

Health Facility Assessment: Summary Findings

District Dadu

(September-November 2005)

Current Situation of MNH Services

INDICATORS	RHC n= 3	THQ n = 3	DHQ n=1
Basic Emergency Obstetric and Neonatal Care (EmONC)	<ul style="list-style-type: none"> Basic Emergency Obstetric and Neonatal Care (EmONC) services were available in 2 RHCs. 	<ul style="list-style-type: none"> Basic Emergency Obstetric and Neonatal Care (EmONC) services were available in 1THQ hospital. 	<ul style="list-style-type: none"> Basic Emergency Obstetric and Neonatal Care (EmONC) services were available
Comprehensive Emergency Obstetric and Neonatal Care (EmONC)		<ul style="list-style-type: none"> Comprehensive Emergency Obstetric and Neonatal care (EmONC) services were available in one THQ hospital 	<ul style="list-style-type: none"> Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services were available
C-section as percentage of total births at facility		<ul style="list-style-type: none"> No C-section was reported out of total births (782) at facility during 2004 	<ul style="list-style-type: none"> 19% (552) out of the total births (2847) at facility
MNH Service delivery protocols availability	<ul style="list-style-type: none"> None of the MNH service delivery protocol was available in any RHC facility 	<ul style="list-style-type: none"> None of the MNH service delivery protocol was available in THQ hospitals 	<ul style="list-style-type: none"> The service delivery protocol for Antenatal, Natal, Postnatal care and Family planning were available
Supervisory visits	<ul style="list-style-type: none"> Supervisory visits were conducted in all facilities 	<ul style="list-style-type: none"> Supervisory visits were conducted in all facilities 	<ul style="list-style-type: none"> Supervisory visits were conducted
MNH Essential drugs/supplies, Stock position	<ul style="list-style-type: none"> Neonatal eye Ointment was not available in any facility Injectable Oxytocin was missing in one RHC 	<ul style="list-style-type: none"> All essential MNH drugs were available in all THQ hospitals except Neonatal Eye Ointment and Injectable Oxytocin 	<ul style="list-style-type: none"> All essential MNH drugs were available
Human Resource	<ul style="list-style-type: none"> The post of WMO was vacant in one RHC Posts of LHV were vacant in 2 RHCs 	<ul style="list-style-type: none"> The posts of Gynecologist, Pediatrician and Anesthetist were vacant in all THQ hospitals WMOs were posted in 2 hospitals LHVs were posted in all THQ hospitals 	<ul style="list-style-type: none"> Pediatrician was available while the posts of Anesthetist and Gynecologist were vacant One WMO was and one LHV were posted
Number of facilities sending HMIS Reports for the month prior to survey	<ul style="list-style-type: none"> Monthly HMIS report was sent by all RHCs 	<ul style="list-style-type: none"> Monthly HMIS report was sent by all facilities 	<ul style="list-style-type: none"> Monthly HMIS report was sent

Recommendations

- ❖ The availability of Basic Emergency Obstetric and Neonatal Care (EmONC) services must be ensured in all THQs hospitals.
- ❖ Basic EmONC services must be made available in all RHCs by providing missing component of services.
- ❖ 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, Pediatrician and Anesthetic 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.