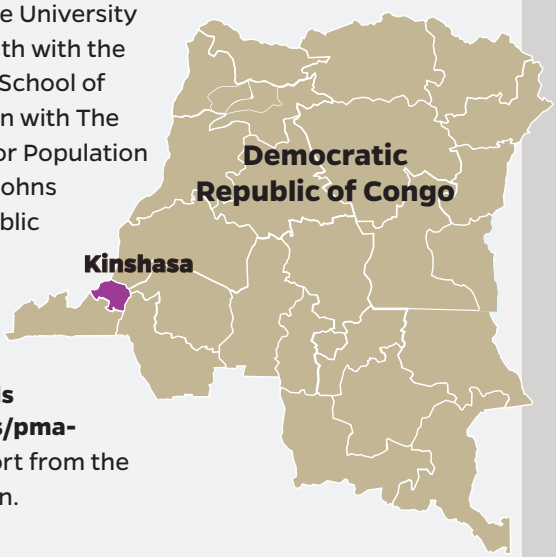
SERVICE DELIVERY POINT BRIEF

PMA Agile
Kinshasa, Democratic Republic of Congo

ABOUT PMA AGILE

PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public and private health facility surveys and semi-annual client exit interviews. A phone follow-up survey is conducted with consenting female clients four months after their interviews**.

PMA Agile monitors one city in Democratic Republic of Congo (DRC), Kinshasa, and is conducted by the University of Kinshasa School of Public Health with the support of the Tulane University School of Public Health, and in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers four quarterly surveys conducted in Kinshasa from December 2017 to April 2019. **The full results are accessible at site dashboards at pmadata.org/technical-areas/pma-agile**. The project receives support from the Bill and Melinda Gates Foundation.

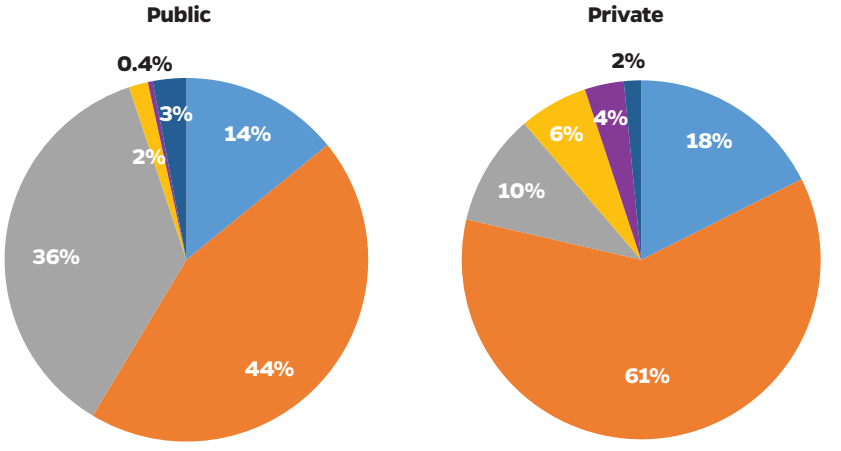


Key highlights from Q1-Q4 SDP surveys in Kinshasa

- The SDP sample in Kinshasa is composed of **101 public and 99 private facilities in Q1**.
- **Staff trained to provide family planning in both public and private facilities** tend to be nurses, doctors, and community health workers.
- Although public SDPs account for the majority of couple-years of protection, the **methods provided are largely limited to implants**.
- Even though implants constitute a significant share of CYPs provided by private SDPs, other methods such as **EC, pills, condoms, and IUDs also contribute**.
- **From Q1 to Q4, there was a rise in clients visits to public facilities** for nearly all family planning methods, except for IUDs, EC, and sterilization, which saw small declines.
- **The main contraceptive method sold at private SDPs was male condoms**, with an average of 119-365 units sold per month, followed by injectables.
- Over the year, **public SDPs are more likely than private SDPs to have IUDs, injectables, and implants in stock**. Private SDPs are more likely than public ones to have EC and condoms in stock.
- Public health centers reported **stockouts of implants across all four quarters**, with the highest stockout level reported in Q2 (17%).

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (101) and private (99) facilities in Kinshasa in Q1



Staff trained in family planning in public facilities tend to be nurses (44.5%), followed by community health workers (36.3%) and doctors (14.1%).
In private facilities, nurses are also the primary staff with FP training (61.0%), followed by doctors (17.6%) and community health workers (10.1%).

- Doctor
- Nurse
- Community health worker
- Pharmacist
- Pharmacy Technician
- Other

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

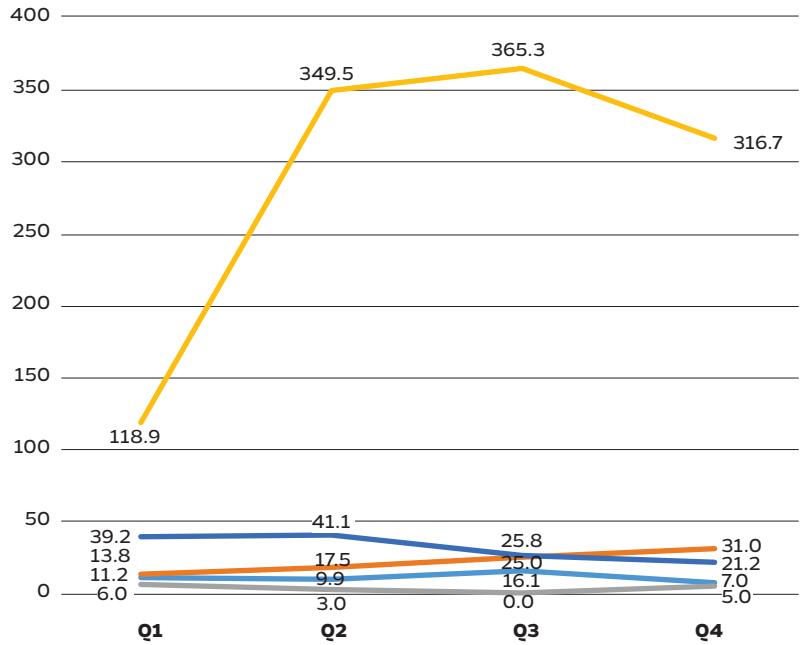
Average number of client visits in past month

Among public facilities in Kinshasa (n=101)

	Q1	Q2	Q3	Q4
Emergency Contraception (EC)	9.0	10.2	13.7	7.1
Male and Female Condoms	122.1	158.6	162.6	157.9
Injectable	10.9	10.6	12.9	34.7
Implant	11.0	8.9	13.8	18.9
IUD	1.4	1.2	1.3	0.4
Pill	3.4	10.9	8.7	33.7
Sterilization	0.5	0.4	0.0	0.0

From Q1 to Q4, there was a rise in clients visits to public facilities for nearly all methods, except IUDs EC, and sterilization, which saw small declines. Client visits were highest for condoms across all four quarters.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH *(n=99)*

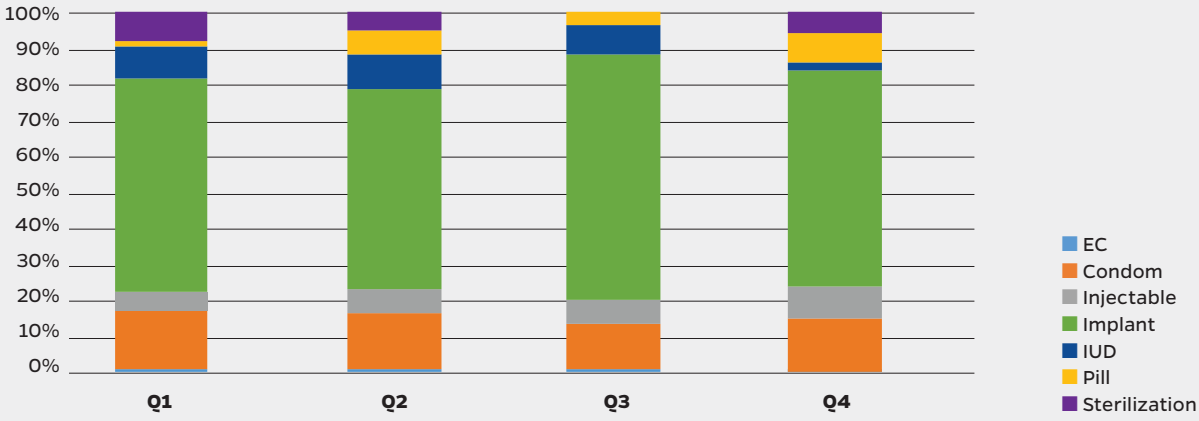


The main contraceptive method sold at private SDPs were male condoms, with an average of 119 to 365 units sold per month, followed by injectables. Sales of male condoms rose from an average of 119 in Q1 to more than 300 units sold per month in Q2 through Q4.

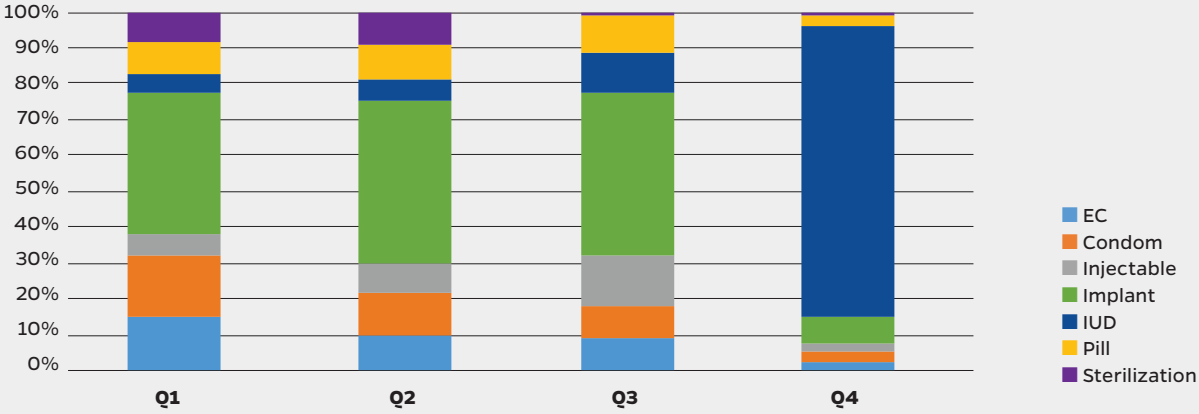
- Emergency Contraception
- Injectable
- IUD
- Male Condom
- Pill

COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities *(n=101)*



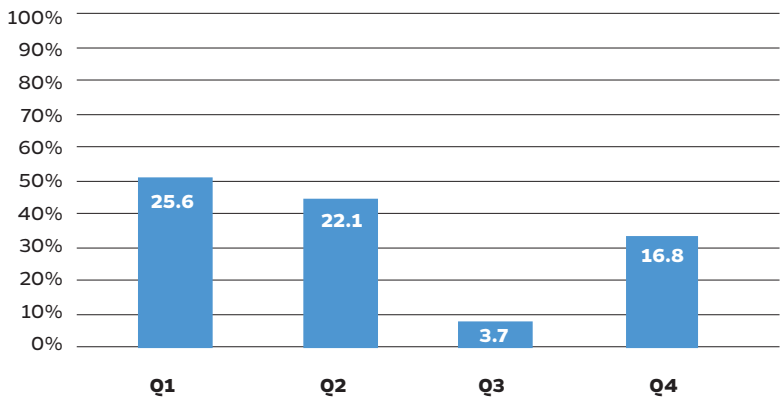
Percent distribution of CYPs at private facilities *(n=99)*



Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to implants. While implants account for a large percentage of CYPs provided by private SDPs, other methods, such as EC, pills, condoms and IUDs, also contribute.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)

Facility-based Contraceptive Coverage Rate (%) among Married Women 15-49 Years

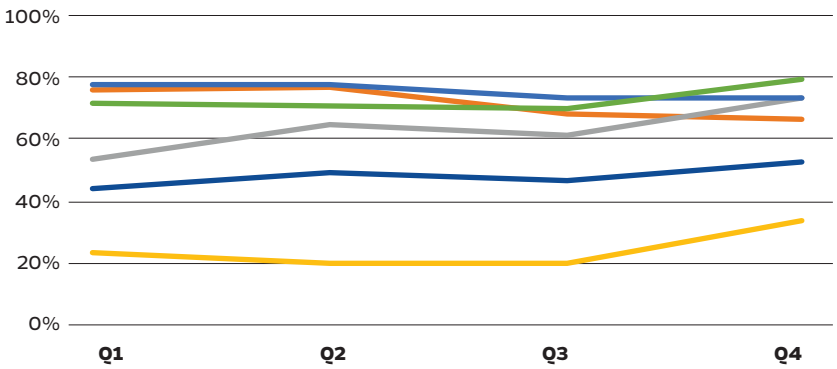


The estimated CCRs ranged across the four quarters from 3.7 to 25.6, averaging 17.1%. Although not a direct counterpart, the 2018 PMA2020 household survey estimated the modern contraceptive prevalence rate among all women aged 15-49 in Kinshasa at 26.5%.

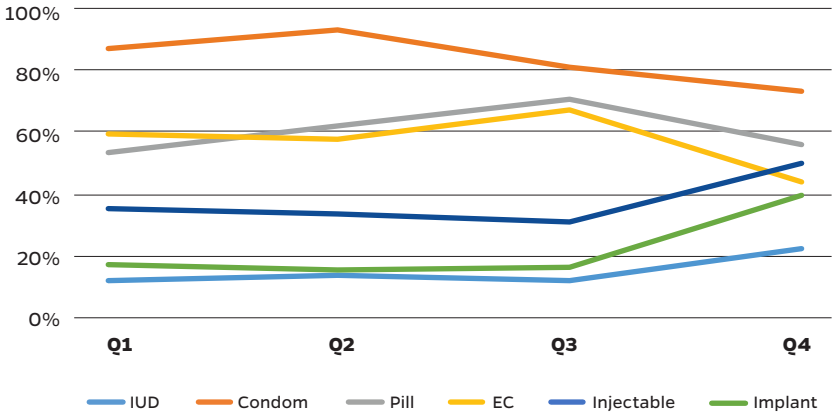
STOCK OUTS

METHODS IN STOCK

Percent of public SDPs that report having methods in stock on day of survey *(n=101)*

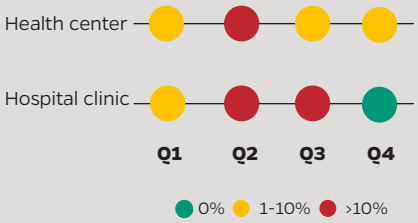


Percent of private SDPs that report having methods in stock on day of survey *(n=99)*



Percent out-of-stock of IUDs by quarter and facility type

Among public facilities (n=101)



Public health centers reported stockouts of implants across all four quarters, with the highest stockout level reported in Q2 (17%). Hospital clinics reported high levels of implant stockouts in Q2 and Q3.

Over the year, public SDPs are more likely than private SDPs to have IUDs, injectables, and implants in stock.

Private SDPs are more likely to have condoms and EC in stock than public SDPs.

PMA AGILE SAMPLE

PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client's selection probability which is a function of the SDP's average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.

Suggested citation: University of Kinshasa School of Public Health, Tulane University and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring for Action Agile (PMA Agile) Quarterly Survey 2017-2019. Kinshasa, Democratic Republic of Congo and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.