



EVIDENCE BRIEF



DRC: Evaluation des Besoins en Soins Obstétricaux et Neonatals d'Urgence dans Trois Provinces de la République Démocratique du Congo (2012)



Why is it important?

The availability of Emergency Obstetric and Neonatal Care (EmONC) indicates how well any health-care system can respond to neonatal and obstetric emergencies that are the main causes of maternal and newborn deaths. This report outlines the results of a study undertaken in the Democratic Republic of the Congo (DRC) to evaluate EmONC infrastructure in the country. The report is beneficial for those wishing to understand EmONC in the DRC to improve planning for programmes and interventions to improve maternal and neonatal health.

Methodology

A descriptive, cross-sectional study was conducted in 266 health facilities in Kinhasa, Bandundu and Bas-Congo in Western DRC using a document review, data analyses, interviews with key stakeholders, and a questionnaire. It focused on 10 aspects: physical infrastructure and accessibility, human resources, medical equipment, ability to provide EmONC, levels of EmONC use, the use of partograms, provider knowledge of EmONC, Caesarean sections, maternal deaths, and EmONC indicators.

Key findings

The data indicate that EmONC is insufficient and unevenly distributed. Only 9 out of 154 structures meet acceptable obstetric and newborn care standards.

The key findings are as follows:

- As many as 8 per cent of facilities surveyed have no access to water. Those that do are more likely to be located in urban areas (66 per cent). One in two facilities had no access to running water in at least one operating room.

- Only 9 per cent of midwives and 14 per cent of general practitioners had some EmONC training.
- Some 20 per cent of health centres and maternity wards had no antibiotics. About 1 in 10 had no antihypertensive medications or anaesthetics; 1 in 5 facilities lacked malaria prevention treatment stock; and 1 in 4 had no stock of drugs to prevent mother-to-child transmission of HIV.
- The percentage of EmONC needs satisfied is almost zero (0.01 per cent).

Conclusion

Unfulfilled EmONC needs are high, and the capacity of existing facilities needs to be strengthened in order to reach WHO standards. It is recommended that this be done in the form of improving existing infrastructure, improving access to medical equipment and supplies, strengthening human resources capacity, and ensuring stable energy and water sources primarily in delivery and operating rooms. Furthermore, it is recommended that staff be re-trained to standardize EmONC knowledge and treatment of the national community and investment from the government. The protection of girls' rights can only be guaranteed if the relevant laws, policies and programmes are in place to ensure girls can access services.

URL: <http://bit.ly/2xyG6T8>

United Nations Population Fund, East and Southern Africa Regional Office

9 Simba Road, PO Box 2980, Sunninghill, South Africa
Web: esaro.unfpa.org Twitter: @UNFPA_ESARO
Facebook: UNFPA East and Southern Africa Regional Office

Developed in partnership with:

