accessibility of tuberculosis treatment in a community in South Africa by identifying areas with lower access to the district hospital and village health clinics, and by assigning community health workers and volunteers to these areas. Kazembe et al. identified geographical disparities in core population coverage indicators for Roll Back Malaria in Malawi. And Lozano-Fuentes et al. demonstrated the use of Google Earth to strengthen public health capacity and facilitate management of vector-borne diseases in resource-poor environments. Given the potential value of GIS technology, it has been greatly underutilized, especially in relation to family planning.

This special report describes our survey of health facilities and pharmacies in Kinshasa, and the subsequent mapping exercise, the results of which are available in English at <http://familyplanning-drc.net/family-planning-sites-in-kinshasa.php>, or in French at <http://planificationfamiliale-rcd.net/centres-de-planification-familiale.php>.

HEALTH FACILITY AND PHARMACY SURVEY

The Kinshasa School of Public Health—in collaboration with the Tulane School of Public Health and Tropical Medicine—conducted a facility-based survey in Kinshasa between January and March 2012. The objectives were to identify, conduct a simple assessment and record the geographic location of all health facilities and major pharmacies in the city that sold contraceptive methods or distributed them free of charge. We included pharmacies as well as health facilities in the sample, given that 55% of married women using modern contraceptives in Kinshasa obtain their contraceptives from pharmacies. Institutional review board approval was obtained prior to the survey from both universities.

Health facilities (i.e., public or private hospitals, clinics, health centers and health posts) that offered contraceptives for sale or distributed them free of charge were identified by obtaining lists of sites supported by the key organizations working in family planning and by consulting the district medical officer (médecin chef de zone). To obtain the sample of major pharmacies, we took an exhaustive convenience sample of pharmacies most likely to provide contraceptives in Kinshasa obtain their contraceptives from pharmacies. Institutional review board approval was obtained prior to the survey from both universities.

Interviewers visited each site and administered a short questionnaire to the person who was responsible for family planning services, to collect specific information about the site: type of facility (e.g., hospital, clinic), ownership (e.g., public or private), delivery of family planning services,* volume of each contraceptive method in stock, number of staff members trained in family planning in the past three years, availability of an information system to track the quantity of contraceptives sold or distributed free of charge and quantities of methods sold or distributed. In addition, interviewers took a geographic location reading of the site with an Etrex global positioning system (GPS) device using the system WGS 84.

On the basis of the survey data, we created a quality rating system for sites that awarded one star each for having at least three modern contraceptives in stock, at least one staff member trained in family planning in the past three years and an information system that tracks the quantity of contraceptives distributed. Thus, sites that met all the criteria were rated as “three-star sites.”

SURVEY FINDINGS

The survey identified a total of 1,872 sites in Kinshasa, of which 12% were health facilities and 88% were pharmacies. Among health facilities, most hospitals were public (63%), whereas two-thirds of clinics, health centers and health posts were private (i.e., for profit, nonprofit NGOs or religious). Two-thirds of pharmacies were for profit. Overall, 82% of sites reported offering family planning services (84% of health facilities and 82% of pharmacies). Among those not offering family planning services, the primary reasons were religious convictions (29%), lack of product (28%), weak demand for contraceptives (20%), policy of the site owner or manager (7%) and lack of training (7%).

The rest of the findings are for health centers only, because pharmacies were not included in the subsequent intervention. Of the 184 health facilities (23 hospitals, 151 health centers, eight clinics and two health posts) that reported delivering family planning services, 12% had no contraceptives in stock the day of the interview. Availability of specific methods on the day of the visit varied by type of facility. Of hospitals, 82% had in stock the injectable, 17% condoms, 59% the IUD, 26% the pill and 31% the implant; of health centers, 76% had in stock the injectable, 40% condoms, 53% the pill and 41% the IUD. Implants were not widely available: Only 21% of facilities had the method in stock on the day of the visit.

At the time of the interview, 60% of health facilities had at least three contraceptive methods available, 53% had at least one person trained in family planning in the past three years, and 67% had a functional information system that tracked monthly volume of each contraceptive distributed (Table 1). In total, 44% of the health facilities that reported providing family planning were deemed three-star sites.

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*Respondents were asked, “Are family planning services offered in your facility?” or “Are family planning products, including condoms, sold in your pharmacy?”

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**TABLE 1. Percentage of health facilities offering family planning services, by three-star rating criteria, according to survey year, Kinshasa, Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>2012 (N=184)</th>
<th>2013–2014 (N=398)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 contraceptive methods in stock</td>
<td>44.1</td>
<td>63.6</td>
</tr>
<tr>
<td>≥1 staff trained in family planning in past 3 years</td>
<td>59.7</td>
<td>73.2</td>
</tr>
<tr>
<td>Basic information system</td>
<td>53.4</td>
<td>88.9</td>
</tr>
</tbody>
</table>

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