

2022 UPDATE 

FAMILY PLANNING | REPRODUCTIVE HEALTH

# IMPACT BRIEF: DEMOCRATIC REPUBLIC OF THE CONGO



**Saving Lives and Improving Health Outcomes in the Democratic Republic of the Congo through Increased Access to Contraceptives**

Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP/RH commodities worldwide through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.<sup>1</sup>

With a population of 96 million<sup>2</sup>—more than double what it was in 1990—the average woman in the Democratic Republic of the Congo (DRC) gives birth to 6.2 children in her lifetime.<sup>3</sup> In 2022, approximately 38.7 percent of married women in the DRC had an unmet need for FP—meaning they wanted to avoid pregnancy but were not using a modern method of birth control.<sup>4</sup>

The maternal mortality ratio in the DRC is 473 per 100,000 live births, compared to 542 for sub-Saharan Africa, on average.<sup>5</sup> The child mortality rate is 81 deaths among children under 5 per 1,000 live births, compared to 74 for the sub-Saharan region.<sup>6</sup>

To address the DRC's maternal and child health needs, the Government of the DRC is collaborating with USAID and other partners. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 16.6 percent among married women aged 15 to 49 by 2022.<sup>7</sup>



Photo credit: GHSC-PSM

## ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



**1.6M**  
unintended pregnancies  
**PREVENTED**



**520K**  
abortions  
**AVERTED**



**6K**  
maternal deaths  
**AVERTED**



**39K**  
child deaths  
**AVERTED**



**\$67M**  
in direct healthcare spending  
**SAVED**

<sup>1</sup> Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

<sup>2</sup> World Bank. Population, total, DRC (2021). <https://data.worldbank.org/indicator/SPPOPOTL?locations=CD>. Accessed December 26, 2022.

<sup>3</sup> World Bank. Fertility rate, total (births per woman), DRC (2020). <https://data.worldbank.org/indicator/SPDYN.TFRTIN?locations=CD>. Accessed December 26, 2022.

<sup>4</sup> Family Planning 2030 Indicator Summary Sheet: DRC 2022 Measurement Report. [https://www.track20.org/pages/participating\\_countries/countries\\_country\\_page.php?code=CD](https://www.track20.org/pages/participating_countries/countries_country_page.php?code=CD). Accessed

December 26, 2022.

<sup>5</sup> World Health Organization (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. <https://apps.who.int/iris/handle/10665/327596>. Accessed December 23, 2022.

<sup>6</sup> United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). 'Levels & Trends in Child Mortality: Report 2021'. <https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2021>. Accessed December 23, 2022.

<sup>7</sup> Family Planning 2030. Country Fact Sheet-2022 (DRC). [https://www.track20.org/pages/participating\\_countries/countries\\_country\\_page.php?code=CD](https://www.track20.org/pages/participating_countries/countries_country_page.php?code=CD). Accessed December 23, 2022.

## USAID Contraceptive Investment

In partnership with the Government of the DRC and other in-country stakeholders, USAID has supported the procurement and distribution of over 24.9 million FP/RH products to USAID supported facilities and organizations in the DRC from 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 3.5 million couple years protection<sup>8</sup> and to help prevent:

- 1.6 million unintended pregnancies
- 6,000 maternal deaths
- 520,000 abortions
- 39,000 child deaths<sup>9</sup>

These investments in contraceptives have the potential of saving approximately **\$67 million** in direct spending on healthcare<sup>10</sup>—resources that can be reinvested in the DRC’s health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping the DRC meet its people’s FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

## Methodology

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model<sup>11</sup>, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database<sup>12</sup>.

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID’s support of contraceptives to Democratic Republic of the Congo’s health programs.

For more information, please contact [PSMMonitoringandEval@ghsc-psm.org](mailto:PSMMonitoringandEval@ghsc-psm.org).

<sup>8</sup> CYP is the estimated protection provide 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. <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>

<sup>9</sup> This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.

<sup>10</sup> The figures are not adjusted for inflation and based on the costs of services from 2011.

<sup>11</sup> <https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>, Accessed November 30, 2022. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

<sup>12</sup> GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.










<sup>13</sup> Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intra-uterine (device); emergency oral (package)



Physical inventory of essential medicines during performance evaluation of a provincial warehouse in Lubumbashi, Haut-Katanga Province, DRC. Photo Credit: Eddy Kyungu, GHSC-PSM

**“For us, the approach for organizing the arrival of these medicines is a welcome change that we find totally satisfactory for our health zone’s needs.”**

—Dr. Lucie Lubondo, director of the Mukembe Ntondo Health Center in Lualaba Province

CONTRACEPTIVE METHODS <sup>13</sup>	TOTAL PRODUCTS DELIVERED FY 2017-2022*
 Combined oral contraceptives	3M
 Progestin only pills	1.3M
 Copper bearing intrauterine devices	70.5K
 Emergency oral contraceptives	356K
 Implantable contraceptives	507K
 Injectable contraceptives	2.2M
 Standard days methods	423K
 Male condoms	14.9M
 Female condoms	2.2M
<b>TOTAL NUMBER OF CONTRACEPTIVES DELIVERED</b>	<b>24.9M</b>
<b>TOTAL VALUE OF COMMODITIES</b>	<b>\$9.8M*</b>

\*This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

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