



Overview Brief

RESPECTFUL MATERNITY CARE: SUGGESTED LANGUAGE FOR INCLUSION IN RWANDA'S RMNCAH POLICY, AND MCH STRATEGIC PLAN

PURPOSE (MOTIVATION)

The Government of Rwanda (GoR)/Ministry of Health (MOH) currently has a Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy and a Maternal and Child Health (MCH) Strategic Plan (2018–2024). Although the documents mention person-centered care, neither includes any specific language on respectful maternity care (RMC). With growing evidence and global prioritization of RMC, the GoR is committed to optimizing the global and local evidence to inform the inclusion of specific RMC Policy objectives and strategic objectives to guide the national implementation. To address this gap, MOMENTUM Country and Global Leadership (MCGL), with funding from the U.S. Agency for International Development, partnered with GoR to co-create a plan for policy dialogue by providing technical assistance to adapt a systematic policy process that began with two key activities: 1) a core local expert team was established to lead the process; and 2) a situational analysis (SA) was developed to distill needed evidence to determine priority recommendations for policy and health. These activities will inform next steps for Rwanda's RMC program planning and implementation. The process further mapped ongoing initiatives to be continued, and concrete immediate, near-term and long-term actions for the government and partners to plan for and progressively execute.

The sections below summarize findings from the SA and subsequent policy dialogue process sessions with the resultant outcome: suggested RMC language for inclusion in the refresh of the Strategic Plan and the broader RMNCAH Policy (2018–2024).

RMC SA FINDINGS

The SA illustrated multiple considerations: current RMC Policy, health systems strengthening, and program recommendations on RMC best practices/initiatives to be continued; existing gaps in policies and programming; and suggested next steps with timelines for what can be done presently, in the next 18–24 months, and with a longer-term plan of 3–5 years. Guided by Rwandan stakeholder perspectives, the SA underscored the need to use policy to systematize and scale up RMC interventions, some of which are being implemented now or could be implemented in the future. Ongoing interventions to scale up and/or sustain include: companions of choice; the Patient Voice Program,¹ and education on women’s rights; continued focus on mapping and increasing the size of the health workforce with the right skills mix; and sustained investments to ensure facilities are equipped to address root causes of disrespect and abuse.

Following the drafting of the SA, the Core team launched a series of policy dialogue sessions starting with a two-day workshop held in Kigali. The Core team invited a broader local group of expert stakeholders drawn from the National Safe Motherhood Technical Working Group and used the findings to develop policy considerations and a roadmap of next steps. A series of sessions was held using the data to discuss and build consensus around the specific RMC language to include in the existing RMNCAH Policy and strategy. In the SA, Rwandan stakeholders identified the need to strengthen the **health workforce**, through expansion and more efficient management of the existing health workforce, and to invest in a sustainable and purposed system of training, mentorship, and supportive supervision with set performance standards to reinforce behavior change. Stakeholders also advocated for increased focus on reinforcing **health service delivery system resilience** through fostering RMC partnerships; adopting formal social accountability systems; and generating lessons learned from a review of how health centers adapted during the COVID-19 pandemic. Other SA recommendations involved **measurement and data use**, such as the identification of measurement indicators appropriate to the Rwandan context and updates to the necessary data-capturing and analysis systems across the levels of care. The SA findings led to recommendations on RMC Policy **implementation financing and partnerships building**, with a view to securing government resources and mobilizing financial commitments to strengthen ongoing implementation programs and bring the resultant policy implementation to scale. The ability to track **advocacy and implementation** was identified as a key consideration to organize diverse actors in the pursuit of sustainable policy implementation.

Stakeholders concluded that once the RMC language policy and strategy recommendations are included in the RMNCAH Policy and the Strategic Plan, subsequent steps for the Core team and Safe Motherhood Technical Working Group stakeholders to prioritize for the following 18–24 months include developing implementation guidance, securing funding for policy implementation, and ensuring inclusion of systems to capture data to track and document progress. To allow for progressive policy implementation reforms to take place, government and stakeholders must commit to a sustained policy dialogue process and to use knowledge generated in the first two years to bring this RMC Policy to impact by the third year with sufficient financing, human resources, and functional accountability systems. A costed plan was therefore suggested to be considered at the end of Year 2.

¹ This program empowers women to provide feedback according to their needs to make changes at a systemic level.

RMC POLICY DIALOGUE

Below are recommended elements to be included in the existing RMNCAH Policy (Section 1) and the MCH Strategic Plan (Section 2).

1. Language to be included in the existing RMNCAH Policy

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

A. Vision

Current 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 every newborn, mother, child, and adolescent, not only survives, but thrives to reach their full potential.

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

Current 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, and sustainable manner.

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 contains language that is relevant to RMC but may include a more explicit definition of “quality” to include both clinical provision of care and experience. Below are suggested subtle, but important language to be included in the existing document:

*“People-centered services. This policy emphasizes the quality of services (**both clinical provision of care and experience of care**), the valuing of community inputs, and the 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.

E. Objectives

The following are the 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 specific to RMC. Existing platforms can be leveraged to improve the availability of compassionate, respectful, and competent human resources. Inclusive RMC guidelines should be developed based on RMC principles and best practices. These guidelines can be included as part of quality improvement approaches in both pre-service and in-service training materials and curricula. Community health workers and health care providers should receive capacity-building to improve bidirectional community engagement. Specific initiatives may target behavior change in health care providers to raise awareness about the prevention of any form of violence (e.g., physical, sexual, emotional, verbal abuse), and to emphasize inclusive services without stigmatization of vulnerable people or those with special needs.

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 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. Construction, renovation, and equipment of facilities that provide RMNCAH services ensure that the need for mothers to be allowed a companion of choice throughout the continuum of care can be met.

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 may include activities to promote awareness of the right of every woman (and girl) to respectful care and freedom from any form of violence (e.g., physical, sexual, emotional, verbal abuse). Efforts, ongoing and in the future, should also be made to improve the community's understanding of what RMNCAH services are available.

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 and processes, as well as overall RMC and quality monitoring through integrated indicators.

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

The following themes emerged as important to include in the MCH Strategic Plan—they are further elaborated with explicit language for the document below.

The **maternal health** section of the existing strategic plan (Section 3.1.9) should be expanded to include specific language regarding 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 desires, throughout labor and delivery. Where needed, infrastructure should be modified to accommodate a companion of choice.

PROPOSED LANGUAGE FOR THE RMNCAH STRATEGIC PLAN OBJECTIVES (ITALICIZED SUB INTERMEDIATE RESULTS [IRS] ARE NEW)

Strategic Objective 1: (page 42)

IR1.1.5: Existing package(s) of services reviewed and updated by multisectoral team(s) with particular attention to promoting *quality and respectful maternity care*.

IR1.2.3: Training modules developed for each cadre in collaboration with in-service training providers, *inclusive of a module for RMC*.

IR 1.2.4: Existing training materials updated to reflect *RMC and other national integrated packages*.

IR.1.3.6 RMC explicitly included in standards and implementation plans.

IR1.3.7 All women are provided the opportunity to have a companion of choice during labor AND delivery as a quality-of-care standard.

Strategic Objective 2: (page 47)

IR2.1.3: Ongoing support for provision of RMC during each moment of engagement with women and girls.

IR2.3.4: Protocols, guidelines, and standard operating procedures reviewed and updated to include RMC.

Strategic Objective 3: (page 51)

IR3.2.4: MOH to liaise with the community and clinicians to promote understanding of women's rights to respectful, dignified care and what services to expect at the facilities.

Strategic Objective 4: (page 54)

IR4.1.3: Regulatory practice standards revised to include aspects of RMC.

IR4.2.5: Pre-service curriculum revised to include explicit RMC modules.

IR4.3.3: Continuing competency course topics prioritized for MNCH (e.g., emergency obstetric and newborn care, youth-friendly services, Helping Babies Breathe, RMC).

Strategic Objective 5: (page 58)

IR5.1.4: Monitoring and evaluation of governance and accountability systems developed, implemented, and integrated into the health management information system—*inclusive of RMC indicators*.

GOVERNANCE FRAMEWORK

To improve respectful care within RMNCAH services in Rwanda, the MOH will require high-quality, timely data on RMC specific indicators and a review of facility internal organization. The policy dialogue raised practical obstacles to this goal. Compliance with policy recommendations, standard operating procedures, and protocols must be measured and have accountability mechanisms linked with their adherence and reporting. However, several real challenges exist: medical records may be incomplete and errors unreported; with more indicators and reporting, the workload for health care staff increases; facilities continue to rely on paper-based medical records and reporting tools; and organizational structures can limit the number of health care providers available at each facility. These issues must be addressed for the MOH to effectively monitor implementation of the RMC Policy and respond effectively to challenges with implementation.

CONCLUSION

The policy dialogue process utilized with Rwandan stakeholders generated concrete, evidence-based guidance for policy, health systems strengthening, and implementation considerations. These considerations are reflective of the local context to aid in powering rapid progress and to guide the needed sustainability plan. Given that the government has planned and secured funding and technical support to refresh the current RMNCAH National Policy and MCH Strategic Plan, earlier plans to develop a detailed policy addendum specific to RMC were adapted to build the needed RMC specific language and priorities to be included in both documents, as noted above. With the included RMC language, and a policy to support interventions, the next step will be translating policy into action at the facility and interpersonal levels. For that, the development of guidance and indicators and continued national-level commitment will be essential.

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