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Democratic Republic of Congo
Outlet Survey
2015**



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Acronyms

ABEF	Association pour le Bien-être Familial (IPPF network)
AdS	Aire de Santé (DRC cluster unit) / Health Zone
ASF	Association de Santé Familiale
BMGF	The Bill and Melinda Gates Foundation
CHW	Community Health Worker (public sector outlet)
CI	95% Confidence Interval
COC	Combined Oral Contraceptive
CPR	Contraceptive Prevalence Rate
CSA	Census Sampling Area
CYP	Couple Years of Protection
DRC	The Democratic Republic of the Congo
DHS	Demographic and Health Survey
ESP	Ecole de santé publique, Université de Kinshasa
FHI-360	Family Health International-360
FP	Family Planning
FP2020	Family Planning 2020 Initiative
IPPF	International Planned Parenthood Federation
IQR	Interquartile Range
IUD	Intrauterine Device
IQA	International Quality-Assured
KII	Key Informant Interview
LARC/PM	Long-Acting Reversible Contraceptive or Permanent Method
LARC	Long-Acting Reversible Contraceptive
MSI	Marie Stopes International
NGO	Non-governmental Organization
OS	Outlet survey
QC	Quality Controller
PMA2020	Performance, Monitoring and Accountability 2020 Study
PNSA	Programme National de la Santé des Adolescents
PNSR	Programme National de la Santé de Reproduction
POP	Progesterone-only pill
PSI	Population Services International
PPS	Probability-proportional-to-size
REB	Research Ethics Board-PSI

SEA	Standard Enumeration Areas
SRA	Stringent Regulatory Authority
3MDG	The Three Millennium Development Goal Fund
TFR	Total Fertility Rate
USAID	United States Agency for International Development
USD	US Dollar
WHO	World Health Organization
WRA	Women of Reproductive Age
ZdS	Zone de Santé (DRC booster limiting geographic unit)/ Health Zone

Definitions

Survey Methods Definitions

Outlet	Any service delivery point or point of sale for commodities. Outlets are not restricted to stationary points of sale and may include mobile units or individuals.
Outlets eligible for inclusion in the study	Outlets were administered a full questionnaire if they met at least one of three inclusion criteria: (1) had one or more modern contraceptive commodities (oral contraceptives, emergency contraceptives, injectable contraceptives, contraceptive implants, intrauterine devices (IUDs), cycle beads) in stock at the time of the survey visit; (2) reportedly had one or more modern contraceptive commodities in stock in the previous three months; or (3) provide modern contraceptive services (contraceptive injections, implant insertions, IUD insertions, male/female sterilization) but do not sell/distribute contraceptive commodities. Outlets not providing services to the general public (e.g. military clinics, brothels, etc.) were excluded from the study.
Cluster (Health area)	The primary sampling unit, or cluster, for the outlet survey. It is an administrative unit determined by the Ministry of Health (MOH) that hosts a population size of approximately 10,000 to 15,000 inhabitants. These units are defined by political boundaries of the Health Areas (Aires de Santé).
Censused Health Area	A cluster where field teams conducted a full census of all outlets with the potential to sell, distribute or provide contraceptive commodities and/or contraceptive services.
Government supported health facilities	Public health facilities and private facilities that receive a full package of support from the government. There is one official government supported facility per health area.
Booster Sample	A booster sample was collected by selecting additional clusters for certain outlet types. This extension achieves a larger sample size for specific outlets, allowing for estimates among key outlet types. In this survey, a booster sample was collected for government-supported public health facilities and pharmacies. See Annex 9 for a detailed description of the booster sampling methods.

Family Planning Terminology

Family planning	The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births.
(Modern) Contraceptive commodity	Used in reference to the actual product. This is any commodity recognized by the World Health Organization (WHO) as a modern form for the prevention of pregnancy and assigned a Couple-Years of Protection (CYP) conversion factor by the United States Agency for International Development (USAID) (https://www.usaid.gov/what-we-do/global-health/family-planning/couple-years-protection-cyp). Traditional methods (e.g., herbs) not recognized by the WHO/USAID were not included in analysis. Behavioral methods without a tangible commodity but with a CYP conversion factor (e.g., fertility awareness methods) were not included in analysis.
Contraceptive service	Used in reference to the provider-assisted procedure associated for use of some contraceptive commodities. This is a medical procedure to deliver a contraceptive

	commodity or a surgical procedure to prevent pregnancy. For analysis, these include the delivery of an injection for an injectable contraceptive, an insertion of a contraceptive implant, an insertion of an IUD and/or a male/female sterilization procedure. Procedures typically require specialized training and equipment. These are also referred to as provider-dependent procedures.
Contraceptive method	Contraceptive method is used in a general sense to distinguish among categories of 'choice' for a consumer regardless of whether a commodity or service.
Couple years of protection (CYP)	CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. See Annex 11 for more description of how CYP was used in the study.
Diversity/range of methods	Indicators that measure contraceptive method choice for an individual consumer. Commonly accepted indicators include three or more and five or more methods available to a consumer from: male condoms, female condoms, oral contraceptives, emergency contraceptives, injectable contraceptives, contraceptive implants, IUDs, male sterilizations, female sterilizations, vaginal rings/patches, vaginal foaming tablets and/or standard days method (e.g. Cycle Beads).
Short-acting methods	Short-acting methods are those that are designed to offer a one-time or up to three months of protection against pregnancy. They include male and female condoms, oral contraceptives, emergency contraceptives and injectables.
Long-acting, reversible contraceptive (LARC) methods	Long-acting contraceptives are those that offer more than one year of protection against pregnancy. They include all types of implants and IUDs.
Permanent methods	Permanent methods include male and female sterilizations and typically provide life-time protection against pregnancy and are not easily reversible. They are often grouped together with LARCs for analytic purposes as long-acting and permanent methods (LARC/PMs).

Outlet Categories for the DRC

Public health facility	This outlet category includes (referral) hospitals, (referral) health centers, health posts, and dispensaries. This category is comprised of government-managed facilities that provide medicines according to prescription. This category also includes any private not-for-profit or for-profit health facilities that are designated by the government as the public health facility for the health area and equipped with a minimum basic package of services and commodities.
Community Health Workers	These health workers are community-based volunteers that are considered public sector outlets. CHWs in the DRC can provide oral contraceptives, condoms and cycle beads.
Private not-for-profit health facility	Private (referral) hospitals, (referral) health centers and health posts, managed by charitable or religious organizations on a non-profit basis.
Private for profit health facility	Private (referral) hospitals, (referral) health centers, health posts and laboratories, run on a for-profit basis.

Pharmacies (registered)	Pharmacies are licensed and regulated by the national medical authority (the <i>3^d Direction</i>), and are staffed by pharmacists and qualified health practitioners. They sell all classes of medicine and are generally located in urban areas.
Drug shops	Drug stores are smaller in size and scope than pharmacies. These facilities are not licensed by the national medical authority. They are sometimes owned or run by staff with primary health qualifications, such as nurses, but are most commonly run by staff with no health qualification. They are ubiquitous in urban areas in the DRC.

Introduction

This country reference document is a detailed presentation of the 2015 FPwatch outlet survey conducted in the DRC. The survey was conducted in the provinces of Kinshasa and Katanga. These two provinces were selected to investigate a variety of urban and rural zones and areas of the country expected to be different in terms of availability of family planning products and services.

FPwatch is a multi-country research project implemented by Population Services International (PSI) (www.psi.org). Standardized tools and approaches are employed to provide comparable data across countries and over time. FPwatch is designed to provide timely, relevant and high-quality, modern contraceptive commodity and associated services market evidence. The goal of providing this market evidence is to inform and monitor national and global policy, strategy and funding decisions for improving availability of a range of quality FP information and contraceptive methods. The project was launched in 2014 with funding from the Bill and Melinda Gates Foundation (BMGF) for Ethiopia, Nigeria, the Democratic Republic of the Congo (DRC) and India, and is currently funded through 2016 by the BMGF. Additional funding was secured through the Three Millennium Development Goal (3MDG) Fund for FPwatch in Myanmar. See Annex 1 for more information about the FPwatch project.

FPwatch contraceptive method market monitoring in the DRC has been implemented in the context of strategies designed and implemented to improve availability and choice in contraceptive methods. See Annex 2 for more information about the FP context in the DRC. These include national efforts to:

- Increase the contraceptive prevalence rate (CPR) to 19% by 2020;
- Reach an additional 2.1 million women and girls with a range of modern contraceptive methods as part of the FP2020 Initiative;
- Obtain effective and concrete commitments of the government to support Family Planning;
- Improve access for men and women to FP services in the public and private sectors;
- Increase the quality of Family Planning services;
- Generate demand for Family Planning;
- Develop and strengthen an efficient logistical system to manage contraceptives; and
- Implement a reliable evaluation system to measure results

Report notes

- *This document is a complete reference for the 2015 outlet survey. Please see annexes for information about the study context, design, implementation and data analysis.*
- *Grey text for data appearing in report tables indicates that the estimate provided was derived from a small sample size. Specifically, grey text is used to indicate point estimates for availability indicators derived from an n of less than 50 and estimates for median price and service readiness indicators derived from an n of less than 5.*
- *Contraceptive commodity and service prices are reported in US dollars. Price information is captured in local currency and converted to US dollars based on exchange rates available from www.oanda.com using the historical exchange rates tool. The average exchange rate over the entire data collection period is used for converting local currency captured during data collection to US dollars.*

Summary of Methods and Data Collection

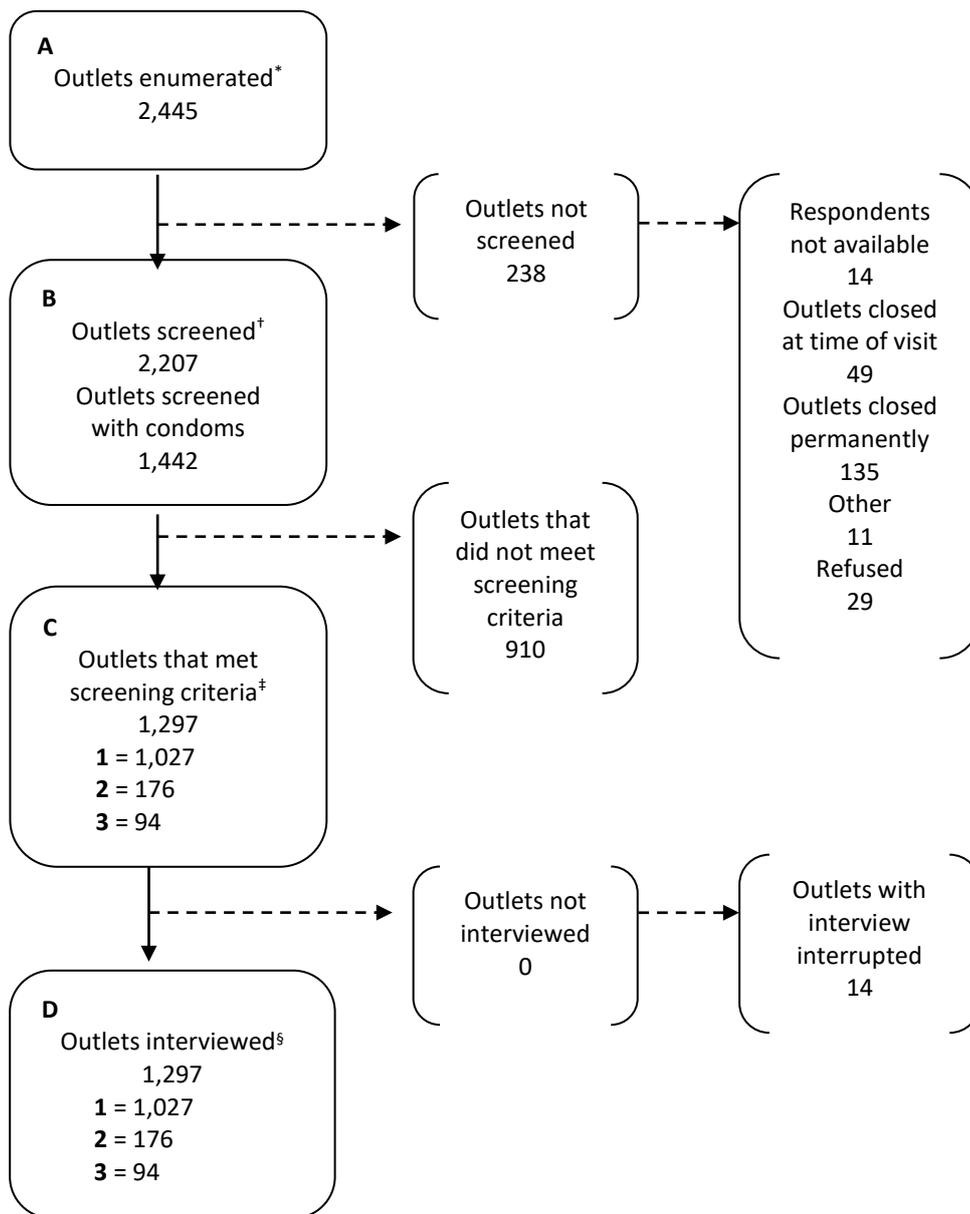
A provincially-representative FP-focused outlet survey was conducted in the DRC between October 9th and December 2nd 2015. A full description of research design and methods is provided in Annex 3. Briefly, a representative sample of Aires de Santé (*health areas*) was selected from each of the two provinces. Within selected health areas, a census of all outlets with the potential to sell or distribute modern contraceptives and/or provide associated FP services was completed. A booster sample was taken for specific outlet types for all health areas in a health zone with at least one selected health area. The booster was used to increase the sample size for pharmacies and public health facilities.

Outlets were screened to determine eligibility. Outlets eligible for the survey met at least one of three criteria: 1) one or more modern contraceptive commodities (including cycle beads, oral contraceptives, emergency contraceptives, injectables, implants and/or IUDs) were in stock on the day of the survey; 2) one or more modern contraceptive commodities were in stock in the three months preceding the survey; and/or 3) contraceptive services associated with commodities (contraceptive injections, implant insertions, IUD insertions) and/or permanent methods with no commodity (male/female sterilizations) were available. Questions relating to condoms were asked of all outlets, regardless of eligibility for the full audit or provider interview. Outlets that do not serve the general public (e.g., military facilities) were excluded from the study. The results of the census are summarized in Figure 1. A detailed sample summary is provided in Annex 6.

A structured questionnaire was used to complete an audit of all modern contraceptive commodities as well as a provider interview for questions relating to contraceptive services (see Annex 7 for the FPwatch 2015 DRC questionnaire). See Annex 8 for detailed summaries of modern contraceptive commodities audited. Key informant interviews (KIIs) were conducted with specific stakeholders to supplement information for the country background.

Double data entry was completed using Microsoft Access. All data cleaning and analysis was performed using Stata 13.1 (©StataCorp, College Station, TX). Data were weighted to account for variation in probability of outlet selection (see Annex 9), and standard error calculation reflected clustering of outlets at *health area* level. Standard indicators were constructed according to definitions applied across FPwatch project countries (see Annex 10).

Figure 1: Survey flow diagram, DRC, 2015



- 1: Modern contraceptive (including oral contraceptives, emergency contraceptives, injectables, implants or IUDs) in stock on day of visit
- 2: Modern contraceptives reportedly in stock during the previous 3 months but not on the day of the visit
- 3: Modern family planning services (including injections, implant or IUD insertions, or sterilizations) available but no modern contraceptives in stock

* Identified as outlets with potential to sell or distribute modern contraceptive commodities (condoms, oral contraceptives, emergency contraceptives, injectables, implants, IUDs) and/or provide contraceptive procedures (contraceptive injections, implant insertions, IUD insertions, male/female sterilizations) during the census

† Administered questions assessing condom availability, price and volume regardless of eligibility

‡ Administered questions to assess current or recent (previous 3 months) availability of modern contraceptives and modern family planning services

§ A partial or complete interview was conducted with an outlet representative

Summary of Key Findings

Kinshasa

	Public Health Facility*	Community Health Worker	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Proportion of outlet types stocking / providing at least 1 modern contraceptive method on the day of the survey, of all outlets stocking / providing at least 1 modern contraceptive method^{†, ‡}:	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Any method available, including condoms only outlets [§] N=694	7.6 (4.8,11.9)	1.5 (0.6,6.7)	12.5 (8.6,17.8)	3.3 (2.1,5.3)	9.9 (7.2,13.6)	0.5 (0.1,2.2)	77.1 (71.2,82.1)	87.5 (82.2,91.4)
Any method available, excluding condoms only outlets [∞] N=443	8.8 (4.6,16.2)	2.4 (1.0,5.7)	14.4 (8.5,23.3)	3.11 (1.7,5.6)	5.9 (3.7,9.2)	0.8 (0.2,3.4)	79.0 (71.0,85.3)	85.7 (76.7,91.6)
	<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.</p> <p>† This indicator does not include public health facilities and pharmacies from the booster sample.</p> <p>‡ Contraceptive commodity-stocking outlets have at least one family planning commodity in stock on the day of the survey, verified by the presence of at least one family planning commodity recorded in an audit sheet. There were 13 family planning commodity-stocking outlets with partially completed interviews which were thus excluded from the denominator.</p> <p>§ Includes: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, and IUDs.</p> <p>∞ Includes: oral contraceptives, emergency contraceptives, injectables, implants, and IUDs.</p>							
Source: FPwatch Outlet Survey, DRC, 2015								

Table A2: Availability of modern contraceptive method types, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
Any modern method	77.9 (67.0, 85.9)	84.8 (60.1, 95.4)	78.7 (69.1, 85.9)	42.9 (29.0, 58.0)	30.1 (23.4, 37.8)	97.2 (84.4, 99.6)	92.0 (88.7, 94.4)	74.9 (69.8, 79.4)	73.6 (69.0, 77.7)
Any short-acting method	76.4 (65.9, 84.4)	84.8 (60.1, 95.4)	77.3 (68.0, 84.5)	39.2 (25.2, 55.2)	29.8 (23.1, 37.5)	97.2 (84.4, 99.6)	92.0 (88.7, 94.4)	74.8 (69.7, 79.4)	73.2 (68.6, 77.3)
Any LARC method	44.1 (35.5, 53.1)	0.0 -	39.2 (30.5, 48.6)	14.0 (5.9, 29.6)	4.1 (2.1, 7.8)	9.9 (5.5, 17.2)	0.0 -	1.3 (0.7, 2.4)	6.3 (4.5, 8.8)
Any permanent method	11.5 (7.3, 17.8)	0.0 -	10.2 (6.5, 15.9)	3.9 (1.3, 10.8)	3.7 (1.6, 8.6)	0.0 -	0.0 -	1.0 (0.4, 2.4)	2.2 (1.5, 3.4)
Any LARC/PM	47.7 (39.2, 56.4)	0.0 -	42.4 (33.6, 51.7)	15.4 (7.0, 30.7)	6.1 (3.5, 10.4)	9.9 (5.5, 17.2)	0.0 -	1.9 (1.1, 3.1)	7.2 (5.4, 9.6)

* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.

† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview).

Source: FPwatch Outlet Survey, DRC, 2015

Table A3: Availability of selected contraceptive commodities, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking [†] :	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
Male condoms	69.3 (57.8, 78.9)	75.1 (37.6, 93.8)	70.0 (60.4, 78.1)	27.3 (15.8, 43.0)	25.9 (20.8, 31.8)	96.7 (84.2, 99.4)	86.1 (81.3, 89.8)	69.5 (64.7, 74.0)	67.3 (62.8, 71.5)
Female condoms	40.2 (31.6, 49.4)	0.0 -	35.7 (27.2, 45.1)	10.1 (3.1, 28.6)	6.3 (3.6, 10.9)	14.4 (7.8, 25.1)	5.8 (4.1, 8.2)	6.1 (4.5, 8.2)	9.7 (7.2, 13.0)
Cyclebeads	43.6 (36.1, 51.3)	84.8 (60.1, 95.4)	48.2 (40.3, 56.2)	10.9 (3.9, 26.7)	2.7 (1.4, 5.2)	2.9 (0.6, 13.9)	0.7 (0.1, 3.2)	1.3 (0.7, 2.4)	7.1 (5.4, 9.4)
Oral contraceptives	41.2 (32.4, 50.6)	84.8 (60.1, 95.4)	46.1 (38.4, 54.1)	17.8 (7.0, 38.5)	5.1 (2.8, 9.0)	60.0 (51.6, 67.8)	39.3 (33.3, 45.7)	30.2 (25.0, 35.9)	31.3 (27.3, 35.6)
<i>IQA[‡] oral contraceptives</i>	41.2 (32.4, 50.6)	84.8 (60.1, 95.4)	46.1 (38.4, 54.1)	17.8 (7.0, 38.5)	5.1 (2.8, 9.0)	60.0 (51.6, 67.8)	39.3 (33.3, 45.7)	30.2 (25.0, 35.9)	31.3 (27.3, 35.6)
<i>Combined oral contraceptives</i>	39.8 (30.6, 49.7)	84.8 (60.1, 95.4)	44.8 (36.8, 53.1)	17.8 (7.0, 38.5)	4.7 (2.4, 8.8)	57.2 (47.3, 66.6)	39.3 (33.3, 45.7)	30.0 (24.9, 35.7)	31.0 (27.1, 35.2)
<i>Progestin-only pills</i>	13.0 (6.0, 25.7)	43.2 (12.6, 80.1)	16.4 (8.7, 28.8)	10.6 (2.4, 36.2)	1.5 (0.3, 6.4)	14.4 (7.8, 24.9)	0.8 (0.2, 3.2)	1.2 (0.5, 2.7)	3.4 (1.7, 6.8)
Emergency contraceptives	6.6 (2.8, 14.6)	0.0 -	5.9 (2.4, 13.7)	0.6 (0.1, 4.0)	1.0 (0.3, 2.8)	50.0 (40.3, 59.8)	27.4 (21.7, 33.9)	20.4 (15.4, 26.5)	17.7 (13.4, 22.9)
<i>IQA[‡] emergency contraceptives</i>	6.2 (2.5, 14.8)	0.0 -	5.5 (2.1, 13.9)	0.0 -	0.0 -	25.5 (15.3, 39.2)	1.1 (0.4, 3.0)	1.2 (0.5, 2.8)	1.6 (0.9, 2.9)
Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	7.3 (2.6, 18.7)	0.0 -	0.1 (0.0, 0.8)	0.1 (0.0, 0.7)
Contraceptive injectables	47.0 (36.3, 58.0)	0.0 -	41.7 (30.7, 53.6)	13.5 (6.0, 27.9)	7.4 (4.2, 12.9)	14.2 (4.2, 38.3)	27.3 (21.9, 33.4)	21.5 (17.6, 26.1)	23.4 (20.5, 26.6)
<i>IQA[‡] injectables</i>	47.0 (36.3, 58.0)	0.0 -	41.7 (30.7, 53.6)	13.5 (6.0, 27.9)	7.4 (4.2, 12.9)	14.2 (4.2, 38.3)	27.3 (21.9, 33.4)	21.5 (17.6, 26.1)	23.4 (20.5, 26.6)
<i>Depo-provera injectables</i>	41.6 (30.0, 54.2)	0.0 -	36.9 (25.9, 49.4)	13.5 (6.0, 27.9)	7.4 (4.2, 12.9)	14.2 (4.2, 38.3)	27.3 (21.9, 33.4)	21.5 (17.6, 26.1)	22.9 (20.3, 25.7)
<i>Noristerat injectables</i>	10.0 (3.9, 23.2)	0.0 -	8.9 (3.4, 21.5)	6.6 (1.3, 27.9)	0.4 (0.1, 2.8)	0.0 -	0.0 -	0.1 (0.0, 0.8)	1.5 (0.5, 4.4)
<i>Sayana Press injectables</i>	3.4 (1.1, 10.2)	0.0 -	3.0 (1.0, 8.5)	0.6 (0.1, 3.6)	0.0 -	0.0 -	0.0 -	0.0 -	0.4 (0.1, 1.0)
Implants	43.3 (34.6, 52.4)	0.0 -	38.4 (29.7, 48.0)	13.2 (5.3, 29.4)	4.1 (2.1, 7.8)	0.0 -	0.0 -	1.1 (0.6, 2.2)	6.0 (4.2, 8.6)
<i>Implanon implants</i>	16.4 (9.3, 27.2)	0.0 -	14.5 (8.0, 25.0)	0.3 (0.1, 2.0)	1.0 (0.2, 4.3)	0.0 -	0.0 -	0.3 (0.1, 1.1)	1.9 (1.0, 3.6)

Table A3: Availability of selected contraceptive commodities, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking[†]:	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
<i>Jadelle implants</i>	38.7 (28.3, 50.3)	0.0 -	34.3 (24.2, 46.2)	13.2 (5.3, 29.4)	3.5 (1.7, 7.0)	0.0 -	0.0 -	1.0 (0.5, 2.0)	5.4 (3.6, 8.1)
IUDs	27.2 (17.8, 39.2)	0.0 -	24.1 (15.5, 35.6)	11.4 (4.3, 26.9)	3.4 (1.5, 7.3)	9.9 (5.5, 17.2)	0.0 -	1.1 (0.5, 2.3)	4.3 (2.8, 6.4)
<i>IQA[‡] IUDs</i>	27.2 (17.8, 39.2)	0.0 -	24.1 (15.5, 35.6)	11.4 (4.3, 26.9)	3.4 (1.5, 7.3)	9.9 (5.5, 17.2)	0.0 -	1.1 (0.5, 2.3)	4.3 (2.8, 6.4)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.</p> <p>† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview).</p> <p>‡ International quality-assured (IQA) contraceptives are defined as those on the WHO Prequalification or a Stringent Regulatory Authority (SRA) list. See Annex 8 for a list of all brands found in survey and quality-assurance indications.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table A4: Availability of modern contraceptive method diversity, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing[†]:	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
3+ methods [‡]	51.1 (43.4, 58.7)	75.1 (37.6, 93.8)	53.8 (46.6, 60.8)	13.1 (5.4, 28.2)	5.8 (3.4, 9.8)	49.7 (39.1, 60.3)	28.8 (24.4, 33.7)	22.8 (18.8, 27.3)	25.8 (22.0, 30.0)
3+ methods with LARC	43.9 (35.4, 52.9)	0.0 -	39.0 (30.3, 48.4)	11.4 (4.3, 26.9)	3.9 (2.0, 7.7)	9.9 (5.5, 17.2)	0.0 -	1.2 (0.7, 2.3)	6.1 (4.3, 8.6)
3+ methods with LARC/PM	45.9 (37.6, 54.4)	0.0 -	40.7 (32.2, 49.9)	11.4 (4.3, 26.9)	5.2 (2.9, 9.1)	9.9 (5.5, 17.2)	0.0 -	1.6 (0.9, 2.8)	6.6 (4.7, 9.1)
5+ methods [§]	35.1 (27.3, 43.9)	0.0 -	31.2 (23.4, 40.2)	9.6 (2.9, 27.1)	3.3 (1.6, 6.7)	6.1 (3.5, 10.3)	0.9 (0.3, 2.5)	1.6 (1.0, 2.7)	5.4 (3.9, 7.5)

* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.

† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview).

‡ 3 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.

§ 5 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.

Source: FPwatch Outlet Survey, DRC, 2015

Table A5: Current stock out* of selected modern contraceptive commodities on day of survey, among outlets reportedly stocking method in previous 3 months, by outlet type – Kinshasa, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets reportedly stocking method in previous 3 months, currently stocked out of [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Oral contraceptives	13.0 ⁽¹⁰⁶⁾ (6.1, 25.6)	10.3 ⁽⁹⁾ (2.0, 38.7)	12.5 ⁽¹¹⁵⁾ (6.5, 22.6)	22.2 ⁽¹⁵⁾ (6.7, 53.1)	42.1 ⁽³¹⁾ (26.6, 59.4)	11.4 ⁽⁴⁰⁾ (2.4, 40.5)	24.6 ⁽³¹⁵⁾ (16.2, 35.5)	25.3 ⁽³⁸⁶⁾ (17.2, 35.6)	23.3 ⁽⁵¹⁶⁾ (16.4, 32.0)
Emergency contraceptives	36.6 ⁽¹⁹⁾ (11.4, 72.2)	-	36.6 ⁽¹⁹⁾ (11.4, 72.2)	34.7 ⁽²⁾ (1.1, 96.1)	74.8 ⁽¹⁴⁾ (43.5, 92.0)	15.2 ⁽³⁷⁾ (7.3, 29.0)	19.9 ⁽¹⁸²⁾ (13.3, 28.7)	22.0 ⁽²³³⁾ (15.3, 30.4)	22.7 ⁽²⁵⁴⁾ (16.0, 31.1)
Contraceptive injectables	18.2 ⁽¹²⁴⁾ (10.8, 29.0)	-	18.2 ⁽¹²⁴⁾ (10.8, 29.0)	35.5 ⁽¹³⁾ (8.5, 76.7)	42.2 ⁽⁴³⁾ (23.1, 63.9)	19.9 ⁽¹⁷⁾ (4.8, 55.1)	22.9 ⁽²¹⁰⁾ (16.6, 30.6)	25.2 ⁽²⁷⁰⁾ (19.8, 31.5)	24.3 ⁽⁴⁰⁷⁾ (19.9, 29.2)
Implants	12.7 ⁽¹¹¹⁾ (6.0, 25.1)	-	12.7 ⁽¹¹¹⁾ (6.0, 25.1)	12.2 ⁽¹¹⁾ (4.2, 30.7)	9.0 ⁽¹⁶⁾ (2.2, 30.7)	100.0 ⁽¹⁾ -	100.0 ⁽²⁾ -	17.2 ⁽¹⁹⁾ (4.8, 46.4)	13.4 ⁽¹⁴¹⁾ (7.5, 22.8)
IUDs	21.6 ⁽⁷⁷⁾ (11.9, 35.8)	-	21.6 ⁽⁷⁷⁾ (11.9, 35.8)	18.7 ⁽⁹⁾ (2.9, 64.0)	12.2 ⁽¹¹⁾ (3.4, 35.4)	0.0 ⁽⁵⁾ -	100.0 ⁽¹⁾ -	16.3 ⁽¹⁷⁾ (6.2, 36.8)	20.1 ⁽¹⁰³⁾ (12.1, 31.5)

* This indicator is among all screened outlets that reportedly stocked the method in the previous 3 months. It does not account for whether the outlet is expected to provide the commodity according to national regulations. It is a point-in-time stock out indicator from http://www.rhsupplies.org/fileadmin/uploads/rhsc/Issues/Addressing_Stockouts/Takestock/Documents/Using-the_Power_of_Partnership_to_Speak_the_same_Languageoon_Stockouts.pdf. It is defined as the percentage of facilities reporting that they have stocked the method in the previous 3 months but were stocked out on the day of the assessment.

† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.

‡ The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview).

Source: FPwatch Outlet Survey, DRC, 2015

Table A6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Kinshasa, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range ^{§,¶} :	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
Male condoms				
DRC Franc	20.00 ⁽⁴¹⁾ [0.00-30.00]	50.00 ⁽⁵⁶⁾ [40.00-100.00]	30.00 ⁽³⁴⁷⁾ [25.00-40.00]	30.00 ⁽⁴⁴⁴⁾ [25.00-40.00]
USD	\$0.02 ⁽⁴¹⁾ [0.00-0.03]	\$0.05 ⁽⁵⁶⁾ [0.04-0.11]	\$0.03 ⁽³⁴⁷⁾ [0.03-0.04]	\$0.03 ⁽⁴⁴⁴⁾ [0.03-0.04]
USD per CYP	\$2.64 ⁽⁴¹⁾ [0.00-3.96]	\$6.60 ⁽⁵⁶⁾ [5.28-13.20]	\$3.96 ⁽³⁴⁷⁾ [3.30-5.28]	\$3.96 ⁽⁴⁴⁴⁾ [3.30-5.28]
Female condoms				
DRC Franc	0.00 ⁽⁸⁾ [0.00-100.00]	2000.00 ⁽⁷⁾ [300.00-3000.00]	100.00 ⁽²⁴⁾ [100.00-200.00]	100.00 ⁽³⁹⁾ [100.00-200.00]
USD	\$0.00 ⁽⁸⁾ [0.00-0.11]	\$2.20 ⁽⁷⁾ [0.33-3.30]	\$0.11 ⁽²⁴⁾ [0.11-0.22]	\$0.11 ⁽³⁹⁾ [0.11-0.22]
USD per CYP	\$0.00 ⁽⁸⁾ [0.00-13.20]	\$264.00 ⁽⁷⁾ [39.60-396.00]	\$13.20 ⁽²⁴⁾ [13.20-26.40]	\$13.20 ⁽³⁹⁾ [13.20-26.40]
Cyclebeads				
DRC Franc	0.00 ⁽⁵⁾ [0.00-3000.00]	3500.00 ⁽¹⁾ -	1000.00 ⁽¹⁾ -	1000.00 ⁽⁷⁾ [0.00-1000.00]
USD	\$0.00 ⁽⁵⁾ [0.00-3.30]	\$3.85 ⁽¹⁾ -	\$1.10 ⁽¹⁾ -	\$1.10 ⁽⁷⁾ [0.00-1.10]
USD per CYP	\$0.00 ⁽⁵⁾ [0.00-2.20]	\$2.57 ⁽¹⁾ -	\$0.73 ⁽¹⁾ -	\$0.73 ⁽⁷⁾ [0.00-0.73]
Oral contraceptives				
DRC Franc	1000.00 ⁽⁹⁾ [200.00-2000.00]	1666.67 ⁽⁶⁷⁾ [500.00-3483.33]	300.00 ⁽¹⁹²⁾ [200.00-500.00]	300.00 ⁽²⁶⁸⁾ [200.00-500.00]
USD	\$1.10 ⁽⁹⁾ [0.22-2.20]	\$1.83 ⁽⁶⁷⁾ [0.55-3.83]	\$0.33 ⁽¹⁹²⁾ [0.22-0.55]	\$0.33 ⁽²⁶⁸⁾ [0.22-0.55]
USD per CYP	\$16.50 ⁽⁹⁾ [3.30-33.00]	\$27.50 ⁽⁶⁷⁾ [8.25-57.47]	\$4.95 ⁽¹⁹²⁾ [3.30-8.25]	\$4.95 ⁽²⁶⁸⁾ [3.30-8.25]
Combined oral contraceptives				
DRC Franc	500.00 ⁽⁷⁾ [200.00-2000.00]	1800.00 ⁽⁶¹⁾ [500.00-3483.33]	300.00 ⁽¹⁹⁰⁾ [200.00-500.00]	300.00 ⁽²⁵⁸⁾ [200.00-500.00]
USD	\$0.55 ⁽⁷⁾ [0.22-2.20]	\$1.98 ⁽⁶¹⁾ [0.55-3.83]	\$0.33 ⁽¹⁹⁰⁾ [0.22-0.55]	\$0.33 ⁽²⁵⁸⁾ [0.22-0.55]
USD per CYP	\$8.25 ⁽⁷⁾ [3.30-33.00]	\$29.70 ⁽⁶¹⁾ [8.25-57.47]	\$4.95 ⁽¹⁹⁰⁾ [3.30-8.25]	\$4.95 ⁽²⁵⁸⁾ [3.30-8.25]
Progestin-only pills				

Table A6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range ^{§,¶} :	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
DRC Franc	2000.00 ⁽²⁾ [2000.00-2000.00]	300.00 ⁽⁶⁾ [300.00-500.00]	500.00 ⁽²⁾ [500.00-4200.00]	2000.00 ⁽¹⁰⁾ [500.00-2000.00]
USD	\$2.20 ⁽²⁾ [2.20-2.20]	\$0.33 ⁽⁶⁾ [0.33-0.55]	\$0.55 ⁽²⁾ [0.55-4.62]	\$2.20 ⁽¹⁰⁾ [0.55-2.20]
USD per CYP	\$33.00 ⁽²⁾ [33.00-33.00]	\$4.95 ⁽⁶⁾ [4.95-8.25]	\$8.25 ⁽²⁾ [8.25-69.30]	\$33.00 ⁽¹⁰⁾ [8.25-33.00]
Emergency contraceptives				
DRC Franc	1500.00 ⁽¹⁾ -	1200.00 ⁽⁶⁶⁾ [900.00-1500.00]	1100.00 ⁽¹⁵⁶⁾ [1000.00-1200.00]	1100.00 ⁽²²³⁾ [1000.00-1300.00]
USD	\$1.65 ⁽¹⁾ -	\$1.32 ⁽⁶⁶⁾ [0.99-1.65]	\$1.21 ⁽¹⁵⁶⁾ [1.10-1.32]	\$1.21 ⁽²²³⁾ [1.10-1.43]
USD per CYP	\$33.00 ⁽¹⁾ -	\$26.40 ⁽⁶⁶⁾ [19.80-33.00]	\$24.20 ⁽¹⁵⁶⁾ [22.00-26.40]	\$24.20 ⁽²²³⁾ [22.00-28.60]
Contraceptive injectables				
DRC Franc	1500.00 ⁽¹³⁾ [1000.00-3000.00]	500.00 ⁽¹⁴⁾ [400.00-500.00]	500.00 ⁽¹⁰⁵⁾ [400.00-500.00]	500.00 ⁽¹³²⁾ [400.00-700.00]
USD	\$1.65 ⁽¹³⁾ [1.10-3.30]	\$0.55 ⁽¹⁴⁾ [0.44-0.55]	\$0.55 ⁽¹⁰⁵⁾ [0.44-0.55]	\$0.55 ⁽¹³²⁾ [0.44-0.77]
USD per CYP	\$6.60 ⁽¹³⁾ [4.40-13.20]	\$2.20 ⁽¹⁴⁾ [1.76-2.20]	\$2.20 ⁽¹⁰⁵⁾ [1.76-2.20]	\$2.20 ⁽¹³²⁾ [1.76-3.08]
<i>Depo-provera injectables</i>				
DRC Franc	1500.00 ⁽¹²⁾ [1000.00-3000.00]	500.00 ⁽¹⁴⁾ [400.00-500.00]	500.00 ⁽¹⁰⁵⁾ [400.00-500.00]	500.00 ⁽¹³¹⁾ [400.00-700.00]
USD	\$1.65 ⁽¹²⁾ [1.10-3.30]	\$0.55 ⁽¹⁴⁾ [0.44-0.55]	\$0.55 ⁽¹⁰⁵⁾ [0.44-0.55]	\$0.55 ⁽¹³¹⁾ [0.44-0.77]
USD per CYP	\$6.60 ⁽¹²⁾ [4.40-13.20]	\$2.20 ⁽¹⁴⁾ [1.76-2.20]	\$2.20 ⁽¹⁰⁵⁾ [1.76-2.20]	\$2.20 ⁽¹³¹⁾ [1.76-3.08]
<i>Noristerat injectables</i>				
DRC Franc	1500.00 ⁽¹⁾ -	-	-	1500.00 ⁽¹⁾ -
USD	\$1.65 ⁽¹⁾ -	-	-	\$1.65 ⁽¹⁾ -
USD per CYP	\$9.90 ⁽¹⁾ -	-	-	\$9.90 ⁽¹⁾ (1)
Implants				
DRC Franc	4500.00 ⁽⁸⁾	-	-	4500.00 ⁽⁸⁾

Table A6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range ^{§,¶} :	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	[0.00-9200.00]	-	-	[0.00-9200.00]
USD	\$4.95 ⁽⁸⁾ [0.00-10.12]	-	-	\$4.95 ⁽⁸⁾ [0.00-10.12]
USD per CYP	\$1.30 ⁽⁸⁾ [0.00-3.91]	-	-	\$1.30 ⁽⁸⁾ [0.00-3.91]
<i>Implanon implants</i>				
DRC Franc	9200.00 ⁽³⁾ [0.00-9200.00]	-	-	9200.00 ⁽³⁾ [0.00-9200.00]
USD	\$10.12 ⁽³⁾ [0.00-10.12]	-	-	\$10.12 ⁽³⁾ [0.00-10.12]
USD per CYP	\$4.05 ⁽³⁾ [0.00-4.05]	-	-	\$4.05 ⁽³⁾ [0.00-4.05]
<i>Jadelle implants</i>				
DRC Franc	4500.00 ⁽⁵⁾ [0.00-6500.00]	-	-	4500.00 ⁽⁵⁾ [0.00-6500.00]
USD	\$4.95 ⁽⁵⁾ [0.00-7.15]	-	-	\$4.95 ⁽⁵⁾ [0.00-7.15]
USD per CYP	\$1.30 ⁽⁵⁾ [0.00-1.88]	-	-	\$1.30 ⁽⁵⁾ [0.00-1.88]
IUDs				
DRC Franc	4500.00 ⁽⁶⁾ [4500.00-4600.00]	60200.00 ⁽⁶⁾ [7500.00-61490.00]	-	4500.00 ⁽¹²⁾ [4500.00-6000.00]
USD	\$4.95 ⁽⁶⁾ [4.95-5.06]	\$66.22 ⁽⁶⁾ [8.25-67.64]	-	\$4.95 ⁽¹²⁾ [4.95-6.60]
USD per CYP	\$1.10 ⁽⁶⁾ [1.08-1.10]	\$0.00 ⁽⁶⁾ [0.00-0.00]	-	\$1.10 ⁽¹²⁾ [1.08-1.10]
Male sterilization				
DRC Franc	-	-	-	-
USD	-	-	-	-
USD per CYP	-	-	-	-
Female sterilization				
DRC Franc	135000.00 ⁽⁴⁾ [135000.00-135000.00]	-	-	135000.00 ⁽⁴⁾ [135000.00-135000.00]

Table A6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range§,∞:	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
USD	\$148.50 ⁽⁴⁾ [148.50-148.50]	- -	- -	\$148.50 ⁽⁴⁾ [148.50-148.50]
USD per CYP	\$15.97 ⁽⁴⁾ [15.97-15.97]	- -	- -	\$15.97 ⁽⁴⁾ [15.97-15.97]
<p>* Based on the average rate of exchange from October 9th to December 2nd, 2015 of 912.270 Congolese Francs per 1 USD.</p> <p>† This price is determined for the unit used in CYP conversion factors: condoms: 1 condom; oral contraceptives: 1 cycle or blister package; emergency contraceptives: 1 dose; injectables: 1 dose/injection; implants: 1 implant insertion (1 or 2 rods); IUDs: 1 IUD.</p> <p>‡ CYP – Couple Year Protection is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period (see Annex 11).</p> <p>§ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include a service charge.</p> <p>∞ The number of family planning products captured in audits sheets with missing price information are as follows: 5 male condoms, 5 female condoms, 6 cyclebeads, 0 male vasectomies, 3 female tubal ligations, 30 oral contraceptives, 10 emergency contraceptives, 33 injections, 15 implants and 11 IUDs.</p>				
Source: FPwatch Outlet Survey, DRC, 2015				

Table A7: Median markup percentage for selected modern contraceptive commodities with interquartile range, by private outlet type – Kinshasa, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median markup percentage of commodity, with interquartile range ^{*,†,‡} :	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]
Oral contraceptives	70% ⁽¹²⁾ (0%, 150%)	100% ⁽²⁴⁾ (70%, 1180%)	100% ⁽¹⁴⁸⁾ (70%, 150%)	100% ⁽¹⁸⁴⁾ (60%, 1180%)
Emergency contraceptives	70% ⁽³⁾ (50%, 80%)	30% ⁽⁴²⁾ (20%, 50%)	30% ⁽¹⁰⁴⁾ (20%, 70%)	30% ⁽¹⁴⁹⁾ (20%, 70%)
Contraceptive injectables	100% ⁽¹¹⁾ (100%, 320%)	70% ⁽¹¹⁾ (50%, 70%)	80% ⁽⁷⁸⁾ (40%, 150%)	90% ⁽¹⁰⁰⁾ (40%, 150%)
Implants	0% ⁽⁷⁾ -	- -	- -	0% ⁽⁷⁾ -
IUDs	540% ⁽⁵⁾ (0%, 550%)	40% ⁽³⁾ (40%, 40%)	- -	40% ⁽⁸⁾ (0%, 550%)
	<p>* The number of family planning products captured in audit sheets with missing retail and/or wholesale price information are as follows: 162 oral contraceptives, 107 emergency contraceptives, 100 injections, 8 implants and 7 IUDs.</p> <p>† To determine median markup percentage, we first determined the profit margin for selected modern contraceptives at private sector outlet categories: retail price – wholesale price. We then determined a profit margin proportion by: profit margin/retail price. Finally, we converted profit margin to markup by: wholesale price/(1- profit margin proportion). We converted to a percentage and determined the median markup with IQR range. Using oral contraceptives sold in private health facilities as an example, this can be interpreted as private health facilities adding 50% to the wholesale costs to set the retail cost.</p> <p>‡ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include service charge.</p>			
Source: FPwatch Outlet Survey, DRC, 2015				

Table A8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Kinshasa

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total∞
	%	%	%	%	%	%	%	%	%
1. Male condoms	12.3	0.2	12.5	1.7	2.4	0.0	30.0	32.4	46.6
2. Female condoms	1.1	0.0	1.1	0.0	0.1	0.0	0.1	0.1	1.3
3. Cyclebeads	2.3	1.5	3.9	3.6	0.7	0.0	0.0	0.7	8.2
4. Oral contraceptives	0.2	0.1	0.3	0.4	0.0	0.0	2.9	3.0	3.6
IQA§ oral contraceptives	0.2	0.1	0.3	0.4	0.0	0.0	2.9	3.0	3.6
Combined oral contraceptives	0.2	0.1	0.3	0.1	0.0	0.0	2.9	3.0	3.3
Progestin-only pills	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.3
5. Emergency contraceptives	0.0	0.0	0.0	0.0	0.0	0.0	2.8	2.8	2.8
IQA§ emergency contraceptives	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1
6. Birth control patches	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables	2.9	0.0	2.9	1.4	0.5	0.0	4.7	5.2	9.5
IQA§ injectables	2.9	0.0	2.9	1.4	0.5	0.0	4.7	5.2	9.5
Depo-provera injectables	2.7	0.0	2.7	1.2	0.5	0.0	4.7	5.2	9.2
Noristerat injectables	0.1	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.3
Sayana Press injectables	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8. Implants	14.3	0.0	14.3	4.9	3.8	0.0	0.0	3.8	23.0
Implanon implants	3.6	0.0	3.6	0.0	0.2	0.0	0.0	0.2	3.8
Jadelle implants	10.7	0.0	10.7	4.9	3.6	0.0	0.0	3.6	19.2
9. IUDs	1.5	0.0	1.5	0.9	2.0	0.0	0.0	2.0	4.4
IQA§ IUDs	1.5	0.0	1.5	0.9	2.0	0.0	0.0	2.0	4.4
10. Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization	0.0	0.0	0.0	0.3	0.2	0.0	0.0	0.2	0.5
OUTLET TYPE TOTAL∞	34.6	1.8	36.4	13.3	9.8	0.0	40.5	50.3	100.0

* A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month. This does not include distribution for outlets in the booster sample. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† In Kinshasa, excluding the booster, 871 FP products were audited, not including condoms or cycle beads (568 contraceptive tablets, 225 injection products, 78 insertion products). In addition, 379, 51 and 45 outlets were audited for male condoms, female condoms and cyclebeads respectively, 10 outlets and 1 outlet for female and male sterilization services respectively. A total of 2 insertion products were excluded from analysis due to inconsistent or missing generic names, no tablets or injectables were excluded, 75 male condoms, 7 female condoms and 5 cyclebeads were excluded from analysis for missing volume information while 1 female and no male sterilizations were excluded for similar missing volume information. A total of 39 products were excluded due to outlier volumes and price.

‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.

§ Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey.

∞ Row total: CYP volume for the specified contraceptive method type. Column total: market share for the specified outlet type method categories 1-11.

Source: FPwatch Outlet Survey, DRC, 2015

Table A9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Kinshasa, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type* [†] :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
1. Male condoms	35.6	11.3	34.4	12.9	24.7	0.0	74.1	64.4
2. Female condoms	3.3	0.0	3.1	0.2	0.5	0.0	0.2	0.2
3. Cyclebeads	6.7	84.8	10.7	27.4	7.5	0.0	0.0	1.5
4. Oral contraceptives	0.6	3.9	0.8	2.9	0.4	0.0	7.3	5.9
IQA [§] oral contraceptives	0.6	3.9	0.8	2.9	0.4	0.0	7.3	5.9
Combined oral contraceptives	0.6	3.3	0.7	0.7	0.4	0.0	7.2	5.9
Progestin-only pills	0.0	0.6	0.0	2.2	0.0	0.0	0.0	0.0
5. Emergency contraceptives	0.1	0.0	0.1	0.0	0.1	100.0	6.9	5.6
IQA [§] emergency contraceptives	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.2
6. Birth control patches	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables	8.3	0.0	7.9	10.7	5.3	0.0	11.6	10.4
IQA [§] injectables	8.3	0.0	7.9	10.7	5.3	0.0	11.6	10.4
Depo-provera injectables	7.9	0.0	7.5	9.4	5.1	0.0	11.6	10.3
Noristerat injectables	0.3	0.0	0.3	1.3	0.2	0.0	0.0	0.0
Sayana Press injectables	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
8. Implants	41.2	0.0	39.1	37.2	39.1	0.0	0.0	7.6
Implanon implants	10.3	0.0	9.8	0.0	2.5	0.0	0.0	0.5
Jadelle implants	30.9	0.0	29.4	37.2	36.6	0.0	0.0	7.1
9. IUDs	4.3	0.0	4.1	6.6	20.3	0.0	0.0	4.0
IQA [§] IUDs	4.3	0.0	4.1	6.6	20.3	0.0	0.0	4.0
10. Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization	0.0	0.0	0.0	2.1	2.2	0.0	0.0	0.4

- * A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9 and number of sterilizations reportedly performed for categories 10-11).
- † In Kinshasa, excluding the booster, 871 FP products were audited, not including condoms or cycle beads (568 contraceptive tablets, 225 injection products, 78 insertion products). In addition, 379, 51 and 45 outlets were audited for male condoms, female condoms and cyclebeads respectively, 10 outlets and 1 outlet for female and male sterilization services respectively. A total of 2 insertion products were excluded from analysis due to inconsistent or missing generic names, no tablets or injectables were excluded, 75 male condoms, 7 female condoms and 5 cyclebeads were excluded from analysis for missing volume information while 1 female and no male sterilizations were excluded for similar missing volume information. A total of 39 products were excluded due to outlier volumes and price
- ‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.
- § Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey.
- Categories 1 through 11 sum to 100% within each column.

Source: FPwatch Outlet Survey, DRC, 2015

Table A10: Availability of selected contraceptive services, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, providing[†]:	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
Contraceptive injection service	67.3 (56.3, 76.8)	0.0 -	59.7 (48.5, 70.0)	30.6 (18.5, 46.2)	31.6 (25.2, 38.7)	0.0 -	3.6 (2.4, 5.5)	11.4 (9.2, 14.2)	18.1 (14.5, 22.3)
Implant insertion service	54.6 (42.6, 66.1)	0.0 -	48.4 (37.0, 59.9)	16.5 (7.7, 31.9)	6.1 (3.5, 10.2)	0.0 -	0.0 -	1.7 (1.0, 2.9)	8.0 (5.8, 10.9)
IUD insertion service	43.5 (36.9, 50.4)	0.0 -	38.6 (31.9, 45.7)	14.5 (6.3, 29.8)	3.6 (1.5, 8.4)	0.0 -	0.0 -	1.0 (0.4, 2.4)	6.1 (4.4, 8.3)
Male sterilization service	3.4 (0.7, 14.3)	0.0 -	3.0 (0.6, 13.3)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.3 (0.1, 1.9)
Female sterilization service	11.7 (7.4, 17.9)	0.0 -	10.3 (6.5, 16.0)	3.9 (1.3, 10.8)	3.8 (1.6, 8.6)	0.0 -	0.0 -	1.1 (0.5, 2.4)	2.3 (1.5, 3.4)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.</p> <p>† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview).</p>									

Source: FPwatch Outlet Survey, DRC, 2015

Table A11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[‡]:	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
Contraceptive injection service									
Availability of commodity	47.0 (36.3, 58.0)	0.0 -	41.7 (30.7, 53.6)	13.5 (6.0, 27.9)	7.4 (4.2, 12.9)	14.2 (4.2, 38.2)	27.3 (21.9, 33.4)	21.5 (17.6, 26.1)	23.4 (20.5, 26.6)
Availability of credentials	65.4 (53.6, 75.6)	0.0 -	58.1 (46.3, 69.0)	30.5 (18.4, 46.0)	29.2 (23.0, 36.4)	0.0 -	1.7 (0.9, 3.2)	9.3 (6.9, 12.5)	16.0 (12.3, 20.5)
Availability of equipment	57.0 (42.8, 70.1)	0.0 -	50.6 (37.5, 63.6)	14.9 (6.5, 30.4)	11.1 (6.7, 17.9)	0.0 -	3.2 (1.9, 5.5)	5.4 (3.6, 8.0)	11.0 (8.7, 13.9)
Service readiness	41.1 (30.1, 53.2)	0.0 -	36.5 (25.7, 48.9)	13.0 (5.5, 27.7)	4.9 (2.4, 9.7)	0.0 -	0.4 (0.1, 1.7)	1.6 (0.9, 3.1)	6.2 (4.3, 9.0)
Implant insertion service									
Availability of commodity	43.3 (34.6, 52.4)	0.0 -	38.4 (29.7, 48.0)	13.2 (5.3, 29.3)	4.1 (2.1, 7.8)	0.0 -	0.0 -	1.1 (0.6, 2.2)	6.0 (4.2, 8.6)
Availability of credentials	52.2 (39.8, 64.3)	0.0 -	46.3 (34.3, 58.8)	16.4 (7.6, 31.8)	6.0 (3.5, 10.1)	0.0 -	0.0 -	1.7 (1.0, 2.8)	7.5 (5.4, 10.5)
Availability of equipment	32.7 (19.4, 49.4)	0.0 -	29.0 (17.2, 44.5)	12.5 (4.9, 28.4)	4.4 (2.3, 8.4)	0.0 -	0.0 -	1.2 (0.7, 2.3)	5.0 (3.0, 8.1)
Service readiness	26.3 (16.5, 39.1)	0.0 -	23.3 (14.7, 35.0)	12.2 (4.7, 28.1)	3.4 (1.5, 7.4)	0.0 -	0.0 -	0.9 (0.4, 2.0)	4.1 (2.5, 6.7)
IUD insertion service									
Availability of commodity	27.2 (17.8, 39.1)	0.0 -	24.1 (15.5, 35.6)	11.4 (4.3, 26.8)	3.4 (1.5, 7.3)	0.0 -	0.0 -	1.1 (0.5, 2.3)	4.3 (2.8, 6.4)
Availability of credentials	41.3 (33.9, 49.2)	0.0 -	36.7 (29.0, 45.1)	14.4 (6.3, 29.7)	3.6 (1.5, 8.2)	0.0 -	0.0 -	1.0 (0.4, 2.3)	5.8 (4.1, 8.1)
Availability of equipment	20.0 (11.2, 33.2)	0.0 -	17.8 (10.1, 29.3)	11.6 (4.1, 28.5)	2.1 (0.6, 6.9)	0.0 -	0.0 -	0.6 (0.2, 1.9)	3.1 (1.8, 5.4)
Service readiness	10.0 (5.2, 18.5)	0.0 -	8.9 (4.8, 15.8)	8.6 (2.4, 26.2)	2.1 (0.6, 6.9)	0.0 -	0.0 -	0.6 (0.2, 1.9)	1.9 (1.0, 3.6)
Male sterilization service									
Availability of credentials	3.4 (0.7, 14.2)	0.0 -	3.0 (0.6, 13.2)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.3 (0.1, 1.9)
Availability of equipment	3.2 (0.7, 14.6)	0.0 -	2.9 (0.6, 13.6)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.3 (0.1, 1.9)
Service readiness	3.2 (0.7, 14.6)	0.0 -	2.9 (0.6, 13.6)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.3 (0.1, 1.9)

Table A11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Kinshasa, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[‡]:	N=205	N=11	N=216	N=79	N=234	N=60	N=571	N=865	N=1,160
Female sterilization service									
Availability of credentials	11.5 (7.3, 17.8)	0.0 -	10.2 (6.5, 15.9)	2.5 (0.6, 10.3)	3.7 (1.6, 8.5)	0.0 -	0.0 -	1.0 (0.4, 2.4)	2.2 (1.4, 3.3)
Availability of equipment	9.0 (5.0, 15.5)	0.0 -	7.9 (4.4, 13.8)	1.7 (0.2, 12.2)	2.8 (1.0, 7.6)	0.0 -	0.0 -	0.8 (0.3, 2.1)	1.6 (1.0, 2.7)
<i>Service readiness</i>	8.9 (5.0, 15.4)	0.0 -	7.9 (4.4, 13.7)	1.7 (0.2, 12.2)	2.8 (1.0, 7.6)	0.0 -	0.0 -	0.8 (0.3, 2.1)	1.6 (1.0, 2.7)
<p>* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.); and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.</p> <p>† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.</p> <p>‡ The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 31 IUDs, 29 implants, 36 injections, 1 male sterilizations and 18 female tubal ligations.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table A12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Kinshasa, 2015

	Public Health Facility [†]	Community Health Workers	Public Total	Private Not-For-Profit	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets offering service, with [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Contraceptive injection service									
Availability of commodity	69.1 ⁽¹⁴³⁾ (56.5, 79.4)	-	69.1 ⁽¹⁴³⁾ (56.5, 79.4)	44.5 ⁽²¹⁾ (20.1, 71.8)	21.4 ⁽⁷⁸⁾ (11.8, 35.8)	-	79.2 ⁽²⁷⁾ (58.2, 91.2)	34.4 ⁽¹⁰⁵⁾ (22.9, 48.0)	48.6 ⁽²⁶⁹⁾ (39.3, 57.9)
Availability of credentials	98.1 ⁽¹⁴³⁾ (92.6, 99.5)	-	98.1 ⁽¹⁴³⁾ (92.6, 99.5)	100.0 ⁽²¹⁾ -	93.9 ⁽⁷⁸⁾ (81.2, 98.2)	-	48.3 ⁽²⁷⁾ (23.8, 73.7)	83.7 ⁽¹⁰⁵⁾ (69.1, 92.2)	90.7 ⁽²⁶⁹⁾ (81.7, 95.6)
Availability of equipment	85.5 ⁽¹⁴³⁾ (71.8, 93.2)	-	85.5 ⁽¹⁴³⁾ (71.8, 93.2)	48.9 ⁽²¹⁾ (22.3, 76.1)	36.4 ⁽⁷⁸⁾ (23.4, 51.7)	-	47.6 ⁽²⁷⁾ (22.9, 73.5)	38.9 ⁽¹⁰⁵⁾ (26.0, 53.5)	57.8 ⁽²⁶⁹⁾ (51.3, 64.2)
Service readiness	61.7 ⁽¹⁴³⁾ (49.5, 72.6)	-	61.7 ⁽¹⁴³⁾ (49.5, 72.6)	42.6 ⁽²¹⁾ (18.8, 70.4)	15.6 ⁽⁷⁸⁾ (8.0, 28.3)	-	11.9 ⁽²⁷⁾ (3.1, 36.3)	14.8 ⁽¹⁰⁵⁾ (8.3, 24.9)	35.3 ⁽²⁶⁹⁾ (28.8, 42.4)
Implant insertion service									
Availability of commodity	78.3 ⁽¹¹⁷⁾ (66.0, 87.1)	-	78.3 ⁽¹¹⁷⁾ (66.0, 87.1)	80.5 ⁽¹²⁾ (57.3, 92.7)	69.0 ⁽²³⁾ (34.9, 90.2)	-	-	69.0 ⁽²³⁾ (34.9, 90.2)	76.9 ⁽¹⁵²⁾ (66.6, 84.8)
Availability of credentials	96.4 ⁽¹¹⁷⁾ (80.9, 99.4)	-	96.4 ⁽¹¹⁷⁾ (80.9, 99.4)	100.0 ⁽¹²⁾ -	100.0 ⁽²³⁾ -	-	-	100.0 ⁽²³⁾ -	97.4 ⁽¹⁵²⁾ (86.3, 99.6)
Availability of equipment	60.3 ⁽¹¹⁷⁾ (39.4, 78.0)	-	60.3 ⁽¹¹⁷⁾ (39.4, 78.0)	76.3 ⁽¹²⁾ (53.8, 89.9)	74.0 ⁽²³⁾ (48.5, 89.5)	-	-	74.0 ⁽²³⁾ (48.5, 89.5)	64.6 ⁽¹⁵²⁾ (46.6, 79.2)
Service readiness	48.6 ⁽¹¹⁷⁾ (33.9, 63.5)	-	48.6 ⁽¹¹⁷⁾ (33.9, 63.5)	74.4 ⁽¹²⁾ (50.8, 89.1)	56.5 ⁽²³⁾ (26.6, 82.3)	-	-	56.5 ⁽²³⁾ (26.6, 82.3)	53.0 ⁽¹⁵²⁾ (39.1, 66.4)
IUD insertion service									
Availability of commodity	60.7 ⁽⁹⁴⁾ (38.4, 79.2)	-	60.7 ⁽⁹⁴⁾ (38.4, 79.2)	79.1 ⁽⁹⁾ (35.5, 96.3)	84.3 ⁽¹¹⁾ (58.7, 95.3)	-	-	84.3 ⁽¹¹⁾ (58.7, 95.3)	66.4 ⁽¹¹⁴⁾ (50.6, 79.1)
Availability of credentials	95.8 ⁽⁹⁴⁾ (76.0, 99.4)	-	95.8 ⁽⁹⁴⁾ (76.0, 99.4)	100.0 ⁽⁹⁾ -	100.0 ⁽¹¹⁾ -	-	-	100.0 ⁽¹¹⁾ -	96.9 ⁽¹¹⁴⁾ (81.8, 99.6)
Availability of equipment	46.4 ⁽⁹⁴⁾ (22.3, 72.3)	-	46.4 ⁽⁹⁴⁾ (22.3, 72.3)	80.4 ⁽⁹⁾ (47.1, 95.0)	59.7 ⁽¹¹⁾ (26.4, 85.9)	-	-	59.7 ⁽¹¹⁾ (26.4, 85.9)	52.7 ⁽¹¹⁴⁾ (29.4, 74.8)
Service readiness	23.2 ⁽⁹⁴⁾ (11.2, 41.9)	-	23.2 ⁽⁹⁴⁾ (11.2, 41.9)	59.4 ⁽⁹⁾ (23.3, 87.6)	57.6 ⁽¹¹⁾ (24.1, 85.3)	-	-	57.6 ⁽¹¹⁾ (24.1, 85.3)	32.7 ⁽¹¹⁴⁾ (18.4, 51.2)
Male sterilization service									
Availability of credentials	100.0 ⁽³⁾ -	-	100.0 ⁽³⁾ -	-	-	-	-	-	100.0 ⁽³⁾ -
Availability of equipment	96.7 ⁽³⁾ (63.5, 99.8)	-	96.7 ⁽³⁾ (63.5, 99.8)	-	-	-	-	-	96.7 ⁽³⁾ (63.5, 99.8)
Service readiness	96.7 ⁽³⁾ (63.5, 99.8)	-	96.7 ⁽³⁾ (63.5, 99.8)	-	-	-	-	-	96.7 ⁽³⁾ (63.5, 99.8)

Table A12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Kinshasa, 2015

	Public Health Facility†	Community Health Workers	Public Total	Private Not-For-Profit	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets offering service, with‡:	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Female sterilization service									
Availability of credentials	100.0 ⁽³³⁾ -	- -	100.0 ⁽³³⁾ -	63.6 ⁽³⁾ (12.4, 95.6)	100.0 ⁽⁸⁾ -	- -	- -	100.0 ⁽⁸⁾ -	96.6 ⁽⁴⁴⁾ (79.2, 99.5)
Availability of equipment	83.0 ⁽³³⁾ (58.2, 94.5)	- -	83.0 ⁽³³⁾ (58.2, 94.5)	43.0 ⁽³⁾ (5.9, 90.1)	74.9 ⁽⁸⁾ (37.9, 93.6)	- -	- -	74.9 ⁽⁸⁾ (37.9, 93.6)	75.9 ⁽⁴⁴⁾ (56.3, 88.5)
Service readiness	76.9 ⁽³³⁾ (51.1, 91.4)	- -	76.9 ⁽³³⁾ (51.1, 91.4)	43.0 ⁽³⁾ (5.9, 90.1)	74.9 ⁽⁸⁾ (37.9, 93.6)	- -	- -	74.9 ⁽⁸⁾ (37.9, 93.6)	72.9 ⁽⁴⁴⁾ (55.4, 85.4)
<p>* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.); and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.</p> <p>† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 58 private not-for-profit and 66 private for-profit facilities acting as public facilities.</p> <p>‡ The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 31 IUDs, 29 implants, 36 injections, 1 male sterilizations and 18 female tubal ligations.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Figure A1. Modern contraceptive method market composition – Kinshasa, 2015

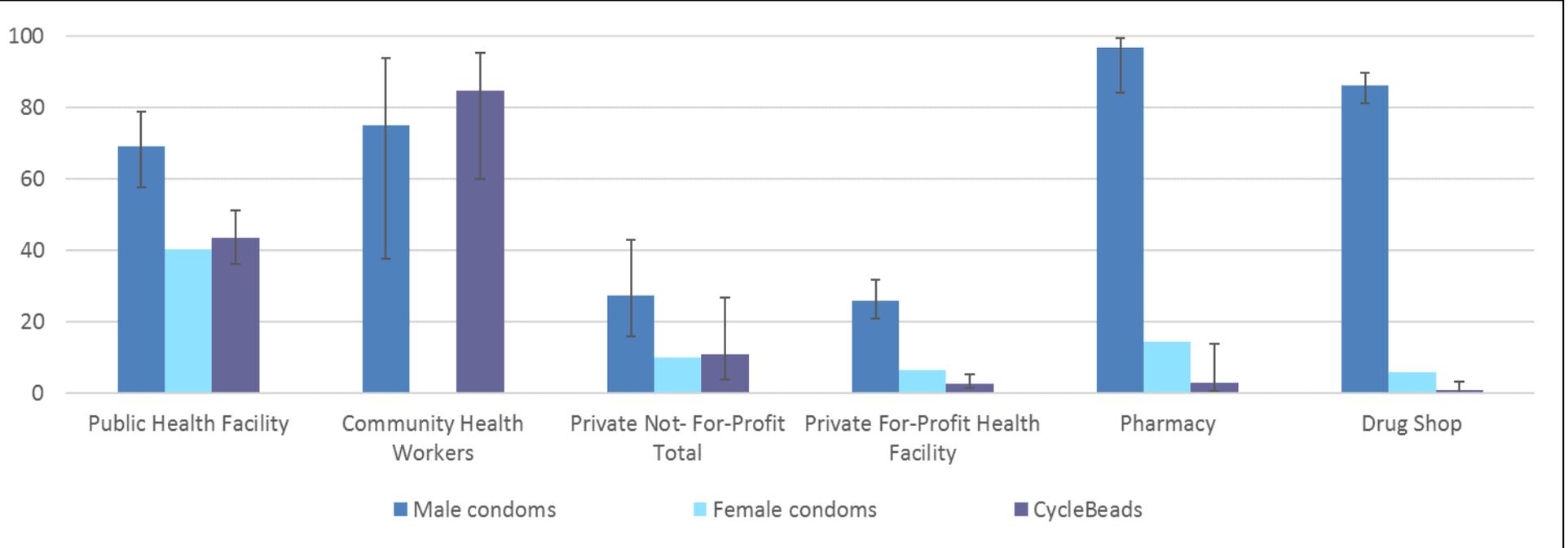
Among all outlets stocking at least 1 modern contraceptive or providing at least 1 contraceptive service, by outlet type



In Kinshasa, the private sector accounted for 86 percent of outlets stocking at least one modern contraceptive above the level of condoms only or providing services, the public sector accounted for 11 percent of this contraceptive market composition and the not-for-profit sector accounted for 3 percent. The private sector contraceptive market composition was largely drug shops (79 percent) with an additional 6 percent of the market composition from private facilities and 1 percent from registered pharmacies. Looking at the public sector, 9 percent of the total market composition was from public facilities and 2 percent from CHWs.

Figure A2. Percentage of modern contraceptive commodity-stocking outlets with selected non-hormonal short-acting contraceptives available – Kinshasa, 2015

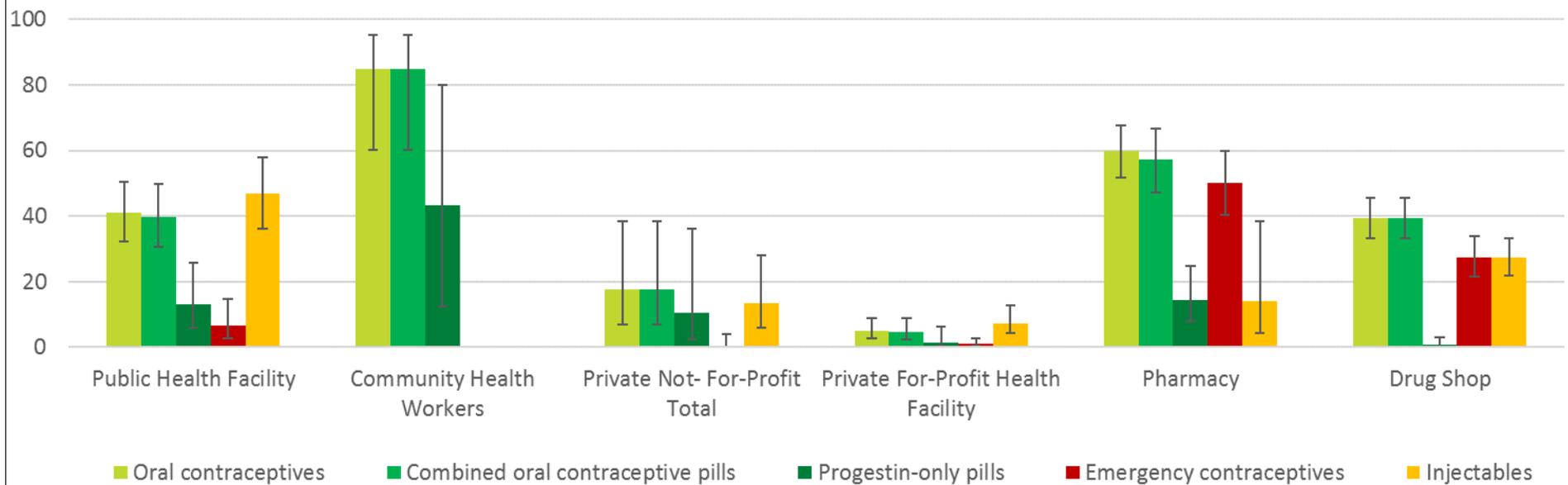
Among all screened outlets, by outlet type



In the Kinshasa public sector, about 70 percent of public health facilities had male condoms available and about 40 percent had female condoms or cyclebeads available. Over three-quarters of CHWs in Kinshasa stocked male condoms or cyclebeads. Only one-quarter of not-for-profit facilities provided male condoms and about 10 percent stocked female condoms or cyclebeads. In the private sector, over 85 percent of pharmacies and drug shops had male condoms available but fewer than 15 percent had female condoms and cyclebeads were not commonly stocked by these outlets. About one-quarter of private facilities stocked male condoms but these facilities did not commonly stock other non-hormonal short-acting methods.

Figure A3. Percentage of modern contraceptive commodity-stocking outlets with selected hormonal short-acting contraceptives available – Kinshasa, 2015

Among all screened outlets, by outlet type



Looking at hormonal short-acting methods in Kinshasa, about 40 percent of public facilities carried oral contraceptives or injectables on the day of the survey. However, this was commonly combined oral contraceptives and only about 15 percent stocked at least one brand of progestin-only pills. Less than 10 percent of public facilities stocked emergency contraceptives. CHWs commonly stocked oral contraceptives (> 80 percent), but only about 40 percent stocked progestin-only pills. Less than 20 percent of not-for-profit outlets stocked oral contraceptives and injectables and very few stocked emergency contraceptives. Private facilities rarely stocked hormonal short-acting methods (<5 percent). About 60 percent of pharmacies and 40 percent of drug shops stocked oral contraceptives but few stocked progestin-only pills. Emergency contraceptives were more commonly stocked in pharmacies (about half) and drug shops (about one-quarter) compared to other outlet types. Almost 20 percent of pharmacies and one-quarter of drug shops stocked at least one brand of injectable on the day of the survey.

Figure A4. Percentage of modern contraceptive commodity-stocking outlets with selected long-acting contraceptives available – Kinshasa, 2015

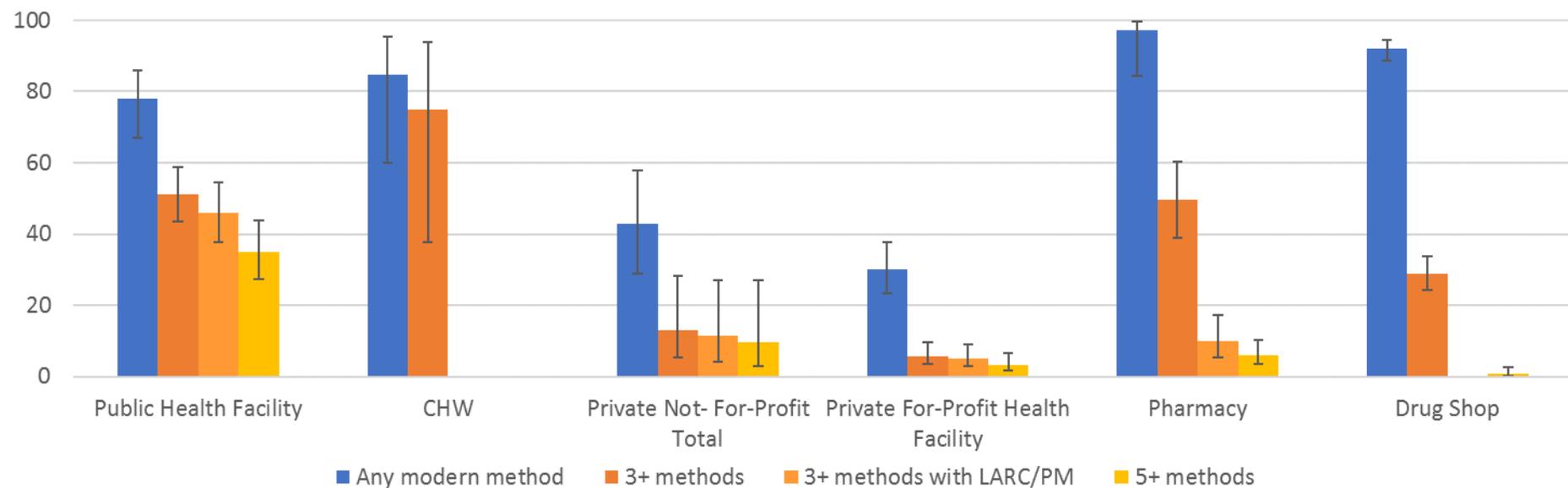
Among all screened outlets, by outlet type



For LARC commodities in the Kinshasa public sector, more than 40 percent of public health facilities had implants and about one-quarter had IUDs available. No CHWs were found to be stocking LARCs. A little over 10 percent of not-for-profit outlets stocked either implants or IUDs. In the private sector in Kinshasa, low availability of both implants and IUDs was reported. Less than 5 percent of private health facilities had implants or IUDs available. LARC commodities were not found in private drug shops, the most common outlet type carrying contraceptive methods. A small number of pharmacies had IUDs available, but none had implants available.

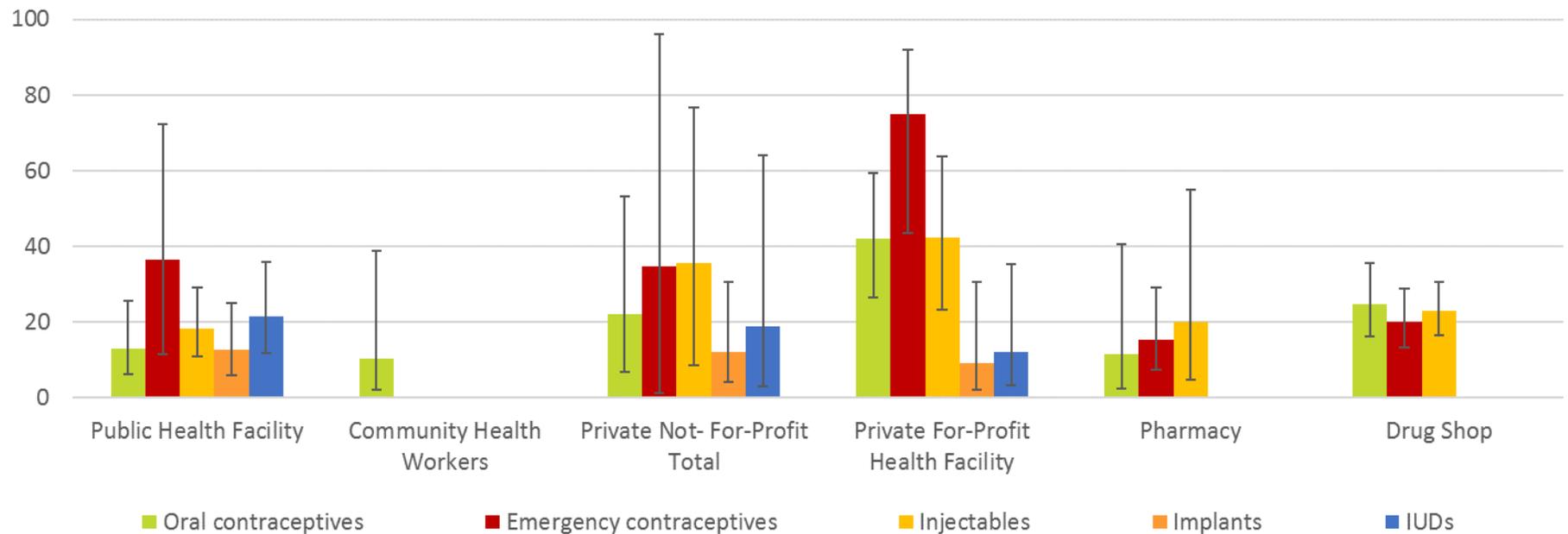
Figure A5. Percentage of outlets with selected method mixes available – Kinshasa, 2015

Among all screened outlets, by outlet type



In Kinshasa, 80 percent or more of public facilities, CHWs, pharmacies and drug shops have at least one method in stock while 40 percent of not-for-profit outlets and about 30 percent of private facilities had at least one method in stock on the day of the survey. Looking at method mixes in the Kinshasa public sector, over three-quarters of CHWs and about half of public facilities had at least three methods in stock while about one-third of public facilities had five or more methods in stock. About 15 percent and 10 percent of not-for-profit outlets had three or more methods and five or more methods in stock, respectively. In the private sector, about half of pharmacies and one-quarter of drug shops had three or more methods in stock while less than five percent of private facilities had three or more methods in stock. Few private outlet types had five or more methods in stock on the day of the survey.

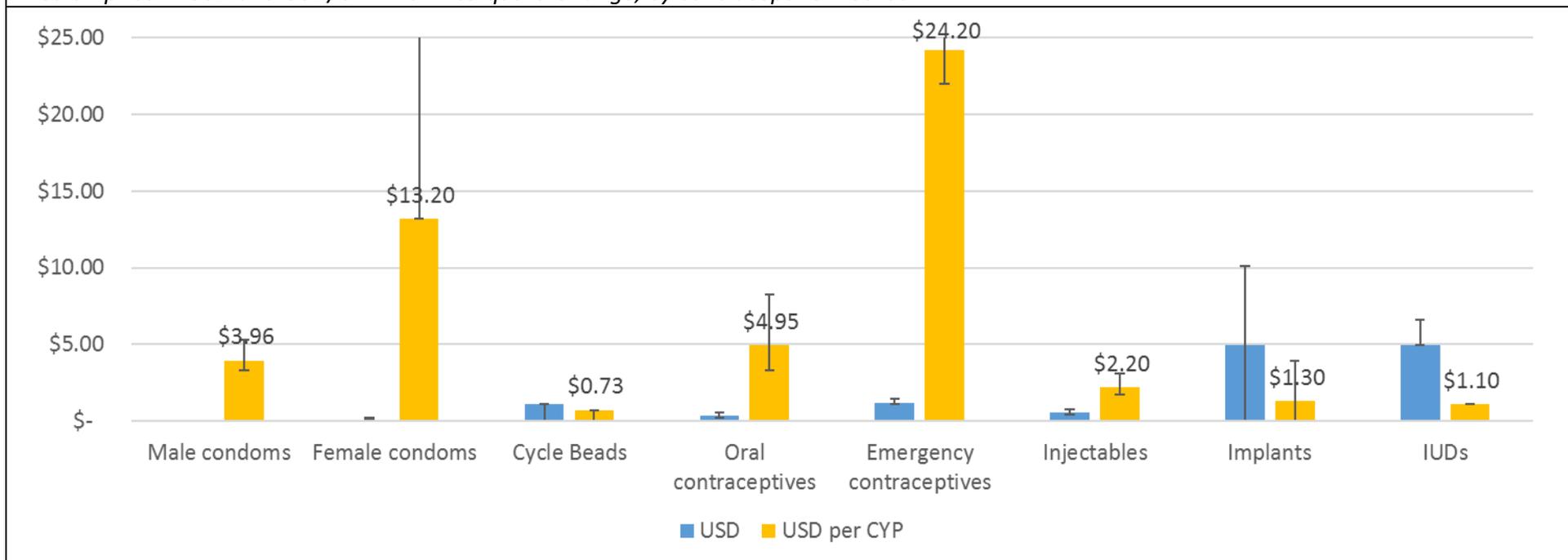
Figure A6. Percentage of outlets with stock outs of selected contraceptive methods – Kinshasa, 2015
Among all outlets reportedly stocking the method at any time in the previous three months, by outlet type



In previous graphs for Kinshasa, availability (and the converse, non-availability) was reported by method and outlet type. In this graph, outlets reportedly stocking the method at any time in the previous three months but currently out of stock of the method is reported. In Kinshasa, about 15 percent of public health facilities offering oral contraceptives or implants in the previous three months were out of stock of all brands on the day of the survey. About 20 percent of those carrying injectables or IUDs were currently out of stock. While few public facilities reportedly carried emergency contraceptives in the last three months, nearly 40 percent of those that did were currently out of stock. For private facilities reportedly carrying a method in the previous three months, about 40 percent were stocked out of oral contraceptives and injectables and about 10 percent were stocked out of implants and IUDs. About 10 percent of pharmacies and one-quarter of drug shops reportedly carrying oral contraceptives were currently stocked out, about 20 percent of both outlet types were currently stocked out of emergency contraceptives or injectables.

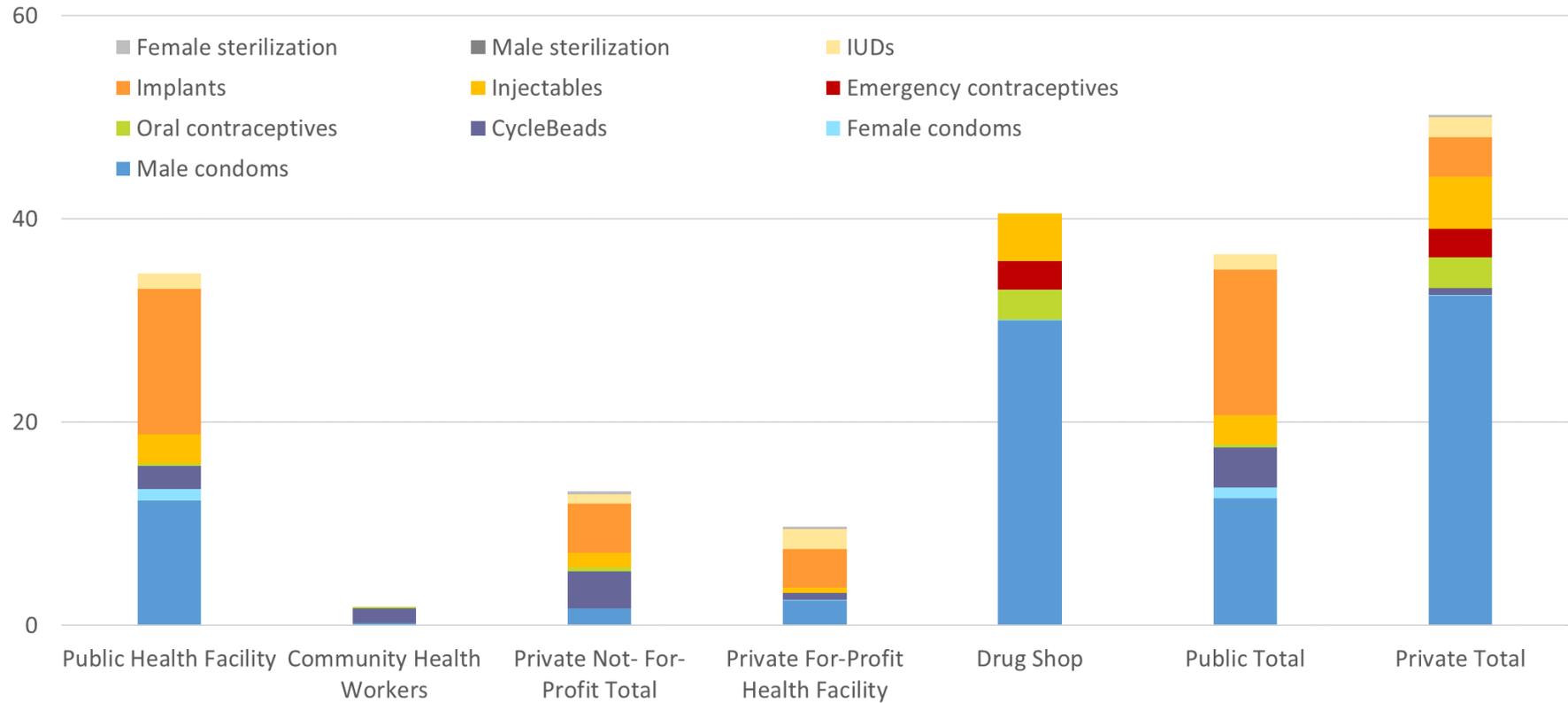
Figure A7. Price of contraceptive methods in the private sector – Kinshasa, 2015

Median price in USD and USD/CYP with interquartile range, by contraceptive method



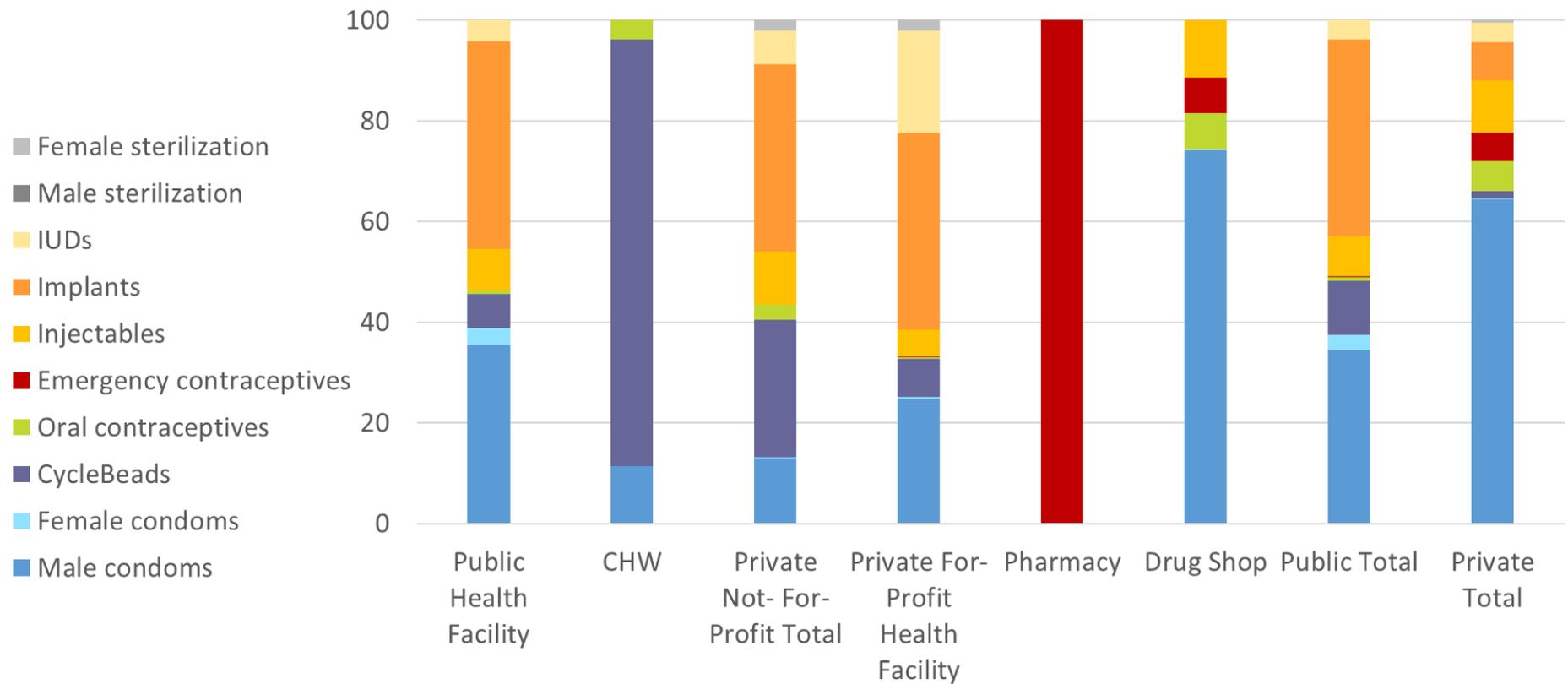
Comparing median prices of methods in Kinshasa, the median price per CYP ranged from \$0.73 for CycleBeads and \$1.10 per CYP for IUDs to \$1.30 per CYP for implants and \$2.20 per CYP for injectables to \$3.96 per CYP for male condoms (the largest market contributor) and \$4.95 per CYP for oral contraceptives for those commonly distributed methods in Kinshasa. The price per CYP for male condoms was three times that of implants in the private sector. With some variation, prices tended to be higher for a given method in pharmacies compared to private facilities and lowest in drug shops.

Figure A8. Percentage market share for contraceptives methods – Kinshasa, 2015
As a % of total CYPs sold/distributed, by outlet type and sector



As a proportion of the total volume of CYP sold/distributed for all methods and outlet types accounted for by the FPwatch study in Kinshasa, the public sector in Kinshasa accounts for more than one-third of total volume of CYP, almost entirely from public health facilities, the not-for-profit sector about 15 percent and the private sector about half of the total volume of CYP, largely from drug shops (>40 percent of total CYP volume). About 15 percent of the total volume of CYP accounted for by the study comes from male condoms distributed in public facilities and another 15 percent from implants. Nearly all CYP contribution from CHWs comes from cyclebeads. Nearly one-third of the total volume of CYP reportedly sold/distributed in Kinshasa comes from condoms sold/distributed by drug shops. Registered pharmacies were rare in Kinshasa and accounted for very little of the total volume of CYP reportedly sold/distributed.

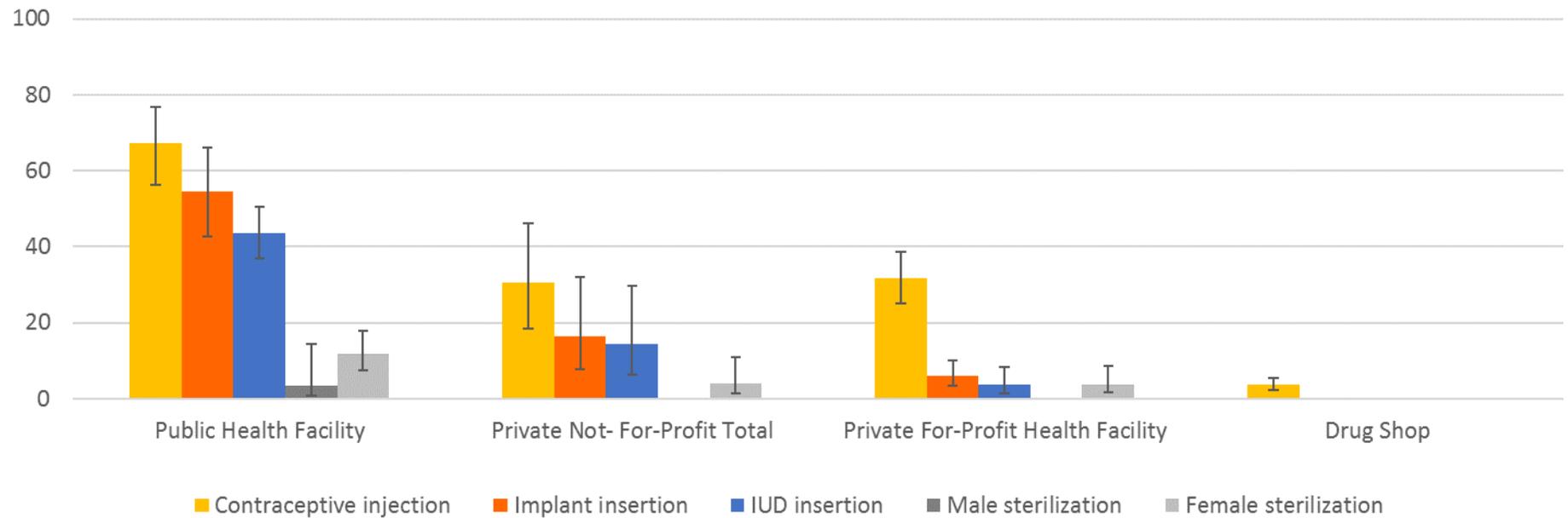
Figure A9. Within outlet market share for contraceptive methods – Kinshasa, 2015
As a % of total CYPs sold/distributed within outlet type and sector, by outlet type and sector



Looking at proportion of CYP by method within outlet types in Kinshasa, LARCs accounted for slightly more than 40 percent of the CYP reportedly distributed by public facilities. CHW CYP came largely from distribution of cyclebeads. For not-for-profit outlets, most of the CYP sold/distributed came from cyclebeads and implants. Over 60 percent of the CYP sold/distributed in private facilities came from LARCs. There were very few pharmacies encountered in the non-boostered sample with most of the CYP for pharmacies coming from emergency contraceptives. The majority of the CYP reportedly sold/distributed by drug shops was accounted for by sale/distribution of male condoms.

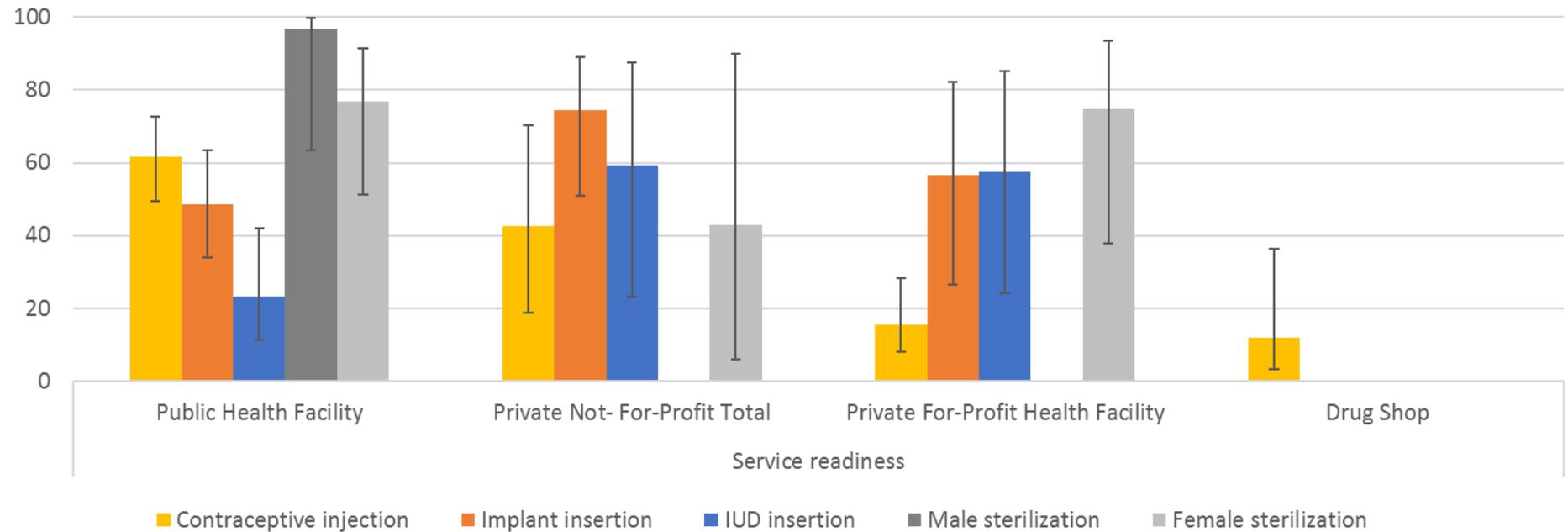
Figure A10. Percentage of outlets with selected contraceptive services available – Kinshasa, 2015

Among all screened outlets, among outlets screened, by outlet type



In the public sector in Kinshasa, nearly two-thirds of public facilities offered a contraceptive injection service, about half offered implant insertions and 40 percent offered IUD insertions. About 10 percent of public health facilities offered a female sterilization service and less than 5 percent offered male sterilization services. About one-third of not-for-profit outlets offered a contraceptive injection service and slightly less than 20 percent offered an implant or IUD insertion service. In the private sector, nearly one-third of private health facilities offered a contraceptive injection service while less than 5 percent offered either an implant or IUD insertion service. Less than 5 percent of not-for-profit outlets or private facilities offered a female sterilization service and none offered male sterilization services. A small number of drug shops (<5 percent) reportedly offered contraceptive injection services.

Figure A11. Service readiness to offer provider-dependent contraceptive services – Kinshasa, 2015
Among outlets reportedly offering the service, by outlet type



Looking at service readiness for contraceptive services in Kinshasa, about 60 percent of public facilities reportedly had the commodity, credentialed/trained staff and minimum set of equipment available for contraceptive injections. Slightly less than half of public facilities met these criteria for implant insertions and only 20 percent for IUD insertions. Over 80 percent met these criteria for male or female sterilizations. In the not-for-profit sector, about 40 percent of outlets met these criteria for contraceptive injections, three-quarters for implant insertions and 60 percent for IUD insertions. In private health facilities, only about 15 percent met these criteria for contraceptive injections (often low due to not carrying the commodity) and about 60 percent met the criteria for implant or IUD insertions.

Kinshasa Urban/Rural

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Proportion of outlet types stocking / providing at least 1 modern contraceptive method on the day of the survey, of all outlets stocking / providing at least 1 modern contraceptive method ^{†, ‡} :	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Any method available, including condoms only outlets[§]								
Kinshasa Urban N=458	7.1 (3.9, 12.4)	1.1 (0.3, 3.6)	10.4 (6.2, 16.8)	2.2 (1.1, 4.4)	9.3 (6.3, 13.6)	0.6 (0.1, 2.7)	79.8 (73.0, 85.2)	89.6 (83.2, 93.8)
Kinshasa Rural N=236	11.9 (6.9, 19.7)	5.2 (1.5, 16.3)	28.9 (18.6, 42.0)	11.8 (6.4, 20.7)	14.7 (10.9, 19.6)	- -	56.4 (45.5, 66.8)	71.1 (58.1, 81.5)
Any method available, excluding condoms only outlets[∞]								
Kinshasa Urban N=299	8.7 (4.0, 17.4)	1.7 (0.5, 5.5)	12.9 (6.6, 23.9)	2.6 (1.2, 5.8)	4.8 (2.5, 8.9)	0.9 (0.2, 4.0)	81.4 (71.8, 88.3)	87.1 (76.1, 93.4)
Kinshasa Rural N=144	10.2 (6.2, 16.3)	8.6 (2.4, 26.2)	25.91 (16.2, 38.8)	7.1 (3.9, 12.6)	14.7 (10.1, 20.8)	- -	59.4 (49.1, 68.9)	74.1 (61.3, 83.8)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.</p> <p>† This indicator does not include public health facilities and pharmacies from the booster sample.</p> <p>‡ Contraceptive commodity-stocking outlets have at least one family planning commodity in stock on the day of the survey, verified by the presence of at least one family planning commodity recorded in an audit sheet. There were 13 family planning commodity-stocking outlets with partially completed interviews which were thus excluded from the denominator.</p> <p>§ Includes: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, and IUDs.</p> <p>∞ Includes: oral contraceptives, emergency contraceptives, injectables, implants, and IUDs.</p>								
Source: FPwatch Outlet Survey, DRC, 2015								

Table B2: Availability of modern contraceptive method types, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
Any modern method									
Kinshasa Urban	76.7 (64.0, 85.9)	84.2 (52.3, 96.3)	77.4 (66.1, 85.7)	37.9 (21.0, 58.4)	28.4 (21.0, 37.2)	97.2 (84.4, 99.6)	92.5 (88.7, 95.0)	75.2 (69.6, 80.2)	73.9 (68.8, 78.5)
Kinshasa Rural	83.5 (56.0, 95.3)	85.8 (21.7, 99.2)	84.0 (59.7, 94.9)	53.0 (34.1, 71.1)	42.7 (31.6, 54.5)	- -	87.5 (85.2, 89.5)	71.9 (63.6, 78.9)	71.3 (61.3, 79.6)
Any short-acting method									
Kinshasa Urban	74.9 (62.7, 84.1)	84.2 (52.3, 96.3)	75.7 (64.8, 84.0)	32.3 (16.4, 53.9)	28.4 (21.0, 37.2)	97.2 (84.4, 99.6)	92.5 (88.7, 95.0)	75.2 (69.6, 80.2)	73.5 (68.4, 78.1)
Kinshasa Rural	83.5 (56.0, 95.3)	85.8 (21.7, 99.2)	84.0 (59.7, 94.9)	53.0 (34.1, 71.1)	40.2 (30.1, 51.2)	- -	87.5 (85.2, 89.5)	71.0 (63.2, 77.8)	70.7 (60.8, 79.0)
Any LARC method									
Kinshasa Urban	45.1 (35.0, 55.7)	0.0 -	41.2 (31.0, 52.3)	15.4 (4.7, 40.3)	3.7 (1.6, 8.2)	9.9 (5.5, 17.2)	0.0 -	1.2 (0.6, 2.4)	5.9 (3.9, 8.8)
Kinshasa Rural	39.4 (27.5, 52.8)	0.0 -	30.8 (20.7, 43.2)	11.3 (4.3, 26.4)	7.2 (3.5, 14.2)	- -	0.0 -	2.5 (1.5, 4.1)	9.1 (4.9, 16.2)
Any permanent method									
Kinshasa Urban	13.0 (7.9, 20.6)	0.0 -	11.9 (7.3, 18.8)	4.6 (1.2, 16.3)	4.1 (1.7, 9.8)	0.0 -	0.0 -	1.1 (0.5, 2.6)	2.4 (1.5, 3.7)
Kinshasa Rural	4.5 (1.1, 15.9)	0.0 -	3.5 (0.8, 13.4)	2.4 (0.5, 10.6)	0.6 (0.1, 6.3)	- -	0.0 -	0.2 (0.0, 1.9)	1.2 (0.5, 2.5)
Any LARC/PM									
Kinshasa Urban	49.2 (39.1, 59.3)	0.0 -	44.9 (34.6, 55.7)	17.5 (6.0, 41.3)	5.9 (3.1, 10.9)	9.9 (5.5, 17.2)	0.0 -	1.8 (1.0, 3.2)	6.9 (4.9, 9.6)
Kinshasa Rural	40.8 (27.7, 55.3)	0.0 -	31.9 (20.4, 46.1)	11.3 (4.3, 26.4)	7.8 (3.4, 17.2)	- -	0.0 -	2.7 (1.5, 5.1)	9.4 (5.0, 16.9)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.</p> <p>† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) (9 from Kinshasa Urban and 4 from Kinshasa rural).</p>									

Source: FPwatch Outlet Survey, DRC, 2015

Table B3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing[†]:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
Male condoms									
Kinshasa Urban	71.0 (57.9, 81.4)	68.5 (23.7, 93.8)	56.0 (42.7, 68.5)	18.8 (7.6, 39.4)	24.8 (19.1, 31.5)	96.7 (84.2, 99.4)	86.7 (81.4, 90.6)	70.2 (64.8, 75.0)	68.1 (63.1, 72.8)
Kinshasa Rural	61.2 (30.9, 84.8)	85.8 (21.7, 99.2)	66.6 (49.4, 80.3)	44.5 (26.2, 64.3)	33.9 (27.0, 41.6)	- -	79.8 (75.1, 83.7)	63.8 (59.2, 68.1)	61.4 (56.0, 66.5)
Female condoms									
Kinshasa Urban	37.6 (29.1, 46.9)	0.0 -	27.4 (17.4, 40.2)	9.8 (1.7, 40.1)	6.4 (3.4, 11.7)	14.4 (7.8, 25.1)	6.2 (4.3, 9.0)	6.4 (4.7, 8.8)	9.5 (6.8, 13.1)
Kinshasa Rural	52.6 (17.6, 85.2)	0.0 -	41.1 (18.2, 68.6)	10.6 (1.8, 43.7)	5.6 (1.6, 18.5)	- -	1.6 (0.4, 6.1)	3.0 (1.1, 7.9)	11.2 (3.6, 29.8)
Cyclebeads									
Kinshasa Urban	41.4 (33.0, 50.4)	84.2 (52.3, 96.3)	35.7 (27.5, 44.9)	11.9 (2.9, 37.8)	2.5 (1.1, 5.5)	2.9 (0.6, 13.9)	0.6 (0.1, 4.1)	1.1 (0.5, 2.5)	6.1 (4.4, 8.4)
Kinshasa Rural	53.8 (32.2, 74.1)	85.8 (21.7, 99.2)	60.8 (32.8, 83.1)	8.7 (3.0, 22.7)	4.7 (2.2, 9.9)	- -	1.4 (0.3, 6.7)	2.6 (1.2, 5.5)	14.3 (4.8, 35.3)
Oral contraceptives									
Kinshasa Urban	42.3 (31.9, 53.3)	84.2 (52.3, 96.3)	38.7 (26.5, 52.5)	20.5 (6.0, 51.0)	4.6 (2.2, 9.3)	60.0 (51.6, 67.8)	39.6 (33.0, 46.6)	30.5 (24.8, 36.9)	31.7 (27.3, 36.5)
Kinshasa Rural	36.3 (28.1, 45.3)	85.8 (21.7, 99.2)	47.1 (38.0, 56.4)	12.4 (3.1, 39.0)	8.5 (4.1, 17.0)	- -	36.6 (31.8, 41.7)	26.8 (23.7, 30.1)	28.4 (21.3, 36.8)
<i>IQA[‡] oral contraceptives</i>									
Kinshasa Urban	42.3 (31.9, 53.3)	84.2 (52.3, 96.3)	38.7 (26.5, 52.5)	20.5 (6.0, 51.0)	4.6 (2.2, 9.3)	60.0 (51.6, 67.8)	39.6 (33.0, 46.6)	30.5 (24.8, 36.9)	31.7 (27.3, 36.5)
Kinshasa Rural	35.4 (28.2, 43.3)	85.8 (21.7, 99.2)	46.4 (36.9, 56.2)	12.4 (3.1, 39.0)	7.9 (3.5, 16.7)	- -	36.6 (31.8, 41.7)	26.6 (23.7, 29.7)	28.2 (21.1, 36.5)
<i>Combined oral contraceptives</i>									
Kinshasa Urban	40.7 (29.9, 52.4)	84.2 (52.3, 96.3)	37.6 (25.2, 52.0)	20.5 (6.0, 51.0)	4.2 (1.9, 9.2)	57.2 (47.3, 66.6)	39.6 (33.0, 46.6)	30.4 (24.7, 36.7)	31.4 (27.1, 36.1)
Kinshasa Rural	5.0 (2.7, 8.9)	78.9 (11.6, 99.1)	21.1 (7.9, 45.5)	0.0 -	0.6 (0.1, 6.3)	- -	0.3 (0.0, 2.7)	0.4 (0.0, 3.8)	4.2 (0.8, 19.6)

Table B3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing[†]:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
<i>Progestin-only pills</i>									
Kinshasa Urban	14.6 (6.5, 29.6)	21.3 (2.1, 77.3)	15.4 (6.9, 31.0)	15.9 (3.4, 50.7)	1.6 (0.3, 7.5)	14.4 (7.8, 24.9)	0.8 (0.2, 3.6)	1.3 (0.5, 3.0)	3.3 (1.5, 7.2)
Kinshasa Rural	36.3 (28.1, 45.3)	85.8 (21.7, 99.2)	47.1 (38.0, 56.4)	12.4 (3.1, 39.0)	8.5 (4.1, 17.0)	-	36.6 (31.8, 41.7)	26.8 (23.7, 30.1)	28.4 (21.3, 36.8)
Emergency contraceptives									
Kinshasa Urban	7.6 (3.3, 16.7)	0.0 -	5.0 (1.9, 12.7)	0.0 -	0.4 (0.1, 2.7)	50.0 (40.3, 59.8)	28.9 (22.8, 35.8)	21.6 (16.1, 28.3)	19.2 (14.4, 25.0)
Kinshasa Rural	1.7 (0.4, 7.5)	0.0 -	1.3 (0.3, 5.2)	1.8 (0.1, 25.8)	5.3 (0.8, 27.6)	-	12.2 (5.9, 23.6)	9.8 (4.0, 22.0)	7.0 (2.8, 16.7)
<i>IQA[‡] emergency contraceptives</i>									
Kinshasa Urban	7.2 (2.8, 17.0)	0.0 -	4.7 (1.6, 12.9)	0.0 -	0.0 -	25.5 (15.3, 39.2)	1.2 (0.4, 3.3)	1.3 (0.5, 3.1)	1.8 (1.0, 3.3)
Kinshasa Rural	1.7 (0.4, 7.5)	0.0 -	1.3 (0.3, 5.2)	0.0 -	0.0 -	-	0.0 -	0.0 -	0.2 (0.0, 2.3)
Contraceptive injectables									
Kinshasa Urban	48.2 (35.9, 60.7)	0.0 -	35.7 (23.6, 50.0)	14.8 (4.7, 37.9)	6.2 (2.9, 12.7)	14.2 (4.2, 38.3)	26.8 (21.1, 33.5)	21.0 (16.9, 25.9)	23.2 (20.2, 26.5)
Kinshasa Rural	41.6 (23.4, 62.3)	0.0 -	32.5 (20.1, 48.0)	11.1 (5.5, 21.1)	16.4 (7.1, 33.8)	-	31.6 (18.5, 48.5)	26.3 (13.9, 44.1)	25.2 (13.6, 41.8)
<i>Depo-provera injectables</i>									
Kinshasa Urban	41.6 (28.0, 56.6)	0.0 -	31.4 (21.6, 43.1)	14.8 (4.7, 37.9)	6.2 (2.9, 12.7)	14.2 (4.2, 38.3)	26.8 (21.1, 33.5)	21.0 (16.9, 25.9)	22.5 (19.9, 25.4)
Kinshasa Rural	41.6 (23.4, 62.3)	0.0 -	32.5 (20.1, 48.0)	11.1 (5.5, 21.1)	16.4 (7.1, 33.8)	-	31.6 (18.5, 48.5)	26.3 (13.9, 44.1)	25.2 (13.6, 41.8)
<i>Noristerat injectables</i>									
Kinshasa Urban	11.0 (4.1, 26.7)	0.0 -	10.0 (3.1, 27.9)	9.8 (1.7, 40.1)	0.4 (0.1, 3.3)	0.0 -	0.0 -	0.1 (0.0, 0.9)	1.6 (0.5, 5.0)

Table B3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
Kinshasa Rural	5.1 (0.9, 23.7)	0.0 -	4.0 (0.7, 19.7)	0.0 -	0.0 -	- -	0.0 -	0.0 -	0.7 (0.2, 3.4)
<i>Sayana Press injectables</i>									
Kinshasa Urban	3.5 (0.9, 12.6)	0.0 -	2.3 (0.7, 7.6)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.3 (0.1, 1.1)
Kinshasa Rural	2.6 (0.5, 12.1)	0.0 -	2.1 (0.4, 10.8)	1.8 (0.1, 19.5)	0.0 -	- -	0.0 -	0.0 -	0.6 (0.4, 1.2)
Implants									
Kinshasa Urban	44.4 (34.3, 55.0)	0.0 -	33.4 (22.9, 45.9)	15.4 (4.7, 40.3)	3.7 (1.6, 8.2)	0.0 -	0.0 -	1.0 (0.4, 2.3)	5.7 (3.7, 8.7)
Kinshasa Rural	38.0 (25.1, 52.8)	0.0 -	29.7 (18.8, 43.5)	8.9 (2.2, 29.5)	7.2 (3.5, 14.2)	- -	0.0 -	2.5 (1.5, 4.1)	8.5 (4.3, 16.2)
<i>Implanon implants</i>									
Kinshasa Urban	16.4 (8.6, 29.0)	0.0 -	10.7 (5.3, 20.5)	0.0 -	1.1 (0.2, 5.0)	0.0 -	0.0 -	0.3 (0.1, 1.3)	1.8 (0.9, 3.7)
Kinshasa Rural	16.0 (2.8, 56.0)	0.0 -	12.5 (2.6, 43.6)	1.0 (0.1, 11.5)	0.0 -	- -	0.0 -	0.0 -	2.5 (0.3, 19.6)
<i>Jadelle implants</i>									
Kinshasa Urban	41.7 (30.0, 54.4)	0.0 -	31.6 (20.4, 45.5)	15.4 (4.7, 40.3)	3.0 (1.2, 7.4)	0.0 -	0.0 -	0.8 (0.3, 2.1)	5.3 (3.3, 8.4)
Kinshasa Rural	24.4 (9.9, 48.6)	0.0 -	19.1 (6.7, 43.6)	8.9 (2.2, 29.5)	7.2 (3.5, 14.2)	- -	0.0 -	2.5 (1.5, 4.1)	6.5 (3.8, 11.0)
IUDs									
Kinshasa Urban	28.3 (17.4, 42.4)	0.0 -	21.9 (13.2, 34.0)	11.9 (2.9, 37.8)	3.3 (1.3, 8.1)	9.9 (5.5, 17.2)	0.0 -	1.1 (0.5, 2.4)	4.1 (2.5, 6.7)
Kinshasa Rural	21.9 (12.4, 35.8)	0.0 -	17.2 (8.5, 31.6)	10.3 (4.4, 22.2)	3.6 (1.2, 10.2)	- -	0.0 -	1.2 (0.4, 3.6)	5.5 (3.4, 8.9)

* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.

† The denominator includes 13 outlets (9 in Kinshasa urban and 4 in Kinshasa Rural) that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview).

Table B3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015									
	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
‡ International quality-assured (IQA) contraceptives are defined as those on the WHO Prequalification or a Stringent Regulatory Authority (SRA) list. See Annex 8 for a list of all brands found in survey and quality-assurance indications.									
Source: FPwatch Outlet Survey, DRC, 2015									

Table B4: Availability of modern contraceptive method diversity, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
3+ methods‡									
Kinshasa Urban	51.0 (42.0, 60.0)	68.5 (23.7, 93.8)	52.5 (44.6, 60.3)	11.9 (2.9, 37.8)	5.2 (2.7, 9.8)	49.7 (39.1, 60.3)	29.6 (24.9, 34.9)	23.4 (19.1, 28.4)	26.0 (21.9, 30.4)
Kinshasa Rural	51.4 (35.5, 67.0)	85.8 (21.7, 99.2)	58.9 (36.7, 78.0)	15.3 (7.4, 29.1)	10.4 (4.1, 23.6)	- -	20.6 (11.1, 35.1)	17.0 (8.3, 31.9)	24.5 (12.5, 42.6)
3+ methods with LARC§									
Kinshasa Urban	44.9 (34.8, 55.3)	0.0 -	41.0 (30.8, 52.0)	11.9 (2.9, 37.8)	3.7 (1.6, 8.2)	9.9 (5.5, 17.2)	0.0 -	1.2 (0.6, 2.4)	5.8 (3.8, 8.7)
Kinshasa Rural	39.4 (27.5, 52.8)	0.0 -	30.8 (20.7, 43.2)	10.3 (4.4, 22.2)	5.4 (2.2, 12.6)	- -	0.0 -	1.9 (0.9, 4.1)	8.5 (4.3, 16.1)
3+ methods with LARC/PM									
Kinshasa Urban	46.9 (37.2, 56.9)	0.0 -	42.9 (32.9, 53.5)	11.9 (2.9, 37.8)	5.2 (2.7, 9.8)	9.9 (5.5, 17.2)	0.0 -	1.6 (0.9, 2.9)	6.3 (4.3, 9.2)
Kinshasa Rural	40.8 (27.7, 55.3)	0.0 -	31.9 (20.4, 46.1)	10.3 (4.4, 22.2)	5.4 (2.2, 12.6)	- -	0.0 -	1.9 (0.9, 4.1)	8.7 (4.4, 16.4)
5+ methods§									
Kinshasa Urban	35.9 (26.7, 46.2)	0.0 -	32.8 (23.7, 43.3)	11.9 (2.9, 37.8)	3.3 (1.4, 7.5)	6.1 (3.5, 10.3)	1.0 (0.3, 2.8)	1.7 (1.0, 2.9)	5.4 (3.7, 7.7)
Kinshasa Rural	31.4 (22.4, 42.1)	0.0 -	24.6 (16.2, 35.5)	4.8 (0.3, 42.7)	2.9 (1.1, 7.6)	- -	0.0 -	1.0 (0.4, 2.9)	5.9 (2.9, 11.9)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.</p> <p>† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) (9 for Kinshasa urban and 4 for Kinshasa rural).</p> <p>‡ 3 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.</p> <p>§ 5 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.</p>									

Source: FPwatch Outlet Survey, DRC, 2015

Table B5: Current stock out* of selected modern contraceptive commodities on day of survey, among outlets reportedly stocking method in previous 3 months, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets stocking method in previous 3 months, currently stocked out of [‡] :	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)
Oral contraceptives									
Kinshasa Urban	11.3 ⁽⁶⁰⁾ (4.0, 27.7)	15.8 ⁽⁵⁾ (3.7, 47.7)	12.0 ⁽⁷¹⁾ (5.3, 24.9)	17.1 ⁽⁶⁾ (2.3, 64.4)	36.0 ⁽¹³⁾ (19.8, 56.2)	11.4 ⁽⁴⁰⁾ (2.4, 40.5)	23.5 ⁽²¹⁷⁾ (14.6, 35.6)	23.7 ⁽²⁷⁰⁾ (15.2, 35.1)	22.0 ⁽³⁴¹⁾ (14.6, 31.7)
Kinshasa Rural	21.7 ⁽⁴⁶⁾ (4.8, 60.4)	0.0 ⁽⁴⁾ -	14.3 ⁽⁵⁹⁾ (3.5, 43.5)	35.4 ⁽⁹⁾ (10.8, 71.1)	57.8 ⁽¹⁸⁾ (18.8, 89.0)	- -	35.0 ⁽⁹⁸⁾ (20.0, 53.7)	38.7 ⁽¹¹⁶⁾ (22.5, 57.8)	32.6 ⁽¹⁷⁵⁾ (17.6, 52.2)
Emergency contraceptives									
Kinshasa Urban	30.6 ⁽¹²⁾ (7.5, 70.6)	- -	30.6 ⁽¹²⁾ (7.5, 70.6)	- -	86.5 ⁽⁵⁾ (37.2, 98.6)	15.2 ⁽³⁷⁾ (7.3, 29.0)	18.9 ⁽¹⁴¹⁾ (12.2, 28.2)	20.6 ⁽¹⁸³⁾ (13.9, 29.4)	21.0 ⁽¹⁹⁵⁾ (14.3, 29.9)
Kinshasa Rural	78.2 ⁽⁷⁾ (14.0, 98.8)	- -	78.2 ⁽⁹⁾ (14.0, 98.8)	34.7 ⁽²⁾ (1.1, 96.1)	54.5 ⁽⁹⁾ (14.6, 89.3)	- -	38.4 ⁽⁴¹⁾ (20.7, 59.8)	42.2 ⁽⁵⁰⁾ (19.1, 69.4)	45.1 ⁽⁵⁹⁾ (23.6, 68.5)
Contraceptive injectables									
Kinshasa Urban	14.4 ⁽⁷¹⁾ (7.5, 25.7)	- -	14.4 ⁽⁷⁷⁾ (7.5, 25.7)	42.0 ⁽⁶⁾ (8.8, 84.4)	42.9 ⁽²⁰⁾ (18.5, 71.3)	19.9 ⁽¹⁷⁾ (4.8, 55.1)	22.1 ⁽¹³⁷⁾ (15.1, 31.2)	24.3 ⁽¹⁷⁴⁾ (18.1, 31.8)	23.2 ⁽²⁵¹⁾ (18.1, 29.1)
Kinshasa Rural	34.2 ⁽⁵³⁾ (11.6, 67.4)	- -	34.2 ⁽⁶⁰⁾ (11.6, 67.4)	8.0 ⁽⁷⁾ (1.1, 40.2)	40.0 ⁽²³⁾ (33.9, 46.5)	- -	28.7 ⁽⁷³⁾ (24.4, 33.5)	31.5 ⁽⁹⁶⁾ (27.2, 36.2)	31.1 ⁽¹⁵⁶⁾ (24.4, 38.6)
Implants									
Kinshasa Urban	13.8 ⁽⁶⁷⁾ (6.2, 28.1)	- -	13.8 ⁽⁷¹⁾ (6.2, 28.1)	0.0 ⁽⁴⁾ -	9.2 ⁽⁸⁾ (1.6, 39.0)	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	17.8 ⁽¹⁰⁾ (3.7, 55.0)	13.1 ⁽⁸¹⁾ (6.4, 25.0)
Kinshasa Rural	5.9 ⁽⁴⁴⁾ (1.3, 23.1)	- -	5.9 ⁽⁵¹⁾ (1.3, 23.1)	38.5 ⁽⁷⁾ (10.4, 77.2)	8.0 ⁽⁸⁾ (1.5, 32.5)	- -	100.0 ⁽¹⁾ -	14.7 ⁽⁹⁾ (3.0, 49.1)	14.7 ⁽⁶⁰⁾ (6.2, 30.8)
IUDs									
Kinshasa Urban	23.3 ⁽⁴⁷⁾ (12.6, 39.0)	- -	23.3 ⁽⁵¹⁾ (12.6, 39.0)	22.3 ⁽⁴⁾ (2.4, 77.3)	10.2 ⁽⁷⁾ (1.8, 41.3)	0.0 ⁽⁵⁾ -	100.0 ⁽¹⁾ -	15.3 ⁽¹³⁾ (4.7, 39.6)	21.5 ⁽⁶⁴⁾ (12.5, 34.4)
Kinshasa Rural	9.2 ⁽³⁰⁾ (1.2, 45.1)	- -	9.2 ⁽³⁵⁾ (1.2, 45.1)	8.6 ⁽⁵⁾ (1.2, 42.1)	24.1 ⁽⁴⁾ (5.7, 62.6)	- -	- -	24.1 ⁽⁴⁾ (5.7, 62.6)	11.6 ⁽³⁹⁾ (3.1, 34.8)

* This indicator is among all screened outlets. It does not account for whether the outlet is expected to provide the commodity according to national regulations. It is a point-in-time stock out indicator from http://www.rhsupplies.org/fileadmin/uploads/rhsc/Issues/Addressing_Stockouts/Takestock/Documents/Using-the_Power_of_Partnership_to_Speak_the_same_Languageon_Stockouts.pdf. It is defined as the percentage of facilities reporting that they have stocked the method in the previous 3 months but were stocked out on the day of the assessment.

† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public

Table B5: Current stock out* of selected modern contraceptive commodities on day of survey, among outlets reportedly stocking method in previous 3 months, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets stocking method in previous 3 months, currently stocked out of[‡]:	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
<p>facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.</p> <p>‡ The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) (9 for Kinshasa urban and 4 for Kinshasa rural).</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range ^{§,¶} :		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
Male condoms					
Kinshasa Urban	DRC Franc	20.00 ⁽⁴¹⁾ [0.00-30.00]	50.00 ⁽⁵⁶⁾ [40.00-100.00]	30.00 ⁽³⁴⁷⁾ [25.00-40.00]	30.00 ⁽⁴⁴⁴⁾ [25.00-40.00]
	USD	\$0.02 ⁽⁴¹⁾ [0.00-0.03]	\$0.05 ⁽⁵⁶⁾ [0.04-0.11]	\$0.03 ⁽³⁴⁷⁾ [0.03-0.04]	\$0.03 ⁽⁴⁴⁴⁾ [0.03-0.04]
	USD per CYP	\$2.64 ⁽⁴¹⁾ [0.00-3.96]	\$6.60 ⁽⁵⁶⁾ [5.28-13.20]	\$3.96 ⁽³⁴⁷⁾ [3.30-5.28]	\$3.96 ⁽⁴⁴⁴⁾ [3.30-5.28]
Kinshasa Rural	DRC Franc	10.00 ⁽²⁸⁾ [0.00-33.33]	-	30.00 ⁽¹³⁸⁾ [20.00-40.00]	30.00 ⁽¹⁶⁶⁾ [20.00-40.00]
	USD	\$0.01 ⁽²⁸⁾ [0.00-0.04]	-	\$0.03 ⁽¹³⁸⁾ [0.02-0.04]	\$0.03 ⁽¹⁶⁶⁾ [0.02-0.04]
	USD per CYP	\$1.32 ⁽²⁸⁾ [0.00-4.40]	-	\$3.96 ⁽¹³⁸⁾ [2.64-5.28]	\$3.96 ⁽¹⁶⁶⁾ [2.64-5.28]
Female condoms					
Kinshasa Urban	DRC Franc	0.00 ⁽⁸⁾ [0.00-100.00]	2000.00 ⁽⁷⁾ [300.00-3000.00]	100.00 ⁽²⁴⁾ [100.00-200.00]	100.00 ⁽³⁹⁾ [100.00-200.00]
	USD	\$0.00 ⁽⁸⁾ [0.00-0.11]	\$2.20 ⁽⁷⁾ [0.33-3.30]	\$0.11 ⁽²⁴⁾ [0.11-0.22]	\$0.11 ⁽³⁹⁾ [0.11-0.22]
	USD per CYP	\$0.00 ⁽⁸⁾ [0.00-13.20]	\$264.00 ⁽⁷⁾ [39.60-396.00]	\$13.20 ⁽²⁴⁾ [13.20-26.40]	\$13.20 ⁽³⁹⁾ [13.20-26.40]
Kinshasa Rural	DRC Franc	\$100.00 ⁽⁴⁾ [0.00-100.00]	-	\$200.00 ⁽⁴⁾ [0.00-200.00]	\$100.00 ⁽⁸⁾ [0.00-100.00]
	USD	\$0.11 ⁽⁴⁾ [0.00-0.11]	-	\$0.22 ⁽⁴⁾ [0.00-0.22]	\$0.11 ⁽⁸⁾ [0.00-0.11]
	USD per CYP	\$13.20 ⁽⁴⁾ [0.00-13.20]	-	\$26.40 ⁽⁴⁾ [0.00-26.40]	\$13.20 ⁽⁸⁾ [0.00-13.20]
Cyclebeads					
Kinshasa Urban	DRC Franc	0.00 ⁽⁵⁾ [0.00-3000.00]	3500.00 ⁽¹⁾ -	1000.00 ⁽¹⁾ -	1000.00 ⁽⁷⁾ [0.00-1000.00]
	USD	\$0.00 ⁽⁵⁾ [0.00-3.30]	\$3.85 ⁽¹⁾ -	\$1.10 ⁽¹⁾ -	\$1.10 ⁽⁷⁾ [0.00-1.10]
	USD per CYP	\$0.00 ⁽⁵⁾ [0.00-2.20]	\$2.57 ⁽¹⁾ -	\$0.73 ⁽¹⁾ -	\$0.73 ⁽⁷⁾ [0.00-0.73]
Kinshasa Rural	DRC Franc	900.00 ⁽³⁾	-	-	900.00 ⁽³⁾

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
		[0.00-2000.00]	-	-	[0.00-2000.00]
	USD	\$0.99 ⁽³⁾ [0.00-2.20]	-	-	\$0.99 ⁽³⁾ [0.00-2.20]
	USD per CYP	\$0.66 ⁽³⁾ [0.00-1.47]	-	-	\$0.66 ⁽³⁾ [0.00-1.47]
Oral contraceptives					
Kinshasa Urban	DRC Franc	1000.00 ⁽⁹⁾ [200.00-2000.00]	1666.67 ⁽⁶⁷⁾ [500.00-3483.33]	300.00 ⁽¹⁹²⁾ [200.00-500.00]	300.00 ⁽²⁶⁸⁾ [200.00-500.00]
	USD	\$1.10 ⁽⁹⁾ [0.22-2.20]	\$1.83 ⁽⁶⁷⁾ [0.55-3.83]	\$0.33 ⁽¹⁹²⁾ [0.22-0.55]	\$0.33 ⁽²⁶⁸⁾ [0.22-0.55]
	USD per CYP	\$16.50 ⁽⁹⁾ [3.30-33.00]	\$27.50 ⁽⁶⁷⁾ [8.25-57.47]	\$4.95 ⁽¹⁹²⁾ [3.30-8.25]	\$4.95 ⁽²⁶⁸⁾ [3.30-8.25]
Kinshasa Rural	DRC Franc	200.00 ⁽⁸⁾ [0.00-500.00]	-	300.00 ⁽⁷⁰⁾ [200.00-300.00]	300.00 ⁽⁷⁸⁾ [200.00-300.00]
	USD	\$0.22 ⁽⁸⁾ [0.00-0.55]	-	\$0.33 ⁽⁷⁰⁾ [0.22-0.33]	\$0.33 ⁽⁷⁸⁾ [0.22-0.33]
	USD per CYP	\$3.30 ⁽⁸⁾ [0.00-8.25]	-	\$4.95 ⁽⁷⁰⁾ [3.30-4.95]	\$4.95 ⁽⁷⁸⁾ [3.30-4.95]
Combined oral contraceptives					
Kinshasa Urban	DRC Franc	500.00 ⁽⁷⁾ [200.00-2000.00]	1800.00 ⁽⁶¹⁾ [500.00-3483.33]	300.00 ⁽¹⁹⁰⁾ [200.00-500.00]	300.00 ⁽²⁵⁸⁾ [200.00-500.00]
	USD	\$0.55 ⁽⁷⁾ [0.22-2.20]	\$1.98 ⁽⁶¹⁾ [0.55-3.83]	\$0.33 ⁽¹⁹⁰⁾ [0.22-0.55]	\$0.33 ⁽²⁵⁸⁾ [0.22-0.55]
	USD per CYP	\$8.25 ⁽⁷⁾ [3.30-33.00]	\$29.70 ⁽⁶¹⁾ [8.25-57.47]	\$4.95 ⁽¹⁹⁰⁾ [3.30-8.25]	\$4.95 ⁽²⁵⁸⁾ [3.30-8.25]
Kinshasa Rural	DRC Franc	200.00 ⁽⁷⁾ [0.00-500.00]	-	300.00 ⁽⁶⁹⁾ [200.00-300.00]	300.00 ⁽⁷⁶⁾ [200.00-300.00]
	USD	\$0.22 ⁽⁷⁾ [0.00-0.55]	-	\$0.33 ⁽⁶⁹⁾ [0.22-0.33]	\$0.33 ⁽⁷⁶⁾ [0.22-0.33]
	USD per CYP	\$3.30 ⁽⁷⁾ [0.00-8.25]	-	\$4.95 ⁽⁶⁹⁾ [3.30-4.95]	\$4.95 ⁽⁷⁶⁾ [3.30-4.95]
Progestin-only pills					
Kinshasa Urban	DRC Franc	2000.00 ⁽²⁾ [2000.00-2000.00]	300.00 ⁽⁶⁾ [300.00-500.00]	500.00 ⁽²⁾ [500.00-4200.00]	2000.00 ⁽¹⁰⁾ [500.00-2000.00]

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	USD	\$2.20 ⁽²⁾ [2.20-2.20]	\$0.33 ⁽⁶⁾ [0.33-0.55]	\$0.55 ⁽²⁾ [0.55-4.62]	\$2.20 ⁽¹⁰⁾ [0.55-2.20]
	USD per CYP	\$33.00 ⁽²⁾ [33.00-33.00]	\$4.95 ⁽⁶⁾ [4.95-8.25]	\$8.25 ⁽²⁾ [8.25-69.30]	\$33.00 ⁽¹⁰⁾ [8.25-33.00]
Kinshasa Rural	DRC Franc	0.00 ⁽¹⁾ -	-	500.00 ⁽¹⁾ -	250.00 ⁽²⁾ [0.00-500.00]
	USD	\$0.00 ⁽¹⁾ -	-	\$0.55 ⁽¹⁾ -	\$0.28 ⁽²⁾ [0.00-0.55]
	USD per CYP	\$0.00 ⁽¹⁾ -	-	\$8.25 ⁽¹⁾ -	\$4.13 ⁽²⁾ [0.00-8.25]
Emergency contraceptives					
Kinshasa Urban	DRC Franc	1500.00 ⁽¹⁾ -	1200.00 ⁽⁶⁶⁾ [900.00-1500.00]	1100.00 ⁽¹⁵⁶⁾ [1000.00-1200.00]	1100.00 ⁽²²³⁾ [1000.00-1300.00]
	USD	\$1.65 ⁽¹⁾ -	\$1.32 ⁽⁶⁶⁾ [0.99-1.65]	\$1.21 ⁽¹⁵⁶⁾ [1.10-1.32]	\$1.21 ⁽²²³⁾ [1.10-1.43]
	USD per CYP	\$33.00 ⁽¹⁾ -	\$26.40 ⁽⁶⁶⁾ [19.80-33.00]	\$24.20 ⁽¹⁵⁶⁾ [22.00-26.40]	\$24.20 ⁽²²³⁾ [22.00-28.60]
Kinshasa Rural	DRC Franc	1000.00 ⁽⁵⁾ [700.00-1000.00]	-	1200.00 ⁽²⁸⁾ [1000.00-1500.00]	1100.00 ⁽³³⁾ [1000.00-1500.00]
	USD	\$1.10 ⁽⁵⁾ [0.77-1.10]	-	\$1.32 ⁽²⁸⁾ [1.10-1.65]	\$1.21 ⁽³³⁾ [1.10-1.65]
	USD per CYP	\$22.00 ⁽⁵⁾ [15.40-22.00]	-	\$26.40 ⁽²⁸⁾ [22.00-33.00]	\$24.20 ⁽³³⁾ [22.00-33.00]
Contraceptive injectables					
Kinshasa Urban	DRC Franc	1500.00 ⁽¹³⁾ [1000.00-3000.00]	500.00 ⁽¹⁴⁾ [400.00-500.00]	500.00 ⁽¹⁰⁵⁾ [400.00-500.00]	500.00 ⁽¹³²⁾ [400.00-700.00]
	USD	\$1.65 ⁽¹³⁾ [1.10-3.30]	\$0.55 ⁽¹⁴⁾ [0.44-0.55]	\$0.55 ⁽¹⁰⁵⁾ [0.44-0.55]	\$0.55 ⁽¹³²⁾ [0.44-0.77]
	USD per CYP	\$6.60 ⁽¹³⁾ [4.40-13.20]	\$2.20 ⁽¹⁴⁾ [1.76-2.20]	\$2.20 ⁽¹⁰⁵⁾ [1.76-2.20]	\$2.20 ⁽¹³²⁾ [1.76-3.08]
Kinshasa Rural	DRC Franc	1000.00 ⁽¹⁴⁾ [200.00-1500.00]	-	500.00 ⁽⁵⁴⁾ [500.00-1000.00]	500.00 ⁽⁶⁸⁾ [500.00-1000.00]
	USD	\$1.10 ⁽¹⁴⁾ [0.22-1.65]	-	\$0.55 ⁽⁵⁴⁾ [0.55-1.10]	\$0.55 ⁽⁶⁸⁾ [0.55-1.10]

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	USD per CYP	\$4.40 ⁽¹⁴⁾ [0.88-6.60]	- -	\$2.20 ⁽⁵⁴⁾ [2.20-4.40]	\$2.20 ⁽⁶⁸⁾ [2.20-4.40]
<i>Depo-provera injectables</i>					
Kinshasa Urban	DRC Franc	1500.00 ⁽¹²⁾ [1000.00-3000.00]	500.00 ⁽¹⁴⁾ [400.00-500.00]	500.00 ⁽¹⁰⁵⁾ [400.00-500.00]	500.00 ⁽¹³¹⁾ [400.00-700.00]
	USD	\$1.65 ⁽¹²⁾ [1.10-3.30]	\$0.55 ⁽¹⁴⁾ [0.44-0.55]	\$0.55 ⁽¹⁰⁵⁾ [0.44-0.55]	\$0.55 ⁽¹³¹⁾ [0.44-0.77]
	USD per CYP	\$6.60 ⁽¹²⁾ [4.40-13.20]	\$2.20 ⁽¹⁴⁾ [1.76-2.20]	\$2.20 ⁽¹⁰⁵⁾ [1.76-2.20]	\$2.20 ⁽¹³¹⁾ [1.76-3.08]
Kinshasa Rural	DRC Franc	1000.00 ⁽¹⁴⁾ [200.00-1500.00]	- -	500.00 ⁽⁵⁴⁾ [500.00-1000.00]	500.00 ⁽⁶⁸⁾ [500.00-1000.00]
	USD	\$1.10 ⁽¹⁴⁾ [0.22-1.65]	- -	\$0.55 ⁽⁵⁴⁾ [0.55-1.10]	\$0.55 ⁽⁶⁸⁾ [0.55-1.10]
	USD per CYP	\$4.40 ⁽¹⁴⁾ [0.88-6.60]	- -	\$2.20 ⁽⁵⁴⁾ [2.20-4.40]	\$2.20 ⁽⁶⁸⁾ [2.20-4.40]
<i>Noristerat injectables</i>					
Kinshasa Urban	DRC Franc	1500.00 ⁽¹⁾ -	- -	- -	1500.00 ⁽¹⁾ -
	USD	\$1.65 ⁽¹⁾ -	- -	- -	\$1.65 ⁽¹⁾ -
	USD per CYP	\$9.90 ⁽¹⁾ -	- -	- -	\$9.90 ⁽¹⁾ -
Kinshasa Rural	DRC Franc	- -	- -	- -	- -
	USD	- -	- -	- -	- -
	USD per CYP	- -	- -	- -	- -
Implants					
Kinshasa Urban	DRC Franc	4500.00 ⁽⁸⁾ [0.00-9200.00]	- -	- -	4500.00 ⁽⁸⁾ [0.00-9200.00]
	USD	\$4.95 ⁽⁸⁾ [0.00-10.12]	- -	- -	\$4.95 ⁽⁸⁾ [0.00-10.12]
	USD per CYP	\$1.30 ⁽⁸⁾	-	-	\$1.30 ⁽⁸⁾

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
		[0.00-3.91]	-	-	[0.00-3.91]
Kinshasa Rural	DRC Franc	8000.00 ⁽⁷⁾ [4500.00-9200.00]	-	-	8000.00 ⁽⁷⁾ [4500.00-9200.00]
	USD	\$8.80 ⁽⁷⁾ [4.95-10.12]	-	-	\$8.80 ⁽⁷⁾ [4.95-10.12]
	USD per CYP	\$2.32 ⁽⁷⁾ [1.30-2.66]	-	-	\$2.32 ⁽⁷⁾ [1.30-2.66]
<i>Implanon implants</i>					
Kinshasa Urban	DRC Franc	9200.00 ⁽³⁾ [0.00-9200.00]	-	-	9200.00 ⁽³⁾ [0.00-9200.00]
	USD	\$10.12 ⁽³⁾ [0.00-10.12]	-	-	\$10.12 ⁽³⁾ [0.00-10.12]
	USD per CYP	\$4.05 ⁽³⁾ [0.00-4.05]	-	-	\$4.05 ⁽³⁾ [0.00-4.05]
Kinshasa Rural	DRC Franc	-	-	-	-
	USD	-	-	-	-
	USD per CYP	-	-	-	-
<i>Jadelle implants</i>					
Kinshasa Urban	DRC Franc	4500.00 ⁽⁵⁾ [0.00-6500.00]	-	-	4500.00 ⁽⁵⁾ [0.00-6500.00]
	USD	\$4.95 ⁽⁵⁾ [0.00-7.15]	-	-	\$4.95 ⁽⁵⁾ [0.00-7.15]
	USD per CYP	\$1.30 ⁽⁵⁾ [0.00-1.88]	-	-	\$1.30 ⁽⁵⁾ [0.00-1.88]
Kinshasa Rural	DRC Franc	8000.00 ⁽⁷⁾ [4500.00-9200.00]	-	-	8000.00 ⁽⁷⁾ [4500.00-9200.00]
	USD	\$8.80 ⁽⁷⁾ [4.95-10.12]	-	-	\$8.80 ⁽⁷⁾ [4.95-10.12]
	USD per CYP	\$2.32 ⁽⁷⁾ [1.30-2.66]	-	-	\$2.32 ⁽⁷⁾ [1.30-2.66]
IUDs					

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range ^{§,¶} :		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
Kinshasa Urban	DRC Franc	4500.00 ⁽⁶⁾ [4500.00-4600.00]	60200.00 ⁽⁶⁾ [7500.00-61490.00]	- -	4500.00 ⁽¹²⁾ [4500.00-6000.00]
	USD	\$4.95 ⁽⁶⁾ [4.95-5.06]	\$66.22 ⁽⁶⁾ [8.25-67.64]	- -	\$4.95 ⁽¹²⁾ [4.95-6.60]
	USD per CYP	\$1.10 ⁽⁶⁾ [1.08-1.10]	\$0.00 ⁽⁶⁾ [0.00-0.00]	- -	\$1.10 ⁽¹²⁾ [1.08-1.10]
Kinshasa Rural	DRC Franc	0.00 ⁽³⁾ [0.00-23000.00]	- -	- -	0.00 ⁽³⁾ [0.00-23000.00]
	USD	\$0.00 ⁽³⁾ [0.00-25.30]	- -	- -	\$0.00 ⁽³⁾ [0.00-25.30]
	USD per CYP	\$0.00 ⁽³⁾ [0.00-5.50]	- -	- -	\$0.00 ⁽³⁾ [0.00-5.50]
Male sterilization					
Kinshasa Urban	DRC Franc	- -	- -	- -	- -
	USD	- -	- -	- -	- -
	USD per CYP	- -	- -	- -	- -
Kinshasa Rural	DRC Franc	- -	- -	- -	- -
	USD	- -	- -	- -	- -
	USD per CYP	- -	- -	- -	- -
Female sterilization					
Kinshasa Urban	DRC Franc	135000.00 ⁽⁴⁾ [135000.00-135000.00]	- -	- -	135000.00 ⁽⁴⁾ [135000.00-135000.00]
	USD	\$148.50 ⁽⁴⁾ [148.50-148.50]	- -	- -	\$148.50 ⁽⁴⁾ [148.50-148.50]
	USD per CYP	\$15.97 ⁽⁴⁾ [15.97-15.97]	- -	- -	\$15.97 ⁽⁴⁾ [15.97-15.97]
Kinshasa Rural	DRC Franc	137000.00 ⁽¹⁾ -	- -	- -	137000.00 ⁽¹⁾ -

Table B6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Kinshasa Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,∞}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	USD	\$150.70 ⁽¹⁾ -	- -	- -	\$150.70 ⁽¹⁾ -
	USD per CYP	\$16.20 ⁽¹⁾ -	- -	- -	\$16.20 ⁽¹⁾ -
<p>* Based on the average rate of exchange from October 9th to December 2nd, 2015 of 912.270 Congolese Francs per 1 USD.</p> <p>† This price is determined for the unit used in CYP conversion factors: condoms: 1 condom; oral contraceptives: 1 cycle or blister package; emergency contraceptives: 1 dose; injectables: 1 dose/injection; implants: 1 implant insertion (1 or 2 rods); IUDs: 1 IUD.</p> <p>‡ CYP – Couple Year Protection is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period (see Annex 11).</p> <p>§ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include a service charge.</p> <p>∞ The number of family planning products captured in audits sheets with missing price information are as follows: 5 male condoms (4 urban; 1 rural), 5 female condoms (4 urban; 1 rural), 6 cyclebeads (2 urban; 4 rural), 0 male vasectomies, 3 female tubal ligations (3 urban; 0 rural), 30 oral contraceptives (30 urban; 0 rural), 10 emergency contraceptives (9 urban; 1 rural), 33 injections (20 urban; 13 rural), 15 implants (8 urban; 7 rural) and 11 IUDs (8 urban; 3 rural).</p>					
Source: FPwatch Outlet Survey, DRC, 2015					

Table B7: Median markup percentage for selected modern contraceptive commodities with interquartile range, by private outlet type – Kinshasa Urban/Rural, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median markup percentage of commodity, with interquartile range ^{*,†,‡} :	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]
Oral contraceptives				
Kinshasa Urban	100% ⁽⁶⁾ (0.0%, 230%)	100% ⁽²⁴⁾ (70%, 1,180%)	100% ⁽¹¹⁵⁾ (70%, 150%)	100% ⁽¹⁴⁵⁾ (70%, 180%)
Kinshasa Rural	0.0% ⁽⁶⁾ (0.0%, 100%)	-	100% ⁽³³⁾ (40%, 200%)	70% ⁽³⁹⁾ (40%, 150%)
Emergency contraceptives				
Kinshasa Urban	-	30% ⁽⁴²⁾ (20%, 50%)	30% ⁽⁸⁸⁾ (20%, 70%)	30% ⁽¹³⁰⁾ (20%, 70%)
Kinshasa Rural	70% ⁽³⁾ (50%, 80%)	-	50% ⁽¹⁶⁾ (30%, 70%)	50% ⁽¹⁹⁾ (30%, 70%)
Contraceptive injectables				
Kinshasa Urban	100% ⁽⁴⁾ (100%, 100%)	70% ⁽¹¹⁾ (50%, 70%)	70% ⁽⁵⁶⁾ (40%, 150%)	70% ⁽⁷¹⁾ (40%, 150%)
Kinshasa Rural	230% ⁽⁷⁾ (0.0%, 400%)	-	100% ⁽²²⁾ (70%, 300%)	100% ⁽²⁹⁾ (70%, 300%)
Implants				
Kinshasa Urban	0.0 ⁽³⁾ -	-	-	0.0 ⁽³⁾ -
Kinshasa Rural	200% ⁽⁴⁾ (0.0%, 220%)	-	-	200% ⁽⁴⁾ (0.0%, 220%)
IUDs				
Kinshasa Urban	540% ⁽³⁾ (0.0%, 550%)	40% ⁽³⁾ (40%, 40%)	-	540% ⁽⁶⁾ (40%, 550%)
Kinshasa Rural	0.0% ⁽²⁾ (0.0, 1,050%)	-	-	0.0% ⁽²⁾ (0.0%, 1,050%)
<p>* The number of family planning products captured in audit sheets with missing retail and/or wholesale price information are as follows: 162 oral contraceptives (123 urban; 39 rural), 107 emergency contraceptives (93 urban; 14 rural), 100 injections (61 urban; 39 rural), 8 implants (5 urban; 3 rural) and 7 IUDs (6 urban; 1 rural).</p> <p>† To determine median markup percentage, we first determined the profit margin for selected modern contraceptives at private sector outlet categories: retail price – wholesale price. We then determined a profit margin proportion by: profit margin/retail price. Finally, we converted profit margin to markup by: wholesale price/(1- profit margin proportion). We converted to a percentage and determined the median markup with IQR range. Using oral contraceptives sold in private health facilities as an example, this can be interpreted as private health facilities adding 50% to the wholesale costs to set the retail cost.</p> <p>‡ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include service charge.</p>				
Source: FPwatch Outlet Survey, DRC, 2015				

Table B8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Kinshasa Urban/Rural, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total™
	%	%	%	%	%	%	%	%	%
1. Male condoms									
Kinshasa Urban	13.2	0.0	13.2	0.2	2.4	0.0	32.2	34.6	48.0
Kinshasa Rural	6.0	1.8	7.8	13.2	2.4	0.0	12.5	14.9	35.8
2. Female condoms									
Kinshasa Urban	1.2	0.0	1.2	0.0	0.1	0.0	0.1	0.1	1.4
Kinshasa Rural	0.3	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.4
3. Cyclebeads									
Kinshasa Urban	2.6	1.7	4.3	4.0	0.7	0.0	0.0	0.7	9.1
Kinshasa Rural	0.6	0.1	0.7	0.5	0.7	0.0	0.0	0.7	2.0
4. Oral contraceptives									
Kinshasa Urban	0.2	0.1	0.3	0.4	0.0	0.0	3.0	3.1	3.8
Kinshasa Rural	0.1	0.1	0.3	0.1	0.1	0.0	2.1	2.2	2.6
<i>IQA[§] oral contraceptives</i>									
Kinshasa Urban	0.2	0.1	0.3	0.4	0.0	0.0	3.0	3.1	3.8
Kinshasa Rural	0.1	0.1	0.3	0.1	0.1	0.0	2.1	2.2	2.6
<i>Combined oral contraceptives</i>									
Kinshasa Urban	0.2	0.1	0.3	0.1	0.0	0.0	3.0	3.1	3.4
Kinshasa Rural	0.1	0.1	0.3	0.1	0.1	0.0	2.1	2.2	2.6
<i>Progestin-only pills</i>									
Kinshasa Urban	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.4
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5. Emergency contraceptives									
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	3.1	3.1	3.2
Kinshasa Rural	0.0	0.0	0.0	0.0	0.1	0.0	0.4	0.5	0.5
<i>IQA[§] emergency contraceptives</i>									
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6. Birth control patches									
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables									
Kinshasa Urban	3.0	0.0	3.0	1.6	0.4	0.0	4.6	5.0	9.6
Kinshasa Rural	1.8	0.0	1.8	0.4	1.8	0.0	5.3	7.0	9.2

Table B8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Kinshasa Urban/Rural, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility†	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total [∞]
	%	%	%	%	%	%	%	%	%
<i>Depo-provera injectables</i>									
Kinshasa Urban	2.9	0.0	2.9	1.4	0.3	0.0	4.6	5.0	9.2
Kinshasa Rural	1.7	0.0	1.7	0.4	1.8	0.0	5.3	7.0	9.1
<i>Noristerat injectables</i>									
Kinshasa Urban	0.1	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.3
Kinshasa Rural	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1
<i>Sayana Press injectables</i>									
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kinshasa Rural	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2
8. Implants									
Kinshasa Urban	10.9	0.0	10.9	4.8	4.1	0.0	0.0	4.1	19.8
Kinshasa Rural	40.0	0.0	40.0	5.9	1.9	0.0	0.0	1.9	47.8
<i>Implanon implants</i>									
Kinshasa Urban	3.9	0.0	3.9	0.0	0.3	0.0	0.0	0.3	4.2
Kinshasa Rural	0.7	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.7
<i>Jadelle implants</i>									
Kinshasa Urban	6.9	0.0	6.9	4.8	3.8	0.0	0.0	3.8	15.6
Kinshasa Rural	39.3	0.0	39.3	5.9	1.9	0.0	0.0	1.9	47.2
9. IUDs									
Kinshasa Urban	1.6	0.0	1.6	0.8	2.3	0.0	0.0	2.3	4.7
Kinshasa Rural	0.4	0.0	0.4	1.4	0.0	0.0	0.0	0.0	1.8
10. Male sterilization									
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization									
Kinshasa Urban	0.0	0.0	0.0	0.3	0.2	0.0	0.0	0.2	0.6
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OUTLET TYPE TOTAL[∞]									
Kinshasa Urban	32.7	1.8	34.5	12.2	10.2	0.0	43.1	53.3	100.0
Kinshasa Rural	49.2	2.0	51.3	21.5	6.9	0.0	20.3	27.2	100.0

* A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month, 30,929 in urban Kinshasa and 4,065 in rural Kinshasa. This does not include distribution for outlets in the booster sample. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† In urban Kinshasa, 610 FP products were audited, not including condoms or cyclebeads (422 contraceptive tablets, 140 injection products, 48 insertion products) 260, 36 and 26 outlets were audited for male condoms, female condoms and cyclebeads respectively, 8 outlets and 1 outlet for female and male sterilization services respectively. No tablets,

Table B8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Kinshasa Urban/Rural, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*,:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total [∞]
	%	%	%	%	%	%	%	%	%
<p>injectables or insertion products were excluded from analysis due to inconsistent or missing generic names, 53 male condoms, 4 female condoms and no cyclebeads were excluded from analysis for missing volume information while no female or male sterilizations were excluded for similar missing volume information.</p> <p>In rural Kinshasa, 261 FP products were audited, not including condoms or cyclebeads (146 contraceptive tablets, 85 injection products, 30 insertion products) 119, 15 and 19 outlets were audited for male condoms, female condoms and cyclebeads respectively, 2 outlets and no outlets for female and male sterilization services respectively. A total of 2 insertion products were excluded from analysis due to inconsistent or missing generic names, no tablets or injectables were excluded, 22 male condoms, 3 female condoms and 4 cyclebeads were excluded from analysis for missing volume information while 1 female and no male sterilizations were excluded for similar missing volume information. A total of 31 products in urban Kinshasa and 8 products in rural Kinshasa were excluded due to outlier volumes and price.</p> <p>‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.</p> <p>§ Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey.</p> <p>∞ Row total: CYP volume for the specified contraceptive method type. Column total: market share for the specified outlet type method categories 1-11.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table B9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Kinshasa Urban/Rural, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type ^{a,†} :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
1. Male condoms								
Kinshasa Urban	40.2	0.0	38.1	1.7	23.8	0.0	74.7	65.0
Kinshasa Rural	12.2	86.9	15.2	61.1	34.4	0.0	61.6	54.7
2. Female condoms								
Kinshasa Urban	3.8	0.0	3.6	0.2	0.5	0.0	0.2	0.3
Kinshasa Rural	0.6	0.0	0.6	0.1	0.4	0.0	0.0	0.1
3. CycleBeads								
Kinshasa Urban	7.8	96.5	12.5	33.2	7.2	0.0	0.0	1.4
Kinshasa Rural	1.2	7.0	1.4	2.5	10.0	0.0	0.0	2.6
4. Oral contraceptives								
Kinshasa Urban	0.7	3.5	0.8	3.4	0.3	0.0	7.1	5.8
Kinshasa Rural	0.3	6.1	0.5	0.5	0.9	0.0	10.5	8.1
<i>IQA[§] oral contraceptives</i>								
Kinshasa Urban	0.7	3.5	0.8	3.4	0.3	0.0	7.1	5.8
Kinshasa Rural	.3	6.1	0.5	0.5	0.9	0.0	10.5	8.1
<i>Combined oral contraceptives</i>								
Kinshasa Urban	0.6	2.8	0.8	0.7	0.3	0.0	7.0	5.8
Kinshasa Rural	0.3	6.1	0.5	0.5	0.8	0.0	10.5	8.0
<i>Progestin-only pills</i>								
Kinshasa Urban	0.0	0.7	0.1	2.7	0.0	0.0	0.0	0.0
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5. Emergency contraceptives								
Kinshasa Urban	0.1	0.0	0.1	0.0	0.0	100.0	7.3	5.9
Kinshasa Rural	0.0	0.0	0.0	0.0	1.2	0.0	1.9	1.7
<i>IQA[§] emergency contraceptives</i>								
Kinshasa Urban	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.2
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6. Birth control patches								
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables								
Kinshasa Urban	9.2	0.0	8.7	12.8	3.5	0.0	10.7	9.4
Kinshasa Rural	3.6	0.0	3.5	1.8	25.5	0.0	26.0	25.9
<i>Depo-provera injectables</i>								
Kinshasa Urban	8.8	0.0	8.4	11.2	3.3	0.0	10.7	9.3

Table B9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Kinshasa Urban/Rural, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type ^{*,†} :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
Kinshasa Rural	3.4	0.0	3.3	1.8	25.5	0.0	26.0	25.9
<i>Noristerat injectables</i>								
Kinshasa Urban	0.4	0.0	0.3	1.6	0.2	0.0	0.0	0.0
Kinshasa Rural	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0
<i>Sayana Press injectables</i>								
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kinshasa Rural	0.4	0.0	0.4	0.2	0.0	0.0	0.0	0.0
8. Implants								
Kinshasa Urban	33.2	0.0	31.5	39.4	40.1	0.0	0.0	7.7
Kinshasa Rural	81.2	0.0	78.0	27.5	27.6	0.0	0.0	7.0
<i>Implanon implants</i>								
Kinshasa Urban	12.0	0.0	11.4	0.0	2.7	0.0	0.0	0.5
Kinshasa Rural	1.4	0.0	1.3	0.0	0.0	0.0	0.0	0.0
<i>Jadelle implants</i>								
Kinshasa Urban	21.2	0.0	20.1	39.4	37.4	0.0	0.0	7.2
Kinshasa Rural	79.8	0.0	76.7	27.5	27.6	0.0	0.0	7.0
9. IUDs								
Kinshasa Urban	5.0	0.0	4.8	6.7	22.1	0.0	0.0	4.2
Kinshasa Rural	0.8	0.0	0.8	6.4	0.0	0.0	0.0	0.0
10. Male sterilization								
Kinshasa Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization								
Kinshasa Urban	0.0	0.0	0.0	2.6	2.4	0.0	0.0	0.5
Kinshasa Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

* A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month, 30,929 in urban Kinshasa and 4,065 in rural Kinshasa. This does not include distribution for outlets in the booster sample. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9 and number of sterilizations reportedly performed for categories 10-11

† In urban Kinshasa, 610 FP products were audited, not including condoms or cyclebeads (422 contraceptive tablets, 140 injection products, 48 insertion products) 260, 36 and 26 outlets were audited for male condoms, female condoms and cyclebeads respectively, 8 outlets and 1 outlet for female and male sterilization services respectively. No tablets, injectables or insertion products were excluded from analysis due to inconsistent or missing generic names, 53 male condoms, 4 female condoms and no cyclebeads were excluded from analysis for missing volume information while no female or male sterilizations were excluded for similar missing volume information. In rural Kinshasa, 261 FP products were audited, not including condoms or cyclebeads (146 contraceptive tablets, 85 injection products, 30 insertion products) 119, 15 and 19 outlets were audited for male condoms, female condoms and cyclebeads respectively, 2 outlets and no outlets for female and male sterilization services respectively. A total of 2 insertion products were excluded from analysis due to inconsistent or missing generic names, no tablets or injectables were excluded, 22 male condoms, 3 female condoms and 4 cyclebeads were excluded from analysis for missing volume information while 1 female and no male sterilizations were excluded for similar missing volume information. A total of 31 products in urban Kinshasa and 8 products in rural Kinshasa were excluded due to outlier volumes and price.

Table B9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Kinshasa Urban/Rural, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type ^{*,†} :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
‡	For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.							
§	Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey. Categories 1 through 11 sum to 100% within each column.							
Source: FPwatch Outlet Survey, DRC, 2015								

Table B10: Availability of selected contraceptive services, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, providing [†] :	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385
Contraceptive injection service									
Kinshasa Urban	65.5 (52.5, 76.5)	0.0 -	59.8 (46.0, 72.2)	32.3 (16.4, 53.9)	31.0 (24.5, 38.4)	0.0 -	3.2 (2.0, 5.2)	10.8 (8.6, 13.5)	16.9 (13.0, 21.6)
Kinshasa Rural	76.3 (41.2, 93.6)	0.0 -	59.4 (43.3, 73.7)	27.1 (10.9, 53.0)	35.2 (10.5, 71.5)	- -	8.0 (2.4, 23.8)	17.6 (6.7, 38.8)	26.8 (12.6, 48.0)
Implant insertion service									
Kinshasa Urban	52.8 (39.0, 66.1)	0.0 -	48.2 (34.5, 62.1)	15.4 (4.7, 40.3)	5.0 (2.5, 10.0)	0.0 -	0.0 -	1.4 (0.7, 2.8)	7.0 (4.7, 10.4)
Kinshasa Rural	63.3 (31.8, 86.5)	0.0 -	49.3 (29.3, 69.6)	18.7 (8.5, 36.5)	13.5 (6.5, 26.0)	- -	0.0 -	4.8 (3.0, 7.8)	15.3 (7.3, 29.4)
IUD insertion service									
Kinshasa Urban	43.4 (36.1, 51.0)	0.0 -	39.6 (31.9, 47.9)	15.4 (4.7, 40.3)	3.8 (1.5, 9.3)	0.0 -	0.0 -	1.0 (0.4, 2.6)	5.7 (3.9, 8.3)
Kinshasa Rural	44.0 (24.1, 66.0)	0.0 -	34.3 (21.2, 50.3)	12.6 (7.1, 21.4)	2.5 (0.2, 23.7)	- -	0.0 -	0.9 (0.1, 7.7)	8.9 (3.9, 19.1)
Male sterilization service									
Kinshasa Urban	4.1 (0.9, 16.4)	0.0 -	3.7 (0.8, 15.7)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.4 (0.1, 2.2)
Kinshasa Rural	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	- -	0.0 -	0.0 -	0.0 -
Female sterilization service									
Kinshasa Urban	13.1 (8.0, 20.8)	0.0 -	12.0 (7.4, 18.9)	4.6 (1.2, 16.3)	4.2 (1.7, 9.9)	0.0 -	0.0 -	1.1 (0.5, 2.7)	2.4 (1.6, 3.8)
Kinshasa Rural	4.5 (1.2, 15.9)	0.0 -	3.5 (0.9, 13.4)	2.4 (0.5, 11.0)	0.6 (0.1, 6.5)	- -	0.0 -	0.2 (0.0, 2.0)	1.2 (0.5, 2.5)

* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.

† The denominator includes 13 outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) (9 for Kinshasa urban and 4 for Kinshasa rural).

Table B10: Availability of selected contraceptive services, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, providing[†]:	Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250	Urb.: N=775 Rur.: N=385

Source: FPwatch Outlet Survey, DRC, 2015

Table B11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

		Public Health Facility [†]	Community Health Workers	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
		% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[†]:		Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250
Contraceptive injection service									
Kinshasa Urban	Availability of commodity	48.2 (35.9, 60.6)	0.0 -	44.0 (31.1, 57.7)	14.8 (4.7, 37.8)	6.2 (2.9, 12.6)	14.2 (4.2, 38.2)	26.8 (21.1, 33.5)	21.0 (16.9, 25.9)
	Availability of credentials	63.4 (49.4, 75.5)	0.0 -	57.9 (43.4, 71.2)	32.3 (16.4, 53.8)	28.6 (22.1, 36.1)	0.0 -	1.1 (0.5, 2.6)	8.5 (6.1, 11.8)
	Availability of equipment	56.9 (41.2, 71.4)	0.0 -	52.0 (36.7, 66.9)	14.8 (4.7, 37.8)	10.2 (5.6, 17.7)	0.0 -	2.8 (1.5, 5.3)	4.7 (2.9, 7.5)
	<i>Service readiness</i>	42.0 (29.3, 55.9)	0.0 -	38.4 (25.7, 52.9)	14.8 (4.7, 37.8)	4.6 (2.0, 10.3)	0.0 -	0.1 (0.0, 0.9)	1.3 (0.6, 2.9)
Kinshasa Rural	Availability of commodity	41.6 (23.4, 62.3)	0.0 -	32.5 (20.1, 48.0)	11.1 (5.5, 21.1)	16.4 (7.1, 33.8)	- -	31.6 (18.5, 48.5)	26.3 (13.9, 44.1)
	Availability of credentials	75.1 (41.2, 92.8)	0.0 -	58.7 (42.8, 73.0)	26.7 (10.6, 52.8)	33.9 (10.4, 69.3)	- -	7.8 (2.3, 23.5)	16.9 (6.5, 37.4)
	Availability of equipment	57.4 (17.7, 89.4)	0.0 -	44.7 (19.3, 73.2)	15.1 (3.5, 46.4)	18.3 (5.2, 48.0)	- -	8.0 (3.0, 19.7)	11.6 (4.6, 26.4)
	<i>Service readiness</i>	36.8 (17.6, 61.5)	0.0 -	28.8 (15.5, 47.2)	9.4 (3.5, 23.0)	7.1 (2.2, 20.8)	- -	3.4 (0.4, 23.8)	4.7 (1.6, 12.5)
Implant insertion service									
Kinshasa Urban	Availability of commodity	44.4 (34.3, 55.0)	0.0 -	40.5 (30.3, 51.7)	15.4 (4.7, 40.2)	3.7 (1.6, 8.2)	0.0 -	0.0 -	1.0 (0.4, 2.2)
	Availability of credentials	50.1 (35.7, 64.4)	0.0 -	45.7 (31.3, 60.9)	15.4 (4.7, 40.2)	5.0 (2.4, 9.9)	0.0 -	0.0 -	1.3 (0.7, 2.7)
	Availability of equipment	33.0 (17.5, 53.3)	0.0 -	30.1 (16.0, 49.3)	15.4 (4.7, 40.2)	3.8 (1.7, 8.4)	0.0 -	0.0 -	1.0 (0.5, 2.2)
	<i>Service readiness</i>	25.8 (14.4, 41.7)	0.0 -	23.5 (13.2, 38.3)	15.4 (4.7, 40.2)	3.2 (1.2, 8.0)	0.0 -	0.0 -	0.9 (0.3, 2.1)
Kinshasa Rural	Availability of commodity	38.0 (25.1, 52.8)	0.0 -	29.7 (18.8, 43.5)	8.9 (2.2, 29.5)	7.2 (3.5, 14.2)	- -	0.0 -	2.5 (1.5, 4.1)
	Availability of credentials	62.4 (31.8, 85.5)	0.0 -	48.7 (29.2, 68.7)	18.5 (8.2, 36.6)	13.4 (6.5, 25.6)	- -	0.0 -	4.7 (2.9, 7.4)
	Availability of equipment	31.2 (19.4, 46.1)	0.0 -	24.4 (13.0, 41.2)	6.8 (2.4, 17.6)	9.1 (2.5, 28.5)	- -	0.0 -	3.2 (1.1, 8.5)

Table B11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

		Public Health Facility [†]	Community Health Workers	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
		% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[†]:		Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250
	<i>Service readiness</i>	28.9 (19.4, 40.6)	0.0 -	22.6 (13.0, 36.2)	5.8 (2.5, 12.9)	5.1 (1.4, 17.0)	- -	0.0 -	1.8 (0.6, 4.9)
<i>IUD insertion service</i>									
Kinshasa Urban	Availability of commodity	28.3 (17.5, 42.4)	0.0 -	25.8 (15.8, 39.3)	11.9 (2.9, 37.7)	3.3 (1.3, 8.1)	9.9 (5.5, 17.2)	0.0 -	1.1 (0.5, 2.4)
	Availability of credentials	40.9 (32.5, 50.0)	0.0 -	37.4 (28.3, 47.5)	15.4 (4.7, 40.2)	3.7 (1.4, 9.2)	0.0 -	0.0 -	1.0 (0.4, 2.5)
	Availability of equipment	21.0 (10.7, 37.2)	0.0 -	19.2 (10.1, 33.5)	15.4 (4.7, 40.2)	2.3 (0.7, 7.9)	0.0 -	0.0 -	0.6 (0.2, 2.1)
	<i>Service readiness</i>	9.9 (4.5, 20.5)	0.0 -	9.1 (4.4, 17.8)	11.9 (2.9, 37.7)	2.3 (0.7, 7.9)	0.0 -	0.0 -	0.6 (0.2, 2.1)
Kinshasa Rural	Availability of commodity	21.9 (12.4, 35.8)	0.0 -	17.2 (8.5, 31.6)	10.3 (4.4, 22.2)	3.6 (1.2, 10.2)	- -	0.0 -	1.2 (0.4, 3.6)
	Availability of credentials	43.3 (23.9, 65.0)	0.0 -	33.8 (21.0, 49.7)	12.5 (6.9, 21.4)	2.5 (0.2, 22.4)	- -	0.0 -	0.9 (0.1, 7.5)
	Availability of equipment	15.1 (4.5, 40.5)	0.0 -	11.8 (2.9, 37.3)	3.9 (0.6, 22.8)	0.6 (0.1, 6.3)	- -	0.0 -	0.2 (0.0, 1.9)
	<i>Service readiness</i>	10.4 (3.4, 27.6)	0.0 -	8.1 (2.3, 25.0)	1.8 (0.1, 19.5)	0.0 -	- -	0.0 -	0.0 -
<i>Male sterilization service</i>									
Kinshasa Urban	Availability of credentials	4.1 (0.9, 16.3)	0.0 -	3.7 (0.8, 15.5)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
	Availability of equipment	3.9 (0.8, 16.7)	0.0 -	3.6 (0.7, 15.9)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
	<i>Service readiness</i>	3.9 (0.8, 16.7)	0.0 -	3.6 (0.7, 15.9)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
Kinshasa Rural	Availability of credentials	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	- -	0.0 -	0.0 -
	Availability of equipment	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	- -	0.0 -	0.0 -
	<i>Service readiness</i>	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	- -	0.0 -	0.0 -

Table B11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Kinshasa Urban/Rural, 2015

		Public Health Facility [‡]	Community Health Workers	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
		% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[†]:		Urb.: N=127 Rur.: N=78	Urb.: N=5 Rur.: N=6	Urb.: N=132 Rur.: N=84	Urb.: N=28 Rur.: N=51	Urb.: N=154 Rur.: N=80	Urb.: N=60 Rur.: N=0	Urb.: N=401 Rur.: N=170	Urb.: N=615 Rur.: N=250
Female sterilization service									
Kinshasa Urban	Availability of credentials	13.0 (8.0, 20.6)	0.0 -	11.9 (7.3, 18.7)	2.5 (0.3, 18.6)	4.1 (1.7, 9.8)	0.0 -	0.0 -	1.1 (0.5, 2.6)
	Availability of equipment	10.7 (6.0, 18.4)	0.0 -	9.8 (5.5, 16.7)	2.5 (0.3, 18.6)	3.2 (1.1, 8.7)	0.0 -	0.0 -	0.9 (0.3, 2.3)
	<i>Service readiness</i>	10.6 (5.9, 18.2)	0.0 -	9.7 (5.4, 16.6)	2.5 (0.3, 18.6)	3.2 (1.1, 8.7)	0.0 -	0.0 -	0.9 (0.3, 2.3)
Kinshasa Rural	Availability of credentials	4.5 (1.1, 15.9)	0.0 -	3.5 (0.8, 13.4)	2.4 (0.5, 10.6)	0.6 (0.1, 6.3)	- -	0.0 -	0.2 (0.0, 1.9)
	Availability of equipment	0.7 (0.1, 8.8)	0.0 -	0.6 (0.0, 6.9)	0.0 -	0.0 -	- -	0.0 -	0.0 -
	<i>Service readiness</i>	0.7 (0.1, 8.8)	0.0 -	0.6 (0.0, 6.9)	0.0 -	0.0 -	- -	0.0 -	0.0 -
<p>* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.); and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.</p> <p>† The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 31 IUDs (17 urban; 14 rural), 29 implants (18 urban; 11 rural), 36 injections (22 urban; 14 rural), 1 male sterilizations (1 urban; 0 rural) and 18 female tubal ligations (10 urban; 8 rural).</p> <p>‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table B12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Kinshasa Urban/Rural, 2015

		Public Health Facility [†]	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Drug Shop	Private Total
Proportion of outlets offering service, with [†] :		% ⁽ⁿ⁾ (95% CI)					
Contraceptive injection service							
Kinshasa Urban	Availability of commodity	72.4 ⁽⁸²⁾ (57.9, 83.4)	72.4 ⁽⁸²⁾ (57.9, 83.4)	45.7 ⁽⁸⁾ (14.2, 81.1)	19.2 ⁽⁴⁶⁾ (8.9, 36.4)	87.0 ⁽¹⁵⁾ (59.7, 96.8)	33.5 ⁽⁶¹⁾ (20.5, 49.6)
	Availability of credentials	97.6 ⁽⁸²⁾ (90.4, 99.5)	97.6 ⁽⁸²⁾ (90.4, 99.5)	100.0 ⁽⁸⁾ -	93.5 ⁽⁴⁶⁾ (78.1, 98.3)	35.6 ⁽¹⁵⁾ (13.1, 67.1)	81.3 ⁽⁶¹⁾ (64.0, 91.4)
	Availability of equipment	87.6 ⁽⁸²⁾ (71.1, 95.3)	87.6 ⁽⁸²⁾ (71.1, 95.3)	45.7 ⁽⁸⁾ (14.2, 81.1)	33.6 ⁽⁴⁶⁾ (19.6, 51.3)	39.2 ⁽¹⁵⁾ (14.3, 71.4)	34.8 ⁽⁶¹⁾ (20.9, 51.9)
	Service readiness	64.7 ⁽⁸²⁾ (51.1, 76.3)	64.7 ⁽⁸²⁾ (51.1, 76.3)	45.7 ⁽⁸⁾ (14.2, 81.1)	14.9 ⁽⁴⁶⁾ (6.6, 30.2)	4.2 ⁽¹⁵⁾ (0.6, 24.5)	12.6 ⁽⁶¹⁾ (5.9, 25.0)
Kinshasa Rural	Availability of commodity	55.3 ⁽⁶¹⁾ (36.7, 72.6)	55.3 ⁽⁶¹⁾ (36.7, 72.6)	41.5 ⁽¹³⁾ (26.1, 58.7)	35.7 ⁽³²⁾ (22.4, 51.6)	47.3 ⁽¹²⁾ (6.1, 92.6)	39.1 ⁽⁴⁴⁾ (27.5, 52.1)
	Availability of credentials	100.0 ⁽⁶¹⁾ -	100.0 ⁽⁶¹⁾ -	100.0 ⁽¹³⁾ -	96.8 ⁽³²⁾ (77.9, 99.6)	100.0 ⁽¹²⁾ -	97.7 ⁽⁴⁴⁾ (86.5, 99.7)
	Availability of equipment	76.7 ⁽⁶¹⁾ (32.6, 95.7)	76.7 ⁽⁶¹⁾ (32.6, 95.7)	56.7 ⁽¹³⁾ (20.2, 87.2)	54.7 ⁽³²⁾ (36.6, 71.6)	80.5 ⁽¹²⁾ (43.6, 95.7)	62.7 ⁽⁴⁴⁾ (50.5, 73.4)
	Service readiness	49.1 ⁽⁶¹⁾ (27.9, 70.6)	49.1 ⁽⁶¹⁾ (27.9, 70.6)	35.2 ⁽¹³⁾ (22.0, 51.0)	20.2 ⁽³²⁾ (10.6, 35.2)	43.0 ⁽¹²⁾ (6.2, 89.6)	26.9 ⁽⁴⁴⁾ (16.5, 40.7)
Implant insertion service							
Kinshasa Urban	Availability of commodity	84.2 ⁽⁷⁰⁾ (70.6, 92.2)	84.2 ⁽⁷⁰⁾ (70.6, 92.2)	100.0 ⁽⁴⁾ -	74.7 ⁽⁹⁾ (23.7, 96.5)	- -	74.7 ⁽⁹⁾ (23.7, 96.5)
	Availability of credentials	95.5 ⁽⁷⁰⁾ (75.9, 99.3)	95.5 ⁽⁷⁰⁾ (75.9, 99.3)	100.0 ⁽⁴⁾ -	100.0 ⁽⁹⁾ -	- -	100.0 ⁽⁹⁾ -
	Availability of equipment	62.9 ⁽⁷⁰⁾ (37.2, 82.9)	62.9 ⁽⁷⁰⁾ (37.2, 82.9)	100.0 ⁽⁴⁾ -	76.2 ⁽⁹⁾ (41.9, 93.4)	- -	76.2 ⁽⁹⁾ (41.9, 93.4)
	Service readiness	49.1 ⁽⁷⁰⁾ (31.4, 67.1)	49.1 ⁽⁷⁰⁾ (31.4, 67.1)	100.0 ⁽⁴⁾ -	63.6 ⁽⁹⁾ (21.2, 91.9)	- -	63.6 ⁽⁹⁾ (21.2, 91.9)
Kinshasa Rural	Availability of commodity	54.7 ⁽⁴⁷⁾ (33.2, 74.5)	54.7 ⁽⁴⁷⁾ (33.2, 74.5)	47.9 ⁽⁸⁾ (11.1, 87.1)	53.9 ⁽¹⁴⁾ (36.4, 70.4)	- -	53.9 ⁽¹⁴⁾ (36.4, 70.4)
	Availability of credentials	100.0 ⁽⁴⁷⁾ -	100.0 ⁽⁴⁷⁾ -	100.0 ⁽⁸⁾ -	100.0 ⁽¹⁴⁾ -	- -	100.0 ⁽¹⁴⁾ -
	Availability of equipment	50.1 ⁽⁴⁷⁾ (24.2, 76.0)	50.1 ⁽⁴⁷⁾ (24.2, 76.0)	36.7 ⁽⁸⁾ (11.6, 71.8)	67.9 ⁽¹⁴⁾ (22.9, 93.8)	- -	67.9 ⁽¹⁴⁾ (22.9, 93.8)
	Service readiness	46.3 ⁽⁴⁷⁾ (25.3, 68.7)	46.3 ⁽⁴⁷⁾ (25.3, 68.7)	31.4 ⁽⁸⁾ (10.0, 65.4)	37.7 ⁽¹⁴⁾ (17.2, 63.7)	- -	37.7 ⁽¹⁴⁾ (17.2, 63.7)

Table B12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Kinshasa Urban/Rural, 2015

		Public Health Facility [†]	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Drug Shop	Private Total
Proportion of outlets offering service, with [†] :		% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)
IUD insertion service							
Kinshasa Urban	Availability of commodity	64.3 ⁽⁶⁰⁾ (38.4, 83.8)	64.3 ⁽⁶⁰⁾ (38.4, 83.8)	77.7 ⁽⁴⁾ (22.8, 97.6)	89.8 ⁽⁷⁾ (58.8, 98.2)	- -	89.8 ⁽⁷⁾ (58.8, 98.2)
	Availability of credentials	94.9 ⁽⁶⁰⁾ (71.0, 99.3)	94.9 ⁽⁶⁰⁾ (71.0, 99.3)	100.0 ⁽⁴⁾ -	100.0 ⁽⁷⁾ -	- -	100.0 ⁽⁷⁾ -
	Availability of equipment	48.8 ⁽⁶⁰⁾ (20.4, 78.0)	48.8 ⁽⁶⁰⁾ (20.4, 78.0)	100.0 ⁽⁴⁾ -	62.9 ⁽⁷⁾ (26.6, 88.8)	- -	62.9 ⁽⁷⁾ (26.6, 88.8)
	Service readiness	23.0 ⁽⁶⁰⁾ (9.7, 45.5)	23.0 ⁽⁶⁰⁾ (9.7, 45.5)	77.7 ⁽⁴⁾ (22.8, 97.6)	62.9 ⁽⁷⁾ (26.6, 88.8)	- -	62.9 ⁽⁷⁾ (26.6, 88.8)
Kinshasa Rural	Availability of commodity	43.6 ⁽³⁴⁾ (18.1, 73.0)	43.6 ⁽³⁴⁾ (18.1, 73.0)	82.5 ⁽⁵⁾ (14.6, 99.2)	25.0 ⁽⁴⁾ (25.0, 25.0)	- -	25.0 ⁽⁴⁾ (25.0, 25.0)
	Availability of credentials	100.0 ⁽³⁴⁾ -	100.0 ⁽³⁴⁾ -	100.0 ⁽⁵⁾ -	100.0 ⁽⁴⁾ -	- -	100.0 ⁽⁴⁾ -
	Availability of equipment	35.0 ⁽³⁴⁾ (5.3, 83.8)	35.0 ⁽³⁴⁾ (5.3, 83.8)	31.5 ⁽⁵⁾ (4.4, 82.3)	25.0 ⁽⁴⁾ (25.0, 25.0)	- -	25.0 ⁽⁴⁾ (25.0, 25.0)
	Service readiness	23.9 ⁽³⁴⁾ (4.8, 66.1)	23.9 ⁽³⁴⁾ (4.8, 66.1)	14.1 ⁽⁵⁾ (1.4, 65.4)	0.0 ⁽⁴⁾ -	- -	0.0 ⁽⁴⁾ -
Male sterilization service							
Kinshasa Urban	Availability of credentials	100.0 ⁽³⁾ -	100.0 ⁽³⁾ -	- -	- -	- -	- -
	Availability of equipment	96.7 ⁽³⁾ (63.5, 99.8)	96.7 ⁽³⁾ (63.5, 99.8)	- -	- -	- -	- -
	Service readiness	96.7 ⁽³⁾ (63.5, 99.8)	96.7 ⁽³⁾ (63.5, 99.8)	- -	- -	- -	- -
Kinshasa Rural	Availability of credentials	- -	- -	- -	- -	- -	- -
	Availability of equipment	- -	- -	- -	- -	- -	- -
	Service readiness	- -	- -	- -	- -	- -	- -
Female sterilization service							
Kinshasa Urban	Availability of credentials	100.0 ⁽²⁵⁾ -	100.0 ⁽²⁵⁾ -	54.1 ⁽²⁾ (6.1, 95.5)	100.0 ⁽⁷⁾ -	- -	100.0 ⁽⁷⁾ -
	Availability of	88.2 ⁽²⁵⁾	88.2 ⁽²⁵⁾	54.1 ⁽²⁾	76.4 ⁽⁷⁾	-	76.4 ⁽⁷⁾

Table B12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Kinshasa Urban/Rural, 2015

	Public Health Facility [‡]	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Drug Shop	Private Total
Proportion of outlets offering service, with [†] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
equipment	(60.8, 97.3)	(60.8, 97.3)	(6.1, 95.5)	(37.6, 94.6)	-	(37.6, 94.6)
Service readiness	81.2 ⁽²⁵⁾ (53.5, 94.2)	81.2 ⁽²⁵⁾ (53.5, 94.2)	54.1 ⁽²⁾ (6.1, 95.5)	76.4 ⁽⁷⁾ (37.6, 94.6)	-	76.4 ⁽⁷⁾ (37.6, 94.6)
Kinshasa Rural	Availability of credentials	100.0 ⁽⁸⁾ -	100.0 ⁽⁸⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -
	Availability of equipment	16.2 ⁽⁸⁾ (0.7, 84.8)	16.2 ⁽⁸⁾ (0.7, 84.8)	0.0 ⁽¹⁾ -	0.0 ⁽¹⁾ -	0.0 ⁽¹⁾ -
	Service readiness	16.2 ⁽⁸⁾ (0.7, 84.8)	16.2 ⁽⁸⁾ (0.7, 84.8)	0.0 ⁽¹⁾ -	0.0 ⁽¹⁾ -	0.0 ⁽¹⁾ -

* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.); and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.

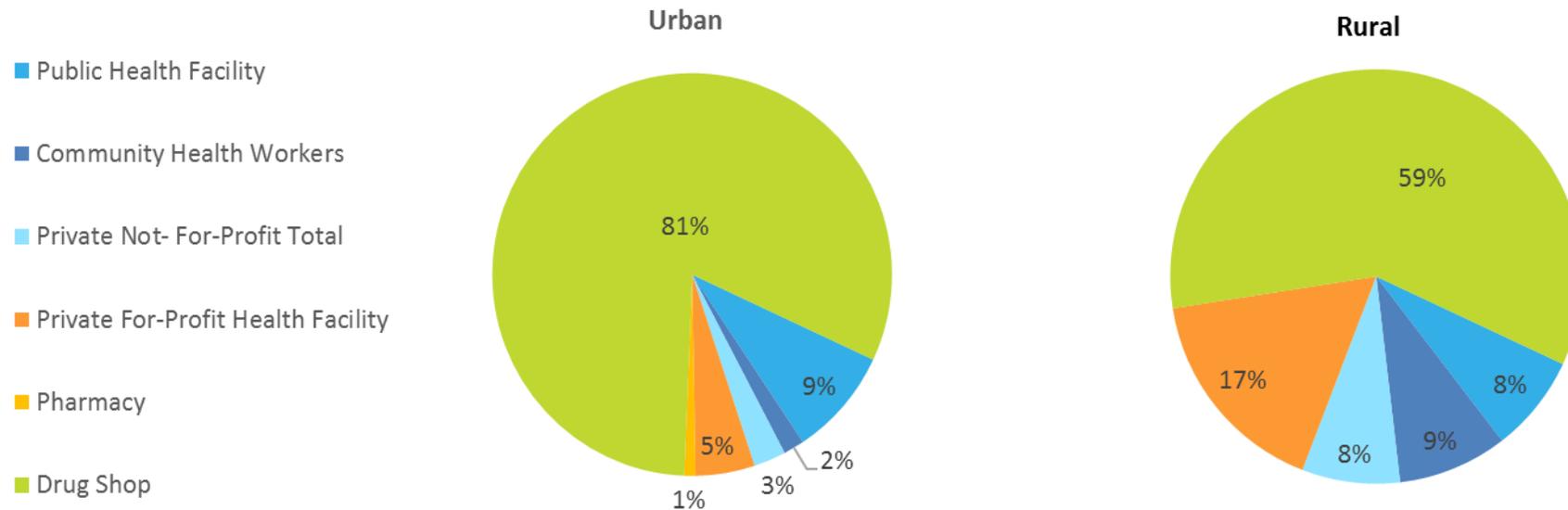
† The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 31 IUDs (17 urban; 14 rural), 29 implants (18 urban; 11 rural), 36 injections (22 urban; 14 rural), 1 male sterilizations (1 urban; 0 rural) and 18 female tubal ligations (10 urban; 8 rural).

‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 29 private not-for-profit and 55 private for-profit facilities acting as public facilities in urban Kinshasa and 29 private not-for-profit and 11 private for-profit facilities acting as public facilities in rural Kinshasa.

Source: FPwatch Outlet Survey, DRC, 2015

Figure B1. Modern contraceptive method market composition – Kinshasa Urban/Rural, 2015

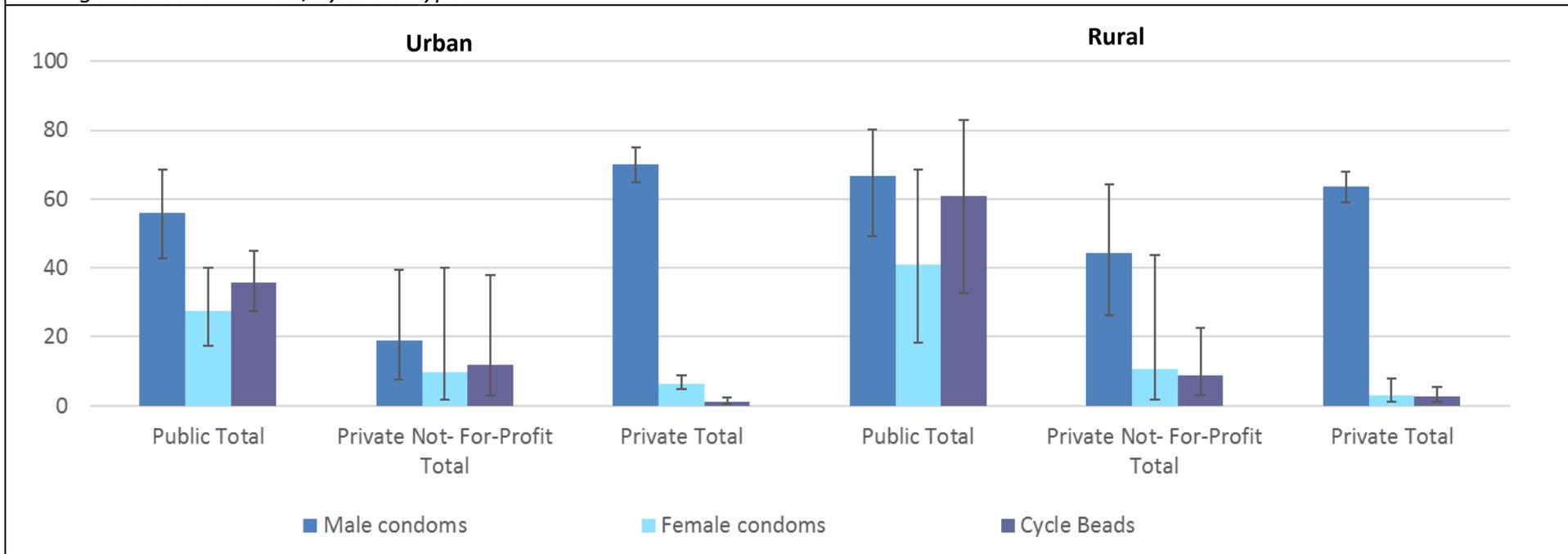
Among all outlets stocking at least 1 modern contraceptive or providing at least 1 contraceptive service, by outlet type



Comparing market composition between urban and rural Kinshasa, a significantly higher proportion of outlets carrying at least one modern contraceptive method above the level of male condoms only in urban Kinshasa consists of private sector outlets (87 percent compared to 76 percent). In urban Kinshasa, higher proportions of the market composition are drug shops (81 percent versus 59 percent) while a higher composition is private facilities in rural areas (17 percent compared to 5 percent). In rural Kinshasa, not-for-profit outlets account for 8 percent of the market composition compared to only 3 percent in urban Kinshasa. Finally, in rural Kinshasa, CHWs account for a higher proportion of the market composition (9 percent) compared to 2 percent in urban Kinshasa.

Figure B2. Percentage of modern contraceptive commodity-stocking outlets with selected non-hormonal short-acting contraceptives available – Kinshasa Urban/Rural, 2015

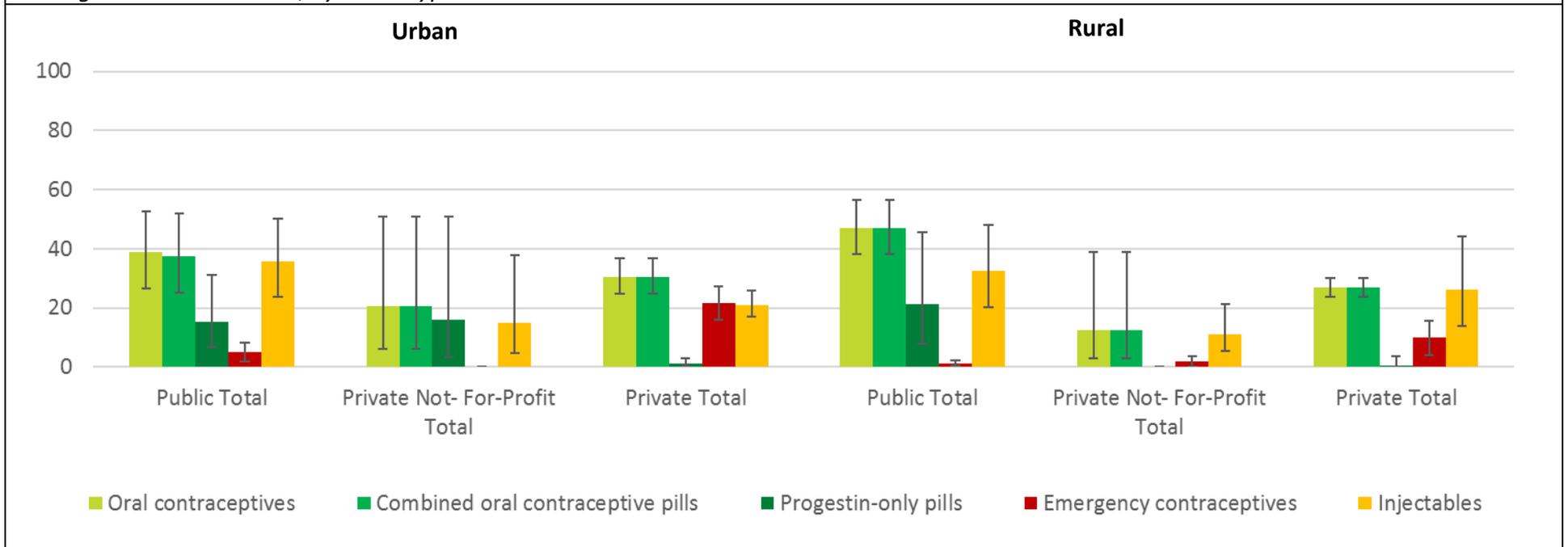
Among all screened outlets, by outlet type



Comparing availability of short-acting methods between urban and rural Kinshasa, there was slightly higher availability of male condoms and female condoms and a much larger availability of cyclebeads in rural Kinshasa outlets compared to urban public outlets. There was significantly higher availability of male condoms in not-for-profit outlets in rural areas compared to urban areas and similar availability in these outlets for female condoms and cyclebeads. Private sector availability of non-hormonal short-acting methods was similar in private outlets in both areas.

Figure B3. Percentage of modern contraceptive commodity-stocking outlets with selected hormonal short-acting contraceptives available – Kinshasa Urban/Rural, 2015

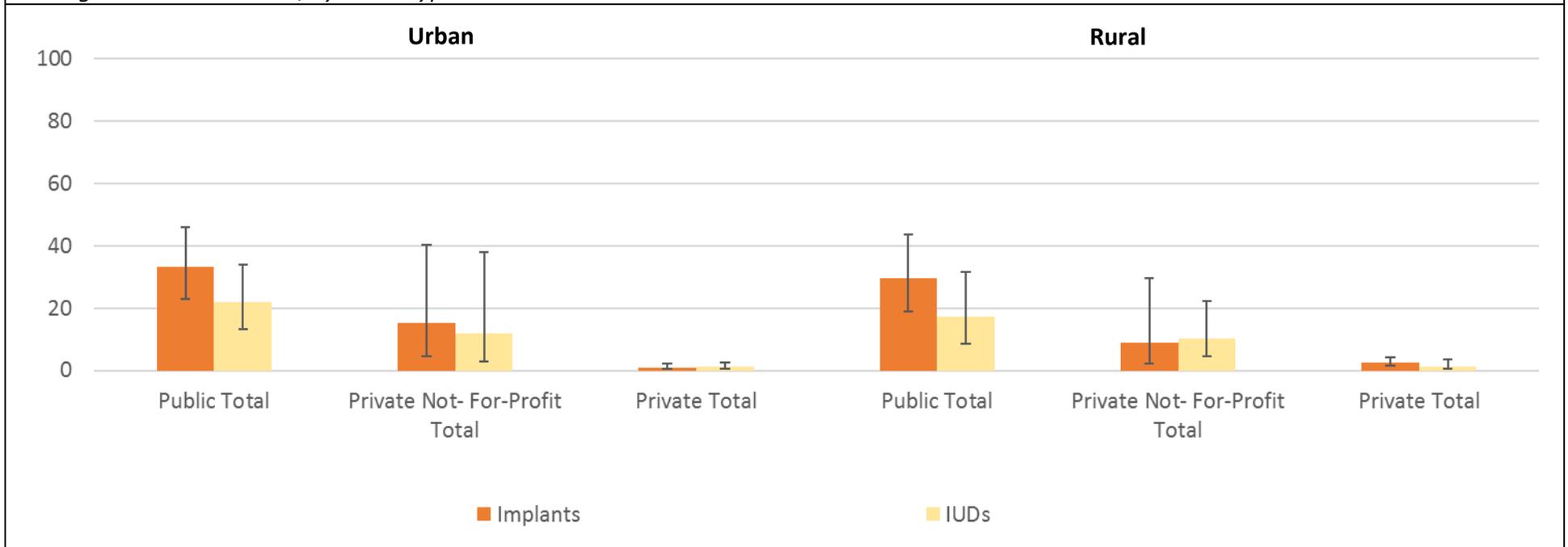
Among all screened outlets, by outlet type



Few major differences were seen in the availability of short-acting hormonal methods comparing urban and rural Kinshasa. There was a higher availability of emergency contraceptives in private outlets in urban private outlets compared to rural private outlets and urban not-for-profit outlets had higher availability of most hormonal short-acting methods.

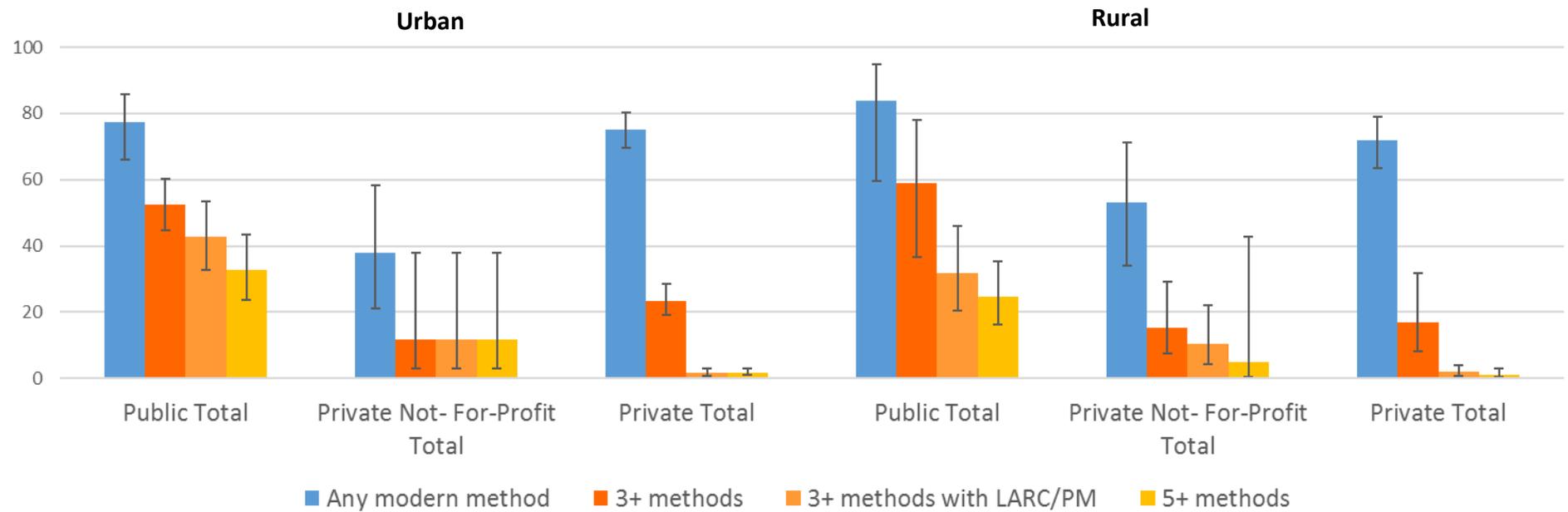
Figure B4. Percentage of modern contraceptive commodity-stocking outlets with selected long-acting contraceptives available – Kinshasa Urban/Rural, 2015

Among all screened outlets, by outlet type



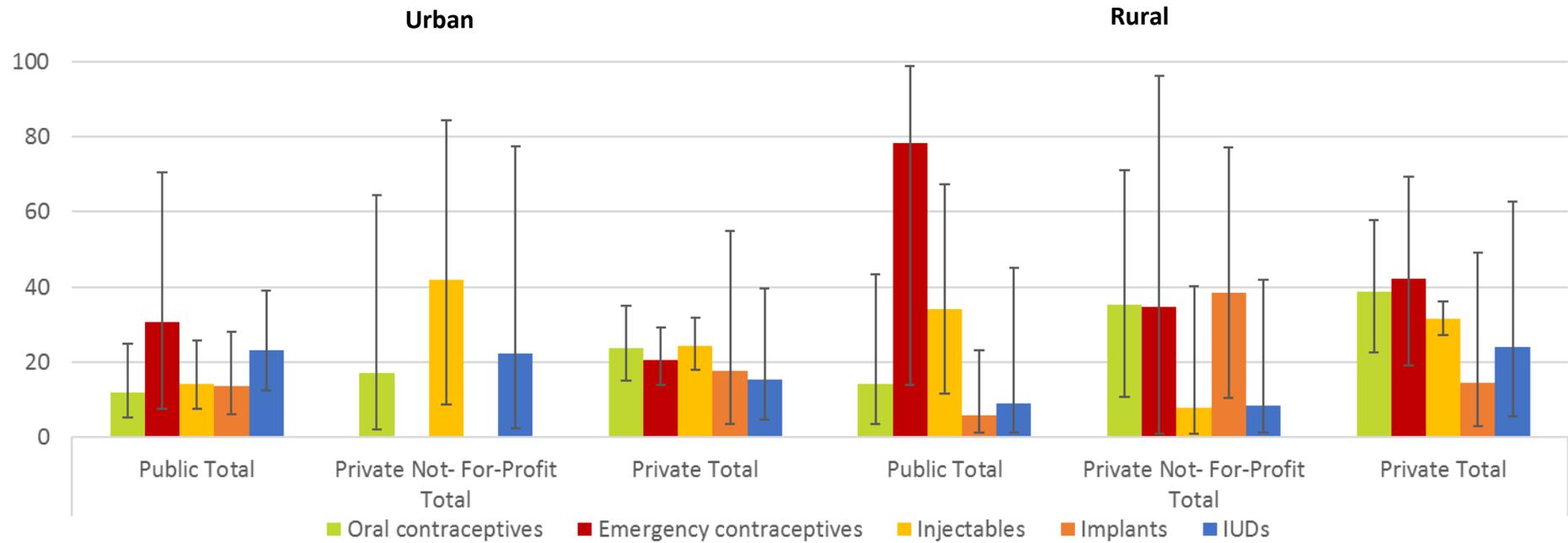
Few major differences were seen in the availability of LARCs comparing urban and rural Kinshasa. There was a slightly higher availability of both implants and IUDs in urban public outlets and not-for-profit outlets compared to their rural counterparts.

Figure B5. Percentage of outlets with selected method mixes available – Kinshasa Rural/Urban, 2015
Among all screened outlets, by outlet type



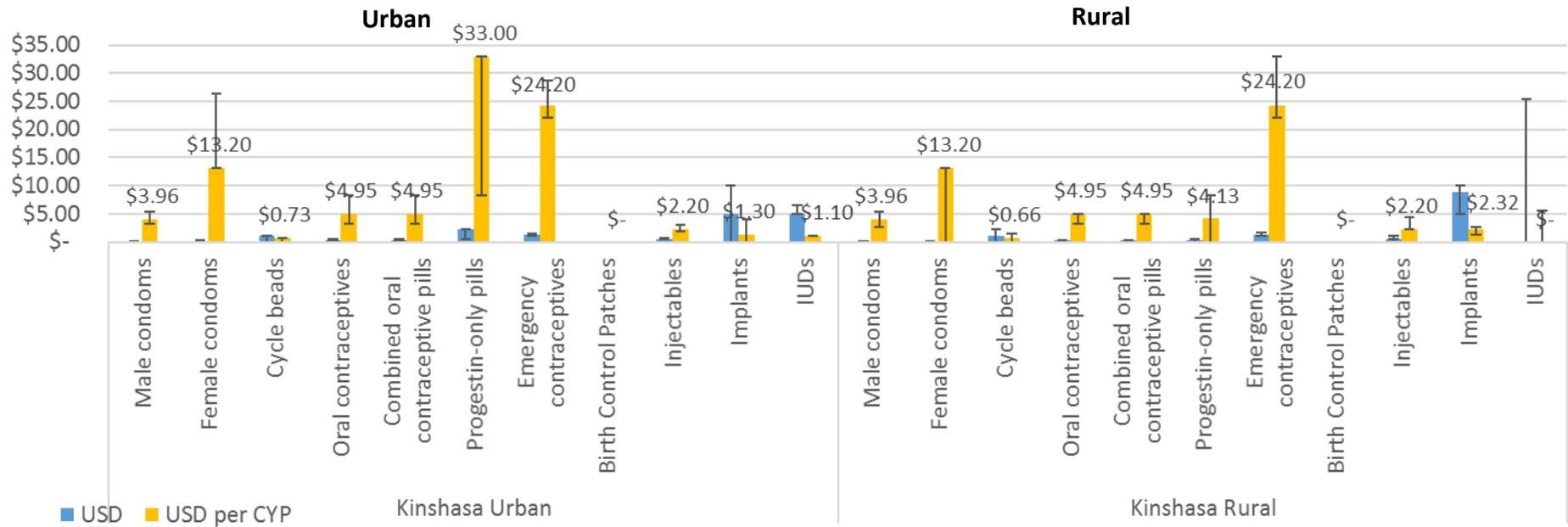
Few major differences were seen in the availability of method diversity comparing urban and rural Kinshasa outlets. There was a slightly higher of LARCs and five or more methods in urban public outlets compared to rural outlets. Similarly, there was a slightly higher proportion of urban private outlets with three or more and five or more methods compared to rural Kinshasa private outlets.

Figure B6. Percentage of outlets with stock outs of selected contraceptive methods – Kinshasa Urban/Rural, 2015
Among all outlets reportedly stocking the method at any time in the previous three months, by outlet type



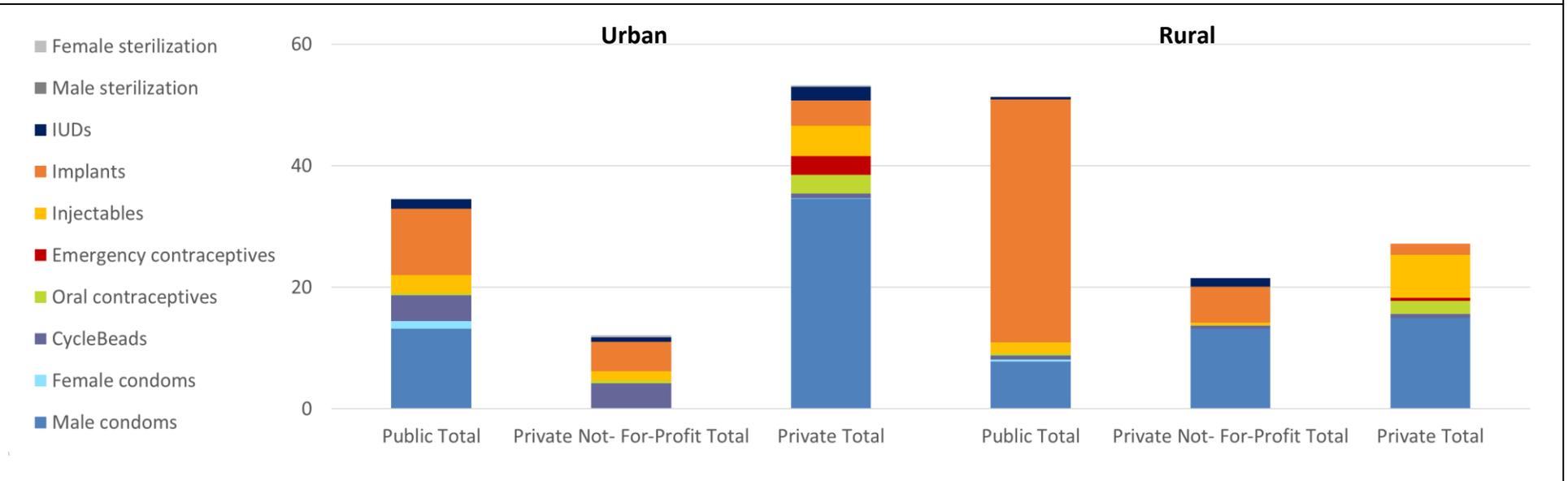
Comparing stock outs for contraceptive methods in outlets reportedly carrying them in the previous three months between urban and rural Kinshasa, there were slightly higher stock outs reported for oral contraceptives and implants in rural areas compared to urban areas but higher for IUDs in urban areas for public outlets. In the private sector, there were also higher reported stock outs for all methods except implants in rural areas compared to urban areas.

Figure B7. Price of contraceptive methods in the private sector - Kinshasa Urban/Rural
 Median price in USD and USD/CYP with interquartile range, by contraceptive method



Prices were roughly equivalent comparing urban to rural Kinshasa, with the exception of progestin-only pills, which reached \$33.00 USD per CYP in urban Kinshasa compared with \$4.95 USD per CYP in rural Kinshasa.

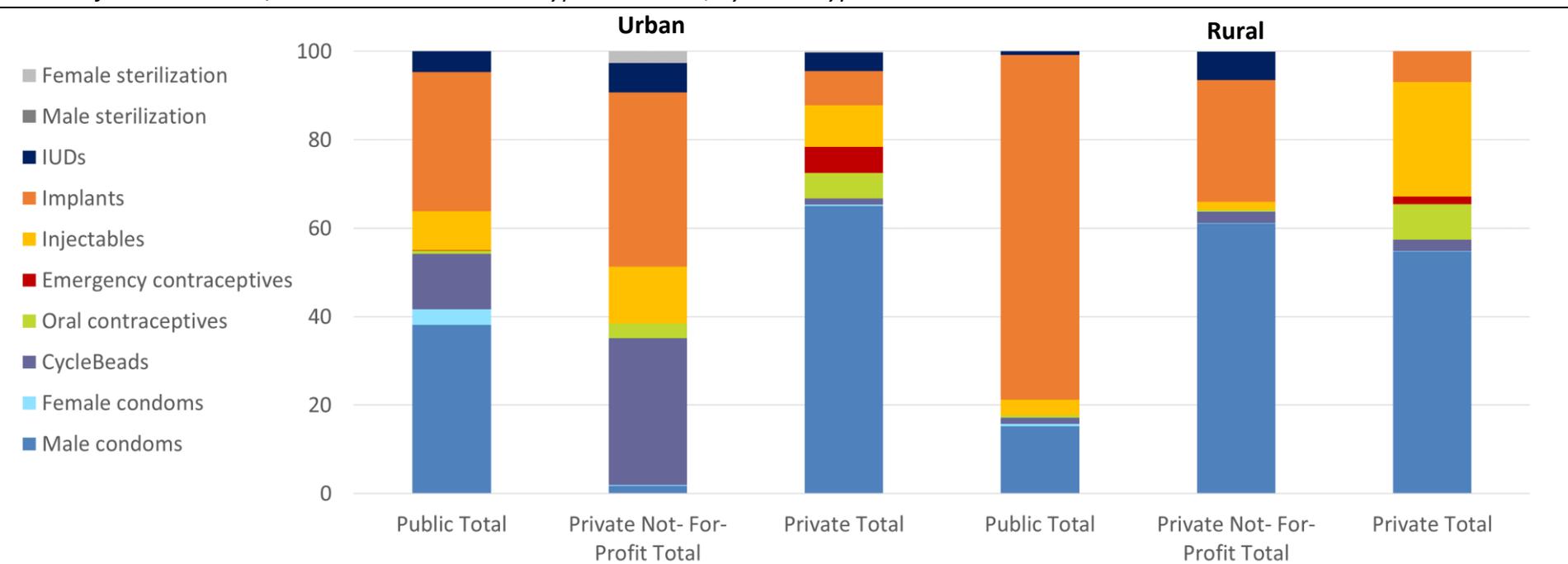
Figure B8. Percentage market share for contraceptives methods – Kinshasa Urban/Rural, 2015
As a % of total CYPs sold/distributed, by outlet type and sector



Comparing market share between urban and rural Kinshasa, the public sector accounted for about half of the total CYP reportedly sold/distributed in rural Kinshasa but only about one-third in urban Kinshasa. A very large share of the public CYP in rural Kinshasa came from implants compared to a smaller share of implants and higher share of male condoms in urban public outlets in urban Kinshasa. The not-for-profit share of total CYP was about twice as high in rural Kinshasa compared to urban Kinshasa. In urban Kinshasa, private outlets accounted for about half of the market share compared to less than 30 percent in rural Kinshasa.

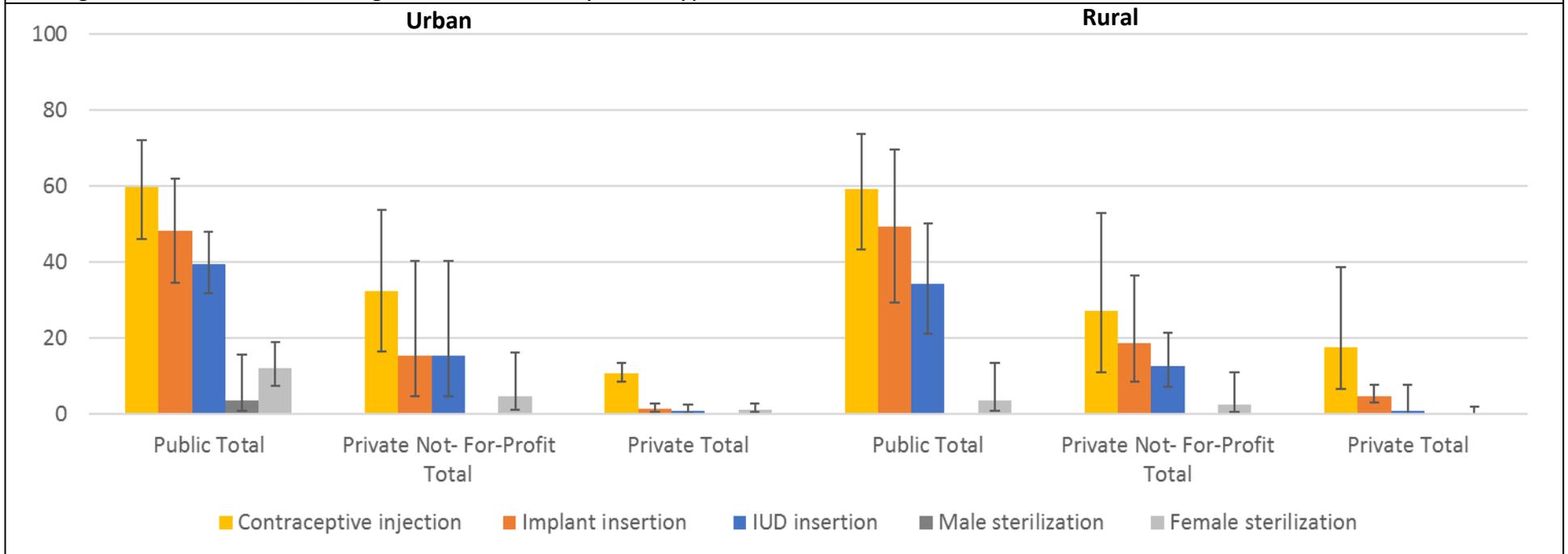
Figure B9. Within outlet market share for contraceptive methods – Kinshasa Urban/Rural, 2015

As a % of total CYPs sold/distributed within outlet type and sector, by outlet type and sector



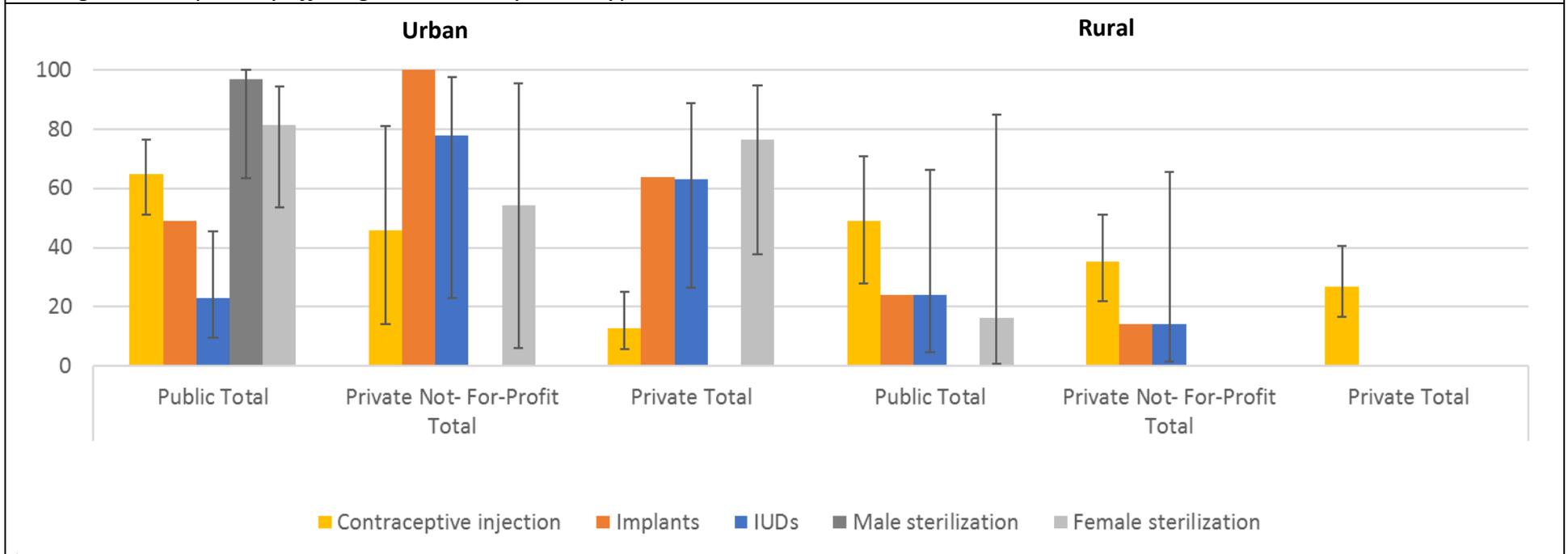
Comparing within outlet market share between urban and rural Kinshasa, a significantly higher proportion of the CYP from public outlets in urban Kinshasa came from male condoms while a much larger share came from implants distributed by public outlets in rural Kinshasa. In not-for-profit outlets in urban areas, cyclebeads and implants accounted for higher shares while in rural areas, it was largely from male condoms. Market share in private outlets was relatively similar comparing urban and rural areas with the exception of larger shares from injectables in rural areas compared to urban areas.

Figure B10. Percentage of outlets with selected contraceptive services available – Kinshasa Urban/Rural, 2015
Among all screened outlets, among outlets screened, by outlet type



There were few differences in the availability of contraceptive services comparing urban and rural Kinshasa.

Figure B11. Service readiness to offer provider-dependent contraceptive services – Kinshasa Urban/Rural, 2015
Among outlets reportedly offering the service, by outlet type



Comparing service readiness between urban and rural Kinshasa outlets, there was a considerably higher proportion of public, not-for-profit and private outlets meeting service readiness criteria in urban Kinshasa for nearly all service types compared to rural Kinshasa.

Katanga

Table C1: Modern contraceptive method market composition: Relative proportion of outlets with 1 or more methods, by outlet type – Katanga, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Proportion of outlet types stocking / providing at least 1 modern contraceptive method on the day of the survey, of all outlets stocking / providing at least 1 modern contraceptive method^{†, ‡}:	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Any method available, including condoms only outlets [§] N=616	19.1 (14.6,24.7)	0.4 (0.0,2.4)	21.5 (16.6,27.3)	2.0 (1.0,3.9)	9.4 (6.6,13.2)	0.9 (0.2,5.0)	68.2 (61.6,74.1)	78.5 (72.7,83.4)
Any method available, excluding condoms only outlets [∞] N=350	25.4 (18.1,34.5)	0.0 -	28.5 (20.8,37.6)	3.1 (1.4,6.5)	10.8 (7.2,15.8)	1.3 (0.3,6.6)	59.4 (50.3,68.0)	71.5 (62.4,79.2)
	<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities.</p> <p>† This indicator does not include public health facilities and pharmacies from the booster sample.</p> <p>‡ Contraceptive commodity-stocking outlets have at least one family planning commodity in stock on the day of the survey, verified by the presence of at least one family planning commodity recorded in an audit sheet. There was 1 family planning commodity-stocking outlet with a partially completed interview which was excluded from the denominator.</p> <p>§ Includes: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, and IUDs.</p> <p>∞ Includes: oral contraceptives, emergency contraceptives, injectables, implants, and IUDs.</p>							
Source: FPwatch Outlet Survey, DRC, 2015								

Table C2: Availability of modern contraceptive method types, among outlets screened, by outlet type – Katanga, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing[†]:	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
Any modern method	67.2 (55.7, 76.9)	3.2 (0.4, 22.1)	55.1 (39.0, 70.2)	60.6 (36.2, 80.7)	36.8 (28.4, 46.1)	62.5 (62.5, 62.5)	73.8 (66.7, 79.9)	65.7 (59.0, 71.9)	62.2 (54.6, 69.3)
Any short-acting method	65.2 (53.2, 75.6)	3.2 (0.4, 22.1)	53.6 (37.6, 68.9)	56.9 (33.7, 77.4)	36.3 (27.8, 45.8)	62.5 (62.5, 62.5)	73.8 (66.7, 79.9)	65.6 (59.0, 71.7)	61.6 (54.0, 68.7)
Any LARC method	16.3 (10.5, 24.4)	0.0 -	13.2 (8.0, 21.1)	22.3 (6.6, 53.9)	4.8 (2.5, 8.9)	0.0 -	1.4 (0.5, 3.3)	2.1 (1.1, 3.8)	6.0 (4.2, 8.6)
Any permanent method	8.1 (5.5, 11.7)	0.0 -	6.5 (4.1, 10.3)	9.0 (3.2, 23.2)	2.4 (0.9, 6.1)	0.0 -	0.0 -	0.5 (0.2, 1.2)	2.6 (1.8, 3.8)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities.</p> <p>† The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview).</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table C3: Availability of selected contraceptive commodities, among outlets screened, by outlet type – All Katanga, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking [†] :	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
Male condoms	54.1 (43.5, 64.4)	3.2 (0.4, 22.1)	44.5 (31.4, 58.5)	41.2 (20.3, 65.8)	26.5 (19.1, 35.6)	62.5 (62.5, 62.5)	68.2 (61.5, 74.3)	59.3 (52.5, 65.7)	54.2 (47.3, 61.0)
Female condoms	12 (8.1, 17.5)	0.0 -	9.7 (6.1, 15.1)	7.7 (2.8, 19.4)	1.6 (0.6, 4.4)	12.5 (12.5, 12.5)	4.4 (2.9, 6.7)	4 (2.6, 6.0)	5.9 (4.3, 8.0)
Cyclebeads	21.9 (14.4, 31.7)	0.0 -	17.7 (10.8, 27.8)	5.3 (1.5, 17.3)	6.5 (2.6, 15.3)	0.0 -	1.6 (0.6, 4.1)	2.6 (1.3, 5.0)	7.5 (5.0, 11.2)
Oral contraceptives	36.3 (26.7, 47.1)	0.0 -	29.5 (19.5, 41.9)	36.1 (15.4, 63.6)	11.5 (6.3, 20.2)	37.5 (37.5, 37.5)	24.3 (19.3, 30.1)	21.8 (17.2, 27.3)	24.5 (19.7, 30.1)
<i>IQA[‡] oral contraceptives</i>	31 (21.5, 42.4)	0.0 -	25.2 (15.9, 37.4)	36.1 (15.4, 63.6)	11.5 (6.3, 20.2)	37.5 (37.5, 37.5)	23 (18.0, 29.0)	20.9 (16.2, 26.5)	22.5 (17.7, 28.2)
<i>Combined oral contraceptives</i>	10.3 (6.2, 16.6)	0.0 -	8.4 (4.8, 14.3)	3.1 (0.5, 17.6)	3.1 (0.5, 15.9)	0.0 -	1.8 (0.9, 3.5)	2.1 (1.0, 4.3)	4.1 (2.4, 6.9)
<i>Progestin-only pills</i>	36.3 (26.7, 47.1)	0.0 -	29.5 (19.5, 41.9)	36.1 (15.4, 63.6)	11.5 (6.3, 20.2)	37.5 (37.5, 37.5)	24.3 (19.3, 30.1)	21.8 (17.2, 27.3)	24.5 (19.7, 30.1)
Emergency contraceptives	4.2 (2.1, 7.9)	0.0 -	3.4 (1.7, 6.7)	2.3 (0.4, 13.0)	2.1 (0.4, 10.4)	37.5 (37.5, 37.5)	9.3 (3.7, 21.5)	8.3 (3.3, 19.6)	6.6 (2.9, 14.4)
<i>IQA[‡] emergency contraceptives</i>	4.1 (2.1, 7.9)	0.0 -	3.3 (1.6, 6.7)	0.0 -	1.9 (0.3, 11.2)	12.5 (12.5, 12.5)	3.8 (1.0, 13.6)	3.6 (1.1, 11.4)	3.4 (1.4, 8.2)
Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
Contraceptive injectables	35.6 (26.0, 46.6)	0.0 -	28.9 (19.0, 41.4)	40.8 (19.1, 66.8)	13.9 (8.7, 21.3)	0.0 -	12 (9.3, 15.3)	12.2 (9.8, 14.9)	18 (14.4, 22.4)
<i>IQA[‡] injectables</i>	29.9 (20.8, 41.0)	0.0 -	24.3 (15.3, 36.2)	26.1 (10.6, 51.3)	13.6 (8.5, 21.1)	0.0 -	11.8 (9.3, 14.9)	11.9 (9.8, 14.5)	16.2 (12.7, 20.3)
<i>Depo-provera injectables</i>	11.2 (7.0, 17.4)	0.0 -	9.1 (5.4, 15.0)	14.7 (2.3, 56.1)	0.7 (0.2, 2.6)	0.0 -	0.7 (0.2, 2.1)	0.7 (0.3, 1.9)	3.6 (2.4, 5.6)
<i>Noristerat injectables</i>	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
<i>Sayana Press injectables</i>	35.6 (26.0, 46.6)	0.0 -	28.9 (19.0, 41.4)	40.8 (19.1, 66.8)	13.9 (8.7, 21.3)	0.0 -	12 (9.3, 15.3)	12.2 (9.8, 14.9)	18 (14.4, 22.4)
Implants	14 (8.6, 22.0)	0.0 -	11.4 (6.6, 18.9)	19.3 (4.7, 53.8)	4.3 (2.1, 8.6)	0.0 -	1.4 (0.5, 3.3)	2 (1.0, 3.7)	5.3 (3.5, 7.8)
<i>Implanon implants</i>	0.8 (0.2, 2.7)	0.0 -	0.7 (0.2, 2.2)	2.3 (0.3, 14.3)	0.3 (0.0, 2.0)	0.0 -	0.0 -	0.1 (0.0, 0.4)	0.3 (0.1, 0.8)

Table C3: Availability of selected contraceptive commodities, among outlets screened, by outlet type – All Katanga, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking[†]:	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
<i>Jadelle implants</i>	13.2 (7.8, 21.4)	0.0 -	10.7 (6.0, 18.4)	19.3 (4.7, 53.8)	4.3 (2.1, 8.6)	0.0 -	1.4 (0.5, 3.3)	2.0 (1.0, 3.7)	5.1 (3.3, 7.6)
IUDs	9.4 (4.9, 17.3)	0.0 -	7.6 (3.8, 14.8)	5.3 (1.5, 17.3)	1.7 (0.6, 4.9)	0.0 -	0.4 (0.1, 2.3)	0.7 (0.3, 1.6)	3.0 (1.7, 5.2)
<i>IQA[‡] IUDs</i>	9.4 (4.9, 17.3)	0.0 -	7.6 (3.8, 14.8)	5.3 (1.5, 17.3)	1.7 (0.6, 4.9)	0.0 -	0.4 (0.1, 2.3)	0.7 (0.3, 1.6)	3.0 (1.7, 5.2)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities.</p> <p>† The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview).</p> <p>‡ International quality-assured (IQA) contraceptives are defined as those on the WHO Prequalification or a Stringent Regulatory Authority (SRA) list. See Annex 8 for a list of all brands found in survey and quality-assurance indications.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table C4: Availability of modern contraceptive method diversity, among outlets screened, by outlet type – Katanga, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing[†]:	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
3+ methods [‡]	35.8 (26.1, 46.8)	0.0 -	29.0 (19.0, 41.6)	22.3 (6.6, 53.9)	8.3 (4.0, 16.4)	25.0 (25.0, 25.0)	11.0 (6.5, 17.9)	10.7 (6.5, 17.1)	16.8 (12.7, 21.8)
3+ methods with LARC	14.8 (9.1, 23.2)	0.0 -	12.1 (7.0, 20.1)	22.3 (6.6, 53.9)	3.2 (1.5, 6.4)	0.0 -	0.8 (0.2, 2.9)	1.3 (0.6, 2.8)	5.1 (3.4, 7.6)
3+ methods with LARC/PM	17.4 (11.5, 25.4)	0.0 -	14.1 (8.7, 22.1)	22.3 (6.6, 53.9)	3.2 (1.5, 6.4)	0.0 -	0.8 (0.2, 2.9)	1.3 (0.6, 2.8)	5.8 (4.0, 8.2)
5+ methods [§]	12.3 (7.5, 19.3)	0.0 -	10.0 (5.8, 16.7)	5.3 (1.5, 17.3)	1.9 (0.6, 5.7)	0.0 -	0.4 (0.2, 1.0)	0.7 (0.3, 1.6)	3.8 (2.4, 5.8)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities.</p> <p>† The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview).</p> <p>‡ 3 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.</p> <p>§ 5 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table C5: Current stock out* of selected modern contraceptive commodities on day of survey, among outlets reportedly stocking method in previous 3 months, by outlet type – Katanga, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets reportedly stocking method in previous 3 months, currently stocked out of [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Oral contraceptives	14.3 ⁽¹²²⁾ (7.7, 25.0)	-	14.3 ⁽¹²²⁾ (7.7, 25.0)	3.8 ⁽⁷⁾ (0.5, 25.6)	17.5 ⁽²⁵⁾ (6.0, 41.3)	25.0 ⁽⁴⁾ (25.0, 25.0)	22.1 ⁽²⁰⁴⁾ (16.0, 29.8)	21.7 ⁽²³³⁾ (16.1, 28.7)	18.6 ⁽³⁶²⁾ (13.9, 24.5)
Emergency contraceptives	61.7 ⁽⁴³⁾ (42.1, 78.1)	-	61.7 ⁽⁴³⁾ (42.1, 78.1)	0.0 ⁽¹⁾ -	43.3 ⁽⁶⁾ (9.9, 84.2)	25.0 ⁽⁴⁾ (25.0, 25.0)	26.1 ⁽⁹⁴⁾ (12.6, 46.3)	27.2 ⁽¹⁰⁴⁾ (14.5, 45.0)	36.4 ⁽¹⁴⁸⁾ (21.3, 54.7)
Contraceptive injectables	34.8 ⁽¹⁴⁷⁾ (24.7, 46.6)	-	34.8 ⁽¹⁴⁷⁾ (24.7, 46.6)	8.4 ⁽⁹⁾ (1.9, 29.8)	16.1 ⁽³¹⁾ (6.2, 36.0)	100.0 ⁽¹⁾ -	31.6 ⁽¹²³⁾ (22.0, 43.1)	29.5 ⁽¹⁵⁵⁾ (20.3, 40.7)	31.7 ⁽³¹¹⁾ (24.8, 39.6)
Implants	34.2 ⁽⁷³⁾ (18.5, 54.4)	-	34.2 ⁽⁷³⁾ (18.5, 54.4)	21.7 ⁽⁵⁾ (3.9, 65.3)	8.5 ⁽¹⁰⁾ (1.2, 41.9)	-	33.1 ⁽¹²⁾ (15.5, 57.1)	23.4 ⁽²²⁾ (11.4, 42.2)	31.1 ⁽¹⁰⁰⁾ (19.0, 46.4)
IUDs	45.8 ⁽⁵²⁾ (25.8, 67.2)	-	45.8 ⁽⁵²⁾ (25.8, 67.2)	30.3 ⁽³⁾ (3.3, 84.8)	39.9 ⁽⁵⁾ (9.8, 80.2)	-	27.2 ⁽⁴⁾ (2.8, 82.7)	34.7 ⁽⁹⁾ (17.9, 56.3)	44.0 ⁽⁶⁴⁾ (26.7, 62.8)

* This indicator is among all screened outlets that reportedly stocked the method in the previous 3 months. It does not account for whether the outlet is expected to provide the commodity according to national regulations. It is a point-in-time stock out indicator from http://www.rhsupplies.org/fileadmin/uploads/rhsc/Issues/Addressing_Stockouts/Takestock/Documents/Using-the_Power_of_Partnership_to_Speak_the_same_Languageoon_Stockouts.pdf. It is defined as the percentage of facilities reporting that they have stocked the method in the previous 3 months but were stocked out on the day of the assessment.

† For the purposes of this study public health facilities include private or not-for-profit facilities that assume the role of state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for profit facilities.

‡ The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview).

Source: FPwatch Outlet Survey, DRC, 2015

Table C6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Katanga, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range ^{§,¶} :	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
Male condoms				
DRC Franc	25.00 ⁽⁵³⁾ [0.00-33.33]	67.50 ⁽⁴⁾ [60.00-100.00]	33.33 ⁽⁴¹⁵⁾ [20.00-40.00]	33.33 ⁽⁴⁷²⁾ [20.00-40.00]
USD	\$0.03 ⁽⁵³⁾ [0.00-0.04]	\$0.07 ⁽⁴⁾ [0.07-0.11]	\$0.04 ⁽⁴¹⁵⁾ [0.02-0.04]	\$0.04 ⁽⁴⁷²⁾ [0.02-0.04]
USD per CYP	\$3.30 ⁽⁵³⁾ [0.00-4.40]	\$8.91 ⁽⁴⁾ [7.92-13.20]	\$4.40 ⁽⁴¹⁵⁾ [2.64-5.28]	\$4.40 ⁽⁴⁷²⁾ [2.64-5.28]
Female condoms				
DRC Franc	0.00 ⁽⁵⁾ [0.00-150.00]	100.00 ⁽¹⁾ -	100.00 ⁽²⁹⁾ [100.00-200.00]	100.00 ⁽³⁵⁾ [100.00-200.00]
USD	\$0.00 ⁽⁵⁾ [0.00-0.17]	\$0.11 ⁽¹⁾ -	\$0.11 ⁽²⁹⁾ [0.11-0.22]	\$0.11 ⁽³⁵⁾ [0.11-0.22]
USD per CYP	\$0.00 ⁽⁵⁾ [0.00-19.80]	\$13.20 ⁽¹⁾ -	\$13.20 ⁽²⁹⁾ [13.20-26.40]	\$13.20 ⁽³⁵⁾ [13.20-26.40]
Cyclebeads				
DRC Franc	0.00 ⁽⁸⁾ [0.00-1000.00]	- -	1000.00 ⁽⁷⁾ [1000.00-1500.00]	1000.00 ⁽¹⁵⁾ [0.00-1000.00]
USD	\$0.00 ⁽⁸⁾ [0.00-1.10]	- -	\$1.10 ⁽⁷⁾ [1.10-1.65]	\$1.10 ⁽¹⁵⁾ [0.00-1.10]
USD per CYP	\$0.00 ⁽⁸⁾ [0.00-0.73]	- -	\$0.73 ⁽⁷⁾ [0.73-1.10]	\$0.73 ⁽¹⁵⁾ [0.00-0.73]
Oral contraceptives				
DRC Franc	0.00 ⁽²²⁾ [0.00-500.00]	366.67 ⁽⁵⁾ [366.67-366.67]	500.00 ⁽¹⁸⁰⁾ [300.00-500.00]	500.00 ⁽²⁰⁷⁾ [300.00-500.00]
USD	\$0.00 ⁽²²⁾ [0.00-0.55]	\$0.40 ⁽⁵⁾ [0.40-0.40]	\$0.55 ⁽¹⁸⁰⁾ [0.33-0.55]	\$0.55 ⁽²⁰⁷⁾ [0.33-0.55]
USD per CYP	\$0.00 ⁽²²⁾ [0.00-8.25]	\$6.05 ⁽⁵⁾ [6.05-6.05]	\$8.25 ⁽¹⁸⁰⁾ [4.95-8.25]	\$8.25 ⁽²⁰⁷⁾ [4.95-8.25]
Combined oral contraceptives				
DRC Franc	300.00 ⁽²⁰⁾ [0.00-500.00]	366.67 ⁽⁵⁾ [366.67-366.67]	500.00 ⁽¹⁶⁷⁾ [300.00-500.00]	500.00 ⁽¹⁹²⁾ [300.00-500.00]
USD	\$0.33 ⁽²⁰⁾ [0.00-0.55]	\$0.40 ⁽⁵⁾ [0.40-0.40]	\$0.55 ⁽¹⁶⁷⁾ [0.33-0.55]	\$0.55 ⁽¹⁹²⁾ [0.33-0.55]
USD per CYP	\$4.95 ⁽²⁰⁾ [0.00-8.25]	\$6.05 ⁽⁵⁾ [6.05-6.05]	\$8.25 ⁽¹⁶⁷⁾ [4.95-8.25]	\$8.25 ⁽¹⁹²⁾ [4.95-8.25]
Progestin-only pills				

Table C6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Katanga, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range ^{§,¶} :	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
DRC Franc	0.00 ⁽²⁾ [0.00-0.00]	- -	500.00 ⁽¹³⁾ [500.00-500.00]	500.00 ⁽¹⁵⁾ [0.00-500.00]
USD	\$0.00 ⁽²⁾ [0.00-0.00]	- -	\$0.55 ⁽¹³⁾ [0.55-0.55]	\$0.55 ⁽¹⁵⁾ [0.00-0.55]
USD per CYP	\$0.00 ⁽²⁾ [0.00-0.00]	- -	\$8.25 ⁽¹³⁾ [8.25-8.25]	\$8.25 ⁽¹⁵⁾ [0.00-8.25]
Emergency contraceptives				
DRC Franc	0.00 ⁽²⁾ [0.00-0.00]	2500.00 ⁽³⁾ [2500.00-9200.00]	2000.00 ⁽⁸³⁾ [1500.00-3500.00]	2000.00 ⁽⁸⁸⁾ [1500.00-3500.00]
USD	\$0.00 ⁽²⁾ [0.00-0.00]	\$2.75 ⁽³⁾ [2.75-10.12]	\$2.20 ⁽⁸³⁾ [1.65-3.85]	\$2.20 ⁽⁸⁸⁾ [1.65-3.85]
USD per CYP	\$0.00 ⁽²⁾ [0.00-0.00]	\$55.00 ⁽³⁾ [55.00-202.40]	\$44.00 ⁽⁸³⁾ [33.00-77.00]	\$44.00 ⁽⁸⁸⁾ [33.00-77.00]
Contraceptive injectables				
DRC Franc	1500.00 ⁽²⁵⁾ [0.00-2500.00]	- -	1000.00 ⁽¹⁰²⁾ [500.00-1000.00]	1000.00 ⁽¹²⁷⁾ [500.00-1500.00]
USD	\$1.65 ⁽²⁵⁾ [0.00-2.75]	- -	\$1.10 ⁽¹⁰²⁾ [0.55-1.10]	\$1.10 ⁽¹²⁷⁾ [0.55-1.65]
USD per CYP	\$6.60 ⁽²⁵⁾ [0.00-11.00]	- -	\$4.40 ⁽¹⁰²⁾ [2.20-4.40]	\$4.40 ⁽¹²⁷⁾ [2.20-6.60]
<i>Depo-provera injectables</i>				
DRC Franc	1500.00 ⁽²³⁾ [0.00-3000.00]	- -	1000.00 ⁽⁹⁸⁾ [500.00-1000.00]	1000.00 ⁽¹²¹⁾ [500.00-1500.00]
USD	\$1.65 ⁽²³⁾ [0.00-3.30]	- -	\$1.10 ⁽⁹⁸⁾ [0.55-1.10]	\$1.10 ⁽¹²¹⁾ [0.55-1.65]
USD per CYP	\$6.60 ⁽²³⁾ [0.00-13.20]	- -	\$4.40 ⁽⁹⁸⁾ [2.20-4.40]	\$4.40 ⁽¹²¹⁾ [2.20-6.60]
<i>Noristerat injectables</i>				
DRC Franc	1000.00 ⁽²⁾ [500.00-1000.00]	- -	1000.00 ⁽⁴⁾ [1000.00-2000.00]	1000.00 ⁽⁶⁾ [1000.00-1000.00]
USD	\$1.10 ⁽²⁾ [0.55-1.10]	- -	\$1.10 ⁽⁴⁾ [1.10-2.20]	\$1.10 ⁽⁶⁾ [1.10-1.10]
USD per CYP	\$6.60 ⁽²⁾ [3.30-6.60]	- -	\$6.60 ⁽⁴⁾ [6.60-13.20]	\$6.60 ⁽⁶⁾ [6.60-6.60]
Implants				
DRC Franc	9000.00 ⁽¹⁰⁾	-	7000.00 ⁽⁸⁾	9000.00 ⁽¹⁸⁾

Table C6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range ^{§,¶} :	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	[9000.00-10000.00]	-	[4500.00-9000.00]	[4500.00-10000.00]
USD	\$9.90 ⁽¹⁰⁾ [9.90-11.00]	-	\$7.70 ⁽⁸⁾ [4.95-9.90]	\$9.90 ⁽¹⁸⁾ [4.95-11.00]
USD per CYP	\$2.89 ⁽¹⁰⁾ [2.61-3.96]	-	\$2.03 ⁽⁸⁾ [1.30-2.61]	\$2.61 ⁽¹⁸⁾ [1.30-2.89]
<i>Implanon implants</i>				
DRC Franc	9000.00 ⁽¹⁾ -	-	-	9000.00 ⁽¹⁾ -
USD	\$9.90 ⁽¹⁾ -	-	-	\$9.90 ⁽¹⁾ -
USD per CYP	\$3.96 ⁽¹⁾ -	-	-	\$3.96 ⁽¹⁾ -
<i>Jadelle implants</i>				
DRC Franc	10000.00 ⁽⁹⁾ [2000.00-18000.00]	-	7000.00 ⁽⁸⁾ [4500.00-9000.00]	9000.00 ⁽¹⁷⁾ [4500.00-10000.00]
USD	\$11.00 ⁽⁹⁾ [2.20-19.80]	-	\$7.70 ⁽⁸⁾ [4.95-9.90]	\$9.90 ⁽¹⁷⁾ [4.95-11.00]
USD per CYP	\$2.89 ⁽⁹⁾ [0.58-5.21]	-	\$2.03 ⁽⁸⁾ [1.30-2.61]	\$2.61 ⁽¹⁷⁾ [1.30-2.89]
IUDs				
DRC Franc	9000.00 ⁽³⁾ [9000.00-9000.00]	-	2000.00 ⁽²⁾ [2000.00-2000.00]	2000.00 ⁽⁵⁾ [2000.00-9000.00]
USD	\$9.90 ⁽³⁾ [9.90-9.90]	-	\$2.20 ⁽²⁾ [2.20-2.20]	\$2.20 ⁽⁵⁾ [2.20-9.90]
USD per CYP	\$0.00 ⁽³⁾ [0.00-0.00]	-	\$0.00 ⁽²⁾ [0.00-0.00]	\$0.00 ⁽⁵⁾ [0.00-0.00]
Male sterilization				
DRC Franc	0.00 ⁽¹⁾ -	-	-	0.00 ⁽¹⁾ -
USD	0.00 ⁽¹⁾ -	-	-	\$0.00 ⁽¹⁾ -
USD per CYP	0.00 ⁽¹⁾ -	-	-	\$0.00 ⁽¹⁾ -
Female sterilization				
DRC Franc	45000.00 ⁽⁴⁾ [10000.00-900000.00]	-	-	45000.00 ⁽⁴⁾ [10000.00-900000.00]

Table C6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP†‡, by private outlet type – Katanga, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median price of method, with interquartile range§,∞:	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
USD	\$49.50 ⁽⁴⁾ [11.00-990.00]	- -	- -	\$49.50 ⁽⁴⁾ [11.00-990.00]
USD per CYP	\$5.32 ⁽⁴⁾ [1.18-106.45]	- -	- -	\$5.32 ⁽⁴⁾ [1.18-106.45]
<p>* Based on the average rate of exchange from October 9th to December 2nd, 2015 of 912.270 Congolese Francs per 1 USD.</p> <p>† This price is determined for the unit used in CYP conversion factors: condoms: 1 condom; oral contraceptives: 1 cycle or blister package; emergency contraceptives: 1 dose; injectables: 1 dose/injection; implants: 1 implant insertion (1 or 2 rods); IUDs: 1 IUD.</p> <p>‡ CYP – Couple Year Protection is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period (see Annex 11).</p> <p>§ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include a service charge.</p> <p>∞ The number of family planning products captured in audits sheets with missing price information are as follows: 10 male condoms, 4 female condoms, 0 cycle beads, 0 male vasectomies, 0 female tubal ligations, 10 oral contraceptives, 2 emergency contraceptives, 36 injections, 11 implants and 4 IUDs.</p>				
Source: FPwatch Outlet Survey, DRC, 2015				

Table C7: Median markup percentage for selected modern contraceptive commodities with interquartile range, by private outlet type – Katanga, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median markup percentage of commodity, with interquartile range ^{*,†,‡} :	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]
Oral contraceptives	0% ⁽¹¹⁾ -	-	100% ⁽⁹²⁾ (50%, 150%)	90% ⁽¹⁰³⁾ (0%, 150%)
Emergency contraceptives	0% ⁽²⁾ -	150% ⁽³⁾ (90%, 150%)	70% ⁽⁴⁹⁾ (30%, 100%)	0.7 ⁽⁵⁴⁾ (0.3, 100%)
Contraceptive injectables	150% ⁽¹²⁾ (0%, 400%)	-	100% ⁽⁴⁷⁾ (50%, 200%)	100% ⁽⁵⁹⁾ (40%, 210%)
Implants	150% ⁽⁴⁾ (-80%, 3900%)	-	90% ⁽⁴⁾ (70%, 150%)	90% ⁽⁸⁾ (0%, 150%)
IUDs	3,170% ⁽¹⁾ (3,170%, 3,170%)	-	150% ⁽¹⁾ (150%, 150%)	150% ⁽²⁾ (150%, 3,170%)
<p>* The number of family planning products captured in audit sheets with missing retail and/or wholesale price information are as follows: 104 oral contraceptives, 34 emergency contraceptives, 68 injections, 10 implants and 3 IUDs.</p> <p>† To determine median markup percentage, we first determined the profit margin for selected modern contraceptives at private sector outlet categories: retail price – wholesale price. We then determined a profit margin proportion by: profit margin/retail price. Finally, we converted profit margin to markup by: wholesale price/(1- profit margin proportion). We converted to a percentage and determined the median markup with IQR range. Using oral contraceptives sold in private health facilities as an example, this can be interpreted as private health facilities adding 50% to the wholesale costs to set the retail cost.</p> <p>‡ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include service charge.</p>				
Source: FPwatch Outlet Survey, DRC, 2015				

Table C8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Katanga, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total [∞]
	%	%	%	%	%	%	%	%	%
1. Male condoms	19.0	0.0	19.0	0.4	1.7	0.6	14.7	16.9	36.4
2. Female condoms	0.5	0.0	0.5	0.0	0.1	0.0	0.1	0.1	0.7
3. Cyclebeads	11.9	0.0	11.9	0.6	2.2	0.0	1.1	3.2	15.8
4. Oral contraceptives	2.2	0.0	2.2	0.1	0.3	0.1	2.3	2.8	5.1
IQA [§] oral contraceptives	2.2	0.0	2.2	0.1	0.3	0.1	2.3	2.8	5.1
Combined oral contraceptives	1.8	0.0	1.8	0.1	0.3	0.1	2.2	2.6	4.6
Progestin-only pills	0.4	0.0	0.4	0.0	0.0	0.0	0.1	0.1	0.5
5. Emergency contraceptives	0.1	0.0	0.1	0.0	0.0	0.1	1.0	1.1	1.2
IQA [§] emergency contraceptives	0.1	0.0	0.1	0.0	0.0	0.0	0.3	0.3	0.4
6. Birth control patches	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables	5.8	0.0	5.8	0.5	1.2	0.0	2.4	3.6	9.9
IQA [§] injectables	5.8	0.0	5.8	0.5	1.2	0.0	2.4	3.6	9.9
Depo-provera injectables	4.3	0.0	4.3	0.3	1.1	0.0	2.2	3.4	8.0
Noristerat injectables	1.5	0.0	1.5	0.2	0.0	0.0	0.2	0.2	1.8
Sayana Press injectables	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8. Implants	22.1	0.0	22.1	0.2	1.8	0.0	1.1	2.8	25.1
Implanon implants	0.7	0.0	0.7	0.1	0.0	0.0	0.0	0.0	0.8
Jadelle implants	21.4	0.0	21.4	0.1	1.8	0.0	1.1	2.8	24.4
9. IUDs	1.5	0.0	1.5	0.1	0.9	0.0	0.0	0.9	2.5
IQA [§] IUDs	1.5	0.0	1.5	0.1	0.9	0.0	0.0	0.9	2.5
10. Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization	2.6	0.0	2.6	0.0	0.7	0.0	0.0	0.7	3.3
OUTLET TYPE TOTAL[∞]	65.8	0.0	65.8	2.0	8.7	0.9	22.6	32.2	100.0

* A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month. This does not include distribution for outlets in the booster sample. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† In Katanga, 613 FP products were audited, not including condoms or cyclebeads (377 contraceptive tablets, 179 injection products, 57 insertion products) 279, 39 and 34 outlets were audited for male condoms, female condoms and cyclebeads respectively, 14 outlets and 4 outlets for female and male sterilization services respectively. A total of 1 insertion product were excluded from analysis due to inconsistent or missing generic names, no tablets or injectables were excluded, 89 male condoms, 14 female condoms and 8 cyclebeads were excluded from analysis for missing volume information while 2 female and no male sterilizations were excluded for similar missing volume information. A total of 21 products were excluded due to outlier volumes and price.

‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities.

§ Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey.

Table C8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Katanga, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total [∞]
	%	%	%	%	%	%	%	%	%
∞ Row total: CYP volume for the specified contraceptive method type. Column total: market share for the specified outlet type method categories 1-11.									
Source: FPwatch Outlet Survey, DRC, 2015									

Table C9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Katanga, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
1. Male condoms	29.0	0.0	29.0	21.4	19.1	66.7	64.9	52.6
2. Female condoms	0.8	0.0	0.8	0.0	0.7	0.0	0.4	0.4
3. Cyclebeads	18.1	0.0	18.1	30.4	24.7	0.0	4.8	10.1
4. Oral contraceptives	3.4	0.0	3.4	6.1	3.8	17.4	10.1	8.6
IQA§ oral contraceptives	3.4	0.0	3.4	6.1	3.8	17.4	10.1	8.6
Combined oral contraceptives	2.8	0.0	2.8	4.2	3.8	17.4	9.6	8.2
Progestin-only pills	0.6	0.0	0.6	2.0	0.0	0.0	0.6	0.4
5. Emergency contraceptives	0.1	0.0	0.1	0.0	0.2	16.0	4.4	3.6
IQA§ emergency contraceptives	0.1	0.0	0.1	0.0	0.1	5.0	1.3	1.1
6. Birth control patches	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables	8.8	0.0	8.8	25.2	13.2	0.0	10.6	11.0
IQA§ injectables	8.8	0.0	8.8	25.2	13.2	0.0	10.6	11.0
Depo-provera injectables	6.6	0.0	6.6	16.7	13.1	0.0	9.7	10.4
Noristerat injectables	2.2	0.0	2.2	8.6	0.1	0.0	0.9	0.6
Sayana Press injectables	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8. Implants	33.6	0.0	33.6	11.4	20.3	0.0	4.7	8.8
Implanon implants	1.0	0.0	1.0	4.5	0.0	0.0	0.0	0.0
Jadelle implants	32.5	0.0	32.5	6.9	20.3	0.0	4.7	8.8
9. IUDs	2.3	0.0	2.3	5.5	10.4	0.0	0.0	2.8
IQA§ IUDs	2.3	0.0	2.3	5.5	10.4	0.0	0.0	2.8
10. Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization	4.0	0.0	4.0	0.0	7.6	0.0	0.0	2.1

* A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 6-9 and number of sterilizations reportedly performed for categories 10-11).

† In Katanga, 613 FP products were audited, not including condoms or cycle beads (377 contraceptive tablets, 179 injection products, 57 insertion products) 279, 39 and 34 outlets were audited for male condoms, female condoms and CycleBeads respectively, 14 outlets and 4 outlets for female and male sterilization services respectively. A total of 1 insertion product were excluded from analysis due to inconsistent or missing generic names, no tablets or injectables were excluded, 89 male condoms, 14 female condoms and 8 CycleBeads were excluded from analysis for missing volume information while 2 female and no male sterilizations were excluded for similar missing volume information. A total of 21 products were excluded due to outlier volumes and price.

‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities.

§ Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey. Categories 1 through 11 sum to 100% within each column.

Source: FPwatch Outlet Survey, DRC, 2015

Table C10: Availability of selected contraceptive services*, among outlets screened, by outlet type – Katanga, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, providing[‡]:	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
Contraceptive injection service	58.6 (48.2, 68.3)	0.0 -	47.6 (34.0, 61.5)	60.6 (37.7, 79.6)	26.3 (19.0, 35.3)	0.0 -	4.7 (3.2, 6.9)	9.2 (7.0, 11.9)	22.4 (18.1, 27.4)
Implant insertion service	25.2 (18.8, 32.8)	0.0 -	20.4 (13.9, 29.1)	27.5 (10.0, 56.4)	11.5 (6.9, 18.5)	0.0 -	0.4 (0.1, 1.6)	2.8 (1.8, 4.3)	8.9 (6.7, 11.8)
IUD insertion service	10.2 (5.6, 18.0)	0.0 -	8.3 (4.3, 15.3)	9.1 (3.0, 24.3)	3.6 (1.8, 6.9)	0.0 -	0.0 -	0.8 (0.4, 1.4)	3.3 (2.0, 5.6)
Male sterilization service	1.4 (0.4, 4.2)	0.0 -	1.1 (0.3, 3.5)	6.7 (1.8, 22.4)	0.7 (0.1, 4.6)	0.0 -	0.0 -	0.2 (0.0, 0.9)	0.6 (0.3, 1.3)
Female sterilization service	8.1 (5.5, 11.7)	0.0 -	6.5 (4.1, 10.3)	9.0 (3.2, 23.2)	2.4 (0.9, 6.1)	0.0 -	0.0 -	0.5 (0.2, 1.2)	2.6 (1.8, 3.8)
<p>* Includes: contraceptive injection, implant insertion, IUD insertion, male/female sterilization. [†] For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 13 private not-for-profit and 49 private for-profit facilities acting as public facilities. [‡] The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview).</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table C11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type - Katanga, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with:	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
Contraceptive injection service									
Availability of commodity	35.6 (26.0, 46.6)	0.0 -	28.9 (19.0, 41.4)	40.8 (19.1, 66.8)	13.9 (8.7, 21.3)	0.0 -	12.0 (9.3, 15.3)	12.2 (9.8, 14.9)	18.0 (14.4, 22.4)
Availability of credentials	56.6 (46.4, 66.2)	0.0 -	45.9 (32.9, 59.6)	50.9 (28.5, 72.9)	22.4 (15.7, 30.8)	0.0 -	4.2 (2.8, 6.3)	8.0 (6.2, 10.1)	20.9 (17.0, 25.4)
Availability of equipment	41.9 (31.8, 52.7)	0.0 -	34.0 (22.8, 47.2)	35.6 (16.0, 61.7)	16.3 (10.8, 23.7)	0.0 -	5.0 (3.5, 7.2)	7.3 (5.5, 9.7)	16.3 (12.6, 21.0)
Service readiness	28.2 (20.0, 38.1)	0.0 -	22.9 (14.7, 33.7)	29.7 (11.1, 58.7)	7.3 (4.4, 11.8)	0.0 -	2.7 (1.4, 5.1)	3.6 (2.3, 5.6)	10.2 (7.4, 13.9)
Implant insertion service									
Availability of commodity	14.0 (8.6, 22.0)	0.0 -	11.4 (6.6, 18.9)	19.3 (4.7, 53.8)	4.3 (2.1, 8.6)	0.0 -	1.4 (0.5, 3.3)	2.0 (1.0, 3.7)	5.3 (3.5, 7.8)
Availability of credentials	23.2 (17.1, 30.7)	0.0 -	18.9 (12.7, 27.0)	27.5 (10.0, 56.4)	11.4 (6.9, 18.3)	0.0 -	0.4 (0.1, 1.6)	2.7 (1.7, 4.3)	8.3 (6.2, 11.1)
Availability of equipment	15.3 (10.2, 22.4)	0.0 -	12.4 (7.7, 19.4)	26.1 (9.1, 55.4)	7.3 (4.1, 12.7)	0.0 -	0.1 (0.0, 0.4)	1.6 (0.9, 2.8)	5.5 (3.8, 7.9)
Service readiness	7.8 (4.0, 14.6)	0.0 -	6.3 (3.1, 12.3)	19.3 (4.7, 53.8)	3.6 (1.6, 7.9)	0.0 -	0.1 (0.0, 0.4)	0.8 (0.4, 1.6)	2.9 (1.7, 4.8)
IUD insertion service									
Availability of commodity	9.4 (4.9, 17.3)	0.0 -	7.6 (3.8, 14.8)	5.3 (1.5, 17.3)	1.7 (0.6, 4.9)	0.0 -	0.4 (0.1, 2.3)	0.7 (0.3, 1.6)	3.0 (1.7, 5.2)
Availability of credentials	8.6 (4.6, 15.7)	0.0 -	7.0 (3.6, 13.3)	9.1 (3.0, 24.3)	3.6 (1.8, 6.9)	0.0 -	0.0 -	0.8 (0.4, 1.4)	2.9 (1.7, 4.9)
Availability of equipment	3.3 (2.0, 5.4)	0.0 -	2.7 (1.6, 4.6)	6.8 (2.4, 18.0)	1.7 (0.7, 4.4)	0.0 -	0.0 -	0.4 (0.2, 0.8)	1.2 (0.8, 1.8)
Service readiness	1.9 (0.9, 3.7)	0.0 -	1.5 (0.7, 3.1)	5.3 (1.5, 17.3)	0.0 -	0.0 -	0.0 -	0.0 -	0.6 (0.3, 1.0)
Male sterilization service									
Availability of credentials	1.4 (0.4, 4.2)	0.0 -	1.1 (0.3, 3.5)	6.7 (1.8, 22.4)	0.7 (0.1, 4.6)	0.0 -	0.0 -	0.2 (0.0, 0.9)	0.6 (0.3, 1.2)
Availability of equipment	0.7 (0.2, 2.8)	0.0 -	0.6 (0.1, 2.3)	3.1 (0.5, 17.6)	0.7 (0.1, 4.6)	0.0 -	0.0 -	0.2 (0.0, 0.9)	0.3 (0.1, 0.8)
Service readiness	0.7	0.0	0.6	3.1	0.7	0.0	0.0	0.2	0.3

Table C11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type - Katanga, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with:	N=265	N=35	N=300	N=23	N=152	N=8	N=564	N=724	N=1,047
	(0.2, 2.8)	-	(0.1, 2.3)	(0.5, 17.6)	(0.1, 4.6)	-	-	(0.0, 0.9)	(0.1, 0.8)
Female sterilization service									
Availability of credentials	7.8 (5.3, 11.4)	0.0 -	6.3 (4.0, 10.0)	9.0 (3.2, 23.2)	1.7 (0.6, 5.0)	0.0 -	0.0 -	0.4 (0.1, 1.0)	2.4 (1.6, 3.6)
Availability of equipment	2.3 (1.3, 4.0)	0.0 -	1.8 (1.0, 3.4)	5.5 (1.6, 17.8)	1.7 (0.6, 5.0)	0.0 -	0.0 -	0.4 (0.1, 1.0)	0.9 (0.6, 1.4)
Service readiness	2.3 (1.3, 4.0)	0.0 -	1.8 (1.0, 3.4)	5.3 (1.5, 17.3)	1.7 (0.6, 5.0)	0.0 -	0.0 -	0.4 (0.1, 1.0)	0.9 (0.6, 1.4)
<p>* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.) ; and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service. For the purposes of this study public health facilities include private or not-for-profit facilities that assume the role of state facility in health zones where there are no public facilities.</p> <p>† The public health facility category in this table includes 13 private not-for-profit and 49 private for profit facilities.</p> <p>‡ The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 16 IUDs, 18 implants, 30 injections, 2 male sterilizations and 20 female tubal ligations.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table C12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Katanga, 2015

	Public Health Facility [†]	Community Health Workers	Public Total	Private Not-For-Profit	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets offering service, with [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Contraceptive injection service									
Availability of commodity	59.5 ⁽¹⁶¹⁾ (47.3, 70.6)	-	59.5 ⁽¹⁶¹⁾ (47.3, 70.6)	67.4 ⁽¹³⁾ (35.4, 88.6)	52.4 ⁽⁴⁸⁾ (34.4, 69.7)	-	62.8 ⁽³⁵⁾ (41.1, 80.4)	56.5 ⁽⁸³⁾ (40.6, 71.1)	59.1 ⁽²⁵⁷⁾ (48.5, 68.9)
Availability of credentials	96.5 ⁽¹⁶¹⁾ (86.2, 99.2)	-	96.5 ⁽¹⁶¹⁾ (86.2, 99.2)	83.9 ⁽¹³⁾ (39.6, 97.7)	85.7 ⁽⁴⁸⁾ (55.2, 96.7)	-	89.4 ⁽³⁵⁾ (69.7, 96.9)	87.2 ⁽⁸³⁾ (68.9, 95.4)	93.4 ⁽²⁵⁷⁾ (82.4, 97.7)
Availability of equipment	71.6 ⁽¹⁶¹⁾ (60.2, 80.7)	-	71.6 ⁽¹⁶¹⁾ (60.2, 80.7)	58.8 ⁽¹³⁾ (27.3, 84.4)	62.2 ⁽⁴⁸⁾ (41.3, 79.4)	-	84.4 ⁽³⁵⁾ (64.9, 94.0)	70.9 ⁽⁸³⁾ (52.8, 84.1)	70.7 ⁽²⁵⁷⁾ (60.9, 79.0)
Service readiness	48.0 ⁽¹⁶¹⁾ (37.4, 58.8)	-	48.0 ⁽¹⁶¹⁾ (37.4, 58.8)	49.0 ⁽¹³⁾ (18.9, 79.8)	27.9 ⁽⁴⁸⁾ (15.6, 44.7)	-	57.9 ⁽³⁵⁾ (35.7, 77.4)	39.7 ⁽⁸³⁾ (25.2, 56.1)	45.8 ⁽²⁵⁷⁾ (36.7, 55.2)
Implant insertion service									
Availability of commodity	52.7 ⁽⁸⁵⁾ (35.3, 69.4)	-	52.7 ⁽⁸⁵⁾ (35.3, 69.4)	70.1 ⁽⁷⁾ (28.4, 93.3)	38.0 ⁽²¹⁾ (18.7, 62.1)	-	50.7 ⁽³⁾ (11.5, 89.1)	39.5 ⁽²⁴⁾ (21.4, 61.1)	51.0 ⁽¹¹⁶⁾ (37.1, 64.7)
Availability of credentials	92.2 ⁽⁸⁵⁾ (70.4, 98.3)	-	92.2 ⁽⁸⁵⁾ (70.4, 98.3)	100.0 ⁽⁷⁾ -	100.0 ⁽²¹⁾ -	-	100.0 ⁽³⁾ -	100.0 ⁽²⁴⁾ -	94.2 ⁽¹¹⁶⁾ (76.9, 98.8)
Availability of equipment	60.8 ⁽⁸⁵⁾ (42.3, 76.6)	-	60.8 ⁽⁸⁵⁾ (42.3, 76.6)	94.8 ⁽⁷⁾ (67.7, 99.4)	64.2 ⁽²¹⁾ (38.9, 83.5)	-	14.9 ⁽³⁾ (4.9, 37.6)	58.3 ⁽²⁴⁾ (36.0, 77.6)	62.2 ⁽¹¹⁶⁾ (46.9, 75.4)
Service readiness	30.9 ⁽⁸⁵⁾ (16.4, 50.5)	-	30.9 ⁽⁸⁵⁾ (16.4, 50.5)	70.1 ⁽⁷⁾ (28.4, 93.3)	31.4 ⁽²¹⁾ (14.1, 56.2)	-	14.9 ⁽³⁾ (4.9, 37.6)	29.5 ⁽²⁴⁾ (14.0, 51.6)	32.9 ⁽¹¹⁶⁾ (21.0, 47.4)
IUD insertion service									
Availability of commodity	71.9 ⁽⁴²⁾ (52.3, 85.7)	-	71.9 ⁽⁴²⁾ (52.3, 85.7)	59.0 ⁽⁴⁾ (24.5, 86.4)	46.7 ⁽⁹⁾ (16.0, 80.1)	-	-	46.7 ⁽⁹⁾ (16.0, 80.1)	67.5 ⁽⁵⁵⁾ (50.5, 80.8)
Availability of credentials	84.8 ⁽⁴²⁾ (41.9, 97.7)	-	84.8 ⁽⁴²⁾ (41.9, 97.7)	100.0 ⁽⁴⁾ -	100.0 ⁽⁹⁾ -	-	-	100.0 ⁽⁹⁾ -	87.9 ⁽⁵⁵⁾ (49.5, 98.2)
Availability of equipment	32.4 ⁽⁴²⁾ (17.4, 52.2)	-	32.4 ⁽⁴²⁾ (17.4, 52.2)	74.9 ⁽⁴⁾ (34.7, 94.4)	48.0 ⁽⁹⁾ (18.5, 79.0)	-	-	48.0 ⁽⁹⁾ (18.5, 79.0)	36.9 ⁽⁵⁵⁾ (21.8, 55.1)
Service readiness	18.3 ⁽⁴²⁾ (7.1, 39.9)	-	18.3 ⁽⁴²⁾ (7.1, 39.9)	59.0 ⁽⁴⁾ (24.5, 86.4)	0.0 ⁽⁹⁾ -	-	-	0.0 ⁽⁹⁾ -	17.6 ⁽⁵⁵⁾ (7.9, 34.7)
Male sterilization service									
Availability of credentials	100.0 ⁽³⁾ -	-	100.0 ⁽³⁾ -	100.0 ⁽²⁾ -	100.0 ⁽¹⁾ -	-	-	100.0 ⁽¹⁾ -	100.0 ⁽⁶⁾ -
Availability of equipment	54.0 ⁽³⁾ (9.7, 92.8)	-	54.0 ⁽³⁾ (9.7, 92.8)	45.5 ⁽²⁾ (5.4, 92.5)	100.0 ⁽¹⁾ -	-	-	100.0 ⁽¹⁾ -	60.2 ⁽⁶⁾ (20.8, 89.7)
Service readiness	54.0 ⁽³⁾	-	54.0 ⁽³⁾	45.5 ⁽²⁾	100.0 ⁽¹⁾	-	-	100.0 ⁽¹⁾	60.2 ⁽⁶⁾

Table C12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Katanga, 2015

	Public Health Facility [†]	Community Health Workers	Public Total	Private Not-For-Profit	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets offering service, with [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Female sterilization service	(9.7, 92.8)	-	(9.7, 92.8)	(5.4, 92.5)	-	-	-	-	(20.8, 89.7)
Availability of credentials	96.9 ⁽³⁰⁾ (82.8, 99.5)	-	96.9 ⁽³⁰⁾ (82.8, 99.5)	100.0 ⁽³⁾ -	70.4 ⁽⁴⁾ (20.4, 95.6)	-	-	70.4 ⁽⁴⁾ (20.4, 95.6)	93.7 ⁽³⁷⁾ (77.7, 98.4)
Availability of equipment	29.8 ⁽³⁰⁾ (16.0, 48.5)	-	29.8 ⁽³⁰⁾ (16.0, 48.5)	100.0 ⁽³⁾ -	70.4 ⁽⁴⁾ (20.4, 95.6)	-	-	70.4 ⁽⁴⁾ (20.4, 95.6)	38.3 ⁽³⁷⁾ (24.1, 54.9)
Service readiness	28.1 ⁽³⁰⁾ (15.2, 46.0)	-	28.1 ⁽³⁰⁾ (15.2, 46.0)	59.2 ⁽³⁾ (12.5, 93.7)	70.4 ⁽⁴⁾ (20.4, 95.6)	-	-	70.4 ⁽⁴⁾ (20.4, 95.6)	35.6 ⁽³⁷⁾ (23.2, 50.3)

* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.) ; and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.

† For the purposes of this study public health facilities include private or not-for-profit facilities that assume the role of state facility in health zones where there are no public facilities.

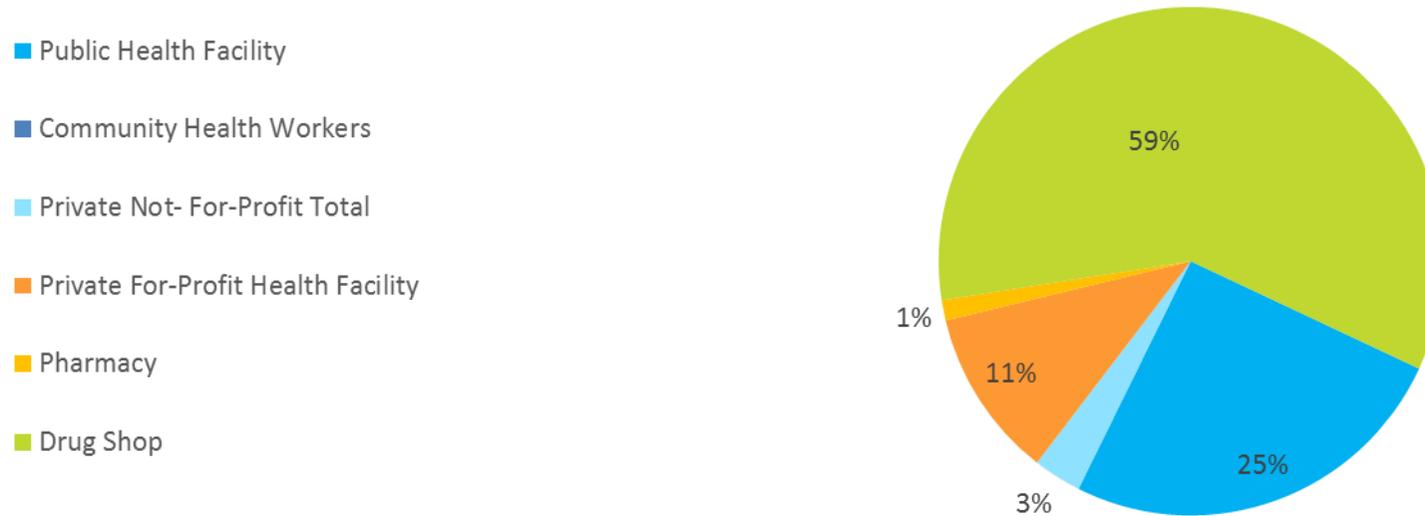
‡ The public health facility category in this table includes 13 private not-for-profit and 49 private for profit facilities.

‡ The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 16 IUDs, 18 implants, 30 injections, 2 male sterilizations and 20 female tubal ligations.

Source: FPwatch Outlet Survey, DRC, 2015

Figure C1. Modern contraceptive method market composition – Katanga, 2015

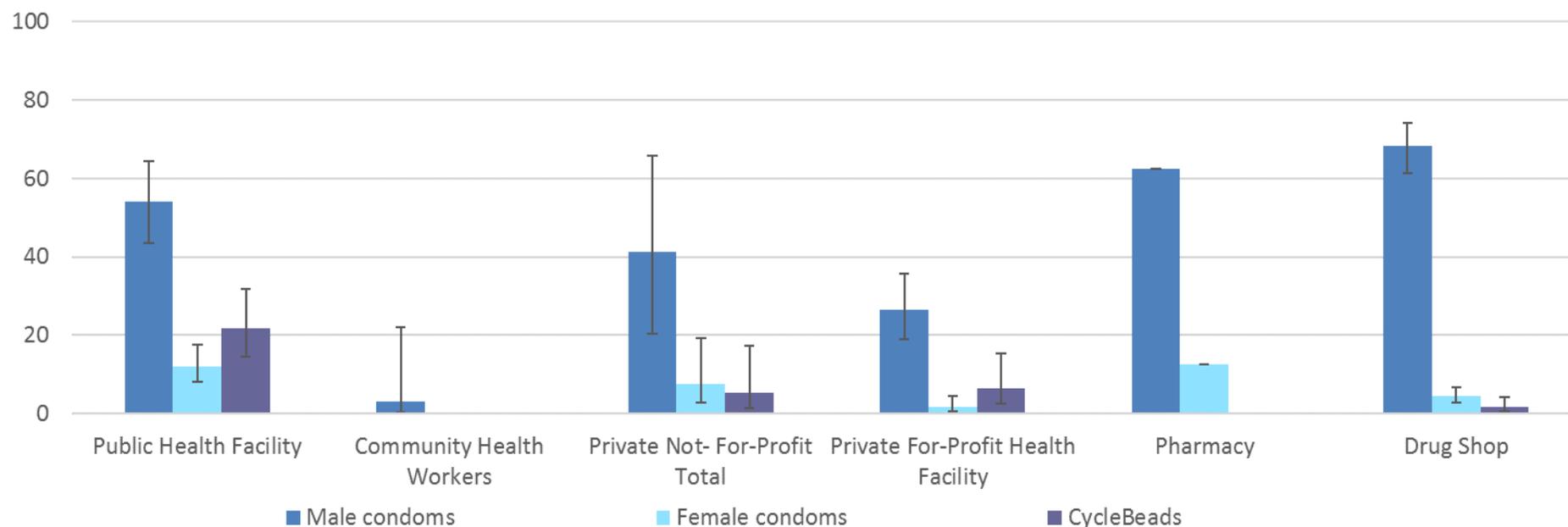
Among all outlets stocking at least 1 modern contraceptive or providing at least 1 contraceptive service, by outlet type



In Katanga, the private sector accounted for 71 percent of outlets stocking at least one modern contraceptive above the level of condoms only or providing services, the public sector accounted for 25 percent of this contraceptive market composition and the not-for-profit sector accounted for 3 percent. The private sector contraceptive market composition was largely drug shops (59 percent) with an additional 11 percent of the market composition from private facilities and 1 percent from registered pharmacies. Looking at the public sector, all came from public facilities with few CHWs carrying products above the level of condoms.

Figure C2. Percentage of modern contraceptive commodity-stocking outlets with selected non-hormonal short-acting contraceptives available – Katanga, 2015

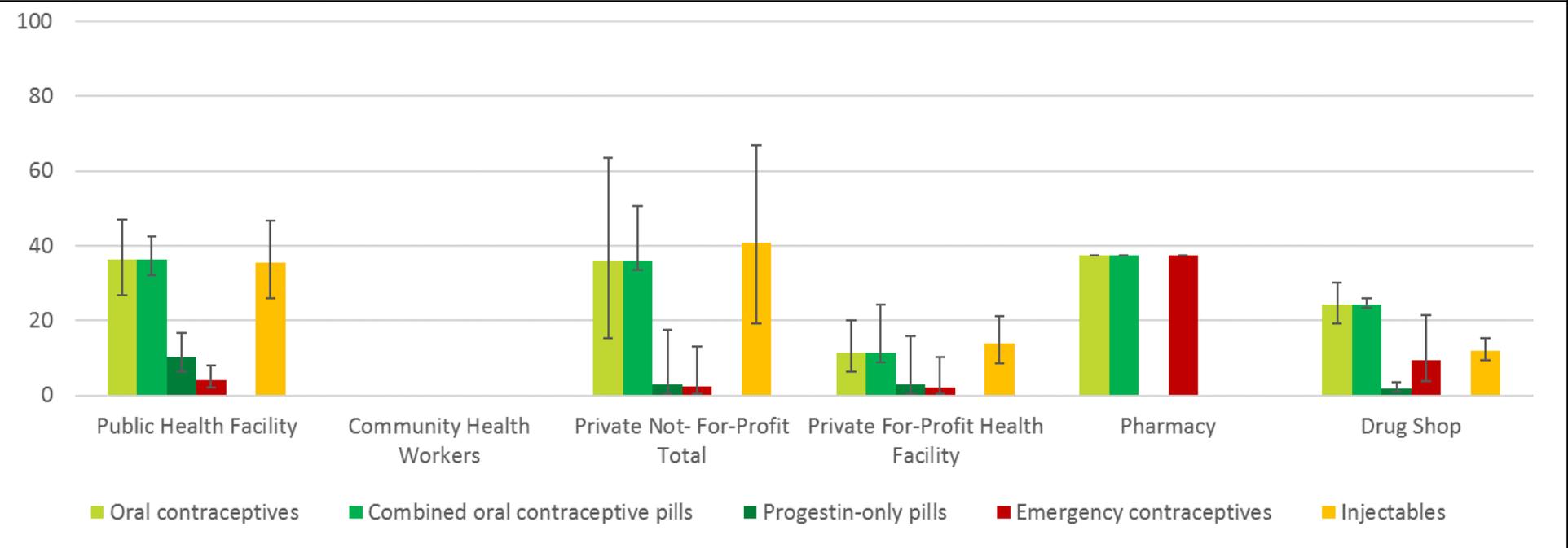
Among all screened outlets, by outlet type



In the Katanga public sector, about half of public health facilities had male condoms available, 15 percent had female condoms and about one-quarter had cyclebeads available. Very few CHWs stocked any non-hormonal short-acting methods. About 40 percent of not-for-profit facilities provided male condoms and about 10 percent stocked female condoms or cyclebeads. In the private sector, over 60 percent of pharmacies and drug shops had male condoms available but fewer than 15 percent of pharmacies and less than 5 percent of drug shops had female condoms available. Cyclebeads were not commonly stocked by these outlets. About one-quarter of private facilities stocked male condoms and less than 10 percent stocked cyclebeads.

Figure C3. Percentage of modern contraceptive commodity-stocking outlets with selected hormonal short-acting contraceptives available – Katanga, 2015

Among all screened outlets, by outlet type



Looking at hormonal short-acting methods in Katanga, about 40 percent of public facilities carried oral contraceptives or injectables on the day of the survey. However, this was commonly combined oral contraceptives and only about 10 percent stocked at least one brand of progestin-only pills. Less than 5 percent of public facilities stocked emergency contraceptives. CHWs did not commonly stock hormonal short-acting methods. About 40 percent of not-for-profit outlets stocked oral contraceptives and injectables and very few stocked emergency contraceptives. Private facilities rarely stocked hormonal short-acting methods (<10 percent). About 40 percent of pharmacies and one-quarter of drug shops stocked oral contraceptives but few stocked progestin-only pills. Emergency contraceptives were more commonly stocked in pharmacies (about 40 percent) and drug shops (about ten percent) compared to other outlet types. About 10 percent of drug shops stocked at least one brand of injectable on the day of the survey.

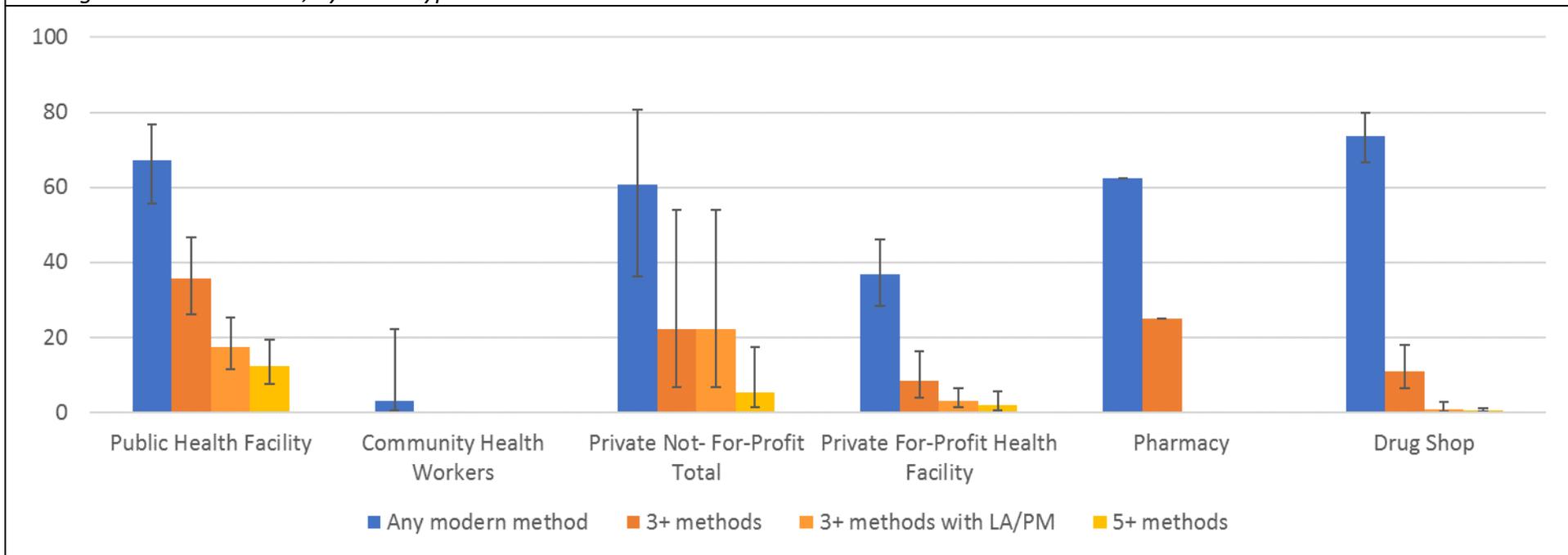
Figure C4. Percentage of modern contraceptive commodity-stocking outlets with selected long-acting contraceptives available – Katanga, 2015
Among all screened outlets, by outlet type



For LARC commodities in the Katanga public sector, less than 15 percent of public health facilities had implants or IUDs available. No CHWs were found to be stocking LARCs. Nearly 20 percent of not-for-profit outlets stocked either implants but less than 5 percent stocked IUDs. In the private sector in Kinshasa, low availability of both implants and IUDs was reported. Less than 5 percent of private health facilities had implants or IUDs available. LARC commodities were not found in private drug shops in appreciable numbers, the most common outlet type carrying contraceptive methods. Pharmacies did not commonly report availability of LARCs.

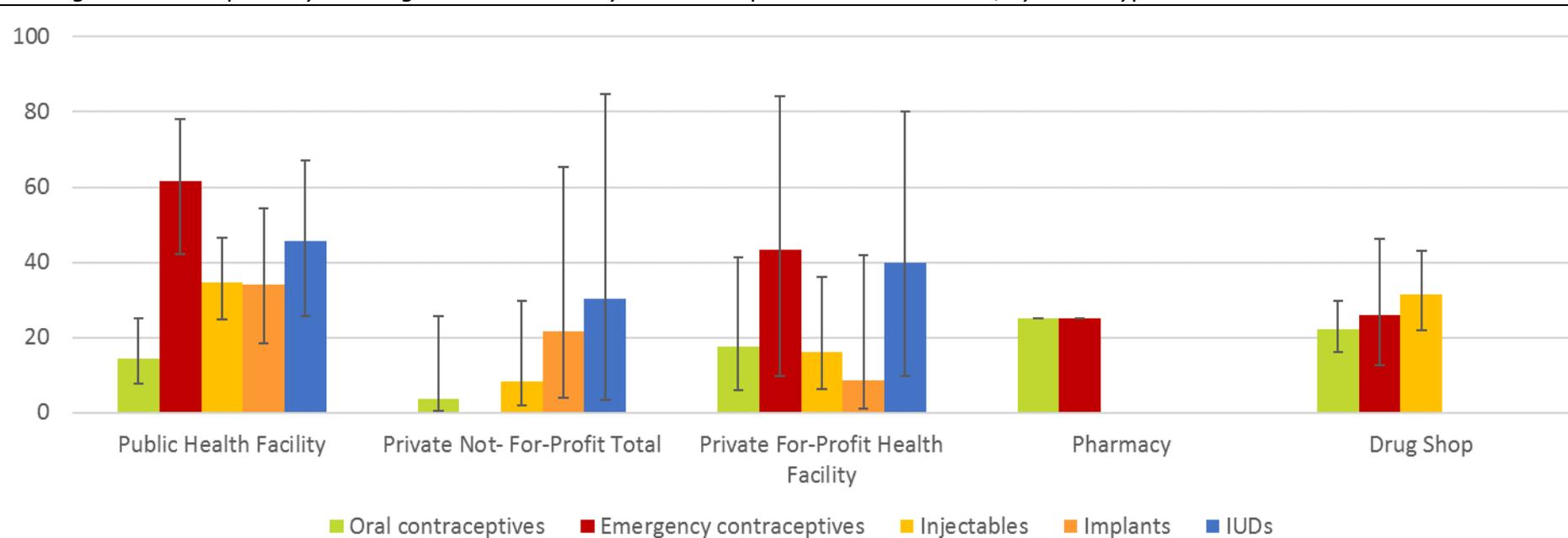
Figure C5. Percentage of outlets with selected method mixes available – Katanga, 2015

Among all screened outlets, by outlet type



In Katanga, about two-thirds of public facilities, 60 percent of not-for-profit outlets and pharmacies and three-quarters of drug shops reported at least one method in stock. Only about 40 percent of private facilities and no CHWs had at least one method in stock on the day of the survey. Looking at method mixes in the Katanga public sector, nearly two-thirds of public facilities had at least three methods in stock while only about 15 percent of public facilities had five or more methods in stock. About 20 percent and 5 percent of not-for-profit outlets had three or more methods and five or more methods in stock, respectively. In the private sector, about one-quarter of pharmacies and ten percent of drug shops had three or more methods in stock while few had five or more methods available on the day of the survey.

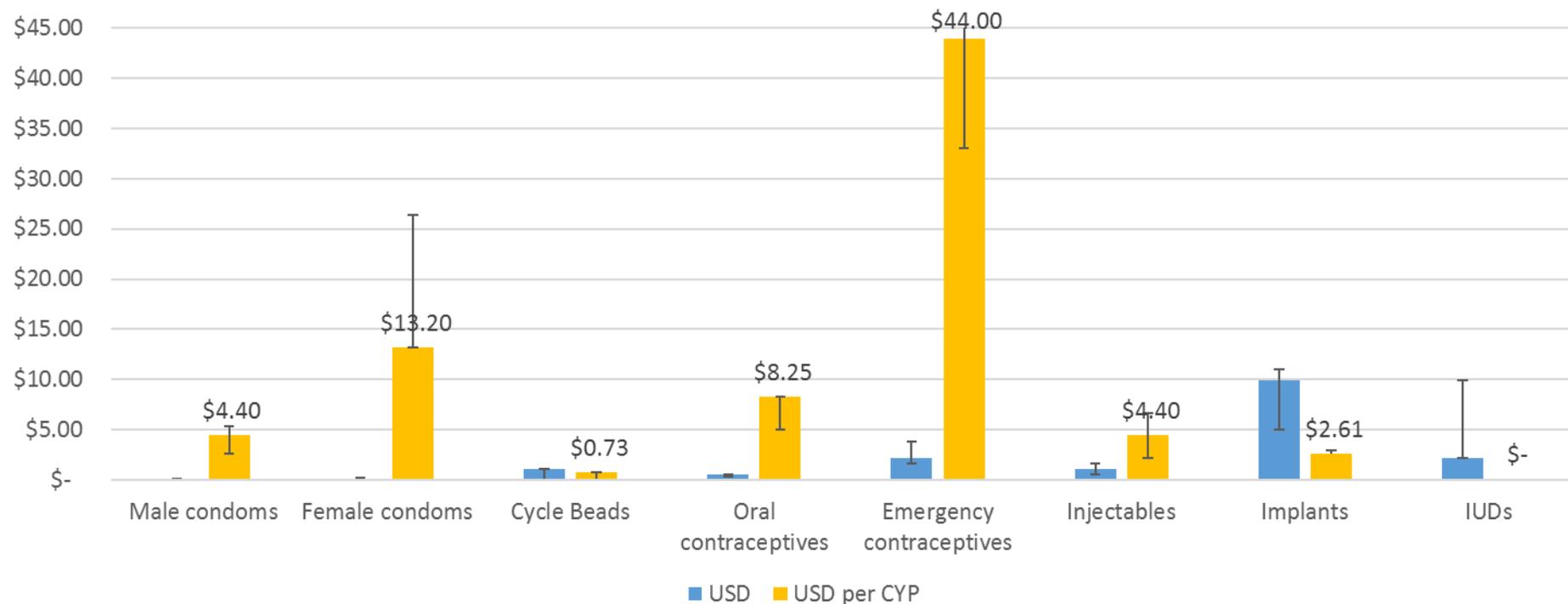
Figure C6. Percentage of outlets with stock outs of selected contraceptive methods – Katanga, 2015
Among all outlets reportedly stocking the method at any time in the previous three months, by outlet type



In previous graphs for Katanga, availability (and the converse, non-availability) was reported by method and outlet type. In this graph, outlets reportedly stocking the method at any time in the previous three months but currently out of stock of the method is reported. In Katanga, about 15 percent of public health facilities offering oral contraceptives in the previous three months were out of stock of all brands on the day of the survey. About one-third of those carrying injectables or implants and nearly half carrying IUDs were currently out of stock. While few public facilities reportedly carried emergency contraceptives in the last three months, over 60 percent of those that did were currently out of stock. For private facilities reportedly carrying a method in the previous three months, about 20 percent were stocked out of oral contraceptives and injectables and about 10 percent were stocked out of implants while 40 percent reported stock outs of IUDs. About one-quarter of pharmacies and drug shops reportedly carrying oral contraceptives were currently stocked out while nearly one-third of drug shops reportedly carrying injectables in the previous three months were currently stocked out of the method. About one-quarter of both outlet types were currently stocked out of emergency contraceptives.

Figure C7. Price of contraceptive methods in the private sector – Katanga, 2015

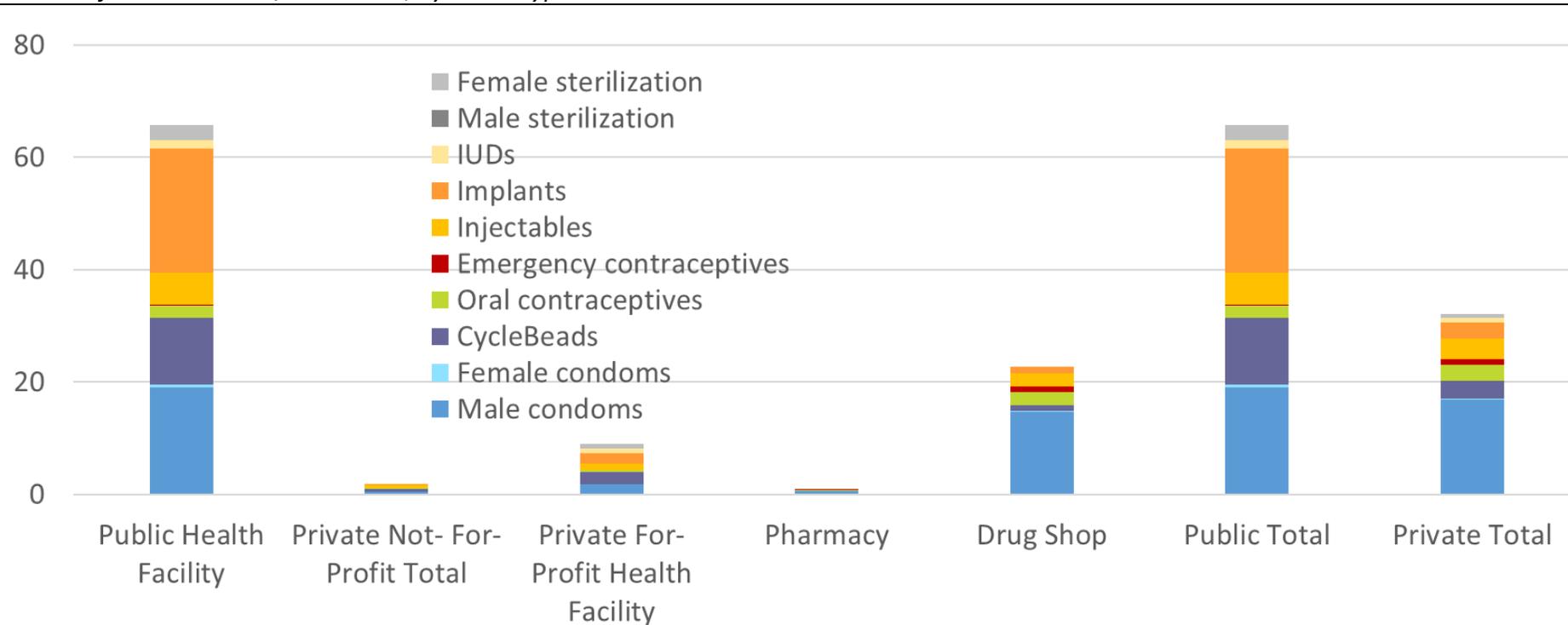
Median price in USD and USD/CYP with interquartile range, by contraceptive method



In Katanga, the median price per CYP ranged from \$0.73 for CycleBeads and \$2.61 per CYP for implants to \$4.40 per CYP for male condoms and injectables to \$8.25 per CYP for oral contraceptives. The price of one CYP for male condoms (largest market share) was twice that of implants in the Katanga private sector. Most private sector outlets in Katanga were drug shops and there was little variation in price by outlet type.

Figure C8. Percentage market share for contraceptives methods – Katanga, 2015

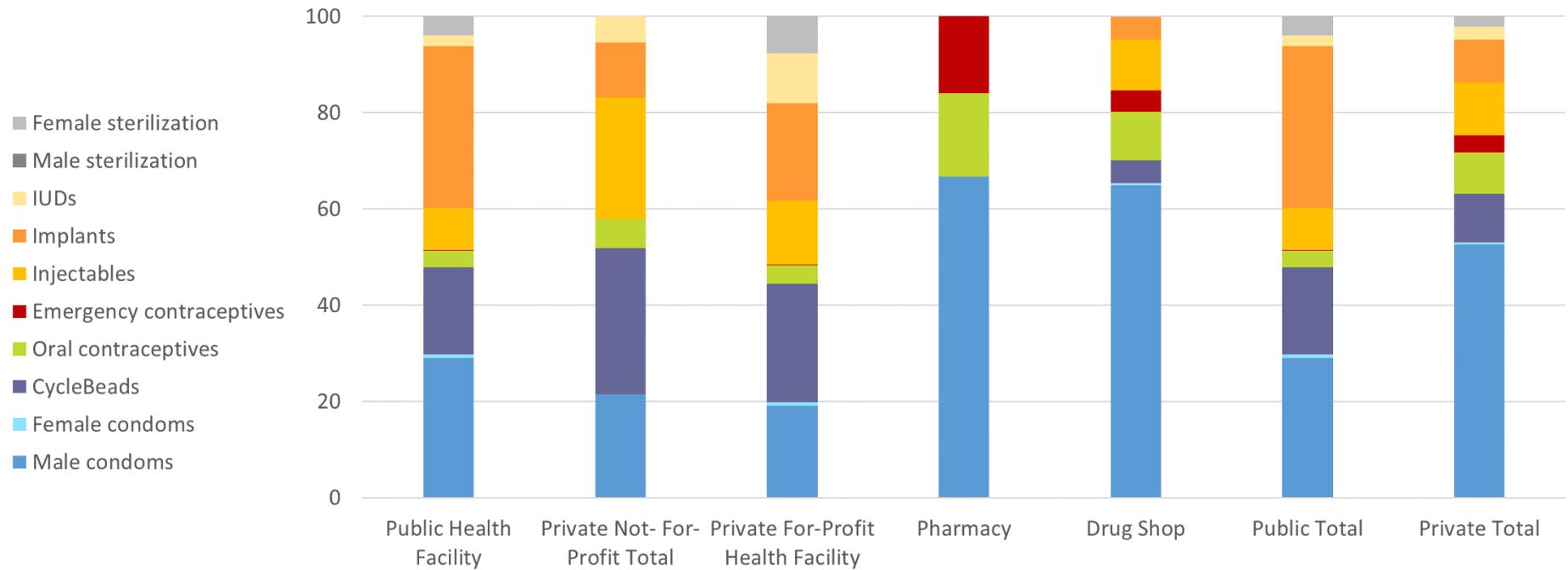
As a % of total CYPs sold/distributed, by outlet type and sector



As a proportion of the total volume of CYP sold/distributed for all methods and outlet types accounted for by the FPwatch study in Katanga, the public sector in Katanga accounts for nearly 60 percent of total volume of CYP, almost entirely from public health facilities, the not-for-profit sector about 10 percent and the private sector nearly 40 percent of the total volume of CYP, largely from drug shops (>25 percent of total CYP volume). About 20 percent of the total volume of CYP accounted for by the study comes from male condoms distributed in public facilities and another 20 percent from implants. CHWs did not account for an appreciable proportion of CYP. Nearly 20 percent of the total volume of CYP reportedly sold/distributed in Katanga comes from male condoms sold/distributed by drug shops. Registered pharmacies were rare in Kinshasa and accounted for very little of the total volume of CYP reportedly sold/distributed.

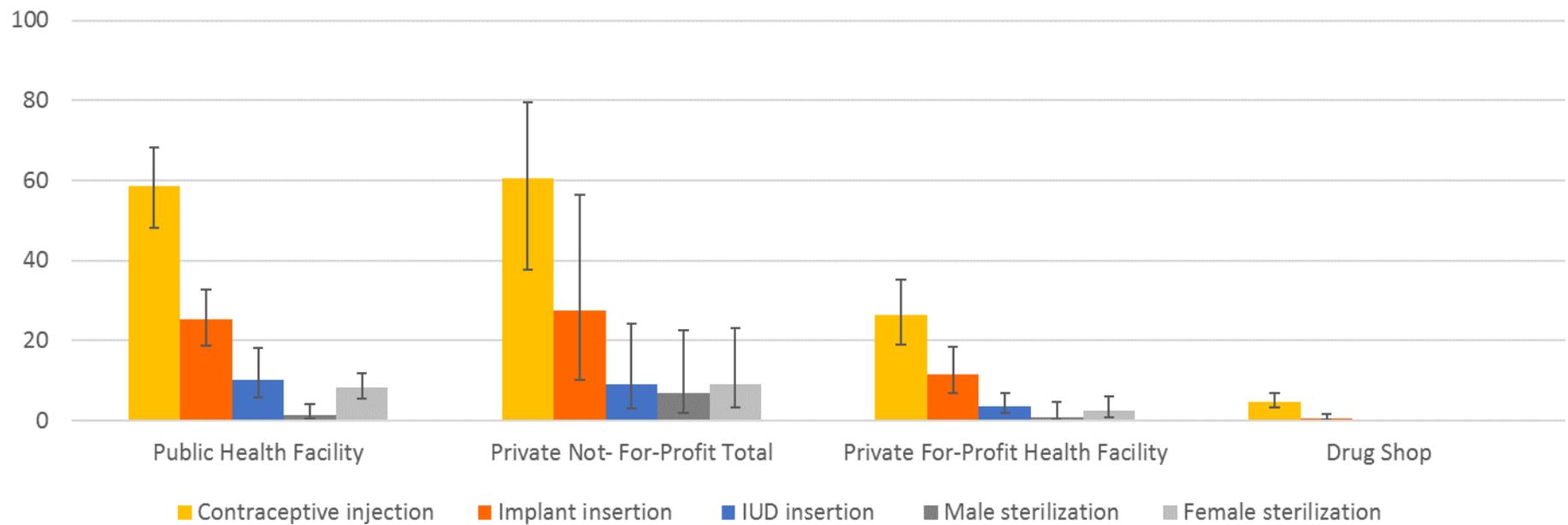
Figure C9. Within outlet market share for contraceptive methods – Katanga, 2015

As a % of total CYPs sold/distributed within outlet type and sector, by outlet type and sector



Looking at proportion of CYP by method within outlet types in Katanga, LARCs accounted for slightly more than 40 percent of the CYP reportedly distributed by public facilities. For not-for-profit outlets, most of the CYP sold/distributed came from cyclebeads, male condoms and injectables. Similar proportions came from private facilities with cyclebeads, male condoms and implants accounting for most of the market share. There were very few pharmacies encountered in the non-boostered sample with most of the CYP for pharmacies coming from male condoms. The majority of the CYP reportedly sold/distributed by drug shops was accounted for by sale/distribution of male condoms.

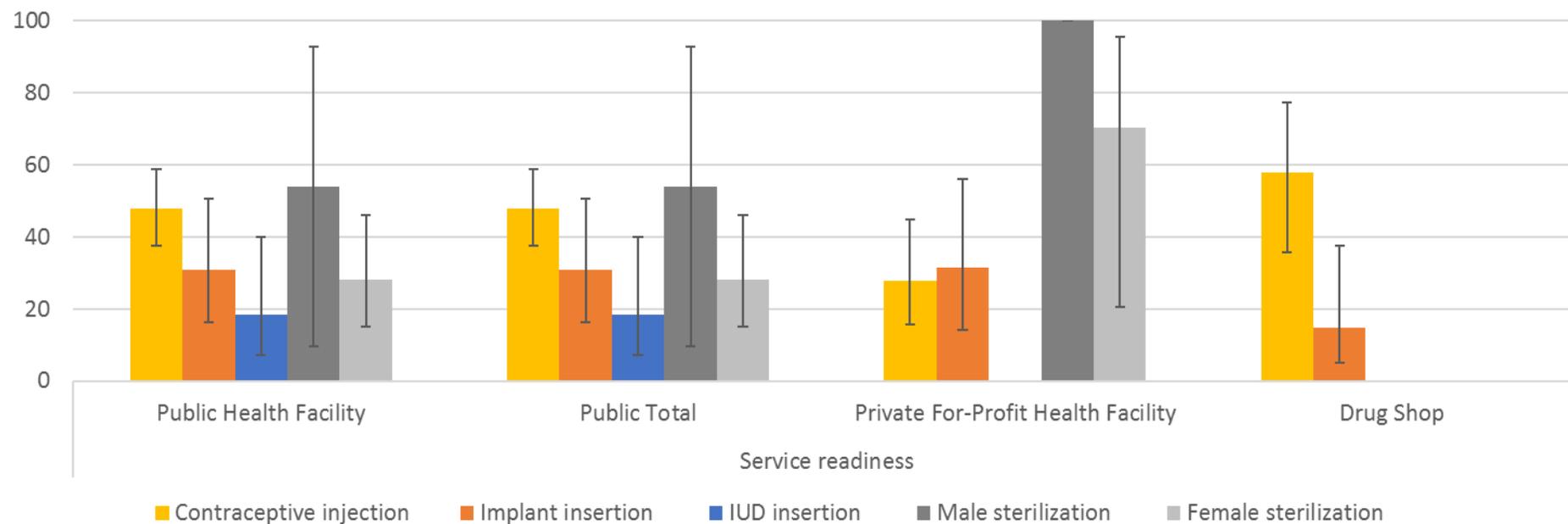
Figure C10. Percentage of outlets with selected contraceptive services available – Katanga, 2015
Among all screened outlets, among outlets screened, by outlet type



Among both public health facilities and not-for-profit outlets, about 60 percent of outlets had contraceptive injection services available, one-quarter had implant insertions, 10 percent had IUD insertions and 10 percent had female sterilizations available. In the private sector, about one-quarter of private for-profit health facilities offered contraceptive injections, 10 percent implant insertions and less than five percent IUD insertions or female sterilizations.

Figure C11. Service readiness to offer provider-dependent contraceptive services – Katanga, 2015

Among outlets reportedly offering the service, by outlet type



Looking at service readiness for contraceptive services in Katanga, about half of public facilities reportedly had the commodity, credentialed/trained staff and minimum set of equipment available for contraceptive injections. Slightly less than one-third of public facilities met these criteria for implant insertions and only 20 percent for IUD insertions. In the not-for-profit sector, about half of outlets met these criteria for contraceptive injections, one-third for implant insertions and 20 percent for IUD insertions. In private health facilities, only about one quarter met these criteria for contraceptive injections and implant insertions (often low due to not carrying the commodity).

Katanga Urban/Rural

Table D1: Modern contraceptive method market composition: Relative proportion of outlets with 1 or more methods, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Proportion of outlet types stocking / providing at least 1 modern contraceptive method on the day of the survey, of all outlets stocking / providing at least 1 modern contraceptive method ^{†, ‡} :	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Any method available, including condoms only outlets[§]								
Katanga Urban N=394	7.7 (4.1, 13.9)	- -	9.9 (5.8, 16.3)	2.2 (1.0, 4.9)	11.1 (7.1, 17.0)	2.1 (0.4, 10.3)	76.9 (70.4, 82.4)	90.1 (83.7, 94.2)
Katanga Rural N=222	27.9 (20.7, 36.3)	0.6 (0.1, 4.3)	30.3 (23.0, 38.8)	1.9 (.6, 5.4)	8.1 (4.5, 14.3)	- -	61.5 (51.4, 70.8)	69.7 (61.2, 77.0)
Any method available, excluding condoms only outlets[∞]								
Katanga Urban N=254	9.8 (4.8, 18.9)	- -	12.3 (6.6, 21.9)	2.5 (1.0, 6.4)	10.6 (6.2, 17.5)	2.4 (0.5, 10.7)	74.7 (66.1, 81.7)	87.7 (78.1, 93.4)
Katanga Rural N=96	43.8 (31.3, 57.1)	0.0 -	47.5 (36.0, 59.2)	3.7 (1.2, 11.1)	11.1 (5.7, 19.9)	- -	41.5 (29.9, 54.2)	52.6 (40.8, 64.0)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p> <p>† This indicator does not include public health facilities and pharmacies from the booster sample.</p> <p>‡ Family planning commodity stocking outlets have at least one family planning commodity in stock on the day of the survey, verified by the presence of at least one family planning commodity recorded in an audit sheet. There was 1 family planning commodity stocking outlets with a partially completed interview, which were thus excluded from the denominator (1 for Katanga urban, 0 for Katanga rural).</p> <p>§ Includes: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, and IUDs.</p> <p>∞ Includes: oral contraceptives, emergency contraceptives, injectables, implants, and IUDs.</p>								

Source: FPwatch Outlet Survey, DRC, 2015

Table D2: Availability of modern contraceptive method types, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
Any modern method									
Katanga Urban	79.6 (62.3, 90.2)	- -	79.6 (62.3, 90.2)	59.7 (32.1, 82.2)	57.6 (46.6, 67.9)	62.5 (62.5, 62.5)	91.5 (87.4, 94.4)	84.0 (80.9, 86.8)	82.7 (79.6, 85.5)
Katanga Rural	64.8 (51.5, 76.0)	3.2 (0.4, 22.1)	51.4 (34.2, 68.3)	61.5 (23.1, 89.4)	26.8 (16.7, 40.1)	- -	62.4 (52.5, 71.3)	54.0 (45.0, 62.7)	53.1 (43.7, 62.2)
Any short-acting method									
Katanga Urban	75.1 (54.6, 88.4)	- -	75.1 (54.6, 88.4)	59.7 (32.1, 82.2)	57.6 (46.6, 67.9)	62.5 (62.5, 62.5)	91.5 (87.4, 94.4)	84.0 (80.9, 86.8)	82.1 (79.1, 84.8)
Katanga Rural	63.3 (49.5, 75.3)	3.2 (0.4, 22.1)	50.3 (33.1, 67.4)	54.4 (19.6, 85.3)	26.1 (15.8, 39.8)	- -	62.4 (52.5, 71.3)	53.8 (44.9, 62.5)	52.4 (42.9, 61.7)
Any LARC method									
Katanga Urban	49.9 (29.2, 70.7)	- -	49.9 (29.2, 70.7)	15.9 (6.2, 35.0)	7.5 (3.6, 14.8)	0.0 -	2.5 (0.9, 6.4)	3.2 (1.7, 6.1)	9.9 (5.8, 16.5)
Katanga Rural	9.8 (5.0, 18.1)	0.0 -	7.7 (3.7, 15.2)	28.4 (4.3, 77.6)	3.5 (1.2, 9.7)	- -	0.6 (0.1, 4.2)	1.3 (0.4, 4.1)	4.2 (2.4, 7.3)
Any permanent method									
Katanga Urban	24.8 (16.2, 35.9)	- -	24.8 (16.2, 35.9)	11.1 (3.3, 31.3)	3.7 (0.9, 14.4)	0.0 -	0.0 -	0.7 (0.2, 2.1)	4.2 (2.7, 6.6)
Katanga Rural	4.9 (2.5, 9.3)	0.0 -	3.8 (1.8, 7.8)	7.1 (1.0, 36.5)	1.8 (0.4, 6.7)	- -	0.0 -	0.4 (0.1, 1.5)	1.9 (1.0, 3.6)
Any LARC/PM									
Katanga Urban	57.5 (37.1, 75.6)	- -	57.5 (37.1, 75.6)	15.9 (6.2, 35.0)	7.5 (3.6, 14.8)	0.0 -	2.5 (0.9, 6.4)	3.2 (1.7, 6.1)	10.9 (6.7, 17.2)
Katanga Rural	12.6 (7.5, 20.4)	0.0 -	9.8 (5.4, 17.3)	35.5 (8.2, 77.4)	3.5 (1.2, 9.7)	- -	0.6 (0.1, 4.2)	1.3 (0.4, 4.1)	5.2 (3.2, 8.3)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p> <p>† The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) (1 for Katanga urban and 0 for Katanga rural).</p>									

Source: FPwatch Outlet Survey, DRC, 2015

Table D3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
Male condoms									
Katanga Urban	64.7 (46.7, 79.4)	- -	64.7 (46.7, 79.4)	47.2 (22.4, 73.4)	49.6 (37.8, 61.5)	62.5 (62.5, 62.5)	82.2 (77.6, 86.0)	75.4 (70.3, 80.0)	73.2 (69.5, 76.6)
Katanga Rural	52.1 (39.9, 64.0)	3.2 (0.4, 22.1)	41.5 (27.4, 57.1)	35.5 (8.2, 77.4)	15.4 (8.0, 27.6)	- -	59.2 (49.3, 68.4)	48.9 (39.8, 58.1)	45.7 (37.2, 54.5)
Female condoms									
Katanga Urban	28.0 (16.0, 44.4)	- -	28.0 (16.0, 44.4)	15.9 (6.2, 35.0)	2.0 (0.5, 7.2)	12.5 (12.5, 12.5)	7.9 (4.9, 12.6)	7.1 (4.6, 11.0)	10.2 (7.7, 13.4)
Katanga Rural	8.9 (4.9, 15.5)	0.0 -	7.0 (3.6, 13.0)	0.0 -	1.4 (0.3, 6.2)	- -	2.2 (0.9, 4.9)	2.0 (0.9, 4.1)	3.9 (2.2, 6.8)
Cyclebeads									
Katanga Urban	24.3 (19.0, 30.4)	- -	24.3 (19.0, 30.4)	11.1 (3.3, 31.3)	6.0 (2.6, 13.2)	0.0 -	2.0 (1.1, 3.7)	2.6 (1.5, 4.6)	5.8 (3.7, 8.9)
Katanga Rural	21.4 (12.8, 33.5)	0.0 -	16.8 (9.2, 28.7)	0.0 -	6.7 (1.9, 21.4)	- -	1.3 (0.2, 8.0)	2.6 (0.9, 7.1)	8.2 (4.8, 13.7)
Oral contraceptives									
Katanga Urban	52.7 (41.7, 63.3)	- -	52.7 (41.7, 63.3)	24.1 (8.8, 51.2)	18.5 (9.8, 32.2)	37.5 (37.5, 37.5)	38.2 (33.0, 43.7)	34.7 (29.1, 40.8)	36.8 (32.1, 41.8)
Katanga Rural	33.1 (22.2, 46.3)	0.0 -	26.0 (15.5, 40.2)	47.3 (13.6, 83.7)	8.2 (2.7, 22.4)	- -	15.2 (9.7, 23.1)	13.6 (9.0, 20.1)	19.0 (13.4, 26.4)
<i>IQA[‡] oral contraceptives</i>									
Katanga Urban	43.7 (32.6, 55.5)	- -	43.7 (32.6, 55.5)	24.1 (8.8, 51.2)	18.5 (9.8, 32.2)	37.5 (37.5, 37.5)	36.4 (30.0, 43.3)	33.3 (26.7, 40.5)	34.4 (28.4, 41.0)
Katanga Rural	28.6 (17.8, 42.4)	0.0 -	22.4 (12.7, 36.4)	47.3 (13.6, 83.7)	8.2 (2.7, 22.4)	- -	14.4 (9.0, 22.3)	13.0 (8.4, 19.4)	17.2 (11.8, 24.5)
Combined oral contraceptives									
Katanga Urban	18.0 (9.5, 31.5)	- -	18.0 (9.5, 31.5)	6.3 (0.9, 33.8)	0.7 (0.1, 4.2)	0.0 -	3.4 (1.5, 7.3)	2.7 (1.2, 6.2)	4.9 (2.8, 8.3)
Katanga Rural	8.8 (4.4, 16.7)	0.0 -	6.9 (3.3, 14.0)	0.0 -	4.2 (0.6, 23.7)	- -	0.8 (0.2, 3.1)	1.6 (0.4, 5.9)	3.7 (1.7, 8.1)
Progestin-only pills									

Table D3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
Katanga Urban	52.7 (41.7, 63.3)	- -	52.7 (41.7, 63.3)	24.1 (8.8, 51.2)	18.5 (9.8, 32.2)	37.5 (37.5, 37.5)	38.2 (33.0, 43.7)	34.7 (29.1, 40.8)	36.8 (32.1, 41.8)
Katanga Rural	33.1 (22.2, 46.3)	0.0 -	26.0 (15.5, 40.2)	47.3 (13.6, 83.7)	8.2 (2.7, 22.4)	- -	15.2 (9.7, 23.1)	13.6 (9.0, 20.1)	19.0 (13.4, 26.4)
Emergency contraceptives									
Katanga Urban	9.6 (4.9, 18.0)	- -	9.6 (4.9, 18.0)	4.7 (0.7, 24.7)	0.7 (0.1, 4.2)	37.5 (37.5, 37.5)	22.9 (9.9, 44.7)	19.7 (8.1, 40.6)	17.9 (7.7, 36.5)
Katanga Rural	3.1 (1.2, 8.1)	0.0 -	2.4 (0.9, 6.7)	0.0 -	2.8 (0.5, 15.8)	- -	0.4 (0.1, 2.8)	1.0 (0.3, 3.9)	1.6 (0.7, 3.4)
<i>IQA+ emergency contraceptives</i>									
Katanga Urban	9.2 (4.8, 16.9)	- -	9.2 (4.8, 16.9)	0.0 -	0.0 -	12.5 (12.5, 12.5)	9.4 (2.5, 29.7)	7.9 (2.1, 25.4)	7.8 (2.4, 22.3)
Katanga Rural	3.1 (1.2, 8.1)	0.0 -	2.4 (0.9, 6.7)	0.0 -	2.8 (0.5, 15.8)	- -	0.2 (0.0, 1.4)	0.8 (0.2, 3.9)	1.5 (0.7, 3.3)
Contraceptive injectables									
Katanga Urban	49.8 (32.6, 67.1)	- -	49.8 (32.6, 67.1)	33.9 (14.1, 61.7)	24.0 (16.5, 33.5)	0.0 -	24.2 (20.1, 28.8)	22.9 (18.3, 28.3)	26.9 (20.7, 34.1)
Katanga Rural	32.9 (22.1, 45.8)	0.0 -	25.8 (15.4, 39.8)	47.3 (13.6, 83.7)	9.0 (3.5, 21.1)	- -	4.1 (2.2, 7.7)	5.3 (3.2, 8.6)	14.1 (9.6, 20.1)
<i>Depo-provera injectables</i>									
Katanga Urban	38.9 (21.9, 59.0)	- -	38.9 (21.9, 59.0)	33.9 (14.1, 61.7)	23.3 (15.7, 33.2)	0.0 -	23.6 (20.0, 27.7)	22.4 (18.1, 27.3)	24.9 (19.3, 31.5)
Katanga Rural	28.2 (18.1, 41.2)	0.0 -	22.1 (12.7, 35.6)	18.8 (2.5, 67.4)	9.0 (3.5, 21.1)	- -	4.1 (2.2, 7.7)	5.3 (3.2, 8.6)	12.2 (8.1, 18.0)
<i>Noristerat injectables</i>									
Katanga Urban	23.4 (11.9, 40.7)	- -	23.4 (11.9, 40.7)	0.0 -	2.2 (0.6, 7.3)	0.0 -	1.8 (0.6, 5.0)	1.8 (0.7, 4.5)	4.6 (2.8, 7.5)
Katanga Rural	8.9 (4.6, 16.5)	0.0 -	7.0 (3.4, 13.8)	28.4 (4.3, 77.6)	0.0 -	- -	0.0 -	0.0 -	3.2 (1.7, 6.0)

Table D3: Availability of selected contraceptive methods, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
<i>Sayana Press injectables</i>									
Katanga Urban	0.0 -	- -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
Katanga Rural	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	- -	0.0 -	0.0 -	0.0 -
Implants									
Katanga Urban	48.0 (27.6, 69.1)	- -	48.0 (27.6, 69.1)	9.5 (2.6, 29.0)	6.1 (2.4, 14.5)	0.0 -	2.5 (0.9, 6.4)	3.0 (1.4, 6.0)	9.3 (5.2, 15.8)
Katanga Rural	7.4 (3.3, 15.9)	0.0 -	5.8 (2.5, 13.2)	28.4 (4.3, 77.6)	3.5 (1.2, 9.7)	- -	0.6 (0.1, 4.2)	1.3 (0.4, 4.1)	3.5 (1.8, 6.6)
<i>Implanon implants</i>									
Katanga Urban	1.6 (0.2, 12.0)	- -	1.6 (0.2, 12.0)	4.8 (0.6, 29.5)	0.9 (0.1, 7.2)	0.0 -	0.0 -	0.2 (0.0, 1.3)	0.5 (0.1, 2.1)
Katanga Rural	0.7 (0.1, 3.0)	0.0 -	0.5 (0.1, 2.4)	0.0 -	0.0 -	- -	0.0 -	0.0 -	0.2 (0.0, 1.0)
<i>Jadelle implants</i>									
Katanga Urban	46.5 (26.2, 68.0)	- -	46.5 (26.2, 68.0)	9.5 (2.6, 29.0)	6.1 (2.4, 14.5)	0.0 -	2.5 (0.9, 6.4)	3.0 (1.4, 6.0)	9.0 (5.1, 15.6)
Katanga Rural	6.8 (2.8, 15.6)	0.0 -	5.3 (2.1, 12.9)	28.4 (4.3, 77.6)	3.5 (1.2, 9.7)	- -	0.6 (0.1, 4.2)	1.3 (0.4, 4.1)	3.3 (1.7, 6.4)
IUDs									
Katanga Urban	32.4 (15.2, 56.1)	- -	32.4 (15.2, 56.1)	11.1 (3.3, 31.3)	3.0 (0.8, 10.4)	0.0 -	1.0 (0.2, 5.4)	1.3 (0.5, 3.6)	5.8 (2.7, 12.0)
Katanga Rural	5.0 (1.7, 13.8)	0.0 -	3.9 (1.3, 11.3)	0.0 -	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)	1.7 (0.6, 4.6)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p> <p>† The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview) (1 for Katanga urban and 0 for Katanga rural).</p> <p>‡ International quality-assured (IQA) contraceptives are defined as those on the WHO Prequalification or a Stringent Regulatory Authority (SRA) list. See Annex 8 for a list of all brands found in survey and quality-assurance indications.</p>									

Source: FPwatch Outlet Survey, DRC, 2015

Table D4: Availability of modern contraceptive method diversity, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, currently stocking / providing†:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
3+ methods‡									
Katanga Urban	58.7 (34.9, 79.0)	- -	58.7 (34.9, 79.0)	15.9 (6.2, 35.0)	9.9 (5.5, 17.1)	25.0 (25.0, 25.0)	23.0 (14.3, 34.9)	20.8 (12.9, 31.8)	25.8 (19.3, 33.6)
Katanga Rural	31.4 (21.0, 44.0)	0.0 -	24.6 (14.6, 38.3)	28.4 (4.3, 77.6)	7.5 (2.3, 21.5)	- -	3.2 (1.3, 7.8)	4.2 (2.1, 8.3)	12.7 (8.5, 18.7)
3+ methods with LARC§									
Katanga Urban	46.7 (24.5, 70.3)	- -	46.7 (24.5, 70.3)	15.9 (6.2, 35.0)	7.5 (3.6, 14.8)	0.0 -	2.1 (0.6, 6.6)	2.9 (1.4, 6.1)	9.2 (5.2, 15.8)
Katanga Rural	8.7 (4.2, 17.3)	0.0 -	6.8 (3.1, 14.5)	28.4 (4.3, 77.6)	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)	3.3 (1.7, 6.4)
3+ methods with LARC/PM									
Katanga Urban	52.6 (30.2, 74.1)	- -	52.6 (30.2, 74.1)	15.9 (6.2, 35.0)	7.5 (3.6, 14.8)	0.0 -	2.1 (0.6, 6.6)	2.9 (1.4, 6.1)	10.0 (5.9, 16.5)
Katanga Rural	10.6 (5.7, 18.9)	0.0 -	8.3 (4.1, 15.9)	28.4 (4.3, 77.6)	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)	3.9 (2.2, 6.8)
5+ methods§									
Katanga Urban	40.7 (24.6, 59.0)	- -	40.7 (24.6, 59.0)	11.1 (3.3, 31.3)	3.7 (0.9, 14.4)	0.0 -	1.0 (0.5, 2.1)	1.4 (0.6, 3.2)	7.0 (3.8, 12.6)
Katanga Rural	6.8 (3.0, 14.6)	0.0 -	5.3 (2.2, 12.2)	0.0 -	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)	2.3 (1.0, 5.0)
<p>* For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p> <p>† The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview) (1 for Katanga urban and 0 for Katanga rural).</p> <p>‡ 3 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.</p> <p>§ 5 or more among: male condoms, female condoms, cyclebeads, oral contraceptives, emergency contraceptives, birth control patches, injectables, implants, IUDs commodities and/or male sterilizations, female sterilizations services. No other modern contraceptive methods were found in sampled outlets.</p>									

Source: FPwatch Outlet Survey, DRC, 2015

Table D5: Current stock out* of selected modern contraceptive commodities on day of survey, among outlets reportedly stocking method in previous 3 months, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility [†]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets stocking method in previous 3 months, currently stocked out of [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
Oral contraceptives									
Katanga Urban	6.2 ⁽⁵³⁾ (1.5, 23.0)	-	6.2 ⁽⁵⁸⁾ (1.5, 23.0)	11.0 ⁽⁵⁾ (1.1, 57.8)	25.2 ⁽¹⁹⁾ (7.4, 58.7)	25.0 ⁽⁴⁾ (25.0, 25.0)	22.3 ⁽¹⁵⁹⁾ (16.6, 29.4)	22.8 ⁽¹⁸²⁾ (17.5, 29.1)	19.8 ⁽²⁴⁰⁾ (14.4, 26.7)
Katanga Rural	16.5 ⁽⁶⁹⁾ (8.3, 30.2)	-	16.5 ⁽⁷¹⁾ (8.3, 30.2)	0.0 ⁽²⁾ -	7.1 ⁽⁶⁾ (0.8, 43.0)	-	21.8 ⁽⁴⁵⁾ (10.2, 40.8)	20.0 ⁽⁵¹⁾ (9.3, 37.8)	17.6 ⁽¹²²⁾ (10.7, 27.5)
Emergency contraceptives									
Katanga Urban	48.4 ⁽²⁰⁾ (23.8, 73.8)	-	48.4 ⁽²¹⁾ (23.8, 73.8)	0.0 ⁽¹⁾ -	87.6 ⁽⁵⁾ (46.9, 98.3)	25.0 ⁽⁴⁾ (25.0, 25.0)	22.2 ⁽⁸⁸⁾ (10.2, 41.5)	25.0 ⁽⁹⁷⁾ (12.8, 43.1)	27.2 ⁽¹¹⁸⁾ (14.5, 45.2)
Katanga Rural	66.8 ⁽²³⁾ (39.9, 86.0)	-	66.8 ⁽²³⁾ (39.9, 86.0)	-	0.0 ⁽¹⁾ -	-	72.6 ⁽⁶⁾ (67.8, 76.9)	46.9 ⁽⁷⁾ (13.3, 83.6)	61.4 ⁽³⁰⁾ (39.4, 79.6)
Contraceptive injectables									
Katanga Urban	13.6 ⁽⁵⁴⁾ (5.1, 31.3)	-	13.6 ⁽⁶¹⁾ (5.1, 31.3)	18.5 ⁽⁷⁾ (4.5, 52.0)	7.5 ⁽²⁰⁾ (1.7, 27.5)	100.0 ⁽¹⁾	22.1 ⁽¹⁰²⁾ (11.3, 38.7)	21.5 ⁽¹²³⁾ (10.5, 39.1)	19.6 ⁽¹⁸⁴⁾ (10.1, 34.5)
Katanga Rural	39.2 ⁽⁹³⁾ (27.0, 52.9)	-	39.2 ⁽⁹⁵⁾ (27.0, 52.9)	0.0 ⁽²⁾ -	25.1 ⁽¹¹⁾ (6.6, 61.4)	-	53.3 ⁽²¹⁾ (33.2, 72.4)	45.0 ⁽³²⁾ (27.2, 64.3)	39.5 ⁽¹²⁷⁾ (28.9, 51.2)
Implants									
Katanga Urban	10.5 ⁽⁴⁹⁾ (3.3, 28.7)	-	10.5 ⁽⁵³⁾ (3.3, 28.7)	53.7 ⁽⁴⁾ (19.1, 85.1)	16.9 ⁽⁶⁾ (1.9, 67.8)	-	41.0 ⁽¹⁰⁾ (22.7, 62.2)	34.1 ⁽¹⁶⁾ (20.9, 50.3)	20.3 ⁽⁶⁹⁾ (10.2, 36.3)
Katanga Rural	50.5 ⁽²⁴⁾ (25.1, 75.7)	-	50.5 ⁽²⁵⁾ (25.1, 75.7)	0.0 ⁽¹⁾ -	0.0 ⁽⁴⁾ -	-	0.0 ⁽²⁾ -	0.0 ⁽⁶⁾ -	40.6 ⁽³¹⁾ (20.4, 64.5)
IUDs									
Katanga Urban	8.3 ⁽³⁰⁾ (1.5, 34.3)	-	8.3 ⁽³³⁾ (1.5, 34.3)	30.3 ⁽³⁾ (3.3, 84.8)	53.6 ⁽⁴⁾ (12.2, 90.6)	-	27.2 ⁽⁴⁾ (2.8, 82.7)	40.8 ⁽⁸⁾ (20.6, 64.6)	18.1 ⁽⁴¹⁾ (6.9, 39.6)
Katanga Rural	64.2 ⁽²²⁾ (35.5, 85.3)	-	64.2 ⁽²²⁾ (35.5, 85.3)	-	0.0 ⁽¹⁾ -	-	-	0.0 ⁽¹⁾ -	62.1 ⁽²³⁾ (34.9, 83.4)
<p>* This indicator is among all screened outlets. It does not account for whether the outlet is expected to provide the commodity according to national regulations. It is a point-in-time stock out indicator from http://www.rhsupplies.org/fileadmin/uploads/rhsc/Issues/Addressing_Stockouts/Takestock/Documents/Using-the_Power_of_Partnership_to_Speak_the_same_Languageoon_Stockouts.pdf. It is defined as the percentage of facilities reporting that they have stocked the method in the previous 3 months but were stocked out on the day of the assessment.</p> <p>† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public</p>									

Table D5: Current stock out* of selected modern contraceptive commodities on day of survey, among outlets reportedly stocking method in previous 3 months, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility†	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
Proportion of outlets stocking method in previous 3 months, currently stocked out of‡:	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
<p>facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p> <p>‡ The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview) (1 for Katanga urban and 1 for Katanga rural).</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range ^{§,¶} :		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
Male condoms					
Katanga Urban	DRC Franc	25.00 ⁽⁴⁰⁾ [0.00-33.33]	67.50 ⁽⁴⁾ [60.00-100.00]	40.00 ⁽²⁸²⁾ [25.00-50.00]	40.00 ⁽³²⁶⁾ [25.00-50.00]
	USD	\$0.03 ⁽⁴⁰⁾ [0.00-0.04]	\$0.07 ⁽⁴⁾ [0.07-0.11]	\$0.04 ⁽²⁸²⁾ [0.03-0.05]	\$0.04 ⁽³²⁶⁾ [0.03-0.05]
	USD per CYP	\$3.30 ⁽⁴⁰⁾ [0.00-4.40]	\$8.91 ⁽⁴⁾ [7.92-13.20]	\$5.28 ⁽²⁸²⁾ [3.30-6.60]	\$5.28 ⁽³²⁶⁾ [3.30-6.60]
Katanga Rural	DRC Franc	25.00 ⁽¹³⁾ [0.00-30.00]	- -	25.00 ⁽¹³³⁾ [16.67-33.33]	25.00 ⁽¹⁴⁶⁾ [16.67-33.33]
	USD	\$0.03 ⁽¹³⁾ [0.00-0.03]	- -	\$0.03 ⁽¹³³⁾ [0.02-0.04]	\$0.03 ⁽¹⁴⁶⁾ [0.02-0.04]
	USD per CYP	\$3.30 ⁽¹³⁾ [0.00-3.96]	- -	\$3.30 ⁽¹³³⁾ [2.20-4.40]	\$3.30 ⁽¹⁴⁶⁾ [2.20-4.40]
Female condoms					
Katanga Urban	DRC Franc	0.00 ⁽³⁾ [0.00-150.00]	100.00 ⁽¹⁾ -	150.00 ⁽²³⁾ [100.00-200.00]	150.00 ⁽²⁷⁾ [100.00-200.00]
	USD	\$0.00 ⁽³⁾ [0.00-0.17]	\$0.11 ⁽¹⁾ -	\$0.17 ⁽²³⁾ [0.11-0.22]	\$0.17 ⁽²⁷⁾ [0.11-0.22]
	USD per CYP	\$0.00 ⁽³⁾ [0.00-19.80]	\$13.20 ⁽¹⁾ -	\$19.80 ⁽²³⁾ [13.20-26.40]	\$19.80 ⁽²⁷⁾ [13.20-26.40]
Katanga Rural	DRC Franc	0.00 ⁽²⁾ [0.00-0.00]	- -	100.00 ⁽⁶⁾ [50.00-100.00]	100.00 ⁽⁸⁾ [50.00-100.00]
	USD	\$0.00 ⁽²⁾ [0.00-0.00]	- -	\$0.11 ⁽⁶⁾ [0.05-0.11]	\$0.11 ⁽⁸⁾ [0.05-0.11]
	USD per CYP	\$0.00 ⁽²⁾ [0.00-0.00]	- -	\$13.20 ⁽⁶⁾ [6.60-13.20]	\$13.20 ⁽⁸⁾ [6.60-13.20]
Cyclebeads					
Katanga Urban	DRC Franc	0.00 ⁽⁵⁾ [0.00-0.00]	- -	1500.00 ⁽⁶⁾ [500.00-1500.00]	500.00 ⁽¹¹⁾ [0.00-1500.00]
	USD	\$0.00 ⁽⁵⁾ [0.00-0.00]	- -	\$1.65 ⁽⁶⁾ [0.55-1.65]	\$0.55 ⁽¹¹⁾ [0.00-1.65]
	USD per CYP	\$0.00 ⁽⁵⁾ [0.00-0.00]	- -	\$1.10 ⁽⁶⁾ [0.37-1.10]	\$0.37 ⁽¹¹⁾ [0.00-1.10]
Katanga Rural	DRC Franc	0.00 ⁽³⁾	-	1000.00 ⁽¹⁾	1000.00 ⁽⁴⁾

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
		[0.00-1000.00]	-	-	[0.00-1000.00]
	USD	\$0.00 ⁽³⁾ [0.00-1.10]	-	\$1.10 ⁽¹⁾ -	\$1.10 ⁽⁴⁾ [0.00-1.10]
	USD per CYP	\$0.00 ⁽³⁾ [0.00-0.73]	-	\$0.73 ⁽¹⁾ -	\$0.73 ⁽⁴⁾ [0.00-0.73]
Oral contraceptives					
Katanga Urban	DRC Franc	0.00 ⁽¹⁷⁾ [0.00-0.00]	0.00 ⁽⁵⁾ [0.00-0.00]	0.00 ⁽¹⁴²⁾ [0.00-0.00]	0.00 ⁽¹⁶⁴⁾ [0.00-0.00]
	USD	\$0.55 ⁽¹⁷⁾ [0.00-0.55]	\$0.40 ⁽⁵⁾ [0.40-0.40]	\$0.55 ⁽¹⁴²⁾ [0.33-0.55]	\$0.55 ⁽¹⁶⁴⁾ [0.33-0.55]
	USD per CYP	\$8.25 ⁽¹⁷⁾ [0.00-8.25]	\$6.05 ⁽⁵⁾ [6.05-6.05]	\$8.25 ⁽¹⁴²⁾ [4.95-8.25]	\$8.25 ⁽¹⁶⁴⁾ [4.95-8.25]
Katanga Rural	DRC Franc	0.00 ⁽⁵⁾ [0.00-300.00]	-	500.00 ⁽³⁸⁾ [300.00-500.00]	500.00 ⁽⁴³⁾ [300.00-500.00]
	USD	\$0.00 ⁽⁵⁾ [0.00-0.33]	-	\$0.55 ⁽³⁸⁾ [0.33-0.55]	\$0.55 ⁽⁴³⁾ [0.33-0.55]
	USD per CYP	\$0.00 ⁽⁵⁾ [0.00-4.95]	-	\$8.25 ⁽³⁸⁾ [4.95-8.25]	\$8.25 ⁽⁴³⁾ [4.95-8.25]
Combined oral contraceptives					
Katanga Urban	DRC Franc	0.00 ⁽¹⁶⁾ [0.00-0.00]	0.00 ⁽⁵⁾ [0.00-0.00]	0.00 ⁽¹³¹⁾ [0.00-0.00]	0.00 ⁽¹⁵²⁾ [0.00-0.00]
	USD	\$0.55 ⁽¹⁶⁾ [0.00-0.55]	\$0.40 ⁽⁵⁾ [0.40-0.40]	\$0.55 ⁽¹³¹⁾ [0.33-0.55]	\$0.55 ⁽¹⁵²⁾ [0.33-0.55]
	USD per CYP	\$8.25 ⁽¹⁶⁾ [0.00-8.25]	\$6.05 ⁽⁵⁾ [6.05-6.05]	\$8.25 ⁽¹³¹⁾ [4.95-8.25]	\$8.25 ⁽¹⁵²⁾ [4.95-8.25]
Katanga Rural	DRC Franc	0.00 ⁽⁴⁾ [0.00-500.00]	-	500.00 ⁽³⁶⁾ [300.00-500.00]	500.00 ⁽⁴⁰⁾ [300.00-500.00]
	USD	\$0.00 ⁽⁴⁾ [0.00-0.55]	-	\$0.55 ⁽³⁶⁾ [0.33-0.55]	\$0.55 ⁽⁴⁰⁾ [0.33-0.55]
	USD per CYP	\$0.00 ⁽⁴⁾ [0.00-8.25]	-	\$8.25 ⁽³⁶⁾ [4.95-8.25]	\$8.25 ⁽⁴⁰⁾ [4.95-8.25]
Progestin-only pills					
Katanga Urban	DRC Franc	0.00 ⁽¹⁾ -	-	0.00 ⁽¹¹⁾ [0.00-0.00]	0.00 ⁽¹²⁾ [0.00-0.00]

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	USD	\$0.00 ⁽¹⁾ -	- -	\$0.55 ⁽¹¹⁾ [0.55-0.55]	\$0.55 ⁽¹²⁾ [0.55-0.55]
	USD per CYP	\$0.00 ⁽¹⁾ -	- -	\$8.25 ⁽¹¹⁾ [8.25-8.25]	\$8.25 ⁽¹²⁾ [8.25-8.25]
Katanga Rural	DRC Franc	0.00 ⁽¹⁾ -	- -	1000.00 ⁽²⁾ [500.00-1000.00]	0.00 ⁽³⁾ [0.00-500.00]
	USD	\$0.00 ⁽¹⁾ -	- -	\$1.10 ⁽²⁾ [0.55-1.10]	\$0.00 ⁽³⁾ [0.00-0.55]
	USD per CYP	\$0.00 ⁽¹⁾ -	- -	\$16.50 ⁽²⁾ [8.25-16.50]	\$0.00 ⁽³⁾ [0.00-8.25]
Emergency contraceptives					
Katanga Urban	DRC Franc	0.00 ⁽¹⁾ -	0.00 ⁽³⁾ [0.00-0.00]	0.00 ⁽⁸¹⁾ [0.00-0.00]	0.00 ⁽⁸⁵⁾ [0.00-0.00]
	USD	\$1.65 ⁽¹⁾ -	\$2.75 ⁽³⁾ [2.75-10.12]	\$2.20 ⁽⁸¹⁾ [1.65-3.85]	\$2.20 ⁽⁸⁵⁾ [1.65-3.85]
	USD per CYP	\$33.00 ⁽¹⁾ -	\$55.00 ⁽³⁾ [55.00-202.40]	\$44.00 ⁽⁸¹⁾ [33.00-77.00]	\$44.00 ⁽⁸⁵⁾ [33.00-77.00]
Katanga Rural	DRC Franc	0.00 ⁽¹⁾ -	- -	1500.00 ⁽²⁾ [1000.00-2000.00]	0.00 ⁽³⁾ [0.00-1000.00]
	USD	\$0.00 ⁽¹⁾ -	- -	\$1.65 ⁽²⁾ [1.10-2.20]	\$0.00 ⁽³⁾ [0.00-1.10]
	USD per CYP	\$0.00 ⁽¹⁾ -	- -	\$33.00 ⁽²⁾ [22.00-44.00]	\$0.00 ⁽³⁾ [0.00-22.00]
Contraceptive injectables					
Katanga Urban	DRC Franc	0.00 ⁽¹⁹⁾ [0.00-0.00]	- -	0.00 ⁽⁸⁹⁾ [0.00-0.00]	0.00 ⁽¹⁰⁸⁾ [0.00-0.00]
	USD	\$1.65 ⁽¹⁹⁾ [1.10-2.20]	- -	\$1.10 ⁽⁸⁹⁾ [0.55-1.10]	\$1.10 ⁽¹⁰⁸⁾ [0.55-1.65]
	USD per CYP	\$6.60 ⁽¹⁹⁾ [4.40-8.80]	- -	\$4.40 ⁽⁸⁹⁾ [2.20-4.40]	\$4.40 ⁽¹⁰⁸⁾ [2.20-6.60]
Katanga Rural	DRC Franc	0.00 ⁽⁶⁾ [0.00-4000.00]	- -	1000.00 ⁽¹³⁾ [500.00-1000.00]	1000.00 ⁽¹⁹⁾ [500.00-1500.00]
	USD	\$0.00 ⁽⁶⁾ [0.00-4.40]	- -	\$1.10 ⁽¹³⁾ [0.55-1.10]	\$1.10 ⁽¹⁹⁾ [0.55-1.65]

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	USD per CYP	\$0.00 ⁽⁶⁾ [0.00-17.60]	- -	\$4.40 ⁽¹³⁾ [2.20-4.40]	\$4.40 ⁽¹⁹⁾ [2.20-6.60]
<i>Depo-provera injectables</i>					
Katanga Urban	DRC Franc	0.00 ⁽⁶⁾ [0.00-4000.00]	- -	1000.00 ⁽¹³⁾ [500.00-1000.00]	1000.00 ⁽¹⁹⁾ [500.00-1500.00]
	USD	\$0.00 ⁽⁶⁾ [0.00-4.40]	- -	\$1.10 ⁽¹³⁾ [0.55-1.10]	\$1.10 ⁽¹⁹⁾ [0.55-1.65]
	USD per CYP	\$0.00 ⁽⁶⁾ [0.00-17.60]	- -	\$4.40 ⁽¹³⁾ [2.20-4.40]	\$4.40 ⁽¹⁹⁾ [2.20-6.60]
Katanga Rural	DRC Franc	0.00 ⁽⁶⁾ [0.00-4000.00]	- -	1000.00 ⁽¹³⁾ [500.00-1000.00]	1000.00 ⁽¹⁹⁾ [500.00-1500.00]
	USD	\$0.00 ⁽⁶⁾ [0.00-4.40]	- -	\$1.10 ⁽¹³⁾ [0.55-1.10]	\$1.10 ⁽¹⁹⁾ [0.55-1.65]
	USD per CYP	\$0.00 ⁽⁶⁾ [0.00-17.60]	- -	\$4.40 ⁽¹³⁾ [2.20-4.40]	\$4.40 ⁽¹⁹⁾ [2.20-6.60]
<i>Noristerat injectables</i>					
Katanga Urban	DRC Franc	0.00 ⁽²⁾ [0.00-0.00]	- -	0.00 ⁽⁴⁾ [0.00-0.00]	0.00 ⁽⁶⁾ [0.00-0.00]
	USD	\$1.10 ⁽²⁾ [0.55-1.10]	- -	\$1.10 ⁽⁴⁾ [1.10-2.20]	\$1.10 ⁽⁶⁾ [1.10-1.10]
	USD per CYP	\$6.60 ⁽²⁾ [3.30-6.60]	- -	\$6.60 ⁽⁴⁾ [6.60-13.20]	\$6.60 ⁽⁶⁾ [6.60-6.60]
Katanga Rural	DRC Franc	- -	- -	- -	- -
	USD	- -	- -	- -	- -
	USD per CYP	- -	- -	- -	- -
Implants					
Katanga Urban	DRC Franc	0.00 ⁽⁶⁾ [0.00-0.00]	- -	0.00 ⁽⁶⁾ [0.00-0.00]	0.00 ⁽¹²⁾ [0.00-0.00]
	USD	\$9.90 ⁽⁶⁾ [9.90-99.00]	- -	\$9.90 ⁽⁶⁾ [5.50-9.90]	\$9.90 ⁽¹²⁾ [5.50-11.00]
	USD per CYP	\$3.96 ⁽⁶⁾	-	\$2.61 ⁽⁶⁾	\$2.61 ⁽¹²⁾

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,¶}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
		[2.61-26.05]	-	[1.45-2.61]	[1.45-2.89]
Katanga Rural	DRC Franc	10000.00 ⁽⁴⁾ [2000.00-10000.00]	-	4500.00 ⁽²⁾ [4500.00-4500.00]	4500.00 ⁽⁶⁾ [2000.00-10000.00]
	USD	\$11.00 ⁽⁴⁾ [2.20-11.00]	-	\$4.95 ⁽²⁾ [4.95-4.95]	\$4.95 ⁽⁶⁾ [2.20-11.00]
	USD per CYP	\$2.89 ⁽⁴⁾ [0.58-2.89]	-	\$1.30 ⁽²⁾ [1.30-1.30]	\$1.30 ⁽⁶⁾ [0.58-2.89]
<i>Implanon implants</i>					
Katanga Urban	DRC Franc	0.00 ⁽¹⁾ -	-	-	0.00 ⁽¹⁾ -
	USD	\$9.90 ⁽¹⁾ -	-	-	\$9.90 ⁽¹⁾ -
	USD per CYP	\$3.96 ⁽¹⁾ -	-	-	\$3.96 ⁽¹⁾ -
Katanga Rural	DRC Franc	-	-	-	-
	USD	-	-	-	-
	USD per CYP	-	-	-	-
<i>Jadelle implants</i>					
Katanga Urban	DRC Franc	0.00 ⁽⁵⁾ [0.00-0.00]	-	0.00 ⁽⁶⁾ [0.00-0.00]	0.00 ⁽¹¹⁾ [0.00-0.00]
	USD	\$9.90 ⁽⁵⁾ [9.90-99.00]	-	\$9.90 ⁽⁶⁾ [5.50-9.90]	\$9.90 ⁽¹¹⁾ [5.50-11.00]
	USD per CYP	\$2.61 ⁽⁵⁾ [2.61-26.05]	-	\$2.61 ⁽⁶⁾ [1.45-2.61]	\$2.61 ⁽¹¹⁾ [1.45-2.89]
Katanga Rural	DRC Franc	10000.00 ⁽⁴⁾ [2000.00-10000.00]	-	4500.00 ⁽²⁾ [4500.00-4500.00]	4500.00 ⁽⁶⁾ [2000.00-10000.00]
	USD	\$11.00 ⁽⁴⁾ [2.20-11.00]	-	\$4.95 ⁽²⁾ [4.95-4.95]	\$4.95 ⁽⁶⁾ [2.20-11.00]
	USD per CYP	\$2.89 ⁽⁴⁾ [0.58-2.89]	-	\$1.30 ⁽²⁾ [1.30-1.30]	\$1.30 ⁽⁶⁾ [0.58-2.89]
IUDs					

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range ^{§,¶} :		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
Katanga Urban	DRC Franc	0.00 ⁽²⁾ [0.00-0.00]	- -	0.00 ⁽²⁾ [0.00-0.00]	0.00 ⁽⁴⁾ [0.00-0.00]
	USD	\$9.90 ⁽²⁾ [9.90-9.90]	- -	\$2.20 ⁽²⁾ [2.20-2.20]	\$2.20 ⁽⁴⁾ [2.20-9.90]
	USD per CYP	\$0.00 ⁽²⁾ [0.00-0.00]	- -	\$0.00 ⁽²⁾ [0.00-0.00]	\$0.00 ⁽⁴⁾ [0.00-0.00]
Katanga Rural	DRC Franc	0.00 ⁽¹⁾ -	- -	- -	0.00 ⁽¹⁾ -
	USD	\$0.00 ⁽¹⁾ -	- -	- -	\$0.00 ⁽¹⁾ -
	USD per CYP	\$0.00 ⁽¹⁾ -	- -	- -	\$0.00 ⁽¹⁾ -
Male sterilization					
Katanga Urban	DRC Franc	0.00 ⁽¹⁾ -	- -	- -	0.00 ⁽¹⁾ -
	USD	\$0.00 ⁽¹⁾ -	- -	- -	\$0.00 ⁽¹⁾ -
	USD per CYP	\$0.00 ⁽¹⁾ -	- -	- -	\$0.00 ⁽¹⁾ -
Katanga Rural	DRC Franc	- -	- -	- -	- -
	USD	- -	- -	- -	- -
	USD per CYP	- -	- -	- -	- -
Female sterilization					
Katanga Urban	DRC Franc	900000.00 ⁽²⁾ [45000.00-900000.00]	- -	- -	900000.00 ⁽²⁾ [45000.00-900000.00]
	USD	\$990.00 ⁽²⁾ [49.50-990.00]	- -	- -	\$990.00 ⁽²⁾ [49.50-990.00]
	USD per CYP	\$106.45 ⁽²⁾ [5.32-106.45]	- -	- -	\$106.45 ⁽²⁾ [5.32-106.45]
Katanga Rural	DRC Franc	10000.00 ⁽²⁾ [10000.00-90000.00]	- -	- -	10000.00 ⁽²⁾ [10000.00-90000.00]

Table D6: Median price of selected modern contraceptive methods in DRC Francs*, USD, and USD per CYP^{†‡}, by private outlet type – Katanga Urban/Rural, 2015

		Private For-Profit Health Facility	Pharmacy	Drug Store	Private Total
Median price of method, with interquartile range^{§,∞}:		Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]	Median ^(N) [IQR]
	USD	\$11.00 ⁽²⁾ [11.00-99.00]	- -	- -	\$11.00 ⁽²⁾ [11.00-99.00]
	USD per CYP	\$1.18 ⁽²⁾ [1.18-10.65]	- -	- -	\$1.18 ⁽²⁾ [1.18-10.65]
<p>* Based on the average rate of exchange from October 9th to December 2nd, 2015 of 912.270 Congolese Francs per 1 USD.</p> <p>† This price is determined for the unit used in CYP conversion factors: condoms: 1 condom; oral contraceptives: 1 cycle or blister package; emergency contraceptives: 1 dose; injectables: 1 dose/injection; implants: 1 implant insertion (1 or 2 rods); IUDs: 1 IUD.</p> <p>‡ CYP – Couple Year Protection is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period (see Annex 11).</p> <p>§ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include a service charge.</p> <p>∞ The number of family planning products captured in audits sheets with missing price information are as follows: 10 male condoms (6 urban; 4 rural), 4 female condoms (3 urban; 1 rural), 0 cycle beads, 0 male vasectomies, 0 female tubal ligations, 10 oral contraceptives (10 urban; 0 rural), 2 emergency contraceptives (2 urban; 0 rural), 36 injections (28 urban; 8 rural), 11 implants (6 urban; 5 rural) and 4 IUDs (3 urban; 1 rural).</p>					
Source: FPwatch Outlet Survey, DRC, 2015					

Table D7: Median markup percentage for selected modern contraceptive commodities with interquartile range, by private outlet type – Katanga Urban/Rural, 2015

	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
Median markup percentage of commodity, with interquartile range ^{*,†,‡} :	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]	Median % ^(N) [IQR %]
Oral contraceptives				
Katanga Urban	0.0% ⁽⁹⁾ (0.0%, 100%)	- -	90% ⁽⁷⁰⁾ (50%, 150%)	80% ⁽⁷⁹⁾ (30%, 130%)
Katanga Rural	0.0 ⁽²⁾ -	- -	100% ⁽²²⁾ (70%, 150%)	100% ⁽²⁴⁾ (0.0%, 150%)
Emergency contraceptives				
Katanga Urban	70% ⁽¹⁾ (70%, 70%)	150% ⁽³⁾ (90%, 150%)	70% ⁽⁴⁸⁾ (30%, 100%)	70% ⁽⁵²⁾ (30%, 100%)
Katanga Rural	0.0 ⁽¹⁾ -	- -	50% ⁽¹⁾ (50%, 50%)	0.0 ⁽²⁾ -
Contraceptive injectables				
Katanga Urban	200% ⁽⁸⁾ (150%, 400%)	- -	100% ⁽³⁷⁾ (60%, 200%)	100% ⁽⁴⁵⁾ (60%, 200%)
Katanga Rural	0.0% ⁽⁴⁾ (0.0%, 700%)	- -	100% ⁽¹⁰⁾ (50%, 150%)	60% ⁽¹⁴⁾ (0.0%, 300%)
Implants				
Katanga Urban	3,900% ⁽²⁾ (150%, 3,900%)	- -	90% ⁽⁴⁾ (70%, 150%)	150% ⁽⁶⁾ (90%, 780%)
Katanga Rural	-80% ⁽²⁾ (-80%, -80%)	- -	- -	-80% ⁽²⁾ (-80%, -80%)
IUDs				
Katanga Urban	3,170% ⁽¹⁾ (3,170%, 3,170%)	- -	150% ⁽¹⁾ (150%, 150%)	150% ⁽²⁾ (150%, 3,170%)
Katanga Rural	- -	- -	- -	- -
<p>* The number of family planning products captured in audit sheets with missing retail and/or wholesale price information are as follows: 104 oral contraceptives (85 urban; 19 rural), 34 emergency contraceptives (33 urban; 1 rural), 68 injections (63 urban; 5 rural), 10 implants (6 urban; 4 rural) and 3 IUDs (2 urban; 1 rural).</p> <p>† To determine median markup percentage, we first determined the profit margin for selected modern contraceptives at private sector outlet categories: retail price – wholesale price. We then determined a profit margin proportion by: profit margin/retail price. Finally, we converted profit margin to markup by: wholesale price/(1- profit margin proportion). We converted to a percentage and determined the median markup with IQR range. Using oral contraceptives sold in private health facilities as an example, this can be interpreted as private health facilities adding 50% to the wholesale costs to set the retail cost.</p> <p>‡ Price for all commodities with provider-dependent service (injectables, implants, IUDs) may include service charge.</p>				

Source: FPwatch Outlet Survey, DRC, 2015

Table D8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Katanga Urban/Rural, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total™
	%	%	%	%	%	%	%	%	%
1. Male condoms									
Katanga Urban	15.4	0.0	15.4	0.7	3.0	0.8	16.1	19.9	36.0
Katanga Rural	20.7	0.0	20.7	0.3	0.9	0.0	20.0	20.9	41.9
2. Female condoms									
Katanga Urban	0.2	0.0	0.2	0.0	0.1	0.0	0.1	0.2	0.4
Katanga Rural	0.2	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.3
3. Cyclebeads									
Katanga Urban	0.6	0.0	0.6	1.4	3.0	0.0	0.1	3.1	5.1
Katanga Rural	19.6	0.0	19.6	0.0	2.2	0.0	2.7	5.0	24.5
4. Oral contraceptives									
Katanga Urban	0.7	0.0	0.7	0.2	0.3	0.2	3.1	3.6	4.6
Katanga Rural	2.4	0.0	2.4	0.1	0.5	0.0	2.5	3.0	5.4
<i>IQA§ oral contraceptives</i>									
Katanga Urban	0.7	0.0	0.7	0.2	0.3	0.2	3.1	3.6	4.6
Katanga Rural	2.4	0.0	2.4	0.1	0.5	0.0	2.5	3.0	5.4
<i>Combined oral contraceptives</i>									
Katanga Urban	0.6	0.0	0.6	0.1	0.3	0.2	2.9	3.4	4.2
Katanga Rural	2.0	0.0	2.0	0.1	0.5	0.0	2.4	2.9	5.0
<i>Progestin-only pills</i>									
Katanga Urban	0.1	0.0	0.1	0.1	0.0	0.0	0.2	0.2	0.4
Katanga Rural	0.4	0.0	0.4	0.0	0.0	0.0	0.1	0.1	0.5
5. Emergency contraceptives									
Katanga Urban	0.1	0.0	0.1	0.0	0.0	0.2	2.3	2.5	2.5
Katanga Rural	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1
<i>IQA§ emergency contraceptives</i>									
Katanga Urban	0.1	0.0	0.1	0.0	0.0	0.1	0.7	0.7	0.8
Katanga Rural	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1
6. Birth control patches									
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables									
Katanga Urban	1.9	0.0	1.9	0.4	1.8	0.0	4.9	6.7	9.0
Katanga Rural	7.9	0.0	7.9	0.9	0.9	0.0	0.7	1.6	10.5
<i>Depo-provera injectables</i>									

Table D8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Katanga Urban/Rural, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*†:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total [∞]
	%	%	%	%	%	%	%	%	%
Katanga Urban	1.4	0.0	1.4	0.4	1.8	0.0	4.4	6.2	8.0
Katanga Rural	5.5	0.0	5.5	0.4	0.9	0.0	0.7	1.6	7.6
<i>Noristerat injectables</i>									
Katanga Urban	0.5	0.0	0.5	0.0	0.0	0.0	0.5	0.5	1.0
Katanga Rural	2.4	0.0	2.4	0.5	0.0	0.0	0.0	0.0	2.8
<i>Sayana Press injectables</i>									
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8. Implants									
Katanga Urban	32.1	0.0	32.1	0.5	2.6	0.0	2.4	5.0	37.7
Katanga Rural	7.5	0.0	7.5	0.0	1.7	0.0	0.0	1.7	9.2
<i>Implanon implants</i>									
Katanga Urban	0.5	0.0	0.5	0.2	0.0	0.0	0.0	0.0	0.7
Katanga Rural	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	1.2
<i>Jadelle implants</i>									
Katanga Urban	31.6	0.0	31.6	0.3	2.6	0.0	2.4	5.0	37.0
Katanga Rural	6.3	0.0	6.3	0.0	1.7	0.0	0.0	1.7	8.0
9. IUDs									
Katanga Urban	2.4	0.0	2.4	0.3	2.1	0.0	0.0	2.1	4.7
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10. Male sterilization									
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization									
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	6.3	0.0	6.3	0.0	1.7	0.0	0.0	1.7	8.0
OUTLET TYPE TOTAL[∞]									
Katanga Urban	53.3	0.0	53.3	3.5	13.0	1.2	29.0	43.2	100.0
Katanga Rural	64.7	0.0	64.7	1.3	8.0	0.0	26.0	34.0	100.0

* A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month, 9,469 in urban Katanga and 8,523 in rural Kinshasa. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† In urban Katanga, 468 FP products were audited, not including condoms or cycle beads (299 contraceptive tablets, 131 injection products, 38 insertion products) 212, 26 and 17 outlets were audited for male condoms, female condoms and CycleBeads respectively, 7 outlets and 2 outlets for female and male sterilization services respectively. One insertion product and no tablets or injectables were excluded from analysis due to inconsistent or missing generic names, 74 male condoms, 12 female condoms and 5 CycleBeads were excluded from analysis for missing volume information while 2 female and no male sterilizations were excluded for similar missing volume information.

Table D8: Contraceptive method market share: Relative proportion of total CYP sold/distributed, by method and outlet type – Katanga Urban/Rural, 2015

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type as a % of total CYPs sold / distributed*,:	Public Health Facility‡	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Method Total [∞]
	%	%	%	%	%	%	%	%	%
<p>In rural Katanga, 145 FP products were audited, not including condoms or cycle beads (78 contraceptive tablets, 48 injection products, 19 insertion products) 67, 13 and 17 outlets were audited for male condoms, female condoms and CycleBeads respectively, 7 and 2 outlets for female and male sterilization services respectively. No tablets or injectables or insertion products were excluded from analysis due to inconsistent or missing generic names, 15 male condoms, 2 female condoms and 3 CycleBeads were excluded from analysis for missing volume information while no sterilizations were excluded for similar missing volume information. A total of 16 products in urban Katanga and 5 products in rural Katanga were excluded due to outlier volumes and price.</p> <p>‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p> <p>§ Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey.</p> <p>∞ Row total: CYP volume for the specified contraceptive method type. Column total: market share for the specified outlet type method categories 1-11.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table D9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Katanga Urban/Rural, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type ^{*,†} :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
1. Male condoms								
Katanga Urban	28.8	0.0	28.8	20.1	23.4	66.7	55.6	46.2
Katanga Rural	32.0	0.0	32.0	25.3	11.1	0.0	76.9	61.4
2. Female condoms								
Katanga Urban	0.4	0.0	0.4	0.0	0.9	0.0	0.4	0.5
Katanga Rural	0.3	0.0	0.3	0.0	0.2	0.0	0.3	0.3
3. CycleBeads								
Katanga Urban	1.1	0.0	1.1	40.2	23.0	0.0	0.4	7.2
Katanga Rural	30.3	0.0	30.3	0.0	28.1	0.0	10.4	14.6
4. Oral contraceptives								
Katanga Urban	1.3	0.0	1.3	6.6	2.6	17.4	10.6	8.4
Katanga Rural	3.7	0.0	3.7	4.7	6.2	0.0	9.5	8.7
<i>IQA[§] oral contraceptives</i>								
Katanga Urban	1.3	0.0	1.3	6.6	2.6	17.4	10.6	8.4
Katanga Rural	3.7	0.0	3.7	4.7	6.2	0.0	9.5	8.7
<i>Combined oral contraceptives</i>								
Katanga Urban	1.2	0.0	1.2	4.0	2.6	17.4	9.9	7.9
Katanga Rural	3.1	0.0	3.1	4.7	6.2	0.0	9.1	8.4
<i>Progestin-only pills</i>								
Katanga Urban	0.1	0.0	0.1	2.6	0.0	0.0	0.7	0.5
Katanga Rural	0.6	0.0	0.6	0.0	0.0	0.0	0.4	0.3
5. Emergency contraceptives								
Katanga Urban	0.1	0.0	0.1	0.0	0.0	16.0	7.8	5.7
Katanga Rural	0.1	0.0	0.1	0.0	0.4	0.0	0.1	0.1
<i>IQA[§] emergency contraceptives</i>								
Katanga Urban	0.1	0.0	0.1	0.0	0.0	5.0	2.3	1.7
Katanga Rural	0.1	0.0	0.1	0.0	0.4	0.0	0.1	0.1
6. Birth control patches								
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7. Contraceptive injectables								
Katanga Urban	3.6	0.0	3.6	10.8	14.2	0.0	16.7	15.5
Katanga Rural	12.2	0.0	12.2	70.0	11.3	0.0	2.9	4.9
<i>Depo-provera injectables</i>								
Katanga Urban	2.6	0.0	2.6	10.8	14.1	0.0	15.2	14.4

Table D9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Katanga Urban/Rural, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type ^{*,†} :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
Katanga Rural	8.5	0.0	8.5	34.9	11.3	0.0	2.9	4.9
<i>Noristerat injectables</i>								
Katanga Urban	0.9	0.0	0.9	0.0	0.1	0.0	1.6	1.1
Katanga Rural	3.7	0.0	3.7	35.1	0.0	0.0	0.0	0.0
<i>Sayana Press injectables</i>								
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8. Implants								
Katanga Urban	60.2	0.0	60.2	15.0	19.9	0.0	8.4	11.6
Katanga Rural	11.6	0.0	11.6	0.0	21.0	0.0	0.0	4.9
<i>Implanon implants</i>								
Katanga Urban	0.9	0.0	0.9	6.0	0.0	0.0	0.0	0.0
Katanga Rural	1.9	0.0	1.9	0.0	0.0	0.0	0.0	0.0
<i>Jadelle implants</i>								
Katanga Urban	59.3	0.0	59.3	9.1	19.9	0.0	8.4	11.6
Katanga Rural	9.7	0.0	9.7	0.0	21.0	0.0	0.0	4.9
9. IUDs								
Katanga Urban	4.5	0.0	4.5	7.2	16.1	0.0	0.0	4.8
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10. Male sterilization								
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11. Female sterilization								
Katanga Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Katanga Rural	9.7	0.0	9.7	0.0	21.7	0.0	0.0	5.1

- * A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month, 9,469 in urban Katanga and 8,523 in rural Kinshasa. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 6-9 and number of sterilizations reportedly performed for categories 10-11. In urban Katanga, 468 FP products were audited, not including condoms or cycle beads (299 contraceptive tablets, 131 injection products, 38 insertion products) 212, 26 and 17 outlets were audited for male condoms, female condoms and CycleBeads respectively, 7 outlets and 2 outlets for female and male sterilization services respectively. One insertion product and no tablets or injectables were excluded from analysis due to inconsistent or missing generic names, 74 male condoms, 12 female condoms and 5 CycleBeads were excluded from analysis for missing volume information while 2 female and no male sterilizations were excluded for similar missing volume information. In rural Katanga, 145 FP products were audited, not including condoms or cycle beads (78 contraceptive tablets, 48 injection products, 19 insertion products) 67, 13 and 17 outlets were audited for male condoms, female condoms and CycleBeads respectively, 7 and 2 outlets for female and male sterilization services respectively. No tablets or injectables or insertion products were excluded from analysis due to inconsistent or missing generic names, 15 male condoms, 2 female condoms and 3 CycleBeads were excluded from analysis for missing volume information while no sterilizations were excluded for similar missing volume information. A total of 16 products in urban Katanga and 5 products in rural Katanga were excluded due to outlier volumes and price.
- † For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are

Table D9: Contraceptive method market share within outlet type: Relative proportion of total CYP sold / distributed within outlet type, by method – Katanga Urban/Rural, 2015

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type ^{*,†} :	Public Health Facility [‡]	Community Health Worker	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
	%	%	%	%	%	%	%	%
	no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.							
§	Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex 8 for a list of all quality assured brands found in the survey.							
	Categories 1 through 11 sum to 100% within each column.							
Source: FPwatch Outlet Survey, DRC, 2015								

Table D10: Availability of selected contraceptive services, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Workers	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, providing[†]:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
Contraceptive injection service									
Katanga Urban	61.8 (50.1, 72.3)	- -	61.8 (50.1, 72.3)	59.6 (39.0, 77.3)	39.8 (32.0, 48.0)	0.0 -	9.0 (5.7, 13.9)	13.9 (9.5, 19.9)	21.8 (15.7, 29.4)
Katanga Rural	58.0 (45.7, 69.4)	0.0 -	45.4 (30.5, 61.2)	61.5 (23.1, 89.4)	20.0 (11.1, 33.3)	- -	1.9 (0.7, 5.3)	6.2 (3.7, 10.2)	22.7 (17.2, 29.4)
Implant insertion service									
Katanga Urban	59.6 (40.9, 76.0)	- -	59.6 (40.9, 76.0)	26.5 (11.5, 50.2)	14.7 (9.0, 23.2)	0.0 -	1.1 (0.3, 4.1)	3.4 (2.1, 5.5)	11.8 (7.1, 18.9)
Katanga Rural	18.6 (12.4, 26.8)	0.0 -	14.5 (8.8, 23.1)	28.4 (4.3, 77.6)	9.9 (4.4, 20.8)	- -	0.0 -	2.3 (1.1, 5.1)	7.6 (5.1, 11.1)
IUD insertion service									
Katanga Urban	39.7 (18.1, 66.3)	- -	39.7 (18.1, 66.3)	18.7 (6.6, 43.0)	9.0 (4.6, 16.9)	0.0 -	0.0 -	1.6 (0.9, 2.9)	7.2 (3.3, 15.2)
Katanga Rural	4.6 (1.9, 11.0)	0.0 -	3.6 (1.4, 9.1)	0.0 -	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)	1.6 (0.7, 3.7)
Male sterilization service									
Katanga Urban	1.9 (0.2, 14.3)	- -	1.9 (0.2, 14.3)	6.3 (0.9, 33.8)	2.2 (0.3, 15.5)	0.0 -	0.0 -	0.4 (0.1, 2.1)	0.8 (0.3, 1.9)
Katanga Rural	1.2 (0.3, 4.8)	0.0 -	1.0 (0.2, 3.9)	7.1 (1.0, 36.5)	0.0 -	- -	0.0 -	0.0 -	0.5 (0.2, 1.6)
Female sterilization service									
Katanga Urban	24.8 (16.2, 35.9)	- -	24.8 (16.2, 35.9)	11.1 (3.3, 31.3)	3.8 (0.9, 14.7)	0.0 -	0.0 -	0.7 (0.2, 2.2)	4.3 (2.7, 6.7)
Katanga Rural	4.9 (2.5, 9.3)	0.0 -	3.8 (1.8, 7.8)	7.1 (1.0, 36.5)	1.8 (0.4, 6.7)	- -	0.0 -	0.4 (0.1, 1.5)	1.9 (1.0, 3.6)

* Includes: contraceptive injection, implant insertion, IUD insertion, male/female sterilization.

† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.

‡ The denominator includes 1 outlet that met screening criteria for a full interview but did not complete the interview (was not interviewed or completed a partial interview) (1 for Katanga

Table D10: Availability of selected contraceptive services, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility*	Community Health Workers	Public Total	Private Not-For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	Total
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, providing[†]:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	Urb.: N=545 Rur.: N=502
urban and 0 for Katanga rural).									
Source: FPwatch Outlet Survey, DRC, 2015									

Table D11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

		Public Health Facility [†]	Community Health Workers	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
		% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[†]:		Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289
Contraceptive injection service									
Katanga Urban	Availability of commodity	49.8 (32.6, 67.1)	- -	49.8 (32.6, 67.1)	33.9 (14.1, 61.7)	24.0 (16.5, 33.5)	0.0 -	24.2 (20.1, 28.8)	22.9 (18.3, 28.3)
	Availability of credentials	60.8 (48.7, 71.7)	- -	60.8 (48.7, 71.7)	59.6 (39.0, 77.3)	36.2 (28.9, 44.1)	0.0 -	8.3 (5.3, 12.8)	12.8 (8.9, 18.0)
	Availability of equipment	55.8 (41.7, 69.0)	- -	55.8 (41.7, 69.0)	35.7 (15.1, 63.4)	32.2 (24.9, 40.4)	0.0 -	10.3 (7.3, 14.2)	13.6 (10.0, 18.2)
	<i>Service readiness</i>	44.3 (27.0, 63.0)	- -	44.3 (27.0, 63.0)	31.0 (11.7, 60.2)	19.3 (12.0, 29.6)	0.0 -	5.5 (2.7, 10.9)	7.7 (4.3, 13.3)
Katanga Rural	Availability of commodity	32.9 (22.1, 45.8)	0.0 -	25.8 (15.4, 39.8)	47.3 (13.6, 83.7)	9.0 (3.5, 21.1)	- -	4.1 (2.2, 7.7)	5.3 (3.2, 8.6)
	Availability of credentials	55.8 (43.8, 67.0)	0.0 -	43.7 (29.4, 59.1)	42.7 (11.1, 81.6)	15.8 (8.2, 28.3)	- -	1.5 (0.4, 5.2)	4.9 (2.9, 7.9)
	Availability of equipment	39.2 (27.7, 52.1)	0.0 -	30.7 (19.0, 45.6)	35.5 (8.2, 77.4)	8.6 (3.0, 21.9)	- -	1.7 (0.5, 5.5)	3.3 (1.5, 7.3)
	<i>Service readiness</i>	25.1 (16.2, 36.7)	0.0 -	19.6 (11.4, 31.7)	28.4 (4.3, 77.6)	1.5 (0.4, 6.0)	- -	0.9 (0.1, 6.0)	1.0 (0.3, 3.8)
Implant insertion service									
Katanga Urban	Availability of commodity	48.0 (27.6, 69.1)	- -	48.0 (27.6, 69.1)	9.5 (2.6, 29.0)	6.1 (2.4, 14.5)	0.0 -	2.5 (0.9, 6.4)	3.0 (1.4, 6.0)
	Availability of credentials	58.6 (40.0, 75.1)	- -	58.6 (40.0, 75.1)	26.5 (11.5, 50.2)	14.4 (8.8, 22.8)	0.0 -	1.1 (0.3, 4.1)	3.4 (2.1, 5.5)
	Availability of equipment	53.9 (32.9, 73.6)	- -	53.9 (32.9, 73.6)	23.5 (10.1, 45.7)	10.0 (6.0, 16.2)	0.0 -	0.2 (0.0, 1.1)	1.9 (1.2, 3.0)
	<i>Service readiness</i>	41.6 (20.6, 66.1)	- -	41.6 (20.6, 66.1)	9.5 (2.6, 29.0)	4.4 (1.4, 13.4)	0.0 -	0.2 (0.0, 1.1)	0.9 (0.4, 2.1)
Katanga Rural	Availability of commodity	7.4 (3.3, 15.9)	0.0 -	5.8 (2.5, 13.2)	28.4 (4.3, 77.6)	3.5 (1.2, 9.7)	- -	0.6 (0.1, 4.2)	1.3 (0.4, 4.1)
	Availability of credentials	16.4 (10.7, 24.3)	0.0 -	12.8 (7.6, 20.8)	28.4 (4.3, 77.6)	9.9 (4.4, 20.8)	- -	0.0 -	2.3 (1.1, 5.1)
	Availability of equipment	7.9 (4.1, 14.5)	0.0 -	6.2 (3.0, 12.1)	28.4 (4.3, 77.6)	6.0 (2.3, 15.1)	- -	0.0 -	1.4 (0.5, 3.8)

Table D11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

		Public Health Facility [†]	Community Health Workers	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total
		% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Proportion of outlets screened, with[†]:		Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289
	<i>Service readiness</i>	1.3 (0.4, 4.0)	0.0 -	1.0 (0.3, 3.2)	28.4 (4.3, 77.6)	3.2 (1.0, 9.7)	- -	0.0 -	0.7 (0.3, 2.1)
IUD insertion service									
Katanga Urban	Availability of commodity	32.4 (15.2, 56.1)	- -	32.4 (15.2, 56.1)	11.1 (3.3, 31.3)	3.0 (0.8, 10.4)	0.0 -	0.1 (0.0, 0.1)	1.3 (0.5, 3.6)
	Availability of credentials	39.0 (17.7, 65.5)	- -	39.0 (17.7, 65.5)	18.7 (6.6, 43.0)	8.8 (4.5, 16.6)	0.0 -	0.0 -	1.6 (0.8, 2.9)
	Availability of equipment	15.1 (8.8, 24.6)	- -	15.1 (8.8, 24.6)	14.0 (5.2, 32.8)	5.3 (1.9, 13.6)	0.0 -	0.0 -	0.9 (0.5, 1.9)
	<i>Service readiness</i>	6.2 (2.5, 14.5)	- -	6.2 (2.5, 14.5)	11.1 (3.3, 31.3)	0.0 -	0.0 -	0.0 -	0.0 -
Katanga Rural	Availability of commodity	5.0 (1.7, 13.8)	0.0 -	3.9 (1.3, 11.3)	0.0 -	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)
	Availability of credentials	2.8 (1.2, 6.1)	0.0 -	2.2 (0.9, 5.1)	0.0 -	1.1 (0.2, 7.0)	- -	0.0 -	0.2 (0.0, 1.6)
	Availability of equipment	1.0 (0.3, 3.2)	0.0 -	0.8 (0.2, 2.6)	0.0 -	0.0 -	- -	0.0 -	0.0 -
	<i>Service readiness</i>	1.0 (0.3, 3.2)	0.0 -	0.8 (0.2, 2.6)	0.0 -	0.0 -	- -	0.0 -	0.0 -
Male sterilization service									
Katanga Urban	Availability of credentials	1.9 (0.2, 14.2)	- -	1.9 (0.2, 14.2)	6.3 (0.9, 33.8)	2.2 (0.3, 15.2)	0.0 -	0.0 -	0.4 (0.1, 2.0)
	Availability of equipment	1.9 (0.2, 14.2)	- -	1.9 (0.2, 14.2)	6.3 (0.9, 33.8)	2.2 (0.3, 15.2)	0.0 -	0.0 -	0.4 (0.1, 2.0)
	<i>Service readiness</i>	1.9 (0.2, 14.2)	- -	1.9 (0.2, 14.2)	6.3 (0.9, 33.8)	2.2 (0.3, 15.2)	0.0 -	0.0 -	0.4 (0.1, 2.0)
Katanga Rural	Availability of credentials	1.2 (0.3, 4.8)	0.0 -	1.0 (0.2, 3.9)	7.1 (1.0, 36.5)	0.0 -	- -	0.0 -	0.0 -
	Availability of equipment	0.5 (0.1, 3.4)	0.0 -	0.4 (0.1, 2.7)	0.0 -	0.0 -	- -	0.0 -	0.0 -
	<i>Service readiness</i>	0.5 (0.1, 3.4)	0.0 -	0.4 (0.1, 2.7)	0.0 -	0.0 -	- -	0.0 -	0.0 -

Table D11: Service readiness* to provide provider-dependent contraceptive services, among outlets screened, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility [‡]	Community Health Workers	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Pharmacy	Drug Shop	Private Total	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	
Proportion of outlets screened, with[†]:	Urb.: N=94 Rur.: N=171	Urb.: N=0 Rur.: N=35	Urb.: N=94 Rur.: N=206	Urb.: N=16 Rur.: N=7	Urb.: N=81 Rur.: N=71	Urb.: N=8 Rur.: N=0	Urb.: N=346 Rur.: N=218	Urb.: N=435 Rur.: N=289	
Female sterilization service									
Katanga Urban	Availability of credentials	23.2 (16.0, 32.5)	- -	23.2 (16.0, 32.5)	11.1 (3.3, 31.3)	3.7 (0.9, 14.4)	0.0 -	0.0 -	0.7 (0.2, 2.1)
	Availability of equipment	14.1 (7.5, 24.8)	- -	14.1 (7.5, 24.8)	11.1 (3.3, 31.3)	3.7 (0.9, 14.4)	0.0 -	0.0 -	0.7 (0.2, 2.1)
	<i>Service readiness</i>	14.0 (7.5, 24.8)	- -	14.0 (7.5, 24.8)	11.1 (3.3, 31.3)	3.7 (0.9, 14.4)	0.0 -	0.0 -	0.7 (0.2, 2.1)
Katanga Rural	Availability of credentials	4.9 (2.5, 9.3)	0.0 -	3.8 (1.8, 7.8)	7.1 (1.0, 36.5)	0.7 (0.1, 4.7)	- -	0.0 -	0.2 (0.0, 1.1)
	Availability of equipment	0.0 -	0.0 -	0.0 -	0.0 -	0.7 (0.1, 4.7)	- -	0.0 -	0.2 (0.0, 1.1)
	<i>Service readiness</i>	0.0 -	0.0 -	0.0 -	0.0 -	0.7 (0.1, 4.7)	- -	0.0 -	0.2 (0.0, 1.1)
<p>* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.); and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.</p> <p>† The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 16 IUDs (13 urban; 3 rural), 18 implants (10 urban; 8 rural), 30 injections (9 urban; 21 rural), 2 male sterilizations (0 urban; 2 rural) and 20 female tubal ligations (10 urban; 10 rural).</p> <p>‡ For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.</p>									
Source: FPwatch Outlet Survey, DRC, 2015									

Table D12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Katanga Urban/Rural, 2015

		Public Health Facility [†]	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Drug Shop	Private Total
Proportion of outlets offering service, with [†] :		% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)	% ⁽ⁿ⁾ (95% CI)
Contraceptive injection service							
Katanga Urban	Availability of commodity	75.7 ⁽⁶³⁾ (50.2, 90.6)	75.7 ⁽⁶³⁾ (50.2, 90.6)	57.0 ⁽⁹⁾ (23.2, 85.3)	60.3 ⁽³²⁾ (37.8, 79.1)	68.7 ⁽³¹⁾ (44.1, 85.9)	64.5 ⁽⁶³⁾ (45.4, 79.9)
	Availability of credentials	98.4 ⁽⁶³⁾ (87.3, 99.8)	98.4 ⁽⁶³⁾ (87.3, 99.8)	100.0 ⁽⁹⁾ -	93.0 ⁽³²⁾ (72.1, 98.6)	93.4 ⁽³¹⁾ (74.2, 98.6)	93.2 ⁽⁶³⁾ (81.5, 97.7)
	Availability of equipment	91.2 ⁽⁶³⁾ (77.6, 96.9)	91.2 ⁽⁶³⁾ (77.6, 96.9)	59.9 ⁽⁹⁾ (21.9, 88.8)	82.8 ⁽³²⁾ (63.2, 93.1)	90.5 ⁽³¹⁾ (69.3, 97.6)	86.6 ⁽⁶³⁾ (69.4, 94.9)
	Service readiness	71.6 ⁽⁶³⁾ (46.3, 88.1)	71.6 ⁽⁶³⁾ (46.3, 88.1)	52.0 ⁽⁹⁾ (18.9, 83.4)	49.6 ⁽³²⁾ (27.5, 71.9)	62.1 ⁽³¹⁾ (36.2, 82.6)	55.9 ⁽⁶³⁾ (35.7, 74.3)
Katanga Rural	Availability of commodity	56.1 ⁽⁹⁸⁾ (42.2, 69.2)	56.1 ⁽⁹⁸⁾ (42.2, 69.2)	76.8 ⁽⁴⁾ (22.7, 97.4)	44.9 ⁽¹⁶⁾ (19.1, 73.8)	45.3 ⁽⁴⁾ (7.7, 89.1)	45.0 ⁽²⁰⁾ (20.1, 72.7)
	Availability of credentials	96.1 ⁽⁹⁸⁾ (83.1, 99.2)	96.1 ⁽⁹⁸⁾ (83.1, 99.2)	69.4 ⁽⁴⁾ (16.3, 96.3)	78.8 ⁽¹⁶⁾ (31.2, 96.8)	77.5 ⁽⁴⁾ (24.5, 97.3)	78.5 ⁽²⁰⁾ (42.1, 94.8)
	Availability of equipment	67.6 ⁽⁹⁸⁾ (54.2, 78.7)	67.6 ⁽⁹⁸⁾ (54.2, 78.7)	57.8 ⁽⁴⁾ (14.0, 92.0)	42.9 ⁽¹⁶⁾ (14.8, 76.6)	66.1 ⁽⁴⁾ (19.5, 94.0)	48.5 ⁽²⁰⁾ (20.4, 77.6)
	Service readiness	43.2 ⁽⁹⁸⁾ (31.4, 55.8)	43.2 ⁽⁹⁸⁾ (31.4, 55.8)	46.2 ⁽⁴⁾ (7.1, 90.6)	7.5 ⁽¹⁶⁾ (1.6, 29.5)	45.3 ⁽⁴⁾ (7.7, 89.1)	16.5 ⁽²⁰⁾ (4.1, 47.8)
Implant insertion service							
Katanga Urban	Availability of commodity	78.6 ⁽⁵⁶⁾ (55.9, 91.4)	78.6 ⁽⁵⁶⁾ (55.9, 91.4)	35.9 ⁽⁶⁾ (10.5, 72.7)	42.1 ⁽¹⁴⁾ (16.6, 72.8)	50.7 ⁽³⁾ (11.5, 89.1)	44.3 ⁽¹⁷⁾ (22.1, 69.1)
	Availability of credentials	98.3 ⁽⁵⁶⁾ (87.1, 99.8)	98.3 ⁽⁵⁶⁾ (87.1, 99.8)	100.0 ⁽⁶⁾ -	100.0 ⁽¹⁴⁾ -	100.0 ⁽³⁾ -	100.0 ⁽¹⁷⁾ -
	Availability of equipment	90.3 ⁽⁵⁶⁾ (69.4, 97.5)	90.3 ⁽⁵⁶⁾ (69.4, 97.5)	88.8 ⁽⁶⁾ (48.8, 98.5)	69.5 ⁽¹⁴⁾ (41.9, 87.8)	14.9 ⁽³⁾ (4.9, 37.6)	55.9 ⁽¹⁷⁾ (33.0, 76.6)
	Service readiness	69.7 ⁽⁵⁶⁾ (43.1, 87.5)	69.7 ⁽⁵⁶⁾ (43.1, 87.5)	35.9 ⁽⁶⁾ (10.5, 72.7)	30.7 ⁽¹⁴⁾ (9.0, 66.5)	14.9 ⁽³⁾ (4.9, 37.6)	26.8 ⁽¹⁷⁾ (9.5, 56.1)
Katanga Rural	Availability of commodity	36.6 ⁽²⁹⁾ (17.7, 60.7)	36.6 ⁽²⁹⁾ (17.7, 60.7)	100.0 ⁽¹⁾ -	35.1 ⁽⁷⁾ (11.4, 69.4)	- -	35.1 ⁽⁷⁾ (11.4, 69.4)
	Availability of credentials	88.4 ⁽²⁹⁾ (56.2, 97.8)	88.4 ⁽²⁹⁾ (56.2, 97.8)	100.0 ⁽¹⁾ -	100.0 ⁽⁷⁾ -	- -	100.0 ⁽⁷⁾ -
	Availability of equipment	42.5 ⁽²⁹⁾ (22.1, 65.7)	42.5 ⁽²⁹⁾ (22.1, 65.7)	100.0 ⁽¹⁾ -	60.5 ⁽⁷⁾ (24.2, 88.1)	- -	60.5 ⁽⁷⁾ (24.2, 88.1)
	Service readiness	6.9 ⁽²⁹⁾ (2.0, 21.3)	6.9 ⁽²⁹⁾ (2.0, 21.3)	100.0 ⁽¹⁾ -	32.0 ⁽⁷⁾ (9.8, 66.9)	- -	32.0 ⁽⁷⁾ (9.8, 66.9)

Table D12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Katanga Urban/Rural, 2015

		Public Health Facility [†]	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Drug Shop	Private Total
Proportion of outlets offering service, with [†] :		% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
IUD insertion service							
Katanga Urban	Availability of commodity	75.0 ⁽³³⁾ (57.3, 87.0)	75.0 ⁽³³⁾ (57.3, 87.0)	59.0 ⁽⁴⁾ (24.5, 86.4)	33.5 ⁽⁸⁾ (7.4, 76.0)	-	33.5 ⁽⁸⁾ (7.4, 76.0)
	Availability of credentials	100.0 ⁽³³⁾ -	100.0 ⁽³³⁾ -	100.0 ⁽⁴⁾ -	100.0 ⁽⁸⁾ -	-	100.0 ⁽⁸⁾ -
	Availability of equipment	38.7 ⁽³³⁾ (17.3, 65.6)	38.7 ⁽³³⁾ (17.3, 65.6)	74.9 ⁽⁴⁾ (34.7, 94.4)	59.9 ⁽⁸⁾ (23.1, 88.1)	-	59.9 ⁽⁸⁾ (23.1, 88.1)
	Service readiness	15.9 ⁽³³⁾ (4.0, 46.3)	15.9 ⁽³³⁾ (4.0, 46.3)	59.0 ⁽⁴⁾ (24.5, 86.4)	0.0 ⁽⁸⁾ -	-	0.0 ⁽⁸⁾ -
Katanga Rural	Availability of commodity	67.0 ⁽⁹⁾ (25.9, 92.1)	67.0 ⁽⁹⁾ (25.9, 92.1)	-	100.0 ⁽¹⁾ -	-	100.0 ⁽¹⁾ -
	Availability of credentials	60.2 ⁽⁹⁾ (15.2, 92.7)	60.2 ⁽⁹⁾ (15.2, 92.7)	-	100.0 ⁽¹⁾ -	-	100.0 ⁽¹⁾ -
	Availability of equipment	22.2 ⁽⁹⁾ (5.3, 59.3)	22.2 ⁽⁹⁾ (5.3, 59.3)	-	0.0 ⁽¹⁾ -	-	0.0 ⁽¹⁾ -
	Service readiness	22.2 ⁽⁹⁾ (5.3, 59.3)	22.2 ⁽⁹⁾ (5.3, 59.3)	-	0.0 ⁽¹⁾ -	-	0.0 ⁽¹⁾ -
Male sterilization service							
Katanga Urban	Availability of credentials	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	-	100.0 ⁽¹⁾ -
	Availability of equipment	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	-	100.0 ⁽¹⁾ -
	Service readiness	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	100.0 ⁽¹⁾ -	-	100.0 ⁽¹⁾ -
Katanga Rural	Availability of credentials	100.0 ⁽²⁾ -	100.0 ⁽²⁾ -	100.0 ⁽¹⁾ -	-	-	-
	Availability of equipment	40.4 ⁽²⁾ (4.0, 91.6)	40.4 ⁽²⁾ (4.0, 91.6)	0.0 ⁽¹⁾ -	-	-	-
	Service readiness	40.4 ⁽²⁾ (4.0, 91.6)	40.4 ⁽²⁾ (4.0, 91.6)	0.0 ⁽¹⁾ -	-	-	-
Female sterilization service							
Katanga Urban	Availability of credentials	93.8 ⁽²²⁾ (67.7, 99.1)	93.8 ⁽²²⁾ (67.7, 99.1)	100.0 ⁽²⁾ -	100.0 ⁽²⁾ -	-	100.0 ⁽²⁾ -
	Availability of	57.1 ⁽²²⁾	57.1 ⁽²²⁾	100.0 ⁽²⁾	100.0 ⁽²⁾	-	100.0 ⁽²⁾

Table D12: Service readiness* to provide provider-dependent contraceptive services, among outlets reportedly offering the procedure, by outlet type – Katanga Urban/Rural, 2015

	Public Health Facility [†]	Public Total	Private Not- For-Profit Total	Private For-Profit Health Facility	Drug Shop	Private Total
Proportion of outlets offering service, with [‡] :	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)	% (n) (95% CI)
equipment	(34.2, 77.3)	(34.2, 77.3)	-	-	-	-
Service readiness	56.7 ⁽²²⁾ (34.1, 76.8)	56.7 ⁽²²⁾ (34.1, 76.8)	100.0 ⁽²⁾	100.0 ⁽²⁾	-	100.0 ⁽²⁾
Katanga Rural	Availability of credentials	100.0 ⁽⁸⁾	100.0 ⁽⁸⁾	100.0 ⁽¹⁾	40.4 ⁽²⁾ (4.0, 91.6)	40.4 ⁽²⁾ (4.0, 91.6)
	Availability of equipment	0.0 ⁽⁸⁾	0.0 ⁽⁸⁾	0.0 ⁽¹⁾	40.4 ⁽²⁾ (4.0, 91.6)	40.4 ⁽²⁾ (4.0, 91.6)
	Service readiness	0.0 ⁽⁸⁾	0.0 ⁽⁸⁾	0.0 ⁽¹⁾	0.0 ⁽²⁾	0.0 ⁽²⁾

* Full service readiness is defined as having available: 1. The commodity (not applicable for male/female sterilization); 2. A provider with credentials meeting the guidelines to perform the service (Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.) ; and 3. A minimum set of sentinel equipment (http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/long-acting-permanent-methods/percent-of-facilities-with-appropriate) for providing the service.

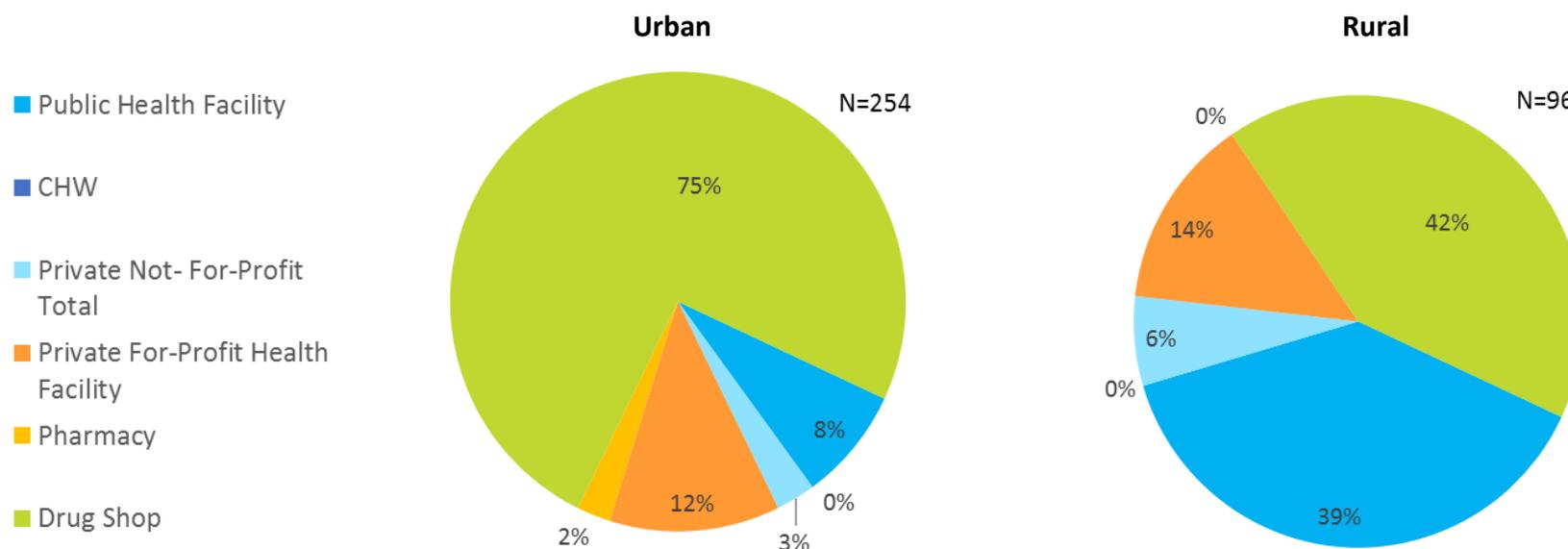
† For the purposes of this study public health facilities include private for-profit or not-for-profit facilities that assume the role of a state facility in health zones where there are no public facilities. The public health facility category in this table includes 7 private not-for-profit and 39 private for-profit facilities acting as public facilities in urban Katanga and 6 private not-for-profit and 10 private for-profit facilities acting as public facilities in rural Katanga.

‡ The denominator includes outlets that met screening criteria for a full interview but did not complete the interview (were not interviewed or completed a partial interview) the list of family planning products with incomplete survey information are as follows: 16 IUDs (13 urban; 3 rural), 18 implants (10 urban; 8 rural), 30 injections (9 urban; 21 rural), 2 male sterilizations (0 urban; 2 rural) and 20 female tubal ligations (10 urban; 10 rural).

Source: FPwatch Outlet Survey, DRC, 2015

Figure D1. Modern contraceptive method market composition – Katanga Urban/Rural, 2015

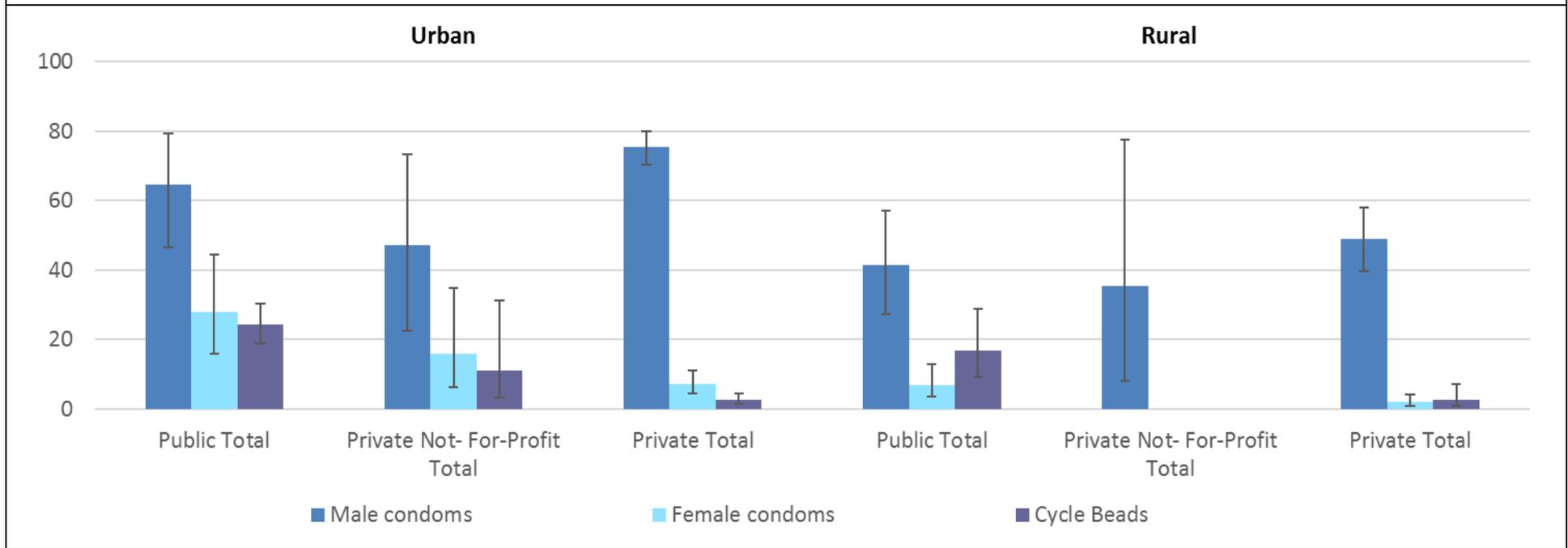
Among all outlets stocking at least 1 modern contraceptive or providing at least 1 contraceptive service, by outlet type



Comparing market composition between urban and rural Katanga, a significantly higher proportion of outlets carrying at least one modern contraceptive method above the level of male condoms only in urban Katanga consists of private sector outlets (87 percent compared to 56 percent). In urban Katanga, higher proportions of the market composition are drug shops (75 percent versus 42 percent) with similar proportions of private facilities in both areas. In rural Katanga, not-for-profit outlets account for 6 percent of the market composition compared to only 3 percent in urban Katanga. Finally, in rural Katanga, CHWs were not found to be stocking methods above the level of condoms whereas they comprised about 2 percent of the market composition in urban Katanga.

Figure D2. Percentage of modern contraceptive commodity-stocking outlets with selected non-hormonal short-acting contraceptives available – Katanga Urban/Rural, 2015

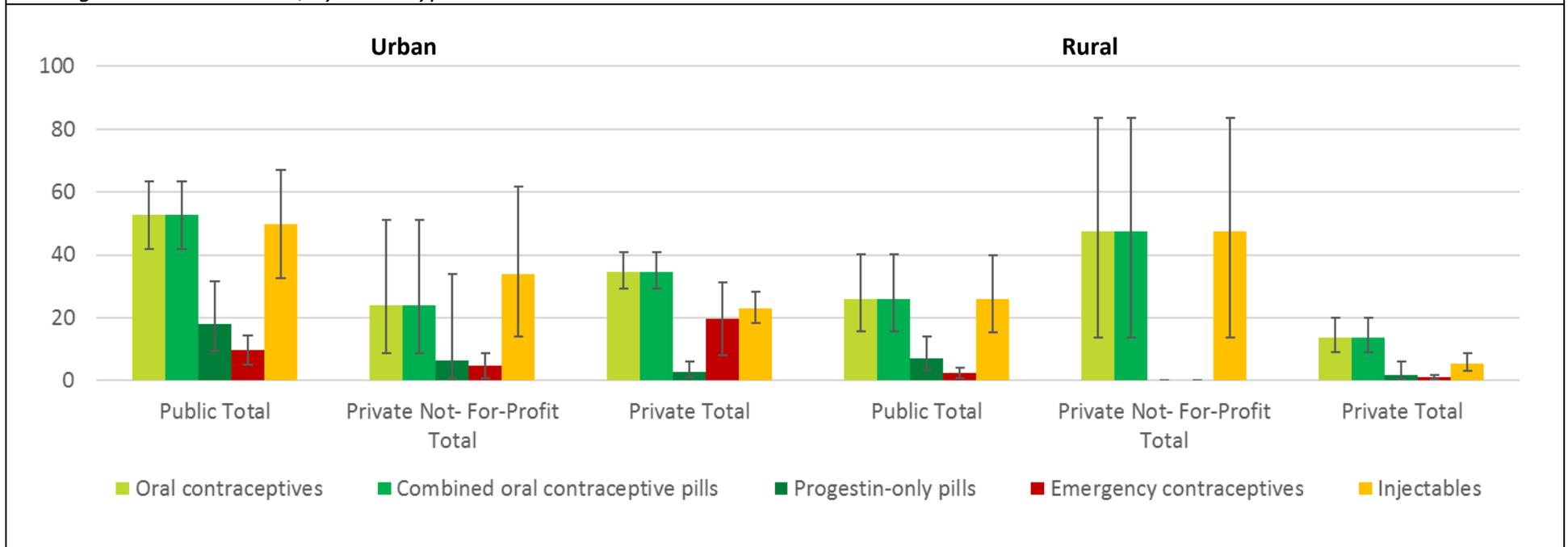
Among all screened outlets, by outlet type



Comparing availability of short-acting methods between urban and rural Katanga, there was a higher availability of all non-hormonal short-acting methods in both the public and private sectors in urban areas compared to rural areas. This was especially the case for female condoms in the public sector and male condoms in the private sector.

Figure D3. Percentage of modern contraceptive commodity-stocking outlets with selected hormonal short-acting contraceptives available – Katanga Urban/Rural, 2015

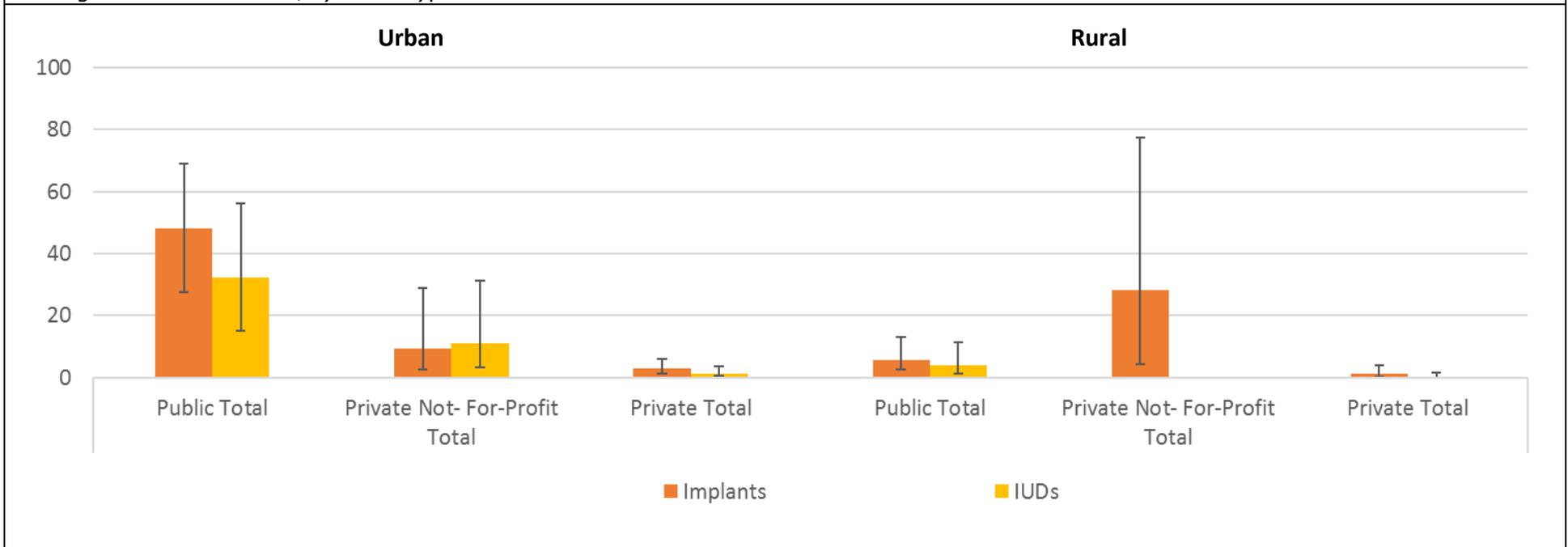
Among all screened outlets, by outlet type



Comparing availability of hormonal short-acting methods between urban and rural Katanga, there was higher availability of all methods in the public sector and private sector in urban Katanga compared to rural Katanga. Nearly twice as many urban outlets had availability across methods compared to their rural counterparts.

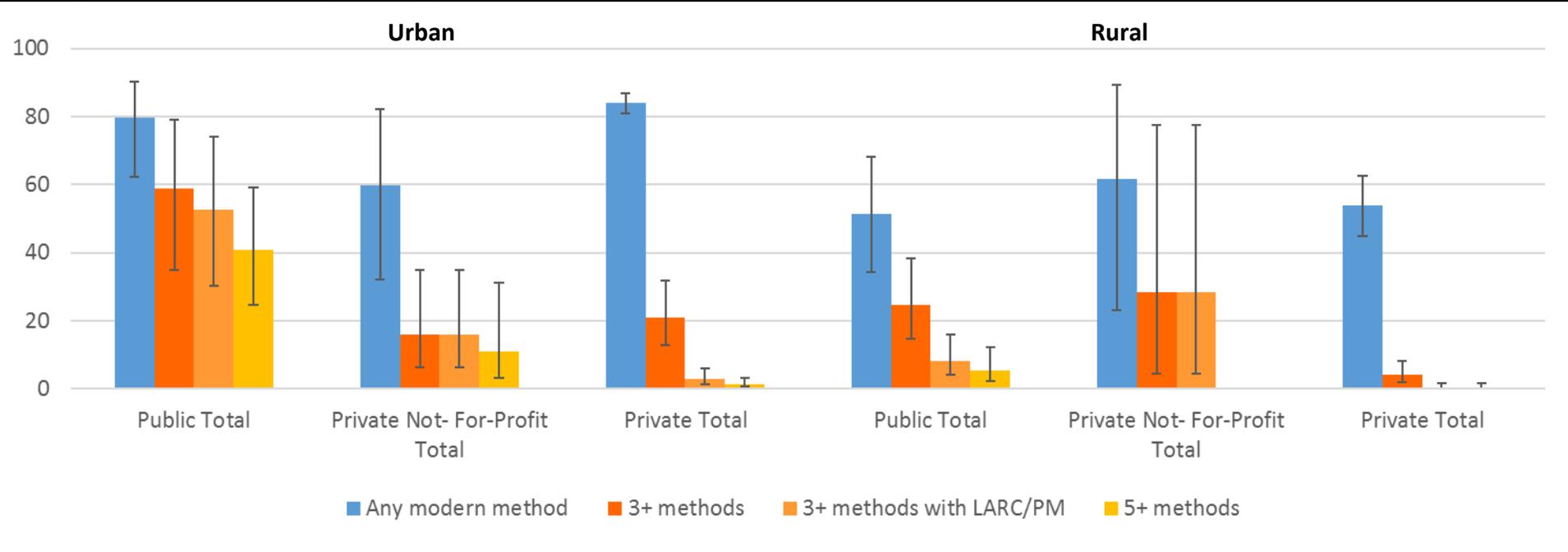
Figure D4. Percentage of modern contraceptive commodity-stocking outlets with selected long-acting contraceptives available – Katanga Urban/Rural, 2015

Among all screened outlets, by outlet type



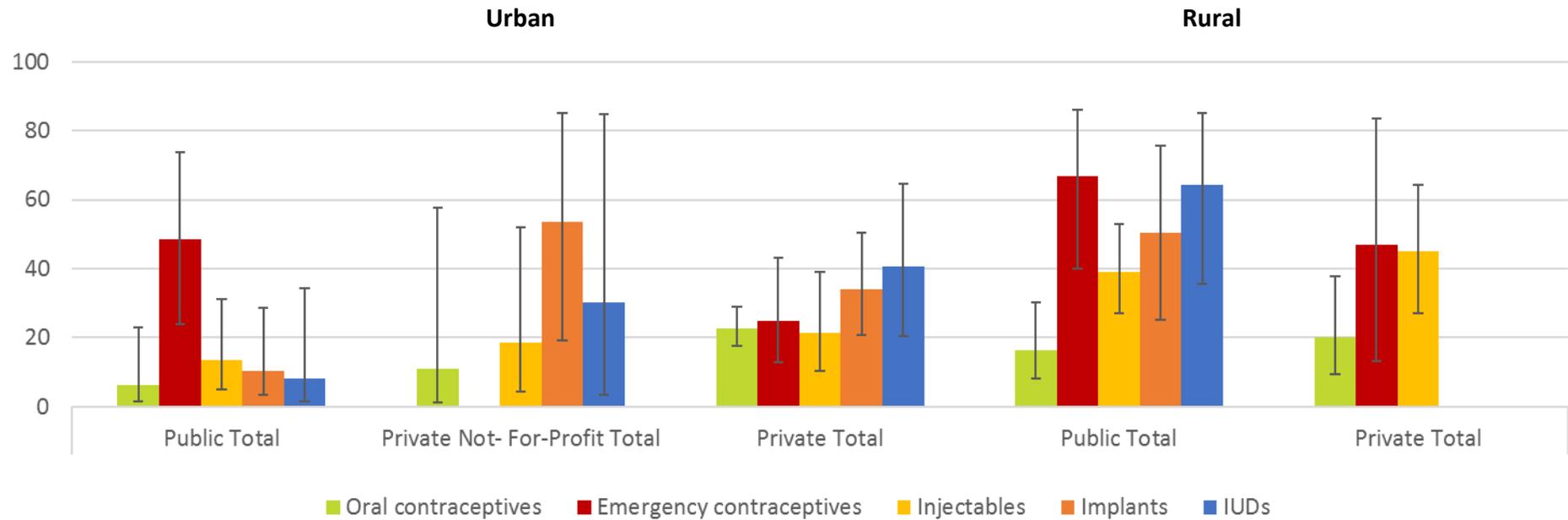
Urban public sector outlets had considerably higher availability of LARC commodities compared to rural areas, where they were rarely available. In the private sector, neither urban or rural outlets commonly stocked LARCs.

Figure D5. Percentage of outlets with selected method mixes available – Katanga Rural/Urban, 2015
Among all screened outlets, by outlet type



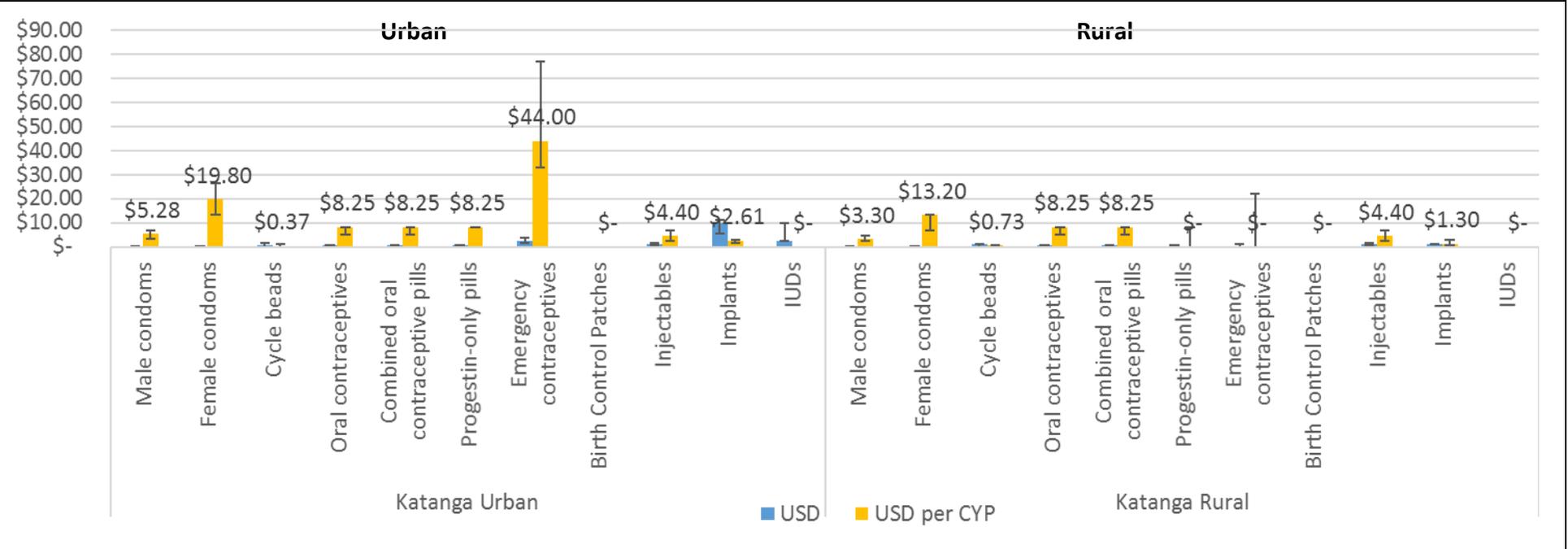
Comparing availability of at least one method and of various method mixes, public outlets in urban Katanga were more likely to stock at least one method, three or more methods or five or more methods. This was similar in the private sector, with higher proportions of outlets with at least one method or three or more methods available in urban Katanga compared to rural Katanga.

Figure D6. Percentage of outlets with stock outs of selected contraceptive methods – Katanga Urban/Rural, 2015
Among all outlets reportedly stocking the method at any time in the previous three months, by outlet type



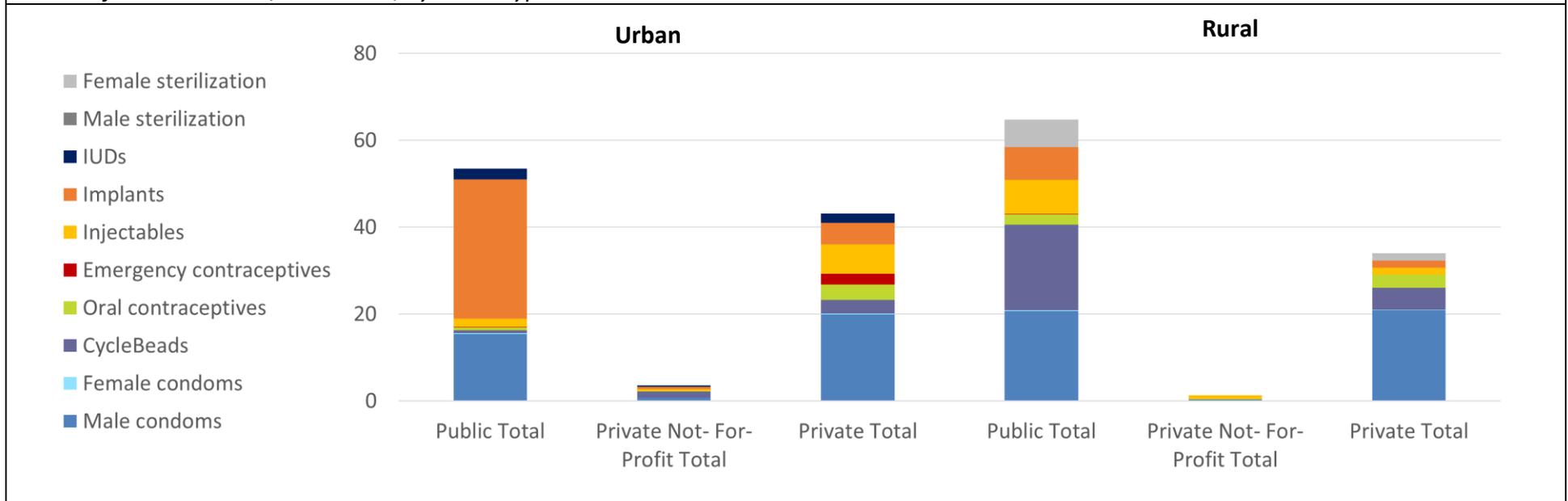
Comparing stock outs for contraceptive methods in outlets reportedly carrying them in the previous three months between urban and rural Katanga, there were considerably higher stock outs reported among public outlets for all methods in rural areas compared to urban areas. In the private sector, emergency contraceptives and injectables were more commonly reported as stocked out in rural Katanga while few rural Katanga outlets reportedly stocked LARC commodities.

Figure D7. Price of contraceptive methods in the private sector - Katanga Urban/Rural
 Median price in USD and USD/CYP with interquartile range, by contraceptive method



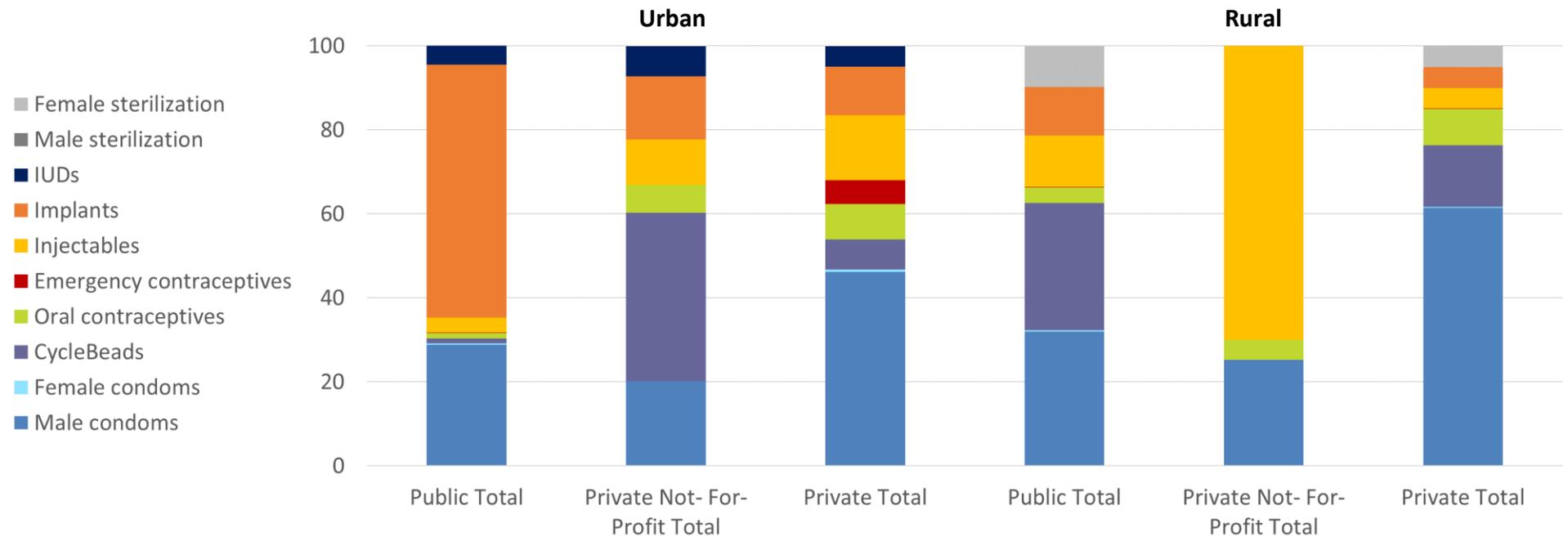
There was little variation comparing price of methods between urban and rural Katanga, however prices were slightly higher in urban areas for some methods, particularly for emergency contraceptives.

Figure D8. Percentage market share for contraceptives methods – Katanga Urban/Rural, 2015
As a % of total CYPs sold/distributed, by outlet type and sector



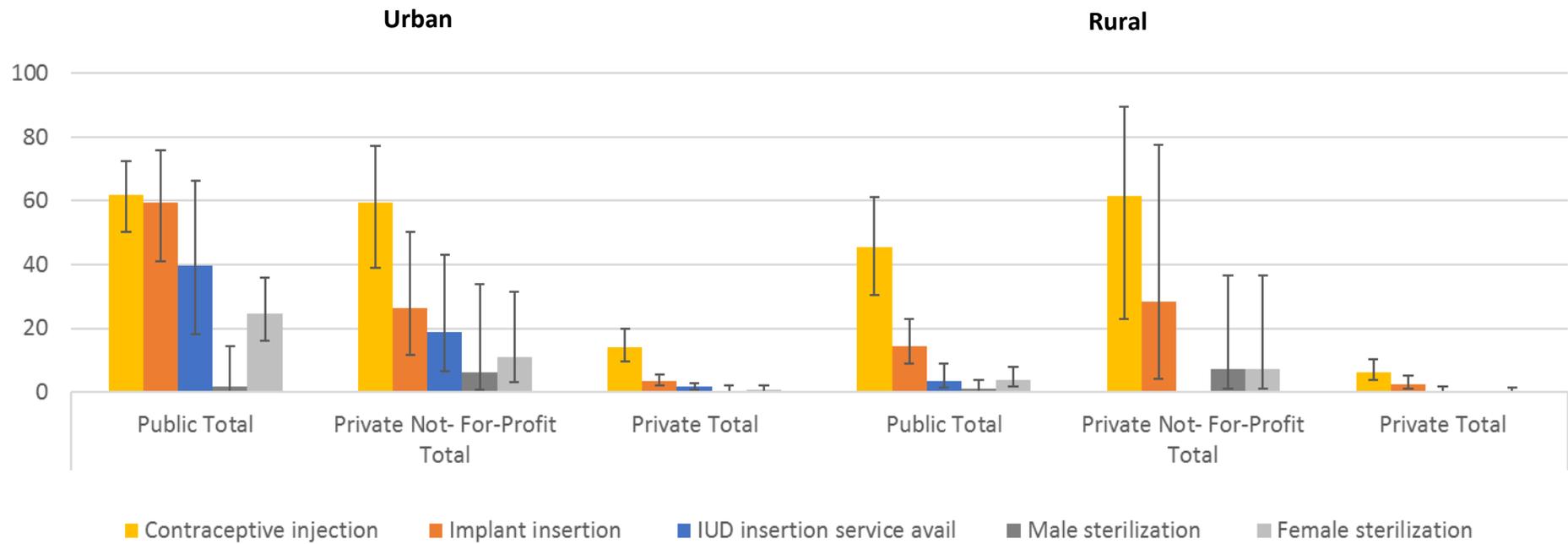
Comparing market share between urban and rural Katanga, the public sector accounted for almost two-thirds of the total CYP reportedly sold/distributed in rural Kinshasa compared to about one-half in urban Kinshasa. In the public sector in rural Katanga, most of the CYP came from male condoms and cyclebeads whereas most came from implants and male condoms in urban public outlets. The not-for-profit share of total CYP was low for both urban and rural Katanga. In urban Katanga, private outlets accounted for slightly more than 40 percent of the market share compared to about 35 percent in rural Katanga.

Figure D9. Within outlet market share for contraceptive methods – Katanga Urban/Rural, 2015
As a % of total CYPs sold/distributed within outlet type and sector, by outlet type and sector



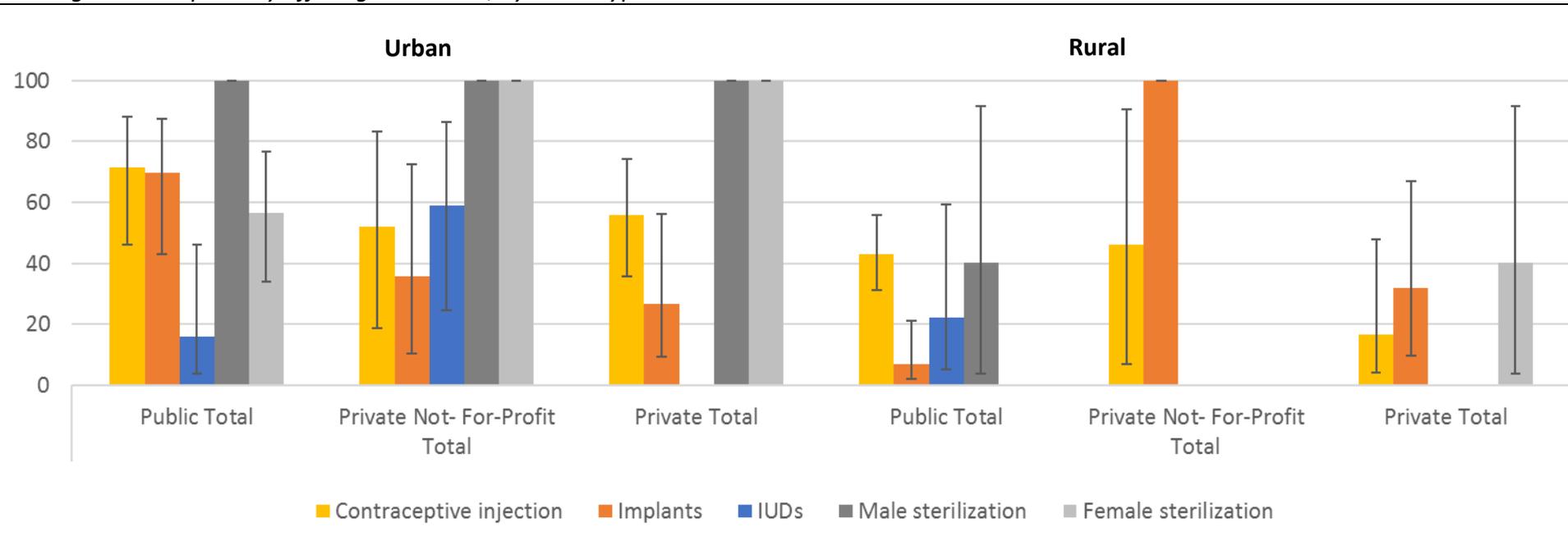
Comparing within outlet market share between urban and rural Katanga, there are few major differences by method market share within sectors.

Figure D10. Percentage of outlets with selected contraceptive services available – Katanga Urban/Rural, 2015
Among all screened outlets, among outlets screened, by outlet type



In Katanga, there were considerable differences in availability of services comparing urban to rural areas, particularly for services for LARC commodities. While in urban areas, 60 percent and 40 percent of public facilities offered implant and IUD insertion services, respectively, only about 10 percent of rural public facilities offered implant insertion services and less than 5 percent offered IUD insertion services. It was not common for private facilities in rural Katanga to offer contraceptive services.

Figure D11. Service readiness to offer provider-dependent contraceptive services – Katanga Urban/Rural, 2015
Among outlets reportedly offering the service, by outlet type



Among outlets offering contraceptive services, service readiness was generally higher in urban Katanga compared to rural Katanga, especially for male and female sterilizations. In the public sector, over 70 percent of outlets were service ready to provide injections in urban Katanga while about 40 percent were service ready in rural Katanga. Almost 70 percent of urban public sector outlets were service ready to provide implant insertions compared to less than 10 percent of rural public sector outlets. IUD insertion service readiness was slightly higher in rural public outlets compared with urban public outlets. In the private sector, injection service readiness was higher in urban Katanga compared with rural Katanga, but the opposite was true for implant insertion services readiness.

Annexes

Annex 1: FPwatch Background FPwatch is a multi-country research project implemented by PSI (www.psi.org). Standardized tools and approaches are employed to provide comparable data across countries and over time. Project countries include: Ethiopia, the DRC, India, Nigeria and Myanmar. The project was launched in 2014 with funding from the BMGF for four project countries, and is currently funded through 2016 by the BMGF. Funding for Myanmar was secured through the 3MDG Fund in 2015.

FPwatch is designed to provide timely, relevant and high-quality modern contraceptives and associated services market evidence. The goal of providing this market evidence is to inform and monitor national and global policy, strategy and funding decisions for understanding FP markets. FPwatch is monitoring family planning markets in the context of increased investments in family planning as part of the FP2020 Initiative, a partnership aiming to expand access to family planning information, services and supplies to an additional 120 million women and girls in 69 of the world's poorest countries by 2020.¹

The project implements a set of research tools designed to:

- 1) **Provide a picture of the total market for distribution of modern family planning methods** including: all providers carrying condoms, oral contraceptives, emergency contraceptives, injectables, contraceptive implants or IUDs or providing provider-dependent contraceptive services including: injections, implant insertions, IUD insertions or male or female sterilizations; the relative modern contraceptive market share for each provider type; stock outs; and price markups.
- 2) **Monitor the readiness of market components for distribution of modern family planning methods**, including: availability of modern contraceptives and services; and provider qualifications, training and essential equipment for providing services.
- 3) **Monitor the performance of market components for distribution of modern family planning methods**, including: the relative market share for each method and for short-acting relative to long-acting methods; consumer price; quality-assurance indicators for contraceptives.

FPwatch research tools for FP market monitoring include:

1. Outlet surveys

Outlet surveys entail collecting quantitative data from all outlets and providers with the potential to sell or distribute modern contraceptives and/or provide provider-dependent contraceptive services. These include health facilities, community health workers, pharmacies, drug stores, retail outlets, market stalls and mobile providers. Information on male and female condoms is collected from all enumerated outlets including brand, price of most popular condom and volume of all condoms sold. A screening process identifies outlets that provide modern contraceptives above the level of oral contraceptives and/or provide provider-dependent family planning services. Among these eligible outlets, service providers are interviewed and all modern contraceptives are audited. The audit collects information about each modern contraceptive in stock (e.g. brand name, drug active ingredients and strengths, manufacturer, etc.) and retailer reports on consumer price and sale/distribution volumes for each product. A provider interview is conducted among those outlets where services including contraceptive injections, implant and IUD insertions and male and female sterilizations are available. The provider interview on services collects information on price and volume of services, provider qualifications available at the outlet and the availability of a minimum set of equipment needed to provide the service. A representative sample of outlets is identified within target study domains such that findings from the outlet survey provide estimates of contraceptive availability, price and relative market share across the entire market as well as within key market segments.

¹ FP2020. 2016. *FP2020 Website*. Accessed via: <http://www.familyplanning2020.org/> on January 1, 2016.

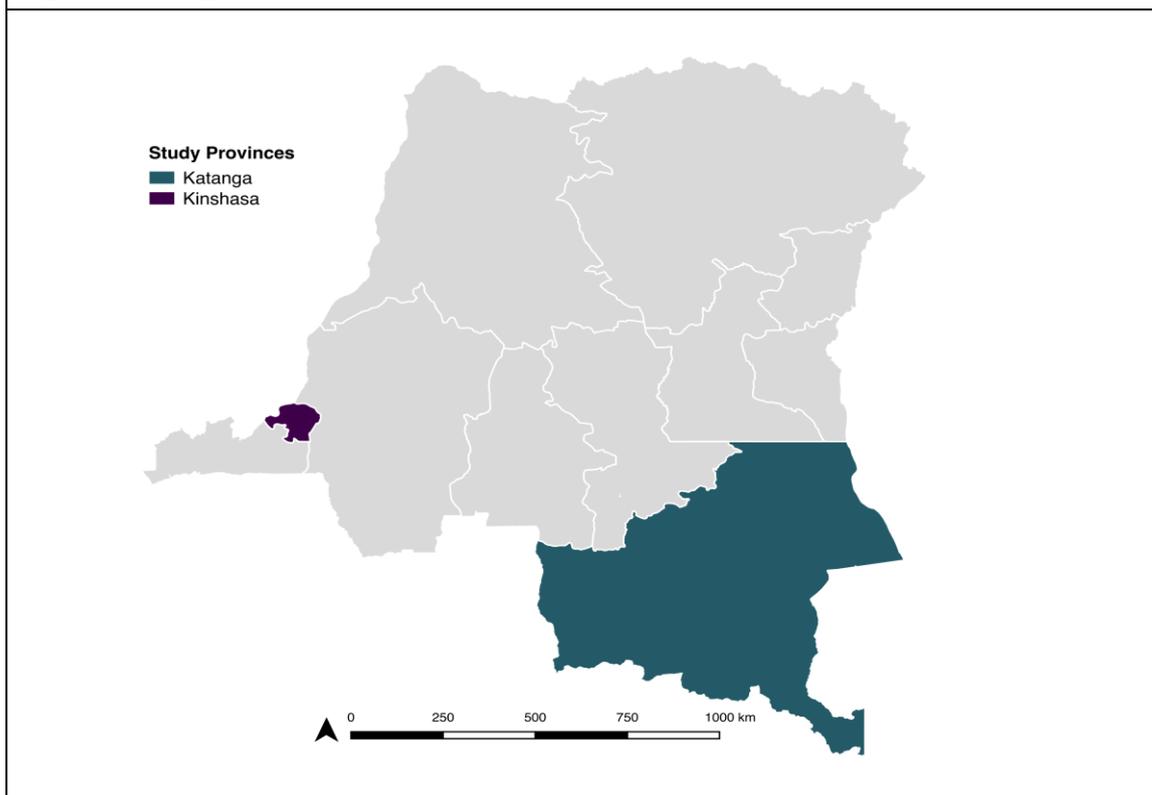
2. Key informant interviews

The outlet survey was complemented by in-depth interviews conducted with key informants at the national and state levels. The interviews provided context for national family planning trends, policies and strategy for interpreting the data.

Annex 2: DRC Background The Democratic Republic of the Congo (DRC) is the second largest, and third most populous, country in Africa with an estimated population of 77.3 million people in 2015 and an annual population growth rate of 3.4%². The majority of the population lives in rural areas. According to the 2014 Human Development Index,³ the DRC is ranked 186 out of 187 countries. 64% of its population lives below the national official poverty line⁴, and UNDP estimates real income per capita has declined by 58% from 1980 to 2012.⁵ The country has some of the worst health indicators in the world, with 58 in 1000 children dying before their first birthday, under five-mortality at 10.5%, and a life expectancy at birth of 58.7 years.^{3,6} According to the most recent Demographic and Health Survey, 95% of the population has no health insurance⁷.

Since its independence in 1960, the DRC has experienced great political instability, as well as a succession of conflicts; it remains a fragile post-conflict country with huge reconstruction needs. The DRC is a decentralized state and is divided into ten provinces and one city-province, Kinshasa. Kinshasa is the capital and the largest city in the DRC. Located on the Congo River, Kinshasa is home to an estimated 10 million people.⁸ Katanga province is located in the south-eastern part of the country and forms the Congolese border with Angola and Zambia. The province also borders Tanzania through Lake Tanganyika. The province has an estimated population of 7 million.⁹ The eastern part of Katanga is a rich mining region and its capital, Lubumbashi, is the second largest city in the country.

Figure X1. Map of the DRC



Healthcare system

² <http://dhsprogram.com/pubs/pdf/FR300/FR300.pdf> accessed 19 August 2016.

³ <http://hdr.undp.org/en/statistics/> accessed 24 August 2014.

⁴ <http://data.worldbank.org/country/congo-dem-rep> accessed 19 August 2016.

⁵ <http://hdr.undp.org/sites/default/files/Country-Profiles/COD.pdf>

⁶ <https://dhsprogram.com/pubs/pdf/SR218/SR218.e.pdf> accessed 19 August 2016.

⁷ <http://dhsprogram.com/pubs/pdf/FR300/FR300.pdf> accessed 19 August 2016.

⁸ <http://www.diplomatie.gouv.fr/fr/dossiers-pays/republique-democratique-du-congo/presentation-de-la-republique-1274/>.

⁹ <http://dhsprogram.com/pubs/pdf/FR300/FR300.pdf> accessed 19 August 2016

The public health sector

At its independence in 1960, the DRC inherited a health system primarily designed to manage large epidemics, based mainly on hospitals and dispensaries and supported by mobile teams.¹⁰ Health zones (“zones de santé”) were created in the mid-1980s and serve as the operational basis for health care organization and planning in the country. The public health system has three administrative tiers: the central, provincial, and health zone levels.

Political crises and gradual economic decline have resulted in a deteriorating public health system, characterized by a lack of equipment in medical facilities, supply chain failures, deteriorating infrastructure, and difficult coordination in the public health system.⁹ Instability has created challenges for national supply chains and in consequence the private sector has taken on an increased role in the provision of family planning commodities.¹⁸ Access to healthcare in the DRC is extremely limited: the World Bank estimated national utilization of health services at 0.2 consultations per person per year in 2005 (corresponding to one visit per person every five years), compared to 0.6 consultations in the 1980s. Up to two thirds of people who are ill do not seek care in the formal health system, preferring to not seek treatment, or to self-medicate.¹¹ Health services are financed by the government, bilateral, and multilateral donors, but up to 70% of operating costs are covered by fees charged to users. Financial barriers are one of the main reasons for low healthcare utilization.

The public health system in the DRC is supported by faith-based networks (FBNs), which in addition to providing health care services, play a key role in the management or co-management of health zones. These facilities, although technically classified as private-not-for-profit, often represent the government and so for the purposes of this study are considered public. The Catholic Church is estimated to be present in half of health zones, fully supporting 27% and partially supporting 63% of facilities. 40% of the country’s health zones are co-managed by FBNs alongside the Ministry of Health.¹² La Conduite de la Fécondité, a Catholic organization has been working alongside other organizations to provide a range of FP services and referrals since 2013 and Maman Ansar is present with Muslim institutions that provide have begun to provide a full range services for Muslim women. In Kinshasa progressive leaders in these institutions, have pushed to make family planning a priority and to fight against the taboos that often hinder access.¹⁸

The private health sector

DRC’s private health sector is estimated to provide 60% of health care services used by the population, and extends to all areas of the country. It is divided into two categories: the non-profit private sector, which includes faith-based organizations (FBOs) and non-governmental organizations (NGOs), and the private for-profit sector, which includes private health facilities, pharmacies, and drug outlets. However, as noted above, FBNs are integrated into the public health system to a large extent, meaning the distinction between public and not-for-profit sectors is often blurry. A large number of private/informal health structures are being created outside the health system, leading to the emergence of an uncoordinated, unregulated, and low-quality private for-profit sector.¹³

The pharmaceutical sector in the DRC is largely unregulated: more than 3,000 types of medicines are available on the market, yet the Drugs, Pharmacy and Medicinal Plants Directorate (DPM) has issued marketing authorizations for only 400.¹⁴ A considerable portion of the pharmaceutical retail sector in the DRC operates without a license—from the wholesaler to the pharmacy level—although through the national strategic plan there have been commitments from the government to improve all policy related to contraceptive availability and to create a budget for the purchase of contraceptive commodities making regulated products available in the public sector.¹⁸

¹⁰ <http://dhsprogram.com/pubs/pdf/FR300/FR300.pdf> accessed 19 August 2016.

¹¹ http://siteresources.worldbank.org/INTAFRREGTOPEDUCATION/Resources/444659-1212165766431/H_CSR_DRC.pdf accessed 19 August 2016.

¹² iati.dfid.gov.uk/iati_documents/3833337.DOC accessed 19 August 2016.

¹³ *Scale-up strategy for Essential Medicines for Child Survival 2012-2015*, Ministère de la Santé, République Démocratique du Congo, Décembre 2011.

¹⁴ *Ibid.*

¹⁸ *KIIs DRC 2015*

Family Planning in the DRC

In 2015 the DRC had a total fertility rate of 5.9 children and a projected annual population growth of 2.7 percent with 45% of the population under age 15.¹ The high growth rate, legacy of political instability and wide ranging cultural and geographical contexts present considerable challenges toward meeting the population's health and family planning (FP) needs. Less than half of the DRC's health zones provide public FP services and 28% of married women of reproductive age in the DRC have an unmet need for contraception.² According to the most recent 2013 Demographic and Health Survey (DHS), 8.1% of DRC women are currently using a modern contraceptive method, with slow change and wide variation by geography and sociodemographic group with higher uptake among more educated women and in urban areas.³ Traditional FP methods are widely used and more than half of women using a modern method rely on condoms and other short-acting methods. There is low use of long-acting reversible contraceptive (LARC) or permanent methods (LARC/PM).³

Despite low rates of contraceptive use, there is high awareness of short-acting family planning methods- in 2014 88% of women and 95% of men knew of at least one modern method.⁶ Of all methods, condoms are the most commonly known and most widely used method.⁶ There has been very little increase in uptake of contraception between the DHS survey of 2007 and that of 2014.⁶ In 2013, approximately half of DRC women receiving FP commodities and services did so from private sector sources, one-third from public sector sources and about 6% from not-for-profit sources.³ Most condoms were obtained from the private sector (70%) while most of the injectables (64%) were obtained from the public sector.⁶

FP2020 and Family Planning Policy in the DRC

The Congolese government has demonstrated leadership in recent national efforts to improve FP and reproductive health (RH). In 2012, DRC committed to the London Summit on Family Planning's FP2020 Initiative goals.⁴ In 2014, the Ministry of Health (MoH) adopted the National Strategic Plan for Family Planning for 2014-2020.⁵ The two primary objectives of the plan are to increase modern contraceptive prevalence, estimated at 6.5% in 2013, to at least 19.0% by 2020; and to increase access to and use of modern contraceptive methods to at least 2.1 million additional women by 2020.⁵ The plan is organized around six sub-objectives, including government commitment; access to services; service quality; demand generation; contraceptive logistics systems management; and evaluation to measure results.⁵

The DRC government and partners have taken a number of actions to address the high unmet need in the country and to improve contraceptive choice, designed to:⁵

- Obtain effective and concrete commitment of the government to support Family Planning;
- Improve access for men and women to FP services in the public and private sectors;
- Increase the quality of Family Planning services;
- Generate demand for Family Planning;
- Develop and strengthen an efficient logistical system to manage contraceptives; and
- Implement a reliable evaluation system to measure results

Increased activity is also seen in the private and not-for-profit sectors. ASF (PSI network member), DKT, Pathfinder and Engender Health are all working to make LARC commodities more available, improve quality and assure services are affordable. ABEF (the local affiliate of IPPF) plays an important role with a focus on information, advocacy and coordination.¹⁵

Provision guidelines for family planning services in the DRC

¹⁵ Key Informat Interviews. DRC. 2015

According to National FP Guidelines updated in 2012, public facilities (hospitals and health centers) can stock all contraceptive commodities. Public hospitals can provide all contraceptive services. Health centers can provide all contraceptive services, except male and female sterilization. CHWs can stock condoms, oral contraceptives and cycle beads but are not trained to provide contraceptive injection or insertion services. Private hospitals can stock all contraceptive commodities and provide all contraceptive services if trained staff is available. Private clinics can stock all short-acting methods and provide contraceptive injection and LARC insertion services. Pharmacies and drug shops can stock all short- and long-acting contraceptive commodities but are not allowed to provide any contraceptive services. In health zones where there are no public facilities, a private or not-for-profit facility is selected to assume the role of state facility. Since these facilities function more like public facilities and are responsible for implementing state initiatives, they have been categorized in this report as public health facilities. The public health facility category in this report includes 70 private not-for-profit and 115 private for profit facilities.

Annex 3: Outlet Survey Methods Design and Study Population

FPwatch implements cross-sectional outlet surveys in project countries. The study population is defined as all outlets with the potential to sell or distribute modern contraceptives and/or provide associated contraceptive services. In the DRC, this includes the following outlet types:

Public health facilities	(Referral) hospitals, (referral) health centers, health posts, and dispensaries. This category is comprised of government-managed facilities that provide medicines according to prescription. This category also includes any private not-for-profit or for-profit health facilities that are designated by the government as the public health facility for the health area and equipped with a minimum basic package of services and commodities.
Community health worker	These health workers are community-based volunteers. They may be equipped with oral contraceptives, condoms and cycle beads. Community health workers are considered public sector outlets.
Private not-for-profit health facilities	Private (referral) hospitals, (referral) health centers, health posts and laboratories, managed by charitable or religious organizations on a non-profit basis.
Private for profit health facilities	Private (referral) hospitals, (referral) health centers, health posts and laboratories, run on a for-profit basis.
Pharmacies (<i>Pharmacies agréées</i>)	Pharmacies are licensed and regulated by the national medical authority (the 3 rd <i>Direction</i>), and are staffed by pharmacists and qualified health practitioners. They sell all classes of medicine and are generally located in urban areas.
Drug stores (<i>Pharmacies informelles</i>)	Drug stores are smaller in size and scope than pharmacies. These facilities are not licensed by the national medical authority. They are sometimes owned or run by staff with primary health qualifications, such as nurses, but are most commonly run by staff with no health qualifications. They are ubiquitous in urban areas in the DRC.

Stratification

The DRC outlet survey employed two levels of stratification. At the first level, independent surveys were conducted in two geographically different regions, Kinshasa Province and Katanga Province. Each Province was further divided into urban and rural domains, with urbanicity defined at the health zone level. Urban and rural health zones in Kinshasa were defined with reference to the *Plan Provincial de Développement Sanitaire (PPDS) de Kinshasa 2011-2015*. Classifications for Katanga Province were primarily defined in consultation with key informants in Lubumbashi who were familiar with health service provision across the Province. The classifications were independently cross-checked against the sampling frame used for the 2013 Demographic and Health Survey (DHS), where the latter included health zone information.

Eligibility Criteria

All outlets with the potential to provide modern contraceptive methods were included in the census screening. Outlets were eligible for a provider interview and product audit if they met at least one of three study criteria: 1) one or more modern contraceptives at the level of oral contraceptives and above (including: oral contraceptives, emergency contraceptives, injectable contraceptives, contraceptive implants, IUDs, cycle beads) reportedly available on the day of the survey; 2) one or more of these modern contraceptives reportedly available within the three months preceding the survey; or 3) the ability to provide provider-dependent contraceptive services including contraceptive injections, contraceptive implant insertions, IUD insertions and/or male and female sterilizations.

Outlets that only stock condoms and do not have potential to provide other modern contraceptives (e.g., bars, brothels, general retailers) were excluded from the study. Outlets not serving the general public (e.g., military facilities) were also excluded from the study.

Sample Size

Sample size calculations were completed to identify the minimum number of public and private sector outlets that must be included in the study per domain (urban and rural areas of Kinshasa and Katanga) in order to estimate the percentage of FP outlets with three or more modern methods available at the time of the study, plus or minus 10 percentage points. A conservative estimate of 50% availability of three or more modern methods among FP outlets was used. Results from the recent PMA2020 survey suggest that 60% of private outlets and 90% of public outlets in the DRC are FP outlets (providing one or more methods).

These calculations yield a minimum of 320 private and 215 public outlets required per domain: Kinshasa urban, Kinshasa rural, Katanga urban, Katanga rural. The proposed number of *aire de santé* for the simultaneously implemented ACTwatch study, together with the booster sampling strategy for public health facilities and pharmacies, was deemed sufficient for achieving these sample sizes required for FPwatch as the sample sizes needed for the integrated malaria study were in excess of those needed for the family planning study.

Required number of Outlets

The sample size required to calculate a 95% confidence interval for the proportion of outlets with three or more modern methods of contraception in stock the day of the survey with a margin of error no more than 0.05, for each provincial domain. The ACTwatch study that was conducted simultaneously was used as a proxy since they had estimates from the previous round. The sample size is given by:

$$n = \frac{deff \times \left[Z_{\alpha/2} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right]^2}{(P_2 - P_1)^2}$$

Where:

n = desired sample size

P₁ = the estimated value of the indicator at the first point in time

The proportion of outlets with contraceptives in stock among all outlets the day of the study.

P₂ = the estimated value of the indicator at the second point in time

A difference of 15% to 20% needed to detect expected results of political/public health action.

P = the expected proportion of outlets with three or more modern methods of contraception available in stock on day of survey; (P₁+P₂)/2

d_{eff} = the design effect in multi-stage cluster sample design

Z_{1-β} = the standard normal deviate value for a β type II error; 1.96

Z_{α/2} = the standard normal deviate value for an α type error

d = acceptable margin of error; 0.05

The sample size required for the 2015 study was calculated based on the estimated values of P1 and deff pulled from the ACTwatch study in 2013.

Using these values, the sample size required is 339 and 348 outlets in urban and peri-urban Kinshasa, and 304 and 342 outlets, respectively, in urban and rural Katanga.

Number of outlets to screen

To determine the estimated sample size – the number of outlets to screen- needed to calculate ACT availability, we use the following formula for each area separately:

$$N=n/P_{am}$$

where:

N is the outlet sample size needed to calculate ACT availability

n is the number of outlets with antimalarials in stock on the day of the study

P_{am} is the proportion for outlets with antimalarials in stock on the day of the survey out of all outlets screened

The table below shows estimates of P_{am} and sample sizes needed, calculated using the formula above.

	Kinshasa		Katanga	
	Urban	Peri-urban	Urban	Rural
n	339	348	304	342
P _{am}	0.72	0.59	0.81	0.84
N	472	591	376	408

472 outlets in urban Kinshasa and 591 in per-urban Kinshasa must be screened to detect a change of 15% to 20% of outlets with availability of ACTs and malaria blood tests between 2013 and 2015. These figures are 376 and 408 for Katanga urban and rural respectively.

Required number of clusters (health areas)

The primary sampling approach taken for FPwatch outlet surveys entails sampling a set of administrative units (geographic clusters) with a population of approximately 10,000 to 15,000 inhabitants. Clusters are selected with cluster probability of selection proportionate to size (PPS). A census of all outlets with the potential to sell or distribute contraceptive products or services is then conducted in sampled clusters. The closest appropriate administrative unit in DRC matching this desired population size is the health area (*aire de santé*).

The sample size to meet public and private sector sample size requirements within each research domains was as follows: 17 urban and 17 rural clusters in Kinshasa, and 20 urban and 60 rural clusters in Katanga.

Booster Sample

A booster sample was collected by selecting additional clusters for certain outlet types. This extension achieves a larger sample size for specific outlets, allowing for estimates among key outlet types. In this survey, a booster sample was collected for pharmacies as well as public health facilities, including government-owned public and government-supported private health facilities. Within both Kinshasa and Katanga provinces, public health facilities were visited in 50% of urban health areas within health zones where one or more health area was selected in the main sample. All public health facilities located within the same health zone as a sampled rural health area were visited in Kinshasa province, whereas in Katanga province, public health facilities were visited within 2 randomly selected health areas within each health zone that included a sampled rural health area. A census of all pharmacies was conducted in Kinshasa and Katanga provinces.

Sampling

A representative sample of health areas was selected in each research domain using PPS sampling. A list of selected health areas is provided in Annex 4.

Selection of health areas with PPS was completed based on population estimates obtained from a series of local-level census activities conducted between 2001 and 2004. This data series was also used as the basis for the 2007

DHS as the most recent national-level census in the DRC was conducted in 1984. A population-based sampling frame was used for selecting the sample because accurate estimates on the total number of outlets per cluster that may be eligible for a medicine outlet survey do not exist. The major assumption in using population figures for sampling is that distribution of outlets and/or distribution of medicines moving through outlets in a given cluster is correlated with population size.

Within each health area, a census of all outlets with the potential to sell or distribute contraceptives and/or provide contraceptive services was conducted.

Data Collection

Interviewers, supervisors, and quality controllers received training that included an orientation to the study, questionnaire, and classroom training on completing contraceptive product audits, and a field exercise. Following training, data collection was implemented from October 9th – December 2nd, 2015.

A structured paper questionnaire was used for all interviews (see Annex 6). A series of screening questions was administered at all outlets to determine eligibility for the survey. Outlets where contraceptives were reportedly sold and/or services were reportedly provided were invited to participate in the full survey. Following informed consent procedures, an audit of all available contraceptive commodities was conducted. Contraceptive audit information included formulation, package size, brand name, active ingredients and strengths, manufacturer, country of manufacture, reported sale/distribution in the week preceding the survey, retail price, and wholesale price. Detailed descriptions of contraceptives audited are provided in Annex 7 and Annex 8. In addition to the product audit, a series of questions was administered to the senior-most provider on contraceptive services as well as provider training and qualifications. Geo-coordinates were collected for each outlet using Garmin Etrex[®] GPS devices.

Up to three visits were made to all outlets to complete the screening process, audit, and provider interview as needed (e.g. where outlets were closed or providers were not available).

Data Entry, Processing, and Analysis

Data was collected using paper forms and Microsoft Access will be used for double data entry. All data cleaning and analysis was completed using Stata 13.0 (©StataCorp, College Station, TX). A list of family planning outlet indicators guided analysis. Sampling weights were applied to account for variations in probability of selection (see Annex 9) and standard error estimation accounted for clustering at the health area level. Indicator definitions are provided in Annex 10.

Protection of Human Subjects

The 2013 outlet survey protocol received ethical approval from the Ethics Committee of the Public Health School at the University of Kinshasa (ref: ESP/CE/096/2015). Provider interviews and product audits were completed only after administration of a standard informed consent form and provider consented to participate in the study. Providers had the option to end the interview at any point during the study. Standard measures were employed to maintain provider confidentiality and anonymity.

Timeframe

Data collection ran from October 9th to December 2nd, 2015 following a 12-day fieldworker training in each province.

Annex 4: Sampled Clusters (Health Areas)

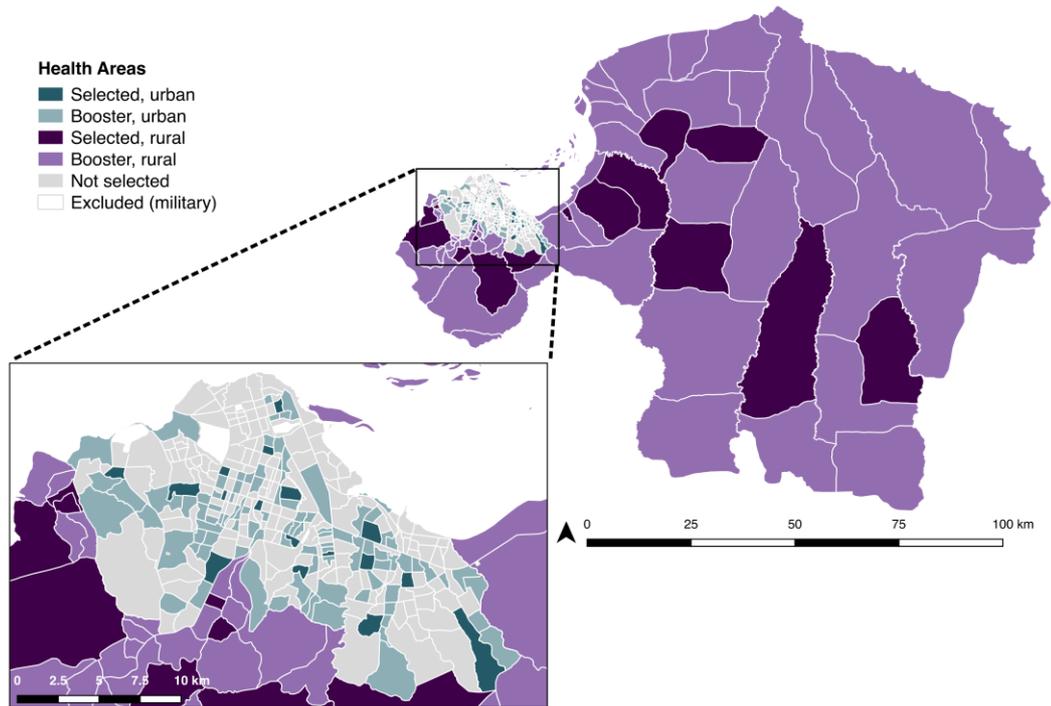
PROVINCE	URBAN/RURAL	HEALTH ZONE	HEALTH AREA	POPULATION
KATANGA	URBAN	DILALA	LUILU	15,735
KATANGA	URBAN	KAMPEMBA	CITÉ DES JEUNES	17,976
KATANGA	URBAN	KAMPEMBA	KABANGA	33,491
KATANGA	URBAN	KAMPEMBA	SAFINA	10,148
KATANGA	URBAN	KATUBA	DU MARCHÉ	22,753
KATANGA	URBAN	KATUBA	NGEMENA	12,202
KATANGA	URBAN	KENYA	KENYA I	13,892
KATANGA	URBAN	KIKULA	KAPENDA	14,770
KATANGA	URBAN	KIKULA	NKOLOMONI	16,276
KATANGA	URBAN	KIPUSHI	LUMATA	16,699
KATANGA	URBAN	KISANGA	KIBOKO	11,245
KATANGA	URBAN	KOWE	DILALA/KOLWEZI	2,059
KATANGA	URBAN	LIKASI	SIX-SAPINS	13,991
KATANGA	URBAN	LUBUMBASHI	MAKUTANO	10,968
KATANGA	URBAN	MANIKA	HGR MWANGEJI	19,465
KATANGA	URBAN	MANIKA	PCI RAYON	14,175
KATANGA	URBAN	MUMBUNDA	MAMPALA I	25,681
KATANGA	URBAN	PANDA	KIWELE	8,167
KATANGA	URBAN	RWASHI	KAWAMA	26,194
KATANGA	URBAN	TSHAMILEMBA	K.E	41,420
KATANGA	RURAL	ANKORO	KASONGO	3,606
KATANGA	RURAL	ANKORO	KYOFWE	5,846
KATANGA	RURAL	BUKAMA	KABWE	8,731
KATANGA	RURAL	BUKAMA	MBALA	13,989
KATANGA	RURAL	BUNKEYA	MUNTO	11,212
KATANGA	RURAL	BUTUMBA	KISUNGI	11,023
KATANGA	RURAL	DILOLO	MUYEYE	10,661
KATANGA	RURAL	FUNGURUME	LUKOTOLA	6,902
KATANGA	RURAL	KABALO	LUKUNDULA	10,519
KATANGA	RURAL	KABONDO-DIANDA	KAPAKO	11,243
KATANGA	RURAL	KABONDO-DIANDA	NYEMBO	11,374
KATANGA	RURAL	KABONGO	KAMUSENGA	11,818
KATANGA	RURAL	KABONGO	LENGE	13,785
KATANGA	RURAL	KAFANKUMBA	KALAMPOJI	5,602
KATANGA	RURAL	KAFUBU	KIWELE	4,172
KATANGA	RURAL	KALEMIE	BWANAKUCHA	13,672
KATANGA	RURAL	KALEMIE	KIMENA	7,447
KATANGA	RURAL	KAMBOVE	DISANGA 3	7,641
KATANGA	RURAL	KAMINA	CENTRE URBAIN	20,214
KATANGA	RURAL	KAMINA	KINGO	7,334
KATANGA	RURAL	KAMINA	Q.53	12,491
KATANGA	RURAL	KANIAMA	KIMPANGA	14,658
KATANGA	RURAL	KANSIMBA	KASENGA	4,816
KATANGA	RURAL	KANZENZE	MUNANGA	3,749
KATANGA	RURAL	KAPANGA	MUTIY	7,870
KATANGA	RURAL	KAPOLOWE	KYEMBE	11,208
KATANGA	RURAL	KASAJI	KAMBALALA	7,675
KATANGA	RURAL	KASENGA	CALWE	7,687
KATANGA	RURAL	KASENGA	KASOMENO	9,979
KATANGA	RURAL	KASHOBWE	KABIMBI	21,459
KATANGA	RURAL	KAYAMBA	KAMAYI	6,686
KATANGA	RURAL	KILWA	DUBIE	10,186
KATANGA	RURAL	KILWA	KYONA	5,412
KATANGA	RURAL	KINDA	KANENE	3,743
KATANGA	RURAL	KINKONDJA	KIPAMBA 2	11,477
KATANGA	RURAL	KITENGE	KASHUKULU	8,527
KATANGA	RURAL	KONGOLO	BENA HAMBA	5,671

Table X1. Sampled Clusters

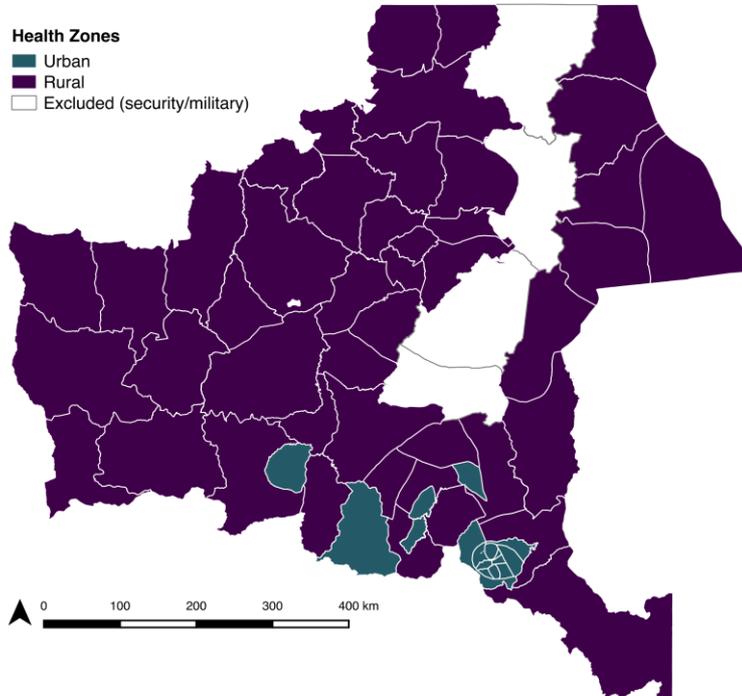
PROVINCE	URBAN/RURAL	HEALTH ZONE	HEALTH AREA	POPULATION
KATANGA	RURAL	KONGOLO	LUBUNDA	7,390
KATANGA	RURAL	LUBUDI	KALUPETA	2,856
KATANGA	RURAL	LUKAFU	MINGA	3,391
KATANGA	RURAL	LWAMBA	KABUNDULU	8,133
KATANGA	RURAL	MALEMBA NKULU	KABALA	19,772
KATANGA	RURAL	MALEMBA NKULU	NYOKA	12,503
KATANGA	RURAL	MANONO	KANTEBA	12,949
KATANGA	RURAL	MANONO	SHINDANO	7,048
KATANGA	RURAL	MBULULA	MWANA NGOY	11,774
KATANGA	RURAL	MOBA	KIPIRI	12,390
KATANGA	RURAL	MOBA	MULONDE	12,648
KATANGA	RURAL	MUKANGA	KINA	12,773
KATANGA	RURAL	MULONGO	KABAMBA	19,734
KATANGA	RURAL	MULONGO	MPANGWE II	6,329
KATANGA	RURAL	MUTSHATSHA	TSHIPAYA	3,395
KATANGA	RURAL	NYEMBA	TABAC	11,990
KATANGA	RURAL	PWETO	KAKONONA	22,518
KATANGA	RURAL	PWETO	MWENGE	8,460
KATANGA	RURAL	SAKANIA	KASUMBALESA	46,092
KATANGA	RURAL	SAKANIA	TSHINSEDA	7,150
KATANGA	RURAL	SANDOA	SAMUTOMA	8,716
KATANGA	RURAL	SONGA	KIPASA	6,348
KATANGA	RURAL	KIPUSHI	KIPOPO	5,064
KINSHASA	URBAN	BARUMBU	MOZINDO	27,371
KINSHASA	URBAN	BINZA-MÉTÉO	LUBUDI	37,673
KINSHASA	URBAN	BINZA-OZONE	MFINDA	48,879
KINSHASA	URBAN	BUMBU	LUKENI	13,707
KINSHASA	URBAN	KALAMU I	MATONGE II	12,813
KINSHASA	URBAN	KIKIMI	LOBIKO	33,070
KINSHASA	URBAN	KIMBANSEKE	NSUMABUA	30,449
KINSHASA	URBAN	KINGASANI	LISANGA	27,326
KINSHASA	URBAN	KISENSO	17-MAY	19,676
KINSHASA	URBAN	LEMBA	GOMBELE	15,310
KINSHASA	URBAN	LIMETE	MFUMU MVULA	44,485
KINSHASA	URBAN	MAKALA	SELO	20,263
KINSHASA	URBAN	MASINA I	SANS FIL	44,676
KINSHASA	URBAN	MATETE	LOEKA	11,004
KINSHASA	URBAN	N'JILI	Q7	10,944
KINSHASA	URBAN	NGIRI-NGIRI	24-NOV	13,589
KINSHASA	URBAN	SELEMBAO	NGAFANI	26,710
KINSHASA	RURAL	MALUKU II	BUSIRA	2,105
KINSHASA	RURAL	MALUKU II	YOSSO	5,173
KINSHASA	RURAL	MONT-NGAFULA II	ANTENNE	11,574
KINSHASA	RURAL	MONT-NGAFULA II	KIMBWALA	16,400
KINSHASA	RURAL	MONT-NGAFULA II	MATOKAMA	18,679
KINSHASA	RURAL	MONT-NGAFULA II	NGOMBE	9,006
KINSHASA	RURAL	MALUKU I	BITA	15,920
KINSHASA	RURAL	MALUKU I	KINGANKATI 2	6,816
KINSHASA	RURAL	MALUKU I	MENKAO	15,255
KINSHASA	RURAL	MONT-NGAFULA I	KIMWENZA RURALE	12,781
KINSHASA	RURAL	MONT-NGAFULA I	MANENGA	14,425
KINSHASA	RURAL	MONT-NGAFULA I	MAZAMBA	14,897
KINSHASA	RURAL	MONT-NGAFULA I	NGASELE	16,918
KINSHASA	RURAL	N'SELE	BAHUMBU 2	15,848
KINSHASA	RURAL	N'SELE	KINDOBO	9,128
KINSHASA	RURAL	N'SELE	MIKONDO	12,900
KINSHASA	RURAL	N'SELE	MPASA 2	28,674

Annex 5: Map of Sampled Clusters

Kinshasa Province, Selected Clusters and Booster Areas*



Katanga Province, Urban and Rural Health Zones**



* All outlet types were screened for eligibility within selected clusters (dark blue/purple). Additional pharmacies and government supported health facilities were visited outside of selected clusters. Within both Kinshasa and Katanga provinces, pharmacies were visited within all areas of Kinshasa/Katanga that were not excluded for security/military reasons. The strategy employed to visit government supported health facilities differed between provinces (see Annex 3 for further details). Within Kinshasa province, health areas for which additional government supported health facilities were visited are displayed as booster health areas (light blue/purple).

** Selected and booster health areas could not be mapped for Katanga province as map files at the health area level were not available at the time survey maps were created.

Kinshasa Sample Description

Annex 6: Detailed Sample Descriptions

	Public Health Facility	Community Health Workers	Private Not- For-Profit	Public Total	Private For-Profit Health Facility	Pharmacy	Drug shop	Private Total	Total
Number of outlets screened (Figure 1 Box B)	205	11	79	216	234	60	571	865	1160
Number of outlets eligible and interviewed (Figure 1 Box D)	129	8	16	137	39	51	349	439	592
Number of outlets eligible but not interviewed (interview non-participation)	1	0	0	1	0	1	1	2	3
Number of interviewed outlets with at least one modern contraceptive (excluding condoms) on the day of the survey (Figure 1, Box D1)	136	8	17	144	42	49	343	434	595
Number of interviewed outlets that provide associated FP services, but do not stock modern contraceptives (excluding condoms) (Figure 1 Box D3)	21	0	7	21	46	0	6	52	80

In Kinshasa, 205 of the total 1160 outlets screened were found in the booster area, 147 public health facilities and 58 pharmacies.

Kinshasa Urban/Rural Sample Description

	Public Health Facility	Community Health Workers	Private Not- For-Profit	Public Total	Private For-Profit Health Facility	Pharmacy	Drug shop	Private Total	Total
Number of outlets screened (Figure 1 Box B)	205	11	79	216	234	60	571	865	1160
Urban	127	5	28	132	154	60	401	615	775
Rural	78	6	51	84	80	0	170	250	385
Number of outlets eligible and interviewed (Figure 1 Box D)	129	8	16	137	39	51	349	439	592
Urban	74	4	6	78	17	51	251	319	403
Rural	55	4	10	59	22	0	98	120	189
Number of outlets eligible but not interviewed (interview non-participation)	1	0	0	1	0	1	1	2	3
Urban	1	0	0	1	0	1	1	2	3
Rural	0	0	0	0	0	0	0	0	0
Number of interviewed outlets with at least one modern contraceptive (excluding condoms) on the day of the survey (Figure 1, Box D1)	136	8	17	144	42	49	343	434	595
Urban	81	4	7	85	19	49	248	316	408

	Public Health Facility	Community Health Workers	Private Not- For-Profit	Public Total	Private For-Profit Health Facility	Pharmacy	Drug shop	Private Total	Total
Rural	55	4	10	59	23	0	95	118	187
Number of interviewed outlets that provide associated FP services, but do not stock modern contraceptives (excluding condoms) (Figure 1 Box D3)	21	0	7	21	46	0	6	52	80
Urban	13	0	2	13	31	0	1	32	47
Rural	8	0	5	8	15	0	5	20	33

Katanga Sample Description

	Public Health Facility	Community Health Workers	Private Not- For-Profit	Public Total	Private For-Profit Health Facility	Pharmacy	Drug shop	Private Total	Total
Number of outlets screened (Figure 1 Box B)	265	35	23	300	152	8	564	724	1047
Number of outlets eligible and interviewed (Figure 1 Box D)	138	0	9	138	42	4	242	288	435
Number of outlets eligible but not interviewed (interview non-participation)	0	0	0	0	0	0	0	0	0
Number of interviewed outlets with at least one modern contraceptive (excluding condoms) on the day of the survey (Figure 1, Box D1)	145	0	10	145	42	4	241	287	442
Number of interviewed outlets that provide associated FP services, but do not stock modern contraceptives (excluding condoms) (Figure 1 Box D3)	30	0	5	30	18	0	7	25	60

In Katanga, 157 of the total 1047 outlets screened were found in the booster area, 155 public health facilities and 2 pharmacies.

Katanga Urban/Rural Sample Description

	Public Health Facility	Community Health Workers	Private Not- For-Profit	Public Total	Private For-Profit Health Facility	Pharmacy	Drug shop	Private Total	Total
Number of outlets screened (Figure 1 Box B)	265	35	23	300	152	8	564	724	1047
Urban	94	0	16	94	81	8	346	435	545
Rural	171	35	7	206	71	0	218	289	502
Number of outlets eligible and interviewed (Figure 1 Box D)	138	0	9	138	42	4	242	288	435

	Public Health Facility	Community Health Workers	Private Not-For-Profit	Public Total	Private For-Profit Health Facility	Pharmacy	Drug shop	Private Total	Total
Urban	61	0	7	61	30	4	196	230	298
Rural	77	0	2	77	12	0	46	58	137
Number of outlets eligible but not interviewed (interview non-participation)	0	0	0	0	0	0	0	0	0
Urban	0	0	0	0	0	0	0	0	0
Rural	0	0	0	0	0	0	0	0	0
Number of interviewed outlets with at least one modern contraceptive (excluding condoms) on the day of the survey (Figure 1, Box D1)	145	0	10	145	42	4	241	287	442
Urban	66	0	7	66	30	4	195	229	302
Rural	79	0	3	79	12	0	46	58	140
Number of interviewed outlets that provide associated FP services, but do not stock modern contraceptives (excluding condoms) (Figure 1 Box D3)	30	0	5	30	18	0	7	25	60
Urban	4	0	4	4	10	0	5	15	23
Rural	26	0	1	26	8	0	2	10	37

Annex 7: Questionnaire

FPwatch Outlet Survey

DRC 2015

SELECTION Section 1: Information du recensement										
ID PDV Enquêteur – Province – Zone de Santé – Aire de Santé – Code PDV [][]-[][]-[][][][]-[][][][][]-[][][][]										
S1. Date d'aujourd'hui (jj/mm/aaaa)		[][]-[][]-[2 0 1 5]								
S2. Nom de l'enquêteur []		S2a. Code de l'enquêteur [][]								
S3. Province []		S3a. Code de la province []								
S4. Zone de santé []		S4a. Code de la zone de santé [][]								
S5. Aire de santé []		S5a. Code de l'aire de santé [][][][]								
S6. Village/Rue []										
S7. Nom de PDV []		S7a. Code PDV [][][]								
<table border="1"> <tr> <td rowspan="2">S8. Type de point de vente</td> <td>Formation sanitaire publique</td> <td>Formation sanitaire privée <i>but lucrative</i></td> <td rowspan="2"> 20 Laboratoire privé but <i>lucratif</i> 21 Laboratoire privé but <i>non-lucratif</i> 22 Pharmacie formelle ou officine 23 Dépôt pharmaceutique 24 Pharmacie informelle 96 Autres (<i>précisez</i>) [] </td> </tr> <tr> <td> 01 Hôpital universitaire 02 Hôpital provincial de référence 03 Hôpital général de référence 04 Bureau central de zone de santé 05 Centre hospitalier 06 Centre de santé de référence 07 Centre de santé 08 Poste de santé 09 Relais communautaire </td> <td> 10 Hôpital général de référence 11 Centre hospitalier 12 Centre de santé de référence 13 Centre de santé 14 Poste de santé FS privée <i>but non-lucratif</i> 15 Hôpital général de référence 16 Centre hospitalier 17 Centre de santé de référence 18 Centre de santé 19 Poste de santé </td> <td>[][]</td> </tr> </table>				S8. Type de point de vente	Formation sanitaire publique	Formation sanitaire privée <i>but lucrative</i>	20 Laboratoire privé but <i>lucratif</i> 21 Laboratoire privé but <i>non-lucratif</i> 22 Pharmacie formelle ou officine 23 Dépôt pharmaceutique 24 Pharmacie informelle 96 Autres (<i>précisez</i>) []	01 Hôpital universitaire 02 Hôpital provincial de référence 03 Hôpital général de référence 04 Bureau central de zone de santé 05 Centre hospitalier 06 Centre de santé de référence 07 Centre de santé 08 Poste de santé 09 Relais communautaire	10 Hôpital général de référence 11 Centre hospitalier 12 Centre de santé de référence 13 Centre de santé 14 Poste de santé FS privée <i>but non-lucratif</i> 15 Hôpital général de référence 16 Centre hospitalier 17 Centre de santé de référence 18 Centre de santé 19 Poste de santé	[][]
S8. Type de point de vente	Formation sanitaire publique	Formation sanitaire privée <i>but lucrative</i>	20 Laboratoire privé but <i>lucratif</i> 21 Laboratoire privé but <i>non-lucratif</i> 22 Pharmacie formelle ou officine 23 Dépôt pharmaceutique 24 Pharmacie informelle 96 Autres (<i>précisez</i>) []							
	01 Hôpital universitaire 02 Hôpital provincial de référence 03 Hôpital général de référence 04 Bureau central de zone de santé 05 Centre hospitalier 06 Centre de santé de référence 07 Centre de santé 08 Poste de santé 09 Relais communautaire	10 Hôpital général de référence 11 Centre hospitalier 12 Centre de santé de référence 13 Centre de santé 14 Poste de santé FS privée <i>but non-lucratif</i> 15 Hôpital général de référence 16 Centre hospitalier 17 Centre de santé de référence 18 Centre de santé 19 Poste de santé		[][]						
S9. Est-ce que cette aire de santé fait partie de l'échantillon d'appoint (booster) ? 1 = Oui 0=Non			[]							
S10. Est-ce le centre de santé principale pour l'aire de santé qui représente le gouvernement (qu'il soit privé ou public) ? 1 = Oui 0=Non			[]							
Allez à la SELECTION Section 2										

FIN DE L'ENTRETIEN (TOUS les points de vente):	
Remplissez ce résultat pour tous les points de vente après avoir complété toutes les sections de sélection et tous les paquets.	
S11. Adresse physique ou lieu pour identifier le point de vente (<i>Faites une description détaillée qui aidera le superviseur à trouver le point de vente. PAS DE BOITE POSTALE</i>)	
S12. Contact principal pour Paludisme	
Nom []	Téléphone [][][][][][][][][][][]
S13. Contact principal pour Planification familiale	
Nom []	Téléphone [][][][][][][][][][][]
S14. Latitude [S]-[][][][]-[][][][][]	S15. Longitude: [E]-[][][][]-[][][][][]

S16. Observations supplémentaires de l'intervieweur (s'il y en a)

<i>Écrivez les initiales pour ce qui est complet ou N/A pour non éligible</i>	Paquet de sélection (TOUTES LES SECTIONS)	Paquet Paludisme	Paquet PF
Intervieweur			
Superviseur			

SÉLECTION Section 2 (TOUS les points de vente) :

Bonjour, je m'appelle _____. Je travaille pour l'Ecole de Santé Public de Kinshasa pour le compte de l'Association de Santé Familiale. L'Association de Santé Familiale est une organisation non-gouvernementale œuvrant dans les secteurs public et privé pour adopter le marketing social et la communication pour le changement de comportement afin d'améliorer l'accès à l'information de santé, aux services et aux produits essentiels en vue de motiver l'adoption de comportements sains. Nous effectuons une étude sur la disponibilité des médicaments antipaludiques, des services de test de diagnostic du paludisme et des produits et services de planification familiale. Les résultats seront utilisés pour améliorer la disponibilité d'un traitement approprié pour le paludisme, et des méthodes de planification familiale en RDC. Je voudrais vous poser quelques questions pour voir si vous pouvez faire partie de l'enquête.

Nous ne sommes pas ici pour inspecter votre entreprise et aucune information concernant ce point de vente précis ne sera transmise aux autorités réglementaires. Nous ne partagerons pas d'information personnelle sur vous ou sur d'autres participants avec personne d'autre en dehors de notre équipe de recherche. La participation à cette étude est volontaire. Vous êtes libre de décider si vous voulez prendre part ou non. Si vous êtes d'accord, vous pouvez changer d'avis à tout moment. Vous pouvez refuser de répondre à des questions précises, ou arrêter l'entrevue à tout moment. Si vous choisissez de ne pas répondre à une question, d'arrêter l'entrevue ou même de ne pas du tout participer à l'étude, cela n'affectera pas vos conditions de travail aujourd'hui ou dans l'avenir.

SRO, Zinc & Amoxicilline

Lisez au prestataire : Je voudrais vous poser quelques questions pour savoir si vous disposez de traitements pour la diarrhée et la pneumonie.

S17. Avez-vous en stock aujourd'hui des sels de réhydratation orale, aussi connus comme SRO (ORS) Vérifiez avec une fiche illustrative 1 = Oui 0 = Non	<input type="checkbox"/>
S18. Avez-vous en stock aujourd'hui des comprimés de zinc pour le traitement de la diarrhée chez les enfants ? Vérifiez avec une fiche illustrative 1 = Oui 0 = Non Allez à S20	<input type="checkbox"/>
S19. Quel dosage de comprimés de zinc pour le traitement de la diarrhée chez les enfants avez-vous en stock aujourd'hui ? Lisez la liste, encerclez TOUT ceux qui s'applique A = 10mg B = 20mg Z = Autre (à préciser): [_____]	A B Z
S20. Avez-vous en stock aujourd'hui des SRO qui sont emballés avec un traitement de zinc pour la diarrhée chez les enfants ? Vérifiez avec une fiche illustrative 1 = Oui 0 = Non	<input type="checkbox"/>
S21. Avez-vous des antibiotiques en stock aujourd'hui ? 1 = Oui 0 = Non	<input type="checkbox"/>
S22. Avez-vous des comprimés d'amoxicilline dispersible, aussi connus comme Amox DT ? Montrez la fiche illustrative. Intervieweur: demandez à voir le produit et vérifiez qu'il s'agit d'amoxicilline dispersible 1 = Oui 0 = Non Allez à la page suivante (Section 3)	<input type="checkbox"/>

S23. Quel dosage de comprimés d'amoxicilline dispersible, aussi connus comme Amox DT, avez-vous en stock aujourd'hui ? Lisez la liste, encerclez TOUT ce qui s'applique A = 125mg B = 250mg Z = Autre (à préciser): [_____]	A B Z
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------

SÉLECTION Section 3 (TOUS les points de vente) :

Préservatifs

Lisez au prestataire : Je voudrais vous poser quelques questions pour savoir si vous disposez de préservatifs.

S24. Avez-vous des préservatifs MASCULINS disponibles en cet endroit aujourd'hui ?

1 = Oui

0 = Non

Vérifiez avec une fiche illustrative. Allez à S29.

[]

S25. Quelles marques de préservatifs MASCULINS avez-vous en stock aujourd'hui ? **(Montrez une fiche illustrative)**

[_____]

[_____]

[_____]

[_____]

[_____]

[_____]

S26. Quelle est la MARQUE LA PLUS VENDU/DISTRIBUE de préservatif MASCULIN ici aux consommateurs individuels ? **(Inclure la marque et le type).**

[_____]

S27. Quel est le prix de cette MARQUE LA PLUS VENDU/DISTRIBUE de préservatif MASCULIN (dans S26) que vous vendez / distribuez aux consommateurs individuels ?

(Si les préservatifs sont vendus individuellement, écrivez '01' pour la taille de l'emballage.)

Ce point de vente vend un paquet de [][] préservatif(s) à [][][][][][] FC

98 = Ne sais pas

99998 = Ne sais pas

97= A refusé

99997 = A refusé

00000 = Gratuit

S28. Combien de préservatifs MASCULINS DE TOUTES LES MARQUES au total avez-vous vendus/ distribué aux consommateurs individuels à cet endroit au cours des 7 DERNIERS JOURS ?

Ce point de vente a vendu [][][][][][][][] préservatifs simples au cours des 7 DERNIERS JOURS.

99998 = Ne sais pas

99997= A refusé

S29. Avez-vous des préservatifs FEMININS disponibles en cet endroit aujourd'hui ?

1 = Oui

0 = Non

Vérifiez avec une fiche illustrative. Allez à SÉLECTION Section 4.

[]

S30. Quelles marques de préservatifs FÉMININS avez-vous en stock aujourd'hui ? **(Montrez une fiche illustrative)**

[_____]

[_____]

[_____]

[_____]

S31. Quelle est la MARQUE LA PLUS COMMUNE de préservatif FÉMININ que vous vendez/ distribuez aux consommateurs individuels ? **(Inclure la marque et le type).**

[_____]

S32. Quel est le prix de cette MARQUE LA PLUS COMMUNE de préservatif FÉMININ (dans S31) que vous vendez/ distribuez aux consommateurs individuels ?

(Si les préservatifs sont vendus individuellement, écrivez '01' pour la taille de l'emballage.)

Ce point de vente vend un paquet de [][] préservatif(s) à [][][][][][] FC

98 = Ne sais pas

99998 = Ne sais pas

97= A refusé

99997 = A refusé

00000 = Gratuit

S33. Combien de préservatifs FÉMININS DE TOUTES LES MARQUES au total avez-vous vendus/distribués aux consommateurs individuels à cet endroit au cours des 7 DERNIERS JOURS ?

Ce point de vente a vendu [][][][][][][][] préservatifs simples au cours des 7 DERNIERS JOURS.

99998 = Ne sais pas ; 99997 = A refusé

SÉLECTION Section 5 (TOUS les points de vente):

Éligibilité Planification familiale

Lisez au prestataire : Je voudrais vous poser quelques questions pour savoir si vous disposez de produits et de services de planification familiale.

S40. Avez-vous des produits de planification familiale suivants disponibles en cet endroit aujourd'hui:

Lisez tout. Montrez des FICHES ILLUSTRATIVES pour chacun

- Comprimés contraceptifs oraux 1 = Oui (UN OU PLUSIEURS DISPONIBLES)
- Comprimés contraceptifs d'urgence **Prenez le Paquet PF. Allez à Paquet PF, Page 1.**
- Contraceptifs injectables
- Implants contraceptifs 0 = Non (AUCUN DISPONIBLE)
- DIU contraceptifs
- Colliers du Cycle

[]

S41. Y a-t-il des produits de planification familiale suivants qui sont en rupture de stock aujourd'hui, mais que vous aviez ces 3 derniers mois en cet endroit ?

Lisez tout. Montrez des FICHES ILLUSTRATIVES pour chacun

- Comprimés contraceptifs oraux 1 = Oui (UN OU PLUSIEURS DISPONIBLES CES 3 DERNIERS MOIS)
- Comprimés contraceptifs d'urgence **Prenez le Paquet PF. Allez à Paquet PF, Q PF11.**
- Contraceptifs injectables
- Implants contraceptifs 0 = Non (AUCUN DISPONIBLE CES 3 DERNIERS MOIS)
- DIU contraceptifs

[]

S42. Offrez-vous un des services de planification familiale suivants en cet endroit ?

Lisez tout.

- Injection des contraceptives injectables 1 = Oui (UN OU PLUSIEURS DISPONIBLES)
- Insertion/retrait d'implants contraceptifs **Prenez le Paquet PF. Allez à Paquet PF, Q PF13.**
- Insertion/retrait de DIU contraceptifs
- Ligature des trompes 0 = Non (AUCUN DISPONIBLE)
- Vasectomie **Remplissez RESULTAT PF (Page 5).**

[]

N'oubliez pas de remplir l'heure du début de l'entretien dans les résultats (S43).

RÉSULTAT (TOUS les points de vente):

Remplissez ce résultat pour tous les points de vente.

S43. Résultat de visite(s) pour compléter **tous les modules**.

Date (jj/mm/aa)	Visite 1	Visite 2	Visite 3
	[][]-[][][]-[1 5]	[][]-[][][]-[1 5]	[][]-[][][]-[1 5]
Heure du début (en 24hrs)	[][]:[][]	[][]:[][]	[][]:[][]
Heure de fin (en 24hrs)	[][]:[][]	[][]:[][]	[][]:[][]

RESULTAT PLANIFICATION FAMILIALE

[][][][]	[][][][]	[][][][]
01 = PDV éligible pour PF & questionnaire rempli		FIN/Paquet Paludisme
02 = PDV non éligible pour PF: ne remplit aucun critère de sélection		FIN/Paquet Paludisme
03 = Interview interrompue		Allez à S47
04 = Personne interrogée non disponible/le moment ne convient pas		Allez à S47

05 = PDV non ouvert à ce moment

Allez à S47**PAQUET DE PLANIFICATION FAMILIALE**

Avant de procéder à l'entretien complet, assurer que vous avez donné une fiche d'information sur l'étude au répondant, que vous lui avez expliqué l'étude et que vous avez obtenu son consentement éclairé.

Lisez au prestataire:

Pourriez-vous nous montrer la gamme complète des produits de planification familiale que vous avez actuellement en stock ? Avez-vous actuellement un des produits suivants ?

Montrez la liste entière en utilisant les FICHES ILLUSTRATIVES. Aucune réponse à enregistrer.

- Kits de tests rapides de grossesse tels que HCG, Accurate
- Comprimés de misoprostol tels que Misoclear, Manstogan Misofar, Cytotec
- Colliers du cycle
- Patches (timbres) de contrôle des naissances, anneaux vaginaux de contrôle des naissances, diaphragmes, comprimés vaginaux moussants
- Comprimés contraceptifs oraux tels que Combination3, Diane-35, Microgynon ED Fe, Exluton, etc.
- Comprimés contraceptifs d'urgence tels que i-Pill, Glostinor2, NorLevo, Postiga4, Rogotinor, Postinor, etc.
- Contraceptifs injectables tels que Depo-Provera, Noristerat, Sayana Press
- Implants contraceptifs tels que Jadelle, Implanon

06 = PDV fermé définitivement

FIN/Paquet Paludisme

96 = Autre (à préciser): [_____]

FIN/Paquet Paludisme

97 = A refusé

Allez à S46

S46. Si le prestataire a refusé, pourquoi ?

1= Charge de clients

Demandez à l'interviewé le moment qu'il préfère et notez dans S47

2 = Pense que c'est une inspection/nerveux au sujet de la licence

Allez à FIN/Paquet Paludisme

3 = Pas intéressé

Allez à FIN/Paquet Paludisme

6 = Autre (à préciser): [_____]

7 = Refuse de donner la raison

Allez à FIN/Paquet Paludisme

S47. Utilisez cet espace pour écrire les détails du rendez-vous « rappel ». S'il n'est pas possible de compléter l'interview à un autre moment, allez à FIN.

Allez au Paquet Paludisme si ce n'est pas rempli. Si le Paquet Paludisme est rempli ou non éligible pour Paludisme, allez à FIN sur la Page 1.

- **DIU contraceptifs** tels que *Optimal, Pregna, Lydia, T-Care* (tous les TCU 380A)

Si les fiches d'audit supplémentaires sont utilisées, ajoutez-les après celles fournies et agrafez de nouveau le questionnaire. Toutes les pages doivent être en ordre avant que vous passiez au point de vente suivant. Numérotez chaque produit de planification familiale en attribuant un Numéro de produit (à partir de 1 pour tests rapides de grossesse, encore à partir de 1 pour Comprisés, etc.) Numérotez chaque feuille d'audit utilisée dans les espaces prévus au bas de la page.

Où sont situés les produits suivants dans d'autres services dans ce point de vente : tests rapides de grossesse, pilules de contrôle des naissances, contraception d'urgence, misoprosotol, DIUs, implants et préservatifs ? Lisez tout 1 = Oui 0 = Non	
Clinique de planification familiale	[][]
Dispensaire / Pharmacie / Ambulatoire	[][]
Prénatal / Maternité / MCH	[][]
Laboratoire	[][]
Autre service	[][]
Si autre, précisez : []	[][]

Intervieweur : Visitez tous les services indiqués ci-dessus pour remplir les fiches d'audit

Dans tous les points de vente (PDV), remplissez le Code sous-PDV (ainsi que le Numéro de produit) pour chaque médicament vérifié. Ces codes sont énumérés ci-dessous.

CODES SOUS-PDV	
X	Tous les lieux de prestation ayant une seule unité de vente ou de distribution de médicaments/moyens de diagnostics
A	Service / Dispensaire de consultation externe/ pharmacie principale (si utilisé pour tous les patients),
B	Service / Dispensaire / Clinique pour consultation externe des adultes
C	Service / Dispensaire / Clinique pour consultation externe pédiatrique
D	Consultation prénatale / Maternité
E	Clinique de traitement ARV / prise en charge des PVV
G	Clinique privée dans un hôpital public
L	Laboratoire (pour audit de diagnostic)
Z	Autre (Spécifier le type dans l'espace dédié aux commentaires de la feuille d'audit – TSG 13 or NT 13)

MODULE DE COLLIERS DU CYCLE ET DE DIAPHRAGMES:

Intervieweur lisez : J'ai d'abord quelques questions au sujet des produits spécifiques de planification familiale.

PF1. Ce point de vente a-t-il des colliers de cycle en stock ? 1 = Oui Demandez à voir les colliers du cycle 0 = Non Allez à PF6	[][]
PF2. Notez les noms de marque des colliers du cycle [] []	
PF3. Combien de ces colliers du cycle avez-vous vendus /distribués aux clients individuels dans les <u>30 derniers jours</u> ? A refusé = 9997 Ne sait pas = 9998	[][][][][][]
PF4. A combien revient 1 paquet de colliers du cycle pour un client individuel ? A refusé = 9997 ; Ne sait pas = 9998 ; Gratuit = 0000	[][][][][]
PF5. D'où vous êtes-vous procuré la plus récente fourniture de colliers de cycle ?	[][]

<p>1 = Dépôt pharmaceutique privé 2 = Pharmacie de détail 3 = Dépôts pharmaceutiques du Gouvernement / CDR / BCZS 4 = Établissement de santé 5 = ONG (PSI/ASF, DKT) 6 = Autre, précisez : [_____] 8 = Ne sait pas</p>	
<p>PF6. Ce point de vente a-t-il des diaphragmes en stock?</p> <p>1 = Oui <i>Demandez à voir le diaphragme</i> 0 = Non <i>Allez aux Fiches d'Audit</i></p>	[]
<p>PF7. Notez les noms de marque de diaphragme</p> <p>[_____] [_____]</p>	
<p>PF8. Combien de ces diaphragmes avez-vous vendus/distribués aux clients individuels dans les 30 derniers jours ?</p> <p><i>A refusé = 9997</i> <i>Ne sait pas = 9998</i></p>	[][][][][]
<p>PF9. A combien revient 1 diaphragme pour un client individuel ?</p> <p><i>A refusé = 9997 ; Ne sait pas = 9998 ; Gratuit=0000</i></p>	[][][][][] FC
<p>PF10. D'où vous êtes-vous procuré la plus récente fourniture de diaphragmes?</p> <p>1 = Dépôt pharmaceutique privé 2 = Pharmacie de détail 3 = Dépôts pharmaceutiques du Gouvernement / CDR / BCZS 4 = Établissement de santé 5 = ONG (PSI/ASF, DKT) 6 = Autre, précisez : [_____] 8 = Ne sait pas</p>	[]
<p><i>S'il n'y a pas d'autres produits de planification familiale, vous pouvez sauter les fiches d'audit et aller à PF11.</i></p>	

Code sous-PdV [][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue/distribuée les 30 derniers jours aux CONSOMMATEURS INDIVIDUELS Ce PDV a vendu [][][] kits de test de grossesse Les 30 derniers jours. <i>A refusé = 997</i> <i>Ne sait pas = 998</i>	5. Utilisez-vous, vous ou un autre membre du personnel, cette marque de kit de test pour tester des clients ici dans cet établissement/ce PDV ? 1 = Oui 0 = Non <i>Allez à Q6</i> 8 = Ne sait pas <i>Allez à Q6</i>	
Numéro de produit [][]			[][][]	4a. Source d'information pour la quantité vendue 0 = Rappel du prestataire 1 = Dossiers du PDV	5a. Si oui, quel est le <u>coût total</u> pour avoir un test effectué avec cette marque, coût du kit de test et frais de service y compris ? [][][][][] FC	
6. Cet établissement/PDV fournit-il cette marque de kit de test pour que les clients l'emportent pour passer un test ailleurs ? 1 = Oui 0 = Non <i>Allez à Q7</i> 8 = Ne sait pas <i>Allez à Q7</i> [] 6a. Si oui, quel est le coût de ce kit de test ? [][][][][][] FC		7. Prix d'achat en gros Pour le <u>PLUS RECENT</u> achat en gros du PDV. [][][][][] kits de test coûtent [][][][][][][][] FC <i>Gratuit = 000000</i> <i>A refusé = 999997</i> <i>Ne sait pas = 999998</i>		8. Fournisseur (Demandez au prestataire) D'où avez-vous obtenu cette marque pour le plus récent achat ? 1 = Dépôt pharmaceutique privé 2 = Pharmacie de détail 3 = Dépôts pharmaceutiques du Gouvernement / CDR / BCZS 4 = Établissement de santé 5 = ONG (PSI/ASF, DKT) 6 = Autre, précisez : [][][][][][][][] 8 = Ne sait pas []	9. En rupture de stock à un certain moment les 3 derniers MOIS ? 1 = Oui 0 = Non 8 = Ne sait pas []	10. Commentaires

<p>PF11. Y a-t-il des produits de planification familiale qui sont en rupture de stock aujourd'hui, mais que vous aviez les <u>3 derniers mois</u> ?</p> <p>1 = Oui 0 = Non Allez au Module de Prestataire (PF13) 8 = Ne sait pas Allez au Module de Prestataire (PF13)</p>	<input type="checkbox"/>
<p>PF12. Connaissez-vous les noms des produits qui sont en rupture de stock ? Acceptez les noms génériques ou les noms de marque. Écrivez un produit par ligne.</p> <p>1 = Oui, précisez (la marque et le type de produit test de grossesse, injectable, implant, DIU, etc): 0 = Non</p> <p>[_____] [_____] [_____] [_____]</p>	<input type="checkbox"/>
<p>Module de prestataire de PLANIFICATON FAMILIALE <i>Cette section devrait être remplie principalement par le prestataire qui a la charge de donner des conseils de planification familiale et/ou des méthodes nécessitant un prestataire y compris l'insertion des DIU et des implants. Répondre aux questions peut demander de parler avec plus de 1 membre du personnel au point de vente. Si l'interviewé ne connaît pas la réponse à une question dans cette section, demandez à parler à un autre membre du personnel qui peut fournir les informations.</i></p>	
<p>Intervieweur lisez : J'ai d'abord quelques questions au sujet des conseils sur la planification familiale.</p>	
<p>PF13. Ce point de vente fournit-il des conseils pour aider les clients à choisir une méthode de planification familiale ?</p> <p>1 = Oui 0 = Non ALLEZ À PF18</p>	<input type="checkbox"/>
<p>PF14. Combien de jours par semaine donne-t-on des conseils sur la planification familiale dans ce point de vente/ cet établissement?</p>	<input type="checkbox"/>
<p>PF15. Avez-vous reçu, vous ou un autre membre du personnel actuel dans ce point de vente/ cet établissement, une formation ces 2 dernières années en matière de conseils à donner aux clients sur le type de méthodes de planification familiale à utiliser ? (Cela comprend la formation pré-service et des ateliers autonomes).</p> <p>1 = Oui 0 = Non ALLEZ À PF17 8 = Ne sait pas ALLEZ À PF17</p>	<input type="checkbox"/>
<p>PF16. De quelle(s) organisation(s) avez-vous reçu, vous ou le personnel de ce point de vente/ cet établissement, la formation en matière de conseils à donner aux clients sur les types de méthodes de planification familiale à utiliser ?</p> <p>1 = Oui, précisez (nom de l'organisation) ; 8 = Ne sait pas</p> <p>[_____] [_____] [_____] [_____]</p>	<input type="checkbox"/>
<p>PF17. Ce point de vente dispose-t-il des outils de travail pour les conseils à donner aux clients sur le type de méthode de planification familiale à choisir ? (Demandez à voir les outils de travail à l'interviewé.) <i>(par exemple : boîte d'images, fiches, vidéos, dépliants, etc.)</i></p> <p>1 = Oui, observé 2 = Oui, pas observé 0 = Non</p>	<input type="checkbox"/>

8 = Ne sait pas	
<p>PF18. Avez-vous reçu (ou un autre membre du personnel de ce point de vente / établissement), une formation ces 2 dernières années, sur les directives nationales pour la planification familiale ? (Y compris les ateliers et les stages)</p> <p>1 = Oui 0 = Non 8 = Ne sait pas</p>	[]
<p>POUR L'INTERVIEWEUR SEULEMENT : Vérifiez le MODULE DE PRESTATAIRE PALUDISME: Si le Paquet Paludisme est complété et c'est le même prestataire interviewé, allez à la page suivante</p>	
<p>PF19. Avez-vous des qualifications de santé suivantes ? LISEZ LA LISTE.</p> <p>1 = Oui 0 = Non 7 = A refusé</p>	<p>I. Pharmacien [] II. Médecin [] IV. Infirmier (-ère) [] V. Infirmière accoucheuse / Sage-femme [] VI. Laborantin / Assistant en laboratoire [] VII. Technicien en pharmacie / Assistant en pharmacie [] VIII. Assistant médical [] IX. Conseiller (ère) (VIH, TBC, Planification familiale, etc.) [] X. Relais communautaire []</p>
<p>PF20. <u>En dehors de vous</u>, d'autres personnes travaillant dans ce point de vente/cet établissement ont-elles les <u>qualifications de santé</u> suivantes ? LISEZ LA LISTE.</p> <p>1 = Oui 0 = Non 7 = A refusé 8 = Ne sait pas</p>	<p>I. Pharmacien [] II. Médecin [] IV. Infirmier (-ère) [] V. Infirmière accoucheuse / Sage-femme [] VI. Laborantin / Assistant en laboratoire [] VII. Technicien en pharmacie / Assistant en pharmacie [] VIII. Assistant médical [] IX. Conseiller (ère) (VIH, TBC, Planification familiale, etc.) [] X. Relais communautaire []</p>

Intervieweur lisez : Maintenant, j'ai quelques questions au sujet des contraceptifs injectables

<p>PF21. Ce point de vente/cet établissement injecte-il les contraceptifs injectables ? 1 = Oui 0 = Non Aller à la page suivante (PF30)</p>	<input type="checkbox"/>
<p>PF22. Combien de jours par semaine procède-t-on à l'injection des contraceptifs injectables dans ce point de vente/ cet établissement ?</p>	<input type="checkbox"/>
<p>PF23. Avez-vous reçu, vous ou un autre membre du personnel actuel dans ce point de vente/ cet établissement, une formation ces 2 dernières années en matière d'injection des contraceptifs injectables ? (Y compris stage et atelier). 1 = Oui 0 = Non Aller à PF25 8 = Ne sait pas Aller à PF25</p>	<input type="checkbox"/>
<p>PF24. De quelle(s) organisation(s) avez-vous reçu, vous ou le personnel de cet établissement, la formation en matière d'injection des contraceptifs injectables ? 1 = Oui, précisez (nom de l'organisation) 8 = Ne sait pas</p> <p>[_____] [_____] [_____] [_____]</p>	<input type="checkbox"/>
<p>PF25. Cet établissement effectue-t-il l'injection des contraceptifs injectable achetés à un autre point de vente/établissement ? 1 = Oui 0 = Non Aller à PF27</p>	<input type="checkbox"/>
<p>PF26. Quel est le coût d'injection d'un contraceptif injectable acheté à un autre établissement ? Gratuit = 0000 ; A refusé = 9997 ; Ne sait pas = 9998</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FC
<p>PF27. Les 30 derniers jours, vous avez procédé à l'injection de combien de contraceptifs injectables au total dans cet établissement? A refusé = 9997 ; Ne sait pas = 9998</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> contraceptifs injectables
<p>PF28. L'établissement / point de vente a-t-il les aiguilles jetables disponibles pour les contraceptifs injectables ? 1 = Oui 0 = Non 8 = Ne sait pas</p>	<input type="checkbox"/>
<p>PF29. Quels prestataires procèdent aux injections des contraceptifs injectables dans cet établissement ? Lisez tout. 1 = Oui / 0 = Non / Ne sait pas = 8</p> <p>I. Médecin <input type="checkbox"/></p> <p>II. Infirmier (-ère) <input type="checkbox"/></p> <p>III. Infirmier (-ère) auxiliaire / Assistant médical / Auxiliaire de santé <input type="checkbox"/></p> <p>IV. Sage-femme <input type="checkbox"/></p> <p>V. Autre : précisez [_____] <input type="checkbox"/></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Intervieweur lisez : Maintenant, j'ai quelques questions au sujet des insertions d'implants contraceptifs.

<p>PF30. Ce point de vente/cet établissement insère-t-il des implants contraceptifs ? 1 = Oui 0 = Non Allez à la page suivante (PF40)</p>	<input type="checkbox"/>
<p>PF31. Combien de jours par semaine procède-t-on à l'insertion d'implants contraceptifs dans ce point de vente/ cet établissement ?</p>	<input type="checkbox"/>
<p>PF32. Avez-vous reçu, vous ou un autre membre du personnel actuel dans ce point de vente/ cet établissement, une formation ces 2 dernières années en matière d'insertion d'implants contraceptifs ? (Y compris stage et atelier). 1 = Oui 0 = Non Allez à PF34 8 = Ne sait pas Allez à PF34</p>	<input type="checkbox"/>
<p>PF33. De quelle(s) organisation(s) avez-vous reçu, vous ou le personnel de cet établissement, la formation en matière d'insertion d'implants contraceptifs ? 1 = Oui, précisez (nom de l'organisation) ; 8 = Ne sait pas</p> <p>[_____] [_____] [_____] [_____]</p>	<input type="checkbox"/>
<p>PF34. Cet établissement effectue-t-il l'insertion des implants contraceptifs achetés à un autre point de vente/établissement ? 1 = Oui 0 = Non Allez à PF36</p>	<input type="checkbox"/>
<p>PF35. Quel est le coût d'insertion d'un implant acheté à un autre établissement ? Gratuit = 0000 ; A refusé = 9997 ; Ne sait pas = 9998</p>	<input type="text"/> FC
<p>PF36. Dans les 30 derniers jours, vous avez procédé à l'insertion de combien d'implants contraceptifs au total dans cet établissement ? A refusé = 9997; Ne sait pas = 9998</p>	<input type="text"/> insertions d'implants contraceptifs
<p>PF37. Cet établissement dispose-t-il d'un espace privé où on procède à l'insertion des implants contraceptifs ? (Demandez à observer.) 1 = Observé 2 = Signalé, non vu 0 = Non disponible 8 = Ne sait pas</p>	<input type="checkbox"/>
<p>PF38. L'établissement a-t-il l'équipement suivant pour procéder à l'insertion des implants contraceptifs. (LISEZ LA LISTE et demandez à observer l'équipement. Lorsque vous demandez de localiser chaque pièce d'équipement, vérifiez chaque option avec des Fiches Illustratives.)</p> <p>1 = Observé Trocart (jetable ou non jetable) <input type="checkbox"/> 2 = Signalé, non vu Désinfectante (Iode / Bétadine) <input type="checkbox"/> 0 = Pas disponible Scalpel avec lame (pour le retrait) <input type="checkbox"/> 8 = Ne sait pas Forceps mosquito droit (pour le retrait) <input type="checkbox"/></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>PF39. Quels prestataires procèdent aux insertions d'implants contraceptifs dans cet établissement ? Lisez tout. 1 = Oui / 0 = Non / 8 = Ne sait pas / 7 = A refusé</p> <p style="text-align: right;">Médecin</p>	<input type="checkbox"/>

Infirmier (-ère)	<input type="checkbox"/>
Infirmier (-ère) auxiliaire / Assistant médical / Auxiliaire de santé	<input type="checkbox"/>
Sage-femme	<input type="checkbox"/>
Autre : précisez [_____]	<input type="checkbox"/>

Intervieweur lisez : Maintenant, j'ai quelques questions au sujet des insertions de DIU.

<p>PF40. Cet établissement insère-t-il des DIU?</p> <p>1 = Oui 0 = Non Allez à la page suivante (PF49)</p>	<input type="checkbox"/>
<p>PF41. Combien de jours par semaine procède-t-on à l'insertion de DIU dans ce point de vente/ cet établissement?</p>	<input type="checkbox"/>
<p>PF42. Avez-vous reçu, vous ou un autre membre du personnel actuel dans ce point de vente/ cet établissement, une formation ces 2 dernières années en matière d'insertion de DIU? (Cela comprend la formation pré-service et des ateliers autonomes).</p> <p>1 = Oui 0 = Non Allez à PF44 8 = Ne sait pas Allez à PF44</p>	<input type="checkbox"/>
<p>PF43. De quelle(s) organisation(s) avez-vous reçu, vous ou le personnel de cet établissement, la formation en matière d'insertion de DIU?</p> <p>1 = Oui, précisez (nom de l'organisation): 8 = Ne sait pas</p> <p>[_____] [_____] [_____] [_____]</p>	<input type="checkbox"/>
<p>PF44. Ce point de vente/ cet établissement effectue-t-il l'insertion des DIUs achetés à un autre point de vente/établissement?</p> <p>1 = Oui 0 = Non Allez à PF46</p>	<input type="checkbox"/>
<p>PF45. Quel est le coût d'insertion d'un DIU acheté à un autre établissement?</p> <p>Gratuit = 0000; A refusé = 9997; Ne sait pas = 9998</p>	[_ _ _ _] FC
<p>PF46. <u>Dans les 30 derniers jours</u>, vous avez procédé à combien d'insertions de DIUs au total dans ce point de vente/ cet établissement ?</p> <p>A refusé = 9997; Ne sait pas = 9998</p>	[_ _ _ _] insertions de DIUs
<p>PF47. Ce point de vente/cet établissement dispose-t-il d'un espace privé où on procède à l'insertion des DIUs ? (Demandez à le voir)</p> <p>1 = Observé 2 = Signalé, non vu 0 = Pas disponible 8 = Ne sait pas</p>	<input type="checkbox"/>
<p>PF48. L'établissement a-t-il l'équipement suivant pour procéder à l'insertion des DIU : (LISEZ LA LISTE et demandez à observer l'équipement. Lorsque vous demandez de localiser chaque pièce d'équipement, vérifiez chaque option avec des Fiches Illustratives.)</p>	

1 = Observé	Une table de chirurgie/d'examen	<input type="checkbox"/>
2 = Signalé, non vu	Désinfectante (Iode / Bétadine)	<input type="checkbox"/>
0 = Pas disponible	Tenaculum/pince de pozzi	<input type="checkbox"/>
8 = Ne sait pas	Speculum	<input type="checkbox"/>
	Hystéromètre/Une sonde utérine	<input type="checkbox"/>

Intervieweur lisez : Maintenant, j'ai quelques questions au sujet de la ligature des trompes.

PF49. Ce point de vente fournit-il <u>les ligatures des trompes</u> ?	<input type="checkbox"/>
1 = Oui 0 = Non Allez à la page suivante (PF56)	
PF50. Quels types de procédures suivants sont disponibles à cet établissement: (LISEZ LA LISTE ET NOTEZ TOUTES LES REPONSES.) 1 = Oui 0 = Non 8 = Ne sait pas	
Mini laparotomie	<input type="checkbox"/>
Laparoscopie	<input type="checkbox"/>
Trans-cervicale (pas de chirurgie)	<input type="checkbox"/>
PF51. Quel est le coût total pour une ligature des trompes dans ce point de vente/cet établissement? <i>(pour la méthode la plus courante)</i> Gratuit = 000000 ; A refusé = 999997 ; Ne sait pas=999998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FC
PF52. Les 30 derniers jours, vous avez procédé à combien de ligatures des trompes dans cet établissement? A refusé = 997 ; Ne sait pas=998	<input type="text"/> <input type="text"/> <input type="text"/> ligatures des trompes
PF53. Dans les dernières <u>12 mois</u> , vous avez effectué combien de ligatures des trompes dans cet établissement ? A refusé = 997 ; Ne sait pas=998	<input type="text"/> <input type="text"/> <input type="text"/> ligatures des trompes
PF53a. Source d'information 0 = Rappel du prestataire 1 = Dossiers du PDV	<input type="checkbox"/>
PF54. Le point de vente/établissement a-t-il l'équipement suivant pour fournir des procédures de stérilisation pour les femmes : (LISEZ LA LISTE et demandez à observer l'équipement. Lorsque vous demandez de localiser chaque pièce d'équipement, vérifiez chaque option avec des FICHES ILLUSTRATIVES.)	
1 = Observé	Table de chirurgie/d'examen <input type="checkbox"/>
2 = Signalé, non vu	Appareil de tension artérielle <input type="checkbox"/>
0 = Pas disponible	Anesthésie local (Lidocaïne) <input type="checkbox"/>
8 = Ne sait pas	Seringue avec une aiguille stérile <input type="checkbox"/>
	Scalpel avec lame <input type="checkbox"/>
	Élévateur utérin <input type="checkbox"/>
	Crochet pour trompe <input type="checkbox"/>
PF55. Quels prestataires effectuent les ligatures des trompes dans cet établissement ? Lisez tout. 1 = Oui 0 = Non	

8 = Ne sait pas		
	Médecin	<input type="checkbox"/>
	Infirmier (-ère)	<input type="checkbox"/>
	Autre : précisez [_____]	<input type="checkbox"/>

Intervieweur lisez : Maintenant, j'ai quelques questions au sujet de la vasectomie.

PF56. Cet établissement fournit-il des <u>vasectomies</u> ? 1 = Oui 0 = Non Allez à la page suivante (PF63)	<input type="checkbox"/>
PF57. Quels types de procédures suivants sont disponibles à cet établissement: (LISEZ LA LISTE ET NOTEZ TOUTES LES REPONSES.) 1 = Oui 0 = Non 8 = Ne sait pas	
Vasectomie avec scalpel	<input type="checkbox"/>
Vasectomie sans scalpel	<input type="checkbox"/>
PF58. Quel est le coût total pour une vasectomie dans cet établissement? Gratuit = 000000; A refusé = 999997; Ne sait pas=999998	<input type="text"/> FC
PF59. Les 30 derniers jours, vous avez procédé à combien de vasectomies dans cet établissement ? A refusé = 997; Ne sait pas=998	<input type="text"/> <input type="text"/> <input type="text"/> vasectomies
PF60. Dans les dernières <u>12 mois</u> , vous avez effectué combien de vasectomies dans cet établissement ? A refusé = 997; Ne sait pas=998	<input type="text"/> <input type="text"/> <input type="text"/> vasectomies
PF60a. Source d'information 0 = Rappel du prestataire 1 = Dossiers du PDV	<input type="checkbox"/>
PF61. Le point de vente/établissement a-t-il l'équipement suivant pour fournir des procédures de vasectomie : (LISEZ LA LISTE et demandez à observer l'équipement. Lorsque vous demandez de localiser chaque pièce d'équipement, vérifiez chaque option avec des Fiches Illustratives.) 1 = Observé 2 = Signalé, non vu 0 = Pas disponible 8 = Ne sais pas	
Table de chirurgie/d'examen	<input type="checkbox"/>
Anesthésie local (Lidocaïne)	<input type="checkbox"/>
Seringue avec une aiguille stérile	<input type="checkbox"/>
Scalpel avec lame	<input type="checkbox"/>
Clamp/forceps annelé	<input type="checkbox"/>
Forceps à disséquer	<input type="checkbox"/>
lode	<input type="checkbox"/>
PF62. Quels prestataires effectuent des vasectomies dans cet établissement ? Lisez tout.	

1 = Oui	
2 = Non	
8 = Ne sait pas	
	Médecin <input type="checkbox"/>
	Infirmier (-ère) <input type="checkbox"/>
Autre : précisez [_____]	<input type="checkbox"/>

Intervieweur: Allez à la FICHE DE SUIVI D'AUDIT POUR LA PLANIFICATION FAMILIALE (PF63 - PAGE SUIVANTE)

Fiche de Suivi des Audits pour la Planification Familiale

<p>PF63. Y avait-il des kits de test de grossesse <u>en stock</u> dans ce point de vente ?</p> <p>1 = Oui 0 = Non Allez à PF66 8 = Ne sait pas Allez à PF66</p>	[]
<p>PF64. Nombre total de <u>fiches d'audit</u> de kits de test de grossesse remplies ?</p>	[][]
<p>PF65. Avez-vous rempli des renseignements sur une fiche d'audit pour <u>tous</u> les kits de test de grossesse <u>disponibles</u>?</p> <p>1 = Oui, audit complet 0 = Non, audit pas complet</p>	[]
<p>PF66. Y avait-il des comprimés de planification familiale y compris les contraceptifs oraux, le misoprostol, les contraceptifs d'urgence, des comprimés vaginaux moussants et/ou des patches (timbres) de contrôle des naissances <u>en stock</u> dans ce point de vente ?</p> <p>1 = Oui 0 = Non Allez à PF69 8 = Ne sait pas Allez à PF69</p>	[]
<p>PF67. Nombre total de <u>fiches d'audit</u> de comprimés de PF remplies ?</p>	[][]
<p>PF68. Avez-vous rempli des renseignements sur une fiche d'audit pour <u>tous</u> les comprimés de planification familiale <u>disponibles</u>?</p> <p>1 = Oui, audit complet 0 = Non, audit pas complet</p>	[]
<p>PF69. Y avait-il des produits injectables de planification familiale y compris les contraceptifs injectables <u>en stock</u> dans ce point de vente ?</p> <p>1 = Oui 0 = Non Allez à PF72 8 = Ne sait pas Allez à PF72</p>	[]
<p>PF70. Nombre total de <u>fiches d'audit</u> de produits injectables de PF remplies ?</p>	[][]
<p>PF71. Avez-vous rempli des renseignements sur une fiche d'audit pour <u>tous</u> les produits injectables de planification familiale <u>disponibles</u>?</p> <p>1 = Oui, audit complet 0 = Non, audit pas complet</p>	[]
<p>PF72. Y avait-il des insertions de planification familiale y compris les implants contraceptifs, les DIUs et/ou des anneaux vaginaux de contrôle des naissances <u>en stock</u> dans ce point de vente ?</p> <p>1 = Oui 0 = Non Aller au Résultat de Visite PF (Sélection Page 5) 8 = Ne sait pas Aller au Résultat de Visite PF (Sélection Page 5)</p>	[]
<p>PF73. Nombre total de <u>fiches d'audit</u> d'insertions de PF remplies ?</p>	[][]
<p>PF74. Avez-vous rempli des renseignements sur une fiche d'audit pour <u>toutes</u> les insertions de planification familiale?</p> <p>1 = Oui, audit complet Aller au Résultat de Visite PF (Sélection Page 5) 0 = Non, audit pas complet</p>	[]

Annex 8: Detailed Brand Listing with Quality-Assurance Indication

Contraceptive Commodity	Brand	Formulation	Manufacturer	Country of Manufacture	WHO Prequalified or SRA List*
Tablets	Aleze	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills; Ferrous Fumerate (iron) 75mg x 7 pills	Famy Care Ltd	India	WHO PQ
	Cerazette	Desogestrel 0.75mg x 28 pills	N.V. Organon OSS Holland	Netherlands	WHO PQ
	Confiance Oc	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills; Ferrous Fumerate (iron) 75mg x 7 pills	Bayer Pharma AG	Germany	SRA
	Deso 20	Desogestrel 0.15mg/Ethinyl Estradiol 0.02mg x 21 pills	Gedeon-Richter Plc.	Hungary	SRA
	Diane-35	Cyproterone Acetate 2mg/Ethinyl Estradiol 0.035mg x 21 pills	Bayer Schering Pharma AG	Germany	SRA
	Evra contraceptive patch	Norelgestromin 6 mg and Ethinyl Estradiol 600 micrograms per 20 cm transdermal patch	Janssen-Cilag International	Belgium	SRA
	Exluton	Lynestrenol 0.5mg x 28 pills	N.V. Organon OSS Holland	Netherlands	WHO PQ
	Femodene	Gestodene 0.075mg/Ethinyl Estradiol 0.02mg x 21 pills	Bayer Plc	France	SRA
	G-Nancy	Levonorgestrel 1.50mg x 1 tab	Salud Care	India	
	Levonorgestrel-Richter	Levonorgestrel 0.75mg x 2 tabs	Gedeon-Richter Plc.	Hungary	WHO PQ
	Lueva	Desogestrel 0.75mg x 28 pills	N.V. Organon OSS Holland	Netherlands	WHO PQ
	Marvelon	Desogestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills	N.V. Organon OSS Holland	Netherlands	WHO PQ
	Microgynon 30	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills	Bayer Sa-Nv	Belgium	SRA
	Microgynon 50	Levonorgestrel 0.125mg/Ethinyl Estradiol 0.05mg x 21 pills	Pfizer Sa/Nv	Belgium	SRA
Microgynon Ed Fe	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21	Bayer Schering Pharma AG	Germany	WHO PQ	

	pills; Ferrous Fumerate (iron) 75mg x 7 pills			
Microlut	Levonorgestrel 0.03mg x 28 pills or 35 pills	Bayer Schering Pharma AG	Germany	WHO PQ
Minulet	Gestodene 0.075mg/Ethinyl Estradiol 0.02mg x 21 pills	Pfizer Sa/Nv	Belgium	
Norlevo	Levonorgestrel 1.50mg x 1 tab	Laboratoire HRA Pharma	France	WHO PQ
Oralcon-F	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills; Ferrous Fumerate 75mg x 7 pills	Famy Care Ltd	India	WHO PQ
Orgametril	Lynestrenol 0.5mg x 30 pills	N.V. Organon OSS Holland	Netherlands	SRA
Ovrette	Norgestrel 0.075mg x 28 tabs	Wyeth Pharmaceuticals	Canada	SRA
Pilplan Plus	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills	Bayer Schering Pharma AG	Germany	WHO PQ
Pilule S	Levonorgestrel 1.50mg x 1 tab	Alisons SPRL	India	
Planfam	Levonorgestrel 1.50mg x 1 tab	Shalina Laboratories Pvt Ltd	India	
Safeplan 3	Levonorgestrel 0.15mg/Ethinyl Estradiol 0.03mg x 21 pills; Ferrous Fumerate (iron) 75mg x 7 pills	Bayer Pharma AG	Germany	WHO PQ
Secufem	Levonorgestrel 1.50mg x 1 tab	Laboratorio Elea S.A.C.I.F.	Uruguay	
Trigynon	Levonorgestrel 0.05mg/Ethinyl Estradiol 0.03 x 6 pills; Levonorgestrel 0.075mg/Ethinyl Estradiol 0.04mg x 5 pills; Levonorgestrel 0.125mg/Ethinyl Estradiol 0.03mg x 10 pills	Pfizer Sa/Nv	Belgium	SRA
Trinordiol	Levonorgestrel 0.05mg/Ethinyl Estradiol 0.03 x 6 pills; Levonorgestrel 0.075mg/Ethinyl Estradiol 0.04mg x 5 pills; Levonorgestrel 0.125mg/Ethinyl Estradiol 0.03mg x 10 pills	Pfizer Sa/Nv	Belgium	SRA

	Yasmin	Drospirenone 3mg/Ethinyl Estradiol 0.03mg x 21 pills	Pfizer Sa/Nv	Belgium	SRA
Injectables	Confiance Depo Provera	Medroxyprogesterone Acetate 150mg/1ml	Pfizer	Belgium	WHO PQ
	Depo-Provera	Medroxyprogesterone Acetate 150mg/1ml	Pfizer	Belgium	WHO PQ
	Injectaplan	Medroxyprogesterone Acetate 150mg/1ml	Pfizer	Belgium	WHO PQ
	Noristerat	Norethisterone 200mg/1ml	Bayer Schering Pharma AG	Germany	WHO PQ
	Sayana Press	Medroxyprogesterone Acetate 104mg/0.65ml	Pfizer	Belgium	WHO PQ
IUDs and Implants	Confiance Tcu-380a	Copper / Cu 380a	Injeflex	Brazil	UNFPA PQ
	Enova	Copper / Cu 380a	Famy Care Ltd	India	UNFPA PQ
	Eves Copper T380a	Copper / Cu 380a	Corporate Channels India Private Limited	India	UNFPA PQ
	Implanon	Etonogestrel 68mg x 1 rod	N.V. Organon OSS	Netherlands	WHO PQ
	Jadelle Sine Inserter	Levonorgestrel 75mg x 2 rods	Bayer Schering Pharma AG	Finland	WHO PQ
	Mithra T-380	Copper / Cu 380a	Mona Lisa N.V.	Belgium	SRA
	Mithra-Load 375	Copper / Cu 375	Mona Lisa N.V.	Belgium	SRA
	Optima	Copper / Cu 380a	Injeflex	Brazil	UNFPA PQ
	Pregna	Copper / Cu 380a	Pregna International Ltd	India	UNFPA PQ
	SMB	Copper / Cu 380a	SMB Corporation	India	UNFPA PQ
Male condoms	PRUDENCE				
	OK				
	DAVIGRA				
	DUREX				
	IDA CNLS				
	KAREX				
	M-ZONE				
	MANIX				
	MAXAM				
	TRUST				
	UNBRANDED				
Female condoms	FC2				
	PRUDENCE FEMME				
	FEMIDOM				
	PASANTE				

Annex 9. Sampling Weights

Sampling weights were applied for analysis of the DRC 2015 outlet survey data to account for variations in probability of selection as a result of the sampling design:

- 1) **Stratification:** Disproportionate allocation stratification was used to ensure adequate sample size within the urban and rural domains to allow for domain-specific estimates. Urban and rural health zones in Kinshasa were defined with reference to the *Plan Provincial de Developpement Sanitaire (PPDS) de Kinshasa 2011-2015*. Classifications for Katanga Province were primarily defined in consultation with key informants in Lubumbashi who were familiar with health service provision across the Province. The classifications were independently cross-checked against the sampling frame used for the 2013 Demographic and Health Survey (DHS), where the latter included health zone information. A representative sample was selected within each domain.
- 2) **One-stage cluster sampling:** Health areas were selected from sampling frames within each domain with probability proportional to size. Within each health area, a census of all outlets with the potential to sell or distribute contraceptive commodities and/or provide contraceptive services was conducted.
- 3) **Booster sample – public health facilities and pharmacies:** Within both Kinshasa and Katanga provinces, public health facilities were visited in 50% of urban health areas within health zones where one or more health area was selected in the main sample. All public health facilities located within the same health zone as a sampled rural health area were visited in Kinshasa province, whereas in Katanga province, public health facilities were visited within 2 randomly selected health areas within each health zone that included a sampled rural health area. A census of all pharmacies was conducted in Kinshasa and Katanga provinces.

The sampling weights applied during analysis are the inverse of the probability of selection:

$$W_i = \frac{1}{a \times \frac{M_\alpha}{\sum M_\alpha}}$$

Where:

- M_α = estimated cluster (population size)
- $\sum M_\alpha$ = sum of estimated cluster sizes (population size) in the entire stratum
- a = number of clusters selected within the stratum

Sampling weights are calculated at the cluster level and are applied to all outlets within a given cluster, irrespective of outlet type.

Market share and market composition was calculated using the full census data at the health area level only (i.e. the booster sample was not included in market share and market composition calculations). Health area sampling weights were created using the sampling weight formula (W_i), where:

- M_α = estimated health area population size
- $\sum M_\alpha$ = sum of estimated health area population size in the entire stratum
- a = number of health area selected within the stratum

The health area sampling weights were applied to all other indicators in the report for all outlet types with the exception of pharmacies and health facilities. Where pharmacies and public health facilities were included in the sample through a health zone-wide census, the weights applied to pharmacies and public health facilities for all indicators other than market share were calculated using the sampling weight formula, where:

- M_α = estimated health zone population size

- ΣM_{α} = sum of estimated health zone size in the entire stratum
- a = number of health zones selected within the stratum

Where booster public health facilities were included in the sample through an approach of taking a fraction of additional public health facilities or areas within a given health zone, the weights applied to public health facilities for all indicators other than market share were calculated using the sampling weight formula, where:

$$W_i = \frac{1}{a \times \frac{D_{\alpha}}{\Sigma D_{\alpha}} \times b \times \frac{M_{\alpha}}{\Sigma M_{\alpha}}}$$

Where:

1st Stage of selection:

- D_{α} = estimated health zone population size
- ΣD_{α} = sum of estimated health zone population sizes
- a = number of health zones selected

2nd Stage of selection:

- M_{α} = estimated health area population size
- ΣM_{α} = sum of estimated health area population sizes in the stratum (urban/rural)
- b = number of health areas selected within the health zone

The population estimates used to select health areas with PPS and to create sampling weights were obtained from the 2014 Housing and Population Census. A sampling frame with population sizes was used for selecting the sample because accurate estimates on the total number of outlets per geographic/administrative unit that may be eligible for a medicine outlet survey do not exist. The major assumption in using population figures for sampling and weighting is that distribution of outlets and/or distribution of medicines moving through outlets in a given cluster is correlated with population size.

Annex 10: FPwatch Indicator List

Indicator 1: Modern contraceptive method market composition

Table 1 reports the distribution of outlet types among outlets: 1. With at least one modern contraceptive method available on the day of the survey. Outlet types will be broad-based (public vs. private) as well as for major outlet types by country. Market composition is reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates.

Numerator	By outlet type, the number of outlets with any modern contraceptive method in stock at the time of the survey visit, as confirmed by presence of at least 1 brand/generic of 1 modern contraceptive method in the FP commodity audit section or condoms module or contraceptive procedure recorded in the FP provider section.
Denominator	Total number of outlets with any modern contraceptive method in stock or available at the time of the survey visit, as confirmed by presence of at least 1 brand/generic of 1 modern contraceptive method (male/female condoms, oral contraceptives, emergency contraceptives, injectables implants, IUDs) recorded in the contraceptive method audit section or condoms section or type of contraceptive procedure in the FP provider section.
Calculation	Numerator for each outlet type divided by the denominator.
Handling missing values	All outlets with at least 1 modern contraceptive method recorded in the contraceptive audit section or reporting availability of condoms in screening section or reporting availability of at least 1 contraceptive procedure will contribute to the indicator. This includes outlets where the interview was not fully completed (partial interview).
Notes and considerations	None.

Indicator 2: Availability of at least 1 method of modern contraception

Table 2 reports the proportion of all outlets screened that had any modern contraceptive method (male/female condoms, oral contraceptives, emergency contraceptives, injectables, implants, IUDs, cycle beads) in stock or offering male/female sterilization procedures at the time of the survey visit. Modern contraceptive method availability is reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates. Availability is reported among all outlets as well as among: individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

Numerator	1. Number of outlets with any modern contraceptive commodity in stock at the time of the survey visit, as confirmed by presence of at least 1 brand/generic of 1 modern contraceptive commodity recorded in the contraceptive commodity audit section, offering male/female sterilization procedures as indicated in the service provider interview, or reporting availability of condoms in condoms module.
Denominator	Number of outlets screened.
Calculation	Numerator divided by denominator.
Handling missing values	All screened outlets will contribute to the denominator. This includes outlets with commodities/procedures available but: 1) were not interviewed; or 2) the interview was partially completed.
Notes and considerations	Given partial or non-completion of interviews among eligible outlets and the inclusion of these outlets in the denominator, these availability indicators can be considered conservative estimates of modern contraceptive method availability. Outlets that only offer procedures for injectables, implants and/or IUDs but do not have the commodity in stock, will not be counted as having the method available.

Indicator 3: Availability of selected modern contraceptive methods

Table 3 reports the proportion of modern contraceptive commodity-stocking or procedure-providing (no contraceptive commodities available but providing injections, implant/IUD insertions and/or male/female sterilizations) outlets with specific modern contraceptive commodities in stock at the time of the survey visit. Modern contraceptive method availability is reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates. Availability is reported among all outlets as well as among: individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

Numerator	Number of outlets with <i>X</i> modern contraceptive commodity/procedure type in stock/available at the time of the survey visit, as confirmed by presence of at least 1 brand/generic of <i>X</i> modern contraceptive commodity for the commodity type recorded in the FP audit section. For condoms, this includes outlets with condoms only as indicated in the condoms module. For procedures, this includes outlets indicating availability of <i>X</i> service in the provider section.
Denominator	Number of outlets with any modern contraceptive commodity in stock or providing any contraceptive procedure at the time of the survey visit, as confirmed by presence of at least 1 brand/generic of 1 modern contraceptive commodity recorded in the FP method audit section, reporting availability of condoms in condoms module or reporting availability of at least one modern contraceptive procedure.
Calculation	Numerator for each modern contraceptive commodity/service type divided by the denominator.
Handling missing values	All outlets with any modern contraceptive method available will contribute to the denominator. This includes outlets with commodities/procedures available but the interview was partially completed.
Notes and considerations	Given partial completion of interviews among outlets potentially providing modern contraceptive methods and the inclusion of these outlets in the denominator, these availability indicators can be considered conservative estimates of modern contraceptive method availability.

Indicator 4: Availability of range/diversity of modern contraceptive methods

Table 4 reports the proportion of modern contraceptive commodity-stocking and procedure-providing outlets with 3 or more modern FP methods (commodity and/or service) in stock or available at the time of the survey visit, 3 or more methods with at least one method a LARC and 5 or more methods. Modern contraceptive method availability is reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates. Availability is reported among all outlets as well as among: individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

<p>Numerator</p>	<p>1. Number of outlets with 3 or more modern contraceptive methods available at the time of the survey visit, as confirmed by presence of at least 1 brand/generic for any 3 or more combinations of modern contraceptive commodities (male condoms, female condoms, oral contraceptives, emergency contraceptives, injectables, implants, IUDs) recorded in the contraceptive method audit section, and/or condoms module and/or types of contraceptive procedures (male/female sterilizations) recorded in the FP provider section.</p> <p>2. Number of outlets with 3 or more modern FP methods, including at least 1 LARC (implants, IUDs), available at the time of the survey visit, as confirmed by presence of at least 1 brand/generic for any 3 or more combinations, including at least 1 LARC, of modern contraceptive commodities (male condoms, female condoms, oral contraceptives, emergency contraceptives, injectables, implants, IUDs) recorded in the contraceptive audit section and/or condoms module and/or types of contraceptive procedures (male or female sterilizations) recorded in the FP provider section.</p> <p>3. Number of outlets with 5 or more modern contraceptive methods available at the time of the survey visit, as confirmed by presence of at least 1 brand/generic for any 5 or more combinations of modern contraceptive commodities (male condoms, female condoms, oral contraceptives, emergency contraceptives, injectables, implants, IUDs) recorded in the contraceptive method audit section, and/or condoms module and/or types of contraceptive procedures (male/female sterilizations) recorded in the FP provider section.</p>
<p>Denominator</p>	<p>1. Number of outlets with any modern contraceptive commodity in stock or providing any contraceptive procedure at the time of the survey visit, as confirmed by presence of at least 1 brand/generic of 1 modern contraceptive commodity recorded in the contraceptive method audit section, reporting availability of condoms in condoms module or reporting availability of at least one contraceptive procedure.</p>
<p>Calculation</p>	<p>Numerator divided by denominator.</p>
<p>Handling missing values</p>	<p>All outlets with any modern contraceptive method available will contribute to the denominator. This includes outlets with commodities/procedures available but the interview was partially completed.</p>
<p>Notes and considerations</p>	<p>Given partial completion of interviews among outlets potentially providing modern contraceptive methods and the inclusion of these outlets in the denominator, these availability indicators can be considered conservative estimates of modern contraceptive method availability.</p>

Indicator 5: Stock outs

Table 5 reports the proportion of outlets reporting a current stock out of a method (oral contraceptives, emergency contraceptives, injectables, implants, IUDs) that the outlet has reportedly had in stock in the previous 3 months. Stock outs are reported among all outlets as well as among: individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

Numerator	Number of outlets reporting a stock out of a method, as confirmed by report of a current stock out in the FP provider section, and the outlet does not have the method currently available, as confirmed in the contraceptive method audit section.
Denominator	Number of outlets reportedly offering the method at any point in the previous 3 months.
Calculation	Numerator for each modern FP commodity type divided by the denominator.
Handling missing values	All outlets reportedly offering the method will contribute to the denominator. This includes outlets with products available but the interview was partially completed.
Notes and considerations	This indicator only applies to outlets that reportedly offered the method in the previous three months. Those outlets that did not offer the method in the previous three months but might be expected to carry the product will not appear in this indicator. Instead, they will be seen in the converse (non-availability) of the availability of methods indicator.

Indicator 6: Price of modern contraceptive methods

Table 6 provides the median retail price, by method, combining all brands of X method. The IQR is provided as a measure of dispersion. Commodities with a service component (injections, implant and IUD insertions) may include a procedure price in addition to the commodity cost. Methods without a commodity (male/female sterilizations) will be reported on the price of procedure only. Median price is reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates and among all outlets as well as among: individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

Calculation	Median retail price for each modern contraceptive method price in US dollars with IQR.
Handling missing values	Contraceptive brands/generics with missing price information are excluded from the median price calculation.
Notes and considerations	For methods with an associated procedure (injection, implant and IUD insertion, male/female sterilization), cost will be determined for commodity (if there is commodity) and may include a service charge. Price in US dollars is calculated based on exchange rates available from www.oanda.com using the historical exchange rates tool. The average exchange rate over the entire data collection period is used for converting local currency captured during data collection to US dollars.

Indicator 7: Price of modern contraceptive methods in CYP

Table 7 provides the median retail price of 1 CYP by method, combining all brands/generics of X method. The IQR is provided as a measure of dispersion. Commodities with a service component (injections, implant and IUD insertions) may include a procedure price in addition to the commodity cost. Methods without a commodity (male/female sterilizations) will be reported on the price of procedure only. Median price is reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates and among all outlets as well as among individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

Calculation	Median retail price for 1 CYP of each modern contraceptive method price in US dollars with IQR.
Handling missing values	Contraceptive brands/generics with missing price information are excluded from the median price calculation.
Notes and considerations	<p>Price per CYP will be determined by multiplying retail price by the CYP conversion factor. CYP conversion factors are used from http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cyp. See Annex 11 for description of CYP calculation.</p> <p>For methods with an associated procedure (injection, implant and IUD insertion, male/female sterilization), cost will be determined for commodity (if there is commodity) and may include a service charge. Price in US dollars is calculated based on exchange rates available from www.oanda.com using the historical exchange rates tool. The average exchange rate over the entire data collection period is used for converting local currency captured during data collection to US dollars.</p>

Indicator 8: Median markup percentage of modern contraceptives

Table 8 provides the median percentage markup (mean of retail price minus wholesale price) by selected methods combining the price for all brands/generics of a given method. The IQR is provided as a measure of dispersion. Median markups are reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates and among all outlets as well as among individual outlet types and comparing all public outlets to all private for profit and not-for-profit outlets.

Calculation	Median with IQR of: $[(\text{Retail price} - \text{wholesale price}) / \text{wholesale price}] \times 100$
Handling missing values	Brands/generics with missing retail or wholesale price information will be excluded.
Notes and considerations	Given missing information among eligible outlets, potential variation for cost of methods within an outlet and the difficulties in disaggregating service/procedure cost from commodity cost this indicator should be interpreted with caution.

Indicator 9: Modern contraceptive method market share

Modern contraceptive method market share is the volume in CYP reportedly sold or distributed in the previous month for a selected contraceptive method as a percentage of the total CYP sold or distributed in the previous month across all method types. Expressed as a percentage, market share is the amount of a specific contraceptive method sold/distributed by a specific outlet type relative to the entire contraceptive market (total volume in CYP across all method types). Totals are reported per modern contraceptive method type. Across modern contraceptive method types, percentages in the entire table sum to 100% (the total market). Method market shares are reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates.

Numerator	Total number of CYPs sold/distributed for X method and Y outlet.
Denominator	Total number of CYP sold/distributed for all methods.
Calculation	Numerator divided by denominator.
Handling missing values	CYPs sold/distributed are calculated among audited modern contraceptive methods with complete and consistent information. Modern contraceptive methods with incomplete or inconsistent information among key variables that define CYP sold/distributed (package size, amount sold/distributed) are excluded from the calculation.
Notes and considerations	See description of CYP calculation in Annex 11.

Indicator 10: Modern contraceptive market share within outlet types

Outlet market share is the volume in CYP reportedly sold or distributed in the previous month for a selected method type as a percentage of the total CYP sold or distributed in the previous month across within a given outlet type. Expressed as a percentage, market share is the volume in CYP sold/distributed for a given method relative to the total volume in CYP for that a given outlet type. Outlet types will be broad-based (public vs. private vs. not-for-profit) as well as for major outlet types by country. Within outlet categories, percentages sum to 100% (the total market). Outlet market shares are reported for provincial (Kinshasa, Katanga) as well as for urban/rural estimates.

Numerator	Total number of CYPs sold/distributed for X method in Y outlet.
Denominator	Total number of CYP sold/distributed in Y outlet category.
Calculation	Numerator divided by denominator.
Handling missing values	CYPs sold/distributed are calculated among audited modern contraceptive methods with complete and consistent information. Modern contraceptive methods with incomplete or inconsistent information among key variables that define CYP sold/distributed (package size, amount sold/distributed) are excluded from the calculation.
Notes and considerations	See description of CYP calculation in Annex 11.

Indicator 11: Availability of provider skills and certification for contraceptive procedures

Table 11 provides the proportion of outlets with a trained provider available for key modern contraceptive procedures (injection, implant and IUD insertion, male/female sterilization) among: 1. All screened outlets; and 2. Outlets recorded as providing the method, regardless of legality. Proportions are reported for selected outlet types and for provincial as well as for urban/rural estimates.

Numerator	Number of outlets with at least 1 provider having credentials to legally provide X contraceptive procedure (injection, implant and IUD insertion, male/female sterilization).
Denominator	1. All screened outlets; and 2. Outlets reportedly providing X provider-dependent method.
Calculation	Numerator divided by denominator 1 and denominator 2, for each method type.
Handling missing values	Methods with missing certification/training information will be excluded.
Notes and considerations	Necessary certifications for provider-dependent FP methods found in DRC National Family Planning Guidelines: Normes De La Zone De Sante Relatives Aux Interventions Integrees De Sante De La Mere, Du Nouveau-Ne Et De L'enfant En Republique Democratique Du Congo. Volume 6: Les Interventions De Planification Familiale. Secretariat General de La Ministere De La Sante Publique Edition 2012.

Indicator 12: Availability of necessary equipment for contraceptive procedures

Table 12 provides the proportion of outlets with a minimum set of necessary equipment available for contraceptive procedures (injection, implant and IUD insertion, male/female sterilization) among: 1. All screened outlets; and 2. Outlets recorded as providing the method, regardless of legality. Proportions are reported for selected outlet types and for provincial as well as for urban/rural estimates.

Numerator	Number of outlets reporting availability of all equipment (see list of equipment for each method below) necessary to provide X contraceptive procedure (injection, implant and IUD insertion, male/female sterilization).
Denominator	1. All screened outlets; and 2. Outlets reportedly providing X provider-dependent method.
Calculation	Numerator divided by denominator 1 and denominator 2, for each method type.
Handling missing values	Methods with missing information on availability of key equipment will be excluded.
Notes and considerations	<p><i>Contraceptive injection procedure: Equipment: Sterile needle with syringe</i></p> <p><i>Contraceptive implant procedure: Equipment: 1. Trocar; 2. Iodine;</i></p> <p>Equipment for Removal: 1. Scalpel with Blade (removal); 2. Straight Mosquito Forceps (removal)</p> <p><i>IUD insertion procedure: Equipment: 1. Room; 2. Examination Table; 3. Iodine; 4. Tenaculum; 5. Speculum; 6. Uterine Sound</i></p> <p><i>Female sterilization procedure: Equipment: 1. Room; 2. Examination Table; 3. Blood Pressure Apparatus; 4. Lidocaine; 5. Sterile Needle with Syringe; 6. Scalpel with Blade; 7. Uterine elevator; 8. Tubal Hook</i></p> <p><i>Male sterilization procedure: Equipment: 1. Room; 2. Examination Table; 3. Lidocaine; 4. Sterile Needle with Syringe; 5. Scalpel with Blade; 6. Ringed clamp/forceps; 7. Dissecting forceps</i></p> <p>Necessary equipment list taken from Measure Evaluation’s Family Planning and Reproductive Health Indicators Database: http://www.cpc.unc.edu/measure/prh/rh_indicators.</p>

Indicator 13: Full service readiness to provide contraceptive procedures

Table 13 provides the proportion of outlets with full service readiness for contraceptive procedures defined as: 1. Having at least one brand/generic of a selected contraceptive commodity available on the day of the survey (for injections, implants, IUDs); 2. Having at least one provider trained/certified for a selected method available at the outlet (for injections, implants, IUDs, sterilizations); and 3. Having a minimum, necessary set of equipment for providing a selected method available at the outlet. Outlets meeting each of these three criteria will be classified as “service ready.” Proportions are reported for selected outlet types and for provincial as well as for urban/rural estimates.

Numerator	Number of outlets reporting availability of commodity and provider credentials and all necessary equipment for a selected method.
Denominator	1. All screened outlets; and 2. Outlets reportedly providing X contraceptive procedure.
Calculation	Numerator divided by denominator 1 and denominator 2, for each method type.
Handling missing values	Methods with missing information on availability of commodities, provider credentials or key equipment will be excluded.
Notes and considerations	None.

Annex 11. Couple-Years of Protection (CYP)

Definition

Couple-years of protection (CYP) is the estimated protection provided by modern contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method sold or distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection per unit of the method. The CYPs for each method are then summed over all methods to obtain a total CYP figure. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that IUDs and implants may be removed before their life span is realized.

FPwatch uses the CYP as a standard unit for price and sale/distribution analyses. Updated (2011) conversion factors, endorsed by USAID, are used in analysis. Updated conversion factors are listed below and can also be accessed from http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cyp.

Contraceptive method	Dose/unit used for calculating 1 CYP
Oral contraceptives	15 cycles per CYP
Condoms (male and female)	120 condoms per CYP
Monthly vaginal ring/patch	15 rings/patches per CYP
Vaginal foaming tablets	120 tablets per CYP
Depo-provera injectable	4 doses (ml) per CYP
Noristerat injectable	6 doses per CYP
Cyclofem monthly injectable	13 doses per CYP
Copper-T 38-A IUD	4.6 CYP per IUD inserted
Levonorgestrel intrauterine system (LNG-IUS)	3.3 CYP per LNG-IUS inserted
3-year implant (e.g., Implanon)	2.5 CYP per implant
4-year implant (e.g., Sino-Implant)	3.2 CYP per implant
5-year implant (e.g., Jadelle)	3.8 CYP per implant
Emergency contraceptives	20 doses per CYP
Standard days method (e.g., CycleBeads)	1.5 CYP per trained adopter
Sterilization (male and female)	Global: 10 CYP India, Bangladesh, Nepal: 13 CYP Other Asian Countries: 10.3 CYP Africa: 9.3 CYP

While it is recognized that the use of CYPs may over-simplify and ignore many of the complexities of consumption and use, this analytical approach was selected because it standardizes dosing across method types and across countries (which may sometimes vary) thus permitting comparisons on both prices and volumes calculated on the basis of a CYP.

Additional considerations:

- CYP primarily reflects distribution and not actual use or impact. FPwatch calculates CYP according to contraceptive commodities sold/distributed rather than procedures performed.

¹⁶Measure Evaluation. 2016. *Couple-years of protection*. Available from http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cyp. Accessed on January 31, 2016.

- FPwatch calculates CYP according to contraceptive commodities sold/distributed rather than procedures performed. For provider-dependent contraceptive procedures, commodities sold/distributed does not necessarily imply that these commodities have been injected or inserted. We have chosen to count CYP for commodities sold/distributed across all methods, assuming that contraceptive procedures on sold contraceptives requiring a procedure are performed.

Calculation

Price and volume data were entered according to how an outlet reported selling the contraceptive commodity. For example, if they sold oral contraceptives in packages of three blisters, they reported sales for a package of three blisters. If they sold blisters individually, there was an option to report sales by blister rather than package of three. During analysis, price and volume data were divided by how the units were sold. For example, if oral contraceptives are sold in a package of three blisters, volume and price is manipulated to give volume and price for each one unit. The units considered are those listed for CYP conversion rates. No product was sold by less than the CYP unit (e.g., by single oral contraceptive tablet vs. a blister (cycle)).

Price per CYP was determined by multiplying the given price by the CYP conversion factor (if short-acting method because all < 1 year) and dividing by the CYP conversion factor (if long-acting method because all > 1 year). Volume of CYP was determined by dividing the number of units sold by the CYP conversion factor (if short-acting method) and multiplying by the CYP conversion factor (if long-acting method). Some prices/volumes are given for an entire method that may use multiple conversion factors. For example, the volume of implants was reported by combining all 3-, 4- and 5-year implants using each of their appropriate CYP conversion factors.

Annex 12: Contraceptive Method Volumes

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
1. Male condoms	4370.8 (685.2, 8056.3)	73.2 (9.4, 137.0)	4444.0 (723.6, 8164.4)	608.3 (0.0, 1255.4)	858.6 (393.5, 1323.7)	0.0 -	10644.7 (5319.3, 15970.0)	11503.2 (6287.7, 16718.8)	16555.5 (8347.2, 24763.8)
2. Female condoms	400.6 (0.0, 1096.0)	0.0 -	400.6 (0.0, 1096.0)	8.9 -	18.3 (0.0, 46.6)	0.0 -	24.8 (0.0, 49.7)	43.1 (9.0, 77.1)	452.6 (0.0, 1121.7)
3. CycleBeads	828.7 (0.0, 1981.4)	549.5 (0.0, 1140.4)	1378.2 (211.4, 2545.0)	1288.0 (0.0, 3318.1)	260.3 (63.8, 456.8)	0.0 -	0.0 -	260.3 (45.5, 475.1)	2926.5 (848.4, 5004.5)
4. Oral contraceptives	72.8 (13.5, 132.1)	25.0 (0.0, 51.9)	97.8 (32.6, 162.9)	135.4 (0.0, 343.0)	13.0 (2.8, 23.1)	0.0 -	1042.5 (516.5, 1568.5)	1055.5 (530.0, 1581.0)	1288.7 (743.5, 1833.9)
IQA+ oral contraceptives	72.8 (13.5, 132.1)	25.0 (0.0, 51.9)	97.8 (32.6, 162.9)	135.4 (0.0, 343.0)	13.0 (2.8, 23.1)	0.0 -	1042.5 (516.5, 1568.5)	1055.5 (530.0, 1581.0)	1288.7 (743.5, 1833.9)
Combined oral contraceptives	71.2 (11.9, 130.4)	21.1 (0.0, 46.2)	92.2 (29.6, 154.9)	31.6 (0.0, 74.9)	12.8 (2.7, 22.9)	0.0 -	1037.7 (511.1, 1564.3)	1050.5 (524.4, 1576.6)	1174.3 (654.2, 1694.4)
Progestin-only pills	1.6 (0.0, 4.8)	3.9 (0.0, 13.8)	5.5 (0.0, 13.8)	103.8 (0.0, 313.0)	0.1 (0.0, 0.4)	0.0 -	4.9 (0.0, 14.5)	5.0 (0.0, 14.6)	114.4 (0.0, 318.9)
5. Emergency contraceptives	7.3 (0.0, 21.7)	0.0 -	7.3 (0.0, 21.7)	0.4 (0.0, 1.1)	3.4 (0.0, 9.2)	2.2 (0.0, 29.8)	994.7 (331.1, 1658.2)	1000.3 (337.1, 1663.4)	1007.9 (348.7, 1667.2)
IQA+ emergency contraceptives	7.3 (0.0, 21.7)	0.0 -	7.3 (0.0, 21.7)	0.0 -	0.0 -	0.0 -	31.9 (0.0, 76.6)	31.9 (0.0, 76.6)	39.2 (0.0, 84.8)
6. Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -

Table X2: Reported Contraceptive Method Volumes: Kinshasa

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
7. Contraceptive injectables	1016.1	0.0	1016.1	504.8	185.2	0.0	1665.6	1850.8	3371.7
	(0.0, 2084.9)	-	(0.0, 2084.9)	(0.0, 1089.2)	(43.4, 326.9)	-	(1126.1, 2205.0)	(1349.2, 2352.3)	(2122.5, 4620.8)
Depo-provera injectables	1016.1	0.0	1016.1	504.8	185.2	0.0	1665.6	1850.8	3371.7
	(0.0, 2084.9)	-	(0.0, 2084.9)	(0.0, 1089.2)	(43.4, 326.9)	-	(1126.1, 2205.0)	(1349.2, 2352.3)	(2122.5, 4620.8)
Noristerat injectables	975.9	0.0	975.9	441.9	178.1	0.0	1665.6	1843.7	3261.5
	(0.0, 2047.6)	-	(0.0, 2047.6)	(0.0, 948.4)	(42.5, 313.7)	-	(1126.1, 2205.0)	(1339.2, 2348.2)	(2044.7, 4478.3)
Sayana Press injectables	40.2	0.0	40.2	62.9	7.1	0.0	0.0	7.1	110.2
	(0.0, 112.4)	-	(0.0, 112.4)	(0.0, 147.5)	(0.0, 21.1)	-	-	(0.0, 21.1)	(0.0, 260.2)
8. Implants	5059.2	0.0	5059.2	1750.1	1360.3	0.0	0.0	1360.3	8169.6
	(740.2, 9378.3)	-	(740.2, 9378.3)	(0.0, 4681.6)	(0.0, 3591.0)	-	-	(0.0, 3591.0)	(1850.7, 14488.6)
Implanon implants	1261.6	0.0	1261.6	0.0	85.7	0.0	0.0	85.7	1347.3
	(0.0, 3568.9)	-	(0.0, 3568.9)	-	(0.0, 202.2)	-	-	(0.0, 202.2)	(0.0, 3646.3)
Jadelle implants	3797.6	0.0	3797.6	1750.1	1274.6	0.0	0.0	1274.6	6822.3
	(831.2, 6764.1)	-	(831.2, 6764.1)	(0.0, 4681.6)	(0.0, 3507.8)	-	-	(0.0, 3507.8)	(1172.1, 12472.6)
9. IUDs	532.2	0.0	532.2	312.4	705.4	0.0	0.0	705.4	1550.0
	(0.0, 1238.5)	-	(0.0, 1238.5)	(0.0, 754.6)	(0.0, 1958.9)	-	-	(0.0, 1958.9)	(0.0, 3301.4)
10. Male Sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	-	-	-	-	-	-	-	-	-
11. Female Sterilization	0.0	0.0	0.0	98.5	75.9	0.0	0.0	75.9	174.5
	-	-	-	-	-	-	-	-	(0.0, 433.2)
Total Volume	12287.6	647.7	12935.4	4706.8	3480.3	0.2	14372.2	17852.7	35494.9
	(3140.8, 21434.5)	(34.2, 1261.2)	(3719.3, 22151.4)	(0.0, 9516.6)	(652.8, 6307.8)	-	(8465.8, 20278.6)	(11919.5, 23785.9)	(19106.6, 51883.2)

Table X2: Reported Contraceptive Method Volumes: Kinshasa

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
* A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.									
† Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex for a list of all quality assured brands found in the survey.									

Table X3: Reported Contraceptive Method Volumes: Kinshasa Urban

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
1. Male condoms	4122.3 (214.1, 8030.5)	0.0 -	4122.3 (199.0, 8045.7)	63.9 (0.0, 193.6)	760.0 (282.2, 1237.8)	0.0 -	10069.6 (4532.9, 15606.2)	10829.6 (5412.0, 16247.1)	15015.8 (6490.6, 23541.0)
2. Female condoms	387.6 (0.0, 1207.9)	0.0 -	387.6 (0.0, 1207.9)	7.7 -	17.3 (0.0, 47.3)	0.0 -	24.7 (0.0, 49.7)	41.9 (7.5, 76.3)	437.2 (0.0, 1128.1)
3. CycleBeads	803.9 (0.0, 2033.9)	543.6 (0.0, 1459.0)	1347.5 (102.8, 2592.2)	1265.8 (0.0, 4662.8)	231.5 (11.6, 451.5)	0.0 -	0.0 -	231.5 (0.9, 462.1)	2844.8 (661.9, 5027.8)
4. Oral contraceptives	67.2 (6.1, 128.3)	19.9 (0.0, 61.8)	87.1 (20.2, 153.9)	131.0 (0.0, 357.4)	10.5 (0.2, 20.7)	0.0 -	954.3 (411.4, 1497.3)	964.8 (422.5, 1507.1)	1182.9 (618.8, 1747.0)
Combined oral contraceptives	65.6 (4.5, 126.7)	15.9 (0.0, 54.7)	81.5 (17.3, 145.7)	27.2 (0.0, 74.1)	10.5 (0.2, 20.7)	0.0 -	949.5 (405.9, 1493.0)	959.9 (417.0, 1502.9)	1068.6 (530.8, 1606.5)
Progestin-only pills	1.6 (0.0, 4.9)	3.9 (0.0, 20.4)	5.5 (0.0, 14.1)	103.8 (0.0, 332.0)	0.0 -	0.0 -	4.9 (0.0, 14.9)	4.9 (0.0, 14.9)	114.2 (0.0, 327.1)
5. Emergency contraceptives	7.3 (0.0, 22.3)	0.0 -	7.3 (0.0, 22.3)	0.0 -	0.0 -	2.2 (0.0, 29.8)	978.4 (289.7, 1667.1)	980.6 (292.4, 1668.9)	987.9 (302.0, 1673.9)
6. Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
7. Contraceptive injectables	942.4 (0.0, 2052.8)	0.0 -	942.4 (0.0, 2052.8)	488.7 (0.0, 1126.0)	112.0 (9.0, 214.9)	0.0 -	1447.8 (909.8, 1985.8)	1559.8 (1069.5, 2050.0)	2990.9 (1704.5, 4277.3)
Depo-provera injectables	906.1 (0.0, 2019.5)	0.0 -	906.1 (0.0, 2019.5)	425.8 (0.0, 978.0)	104.9 (11.3, 198.5)	0.0 -	1447.8 (909.8, 1985.8)	1552.7 (1059.2, 2046.2)	2884.6 (1631.6, 4137.5)
Noristerat injectables	36.3 (0.0, 111.2)	0.0 -	36.3 (0.0, 111.2)	62.9 (0.0, 155.1)	7.1 (0.0, 21.6)	0.0 -	0.0 -	7.1 (0.0, 21.6)	106.3 (0.0, 262.3)

Table X3: Reported Contraceptive Method Volumes: Kinshasa Urban

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
Sayana Press injectables	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
8. Implants	3403.7 (0.0, 7255.7)	0.0 -	3403.7 (0.0, 7255.7)	1504.7 (0.0, 4678.2)	1281.1 (0.0, 3595.2)	0.0 -	0.0 -	1281.1 (0.0, 3595.2)	6189.6 (41.5, 12337.6)
Implanon implants	1233.3 (0.0, 3634.0)	0.0 -	1233.3 (0.0, 3634.0)	0.0 -	85.7 (0.0, 206.6)	0.0 -	0.0 -	85.7 (0.0, 206.6)	1319.0 (0.0, 3711.1)
Jadelle implants	2170.4 (134.0, 4206.9)	0.0 -	2170.4 (134.0, 4206.9)	1504.7 (0.0, 4678.2)	1195.4 (0.0, 3512.1)	0.0 -	0.0 -	1195.4 (0.0, 3512.1)	4870.6 (0.0, 10265.8)
9. IUDs	515.3 (0.0, 1232.4)	0.0 -	515.3 (0.0, 1232.4)	255.1 (0.0, 709.3)	705.4 (0.0, 1975.0)	0.0 -	0.0 -	705.4 (0.0, 1975.0)	1475.8 (0.0, 3254.6)
10. Male Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
11. Female Sterilization	0.0 -	0.0 -	0.0 -	98.5 (0.0, 1314.6)	75.9 (0.0, 280.7)	0.0 -	0.0 -	75.9 (0.0, 280.7)	174.5 (0.0, 439.7)
Total Volume	10249.7 (1169.2, 19330.3)	563.5 (0.0, 1502.1)	10813.2 (1686.4, 19940.0)	3815.5 (0.0, 9318.5)	3193.7 (315.2, 6072.1)	0.2 -	13474.8 (7505.6, 19443.9)	16668.7 (10677.6, 22659.7)	31297.4 (15104.3, 47490.4)

* A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month, 30,929 in urban Kinshasa and 4,065 in rural Kinshasa. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex for a list of all quality assured brands found in the survey.

Table X4: Reported Contraceptive Method Volumes: Kinshasa Rural

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
1. Male condoms	248.4 (89.4, 407.5)	73.2 (0.0, 327.8)	321.7 (139.2, 504.2)	544.4 (0.0, 1206.0)	98.6 (8.3, 188.9)	0.0 -	516.5 (299.3, 733.7)	615.1 (348.4, 881.8)	1481.1 (723.6, 2238.6)
2. Female condoms	13.0 (0.0, 28.7)	0.0 -	13.0 (0.0, 28.7)	1.3 (0.0, 4.3)	1.0 (0.0, 3.4)	0.0 -	0.1 (0.0, 1.8)	1.2 (0.0, 4.1)	15.4 (0.5, 30.3)
3. CycleBeads	24.8 (0.0, 60.2)	5.9 (0.0, 28.0)	30.7 (0.0, 64.0)	22.2 (0.0, 83.7)	28.8 (0.0, 108.7)	0.0 -	0.0 -	28.8 (0.0, 108.7)	81.6 (14.2, 149.1)
4. Oral contraceptives	5.6 (0.0, 13.8)	5.1 (0.0, 17.4)	10.7 (0.0, 22.0)	4.4 (0.0, 9.7)	2.5 (0.2, 4.8)	0.0 -	88.2 (30.4, 146.0)	90.7 (31.1, 150.3)	105.8 (45.1, 166.5)
Combined oral contraceptives	5.6 (0.0, 13.8)	5.1 (0.0, 17.4)	10.7 (0.0, 22.0)	4.4 (0.0, 9.7)	2.4 (0.2, 4.5)	0.0 -	88.2 (30.4, 146.0)	90.5 (31.2, 149.9)	105.7 (45.2, 166.2)
Progestin-only pills	0.0 -	0.0 -	0.0 -	0.0 -	0.1 (0.0, 0.4)	0.0 -	0.0 -	0.1 (0.0, 0.4)	0.1 (0.0, 0.4)
5. Emergency contraceptives	0.0 -	0.0 -	0.0 -	0.4 (0.0, 1.1)	3.4 (0.0, 9.5)	0.0 -	16.3 (4.8, 27.8)	19.6 (6.0, 33.2)	20.0 (5.9, 34.2)
6. Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
7. Contraceptive injectables	73.7 (8.1, 139.2)	0.0 -	73.7 (8.1, 139.2)	16.1 (1.4, 30.8)	73.2 (0.0, 179.5)	0.0 -	217.8 (61.9, 373.6)	291.0 (113.7, 468.2)	380.7 (193.4, 568.0)
Depo-provera injectables	69.8 (5.0, 134.7)	0.0 -	69.8 (5.0, 134.7)	16.1 (1.4, 30.8)	73.2 (0.0, 179.5)	0.0 -	217.8 (61.9, 373.6)	291.0 (113.7, 468.2)	376.9 (193.2, 560.5)
Noristerat injectables	3.8 (0.0, 10.9)	0.0 -	3.8 (0.0, 10.9)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	3.8 (0.0, 10.9)

Table X4: Reported Contraceptive Method Volumes: Kinshasa Rural

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
Sayana Press injectables	8.0 (0.0, 22.9)	0.0 -	8.0 (0.0, 22.9)	1.8 (0.0, 5.3)	0.0 -	0.0 -	0.0 -	0.0 -	9.9 (0.0, 24.9)
8. Implants	1655.5 (0.0, 3972.3)	0.0 -	1655.5 (0.0, 3972.3)	245.4 (0.0, 620.1)	79.2 (0.0, 161.2)	0.0 -	0.0 -	79.2 (0.0, 161.2)	1980.0 (0.0, 4314.6)
Implanon implants	28.3 (0.0, 80.6)	0.0 -	28.3 (0.0, 80.6)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	28.3 (0.0, 80.6)
Jadelle implants	1627.2 (0.0, 3947.6)	0.0 -	1627.2 (0.0, 3947.6)	245.4 (0.0, 620.1)	79.2 (0.0, 161.2)	0.0 -	0.0 -	79.2 (0.0, 161.2)	1951.7 (0.0, 4290.8)
9. IUDs	16.9 (0.0, 48.2)	0.0 -	16.9 (0.0, 48.2)	57.3 (0.0, 132.1)	0.0 -	0.0 -	0.0 -	0.0 -	74.2 (0.0, 151.9)
10. Male Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
11. Female Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
Total Volume	2037.9 (0.0, 4426.2)	84.2 (0.0, 235.5)	2122.1 (0.0, 4498.5)	891.3 (149.2, 1633.5)	286.6 (66.1, 507.2)	0.0 -	838.8 (462.8, 1214.8)	1125.5 (600.3, 1650.6)	4138.9 (1257.9, 7020.0)

* A total of 35,052 CYPs (weighted) were reportedly distributed in the previous 1 month, 30,929 in urban Kinshasa and 4,065 in rural Kinshasa. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex for a list of all quality assured brands found in the survey.

Table X5: Reported Contraceptive Method Volumes: Katanga

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
1. Male condoms	3262.7 (1253.2, 5272.2)	0.0 -	3262.7 (1252.0, 5273.5)	96.5 (0.0, 269.9)	371.7 (0.0, 750.3)	75.7 -	3274.4 (2216.1, 4332.7)	3721.8 (2506.7, 4936.9)	7081.0 (4690.8, 9471.3)
2. Female condoms	37.6 (0.0, 77.3)	0.0 -	37.6 (0.0, 77.3)	0.0 -	12.7 -	0.0 -	18.9 (0.0, 39.6)	31.7 (3.3, 60.0)	69.2 (24.9, 113.5)
3. CycleBeads	1724.9 (0.0, 3832.9)	0.0 -	1724.9 (0.0, 3832.9)	137.0 -	482.0 (0.0, 1254.6)	0.0 -	242.3 -	724.3 (0.0, 1464.1)	2586.2 (465.3, 4707.0)
4. Oral contraceptives	274.2 (131.7, 416.7)	0.0 -	274.2 (131.7, 416.7)	27.7 (0.0, 62.3)	74.7 (8.1, 141.3)	19.7 -	510.5 (244.2, 776.9)	604.9 (302.5, 907.4)	906.8 (546.2, 1267.3)
IQA+ oral contraceptives	274.2 (131.7, 416.7)	0.0 -	274.2 (131.7, 416.7)	27.7 (0.0, 62.3)	74.7 (8.1, 141.3)	19.7 -	510.5 (244.2, 776.9)	604.9 (302.5, 907.4)	906.8 (546.2, 1267.3)
Combined oral contraceptives	236.2 (106.4, 365.9)	0.0 -	236.2 (106.4, 365.9)	18.7 (0.0, 38.5)	74.7 (8.1, 141.3)	19.7 -	481.9 (219.9, 743.8)	576.3 (281.2, 871.3)	831.1 (480.5, 1181.8)
Progestin-only pills	38.0 (0.0, 80.0)	0.0 -	38.0 (0.0, 80.0)	9.0 (0.0, 26.8)	0.0 -	0.0 -	28.7 (4.9, 52.4)	28.7 (4.9, 52.4)	75.6 (26.2, 125.1)
5. Emergency contraceptives	11.0 (0.0, 22.3)	0.0 -	11.0 (0.0, 22.3)	0.0 -	3.2 (0.0, 8.3)	18.1 -	222.7 (0.0, 473.1)	244.0 (0.0, 527.1)	255.0 (0.0, 544.9)
IQA+ emergency contraceptives	11.0 (0.0, 22.3)	0.0 -	11.0 (0.0, 22.3)	0.0 -	2.6 (0.0, 7.6)	5.7 -	65.4 (0.0, 159.1)	73.7 (0.0, 177.9)	84.7 (0.0, 195.9)
6. Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
7. Contraceptive injectables	860.0 (388.9, 1331.2)	0.0 -	860.0 (388.9, 1331.2)	113.7 (8.0, 219.3)	257.0 (64.2, 449.9)	0.0 -	535.3 (298.7, 771.9)	792.4 (486.9, 1097.8)	1766.1 (1223.1, 2309.1)

Table X5: Reported Contraceptive Method Volumes: Katanga

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
Depo-provera injectables	607.8 (286.9, 928.7)	0.0 -	607.8 (286.9, 928.7)	75.1 (0.0, 161.0)	255.5 (62.3, 448.7)	0.0 -	491.5 (296.2, 686.8)	747.0 (467.9, 1026.1)	1429.9 (1013.0, 1846.9)
Noristerat injectables	252.2 (0.0, 610.0)	0.0 -	252.2 (0.0, 610.0)	38.6 (0.0, 117.9)	1.6 (0.0, 4.5)	0.0 -	43.8 (0.0, 100.4)	45.4 (0.0, 101.7)	336.2 (0.0, 703.4)
Sayana Press injectables	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
8. Implants	3764.4 (732.4, 6796.4)	0.0 -	3764.4 (732.4, 6796.4)	51.3 (0.0, 153.5)	394.4 (92.6, 696.2)	0.0 -	237.7 (0.0, 525.9)	632.1 (145.1, 1119.0)	4447.8 (1376.2, 7519.4)
Implanon implants	151.1 (0.0, 369.4)	0.0 -	151.1 (0.0, 369.4)	20.4 (0.0, 60.9)	0.0 -	0.0 -	0.0 -	0.0 -	171.4 (0.0, 392.2)
Jadelle implants	3613.4 (579.4, 6647.4)	0.0 -	3613.4 (579.4, 6647.4)	30.9 (0.0, 92.6)	394.4 (92.6, 696.2)	0.0 -	237.7 (0.0, 525.9)	632.1 (145.1, 1119.0)	4276.4 (1199.8, 7352.9)
9. IUDs	333.0 (0.0, 775.1)	0.0 -	333.0 (0.0, 775.1)	24.7 (0.0, 74.6)	203.4 (0.0, 531.3)	0.0 -	0.0 -	203.4 (0.0, 528.4)	561.1 (37.7, 1084.5)
10. Male Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
11. Female Sterilization	537.6 (0.0, 1373.2)	0.0 -	537.6 (0.0, 1373.2)	0.0 -	148.4 (29.4, 267.4)	0.0 -	0.0 -	148.4 (29.4, 267.4)	686.1 (0.0, 1440.0)
Total Volume	14659.2 (9026.6, 20291.7)	0.0 -	14659.2 (9026.6, 20291.7)	450.8 (0.0, 984.5)	1947.6 (894.8, 3000.3)	190.3 -	5041.8 (3225.3, 6858.2)	7179.6 (4887.4, 9471.9)	22289.6 (16527.1, 28052.0)

* A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month. This is based on the number of commodities reportedly sold for categories 1-9 (not number of services performed for categories 7-9) and number of sterilizations reportedly performed for categories 10-11.

† Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex for a list of all quality assured brands found in the survey.

Table X6: Reported Contraceptive Method Volumes: Katanga Urban

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
1. Male condoms	1497.4 (0.0, 3345.4)	0.0 -	1497.4 (0.0, 3345.4)	68.6 (0.0, 272.6)	295.7 (0.0, 686.5)	75.7 -	1568.5 (912.2, 2224.8)	1939.9 (1036.4, 2843.4)	3505.9 (1650.6, 5361.2)
2. Female condoms	19.6 (0.0, 53.3)	0.0 -	19.6 (0.0, 53.3)	0.0 -	11.3 -	0.0 -	11.5 (0.0, 25.8)	22.8 (0.0, 48.1)	42.3 (9.4, 75.3)
3. CycleBeads	54.8 (0.0, 135.4)	0.0 -	54.8 (0.0, 135.4)	137.0 -	290.3 (0.0, 2288.0)	0.0 -	12.0 (0.0, 60.1)	302.3 (0.0, 869.1)	494.0 (0.0, 1007.5)
4. Oral contraceptives	68.6 (19.2, 118.0)	0.0 -	68.6 (19.2, 118.0)	22.5 (0.0, 57.0)	32.5 (4.2, 60.8)	19.7 -	300.3 (89.9, 510.6)	352.4 (103.6, 601.3)	443.5 (183.2, 703.9)
Combined oral contraceptives	62.9 (12.9, 112.9)	0.0 -	62.9 (12.9, 112.9)	13.6 (0.0, 31.0)	32.5 (4.2, 60.8)	19.7 -	280.0 (75.8, 484.3)	332.2 (89.4, 575.0)	408.7 (152.9, 664.4)
Progestin-only pills	5.7 (0.0, 13.8)	0.0 -	5.7 (0.0, 13.8)	9.0 (0.0, 27.6)	0.0 -	0.0 -	20.2 (0.7, 39.8)	20.2 (0.7, 39.8)	34.9 (10.1, 59.7)
5. Emergency contraceptives	6.2 (0.0, 13.9)	0.0 -	6.2 (0.0, 13.9)	0.0 -	0.6 (0.0, 1.9)	18.1 -	221.4 (0.0, 484.7)	240.1 (0.0, 538.1)	246.3 (0.0, 550.9)
6. Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
7. Contraceptive injectables	185.5 (94.4, 276.7)	0.0 -	185.5 (94.4, 276.7)	36.8 (1.3, 72.3)	179.7 (0.0, 366.3)	0.0 -	472.1 (231.5, 712.8)	651.8 (346.3, 957.3)	874.1 (585.3, 1162.9)
Depo-provera injectables	136.7 (60.7, 212.7)	0.0 -	136.7 (60.7, 212.7)	36.8 (1.3, 72.3)	178.1 (0.0, 365.1)	0.0 -	428.3 (232.9, 623.7)	606.4 (330.3, 882.5)	779.9 (506.0, 1053.8)
Noristerat injectables	48.8 (3.0, 94.7)	0.0 -	48.8 (3.0, 94.7)	0.0 -	1.6 (0.0, 4.7)	0.0 -	43.8 (0.0, 103.3)	45.4 (0.0, 104.7)	94.2 (25.3, 163.1)

Table X6: Reported Contraceptive Method Volumes: Katanga Urban

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
Sayana Press injectables	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
8. Implants	3124.6 (0.0, 6253.6)	0.0 -	3124.6 (0.0, 6253.6)	51.3 (0.0, 158.2)	251.3 (9.9, 492.8)	0.0 -	237.7 (0.0, 540.8)	489.0 (19.4, 958.6)	3664.9 (498.1, 6831.7)
Implanon implants	47.0 (0.0, 138.8)	0.0 -	47.0 (0.0, 138.8)	20.4 (0.0, 62.8)	0.0 -	0.0 -	0.0 -	0.0 -	67.3 (0.0, 165.5)
Jadelle implants	3077.7 (0.0, 6214.6)	0.0 -	3077.7 (0.0, 6214.6)	30.9 (0.0, 95.4)	251.3 (9.9, 492.8)	0.0 -	237.7 (0.0, 540.8)	489.0 (19.4, 958.6)	3597.6 (420.2, 6775.1)
9. IUDs	233.6 (0.0, 690.6)	0.0 -	233.6 (0.0, 690.6)	24.7 (0.0, 76.2)	203.4 (0.0, 547.4)	0.0 -	0.0 -	203.4 (0.0, 544.7)	461.6 (0.0, 1012.6)
10. Male Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
11. Female Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
Total Volume	5190.3 (939.5, 9441.1)	0.0 -	5190.3 (939.5, 9441.1)	340.9 (0.0, 888.0)	1264.7 (405.5, 2123.9)	113.5 -	2823.4 (1311.3, 4335.5)	4201.6 (2263.3, 6139.9)	9732.8 (5560.3, 13905.3)

* A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month, 9,469 in urban Katanga and 8,523 in rural Kinshasa. This is based on the number of commodities reportedly sold for categories 1-8 (not number of services performed for categories 6-8) and number of sterilizations reportedly performed for categories 9-10.

† Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex for a list of all quality assured brands found in the survey.

Table X7: Reported Contraceptive Method Volumes: Katanga Rural

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
1. Male condoms	1765.4 (571.8, 2959.0)	0.0 -	1765.4 (568.3, 2962.4)	27.8 (0.0, 369.3)	76.0 (0.0, 158.2)	0.0 -	1702.4 (844.6, 2560.1)	1778.4 (917.9, 2638.8)	3571.6 (1957.9, 5185.2)
2. Female condoms	18.0 (0.0, 51.9)	0.0 -	18.0 (0.0, 51.9)	0.0 -	1.5 (0.0, 17.1)	0.0 -	7.4 (0.0, 27.3)	8.9 (0.0, 26.9)	26.9 (0.0, 60.5)
3. CycleBeads	1670.1 (0.0, 3835.8)	0.0 -	1670.1 (0.0, 3835.8)	0.0 -	191.7 (0.0, 987.7)	0.0 -	230.3 -	422.0 (0.0, 1176.6)	2092.1 (0.0, 4225.8)
4. Oral contraceptives	205.6 (70.4, 340.8)	0.0 -	205.6 (70.4, 340.8)	5.1 (0.0, 17.9)	42.2 (0.0, 104.2)	0.0 -	210.3 (33.0, 387.5)	252.5 (62.4, 442.5)	463.2 (199.8, 726.6)
Combined oral contraceptives	173.3 (51.9, 294.6)	0.0 -	173.3 (51.9, 294.6)	5.1 (0.0, 17.9)	42.2 (0.0, 104.2)	0.0 -	201.8 (24.7, 379.0)	244.0 (58.9, 429.2)	422.5 (168.6, 676.3)
Progestin-only pills	32.3 (0.0, 73.8)	0.0 -	32.3 (0.0, 73.8)	0.0 -	0.0 -	0.0 -	8.4 (0.0, 23.4)	8.4 (0.0, 23.3)	40.8 (0.0, 84.4)
5. Emergency contraceptives	4.8 (0.0, 13.5)	0.0 -	4.8 (0.0, 13.5)	0.0 -	2.6 (0.0, 7.7)	0.0 -	1.3 (0.0, 3.8)	3.9 (0.0, 9.4)	8.7 (0.0, 18.8)
6. Birth control patches	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
7. Contraceptive injectables	674.5 (209.0, 1140.0)	0.0 -	674.5 (209.0, 1140.0)	76.9 (0.0, 197.5)	77.4 (0.7, 154.1)	0.0 -	63.2 (2.6, 123.9)	140.6 (44.4, 236.7)	892.0 (421.2, 1362.8)
Depo-provera injectables	471.1 (156.8, 785.4)	0.0 -	471.1 (156.8, 785.4)	38.3 (0.0, 133.4)	77.4 (0.7, 154.1)	0.0 -	63.2 (2.6, 123.9)	140.6 (44.4, 236.7)	650.0 (322.8, 977.3)
Noristerat injectables	203.4 (0.0, 560.3)	0.0 -	203.4 (0.0, 560.3)	38.6 (0.0, 134.2)	0.0 -	0.0 -	0.0 -	0.0 -	241.9 (0.0, 605.2)

Table X7: Reported Contraceptive Method Volumes: Katanga Rural

CYPs sold or distributed in previous 1 month by outlet type and contraceptive method type*	Public Health Facility	Community Health Workers	Public Total	Private Not- For-Profit	Private For-Profit Health Facility	Pharmacy	Drugshop	Private Total	Total
	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)	Vol CYP (95% CI)
Sayana Press injectables	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
8. Implants	639.8 (61.1, 1218.5)	0.0 -	639.8 (61.1, 1218.5)	0.0 -	143.1 (0.0, 342.3)	0.0 -	0.0 -	143.1 (0.0, 339.7)	782.9 (181.5, 1384.2)
Implanon implants	104.1 (0.0, 305.2)	0.0 -	104.1 (0.0, 305.2)	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	104.1 (0.0, 305.2)
Jadelle implants	535.7 (0.0, 1084.9)	0.0 -	535.7 (0.0, 1084.9)	0.0 -	143.1 (0.0, 342.3)	0.0 -	0.0 -	143.1 (0.0, 339.7)	678.7 (104.1, 1253.4)
9. IUDs	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
10. Male Sterilization	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -	0.0 -
11. Female Sterilization	537.6 (0.0, 1446.0)	0.0 -	537.6 (0.0, 1446.0)	0.0 -	148.4 (0.0, 499.8)	0.0 -	0.0 -	148.4 (0.0, 499.8)	686.1 (0.0, 1504.3)
Total Volume	5515.8 (2832.2, 8199.4)	0.0 -	5515.8 (2821.7, 8209.8)	109.9 (0.0, 367.4)	682.8 (0.0, 1418.4)	0.0 -	2214.9 (1114.7, 3315.1)	2897.7 (1527.2, 4268.2)	8523.4 (5075.6, 11971.1)

* A total of 17,996 CYPs (weighted) were reportedly distributed in the previous 1 month, 9,469 in urban Katanga and 8,523 in rural Kinshasa. This is based on the number of commodities reportedly sold for categories 1-8 (not number of services performed for categories 6-8) and number of sterilizations reportedly performed for categories 9-10.

† Internationally quality-assured (IQA) contraceptives are defined as those on the WHO Pre-qualification or Stringent Regulatory authority (SRA) list. See Annex for a list of all quality assured brands found in the survey.

Annex 13: Marketshare including booster facilities

This is a more accurate reflection of marketshare for pharmacies in particular since there are so few pharmacies in the census portion of the sample. All pharmacies in Kinshasa and Katanga were approached for the survey and the majority were audited, thus this is a very representative sample. Unlike in table A9, the below table includes the boosted pharmacies and public health facilities.

Table Y8a: Contraceptive method market share within outlet type: Relative proportion of total CYPs sold/distributed by outlet type, by method – Kinshasa

CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type:	Public Health Facility	Pharmacy
	%	%
1. Male condoms	27.4	56.1
2. Female condoms	2.6	0.0
3. CycleBeads	5.6	0.0
4. Oral contraceptives	0.6	3.9
IQA oral contraceptives	0.6	3.9
Combined oral contraceptives	0.6	3.6
Progestin-only pills	0.1	0.3
5. Emergency contraceptives	0.1	7.5
IQA emergency contraceptives	0.0	1.1
6. Birth control patches	0.0	0.8
7. Contraceptive injectables	6.0	3.4
IQA injectables	6.0	3.4
Depo-provera injectables	5.8	3.4
Noristerat injectables	0.2	0.0
Sayana Press injectables	0.1	0.0
8. Implants	51.2	0.0
Implanon implants	6.8	0.0
Jadelle implants	44.4	0.0
9. IUDs	6.1	28.3
IQA IUDs	6.1	28.3
10. Male sterilization	0.0	0.0
11. Female sterilization	0.5	0.0

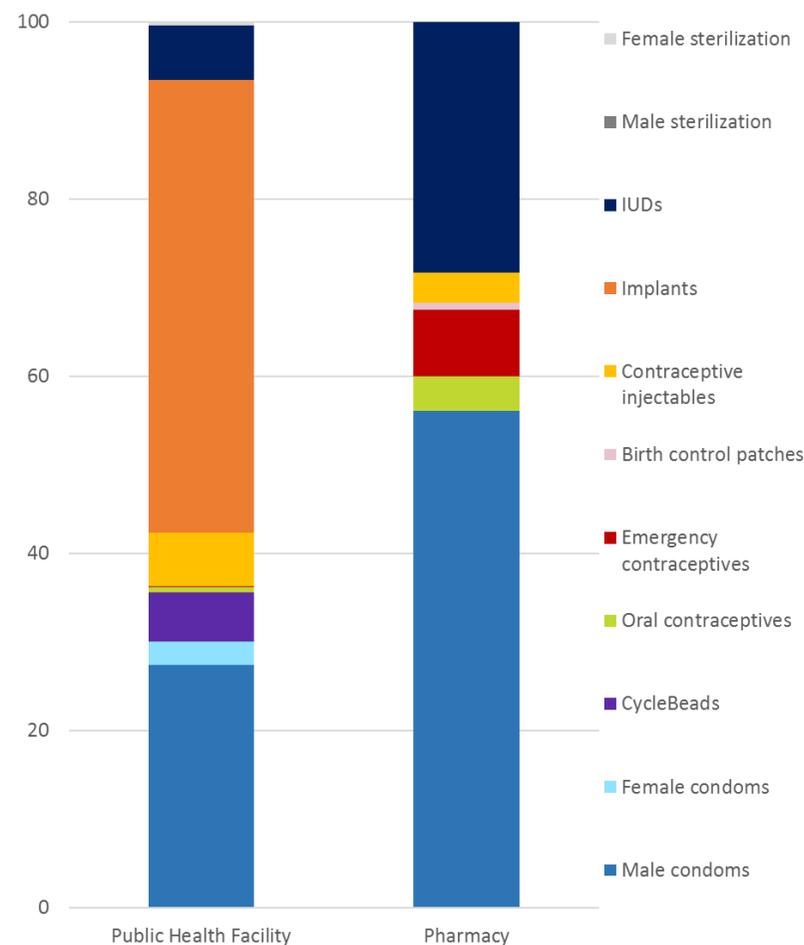


Table Y8b: Contraceptive method market share within outlet type: Relative proportion of total CYPs sold/distributed by outlet type, by method – Katanga		
CYPs sold or distributed in previous 1-month contraceptive method type as a % of total CYPs sold / distributed within outlet type:	Public Health Facility	Pharmacy
	%	%
1. Male condoms	29.0	66.7
2. Female condoms	0.8	0.0
3. CycleBeads	18.1	0.0
4. Oral contraceptives	3.4	17.4
IQA oral contraceptives	3.4	17.4
Combined oral contraceptives	2.8	17.4
Progestin-only pills	0.6	0.0
5. Emergency contraceptives	0.1	16.0
IQA emergency contraceptives	0.1	5.0
6. Birth control patches	0.0	0.0
7. Contraceptive injectables	8.8	0.0
IQA injectables	8.8	0.0
Depo-provera injectables	6.6	0.0
Noristerat injectables	2.2	0.0
Sayana Press injectables	0.0	0.0
8. Implants	33.6	0.0
Implanon implants	1.0	0.0
Jadelle implants	32.5	0.0
9. IUDs	2.3	0.0
IQA IUDs	2.3	0.0
10. Male sterilization	0.0	0.0
11. Female sterilization	4.0	0.0

