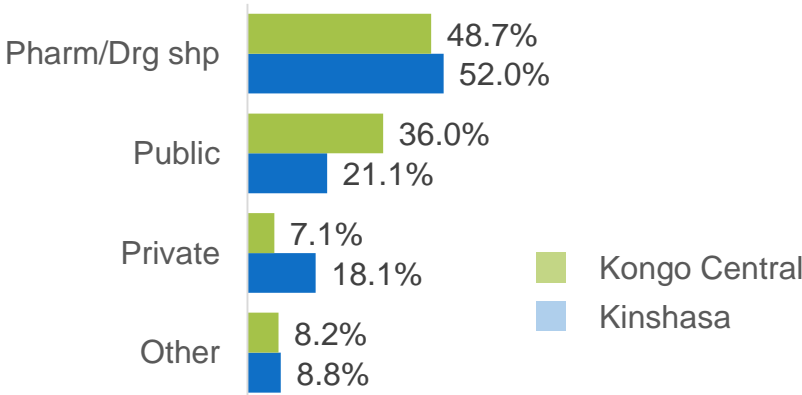
Contraceptive marketplace snapshot



Area of improvement

Lack of data on quality of care in the private sector.

Where women obtain methods



Drug shop service delivery

16%

Of women in drug shops were counseled on side effects for their current method

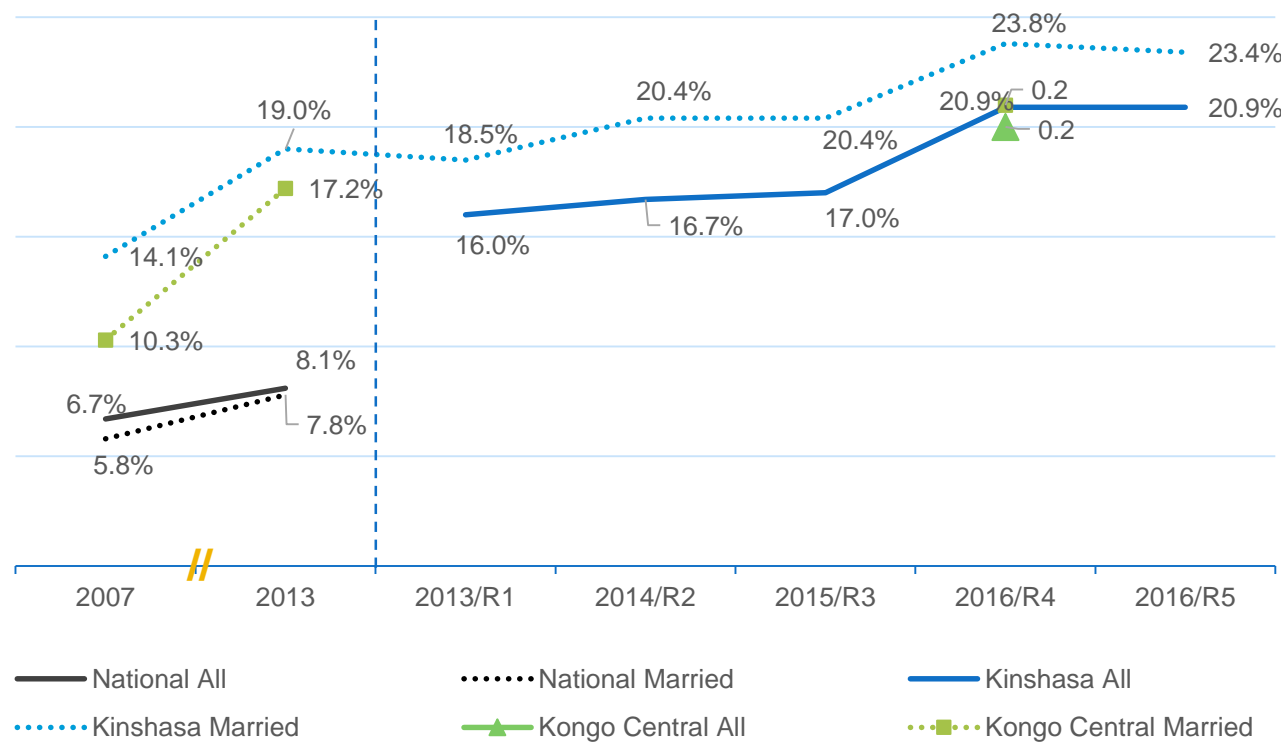
23%

Of drug shops were stocked out of injectables

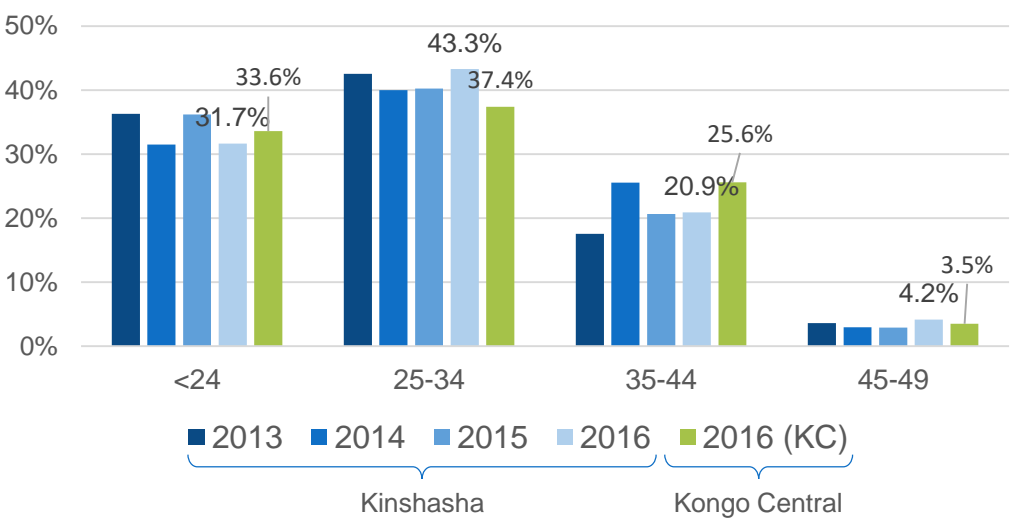
Summary dashboard: Scale-up and impact

Overall, we see an increase in the mCPR in the DRC when compared to 2007, however recent trends in use have been flat.

mCPR longer-term trends



mCPR by age group



Since 2013, we see little consistent change in mCPR use within age groups.

Although we only have one year of Kongo Central mCPR data, we see it is comparable to Kinshasa.



Intro and FP CAPE methodology

Project overview

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.

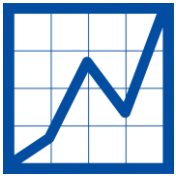
Realist, theory-based models define and test theoretical assumptions, use realist evaluation techniques, to adapt portfolio theories of change (TOC) in response to FP CAPE findings.



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



- ▶ Select indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.
- ▶ Sentinel indicators are updated every 6 months, depending on the indicator and availability of new data.
- ▶ Changes are tracked across the portfolio over time.

Bottom-up inquiry process



System
support
mapping



BMGF
Program
Officer
interviews



Grantee
interviews



Systematic
document
review



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 comprise 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

This presentation has a fourfold purpose

01

Present deeper analyses – display FP CAPE findings from special studies that address emerging questions

02

Provide project updates – add new data and indicators to track current trends (as of June 2017)

03

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

04

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

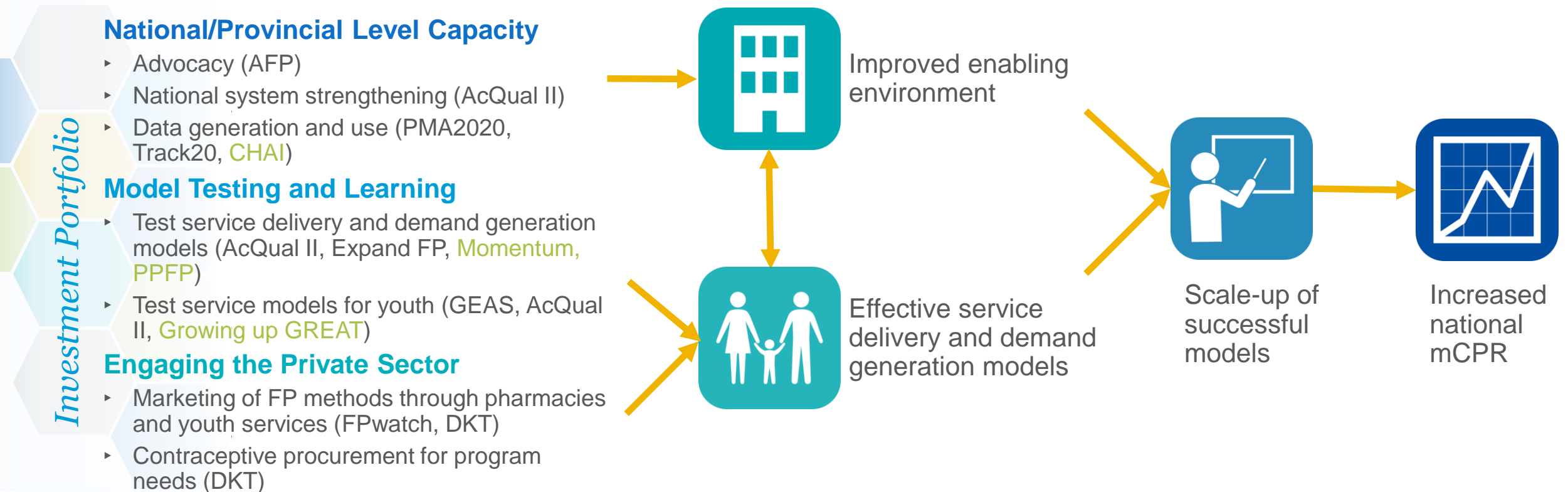


Portfolio theory of change (TOC) and critical assumptions

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

▶ New / modified critical assumptions in green



Gaps & information needs

Findings from meetings and results

Identified portfolio-level gaps and information needs

At the 2017 DRC Family Planning Partners Meeting, BMGF grantees worked together to identify gaps in the DRC's FP portfolio.



National/provincial
level capacity



Model testing and
learning

Investment Portfolio

- ▶ Government has not yet voted on RH bill nor published Maputo protocol commitment in an official bulletin
- ▶ CTMPs not yet in all provinces
- ▶ Provincial level CTMPs lack reinforcement (gov. coordination, financial support)
- ▶ Need for creation of sub-commissions within CTMP, specifically a task force for children ages 10-14

Demand generation

- ▶ Limited partner coordination
- ▶ Low involvement of male partners in FP programs
- ▶ Initiation of more quantitative and qualitative studies on FP social norms and creation of communication campaigns based on studies
- ▶ Need more understanding of effectiveness of demand approaches
- ▶ Lack of access to information and study results

Service delivery

- ▶ Contraceptive procurement system is not very effective (multiple sources of procurement, weak coordination, unequal geographic coverage)
- ▶ Pharmacies are not integrated into the system of procurement
- ▶ Limited number of outlets offering FP
- ▶ Low levels of service provider capacity and motivation
- ▶ Disruptions in the stock of contraceptive products
- ▶ Limited range of available contraceptive products



DRC: Findings

Targeted evaluation findings and new results

FP CAPE targeted additional analyses & new data

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

New analyses

- Multivariate analysis of the effect of certain kinds of FP message exposure on likelihood of using modern contraception
- Multivariate analysis of the characteristic profiles associated with being a modern, traditional or non-user of family planning
- Descriptive trend analysis of type of modern and type of traditional FP use over time
- Descriptive analyses of reasons for non use of FP
- Descriptive analysis of quality of care
- Baseline network analysis of grantee/partner coordination

New data

- New BMGF Program Officer interview data
- New systematic document review including grantee reports, findings and monitoring data
- New grantee interview data
- Inclusion of select measures from the National Composite Index for FP (NCIFP)
- PMA2020 Round 5 published data

New and updated sentinel indicators, DRC



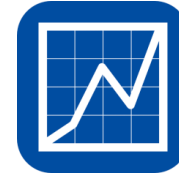
Enabling environment

- ▶ # of public statements of support by government
- ▶ # of national CTMP meetings held
- ▶ # of organizations/partners in attendance at CTMP meetings
- ▶ # of provincial CTMP created
- ▶ # of distinct organizations as CTMP members
- ▶ Estimated 2016 government contribution to FP services & commodities (USD)
- ▶ Projected gap in FP services and commodities, in USD (2016/2020)
- ▶ Existence of mechanism and funding to support meaningful participation of diverse stakeholders
- ▶ Existence of a quality control for service statistics
- ▶ Extent to which program managers use research and evaluation findings to improve program in ways suggested by findings
- ▶ Existence of law/regulation facilitating the importation of contraceptive supplies (or existence of local production of contraceptives)



Program demonstration models

- ▶ % of women not currently using a method who intend to use contraceptives in the future
- ▶ % of women with media exposure to FP (radio, TV)
- ▶ % of facilities offering at least five modern contraceptive methods, by facility type
- ▶ % of women who obtained current method from a pharmacy/drug shop
- ▶ % of public facilities with community health workers (CHW) that provide FP
- ▶ % of women visited by CHW for FP
- ▶ % of public facility stock-outs for FP, by method
- ▶ % of facilities offering Sayana® Press (public, private)
- ▶ % of modern method users using Sayana® Press
- ▶ % of modern method users using implants
- ▶ % of women counseled on side effects
- ▶ % of private facilities offering at least five modern contraceptive methods
- ▶ % of pharmacies/drug shops offering modern FP methods
- ▶ % stock-outs by method and outlet type



Scale up and overall impact

- ▶ mCPR in Kinshasa and Kongo Central
- ▶ # of provinces scaling up elements of demonstration models.
- ▶ National mCPR

▶ Existing indicator

▶ New indicator



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 | # of public statements of support by government |
| <i>PNSR & PNSA coordinates partners in support of national & provincial strategies</i> | Donor coordination increased | # of national CTMP meetings held |
| | | # of organizations/partners in attendance at CTMP meetings |
| | | Existence of mechanism and funding to support meaningful participation of diverse stakeholders |
| | Provincial CTMP strengthened | # of provincial CTMP created |
| <i>Strong measurement will drive performance</i> | Data used to make decisions | # of distinct organizations as CTMP members |
| | | Existence of a quality control for service statistics |
| <i>Favorable FP policies are put in place</i> | Enabling environment improved | Extent to which program managers use research and evaluation findings to improve program in ways suggested by findings |
| | | Estimated 2016 government contribution to FP services & commodities (USD) |
| <i>National supply chain ensures availability of commodities</i> | Increased funding for contraceptive procurement | Projected gap in FP commodities & services, in USD (2016/2020) |
| | | Existence of law/regulation facilitating the importation of contraceptive supplies (or existence of local production of contraceptives) |

► Existing indicator

► New indicator

DRC sentinel indicator updates

Critical assumptions (in blue boxes) are checked against sentinel indicators to measure changes in the DRC's FP enabling environment.

PNSR & PNSA coordinates partners in support of national and provincial strategies

Existence of mechanism and funding to support meaningful participation of diverse stakeholders



of National CTMP meetings held: 2 (1 additional meeting since Dec 2016)



of unique organization members of national & provincial CTMPs (no new since Dec 2016)

21

Strong measurement will drive performance

Existence of quality control for service statistics



Extent to which program managers use research and evaluation findings to improve program



National supply chain ensures availability of commodities

Existence of law/regulation facilitating the importation of contraceptive supplies (or existence of local production of contraceptives)



Advocacy and capacity building: Bottom-up synthesis

Synthesized findings from SSM, systematic document review, PO and grantee interviews

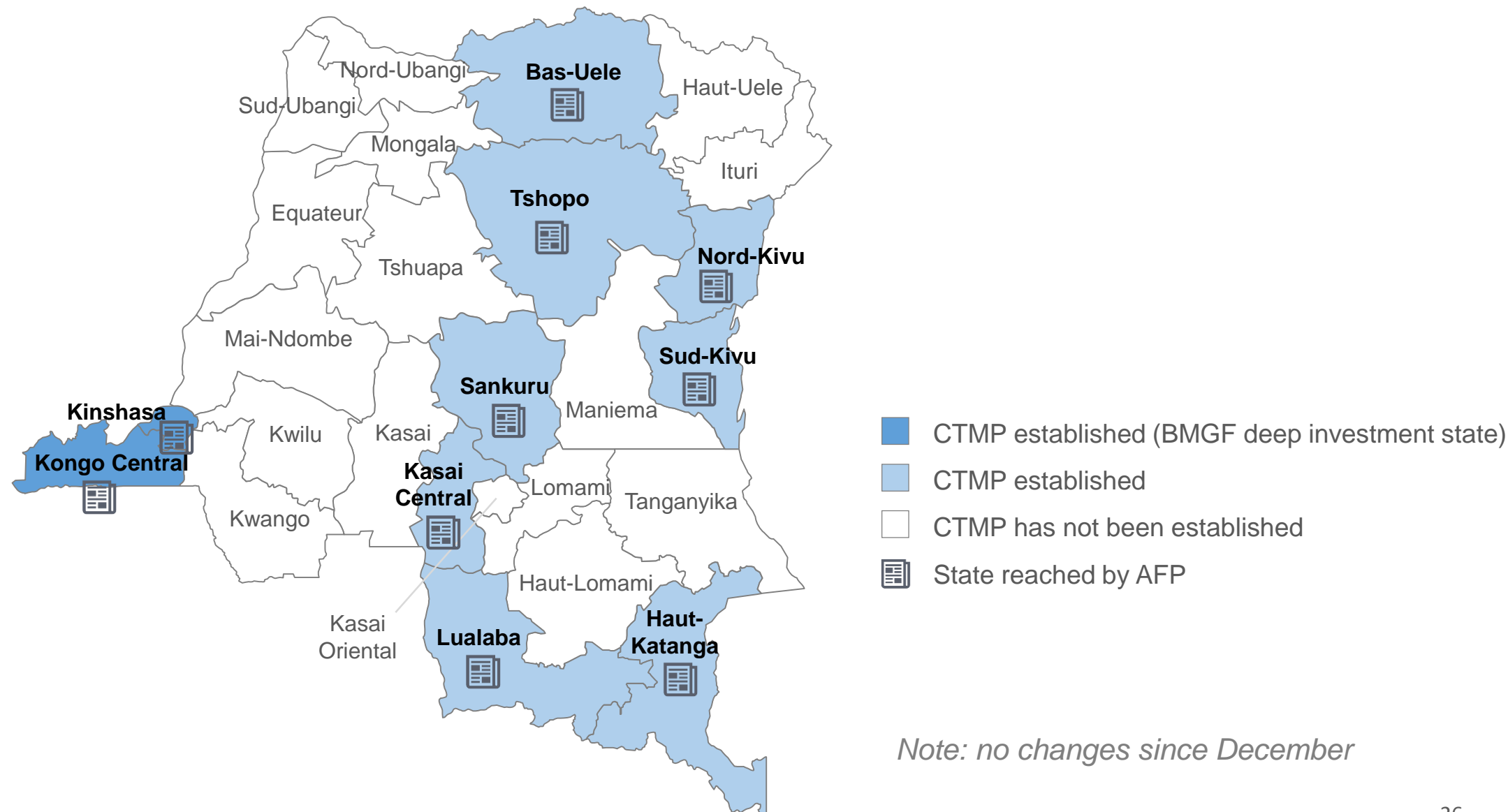
Facilitators most cited

| | <i>POs</i> | <i>Grantees</i> |
|--|------------|-----------------|
| DRC government’s positive support of FP | | |
| National CTMP’s strong collaboration with gov’t partners and other stakeholders | | |
| Effective effort and technical support from AFP, CTMP, partners, other stakeholders | | |
| Strong influence of faith-based organizations and willingness to collaborate | | |
| Active involvement of donors/implementers who work in DRC but also in Western Africa | | |
| Positive results from community-based distribution study of SP in Kinshasa | | |

Barriers most cited

| | | |
|---|--|--|
| Continued political upheaval and recurrent changes in the leadership of MOH | | |
| Lack of regulation facilitating imports of FP products | | |
| Limited access to safe abortion | | |
| Low level of budget/ financial support to FP | | |
| Lack of transparency in released funds for FP commodities | | |
| Existence of the colonial law on RH/FP, & lack of a decree from court to examine RH law | | |
| Lack of consensus between congressmen on issues related to RH/FP | | |
| Requirement that only physicians & nurses can provide SP injection | | |

CTMP and AFP states



Data collection and use: Bottom-up synthesis

Facilitators most cited

| | <i>POs</i> | <i>Grantees</i> |
|--|------------|-----------------|
| Active involvement of donors/implementers who work in DRC but also in Western Africa | | |
| Availability of database | | |
| Local expertise available from KSPH, ASF/PSI | | |
| Funding for research activities (i.e., ICEC's funding for qualitative research on EC) | | |
| Good collaboration with external institutions, and positive support from local authorities | | |
| Previous experience with similar projects | | |

Barriers most cited

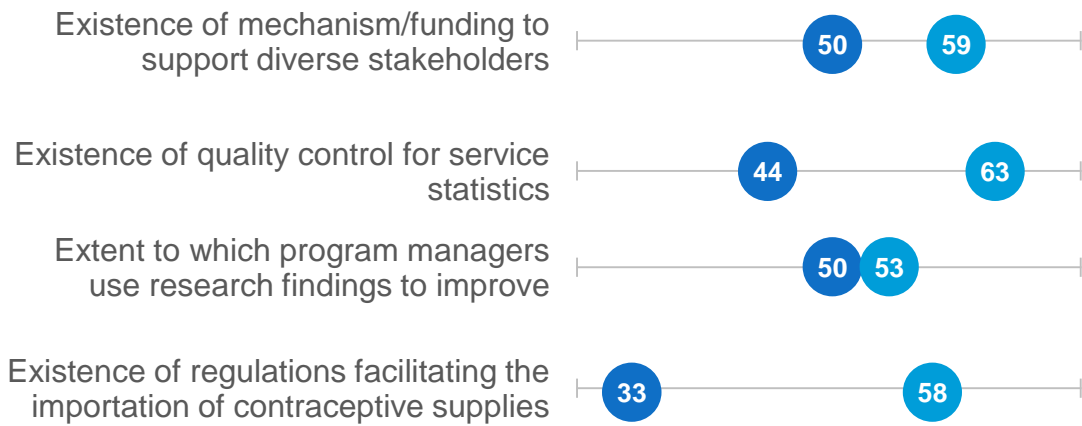
| | | |
|--|--|--|
| Continued political and security unrest | | |
| Lack of capacity for each gender to put themselves into one another's shoes in social norm vignettes | | |
| Results limited to two provinces | | |
| Reluctance of participants on sensitive questions | | |
| Distance between some fieldworkers & coordination team | | |
| Underestimation of the project budget | | |
| Requirement on having large sample sizes | | |

Summary dashboard: Enabling environment

Long term structural issues within the FP enabling environment cause the DRC to lag behind the Francophone Sub-Saharan Africa (F-SSA) region in several measures. However, diverse & engaged partners are gaining support and momentum.

Perception of enabling environment

% agreement, **DRC** and **F-SSA**



Area of improvement



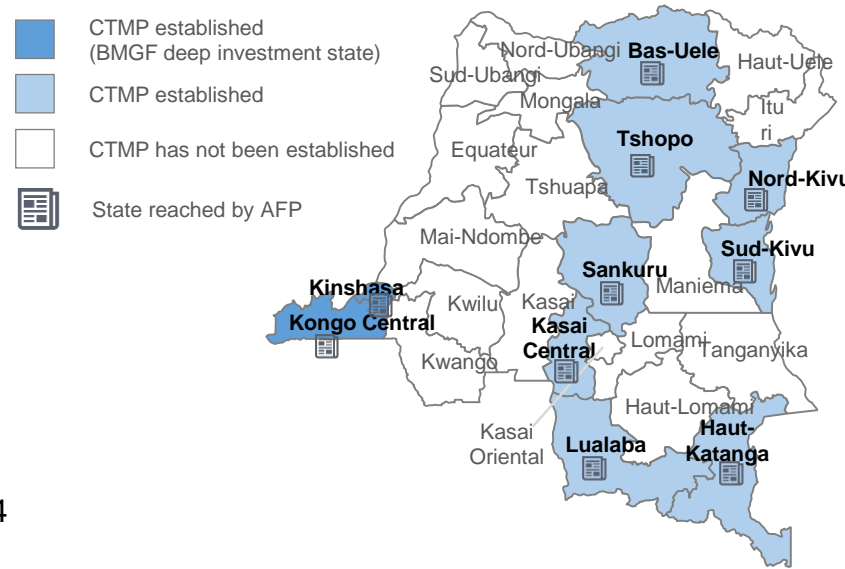
33% Feel there are regulations in place assuring commodity supply

21 Organizations represented in the CTMPs

20-40 Participants at any given national CTMP meeting

Portfolio status

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





Findings: Demand generation

Targeted evaluation findings and new results

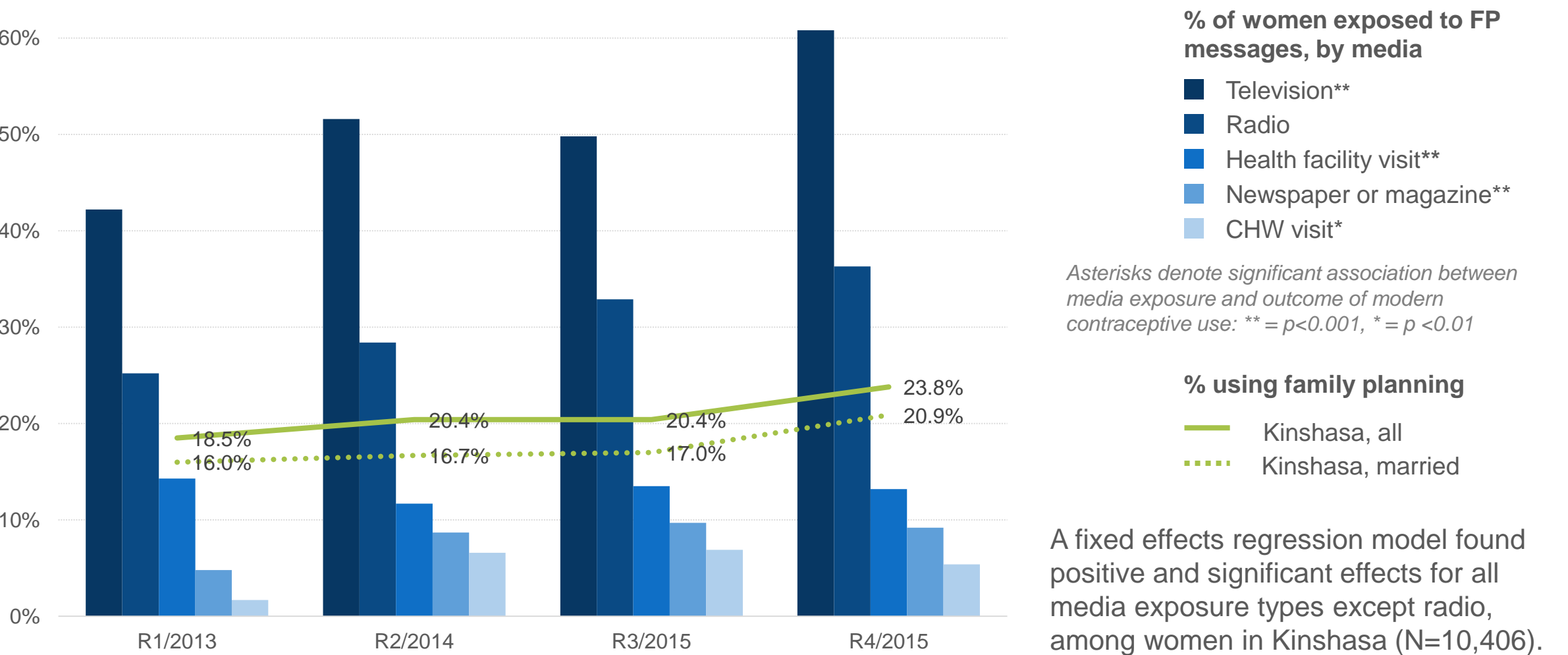
Demonstration models: Demand generation

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 (among all women and among youth) |
| | 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 & 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 effective FP messages is on the rise in Kinshasa

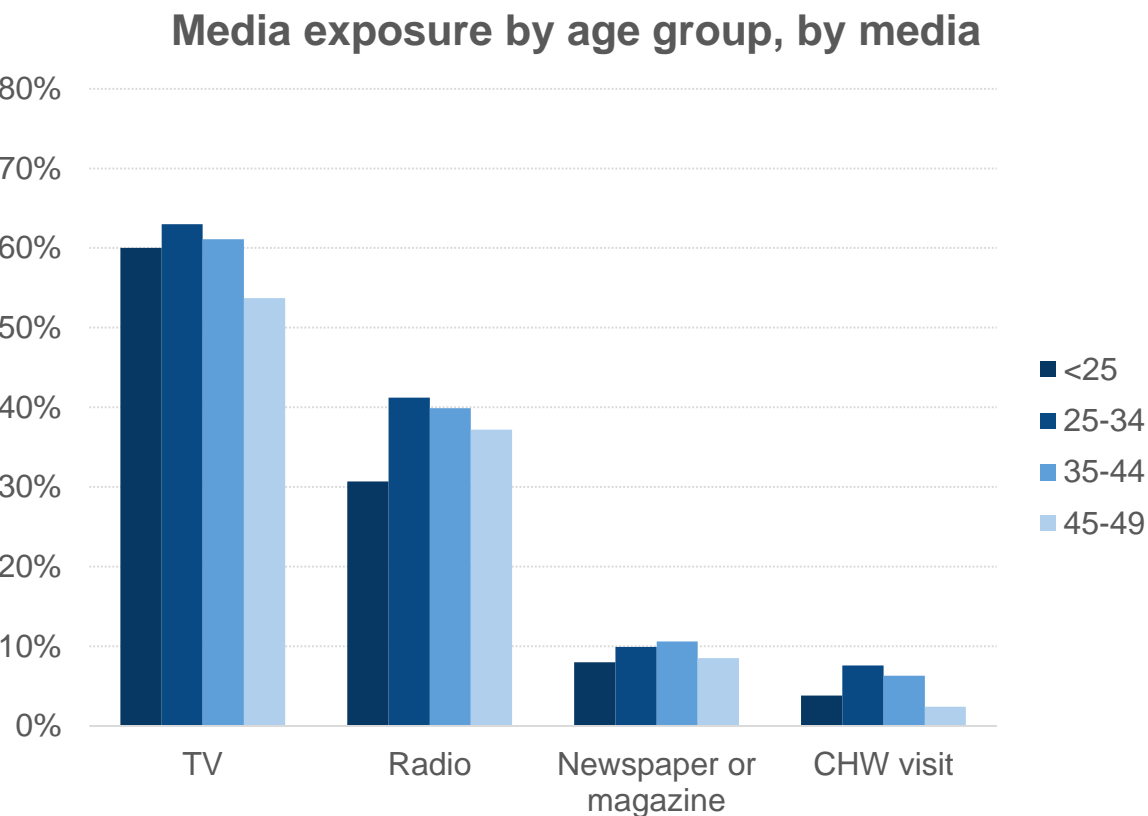
Exposures to FP messages (blue bars) have increased and are generally significantly associated with mCPR. Modern method use (green lines) has risen slightly over the past five years.



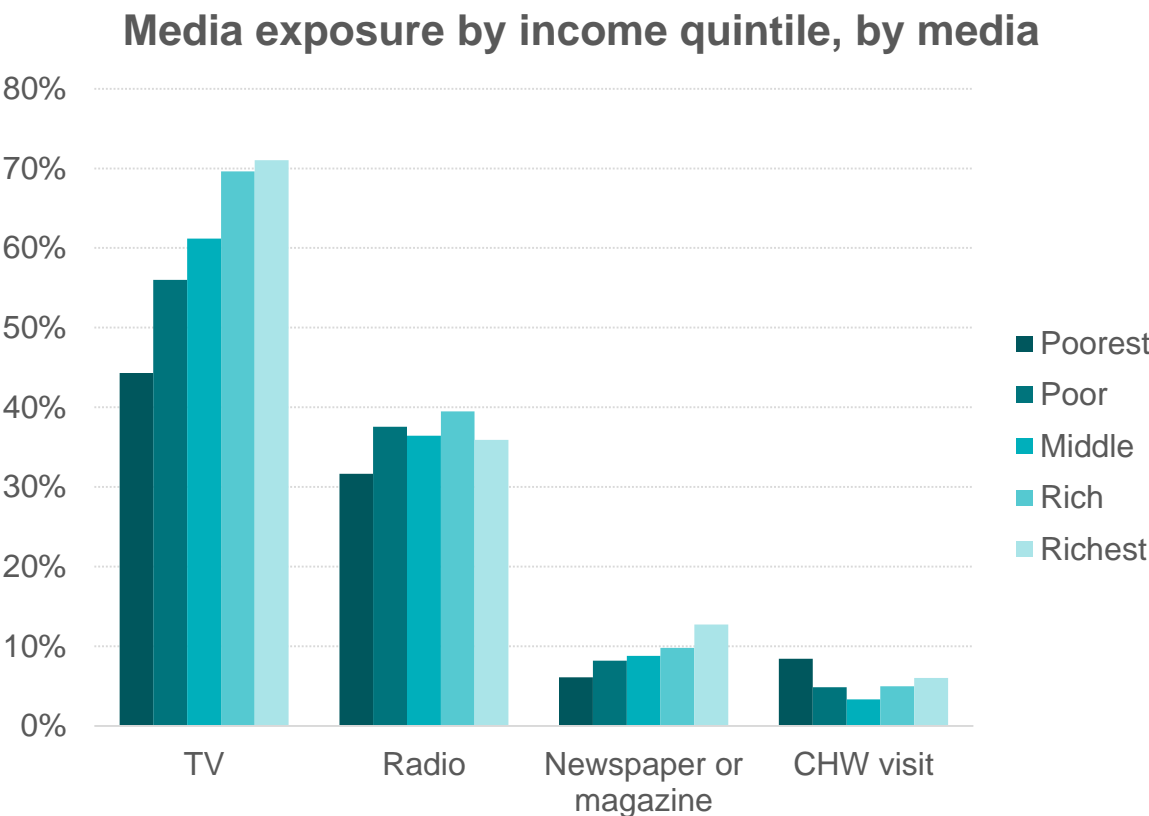
Source: PMA2020 data; Full fixed effects regression results available upon request.

Who is exposed to FP messages on media in Kinshasa?

While we see fairly even levels of TV exposure among women younger than 45, poorer women had the lowest levels of FP media (TV, newspaper and magazine) exposure.



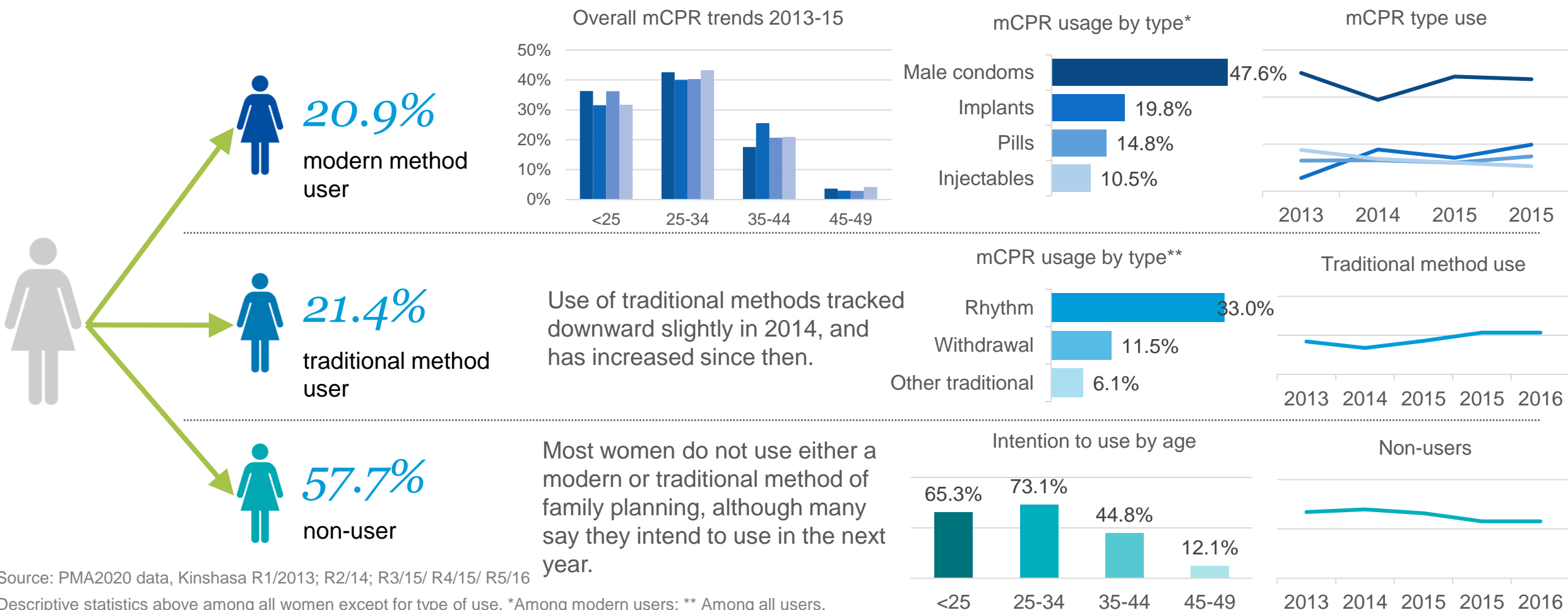
Slightly lower CHW program exposure among youth and older women. TV messages appear to have fairly even levels of reach for women less than 25 up to age 44.



Lower levels of exposure to TV, newspaper and magazine FP messages among the poor. Slightly higher levels of exposure among the poor to CHW talking about FP.

What does contraceptive use look like in Kinshasa?

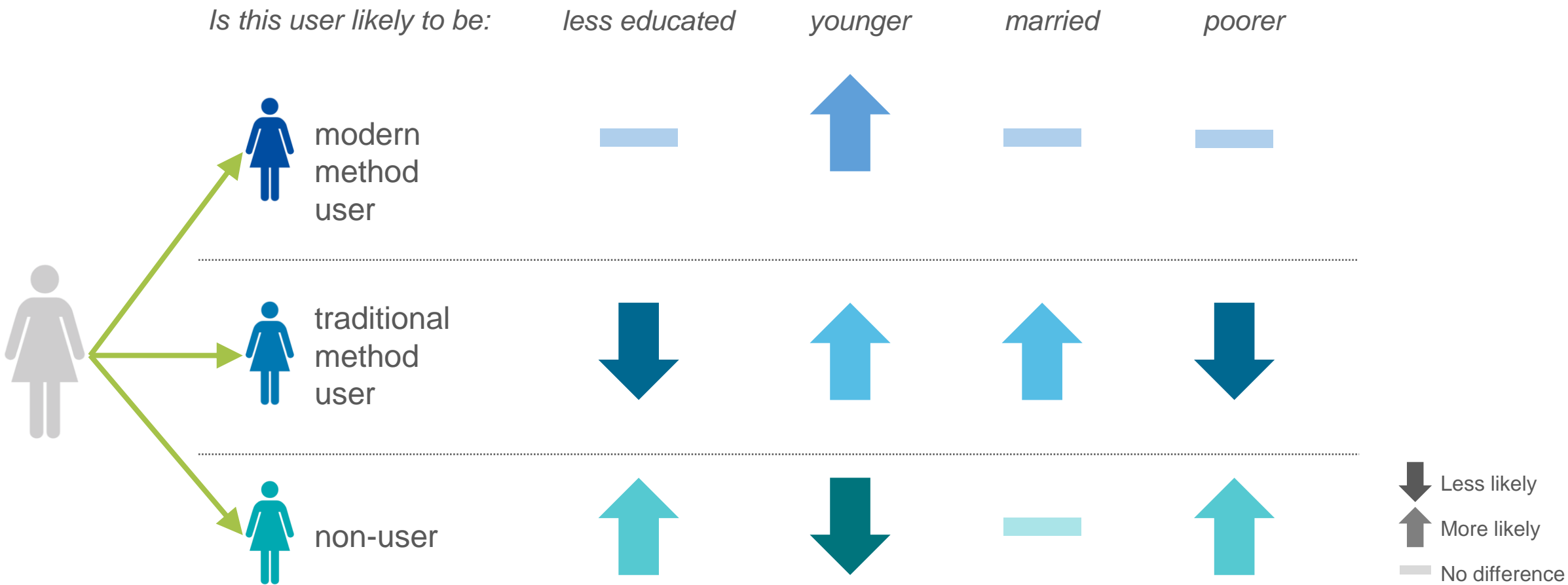
We see consistent male condom use, with an increase in implants and a slight reduction in injectables. However, most women are not using a modern method, and use of traditional methods is increasing.



Source: PMA2020 data, Kinshasa R1/2013; R2/2014; R3/2015/ R4/2015/ R5/2016
Descriptive statistics above among all women except for type of use. *Among modern users; ** Among all users.

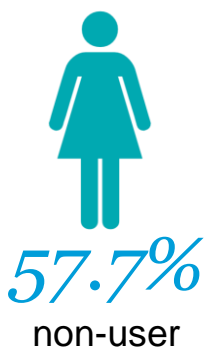
Family planning user profiles in Kinshasa, DRC

Having certain characteristics make sexually active women in Kinshasa significantly more likely, on average, to be a modern user, traditional user or not use family planning at all.



Why aren't women using FP in Kinshasa?

Women have varied reasons why they don't use FP. About half of women who don't currently use FP say they intend to use in the next year.



Women who are non-users of FP are more likely to be:

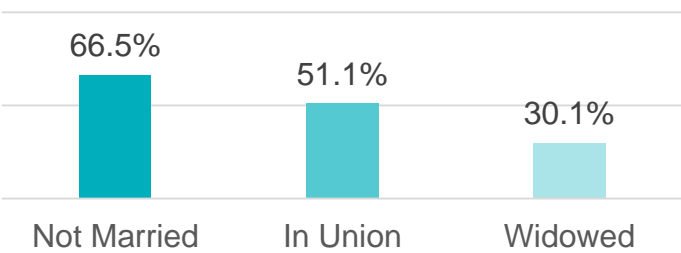
- Less educated
- Poorer
- Older

Why don't they use FP?

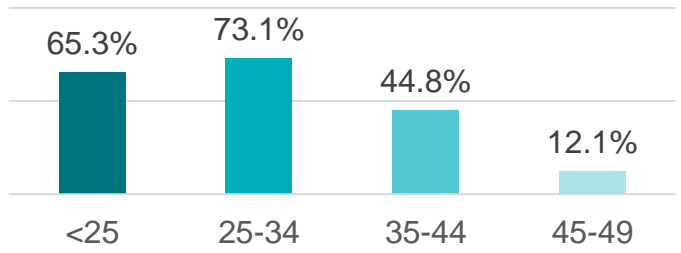
| | |
|----------------------|-------|
| Want more children | 73.3% |
| Infrequent/no sex | 36.1% |
| Fear of side effects | 9.6% |
| Opposition to use | 4.2% |
| Breastfeeding | 3.2% |

Intention of women to use FP, by:

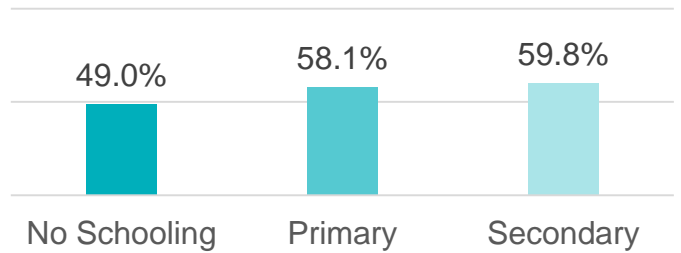
marital status



age



education



Demand generation: Bottom-up synthesis

Facilitators most cited

| | <i>POs</i> | <i>Grantees</i> |
|---|------------|-----------------|
| Strong collaboration with public & private partners and other FP stakeholders | | |
| Strong leadership of demand generation grantees | | |
| Positive support from the new MOH to private sector growth | | |
| Existence of other technical/financial support | | |
| Successful strategies in developing demand generation programs | | |
| Active participation of celebrities as youth ambassadors & icebreakers at advocacy events | | |

Barriers most cited

| | | |
|--|--|--|
| Continued political tension and security unrest | | |
| Insufficient financial resources due to low involvement of other donors | | |
| Impact on the contraceptive procurement mechanism due to USAID's funding reduction | | |
| Overlapping activities between partners | | |
| Difficulty accessing military camps despite granted authorizations | | |
| Mismatch between training duration and content | | |
| Misperception spread by non-program service providers | | |

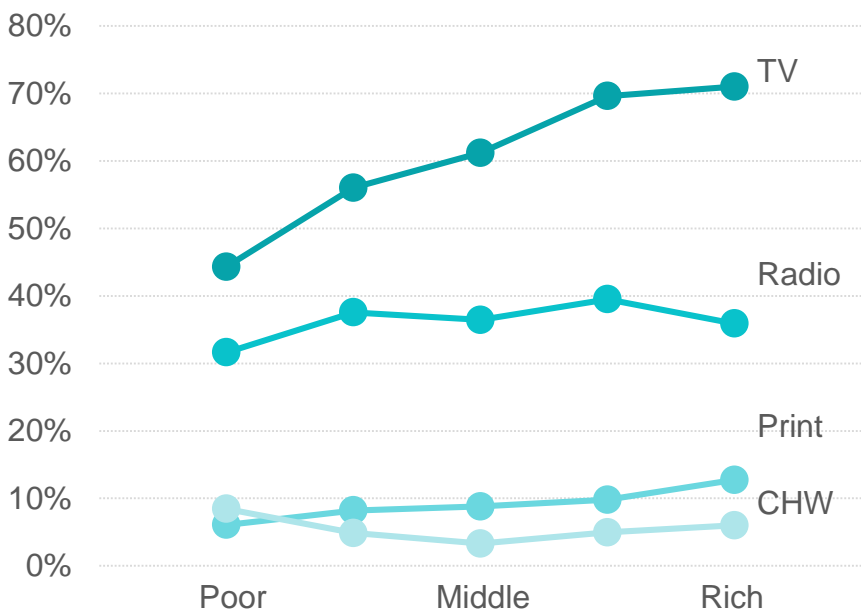
Summary dashboard: Demand generation

The poor are most likely to be non-FP users, and also receive the least FP media exposure.



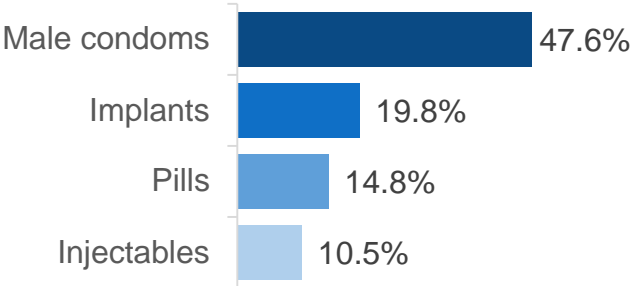
Media exposure

Positive and significant effects found on mCPR for FP on TV, print media, CHWs, and at a health facility visit.



Most popular modern methods

If using FP, about 1/2 use male condoms.



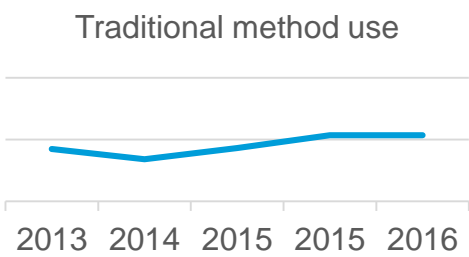
Area of improvement

79% = 58% + 21%

Of women in Kinshasa do not use mCPR Use no FP Use traditional methods



Targeting traditional method users



Traditional method use is on the rise: are we reaching them appropriately?



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.

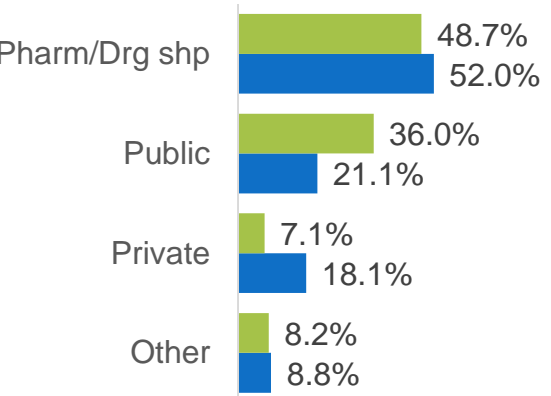
| Critical Assumptions | Expected changes | Sentinel indicators |
|--|--|---|
| <i>Service delivery models will increase quality and access to FP services/commodities</i> | Access to services is increased in focus provinces | <ul style="list-style-type: none"> ▸ % of facilities offering at least five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

DRC sentinel indicator updates: Service delivery

Critical assumptions (in blue boxes) are checked against sentinel indicators to measure changes in the DRC’s FP service delivery. High stock-out rates for the most frequented outlets is a problem.

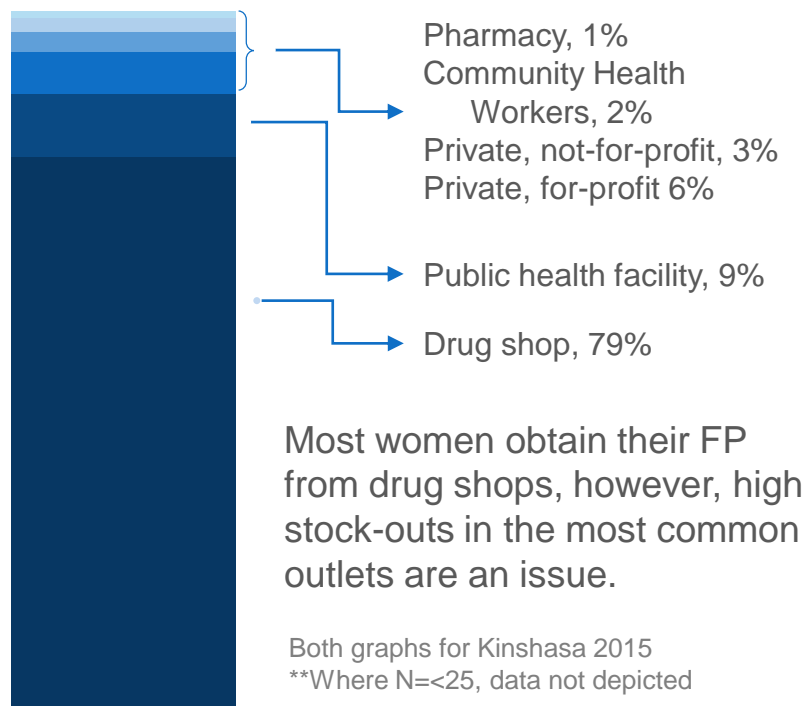
Service delivery models will increase access of FP services/commodities

Source of modern methods for current users*



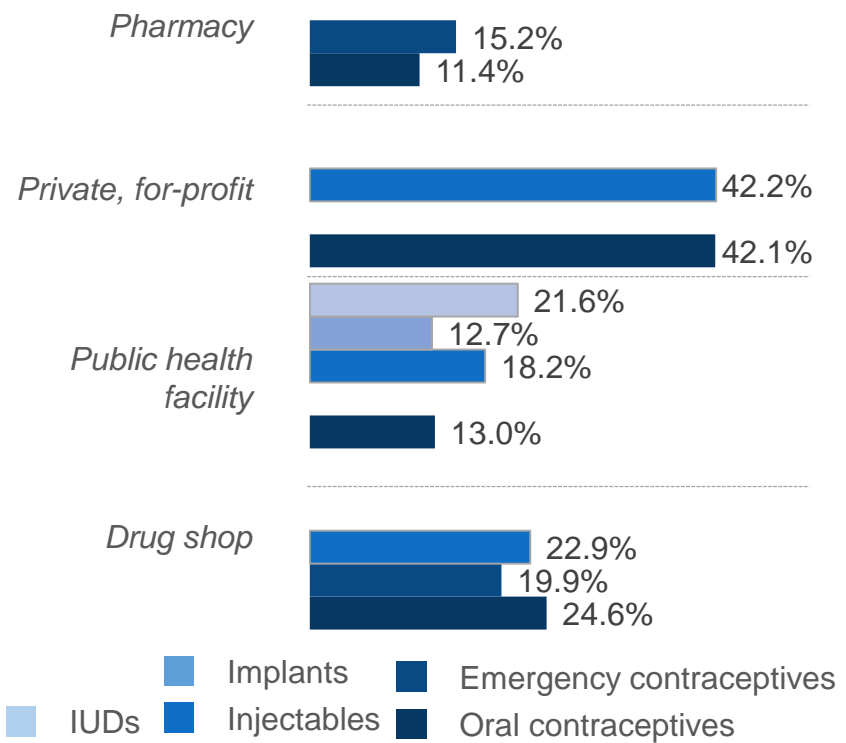
■ Kongo Central
■ Kinshasa

Contraceptive market composition, by outlet type



Both graphs for Kinshasa 2015
**Where N=<25, data not depicted

FP stock-out, by outlet type**



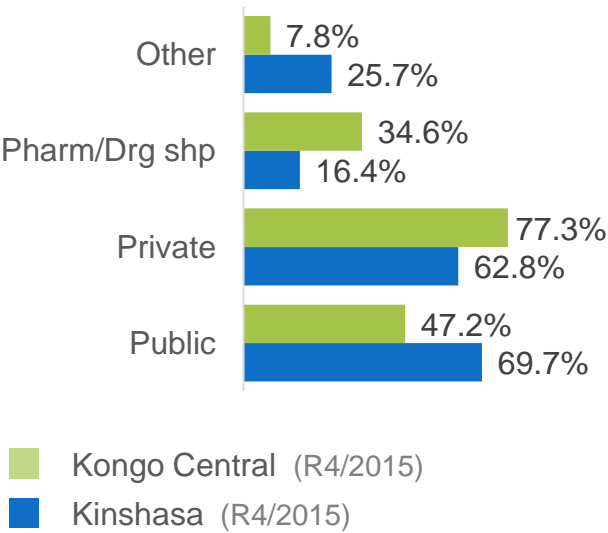
For Kinshasa and Kongo Central (R4/2015)
*Excluding women currently using LAM

DRC sentinel indicator updates: Service delivery

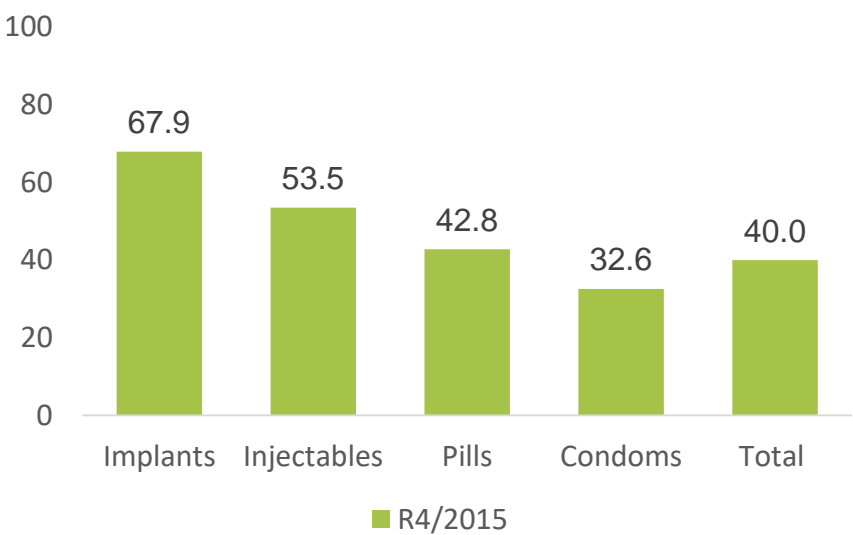
Critical assumptions (in blue boxes) are checked against sentinel indicators to measure changes in the DRC’s FP service delivery. Low counseling in the most common outlets.

Service delivery models will increase quality of FP services

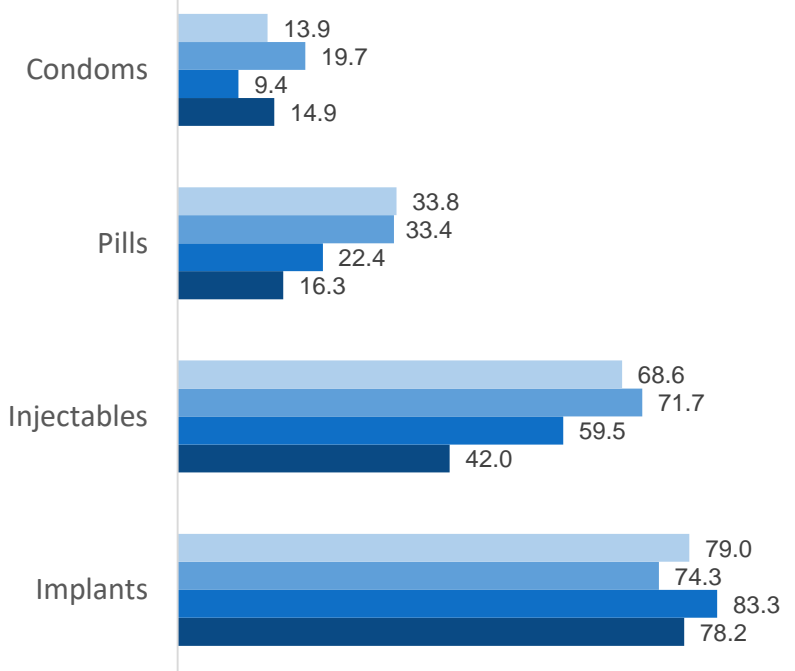
Women counseled on side effects for current modern method, by facility type*



Women counseled on side effects for current modern method by method*, Kongo Central



Women counseled on side effects for current modern method by method*, Kin



*LAM users excluded
Source: PMA2020, Women’s data

Service delivery: Bottom-up synthesis

Facilitators most cited

| | <i>POs</i> | <i>Grantees</i> |
|---|------------|-----------------|
| Favorable political context with an MOH who prioritizes FP and involved in CBD expansion | | |
| Some positive trends in FP service delivery (as seen in findings from FP Watch and Expand FP) | | |
| Trained staff in clinics and community service provider available | | |
| CTMP effectiveness | | |
| Good collaboration with national programs and health zones, and support from other partners | | |
| Collaboration among global groups to reduce the price & enhance the quality of implants | | |

Barriers most cited

| | | |
|--|--|--|
| Socio-political unrest and recurrent changes in the MOH leadership | | |
| Restrictions on service providers & services that can be provided through pharmacies | | |
| Lack of landscaping studies about the policy barriers, level of education of pharmacists | | |
| Trained personnel unstable | | |
| Lack of storage facility | | |
| Lack of training curriculum, and training in commodity management | | |
| Insufficient budget | | |

Summary dashboard: Service delivery

Drug shops are the most common type of site stocking contraceptives. About half of women in Kinshasa and Kongo central obtain their method from them. However, they provide low levels of quality of care and a narrower range of methods.



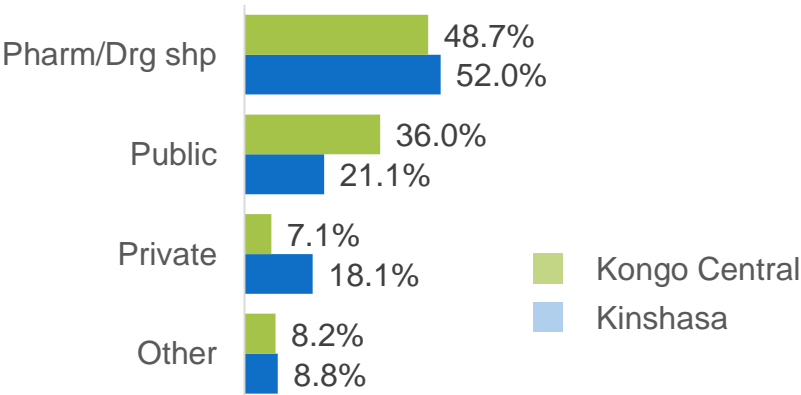
Contraceptive marketplace snapshot



Area of improvement

Lack of data on quality of care in the private sector.

Where women obtain methods



Drug shop service delivery

16%

Of women in drug shops were counseled on side effects for their current method

23%

Of drug shops were stocked out of injectables



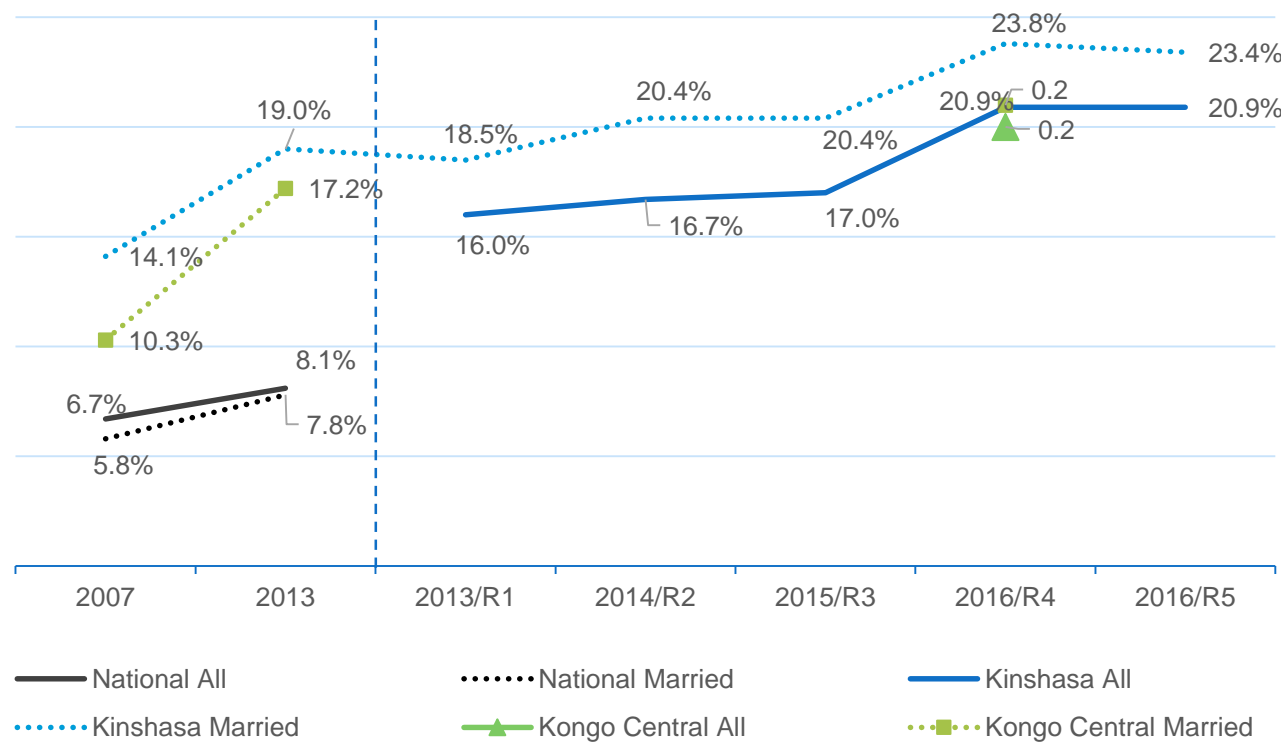
Findings: Scale-up and impact

Targeted evaluation findings and new results

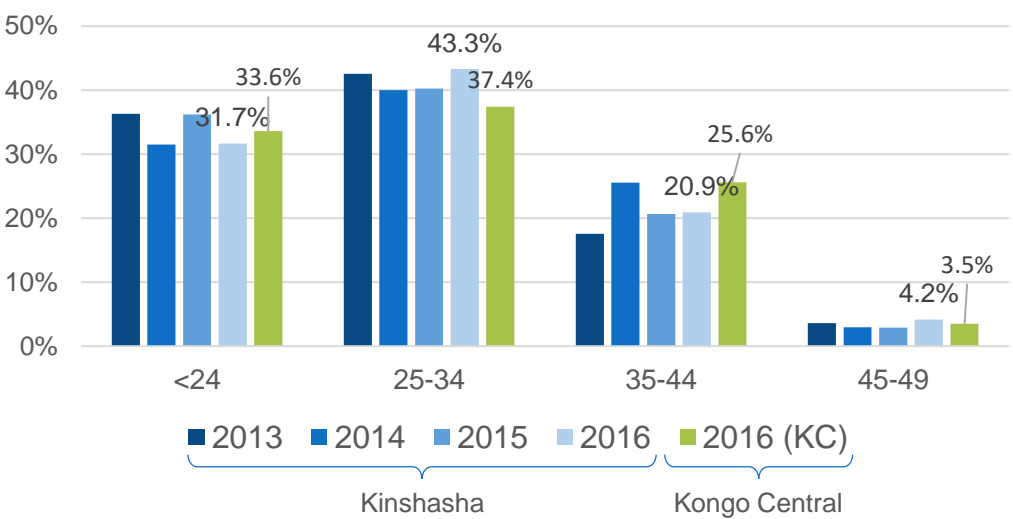
Summary dashboard: Scale-up and impact

Overall, we see an increase in the mCPR in the DRC when compared to 2007, however recent trends in use have been flat.

mCPR longer-term trends



mCPR by age group



Since 2013, we see little consistent change in mCPR use within age groups.

Although we only have one year of Kongo Central mCPR data, we see it is comparable to Kinshasa.

Scale-up and impact: Bottom-up synthesis

The DRC has significant structural barriers to successful FP scale-up, although it also has positive facilitating factors, particularly in terms of in-country human capital.

Facilitators most cited

| | <i>POs</i> | <i>Grantees</i> |
|--|------------|-----------------|
| High interest in the medical & nursing student model thanks to the successful results of pilot studies | | |
| Strong expertise on advocacy activities of grantees and collaborators | | |
| Willingness of FBOs to collaborate | | |

Barriers most cited

| | | |
|---|--|--|
| Socio-political unrest and recurrent changes in the MOH leadership | | |
| Lack of information on tracking of leveraged funds to ensure transparency | | |



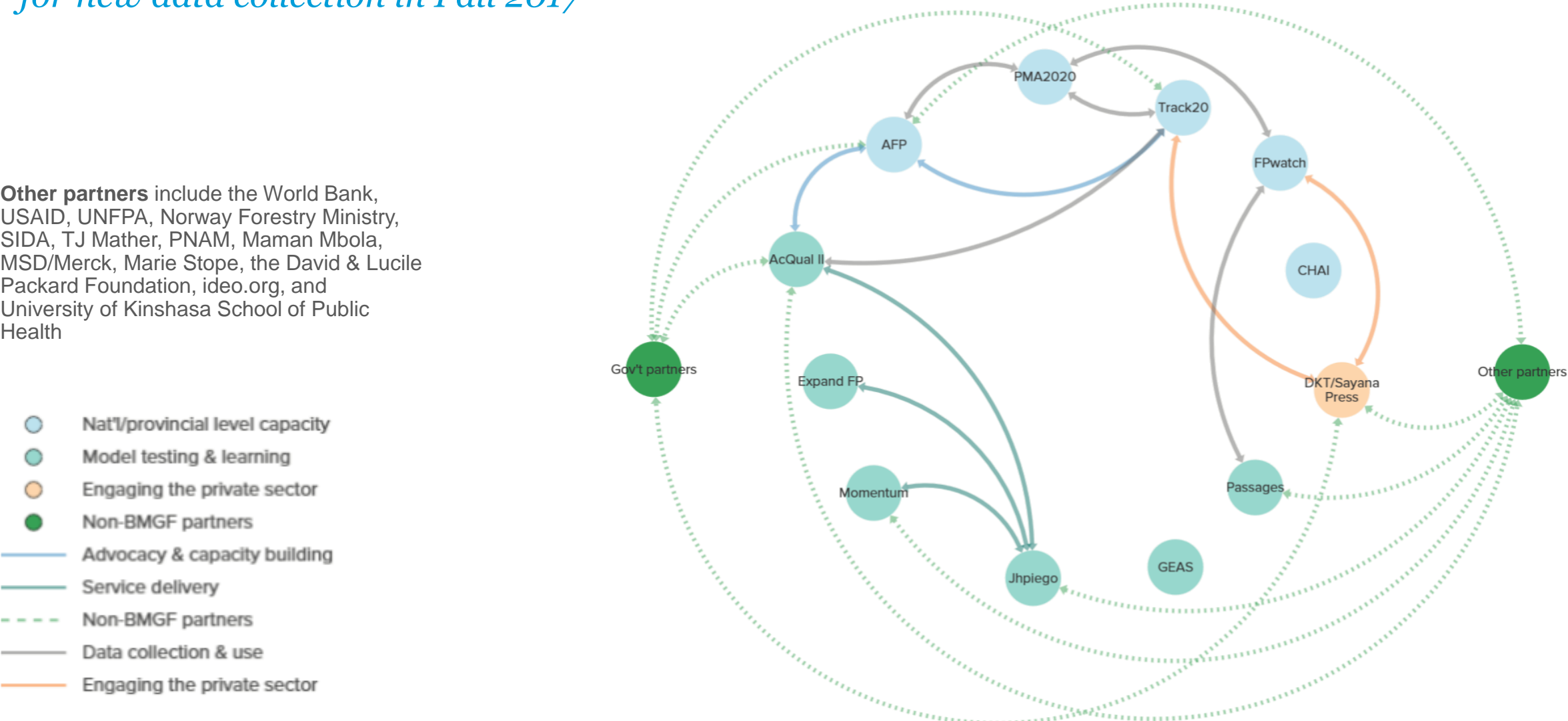
Findings: Coordination

Targeted evaluation findings and new results

Current status of cross-grantee coordination

This map presents the base-line findings of the cross-grantee/partners coordination in preparation for new data collection in Fall 2017

Other partners include the World Bank, USAID, UNFPA, Norway Forestry Ministry, SIDA, TJ Mather, PNAM, Maman Mbola, MSD/Merck, Marie Stope, the David & Lucile Packard Foundation, ideo.org, and University of Kinshasa School of Public Health



Suggested opportunities for additional coordination

Areas of coordination



National/ state level development

- Coordination & support to CTMPs, PNSR, PNSA and other stakeholders at national & state levels
- Support to FP advocacy of faith-based organizations
- Data collection, analysis and dissemination



Model testing and learning

- Development of demand generation activities
- Application of service delivery models



Engaging the private sector

- Applying marketing approaches of FP methods based on findings of other partners' studies

Suggested opportunities for additional coordination

- **Cross-team coordination** – PMA2020, Track20 and GEAS could greatly collaborate on their work and develop a mechanism for sharing information and knowledge
- **Unified FP messaging** – Demand generation grantees could enhance coordination amongst themselves and with data use investments to draw on evidence and more effectively target populations of interest
- **Effective tracking of leveraged funds** – A broader mechanism of coordination could be enhanced to avoid duplication and promote efficient use of the scarce resources



FP CAPE website & interactive timeline

FP CAPE website now live

Our new website provides a convenient online location where project goals, methods, and results can be easily disseminated to FP CAPE stakeholders and the larger public.



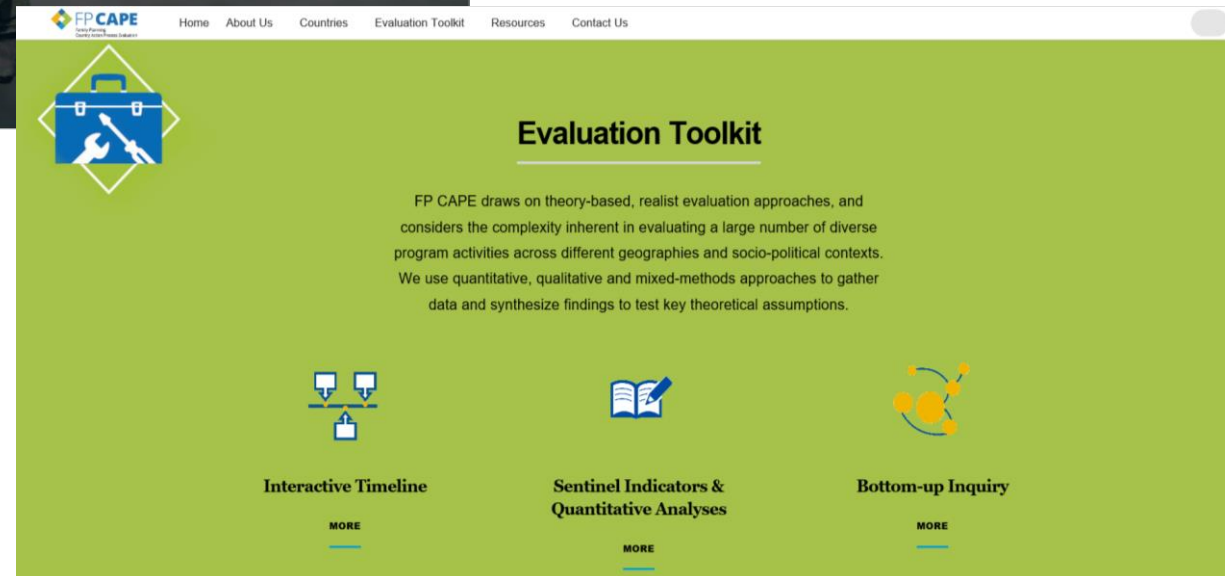
Project overviews

- Specifics about each country portfolio
- Methodologies used for the portfolio evaluation

Quick links

- DRC and Nigeria interactive timelines
- FP CAPE's info and publications

www.fpcape.org



FP CAPE Interactive timeline: DRC

The interactive timeline is an effective, visual, and user-friendly way to track and communicate real-time changes in the complex investment portfolio system and the larger FP environment.

The web-based interface allows users to present grant programs, parallel contextual events, and key data, while tracking their evolution over time.

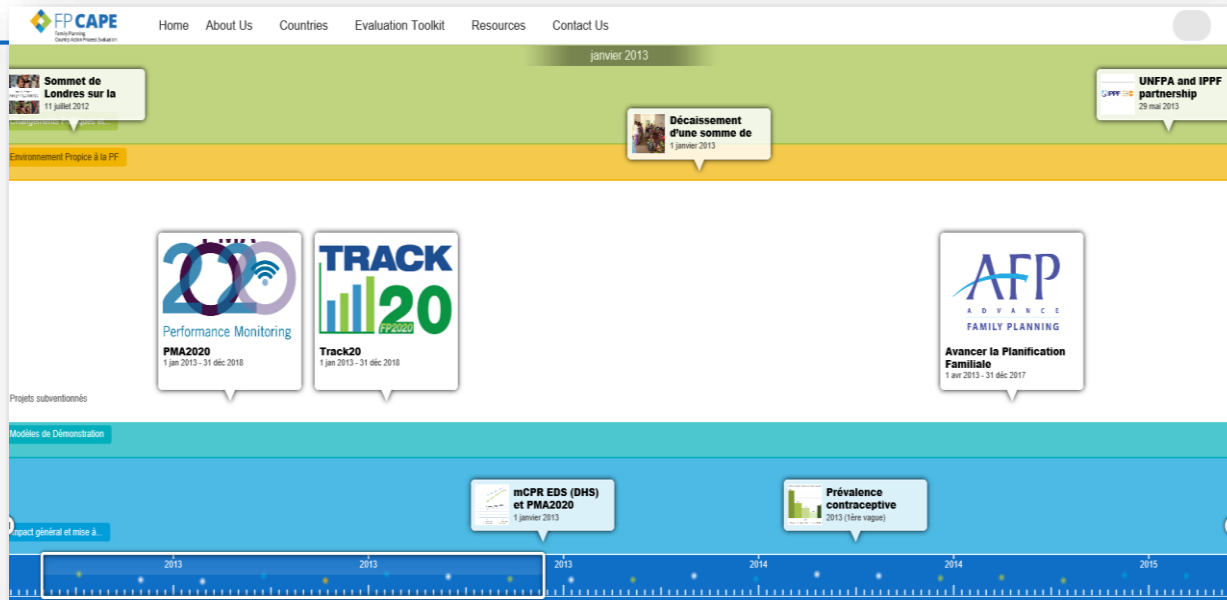


This platform is designed to allow a diverse group to engage and collaborate, including:

- Grantees
- Policy stakeholders
- BMGF Program Officers
- Other stakeholders



The DRC timeline features FP-related events (2012–present) and is updated on a regular basis with additional grants/new FP events added

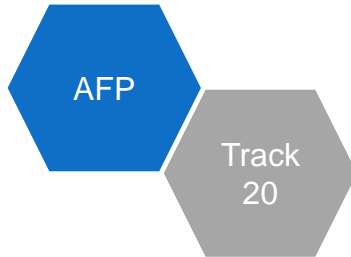




Appendix

Appendix 1a. Advocacy & capacity building: SSM, doc review

Main Activities



- ▶ Conduct advocacies to federal & state stakeholders and religious leaders to increase visibility of FP and gain budget commitments on FP product procurement
- ▶ Create CTMP at provincial level
- ▶ Participate in the design of the new law on RH/FP
- ▶ Budget the procurement of FP product at national level
- ▶ Pilot project for community-based distribution of Sayana® Press (SP) for self-injection

Facilitators



- ▶ Positive results from community-based distribution study of SP in Kinshasa
- ▶ Gov't Decree on CTMP creation & engagement of national CTMP
- ▶ Gov't willingness to favor FP, and their commitments to FP agreements (i.e., Declaration of Addis-Ababa, Maputo International Agreement)
- ▶ Financial & technical support from AFP & other stakeholders
- ▶ CAFCO implication in advocacy activities

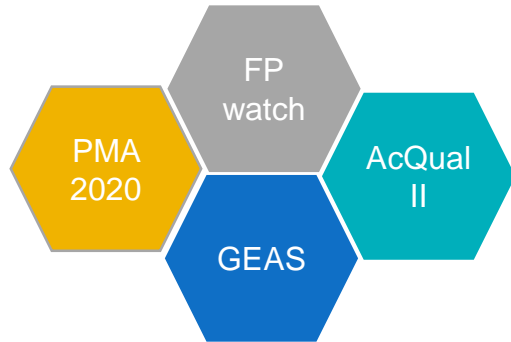
Barriers



- ▶ Lack of regulation facilitating imports of FP products, and limited access to safe abortion & male/female sterilization
- ▶ Low level of budget/financial support to FP, including Global Financing Facility
- ▶ Lack of transparency in released funds for FP
- ▶ Continued political unrest
- ▶ Existence of the colonial law on RH/FP and lack of a decree from court to enable the national assembly to examine RH/FP on law
- ▶ Lack of consensus between congressmen on issues related to RH/FP
- ▶ Requirement that only physicians & nurses can provide SP injection

Appendix 1b: Data collection & use: SSM, doc review

Main Activities



- Conduct research that drives and documents programmatic innovation (i.e., pilot research on, gender norms, mapping of FP service sites)
- Increase coordination to synthesize and present FP evidence
- Disseminate research findings (i.e., SP pilot research)

Facilitators



- Local expertise available from KSPH, ASF/PSI
- Funding for research activities (i.e., ICEC's funding for qualitative research on EC)
- Good collaboration with external institutions (i.e., Consortium JHU, Tulane, KSHP)
- Positive support from local administrative authorities
- Previous experience with similar projects, and local staff familiar with the country contexts
- Commitment of fieldworkers (resident enumerators)

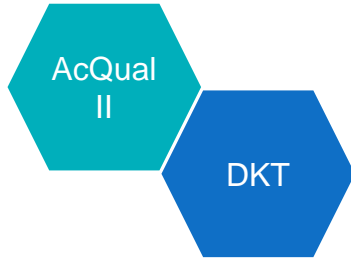
Barriers



- Political and security unrest
- PMA2020 results limited to two provinces only
- Reluctance of participants on sensitive questions
- Underestimation of the project budget
- Difficulties accessing certain geographic areas
- Distance between some fieldworkers & coordination team
- Requirement on having large sample sizes

Appendix 1c: Demand generation: SSM, doc review

Main Activities



- Conduct FP demand generation activities targeted at youth (i.e., *Batela Lobi Na Yo* [Protect Your Future], *Mongongo ya Bilenge* [The Voice of Youth], FP meetings for youth at churches)
- Organize special promotional days for sales of FP products
- Conduct displays of FP billboards especially in military and police camps
- Provide training of youth ambassadors

Facilitators



- Existence of other technical/financial support, and availability of local experts
- Proactive and strong collaboration with other public and private partners (PNSR, PNSA, RTNC, SANRU, commercial companies)
- Effective strategies in developing demand generation programs (i.e., human-centered design, “consumer funnel” strategy, engaging local ad agencies in the design process)
- High motivation and active participation of local celebrities as youth ambassadors and icebreakers at advocacy events
- Authorization granted by military and police authorities

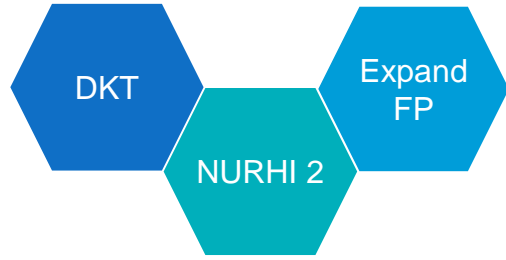
Barriers



- Overlapping activities between partners
- Continued political tension/unrest
- Insufficient financial resources
- Difficulty accessing military camps despite granted authorizations
- Mismatch between training duration and content
- Misperception spread by non-program service providers
- Sociocultural barriers (i.e., myths and taboo around sexuality and contraceptive, especially in a church setting)
- Contraception is not a priority for teen boys, nor teens in general

Appendix 1d: Service delivery: SSM, doc review

Main Activities



- ▶ Provide FP services, and supply commodities in clinics and community service providers
- ▶ Implement the counseling services in hospitals/health centers
- ▶ FP product provision for AcQual II
- ▶ Expand community-based distribution (CBD) into Kinshasa, Kongo Central, & military/police camps
- ▶ Organize the introduction of new FP methods by medical and nursing students in communities
- ▶ Provide trainings in hospitals, FP clinics and community service providers (i.e., PPIUD)
- ▶ Supply tools, materials and pedagogical supports for training
- ▶ Monitoring and evaluation of FP service delivery

Facilitators



- ▶ Trained staff in clinics and community service provider available
- ▶ Involvement of MOH authorities in CBD expansion
- ▶ Good collaboration with national programs & health zones, and support from current MOH & other partners
- ▶ Proactive collaboration among global groups/programs to reduce the price and enhance the quality of implants (i.e., Implant Access Program, Global Implant Removal Task Force)
- ▶ CTMP effectiveness
- ▶ Standardized supervision guidelines available
- ▶ Budget available

Barriers



- ▶ Socio-political unrest
- ▶ Trained personnel unstable
- ▶ Lack of storage facility
- ▶ Lack of training curriculum, and training in commodity management
- ▶ Insufficient budget
- ▶ Overlapping activities
- ▶ Inconsistencies in tracking providers' LAM counseling as postpartum FP
- ▶ Unknown number of women who need access to specialized services to remove deeply inserted implants
- ▶ Socio-cultural and religious barriers

List of abbreviations

| | |
|-----------------|---|
| AcQual | “Accès” et “Qualité” |
| AFP | Advance Family Planning |
| ASF | Association de Santé Familiale |
| BMGF | Bill & Melinda Gates Foundation |
| CAFCO | The Cadre Permanent de Concertation des Femmes Congolaises (or the Permanent Consultative Framework of Congolese Women) |
| CBD | Community-based distributor |
| CHAI | Clinton Health Access Initiative |
| CHW | Community health worker |
| CIP | Costed Implementation Plan |
| CPC | Carolina Population Center |
| CPR | Contraceptive prevalence rate |
| CTMP | Comité Technique Multisectoriel Permanent |
| DHS | Demographic and Health Survey |
| DKT | DKT International |
| DRC | The Democratic Republic of the Congo |
| EC | Emergency Contraception |
| FBO | Faith-based organization |
| FMOH | Federal Ministry of Health |
| FP | Family planning |
| FP CAPE | Family Planning Country Action Process Evaluation |
| F-SSA | Fancophone Sub-Saharan Africa |
| GEAS | Global Early Adolescent Study |
| GFF | Global Financing Facility |
| GIBS-MEG | Groupe Inter-Bailleur pour la Santé-Médicaments Essentiels Génériques |
| JHU | Johns Hopkins University |
| ICEC | International Consortium for Emergency Contraception |

| | |
|-------------------------|---|
| IUD | Intrauterine device |
| KSPH | Kinshasa School of Public Health |
| LAM | Lactational amenorrhea method |
| mCPR | Modern contraceptive prevalence rate |
| NCIFP | National Country Index for Family Planning |
| PAI | Population Action International |
| PMA2020 | Performance Monitoring and Accountability 2020 |
| PMA2020 SDP Data | PMA2020 Service Delivery Point Data |
| PMA2020 WS Data | PMA2020 Women Survey Data |
| PNSA | Programme National de la Santé de l'Adolescent |
| PNSR | Programme National da Santé de la Reproduction |
| PO | Program Officer |
| PPIUD | Post-partum intrauterine device |
| PSI | Population Services International |
| RH | Reproductive health |
| RTNC | Congolese (DRC) National Radio and Television |
| SANRU | Santé Rurale |
| SDGs | Sustainable development goals |
| Sida | Swedish International Development Cooperation Agency |
| SMOH | State Ministry of Health |
| SP | Sayana Press® |
| SSM | System support map |
| TSU | Technical Support Unit |
| TOC | Theory of change |
| UNC-CH | University of North Carolina at Chapel Hill |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |