



FP CAPE

Family Planning
Country Action Process Evaluation

Choice and source of contraceptive method in Kinshasa, DRC

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Summary

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FP CAPE Evaluation design features

*The purpose of FP CAPE is to generate evidence on **how and why** each **portfolio** of investments is, or is not driving change in key reproductive health outcomes across the Democratic Republic of the Congo (DRC) and Nigeria.*

Portfolio Theory of Change

Developed in close collaboration with BMGF Program Officers and grantees in DRC and Nigeria.

A clear **theory of change** identifies critical assumptions on drivers of family planning use. These assumptions are then tested.

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.

Prospective & iterative

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 in an iterative manner.

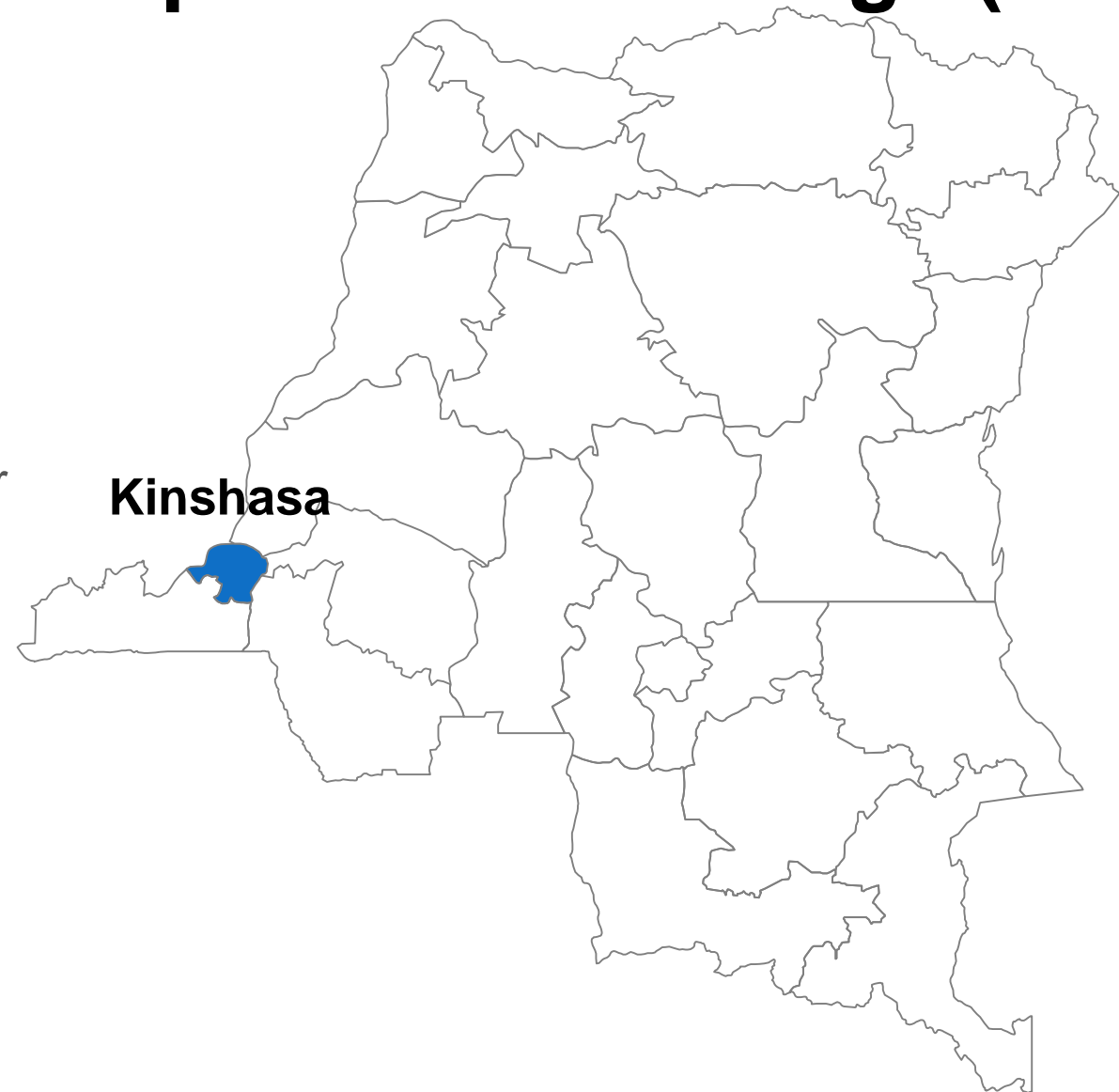




Background: Democratic Republic of the Congo (DRC)

Kinshasa

- ▶ Population will **double** by 2037
- ▶ Kinshasa: urban population approximately **12 million**
- ▶ **>25% of women have unmet need** for FP, Kinshasa 2015
- ▶ **Momentum** in government and donor engagement to increase access to family planning (FP) services
- ▶ Renewed government commitment to FP2020 goals
- ▶ **Socio-political instability**



Why is Kinshasa important?

What can we learn from investing in & testing health programs in this urban context?





Research Questions, Data & Methods

*Contraceptive Choice & Source of Method,
Kinshasa*

Research Questions: In Kinshasa.....



What contraceptive methods are women using?



Where are women getting their methods, by method type?



What are the factors associated with type of contraceptive use?

Data & Methods

DATA: Performance Monitoring and Accountability 2020 (PMA2020) data

- ▶ Repeated cross-sectional samples of households and women in Kinshasa from the PMA2020- 2015
- ▶ R4/2015: two stage cluster sample of 58 enumeration areas
- ▶ Representative sample: 2724 Women ages 15-49, Kinshasa

METHODS

- ▶ Descriptive analysis of key variables (weighted)
- ▶ Multinomial regression:
 - OUTCOME: use of contraceptive method (modern, traditional or non-use)
 - INDEPENDENT: women's age, marital status, education, HH wealth & parity
 - Among women who've been sexually active in the last year

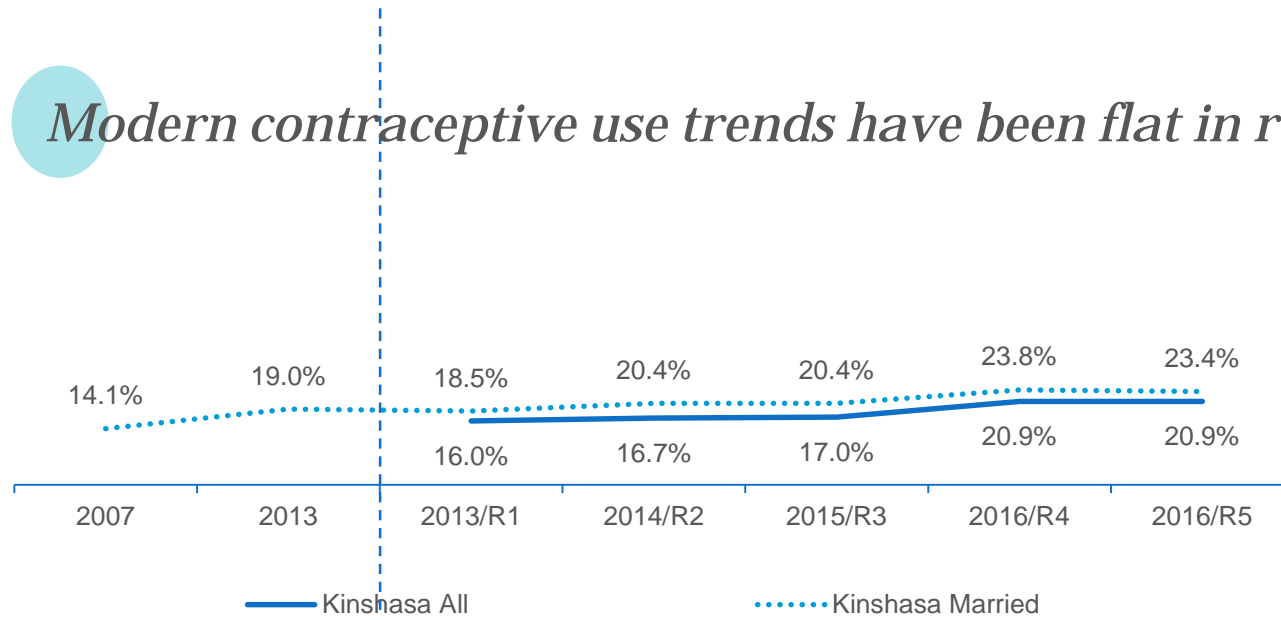


Results

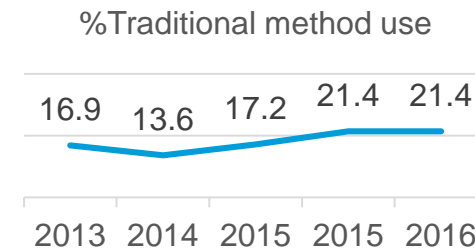
*Contraceptive Choice & Source of Method,
Kinshasa*

Kinshasa: Family Planning use

Modern contraceptive use trends have been flat in recent years



Traditional method use is on the rise



Non-users dominate

$$79\% = 58\% + 21\%$$


Of women in Kinshasa do not use modern family planning


Use no FP


Use traditional methods

What methods do women use?

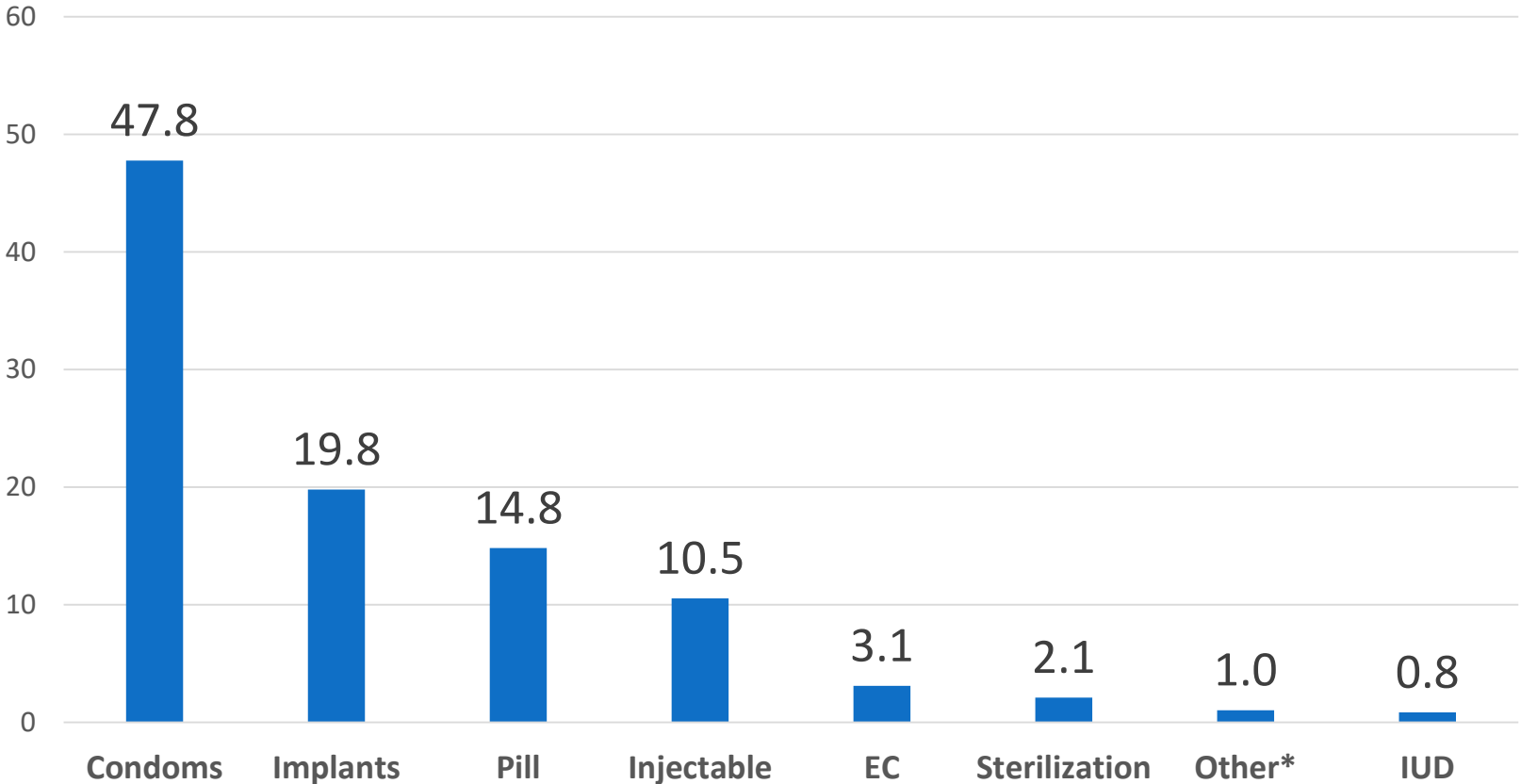
Condoms are the most popular method of modern contraception.

 **20.9%**
modern method
user

 **21.4%**
traditional method
user

 **57.7%**
non-user

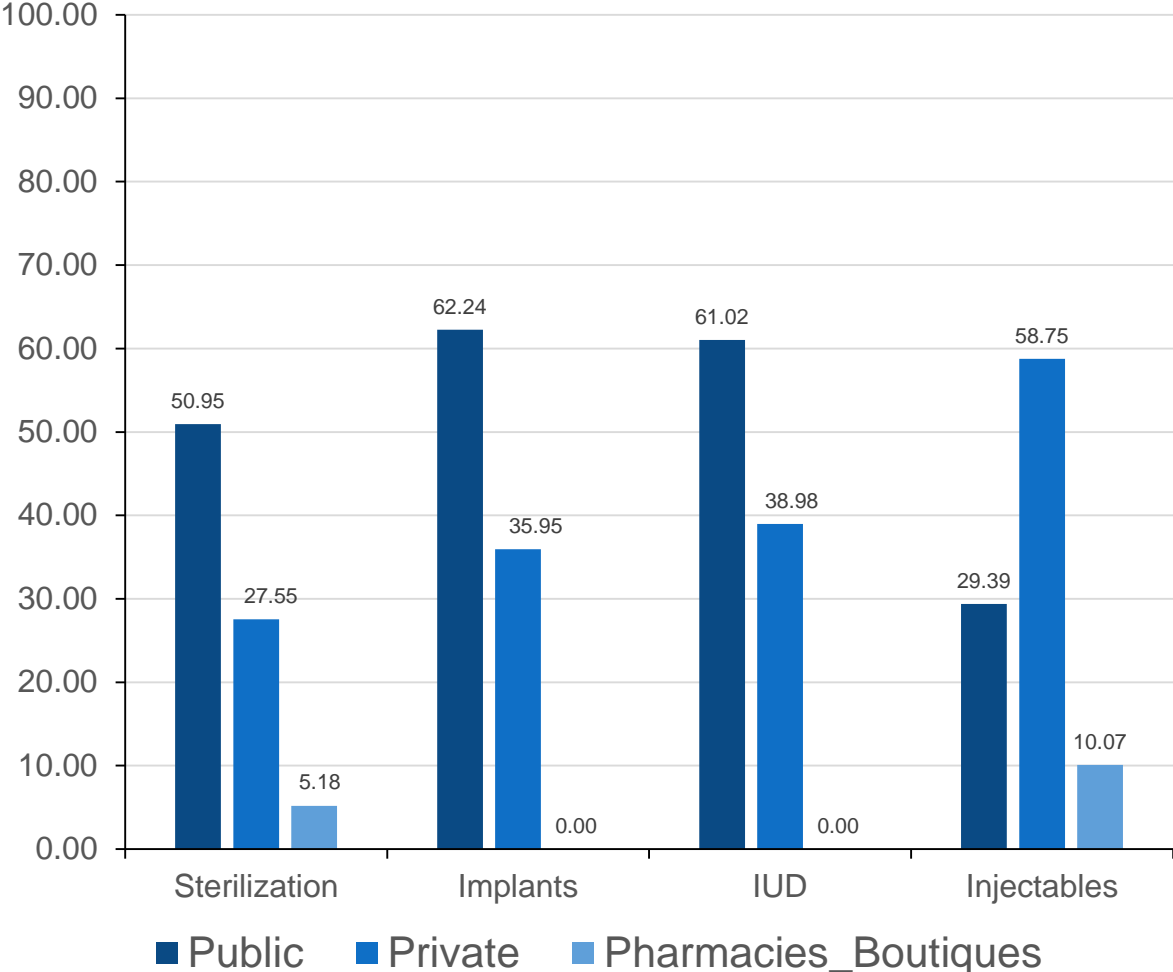
Method mix among modern contraceptive users, Kinshasa 2015



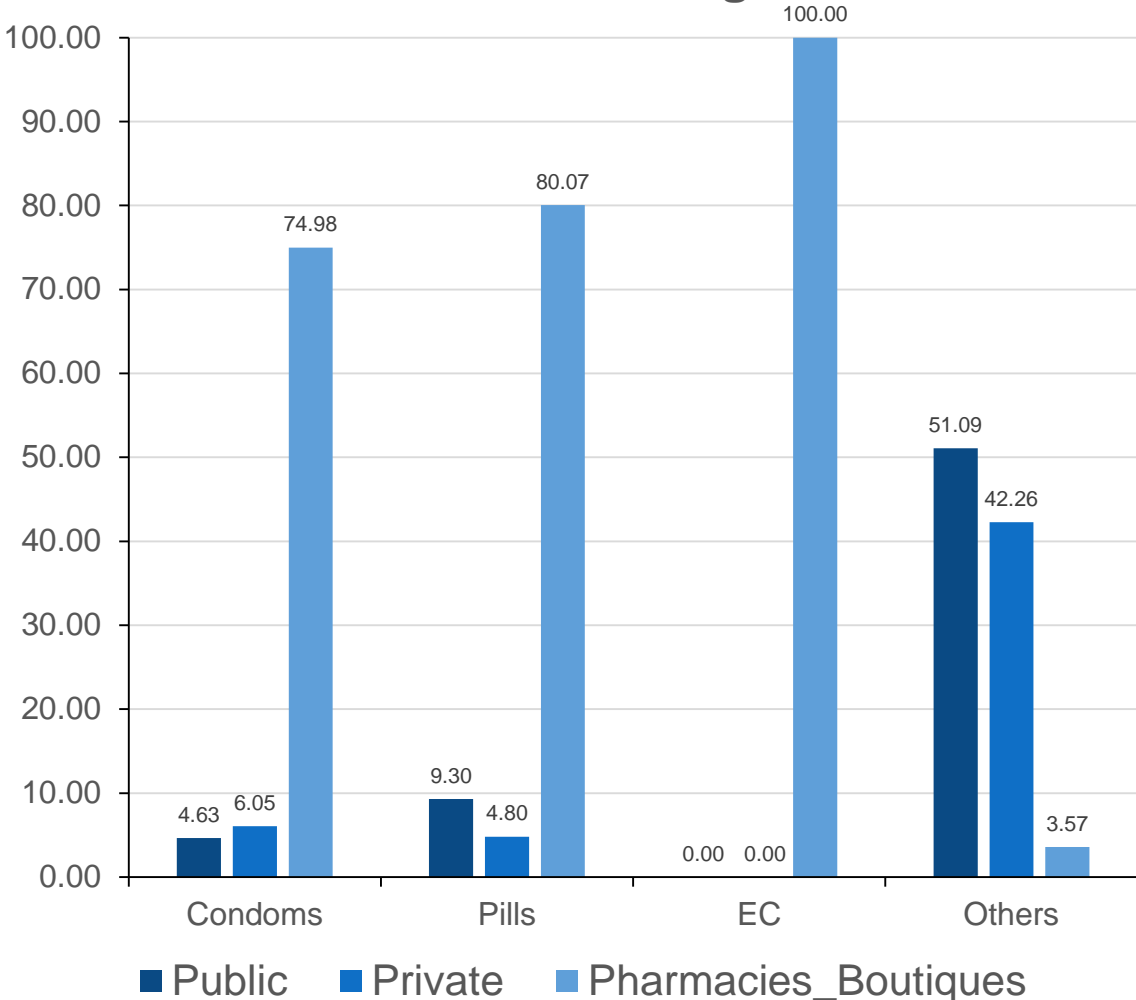
*Includes beads, foam jelly

Where do women obtain modern FP methods in Kinshasa?

Sources of long acting methods



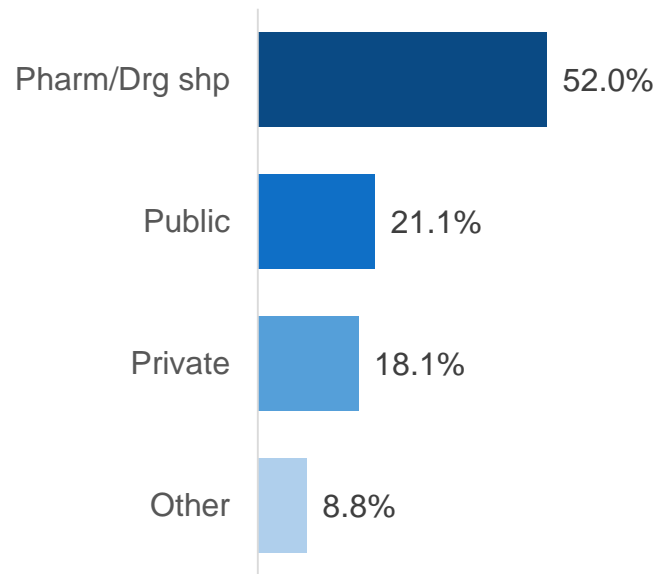
Sources of Short Acting Methods



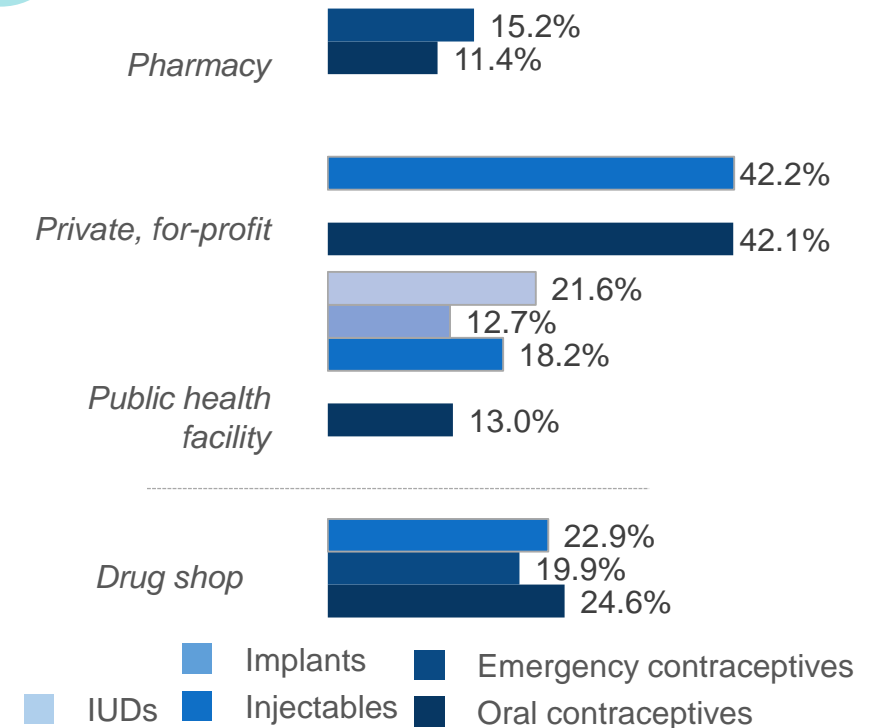
Summary Dashboard: Family Planning context

Most women obtain their family planning method from drug shops, however high stock-outs in the most common outlets are an issue.

Where women obtain methods in Kinshasa



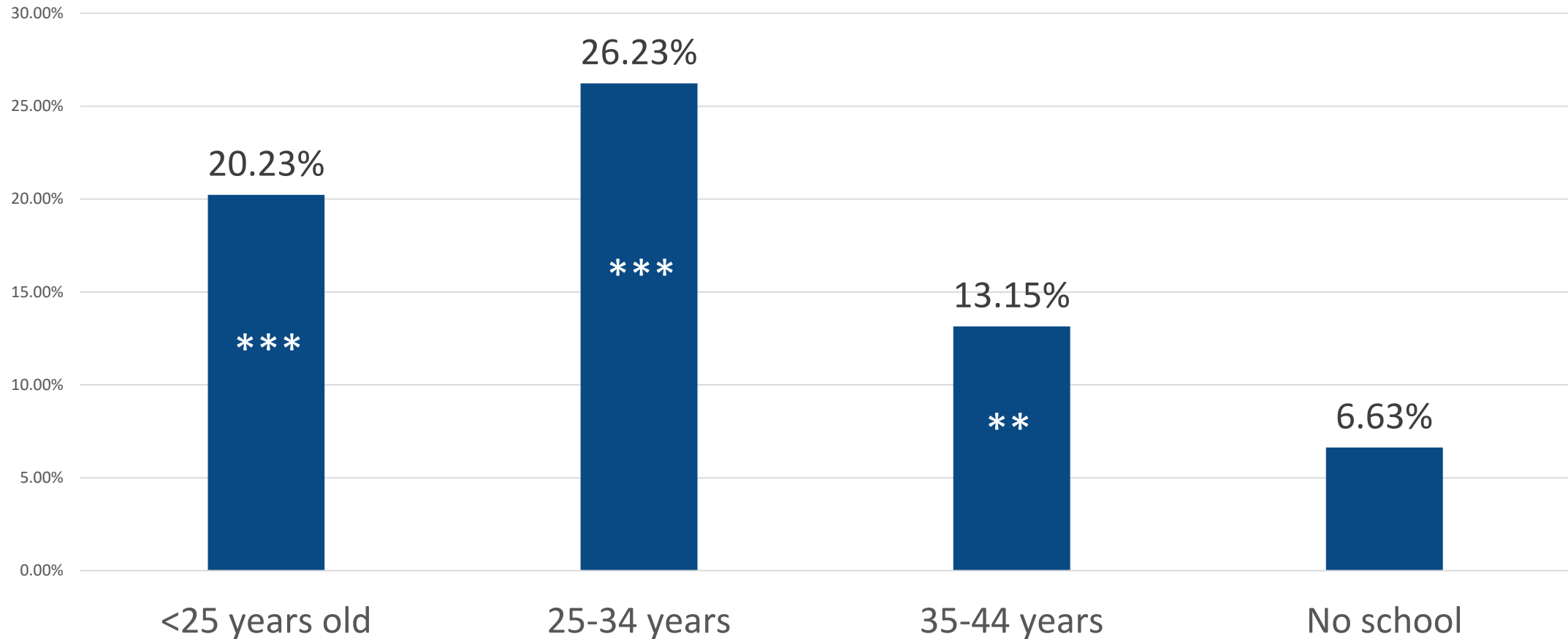
Family planning stock-out, by outlet type



Multinomial regression results: Modern use

Factors associated with type of contraceptive use

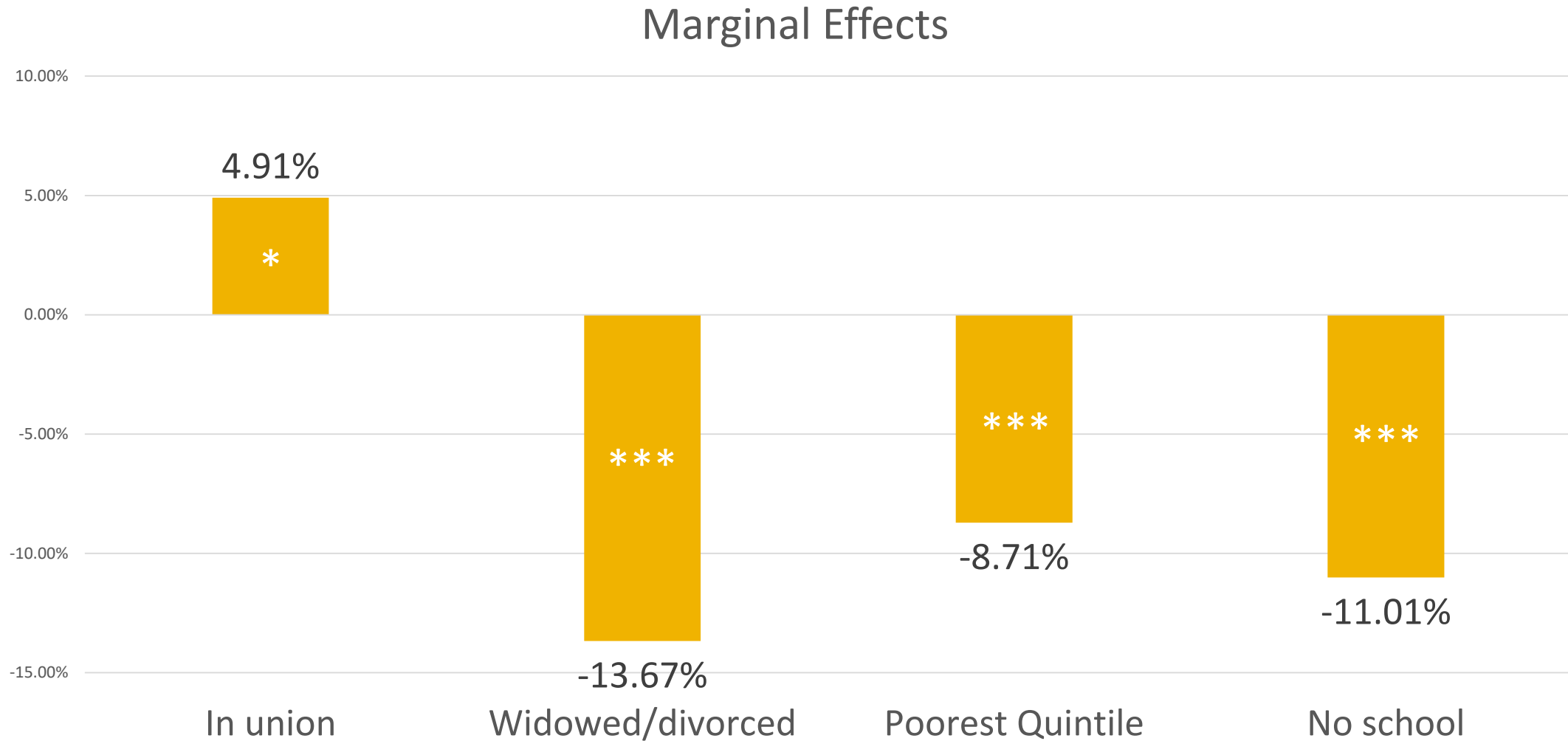
Marginal Effects



Among women sexually active in the last year. + $P \leq .10$; * $P \leq .05$; ** $P \leq .01$; *** $P \leq .001$.

Multinomial regression results: Traditional use

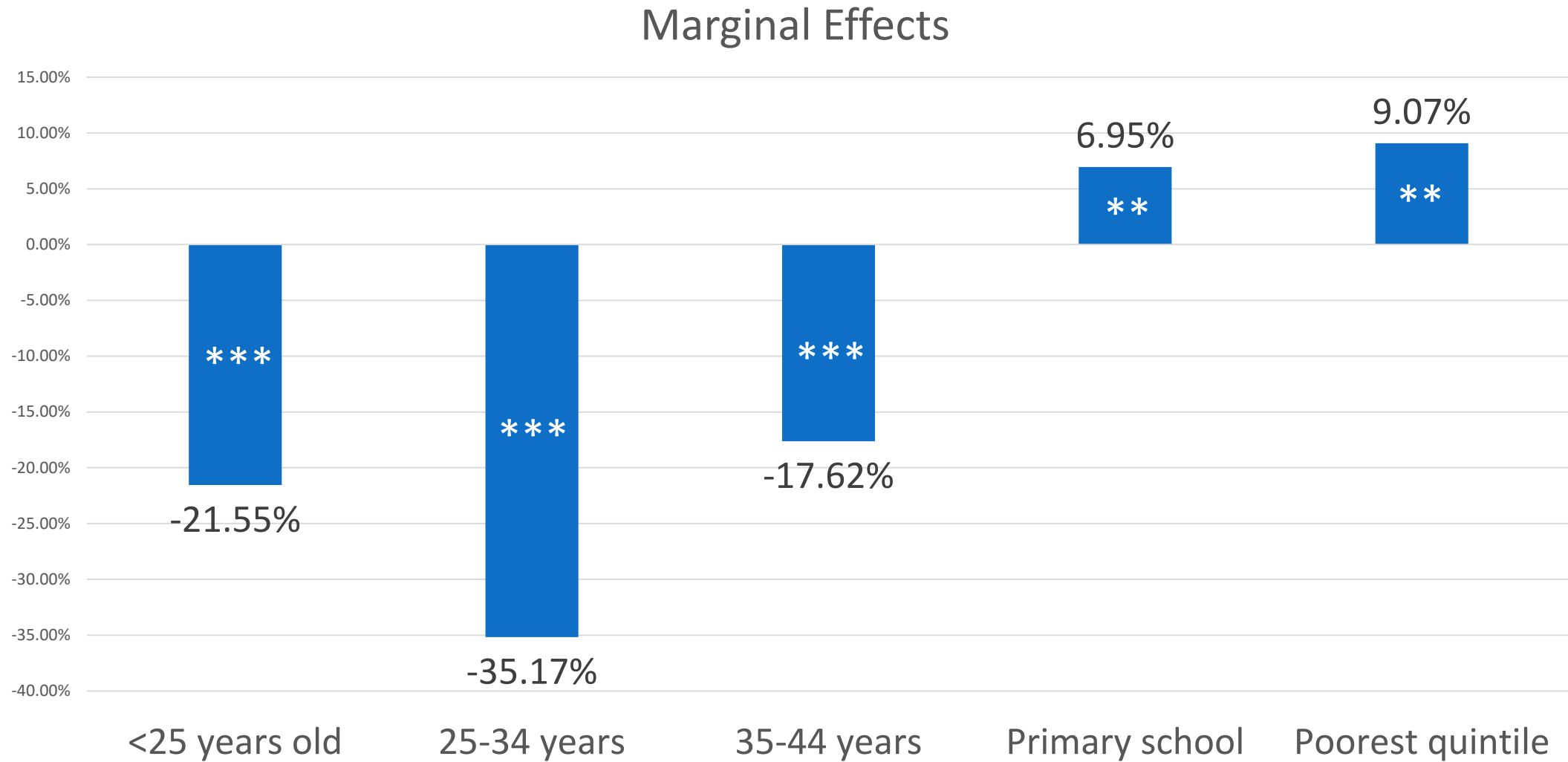
Factors associated with type of contraceptive use



Among women sexually active in the last year. + $P \leq .10$; * $P \leq .05$; ** $P \leq .01$; *** $P \leq .001$.

Multinomial regression results: No contraceptive use

Factors associated with type of contraceptive use



Among women sexually active in the last year. + $P \leq .10$; * $P \leq .05$; ** $P \leq .01$; *** $P \leq .001$.



Discussion & Questions

Contraceptive Choice & Source of Method,

Kinshasa

Discussion and Implications



- ▶ We are left with some **challenged assumptions & additional questions unanswered.**
- ▶ See some positive momentum on **younger women** being more likely to use modern methods
- ▶ **Traditional use in Kinshasa is on the rise.** Why? How can we target these women? Not the women we would necessarily expect (married, wealthier, more educated)
- ▶ Overall modern trends somewhat flat. Very high male condom use driving private sector sources or are high stock-outs and weak infrastructure driving women towards more accessible methods?