

Health Facility Assessment: Summary of Findings of 10 PAIMAN Districts

(September-November 2005)

Current situation of MNH Services

INDICATORS	RHC (44)	THQ (20)	DHQ (8)
Basic Emergency Obstetric and Neonatal Care (EmONC)	<ul style="list-style-type: none"> Basic EmONC services were available in 23% of RHCs 	<ul style="list-style-type: none"> Basic EmONC services were available in 40% of THQ hospitals 	<ul style="list-style-type: none"> Basic EmONC services were available in all DHQ hospitals.
Comprehensive Emergency Obstetric and Neonatal Care (EmONC)		<ul style="list-style-type: none"> Comprehensive (EmONC) services were available in 20% of THQ hospitals. 	<ul style="list-style-type: none"> Comprehensive (EmONC) services were available in 63% of DHQ hospitals.
C-section as percentage of total births at facility		<ul style="list-style-type: none"> 2.6% (189) out of the total births (7,084) at facilities during 2004 	<ul style="list-style-type: none"> 16% (1,304) out of the total births (8,069) at facilities during 2004
MNH Services delivery protocols availability	<ul style="list-style-type: none"> None of the RHC had all service delivery protocols Less than 50% service delivery protocols; 17 RHCs More than 50% service delivery protocols; 21 RHCs 6 RHCs had none of the service delivery protocols 	<ul style="list-style-type: none"> None of the THQ hospital had all service delivery protocols Less than 50% service delivery protocols; 8 THQ hospitals More than 50% service delivery protocols 6 THQ hospitals 6 THQ hospitals had none of the service delivery protocols 	<ul style="list-style-type: none"> 2 DHQ hospitals had all service delivery protocols Less than 50% service delivery protocols; 2 DHQ hospitals More than 50% service delivery protocols; 2 DHQ hospitals 2 DHQ hospitals had none of the service delivery protocols
<p>Out of all MNH services delivery protocols, least commonly available protocol was for Neonatal asphyxia management (13%) and most commonly available was Family Planning (61%), followed by Antenatal Care 56% in all types of public sector health facilities</p>			
Supervisory visits	<ul style="list-style-type: none"> Supervisory visits were conducted in 95% of the RHC facilities 	<ul style="list-style-type: none"> Supervisory visits were conducted in all the THQ hospitals 	<ul style="list-style-type: none"> Supervisory visits were conducted in all DHQ hospitals
MNH Essential drugs/supplies, Stock position	<ul style="list-style-type: none"> All essential MNH drug/supplies; 2 RHCs Less than 50% essential MNH drugs; 11 RHCs More than of essential MNH drugs; 27 RHCs No essential MNH drugs was available; 4 RHCs 	<ul style="list-style-type: none"> All essential MNH drug/supplies; 2 THQ hospitals Less than essential MNH drugs but less than 50%; 1 THQ hospital More than 50% of essential MNH drugs; 17 THQ hospitals 	<ul style="list-style-type: none"> All essential MNH drug/supplies; 1 DHQ hospital Less than 50% essential MNH drugs; 1 DHQ hospitals More than 50% of essential MNH essential drugs; 6 DHQ hospitals
<ul style="list-style-type: none"> Least commonly available drug out of all drugs was Neonatal Eye Ointment (23%) and most commonly available drug was Injectable antibiotics (85%), followed by Oral Antibiotics 28% in all types of health facilities in public sector 			

INDICATORS	RHC (44)	THQ (20)	DHQ (8)
Human Resource	<ul style="list-style-type: none"> Almost 80% of the posts of doctors and LHVs were occupied 	<ul style="list-style-type: none"> About half (47%) of the sanctioned posts of Gynecologists and 66% of the posts of Pediatricians were occupied. Only 10% of sanctioned post of Anesthetic were filled in THQ hospitals 	<ul style="list-style-type: none"> In DHQ health facilities 75% of the sanctioned posts of Gynecologists and 75% of the posts of Pediatricians were occupied. Only 27% of sanctioned post of Anesthetic were filled in DHQ hospitals
	<ul style="list-style-type: none"> In all types of health facilities in public sector the ratio of male / female doctors was 3.5/1 in filled posts Extremely low ratio of male to female doctor is an indication of unmet needs of MNH human resources 		
Facility Utilization Rates for MNH services	<ul style="list-style-type: none"> Average daily OPD attendance per facility of Gyne/Obs patients was 5 Average daily OPD attendance per facility of Neonate and children was 9 	<ul style="list-style-type: none"> Average daily OPD attendance per facility of Gyne/Obs patients was 21 Average daily OPD attendance per facility of Neonate and children was 13 	<ul style="list-style-type: none"> Average daily OPD attendance per facility of Gyne/Obs patients was 33 Average daily OPD attendance per facility of Neonate and children was 30
Number of facilities sending HMIS Reports for the month prior to survey	<ul style="list-style-type: none"> Monthly HMIS reports were sent by 98% RHCs 	<ul style="list-style-type: none"> Monthly HMIS reports were sent by 90%THQ hospitals 	<ul style="list-style-type: none"> Monthly HMIS reports were sent by 87.5% of DHQ hospitals

Recommendations

- ❖ The availability of Basic Emergency Obstetric and Neonatal Care (EmONC) services must be ensured in all RHCs, THQ and DHQ hospitals by providing the missing facilities.
- ❖ The availability of Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services must be ensured in all THQ and DHQ hospitals by providing the missing facilities.
- ❖ The availability of service delivery protocols at RHCs, THQ and DHQ hospitals must be ensured through dialogue with DHMTs.
- ❖ Availability of all essential MNH drugs/supplies must be ensured in all public health facilities
- ❖ The availability of Gynecologists and Pediatrician must be ensured in all THQ and DHQ hospitals devising some innovative approaches.
- ❖ The availability of WMOs in all types of health facilities and additional posts in THQ/DHQ hospitals is required to expand the MNH services
- ❖ Innovative approaches are required to make the availability of female staff (LHV, Midwife) in all types of health facilities.