

## Original Article

## INFRASTRUCTURE, INVENTORY, HUMAN RESOURCE OF MOTHER & CHILD CENTERS OF, LAHORE AND ITS IMPACT ON MATERNAL HEALTH SERVICES

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**Objectives:** It is a common observation that there is load on tertiary care facilities which is logical outcome of under utilized primary level. For identification, quantification and gauging of these gaps current study was conducted at MCH Centers of City District Government Lahore.

**Materials and Methods:** It was cross-sectional descriptive study conducted at City District Government, Lahore. 18 MCH centers were selected by randomization technique at each town.

**Results:** The current study depicted that 44.44% centers were not having any telephone, fax, generator and ambulance service. While at 11.11% centers the post of dai are vacant. It was also found the 27.78% centers were not delivering service of IUD and inject able family planning services. It was also found that 88.89% of centers had the approved furniture, equipment and linen but in majority of cases it was non functional conditions. It was also found that 83.33% MCH Centers were lacking oxygen cylinder, artery forceps and tooth forceps. 88.89% MCH centers were not having vaginal retractors and dressing seizers. Umbilical Tape, Casco Vaginal Speculum, weighing machine were absent at 100% MCH centers. First aid box was present at 17 94.44% MCH Centers. Examination Couch, almira, towel stand, iron bed and overalls were available at 88.89% of the MCH Centres but mostly they were in poor condition. Office chair, delivery couch, bed sheet and table cloth were available in all MCH Centres while bench, bucket, towel stand and durries were available in 94.44 MCH Centres.

**Conclusion:** The preceding lines depict that although majority of centers have got sanctioned equipment and furniture but they are non functional and due to this fact this chain of MCH Centers for Maternal Health Services are not delivering up to the mark. Investment in the form of financial resources determines the success or failure of any setup.

**Keywords:** LHV, LHWS, WMOs, MCHCs, Infrastructure, Impact.

### Introduction

Women's health has long been a priority area of concern and activity for the United Nations development programme (UNDP). The WHO and UNICEF estimate that maternal mortality in developing countries is more than 100 times higher than in industrialized countries. Maternal component of MCH Services caters a large group, which is a special or risk group. The problem affecting the health of mother is multi factorial and is serious health concern of community and states in developing countries. The present strategies like Safe motherhood, clean delivery and EmOC is an integrated package of essential health care for mothers.

### Materials and Methods

It was cross-sectional descriptive study conducted at City District Government, Lahore. Study Population was all MCH centers of City Distt: Govt. Lahore and a list of MCH centers located in the 9 towns of City Distt: Govt. Lahore. 18 out of 52 MCH centers

working under the control of City Distt: Govt. Lahore, which constitute 33% of total facilities as calculated with help of statistician. 18 MCH centers were selected by randomization technique at each town.

### Results

The current study depicted that 44.44% centers were not having any telephone, fax, generator and ambulance service. While at 11.11% centers the post of dai are vacant. It was also found the 27.78% centers were not delivering service of IUD and inject able family planning services. It was also found that 88.89% of centers had the approved furniture, equipment and linen but in majority of cases it was non functional conditions. It was also found that 83.33% MCH Centers were lacking oxygen cylinder, artery forceps and tooth forceps. 88.89% MCH centers were not having vaginal retractors and dressing seizers. Umbilical Tape, Casco Vaginal Speculum, weighing machine were absent at 100% MCH centers. First aid box was present at 17 94.44%

MCH Centers. Examination Couch, almirah, towel stand, iron bed and overalls were available at 88.89% of the MCH Centres but mostly they were in poor condition. Office chair, delivery couch, bed sheet and

table cloth were available in all MCH Centres while bench, bucket, towel stand and durries were available in 94.44 MCH Centres. First and box was present at 17 94.44%. MCH Centers.

**Table-1:** Inventory of equipment available at MCH centres for maternal health services.

Equipment	Provision at MCH Centre n=18			
	No	Available Percentage	No	Not Available Percentage
Midwifery Kit	18	100	0	00.00
Family Planning Kit	18	100	0	00.00
Sphygmomanometer	16	88.89	2	11.11
Stethoscope	16	88.89	2	11.11
Fetoscope	18	100	0	00.00
Thermometer	16	88.89	2	11.11
Weighing machine	0	00.00	18	100
Examination Couch	16	88.89	2	11.11
Umbilical Tape	0	00.00	18	100
Height Measuring tape & stand	16	88.89	2	11.11
Strilizer	0	00.00	18	100
TORCH	16	88.89	2	11.11
First aid box	17	94.44	1	5.56
Kindney tray	16	88.89	2	11.11
Vaginal speculum	0	00.00	18	100
Anterior wall vaginal retractor	02	11.11	16	11.11
Oxygen Cylinder	03	16.67	15	83.33
Curved dressing seizer	02	11.11	16	88.89
Straight dressing seizer	02	11.11	16	88.89
Curved artery forecps	03	16.67	15	83.33
Tooth forceps	03	16.67	15	83.33

**Table-2:** Inventory of furniture available at MCH centres.

Furniture item	Provision at MCH Centre n=18			
	No	Available Percentage	No	Not Available Percentage
Office Chair	18	100	0	00.00
Office Table	18	100	1	5.56
Examination couch	16	88.89	2	11.11
Delivery couch	18	100	0	00.00
Bed iron	18	88.89	2	11.11
Bucket	16	94.44	1	5.56

Almirah	17	88.89	2	11.11
Bench	16	94.44	1	5.56
Towel stand	18	88.89	2	11.11
Bed sheet	16	100	0	00.00
Pillow	17	88.89	2	11.11
Durries	16	94.44	1	5.56
Overalls	17	88.89	2	11.11
Table cloth	18	100	0	00.00
Baly cot	17	94.44	1	5.56

**Table-3:** Drug supply storage MCH centre.

Source / Storage	Status at MCH Centre n=18			
	No	Yes Percentage	No	No Percentage
<b>Government</b>				
Government	18	100	0	00.00
Non-Government	0	00.00	18	100
<b>Storage of Medicine</b>				
Dry place	17	94.44	1	5.56
Moist place	1	5.56	17	94.44
On the ground	1	56.56	17	94.44
Sunlight exposure	17	94.44	1	5.56

**Table-4:** Infrastructure details of MCH centers.

Infomation	Status at MCH Centre n=18			
	No	Yes Percentage	No	No Percentage
<b>Description</b>				
Rural location	2	11.11	16	88.89
Urban location	16	88.89	2	11.11
Building owned by government	18	100	0	00.00
<b>Resources</b>				
Electricity	18	100	-	00.00
Generator	0	00.00	0	00.00
Water supply	17	94.44	1	5.56
Latrine	0	00.00	0	00.00
Refrigerator	8	44.44	10	5.56
Ambulance	0	00.00	0	00.00
Telephone	0	00.00	0	00.00

## Discussion

For identification, quantification and gauging of these gaps current study was conducted at MCH Centers of City District Government Lahore. Infrastructure, inventory of drugs and equipment and appropriate human resource is essential for success of Services Delivery Program. Punjab Devolved Social Sector Program observes that documents unearth that facilities at different level of health care are unable to deliver services that meets Minimum Service Delivery Standards, which is minimum level of services that patients and service users have a right to expect. There is lack of equipment, non availability of human resources and the poor condition of buildings. For geographical accessibility and services strengthening, the model efforts must be made which comply with Minimum Service Delivery Standards<sup>1</sup>. Health Sector Reform Program reflects that 22% of the sanctioned posts for the health workers in Punjab are vacant, 32% are vacant for WMOs, 37% of sanctioned posts for nurses are vacant, 59% sanctioned posts of gynecologists are vacant and 40% sanctioned posts of LHVs are vacant. The overall quantitative in sufficiency of health reforms is aggravated by ineffective utilization of existing health workers resulting from mal distribution, faulty deployment and weak management<sup>2</sup>. The approved yardstick for maternal & child health centers reflect that one LHV, One Dai and one Naib Qasid are sanctioned posts. The documents also reflects that each center is having two LHWs of National programme for Family Planning & Primary Health Care for pay purpose, while administratively and technically they are under LHV in charge. The preceding lines depict that although majority of centers have got sanctioned equipment and furniture but they are non functional and due to this fact this chain of MCH Centers for Maternal Health Services are not delivering up to the mark. Investment in the form of financial resources determines the success or failure of any setup. National Institute of Population Studies (NIPS) in its report depicts that spending on health and population through public and private sector is 4.1% of GDP in which public sector contribution is 0.57% in Pakistan<sup>3</sup>. Financial literature reflects that 52 MCH centers of City District Government Lahore have total allocation to the tune of Rs: 8282828/-. This is yearly allocation and its non salary portion is to the tune of Rs: 1610617/- which is spent on contingency, billing and upgrading of these MCH centers. These figures

further reflect that total non salary allocation of one MCH center is Rs: 30944/- per annum, out of which each center is left with only Rs: 18000/- on average per annum for up gradation and facilitation of patients of one MCH Center<sup>4</sup>. The picture of financial status of MCH Centers reflects that only an amount of RS: 18000/- per annum is left for improvement of one MCH Center. This reflects the level of priority and seriousness of policy makers for this chain of maternal health which are suppose to deliver the services of preventive obstetrics and resultantly the 52 MCH Centers of City District Government Lahore are in deplorable condition.

## Conclusions & Recommendations

The current study revealed that physical infrastructure of these MCH Centers are deplorable, the equipment/drug/furniture inventory is in adequate, capacity building of human resource was inefficient and visiting clients were dissatisfied with this chain of preventive obstetrics. This study focused on medical audit of these MCH Centers and evaluated their services and found major gaps in committed and standardized services prescribed for this chain. It is recommended that a separate yardstick of infrastructure and inventory of furniture/equipments should be notified for MCH Centers which is lacking in current mechanism on basis of these gaps following recommendations are submitted for concerned.

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## References

1. Government of Punjab Notification 2004. PDSSP, Minimum Service Delivery Standards, Government of the Punjab.
2. Government of Punjab Database 2008. Health Sector Reform Program (HSRP) database, Punjab 2008.
3. Government of Punjab Notification 2004. National Institute of Population studies (NIPS) 2008 Islamabad.
4. Government of Punjab. Budget Manual 2009-10 of City District Government Lahore. Development and non developmental allocation for mother and child health centers of Lahore.