



FP CAPE

Family Planning
Country Action Process Evaluation

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

February 2019

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Executive summary

DRC findings and insights (2018)

Overall portfolio progress in 2018



<i>ToC Segment</i>		<i>Geography</i>	<i>Status</i>	<i>Details</i>
Enabling Environment		National		<ul style="list-style-type: none"> ▶ Overall positive momentum with favorable FP policies ▶ Poor results with government funding release for purchase of contraceptives
		Kinshasa		<ul style="list-style-type: none"> ▶ Flat but moderately high levels of exposure to FP messages ▶ Intention to use among all women slightly rising
Demand Generation		Kongo Central		<ul style="list-style-type: none"> ▶ Low and declining levels of exposure to FP messages ▶ Intention to use among all women declining
		Kinshasa		<ul style="list-style-type: none"> ▶ Mixed results in accessibility of methods and counseling ▶ Modern method access increased in private facilities
Service Delivery		Kongo Central		<ul style="list-style-type: none"> ▶ Many FP access indicators are not far behind Kinshasa ▶ Increasing number of facilities offering at least five modern methods
		Kinshasa		<ul style="list-style-type: none"> ▶ Slight increase in mCPR
Impact		Kongo Central		<ul style="list-style-type: none"> ▶ Decline in mCPR
		Kinshasa		

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.

Funding for the purchase of contraceptives

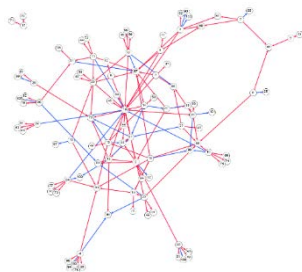
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National funds released
for purchase of
contraceptives in 2018



Three provinces have made
commitments to purchase
contraceptives in 2018

Key barriers



Coordination

Top-level coordination
continues to improve, while
there are conflicting agendas
at the health zone level



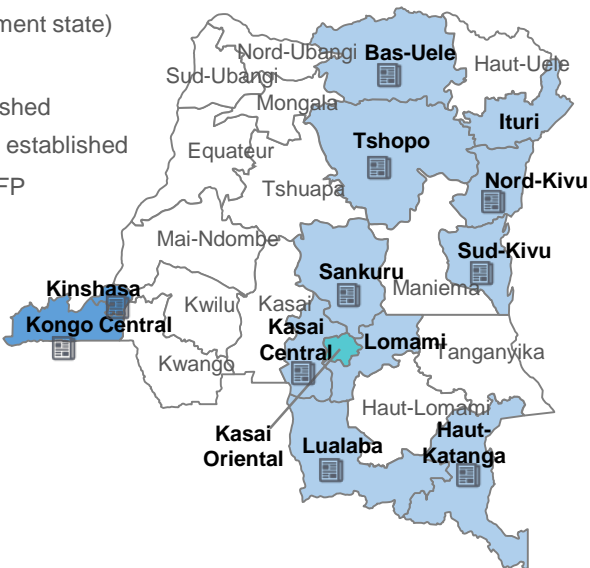
Context

Socio-political
instability ongoing
barrier for all FP
activities

CTMPs

13 provinces have
established CTMPs over the
past three years.

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



1

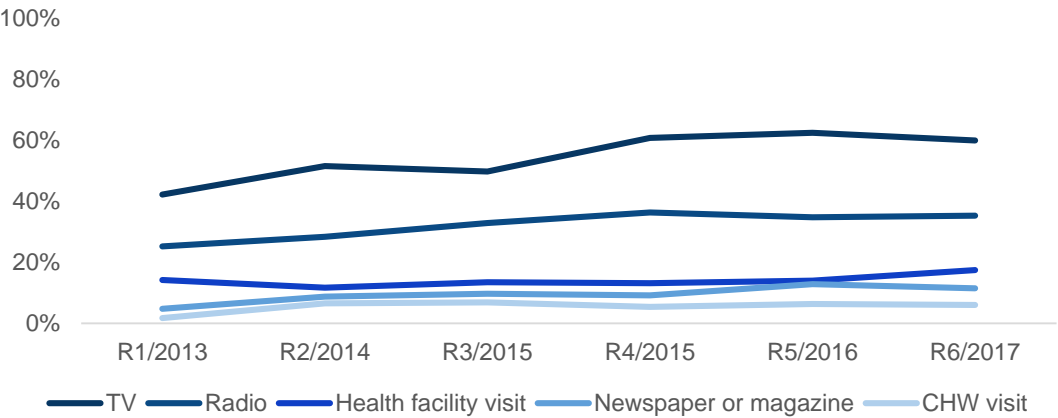
New provincial
CTMP established in
2018: Kasai Oriental

Summary dashboard: Demand generation

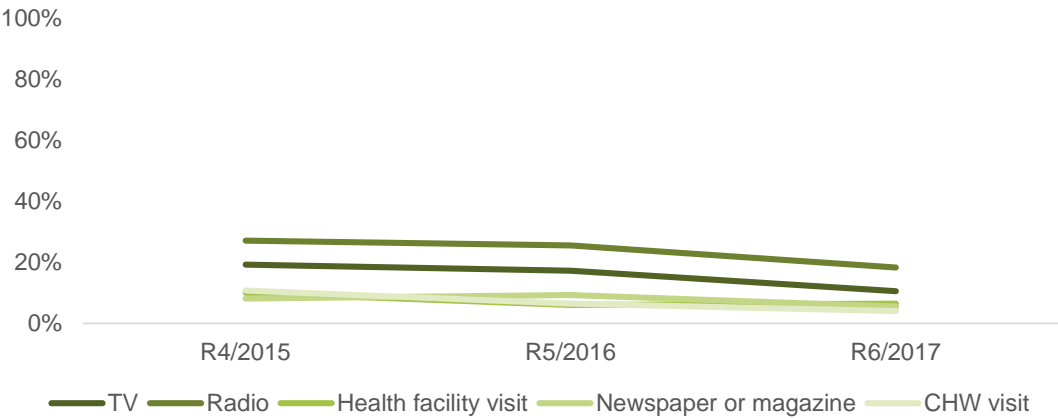
FP message exposure is flat in Kinshasa and declining in KC. Youth intention to use FP shows slight increases in KC and Kinshasa.

Media exposure to FP is flat in Kinshasa, while declining in KC

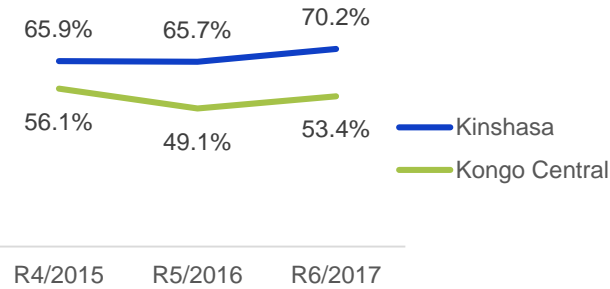
Media exposure by type, Kinshasa



Media exposure by type, Kongo Central



Intention among youth



Intention to use FP among youth shows slight increases in both provinces

Key barriers

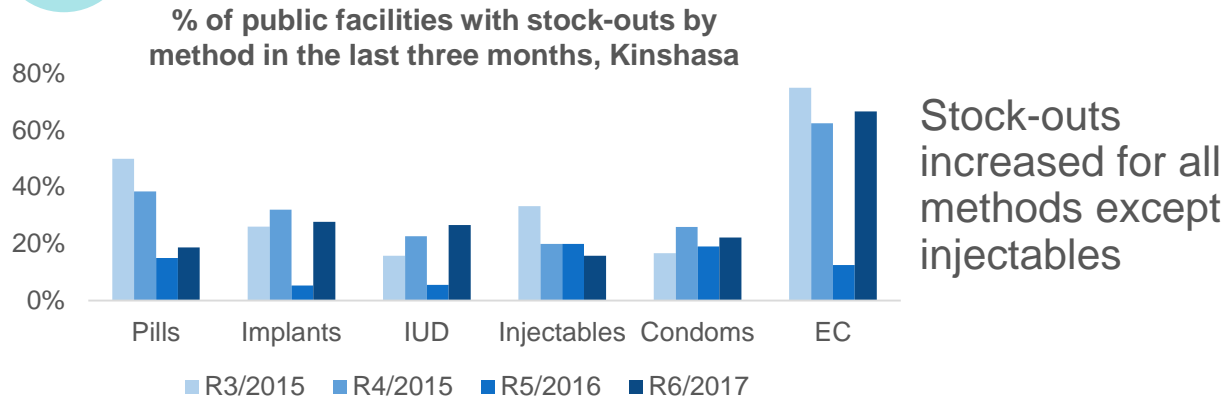
Challenges at the health zone level including sociopolitical instability and scheduling/implementation

Socio-cultural barriers including rumors and misinformation about family planning

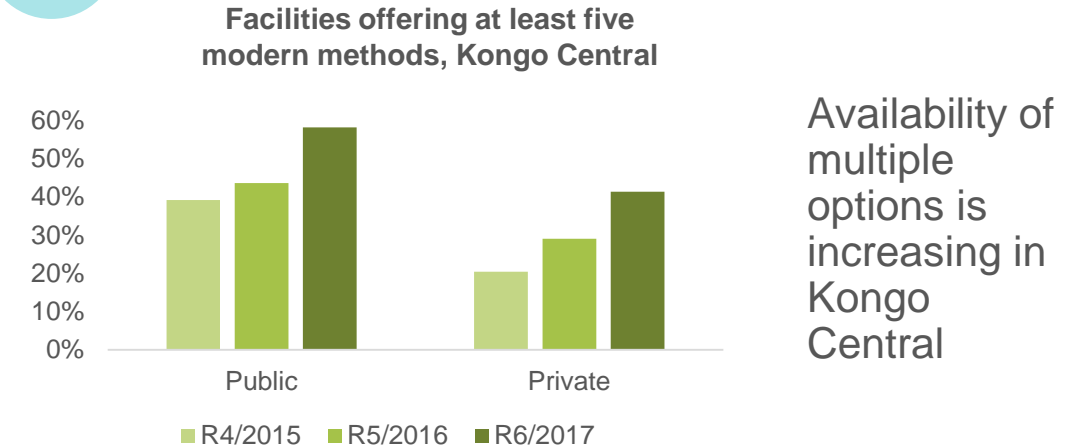
Summary dashboard: Service delivery

Contraceptive supply has shown mixed results in Kinshasa, but has improved in KC. We see rising use of implants and public facilities for method source in Kinshasa.

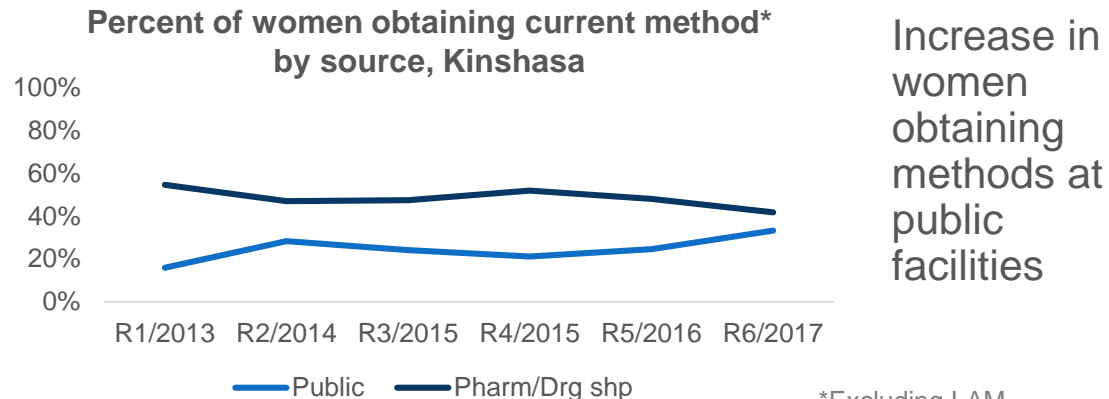
Decrease contraceptive supply in Kinshasa



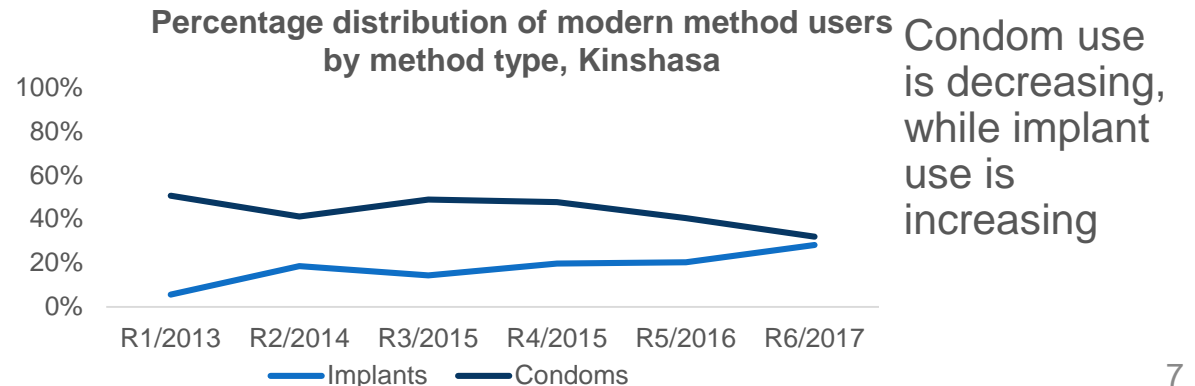
Area of improvement



Decrease in pharmacies as method source



Implant use is increasing

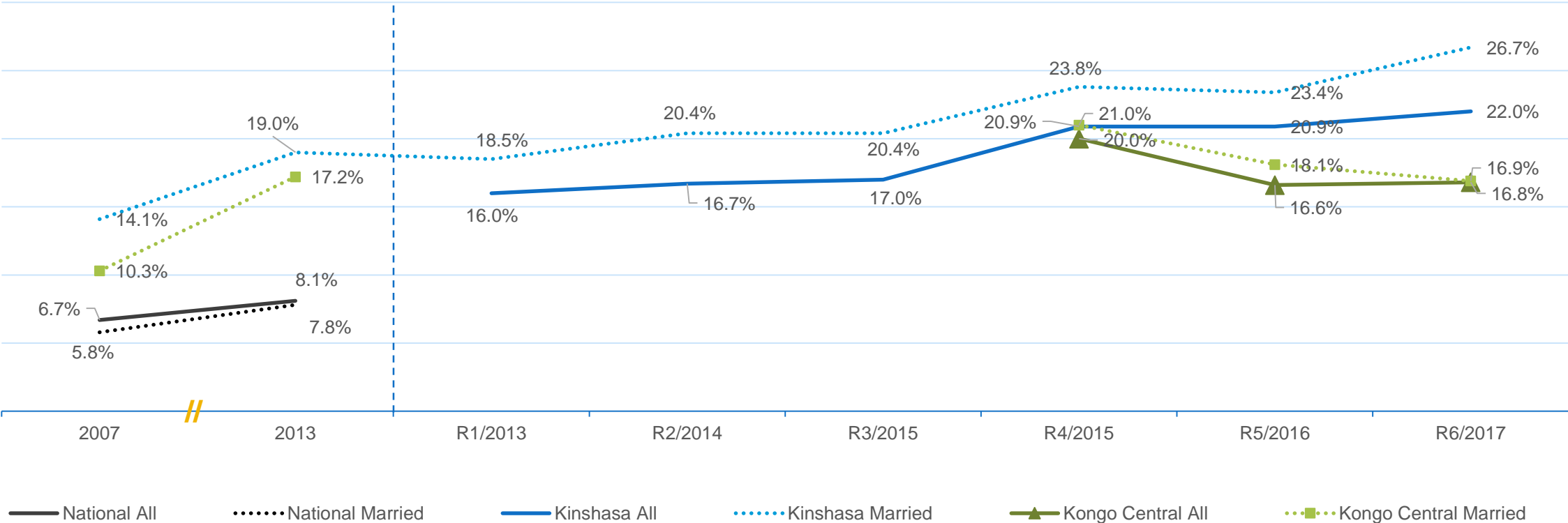


Summary dashboard: Impact

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



Timeline of scale-up and BMGF expansion

2016

Enabling environment

- ▶ AFP & AcQual II scale-up of CTMPs in 10 provinces

Demand generation

- ▶ JHU under AcQual II expanding activities to target police/military populations and into Kongo Central

Service delivery

- ▶ DKT scaled up DMPA-SC model in Kinshasa to Kongo Central
- ▶ AcQual II expanding activities to Kongo Central

2017

Enabling environment

- ▶ AFP & AcQual II scale-up of CTMPs in 12 provinces

Demand generation

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

Service delivery

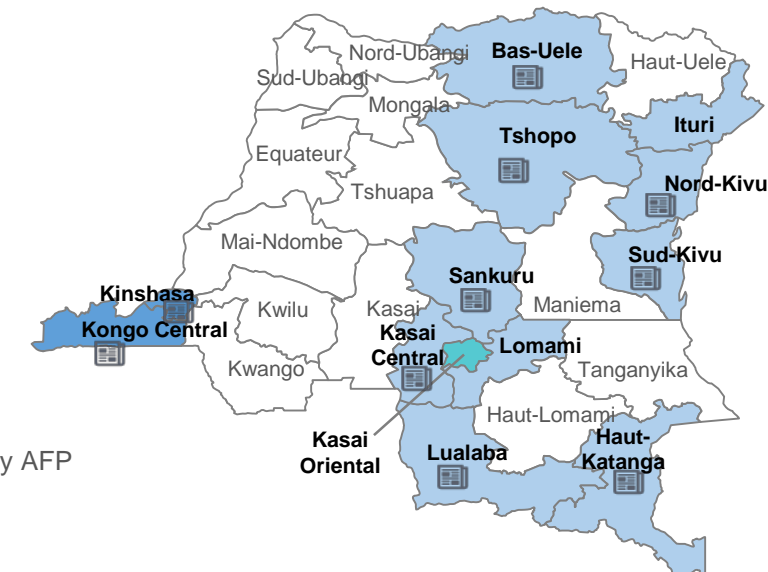
- ▶ In the process of obtaining official authorization for scale-up of community-based distribution of DMPA-SC & self-injection
- ▶ Planned scale-up of Implanon NXT at the community level with medically trained CHW
- ▶ DKT expansion of FP sales via boat up the Congo River

2018

Enabling environment

- ▶ AFP & AcQual III scale-up of CTMPs in 13 provinces
- ▶ Pilot DMPA-SC studies were accepted by the General Secretary; it's now included in the CBD training curriculum.
- ▶ Medical/nursing student CBD are now trained to insert/remove Implanon NXT.

DRC CTMP scale-up, 2018



State reached by AFP



FP CAPE overview and DRC portfolio theory of change

A portfolio evaluation

FP CAPE takes a systems perspective to evaluating the complex, constantly changing portfolio of grantees

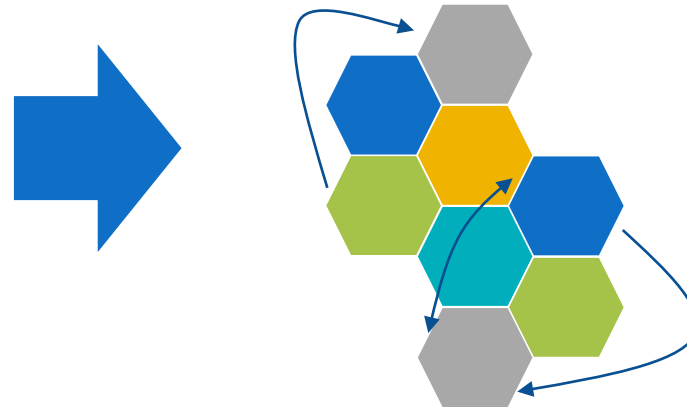
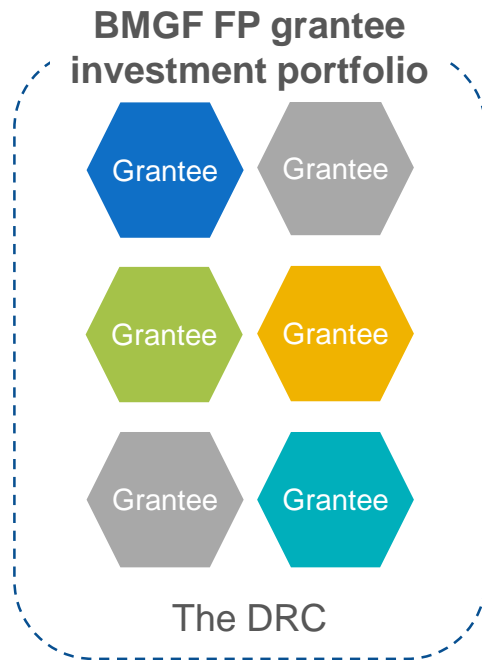
Active for three years (2016-2018), FP CAPE has collected multiple rounds of quantitative and qualitative data to understand how/why the BMGF DRC FP portfolio may be driving changes.

BMGF's work is in support of the DRC government's National Strategic Plan for Family Planning (2014-2020).

Grantees form an interrelated and dynamic portfolio to evaluate, as they interact in an ever-changing system.

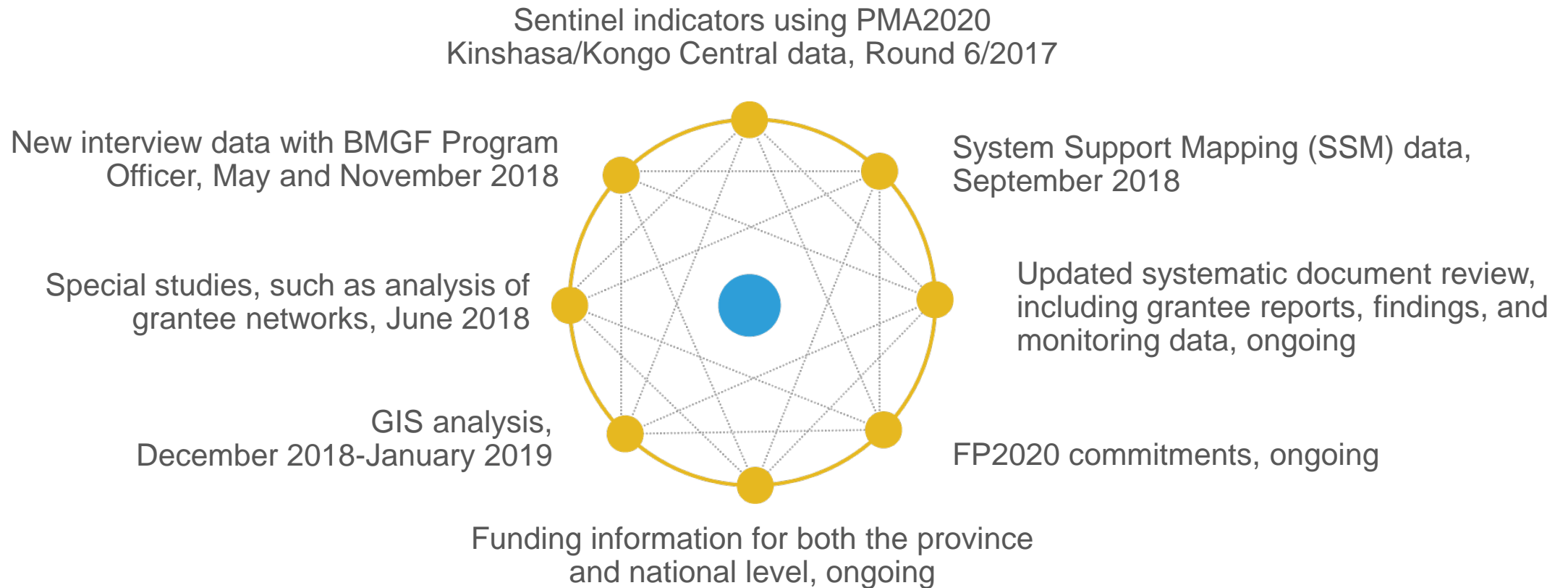
Simple evaluation approaches are not sufficient to understand the portfolio of grantees at a country level.

The Family Planning Country Action Process Evaluation is a systems-aware, realist, theory-based evaluation that synthesizes many kinds of real-time evidence on how/why the portfolio may be driving change, from 2016 to the present.



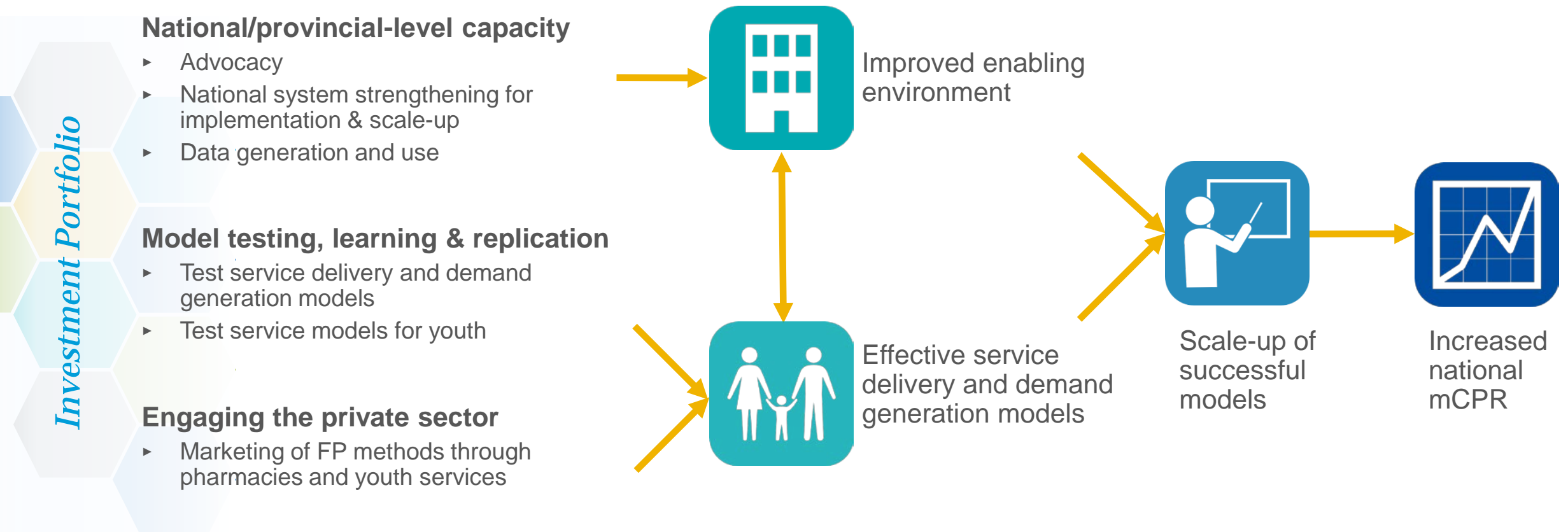
Analysis & special studies completed

Over the last year, we have added to the body of evidence on BMGF-funded family planning activity in the DRC. This deck consolidates the results of the following:



Theory of Change: BMGF DRC investment portfolio

FP CAPE's research questions are based on a Theory of Change which defines and monitors causal linkages, starting with portfolio investments and moving to increased national mCPR.



BMGF DRC FP Grantees, by Theory of Change area

National/provincial level capacity

Advocacy



Nat'l system strengthening for implementation and scale-up



EXPANDNET



AcQual III



Data generation and use



Momentum



Model testing, learning & replication

Service delivery and demand generation models



Bien Grandir 2



EngenderHealth



Momentum AcQual III

Service models for youth



AcQual III

Bien Grandir 2


Engaging the private sector

Marketing of FP methods through pharmacies and youth services



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">▶ Favorable FP policies are enacted▶ PNSR and PNSA coordinate partners in support of national and provincial strategies▶ 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▶ Model program strategies will create demand for modern FP methods
	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



Outcomes



DRC: Findings

Targeted evaluation findings and new results



Enabling environment

DRC findings

Enabling Environment

Critical assumptions	Expected changes	Sentinel indicators
<i>Favorable FP policies are enacted</i>	Enabling environment improved	<ul style="list-style-type: none"> ▶ FP2020 government commitments ▶ Instances of policy changes related to FP
<i>PNSR & PNSA coordinate partners in support of national & provincial strategies</i>	Donor coordination increased	<ul style="list-style-type: none"> ▶ # of national CTMP meetings held
	Provincial CTMP strengthened	<ul style="list-style-type: none"> ▶ # of provincial CTMP created & where
<i>Effective national supply chain ensures commodity availability and GIBS-MEG contributes to estimating needs</i>	Increased funding for contraceptive procurement	<ul style="list-style-type: none"> ▶ Funding for contraceptive procurement- allocations and disbursements

DRC Governmental FP2020 commitments

The DRC government is making progress on its FP2020 commitments through law reform, though monetary commitments have progressed little.

ToC critical assumption

Favorable FP policies are enacted



Policy support is strong in DRC government

All branches of the DRC government have actively made comments in support of family planning legislation.

ToC critical
assumption

Favorable FP policies are
enacted



The screenshot shows the AFP (Advance Family Planning) website. The header features the AFP logo and navigation links: About Us, Our Advocacy Resources, Where We Work, Our Partners, News & Events, Contact Us, and Join Our Mailing List. A language selector and search bar are at the bottom left. The main article, dated July 18, 2018, is titled "DRC President calls for Bold Family Planning Policy and Demographic Dividend Achievement". It reports on President Joseph Kabila's State of the Nation address, where he called for bold family planning policies to achieve the demographic dividend. A photo of President Kabila is included. The article also mentions a working session with the CTMP delegation and the President's Advisor for the Environment, Mining and Hydrocarbon.

AFP
ADVANCE
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Select Language

DRC President calls for Bold Family Planning Policy and Demographic Dividend Achievement

On July 18, 2018, in a State of the Nation address, President Joseph Kabila of the Democratic Republic of the Congo (DRC) made a strong statement in support of family planning. "It is urgent to work now on controlling the demographic growth by implementing a bold policy for family planning, which will allow us to fulfil our demographic dividend for the integrated growth of our country," he said.

It has been 46 years since a head of state in the DRC has spoken favorably of family planning. In 1972, then President Mobutu Sese Seko authorized the implementation of services for "desirable births," albeit without revoking the colonial rule that prohibited promoting and selling family planning products. Now, President Kabila's statement renews the DRC's commitment in support of family planning.

President Kabila's statement occurred approximately one month after the National Permanent Multisectorial Technical Committee (CTMP), including Advance Family Planning local partner Tulane International, led a working session with the President's Advisor for the Environment, Mining and Hydrocarbon. During the session, the CTMP delegation explained how investing in family planning and fulfilling the demographic dividend aligned with the DRC's effort to become an emerging country.

The CTMP will reference President Kabila's call to action when they advocate with central and provincial governments to disburse family planning funds.

- ▶ National reproductive health law voted through parliament and senate, currently awaiting presidential signature
- ▶ Significant advocacy win, over two years in the making
- ▶ However, election year turbulence has reduced family planning as an immediate priority
- ▶ New government support for family planning to be determined given recent change in presidential power

DRC CTMPs continued to expand in 2018

CTMPs held six national meetings this past year. Kasai Oriental province added a CTMP in 2018, resulting in a total of 13 provinces with CTMPs.

ToC critical assumption

PNSR & PNSA coordinate partners in support of national & provincial strategies

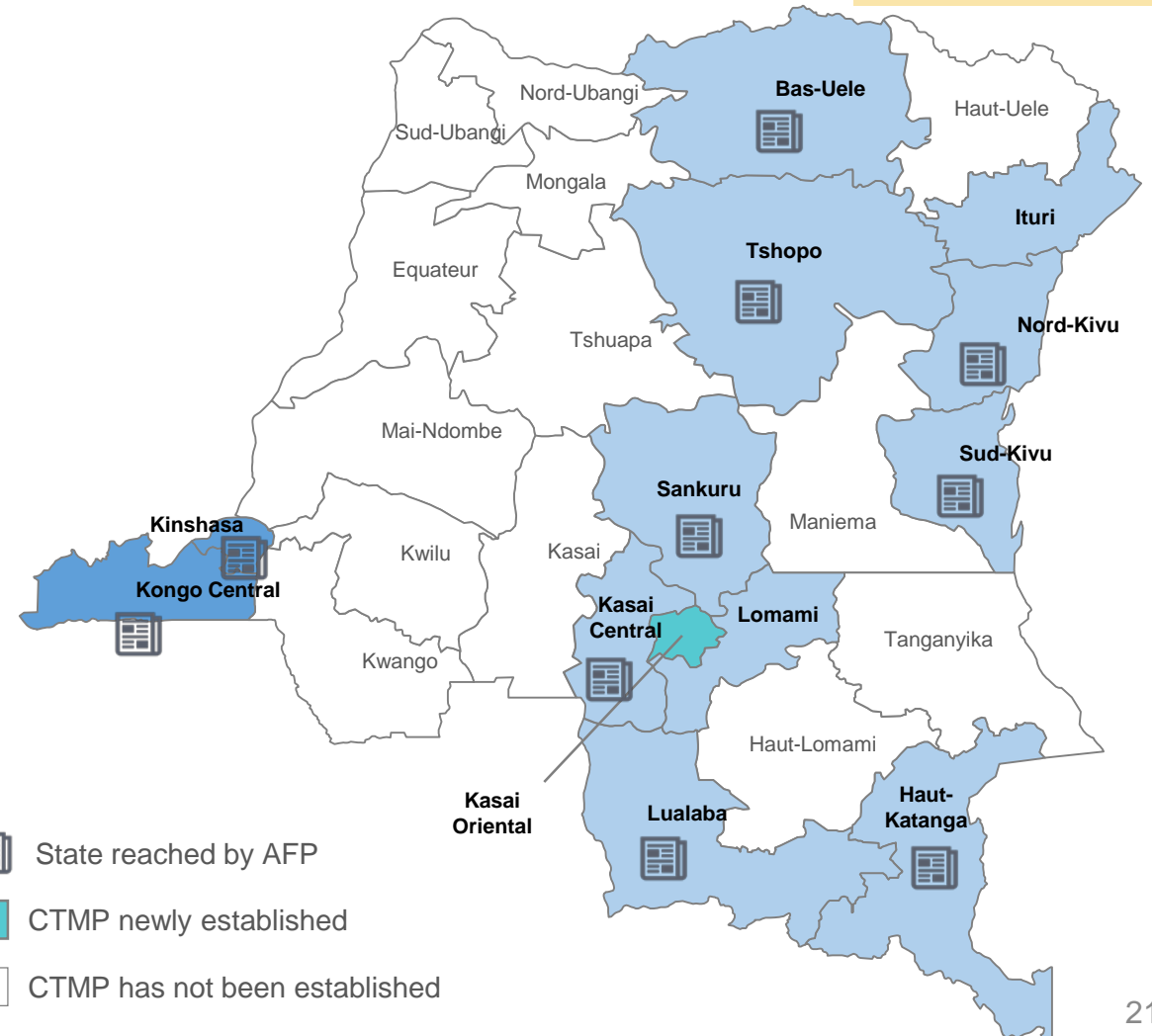
One new province added a CTMP in 2018, totaling 13 provinces with CTMPs

+1 = 13

Added province (Kasai Oriental)

Total provinces

Six national CTMP meetings held in 2018

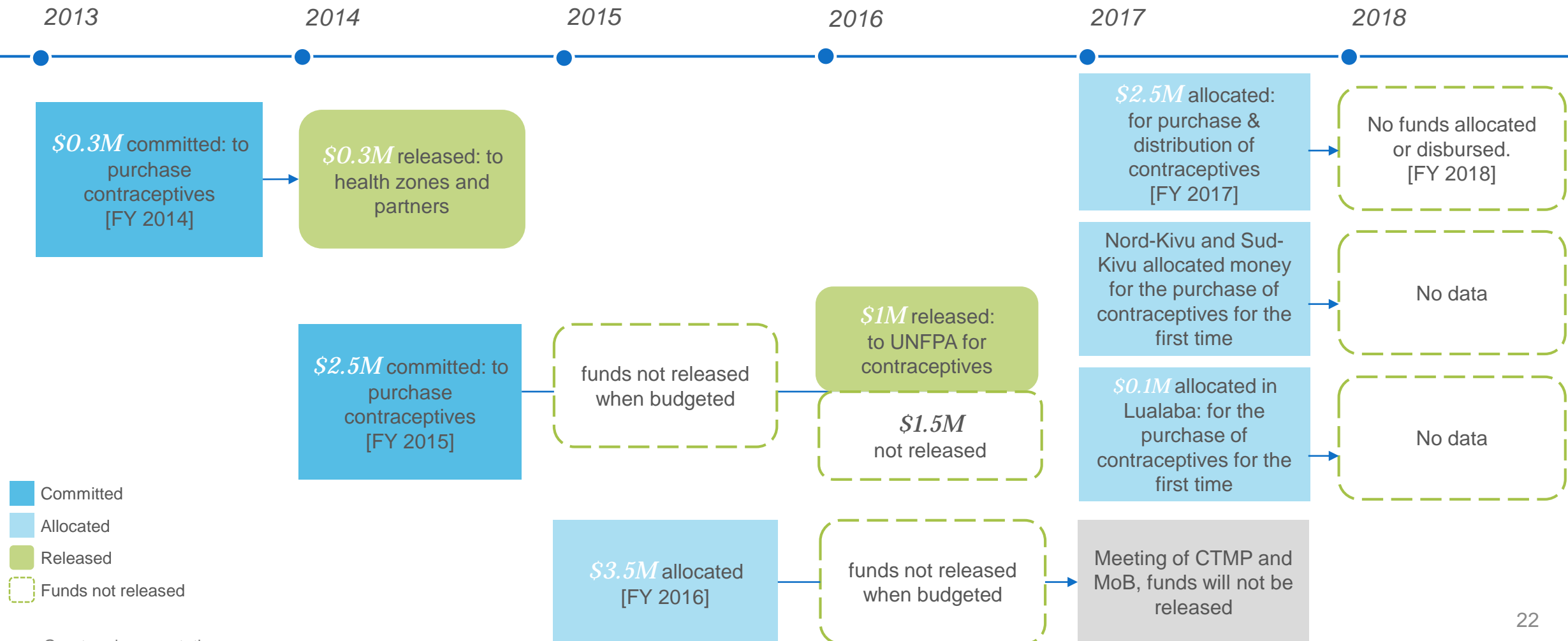


DRC government FP funding status

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

ToC critical assumption

Effective national supply chain ensures commodity availability and GIBS-MEG contributes to estimating needs



SSM grantee-level findings: Advocacy

Grantee



New activities

2016

- ▶ Participation in the design of the law on Reproductive Health (RH) and FP
- ▶ Budgeting procurement of contraceptives at national level
- ▶ Training on advocacy approach to gain political & financial support for FP

2017

- ▶ Determining advocacy objectives for provinces
- ▶ Advocacy for new RH/FP law
- ▶ Advocacy training based on AFP/SMART approach

2018

- ▶ Targeted advocacy efforts for creation of budget line for contraceptive procurement

Facilitators most cited

16 17 18

Good collaboration with government at national and provincial levels (i.e., participation of provincial MoH at installation of provincial CTMP), with development partners, and with local NGOs (e.g., Cadre Permanent de Concertation de la Femme Congolaise - CAFCO)			
Availability of financial and technical support for the advocacy and creation of budget lines for contraceptive procurement at the national and provincial levels			
Existence of key FP documents (e.g., National Strategic Plan for FP, DRC Commitment to FP2020 Goals, Estimation of Contraceptive Needs, legal text creating CTMP, CTMP report)			
CTMPs at provincial levels with advocacy thematic groups			
Ownership of new RH/FP law by members of Parliament			

Barriers most cited

16 17 18

Limited number of trainers for advocacy activities			
Closing of provincial assemblies (e.g., Kongo Central and Bas-Uele) and changes in leadership of provincial institutions (e.g., provincial assembly in Kinshasa)			
Lack of control over the National Assembly Agenda which affects timing/scheduling of advocacy activities			

SSM grantee-level findings: Capacity building



SSM grantee-level findings: Data collection & use



Facilitators most cited

16 17 18

Good collaboration with gov't (e.g., MoH, EPSP), BMGF grantees (e.g., Avenir Health, Jhpigo, Tulane, KSPH, JHU/GEAS, PMA2020, Save the Children), NGOs/CBOs (e.g., OBC, RECOPE) and community buy-in (i.e., for surveys conducted in schools, in helping to recruit target populations)			
Availability of local expertise (e.g., KSPH, Track20, Tulane) and access to training materials, data collection, data analysis and data use tools (e.g., Track20, PMA2020, FPET, Data Lab tools)			
Availability of financial resources and organized platforms that promote data review and use (i.e., consensus meetings to review HZ FP data, PMA2020 data use meetings)			
In-house M&E expertise, motivated and engaged local staff			
Active involvement of DSNIS in all aspects of M&E of FP activities (i.e., development of manuals & data collection tools, supervision missions, organized meetings to review FP presentations)			

Barriers most cited

16 17 18

Upcoming elections, large geographic study area, hard-to-reach sites and insecurity in certain zones delay data collection			
Insufficient number of data entry staff trained in FP, high staff turn-over, and changes/conflict in leadership that hamper/delay activities (e.g., training, slow recruitment of new staff, getting approvals for missions)			
Difficulty in reaching target study populations (i.e., enrolling male partners, accessing military camps, insecure zones, children) and technical problems with electronic data collection tools & data transmission (i.e., uploading data)			
Lack of data culture & data analysis plan at the operational level (i.e., fear of reporting low FP numbers, lack of clarity on key FP indicators)			

Enabling environment: Bottom-up synthesis

Facilitators most cited

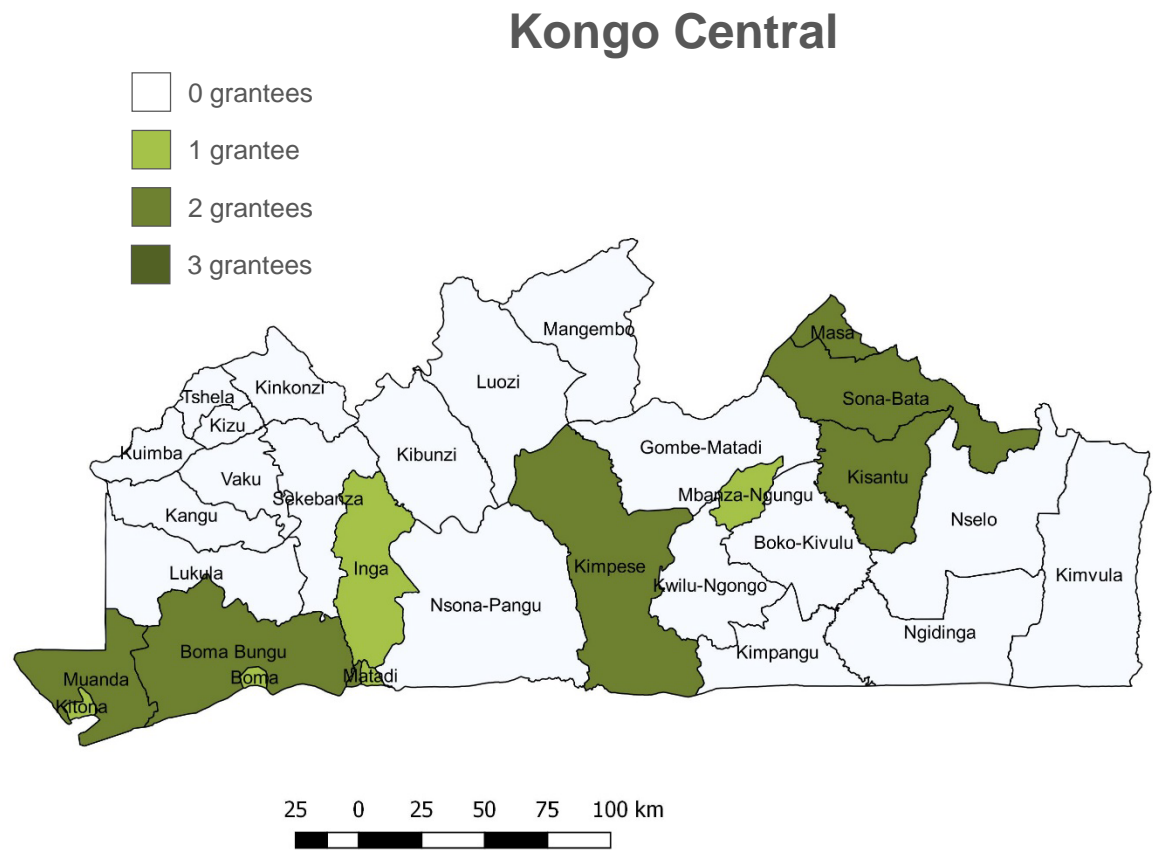
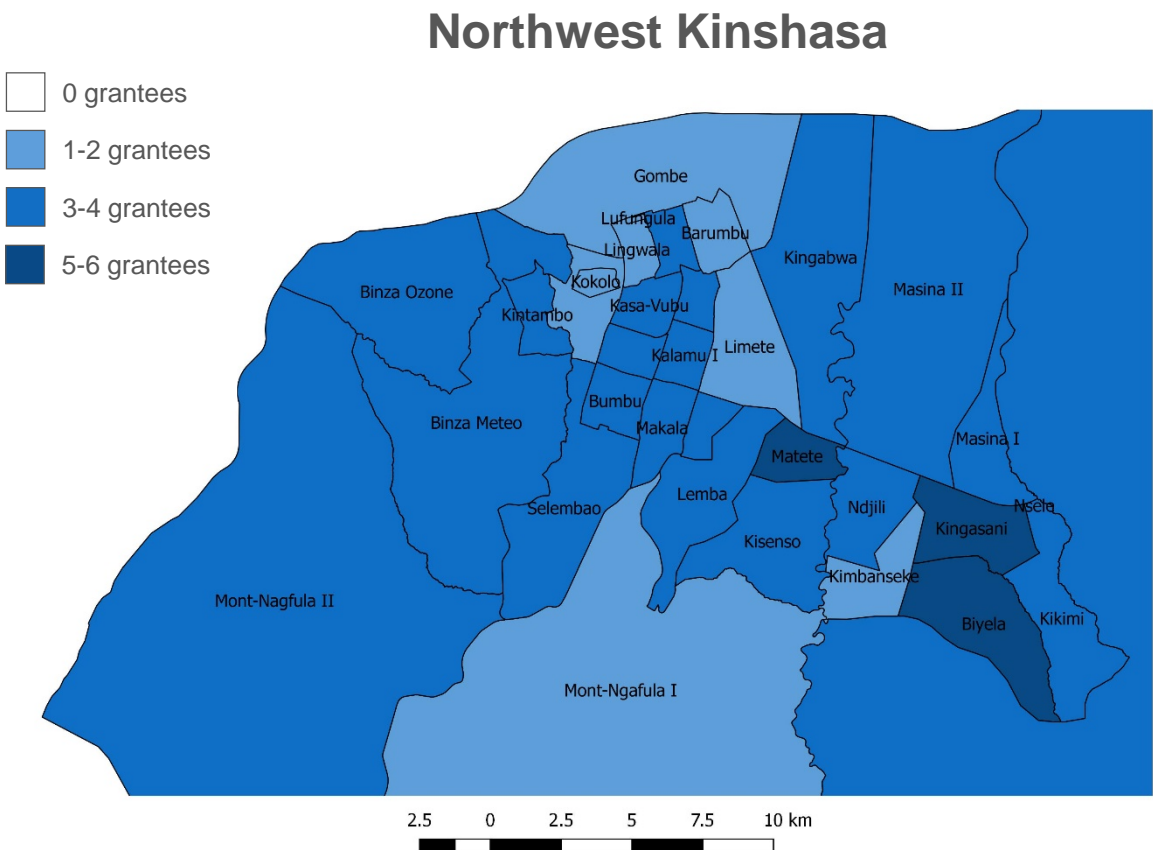
		POs	Grantees
✓	Strong gov't budget allocation for the purchase of contraceptives		
	Availability of financial and technical support for enabling environment activities		
	Strong in-house expertise and motivation		
	Good collaboration with/support from government at national & provincial levels, FP stakeholders, and BMGF partners		
	Leader position of the prime organization/ grantee in enabling environment work in the country		
	Strong support for data use from working closely with gov't and strategic data dissemination		
	Existence of key FP documents (e.g., legal text creating CTMP, CTMP reports, National strategic plan for FP)		

Barriers most cited

✗	Socio-political instability and insecurity in certain zones		
	Low budget release for FP commodities despite gov't's improving commitment to purchasing contraceptives		
	Technical problems with electronic data collection tools and data transmission		
	Issues with data, data analysis & data use (i.e., low data maturity, little data sharing/dissemination, poor data infrastructure)		
	Limited institutional capacity of local actors and high staff turnover		

Where are enabling environment grantees working?

Although most enabling work is federal, on-the-ground grantee work includes training of clinical and community providers and provision of materials in individual provinces. Two grantees are working at the federal level.



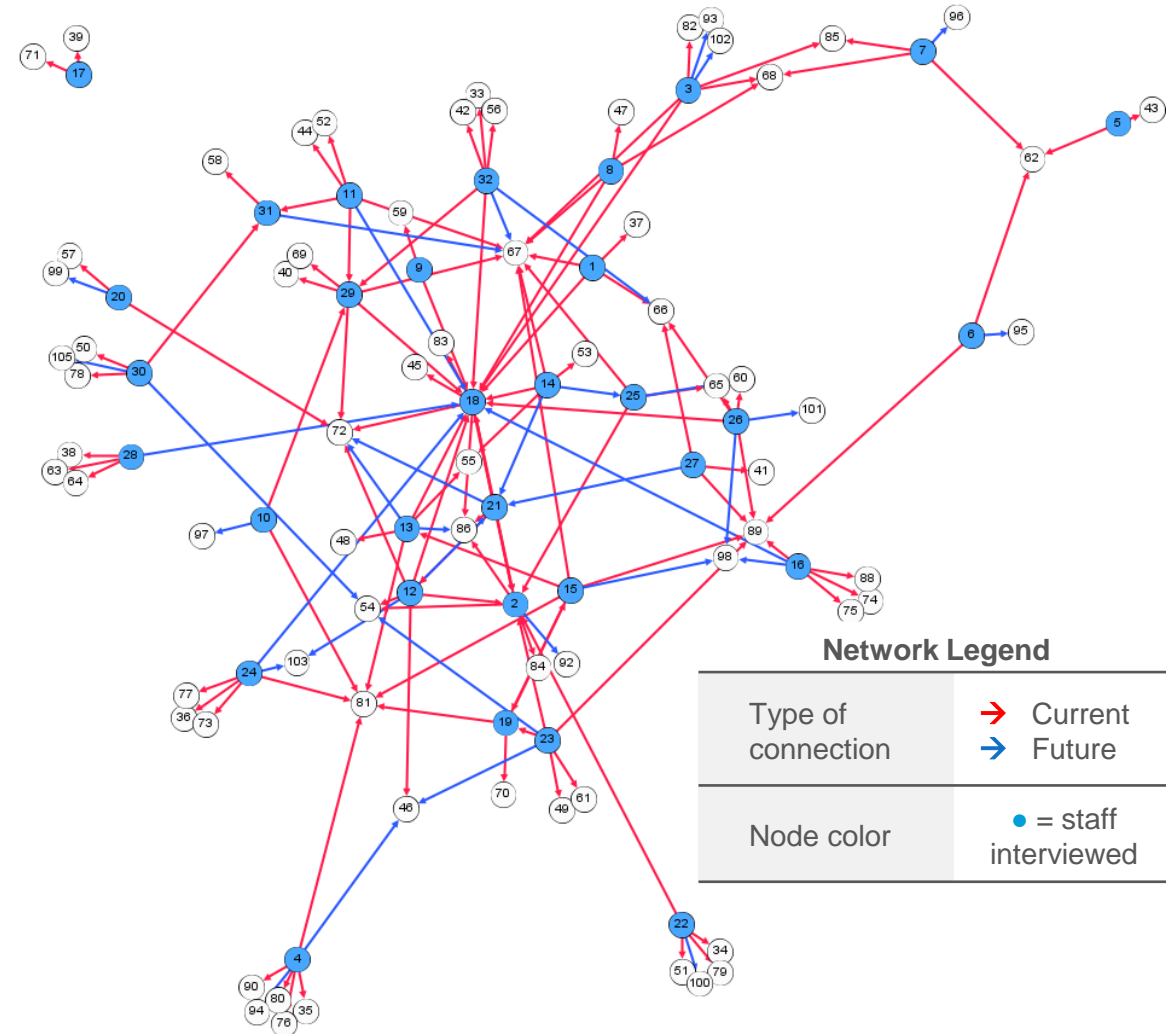
Source: SSM Data and kifequoioiu
Note: This also includes some work that may be classifiable under the service delivery portion of the ToC.

BMGF technical staff's work connections outside of their organization were mapped using network analysis

The arrows identify whether a connection is in the present (red arrow) or wished-for (blue arrow), as well as who we interviewed (blue dots).

- ▶ Overall, the network of technical staff connections are relatively sparse – that is, there are not a lot of connections
- ▶ A few key staff are central to this network – they have a lot of connections from different parts of the network
- ▶ Only three connections are *reciprocated*, that is, both actors name each other as a connection. This can show how socially cohesive a network may be
- ▶ Previously completed qualitative analysis show coordination, cooperation, and competition to be key issues facing DRC field staff. This network analysis confirms these findings and provides additional structure to develop strategy across the portfolio

Technical note: Networks are descriptive and there is not necessarily a “correct” network structure. The networks should be discussed and interpreted in context.



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.

Funding for the purchase of contraceptives

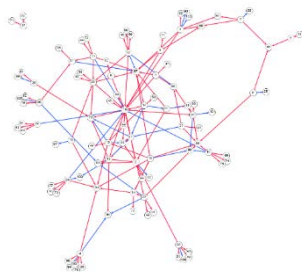
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National funds released
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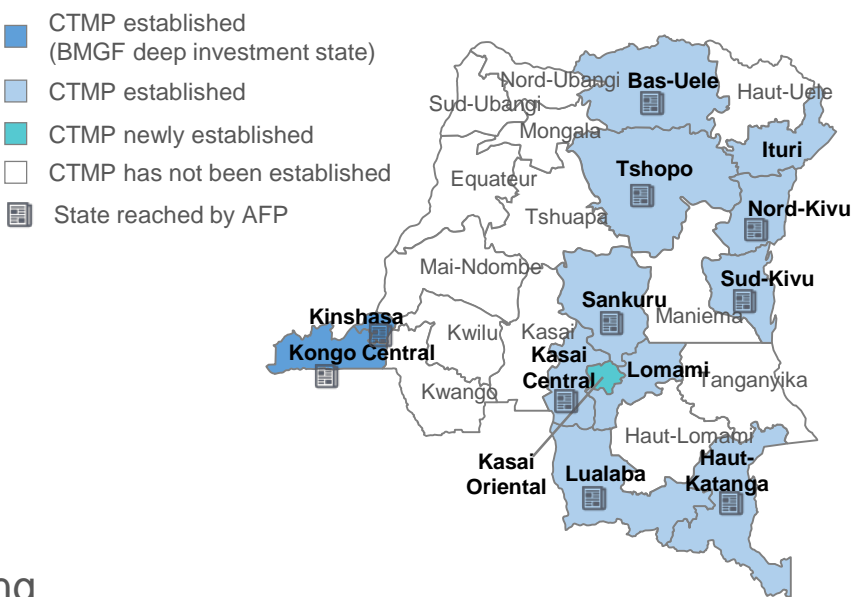


Context

Socio-political
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13 provinces have
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1

New provincial
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2018: Kasai Oriental

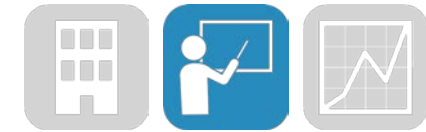


Demand generation

DRC findings

Demonstration models: Demand generation

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



Program demonstration models
DRC

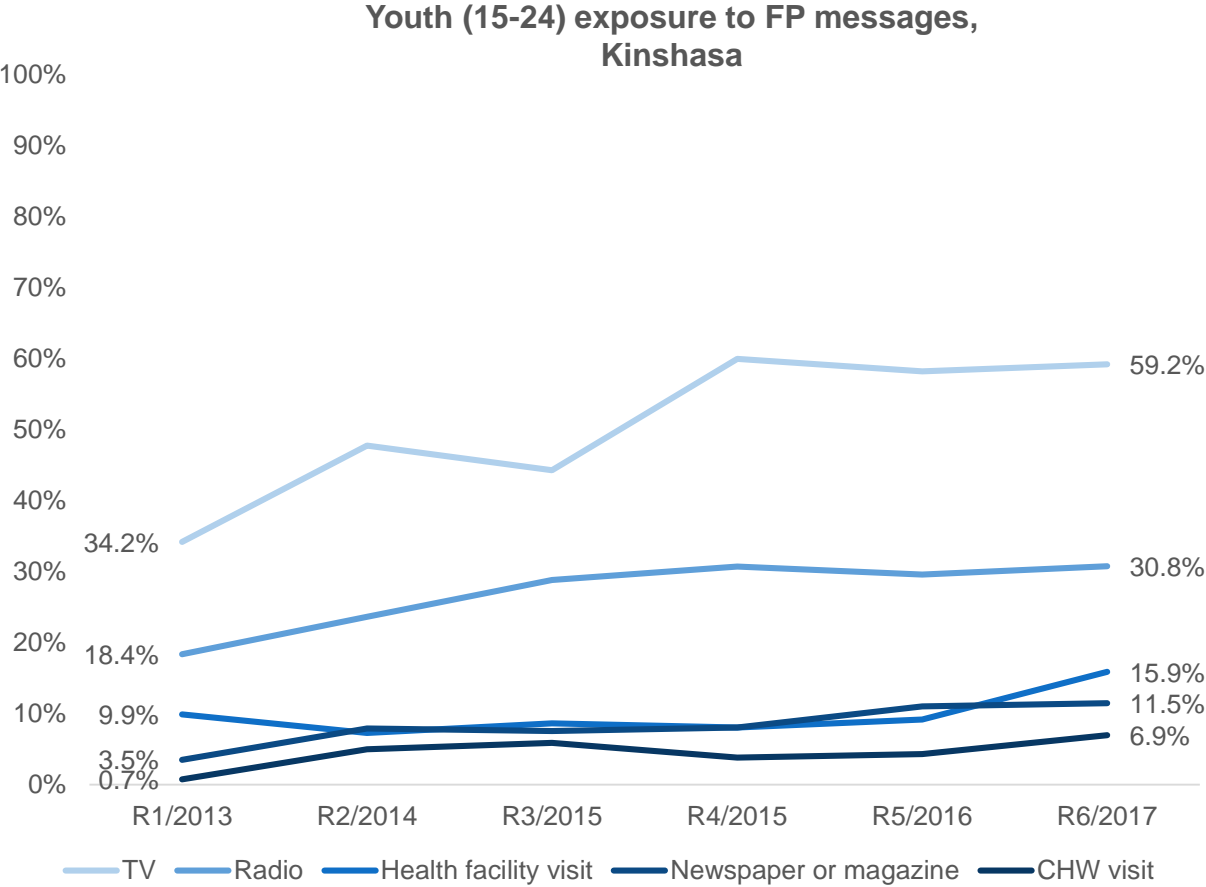
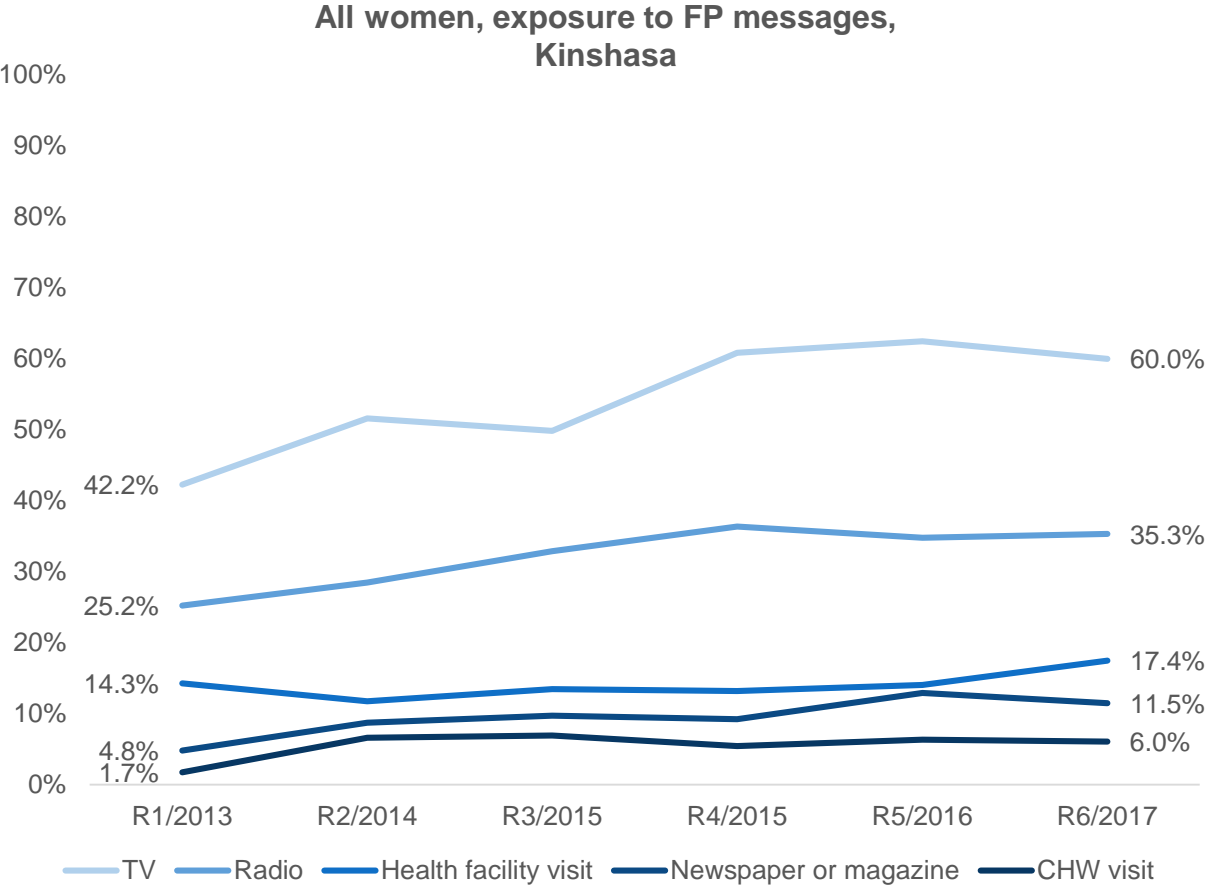
Critical assumptions	Expected changes	Sentinel indicators	Progress (KIN/KC)
<i>Model program strategies will create demand for modern FP</i>	Increased exposure to FP messages in focus provinces	▶ % of women exposed to FP messages through radio and TV (by age)	⊘ / ▼
	Increased intention to use FP among 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/RH behaviors improves youth-related 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

Media exposure has levelled off recently across age groups, with television remaining the most common source of FP messages in Kinshasa.

ToC critical assumption

Model program strategies will create demand for modern FP

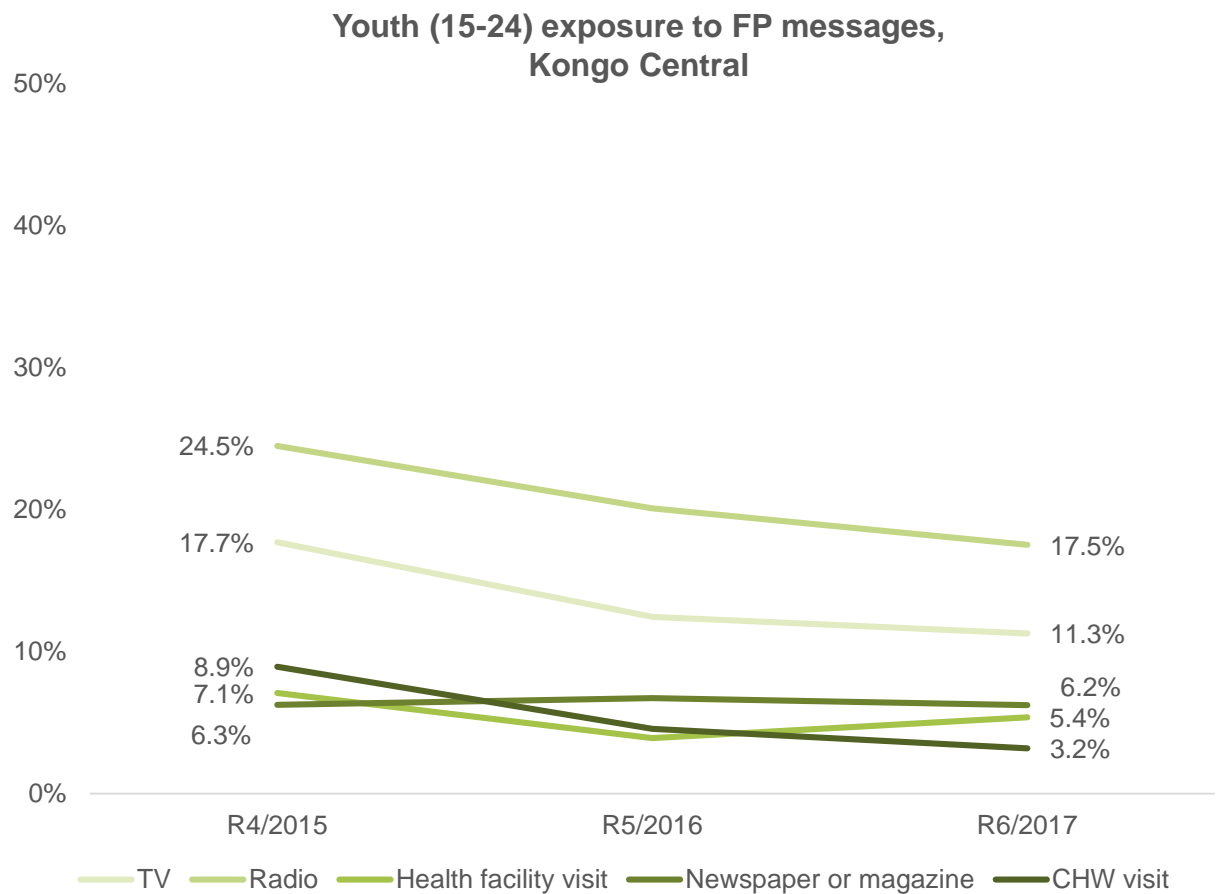
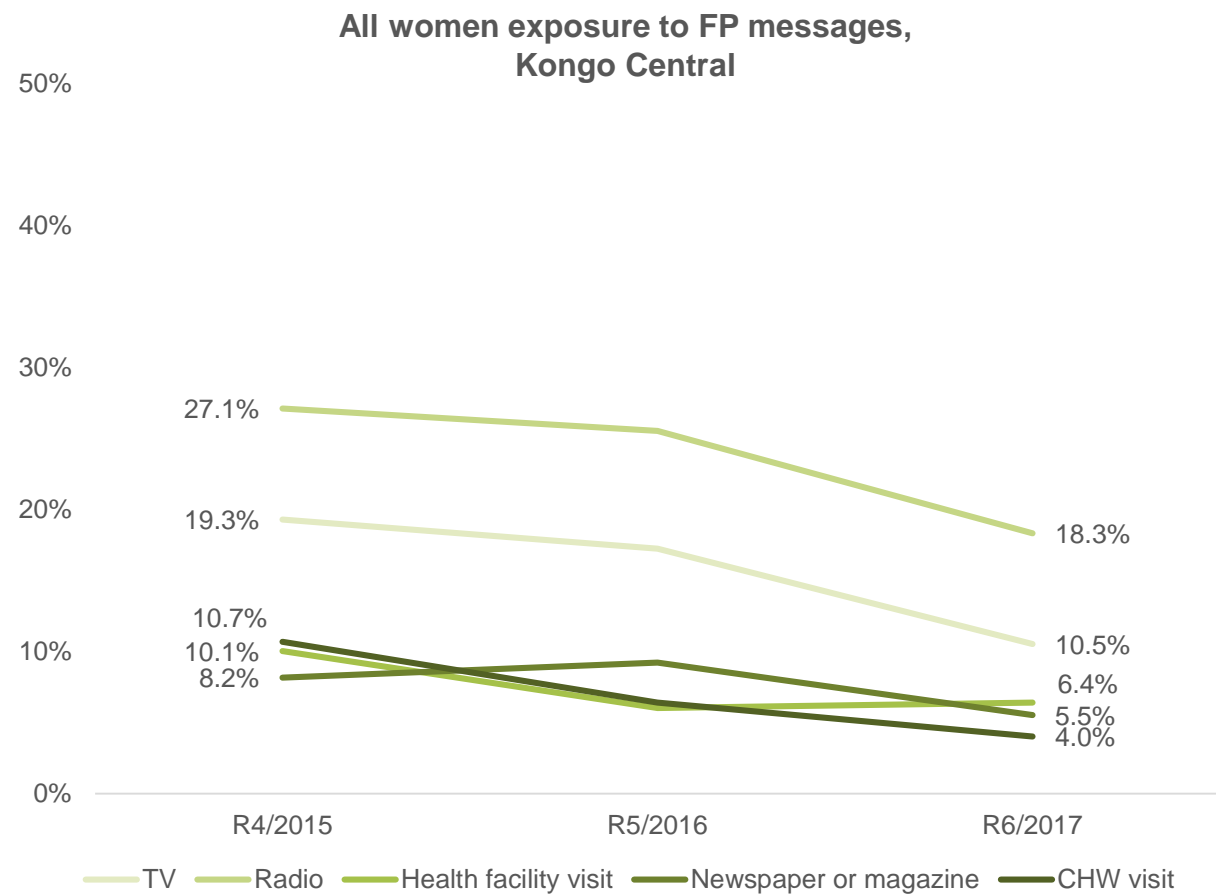


Exposure to FP messages in Kongo Central

Exposure to FP messages through mass media is declining for all women. Overall, women's and youth's exposure has dropped to the same level and is low.

ToC critical assumption

Model program strategies will create demand for modern FP



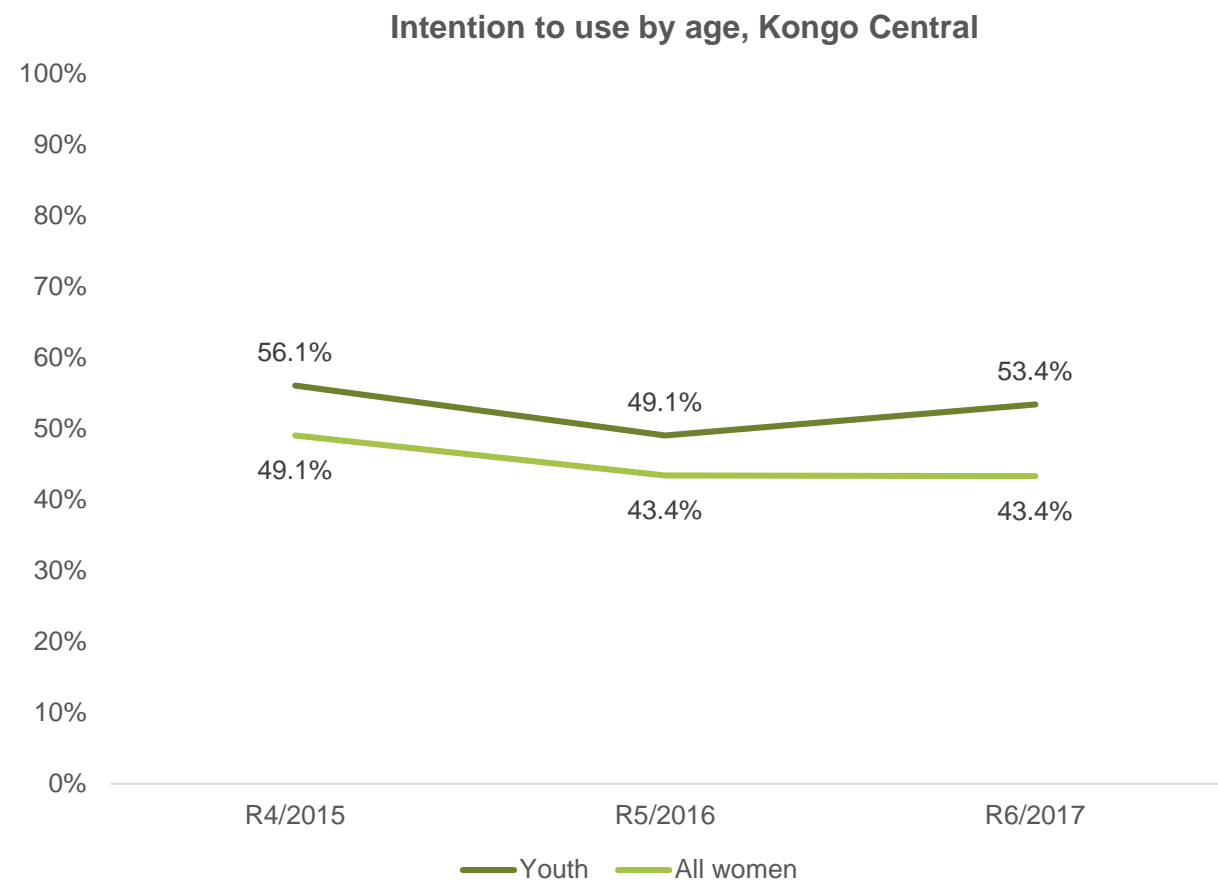
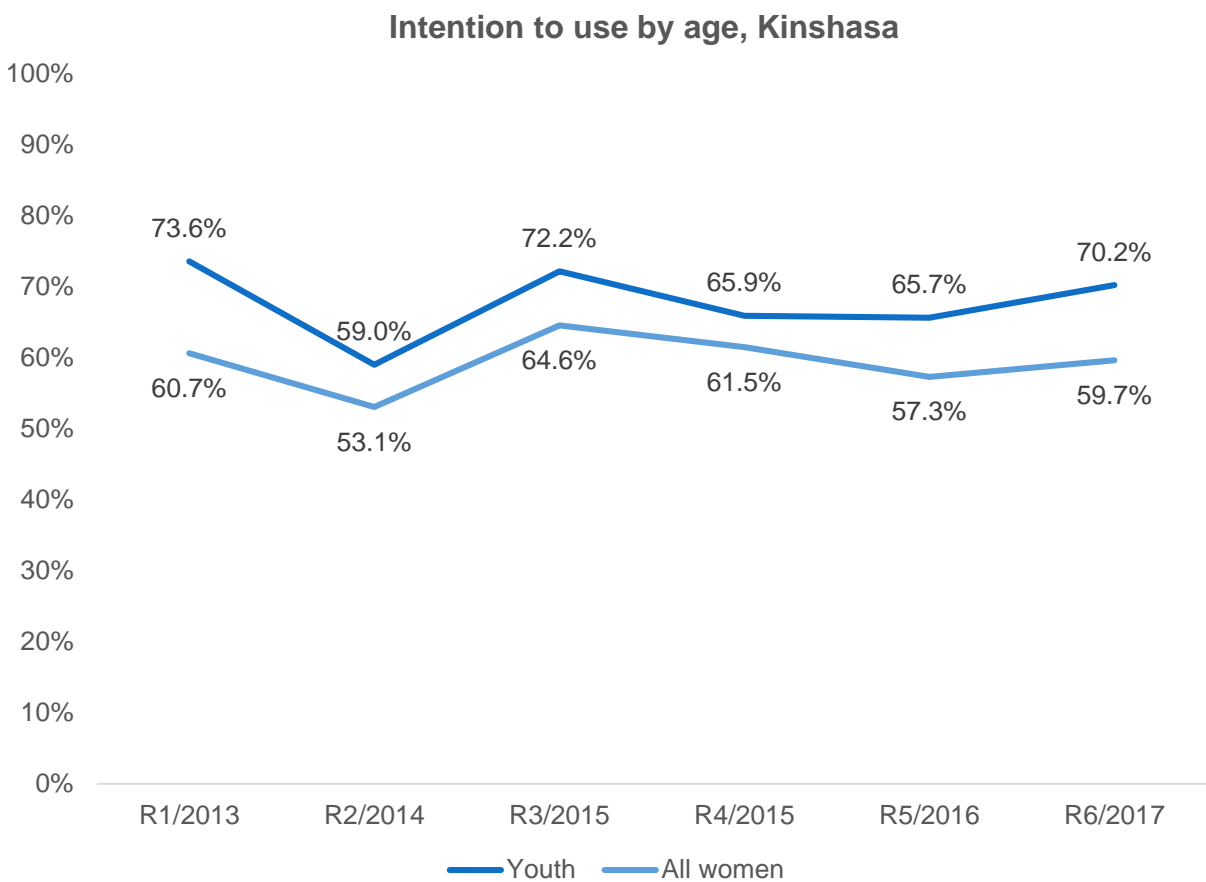
Intention to use FP, Kinshasa & Kongo Central

Intention to use FP in the future among non-users fluctuates from year to year but is fairly stable overall among women and youth in both provinces.

ToC critical assumption

Model program strategies will create demand for modern FP

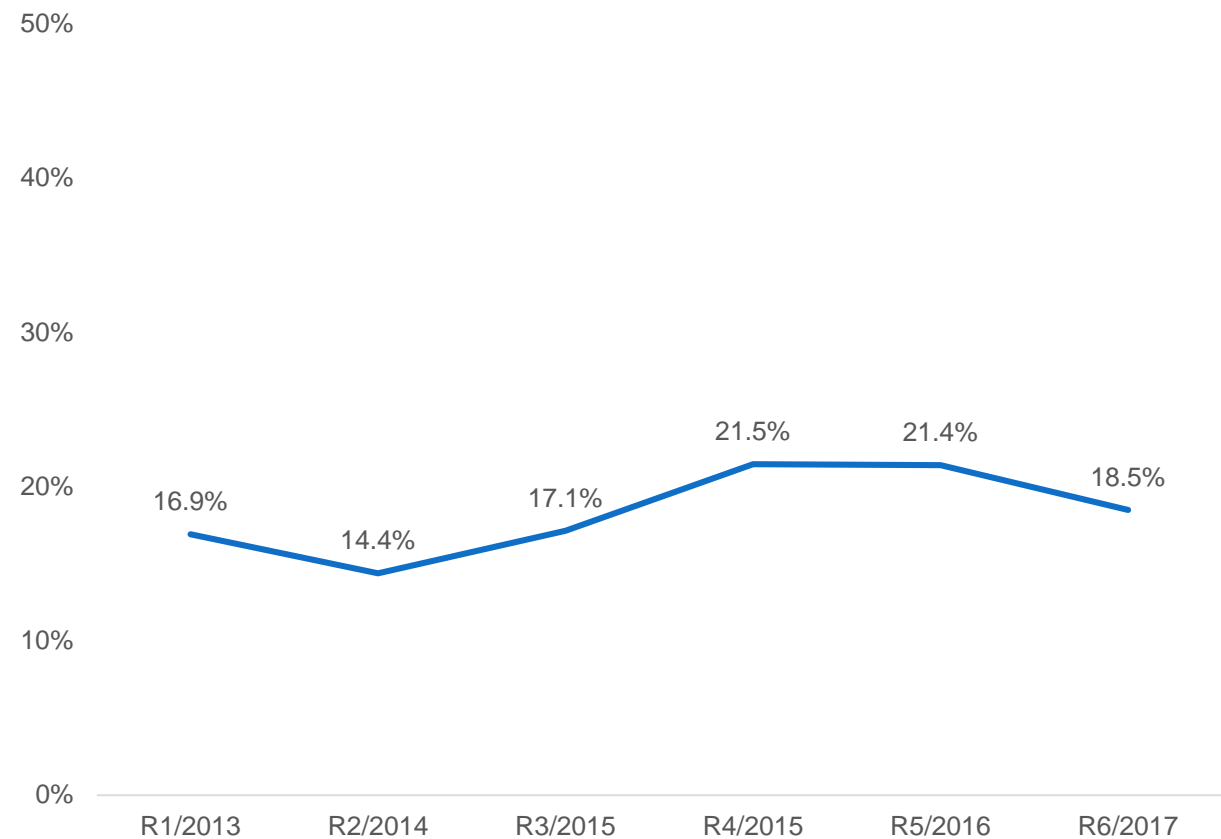
Learning about sexual/RH behaviors improves youth-related outcomes



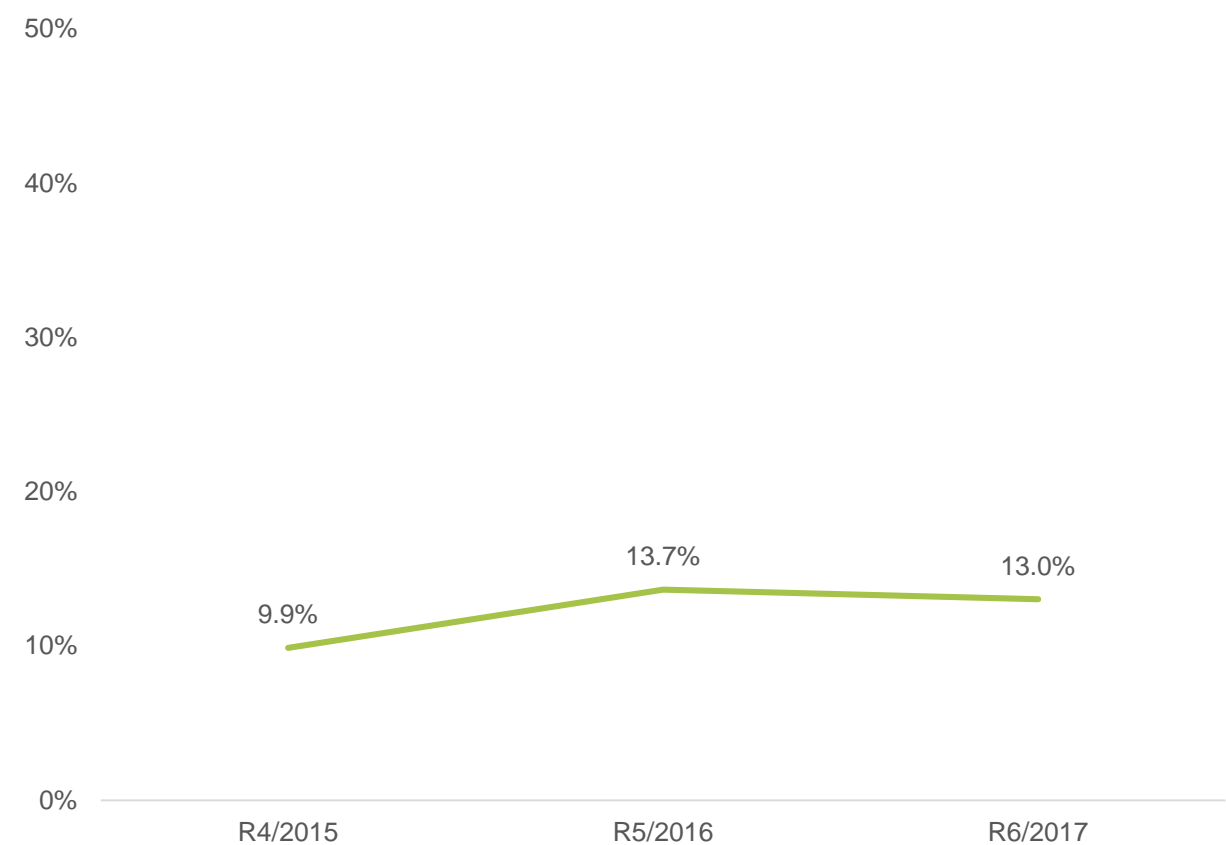
Traditional method use in Kinshasa & Kongo Central

After a few years of increase in Kinshasa and Kongo Central, women's use of traditional methods appears to have stabilized.

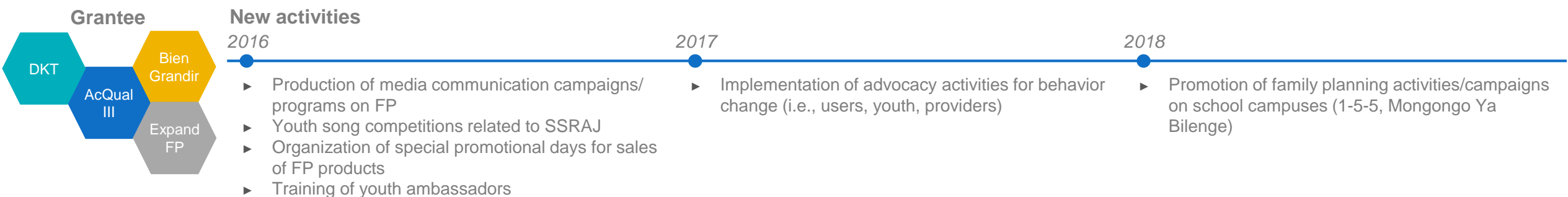
Percent of all women (15-49) using a traditional method, Kinshasa



Percent of all women (15-49) using a traditional method, Kongo Central



SSM grantee-level findings: Demand generation



Facilitators most cited

16 17 18

Good collaboration with PSNR & PNSA (i.e. review/validate the content of the FP message), Police and FARDC authorities (granting/facilitating access to military and police camps), private partners (i.e. financing, hosting and promoting electronic SSRAJ message) and other BMGF partners			
Availability of in-house and local expertise (building on experience from previous projects/trainings)			
Availability of tools (i.e., supervision guide/ handbook, data collection tools, educational supports, media support)			
Public support for FP (i.e., acceptance of CBDs, availability of community spaces, involvement of local leaders)			
Availability of program providers and participants (e.g., youth ambassadors, community mobilizers and parents)			

Barriers most cited


16 17 18

High cost of production of billboards and other media activities (i.e. high ads fees imposed to private companies who are willing to support the TV show, high rental costs for billboards, high competition to display in strategic public spaces)			
Scheduling conflicts at the HZ level, weak involvement with untrained personnel and competing interests among paid and unpaid personnel/CBDs, often driven by financial interests			
Difficulty accessing certain health zones due to sociopolitical instability, as well as accessing military zones			
Socio-cultural barriers (e.g., campaigns of mis-information against FP, rumors about certain methods, male resistance)			
Competing approaches among partners (i.e. some sell contraceptives while others provide them for free, some pay their CBDs, while other do not which creates confusion and reinforces culture of free products in the communities but also creates lack of motivation among the unpaid CBDs)			


*Includes AcQual sub-grants: JHU, ABEF, and SANRU

Demand generation: Bottom-up synthesis

Facilitators most cited

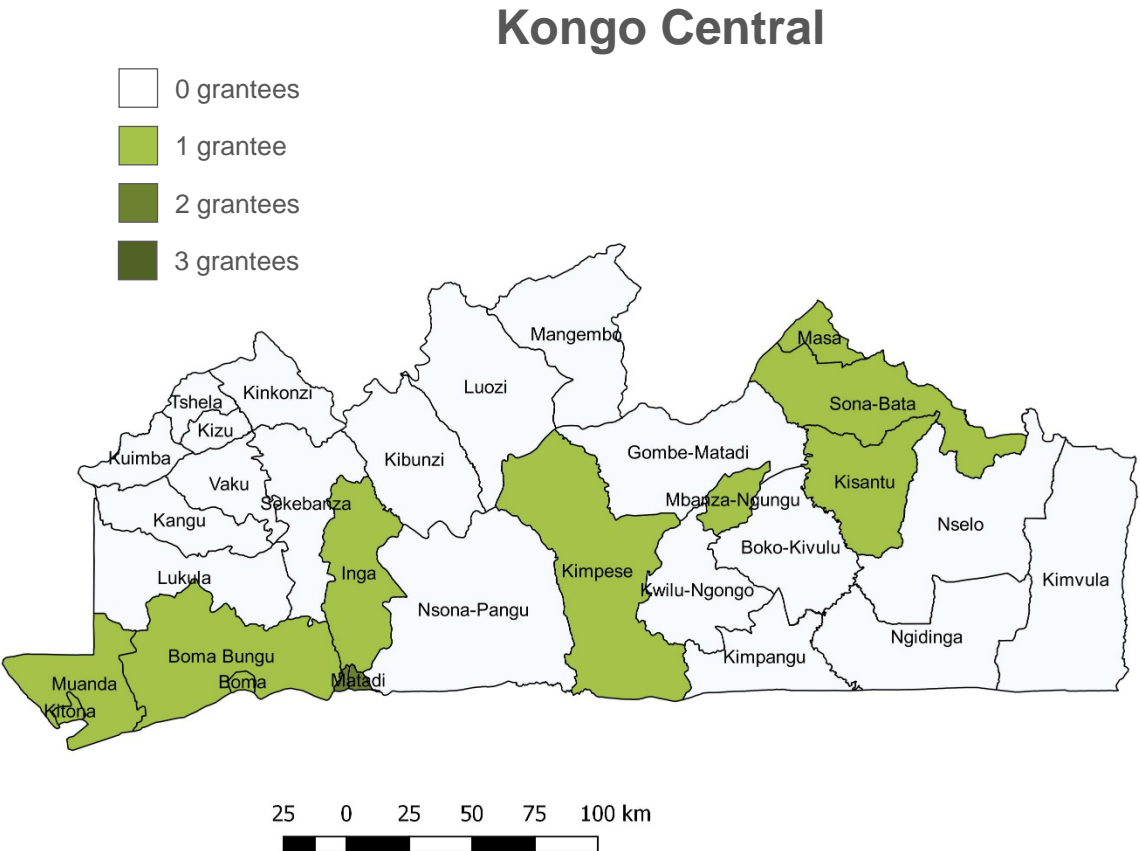
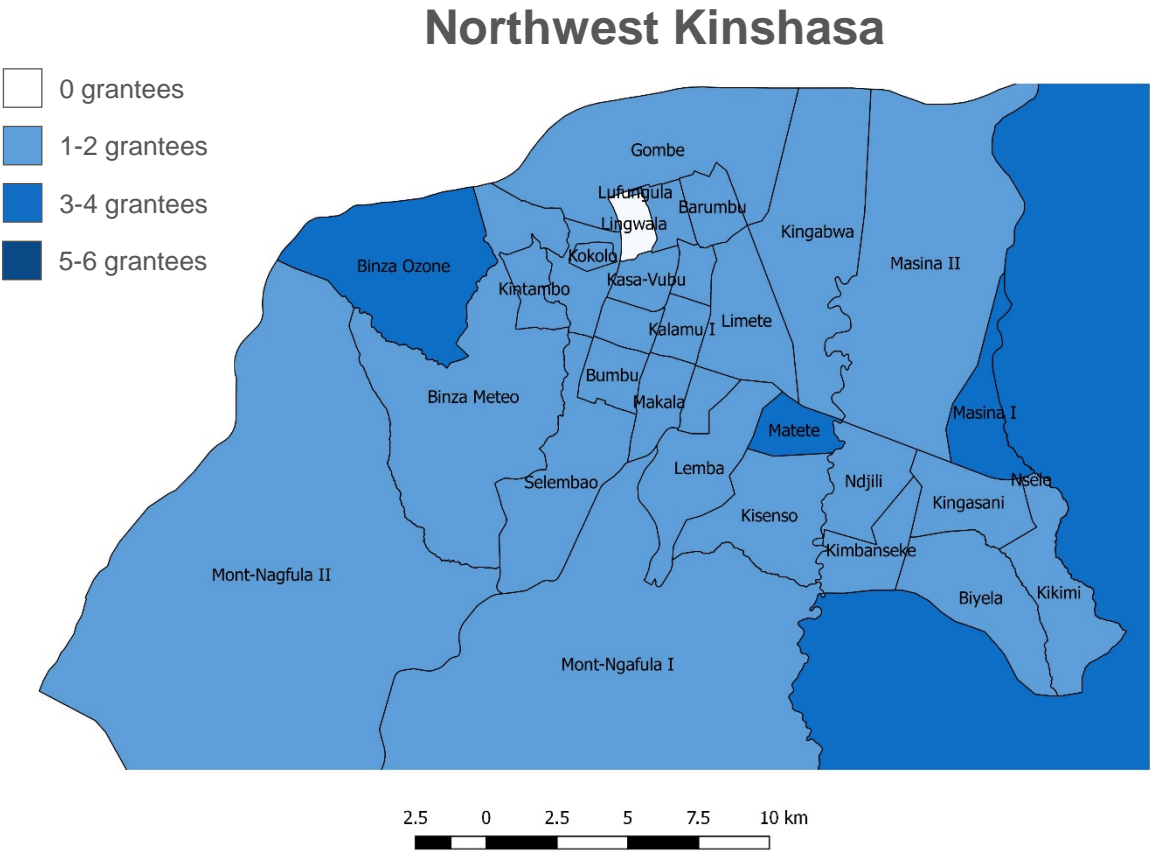
		<i>POs</i>	<i>Grantees</i>
	Good collaboration with gov't (i.e., MoH, Ministry of Education), private partners, church leaders and BMGF partners		
	Availability of tools (i.e., supervision guide, data collection tools, media supports to create a distinctive brand)		
	Availability of in-house expertise and hard-working participants (youth ambassadors)		
	Increasing public support for FP (i.e., acceptance of CBDs)		

Barriers most cited

	Continued political tension and unstable security situation		
	Insufficient funds with high costs of activities that limited the usage of media outlets and other demand generation activities		
	Competing interests and approaches among partners, and scheduling conflicts at the health zone level		
	Sociocultural barriers including rumors and campaigns of false information about FP		

Where are grantees working on demand generation activities?

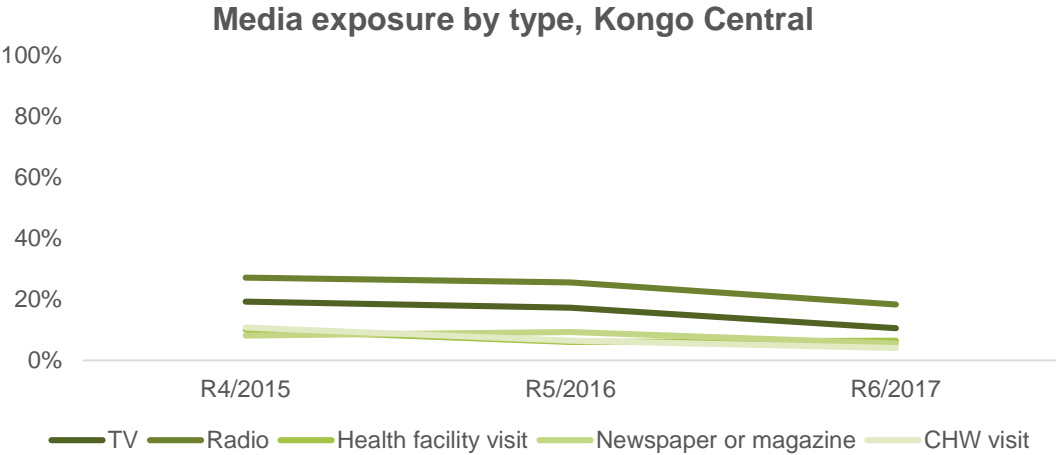
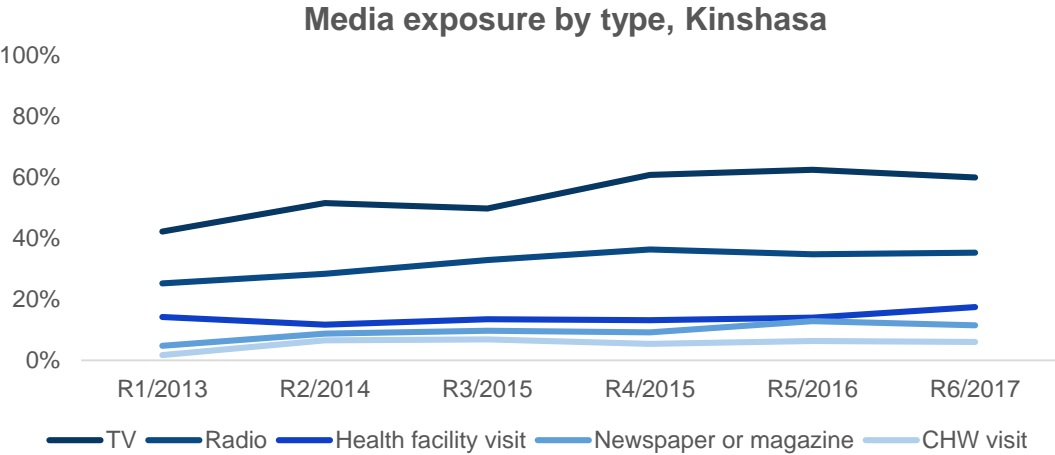
Two grantees are working at the federal level. Lingwala health zone in Kinshasa is still untargeted for demand creation activities.



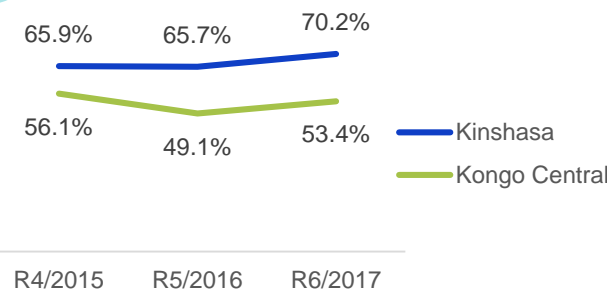
Summary dashboard: Demand generation

FP message exposure is plateauing in Kinshasa and declining in KC. Intention to use among youth remains about the same in KC and Kinshasa.

Media exposure to FP is flat Kinshasa, while declining in KC



Intention among youth



Intention to use FP among youth fluctuates but is fairly stable in both provinces

Key barriers

Challenges at the health zone level including sociopolitical instability and scheduling/implementation

Socio-cultural barriers including rumors and misinformation about family planning



Service delivery

Targeted evaluation findings and new results

Demonstration models: Service delivery

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



Program demonstration models
DRC

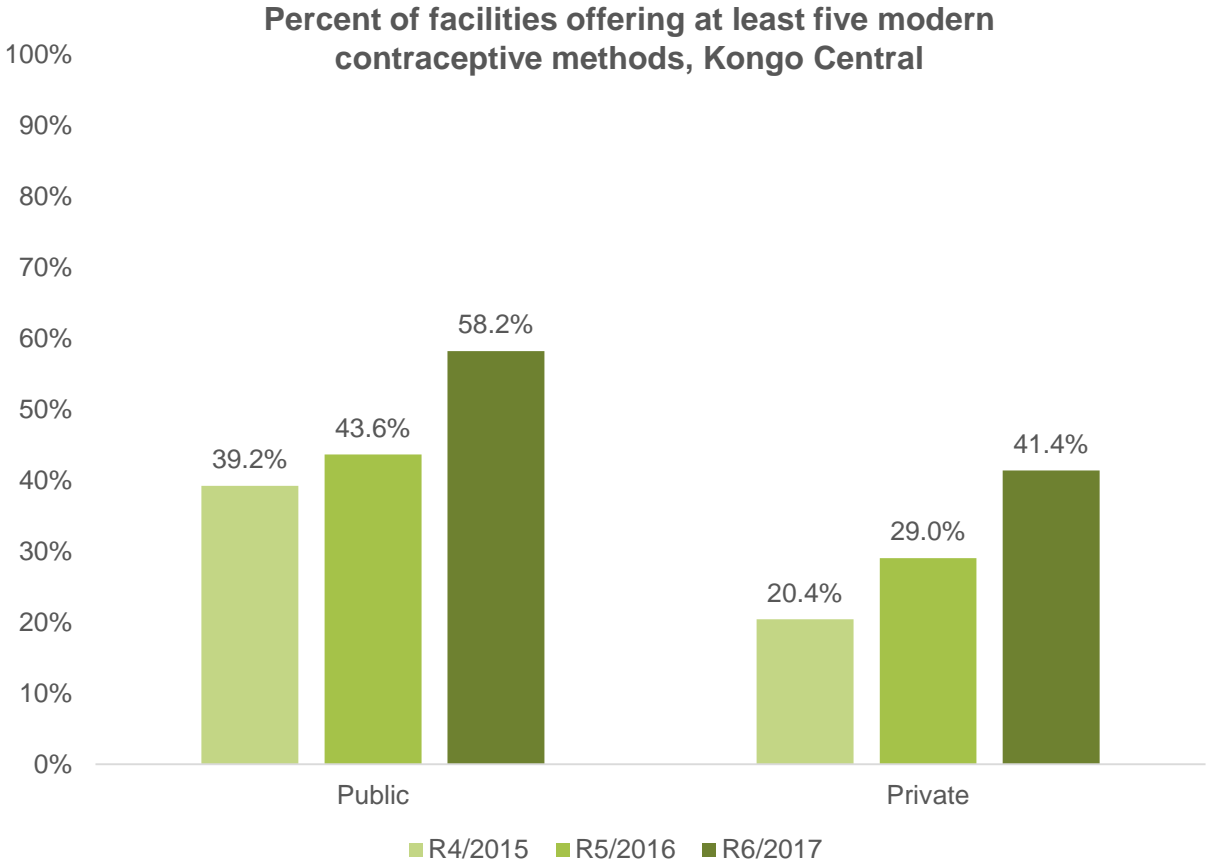
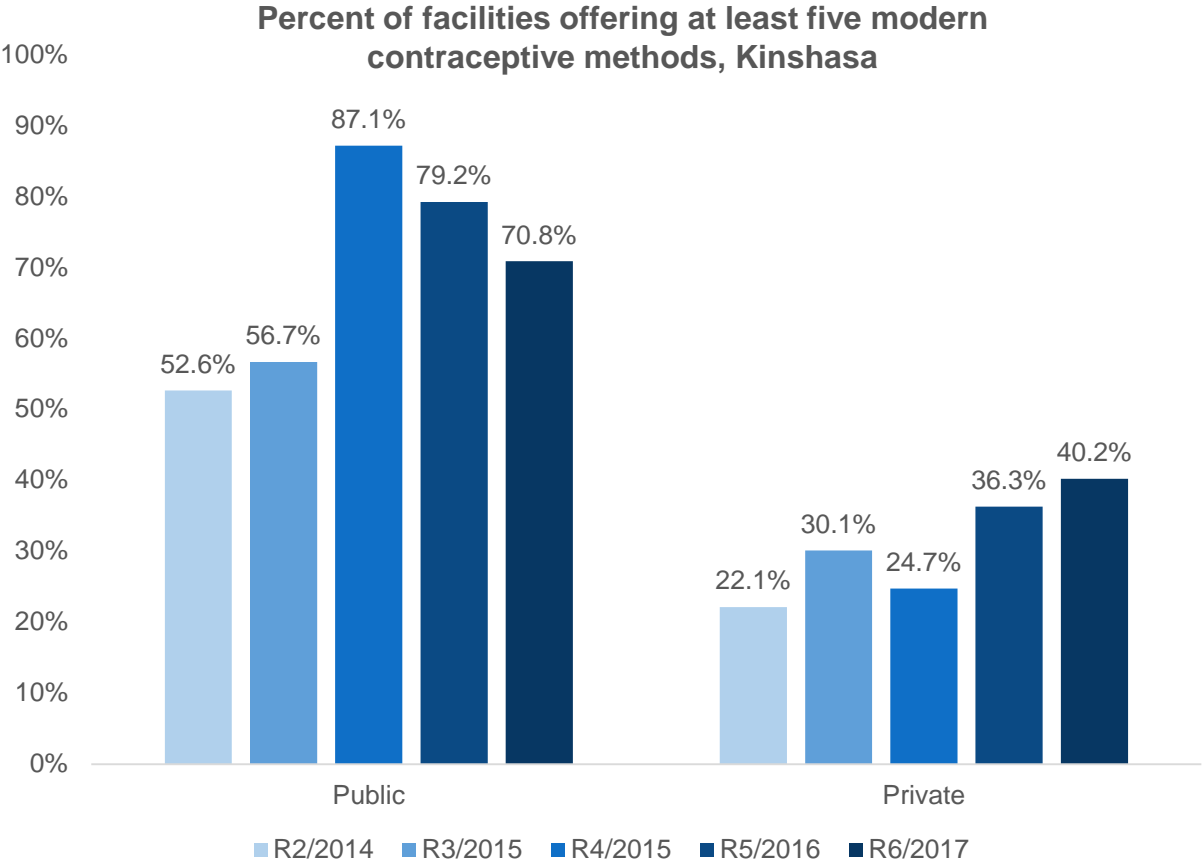
Critical Assumptions	Expected changes	Sentinel indicators	Progress (KIN/KC)
<i>Service delivery models increase quality and access to full range of services</i>	Access to services is increased in focus provinces	<ul style="list-style-type: none"> ▶ % of facilities offering at least five modern contraceptive methods, by facility type ▶ % of pharmacies/drug shops offering modern FP methods ▶ % of public facilities with a CHW that provides FP ▶ % of women hearing FP message from CHW ▶ % 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 DMPA-SC and Nexplanon, especially among youth	<ul style="list-style-type: none"> ▶ % of facilities offering DMPA-SC (public, private) ▶ % of modern method users using DMPA-SC ▶ % of modern method users using implants 	▲ / ▲ ▲ / ○ ▲ / ▲
<i>Private sector models increase access to FP</i>	Increased access to FP services in the private sector for KIN, KC	<ul style="list-style-type: none"> ▶ % of private facilities offering at least five modern methods ▶ % of pharmacies/drug shops offering modern FP methods 	▲ / ▲ ○ / ▲
<i>Adults and youth will purchase socially marketed FP methods</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 	▼ / ○

Percent of facilities offering at least five modern contraceptive methods

ToC critical assumption

Service delivery models increase quality and access to full range of services

The percentage of facilities offering 5+ methods is generally increasing except among public facilities in Kinshasa, but public facilities are still the most likely to offer 5+ methods.



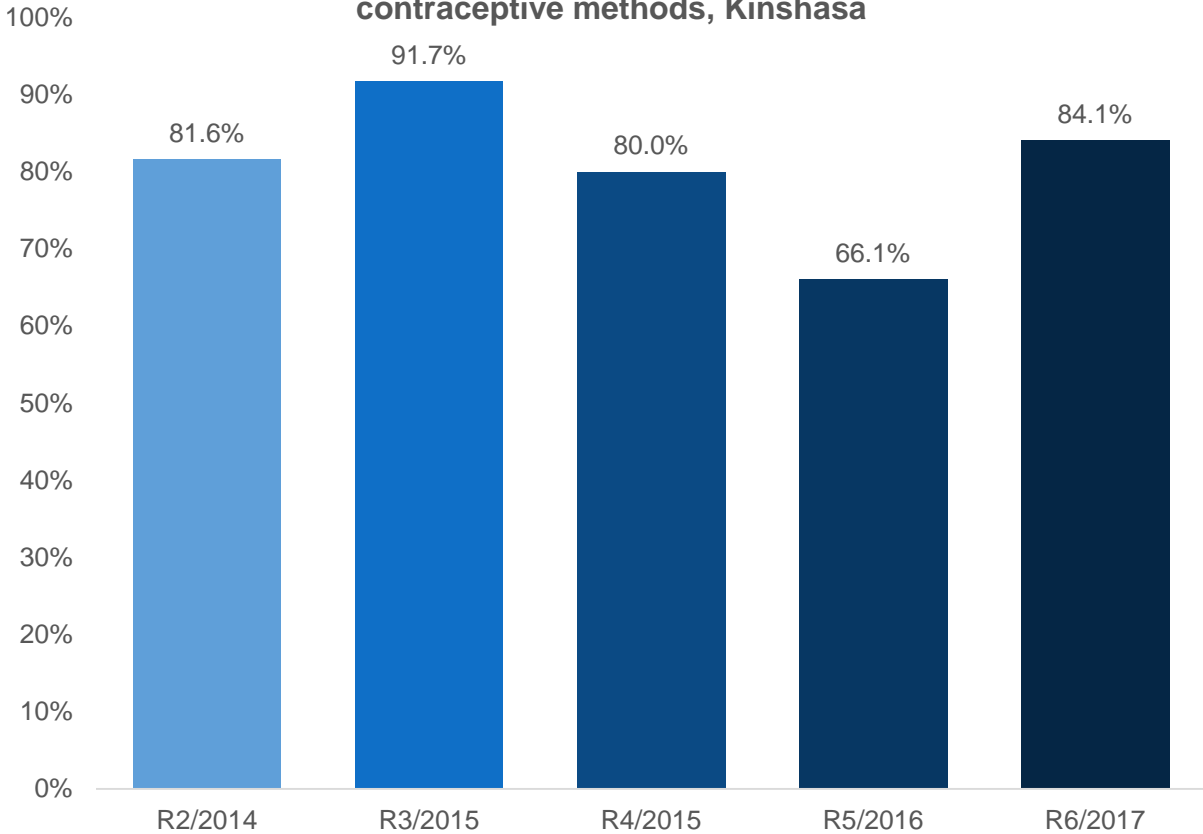
Access to services through pharmacies/drug shops

ToC critical assumption

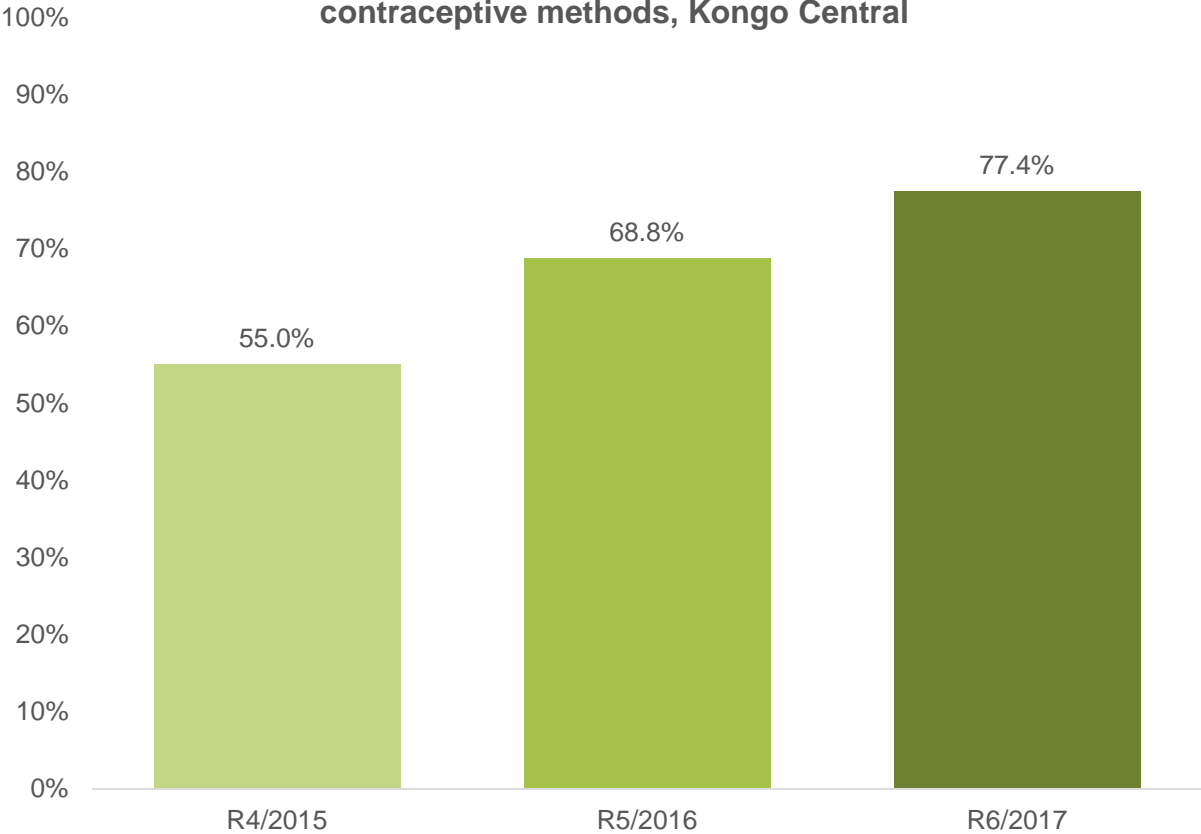
Service delivery models increase quality and access to full range of services
Private sector models increase access to FP

In Kinshasa, there is some volatility in access to FP through pharmacies/drug shops.
In Kongo Central, more pharmacies/drug shops are offering FP than in previous years.

Percent of pharmacies/drug shops offering modern contraceptive methods, Kinshasa



Percent of pharmacies/drug shops offering modern contraceptive methods, Kongo Central

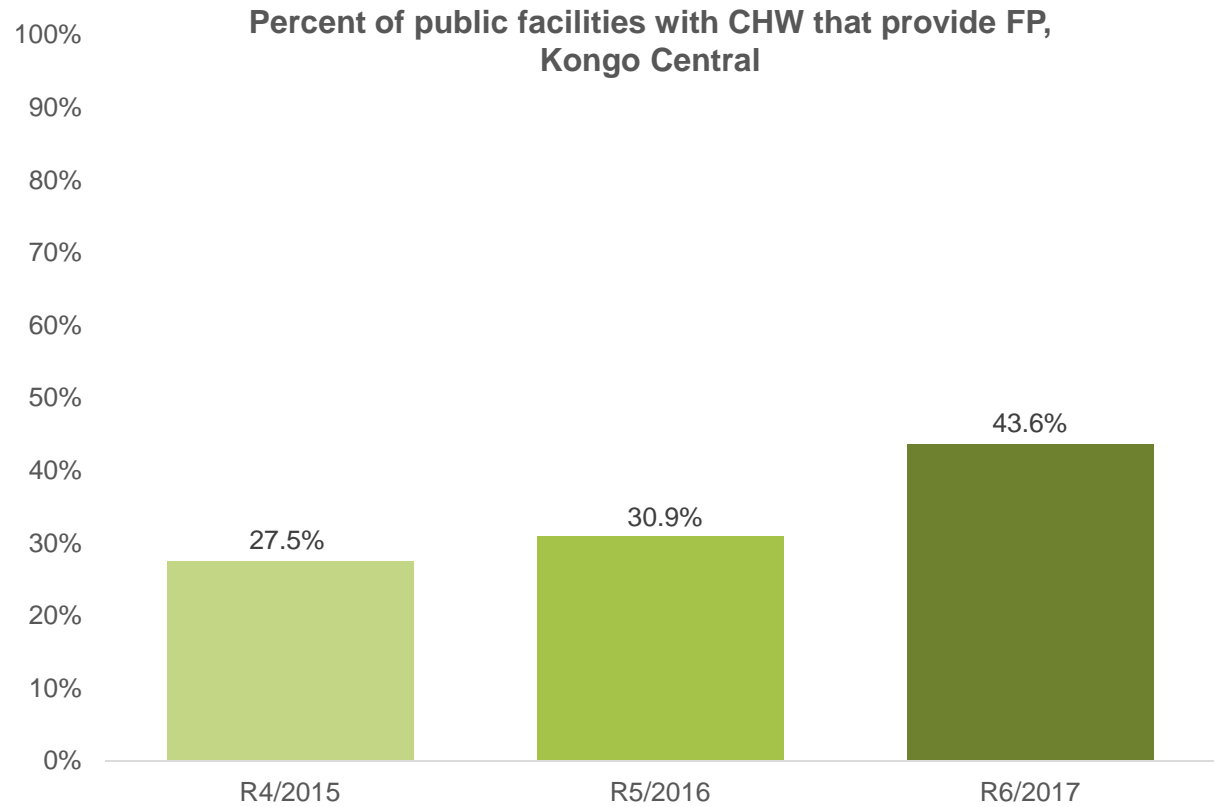
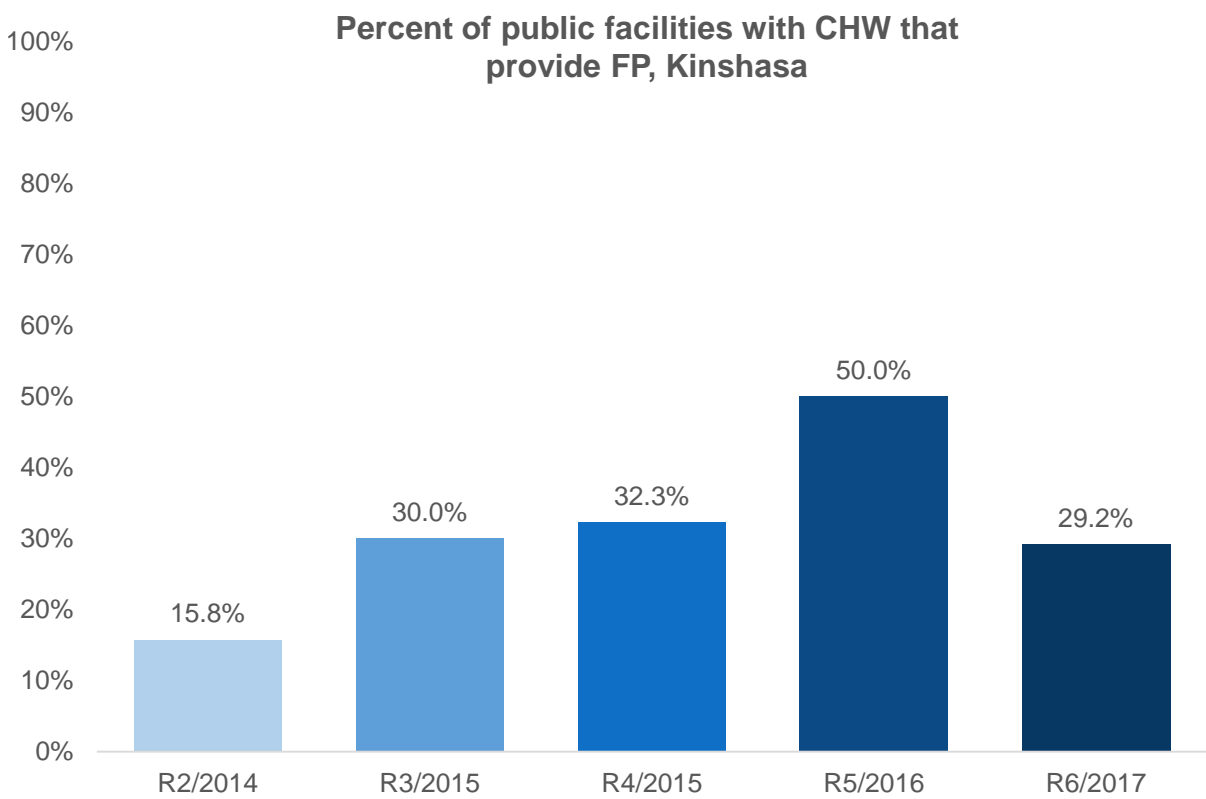


Access to FP through community health workers

The percentage of facilities with CHW providing FP is increasing in Kongo-Central but peaked in 2016 in Kinshasa.

ToC critical assumption

Service delivery models increase quality and access to full range of services

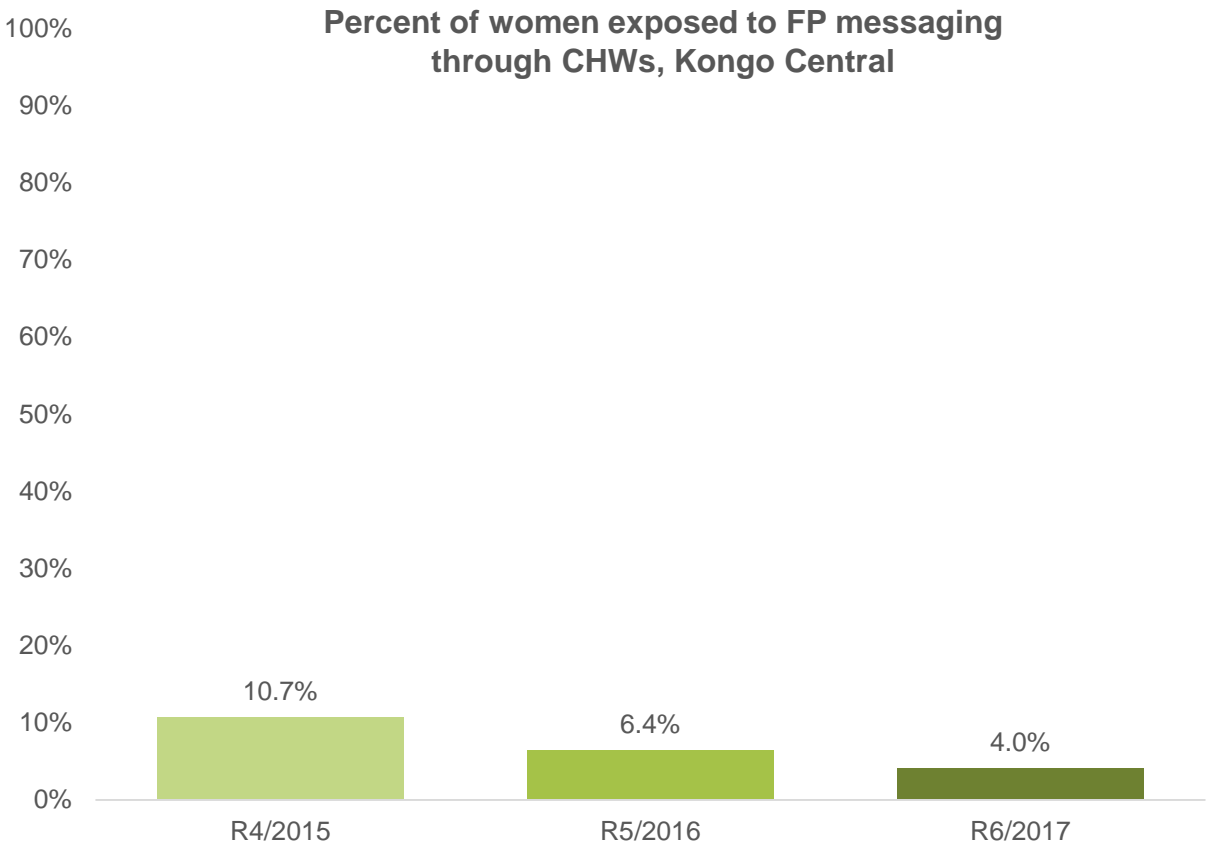
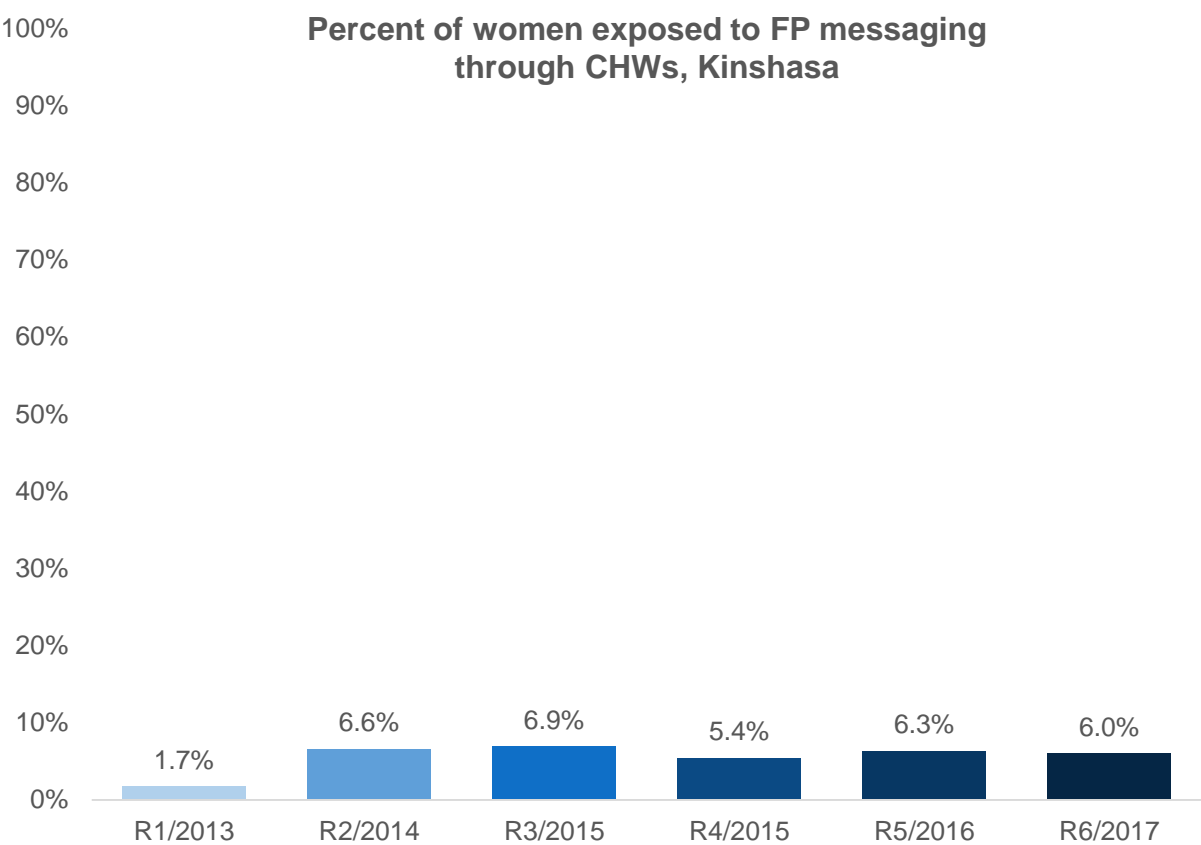


Exposure to FP through community health workers

In Kinshasa, we see low but stable exposure of women to FP messages through CHW. In Kongo Central, exposure is steadily declining.

ToC critical assumption

Service delivery models increase quality and access to full range of services

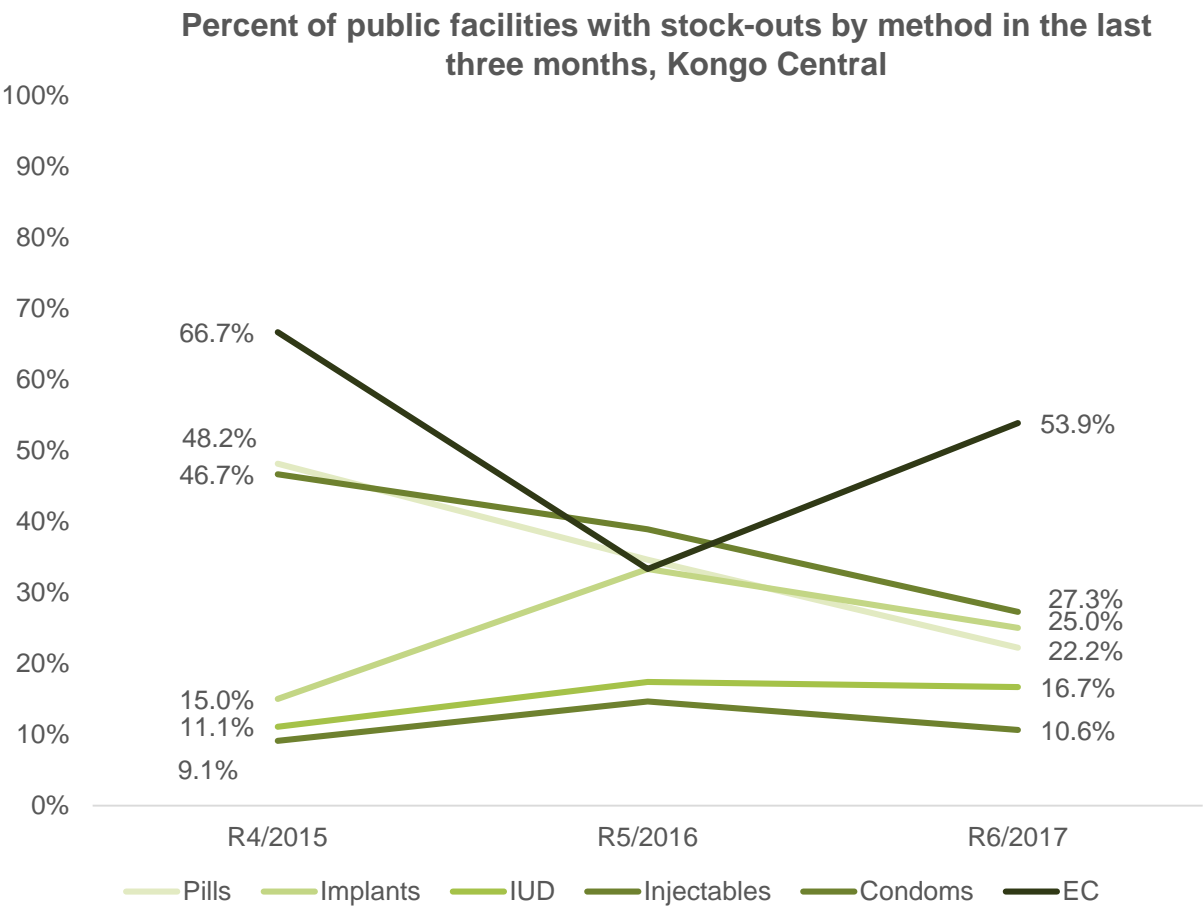
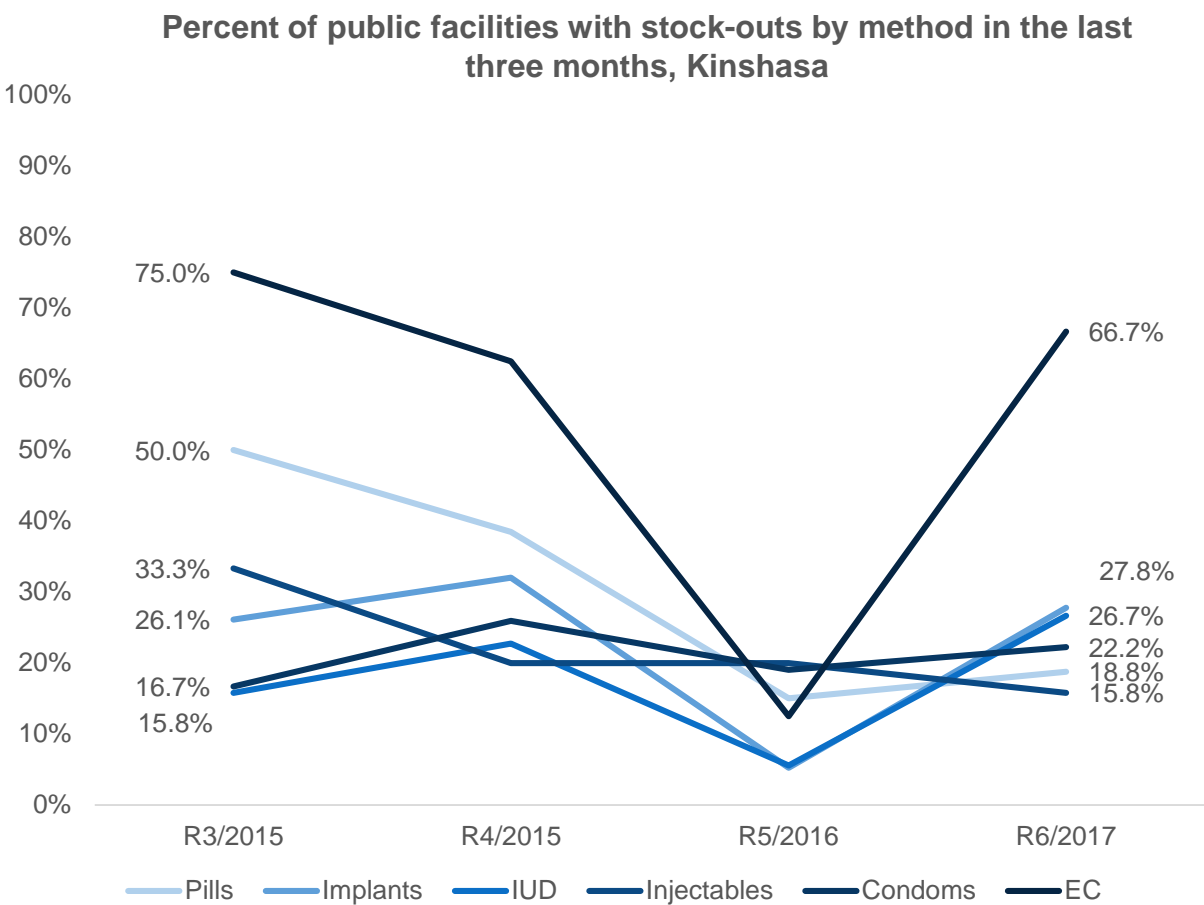


Access to services: Method stock-outs

In both provinces we see general declines in stock-outs of pills and injectables, with fluctuations in stock-outs of other methods, especially in Kinshasa in 2015-2017.

ToC critical assumption

Service delivery models increase quality and access to full range of services

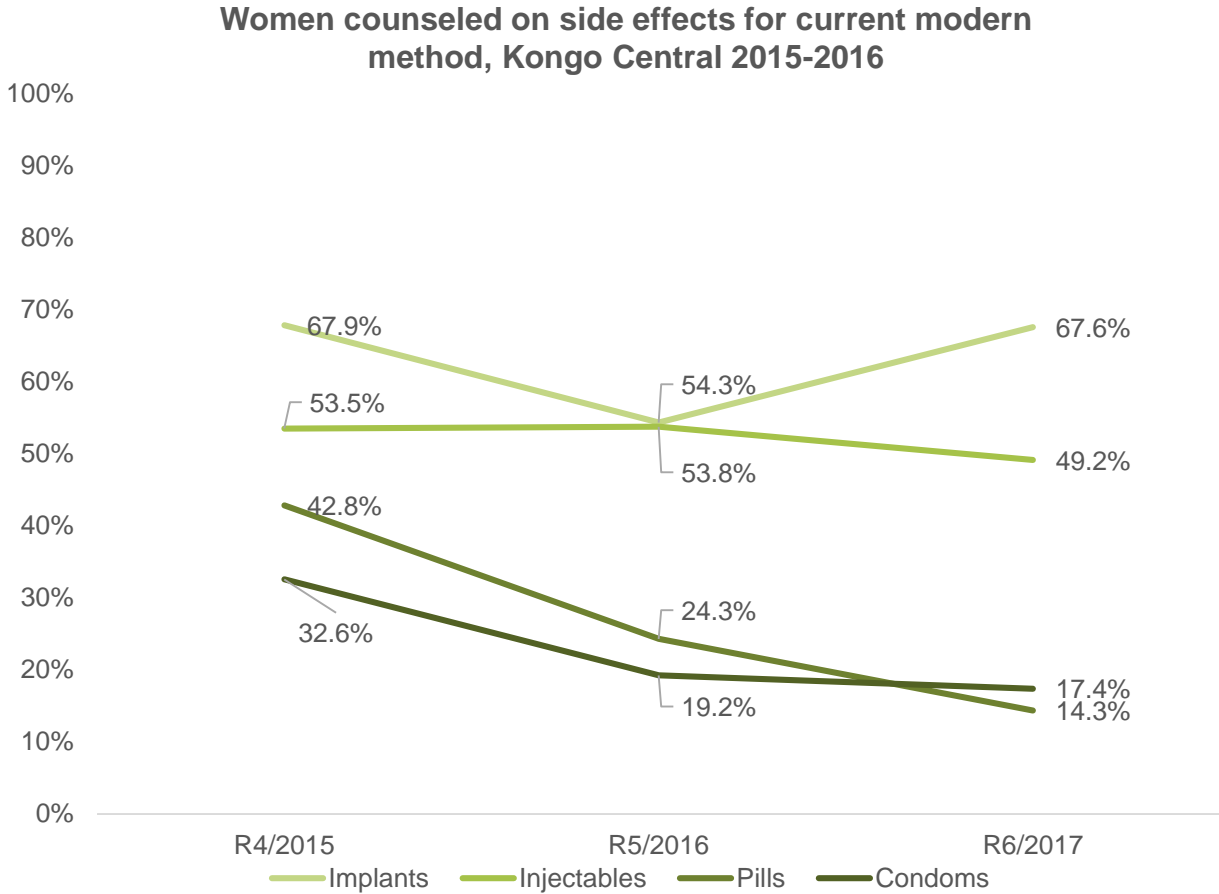
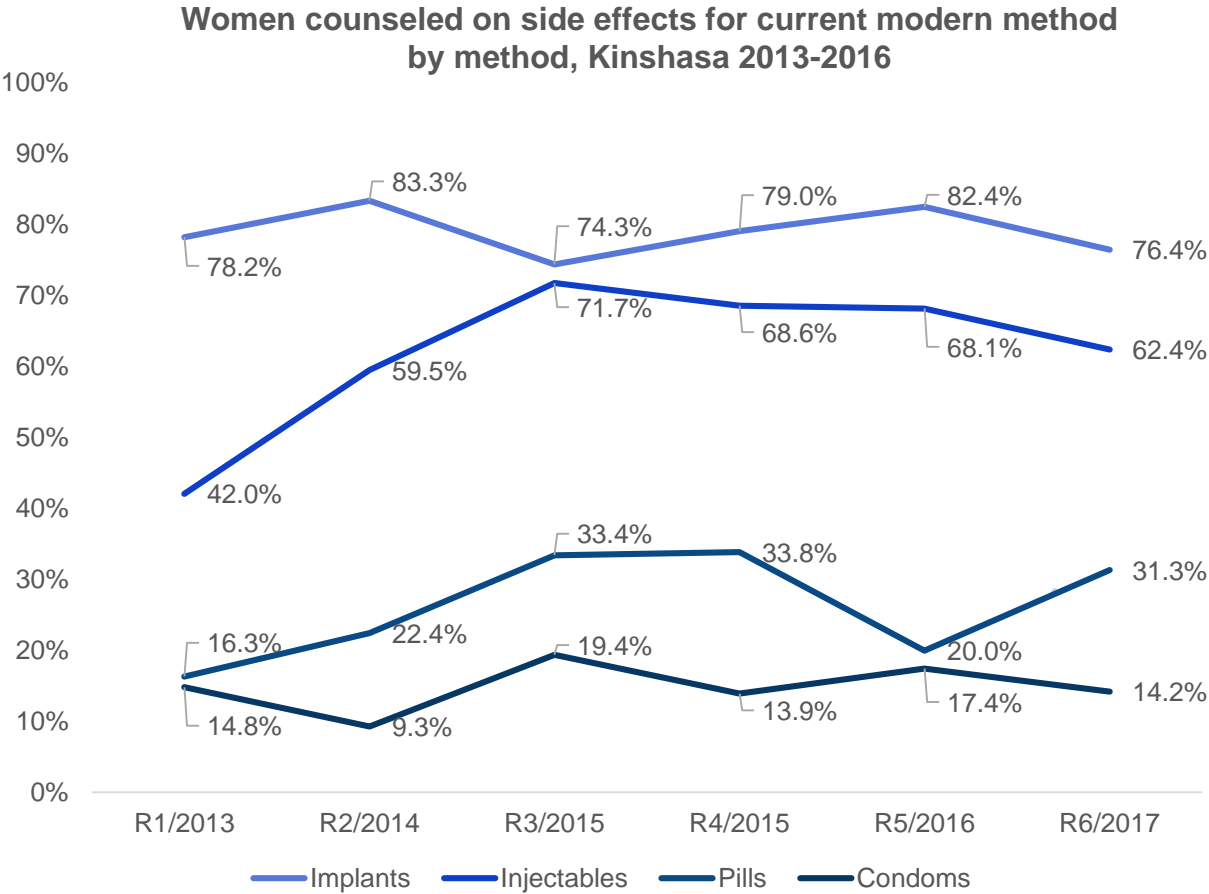


Quality: Counseling on side effects for current method

Counseling on side effects has fluctuated, but stayed about the same for all methods.

ToC critical assumption

Service delivery models increase quality and access to full range of services

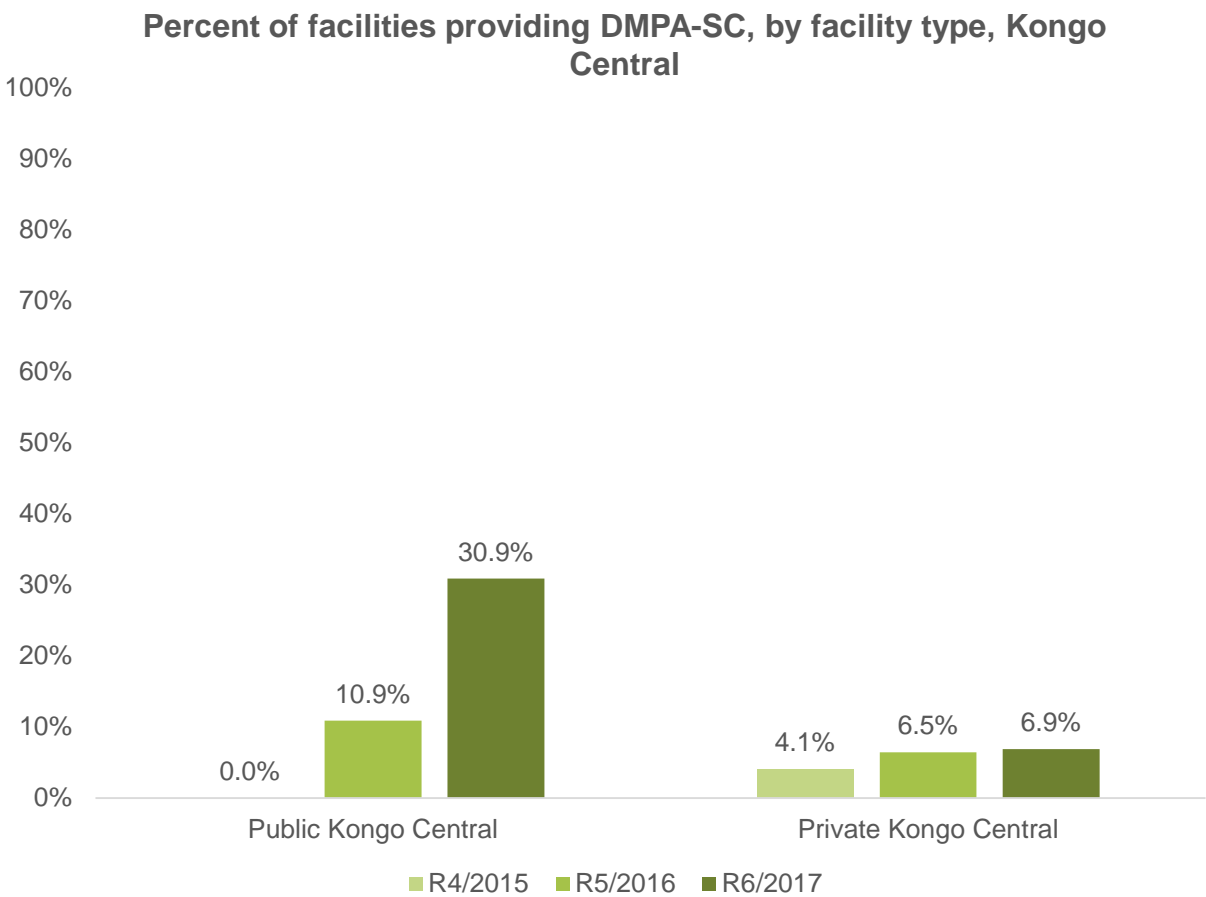
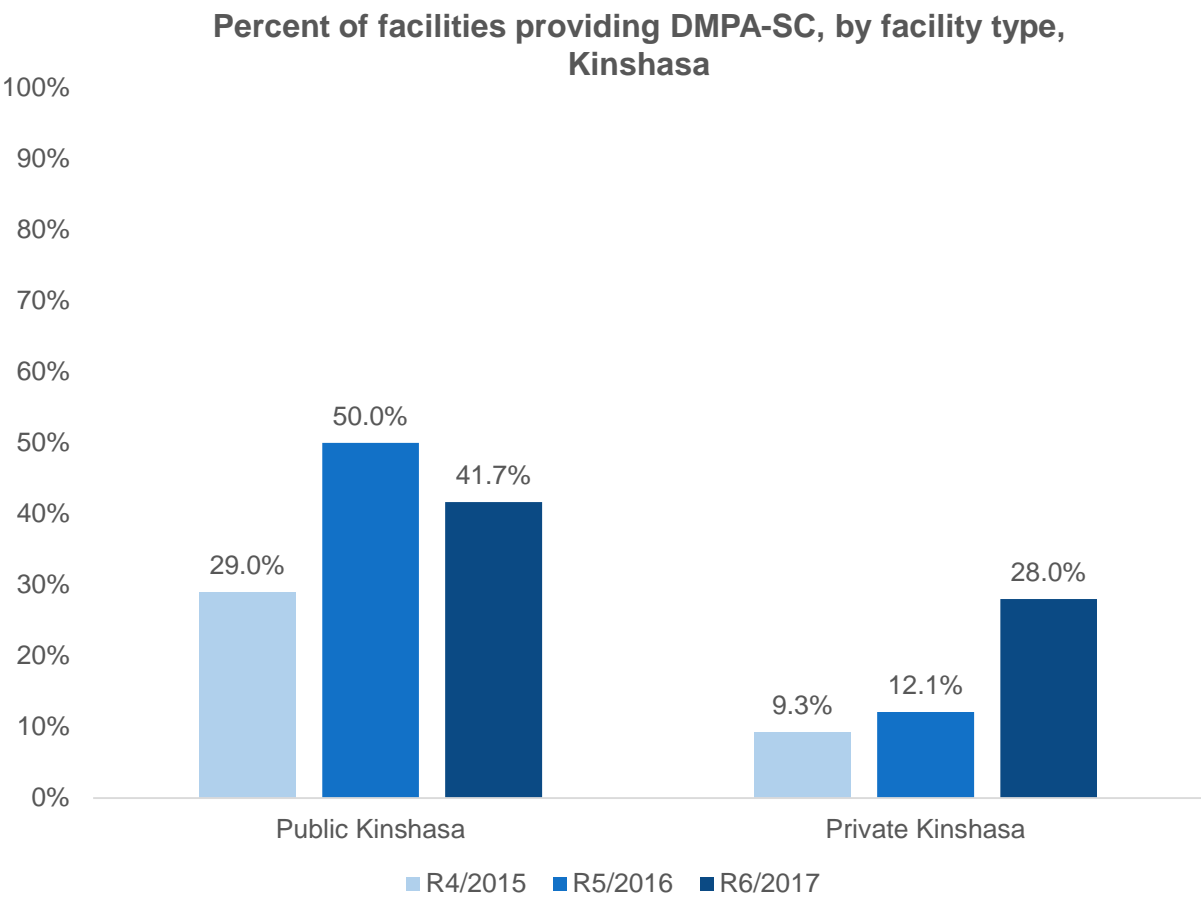


Access: Facilities providing DMPA-SC

The percentage of public and private facilities offering DMPA-SC generally increased in both Kinshasa and Kongo Central.

ToC critical assumption

Service delivery models increase quality and access to full range of services

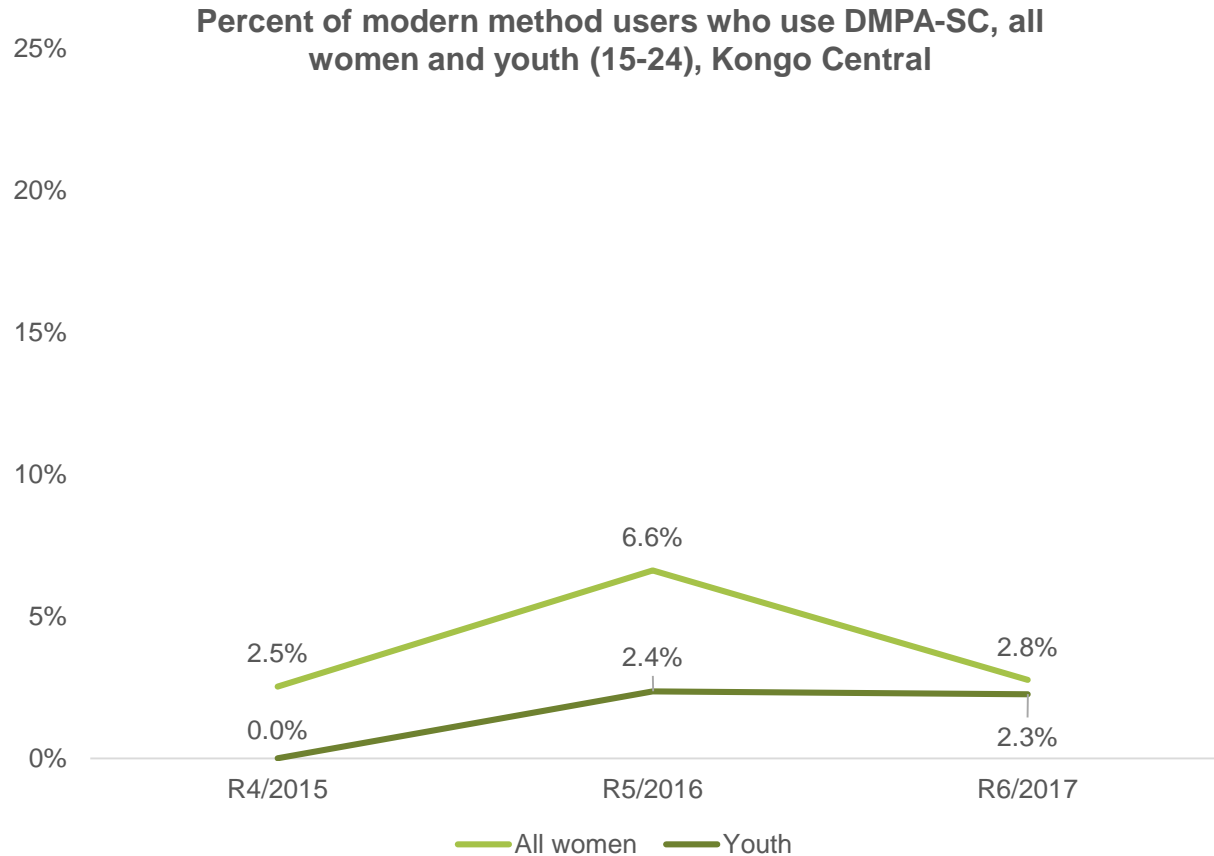
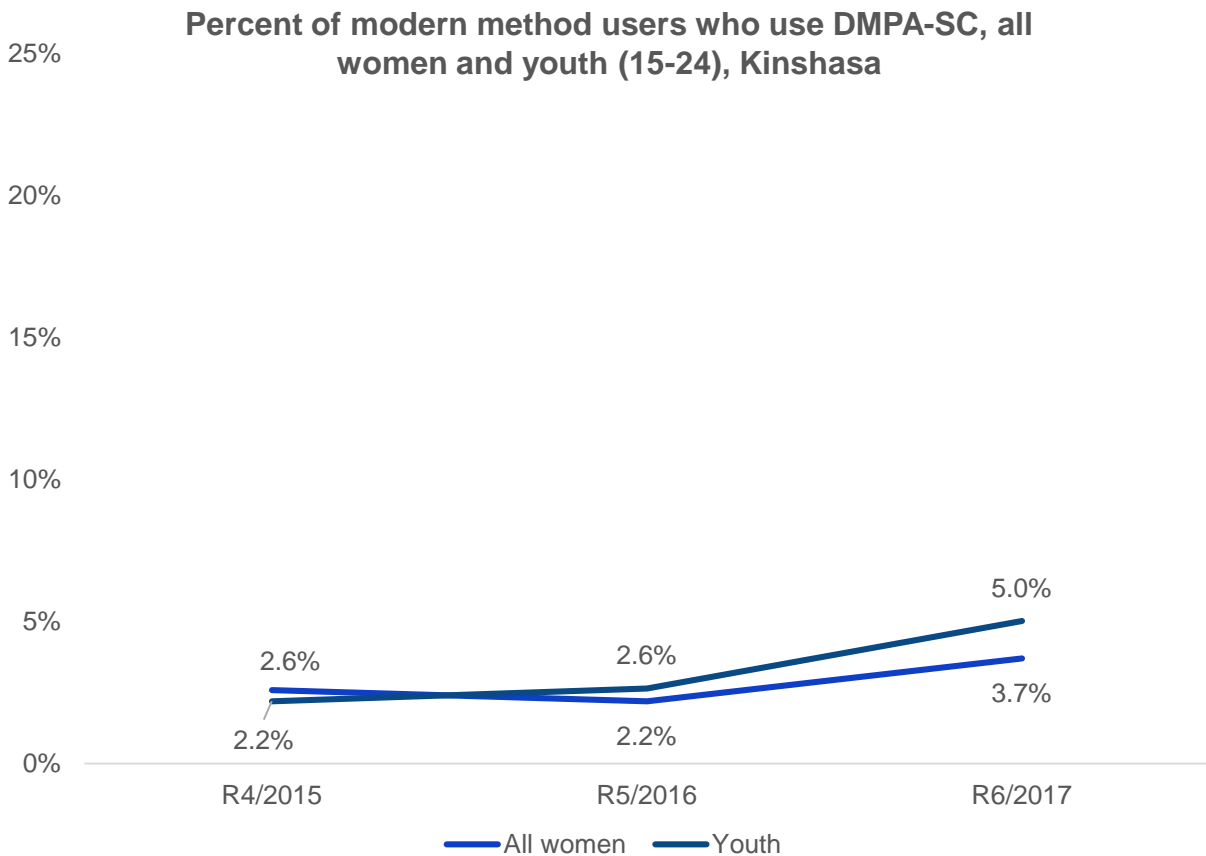


DMPA-SC use is relatively low in both locations

DMPA-SC use has increased among all women and youth in Kinshasa, while use in Kongo Central has dropped off after an increase in 2016.

ToC critical assumption

Service delivery models increase quality and access to full range of services

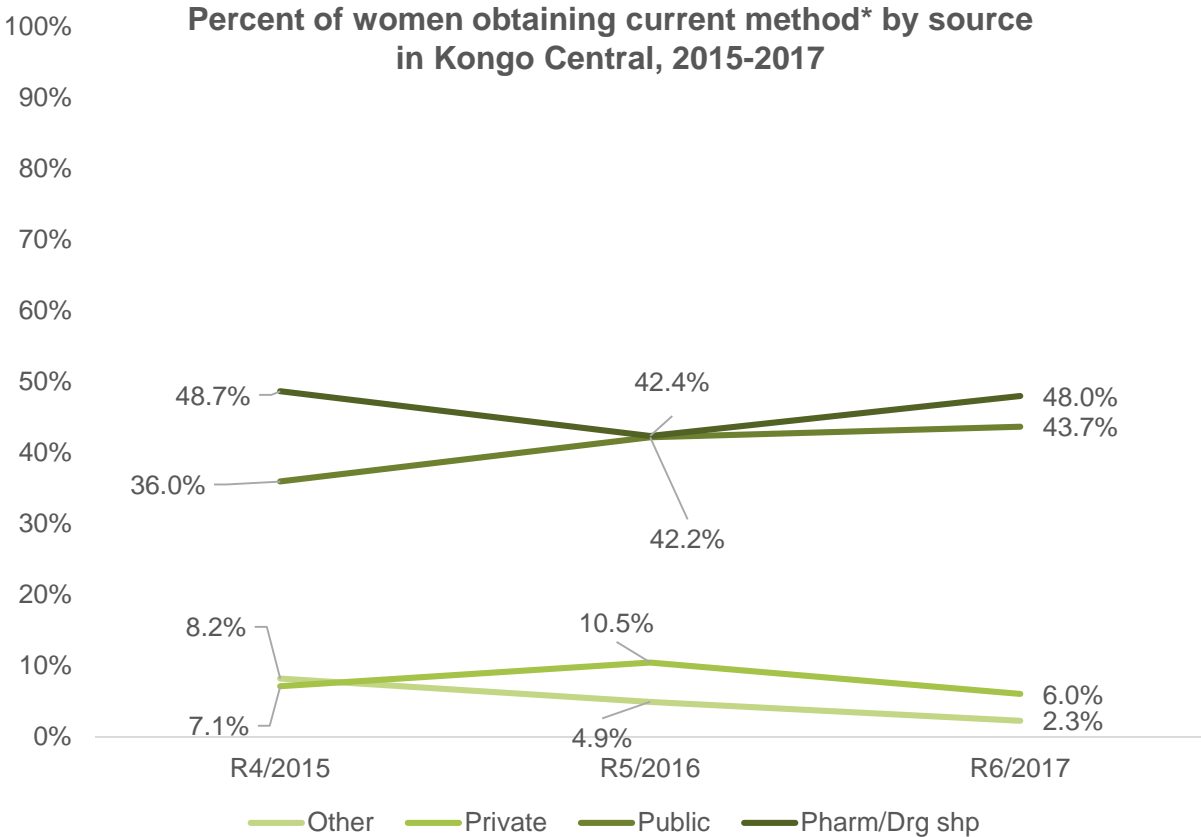
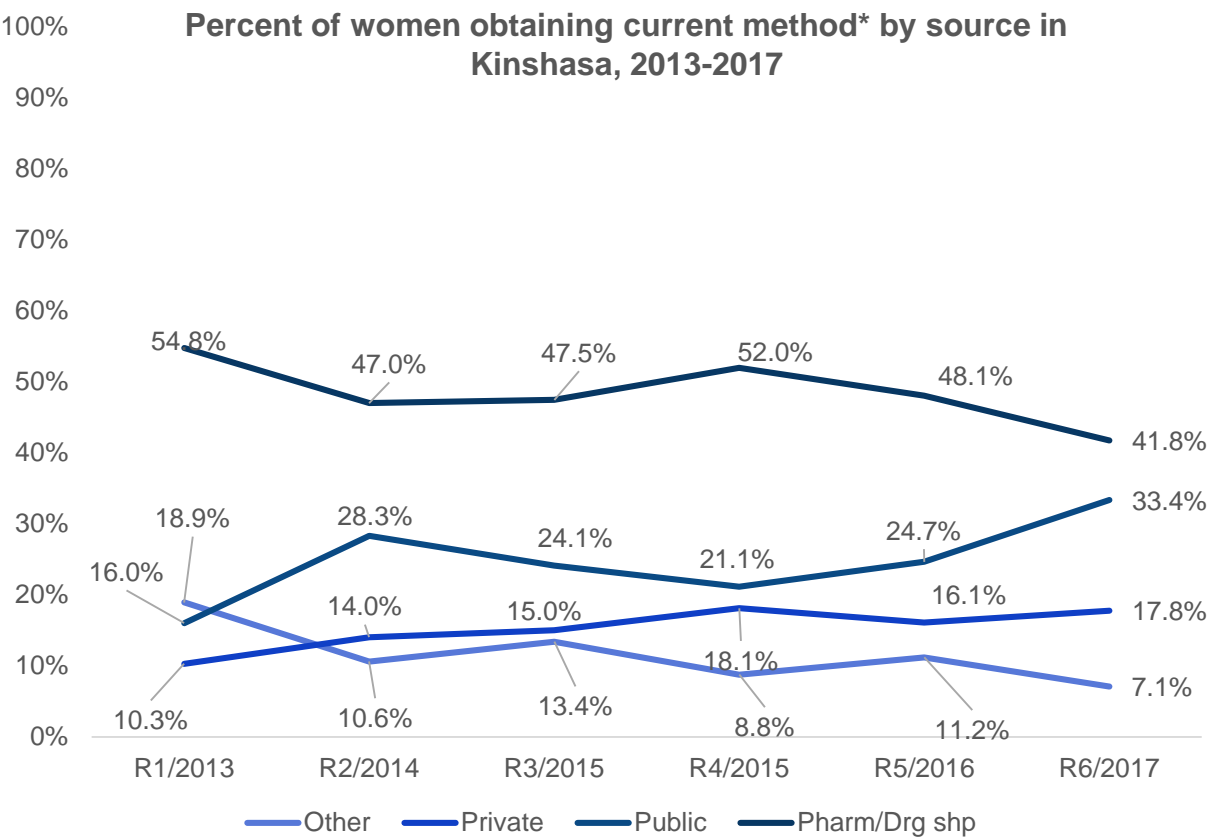


Women primarily obtain FP from pharmacies/drug shops

In both Kinshasa and Kongo Central an increasing number of women are turning to public facilities.

ToC critical assumption

Adults and youth will purchase socially marketed FP methods



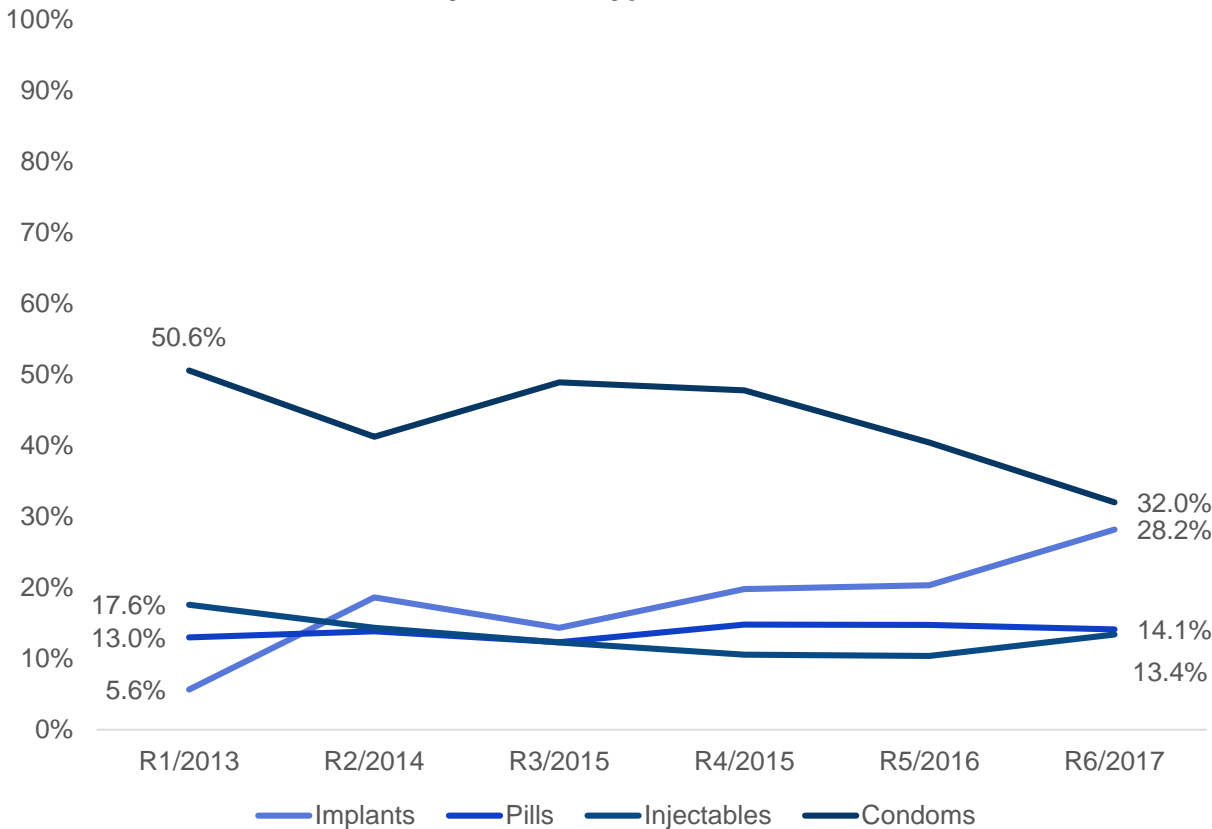
Method mix among modern method users

In both provinces there has been a steady increase in implant use in the method mix and a decline in condom use.

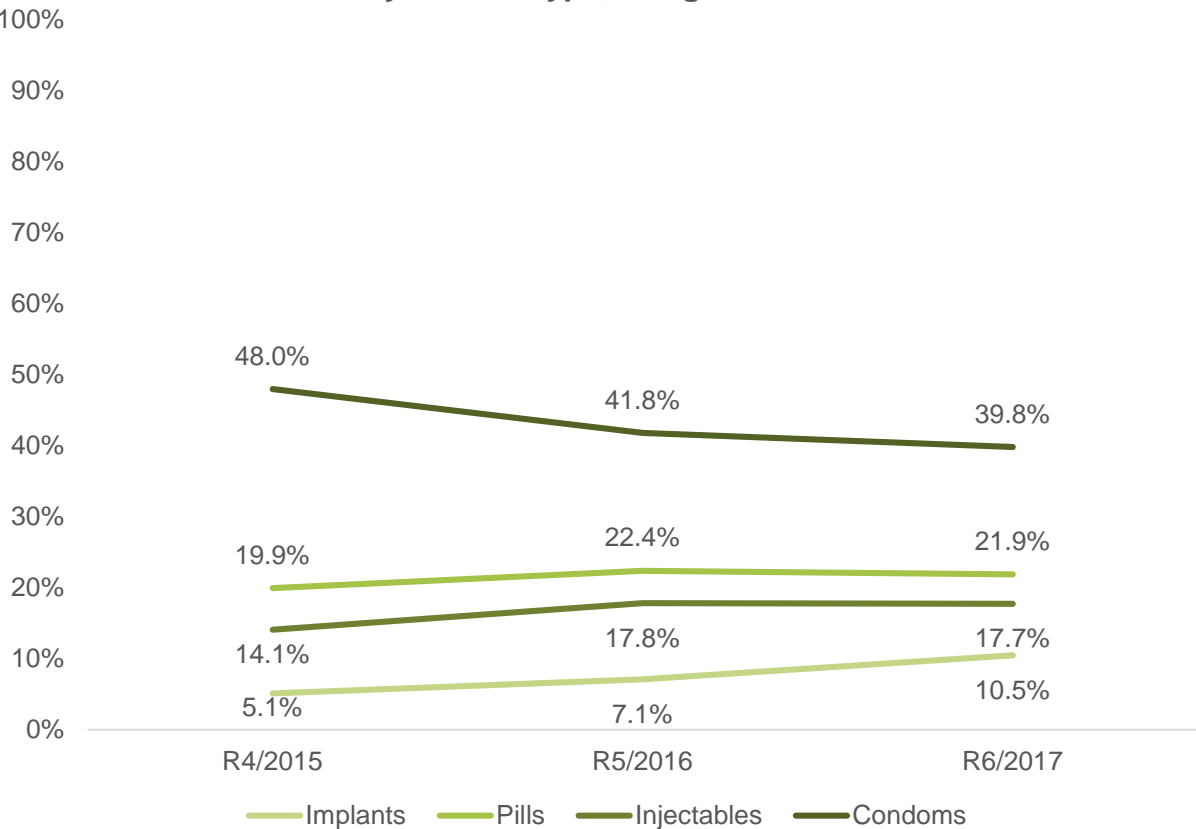
ToC critical assumption

Service delivery models increase quality and access to full range of services

Percentage distribution of modern method users by method type, Kinshasa



Percentage distribution of modern method users by method type, Kongo Central

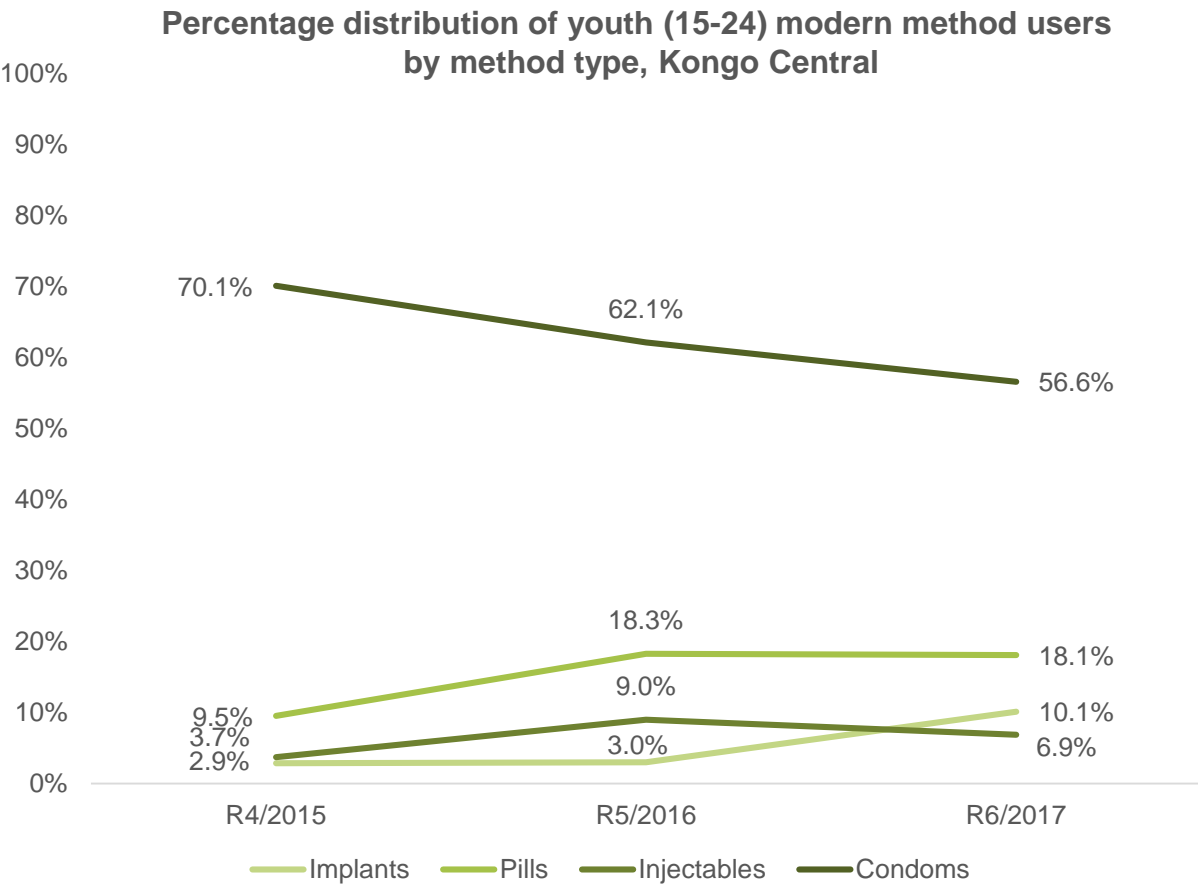
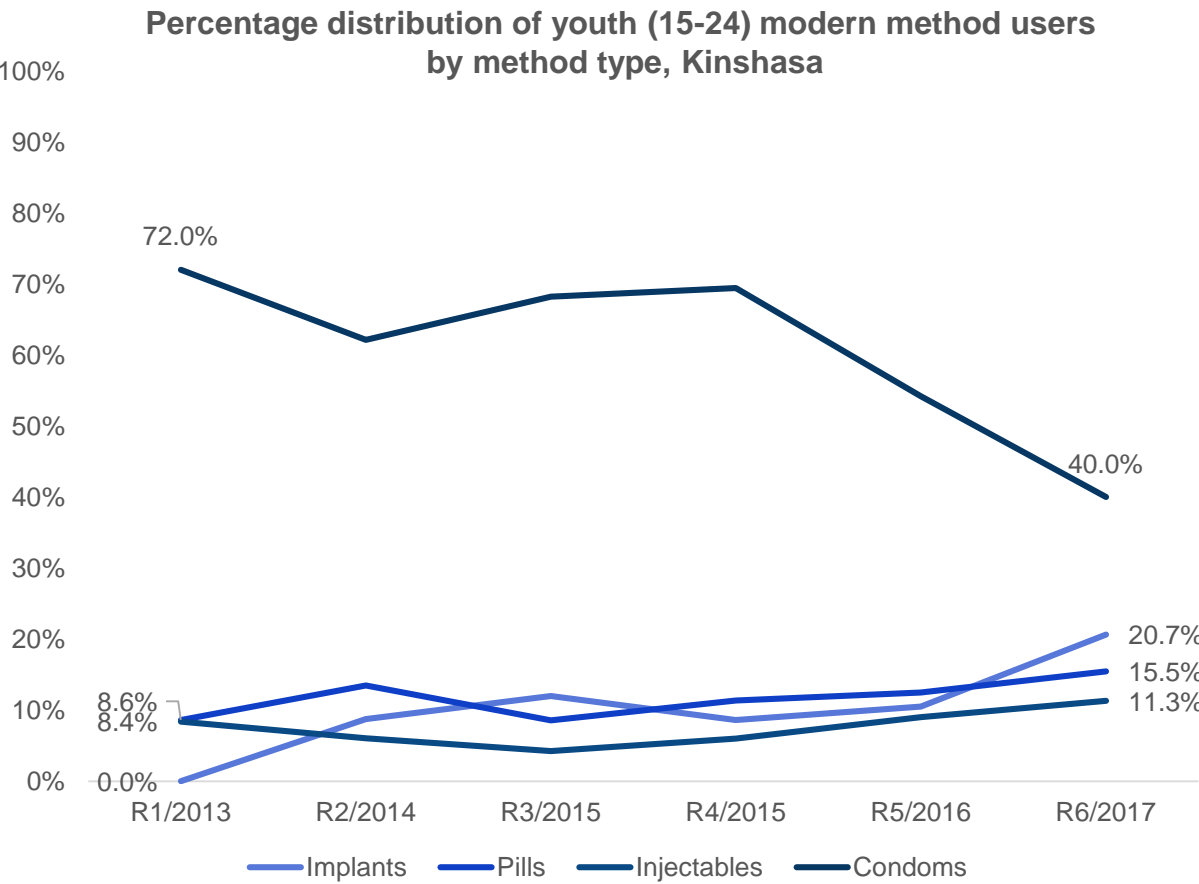


Method mix among youth (15-24) using modern methods

ToC critical assumption

Service delivery models increase quality and access to full range of services

As with all women, we see a decrease in condom use and an increase in implant use among youth over time, in both provinces.

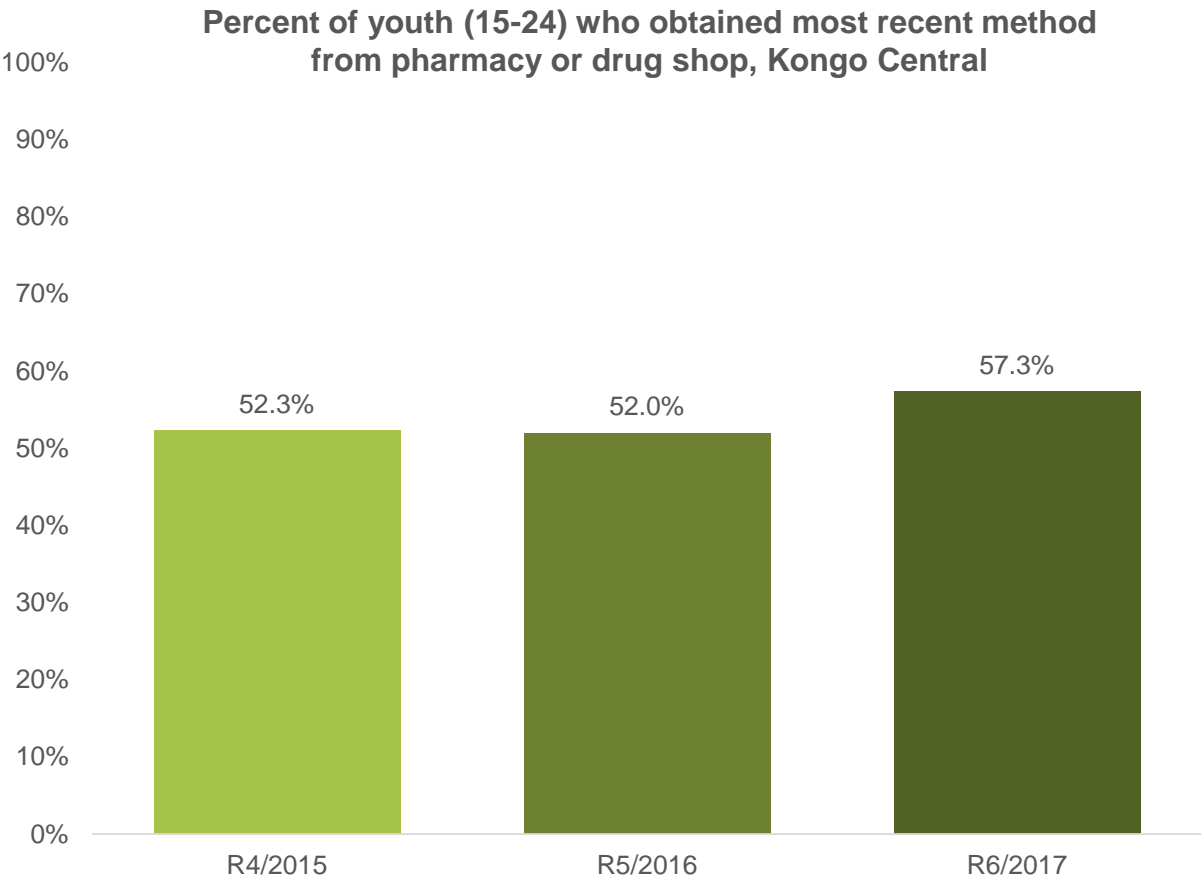
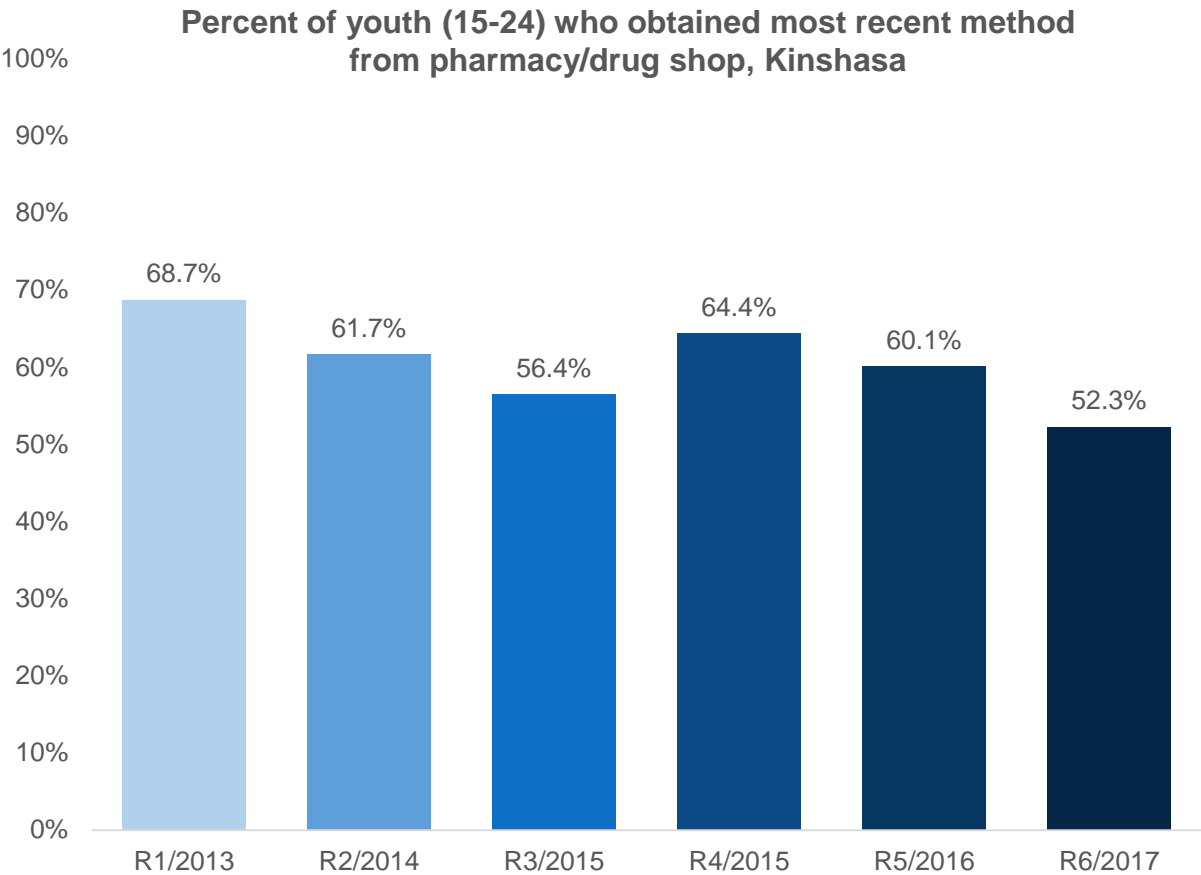


Youth access at pharmacies and drug shops

The percentage of youth (15-24) who obtained their method from a pharmacy/drug shop declined in Kinshasa and increased slightly in Kongo Central.

ToC critical assumption

Adults and youth will purchase socially marketed FP methods



SSM grantee-level findings: Service delivery



Facilitators most cited

16 17 18

Good collaboration with government agencies (i.e. provide storage facility, participate in the supervision, trainings), clinics, and BMGF partners (i.e. support with provision and transportation of commodities)			
Availability of trained & experienced internal staff and trainers			
Existence of tools (e.g., for training, M&E, norms guidelines, data collection, and commodity quantification)			
Trained clinical staff and CBD available			
Community support for FP (acceptance of CBD, demand for FP, and buy-in from trainers)			

Barriers most cited


16 17 18

Trained personnel instability, insufficient number of supervisors and lack of proper training materials			
Stock-outs due to orders not being filled on time, delays in distribution, and increased preference for certain methods (e.g, progesterone only pill and cycle beads)			
Conflicting interests and schedules, and activity overlap among staff and other partners/government			
Lack of logistical means, including low storage capacity for commodities and lack of vehicles for commodity transportation/M&E activities			
Difficulty accessing health zones due to sociopolitical instability and difficult terrain			
Socio-cultural barriers including rumors about FP methods and male resistance			


*Includes AcQual sub-grants: ABEF, JHU, SANRU

Service delivery: Bottom-up synthesis

Facilitators most cited

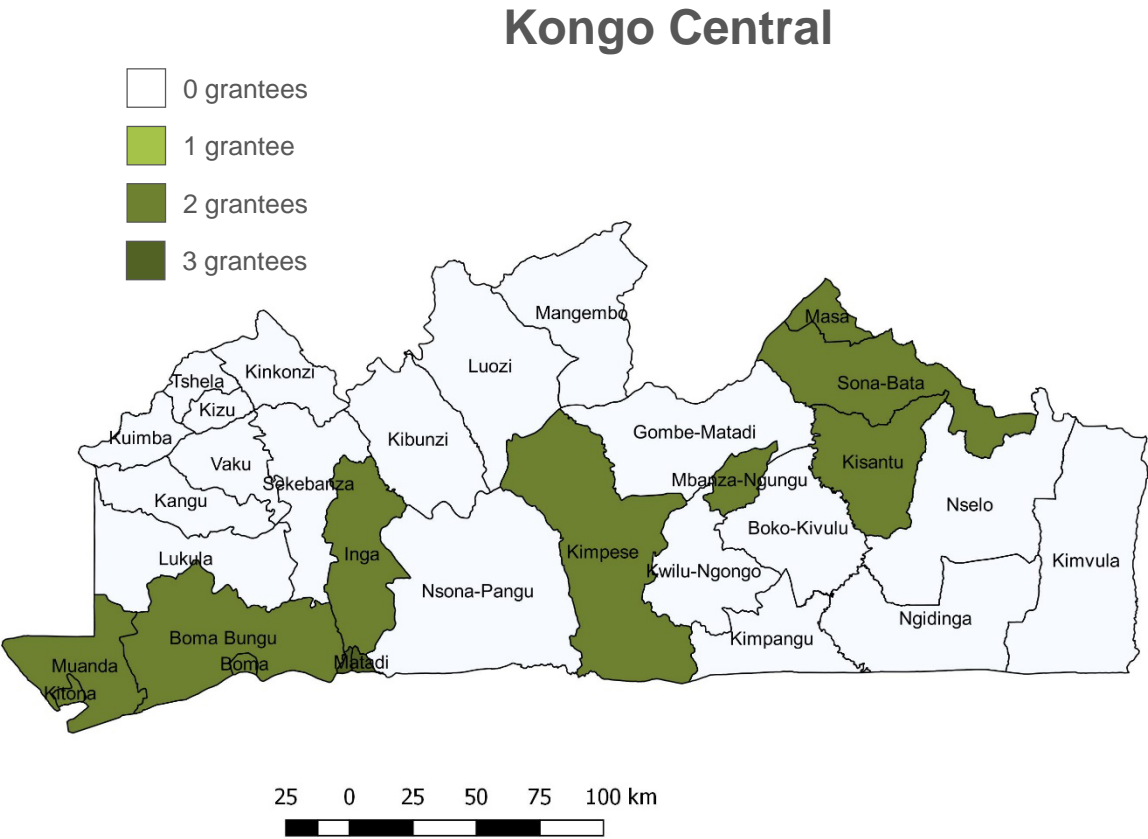
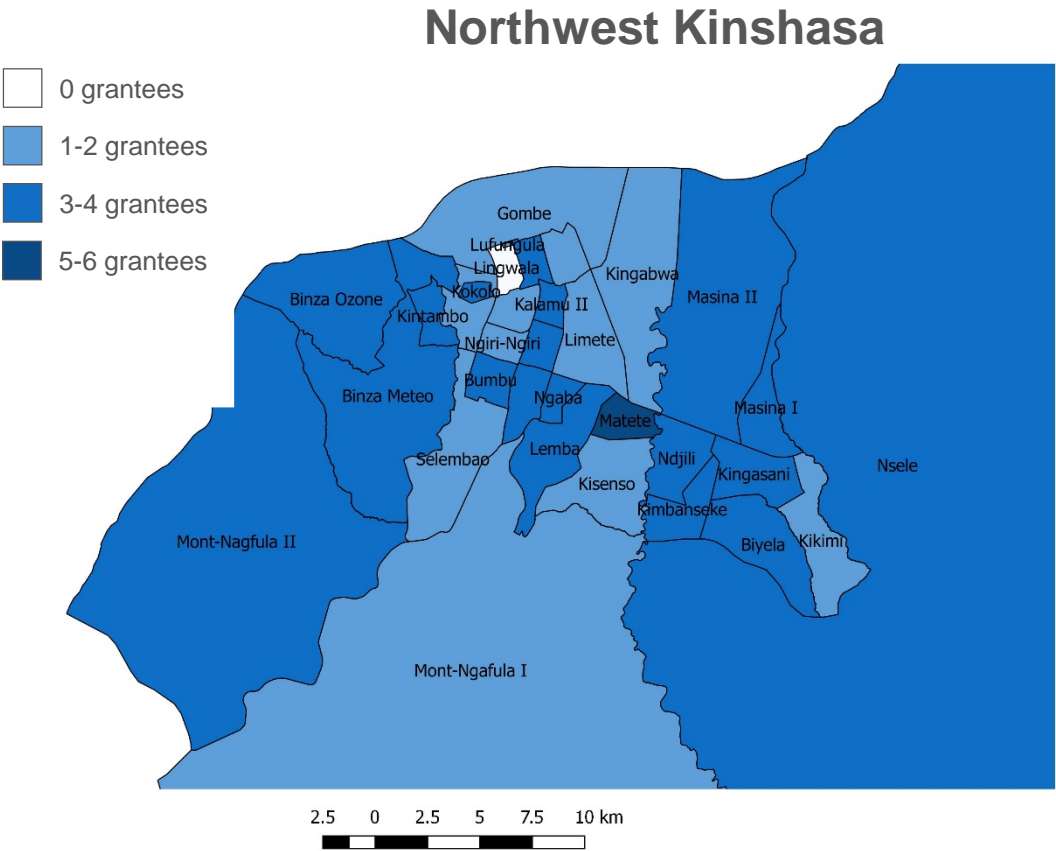
		POs	Grantees
	Good collaboration and positive relationships with government and BMGF partners		
	Past experience, models, tools and methodologies tested on previous projects available		
	Availability of trained and experienced internal staff		
	Community support for FP (acceptance of CBD, demand for FP, and buy-in from trainers)		

Barriers most cited

	Fragile political environment, which makes it difficult to access certain HZs and expand service delivery models		
	Stock-outs of contraceptive methods due to poor supply chain management and increased preference for certain methods		
	Shortages of trained providers, provider instability, and lack of training materials		
	Socio-cultural barriers including resistance to FP in communities and some resistance to CHWs providing services		
	Poor partner coordination		

Where are grantees working on service delivery?

No grantees are working at the federal level. In Kongo Central, Matete is the only HZ where the three core activities of capacity building, demand generation and service delivery are consistently supported by more than 4 grantees.



Number of women of reproductive age (WRA) per SDP by health area, Kinshasa

Many Kinshasa women of reproductive age (WRA) do not have close access to BMGF-supported service delivery points (SDP)

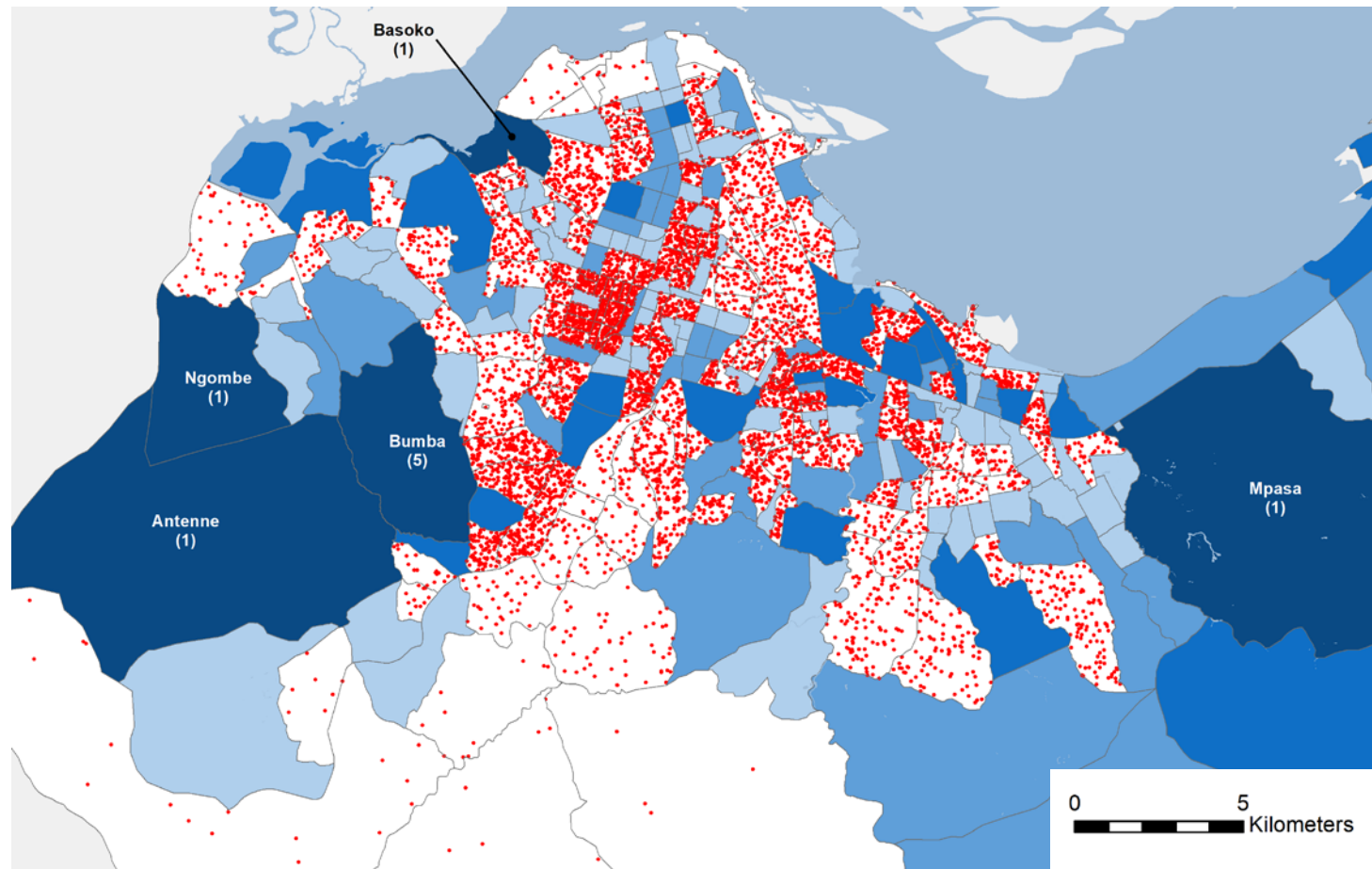
- ▶ Dark blue shading represents health areas with a high population of WRA per BMGF-supported SDP (highest # of WRA/SDP). The number of SDPs in that HA are noted in parentheses.
- ▶ Health Areas without SDPs are white. Red dots represent the unserved population of WRA in these health areas
- ▶ SDPs are defined here as public health facilities supported by BMGF grantees
- ▶ The SDPs presented in the maps do not include private facilities and pharmacies (which represent the primary source of short acting methods such as pills, condoms, and cycle beads)

Unserved Women

• 1 Dot = 100 women

WRA per SDP

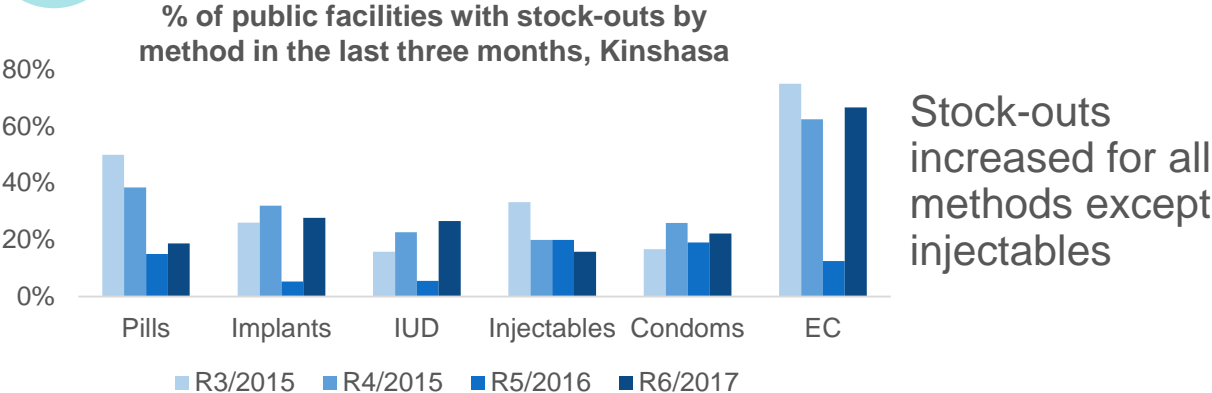
1 - 1,000
1,001 - 2,100
2,101 - 5,000
5,001 - 21,694



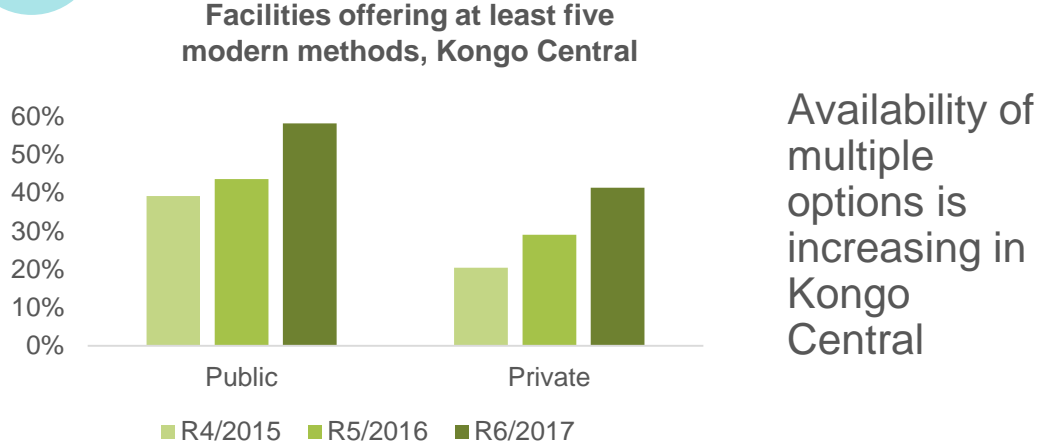
Summary dashboard: Service delivery

Contraceptive supply has shown mixed results in Kinshasa, but supply has increased in KC. We see rising use of implants and public facilities for method source in Kinshasa.

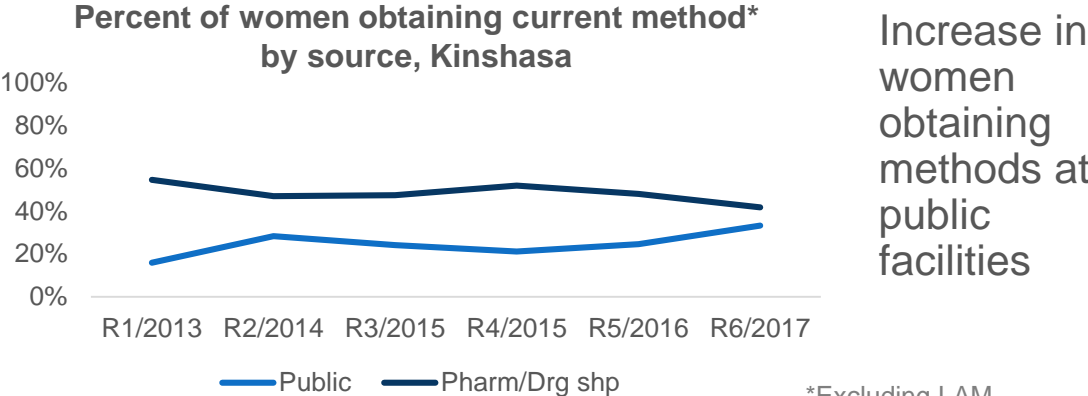
Decrease contraceptive supply in Kinshasa



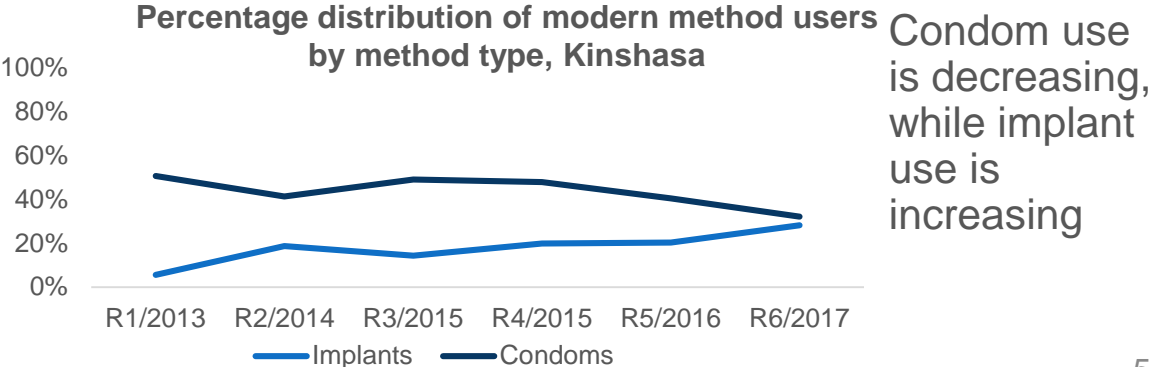
Area of improvement



Decrease in pharmacies as method source



Implant use is increasing





Scale-up and impact

DRC findings

Demonstration models: Scale-up and overall impact

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

Critical Assumptions	Expected changes	Sentinel indicators	Progress (KIN/KC)
<i>Improved coordination and planning will attract scale-up investments</i>	Successful models are adopted & replicated or scaled-up	▸ # of instances of scale-up of intervention models	
<i>Strong measurement will drive performance, scale-up and donor coordination</i>			
<i>Model programs remain effective when scaled up by others in new contexts</i>	Effective models are chosen and tailored to the context of the scale-up/replication site	▸ mCPR in Kinshasa and Kongo Central	▲ / ▼
<i>Demonstration models seen as relevant and feasible models by other states</i>		▸ National mCPR	



No change



Increasing



Decreasing

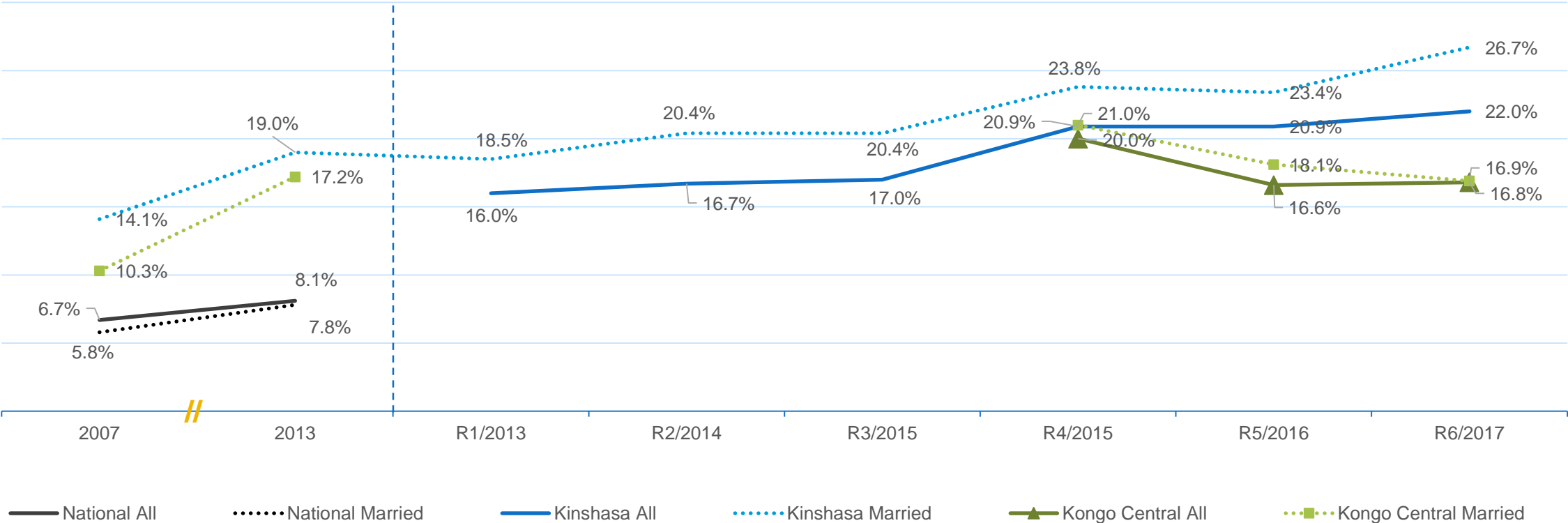
Summary dashboard: Scale-up & impact

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

ToC critical assumption

Model programs remain effective when scaled up by others in new contexts

mCPR longer-term trends



Timeline of scale-up and BMGF expansion

2016

Enabling environment

- ▶ AFP & AcQual II scale-up of CTMPs in 10 provinces

Demand generation

- ▶ JHU under AcQual II expanding activities to target police/military populations and into Kongo Central

Service delivery

- ▶ DKT scaled up DMPA-SC model in Kinshasa to Kongo Central
- ▶ AcQual II expanding activities to Kongo Central

2017

Enabling environment

- ▶ AFP & AcQual II scale-up of CTMPs in 12 provinces

Demand generation

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

Service delivery

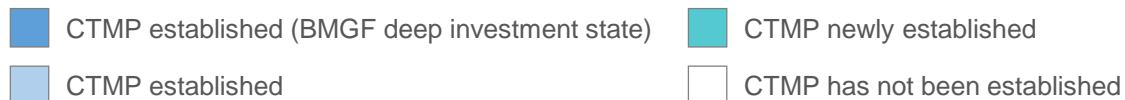
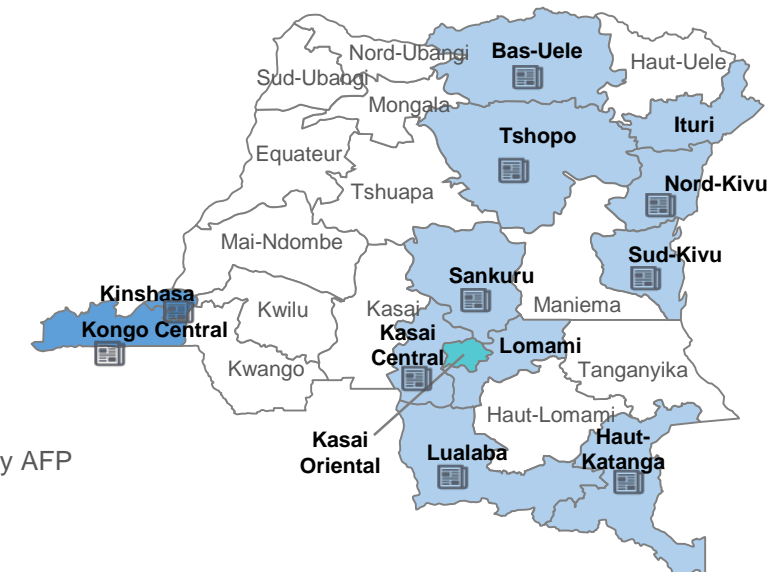
- ▶ In the process of obtaining official authorization for scale-up of community-based distribution of DMPA-SC & self-injection
- ▶ Planned scale-up of Implanon NXT at the community level with medically trained CHW
- ▶ DKT expansion of FP sales via boat up the Congo River

2018

Enabling environment

- ▶ AFP & AcQual III scale-up of CTMPs in 13 provinces
- ▶ Pilot DMPA-SC studies were accepted by the General Secretary; it's now included in the CBD training curriculum.
- ▶ Medical/nursing student CBD are now trained to insert/remove Implanon NXT.

DRC CTMP scale-up, 2018





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

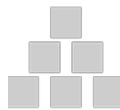
Indicators are tracked over time, in order to give an understanding of changes while FP portfolio programming is occurring.

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

ABEF	Association pour le Bien-Etre Familial/Naissances Désirables	GIBS-MEG	Groupe Inter-Bailleur pour la Santé-Médicaments
AcQual	“Accès” et “Qualité”	GIS	Essentiels Génériques
AFP	Advance Family Planning	HZ	Geographic information system
APA	Autorités Politico-Administratives	JHU	Health zone
BMGF	Bill & Melinda Gates Foundation	IPS	Johns Hopkins University
CAFCO	Cadre Permanent de Concertation de la Femme Congolaise	IUD	Inspection Provinciale de la Santé
CBD	Community-based distribution	KC	Intrauterine device
CBO	community-based organization	KSPH	Kongo Central
CHW	Community health worker	LAM	Kinshasa School of Public Health
CTMP	Comité Technique Multisectoriel Permanent	LMIS	Lactational Amenorrhea Method
DfID	The Department for International Development	M&E	Logistics Management Information System
DHS	Demographic and Health Survey	mCPR	Monitoring and Evaluation
DSNIS	(Direction) Système d’Information Sanitaire	MoB	Modern contraceptive prevalence rate
DKT	DKT International	MoH	Ministry of Budget
DMPA-SC	Depot-medroxyprogesterone acetate (Sayana® Press)	NGO	Ministry of Health
DPS	Divisions provinciales de la santé	OBC	Non-governmental organization
DRC	The Democratic Republic of the Congo	PMA2020	Organisations à Base Communautaires
E2A	Evidence to Action	PNAM	Performance Monitoring and Accountability 2020
EC	Emergency Contraception		Programme National d’Approvisionnement en Médicaments
EPSP	Enseignement Primaire Secondaire et Professionnel	PNSA	Essentiels
FARDC	Forces Armées de la République Démocratique du Congo	PNSR	Programme National de la Santé de l’Adolescent
FMoH	Federal Ministry of Health	PO	Programme National da Santé de la Reproduction
FP	Family planning	RECOPE	Program Officer
FP 2020	Family Planning 2020	RH	Réseau Communautaire pour la Protection des Enfants
FP CAPE	Family Planning Country Action Process Evaluation	SANRU	Reproductive health
FPET	Family Planning Estimation Tool	SMART	Santé Rurale
FY	Fiscal year		Specific, Measurable, Attainable, Relevant, and Time-bound
GEAS	Global Early Adolescent Study	SSM	System support map
		SSRAJ	Santé sexuelle et reproductive des adolescents et des jeunes
		ToC	Theory of change
		UNFPA	United Nations Population Fund
		USAID	United States Agency for International Development