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Executive summary

DRC findings and insights (2018)
### Overall portfolio progress in 2018

<table>
<thead>
<tr>
<th>ToC Segment</th>
<th>Geography</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
</table>
| Enabling Environment | National    | ![Positive](Positive) | - Overall positive momentum with favorable FP policies  
- Poor results with government funding release for purchase of contraceptives |
| Demand Generation    | Kinshasa    | ![Positive](Positive) | - Flat but moderately high levels of exposure to FP messages  
- Intention to use among all women slightly rising |
|                      | Kongo Central | ![Declining](Declining) | - Low and declining levels of exposure to FP messages  
- Intention to use among all women declining |
| Service Delivery      | Kinshasa    | ![Mixed](Mixed) | - Mixed results in accessibility of methods and counseling  
- Modern method access increased in private facilities |
|                      | Kongo Central | ![Mixed](Mixed) | - Many FP access indicators are not far behind Kinshasa  
- Increasing number of facilities offering at least five modern methods |
| Impact               | Kinshasa    | ![Positive](Positive) | - Slight increase in mCPR |
|                      | Kongo Central | ![Declining](Declining) | - Decline in mCPR |
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

$0

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

New provincial CTMP established in 2018: Kasai Oriental

Source: Grantee documentation, network analysis study
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

![Graph showing media exposure by type in Kinshasa and Kongo Central](chart)

Intention among youth

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinshasa</td>
<td>65.9%</td>
<td>65.7%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Kongo Central</td>
<td>56.1%</td>
<td>49.1%</td>
<td>53.4%</td>
</tr>
</tbody>
</table>

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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC); SSM; document review
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

Decrease in pharmacies as method source

Implant use is increasing

Area of improvement

Stock-outs increased for all methods except injectables

Availability of multiple options is increasing in Kongo Central

Condom use is decreasing, while 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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC); DHS 2007 & 2013 (note, no PMA2020 updates so far for R7/2018)
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**

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

- Sentinel indicators using PMA2020
  Kinshasa/Kongo Central data, Round 6/2017

- System Support Mapping (SSM) data, September 2018

- New interview data with BMGF Program Officer, May and November 2018

- Updated systematic document review, including grantee reports, findings, and monitoring data, ongoing

- Special studies, such as analysis of grantee networks, June 2018

- FP2020 commitments, ongoing

- GIS analysis, December 2018-January 2019

- Funding information for both the province and national level, ongoing
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.*

**Investment Portfolio**

- National/provincial-level capacity
  - Advocacy
  - National system strengthening for implementation & scale-up
  - Data generation and use

- Model testing, learning & replication
  - Test service delivery and demand generation models
  - Test service models for youth

- Engaging the private sector
  - Marketing of FP methods through pharmacies and youth services

**Flowchart**

- Improved enabling environment
- Effective service delivery and demand generation models
- Scale-up of successful models
- 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
  - Data generation and use

- **Model testing, learning & replication**
  - Service delivery and demand generation models
  - Service models for youth

- **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.*

<table>
<thead>
<tr>
<th>Project area</th>
<th>Critical assumptions</th>
</tr>
</thead>
</table>
| National/provincial level capacity | ‣ 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 | ‣ 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 | ‣ Private sector models increase access to FP  
‣ Adults and youth will purchase socially marketed FP methods |
| Scale-up of successful demonstration models | ‣ 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 | ‣ Model programs remain effective when scaled up by others in new contexts |
DRC: Findings

Targeted evaluation findings and new results
Enabling environment

DRC findings
### Critical assumptions

<table>
<thead>
<tr>
<th>Expected changes</th>
<th>Sentinel indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Favorable FP policies are enacted</strong></td>
<td>FP2020 government commitments</td>
</tr>
<tr>
<td>Enabling environment improved</td>
<td>Instances of policy changes related to FP</td>
</tr>
<tr>
<td><strong>PNSR &amp; PNSA coordinate partners in support of national &amp; provincial strategies</strong></td>
<td># of national CTMP meetings held</td>
</tr>
<tr>
<td>Donor coordination increased</td>
<td># of provincial CTMP created &amp; where</td>
</tr>
<tr>
<td>Provincial CTMP strengthened</td>
<td></td>
</tr>
<tr>
<td><strong>Effective national supply chain ensures commodity availability and GIBS-MEG contributes to estimating needs</strong></td>
<td>Funding for contraceptive procurement- allocations and disbursements</td>
</tr>
<tr>
<td>Increased funding for contraceptive procurement</td>
<td></td>
</tr>
</tbody>
</table>
# DRC Governmental FP2020 commitments

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

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Execute national strategic plan for family planning for 2014-2020</td>
<td>Committed to reforming laws which pose barriers to responsible parenthood and planned births</td>
<td>Committed to protect adolescent girls from early marriage</td>
<td>Allocated $1 million for the purchase of contraceptives</td>
</tr>
<tr>
<td>Secured voting on a law for reproductive health and FP, by December 2020</td>
<td>Secure voting on a law for reproductive health and FP, by December 2020</td>
<td>Reform laws that protect adolescent girls from early marriage</td>
<td>Allocate at least $2.5 million annually from domestic resources, under “purchase of contraceptives”</td>
</tr>
<tr>
<td>Commit to protecting adolescent girls from early marriage</td>
<td>Allocate at least $2.5 million annually from domestic resources, under “purchase of contraceptives”</td>
<td>Foster support of private sector to invest in FP</td>
<td>Scale-up community-based distribution of DMPA-SC in all forms (self-injection and distribution through CHWs)</td>
</tr>
<tr>
<td>Allocating $1 million for the purchase of contraceptives</td>
<td>Allocating $1 million for the purchase of contraceptives</td>
<td>DMPA-SC pilot studies were accepted by the General Secretary, and will be incorporated into the “Norms and directives” document. DMPA-SC is included in the training curricula for CBD by the PNSR</td>
<td>2.1 million additional FP users</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19% mCPR</td>
</tr>
</tbody>
</table>

Source: FP2020 website
Policy support is strong in DRC government

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

- 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

Source: AFP website
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.

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

Six national CTMP meetings held in 2018

Source: Grantee documentation, verbal report
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.

2013

$0.3M committed: to purchase contraceptives [FY 2014]

2014

$0.3M released: to health zones and partners

2015

$2.5M committed: to purchase contraceptives [FY 2015]

2016

$3.5M allocated [FY 2016]

2017

$1.5M not released

$2.5M allocated: for purchase & distribution of contraceptives [FY 2017]

Nord-Kivu and Sud-Kivu allocated money for the purchase of contraceptives for the first time

$0.1M allocated in Lualaba: for the purchase of contraceptives for the first time

Meeting of CTMP and MoB, funds will not be released

2018

No funds allocated or disbursed. [FY 2018]

No data

No data

Source: Grantee documentation

ToC critical assumption

Effective national supply chain ensures commodity availability and GIBS-MEG contributes to estimating needs
### Facilitators most cited

<table>
<thead>
<tr>
<th>Grantee</th>
<th>New activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFP</strong></td>
<td></td>
</tr>
</tbody>
</table>

- 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

### Barriers most cited

<table>
<thead>
<tr>
<th>Grantee</th>
<th>New activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFP</strong></td>
<td></td>
</tr>
</tbody>
</table>

- 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

**Facilitators most cited**

- Availability of financial and technical support from headquarters & other partners to implement a LMIS roadmap, build local capacity and train young adolescent leaders
- Strengthened collaboration with MOH in trainings, facilitating contacts with local PAA, providing normative documents & increased buy-in from intermediate levels (DPS, IPS)
- Good collaboration with other FP stakeholders in administering tools, facilitating access to data, training of providers to administer misoprostol
- Political will of the government, provinces and stakeholders (i.e. governors, ministers and local APA) to promote FP
- Availability of internal and external expertise (i.e. in-house expertise in training, data visualization, budgeting) & support from headquarters

**Barriers most cited**

- Conflicting agendas and overlapping activities of partners especially at the operational level of HZs
- Insufficient financial and human resources (e.g., for training, limited funds to implement action plans from audits, absence of pharmacists at the province level)
- Socio-political instability restricting travel to some parts of the country, causing many partners to leave the country at the end of project cycle (i.e. projects funded by DfID, USAID, E2A)
- Limited capacity of local actors (i.e. poor knowledge on scale-up and data analysis, different level of education of trainees)
- Time constraints (i.e. partners coming to the end of grant cycle, while the learning curve of PNAM staffs is slow; at the same time calls for scale-up in other provinces)

---

*Includes AcQual sub-grants: JHU and ABEF*
SSM grantee-level findings: Data collection & use

**Facilitators most cited**

- Good collaboration with gov’t (e.g., MoH, EPSP), BMGF grantees (e.g., Avenir Health, Jhpiego, 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**

- 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)

---

**Grantee New activities**

- **2016**
  - Conduct and disseminate FP research & surveys (i.e., clinics, FP indicators)
- **2017**
  - Monitoring and evaluation of FP activities & FP structure
- **2018**
  - Research on first time mothers & in-school children
## Enabling environment: Bottom-up synthesis

### Facilitators most cited

<table>
<thead>
<tr>
<th>POs</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong gov’t budget allocation for the purchase of contraceptives</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
<tr>
<td>Availability of financial and technical support for enabling environment activities</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
<tr>
<td>Strong in-house expertise and motivation</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
<tr>
<td>Good collaboration with/support from government at national &amp; provincial levels, FP stakeholders, and BMGF partners</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
<tr>
<td>Leader position of the prime organization/grantee in enabling environment work in the country</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
<tr>
<td>Strong support for data use from working closely with gov’t and strategic data dissemination</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
<tr>
<td>Existence of key FP documents (e.g., legal text creating CTMP, CTMP reports, National strategic plan for FP)</td>
<td><img src="images/checkmark.png" alt="Green Checkmark" /></td>
</tr>
</tbody>
</table>

### Barriers most cited

<table>
<thead>
<tr>
<th>POs</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-political instability and insecurity in certain zones</td>
<td><img src="images/checkmark.png" alt="Blue Checkmark" /></td>
</tr>
<tr>
<td>Low budget release for FP commodities despite gov’t’s improving commitment to purchasing contraceptives</td>
<td><img src="images/checkmark.png" alt="Blue Checkmark" /></td>
</tr>
<tr>
<td>Technical problems with electronic data collection tools and data transmission</td>
<td><img src="images/checkmark.png" alt="Blue Checkmark" /></td>
</tr>
<tr>
<td>Issues with data, data analysis &amp; data use (i.e., low data maturity, little data sharing/dissemination, poor data infrastructure)</td>
<td><img src="images/checkmark.png" alt="Blue Checkmark" /></td>
</tr>
<tr>
<td>Limited institutional capacity of local actors and high staff turnover</td>
<td><img src="images/checkmark.png" alt="Blue Checkmark" /></td>
</tr>
</tbody>
</table>

Source: PO interviews, SSM, document review
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 kifequoiou
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**

-$0-$

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

New provincial CTMP established in 2018: Kasai Oriental

Source: Grantee documentation, network analysis study
Demand generation

DRC findings
### Demonstration models: Demand generation

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

<table>
<thead>
<tr>
<th>Critical assumptions</th>
<th>Expected changes</th>
<th>Sentinel indicators</th>
<th>Progress (KIN/KC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model program strategies will create demand for modern FP</strong></td>
<td>Increased exposure to FP messages in focus provinces</td>
<td>% of women exposed to FP messages through radio and TV (by age)</td>
<td>☀ / ▼</td>
</tr>
<tr>
<td></td>
<td>Increased intention to use FP among all women</td>
<td>% of all women who are not using a FP method who intend to use a method in the future</td>
<td>☀ / ☼</td>
</tr>
<tr>
<td><strong>Learning about sexual/RH behaviors improves youth-related outcomes</strong></td>
<td>Increased intention to use FP among youth</td>
<td>% of youth (15-24) who are not using a FP method who intend to use a method in the future</td>
<td>☀ / ☼</td>
</tr>
</tbody>
</table>
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.

All women, exposure to FP messages, Kinshasa

Youth (15-24) exposure to FP messages, Kinshasa

Source: PMA2020 data (R1-R6 Kinshasa)
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.

Source: PMA2020 data (R4-R6 KC)
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.

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)
After a few years of increase in Kinshasa and Kongo Central, women’s use of traditional methods appears to have stabilized.

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)
**SSM grantee-level findings: Demand generation**

### Facilitators most cited

- 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

- 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

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

### Barriers most cited

<table>
<thead>
<tr>
<th>Barriers</th>
<th>POs</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued political tension and unstable security situation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Insufficient funds with high costs of activities that limited the usage of media outlets and other demand generation activities</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Competing interests and approaches among partners, and scheduling conflicts at the health zone level</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Sociocultural barriers including rumors and campaigns of false information about FP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: PO interviews, SSM, document review
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.

Source: SSM Data and kifequoiou. Note: Demand generation activities include mobile campaign for sales, FP sensitizing, and organizing promotions.
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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC); SSM; document review
Service delivery

Targeted evaluation findings and new results
# Demonstration models: Service delivery

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

<table>
<thead>
<tr>
<th>Critical Assumptions</th>
<th>Expected changes</th>
<th>Sentinel indicators</th>
<th>Progress (KIN/KC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service delivery models increase quality and access to full range of services</strong></td>
<td>Access to services is increased in focus provinces</td>
<td>% of facilities offering at least five modern contraceptive methods, by facility type</td>
<td>✓ / ▲</td>
</tr>
<tr>
<td></td>
<td>▪ % of pharmacies/drug shops offering modern FP methods</td>
<td>▪ % of public facilities with a CHW that provides FP</td>
<td>✓ / ▲</td>
</tr>
<tr>
<td></td>
<td>▪ % of women hearing FP message from CHW</td>
<td>▪ % of public facility with stock-outs in the last 3 months (IUD, implant, injectable, pill)</td>
<td>✓ / ▲</td>
</tr>
<tr>
<td></td>
<td>Quality of services increased in focus provinces</td>
<td>% of women counseled on side effects</td>
<td>✓ / ✓</td>
</tr>
<tr>
<td></td>
<td>Increased demand for DMPA-SC and Nexplanon, especially among youth</td>
<td>% of facilities offering DMPA-SC (public, private)</td>
<td>▲ / ▲</td>
</tr>
<tr>
<td></td>
<td>▪ % of modern method users using DMPA-SC</td>
<td>▪ % of modern method users using implants</td>
<td>▲ / ▲</td>
</tr>
<tr>
<td></td>
<td>Private sector models increase access to FP</td>
<td>Increased access to FP services in the private sector for KIN, KC</td>
<td>▲ / ▲</td>
</tr>
<tr>
<td></td>
<td>Adults and youth will purchase socially marketed FP methods</td>
<td>% of private facilities offering at least five modern methods</td>
<td>▲ / ▲</td>
</tr>
<tr>
<td></td>
<td>▪ % of pharmacies/drug shops offering modern FP methods</td>
<td>▪ % of modern method users using implants</td>
<td>▲ / ▲</td>
</tr>
<tr>
<td></td>
<td>Increased private sector market share</td>
<td>% of women who obtained their most recent method from a pharmacy or drug shop/kiosk</td>
<td>▼ / ◼</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>No change</th>
<th>Increasing</th>
<th>Decreasing</th>
</tr>
</thead>
</table>

*Note:* The symbols (✓, ▲, ▼) indicate the level of change for each indicator.
Percent of facilities offering at least five modern contraceptive methods

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.

Percent of facilities offering at least five modern contraceptive methods, Kinshasa

Percent of facilities offering at least five modern contraceptive methods, Kongo Central

Source: PMA2020 data (R2-R6 Kinshasa; R4-R6 KC)
Access to services through pharmacies/drug shops

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.

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

Source: PMA2020 data (R2-R6 Kinshasa; R4-R6 KC)
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.

Source: PMA2020 data (R2-R6 Kinshasa; R4-R6 KC)
Exposure to FP through community health workers

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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)
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.

Source: PMA2020 data (R3-R6 Kinshasa; R1-R3 KC)
Quality: Counseling on side effects for current method

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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)
Access: Facilities providing DMPA-SC

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

Source: PMA2020 data (R4-R6 Kinshasa; R4-R6 KC)
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.

Source: PMA2020 data (R4-R6 Kinshasa & KC)
Women primarily obtain FP from pharmacies/drug shops

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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)

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.

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)
Method mix among youth (15-24) using modern methods

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

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)
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.

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC)

ToC critical assumption

Adults and youth will purchase socially marketed FP methods
SSM grantees-level findings: Service delivery

Facilitators most cited

- 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

- 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

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

## Barriers most cited

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

Source: PO interviews, SSM, document review
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.

Source: SSM Data and kifequoiou. Note: Service delivery activities include joint supervision, M&E of services, contraceptive provision and supply.
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

Source: Health Area boundaries provided by Tulane; 2015 WRA calculated with WorldPop population estimates; 2015 age/sex estimates from Kinshasa from NIS, DRC.
Note: Health area boundaries are approximate and may not correspond exactly to given visualization, or calculated age/sex breakdowns.
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

- % of public facilities with stock-outs by method in the last three months, Kinshasa

Stock-outs increased for all methods except injectables

Decrease in pharmacies as method source

- Percent of women obtaining current method* by source, Kinshasa

Increase in women obtaining methods at public facilities

Implant use is increasing

- Percentage distribution of modern method users by method type, Kinshasa

Condom use is decreasing, while implant use is increasing

Area of improvement

- Facilities offering at least five modern methods, Kongo Central

Availability of multiple options is increasing in Kongo Central

*Excluding LAM
Scale-up and impact

DRC findings
Demonstration models: Scale-up and overall impact

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

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

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.

mCPR longer-term trends

Source: PMA2020 data (R1-R6 Kinshasa; R4-R6 KC); DHS 2007 & 2013 (note, no PMA2020 updates so far for R7/2018)
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

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

<table>
<thead>
<tr>
<th>Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Occur every 6 months</td>
</tr>
<tr>
<td>» Or as frequently as indicator is updated/new data is available</td>
</tr>
<tr>
<td>» Indicators are tracked over time</td>
</tr>
</tbody>
</table>

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