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

1. Define provider behavior of focus
2. Formative research
3. Co-creation of solutions
4. Pilot evaluation
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
BETTER Pain Management Toolkit

MANUAL OF BETTER PAIN MANAGEMENT TECHNIQUES

Pain relief helps to promote a fast delivery and healthy mother and baby
Provider–Client Promise

As your provider, I promise to:

- I will provide support and encourage you.
- I will explain why procedures are needed.
- I will help you manage pain.
- If you need to use the bathroom, I will not let you wait too long.
- I will open my legs so you can see my penis and pubic hair.
- I will wash my hands before entering your room, before and after exams, and after touching your genitalia.

As the client, I promise to:

- I will not push, nor will I direct the pushing. Please trust your own body.
- I will be ready to start pushing at the time it is needed.
- I will let you know when I will not perform tasks myself.

Read more on what this means on the next page.
“Fresh Start” Funds
My Commitment to Provide Good Patient Care

My name is __________________________
The facility where work is __________________________

1. One thing I doubly share: being a provider is __________________________
2. One thing I think we need to do better in __________________________
3. One way I'm trying to help where there is a lack and improve it: __________
   __________
4. [Blank]
5. [Blank]
6. [Blank]
7. [Blank]
8. [Blank]
9. [Blank]
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

Provider is more familiar with range of pain management techniques
Provider thinks of pain management as key function of her role
Client asks for pain management support
Provider thinks of support and encouragement as important
Provider reflects on the current state of care and intends to improve
Provider has an increased sense of empathy towards clients
Provider feels that she has the power to improve client experience

Rapport, empathy, and trust exists between provider & patient
Provider gives pain management regularly
Provider perceives that yelling and scolding is never acceptable
Providers believe that other providers give good care
Providers are concerned about client satisfaction
Client expects better care from providers

Outcomes
Providers give better care to clients
Clients are more satisfied with care
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:

- **Intervention**: 70%
- **Comparison**: 36%

*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.

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

When giving birth, clients are often cooperative (On a scale 1-5, 5="strongly agree")

- Intervention: 3.6
- Comparison: 3.1

Empathy Scale Index (Scale of 1-5)*

- Intervention: 3.96
- Comparison: 3.1

* 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

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

- 45% of clients surveyed at baseline expected that a provider would yell or scold her.
- 97% 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 were 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.
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