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 (LICs) 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 27 newborn deaths per 1000 live births (2021);⁴ and 28 stillbirths per 1000 births (2021).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 led by the EQUAL research consortium in eastern DRC. 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 quality of care 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 quality of care 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.
Quality of Care in DRC

While the government of DRC has made the reduction maternal and newborn mortality a top health concern, minimal investments have been made to establish national policy frameworks or strategies for improving quality of care. Instead, these efforts are often driven by partners. Recognizing this, the EQUAL research consortium – led in DRC by the Regional School of Public Health at the Université Catholique de Bukavu (ERSP-UCB and the Johns Hopkins Center for Humanitarian Health – partnered to advance this agenda in North Kivu and South Kivu provinces of eastern DRC. The consortium believes the first step toward improving quality of care is establishing a baseline and identifying areas for improvement. With that information, the Ministry of Public Health, Hygiene and Prevention and partners will be able to mount sound strategies tailored to health facilities' need and level of readiness to improve MNH in DRC.

EQUAL PROJECT OVERVIEW

Funder: UK aid from the UK government

Length: July 2021 – April 2026

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

Partners: Catholic University of Bukavu, Johns Hopkins Center for Humanitarian Health, International Rescue Committee, Somali Research and Development Institute, and the Institute of Human Virology Nigeria

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 aims to assess the readiness and capacity of health facilities to provide routine and emergency obstetric and neonatal care services; to assess the quality of routine intrapartum and immediate postnatal care at select facilities; and to understand 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 has been plagued by conflict and insecurity resulting in high rates of maternal and newborn mortality. The assessment is being conducted in all accessible facilities with an average of at least five births per day (19 in North Kivu, 17 in South Kivu), as well as in three randomized health centers with fewer than three deliveries per day (two health facilities in Mulungu, South Kivu and one in Mweso, North Kivu) – considered to be health zones directly affected by ongoing insecurity. Data collection will take place in South Kivu in March 2023 and in late 2023 in North Kivu.

Design and methodology

This is a cross-sectional assessment using mixed methods (qualitative and quantitative). The observational design allows care to be documented on different days, during different shifts, and for many different women to help present a more accurate picture of the quality of services provided at any given time. There are 39 participating facilities with additional details on the study design outlined in table 1.
Table 1: Design and site locations

<table>
<thead>
<tr>
<th>All health facilities with at least 5 births per day</th>
<th>Select conflict-affected health zones</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kivu: 19 facilities across 14 health zones</td>
<td>North Kivu: Mweso</td>
</tr>
<tr>
<td>South Kivu: 17 facilities across 15 health zones</td>
<td>South Kivu: Mulungu</td>
</tr>
</tbody>
</table>

Facility readiness
- Facility checklist and record review
- Interviews with maternity care providers

Quality and experience of care
- Labor and delivery observation checklist
- Postpartum client exit interviews

Table 2: Methods and purpose

<table>
<thead>
<tr>
<th>Method</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility checklist and record review</td>
<td>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.</td>
</tr>
<tr>
<td>Interviews with maternity care providers</td>
<td>To collect information on provider knowledge, attitudes, practices, and constraints faced in service provision, including specific considerations related to conflict-affected contexts.</td>
</tr>
<tr>
<td>Labor and delivery observation checklist</td>
<td>To observe and document care during labor and childbirth, and immediate inpatient postnatal care services to assess compliance with WHO clinical practice standards to document the provision of respectful maternity care and gender-sensitive services, in line with WHO's vision of quality care.</td>
</tr>
<tr>
<td>Postpartum client exit interview</td>
<td>To document client experience of care on the day of birth including client-provider communication and respectful treatment. Used to calculate person-centered maternity care scales (women’s perceptions of respectful and responsive maternity care).</td>
</tr>
<tr>
<td>Focus group discussions with recent mothers</td>
<td>To document client expectations and experiences of care among women who have had a live birth at select facilities in the last three months.</td>
</tr>
<tr>
<td>In-depth interviews</td>
<td>To document the experiences of women with a stillbirth or newborn death in a select general hospital within the last year.</td>
</tr>
</tbody>
</table>
Findings

Findings from this study are anticipated in late 2023.

Acknowledgements

This research brief was prepared by the Catholic University of Bukavu (UCB) and Johns Hopkins Center for Humanitarian Health.

Other members of the EQUAL research consortium leading studies in Nigeria, South Sudan, Somalia, and the DRC include partners from the Institute of Human Virology Nigeria (IHVN), the International Rescue Committee (IRC), and the Somali Research and Development Institute (SORDI). Funding for this work is provided by UK aid from the UK government.

References

5 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/9789241511121

Brief published March 2023