

Sexual and Reproductive Health and Rights for all

JOICFP



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MATERNITY WAITING HOUSE OPERATION AND MANAGEMENT HANDBOOK: EXPERIENCES FROM AKATENG MATERNITY WAITING HOUSE

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Acknowledgement

To improve access to quality maternal and newborn health services and strengthen safe delivery preparedness among pregnant women in Ghana, the Maternity Waiting House (MWH) was constructed under the Mother to Mother SHIONOGI Project, implemented by the Japanese Organization for International Cooperation in Family Planning (JOICFP) in collaboration with the Upper Manya Krobo District Health Directorate, with support from Shionogi & Co., Ltd. The contents of this document reflect the implementation experience in the project site and do not represent the position or opinions of Shionogi & Co., Ltd. We appreciate all contributors whose collective efforts and collaboration made the development of this MWH Handbook possible. We extend our sincere appreciation to Shionogi & Co., Ltd. for supporting the project “Promotion of Maternal Newborn and Child Health (MNCH) through Community Empowerment in Upper Manya Krobo District, Ghana” from June 2023 to May 2026, which enabled the construction of the MWH. We are equally grateful to the Government of Ghana and the Ghana Health Service at national, regional, district, and facility levels for their leadership, technical guidance, and continuous collaboration throughout the implementation of the project and the development of this handbook.

We also thank the community members and leaders in Akateng who participated in the stakeholder consultations and workshops and provided input toward the drafting and finalization of this handbook. We sincerely acknowledge the dedication of the project team, whose technical expertise and field experience were instrumental in shaping the contents of this guide.

This MWH Handbook is intended to support standardized and sustained implementation of MWHs while enhancing their utilization and integration within the health system. It is our sincere hope that this handbook will help strengthen MWH operations, promote community ownership, scale up the initiative in other areas, and support pregnant women in accessing timely and skilled birth care.

We once again express our heartfelt gratitude to all our partners and stakeholders for their dedication, collaboration, and shared commitment to safeguarding the well-being of mothers and newborns in Ghana.



Mayumi Katsube
Chairperson
JOICFP

List of Abbreviations

ANC	Antenatal care
CHMC	Community Health Management Committee
CHV	Community Health Volunteer
CIC	Community Information Center
DHA	District Health Administration
GHS	Ghana Health Service
HCW	Healthcare worker
IGA	Income Generating Activities
IPC	Infection Prevention and Control
JOICFP	Japanese Organization for International Cooperation in Family Planning
LB	Live births
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MWH	Maternity Waiting House
PNC	Postnatal care
UMK	Upper Manya Krobo



Background

Maternal and Neonatal Health Situation in Upper Manya Krobo, including Akateng

Ghana's Maternal Mortality Ratio (MMR) stands at 234 per 100,000 Live Births (LB),¹ while neonatal mortality is estimated at 22 per 1,000 LB. In most rural areas in Ghana, including the Upper Manya Krobo (UMK) District, Eastern Region, Ghana, many of these deaths are caused by unfavorable road networks to health facilities, high costs of health facility services, reluctance to seek prenatal care, and unavailability of transportation systems during delivery.² For some women in the UMK District, the distance to a health facility may range between 10 and 20 km due to dispersed settlements. Some of them walk for hours, ride motorcycles for long hours, or cross the Volta Lake, traveling on boats for up to 2 hours to access maternal health services. To address maternal mortality and morbidity, the Japanese Organization for International Cooperation in Family Planning (JOICFP) initiated a project in collaboration with the Ghana Health Service (GHS) and the UMK District Health

Directorate from June 2023 to May 2026. It aims to improve the health of pregnant and breastfeeding women, as well as the health of children under 5 years old, through the establishment of sustainable community health systems. To reduce the geographic barriers to accessing maternal, newborn and child health services for women, a Maternity Waiting House (MWH) was constructed as part of the project titled Promotion of Maternal Newborn and Child Health (MNCH) through Community Empowerment in Upper Manya Krobo District, Ghana, supported under the global health initiative named Mother to Mother SHIONOGI Project of the Shionogi & Co., Ltd.

¹ WHO (2023) 'Trends-in-Maternal-Mortality-2000-2020'. Available at: <https://www.who.int/publications/i/item/9789240068759> (Accessed: 2 July 2025).

² Adu, J., Mulay, S. and Owusu, M.F. (2021) 'Reducing maternal and child mortality in rural Ghana', *Pan African Medical Journal. African Field Epidemiology Network*. Available at: <https://doi.org/10.11604/pamj.2021.39.263.30593>.

Overview of Maternity Waiting House (MWH)

An MWH is a residential facility located near a qualified medical facility where high-risk women or those in hard-to-reach areas can stay in the final weeks of their pregnancy, usually after completing 37 gestational weeks, to ensure timely access to a skilled birth attendant during labor. In UMK, distance and limited transportation prevent women from reaching health facilities on time. The MWH plays a crucial role in bringing women closer to the health facilities, contributing to efforts to increase facility-based deliveries and reducing maternal and neonatal mortality.



Purpose and Objectives of this Handbook and Expected Users

Purpose

This handbook provides practical information on the operation, management, and use of MWHs established in rural areas in Ghana. It relies on the experience from the Akateng MWH in the Akateng Sub-district, UMK District, Eastern Region, Ghana. We aim for this handbook to guide the sustainability of the MWH in Akateng as well as potential scale-up in other parts of the country.

Objectives

The objectives of this handbook are to:

- Standardize MWH operation in UMK
- Promote Quality of Care of maternal and newborn care through MWHs
- Enhance utilization of MWHs
- Support Monitoring and Evaluation of MWHs
- Ensure sustainability and community ownership of MWHs
- Guide efforts to integrate MWHs into Regional or National health systems

Expected users

- Health facility staff
- Health Administrators
- Community Health Management Committees (CHMC)
- Community Health Volunteers (CHV)
- District, Region, and National level health administrators
- Donors and Development partners

About MWH at Akateng Health Center

Basic Information about Akateng MWH

The Akateng MWH is located next to the health facility (the Akateng Health Center). It opened for use by pregnant women from 1st February 2024, providing a safe and supportive environment closer to the health facility. The MWH is open to all women in the UMK District and neighboring districts; however, the intervention focuses on the Akateng Sub-district.

Objectives of Akateng MWH

The overall objective of the Akateng MWH is to:

Improve maternal and child health outcomes at the time of childbirth through the utilization of MWH in Akateng and UMK District

Specific objectives are to:

- Offer a temporary residence for pregnant women in the final weeks before delivery.
- Facilitate timely access to skilled delivery services at the health facility.
- Provide health education and counseling services to expectant mothers.
- Provide postnatal care (PNC) within the first 48 hours after delivery.
- Serve as a transit point for referral of high-risk mothers to the district hospital.

Building Structure and Infrastructure

The MWH has 5 rooms and a 10-bed capacity, concrete walls, flooring, electricity, a place of convenience, a common area for activities, a kitchen space, a shared toilet and shower facility, and access to water stored in a poly tank facilitated through a mechanized borehole. The community and district contributed by donating the land for the site. Basic furnishings such as beds, mattresses, mosquito nets, and cooking utensils are provided at the facility. The blueprint of the building and photos are attached in Appendices 2 and 3.

Painting Workshop to Enhance Community Engagement

To foster a sense of ownership, pride, and community participation, a painting workshop was organized as part of the engaging activities. This event brought together local artists, youth, women's groups, health care workers (HCWs), and community leaders to raise awareness of the MWH, while strengthening the connection between the facility and the people it serves. During the workshop, participants designed and painted illustrations of pregnant women, reflecting local attire and traditions, nutrition-related messages, and local foodstuffs and other educational visuals supporting maternal and newborn health.



1. Prepare pencils and painting materials



2. Create visual images and messages consisting with the project purposes



3. Decide which visual images and messages are painted on which parts.



4. Paint the wall white as a canvas. Then draw visual images on pencils on the wall.



5-1: Paint key health messages



5-2: Paint visual images



6. Completion of painting



7. Skilled painting members, including local residents and students in Akateng, as well as DHA, Shionogi & Co., Ltd. and JOICFP staff.

Eligibility Criteria for MWH Users

- Pregnant women within final weeks of their expected delivery dates.
- Priority is given to those facing challenges in reaching the health facility due to distance (hard-to-reach and overbank communities).
- Pregnant women from hard-to-reach communities visiting the district hospital but are not able to complete their required health services within a day would be recommended to stay at the MWH and visit the hospital the next day.
- High-risk pregnancies during Antenatal care (ANC) visit.
- Pregnant women referred by a HCW for closer observation before delivery.
- Pregnant women expressing a desire to stay closer to the health facility for a planned safe delivery.

Admission, Referral, Services Provided, and Discharge

Admission Procedure

These steps are followed for admitting a woman at the Akateng MWH.



1. Registration and assessment by HCW for eligibility at the Maternity Ward



2. Guide the pregnant woman to MWH by an HCW



3. Admittance and assignment of a room and health and safety orientation including Code of Conduct at MWH



4-1. MWH facility tour



4-2. MWH facility tour – orientation on utilization of kitchen



5. A common space for MWH users to relax and prepare for delivery

Duration of stay

- Duration of stay is based on the assessment by the midwife
- Pregnant women are allowed to stay at the MWH with a companion of their choice

Services provided during stay

- Accommodation and living arrangements
- Health education sessions (Facilitated by community health volunteers)
- Routine health check-ups
- Screening for danger signs
- Counseling or one-on-one support with HCWs
- Peer support and group discussion about birth experience and childcare
- Life skills training (nutrition demonstration/craft sessions)
- Linkage to referral hospital and transport arrangements

Referral Procedure from the MWH to a higher health facility

1. Identification of complications
2. Assessment and stabilization
3. Communication with the receiving facility
4. Documentation of referral
5. Transport arrangements
6. Follow-up

Facility Utilization, Rules and Regulations

Maintenance

Maintenance fee for utility and basic maintenance of the facility will be reviewed periodically and communicated by the Community Health Management Committee (CHMC). Rules and regulations should be printed and pasted on the wall of the MWH in English and the local language for users to read.

Code of Conduct

The code of conduct is a set of rules and expectations that govern the behavior and interactions of the residents and staff of the maternity waiting house. The code of conduct aims to create a harmonious and supportive environment for all and prevent and resolve any conflicts or disputes that may arise. The code of conduct covers the following aspects:

Respect: All residents and staff should treat each other with respect, regardless of their age, ethnicity, religion, culture, or background. They should avoid any forms of discrimination, harassment, abuse, or violence.

Dignity: All residents and staff should uphold their dignity and that of others by dressing appropriately, maintaining personal hygiene, and using polite language. They should also respect the dignity of women who are in labor or have delivered by providing them with privacy, comfort, and assistance as needed.

Safety: All residents and staff should ensure the safety of themselves and others by following the health and safety guidelines of the maternity waiting house, such as wearing masks, washing hands, keeping the premises clean, and reporting any hazards or incidents.

Cooperation: All residents and staff should cooperate by sharing the responsibilities and resources of the MWH, such as cooking, cleaning, laundry, water, electricity, etc.

Discharge Procedure

The woman is discharged after:

- Completed postnatal monitoring, usually the first 24-48 hours of postnatal observation.
- Receiving counselling, including breastfeeding, newborn care guidance, and family planning.

Improving Utilization of MWH

Promotion of MWH

Objectives of MWH Promotion are to:

- Increase awareness about MWH among pregnant women, families, community members, and community leaders
- Reduce myths or misconceptions about MWHs
- Encourage community ownership
- Improve utilization rates

Key Messages

1. MWHs help ensure safe delivery close to skilled care; use the MWH
2. Do not wait until the last minute; stay safe before labor; use the MWH
3. MWHs are available to all pregnant women, not only first-time pregnant women; use the MWH
4. Support your wife/sister to use the MWH
5. MWH is not only for women in overbank communities; use the MWH
6. The MWH belongs to us; when we take care of it, we protect our mothers, sisters, and children

Information senders

- CHV
- CHMC members
- HCWs
- Community Information Center operators
- Satisfied User

Information route

- Durbars
- Market Days
- Home visits
- ANC visits at the health facility
- Community information center (CIC)

Information destination

- Pregnant women
- Women in Reproductive Age
- Male partners
- Mother-in-laws
- Traditional Birth Attendants
- Local partners (Religious Organization)

Action

- Conduct group discussion
- One-on-one sessions
- Conduct health talks
- Community information center announcement
- User experience sharing

Media tools

- Flip chart
- Dialogue Card
- Announcement script

Roles and Responsibilities

Roles of District Health Administration (DHA)

a. Capacity Building of HCWs

- Build the capacity of HCWs to provide services under their roles.
- Organize training /refresher orientation to HCWs / CHMC members to make them play their roles.

b. Monitoring and supervision

- Provide oversight and technical support to ensure that the facility is properly maintained.

c. Major Maintenance Support

- Provide support when major repairs (e.g., plumbing, structural damage) arise that cannot be addressed by the CHMC alone.
- Coordinate with the District Assembly and other relevant authorities to facilitate necessary repairs.
- Support arrangements for repair costs, which may be shared with or covered by the district depending on the scale of the repair and available resources.

d. Advocacy for sustainability and scaling up

- Advocate at the District Assembly and Regional Level to provide support to MWH.
- Promote the MWH during regional meetings and other occasions.
- Replicate MWH in other locations in the district.

Roles of Community Health Management Committee (CHMC)

a. Management

- Advocate for the establishment and funding of the MWH.
- Organize and participate in community events and activities to celebrate and appreciate the MWH staff and users.
- Discuss MWH updates (maintenance, actions toward incidence, etc.) as part of agenda items during CHMC meetings.

b. Monitoring

- Monitor and evaluate the performance and impact of the MWH.



c. Security and safety

- Implementation of security measures for the safety of residents.
- The facility should have adequate lighting inside and outside the building, especially in the entrance, corridors, wards, and toilets.
- The MWH should have at least two fire extinguishers. The fire extinguishers should be checked regularly and replaced if they have expired or are damaged.

d. Maintenance

- Regular inspections will be done by a selected community team for maintenance needs.
- Develop and implement a maintenance schedule.
- Involvement of community members in upkeep activities.
- A levy for utility and basic maintenance of the facility from every community member will be determined by CHMC members.

e. Community engagement

- Raise awareness and educate the community about the benefits and services of the MWH.
- Collaboration with community leaders, local FM stations, and CICs in hard-to-reach and overbank communities for facility awareness, support, and utilization.

f. Resource mobilization

- Ensure that a monthly reserve is secured based on the estimated total of maintenance (e.g. water, electricity, etc.), personnel (e.g. security guards), and food support for women who cannot afford it.
- Mobilize resources and donations from local businesses, organizations, and individuals to support the MWHs.
- Mobilize resources by collecting levies from health center users who can afford to contribute.
- Promote community-based income-generating activities such as a community fish pond and community farm.
- Lobby the District Assembly to allocate funds for the maintenance of the MWH.
- Lobby Akateng community leaders to allocate funds from premix fuel sales.
- Mobilize community support for food and other logistics provision for the pregnant women who come to stay at the MWH and cannot bring anything along.

g. Sustaining

- Organizing annual fundraising in the community for the running of the MWH.
- Creation of a community-driven fund to cover utility costs and maintenance expenses, reducing financial burdens on pregnant women.
- Investing contributions from the other income-generating activities (IGA) within the community to support facility sustainability.

Roles of Healthcare Worker (HCW)

a. Promotion of MWH (including facility tour)

- Organising community outreach programs to raise awareness about the MWH and its benefits.
- Partner with local leaders and influencers to promote the MWH and encourage women to use it.
- Establish support groups for pregnant women and new mothers to share their experiences and encourage others to use the maternity waiting house.
- Establish referral systems to ensure that women are referred to the MWH when necessary.
- Provide MWH counseling for women from hard-to-reach areas during ANC visits.

b. Record keeping

- The facility should have a record of all emergencies that occur in the facility, including the date, time, type, outcome, and follow-up actions taken.
- The MWH should ensure maintenance of accurate records of admissions, deliveries, and postnatal care.
- Ensuring that all records are stored securely and confidentially, in accordance with the national data protection laws and policies.
- Ensuring that all records are updated regularly and reviewed periodically for completeness, accuracy, and timeliness.
- Ensuring that all records are accessible and available for monitoring and evaluation purposes.
- Ensuring logbook for visitors for MWH (husband, relatives, friends, etc.)
- Facility emergency contacts (e.g., OPD contact number) should be put on the wall of each room.

c. Reporting

Regular reports from the staff of the MWH to their supervisors or managers at the district level, highlighting the achievements, challenges, and recommendations related to the implementation and evaluation of the maternity waiting house.

d. Education and counseling

- Provide health education sessions on maternal and child health, family planning, and postnatal care.
- Provide counseling services for emotional and psychological support.
- Facilitate health education sessions for pregnant women and their families.
- Provide counseling on various topics, including maternal and newborn health, family planning, nutrition, and Infection Prevention and Control (IPC).

e. Health monitoring

- Regular health check-ups for expectant mothers.
- Skilled healthcare providers to monitor maternal and fetal health.

f. Nutrition and hygiene

- The staff should provide nutrition education and counsel to the women regularly so they make informed choices about their food intake and dietary practices.
- They should also monitor their nutritional status using anthropometric measurements (weight, height, mid-upper arm circumference) and biochemical tests (hemoglobin, urine protein).
- Any signs of malnutrition or complications should be referred to the health facility for further assessment and management.
- Educate and monitor the women to wash their hands before eating and preparing food, and use clean utensils and dishes.

g. Management of the facility

- The facility head at the Akateng Health Center will be in charge of the MWH.
- The staff should ensure that the MWH has adequate and safe water supply, sanitation facilities, and waste management systems.

h. Monitoring the facility

- Ensure the maternity waiting house is well-equipped, clean, and safe.
- Guarantee access to water, sanitation, and hygiene facilities for pregnant women.
- Maintain at least two staff members who will be responsible for cleaning the Health Center and the other facilities (MWH and Maternity wing).



Roles of Community Health Volunteer (CHV)

a. Promotion of MWH

- Conduct health education sessions in the community to raise awareness about maternal health, the importance of prenatal care, and the benefits of utilizing maternity waiting houses.
- Refer pregnant women from hard-to-reach areas for MWH stay.
- Explain the eligibility of users and what they can do at MWH.

b. Referral of potential users

- Identify and refer pregnant women who are at high risk or live far from health facilities to the waiting houses.
- Provide house visits and follow-up care for pregnant women after delivery in their communities.

Roles of MWH Users

a. Keep the place tidy and clean

- Users should dispose of waste, such as food wrappers and sanitary products in the designated bins.
- They should keep common areas, such as the living room, washroom, and kitchen, tidy and organized.
- Keep their personal belongings, such as clothes and toiletries, organised and stored properly.
- They should participate in cleaning schedules and contribute to keeping the facility clean.
- Support staff to take care of cleaning and maintenance.

b. Take care of items within the facility and report to HCW

- Users should adhere to all rules and regulations governing the use of items in the waiting house.
- Users should immediately report maintenance issues, such as leaky faucets or broken furniture, to the health staff.

c. Damage recovery

- Intentional damage to an item of the waiting house by any user shall be paid by the user.
- Things to bring by themselves.
- Users must come along with their own food.
- Users must come with their clothes, toiletries, beddings, towels, and sponges.

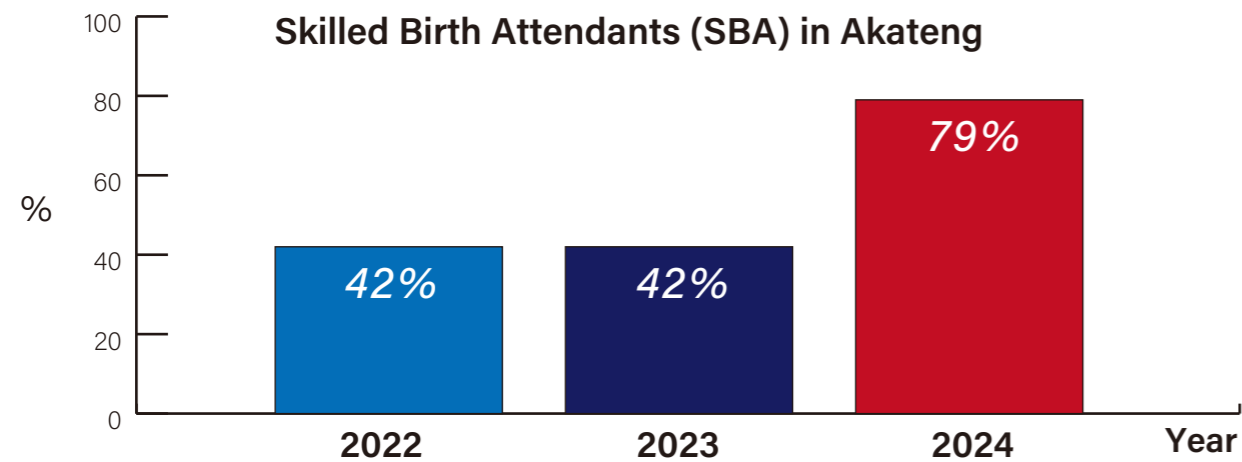
d. Promotion of MWH

- Encourage other family members and friends to use the MWH services when needed.
- Share user experience during durbars or social gatherings.



Trend of Skilled Birth Attendants before and after MWH Operation in Akateng

The percentage of skilled birth attendants in Akateng Health Center has improved after the MWH implementation began in 2024.



Voices of users, HCWs and community members

"I previously delivered one of my two children at home and experienced heavy bleeding after both births. This time, I stayed at the MWH before delivery and could be with my husband. The calm environment, family support, spacious delivery room, and comfortable bed gave me a sense of peace. I safely delivered my baby girl and hope that sharing my experience will encourage other women to come here with confidence."

-MWH User

"The first pregnant woman who delivered [after staying] at the MWH, she used to deliver in the boat when coming to Akateng, but with her last pregnancy, through ANC, she was educated on the MWH, she stayed there and delivered in 3 days but if not, she would have delivered in the boat."

-MCHP

"Before, many women in our community struggled to reach the clinic on time. Since the MWH opened, I have seen more skilled deliveries. As a husband, I feel it is my responsibility to encourage other men to support their wives to use this place."

-Male partner

"Now pregnant women don't deliver in the boat anymore when coming to Akateng health facility, but rather stay in the MWH and deliver safely at the health facility through Shionogi."

-MCHP

Users and their family members
 HCW MCHP CHMC

"The MWH has increased the number of skilled deliveries and reduced the number of home deliveries. We hope to increase the number of skilled deliveries more."

- Midwife

"A pregnant woman in the community whom I helped or accompanied to the MWH to stay and had a safe delivery, both mother and baby. [The MWH] makes the inhabitants of Akateng proud and confident because they have facilities."

- Akateng CHMC member

"I advised a pregnant woman I know that she should go to the MWH, because the building is so nice. I told her to go to the facility before it is time for her to deliver. I also advised my daughter to do the same, so that the midwife can help with delivery."

- Relative of MWH user

"I am telling other pregnant women that when the time is near, the best thing to do is come to the Akateng HC. If I get pregnant again, I will not deliver at home but will come to the MWH."

- MWH user

"I am telling other pregnant women that when the time is near, the best thing to do is come to the Akateng HC. If I get pregnant again, I will not deliver at home but will come to the MWH."

- MWH user

Lessons Learned and Implementation Recommendations

- Location of the MWH is important to ensure attendance – the contribution of the MWH is maximized when it is set up in the most deprived area where there is an issue of accessibility to quality healthcare (i.e., river bank, remote areas).
- The MWH should be an integrated part of the existing healthcare facility and services to ensure its success and utilization.
- Dedicated funds should be set aside for the proper maintenance of the MWH.
- Adequate information on the MWH (i.e., eligibility, services provided; available amenities, etc.) needs to be fully understood by the community members to debunk any misbeliefs that hinder the utilization of the MWH. Ensure that pregnant women stay with companions (i.e., husbands, family members, etc.) and make them aware that they are allowed to do so.
- When pregnant women are accompanied by their family members, it enhances the utilization of the MWH, and it is highly likely to result in positive experiences.
- When family members of the pregnant woman do not fully understand the importance and benefit of using the MWH, the pregnant woman would not be encouraged to use the MWH.

APPENDICES

Appendix 1: MWH Monitoring Tool

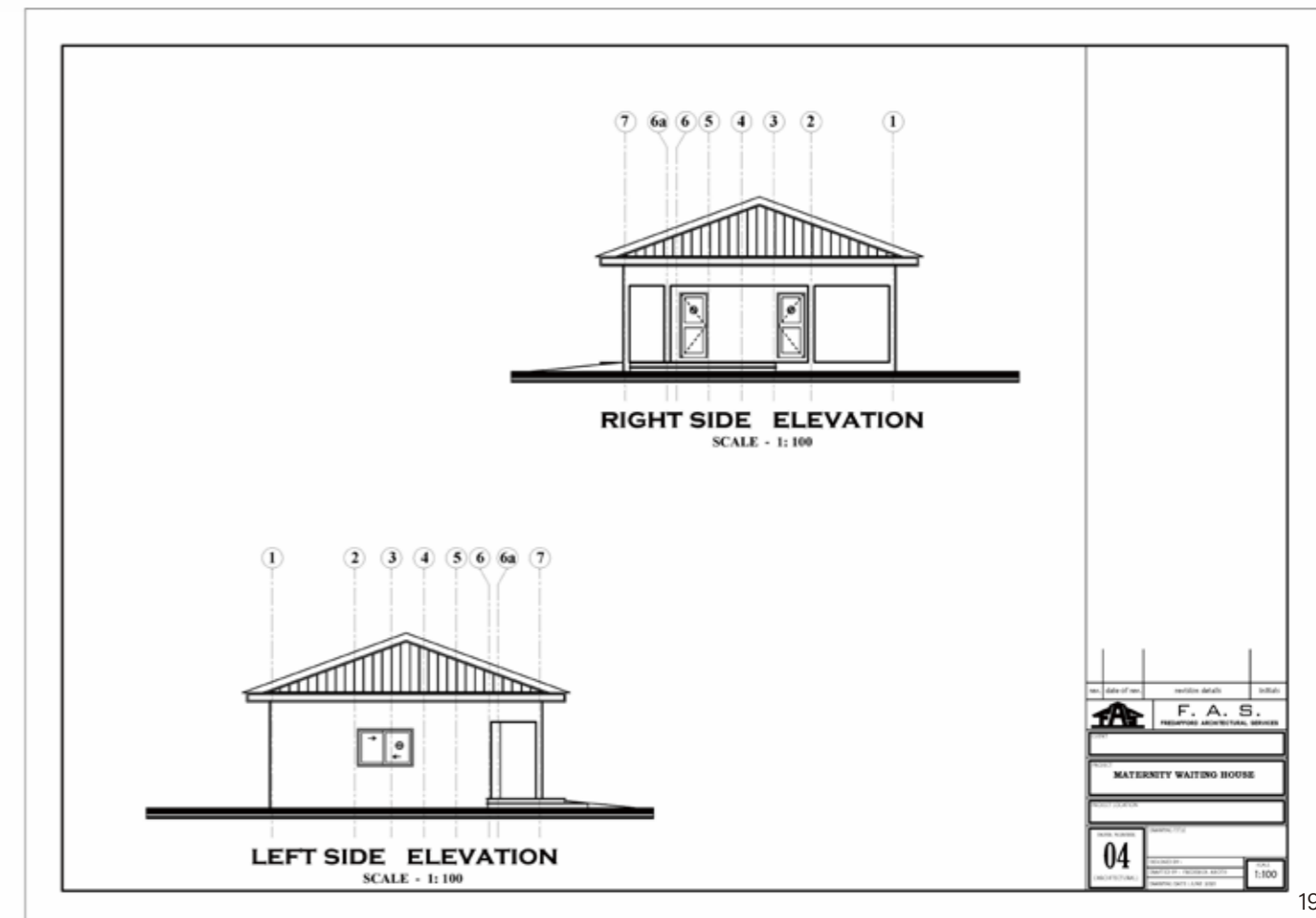
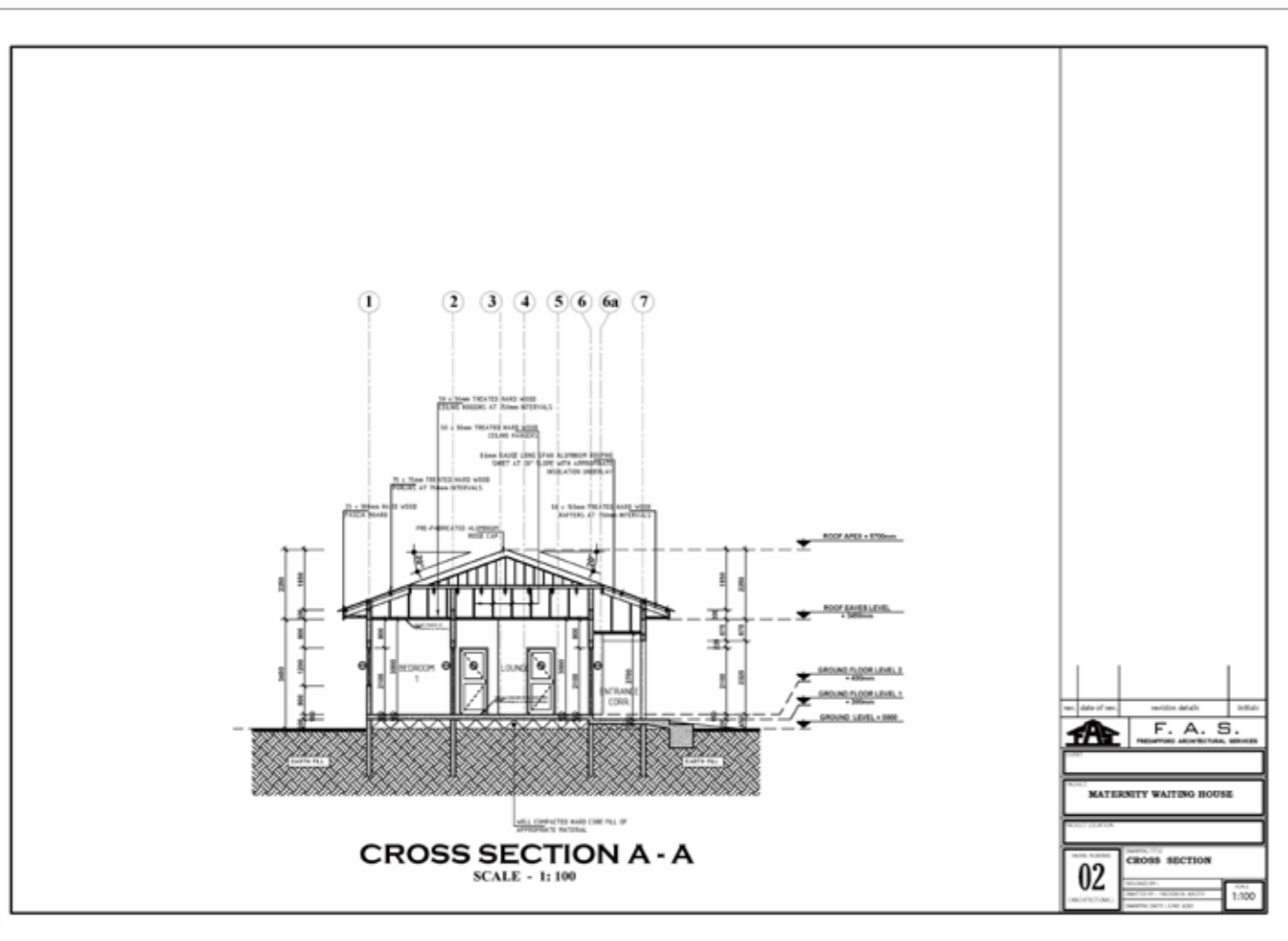
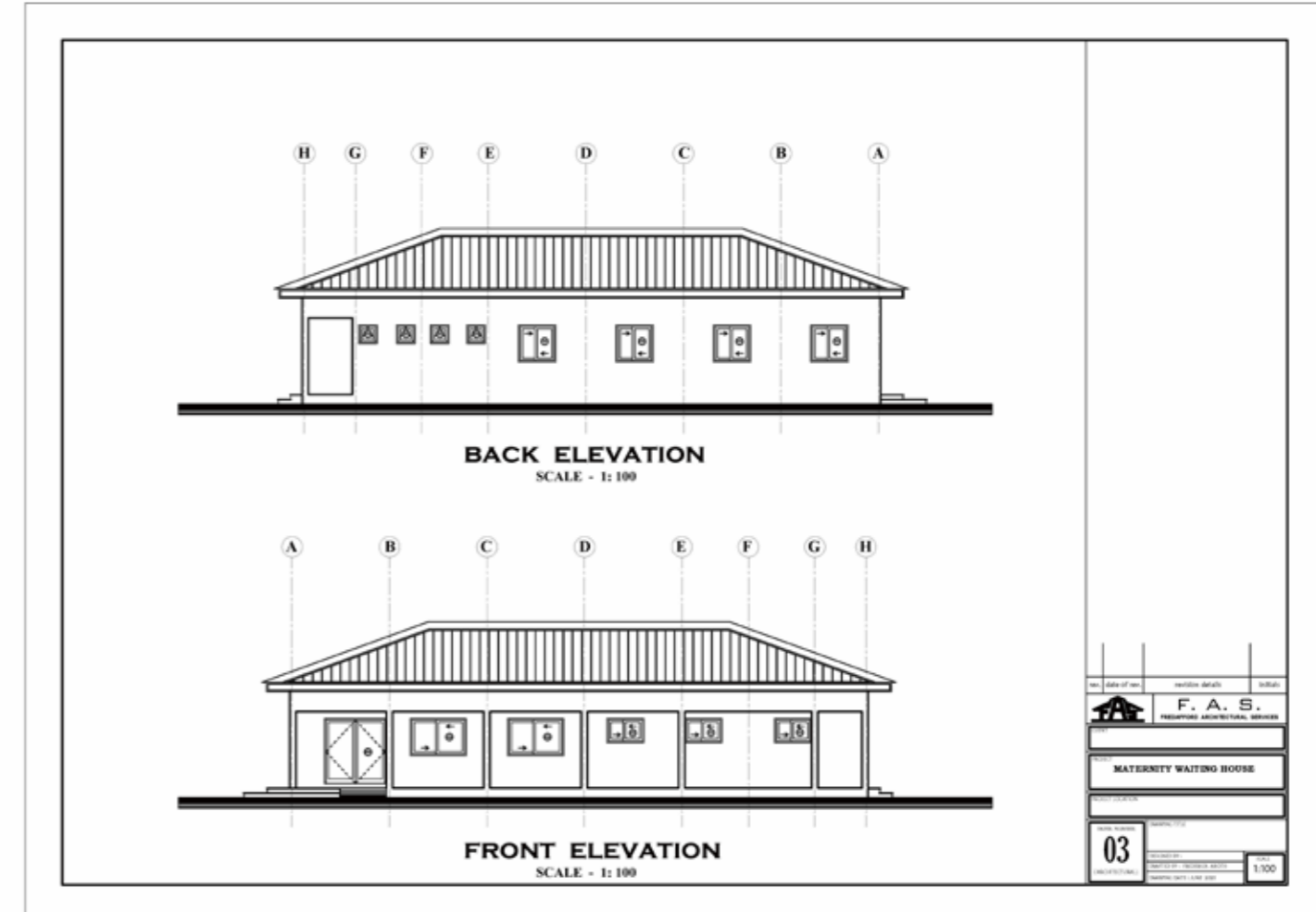
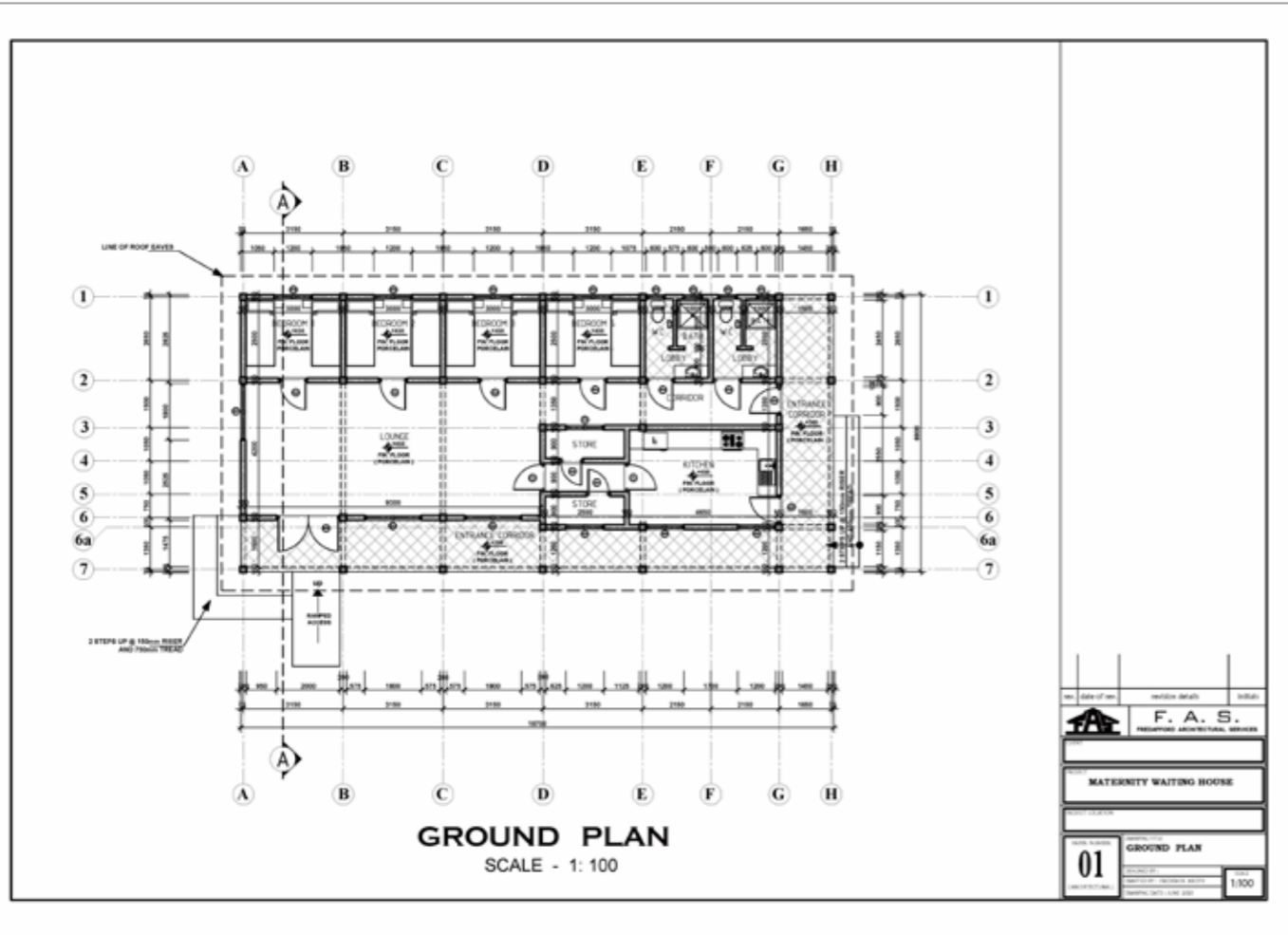
The monitoring tool is a sample format that can be modified according to each context.

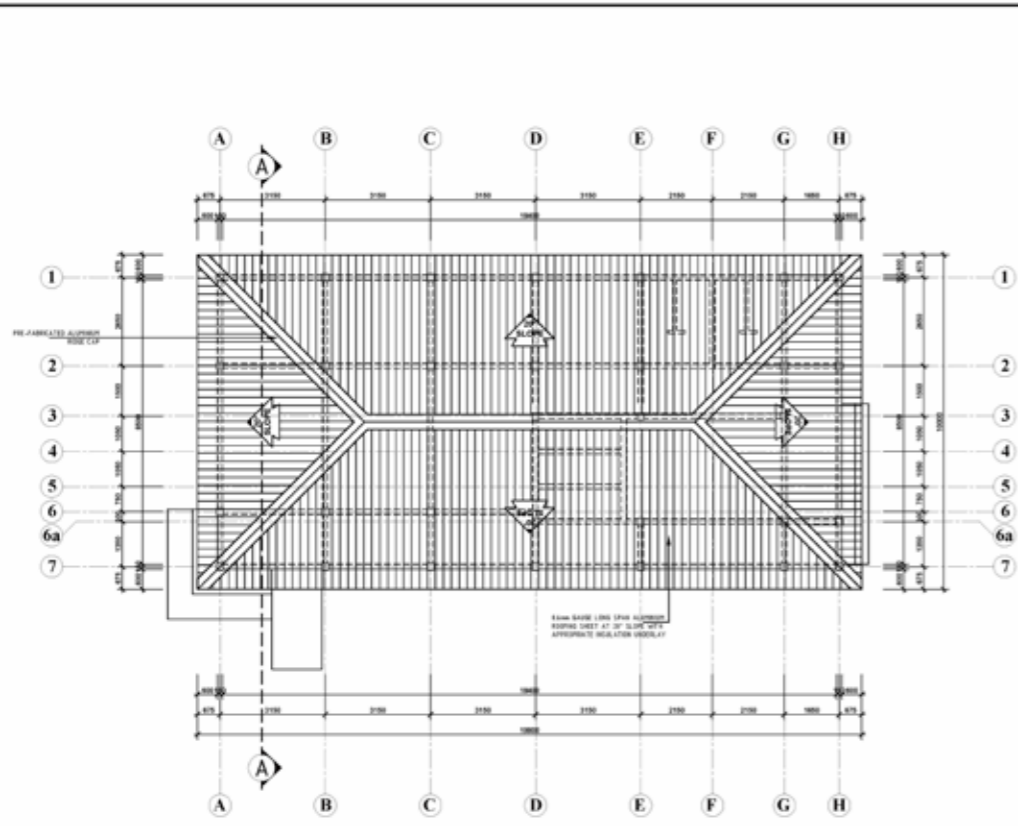
MWH MONITORING TOOL			
Purpose: To record and review utilization, service delivery, and outcomes related to the MWH for improved operation and sustainability.			
SECTION A (BASIC INFORMATION)			
District:		Monitoring Period:	
Subdistrict:		Date:	
Name of MWH:			
Name of Person completing form:		Designation:	
SECTION B (MWH CLIENTS)			
INDICATOR	DATA SOURCE	ACTUAL FOR THE PERIOD	REMARKS
1. Average length of MWH stay	MWH register		
2. No. of women leaving MWH before delivery	MWH register		
3. No. of complications managed or referred	Facility records		
4. Maternal deaths among MWH users	Facility records		
5. Neonatal deaths among MWH users	Facility records		
6. No. of health education sessions organized at MWH	CHV records book		
SECTION C (OBSERVATIONS)			
ASPECT	REMARKS	ACTION REQUIRED	
MWH register updated daily			
Monthly MWH summary report			
Common reasons for admission			
Challenges faced by MWH			
Client feedback mechanisms			
Cleanliness and comfort of MWH			
Staff attitude			
Health education			

Safety and Privacy			
Companionship and Family visitation			
Referral system from MWH to a higher health facility			
CHMC meetings capture MWH agenda			
SECTION D (CHECKLIST)			
ITEM	√ (YES) OR X (NO)	ACTION REQUIRED	
The building structure is in good condition			
The facility compound is clean and maintained			
Adequate beds/ Sleeping space			
Functioning mosquito nets			
Lighting available (Day & Night)			
Clean toilets and functioning			
Clean bathing area and private			
Access and availability of safe water			
Waste disposal system and functioning			
Kitchen and cooking utensils for client use			
Cleaning supplies available (detergent, brooms, disinfectants)			
Fire extinguishers are available and functional			
SECTION E (SUMMARY AND RECOMMENDATIONS)			
STRENGTHS AND BEST PRACTICES			
AREAS NEEDING IMPROVEMENT	IMMEDIATE ACTION	PERSON RESPONSIBLE	FOCAL PERSON

Appendix 2: Blueprint of the Akateng MWH

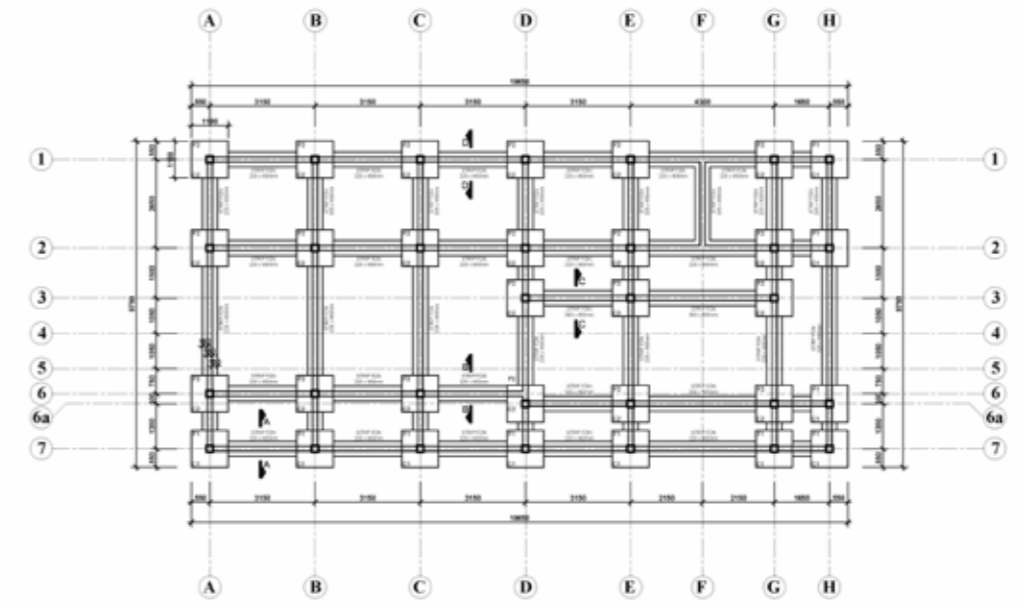
The blueprint can be modified based on local needs, context, and available resources.





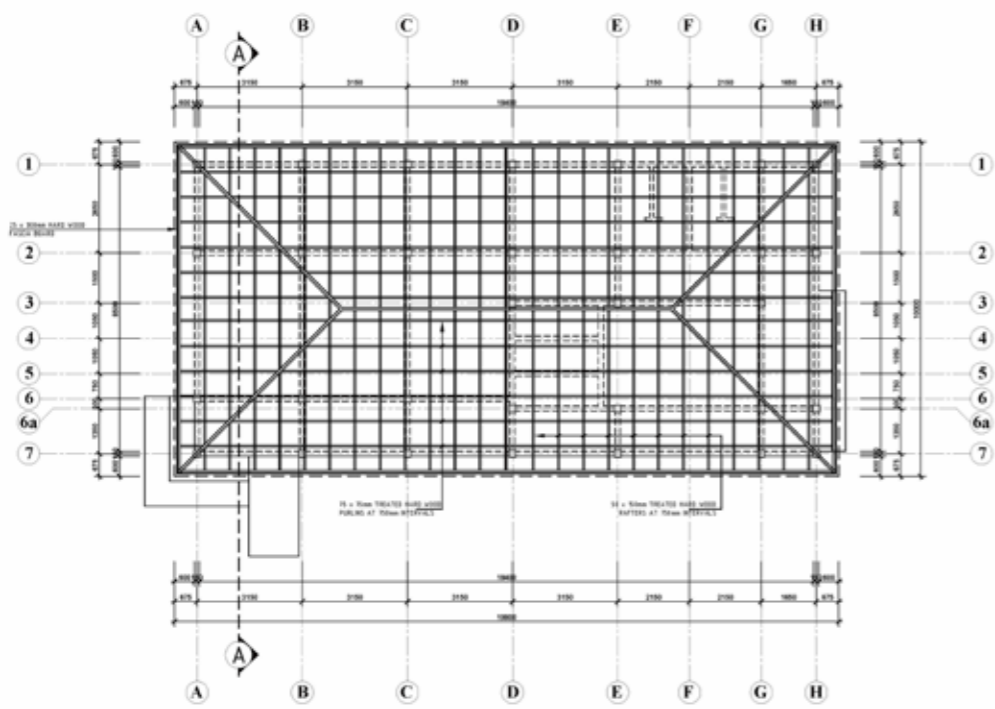
ROOF COVERING PLAN
SCALE - 1: 100

DATE OF REV.	REVISION DETAILS	INITIALS
F. A. S. PRESTON ARCHITECTURAL SERVICES		
MATERNITY WAITING HOUSE		
ROOF PLAN		
05	SCALE	1:100



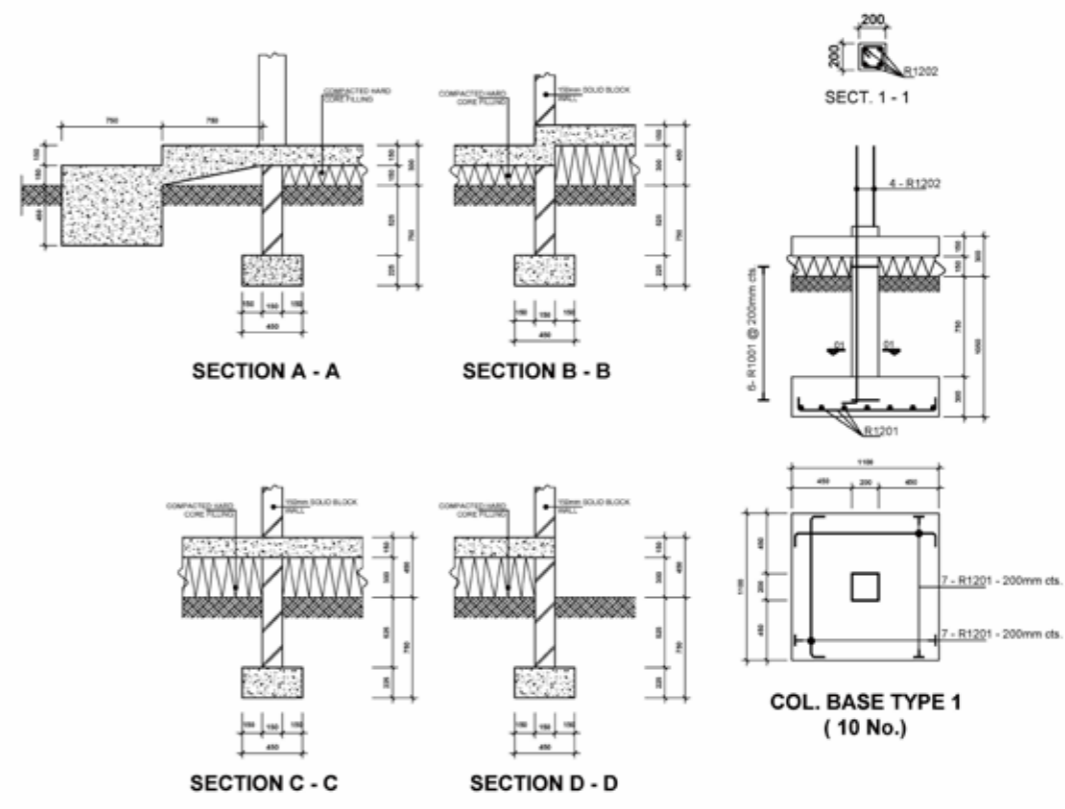
FOUNDATION PLAN
SCALE - 1: 100

DATE OF REV.	REVISION DETAILS	INITIALS
F. A. S. PRESTON ARCHITECTURAL SERVICES		
MATERNITY WAITING HOUSE		
FOUNDATION PLAN		
07	SCALE	1:100

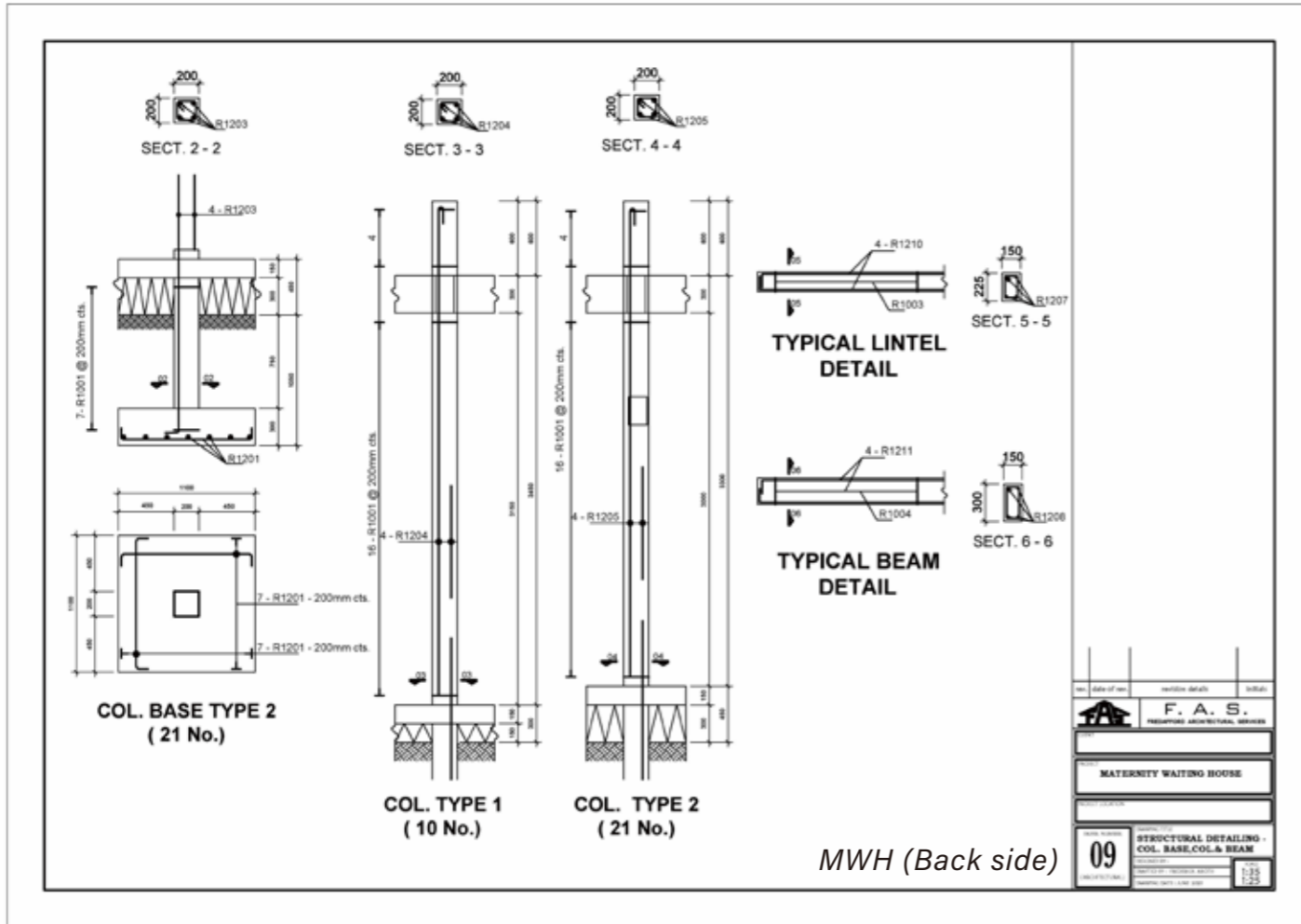


ROOF MEMBER ARRANGEMENT PLAN
SCALE - 1: 100

DATE OF REV.	REVISION DETAILS	INITIALS
F. A. S. PRESTON ARCHITECTURAL SERVICES		
MATERNITY WAITING HOUSE		
ROOF PLAN		
06	SCALE	1:100



DATE OF REV.	REVISION DETAILS	INITIALS
F. A. S. PRESTON ARCHITECTURAL SERVICES		
MATERNITY WAITING HOUSE		
STRUCTURAL DETAILING - FOR FOOTINGS, COL. BASE		
08	SCALE	1:100



MWH (Front side)



MWH (Right side)



MWH (Back side)



MWH (Left side)

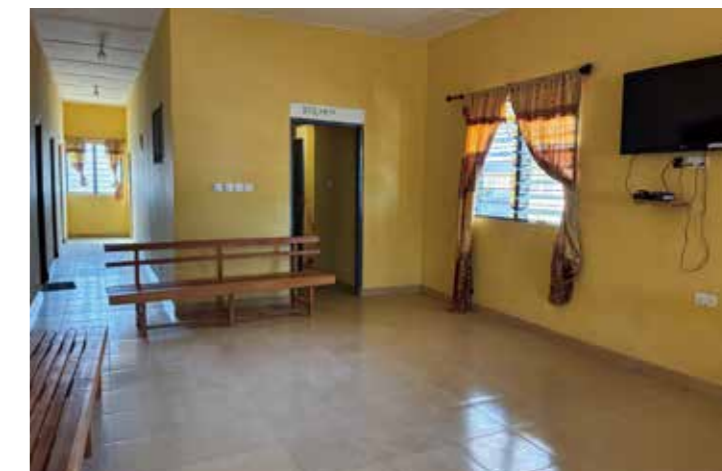
Appendix 3: Pictures of MWH



Maternity Ward (right) and MWH (left) are located next to each other.



Entrance



Common space



Bedroom (There are 5 bedrooms with 2 beds each)



Kitchen