Disrespectful maternal care in health facilities in four sub-Saharan African countries: recognised as a problem but not prioritised

Els Duysburgh, Rabat, November 2015
Background

Experience from ‘Missed Opportunities in Maternal and Infant Health’ (MOMI) project

Objective MOMI project:

To improve maternal, newborn and infant health through upgrading postpartum care and services by adopting context-specific strategies to strengthen health care delivery and services at both facility and community level in selected rural districts in Burkina Faso, Kenya, Malawi and Mozambique
Burkina Faso
MMR: 310.5
NMR: 28.9

Ouagadougou

Kaya District

Kenya
MMR: 277.2
NMR: 21.9

Matuga Constituency

Lilongwe

Malawi
MMR: 334.7
NMR: 26.2

Chiuta District

Mozambique
MMR: 248.7
NMR: 27.8

Maputo

Kassebaum et al., Lancet 2014 – Wang et al., Lancet 2014

MMR: Maternal Mortality Ratio (number of maternal deaths/100,000 live births/year)
NMR: Neonatal Mortality Rate (Number of deaths during the first 28 days of life/1,000 live births/year)

Source:
Method
Step 1

Baseline comprehensive needs assessment including:

- stakeholders causal analysis workshop
- semi-structured in-depth interviews with stakeholders including facility and community health workers
- focus group discussions with women and men from local communities

Assessment objective: identify present provision of postpartum care and gaps in this care
Step 2

Based on needs assessment findings and existing evidence-based knowledge on good postpartum care, a list of potential interventions was designed by the MOMI teams.

Final context-specific intervention packages to be implemented were selected and agreed by local stakeholders.
Result
Stakeholders causal analysis workshop

At each site stakeholders identified poor health workers attitude as a problem

‘Lack of communication between providers and patients’ (workshop report Burkina Faso)

‘Unfriendly health workers’ (workshop report Kenya)

‘Poor attitude of service providers’ (workshop report Malawi)

‘Attitude of health workers in communicating with the community’ (workshop report Mozambique)
Focus group discussions and in-depth interviews

Community members mentioned roughness and poor attitude of some health workers and expressed their fear of health workers.
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‘A great number of women ask us to accompany them to health facilities because they fear health workers. (...) Sometimes people criticize health workers by telling that some of them are used to threatening patients.’

(community health worker, Burkina Faso)
Focus group discussions and in-depth interviews

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(community health worker, Burkina Faso)

‘A women in my community told me “I can’t [red.: go for my second delivery to the health facility] because I went [red.: there for my first delivery] and delivered on my own, the health workers were arrogant to me, I will deliver [red.: this time] here at home”.’ (focus group discussion women, Kenya)
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• Involve community:  
  o CHWs and Community Owned Resource Persons (including TBAs) provide health promotion and preventative and curative care (= task shifting)  
  o Develop curriculum for CHWs covering PPC comprehensively  
  o Regular supportive supervision of CHWs  
• Task shifting and task sharing among HF staff |
| 3 Regular drugs stock-outs at first line health facilities | • Upgrade drugs distribution system |
| 4 Postpartum policies and guidelines not known by health workers | • Disseminate copies of postpartum care policies and guidelines among the health workers  
• Train health workers on postpartum care (importance of PPC and services/care to be provided) |
| **Services** | |
| 5 Geographic accessibility: no or poorly accessible roads, health facilities located far away from the communities, no transport available | • Strengthen outreach services  
• Involve community: CHWs and Community Owned Resource Persons (including TBAs) provide health promotion and preventative and curative care  
• Establish system of PPC home visits  
• Establish community emergency transport system and emergency transport funds |
| 6 Financial accessibility of services provided at referral facilities (Level 4 and up): fee-for-services are charged, fees for transport | • Establish community emergency transport system and emergency transport funds |
| 7 Financial accessibility of laboratory services provided at first line health facilities (e.g. costs of routine ANC tests) | • Upgrade fee exemption system for poor rural communities |
| 8 Access in-time: health workers at first line health facilities are not permanent available (24/24 hours and 7/7 days) | • Sensitize health workers on the importance of permanent available services regarding maternal and newborn care |
| 9 Socio-cultural accessibility: lack of cultural adapted services | • Train health workers on cultural adapted behaviour and approaches  
• Introduce, reorganize services to make them cultural acceptable without being harmful |
| 10 No BEmOC services provided at first line health facilities | • Training of health workers in first line health facilities on basic emergency obstetric care services  
• Regular supportive supervision |
<p>| <strong>Care</strong> | |
| 11 Attitude of health workers: lack of patient centred care, no respect for cultural beliefs and practices | • Train health workers on patient centred care and cultural adapted behaviour and approaches |
| 12 Quality of Care: poor skills of health workers | • Train HWs and establish regular supportive supervision of the HWs by DHMT |</p>
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Selected context-specific package of interventions to upgrade postpartum care in Matuga constituency, Kwale county

1. Strengthening immediate PPC by upgrading knowledge and skills of facility and community health workers on
   - common maternal and neonatal complications
   - promotion of early breastfeeding
   - counselling and provision of FP
   - by providing postpartum home visits

2. Increasing knowledge on and uptake of postpartum FP using the dialogue model approach at community and facility level
Conclusion
Local stakeholders, health workers and clients identified poor health workers attitude as a problem, however

stakeholders didn’t prioritise this as an issue for action
Reference


http://www.momiproject.eu/