

**RESPECTFUL  
MATERNITY CARE:**  
THE **UNIVERSAL**  
**RIGHTS** OF  
CHILDBEARING  
WOMEN



Lessons  
from WRA's  
RMC  
Advocacy  
Efforts

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# What was Known



## Human Rights

- D&A is a violation of human rights
- Contributors include lack of HR protection and accountability mechanisms
- Maternity services grounded on HR values is one of the potential solutions
- No agreement/universal instrument that shows how HR apply to childbearing process

## Maternal Health

- Fear of D&A a deterrent to utilization of skilled birth care
- Home deliveries would decrease if provider attitude improved
- Lack of data to prove relationship to maternal mortality

**In seeking and receiving  
maternity care before,  
during and after childbirth:**

**1** ARTICLE 1  
**EVERY WOMAN HAS THE RIGHT TO  
BE FREE FROM  
HARM AND ILL  
TREATMENT**  
**NO ONE CAN PHYSICALLY  
ABUSE YOU**

**2** ARTICLE 2  
**EVERY WOMAN HAS THE RIGHT TO  
INFORMATION, INFORMED  
CONSENT AND REFUSAL,  
AND RESPECT FOR HER  
CHOICES AND  
PREFERENCES, INCLUDING  
COMPANIONSHIP  
DURING MATERNITY CARE**  
**NO ONE CAN FORCE YOU OR DO  
THINGS TO YOU WITHOUT YOUR  
KNOWLEDGE AND CONSENT**

**3** ARTICLE 3  
**EVERY WOMAN HAS THE RIGHT TO  
PRIVACY AND  
CONFIDENTIALITY**  
**NO ONE CAN EXPOSE YOU OR  
YOUR PERSONAL INFORMATION**

**4** ARTICLE 4  
**EVERY WOMAN HAS THE RIGHT TO  
BE TREATED WITH  
DIGNITY AND  
RESPECT**  
**NO ONE CAN HUMILIATE  
OR VERBALLY ABUSE YOU**

All rights are grounded in established international human rights instruments, including the Universal Declaration of Human Rights; the Universal Declaration on Bioethics and Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of the Elimination of Violence Against Women; the Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights; and the United Nations Fourth World Conference on Women, Beijing. National Instruments are also referenced if they make specific mention of childbearing women.

Safe Motherhood is more than the prevention of death and disability...It is respect for every woman's humanity, feelings, choices, and preferences.

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**5** ARTICLE 5  
**EVERY WOMAN HAS THE RIGHT TO  
EQUALITY,  
FREEDOM  
FROM DISCRIMINATION,  
AND EQUITABLE CARE**  
**NO ONE CAN DISCRIMINATE  
BECAUSE OF SOMETHING THEY  
DO NOT LIKE ABOUT YOU**

**6** ARTICLE 6  
**EVERY WOMAN HAS THE RIGHT TO  
HEALTHCARE  
AND TO THE HIGHEST  
ATTAINABLE LEVEL  
OF HEALTH**  
**NO ONE CAN PREVENT  
YOU FROM GETTING THE  
MATERNITY CARE YOU NEED**

**7** ARTICLE 7  
**EVERY WOMAN HAS THE RIGHT TO  
LIBERTY, AUTONOMY,  
SELF-DETERMINATION,  
AND FREEDOM  
FROM COERCION**  
**NO ONE CAN DETAIN YOU OR YOUR  
BABY WITHOUT LEGAL AUTHORITY**

**Disrespect and abuse during  
maternity care are a violation of  
women's basic human rights.**



**For more information visit:  
[www.whiteribbonalliance.org/respectfulcare](http://www.whiteribbonalliance.org/respectfulcare)**

# Initial Efforts

# Charter has been used to:



- Build a strong positive global standard for RMC as basic human rights
- Provide framework of entitlement for maternal health care that is respectful
- Basis for undertaking advocacy and securing policy commitments
- Increase visibility and facilitate dialogue to develop deeper understanding of the problem

# Desired Outcomes at Country-level



- Changes in policy and guidelines to bring about improved maternity care.
- Inclusion of the rights language in legislation and professional standard setting documents.
- Standards for RMC incorporated into curricula for all disciplines involved in providing maternal health care
- Childbearing women know their rights, and can advocate to create the conditions that foster a sense of entitlement

# Achievements



- Nepal (legislation)
- Nigeria (guidelines, standards)
- Malawi (media engagement)
- Rwanda, Global (health workers engagement)
- Nepal (community awareness)





WRA Nepal  
members  
handing  
over the Bill  
with RMC  
inputs to the  
Hon. Health  
Minister  
Bidhyadhar  
Mallik



RMC  
Community  
Dialogue  
Session –  
Kathmandu  
District



# Gaps



- Does promotion of RMC (in its current form) contribute to improving quality of maternity care (and achieve maternal health outcomes?)
- Did we establish clear goals for what we are trying to achieve? Human rights vs. maternal health outcomes? Policy change vs. social change?
- Do we have an approach for evaluation established?

# Drafting a TOC

- Articulate our hypothesis regarding how the policy and advocacy activities will contribute to achieving the desired results for RMC
  - clarify our logic and highlight assumptions
  - articulate clearly the aims of activities and measures of success
  - determine the appropriate actors to work with

GOAL	Improved quality of maternal healthcare services at target health facilities in two districts of Malawi									
↑										
OUTCOMES	1. Increased community <b>awareness</b> of RMC rights in the target districts			2. Strengthened <b>capacity</b> of health workers to provide respectful and quality maternal care			3. Strengthened <b>regulatory standards, professional guidelines and or plans</b> for promotion of RMC		4. Improved <b>accountability</b> within local government and health system	
↑										
OUTPUTS	1.1 Childbearing women understand their RMC rights	1.2 Communities (including men and local leaders) are mobilized to support women's RMC rights	1.3 Media is engaged to promote RMC	2.1 Capacity of targeted health workers to provide RMC at health facilities improved	2.3 Client & provider interactions at target health facilities improved	2.4 Capacity of health supervisory bodies to monitor quality of care at targeted health facilities strengthened	3.1 RMC Charter embedded into policies, regulatory standards, and/or professional guidelines and training for health workers.	3.2 RMC is prioritized in district planning and budgeting	4.1 Ability of communities to demand RMC and quality services for women improved	4.2 Capacity of local government and health facilities to respond to community demands for RMC and quality services strengthened
↑										
ACTIVITIES	1.1.1 Facilitate FGDs with pregnant women and women who recently delivered  1.1.2 Distribute and post the RMC Charter at health facilities and other clearly visible sites  1.1.3 Support existing CBHWs in target areas to promote RMC among pregnant women	1.2.1 Translate the RMC Charter into local languages  1.2.2 Host community events to raise awareness s about the Universal Childbearing Rights and mobilize community support	1.3.1 Facilitate annual RMC journalism contests  1.3.2 Increase visibility of the RMC Charter through local media  1.3.3 Air TV and Radio programs to promote RMC (nationwide?)	2.1.1. Distribute RMC Charter and materials to health workers  2.1.2 Train health workers on RMC rights  2.1.3 Train health workers on strategies to improve delivery of care incorporating the seven rights of the RMC Charter	2.2.1 Raise health care workers' awareness of disrespectful care and abuse in their facilities  2.2.2 Train health workers in communication skills (and gender sensitive and adolescent friendly services)  2.2.3 Establish/strengthen mechanism for client feedback to health workers at the facility level  2.2.4 Target selected facilities for improvements to track outcomes and measure change	2.3.1 Conduct health facility assessment to determine RMC adherence/gaps  2.3.2 Review existing procedure for monitoring quality of services (district, national level?)  2.3.3 Strengthen mechanism for efficient and effective monitoring of MH services (district, national level?)	3.1.1 Influence MOH and professional bodies to embed RMC into policies, regulatory standards, and/or professional guidelines and training.  3.1.2 Secure commitments from MOH and professional bodies to incorporate and integrate RMC into the health care delivery system.  3.1.3 Identify influential, charismatic change agents or opinion leaders that will advocate and influence policy action around RMC	3.2.1 Develop district-level RMC-focused advocacy strategies (TBD with partners based on district gaps/plans)  3.2.2 Launch RMC advocacy campaign targeted at district decision-makers  3.2.3 Gather evidence to support advocacy  3.2.4 Develop and disseminate customized advocacy materials	4.1.1 Facilitate accountability dialogues/public hearings in communities  4.1.2 Empower childbearing women to meaningfully participate in community meetings/dialogues  4.1.3 Develop community scorecards in select communities  4.1.4 Monitor maternal health services through community score card process	4.2.1 Facilitate interface meetings between communities, health workers and local government  4.2.2 Develop and monitor joint action plans during meetings

# Framework for Evaluation



## Campaign Results Framework

**Goal: The right of Nigerian women to Respectful Maternity Care is embedded at all levels of the maternal health system and that this right is reflected in a sense of entitlement among women.**

Indicators	Sources of Verification	Frequency	Assumptions/Risks
% training institutions that include RMC in health worker training	FMOH list of training institutions utilizing updated training materials that include RMC	Final evaluation	Training institutions teach from the approved curriculum; RMC educational content impacts the attitude of student health workers about RMC
# people informed about women's right to RMC	Campaign activity reports*	Annual	Women understand language being spoken in town hall meetings; Media pieces are generated and published; online discussions attract significant audience and participation; Information instills a sense of entitlement
# people actively engaged in RMC advocacy efforts	Campaign activity reports**	Annual	Advocates read and understand sign on letters; Information instills a sense of entitlement

**Objective 1: The Federal Ministry of Health (FMOH), State Ministries of Health, state lawmakers, regulatory bodies and health professional associations establish Respectful Maternity Care as a standard of practice.**

**Intermediate Outcome: National Council on Health (NCH) endorses RMC as a standard of practice.**

Indicators	Sources of Verification	Frequency	Assumptions/Risks
Approval of RMC by National Council on Health as a standard of	FMOH Memo approved by NCH	Annual	NCH approval leads to uptake and monitoring of new standards by

# Lessons



- Less challenging to measure contribution of RMC advocacy efforts to policy change (intermediate) than to MH outcomes (long-term)
- It is challenging to measure high level impact when activities in the proposed framework are not implemented in the same target area
- Need to frame a political global ask on RMC (and make explicit links btn national efforts and global processes)



# Lessons

- Advocacy is not enough if individual behaviors are not addressed
- Challenge to get global champions to focus only on this issue
- There is incredibly positive interest from midwives in this issue (continue to engage them as change agents)



**HEALTH  
POLICY  
PROJECT**

**For more information,  
please visit:**

[www.whiteribbonalliance.org/respectfulcare](http://www.whiteribbonalliance.org/respectfulcare)  
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