



PMA2013/KINSHASA-R1

PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 10 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/DRC is led by the University of Kinshasa's School of Public Health, in collaboration with Tulane University School of Public Health and Tropical Medicine. The population-based survey was funded by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health with support from the Bill & Melinda Gates Foundation; the David and Lucile Packard Foundation funded the SDP survey.

For more information on PMA2020 please visit <http://www.pma2020.org>

KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys
(Married women, age 15-49)

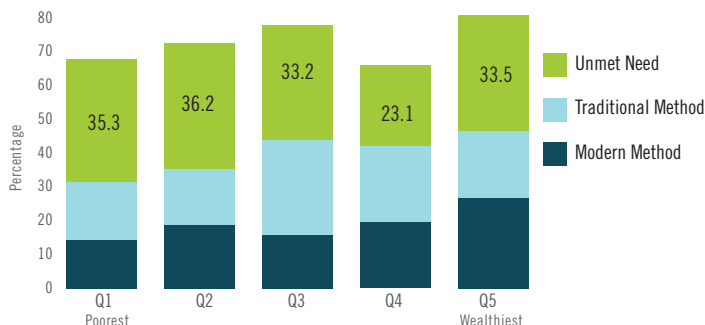
	DHS 2013-14 Kinshasa	PMA2013/ Kinshasa
Contraceptive Prevalence Rate (CPR)		
All Methods CPR	44.8	38.7
Modern Method Use (mCPR)	19.0	18.5
Traditional Method Use	25.7	20.1*
Total Unmet Need		
For Limiting	7.6	8.3
For Spacing	15.8	24.2
Total Demand		
	68.2	71.2
Demand Satisfied by Modern Method		
	27.9	26.0

**Note: because the distinction between rhythm and STD days/beads was not made clear to respondents (and all those using rhythm were included in STD days/beads), we have grouped STD days/beads as traditional, not modern*

Fertility Indicators (all women)

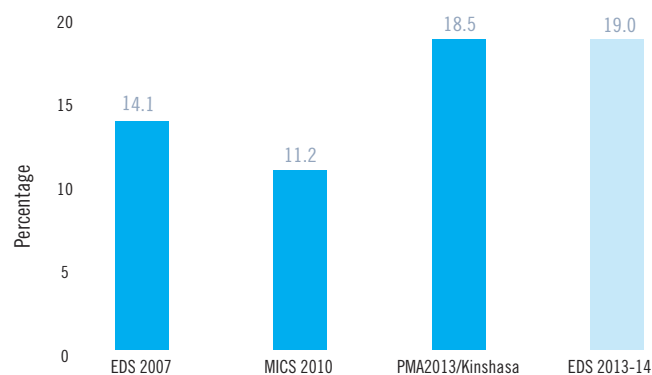
Total Fertility Rate	3.7	4.3
Adolescent Birth Rate (per 1000, age 15-19)	42.0	62.0
Recent Births Unintended (%)		
Wanted Later	36.7	37.2
Wanted No More	15.4	11.0
Ratio of Lowest vs. Highest Wealth Quintiles of % Births Unintended		
	--	53:38

Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile

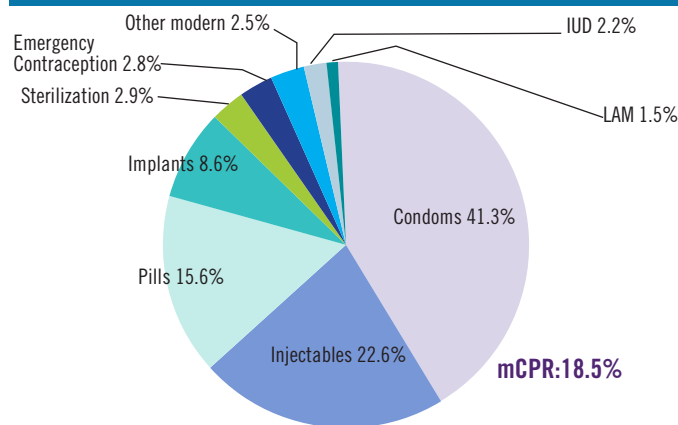


Trends Modern Contraceptive Prevalence Rate, by Survey

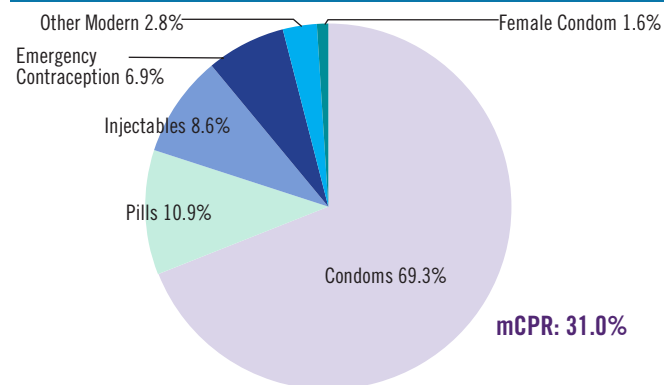
(Married women, age 15-49)



Current Modern Method Mix Among Married Contraceptive Users



Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users



PMA2013/KINSHASA-ROUND 1

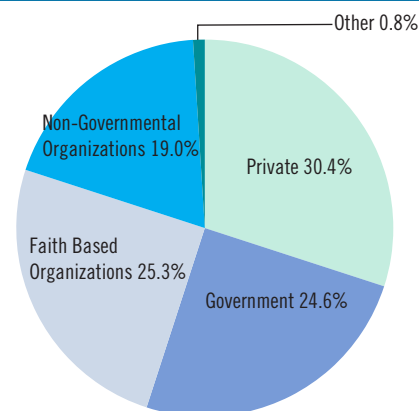
INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (%)	
Obtained Method Of Choice	90.4
Method Chosen By Self Or Jointly	84.3
Paid For Services	31.3
Told Of Other Methods	27.2
Counseled On Side Effects	22.1
If Counseled, Told What To Do	58.4
Sterilized Users Who Were Told That The Method	100.0
Would Return To Provider And Would Refer A Friend	22.6

For Current Female Non-Users:	
Median Duration Of Use For Recent Contraceptors: For Those With Any Use In Past 12 months	
Method	Months
Pills	27.0
Injectables	15.0
Implants	12.0
Condom	26.0
Total	25.0

Reproductive Health and Contraceptive Indicators	
	Total
Median Age of First Marriage (25-49 years)	23.0
Median Age at First Sex (15-49 years)	17.0
Median Age at First Contraceptive Use (15-49 years)	19.0
Mean No. Of Living Children At First Contraceptive Use (15-49 years)	0.8
Received Family Planning Info. From Provider In Last 12 Months (15-49 years, %)	1.7

Managing Authorities Among SDPs with Family Planning Services Available



Service Delivery Points (n= 432: 103 public, 329 private)		
	Public	Private
Percent Offering Family Planning	94.2	90.6
Average Number Of Days Per Week Family Planning Is Offered	4.9	4.8
Offering The Following Family Planning Methods:	%	%
Pills	55.7	70.8
Injectables	69.1	71.5
IUDs	54.6	65.1
Implants	47.4	58.7
Male Condoms	64.9	70.1
Charging Fees For Family Planning Services	85.6	84.2
With At Least One Provider Trained in FP	87.6	89.3
With A Functioning Information System	84.5	81.5
With At Least Three Modern Methods Available	63.1	69.3

SAMPLE DESIGN

PMA2013/Kinshasa Round 1 used a two stage cluster design to draw a representative urban sample in Kinshasa. A sample of 60 enumeration areas (EA) was drawn (PPS). For each EA, 30 households were selected, and a random start method was used to systematically select households. All women of reproductive age (15-49) within each selected household were contacted and consented for interviews. The final sample included 1,807 households, 2,197 females and 435 health facilities. Service delivery point data come from a facility-based survey that attempted to include all health facilities in Kinshasa that provide contraception, (Packard Grant N 2013-38902 "Using Mobile Technology to Track Progress in Family Planning in Kinshasa, DRC"). Data collection was conducted between October 2013 and January 2014.



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