

## **FAMILY PLANNING HEALTH PROFILE CONGO 2019**

General st	atistics		Summary FP statistics					
Total population (000's)	2019	5,381	Demand satisfied (%)	2019	41			
Total fertility rate (births per women)	2013	7	mCPR (%)	2019	27			
Adolescent Birth Rate (births per 1000 adolescent females)	2010	111	Unintended pregnancies (000's)	2019	115			
IMR (deaths per 1000 live births)	2018	36	Unmet need (%)	2019	37			
MMR (deaths per 1000 live births)	2017	378	Unsafe abortions averted (000's)	2019	33			

Key Family Planning Indicators by 5-year Age group (2014)			mCPR by economic status (2014)			Trend of key FP indicators (2012-2019)								
15-19	41	20	42	Lowest	<b>ə</b> 13		40 41	40	39	39	38	38 38	40	<b>4</b> 1
20-24	35	21	46				33 <b>•</b>	34	35	36	37	30	37	0.
25-29	20	24	66	Second		<b>2</b> 0						25	26	<b>—27</b>
30-34	14	21	71	Middle	6)	19	Percentage	22	22	23	24	20		
35-39	12	15	69				10							
40-44	8	15	76	Fourth	21	1 🧿	10							
45-49	7	9	72				0	2013	2014	2015	2016	2017	2018	2019
Unmet ne	2014 red (%) mCPR	2014 (%) Den	2014 nand satisfied (%)	Highest	•	20	Unmet need		RCPR (			- ' '	O d satisfied	

mCPR by place of residence (2014)		Facilities stocked out by method			Facilities stocked out by method					
Urban Rural			(2018)			(2018)				
20%	16%		Long-acting	Implant			Long-acting	Sterilization	<b>†</b>	
Availability of service delivery points			and permanent	IUD	No Da	nta	and permanent methods	Sterilization.	ı i	
(SDP) (2018)		Short-term	Emergency		Duta			No Data		
Primary SDPs with at least 3 modern methods		No Data	methods	, , , , , , , , , , , , , , , , , , ,			Short-term	Condoms	<u> </u>	
				Injectable			methods	00		
Secondary/tertiary SDF least 5 modern method	s with at	NO Data		Pill				Condoms.	Ť	

## **Definition of Indicators**

- 1. mCPR: % of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in
- 2. unmet need: % of fecund women of reproductive age who want no more children or to postpone having the next child, but are not using a contraceptive method, plus women who are currently using a traditional method of family planning.

  3. demand satisfied: percentage of women (or their partners) who desire either to have no additional children or to postpone the next child and
- who are currently using a modern contraceptive method.

  4. Unintended pregnancies: Nb of pregnancies that occurred at a time when women (and their partners) either did not want additional children or wanted to delay the next birth.
- 5. unsafe abortion: Nb of unsafe abortions that did not occur during a specified reference period as a result of the protection provided by modern contraceptive use during the reference period.
- 6.Facilities stocked out: % of facilities stocked out of each type of contraceptive offered, on the day of assessment.

  7. Method availability: % of primary (resp. seconday/tertiary) service delivery points with at least 3 (resp. 5) modern methods of contraception
- 8. Total fertility rate: Average nb of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality.
- 9. Adolescent birth rate (ABR): Nb of births to adolescent females, aged 15-19 occurring during a given reference period per 1,000 adolescent females.
- Maternal mortality ratio (MMR): Annual nb of female deaths from any cause related to or aggravated by pregnancy or its management per 100 000 live births.
- 11. Infant mortality rate (IMR): probability of dying between birth and age 1 per 1000 live births.

## References

Indicators 1 to 7

From FP2020 2019 Progress Report, most recent national surveys (DHS,PMA2020, MICS,RHS and other national surveys).

At: http://progress.familyplanning2020.org/re-

MNCAH Data Portal (UN population division: 2019 estimate)

WHO Global Observatory (DHS,PMA2020, MICS,RHS and other national surveys).

From UN Inter-agency Group for Mortality Estimation (MMEIG), 2016

Indicator 11
From UN Inter-agency Group for Child Mortality (IGME), 2016

