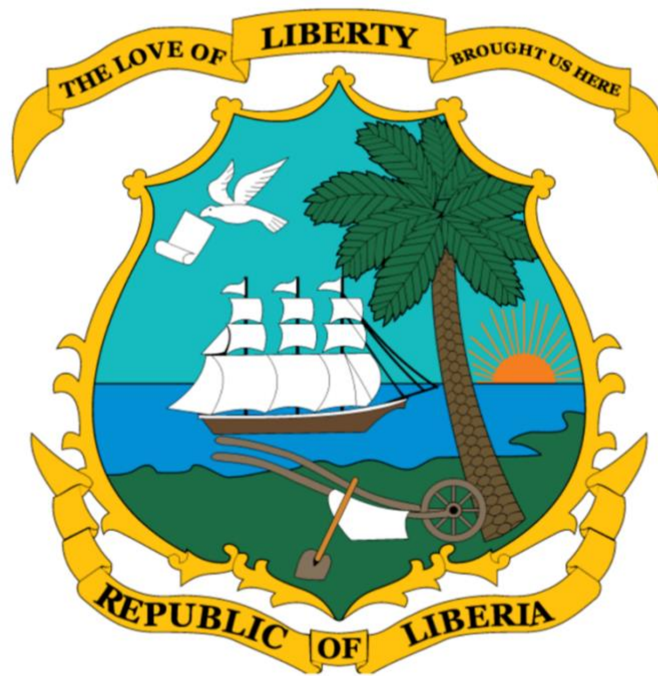

Liberia Ministry of Health

National Respectful Maternity Care Five-Year Strategy

2023–2027

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Forward

Respectful Maternity Care (RMC) is a basic universal human right for mothers and newborns around the world. It is a care organized for and provided to all women in a manner that maintains dignity, privacy, and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth. RMC is a crucial component of the experience and quality of care that must be accorded to women during pregnancy, labor, and delivery. In Libera, disrespectful care manifests in many forms including but not limited to insults, scolding, harsh treatment, neglect, and lack of respect for privacy. Any form of disrespect and abuse such as, but not limited to, physical abuse, non-consented clinical care, non-confidential care is a violation of their basic human rights and has the propensity to determine future service utilization.

This National Respectful Maternity Strategy outlines the Ministry of Health's 5- year approach to addressing the drivers of disrespect and abuse in order to ensure RMC. It also outlines the Ministry's priorities and identifies interventions that can uphold the rights of pregnant women throughout the continuum of care, beginning with the onset of pregnancy to labor and delivery. This strategy is intended to be used by policymakers, program managers and planners at all levels in both public and private sectors, health service providers across all levels of the service delivery, health training institutions, professional associations and bodies, development partners and all stakeholders who supports the implementation of activities that are geared towards improving experience of care for childbearing women and newborns. It is recommended as the roadmap for the design and implementation of RMC throughout Liberia.

I would like to express my profound gratitude to the U.S. Government for providing the funds and to all partners and stakeholders for their cooperation and support for the development of the National RMC Strategy.

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Honorable Minister of Health
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Acknowledgment

The National Respectful Maternity Strategy was developed through a participatory process. The Ministry of Health's Family Health Program appreciatively acknowledges the contributions of many stakeholders, representing several divisions and units of the Ministry of Health, implementing partners, international and local Non-Governmental Organizations, faith-based organizations, professional bodies and academic institutions who provided deep insight and support in the development of this strategy. Professional and technical experts of the following institutions and partners contributed to the development of the National RMC Strategy:

- Ministry of Health:
    - Family Health Program
    - Nursing and Midwifery Division
    - County Health Services Division
    - Nutrition Division
    - Fixed Amount Reimbursement Agreement (FARA)
    - Global Financing Facility, World Bank
    - County Health Teams
    - Hospital Medical Directors
- Planned Parenthood Association of Liberia
- National Public Health Institute of Liberia
- Clinton Health Access Initiative (CHAI)
- Serene Health Inc.
- Liberia Prevention of Maternal Mortality
- Public Health Initiative of Liberia
- Breakthrough ACTION Liberia
- ideas42
- Last Mile Health
- Liberia Board of Nursing and Midwifery
- Americares
- United Nations Populations Fund (UNFPA)
- United Nations Children's Fund (UNICEF)
- Partners in Health
- A. M. Dogliotti College of Medicine
- Episcopal Church of Liberia Development Relief

The Family Health Program is further grateful to the funders, the United States Agency for International Development (USAID) who funded Breakthrough ACTION Project to support the MoH to develop this very important and strategic document (Liberia Respectful Maternity Care Strategy) for use over the next five years. Many tnnnnnnnnhanks to the consultants for their valuable contribution in developing this strategy. I charge us all to execute our roles in ensuring that all childbearing women in Liberia are cared for with respect and dignity.

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Acronyms

ANC	Antenatal Care
CHA	Community Health Assistant
CHC	Community Health Committee
CHP	Community Health Promoter
CHO	County Health Officer
CHT	County Health Team
CHSS	Community Health Services Supervisor
D&A	Disrespect and Abuse
DHO	District Health Officer
DHT	District Health Team
FBD	Facility-Based Delivery
HCC	Health Coordination Committee
HF	Health Facility
HFDC	Health Facility Development Committee
HFDC	Health Facility Development Committee
MMR	Maternal mortality ratio
MOH	Ministry of Health
PNC	Post Natal Care
RMC	Respectful Maternity Care
TTM	Trained Traditional Midwife
WHO	World Health Organization
WRA	White Ribbon Alliance

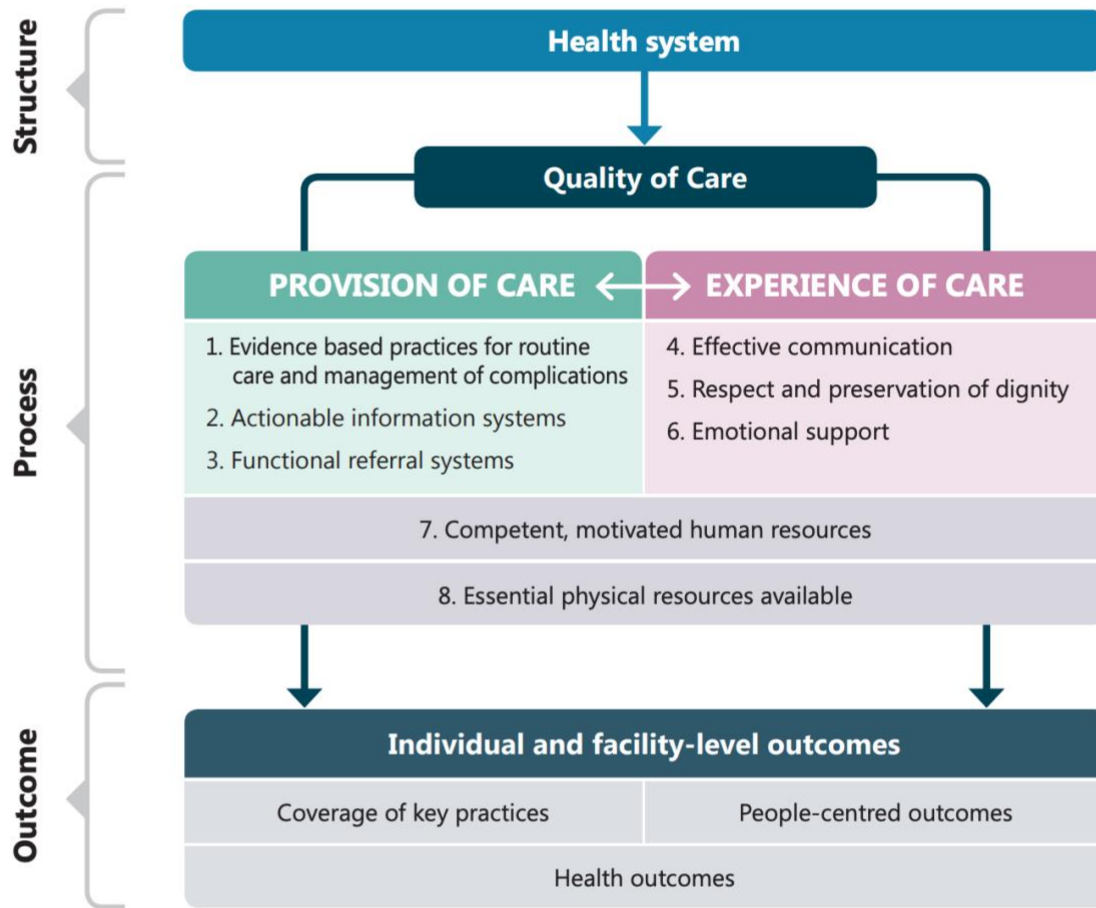
I. Introduction

Background

There is growing evidence of disrespectful care globally as the mistreatment of women during childbirth in health facilities has been documented across all regions and country income levels (1-4). The most common forms of disrespect reported are physical abuse (use of force), verbal abuse (harsh or rude language), discrimination (based on factors such as social economic status, ethnicity, race or religion) failure to meet professional standards of care (refusal to provide pain relief, provider absenteeism at time of delivery, neglect, abandonment, or long delays), poor communication and lack of support from healthcare workers, and lack of privacy (2, 5). While several studies confirm the mistreatment of women during perinatal periods (5-9), there is limited but evolving evidence of interventions to promote respectful maternity care (RMC) during labor and delivery (10-13).

RMC is a universal human right for every childbearing woman around the world. It is defined by the World Health Organization (WHO) as care organized for and provided to all women in a manner that maintains their dignity, privacy, and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth (14). WHO recognizes disrespect and abuse (D&A) as a global health problem and included RMC as a recommended component of intrapartum care in the 2018 "WHO recommendations: Intrapartum care for a positive childbirth experience", highlighting the importance of RMC in greater quality of care (14; 15; 16). Additionally, while RMC is a component of a women's experience of care, the WHO recognizes the relationship between provision and experience of care and ultimately, the quality of care, as outlined in the 2016 Standards for Improving Quality for Maternal and Newborn Care in Health Facilities (17). As illustrated in Figure 1 below, a positive experience of care is required for the provision of high-quality care and which leads to the desired health outcomes.

Figure 1: WHO Framework for the quality of maternal and newborn healthcare



RMC is not only a crucial component of experience and quality of care, but also a human right and both mother and newborn have rights that must be respected and ensured independently. The White Ribbon Alliance's RMC Charter of Universal Rights of Women and Newborn (18) articulates the rights that both women and newborn must be accorded during labor and delivery. The elements of the RMC charter are outlined below and discussed in greater detail in Section V.

1. Everyone has the right to freedom from harm and ill-treatment
2. Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures.
3. Everyone has the right to privacy and confidentiality
4. Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect
5. Everyone has the right to equality, freedom from discrimination and equitable care
6. Everyone has the right to healthcare and to the highest attainable level of health
7. Everyone has the right to liberty, autonomy, self-determination, and freedom from arbitrary detention

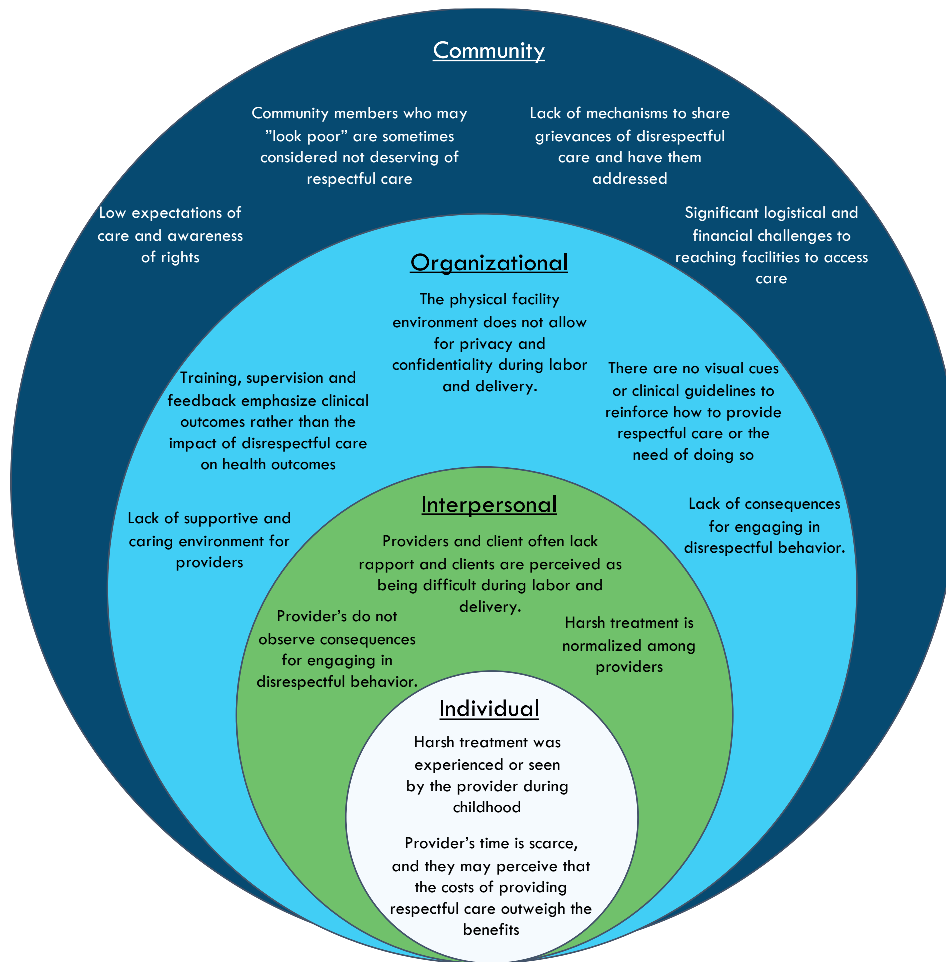
8. Every child has the right to be with their parents or guardians
9. Every child has the right to an identity and nationality from birth
10. Everyone has the right to adequate nutrition and clean water

Any form of disrespect and abuse to the client, such as, but not limited to, physical abuse, non-consented clinical care, non-confidential care is a violation of their basic human rights (19). Additionally, experiencing disrespect and abuse, as well as the fear and expectation of such experiences, serve as barriers to women accessing quality care during labor and delivery, which are contributing factors to maternal and child morbidity and mortality (19; 20; 21).

Drivers of disrespect and abuse

The RMC charter described above outlines the rights of a woman during labor and delivery. In order to uphold these elements of the RMC charter, we must first understand and then address the drivers of disrespect and abuse throughout the continuum of care, from the onset of pregnancy, to labor, delivery and beyond. The drivers of D&A include individual, interpersonal, organizational, and community-level factors all of which must be considered in programmatic and policy approaches to ensure RMC. For instance, a provider's personal and professional experiences with birth as well as emotional state at the time of care provision may influence behavior. Interpersonal factors between client and provider, between providers, and between providers and supervisors may also shape attitudes and behavior. Factors at the organizational level such as the training a provider receives, the clinical environment, and the processes and tools associated with care provision are critical and may shape care. Lastly, at a community level, there may be norms and perceptions around power and privilege which influence the experience of care. The figure below draws from formative research, around specific factors which influence D&A and which map against the different domains of individual, interpersonal, organization, and community (22; 23). All of these factors are considered in the programmatic and policy approaches which are outlined later in this strategy document.

Figure 2: Drivers of Disrespectful Care and Abuse during Labor and Delivery



II. Respectful Maternity Care in Liberia

A weakened health system unable to adequately respond to the health needs of the population, especially women and children resulted after 14 years of civil turmoil and unsteadiness, from 1989 – 2003. This was later followed by the deadly Ebola Virus Disease Outbreak, from 2014 -2016. The government, through the Ministry of Health (MOH) and partners has developed strategies to ensure good health outcomes and to achieve the country's vision of a healthy population with social protection for all. The delivery of quality health services for all people is a cardinal part of the MOH's mission as enshrined in the 10 years National Health Policy and Plan (24). Additionally, there were many set-backs in the health delivery system following the Ebola crisis such as a decline in confidence in public health facilities and health facility utilization. In order to improve the related indicators, the government also set the reproductive maternal newborn, child, and adolescents health (RMNCAH) agenda as a government priority through the development of the five years Investment case that focused on the delivery of basic maternal, newborn, child and adolescent health services (25).

Liberia is among the countries still struggling with an unacceptably high maternal mortality rate (MMR). While Liberia has seen a decrease in the MMR and an increase in facility-based delivery (FBD) from 2013 to 2019, from 1,072 deaths per 1000 live births to 742 per 100,000 live births and 56% to 80% of women

delivering in a health facility (26; 27), there is still room for improvement. While Liberia has reduced the MMR and increased FBD, the number of health facility maternal and neonatal deaths especially at referral facilities has persistently increased. This issue raises concerns about the care that women experience in some of these institutions including disrespectful and abusive treatment by healthcare providers to mothers during pregnancy and childbirth.

There is increasing indication that failure to provide respectful maternity care has been and continues to be a problem in Liberia. Evidence suggests that disrespectful care in Liberia manifests in the form of insults, scolding, harsh treatment, neglect, and a lack of respect for privacy (28). Some providers admit to this harsh treatment, mentioning that it stems from inadequate supplies, resources, and burnout. Patients who experience disrespectful care often disapprove of the behavior and are less likely to return for subsequent deliveries (29).

Liberia has made an effort to address RMC. In 2017, the Liberia Midwifery Association, with support from United Nations Population's Fund (UNFPA), acknowledged the need for RMC within the country and integrated RMC into the Registered Midwifery Curriculum in all midwifery schools. Additionally, Breakthrough ACTION (BA) Liberia, in collaboration with the Ministry of Health and partners, developed RMC solutions, that were adapted from Breakthrough ACTION developed RMC solutions successfully implemented in Zambia (13).

It is against this backdrop to improve the experience of care for pregnant and childbearing women through the provision of respectful maternity care that the Government of Liberia through the Family Health Program, with the support of Breakthrough ACTION Liberia and partners endeavors to develop this National Respectful Maternity Care Strategy. The development and implementation of this strategy will guide healthcare providers to uphold all virtues of respectful care for pregnant and childbearing women throughout the country and will also improve health facility utilization and facility-based delivery.

III. Vision Statement

Every pregnant and childbearing woman in Liberia enjoys the highest attainable standard of health care according to the Ministry of Health standards and protocols that maintains their dignity, privacy, and confidentiality, freedom from harm and mistreatment, and enable informed choice and continuous support throughout the continuum of care.

IV. Strategic Objectives

The Liberia Respectful Maternity Care Strategy outlines the Liberian Ministry of Health's 5- year approach to addressing the drivers of disrespect and abuse in order to ensure RMC. The strategy document outlines the Ministry's priorities and identifies interventions that can uphold the rights of pregnant women throughout the continuum of care, beginning with the onset of pregnancy to labor, delivery, and postpartum. The strategy aims to:

Obj 1: Ensure that care during labor and delivery respects the rights of women, is responsive and supportive of client preferences, and is provided without disrespect and abuse
Obj 2: Create mechanisms at multiple levels for clients to provide feedback on their experience of care and hold providers accountable for providing RMC

Obj 3: Increase community awareness of the rights of clients during labor and delivery
Obj 4: Ensure all physical clinical environments allow for privacy, confidentiality, and birth companionship
Obj 5: Support clients to deliver in facilities with trained providers and ensure RMC throughout the continuum of care
Obj 6: Ensure that new and existing policy is supportive of and in alignment with the RMC strategy

V. Implementing an RMC approach

This strategy outlines Liberia's plan for implementing an RMC approach. While all elements of the RMC charter (18; 30) are important to address, certain elements of the strategy have been selected for implementation over the course of the next five years. Details on the selected elements of the RMC charter can be found below. Two of the 10 elements have been left out; element 9 (every child has a right to an identity and nationality from birth) and element 10 (everyone has the right to adequate nutrition and clean water) of the RMC charter were excluded from the 5-year strategy. While these elements are very important, these elements are not best addressed through the Respectful Maternity Care strategy and are instead best addressed through alternative channels. The MOH is supporting ongoing work to strengthen birth registries (element 9) and planning on WASH and adequate nutrition (element 10) should be devised by specialized technical staff rather than reproductive health experts to form its own strategy. As such, we do not include these elements from the charter in the strategy and do not include interventions that seek to address them directly in our plans.

Element #1: Everyone has the right to freedom from harm and ill-treatment.

No one is allowed to physically hurt the client or newborn. Both client and newborn should be taken care of in a gentle and compassionate way and receive assistance when experiencing pain or discomfort. Component includes:

- Client receives care that is free of verbal, sexual, and physical abuse
- Client is provided with pain management support

Element #2 Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures.

No one is allowed to force a client or their newborn to do things without their knowledge or consent. Every woman has the right to autonomy, to receive information, and provide informed consent or refusal for care. Every parent or guardian has the right to receive information and provide informed consent or refusal for their newborn's care, in the newborn's best interests, unless otherwise provided by law. Component includes:

- Client is involved in decisions about their care
- Client consents to procedures and exams
- Client has the right to information that is presented and shared in a way she understands
- Client is able to deliver in their preferred position
- Client has the right to the companionship of choice wherever possible
- Provider speaks to the client in a language they can understand
- Provider explains examinations and procedures and clients are able to ask questions

- Provider explains any medications the client receives

Element #3: Everyone has the right to privacy and confidentiality.

No one is allowed to share the client or their newborn's personal or medical information, including all records and images, without their consent. The client and the newborn's privacy must be protected, except as necessary for healthcare providers to convey information for continuity of care.

- Providers maintain auditory privacy in speaking with clients so that others cannot hear the discussion of care
- Client receives visual privacy such as being covered with a cloth or blanket or screened with a curtain
- Health information is kept confidential

Elements #4: Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect.

No one is allowed to humiliate, verbally abuse, speak about or touch the client or their newborn in a degrading or disrespectful manner.

- Client receives care in a timely manner
- Provider introduces themselves to the client and calls the client by their name

Element #5: Everyone has the right to equality, freedom from discrimination, and equitable care.

No one is allowed to discriminate against a client or their newborn because of something they think or do not like about either one of them. Equality requires that pregnant women have the same protections under the law as they would when they are not pregnant, including the right to make decisions about what happens to their bodies.

- Client requires quality of care regardless of age, marital status, ethnic group, socio-economic status, or other sociodemographic characteristics

Element #6: Everyone has the right to healthcare and to the highest attainable level of health.

No one may prevent the client or her newborn from getting the healthcare needed or deny or withhold care from either one of them. Client and newborn are entitled to the highest quality care, provided in a timely manner, in a clean and safe environment, by providers who are trained in current best practices.

- Provider discusses patients' feelings
- Client receives provider's attention during labor and is present during delivery
- Provider is present at the time of delivery

Element #7: Everyone has the right to liberty, autonomy, self-determination, and freedom from arbitrary detention.

No one is allowed to detain the client or her newborn in a healthcare facility, even if they cannot pay for services received.

- Client is not forced to stay at the health facility against their will

Element #8: Every child has the right to be with their parents or guardians.

No one is allowed to separate the client from her newborn without the client's consent. The client and her newborn have the right to remain together at all times, even if her newborn is born small, premature, or with medical conditions that require extra care.

- Newborn is not unnecessarily separated from mother after birth

Element #11: Addressing RMC throughout the continuum of care: Importance of supporting women throughout the life of her pregnancy, beginning with the onset of pregnancy.

Relevant Interventions

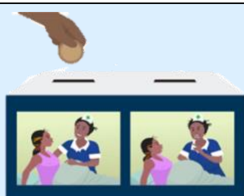
To address the drivers of disrespect and abuse described above, and to meet the strategic objectives, several interventions were identified for implementation. The next section provides a brief description of the relevant interventions and how they address the drivers of RMC described in Figure 2. The interventions are organized by the strategic objectives they aim to address. Note that though some interventions will address multiple strategy objectives, they are listed under the objective they primarily address. These interventions were selected based on the existing evidence which suggests their ability to address the relevant RMC elements.

Objective 1: Ensure that care during labor and delivery respects the rights of women, is responsive and supportive of client preferences, and is provided without disrespect and abuse

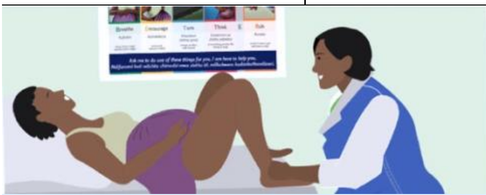
Intervention	*Description*	*DRIVERS of Disrespect & Abuse*	*HOW IT ADDRESSES THE DRIVER*
BETTER" Pain Management Toolkit	The "BETTER" pain management toolkit is a set of tools which intended to improve provider care, develop empathy through repeated caring behaviors and equip and remind providers of techniques they can use to help alleviate client pain during labor. The tools reshape how providers perceive routine clinical care by incorporating pain management support as a critical component. The toolkit includes: (1) BETTER pain management manual (2) massage ball (3) partograph guide and (4) BETTER pain management poster	Training, supervision, and feedback emphasize clinical outcomes rather than the impact of disrespectful care on health outcomes There are no visual cues or clinical guidelines to reinforce how to provide respectful care or the need of doing so Provider's time is scarce, and they may perceive that the costs of providing respectful care outweigh the benefits Providers and clients often lack rapport and clients are perceived as being difficult during labor and delivery.	Integrates pain management and respectful care into clinical practices. Provides visual cues and reminders through the maternity ward to provide respectful care. Develop empathy and rapport by prompting repeated caring behaviors

Provider-Client Promise	The provider-client promise is a document signed by both provider and client upon arrival at the health facility for delivery. The document includes promises by both the provider and client to set the groundwork for equal partnership and teamwork during care and requires the provider to explicitly state they will not mistreat the client. The intervention also includes a poster of the promise on the clinical wall as a constant reminder of the promises made.	There are no visual cues or clinical guidelines to reinforce how to provide respectful care or the need of doing so Providers and clients often lack rapport and clients are perceived as being difficult during labor and delivery Clients have low expectations of care and awareness of rights Harsh treatment was experienced or seen by the provider during childhood Community members who may" look poor" are sometimes considered not deserving of respectful care	Sets groundwork for equal partnership and teamwork during care. Reassures clients of their rights and sets boundaries for providers Changes provider default behavior by setting clear boundaries of acceptable provider behavior.

Reflection Workshop	The reflection workshop builds empathy amongst providers and motivates change at the facility. During the workshop, providers play engaging games and role-playing scenarios to generate reflection and build provider empathy. Providers share guidance, discuss facility change and solidify their commitment to respectful care through a goal-setting exercise	Harsh treatment was experienced or seen by the provider during childhood Community members who may" look poor" are sometimes considered not deserving of respectful care Training, supervision, and feedback emphasize clinical outcomes rather than the impact of disrespectful care on health outcomes Harsh treatment was experienced or seen by the provider during childhood Providers and clients often lack rapport and clients are perceived as being difficult during labor and delivery.	Provides safe space for reflection on the current state of care Builds empathy with clients and their experience during childbirth Instills a commitment to change, the next steps to pursue, and a reminder of this intention

Caring for the Carer	Provider stress, demanding workload, and challenging work environments can impact a provider's ability to provide quality and respectful maternity care. To address the emotional impact and work-related stress providers experience, the Caring for the Carer intervention provides psychosocial support and other mechanisms to support health facility providers to ensure a positive patient experience of care.	Lack of supportive and caring environment for providers	Addresses the challenges health providers experience that impacts their ability to provide RMC Mitigates some of the environmental factors that may trigger D&A
	Objective 2: Create mechanisms at multiple levels for clients to provide feedback on their experience of care and hold providers accountable for providing RMC		
Feedback Box	The feedback box elevates the importance of the client experience for facility providers. The feedback box is placed in the ANC, labor and delivery, and postpartum wards, in a place that is convenient for clients but not visible to providers. Clients are provided with a token at discharge and insert the token into one of two boxes which include visual indicators as to whether or not they experienced disrespectful care during labor and delivery. The feedback box is then opened by the facility supervisors and reviewed regularly. The facility-based providers discuss plans to improve the care provided at the facility.	Providers do not observe consequences for engaging in disrespectful behavior. Lack of mechanisms to share grievances of disrespectful care and have them addressed Training, supervision, and feedback emphasize clinical outcomes rather than the impact of disrespectful care on health outcomes Lack of consequences for engaging in disrespectful behavior	Highlights the importance of client experience in feedback mechanisms. Provides a convenient and private outlet for clients to assess their experience of care. Motivates providers with positive feedback when it is received.

Grievances Committees	The grievances committees provide a mechanism for an objective party to raise client grievances and resolve instances of disrespect and abuse in the facility. Members of the community cadre, such as trained traditional midwives (TTMS), community health assistants (CHAs), and community health promoters (CHPs) solicit feedback from clients on their experience at the facility during ANC, labor, and delivery during routine household visits. The community cadre shares this feedback anonymously with health facilities, CHC, and CHSS who then file formal complaints to the District Health Team (DHT), and will subsequently file complaints to the County Health Team (CHT) for intervention.	Lack of mechanisms to share grievances of disrespectful care and have them addressed Lack of consequences for engaging in disrespectful behavior.	Creates a mechanism for clients to anonymously provide feedback on instances of disrespect and abuse and ensure they are addressed. Formal complaints create consequences for providers that engage in D&A.
Objective 3: Increase community awareness of the rights of clients during labor and delivery 			
Community Awareness Campaigns	Community awareness campaigns educate community members on the rights of women and newborns during ANC, labor, and delivery. The campaigns share information through mass media such as radio and print.	Low expectations of care and awareness of rights	Shares information on the rights of women during labor and delivery

Community-Based Meetings	Community-based meetings provide an opportunity to educate community members on the rights of women and newborns during ANC, labor, and delivery. Utilizing existing community meeting structures such as town halls, health talks, and other routine visits, the community-based meetings provide an opportunity to engage community members. Members of the community cadre also facilitate discussion between the community and the health facility by sharing the outcomes of their own discussions with health facility staff and gathering community feedback.	Low expectations of care and awareness of rights Lack of mechanisms to share grievances of disrespectful care and have them addressed	Creates an opportunity to share grievances and build rapport between the facility and the community
	Objective 4: Ensure all physical clinical environments allow for privacy, confidentiality, and birth companionship		
Infrastructure improvements	To ensure patient privacy and confidentiality and to ensure the physical environment allows for birth companions, changes need to be made to health facilities. Improvements include dividing rooms, or construction of additional space to allow for birth companions; installation of dividers or ways to ensure visual privacy in health facilities through cloth or screen during the examination; and Installation of means to lock or secure patient records. Infrastructure improvements will also consider the necessary changes to the facility to ensure women are attended to when they arrive at the facility for delivery and are not turned away.	The physical facility environment does not allow for privacy and confidentiality during labor and delivery.	Changes allow for the participation of birth companion during labor and delivery Protects client privacy and confidentiality during the provision of care.

	Objective 5*:* Support clients to deliver in facilities with trained providers and ensure RMC throughout the continuum of care		
Mobilizing Community Transportation	The mobilizing community transportation intervention facilitates the identification of local solutions to the challenges women experience reaching the health facility during pregnancy, labor, and postpartum. It includes a facilitated community meeting with community leaders and other stakeholders that prompts and facilitates problem-solving around transportation logistics and the identification of local solutions. The community meeting ends by identifying the next steps to address the challenges identified.	Significant logistical and financial challenges to reaching facilities to access care	Empowers communities to identify problems and propose solutions that suit their own needs.
Mothers First Facility Commitment	The Mothers First Facility Commitment intervention builds empathy for the challenges women face in following through on their intentions to deliver at the facility, including those specific to young and first-time mothers. The intervention is implemented through a workshop where facility providers brainstorm and identify concrete actions they can take to improve the situation in their catchment communities. The workshop concludes with a provider commitment pledge to instill an intention to change and follow through on the actions identified.	Significant logistical and financial challenges to reaching facilities to access care Providers and clients often lack rapport and clients are perceived as being difficult during labor and delivery	Builds empathy with the challenges clients face in getting to the facility to deliver and creates a moment for reflection on the facility's current state of care.

Delivery Logistics Planner	The delivery logistics planner is a tool used by TTMs and health facility providers to counsel women during pregnancy on how to plan for facility-based delivery. The planner includes job aids for TTMs and facility-based providers to use during ANC counseling in the community and facility. The planner prepares a woman for facility-based delivery by considering the more complex and expensive elements to plan for early in a woman's pregnancy and supporting her to save for the associated expenses.	Significant logistical and financial challenges to reaching facilities to access care.	Prompts planning for facility delivery earlier in pregnancy Providers reinforce the importance of planning and saving for delivery day logistics.
Big Belly Savings Tracker	The Big Belly Savings Tracker is a savings tool used by pregnant women in the community. It gives women a simple visual way to track their savings progress and when used in conjunction with the Delivery Logistics Planner, ensures savings goals are inclusive of the costliest aspects of facility delivery, giving women more confidence in their ability to cover related expenses.	Significant logistical and financial challenges to reaching facilities to access care.	Eliminates ambiguity around costs and sets clear targets early on. Emphasizes planning for complex and often overlooks transportation and logistics concerns.
	Objective 6: Ensure that new and existing policy is supportive of and in alignment with the RMC strategy		
Incorporate RMC tools into policy documents and treatment protocols	The RMC interventions and accompanying tools are integrated into existing and relevant policy documents and treatment protocols to ensure that the commitment to RMC is reinforced in other relevant MoH documents.	*Address all drivers by incorporating the solutions above into new and existing policies.*	Reinforces the RMC interventions and ensures implementation through various channels.

Structural Changes	Respectful maternity care requires a policy environment that enables the provision of RMC. Structural changes include increasing the skill level of professionals working in hard-to-reach areas through adjustments to salary based on geography; removal of hidden costs associated with labor and delivery; expansion of hours when ANC and PNC services are available.	Lack of supportive and caring environment for providers Significant logistical and financial challenges to reaching facilities to access care	Ensures that providers are compensated and women have access to skilled professionals, even in the most remote areas. Reduces financial burden associated with the facility delivery Increases accessibility of ANC and PNC services by expanding offerings.
Incorporate Facility-Based Activities into pre-service Education	To ensure that providers are educated on RMC before they are in-service the RMC activities are integrated into pre-service education.	Training, supervision,n and feedback emphasize clinical outcomes rather than the impact of disrespectful care on health outcomes	The integration of RMC into pre-service education elevates its importance, in line with other clinical aspects of care.

VI. Implementation Plan

The interventions described above are intended to be implemented over the next 5-years. The table below outlines the actions required to implement the interventions over the next 5-years and indicates when within the next five years the implementation is intended to take place.

Intervention & Activities	Year 1	Year 2	Year 3	Year 4	Year 5
OBJECTIVE 1					
Pain Management Toolkit					
Procurement of pain management toolkit	X				
Train and distribute pain management toolkit in facilities	X	X	X		
Supervisors ensure application of pain management toolkit	X	X	X	X	X
A pain management toolkit is incorporated into the country's MOH treatment protocols.		X	X	X	X
Provider-Client Promise					
Conduct sensitization on the Provider-Client Promise during routine household visits and community meetings of CHAs/CHVs/TTMs and also health talks during routine health facility visits.	X	X	X	X	X
Procure, distribute and ensure the continued availability of Provider-Client Promises to health facilities	X	X	X	X	X
Conduct routine reviews of client charts to ensure the completion of promises in health facilities	X	X	X	X	X
Include the provider-client promise as a protocol for health workers	X	X	X		
Reflection Workshop					
Conduct annual Reflection workshop for service providers on RMC and its application	X	X	X	X	X
Caring for the Carer					
Determine with health workers and other stakeholders the best approach to support and motivate health workers	X				
Implement the determined approach to support and motivate health workers		X	X	X	X
Include the determined approach to support and motivate health workers into the provider focused strategy			X	X	X
OBJECTIVE 2					
Feedback Box					
Procure distribute and install feedback boxes in health facilities	X	X	X		
Conduct bi-monthly health facilities review of client feedback and discuss them in the HF routine meetings and share findings with the HFDC	X	X	X	X	X
Conduct monthly facility meetings with CHAs/CHVs/TTMs to discuss findings from the feedback box	X	X	X	X	X
Grievances Committees					

The design solution for community cadres (CHA/CHVs/TTMs) to gather client feedback during routine household visits and community meetings	X				
Sensitize CHCs and HFDCs on the elements of respectful maternity care and the strategy	X	X			
Conduct monthly meetings to review complaints related to disrespectful care in the CHCs and handle the resolved complaints	X	X	X	X	X
CHCs and HFDCs channel formal unresolvable complaints to the District Health Office	X	X	X	X	X
Channel unresolvable complaints from the DHO to the CHO for intervention	X	X	X	X	X
OBJECTIVE 3					
Community-Based Meetings					
CHAs/CHVs/TTMs participate and share outcomes of discussions with health facility staff during community meetings	X	X	X	X	X
CHAS/CHVs/TTMs share information on the rights of mothers and newborns during town halls, health talks, and routine visits	X	X	X	X	X
Community Awareness Campaign					
Identify themes for awareness campaigns	X				
Develop print materials and audio messages	X		X		
User test materials and messages	X		X		
Broadcast and distribute messages			X	X	X
OBJECTIVE 4					
Infrastructure Improvements					
Identify gaps and enhancements needed at health facilities	X				
Upgrade facilities to enhance privacy and confidentiality and the ability for companionship in health facilities		X	X	X	X
OBJECTIVE 5:					
Mobilizing Community Transportation					
Sensitize CHCs CHSS and HFDC to the solution and its tools	X	X	X		
CHSS works with the community to develop a transportation plan	X	X	X	X	X
HFDC ensures mobilization of community transportation plan during a community-based meeting	X	X	X	X	X
Mother's First Facility Commitment					
Incorporate the mother's first facility commitment into the implementation of the reflection workshop	X	X			
Delivery Logistics Planner					

Sensitize TTMs and health workers to the delivery logistics planner	X	X	X		
Print and distribute delivery logistics planners to TTMs and health workers	X	X	X	X	X
Supervisors and CHAs monitor the use of delivery logistics planner	X	X	X	X	X
Big Belly Savings Tracker					
Sensitize TTMs in the use of the big belly savings tracker	X	X	X		
Distribute materials for the big belly savings tracker to TTMs	X	X	X	X	X
CHAs monitor use of big belly savings tracker	X	X	X	X	X
OBJECTIVE 6					
Incorporate RMC Tools into policy documents and treatment protocols					
Update policy documents and treatment protocols to include RMC tools		X	X	X	X
Disseminate updated policy documents		X	X	X	X
Structural Changes					
MOH assesses and adjusts salaries for health workers based on geographic terrain to increase the skill level of professionals working in hard-to-reach areas.		X	X	X	
MOH should ensure free maternal health services including the removal of all hidden costs to avoid potential detention.		X	X	X	X
Ensure that the health facility hours is adhered to as enshrined in the Essential Package for Health Services (EPHS)	X	X	X	X	X
Incorporate RMC into pre-service education					
Revise and incorporate the RMC reflection workshop into pre-service training, in training institutions' curriculum		X	X	X	X

VII. Monitoring and Evaluation

Successful implementation will depend on close monitoring and evaluation. As the RMC strategy is implemented over the next 5 years, we anticipate making progress in the care women receive during pregnancy, labor, and delivery and in implementing care that is respective of the prioritized RMC elements.

In order to measure progress towards the expected results, midterm and end-of-term evaluations should be completed after years 2 and 5 respectively to assess progress made. Data to inform progress status will be collected on a quarterly basis from MOH's available data sources, including the Health Management Information System. This data will be fed into the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) performance dashboard to generate quarterly status reports. Additionally, the implementation plan should be revised on annual basis to ensure implementation is on track to meet the expected results. When deviations from the implementation occur, modifications to the plan should be made accordingly. The table below indicates the anticipated results after 5 years, as related to the RMC elements included in the RMC strategy.

Elements of RMC (18;30)	Expected Results After 5 Years
Everyone has the right to freedom from harm and ill-treatment.	Clients consistently received pain management support Providers perceived that abusive care is unacceptable Clients experience instances of verbal, sexual, and physical abuse at much lower rates
Everyone has the right to information, informed consent, and respect for their choices and preferences, including companions of choice during maternity care and refusal of medical procedures.	Providers explained procedures and treatment to clients Providers sought patient consent and involved them in certain decisions about their care The client is able to express some of her preferences and deliver in her preferred position Improved facility environments enable the participation of birth companions during labor and delivery
Everyone has the right to privacy and confidentiality.	Improved facility environments to allow more visual and auditory privacy Client information is kept confidential by providers
Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect.	Providers are concerned about client satisfaction Clients are greeted by name and attended to with respect
Everyone has the right to equality, freedom from discrimination, and equitable care.	Low-income, unmarried, and other women, who may have been discriminated against previously, receive the quality of care

Everyone has the right to healthcare and to the highest attainable level of health.	Women living in more remote locations are attended to by more skilled providers than was the case in the past Pregnant women are confident about their ability to deliver in a facility due to increased savings and having a clear plan More low-income, rural women are able to deliver in health facilities
Everyone has the right to liberty, autonomy, self-determination, and freedom from arbitrary detention.	Clients are not forced to stay at the health facility against their will
Every child has the right to be with their parents or guardians.	Newborns are not unnecessarily separated from mothers after birth

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Annexes

Annex 1: Costed Implementation Plan