





USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

Accountability and Action for Respectful High Quality Care: lessons learned and progress

June 2019

Regional Commitment

Recalling Resolution CRHC/RHMC32/R2 (2000) on Safe Motherhood which urged Member States to promote better practices in safe motherhood and adopt multi-sectoral approaches towards improving safe motherhood;

Concerned with the prevalence of disrespect and abuse of women during childbirth in the region and globally;

Further concerned that disrespect and abuse of women during childbirth results in delays or avoidance of seeking care, affect adherence to care and leads to decreased trust in health services thus contributing to poor health outcomes including maternal deaths and disabilities;

Now therefore

Urges the Member States to

- Strengthen health systems in order to advance respectful maternity care, taking into consideration the principles of multisector collaboration and the WHO framework for the quality of maternal and newborn health care;
- 2. Apply implementation science approaches to address specific questions on barriers to respectful maternity care;
- 3. Strengthen monitoring of the accountability framework for reproductive, newborn, maternal, adolescent and child health;

Mistreatment in East Africa: implementation research evidence

- Tanzania: Tanga: 19% reported at least 1 of 14 instances of disrespect and abuse (at exit), 28% (home follow-up)
- Tanzania: Dar: 15% (at exit) reported 1 of 18 instances of disrespect and abuse, 70% (home follow-up)
- Kenya: 20% reported being humiliated (at exit)
- Care-seeking implications: Tanzania (Staha) shows reported disrespect and abuse is associated with <u>lower intention to</u> deliver in a health facility in the future

QoC: (Poor) Experiences of Maternity Care

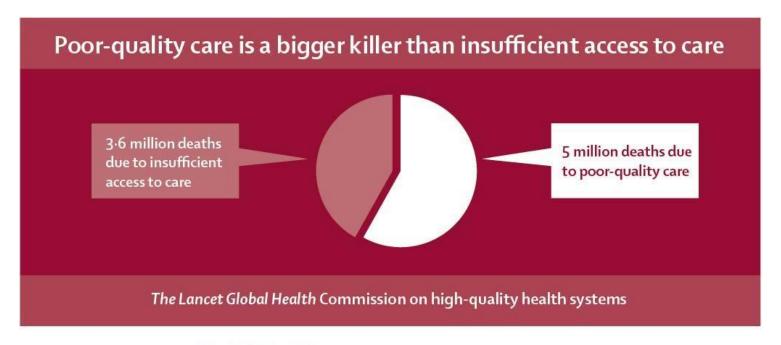
Physical abuse	Hitting, slapping, pushing, sexual abuse, rape
Non-consented care	Failure to seek and receive consent before a procedure
Non-confidential care	Lack of physical privacy and/or privacy of information
Non-dignified care	Verbal abuse, negative gestures and comments
Discrimination	Differential treatment because of personal attributes
Abandonment/neglect	Neglect, delivering alone
Detention in facilities	Detention in facility until payment is made, bribes
Poor rapport between women and providers	Ineffective communication, lack of supportive care, loss of autonomy
Health System Conditions and Constraints	Lack of resources, lack of policies, facility culture

Why do poor experiences matter?



- Poor Quality of Care has safety, human rights, and ethical implications that can lead to:
 - Poor health outcomes,
 - Reinforce mistrust of health services,
 - Lead to delays/avoidance of institutional care-seeking in the future.

Quality of Care for RMNCAH & UHC



THE LANCET Global Health

The best science for better lives

Poor quality of care is responsible for 1 million newborn deaths and over half of maternal deaths!

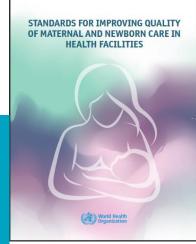
Health system Quality of Care EXPERIENCE OF CARE PROVISION OF CARE 1. Evidence based practices for routine 4. Effective communication care and management of complications Respect and preservation of dignity 2. Actionable information systems 6. Emotional support 3. Functional referral systems 7. Competent, motivated human resources 8. Essential physical resources available Individual and facility-level outcomes Coverage of key practices People-centred outcomes Health outcomes

Global Action to Advance Respectful High Quality Care

- WHO statement on Disrespect and Abuse, RMC Charter
- Global Guidelines and Norms by WHO (MNH, intrapartum, child)
- Proliferation of research Studies!
- Communities of Practice/Learning
 - Quality, equity and dignity network
 - RMC Global Council (hosted by the White Ribbon Alliance)



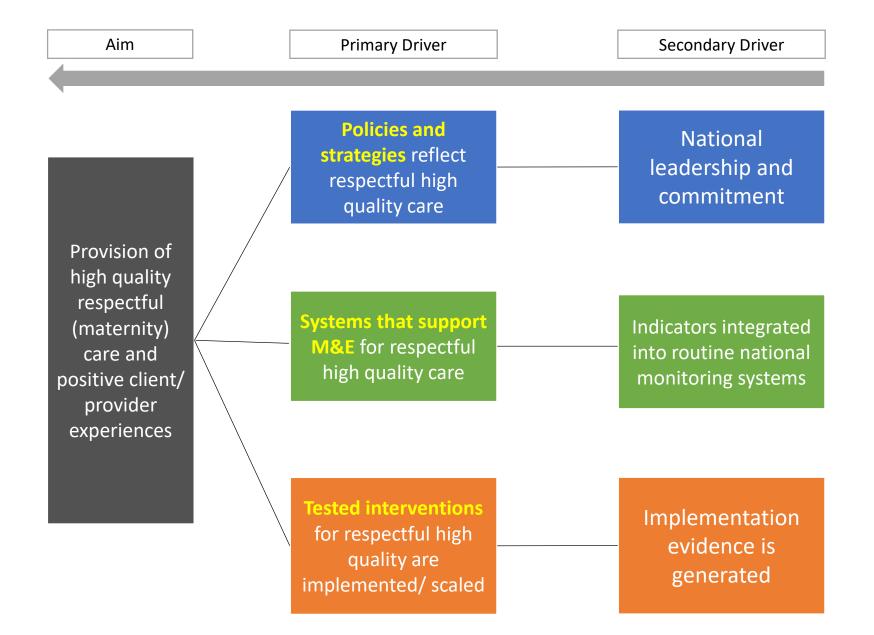




The prevention and elimination of disrespect

and abuse during facility-based childbirth

Theory of Change



Evidence into Action for Respectful Care: TANZANIA

Policies and Strategies

Draft guideline, steering committee

Routine Monitoring

Rapid review of indicators, link to QED

Promising Approaches (practices)

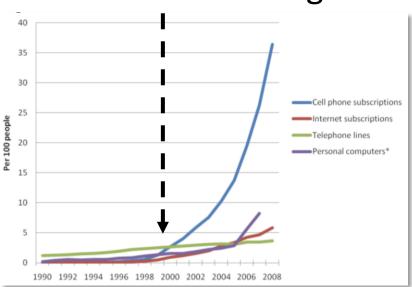
 Building off implementation research the government is now considering: client services charter, birth companion, community score card, infrastructure (privacy/space)

Evidence Availability and Sharing

- Case studies of promising approaches
- Information-sharing platform

Information Sharing Platform (agenda)

Where we're coming



Trends in ICT in Sub-saharan Africa

Ref: Jef Cow et all, 2012, DOI: 10.1145/2110363.2110384

What is happening with this project ...

Research, produce and gather

- Published and grey literatures
- Communication and advocacy materials
- Photos & videos (eMaterials)



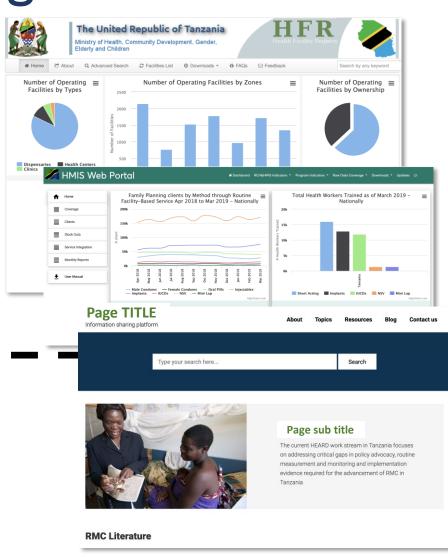
Information Sharing Platform



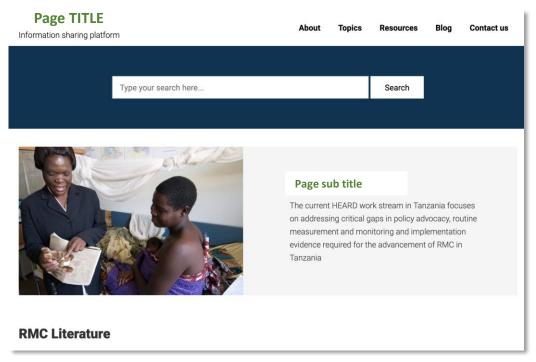
Information Sharing Platform

Our proposed approach...





Information Sharing Platform



- Incremental design (add and update materials)
- Responsive (adaptive to desktop/mobile)
- Co-create to promote sustainability (design in collaboration with local HMIS)
- Maximum penetration compared to traditional paperbased dissemination approach
- Digital archivable

Evidence into Action: KENYA

Policies and Strategies

- National MNH Health Implementation Strategy
- Revised MPDSR guidelines
- MNH Bill
- Health Bill (just passed)

Routine Monitoring

- Supervision checklist
- MPDSR and verbal autopsy

Promising approaches (scaled-up)

- Maternity Open Days (continued)
- Training on RMC components (VCAT)

Evidence availability and sharing

- Strong advocacy continue (Media, WRA- what women wants compgain, CSO, Linda mama, county first ladies forum)
- PC and MOH share results, other research on RMC on going

Discussion on Progress & Lessons Learned:

Advancing
High Quality
Respectful
Care

Policies and Strategies

Routine Monitoring

Promising Approaches/ Practices

Evidence Availability and Sharing

Conclusion

Let us consider how we can track progress, stay in touch and share knowledge and experiences.

