



Ensuring Quality Access and Learning for mothers and newborns in conflict-affected contexts (EQUAL)

EQUAL is a multi-country research consortium working to generate evidence on effective approaches for delivering life-saving maternal and newborn health (MNH) care in countries affected by conflict. We are a group of research partners united in our shared commitment to reduce maternal and newborn deaths by ensuring high-quality health services are accessible to every woman and newborn, regardless of where they live. Our work focuses on the DRC, Nigeria, Somalia, and South Sudan – countries where maternal and newborn mortality rates are among the highest in the world. EQUAL is made up of five partner organizations, each with demonstrated expertise in health research with the local knowledge and relationships needed to ensure the work is locally led and contextually relevant.

EQUAL Project Overview

Funder: UK Aid from the UK government

Length: July 2021-April 2026

Locations: DRC, Nigeria, Somalia, and South Sudan

Partners: International Rescue Committee (IRC), the Institute of Human Virology Nigeria (IHVN), Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute (SORDI), and the Catholic University of Bukavu (UCB).

A Multi-Pronged Strategy and Research Agenda

EQUAL's research focuses on ensuring quality care during the day of birth and the first week of life, a period when the most maternal and perinatal deaths occur. We are undertaking a multi-pronged strategy covering research, research uptake, and capacity sharing.



Research: EQUAL's research agenda seeks to generate evidence that will strengthen community, facility, and health system efforts to reduce preventable maternal and perinatal mortality. Specifically, this includes five research streams outlined on page 2.



Research Uptake: EQUAL aims to generate operationally relevant, demand-driven evidence that can be used to inform MNH policies and service delivery. As part of this ambition, EQUAL is committed to consistently engaging global, national, and subnational stakeholders – including community members – at every stage of the research process. This is done via consultations, technical advisory groups, participation in existing working groups, and a range of communications and dissemination activities, among others.



Capacity Sharing: EQUAL is committed to identifying learning opportunities across all partners. This includes strengthening capacities in research methodologies as well as a special focus on considerations around gender, disability inclusion, and social bias. Targeted activities and mentorship opportunities are implemented for female researchers in addition to support to strengthen institutional capacities for internal systems including finance and contract management.

	1 Policies & Financing Impacting MNH	2 Mortality Surveillance	3 Community-Based Service Delivery	4 Midwifery Workforce Development	5 Facility-Based Quality of Care
Research Question	How do political, economic, financial, and other factors influence the prioritization of MNH services in low-income, conflict-affected countries?	What is the feasibility, acceptability, and effectiveness of community-based maternal and perinatal death surveillance in low-income, conflict-affected contexts?	What is the feasibility, acceptability, fidelity, cost-efficiency, and conditions required to increase the uptake and coverage of evidence-based behaviors and community-based maternal and newborn care services that have been proven to reduce mortality outcomes?	What issues influence midwives' ability to deliver high-quality MNH services in low-income, conflict-affected countries and how can those issues be effectively addressed?	What is the quality of routine MNH care and the management of select obstetric and neonatal complications at health facilities in low-income, conflict-affected settings?
Purpose	To examine the political economy, health policy, and financing factors that influence the prioritization of MNH investment and program implementation.	To expand access to accurate data on maternal and perinatal mortality, making it easier for implementers and policymakers to understand the factors contributing to the death of women and newborns in order to inform targeted solutions to prevent future deaths and improve the quality of MNH care.	To determine the potential of a community-based MNH care program to deliver evidence-based, life-saving services in rural, humanitarian contexts with high barriers to facility-based care.	To understand factors affecting midwifery workforce participation, performance, retention, and resilience during periods of increased insecurity to help strengthen midwifery services and experiences in conflict-affected areas.	To examine barriers to quality care in conflict-affected contexts and to identify innovative solutions responsive to the unique circumstances of these settings.
Study Design	Case studies employing political economy and health policy analysis frameworks. Data collected using key informant interviews and review of published literature and relevant documents.	Mixed methods formative research examining existing surveillance systems and socio-cultural practices surrounding death, followed by co-development and/or strengthening and evaluation of maternal and perinatal death surveillance and response system(s).	Implementation research using a mixed methods approach including pre-and post- surveys to capture change in the uptake of services, as well as qualitative interviews, questionnaires, focus group discussions, and performance checklists.	Mixed methods study including a rapid assessment of the quality of midwifery pre-service education programs followed by a cohort study following the experiences of midwifery students and recent graduates over several years.	Cross-sectional assessments including facility inventory and record review, interviews with maternity care providers, and observations of care on the day of birth, as well as surveys, in-depth interviews, and focus group discussions with postpartum women.
Study Sites	DRC, Nigeria, South Sudan, Somalia	North and South Kivu, DRC	Galgaduud, Somalia; Aweil East, South Sudan	Yobe State, Nigeria and Benadir and Galgaduud, Somalia	North and South Kivu, DRC and Yobe State, Nigeria