
2016

Promoting Respectful Maternity Care Resource Package: Community flipchart

Population Council

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh



Part of the [Demography, Population, and Ecology Commons](#), [Family, Life Course, and Society Commons](#), [International Public Health Commons](#), and the [Maternal and Child Health Commons](#)

How does access to this work benefit you? Let us know!

Recommended Citation

"Promoting Respectful Maternity Care Resource Package: Community flipchart." New York: Population Council, 2016.

This Guide/Toolkit is brought to you for free and open access by the Population Council.

PROMOTING RESPECTFUL MATERNITY CARE RESOURCE PACKAGE



COMMUNITY FLIPCHART



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



**POPULATION
COUNCIL**
Ideas. Evidence. Impact.

This is a teaching aid for Community Health Workers and other community-level resource persons to conduct community sensitization meetings or training workshops for general community members on Respectful Maternity Care (RMC). The content and language used in the flipchart is simple and pictorial. Brochures are available for participants to take home as resources.

INTRODUCTION:

Progress toward the reduction of maternal and newborn morbidity and mortality has been slow because improvements require overcoming financial and geographical barriers to accessing skilled care, as well as the poor quality of care in maternity units. A little-understood component of the poor quality of care experienced by women during facility-based childbirth is the disrespectful and abusive (D&A) behavior of health care providers and other facility staff. Acknowledgment of these behaviors by policymakers, program staff, civil society groups, and community members indicates the problem is widespread.

In a landscape analysis conducted in 2010, these behaviors were categorized into seven manifestations:

1. physical abuse
2. non-consented care
3. non-confidential care
4. non-dignified care
5. discrimination
6. abandonment of care
7. detention in facilities

Numerous factors contribute to this experience, which are grouped into: individual and community-level factors, normalizing D&A, lack of legal and ethical foundations to address D&A, lack of leadership in this area, lack of standards and accountability, and provider prejudice due to lack of training and resources.

WHY FOCUS ON PREVENTING D&A?

Research has shown that one out of five women leaving a postnatal ward reported feeling humiliated at some point during their most recent delivery. The poorest women are more likely to suffer from abandonment of care while married clients are more likely to be neglected. Women of higher parity are more likely to be detained for nonpayment or bribes compared to women delivering their first child. Women under 19 years of age are more likely to experience non-confidential care compared to those aged 20-29.

PROMOTING RESPECTFUL MATERNITY CARE (RMC) AT BIRTH

COMMUNITY EDUCATION WORKSHOP

GOAL

to orient community members on Respectful Maternity Care

OBJECTIVES

1. Outline the maternal health problem on global, regional, and national level
2. Discuss common barriers to accessing quality maternity care
3. Know about the seven types of disrespect and abuse during childbirth
4. Discuss different kinds factors that drive D&A
5. Understand your rights and obligations when seeking care
6. Discuss the role of the community in promoting respectful maternity care
7. Suggest and discuss strategies for promoting RMC within the community.

OVERVIEW OF MATERNAL HEALTH

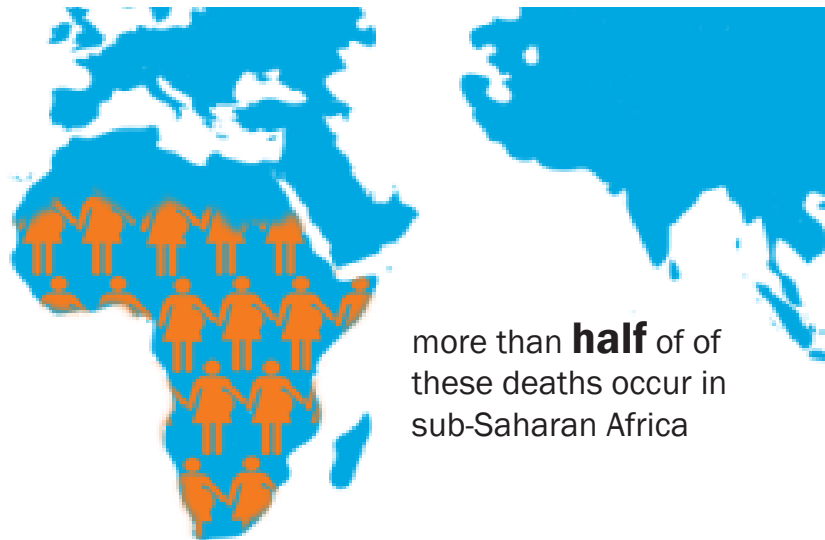
- Pregnancy, childbirth, and their consequences are still the leading causes of death, disease, and disability among women of reproductive age in developing countries.
- Nearly 275,000 maternal deaths due to treatable conditions during pregnancy and childbirth occurred globally in 2011. Almost all of these took place in developing countries.
- Maternal mortality is highest in sub-Saharan Africa, where the maternal mortality ratio (MMR) is 100 times greater than in developed regions.
- A key strategy to address high maternal and newborn morbidity and mortality is to increase the proportion of births attended by skilled birth attendants (SBAs), a target of the maternal health Millennium Development Goal (MDG 5).

OVERVIEW OF MATERNAL HEALTH

globally:



regionally:



locally:

In Kenya, **only 4** in **10** women deliver at health facilities



BARRIERS TO ACCESSING OR RECEIVING QUALITY MATERNAL HEALTH CARE

Commonly cited barriers:

- Concerns about security at night
- mountainous and treacherous terrain
- long distances and poor quality roads
- high cost of transport and health services

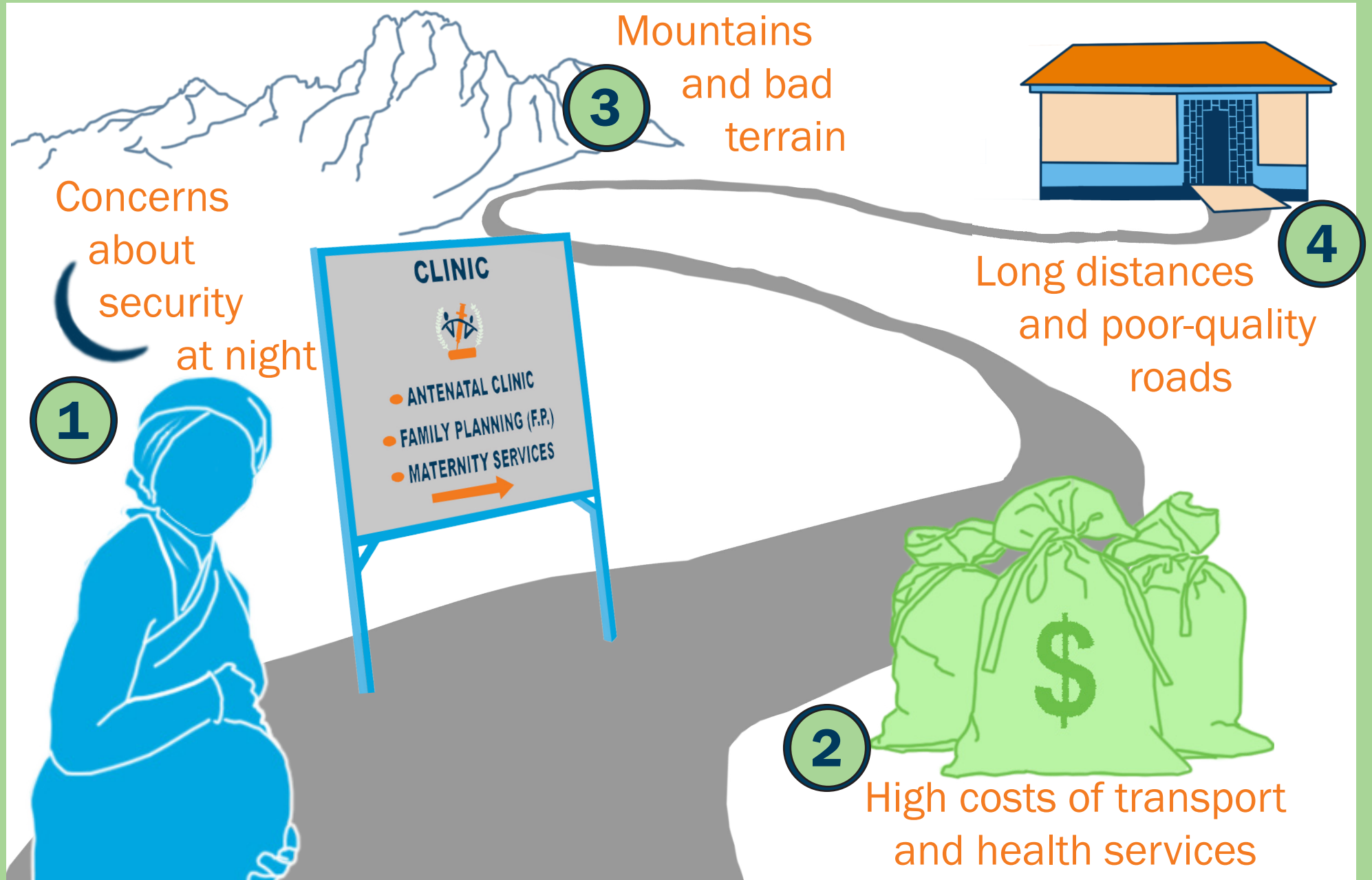
Other Financial barriers:

- Inadequate provision of the absolute minimum of obstetric care
- Poor facility infrastructure, e.g., water, electricity, equipment, drugs and supplies
- Lack of available emergency transportation

Other Nonfinancial barriers:

- Perceived or real negative provider attitudes
- Poor quality of care reported in facilities during childbirth, including disrespectful and abusive treatment by health providers and facility staff
- Low levels of provider competency and skills, and lack of supportive supervision
- Cultural beliefs, stigma, and the perception of both clients and providers on various health conditions and services
- The decision-making process – in some cultures women may not make decisions about their health
- Lack of awareness and recognition of signs and symptoms of obstetric danger
- Low levels of provider competency, skills and lack of supportive supervision
- Lack of awareness of availability of services

COMMON BARRIERS TO ACCESSING QUALITY MATERNITY CARE



TYPES OF “DISRESPECT” AND “ABUSE”

The components that make up disrespect and abuse can be categorized into seven manifestations:

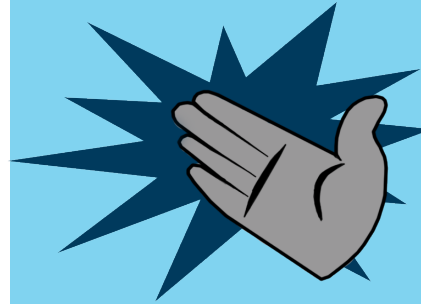
Non-dignified Care	Harsh tone, harsh language, unkind expression, dirty bedding
Non-confidential care	Lack of privacy (no curtains), private information shared
Non-consented care	Treatment given without permission or knowledge
Physical Abuse	Slaps, pinches, pokes, pushing, beating
Abandonment of Care	Ignored when birth is imminent or pain relief is needed
Discrimination	Prejudice based on ethnicity, poverty, or HIV status
Detention in Facilities	Detention for failure to pay for services, requests for bribes

SEVEN CATEGORIES OF DISRESPECT AND ABUSE DURING CHILDBIRTH

Non-consented
care



Physical Abuse



Non-confidential
Care

Discrimination

Abandonment
of care



Non-dignified
care

Detention



in facilities

WHAT ARE THE DRIVERS OF D&A?

At policy and governance levels:

- Gap between Maternal & Newborn Health policy and practice
- Not enough community participation in policy process
- Lack of awareness of patient and provider rights (and obligations)
- Not enough funding for Maternal health care

At health facility and provider levels

- Lack of understanding of clients' rights
- Inadequate infrastructure (ex: no water, no electricity, limited space)
- Staff shortages/high workload leading to high stress
- Poor supervision
- Lack of professional support
- Lack of equipment, supplies, and drugs
- Weak implementation of standards and quality of care guidelines

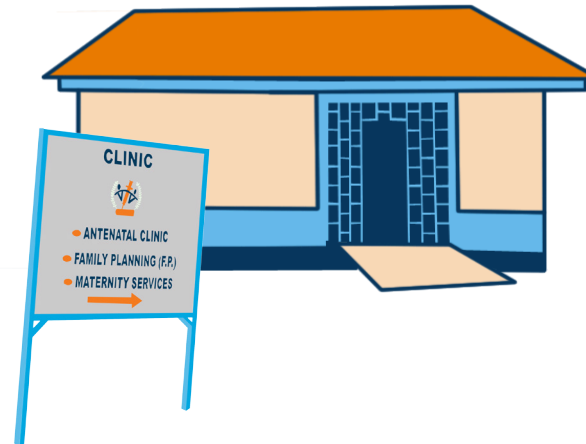
At the community level:

- Imbalanced power dynamics (informal payments)
- Inability to 'defend' or 'demand' rightful treatment
- Lack of understanding of women's health rights
- Complicated or unclear procedure to report incidence of D&A

WHAT DRIVES DISRESPECT AND ABUSE?



POLICY LEVEL



HEALTH
SYSTEM
LEVEL



COMMUNITY
LEVEL

CUSTOMER'S RIGHTS

- Optimum care by qualified health care providers
- Accurate information
- Timely service
- Choice of health care provider and service
- Protection from harm or injury within health care facility
- Privacy and confidentiality
- Be treated courteously
- Dignified treatment
- Continuity of care
- Personal/own opinion and to be heard
- Emergency treatment in any facility of choice
- Dignified death, preservation and disposal
- Participate in the planning and management of health care services

CUSTOMER'S RIGHTS



Timely Service



Optimum care by qualified
health care providers



Have personal opinion
heard

CUSTOMER'S OBLIGATIONS

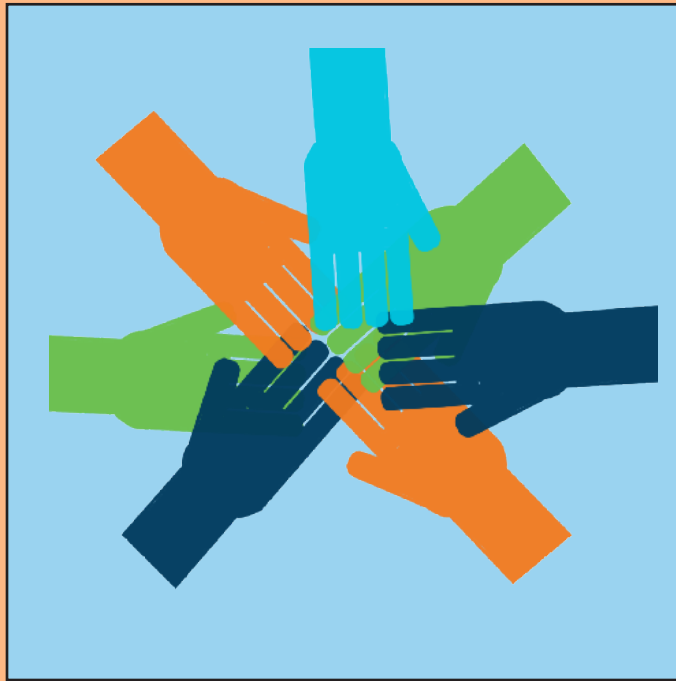
Obligations are something you must do for moral or legal reasons, for your own benefit for others in the society:

- Engage in healthy lifestyle
- Seek treatment promptly
- Seek information on illness and treatment
- Comply with treatment and medical instructions
- Be courteous and respectful to health care providers
- Help combat corruption by reporting any corrupt practices, and refrain from seeking preferential treatment
- Inquire about the related costs of treatment and rehabilitation and agree on mode of payment
- Care for health records in your possession
- Respect the rights of other patients and health care providers
- Provide health care providers with relevant and accurate information for diagnosis, treatment, rehabilitation or counseling
- Protect and conserve health facilities
- Participate in management of health care services
- Foster partnership in service delivery

CUSTOMER'S OBLIGATIONS



Be courteous and respectful to health care providers



Engage in healthy lifestyle

ROLES OF FAMILIES AND COMMUNITIES

Families and communities should take action to address the barriers that prevents them from receiving respectful care during childbirth in health facilities

Families and communities need to recognize their right to quality care during childbirth in health facilities. Rights are entitlements to which a person inherently enjoys simply because she or he is a human being

As community members we are the customers to all kind of services provided in health facilities including childbirth

ROLES OF FAMILIES AND COMMUNITIES



1. Address Barriers preventing RMC
2. Recognize rights to quality care
3. Community members are the customers to health services
4. Know customers' rights & obligations outlined by the MOH Service Charter

HOW CAN WE PROMOTE RMC IN OUR COMMUNITY?

BASED ON THE KNOWLEDGE GAINED IN THIS SESSION

What can I do as a person?

- Recognize your right to quality care during childbirth in health facilities.

What can we do as community members?

- Sensitize members on D&A during maternity care which is a violation of women's basic rights.
- Advocate for support of maternal health at all levels.
- Promote and maintain behavior change communication (BCC) in the community.
- Involve men in RMC and planning.
- Monitor and evaluate RMC services offered by facilities

What do we have?

- CHWs
- Health Facility Management Committees
- Legal aid officers
- Local administration (chiefs, village and society leaders)

Examples:

1. Maternity Open Days
2. Alternative Dispute Resolution (ADR) (mediation)

What might we need?

HOW CAN WE PROMOTE RMC IN OUR COMMUNITY?



Note: This publication is part of a larger publication entitled: Respectful Maternity Care Resource Package. This document is intended to support Community Health Workers in leading RMC sensitization trainings at the community level.

The RMC Resource Package includes the following:

- Facilitator's guide (Facility-based workshops)
- Facilitator's guide (Community-based workshops)
- Participant's guide
- Slide Decks (facility and community workshops)
- Job aids
- Program briefs
- Community Flipchart

All Resource Package materials are available on a CD-ROM or from the Population Council website at www.popcouncil.org/RMCresources.

For more information or clarification on any of the above materials, please contact the Population Council at publications@popcouncil.org.

Translating Research into Action, TRAction, is funded by United States Agency for International Development (USAID) under Cooperative Agreement No. GHS-A-00-09-00015-00. The project team includes prime recipient, University Research Co., LLC (URC), Harvard University School of Public Health (HSPH), and sub-recipient research organizations.

This toolkit is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of Population Council and the Heshima Project and do not necessarily reflect the views of USAID or the United States government.

The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



**POPULATION
COUNCIL**
Ideas. Evidence. Impact.