Mid-term Review Report

MATERNITY WAITING HOMES

in Cao Bang province

December, 2013

World Health Organization

RTCCD

This study was conducted by a joint team from RTCCD, WHO Hanoi and Cao Bang provincial centre for reproductive health care and district health agencies of Bao Lac and Bao Lam districts. The team has made every attempt to accurately report the facts and the views that have been provided. The independent research team from RTCCD takes full responsibility for any errors of fact or omission, or for any inadvertent misrepresentation of material provided.

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World Health Organization (WHO) *is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. In the maternal and child health area, the WHO has been supported the Vietnam Government to design and implement various models to reduce the maternal and infant mortality.*

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CONTENTS

ABBREVIATIONS

CHS	Commune Health Station
DHC	District Health Centre
IEC	Information, Education and Communication
MTR	Mid-term Review
MWH	Maternity Waiting Home
NHP	National Hospital of Paediatrics
RTCCD	Research and Training Centre for Community Development
PC	People's Committee
RH	Reproductive Health
SSI	Semi-structured Interview
VHW	Village Health Worker
VND	Viet Nam dong (exchange USD 1 = VND 20,000)
WHO	World Health Organization
WU	Women's Union

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Evaluation team leader
Tran Thi Thu Ha

SUMMARY

The districts of Bao Lam and Bao Lac, where Tay, Nung and H'mong ethnic groups reside, are very difficult to access due to challenging terrain and dangerous transportation. Among the ethnic groups, the H'mong people account for around 90% of the population. The prevalence of home deliveries without the support of a health worker is as high as 70%.

In order to improve the maternal mortality caused by obstetric complications, the World Health Organization has supported the Safe Motherhood Program in Cao Bang province to implement a pilot model of maternity waiting homes (MWHs) in two district general hospitals - Bao Lam and Bao Lac. MWHs are units where high-risk women and pregnant women living in remote geographic areas can be accommodated for 1-2 weeks prior to giving birth. These facilities monitor the expectant mothers.

When labor commences, or if abnormal signs develop during pregnancy, the patients are sent to the obstetric department of the district general hospital to ensure a safe delivery and to be managed for any obstetric emergencies. This is the first pilot model of MWH established in Vietnam, and WHO has consulted and interacted with provincial and and district authorities, health staff and mass organizations before and during the implementation of this project in order to adapt the MWH model to the local context.

The WHO and the two district health centres required a mid-term review (MTR) to provide evidence of the challenges and achievement of the MWH model operation from June 2011 until June 2013.

The Research and Training Centre for Community Development (RTCCD) designed and conducted MWH's MTR using a participatory appraisal approach.

Pregnant women waiting for their delivery at Bao Lac MWH

The evaluation team of 8 people (6 RTCCD researchers, 2 staff of the district health centres) conducted field work over two months from Sept to Oct 2013. Two WHO staff were involved during the field work in Bao Lam district (one programme officer and one international supervisor).

The MTR information was collected via direct observation in two MWHs. It included secondary data (assessment of quality of the building and service operation, document records, communication materials) and interviews with village workers, community people and stakeholders from provincial agencies, district agencies and eight communes. The team conducted 126 semi-structured interviews and 11 group discussions in total:

- Provincial level: one interview at a Provincial Centre for Reproductive Health Care.
- District level: one group discussion per district (leaders from District Health Centre) and eleven semi-structured interviews with 1 doctor in charge of MWH management, 3 nurses from the obstetric department within the district hospital and MWH, 1 pediatrician of the intensive newborn care unit, 1 director of the district general hospital, 1 leader of the People's Committee, the leader of the Women's Union, and 3 pregnant women using the MWH.
- Each selected commune: group discussion at the commune health station and 14-15 semi-structured interviews including:
  - Eight-nine semi-structured interviews with 3 village health workers, 2 head of Women's Unions at the village level, 1 or 2 heads of village, 1 leader of the Women's Union at the commune level, and 1 leader of the Communal People's Committee.
  - Six semi-structured interviews with pregnant women or post-partum women and their families including: 2 women who had used the MWHs, 2 post-partum women not using the MWHs, and 2 pregnant women.

FINDINGS

1. Maternity Waiting Homes

Both MWHs are located within the district general hospital. The Bao Lam MWH has just been built as a three storey building, and is situated close to the obstetric department. There are five bedrooms with separated toilets and one communication room. It has been used for project purposes since June 2011. Bao Lac MWH has been repaired and equipped from three rooms of the obstetric department into two bed rooms with separate toilets and one communication room. WHO has provided financial support to repair buildings, and essential equipment to assist 14 pregnant

women for staying in MWHs (10 women in Bao Lam MWH and 4 in Bao Lac MWH). As of June 2013, MWHs have served 236 pregnant women (131 women in Bao Lac, and 105 in Bao Lam). There have been no serious obstetric complications in the MWHs.

There is always one caregiver accompanying the pregnant women. Overall, there have been approximately 236 pregnant women, 300 caregivers, and 300 visitors visiting and using facilities of the MWH since its opening 2 years ago. As such, there are signs of infrastructure degradation, particularly with the water system and toilets.

The health education and communication room was not effectively used. The topics focused mainly on breastfeeding, education sessions were not in line with the schedule, and education methods were mainly based on talking and did not have skill-based instruction. The health education and communication room was locked and materials were untidily arranged. Television in this room was not connected to the antenna (in Bao Lac) or connected unstably to antenna (in Bao Lam). Therefore it could not act as the common room for pregnant women and their caregivers to sit down for conversations and watch television.

Design of MWHs was not based on the user's needs, especially on the needs of pregnant women (multi-story housing, long stairs). The kitchen and laundry lacked basic facilities and hygiene and there was no television.

Leader of the district hospitals and the local authorities at provincial and district levels highly appreciated the MWH model. They considered it appropriate to the ethnic minority region, given difficult traffic and scattered population, and contributory to the reduction of maternal and infant mortality in the region. However, in reality, the local authorities and leader of community-based agencies only focused on MWH-related training courses and workshops and did not pay enough concern to measuring effectiveness of MWH operations and the community-based communication about the MWH. As such, the supervision of MWH, communes and villages was infrequent and was not performed in good quality.

Chopping firewood, preparing for a lunch cooking

2. Community-based Education and Communication about MWHs

Workshops and training courses about the MWH were conducted well by the WHO, Provincial Centre for Reproductive Health Care and the two District Health Centres. District health workers, commune health station staff and village health workers were trained in essential newborn care and antenatal care in order to identify high-risk pregnancies.

Flyer about the maternity waiting homes, designed by the WHO Vietnam

The community-based education and communication to the village population about MWH was not well performed: (1) Village Health Workers did not clearly understand the MWH services and supports, both financial and non-financial, therefore their messages to villagers were not convincing; (2) Commune Health Station staff and Village Health Workers did not have stories about pregnant women who used the MWH for safe motherhood, therefore they could not use those cases as positive deviant cases to share with other pregnant women in the villages; (3) Both District Health Centres and the Commune Health Stations did not supervise village-based communication sessions to support VHW and the timely identification of problems.

The inter-sectoral collaboration between health facilities and women's unions to introduce the MWH to villagers has not been visible. The communication about MWH was not integrated into the regular working plan of either commune health stations or the women's unions. The majority of village women's unions did not clearly understand the MWH services and have not shown an active role in mobilizing local resources to support or transfer pregnant women to MWHs.

3. Accessibility of the MWHs

The rate of using the MWH in Bao Lac was 14.9% of all pregnant women coming to the District Hospital (131 / 877) from July 2011 to June 2013. The rate was 18.1% in Bao Lam (105 / 579)

The rate of women giving birth at home without the presence of a skilled birth attendant in the two districts was high, ranging from 40% to 94% (health statistics of eight communes in the mid-term review) despite women and families understanding the risk of maternal death when giving birth at home.

There are several reasons that constrain accessibility of MWHs:

- A small proportion of pregnant women had not been introduced to the MWH. The majority of pregnant women who have been educated about the MWH did not recognize the significance of MWHs in comparison to home delivery.
- The majority of pregnant women were not informed if their case was high-risk. Therefore, they were not concerned about safe delivery at the district health facilities.
- The districts are large with difficult transportation. It is extremely difficult to the mother and the newborn to return to the villages after delivery.
- Poor education, cultural challenges, and language barriers made women hesitate to leave their villages for delivery at the health services.

- Many local women have poor living standards and no money for living stipends and travelling during the last few weeks prior to giving birth (although the Northern Upland Program -NUP program supports pregnant women with 25.000VND/day.)
- There was often no accompanying person to take care of the women in MWHs, as it was necessary to take care of the house.

The villagers in the highland regions would come to district hospitals and MWHs for delivery if they were well informed of the following issues:

- They are informed thoroughly about safe delivery and understand the values of MWHs.
- They are informed fully about financial and non-financial supports from the MWH and other national and provincial programs (government or non-government organization supports).
- They are informed about their pregnancy status, prediction of safe delivery and high-risk pregnancy (if any).
- Services at the MWH are convenient, and they can learn skills on maternal and newborn care (skills in which they are not educated if they use home delivery).

If receiving instructions about child care

having comfortable stay, and

receiving travel allowance, I think pregnant women will come to the MWH

RECOMMENDATIONS

1. Recommendations for WHO

Recommendation 1: The province should be committed to funding and providing human and land resources to operate the MWH successfully, as per the model suggested by WHO.

Recommendation 2: During the beginning phase, there should be participation of government and related organizations to ensure the model is designed in accordance with community culture. These include health, ethnographic, sociological and architectural organisations, as well as women's unions, business unions and NGOs.

Recommendation 3: The MWH should have an initial pilot model. In this model, the following facilities should be available: entertainment room, dining room and kitchen, activities such as arts and crafts or knitting baby garments, and gardening. Women should have access to an emergency referral system, educational training on parenting skills, and health staff visits 1 time per day for antenatal health check. The pilot model should be managed by local non-profit organizations or non-health governmental agencies.

A mother who have used the MWH

Recommendation 4: The WHO should assist the Provincial Centre for Reproductive Health Care to diversify communication approaches about the MWH. Besides communication through leaflets and village health workers, effective communication can also be via meetings of women's unions, youth unions, posters, tapes and discs. The MWH should extend the audience to grandparents, parents, spouses and adolescents aged 15 years and older, and encourage women who have used the services in MWH to share their experience.

2. Recommendations for Local People's Committee

Recommendation 1: Local People's Committee (PC) should consider the MWH as an important component in reducing maternal and infant mortality in the district. As such they would have effective manner to supervise and manage the quality of the MWH and that of the health system as a whole.

Recommendation 2: The PC should play a role in management and coordination of MWH activities, including linking obstetric care service between MWH and obstetric departments and encouraging community-based communication to villagers. The PC needs to require agencies to report their activities and results. This is a good way of promoting agencies' work according to their commitment.

Recommendation 3: The PC should assign one local independent team combining of both health professionals and non-health professionals to supervise (during periodic and unannounced visits) the quality health services in the province and the MWH. That team would report their assessment to the PC and propose recommendations for quality improvement.

Recommendation 4: The PC should find additional funding from government, non-governmental organizations, and businesses to ensure adequate financial resources for the operation of MWH.

3. Recommendations for Provincial Centre for Reproductive Health Care and the District Health Centre

Recommendation 1: The Provincial Center for Reproductive Health Care should conduct training course for District Health Centres and Commune Health Stations regarding monitoring, supervision, evaluation, planning, and reporting. The Provincial Centre for Reproductive Health Care should propose a report template for MWH activity reporting.

Recommendation 2: Both agencies need to conduct frequent supervision trips to MWH and communes. This is to see how the community-based communication and advocacy of MWH is delivered to villagers, and to identify problems in a timely fashion and propose adjustments.

Recommendation 3: The Provincial Centre for Reproductive Health Care should summarize all the financial and non-financial supports for pregnant women from the national and provincial programs, including using the MWH and district hospitals for safe delivery. This information should be transferred to Commune Health Stations and Village Health Workers, so that their advocacy and communication about MWH is more convincing.

4. Recommendations for District Hospitals

Recommendation 1: The District Hospital leaders should consider MWH a significant component in improving the health service to reduce maternal and infant mortality in the region. Review of service quality and health education sessions should be as frequently conducted as the review of other clinical departments.

Recommendation 2: The District Hospital needs to improve the quality of services provided in MWH (decorate the waiting room to make it warm and inviting, improve sanitation and cooking conditions, enhance quality of health education sessions). The chief nurse should go around the MWH daily to overview the health worker performance and service management. Any identified problems should be immediately corrected.

Recommendation 3: The District Hospital director should issue a Standard Operation Procedure for the MWH, and assign a manager and staff to be responsible for the operation of the MWH. The daily activities include:

- Conducting health education sessions for women during prenatal, pregnancy, childbirth and postnatal periods; and on child care both for the newborn and in the first 2 years. Health education sessions should be delivered to both women and accompanying persons.
- Monitoring women's and infants' health status before and after delivery.
- Frequently check the hygiene, water supply and toilet equipment in the MWHs to identify items out of order and arrange repair.

Recommendation 4: Further training to improve the attitude of health workers to service users is necessary for the hospital as a whole and for the MWH specifically. Health workers should be gentle, caring and friendly to service users.

I am happy because I have you, sweet heart
(a mother who have used the MWH)

5. Recommendations for Commune Health Stations

Recommendation 1: CHS needs to consider the MWH activity as one program, similar to the national nutrition, malaria or vaccination program. The CHS should review the communication of MWH in the monthly review meeting between CHS and village health workers. Indicators of MWH communication should be reported.

Recommendation 2: CHS needs to make a monthly communication plan for VWH and provide them with a material package for each topic in the communication plan. The educational material package includes posters, pamphlets, notes of key messages and video discs.

Recommendation 3: CHS should conduct regular visits to village-based meetings or focus group discussions to supervise the performance of village health workers in MWH communication.

Recommendation 4: CHS needs to maintain a list of women who have used the MWH. They can be invited to come to village meetings or focus group discussions to share their experiences and provide advice to pregnant women.

Shopping at the market

6. Recommendations for Women's Union

Recommendation 1: The Women's Union should enhance their understanding of the MWH and its services. This understanding should be strengthened at provincial, district, commune and village levels.

Recommendation 2: The Women's Union needs to be more active in providing financial and non-financial supports to women in need in general and pregnant women in particular.

In general, MWH is a necessary and appropriate intervention in the mountainous remote areas for increasing accessibility to skilled care at birth, thus reducing maternal and neonatal mortality. In the opinion of the leaders of Cao Bang health sector and research team, if MWH operations are improved, health education sessions are strengthened both in quality and quantity, and supervision is conducted frequently, the MWH model will have a positive effect on reducing the maternal and neonatal mortality in Bao Lam and Bao Lac districts in the future.


NHÀ CHỜ ĐẺ
DO TỔ CHỨC Y TẾ THẾ GIỚI TÀI TRỢ