GUIDELINE

MATERNITY WAITING HOME BUTAJIRA HOSPITAL

GURAGE ZONE, ETHIOPIA

BUTAJIRA GENERAL HOSPITAL
VSO

MAY 2015

Foreword

Maternal death is an unmitigated tragedy, not only for the woman who loses her life while trying to bring forth a new life, but also for her family and society.

In Ethiopia, the chances of women and newborns dying because of complications of pregnancy and childbirth are still high: 30% of all deaths among Ethiopian women in the reproductive age group are related to giving birth; 29 newborns die per 1,000 live births (compared to 2,6 in The Netherlands[1]) (Unicef/WHO/World Bank/UN, 2013)). Most of these deaths can be prevented with early identification and treatment of complications. According to the 2014 Mini Demographic Heath Survey in Ethiopia, only 15% of births were assisted by a skilled provider. The poor utilization of maternal health services and antenatal care in Ethiopia is mainly the result of barriers to access, such as financial, transportation and sociocultural barriers.

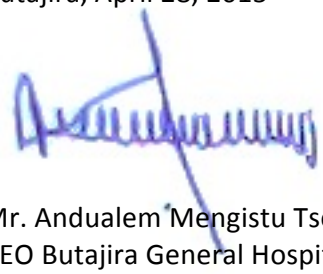
Something can and must be done to prevent maternal deaths. The Ethiopian Ministry of Health is committed to reducing the number of maternal deaths. One of its interventions is setting up Maternity Waiting Rooms at health centers to accommodate pregnant women during their final weeks of pregnancy. By the end of the Ethiopian year 2007 (September 2015 G.C.), all health centers should have a functional maternity waiting room with 4 beds. In case of emergency, laboring/delivering women should be transported to a hospital using the free ambulance service.

Butajira General Hospital set up a Maternity Waiting Home (MWH) on the compound of the hospital, in close proximity to its Comprehensive Emergency Obstetric and Newborn care facilities. This intervention is specifically aimed at high-risk pregnant women that cannot risk a delay by having to travel from their home/health post/health center to the hospital.

We are grateful to VSO, Irish Aid, Unicef and several Dutch donors that made this project financially and technically possible. Also, we are grateful to the VSO volunteers, the hospital staff and research team that helped set up and implement the project activities.

This guideline describes the steps involved in setting up and running a MWH in an Ethiopian hospital. It includes a baseline study, community work, operations and monitoring and evaluation. This guideline aims to provide guidance to policy makers, implementing units, health partners including NGO's and volunteers, on how to prevent women from dying while giving life.

Butajira, April 28, 2015



Mr. Andualem Mengistu Tsegaye
CEO Butajira General Hospital

[1] http://www.indexmundi.com/facts/netherlands/mortality-rate, viewed on April 29, 2015

Acknowledgement

Butajira General Hospital wishes to acknowledge the contributions made by:

- The Dutch project donors: Nederlands Albert Schweitzer Fonds, Stichting Dalayu, VSO The Netherlands, VSO Ethiopia, Johannes Stichting, NzA and a Roman Catholic fund that wishes to remain anonymous; and the SNNPR Health Department for funding the bedding material for the MWH;
- Irish Aid and Unicef for funding the volunteers at Butajira Hospital;
- Prof. Jelle Stekelenburg, Dr. Asheber Gaym, Dr. Girmay Medhin, Dr. Abebaw Fekadu and Ms. Medhin for their scientific guidance during the baseline study;
- Attat Our Lady of Lourdes Hospital for their advice and their moral support to the VSO volunteers;
- VSO and Florentina Foundation for their continued guidance in Monitoring & Evaluating the project.

Sincerely,
Butajira Hospital MWH Committee

Mr. Andualem Mengistu Tsegaye, CEO
Dr. Gashaw Abebaw, Medical Director
Dr. Ayenachew Abebe, previous Medical Director
Mr. Merete Kassa, Emergency Surgeon
Mr. David Menedo, Head Midwife
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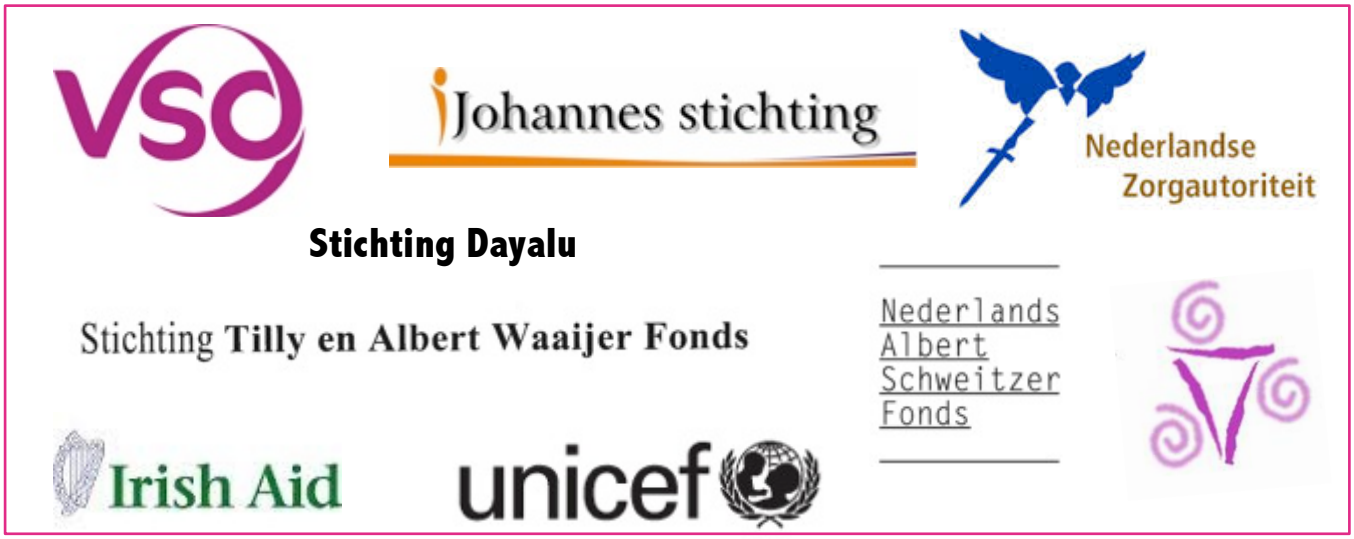

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TABLE OF CONTENTS

FOREWORD 2

ACKNOWLEDGMENTS 3

TABLE OF CONTENTS 4

ACRONYMS 5

SECTION I INTRODUCTION 6
1.1 BACKGROUND
1.2 OBJECTIVES OF MATERNITY WAITING HOME
1.3 OUTLINE OF THE GUIDELINE

SECTION II ESTABLISHING A MWH 8
2.1 PROJECT PROPOSAL & FUNDRAISING
2.2 MWH COMMITTEE
2.3 BASELINE STUDY
2.4 CONSTRUCTION
2.5 COMMUNITY WORK

SECTION III OPERATIONS MWH 14
3.1 IDENTIFICATION & REFERRAL OF WOMEN
3.2 ADMISSION CRITERIA
3.3 SERVICES
3.4 PROTOCOL
3.5 ADMINISTRATION
3.6 STAFFING
3.7 OPERATIONAL COSTS

SECTION IV: MONITORING, EVALUATION & REPORTING 20
4.1 MONITORING & EVALUATION
4.2 INDICATORS
4.3 REPORTING

SECTION V: ANNEXES 22
ANNEX 1: JOB DESCRIPTIONS
ANNEX 2: DONOR REPORT

REFERENCES 26

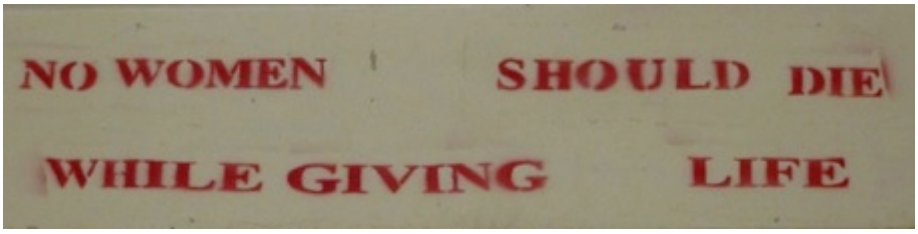
CONTACT INFORMATION 27

ACRONYMS

ANC	Antenatal Care
Attat (Hospital)	Attat our Lady of Lourdes Catholic Hospital, Western Gurage Zone, SNNPR, Ethiopia
BCA	Butajira City Administration, one of the Woreda's and the biggest town in the Eastern Gurage
CEO	Chief Executive Officer
CSA	Central Statistics Agency
E.C.	Ethiopian calendar – the current year is 2007.
(E)DHS	(Ethiopian) Demographic and Health Survey
EGZ	Eastern Gurage Zone
EmONC	Emergency Obstetric and Newborn Care
G.C.	Gregorian calendar – the current year is 2015.
GP	General Practitioner – a doctor who completed Medical School in Ethiopia; they work in a government hospital for several years before specializing.
GOE	Government of Ethiopia
HC	Health Center - a midlevel health facility catering for a population of approximately 25,000.
HP	Health Post - the smallest publicly owned health facility serving up to 5,000 people.
HEW	Health Extension Worker
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate – the risk of a mother dying while giving birth, calculated per 100,000 live births
MoH	Ethiopian Ministry of Health
MWH	Maternity Waiting Home
NMR	Neonatal Morality Rate – the risk of a baby dying within the first month of life, calculated per 1,000 live births
PNC	Postnatal Care
PMTCT	Prevention Mother to Child Transmission, referring to HIV
SMART	Specific, measurable, achievable, realistic, time-bound; relating to objectives
SNNPR	Southern Nations, Nationalities and People's Region
VCT	Voluntary Counseling and Treatment for HIV
VSO	Voluntary Services Overseas, NGO
WHO	World Health Organization
Woreda	A district composed of a number of Kebele or neighborhoods, which are the smallest unit of local government in Ethiopia. Several woreda's are collected into a zone; several zones form a region.

SECTION I INTRODUCTION

1.1 Background



– Ethiopian campaign against maternal mortality

Every one and a half minute, a mother dies due to complications of pregnancy and childbirth, totaling to 350,000 mothers globally per year. Ethiopia is one of the five countries in the world in which half of these maternal deaths occur (Gaym, 2012; Shiferaw, 2013). Maternal deaths account for 30 percent of all deaths to women in Ethiopia in the age group of 15 to 49 (CSA, 2012). Millennium Development Goal (MDG) 5 is set at 267 maternal deaths per 100,000 live births in 2015 (CSA, 2012). With the estimated 2011 levels at 676 maternal deaths per 100,000 live births and 90% unattended deliveries, the challenge is clear (CSA, 2012). Hemorrhage, eclampsia, sepsis, unsafe abortion and obstructed labor are the five main direct obstetric causes of maternal death (Khan, 2006).

Related are the high number of stillborn children and neonatal deaths due to the same complications of pregnancy and labor. While Ethiopia has already achieved the MDG 4 Target of reducing the under-5 mortality rate by two thirds between 1990 and 2015, the risk of dying within the first month of life remains high; it constitutes to 42% of under-5 deaths. Most of these deaths (70%) occur in the first week of a baby's life (Mekonnen, 2013). In high-risk pregnancies, neonatal mortality is known to be higher due to causes that are directly related to obstetrical complications like asphyxia and birth injury (Mekonnen, 2013).

Reaching a health facility on time that can provide emergency obstetric care is the best tool for reducing maternal mortality (WHO, 2004; Bulatao, 2003).

> A **Maternity Waiting Home** (MWH) is a facility near a hospital with 24-hour emergency obstetrics care where high-risk pregnant women and women who have difficulty accessing a health facility can wait for labor to start. When labor starts or complications arise, women are transferred to the hospital for delivery care.

In 2013, the Senior Management Team of Butajira Hospital requested the set up a Maternity Waiting Home, to help bridge the gap between the rural areas and the health facilities. Donors, amongst other VSO Ethiopia and VSO The Netherlands, the Dutch Albert Schweitzer Fund and several other Dutch donors, funded the project together with Butajira Hospital. The Maternity Waiting Home was realized in April 2015. This guideline provides guidance to policy makers and implementing institutions to realize and run a Maternity Waiting Home in Ethiopia.

1.2 Objectives of the MWH Project

Overall objective

The main goal is to improve maternal and neonatal outcome in the Eastern Gurage Zone, Southern Ethiopia.

SMART[2] Objectives – first 2 operational years

1. To contribute towards reducing maternal and neonatal mortality amongst high-risk pregnant women in the Eastern Gurage Zone, measurable by a 13% increase in the total number of deliveries at Butajira Hospital[3] after the MWH is open for one year, attributable to an increase in the number of high-risk deliveries.
2. To communicate with all 20 health centers in the Eastern Gurage Zone about the MWH at least twice in 2015 G.C.
3. To create awareness about and gain support for the MWH from health professionals, community and/or religious leaders in 3 "Woreda's" (Meskan, Mareko and Soddo), at the Butajira City Administration, the Gurage Zonal Health Department and the SNNPR Regional Health Bureau; support can be given through public endorsements, technical support and/or financial support.
4. To collaborate with at least one other Safe Motherhood program in the Eastern Gurage Zone by the end of 2015 to promote maternal care in general and the use of the MWH specifically.

At the end of 2016, we will evaluate the project results and determine the objectives for the following year(s). The aim is to make the project as self-sustainable as possible.

1.3 Outline of the guideline

This guidelines is organized in four main sections:

- The **introduction** covers background information including maternal and newborn health in Ethiopia and objectives of the MWH project;
- The section **establishing a Maternity Waiting Home** describes how Butajira Hospital set up the project.
- The section **operations** explains how the Maternity Waiting Home will be run at Butajira Hospital.
- The last section provides a summary of the **monitoring & evaluation** criteria, including the indicators used.

[2] Specific, measurable, achievable, realistic, time-bound

[3] In 2005 E.C./ 2013 G.C., the total number of deliveries was 2,041.

Section II Establishing a MWH

2.1 Project proposal & fundraising

Project proposal

With the aim to attract large and small donors, we used a Unicef template to write the project proposal. The proposal was approved and signed by the CEO of Butajira Hospital and the Senior Management, and then endorsed by the Gurage Zonal Health Department and VSO The Netherlands.

To learn from past experiences with Maternity Waiting Homes and executing research, we sought collaboration with the following experts:

- **Prof. Jelle Stekelenburg** from The Netherlands who wrote a PhD on Maternity Waiting Homes in Zambia and is Chairman of a Dutch Safe Motherhood initiative.
- **Dr. Asheber Gaym**, former Gynecologist and University Docent and currently Health Specialist at Unicef. Dr. Asheber has published the article: "Maternity Waiting Homes in Ethiopia – three decades of experience" in 2013.
- **Attat Our Lady of Lourdes Hospital**, which runs a successful MWH since 1969 in the Western Gurage Zone.
- The **Addis Ababa University Psychiatric Research Centre**, with ample experience in doing research in the Gurage Zone. Dr. Abebaw Fekadu, Dr. Girmay Medhin, Ms. Medhin and their other team members provided ongoing support and advice with regard to the baseline study.
- **Mr. Bekele Ayele**, a renowned citizen of Butajira who was a member of the committee that coordinated the construction of Butajira Hospital 10 years prior to this project and many other constructions since then. He is also Board Member of the Hospital.
- Employees from NGO's in our region that are active in maternal and neonatal health: **Save the Children, JSI L10K and iPas**.

One major learning point in the process of writing the project proposal was in drawing up the budget. It was drawn up by one of the volunteers and checked by different Ethiopian stakeholders. Despite this, some costs were not properly estimated:

- The construction costs were higher than initially budgeted.
- The VSO volunteer was not aware of the Per Diem[4] system in Ethiopia. Per Diems were not budgeted, resulting in having to limit our community work and inauguration activities.
- The funds for the project were raised in Euro. At the time of fundraising, it was possible to buy 26,6 Ethiopian Birr for 1 Euro. By March 2015, this decreased to 22 Ethiopian Birr for 1 Euro. It is therefore advisable to use a lower exchange rate in case of fluctuations, in order to prevent budget deficits.

The project proposal is available upon request: tienkevermeiden@gmail.com.

[4] Per Diem: Ethiopian employees receive an amount of money (per day) for attending e.g. meetings, trainings, and inauguration ceremonies. In addition, it is usual to pay someone for performing project tasks, as they are seen as additional to their responsibilities (even if they take place in working hours).

Fundraising

Butajira Hospital contributed 100,000 ETB for the MWH Project. Additional funds were raised primarily in The Netherlands, as this is the country of origin of the VSO volunteers. While it would be beneficial to attract a larger donor – preferably one active within Ethiopia – in order to establish a long-term relationship with the Hospital, we focused on attracting smaller donors who donated relatively small amounts of money (around 5,000 Euro each). This approach allowed us to secure the necessary funds for the project within three months. In addition, Unicef provided technical support to the project, in terms of advice and supervision of the research.

Some of the funding was labeled specifically for "construction of the MWH" or for "Monitoring & Evalution" while other funds were donated for the overall project activities as described in the project proposal.

As many stakeholders/donors are involved in this project, the Dutch Florentina Foundation was assigned to represent the donors and to monitor the project for three to five years from its start. For this purpose, a donor agreement was signed between Butajira Hospital and the Florentina Foundation. More details on Monitoring and Evaluation can be found in Section IV. One of the donors, the Dutch Albert Schweitzer Fund, also has their own contract, which was signed between the Hospital and that donor.

2.2 MWH Committee

Butajira Hospital formed a MWH committee to guide the planning, implementation and monitoring of the project. The committee has 7 members: the CEO of the hospital, the Medical Director, a Health Officer specialized in Emergency Obstetrics Surgery, a medical doctor, a midwife and the two assigned VSO volunteers.

In the beginning of the project, advice and approval was sought from the Senior Management Team. Subsequently, meetings were held with the committee members.

From the start of the project in September 2013 until the writing of this guideline in April 2015, Butajira Hospital had 2 visits from the Florentina Foundation to monitor the project, 1 visit from Prof. Stekelenburg [5] to monitor the baseline study and bi-annual visits from VSO Ethiopia.

[5] The project visits by the Florentina Foundation and Prof. Stekelenburg were done in their own time and at their own expenses.

2.3 Baseline study

> *"One of the greatest challenges facing the global health community is how to take proven interventions and implement them in the real world. (…) We spend billions on health innovations, but very little on how best to use them. This problem affects everyone, but in particular populations in low- and middle-income countries where the implementation challenges are greatest."*
>
> **- World Health Organization** (Implementation Research in Health: a Practical Guide, 2013).

Objectives baseline study

The research objectives for the baseline study were to:

1. Describe the possible barriers and essential conditions for use of a Maternity Waiting Home (MWH) in the Gurage Zone, Southern Ethiopia.
2. Determine the capacity of health centers in the Eastern Gurage Zone to provide obstetric and newborn care in relation to the distance of the health center to Butajira General Hospital.

To contribute towards more scientific evidence on the effectiveness of a MWH, a study was done on:

3. Maternal and neonatal outcome among women who gave birth in a hospital with a maternity waiting home (MWH) and women who gave birth in a hospital without a MWH over a 3-year period.

Findings baseline study

The reports of the baseline study will be available on the following dates:

- First & third objective: May 2015.
- Second objective: September 2015.

The findings or the baseline study are used to shape the promotion of the MWH in the Eastern Gurage Zone, Ethiopia. Also see paragraph 2.5.

To receive the baseline study report(s), please send an email to tienkevermeiden@gmail.com.

2.4 Construction MWH

An engineer from the Butajira City Administration made the drawings and specifications for the construction of the Maternity Waiting room and the smoke kitchen. While many MWH's choose to use the traditional design in the form of "tukuls" / mud houses, the MWH Committee chose to build cement structures to ensure a long life and proper sanitation. The design was duplicated from the MWH in Attat Our Lady of Lourdes Hospital.

The site was selected based on the following criteria:

- Available space within the compound of Butajira Hospital;
- Closeness (40 m) to the Delivery Rooms and OR;
- In close proximity to existing toilet facilities *.

Water and electricity supply are available on the Hospital compound.

Based on the available budget, it was decided to build:

- One waiting room sized 15 m x 6.5 m including a veranda of 1.5 m;
- One smoke kitchen with chimney sized 5 m x 3 m;
- One water point outside the kitchen;
- A walkway of 30 m connecting to the Delivery Room and OR;
- 13 metal bunk beds to sleep the pregnant woman (bottom bed) and her attendant (top bed), including matrasses, blankets and sheets.

The cost of a septic tank exceeded the available budget; therefore it was decided to renovate nearby unused toilet and shower facilities, to which 3 outside laundry-washing facilities were added at the back.

The Finance Department of Butajira Hospital drew up bidding documents. A bidding procedure was started amongst local entrepreneurs, following the Ethiopian rules and regulations. A contract was signed between the Hospital and the winning contractor. An engineer from the Butajira City Administration was assigned to follow and approve of the construction. The construction started in July 2015 and was finalized in April 2015. With better planning and a bigger construction team (on most days 3 people), construction time can be shortened by several months.

The specifications and drawings are available upon request through tienkevermeiden@gmail.com.

2.5 Community Work

Butajira Hospital cannot single-handedly bring about a decrease in maternal and neonatal mortality. It must be a collaborative and comprehensive endeavor. Together with the MWH Committee, a plan and budget were drawn up to promote the use of maternal care, and specifically the use of the MWH in case of a high-risk pregnancy.

Ideally, Butajira Hospital envisions promoting the MWH from the grassroots level up to the health center level within the entire catchment area of Butajira Hospital. However, based on the available budget, a pilot will be done at selected health centers and health posts.

Objectives community work pilot

1. To inform all health workers in the catchment area of the hospital about the MWH: opening, admission criteria, and referral system.
2. To train health workers from selected health centers and health posts about the MWH and to decrease the uncovered knowledge and skill gaps with regard to identification and referral of high-risk pregnant women.
3. To provide follow up to selected health centers and health posts with regard to the MWH / high-risk pregnancies.

Work plan community work pilot

1. Selection of 2 health centers per Woreda (Soddo, Mareko, Meskan) that referred the highest number of maternal cases to Butajira Hospital in the past 6 months. We will also include the health center in Butajira City Administration (BCA), as they also get referrals from outside BCA.
2. Meeting with the Woreda Health Office Head of each Woreda: BCA, Soddo, Mareko and Meskan.
3. Together with Woreda head, visit 2 health centers per day with the objective to inform about the MWH and discuss collaboration and knowledge/skills gaps.
4. At each health center, select 1 or 2 health posts (depending on budget) with the highest number of referrals to the health center.
5. Organize a review meeting at Butajira Hospital with the aim to introduce the MWH at Butajira Hospital, present the research findings, establish a collaboration with the stakeholders, discuss the admission criteria, and determine gaps and successes with regard to high-risk pregnancy care, together with:
    a. Woreda Health Office Heads
    b. Health center Heads
    c. Case team delivery head / Midwife from selected HC's
    d. Representatives from selected health posts
    e. If available budget: Kebele leaders
6. Organize a 2-day training at Butajira Hospital with the selected HEW's, delivery staff from the selected HC's and several midwives from Butajira Hospital.
7. Prepare and distribute an Amharic leaflet and posters for all health centers and health posts about the MWH.
8. Provide monthly follow-up visits to the 7 HC's to monitor and discuss progress.

Indicators community work pilot

This pilot needs to be reported and evaluated. The outcome should lead the way forward on if and how additional community work should be done. The indicators that will be used to report and evaluate the community work pilot to the stakeholders are:

1. English summary of review meeting;
2. Pre- and post tests during 2-day training;
3. Monthly/quarterly/yearly number of referrals from HC to MWH Butajira Hospital;
4. English summaries of HC follow-up visits.

Section III Operations MWH

3.1 Identification & referral of women

The effectiveness of the MWH depends on the ability to recognize and refer women at risk and the utilization of the homes by such women. This depends on an effective referral system from the health posts and health centers. In the community work, health workers will be specifically trained in the identification and referral of high-risk pregnancies.

3.2 Admission criteria

The MWH at Butajira Hospital is focused on admitting pregnant women with the following antenatal risk factors:

- Previous caesarean section or complicated delivery
- Previous stillbirth/neonatal loss
- Previous antepartum hemorrhage
- Previous obstetric fistula repair
- Multiple pregnancy
- Moderate to severe anemia
- Grand multiparity
- Malpresentation
- Pre-eclampsia
- Medical problems: hypertension, diabetes, heart disease, malaria, HIV/AIDS, fever without any reason
- Breech / malpresentation
- Polyhydramnios
- Parity ≥ 5
- Height ≤ 145 cm
- Living far away from comprehensive emergency obstetric care

In addition, if a pregnant woman comes to Butajira Hospital and tells us she wants to stay at the MWH, even if she is not at high risk, Butajira Hospital will not send her away, as we wish to promote facility deliveries.

As each health center is expected to have a functioning Maternity Waiting Room (MWR) by the end of 2007 E.C., Butajira Hospital aims to determine together with the Health Centers in its catchment area which pregnant women are eligible for staying at the HC's MWR and which cases should be referred to the MWH at Butajira Hospital. Butajira Hospital's advice is to refer women with a high-risk to its MWH, while keeping pregnant women who live relatively far from a health facility at the MWR in the HC.

Pregnant women should be encouraged to come to the Maternity Waiting Home 1-2 weeks prior to their expected date of delivery.

3.3 Services

The MWH services at Butajira Hospital include:

- Health services
    - Daily visits to antenatal care
    - 24-hour on call maternity services by a midwife, G.P. and/or Emergency Surgeon
    - Physical examinations when necessary
    - Post natal service
    - NICU for preterm or low birth weight babies
- Health education
    - On child birth and post-natal care
    - Birth spacing and family planning
    - Newborn care
    - Kangaroo mother care for preterm or low birth weight babies
    - Early and exclusive breast feeding
    - Vaccination
    - Nutrition
    - VCT and PMTCT
- Free ambulance service to Addis Ababa if referral of pregnant/delivering/laboring women is medically required.

3.4 Protocol MWH

1. **Referral to MWH Butajira Hospital**
    a. A high-risk pregnant mother is referred from another health facility, preferably with a referral slip stating amongst others the reason of referral, OR
    b. A high-risk pregnant woman attends ANC at the hospital, OR
    c. A high-risk pregnant woman or a pregnant woman in false labor comes to the labor ward during duty hours;
    d. A (high-risk) pregnant woman refers herself to the MWH at Butajira Hospital.

2. **Diagnosis high-risk pregnancy**
    a. The Head Midwife at ANC diagnoses a pregnant woman as being high-risk according to the admission criteria.
    b. The Head Midwife at ANC calls in the G.P. assigned to the Gynecology & Obstetrics Ward.
    c. The GP and midwife talk with the high-risk pregnant woman and if present, her attendant, to discuss her situation, why she and her baby are at high-risk, the MWH, reasons for her to stay and how to overcome barriers. *How to convince a woman and her husband to have her stay will be part of the training*.
    d. If it is too early for the high-risk pregnant woman to be admitted, they are encouraged to come to the MWH at a later stage during their pregnancy. When depends on her situation and needs to be determined by case by case.
    e. If a pregnant woman comes to the labor ward during duty hours but is not in labor, one of the Midwives is responsible for assessing if she at high-risk or in false labor and needs admission to the MWH.

3. **Admission MWH:** the Head Midwife ANC admits the woman to the MWH:
    a. By adding her name and medical history to the logbook (see below);
    b. Discussing the regulations at the MWH;
    c. Calling a cleaner to provide the woman and attendant with a blanket and sheets;
    d. Asking a runner to accompany the woman and her attendant to the MWH, assign them a bunk bed and show her the kitchen and toilet facilities. **The pregnant woman should sleep on the bottom bed; the attendant on the top bed.**
    e. A MWH-woman should have one attendant with her during her stay, and is allowed to have one accompanying child (under 3 years).
    f. During duty hours, the assigned Midwife is responsible for admitting the pregnant woman. The next morning, she will follow the procedure as listed above.

MWH Logbook details

Name:
Age:
Name of attendant:
Phone number of attendant/family:
Kebele:
Woreda:

Referred from:
Reason for referral:
Gestational age:
Para:
Gravida:
Admission date:

Date:
Signature Midwife:

Delivery date:
Mode of delivery:
Outcome:
Discharge date:
Number of days stayed:

Date:
Signature Midwife:

4. **Daily ANC**
    a. From Monday through Friday, pregnant women are expected to come to ANC at 02.00.
    b. The Head Midwife / nurse at ANC will give health education to all the women waiting at ANC, on rotating topics.
    c. The Head Midwife at ANC checks with the MWH women how they are doing. If a woman has a problem/complaint, she will have a consultation, if necessary with a GP or specialist. If case of medical problems, she is admitted to the Gynecology Ward.

5. **Labor, post-labor and discharge MWH**
    a. When labor starts, the MWH woman moves to the labor ward for her delivery.
    b. After a normal delivery, she will stay at the post-labor ward for 6 hours. After a Ceasarian Section, she will stay at the post-operative ward until she is discharged by a Health Professional.
    c. The midwife responsible for the delivery adds a mark in the added column of the Delivery Room logbook to indicate the woman stayed at the MWH.
    d. The Head Midwife is in charge of discharging a woman from the MWH and she adds the necessary data to her MWH Logbook.

MWH Ambassadors

When women leave the MWH they should be viewed as a potential "ambassador" of the service. Word of mouth is one of the most important means of promoting the MWH at Butajira Hospital. Women who are satisfied with the care and services will encourage their families and friends to use the MWH.

6. **Sanitation MWH**
    a. The MWH-women and attendants are themselves responsible for keeping the MWH facilities clean.
    b. The Head Midwife assigns one of the MWH-women as Head of the MWH-room. That woman is responsible for making sure that the MWH facilities stay clean and that the regulations are adhered to. When that woman leaves, a new Head is assigned.
    c. A cleaner checks the facilities on a daily basis to make sure they stay clean. If needed, the cleaner provides some support. Waste disposal follows the system of the hospital.
    d. In case of uncleanliness, the cleaner discusses with the Head MHW-woman to take measures and reports it to the Head Midwife. If uncleanliness persists, the cleaner, Head Midwife and MWH-women will discuss the issues in a meeting.

7. **Safety MWH**
    a. Butajira Hospital's regulations also apply to the MWH.
    b. Also see the below MWH regulations.
    c. The cleaner checks on a daily basis if it is going well in the MWH with regard to safety of the MWH women and their attendants. In case of problems, the cleaner reports to the Head Midwife at ANC. If necessary, the guard(s) is/are involved.
    d. The guard makes nightly rounds on the hospital compound, including the MWH. He addresses problems if need be and reports them to the Head Midwife.
    e. The Head Midwife should visit the MWH at least 2 times per week to stay updated on how it is going at the MWH and to discuss possible issues.

Regulations MWH Butajira Hospital

- Regular admission times are Monday through Friday, from 02:00 – 06:00 am and 07:30 – 11:00 pm.
- In case mothers arrive in duty hours, these women should be admitted by the midwife/GP on call.
- Stay is free of charge. Food, firewood and cooking utensils are the responsibility of the MWH woman.
- For safety and support, the MWH-woman should have one attendant with her during her stay.
- The MWH-woman is allowed to have one accompanying child (under 3 years old) to stay if necessary.
- The bottom bed is for the pregnant woman (and her child); the top bed is for her attendant.
- All MWH-women attend ANC daily for follow-up and health education.
- Keep the facilities clean.
- Keep the noise down, especially at night.
- No chewing chat, drinking alcohol, smoking or violence in the MHW / on the hospital compound.
- Family visits are allowed during visiting hours of the Hospital.
- Butajira Hospital's rules and regulations also apply to the MWH.

3.5 Administration

The Maternity Waiting Home at Butajira Hospital is managed and administered by the CEO of Butajira Hospital with assistance from his staff. As much as possible, the MWH should be part of the Hospital's management, administrative and reporting system.

For administering and reporting, Ethiopia uses HMIS, Health Management Information System, funded by USAid and JSI. It is (currently) not possible to enter MWH stay in this system, nor is it possible to use the monthly Key Performance Indicator Reports to the Regional Health Bureau including maternity services.

Butajira Hospital will prepare a MWH Logbook. In addition, a MWH column will be added to the Logbook of the Labor Ward, in order to measure the outcomes of MWH and Non-MWH deliveries. Monthly/quarterly/yearly reports are prepared by the Administration of the Hospital and will be shared with the Board of the Hospital, VSO and Florentina Foundation.

3.5 Staffing

The advantage of a MWH within the hospital compound is that it relies on human resources already present:

1. Head Midwife ANC	Head MWH, for overall supervision and daily operations of the MWH
2. General Practitioner	For screening and admission of MWH women, and in case of consultation
3. Gynecologist/(Emergency) surgeon	For 365/24/7 availability of Comprehensive Emergency Obstetrics Services
4. Midwife/nurse/public health officer	For daily health education at ANC
5. Cleaner	To provide supervision and support to the MWH-women in keeping the MWH facilities clean and safe.
6. Guard	To ensure safety of the MWH-women, her attendant (and child) and to make sure nothing is taken from the MWH
7. Administration officer	For monthly, quarterly and yearly reporting on the MWH-indicators

Section IV Monitoring, evaluation & reporting

4.1 Monitoring

Monitoring of the MWH should be conducted regularly by the management of Butajira Hospital. The monitoring should include the following:

1. Monthly admission rates
2. Reasons for admission to MWH
3. Pregnancy outcomes
4. Satisfaction with MWH services *

* Ideally, an independent data collector does an anonymous exit interview with women who stayed at the MWH to gain insight into the satisfaction with the services.

4.2 Evaluation

Before and after the establishment of the MWH

An evaluation of the project should be conducted two or three years after establishing the MWH. (Parts of) the baseline study survey executed in 2014 G.C. can be repeated to measure change between before and after the MWH intervention was implemented at Butajira Hospital.

Cross comparison

For the baseline study, a cross comparison was done in the Gurage Zone between Attat Hospital with a MWH and Butajira Hospital without a MWH. After firmly establishing the MWH intervention at Butajira Hospital, a cross comparison can be done comparing Butajira Hospital with a MWH to a comparable government hospital without a MWH.

Health status indicators

Survival or health status of those using the MWH at Butajira Hospital can be compared to those who delivered at Butajira Hospital who did not use the MWH. The indicators that can be compared are:

- Process indicators
    - Number of women using the MWH
    - Number of assisted deliveries
- Outcome indicators
    - Maternal Mortality Ratio
    - Neonatal Mortality Rate

4.3 Reporting

The MWH Project is realized with the support of various donors. All donors require financial and narrative reporting.

1. Regular reports are sent out to donors and stakeholders after achieving milestones determined in the Donor Agreement (see Annex 2 for the latest report).

2. After implementing the baseline study, construction, inauguration and community work, a final report will be sent, using the format of the Dutch Albert Schweitzer Fund, including:
    a. Contact information;
    b. Funding information;
    c. Project results;
    d. Financial project report;
    e. Recent annual report Butajira Hospital.

3. For up to three to five years from the start of the MWH-project, Butajira Hospital will share monthly/quarterly/yearly reports of the MWH operations to the Project Monitor Florentina Foundation and Project Coordinator VSO.

4. In addition, a stakeholder can request the following reports from Butajira Hospital / Florentina Foundation:
    a. Baseline study reports
    b. Community work reports.

Annexes

1. Job descriptions

Job description Midwife supporting Maternity Waiting Home	
Title:	Head MWH
Responsible to:	Medical Director
Tasks:	Screen for high-risk pregnancies at ANC Admits and discharges high-risk pregnant women to the MWH Provides regular health education Provides ANC follow-up and care on call Monitoring daily activities of the MWH Provides monthly data to Administration Performs other duties as required
Requirements:	Head Midwife at ANC Ability to work and have good relationship with pregnant women, cleaner, guard and other staff.

Job description Cleaner supporting Maternity Waiting Home	
Title:	Head MWH
Responsible to:	Medical Director
Tasks:	Screen for high-risk pregnancies at ANC Admits and discharges high-risk pregnant women to the MWH Provides regular health education Provides ANC follow-up and care on call Monitoring daily activities of the MWH Provides monthly data to Administration Performs other duties as required
Requirements:	Head Midwife at ANC Ability to work and have good relationship with pregnant women, cleaner, guard and other staff.

2. Donor report

November 2014 – 2nd Report to sponsors Maternity Waiting Home Project – Southern Ethiopia

Dear Sponsors,

Herewith the second official update on the Maternity Waiting Home (MWH) Project at Butajira Hospital in Southern Ethiopia. We are please to share the current status of the MWH project with you:

Data collection in Butajira town

- **Baseline study**: The aim of the baseline study is to find out more about women in the reproductive age group and their challenges to seeking maternal health care and staying at a MWH. We've implemented the following research activities:
    - 2 x 2-day training of supervisors, data collectors and data entry staff on maternal health and data collection. Total number of persons trained: 22 persons, of which 20 women (8 HIV-positive women).
    - 1300 surveys done amongst women in the reproductive age group in Butajira Hospital, its catchment area, and amongst women in the Maternity Waiting Home in Attat Hospital.
    - 11 interviews and 7 focus group discussions conducted with women in the reproductive age group and their husbands, health professionals, Traditional Birth Attendants, religious leaders and community leaders.
    - Dr. Jelle Stekelenburg visited Butajira Hospital and the research site (on his own expenses) in October for supervision.
    - Currently, we are entering the data and have started the analysis. We expect to distribute the report in January/February 2015.

Building site

MWH foundation

Start of the walls of the MWH and the foundation of the kitchen

Current building status: the roof of the MWH and kitchen are almost finished

- **Construction:**
  - The construction of the MWH and kitchen started in July 2014. The start was slow due to the rain season, but much progress has been made since that time. Last week, the roof of the MWH was finished.
  - The baseline study showed that one area of improvement compared to the MWH in Attat is the sleeping conditions of the attendants (they sleep under the bed of the MWH women, which is common in most Ethiopian hospitals). For this reason, bunk beds will be fabricated.
  - The construction will be finalized and the toilet facilities will be renovated in the next months.

- **Community work:**
  - In January and February 2015, we will visit all 20 health centers in the catchment area of Butajira Hospital to inform health professionals about the MWH and which pregnant women to refer.
  - The findings of the baseline study and available budget will further shape the community work.

- **Inauguration:**
  - The official opening is planned for February 2015; date to be determined.
  - Representatives of our stakeholders will be invited, such as VSO, Unicef, Zonal Health Bureau, Regional Health Bureau, Butajira City Administration, Attat Hospital and Health Centers.
  - The findings of the baseline study will be presented.
  - A plaque will be revealed with the names of the Sponsors. **If you as sponsor of the project would like to have your logo on the plaque, please send it to us by December 15, 2014.**

Simple, sturdy design of the bunk beds

- **Operations:**
  - The Head of the MWH has been selected. Her name is Membere, a much-respected midwife who works as head of ANC.
  - In January and February 2015, a protocol will be drawn up and staff will be trained to run the MWH.

- **Financial reporting:**
  - The financial report of the baseline study will be sent to the Monitor and relevant sponsors by the end of 2014.
  - The first financial report of the construction will be sent to the Monitor by mid December 2014.

We will send the next update when the construction has finished. Do not hesitate to contact us if you have any questions.

Sincerely yours,

Andualem Mengistu Tsegaye,
CEO Butajira General Hospital

Tienke Vermeiden,
Project Coordinator MWH

Rob Boogaard,
Chairman Florentina Foundation

We thank you for your contribution to the MWH project:

VSO Stichting Dayalu Irish Aid Nederlands Albert Schweitzer Fonds unicef

Stichting Tilly en Albert Waaijer Fonds Johannes stichting

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