How implementation science helped to advance respectful maternity care at global, regional and national levels

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Photo credit: WRA
The Aim

- Disrespect and abuse during childbirth was widely known, but not named; little evidence existed.
- Capture the breadth and scope of disrespectful and abusive maternity care.
- Intentionally launch advocacy and evidence generation efforts in parallel.
(Re-)framing the Problem

This was key to informing subsequent research & advocacy efforts
Growing the Evidence

• Heshima Project led by Pop Council, NNAK and FIDA in Kenya
• Staha Project led by AMDD/Columbia and IHI in Tanzania
The prevention and elimination of disrespect and abuse during facility-based childbirth

The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

- Defining disrespect and abuse in childbirth: a research, policy and rights agenda

The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya
Translating RMC Implementation Science to Policy and Programs in Kenya

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Maternal & Newborn Health
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Objectives of the Maternal Newborn Health (MNH) Plan 2016-2018

1. Strengthen MNH Policy Environment & Research
2. Increase demand for MNH
3. Increase access to Maternal & Newborn Health
4. **Strengthen provision of quality MNH services**
5. Strengthen availability of commodities, supplies and equipment
6. Strengthen monitoring and evaluation
MoH Involvement in Heshima

• **Project launch** presided by Director of Medical services and meeting brought together key stakeholders:
  
  – Health rights and gender advocates, policy makers, professional & regulatory bodies, health managers & workers, development partners

• **MOH led Steering Committee:**
  
  – Technical oversight on implementation
  – Generating & validating ideas on definition of D&A
  – Domesticating RMC terms in Kenyan context
Research Implementation

- MOH involved in:
  - Research tools development,
  - Training of data collectors,
  - Supervision & analysis and data interpretation
- Baseline results dissemination with stakeholders
- Development of the interventions based on findings & stakeholder involvement
- Implementation and refining based on lesson learnt
- Periodic sharing of research progress with steering committee and MNH Technical Working group
Implications of the Heshima Implementation Science Project

• Focus on community engagement and institutional visibility including information and counseling for adolescents/youth

• Focus on improving customer care skills

• Use of ‘Caring for the Carers’ approach

• Scale up Nationwide with implementation starting in about 13 out of the 47 counties and continuing

• More partners now working on RMC e.g. USAID, DFID, UNICEF, WHO, World Vision, MCSP/JHPIEGO
Dr. Walter D Odoch
East Central and Southern Africa Health Community Secretariat

Moving Evidence to Policy: leveraging a regional institution to advance RMC
ECSA Health Community

• Inter-governmental organisation with the mission to promote and encourage efficiency and relevance in the provision of health services in the region.

• A permanent mechanism to foster and strengthen regional cooperation and capacity to address the health needs of member states -1974

• Nine Member States: Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Uganda, Tanzania, Zambia, Zimbabwe

• ECSA-HC has convening power, fosters stakeholder engagement and can influence policies/programs among member states and beyond
ECSA Consultation: Sharing Evidence to Move Policy for RMC

• **Opportunity:** include RMC as part of an MNH consultation to highlight evidence, progress in East Africa, and determine how to move the issue forward

• **Who:** 30+ delegates largely from Ministries (Tanzania, Malawi, Kenya, Zimbabwe, Malawi, Swaziland, Zambia, Mozambique, Uganda); researchers, development partners (USAID-DC& TZ, URC), regional body delegates (EAC, WHO Regional)

Delegates engaging in the values clarification & attitudes transformation exercise
ECSA Consultation: Sharing Evidence to Move Policy for RMC

• Consultation Content:
  • Presentation of evidence from the region
  • Values Clarification and Attitudes Transformation exercise
  • Comments from MoH delegates from Kenya (e.g. Dr. Muthigani) and Tanzania; EAC, and WHO regional office delegate

• Next steps:
  • ECSA to continue to provide awareness raising opportunities/discussion around RMC at next BPF/DJCC
  • Work with SADC, EAC, Regional WHO office and ECSA to include RMC in future agendas
  • Collaborate on a possible event at the WHA
In Conclusion

• What we learned is that a successful implementation science effort is not linear;

• And requires much more than “evidence generators” at the helm.

• To move evidence into action, strategic engagement of advocates, policy-makers, implementers and researchers is needed throughout the process.