

# HEALTH SYSTEM RESILIENCE DURING COVID-19: UNDERSTANDING SRH SERVICE ADAPTATION IN NORTH KIVU

Beni, North Kivu region, Democratic Republic of Congo. World Bank Photo Collection, via Flickr Photo: World Bank / Vincent Tremeau. Attribution-NonCommercial-NoDerivs 2.0 Generic (CC BY-NC-ND 2.0)

## Background

- The capacity of a resilient health system to respond to new shocks depends on multiple factors and practices.
- This case study examined the health system response in ensuring continued access to sexual and reproductive health (SRH) services in North Kivu in the Democratic Republic of Congo (DRC) after the onset of the COVID-19 pandemic and following a large Ebola Virus Disease (EVD) outbreak.
- It drew on a quantitative analysis of routine data from four health zones, a document review of policies and protocols, and 13 key-informant interviews.



Figure 1: North Kivu province in the DRC

## Results

- SRH services utilisation decreased with the onset of COVID-19 but recovered by August 2020.
- Significant fluctuations remained due to the lack of funding, insecurity, number of COVID-19 cases, and the fragmented patchwork of external funding/support.
- The end of free health services when Ebola funding ceased in July 2020 may have caused some of the fluctuations observed in Figures 2, 3, and 4.
- Communities and civil society did not play an active role in the planning of the COVID-19 response.
- Health zone and facility staff showed resilience, developing adaptations to maintain SRH provision, which were short-lived and inconsistent without external support and funding.

**“During [COVID-19] the coordination is weak in comparison to Ebola. There is no standardization at facility level – while during EVD there was an effort of standardization so that all facilities had the same support, followed the same protocols and that a package of services was available and offered in all the facilities supported. During COVID, I do not see that effort anymore. Everyone knows the barrier measures (IPC) to be adopted, but each partner is left to do what they can.” (Local KI, male respondent)**

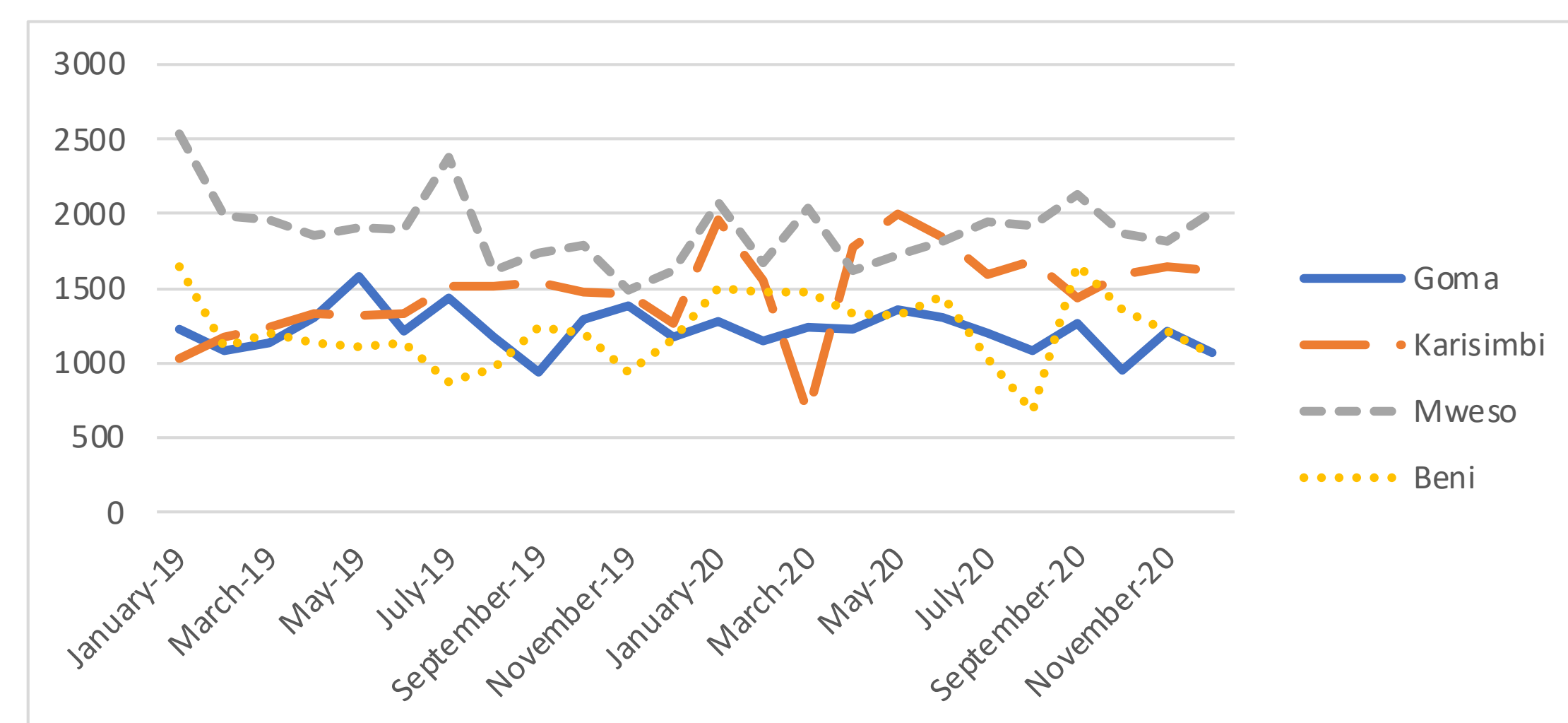


Figure 2. ANC1 visits in selected North Kivu health zones

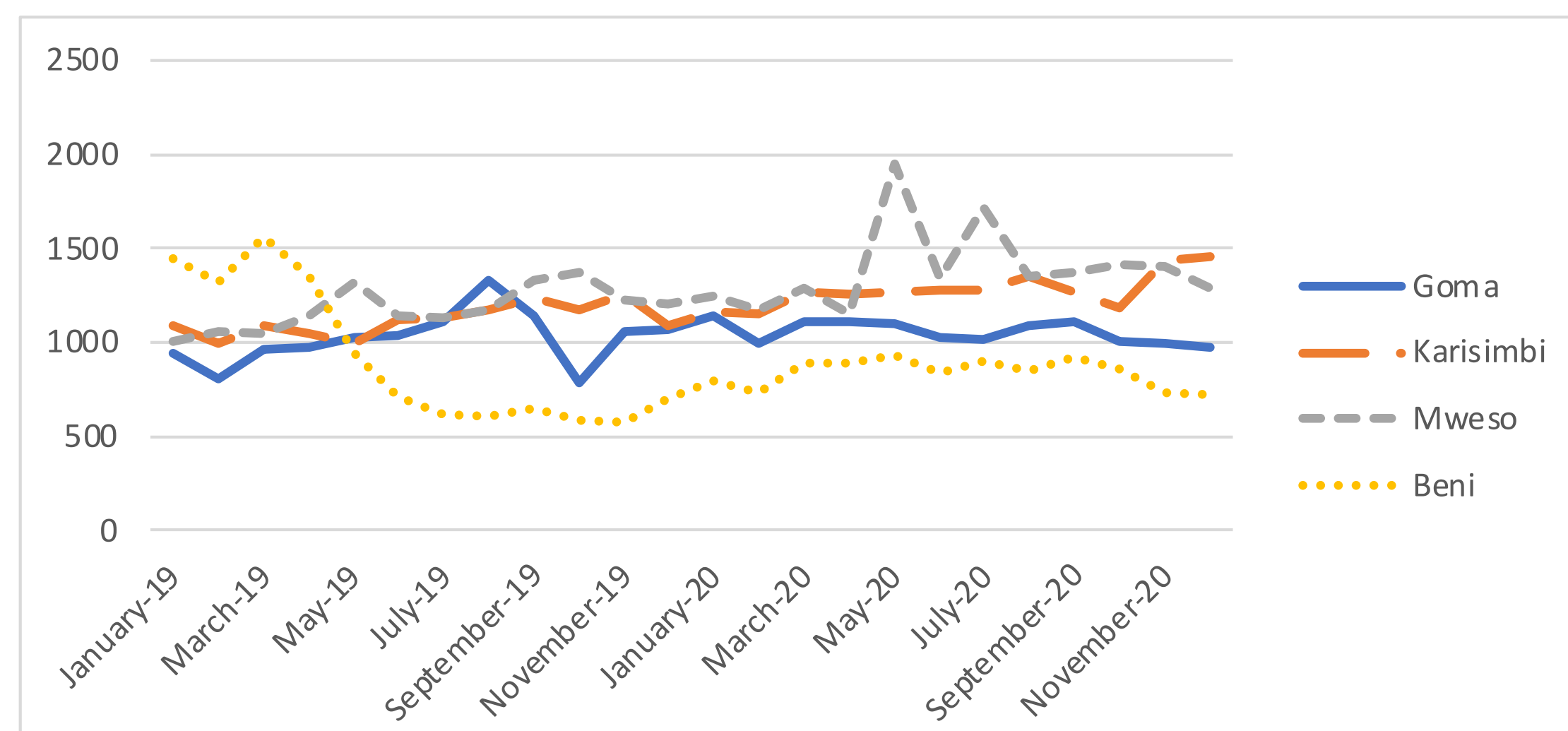


Figure 3. Births with skilled attendance in North Kivu health zones

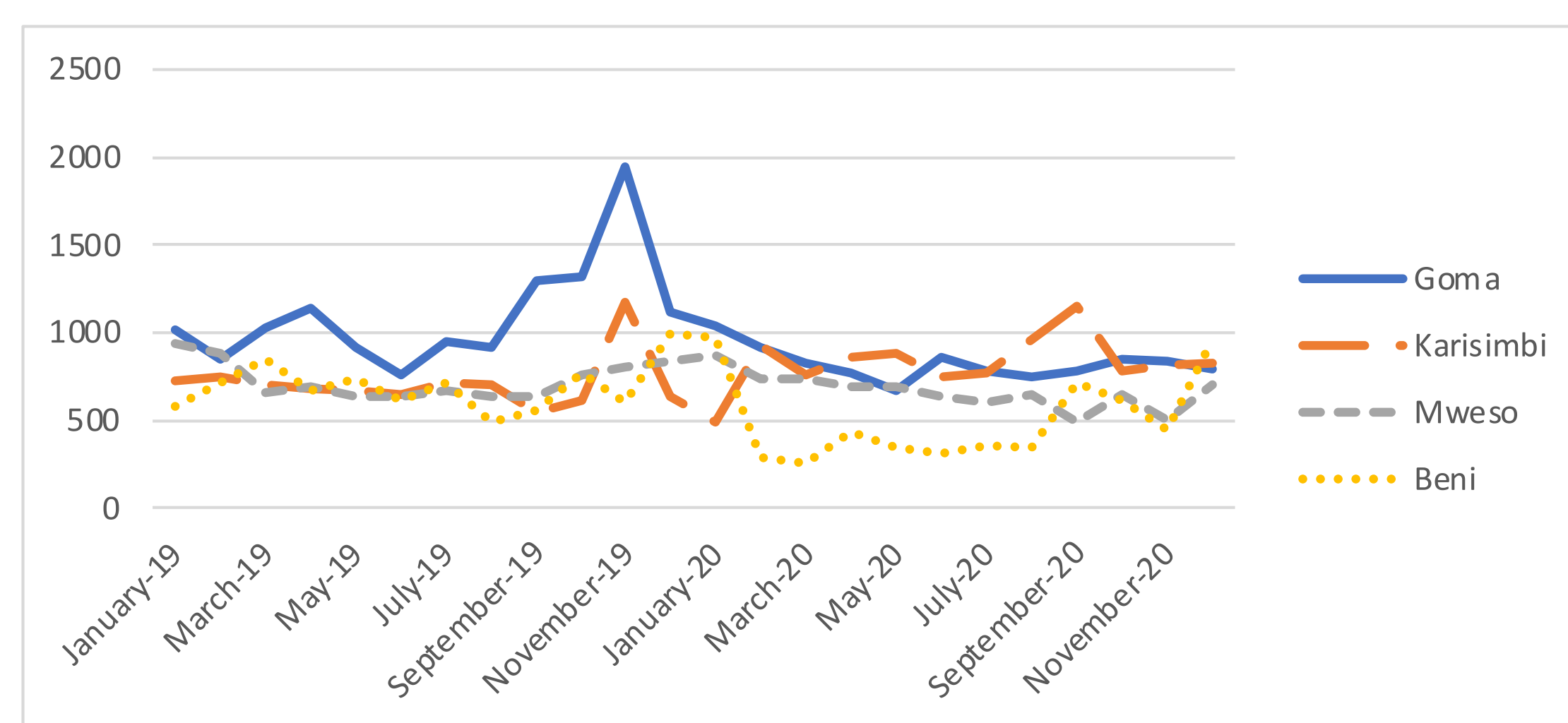


Figure 4. New family planning users in selected north health zones



## Conclusion

- The EVD outbreak in North Kivu was an opportunity for health system strengthening that was not sustained during COVID-19.
- This led to a deprioritisation of SRH and poor access to SRH services especially with the lack of resources.

**Donors and future research should consider how resources can be leveraged to support sustained health system strengthening to be able to absorb shocks even when new influxes of funding during a crisis such as a new outbreak are limited**