Table 1a: Overview of included studies: Conducted studies (n= 27 citations, 22 studies)

	General study information							Study area information		
S/N	**Author(s) and reference #**	**Publication year**	**Stated aim of study**	**Country**	**Study design**	**Year(s) study conducted**	**Part of wider training or project yes/no**	**Setting**	**Number of HF and level**	**Type of HF**
1.	Abuya et al., 2015 [1]	2015	To measure the effect of interventions to reduce the prevalence of D & A during labour and delivery in 13 Kenyan health facilities	Kenya	Before-and-after quantitative study	June 2011-Feb 2014	No	Mixed (4 rural and the rest urban or peri-urban)	13 facilities (including 3 public referral hospitals, 3 district public hospitals with maternity units, 2 faith-based hospitals, 2 private nursing homes, 1 public health centre)	Mixed (public, private, faith-based)
	Warren et al., 2017 [2] (Extra study)	2017	To describe and analyse the implementaion process of Heshima Project, its strengths and challenges and lessons gained		Qualitative	2011- 2016	Yes	Mixed (urban and rural)	13 health facilities (included health centres and hospitals in 5 counties)	
2.	Afulani et al., 2019 [3]	2019	To evaluate the effect of an integrated simulation-based training on RMC provision	Ghana	Pre-post cross-sectional study (pilot study)	2017	No	Rural	5 district delivery facilities (1 referral hospital and 4 health centres)	Public (with 1 mission referral hospital)
3.	Akin-Otiko and Bhengu, 2013 [4]	2013	To explore an interpersonal communication and counselling (IPCC) capacity building approach to empower midwives for friendly service and result-oriented client education at first level of midwifery practice	Nigeria	Mixed (both quantitative and qualitative)	2010	No	Mixed (rural, urban and urban slums)	Not reported (but 9 health facilities were selected from 8 of the 23 LGAs in Kaduna, Nigeria)	Not reported
4.	Asefa et al., 2020a [5]	2020	To examine service providers' reaction to and experiences of RMC training and implementation	Ethiopia	Interventional mixed-methods (pre-post survey and post-intervention FGDs)	2018	Yes	Not reported (but in SNNPR)	3 hospitals (1 primary, 2 general hospitals; all comprehensive emergency obstetric care hospitals)	Public
	Asefa et al., 2020b [6] (Extra study)		To assess women's experiences of mistreatment during facility-based childbirth before and after		Pre-post study	Dec 2017-Sept 2018				

			implementation of a respectful maternity care intervention							
S/N	**Author(s) and reference #**	**Publication year**	**Stated aim of study**	**Country**	**Study design**	**Year(s) study conducted**	**Part of wider training or project yes/no**	**Setting**	**Number of HF and level**	**Type of HF**
5.	Brown et al., 2007 [7]	2007	To increase number of women with a companion during childbirth (secondary objective: to improve practice)	South Africa	Cluster randomised trial	1998- 1999	No	Urban	10 health facilities (Midwife obstetric units, district hospitals (level 1 hospitals), and referral hospitals (level 2 hospitals))	Public
6.	Dzomeku et al., 2021 [8] Dzomeku, 2016 [9] (Extra study)	2021 2016	To evaluate impact of a 4-day RMC training in midwives' daily maternity care practices To develop an in-service training program for midwives to provide patient-centred child-birth care that would increase client satisfaction with child-birth care	Ghana	Qualitative	2019	Yes (part of a PhD thesis)	Urban	1 tertiary hospital	Public
7.	Geddes et al., 2017 [10]	2017	To design and pilot an RMC-promoting training module for clinical midwives (Other aims: To also show link between human rights and maternal health care, and how a human rights-based approach may improve experiences of patients and care providers)	Malawi	Qualitative (pilot study)	2015	No?	Not reported (but follow-on study title says "rural Malawi")	Not reported	Not reported
8.	Honikman et al., 2020 [11]	2020	To engender an ethos of care and compassion within maternity settings, in order to prepare these environments for mental health task-shifting initiatives	South Africa	Theatre-inspired	Unclear	No	Not reported	Not reported	Not reported
9.	Mengistu et al., 2021 [12]	2021	To describe the development, implementation and results of a range of interventions to improve RMC	Ethiopia	Qualitative	2016- 2019	Yes	Rural	17 health centres and 3 primary hospitals (in 3 districts in 3 regions - Tigray, Oromia, and SNNPR)	Public

10.	Mihret et al., 2020 [13]	2020	To reduce D&A of mothers during antenatal care and delivery services	Ethiopia	Mixed (pre-post interventional study and qualitative study)	Nov. 2018-May 2019	No	Unclear (but at Injibara General Hospital)	1 general hospital	Public
11.	Ndayambaje et al., 2017 [14]	2017	To estimate effect of the human resources for health midwifery in-service mentorship model on episiotomy rates	Rwanda	Mixed (pre-post intervention study and cross-sectional study)	2012, 2014	Yes	Urban	1 secondary district hospital (the largest maternity specialty hospital in Rwanda)	Public
S/N	**Author(s) and reference #**	**Publication year**	**Stated aim of study**	**Country**	**Study design**	**Year(s) study conducted**	**Part of wider training or project yes/no**	**Setting**	**Number of HF and level**	**Type of HF**
12.	Okonofua et al., 2020 [15]	2020	To improve self-reported indicators of maternal healthcare satisfaction by women	Nigeria	Quasi-experimental	2017- 2019	Yes	Urban	4 secondary hospitals (2 referral hospitals as intervention, and 2 hospitals as controls; all 4 were either central hospitals or general hospitals)	Public
13.	Oosthuizen et al., 2020 [16] Oosthuizen et al., 2019 [17] (Extra study)	2020 2019	To find out the effect of the 'CLEVER Maternity Care' package, a multi-faceted intervention to improve respectful, quality obstetric care To implement a multicomponent intervention to change the complex interplay between preventable maternal and perinatal mortality and morbidity and poor clinical governance and supervision in midwife-led labour units	South Africa	Before-and-after study Mixed methods (quantitative and qualitative)	2016-2017 Jan 2015-Dec 2017	Yes	Unclear (but in Tshwane health district)	10 primary facilities (all of them midwife-led obstetric units, MOUs)	Public
14.	Ouedraogo et al., 2014 [18]	2014	To develop the interpersonal skill of health workers in Burkina Faso. Also to reinforce RMC skills among Society of Gynaecologists and Obstetricians of Burkina Faso members & health workers	Burkina Faso	Qualitative (direct observations)	2012-2013	No	Mixed (rural and urban)	3 health facilities (1 primary rural district hospital, 1 secodary urban regional hospital, and 1 tertiary urban university hospital)	Public
15.	Pfeiffer et al., 2019 [19]	2019	To describe the design, implementation and evaluation of an 18 month-long leadership training and coaching program for health workers	Ghana	Mixed (qualitative and survey)	Jan 2014-June 2015	Yes	Urban	1 tertiary referral hospital	Public

16.	Kujawski et al., 2017 [20] Ramsey et al., 2016 [21] (Extra study)	2017 2016	To assess a participatory community and health system intervention to reduce the prevalence of disrespect and abuse during childbirth in Tanzania To test approaches to measure prevalence of disrespect and abuse during childbirth, and develop and monitor approaches to reducing it	Tanzania	Before-and-after study Mixed (Survey, FGDs and IDIs, observation, project documentation and monitoring)	2011-2016	Yes	Rural	2 district hospitals 2 district hospitals (but the wider study included 8 facilities in the 2 districts)	Public
S/N	**Author(s) and reference #**	**Publication year**	**Stated aim of study**	**Country**	**Study design**	**Year(s) study conducted**	**Part of wider training or project yes/no**	**Setting**	**Number of HF and level**	**Type of HF**
17.	Ratcliffe et al., 2016 [22]	2016	To describe the implementation process and outcomes of two interventions to reduce disrespect and abuse in the study facility	Tanzania	Mixed (pre-post studies, interviews and direct observations)	Jan 2013-Dec 2014	Yes	Urban	1 tertiary (a regional referral hospital)	Public
18.	Shimoda and Lida, 2018 [23]	2018	Unclear	Tanzania	Seminar	2018	No	Urban	1 tertiary hospital	Public
19.	Umbeli et al., 2014 [24]	2014	To assess impact of health care providers' training on patient-provider's communication during childbirth in the labour ward	Sudan	Quasi-interventional study	2011	No	Urban	1 tertiary hospital	Public
20.	Webber et al., 2018 [25]	2018	To improve attitudes of health workers towards pregnant women	Tanzania	Qualitative study (a pilot study)	Not reported	No	Unclear (but in Rorya District, Mara Region)	Not reported (but consisted of hospitals, health centres, dispensaries in the district)	Not reported
21.	Wilson-Mitchell et al., 2018 [26]	2018	To develop and deliver a 2-day RMC workshop for midwives using Intellectual Partnership Model principles	Tanzania	Before-and-after study	July- August 2017	No	Rural	Not reported	Not reported
22.	Zethof et al., 2020 [27]	2020	To assess recollection of informed consent before and after introducing a multicomponent intervention	Malawi	Pre-post study	January-June 2018	No	Rural	1 hospital (level not reported)	Mission

Table 1b: Overview of included studies: Manuals/guides (n= 5 citations, 4 studies)

Organization/author	Publication year	Title	Stated purpose	Any target	Guidance given on	Materials/documents included*
USAID and MCHIP (Maternal and Child Health Integrated Program)	2015	Respectful Maternity Care Workshop: Learning resource package	To provide guidance and materials for conducting a one-day RMC workshop for clinicians	Clinicians and clinical supervisors (but also clinical managers and other stakeholders in clinical settings)	Guidance given on: RMC subject, objectives of the workshop, participants, supplies and equipment needed for training session; plan for session including agenda items, role of facilitators and suggested allocated time	Yes
White Ribbon Alliance	2015	Respectful Maternity Care: A Nigeria-focused health workers' training guide	"To support communities and, specifically, healthcare providers in confronting D&A during facility-based childbirth and promoting dignity in evidence-based maternity care." Adapted from a generic Population Council guide (Ndwiga et al., 2015), it was designed "to reflect the Nigerian context and the specific needs of healthcare workers at primary, state, and federal levels in the country"	Everyone. Health facility managers and providers at all levels of the system Designed to be a useful tool for a wide range of stakeholders in pre-service, in-service and advocacy	This domesticated guide was specially tailored to the Nigerian context. Designed for standalone RMC workshops or for incorporation into regular activities (e.g. monthly facility seminars)	Yes
International Confederation of Midwives	2020	i) RESPECT workshops: A toolkit ii) RESPECT workshops: Facilitator's guide iii) RESPECT workshops: PowerPoint slides	"To help raise awareness about how crucial RMC is and to encourage others to think critically about their own and others behaviour amongst those providing maternity services." This is a 3-in-1 package consisting of the RESPECT toolkit, the RESPECT workshop PowerPoint slides and the RESPECT facilitator's guide	Maternity care workers (whether as individuals or as a group), but added can be used by anyone e.g. midwives, doulas, doctors, researchers, policy-makers, managers, advocates, etc	Background, using the toolkit, activities, RMC policies/guides, Reading list, useful web-links and videos, sample lesson plans Being a facilitator and tips, workshop preparations, practical steps, expressing the RESPECT workshop vision, and self-reflection	Yes

					The PowerPoint slides are already-prepared and include detailed, helpful notes in the notes pane	
Maternal and Child Survival Program, USAID (Currie, S.)	2016	Alternative birth positions	To provide materials for sensitization, training and follow up on alternative birth positions as a key component of implementing RMC	Maternity workers/providers	Session outline, background/overview (including rationale for supporting births in alternative positives, skills demonstration), useful references/ resources, role-play guidance, pictures and instructions for supporting birth on 'all-fours', and a job aid with pictures showing many different labour and birth positions	Yes
Organization/author	**Publication year**	**Title**	**Stated purpose**	**Any target**	**Guidance given on**	**Materials/documents included***
Population Council (Ndwiga et al.)	2014- 2016	Larger publication: Respectful maternity care resource package (*from Heshima Project)* Consists of: i) Promoting respectful maternity care: A training guide for community-based workshops (Community facilitator's guide) ii)) Promoting respectful maternity care: A training guide for facility-based workshops (Facilitator's guide) iii)) Promoting respectful maternity care: A training guide for facility-based workshops (Participant's guide) iv)) Promoting respectful maternity care resource package: Community flipchart v) Heshima lessons learned brief	"To promote increased support, advocacy, and provision of high-quality, woman-centred maternity care" Tailor-designed to be conducted at the facility level and also at the community level	A wide range: Supervisors, program managers, clinicians, service providers, community health workers, technical advisers, policy makers, trainers, communities legal and health rights advocates, media professionals, civil right groups, society leaders, etc	A wide range of topics including overview of maternal health, rights, the RMC subject, roles in promoting RMC for different stakeholders, monitoring and data management, etc. Also includes references/ links to other resources, action plans, role-play scripts, workshop schedule, forms, worksheets, exit interview questionnaire for clients, pamphlets/brochures, etc	Yes

		vi) PowerPoint presentations (Promoting respectful maternity care (rmc) at birth: Orientation for community-based workshops; Promoting respectful maternity care (rmc) at birth: Orientation for facility-based workshops)				

** For example, forms, worksheets/exercises, role-play scripts, questionnaires, PowerPoint slides, training schedule, etc*

Table 2: Content of RMC training packages for health workers by RMC domains (n= 27 citations, 22 studies)

S/N	Author(s)	RMC Domain #1	RMC Domain #2	RMC Domain #3	RMC Domain #4	RMC Domain #5	RMC Domain #6	RMC Domain #7	RMC Domain #8	RMC Domain #9	RMC Domain #10	RMC Domain #11	RMC Domain #12
1.	Abuya et al., 2015; Warren et al., 2017												
2.	Afulani et al., 2019												
3.	Akin-Otiko and Bhengu, 2013												
4.	Asefa et al., 2020a; Asefa et al., 2020b												
5.	Brown et al., 2007												
6.	Dzomeku et al., 2021 & 2016												
7.	Geddes et al., 2017												
8.	Honikman et al., 2020												
9.	Mengistu et al., 2021												
10.	Mihret et al., 2020												
11.	Ndayambaje et al., 2017												

S/N	Author(s)	RMC Domain #1	RMC Domain #2	RMC Domain #3	RMC Domain #4	RMC Domain #5	RMC Domain #6	RMC Domain #7	RMC Domain #8	RMC Domain #9	RMC Domain #10	RMC Domain #11	RMC Domain #12
12.	Okonofua et al., 2020												
13.	Oosthuizen et al., 2020 & 2019												
14.	Ouedraogo et al., 2014												
15.	Pfeiffer et al., 2019												
16.	Kujawski et al., 2017; Ramsey et al., 2016												
17.	Ratcliffe et al., 2016												
18.	Shimoda and Lida, 2018												
19.	Umbeli et al., 2014												
20.	Webber et al., 2018												
21.	Wilson-Mitchell et al., 2018												
22.	Zethof et al., 2020												

Green: Included; Red: Not included

The RMC Domains (Shakibazadeh et al., 2018): #1- Being free from harm and mistreatment; #2- Maintaining privacy and confidentiality; #3- Preserving women's dignity; #4- Prospective provision of information and seeking informed consent; #5- Ensuring continuous access to family and community support; #6- Enhancing quality of physical environment and resources; #7- Providing equitable maternity care; #8- Engaging with effective communication; #9- Respecting women's choices that strengthens their capabilities to give birth; #10- Availability of competent and motivated human resources; #11- Provision of efficient and effective care; #12- Continuity of care

Studies not mapped to any domain were included in the 13th 'other' category.

Table 3: Methods/tools used in RMC training across studies (n= 27 citations, 22 studies)

WORKSHOP-BASED

- Modules
- Lectures
- Didactic sessions (including short didactic lectures)
- Presentations (by facilitators, individual health workers)
- Workshops (including Values Clarification and Attitude Transformation, VCAT)
- Demonstrations
- Role plays
- Group work
- Team work/ team meetings
- Peer assessment/small group feedback
- Case studies
- Discussion (open discussion, interactive group discussion, small group discussion)
- Brainstorming
- Ice breakers
- Hands-on sessions
- Communication activities
- Observation of midwife-client interactions
- Simulated emergency obstetric drills
- 'Appreciation circles'
- Storytelling/ experiential story-telling exercises/ individual 'river of life'
- Birth simulation (including scripts with prompts for certain behaviours)
- Theatre-style method (the Secret History method, which uses a range of methods eg improvisation, audience participation in acting, narratives, mindfulness mediation

Written materials given during workshop-based training:
- Individual readings
- Interactive workbook
- Illustrated pamphlets
- Handouts/checklists/training manuals/ written guidelines and protocols given
- Student and facilitator handbook
- Access to and training on using WHO Reproductive Health Library

Tools used during workshop-based training:
- Powerpoints
- Flip charts
- Videos (including video testimonials)
- Process maps (showing movements through labour/delivery and potential points of disrespectful care)
- Driver diagrams (for identifying root causes of disrespectful care and possible interventions)
- Focusing matrix (for ranking possible interventions)

ACTION-BASED

Practical implementation in health facilities
- Action plans (to address issues and for institutionalisation)
- Strategic plans (to improve women's satisfaction with care)
- Quality improvement teams established
- Formulation of respectful care commitments by health workers
- D&A monitoring (e.g. protocol for reporting and monitoring)
- Regular M&E
- Supervisory visits
- Handover rounds
- Staff complaints addressed in monthly/ad hoc meetings
- Generation and testing of new ideas in a 'change package' as part of quality improvement
- Study visits (to observe interactions between providers and pregnant women in facilities, and also see both respectful and non-respectful care)
- Customer service desks
- Suggestion boxes
- PR personnel desks in maternity units
- Exit interviews for quality assurance

Written materials and tools given/used during practical implementation in facilities:
- Illustrated pamphlets given to women/postcard sizes of Universal Rights of Childbearing Women
- Mentorship checklists for M&E
- Standardised checklists
- Wall posters (listing Universal Rights of Child-bearing Women by WRA and MoH, WHO's guidelines for positive childbirth experience, manifestations of mistreatment during birth. Put in maternity wards, labour rooms. Translated to local languages)
- Life-testimonial videos/ magazine-style video program (using interviews of women

Welfare and capacity-building for health workers
- Counselling
- Stress management support
- Mentorship (including using champions)
- On-site coaching
- Individual coaching
- Intensive engagement
- Follow-up visit/support
- Supervisory visits/supportive supervision
- Self-reflection/personal reflection
- Degree upgrade
- Incentives and benefits (Low-cost awards for good performance, e.g. certificates, photos, medals, small gifts, monthly high-performing employee recognition, and staff recognition events; and improvements of working environments/ conditions, e.g. providing tea and bread in break room for staff, reducing length of shift due to overwork/complaints, and expediting payment of overtime allowances)

Outreaches to policy makers and facility leaders
- Continuous/policy dialogue
- Stakeholder forums
- Consultative meetings for RMC buy-in
- Media involvement
- Advocacy/ advocacy visits to policymakers and hospital administrators
- Incorporation of RMC into a maternal health bill

Community outreaches
- Community sensitization workshops and community dialogue
- Health education program (for pregnant women and their partners)/ health talks
- Maternity Open Days (to build trust with community and help dispel myths / misconceptions about facility delivery. Both men and women invited to facility to learn and interact with staff)
- Birth Open Days (participatory health education to women. Included tour of hospital so women could see wards they might encounter during childbirth. Also birth preparedness and ANC education given)
- Monitoring and resolving D&A cases (including methods for reporting D&A)
- Mediation/alternative dispute resolution (with society leaders serving as intermediaries between health facility and the community)
- Counselling victims of D&A
- FGDs with women
- Client service charter (developed jointly by community, facility and district stakeholders through a participatory process)
- Male involvement

Table 4: Frequency and duration of RMC training package activities (n= 27 citations, 22 studies)

Type of training activity	Frequency	Duration[a]
Workshops	• Mainly one-off • Workshop was the most common one-off training activity • Refresher workshops were done multiple times (including monthly)	Most workshops lasted between 2-3 days, with 3 days more popular. Workshops lasting for ≤1 day (e.g. for 3 hours), within 4-6 days or carried out throughout a specified duration (2 months) were also reported. For refresher trainings, this lasted for a few hours.
Meetings	• Multiple	These mainly related to quality improvement activities, which were often organized routinely/continuously. Done weekly in some studies and quarterly in others. Also specified as lasting for <1 day.
Community-related events	• One-off: Community dialogues and stakeholder meetings • Multiple: Maternity open days	Maternity Open Days, community dialogue meeting, stakeholder forum lasted for 1 day
Monitoring & evaluation, supervisory and follow-up visits	• Multiple • Supervisory visit was the most common training activity done multiple times. Intervals for supervisory visits included monthly. • Every 2 weeks: Monitoring & evaluation	A range of durations including <1 day, 4-6 days, and within 2-5 months.
Counselling and mentorship for providers	Multiple	The duration of counselling was not often apparent but one study (Warren et al. 2017) mentioned that it lasted for 45min- 1 hour per session. Mentorship tended to be done routinely/continuously or over a longer period of time (>1 year)
Quality improvement processes	Multiple	This lasted over a prolonged duration: 6- 12 months.
Others	--------	Duration for preparatory training work was also provided in some studies, for example, development of RMC resources, curricula, client service charter or the intervention. This included a range of durations including 1 week, 1 month and 6-12 months.

a As durations were reported in diverse ways in the papers, the categories within this column were created to facilitate reporting

Table 5: Overview of training evaluations conducted in included studies (n= 27 citations, 22 studies)

Category	Frequency (%)
Impact of training evaluated on any category	
Yes	20 (90.9)
No	2 (9.1)
Impact of training evaluated on maternal health and care	
Yes	16 (72.7)
No	5 (22.7)
Somewhat/unclear	1 (4.5)
Impact of training evaluated on health worker-related metrics (knowledge, experience, etc)	
Yes	8 (36.4)
No	13 (59.1)
Somewhat/unclear	1 (4.5)
Both impact of training on maternal health/care and health worker-related metrics evaluated	
Yes	4 (18.2)
No	16 (72.7)
Somewhat/unclear	2 (9.1)
Methods used in evaluation (for impact on maternal health and care; n=16)	
Quantitative	8 (50.0)
Qualitative	1 (6.3)
Mixed	6 (37.5)
Unclear	1 (6.3)
Methods used in evaluation (for impact on health worker-related metrics; n=8)	
Quantitative	0 (0.0)
Qualitative	2 (25.0)
Mixed	6 (75.0)
Unclear	0 (0.0)
Feedback mechanisms in place (for impacts on maternal health and care; n=16)	
Yes	7 (43.8)
No	8 (50.0)
Somewhat/unclear	1 (6.3)

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