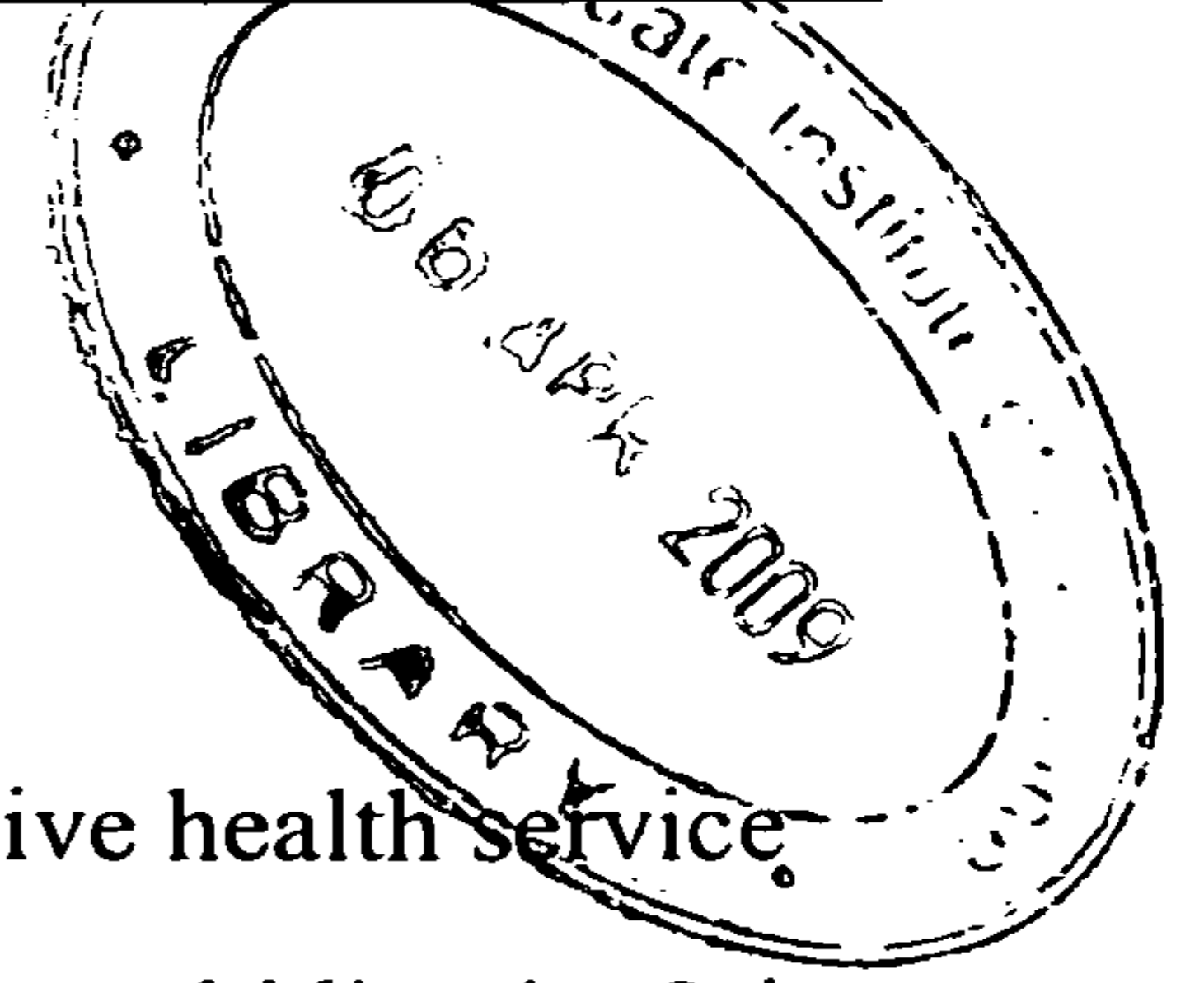


ABSTRACT



The Government of Sri Lanka is committed to provide a comprehensive health service to its people. The emphasis on reducing maternal mortality and morbidity in Sri Lanka has been through the provision of appropriate maternal care services to all pregnant mothers during antenatal, intra-natal and postnatal periods using both the preventive and curative healthcare systems. The country has achieved a very high percentage of institutional deliveries and nearly one third of deliveries are taking place in Base Hospitals situated in all districts. Secondary data analysis of six Base hospitals in the western province revealed that all hospitals are equipped with more or less similar resources. However, their performance in terms of outcome indicators showed a wide variation. Therefore, the present study was undertaken with the objectives of assessing and comparing the level of performance among these institutions identifying the underlying reasons for such variation.

A descriptive cross sectional study was conducted in all maternity units of six Base hospitals in the Western province of Sri Lanka from 1st of April to 30th of June 2007. The input variables for maternity services were assessed in terms of availability of human resources, infra-structure and equipment, supportive services, and monitoring and evaluation. The performance of maternity units was determined by outcome of admissions, delivery practices, status of the mother and the newborn and patient satisfaction. Data was collected using specially designed checklists, questionnaires and data sheets. Principal investigator and trained data collectors gathered data by visiting institutions and field during the study period.

The availability of human resources, infrastructure and equipment were satisfactory and similar in all maternity units, in keeping with the national standards issued by the MoH. Training inputs received by the health staff was different among institutions where in-service training inputs were at a high level in BH Homagama. All hospitals were adequately supplied with basic physical facilities such as 24 hour water supply, electricity, sanitary facilities and transport services. The supportive services such as laboratory, blood bank and operation theatre facility were available in most institutions though functioning hours were different in some. Premature Baby Units

and Intensive Care facilities were available in all maternity units, however, inadequacy of trained personnel was observed in all. The accessibility to these specialized units was unsatisfactory in many institutions mainly due to poor planning and unavailability of master plans for institutions.

With regard to monitoring and evaluation, it was observed that a high level supervision with the participation of top level managers was in place in BH Homagama. In BH Gampaha and Wathupitiwala, supervision was poor. The regular conduction of unit meetings, follow-up actions and good record keeping were seen only in BH Homagama.

The results of the performance evaluation showed that most outcome indicators had a statistically significant difference among the hospitals. The study units reported a overall Caesarean section rate of 30% ranging from 20% in BH Homagama to 39% in BH Wathupitiwala. Mothers reported a post partum morbidity rate of 2.6% and neonatal morbidity rate of 4.4%. Easily preventable complications such as sepsis and asphyxia were common in some institutions. The practices adopted in monitoring of labour (use of partograph and measurement of apgar score) were significantly different among the hospitals ($p=0.000$) with a high percentage in BH Homagama and Wathupitiwala. The patient satisfaction was found to be significantly different among the hospitals. A higher mean rank was observed in BH Homagama (117.4) and BH Wathupitiwala (125.9) while a low figure for BH Awissawella (24).

Based on the above, the hospitals were categorized into two groups i.e. group with better management (A) and the group with poor management (B) based on the rank obtained using two criteria, availability of resources and management of available resources. The overall assessment showed that Group A hospitals which had better management practices led to favorable maternal outcomes, better quality of services and higher patient satisfaction compared to Group B. The findings highlighted that good management with adequate resources; capacity building of staff, regular monitoring and supervision resulted in improved performance of the maternity units reviewed in this study. The correlation test applied to determine the relationship between independent and outcome variables also showed that hospitals with improved performance had a positive correlation with monitoring, supervision, training and skill development as opposed to the availability of human resources and infrastructure facilities.