

Health Facility Assessment: Summary Findings

District Upper Dir (September-November 2005)

Current Situation of MNH Services

INDICATORS	RHC n= 3	THQ 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 of the RHC. 	<ul style="list-style-type: none"> Basic Emergency Obstetric and Neonatal Care (EmONC) services were not 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
C-section as percentage of total births at facility		<ul style="list-style-type: none"> 30% (17) out of the total births (57) at facility during 2004
Service delivery protocols	<ul style="list-style-type: none"> Service delivery protocols for family planning services were available in 3 RHCs and Antenatal and Natal care ; 1 RHC None of the RHC had protocol for postnatal care, emergency obstetric care, excessive bleeding, eclampsia, C-section, newborn resuscitation and asphyxia; 	<ul style="list-style-type: none"> All service delivery protocols were available except for emergency obstetric care, excessive bleeding, eclampsia and neonatal asphyxia
Supervisory visits	<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"> Supplies and Injectable antibiotics were available in 2 RHCs Tablet Iron ; in 1RHC Injectable Oxytocin, Oral antibiotics and Neonatal Eye Ointment were not available in any RHC 	<ul style="list-style-type: none"> Injectable Antibiotics, supplies, Tablet Iron were available Injectable Oxytocin, Oral antibiotics and Neonatal Eye Ointment were not available
Human Resource	<ul style="list-style-type: none"> WMO and LHVs were posted in 2 RHCs 	<ul style="list-style-type: none"> Gynecologist, Pediatrician and Anesthetist were available The posts of WMO and LHV were also occupied
Number of facilities sending HMIS Reports for the month prior to survey	<ul style="list-style-type: none"> Monthly HMIS report was sent 	<ul style="list-style-type: none"> Monthly HMIS report was sent

Recommendations

- ❖ The issue of establishment of a DHQ hospital with provision of full Package of Basic and Comprehensive EmONC services along with MNH support services in Upper Dir must be negotiated with DHMT
- ❖ The availability of Basic and Comprehensive Emergency Obstetric and Neonatal Care (EmONC) services must be ensured in existing RHCs and THQ hospital by providing missing components of 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 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 ensure availability of female staff (LHV, Midwife) in all types of health facilities.