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# Health Facility Assessment

Provincial MNCH Services Report –  
Gilgit Baltistan - February 2013

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## Acronyms

<b>ANC</b>	Antenatal Care
<b>AVD</b>	Assisted Vaginal Deliveries
<b>BB Technician</b>	Blood Bank Technician
<b>BHU</b>	Basic Health Unit
<b>CH</b>	Civil Hospital
<b>DHO</b>	District Health Officer
<b>DHQH</b>	District Headquarter Hospital
<b>EmONC</b>	Emergency Obstetric and Newborn Care
<b>ENC</b>	Emergency Newborn Care
<b>EPI</b>	Expanded Programme of Immunization
<b>HF</b>	Health Facilities
<b>HFA</b>	Health Facility Assessments
<b>HR</b>	Human Resource
<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illnesses
<b>Inj.</b>	Injection / Injectable drug
<b>LHS</b>	Lady Health Supervisor
<b>LHV</b>	Lady Health Visitor
<b>LHW</b>	Lady Health Worker
<b>Mag-Sulph.</b>	Inj. Magnesium Sulphate
<b>MDGs</b>	Millennium Development Goals
<b>MNCH</b>	Maternal, Neonatal and Child Health
<b>MO</b>	Medical Officer
<b>NMNCHP</b>	National Maternal Newborn and Child Health Programme
<b>NVD</b>	Normal Vaginal Deliveries
<b>WMO</b>	Women Medical Officer
<b>WHO</b>	World Health Organization
<b>PNC</b>	Post natal care
<b>RHC</b>	Rural Health Centre
<b>SHC hospitals</b>	Secondary health care
<b>THQ</b>	Tehsil Headquarter hospital
<b>TRF</b>	Technical Resource Facility
<b>TT</b>	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 newborn-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 Newborn 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 Gilgit Baltistan MNCH services report synthesizes the findings of 41 health facilities assessed in all 7 districts of Gilgit Baltistan. Secondary Health Care (SHC) hospitals including 5 District Head Quarter and 27 Civil Hospitals (CH) were assessed for the provision of 24/7 Comprehensive EmONC services. Two (2) Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 7 (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 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 made between existing staff availability against the required categories and numbers as stipulated by the NMNCH program.

## Services

### Basic Health Units (BHU)

Seven (7) BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates that 71% (5) 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 all the facilities, while, 86% (6) BHUs were providing antenatal care, normal delivery, family planning, nutrition counselling and laboratory services. The availability of essential

staff and services of growth monitoring were reported in 71% (5) facilities. The existence of only one BHU was reported in all the districts and it was observed that the BHUs in districts Gilgit, Skardu, Ghanche, Ghizer and Astore were completely functional. However, the essential staff and normal delivery services were deficient in 29% (2 out of 7) BHUs. The BHU in district Diamer was almost non-functional due to the non-availability of essential staff and deficiency of all components of preventive MNCH services, except, provision of TT vaccination and immunization services. Similarly, lack of essential staffing and non-availability of growth monitoring services were reported in BHU Hunza.

### **Rural Health Centres (RHC)**

Two 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, supply of injections Ampicillin and Oxytocin was available and the services of newborn resuscitation, normal delivery and family planning were being routinely performed in both the facilities. Likewise, supply of injection Magnesium Sulphate was reported in RHC Hunza. However, non-availability of all essential staff was observed in both the RHCs and similarly, the 2 facilities were unable to provide services for manual removal of placenta, removal of retained products and assisted vaginal delivery. Therefore, none of the 2 RHCs in districts Skardu and Hunza in Gilgit Baltistan were fully functional and were unable to provide the complete package of the Basic EmONC services package.

### **Tehsil Head Quarter Hospitals (THQ)**

Twenty-seven THQ hospitals were assessed for provision of 24/7 Comprehensive EmONC service package and for additional complimentary services. The data indicates that some of the essential staff was available in 85% (23) hospitals, while, normal delivery and blood transfusion services were available in 81% (22) and 63% (17) THQs, respectively. The supply of injections Ampicillin and Oxytocin were reported in 78% (21) and 56% facilities, respectively, whereas, injection Magnesium Sulphate was present in only 33% (1 out of 3) THQ of district Astore, 25% (1 out of 4) in district Ghanche and 17% (1 out of 6) in district Hunza. The services of manual removal of placenta, removal of retained products, assisted vaginal delivery and comprehensive family planning service were available in 33% (9 out of 27) THQ hospitals. The major deficiency of newborn care service and non-availability of all essential staff was reported in all the hospitals and likewise, caesarean section service was lacking in 96% (26 out of 27) THQs and was only offered in 25% (1 out of 4) THQ in district Gilgit. The complete absence of services of manual removal of



placenta, removal of retained products assisted vaginal delivery, newborn care and non-availability of all essential staff was reported in THQ hospitals of districts Diamer and Ghizer. Therefore, all the THQ hospitals were unable to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities.

### **District Head Quarter Hospitals (DHQ)**

Five (5) DHQ hospitals were assessed for 24/7 comprehensive EmONC services package and for additional complimentary services. The essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion and supply of injection Ampicillin was available at all the DHQs. Likewise, the complimentary services of normal delivery and family planning were also being routinely provided and some of the essential staff was also available at all the facilities. The supply of injection Oxytocin and caesarean section services were provided in 80% (4) facilities. However, major deficiency was the non-availability of injection Magnesium Sulphate and lack of newborn care services which were available in only DHQ Skardu and DHQ Gilgit, respectively and were deficient in 80% (4 out of 5) hospitals. In addition to this, non-availability of all the essential staff was reported 60% (3 out of 5) DHQ hospitals. Therefore, due to non-availability of one or more of the essential components, none of the DHQ hospitals were 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 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., newborn 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. Ensure availability of essential staffing and services of antenatal care, normal delivery, family planning, growth monitoring, nutrition counselling and laboratory services in BHU Khanbary in district Diamer to functionalize the facility.
2. Provision of essential staffing and growth monitoring services at BHU Hooper Nagar, district Hunza will enable the facility to be completely functional.
3. Provision of essential staffing and all the essential component of services in the THQ CH Minimarg of district Astore to functionalize the facility.
4. Provision of injection Magnesium Sulphate and newborn care services at THQ hospitals CH Kashrote will enable the facility to be completely functional for providing 24/7 comprehensive EmONC services.
5. Provision of newborn care services at DHQ hospital district Skardu will enable the facility to be completely functional to provide 24/7 comprehensive EmONC services.
6. Provision of injection Magnesium Sulphate at DHQ Gilgit will enable the facility to be completely functional to provide 24/7 comprehensive EmONC services.
7. The supply of injections Oxytocin and Magnesium Sulphate must be ensured at DHQ hospitals district Chilas Diamer to completely functionalize the facility.
8. Provision of injection Magnesium Sulphate and newborn care services at DHQ hospitals Ghanche, Ghizer will enable the facilities to be completely functional to provide 24/7 comprehensive EmONC services.

## Section 1: Introduction

According to the maternal mortality ratio for Gilgit Baltistan, 600 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 Newborn 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, newborn, 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 Hospitals (DHQHs), 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

Gilgit Baltistan	Number of Health Facilities by type				
	DHQHs	CHs	RHCs	BHUs	Total
Number of Total facilities	5	27	2	15	49
Number of facilities surveyed	5	27	2	7	41

## 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.

- First Level Care Facility (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 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 newborn 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*.

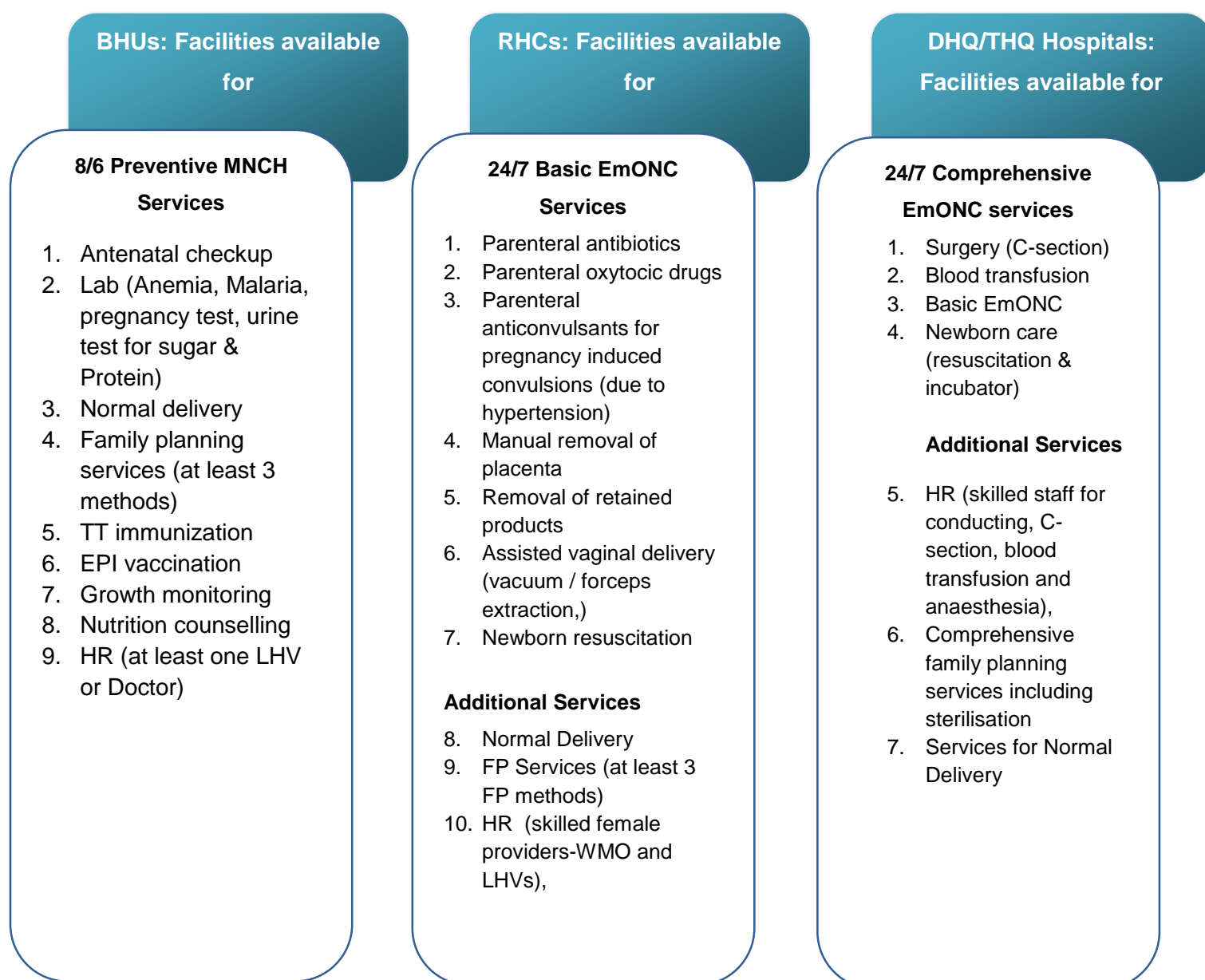
The complimentary services were not included while assessing a facility for the provision of the EmONC services and this is reflected in the data tables as well. The

availability of the required categories of staff, both specialist and general cadre, was 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 Gilgit Baltistan MNCH services report synthesizes the findings of 384 health facilities assessed in all 7 districts of Gilgit Baltistan. Secondary Health Care (SHC) hospitals including 11 District Head Quarter and 56 Tehsil Head Quarter (THQ) hospitals were assessed for the provision of 24/7 Comprehensive EmONC services. One hundred and thirty (130) Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 151 (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.

## 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*

Seven (7) BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates that 71% (5) 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 all the facilities, while, 86% (6) BHUs were providing antenatal care, normal delivery, family planning, nutrition counselling and laboratory services. The availability of essential staff and services of growth monitoring were reported in 71% (5) facilities. The existence of only one BHU was reported in all the districts and it was observed that the BHUs in districts Gilgit, Skardu, Ghanche, Ghizer and Astore were completely functional. However, the essential staff and growth monitoring services were deficient in 29% (2 out of 7) BHUs. The BHU in district Diamer was almost non-functional due to the non-availability of essential staff and deficiency of all components of preventive MNCH services, except, provision of TT vaccination and immunization services. Similarly, lack of essential staffing and non-availability of growth monitoring services were reported in BHU Hunza. (See Table 2.1)



TABLE 2.1: DISTRIBUTION OF PREVENTIVE MNCH SERVICES – PROVINCIAL OVERVIEW OF GILGIT, BALTISTAN

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
Astore	1	1	1	1	1	1	1	1	1	1	1
Diamer	0	0	1	0	0	0	1	0	0	0	1
Ghanche	1	1	1	1	1	1	1	1	1	1	1
Ghizer	1	1	1	1	1	1	1	1	1	1	1
Gilgit	1	1	1	1	1	1	1	1	1	1	1
Hunza	1	1	1	1	0	1	1	1	0	0	1
Skardu	1	1	1	1	1	1	1	1	1	1	1
<b>Total</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>7</b>

## Rural Health Centres

### *24/7 Basic EmONC Services at RHCs*

Two (2) 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, supply of injections Ampicillin and Oxytocin was available and the services of newborn resuscitation, normal delivery and family planning were being routinely performed in both the facilities. Likewise, supply of injection Magnesium Sulphate was reported in RHC Hunza. However, non-availability of all essential staff was observed in both the RHCs and similarly, the 2 facilities were unable to provide services for manual removal of placenta, removal of retained products and assisted vaginal delivery. Therefore, none of the 2 RHCs in districts Skardu and Hunza in Gilgit Baltistan 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 GILGIT, BALTISTAN

RHCs	Manual removal of placenta	Removal of retained product	Newborn 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
Hunza	0	0	1	0	1	1	0	0	1	1	1	0	1
Skardu	0	0	1	0	1	1	1	0	1	1	1	0	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>

## Tehsil Head Quarter Hospital (THQ)

### *24/7 Basic EmONC Services at THQs*

Twenty-seven (27) THQ hospitals were assessed for provision of 24/7 Comprehensive EmONC service package and for additional complimentary services. The data indicates that some of the essential staff was available in 85% (23) hospitals, while, normal delivery and blood transfusion services were available in 81% (22) and 63% (17) THQs, respectively. The supply of injections Ampicillin and Oxytocin were reported in 78% (21) and 56% facilities, respectively, whereas, injection Magnesium Sulphate was present in only 33% (1 out of 3) THQ of district Astore, 25% (1 out of 4) in district Ghanche and 17% (1 out of 6) in district Hunza. The services of manual removal of placenta, removal of retained products, assisted vaginal delivery and comprehensive family planning service were available in 33% (9 out of 27) THQ hospitals. The major deficiency of newborn care service and non-availability of all essential staff was reported in all the hospitals and likewise, caesarean section service was lacking in 96% (26 out of 27) THQs and was only offered in 25% (1 out of 4) THQ in district Gilgit. The complete absence of services of manual removal of placenta, removal of retained products assisted vaginal delivery, newborn care and non-availability of all essential staff was reported in THQ hospitals of districts Diamer and Ghizer. Therefore, all the THQ hospitals were unable 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 GILGIT, BALTISTAN

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
Astore	2	2	2	2	2	1	0	2	0	0	2	2	2	0	3
Diamer	0	0	0	1	2	0	0	1	0	0	1	0	1	0	2
Ghanche	1	1	1	4	1	1	0	3	0	0	4	1	4	0	4
Ghizer	0	0	0	3	1	0	0	4	0	0	3	0	4	0	4
Gilgit	2	2	2	3	2	0	1	2	0	0	3	2	3	0	4
Hunza	2	2	2	6	4	1	0	2	0	0	5	2	5	0	6
Skardu	2	2	2	2	3	0	0	3	0	0	4	2	4	0	4
<b>Total</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>21</b>	<b>15</b>	<b>3</b>	<b>1</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>9</b>	<b>23</b>	<b>0</b>	<b>27</b>

## District Head Quarter Hospital (DHQ)

### *24/7 Basic EmONC Services at DHQs*

Five (5) DHQ hospitals were assessed for 24/7 comprehensive EmONC services package and for additional complimentary services. The essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion and supply of injection Ampicillin was available at all the DHQs. Likewise, the complimentary services of normal delivery and family planning were also being routinely provided and some of the essential staff was also available at all the facilities. The supply of injection Oxytocin and caesarean section services were provided in 80% (4) facilities. However, major deficiency was the non-availability of injection Magnesium Sulphate and lack of newborn care services which were available in only DHQ Skardu and DHQ Gilgit, respectively, and were deficient in 80% (4 out of 5) hospitals. In addition to this, non-availability of all the essential staff was reported in 60% (3 out of 5) DHQ hospitals. Therefore, due to non-availability of one or more of the essential components, none of the DHQ hospitals were completely functional for provision of 24/7 Comprehensive EmONC services package. (See Table 2.4)

TABLE 2.4: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – PROVINCIAL OVERVIEW OF DHQHS IN GILGIT, BALTISTAN

DHQ	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
Diamer	1	1	1	1	0	0	0	1	0	0	1	1	1	0	1
Ghanche	1	1	1	1	1	0	1	1	0	0	1	1	1	0	1
Ghizer	1	1	1	1	1	0	1	1	0	0	1	1	1	0	1
Gilgit	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1
Skardu	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1
<b>Total</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>5</b>

## **District Specific Analysis: Health Facilities of Gilgit Baltistan Province**



## District Astore

### Basic Health Unit (BHUs)

#### *8/6 Preventive MNCH Services*

One BHU Pakora was assessed for the provision of 8/6 preventive MNCH services. The data revealed that the BHU was completely functional and the facility 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 BHU. (See Table 2.5)

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

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 Pakora	1	1	1	1	1	1	1	1	1	1	1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### Rural Health Centres (RHCs)

There is no RHC in district Astore.

## Tehsil Headquarter (THQ) Hospital

### 24/7 Comprehensive EmONC Services

Three (3) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC service package and for additional complimentary services. Analysis of the data, (Table 2.6) indicates that services of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion, supply of injection Ampicillin and Oxytocin were available in 67% (2) THQs. Likewise, availability of some essential staff and the complimentary service of normal delivery and comprehensive family planning were being routinely provided at 76% (2) facilities. However, shortage of injection Magnesium Sulphate was reported in 67% (2 out of 3) hospitals. THQ CH Minimarg was completely non-functional due to lack of essential staffing and all the components of services. Similarly, complete lack of services for newborn resuscitation, caesarean section and non-availability of all essential staff was observed at all the facilities due to which none of the THQ hospitals in the district were able to provide all the components of essential and complimentary services and therefore could not be designated as fully functional comprehensive EmONC facilities.

TABLE 2.6: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – DISTRICT ASTORE

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 CH Astore	1	1	1	1	1	0	0	1	0	0	1	1	1	0	
THQ CH Bunju	1	1	1	1	1	1	0	1	0	0	1	1	1	0	
THQ CH Minimarg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>3</b>

## District Headquarter (DHQ) Hospital

There is no DHQ hospital in district Astore.

## District Diامر

### Basic Health Units (BHUs)

#### *8/6 Preventive MNCH Services*

One BHU Khanbary was assessed for the provision of 8/6 preventive MNCH services. The data indicates that the BHU was able to provide TT vaccination and immunization services, only. The essential staff - WMO or LHV was not available and likewise other essential service components of antenatal care, normal delivery, family planning, growth monitoring, nutrition counselling and laboratory services were also not being provided by the facility. Therefore, the BHU was almost non-functional for provision of preventive MNCH services. (See Table 2.7)

TABLE 2.7: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT DIامر

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 Khanbary	0	0	1	0	0	0	1	0	0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

## Rural Health Centres (RHCs)

### 24/7 Basic EmONC Services at RHCs

There is no RHC in district Diامر.

## Tehsil Headquarter (THQ) Hospital

### 24/7 Comprehensive EmONC Services

Two THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data, (Table 2.8) indicates that supply of injection Oxytocin was available in both the THQs. The supply of injection Ampicillin, presence of some essential staff and the services of blood transfusion and normal delivery were provided at THQ CH Tangir Juglote. However, shortage of injection Magnesium Sulphate was reported in both the hospitals. Similarly, non-availability of all essential staff and all other services of manual removal of placenta, removal of retained products, assisted vaginal delivery, comprehensive family planning, newborn care, caesarean section and blood transfusion services was reported in both the facilities. Therefore, none of the THQ hospitals were able to provide all the essential services and therefore could not be designated as fully functional comprehensive EmONC facilities.

TABLE 2.8: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS– DISTRICT DIAMER

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 CH Darel Gumari	0	0	0	0	1	0	0	0	0	0	0	0	0	0	

THQ CH Tangir Juglote	0	0	0	1	1	0	0	1	0	0	1	0	1	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>

### District Headquarter (DHQ) Hospital

#### *24/7 Comprehensive EmONC Services*

The DHQ Hospital Diامر 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, blood transfusion, normal delivery comprehensive family planning services were routinely provided. Likewise, supply of injection Ampicillin and availability of some essential staff was reported at the hospital. However, due to the lack of caesarean section, newborn resuscitation, non-availability of all essential staff and shortage of injections Magnesium Sulphate and Oxytocin, the DHQ hospital Diامر was not completely functional for provision of 24/7 comprehensive EmONC services package. (See Table 2.9)

TABLE 2.9: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY DHQHS – DISTRICT DIAMER

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
<b>DHQ Chilas Diامر</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>

## District Ghanche

### Basic Health Units (BHUs)

#### *8/6 Preventive MNCH Services*

The BHU Macholu was assessed for the provision of 8/6 preventive MNCH services. According to the data findings, the BHU was completely functional and was 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 2.10)

TABLE 2.10: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT GHANCHE

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 Macholu	1	1	1	1	1	1	1	1	1	1	1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### Rural Health Centres (RHCs)

There is no RHC in district Ghanche.

## Tehsil Headquarter (THQ) Hospital

### 24/7 Comprehensive EmONC Services

Four (4) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.11) shows that some essential staff and supply of injection Ampicillin was available; services of normal delivery were routinely performed at all the THQs. The blood transfusion services were offered by 75% (3) facilities, while, supply of injections Oxytocin, Ampicillin and services of manual removal of placenta, removal of retained products, assisted vaginal delivery and comprehensive family planning were available in only THQ CH Siksa. The non-availability all essential staff, lack of newborn resuscitation, caesarean section in all the hospitals and shortage of injections Magnesium Sulphate and Oxytocin in 75% (3 out of 4) THQ hospitals were the major factors due to which none of the facilities were able to provide all the essential services and were not designated as 24/7 comprehensive EmONC facilities.

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

THQ	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
THQ CH Keris	0	0	0	1	0	0	0	1	0	0	1	0	1	0	
THQ CH Thagus	0	0	0	1	0	0	0	1	0	0	1	0	1	0	
THQ CH Dagthoni	0	0	0	1	0	0	0	0	0	0	1	0	1	0	
THQ CH Siksa	1	1	1	1	1	1	0	1	0	0	1	1	1	0	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>4</b>

## District Headquarter (DHQ) Hospital

### *24/7 Comprehensive EmONC Services*

The DHQ hospital Ghanche was assessed for provision of 24/7 comprehensive EmONC services package. The data revealed that some of the essential staff was present and the supply of injections Ampicillin and Oxytocin was present. Similarly, 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 provided. However, shortage of injection Magnesium Sulphate, non-availability of all essential staff and lack of newborn care services prevented the DHQ to provide 24/7 comprehensive EmONC services. (See Table 2.12)

TABLE 2.12: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY DHQHS – DISTRICT GHANCHE

DHQ	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 Ghanche	1	1	1	1	1	-	1	1	-	-	1	1	1	-	1



## District Ghizer

### Basic Health Units (BHUs)

#### *8/6 Preventive MNCH Services*

The BHU Shamaran 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 2.13)

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

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 Shamaran	1	1	1	1	1	1	1	1	1	1	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### Rural Health Centres (RHCs)

There are no RHCs in district Ghizer.

## Tehsil Headquarter (THQ) Hospital

### 24/7 Comprehensive EmONC Services

Four (4) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.14) shows that some essential staff was available and blood transfusion services were routinely provided at all the THQs. Likewise, supply of injection Ampicillin and normal delivery services were available in 75% (3) facilities. However, non-availability of all the essential staff, shortage of injection Magnesium Sulphate, lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery, caesarean section, newborn resuscitation and comprehensive family planning were reported at all the THQs. Therefore, none of the THQ hospitals were able to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.14: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY THQHS – DISTRICT GHIZER

THQ	Manual removal of placenta	Removal of retained product	Assisted vaginal delivery	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
THQ CH Ghizer Singul	0	0	0	0	0	0	0	1	0	0	1	0	1	0	
THQ CH Chater Khand	0	0	0	1	0	0	0	1	0	0	1	0	1	0	
THQ CH Gupis	0	0	0	1	1	0	0	1	0	0	1	0	1	0	
THQ CH Yasin	0	0	0	1	0	0	0	1	0	0	0	0	1	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>

## District Headquarter (DHQ) Hospital

### *24/7 Comprehensive EmONC Services*

The DHQ hospital Ghizer was assessed for provision of 24/7 comprehensive EmONC services package. The data revealed that some of the essential staff was present and the supply of injections Ampicillin and Oxytocin was present. Similarly, 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 provided. However, shortage of injection Magnesium Sulphate, non-availability of all essential staff and lack of newborn care services prevented the DHQ to provide 24/7 comprehensive EmONC services. (See Table 2.15)

TABLE 2.15: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – DISTRICT GHIZER

DHQ	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 Hospital Ghizer	1	1	1	1	1	-	1	1	-	-	1	1	1	-	1

## District Gilgit

### Basic Health Units (BHUs)

#### *8/6 Preventive MNCH Services*

The BHU Nomal was assessed for the provision of 8/6 preventive MNCH services. According to the data findings, the BHU was completely functional and was 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 routinely performed. 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 GILGIT

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 Nomal	1	1	1	1	1	1	1	1	1	1	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### Rural Health Centres (RHCs)

There is no RHC in district Gilgit.

## Tehsil Headquarter (THQ) Hospital

### 24/7 Comprehensive EmONC Services

Four (4) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.17) shows that some essential staff was available, services of normal delivery was offered and supply of injection Ampicillin was present in 75% (3) THQs. Likewise, supply of injection Oxytocin the services of manual removal of placenta, removal of retained products, assisted vaginal delivery and comprehensive family planning were routinely performed at 50% (2) facilities. However, due to the non-availability all essential staff, lack of newborn resuscitation and shortage of injection Magnesium Sulphate in THQ hospitals, none were able 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 GILGIT

THQ	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
THQ CH Juglote	1	1	1	1	0	0	0	1	0	0	1	1	1	0	
THQ CH Sassi	0	0	0	0	1	0	0	0	0	0	1	0	1	0	
THQ CH Jagir Basm	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
THQ CH Kashrote	1	1	1	1	1	0	1	1	0	0	1	1	1	0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>4</b>

## District Headquarter (DHQ) Hospital

### *24/7 Comprehensive EmONC Services*

The DHQ hospital Gilgit 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 Ampicillin and Oxytocin were 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 Magnesium Sulphate was the only deficiency which prevented the DHQ to provide 24/7 comprehensive EmONC services. (See Table 2.18)

TABLE 2.18: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BY DHQHS – DISTRICT GILGIT

DHQ	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 Hospital Gilgit	1	1	1	1	1	-	1	1	1	-	1	1	1	1	1

## District Hunza

### Basic Health Units (BHUs)

#### *8/6 Preventive MNCH Services*

The BHU Hooper Nagar was assessed for the provision of 8/6 preventive MNCH services. According to the data findings, the BHU was providing antenatal care, normal delivery, TT vaccination, immunization, nutrition counselling, family planning and laboratory services. However, due to the lack of growth monitoring services and non-availability of essential staff the BHU was unable to provide the complete package of preventive MNCH services. (See Table 2.19)

TABLE 2.19: DISTRIBUTION OF PREVENTIVE MNCH SERVICES PROVIDED BY DISTRICTS FACILITIES – DISTRICT HUNZA

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 Hooper Nagar	1	1	1	1	0	1	1	1	0	0	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>

## Rural Health Centres (RHCs)

### *24/7 Basic EmONC Services at RHCs*

The RHC Chalt Nagar 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, supply of injections Ampicillin and Oxytocin was also available. However, due to lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery, shortage of injection Magnesium Sulphate and non-availability of all essential staff, the RHC could not be considered as completely functional for Basic EmONC services. (See Table 2.20)

TABLE 2.20: DISTRIBUTION OF BASIC EMONC SERVICES PROVIDED BY RHCs - DISTRICT HUNZA

RHCs	Manual removal of placenta	Removal of retained product	Newborn 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 Chalt Nagar	0	0	1	0	1	1	0	0	1	1	1	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>

## Tehsil Headquarter (THQ) Hospital

### *24/7 Comprehensive EmONC Services*

Six (6) THQ hospitals were assessed for provision of 24/7 comprehensive EmONC services package. Analysis of the data (Table 2.21) shows that supply of injection Ampicillin was available throughout all the facilities. Likewise, some essential staff was present and services of normal delivery were provided in 83% (5) facilities. The supply of injection Oxytocin was available in 67% (4) hospitals, while, services of manual removal of



placenta, removal of retained products, assisted vaginal delivery, blood transfusion and comprehensive family planning were provided in 33% (2) THQs. The THQ Ghulmit was almost non-functional due to deficiency of all the essential and complimentary service components except availability of injection Ampicillin. The non-availability of all essential staff and lack of caesarean and newborn resuscitation were the limiting factors due to which none of the hospitals were able to provide all the essential services and could not be designated as 24/7 comprehensive EmONC facilities.

TABLE 2.21: DISTRIBUTION OF COMPREHENSIVE EmONC SERVICES PROVIDED BY THQHS – DISTRICT HUNZA

THQ	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
CH Karim Abad	1	1	1	1	0	0	0	0	0	0	1	1	1	0	
CH Ali Abad	0	0	0	1	1	1	0	1	0	0	1	0	1	0	
CH Gulmit Gojal	1	1	1	1	1	0	0	0	0	0	1	1	1	0	
CH Nagar	0	0	0	1	1	0	0	1	0	0	1	0	1	0	
CH Sikanar Abad	0	0	0	1	1	0	0	0	0	0	1	0	1	0	
CH Ghulmit	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>6</b>

### District Headquarter (DHQ) Hospital

#### *24/7 Comprehensive EmONC Services*

There is no DHQ hospital in district Hunza.

## District Skardu

### Basic Health Units (BHUs)

#### *8/6 Preventive MNCH Services*

The BHU Mayurdu Kharmong was assessed for the provision of 8/6 preventive MNCH services. According to the data findings, the BHU was completely functional and was 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 2.22)

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

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 Mayurdu Kharmong	1	1	1	1	1	1	1	1	1	1	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### Rural Health Centres (RHCs)

#### *24/7 Basic EmONC Services at RHCs*

The RHC Shigar 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 present and supply of all the three injections Ampicillin, Magnesium Sulphate and Oxytocin was also available

at the facility. Similarly, the services of newborn resuscitation, normal delivery and family planning were being routinely performed. However, due to lack of services of manual removal of placenta, removal of retained products, assisted vaginal delivery and non-availability of all the essential staff, the RHC 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 - DISTRICT SKARDU

RHCs	Manual removal of placenta	Removal of retained product	Newborn 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 Shigar	0	0	1	0	1	1	1	0	1	1	1	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>

### Tehsil Headquarter (THQ) Hospital

#### *24/7 Comprehensive EmONC Services*

Four (4) 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 present and the services of normal delivery were being routinely performed at all the hospitals. The supply of injection Oxytocin and blood transfusion services were offered in 75% (3), while, supply of injection Ampicillin and services of manual removal of placenta, removal of retained products, assisted vaginal delivery and comprehensive family planning were routinely performed in 50% (2) THQs. However, due to shortage of injection Magnesium Sulphate, non-availability of all essential staff and lack of caesarean section and newborn resuscitation at all the THQs, none were able 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 THQs – DISTRICT SKARDU

THQ	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 CH Thowar	1	1	1	1	1	0	0	1	0	0	1	1	1	0	
THQ CH Mehdi Abad	0	0	0	1	1	0	0	1	0	0	1	0	1	0	
THQ CH Tolti	0	0	0	0	1	0	0	1	0	0	1	0	1	0	
THQ CH Olding	1	1	1	0	0	0	0	0	0	0	1	1	1	0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>4</b>

### District Headquarter (DHQ) Hospital

#### *24/7 Comprehensive EmONC Services*

The DHQ hospital Skardu 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 all the three injections Ampicillin, Magnesium Sulphate and Oxytocin were 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, lack of newborn care services was the only deficiency which prevented the DHQ to provide 24/7 comprehensive EmONC services. (See Table 2.25)

TABLE 2.25: DISTRIBUTION OF COMPREHENSIVE EMONC SERVICES PROVIDED BYDHQHS – DISTRICT SKARDU

DHQ	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 Skardu	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 Gilgit Baltistan MNCH services, 41 health facilities were assessed in all 7 districts. Secondary Health Care (SHC) hospitals including 5 District Head Quarter (DHQ) and 27 Tehsil Head Quarter (THQ) hospitals were assessed for the provision of 24/7 Comprehensive EmONC services. Two Rural Health Centres (RHCs) were assessed for 24/7 Basic EmONC services and 7 (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. 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)

Seven (7) BHUs were assessed for the provision of 8/6 preventive MNCH services. The data indicates the existence of only one BHU in all the districts and it was observed that 71% (5) of the BHUs in districts Gilgit, Skardu, Ghanche, Ghizer and Astore 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 all the facilities, while, 86% (6) BHUs were providing antenatal care, normal delivery, family planning, nutrition counselling and laboratory services. However, the essential staff and growth monitoring services were deficient in 29% (2 out of 7) BHUs. The BHU in district Diamer was almost non-functional due to the non-availability of essential staff and deficiency of all components of preventive

MNCH services, except, provision of TT vaccination and immunization services. Similarly, lack of essential staffing and non-availability of growth monitoring services was reported in BHU Hunza.

## **Rural Health Centres**

Two (2) 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, supply of injections Ampicillin and Oxytocin was available and the services of newborn resuscitation, normal delivery and family planning were being routinely performed in both the facilities. However, non-availability of all essential staff was observed in both the RHCs and similarly, the 2 facilities were unable to provide services for manual removal of placenta, removal of retained products and assisted vaginal delivery. Therefore, none of the 2 RHCs in districts Skardu and Hunza were fully functional and were unable to provide the complete package of 24/7 Basic EmONC services package.

## **Tehsil Head Quarter Hospital**

Twenty-seven (27) THQ hospitals were assessed for provision of 24/7 Basic EmONC service package and for additional complimentary services. The data indicates that some of the essential staff was available in 85% (23) hospitals, while, normal delivery and blood transfusion services were available in 81% (22) and 63% (17) THQs, respectively. The supply of injections Ampicillin and Oxytocin were reported in 78% (21) and 56% facilities, respectively, whereas, injection Magnesium Sulphate was present in only 33% (1 out of 3) THQ of district Astore, 25% (1 out of 4) in district Ghanche and 17% (1 out of 6) in district Hunza. The services of manual removal of placenta, removal of retained products, assisted vaginal delivery and comprehensive family planning service were available in 33% (9 out of 27) THQ hospitals. The major deficiency of newborn care service and non-availability of all essential staff was reported in all the hospitals and likewise, caesarean section service was lacking in 96% (26 out of 27) THQs and was only offered in 25% (1 out of 4) THQ in district Gilgit. The complete absence of services of manual removal of placenta, removal of retained products assisted vaginal delivery, newborn care and non-availability of all essential staff was reported in THQ hospitals of districts Diamer and Ghizer. Therefore, all the THQ hospitals were unable to provide all the essential and complimentary services and thus could not be designated as fully functional Comprehensive EmONC facilities.

## District Head Quarter Hospital

Five (5) DHQ hospitals were assessed for 24/7 comprehensive EmONC services package and for additional complimentary services. The essential components of manual removal of placenta, removal of retained products, assisted vaginal delivery, blood transfusion and supply of injection Ampicillin was available at all the DHQs. Likewise, the complimentary services of normal delivery and family planning were also being routinely provided and some of the essential staff was also available at all the facilities. The supply of injection Oxytocin and caesarean section services were provided in 80% (4) facilities. However, major deficiency was the non-availability of injection Magnesium Sulphate and lack of newborn care services which were available in only DHQ hospitals Skardu and Gilgit, respectively and were deficient in 80% (4 out of 5) hospitals. In addition to this, non-availability of all the essential staff was reported in 60% (3 out of 5) DHQ hospitals. Therefore, due to non-availability of one or more of the essential components, none of the DHQ hospitals was 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- TRF consultant
Table 1:	<b>BHUs - Preventive MNCH services</b>						
	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?	DHQ does not contain facility specific information so should not be cross-referencing.	EPI vaccines are 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				
<b>Table 2:</b>	<b>RHCs- Basic EmONC services</b>							
	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				
	Newborn 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.	
<b>Table 3 &amp; 4:</b>	<b>DHQ/THQs - Comprehensive services</b>							
	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</u> <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. 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			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				
	Newborn 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 specific information so should not be cross-referen cing.	Add Anesth 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 DHQ level			

	<b>Comments:</b>								
<b>1</b>	<b>The availability of utilization data is missing in many flood affected/ demolished facilities, whereas the relevant staff to provide that services is available.</b>								
	<b>Therefore, it is proposed that where staff is available, services may be assumed available.</b>								

