



FP CAPE

Family Planning
Country Action Process Evaluation

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

January 2020

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Executive summary

DRC findings and insights (2019)

Overall portfolio progress in 2019



ToC Segment	Geography	Status	Details
Enabling Environment	National	Mixed/stable	<ul style="list-style-type: none"> ▶ The Reproductive health law with FP provision went into effect in March 2019 ▶ National election has created a time of transition ▶ Lack of funding releases for contraceptive procurement remains a significant barrier ▶ National Family Planning (FP) Conference an opportunity to re-energize for future movement
	Kinshasa	Mixed/stable	<ul style="list-style-type: none"> ▶ FP message exposure is flat for both women and youth ▶ Intention to use among all women is stable at approximately 70%
Demand Generation	Kongo Central	Declining	<ul style="list-style-type: none"> ▶ Low and declining levels of exposure to FP messages ▶ Intention to use among all women has stabilized at about 50%
	Kinshasa	Mixed/stable	<ul style="list-style-type: none"> ▶ Public facilities have declining offerings and increasing stockouts ▶ Modern method access increased in private facilities
Service Delivery	Kongo Central	Positive	<ul style="list-style-type: none"> ▶ Increasing availability of at least five methods in public facilities ▶ Scale-up of DMPA-SC identifiable in percentage of facilities providing and reflected in increasing share of users
	Kinshasa	Mixed/stable	<ul style="list-style-type: none"> ▶ Continuing slight growth in modern contraceptive prevalence rate (mCPR)
Impact	Kongo Central	Mixed/stable	<ul style="list-style-type: none"> ▶ Increase in mCPR after a slight downward trend

Summary dashboard: Enabling environment

The government's release of funds for contraceptive procurement continues to be slow and difficult to track. A reproductive health law, repealing the 1920s law prohibiting use of FP, went into effect in March 2019.

Funding for the purchase of contraceptives

\$0

National funds released for purchase of contraceptives in 2019



Two provinces, Sud Kivu and Kinshasa, allocated funds for FP commodities in 2019

Reproductive health and FP law

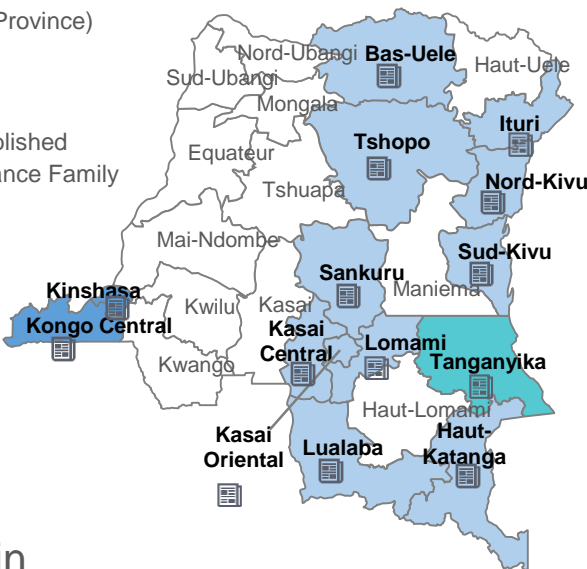


The law for reproductive health and FP went into effect in March 2019. This repealed the 1920s law which prohibited FP use.

CTMPs grew

14 provinces established CTMPs over the past four years.

- CTMP established (BMGF deep investment Province)
- CTMP established
- CTMP newly established
- CTMP has not been established
- Province reached by Advance Family Planning (AFP)



1

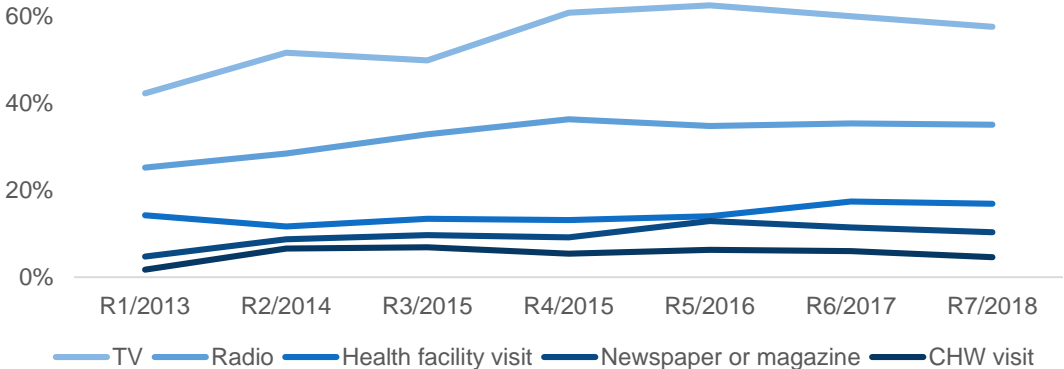
New provincial CTMP established in 2019: Tanganyika

Summary dashboard: Demand generation

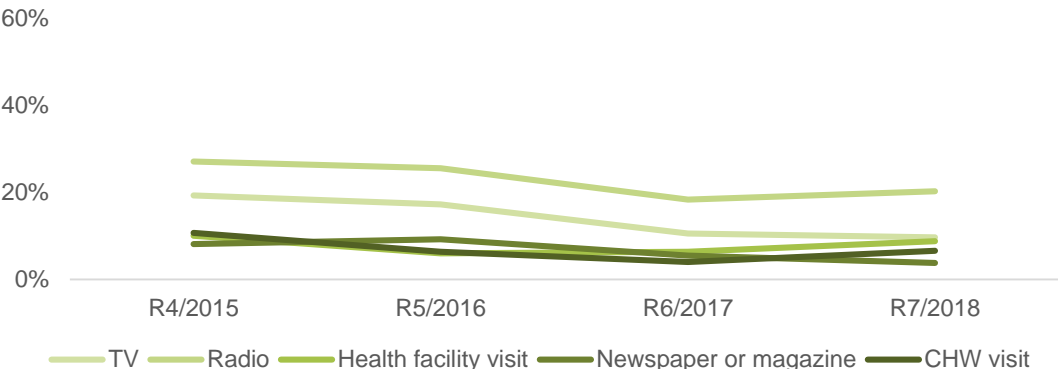
Overall, demand has been relatively stable at a moderate level for several years in both Kinshasa and Kongo Central.

Media exposure to FP messaging is stable in Kinshasa, and declining in Kongo Central.

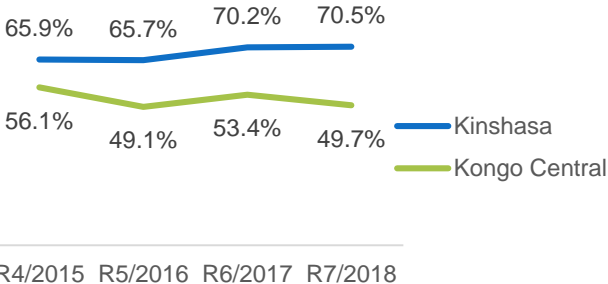
All women exposure to FP messages, Kinshasa



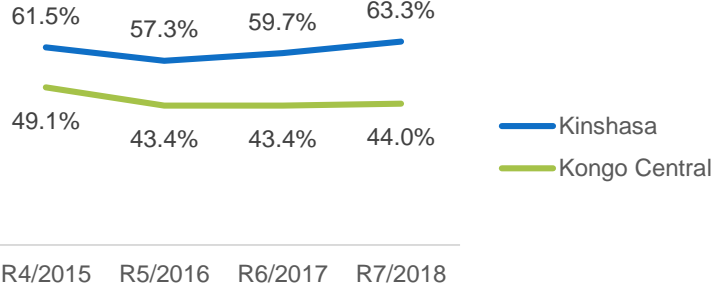
All women exposure to FP messages, Kongo Central



Intention to use among youth



Intention to use among all women

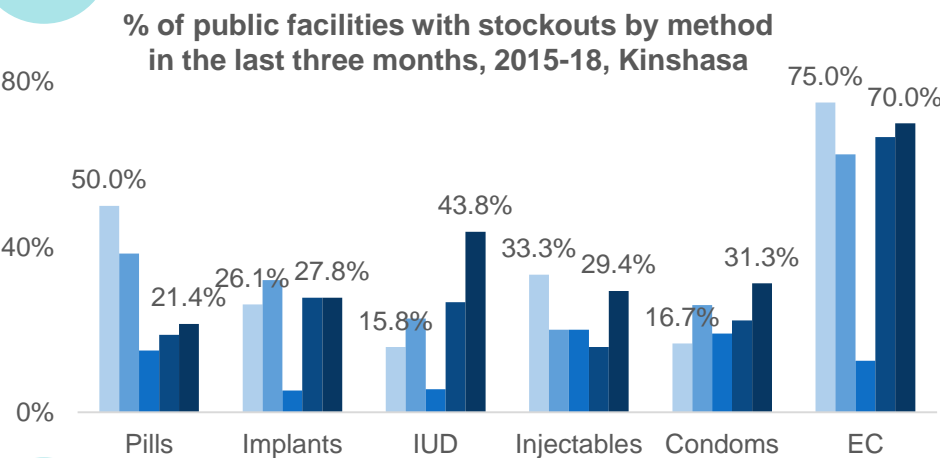


Overall demand for women and youth has not increased significantly, but from 2015 onwards there is a slight increase in Kinshasa.

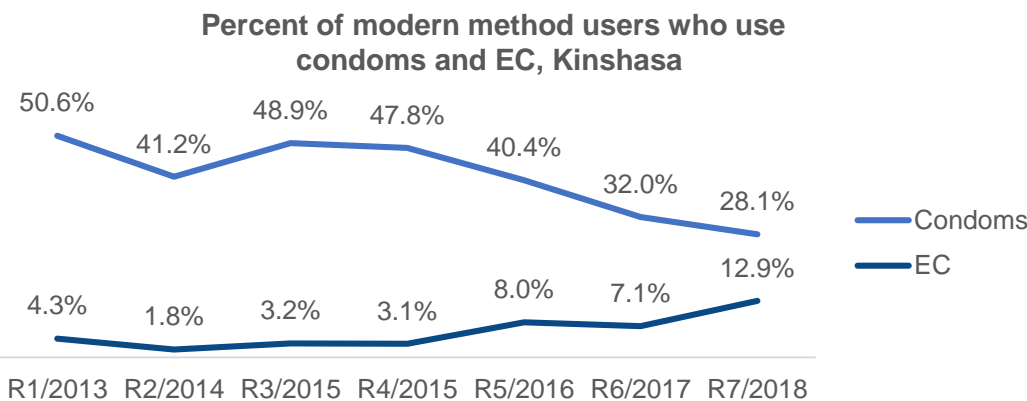
Summary dashboard: Service delivery

Contraceptive access has shown mixed results in Kinshasa, but has generally improved in KC public facilities. We see a rising share of DMPA-SC and EC use in the modern method mix.

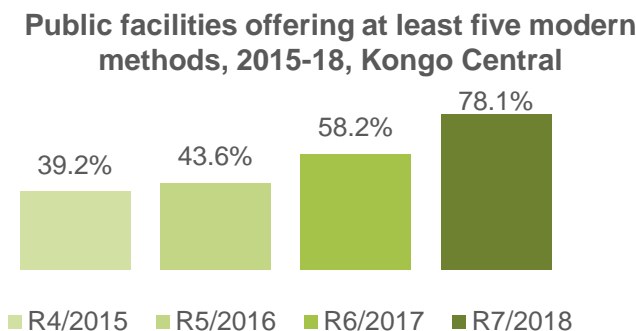
Stockouts increase in Kinshasa



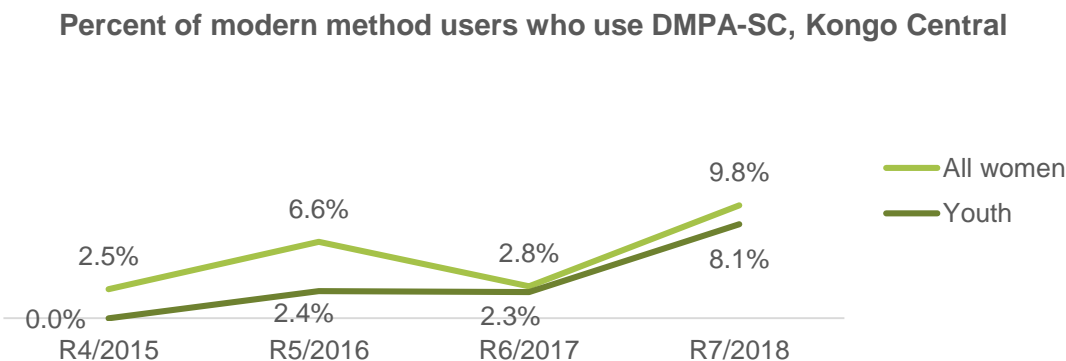
The modern contraceptive method mix is shifting



Public facility methods increase in KC



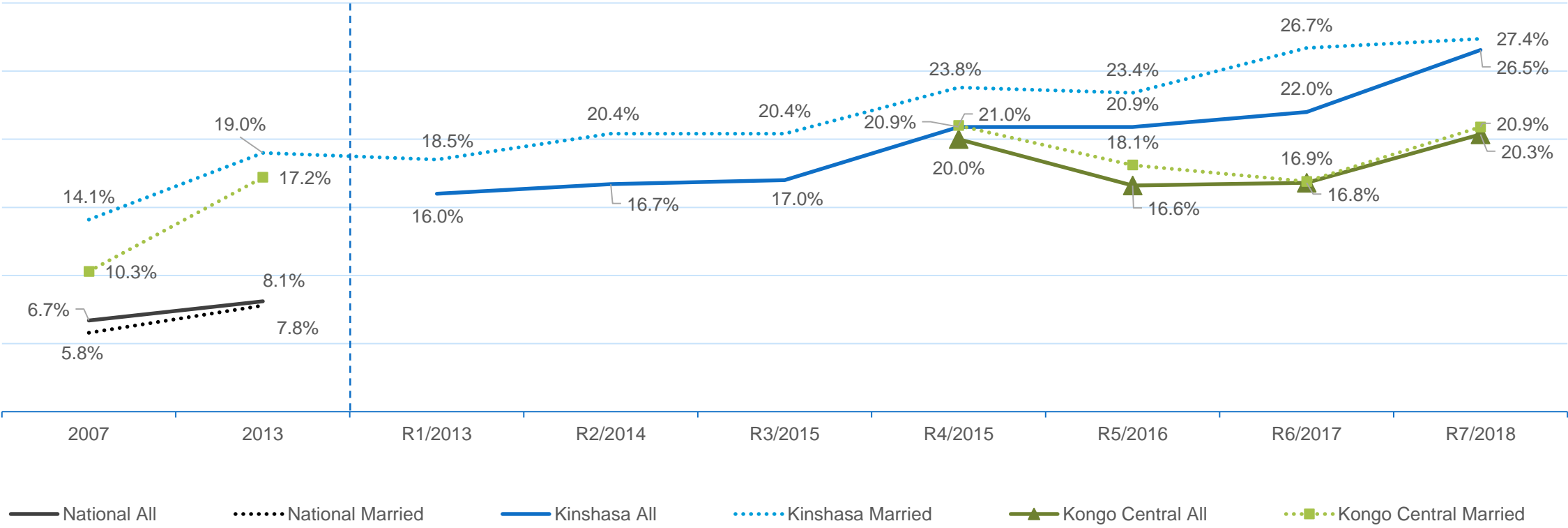
DMPA-SC share increasing in KC



Summary dashboard: Impact

Use in Kongo Central is increasing after a slight downward trend, while in Kinshasa use is steadily increasing.

mCPR longer-term trends



Timeline of scale-up and BMGF expansion

2016

2017

2018

2019

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

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 CBD
- ▶ DKT expansion of FP sales via boat up the Congo River

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.

Service Delivery

- ▶ Nursing student CBD are now trained to insert/remove Implanon NXT.

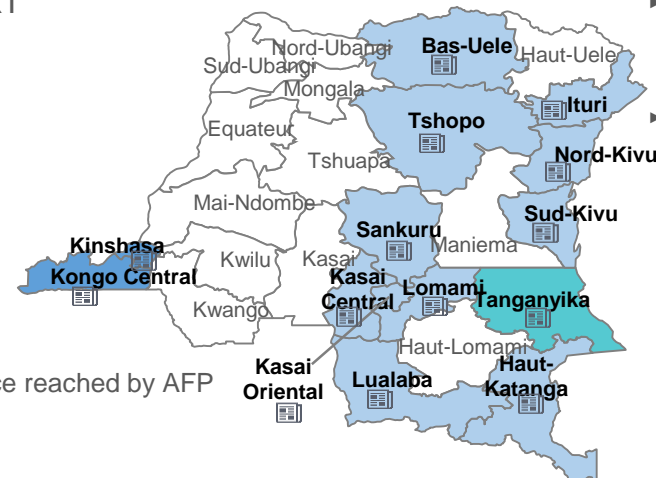
Enabling environment

- ▶ AFP & AcQual III scale-up of CTMPs in 14 provinces

Service Delivery

- ▶ Jhpiego, EngenderHealth, Pathfinder and the PNSR are working to scale-up the PPFP approach to all public health structures in Kinshasa
- ▶ PROMIS is scaling-up models, tools, and approaches that grantees developed with the MoH to other provinces
- ▶ AcQual III, ExpandNet and D6 scaled-up CBD training in nursing schools to Lualaba and Tanganyika
- ▶ Nursing school curriculum now includes training on DMPA-SC self-injection

DRC CTMP scale-up, 2019



■ CTMP established (BMGF deep investment Province)
■ CTMP established

■ CTMP newly established
■ CTMP has not been established

■ Province 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

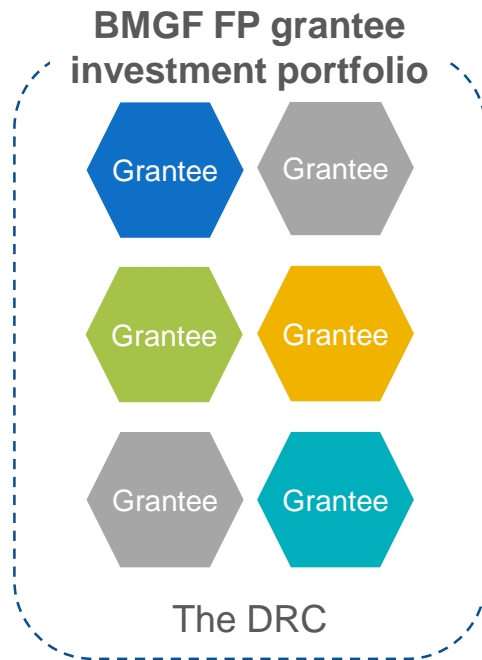
Active for four years (2016-2019), FP CAPE has analyzed multiple rounds of quantitative and qualitative data to understand how/why the BMGF DRC FP portfolio may be driving changes.

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.

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.

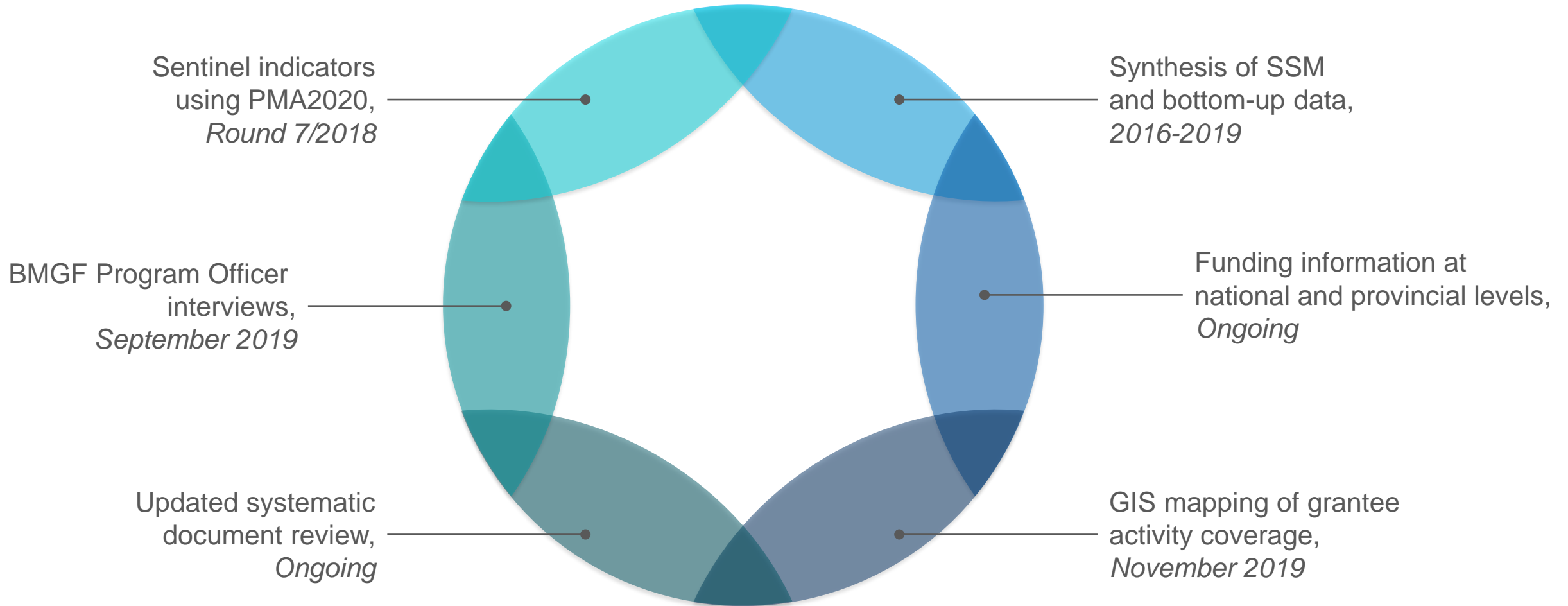
Simple evaluation approaches are not sufficient to understand the portfolio of grantees at a country level.



FP CAPE
Family Planning
Country Action Process Evaluation

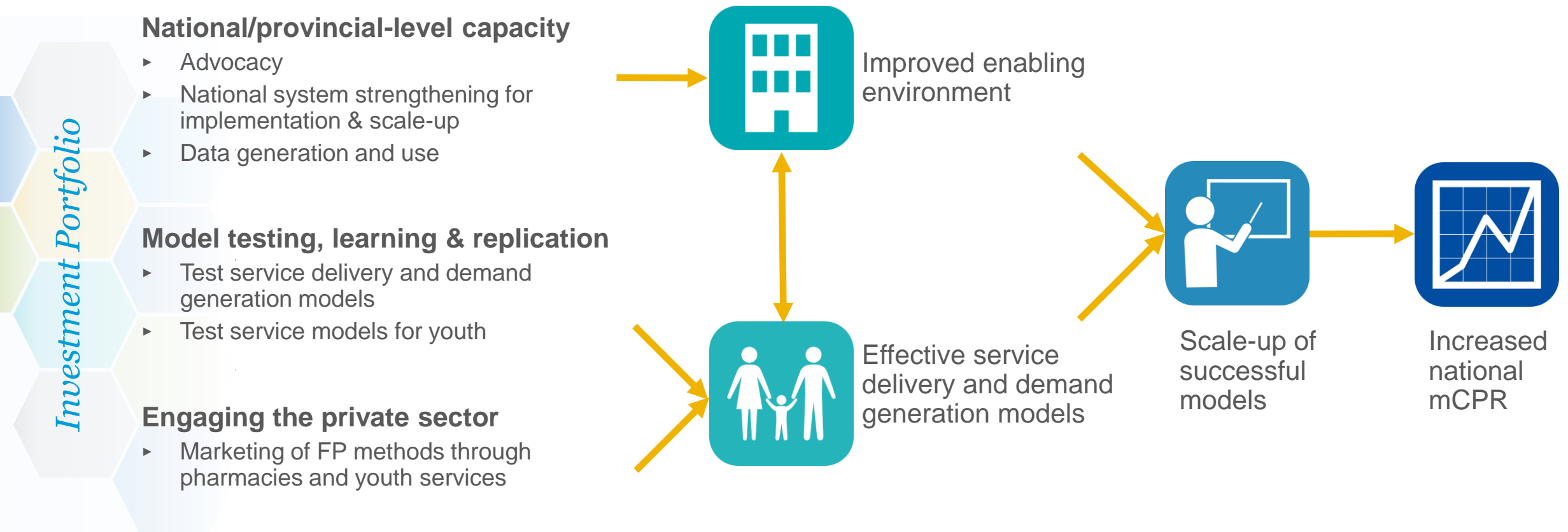
FP CAPE synthesizes a variety of DRC data sources

We utilize qualitative and quantitative information, including our own data-collection activities to add to the body of evidence on BMGF-funded FP activity in the DRC.



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



EngenderHealth
for a better life



Data generation and use



Momentum



EngenderHealth
for a better life

Model testing, learning & replication

Service delivery and demand generation models



Bien Grandir 2



EngenderHealth
for a better life



Momentum AcQual III

Service models for youth



EngenderHealth
for a better life



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.

		Project area	Critical assumptions
 Investment Portfolio		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
 Outcomes		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



DRC: Findings

Targeted evaluation findings and new results



Enabling environment

DRC findings

Enabling Environment

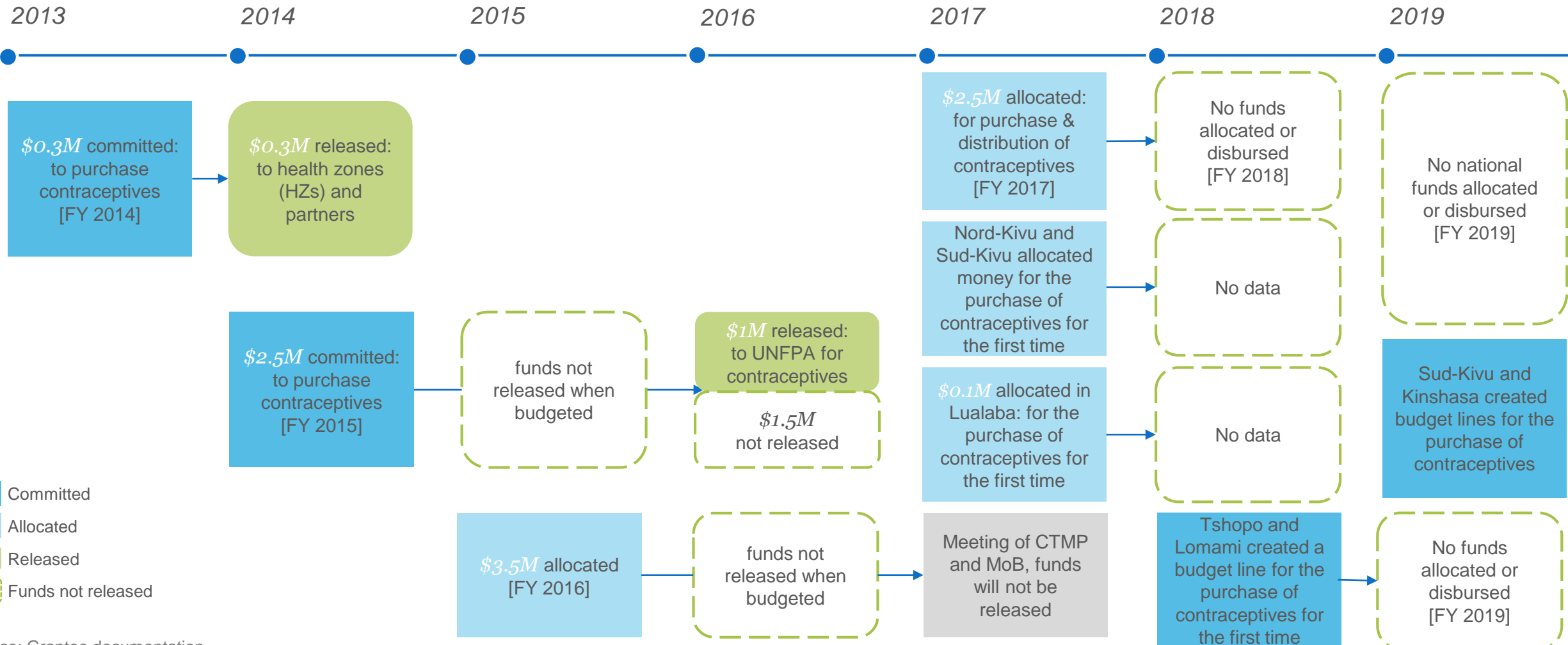
Critical assumptions	Expected changes	Sentinel indicators
<i>Favorable FP policies are enacted</i>	Enabling environment improved	<ul style="list-style-type: none"> ▶ FP2020 government commitments ▶ Instances of policy changes related to FP
<i>PNSR & PNSA coordinate partners in support of national & provincial 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 government FP funding status

While money is consistently committed or allocated to FP, disbursement issues for contraceptive procurement results 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



Legislation that impacts FP officially ratified

A previously documented law and code were officially passed in the DRC.

ToC critical
assumption

Favorable FP policies are
enacted

- ▶ Public health law with FP provision went into effect in March 2019
 - ▶ Repeals and replaces the 1920s colonial law prohibiting use of FP
 - ▶ Protects access to FP services for all women (including adolescents and youth)
 - ▶ Protects a woman's choice to use FP, even without spousal support
- ▶ Mining Code increases companies' responsibilities
 - ▶ Requires the support of socially-responsible programs by mining companies
 - ▶ Advocates are pushing for investment in FP
- ▶ Nursing school curriculum updated to include trainings on self injection of DMPA-SC
- ▶ Guidelines and curricula for PPFP are updated



DRC CTMPs continued to expand in 2019

Tanganyika province added a CTMP in 2019, resulting in a total of 14 provinces with CTMP. The national CTMP organized two national events in 2019.

ToC critical
assumption

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

One new province,
Tanganyika, added
a CTMP in 2019

+1

Added province

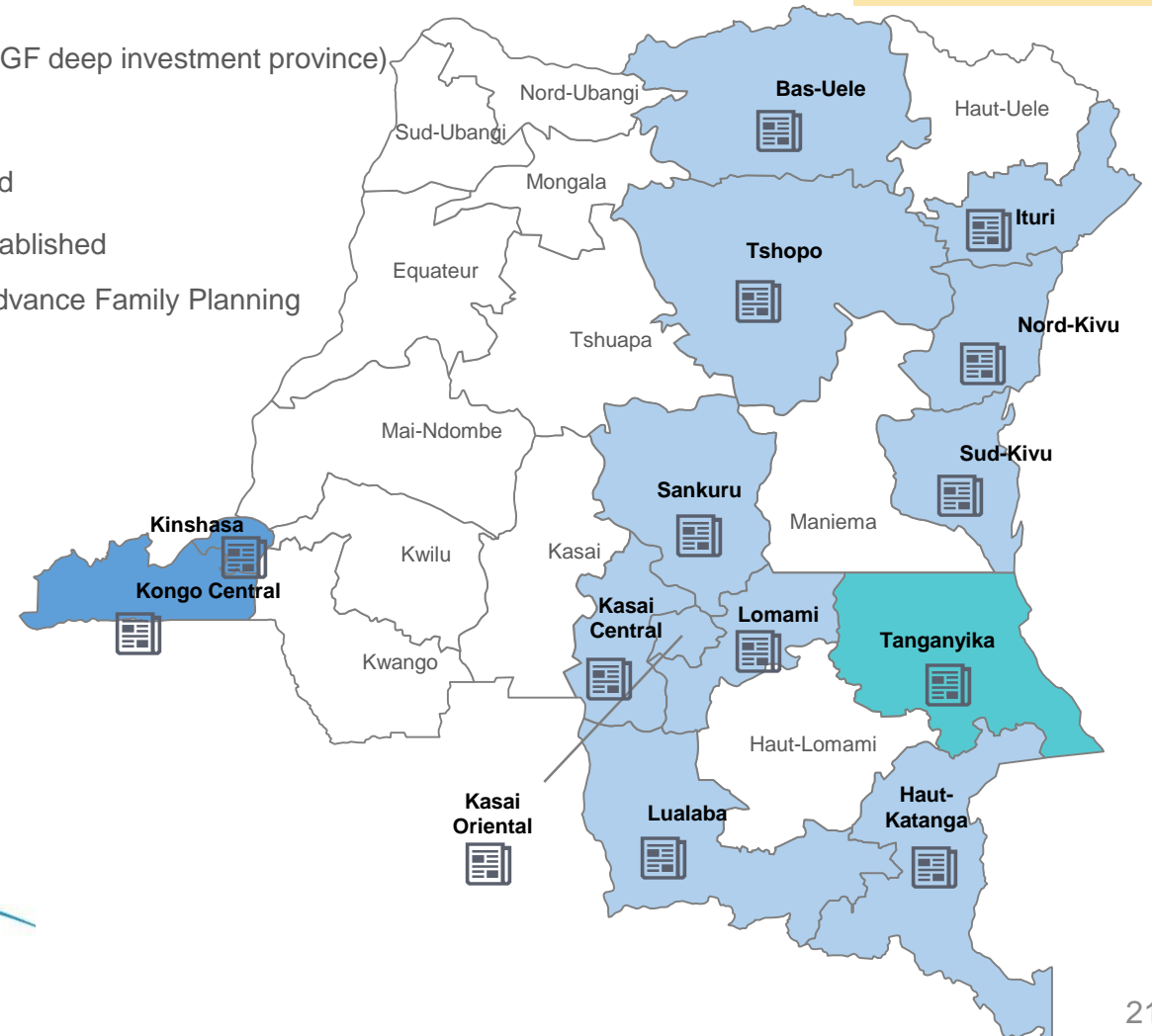
Provinces with
CTMP

14

Total provinces

CTMP organized two national events in 2019: the “Consensus Meeting” of all national CTMPs in April and the 4th National Conference to Reposition FP in December. CTMP held several national meetings in preparation for these events.

- CTMP established (BMGF deep investment province)
- CTMP established
- CTMP newly established
- CTMP has not been established
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4th National Conference to Reposition FP, December 3-5, 2019

A diverse range of high level FP stakeholders met to discuss best practices, celebrate successes and create an action plan for 2020 and beyond.

ToC critical
assumption

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

Topics of discussion

- ▶ Demographic dividend
- ▶ Domestic resource mobilization strategies of the central and provincial governments
- ▶ Mobilization of more resources from the private sector, including mining companies
- ▶ Increasing FP service use, particularly among youth and adolescents
- ▶ Innovations in providing FP services
- ▶ Current legal environment of FP in the DRC, including the evolution of legal framework such as the Public Health Law and the Maputo Protocol
- ▶ Involvement of media in advocacy to mobilize additional resources for FP

Key moments

- ▶ **Government/donor round table** – focused on the mobilization of additional resources for FP
- ▶ **Mining company meeting** – involving the private sector as part of their social responsibility work
- ▶ **Field visit** – medical school students who provide community FP services
- ▶ **Youth pre-conference** – culminating in reading the youth statement on the last day of the conference



Recommendations from the National Conference

Participants identified areas of improvement for four main sectors/groups in the FP community.



CTMP	Private Sector
<ul style="list-style-type: none">▶ Organize the final evaluation of the National Strategic Plan of FP (2014-2020)▶ Write the new Strategic FP Plan for the period 2021-2025 with a focus on more services for adolescents and young people	<ul style="list-style-type: none">▶ Invest more in FP as part of social and societal responsibility
Government	FP2020 and constituents
<ul style="list-style-type: none">▶ Honor the commitments for FP, including the disbursement and use of funds▶ Initiate reforms that focus on women's health and education▶ Initiate reforms to ensure that mining companies include FP interventions in their specifications	<ul style="list-style-type: none">▶ Increase investments in FP for the DRC and mobilize new investments in favor of the DRC▶ Set up the Central Africa Partnership with its headquarters in Kinshasa, similar to the Ouagadougou Partnership

Summary dashboard: Enabling environment

The government's release of funds for contraceptive procurement continues to be slow and difficult to track. A reproductive health law, repealing the 1920s law prohibiting use of FP, went into effect in March 2019.

Funding for the purchase of contraceptives

\$0

National funds released for purchase of contraceptives in 2019



Two provinces, Sud Kivu and Kinshasa, allocated funds for FP commodities in 2019

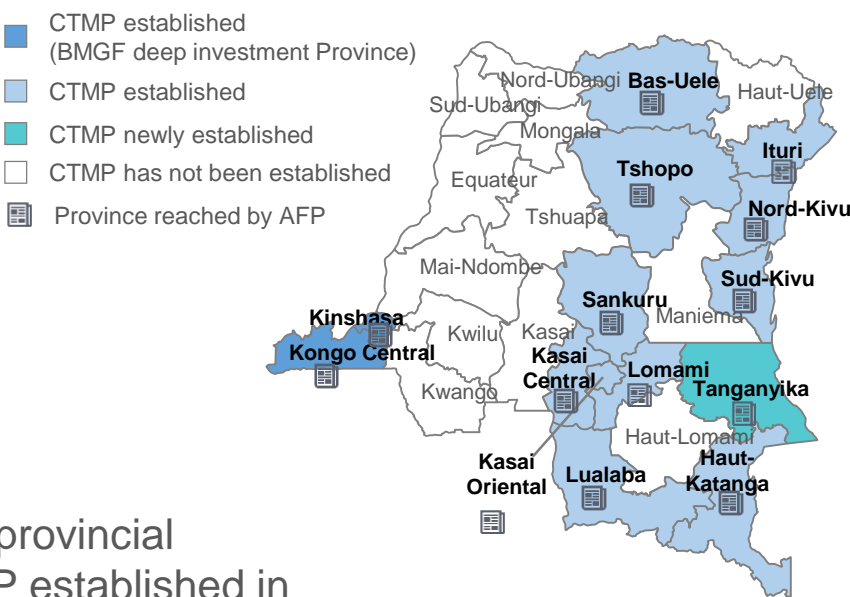
Reproductive health and FP law



The law for reproductive health and FP went into effect in March 2019. This repealed the 1920s law which prohibited FP use.

CTMPs grew

14 provinces established CTMPs over the past four years.



1

New provincial CTMP established in 2019: Tanganyika



Demand generation

DRC findings

Demonstration models: Demand generation

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



Program demonstration models
DRC

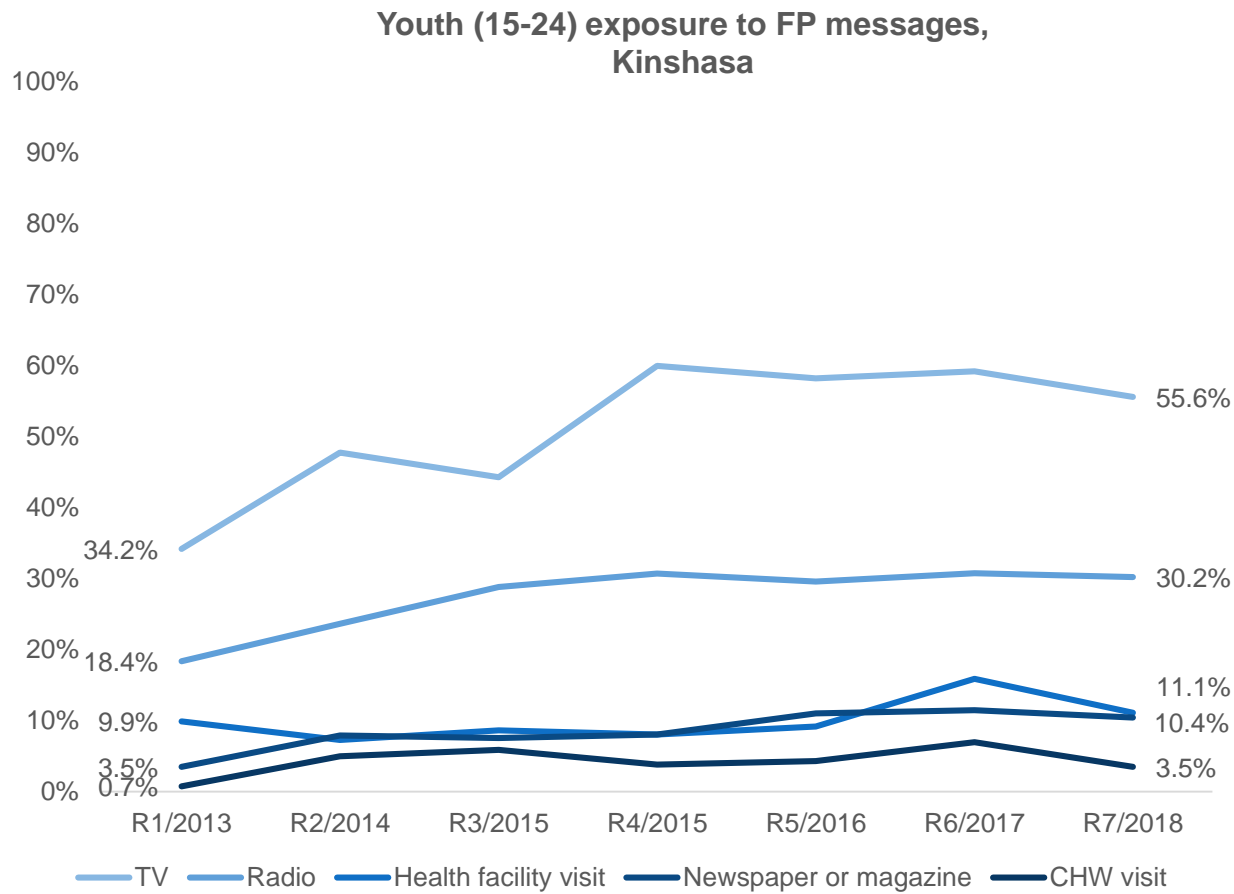
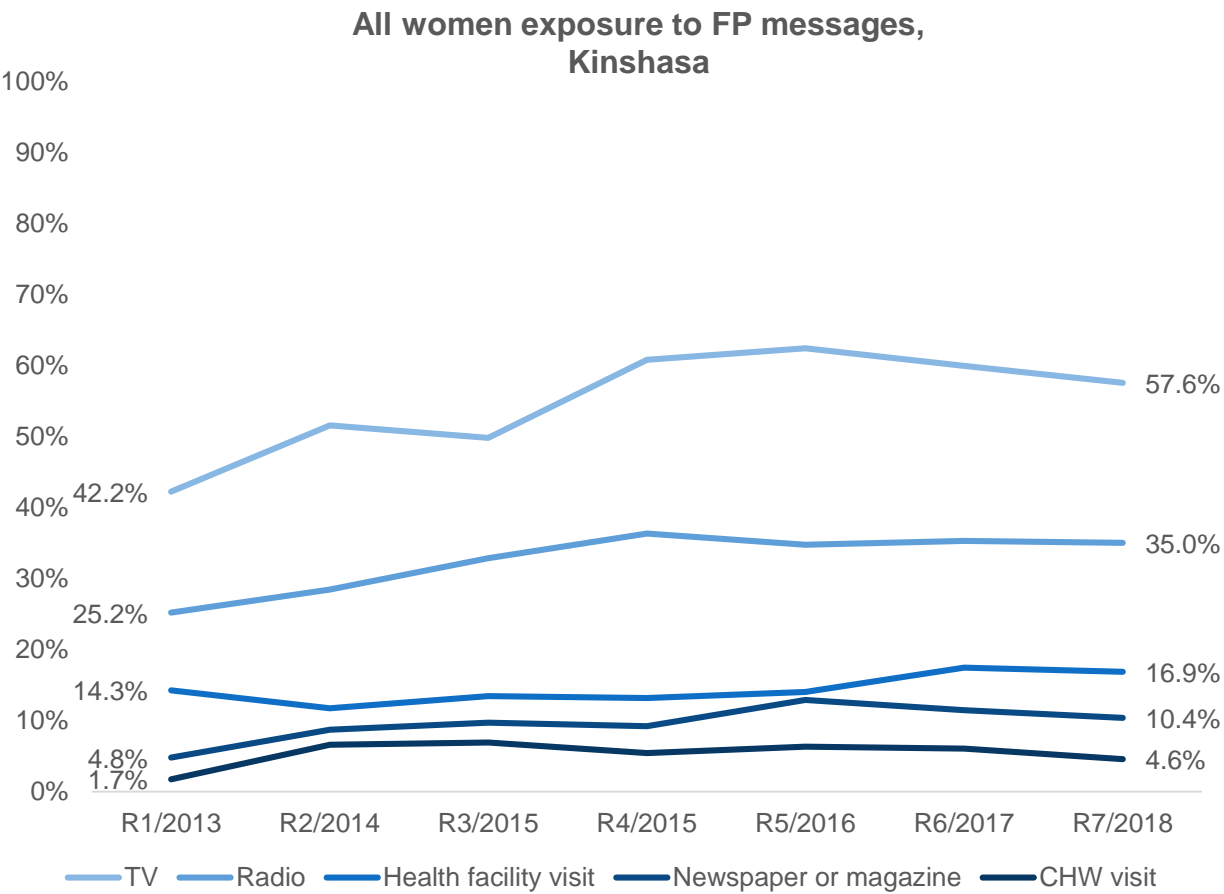
Critical assumptions	Expected changes	Sentinel indicators	Progress KIN/KC
<i>Model program strategies will create demand for modern FP</i>	Increased exposure to FP messages in focus provinces	▶ % of women exposed to FP messages through radio and TV (by age)	⊘ / ▼
	Increased intention to use FP among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

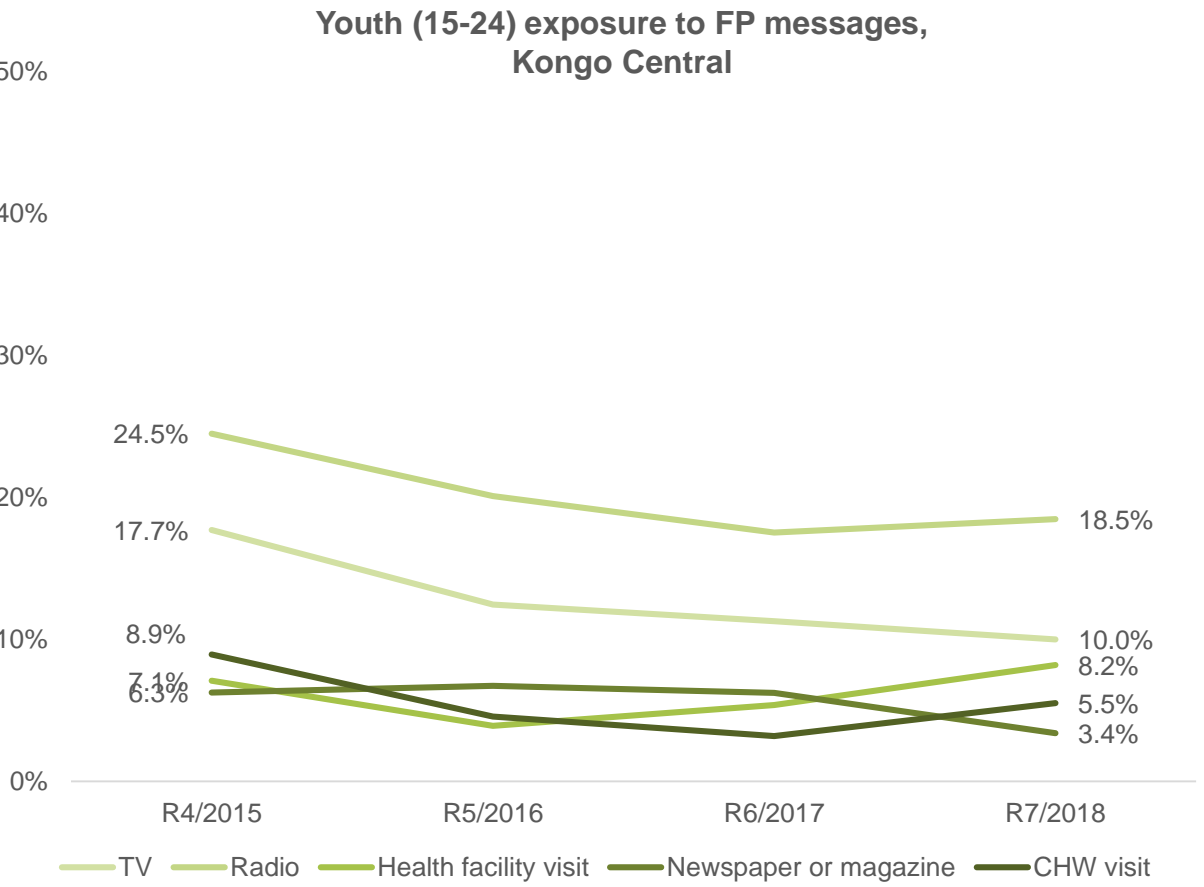
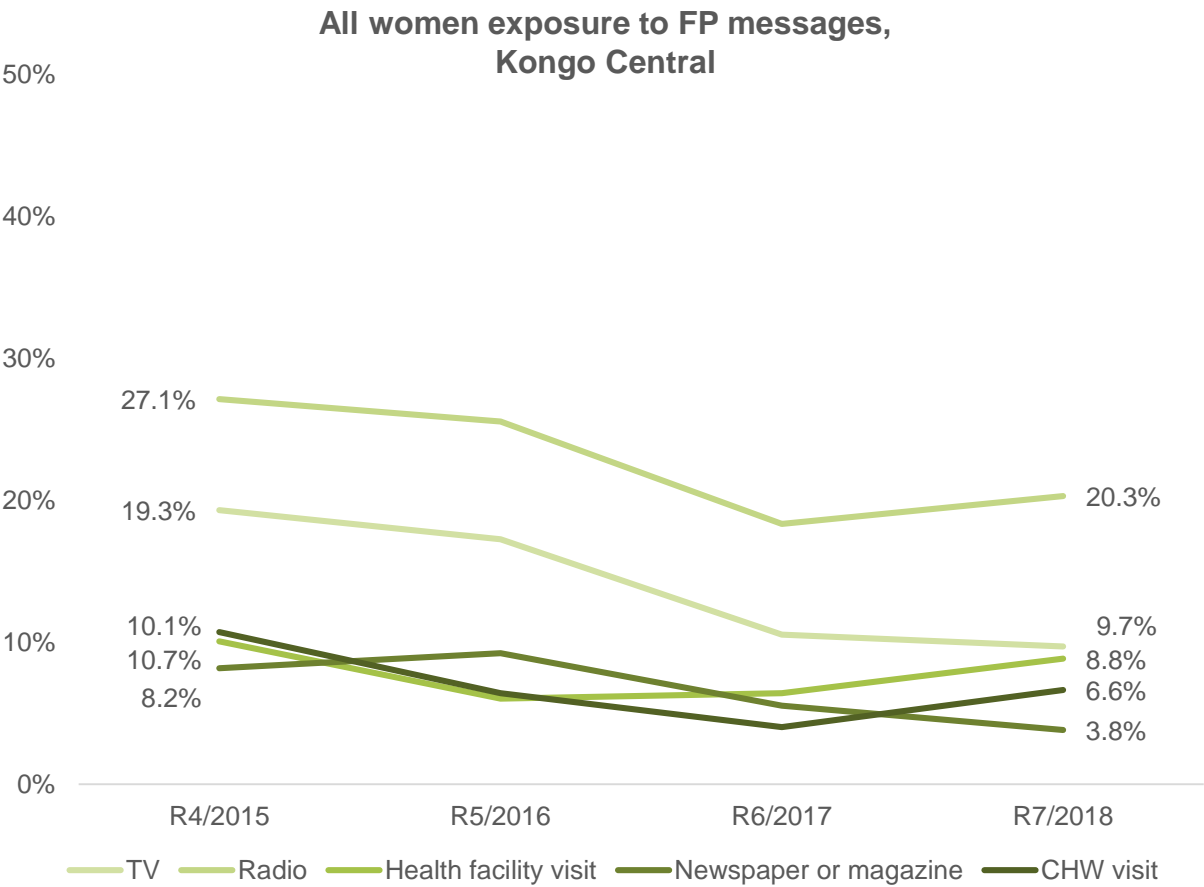


Exposure to FP messages in Kongo Central

Exposure to FP messages through mass media is declining. Exposure through facilities and CHWs may be increasing again after a slight decline.

ToC critical assumption

Model program strategies will create demand for modern FP



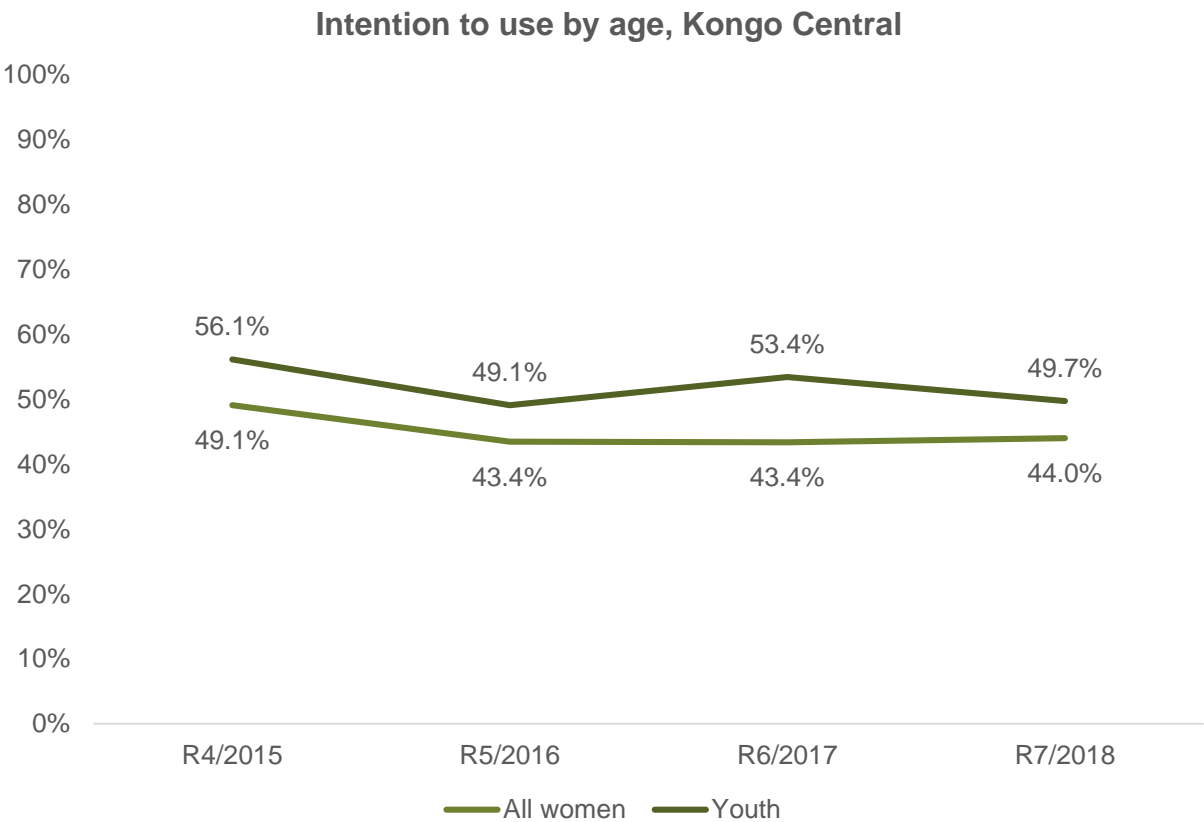
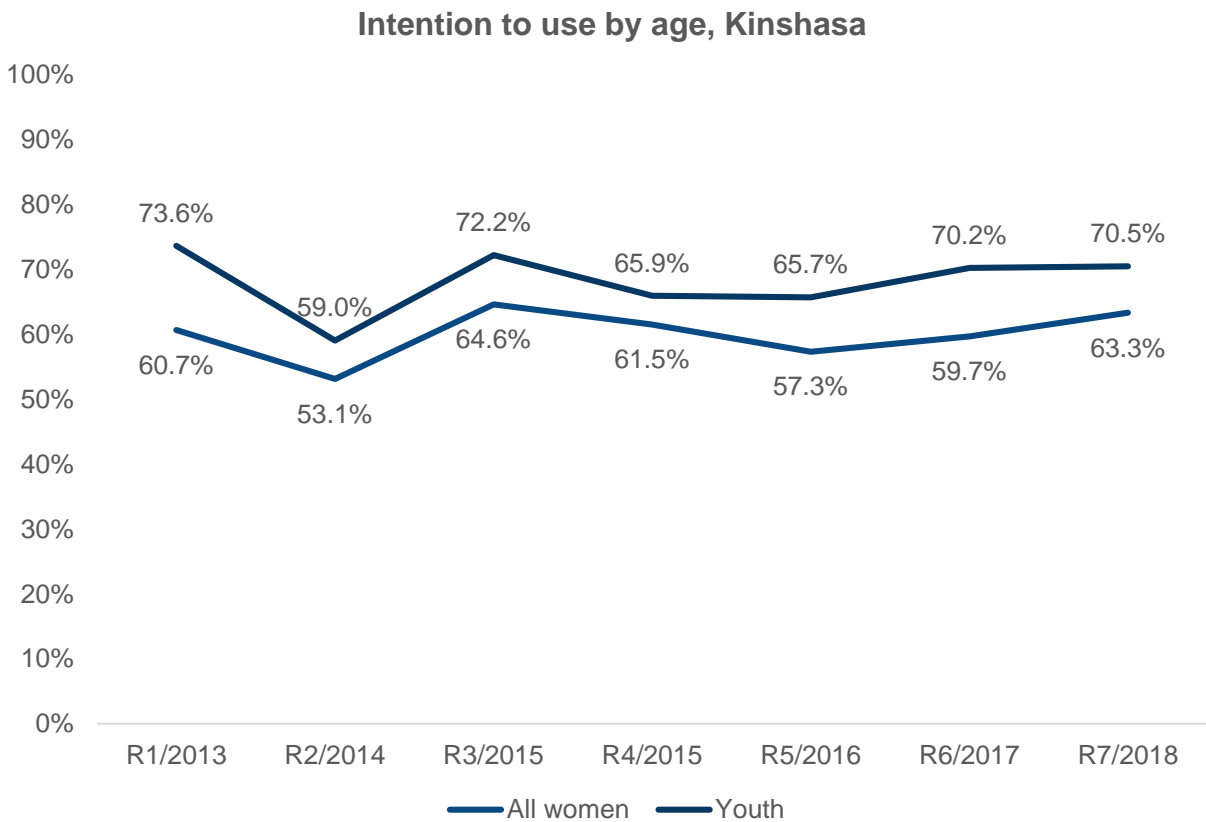
Intention to use FP, Kinshasa & Kongo Central

Intention to use FP in the future among non-users fluctuates from year to year but is fairly stable among women and youth in KC, and increased since 2016 in Kinshasa.

ToC critical assumption

Model program strategies will create demand for modern FP

Learning about sexual/RH behaviors improves youth-related outcomes

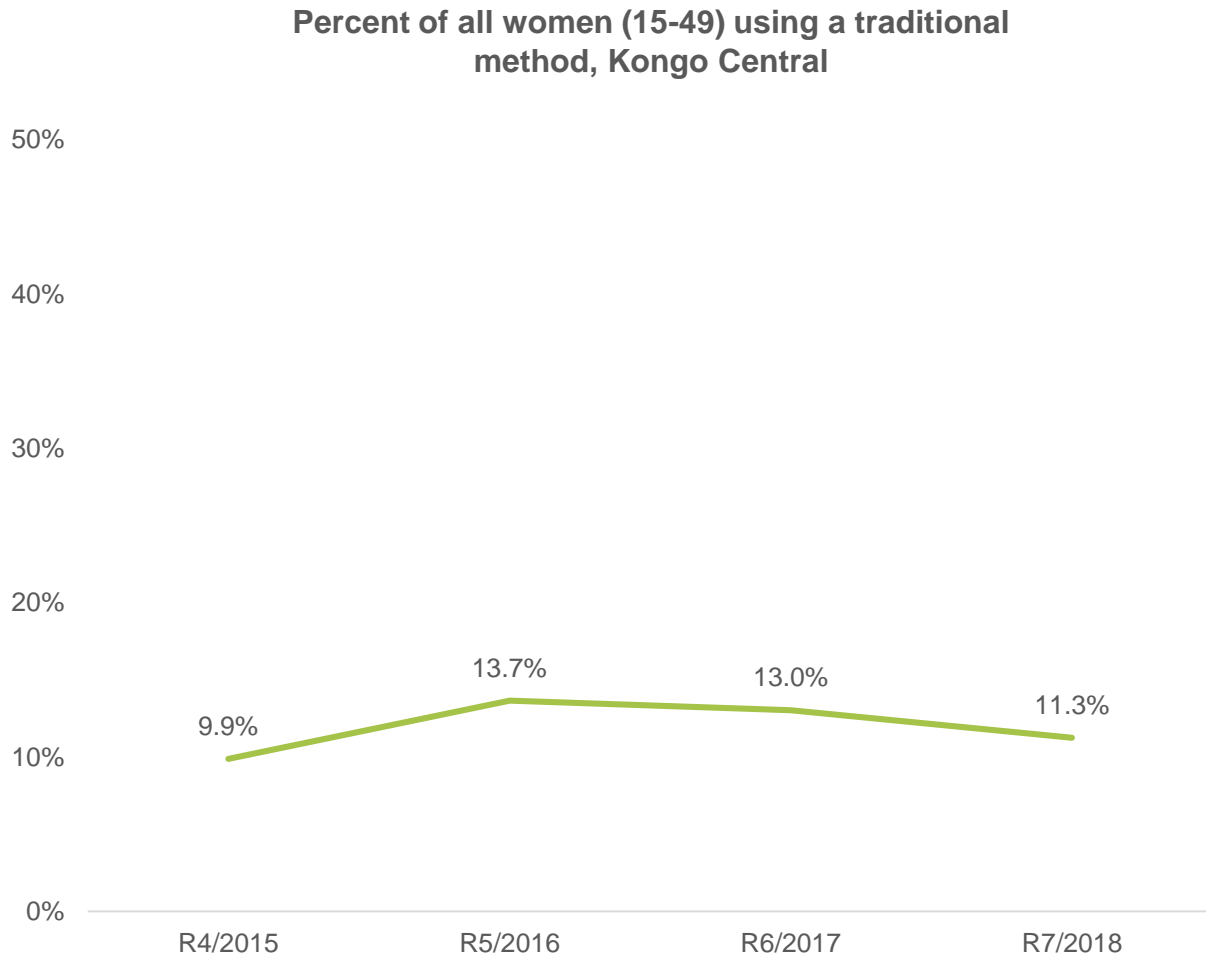
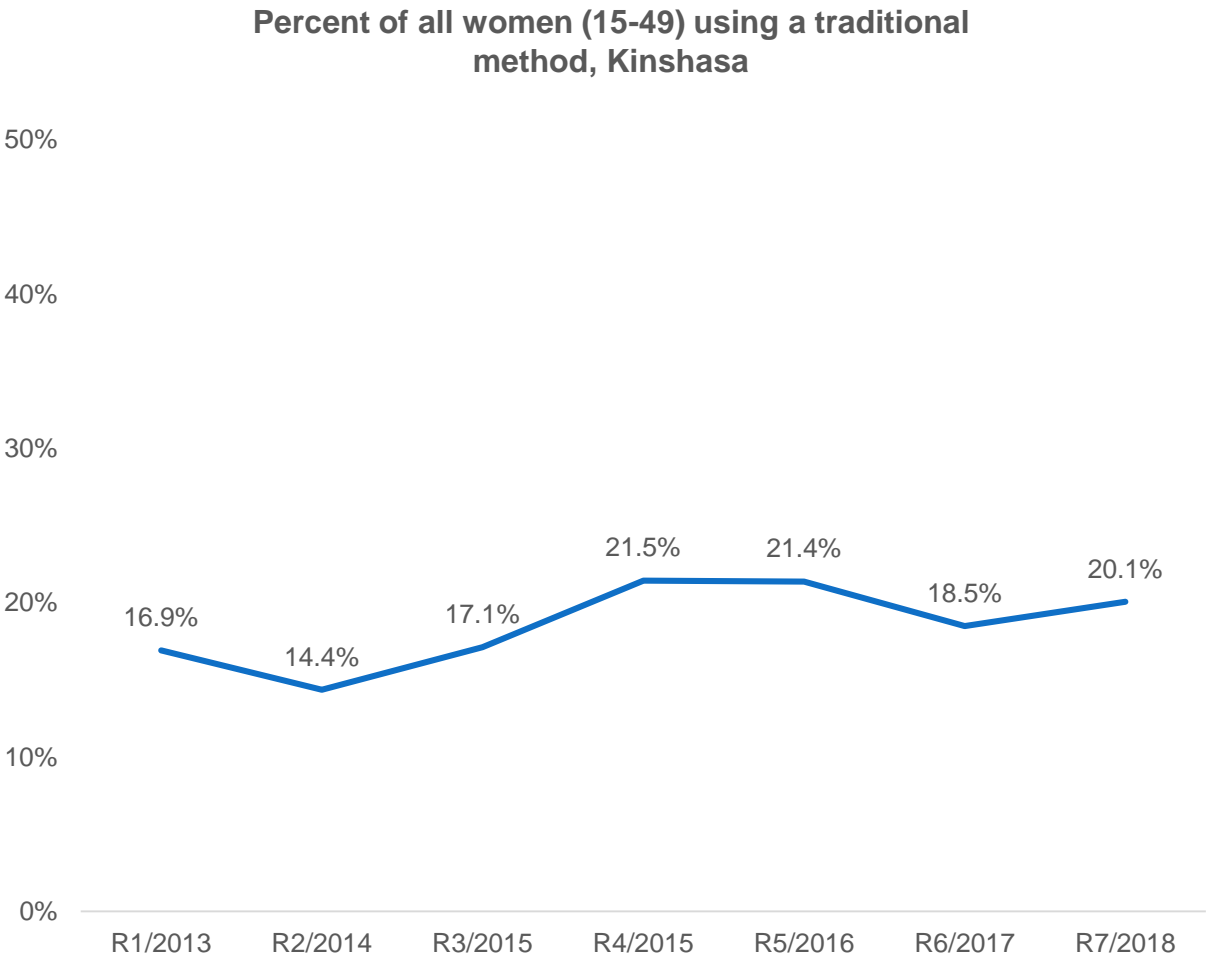


Traditional method use in Kinshasa & KC

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

ToC critical assumption

Model program strategies will create demand for modern FP

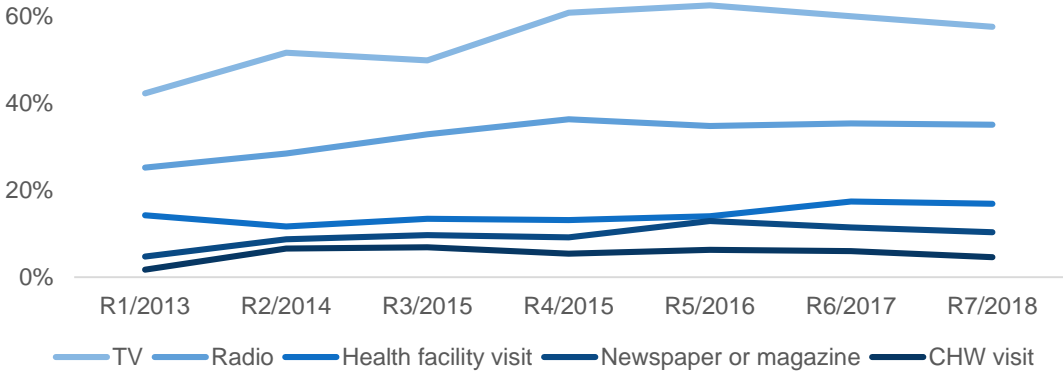


Summary dashboard: Demand generation

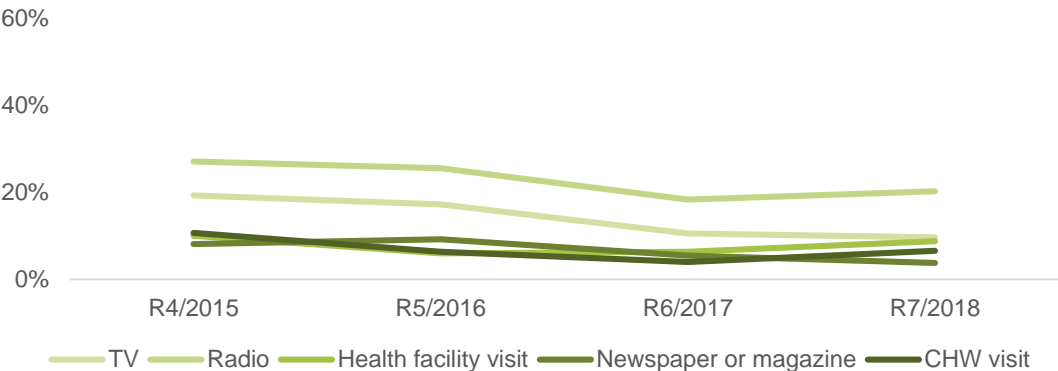
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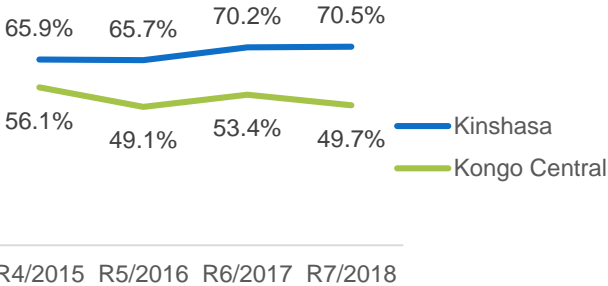
All women exposure to FP messages, Kinshasa



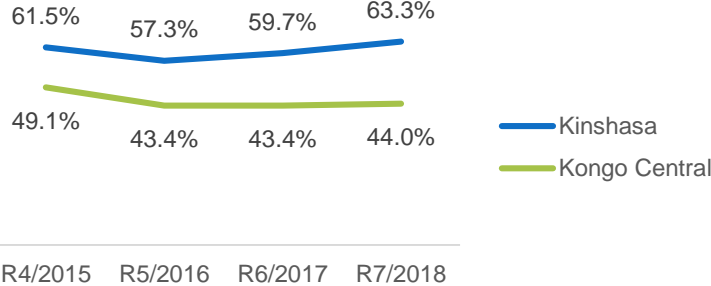
All women exposure to FP messages, Kongo Central



Intention to use among youth



Intention to use among all women



Overall demand for women and youth has not increased significantly, but from 2015 onwards there is a slight increase in Kinshasa.



Service delivery

DRC findings

Demonstration models: Service delivery

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



Program demonstration models
DRC

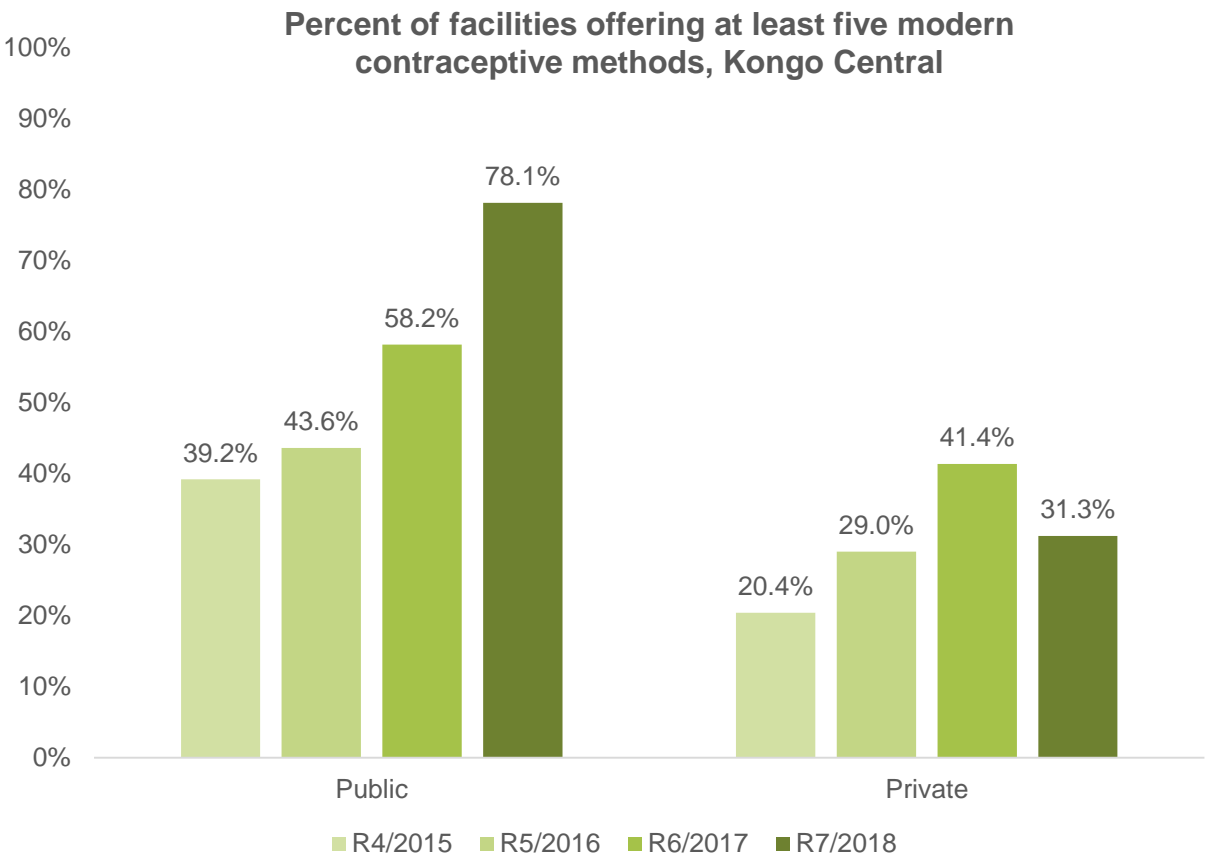
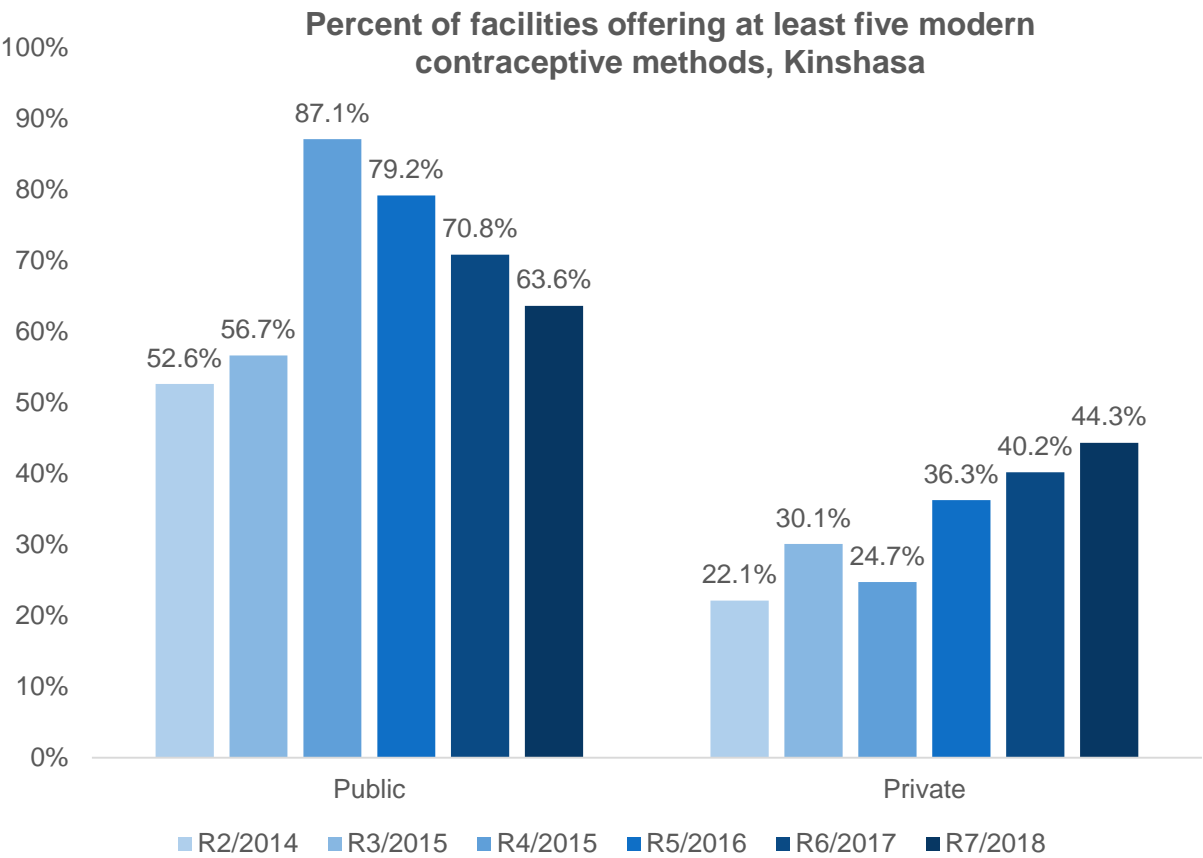
Critical Assumptions	Expected changes	Sentinel indicators	Progress KIN/KC
<i>Service delivery models increase quality and access to full range of services</i>	Access to services is increased in focus provinces	<ul style="list-style-type: none"> ▶ % of public facilities offering at least five modern contraceptive method ▶ % 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 stockouts 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 	○ / ▼

Facilities offering at least five modern methods is generally increasing in public facilities in KC

The percentage is also increasing in private facilities in Kinshasa. Public facilities are still the most likely to offer 5+ methods, though this is decreasing in Kinshasa.

ToC critical assumption

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

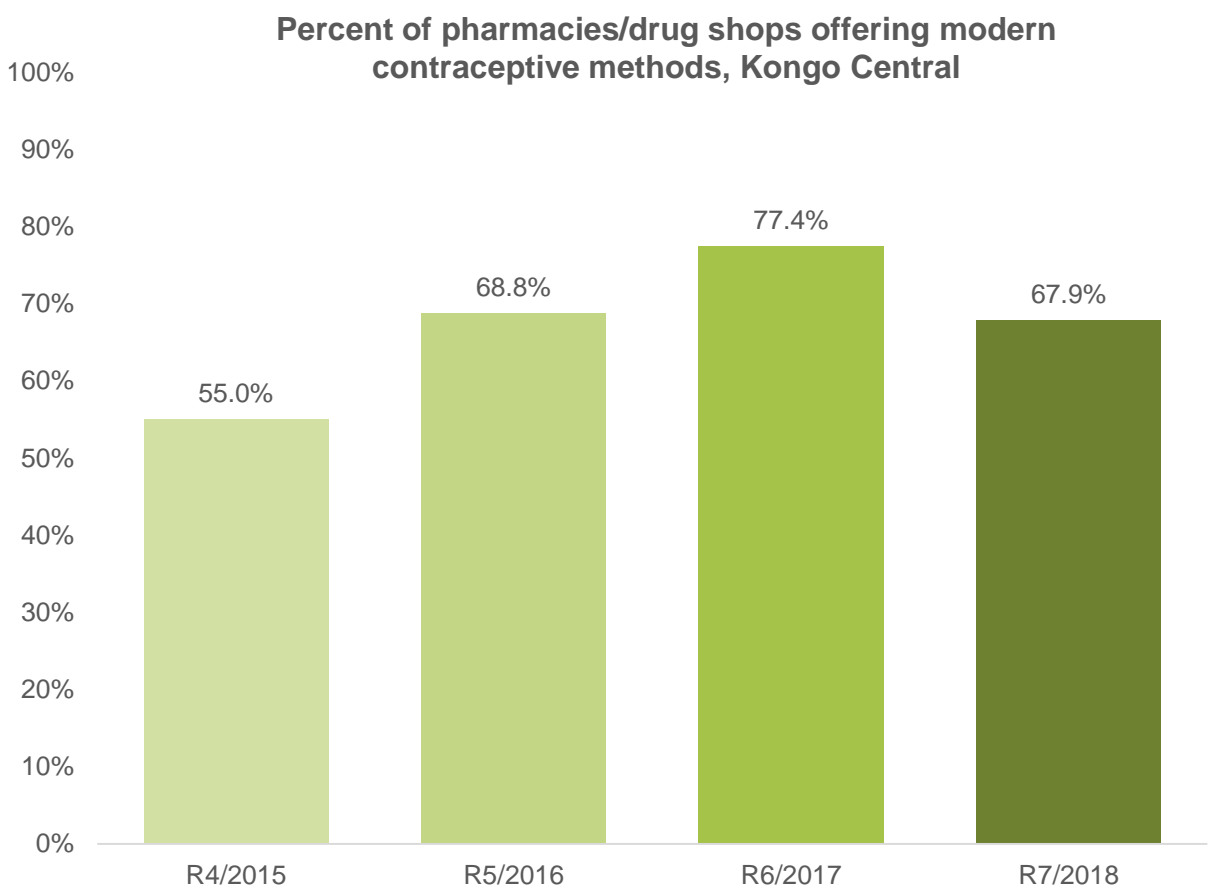
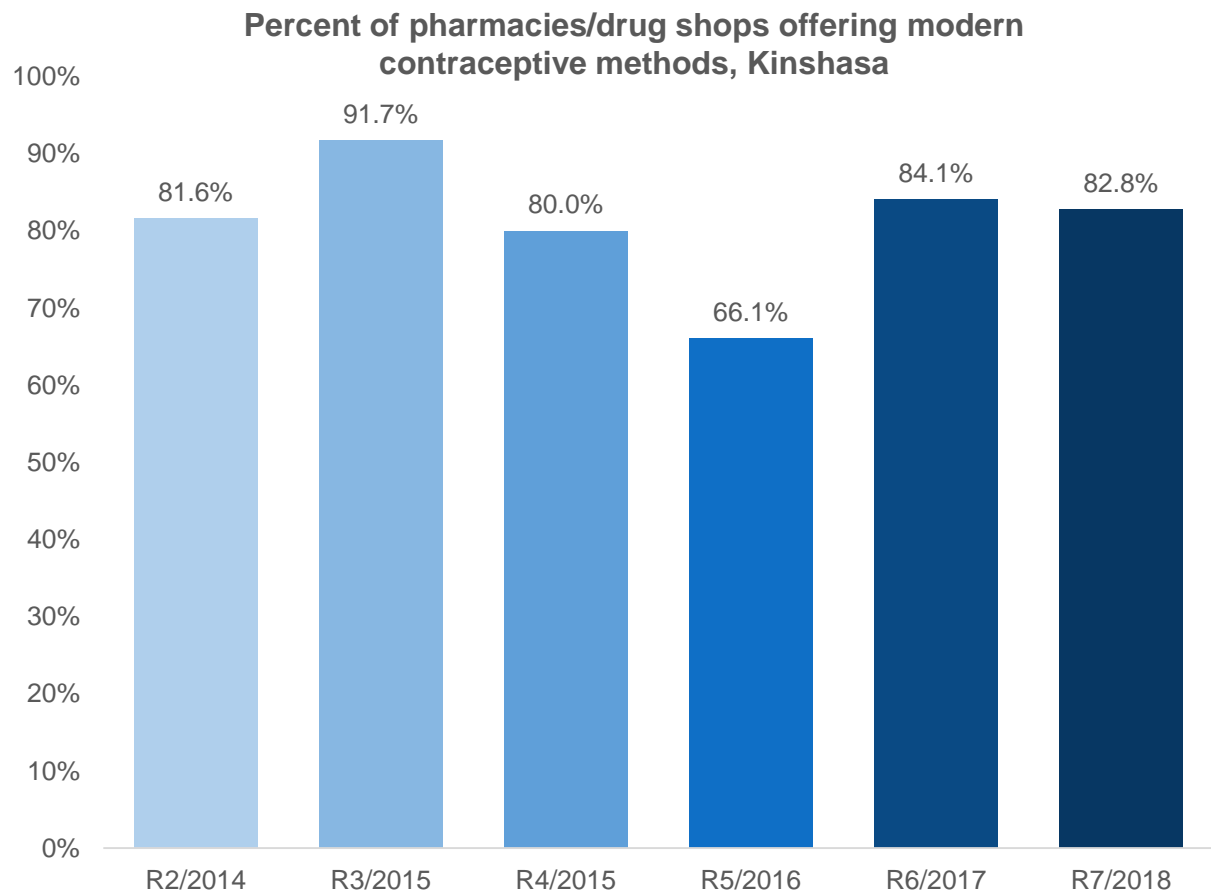


Access to products through pharmacies and drug shops is relatively flat

Both Kinshasa and Kongo Central have seen some annual fluctuations in pharmacy access.

ToC critical assumption

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

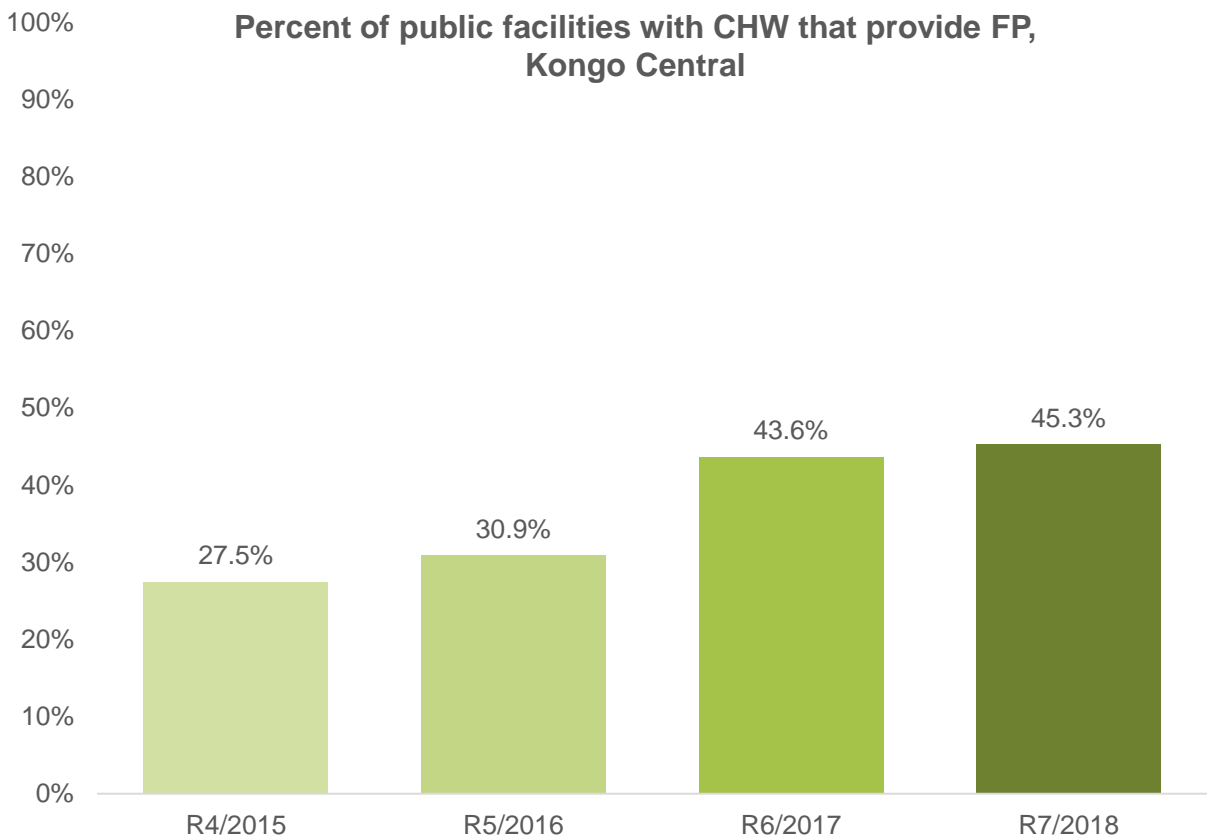
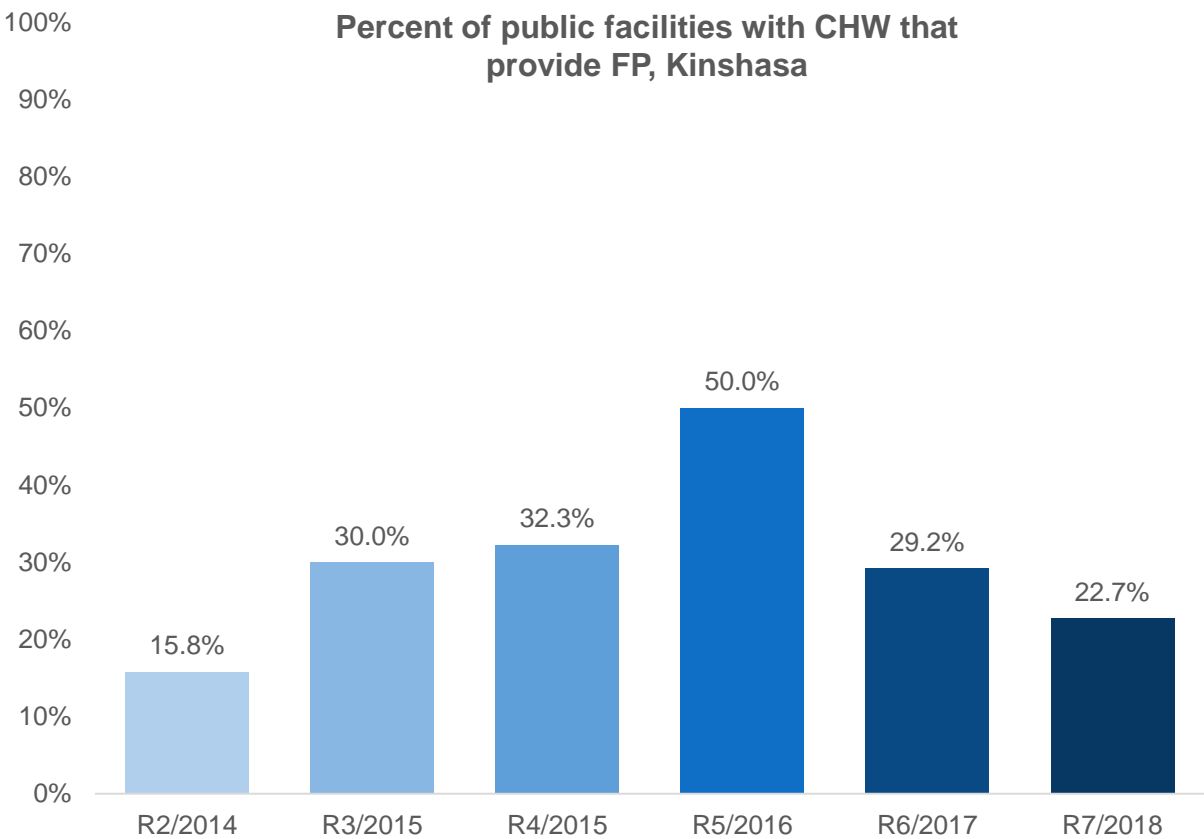


Public facilities with community health workers increased in Kongo Central

The percentage of facilities with CHW providing FP (condoms and pills) decreased in Kinshasa.

ToC critical assumption

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

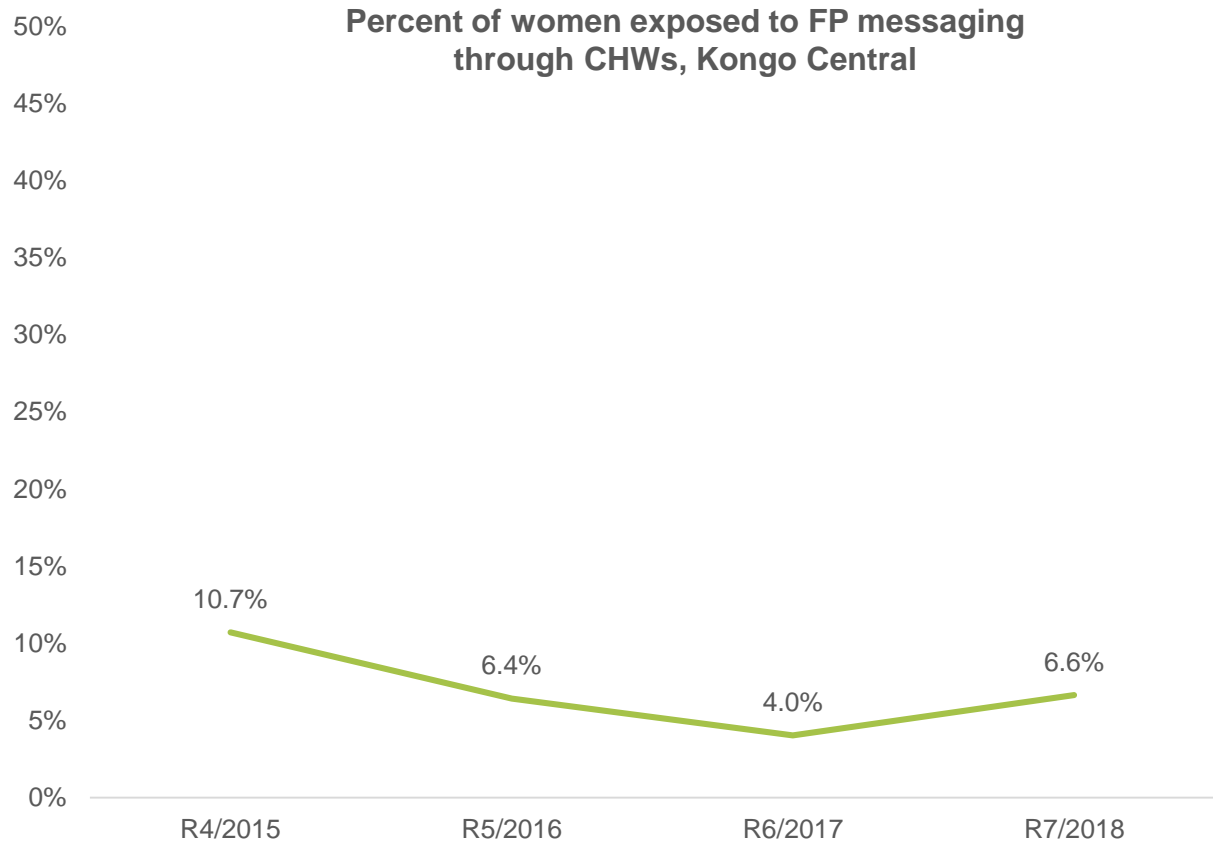
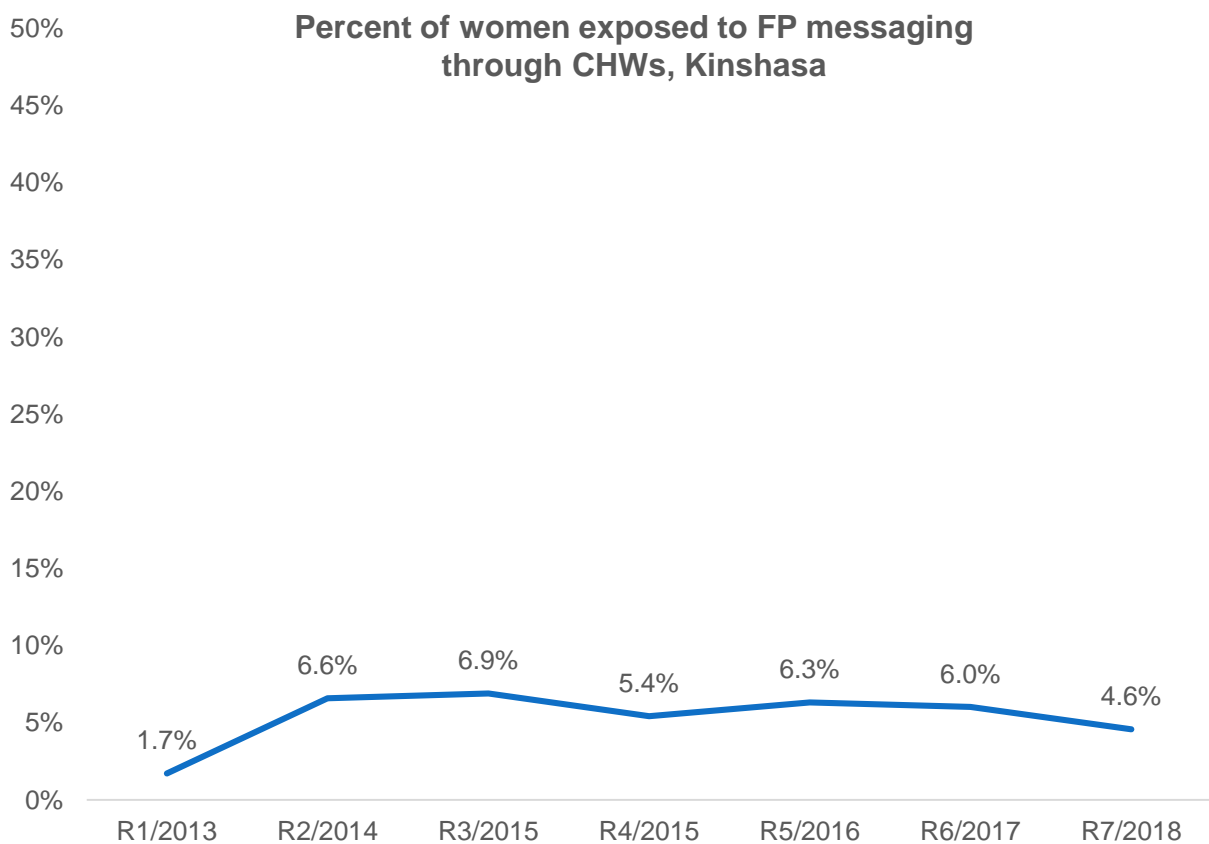


Both Kinshasa and Kongo Central had low exposure of women to FP messages from CHWs

Less than 7% of women report receiving FP messages from CHWs and this has not changed much since 2015 despite increases in facilities with CHWs providing FP in KC.

ToC critical assumption

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

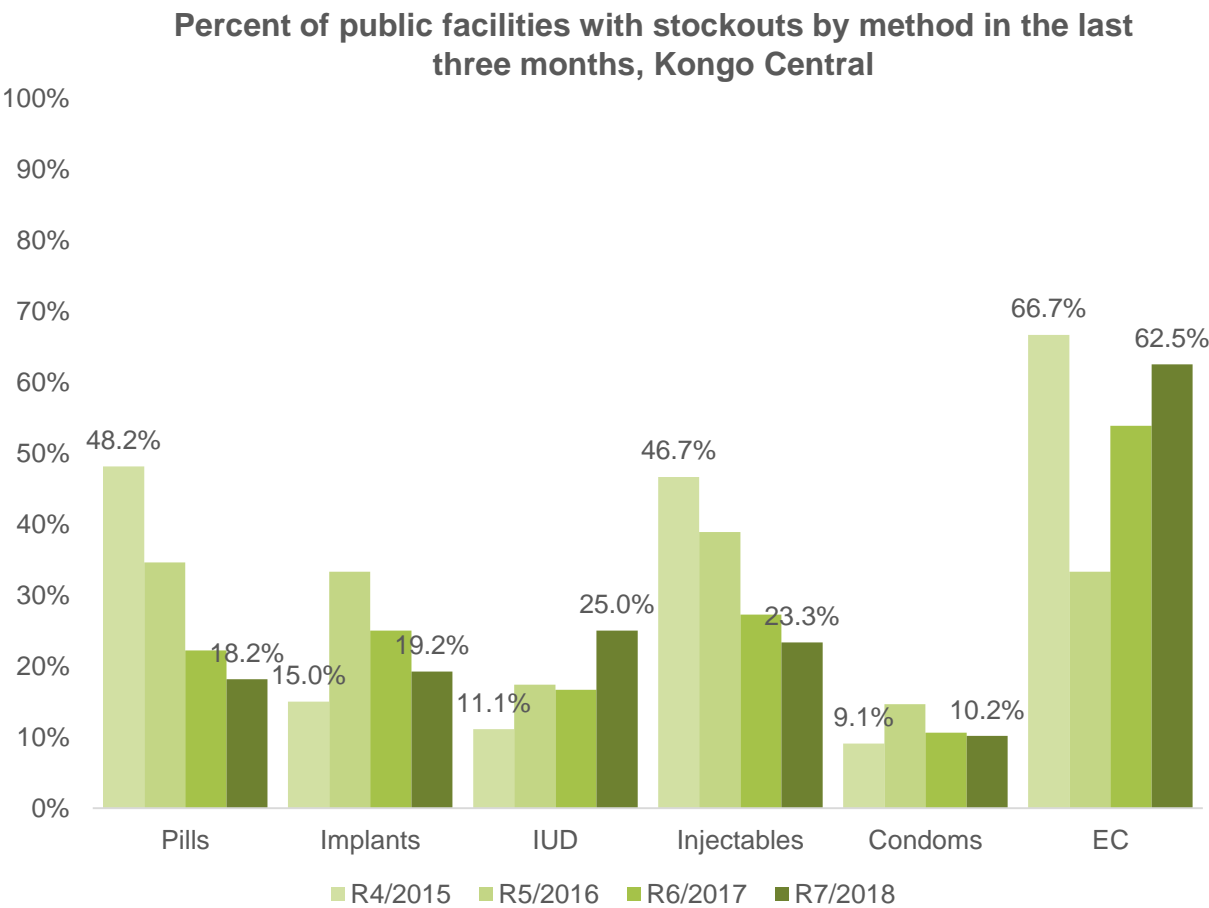
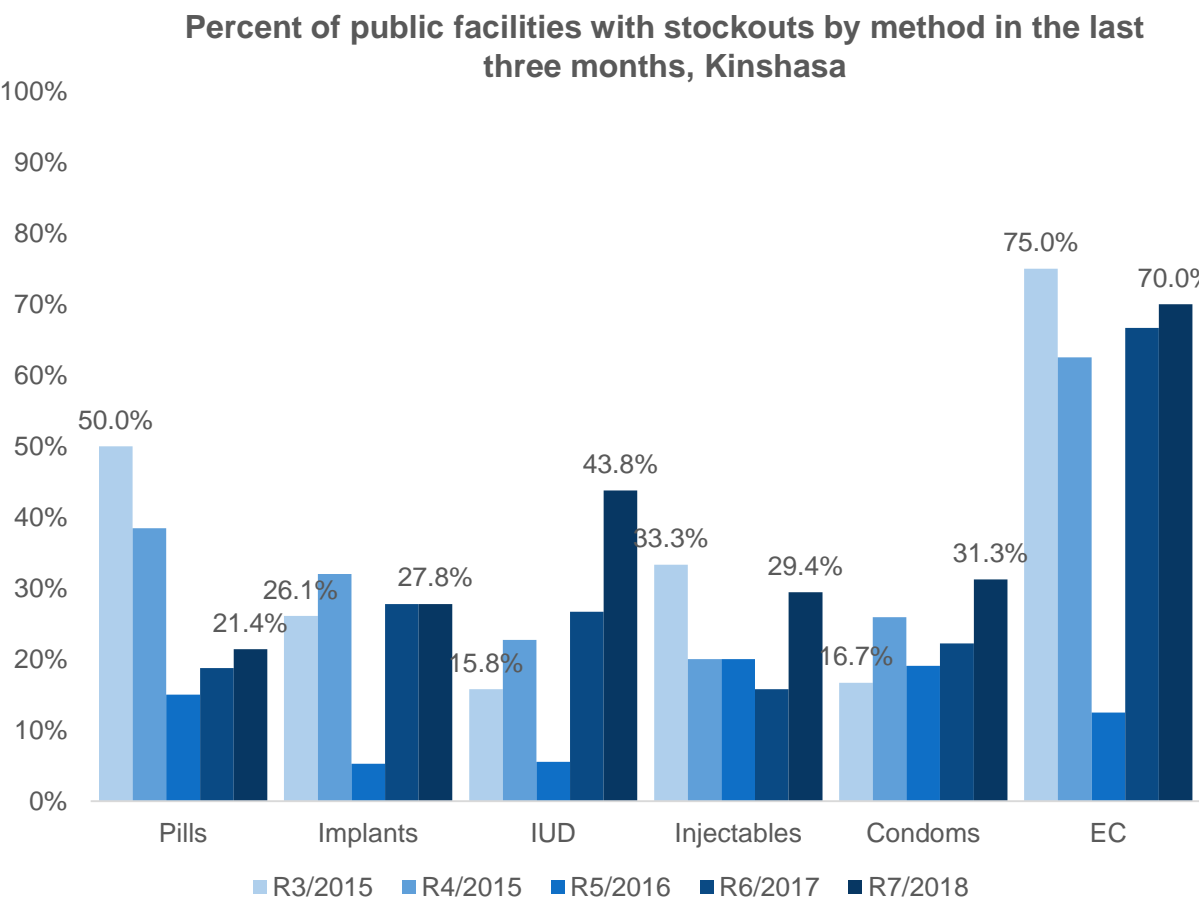


Stockouts are increasing recently in Kinshasa

In Kongo Central, IUD and EC stockouts are generally high and increasing, but implant, pill and injectable stockouts are decreasing.

ToC critical assumption

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

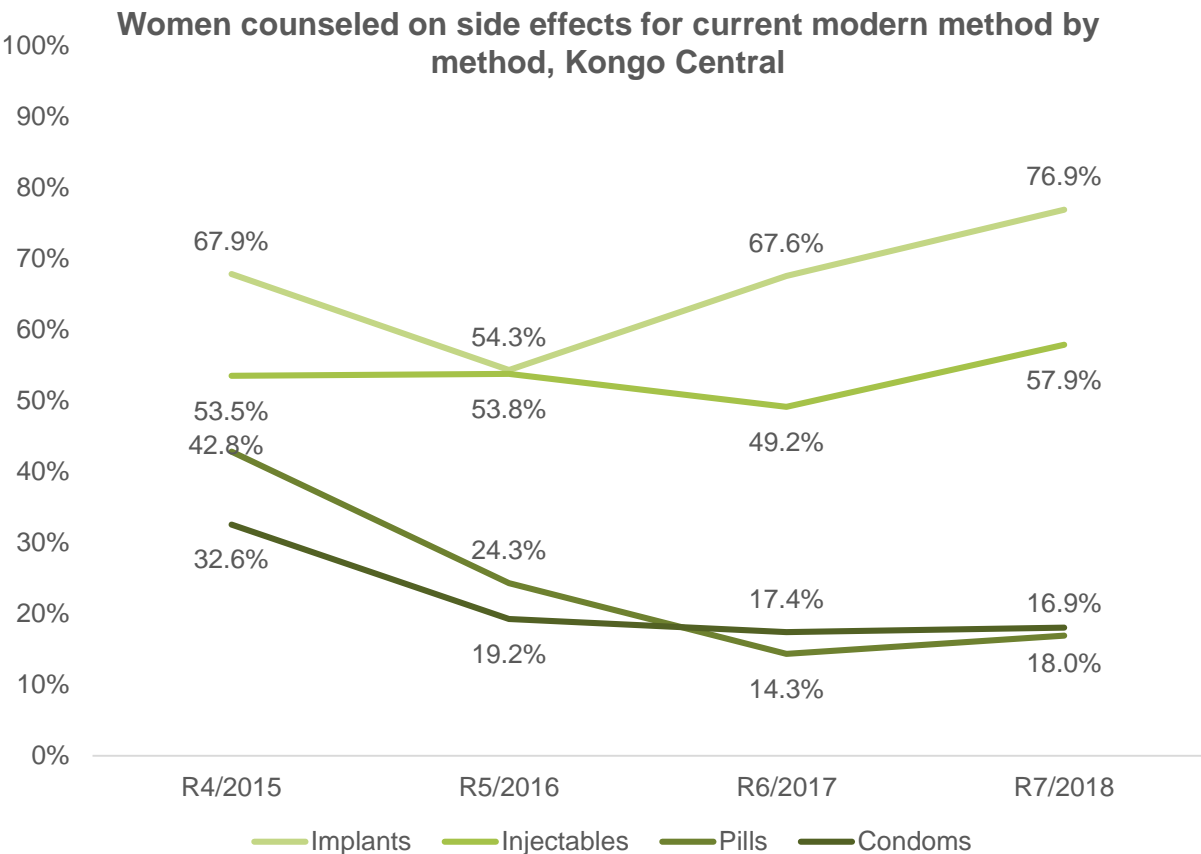
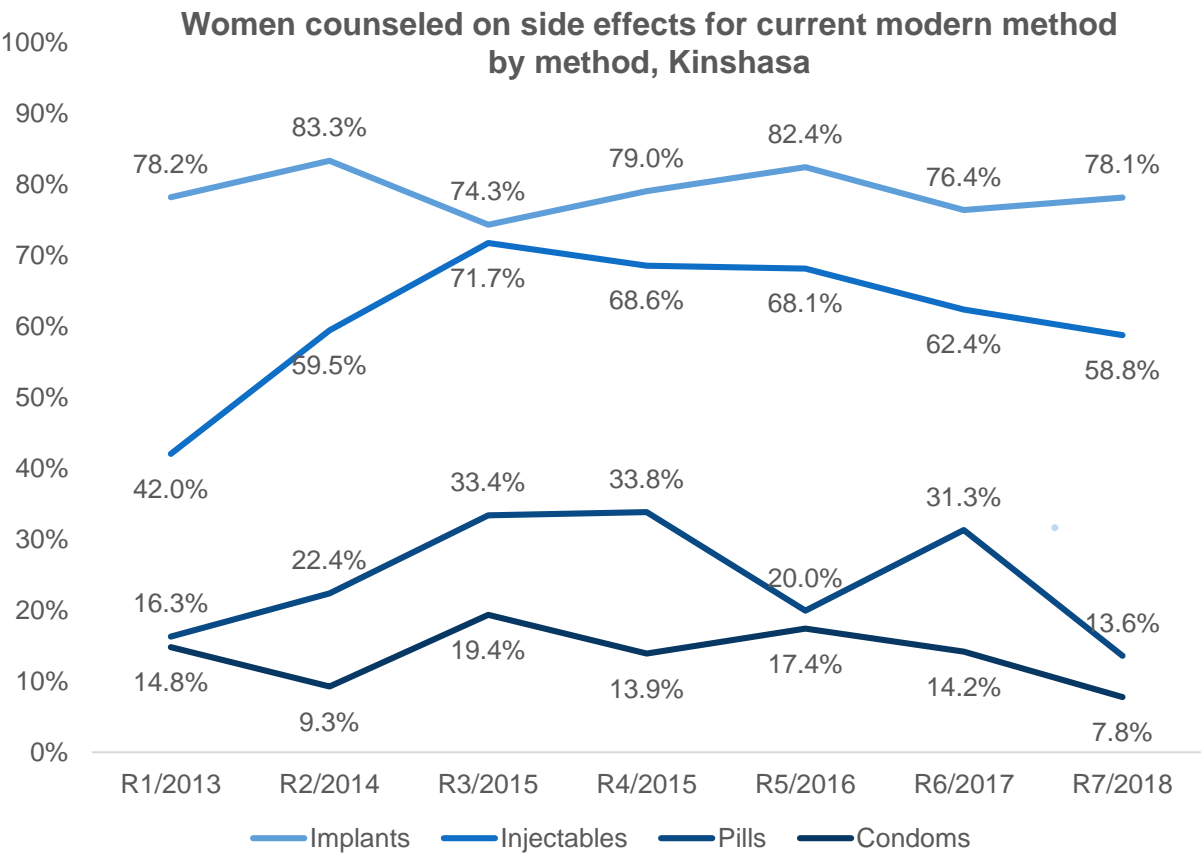


Counseling on side effects for current method continues to fluctuate in Kinshasa

In Kongo Central, counseling has increased for implants and injectables, and decreased for pills and condoms.

ToC critical assumption

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

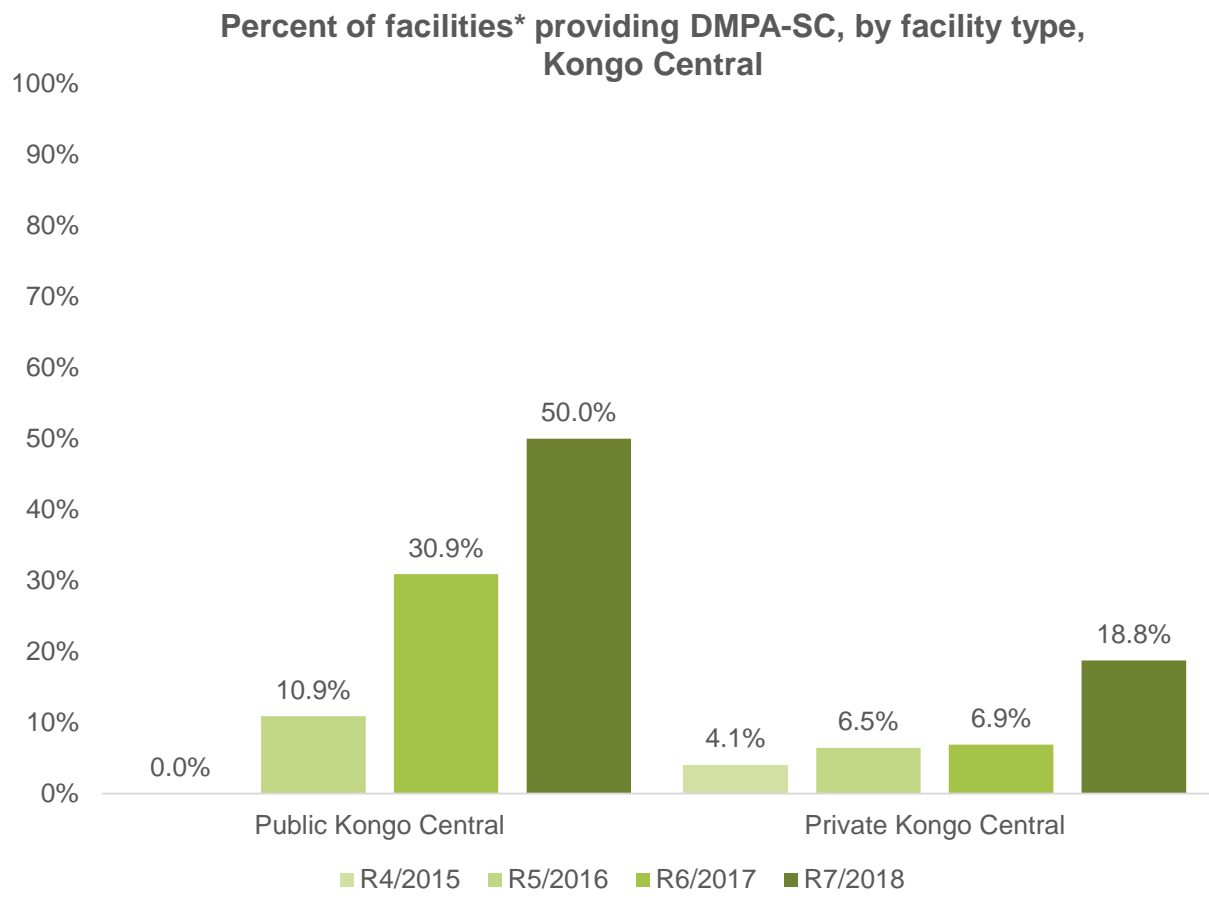
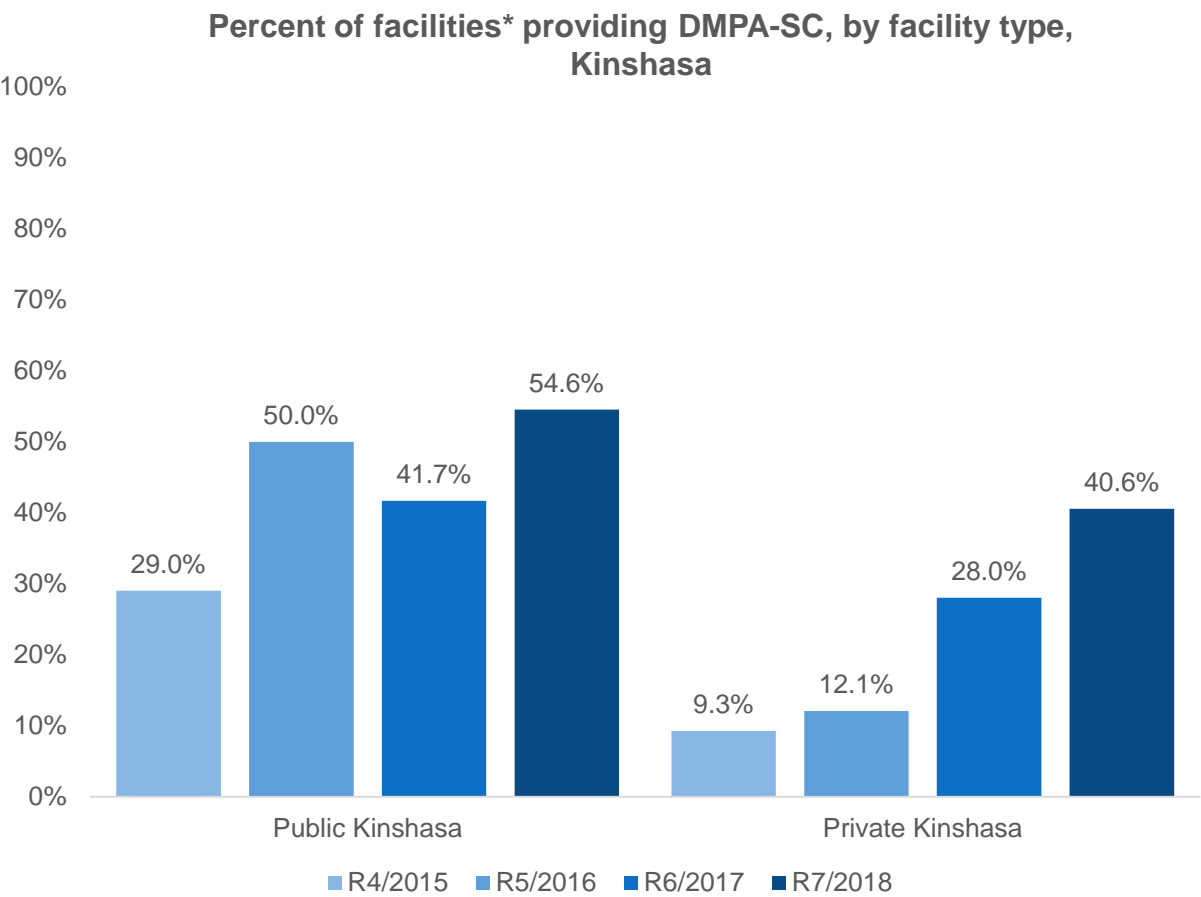


Facilities providing DMPA-SC have increased

Both Kinshasa and Kongo Central have more facilities providing DPMA-SC in both the public and private sectors.

ToC critical assumption

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

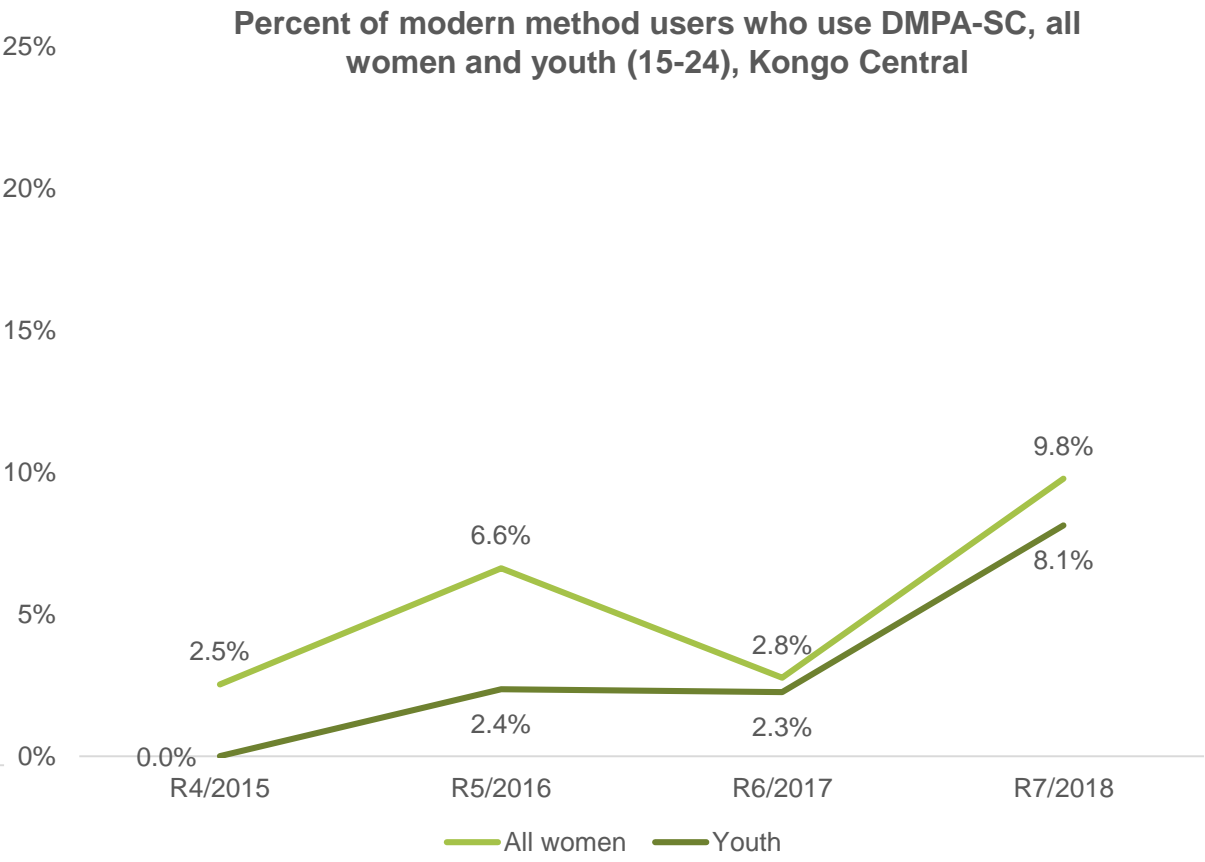
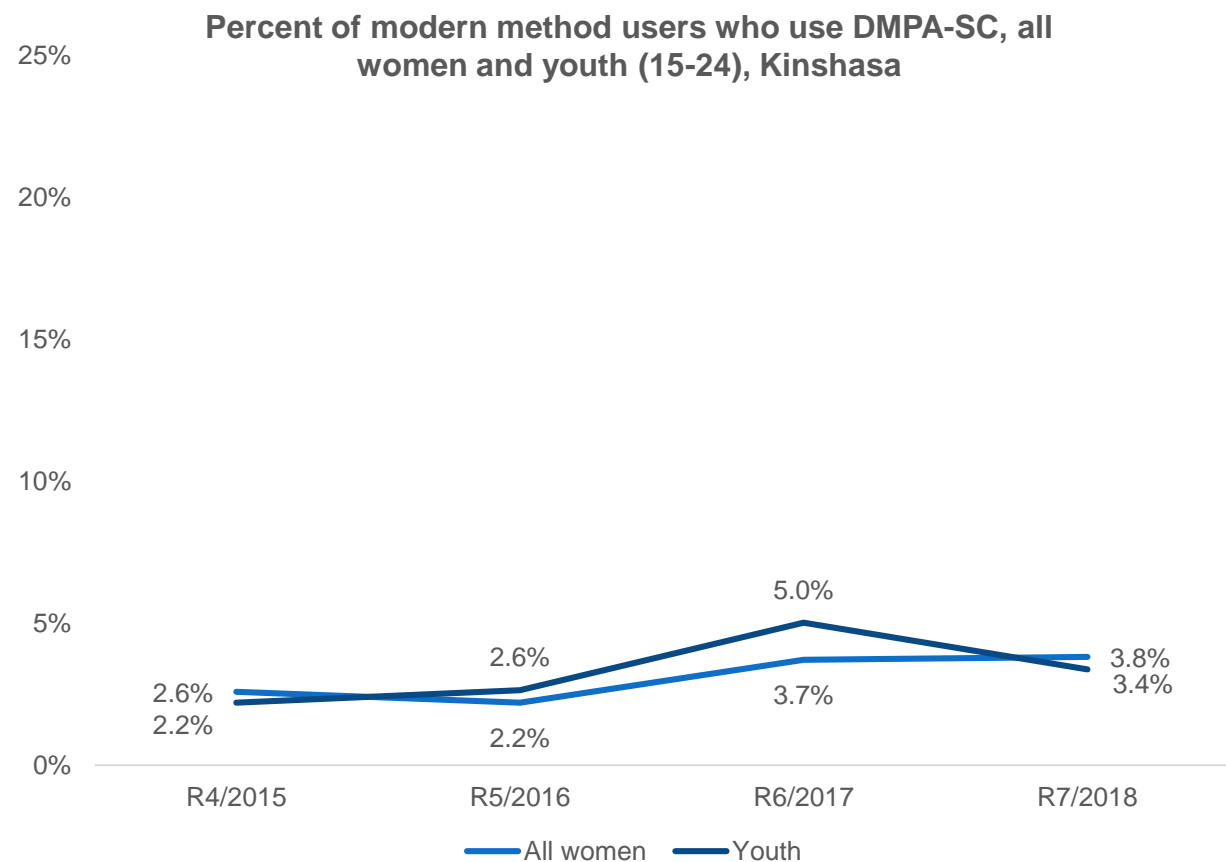


DMPA-SC use grew in Kongo Central

DMPA-SC use increased among all women and youth in Kongo Central, while use in Kinshasa remains low but stable.

ToC critical assumption

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

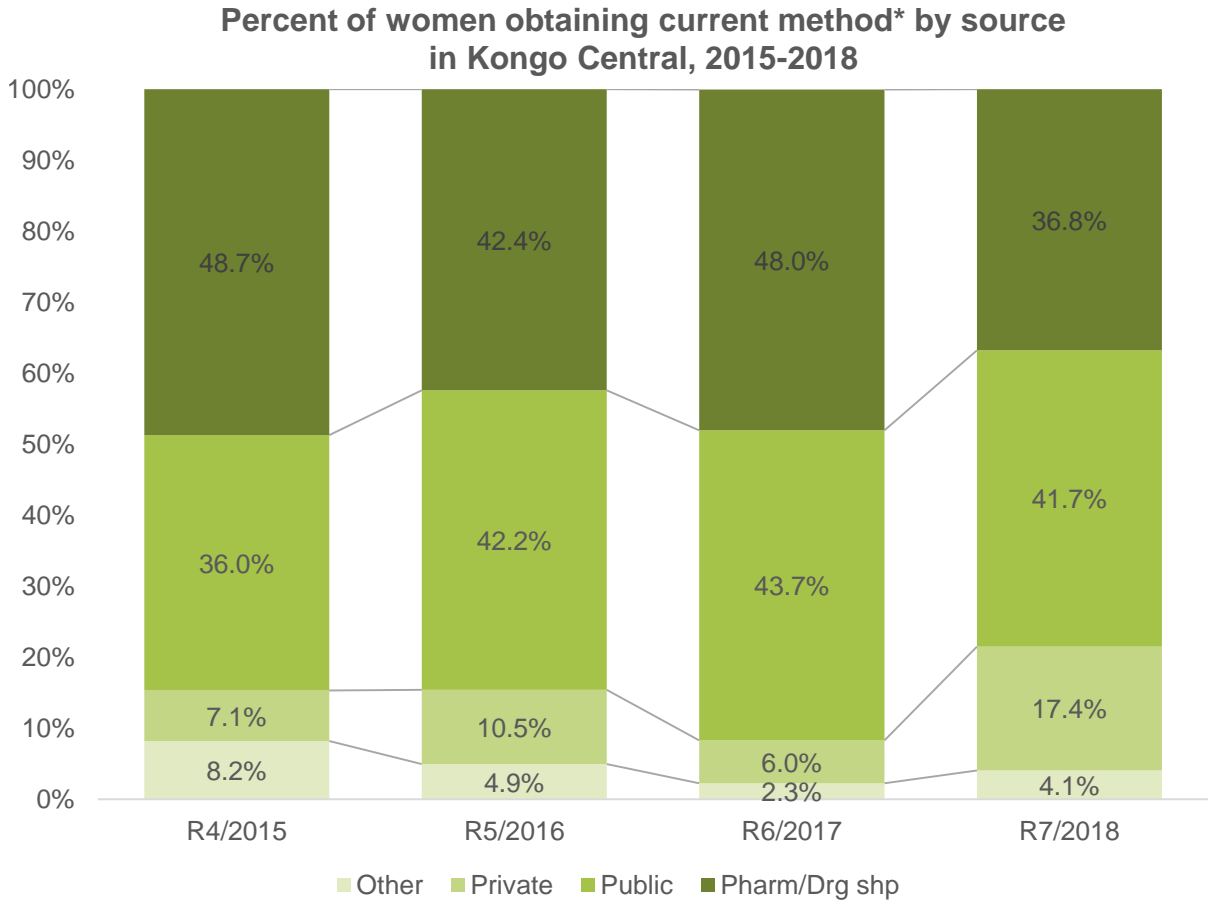
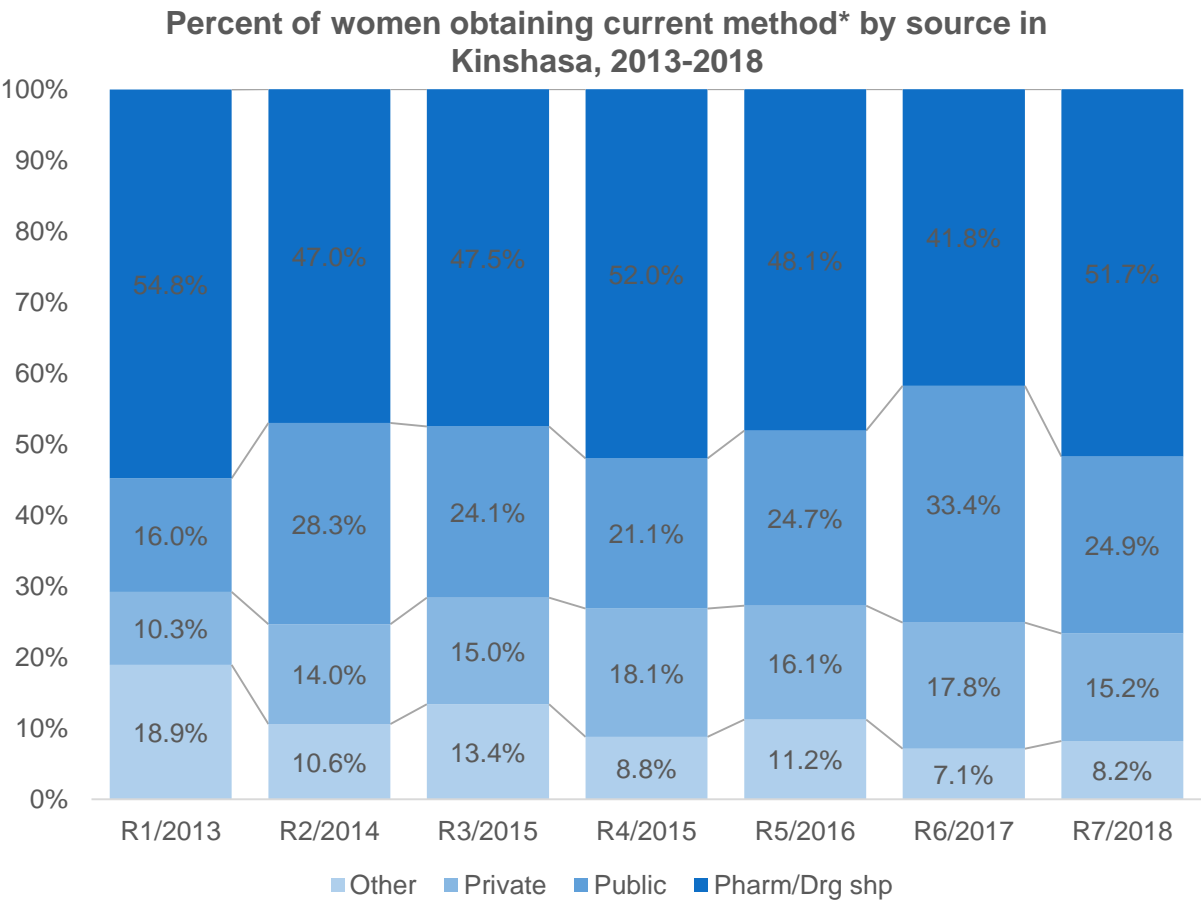


Private facilities are popular for obtaining FP

In Kongo Central an increasing number of women are turning to private facilities for contraceptive methods. Pharmacies and drug shops remain the most popular method source in Kinshasa.

ToC critical assumption

Adults and youth will purchase socially marketed FP methods



Source: PMA2020 data (R1-R7 Kinshasa; R4-R7 KC)

*Excluding LAM

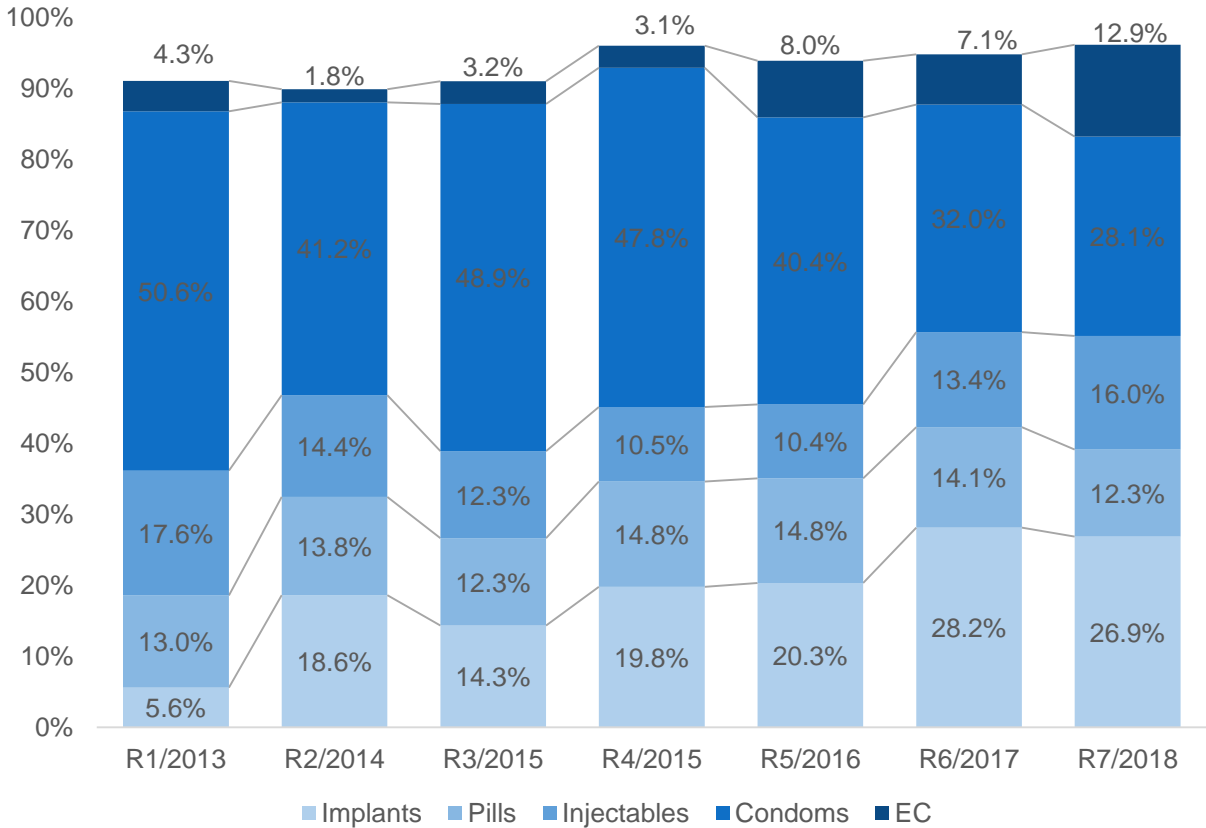
Modern method mix is more diverse

In both provinces there has been a decrease in the share of condoms in the method mix. In Kongo Central, we see an increase in the share of most other methods, while in Kinshasa the share of implants and EC is generally increasing.

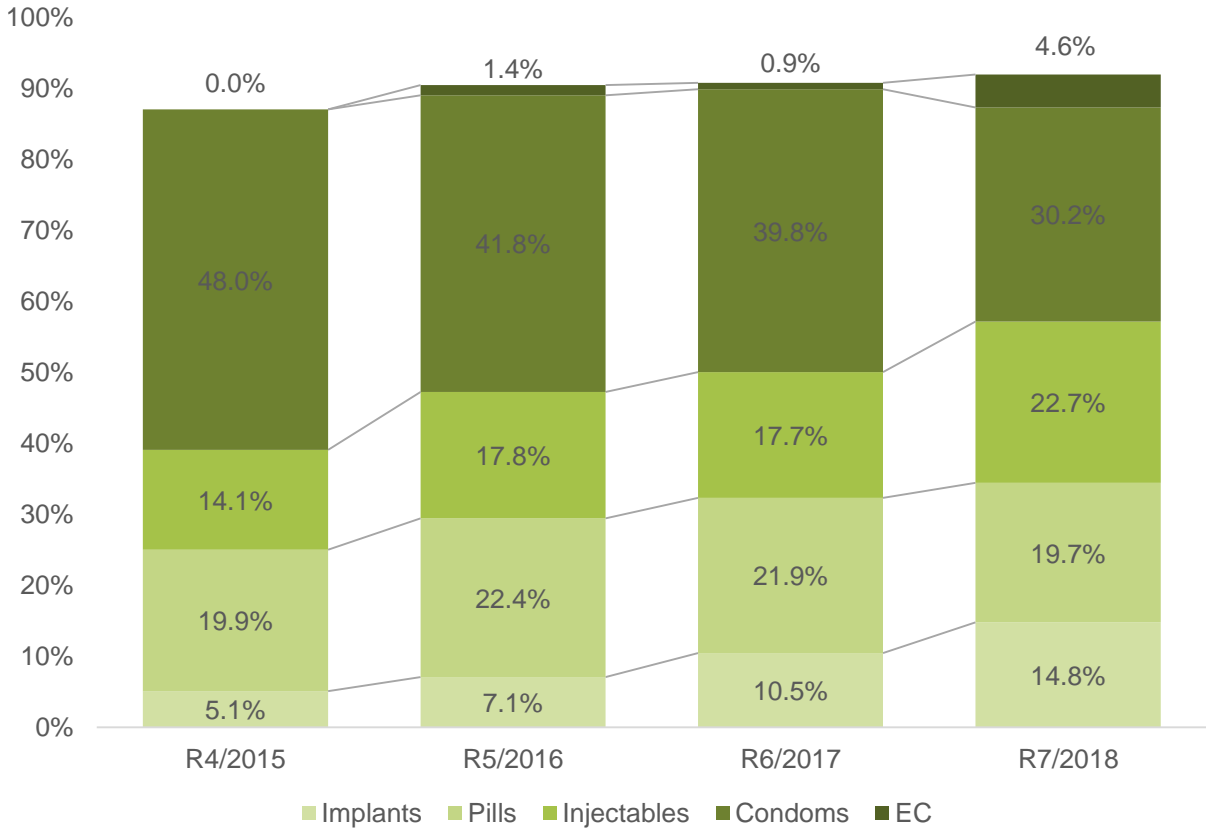
ToC critical assumption

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

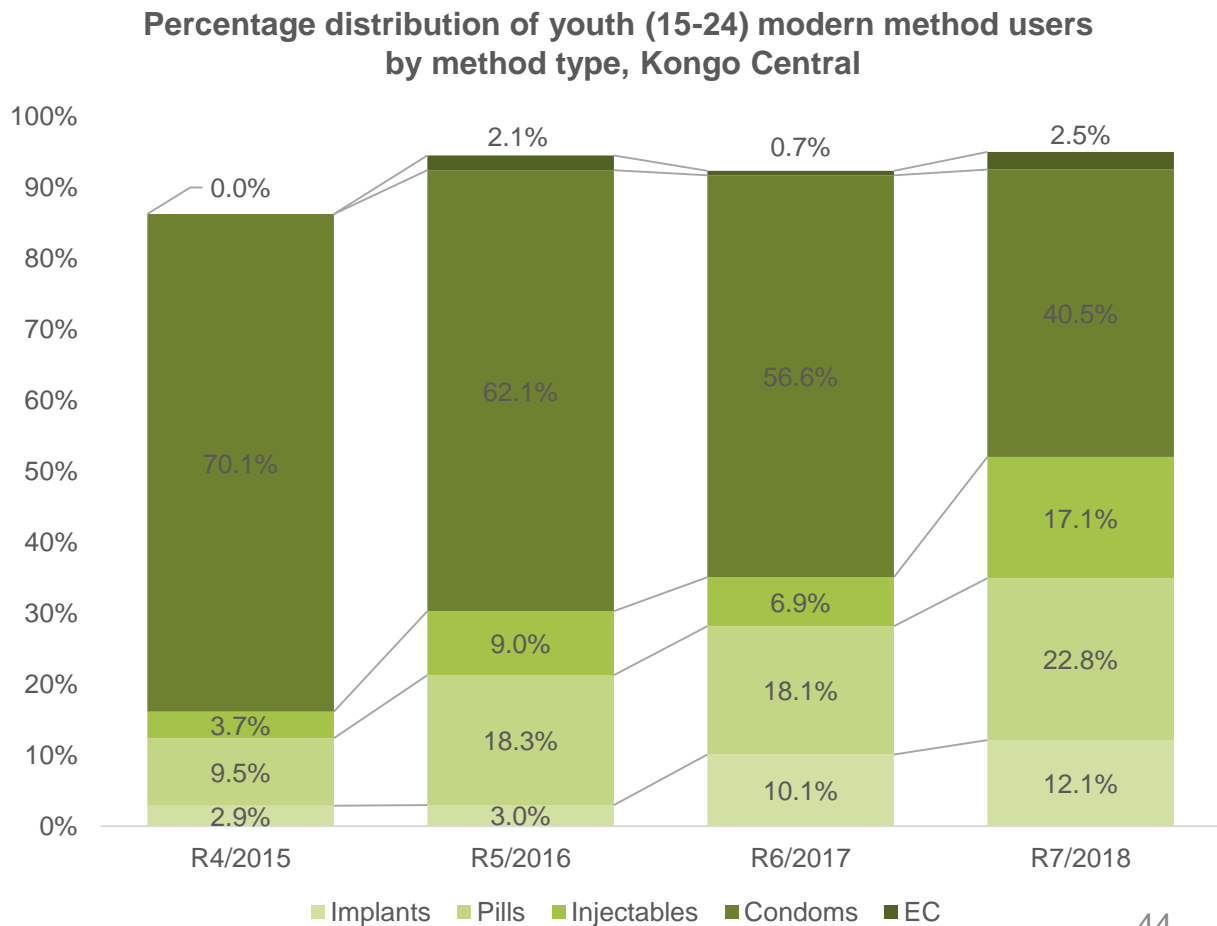
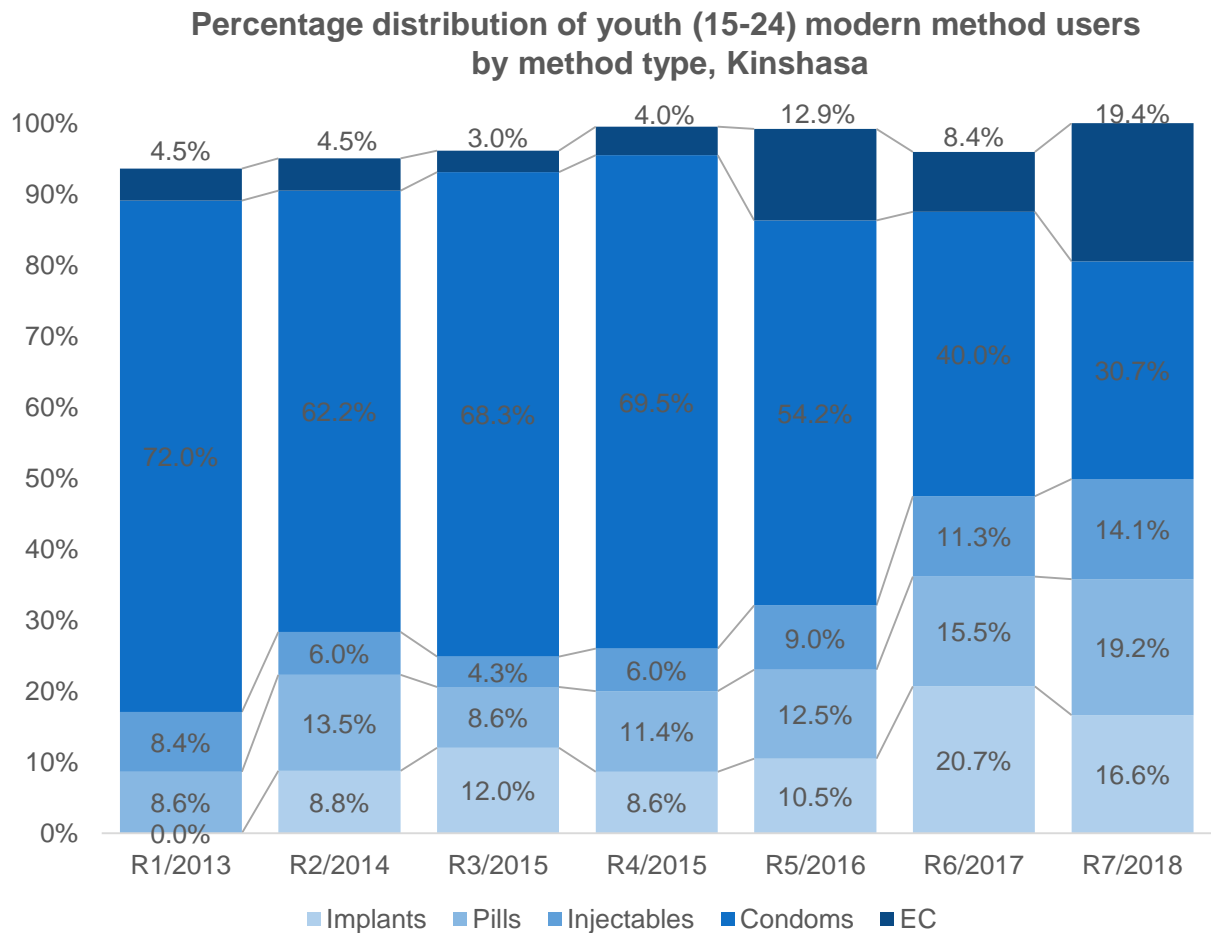


Youth (15-24) use an increasingly diverse range of modern methods

Among youth, there has been a shift from dominance of condom use to a more diverse range of methods. In recent years the EC share in Kinshasa has increased.

ToC critical assumption

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

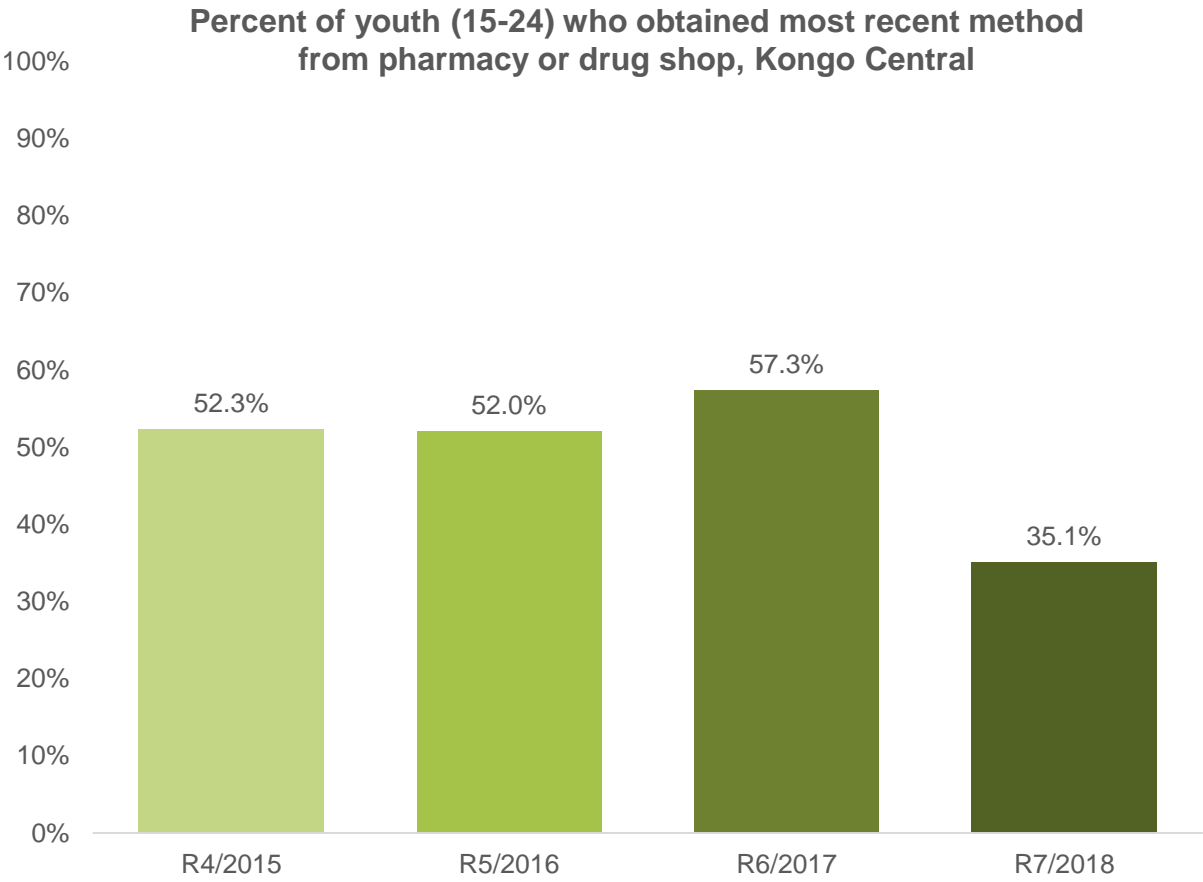
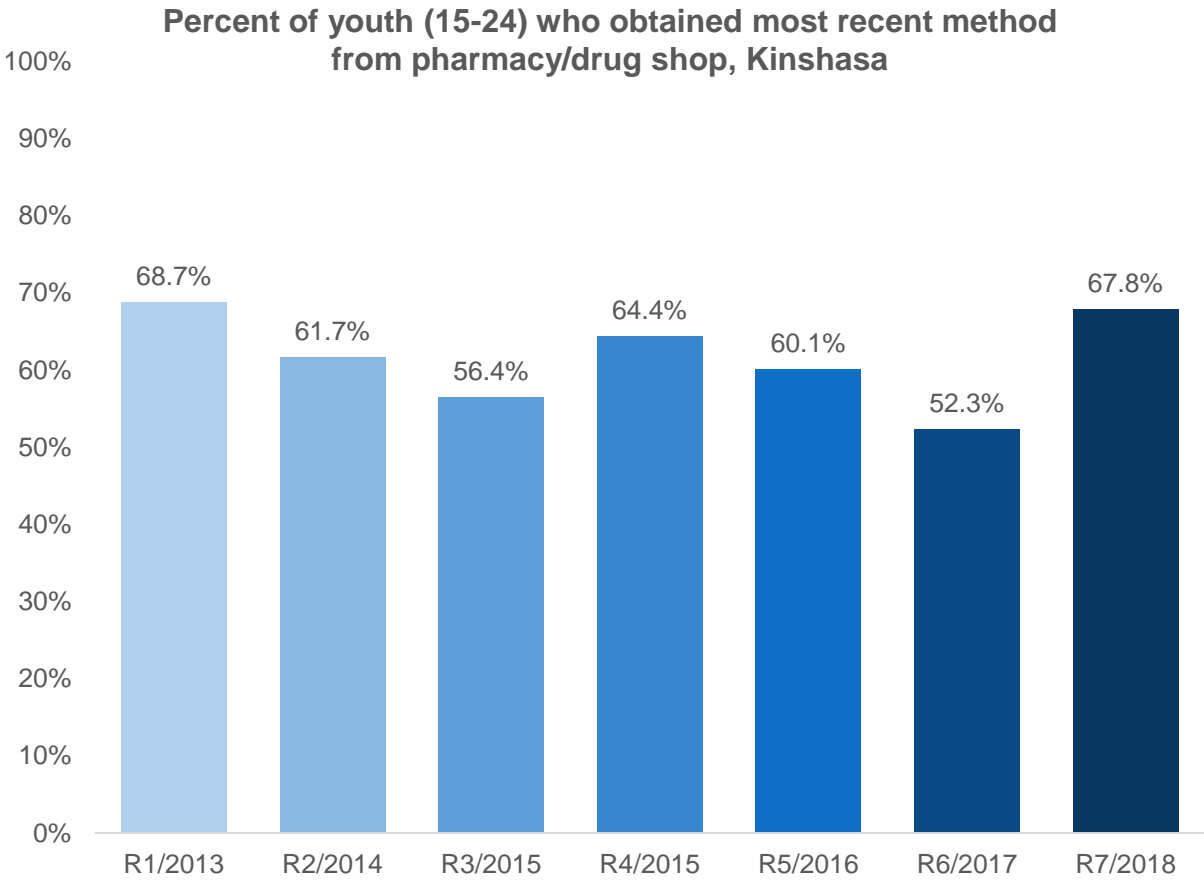


Youth access at pharmacies and drug shops fluctuates in Kinshasa

Kongo Central youth use of pharmacies/drug shops trended downward in last survey.

ToC critical assumption

Adults and youth will purchase socially marketed FP methods



Kinshasa GIS study: Who's doing what, where?

As the number of BMGF FP partners working in the DRC increases, it is important to determine where each partner works and the type of activity that each carries out.

ToC critical
assumption

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



Goals and objectives

- ▶ Visually map the BMGF FP portfolio's activities by Health Zone (HZ) and Health Area (HA) in Kinshasa
- ▶ Identify Kinshasa interventions by ToC area: service delivery and demand generation
- ▶ Improve the coordination of FP interventions in order to optimize the use of resources within the BMGF portfolio

Methodology

- ▶ In collaboration with Tulane, FP CAPE developed and implemented a survey to collect data on the different FP activities implemented by grantees and the areas covered
- ▶ The survey looked at 13 service delivery activities and 4 demand generation activities
- ▶ ArcGIS was used to map activity coverage at the health zone and health area levels

Respondents

- ▶ Four grantees managing seven projects responded

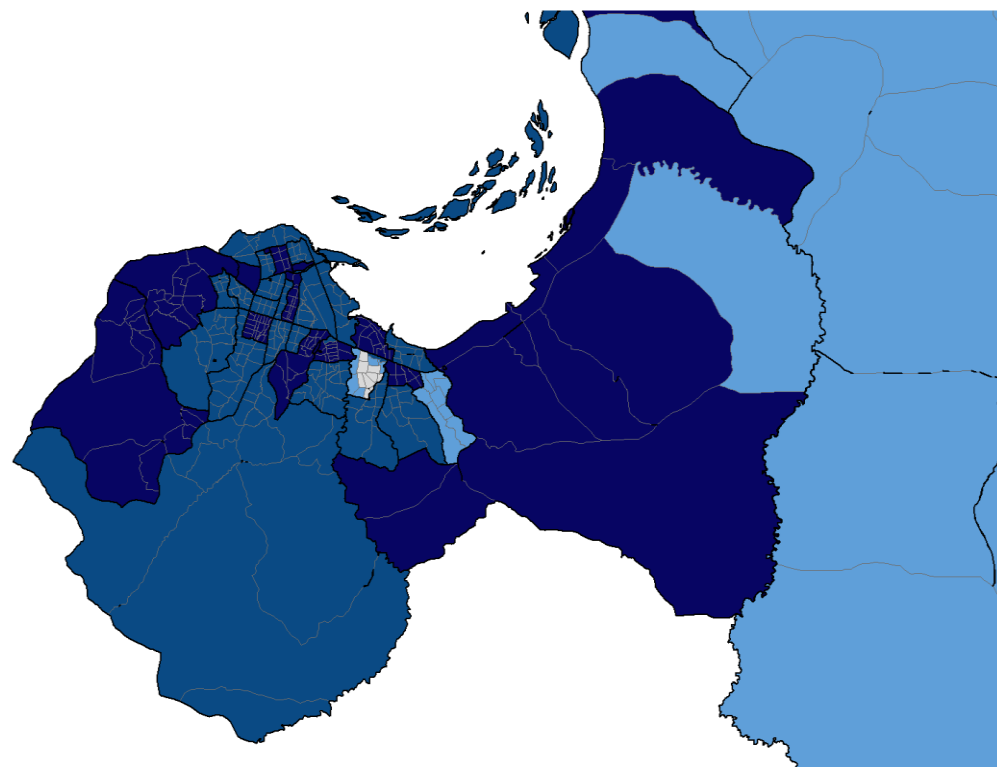
Most Kinshasa HAs have at least one grantee supporting FP services

BMGF grantees are supporting service delivery activities throughout Kinshasa.

ToC critical
assumption

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

Grantees providing support for FP services



Few HAs receive support for adolescent-focused FP services

Only one grantee is supporting adolescent-focused FP services in most HAs that receive this support.

Grantees providing FP services for adolescents,
including health facilities, mobile services, and/or at special events

ToC critical
assumption

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

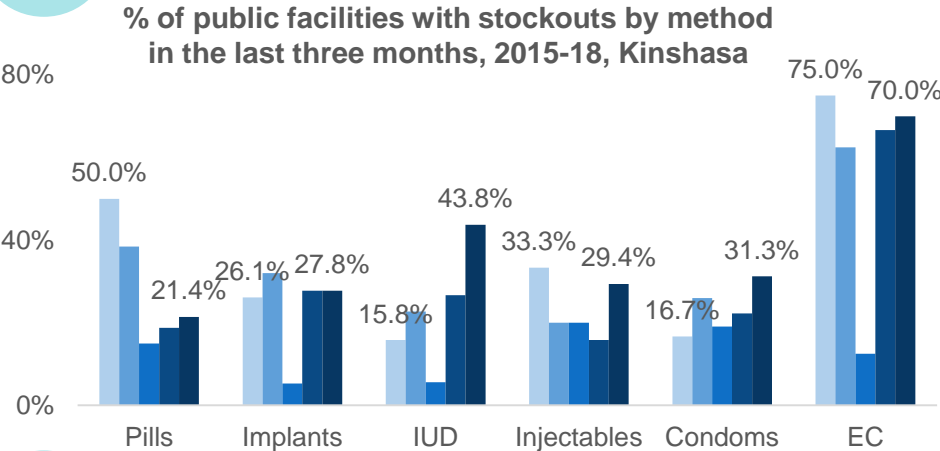


number of grantees 0 1 2 3

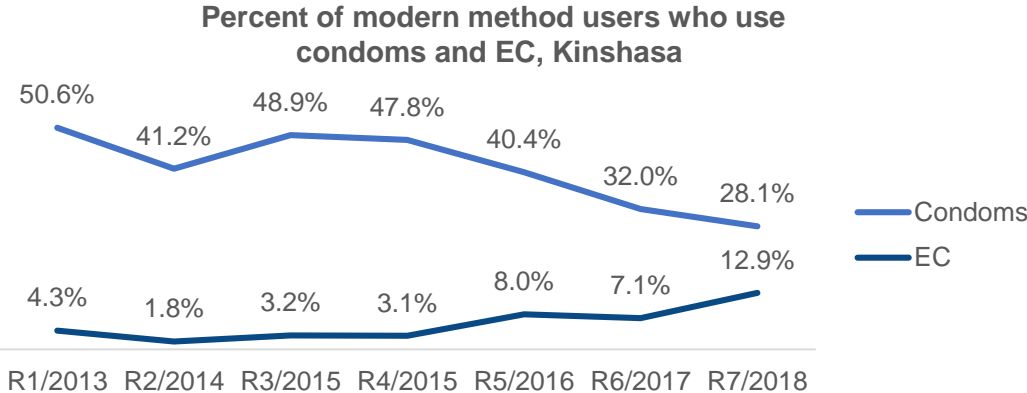
Summary dashboard: Service delivery

Contraceptive access has shown mixed results in Kinshasa but has generally improved in KC public facilities. We see a rising share of DMPA-SC and EC use in the modern method mix.

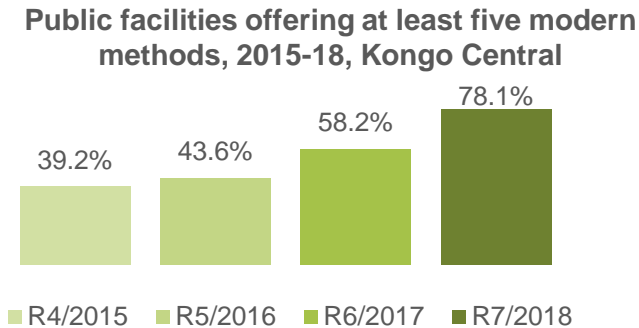
Stockouts increase in Kinshasa



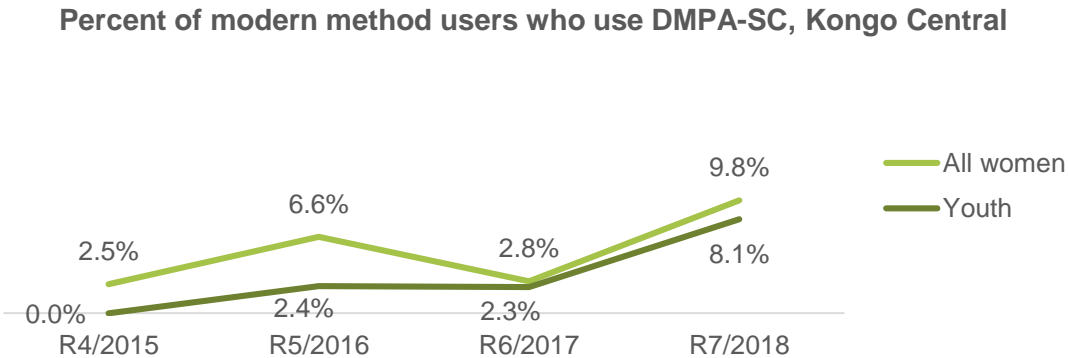
The modern contraceptive method mix is shifting



Public facility methods increase in KC



DMPA-SC share increasing in KC





Scale-up and impact

DRC findings

Demonstration models: Scale-up and overall impact

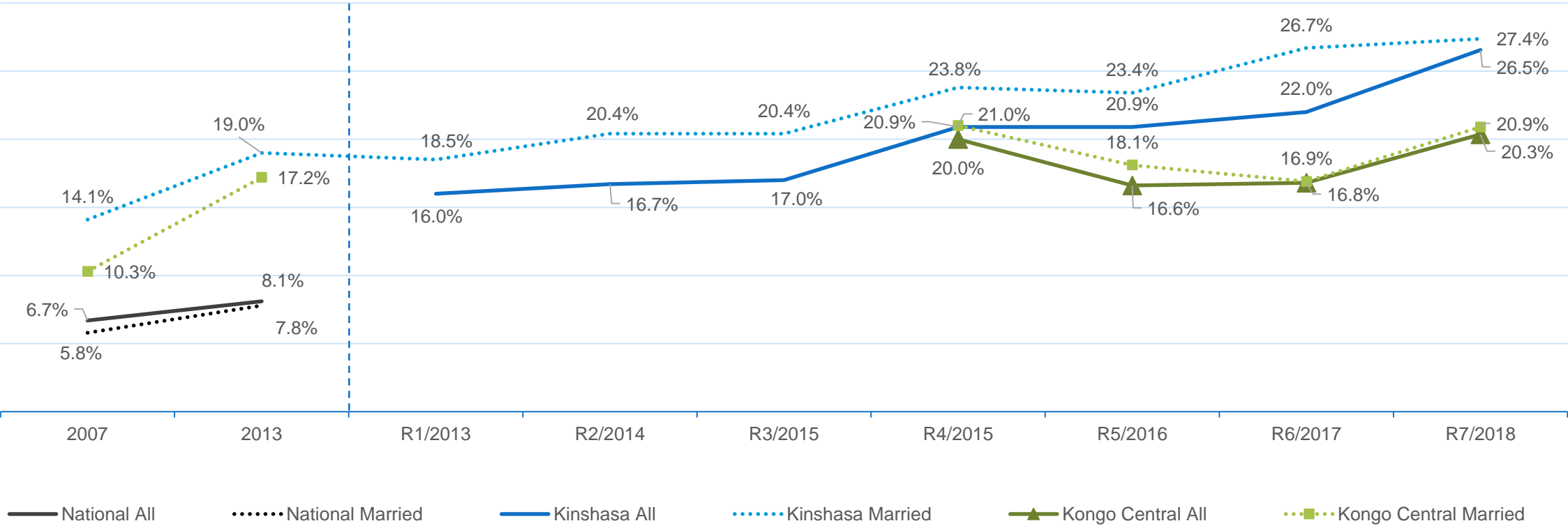
Updated sentinel indicators and additional deeper analyses featured in this section.

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 provinces</i>		▶ National mCPR	No data

Summary dashboard: Impact

Use in Kongo Central is increasing after a slight downward trend, while in Kinshasa use is steadily increasing.

mCPR longer-term trends



Timeline of scale-up and BMGF expansion

2016

2017

2018

2019

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

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 CBD
- ▶ DKT expansion of FP sales via boat up the Congo River

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.

Service Delivery

- ▶ Nursing student CBD are now trained to insert/remove Implanon NXT.

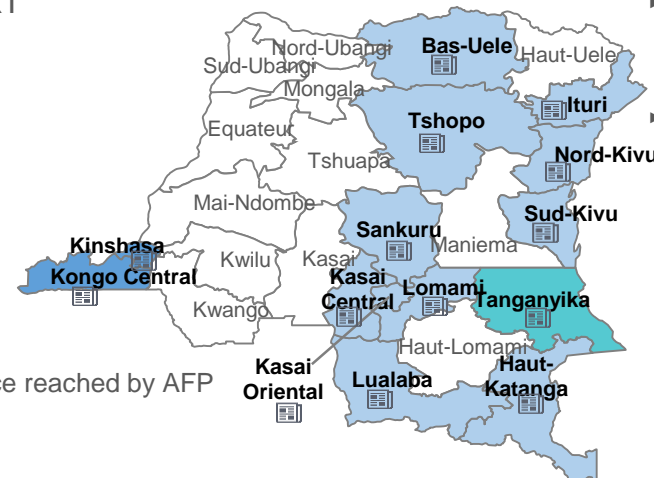
Enabling environment

- ▶ AFP & AcQual III scale-up of CTMPs in 14 provinces

Service Delivery

- ▶ Jhpiego, EngenderHealth, Pathfinder and the PNSR are working to scale-up the PPFP approach to all public health structures in Kinshasa
- ▶ PROMIS is scaling-up models, tools, and approaches that grantees developed with the MoH to other provinces
- ▶ AcQual III, ExpandNet and D6 scaled-up CBD training in nursing schools to Lualaba and Tanganyika
- ▶ Nursing school curriculum now includes training on DMPA-SC self-injection

DRC CTMP scale-up, 2019



■ CTMP established (BMGF deep investment Province)
■ CTMP established

■ CTMP newly established
■ CTMP has not been established

Province reached by AFP



Synthesis of facilitators and barriers

DRC findings from System Support Mapping (SSM) and Bottom Up Results, 2016-2019

In synthesizing SSM and bottom up results from 2016-19, system-wide themes emerged

Both government capacity and model testing and learning have seen positive change that facilitates FP progress, but persistent barriers remain.

Systems approach to the FP landscape

- ▶ The DRC FP environment is a complex system where various parts (government, grantees, advocates, business, social enterprises, etc.) interact in differing ways.
- ▶ We have seen positive changes in some parts of the FP system, but persistent barriers to sustainable system change remain.
- ▶ The tensions in the evolving system and emerging issues create non-linear outcomes.
- ▶ The categories to the right summarize some of these different system features. The two slides after this give more detail to the governmental capacity and model testing and learning systems.



Positive gains

- ▶ Growing government support
- ▶ Increasing sophistication in grantee human capital



Persistent concerns

- ▶ Instability in the sociopolitical environment
- ▶ Inconsistent contraceptive availability



Give & take

- ▶ Collaboration/competition between grantees
- ▶ Availability of resources



Emerging issues

- ▶ Strong competition at the health zone level
- ▶ Increasing grantee expectations
- ▶ Other healthcare crises (Ebola, measles)

Government capacity is increasing, along with needs

While national level capacity has seen growth, this must be met with increased support at the HZ level. Also, improved human capital creates demand for further training and resources.

Government capacity generally is increasing, with strong advocates in government and positive strides in internal development.

However, there is both collaboration and tension at the grantee/NGO level. For example, increasing provincial collaboration is not always reflected at the health zone (HZ) level.

Finally, overall sociopolitical instability creates a difficult environment with which to push forward FP changes, given other ongoing crises.

Collaboration and tension

- ▶ Strengthened collaboration between BMGF grantees, MoH, NGOs, and other FP stakeholders
- ▶ Grantees have stepped up to provide and develop needed items (supervision tools, support, implementation, capacity building)
- ▶ Lack of activity/approach coordination among partners at HZ level

Internal development

- ▶ Gradual improvement in capacity (M&E, data visualization, in-house trainings)
- ▶ Technical and financial resources at HQ level to support advocacy, data use, and capacity building
- ▶ Low levels of data for decision making by gov't and partners

Advocates in government

- ▶ Increased political will to support FP, strengthened collaboration with MoH
- ▶ New FP/RH laws
- ▶ CTMPs increasingly involved and supporting advocacy activities

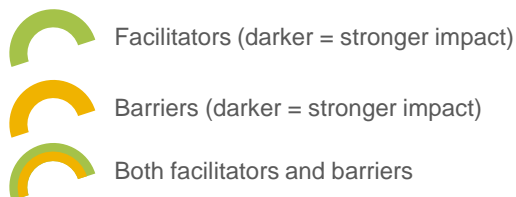
Sociopolitical instability

- ▶ Difficulties accessing certain health zones due to instability
- ▶ Change in government reduced efficiency during election time
- ▶ Closing of provincial assemblies
- ▶ Other pressing health issues (Ebola, measles) taking precedence

Expectations increasing

- ▶ More financial resources needed to support greater abilities
- ▶ Increased capacity and availability of local actors for training, data entry
- ▶ Increased grantee data awareness leading to need for improved data systems and use

**National/
provincial
capacity**



Model learning is tempered by collaboration issues

Grantee work is progressing, however several factors including collaboration problems create barriers to achieving FP results.

Limited resources (human, financial, etc.) creates competition between partners, and constrains the overall effectiveness of grantee work.

Community level-support for FP has seen growth in some key groups, but sociocultural barriers to access remain.

Collaboration

- ▶ Good collaboration between BMGF partners, grantees, and government
- ▶ Weak activity coordination and competing approaches among partners
- ▶ Delays in data collection due to sociopolitical instability, lack of coordination, limited capacity of local actors
- ▶ Data collection tools not standardized across implementing partners

Availability of non-monetary resources

- ▶ Availability of trained internal staff
- ▶ Availability and use of FP tools (data collection, training manuals, media support)
- ▶ Shortages of trained providers, provider instability, and lack of training materials

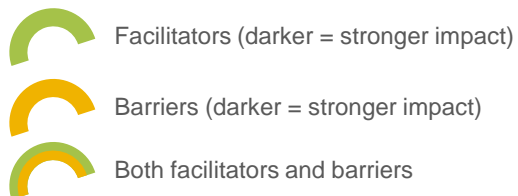
Availability of contraceptives

- ▶ Many contraceptive supply chains have been strengthened over the 2016-19 period
- ▶ However, increased stockouts are also reported due to rising demand for certain methods and instability

Community-level work

- ▶ Community-level support for FP (acceptance of CBD, increased FP demand, support by key groups like miners)
- ▶ Sociocultural barriers like rumors spread about FP and media sensitivity to FP messaging
- ▶ Difficulty accessing HZs due to instability

**Model
testing &
learning**





Appendix

The purpose of FP CAPE

FP CAPE takes a complex systems look at BMGF FP 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 FP 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 FP 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 in response to FP CAPE findings.



List of abbreviations

AcQual	“Accès” et “Qualité”	HZ	Health zone
AFP	Advance Family Planning	JHU	Johns Hopkins University
BMGF	Bill & Melinda Gates Foundation	IUD	Intrauterine device
CBD	Community-based distribution	KC	Kongo Central
CHW	Community health worker	LAM	Lactational Amenorrhea Method
CTMP	Comité Technique Multisectoriel Permanent	M&E	Monitoring and Evaluation
D6	6 th Direction at the Secretary General of health	mCPR	Modern contraceptive prevalence rate
DHS	Demographic and Health Survey	MoB	Ministry of Budget
DKT	DKT International	MoH	Ministry of Health
DMPA-SC	Depot-medroxyprogesterone acetate (Sayana® Press)	NGO	Non-governmental organization
DRC	The Democratic Republic of the Congo	PMA2020	Performance Monitoring and Accountability 2020
EC	Emergency Contraception	PNSA	Programme National de la Santé de l’Adolescent
FP	Family planning	PNSR	Programme National da Santé de la Reproduction
FP 2020	Family Planning 2020	PO	Program Officer
FP CAPE	Family Planning Country Action Process Evaluation	PPFP	Post-pregnancy family planning
FY	Fiscal year	R	Round
GIBS-MEG	Groupe Inter-Bailleur pour la Santé-Médicaments Essentiels Génériques	RH	Reproductive health
GIS	Geographic information system	SSM	System support mapping
HA	Health area	ToC	Theory of change
		UNFPA	United Nations Population Fund