SUMMARY

Women are crucial to social and economic development. Their health and well being matters to themselves, to their families and communities. Over half a million women are estimated to die annually during pregnancy, delivery and the post-partum period. Improving the quality of the provided maternal health services was recommended for reduction of the high maternal mortality.

The current study was conducted to assess the quality of maternal health services provided by PHC facilities at Qalyobia governorate, determine the problems and obstacles facing optimal delivery of maternal health services and conducting a comparative study between the facilities that have undergone a development process (either replacement of the old building by a new building or improvement of some aspects within the old building to ensure a satisfactory level of the non human resources) and the undeveloped facilities. Suggested strategies and recommendations in a comprehensive program will be developed by the researcher to improve the quality of the maternal health care provided by the PHC facilities.

All PHC facilities providing maternal health services in 2 districts (Benha and kafr Shoker) in Qalyobia governorate, which were chosen by convenience, were the sample of the study. A standardized check list (quality assessment manual recommended by MOHP, 2000) was used with different methods and tools to assess the quality. The quality can be assessed by fulfillment of the check list guided with its categories, criteria and standards. The criteria is complied with when all its standards were satisfied by the facility and the non compliance with any criterion means

that the facility doesn't satisfy some or all of the standards recommended for that criterion which is considered a problem. To assess the quality of the maternal health services (antenatal, natal and postnatal services) a number of general aspects have to be assessed as they are essential for the provision of the any services; general resources, unit administration, lab. services, infection control and referral system.

This study revealed that the majority of the PHC facilities at Benha and Kafr Shoker districts are developed ones. Also it showed that the rural PHC facilities (RHU, CRHU, IRHU) constitute the majority of the PHC facilities at Benha and Kafr Shoker districts.

The majority of the developed facilities (80.77%) had fair and good QI grade of the general resources while the majority (73.33%) of the undeveloped facilities have poor Q.I. grade with statistically significant difference. Also this study revealed that the majority (88.46%) of the developed PHC facilities and all the undeveloped facilities have poor QI grade of unit administration and lab. services with statistically non significant difference. All the facilities either developed or undeveloped at Benha and Kafr Shoker district provided poor QI grade regarding antenatal and post natal care services.

The developed facilities had higher QI values of the general resources, unit administration, lab. services and antenatal and postnatal services than the undeveloped facilities with statistically significant differences.

This study showed that the undeveloped facilities showed higher non-compliance percentages with the criteria of the general resources with statistically significant results only for the furniture. There was statistically significant difference regarding the non compliance

compliance with the criteria of the lab services process except the client's health education, positive case counseling, accuracy and completeness of data and periodic reports which were not satisfied by any facility. Suggested causes of non compliance were; work load exerted on the lab technicians, lack of many standards of the basic construction, reluctance about cleanliness and protective maintenance, weak supervision role, inadequate supply of some materials from the district level, misuse of the furniture and equipment by the lab technician and high flow rate of clients.

This study showed that most facilities complained of deficient supply of the essential materials needed for provision of the different infection control steps. All the facilities satisfy the criteria of the instrument disinfection and sterilization and non of them satisfy any of the criteria of the general medical procedures or environmental sanitation procedures (process). The special resources needed for conduction of the referral service to work were available at all facilities. Most of the process criteria and all the service outcome criteria could not be studied at any facility due to deficient reporting of its data. This non compliance could be attributed to inadequate supply of the needed materials for infection control, weak supervision role, deficient reporting of many data needed to asses the quality of the infection control system & referral system and observed reluctance of the health services providers to follow up the standards.

All the facilities have fetal stethoscope and home visits bag but all of them complain of deficiency of the essential drugs and some of them complain of deficiency of the registration records, gloves and other pharmaceutical materials needed to provide the antenatal and postnatal services. All the facilities didn't follow most of the recommended criteria

or guidelines of the process of the antenatal and postnatal care services which show different distribution among the different facilities. Many indicators of the outcome of the antenatal and postnatal care services could not be used as base for assessment due to confabulation of its data. This study showed that the natal care was provided by only some facilities. All the criteria of the special resources needed to provide natal care were available at all facilities except; anesthetic equipments, additional medications and solutions. Also it was found that a low rate of labours were conducted by all facilities. The natal services outcome indicators could not be calculated due to deficient reporting of its needed data. Some suggested causes of the above non compliance were; Inadequate supply of some special resources, bad quality equipments, overcrowdness with unplanned work conditions, bad attitude towards the clients, reluctance of the health service providers to follow up the recommended standards, weak supervision role by higher levels and untrained unskilled health services providers.