

# 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

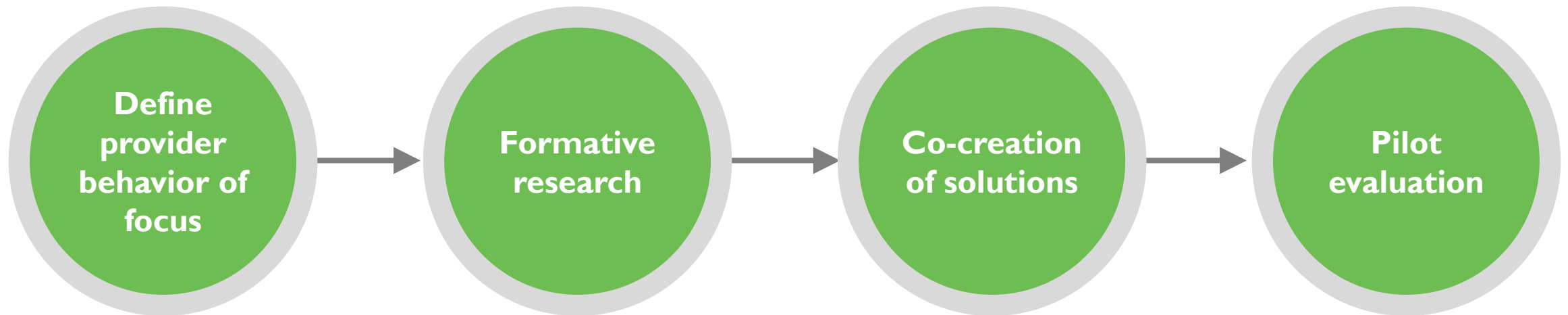
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- Background
- Solutions
- Evaluation Design
- Results
- Implementation Learnings
- Next Steps

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# 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**

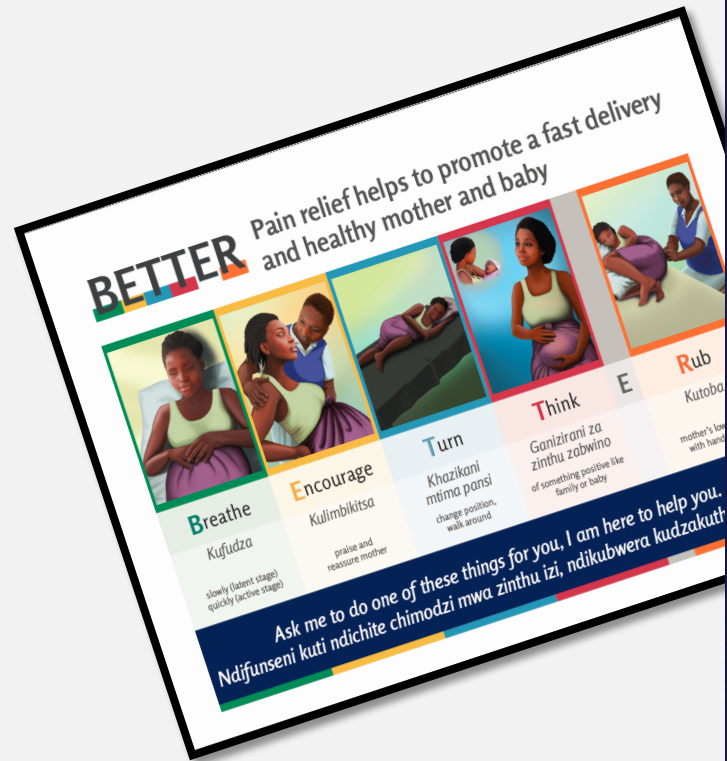


**The pain of labor, and the implications of being in pain, is part of the challenge**

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# Solutions

# BETTER Pain Management Toolkit



# 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 kumulinbikisani.



- Ndizakufotokozolani zandandemeko yonse.



- Ndizakuthandizani kutesa zobaba.



- Ndilonjeza kuti Shiza kuzizilani, kapena kukakalipilani, kapena kumimeryani mbama pa thawi ili yonse. Ndilonjeza kumu samalilani bwino.

Chitukuta cha kumwamba (page 2)

Chitukuta cha chisidina

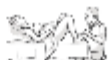


(Provider reads aloud to client, who repeats)

**Monga muzimayi wapakati,  
ndikulonjeza kuti:**



- Sindizakakhira pokapo nthawi yitakwana.



- Ndizatssegula miyendo yanga kuti muwone jira pomwe yafika kuti mundaifotokozed.



- Ndizaganela mumpapete pomwe mwanafusa.



- Nizakuzililani pomwe nabwela kachata olo ndili nali fusa.

Chitukuta cha mawu a wapakati (Middle middle's page 2)

## 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.

Provider reads out loud

Provider reads out loud to client or signs to assist client to do



(Provider reads aloud to client, who repeats)

**As the client, I promise to:**



- I will not push until you tell me it is time.



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



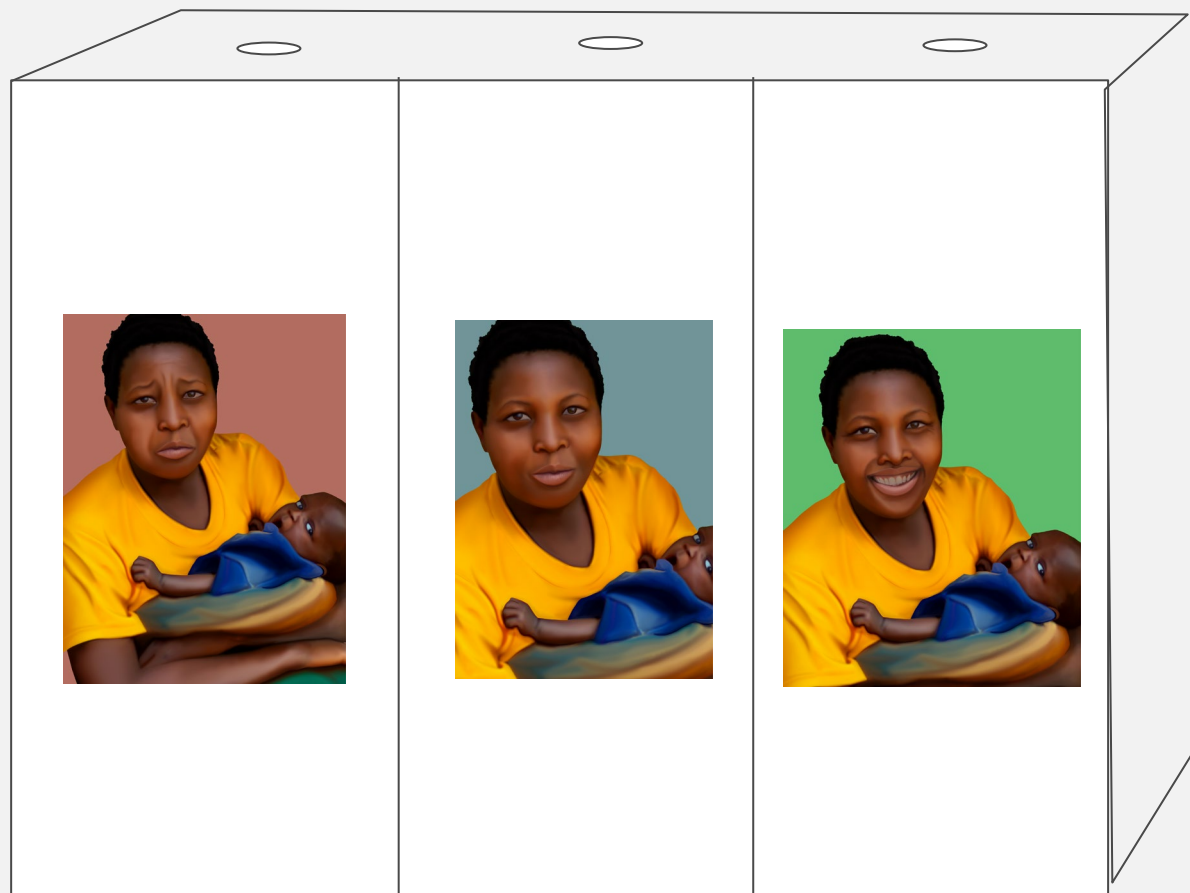
- I will lie on my side when you ask me.



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

Neither reads out loud nor signs to assist client to do

# 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 \_\_\_\_\_

**BETTER** Pain relief helps to promote a fast delivery and healthy mother and baby

Breathe	Encourage	Turn	Think	Relax
Breathe deeply	Encourage breathing	Turn slowly and safely	Think about the baby's position	Relax your body

Ask me to do one of these things for you, I am here to help you. **Supporter full name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_



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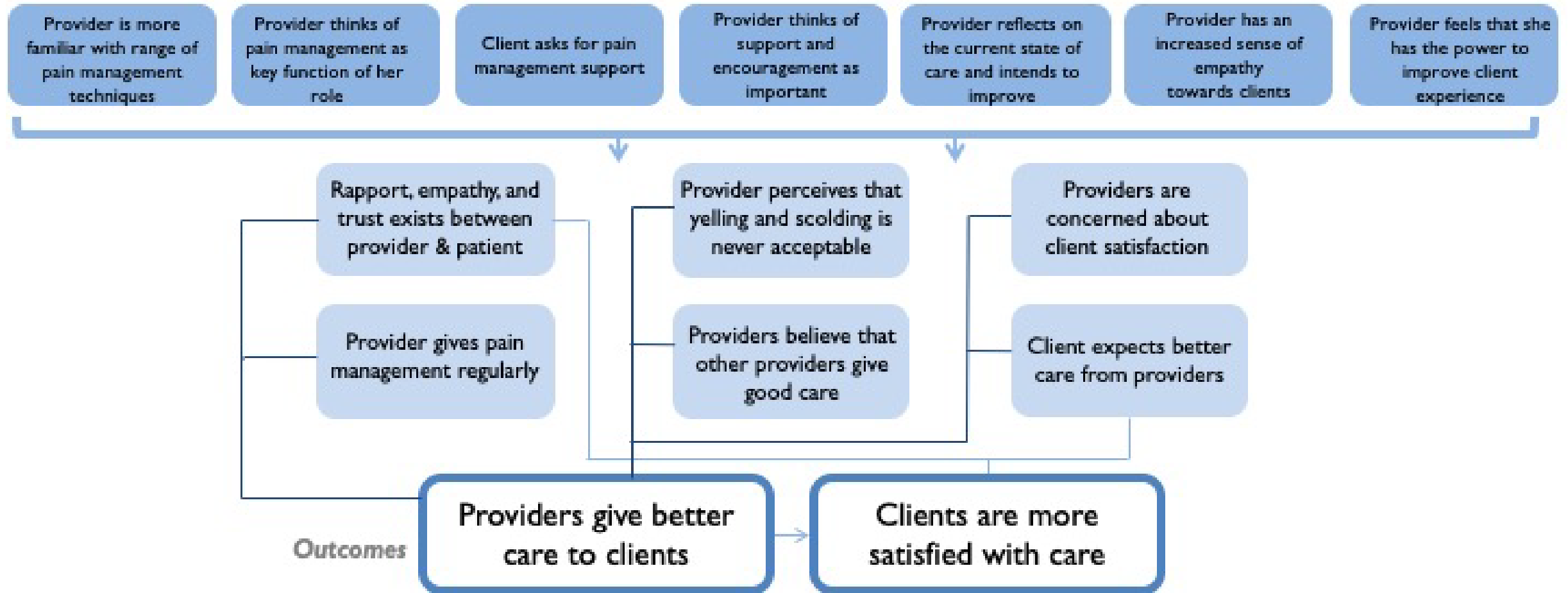
# Evaluation Design

# Overview of evaluation design

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- 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

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Baseline and endline data collection included:

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

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# Results

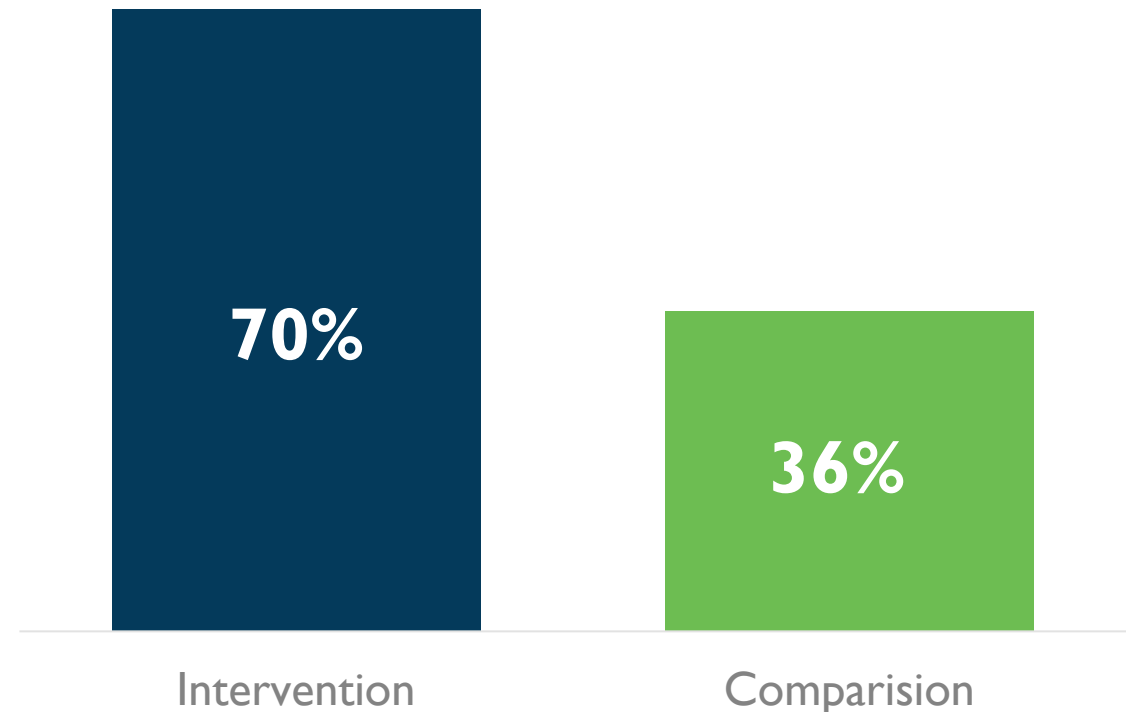
## **Key Takeaway #1**

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

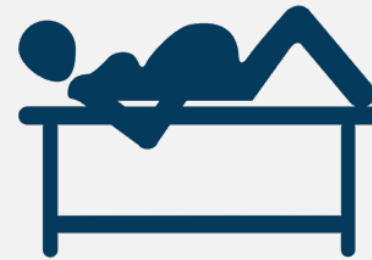


\*  $p < .10$     \*\*  $p < .05$     \*\*\*  $p < .01$

# 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.

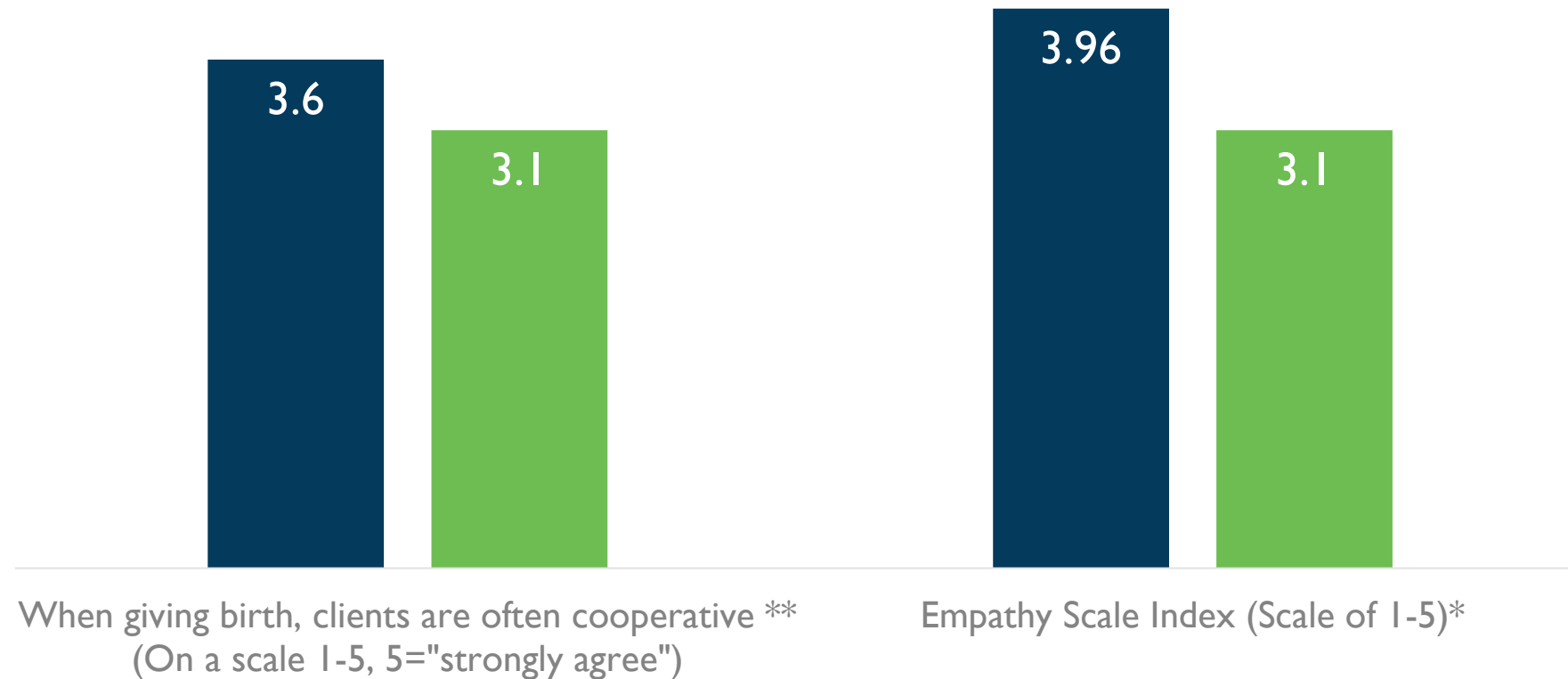


**A shift in the types** of pain management techniques used from baseline to endline

## **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



\*  $p < .10$     \*\*  $p < .05$     \*\*\*  $p < .01$

■ Intervention    ■ Comparison

### **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.

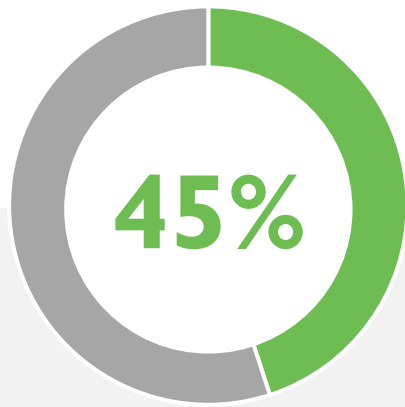


Providers feel able to improve client's experience during delivery.

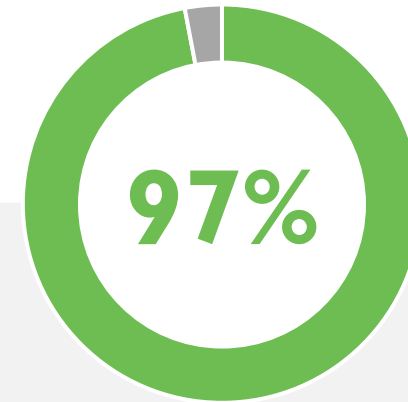
### **Key Takeaway #5**

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

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# 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*

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# 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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