MOMENTUM

Country and Global Leadership

Overview Brief

MOVING RESPECTFUL MATERNITY CARE POLICIES TO ACTION IN RWANDA THROUGH A POLICY DIALOGUE PROCESS: BRIEFER

BACKGROUND

In the past decade, respectful maternity care (RMC) has garnered much-deserved attention, and there is increased acknowledgment of the need to improve the quality of care (QoC) for women and newborns. Since the World Health Organization included experience of care, along with provision of care, in its Maternal and Newborn QoC framework, country governments and their partners have been working to operationalize these recommendations within their contexts. However, despite overall advances in maternal and newborn health outcomes, ensuring that women, newborns, and families receive respectful care during childbirth remains a challenge worldwide.[1]

Rwanda has been working to improve the clinical and experiential QoC for women during the pregnancy, childbirth, and postpartum periods for the past two decades, but acknowledged in 2015 that there was a gap between its intentions and the reality of the care women are receiving. With growing evidence and global prioritization of RMC, the Government of Rwanda (GoR) has prioritized the inclusion of evidence-based RMC specific language into the existing Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy and a Maternal and Child Health (MCH) Strategic Plan (2018–2024). To lay the foundation for implementation of an RMC Policy, MOMENTUM Country and Global Leadership (MCGL) partnered with the GoR to undertake a policy dialogue process to guide evidence-based RMC Policy development.

MCGL developed this overview brief on the RMC Policy dialogue process in partnership with the GoR's Ministry of Health (MOH). The goal of this brief is to highlight the background, methodology, challenges, and recommendations related to incorporating specific RMC Policy language into the Rwandan RMNCAH Policy and MCH Strategic Plan.

[1] Jhpiego. *Respectful Maternity Care*; 2018.

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METHODS

Following the guidance provided in the MCGL Policy Dialogue Process Guide, the Rwandan MOH and MCGL first partnered to conduct a situational analysis (SA) of the current policy and implementation environment and made recommendations for explicit RMC language to be included in the existing RMNCAH Policy and MCH Strategic Plan. For the SA, MCGL conducted global and national literature reviews on RMC and conducted three semi-structured key informant interviews and two focus group discussions with policymakers, civil society organizations/implementers, donors, and health care providers/provider representatives in Rwanda. In total, 11 interviewees were selected to ensure diverse policy user perspectives. The Johns Hopkins University Institutional Review Board approved the protocol as "non-human subject research," and the Rwanda National Ethics Committee provided a waiver for this non-human subject research.

National stakeholders convened on August 1 and 2, 2022, to review this SA (refer to corresponding summary brief with key SA highlights) and identify policy gaps, priorities, and needs and formed groups with subject matter experts in identified thematic areas. These areas included health workforce; health service delivery and resilience; financing; partnerships; infrastructure; medical equipment and supplies; and community engagement. After the August meeting, these groups continued to develop practical suggestions and language for an RMC Policy, based on their respective themes. The outcomes of the August workshop and group work include recommendations on specific RMC Policy language to include in the RMNCAH Policy and MCH Strategic Plan (found here: Rwanda RMC Policy Document), as well as next steps to ensure RMC Policy implementation and impact.

RECOMMENDATIONS

The policy (and program) recommendations are divided into several categories and timelines: what is working well with suggested continuation, what can be done now (next 6 months), what should be done in the next 18–24 months, and long-term plans for the next 3–5 years.

WHAT IS WORKING WELL:
Plan for and scale up existing programs such as the promotion of companions of choice, the Patient Voice Program, and women's rights sensitization, continued focus on mapping and increasing the size of the health workforce with the right skills mix, and sustained investment to ensure that facilities are adequately equipped to address root causes of disrespect and abuse.

WHAT SHOULD BE DONE NOW:
The main outcome of the RMC Policy dialogue includes the following recommendations that provide a roadmap for how to improve the existing RMNCAH Policy and MCH Strategic Plan language. The first section is about what can be included in the policy, followed by what can be included in the strategic plan. A full summary of the language may be found here: Rwanda RMC Policy Document. A condensed summary of the proposed language is summarized in Box 1.

Box 1: Recommended language for RMC and person-centered care to be included in the RMNCAH Policy and MCH Strategic Plan

1. Language to be included in the existing RMNCAH Policy

The series of co-creation workshops conducted by the Core team led to the following language and sections within the existing RMNCAH Policy. Rather than creating or drafting an addendum or annex that risks isolating the RMC elements, a short, concise section on RMC should be included and RMC should be woven into other sections, as useful. Proposed additions/edits are listed below in bold or italicized:

A. Vision

New version: To achieve the highest attainable standard of health across the life course for all women, male and female children and adolescents in Rwanda. This policy will transform the future and ensure that women go through pregnancy and childbirth safely, and with respect, and every newborn, mother, child, and adolescent, not only survives, but thrives to reach their full potential.

B. Mission

New version: To ensure that all women, male and female children and adolescents in Rwanda have universal access to quality integrated RMNCAH services in an equitable, efficient, **respectable,** and sustainable manner.

C. Maternal Health Section

The following was drafted in response to the discussions (to be included in Section 2.3.2 Maternal Health, page 21, following the paragraphs about antenatal care attendance):

"*Given the increasing attention to and importance of quality of care in maternal and newborn outcomes, and the recognition of how many women are mistreated during facility-based childbirth, respectful maternity care (RMC) should be prioritized across the health system. Based on the evidence, RMC in Rwanda would include allowing women to have birth companions of choice, continuation of the Patient Voice Program,*[2] *and educating women about their rights. RMC would also require a continued focus on increasing the size of the health workforce and ensuring facilities are properly built and equipped to support these measures*."

D. Definitions

The existing policy containing language that is relevant to RMC should include a more explicit definition of quality to include QoC that is clinical provision and experience of care (within which RMC falls). Below we have suggested subtle, but important language for inclusion in the existing document:

*"People-centered services. This policy emphasizes the quality of services (**both clinical and experiential)**, valuing community inputs, well-being of individuals and communities."*

[2] This program empowers women to provide feedback according to their needs to make changes at a systemic level.

Box 1: Recommended language for RMC and person-centered care to be included in the RMNCAH Policy and MCH Strategic Plan - *continued*

E. Objectives

The following is a brief outline of suggested edits to the existing objectives in the RMNCAH Policy:

1) Capacity-building

Objective 3 (page 38) in the existing policy is to **build capacity of training institutions, managers and health care providers in integrated RMNCAH care.** The sub-bullets under this objective should specify the need to expand **capacity-building specifically to RMC.**

2) Strengthening health systems

Objective 4 (page 38) of the existing RMNCAH Policy is to **strengthen health systems and research toward universal coverage of RMNCAH services.** The sub-bullets under this objective should specify the need to **develop a national retention strategy for health care providers,** including revision of horizontal promotion for the health workforce. The sub-bullets under this objective should also specify the need for the GoR to construct, rehabilitate, and renovate maternity infrastructure and provide medical equipment and supplies, renumerations for medical staff, and efficient ambulance/referral systems.

3) Increase community knowledge

Objective 5 (page 39) of the existing RMNCAH Policy is to **intensify health promotion efforts to increase community knowledge and support communities to better understand their rights.** The sub-bullets under this objective should include **activities to promote awareness of the right of every woman (and girl) to respectful care and freedom from any form of violence (physical, sexual, emotional, verbal abuse).**

4) Accountability

Objective 6 (page 39) of the existing RMNCAH Policy is to **strengthen governance systems and accountability of integrated RMNCAH interventions.** The sub-bullets under this objective should include **social accountability systems as well as overall RMC and quality monitoring through integrated indicators.**

2. Language to be included in the existing RMNCAH Strategic Plan

The following themes emerged as important to include in the strategic plan—they are further detailed with explicit language below.

The **maternal health** section of the existing strategic plan (Section 3.1.9) should be expanded to include specific language on the **need for a companion of the mother's choice for her satisfaction, safety, and comfort**. Health staff should encourage and support women to be accompanied by a companion of her choosing if she wants one throughout labor and delivery. Where needed, **infrastructure should be adapted** to allow for a companion of choice. **Proposed language for the RMNCAH Strategic Plan objectives is summarized in a table found in the Rwanda RMC Policy Document.**

WHAT SHOULD BE DONE IN THE NEXT 18–24 MONTHS:
After the RMC Policy language is incorporated in the updated RMNCAH Policy, MCGL recommends the following:

1. Draft guidance for policy implementation.
2. Secure funding to support the action items of the proposed policy recommendations.
3. Implement targeted policy priorities and review in order to make adaptations if needed.
4. Track and document progress and use learnings and data to inform future priorities.
5. Hold quarterly learning and adaptation sessions with diverse stakeholders as needed to foster continued policy dialogue and ensure timely course correction.

LONG-TERM PLANS OVER THE NEXT 3–5 YEARS:
Use knowledge learned in the first two years to optimally invest and effectively implement the RMC Policy recommendations so that by Year 3, the results are evident. A costed plan should therefore be considered at the end of Year 2.

CONCLUSION

The policy dialogue process undertaken in Rwanda allowed for multi-stakeholder engagement, a deep understanding of the RMC situation in Rwanda, and an evidence-based process. Ultimately, for a policy to be effective, community, facility, and national stakeholders must come together to design implementation strategies they see as priorities for the sustained positive experience of care envisioned by the World Health Organization QoC framework. This national-level policy work may therefore serve as a launching point for the co-creation and implementation of proven approaches—based on the Rwandan context and priorities—to improve respectful care as an essential component of quality care. Continued investments are critical to advance and sustain the GoR's notable achievements to date to eliminate preventable mortality and achieve high-quality, person-centered maternal care for all women and newborns.

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