Overview

A total of 170 partners from the private, public and not-for-profit sectors participated in the FPwatch dissemination events. Reproductive health experts from the national programs for reproductive health and for adolescents, health zone administrators, representatives of not-for-profit organizations, academic and private institutions involved in family planning have been provided with data to improve their programs and decision making processes. This document summarizes the key activities and outcomes of the five events.

Dissemination Structure:

Dissemination of FPwatch Outlet Survey results was implemented in three stages to ensure a targeted and relevant approach for different stakeholders and to allow for meaningful engagement with the data:

**Stage 1: Discussion of preliminary results with strategic decision makers**
- Presentation and workshop for the National Program for Reproductive Health (PNSR) and public sector partners – October 4th, 2016
- Presentation and workshop for the Multi-Sectoral Technical Committee on Family Planning (CTMP), non-governmental organization (NGO) partners and donors – November 10th, 2016

**Stage 2: Engagement of key program implementers and dissemination of final data and reports**
- Presentation and workshop for Kinshasa Health Zone Administrators and technical staff – February 10th, 2017
- Presentation and workshop for Katanga Stakeholders – February 16th, 2017

**Stage 3: Generation of strategies with national family planning stakeholders through discussion of implications and national family planning priorities**
- Presentation and workshop to refine a strategy for engaging the private sector – February 23/24th, 2017

Background

In 2015, FPwatch, a project of Population Services International (PSI) in partnership with PSI network member, Association de Santé Familiale (ASF), implemented a family planning (FP) outlet survey in two provinces of Democratic Republic of Congo (DRC) to investigate the availability, price and market share of modern contraceptive commodities and services. Findings include public and private sector readiness and capacity to deliver modern contraceptive methods and services in the provinces of Kinshasa and Katanga. This evidence is key to help inform national strategies and policies aimed at achieving the national and global FP2020 commitments.
Overview of Event Activities
The events in Kinshasa were opened by Dr. Thérèse Kyungu, the Director of the PNSR, with a discussion of the family planning context and a summary of the DRC National Family Planning Strategy. All events included a presentation and discussion of key contraceptive market findings from the 2015 survey with a focus on availability, price, market share and service readiness. Discussion workshop sessions were held in the second half of the day to develop recommendations and priority areas for funding based on the evidence provided by the outlet survey.

Objectives of the Dissemination Events
To understand the current contraceptive market landscape and to identify key recommendations to inform family planning strategies in DRC. Specific objectives included:
1. To present the FPwatch survey methodological approach.
2. To discuss key findings of the 2015 survey regarding outlet availability, price, market share and service readiness in the contraceptive market.
3. To summarize the evidence in the context of national policy and strategies to address family planning access.
4. To develop strategic recommendations and priority areas for funding based on the evidence provided by the outlet survey.

Summary of Event Activities

Stage 1:
The primary recommendation from the initial PNSR and CTMP events was for family planning stakeholders to find ways to partner with drug shops to improve the quality of service provision. Event participants highlighted that a key finding of interest is: the extent of the market that is composed of drug shops. Participants expressed concern that providers in these outlets were shown to have insufficient training to provide clients with quality services and the ability to make an informed choice among methods. Results that show low availability of long acting methods corroborate what experts already know about the market and this was another area highlighted for continued discussion. Both bodies recommended wide distribution of FPwatch results and further workshops to put the data to use for programming, specifically in preparation for the Total Market Approach workshop organized by the CTMP for March 2017.
Stage 2:
Participants attending dissemination events in Kinshasa and Katanga in February reviewed the reports and brainstormed recommendations to improve outcomes through the framework of the Reproductive Health Supply Coalition’s three strategic pillars: **availability, quality and choice**. They also discussed gaps in the data and continued information needs. The action items for these recommendations are summarized here and detailed in the following pages.

### Availability

- Integrate drug shops into the public health system (pyramide sanitaire)
- Subsidize products for drug shops
- Reinforce and improve regulation surrounding product procurement

In the public sector:
- Expand the number of health zones throughout the country that provide family planning services in public facilities
- Expand FP services among Community Health Workers (CHWs) in all health zones
- Subsidize services for young people through public youth centers

### Quality

- Integrate drug shop staff into the CHW family planning training so they can counsel
- Provide drug shop staff with a referral structure for long acting methods
- Provide refresher training for medical and pharmaceutical providers on modern methods
- Expand supportive supervision and monitoring activities to include the private sector

### Choice

- Train providers on the full range of modern methods to ensure competence/reduce bias
- Provide the private sector with subsidized access to a full range of methods
- Facilitate conditions to simplify the import of family planning products for the private sector to provide access to long acting methods

Further Data/Information Needs:
- Continue additional survey rounds to provide regular information on availability of products and equipment, provider training and market share
- Publish product sources, supply chain and product quality results
- Capture the results of CHW family planning programs launched at the end of 2015
- Include a qualitative portion to explore the demand side and user perspective
- Expand study area to include more provinces;
- Initiate routine private sector data collection on products and services


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Stage 3:
Following the dissemination activities in both provinces and the release of the reports, CTMP stakeholders met to design a strategy for working with the private sector. The primary recommendation of this workshop was to integrate drug shops into national family planning programming. The CTMP can support the creation of a network or association of drug shops to allow for productive public-private sector collaboration. The strategies discussed will be shared with the broader CTMP at the Total Market Approach workshop in March 2017.

FPwatch Study Results
The 2015 FPwatch Kinshasa and Katanga findings are detailed in a comprehensive report*, which includes the complete study methodology and sampling, along with full tables and graphs for each indicator. The abridged results were presented to event participants, and are summarized below, first for Kinshasa and on the next page for Katanga.

**Market Composition:** The private sector accounted for 86% of outlets stocking contraceptives or providing services in Kinshasa. Drug shops alone accounted for 79% of market composition, while registered pharmacies represented only 1%. Public Health facilities made up 9% of eligible outlets in Kinshasa, while private not-for-profit facilities comprised only 3%.

**Percent of outlets with selected method mixes available, by outlet type**

**Method diversity:** Overall, 92% of drug shops and 78% of public health facilities have at least one modern contraceptive method available. Just 29% of drug shops and 51% of public health facilities have 3+ methods available.

**Market share:** As a proportion of the total volume of CYP for all methods, the public sector in Kinshasa accounts for more than one-third of total volume of CYP and the private sector accounts for 50% of total volume. Implants (14%), followed by male condoms (13%) and CycleBeads (4%) are the primary contributors in the public sector of total CYP. Nearly two-thirds of private sector CYPs come from condoms, 10% from injectables and 12% from LARCs.

*Available at: http://www.actwatch.info/sites/default/files/content/publications/attachments/DRC%202015%20FPwatch%20OS%20Report.pdf
**Market Composition:** The private sector accounted for 71% of outlets stocking contraceptives or providing services in Katanga. Drug shops alone accounted for 59% of market composition, while registered pharmacies represented only 1%. Public Health facilities made up a quarter of eligible outlets in Katanga, while private not-for-profit facilities comprised only 3%.

**Method diversity:** Overall, 74% of drug shops and 67% of public health facilities have at least one modern contraceptive method available. Just 11% of drug shops and 36% of public health facilities have 3+ methods available.

**Market share:** As a proportion of the total volume of CYP for all methods, the public sector in Katanga accounts for over 65% of total volume of CYP, almost entirely from public health facilities. Implants (22%), followed by male condoms (19%), CycleBeads (12%) and injectables (6%) are the primary contributors in the public sector, of total CYPs. Within private sector market share, male condoms account for just over half of private sector CYP, followed by 11% for injectables and 10% for CycleBeads.
Recommendations

The following, comprehensive recommendations were discussed based on the FPwatch results:

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**STAGE 1: GOVERNMENT APPROVAL OF RESULTS AND REQUESTS**

From the first level of meetings, the main recommendations that emerged were for family planning stakeholders to find ways to partner with drug shops to improve service provision. The director of the PNSR and the head of the CTMP approved the results of the study, saying that the trends in the data reflected those of smaller studies and of what they knew to be true in the field. Both bodies recommended that FPwatch results be distributed widely and that further workshops be organized with family planning stakeholders and implementers to answer the following questions:

1. How can we build capacity among private sector providers to ensure quality family planning services are available where the products are (in drug shops)?
2. Are there opportunities to subsidize contraceptive products in the private sector?
3. Can the government standardize the price of contraceptive products nationally? Within the informal sector?
4. How can long acting reversible methods be made available in drug shops?
5. How can the public and private sectors work together to promote Sayana Press?
6. How do we create a network of drug shops (without registering them) to facilitate partnership?
7. How can FPwatch data help family planning partners to improve the total market approach for DRC?

Following this activity, the FPwatch team worked with ASF to organize workshops with implementers in Kinshasa and Katanga and an additional activity focused on total market approach with the CTMP and PATH for February 2017 to assure all interested parties have access to the results and are collaborating on how to best put them to use. Based on the preliminary results and the recommendations of the PNSR and CTMP, the reproductive health team at ASF is also running a pilot program, providing information on the full range of contraceptive commodities to 120 registered pharmacies and drug shops in Kinshasa and channels to purchase the commodities at a subsidized price based on the demand it is expected they will discover in their customer base. The results of this effort will be available mid-2017.

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**STAGE 2: IMPLEMENTER KEY RECOMMENDATIONS**

Following government and committee approval of the study results at the end of 2016, dissemination events were held in Kinshasa and Katanga in February 2017. Event participants were asked to discuss action items as they relate to three of the Reproductive Health Supplies Coalition's strategic pillars: availability, quality and choice\(^2\) - critical to achieving contraceptive access. Participants also brainstormed ideas to improve potential future rounds of FPwatch and other data collection efforts. The action items discussed are highlighted below:

The following, comprehensive action items were discussed based on the FPwatch results in the areas of availability, quality, choice, and the future of FPwatch:

**ACTION POINTS TO ACHIEVE ENHANCED AVAILABILITY OF CONTRACEPTIVE COMMODITIES AND SERVICES**

- Strengthen public-private partnerships to improve access to products and services
  
  FPwatch data confirm low availability of family planning products: over 20% of Kinshasa and 30% of Katanga public health facilities had no modern methods available on the day of the survey; 8% of Kinshasa and almost 30% of Katanga drug shops had no modern methods available. Long term methods were available in fewer than 50% of Kinshasa and 20% of Katanga public health facilities and absent from drug shops in both provinces.

  Since drug shops are the outlets with the greatest potential to reach the population, participants recommended strategies to make it profitable for these outlets to stock a continuous supply of family planning products:

  o Subsidize products for drug shops so that they can continue to make a profit on and see the advantages of stocking family planning products and assure better coverage for the population (Katanga)
  
  o Promote two way referrals – recognize stock outs in public facilities as an opportunity to sell long acting methods in drug shops while the associated services are delivered by trained providers in referral health facilities (Katanga)
  
  o Assure coordination between public campaigns distributing free products and drug shops selling products to assure productive collaborations rather than competition between sectors (Kinshasa)

- Support commodity availability and accessibility

  FPwatch data describe low availability of family planning methods generally and of LARCs across the board with implants available at barely 40% of Kinshasa and 15% of Katanga public health facilities, IUDs at only 25% and 10% respectively, and both methods inexistent in drug shops in the two provinces. Based on these findings, participants recommended strategies to increase the availability of these and other methods:

  o Expand the number of health zones in DRC that provide family planning services, particularly long acting methods in public facilities (Katanga)
  
  o Expand family planning services throughout the Community Health Worker³ program: CHWs represent an important opportunity to reach the population – FPwatch data shows high availability of a range of short acting methods among CHWs in Kinshasa where the family planning program has been rolled out, this program should be expanded to all provinces (Kinshasa)
  
  o Improve and reinforce regulation surrounding the procurement of family planning commodities to make it easier for the private sector to obtain them through legal channels and at a reasonable price (Katanga)
  
  o Advocate for decision makers to increase funding commitments for family planning activities within the national healthcare budget to include: recurring purchases to ensure a regular supply of commodities into the country, subsidies for products and services at the facility level and investment in the industrial sector to encourage local production of contraceptives and lower costs (Kinshasa)

³ The CHW family planning program currently includes the provision of CycleBeads, oral contraceptives and condoms and referrals to facilities for injectables and long acting methods in selected health zones. It has not yet been rolled out in all 515 health zones across the country.
Expand training, especially to the private sector

Event participants suggested that providers who are uninformed about or hold biases against modern methods may limit the availability of these methods and that training could improve the situation. FPwatch data confirm that 46% of public health facilities and only 3% of drug shops in Kinshasa had a provider on staff who had received training on national family planning guidelines in the previous two years. 40% of public health facilities and only 1.5% of drug shops in Kinshasa had a provider who had received training on family planning counseling in the previous two years. Recommendations were to:

- Advocate for funding to provide drug shop providers with basic information about the full range of methods so they can explore demand and purchase products (Kinshasa/Katanga)
- Provide refresher training to professional health providers in public and private sector facilities on modern contraceptive methods so they can help support demand through family planning service availability (Kinshasa/Katanga)

Improve services for youth

A combination of social stigma and limited purchasing power make it difficult for young people to access contraceptives in DRC. In an effort to address the unmet need, the PNSA has established youth centers in some public structures to provide youth friendly services including low cost products and an expanded range of family planning services. Participants noted the success of these centers and recommended that partners:

- Subsidize youth center services by reinforcing the efforts of the National Program for Adolescents and Young Adults (PNSA) (Katanga)
- Advocate for family planning policy to be modified to include women and girls under age 18 – some providers turn young women away because it is illegal to provide family planning services to minors (Katanga)

4 Participants in Katanga dissemination discussions
5 Participants in Katanga dissemination discussions
**Action Items**

## ACTION POINTS TO ACHIEVE ENHANCED QUALITY OF CONTRACEPTIVE COMMODITIES AND SERVICES

### Training

*Event participants suggested that the quality of service provision could be affected by a lack of trained providers in the outlets where most people access family planning products. FPwatch results confirm a lack of formal training with fewer than 2% of Kinshasa and 6% of Katanga drug shops having a trained pharmacist on staff. The most frequent category of medical professional found at drug shops was nurse, and nurses were present in fewer than 5% of these establishments in Kinshasa and 6% in Katanga.*

- Integrate drug shop staff into the CHW family planning training program or develop a program with a similar curriculum to prepare them to provide family planning counseling about the full range of methods (Katanga)
- Provide drug shop staff with a referral structure so they can direct clients to trained providers for long acting methods – since the products can be made available at the drug shop level and conditions to ensure quality are found at the health facilities (Kinshasa/Katanga)
- Provide refresher training for health-facility-based medical staff on modern contraceptive methods. Continuing education is needed to keep public and private sector staff informed about modern methods so they can provide accurate information and quality services to clients (Kinshasa/Katanga)

### Supervision

*FPwatch market composition data show that a majority of the outlets stocking family planning products are (unlicensed) drug shops (79% of Kinshasa and 59% of Katanga outlets). In response to market composition data highlighting the importance of drug shops, additional concerns were raised about the quality of service provision at these outlets and recommendations made to support and integrate them:*

- Integrate drug shops into the public health system (pyramide sanitaire) so they can be supported in the provision of family planning products and services (Katanga)
- Provide Provincial and Health Zone Administrators with the resources to develop task forces or clusters to facilitate supportive supervision and monitoring activities and assure the quality of products and services in the private sector (Katanga)
- Allow drug shops to maintain their informal status (without enforcing the registration requirements which would necessarily close them down) to facilitate monitoring of service quality by the Health Zone Administrators (Katanga)
- Provincial pharmaceutical inspectors must lobby the government to reexamine the requirements for pharmaceutical regulation, maintaining quality standards while being realistic about resources to make registry for interested drug shops attainable

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6 Relaxation of pharmaceutical regulations has been implemented successfully in Uganda and Tanzania. Event participants in Katanga and at the CTMP workshop in Kinshasa suggested that something similar might work in DRC.
ACTION POINTS TO ACHIEVE ENHANCED CHOICE OF CONTRACEPTIVE COMMODITIES AND SERVICES

- Support the availability of a full range of commodities
  The data confirm a lack of method diversity (only 29% of Kinshasa and 11% of Katanga drug shops had at least 3 methods available), and the complete absence of long term methods in drug shops. Since drug shops are shown by the data to have the greatest potential to reach the population, participants recommended strategies to make it profitable for these outlets to stock a full range of methods:
  o The government must allocate a budget sufficient to procure a reliable supply of products and equipment for public and private health structures to make long acting methods available - many public facilities have providers but lack the commodities (Kinshasa/Katanga)
  o Provide the private sector, including drug shops, with subsidized access to a full range of contraceptive methods so they can purchase long acting methods that may be out of stock at the facility level (Kinshasa)
  o The government must facilitate conditions to simplify the import of family planning products for the private sector to provide access to a larger range of methods – when the private sector is forced to import illegally it increases prices and creates stock outs7 (Katanga)

- Improve family planning policy and structures
  Although current registration requirements are unrealistic for most drug shops, event participants responded to market composition data highlighting the dominance of these outlets with the recognition that they are essential allies for the achievement of the family planning objectives of the PNSR. Thus participants recommended:
  o Family planning policy must be modified to include women and girls under age 18 so that they are not turned away by providers because of the law that currently prohibits family planning services to minors (Katanga)
  o Integrate and accompany drug shops into a structure of supervision and support from the Health Zone Administrators without forcing them to formalize with regard to taxes and other requirements of the pharmaceutical board to give them access to a broader range of methods (Katanga)

- Subsidize and standardize commodity prices
  Price data show a wide variation between method types with a Couple Year of Protection (CYP) worth about $4 for male condoms, $25 for emergency contraceptives and $1.30 per implant CYP in Kinshasa. In Kinshasa the median price of an implant was about $5 however ranged from free to $10 in different private sector outlets.
  o Subsidize family planning products and services in the public and private sectors to make them available at lower cost and ensure choice among a range of methods (Katanga)
  o CTMP to publish a memorandum to inform public and private sector providers of the government fixed standardized prices for family planning commodities and services (Katanga)

7 Participants in Katanga dissemination discussion
Training and communication

Event participants suggested that choice might be affected by provider lack of information about or bias against modern methods. They recommended increased training for providers and communications for the general public:

- Train providers on the full range of methods to reduce bias and to assure they are competent to offer a full range of methods (Kinshasa/Katanga)
- The government must integrate information about the full range of modern family planning methods into the national education system to inform young people of their options (Katanga)
- Develop communications campaigns to inform users of the full range of methods available to create demand (Kinshasa)

 ACTION POINTS TO ACHIEVE ENHANCED DATA AND INFORMATION FOR FAMILY PLANNING POLICIES AND PROGRAMS IN THE DRC

Continue to monitor an ever-evolving context

Event participants were eager to dig into the data and identify the reasons for different results— for example, data were collected after the launch of the CHW program in Kinshasa, but before it was begun in Katanga. They recommended the continued collection of current indicators while suggesting some additions:

- FPwatch should be implemented again to capture the results of community health worker family planning programs launched at the end of 2015 and to determine whether product availability among CHWs and their share of the market have increased (Kinshasa)
- Future rounds of the survey would help us track the changing preferences and needs of users by looking at the different types of methods stocked in the private sector (Kinshasa)
- Future rounds of the survey should include questions about youth friendly services (Katanga)
- Future rounds would track the impact of increased government investment in the family planning sector (Kinshasa)
- Future studies should continue to provide information on the indicators prioritized in the FPwatch 2015 study, especially availability of products and equipment, provider training and market share and should publish product sources, supply chain and product quality results (Kinshasa)
- Future rounds should include a qualitative portion to explore the demand side/user perspective (Kinshasa)

Expand study area

Event participants were curious about the family planning situation in other provinces and recommended expansion:

- Expand data collection to include more provinces, ideally a national level study
STAGE 3: NEXT STEPS WITH FP PARTNERS

For the third stage of FPwatch dissemination in DRC, the CTMP reunited relevant parties in Kinshasa to dig deeper into the study results working with the recommendations from the dissemination events in Kinshasa and Katanga. Partners continued the discussion about approaches to working with the private sector and prioritized strategies to present at the multi-national CTMP meeting in March.

PUBLIC-PRIVATE PARTNERSHIP STRATEGIES

1. Integrate drug shops into national family planning programming:
   - Create an open invitation to inform drug shops of this desire for collaboration
   - Support the creation of a network or association of drug shops (as described below)
   - Invite network members to participate in planning and programming activities as members of the CTMP
   - Give network members a seat at the national medicines commission for the purchase of products (PNAM)
2. CTMP to support the creation of an association of drug shops. The CTMP will convoke a meeting with owners of drug shops and act as an intermediary for collaboration with the public sector. As a network drug shops will have more power to request bank loans and negotiate government subsidies
3. NGO partners to set up training programs to teach drug shop providers counseling and a range of methods in the style of the CHW family planning program
4. Government to procure and provide long acting methods at a subsidized cost to drug shops in collaboration with the national medicines commission
FPwatch findings on the family planning market suggest that there is potential to expedite progress toward FP2020 commitments, providing increased access and choice to women in DRC.

Learn more at FPwatch.info