
Health Facility Assessment

Provincial MNCH Services Report –
Azad Jammu & Kashmir - April, 2013



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Contents

Acronyms	6
EXECUTIVE SUMMARY	7
Methodology and Framework	8
Services.....	8
Basic Health Units (BHU)	8
Rural Health Centres (RHC).....	9
Tehsil Headquarter Hospitals (THQ)	9
District Headquarter Hospitals (DHQ).....	9
Major Issues	10
Recommendations:.....	10
Section 1: Introduction	11
Objectives.....	11
Scope of HFA	12
Report Organization.....	12
Section 2: Survey Findings	13
Analytical Framework	13
MNCH Services	14
Section 3: Province Specific Analysis	16
Basic Health Units.....	16
Rural Health Centres.....	18
Tehsil Head Quarter Hospital (THQ).....	20
District Head Quarter Hospital (DHQ)	22
District Specific Analysis: Health Facilities of Azad Jammu & Kashmir Province	24
District Bagh.....	25
Basic Health Unit (BHU).....	25
Rural Health Centres (RHCs)	26
Tehsil Headquarter (THQ) Hospital	27
District Headquarter (DHQ) Hospital	27
District Bhimber	29
Basic Health Units (BHUs)	29
Rural Health Centres (RHCs)	30
Tehsil Headquarter (THQ) Hospital	31
District Headquarter (DHQ) Hospital	31
District Hattian Bala	33
Basic Health Units (BHUs)	33

Rural Health Centres (RHCs)	34
Tehsil Headquarter (THQ) Hospital	35
District Headquarter (DHQ) Hospital	35
District Kahutta / Haveli	36
Basic Health Units (BHUs)	36
Rural Health Centres (RHCs)	36
Tehsil Headquarter (THQ) Hospital	37
District Headquarter (DHQ) Hospital	37
District Kotli.....	38
Basic Health Units (BHUs)	38
Rural Health Centres (RHCs)	39
Tehsil Headquarter (THQ) Hospital	40
District Headquarter (DHQ) Hospital	41
District Mir Pur	42
Basic Health Units (BHUs)	42
Rural Health Centres (RHCs)	43
Tehsil Headquarter (THQ) Hospital	44
District Headquarter (DHQ) Hospital	44
District Muzaffarabad.....	46
Basic Health Units (BHUs)	46
Rural Health Centres (RHCs)	47
Tehsil Headquarter (THQ) Hospital	48
District Headquarter (DHQ) Hospital	49
District Neelam	50
Basic Health Units (BHUs)	50
Rural Health Centres (RHCs)	51
Tehsil Headquarter (THQ) Hospital	51
District Headquarter (DHQ) Hospital	52
District Poonch.....	53
Basic Health Units (BHUs)	53
Rural Health Centres (RHCs)	54
Tehsil Headquarter (THQ) Hospital	55
District Headquarter (DHQ) Hospital	55
District Sudhnoti	56
Basic Health Units (BHUs)	56
Rural Health Centres (RHCs)	57
Tehsil Headquarter (THQ) Hospital	58

District Headquarter (DHQ) Hospital	58
Key Findings.....	60
Basic Health Units (BHU).....	60
Rural Health Centres.....	61
Tehsil Head Quarter Hospital	61
District Head Quarter Hospital	61
Annexes	63
Annex 1	64
Component availability criteria	64

Acronyms

ANC	Antenatal Care
AVD	Assisted Vaginal Deliveries
BB Technician	Blood Bank Technician
BHU	Basic Health Unit
CH	Civil Hospital
DHO	District Health Officer
DHQH	District Headquarter Hospital
EmONC	Emergency Obstetric and New-born Care
ENC	Emergency New-born Care
EPI	Expanded Programme of Immunization
HF	Health Facilities
HFA	Health Facility Assessments
HR	Human Resource
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
Inj.	Injection / Injectable drug
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
Mag-Sulph.	Inj. Magnesium Sulphate
MDGs	Millennium Development Goals
MNCH	Maternal, Neonatal and Child Health
MO	Medical Officer
NMNCHP	National Maternal New-born and Child Health Programme
NVD	Normal Vaginal Deliveries
WMO	Women Medical Officer
PNC	Post natal care
RHC	Rural Health Centre
SHC hospitals	Secondary health care
THQ	Tehsil Headquarter hospital
TRF	Technical Resource Facility
TT	Tetanus Toxoid

EXECUTIVE SUMMARY

Reduction in maternal mortality is one of the main health and development agendas around the globe. To achieve the Millennium Development Goal (MDG) of 75% reduction in the Maternal Mortality Ratio (MMR) between 1990 and 2015, countries throughout the world are investing more resources into providing equitable, adequate maternal health services. One way of reducing maternal and new-born-child mortality is by improving the availability, accessibility, quality and use of services for the treatment of complications that arise during pregnancy, childbirth and immediately after. These services are collectively known as Emergency Obstetric & Neonatal Care (EmONC).

In Pakistan, the Islamabad Declaration on MNCH strategic framework (2005-15) was adopted by all stakeholders, including the provinces, and the federal MNCH cell developed a consensus PC-I document on National MNCH Program.

The first national Health Facility Assessment (HFA) was conducted in 2011 covering all provinces and regions of Pakistan as part of the implementation of the Monitoring and Evaluation (M&E) Framework of the National Maternal New-born and Child Health Programme (NMNCHP).

The MNCH Services Report 2013 aims to augment the HFA – Pakistan; 2011 and describes the availability of both preventative as well as emergency obstetric and neonatal care services in the public health sector facilities of the province. The information provided will be used to support health management teams at provincial and district levels to improve services for their respective communities.

The Azad Jammu & Kashmir MNCH services report synthesizes the findings of 92 health facilities assessed in all 10 districts of Azad Jammu & Kashmir. Secondary Health Care (SHC) hospitals including 6 District Head Quarter (DHQ) and 12 Tehsil Headquarter (THQ)/Civil Hospitals (CH) hospitals were assessed for the provision of 24/7 Comprehensive EmONC services. Thirty-four (34) Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 40 (approximately 20% sample) Basic Health Units (BHUs) were assessed for availability of 8/6 preventive MNCH services. Additionally, complimentary services provided at RHCs, THQ and DHQ hospitals such as family planning and normal delivery services were also assessed along with data on availability of the staff essential for performing these services.

The objectives of the assessment were:

1. To assess the functional capacity of the primary and secondary level health facilities (BHUs, RHCs, DHQs & THQs) of all province with an emphasis on the status of service availability, utilization, essential supplies and staff needed to perform the signal functions of preventive MNCH and EmONC as well as some complimentary services.
2. To identify the gaps in the provision of services, supplies and staffing, between existing and intended status in assessed hospitals.
3. To establish a baseline data on public health care facilities for future planning.

Methodology and Framework

The framework for the HFA 2011 was based on the PC-1 of the National MNCH Programme. For the purpose of standardization in the present report, the criteria followed for assessing health facilities against the availability of the required service components is same as that selected for the HFA 2011. All analysis presented in the MNCH services report 2013 is based upon the survey data collected during the period of July to December 2010. The health facilities were assessed according to the MNCH service package and the service components of EmONC. These were based on the international standards for emergency obstetric care. The complimentary services were not included while assessing a facility for the provision of the EmONC services and this is reflected in the data tables as well. The availability of the required categories of staff, both specialist and general cadre, was assessed according to the level of the health facility and the services for which it was mandated. Comparisons were made between existing staff availability against the required categories and numbers as stipulated by the NMNCH program.

Services

Basic Health Units (BHU)

Forty (40) BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates that 68% (27) of the assessed BHUs were completely functional and were able to provide the complete set of preventive MNCH services. It was observed that TT vaccination and immunization services were provided at 90% (36) and 88% (35) facilities, respectively, while, 75% (30) BHUs were providing antenatal care, normal delivery and nutrition counselling services. The family planning, growth monitoring and laboratory services were reported in 73% (29) of the assessed BHUs.

The essential staffing was present in 70% (28) facilities. The BHUs in districts Hattian Bala, Kahuta / Haveli, Bagh and Sudhnoti were completely functional.

Rural Health Centres (RHC)

Thirty-four (34) RHCs were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that some essential staff (either WMO/LHV) was present and the services of newborn resuscitation, normal delivery and family planning were routinely performed in all the facilities. The services of manual removal of placenta were provided in 68% (23) RHCs. The supply of injections Oxytocin and Magnesium Sulphate were available in 65% (22) while injection Ampicillin and all the essential staff were available in 41% (14) RHCs. Therefore, none of the assessed RHCs in Azad Jammu and Kashmir were fully functional and were unable to provide the complete package of the Basic EmONC services package.

Tehsil Headquarter Hospitals (THQ)

Twelve (12) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC service package and for additional complimentary services. The data indicates that availability of all essential staff and blood transfusion services was reported throughout all the hospitals. The services of normal delivery were provided by 92% (11) facilities, while, manual removal of placenta, removal of retained products and assisted vaginal delivery services were routinely provided in 83% (10) THQs. The supply of injections Oxytocin and Magnesium Sulphate was available in 67%, whereas, 50% (6) hospitals had supply of injection Ampicillin. Therefore, none of the THQ hospitals were completely functional in the province to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities.

District Headquarter Hospitals (DHQ)

Six (6) DHQ hospitals were assessed for 24/7 comprehensive EmONC services package and for additional complimentary services. The DHQ hospital of Muzaffarabad was the only facility in the province which was completely functional and was able to provide 24/7 comprehensive EmONC services package. The essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section and blood transfusion were available at all the DHQs. Likewise, the complimentary services of normal delivery and family planning were also routinely provided and some and all of the essential staff were

available at all the facilities. The supply of injection Oxytocin, Magnesium Sulphate and injection Ampicillin was available in 83% (5) and 33% (2) facilities, respectively.

Major Issues

Regarding availability of inputs, the major issues faced by the facilities were mainly due to lack of MNCH-related staff at the facilities such as WMOs at RHCs and specialists including Gynaecologist, Anaesthetist and Paediatrician at secondary level health care hospitals. Availability of essential supplies i.e. equipment essential for performing skilled procedures and specialized care (e.g., new born resuscitation and incubation) as well as essential drugs (especially injection Magnesium Sulphate) was also a major issue needing immediate attention.

It must be borne in mind that at the time of assessment, none of the health facilities were provided with the complete range of items required to perform the signal functions. In spite of these challenges and constraints, a large number of facilities were still able to provide all the required services to the communities while struggling with the meagre resources.

Recommendations:

1. Provision of immunization service at BHU Palak district Mir Pur to enable the facility to offer the complete package of preventive MNCH services.
2. Equip BHUs Bindi and Sardari district Bhimber and BHUs Niaz Pura and Heer Kutli district Muzaffarabad to provide preventive MNCH services.
3. Provision of injections Ampicillin and Magnesium Sulphate in RHC Barnala district Bhimber, RHC Chowkothi district Hattian Bala will enable the facilities to be completely functional for Basic EmONC services.
4. The supply of injection Ampicillin in RHCs Chowkothi and Leepa and of injection Oxytocin in RHCs Chikar and Leepa district Hattian Bala will enable the RHCs to be completely functional for Basic EmONC services.
5. Equip THQ CD hospital Hill district Bagh to provide complete package of Comprehensive EmONC services.
6. The services of new-born care and cesarean section must be made available at THQ Kahutta/Haveli to enable the facility to provide complete package of Comprehensive EmONC services.
7. Provision of injections Ampicillin and Oxytocin at DHQ hospitals Bagh will enable the facilities to be completely functional for provision of 24/7 comprehensive EmONC services package.

8. Ensure the supply of injection Ampicillin at DHQ hospitals Bhimber and Kotli, in order to make the facilities completely functional for provision of 24/7 comprehensive EmONC services package.
9. Equip the DHQ Mir Pur for provision of new-born care services and supply of injection Ampicillin, so as to make the facility completely functional for provision of 24/7 comprehensive EmONC services package.

Section 1: Introduction

According to the maternal mortality ratio for Azad Jammu & Kashmir, 201 deaths occur in per 100,000 live births during pregnancy, childbirth or during the post-partum period. Skilled and responsive care, at and after birth, can avert nearly all fatal outcomes and ease much of the suffering. The Government of Pakistan is committed to achieve the Millennium Development Goals (MDGs) and the Ministry of Health has established the National Maternal New-born and Child Health Programme (NMNCHP) for achieving the 2015 targets for the health related MDGs 4 and 5. The over-reaching goal of the programme is to improve the health status of mothers, new-born, and children with a focus on poor and marginalized populations.

Objectives

The Health Facility Assessment (HFA) Pakistan is part of an overall Monitoring and Evaluation Framework for the NMNCH, and the present report aims to describe the availability, level of function and quality of MNCH service delivery at public sector health facilities at district level.

The objectives of the MNCH services assessment were:

1. To assess the functional capacity of the primary and secondary level health facilities (BHUs, RHCs, DHQs & THQs) of all the provinces with an emphasis on the current status of service availability, utilization and essential supplies, and staff needed to perform the signal functions of preventive MNCH and EmONC as well as some complimentary services.
2. To identify the gaps in the provision of services, supplies and staff, between existing and intended status in assessed hospitals.
3. To establish a baseline data on public health care facilities for future planning.

While the report intends to help district and provincial health managers in assessing performance benchmarks and realigning their activities for bridging the gaps in

MNCH services for achieving the MDGs, it does not portrays the overall situation of health sector in the districts.

Scope of HFA

The survey included District Headquarter Hospital (DHQH), Tehsil/Taluka Headquarter Hospitals (THQHs), Rural Health Centres (RHCs) and 20% of Basic Health Units (BHUs) randomly selected within the district. Selection of the BHUs was done through geographical stratification on the basis of proportionate distribution. Client exit interviews were conducted at the surveyed facilities (10 at DHQH, 5 at each THQH and RHC), excluding BHUs.

Table 1.1 shows the numbers of health facilities in the district & health facilities surveyed

TABLE: 1. 1: SCOPE OF HFA

Azad Jammu & Kashmir	Number of Health Facilities by type				
	DHQHs	THQHs	RHCs	BHUs	Total
Number of Total facilities	6	12	34	208	260
Number of facilities surveyed	6	12	34	40	92

Report Organization

The HFA Provincial Report is structured in three sections:

- Section 1: 'Introduction' to the survey, its objectives, scope and duration
- Section 2: This section describes the major findings based on the analysis of HFA data compiled from the field
- Section 3: Key actions and recommendations based on the findings

Section 2: Survey Findings

This section describes the status of MNCH services, at each level of health facility, against a MNCH services package (listed in figure 2.1 below) which has been adopted from HFA 2011.

Analytical Framework

For the purpose of standardization, the criteria followed for assessing these health facilities against the availability of the required service components is the same as that selected for the HFA 2011 and all analysis presented in this report is based upon the survey data collected during the period of July to December 2010.

Health facilities were assessed for the respective MNCH service packages that each institution is mandated to perform; as assessed in the HFA, for the provision of level-specific packages of MNCH services. Service components of EmONC, incorporated in the NMNCHP PC-1, are the same as internationally accepted signal functions for emergency obstetric care.

- FLCF/BHUs were assessed for preventive MNCH services, available for 8 hours a day, 6 days a week (8/6), the package is composed of a set of 09 services including availability of HR (either LHV or WMO)
- RHCs were assessed for provision of basic EmONC services package available for 24 hours a day, 7 days a week (24/7). The package is comprised of 07 signal functions or service components. Family planning (counselling & services for at least 3 family planning methods) and services for performing normal vaginal deliveries were also assessed as *complimentary services*.
- THQ and DHQ hospitals operating within the districts were assessed for provision of comprehensive EmONC services package, available for 24 hours a day, 7 days a week (24/7). The comprehensive EmONC package is comprised of 08 sub-components including the two main components; provision of caesarean section and blood transfusion and 6 Basic EmONC services as well as new-born care (resuscitation and incubator) are also included in the package. Additionally, comprehensive family planning services (including male and female sterilisation) and services for performing normal vaginal deliveries were also assessed as *complimentary services*.

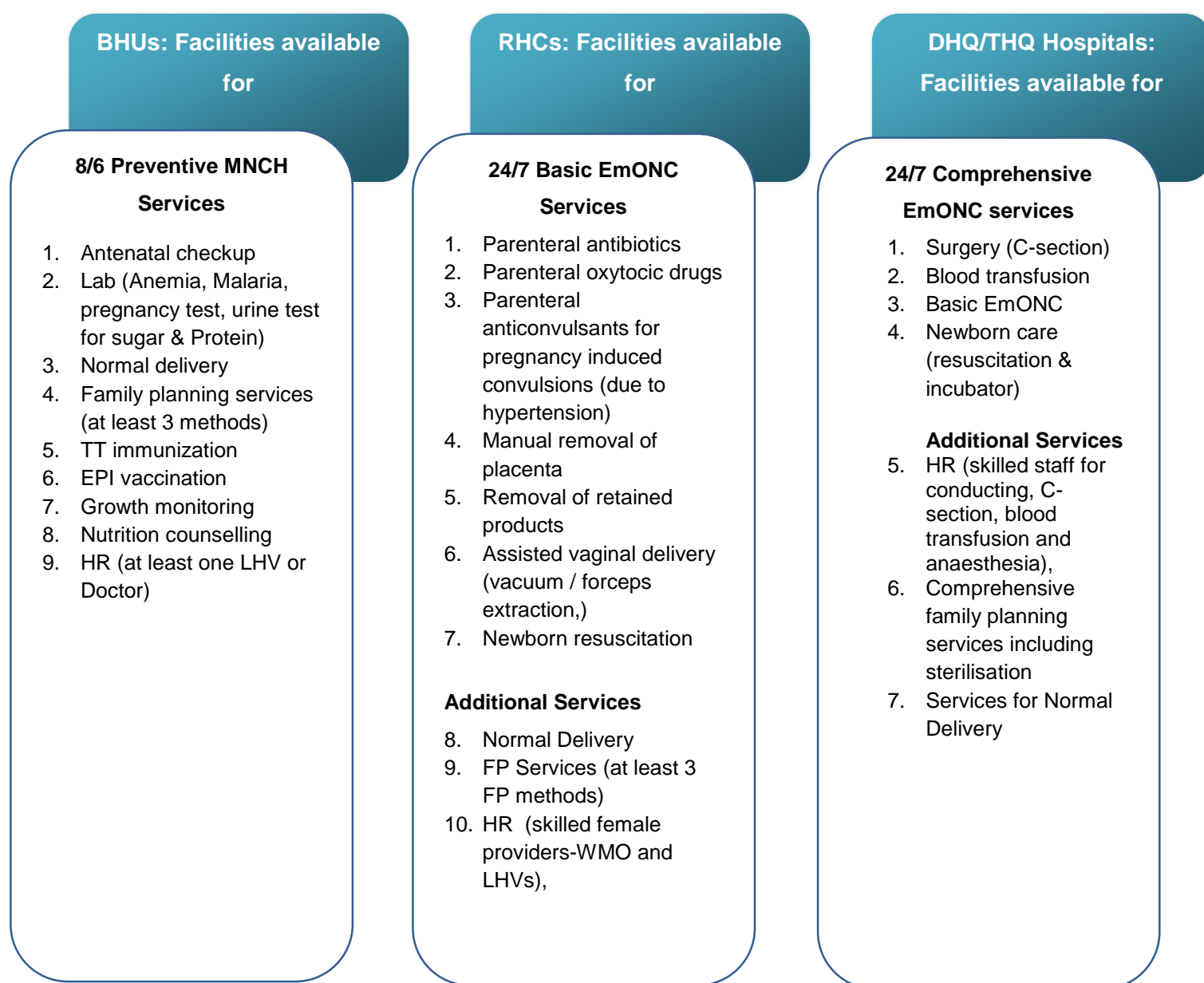
The complimentary services were not included while assessing a facility for the provision of the EmONC services and this is reflected in the data tables as well. The availability of the required categories of staff, both specialist and general cadre, was

also assessed according to the level of the health facility and the services for which it was mandated. Comparisons were made between existing staff availability against the required categories and numbers as stipulated by the NMNCH program.

MNCH Services

The packages of MNCH services assessed include preventive MNCH services at BHUs, Basic EmONC services at RHCs and comprehensive EmONC services at THQ and DHQ hospitals. Additional services, such as family planning and normal deliveries were assessed in RHCs, THQ and DHQ hospitals. The range of MNCH services are given in figure 2.1 below.

FIGURE 2.1. RANGE OF SERVICES THAT SIGNAL OPTIMAL MNCH SERVICES



The Azad Jammu & Kashmir MNCH services report synthesizes the findings of 92 health facilities assessed in all 10 districts of Azad Jammu & Kashmir. Secondary Health Care (SHC) hospitals including 6 District Head Quarter and 12 Tehsil Headquarter (THQ), Civil Hospitals (CH) were assessed for the provision of 24/7 Comprehensive EmONC services. Thirty-four (34) Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 40 (approximately 20% sample) Basic Health Units (BHUs) were assessed for availability of 8/6 preventive MNCH services. Additionally, complimentary services provided at RHCs, THQ and DHQ hospitals such as family planning and normal delivery services were assessed along with data on availability of the staff essential for performing these services.

Section 3: Province Specific Analysis

The following section describes the status of MNCH service availability at each level of health facilities operating within the public sector health system of the province. District-wise consolidated data has been analysed in accordance with the HFA framework described above with ranking showing the proportion of facilities that were able to provide the specified service components explained in figure 2.1 (see above).

Basic Health Units

8/6 Preventive MNCH Services

A total of 40 BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates that 68% (27) of the assessed BHUs were completely functional and were able to provide the complete set of preventive MNCH services. It was observed that TT vaccination and immunization services were provided at 90% (36) and 88% (35) facilities, respectively, while, 75% (30) BHUs were providing antenatal care, normal delivery and nutrition counselling services. The family planning, growth monitoring and laboratory services were reported in 73% (29) of the assessed BHUs. The essential staffing was present in 70% (28) facilities. The BHUs in districts Hattian Bala, Kahuta / Haveli, Bagh and Sudhnoti were completely functional.

However, the TT vaccination and immunization services were deficient in 10% (4 out of 40) and 13% (5 out of 40) facilities, respectively, while, 25% (10 out of 40) BHUs were unable to offer ante-natal care, normal delivery and nutrition counselling services. The family planning, growth monitoring and laboratory services were unavailable in 28% (11 out of 40) of the assessed BHUs. The non-availability of essential staff was reported in 30% (12 out of 40) of the assessed facilities. (See Table 2.1)

TABLE 2.1: DISTRIBUTION OF PREVENTIVE MNCH SERVICES – PROVINCIAL OVERVIEW OF AZAD JAMMU & KASHMIR

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total Assessed
Bagh	3	3	3	3	3	3	3	3	3	3	3
Bhimber	3	3	4	3	3	3	4	3	3	3	5
HattianBala	2	2	2	2	2	2	2	2	2	2	2
Kahutta/Haveli	1	1	1	1	1	1	1	1	1	1	1
Kotli	5	5	6	4	4	5	6	5	4	4	7
MirPur	3	3	5	3	4	3	4	3	3	2	5
Muzaffarabad	5	5	5	5	5	5	5	5	5	5	7
Neelam	3	3	4	3	2	3	4	2	2	2	4
Poonch	3	3	4	3	3	3	4	3	3	3	4
Sudhnoti	2	2	2	2	2	2	2	2	2	2	2
Total	30	30	36	29	29	30	35	29	28	27	40

Rural Health Centres

24/7 Basic EmONC Services at RHCs

Thirty-four (34) RHCs were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that some essential staff (either WMO/LHV) was present and the services of new-born resuscitation, normal delivery and family planning were being routinely performed in all the facilities. The services of manual removal of placenta were provided in 68% (23) RHCs. The supply of injections Oxytocin and Magnesium Sulphate were available in 65% (22) while injection Ampicillin and all the essential staff were available in 41% (14) RHCs. However, lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery and non-availability of all essential staff were reported in RHCs of districts Neelam and Kahutta/Haveli. The shortage of injection Ampicillin and non-availability of all essential staff was reported in 59% (20 out of 34) RHCs, while all the facilities in districts Mirpur and Bhimber were lacking the injection Ampicillin. Therefore, none of the assessed RHCs in Azad Jammu and Kashmir were fully functional and were unable to provide the complete package of the Basic EmONC services package. (See Table 2.2)

TABLE 2.2: DISTRIBUTION OF BASIC EmONC SERVICES PROVIDED BY RHCS - PROVINCIAL OVERVIEW OF RHCS IN AZAD JAMMU & KASHMIR

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
Bagh	4	2	6	2	4	3	5	0	6	6	6	2	6
Bhimber	2	1	2	1	0	2	1	0	2	2	2	1	2
HattianBala	2	2	3	2	1	1	2	0	3	3	3	2	3
Kahutta/Haveli	0	0	1	0	1	1	1	0	1	1	1	0	1
Kotli	4	4	4	3	2	4	2	0	4	4	4	2	4
Mir pur	4	3	4	3	0	2	2	0	4	4	4	3	4
Muzaffarabad	3	3	4	3	1	2	3	0	4	4	4	3	4
Neelam	0	0	1	0	1	1	1	0	1	1	1	0	1
Poonch	2	1	6	1	2	5	4	0	6	6	6	1	6
Sudhnoti	2	0	3	0	2	1	1	0	3	3	3	0	3
Total	23	16	34	15	14	22	22	0	34	34	34	14	34

Tehsil Head Quarter Hospital (THQ)

24/7 Comprehensive EmONC Services at THQs

Twelve (12) THQ hospitals were assessed for provision of 24/7 Comprehensive EmONC service package and for additional complimentary services. The data indicates that availability of all essential staff and blood transfusion services were reported throughout all the hospitals. The services of normal delivery were provided by 92% (11) facilities, while, manual removal of placenta, removal of retained products and assisted vaginal delivery services were routinely provided in 83% (10) THQs. The supply of injections Oxytocin and Magnesium Sulphate was available in 67%, whereas, 50% (6) hospitals had supply of injection Ampicillin. However, the major deficiency was of new-born care service and non-availability of all essential staff, which were lacking in 92% (11 out of 12) of the THQ hospitals in the province, while, caesarean section was not provided in 67% (8 out of 12) hospitals. Likewise, shortage of injections Magnesium Sulphate, Oxytocin and Ampicillin was observed in 33% (4 out of 12) and 50% (6 out of 12) THQ hospitals, respectively. The complete absence of essential two injections Oxytocin and Magnesium Sulphate was reported in THQ hospitals of districts Muzaffarabad and Bagh. The THQ hospital in district Bagh was the poorest performing facility in the province, as shortage of all the three essential injections was reported along with absence of most of the essential services. The facility only had some of the essential staff and was able to provide services of blood transfusion. Therefore, none of the THQ hospitals were completely functional in the province to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities. (See Table 2.3)

TABLE 2.2: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCS - PROVINCIAL OVERVIEW OF THQHS IN AZAD JAMMU & KASHMIR

THQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
Bagh	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1
Bhimber	1	1	1	0	1	1	0	1	0	0	1	1	1	0	1
HattianBala	1	1	1	0	0	1	0	1	0	0	1	1	1	0	1
Kahutta/Haveli	1	1	1	1	1	1	0	1	0	0	1	0	1	0	1
Kotli	3	3	3	2	2	1	3	3	1	0	3	3	3	0	3
Mir pur	1	1	1	0	1	1	0	1	0	0	1	1	1	0	1
Muzaffarabad	1	1	1	1	0	0	1	1	0	0	1	1	1	1	1
Neelam	1	1	1	2	2	2	0	2	0	0	2	1	2	0	2
Sudhnoti	1	1	1	0	1	1	0	1	0	0	1	1	1	0	1
Total	10	10	10	6	8	8	4	12	1	0	11	9	12	1	12

District Head Quarter Hospital (DHQ)

24/7 Comprehensive EmONC Services at DHQs

Six (6) DHQ hospitals were assessed for 24/7 comprehensive EmONC services package and for additional complimentary services. The DHQ hospital district Muzaffarabad was the only facility in the province which was completely functional and was able to provide 24/7 comprehensive EmONC services package. The essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section and blood transfusion were available at all the DHQs. Likewise, the complimentary services of normal delivery and family planning were also being routinely provided and some and all of essential staff were also available at all the facilities. The supply of injection Oxytocin, Magnesium Sulphate and injection Ampicillin was available in 83% (5) and 33% (2) facilities, respectively. However, major deficiency was the shortage of injection Ampicillin which was available in only DHQ Muzaffarabad and Sudhnoti and was deficient in 67% (4 out of 6) hospitals. Likewise, shortage of injection Oxytocin and Magnesium Sulphate was reported in DHQ hospitals of districts Bagh and Sudhnoti, respectively, while, newborn care services were lacking in DHQ Mirpur. (See Table 2.4)

TABLE 2.4: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – PROVINCIAL OVERVIEW OF DHQHS IN AZAD JAMMU & KASHMIR

DHQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
Bagh	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1
Bhimber	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1
Kotli	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1
Mir pur	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1
Muzaffarabad	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sudhnoti	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1
Total	6	6	6	2	5	5	6	6	5	1	6	6	6	6	6

District Specific Analysis: Health Facilities of Azad Jammu & Kashmir Province

District Bagh

Basic Health Unit (BHU)

8/6 Preventive MNCH Services

Three (3) BHUs were assessed for the provision of 8/6 preventive MNCH services. The data revealed that all the facilities were completely functional and had either a WMO or LHV to offer the MNCH services. Likewise, antenatal care, normal delivery, TT vaccination, family planning, growth monitoring, nutrition counselling and laboratory services were also offered by the BHUs. (See Table 2.5)

TABLE 2.5: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT BAGH

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Hardi Gail	1	1	1	1	1	1	1	1	1	1	
BHU Neela Butt	1	1	1	1	1	1	1	1	1	1	
BHU Raikot	1	1	1	1	1	1	1	1	1	1	
Total	3	3	3	3	3	3	3	3	3	3	3

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Six (6) RHCs were assessed for provision of 24/7 Basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available and services of newborn resuscitation, normal delivery and family planning were routinely performed at all the RHCs. Likewise, supply of injections Magnesium Sulphate, Ampicillin and Oxytocin were present in 83% (5), 67% (4) and 50% (3) facilities, respectively. However, lack of services for removal of retained products, assisted vaginal delivery and non-availability of all essential staff was reported in 67% (4 out of 6) RHCs. Therefore, due to non-availability of one or more of the essential components, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.6)

TABLE 2.6: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT BAGH

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Ghaziabad	0	0	1	0	1	1	1	0	1	1	1	0	
RHC Arja	1	1	1	1	0	0	1	0	1	1	1	1	
RHC Dhirkot	1	1	1	1	0	0	1	0	1	1	1	1	
RHC Sessor	0	0	1	0	1	1	1	0	1	1	1	0	
RHC ChittraTopi	1	0	1	0	1	1	0	0	1	1	1	0	
RHC Chattar 2	1	0	1	0	1	0	1	0	1	1	1	0	
Total	4	2	6	2	4	3	5	0	6	6	6	2	6

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ CD hospital Hill was assessed for provision of 24/7 comprehensive EmONC service package and for additional complimentary services. Analysis of the data, (Table 2.7) indicates that some essential staff was available and the hospital was only able to provide blood transfusion service. Therefore, due to lack of almost all the essential services of manual removal of placenta, removal of retained products, assisted vaginal delivery, new-born care and shortage of supply of all the three injections (Ampicillin, Oxytocin and Magnesium Sulphate), the facility was almost non-functional. The facilities were unable to provide all the components of essential and complimentary services and therefore could not be designated as fully functional comprehensive EmONC facility.

TABLE 2.7: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – DISTRICT BAGH

THQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ CD Hospital Hill	0	0	0	0	0	0	0	1	0	0	0	0	1	0	
Total	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1

District Headquarter (DHQ) Hospital

24/7 Comprehensive EmONC Services

The DHQ hospital Bagh was assessed for provision of 24/7 comprehensive EmONC services package. The survey data indicates that manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, newborn care, normal delivery

and comprehensive family planning services were routinely provided. Likewise, supply of injection Magnesium Sulphate and availability of some and all of the essential staff was also reported at the hospital. However, due to shortage of injections Ampicillin and Oxytocin, the DHQ hospital Bagh was not completely functional for provision of 24 / 7 comprehensive EmONC services package. (See Table 2.8)

TABLE 2.8: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – DISTRICT BAGH

DHQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C-Section	Blood Transfusion	Newborn care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
DHQ Bagh	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1

District Bhimber

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Five (5) BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates that 60% (3) BHUs were completely functional for provision of preventive MNCH services. The BHU Bindi was able to provide the TT vaccination and immunization services, only, while absence of essential staff and deficiency of all other preventive MNCH services was observed at the facility. Likewise, BHU Sardari was completely non-functional due to non-availability of staff and all components of preventive MNCH services. (See Table 2.9)

TABLE 2.9: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT BHIMBER

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Banian	1	1	1	1	1	1	1	1	1	1	
BHU Sardari	0	0	0	0	0	0	0	0	0	0	
BHU Bindi	0	0	1	0	0	0	1	0	0	0	
BHU Barhing	1	1	1	1	1	1	1	1	1	1	
BHU ChanniThothal	1	1	1	1	1	1	1	1	1	1	
Total	3	3	4	3	3	3	4	3	3	3	5

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Two (2) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available, supply of injection Oxytocin and services of manual removal of placenta, newborn resuscitation, normal delivery and family planning were routinely performed at both the RHCs. However, due to shortage of injections Ampicillin and Magnesium Sulphate in RHC Barnala and lack of services for removal of retained products, assisted vaginal delivery, shortage of injection Ampicillin and non-availability of all essential staff at RHC Panjeri, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.10)

TABLE 2.10: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT BHIMBER

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Barnala	1	1	1	1	0	1	0	0	1	1	1	1	
RHC Panjeri	1	0	1	0	0	1	1	0	1	1	1	0	
Total	2	1	2	1	0	2	1	0	2	2	2	1	2

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ hospital Samahni was assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data, (Table 2.11) indicates that presence of some essential staff, supply of injections Oxytocin and Magnesium Sulphate and the services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, normal delivery and comprehensive family planning were routinely provided at the hospital. However, due to shortage of injection Ampicillin, lack of services for newborn care, caesarean section and non-availability of all essential staff, the THQ hospital was unable to provide all the essential services and therefore could not be designated as fully functional comprehensive EmONC facilities.

TABLE 2.11: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS– DISTRICT BHIMBER

THQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C-Section	Blood Transfusion	Newborn care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ Samahni	1	1	1	0	1	1	0	1	0	0	1	1	1	0	
Total	1	1	1	0	1	1	0	1	0	0	1	1	1	0	1

District Headquarter (DHQ) Hospital

24/7 Comprehensive EmONC Services

The DHQ hospital Bhimber was assessed for provision of 24/7 comprehensive EmONC services package. The survey data indicates that manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, newborn resuscitation, blood transfusion, normal

delivery and comprehensive family planning services were routinely provided. Likewise, supply of injections Magnesium Sulphate and Oxytocin and availability of some and all of the essential staff was also reported at the hospital. However, shortage of injection Ampicillin was the only limiting factor which prevented the DHQ hospital Bhimber from being completely functional for provision of 24/7 comprehensive EmONC services package. (See Table 2.12)

TABLE 2.12: DISTRIBUTION OF COMPREHENSIVE EmONC SERVICES PROVIDED BYDHQHS – DISTRICT BHIMBER

DHQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	Inj. C-Section	Blood Transfusion	Newborn care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
DHQ Bhimber	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1

District Hattian Bala

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Two (2) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, both the BHUs were completely functional and were providing the complete package of preventive MNCH services; antenatal care, normal delivery, TT vaccination, family planning services, growth monitoring, nutrition counselling, immunization, laboratory services. Similarly, essential staff was also present to provide the preventive MNCH services. (See Table 2.13)

TABLE 2.13: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT HATTIAN BALA

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Gundi Gran	1	1	1	1	1	1	1	1	1	1	
BHU Nowkot	1	1	1	1	1	1	1	1	1	1	
Total	2	2	2	2	2	2	2	2	2	2	2

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Three (3) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available and services of newborn resuscitation, normal delivery and family planning were routinely performed at all the RHCs. The availability of all essential staff, supply of injection Magnesium Sulphate and the services of manual removal of placenta, removal of retained products and assisted vaginal delivery were available in 67% (2) facilities. However, due to shortage of injection Ampicillin in RHCs Chowkothi and Leepa and deficiency of injection Oxytocin in RHCs Chikar and Leepa, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.14)

TABLE 2.14: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT HATTIAN BALA

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Chowkothi	1	1	1	1	0	1	0	0	1	1	1	1	
RHC Chikar	1	1	1	1	1	0	1	0	1	1	1	1	
RHC Leepa	0	0	1	0	0	0	1	0	1	1	1	0	
Total	2	2	3	2	1	1	2	0	3	3	3	2	3

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ Hattian was assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.15) shows that some essential staff and supply of injection Magnesium Sulphate was available and the services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, normal delivery and comprehensive family planning were routinely performed at the THQ. However, non-availability of all essential staff, shortage of injections Oxytocin and Ampicillin and lack of services of caesarean section and newborn care were the major factors, due to which the DHQ was unable to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facility.

TABLE 2.15: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – DISTRICT HATTIAN BALA

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ Hattian	1	1	1	0	0	1	0	1	0	0	1	1	1	0	
Total	1	1	1	0	0	1	0	1	0	0	1	1	1	0	1

District Headquarter (DHQ) Hospital

There was no DHQ hospital in district HattianBala.

District Kahutta / Haveli

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

The BHU Gugdar was assessed for the provision of 8/6 preventive MNCH services. According to the data findings, the BHU was completely functional and was providing antenatal care, normal delivery, TT vaccination, family planning services, growth monitoring, nutrition counselling, immunization, laboratory services. Similarly, essential staff was also present to provide the preventive MNCH services. (See Table 2.16)

TABLE 2.16: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT KAHUTTA / HAVELI

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Gugdar	1	1	1	1	1	1	1	1	1	1	
Total	1	1	1	1	1	1	1	1	1	1	1

Rural Health Centres (RHCs)

There was no RHC in district Kahutta / Haveli.

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ hospital Kahutta was assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.17) shows that some essential staff was available and supply of all the three essential injections Ampicillin, Oxytocin, Magnesium Sulphate was present. Likewise, the services of manual removal of placenta, removal of retained products, assisted vaginal delivery; blood transfusion and normal delivery were routinely provided at the THQ. However, due to lack of services of caesarean section, newborn resuscitation, non-availability of all the essential staff and absence of comprehensive family planning services at the facility, the THQ hospital was unable to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.17: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – DISTRICT KAHUTTA / HAVELI

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Ampicillin Inj.	Oxytocin Inj.	Magnesium Sulphate Inj.	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ Kahutta	1	1	1	1	1	1	0	1	0	0	1	0	1	0	
Total	1	1	1	1	1	1	0	1	0	0	1	0	1	0	1

District Headquarter (DHQ) Hospital

There was no DHQ hospital in district Kahutta / Haveli.

District Kotli

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Seven (7) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, 57% (4) BHUs were completely functional and were providing the complete package of preventive MNCH services. All the components of antenatal care, normal delivery, TT vaccination, family planning services, growth monitoring, nutrition counselling, immunization, laboratory services were being routinely performed. Similarly, essential staff was also present to provide the preventive MNCH services. However, BHU Tarkundi was only able to provide TT vaccination, immunization and laboratory services. Likewise, non-availability of essential staff and lack of family planning, growth monitoring and laboratory services were reported at BHU Dhana. It was observed that BHU Wahi was completely non-functional due to complete absence of staffing and all the preventive MNCH service components. (See Table 2.18)

TABLE 2.18: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT KOTLI

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Dabsi	1	1	1	1	1	1	1	1	1	1	
BHU Tarkundi	0	0	1	0	0	0	1	1	0	0	
BHU Chowki Mong	1	1	1	1	1	1	1	1	1	1	
BHU Doongi	1	1	1	1	1	1	1	1	1	1	

BHU Dhana	1	1	1	0	0	1	1	0	0	0	
BHU Wahi	0	0	0	0	0	0	0	0	0	0	
BHU Hill Kalan	1	1	1	1	1	1	1	1	1	1	
Total	5	5	6	4	4	5	6	5	4	4	7

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Four (4) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available, supply of injection Oxytocin was present and services of manual removal of placenta, removal of retained products, newborn resuscitation, normal delivery and family planning were routinely performed at all the RHCs. Likewise, services of assisted vaginal delivery and supply of injections Ampicillin, Magnesium Sulphate were reported in 75% (3) and 50% facilities, respectively. However, lack of services for assisted vaginal delivery was reported in RHC Tata Pani. The shortage of injection Ampicillin was recorded in RHCs Sarsawa and Khuiratta, while, injection Magnesium Sulphate was deficient in RHCs Sarsawa and Nar. Therefore, due to non-availability of one or more of the essential components, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.19)

TABLE 2.19: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT KOTLI

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Tata Pani	1	1	1	0	1	1	1	0	1	1	1	0	

RHC Sarsawa	1	1	1	1	0	1	0	0	1	1	1	1	
RHC Nar	1	1	1	1	1	1	0	0	1	1	1	0	
RHC Khuiratta	1	1	1	1	0	1	1	0	1	1	1	1	
Total	4	4	4	3	2	4	2	0	4	4	4	2	4

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

Three (3) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.20) shows that some essential staff was available and services of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, normal delivery and comprehensive family planning services were routinely performed at all the THQs. However, due to shortage of all the three injections in THQ Sehnsa, lack of newborn resuscitation service in THQs FatehPur and Charohi and non-availability of all essential staff at all the three hospitals, none were able to provide all the essential services and were not designated as 24/7 comprehensive EmONC facilities.

TABLE 2.20: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – DISTRICT KOTLI

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Magnesium Sulphate Inj.	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ FatehPur	1	1	1	1	1	0	1	1	0	0	1	1	1	0	
THQ Sehnsa	1	1	1	0	0	0	1	1	1	0	1	1	1	0	
THQ Charohi	1	1	1	1	1	1	1	1	0	0	1	1	1	0	

Total	3	3	3	2	2	1	3	3	1	0	3	3	3	0	3
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District Headquarter (DHQ) Hospital

24/7 Comprehensive EmONC Services

The DHQ hospital Kotli was assessed for provision of 24/7 comprehensive EmONC services package. The data revealed that some of the essential staff and likewise, all the essential staff was present. The supply of injections Oxytocin and Magnesium Sulphate was also available. Moreover, the services for manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, newborn care, normal delivery and comprehensive family planning services were routinely provided. However, shortage of injection Ampicillin was the only deficiency which prevented the DHQ to provide 24/7 comprehensive EmONC services. (See Table 2.21)

TABLE 2.21: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – DISTRICT KOTLI

DHQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
DHQ Kotli	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1

District Mir Pur

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Five (5) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, 40% (2) BHUs were completely functional and had essential staff and were providing antenatal care, normal delivery, TT vaccination, immunization, nutrition counselling, family planning and laboratory services. The deficiency of immunization service was the only limiting factor which prevented BHU Palak to offer the complete package of services. However, due to the absence of essential staff, lack of ante-natal care, normal delivery, family planning, nutrition counselling and laboratory services in 60% (3 out of 5) facilities, the BHUs Behari, Palak and Eassar were unable to provide the complete package of preventive MNCH services. (See Table 2.22)

TABLE 2.22: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT MIR PUR

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (Epi)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Behari	0	0	1	0	1	0	1	0	0	0	
BHU Kathar	1	1	1	1	1	1	1	1	1	1	
BHU Palak	1	1	1	1	1	1	0	1	1	0	
BHU Eassar	0	0	1	0	0	0	1	0	0	0	
BHU Bun Khurman	1	1	1	1	1	1	1	1	1	1	

Total	3	3	5	3	4	3	4	3	3	2	5
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Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Four (4) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available and services of manual removal of placenta, newborn resuscitation, normal delivery and family planning were routinely performed at all the RHCs. Likewise, the services of removal of retained products, assisted vaginal delivery and availability of all essential staff was reported in 75% (3), while, supply of injections Oxytocin and Magnesium Sulphate was present in 50% (2) facilities. However, due to complete absence of injection Ampicillin in all the RHCs and shortage of injections Oxytocin and Magnesium Sulphate in 50% (2 out of 4) facilities, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.23)

TABLE 2.23: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT MIR PUR

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Khadimabad	1	1	1	1	0	0	0	0	1	1	1	1	
RHC Islam Garh	1	1	1	1	0	1	1	0	1	1	1	1	
RHC ChakSwari	1	1	1	1	0	1	1	0	1	1	1	1	
RHC PindiSuberwal	1	0	1	0	0	0	0	0	1	1	1	0	
Total	4	3	4	3	0	2	2	0	4	4	4	3	4

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ hospital Dudyal was assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.24) shows that some essential staff was present and supply of injections Oxytocin and Magnesium Sulphate was available at the facility. Likewise, services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, normal delivery and comprehensive family planning were provided at the hospital. However, due to the shortage of injection Ampicillin, non-availability of all essential staff and lack of caesarean and newborn resuscitation services the THQ was unable to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.24: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – DISTRICT MIR PUR

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ Dudyal	1	1	1	0	1	1	0	1	0	0	1	1	1	0	
Total	1	1	1	0	1	1	0	1	0	0	1	1	1	0	1

District Headquarter (DHQ) Hospital

24/7 Comprehensive EmONC Services

The DHQ hospital Mir Pur was assessed for provision of 24/7 comprehensive EmONC services package. The data revealed that some of the essential staff and likewise, all the essential staff was present. The supply of injections Oxytocin and Magnesium Sulphate was also available.

Moreover, the services for manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, normal delivery and comprehensive family planning services were routinely provided. However, shortage of injection Ampicillin and lack of newborn care services were the only limiting factors which prevented the DHQ to provide 24/7 comprehensive EmONC services. (See Table 2.25)

TABLE 2.25: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQH – DISTRICT MIR PUR

DHQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
DHQ Mir Pur	1	1	1	0	1	1	1	1	0	0	1	1	1	1	1

District Muzaffarabad

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Seven (7) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, 71% (5) BHUs were completely functional and were providing the complete package of preventive MNCH services. All the components of antenatal care, normal delivery, TT vaccination, family planning services, growth monitoring, nutrition counselling, immunization, laboratory services were being routinely performed. Similarly, essential staff was also present to provide the preventive MNCH services. However, BHUs NiazPura and HeerKutli were completely non-functional due to absence of staffing and lack of all components of preventive MNCH services. (See Table 2.26)

TABLE 2.26: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT MUZAFFARABAD

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU NiazPura	0	0	0	0	0	0	0	0	0	0	
BHU Naran Sharif	1	1	1	1	1	1	1	1	1	1	
BHU Rahimkot	1	1	1	1	1	1	1	1	1	1	
BHU MeraKalan	1	1	1	1	1	1	1	1	1	1	
BHU PhagwanDuptta	1	1	1	1	1	1	1	1	1	1	
BHU HeerKutli	0	0	0	0	0	0	0	0	0	0	

BHU Saidpur	1	1	1	1	1	1	1	1	1	1	1	
Total	5	5	5	5	5	5	5	5	5	5	5	7

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Four (4) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was present and the services of newborn resuscitation, normal delivery and family planning were being routinely performed. Likewise, services of manual removal of placenta, removal of retained products, assisted vaginal delivery and availability of all the essential staff was reported in 75% (3) facilities. However, lack of services for manual removal of placenta, removal of retained products and assisted vaginal delivery in RHC Danna and the shortage of injections Magnesium Sulphate, Oxytocin and Ampicillin were reported in 25% (1 out of 4), 50% (2 out of 4) and 75% (3 out of 4), RHCs, respectively. Therefore, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.27)

TABLE 2.27: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT MUZAFFARAAD

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Magnesium Sulphate Inj.	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Kahori	1	1	1	1	0	1	1	0	1	1	1	1	
RHC Dhanni	1	1	1	1	0	0	1	0	1	1	1	1	
RHC GarhiDuptta	1	1	1	1	0	0	0	0	1	1	1	1	

RHC Danna	0	0	1	0	1	1	1	0	1	1	1	0	
Total	3	3	4	3	1	2	3	0	4	4	4	3	4

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ hospital AIMS was assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.28) shows that some and all of the essential staff was present. The supply of injection Ampicillin was available and the services of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, normal delivery and comprehensive family planning were routinely performed. However, shortage of injections Oxytocin and Magnesium Sulphate, lack of newborn resuscitation services at the THQ, the hospital was not able to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.28: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – DISTRICT MUZAFFARABAD

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ AIMS	1	1	1	1	0	0	1	1	0	0	1	1	1	1	
Total	1	1	1	1	0	0	1	1	0	0	1	1	1	1	1

District Headquarter (DHQ) Hospital

24/7 Comprehensive EmONC Services

The DHQ CMH hospital Muzaffarabad was assessed for provision of 24/7 comprehensive EmONC services package. The data revealed that the hospital was completely functional and was providing all the essential components of 24/7 comprehensive EmONC services. The availability of some and all of the essential staff was reported. The supply of all the three essential injections Ampicillin, Magnesium Sulphate and Oxytocin was also available. Moreover, the services for manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, newborn care services, normal delivery and comprehensive family planning services were being routinely provided. (See Table 2.29)

TABLE 2.29: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – DISTRICT MUZAFFARABAD

DHQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
DHQ CMH Muzaffarabad	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

District Neelam

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Four (4) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, 50% (2) BHUs were completely functional and had essential staff and were providing antenatal care, normal delivery, TT vaccination, immunization, nutrition counselling, family planning and laboratory services. The non-availability of essential staff and lack of growth monitoring, nutrition counselling and laboratory services was reported in BHUs Ashkot and Laiswa, due to which both the facilities failed to provide the complete package of preventive MNCH services. (See Table 2.30)

TABLE 2.30: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT NEELAM

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Ashkot	0	0	1	1	0	0	1	0	0	0	
BHU KundalShahi	1	1	1	1	1	1	1	1	1	1	
BHU Laiswa	1	1	1	0	0	1	1	0	0	0	
BHU Chaliana	1	1	1	1	1	1	1	1	1	1	
Total	3	3	4	3	2	3	4	2	2	2	4

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

The RHC Sharda was assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available and services of newborn resuscitation, normal delivery and family planning were routinely performed at the RHC. Likewise, the supply of all the three injections Ampicillin, Oxytocin and Magnesium Sulphate was also available. However, due to lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery and non-availability of all essential staff the RHC could not be considered as completely functional for Basic EmONC services. (See Table 2.31)

TABLE 2.31: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHC - DISTRICT NEELAM

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Magnesium Sulphate Inj.	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Sharda	0	0	1	0	1	1	1	0	1	1	1	0	
Total	0	0	1	0	1	1	1	0	1	1	1	0	1

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

Two (2) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.32) shows that some essential staff was present and supply of all the three essential injections Ampicillin, Oxytocin and Magnesium Sulphate was available at both the facilities. Likewise, services of blood transfusion and normal delivery were routinely provided by both the hospitals. However, lack of

services of manual removal of placenta, removal of retained products, assisted vaginal delivery, and comprehensive family planning was reported at THQ Kel. Similarly, non-availability of all essential staff and lack of caesarean section and new-born resuscitation services was observed at both the hospitals, due to which both of the THQ hospitals were unable to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.32: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – DISTRICT NEELAM

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ Athmuqam	1	1	1	1	1	1	0	1	0	0	1	1	1	0	
THQ Kel	0	0	0	1	1	1	0	1	0	0	1	0	1	0	
Total	1	1	1	2	2	2	0	2	0	0	2	1	2	0	2

District Headquarter (DHQ) Hospital

There was no DHQ hospital in district Neelam.

District Poonch

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Four (4) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, 75% (3) BHUs were completely functional and had essential staff and were providing ante-natal care, normal delivery, TT vaccination, immunization, nutrition counselling, family planning and laboratory services. However, the BHU Banguin was able to provide only TT vaccination and immunization services, due to which it failed to qualify as the completely functional facility for the preventive MNCH services. (See Table 2.33)

TABLE 2.33: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT POONCH

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Chaffar	1	1	1	1	1	1	1	1	1	1	
BHU Mandhol	1	1	1	1	1	1	1	1	1	1	
BHU Dhamni	1	1	1	1	1	1	1	1	1	1	
BHU Banguin	0	0	1	0	0	0	1	0	0	0	
Total	3	3	4	3	3	3	4	3	3	3	4

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Six (6) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was available and services of newborn resuscitation, normal delivery and family planning were routinely performed at all the RHCs. The supply of injections Oxytocin and Magnesium Sulphate was recorded in 83% (5) and 67% (4) facilities, respectively. However, lack of services of manual removal of placenta was reported in 67% (4 out of 6) and removal of retained products, assisted vaginal delivery and non-availability of all essential staff was reported in 83% (5 out of 6) facilities. Similarly, shortage of injection Ampicillin was observed in 67% (4 out of 6) RHCs. Therefore, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.34)

TABLE 2.34: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT POONCH

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Magnesium Sulphate Inj.	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Abbas Pur	0	0	1	0	0	1	1	0	1	1	1	0	
RHC Hajira	1	1	1	1	0	1	0	0	1	1	1	1	
RHC Kathyara	0	0	1	0	1	1	1	0	1	1	1	0	
RHC Tain	1	0	1	0	0	1	0	0	1	1	1	0	
RHC Paniola	0	0	1	0	0	1	1	0	1	1	1	0	
RHC Banjosa	0	0	1	0	1	0	1	0	1	1	1	0	
Total	2	1	6	1	2	5	4	0	6	6	6	1	6

Tehsil Headquarter (THQ) Hospital

There was no THQ hospital in district Poonch.

District Headquarter (DHQ) Hospital

There was no DHQ hospital in district Poonch.

District Sudhnoti

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Two (2) BHUs were assessed for the provision of 8/6 preventive MNCH services. According to the data findings, both the BHUs were completely functional and were providing the complete package of preventive MNCH services. All the components of antenatal care, normal delivery, TT vaccination, family planning services, growth monitoring, nutrition counselling, immunization, laboratory services were being routinely performed. Similarly, essential staff was also present to provide the preventive MNCH services. (See Table 2.35)

TABLE 2.35: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT SUDHNOTI

BHUs	Ante-natal care	Normal delivery	TT vaccination	FP services (at least 3 FP method)	Growth monitoring	Nutrition counselling	Immunization (EPI)	Laboratory services	Availability of essential staff (WMO/LHV)	Facilities providing all preventive MNCH services	Total assessed
BHU Panthal	1	1	1	1	1	1	1	1	1	1	
BHU Danna P Mir Khan	1	1	1	1	1	1	1	1	1	1	
Total	2	2	2	2	2	2	2	2	2	2	2

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Three (3) RHCs were assessed for provision of 24/7 basic EmONC services package and for additional complimentary services. The data indicates that some of the essential staff was present and the services of newborn resuscitation, normal delivery and family planning were being routinely performed. Likewise, the services of manual removal of placenta and supply of injection Ampicillin were reported in 67% (2) facilities. However, lack of services for removal of retained products, assisted vaginal delivery and non-availability of all the essential staff were reported in all the three RHCs, while, shortage of injections Oxytocin and Magnesium Sulphate was observed in 67% (2 out of 3) facilities. Therefore, none of the RHCs could be considered as completely functional for Basic EmONC services. (See Table 2.36)

TABLE 2.36: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT SUDHNOTI

RHCs	Manual removal of placenta	Removal of retained product	New-born resuscitation	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	Providing all Basic EmONC services	Normal delivery	FP services (At least 3-FP methods)	Availability of some essential staff (WMO/LHV)	Availability of all essential staff	Total Assessed
RHC Baloch	1	0	1	0	1	0	0	0	1	1	1	0	
RHC Chahchan	0	0	1	0	1	1	1	0	1	1	1	0	
RHC Mong	1	0	1	0	0	0	0	0	1	1	1	0	
Total	2	0	3	0	2	1	1	0	3	3	3	0	3

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ hospital CH TrarKhal was assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.37) shows that some of the essential staff was present. The supply of injections Oxytocin and Magnesium Sulphate was available and the services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, normal delivery and comprehensive family planning were routinely performed. However, due to shortage of injection Ampicillin, non-availability of all essential staff and lack of caesarean section and newborn resuscitation services, the THQ hospital was unable to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.37: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – DISTRICT SUDHNOTI

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	Inj. Magnesium Sulphate	C- Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
THQ CH TrarKhal	1	1	1	0	1	1	0	1	0	0	1	1	1	0	
Total	1	1	1	0	1	1	0	1	0	0	1	1	1	0	1

District Headquarter (DHQ) Hospital

24/7 Comprehensive EmONC Services

The DHQ hospital Pallandri (Sudhnoti) was assessed for provision of 24/7 comprehensive EmONC services package. The data revealed that the hospital was almost completely functional. The availability of some and all of the essential staff was reported. The services for manual removal of

placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion, newborn care services, normal delivery and comprehensive family planning services were being routinely provided. The supply of injections Ampicillin and Oxytocin was also available. However, shortage of injection Magnesium Sulphate was the only factor which prevented the hospital from being completely functional for provision of comprehensive EmONC service package. (See Table 2.38)

TABLE 2.38: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – DISTRICT SUDHNOTI

DHQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj Oxytocin	Inj Magnesium Sulphate	C-Section	Blood Transfusion	New-born care (Resuscitation and Incubator)	Providing all comprehensive EmONC services	Normal delivery	Comprehensive FP services (including surgical sterilization)	Availability of some essential staff	Availability of all essential staff	Total assessed
DHQ Pallandri (Sudhnoti)	1	1	1	1	1	-	1	1	1	-	1	1	1	1	1

Key Findings

Improving the availability of services is a crucial first step to increase access to maternal and neonatal care. In many cases, only limited inputs are needed to expand existing health facilities and enable them to provide EmONC services. These interventions may include: repairing or purchasing obstetric surgical and sterilization equipment; training doctors and nurses in life-saving skills; and improving health services management. Health service management improvements include adequate staffing of health facilities, a steady supply of drugs and other supplies, maintenance of the health infrastructure and equipment, renovating existing operating theatres or equipping new ones i.e. a system that allows 24-hour readiness. It also means promoting monitoring and evaluation, and constant improvement in the quality of services.

In Azad Jammu & Kashmir MNCH services, a total of 92 health facilities were assessed in all 10 districts. Secondary Health Care (SHC) hospitals including 6 District Head Quarter and 12 Tehsil Head Quarter (THQ), Civil Hospitals (CH) were assessed for the provision of 24/7 Comprehensive EmONC services. Thirty-four (34) Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 40 (approximately 20% sample) Basic Health Units (BHUs) were assessed for availability of 8/6 preventive MNCH services. Additionally, complimentary services provided at RHCs, THQ and DHQ hospitals such as family planning and normal delivery services were also assessed along with data on availability of the staff essential for performing these services. Findings of the HFA data revealed significant gaps in the required inputs for provision of quality MNCH services. This warrants an immediate need to bridge the gaps in order to improve the MNCH services. Salient findings per facility-type are:

Basic Health Units (BHU)

A total of 40 BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates that 68% (27) of the assessed BHUs were completely functional and were able to provide the complete set of preventive MNCH services. It was observed that the TT vaccination and immunization services were deficient in 10% (4 out of 40) and 13% (5 out of 40) facilities, respectively, while, 25% (10 out of 40) BHUs were unable to offer antenatal care, normal delivery and nutrition counselling services. The family planning, growth monitoring and laboratory services were unavailable in 28% (11 out of 40) of the assessed BHUs. The non-availability of essential staff was reported in 30% (12 out of 40) of the assessed facilities.

Rural Health Centres

Thirty-four (34) RHCs were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that some essential staff (either WMO/LHV) was present and the services of newborn resuscitation, normal delivery and family planning were being routinely performed in all the facilities. However, the lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery and non-availability of all essential staff were reported in RHCs of districts Neelam and Kahutta / Haveli. The shortage of injection Ampicillin and non-availability of all essential staff was reported in 59% (20 out of 34) RHCs, while all the facilities in districts Mirpur and Bhimber were lacking the injection Ampicillin. Therefore, none of the assessed RHCs in Azad Jammu and Kashmir were fully functional and were unable to provide the complete package of the Basic EmONC services package.

Tehsil Head Quarter Hospital

Twelve (12) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC service package and for additional complimentary services. The data indicates that availability of all essential staff and blood transfusion services were reported throughout all the hospitals. However, the major deficiency was of newborn care service and non-availability of all essential staff, which were lacking in 92% (11 out of 12) of the THQ hospitals in the province, while, caesarean section was not provided in 67% (8 out of 12) hospitals. Likewise, shortage of injections Magnesium Sulphate, Oxytocin and Ampicillin was observed in 33% (4 out of 12) and 50% (6 out of 12) THQ hospitals, respectively. The complete absence of essential two injections Oxytocin and Magnesium Sulphate was reported in THQ hospitals of districts Muzaffarabad and Bagh. The THQ hospital in district Bagh was the poorest performing facility in the province, as shortage of all the three essential injections were reported along with absence of most of the essential services. The facility only had some of the essential staff and was able to provide services of blood transfusion. Therefore, none of the THQ hospitals were completely functional in the province to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities.

District Head Quarter Hospital

Six (6) DHQ hospitals were assessed for 24/7 comprehensive EmONC services package and for additional complimentary services. The DHQ hospital district

Muzaffarabad was the only facility in the province which was completely functional and was able to provide 24/7 comprehensive EmONC services package. The major deficiency was the shortage of injection Ampicillin which was available in only DHQ Muzaffarabad and Sudhnoti and was deficient in 67% (4 out of 6) hospitals. Likewise, shortage of injection Oxytocin and Magnesium Sulphate was reported in DHQ hospitals of districts Bagh and Sudhnoti, respectively, while, newborn care services were lacking in DHQ Mirpur.

Annexes

Annex 1

Component availability criteria

The following table represents the criteria for ascertaining the availability of each of the service components detailed in the present assessment. It details the data tools used for data compilation and develops correlations with the information listed in the data tables used in the MNCH services report.

Reference table	Level specific MNCH Services Components	SDMB Survey tools -Questions	Correlation with availability of Staff	Component availability criteria			Remarks-consultant	TRF
Table 1:	BHUs - Preventive MNCH services							
	Antenatal visits	Q2.1.a	Dr or LHV	Based on availability of ANC service or availability of staff (Doctor or LHV)				
	Normal deliveries	Q2.1.b	Dr or LHV	Based on availability of Normal delivery				

				services or availability of staff (Doctor or LHV)				
TT Vaccination for Pregnant women	Q2.1.h	LHV	Based on availability of TT vaccination services or availability of Drug -TT or availability of LHV		3.2.1 c5= Drug - TT			
FP services (At least 3- FP methods)	q2.1.5	Dr or LHV	Based on availability of at least 3 FP methods or availability of staff (doctor or LHV)					
Growth monitoring	Q2.1.1.d	Dr or LHV	Based on availability of Growth monitoring services or availability of staff					

				(doctor or LHV)				
	Nutrition counselling	Q2.1.1.e	ANC visits	Based on availability of nutrition counselling or availability of ANC services				
	Immunization (EPI)	Q2.1.1.g	<u>EPI vaccinator</u>	Based on availability Immunization services and availability of Vaccines		Cross referenced with drugs?	DLQ does not contain facility specific information so should not be cross-referencing.	EPI vaccination is not stored all the health facilities, so it should not be cross referenced with the availability of vaccines.
	Laboratory services	Q2.1.1.i	Dr or LHV	Based on availability of				

				Laboratory services or availability of staff (doctor or LHV)				
	Availability of essential staff (WHO / LHV)	(Q3.1.1.a,b) filled posts+ MNCH staff		Based availability of doctor or LHV			DLQ does not contain facility specific information so should not be cross-referencing.	
	Facilities Providing All Preventive MNCH services			Based on availability of all the preventive MNCH services				
Table 2:	RHCs- Basic EmONC services							
	Manual removal of placenta	Q2.1.1.j	WMO	Based on availability of				

				service or availability of WMO				
	Removal of retained product	Q2.1.1.k	WMO	Based on availability of service or availability of WMO				
	New-born resuscitation	Q2.1.1.m	WMO or LHV	Based on availability of service or availability of WMO or LHV				
	Assisted vaginal delivery	Q2.1.1.n	WMO	Based on availability of service or availability of WMO				
	Injection Ampicillin	Q3.2.1.b 4		Based on availability of Injection Ampicillin				

	Injection Oxytocin	Q3.2.1.b 12		Based on availability of injection Oxytocin				
	Injection Magnesium Sulphate	Q3.2.1.b 13		Based on availability of injection Magnesium Sulphate				
	Providing all Basic EmONC services			Based on availability of all the Basic MNCH services				
	Normal deliveries	Q2.1.1.b	WMO or LHV	Based on availability of service or availability of WMO or LHV				
	FP services (At least 3-FP methods)	q2.1.5	WMO or LHV	Based on availability of at least 3 FP methods or				Addition based on 31 Oct meeting

				availability of staff (doctor or LHV)				
	Availability of some essential staff (WMO/LHV)	(q3_1_1_a,f) filled posts+MNCH staff		Based on availability of WMO or LHV			DLQ does not contain facility specific information so should not be cross- referencing.	
	Availability of all essential staff	(q3_1_1_a,f) filled posts + MNCH staff		Based on availability of WMO and LHV			DLQ does not contain facility specific information so should not be cross- referencing.	
Table 3	DHQ/THQs -							

& 4:	Comprehensive services							
	Manual removal of placenta	Q2.1.1.j	Gynaecologist or WMO	Based on availability of service or availability of Gynaecologist or WMO				
	Removal of retained product	Q2.1.1.k	Gynaecologist or WMO	Based on availability of service or availability of Gynaecologist or WMO				
	Assisted vaginal delivery	Q2.1.1.n	Gynaecologist or WMO	Based on availability of service or availability of Gynaecologist or WMO				
	Injection Ampicillin	Q3.2.1.b 4		Based on				

				availability of Injection Ampicillin				
	Injection Oxytocin	Q3.2.1.b 12		Based on availability of injection Oxytocin				
	Injection Magnesium Sulphate	Q3.2.1.b 13		Based on availability of injection Magnesium Sulphate				
	C-Section	Q2.1.1.o	(Gynaecologist or WMO + <u>Anaesthetist or Anaesthesia Technician</u>) with Blood transfusion	Based on availability of service or availability of (Gynaecologist or WMO + Anaesthetist or Anaesthesia Technician) with Blood transfusion			DLQ does not contain facility specific information so should not be cross-referencing.	BB tech is part of Blood transfusion- already accounted for. Anest or Anesth Tech. is incorporated (done)

	Blood transfusion	Q2.1.1.p	Lab technician or B.B Off /Technician	Based on availability of service or availability of Lab technician or B.B Off /Technician			DLQ does not contain facility specific information so should not be cross- referencing.	
	Providing All Comp EmONC services			Based on availability of all the comprehensive MNCH services				
	Normal deliveries	Q2.1.1.b	Gynaecologist or WMO or LHV	Based on availability of service or availability of Gynaecologist or WMO or LHV				

New-born care (Resuscitation and Incubator)	Q2.1.1.m + functional incubator	Gynaecologist or WMO or LHV + <u>Paediatrician</u> + Functional incubator	Based on availability of service or availability of Gynaecologist or WMO or LHV + Paediatrician + Functional incubator and functional incubator			DLQ does not contain facility specific information so should not be cross- referencing.	Add paediatrician - ok
Availability of some essential staff	Q3.1.1.a,b,d,h ,k) filled posts + MNCH staff	WMO/LHV/ Gynaecologist/ Anaesthetist/ Lab. Assistant	Based on availability of any staff from WMO/LHV/ Gynaecologist/ Anaesthetist/ Lab. Assistant			DLQ does not contain facility specific information so should not be cross- referencing.	

	Availability of All essential staff	Q3.1.1.a,b,d,h ,k) filled posts + MNCH staff	WMO/LHV/ Gynaecologist/ Anaesthetist/ Lab. Assistant or + <u>B.B Off /Technician + Paediatrician</u>	Based on availability of all staff from WMO/LHV/ Gynaecologist/ Anaesthetist/ Lab. Assistant or + B.B Off /Technician + Paediatrician			DLQ does not contain facility specific information so should not be cross-referencing.	Add Anest or Anesth Tech. + Pediatrician.
	FP services including surgical method	q2.1.5	Gynaecologist or WMO or LHV	Based on availability of FP methods or Gynaecologist or WMO or LHV	All six methods at THQ and DHQ level			
	Comments:							
1	The availability of utilization data is missing in many flood affected/ demolished facilities, whereas the relevant staff to provide that services is available.							
	Therefore, it is proposed that where staff is available, services may be assumed available.							

