

Health Facility Assessment: Summary Findings

District Jhelum (September-November 2005)

Current Situation of MNH Services

INDICATORS	RHC n= 5	THQ n = 2	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 only one THQ 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 1 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 (165) at facility during 2004 	<ul style="list-style-type: none"> 9.6% (216) out of the total births (2250) at facility during 2004
MNH Service delivery protocols availability	<ul style="list-style-type: none"> Service delivery protocols for Antenatal and postnatal care, emergency obstetric care and family planning were available in all RHCs 	<ul style="list-style-type: none"> None of the service delivery protocol was available in any THQ hospital 	<ul style="list-style-type: none"> The protocols for Natal / Antenatal services, newborn resuscitation and Family Planning were available
Supervisory visits	<ul style="list-style-type: none"> Supervisory visits were conducted in all RHCs 	<ul style="list-style-type: none"> Supervisory visits were conducted in both THQs 	<ul style="list-style-type: none"> Supervisory visits were conducted
MNH Essential drugs/supplies, Stock position	<ul style="list-style-type: none"> Supplies were available in 5 RHCs, Injectable Antibiotics in 2, Oral Antibiotics in 3, Tablet Iron and Neonatal Eye Ointment each in 2 RHCs Injectable Oxytocin was not available in any RHC 	<ul style="list-style-type: none"> Injectable Antibiotics and supplies were available in 2, Iron Tablet was available in only 1 THQ. Neonatal Eye Ointment and Injectable Oxytocin were not available in any THQ hospital 	<ul style="list-style-type: none"> All essential MNH drugs were available except Neonatal Eye Ointment and Injectable Oxytocin and Iron Tablets.
Human Resource	<ul style="list-style-type: none"> Posts of WMOs were occupied in 2 RHC and LHVs in 4 	<ul style="list-style-type: none"> Gynecologist, and Pediatrician were available in 1 THQ hospital WMO; 1 THQ hospital Anesthetist; none of THQ hospital 	<ul style="list-style-type: none"> The posts of Gynecologist and Pediatrician were occupied but Anesthetist was vacant. WMOs and LHVs were available
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 both ThQs 	<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 RHC level facilities
- ❖ The availability of Basic and Comprehensive EmONC must be ensured in both THQ hospitals
- ❖ 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 both THQ hospitals devising some innovative approaches.
- ❖ The availability of WMOs in all RHC facilities and additional posts in THQ 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.