Organisation mondiale de la Santé
BUREAU PAYS DE LA République Démocratique du Congo

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Final technical report

Improving Maternal and Newborn Health in Democratic Republic of the Congo

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1. CONTEXT AND RATIONALE OF THE PROJECT

Maternal and neonatal health remains one of the most critical public health challenges in the Democratic Republic of the Congo (DRC). The country continues to record high maternal and perinatal mortality rates, particularly in provinces affected by insecurity, armed conflict, and large-scale population displacement. Pregnant women, newborns, adolescents, and children living in internally displaced persons (IDP) sites face heightened health risks due to precarious living conditions, the disruption of traditional community support networks, and limited access to essential health services.

In these humanitarian settings, health facilities often operate with reduced capacity, insufficient personnel, and limited medical supplies. Geographic, financial, and sociocultural barriers further exacerbate delays in seeking and accessing care, contributing to preventable maternal and perinatal deaths. In addition, conflict-related sexual violence and abuses associated with displacement represent an additional layer of vulnerability for women and girls.

It is within this context that the project funded by the Government of Greece is being implemented, with the technical support of the World Health Organization (WHO) and in collaboration with the local NGO ABEF-ND, across four IDP sites located in two health zones of Tanganyika Province (Kalemie and Nyemba). These sites Kawama, Katanika and Makala (Kalemie), and Tabac (Nyemba) host a total of 12,722 individuals, 52% of whom are women. Among them, 23% are women of reproductive age, representing a population at heightened risk of maternal mortality as well as sexual and gender-based violence. Their vulnerability has been further exacerbated by displacement, limited access to health services, and weakened community protection mechanisms.

2. OBJECTIVES AND STRATEGIC APPROACH

he overall objective of the project was to contribute to the sustainable reduction of maternal and perinatal mortality and morbidity among internally displaced populations living in conflict-affected settings. This objective aligned with national health priorities and with the Democratic Republic of the Congo's international commitments to universal health coverage and the achievement of the Sustainable Development Goals, particularly SDG 3.

More specifically, the project aimed to improve access to antenatal care, strengthen the referral system for assisted deliveries, enhance surveillance and response to maternal and perinatal deaths, promote family planning, and integrate the prevention and management of sexual violence into maternal and child health services.

The approach adopted was based on an integrated community strategy, considered essential in a context marked by population mobility and the fragility of the health system. It engaged displaced communities, community leaders, community health workers, professional associations, health facilities, and health authorities.

3. STRATEGIC WHO SUPPORT IN THE PROJECT

In line with its mandate to support all populations in attaining the highest possible level of health and well-being, WHO provided structured technical support throughout the project. Specifically, WHO contributed to the situational analysis of the targeted IDP sites, in collaboration with health-care providers and ABEF-ND, in order to identify priority needs and define high-impact interventions. Particular emphasis was placed on strengthening the capacities of health-care providers in the surveillance of maternal and perinatal deaths through the Maternal and Perinatal Death Surveillance and Response (MPDSR) system.

WHO's support also included joint formative supervision with the Ministry of Health and ABEF-ND, as well as the provision of essential intrants, with the aim of improving the quality of care delivered in maternity services across the targeted sites and reinforcing community engagement.

4. RESULTS RELATED TO IMPROVED ACCESS TO MATERNAL HEALTH CARE

Thanks to the community-based strategies implemented, among the 1,840 women of reproductive age identified across the four internally displaced persons (IDP) sites, seventy-five pregnant women who had not previously received any antenatal care were identified in the Kalemie and Nyemba health zones. Nineteen of them benefited from

skilled birth assistance during the project period. Particular attention was given to adolescents and women living with disabilities, who are often excluded from conventional care pathways.

These women were referred to and accompanied to health facilities to receive antenatal consultations, vaccination, screening for complications, and regular clinical follow-up. Community awareness activities conducted with 6,360 displaced persons strengthened early recognition of danger signs during pregnancy, childbirth, and the postnatal period.

5. SURVEILLANCE AND RESPONSE TO MATERNAL AND PERINATAL DEATHS

Four MPDSR committees were revitalized in the targeted health zones. They held regular meetings and contributed to raising community awareness on issues related to maternal deaths. To date, 11 verbal autopsies have been conducted, helping to identify the non-recognition of danger signs as a key factor contributing to maternal deaths. This finding justified the community awareness campaign, which reached nearly 50% of the displaced population.

6. PROMOTION OF FAMILY PLANNING AND PREVENTION OF SEXUAL VIOLENCE

The project facilitated access to family planning through the community-based distribution of modern contraceptive methods to 641 beneficiaries. This intervention aimed to support birth spacing, reduce unintended pregnancies, and promote women's empowerment.

In addition, four community committees for the prevention of sexual violence were established, and twenty community leaders

were trained across all sites. Screening for sexual violence was integrated into maternal and child health services, enabling the referral of survivors to appropriate care structures. This included the identification of a young girl who was a victim of rape and the referral of three additional survivors for improved case management.

CONCLUSION AND WAY FORWARD

The project funded by the Government of Greece, implemented with the strategic support of WHO, has demonstrated the relevance and effectiveness of an integrated community-based approach to improving maternal and neonatal health in humanitarian settings. The results clearly show that targeted interventions combining capacity-building, community engagement, and quality-of-care improvements can significantly reduce maternal and perinatal mortality risks even in highly fragile environments.

The experience gained highlights WHO's unique added value, particularly in strengthening surveillance mechanisms, providing technical support to health-care providers, and mobilizing communities around maternal health issues. To sustain these achievements and expand the impact to other high-need areas, additional and predictable funding is essential. Such support will make it possible to consolidate local capacities, systematically integrate community-based mechanisms into health zone operational plans, and ensure lasting improvements in maternal and neonatal health among displaced populations.

Communication and visibility

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