



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

## Building on the Momentum: Leveraging Implementation Science Approaches to Advance Respectful Woman-Centered Care

### THE MOVEMENT TO ADVANCE RESPECTFUL MATERNITY CARE (RMC)

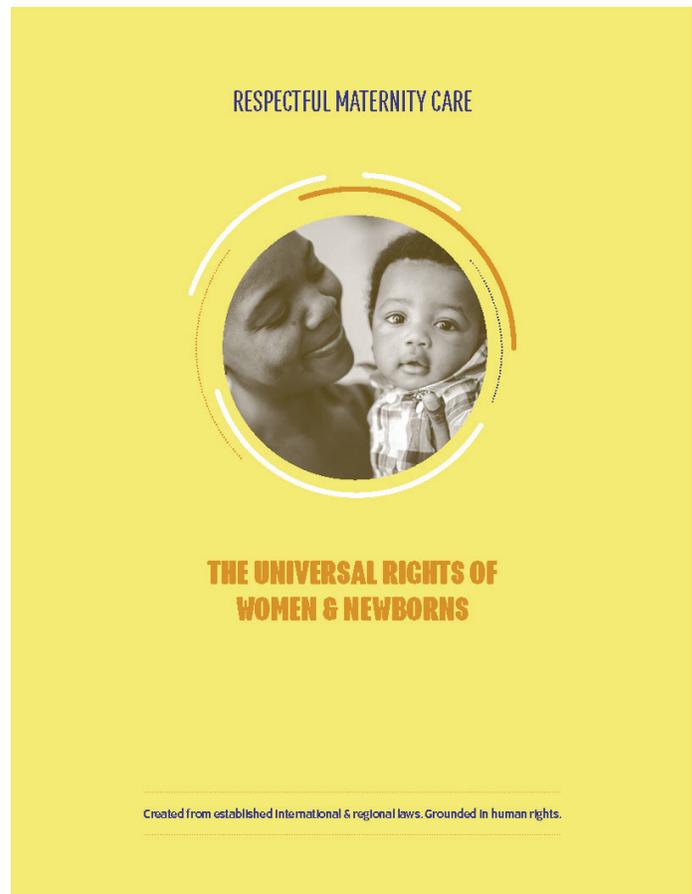
Around the world, women who give birth in health facilities often face undignified conditions and poor quality of care. Causes of mistreatment are often complex and multifaceted, involving individual and health system level constraints such as health provider workload, infrastructure and supply challenges, gender and socio-cultural dynamics, and poor health system management. Negative care environments not only affect the recipients of care, but also impact the experience of healthcare providers.

The Bowser and Hill Landscape Analysis commissioned by URC through the Translating Research into Action (TRAction) Project in 2010 identified seven categories

of disrespect and abuse (D&A) related to facility-based childbirth, thus laying the groundwork for the modern RMC movement. Much of the early learning was informed by TRAction implementation research studies led by Columbia University and Population Council, which included investigating prevalence and drivers of D&A

*Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.*

- WHO Statement on the Prevention and Elimination of Disrespect and Abuse During Facility Based Childbirth



April 2021

USAID’s Health Evaluation and Applied Research Development Project (HEARD) is funded by United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-17-00002. The project team includes prime recipient University Research Co., LLC (URC) and subrecipient organizations.

and developing and testing approaches to advance RMC in Tanzania and Kenya. Paired with advocacy efforts by the White Ribbon Alliance and the Global Respectful Maternity Care Council, the need to mitigate D&A and

ensure respectful care has gained momentum over the last decade. The HEARD Project builds on this momentum to bring more evidence to bear on solutions to advance respectful care in low- and middle-income countries.

Key Events Related to Advancing Respectful Care	Year
Abuse in birth wards gains attention in high-income countries	1950s
Obstetric violence documented in institutions in Brazil	1981
Humanization of childbirth movement begins in Latin America	1990s
Declaration of the Elimination of Violence Against Women	1993
Network for the Humanization of Labor and Birth founded	1993
Seminal research highlighting mistreatment in birth facilities published in Peru, South Africa, Brazil, and other countries	1998-2002
First International Conference on the Humanization of Childbirth, held in Brazil	2000
Center for Reproductive Rights' "Failure to Deliver: Violations of Women's Human Rights in Kenyan Health Facilities"	2007
"Obstetric violence" formally defined in legislation in Venezuela	2007
"Exploring Evidence for Disrespect and Abuse in Facility-based Childbirth: Report of a Landscape Analysis." USAID   TRAction Project	2010
Global Community of Concern (later named the Global RMC Council) is convened by White Ribbon Alliance	2011
RMC Charter on the Universal Rights of Childbearing Women released by WRA	2011
TRAction Project supports some of the first implementation research on D&A	2011
WHO statement on the prevention and elimination of D&A during childbirth	2014
WHO Quality of Care Vision for Women and Newborns prominently features experience of care	2015
WHO research portfolio on mistreatment during childbirth established	2015
WHO publishes Standards for Improving Quality of Maternal and Newborn Care in Health Facilities	2016
WHO Quality Equity Dignity (QED) MNH Network launched in 9 countries	2017
Addis Declaration to End Preventable Maternal and Child Deaths Mentions RMC	2017
East, Central and Southern Africa Health Community passes resolution on addressing RMC	2017
WHO recommendation: Intrapartum care for a positive childbirth experience	2018
Lancet Global Health Commission on High Quality Health Systems in the SDG Era	2018
Updated RMC Charter on the Universal Rights of Childbearing Women released by WRA	2019

## CONTINUING THE MOMENTUM: HEARD PROJECT FOCAL AREAS



### 1. PROMISING APPROACHES

Investigation of how the issue is framed and identification of promising approaches for advancing RMC.



### 2. MEASURING PROGRESS

Exploration of how to routinely monitor and evaluate efforts to mitigate disrespect and abuse and advance RMC.



### 3. COUNTRY SUPPORT

Support to governments and stakeholders through convening, information sharing and technical assistance to advance policy advocacy for RMC.



### 4. ACCELERATING EVIDENCE FOR ACTION

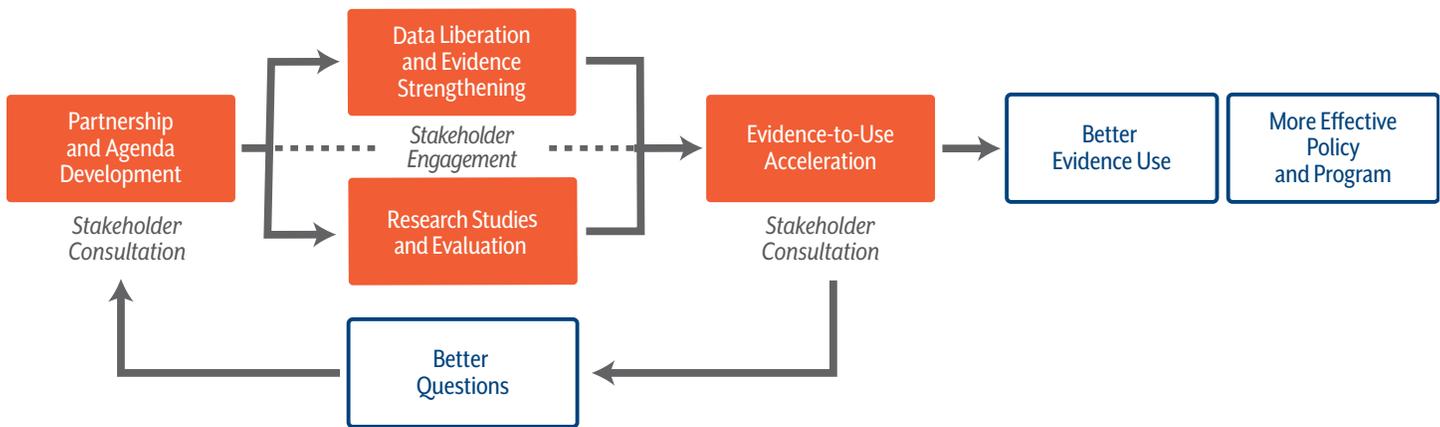
Evidence-informed policy and programs through dissemination of products, information hub development, and webinar series.

## ACTIVITY OVERVIEWS

1. **Promising Approaches.** The elimination of disrespect and abuse is not equivalent to advancing respectful care. Both deserve attention. Catalyzing significant change relies on addressing the complexity and confluence of factors that lead to poor experiences of care. The general domains to consider include health system infrastructure, health service delivery, training/support/advocacy for healthcare workers, community engagement and empowerment, updating of policies and programs, and a learning agenda that includes avenues for routine monitoring and evaluation (M&E) of implementation efforts. As acknowledgment of the issue grows, we increasingly get asked, "Ok, I understand this is a problem. Tell me what do about it!" In support of more evidence on what interventions work and why, HEARD is supporting two types of activities: (1) a landscape of promising approaches in Africa, led by the University of California San Francisco (UCSF) and (2) support to the development of case studies to document what approaches are being implemented, including potential for them to be institutionalized, sustained, scaled, and replicated in other contexts.

2. **Measuring Progress.** Measurement is critical for accountability and monitoring progress. Most of the indicators and measurement to date is couched within larger (and more expensive) study contexts. More work is required to understand how elements of RMC and experiences of care can be institutionalized and measured routinely within data systems. In support of this discussion, HEARD partners conducted [A Rapid Review of Available Evidence to Inform Indicators for Routine Monitoring and Evaluation of Respectful Maternity Care](#) led by the University of California San Francisco, in partnership with Africa Academy for Public Health and partners in Tanzania. Forty-nine indicators for 11 RMC and mistreatment domains were identified; 33 indicators were recommended for incorporation in facility-based quality improvements and community score card-related monitoring efforts. This effort is viewed as an input to ongoing consultations in this area.
3. **Country Support.** Depending on national needs and opportunities to advance RMC, HEARD provides targeted technical assistance through local partners. The objective is to facilitate a platform that links evidence producers with policy and program decision-

Figure 1. Applying an Implementation Science Approach to Advancing Respectful Woman-Centered Care



makers. In Tanzania, HEARD partners Africa Academy for Public Health and Ifakara Health Institute—alongside other stakeholders—support national consultation around policy and strategy development, information sharing and production of evidence on promising approaches.

4. **Accelerating Evidence for Action.** Access and availability of information and professional networking is critical to advancing relevant and responsive solutions to addressing RMC. HEARD partners support evidence to action through the establishment of information sharing hubs among partners and through the “Accelerating Evidence to Policy and Programs: Strengthening Systems for RMNCAH Care in Africa” webinar series. The objective is to embed activities in existing platforms and processes within countries, sub-regions and global communities of practice. For example, RMC emerged as a regional priority (e.g. ministerial resolution) after engagement of the East Central Southern Africa Health Community (ECSA-HC)’s best practices platform and ministerial convenings. HEARD partners closely collaborate with the White Ribbon Alliances Global RMC Council and looks forward to engaging the AlignMNH Platform.

above, HEARD partners work to advance respect and dignity across the continuum of care by applying HEARD’s four main strategies (depicted in Figure 1):

- ▶ *Partnership and agenda development* includes consultative processes with a deliberate set of partners—especially evidence users—to ensure relevance, buy-in, and demand for evidence-informed decision-making.
- ▶ *Data liberation and evidence strengthening* is about exploiting opportunities to make existing data more available and accessible and entails the use of available data for analysis and informed decision-making related to advancing respectful woman-centered care (e.g., analyzing global data sets, program data and routinely collected health information).
- ▶ *Research and evaluation studies* help grow the evidence base and may consist of embedding or conducting standalone studies of promising approaches, including methods for routine M&E of women’s experiences of care.
- ▶ *Evidence-to-use acceleration* is facilitated by creating useful products (beyond publications), engaging relevant policy and program platforms, and linking to communities of practice to more effectively communicate findings and advocate for change.

## APPLYING AN IMPLEMENTATION SCIENCE APPROACH TO ADVANCING RESPECTFUL WOMAN-CENTERED CARE

USAID’s Health Evaluation and Applied Research Development (HEARD) Project is an implementation science mechanism that supports a range of health and development issue areas. As reflected in the activities

### For more information on the HEARD Project

Visit our website: [www.heardproject.org](http://www.heardproject.org), follow us on Twitter: @HEARDProject, or contact us at [HEARD@urc-chs.com](mailto:HEARD@urc-chs.com)

HEARD is a part of the USAID Health Research Program. Learn more here: [www.harpnet.org](http://www.harpnet.org)