



FP CAPE

Family Planning
Country Action Process Evaluation

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

January 2021

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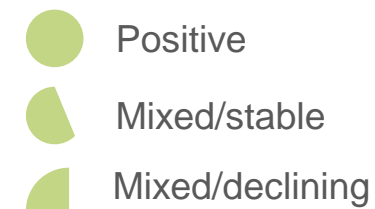
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Executive summary

DRC findings and insights (2020)

Overall portfolio progress in 2020



ToC Segment		Geography	Status	Details
Enabling Environment		National		<ul style="list-style-type: none"> While several national FP activities stalled this year, the government was able to quickly issue COVID-19 FP guidance Lack of funding releases remains a barrier Youth policy made positive progress
		Kinshasa		<ul style="list-style-type: none"> FP message exposure remains fairly flat Intention to use among all non-users remains stable at around 60%
Demand Generation		Kongo Central (KC)		<ul style="list-style-type: none"> FP message exposure is increasing for both women and youth Intention to use among all women and youth is increasing
		Kinshasa		<ul style="list-style-type: none"> Stockouts of short acting methods were increasing pre-pandemic and were worse at the beginning of the COVID-19 lockdown Public facilities with community-health workers (CHW) increased
Service Delivery		Kongo Central		<ul style="list-style-type: none"> Increasing availability of at least five methods in public facilities Declines in methods distributed by health facilities (FOSA) and community-based distributors (CBD) at the beginning of the COVID-19 pandemic
		Kinshasa		<ul style="list-style-type: none"> Increase in mCPR among married women Decrease in mCPR among all women
Impact		Kongo Central		<ul style="list-style-type: none"> Increase in mCPR among all women and married women

COVID-19 in the DRC

The COVID-19 pandemic had a profound impact on life in 2020, including on the implementation of FP activities.



March 2020

June

August

December

January 2021

- ▶ **10th:** First COVID-19 case detected
- ▶ **19th:** Flight suspensions announced and first closures of the lockdown implemented in Kinshasa (e.g., schools, universities, religious services, gatherings limited to no more than 20 persons).
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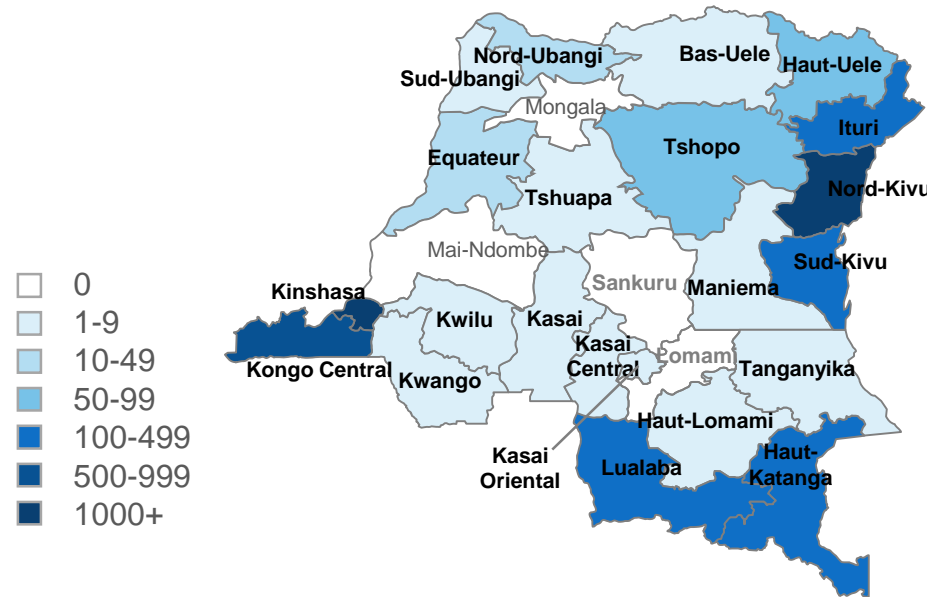
- ▶ **1st:** Closures within Kinshasa relaxed (e.g., relaxing of travel restrictions within Kinshasa), while still maintaining restrictions of movement between provinces.

- ▶ **8th:** All restrictions lifted.

- ▶ **15th:** New restrictions imposed (e.g., schools closed).

- ▶ **10th:** 22/26 provinces affected by COVID-19.
- ▶ DRC has registered the second highest number of cases and deaths in the Central Africa region, after Cameroon.
- ▶ The cumulative case number is 19,496 with 619 deaths.

Number of COVID-19 cases by province, DRC (Nov. 30, 2020)



Summary dashboard: Enabling environment

While the allocation and release of funds for the purchase of contraceptives at the national level remains weak, some provincial governments showed increased support for FP programming.

Funding for the purchase of contraceptives remains low

\$0

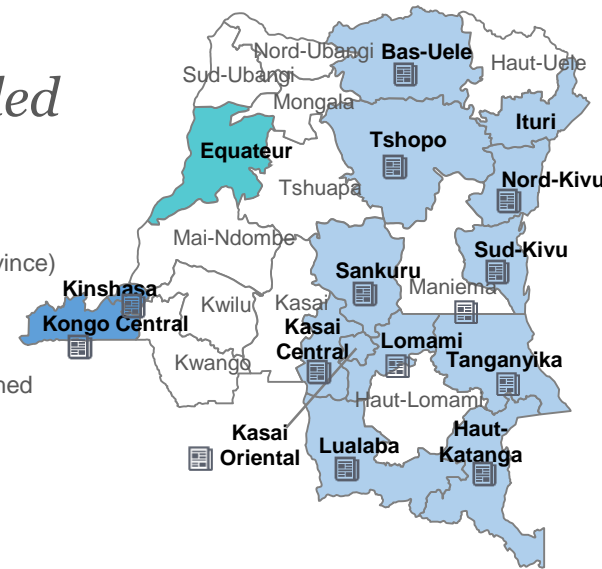
No national funds released for purchase of contraceptives in 2020.



Two provinces, Kinshasa and Lualaba, are in the process of disbursing funds for the purchase of contraceptives.

1 new CTMP added

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



COVID-19 Impacts

Postponement/cancellation of meetings and events, including the final evaluation of the 2015-2020 national FP strategic plan.

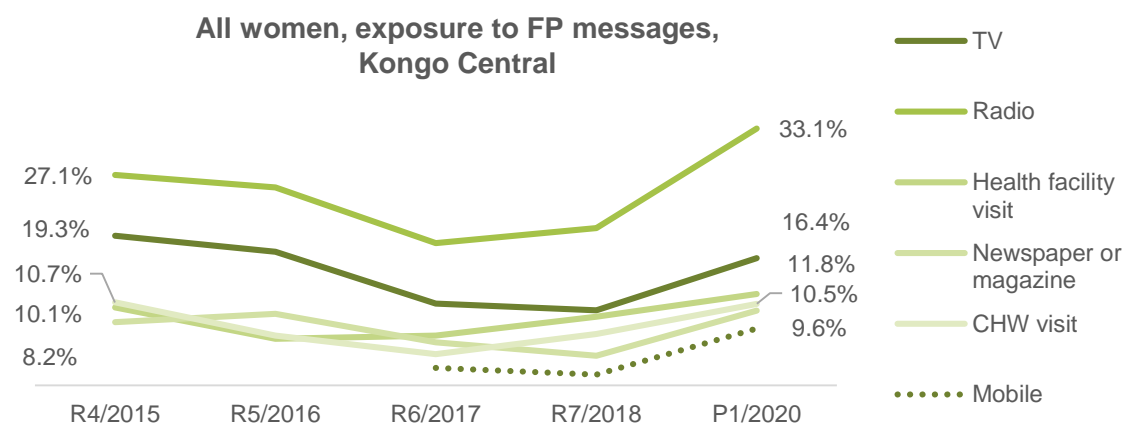
Though the government was quick to issue guidance for programs, family planning programs and activities were not prioritized during this time by the government.

New surveys about the impact of COVID-19 were created by PMA, GEAS, Track 20, and FP CAPE.

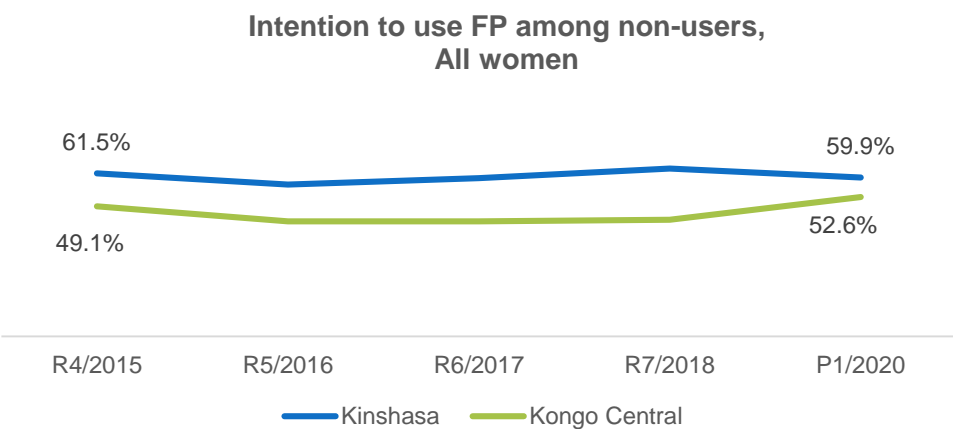
Summary dashboard: Demand generation

Demand indicators are increasing in Kongo Central but flat or declining in Kinshasa. COVID-19 canceled some demand generation activities, but grantees were able to adapt to new platforms.

Media exposure increased in Kongo Central



Intention to use FP is stable in Kinshasa and increasing in KC



COVID-19 Impacts

With the cancelation of some in-person demand generation activities, grantees moved to other platforms such as WhatsApp and radio.

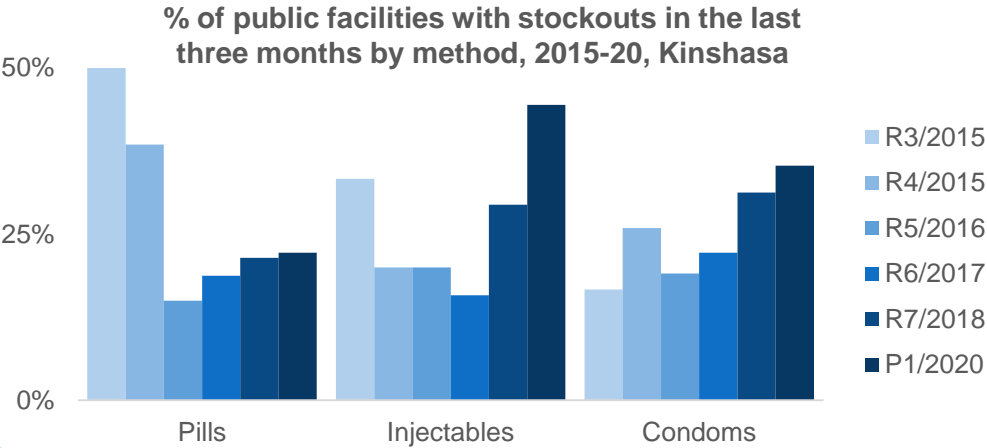
For the in-person activities that continued, grantees adapted activities to COVID-19 regulations.

Kinshasa media organizations stopped providing free airtime for FP messaging at the beginning of the COVID-19 lockdown.

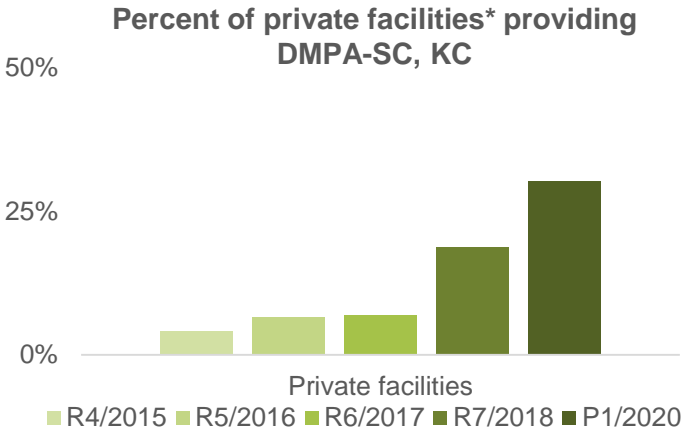
Summary dashboard: Service delivery

Stockouts continue to increase for most methods at public facilities in Kinshasa. We see increasing availability of DMPA-SC at facilities in KC, though use remains low.

Stockouts of short acting methods increased in Kinshasa, and were made worse by the pandemic



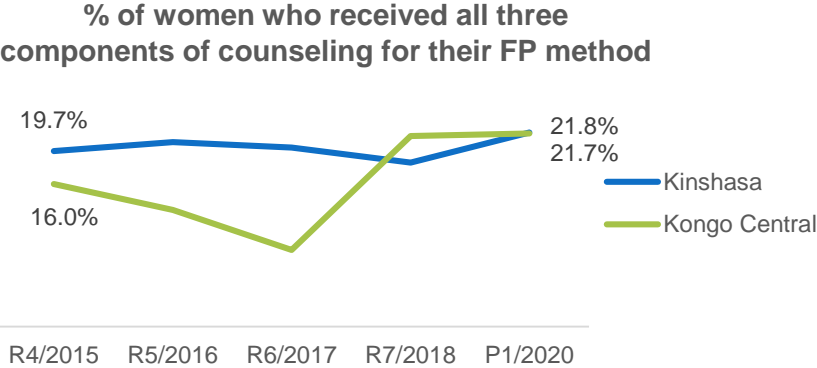
Availability of DMPA-SC in KC continues to increase



4.1%

of all modern method users in KC used DMPA-SC in 2020

Approximately 1 in 5 women received thorough FP counseling



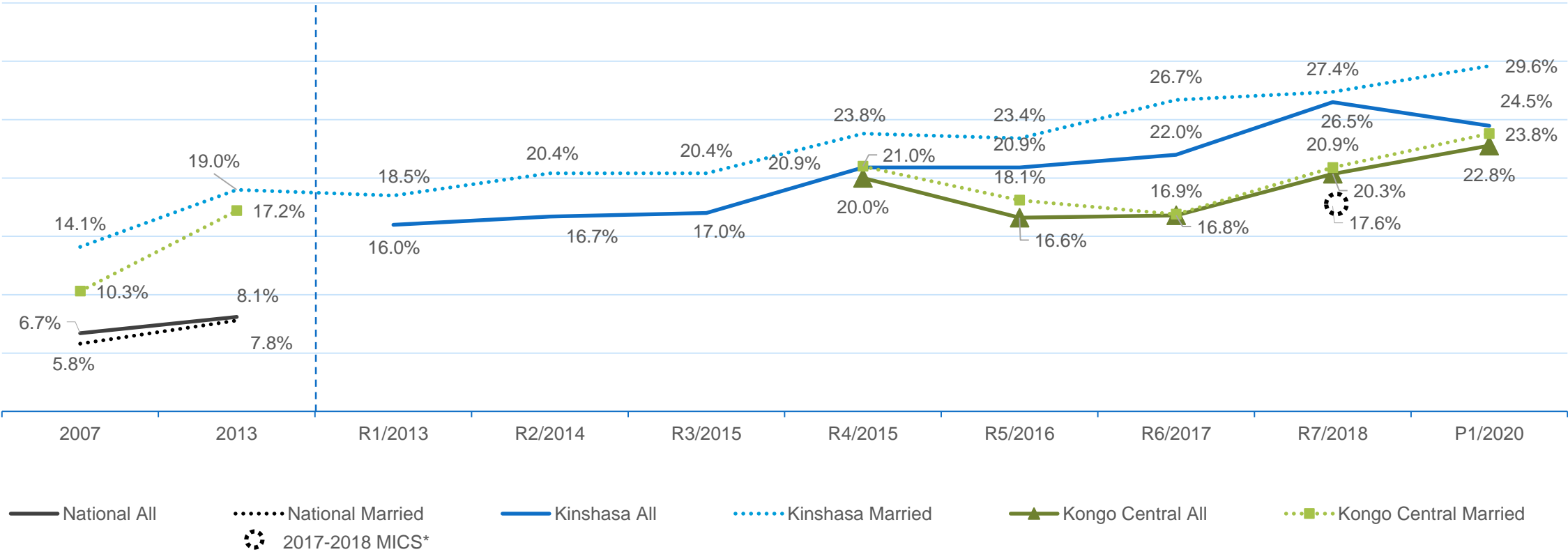
COVID-19 Impacts

Grantees saw decreases in FP distribution and use during some of the early months of the pandemic, but were able to recover. After pausing activities at the beginning of the pandemic, grantees were able to resume activities by integrating COVID-19 prevention measures.

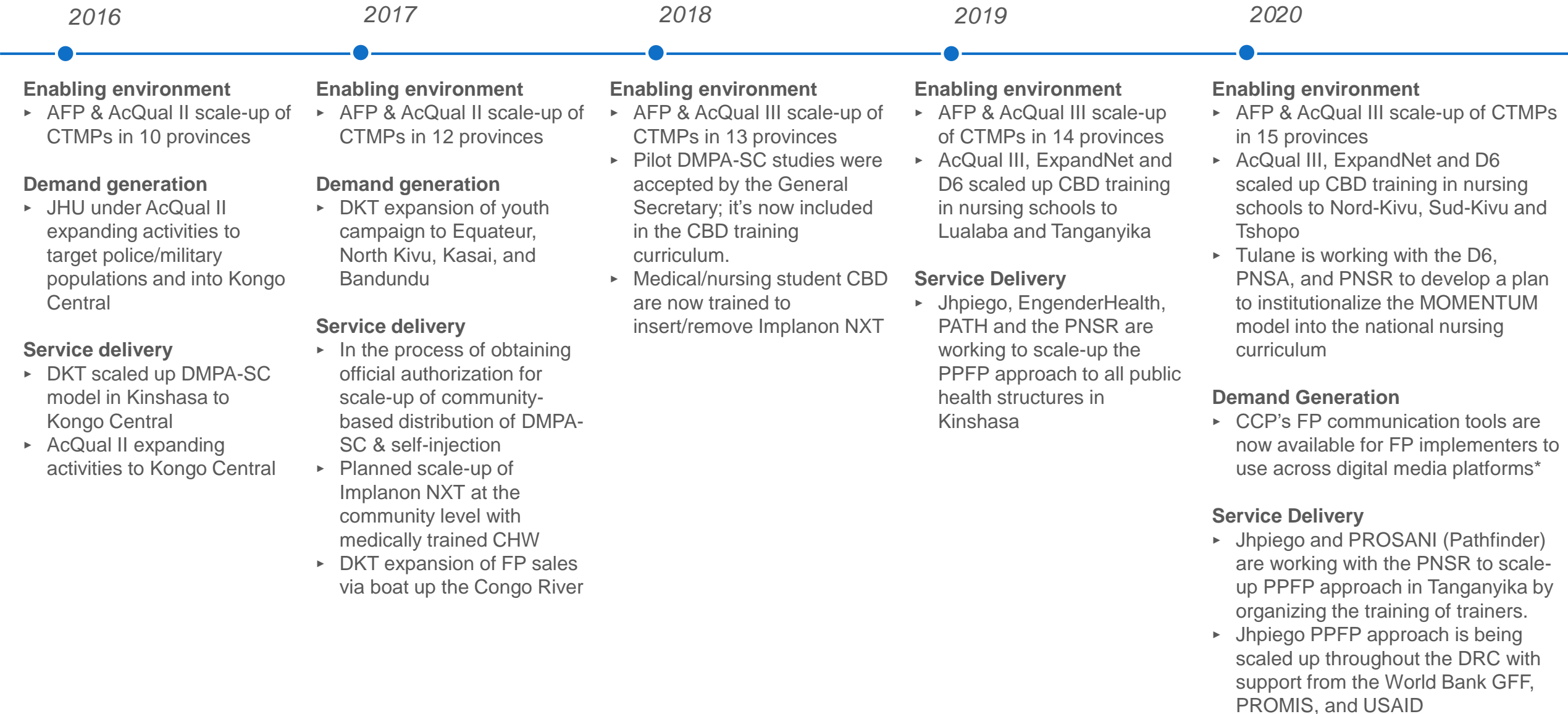
Summary dashboard: Impact

Modern contraceptive use is increasing in Kongo Central, while in Kinshasa use is increasing among married women. Use has increased nationally since 2013 among married women.

mCPR longer-term trends



Timeline of scale-up and BMGF expansion



*[Link to FP communication tools](#)



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

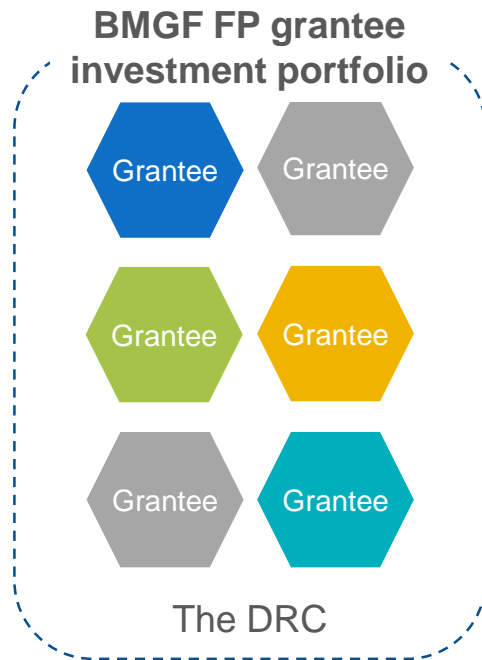
Active for five years (2016-2021), FP CAPE has analyzed multiple rounds of quantitative and qualitative data to understand how/why the BMGF DRC FP portfolio may be driving changes.

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.

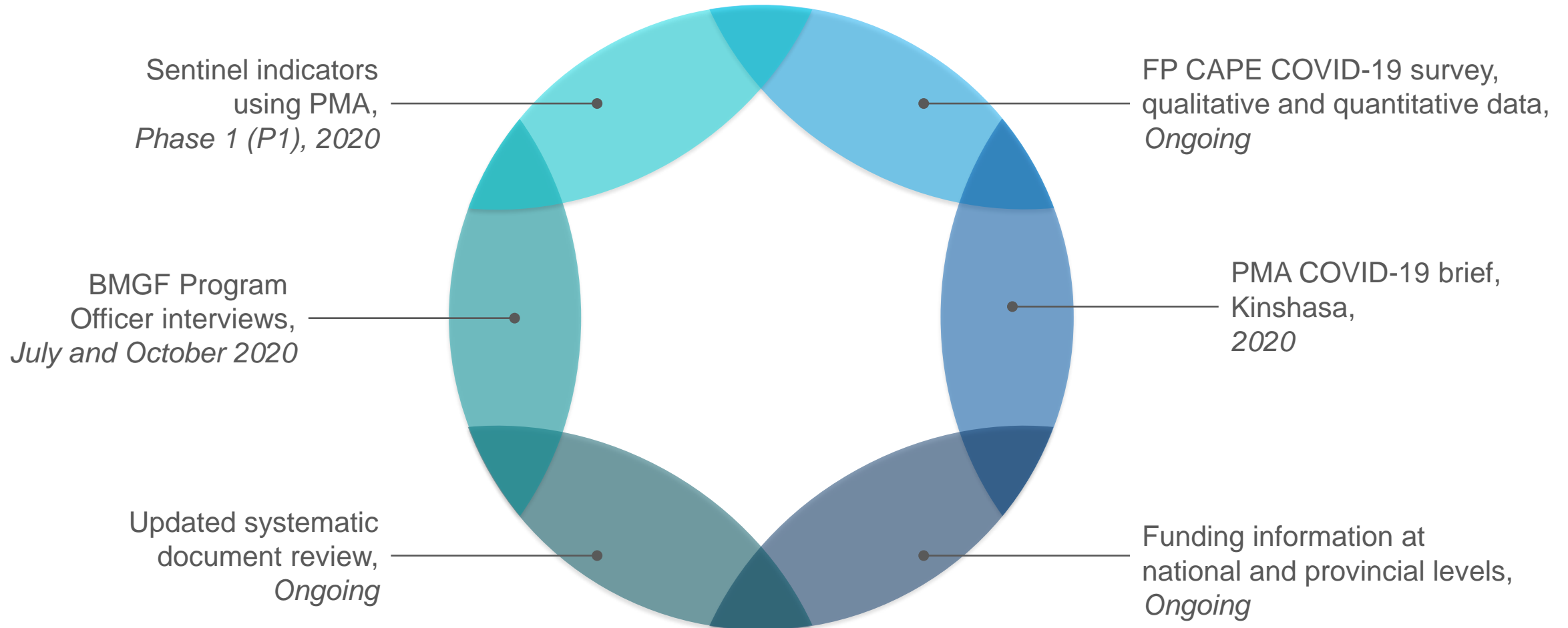
The Family Planning Country Action Process Evaluation is a systems-aware, realist, theory-based evaluation that synthesizes many kinds of real-time evidence on how/why the portfolio may be driving change, from 2016 to the present.

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



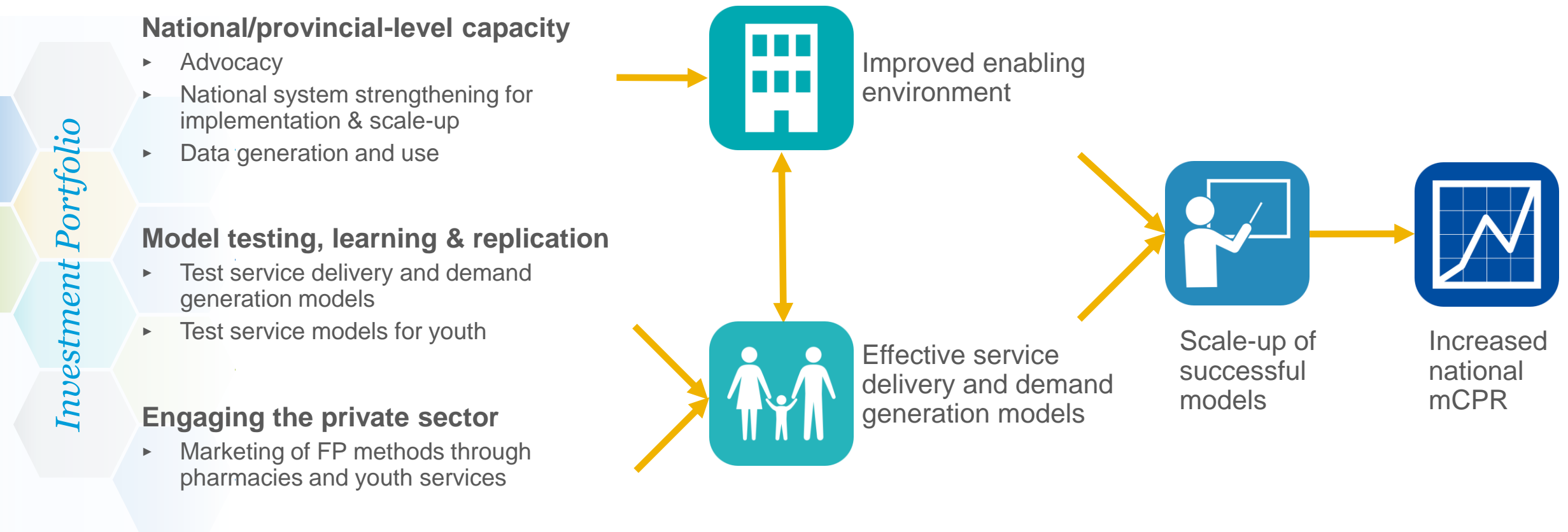
FP CAPE synthesizes a variety of DRC data sources

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 ToC 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



Bien Grandir 2



Momentum AcQual III



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 with 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



COVID-19 impacts on the FP portfolio

DRC findings

COVID-19 in the DRC

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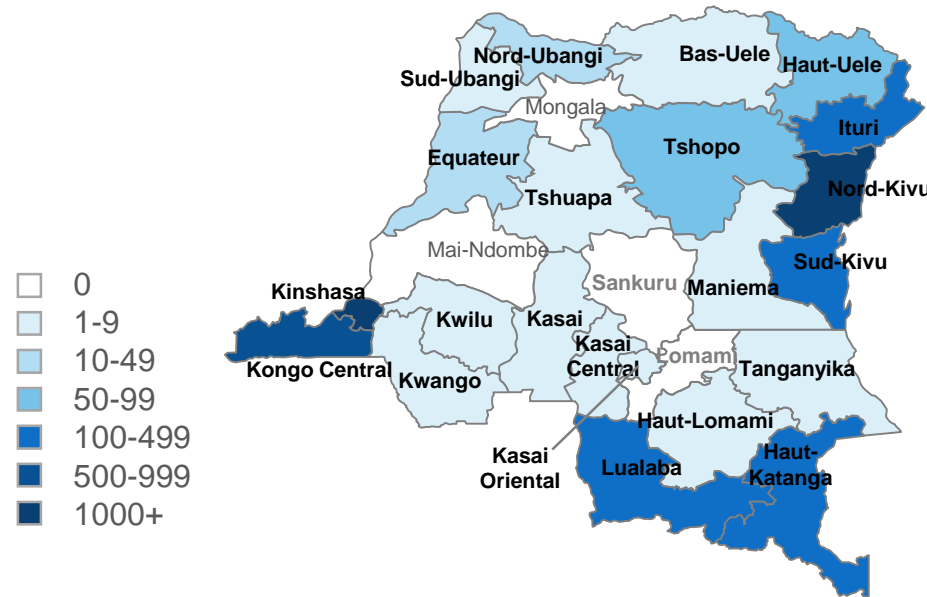
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Number of COVID-19 cases by province, DRC (Nov. 30, 2020)



FP CAPE COVID-19 surveys

FP CAPE's COVID-19 surveys sought to track the impact of COVID-19 on grantee activities.

- ▶ Surveys distributed to BMGF FP grantees in April, June, August, and December 2020
 - ▶ Asked grantees about activities stopped, postponed, continued as normal, and adaptations due to COVID-19
 - ▶ Grantees also provided service statistics
- ▶ 3 briefs prepared and shared with BMGF, government representatives and grantees to provide a snapshot of the effects of COVID-19 on the BMGF portfolio of FP investments
 - ▶ BMGF grantees reported using the briefs to stay informed with how the pandemic impacted other grantees
 - ▶ BMGF Program Officers used the briefs to report on the impact of COVID-19 on the FP portfolio at headquarters and for planning purposes.
- ▶ Insights from the surveys are integrated throughout the deck



DRC Briefing COVID-19 impacts on the FP portfolio
May- August 2020

Executive Summary

Thirteen BMGF family planning (FP) grantees and sub-grantees in the Democratic Republic of Congo (DRC) responded to the third round of an FP CAPE survey to track the impact of COVID-19 on their activities. This brief includes descriptive information from all thirteen grantees and service statistics from four grantees.

Grantees resumed some of the activities that they postponed in March due to the pandemic, while respecting COVID-19 prevention measures. For example, they resumed advocacy activities, held workshops and trainings, and supported service delivery activities and mass FP campaigns. Grantees incorporated COVID-19 precautions and educational materials into their trainings and workshops and created messaging about COVID-19 for television.

Grantee service statistics shows the number of new FP users decreased between February and April, rebounded in May, and decreased again in July.

In Kinshasa, the number of FP methods distributed by health facilities (FOSA) and community-based distributors (CBD) declined between January and May, but increased in AcQual III-supported facilities in June. EngenderHealth and Jhpiego facilities saw declines in the number of clients between May and July.

In Kongo Central (KC), the number of FP methods distributed by FOSA fluctuated between April and June, while most methods distributed by CBD increased slightly between May and June.

Stockouts of most FP methods in Kinshasa increased between April and May, then decreased in June. FOSA in KC experienced increased stockouts of most methods between April and June.

DRC's COVID-19 status*

- # of positive cases: 10,659
- # of deaths: 272
- # of provinces affected: 21/26

August 2020 reopening:

- Reopening of churches
- Resumption of stadiums, night clubs and events halls
- Resumption of regular interprovincial migratory movements
- Reopening of ports, airports and borders

Data Summary

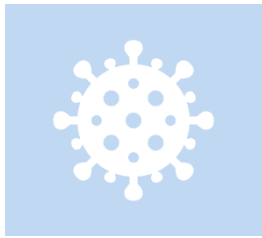
When comparing data trends from each source, please note the differences in geographies and the number of FOSA reporting data. Y-axes do not align between graphs in most cases. Other information to note:

Grantee	# Provinces (26 total)	# FOSA reporting (Jan.-June/July 2020)
AcQual III	2	77 (Kinshasa) 34 (KC)
DKT	16	FOSA and community-based distribution data are combined
EngenderHealth	1	67 (Kinshasa)
Jhpiego	1	16 (Kinshasa)

*As of September 29, 2020

Prepared by the Family Planning Country Action Process Evaluation (FP CAPE) | www.fpcapc.org

COVID-19 activity impacts: Portfolio and Enabling Environment



Stopped or paused

Continued

Adapted or new

All TOC areas

- ▶ Most in-person trainings and meetings
- ▶ Some grantee work that could be done remotely, such as: data collection, data analyses, and development of their result products
- ▶ Dissemination of study results resumed in August
- ▶ Resumed some in-person activities while following COVID-19 prevention measures
- ▶ Developed COVID-19 guidance for FP-specific activities
- ▶ Increased mobile and internet platform use for meetings and data collection
- ▶ New surveys/studies on the effects of COVID-19 on FP

Enabling environment

- ▶ Advocacy activities including support for government release of allocated funds for contraceptives
- ▶ National FP strategic plan activities:
 - ▶ Preparation for the final evaluation of the 2015-2020 plan
 - ▶ Support for the development of the 2021-2025 plan
- ▶ Activities focused on the government, including:
 - ▶ Tracking commitments made at the 4th National Conference on FP
 - ▶ Advocacy for government to carry out measures for revised RH law
- ▶ Mapping of the contraceptive supply chain and technical support to PNSR
- ▶ Training data collection teams (PMA)
- ▶ See above

COVID-19 activity impacts: Service Delivery and Demand Generation Models



Stopped or paused

- ▶ Site supervisions at the provincial and health zone levels
- ▶ Quality assurance activities at health sites
- ▶ Special FP campaigns in the community
- ▶ Mobile FP clinics for the hardest-to-reach areas
- ▶ Some data collection activities and subsequent dissemination of findings

Continued

- ▶ Collection and analysis of routine FP data
- ▶ Provision of support for door-to-door routine services (through CBDs)
- ▶ Routine health and FP services at FOSA
- ▶ Development of E-Learning module (DKT)
- ▶ Support for broadcasting the family life education program (Bien Grandir)
- ▶ In person trainings, results disseminations, and activities within the community resumed in August

Adapted or new

- ▶ Provision of personal protective equipment (PPE) and cleaning products for health care providers (including CBDs)
- ▶ Recorded educational programs for very young adolescents, including COVID-19 prevention messaging
- ▶ Increased the number of activities post lockdown in Kinshasa to catch up from those canceled during the shutdown (e.g., community social mobilization campaigns)

Service delivery & demand generation

Facilitators and challenges for pandemic FP work



Facilitators



Government's rapid implementation of COVID-19 regulations and prevention measures



Integration of COVID-19 measures allowed grantees to re-start some activities



Grantee digital collaboration to approach COVID-19 adaptations



BMGF's flexibility in allowing reprogramming or provision of funds for pandemic-specific expenses

Challenges



Delay and cancellation of meetings/events and then re-scheduling after lockdown in Kinshasa; adjustment to new internet platforms



Difficulty communicating with government staff focused on COVID-19



Disruptions in contraceptive supply, increased stock-outs, and decrease in use of FP services (February to April)



Obtaining PPE (increased prices, scarce resources)



Difficulties integrating COVID-19 regulations into activities



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 with 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

Youth policy context: Improvements since 2017

Policy improvements for youth access to FP have been made in provider discretion, parent/spousal consent, age, and marital status.

ToC critical assumption

Favorable FP policies are enacted

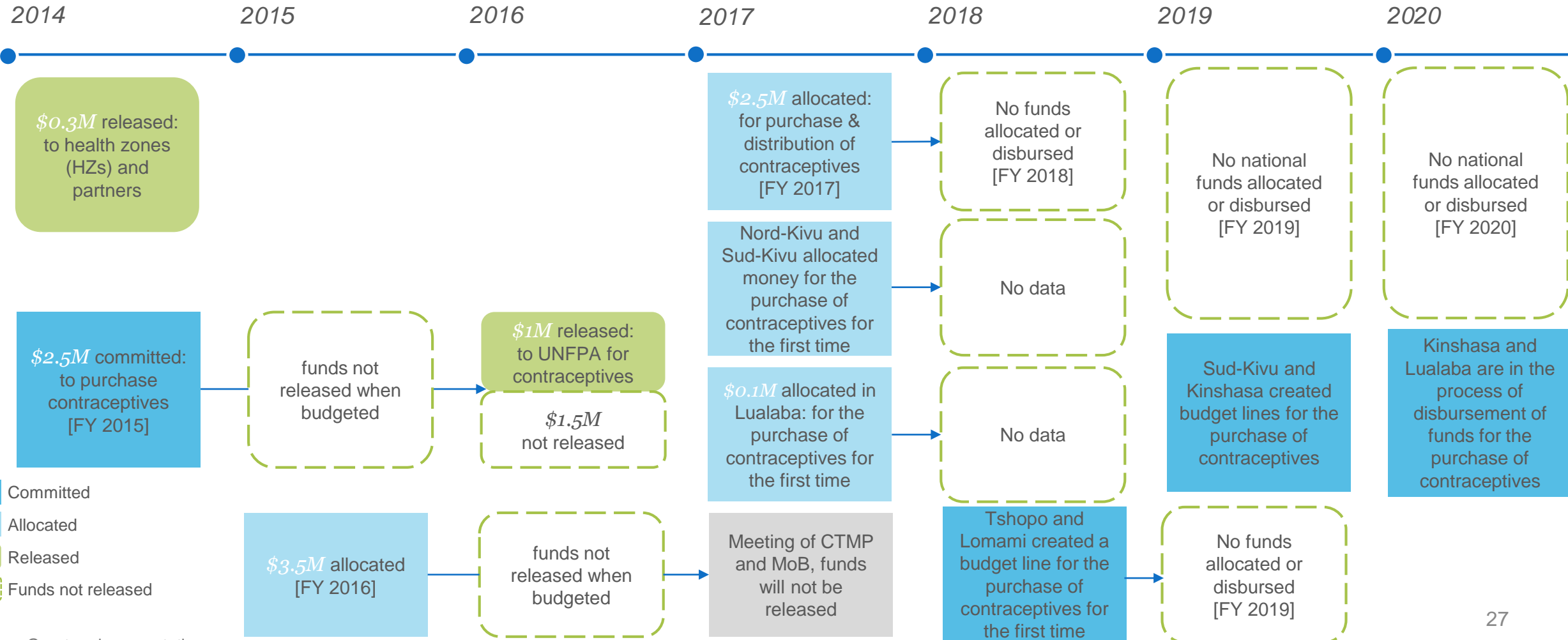
Change		2017	2020
Provider discretion	Improved existing law or policy	<i>“Law or policy exists that requires provider discretion for youth access to FP services.”</i>	<i>“Law or policy exists that requires providers to authorize medically-advised youth FP services without personal bias or discrimination.”</i>
Age	Replaced restrictive law or policy with supportive law or policy	<i>“Law or policy exists that restricts youth from accessing a full range of FP services based on age.”</i>	<i>“Law or policy exists that supports, regardless of age, youth access to FP services.”</i>
Marital status	Removed restrictive law or policy	<i>“Law or policy exists that restricts youth from accessing FP based on marital status.”</i>	<i>“No law or policy exists that restricts youth from accessing FP based on marital status.”</i>
Parent/ spousal consent	Enacted law or policy to support youth access with some third-party consent	<i>“Policy references targeting youth in provision of FP services but does not describe providing youth with a full range of methods.”</i>	<i>“Law or policy exists that supports youth access to FP services without consent from one but not both third parties.”</i>

DRC government FP funding status

While no national funds have been allocated for the purchase of contraceptives over the past few years, provincial governments have allocated funds. Release of funds remains an issue.

ToC critical assumption

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



DRC CTMPs continued to expand in 2020

Equateur province added a CTMP in 2020, resulting in a total of 15 provinces with a CTMP. Fewer CTMP meetings were held in 2020 than in 2019.

ToC critical
assumption

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

+1

New CTMP
province added

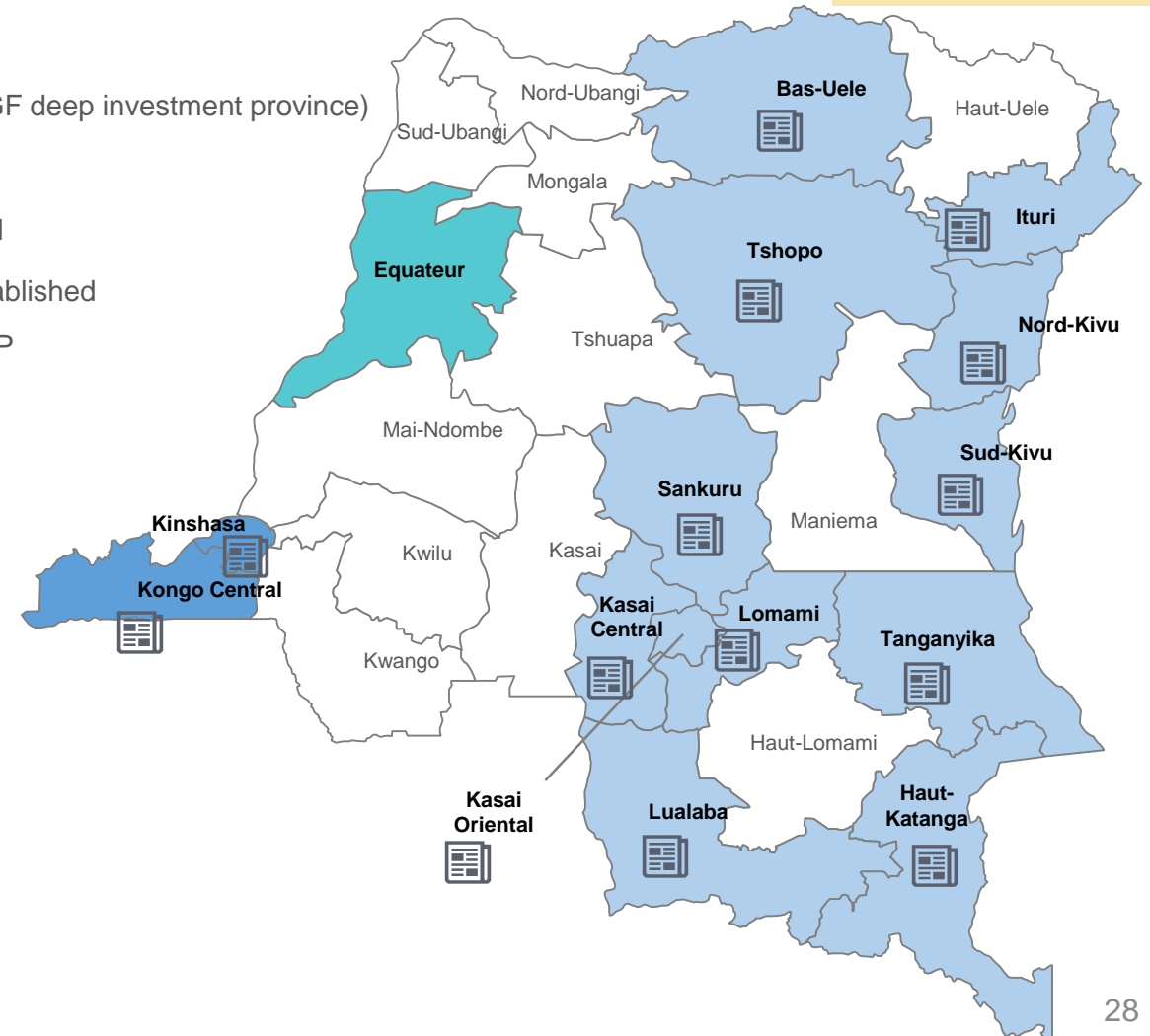
15

Total provinces
with CTMP

3

National CTMP meetings
held

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



Summary dashboard: Enabling environment

While the allocation and release of funds for the purchase of contraceptives at the national level remains weak, some provincial governments showed increased support for FP programming.

Funding for the purchase of contraceptives remains low

\$0

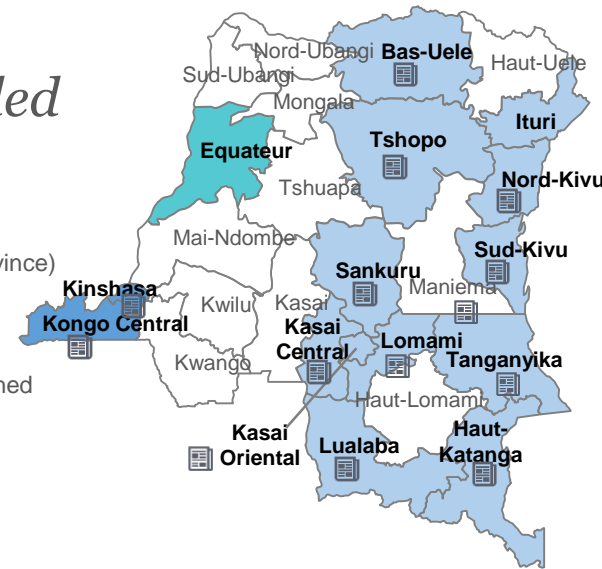
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1 new CTMP added

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COVID-19 Impacts

Postponement/cancellation of meetings and events, including the final evaluation of the 2015-2020 national FP strategic plan.

Though the government was quick to issue guidance for programs, family planning programs and activities were not prioritized during this time by the government.

New surveys about the impact of COVID-19 were created by PMA, GEAS, Track 20, and FP CAPE.



Demand generation

DRC findings

Demonstration models: Demand generation

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



Program demonstration models
DRC

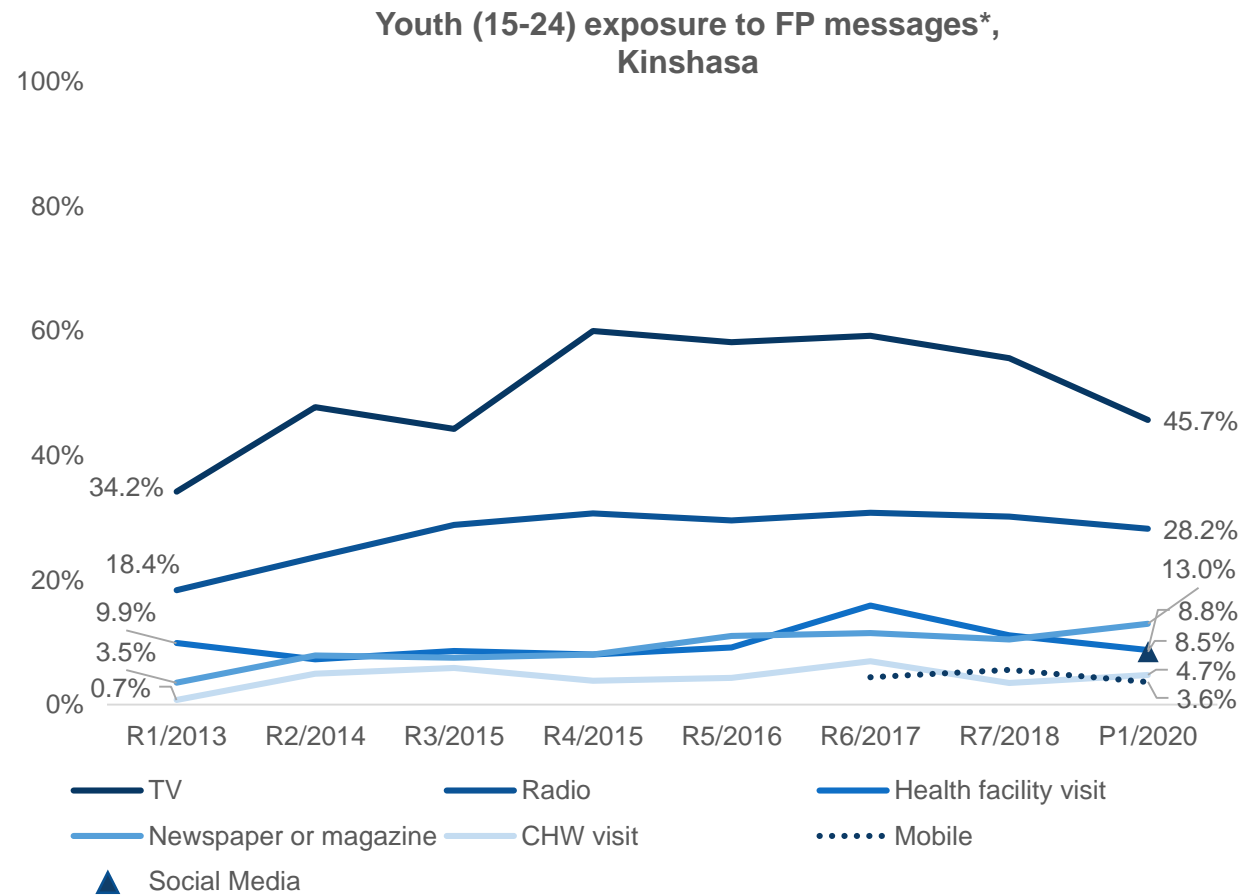
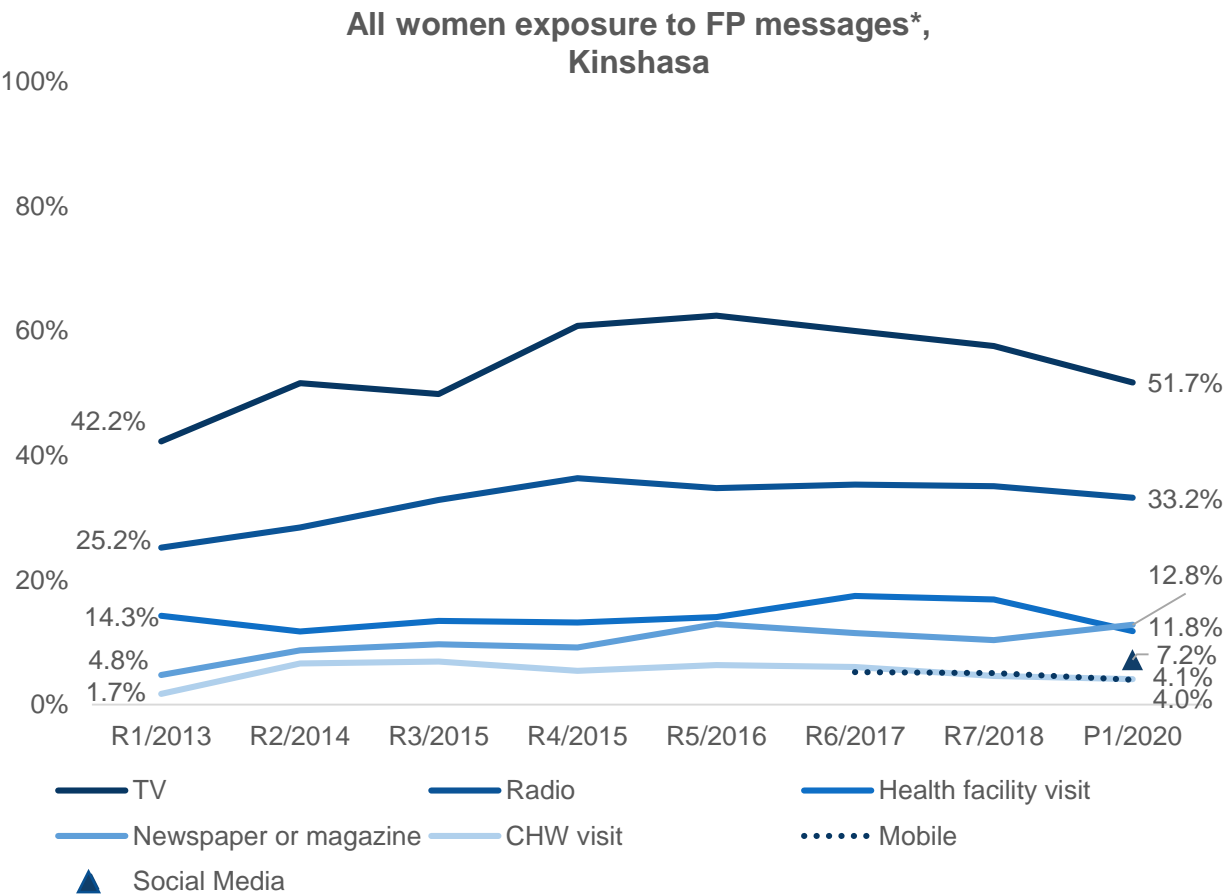
Critical assumptions	Expected changes	Sentinel indicators	Progress KIN/KC
<i>Model program strategies will create demand for modern FP</i>	Increased exposure to FP messages in focus provinces	▶ % of women exposed to FP messages through radio and TV (by age)	⊘ / ▲
	Increased intention to use FP among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

While television remains the most common source of FP messaging in Kinshasa, exposure levels have declined in recent years. Exposure to other methods is stable.

ToC critical assumption

Model program strategies will create demand for modern FP

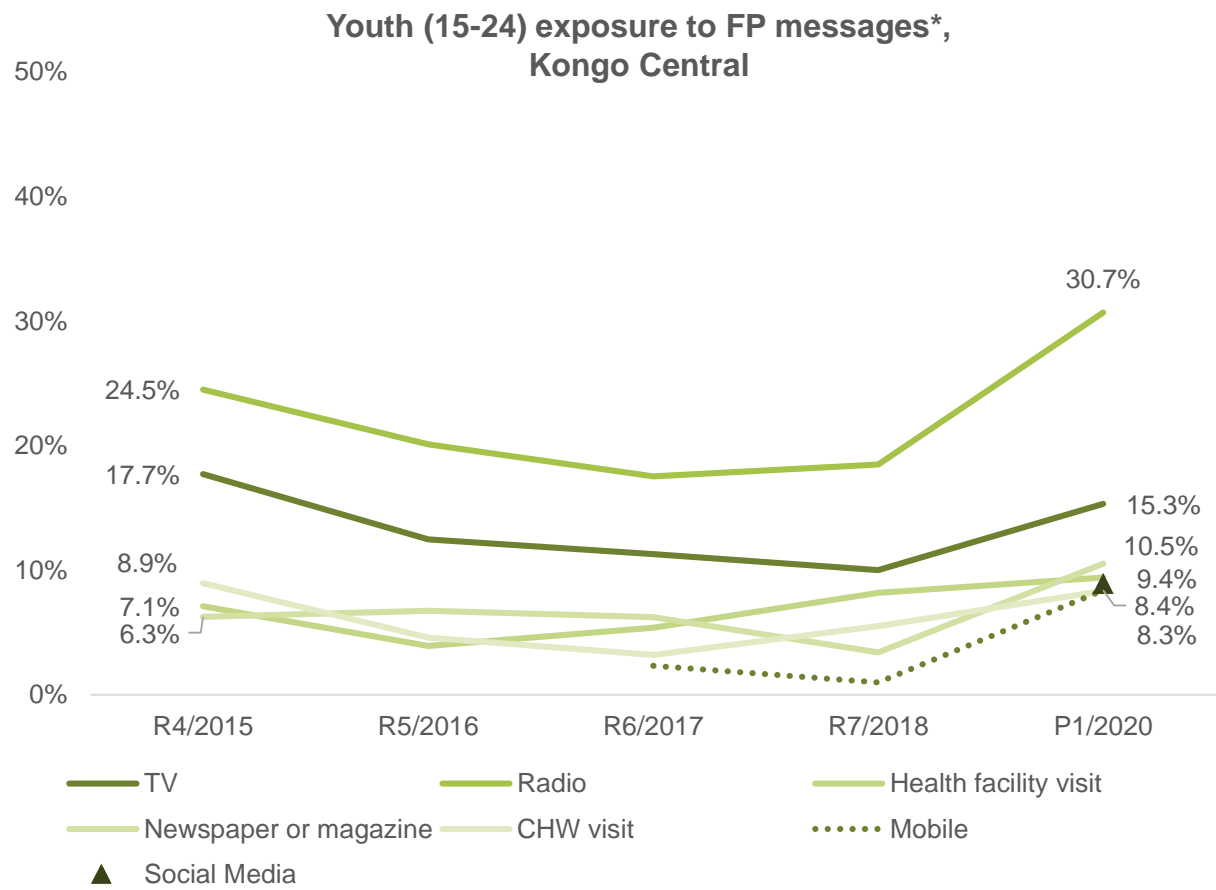
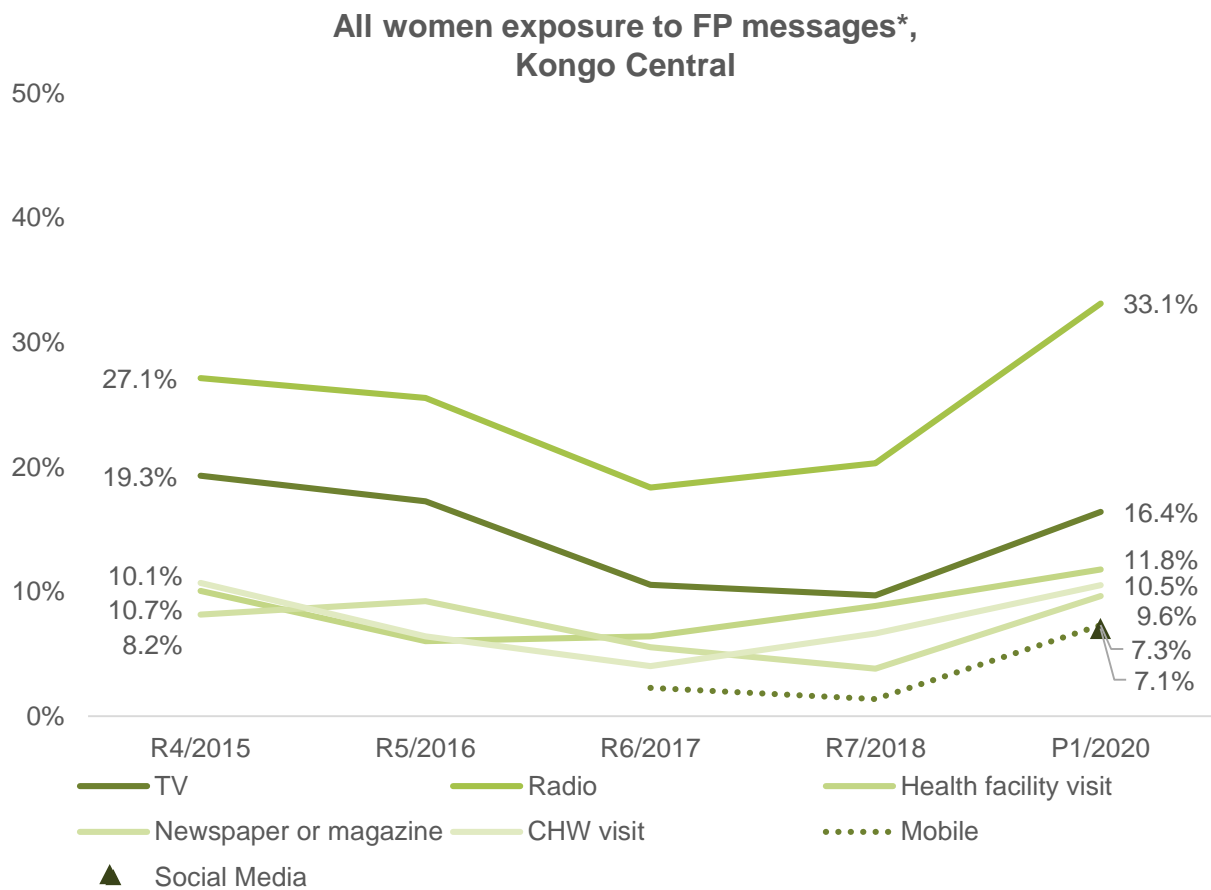


Exposure to FP messages in Kongo Central

Exposure to FP messages through mass media is increasing for both youth and all women. Radio remains the most common source of messaging.

ToC critical assumption

Model program strategies will create demand for modern FP



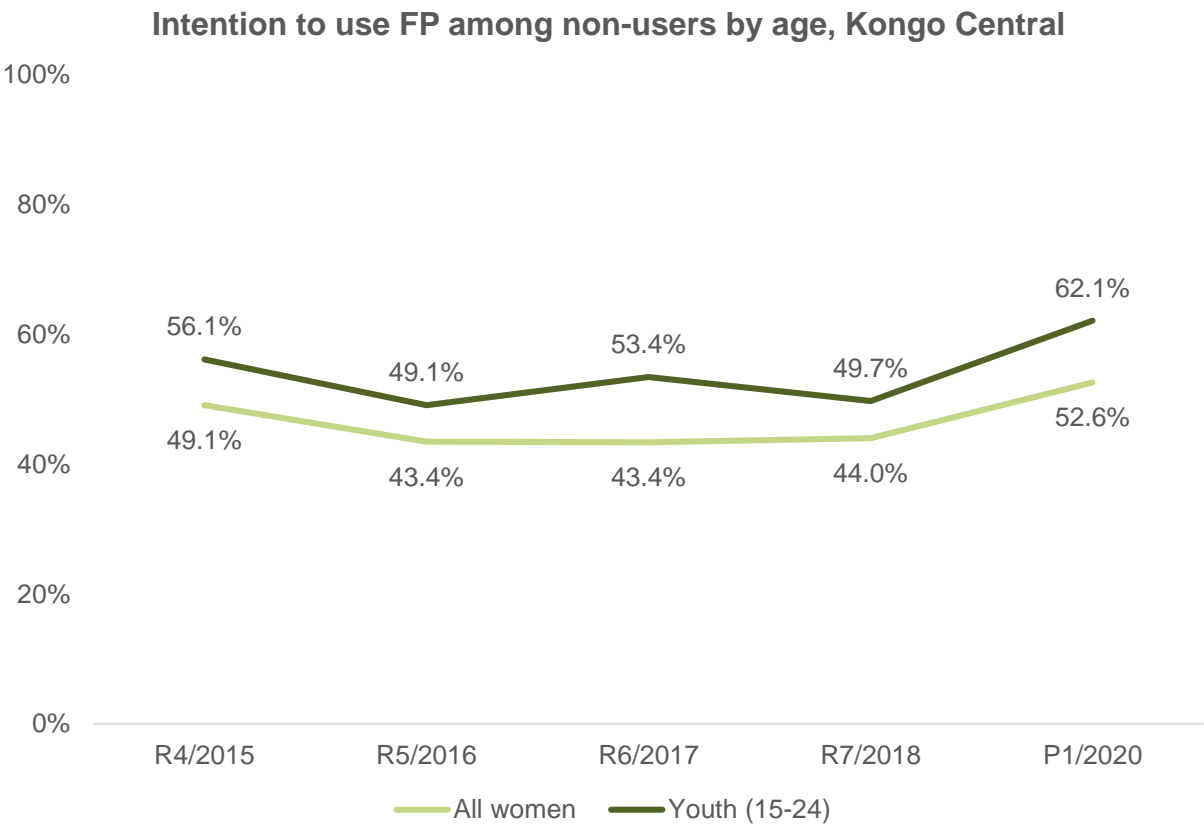
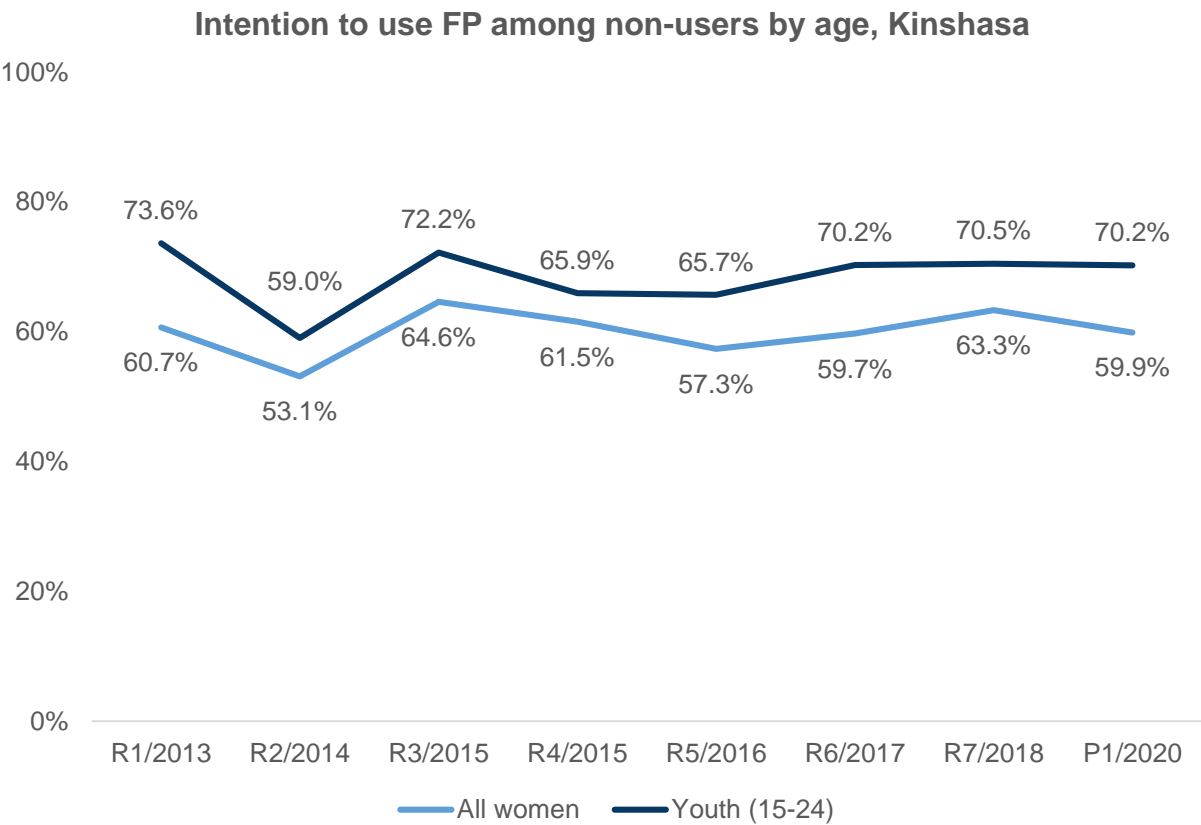
Intention to use FP, Kinshasa & Kongo Central

Intention to use FP in the future among non-users has remained fairly stable in Kinshasa in recent years, and appears to be increasing in KC.

ToC critical assumption

Model program strategies will create demand for modern FP

Learning about sexual/RH behaviors improves youth-related outcomes



FP use and intention to use FP, Kinshasa

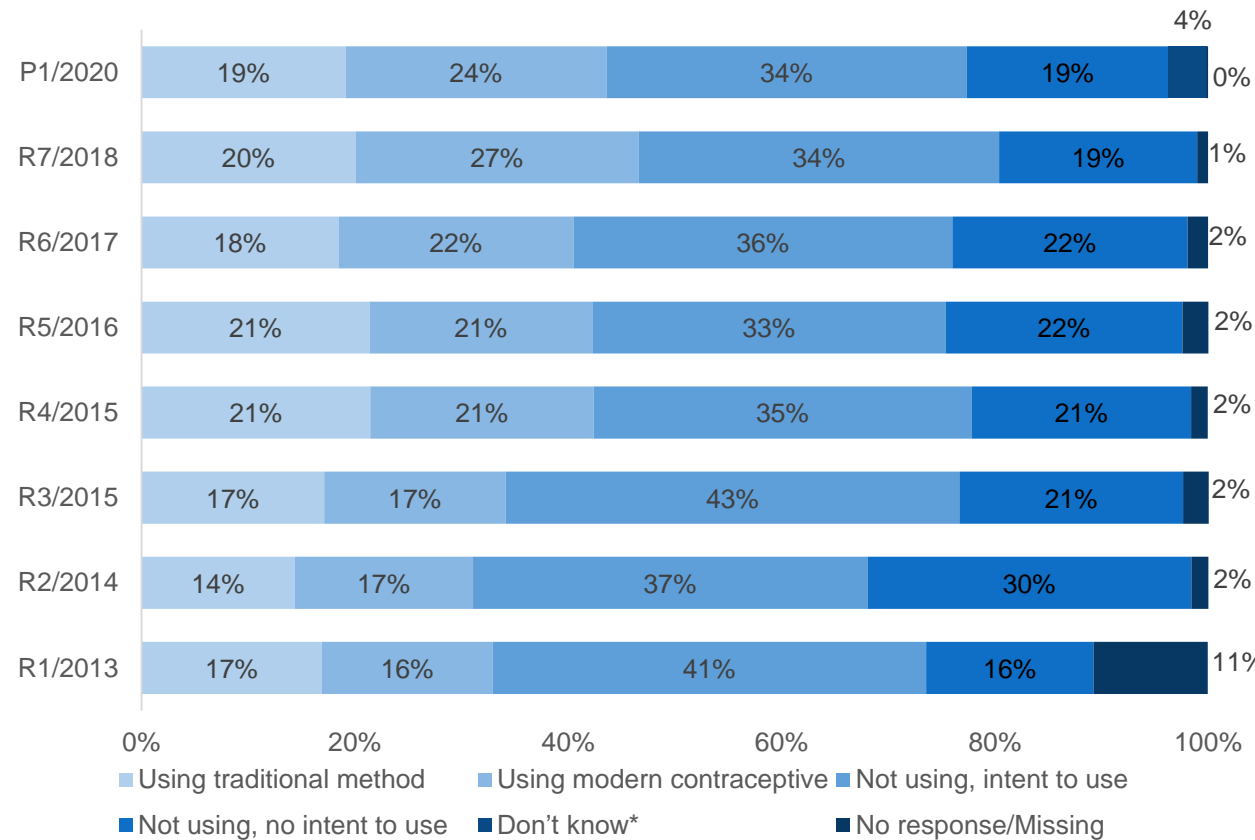
The total percentage of women who are either using FP or intend to use FP in the future has remained fairly stable since 2015 among all women and increased slightly for youth.

ToC critical assumption

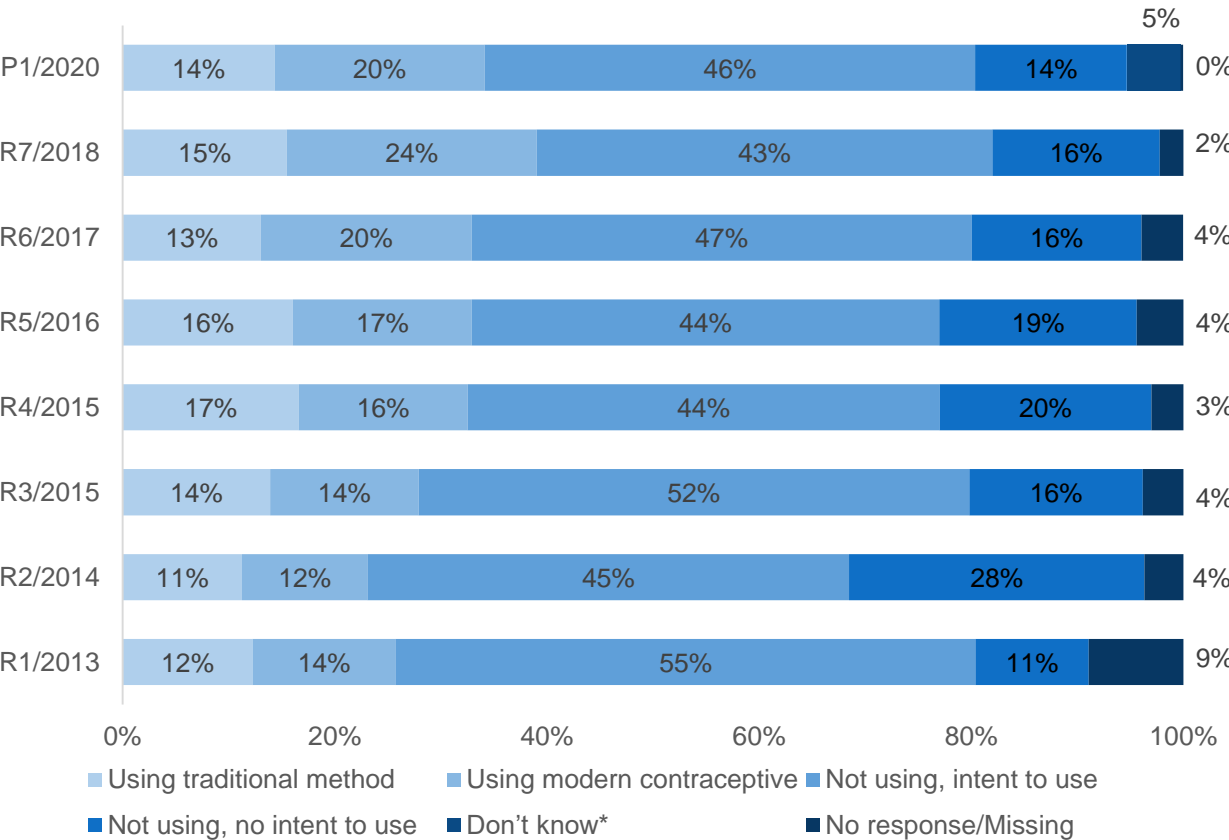
Model program strategies will create demand for modern FP

Learning about sexual/RH behaviors improves youth-related outcomes

All women FP use and intention to use, Kinshasa



Youth (15-24) FP use and intention to use, Kinshasa



FP use and intention to use FP, Kongo Central

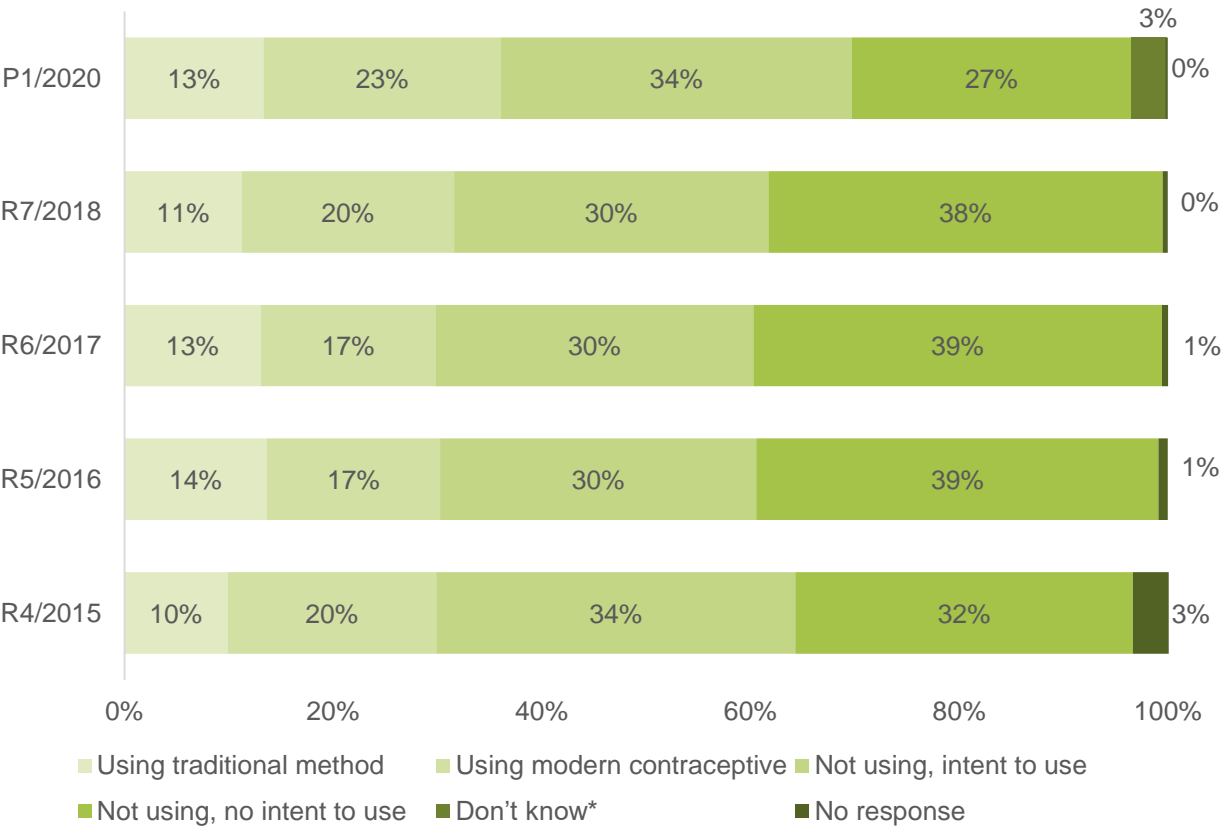
The total percentage of women who are either using FP or intend to use FP in the future increased in 2020 among all women and youth in Kongo Central.

ToC critical assumption

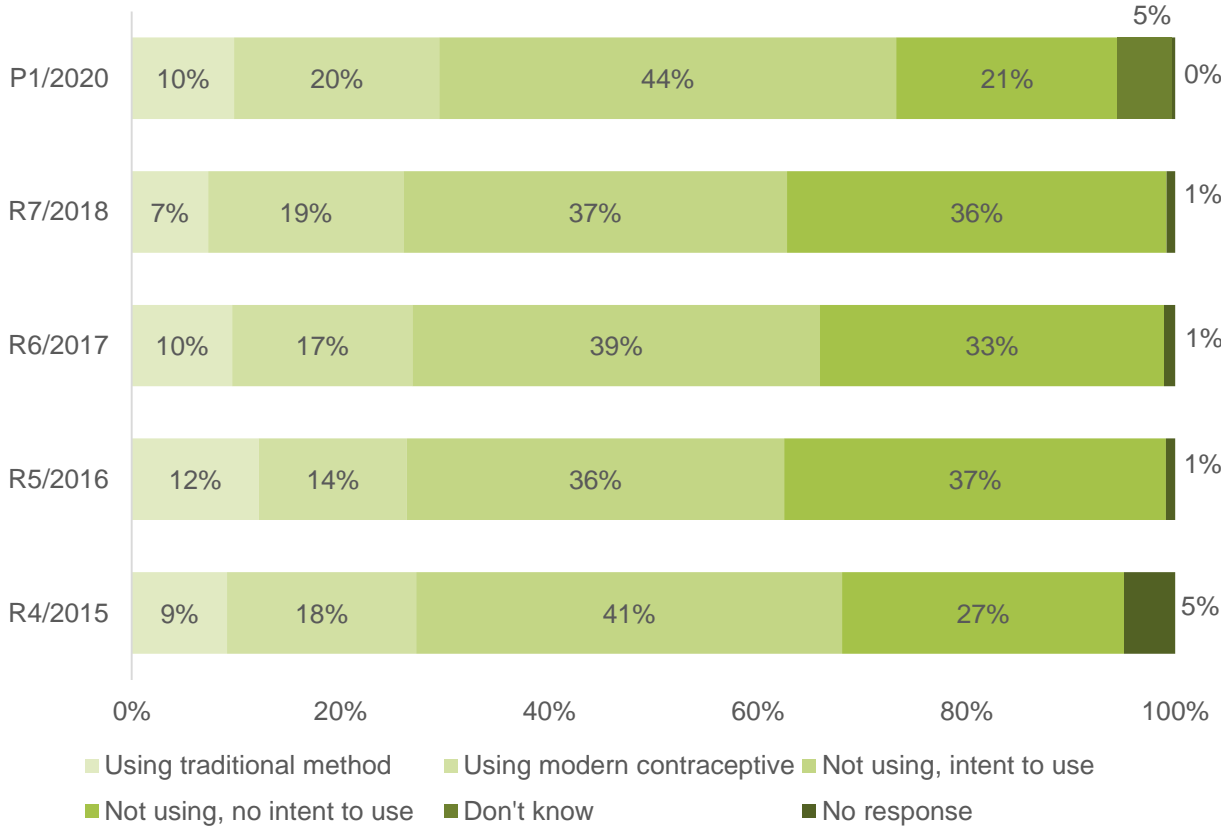
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All women use and intention to use, KC



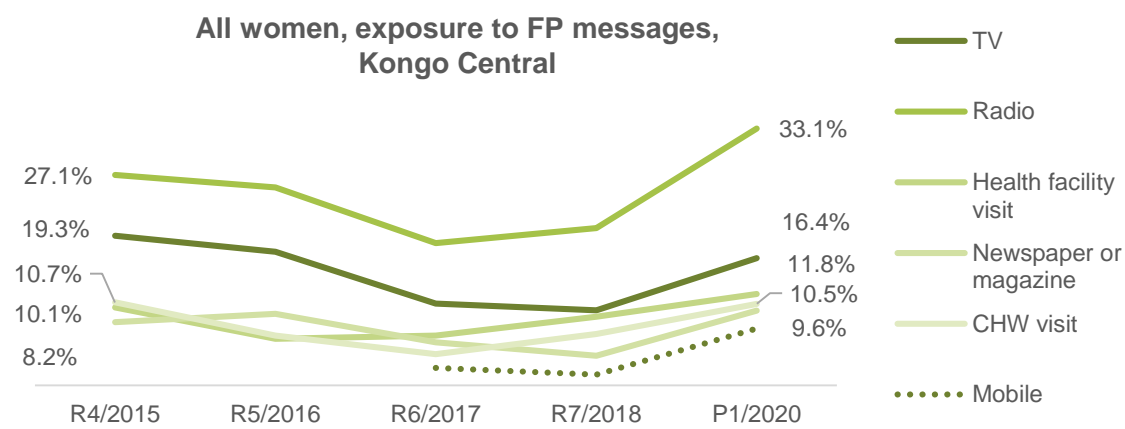
Youth (15-24) FP use and intention to use, KC



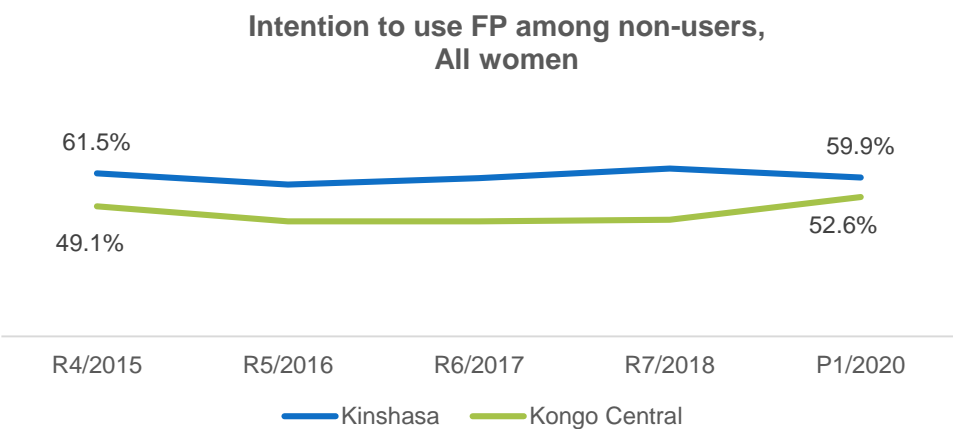
Summary dashboard: Demand generation

Demand indicators are increasing in Kongo Central but flat or declining in Kinshasa. COVID-19 canceled some demand generation activities, but grantees were able to adapt to new platforms.

Media exposure increased in Kongo Central



Intention to use FP is stable in Kinshasa and increasing in KC



COVID-19 Impacts

With the cancelation of some in-person demand generation activities, grantees moved to other platforms such as WhatsApp and radio.

For the in-person activities that continued, grantees adapted activities to COVID-19 regulations.

Kinshasa media organizations stopped providing free airtime for FP messaging at the beginning of the COVID-19 lockdown.



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 [public] services is increased in focus provinces	<ul style="list-style-type: none"> ▶ % of public facilities offering at least five modern contraceptive 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 (injectable, pill) ▶ % of public facility with stockouts in the last 3 months (IUD, implant) 	▼ / ▲ ▲ / ○ ▼ / ▲ ▲ / ▲ ▼ / ○
	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 	▼ / ▼

○ No change ▲ Increasing ▼ Decreasing

Facilities offering at least five modern methods

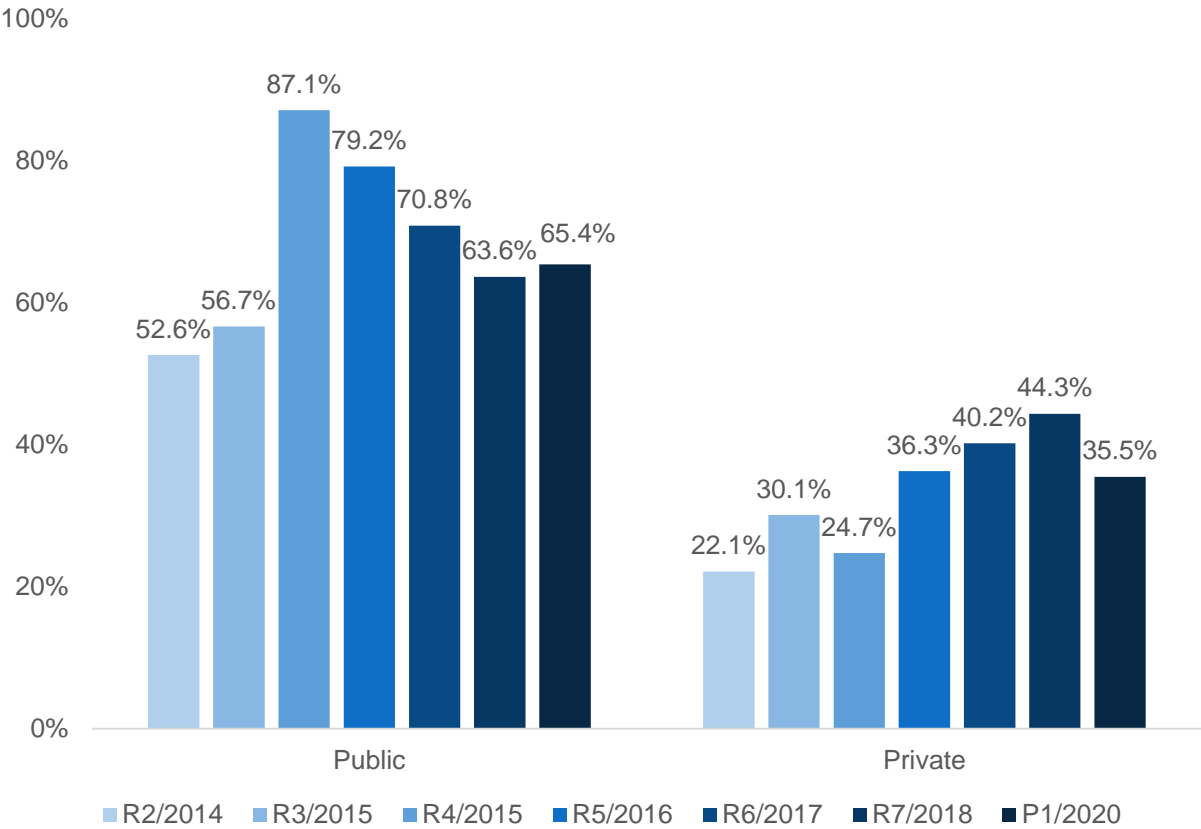
The percentage of public facilities offering at least 5 modern FP methods is increasing in KC. The percentage of private facilities offering at least five methods is decreasing in both provinces.

ToC critical assumption

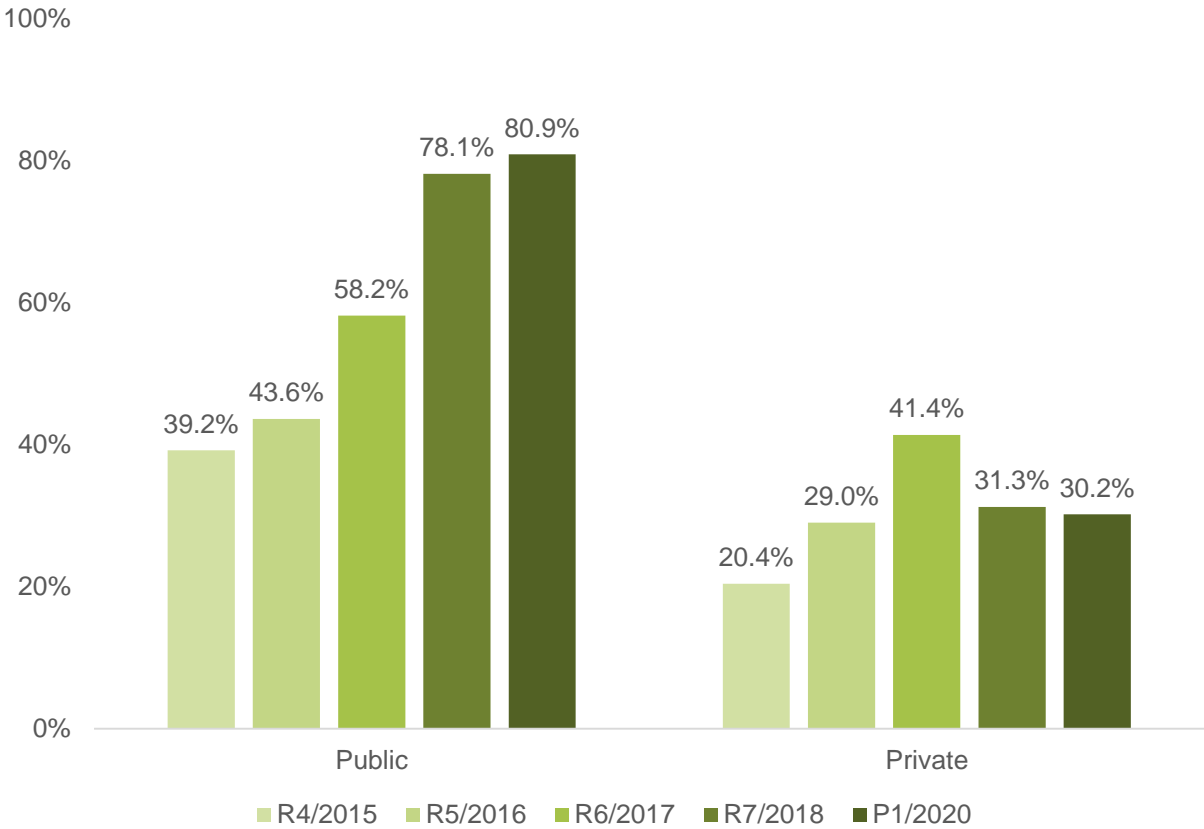
Service delivery models increase quality and access to full range of services

Private sector models increase access to FP

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



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



Source: PMA data (P1 Kinshasa and KC); PMA2020 data (R2-R7 Kinshasa; R4-R7 KC)

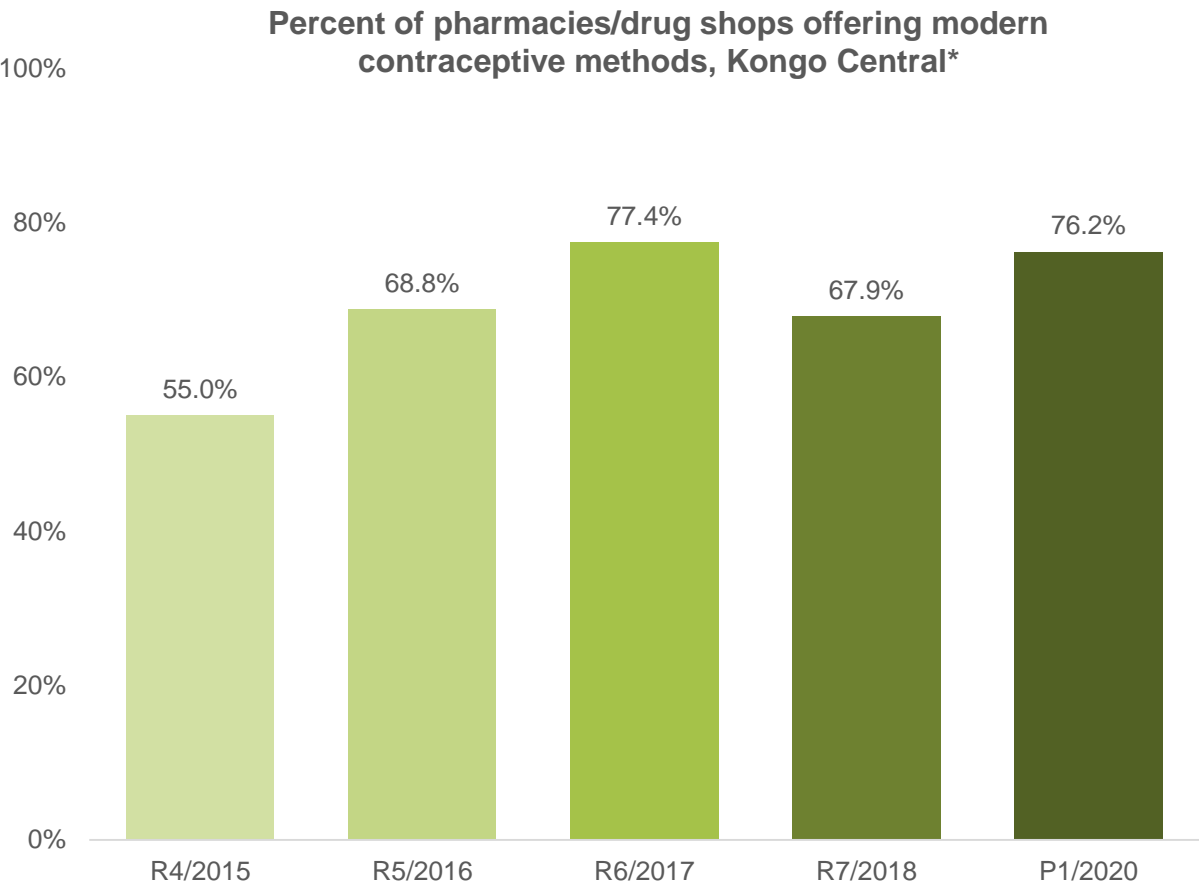
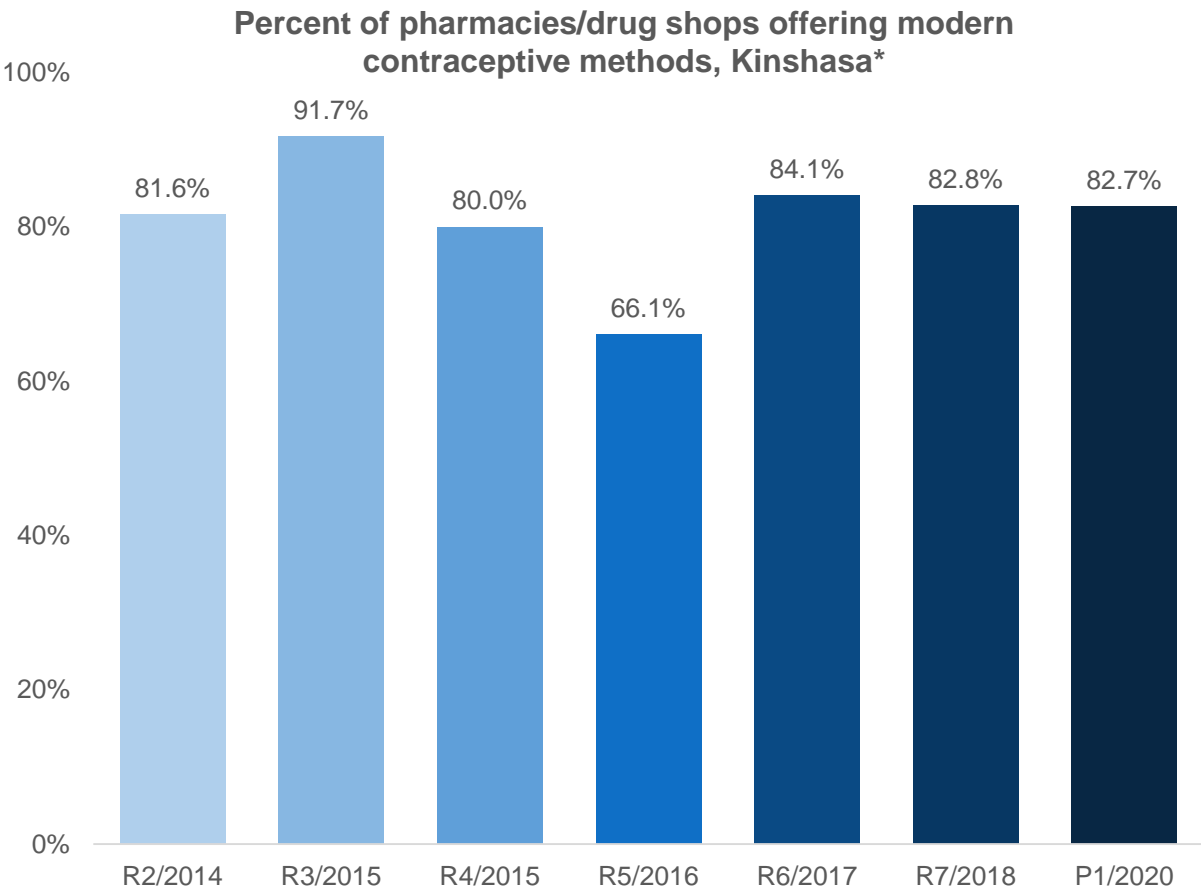
*Kinshasa: N ranges from 19 public facilities in 2014 to 133 public facilities in 2015
KC: N ranges from 29 private facilities in 2018 to 68 public facilities in 2020

Access to methods through pharmacies and drug shops

The availability of methods in pharmacies and drug shops remained relatively high and stable in Kinshasa, while availability increased in KC.

ToC critical assumption

Private sector models increase access to FP



Source: PMA data (P1 Kinshasa and KC); PMA2020 data (R2-R7 Kinshasa; R4-R7 KC)

*Kinshasa: N ranges 44 pharmacies/drug shops in 2017 to 100 pharmacies drug shops in 2016
KC: N ranges from 16 pharmacies/drug shops in 2016 to 42 pharmacies/drug shops in 2020

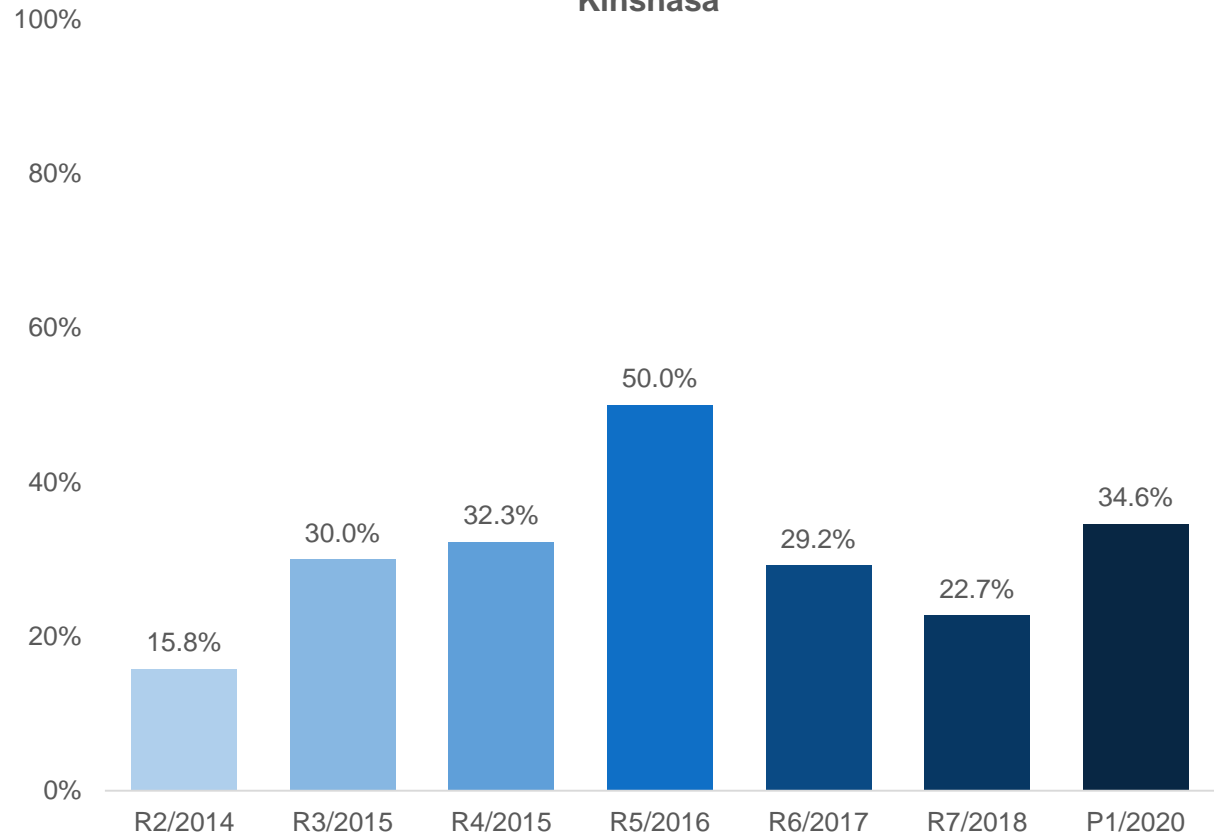
Public facilities with community health workers

The percentage of facilities with CHWs providing FP (condoms and pills) increased in Kinshasa after declining over the past few years, while it remains stable in KC.

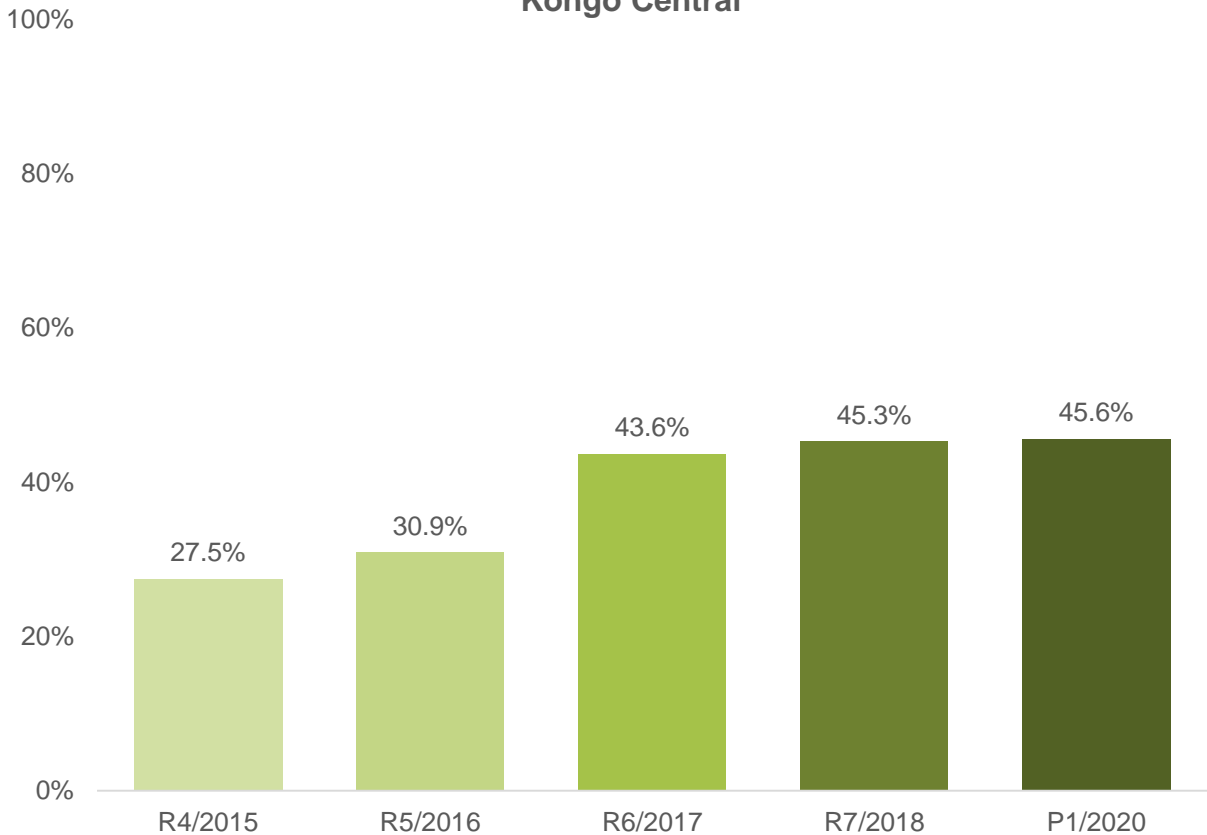
ToC critical assumption

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

Percent of public facilities with CHW that provide FP, Kinshasa



Percent of public facilities with CHW that provide FP, Kongo Central



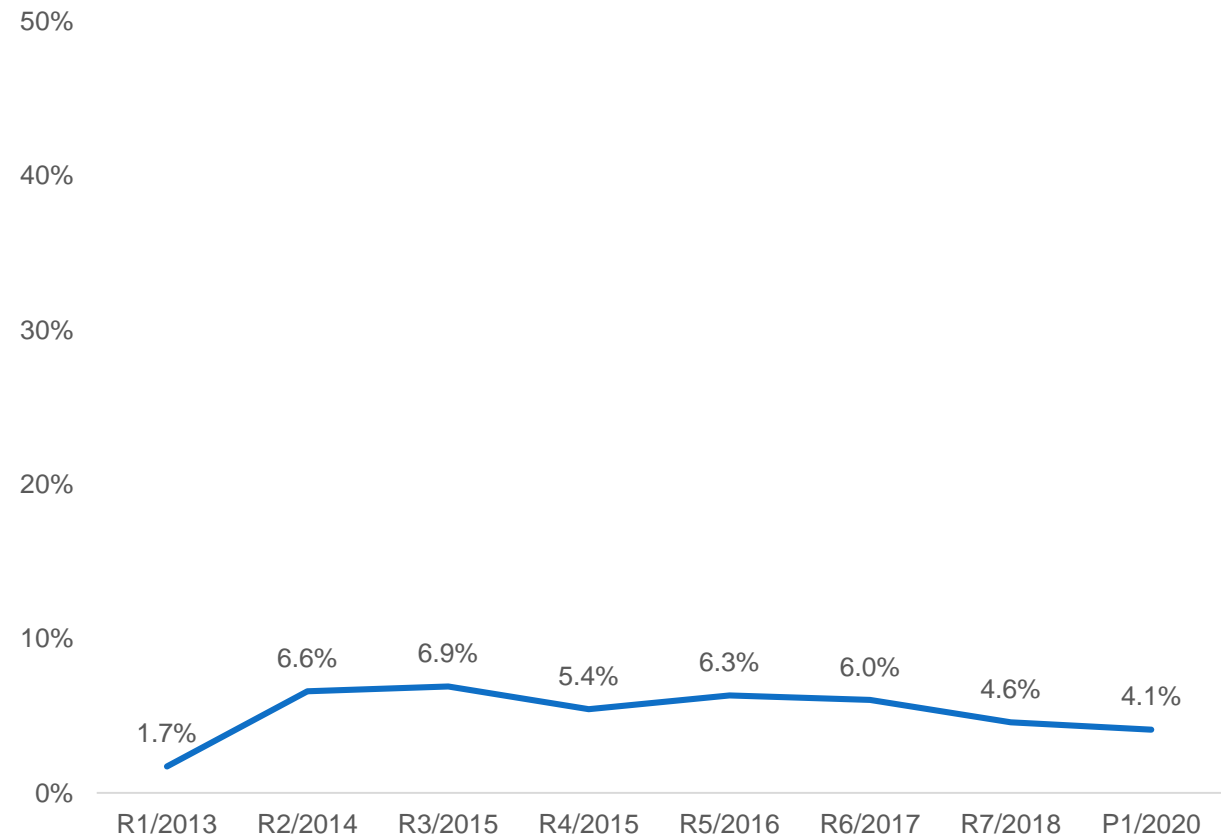
Exposure to FP messages from CHWs

Relatively few women report receiving FP messages from CHWs. Exposure to FP messaging from CHWs is increasing in KC, while it is decreasing slowly in Kinshasa.

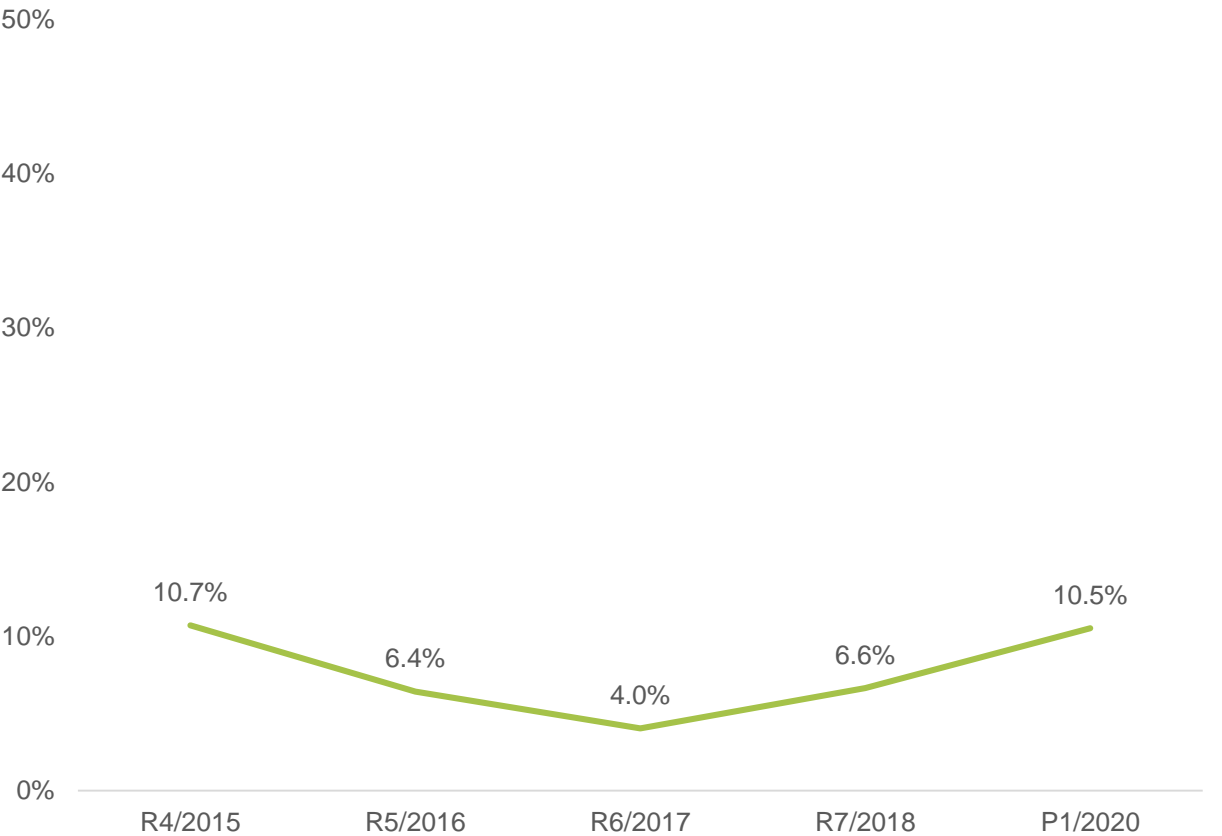
ToC critical assumption

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

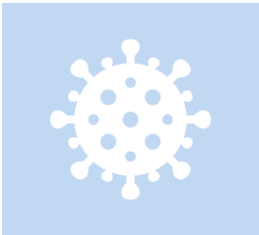
Percent of women exposed to FP messaging through CHWs, Kinshasa



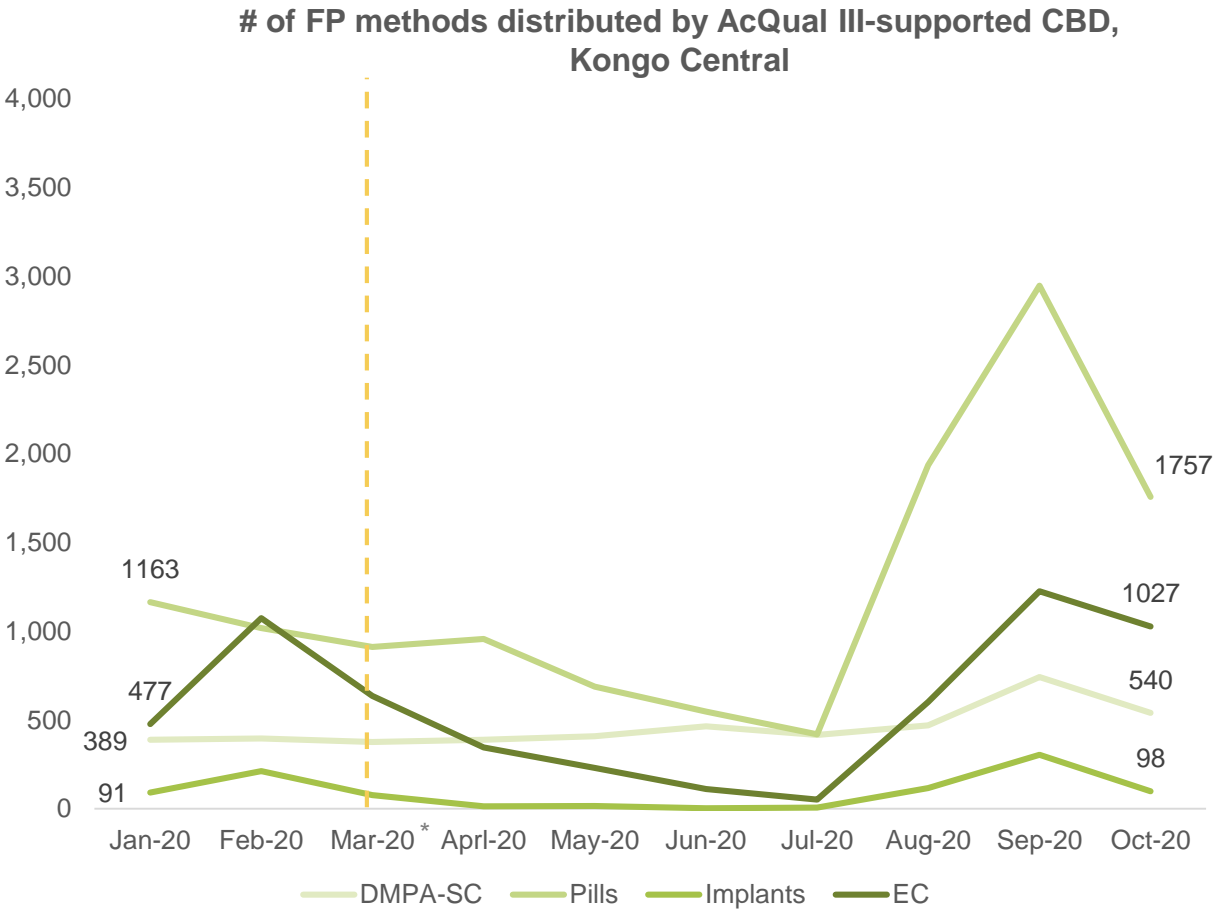
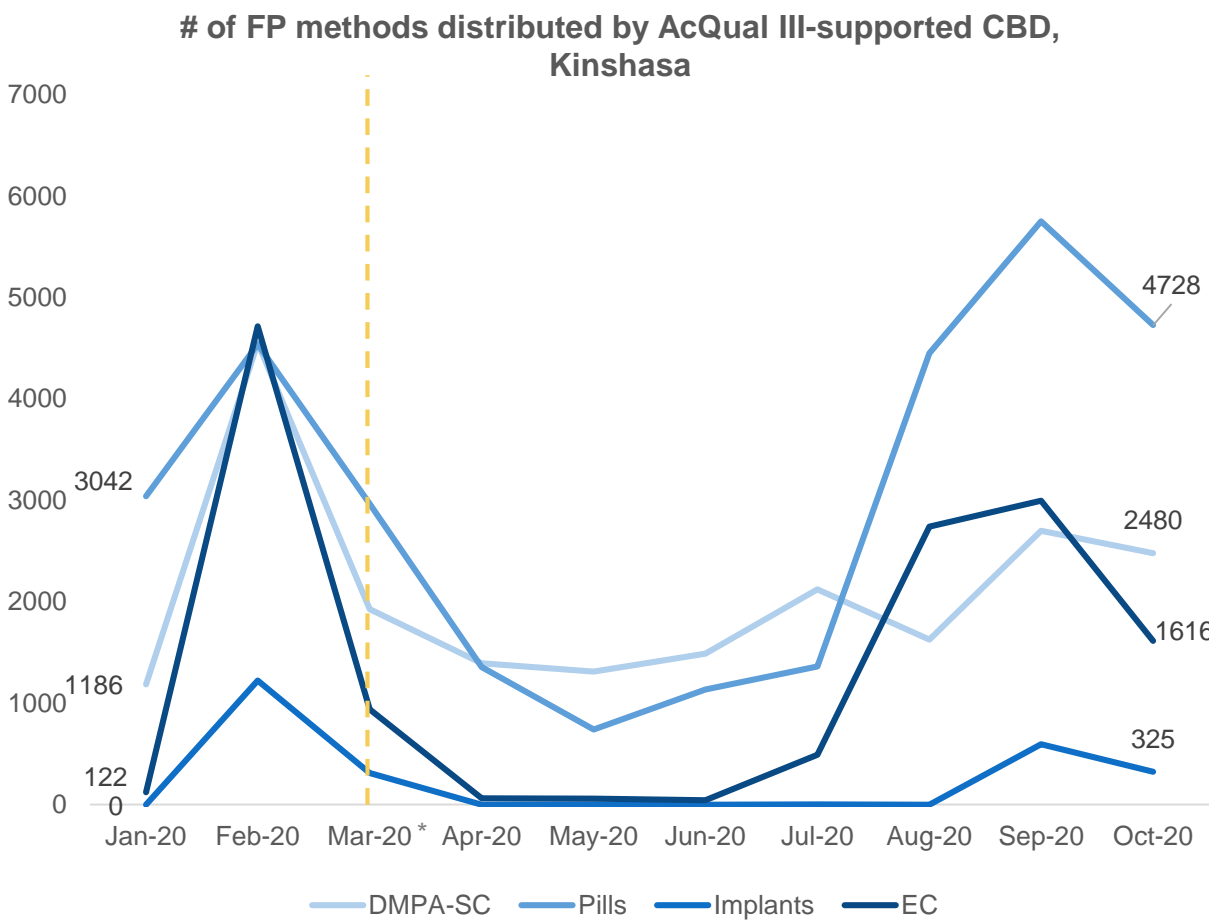
Percent of women exposed to FP messaging through CHWs, Kongo Central



COVID-19 and distribution of FP methods, CBD



Methods distributed by AcQual III-supported community-based distributors (CBD) decreased in March and April in Kinshasa and between March and July in KC. Methods distributed increased between July and September in both provinces.

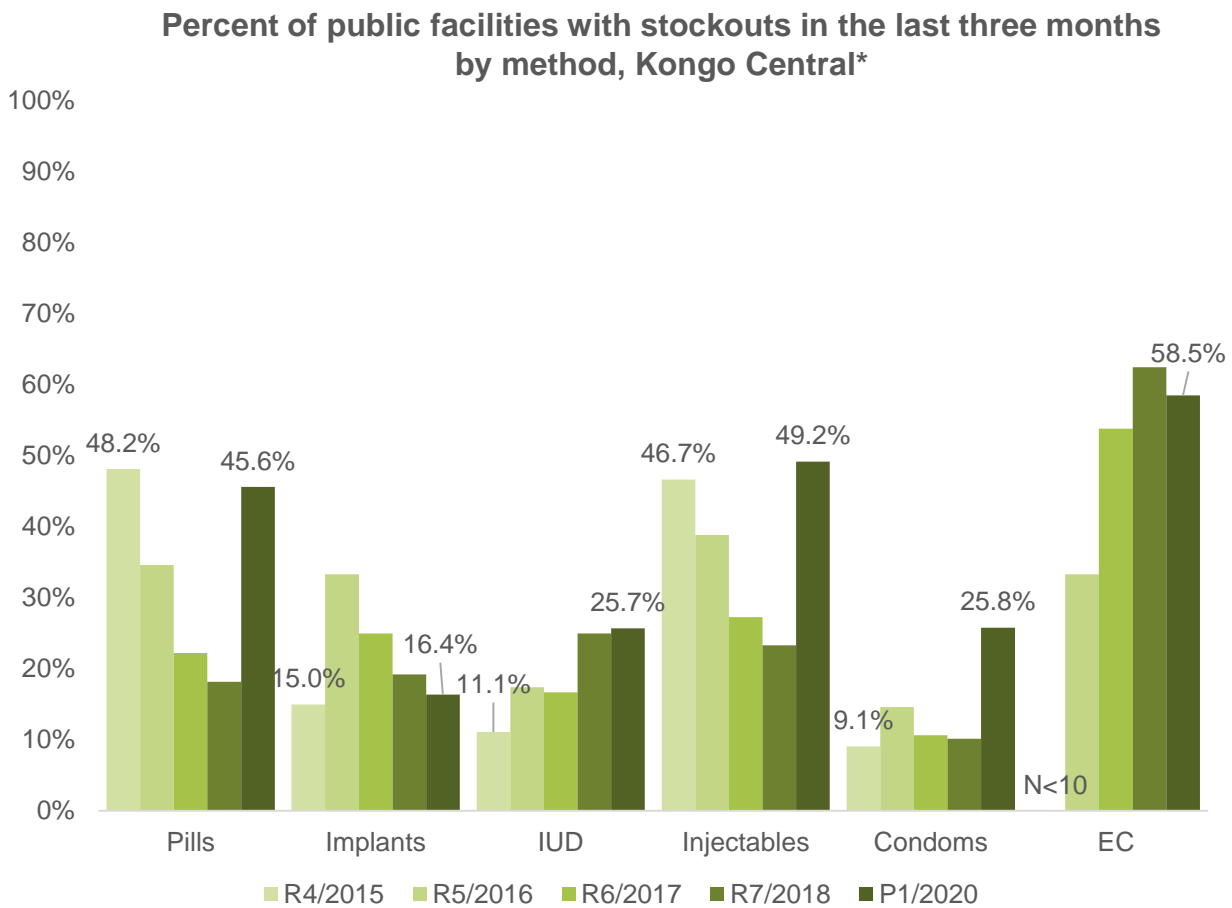
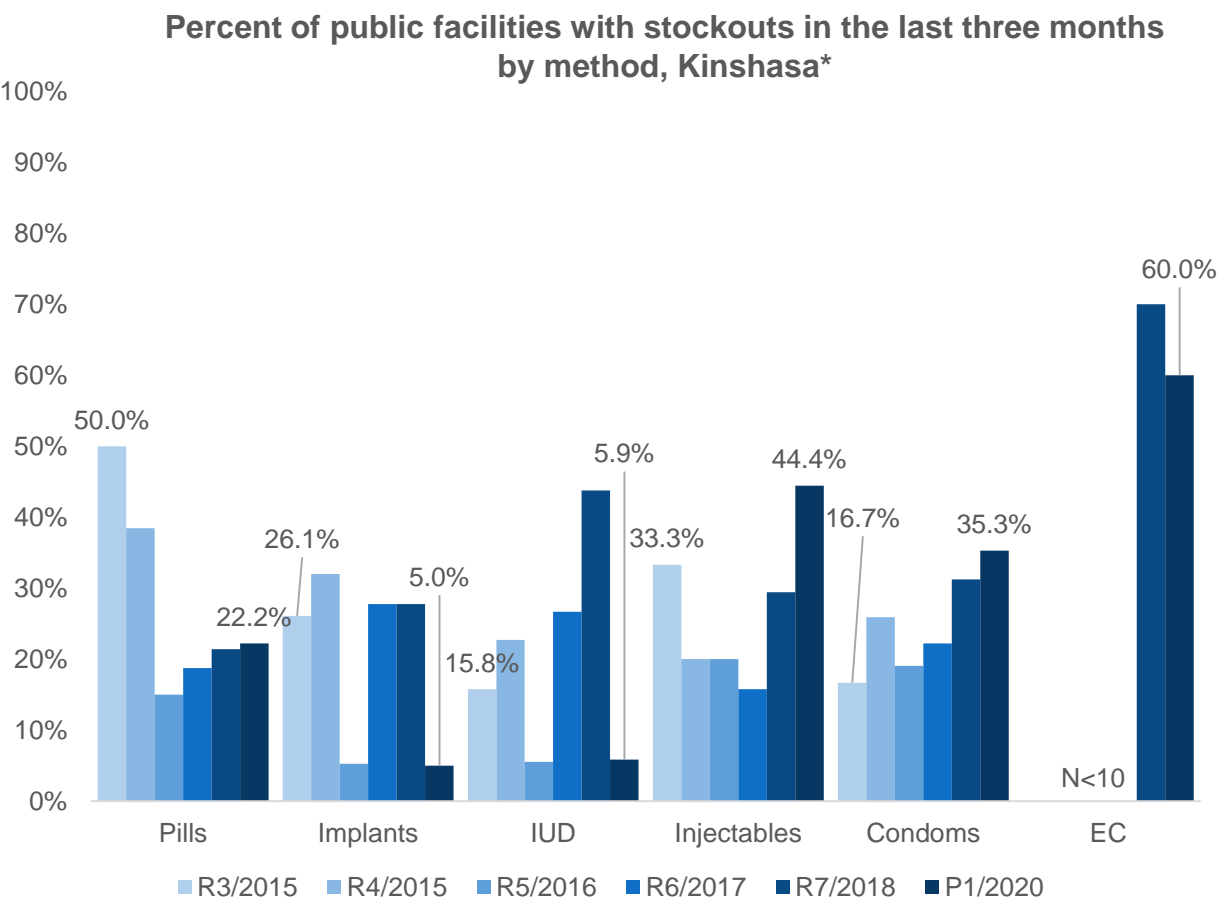


Stockouts at health facilities

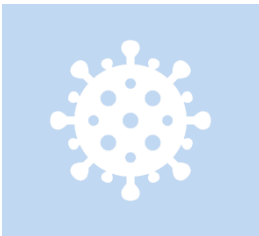
Stockouts in Kinshasa public facilities decreased for implants and IUDs and increased for other methods. In KC, stockouts increased for pills, injectables, and condoms.

ToC critical assumption

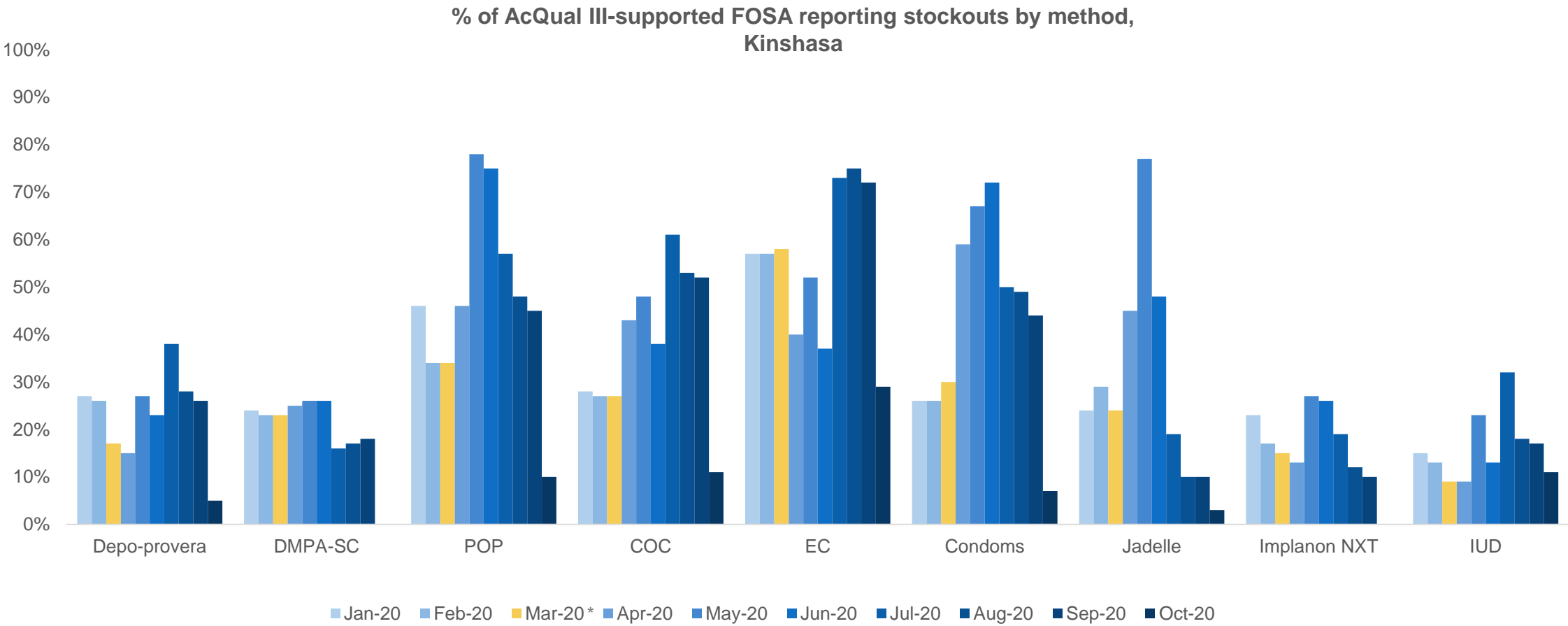
Service delivery models increase quality and access to full range of services



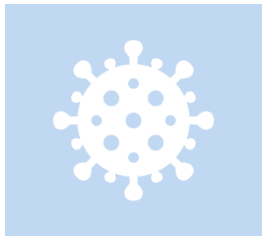
COVID-19 and stockouts, Kinshasa



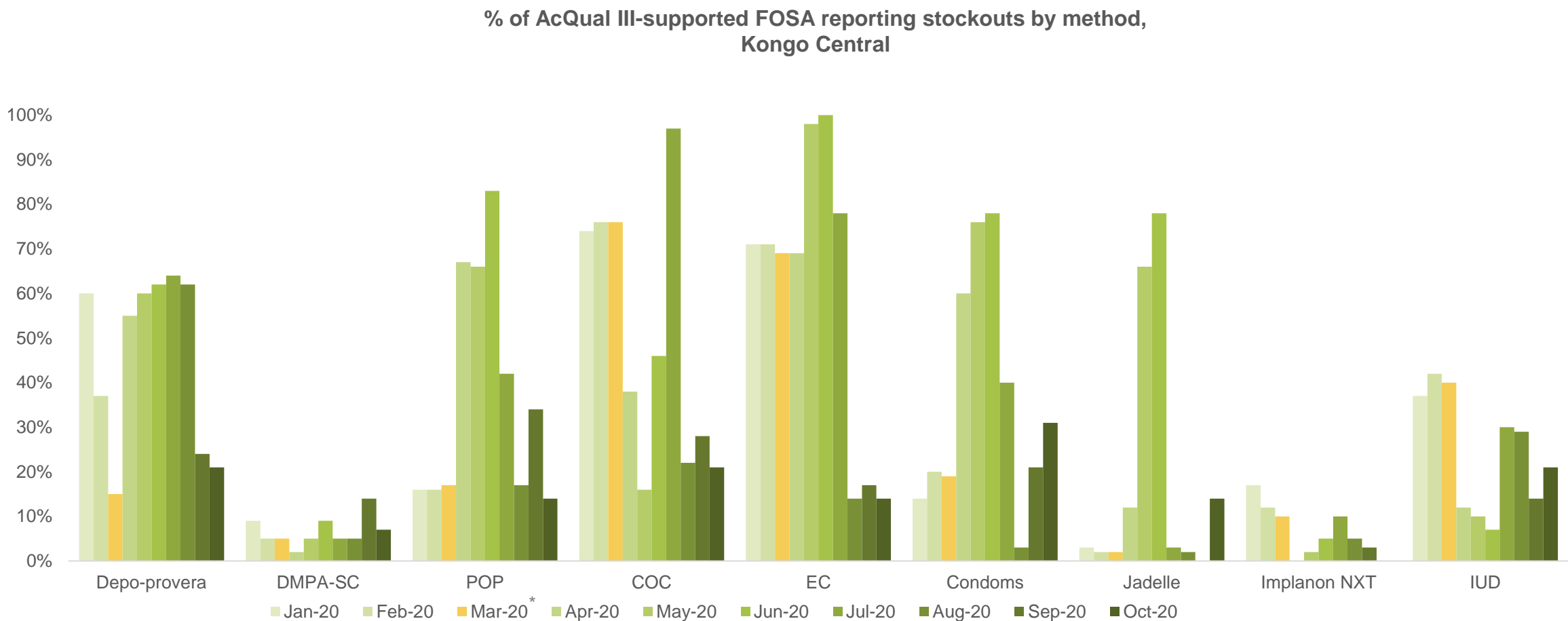
Stockouts of most FP methods in AcQual III-supported health facilities (FOSA) in Kinshasa increased between March and June 2020 and declined between June and October 2020.



COVID-19 and stockouts, Kongo Central



Stockouts of most FP methods in AcQual III-supported FOSA increased between April and July 2020 and declined through October 2020.

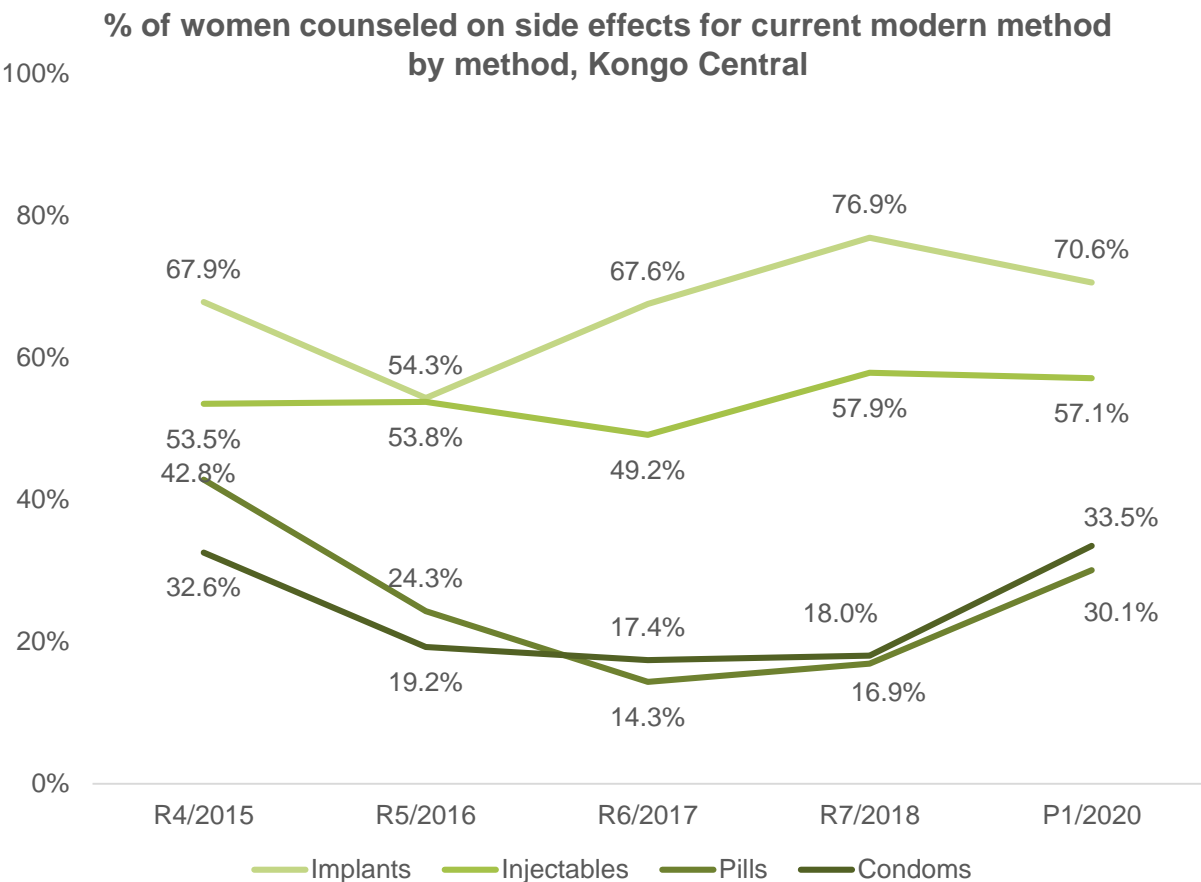
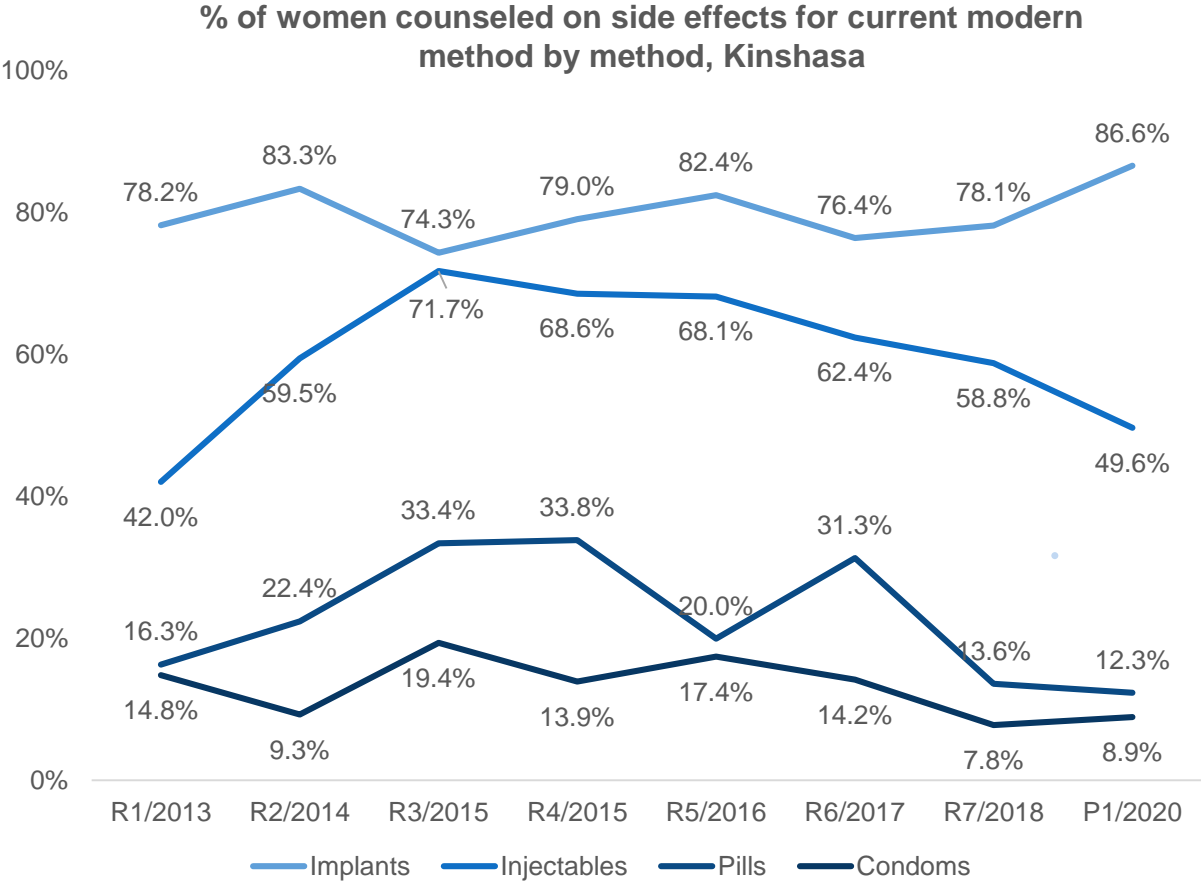


Counseling on side effects for current method

In Kinshasa, counseling on side effects has increased for implants, and decreased for injectables and pills. In KC, counseling has generally increased since 2017.

ToC critical assumption

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



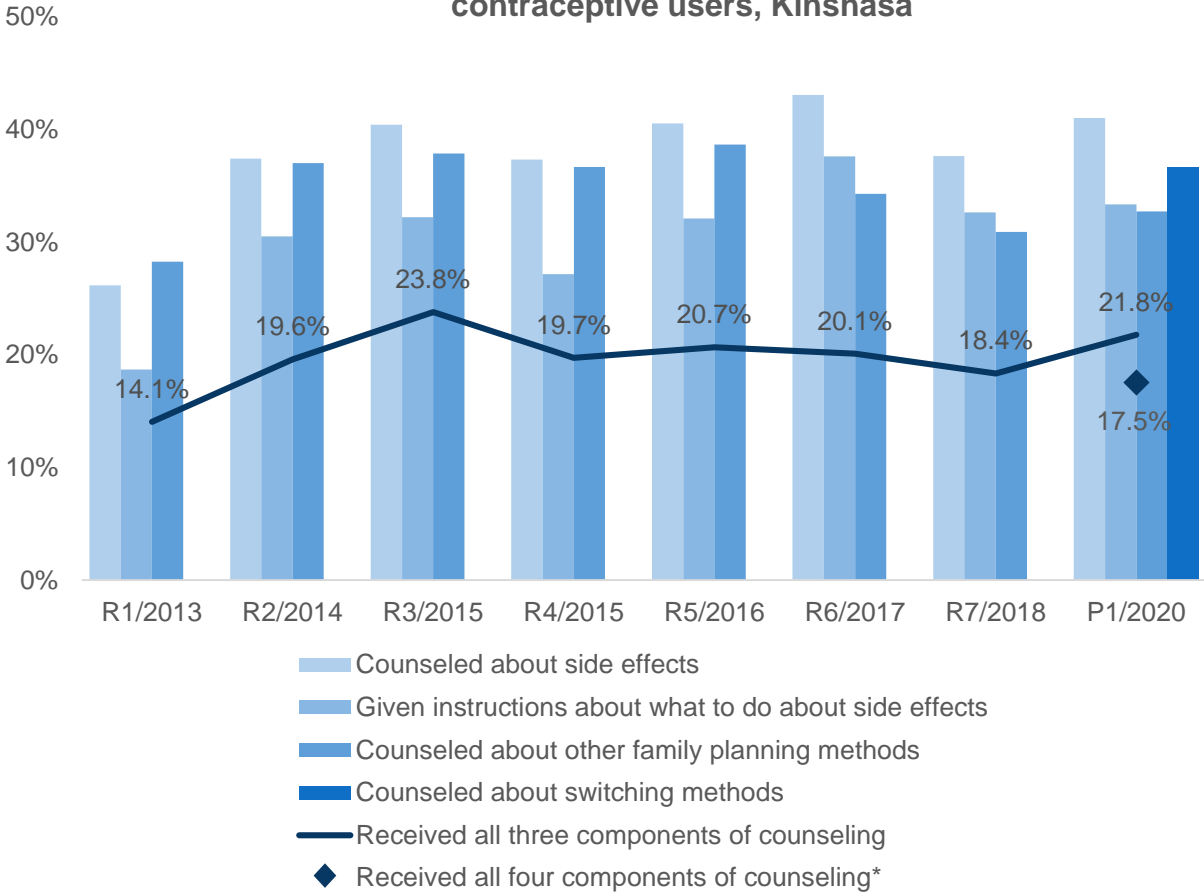
Quality of care: Counseling

There is no clear trend in counseling indicators in Kinshasa, while they are generally increasing in KC. Women are more often counseled about side effects for their chosen FP method than about other methods or about switching methods.

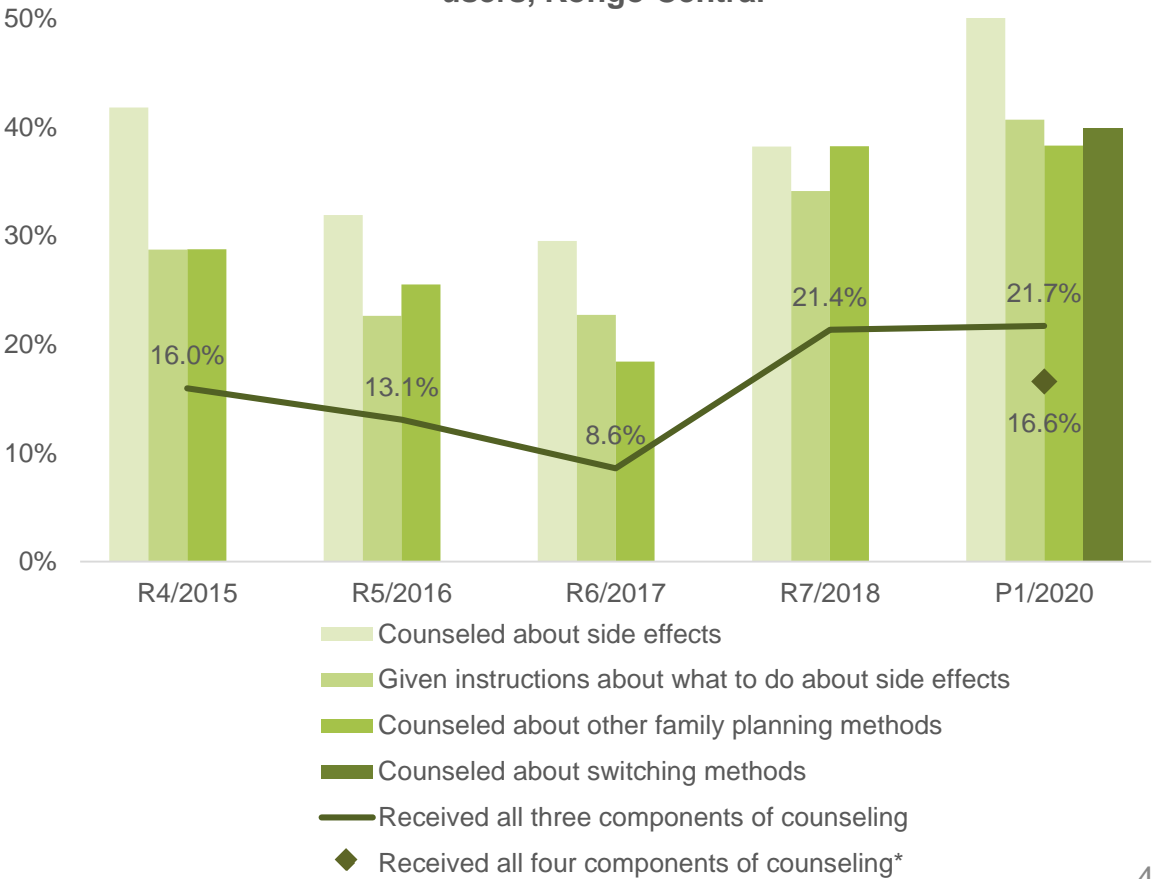
ToC critical assumption

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

Quality of family planning counseling among modern contraceptive users, Kinshasa



Quality of family planning counseling among modern contraceptive users, Kongo Central



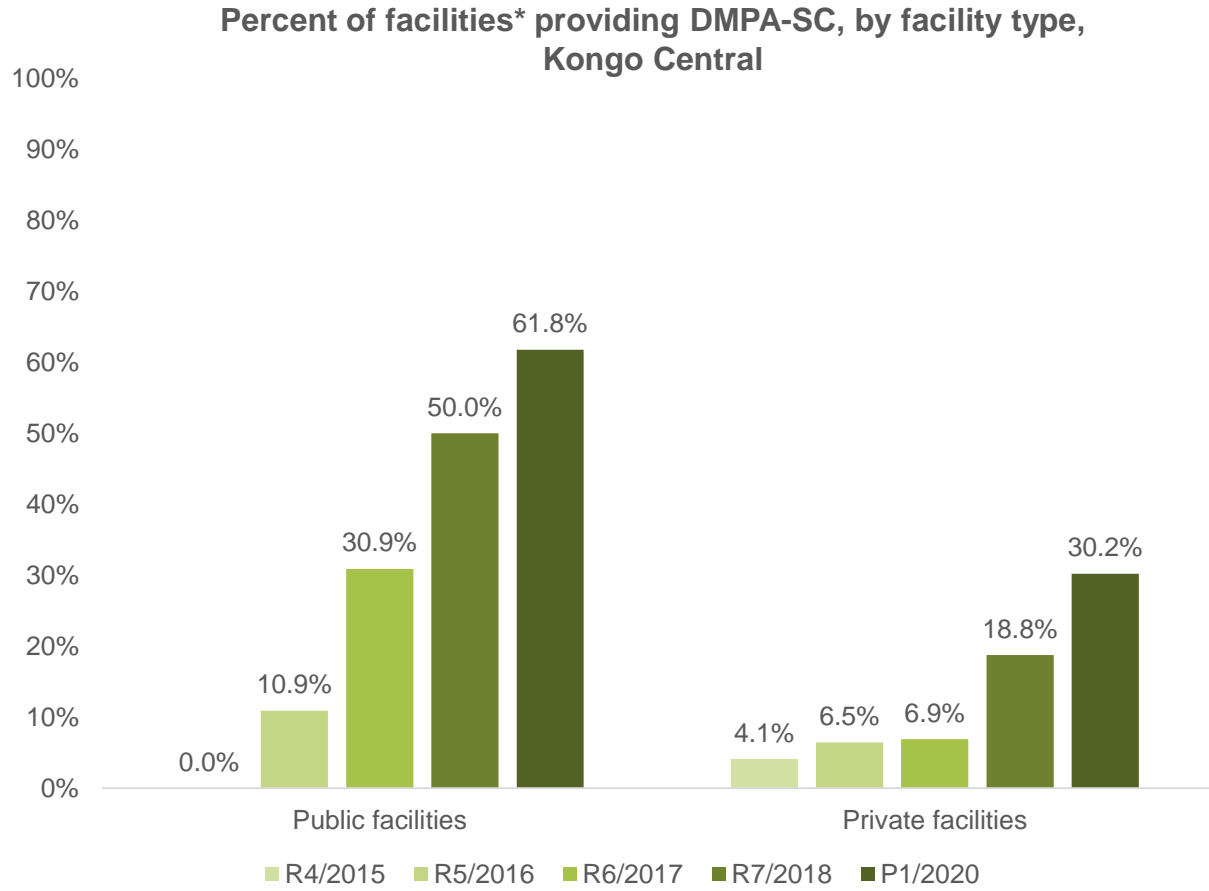
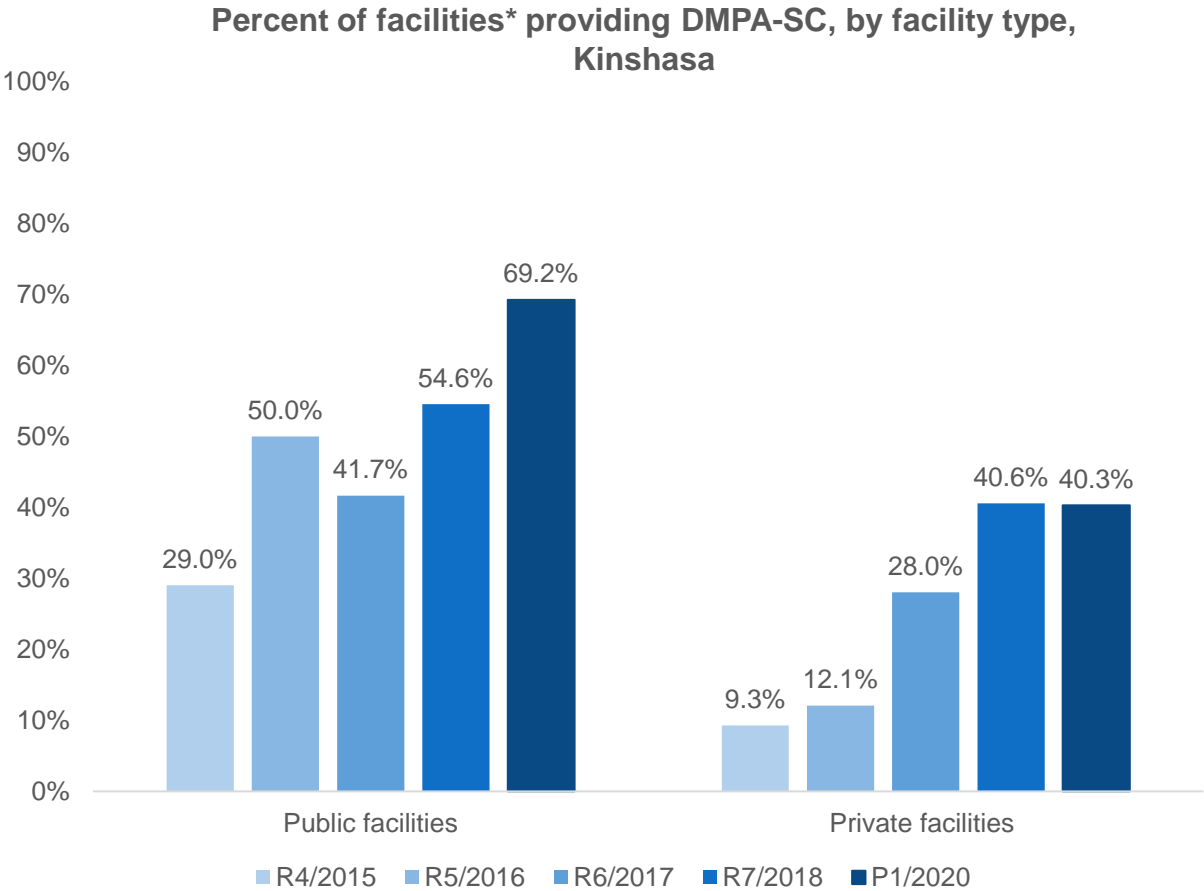
Source: PMA data (P1 Kinshasa and KC); PMA2020 data (R1-R7 Kinshasa; R4-R7 KC) *In P1/2020, women were additionally asked if they were counseled that could change their method later

Facilities providing DMPA-SC

Both provinces have an increasing percentage of public facilities providing DMPA-SC. In KC, the percentage of private facilities offering DMPA-SC is increasing, while it remains stable in Kinshasa.

ToC critical assumption

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

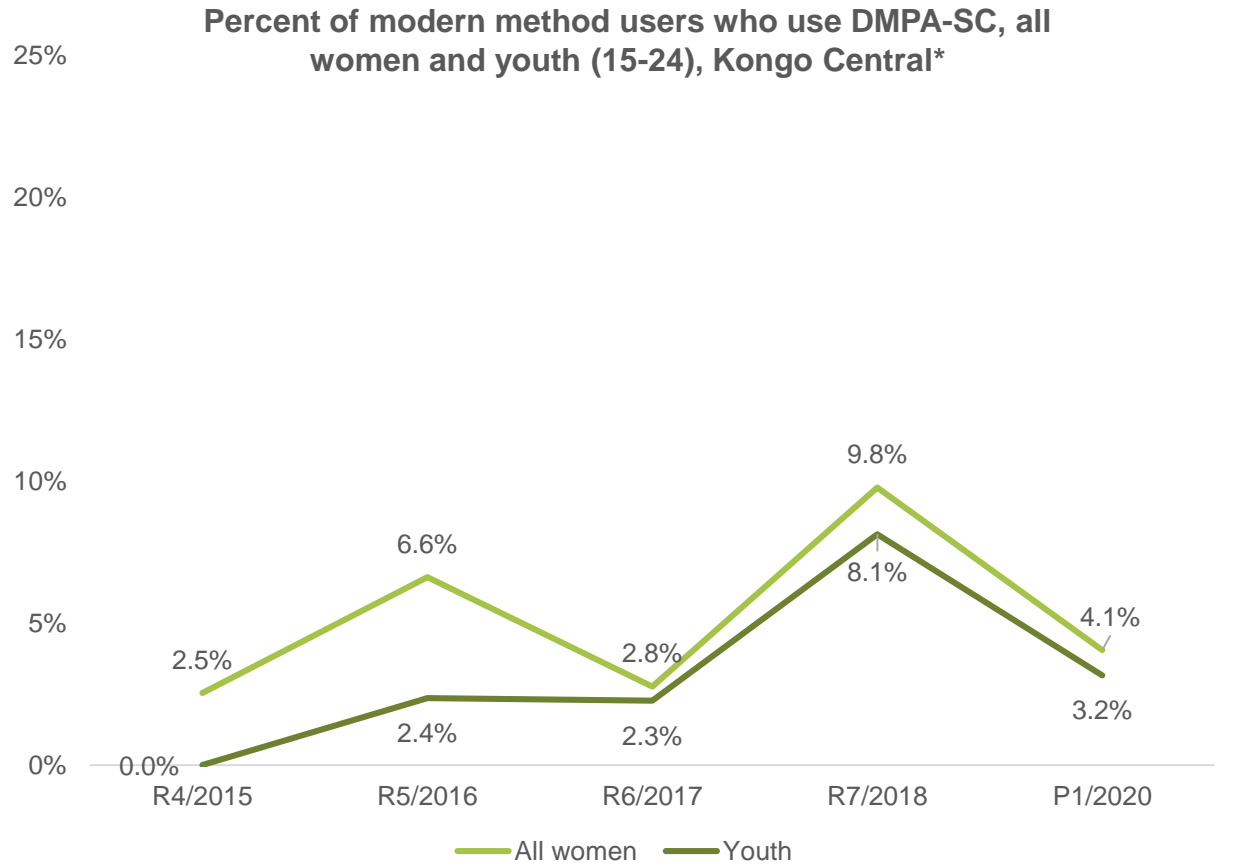
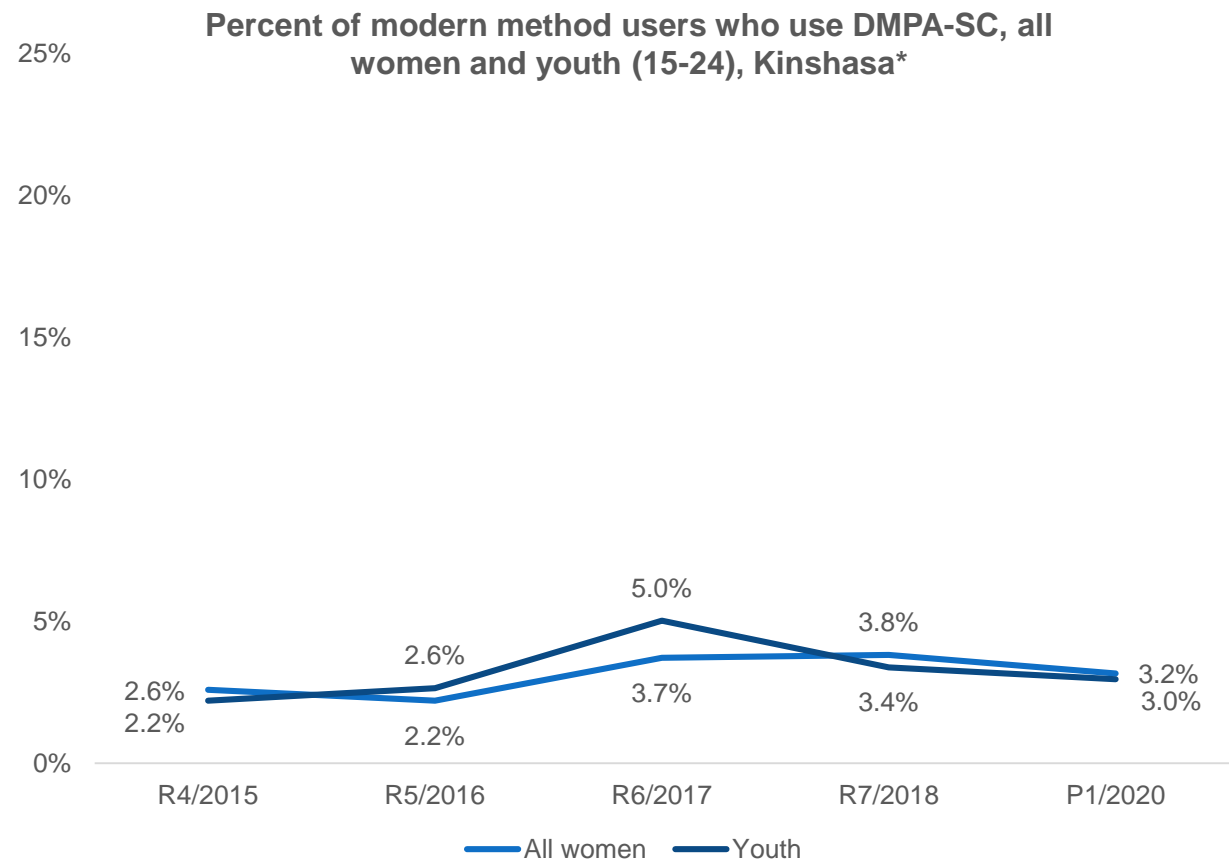


DMPA-SC use

DMPA-SC use decreased in Kongo Central after increasing in 2018. Use in Kinshasa remains low but stable.

ToC critical assumption

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



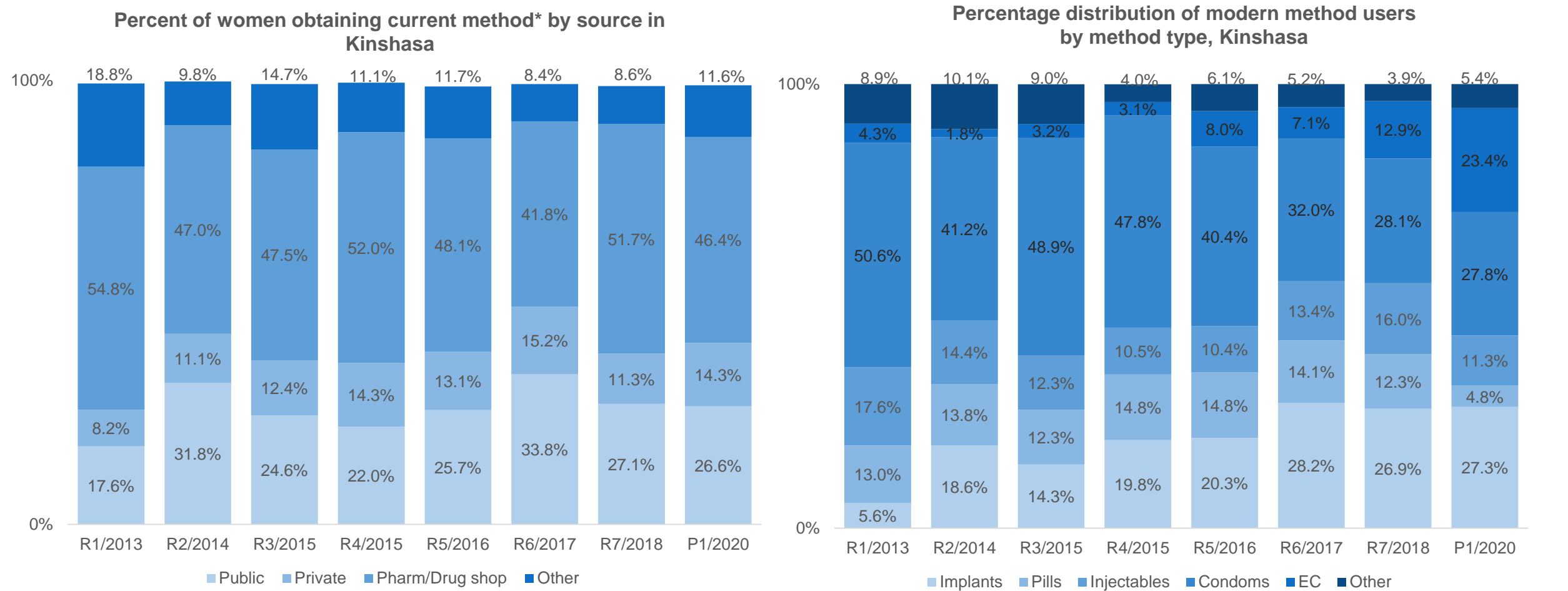
Method source and mix, Kinshasa

There is no consistent trend in where women obtain their FP methods over the last few years. The share of pills and condoms in the method mix has been declining while the share of EC almost doubled between 2018 and 2020.

ToC critical assumption

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

Adults and youth will purchase socially marketed FP methods



Method source and mix, Kongo Central

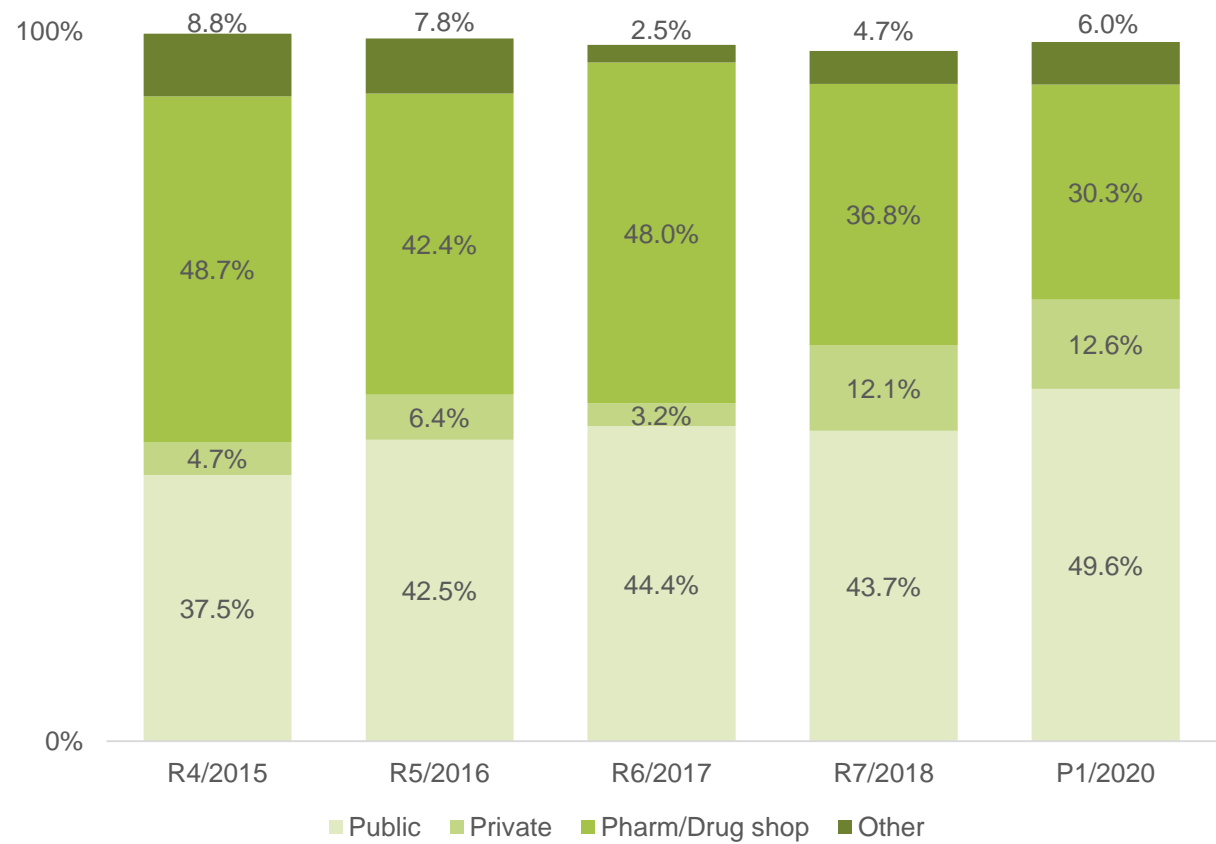
In Kongo Central public facilities are the most popular method source and are increasing in popularity. The share of implants in the method mix has more than doubled since 2018, while the share of pills and condoms are decreasing.

ToC critical assumption

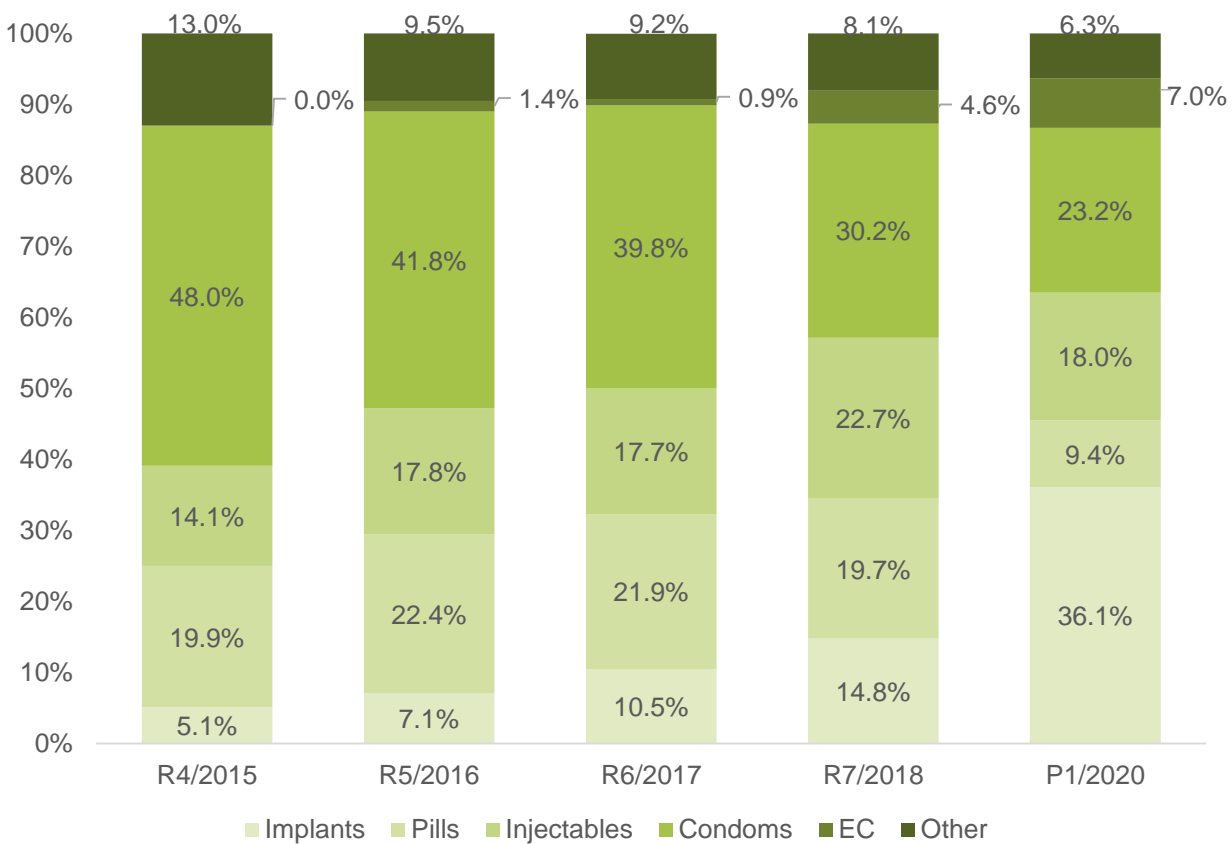
Service delivery models increase quality and access to full range of services

Adults and youth will purchase socially marketed FP methods

Percent of women obtaining current method* by source in Kongo Central



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



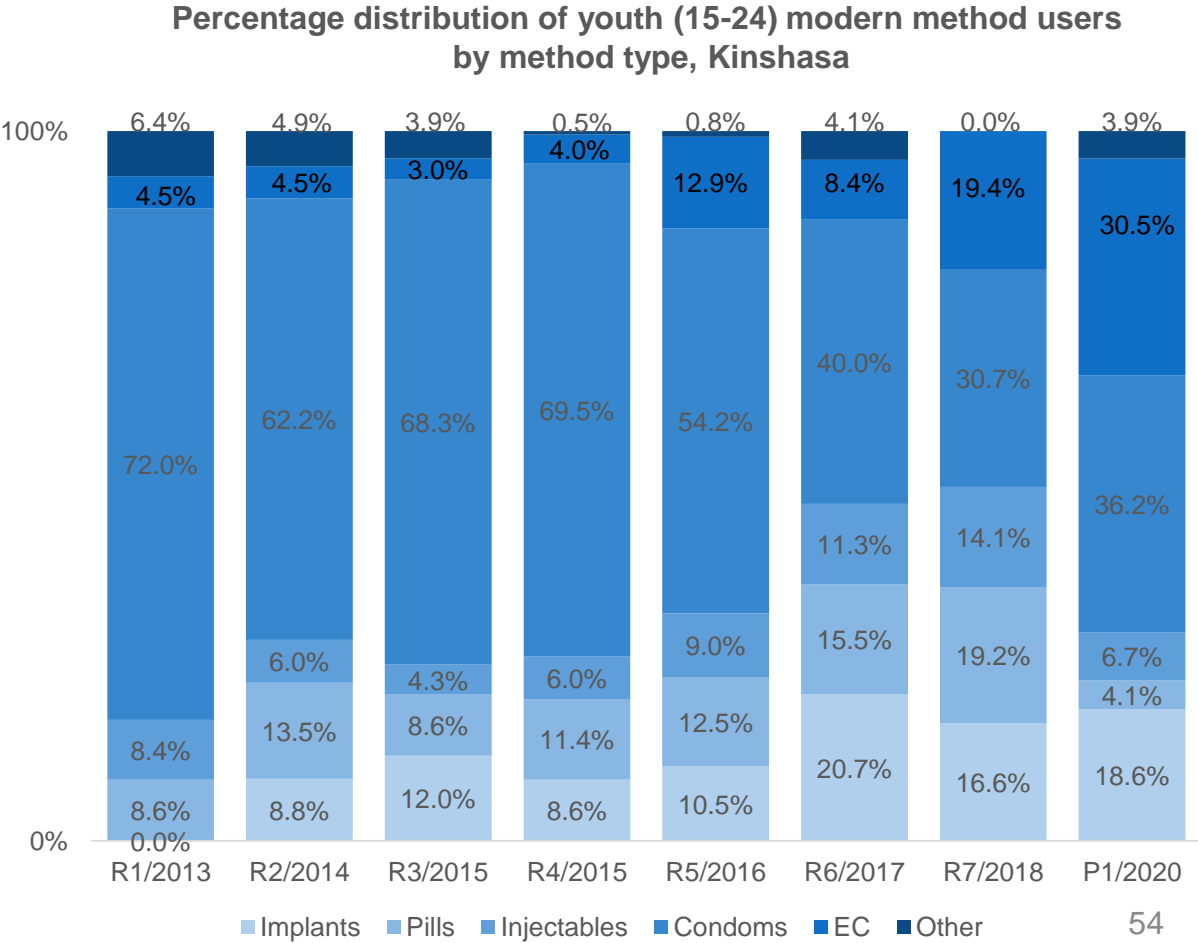
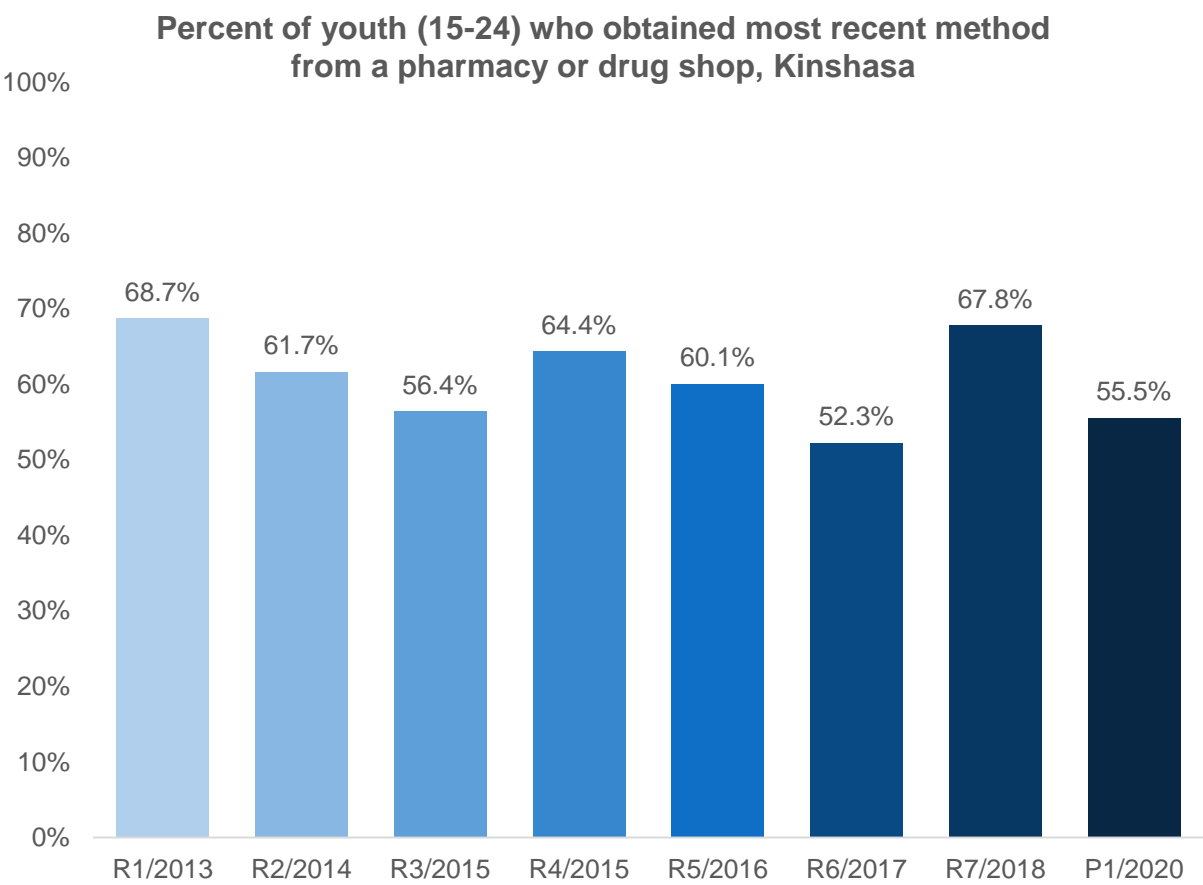
Youth (15-24) access at pharmacies/drug shops and method mix, Kinshasa

Youth use of pharmacies/drug shops to obtain their FP method continues to fluctuate in Kinshasa. The share of EC in the method mix among youth is increasing, while injectables' and pills' shares decreased in 2020.

ToC critical assumption

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

Adults and youth will purchase socially marketed FP methods



Source: PMA data (P1 Kinshasa); PMA2020 data (R1-R7 Kinshasa)

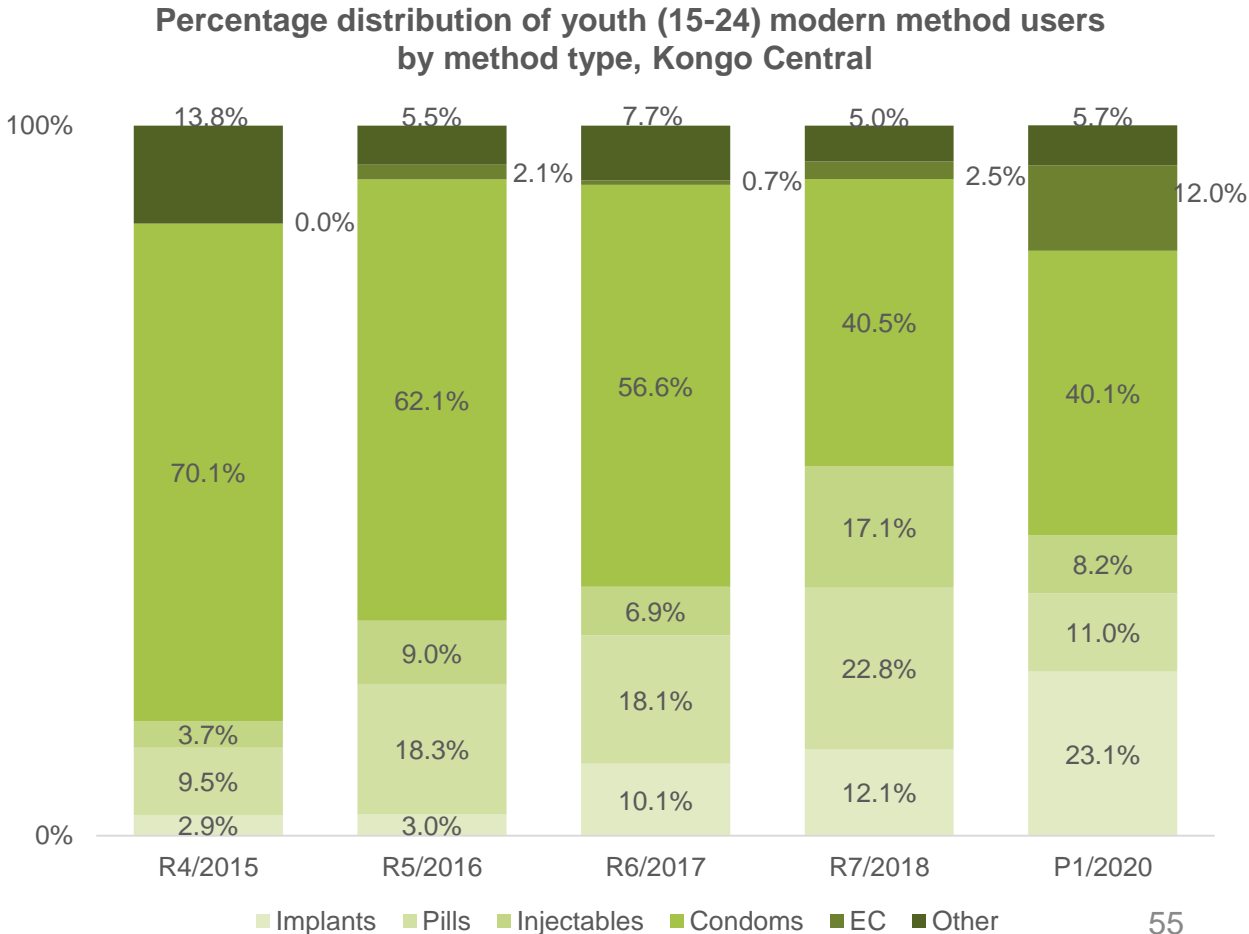
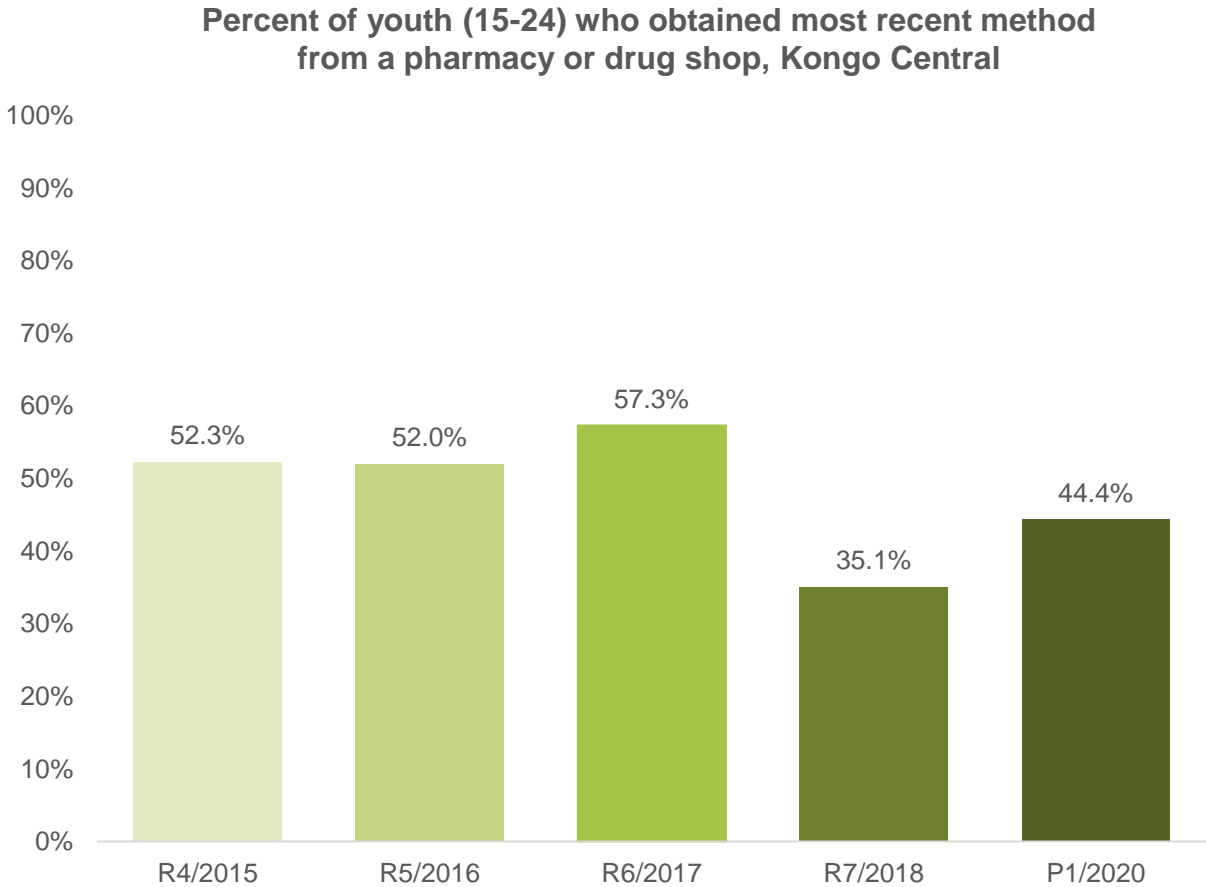
Youth (15-24) access at pharmacies/drug shops and method mix, Kongo Central

More youth are obtaining FP methods at pharmacies compared to 2018. EC and implants' shares of the method mix among youth increased, while injectables' and pills' share decreased.

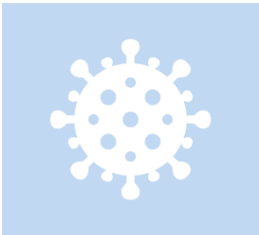
ToC critical assumption

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

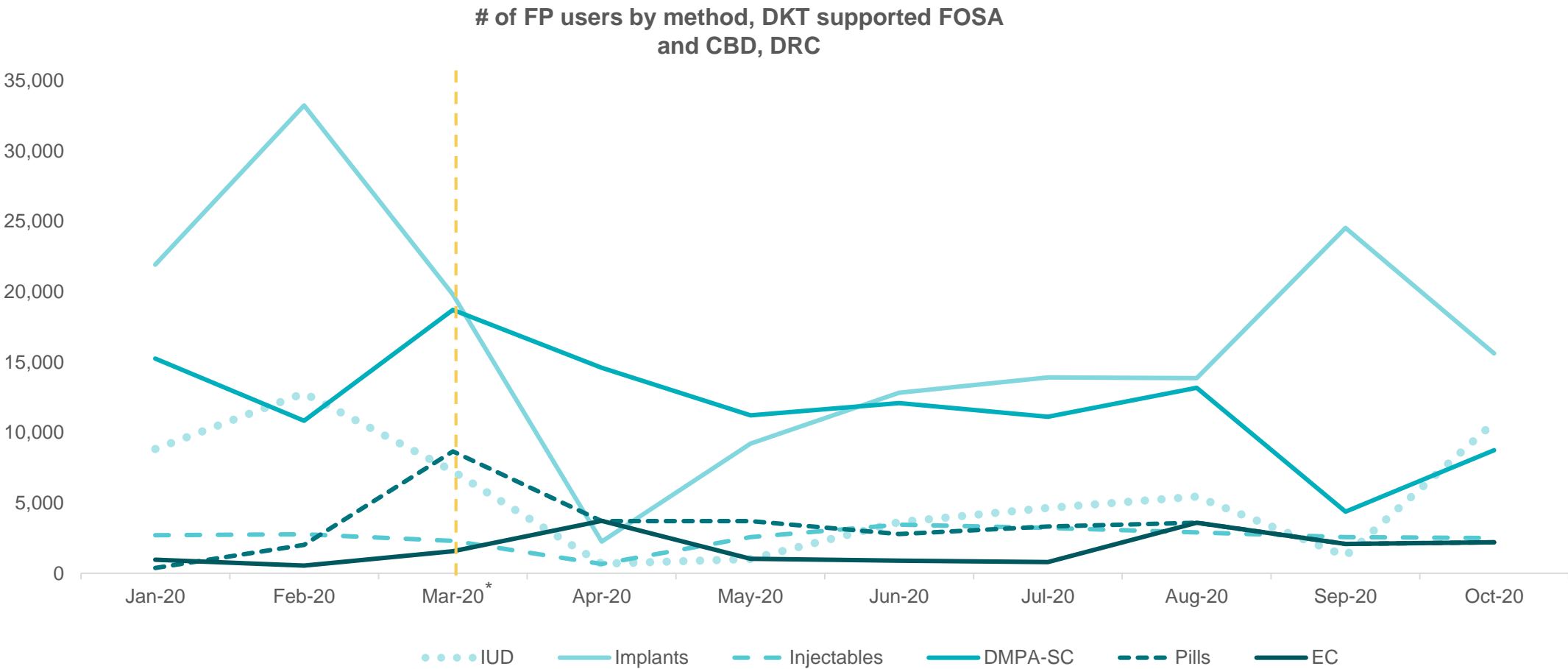
Adults and youth will purchase socially marketed FP methods



COVID-19 and FP method use, DRC

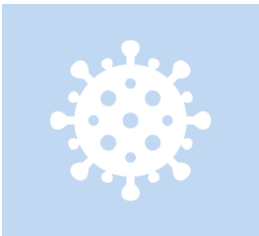


DKT-supported FOSA and CBD in 18 provinces saw decreases in the number of implant users between February and April, and an increase through September.

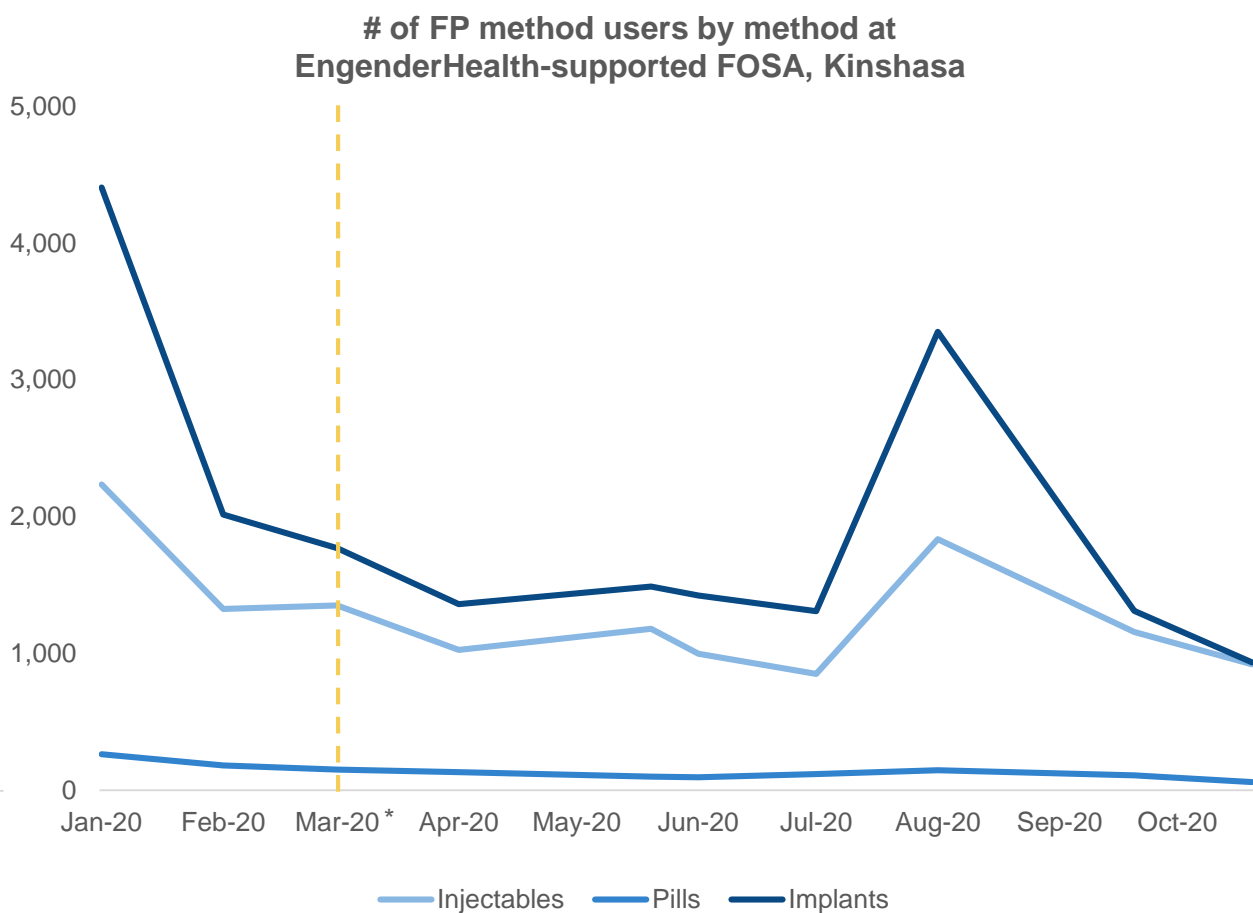
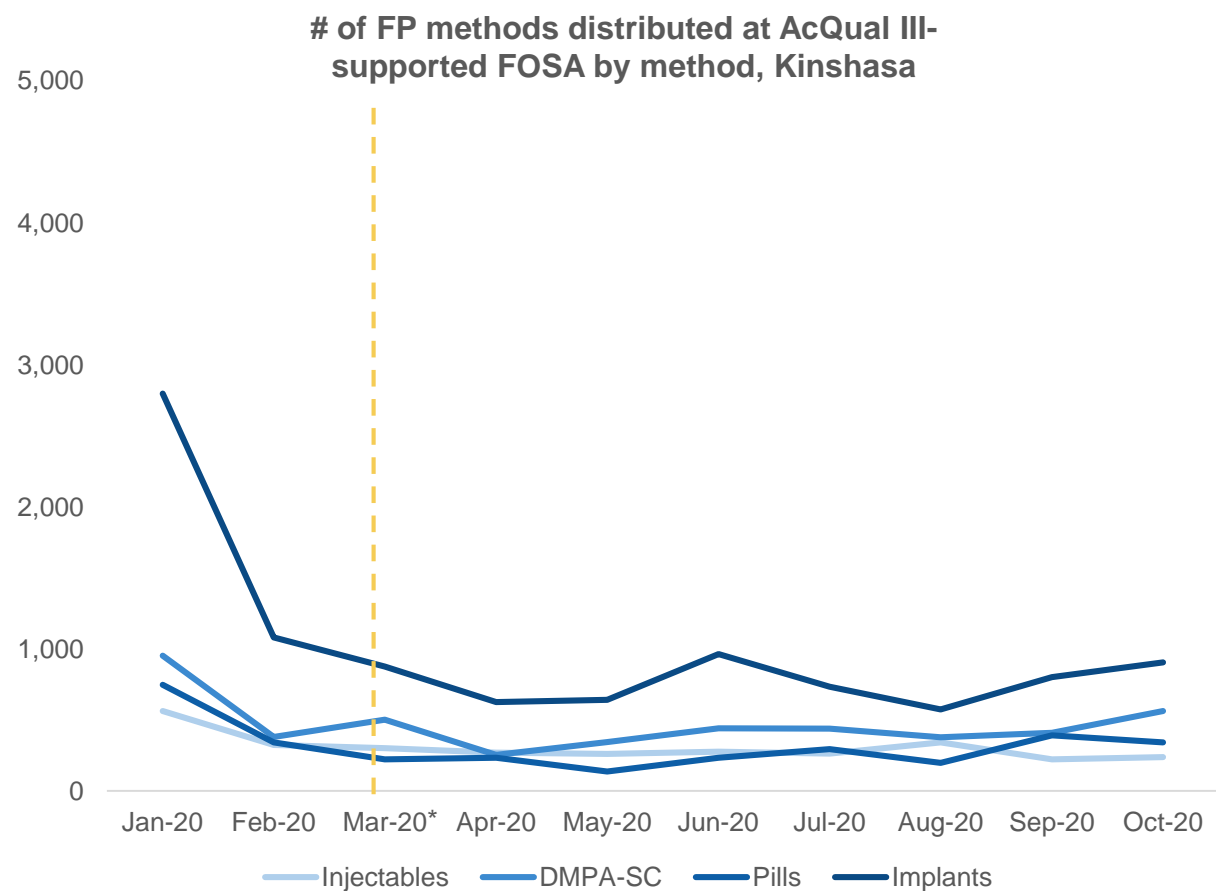


Source: DKT, FP CAPE COVID-19 Survey #4 *First case of COVID-19 reported in the DRC, March 10, 2020

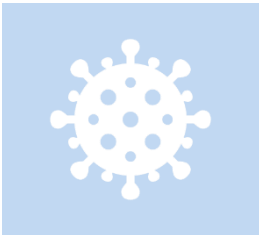
COVID-19 and FP method use by FOSA, Kinshasa



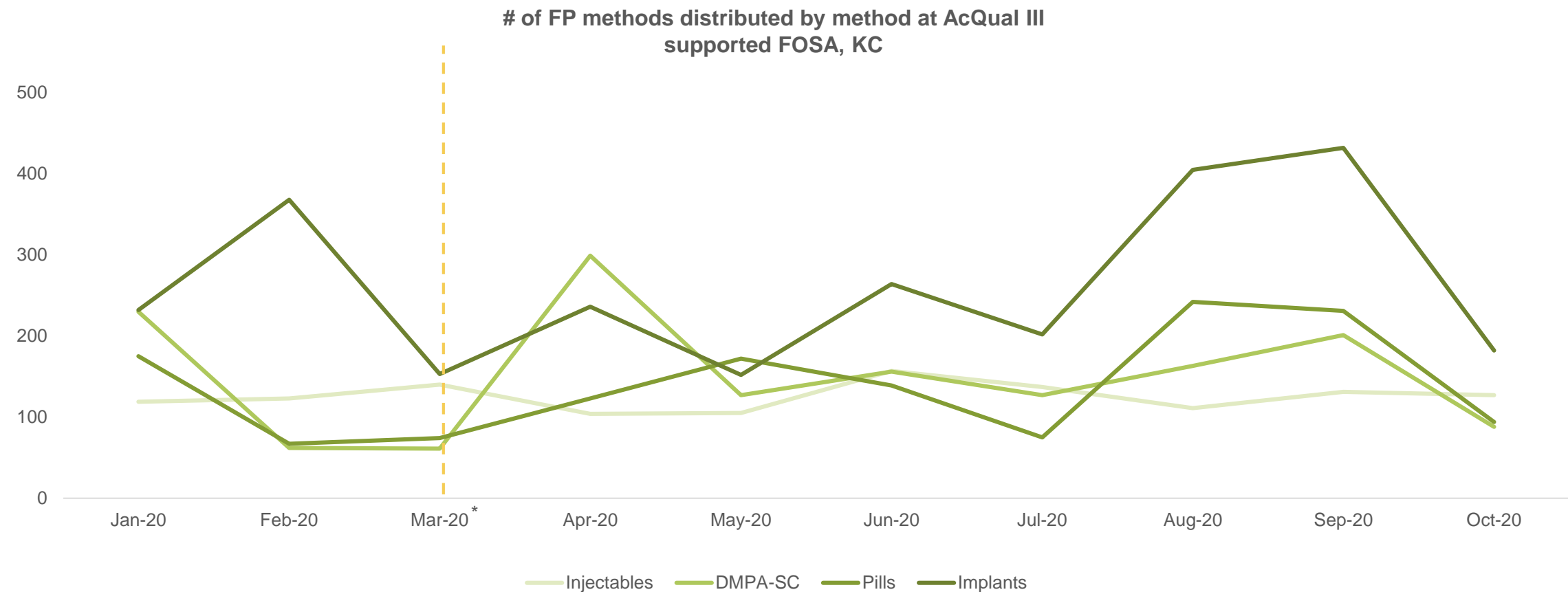
AcQual III and EngenderHealth-supported FOSA generally show small declines in the number of women using FP methods/number of methods distributed during the beginning of the COVID-19 lockdown in Kinshasa (March – May 2020).



COVID-19 and FP method use at FOSA, Kongo Central



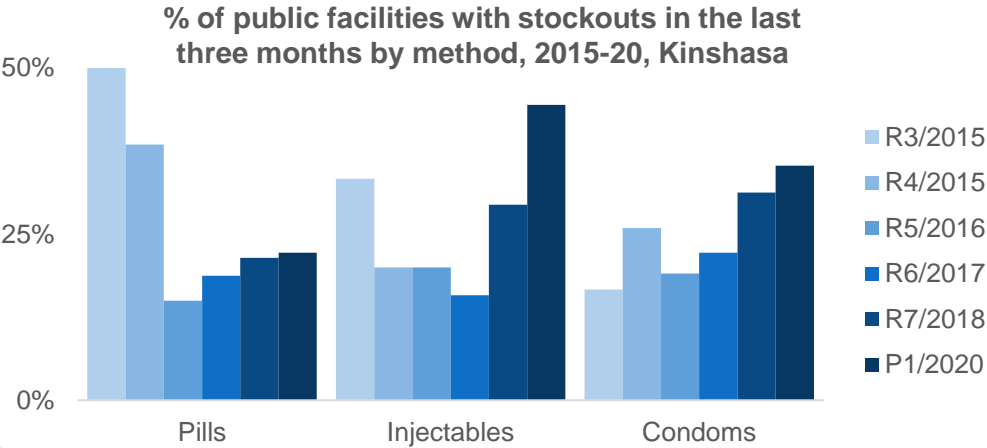
AcQual III data show fluctuation in method distribution at FOSA between January and June with no clear overall trends. Distribution of DMPA-SC, implants, and pills, increased between June and August 2020.



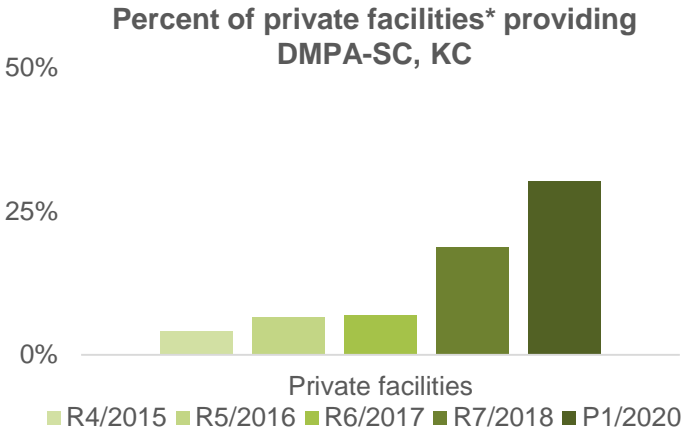
Summary dashboard: Service delivery

Stockouts continue to increase for most methods at public facilities in Kinshasa. We see increasing availability of DMPA-SC at facilities in KC, though use remains low.

Stockouts of short acting methods increased in Kinshasa, and were made worse by the pandemic



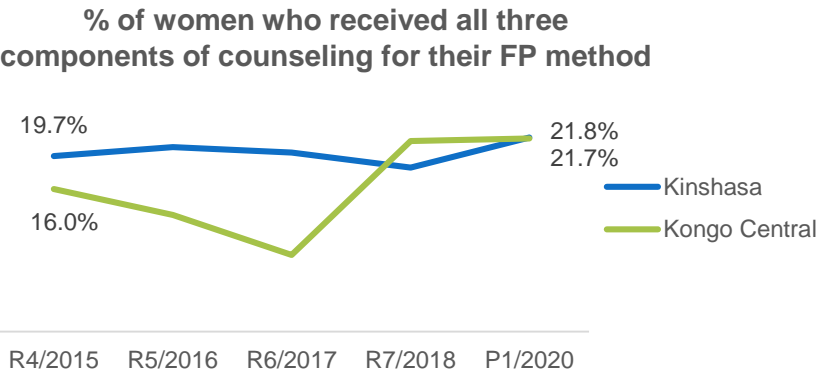
Availability of DMPA-SC in KC continues to increase



4.1%

of all modern method users in KC used DMPA-SC in 2020

Approximately 1 in 5 women received thorough FP counseling



COVID-19 Impacts

Grantees saw decreases in FP distribution and use during some of the early months of the pandemic, but were able to recover. After pausing activities at the beginning of the pandemic, grantees were able to resume activities by integrating COVID-19 prevention measures.

R4/2015 R5/2016 R6/2017 R7/2018 P1/2020

Source: PMA data (P1 Kinshasa and KC); PMA2020 data (R3-R7 Kinshasa; R4-R7 KC); AcQual III, FP CAPE COVID-19 Survey # 4



Scale-up and impact

DRC findings

Demonstration models: Scale-up and overall impact

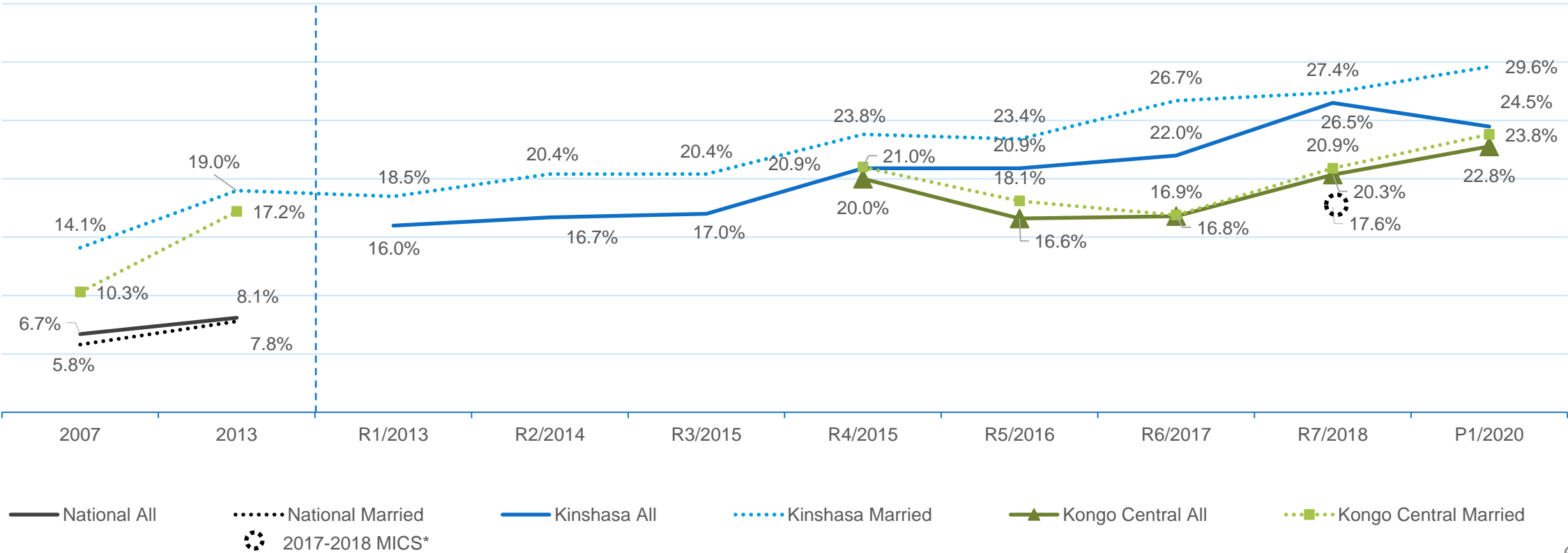
Updated sentinel indicators and additional deeper analyses featured in this section.

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	▸ 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 and funders</i>		▸ National mCPR	▲

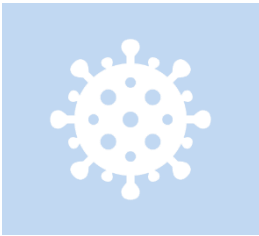
Summary dashboard: Impact

Modern contraceptive use is increasing in Kongo Central, while in Kinshasa use is increasing among married women. Use has increased nationally since 2013 among married women.

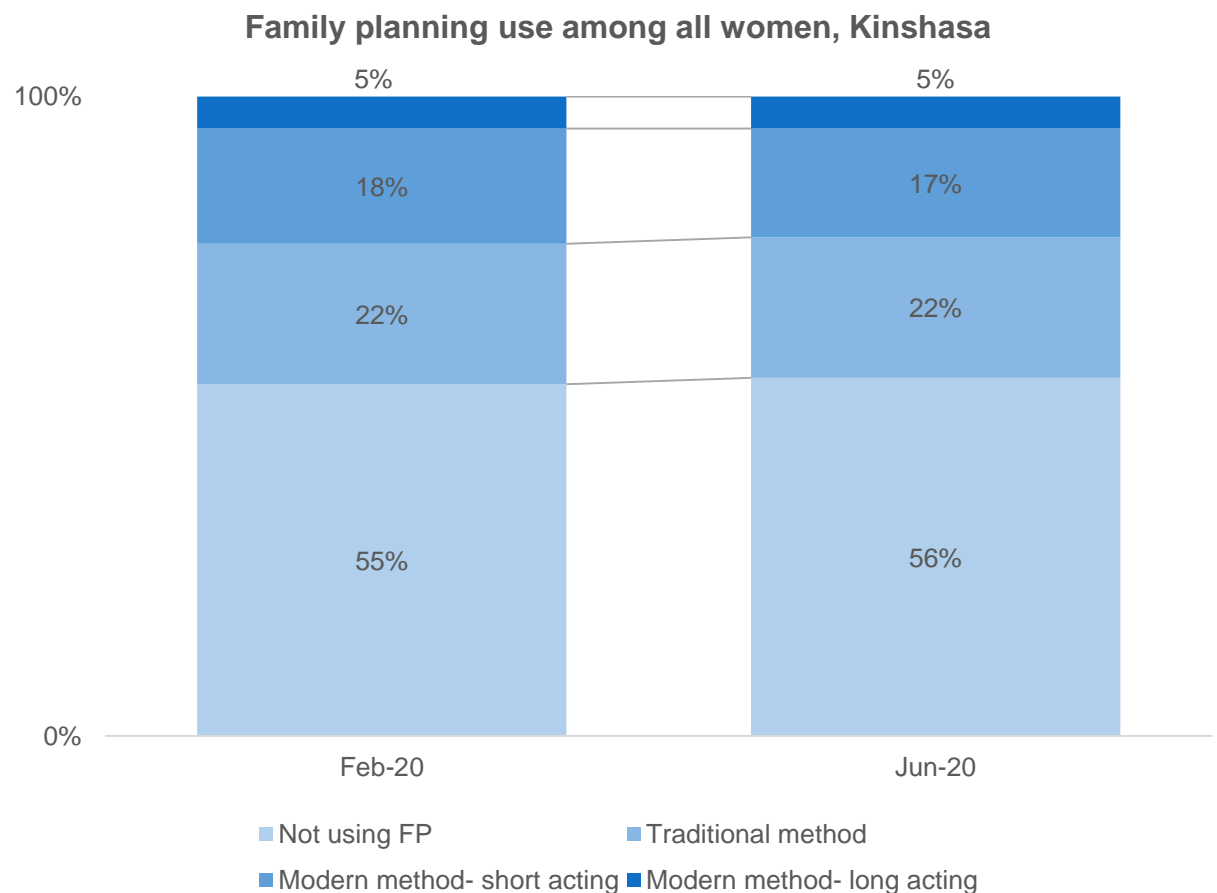
mCPR longer-term trends



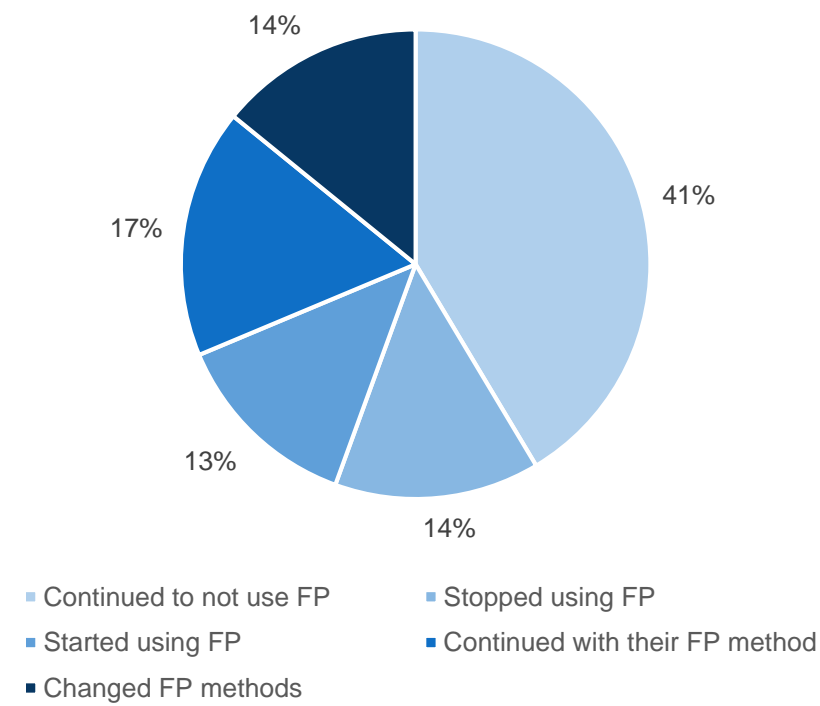
FP use before and during the COVID-19 pandemic, Kinshasa



The percentage of women who are using FP methods did not change between February and June 2020 but about 14% of women stopped using and 13% started using a method in this period. These changes in individual use are not necessarily related to COVID-19.



% of women who switched their type of FP method or use status, Kinshasa, February - June 2020



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

2019

Enabling environment

- ▶ AFP & AcQual III scale-up of CTMPs in 14 provinces
- ▶ AcQual III, ExpandNet and D6 scaled up CBD training in nursing schools to Lualaba and Tanganyika

Service Delivery

- ▶ Jhpiego, EngenderHealth, PATH and the PNSR are working to scale-up the PPFP approach to all public health structures in Kinshasa

2020

Enabling environment

- ▶ AFP & AcQual III scale-up of CTMPs in 15 provinces
- ▶ AcQual III, ExpandNet and D6 scaled up CBD training in nursing schools to Nord-Kivu, Sud-Kivu and Tshopo
- ▶ Tulane is working with the D6, PNSA, and PNSR to develop a plan to institutionalize the MOMENTUM model into the national nursing curriculum

Demand Generation

- ▶ CCP's FP communication tools are now available for FP implementers to use across digital media platforms*

Service Delivery

- ▶ Jhpiego and PROSANI (Pathfinder) are working with the PNSR to scale-up PPFP approach in Tanganyika by organizing the training of trainers.
- ▶ Jhpiego PPFP approach is being scaled up throughout the DRC with support from the World Bank GFF, PROMIS, and USAID

*[Link to FP communication tools](#)



Appendix

The purpose of FP CAPE

FP CAPE takes a complex systems look at BMGF family planning investment portfolios in 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 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.

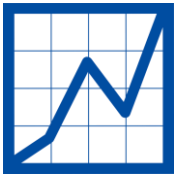
Realist, theory-based models define and test theoretical assumptions, use realist evaluation techniques, to adapt portfolio theories of change in response to FP CAPE findings.



FP CAPE evaluation toolkit

FP CAPE uses quantitative, qualitative and mixed-methods approaches to consider the complexity inherent in evaluating diverse program activities across different socio-political contexts.

Sentinel indicators



- ▶ Select indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.
- ▶ Sentinel indicators are updated every 12 months, depending on the indicator and availability of new data.
- ▶ Changes are tracked across the portfolio over time.

Bottom-up inquiry process



System
support
mapping



Program
Officer
interviews



Grantee
interviews



Systematic
document
review



Themes of inquiry

- ▶ Activities
- ▶ Facilitating factors
- ▶ Desired changes
- ▶ Proximate indicators
- ▶ Needs
- ▶ Barriers/challenges
- ▶ Cross-grantee coordination
- ▶ Sentinel indicators



Validate or adjust
critical
assumptions and
potentially change
our ToC

List of abbreviations

AcQual	“Accès” et “Qualité”
AFP	Advance Family Planning
BMGF	Bill & Melinda Gates Foundation
CBD	Community-based distribution
CHW	Community health worker
COC	Combined oral contraceptive pill
CTMP	Comité Technique Multisectoriel Permanent
D6	6 th Direction at the Secretary General of Health
DHS	Demographic and Health Survey
DKT	DKT International
DMPA-SC	Depot-medroxyprogesterone acetate (Sayana® Press)
DRC	The Democratic Republic of the Congo
EC	Emergency Contraception
FOSA	Formation Sanitaire (health facility)
FP	Family planning
FP 2020	Family Planning 2020
FP CAPE	Family Planning Country Action Process Evaluation
FY	Fiscal year
GIBS-MEG	Groupe Inter-Bailleur pour la Santé-Médicaments Essentiels Génériques
HA	Health area
HZ	Health zone
JHU	Johns Hopkins University

IUD	Intrauterine device
KIN	Kinshasa
KC	Kongo Central
LAM	Lactational Amenorrhea Method
M&E	Monitoring and Evaluation
mCPR	Modern contraceptive prevalence rate
MoB	Ministry of Budget
NGO	Non-governmental organization
P	Phase
PMA	Performance Monitoring and Accountability
PMA2020	Performance Monitoring and Accountability 2020
PNSA	Programme National de la Santé de l’Adolescent
PNSR	Programme National da Santé de la Reproduction
PO	Program Officer
POP	Progestin-only contraceptive pill
PPE	Personal protective equipment
PPFP	Post-pregnancy family planning
R	Round
RH	Reproductive health
SSM	System support mapping
ToC	Theory of change
UNFPA	United Nations Population Fund