



Providing Respectful Care for Newborns and Children

Lessons learned and opportunities for improved experience of care in healthcare settings

19 May 2022



Quality, Equity, Dignity
A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

Session plan

Welcome and Introduction

Overview of newborn health context and policy background in Kenya

Dr Caroline Mwangi, Head of Division, Neonatal and Child Health, Ministry of Health, Kenya

Overview of study and key research findings

- Dr Charlotte Warren, Senior Research Associate Maternal and Newborn Health, Population Council
- Chantalle Okondo, Program Officer, Population Council Kenya

The Respectful Maternity Charter: A framework to support health care workers & empower care seekers to demand respectful care: Elena Ateva, Advocacy Manager, White Ribbon Alliance

Questions & Answers Facilitated by Dr Felicitas Makokha Okwako, Consultant Paediatrician & Kenya Pediatric Association Member

Closing remarks



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A Network for Improving Quality of Care
for Maternal, Newborn and Child Health



Providing respectful care for newborns and children: Lessons learned and opportunities for improved experience of care in healthcare settings

The Network for Improving Quality of Care for Maternal, Newborn and Child Health

Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda

Goals

- 1** Halve maternal and newborn mortality in health facilities in Network countries, as well as stillbirths, by 2022
- 2** Improve the experience of care

Strategic Objectives



<https://www.qualityofcarenetwork.org/>



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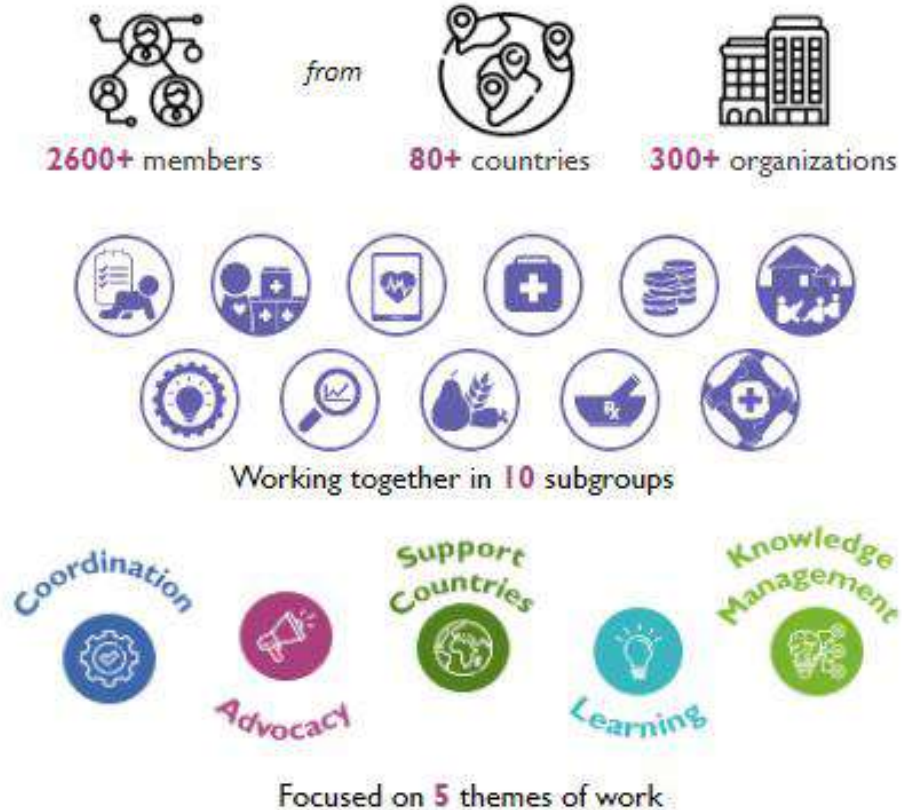


World Health
Organization

unicef 



Child Health Task Force



Quality of Care (QoC) Subgroup

Goal: To create a platform in the child health community to advocate for and provide targeted support to countries to improve QoC for children in countries where Task Force members are active.

Review and suggest subgroup activities here:
bit.ly/QoCworkingdoc

Recordings and materials from past meetings and webinars here:
<https://www.childhealthtaskforce.org/subgroups/qoc>

Panelists



Dr Caroline Mwangi
Head of Division
Neonatal and Child Health
Ministry of Health, Kenya



Dr Charlotte Warren
Senior Research Associate
Maternal and Newborn
Health
Population Council



Chantalle Okondo
Program Officer
Population Council Kenya



Elena Ateva
Advocacy Manager
White Ribbon Alliance



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Moderator



Dr Felicitas Makokha Okwako

Consultant Paediatrician & Kenya Pediatric Association Member



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OVERVIEW OF NEWBORN HEALTH CONTEXT AND POLICY BACKGROUND

Dr. Caroline Mwangi,
Head, Division of Neonatal and Child Health,
Ministry of Health (MOH)





Background



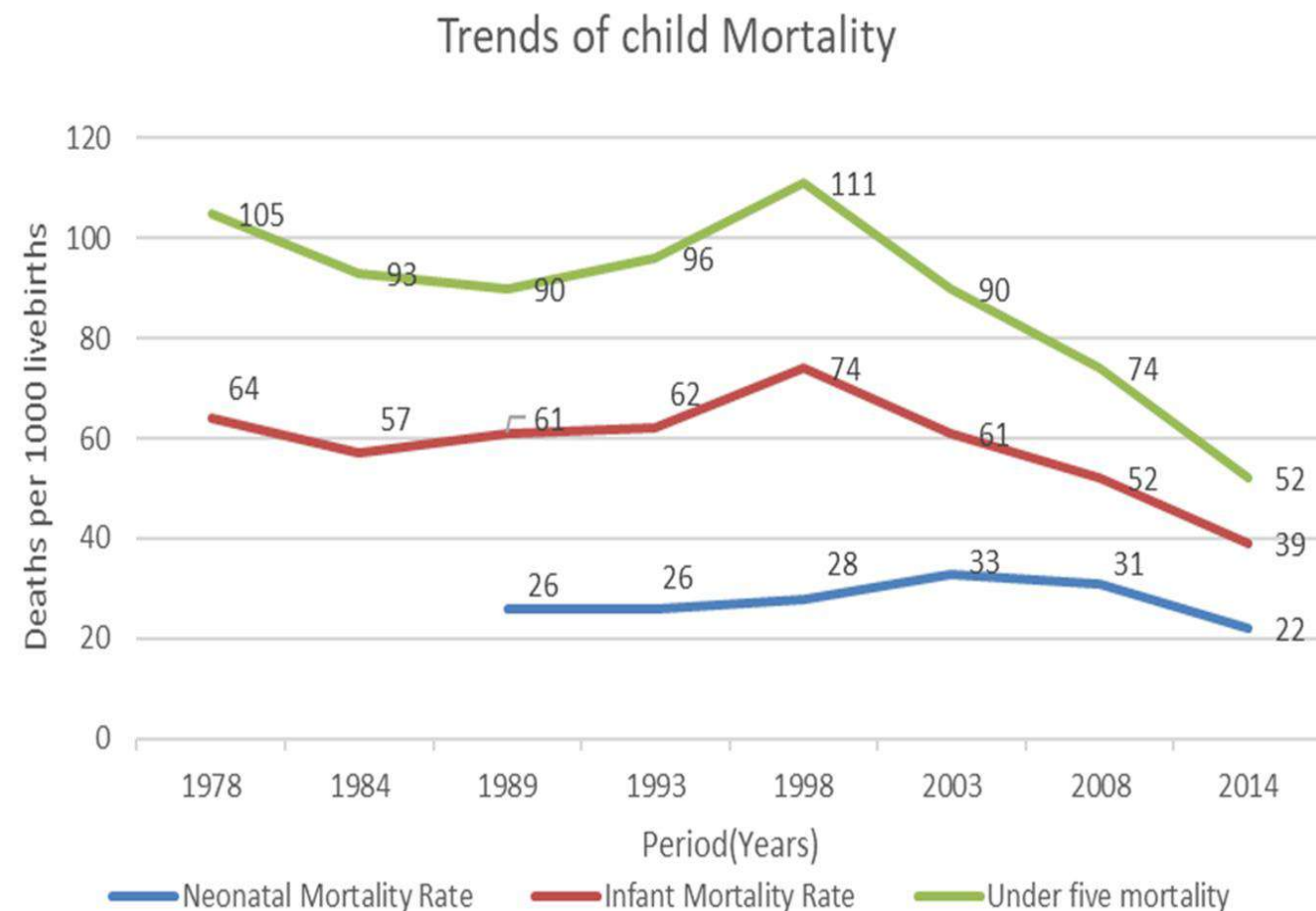
Ministries of Health

- Globally child survival remains an urgent concern.
- Children face the highest risk of dying in their first month of life, at a global rate of 18 deaths per 1000 live births.
- About a third of all neonatal deaths tend to occur on the day of birth and close to three quarters in the first weeks of life.
- Kenya leading causes of neonatal mortality are: 1. Intra-partum related birth events - Birth asphyxia 2. Prematurity and 3. Sepsis.
- Majority of newborn babies are born and attended to at public health facilities in Kenya.



Kenya – Situational Analysis

KDHS 2014



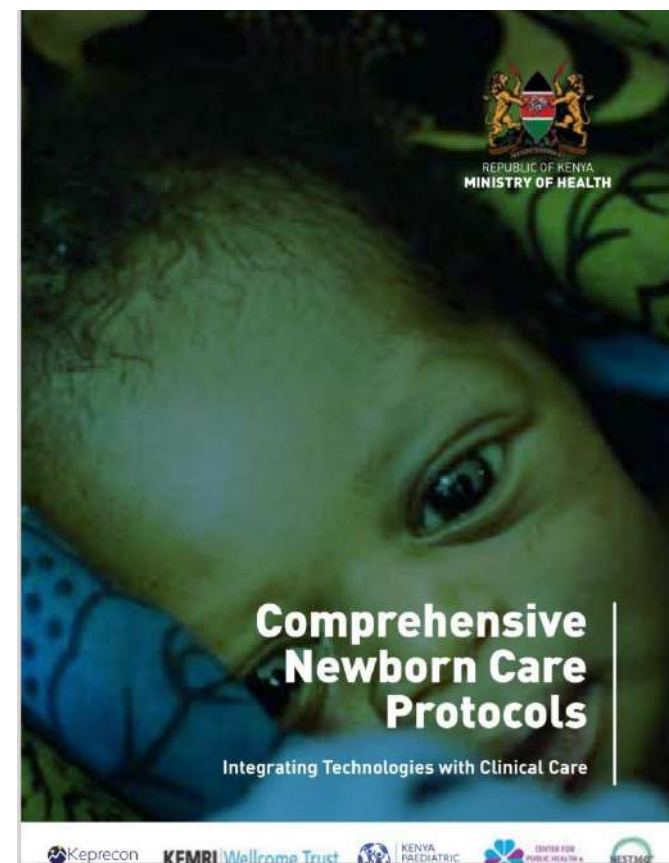
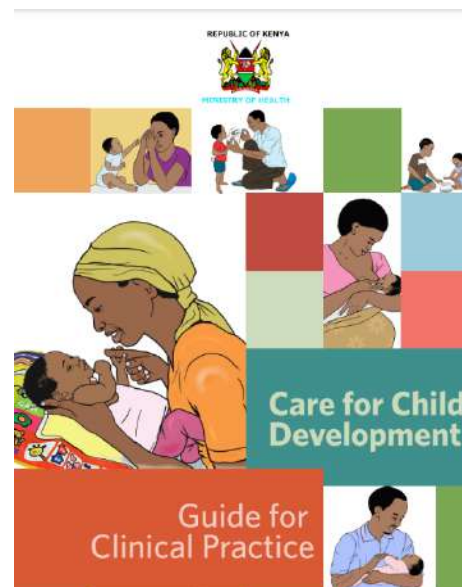
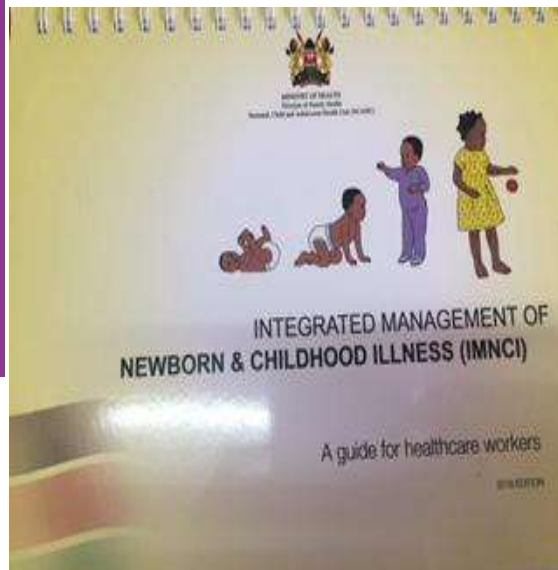
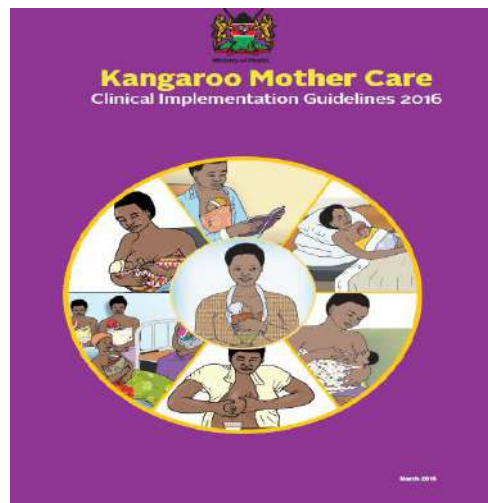
UN Inter-agency Group for Child Mortality estimation 2021

	Deaths per 1,000 live births
Under 5 Mortality Rate	43
Infant Mortality Rate	32
Neonatal Mortality Rate	21





Ministries of Health



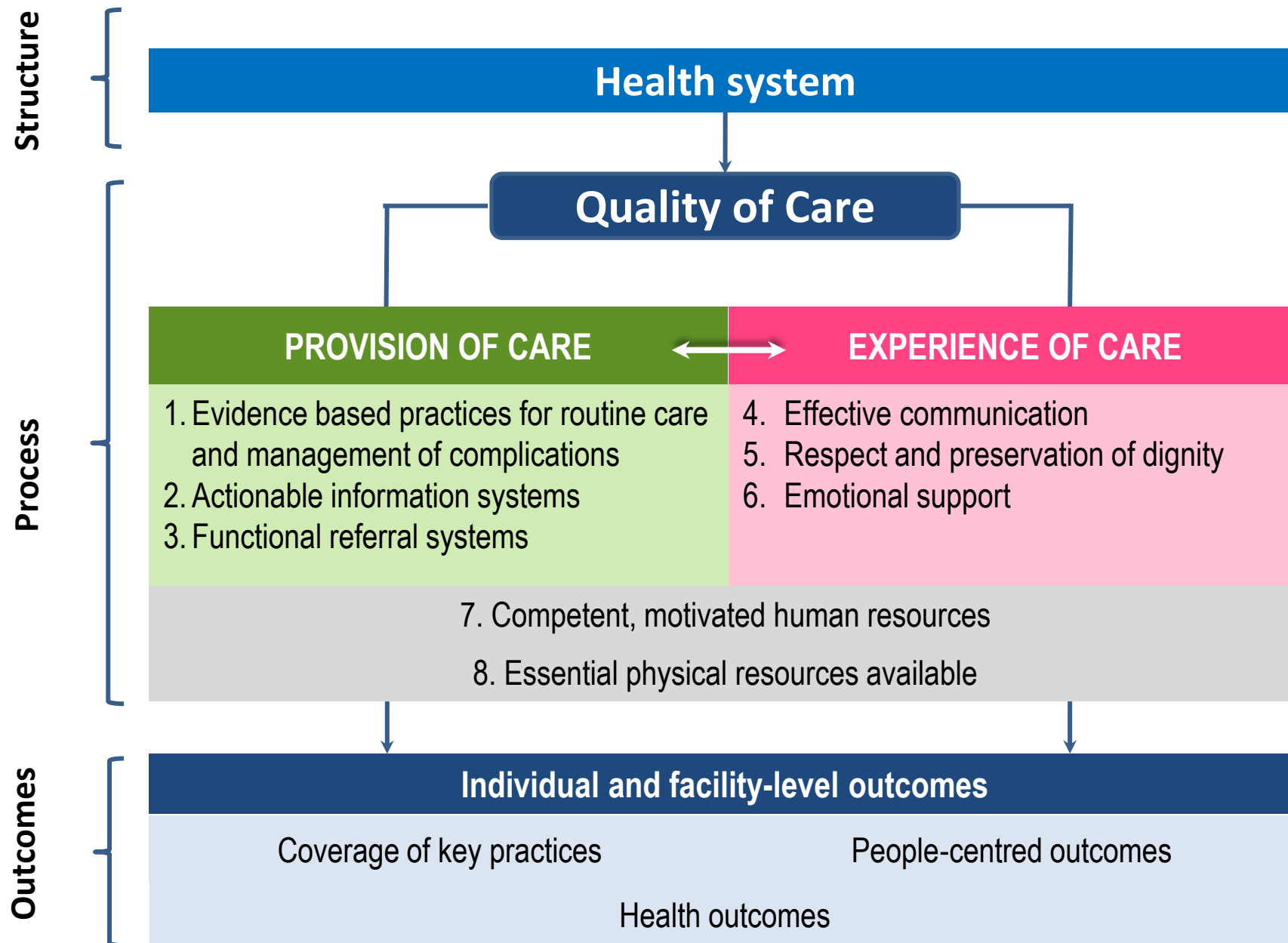
Policy Framework



- Neonatal, Child and Adolescent Health Policy 2018.
- Adoption of the Nurturing Care Framework and regional launch of this strategy in 2018.
- Integration of the Nurturing Care Framework into guidelines and tools e.g. Primary Health Care strategy, MIYCN.
- Ongoing finalization of the ECD policy and Advocacy strategy for implementation of the nurturing care framework.



WHO framework for the quality of maternal and newborn health care



Quality of Care guidelines



- Ongoing adaptation of the WHO standards of providing quality care to small and sick babies.
- Standard 5: Newborns' rights are respected, protected and fulfilled without discrimination, with preservation of dignity at all times and in all settings during care, transport and follow-up.
- Standard 6: All small and sick newborns are provided with family-centred developmental supportive care and follow-up, and their families receive emotional and psychological support that is sensitive to their needs and strengthens their capability.





Ministries of Health



ASANTE SANA





May 2022

Promoting a positive inpatient experience for sick young children and their parents in Kenya

Charlotte Warren, Chantalle Okondo, Charity Ndwiga,
Timothy Abuya, and Pooja Sripad

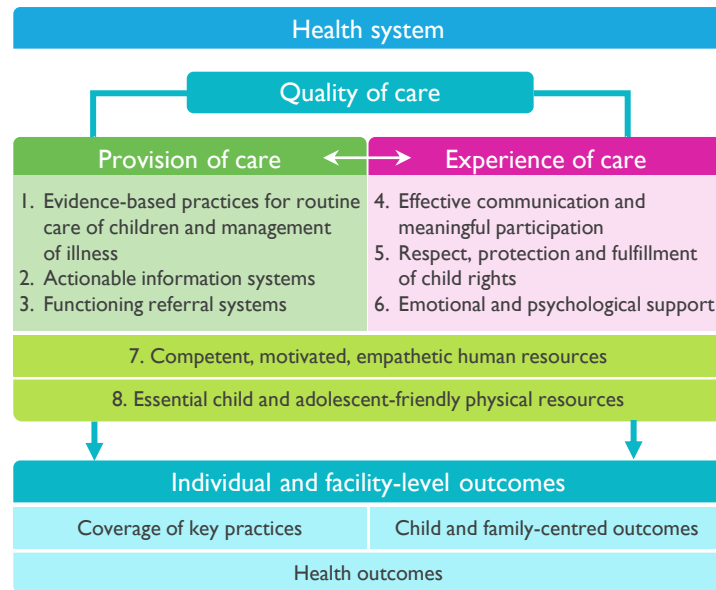


Presentation Outline

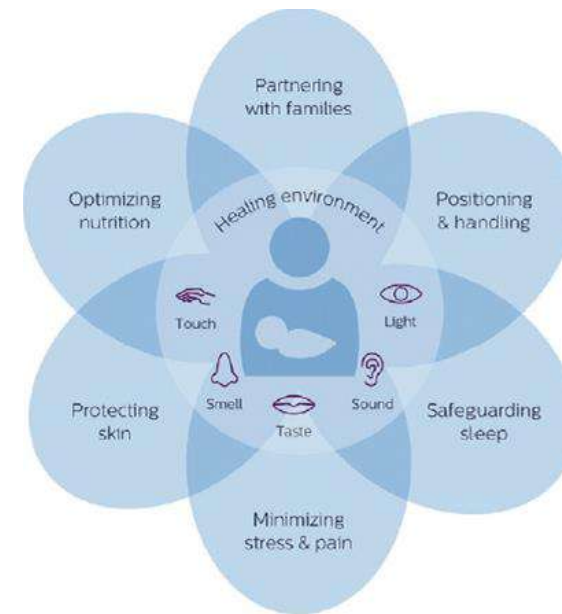
- Background
- Objectives
- Implementation research process
- Findings from formative survey
- Theory of Change and Implementation Research
- Preliminary findings
- Summary

Background

- Limited evidence exists on how to include parents and family in caring for a hospitalized young child in low resource settings as part of improving experience of care



Source: World Health Organization. Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: World Health Organization; 2018.



Source: Altimier L, Phillips R, "The neonatal integrative developmental care model: advanced clinical applications of the seven core measures for neuroprotective family-centered developmental care," Newborn & Infant Nursing Reviews, 16, 2016: 230-244.

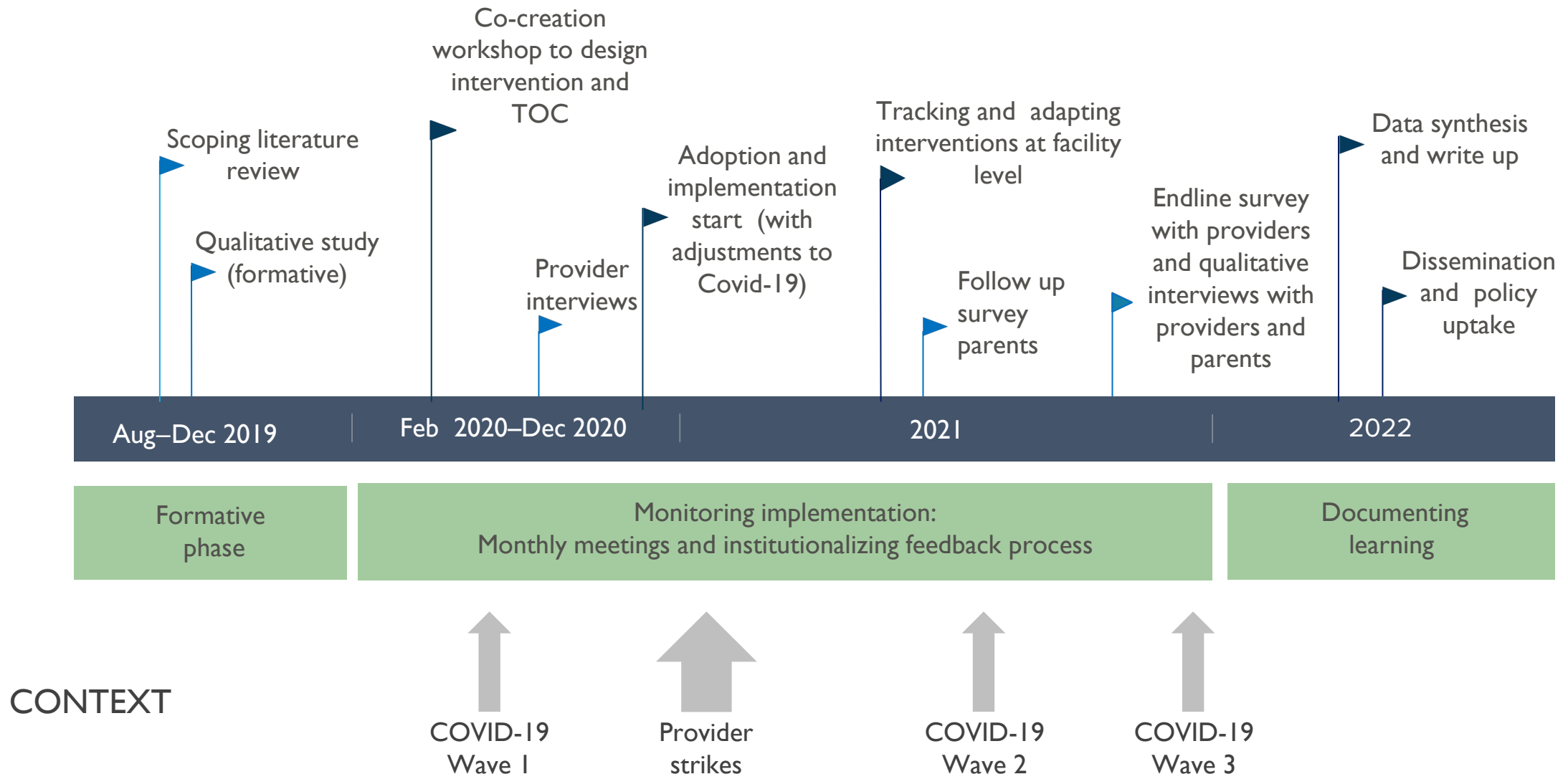
<https://doi.org/10.1053/j.nainr.2016.09.030>



Overall objectives

- Understand the experience of care of sick newborns and young children (0–24 months) and their parents in hospital settings.
- Assess the feasibility and effectiveness of a pilot structural and provider behavior change (PBC) intervention approach to improve facility-based experiences of care for parents of sick newborns and young children in hospital settings in Kenya.

Implementation research approach: iterative and adaptive



Responses to and consequences of mistreatment of sick newborns, young infants and their parents

PLOS ONE

OPEN ACCESS PEER-REVIEWED
RESEARCH ARTICLE

Manifestations, responses, and consequences of mistreatment of sick newborns and young infants and their parents in health facilities in Kenya

Timothy Abuya  Charlotte E. Warren, Charity Ndwiga, Chantalle Okondo, Emma Sacks, Pooja Sripad

Published: February 22, 2022 • <https://doi.org/10.1371/journal.pone.0262637>

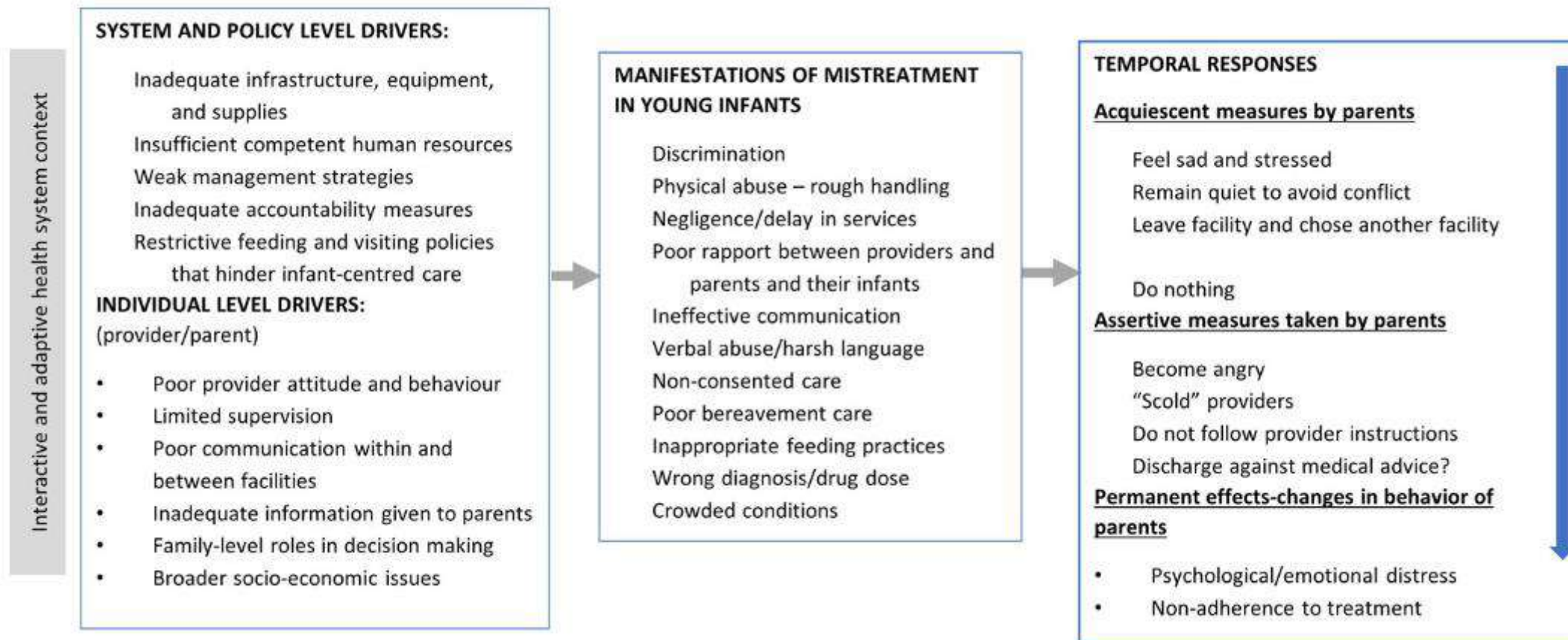
Categories of mistreatment identified

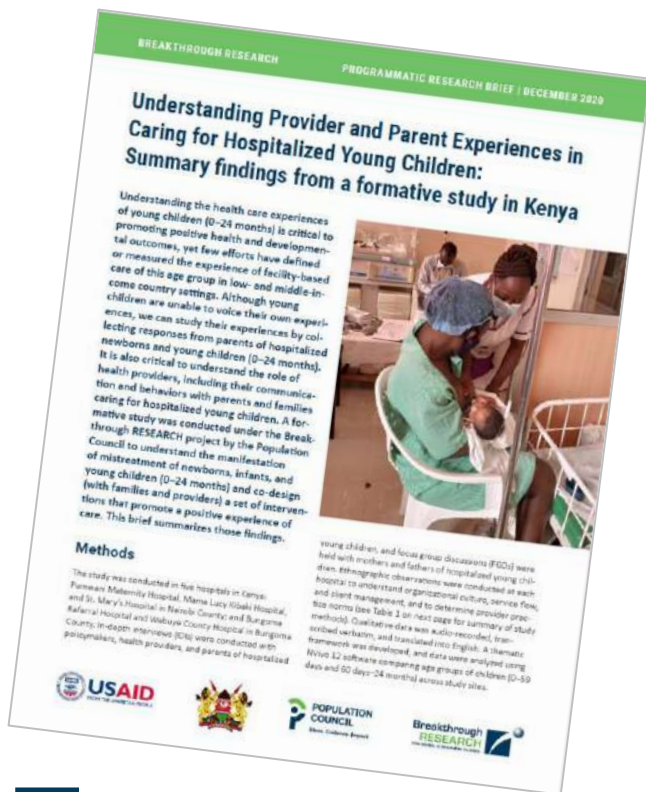
- **Failure to meet professional standards and health system constraints** (neglect, delayed care, non-consented care, lack of equipment)
- **Stigma and discrimination** (socio-economic status)
- **Physically inappropriate practices** (use of force, exposure to pain, rough handling)
- **Poor rapport** (verbal abuse, poor communication, loss of autonomy)
- **Bereavement and posthumous care** (lack of emotional support, counselling)

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0262637>

Acquiscent measures	Examples of mistreatment	Immediate reactions	Potential long-term consequences
	Physical abuse	Parents reported being sad and stressed when they witnessed their infants being pricked several times in search of a vein.	Psychological/emotional distress to the mother and infant
	Harsh language or tone verbal abuse	Parents remain quiet to avoid conflict so that their infants are treated and later consult another provider	Strained relationship between parent/provider
		Parent was spoken to in an unfriendly way by a provider, Mother did not want to quarrel, and instead decided to leave the facility with her infant	Alternative care seeking patterns
	Negligence	A couple was rudely dismissed from a consultation room when they walked in on a provider watching a TV show. The male spouse felt resentment towards the provider	Strained relationship with provider
		The provider was on the laptop and phone as the expectant woman labored, she ignored her and only reacted when the woman started bleeding. The newborn was tired and not breathing. She gave the newborn two slaps. The woman who over bled felt hurt.	Psychological/emotional distress
Assertive measures	Ineffective communication to parents	Parents are not adequately informed on procedures and treatment the infants go through. This makes them sad and unsettled. A lady was angry with how she and her infant were being treated. She had been told by doctors that her infant was fine, but she was yet to be discharged.	Psychological/emotional distress to the parent Strained relationship with provider
	Physical abuse-excessive pricking of infants/rough insertion of the NG Tube	A parent was annoyed and scolded a provider because they pricked the infant multiple times to collect blood samples without informing the parent about the tests or results.	She refused further tests leading to non-adherence to treatment
		A parent reported her newborn removing her tube to a provider who inserted it very roughly. The newborn didn't feed well. The parent felt very bad and removed the tube and started cup feeding. She didn't bother with the tube again.	Strained relationship with provider
	Negligence-failure to perform full tests on infant	Parent quarreled with the provider in the laboratory as he failed to complete the whole test specified and the parent had to be sent back by the consulting provider to complete the tests.	Declined doing the remaining test, non-adherence to treatment
	Delayed services	Providers were in a room having informal discussions and they were very reluctant to attend to the parent's infant. The parent scolded the provider on their laxity and the way they approach people.	Strained relationship with provider

Pathways of mistreatment and potential consequences

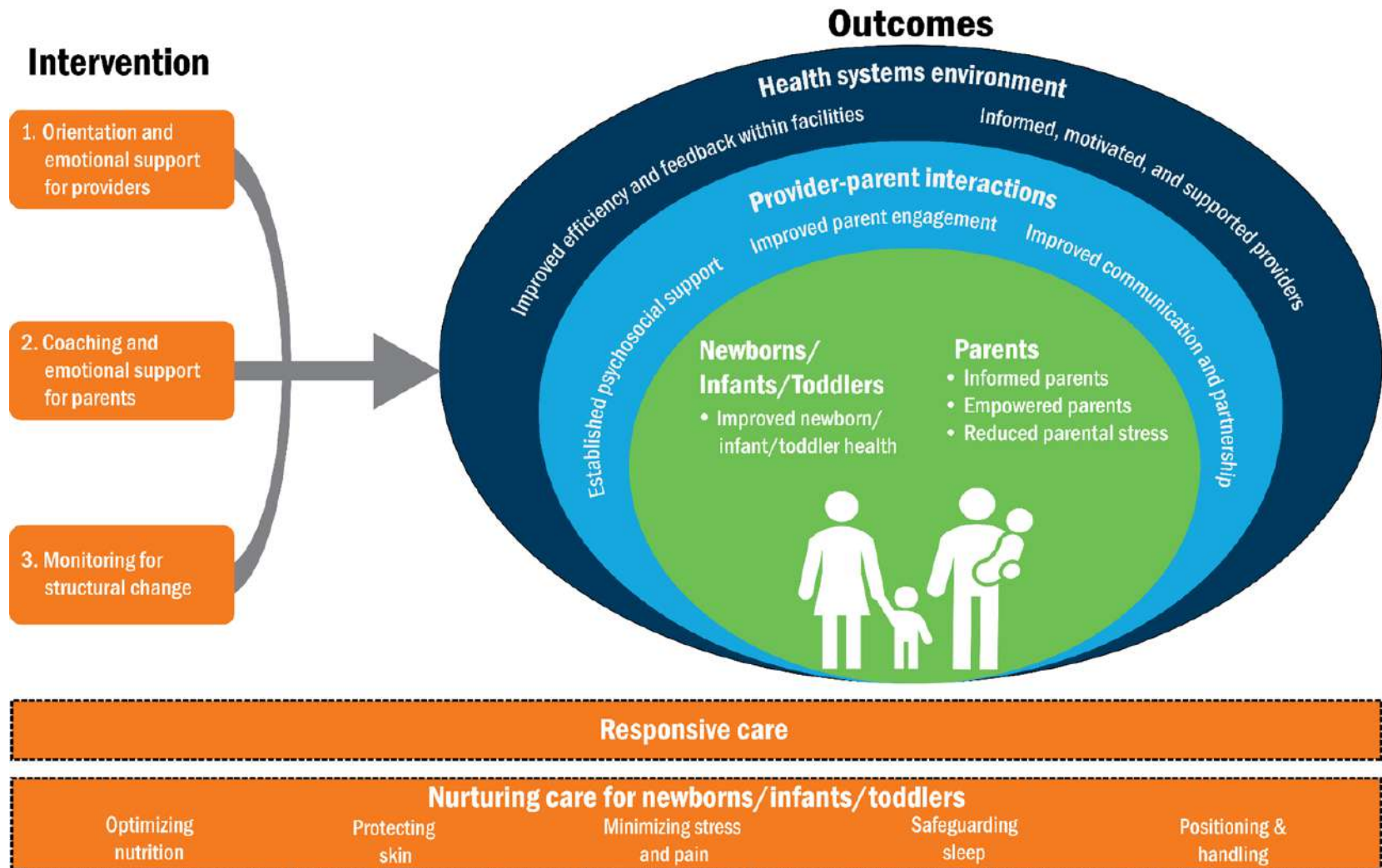




Theory of change

Developed from literature, formative research, and stakeholder discussions

Enhancing respectful, nurturing, and responsive care for sick young children (0–24 months)



*parent denotes family caregivers, guardians, members of extended family

Operationalising our theory of change

I. Provider orientation, peer to peer support and emotional support

- Nurturing care elements
- Organizational characteristics
- Provider behavior: unpacking values, beliefs and attitudes
- Provider-parent communication engagement: shared decision making
- Emotional support for providers in managing stress/burnout
- COVID-19 newborn and child health guidelines

II. Coaching and emotional support for parents

- Providers use job aids to coach parents on nurturing and responsive care
- Mothers and fathers involved/informed in care for shared decision making for sick young child
- Providers use D-E-P Guide to emotionally support parents

III. Monitoring for structural change

- Feedback on quality on care
 - Provider feedback forms
 - Parent feedback forms
- Periodic meetings with providers and managers to discuss progress
 - Documentation changes
 - Identify additional solutions



Improved communication and partnership

- Parents rated communication quality high: 78% report experiencing 13/17 items in an index that included introduction, dialogue, understandable language, listening and attentiveness, and follow up instructions.
- Parents rated providers as showing respect toward parents, families, and the hospitalized child: 78% report respectful care across 9 out of 12 items in the index.

When they came to check up on your baby and you asked how the baby was progressing, even if they were doing tests on the child they would stop to look at you and listen then give you a response. They did not answer you while doing tests or anything else, that's how I know they were keen to listen to someone.

—Mother, Ped Ward



Data source: Provider endline survey and IDIs

Providers' knowledge on nurturing care elements (scores)

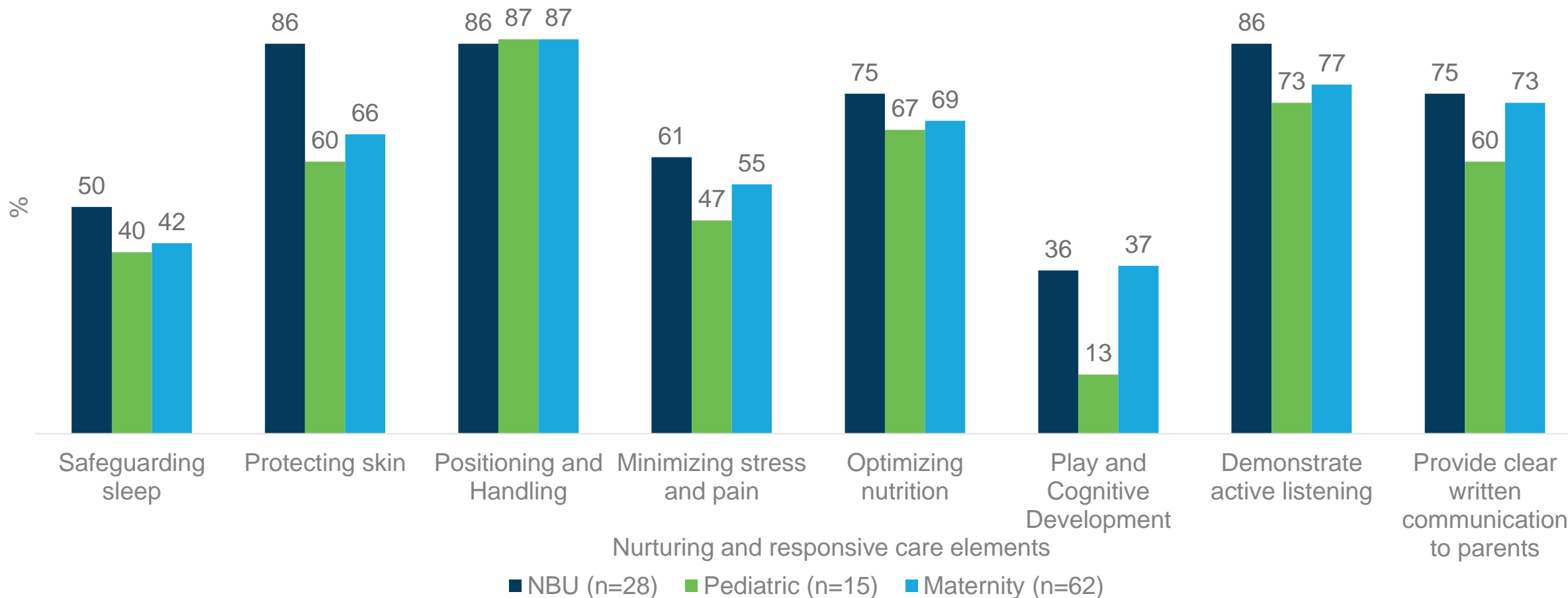
Nurturing care score for:	Baseline (n=152)	Endline (n=104)	P value
Identifying child stress (0–10)	1.9 (1.2)	3.2 (1.6)	<0.001
Minimizing pain (0-8)	N/A	2.5(1.3)	<0.001
Identifying parental stress (0–5)	2.5 (1.3)	1.8 (1.3)	<0.001
Optimizing nutrition (0–14) (0–28 days)	4.8 (2.2)	4.9 (2.4)	0.577
Safeguarding sleep (0–12) (0–28 days)	3.9 (1.9)	4.7 (2.4)	0.002
Safeguarding sleep (29 days–2 years)	3.9 (2.1)	5.1 (2.4)	0.002
Positioning/handling (0–8) (0–28 days)	2.3 (1.7)	3.9 (1.9)	<0.001
Positioning/handling (0–8) (29 days–2 years)	2.2 (1.7)	3.9 (1.9)	<0.001
Protecting skin (0–10) (0–28 days)	4.5 (2.2)	6.2 (2.1)	<0.001
Protecting skin (0–7) (29 days–2 years)	3.2 (1.4)	4.5 (1.6)	<0.001

Before the training [Nov 2020] Kangaroo Care was known however, the nurturing care has not been active. But with training we have been teaching the caregiver on how to embody and communication, sleep and listening [to parents].

—Nurse mentor, NBU and Ped Ward



Providers reporting peers interacting with parents

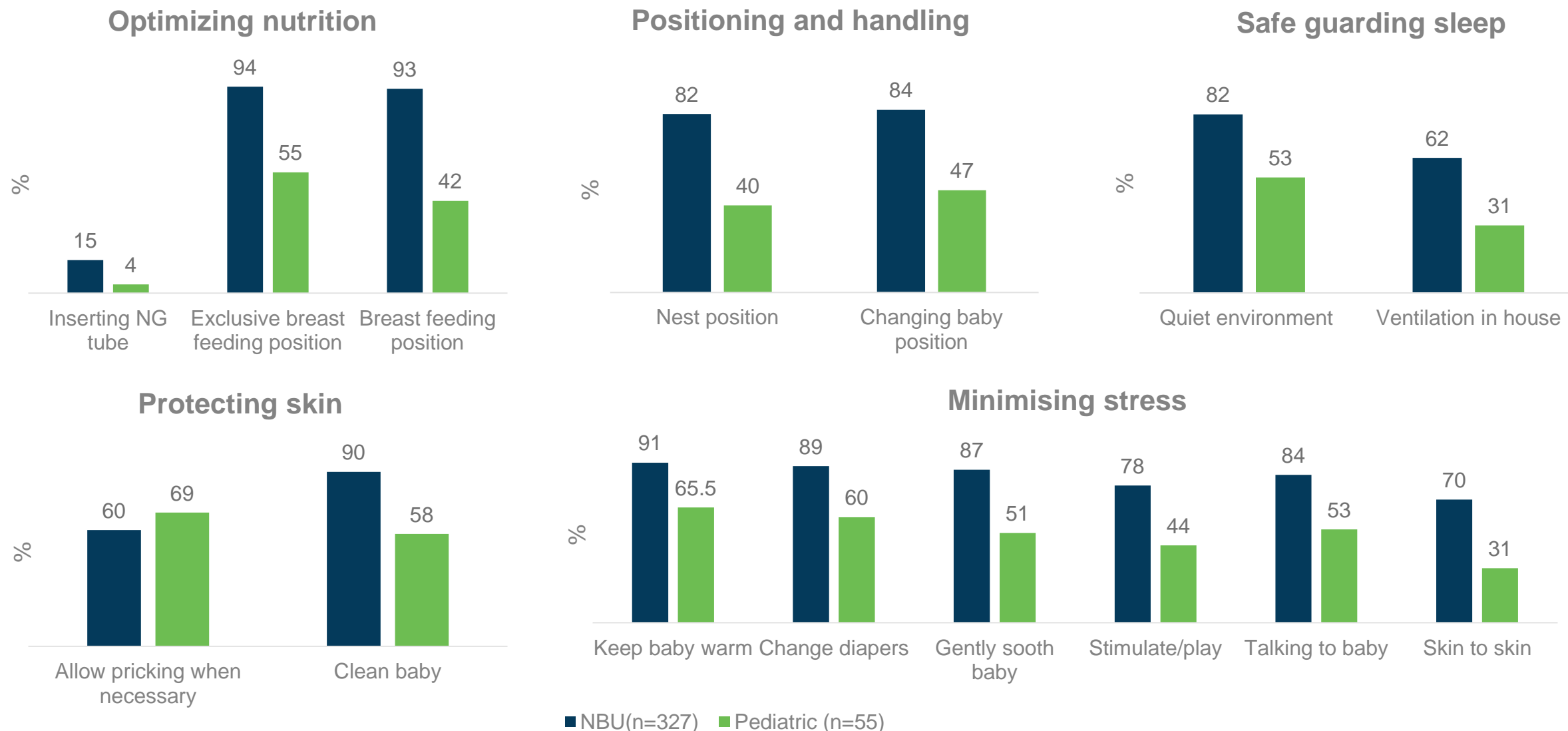


Varied interactions, with the fewest around “safeguarding sleep,” “minimizing stress and pain,” and “play and cognitive development.”



Data source: Endline parent follow-up survey

Parents receiving information on nurturing care





Examples of structural changes for positive experience

Features changed

Reorganization of feeding space and times to increase parental flexibility; separation of rooms into children's age-specific areas

Increased number of heaters for warmth and rooms designed for Kangaroo Mother Care

Improved hand washing stations with signage to promote hygiene

Regular change and availability of linen and diapers for wrapping babies during care (keeping warm)

Increased number and quality of mattresses to improve comfort and optimize sleep for babies and parents

Use of baby-friendly colors and provision of toys to stimulate children in pediatric wards

Availability of TV screen enabled watching cartoons and other pediatric information

Hospital management teams (HMT) support for resources improved provider work conditions to optimize intervention implementation:

Through our facility HMT, one of our mentors is a member, so when we have suggestions or we have proposals, she makes sure that they are passed in those meetings, that is a great enabler[to interventions implementation] that we have as a facility.

—Nurse, Bungoma County



Data source: Endline parent follow-up survey and IDIs

Parental empowerment

82% of 383 parents report scoring 23 out of 28 points on a scale measuring empowerment in caring for one's newborn/young child.

Empowerment in caring for one's newborn/young child (7-item scale)

- I feel in control of my newborn/young child's health
- I know what to do when my newborn/young child has a health problem
- I can find a solution to my newborn/young child's health problem
- I will be responsive to and care for my newborn/young child at home
- When my newborn/young child is unwell, I advocate for them to get good care
- I can share information about caring for my newborn/young child with my family/friends while in the hospital
- I can share information about caring for my newborn/young child with my family/friends in the community

She [child] was not bonding with the father well, he was not around during coaching...I am the one who told him how he can bond with his child well.

—Mother, Ped Ward

Intervention associated with parent outcomes

Parents who received information during hospitalization on nurturing and responsive care also reported higher levels of:

- Ability to provide nurturing care ($\beta=0.12$; $p=0.02$)
- Interpersonal communication with providers ($\beta=0.32$; $p=0.000$)
- Parents' empowerment in caring for their newborn/young child ($\beta=0.28$, $p=0.000$)

Summary learnings

- Pilot structural and provider behavior change intervention approach to respectful, nurturing, and responsive care was feasible to implement in the Kenyan setting.
- Provider targeted intervention is associated with parents' experience of care, interpersonal communication with providers and empowerment to care for their hospitalized children.
- Significant differences between newborn and pediatric units are apparent in parents receiving informed about nurturing care and some parent-provider interaction outcomes.
- Sustainability: Involve providers/managers in intervention development and implementation
- Promising program practices: Parent feedback forms can be institutionalized, in-person and virtual mix of training/tools for flexible use among providers, emotional support.

Resources

Journal Article: [Manifestations, responses, and consequences of mistreatment of sick newborns and young infants and their parents in health facilities in Kenya | PLOS ONE](#)

Formative research brief: [Understanding provider and parent experiences in caring for hospitalized young children: Summary findings from a formative study in Kenya](#) (breakthroughactionandresearch.org)

Job-aids:

- [Communication during hospitalization](#) (breakthroughactionandresearch.org)
- [Parents' emotional wellness: Reduce Distress, Emotional Support, and Partnership \(DEP\)](#) Guide for supporting parents during a young child's illness (breakthroughactionandresearch.org)
- [Providers' Emotional Wellness](#) (breakthroughactionandresearch.org)
- [What can men do? Fathers and other male carers can do the following for newborns and young children](#) (breakthroughactionandresearch.org)

THANK YOU

cndwiga@popcouncil.org
cokondo@popcouncil.org
tabuya@popcouncil.org



BreakthroughAR



@BreakthroughAR



psripad@popcouncil.org
cwarren@popcouncil.org
Breakthrough ACTION +
RESEARCH



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<https://breakthroughactionandresearch.org/>

Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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The Respectful Maternity Charter

A framework to support health care workers & empower care seekers to demand respectful care



Elena Ateva
Advocacy Manager
White Ribbon Alliance



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Respectful Maternity Charter: Universal Rights of Women and Newborns

Elena Ateva, White Ribbon Alliance

- Consensus document
- Developed by a group of MNH professionals, including activists, provider associations, human rights attorneys, USAID, WHO, UNICEF, and OHCHR
- Updated charter incorporates rights that pertain specifically to newborns

RESPECTFUL MATERNITY CARE CHARTER

THE UNIVERSAL RIGHTS OF WOMEN & NEWBORNS

I Everyone has the right to **freedom** from harm & ill-treatment

No one is allowed to physically hurt you or your newborn. You should both be taken care of in a gentle and compassionate way and receive assistance when experiencing pain or discomfort.

II Everyone has the right to **information, informed consent, & respect** for their choices & preferences, including companion of choice during maternity care & refusal of medical procedures

No one is allowed to force you or do things to you or your newborn without your knowledge or consent. Every woman has the right to autonomy, to receive information, and provide informed consent or refusal for care. Every parent or guardian has the right to receive information and provide informed consent or refusal for their newborn's care, in the newborn's best interests, unless otherwise provided by law.

III Everyone has the right to **privacy & confidentiality**

No one is allowed to share you or your newborn's personal or medical information, including all records and images, without your consent. Yours and your newborn's privacy must be protected, except as necessary for healthcare providers to convey information for continuity of care.

IV Everyone is their own person from the moment of birth & has the right to be treated with **dignity & respect**

No one is allowed to humiliate, verbally abuse, speak about or touch you or your newborn in a degrading or disrespectful manner. You and your newborn baby must be cared for with respect and compassion.

V Everyone has the right to **equality, freedom from discrimination & equitable care**

No one is allowed to discriminate against you or your newborn because of something they think or do not like about either one of you. Equality requires that pregnant women have the same protections under the law as they would when they are not pregnant, including the right to make decisions about what happens to their body.

VI Everyone has the right to **healthcare & to the highest attainable level of health**

No one may prevent you or your newborn from getting the healthcare needed or deny or withhold care from either one of you. You and your newborn are entitled to the highest quality care, provided in a timely manner, in a clean and safe environment, by providers who are trained in current best practices.

VII Everyone has the right to **liberty, autonomy, self-determination & freedom from arbitrary detention**

No one is allowed to detain you or your newborn in a healthcare facility, even if you cannot pay for services received.

VIII Every child has the right to be **with their parents or guardians**

No one is allowed to separate you from your newborn without your consent. You and your newborn have the right to remain together at all times, even if your newborn is born small, premature or with medical conditions that require extra care.

IX Every child has the right to an **identity & nationality** from birth

No one is allowed to deny your newborn birth registration, even if they die shortly after birth, or deny the nationality your newborn is legally entitled to.

X Everyone has the right to **adequate nutrition & clean water**

No one is allowed to prevent you and your newborn from having adequate nutrition, clean water or a healthy environment. You have the right to information and support for child nutrition and the advantages of breastfeeding.



Find out more at whiteribbonalliance.org/rmcresources

The RMC Charter is based on widely accepted human rights standards

Global:

- **International Covenant on Civil and Political Rights**
- **International Covenant on Economic, Social and Cultural Rights**
- **Convention on Elimination of all forms of Discrimination against Women**
- **Convention on the Rights of the Child**

Regional:

- **European Convention on Human Rights in Biomedicine**
- **African Charter on Human and People's Rights**
- **American Convention on Human Rights**





II

Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care & refusal of medical procedures.

No one is allowed to force you or do things to you or your newborn without your knowledge or consent. Every woman has the right to autonomy, to receive information, and provide informed consent or refusal for care. Every parent or guardian has the right to receive information and provide informed consent or refusal for their newborn's care, in the newborn's best interests, unless otherwise provided by law.



CRC, Art. 13 “freedom to seek, receive and impart information”

CRC, Art. 12 “The views of the child being given due weight in accordance with the age and maturity of the child.”

CRC, Art. 5 “respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.”



European Convention on Human Rights and Biomedicine:

Art. 5 “An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time.”

Art. 6 “Where, according to law, a minor does not have the capacity to consent to an intervention, the intervention may only be carried out with the authorisation of his or her representative or an authority or a person or body provided for by law.”



VIII

Every child has the right to be with their parents or guardians.

No one is allowed to separate you from your newborn without your consent. You and your newborn have the right to remain together at all times, even if your newborn is born small, premature or with medical conditions that require extra care.



CRC, Art. 9: States Parties shall ensure that a child shall not be separated from his or her parents against their will.

Gen. Comm. 15: Maternal and newborn care following delivery should ensure no unnecessary separation of the mother from her child.

Gen. Comm. 15: States should provide child-friendly health policies focused on training health workers to provide quality services in a way that minimizes the fear, anxiety and suffering of children and their families.



Additional Resources

2019 UPDATED RMC RESOURCE SUITE : <https://www.whiteribbonalliance.org/rmcresources/>

- RMC CHARTER: *Respectful Maternity Care Charter: Universal Rights of Women and Newborns*: [Arabic](#), [English](#), [French](#), [Spanish](#), [Russian](#).
- RMC BROCHURE:
 - Commercial print-ready informational brochure: [Arabic](#); [English](#); [French](#); [Spanish](#); [Russian](#)
 - US letter desktop printer ready informational brochure: [Arabic](#); [English](#); [French](#); [Spanish](#); [Russian](#)
 - A4 desktop printer ready informational brochure: [Arabic](#); [English](#); [French](#); [Spanish](#); [Russian](#)



Additional Resources

- RMC POSTER: [Arabic](#); [English](#); [French](#); [Spanish](#); [Russian](#)
- POWERPOINT TEMPLATES: [English](#), [French](#), [Spanish](#)
- SOCIAL MEDIA: [Social Media Toolkit](#)
- PODCAST: Brave Voices Bold Actions Podcast; [Season 1: Respectful & Dignified Care](#)
- SAFER TOGETHER CAMPAIGN – protecting RMC during COVID-19:
<https://www.whiteribbonalliance.org/safertogether>
- [RMC Wiki Database](#)



Thank you!
Elena Ateva eateva@whiteribbonalliance.org

Questions & Answers

Facilitated by Dr Felicitas Makokha Okwako

Please type your questions
in the CHATBOX



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