

Promoting Respectful Maternity Care in Zambia

Findings from a pilot in Chipata, Zambia

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Breakthrough RESEARCH

- Flagship SBC project for USAID Global Health Bureau to drive the generation, packaging, and use of innovative SBC research to inform programming
- Five-year project from August 2017 to July 2022
- USAID HQ, Cross-bureau and mission supported activities
- Close collaboration with sister project Breakthrough ACTION

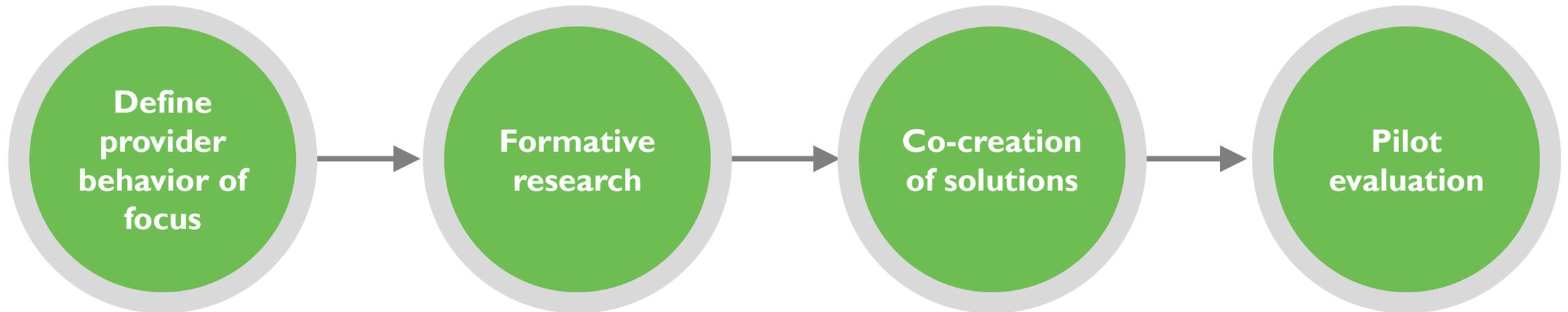


Agenda

- Background
- Solutions
- Evaluation Design
- Results
- Implementation Learnings
- Next Steps

Background

Collaboration with the Safe Motherhood 360+ Project & the Chipata District Health Office in 4 phases



Providers do not consistently follow best practices during delivery, especially those related to Respectful Maternity Care (RMC).

Why does this problem matter?



Human
rights



Health
outcomes



Future
care-seeking

Formative research findings



Harsh treatment is normalized and has no consequences



Providers focus on death avoidance over everything else



The pain of labor, and the implications of being in pain, is part of the challenge

Solutions

Provider-Client Promise

LONJEZO LA MZIMAYI WAPAKATI NDI NAMWINO

Kugwira nchito limodzi kuti mayi ndi mwana akhale omasuka komanso otetezeka



(Provider reads aloud)

Monga namwino wako, ndikulonjeza kuti:



• Ndizani handizani ndi kamulimbikisani.



• Ndizakufotokozlani zandandemeko yonse.



• Ndizakuthandizani kutesa zobaba.



• Ndilonjeza kuti S'nizakuzizilani, kapena kukakalilani, kapena kumimenyani mbumba pa thawi ili yonse. Ndilonjeza kumu samalilani bwino.

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Uvumbuzi chisitsine



(Provider reads aloud to client, who responds)

Monga muzimayi wapakati, ndikulonjeza kuti:



• Sindizakakhira pokapo nthawi yitakwana.



• Ndizatssegula mnyendo yanga kuti muwone pila pomwe yafika kuti mundifotokozze.



• Ndizaganela mumpopele pomwe mwanafusa.

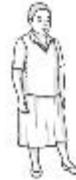


• Nizakuzililani pomwe mbumba kachira olo ndili ndi fusa.

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PROVIDER-CLIENT PROMISE

to work as a team to keep mother and baby comfortable and safe



(Provider reads aloud)

As your provider, I promise to:



• I will provide support and encourage you.



• I will explain why procedures are needed.



• I will help you to manage pain.



• I will not yell, scold, or slap at any point. I promise to treat you well.

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Provider promises to work as a team to keep mother and baby comfortable and safe



(Provider reads aloud to client, who responds)

As the client, I promise to:



• will not push until you tell me it is time.



• will open my legs so you can see my progress and explain.



• will lie on my side when you ask me.

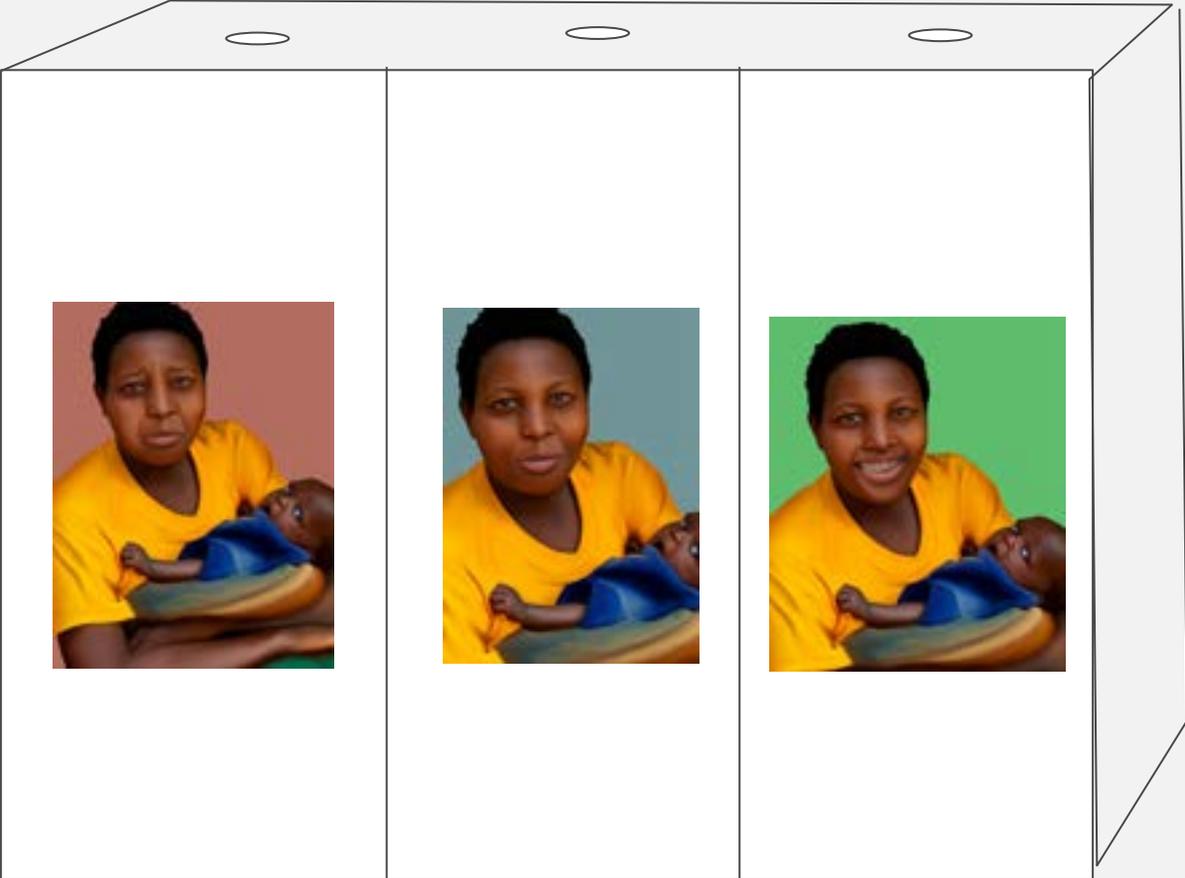


• will let you know when I am in pain or have a question.

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Client promises to work as a team to keep mother and baby comfortable and safe

Feedback Box



“Fresh Start” Funds



Reflection Workshop

My Commitment to Provide Good Patient Care

My name is _____ The facility where I work is _____

1. One thing I enjoy about being a provider is _____
2. One thing I think I am good at doing is _____
3. One way I want to help women have a safe and enjoyable birth experience is by _____
4. I will do this by _____
5. One thing I want to improve about my own service provision to improve the experience of clients is _____
6. One way I will try to do this is _____
7. One of the tools I want to practice using is _____
8. One way I will make sure I can use this tool is by _____
9. One way I can help other providers provide more respectful and safe care is _____

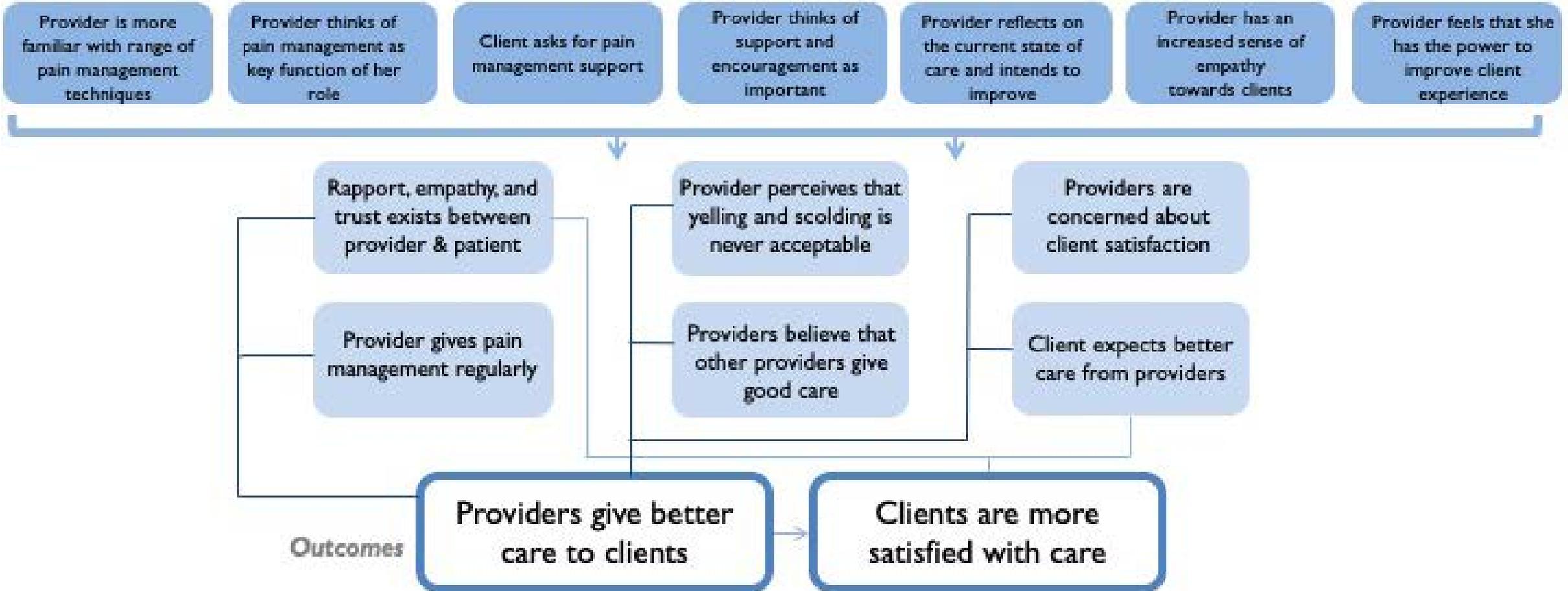


Evaluation Design

Overview of evaluation design

- Quasi-experimental evaluation of implementation was conducted in 10 peri-urban and rural facilities:
 - 5 intervention facilities
 - 5 comparison facilities
- Implementation occurred from September through December 2019
- Measured the differences in outcomes amongst intervention and comparison group and controlled for certain variables at endline
- Additional sensitivity analysis conducted to validate findings

Themes explored



Data collection methodology

Baseline and endline data collection included:

- ✓ Provider surveys
- ✓ Client surveys
- ✓ Facility in-charge interviews
- ✓ Monitoring visits

Results

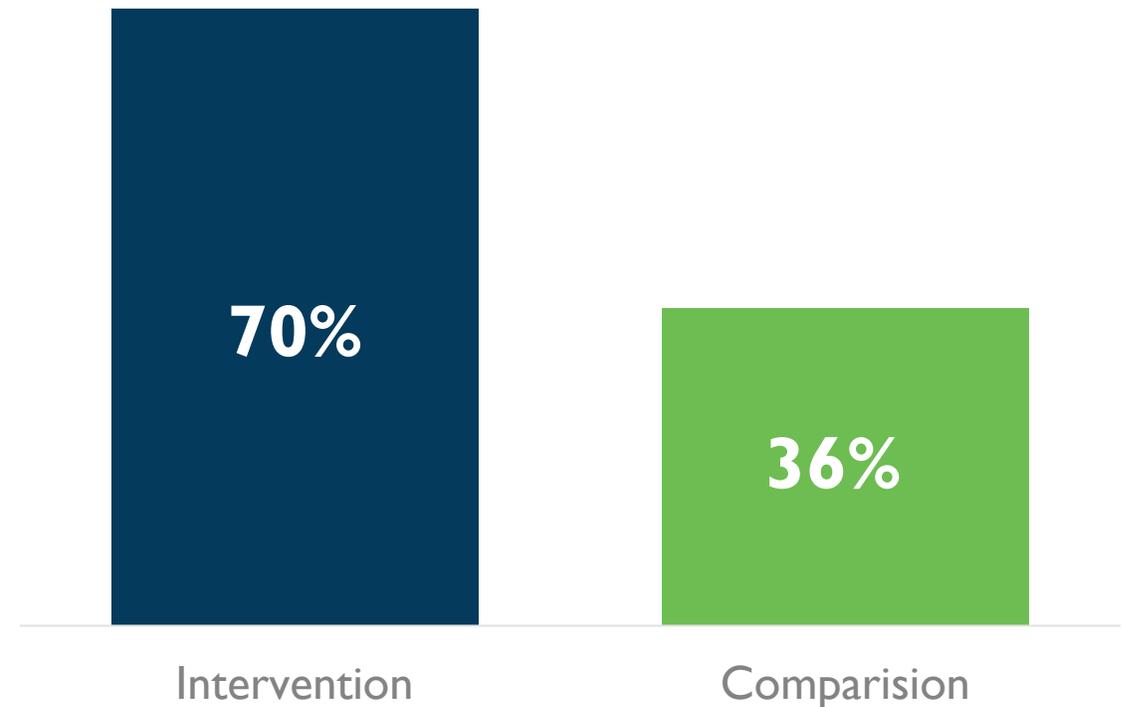
Key Takeaway #1

Pain Management support improved

Clients at intervention facilities were more likely to request pain management support during labor

Clients at intervention facilities were **33 percentage points more likely***** to request pain management support

Percent of clients who reported requesting pain management support during labor and delivery, at endline

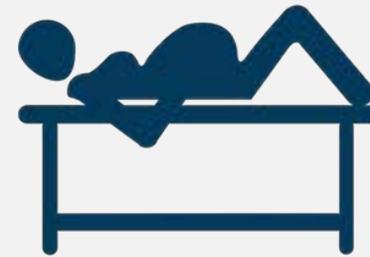


* p<.10 ** p<.05 ***p<.01

Providers at intervention facilities were more likely to rate pain management as one of the most important tasks, during labor and delivery



Intervention providers were **29 percentage points more likely*** to rate pain management as one of the most important tasks during delivery.

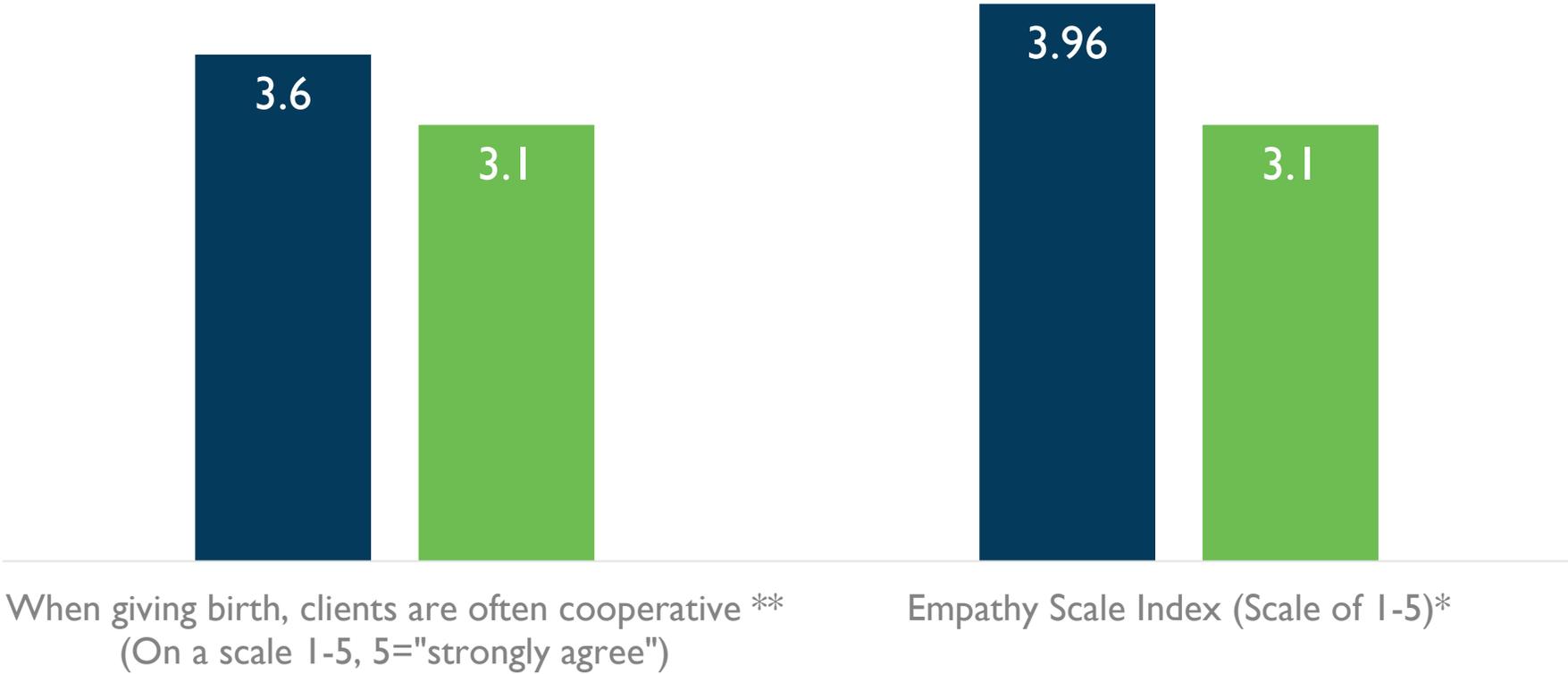


A shift in the types of pain management techniques used from baseline to endline

Key Takeaway #2

Providers are more likely to be empathic towards clients and believe that clients are cooperative

Providers at intervention facilities were more likely to be empathic towards clients and agree that clients are cooperative



* p<.10 ** p<.05 ***p<.01

Key Takeaway #3

Clients were less likely to report instances of disrespect

Clients at intervention facilities were less likely to report disrespect

Clients at treatment facilities were **15 percentage points less likely**** to report instances of disrespect, compared to clients at comparison facilities.

Types of disrespect and abuse reported at baseline included

- Lack of privacy
- Threats
- Being left alone
- Being made to feel uncomfortable

Key Takeaway #4

Perceived agency to improve quality of care was high at baseline and did not increase during implementation

While there was a general desire to improve care, there was not a strongly felt need for improvement



All providers stated that they were interested or very interested in improving care.



Yet, most providers evaluated the state of care favorably.



Providers feel able to improve client's experience during delivery.

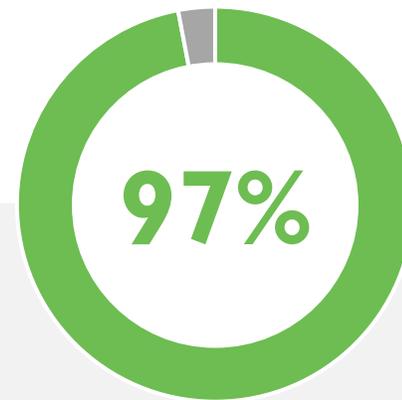
Key Takeaway #5

Clients report high levels of satisfaction while also having low expectations for care

Clients think of “good care” in terms of having a favorable clinical outcome, rather than the experience of care



of clients surveyed at baseline expected that a provider would yell or scold her



Of clients surveyed at baseline expected their provider to provide good care

Implementation Learnings



Solution set was easy
for providers to
implement.



Solutions were
seamlessly integrated
into existing service
provision processes.



The reflection workshop, pain management toolkit, provider-client promise and feedback box appear to have reinforced one another and jointly contributed to positive results.



The BETTER pain management toolkit was particularly appreciated by service providers and clients.



Fresh start funds were used to purchase ...



Mattresses for mothers' waiting shelters and PNC ward



Radio and television



Oxytocin



Small equipment such as a fetal doppler machine and blood-pressure machine



Privacy curtains and paint



[The designs] don't work at the same time; they work at different times but they are all helpful.... If I say I remove the feedback box, how are we going to know if the client is happy or not? Maybe the promises made to the client by the provider were not maintained so this can be reflected in the feedback.... If there is no feedback box, how will we know if clients are satisfied or unsatisfied with our services? And if there is no provider–client promise, how will the client know she is supposed to be treated in a respectful way?”

- Facility in-charge, intervention facility

Next Steps

Promise for impact

- ✓ Early results suggest that the RMC solutions hold promise as an approach to improve specific aspects regarding quality of care and client satisfaction.
- ✓ An adaptation of these solutions might lead to similar positive results in contexts where providers face related barriers to providing RMC.
- ✓ Call for implementation and research at a larger scale to more rigorously test impact and develop a deeper understanding of the effectiveness of the solutions and to inform programming.

Next steps

- ✓ Publish evaluation research brief on results of pilot study.
- ✓ Conduct local dissemination of results and engage with the MOH through our partner SM360+.
- ✓ Utilize findings to adapt solutions to Liberia through our sister project Breakthrough Action.
- ✓ Explore opportunities of collaboration with other implementing partners and host country governments.

THANK YOU



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