Conclusions and recommendations

Considering the fact that the proper use of MWHs can play an important role in facilitating safe delivery and providing a modest share of contribution to the reduction Maternal Mortality Rate in the country, priority should be given to the establishment of a functional MWHs and ensure their efficient utilization.

The monitoring team and the concerned health personnel of the zoba have come up with the following specific conclusions and recommendations, which need to be considered in order to make better and full use of the maternity waiting homes.

- MWHs should not only be habitable but also be built in such a way that they can withstand the hot weather condition.
- Mobilize the community to participate in both the construction of the maternity waiting homes and the appropriate use of the facility. Optimum use of MWHs deserve special attention.
- There is a need for continuous capacity building and training of health staff associated with the services at the maternity waiting homes.
- The question of how to further strengthen the existing maternity waiting homes has to be addressed before measures are taken for the construction of new ones.

Maternity waiting homes (MWHs) are a key strategy to bridge the geographical ‘gap’ in accessing obstetric care. As one component of a comprehensive package of essential obstetric services, maternity waiting homes offer a low-cost approach to bringing women closer to needed obstetric care. Maternity Waiting Homes were initially introduced in 2002 in Zoba Southern Red Sea by the Ministry of Health in collaboration with UNFPA and later on other partners joined in and expanded to other zobas. The introduction of the Maternity Waiting Home has significantly helped to bring pregnant mothers to the health facilities for timely and skilled attended deliveries. That is, the establishment of MWHs has created a temporary accommodation near a health facility with easy access to emergency obstetric care facilities for pregnant women from remote areas who are in the final weeks of their pregnancy. By ensuring safe delivery, this intervention is expected to contribute to the reduction of maternal mortality. In addition to this, MWHs are also serving as an important forum for providing basic reproductive health education and counselling concerning pregnancy, delivery and care of the new-born infant.

As can be seen from the table below, so far there are 38 maternity waiting homes in the country. With the exception of Zoba Maekel, where Asmara is located and relatively better access to Health Facilities is available all the other five Zobas have MWHs. Zoba Anseba has the highest and Zoba Northern Red Sea (NRS) has the lowest number of MWHs. (For details refer the table below).

<table>
<thead>
<tr>
<th>S/N</th>
<th>Zoba</th>
<th>Number of MWHs</th>
<th>Location of the MWHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anseba</td>
<td>12</td>
<td>Habero, Kerkebet, Sela, Gheleb, Kermed, Asmat, Hadish-Adi, Melebs, Hashishay, Himbol, Habero tsada, Jengeren</td>
</tr>
<tr>
<td>2</td>
<td>Debub</td>
<td>5</td>
<td>Areza, Adiquala, Kudobuur, Dbarwa, Maimine</td>
</tr>
<tr>
<td>3</td>
<td>Southern Red Sea (SRS)</td>
<td>10</td>
<td>Aiyumen, Egroli, Aytus, Afambo, Edi, Wade, Beykul, Rahayta, Tio, Abo</td>
</tr>
<tr>
<td>4</td>
<td>Gash Barka</td>
<td>7</td>
<td>Dighe, Mulki, Mogolo, Hykota, Gogne, Endagabir, Mogoraib</td>
</tr>
<tr>
<td>5</td>
<td>Northern Red Sea (NRS)</td>
<td>4</td>
<td>Buya, Foro, Gelalo, Kamchewa</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

(Source: MOH, 2012)
It was further disclosed that in addition to the above indicated number of MWHs, five others have been established but they have not yet become operational. These new maternity waiting homes are located in Ghinda, Shieb, Nakfa, Hykota and Keren. At this juncture, it is worth noting that no death has been reported in MWHs.

It is also worth mentioning that most of the staff assigned to the health facilities with maternity waiting homes were trained in Life Saving Skills (LSS) in order to upgrade the services they provide.

In the first quarter of 2012, both the Ministry of Health and UNFPA-Eritrea have organized a joint monitoring mission to Gash Barka, with the aim of getting first-hand information about how the MWHs are run and what kind of services are being provided to the community. The general objective of the working visit was to assess the overall structure and operation of selected MWHs, observe the status of the essential supplies, and gather information on what the beneficiaries and the service providers, i.e., health workers, say about the MWHs.

Once the MWHs are assessed, it was expected that the monitoring team would come up with ways and means by which the services could be enhanced and the participation of the community further strengthened.

The picture below shows the four members of the visiting team and two health workers assigned to the visited Health Centres. They were from left-right, Mr Kidane, Reproductive Health focal person in Zoba GB, Mr. Tseghai, Family and RH Unit MOH HQ, Mr. Barnabas, UNFPA Rep, Mr Yihdego MoH staff in Mogoraib, Ms Elsabeth, UNFPA, Assistant Representative and Ms Yordanos, UNFPA, Programme Associate.

The areas visited during the monitoring activity were Gogne, Mogoraib, Haykota and Moqolo. In Gogne, there are two rooms for the maternity waiting home built by the community and located next to the Health Center. They were assessed to be habitable and in an acceptable condition but lacked beds and other essential household items. However, it was noted that needed food supplies and drugs are provided as soon as pregnant mothers arrive. At the time of the visit, there was no pregnant mother.

At the time of the visit, however, there was no pregnant mother. The health personnel of the area mentioned that food and cleaning supplies would be available on time when pregnant mothers arrive to get the essential services available at the waiting home.

There is also one maternity waiting home in Haykota built from prefab container. The maternity waiting home was constructed last year following the destruction of traditional huts built earlier by the community. The use of the prefab maternity waiting home is questionable considering the harsh weather condition of the area. Apparently, there is a need to build a hut suitable for that kind of weather in the area.

There is one maternity waiting home in Moqoloib built in the traditional way, which is suitable to the hot weather condition of the locality, but still needs renovation. At the time of the visit, however, there was no pregnant mother. The health personnel of the area mentioned that food and cleaning supplies would be available on time when pregnant mothers arrive to get the essential services available at the waiting home.

These pictures show the inside and outside of the MWH and the supplies of food that was available at the time of the visit.

The maternity waiting home in Moqolo with its large shade for family members accompanying the pregnant mother were built by the community. Since the beginning of the year 2012, eight mothers have stayed in the maternity waiting homes and received needed service. One of the users of the maternity waiting home expressed her satisfaction at the overall services provided at the facility and said she was happy to be there. The pregnant woman and those staying with her emphasized that, for safe delivery, pregnant women should make use of the maternity waiting homes and indicated that they would tell others to come and deliver at the health facility.