DRC SURVEY:
An Overview of Demographics, Infrastructure, Health, and Financial Services in the Democratic Republic of Congo

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Agenda

- Introduction
- Methodology
- Findings
  - Demographics & Infrastructure
  - Health System & Outcomes
  - Financial Wellbeing
- Conclusion
Introduction
Contextual Review

- Challenges:
  - Violence and instability
  - Nearly collapsed & overburdened health system
  - Crippled infrastructure
  - Humanitarian crises
  - Persistent conflict particularly in Eastern region

- There are promising trends however, and further targeted investments could have a large and lasting impact
Contextual Review – Data Concerns

- Data quality has been questioned in the literature

- Concerns anecdotally corroborated by experts at UW, PATH, and IHME

- Particular skepticism of government-produced statistics on health sector outcomes

- In 2015, World Bank granted $45 million to strengthen National Statistical System to support accurate and accessible data
Added Complication: New Province Boundaries
Identify trends and indicators across DRC including demographics, infrastructure, health outcomes, and financial well-being

Deliverables:
- Summary report
- Presentation
- All sources used
- Editable database that can be updated
Methodology
Project Overview

**Methodology**

**Broad Research**
- Identify key indicators and trends
- Data collection
- Database prototype

**Focused Research & Analysis**
- **Database Development**
  - Inventory documents
  - Conduct interviews with local experts (IHME,UW,PATH)
- **Synthesize findings**
- Report regional and national trends

**Visualization and Documentation**
- **Presentation**
  - Prepare presentation materials
  - Consolidation of key points
- **Final report**
- Curated database of sources

**Outline and Scope**

**Final Products**
Sources & Database

- All sources are stored and organized according to theme with a common naming system for easy access.

- The editable database can be updated over time, and identifies both referenced and un-referenced sources for each theme.
Primary Findings
Trends and indicators will be highlighted across the three main thematic areas.
Primary Findings: Demographics & Infrastructure
Demographics

Congo (Kinshasa) - 2016

Figure Source: CIA Factbook
Overall, an estimated 52% of girls in DRC have less than a complete primary education, however the figure ranges dramatically among provinces (28.4%-75.4%).

Overall, 8% of married women in DRC report use of modern contraception method, ranging from a low of 4-5% in central areas compared to 19% in Kinshasa.  

DRC has an overall fertility rate of 6.6 children per woman, however the rate varies through the country.

(range: 4.2-8.2 children/woman) ¹

Infrastructure: Electricity, Water, & Sanitation

Data source: DRC-DHS Survey 2013-2014
Infrastructure: Information & Communication Technology

MOBILE PHONE & INTERNET ACCESS

Data source: World Bank World Development Indicators
Infrastructure: Transportation

Source: Map No. 4007 Rev. 11 United Nations, May 2016
Primary Findings: Health System & Outcomes
Health Service Delivery

Ownership of All Hospitals in DRC in 2013 (n=401)

Key Health System Challenges

1. **Little Accountability**
   Leads to poor planning, implementation, corruption

2. **Fragmentation of Health Services**
   Disparate and disconnected providers

3. **Weak Supply Chain**
   Parallel systems and stock outs

4. **Health Workforce**
   Inconsistent salaries, poor training

5. **User Fees**
   Unpredictable and unregulated

6. **End-User Challenges**
   Patients presenting with advanced disease
Infectious disease outbreaks are recurring and detrimental

- In particular: malaria, TB, measles, yellow fever, and cholera
- Weak/non-existent surveillance systems
- Poor laboratory capability
- Fragmented and inconsistent roll-out of systematic vaccinations

NCDs are rising with epidemiological transition

- Increasing rates of NCDs are being identified
- Increasing reports of complications related to hypertension, including stroke and chronic kidney disease
Mortality Trends 1990-2015: The Rise of NCDs

<table>
<thead>
<tr>
<th>1990 rank</th>
<th>2015 rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Diarrhea/LRI/other</td>
<td>1 Diarrhea/LRI/other</td>
</tr>
<tr>
<td>2 NTDs &amp; malaria</td>
<td>2 Cardiovascular diseases</td>
</tr>
<tr>
<td>3 Neonatal disorders</td>
<td>3 NTDs &amp; malaria</td>
</tr>
<tr>
<td>4 Cardiovascular diseases</td>
<td>4 HIV/AIDS &amp; tuberculosis</td>
</tr>
<tr>
<td>5 HIV/AIDS &amp; tuberculosis</td>
<td>5 Neonatal disorders</td>
</tr>
<tr>
<td>6 Nutritional deficiencies</td>
<td>6 Neoplasms</td>
</tr>
<tr>
<td>7 Unintentional inj</td>
<td>7 Nutritional deficiencies</td>
</tr>
<tr>
<td>8 Neoplasms</td>
<td>8 Diabetes/urog/blood/endo</td>
</tr>
<tr>
<td>9 Diabetes/urog/blood/endo</td>
<td>9 Unintentional inj</td>
</tr>
<tr>
<td>10 Other group I</td>
<td>10 Chronic respiratory</td>
</tr>
<tr>
<td>11 Other non-communicable</td>
<td>11 Other non-communicable</td>
</tr>
<tr>
<td>12 Chronic respiratory</td>
<td>12 Other group I</td>
</tr>
<tr>
<td>13 Transport injuries</td>
<td>13 Maternal disorders</td>
</tr>
<tr>
<td>14 Digestive diseases</td>
<td>14 Transport injuries</td>
</tr>
<tr>
<td>15 Maternal disorders</td>
<td>15 Digestive diseases</td>
</tr>
<tr>
<td>16 Cirrhosis</td>
<td>16 Cirrhosis</td>
</tr>
<tr>
<td>17 Self-harm &amp; violence</td>
<td>17 Self-harm &amp; violence</td>
</tr>
<tr>
<td>18 Neurological disorders</td>
<td>18 Neurological disorders</td>
</tr>
<tr>
<td>19 Mental &amp; substance use</td>
<td>19 War &amp; disaster</td>
</tr>
<tr>
<td>20 War &amp; disaster</td>
<td>20 Mental &amp; substance use</td>
</tr>
<tr>
<td>21 Musculoskeletal disorders</td>
<td>21 Musculoskeletal disorders</td>
</tr>
</tbody>
</table>

Source: IHME 2015
Almost half of the deaths in the country are children under age 5.

Diarrhea, acute lower respiratory infections and malaria account for more than 50% of the deaths of children under five in the country.

Stark differences rural to urban:
- Children from urban areas 2x as likely to be immunized than those in rural areas.

### Under-Five Mortality in Central Africa and Great Lakes Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>U5M</th>
<th>Low bound</th>
<th>Upper bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>158</td>
<td>124</td>
<td>231</td>
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<tr>
<td>Burundi</td>
<td>139</td>
<td>116</td>
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<tr>
<td>Cameroon</td>
<td>127</td>
<td>107</td>
<td>135</td>
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<tr>
<td>Central African Republic</td>
<td>164</td>
<td>131</td>
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<tr>
<td>Chad</td>
<td>169</td>
<td>146</td>
<td>206</td>
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<tr>
<td>Congo Brazzaville</td>
<td>99</td>
<td>84</td>
<td>107</td>
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<tr>
<td>DRC</td>
<td>168</td>
<td>139</td>
<td>235</td>
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<tr>
<td>Equatorial Guinea</td>
<td>118</td>
<td>63</td>
<td>235</td>
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<tr>
<td>Gabon</td>
<td>66</td>
<td>50</td>
<td>81</td>
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<tr>
<td>Rwanda</td>
<td>54</td>
<td>47</td>
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<tr>
<td>Sudan</td>
<td>86</td>
<td>66</td>
<td>117</td>
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<tr>
<td>Tanzania</td>
<td>68</td>
<td>62</td>
<td>81</td>
</tr>
<tr>
<td>Uganda</td>
<td>90</td>
<td>84</td>
<td>105</td>
</tr>
<tr>
<td>Zambia</td>
<td>83</td>
<td>76</td>
<td>110</td>
</tr>
<tr>
<td>Category</td>
<td>DRC</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Children under age five who are stunted (%)</td>
<td>43</td>
<td>33</td>
<td>47</td>
</tr>
<tr>
<td>Children under age five who are wasted (%)</td>
<td>8</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Children under age five who are underweight (%)</td>
<td>23</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Children age 6-59 months who are anemic (%)</td>
<td>60</td>
<td>59</td>
<td>60</td>
</tr>
<tr>
<td>Women age 15-49 who are anemic (%)</td>
<td>38</td>
<td>41</td>
<td>37</td>
</tr>
<tr>
<td>Men age 15-49 who are anemic (%)</td>
<td>23</td>
<td>21</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: 2013 DHS
Financial Wellbeing
Focus Areas

- Financial Wellbeing
- Economic Overview
- Banking System
- Microfinance
- Mobile Money
- Credit Services

START CENTER

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Banking System

- Low infrastructure coverage
- Lack of regulation

Microfinance

Credit Services

Mobile Money

Economic Overview
Financial Wellbeing

Banking System: Remains Small and Underdeveloped

**BANKING SYSTEM INDICATORS COMPARISON**

- **Domestic credit to private sector as a % of GDP:**
  - DRC: 6.6
  - Angola: 20
  - Zambia: 15
  - Tanzania: 15

- **% of firms identifying access to finance a major constraint:**
  - DRC: 73.3
  - Angola: 45
  - Zambia: 50
  - Tanzania: 50

- **Non-performing loans to gross loans:**
  - DRC: 10.6
  - Angola: 10
  - Zambia: 15
  - Tanzania: 15

- **Return on equity:**
  - DRC: 4.2
  - Angola: 10
  - Zambia: 15
  - Tanzania: 15

- **Cost to income:**
  - DRC: 68.0
  - Angola: 60
  - Zambia: 65
  - Tanzania: 65

*Sources: IMF, World Bank, Central Banks, European Investment Bank, 2013*
Mobile Money

- Lagging adoption despite rising mobile phone subscription
Mobile Money: Increasing Usage but with Bottlenecks

Democratic Republic of the Congo: Mobile Money Accounts in DRC and SSA

DRC has more mobile money accounts than traditional bank accounts... but the low penetration rate of the cellular network creates a bottleneck to more widespread use.

Credit Services

- High growth
- Remains a scarce, expensive, and highly concentrated resource
Credit Services: Less Reliance on Formal Institutions

Sources of Credit in the DRC

Source: Demirgüc-Kunt and Klapper 2012
Microfinance

- Lack of regulation and supervision
- Not profitable or sustainable

Economic Overview

- Banking System
- Credit Services
- Mobile Money
Microfinance: Rapid Recent Growth

143 Institutions
208 Branches

Source: IMF, as of end 2012
Source: World Bank
Microfinance: Risk Mitigation

Democratic Republic of the Congo: Comparison of Microfinancial Buffers, 2009 vs. 2013

- Capital adequacy ratio:
  - 2009: 17.0%; June 2013: 24.4%

- NPLs to gross loans (inverted scale):
  - 2009: 7.0%; June 2013: 6.6%

- Liquid assets to short-term liabilities:
  - 2009: 68%; June 2013: 122%

- Inflation (Percentage change, inverted scale):
  - 2009: 46%; 2013: 1%

- Reserves (weeks of imports):
  - 2009: 6.7; 2013: 7.7

Source: IMF staff estimates.
Overview

- Low infrastructure coverage
- Lack of regulation

- Lagging adoption despite rising mobile phone subscription

- Lack of regulation and supervision
- Not profitable or sustainable

- High growth
- Remains a scarce, expensive, and highly concentrated resource
Access to Financial Services by Gender

### ACCESS TO FINANCIAL SERVICES IN DRC

- **DEBIT CARD IN OWN NAME**
  - Female (percent aged 15+): 2.09
  - Male (percent aged 15+): 4.55

- **USED AN ACCOUNT TO MAKE TRANSACTIONS VIA A MOBILE PHONE**
  - Female: 0.9
  - Male: 2.89

- **USED INTERNET TO PAY BILLS OR MAKE PURCHASES**
  - Female: 2.1
  - Male: 3.27

- **USED AN ACCOUNT TO RECEIVE WAGES**
  - Female: 1.41
  - Male: 5.98

- **MOBILE ACCOUNT USED TO SEND MONEY**
  - Female: 0.99
  - Male: 2.93

- **MOBILE ACCOUNT USED TO PAY BILLS**
  - Female: 0.15
  - Male: 0.99

- **MOBILE ACCOUNT**
  - Female: 7.43
  - Male: 11

Source: Gender Stats Database, WDI, 2014
Promising Trends

- Mortality rates have been falling
- Life expectancy has been increasing
- Economic recovery is expected to start in 2017
- Financing for government investments is increasing

Further investments targeted at the key catalysts of development will be crucial for health, financial, and physical security
Though the DRC still ranks near the bottom of most global indicators, identifying trends and ongoing challenges could reveal opportunities for partnerships and innovative programs that lead towards the ultimate goals of improved governance, better health, and greater financial wellbeing.
Thank you
DRC Health Zones