

DEMOCRATIC REPUBLIC OF CONGO (KINSHASA)

COVID-19 results from recent surveys

November 2020- February 2021



OVERALL KEY FINDINGS

Women who are the least wealthy were the most likely to report that at least 1 member of their households recently went without food compared to women from other groups.

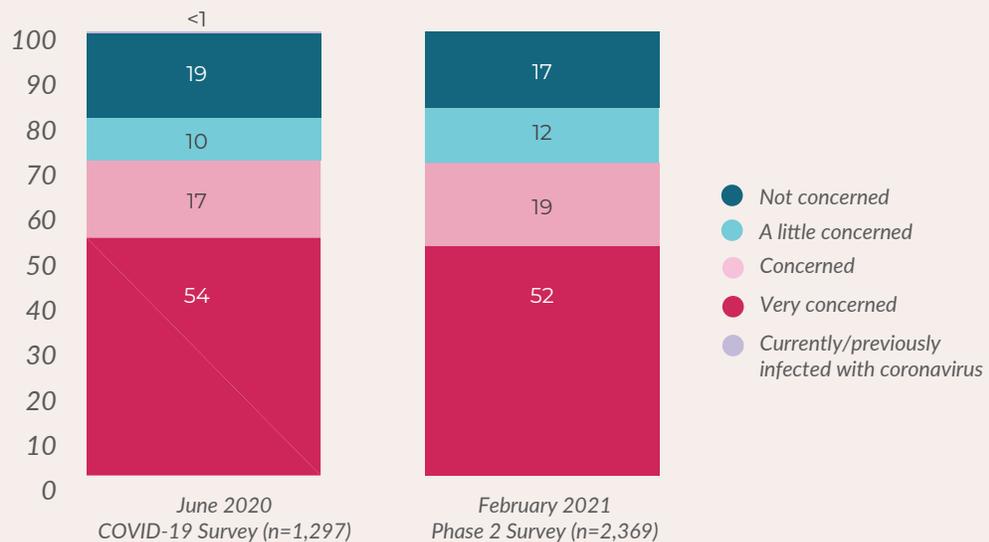
More than one in ten health facilities (14%) offering family planning services reported that their personnel were reassigned from family planning services to COVID-19 related duties during the pandemic-related restrictions.

Overall, the economic dependence of currently married women on their husbands remained high (over 60%) in June and February 2021.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19



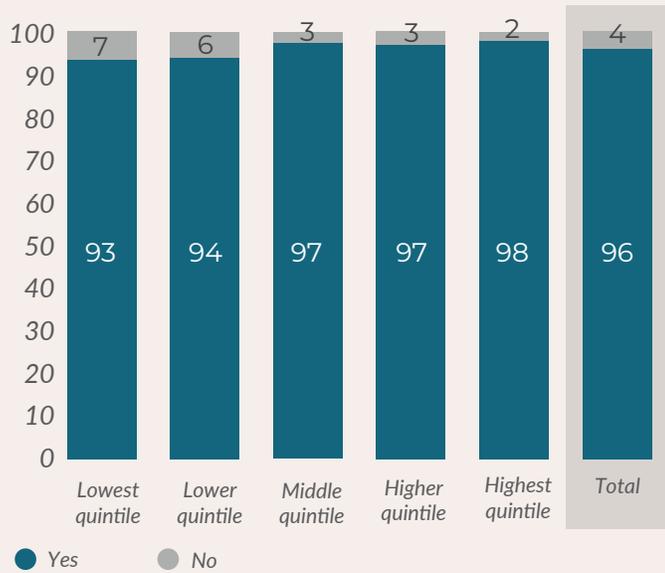
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- Less than one in five women were not concerned about getting COVID-19. Seven in ten women were either very concerned or concerned about getting COVID-19. This proportion remained stable between June 2020 and February 2021.

SECTION 2: ECONOMIC IMPACT OF COVID-19

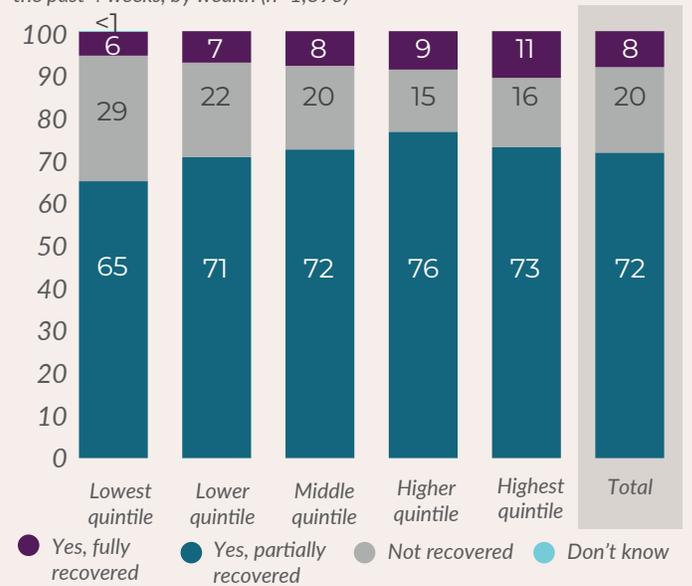
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=1,988)



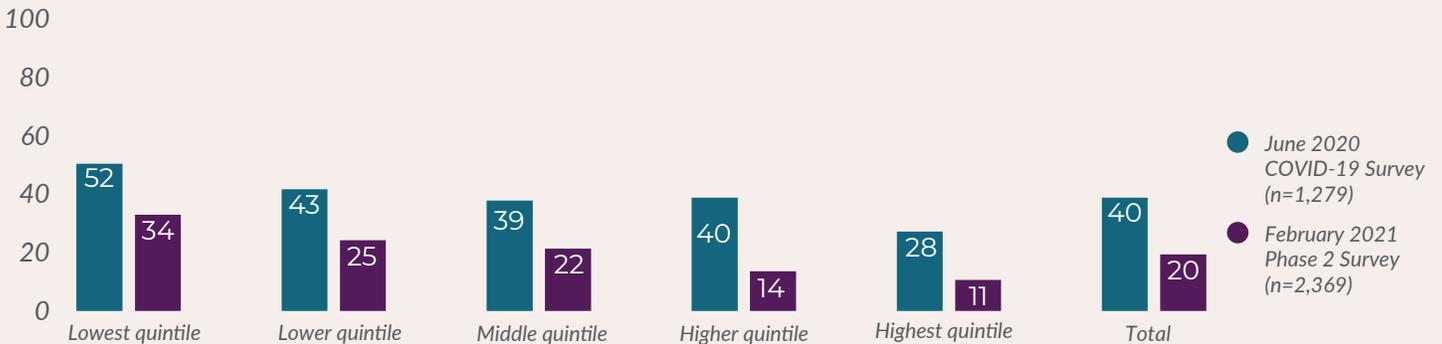
HOUSEHOLD INCOME RECOVERY

Among women living in households that reported complete or partial income loss in the past 12 months, the percent distribution of recovery status within the past 4 weeks, by wealth (n=1,893)



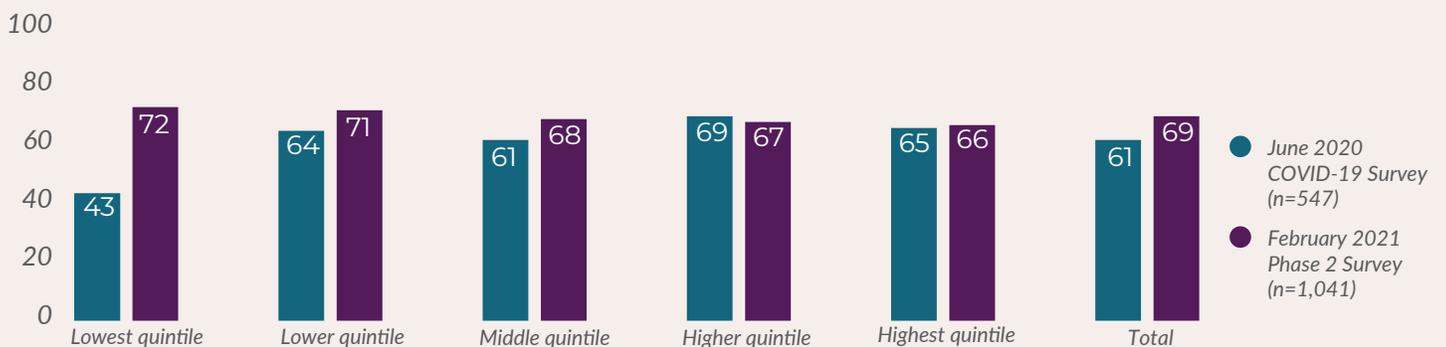
FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food recently, by wealth



ECONOMIC RELIANCE

Percentage of currently married women who are economically reliant on their husband, by wealth



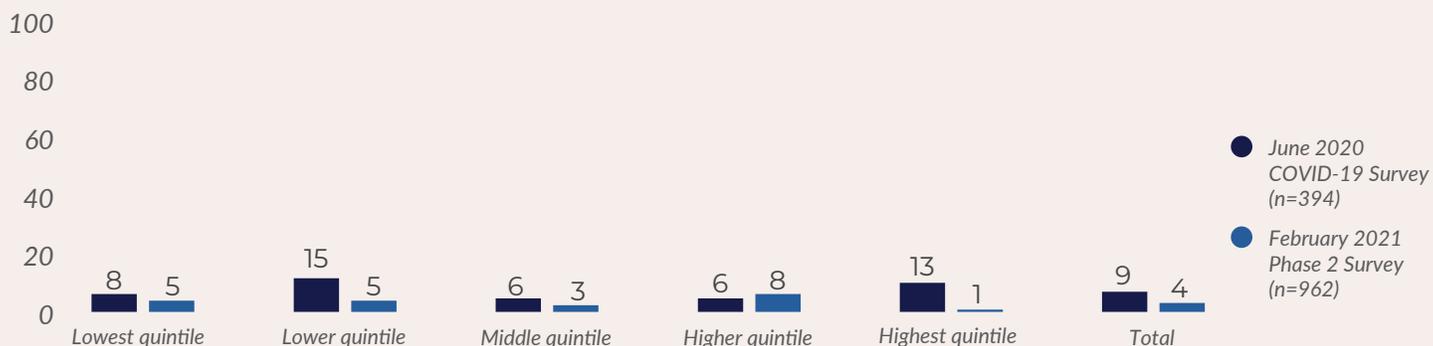
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- At the follow-up survey, more than nine in ten women reported that their households experienced loss of income due to COVID-19 in the last 12 months, with 72% reporting a partial recovery of their income in the last four weeks.
- One in five women reported that at least one member of their households recently went without food in February 2021. This proportion is half of what it was in June 2020.
- About seven in ten married women reported that they were economically reliant on their husbands in February 2021. The proportion of married women who are economically reliant on their husbands went from 61 to 69% between June 2020 and February 2021.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

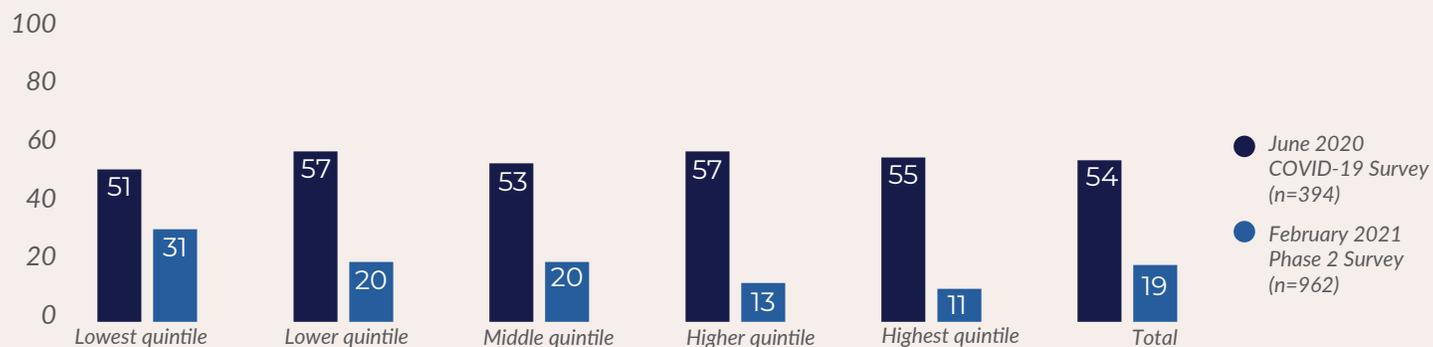
WANT TO VISIT HEALTH FACILITY

Among women who wanted to visit a health facility, the percentage that went for FP, by wealth



DIFFICULTY ACCESSING HEALTH FACILITY

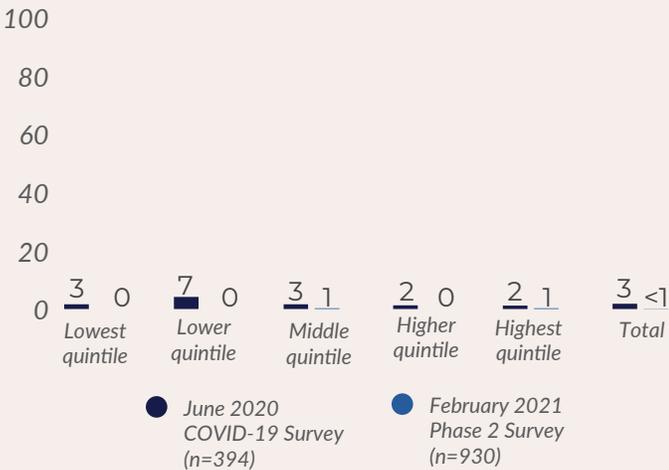
Among women who wanted to visit a health facility recently, the percentage who reported any difficulties in access, by wealth



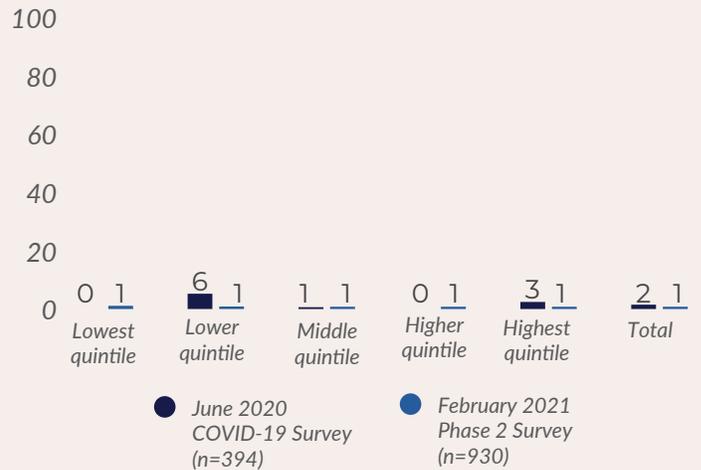
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

Among women who wanted to visit a health facility recently and reported any difficulty in access, the percent who reported the following difficulties (multiple responses allowed), by wealth

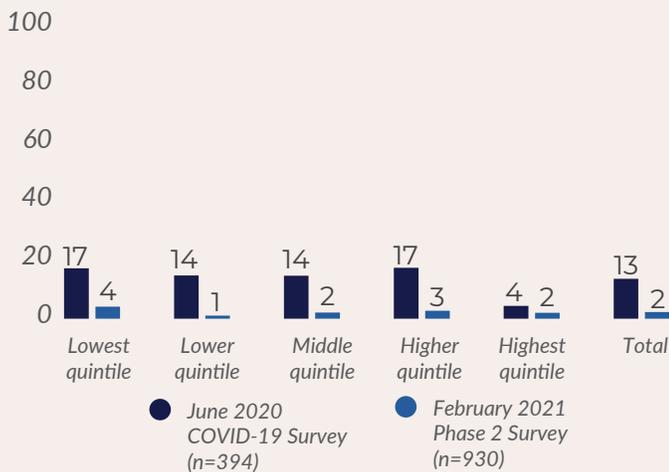
Facility closed



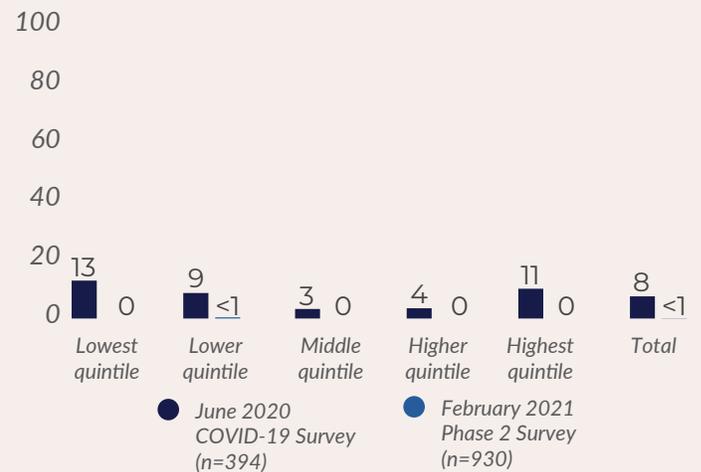
Partner does not approve



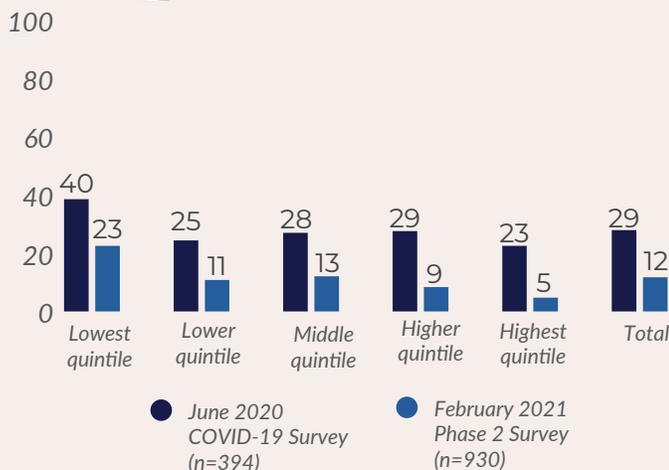
Lack of transportation



Government restrictions on movement



Cost

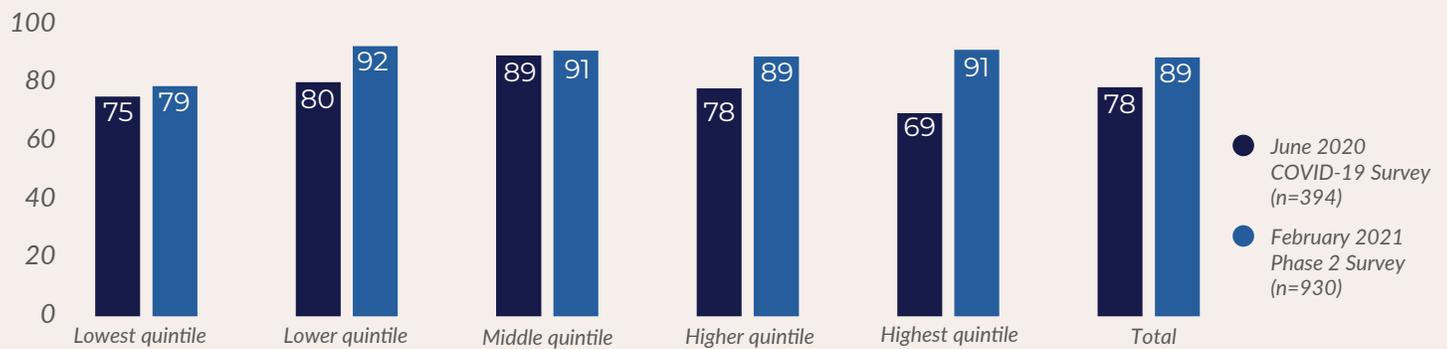


Fear of COVID-19 at facility



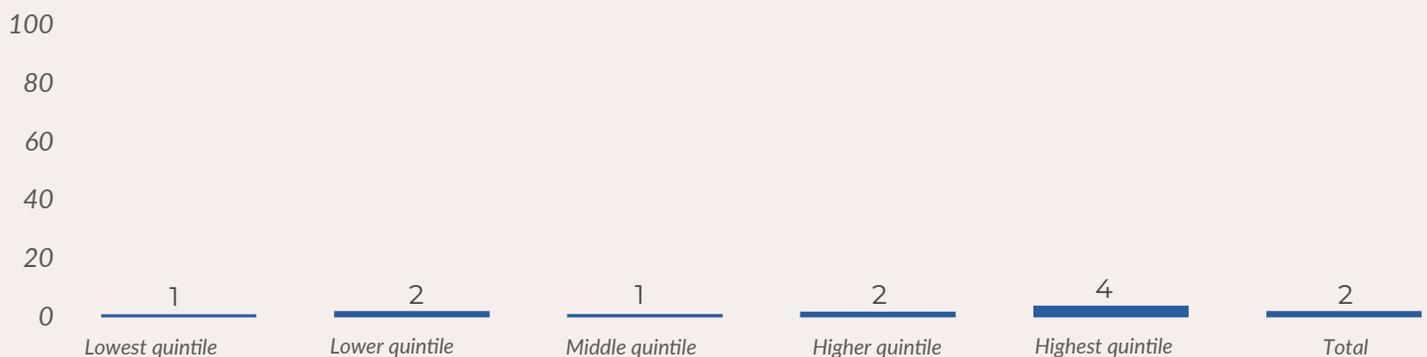
SUCCESS IN ACCESSING HEALTH SERVICES

Among women who wanted to visit a health facility recently, the percentage who were able to access those services, by wealth



FP INTERRUPTION DUE TO COVID-19

The percentage of women who stopped or interrupted their contraceptive method use due to the COVID-19 restrictions, by wealth (February 2021 Phase 2 Survey; n=600)



KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- Among women who recently wanted to visit a health facility, the percentage of women who went for FP services decreased in half between February 2021 and June 2020.
- The proportion of women reporting some difficulties in accessing health facilities decreased from 54% in June 2020 to 19% in February 2021.
- The cost of health services and fear of getting COVID-19 in a health facility were the main barriers to accessing health services.

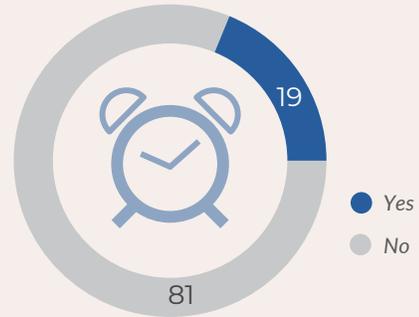
SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

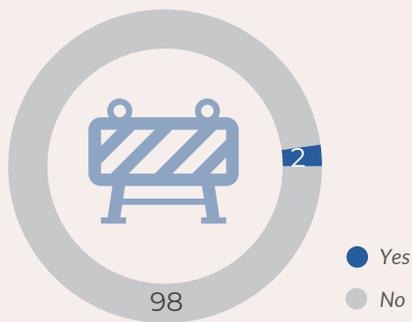
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=202)



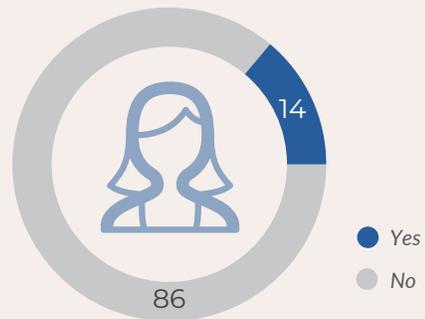
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=202)



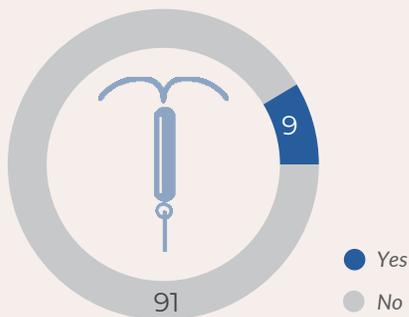
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=135)



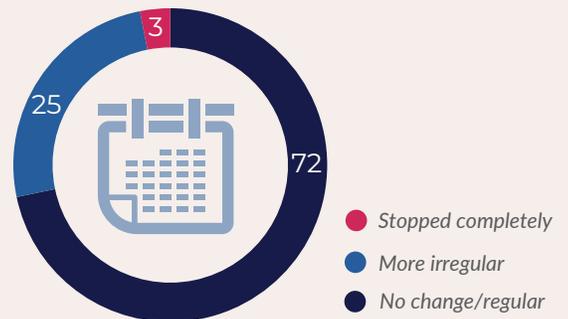
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=137)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=105)



Among facilities offering FP services, the percentage with regular or irregular method supply during COVID-19 restrictions (n=131)



KEY FINDINGS FOR SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

- Although nearly all facilities reported that they did not close during COVID-19-related restrictions, about 2% reported a suspension of FP services.
- More than one in ten facilities (14%) offering FP services reported that their personnel were reassigned from FP services to COVID-19-related duties during restrictions imposed as a result of the pandemic.
- About 9% of SDPs offering FP reported a period of time when provider-administered methods were not offered during COVID-19 restrictions.

In Kinshasa, PMA Democratic Republic of Congo collects information on knowledge, practice, and coverage of family planning services in 58 enumeration areas. The results are representative at the provincial level. Data for the PMA Phase 2 survey were collected between November 2020 and February 2021 from 1,866 households (95.1% response rate), 2,369 females age 15-49 (93% response rate), and 204 facilities (98.5% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/democratic-republic-congo.

The COVID-19 telephone survey was conducted among women aged 15-49 years in June 2020 who had consented to telephone follow-up and owned or had access to a telephone at the time of the PMA Phase 1 survey (conducted between December 2019 and February 2020). Of the 1,773 (69.5%) eligible respondents, 22.4% were not reached. Of those reached, 96.3% completed the survey for a 74.7% response rate among women contacted.

In the COVID-19 telephone survey, women were asked about events since the COVID-19 restrictions were put in place. For the Phase 2 survey, women were asked about events in the past 4 weeks. This brief presents the results of both surveys.

Percentages in this brief may not add up to 100% due to rounding.

PMA uses mobile technology and resident interviewers for data collection to rapidly conduct monitoring surveys of key family planning and health indicators in Africa and Asia. PMA Democratic Republic of Congo is led by the School of Public Health at the University of Kinshasa. Strategy and overall support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

Link to PMA COVID-19 questionnaire and website: <https://www.pmadata.org/technical-areas/covid-19>