

# Health Facility Assessment: Summary Findings

## District Sukkur (September-November 2005)

### Current Situation of MNH Services

INDICATORS	RHC n= 3	THQ n = 2	DHQ n=1
Basic Emergency Obstetric and Neonatal Care (EmONC)	<ul style="list-style-type: none"> <li>Basic Emergency Obstetric and Neonatal Care (EmONC) services were not available in any RHC.</li> </ul>	<ul style="list-style-type: none"> <li>Basic Emergency Obstetric and Neonatal Care (EmONC) services were not available in any THQ hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Basic Emergency Obstetric and Neonatal Care (EmONC) services were available</li> </ul>
Comprehensive Emergency Obstetric and Neonatal Care (EmONC)		<ul style="list-style-type: none"> <li>Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services were not available in any THQ hospital</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services were available</li> </ul>
C-section as percentage of total births at facility		<ul style="list-style-type: none"> <li>No C-section was reported out of total births (667) at facility during 2004</li> </ul>	<ul style="list-style-type: none"> <li>38% (251) out of the total births (657) at facility during 2004</li> </ul>
MNH Services delivery protocols availability	<ul style="list-style-type: none"> <li>Service delivery protocols for antenatal care, newborn care and family planning; were available 2 RHCs</li> <li>Protocol for delivery, postnatal care, EmOC and newborn resuscitation; 1 RHC</li> <li>Protocol for excessive bleeding, eclampsia, C-section and asphyxia were not available in any facility</li> </ul>	<ul style="list-style-type: none"> <li>Antenatal, Natal, Postnatal care were available in 2 THQs while</li> <li>Protocol for EmOC, excessive bleeding, eclampsia, C-section and newborn care; 1 THQ</li> <li>Newborn resuscitation and asphyxia management were not available in any THQ</li> </ul>	<ul style="list-style-type: none"> <li>All MNH Service delivery protocols were available</li> </ul>
Supervisory visits	<ul style="list-style-type: none"> <li>Supervisory visits were conducted in all RHCs</li> </ul>	<ul style="list-style-type: none"> <li>Supervisory visits were conducted in both THQs</li> </ul>	<ul style="list-style-type: none"> <li>Supervisory visits were conducted</li> </ul>
MNH Essential drugs/supplies, Stock position	<ul style="list-style-type: none"> <li>All essential MNH drugs/supplies were available in all health facilities except Neonatal Eye Ointment and Injectable Oxytocin</li> </ul>	<ul style="list-style-type: none"> <li>Tablet Iron, Neonatal Eye Ointment and Injectable Oxytocin were not available in any THQ hospital</li> <li>Injectable antibiotics, supplies and Oral Antibiotics were available in 2 THQs</li> </ul>	<ul style="list-style-type: none"> <li>All essential MNH drugs/supplies were available except Injectable Oxytocin</li> </ul>

INDICATORS	RHC n= 3	THQ n = 2	DHQ n=1
Human Resource	<ul style="list-style-type: none"> <li>The posts of WMO were vacant in 2 RHCs</li> <li>Posts of LHVs were occupied in 2 RHCs whereas vacant in one RHC</li> </ul>	<ul style="list-style-type: none"> <li>Pediatricians were available in 2 THQs</li> <li>WMOs were posted in 2 THQs hospitals while the posts of LHV were vacant in both</li> <li>The posts of Gynecologist, and Anesthetist were vacant in both hospitals</li> </ul>	<ul style="list-style-type: none"> <li>The posts of Gynecologist and Pediatrician were filled</li> <li>There was one WMO and One LHV in DHQ hospital</li> </ul>
Number of facilities sending HMIS Reports for the month prior to survey	<ul style="list-style-type: none"> <li>Monthly HMIS report was sent by all RHCs</li> </ul>	<ul style="list-style-type: none"> <li>Monthly HMIS report was sent by all ThQs</li> </ul>	<ul style="list-style-type: none"> <li>Monthly HMIS report was not sent</li> </ul>

## Recommendations

- ❖ The availability of Basic and Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services must be ensured at both THQ hospitals by providing missing components of services
- ❖ Basic EmONC services must be made available in all RHC facilities by providing missing components of the services
- ❖ The availability of service delivery protocols at RHCs, and THQ 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 Anesthetist must be ensured in all THQ hospitals devising some innovative approaches.
- ❖ The availability of WMOs in RHC facilities and additional posts in THQ/DHQ hospitals is required to expand the MNH services