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Policy Brief

FACTORS AFFECTING SUCCESS AND FAILURE OF MATERNITY WAITING HOMES IN NEPAL

ENHANCING RURAL HEALTHCARE

INTRODUCTION

Maternity Waiting Homes (MWHs) are one of the interventions aimed to eliminate phase II delay by admitting women to safe delivery facilities wards. The MWHs are accommodations at or near a health facility where pregnant women can stay in the final weeks of their pregnancy. This allows them to be easily transferred to the health facility to give birth safely and get emergency obstetric care available if needed. Some research studies showed the positive impact of MWHs on maternal and child health outcomes in resource limited settings. However, million of women still reside with limited access to skilled obstetric care. The government of Nepal with the collaboration of UNFPA established MWHs in 27 health facilities in 1990. The research conducted by Shrestha (2007) showed that most of the MWHs were non-functioning. Despite that, few MWHs supported by NGOs and local health facilities are providing services of MWHs in rural Nepal. Recently, the government of Nepal has announced MWHs as one of the priority programs. We conducted a study to explore the factors affecting the success or failure of these MWHs.

METHODOLOGY

- We used a mixed-methods approach using a descriptive research design.
- A total of 12 health facilities (HF), of which six were providing MWH services and six were defunct, were purposely sampled.
- Quantitative and qualitative data were collected between September to December 2019.
- Altogether, 52 interviews were conducted of which 12 users, 14 non-users, 15 clinical/ administrative staff from six functioning MWH health facilities, and 11 clinical/administrative staff from six non-functioning facilities.
- SPSS was used for quantitative data analysis, while thematic content analysis was used to analyze qualitative data.

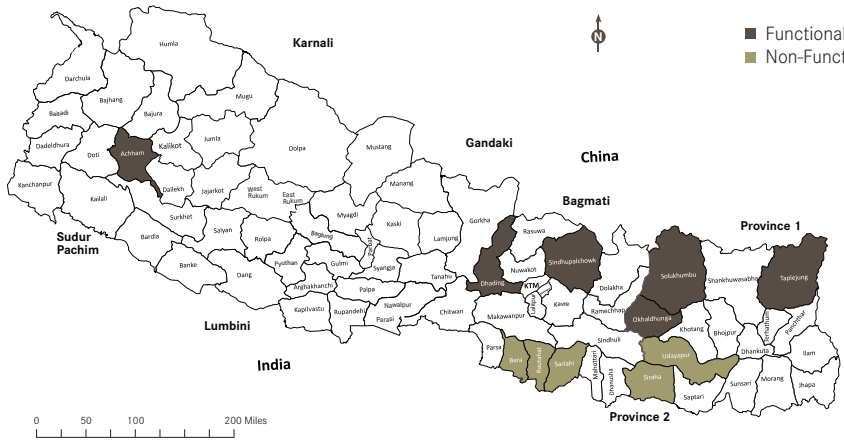

Figure 1: Nepal Map Showing Study Locations

ACKNOWLEDGEMENT

Administrative and Clinical Staff of the MWHs

Municipality Officials

NHRC Registration Number: 3220

RESULTS

Table 1: Demographic characteristics of the MWH users and non-users

Variables		MWH User (n= 12) (%)	MWH Non-User (n=14) (%)
Age of the participant (years)	≤19	1 (8)	0
	20-24	7 (58)	8 (57)
	25-29	2 (17)	5 (36)
	≥30	2 (17)	1 (7)
Ethnicity	Brahman/Chhetri	3 (25)	6 (43)
	Janajati (Indigenous)	7 (58)	6 (43)
	Dalit	2 (17)	1 (7)
	Others	0	1 (7)
Education	No education	0	1 (7)
	Primary (1-5)	3 (25)	2 (14)
	Lower Secondary (6-8)	1 (8)	6 (43)
	High School (9-12)	8 (67)	2 (14)
	Higher University	0	2 (14)
Parity	0	3 (25)	0
	1	2 (17)	7 (50)
	≥2	7 (58)	7 (50)
Distance from Health Facility	< 1 hr	5 (42)	5 (36)
	1-3 hrs	3 (25)	6 (43)
	≥4	4 (33)	3 (21)

- A total of 26 pregnant women from the six functional MWH health facilities were involved. Out of 26, 46% pregnant women utilized and 54% did not utilize MWH services.
- Participating pregnant women were between 20 - 29 years of age, of which 58% were from Indigenous backgrounds.
- A total of 33% of MWH users and 21% of non-users had to travel over four hours to reach health facilities.
- Majority of the users were satisfied with the service of MWH.
- Altogether 50% of recent users and 43% of recent non-users did not use MWHs in their previous delivery. The most common reason against MWH utilization was a lack of information.
- Among users, 92% reported that they recommended to use the MWH by health workers. Similarly, 50% had a complicated pregnancy, and 33% lived far away from the Health Facility.
- Most users were highly satisfied with the peaceful environment of the MWH. However, few were not satisfied due to lack of clean water and cooking facilities.
- Geographical situation [users living far away], leadership and management including dedicated staff; finance, and technical support [LG/NGOs] are critical factors for a successful MWH, while lack of information, management, political influence, and social/cultural barriers are limiting the optimum utilization of the MWH services.

Table 2: Factors associated with successful and/or failed MWHs

Successful Factors	Failure Factors
Geography- users live far away for the health facility with no/less accessible roads in the hilly region	Geography- easy access to roads and HF in plain areas
Leadership and management [assigned staff]	Infrastructure / faulty design
Financial resources and supporting agencies	Social-cultural norms and political pressure
Favorable environment, policies, and programs	Lack of information about the MWH services

STAKEHOLDERS PERSPECTIVES ON MATERNITY WAITING HOMES

MWH Users:
"I am incredibly happy to stay in the MWH. All the facilities are like my house. Nurses and doctors come for our check-ups regularly."

"If I had delivered my babies in the village, I could have died, or I would have gone to the traditional healers. In the health facility, after an ultrasound, I am reassured. I feel that if we come to the health facility for childbirth, lives can be saved from sudden death"

"Due to their ignorance or the influence of older generations, people might prefer home delivery"

"It would be better if such MWHs are constructed in remote, hilly areas wherein the rainy season, there is no transportation. In such cases, many women may die due to inaccessibility of health services."

Administrative Staff (Hill):
"Our clients come from remote areas. It is hard for them to commute to and from here when they have not reached their delivery date. In such a case, we make them stay here for 15 days to a month."

"They (users) make all the food themselves. That is quite a pleasant thing to do together."

Administrative Staff (Terai):
"There were beds for males on one side and females on the other...it was difficult, there were two big rooms, and a kitchen by the corner, all people had to live together, cook and eat together."

"The mobility is high in Terai. They can come to the Health Facilities by road on motorbikes."

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CONCLUSION

Though most MWHs in Nepal are not currently in use, and there is great variation among those that are in use, these interventions still hold potential in promoting safe birth and protecting against obstetric emergencies. MWHs provide services beyond the delivery ward, and thus should be promoted as an important community resource for pregnant women. MWHs can be an integral part of health facilities, especially for high-risk pregnant women and women traveling from remote locations.

We recommend local government and Ministry of Health and Population (MoHP) leadership to construct/operate MWHs at health facilities of all levels where delivery services exist. NGOs and external development partners (EDPs) can support these efforts initially, but they must be sustained locally through proper allocation of funds and effective management. In Terai, where transportation is good, establishing a central ambulance service may be more cost-effective than managing several MWHs. In addition, to maximize the utilization of MWHs across Nepal, the public must be informed about the health services available to them.

PROGRAM AND POLICY RECOMMENDATIONS

- The Local Government (LG), Health Management Committee (HMC) and the leadership can conduct a joint effort to set up and operate the MWH at any level of the Health Facility. The NGOs and EDPs can support them initially, but it must be sustained by the LG, or HFs, by allocating funds and effectively managing the MWHs.
- Federal, provincial, and local governments must have a new policy and program to operate an MWH in each health facility where Comprehensive Emergency Obstetric and Newborn Care (CEONC) services are available
- To maximize the utilization of MWHs, the public must be informed about the services available in their proximity.