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FROM THE AMERICAN PEOPLE

# NURSING AND MIDWIFERY LEADERS FORUM

Respectful and Compassionate Care to Enhance Quality of Care

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February 11, 2021.



# Presentation Overview

- The beginning: identifying mistreatment
- What the evidence started to tell us
- Contributors to mistreatment
- Why quality care matters
- Multi-component approaches
- Actions underway in Tanzania

# A Decade Ago...

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- Disrespect and abuse or mistreatment during childbirth was widely known, but not named.
- Various 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.

# 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<sup>1\*</sup>, Asha S George<sup>1</sup>, Joy J Chebet<sup>1</sup>, Idda H Masha<sup>2</sup>, Rose NM Mpembeni<sup>3</sup> and Peter J Winch<sup>1</sup>

## 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<sup>1,2\*</sup>, David Sando<sup>1,3</sup>, Mary Mwanyika-Sando<sup>4</sup>, Guerino Chalamilla<sup>3,4\*</sup>, Ana Langer<sup>1</sup> and Kathleen P. McDonald<sup>1,5</sup>

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

David Sando<sup>1,5\*</sup>, Hannah Ratcliffe<sup>2,6</sup>, Kathleen McDonald<sup>2,7</sup>, Donna Spiegelman<sup>3</sup>, Goodluck Lyatuu<sup>1</sup>, Mary Mwanyika-Sando<sup>4</sup>, Faida Emil<sup>1</sup>, Mary Nell Wegner<sup>2</sup>, Guerino Chalamilla<sup>3,4\*</sup> and Ana Langer<sup>2</sup>

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

Margaret E Kruk,<sup>1\*</sup> Stephanie Kujawski,<sup>2</sup> Godfrey Mbaruku,<sup>3</sup> Kate Ramsey,<sup>2</sup> Wema Moyo<sup>3</sup> and Lynn P Freedman<sup>2</sup>

## 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<sup>1,2\*</sup>, David Sando<sup>1,3</sup>, Goodluck Willey Lyatuu<sup>3</sup>, Faida Emil<sup>3</sup>, Mary Mwanyika-Sando<sup>4</sup>, Guerino Chalamilla<sup>3,4\*</sup>, Ana Langer<sup>1</sup> and Kathleen P. McDonald<sup>1,5</sup>

# What the Evidence Tells Us

## Quantifying disrespect and abuse:

- **Tanga:**
  - 19% reported at least 1 of 14 instances of disrespect and abuse (at exit)
  - 28% (home follow-up)
- **Dar:**
  - 15% (at exit) reported 1 of 18 instances of disrespect and abuse
  - 70% (home follow-up)

**Implications:** reported disrespect and abuse is associated with lower intention to deliver in a health facility in the future.

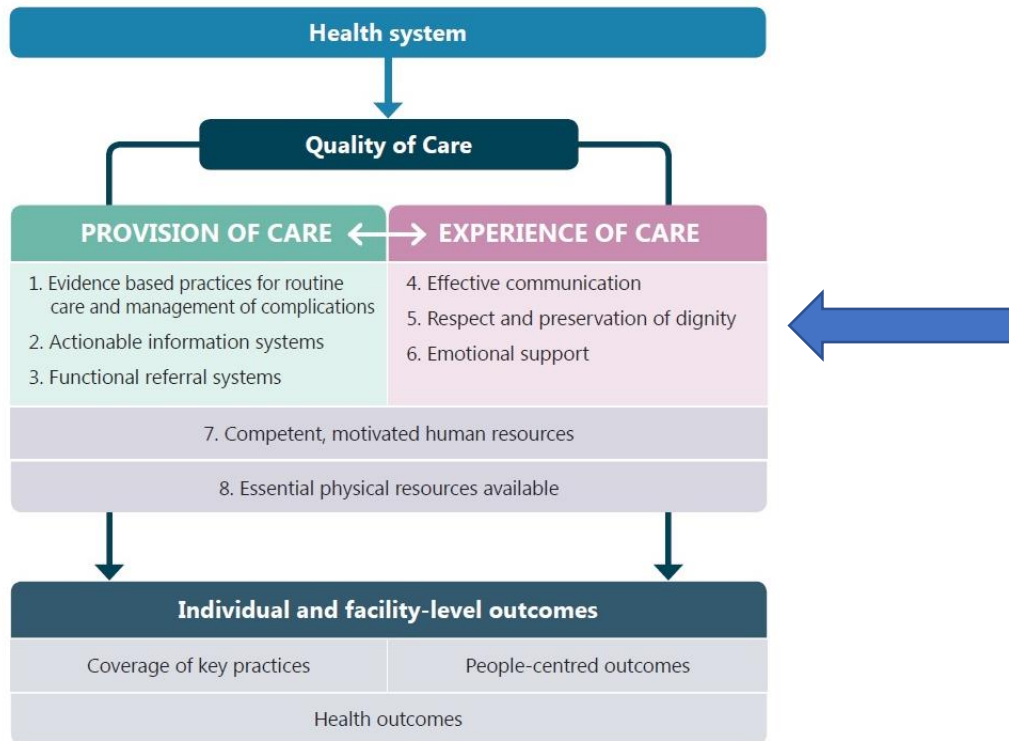
# Naming and Framing the Issue

- 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.

**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

# Global Recognition of the Two Equal Sides of Quality



World Health Organization

hrp.

**Kuzuua na kuondoa kutoheshimiwa na dhuluma wakati wa kujifungua katika vituo**

Taarifa ya WHO

*Kila mwanamke ana haki ya kupata kiwango cha juu iwezekanavyo cha matibabu vikiwemo haki ya kuheshimiwa*

photo: UNICEF

*Wanake wengi hupitia dhuluma na kutoheshimiwa wanapojifungua katika vituo vya Afya kote ulimwenguni. Wanayopitia hayakeuki tu haki za wanawake za kupata utunzaji wa heshima tu bali pia yanatahadharisha haki zao za uhai, matibabu, uadilifu wa kimwili na uhuru wa kutodhulumiwa k.Maelezo haya yanastahili matendo makubwa zaidi, mazungumzo, utafiti na utetezi kwa haya jambo hili muhimu la afya ya umma na haki za kibinadamu.*

STANDARDS FOR IMPROVING QUALITY OF MATERNAL AND NEWBORN CARE IN HEALTH FACILITIES

World Health Organization

WHO recommendations  
Intrapartum care for a positive childbirth experience

World Health Organization

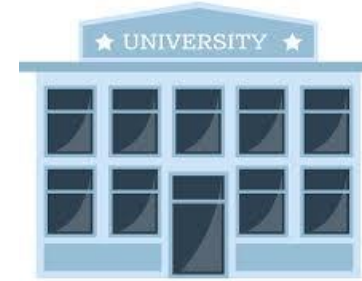
# Contributors to Mistreatment



Lack of support, mentorship, supervision



Poor infrastructure and lack of supplies



Insufficient/poor training of health workers



Patients with low expectations and knowledge of clinical care



Poor patient-provider interactions



Insufficient health workforce

Socio-cultural Norms within Systems and in Society



# Midwife/Nurse Perspectives

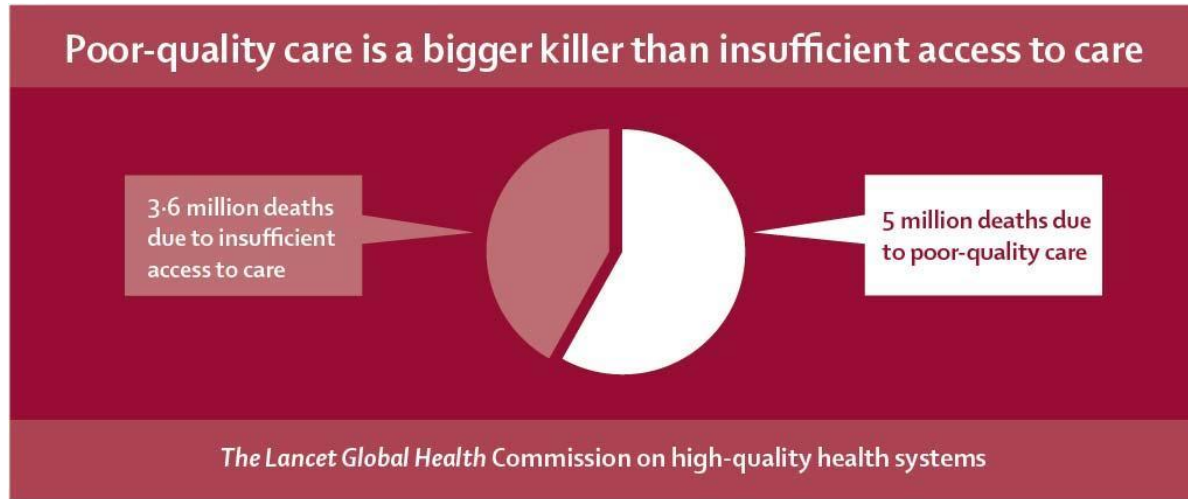
“A feeling of demoralization was especially prevalent and was caused by a lack of support from the leaders and little appreciation from the patients. Shortage of resources, and shortage of personnel in particular, was also highlighted as it led to an excessive workload resulting in difficulties with providing adequate care. These difficulties were intensified by lack of equipment, facilities and a non-optimal organization of the healthcare system.”\*

“Equally important [to understanding client experience], we must understand the physical, systemic, and emotional spaces that generate disrespectful care.”\*\*

\*\*Overview of literature on RMC and applications to Tanzania. Wilson-Mitchellet al. Reproductive Health (2018) 15:167 <https://doi.org/10.1186/s12978-018-0599-z>

\*\*Challenges in day-to-day midwifery practice; a qualitative study from a regional referral hospital in Dar es Salaam, Tanzania. Global Health Action. [Hanna Strømholth Bremnes, et al 2018](#)

# Why does quality of care matter?



THE LANCET Global Health

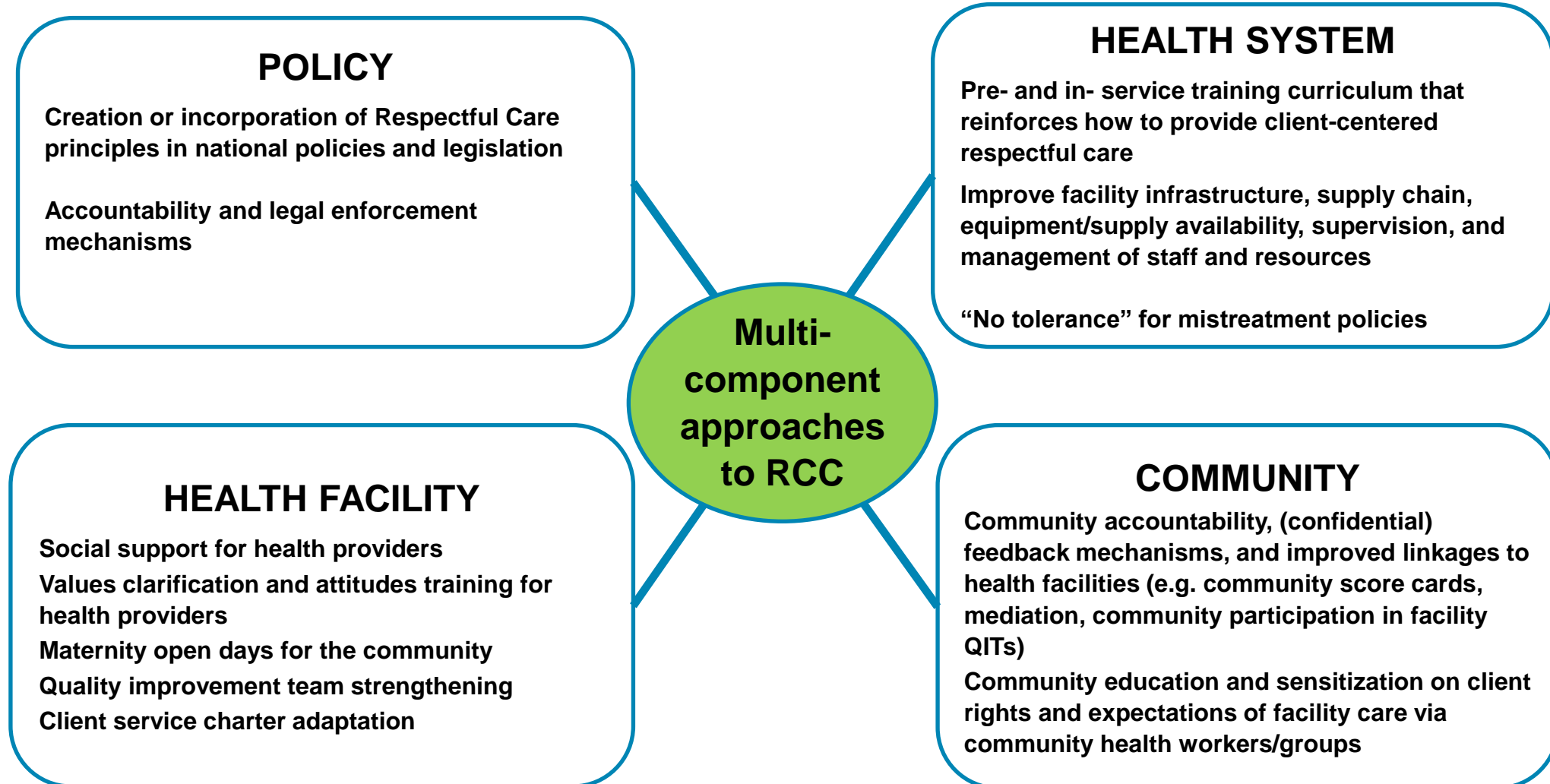
The best science for better lives

Poor quality of care is responsible for 1 million newborn deaths and over half of maternal deaths!

**Poor Quality of Care** has safety, human rights, and ethical implications that can lead to:

- Poor health outcomes
- Reinforce mistrust of health services
- Lead to delays/avoidance of institutional care-seeking in the future
- Breaches of human rights and safety
- Ethical implications of mistreatment mean that professional codes of conduct and provision of clinical standards of care may be compromised

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



# 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
- Supportive infrastructure- labor ward partitioning, 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  
NURSING AND MIDWIFERY CARE**

UNITED REPUBLIC OF TANZANIA



Ministry of Health, Community Development,  
Gender, Elderly and Children

**National Guideline for Gender and  
Respectful Care Mainstreaming and  
Integration Across RMNCAH  
services in Tanzania**

June 2019







# Efforts to Advance Respectful & Compassionate Care in Tanzania

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

# Lessons from Thamini Uhai's Birth Companionship Programme in Western Tanzania



- Over 80% of women delivering at intervention sites had a birth companion during childbirth
- Reported that companions: gave them advice/instructions, comforted them with kind words, singing, prayer, etc
- Women interviewed at intervention sites were very satisfied with having a companion during childbirth (96-99%)
- Number of deliveries increased by 2% in intervention sites and decreased by 6% in comparison sites
- Maternal and perinatal mortality declined in both intervention and comparison sites



# Opportunities

- 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

## USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

**ADVANCING RESPECTFUL AND COMPASSIONATE CARE IN TANZANIA**

Information sharing platform

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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



### 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 (BASIT); 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**

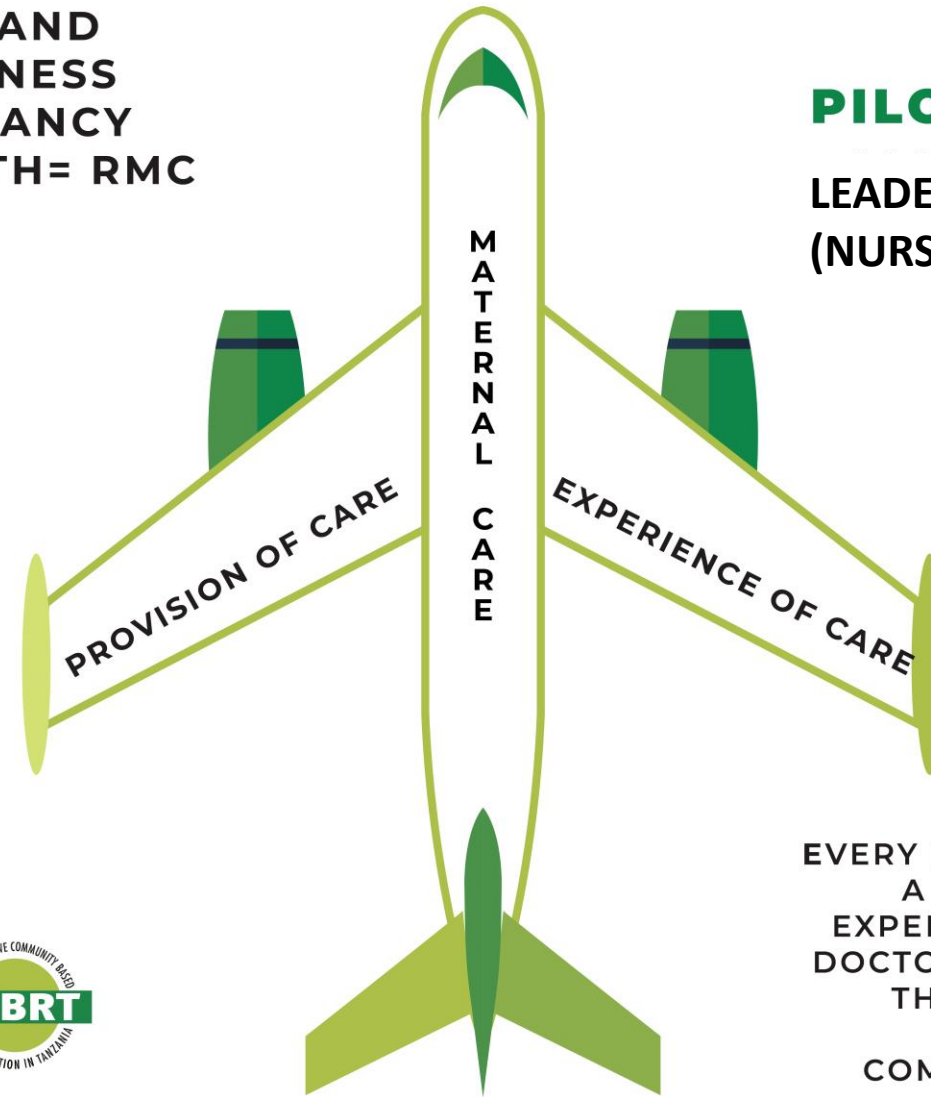
Rosen, BMC Pregnancy and Childbirth, 2015



**USAID**  
FROM THE AMERICAN PEOPLE



**SAFE CLINICAL CARE  
PLUS DIGNITY AND  
RESPECT, KINDNESS  
DURING PREGNANCY  
AND CHILDBIRTH= RMC**



## **PILOTS**

**LEADERS  
(NURSES AND MIDWIVES)**

## **VISION**

**EVERY PREGNANT WOMAN HAS  
A SAFE SATISFYING BIRTH  
EXPERIENCE MANAGED BY A  
DOCTOR WHO PROVIDES CARE  
THAT IS BOTH CLINICALLY  
COMPETENT AND  
COMPASSIONATE IN A WELL  
RESOURCED FACILITY**



**Every leader in the room, and those not present, is to be intentional about using their leadership influence to promote respectful and compassionate care, and raise awareness about this – as a right and integral part of quality of care; this is to be prioritized at all levels – from academic training institutions, to training health institutions, as well as all healthcare delivery points and their management across the country.**

# ASANTENI KWA KUNISIKILIZA

