The Impact of the 2018-2020 Ebola Epidemic in DR Congo on Access to Family Planning and Post Abortion Care Services, a Mixed Methods Analysis

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This research seeks to evaluate the impact of the 2018-2020 Ebola epidemic on access to and utilization of FP and PAC services in North Kivu province, DRC, in order to make recommendations for ensuring the continuity of access to essential sexual and reproductive health and other primary health services for women and girls, particularly in a disease outbreak/epidemic context.

- **Rich qualitative data collected specifically for this research:**
  - **Key Informant Interviews with Health Professionals**
    - 10 health care providers, health officials and individuals working in health with community/non-profit organizations
  - **Focus Group Discussions with Women Community Members**
    - 120 women total, ages 19 – 45

- **Descriptive quantitative data provided by CARE’s SAFPAC Initiative:**
  - **Secondary Program Data**
    - Monthly health clinic totals of each SRH service accessed; all clinics with data available in 3 health zones (34 total clinics/health centers)

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**Abbreviations:**
- **DRC** = Democratic Republic of Congo
- **FGD** = Focus Group Discussion(s)
- **FP** = Family Planning
- **KII** = Key Informant Interview(s)
- **PAC** = Post Abortion Care
- **SAFPAC** = Supporting Access to Family Planning and Post Abortion Care
- **SRH** = Sexual and Reproductive Health
Based on FGD and KII feedback alone, one may be led to believe that use of family planning (FP) and post abortion care (PAC) plummeted during the EVD epidemic, but SAFPAC initiative facility data showed that use of all services continued throughout the epidemic.

It was clear from the KIIIs and FGDs that rumors and fear were fast-moving and far-reaching during the Ebola epidemic, and a focus on sustained community outreach is one way to combat that cycle in future outbreaks.

During the Ebola epidemic, women were likely not able to access SRH services to the fullest extent desired or in a completely safe or low-risk way but despite interruptions to these crucial services, access did persist overall.

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**FINDINGS & IMPLICATIONS**

“During the epidemic, if a pregnant woman had an abortion, providers said it was Ebola, and women were very afraid” - FGD participant, Lubero health zone

“It was Ebola who made the fence. If it ends, people will use FP like they used to” - FGD participant, Butembo health zone

“We are going to increase community awareness after Ebola, for a good use of services. We're going to strengthen family planning education in the community” - Health care provider, Lubero health zone

“As a result of fear, people stopped coming to the health facilities” - FGD participant, Lubero health zone