

RESEARCH BRIEF

CONTEXT

Although significant progress has been made to improve maternal and newborn health (MNH) outcomes, an estimated 6 in 10 neonatal conditions and half of all maternal deaths in low-income countries (LIC) are due to poor quality health care services.¹ The situation is often worse in fragile and conflict-affected settings where insecurity disrupts health systems, making it difficult for health facilities to provide the emergency care needed to treat small and sick newborns and manage acute but easily treatable conditions, including maternal complications during delivery.

This is the case in Democratic Republic of Congo (DRC) where despite the fact that up to 85% of all deliveries are now assisted by skilled health personnel, MNH outcomes remain poor.² The latest UN estimates report 547 maternal deaths per 100,000 live births (2020);³ 26 newborn deaths per 1000 live births (2022);⁴ and 28 stillbirths per 1000 births (2022).⁵ As a result, DRC is not on track to meet global MNH targets and urgent action is needed to improve the quality of MNH care across the country.

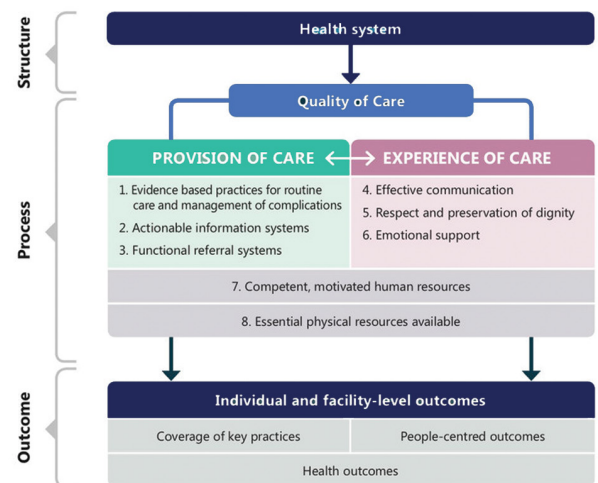
This brief outlines an ongoing quality of care (QoC) assessment in eastern DRC led by the EQUAL research consortium partners – the Regional School of Public Health at the Université Catholique de Bukavu (ERSP-UCB) and the Johns Hopkins Center for Humanitarian Health. As findings are available, recommendations will be made to help the government and partners advance the national quality of care agenda.

Improving Quality of MNH Care

WHO has prioritized QoC as a critical aspect of the unfinished MNH agenda, especially care during and around labor and delivery and in the immediate postnatal period. Research shows a high variation in the QoC available within and across low-income countries, including evidence that many women are mistreated during childbirth and that newborn babies are often neglected during the first hours of life in some regions.⁶

The WHO framework for improving quality of maternal and newborn care (Figure 1) covers both the provision and experience of care – each supported by a description of “what is expected to be provided to achieve high quality care around the time of childbirth” that serve as benchmarks for high-quality care at health facilities.⁷ Ultimately, improving the quality of care requires an intentional and sustained investment in providing effective, safe, people-centered care that is timely, equitable, integrated, and efficient.

Figure 1: WHO Quality of Care Framework



QoC in the Democratic Republic of Congo

While the government of DRC has made the reduction of maternal and newborn mortality a top health concern, additional investment is needed to establish national policy frameworks and strategies for improving QoC. The [EQUAL research consortium](#) believes the first step toward improving quality of care is establishing a baseline and identifying areas for improvement. EQUAL is advancing this agenda in North Kivu and South Kivu provinces of eastern DRC. With the information collected through QoC assessments, the Ministry of Public Health, Hygiene and Prevention and partners will be able to mount evidence-based strategies tailored to improve MNH in DRC.

STUDY OVERVIEW

EQUAL aims to assess the quality of maternal and newborn care at health facilities in select conflict-affected areas of the DRC. More specifically, the study evaluates the readiness and capacity of health facilities to provide routine and emergency obstetric and neonatal care services; assesses the quality of routine intrapartum and immediate postnatal care at select facilities; and explores women's experience of care during childbirth at health facilities.

Study location

EQUAL's research is being executed in North Kivu and South Kivu provinces located in eastern DRC which have been plagued by conflict and insecurity resulting in high rates of maternal and newborn mortality. This QoC assessment was conducted in all accessible facilities with an average of at least five births per day (16 in North Kivu, 17 in South Kivu), as well as in two randomized health facilities with fewer than five deliveries per day in Mulungu – considered to be a health zone directly affected by ongoing insecurity. Data collection was conducted in South Kivu in March 2023 and September 2023 in North Kivu.

Design and methodology

This is a cross-sectional assessment using mixed methods (qualitative interviews, focus group discussions, quantitative surveys, and direct observation) to document the quality of services provided. There are 33 participating facilities with additional details on the study design outlined in Table 1.

EQUAL PROJECT OVERVIEW

Funder: UK International Development from the UK government

Length: July 2021 – April 2026

Locations: DRC, Nigeria, Somalia, and South Sudan.

Partners: Institute of Human Virology Nigeria, International Rescue Committee, Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute, and Université Catholique de Bukavu.

Table 1: Design and site locations

All health facilities with at least 5 births per day	Select conflict-affected health zones
North Kivu: 16 facilities across 12 health zones South Kivu: 17 facilities across 15 health zones	North Kivu: Mweso South Kivu: Mulungu
Facility readiness <ul style="list-style-type: none"> • Facility checklist and record review • Interviews with maternity care providers 	Facility readiness <ul style="list-style-type: none"> • Facility checklist and record review • Interviews with maternity care providers
Quality and experience of care <ul style="list-style-type: none"> • Labor and delivery observation checklist • Postpartum client exit interviews 	Quality and experience of care <ul style="list-style-type: none"> • Focus group discussions with women who gave birth at a health facility within the last 3 months • In-depth interviews with women who had a stillbirth at a health facility within the last 3-12 months

Each method utilized in this study helps to fulfill a different purpose as outlined in table 2.

Table 2: Methods and purpose

Method	Purpose
Facility checklist and record review	To document services provided and health outcomes within the last 12 months. This also helps to verify availability and storage conditions of medications, supplies and equipment as well as available infrastructure and systems for routine and emergency MNH service delivery.
Interviews with maternity care providers	To collect information on provider knowledge, attitudes, practices, and constraints faced in service provision, including specific considerations related to conflict-affected contexts.
Labor and delivery observation checklist	To observe and document care during labor and childbirth and postpartum care before discharge.
Postpartum client exit interview	To document client experience of care on the day of birth including client-provider communication and respectful treatment.
Focus group discussions with recent mothers	To document client expectations and experiences of care among women who have had a live birth at select facilities in the last three months.
In-depth interviews	To document the experiences of women with a stillbirth or newborn death in a select general hospital within the last year.

Findings

Findings from this study are anticipated in mid 2024.

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References

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- ² COD - UNICEF DATA. (2015). Retrieved from UNICEF DATA website: <https://data.unicef.org/country/cod/>
- ³ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
- ⁴ United Nations Inter-agency Group for Child Mortality Estimation (2024).
- ⁵ United Nations Inter-agency Group for Child Mortality Estimation (2023).
- ⁶ Bohren, M. A., Mehrtash, H., Fawole, B., Maung, T. M., Balde, M. D., Maya, E., Thwin, S. S., Aderoba, A. K., Vogel, J. P., Irinyenikan, T. A., Adeyanju, A. O., Mon, N. O., Adu-Bonsaffoh, K., Landoulsi, S., Guure, C., Adanu, R., Diallo, B. A., Gülmezoglu, A. M., Soumah, A. M., Sall, A. O., ... Tunçalp, Ö. (2019). How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys. *Lancet* (London, England), 394(10210), 1750–1763. [https://doi.org/10.1016/S0140-6736\(19\)31992-0](https://doi.org/10.1016/S0140-6736(19)31992-0)
- ⁷ Standards for Improving Quality of Maternal and Newborn Care in Health Facilities. (2016). In World Health Organization. Retrieved from <https://www.who.int/publications/i/item/9789241511216>

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