

Rapid Multi – State Assessment Of Birth Waiting Homes Under NHM: Functioning, Utilization, Cost-Effectiveness And Policy Implications: Reg No: 457

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ABSTRACT

Background: Maternal mortality remains a significant public health concern in India, particularly in tribal and geographically remote regions where delays in accessing institutional delivery care persist. Birth Waiting Homes (BWHs), supported under the National Health Mission (NHM), aim to reduce the second delay by providing temporary residential accommodation near delivery facilities for pregnant women from hard-to-reach areas. Despite scale-up across several states, systematic evidence on their functioning, utilisation, and effectiveness remains limited. **Aims & Objectives:** This rapid multi-state assessment aimed to evaluate the functioning, operational models, utilisation patterns, cost structures, and policy relevance of BWHs across selected states. Specific objectives included assessing infrastructure, governance mechanisms, staffing arrangements, user experiences, and their potential contribution to improving maternal health outcomes. **Methodology:** A mixed-methods cross-sectional design was adopted across five states—Odisha, Madhya Pradesh, Gujarat, Tripura, and Telangana—covering 14 functional BWHs in 10 districts. Data collection included facility assessments, stakeholder and beneficiary interviews, programme document review, and costing analysis. Quantitative data were analysed descriptively, while qualitative data underwent thematic analysis. **Results:** Findings demonstrate considerable inter-state variation in performance and operational models. Odisha, operating largely through an NGO-supported model with defined standard operating procedures and dedicated staffing, achieved consistently high QSI scores (up to 88%) and higher utilisation with earlier pre-delivery admissions. In contrast, government-managed models in Madhya Pradesh and Gujarat often functioned as extensions of antenatal wards, with weaker governance, limited preventive admissions, and lower QSI scores (50–71%). Infrastructure availability was generally adequate across states; however, gaps in dedicated staffing, monitoring systems, and structured referral linkages constrained effectiveness. **Conclusion:** The effectiveness of BWHs depends less on infrastructure alone and more on preventive utilisation, dedicated HR, clear governance frameworks, and integration with antenatal and referral systems. Strengthened operational norms and earmarked recurrent funding are critical for scaling up BWHs in high-need geographies.

KEYWORDS