

# Lessons learned from the development and validation of a tool to measure women's experience of care at childbirth in Tanzania



# Outline

1. Importance of quality of Care
2. Linkage between RMC and quality of care
3. Quality Improvement methods
4. Measurement requires a user-friendly tool
5. Process for development of the tool
6. Description of the tool
7. Testing the tool- women's perception
8. Conclusion-Implications for use

Structure

Health system

Quality of care

PROVISION OF CARE

EXPERIENCE OF CARE

Process

1- Ev care  
2-

GLOBAL HEALTH

**Access to healthcare is not enough – high quality care has to be the target**

Feb 13, 2019

8- Essential physical resources available

Outcome

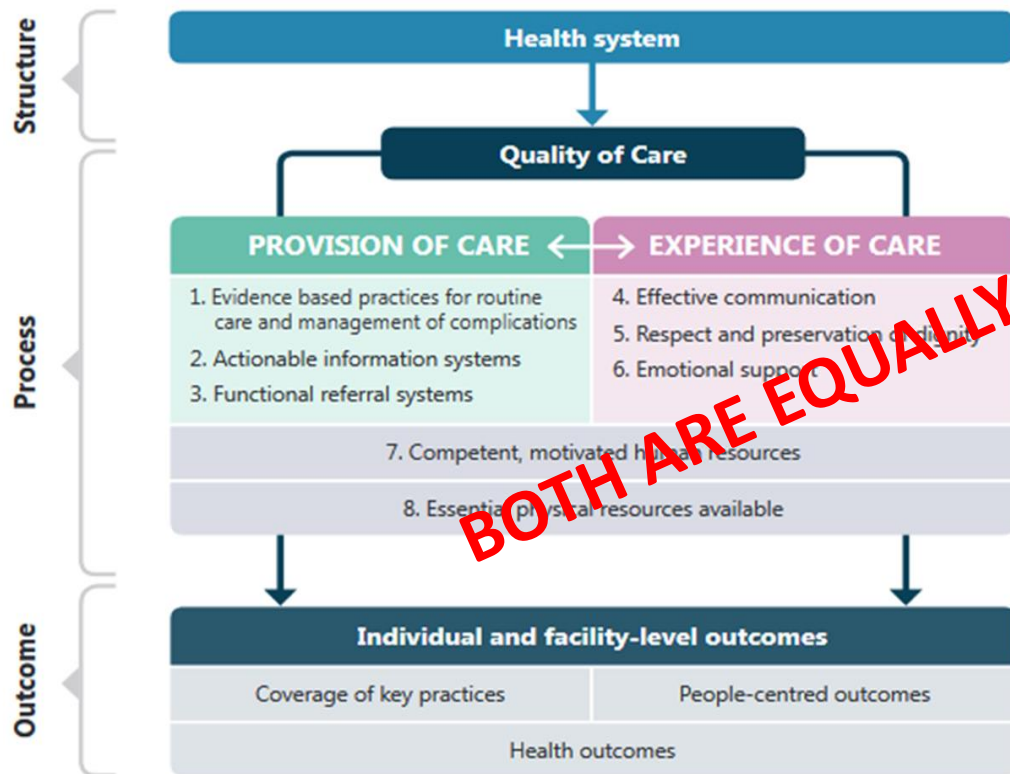
Individual and facility-level outcomes	
Coverage of key practices	People-centred outcomes
Health outcomes	

WHO quality of care framework

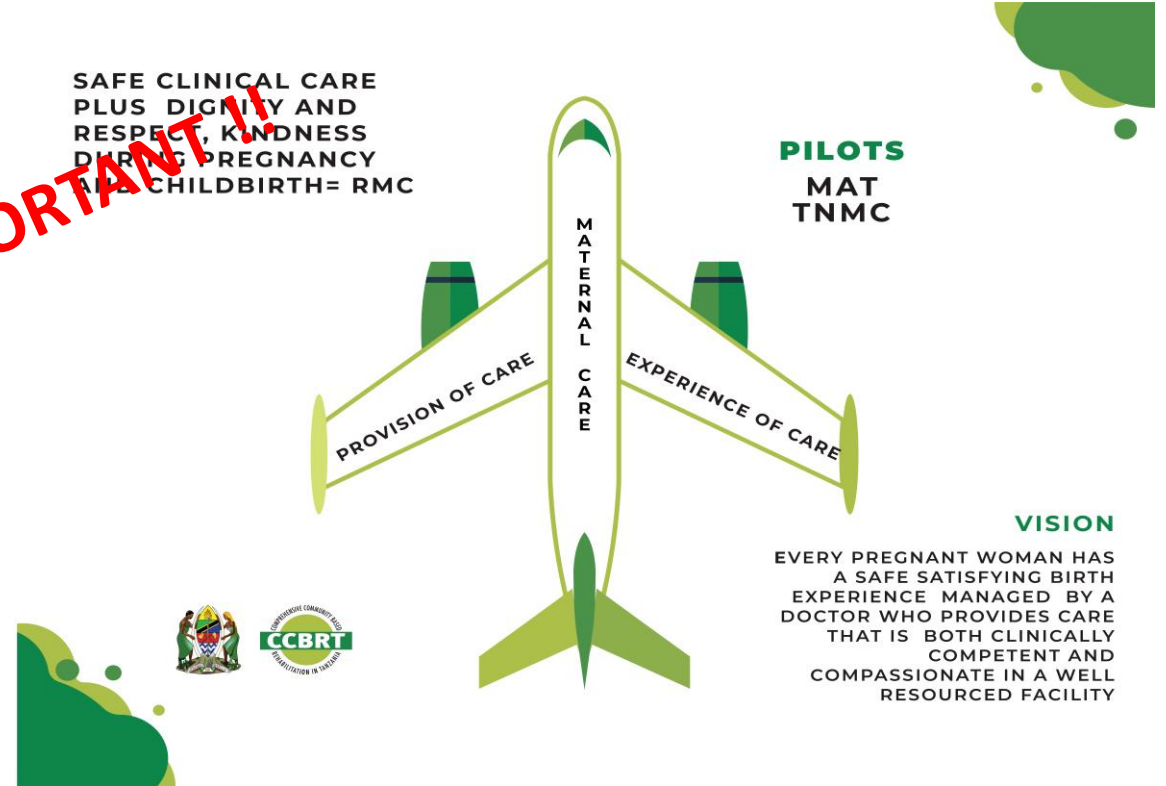
World Economic Forum

# Which aspect of care is more important ?

Fig. 1. WHO framework for the quality of maternal and newborn health care

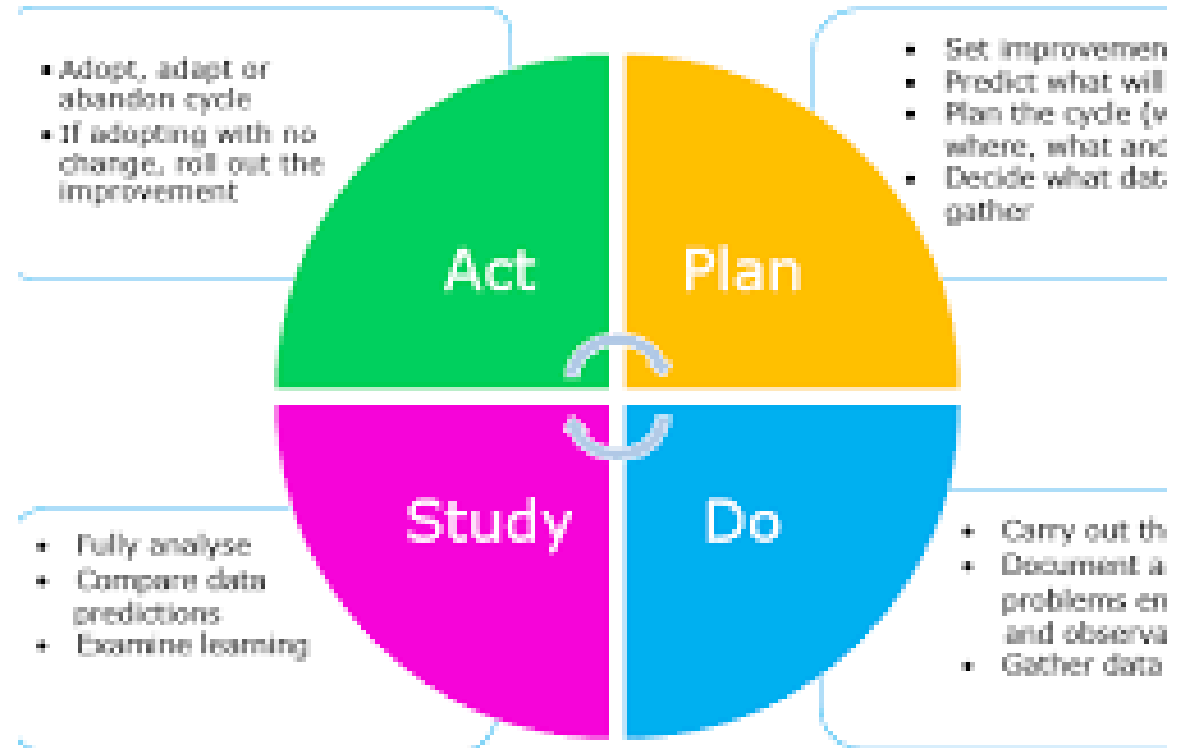


**BOTH ARE EQUALLY IMPORTANT!!**



Quality improvement  
requires  
measurement

Measurement requires a tool



# The need for a routine user-friendly tool

Traditional methods to measure RMC

- satisfaction surveys
- Complaint boxes (MAONI)
- Researchers used lengthy tools

Aim: to co-develop a user-friendly tool that could be used by front line managers for routine monitoring to determine if women are being mistreated at birth



# Tool development :Multi-stakeholder collaborative effort



# Tool Development : Implementers



[www.ccbirt.org](http://www.ccbirt.org)



VERSION 1.0 Dar es Salaam | 2022

**PartoMa**

A Pocket Guide for Safe and Respectful Childbirth Care



[www.publichealth.ku.dk/partoma/](http://www.publichealth.ku.dk/partoma/)

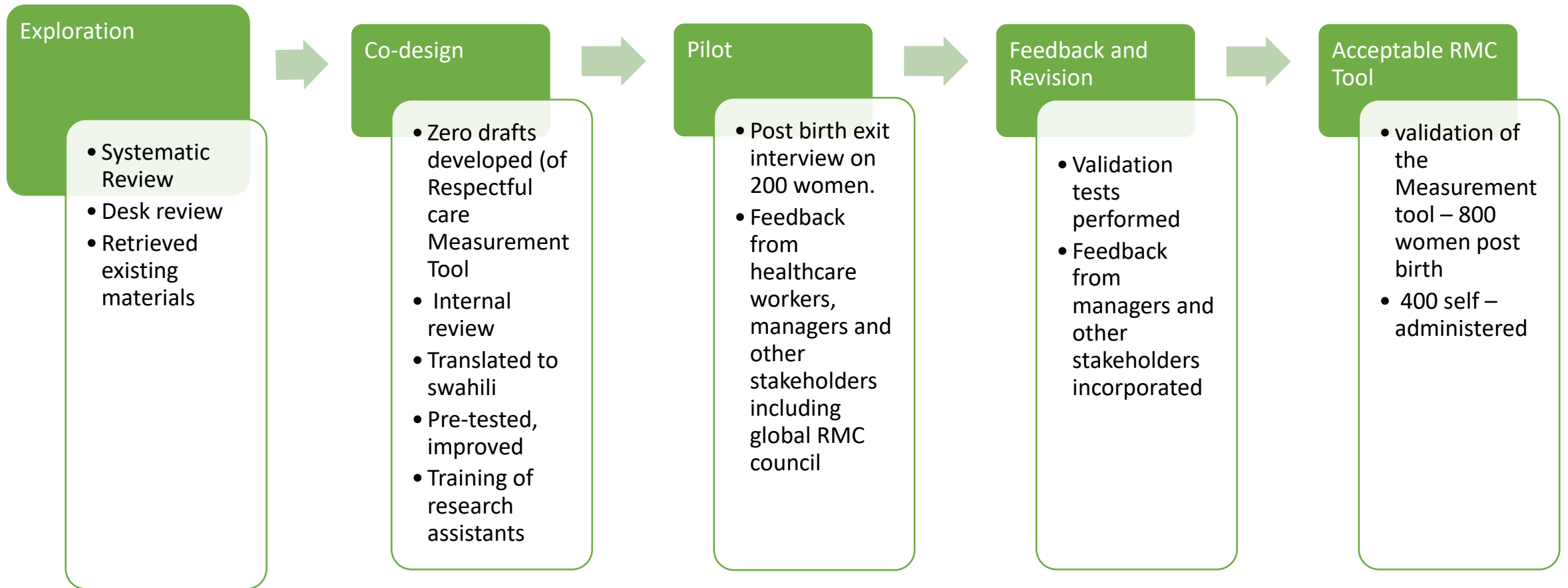
Core team set up : comprising of facility managers, in-charges of the maternity ward, the quality department, researchers, RMC experts, implementers



# Process

Participatory approach

Implementation science principles



# Questions in the tool aligned to the domains of Disrespect & Abuse

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Domains	Examples
Physical abuse	Hitting, slapping, pushing, sexual abuse, rape
Non-consented care	Failure to seek and receive consent before a procedure
Non-confidential care	Lack of physical privacy and/or privacy of information
Non-dignified care	Verbal abuse, negative gestures and comments
Discrimination	Differential treatment because of personal attributes
Abandonment	Neglect, delivering alone
Detention in facilities	Detention in facility until payment is made; bribes
Poor rapport between women and providers	Ineffective communication, lack of supportive care, loss of autonomy
Health System Conditions and Constraints	Lack of resources, lack of policies, facility culture, low skilled staff. Mismanagement, delayed care.

# The tool: 25 questions

	No	Yes	I don't know	Explanation
1. Did the healthcare workers treat you kindly by for example speaking to you in a kind voice, smiling at you, making you feel welcomed and saying encouraging and comforting words to you during your pain?				
2. Do you feel like the healthcare workers at the facility gave you a chance to ask questions and listened to your concerns and wishes?				
3. Did the healthcare workers explain to you why they were doing examinations or procedures on you or giving you medication?				
4. During your time in hospital did you receive any medication or procedures without permission/consent beforehand? Examples of procedures include vaginal examination, caesarean section, episiotomy, removal of the uterus, tubal ligation, post- partum IUCD, manual removal of placenta, assisted vaginal delivery.				
5. Do you feel healthcare workers neglected or ignored you?				
6. Do you feel you received poor care because of any of the following: your physical appearance, ethnicity, race, tribe, culture or religion, age, marital status, number of children you have, your education, wealth, inability to pay hospital bills, HIV status?				
7. Were you allowed to have someone you know, a close family member to stay with you during childbirth such as your mother, a friend, sister, mother-in-law, or your partner?				
8. Were you told that you could walk and encouraged to move around during labour?				
9. Were you allowed to eat and drink when you wanted to or when you were thirsty/hungry?				

RMC  
measurement  
tool

	No	Yes
1. Je, watoa huduma wa afya wote walihudumia kwa ukarimu? Mfano: - waliongea na wewe kwa sauti ya upole, wakionesha tabasamu, kukufanya ujisikie umepokelewa vizuri na kukueleza maneno ya kutia moyo na kufariji, kipindi ukiwa na uchungu /maumivu.		
2. Je unahisi watoa huduma ya afya wa kituo hiki walikupa nafasi ya kuuliza maswali na kukusikiliza kwa hitaji lolote?		
3. Je watoa huduma ya afya walikueleza kwanini wanakufanyia uchunguzi wa mwili wako au kwanini wanakupa matibabu fulani?		
4. Wakati ulipokuwa hospitali, je ulipokea dawa ya aina yoyote au huduma ya vitendo bila ruhusa yako? Au ridhaa kabla ya kukupatia huduma hiyo? Mfano: - kupima njia ya uzazi, kukufanyia upasuaji, kukuongezea njia ili mtoto apite, kutoa mfuko wa uzazi, kufunga mirija ya uzazi, kufunga kitanzi, kukuondolea kondo la nyuma [baada ya kushindikana kutoka kwa urahisi], kukusaidia mtoto atoke kwa kutumia kifaa.		
5. Je unahisi mtoa huduma wa afya alikutenga au alikupuuza?		
6. Je unahisi ulipewa huduma mbovu au chini ya viwango kwa sababu zifuatazo: Mwonekano wako wa nje, mahali ulipozaliwa, jamii ulikotokea, kabila, dini, hali ya ndoa, tamaduni, umri, idadi ya Watoto Ulionao, elimu, hali ya uchumi, kushindwa kulipa gharama za matibabu au kuwa na maambukizi ya virusi vya ukimwi.		
7. Je uliruhusiwa kuwa na mtu wako wa karibu wakati unajifungua? Mfano: - mama, rafiki, dada, mama mkwe au mwenza wako?		
8. Je uliambiwa utembe tembee au ulihamasishwa kufanya mazoezi wakati wa uchungu?		
9. Je uliruhusiwa kula au kunywa pale ambapo ulipohitaji au wakati uko na njaa au kiu?		

# The Final tool

- 25 questions
- Yes/no/don't know (option for specifying/providing details if required)
- Can be administered in 15-25 minutes
- Performance of the tool assessed through voluntary interview with 800 women post birth
- 400 of whom self administered the tool- There was no difference in results among self administered tool when compared to research assistant administered.
- Tool captured all the different types of (dis)respectful care
- The tool build upon previous tool, and extensive participation of end-users, beneficiaries, national and international RMC experts.

## What did women say

Almost all post birth women interviewed found the tool acceptable

60% of women interviewed requested not to share beds and clean hospital environment particularly the toilets.

The women appreciated the care, however, they requested if the staff could speak to them kindly.

Women expressed surprise at some of the questions- they were not aware of their rights during childbirth

Timing of interview was important – after doctors rounds and before discharge.

Challenges- women who were ill, had after-birth pains, or whose baby was crying found it hard to answer questions (few)

## Conclusion: Implications for use

- This short user-friendly tool developed through rigorous implementation science methodology in collaboration with end users can be used by facility managers to routinely monitor mistreatment of women at childbirth, identify gaps and develop context specific solutions.
- This tool can also be used to assess effectiveness of RMC improvement interventions for example RMC training, etc (before and after assessments)
- Long term impact requires the education of communities, providers on the rights of women and newborns during childbirth and efforts to address the drivers of mistreatment.

# Question

- How can the tool be introduced and integrated into routine practice?

# Acknowledgement

To the staff at the Dar es Salaam health facilities for their hard work and best effort despite challenges. You are valued and your work saves lives.

We appreciate the generosity of our donors that believe and support our work

