



TANZANIA MIDWIVES  
ASSOCIATION

# Learning from Respectful and Compassionate Care Guidelines Dissemination

Respectful Maternity Care Innovation Case Study  
Produced by the Tanzania Midwives Association



# ACKNOWLEDGMENTS



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# ABBREVIATIONS

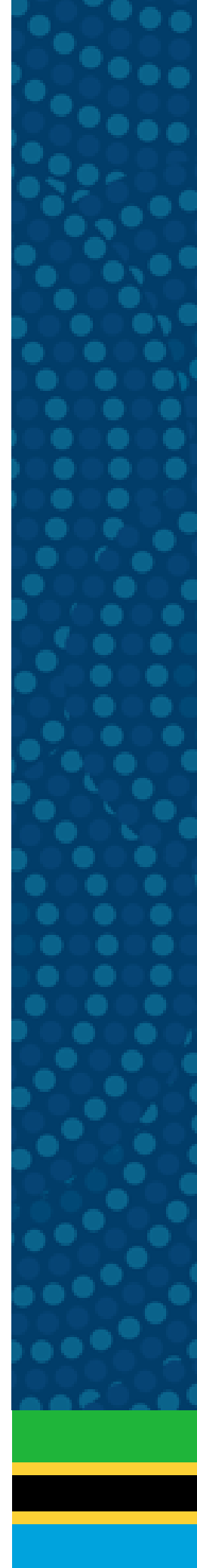


<b>CHMT</b>	Council health management team
<b>DNMS</b>	Division of Nursing and Midwifery services
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoH</b>	Ministry of Health
<b>RCC</b>	Respectful and compassionate care
<b>RMC</b>	Respectful maternity care
<b>RMCC</b>	Respectful maternity and compassionate care
<b>RHMT</b>	Regional health management team
<b>RRHMT</b>	Regional Referral Health management team
<b>SOPs</b>	Standard operating procedures
<b>TAMA</b>	Tanzania Midwives Association

# ABSTRACT



This case study examines the impact of an innovative (cascading) dissemination approach in scaling the uptake of Respectful Maternity and Compassionate Care (RMCC) guidelines by healthcare providers in Tanzania. Led by the Ministry of Health (MOH) and Tanzania Midwives Association (TAMA), the objectives were to: 1) increase awareness of the guidelines to healthcare providers through the use of an innovative dissemination approach; 2) identify gaps in the traditional dissemination approaches for guidelines; and 3) recommend an innovative approach that could be used to ensure more effective dissemination. The dissemination approach included creating and giving a presentation on the objectives of the guidelines with brief explanations of each chapter, clarifying roles of each provider from the national level, simulating the Respectful and Compassionate Care (RCC) that healthcare providers should demonstrate, and distributing the guideline to participants. The guideline was disseminated in 12 regions to 215 healthcare providers and leaders. Within one month, the project reached and introduced new guidelines to a considerable number of intended users compared to what could be expected by distributing through medical store department transport, leader meetings, and ambulance (a traditional approach), as shown by program reports and previous program experience. Additionally, most participants were satisfied with this approach as compared to the traditional one. Therefore, it is recommended to scale up the innovative dissemination approach for distributing guidelines in the healthcare sector. We also recommend evaluation of other approaches (e.g., digital platforms) as a complementary strategy for dissemination of guidelines.



# 1 INTRODUCTION



The Ministry of Health (MOH) in Tanzania plays an important role in ensuring healthcare services provided adhere to ethics, are user friendly, and attract and satisfy clients. Over the years, the MOH has developed guidelines for various interventions such as Respectful Maternity Care (RMC) and RCC guidelines, aimed at changing healthcare provider attitudes around disrespect and abuse during care of women and the general population. To ensure the printed guidelines reached the intended users, the Ministry has traditionally used different modes of dissemination, such as during meetings; through supportive supervision; as part of various regional, district, and facility-level fora; and through making them available in the medical store department transport. These traditional approaches to dissemination often resulted in utilization failure because some of the guidelines were kept in office storage and never reached the intended users. This, in turn, led to provision of care that failed to meet the standards per the guidelines, which ultimately contributed to poor quality of services. Recognizing the failure of more traditional guideline dissemination methods to lead to implementation of guidelines, going forward, the Ministry determined it would be potentially more effective to disseminate guidelines in a more interactive and multifaceted manner. This newer approach focuses on a process that engages all stakeholders from the ministerial level down to the intended users. The MOH through Reproductive and Child Health (RCH) and the Division of Nursing and Midwifery Services (DNMS), in collaboration with Thamini Uhai and Americares, used an innovative cascading approach to disseminate the guideline, in which various stakeholders were engaged from ministerial level down to the intended users.

## 2 OBJECTIVES

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This case study aims to:

- Assess the effect of using an innovative dissemination strategy to increase awareness of the existing guidelines among the Ministry management team and health care providers.
- Identify gaps in the current dissemination strategy used by MOH.
- Recommend an innovative cascading approach that could be used to ensure more effective, widespread dissemination of the RCC/RMC guidelines.

# 3 IMPLEMENTATION DESIGN, METHOD AND EXPERIENCE

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The MOH, through DNMS and Tanzania Midwives Association (TAMA), led the effort of disseminating the guidelines by using an innovative cascading approach because the previous traditional method was delaying uptake and implementation of the guidelines.

The original plan was to conduct five days of training for at least 10,000 health workers in the country coupled with at least four visits of supportive supervision, coaching, mentorship, monitoring and evaluation (M&E). However, this was not possible due to financial constraints. Therefore, a new dissemination strategy involving a training and orientation strategy was designed to create further awareness, acceptability, and to demonstrate positive results to employ the RCC principles and guidelines.

The innovative (cascading) dissemination approach is the dissemination method whereby information about guidelines is shared by orienting providers to the guidelines by explaining clearly the contents, roles and procedures required for easy understanding and utilization. This approach goes beyond the traditional, simple distribution to healthcare providers. Dissemination of the RCC guidelines was implemented by DNMS and TAMA. The approach involved conducting two-day classroom training and a one-day clinical practice orientation for healthcare providers. The DNMS and TAMA hosted the training and clinical practice orientation at Dodoma Regional Referral Hospital (RRH) and other health facilities in the councils/districts for dissemination.

Table 1 below shows the number of participants who received the two-day training and one day clinical practice orientation by region. Day one of the two-day training consisted of opening remarks, objectives of the workshop, self introduction, gallery walk, reflection of disrespect and abuse, and patient expectations from the healthcare providers. Another session covered the content of each chapter of the guidelines, roles and responsibilities of each level, and skills required to practice RCC. Day two was scheduled for clinical practice through simulations. Each trainer demonstrated RCC and let each group of participants demonstrate RCC skills.

**TABLE 1: PARTICIPANTS IN TRAINING AND ORIENTATION BY REGION**

Region	Districts	Participants from Regional Health Management Teams, Council Health Management Teams, and RRH
Tabora	8	17
Katavi	5	23
Kigoma	8	30
Kagera	8	60
Mara	6	45
Shinyanga	5	40
<b>TOTAL</b>	<b>40</b>	<b>215</b>

The healthcare workers oriented included doctors, nurses and midwives, laboratory technicians, pharmacists, medical attendants, mortuary attendants, and security guards working at the targeted health facilities. The trainings included participants from throughout health facilities to increase ownership, acceptability, usability, and adherence to the RCC guidelines.

The major barrier to implementation was inadequate budget to sustain the implementation from national to lower levels. Therefore, we did not achieve the target coverage of 26 regions and 186 districts; however, 6 out of 26 regions and 40 out of 186 districts were covered. To date, follow-up on implementation outcomes related to this dissemination approach has not been conducted due to the financial constraints of M&E.



# 4 KEY FINDINGS



**During dissemination of the RMC and RCC guidelines to the healthcare providers and management teams, the following responses were captured:**

- During dissemination, neither healthcare workers nor the management teams admitted to awareness of previously disseminated guidelines (e.g., leadership guidelines).
- After the training and orientation, both healthcare providers and management teams expressed their acceptance of the guidelines, as they arrived when RMC and RCC was highly needed.
- They expressed that this guideline would help facilitate the quality of care that every client would like to get.
- Other healthcare professionals, especially those who work in reception, anticipated that the guidelines would improve satisfaction and reduce complaints on public platforms, such as the radio and other media.
- Healthcare providers agreed that the guidelines helped to emphasize their code of conduct and ethical principles.
- Healthcare management teams noted this method of disseminating the guidelines (e.g., by training and simulating the required skills) created a sense of ownership and acceptability of the guidelines by users. They therefore recommended to the ministry to disseminate all developed guidelines across the country similarly.
- Among the healthcare providers, 15% consider the guidelines as part of the professional ethical principles and codes of conduct which have already been taught in school.
- After dissemination of the guidelines, the management team expressed their commitment to ensuring the guidelines are implemented.



# 5 RECOMMENDATIONS



**The findings of this case study suggest that the innovative (cascading) approach for dissemination could be effective in scaling up awareness and knowledge of RMC guidelines in Tanzania. We therefore recommend:**

- 1.The MOH should plan ahead for disseminating the developed guidelines, including developing a budget for training and orientation.
- 2.Regional and Council Health Management Teams should stipulate roles and responsibilities of each provider during dissemination and care in general.
- 3.Healthcare providers should adhere to standard operating procedures and protocol stipulated in the guidelines.
- 4.The MOH should consider adopting this dissemination strategy as standard approach.

We understand the potential for use of other platforms such as Zoom conferences and teleconferences in reaching more audiences in a shorter time and in a more cost-effective way. We therefore recommend further studies to evaluate the effect of other strategies such as the use of digital platforms for effective dissemination of guidelines in Tanzania.

The innovative (cascading) dissemination approach will influence future experiences of care because the management team and users have been oriented to the guidelines and know the content and expectations. Therefore, it is our hope all government documents (guidelines or protocols) are disseminated by using this method instead of traditional methods.

# APPENDIX A – CONCEPT NOTE

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## **Problem Statement**

Communicating health information to clients within the health care delivery system is a challenge. Dissemination of guidelines is one of the means of communicating information to healthcare workers to ensure health delivery points provide standardized quality services across Tanzania. However, effective implementation of the guidelines is challenging, with dissemination even more difficult. In Tanzania, developed guidelines reached intended users through a distribution method which lacks a sense of ownership, accessibility, and usability. So far, there are no clear strategies to best make users aware of distributed guidelines and ensure they are acceptable and utilized for standard provision of care. A qualitative study was conducted of the determinant of HIV guideline implementation in two districts of South-Eastern Tanzania. The study indicated that there was neither a clear strategy nor a budget for guideline dissemination. Additionally, there was haphazard distribution, which led to inadequate coverage of guideline documents at the health facilities (Mary N et al, 2019).

A study was conducted in India on clinical practice guidelines dissemination and a new approach using the Haddon matrix as a conceptual framework of evidence-based implementation strategies. The findings revealed that one of the strategies was to ensure team spirit and get all stakeholders to buy in. The second was to involve the end user to ensure implementation. End users need to be well informed of the guidelines to familiarize themselves and agree with them (Peter Pang, 2010).

## Justification

Unlike the previous traditional approach of distributing the developed guidelines by the Ministry of Health, the RCC/RMC guideline dissemination involved the innovative (cascading) orientation approach to engage different stakeholders by creating awareness in the Ministry, Region and Council multispectral leaders as well as intended users.

The RCC/RMC guidelines' cascading engagement dissemination approach started with Ministry leaders and went down to regions, councils and hospital leaders. Ultimately, and most importantly, orientation of the RCC/RMC guidelines was done with healthcare providers of different cadres including doctors, nurses and midwives, laboratory technicians, pharmacists, medical attendants, mortuary attendants and security guards working at the target health facilities. This innovative approach was developed with the goals of achieving better ownership, acceptability, usability, and increasing adherence to the RCC/RMC guidelines in comparison to the other guidelines disseminated using the traditional approach. However, further research in this area is needed to assess the implementation and dissemination strategies and their effectiveness.

## Broad objective

To assess perceived effectiveness of cascading dissemination as an effective approach for improving RCC among healthcare providers in Tanzania.

## Specific objectives

- 1.To determine proportion of healthcare providers who are aware of guidelines for Respectful Compassionate and Maternal Care
- 2.To determine proportion of healthcare providers who utilize guidelines for Respectful Compassionate and Maternal Care during care provision
- 3.To determine proportion of health facilities with availability of guidelines for Respectful Compassionate and Maternal Care
- 4.To explore factors influencing the acceptability and uptake of RMC guidelines among health facilities
- 5.To formulate recommendation on effective strategies for dissemination of the national guidelines

## Research questions

1. What is the proportion of healthcare providers who are aware of guideline for Respectful Compassionate Maternal Care?
2. What is the proportion of healthcare providers who utilize guidelines for Respectful Compassionate Maternal Care during care provision?
3. What is the proportion of health facilities with availability of guidelines for Respectful Compassionate Maternal Care?
4. Which factors influence the acceptability and uptake of RMC guidelines among health facilities?
5. Which recommendations will be formulated on effective strategies for dissemination of the national guidelines?

## Study methodology

### Study design

Analytical cross-sectional study will be conducted employing both quantitative and qualitative research approach.

### Study setting

This will be implemented in Tanzania.

### Study population

The study population will be healthcare providers.

### Inclusion criteria

Health care providers

### Exclusion criteria

Healthcare providers who will be very sick, and mentally incapable of participating in the trainings and orientation.

### Research instruments

The tool that will be used to collect data is a structured questionnaire and interview guide.

## Data collection process

Data will be collected through interview guide and questionnaires. Observation will be done by using a check list to assess providers' compliance with the RMC guideline.

## Data processing and analysis

Data obtained will be coded manually and then entered into the computer and cleaned. Data analysis will be finalized using a statistical package for the social sciences computer software version 20. Frequencies and cross tabulations will be done. Data will be summarized into frequency tables and figures. For qualitative data, a content analysis approach will be used.

