



# 2019 Report



## Grant

Grand Challenges Canada –  
Stars in Global Health Round 8, 2018 (CAD \$70,000)

## Date Project Began

December, 2017

## Attempted Issue Addressed

Maternal and child morbidity and mortality is one of the leading causes of inequities worldwide, with wide discrepancies between defined “high-income” and “low-income” defined countries. To address the crux of this discrepancy, the Sustainable Development Goals (2020) aims to increase the global access to universal care for sexual and reproductive healthcare (SDG 3.7 and 5.6), and by the year 2020 reduce global maternal mortality ratio to less than 70 per 100 000

live births, and for all countries to reduce neonatal mortality to 12 per 1000 live births and under-5 mortality to at least 25 per 1000 live births. Setting a call for reduction in maternal mortality by 75% by 2015 in the Millennium Development Goals was lofty, and not achieved in all settings, including the Democratic Republic of Congo (DRC): an African country that still boasts high, yet still likely underreported, maternal and child mortality rates to date.

## Financials

ITEMS	AMOUNT (CAD)
Remuneration - Employees	\$38,744
Fees - Consultants	\$8,900
Travel Costs	\$9,490
Equipment Costs	\$7,160
Administration Costs	\$5,250
Original Grant Budget	\$69,545
Actual Cost From Start to End Reporting Date	\$68,686



### Aim

STATS CONGO is a centralized database that aims to collect women and children’s health data outcomes, to make ongoing analyses and predictions forecasting trends in maternal and newborn mortality in real time.



### Results

In collaboration with the PANZI Hospital in Bukavu, STATS CONGO piloted a database to house existing patient data, from women who attended the maternal unit PANZI Hospital. Existing paper records were entered into the online database, and electronic records were collated into this newly created database. Data visualization techniques were applied to the final report to illustrate changing trends and factors related to women accessing care at the PANZI Hospital. To date has >1,300 observations from women who have sought medical care from the PANZI site.

## Executive Team



**Nohémie**  
Founder



**Patrick Musafiri**  
IT Administrator (Congo)



**Sheldon**  
Database (Congo)



**Eva Li**  
Co-Founder/  
UX Consultant



**Thierry Cubaka**  
Data Entry/Assistant  
(Congo)



**Mujumbe S. Prince**  
Accountant (Congo)

## Board of Advisors

Advisory board members are consulted on an individual basis whenever we need specific guidance and advice on project next steps.

**Vic Neufeld** – Canadian Coalition of Global Health Research, McMaster University, Hamilton (CA)

**Andrew Hawryshkewich** – School of Interactive Arts and Technology, Simon Fraser University (SFU), Vancouver (CA)

**Kennedy Ot wombe** – Lead Statistician at the Perinatal HIV Research Unit (PHRU), Witswatersrand University, Soweto (SA)

**Rebecca Gormley** – Faculty of Health Sciences, Simon Fraser University

We would like to thank Ali Bitenga and Amani R. King for their outstanding work in shaping our vision into reality.

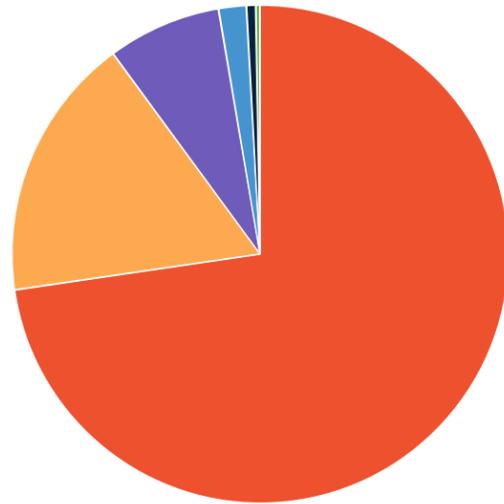


## Our Impact

### CAPACITY BUILDING

- ① Jobs created in Congo → 5
- ② Jobs created in Canada → 2
- ③ Data collection at the hospital were cleaned, and analyzed to inform hospital on clinical prevalence of women and children's health outcomes during consultation with healthcare providers.

## Family Planning



### Number of Abortions (0-5)

0	237 (72.7%)
1	56 (17.2%)
2	24 (7.4%)
3	6 (1.8%)
4	2 (0.6%)
5	1 (0.3%)

### Age

N: 326

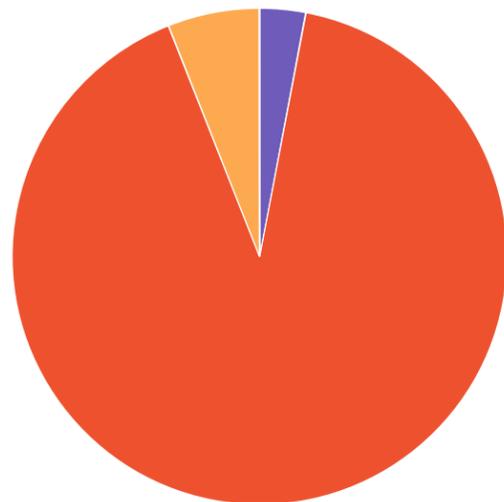
Minimum Age: 13

Maximum Age: 46

Mean: 29.84

Std. Deviation: 6.099

## Postnatal HIV Rate



Negative	91 (91%)
Missing	6 (6%)
Positive	3 (3%)

### Age

N: 100

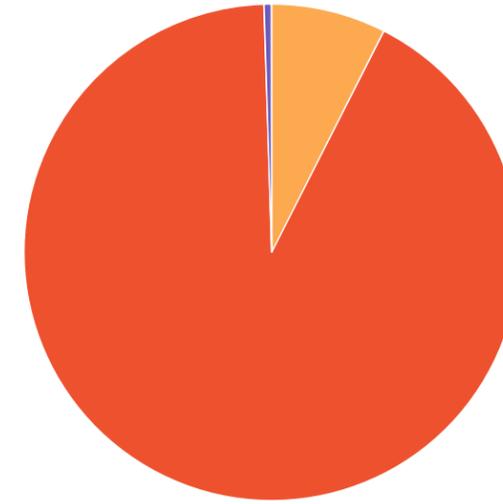
Minimum Age: 17

Maximum Age: 47

Mean: 27.15

Std. Deviation: 5.864

## Postnatal Consultation Visits



Married	1015 (93%)
Single	75 (6.9%)
Separated	1 (0.1%)

### Age

N: 1,091

Minimum Age: 14

Maximum Age: 50

Mean: 27.09

Std. Deviation: 6.439

## >> Next Steps

Data entry is ongoing, and future aims include expanding to other sites to have a true collaborative, comprehensive database for women and newborn health in the Democratic Republic of Congo.

As the observations increase, STATS CONGO will begin to display trends using data visualization techniques, and target potential policy makers, non-governmental organizations that support maternal and newborn health, to assist in the direction of resources and potentially influence policies to reduce maternal and newborn mortality.

To assure sustainable measures, instead of only targeting local hospitals for patient records and data, we will branch out to organizations serving our target population of interests, women and children, beyond the parameters of hospitals, to share their data with us as we create tools and products informed by the collected data, to best serve the target population.