

**AT A GLANCE**

An estimated 15.3 million women in the DRC will be of reproductive age in 2010.

24% of married women have an unmet need for contraception.

One-third of all pregnancies are unintended.

Only 2% of the total demand for FP is met by use of the most effective FP methods.

Addressing unmet need for FP can avert more than 18,000 maternal deaths and nearly 870,000 child deaths by the MDG target date of 2015.

**MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs**

**CURRENT TRENDS WILL NOT MEET NATIONAL GOALS**

For the Government of the Democratic Republic of Congo (DRC) to fulfill its population's unmet need for family planning (FP) services in support of the fifth Millennium Development Goal (MDG), it would need to reach a contraceptive prevalence rate (CPR) of 45% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, DRC faces a daunting FP challenge. The unmet need for FP is now 24% among married women, and the population continues to grow. By 2015, there will be 3.2 million more women of reproductive age than there are today. To meet the CPR goal in support of the fifth MDG, 5.4 million women will need to be served. (See Figure 1, below.)

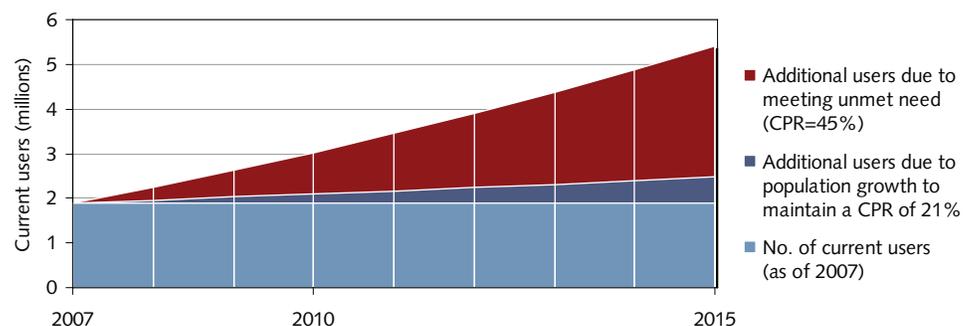
**LA/PMs—A SMART PROGRAMMATIC INVESTMENT**

The health infrastructure in DRC is extremely weak, and its needs are great. Fertility rates are high, and indicators of maternal and child health are exceptionally poor. Not having and investing resources and infrastructure to address its FP needs, the DRC will find it increasingly difficult to address them as they continue to grow as a result of population momentum. Therefore, some level of attention is needed for FP. Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent methods of contraception (LA/PMs),\* a country cannot cost-effectively meet its fertility, health, and development goals. However, the DRC's health system is weak, and its needs are great. Less than 5% of FP users currently rely on an LA/PM.

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\* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

**FIGURE 1: MEETING DRC'S NATIONAL GOALS**



Sources: 2007 Demographic and Health Survey, and Reality √ projections for intervening and future years

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June 15, 2009

**HELP PEOPLE ACHIEVE THEIR  
REPRODUCTIVE INTENTIONS**

If the existing unmet need for FP in DRC could be fulfilled, the demographic impact would be substantial. LA/PMs have a role to play and offer multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

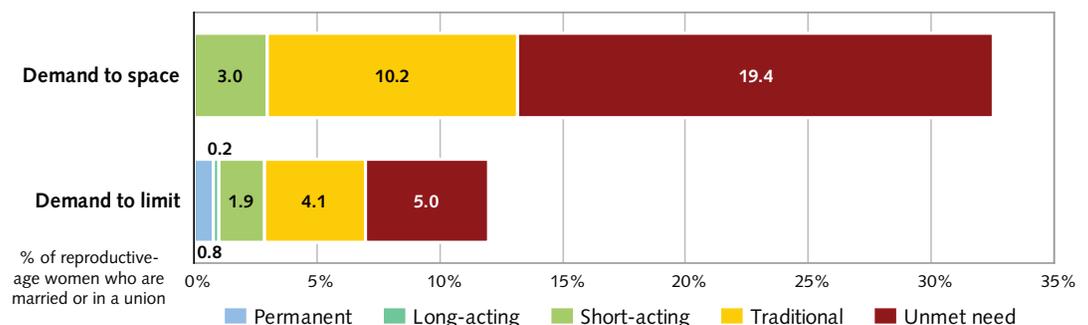
In DRC, more women have an unmet need to space births than are using contraceptive methods to space. (See Figure 2, below.) The vast majority of contraceptive users rely on traditional methods both to space and to limit births. Of those who are using FP to space, none use a long-acting method. With increased program attention to healthy timing and spacing of pregnancies, there is potential for addressing unmet need via the introduction and expansion of IUD and implant services, while at the same time building service capacity for FP.

**RESPOND TO DRC'S NEEDS**

The RESPOND Project can assist the Ministry of Health and the USAID Mission's implementing partners to improve RH in the DRC by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- Strategies to strengthen the capacity to introduce FP education and services related to healthy timing and spacing of births, including long-acting methods
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels

**FIGURE 2: DRC'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)**



Source: 2007 Demographic and Health Survey