Health Facility Assessment: Summary Findings

District Lasbela

(September-November 2005)

Current Situation of MNH Services

Indicators	RHC n= 4	THQ n = 1	DHQ n=1
Basic Emergency Obstetric and Neonatal Care (EmONC)	 Basic Emergency Obstetric and Neonatal Care (EmONC) services were available in 2 RHCs. 	Basic Emergency Obstetric and Neonatal Care (EmONC) services were available	 Basic Emergency Obstetric and Neonatal Care (EmONC) services were available.
Comprehensive Emergency Obstetric and Neonatal Care (EmONC)		Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services were available	Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services were not available
C-section as percentage of total births at facility		 No C-section was reported out of total births (96) at facility during 2004 	 No C-section was reported out of total births (50) at facility during 2004
MNH Service delivery protocols	 The protocols for antenatal care, delivery, postnatal care, EmOC and newborn care were available in 1 RHC The protocols for excessive bleeding, eclempsia, C-section and neonatal asphyxia management were not available in any RHC 	No service delivery protocol for Maternal and neonatal services was available	No service delivery protocol was available except EmOC
Supervisory visits	Supervisory visits were conducted in three RHCs	Supervisory visits were conducted	Supervisory visits were conducted
MNH Essential drugs/supplies, Stock position	 Supplies and Injectable Antibiotics were available in 4 RHCs Oral antibiotics and Neonatal Ointment; 2RHCs Tablet Iron in 3 and Injectable Oxytocin in 1 RHC 	 Supplies, Injectable Antibiotics and Injectable Oxytocin were available Neonatal Eye Ointment, Oral Antibiotics and Tablet Iron were not available 	All essential MNH drugs were available except neonatal eye ointment
Human Resource	 WMOs were posted in 2 RHCs LHVs were available in 2 RHCs 	 The posts of Gynecologist, Pediatrician and Anesthetist were vacant in THQ hospital One WMO and one LHV was posted in THQ 	 The posts of Pediatrician, Gynecologists and Anesthetist were vacant There was one WMO and one LHV in DHQ hospital







INDICATORS	RHC n= 4	THQ n = 1	DHQ n=1
Number of facilities	 Monthly HMIS report was 	 Monthly HMIS report was sent 	 Monthly HMIS report was not
sending HMIS Reports	sent by all RHCs	,	sent
for the month prior to	Š		
survey			

Recommendations

- The availability of Comprehensive Emergency Obstetric and Neonatal Care (EmONC) must be ensured in DHQ hospital by providing missing component of services
- ❖ All RHCs must be strengthened for provision of Basic Emergency Obstetric and Neonatal Care (EmONC) 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 Anesthetist must be ensured in 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.





