

## POLICY MAKER INTERVIEW GUIDE

### ***Heshima: Promoting dignified and respectful care during childbirth in Kenya***

#### **INTERVIEW WITH POLICY MAKERS, PHMT, DHMT and Facility in-Charges**

##### **Understanding the existing policy landscape on childbirth In Kenya**

Q1. Kindly give us an overview of existing maternity practices including child birth and delivery policies in Kenya (*within the broader RH policies*)

*Probes/prompts*

- *What policies address /promote dignity and respectful care during facility based child birth? Name of the documents, year (duration in existence), if the policy were disseminated and to what audience/s?*
- *In your own opinion, how accessible are these policy documents at your level and the providers' level, community level? Please explain*
- *Was there public/stakeholder input in the policy process? If yes how was that facilitated?*
- *Whose idea has it been to develop such policies?*
- *Have you been involved in any of the policy process that promotes dignity and respectful care during child birth and delivery?*
- *How has the international context if any? Influenced reproductive health rights issues in Kenya if yes in what way? Do they address the issues of dignified and respectful care during facility based child birth?*
- *What strategies exists in enforcing the policies that address dignified and respectful care during facility based*
- *What has been or what would be the role of research/stakeholder involvement in such a policy development processes?*

##### **Exploring existing manifestations, type and nature of Disrespect and Abuse**

Q2. Now let us examine from your perceptive what disrespect and abuse is during facility based child birth in Kenya.

*Probes*

- *In your own opinion what would you say about respectful care during facility based child birth?*
- *What are some of the practices that demonstrate lack of respect and dignity in public facilities/private facilities in Kenya? Probe for physical abuse, non -consented care, detention, discrimination, neglect/abandonment, non confidential and non-dignified care.*
- *Among the issues you have mentioned above what are the most common practices in this area (where currently working)? Do the practices occur in the same way both in the public and the private sector? Please explain your answer/s?*
- *How is each of these manifested?*
- *In your own opinions would these practices occur in the same way elsewhere in Kenya? Please explain your answer.*

- *Among the cases you have just mentioned, what has been reported to you? (Probe if she/he has heard of any even though not reported, witnessed or experienced in the course of their work and how frequently it has been.)*
- *What was done to correct the situation/or deal with the affected? (Probe for how it was done, her/his involvement, who else was involved?)*
- *How important is this problem in promoting facility based child birth?*

Q3. From the Community perspectives, what do communities perceive as D&A?

*Probes*

- *What are women's expectations for respectful treatment during childbirth in health facilities?*
- *What do women consider to be disrespectful/abusive treatment during child birth? (probe for specific examples)*
- *Have heard of or experienced what women consider to be disrespect and abusive during facility based child birth?*
- *What does the community consider to be disrespectful/abusive treatment during facility based child birth? Probe the perspective by partners, relatives, other groups such religious, elders groups*
- *In your own opinion what from the community's perspective of disrespect and abuse don't you consider to be disrespect and abusive during facility based child birth? Explain your answers*

Q4. What are the consequences of disrespectful/abusive treatment during facility based child birth on the overall health care system?

*Probes:*

- *In your own opinion how does it affect number of women utilizing facility for child birth, effect on women's health and her future fertility intentions?*
- *Women/couples decisions about future delivery*
- *Image of facility and how?*
- *Maternal child health indicators*

Q5. What factors contribute to the existence of D&A in Kenya?

*Probes:*

- *What are the main causes of D&A in Kenya?*
- *Institutional level factors- what are they- lack of supply, work load, other systems factors- system readiness/openness to change? (Including management capacity/human resources, supervision systems, supply systems, role of professional associations, job satisfaction, de-motivation, and burnout including perceptions of organizational justice?)*
- *What are the reasons for provider job dissatisfaction?*
- *Personal level factors- attitude, stigma, motivation?*
- *Governance level issues (leadership, deployment, accountability)*
- *Community level factors (ignorance, culture, religion)*

Q6. What is the government/ministry doing to mitigate the occurrence of D&A in the health system in general?

*Probes*

- *Existing measure put in place-what are they*
- *Any evaluations done to examine their effectiveness?*

- *How the government's institutional rules, procedures and structures influenced the maternity and child birth practices? How are they adapted both in the public and private health sectors*
- *What about the informal or unwritten rules – how have these influenced the practices?*

### **Exploring interventions that can be implemented**

Q7. What lessons learned from past experience in service delivery, behavior change, and improvement of quality of care are most suitable for transforming maternity and child delivery services to address D&A?

- *How can the current interventions be improved to deal with D&A(exploring for resources required, the appropriate methodology, target group,/audiences, )*

Q8. If none of the interventions exists, what are the potential ways in which D&A can be reduced in our health facilities during child birth?

*Probes*

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- *What solutions are effective and feasible?- exploring for resources required, the appropriate methodology, target group,/audiences, )*
- *What would be the role of community, facilities, DHMT/PHMT, the national level GOK structures, professional associations, legal redress mechanisms*
- *What mechanisms are required to ensure accountability, prompt response/action, inclusiveness, in dealing with D&A across all the levels(communities, facilities, DHMT/PHMT, the national level GOK structures, professional associations, legal redress)*
- *What solutions would improve the potential drivers of D&A (job satisfaction, burnout, inadequate resources?. Given reasons for your answers.*