

Health Facility Assessment: Summary Findings

District Khanewal (September-November 2005)

Current Situation of MNH Services

INDICATORS	RHC n= 4	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 not available in any RHC 	<ul style="list-style-type: none"> Basic Emergency Obstetric and Neonatal Care (EmONC) services were available in 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 care (EmONC) services were not available in any THQ hospital. 	<ul style="list-style-type: none"> Comprehensive Emergency Obstetric care (EmONC) services were available
C-section as percentage of total births at facility		<ul style="list-style-type: none"> 12% (41) of the total births (342) at facility during 2004 	<ul style="list-style-type: none"> 33% (73) out of the total births (223) at facility during 2004
MNH Service delivery protocols availability	<ul style="list-style-type: none"> Service delivery protocols for Antenatal, postnatal , emergency obstetric care and family planning were available in 4RHCs Protocols for and neonatal care; 2 RHCs Protocol for excessive bleeding and eclampsia; 1RHC 	<ul style="list-style-type: none"> Protocol for Antenatal Care and Family Planning ; 2 THQs Delivery Care, eclampsia, newborn care and resuscitation; 1THQ Protocols for EmOC, excessive bleeding, and newborn asphyxia were not available in any THQ 	<ul style="list-style-type: none"> All protocols were available except neonatal asphyxia management
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 4 RHCs, Injectable Antibiotics in 2, Oral Antibiotics in 3 and Neonatal Eye Ointment in one RHC Tablet Iron and Injectable Oxytocin were not available in any RHC 	<ul style="list-style-type: none"> Tablet Iron, 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 Iron Tablet.
Human Resource	<ul style="list-style-type: none"> All posts of WMOs and LHVs were occupied 	<ul style="list-style-type: none"> Posts of Gynecologist, and Pediatrician were occupied in both THQs All posts of WMOs, and LHVs were occupied in both THQ hospitals 	<ul style="list-style-type: none"> The posts of Gynecologist, Pediatrician and Anesthetist were filled The posts of WMOs and LHVs were occupied

INDICATORS	RHC n= 4	THQ n = 2	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 all RHC 	<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 by providing missing facilities.
- ❖ The availability of Basic and Comprehensive EmONC must be ensured in both THQ hospitals by providing 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 WMOs in all types of health facilities and additional posts in THQ/DHQ hospitals is required to expand the MNH services.