

Health Facility Assessment: Summary Findings

District D.G. Khan (September-November 2005)

Current Situation of MNH Services

INDICATORS	RHC n= 9	THQ n = 1	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 not available in any RHC. 	<ul style="list-style-type: none"> Basic Emergency Obstetric and Neonatal Care (EmONC) services were available 	<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 not available in 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 (95) at facility during 2004 	<ul style="list-style-type: none"> 11% (136) out of the total births (1212) at facility during 2004
MNH Services delivery protocols availability	<ul style="list-style-type: none"> Protocols for antenatal care, natal care were available in 5 RHCs The protocols for excessive bleeding, eclampsia, family planning and antenatal care were not available in any facility 	<ul style="list-style-type: none"> None of the MNH service delivery protocol was available in THQ hospital 	<ul style="list-style-type: none"> Protocols for Antenatal Care, excessive bleeding, family planning and C-section were available
Supervisory visits	<ul style="list-style-type: none"> Supervisory visits were conducted in 8 RHCs 	<ul style="list-style-type: none"> Supervisory visits were conducted 	<ul style="list-style-type: none"> Supervisory visits were conducted
MNH Essential drugs/supplies, Stock position	<ul style="list-style-type: none"> All essential MNH drugs were available in all health facilities except Neonatal Eye Ointment, Tablet Iron, Oral Antibiotics and Injectable Oxytocin 	<ul style="list-style-type: none"> All essential MNH drugs were available except Tablet Iron, Neonatal Eye Ointment and Injectable Oxytocin 	<ul style="list-style-type: none"> All essential MNH drugs were available except Injectable Oxytocin
Human Resource	<ul style="list-style-type: none"> The posts of WMOs and LHVs were filled in 6 RHCs while vacant in 4 	<ul style="list-style-type: none"> The posts of Gynecologist, Pediatrician and Anesthetist were vacant The posts of WMO and LHV were also vacant in THQ 	<ul style="list-style-type: none"> The posts of Gynecologist, Pediatrician and Anesthetist were filled The post of WMO was vacant

INDICATORS	RHC n= 9	THQ n = 1	DHQ n=1
Number of facilities sending HMIS Reports for the month prior to survey	<ul style="list-style-type: none"> Monthly HMIS report was sent by 8 RHCs 	<ul style="list-style-type: none"> Monthly HMIS report was sent 	<ul style="list-style-type: none"> Monthly HMIS report was not sent

Recommendations

- ❖ The availability of Basic Emergency Obstetric and Neonatal Care (EmONC) services must be ensured in all RHC level health facilities by providing of missing component of services
- ❖ The availability of Comprehensive EmONC services must be ensured in THQ hospital by providing missing component of services
- ❖ The availability of all service delivery protocols in 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 RHCs 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.