The Overview

Respectful maternity care (RMC) is a universal human right that is due to every childbearing woman in every health system around the world. In 2011, White Ribbon Alliance convened a global and multisectoral Community of Concern to launch a global campaign that would promote a clear standard for RMC rooted in international human rights. The RMC Community of Concern produced a groundbreaking consensus document, the Respectful Maternity Care Charter: the Universal Rights of Childbearing Women¹ (RMC Charter), which demonstrates how fundamental human rights apply in the context of maternal health.

Since its development, the RMC Charter has been used globally to talk about the problem of disrespect and abuse during maternity care. It has been used as a tool to educate health workers about maternity care and human rights, and to raise awareness of the problem in a way that avoids blaming and shaming health workers. As the Charter gained momentum, the World Health Organization, the International Federation of Gynecology and Obstetrics, and the International Confederation of Midwives endorsed it.

The global RMC Community of Concern is calling for iERG to make specific recommendations to governments to create and implement participatory accountability mechanisms for RMC that are informed by women’s experiences.

The aim of this case study is to highlight the value of using accountability mechanisms that ensure quality maternal care for women by providing examples and results of utilization by various organizations globally. By contributing to the evidence base demonstrating the impact of such accountability mechanisms, we hope this case study will drive increased application of these methods in maternal health initiatives to ensure that women receive the respectful care they deserve.

The Challenge

Women’s experiences with maternity caregivers can empower and comfort them, or inflict lasting damage and emotional trauma. Disrespect and abuse of women in maternal healthcare is a prevalent and serious issue in many countries. Physical abuse, lack of informed consent, lack of confidential and dignified care, discrimination, abandonment during care, and detention in facilities are some examples of the disrespect and abuse that women are experiencing.²

² Margaret E Kruk, Stephanie Kujawski, Godfrey Mbaruka, Kate Ramsey, Wema Moyo and Lynn P Freedman Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey Health Policy and Planning 2014;1–8; doi:10.1093/heapol/czu079
While many interventions aim to improve access to skilled birth care, the quality of relationships with caregivers has received less attention. Evidence suggests that in countries with high maternal mortality, the fear of disrespect and abuse that women often encounter in facility-based maternity care is a more powerful deterrent to the use of skilled care than commonly recognized barriers, such as cost or distance.³

**The Solution**

Disrespect and abuse of women in maternal healthcare continues to occur in part because governments have not committed to or invested in participatory accountability mechanisms that ensure women’s rights to respectful maternity care are upheld. To ensure that governments follow through with their commitments to make pregnancy and childbirth safe for all women and to ensure an environment that supports service providers to deliver high-quality care, it is essential that effective accountability mechanisms, informed by women and their experiences, are established and implemented.

In the context of respectful maternity care, accountability mechanisms include methods of tracking funds allocated to maternal health services, overseeing implementation of these services, setting and enforcing standards of care, and monitoring quality of care. Through social accountability mechanisms, citizens and civil society hold decision makers accountable and contribute to improvement by monitoring the quality of services and participating in facilitated user-provider discussions where their voices and experiences of care can be heard.⁴

**Accountability mechanisms in practice: Evidence of success**

*Social Audits:* Social audits consist of government and civil society working together to analyze implementation, quality, and beneficiaries’ experiences and satisfaction with existing health services.⁵ For example, youth in Panama have been trained as social auditors to assess youth-friendly services of clinics in four districts in their country. The collated results and recommendations passed on to decision makers have resulted in agreements and guidelines to make sexual and reproductive health services more accessible for youth. Similarly, CARE Peru

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has trained citizen monitors to oversee quality of healthcare provision in local areas, which has led to improved service quality and policy changes.

Public Hearings and Community Meetings: Public hearings and community meetings provide a platform for government officials, stakeholders, and community members to gather together and discuss concerns regarding health services and, together, to develop solutions and plans for action. Both BRAC (formerly Bangladesh Rural Advancement Committee), and WRA India have created forums such as these and reported high levels of participation. BRAC’s Maternal and Neonatal and Child Health committee and WRA’s public hearings both include the involvement of elected leaders, health workers, health providers, and women in the community.

Citizen Report Cards and Community Scorecards: Citizen Report Cards (CRCs) are participatory surveys providing feedback on quality and efficiency of public services. The Community Score Card brings health providers, community members and government officials to jointly identify and overcome barriers to service access, utilization and quality provision. CRCs used by WRA India have led to actions to improve health facilities, including budgetary allocations to create new labor rooms. The use of Community Scorecards by CARE Ethiopia, Rwanda, Malawi, and Tanzania has led to greater trust and mutual respect between users and providers, as well as improved performance by providers.

Verbal and Social Autopsies: A verbal autopsy is performed by interviewing caretakers and family members of those recently deceased about symptoms that occurred prior to death, while social autopsies involve interviewing these individuals to investigate social, behavioral, and health system determinants of maternal deaths. Both are categorized as community-based maternal death reviews and serve as nonjudgmental means of gathering information about causal factors for maternal death that are analyzed by the health system so that it can organize an improved response to similar challenges and avoid such deaths in the future. Verbal and social autopsies have been successfully implemented by various organizations focused on maternal health. For example, BRAC’s MANOSHI program discovered two leading causes of maternal death through social autopsies and then developed a two-pronged approach to reduce deaths resulting from these complications.

Partnership Defined Quality (PDQ): PDQ is a method used to improve quality and accessibility of services by including community members in the defining, implementing, and monitoring

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process through such tools as supervisory checklists, mapping tools, and exit interviews.\textsuperscript{11} Positive results from PDQ have been seen in various countries, including Afghanistan, Pakistan, Peru, and Uganda. For instance, when implemented by IntraHealth International and Save the Children in Rwanda, PDQ led to better communication between elected officials and health workers, improvements in health service quality, and higher rates of health service utilization.\textsuperscript{12}

Other client feedback mechanisms: Ensuring that opportunities exist for community members to voice their concerns and provide feedback about the health programs designed to serve them creates the basis for identifying and addressing key issues and developing action plans. For example, Jhpiego’s “satisfactometer” constantly monitors patient satisfaction with quality of care through surveys and ballot boxes, and responses are posted for all to see. Another organization, SAHAYOG, developed a program in India that allows women to anonymously report informal fees levied on them, through the use of interactive voice response and mobile phones. More than 1100 reports have been called in and tracked online in real time, creating transparency and driving accountability. WRA India’s Citizens’ Voice Reporter provides a platform for citizens to hold leaders, politicians and governments accountable for their commitments to women and children by conducting and publishing interviews that document government follow-through on obligations regarding safe pregnancy and childbirth.

Recommendations

In addition to reporting to the UN Secretary General, a key function of the iERG is to put forward annual recommendations to governments. The global RMC Community of Concern urges the iERG to issue a specific recommendation and guidance to governments to implement participatory accountability mechanisms for RMC at national and sub-national levels, and to provide guidance to states about how to establish or strengthen such mechanisms. Specifically, the Community of Concern is calling for:

- A focus on accountability for the quality of maternal healthcare, particularly the provision of respectful maternity care, through the introduction and implementation of national level participatory accountability mechanisms that take into account women’s experiences and perceptions of care.
- Stronger emphasis on the need to ensure civil society and communities, particularly women, are meaningfully engaged in monitoring commitments made with respect to maternity service delivery. To achieve accountability, governments must include citizens in systems that both monitor and drive the delivery of promises they have made concerning women’s and children’s health, and engage them in helping shape future maternal health services. Governments must demonstrate their responsiveness to citizens’ voices by reporting on progress toward implementing specific actions to address gaps in equity, access and quality.

\textsuperscript{11} CoreGroup, “Partnership Defined Quality.” http://www.coregroup.org/our-technical-work/initiatives/diffusion-of-innovations/83
\textsuperscript{12} Save the Children, “PDQ Application in Rwanda.” http://www.coregroup.org/storage/documents/Workingpapers/PDQ_Application_Rwanda.pdf
• Strong emphasis on rights and equity, including explicit linkages with human rights instruments and treaty monitoring bodies, and systematic integration of human rights into the provision of maternal health services. We underscore the need for policies and laws that explicitly include the respect for human rights as an essential element of the quality of health care, and mechanisms for redress to ensure that human rights are upheld and protected within the context of health service delivery.