

Responding to COVID-19: Highlights of a Survey in THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

Summary

- Almost all Kinshasa Congolese know about COVID-19 and basic understanding about transmission and the importance of regular hand washing is high. However, a sizeable minority seek more information, which may help address some misconceptions on avoidance and ‘cures.’
- Most Congolese are positive about the government’s response to date and trust the information it provides on it.
- Congolese see the virus as both a high personal risk and a threat to their country. They are supportive of a wide range of personal and community public health social measures (PHSMs) to help limit the spread of the coronavirus at this comparatively early stage of its spread in the Democratic Republic of the Congo (DRC).
- Such interventions may be difficult to comply as many do not have separate rooms at home to isolate those who may become infected while money and food supplies will not last much beyond one week. Effective risk management and relief measures are essential to ensure the successful implementation of public health measures.
- TV is the key information source the public relies on.

Background

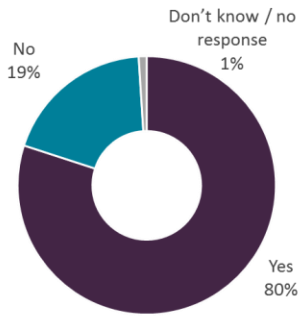
Public health social measures (PHSMs) are an important strategy to delay and reduce the magnitude of COVID-19. PHSMs, particularly those that restrict movement or entail the closure of services, can place a significant burden on populations. The effective implementation of PHSMs will require public support and compliance. Hence, this survey was conducted to assess public support for, and the likely social impacts of PHSMs in DRC.

Key Findings of the Survey

Awareness of COVID-19 is high - but a sizeable minority seek more information and there is considerable misunderstanding on prevention and ‘cures’

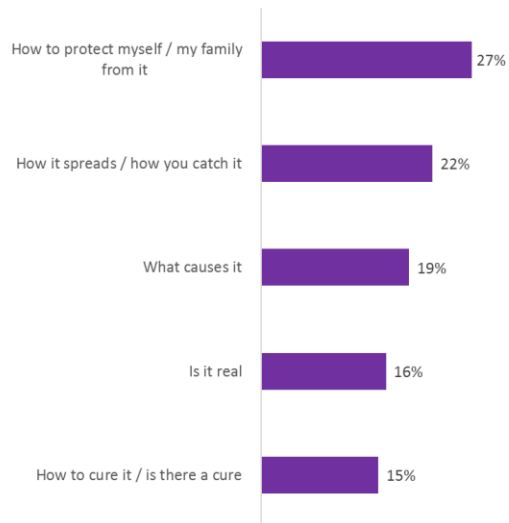
- Almost everyone has heard of COVID-19 (99%). Kinshasa Congolese spontaneously associate the symptoms with fever (82%), dry cough (74%) and difficulty breathing, shortness of breath (70%). A smaller, but sizeable proportion mention flu/cold like sickness (37%). One in five of Kinshasa Congolese (19%) feel they do not have enough information about it, this is true in particular for those with lower household income.
- Although a majority feel they have enough information, one in five or more would welcome more information on ‘how to protect myself/my family from it’ (27%), ‘how it spreads/how you catch it’ (22%), and ‘what causes it’ (19%). About one in six (16%) would like to find out ‘is it real’.
- Half believe that COVID-19 can be prevented by drinking lemon and vitamin C (48%), while one in three thinks that hot climate prevents the spread of the virus (36%) and one in five or more think it can be cured with garlic (26%) or that ‘Africans can’t get it’ (21%). One in six believes that it can be cured by drinking bleach (17%).
- One in three believes that it is a germ weapon created by a government (35%). Those with highest household incomes are particularly likely to support this claim.

Q10. Do you feel you currently have enough information about the coronavirus/Covid-19 situation?



% who feel they have enough information	
Gender:	
Male	82
Female	77
Age:	
18-25 years	76
26-35 years	81
36-45 years	85
46-55 years	80
56 and older	86
Monthly Household Income:	
\$0-100	70
\$101-200	79
\$201-500	87
\$501+	83

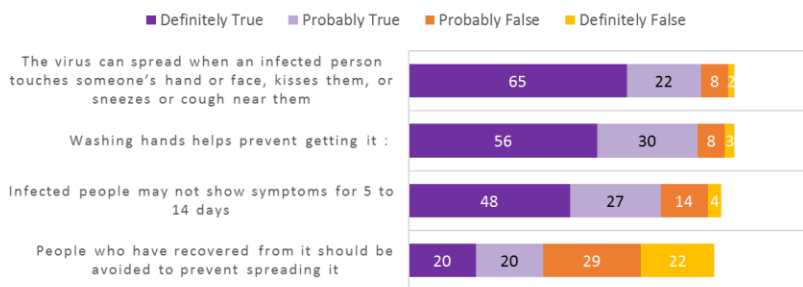
Q11. What are the two things about it that you would like most to have more information about? [Top five mentions]



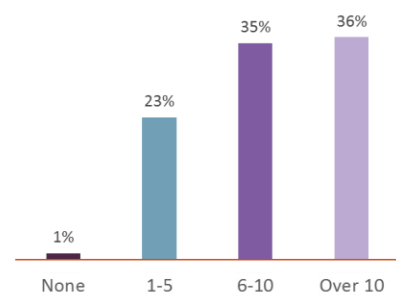
Nevertheless, the basic understanding of close contact transmission and the importance of hand-washing stands high

- Almost nine in 10 think COVID-19 can be spread by touch, kiss, sneeze, or cough (87%, including 65% thinking this is 'definitely true') and that washing hands helps prevent getting it (86% including 56% 'definitely true'). Two in five (40%) think people who have recovered from it should be avoided due to risk spreading the virus.
- One in three stated they washed their hands 10+ times in the day prior to their interview compared with one in four washing 5 times or fewer (36% vs. 23%). Women tend to wash their hands more often than men.

Q14. I'm going to read things people have said about coronavirus or Covid-19. Please tell me if you think each is definitely true, probably true, probably false, or definitely false. (%)



Q40. Yesterday, how many times did you wash your hands with soap or use hand sanitizer?

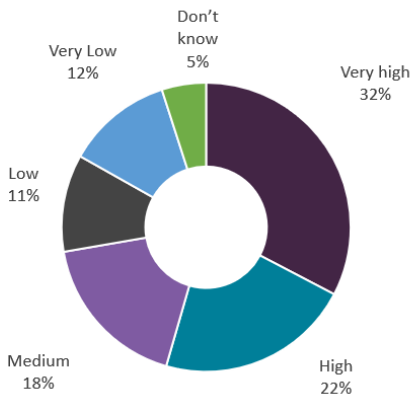


Q14. Share who agree definitely/probably true (%)	Gender		Age					Monthly Household Income			
	Male	Female	18-25 years	26-35 years	36-45 years	46-55 years	56 and over	\$0-100	\$101-200	\$201-500	\$501+
The virus can spread when an infected person touches someone's hand or face, kisses them, or sneezes or cough near them	89	84	87	86	89	89	81	84	91	91	93
Washing hands helps prevent getting it	89	83	83	88	87	84	82	79	89	91	92
Infected people may not show symptoms for 5 to 14 days	77	73	78	73	77	75	74	69	82	83	79
People who have recovered from it should be avoided to prevent spreading it	43	38	46	45	37	38	32	47	45	51	45

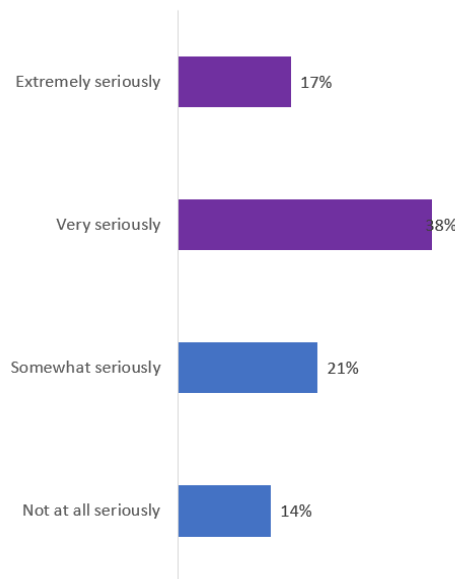
82% of Congolese believe that COVID-19 will be a big problem for their country; 55% believe they are at very high or high risk of infection.

- Congolese think that the coronavirus will be a problem for the country (46% thinking it will ‘a big problem’; an additional 36% think it will be big problem that will be dealt with).
- More than half feel they are at high risk of catching the coronavirus (55% including 32% ‘very high’ risk) while one in five believe they are at a low risk (23% low, including 12% ‘very low’). Those aged 56+ are particularly likely to feel they are at high risk.
- More than half believe that infection would seriously affect their health (55% ‘extremely/very seriously’ vs. 36% ‘somewhat/not very seriously’).
- The most commonly cited rationale for understanding the perceived effect on health is ‘it could kill me/make me very sick’ (46%), followed by ‘it caused a lot of problems abroad’ (28%), ‘it can require hospitalization’ (17%), ‘I am at risk /old/pre-existing condition’ (12%) and ‘it seems serious’ (12%).
- Congolese are optimistic about receiving help they would need to deal with the illness if they become infected – with almost four times as many confident about being able to get immediate help as to those not confident (74% vs. 21%).

Q5. Please indicate what you think your level of risk of catching coronavirus or Covid-19 is?



Q6. If you were infected by coronavirus or Covid-19, how seriously do you think it would affect your health?



% who think coronavirus would affect their health extremely seriously/very seriously:	
Gender:	
Male	57
Female	52
Age:	
18-25 years	45
26-35 years	59
36-45 years	63
46-55 years	62
56 and older	46
Monthly Household Income:	
\$0-100	53
\$101-200	65
\$201-500	57
\$501+	58

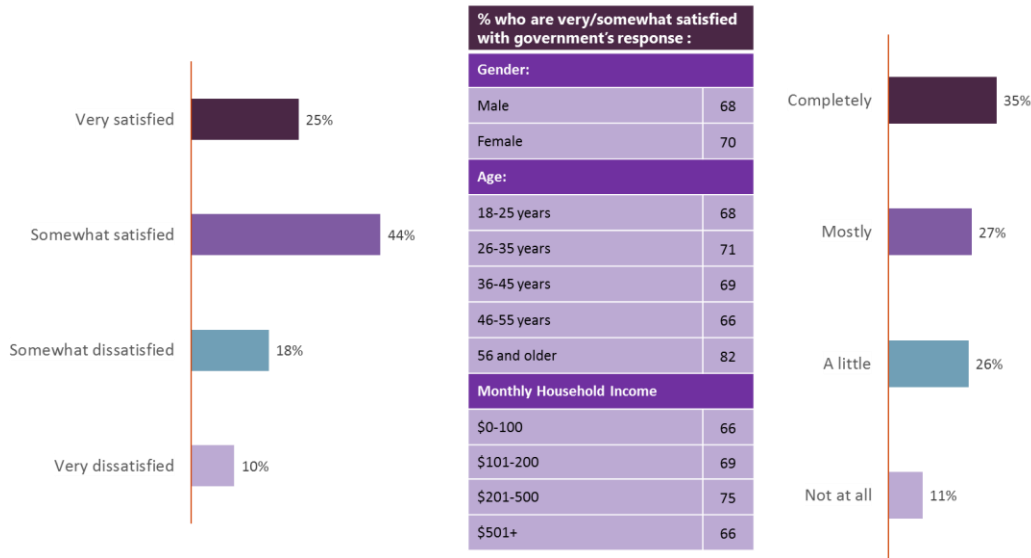
Congolese’ perceptions of the governmental response to COVID-19 is broadly positive

- The majority are satisfied with their government’s response (69% vs. 28% dissatisfied).

- Congolese are also more likely than not to trust the information provided by the government (61% including 35% ‘completely trust’ vs. 36% including 11% ‘not at all’). Older Congolese are more likely to trust the information from their government.

Q12. How satisfied are you with the government’s response to coronavirus or Covid-19?

Q13. How much do you trust information from the government about the coronavirus or Covid-19?



Support for personal public health social measures (PHSMs) runs high

- Nine in 10 Congolese support stopping handshake/kiss greetings (89%). A notably lower proportion - though still a majority – tend to support requiring those who have contact with infected people to self-isolate (65%); and requiring those with COVID-19 to remain home until they are well (55%). Women tend to show less support for these PHSMs.

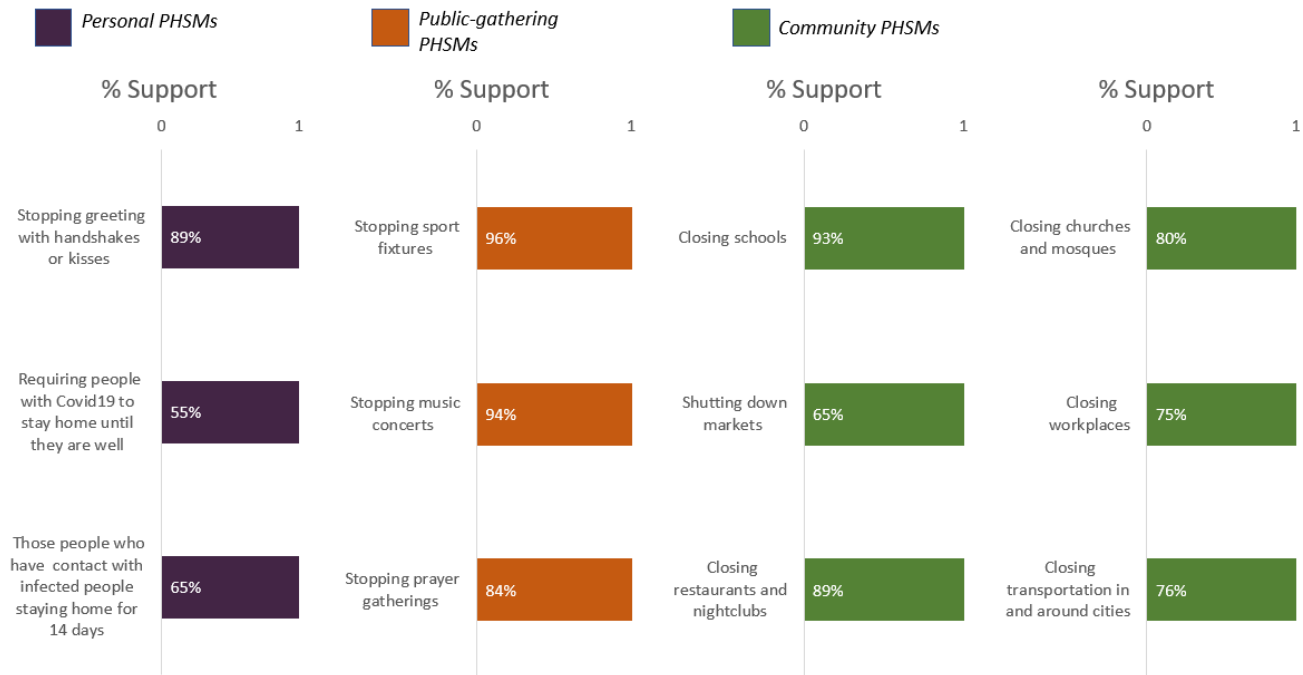
Congolese also support restricting public gatherings

- Support is almost universal for restricting public gatherings to help limit a COVID-19 outbreak by stopping sports fixtures (96%); music concerts (94%); and prayer gatherings (84% - with women less like to show support). The majority say that stopping prayer gatherings would be made easier by radio or TV/internet broadcast (both 47%).

A clear majority of Congolese also support other temporary ‘community PHSMs’ to help slow the COVID-19 outbreak

- This includes closing restaurants/nightclubs (89%) and churches and mosques (80%). There is also majority support for closing markets, but not to the same high degree (65%). Opposition to this is higher among those aged 18-25 (43% oppose; 57% support) than among other age groups.
- A majority would support closing transport between cities (83%); closing a city off for two weeks (79%) and closing transport in and around cities (76%).
- Nine in 10 (93%) would support school closures. Of those with children, more than half say they would not have someone to look after them.

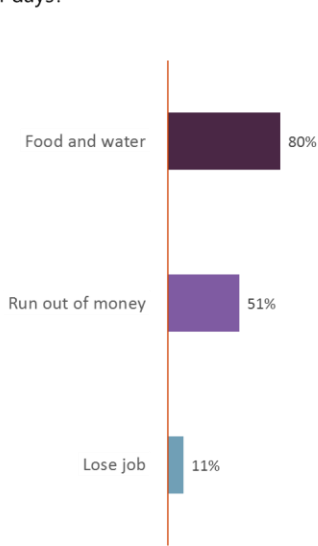
Level of support for Public health social measures (PHSMs) by type of intervention



PHSMs may place a significant burden on many Congolese

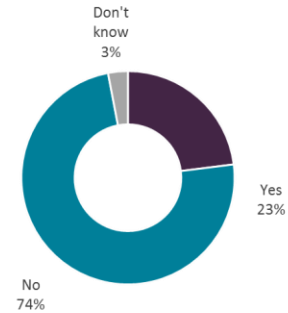
- Three times as many work outside the home as in it to earn money (47% vs. 15%). One in three of those who work outside their home doubt that their workplace could accommodate staggered shifts (34%). Men are more likely to have such doubts than women (36% men vs. 30% women).
- Only one in four have a separate room to isolate someone who becomes sick (23% - with those with a higher household income less likely to have this potential problem).
- When asked about the biggest problems posed by staying at home for two weeks, most spontaneously talk about access to food and water (80%). Half talk of running out of money (51%), while more than one in 10 say losing their job (11%).
- If asked to stay at home, on median average, Congolese would need to get money after 6 days and food after 7 days. Both periods are shorter for younger Congolese as well as for those with lower income.

Q17: What would be the biggest problems for people like you to stay at home for 14 days?



Share who think the following would be the biggest problem... (%)	Food and water	Running out of money	Losing your job
Gender:			
Male	78	53	12
Female	82	49	10
Age:			
18-25 years	78	48	8
26-35 years	80	54	13
36-45 years	81	51	12
46-55 years	76	46	7
56 and older	86	48	8
Monthly Household Income:			
\$0-100	81	46	11
\$101-200	77	57	14
\$201-500	81	59	14
\$501+	80	54	5

Q38. Would you have a separate room in your home to keep someone isolated if they are sick?



TV is the main source of information relied on for finding out what is happening in the country, supplemented by radio and social media

- Seven in 10 Congolese say they normally get their information on what’s happening in the country from TV (72%); with sizeable reach also coming from radio (31%) social media (25%) and international TV channel (18%). The same sources are relied on for local news with similar proportions (TV – 68%, radio – 34%, social media – 25% and international TV channel – 17%).

Technical Note

The fieldwork on this study was conducted by Ipsos with results based on 1,009 interviews with adults aged 18+ in Kinshasa (708 interviews) and Goma (301 interviews). Fieldwork was administered by Computer Assisted Telephone Interviewing (CATI) using a Random Digit Dial (RDD) approach incorporating both landline and mobile sample. Data are representative of the populations of the urban area (s) included and are unweighted. Fieldwork took place between April 1 and April 4, 2020.

This program of research is an outcome of a partnership between Resolve to Save Lives, an initiative of Vital Strategies, Africa CDC, the World Health Organization’s African Regional Office (AFRO) and Eastern Mediterranean Regional Office (EMRO), and the World Economic Forum to form a new public-private partnership to support evidence-based implementation of PHSMs to reduce COVID-19 transmission in African countries (“flattening the curve”) while working with governments to mitigate social and economic disruption and other unintended consequences.