Summary from the COVID-19 front-line: **DRC country brief**
Survey of maternal and newborn health professionals
Second round of data collection: From July to November 2020

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Background and methods

As of November 26th 2020, the Democratic Republic of the Congo (DRC) reported more than 12,300 Coronavirus disease (COVID-19) confirmed cases and around 331 deaths. The pandemic and the accompanying strict precautionary measures have burdened health systems globally, and their indirect effects on the health of women and newborns are expected to exceed the direct impacts of the SARS-CoV-2 virus infection among this population. This document summarises the findings from the second round of a global online survey of maternal and newborn health professionals working in DRC, and includes responses received between July 19th and November 7th, 2020, and one response submitted in November 2020. This brief presents healthcare providers' and facilities' preparedness and response levels to COVID-19, and describes their experiences and challenges with the progression of the pandemic.

The survey collected data on the respondents' background (country and region, qualification and work responsibilities, gender, and basic characteristics of the health facility in which the respondents worked, if any). To avoid concerns over confidentiality, we did not collect names of health facilities. The questionnaire included three core modules focusing on preparedness for COVID-19, response to COVID-19, and health workers' own experience of work during the COVID-19 pandemic. In the fourth, optional module, we asked respondents to elaborate on adaptations to care processes (service availability, shift timing, modality of contact with patients during various types of outpatient and inpatient care) and content (frequency of routine visits during pregnancy and after childbirth, regulations around companions, length of stay after childbirth, etc.). An invitation to complete the survey was distributed networks of the multi-country research team members, maternal/newborn platforms, and social media. The findings presented in this brief are not intended to be generalizable to maternal healthcare providers who work in the DRC. The objective is to explore and document respondents' experiences, the challenges that they faced, and adaptations to care provision that they adopted to overcome the bottlenecks of the pandemic. Additional information about the methodology of this survey, including the questionnaire, is available in the summary of global responses published here and on the study website.

List of abbreviations

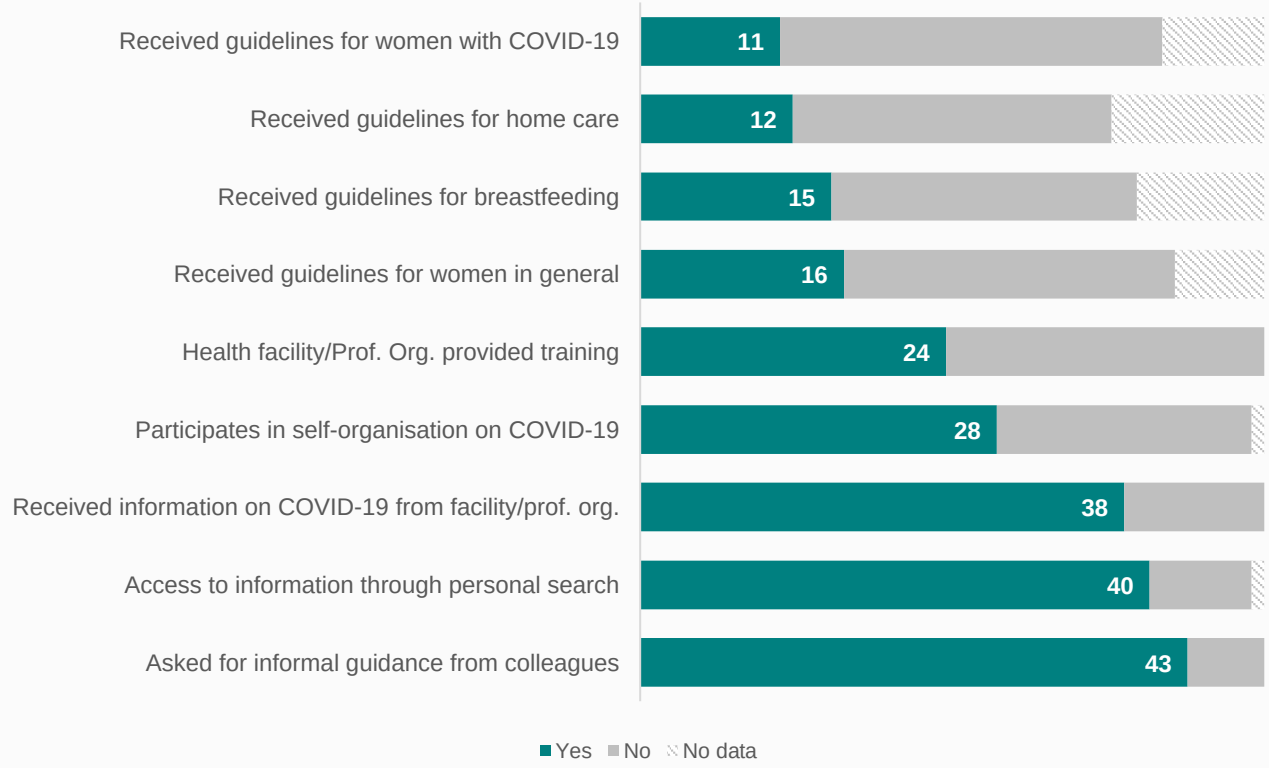
ANC/CPN	Antenatal care/Consultations prenatales
COVID	Coronavirus Disease
csection	caesarean section
DK	Don't know
IPC	Infection prevention and Control
Prof. Org.	Professional organisation
PPE	Personal Protective Equipment
PNC	Postnatal care
Susp/conf	Suspected or confirmed cases
Obs/Gyn	Obstetrician/Gynaecologist

Respondents' characteristics

We report data from 49 healthcare professionals working in DRC, two thirds of whom agreed to answer the optional module (n=32). The majority of the respondents were medical doctors (n=32), followed by nurses (n=8). Most of the respondents were team leaders or department heads (n=30), a quarter were team members (n=12), and five respondents were independent or self-practicing. Eight of the 49 respondents were females. Respondents mainly provided outpatient and inpatient antenatal and postnatal care, inpatient childbirth care, and family panning counselling. Eight respondents worked in Kinshasa, and five respondents worked in each of the following provinces: Haut-Lomami, Kasaï-Oriental, and South Kivu. Half of the healthcare providers worked in more than one facility (n=26). Most of the respondents worked in referral hospitals (n=18), followed by clinics (n=12). Two thirds of the healthcare workers provided care in public sector facilities (n=30), and three quarters worked in urban areas (n=36) while 10 worked in villages.

Dashboard 1. Health providers' access to information, guidelines and training (n=49)

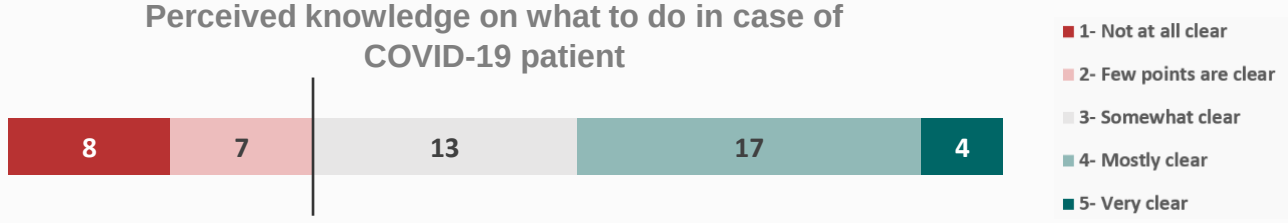
Three quarters of healthcare providers (n=38) received information on COVID-19 and maternity care from their facilities or professional organisations, and around half (n=24) received training and simulations in the month preceding their response to the survey. Around one third of respondents received guidelines on care provision to women in general during COVID-19 and guidelines for breastfeeding practices (n=16 and n=15 respectively), and one in five respondents (n=11) received guidelines on provision of maternal care to women suspected or confirmed with COVID-19 in the month preceding the response the survey.



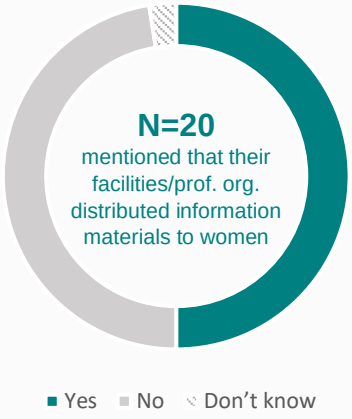
Out of the **healthcare providers** who received information from their health facilities or professional organisations (n=38), 27 respondents received them through face to face sessions.

In these information sessions, the majority of respondents reported receiving information on **hand hygiene** (n=29), **the correct use of personal protective equipment** (n=28), **distancing between patients and/or visitors** (n=26), **and screening patients for COVID-19 symptoms** (n=25).

Two fifths of maternal and newborn healthcare providers perceived that they were **mostly or very clear** (n=21) on what to do in case they receive a COVID-19 patient.

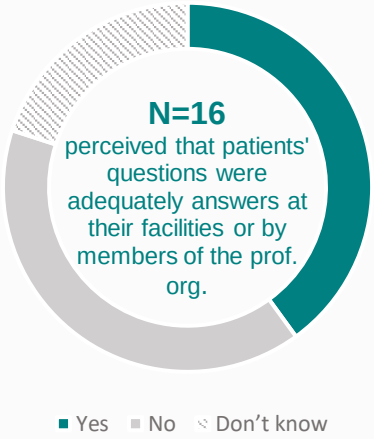


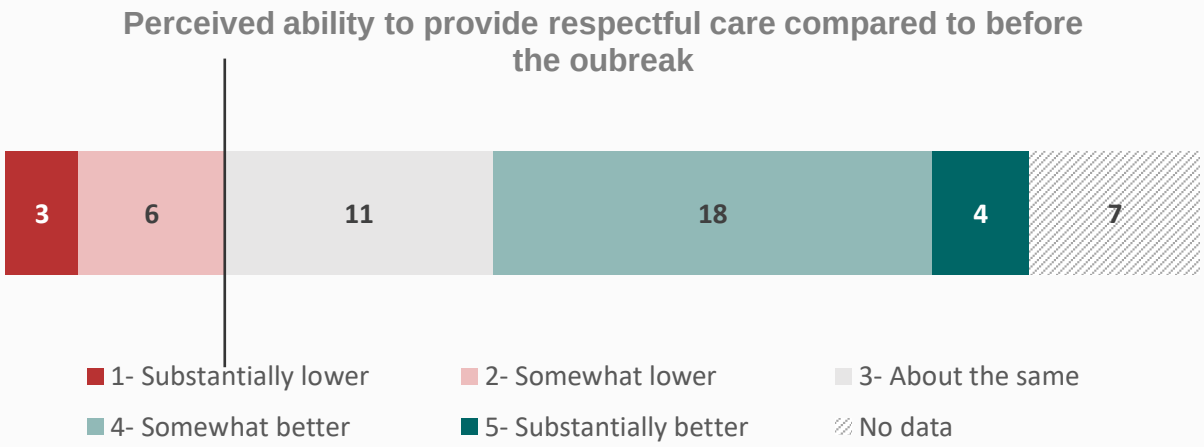
Dashboard 2. Women's access to information and respectful care



Six of the 20 respondents mentioned that the information materials were **updated in the past month**.

Commonly reported forms of sharing information materials with women were **social media and fliers.**

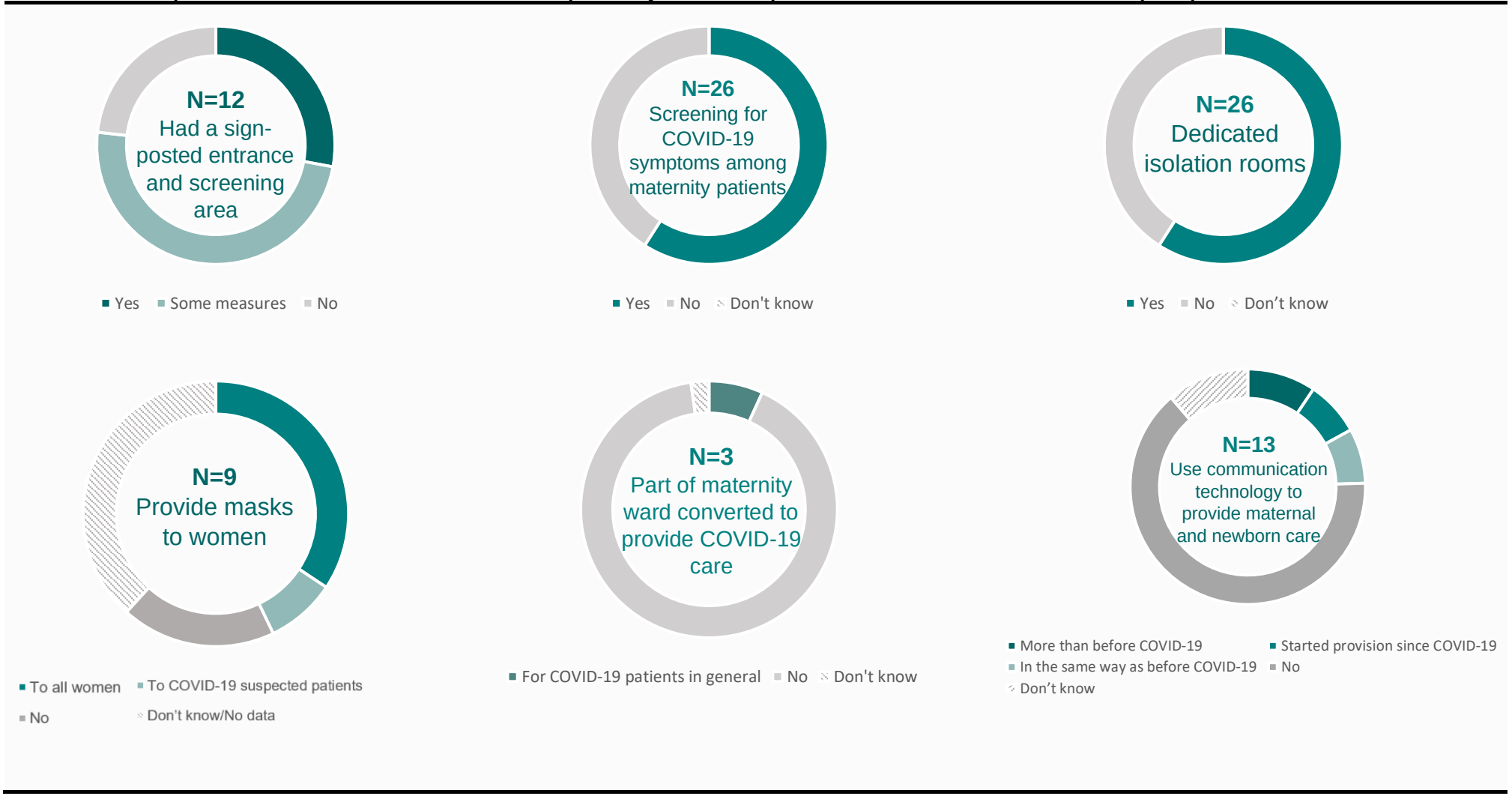




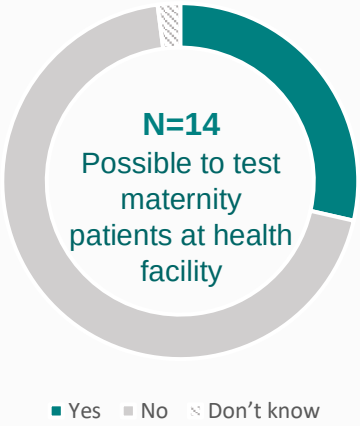
Areas of care where the ability to provide the same standards of care have decreased (according to respondents)

- Antenatal care
- Childbirth care
- Infection prevention measures when caring for babies of mothers infected with COVID-19
- Breastfeeding support
- Family planning counselling

Dashboard 3. Response at the level of health facilities as reported by healthcare providers who work at health facilities (n=44)



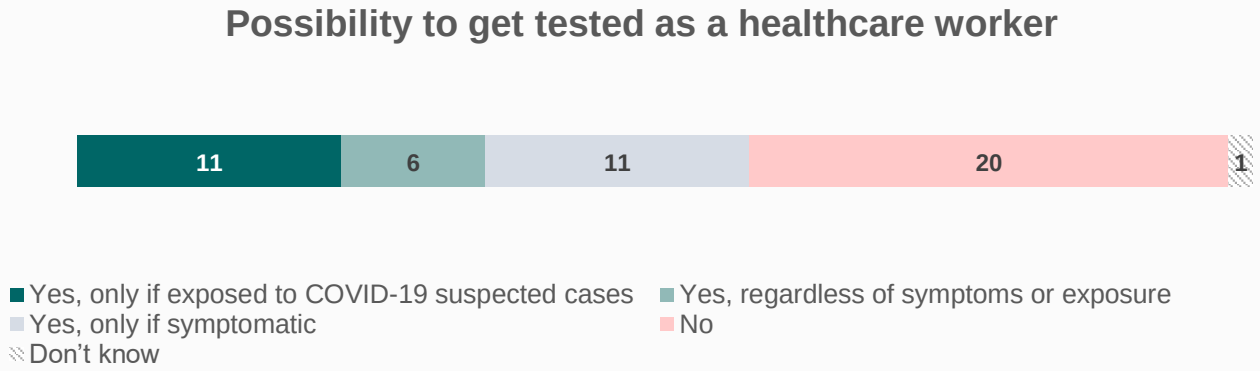
Testing for COVID-19



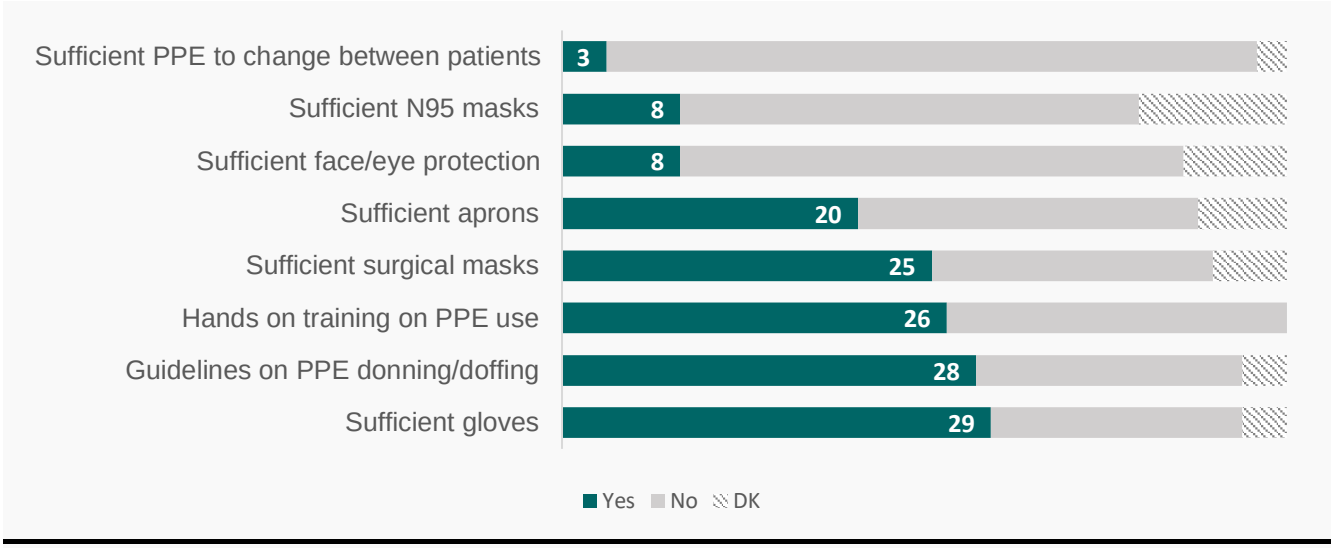
Only three respondents said that they are routinely testing all maternity patients at their respective health facilities, two respondents said that they are routinely testing all newborns of COVID-19 suspected/confirmed mothers.

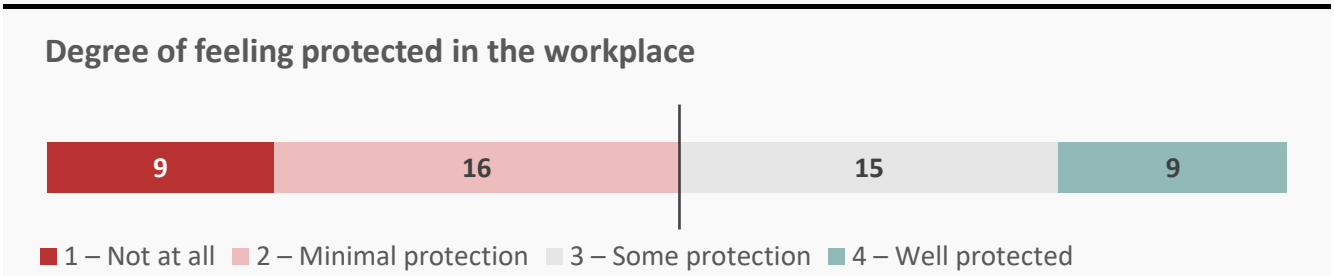
The majority of those who confirmed that it is possible to order a PCR test for maternity **reported that the test is free of charge** (n=12/14).

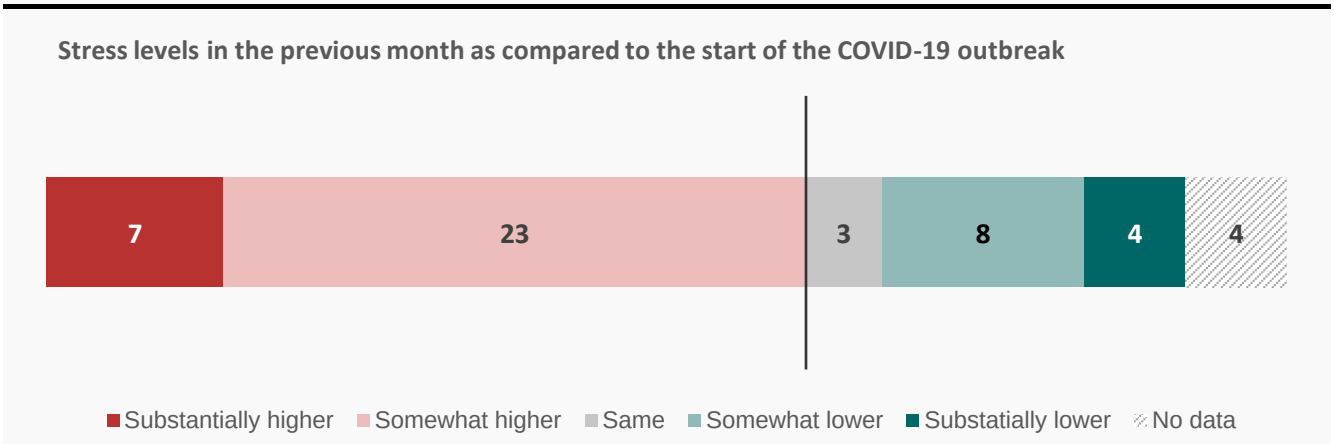
The timing to receive the test results ranged between 2-3 days, reaching up to more than a week for half of the respondents (n=7/14)

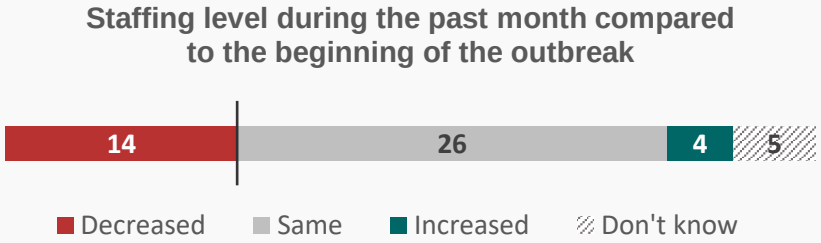


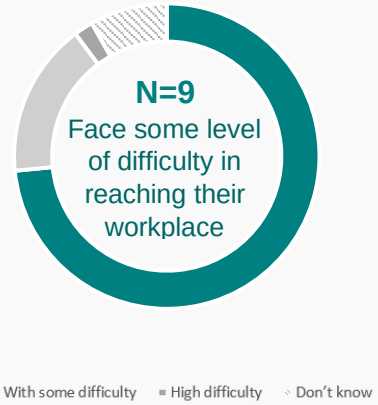
Dashboard 4. Healthcare provider access to PPE, perceptions of protection and experiences (n=49)



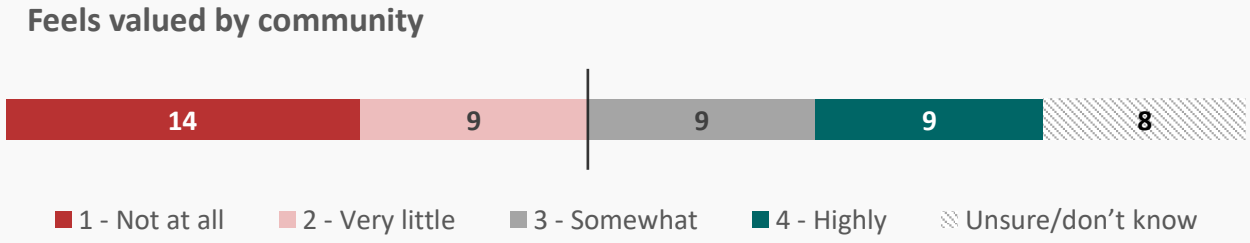


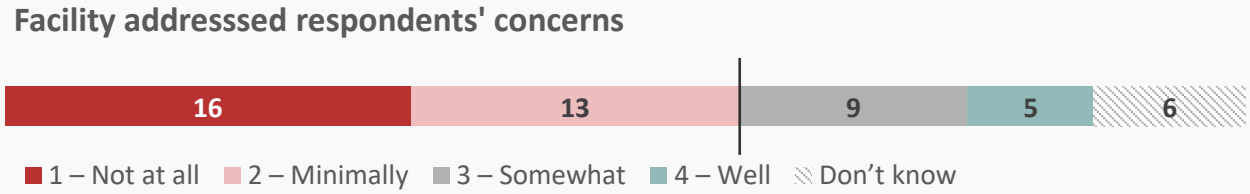






Common reported causes of the decrease in the number of staff:
- Staff unable to reach the workplace (n=5)
- Staff isolating following exposure to COVID-19 (n=4)





Exposure to violence in their work

Commonly reported types of aggressive behaviors were:

- Verbal aggression (n=4)
- Intimidation or threats (n=4)

Most commonly reported **targets/victims** are the respondents' colleagues (n=5) and friends/relatives (n=4) and respondents themselves (n=3).

Most commonly reported **perpertrators** are community members (n=3), friends/reatives (n=3) and patients' families (n=2).

Personal Protective Equipment

- Insufficient quantities for both healthcare workers and patients
- Healthcare providers purchase PPE out of pocket without being reimbursed
- Complaints about the lack of training on donning and doffing

Infection protection measures

- Low compliance among colleagues
- Low compliance among patients:
  - Literacy level
  - Relaxing of precautions in the community
  - Misinformation
  - Lack of affordability

Identification of COVID-19 cases

Inadequate testing and delays in receiving the results:

« Les retards dans la transmission des résultats par les laboratoires avec répercussion sur la prise en charge »

Concerns about not knowing the status of the COVID infection of patients and of colleagues.

Information, guidelines and training

- Lack of access to training, information and guidelines, including on the management of obstetrical emergencies and maternal cases with COVID-19.
- Maternal health left out from the trainings on COVID – "*Les différentes formations qui s'organisent sur la covid 19 ne tiennent pas compte du couple mère enfant*. »
- Lack of practical guidance on how to keep distance during childbirth care.

Challenges with telemedicine use

- High cost of internet connection
- Infrastructure : *« difficulté à capter le réseau 3G via nos réseaux téléphoniques locaux. »*
- Access to technologie and devices :
  - Among HCW: *« manque d'appareils téléphonique par d'autres membres de la structure* »
  - Among patients : « *Les femmes provenant de coins reculés (village) on [difficulté] à manipuler les téléphones* »

Appreciation and support

- Low motivation of the health workforce
- Psychological support needed
- Financial support:
- « *Une prime spéciale pour motiver les prestataires qui prennent des risques* »
- Need for appreciation :
  « Les médecins que nous sommes, prenons des risques de fois sans aucune protection et ni l'Etat ni la communauté semblent prendre cela en considération. Même par un simple merci. Ça fait mal. »

Use and affordability of care

Mothers concerned over routine immunisation for their children:

« La diminution de la fréquentation des femmes et leurs enfants dans des structures sanitaires suite à la crise qui frappe la communauté. »

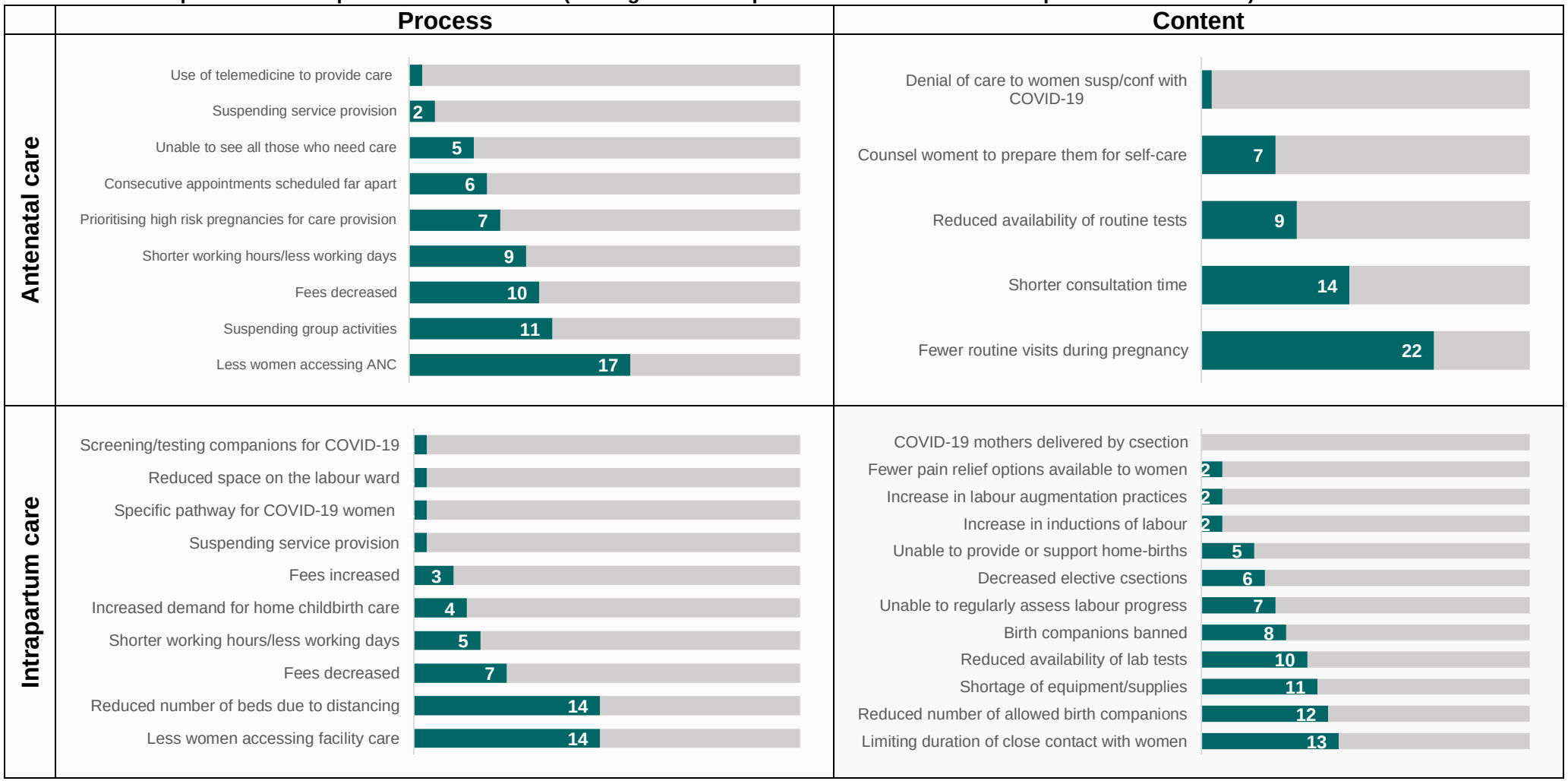
Lack of supplies and equipment

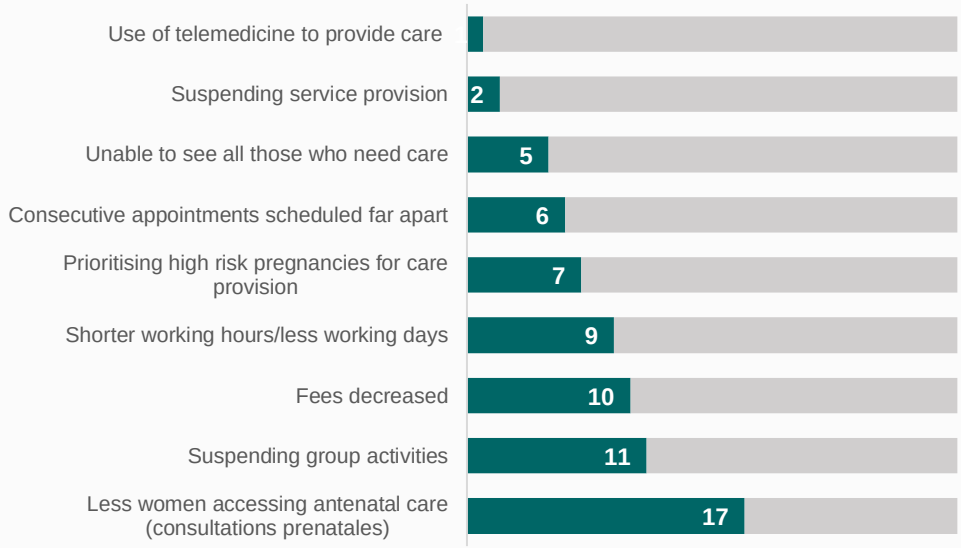
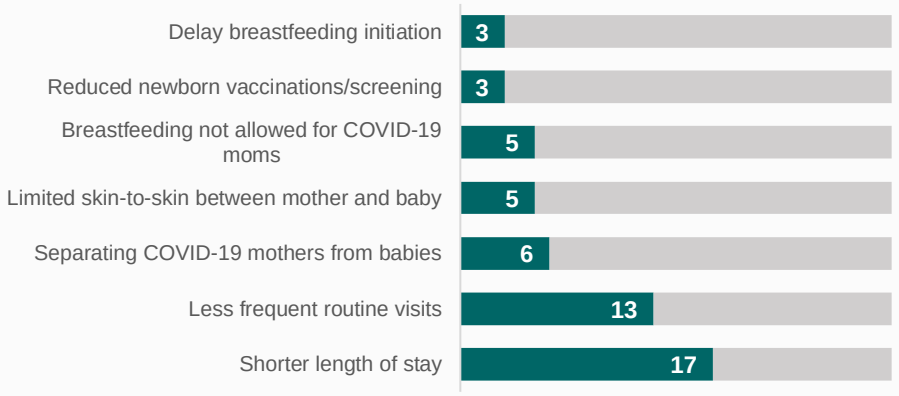
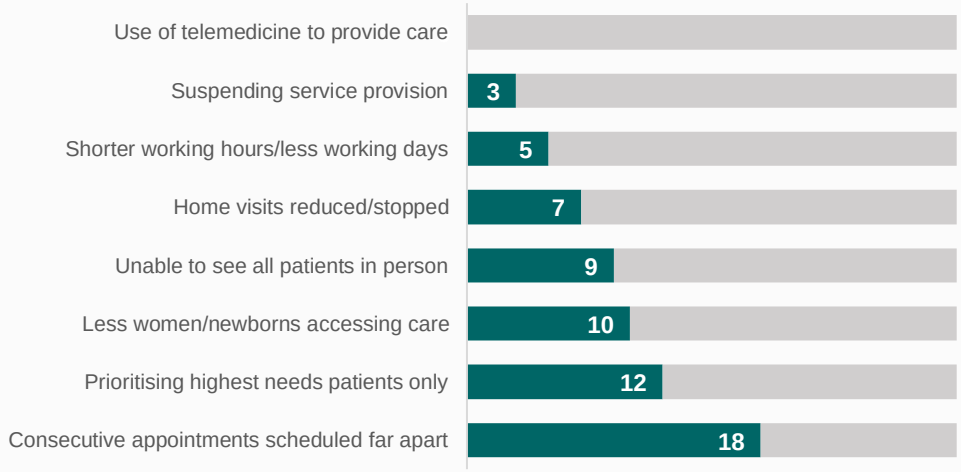
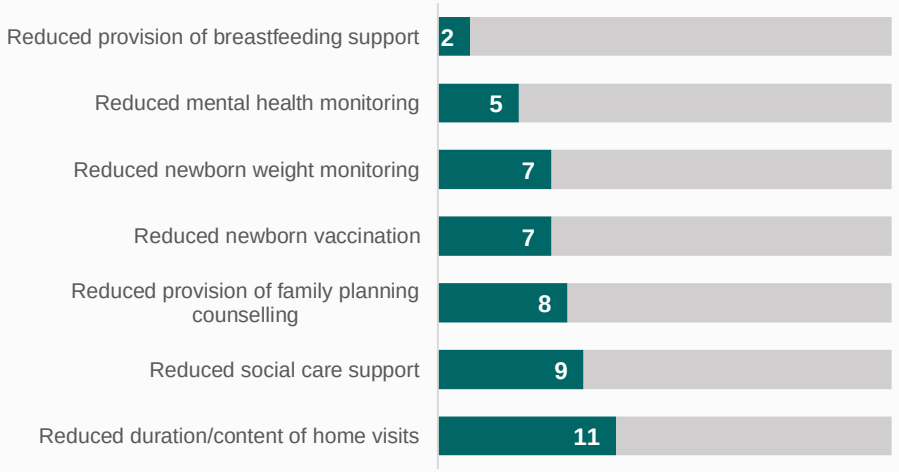
« Notre hôpital est situé dans un milieu sans l'eau, si nous pouvons trouver un partenaire qui peut seulement faire un forage d'eau pour nous cela va nous aider en ce qui concerne l'hygiène et l'assainissement. »

« Besoin en respirateur, en concentrateur d'oxygène »

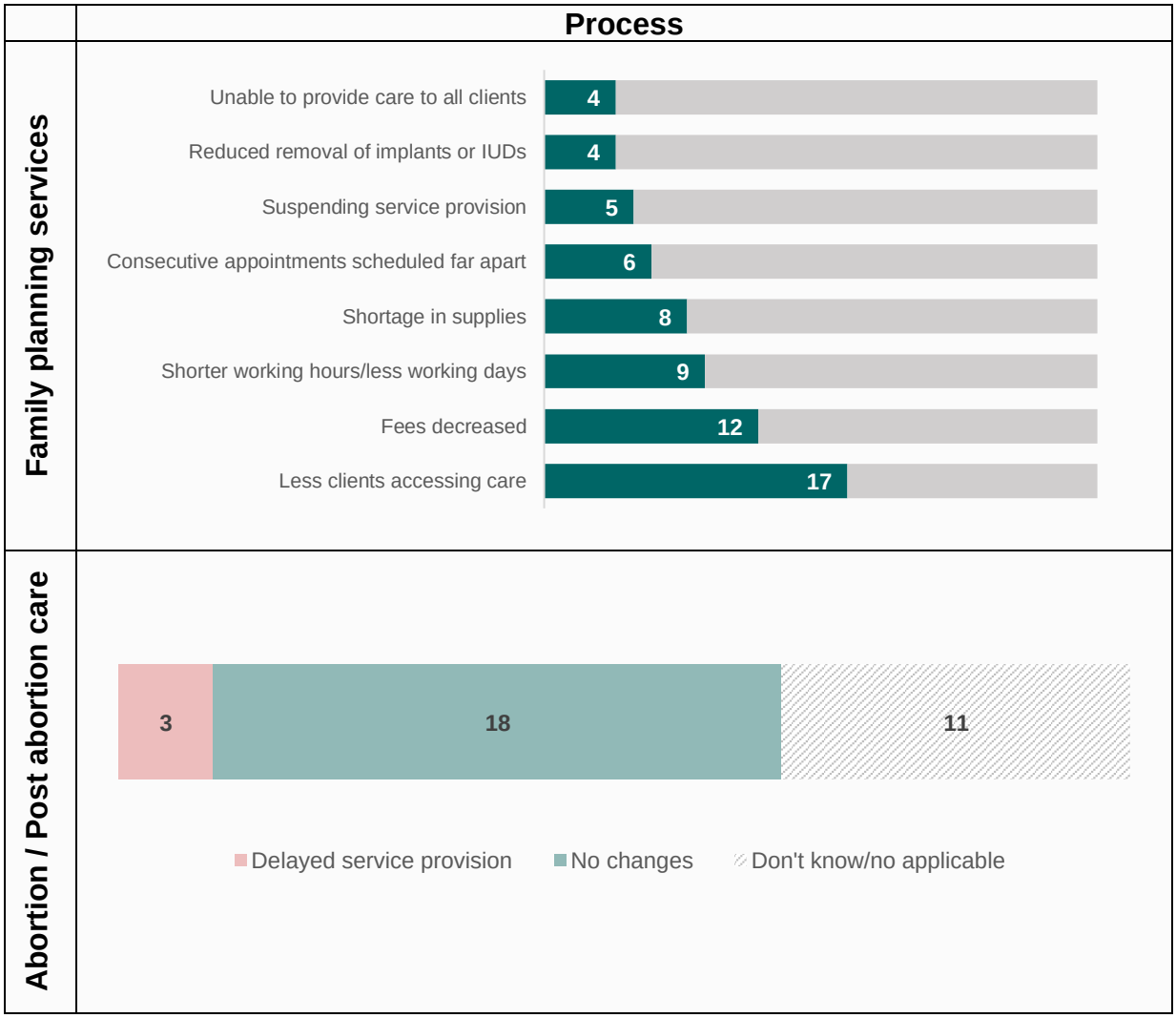
« *Juste la disponibilisation d'un laboratoire dans notre milieu, hormis le thermoflash que nous avons pour détecter la température suspect, et autre matériels importants.* »

Dashboard 6. Adaptations to care processes and content (Among healthcare providers who answered the optional module n=32*)



	Process	Content
Inpatient posnatal care		 A nurse mentioned that at their facility, separation of mothers from babies was practiced, and breastfeeding was not allowed although there were no COVID-19 maternity cases: **«** *Mais nous tenons à signaler que jusque là nous n'avons aucun cas positif en service de gynéco-obstetrique. Mais ses mesures et dispositions sont mises en application*"
Outpatient postnatal care		

*The number of missing answers is different across questions


Process
Family planning services
Unable to provide care to all clients
4
Reduced removal of implants or IUDs
4
Suspending service provision
5
Consecutive appointments scheduled far apart
6
Shortage in supplies
8
Shorter working hours/less working days
9
Fees decreased
12
Less clients accessing care
17
Abortion / Post abortion care
3
18
11
Delayed service provision
No changes
Don't know/no applicable