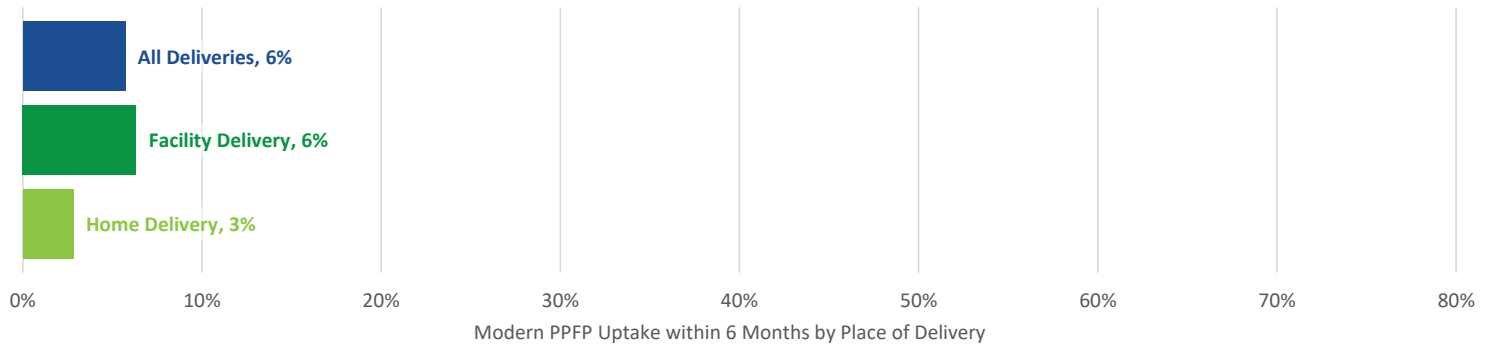


Opportunities for Family Planning Programming in the Postpartum Period in DR Congo

# of live births (2016)	% of WRA who are postpartum	mCPR among All WRA (2016)	Modern PFP uptake within first 6 months postpartum (2013-14 DHS)	Modern PFP use among women who delivered in facilities at 1 month postpartum (Immediate PFP)
3,280,000	18%	10%	6%	data not available

Current Postpartum Contraceptive Use

The graph below shows that, overall, 6% of postpartum women begin using a modern method of family planning within the first 6 months following delivery. Large differences are seen in postpartum family planning (PFP) uptake among women who deliver at home (3%) versus women who deliver at facilities (6%). These differences may be attributable to differences in access and utilization of the health care system as well as underlying demographic differences that may contribute to where women deliver and the rates at which they use contraceptives.



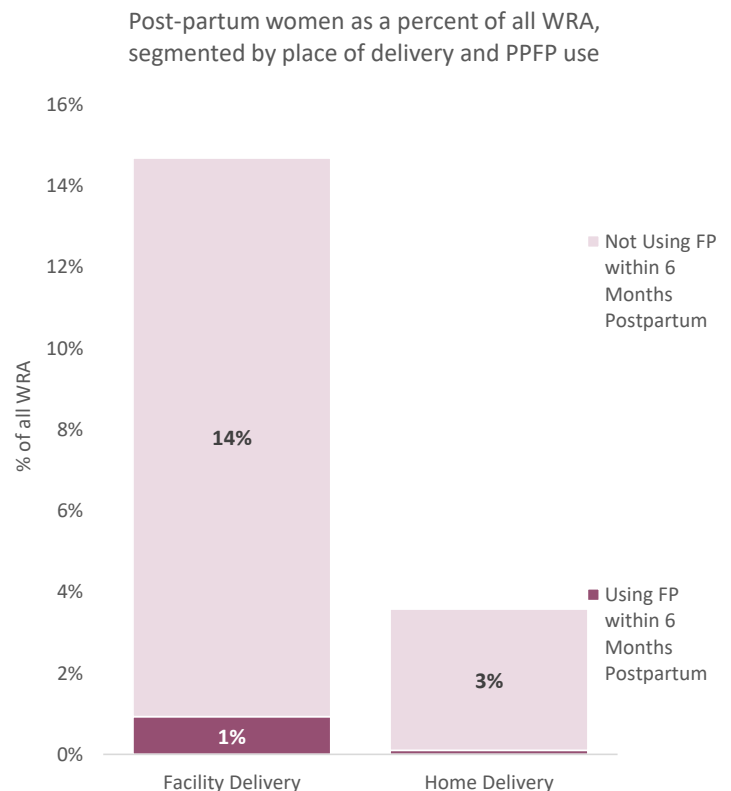
Note: we never expect PFP uptake to reach 100%, countries with very successful programs show uptake levels around 60-70% nationally.

Assessing Opportunities for PFP Programming

The graph to the right shows the proportion of all women of reproductive age (WRA) who are postpartum, segmented by modern PFP use and place of delivery.

Overall, modern PFP uptake within the first 6 months in DR Congo is 6%. Combining this with demographic data, it is estimated that 18% of women of reproductive age in DR Congo are postpartum in a given year and 17% are postpartum and not using a modern method of contraception. This is the most we could expect national mCPR to grow based on PFP programming alone, although we would never expect 100% uptake of PFP.

Places where a large proportion of women of reproductive age are postpartum and not using modern contraception present the largest opportunities for investments in PFP to lead to growth in mCPR. Attention should be paid to what types of PFP interventions might be most impactful, considering differential levels of postpartum use by place of delivery and rates of facility vs home delivery.



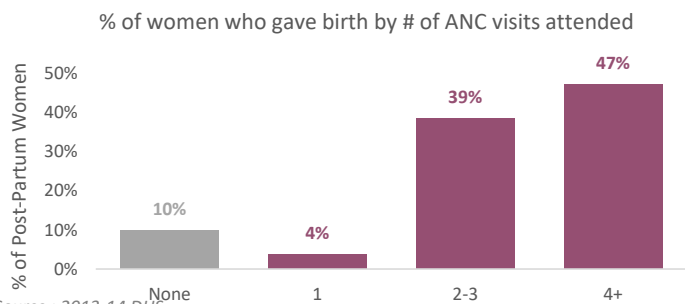
Opportunities for PFP Integration

The postpartum period represents a significant opportunity for reaching women with effective family planning. During pregnancy and childbirth, as well as during the year following childbirth, women are more likely to engage with the healthcare system during antenatal care, delivery, postnatal care, and first year infant immunizations. Each of these encounters is an opportunity for health care workers to integrate family planning into their existing counseling and services to better meet the needs of postpartum women. The graphs below are designed to highlight opportunities for integration in the areas of ANC, Facility Delivery and Immediate Post-natal Care, Child Nutrition, and Immunization services. For each category, when a large proportion of women are accessing these services, that represents a substantial opportunity for integration, while a small proportion of women accessing services may indicate a need to improve this area of pre-natal or postpartum care.

Antenatal Care

89% of women in DR Congo receive ANC from a skilled provider

Antenatal Care provides an opportunity to discuss short-term and long-term fertility plans with women and their partners. PFP counseling can be provided during ANC, helping couples develop a plan for contraceptive use after delivery as well as discussing longer-term options depending on the desire for future pregnancies. Expanding coverage of ANC coupled with integrating PFP counseling into each ANC visit can help improve utilization of PFP following delivery.

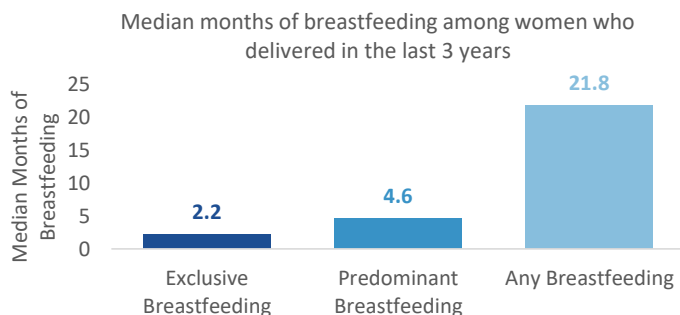


Source : 2013-14 DHS

Exclusive Breastfeeding - LAM

Lactation Amenorrhea Method (LAM) can be an effective method of contraception, protecting women from pregnancy for up to 6 months postpartum, when used correctly. To be effective, LAM requires: 1) that the menstrual period hasn't returned, 2) exclusive breastfeeding, 3) baby is less than 6 months old. While many women may breastfeed during the postpartum period, many women are not practicing exclusive breastfeeding and as a result are not practicing LAM. Providing women with education and counseling on effective use of LAM during ANC, Post-natal care, and infant health-related services can not only increase use of this method, but more importantly raise awareness of need to transition to another method when one of the LAM conditions no longer applies.

2.2 months is the median duration of exclusive breastfeeding



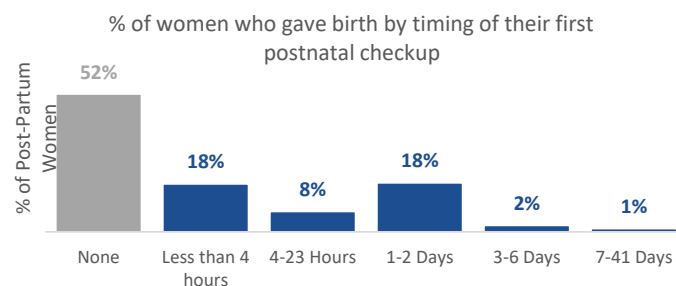
Source : 2013-14 DHS

Source for PFP data: 2013-14 DHS; Note: estimates of PFP use include LAM

Delivery/Immediate PFP Integration

80% of women in DR Congo deliver in a facility

Interactions with women during delivery and immediately following represent an opportunity to reach women with immediate PFP in facilities. Expanding post-natal checkups and integrating PFP counseling and services with delivery and follow-up care can improve the likelihood that women will leave with a plan or a method to prevent an early unintended pregnancy.



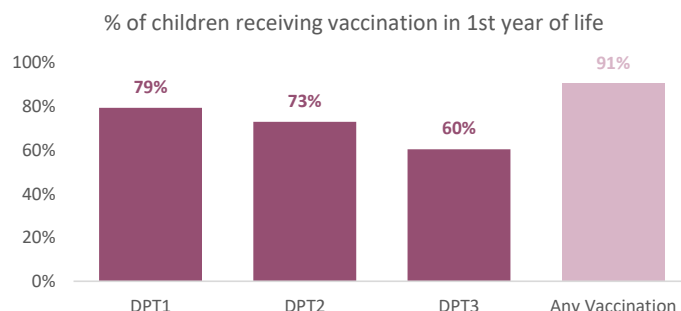
Source : 2013-14 DHS

Immunization

Routine childhood immunization services are one of the most widely used and most equitable health care services globally. Integrating family planning into childhood immunization services has been identified as a promising High Impact Practice, offering a significant opportunity to reach women during the year following delivery. While each immunization represents an opportunity to reach women with PFP counseling and services, coverage with three doses of DTP vaccine often is used as a proxy for a fully immunized child and implies 3 separate, consecutive opportunities during the postpartum period to reach women with integrated services.

The HIP brief strongly cautions AGAINST integrating family planning into mass immunization campaigns, and to do so only in routine or outreach services.

91% of children receive at least one vaccination during their 1st year



Source : 2013-14 DHS