

Maternal, Newborn, and Child Health



Strategy

Across 78 health zones, DRC-IHPplus prioritized a set of low-cost, high-impact interventions that 1) make birth significantly safer for mother and newborn, and 2) dramatically reduce childhood illness and mortality.

The Integrated Health Project Plus (IHPplus) was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. This USAID-funded project was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office's five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high impact family planning, maternal, newborn, and child health (FP/MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision-making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase from the 78 health zones supported by IHP).

Integrated Health Project Plus in the Democratic Republic of Congo

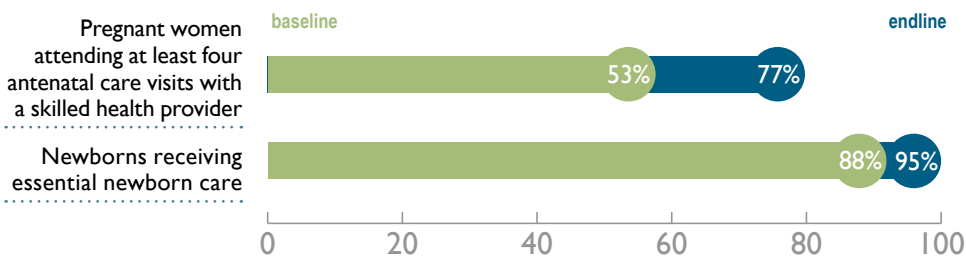


USAID
FROM THE AMERICAN PEOPLE



This fact sheet describes the work of the Integrated Health Project Plus in the Democratic Republic of Congo, which was made possible by the generous support of the United States Agency for International Development (USAID), the United States President's Malaria Initiative (PMI), and the United States President's Emergency Program for AIDS Relief, under Subagreement Number OAA-A-11-00024-01-MSH under USAID Cooperative Agreement Number AID-OAA-A-11-00024. The contents are the responsibility of the Integrated Health Project Plus and do not necessarily reflect the views of USAID or the United States Government.

RESULTS



Baseline
354,596

Endline
455,342

Number of children with pneumonia treated with antibiotics by a trained provider or community health workers

Baseline
N/A

Endline
8,967

Number of newborns successfully resuscitated

1.2 million
newborns receiving essential newborn care

88,000
children and newborns saved in IHPplus-supported health zones



Maternal, Newborn, and Child Health

Challenge: Despite the high rates of institutional delivery in the DRC (80%), maternal and newborn mortality remains high at 846 per 100,000 live births and 28 per 1,000 live births, respectively

DRC-IHPplus response: In close collaboration with the Ministry of Health, IHPplus continued to build capacity of providers and CHWs in project-supported health zones through intensive skills-based training packages and ongoing coaching support. As such, IHPplus:

- Trained 1,227 providers on Helping Babies Breathe (HBB) and Helping Mothers Survive (HMS)
- Trained 197 providers on Integrated Management of Childhood Illness and 60 providers on Emergency Triage Assessment and Treatment
- Integrated the simplified WHO protocol on the management of serious bacterial infections when referral is not possible in 10 health facilities
- Established about 1,200 integrated community case management sites to reach remote populations in an effort to manage simple cases of diarrhea, malaria, and pneumonia, and to detect and refer cases of malnutrition
- Equipped maternity wards with delivery beds, hospital beds, patient examination tables, and small care equipment

Innovation: Helping Babies Breathe and Helping Mothers Survive

IHPplus coupled the implementation of the two approaches: HBB and HMS as an innovative strategy to manage postpartum hemorrhage and neonatal asphyxia, which often result in maternal and neonatal deaths. Health care providers working in maternity wards were trained on the HMS approach, including prevention, detection, and management of postpartum hemorrhage. The HBB approach consists of training staff on essential newborn care, the identification of newborn asphyxia, and neonatal resuscitation.

As a result of this intervention, the project achieved the following results:

- Provided short-term theoretical training with practice on mannequins and one-day clinical training at the maternity ward for 1,227 health care providers
- Formed “maintenance clubs” for providers who meet once a month to practice their skills in neonatal resuscitation training and management of postpartum hemorrhage in each health zone
- Provided neonatal resuscitation supplies, such as an ambu bag with mask, to each health facility, for newborn resuscitation; and the baby mannequin “Natalie” to the various health zone central offices, general referral hospitals, and resuscitation clubs, for training purposes

Lowering maternal mortality, one life at a time

Noëlla Bitisho, 29, gave birth to her third child at the Kabindula health center in the Uvira health zone in December 2015. As with her first two deliveries, this one was challenging, and it looked like there could be complications and possible hemorrhage—the leading cause of maternal death in the DRC.

Fortunately, the team of midwives at the Kabindula health center had been trained by the USAID-funded IHPplus in maternal and child health, including emergency obstetric and newborn care. They applied active management of the third stage of labor (AMTSL) techniques to protect Noëlla from hemorrhage and she and her baby from other complications.

Right after the birth, they administered oxytocin, uterine massage, and other preventive techniques. Mother and baby both came through unscathed. Noëlla later told a health center nurse that she thanks “God, the midwives, and the health center for saving my life.”

Through support from the USAID-funded Integrated Health Project (IHP) and now IHPplus, the Uvira health zone correctly applied AMTSL approaches in 88 percent of the more than 51,000 assisted deliveries between January 2011 and December 2015.

At the Kabindula health center, where Noëlla delivered, Nurse Chikale said: “The staff have correctly applied AMTSL techniques during 100 percent of deliveries—2,156 out of 2,156—from October 2013 through December 2015. Before IHPplus’ intervention, the AMTSL approach was used—sometimes with incorrect techniques—in only 94 percent of deliveries, and there was no oxytocin at the center.”