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RESULTS-BASED FINANCING IN MALAWI

BRIEF 4: INSIGHTS ON RESPECTFUL MATERNAL CARE IN THE CONTEXT OF THE RBF4MNH INITIATIVE

OBJECTIVE

Respectful Maternity Care (RMC) is a term that describes women’s experiences of care during labor and delivery—both in terms of receiving dignified care as well as the absence of disrespect and abuse. RMC is an emerging priority within the global health community, with the potential to impact quality of care and decisions to access facility-based care.

This brief highlights findings related to RMC that emerged from an evaluation of the RBF4MNH initiative in Malawi. While the Initiative was not designed to explicitly address respectful care, the evaluation uncovered several facets of disrespect and abuse, particularly just before, during and following childbirth. All RBF4MNH facilities were required to conduct monthly exit interviews with at least 10 women that assessed patient satisfaction, provider attitudes, and facility readiness. Facilities were to develop action plans to address the concerns raised by women.

Quantitative data were collected through a cross-sectional survey of 33 health facilities in 2013, 2014, and 2015. Across two rounds of qualitative data collection in 2014-2015, in-depth interviews were conducted with women and skilled providers in RBF4MNH and comparison facilities (24 and 12 women, 20 and 4 providers, respectively). Focus group discussions were also conducted among women who had recently delivered at RBF4MNH and comparison facilities (25 and 4 focus group discussions, respectively).

THE RBF4MNH INITIATIVE

The Results-Based Financing for Maternal and Neonatal Health (RBF4MNH) Initiative was designed to increase uptake and improve quality of care during childbirth in Malawi. Implemented in 18 facilities in 2013 and expanded to 28 facilities in 2014 across Balaka, Dedza, Mchinji and Ntcheu districts, RBF4MNH entailed investments in infrastructure and equipment; the provision of financial incentives (based on achievement of pre-defined targets) for health providers in RBF facilities; and conditional cash transfers to pregnant women residing in catchment areas of intervention facilities for recovery of expenses directly related to accessing and staying at target facilities during and at least 48 hours after childbirth.

This series of briefs is meant to serve as a resource for decision makers as they craft results-based financing programs and policies in Malawi and similar settings. The briefs stem from a two-year impact evaluation conducted jointly by Heidelberg University in Germany and the College of Medicine in Malawi.



ROYAL NORWEGIAN EMBASSY

Lilongwe



UniversitätsKlinikum Heidelberg



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POLICY RECOMMENDATIONS

In the light of the findings presented in this brief, the research team recommends the following when devising or modifying RBF programs in this and similar contexts:

1. **Training:** Provider training curriculum and continuing education should include elements of respectful care, including privacy, consent, interpersonal communication, attentiveness, etc.
2. **Awareness** should be raised among women and communities on the right to respectful care during labor and delivery.
3. **Measuring patient experiences and enacting patient-driven changes:** Current patient satisfaction surveys (i.e. exit interviews) are a good way of broaching the issue of respectful care and gathering general feedback from clients. Results from these surveys should be taken into consideration when developing RMC action plans and when revising the RBF program. Verification endeavors should determine not only whether providers spoke with women, but also whether the recommendations women gave were incorporated into an action plan.
4. **Incentivizing client-centeredness:** To reduce instances of disrespect and abuse, program implementers should incentivize improvements in interpersonal interactions and the care-giving environment that would foster respectful care. Incentive schemes should consider how to best balance the abilities of providers with facility infrastructure, human resource capacity, and the desires of women. This decision requires pilot testing and formative, participatory implementation research.
5. **Demand and Infrastructure:** A consistent finding across the broader RBF4MNH evaluation is that facilities are overcrowded in Malawi. In order to alleviate heavy caseloads and overcrowding, program implementers should consider expanding the intervention to all EmOC facilities across concerned districts. A more evenly distributed caseload across facility types may reduce providers' stress and fatigue—factors that contribute to disrespect and abuse of women during labor and delivery. In addition, chronic shortages in human resources for health must be addressed.

FINDINGS

RESPECTFUL CARE IS A CONCERN AMONG RBF4MNH PROVIDERS AND WOMEN WHO USE RBF4MNH FACILITIES

Health system deficits contributed to breaches of privacy, neglect and stressful working conditions for health providers. Patients and providers across several facilities and districts described concerns related to overcrowding—most during labor and delivery. Clients described how a lack of space and personnel in delivery wards meant being turned away or forced to lie on the floor during labor and/or delivery. Across facilities and districts, women described giving birth in facilities but without assistance from a skilled provider. Sometimes unskilled staff (a facility cleaner or security guard) was present, and sometimes women received support from other laboring women and guardians, but most often during these unsupported deliveries women gave birth alone. In at least three extreme cases, women described how their newborns fell to the floor during delivery because they were in the midst of racing from a labor ward to a delivery room (see Box: Disrespect and Neglect). Providers described how an increased demand for facility birth presents the “biggest challenge” to the provision of respectful care, inducing a feeling of being overwhelmed and overworked among providers.

DISRESPECT AND NEGLIGENCE

“A woman was getting back on her bed, but just after her one leg reached the bed, the baby came out with force and fell on the floor. It was me who screamed to the provider saying the girl has delivered and the baby has fallen down. To my dismay, instead of the provider rushing to pick up the baby, the provider stood and started shouting at the girl. ‘Didn’t you know that down there something is coming out’ the baby was down there rolling. It was me who told the girl, “Girl, if you have some energy please get down and carry your baby, it’s your baby.”

— Mother, focus group discussion, RBF4MNH facility



Pregnant women awaiting delivery at Lobi Health Center, Dedza District.
 Photo credit: Uchembere Wangwiro Program

Respondents attributed increased caseload to several factors, some of which are related to RBF4MNH. The primary explanation for increased care-seeking, according to providers and women, was the provision of conditional cash transfers for women who deliver in facilities as part of the RBF4MNH initiative. Additionally, a national policy prohibiting the existence of traditional birth attendants and levying fines against women who have been found to engage in home birth has likely increased demand for facility-based childbirth care.

Poor interpersonal interactions were described by women in focus group discussions such as: providers not explaining or effectively communicating their actions; providers ignoring, discriminating against or berating women (see Box: Verbal Abuse, Discrimination, Powerlessness); or healthcare workers providing care without the client's consent.

THE RBF4MNH INITIATIVE ENGENDERS RESPECTFUL MATERNITY CARE

After three years of implementation of the RBF4MNH initiative, women in RBF4MNH facilities were more likely to report satisfaction with the level of confidentiality provided to them during labor and delivery than in comparison facilities. By the third year of the intervention, 96% of women seeking care in an RBF4MNH facility reported satisfaction with the privacy they received—a significantly greater amount than the 90% of women reporting satisfaction in comparison facilities. The evaluation also found that the RBF4MNH program may increase instances of consented care.

Health providers from several facilities described feeling more accountable to women due to the creation of an exit interview process wherein women are asked to describe how they were treated by providers. The exit interviews ask women

VERBAL ABUSE, DISCRIMINATION, POWERLESSNESS

“Providers...were just busy passing us and shouting obscene language, telling us to dress up, saying ‘Go away, don’t show up here dirty and stinking..’ They talk like that to us, and we have no choice but to endure it since there is nothing we can do for ourselves while in the labor room. We need those providers, so we put up with their actions. We know we can’t talk back since they are the doctors, and we fear that if we answer back they may never help us.”

— Mother, focus group discussion, RBF4MNH facility

ACCOUNTABILITY VIA EXIT INTERVIEWS

“Through clients exit interviews we are able to identify problems that are still there. We can then plan...review and... evaluate at the end of the period.”

— Skilled Provider, RBF4MNH facility

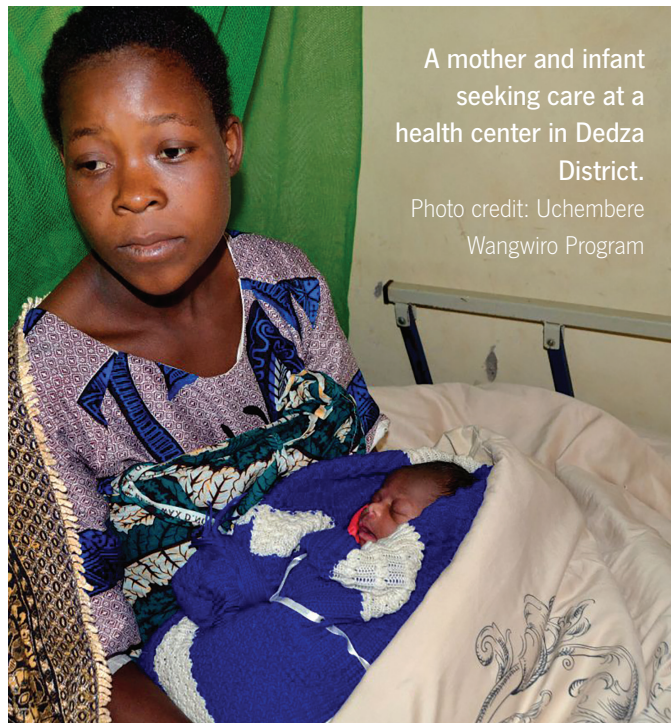
to recall their experiences during reception, their satisfaction with care, the attitudes of providers, if they received any medication, and if they would consider returning to the facility in the future. Despite women's reservations around critiquing health providers (particularly while still in the health facility), the process nevertheless enhanced a sense of accountability and a recognition that how a patient feels about a health care encounter matters (see Box: Accountability via Exit Interview). As one provider said, "Look, when you know you are in part being assessed based on what a woman says, you have to be nice."

Finally, both providers and women noted that facilities that participate in RBF4MNH are known for having more equipment and better infrastructure (including enhanced visual privacy via screens); being cleaner; and having a more consistent flow of supplies. Strengthened health system infrastructure and resources mitigate some of the root causes of disrespectful and abusive care enabling more respectful and high quality service provision.

PROVIDERS DOUBT THAT BEHAVIORS WILL CHANGE IF RBF PROGRAMS DIRECTLY INCENTIVIZE RESPECTFUL CARE BEHAVIORS

When probed on whether an incentive scheme that rewards respectful care would change provider behaviors, providers were cautious. Several providers noted that within any given facility there is often a "bad apple" who tarnishes the image of the facility and seems obstinate in their disrespectful approach. Other providers described how a change in incentives could lead to workarounds that don't eliminate abuse, but merely shift the role of who is undertaking the abuse. For example, overstretched facility staff could recruit those who accompany women to facilities--namely, mothers-in-law--to enact the verbally or physically abusive behaviors toward an "uncooperative" laboring woman.

Any efforts to address RMC within an RBF program should draw from an expanding body of approaches and research that are underway globally. For example, RMC approaches are most successful when they address disrespect and abuse at the policy, facility, and community levels. Effective components of interventions include the development and adoption of a provider-patient charter at facility and district levels, training and support for health providers, and raising awareness within the community.



A mother and infant seeking care at a health center in Dedza District.
Photo credit: Uchembere Wangwiro Program

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TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation and delivery science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policy-makers addressing maternal and child health issues.

For more information on the TRAction Project:
www.tractionproject.org ► tracinfo@urc-chs.com

RBF4MNH IMPLEMENTING PARTNERS

RBF4MNH is implemented by the Malawian Ministry of Health with funding from the Governments of Germany and Norway through KfW. Technical assistance to the Ministry of Health is provided through Options Consultancy Ltd. Additional information on the program can be found at:

www.options.co.uk