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For better public health

Nursing and Midwifery Leaders' Forum.

Maximizing Roles of Nurses and Midwives to Sustain Health
System Resilience

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(Africa Academy for Public Health)

March 16, 2023

Dodoma.



Overview

- The beginning: identifying mistreatment
- What the evidence started to tell us
- Why does this matter
- Contributors and drivers of mistreatment
- Multi-component approaches
- Efforts underway in Tanzania
- Looking ahead



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A Decade Ago...

- Disrespect and abuse or mistreatment during childbirth was widely known, but not named.
- Human rights organizations documented instances of abuse during the provision of maternity care.
- Little public health evidence existed beyond project reports and a handful of peer-reviewed articles.
- The causes and context of the poor experience of care were not well documented or understood.
- We didn't know how to talk about it or measure it... until more recently.



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Naming and Framing the Issue

Table 1. Examples of Disrespect and Abuse or Mistreatment

Physical abuse	Hitting, slapping, pushing, sexual abuse, rape
Non-consented care	Failure to seek and receive consent before a procedure
Non-confidential care	Lack of physical privacy and/or privacy of information
Non-dignified care	Verbal abuse, negative gestures and comments
Discrimination	Differential treatment because of personal attributes
Abandonment/neglect	Neglect, delivering alone
Detention in facilities	Detention in facility until payment is made, bribes
Poor rapport between women and providers	Ineffective communication, lack of supportive care, loss of autonomy
Health System Conditions and Constraints	Lack of resources, lack of policies, facility culture

- There is no “definition” of D&A or mistreatment, just categories or domains of issue areas that collectively describe the problem.
- This draws from Bowser and Hill Landscape Analysis and WHO Quality of MNH Care typology.



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Evidence From Tanzania

Experiences of and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro Region, Tanzania

Shannon A McMahon^{1*}, Asha S George¹, Joy J Chebet¹, Idda H Masha², Rose NM Mpembeni³ and Peter J Winch¹

The Staha Project

Promoting Respectful and Attentive Care in Rural Tanzania



Applying a participatory approach to the promotion of a culture of respect during childbirth

Hannah L. Ratcliffe^{1,2*}, David Sando^{1,3}, Mary Mwanyika-Sando⁴, Guerino Chalamilla^{3,4*}, Ana Langer¹ and Kathleen P. McDonald^{1,5}

The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania

David Sando^{1,5*}, Hannah Ratcliffe^{2,6}, Kathleen McDonald^{2,7}, Donna Spiegelman³, Goodluck Lyatuu¹, Mary Mwanyika-Sando⁴, Faida Emil¹, Mary Nell Wegner², Guerino Chalamilla³ and Ana Langer²

Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey

Margaret E Kruk,^{1*} Stephanie Kujawski,² Godfrey Mbaruku,³ Kate Ramsey,² Wema Moyo³ and Lynn P Freedman²

The Uzazi Bora Project

Promoting Respectful Care in Urban Tanzania



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Disrespect and Abuse During Childbirth in Tanzania: Are Women Living With HIV More Vulnerable?

Association Between Disrespect and Abuse During Childbirth and Women's Confidence in Health Facilities in Tanzania

Mitigating disrespect and abuse during childbirth in Tanzania: an exploratory study of the effects of two facility-based interventions in a large public hospital

Hannah L. Ratcliffe^{1,2*}, David Sando^{1,3}, Goodluck Willey Lyatuu³, Faida Emil³, Mary Mwanyika-Sando⁴, Guerino Chalamilla^{3,4*}, Ana Langer¹ and Kathleen P. McDonald^{1,5}

What Does Mistreatment Matter?

There are quality of care, human rights, and ethical implications

1. Hinders quality of care issue- delays and neglect causes disability like fistula and even death)
2. Breaches of human rights and safety
3. Ethical issues- mistreatment mean that professional codes of conduct and provision of clinical standards of care are compromised
4. Poor health outcomes
5. Community mistrust of health services - avoidance of institutional care-seeking in the future.



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RMC is a RIGHT for women AND NEWBORNS

Safe Motherhood is more than the prevention of death and disability...It is respect for every woman's humanity, feelings, choices, and preferences.

RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN



1 EVERY WOMAN HAS THE RIGHT TO **BE FREE FROM HARM AND ILL TREATMENT**
NO ONE CAN PHYSICALLY ABUSE YOU

2 EVERY WOMAN HAS THE RIGHT TO **INFORMATION, INFORMED CONSENT AND REFUSAL, AND RESPECT FOR HER CHOICES AND PREFERENCES, INCLUDING COMPANIONSHIP DURING MATERNITY CARE**
NO ONE CAN FORCE YOU OR DO THINGS TO YOU WITHOUT YOUR KNOWLEDGE AND CONSENT

3 EVERY WOMAN HAS THE RIGHT TO **PRIVACY AND CONFIDENTIALITY**
NO ONE CAN EXPOSE YOU OR YOUR PERSONAL INFORMATION

4 EVERY WOMAN HAS THE RIGHT TO **BE TREATED WITH DIGNITY AND RESPECT**
NO ONE CAN HUMILIATE OR VERBALLY ABUSE YOU

5 EVERY WOMAN HAS THE RIGHT TO **EQUALITY, FREEDOM FROM DISCRIMINATION, AND EQUITABLE CARE**
NO ONE CAN DISCRIMINATE BECAUSE OF SOMETHING THEY DO NOT LIKE ABOUT YOU

6 EVERY WOMAN HAS THE RIGHT TO **HEALTHCARE AND TO THE HIGHEST ATTAINABLE LEVEL OF HEALTH**
NO ONE CAN PREVENT YOU FROM GETTING THE MATERNITY CARE YOU NEED

7 EVERY WOMAN HAS THE RIGHT TO **LIBERTY, AUTONOMY, SELF-DETERMINATION, AND FREEDOM FROM COERCION**
NO ONE CAN DETAIN YOU OR YOUR BABY WITHOUT LEGAL AUTHORITY

Disrespect and abuse during maternity care are a violation of women's basic human rights.

All rights are grounded in established international human rights instruments, including the Universal Declaration of Human Rights; the Universal Declaration on Bioethics and Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of the Elimination of Violence Against Women; the Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights; and the United Nations Fourth World Conference on Women, Beijing. National instruments are also referenced if they make specific mention of childbearing women.

RESPECTFUL MATERNITY CARE

The White Ribbon Alliance
For Safe Motherhood

For more information visit:
www.whiteribbonalliance.org/respectfulcare

Most countries and many institutions in the world have endorsed these rights

The rights align themselves to the domains of D&A



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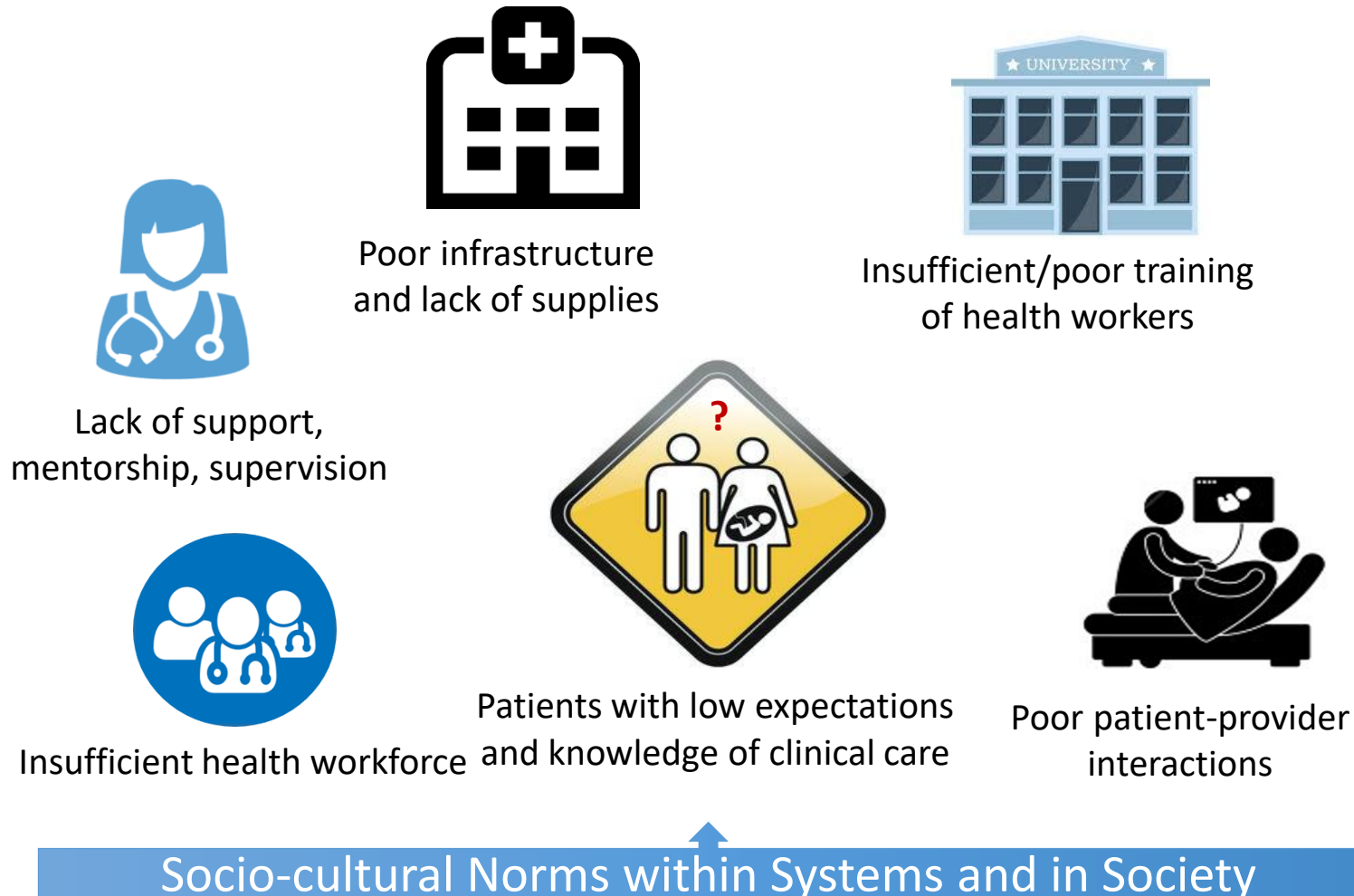
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Contributors to Mistreatment



Drivers of Mistreatment

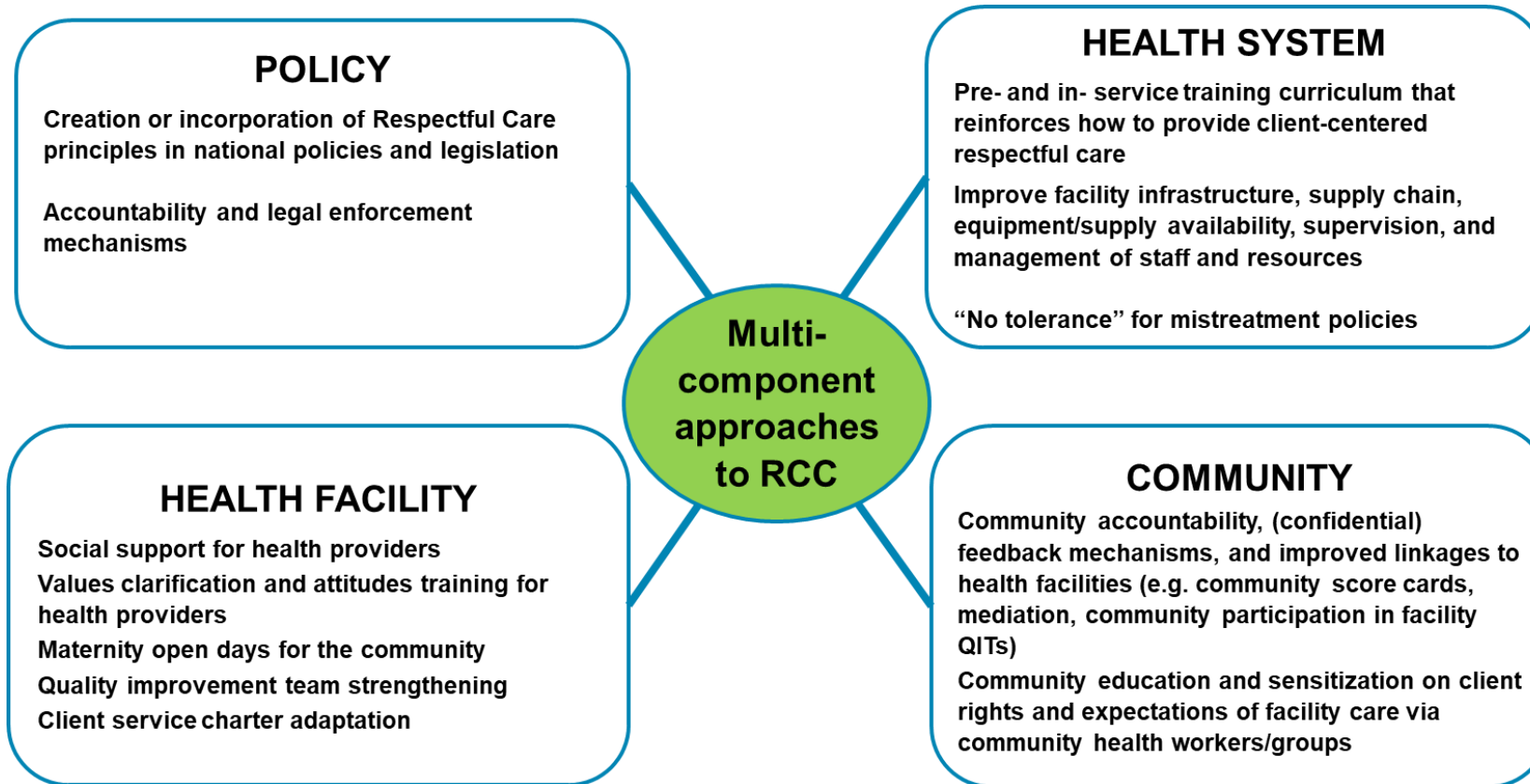


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Improving Quality and Respectful Care Requires Addressing Multiple Contributors to Poor Treatment



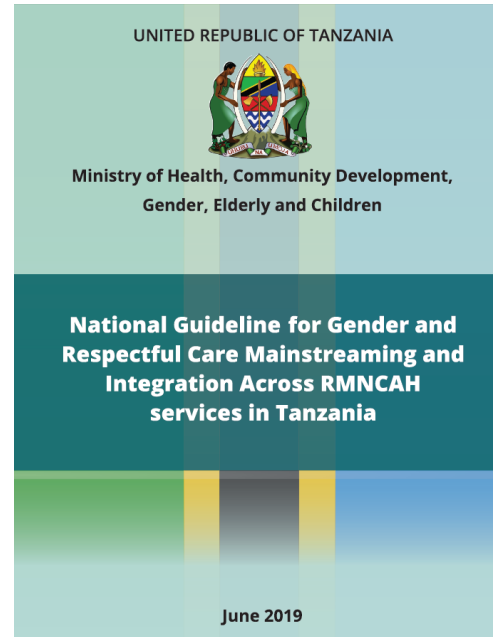
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Efforts to Advance Respectful & Compassionate Care in Tanzania

- Policies and Guidelines
 - National Guidelines on Respectful and Compassionate Nursing and Midwifery Care
 - National Guidelines for Gender and Respectful Care Mainstreaming and Integration in RMNCAH Programs
- Investing in supportive infrastructure—curtains, beds for each patient, skilled and adequate number of human resources, managerial accountability



THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN

NATIONAL GUIDELINES ON
RESPECTFUL AND COMPASSIONATE
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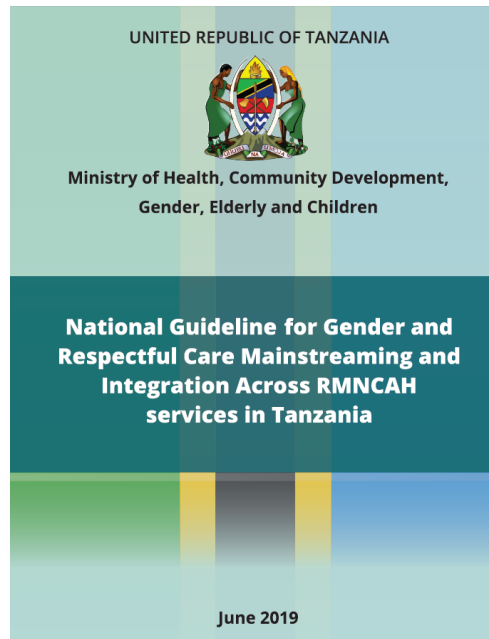


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Efforts to Advance Respectful & Compassionate Care in Tanzania

- Activated client charter – community-facility partnership for accountability
- Open birth days
- Training of Health care workers in wellness and stress support
- Implementation research on Birth Companions with a guide for training and scope of work for family members as birth companions.



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Looking ahead

ADVANCING RESPECTFUL AND COMPASSIONATE CARE IN TANZANIA

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RCC

The current work stream in Tanzania focuses on addressing critical gaps in policy advocacy, routine measurement and monitoring and implementation evidence required for the advancement of RCC in Tanzania

Policy Documents

Third Draft of Revised One Plan II RMCAH (with inputs)



National Guidelines on Respectful and Compassionate Nursing and Midwifery Care,

MoHCDGEC, 2017



- Continue the national dialogue on respectful, compassionate, humane and ethical care provision
- Leadership from the government and lead nurses and midwives
- Compiling and sharing of evidence in support of nurse and midwifery leadership

RMC Literature

Applying a participatory approach to the promotion of a culture of respect during childbirth

Ratcliffe H, Reproductive Health, 2016



Barriers and facilitators to humanizing birth care in Tanzania: findings from semi-structured interviews with mid-wives and obstetricians

Mselle, Reproductive Health, 2018



Basic accountability to stop ill-treatment (BASI); study protocol for cluster-randomized controlled trial in rural Tanzania

Mbatia R, Frontiers in Public Health, 2018



Community and health system interventions to reduce disrespect and abuse during childbirth in Tanga Region, Tanzania: A comparative before-and-after study

Defining disrespect and abuse of women in childbirth: a research, policy and rights agenda

Freedman LP, Ramsey K, Bulletin World Health Organization (Perspectives), 2014

Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa

Rosen, BMC Pregnancy and Childbirth, 2015



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