

(C) 2015 PMA2020/DRC

KEY FAMILY PLANNING INDICATORS

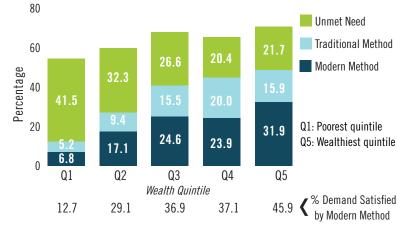
Select Family Planning Indicators Across Recent Surveys All Women (n=1,744) and Women in Union (n=1,098), Age 15-49

	Round 2 Aug-Sept 2016		Round 3 Sept-Nov 2017		Round 4 Oct-Nov 2018	
	All	In Union	All	In Union	All	In Union
Contraceptive Prevalence Rate (%	6)					
All Methods	30.0	33.0	29.8	31.9	31.6	34.3
Modern Methods	16.6	18.1	16.8	16.9	20.3	20.9
Long Acting/Permanent	2.4	3.0	2.8	3.2	4.2	5.2
Total Unmet Need (%)	27.5	33.2	27.9	33.1	24.8	28.3
For Limiting	8.9	10.2	7.9	9.3	4.9	6.0
For Spacing	18.6	23.0	19.9	23.3	19.9	22.3
Total Demand (%)	57.5	66.1	57.7	65.0	56.4	62.6
Demand Satisfied by Modern Method	28.9	27.4	29.1	26.0	36.1	33.4

Fertility Indicators (All Women, Age 15-49)

	Round 2 Aug-Sept 2016	Round 3 Sept-Nov 2017	Round 4 Oct-Nov 2018
Last Birth Unintended (%)	65.1	62.4	62.5
Wanted Later	50.8	46.5	53.1
Wanted No More	14.3	15.9	9.4

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







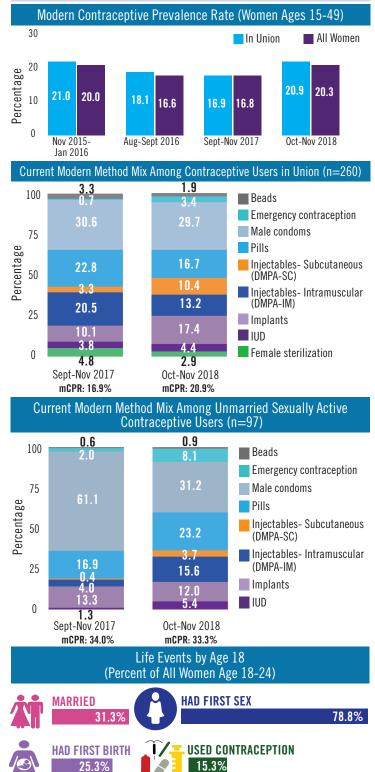
% Demand Satisfied

by Modern Method

PMA2020/KONGO CENTRAL, DRC OCT-NOV 2018 (ROUND 4 IN KONGO CENTRAL, ROUND 7 IN DRC)

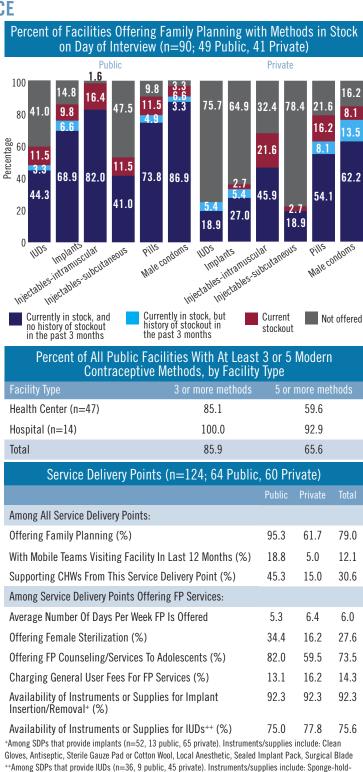
Performance Monitoring and Accountability (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Kinshasa 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 study is 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 and Melinda Gates Foundation.

For more information, please visit http://www.pma2020.org



PMA2020/KONGO CENTRAL, DRC (R4) INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Modern Users (%) (n=416), Indicators by Wealth Quintile 20 30 40 50 60 70 80 90 100 0 10 Method Chosen by Self or Jointly (96.7%) 95 Obtained Method of 72 Choice (85.4%) Told of Other Methods - 43 (38.0%) Counseled on Side Effects (38.2%) Paid for FP Services at 82 - 91 Last Visit (81.8%) Would Return to Provider and Refer a Friend or 18 28 Family Member (24.8%) Received Method from (100-Public SDP (98.6%) Births in the Past Five Years, or Current Pregnancies (n=960)Last Birth Unintended 74 (62.5%) Indicator (Average %) 0 10 20 30 40 50 60 70 80 90 100 Q1: Poorest quintile Q1 Q2 Q3 Q4 Q5 Q5: Wealthiest quintile For Current Female Non-Users (n=560) Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth Two Or More Years (%) 47.3% 21.6% 36.39 Method or Health-Perceived Not-At-Not Married **Risk/Lack of Need** related Concerns 43.4% 5.4% 3.0% Lack of Access/ Opposition Other to Use Knowledge *Respondents were able to select more than one answer Reproductive Health and Contraceptive Indicators First Contraceptive Use 23.2 Average 15.9 First Sex 2.0 childrer MEDIAN at 1st use AGE First Marriage 21.0 21.8 Kongo Central **First Birth** 25.3 Women Having First Birth by Age 18 (%) (18-24 years) 13.0 Received FP Info. From Provider in Last 12 Months (%) (15-49 years) 23.1 Exposed to FP Media in Last Few Months (%) (15-49 years)



SAMPLE DESIGN

PMA2020/DRC used a two stage cluster design to draw a representative sample for the province of Kongo Central. A total of 52 enumeration areas (EA) were randomly sampled using probabilities proportional to size. After completing a household listing in each EA, 33 households per EA were randomly selected. All women of reproductive age (ages 15-49) within each selected household were contacted and consented for interviews. Private and public service delivery points (SDP) who provide services to the EA were also interviewed. The final sample included 1,682 households (98.4% response rate), and 1,744 females (98.4% response rate), and 124 SDPs (response rate 100.0%). Data collection was conducted between October and November 2018.





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ing forceps, Speculums (large and medium), and Tenaculum