
Health Facility Assessment

Provincial MNCH Services Report –

Federally Administered Tribal Areas –April, 2013



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Acronyms

ANC	Antenatal Care
AVD	Assisted Vaginal Deliveries
BB Technician	Blood Bank Technician
BHU	Basic Health Unit
CH	Civil Hospital
DHO	District Health Officer
AHQH	AHQH
EmONC	Emergency Obstetric and New-born Care
ENC	Emergency New-born Care
EPI	Expanded Programme of Immunization
FATA	Federally Administered Tribal Areas
FR	Frontier Region
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 agenda 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 Federally Administered Tribal Areas (FATA), MNCH services report synthesizes the findings of 55 health facilities assessed in all agencies (excluding South and North Waziristan) and Frontier regions in FATA. Secondary health care (SHC) hospitals including 4 Agency Headquarter (AHQ) hospitals and 14 Civil (CH) Hospitals were assessed for the provision of 24/7 Comprehensive EmONC services; 9 Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 28 (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 AHQ 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, AHQs & 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 the same as that selected for the HFA 2011 and 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 also assessed according to the level of the health facility and the services for which it was mandated. Comparisons were also made between existing staff availability against the required categories and numbers as stipulated by the NMNCH program.

Services

Basic Health Units (BHUs)

A total of twenty eight (28) BHUs were assessed for the provision of 8/6 Preventive MNCH services. The data indicates that 71% (20) 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 was provided in 89% (25) facilities, while, 82% (23) BHUs were providing antenatal care, normal delivery, family planning services, nutrition counselling and immunization services. Similarly, availability of

essential staff, growth monitoring and laboratory services were reported in 79% (22) BHUs. It was observed that all the BHUs in agencies Khyber, Mohmand and Frontier Region (FR) Bannu were completely functional. However, the single BHU in FR Dera Ismail Khan was unable to be completely functional due to lack of immunization services.

Rural Health Centres (RHC)

Nine (9) RHCs were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that essential components of new-born resuscitation was being routinely performed in 56% (5) facilities, while, the services for manual removal of placenta, removal of retained products, assisted vaginal delivery, availability of all essential staff and supply of injections Ampicillin and Oxytocin was available in 22% (2) RHCs. The complimentary services of normal delivery and family planning were available in 56% (5) facilities. Likewise, the availability of essential staff was also reported in 56% (5), RHCs. However, the common shortage of injection Magnesium Sulphate was observed throughout all the RHCs. Therefore, none of the RHCs in FATA were fully functional and were unable to provide the complete package of the essential and complimentary components of the Basic EmONC service package.

Tehsil Head Quarter Hospitals (THQ)

Nineteen (19) THQ hospitals were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that complimentary services of normal delivery were offered in 58% (11) hospitals, whereas, the presence of some essential staff was reported in 53% (10) facilities. The essential components of blood transfusion and manual removal of placenta were being routinely provided in 32% (6) and 26% (5) THQ hospitals, respectively. Likewise, supply of injection Oxytocin and services of removal of retained products, assisted vaginal delivery and family planning were provided in 16% (3) THQs. However, major deficiency was the shortage of injection Magnesium Sulphate, lack of new-born resuscitation service and non-availability of all the essential staff throughout all the facilities in Bajour, Khyber, Kurrum, Mohmand and Orakzai agencies and in FR Peshawar and FR Dera Ismail Khan in FATA. Therefore, none of the THQ hospitals in FATA were able to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities.

Agency Head Quarter Hospitals (AHQ)

Four (4) AHQ hospitals were assessed for 24/7 Comprehensive EmONC services package and for additional complimentary services. The data indicates that the essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion and caesarean section were being routinely provided at all the hospitals. Likewise, the complimentary services of normal delivery, comprehensive family planning and some of the essential staff were also available at all the AHQ hospitals. The supply of injection Ampicillin was present in 75% (3) facilities. However, major deficiency was lack of services of new-born care and shortage of injections Magnesium Sulphate and Oxytocin which was reported in 75% (3 out of 4) hospitals. Therefore, none of the hospitals qualified to be completely functional for provision of 24/7 Comprehensive EmONC services package.

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 women medical officer (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. The BHU Loesam Bajaur agency must be fully equipped with staffing and all essential components of preventive MNCH service package.
2. Provision of essential staff, growth monitoring and laboratory services in BHU Ghani Adda Bajaur agency to enable the BHU to be completely functional for preventive MNCH service package.

3. Provision of immunization services at BHU Hassan Khel – FR Peshawar and BHU Chini Michan – FR Dera Ismail Khan will enable the facility to be fully functional for preventive MNCH service package.
4. Ensure regular supply of injection Magnesium Sulphate in RHCs Pashat and Barang in Bajaur agency.
5. Provision of injections Ampicillin, Oxytocin and Magnesium Sulphate in RHC Ekka ghund – Mohmand agency will enable the facility to be completely functional for provision of Basic EmONC service package.
6. Ensure regular supply of injections Ampicillin and Magnesium Sulphate at RHC Kurez – Orakzai agency to enable the facility to be completely functional for Basic EmONC services.
7. The RHC Bahai Dag and Khawa Zai – Mohmand agency, RHC Kirriwam – FR Dera Ismail Khan must be fully equipped with staffing and all essential components of Basic EmONC service package.
8. Provision of injections Oxytocin and Magnesium Sulphate and new-born care services at THQ Civil Hospital (CH) Jamrud Khyber agency will enable the facility to be fully functional for Comprehensive EmONC service package.
9. The THQ hospital Nawagai - Bajaur agency, THQ Civil Hospital Lowara Maina - Khyber agency, CH Muzzafarkot – Kurrum agency, THQ CH Nawan Kallay – Mohmand agency, THQ CH Ghiljo – Orakzai, THQ Hospital Dara Zinda – FR Dera Ismail Khan must be fully equipped with staffing and all essential components of Comprehensive EmONC services package.
10. Provision of all three essential injections Ampicillin, Oxytocin and Magnesium Sulphate in THQ hospital Alizai and Muzaffarkot – Kurrum agency.
11. Ensure supply of injections Magnesium Sulphate and Oxytocin at AHQ hospital Landikotal – Khyber agency, in order to enable the facility to be completely functional for provision of 24 / 7 Comprehensive EmONC services package.
12. Provision of injection Ampicillin and new-born care services at AHQ hospital Parachinar – Kurrum agency will enable the facility to be fully functional for Comprehensive EmONC service package.
13. Ensure supply of injections Magnesium Sulphate and Oxytocin and new-born care services at AHQ hospital Ghallani – Mohmand agency, in order to enable the facility to be completely functional for provision of 24/7 Comprehensive EmONC services package.

Section 1: Introduction

According to the maternal mortality ratio for Federally Administered Tribal Areas, more than 380 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 overarching 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, AHQs & 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 Agency Headquarter Hospital (AHQH), Tehsil/Civil 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 AHQH, 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

Federally Administered Tribal Areas	Number of Health Facilities by type				
	AHQHs	THQHs	RHCs	BHUs	Total
Number of Total facilities	4	14	9	174	201
Number of facilities surveyed	4	14	9	28	55

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.

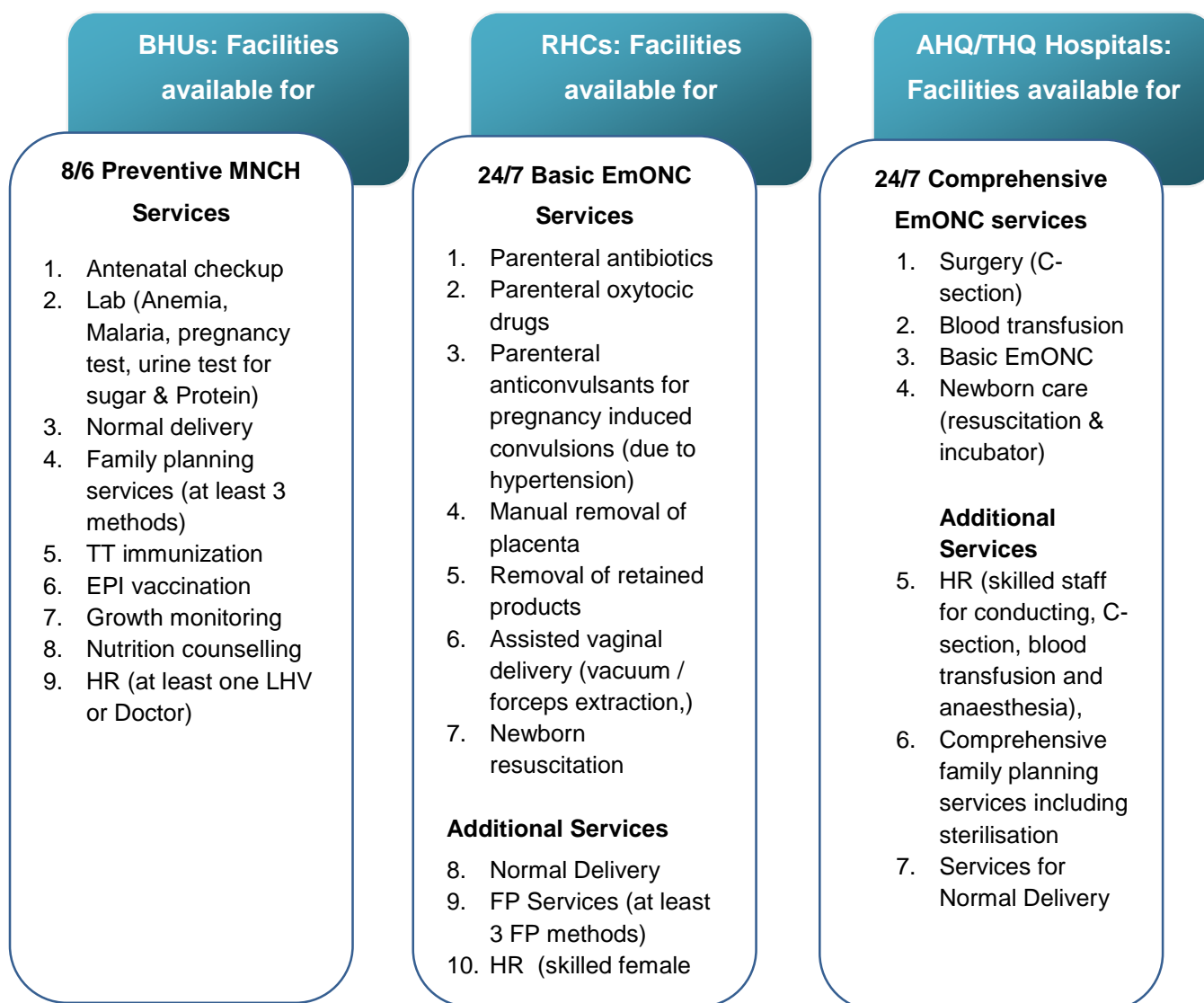
- FLCF/BHUs were assessed for Preventive MNCH services, available for 8 hours a day, 6 days a week (8/6), the package is composed of a set of 09 services including availability of HR (either LHV or WMO)
- RHCs were assessed for provision of Basic EmONC services package available for 24 hours a day, 7 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 assessed as *complimentary services*.
- THQ and AHQ hospitals operating within the agencies 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 eight (8) sub-components including the two main components; provision of caesarean section and blood transfusion and six (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 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 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 AHQ hospitals. Additional services, such as family planning and normal deliveries were also assessed in RHCs, THQ and AHQ 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 Federally Administered Tribal Areas (FATA) MNCH services report synthesizes the findings of 55 health facilities assessed in all agencies (excluding South and North Waziristan) and Frontier regions in Federally Administered Tribal Areas. Secondary health care (SHC) hospitals including 4 Agency Headquarter (AHQ) hospitals and 14 Civil Hospitals (CH) were assessed for the provision of 24/7 Comprehensive EmONC services; 9 Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 28 (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 AHQ 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.

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 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 (BHUs)

8/6 Preventive MNCH Services

A total of 28 BHUs were assessed for the provision of 8/6 Preventive MNCH services. The data indicates that 71% (20) 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 was provided in 89% (25) facilities, while, 82% (23) BHUs were providing antenatal care, normal delivery, family planning services, nutrition counselling and immunization services. Similarly, availability of essential staff, growth monitoring and laboratory services were reported in 79% (22) BHUs. It was observed that all the BHUs in agencies Khyber, Mohmand and FR Bannu were completely functional. However, the single BHU in FR DI Khan was unable to be completely functional due to lack of immunization services. Moreover, non-availability of essential staff, growth monitoring and laboratory services were reported in 21% (6 out of 28) BHUs. The antenatal care, normal delivery, family planning services, nutrition counselling and immunization services were lacking in 18% (5 out of 28) facilities, while, TT vaccination were not provided in 11% (3 out of 28) BHUs.

(See 2.1)

TABLE 2.1: DISTRIBUTION OF PREVENTIVE MNCH SERVICES – PROVINCIAL OVERVIEW OF FEDERALLY ADMINISTERED TRIBAL AREAS (FATA)

BHUs	Antenatal 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
Bajour	3	3	3	3	2	3	3	2	2	2	4
Khyber	3	3	3	3	3	3	3	3	3	3	3
Kurram	3	3	3	3	3	3	3	3	3	3	4
Mohmand	5	5	5	5	5	5	5	5	5	5	5
Orakzai	2	2	4	2	2	2	4	2	2	2	5
FR Peshawar	3	3	3	3	3	3	2	3	3	2	3
FR Bannu	3	3	3	3	3	3	3	3	3	3	3
FR DIK	1	1	1	1	1	1	0	1	1	0	1
Total	23	23	25	23	22	23	23	22	22	20	28

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

Nine RHCs were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that essential components of new-born resuscitation was being routinely performed in 56% (5) facilities, while, the services for manual removal of placenta, removal of retained products, assisted vaginal delivery, availability of all essential staff and supply of injections Ampicillin and Oxytocin was available in 22% (2) RHCs. The complimentary services of normal delivery and family planning were available in 56% (5) facilities. Likewise, the availability of essential staff was also reported in 56% (5), RHCs. However, the common shortage of injection Magnesium Sulphate was observed throughout all the RHCs in FATA. Lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery and non-availability of all essential staff was reported in RHCs of Bajour, FR Peshawar and FR DI Khan. Likewise, shortage of injections Ampicillin was recorded throughout Mohmand, Orakzai, FR Peshawar and FR DI Khan, while, injection Oxytocin was deficient in Mohmand agency, FR Peshawar and FR DI Khan. The single RHC in FR DI Khan was completely non-functional due to non-availability of staff, lack of all service components and shortage of all the three injections. Therefore, none of the RHCs in FATA were fully functional and were providing the complete package of the essential and complimentary components 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 FEDERALLY ADMINISTERED TRIBAL AREAS (FATA)

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
Bajour	0	0	2	0	2	1	0	0	2	2	2	0	2
Mohmand	1	1	1	1	0	0	0	0	1	1	1	1	3
Orakzai	1	1	1	1	0	1	0	0	1	1	1	1	2
FR Peshawar	0	0	1	0	0	0	0	0	1	1	1	0	1
FR DIK	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	2	2	5	2	2	2	0	0	5	5	5	2	9

Tehsil Headquarter Hospital (THQ)

24/7 Basic EmONC Services at THQs

Nineteen (19) THQ hospitals were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that complimentary services of normal delivery were offered in 58% (11) hospitals, whereas, the presence of some essential staff was reported in 53% (10) facilities. The essential components of blood transfusion and manual removal of placenta were being routinely provided in 32% (6) and 26% (5) THQ hospitals, respectively. Likewise, supply of injection Oxytocin and services of removal of retained products, assisted vaginal delivery and family planning were provided in 16% (3) THQs. However, major deficiency was the shortage of injection Magnesium Sulphate, lack of new-born resuscitation service and non-availability of all the essential staff throughout all the facilities in Bajour, Khyber, Kurrum, Mohmand and Orakzai agencies and in FR Peshawar and FR DI Khan in FATA. Likewise, the caesarean section service was also not provided in any of the THQ hospitals, except in 1 THQ hospital in Khyber agency. The single hospital in Mohmand agency was completely non-functional due to absence of staffing and lack of all service components. The services of normal delivery were lacking in 42% (8 out of 19) hospitals, while, non-availability of some essential staff was reported in 47% (9 out of 19) facilities. The essential components of blood transfusion and manual removal of placenta were not being provided in 68% (13 out of 19) and 74% (14 out of 19) THQ hospitals, respectively. Likewise, shortage of injection Oxytocin and lack of services of removal of retained products, assisted vaginal delivery and family planning were reported in 84% (16 out of 19) THQs. Therefore, none of the THQ hospitals in FATA were able 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 2.3: DISTRIBUTION OF COMPREHENSIVE EmONC SERVICES PROVIDED BY THQHS – PROVINCIAL OVERVIEW OF THQHS IN FEDERALLY ADMINISTERED TRIBAL AREAS (FATA)

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
Bajour	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
Khyber	1	1	1	1	0	0	1	1	0	0	2	1	1	0	2
Kurram	1	0	0	1	1	0	0	1	0	0	2	0	2	0	3
Mohmand	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Orakzai	2	1	1	0	2	0	0	2	0	0	2	1	2	0	3
FR Peshawar	0	0	0	0	0	0	0	2	0	0	2	0	2	0	3
FR DIK	1	1	1	0	0	0	0	0	0	0	2	1	2	0	6
Total	5	3	3	2	3	0	1	6	0	0	11	3	10	0	19

Agency Headquarter Hospital (AHQ)

24/7 Comprehensive EmONC Services at THQs

Four (4) AHQ hospitals were assessed for 24/7 Comprehensive EmONC services package and for additional complimentary services. The data indicates that the essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion and caesarean section were being routinely provided at all the hospitals. Likewise, the complimentary services of normal delivery, comprehensive family planning and some of the essential staff were also available at all the AHQ hospitals. The supply of injection Ampicillin was present in 75% (3) facilities. However, major deficiency was lack of services of new-born care and shortage of injections Magnesium Sulphate and Oxytocin which was reported in 75% (3 out of 4) hospitals. The complete absence of injections Magnesium Sulphate and Oxytocin was reported in AHQ hospitals of Bajour, Khyber and Mohmand agencies. Furthermore, the new-born care services could not be performed in the facilities of Bajour, Kurrum and Mohmand agencies. In addition to this, non-availability of all the essential staff was reported throughout all the AHQ hospitals in FATA. Therefore, none of the hospitals qualified to be completely functional for provision of 24/7 Comprehensive EmONC services package. (See Table 2.4)

TABLE 2.4: DISTRIBUTION OF COMPREHENSIVE EmONC SERVICES PROVIDED BY AHQHS – PROVINCIAL OVERVIEW OF AHQHS IN FEDERALLY ADMINISTERED TRIBAL AREAS (FATA)

AHQ	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
Bajour	1	1	1	1	0	0	1	1	0	0	1	1	1	0	1
Khyber	1	1	1	1	0	0	1	1	1	0	1	1	1	0	1
Kurram	1	1	1	0	1	1	1	1	0	0	1	1	1	0	1
Mohmand	1	1	1	1	0	0	1	1	0	0	1	1	1	0	1
Total	4	4	4	3	1	1	4	4	1	0	4	4	4	0	4

Agency Specific Analysis: Health Facilities of Federally Administered Tribal Areas (FATA)

Bajour Agency

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

A total of four (4) BHUs were assessed for the provision of 8/6 Preventive MNCH services. The data revealed that 50% (2) BHUs were completely functional and had either a WMO or an LHV to offer the MNCH services. Likewise, antenatal care, normal delivery, TT vaccination, family planning, growth monitoring, immunization, nutrition counselling and laboratory services were also offered by the BHUs. (See Table 2.5) However, absence of essential staff and lack of growth monitoring and laboratory services was reported in BHU Ghani Adda. Whereas, BHU Loesam was found to be completely non-functional due to non-availability of essential staff (either WMO or LHV) and lack of all components of preventive MNCH service. Therefore, 50% (2) BHUs were unable to provide the complete package of preventive services in the agency.

TABLE 2.5: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY AGENCIES FACILITIES – BAJOUR AGENCY

BHUs	Antenatal 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 Loesam	0	0	0	0	0	0	0	0	0	0	
BHU Chenagai	1	1	1	1	1	1	1	1	1	1	
BHU Zorbander	1	1	1	1	1	1	1	1	1	1	
BHU Ghani Adda	1	1	1	1	0	1	1	0	0	0	
Total	3	3	3	3	2	3	3	2	2	2	4

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 additional complimentary services. The data indicates that some essential staff was available, supply of injection Ampicillin was present and the services for new-born resuscitation, normal delivery and family planning were being provided at both the RHCs. Likewise, the supply of injection Oxytocin was available in RHC Pashat, only. The major deficiencies observed at both the facilities were lack of services of manual removal of placenta, removal of retained product and assisted vaginal delivery. Similarly, non-availability of all essential staff and shortage of injection Magnesium Sulphate was reported in both the facilities, due to which none of the RHCs were considered as fully functional for Basic EmONC services. (See Table 2.6)

TABLE 2.6: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs – BAJOUR AGENCY

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 Pashat	0	0	1	0	1	1	0	0	1	1	1	0	
RHC Barang	0	0	1	0	1	0	0	0	1	1	1	0	
Total	0	0	2	0	2	1	0	0	2	2	2	0	2

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The CH Nawagai 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 of the essential staff was available and the facility was able to offer the services of normal delivery, only. However, due to lack of essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, newborn resuscitation, caesarean section and blood transfusion services, shortage of all the three injections Ampicillin, Oxytocin and Magnesium Sulphate and lack of services for comprehensive family planning and non-availability of all essential staff, the CH hospital was almost not functional at all, to provide Basic EmONC services package.

TABLE 2.7: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – BAJAUR AGENCY

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
CH Nawagai	0	0	0	0	0	0	0	0	0	0	1	0	1	0	
Total	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1

Agency Headquarter (AHQ) Hospital

24/7 Comprehensive EmONC Services

The AHQ hospital Khar was assessed for provision of 24/7 Comprehensive EmONC services package. The survey data indicates that some essential staff was present and supply of injection Ampicillin was available. Likewise, the essential services of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section and blood transfusion were being routinely provided. Likewise, the

complimentary services of normal delivery and comprehensive family planning were performed at the facility. However, shortage of injections Oxytocin, Magnesium Sulphate, non-availability of all the essential staff and lack of new-born care services were the limiting factors due to which the AHQ 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 BY AHQHS – BAJAUR AGENCY

AHQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	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
AHQ Hospital Khar	1	1	1	1	0	0	1	1	0	0	1	1	1	0	1

Khyber Agency

Basic Health Unit (BHUs)

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 offered by the BHUs. (See Table 2.9)

TABLE 2.9: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – KHYBER AGENCY

BHUs	Antenatal 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 Torkham	1	1	1	1	1	1	1	1	1	1	
BHU Ali Masjid	1	1	1	1	1	1	1	1	1	1	
BHU Wazir Muhammad Kalli Qhamdi	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)

There was no RHC in Khyber agency.

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

Two (2) THQ hospitals were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. Analysis of the data, (Table 2.10) indicates that normal delivery service was available in both the THQ hospitals. The THQ CH Jamrud had availability of some essential staff, supply of injection Ampicillin and the services of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, blood transfusion and comprehensive family planning services were being provided. However, shortage of injections Oxytocin and Magnesium Sulphate and lack of new-born care services the facility was not fully functional. Likewise, THQ Civil Hospital Lowara Maina was almost non-functional due to lack of all the components of essential and complimentary services, except normal delivery service and therefore none of the THQ hospitals could be designated as fully functional Comprehensive EmONC facility.

TABLE 2.10: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – KHYBER AGENCY

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 Civil Hospital Jamrud	1	1	1	1	0	0	1	1	0	0	1	1	1	0	
THQ Civil Hospital Lowara Maina	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
Total	1	1	1	1	0	0	1	1	0	0	2	1	1	0	2

Agency Headquarter (AHQ) Hospital

24/7 Comprehensive EmONC Services

The AHQ hospital Landikotal 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, new-born care, normal delivery and comprehensive family planning services were routinely provided. Likewise, supply of injection Ampicillin and availability of some essential staff was also reported at the hospital. However, due to shortage of injections Magnesium Sulphate and Oxytocin, the AHQ hospital Landikotal was not completely functional for provision of 24 / 7 Comprehensive EmONC services package. (See Table 2.11)

TABLE 2.11: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY AHQHS – KHYBER AGENCY

AHQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	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
AHQ Hospital Landikotal	1	1	1	1	0	0	1	1	1	0	1	1	1	0	1

Kurrum Agency

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Four (4) 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. These facilities 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. The BHU Tabai was completely non-functional due to non-availability of staff and all components of preventive MNCH services. (See Table 2.12)

TABLE 2.12: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – KURRUM AGENCY

BHUs	Antenatal 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 Mali Khel	1	1	1	1	1	1	1	1	1	1	
BHU Tabai	0	0	0	0	0	0	0	0	0	0	
BHU Manduri	1	1	1	1	1	1	1	1	1	1	
BHU Ibrahimzai	1	1	1	1	1	1	1	1	1	1	
Total	3	3	3	3	3	3	3	3	3	3	4

Rural Health Centres (RHCs)

There was no RHC in Kurrum agency.

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 2.13) indicates that presence of some essential staff and normal delivery services were provided at THQ hospitals Sadda and Ali Zai. The supply of injections Ampicillin and Oxytocin and service of manual removal of placenta were available at THQ Sadda, only and blood transfusion service was provided at THQ Ali Zai, only. However, all other essential and complimentary services were deficient at both the hospitals. The CH Muzaffarkot was completely non-functional due to absence of staff, shortage of all three essential injections Ampicillin, Oxytocin and Magnesium Sulphate and lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, new-born care, caesarean section normal delivery and comprehensive family planning. Therefore, none of the THQ hospitals were able to provide all the essential services and could not be designated as fully functional comprehensive EmONC facilities.

TABLE 2.13: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS— KURRUM AGENCY

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
THQH Sadda	1	0	0	1	1	0	0	0	0	0	1	0	1	0	
THQH Ali Zai	0	0	0	0	0	0	0	1	0	0	1	0	1	0	

CH Muzzafar Kot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	0	1	1	0	0	1	0	0	2	0	2	0	3

Agency Headquarter (AHQ) Hospital

24/7 Comprehensive EmONC Services

The AHQ hospital Parachinar 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, normal delivery and comprehensive family planning services were routinely provided. Likewise, supply of injections Magnesium Sulphate and Oxytocin and availability of some essential staff was also reported at the hospital. However, shortage of injection Ampicillin, lack of new-born resuscitation and non-availability of all essential staff were the limiting factors which prevented the AHQ hospital Parachinar from being completely functional for provision of 24 / 7 comprehensive EmONC services package. (See Table 2.14)

TABLE 2.14: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYAHQHS – KURRUM AGENCY

AHQH	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	Inj. Ampicillin	Inj. Oxytocin	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
AHQ Hospital Parachinar	1	1	1	0	1	1	1	1	0	0	1	1	1	0	1

Mohmand Agency

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, all the BHUs were completely functional and were providing the complete package of preventive MNCH services; antenatal care, normal delivery, TT vaccination, family planning, growth monitoring, nutrition counselling, immunization and laboratory services. Similarly, essential staff was also present to provide the preventive MNCH services. (See Table 2.15)

TABLE 2.15: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – MOHMAND AGENCY

BHUs	Antenatal 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 Lakkaro	1	1	1	1	1	1	1	1	1	1	
BHU Saparia	1	1	1	1	1	1	1	1	1	1	
BHU Nawan Kallay	1	1	1	1	1	1	1	1	1	1	
BHU Laghum Ghundai	1	1	1	1	1	1	1	1	1	1	
BHU Sultan Khel	1	1	1	1	1	1	1	1	1	1	
Total	5	5	5	5	5	5	5	5	5	5	5

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 RHC Ekka Ghund was the only facility in which some and all of the essential staff was available and services of manual removal of placenta, removal of retained products, assisted vaginal delivery, new-born resuscitation, normal delivery and family planning were routinely performed. However, shortage of all three essential injections Ampicillin, Oxytocin and Magnesium Sulphate, the facility was not considered as completely functional for Basic EmONC services. The RHCs Bahai Dag and Khawa Zai were completely non-functional due to absence of staff, shortage of all three essential injections and lack of all essential and complimentary service components. Therefore, none of the RHCs were able to provide all the essential services and could not be designated as fully functional comprehensive EmONC facility. (See Table 2.16)

TABLE 2.16: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs –MOHMAND AGENCY

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 Bahai Dag	0	0	0	0	0	0	0	0	0	0	0	0	
RHC Ekka Ghund	1	1	1	1	0	0	0	0	1	1	1	1	
RHC Khawa Zai	0	0	0	0	0	0	0	0	0	0	0	0	
Total	1	1	1	1	0	0	0	0	1	1	1	1	3

Tehsil Headquarter (THQ) Hospital

24/7 Comprehensive EmONC Services

The THQ CH Nawan Kallay was assessed for provision of 24/7 Comprehensive EmONC services package. Analysis of the data (Table 2.17) shows that the facility was completely non-functional due to absence of staff, shortage of all three essential injections Ampicillin, Oxytocin and Magnesium Sulphate and lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, new-born care, caesarean section normal delivery and comprehensive family planning. Therefore, the only THQ hospital in the agency could not be considered as fully functional comprehensive EmONC facility.

TABLE 2.17: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – MOHMAND AGENCY

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 CH Nawan Kallay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Agency Headquarter Hospital (AHQ)

24/7 Comprehensive EmONC Services

The AHQ hospital Ghallanai 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, normal delivery and comprehensive family planning services were routinely provided. Likewise, supply of injection Ampicillin and availability of some essential staff was

also reported at the hospital. However, shortage of injection Magnesium Sulphate and Oxytocin and lack of new-born resuscitation service were the limiting factors which prevented the AHQ hospital Ghallani from being completely functional for provision of 24 / 7 comprehensive EmONC services package. (See Table 2.18)

TABLE 2.18: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY AHQHS – MOHMAND AGENCY

AHQH	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
AHQHospital Ghallanai	1	1	1	1	0	0	1	1	0	0	1	1	1	0	1

Orakzai Agency

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 were 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. The TT vaccination and immunization services were available at 80% (4) facilities. The BHUs MishtiMela and Kasha were almost non-functional due to lack of staffing and other essential components, except provision of TT vaccination and immunization services. Similarly, BHU YakhKandow was completely deficient in staff and all preventive MNCH service components. Therefore, 60% (3) BHUs were unable to provide complete package of preventive MNCH services. (See Table 2.19)

TABLE 2.19: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – ORAKZAI AGENCY

BHUs	Antenatal 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 MishtiMela	0	0	1	0	0	0	1	0	0	0	
BHU YakhKandow	0	0	0	0	0	0	0	0	0	0	
BHU Und Khel	1	1	1	1	1	1	1	1	1	1	

BHU UtmanKhel	1	1	1	1	1	1	1	1	1	1	1	
BHU Kasha	0	0	1	0	0	0	1	0	0	0	0	
Total	2	2	4	2	2	2	4	2	2	2	2	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 RHC Kurez was the only facility in which some and all of the essential staff was available, supply of injection Oxytocin was present and services of manual removal of placenta, removal of retained products, assisted vaginal delivery, new-born resuscitation, normal delivery and family planning were routinely performed. However, shortage of injections Ampicillin and Magnesium Sulphate was the only limiting factors which prevented the facility from being completely functional for Basic EmONC services. The RHC Daboori was completely non-functional due to absence of staff, shortage of all three essential injections and lack of all essential and complimentary service components. Therefore, none of the RHCs were able to provide all the essential services and could not be designated as fully functional comprehensive EmONC facility. (See Table 2.20)

TABLE 2.20: DISTRIBUTION OF BASIC EmONC SERVICES PROVIDED BY RHCs – ORAKZAI AGENCY

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 Daboori	0	0	0	0	0	0	0	0	0	0	0	0	

RHC Kurez	1	1	1	1	0	1	0	0	1	1	1	1	
Total	1	1	1	1	0	1	0	0	1	1	1	1	2

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 2.21) shows that some essential staff was available and supply of injection Oxytocin was present. Likewise, the services of manual removal of placenta, blood transfusion and normal delivery were routinely provided at THQ CH Kalaya and Samana. However, absence of injections Ampicillin and Magnesium Sulphate, lack of services of caesarean section, new-born resuscitation and non-availability of all the essential staff, both the hospitals could not be considered as fully functional. Similarly, The THQ CH Ghiljo was reported to be completely non-functional due to absence of staff, shortage of all three essential injections and lack of all essential service components. Therefore, none of the THQ hospitals were able to provide all the essential services and could not be designated as fully functional comprehensive EmONC facilities.

TABLE 2.21: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – ORAKZAI AGENCY

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 CH Kalaya	1	1	1	0	1	0	0	1	0	0	1	1	1	0	
THQ CH Ghiljo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
THQ CH Samana	1	0	0	0	1	0	0	1	0	0	1	0	1	0	

Total	2	1	1	0	2	0	0	2	0	0	2	1	2	0	3
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Agency Headquarter Hospital (AHQ)

There was no AHQ hospital in Orakzai agency.

Frontier Region Peshawar (FR)

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Three (3) BHUs were assessed for the provision of 8/6 Preventive MNCH services. According to the data findings, 67% (2) 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, lack of immunization services at BHU Hassan Khel was the only limiting factor which prevented the facility from being fully functional for preventive MNCH service package. (See Table 2.22)

TABLE 2.22: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – FR PESHAWAR

BHUs	Antenatal 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 Akhur wal	1	1	1	1	1	1	1	1	1	1	
BHU Sheen Dand	1	1	1	1	1	1	1	1	1	1	
BHU Hassan Khel	1	1	1	1	1	1	0	1	1	0	
Total	3	3	3	3	3	3	2	3	3	2	3

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

RHC Kohi Hasan Khel 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 new-born resuscitation, normal delivery and family planning were routinely performed at the RHC. However, lack of services for manual removal of placenta, removal of retained products, assisted vaginal delivery and shortage of all the three essential injections Ampicillin, Oxytocin and Magnesium Sulphate, the RHC was almost non-functional and could not be considered as completely functional for Basic EmONC services. (See Table 2.23)

TABLE 2.23: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs –FR PESHAWAR

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 Kohi Hasan Khel	0	0	1	0	0	0	0	0	1	1	1	0	
Total	0	0	1	0	0	0	0	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 2.24) shows that some essential staff was available and services of blood transfusion were routinely performed at both the THQs. However, due to shortage of

all the three injections, lack of manual removal of placenta, removal of retained product, assisted vaginal delivery and new-born resuscitation service in both the THQs hospitals, none were able to provide all the essential services and were not designated as 24/7 comprehensive EmONC facilities.

TABLE 2.24: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – FR PESHAWAR

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 Zarghun Khel	0	0	0	0	0	0	0	1	0	0	1	0	1	0	
THQ Civil Hospital Shamshatoo	0	0	0	0	0	0	0	1	0	0	1	0	1	0	
Total	0	0	0	0	0	0	0	2	0	0	2	0	2	0	2

District Headquarter Hospital (AHQ)

There is no AHQ hospital in FR Peshawar.

Frontier Region Bannu (FR)

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

Three (3) BHUs were assessed for the provision of 8/6 Preventive MNCH services. According to the data findings, all the BHUs were completely functional to provide the complete package of preventive MNCH services. All the facilities had essential staff and were providing antenatal care, normal delivery, TT vaccination, immunization, nutrition counselling, family planning and laboratory services. (See Table 2.25)

TABLE 2.25: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – FR BANNU

BHUs	Antenatal 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 Sarwar Jaan	1	1	1	1	1	1	1	1	1	1	
BHU Nazif Pinda Khel	1	1	1	1	1	1	1	1	1	1	
BHU Dabak Sardar Khel	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)

There was no RHC in FR Bannu.

Tehsil Headquarter (THQ) Hospital

There was no THQ hospital in FR Bannu.

District Headquarter (AHQ) Hospital

There was no AHQ hospital in FR Bannu.

Frontier Region Dera Ismail Khan (FR DI Khan)

Basic Health Units (BHUs)

8/6 Preventive MNCH Services

The BHU Chini Michan was assessed for the provision of 8/6 Preventive MNCH services. According to the data findings, the BHU was almost completely functional and had essential staff and were providing antenatal care, normal delivery, TT vaccination, nutrition counselling, family planning and laboratory services. However, lack of immunization service was the only factor due to which the facility failed to provide the complete package of preventive MNCH services. (See Table 2.26)

TABLE 2.26: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – FR D I KHAN

BHUs	Antenatal 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 Chini Michan	1	1	1	1	1	1	0	1	1	0	
Total	1	1	1	1	1	1	0	1	1	0	1

Rural Health Centres (RHCs)

24/7 Basic EmONC Services at RHCs

The RHC Kirriwam was assessed for provision of 24/7 Basic EmONC services package and for additional complimentary services. The data indicates that the facility was completely non-functional to provide any component of Basic EmONC services, due to non-availability of some essential staff, lack of all components of essential and complimentary services and shortage of all the three injections Ampicillin, Oxytocin and Magnesium Sulphate. (See Table 2.27)

TABLE 2.27: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHC –FR D I KHAN

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 Kirriwam	0	0	0	0	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	0	0	0	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 2.28) shows that some essential staff was present and normal delivery services were available at both the facilities. The services of manual removal of placenta, removal of retained products, assisted vaginal delivery, and comprehensive family planning were reported at THQ CH Jhandola, while all other essential components of caesarean section, blood transfusion, new-born resuscitation and essential three injections were unavailable.

Similarly, THQ Hospital Dara Zinda was almost completely non-functional due to lack of all essential services, except normal delivery services, non-availability of some essential staff and shortage of all three injections. Therefore, 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 2.28: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQH – FR D I KHAN

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 hospital Dara Zinda	0	0	0	0	0	0	0	0	0	0	1	0	1	0	
THQ CH Jhandola	1	1	1	0	0	0	0	0	0	0	1	1	1	0	
Total	1	1	1	0	0	0	0	0	0	0	2	1	2	0	2

District Headquarter (AHQ) Hospital

There was no AHQ hospital in FR Dera Ismail Khan.

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 Federally Administered Tribal Areas (FATA) MNCH services, a total of 55 health facilities assessed in all agencies (excluding South and North Waziristan) and Frontier regions in FATA. Secondary health care (SHC) hospitals including 4 Agency Headquarter (AHQ) hospitals and 14 Civil (CH) hospitals were assessed for the provision of 24/7 Comprehensive EmONC services; 9 Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 28 (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 AHQ 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 (BHUs)

A total of 28 BHUs were assessed for the provision of 8/6 Preventive MNCH services. The data indicates that 71% (20) of the assessed BHUs were completely functional and were able to provide the complete set of preventive MNCH services. However, the single BHU in FR Dera Ismail Khan was unable to be completely functional due to lack of immunization services, only. Moreover, non-availability of essential staff, growth monitoring and laboratory services were reported in 21% (6 out of 28) BHUs. The antenatal care, normal delivery, family planning services, nutrition counselling and immunization services were lacking in 18% (5 out of 28) facilities, while, TT vaccination were not provided in 11% (3 out of 28) BHUs.

Rural Health Centres (RHCs)

Nine (9) RHCs were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that essential components of new-born resuscitation was being routinely performed in 56% (5) facilities, while, the services for manual removal of placenta, removal of retained products, assisted vaginal delivery, availability of all essential staff and supply of injections Ampicillin and Oxytocin was available in 22% (2) RHCs. However, the common shortage of injection Magnesium Sulphate was observed throughout all the RHCs in FATA. Lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery and non-availability of all essential staff was reported in RHCs of Bajour, FR Peshawar and FR Dera Ismail Khan. Likewise, shortage of injections Ampicillin was recorded throughout Mohmand, Orakzai, FR Peshawar and FR Dera Ismail Khan, while, injection Oxytocin was deficient in Mohmand agency, FR Peshawar and FR DI Khan. The single RHC in FR DI Khan was completely non-functional due to non-availability of staff, lack of all service components and shortage of all the three injections. Therefore, none of the RHCs in FATA were fully functional and were providing the complete package of the essential and complimentary components of the Basic EmONC services package.

Tehsil Head Quarter Hospital

Nineteen (19) THQ hospitals were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that the essential components of blood transfusion and manual removal of placenta were being routinely provided in 32% (6) and 26% (5) THQ hospitals, respectively. However, major deficiency was the shortage of injection Magnesium Sulphate, lack of new-born resuscitation service and non-availability of all the essential staff throughout all the facilities in Bajour, Khyber, Kurrum, Mohmand and Orakzai agencies and in FR Peshawar and FR DI Khan in FATA. Likewise, the caesarean section service was also not provided in any of the THQ hospitals, except in 1 THQ hospital in Khyber agency. The single hospital in Mohmand agency was completely non-functional due to absence of staffing and lack of all service components. The services of normal delivery were lacking in 42% (8 out of 19) hospitals, while, non-availability of some essential staff was reported in 47% (9 out of 19) facilities. The essential components of blood transfusion and manual removal of placenta were not being provided in 68% (13 out of 19) and 74% (14 out of 19) THQ hospitals, respectively. Likewise, shortage of injection Oxytocin and lack of services of removal

of retained products, assisted vaginal delivery and family planning were reported in 84% (16 out of 19) THQs. Therefore, none of the THQ hospitals in FATA were able to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities.

Agency Head Quarter (AHQ) Hospital

Four (4) AHQ hospitals were assessed for 24/7 Comprehensive EmONC services package and for additional complimentary services. The data indicates that the essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion and caesarean section were being routinely provided at all the hospitals. However, major deficiency was lack of services of new-born care and shortage of injections Magnesium Sulphate and Oxytocin which was reported in 75% (3 out of 4) hospitals. The complete absence of injections Magnesium Sulphate and Oxytocin was reported in AHQ hospitals of Bajour, Khyber and Mohmand agencies. Furthermore, the new-born care services could not be performed in the facilities of Bajour, Kurrum and Mohmand agencies. In addition to this, non-availability of all the essential staff was reported throughout all the AHQ hospitals in FATA. Therefore, none of the hospitals qualified to be completely functional for provision of 24/7 Comprehensive EmONC services package.

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 of 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			Based on availability of all the				

	services			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 availability of staff (doctor or LHV)				Addition based on 31 Oct meeting
	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 & 4:	AHQ/THQs 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</u> or <u>Anaesthesia</u> <u>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 informa tion so should not be cross- referen cing.	BB tech is part of Blood transfusion- already accounted for. Anaesthetist or Anaesthesia 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			DLQ does not contain facility		

				Off /Technician			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> +	Based on availability of service or			DLQ does not	Add paediatrician - ok	

			Functional incubator	availability of Gynaecologist or WMO or LHV + Paediatrician + Functional incubator and functional incubator			contain facility specific information so should not be cross-referencing.	
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-	

							referen cing.	
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 informa tion so should not be cross- referen cing.	Add Anaesthetist or Anaesthesia Tech. + Paediatrician .
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 AHQ 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.							

