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# Health Facility Assessment – Pakistan

## National Report

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## **Acknowledgement**

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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>CBA</b>	Child Bearing Age
<b>CEI</b>	Client Exit Interview
<b>CH</b>	Civil Hospital
<b>CMW</b>	Community Midwives
<b>CWAQ</b>	Civil Works Assessment Questionnaire
<b>CDC</b>	Communicable Disease Control
<b>DCO</b>	District Coordination Officer
<b>DDCT</b>	District Data Collection Teams
<b>DHO</b>	District Health Officer
<b>DHDC</b>	District Health Development Centre
<b>DHIS</b>	District Health Information System
<b>DHQH</b>	District Headquarter Hospital
<b>DLQ</b>	District Level Questionnaire
<b>EDOs</b>	Executive District Officers
<b>EmONC</b>	Emergency Obstetric and Newborn Care
<b>ENC</b>	Emergency Newborn Care
<b>EAQ</b>	Equipment Assessment Questionnaire
<b>EPI</b>	Expanded Programme of Immunisation
<b>FP &amp; PHC</b>	Family planning and Primary Health Care
<b>HF</b>	Health Facilities
<b>HFA</b>	Health Facility Assessments
<b>HID</b>	Health Institution Database
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMIS</b>	Health Management Information System
<b>HR</b>	Human Resource
<b>IDI – EDOH</b>	In-depth Interview of EDO Health
<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illnesses
<b>IMPAC</b>	Integrated Management of Pregnancy and Childbirth
<b>JD</b>	Job Description
<b>LHS</b>	Lady Health Supervisor
<b>LHV</b>	Lady Health Visitor
<b>LHW</b>	Lady Health Worker
<b>MDGs</b>	Millennium Development Goals
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MIS</b>	Management Information System
<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>OBGYN</b>	Obstetrics and Gynaecology
<b>OPD</b>	Out Patient Department
<b>OT</b>	Operation Theatre
<b>PC-1</b>	Planning Commission Proforma – 1
<b>PDHS</b>	Pakistan Demographic and Health Survey
<b>PNC</b>	Post Natal Care
<b>PPHI</b>	Peoples Primary Health Care Initiative
<b>PSLM</b>	Pakistan Social & Living Standards Measurement Survey
<b>RHC</b>	Rural Health Centre
<b>SBA</b>	Skilled Birth Attendants
<b>SD&amp;MB</b>	Service Delivery and Management Basics
<b>SE</b>	Socioeconomic
<b>SHC hospitals</b>	Secondary Health Care
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>TA</b>	Technical Assistance
<b>THQH</b>	Tehsil Headquarter hospital
<b>TRF</b>	Technical Resource Facility
<b>TT</b>	Tetanus Toxoid
<b>WMO</b>	Women Medical Officer
<b>WBC</b>	Well Baby Clinics



## Executive Summary

The first national health facility assessment (HFA) was conducted from October 2010 to May 2011 covering all of the 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 (NMCHP).

This national report synthesizes the findings of 2,018 health facilities assessed across the country. Secondary health care (SHC) hospitals including 108 district headquarter (DHQH) and agency headquarter (AHQ) hospitals and 280 tehsil headquarter (THQH) and civil hospitals were assessed for the provision of 24/7 comprehensive emergency obstetric and newborn care (EmONC) services. 638 rural health centres (RHCs) were assessed for 24/7 basic EmONC services and 992 sampled basic health units (BHUs) were assessed for the availability of 8/6 preventive MNCH services. The status of DHQ, THQ and civil hospitals were also assessed for their readiness to deliver 24/7 basic EmONC services.

The health facility assessment also aims to describe the availability and level of the functioning of health services in the public sector health facilities, based on the availability of the required inputs. Assessment criteria were used to ascertain gaps in the availability against the optimal level of inputs for infrastructure, human resources (HR), drugs and supplies, equipment, level-specific support services and management basics at the surveyed health facilities.

Regarding the availability of inputs, the major issues faced by the facilities were mainly due to the lack of MNCH-related staff at the facilities, like WMOs at RHCs and specialists including a gynaecologist, anaesthetist and paediatrician at SHC hospitals.

Infrastructure components are mostly available in the assessed health facilities. Availability of staff residences is a major problem in ensuring the 24/7 availability of EmONC services. Infrastructure components required for paediatric care were deficient at most of the THQ and civil hospitals.

Major gaps were also revealed in the availability of required equipment, drugs and supplies at the time of assessment, as none of the health facilities in the country were provided with the complete range of assessed items required to perform signal functions.

Findings related to management basics revealed the lack of work coordination among the facility staff. It was assessed through the record of monthly performance review meetings held at the facility. Supervision at the surveyed facilities was assessed through the

regularity of supervisory visits of the district level managers and the receipt of their feedback to the facility. Although the majority of the facilities reported having received supervisory visits, their feedback was not a common practice. Staff job descriptions and service delivery protocols were deficient at the majority of the health facilities.

As for a management information system, there were gaps in DHIS implementation across all Provinces / Special Areas.

Gaps were identified in infection control practices due to the lack of trained staff and availability of materials for personal protection, waste collection and waste treatment.

Due to inconsistent documentation of maternal, neonatal deaths and lack of death review committees, these deaths had rarely been reviewed at the health facilities.

## **Report organisation**

The health facility assessment regional report has been structured in five sections:

- Section 1: 'Introduction' to the survey, its objectives, scope and duration.
- Section 2: 'Provincial Information' comprises the overview of the province, key indicators at a glance, as well as information about the organisation of the public sector health care delivery system.
- Section 3: Assessment of functional capacities, includes the details of the health facilities assessed, against the availability of 5 specified inputs which would enable them to perform their level-specific services (including infrastructure, human resources, drugs and supplies, equipment and level specific support services).
- Section 4 'Clients' Perspective' contains information about the perceptions of the clients, regarding MNCH services provided at the public sector health facilities.
- Section 5: This section describes the health facility assessment findings and key actions recommended, based on the HFA findings and in-depth interviews are provided in Sections 3 to 5.

## **Section 1: Introduction**

In Pakistan, more than 260 women out of 100,000 live births die during pregnancy, childbirth or soon after with devastating effects on families<sup>1</sup> and livelihoods. Skilled and responsive care, at and after birth, can avert disabling consequences and ease much of the suffering. The health of mothers and newborns are so intricately related, preventing deaths requires, in many cases, the same interventions. 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 (NMCHP) for achieving the 2015 targets for the health related MDGs 4 and 5. The overarching goal of the programme is to improve health status of mothers, newborns, and children with focus on poor and marginalized populations.

## **Survey objectives**

The health facility assessment Pakistan was aimed at assessing the availability, functioning and quality of the health care delivery system in the public sector facilities, with a focus on maternal, newborn and child health services.

Some of the specific objectives of the health facility assessment were:

- To assess the health facility status and quality of MNCH services (comprehensive and basic EmONC, preventive MNCH and family planning) at the district level;
- To assess the clients' satisfaction and perception of MNCH services;
- To provide information for the systematic planning of procurement and supply of goods and commodities (listing the medical equipment and instruments which need to be replaced or purchased); and
- To update and assess the contributions made by the development partners for improving MNCH and family planning services in the selected districts

Whereas the HFA is intended to help the district and provincial health managers in assessing performance benchmarks and realigning their activities for bridging the gaps existing in MNCH services for achieving the MDGs, the scope of the HFA does not cover the overall situation of the health sector in the districts.

## **Assignment duration**

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<sup>1</sup> Pakistan Demographic and Household Survey 2006-2007

The Technical Resource Facility (TRF) is supporting the NMNCHP with technical assistance (TA) in the design and implementation of the health facility assessment (HFA) across Pakistan. The TA was assigned to Contech International.

The estimated duration of the assignment was 7 months. The assignment started in October 2010 and ended in May 2011.

## Scope of HFA

The survey included district headquarters hospitals (DHQH), tehsil/taluka headquarter hospitals (THQHs), civil hospitals (CHs), rural health centres (RHCs) and 20% of the basic health units (BHUs) randomly selected from within the districts. The 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 the BHUs.

Table 1.1 shows the numbers of health facilities in the provinces/ regions and the health facilities surveyed.

TABLE 1.1: SCOPE OF HFA

Name of province/region		Number of health facilities by type				
		DHQH	THQH/CHs	RHC	BHU	Total
Azad Jammu & Kashmir	Total HFs	6	12	34	208	260
	<b>Surveyed HFs</b>	<b>6</b>	<b>12</b>	<b>34</b>	<b>40</b>	<b>92</b>
Balochistan	Total HFs	27	10	82	549	668
	<b>Surveyed HFs</b>	<b>27</b>	<b>10</b>	<b>82</b>	<b>111</b>	<b>230</b>
Federally Administered Tribal Areas	Total HFs	4	14	9	174	201
	<b>Surveyed HFs</b>	<b>4</b>	<b>14</b>	<b>9</b>	<b>28</b>	<b>55</b>
Gilgit Baltistan	Total HFs	5	27	2	15	49
	<b>Surveyed HFs</b>	<b>5</b>	<b>27</b>	<b>2</b>	<b>7</b>	<b>41</b>
Khyber Pakhtunkhwa	Total HFs	21	77	90	822	1,010
	<b>Surveyed HFs</b>	<b>21</b>	<b>77</b>	<b>90</b>	<b>162</b>	<b>350</b>
Punjab	Total HFs	34	84	291	2,454	2,863

	<b>Surveyed HFs</b>	<b>34</b>	<b>84</b>	<b>291</b>	<b>493</b>	<b>902</b>
Sindh	Total HFs	11	56	130	774	970
	<b>Surveyed HFs</b>	<b>11</b>	<b>56</b>	<b>130</b>	<b>151</b>	<b>348</b>
Total	Total HFs	108	280	638	4996	6022
	<b>Surveyed HFs</b>	<b>108</b>	<b>280</b>	<b>638</b>	<b>992</b>	<b>2018</b>

## Section 2: Pakistan – An Overview

This section gives an overview of Pakistan and the organisation of the public sector health care services in the provinces, derived from secondary data sources.

### Country profile

Pakistan has a 1,046-kilometre (650 mile) coastline along the Arabian Sea and the Gulf of Oman in the south and is bordered by Afghanistan and Iran in the west, India in the east and China in the far northeast. In the north, Tajikistan lies adjacent to Pakistan but is separated by the narrow Wakhan corridor. Oman is also located in the maritime vicinity and shares a marine border with Pakistan. Strategically, Pakistan is located in a position between the important regions of South Asia, Central Asia and the greater Middle East.

Pakistan is a federation of four provinces, a capital territory and a group of federally administered tribal areas. The government of Pakistan exercises de facto jurisdiction over the western parts of the disputed Kashmir region, organised as two separate political entities; Azad Kashmir and Gilgit-Baltistan.

Pakistan has a semi-industrialized economy. The growth poles of the Pakistani economy are situated along the Indus River. The diversified economies of Karachi and Punjab's urban centres coexist with the lesser developed areas, in other parts of the country. Despite being a very poor country in 1947, Pakistan's economic growth rate has been better than the global average, during the subsequent four decades, but imprudent policies led to a slowdown in the late 1990s.

Pakistan covers an area of 796,095 km<sup>2</sup> (307,374 sq miles), approximately equalling the combined land areas of France and the United Kingdom. It is the 36th largest nation by total area although this ranking varies depending on how the disputed territory of Kashmir is counted. Apart from the 1,046 km (650 mi) coastline along the Arabian Sea, Pakistan's land borders a total of 6,774 km (4,209 mi) - 2,430 km (1,510 mi) with Afghanistan, 523 km (325 mi) with China, 2,912 km (1,809 mi) with India and 909 km (565 mi) with Iran.[43] The territory it controls mostly lies between latitudes 23° and 37° N (a small area is north of 37°), and longitudes 61° and 78° E (a small area is west of 61°).

Geologically, Pakistan overlaps with the Indian tectonic plate in its Sindh and Punjab provinces, while Balochistan and most of Khyber Pakhtunkhwa lie within the Eurasian plate which comprises the Iranian plateau. Gilgit-Baltistan and Azad Kashmir lie mainly in Central Asia, along the edge of the Indian plate and are hence prone to violent earthquakes.

FIGURE 2.1: MAP OF PAKISTAN



## Key indicators

The status of key indicators at the national level, as well as in individual provinces/regions is presented in Table 2.1.

TABLE 2.1: KEY FIGURES OF PAKISTAN

Indicators	Value							
	National	Azad Jammu & Kashmir	Balochistan	Federally Administered Tribal Areas	Gilgit Baltistan	Khyber Pakhtunkhwa	Punjab	Sindh
<b>Geography</b>								
Number of districts/ agencies	144	10	30	13	7	25	36	23
Area (in square Km)	796,096	13,297	347,190	27,220	72,520	74,521	205,345	140,914
<b>Demography</b>								
Total population	179,841,199	4,567,982	7,914,000	4,567,982	1,156,890	20,215,000	81,330,000	60,089,345
Population (Urban : Rural)	33:67	12:88	24:76	12:88	14:86	17:83	32:68	57.5:42.5
Population (Male : Female)	110	101	108	101	103	108	103	111
Annual growth rate	2.43	2.41	2.8	2.41	2.4	2.04	2.64	2.68
Under 1 year	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70
Under 5 years	13.40	13.40	13.40	13.40	13.40	13.40	13.40	13.40
Under 15 years	41.97	41.97	41.97	41.97	41.97	41.97	41.97	41.97
Women 15-49 years	22.00	22.00	22.00	22.00	22.00	22.00	22.00	22.00



Married women of child bearing age (CBAs)	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Pregnant women	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40
<b>Health</b>								
Infant mortality rate (/1,000 live births)	63	62	51	86	122	63	77	81
Under 5 mortality rate (/1,000 live births)	87	96	59	104	-	75	111	101
Maternal mortality ratio (/100,000 live births)	260	201	785	380	600	275	227	314
Malnutrition (Women)	24%	-	14%	13.7%	-	-	56%	22%
Malnutrition (Children)	38%	27%	17%	13.1%	21%	-	43%	-
Immunisation (children <12 months – all vaccinations)	86%	88%	35.2%	86%	-	46.9%	53%	37%
<b>Economy</b>								
GDP annual growth rate (2009)	2.39	-	-	-	-	-	-	-
Human development index	0.49	-	0.556	-	-	0.607	0.67	0.628
<b>Education</b>								
Literacy rate (Overall)	58%	64.8%	45%	22%	50%	50%	59%	45.29%
Literacy rate (Male : Female)	69:45	76.8:52.8	62:23	35.8:6.7	64:36	69 : 31	70 : 48	71:45

Literacy rate (Urban: Rural)	74:48	-	64:38	49.2:20.6	-	62 : 47	72 : 53	73:43
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**Sources:** Punjab Development Statistics 2010, MICS Punjab 2007-08, Economic Survey of Pakistan 2009-10, Demographics and Health Survey Pakistan, 2006-2007, PSLM 2008, Population Census 1998, [www.khyberpakhtunkhwa.gov.pk](http://www.khyberpakhtunkhwa.gov.pk), Government of Sindh's website [www.sindh.gov.pk](http://www.sindh.gov.pk) World Bank's Balochistan Economic Report 2008, Pakistan, MICS Federally Administered Tribal Areas – 2009, [www.Federally Administered Tribal Areas.gov.pk](http://www.Federally Administered Tribal Areas.gov.pk) Demographic and Health Survey Gilgit Baltistan 2008; World Bank, ADB, Government of GB Economic Report, 2011. MICS Azad Jammu & Kashmir 2007-08, Official State's website <http://www.pmAzad Jammu & Kashmir.gov.pk/history.asp>

## Public sector health facilities

Although healthcare services in Pakistan are provided by public and private providers, the government is considered by far the main provider of preventive care throughout the country and the major provider of curative services in most of the rural areas.

In the public sector, health services are provided through a tiered referral system of health care facilities; with increasing levels of complexity and coverage from primary, to secondary and tertiary health facilities. Primary care facilities include basic health units (BHUs), rural health centres (RHCs), government rural dispensaries (GRDs), mother and child health (MCH) centres and TB centres. All of these facilities provide 8/6 OPD services for preventive and a limited number of curative services, while RHCs provide a broader range of curative services, 24/7. Primary care facilities also provide outreach preventive services to the communities, through vaccinators, sanitary inspectors and sanitary patrol. Tehsil and district headquarter hospitals provide increasingly specialized secondary health care, while teaching hospitals form the tertiary level tier. Information about the number of health facilities, ranging from teaching hospital to sub-health centres, in each district of Pakistan was collected from the respective district health departments. Details about the public sector health facilities are given in Table 2.2:

TABLE 2.2: NUMBER OF PUBLIC SECTOR HEALTH FACILITIES

Type of health facility	Provinces / regions							
	National	Azad Jammu & Kashmir	Balochistan	Federally Administered Tribal Areas	Gilgit Baltistan	Khyber Pakhtunkhwa	Punjab	Sindh
Teaching hospitals	39	0	4	0	0	9	19	7
DHQ hospitals	108	6	27	4	5	21	34	11

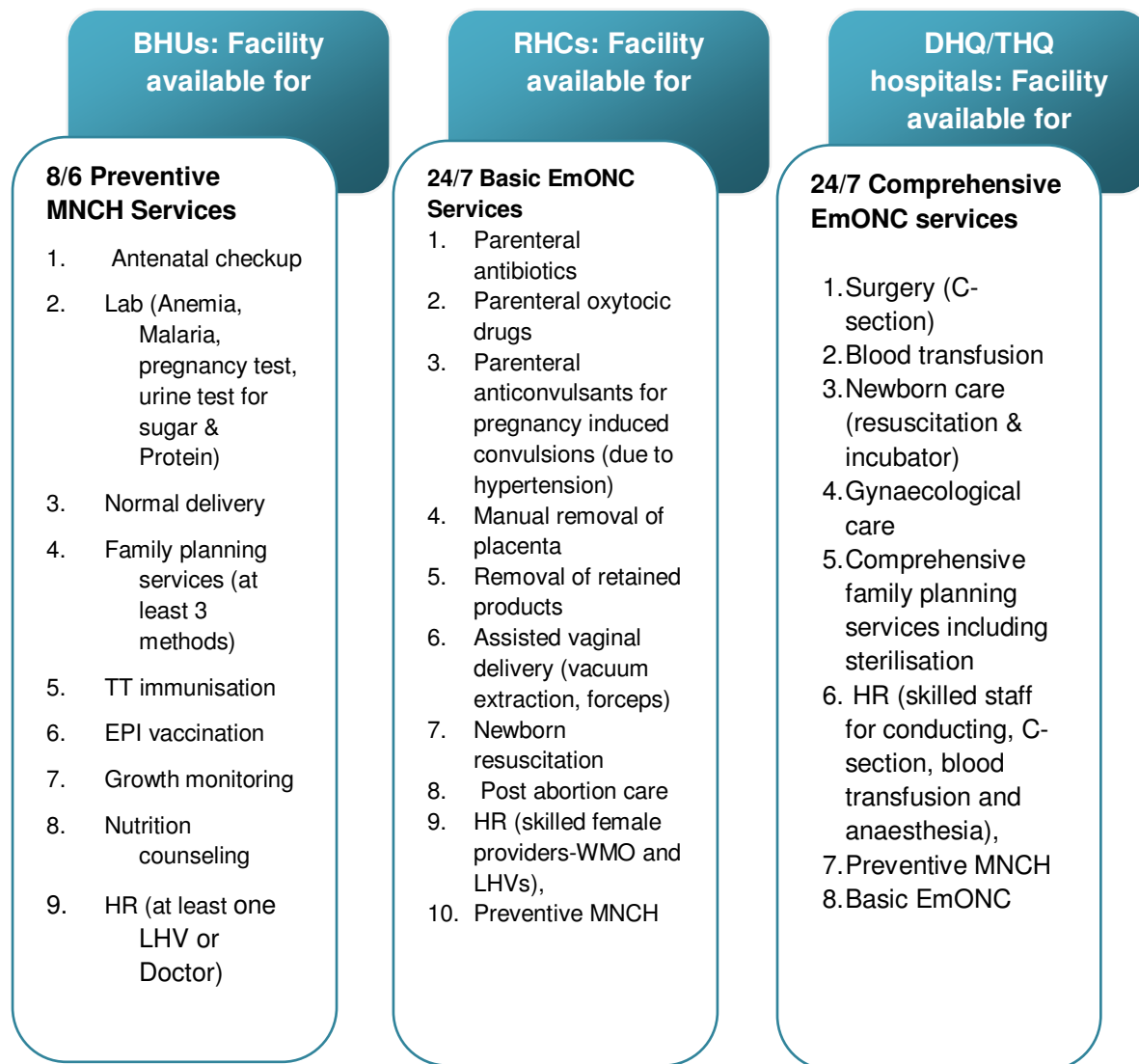
Type of health facility	Provinces / regions							
	National	Azad Jammu & Kashmir	Balochistan	Federally Administered Tribal Areas	Gilgit Baltistan	Khyber Pakhtunkhwa	Punjab	Sindh
THQ hospitals	280	12	10	14	27	77	84	56
Rural health centres	638	34	82	9	2	90	291	130
Basic health units	4996	208	549	174	15	822	2,454	774
Dispensaries	2312	87	575	11	190	307	499	643
MCH centres	775	162	90	22	73	49	289	90
Sub-health centres	1207	384	24	211	100	30	443	15

## Section 3: Assessment of Functional Capacities

### MNCH services

The packages of MNCH services assessed include preventive MNCH services at BHUs, basic EmONC services at RHCs and comprehensive EmONC services at the DHQ, THQ and civil hospitals<sup>2</sup>. The range of MNCH services are given in Figure 3.1.

FIGURE 3.1: RANGE OF SERVICES THAT SIGNAL FULLY FUNCTIONAL MNCH SERVICES



<sup>2</sup> PC-1 NMNCHP

The health facilities were assessed against the availability of 5 specified inputs which would enable them to perform their level-specific services.

The functional capacity of health facilities was assessed, against 5 specified inputs, which include:

1. Infrastructure
2. Human resources
3. Drugs and supplies
4. Equipment
5. Level specific support services

The health facilities' assessment findings are presented against two levels of inputs including:

- a. Optimal level of inputs, these are those proposed in the PC-1 of the national MNCH programme, required to make a health facility 'fully functional' for the provision of the level specific package of MNCH services (Annex 2).
- b. Minimal level of inputs, which are the bare minimum requirement of the inputs, required for delivering the package specific MNCH services at the health facilities. The findings related to the minimal level of inputs are given as Annex 2.

## **Status of infrastructure in health facilities**

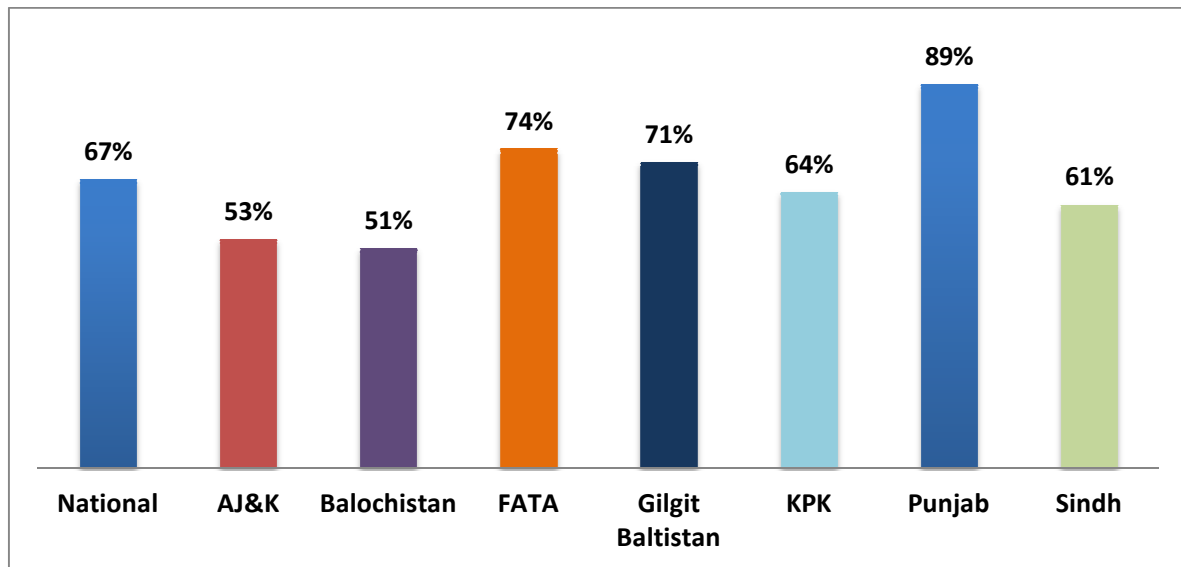
This section describes the functionality of the assessed facilities, against the availability of the optimal level of inputs by facility type. An analysis is also provided, against a minimal or essential level of inputs, for comparative purposes.

### **Status of infrastructure at BHUs**

In order to deliver preventive MNCH services, three infrastructure components are required to be in place at each BHU, including an OPD, labour room and a residence for the LHV. Although, the BHUs are supposed to provide services 8 hours a day and 6 days a week, a residence for the LHV was included in the scope of the HFA, keeping in view the location of the BHUs and travel arrangements in the rural and hard to reach areas of the country.

Out of the 992 surveyed BHUs of the country, on average 67% of the assessed infrastructure components were available, ranging from 89% in Punjab to 51% in Balochistan, as shown in Figure 3.2.

FIGURE 3.2: STATUS OF ASSESSED INFRASTRUCTURE IN BHUs

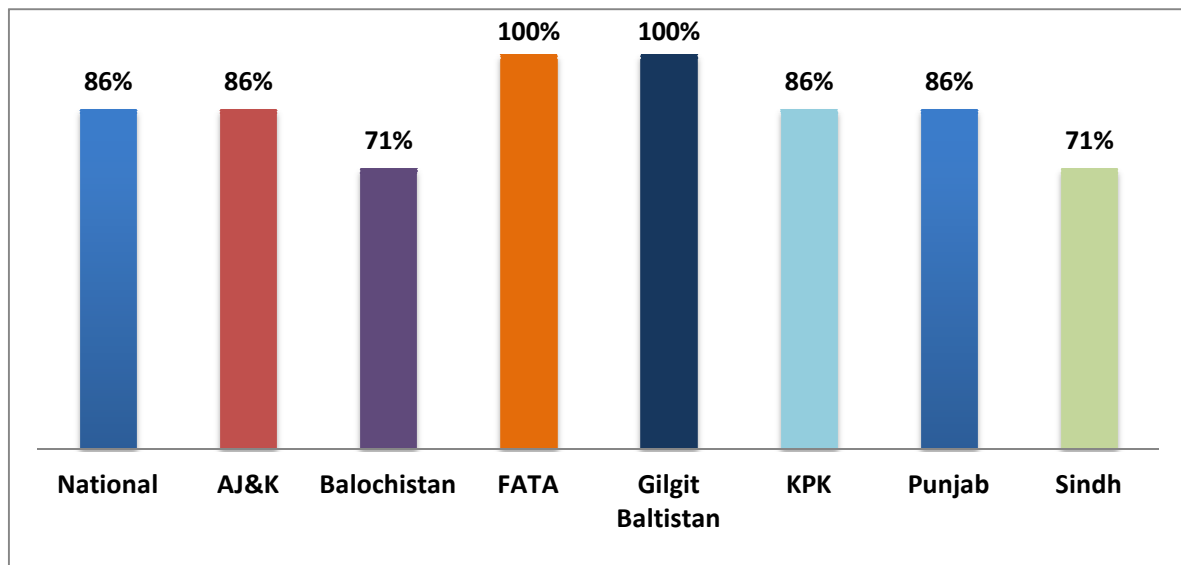


### Status of infrastructure at RHCs

The infrastructure of the RHCs has been assessed for the availability of required infrastructure components, including an OPD, female ward, labour room, clinical lab, LHV's room and residences for the WMO and LHV, for delivery of services 24 hours a day and 7 days a week.

Out of the 638 surveyed RHCs of the country, on average 86% of the assessed infrastructure components were available, ranging from 100% in Federally Administered Tribal Areas and Gilgit Baltistan, to 71% in Sindh and Balochistan, as shown in Figure 3.3.

FIGURE 3.3: STATUS OF ASSESSED INFRASTRUCTURE IN RHCs

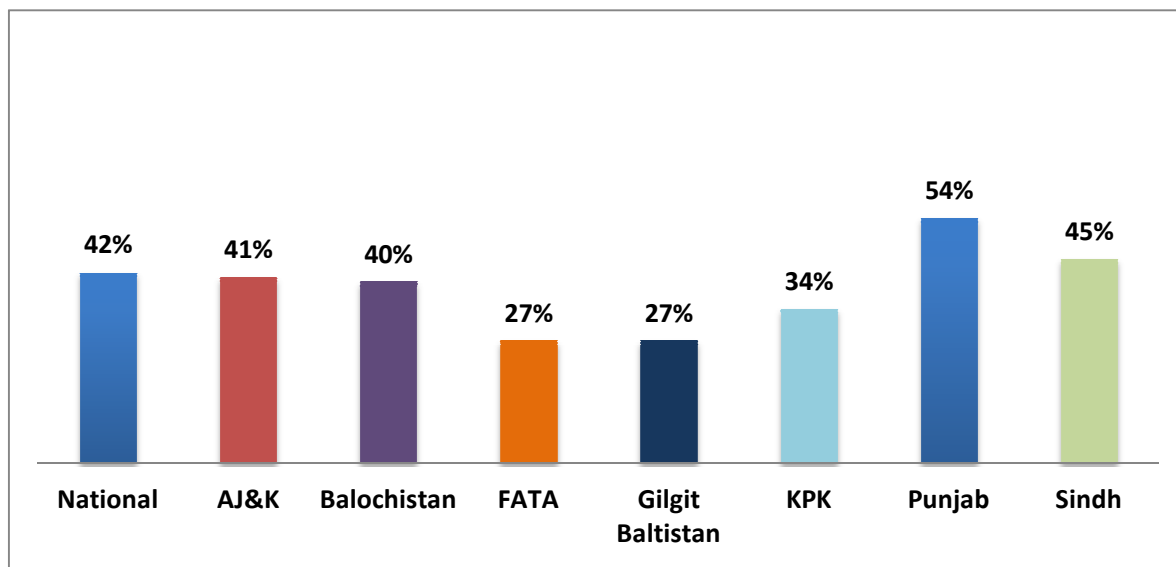


## Status of infrastructure at SHC hospitals

The infrastructure of the secondary health care hospitals, including the DHQH, THQH and civil hospitals has been assessed for the availability of required infrastructure components including, an OPD, female ward, labour room, operation theatre, paediatric ward, paediatric nursery, blood bank, clinical laboratory and residences for the MNCH related staff, for the delivery of services 24 hours a day, 7 days a week.

Out of the 280 surveyed THQH and civil hospitals of the country, on average 42% of the assessed infrastructure components were available, ranging from 54% in Punjab to 27% in Federally Administered Tribal Areas and Gilgit Baltistan, as shown in Figure 3.4.

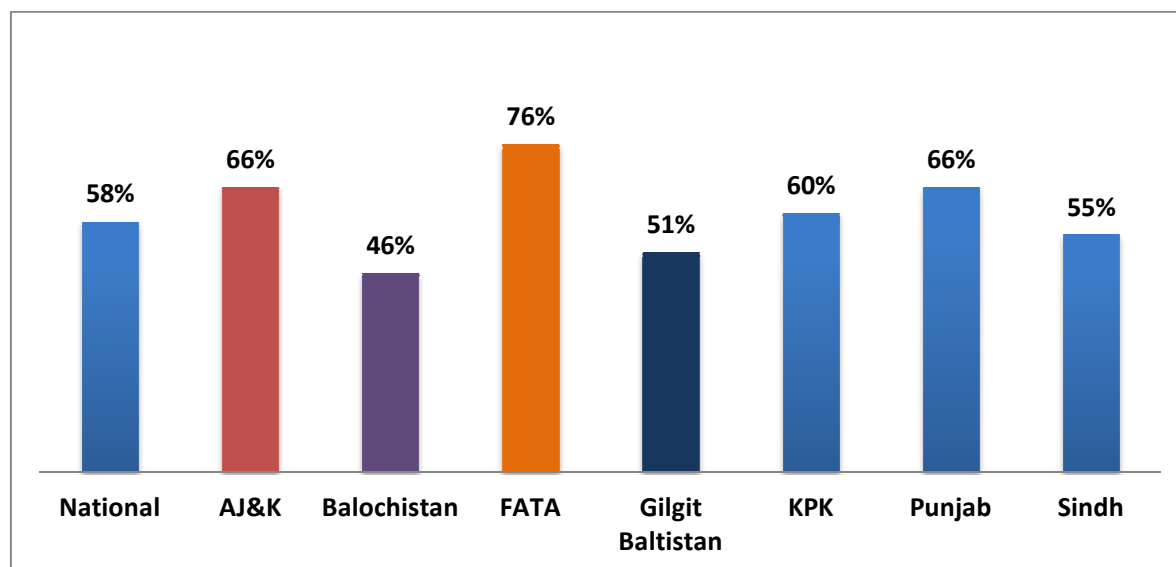
FIGURE. 3.4: STATUS OF ASSESSED INFRASTRUCTURE IN THQ AND CIVIL HOSPITALS



## Status of infrastructure at DHQ hospitals

In the 108 surveyed DHQ hospitals of the country, on average 58% of the assessed infrastructure components were available, ranging from 76% in Federally Administered Tribal Areas to 46% in Balochistan, as shown in Figure 3.5.

FIGURE 3.5: STATUS OF ASSESSED INFRASTRUCTURE IN DHQ HOSPITALS



## Status of human resources in health facilities

### Status of human resources at BHUs

A doctor or LHV is required for the provision of preventive MNCH services. The availability (both regular posted and provided by NMNCHP) of both of these categories of human resources, against the required number mentioned in PC-1 of NMNCHP, is presented in Table 3.1.

Out of the 992 surveyed BHUs, 863 had staff available for preventive MNCH services, while 129 of the BHUs had neither a doctor nor LHV posted. Further analysis revealed that 611 of the BHUs had a doctor posted, while a LHV was positioned in 747 of the BHUs.

TABLE 3.1: STATUS OF MNCH RELATED STAFF IN BHUs

Status	Number of BHUs							
	National (N=992)	Sindh (N=151)	Punjab (N=493)	Khyber Pakhtunkhwa (N=162)	Gilgit Baltistan (N=7)	Federally Administered Tribal Areas (N=28)	Balochistan (N=111)	Azad Jammu & Kashmir (N=40)
BHUs having either doctor or LHV	863	126	461	144	5	22	77	28
BHUs having doctor	611	111	339	82	5	10	52	12
BHUs having LHV	747	73	436	134	3	21	55	25



BHUs having no doctor or LHV	129	25	32	18	2	6	34	12
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## Status of human resources at RHCs

PC-1 of NMNCHP contains the category and number of staff required for the provision of basic EmONC services. The availability of human resources (both regular posted and provided by NMNCHP) at RHCs, against the required numbers is presented in Table 3.2.

Major gaps were found in the availability of WMOs and technical staff, as the required number of WMOs was available at only 140 of the 638 RHCs. No WMOs were posted at 43% of the RHCs. 278 RHCs were not provided with a lab technician, whereas ambulance drivers were not available at 136 RHCs in the country.

TABLE 3.2: STATUS OF MNCH RELATED STAFF IN RHCs

Status	Number of RHCs							
	National (638)	Sindh (N=130)	Punjab (N=291)	Khyber Pakhtunkhwa (N=90)	Federally Administered Tribal Areas (N=9)	Gilgit Baltistan (N=2)	Balochistan (N=82)	Azad Jammu & Kashmir (N=34)
<b>WMO</b>								
RHCs having 2 or more WMOs	140	48	75	9	0	0	5	3
RHCs having 1 WMO	222	48	119	26	2	0	16	11
RHCs without WMOs	276	34	97	55	7	2	61	20
<b>LHV</b>								
RHCs having 2 or more LHVs	428	52	270	43	2	0	31	30
RHCs having 1 LHV	147	42	18	40	3	2	38	4
RHCs without LHV	63	36	3	7	4	0	13	0
<b>Lab technician</b>								
RHCs having lab technician	360	54	169	63	3	2	44	25
RHCs without lab technician	278	76	122	27	6	0	38	9

Operation theatre technician								
RHCs having OT technician	122	11	56	7	0	1	31	16
RHCs without OT technician	516	119	235	83	9	1	51	18
Ambulance driver								
RHCs having ambulance driver	502	84	264	69	3	2	50	30
RHCs without ambulance driver	136	46	27	21	6	0	32	4

## Status of human resources at SHC hospitals

PC-1 of the NMNCHP contains the category and number of staff required for the provision of comprehensive EmONC services. The availability of human resources (both regular posted and provided by NMNCHP) at SHC hospitals, is assessed against the number required for the delivery of the level specific package of MNCH services.

At the 280 surveyed THQ and civil hospitals of the country, major gaps were noticed related to the availability of specialists including a gynaecologist (not available at 206 THQs/CHs), anaesthetist (not available at 229 THQs/CHs) and paediatrician (not available at 185 THQs/CHs), as presented in Table 3.3.

TABLE 3.3: STATUS OF MNCH RELATED STAFF IN THQ AND CIVIL HOSPITALS

Status	Number of THQs / CHs							
	National (N=280)	Sindh (N=56)	Punjab (N=84)	Khyber Pakhtunkhwa (N=77)	Gilgit Baltistan (N=27)	Federally Administered Tribal Areas (N=14)	Balochistan (N=10)	Azad Jammu & Kashmir (N=12)
Gynaecologist								
THQs having 1 or more gynaecologist	74	19	48	3	0	0	2	2
THQs without gynaecologists	206	37	36	74	27	14	8	10
Anaesthetist								
THQs having 1 or more anaesthetist	51	12	33	1	1	0	0	4

THQHs without anaesthetists	229	44	51	76	26	14	10	8
<b>Paediatrician</b>								
THQHs having 1 or more paediatrician	95	18	59	10	1	0	2	5
THQHs without paediatricians	185	38	25	67	26	14	8	7
<b>WMO</b>								
THQHs having 4 or more WMOs	31	19	9	2	0	0	0	1
THQHs having less than 4 WMOs	155	31	60	38	9	3	6	8
THQHs without WMOs	94	6	15	37	18	11	4	3
<b>Operation theatre technician</b>								
THQHs having 4 or more OT technicians	6	2	2	1	0	0	0	1
THQHs having less than 4 OT technicians	146	47	31	32	17	3	7	9
THQHs without OT technicians	128	7	51	44	10	11	3	2
<b>Blood bank technician</b>								
THQHs having 4 or more blood bank technicians	1	0	0	1	0	0	0	0
THQHs having less than 4 blood bank technicians	35	8	10	9	1	3	1	3
THQHs without blood bank technicians	244	48	74	67	26	11	9	9
<b>Lab technician</b>								
THQH having 2 or more lab technicians	57	10	20	21	2	0	2	2
THQHs having 1 lab technician	141	43	25	37	15	6	5	10
THQHs without lab technicians	82	3	39	19	10	8	3	0
<b>Anaesthesia technician</b>								

THQH having 4 or more anaesthesia technicians	1	0	0	1	0	0	0	0
THQHs having less than 4 anaesthesia technicians	34	5	4	21	2	2	0	0
THQHs without anaesthesia technicians	255	51	80	55	25	12	10	12
<b>Nurse</b>								
THQHs having 12 or more nurses	42	2	32	7	0	0	1	0
THQHs having less than 12 nurses	148	40	51	29	16	3	0	9
THQHs without nurses	90	14	1	41	11	11	9	3
<b>LHV</b>								
THQHs having 4 or more LHVs	11	3	2	3	0	0	1	2
THQHs having less than 4 LHVs	226	47	75	55	21	10	9	9
THQHs without LHVs	43	6	7	19	6	4	0	1
<b>Ambulance driver</b>								
THQHs having 4 or more ambulance drivers	11	2	0	5	0	0	2	2
THQHs having less than 4 ambulance drivers	243	51	82	61	25	7	8	9
THQHs without ambulance drivers	26	3	2	11	2	7	0	1

At 108 of the surveyed DHQ hospitals of the country, major gaps were noticed related to the availability of specialists including a gynaecologist (not available at 30 DHQHs), anaesthetist (not available at 48 DHQHs) and paediatrician (not available at 29 DHQHs), as presented in Table 3.4.

TABLE 3.4: STATUS OF MNCH RELATED STAFF IN SHC HOSPITALS

Status	Number of DHQs							
	National (N=108)	Sindh (N=11)	Punjab (N=34)	Khyber Pakhtunkhwa (N=21)	Gilgit Baltistan (N=5)	Federally Administered Tribal Areas (N=4)	Balochistan (N=27)	Azad Jammu & Kashmir (N=6)
<b>Gynaecologist</b>								
DHQs having 2 or more gynaecologists	44	1	28	6	1	0	3	5
DHQs having 1 gynaecologist	34	5	5	11	1	0	11	1
DHQs without gynaecologists	30	5	1	4	3	4	13	0
<b>Anaesthetist</b>								
DHQs having 2 or more anaesthetists	15	1	9	1	0	0	1	3
DHQs having 1 anaesthetist	45	5	15	7	3	1	11	3
DHQs without anaesthetists	48	5	10	13	2	3	15	0
<b>Paediatrician</b>								
DHQs having 2 or more paediatricians	22	0	8	6	3	0	2	3
DHQH having 1 paediatrician	57	8	23	11	2	1	9	3
DHQs without paediatricians	29	3	3	4	0	3	16	0
<b>WMO</b>								
DHQH having 6 or more WMOs	25	5	10	4	1	0	2	3
DHQH having less than 6 WMO	73	5	22	14	4	4	21	3
DHQH without WMOs	10	1	2	3	0	0	4	0

<b>Operation theatre technician</b>								
DHQH having 4 or more OT technicians	24	3	4	11	1	0	0	5
DHQH having less than 4 OT technicians	53	8	12	6	4	2	21	0
DHQH without OT technicians	31	0	18	4	0	2	6	1
<b>Blood bank technician</b>								
DHQH having 4 or more blood bank technicians	3	0	0	3	0	0	0	0
DHQH having less than 4 blood bank technicians	63	9	20	14	4	4	7	5
DHQH without blood bank technicians	42	2	14	4	1	0	20	1
<b>Lab technician</b>								
DHQH having 3 or more lab technicians	39	2	5	17	3	2	6	4
DHQH having less than 3 lab technicians	55	9	21	4	2	2	15	2
DHQH without lab technicians	14	0	8	0	0	0	6	0
<b>Anaesthesia technician</b>								
DHQH having 4 or more anaesthesia technicians	12	0	0	10	0	2	0	0
DHQH having less than 4 anaesthesia technicians	22	1	1	9	4	2	3	2
DHQH without anaesthesia technicians	74	10	33	2	1	0	24	4
<b>Nurse</b>								
DHQHs having 12 or more nurses	51	2	23	18	2	2	0	4
DHQHs having less than 12 nurses	46	9	11	1	3	2	18	2
DHQHs without nurses	11	0	0	2	0	0	9	0

LHV								
DHQHs having 4 or more LHVs	25	2	8	5	1	0	8	1
DHQHs having less than 4 LHV	73	9	24	9	4	4	18	5
DHQHs without LHV	10	0	2	7	0	0	1	0
Ambulance driver								
DHQHs having 4 or more ambulance drivers	47	5	20	8	3	1	5	5
DHQHs having less than 4 ambulance drivers	58	6	13	12	2	3	21	1
DHQHs without ambulance drivers	3	0	1	1	0	0	1	0

### Provision of staff by the NMNCHP

The NMNCHP is supposed to provide support in terms of human resources at targeted health facilities, including specialists, doctors and paramedics. The programmes currently under implementation and information about the NMNCHP support, regarding staff provision was collected from the district health offices during the survey, is given in Tables 3.5 and 3.6.

TABLE 3.5: NUMBER OF HEALTH FACILITIES HAVING STAFF PROVIDED BY NMNCHP

Province/Region	DHQHs	THQHs	RHCs
National	46	105	438
Azad Jammu & Kashmir	2	9	29
Balochistan	14	4	26
Federally Administered Tribal Areas	0	1	0
Gilgit Baltistan	1	6	0
Khyber Pakhtunkhwa	16	41	48
Punjab	8	13	250
Sindh	5	31	85

TABLE 3.6: NUMBER OF MNCH STAFF PROVIDED BY NMNCHP

Province/Region	Number of staff provided										
	Gynaecologist	Anaesthetist	Paediatrician	WMO	OT technician	Blood bank technician	Lab technician	Anaesthesia technician	Nurses	LHVs	Ambulance drivers
National	25	4	8	308	13	3	6	1	27	523	143
Azad Jammu & Kashmir	0	0	2	8	0	0	0	0	2	45	44
Balochistan	2	0	1	9	0	0	2	0	4	69	8
Federally Administered Tribal Areas	0	0	0	0	0	0	0	0	0	0	0
Gilgit Baltistan	0	0	0	2	0	0	0	0	0	3	5
Khyber Pakhtunkhwa	4	0	2	58	3	3	1	0	5	98	48
Punjab	12	0	0	112	1	0	0	0	6	236	25
Sindh	7	4	3	119	9	0	3	1	10	72	13

### MNCH staff training

Part of the mandate of the programme is to build the capacity of 29,378<sup>3</sup> MNCH related staff, through conducting skill development training in the standards of service provision, counselling techniques and client centeredness. Information on the training of MNCH staff during the last three years, collected from district NMNCHP cells during the survey, is presented in Table 3.7.

TABLE 3.7: NUMBER OF STAFF TRAINED ON DELIVERING MNCH SERVICES

Province/Region	Number of staff trained						
	EmONC	ENC	IMNCI	IMPAC	FP surgical	FP counselling	Client centeredness
National	1590	733	2,045	38	146	644	320

<sup>3</sup> PC-1 NMNCHP Table 4 List of training and approximate unit cost, Page 31



Province/ Region	Number of staff trained						
	EmONC	ENC	IMNCI	IMPAC	FP surgical	FP counselling	Client centeredness
Azad Jammu & Kashmir	280	73	122	35	64	108	44
Balochistan	268	81	254	0	4	51	51
Federally Administered Tribal Areas	75	133	67	0	10	3	0
Gilgit Baltistan	30	35	14	0	13	18	0
Khyber Pakhtunkhwa	242	30	363	0	2	48	0
Punjab	582	296	904	1	46	379	213
Sindh	113	85	321	2	7	37	12

### CMWs' training and deployment

Part of the mandate of the programmes to train and deploy CMWs for improving the community based MNCH services, in all of Pakistan. The distribution of the CMWs will be done by the provincial MNCH cell, before the recruitment process begins. Aggregate information related to the training and deployment of CMWs was collected during the survey from all of the district NMNCH cells and is presented in Table 3.8.

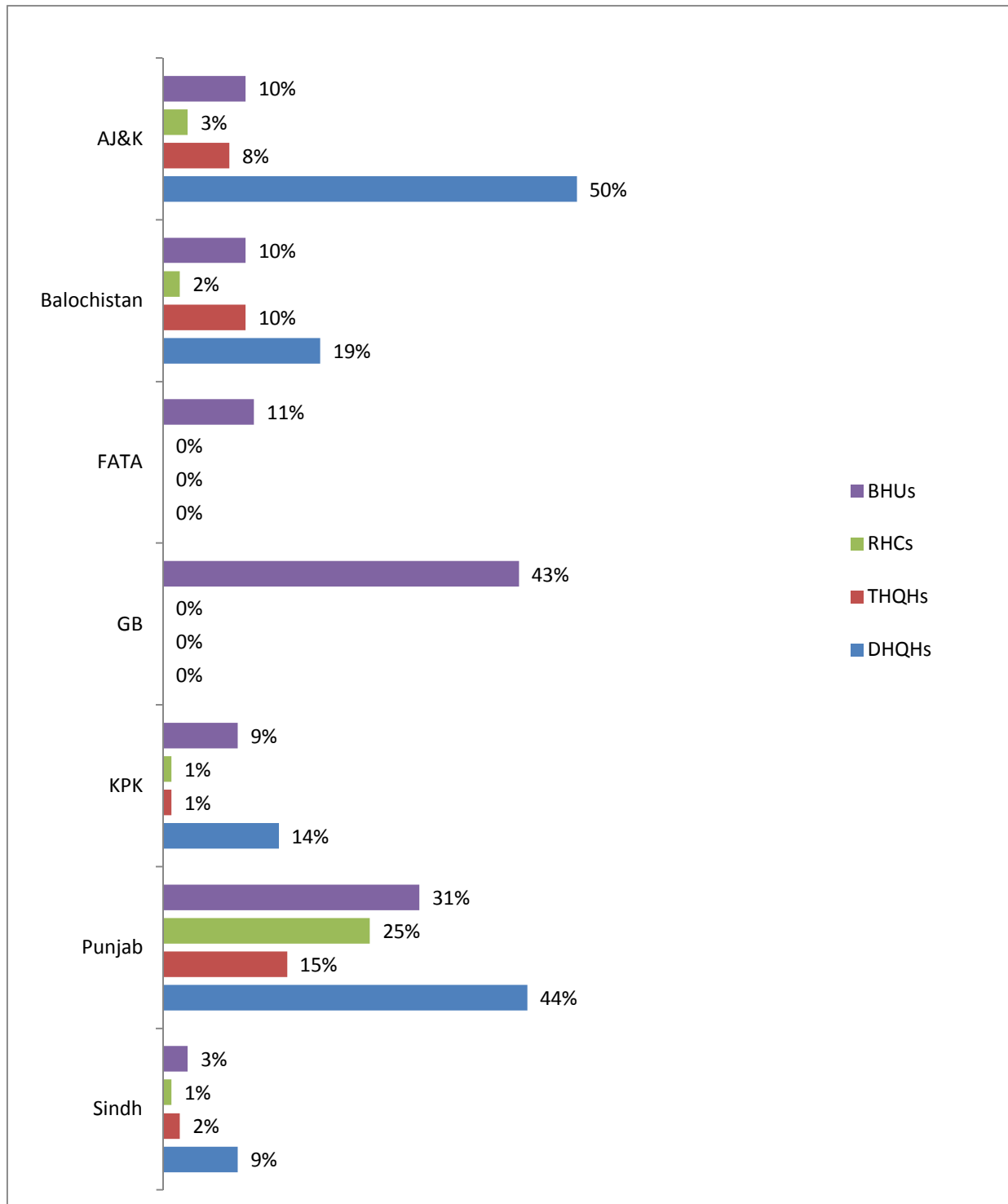
TABLE 3.8: STATUS OF CMWS' TRAINING AND DEPLOYMENT IN PAKISTAN

Province/Region	Number of CMWs		
	CMWs verified for residential status	CMWs with completed training	CMWs deployed by the NMNCHP
National	4,029	4,353	1,999
Azad Jammu & Kashmir	74	114	27
Balochistan	235	427	160
Federally Administered Tribal Areas	0	0	0
Gilgit Baltistan	70	74	0
Khyber Pakhtunkhwa	447	665	52
Punjab	2,836	2,462	1,721
Sindh	367	611	39

## Availability of staff job descriptions

Health facilities were assessed for the availability of job descriptions for the MNCH staff and the findings related to availability of job descriptions are presented in Figure 3.6.

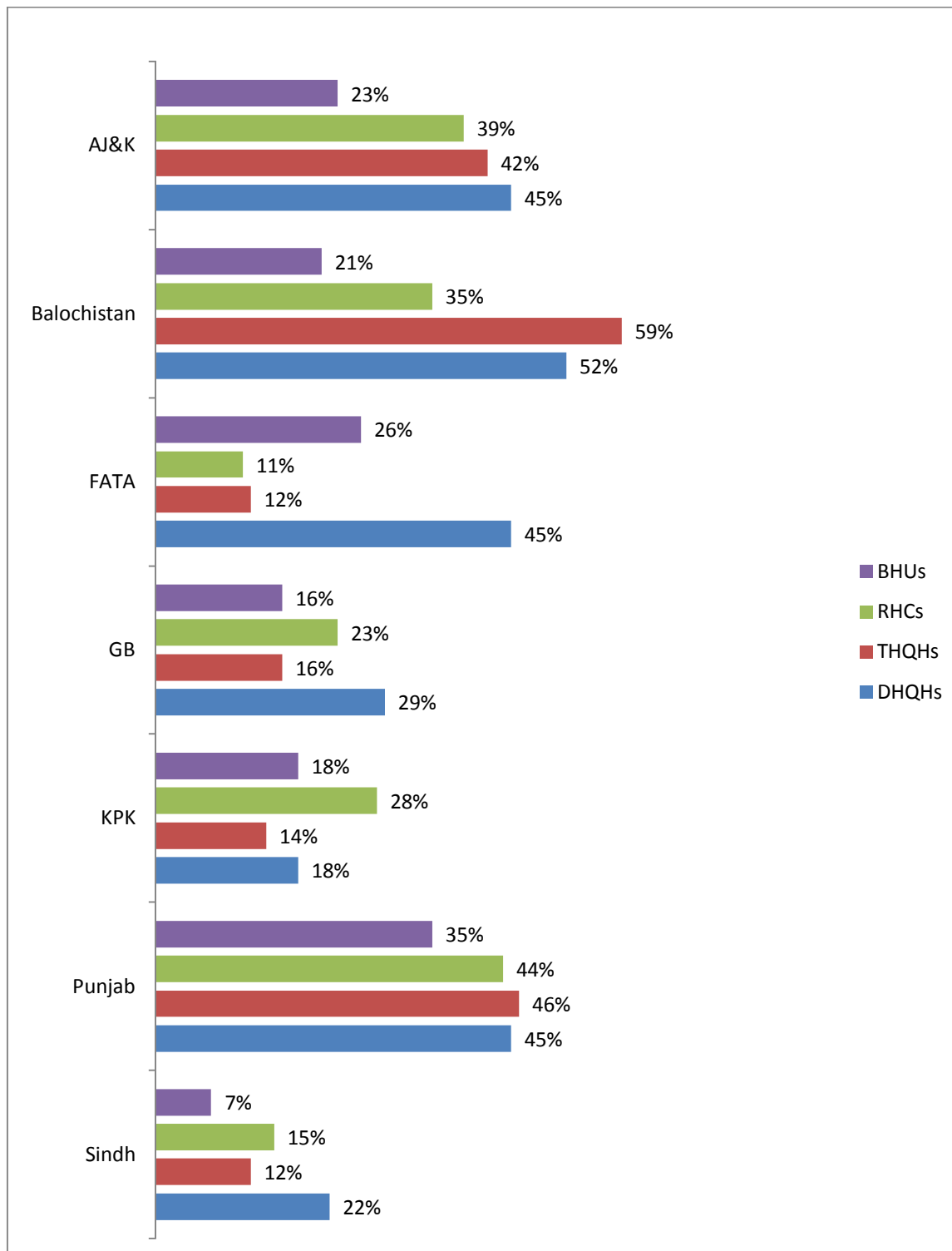
FIGURE 3.6: AVAILABILITY OF STAFF JOB DESCRIPTIONS AT SURVEYED FACILITIES



## Availability of service delivery protocols

Health facilities were assessed for the availability of service delivery protocols for MNCH staff to deliver MNCH services. The findings related to the display of service delivery protocols in the surveyed facilities are presented in Figure 3.7.

FIGURE 3.7: AVAILABILITY OF SERVICE DELIVERY PROTOCOLS AT SURVEYED FACILITIES



## Status of equipment, drugs & supplies in health facilities

### Status of BHUs

Equipment items (general items, equipment for OPD and LHV's room) and a list of essential drugs and supplies for MNCH services, is contained in PC-1 of the NMNCHP. Tracer items were selected from the list (Annex 2) for assessing their availability at the surveyed facilities. BHUs are categorized into five groups<sup>4</sup> according to the percentage availability of functional equipment items, supplies, drugs, vaccines and family planning commodities at each BHU, as presented in Table 3.9.

The assessment analysis of functional equipment items in BHUs revealed that only 1 BHU had 100% of the equipment items, while the majority (394) of the BHUs had 25 to 50% of the equipment items. Only 23 BHUs had 100% of the assessed tracer drugs, 129 had 100% of the supplies, 667 had 100% of the vaccines, whereas 100% of the assessed family planning commodities were available at 115 BHUs.

TABLE 3.9: STATUS OF FUNCTIONAL EQUIPMENT IN BHUs

Status	Number of surveyed BHUs							
	National (N=992)	Azad Jammu & Kashmir (N=40)	Balochistan (N=111)	Federally Administered Tribal Areas (N=28)	Gilgit Baltistan (N=7)	KP K (N=162)	Punjab (N=493)	Sindh (N=151)
<b>Equipment</b>								
100% available	1	0	0	0	0	0	1	0
>75% available	74	4	6	0	1	7	47	9
51 to 75% available	359	11	27	12	0	47	240	22
25 to 50% available	394	16	50	13	6	80	164	65
<25% available	164	9	28	3	0	28	41	55
<b>Drugs</b>								
100% available	23	0	7	0	0	0	10	6

<sup>4</sup> This is arbitrary categorisation to present availability of assessed items.

>75% available	337	3	46	3	1	28	163	93
51 to 75% available	336	20	43	12	4	48	161	48
25 to 50% available	215	15	11	6	1	59	113	10
<25% available	104	2	11	7	1	27	56	0
<b>Supplies</b>								
100% available	129	0	7	1	1	7	80	33
>75% available	389	5	28	7	3	23	237	86
51 to 75% available	435	22	49	11	4	93	211	45
25 to 50% available	113	10	26	2	0	32	29	14
<25% available	55	3	8	8	0	14	16	6
<b>Vaccines</b>								
100% available	667	33	55	19	6	107	350	97
>75% available	810	35	59	20	7	129	436	124
51 to 75% available	24	0	1	1	0	3	17	2
25 to 50% available	6	0	1	0	0	0	5	0
<25% available	152	5	50	7	0	30	35	25
<b>Family planning commodities</b>								
100% available	115	10	2	2	0	13	67	21
>75% available	261	17	2	3	0	27	157	55
51 to 75% available	323	4	17	5	4	53	195	45
25 to 50% available	105	2	19	4	0	17	50	13
<25% available	303	17	73	16	3	65	91	38

## Status of RHCs

A list of the equipment items and essential drugs and supplies for MNCH services is contained in PC-1 of the NMNCHP. Tracer items were selected from the list (Annex 2) for assessing their availability at the surveyed facilities. RHCs are categorized into five groups,

according to the percentage availability of the functional equipment items, supplies, drugs, vaccines and family planning commodities at each RHC, as presented in Table 3.10.

The assessment analysis of the functional equipment items in RHCs revealed that, none of the RHCs had 100% of the equipment items, while the majority (283) of the RHCs had 51 to 75% of the equipment items. Only 9 of the RHCs had 100% of the assessed tracer drugs, 160 had 100% of the supplies, 459 had 100% of the vaccines, whereas 100% of the assessed family planning commodities were available at 116 of the RHCs.

**TABLE 3.10: STATUS OF DRUGS AND SUPPLIES IN RHCs**

Status	Number of RHCs							
	National (N=638)	Azad Jammu & Kashmir (N=34)	Balochistan (N=82)	Federally Administered Tribal Areas (N=9)	Gilgit Baltistan (N=2)	KP K(N=90)	Punjab (N=291)	Sindh (N=130)
<b>Equipment</b>								
100% available	0	0	0	0	0	0	0	0
>75% available	45	3	5	0	0	3	33	1
51 to 75% available	283	22	26	2	2	25	176	30
25 to 50% available	228	9	29	3	0	44	80	63
<25% available	82	0	22	4	0	18	2	36
<b>Drugs</b>								
100% available	9	0	1	0	0	0	5	3
>75% available	119	6	18	0	1	4	64	26
51 to 75% available	288	24	36	2	1	33	124	68
25 to 50% available	187	2	22	2	0	37	90	34
<25% available	44	2	6	5	0	16	13	2
<b>Supplies</b>								
100% available	160	6	15	1	1	3	121	13
>75% available	296	12	29	2	2	20	196	35
51 to 75% available	256	19	39	1	0	45	84	68
25 to 50% available	50	2	7	0	0	13	8	20
<25% available	36	1	7	6	0	12	3	7

Vaccines								
100% available	459	33	60	5	2	68	208	83
>75% available	583	34	64	5	2	83	277	118
51 to 75% available	18	0	3	0	0	0	12	3
25 to 50% available	3	0	0	0	0	1	2	0
<25% available	34	0	15	4	0	6	0	9
Family planning commodities								
100% available	116	12	1	0	0	14	71	18
>75% available	214	25	4	1	0	22	132	30
51 to 75% available	183	6	20	2	2	29	78	46
25 to 50% available	62	0	17	0	0	10	28	7
<25% available	179	3	41	6	0	29	53	47

### Status of SHC hospitals

A list of equipment items and essential drugs and supplies for MNCH services at SHC hospitals (including DHQ, THQ and civil hospitals) is contained in PC-1 of the NMNCHP. Tracer items were selected from the list (Annex 2) for assessing their availability at the surveyed facilities. DHQs, THQs and CHs are categorized into five groups, according to the percentage availability of functional equipment items, supplies, drugs, vaccines and family planning commodities at each THQ/CH and DHQ, as presented in Tables 3.11 and 3.12, respectively.

The assessment analysis of functional equipment items in the THQs/ civil hospitals revealed that none of the THQs/ civil hospitals had 100% of the equipment items. The majority (99) of the THQs/ civil hospitals had 25 to 50% of the equipment items. Only 5 THQs/ civil hospitals had 100% of the assessed tracer drugs, 41 had 100% of the supplies, 223 had 100% of the vaccines, whereas 100% of the assessed family planning commodities were available at 8 of the THQs/ civil hospitals.

TABLE 3.11: STATUS OF THQHs/CHs

Status	Number of THQHs/CHs							
	National (N=280)	Azad Jammu & Kashmir (N=12)	Balochistan (N=10)	Federally Administered Tribal Areas (N=14)	Gilgit Baltistan (N=27)	KP K (N=77)	Punjab (N=84)	Sindh (N=56)
<b>Equipment</b>								
100% available	0	0	0	0	0	0	0	0
>75% available	24	2	2	0	0	0	17	3
51 to 75% available	84	5	2	1	0	10	47	19
25 to 50% available	99	4	3	5	11	37	18	21
<25% available	73	1	3	8	16	30	2	13
<b>Drugs</b>								
100% available	5	0	0	0	0	0	3	2
>75% available	44	3	2	0	3	3	21	12
51 to 75% available	109	7	6	3	17	14	30	32
25 to 50% available	104	1	2	4	5	50	30	12
<25% available	23	1	0	7	2	10	3	0
<b>Supplies</b>								
100% available	41	2	0	1	1	2	24	11
>75% available	128	6	3	4	5	15	63	32
51 to 75% available	73	6	3	2	12	21	15	14
25 to 50% available	70	0	4	5	8	37	6	10
<25% available	9	0	0	3	2	4	0	0
<b>Vaccines</b>								
100% available	223	11	8	9	21	62	67	45



>75% available	258	12	9	10	21	70	81	55
51 to 75% available	6	0	1	1	0	1	2	1
25 to 50% available	3	0	0	0	0	2	1	0
<25% available	23	0	0	3	16	4	0	0
<b>Family planning commodities</b>								
100% available	8	0	0	1	0	0	4	3
>75% available	108	7	3	2	4	15	56	21
51 to 75% available	70	3	5	3	10	18	13	18
25 to 50% available	24	0	1	4	3	8	3	5
<25% available	78	2	1	5	10	36	12	12

The assessment analysis of functional equipment items in DHQs revealed that, none of the DHQs had 100% of the equipment items. The majority (59 out of 108) of the DHQs had 50 to 75% of the equipment items. Only 2 DHQs had 100% of the assessed tracer drugs, 32 had 100% of the supplies, 91 had 100% of the vaccines, whereas 100% of the assessed family planning commodities were available at 11 of the DHQs.

TABLE 3.12: STATUS OF DHQs

Status	Number of DHQs							
	National (N=108)	Azad Jammu & Kashmir (N=6)	Balochistan (N=27)	Federally Administered Tribal Areas (N=4)	Gilgit Baltistan (N=5)	KP K(N=21)	Punjab (N=34)	Sindh (N=11)
<b>Equipment</b>								
100% available	0	0	0	0	0	0	0	0
>75% available	29	2	5	0	0	4	17	1
51 to 75% available	59	4	13	3	2	14	16	7
25 to 50% available	17	0	7	1	3	2	1	3
<25% available	3	0	2	0	0	1	0	0

Drugs								
100% available	2	0	0	0	0	0	1	1
>75% available	24	1	9	0	1	2	5	6
51 to 75% available	46	4	12	1	3	9	12	5
25 to 50% available	33	1	5	3	1	8	15	0
<25% available	5	0	1	0	0	2	2	0
Supplies								
100% available	32	2	13	1	0	2	8	6
>75% available	77	5	17	4	3	14	24	10
51 to 75% available	22	1	7	0	1	6	7	0
25 to 50% available	9	0	3	0	1	1	3	1
<25% available	0	0	0	0	0	0	0	0
Vaccines								
100% available	91	6	26	4	5	16	27	7
>75% available	106	6	27	4	5	20	34	10
51 to 75% available	1	0	0	0	0	0	0	1
25 to 50% available	0	0	0	0	0	0	0	0
<25% available	1	0	0	0	0	1	0	0
Family planning commodities								
100% available	11	1	1	0	1	3	5	0
>75% available	68	5	12	3	5	11	24	8
51 to 75% available	20	0	6	1	0	4	7	2
25 to 50% available	9	0	6	0	0	2	1	0
<25% available	11	1	3	0	0	4	2	1

### Reasons for running out of the stock of drugs and supplies

The availability of drugs and supplies has been described under the individual MNCH service packages. The reasons for running out of the stock of essential drugs and supplies were identified at the surveyed facilities. Facility-wise reasons are given in Table 3.13.

TABLE 3.13: FACILITY SPECIFIC REASONS FOR RUNNING OUT OF THE STOCK OF DRUGS AND SUPPLIES

Indicator	Reasons of stock out of drugs and supplies reported by the surveyed health facilities							
	National	Azad Jammu & Kashmir	Balochistan	Federally Administered Tribal Areas	Gilgit Baltistan	Khyber Pakhtunkhwa	Punjab	Sindh
Poor quantification	31%	34%	32%	38%	29%	41%	25%	36%
Delayed demand submission	7%	15%	6%	7%	5%	7%	6%	8%
Unavailability of buffer stock	8%	5%	1%	11%	5%	9%	11%	4%
Lack of storage capacity	2%	1%	2%	4%	2%	3%	3%	2
Delayed supply	51%	28%	33%	45%	51%	51%	62%	40%
Under-supply	37%	34%	29%	33%	0%	35%	36%	53%
No procurement powers	19%	8%	12%	20%	15%	25%	19%	20%
Insufficient budget	19%	38%	13%	22%	37%	21%	21%	7%
Lack of cold-chain	2%	8%	0%	4%	2%	3%	3%	0%

## Status of work coordination and supervision

Health facilities in all of the districts were assessed for coordination and supervisory activities, including facility staff meetings, participation of the facility in-charges in district level meetings, district managers conducting supervisory visits and providing feedback to the facilities. The findings of these activities in the surveyed health facilities are presented in Tables 3.14 and 3.15.

TABLE 3.14: WORK COORDINATION

Province/Region	Percentage of facilities reporting performance review meeting		Percentage of facility in-charges participating in district level performance review meetings
	Meeting held	Record maintained	
National	77%	36%	87%

Province/Region	Percentage of facilities reporting performance review meeting		Percentage of facility in-charges participating in district level performance review meetings
	Meeting held	Record maintained	
Azad Jammu & Kashmir	66%	46%	79%
Balochistan	60%	38%	78%
Federally Administered Tribal Areas	42%	16%	62%
Khyber Pakhtunkhwa	69%	23%	78%
Gilgit Baltistan	63%	15%	85%
Punjab	86%	44%	97%
Sindh	85%	30%	91%

TABLE 3.15: SUPERVISION

Province/Region	Percentage of facilities visited for supervision	Percentage of facilities receiving feedback of supervisory visits
National	92%	61%
Azad Jammu & Kashmir	89%	66%
Balochistan	78%	60%
Federally Administered Tribal Areas	62%	42%
Khyber Pakhtunkhwa	90%	57%
Gilgit Baltistan	88%	46%
Punjab	98%	76%
Sindh	94%	32%

## Management information system

Surveyed health facilities were assessed for the status of management information systems (MIS). In Pakistan, a MIS existed in the form of the health management information system (HMIS) and district health information system (DHIS). At the time of the survey, except for Punjab, where DHIS is implemented in all districts, all of the regions and provinces were in the process of adopting the DHIS.

Surveyed facilities were assessed for the availability and maintenance of DHIS tools (14 nos.) and the findings are presented in Table 3.16.

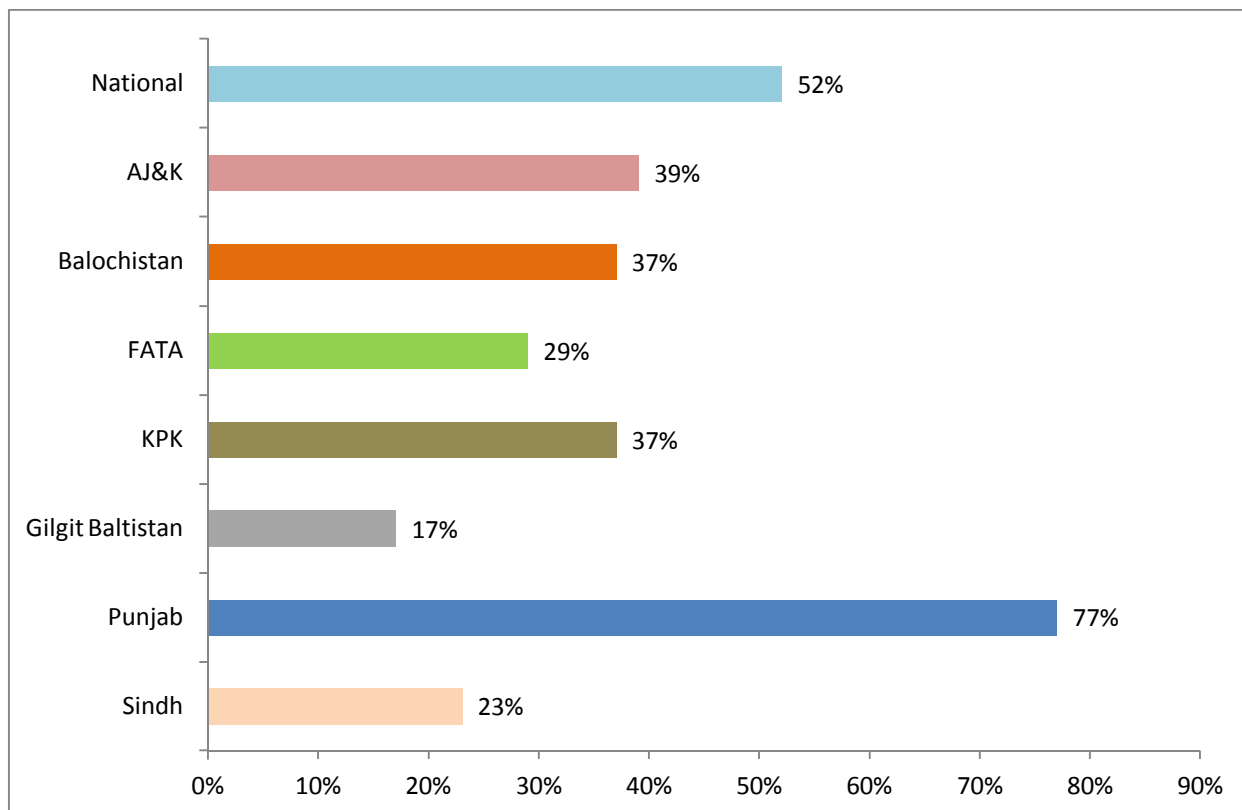
TABLE 3.16: STATUS OF MIS

Province/Region	% health facilities having assessed MIS tools	% health facilities maintaining MIS tools	% health facilities sending monthly MIS report
National	76%	68%	93%
Azad Jammu & Kashmir	79%	70%	97%
Balochistan	67%	55 %	93%
Federally Administered Tribal Areas	50%	40 %	56%
Khyber Pakhtunkhwa	73%	63%	88%
Gilgit Baltistan	63%	59%	98%
Punjab	81%	78%	98%
Sindh	74%	64%	91%

## Infection control

Health facilities were assessed for practices of infection control and waste management, and the availability of related material. The findings regarding availability of waste management plans at the surveyed facilities are presented in Figure 3.8.

FIGURE 3.8: AVAILABILITY OF WASTE MANAGEMENT PLANS



Findings related to the availability of materials for infection prevention practices is presented in Table 3.17.

TABLE 3.17: STATUS OF INFECTION PREVENTION: AVAILABILITY OF MATERIALS

Province/Region	% health facilities having waste collection materials	% health facilities having personal protection materials	% health facilities having waste treatment equipment	% health facilities having functional incinerator
National	5%	1%	1%	7%
Azad Jammu & Kashmir	8%	1%	0%	18%
Balochistan	2%	1%	1%	9%
Federally Administered Tribal Areas	0%	0%	4%	9%
Khyber Pakhtunkhwa	6%	1%	2%	15%

Province/Region	% health facilities having waste collection materials	% health facilities having personal protection materials	% health facilities having waste treatment equipment	% health facilities having functional incinerator
Gilgit Baltistan	2%	0%	2%	5%
Punjab	7%	1%	1%	3%
Sindh	2%	1%	1%	5%

Findings related to infection prevention practices are presented in Table 3.18.

TABLE 3.18: STATUS OF INFECTION PREVENTION: AVAILABILITY OF MATERIALS

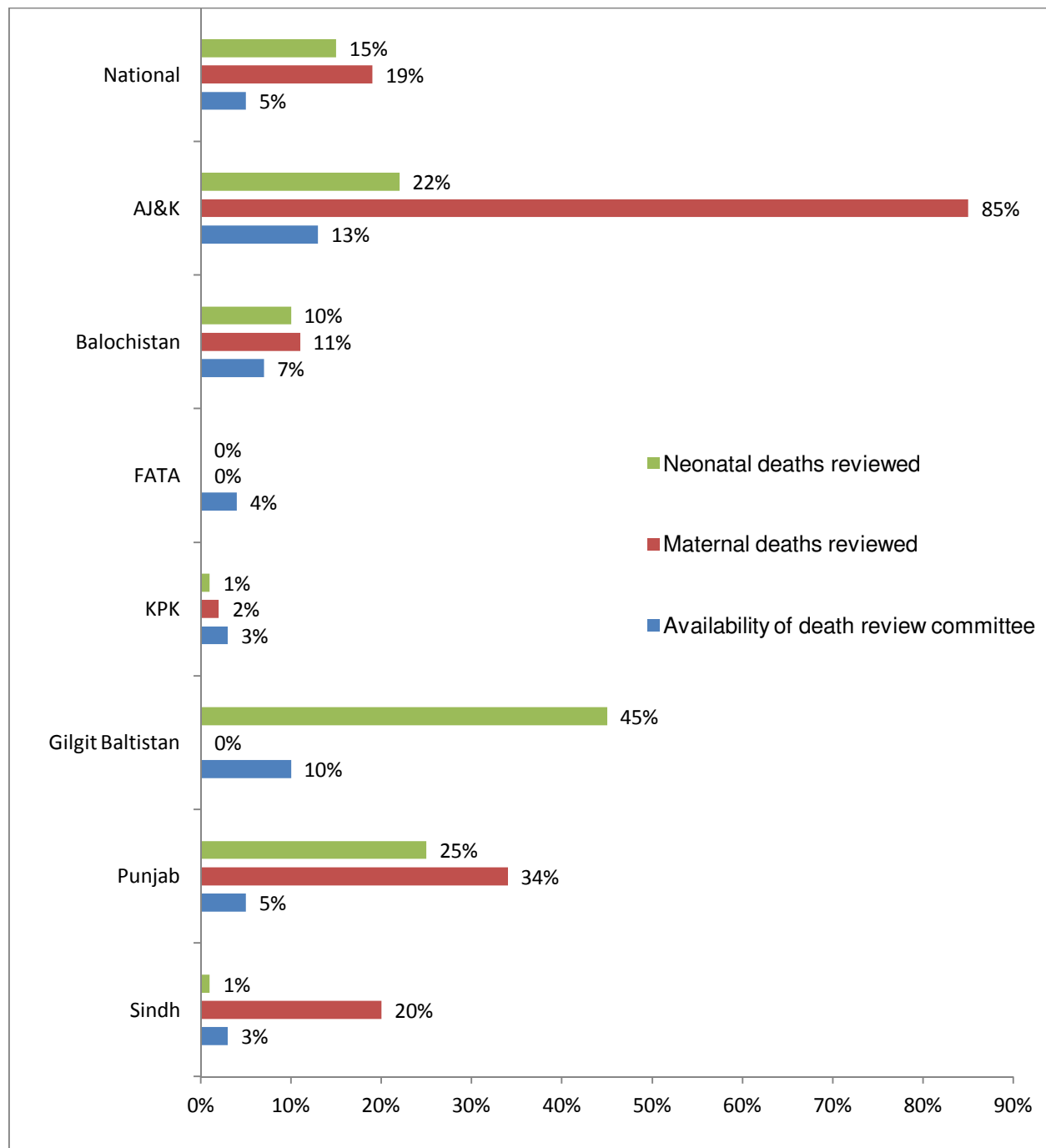
Province/Region	Percentage of health facilities reporting infection control practices					
	Hand washing practices of care providers	Disinfection of service provision areas	Vaccination of staff against Hepatitis B	Practice of waste segregation	Disposal through throwing away	Disposal through municipal arrangements
National	54%	54%	48%	17%	14%	8%
Azad Jammu & Kashmir	43%	61%	15%	26%	26%	5%
Balochistan	86%	40%	52%	23%	19%	12%
Federally Administered Tribal Areas	27%	18%	18%	2%	36%	5%
Gilgit Baltistan	46%	37%	17%	5%	44%	7%
Khyber Pakhtunkhwa	40%	30%	27%	10%	24%	5%
Punjab	50%	70%	56%	22%	3%	7%
Sindh	66%	53%	62%	12%	19%	9%

## Death review

Information about maternal and neonatal deaths occurring at the surveyed facilities was collected by using the SD&MB questionnaire. All of the surveyed facilities (excluding BHUs)

were assessed for the availability and functioning of death review committees. The percentage of maternal and neonatal deaths reviewed by the committee is presented in Figure 3.9.

FIGURE 3.9: STATUS OF MORTALITY REVIEWS AT SURVEYED HEALTH FACILITIES



## Facility utilization

Monthly utilization of MNCH services was assessed month-wise for the period of July to December 2010 and the average monthly utilization of services is presented in Table 3.19.



TABLE 3.19: UTILIZATION OF MNCH SERVICES AT SURVEYED HEALTH FACILITIES

MNCH services	Average monthly utilization of MNCH services			
	DHQH	THQH	RHC	BHU
1st Antenatal care visits (ANC-1)	372	163	90	27
Normal vaginal deliveries	154	33	19	4
Assisted vaginal deliveries	31	3	1	0
C-sections	33	5		
1st Postnatal care visits (PNC-1)	84	24	20	7
Pregnant women given TT2 vaccine	110	77	55	24
Diarrhoea/dysentery cases treated (U5 years of age)	280	142	74	39
Pneumonia cases treated (U5 years of age)	148	60	32	20

The status of utilization of family planning services was also assessed at the surveyed facilities and the average monthly utilization of these services is presented in Table 3.20.

TABLE 3.20: UTILIZATION OF FAMILY PLANNING SERVICES AT SURVEYED HEALTH FACILITIES

Family planning services	Average monthly utilization of family planning services			
	DHQH	THQH	RHC	BHU
COC	25	15	7	5
POP	15	7	3	2
DPMA	23	12	6	4
Net-en	22	6	5	2
Condoms	282	72	35	29
IUCDs	16	6	3	2
Implants	1	0	0	0

Vasectomy	5	0		
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**KEY:** **COC**=Combined Oral Contraceptive, **POP**=Progesterone-Only Pills, **DPMA**=Depot Medroxyprogesterone Acetate, **Net-en**=norethisterone enanthate, **IUCDs**=Intrauterine Contraceptive Devices.

## Donor contributions

Donor contributions (excluding direct budgetary support) during last three years were assessed regarding human resources, infrastructure, equipment (including ambulances) and drugs and supplies and the findings are presented in Table 3.21.

TABLE 3.21: STATUS OF DONOR CONTRIBUTIONS AT SURVEYED HEALTH FACILITIES

Donor contribution	Percentage of health facilities receiving donor contributions			
	DHQs	THQs	RHCs	BHUs
<b>Infrastructure</b>				
Construction of new building	16%	9%	4%	1%
Renovation of existing building	22%	17%	8%	5%
<b>Equipment</b>				
Provision of equipment	31%	24%	19%	8%
Provision of vehicles/ ambulances	19%	6%	4%	1%
<b>Drugs and supplies</b>				
Provision of medicines	25%	20%	18%	7%
Provision of consumables	11%	7%	9%	4%

## Procurement estimates

### Equipment

Based on the information collected, procurement needs for the provision of required equipment, have been identified for individually surveyed facilities to strengthen MNCH services. A summary of the estimated cost for the procurement of required equipment is given below. A list of required equipment for each surveyed facility is presented in the annexes of each district report. A summary of the estimated cost for procurement of equipment is given in Table 3.22.

TABLE 3.22: SUMMARY OF ESTIMATED COST FOR PROCUREMENT OF EQUIPMENT

Province/Region	Estimated cost (PKR in millions)				
	DHQs	THQs	RHCs	BHUs	Total
Azad Jammu & Kashmir	66.21	145.16	85.80	20.80	317.97
Balochistan	485.33	123.56	372.87	60.56	1,042.32
Federally Administered Tribal Areas	54.11	231.22	26.49	15.55	327.37
Gilgit Baltistan	84.37	433.50	3.42	5.32	526.61
Khyber Pakhtunkhwa	344.0	1,239.75	288.78	87.27	1,959.8
Punjab	419.62	850.36	530.66	221.57	2,022.21
Sindh	160.13	716.89	475.77	84.87	1,437.66

### Civil works

A yard stick has been used for assessing the scope of civil works of various MNCH related building components (Annex 2). The identified scope of work, required to complete the infrastructure needs of the individually surveyed facilities, is presented in the annexes of the district reports. A summary of the estimated cost for execution of civil works, including repair and maintenance, renovation and new construction of missing facilities is given in Table 3.23.

TABLE 3.23: SUMMARY OF ESTIMATED COST FOR CIVIL WORKS

Province/Region	Estimated cost (PKR in millions)				
	DHQs	THQs	RHCs	BHUs	Total
Azad Jammu & Kashmir	115.49	223.87	289.66	186.25	815.27
Balochistan	756.65	266.90	893.66	510.74	2,427.94
Federally Administered Tribal Areas	43.93	307.79	51.8	74.93	477.13
Gilgit Baltistan	213.49	319.94	3.94	32.78	570.15

Khyber Pakhtunkhwa	274.72	1,113.00	536.47	498.26	2,422.45
Punjab	539.94	1,507.05	1,876.68	2,264.99	6,188.66
Sindh	173.76	1,031.18	1,085.42	718.50	3008.86

## Section 4: Clients' Perspective

For clients and communities, assessing quality care means gaining an understanding of their stated needs, and since these can vary from individual to individual, in turn assessing client satisfaction ultimately depends on a mixture of their perceptions and expectations. While subjective in nature and open to interpretation, clients' perspectives are important for improving the delivery of quality health care services.

Client exit interviews (CEIs) were conducted within the scope of the health facility assessment survey to assess the clients' perspective on the provided services. In Pakistan, a total of 5,665 clients were interviewed and province/region-wise breakup is presented in Table 4.1.

Married women of child-bearing age visiting the facility for MNCH related services (Gynae/Obs and child health services for under 5 years of age) and fathers accompanying their children (under 5 years of age) to the facility for child health services were the preferred targets for client exit interviews.

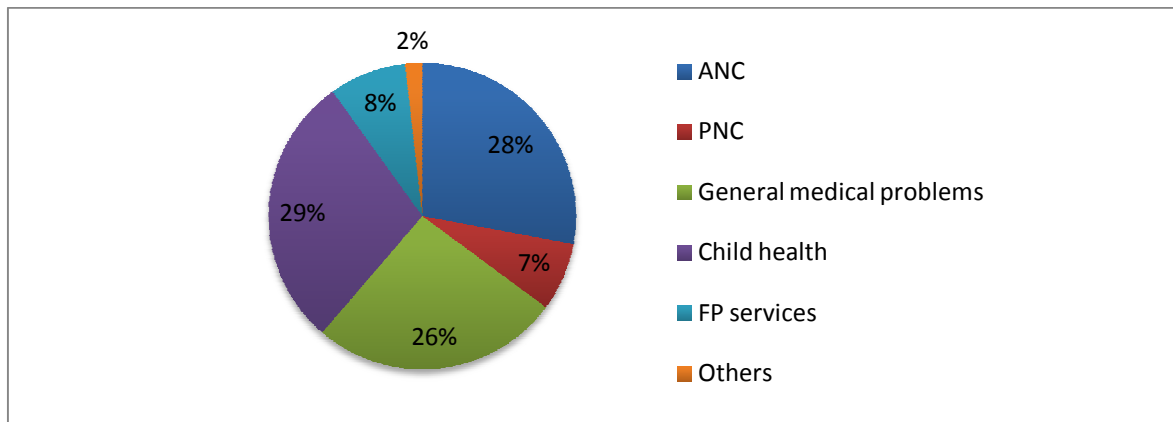
TABLE 4.1: NUMBER OF CEIs CONDUCTED IN PAKISTAN

Province/Region	Number of CEIs
National	5,665
Azad Jammu & Kashmir	290
Balochistan	730
Federally Administered Tribal Areas	155
Gilgit Baltistan	190
Khyber Pakhtunkhwa	1,045
Punjab	2,215
Sindh	1,040

### Key findings

The findings of these interviews were analyzed for assessing the clients' viewpoint on health care services availed at the surveyed facilities. The clients' reasons for visiting the facilities are presented in Figure 4.1.

FIGURE 4.1: REASONS FOR VISITING HEALTH FACILITY

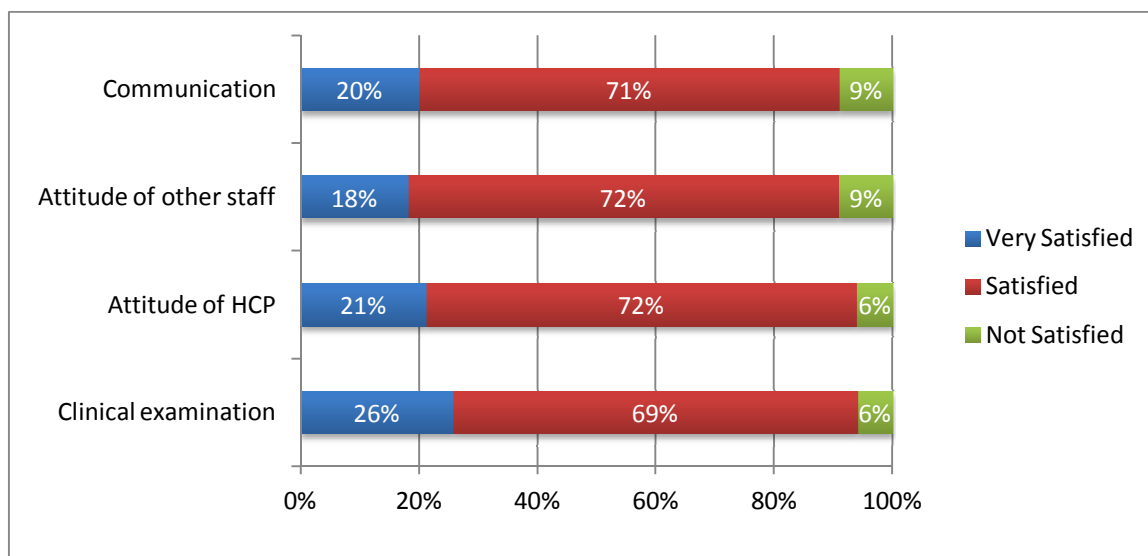


## Quality of care

Important dimension of quality of care assessed included the clinical examination and attitude of healthcare provider; provision of prescribed medicines and laboratory tests; and provision of health education material.

In order to assess the perceptions of the clients about the interpersonal relationship with the care provider, they were asked about their satisfaction with the clinical examination, the attitude of healthcare provider and other facility staff, and communication regarding the illness, course of treatment and follow-up. The findings are presented in Figure 4.2. Out of the interviewed clients, the majority was satisfied with their clinical examination and the attitude health of care providers.

FIGURE 4.2: CLIENTS' LEVEL OF SATISFACTION WITH AVAILED SERVICES

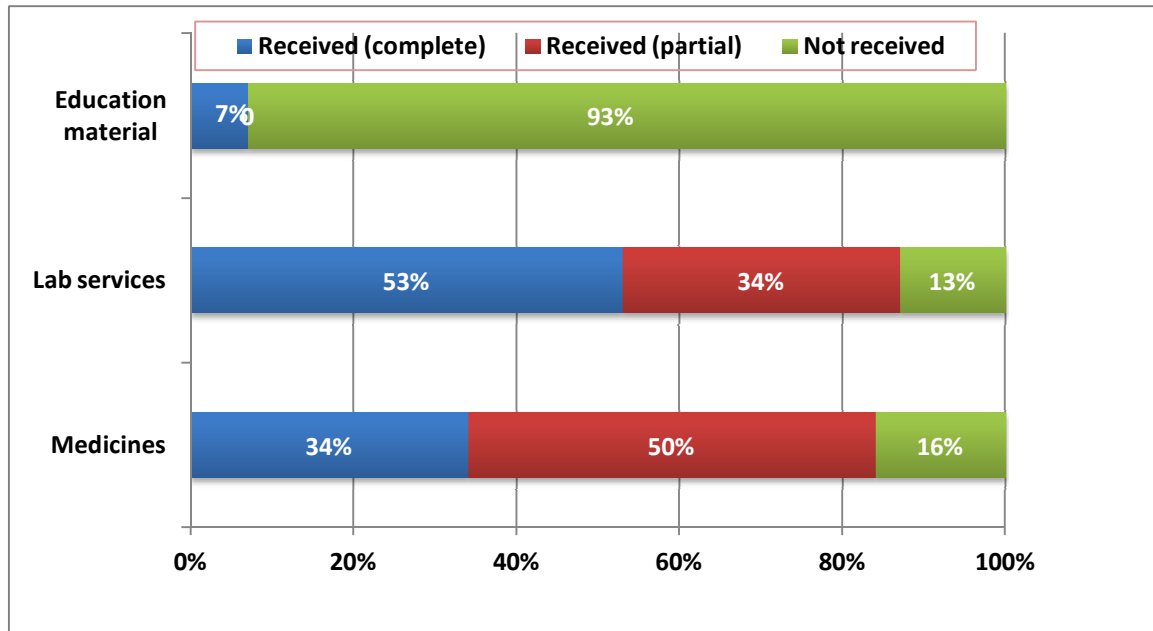


Clients were asked if they were prescribed any medicines and laboratory tests. Out of those who were prescribed any medicines or laboratory tests, the number of clients receiving

them is provided in Figure 4.3. Out of the interviewed clients, 34% of the interviewed clients received all of the prescribed medicines from the facility and 50% of the clients received some of the prescribed medicines.

Regarding the provision of laboratory services, 53% of the interviewed clients received all of the prescribed tests. Regarding health education material, only 7% of the interviewed clients received health education material from the facility.

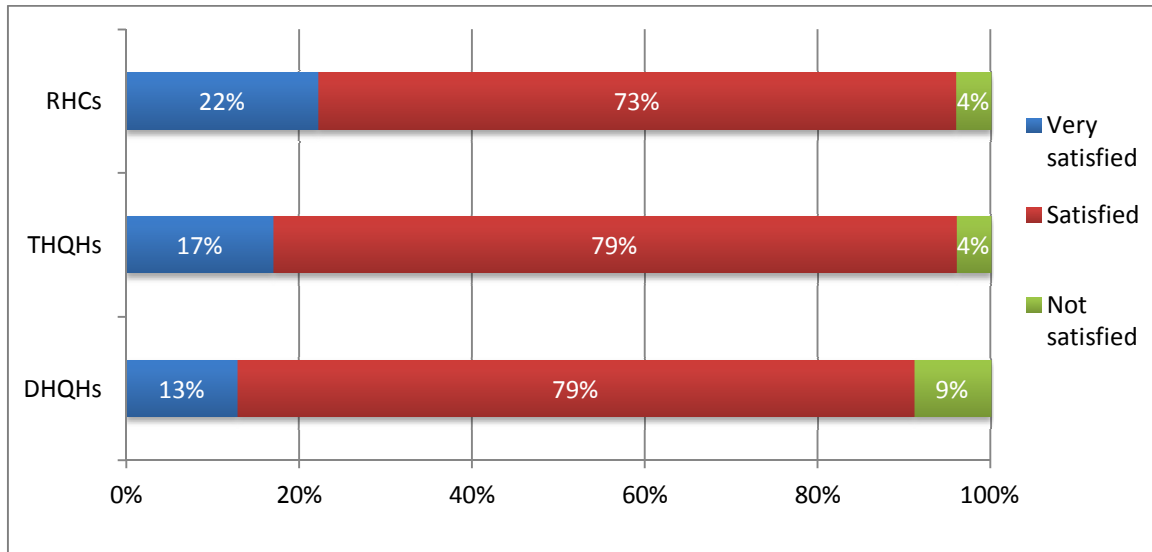
FIGURE 4.3: PROVISION OF MEDICINES, LAB SERVICES AND EDUCATION MATERIAL



## Overall satisfaction

Clients' satisfaction with overall services have a tremendous impact on the future health of communities and during these interviews, when inquired about the overall satisfaction with the visit, about 20% were very satisfied and 75% were satisfied with the provided services, whereas only 5% were not satisfied at all with the quality of services.

FIGURE 4.4: OVERALL SATISFACTION OF INTERVIEWED CLIENTS





## Section 5: Key Findings

This section contains key findings based on the results of the health facility assessment, which demonstrate gaps in the existing MNCH services at the public sector health facilities of the country. They are mainly in the areas of the availability of inputs and management basics at the surveyed facilities. Based on these gaps, specific recommendations are suggested in areas where improvement can be made in order to make good quality of care accessible to the community.

### MNCH services

Nationally, a total of 2018 health facilities including 108 DHQs, 280 THQs, 638 RHCs and 992 BHUs were assessed under the health facility assessment.

The findings of the health facility assessment revealed significant gaps in the required inputs for the provision of quality MNCH services. This warrants an immediate need to bridge these gaps in order to improve the MNCH services.

### Infrastructure

In order to deliver preventive MNCH services, three infrastructure components are required to be in place at each BHU, including an OPD, labour room and a residence for the LHV. Although BHUs are supposed to provide services 8 hours a day and 6 days a week, but a residence for the LHV was included in the scope of the health facility assessment, keeping in view, the location of BHUs and travel arrangements in the rural areas of the country. In the 992 surveyed BHUs of the country, on average 67% of the assessed infrastructure components were available, ranging from 89% in Punjab, to 51% in Balochistan.

In order to deliver basic EmONC services at the RHCs, the required infrastructure components included an OPD, female ward, labour room, clinical lab, LHV's room and residences for the WMO and LHV, for the delivery of services 24 hours a day and 7 days a week. In the 638 surveyed RHCs of the country, on average 86% of the assessed infrastructure components were available, ranging from 100% in Federally Administered Tribal Areas and Gilgit Baltistan to 71% in Sindh and Balochistan.

In order to deliver comprehensive EmONC services at the secondary health care hospitals, including DHQ and THQ hospitals, the required infrastructure components included an OPD, female ward, labour room, operation theatre, paediatric ward, paediatric nursery, blood bank, clinical laboratory and residences for the MNCH related staff, for the delivery of

services 24 hours a day, 7 days a week. In the 280 surveyed THQH and civil hospitals of the country, on average 42% of the assessed infrastructure components were available, ranging from 54% in Punjab to 27% in Federally Administered Tribal Areas and Gilgit Baltistan. In 108 surveyed DHQ hospitals of the country, on average 58% of the assessed infrastructure components were available, ranging from 76% in Federally Administered Tribal Areas to 46% in Balochistan.

## **Human resources**

The availability of required staff was not a problem at the level of BHUs, as a doctor or LHV was available at 863 out of 992 BHUs. For basic and comprehensive EmONC services, which should be available for 24 hours a day and seven days a week, (since demand for EmONC services cannot be predicted), the key issue faced by the surveyed health facilities was the lack of MNCH-related staff. The minimum requirement of staff, as proposed by the national MNCH programme, was not met at the majority of the health facilities. As 140 out of the 638 RHCs in the country, were provided with the required number of WMOs and none of the WMOs were posted at 43% of the RHCs. 278 RHCs were not provided with a lab technician, whereas an ambulance driver was not available at 136 RHCs of the country. At 280 of the surveyed THQ and civil hospitals of the country, major gaps were noticed related to the availability of specialists including, a gynaecologist (not available at 206 THQHs/CHs), anaesthetist (not available at 229 THQHs/CHs) and paediatrician (not available at 185 THQHs/CHs). At 108 of the surveyed DHQ hospitals of the country, major gaps were related to the availability of specialists including, gynaecologist (not available at 30 DHQHs), anaesthetist (not available at 48 DHQHs) and paediatrician (not available at 29 DHQHs).

## **Training of staff**

Capacity building training and continuing medical education are critical for the service providers, in order to deliver quality MNCH services. Little commitment to clinical training and professional development is evident in the public sector, unless specifically funded by external donors. The lack of trained staff was a barrier to the provision of reproductive health and family planning services. In the RHCs, THQ and DHQ hospitals, 84% were not performing assisted vaginal delivery, due in part to lack of training. In this regard, the NMNCHP has been doing its part and have trained total of 5,516 MNCH related staff through skill development, in the standards of service provision, counselling techniques and client centeredness. Health facilities were also reported to be performing a signal function in

the absence of formally trained staff, e.g. DHQ and THQ/civil hospitals performing caesarean section in the absence of a qualified gynaecologist or anaesthetist.

In order to increase the skilled birth attendance in the rural communities, the NMNCHP has also trained community-based cadre of community mid-wives and total of 4,353 CMWs were trained and at the time of survey, total of 1,999 CMWs had been deployed in the community.

## **Drugs, supplies and equipment**

The lack of medicines, supplies and functional equipment was a frequent barrier for the surveyed health facilities in delivering MNCH services. At the time of the assessment, none of the health facilities in the country was provided with the complete range of these items required to perform signal functions. Items required for the operation theatre and blood bank were not fully available at any of the DHQ and THQ hospitals. Despite lacking equipment, drugs and supplies for caesarean section or blood transfusion, the majority of the health facilities reported having performed such procedures prior to the assessment.

Large quantities of non-functional equipment was also identified during the assessment of the health facilities which could not be repaired due to lack of such arrangements at district level, as well as the budgetary constraints. Facility in-charges reported that their demands were not fully met by the district health department and distribution was also delayed resulting in frequent running out of the stock of essential drugs, supplies, vaccines and family planning commodities. A discrepancy was noted in policy and practice, as some new drugs and equipment had been proposed by the NMNCHP but failure to procure these drugs and equipment had prevented their use. For example, a vacuum extractor was included in the standard list of equipment for RHCs and SHC hospitals, yet most of these health facilities did not have this equipment.

The assessment analysis of functional equipment items in BHUs revealed that, only 1 BHU had 100% of the equipment items. 394 BHUs had 25 to 50% of the equipment items. Only 23 of the BHUs had 100% of the assessed tracer drugs, 129 had 100% of the supplies, 667 had 100% of the vaccines. 100% of the assessed family planning commodities were available at 115 of the BHUs.

The assessment analysis of functional equipment items in RHCs revealed that none of the RHCs had 100% of the equipment items, while the majority (283) of the RHCs had 51 to 75% of the equipment items. Only 9 RHCs had 100% of the assessed tracer drugs, 160 had

100% of the supplies, 459 had 100% of the vaccines. 100% of the assessed family planning commodities were available at 116 of the RHCs.

The assessment analysis of functional equipment items in THQHs/CHs revealed that none of them had 100% of the equipment items. The majority (99) of the THQHs/CHs had 25 to 50% of the equipment items. Only 5 THQHs/CHs had 100% of the assessed tracer drugs, 41 had 100% of the supplies, 223 had 100% of the vaccines. 100% of the assessed family planning commodities were available at 8 of the THQHs/CHs.

The assessment analysis of functional equipment items in DHQHs revealed that none of the DHQHs had 100% of the equipment items. 59 out of the 108 DHQHs had 50 to 75% of the equipment items. Only 2 DHQHs had 100% of the assessed tracer drugs, 32 had 100% of the supplies, 91 had 100% of the vaccines. 100% of the assessed family planning commodities were available at 11 of the DHQHs.

## **Work coordination and supervision**

Monitoring performance allows facility staff to better understand their deficiencies for the initiation of improvements. The regularity of monthly performance review meetings was utilized to assess the intra-facility work coordination. Although the majority of the health facilities were conducting such meetings (77%) but their record was hardly being maintained at these facilities, as only 36% of the surveyed facilities in Pakistan were maintaining the record of performance review meetings. Facility in-charges also reported regular participation in the district level performance review meetings (87%). As for the supervisory activities of the district health managers, health facilities had been continuously visited (92%) but the sending of feedback from these supervisory visits to the facility is not a common practice (61%).

## **Management information system**

An adequate information system existed in the form of the district health information system (DHIS) in all of the districts of Punjab and rest of the regions and provinces are in the process of adopting DHIS. Most of the recording and reporting tools were available and being maintained at the surveyed facilities.

The recording of obstetric complications or the treatment provided in response is deficient at the health facilities, with the exception of caesarean sections. It can be attributed to lack of training of staff responsible for maintaining these tools.

There are deficiencies in the DHIS tools which restrict the recording of certain key MNCH indicators. For example, the obstetric register contained no space for recording 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> antenatal visits and these were cumulatively reported as ante natal care revisits. Similarly, there was no separate record for cases of pneumonia under 5 years of age, treated at the health facilities and these were recorded along with the acute respiratory infections.

## **Infection control**

Infection control practices were found to be inadequate in the service provision areas of all of the surveyed health facilities. Although the availability of waste management plans were reported by the majority (52%) of the assessed health facilities. Gaps in infection control practices occurred mainly due to the lack of materials and equipment required for waste collection (available at 5%), personal protection (available at 1%) and waste treatment (available at 1). Only 7% of the assessed health facilities had a functional incinerator and the majority of the facilities were not segregating infectious waste from other waste.

### **Gaps related to the inputs**

- Deficient human resource and lack of training
- Deficiencies in infrastructure
- Irregular supply of drugs and consumables
- Deficient functional equipment

### **Gaps related to the management basics**

- Non-availability of JDs for staff and service delivery protocols
- Lack of performance review at facility level
- Lack of supportive supervision
- Deficiency of MIS tools
- Poor infection control and hospital waste management
- Lack of death review committees
- Lack of donor contribution record

## **Death reviews**

The national and provincial health policy endorses the constitution of death review committees for reviewing maternal and neonatal deaths occurring at the health facilities. Such detailed case reviews are essential for better understanding the deficiencies in service delivery and the reasons why, so that the health facilities can initiate improvements. In the surveyed health facilities, neither maternal deaths nor the causes thereof were clearly or consistently documented. Therefore, death review committees which are available at only 5% of the surveyed health facilities of the country had reviewed only 19% of the maternal deaths and 15% of the neonatal deaths.

## **Donor contributions**

Information about donor contributions (excluding direct budgetary support) was collected from both the surveyed facilities and district health departments. At the level of the DHQs and THQs/CHs, contributions were made mostly in the form of provision of equipment (31% and 24% respectively). At the RHCs, 18% of the surveyed facilities reported the provision of medicines, whereas at the BHUs, 1% reported contributions in the construction of buildings and 7% in the provision of medicines.

# Annexes

# ANNEX 1

## National MNCH programme

The national MNCH programme (NMNCHP) was initiated in 2006, with its goal to improve maternal, newborn and child health of the population, particularly among Pakistan's poor, marginalized and disadvantaged communities. This is a comprehensive programme aiming at strengthening, upgrading and integrating ongoing interventions, as well as introducing new strategies. The objectives of the programme are to:

- Strengthen the district health systems, through improvement in technical and managerial capacity at all levels and upgrading institutions and facilities.
- Streamline and strengthen services for the provision of basic and comprehensive emergency obstetric and newborn care (EmONC).
- Integrate all services related to MNCH at the district level.
- Introduce a cadre of community-based skilled birth attendants.
- Increase demand for health services through targeted, socially acceptable communication strategies.

The programme aims to ensure level specific MNCH services at the public health facilities. These are composed of 24/7 comprehensive EmONC services in all of the DHQs and THQs; 24/7 basic EmONC services in all of the RHCs; and preventive MNCH services at all of the BHUs. In order to strengthen the public sector health facilities, the programme has taken a number of measures in the provinces, including construction and renovation of infrastructure in the health facilities; provision of key MNCH staff including specialists, doctors, paramedics and ambulance drivers; their capacity building; provision of equipment, drugs and supplies at selected health facilities, to ensure the delivery of MNCH services.

### Establishment of the federal PIU

The federal MCH PIU has been created, under the ministry of health, Islamabad. This PIU is responsible for the overall supervision of the programme's activities in a planned, integrated and coherent response to the MNCH related challenges faced by the country. It ensures that the government of Pakistan's international commitments are translated into results. The PIU provides guidance and technical assistance to the provinces in the implementation of the national MNCH programme.



## Establishment of provincial PIUs<sup>5</sup>

- A provincial NMNCHP project implementation unit (PIU) in Punjab has been set up in Lahore in July 2007. It is headed by the provincial coordinator NMNCHP. The PIU does not have adequate space for the staff, as proposed in PC-1 of the programme. With regard to human resources, all of the sanctioned posts are not filled, as the posts of epidemiologist, communications officer, and monitoring and evaluation officer are currently vacant. Sufficient equipment is available for the PIU.
- A provincial NMNCHP project implementation unit (PIU) in Balochistan has been set up in Quetta in June 2007, which is headed by the provincial coordinator NMNCHP. The PIU does not have adequate space for the staff and at least 5 more rooms are required by the PIU. With regard to human resources, all of the sanctioned posts are filled. Sufficient equipment is not available for the PIU, as there is the requirement of computers, multimedia projector and furniture for the conference and training halls.
- A provincial NMNCHP project implementation unit (PIU) in Khyber Pakhtunkhwa was set up in Peshawar in July 2007 and became 'fully functional' by August 2008. It is headed by the provincial coordinator NMNCHP. The space, equipment and vehicles available in the current setup of PIU are enough for its functioning. There is no staff shortage at PIU. All of the sanctioned positions are filled by personnel having adequate qualifications and experience. PIU is well connected to the programme at the national level, as well as to its implementing units at the district level. PIU has developed a plan but its implementation is lagging due to the paucity of financial resources.
- A provincial NMNCHP project implementation unit (PIU) in Sindh has been set up in Karachi in April 2007. It is headed by the provincial coordinator NMNCHP. The PIU does not have adequate space for the staff, as proposed in PC-1 of the programme. With regards to human resources, all of the sanctioned posts are filled, except for the post of financial assistant. Sufficient equipment is available for the PIU.
- A regional NMNCHP project implementation unit (PIU) in Azad Jammu & Kashmir was set up in Muzaffarabad in 2008 and became 'fully functional' by end of 2009. It is headed by the regional coordinator NMNCHP. The space and equipment available in the current setup of PIU are enough for its functioning, while more vehicles are required. There is no staff shortage at PIU. All of the sanctioned positions are filled in by personnel having adequate qualifications and experience. PIU is well connected to the

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<sup>5</sup> Information acquired from Provincial Coordinators - NMNCHP using Provincial Level Questionnaire

programme at the national level, as well as to its implementing units at the district level. The regional MNCH PIU is responsible for the planning and efficient execution of the programme activities. PIU follows the same procedure as other PIUs for monthly reporting and coordination with the programme at national level.

- A regional NMNCHP project implementation unit (PIU) for Federally Administered Tribal Areas was set up in Peshawar in 2007. It is headed by the regional coordinator NMNCHP. The space, equipment and vehicles available in the current setup of PIU are enough for its functioning. There is no staff shortage at PIU. All of the sanctioned positions are filled by personnel having adequate qualifications and experience. The PIU has developed an implementation plan for the programme activities, however, low financial allocations have been creating difficulties. PIU is well connected to the programme at the national level, as well as to its implementing units at the agency level.
- A regional NMNCHP project implementation unit (PIU) in Gilgit Baltistan became 'fully functional' by 2006-07. It is headed by the regional coordinator NMNCHP. The space and equipment available in the current setup of PIU are enough for its functioning, while more vehicles are required. There is no staff shortage at PIU. All of the sanctioned positions are filled by personnel having adequate qualifications and experience. PIU is well connected to the programme, at the national level but not with its implementing units at the district level, as the district cells are not functional yet. The regional MNCH PIU is responsible for the planning and efficient execution of the programme activities. PIU follows the same procedure as other PIUs, for monthly reporting and coordination with programme at the national level. The PIU developed an implementation plan for programme activities, however, low financial allocations have been creating difficulties.

The provincial MNCH PIUs are responsible for the planning and efficient execution of the programme activities, through district MNCH cells, which are established at each district of the country. These cells are headed by the EDOH/DHO and are staffed with a public health specialist, a social mobilizer and an accounts assistant. District MNCH cells implement the activities of the programme in coordination with the district health department, through existing structure with technical assistance from the provincial PIU. The PIUs developed an implementation plan for the programme activities; but have been facing difficulties due to financial constraints. A monitoring and evaluation framework has also been developed by the PIU; information is gathered, analyzed and used in review meetings.

The programme has developed links with donor agencies, vertical programmes and governmental departments for functional integration to make the best use of available resources. Collaboration with donor agencies like UNICEF, UNFPA and WHO has been established for conducting MNCH related training, organizing review meetings and the provision of staff.

## ANNEX 2

### Input criteria for MNCH services

#### A. Civil works criteria

CIVIL WORKS SCOPE FOR BHUS	
<b>OPTIMAL ITEMS</b>	
<b>Ob/Gyn OPD or LHV's room</b> 1. Consultation area	2. Examination area 3. Hand washing facilities
<b>Labour room</b> 1. Delivery room	2. Scrub area 3. Functional attached washroom for patients
<b>WMO or LHV's residence</b> 1. Available 2. Good condition	
<b>MINIMAL ITEMS</b>	
<b>LHV's room</b>	Available

CIVIL WORKS SCOPE FOR RHCS	
<b>OPTIMAL ITEMS</b>	
<b>Ob/Gyn OPD</b> 1. Consultation area	2. Examination area 3. Hand washing facilities
<b>Ob/Gyn ward</b> 1. Patient area	2. Functional attached washroom
<b>Labour room</b> 1. Delivery room	2. Scrub area 3. Functional attached washroom for patients
<b>Clinical laboratory</b> 1. Laboratory room	2. Working area 3. Functional attached washroom
<b>LHV's room</b> 1. Consultation area	2. Examination area 3. Hand washing facilities
<b>Residence - WMO</b>	1. Available 2. Good condition
<b>Residence - LHV</b>	1. Available 2. Good condition
<b>MINIMAL ITEMS</b>	
<b>Ob/Gyn OPD</b>	Available

CIVIL WORKS SCOPE FOR RHCS	
OPTIMAL ITEMS	
<b>Ob/Gyn ward</b>	Available
<b>Labour room</b>	Available
<b>LHV's room</b>	Available
<b>Residence - WMO</b>	<ol style="list-style-type: none"> <li>1. Available</li> <li>2. Good condition</li> </ol>
<b>Residence - LHV</b>	<ol style="list-style-type: none"> <li>1. Available</li> <li>2. Good condition</li> </ol>

CIVIL WORKS SCOPE FOR DHQH & THQH	
OPTIMAL ITEMS	
<b>Ob/Gyn OPD</b> <ol style="list-style-type: none"> <li>1. Consultation area</li> </ol>	<ol style="list-style-type: none"> <li>2. Examination area</li> <li>3. Privacy of examination area</li> <li>4. Hand washing facilities</li> </ol>
<b>Ob/Gyn ward</b> <ol style="list-style-type: none"> <li>1. Patient area</li> <li>2. Nursing station</li> </ol>	<ol style="list-style-type: none"> <li>3. Store for general items/drugs</li> <li>4. Functional attached washroom</li> </ol>
<b>Labour room</b> <ol style="list-style-type: none"> <li>1. Delivery room</li> <li>2. Preparation/ stage room</li> <li>3. Scrub area</li> <li>4. Staff duty room</li> </ol>	<ol style="list-style-type: none"> <li>5. Store for general items/drugs</li> <li>6. Store for equipment</li> <li>7. Functional attached washroom for patients</li> <li>8. Functional attached washroom for staff</li> </ol>
<b>Operation theatre</b> <ol style="list-style-type: none"> <li>1. Patient preparation room</li> <li>2. Operating room</li> <li>3. Recovery room</li> <li>4. Scrub area</li> </ol>	<ol style="list-style-type: none"> <li>5. Sterilization area</li> <li>6. Doctor's room</li> <li>7. Support staff duty room</li> <li>8. Store for general items/drugs or equipment</li> <li>9. Store of equipment</li> <li>10. Functional attached washroom for staff</li> </ol>
<b>Paediatric ward</b> <ol style="list-style-type: none"> <li>1. Patient area</li> <li>2. Nursing station</li> </ol>	<ol style="list-style-type: none"> <li>3. Store for general items/drugs or equipment</li> <li>4. Functional attached washroom</li> </ol>
<b>Paediatric nursery</b> <ol style="list-style-type: none"> <li>1. Patient area</li> <li>2. Nursing station</li> </ol>	<ol style="list-style-type: none"> <li>3. Store for general items/drugs or equipment</li> <li>4. Change room</li> </ol>

<b>Clinical laboratory</b> 1. Laboratory room 2. Working area	3. Doctors' duty room 4. Store for chemical / reagents or equipment 5. Functional attached washroom
<b>Blood bank</b> 1. Blood collection room 2. Working area	3. Staff duty room 4. Store for equipment / reagents 5. Functional attached washroom
<b>LHV's room</b> 1. Consultation area 2. Examination area	3. Privacy of examination area 4. Hand washing facilities
<b>Ultrasound room</b>	Examination area
<b>Residence - Gynaecologist</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Anaesthetist</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Paediatrician</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - WMO</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - LHV</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Nurse</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Lab technician</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Blood bank technician</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Anaesthesia technician</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>MINIMAL ITEMS</b>	
<b>Ob/Gyn OPD</b>	Available
<b>Ob/Gyn ward</b>	Available
<b>Labour room</b>	Available
<b>Operation theatre</b>	Available

<b>Paediatric ward</b>	Available
<b>Clinical laboratory</b>	Available
<b>Residence - Gynaecologist</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Anaesthetist</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Paediatrician</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - WMO</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>
<b>Residence - Lab technician</b>	<ul style="list-style-type: none"> <li>· Available</li> <li>· Good condition</li> </ul>

## B. Human resources criteria

<b>HUMAN RESOURCES FOR PREVENTIVE EmONC</b>		<b>HUMAN RESOURCES FOR 24/7 BASIC EmONC</b>	
<b>OPTIMAL HR FOR BHUS</b>		<b>OPTIMAL HR FOR RHCS</b>	
<b>Category</b>	<b>Number</b>	<b>Category</b>	<b>Number</b>
MO, or	1	WMOs	2
LHV	1	OT technician	1
-	-	Lab technician	1
-	-	LHVs	2
-	-	Ambulance driver	1
<b>MINIMAL HR FOR BHUS</b>		<b>MINIMAL HR FOR RHCS</b>	
MO, or	1	WMO	1
LHV	1	Lab technician	1
-	-	LHV	1
-	-	-	-

<b>HUMAN RESOURCES FOR 24/7 COMPREHENSIVE EmONC</b>			
<b>OPTIMAL HR FOR DHQH</b>		<b>OPTIMAL HR FOR THQH</b>	
<b>Category</b>	<b>Number</b>	<b>Category</b>	<b>Number</b>
Gynaecologist	2	Gynaecologist	1
Anaesthetist	2	Anaesthetist	1
Paediatrician	2	Paediatrician	1
WMOs	6	WMOs	4
OT technician	4	OT technician	4
Blood bank technician	4	Blood bank technician	4
Lab technician	3	Lab technician	2
Anaesthesia technician	4	Anaesthesia technician	4

Nurses	20	Nurses	12
LHVs	4	LHVs	4
Ambulance drivers	4	Ambulance drivers	4
<b>MINIMAL HR FOR DHQH</b>		<b>MINIMAL HR FOR THQH</b>	
Gynaecologist	1	Gynaecologist	1
Anaesthetist	1	Anaesthetist	1
Paediatrician	1	Paediatrician	1
WMOs	4	WMOs	2
OT technician	1	OT technician	1
Lab technician	1	Lab technician	1
Nurses	6	Nurses	4
LHVs	1	LHVs	1

### C. Equipment criteria

<b>EQUIPMENT FOR BHUS</b>	
<b>OPTIMAL ITEMS</b>	
<b>General hospital equipment</b> 1. Electric water cooler	2. Water filter 3. Incinerator
<b>OPD / WMO's office</b> 1. Office / Plain chairs 2. Examination couch 3. Office tables with drawers 4. Steel almirah (Large) 5. Patient's stool 6. Weighing machine (Adult)	7. Weighing machine (Infant) 8. Height measuring board 9. Height measuring device 10. B.P Apparatus mercury-desk type 11. Foetal stethoscope 12. Steam inhaler 13. Nebulizer 14. Examination lamp
<b>Lady health visitor's room</b> 1. Weight scale (Adult) 2. Weight scale (Infant) 3. Height measuring device 4. Height measuring board 5. Disposable syringe cutter 6. D & C instruments set	7. P.V. examination light 8. Examination couch 9. Office chairs 10. Office tables with drawers 11. Patient's stool 12. Steel almirah (Large)
<b>MINIMAL ITEMS</b>	
1. Office chairs 2. Office tables with drawers 3. B.P Apparatus mercury-desk type 4. Foetal stethoscope 5. Weight scale (Adult)	6. Weight scale (Infant) 7. Height measuring device 8. Height measuring board 9. D & C instruments set 10. Examination couch



**EQUIPMENT FOR RHCS**

**OPTIMAL ITEMS**

**General hospital**

1. Ambulance
2. Electric water cooler

3. Water filter
4. Incinerator

**Female ward items**

1. Fowler bed (Iron)
2. Attendant's bench
3. Bed side locker
4. Overhead food trolley

5. Dust bin (Stainless steel)
6. Screen folding (Complete)
7. Baby cot
8. B.P Apparatus mercury-desk type
9. Stethoscope

**OPD / WMO's office**

1. Office chairs
2. Plain chairs
3. Examination couch
4. Office tables with drawers
5. Steel almirah (Large)
6. Patient's stool
7. Weighing machine (Adult)

8. Weighing machine (Infant)
9. Height measuring board
10. Height measuring device
11. B.P Apparatus mercury-desk type
12. Foetal stethoscope
13. Steam inhaler
14. Nebulizer
15. Examination lamp

**Labour room**

1. UPS power supply system (2000W)
2. Suction machine (Electric)
3. Infant weighing machine
4. Foetal stethoscope
5. Electric instrument sterilizer (12"x6")
6. Jar for forceps
7. Spring type dressing forceps (S.s)
8. Sim's speculum (Right angle, small)
9. Sim's speculum (Right angle, medium)

10. Sim's speculum (Right angle, large)
11. Sponge forceps
12. Artery forceps (Long, straight)
13. Uterine sound
14. Vulsellum forceps
15. Scissors (Dissecting, blunt pointed)
16. Artery forceps
17. Blunt-ended scissors
18. D & C instruments set
19. Infant ambo bag

**Lady health visitor's room**

1. Weight scale (Adult)
2. Weight scale (Infant)
3. Height measuring device
4. Height measuring board
5. P.V. examination light

6. Examination couch
7. Office chairs
8. Office tables with drawers
9. Patient's stool
10. Steel almirah (Large)

**MINIMAL ITEMS**

**Female ward items**

1. Fowler bed (Iron)

2. B.P Apparatus mercury-desk type
3. Stethoscope

**OPD / WMO's office**

1. Office chairs
2. Examination couch

4. Office tables with drawers
5. B.P Apparatus mercury-desk type
6. Foetal stethoscope

EQUIPMENT FOR RHCS	
OPTIMAL ITEMS	
<b>Labour room</b> <ol style="list-style-type: none"> <li>1. Electric instrument sterilizer (12"x6")</li> <li>2. Sim's speculum (Right angle, medium)</li> <li>3. Sponge forceps</li> <li>4. Uterine sound</li> </ol>	<ol style="list-style-type: none"> <li>5. Vulsellum forceps</li> <li>6. Scissors (Dissecting, blunt pointed)</li> <li>7. Artery forceps</li> <li>8. D &amp; C instruments set</li> </ol>
<b>Lady health visitor's room</b> <ol style="list-style-type: none"> <li>1. Office chairs</li> <li>2. Office tables with drawers</li> <li>3. Weight scale (Adult)</li> </ol>	<ol style="list-style-type: none"> <li>4. Weight scale (Infant)</li> <li>5. Height measuring device</li> <li>6. Height measuring board</li> <li>7. Examination couch</li> </ol>

EQUIPMENT FOR DHQ HOSPITAL	
OPTIMAL ITEMS	
<b>General hospital</b> <ol style="list-style-type: none"> <li>1. Ambulance</li> <li>2. Defibrillator</li> </ol>	<ol style="list-style-type: none"> <li>3. Desktop computer with monitor and accessories</li> <li>4. Electric water cooler</li> </ol>
<b>Gynae/Obs. ward items</b> <ol style="list-style-type: none"> <li>1. Cabinet instrument (Large)</li> <li>2. Fowler bed (Iron)</li> <li>3. Attendant's bench</li> <li>4. Bed side locker</li> <li>5. Screen folding (Complete)</li> <li>6. Weighing machine (Adult)</li> <li>7. Artery forceps (7 inch)</li> <li>8. B P Apparatus mercury – Desk type</li> <li>9. Dissecting forceps (Plain, 7 inch)</li> </ol>	<ol style="list-style-type: none"> <li>10. Scissors (Curved, 5 inch)</li> <li>11. Scissors (Sharp, 5 inch, straight)</li> <li>12. Chital forceps</li> <li>13. Kidney tray (S.s, 10 inch)</li> <li>14. Jar for forceps</li> <li>15. Infusion / drip stands</li> <li>16. Foetal monitor (foetal doppler - desk type)</li> <li>17. Infant B.P apparatus</li> <li>18. Infant weighing machine</li> <li>19. Baby cot</li> </ol>
<b>OPD / Gynaecologist's office</b> <ol style="list-style-type: none"> <li>1. Weighing machine (Adult)</li> <li>2. Infant weighing machine</li> <li>3. Screen folding (Complete)</li> <li>4. Ultrasound machine</li> <li>5. Examination lamp</li> </ol>	<ol style="list-style-type: none"> <li>6. Stethoscope (Adult size)</li> <li>7. B.P apparatus - desktop type</li> <li>8. Office chair</li> <li>9. Office table with drawers</li> <li>10. Patient's stool</li> <li>11. Patient waiting bench</li> <li>12. Examination couch</li> </ol>

**EQUIPMENT FOR DHQ HOSPITAL**

**OPTIMAL ITEMS**

**Paediatric nursery**

1. Air ways 2 size
2. Infant ambo bag
3. Infant laryngoscope set
4. Suction apparatus: electrically operated
5. Infant incubators

6. Phototherapy unit
7. Baby warmer
8. Infant B.P apparatus (Cuff 2.5 cm)
9. Room thermometer
10. Baby cot
11. Steam inhaler
12. Oxygen cylinder complete with trolley
13. Infusion / drip stands

**Paediatric ward**

1. Suction machine
2. Infant B.P apparatus (Cuff 2.5 cm)
3. Stethoscope (Paediatric Littman type)
4. Nebulizer
5. Oxygen cylinder complete with trolley

6. Emergency medicine trolley
7. Patient's attendant bench
8. Fowler bed (Iron)
9. Bed side locker (S.s top)
10. Screen folding (Complete)

**Labour room**

1. Foetal stethoscope
2. Electric instrument sterilizer (12"x6")
3. Jar for forceps
4. Spring type dressing forceps (S.s)
5. Sim's speculum (Right angle, small)
6. Sim's speculum (Right angle, medium)
7. Sim's speculum (Right angle, large)
8. Sponge forceps
9. Artery forceps (Long, straight)
10. Uterine sound
11. Vulsellum forceps
12. Scissors (Dissecting, blunt pointed)

13. Artery forceps
14. Blunt-ended scissors
15. Episiotomy instruments set (Complete)
16. D&C instruments set (Complete)
17. Delivery forceps set
18. Infant ambo bag
19. Portable light & rechargeable batteries
20. Sterilizing drum
21. Vacuum extractor
22. Delivery table
23. Infusion / drip stands
24. Oxygen cylinder complete with trolley

**EQUIPMENT FOR DHQ HOSPITAL**

**OPTIMAL ITEMS**

**Operation theatre**

1. Needle holder
2. Stitch scissors
3. Dissecting forceps (Toothed)
4. Sim's speculum (Large)
5. Sim's speculum (Medium)
6. Vacuum extractor
7. Obstetric forceps
8. Rectangular instrument tray & lids
9. Towel clips
10. Sponge forceps (22.5 cm)
11. Artery forceps (Straight, 16 cm)
12. Uterine homeostasis forceps (20 cm)
13. Hysterectomy forceps (Straight, 22.5 cm)
14. Mosquito forceps (12.5 cm)
15. Tissue forceps (19 cm)
16. Needle holder (Straight, 17.5 cm)

17. Surgical knife handle # 3
18. Surgical knife handle # 4
19. Abdominal retractors, double-ended (Richardson)
20. Curved operating scissors, blunt pointed (Mayo), 17 cm
21. Straight operating scissors, blunt pointed (Mayo), 17 cm
22. Aesthetic face masks (3 sizes)
23. Anaesthesia machine
24. Laryngoscopes
25. X-Ray illuminator
26. Gynae instrument set
27. General instrument set
28. Adult ambo bag and mask
29. D & C instruments set
30. Myomectomy screw
31. Air conditioners

**Laboratory**

1. Spin machine
2. Chemistry analyzer

3. Counter (Hand tally differential)
4. Steel almirah (Large)
5. Lab cabinet

**MINIMAL ITEMS**

**Gynae/Obs. ward items**

1. Fowler bed (Iron)

**OPD / Gynaecologist's office**

1. Weighing machine (Adult)
2. Examination lamp
3. Stethoscope (Adult size)

4. B.P apparatus - desktop type
5. Office chair
6. Office table with drawers
7. Examination couch

**Paediatric nursery**

1. Air ways 2 size
2. Infant ambo bag
3. Infant laryngoscope set

4. Suction apparatus: electrically operated
5. Infant incubators
6. Phototherapy unit

**Paediatric ward**

1. Stethoscope (Paediatric Littman type)
2. Nebulizer

3. Oxygen cylinder complete with trolley
4. Fowler bed (Iron)

EQUIPMENT FOR DHQ HOSPITAL	
OPTIMAL ITEMS	
<b>Labour room</b> <ol style="list-style-type: none"> <li>1. Foetal stethoscope</li> <li>2. Electric instrument sterilizer (12"x6")</li> <li>3. Spring type dressing forceps (S.s)</li> <li>4. Sim's speculum (Right angle, medium)</li> <li>5. Sponge forceps</li> </ol>	<ol style="list-style-type: none"> <li>6. Uterine sound</li> <li>7. Vulsellum forceps</li> <li>8. Episiotomy instruments set (Complete)</li> <li>9. D&amp;C instruments set (Complete)</li> <li>10. Delivery forceps set</li> <li>11. Delivery table</li> </ol>
<b>Operation theatre</b> <ol style="list-style-type: none"> <li>1. Anaesthesia machine</li> <li>2. Laryngoscopes</li> </ol>	<ol style="list-style-type: none"> <li>3. Gynae instrument set</li> <li>4. D &amp; C instruments set</li> </ol>

EQUIPMENT FOR THQ HOSPITAL	
OPTIMAL ITEMS	
<b>General hospital</b> <ol style="list-style-type: none"> <li>1. Ambulance</li> <li>2. Defibrillator</li> </ol>	<ol style="list-style-type: none"> <li>3. Desktop computer with monitor and accessories</li> <li>4. Electric water cooler</li> </ol>
<b>Gynae/Obs. ward items</b> <ol style="list-style-type: none"> <li>1. Cabinet instrument (Large)</li> <li>2. Fowler bed (Iron)</li> <li>3. Attendant's bench</li> <li>4. Bed side locker</li> <li>5. Screen folding (Complete)</li> <li>6. Weighing machine (Adult)</li> <li>7. Artery forceps (7 inch)</li> <li>8. B P Apparatus mercury – Desk type</li> <li>9. Dissecting forceps (Plain, 7 inch)</li> </ol>	<ol style="list-style-type: none"> <li>10. Scissors (Curved, 5 inch)</li> <li>11. Scissors (Sharp, 5 inch, straight)</li> <li>12. Chital forceps</li> <li>13. Kidney tray (S.s, 10 inch)</li> <li>14. Jar for forceps</li> <li>15. Infusion / drip stands</li> <li>16. Foetal monitor (foetal doppler - desk type)</li> <li>17. Infant B.P apparatus</li> <li>18. Infant weighing machine</li> <li>19. Baby cot</li> </ol>
<b>OPD / Gynaecologist's office</b> <ol style="list-style-type: none"> <li>1. Weighing machine (Adult)</li> <li>2. Infant weighing machine</li> </ol>	<ol style="list-style-type: none"> <li>3. Screen folding (Complete)</li> <li>4. Ultrasound machine</li> <li>5. Examination lamp</li> </ol>
<b>Paediatric nursery</b> <ol style="list-style-type: none"> <li>1. Air ways 2 size</li> <li>2. Infant ambo bag</li> <li>3. Infant laryngoscope set</li> <li>4. Suction apparatus: electrically operated</li> <li>5. Infant incubators</li> </ol>	<ol style="list-style-type: none"> <li>6. Phototherapy unit</li> <li>7. Baby warmer</li> <li>8. Infant B.P apparatus (Cuff 2.5 cm)</li> <li>9. Room thermometer</li> <li>10. Baby cot</li> <li>11. Steam inhaler</li> <li>12. Oxygen cylinder complete with trolley</li> <li>13. Infusion / drip stands</li> </ol>

## EQUIPMENT FOR THQ HOSPITAL

### OPTIMAL ITEMS

#### Paediatric ward

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Suction machine</li> <li>2. Infant B.P apparatus (Cuff 2.5 cm)</li> <li>3. Stethoscope (Paediatric Littman type)</li> <li>4. Nebulizer</li> <li>5. Oxygen cylinder complete with trolley</li> </ol> | <ol style="list-style-type: none"> <li>6. Emergency medicine trolley</li> <li>7. Patient's attendant bench</li> <li>8. Fowler bed (Iron)</li> <li>9. Bed side locker (S.s top)</li> <li>10. Screen folding (Complete)</li> </ol> |
|---|--|

#### Labour room

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Foetal stethoscope</li> <li>2. Electric instrument sterilizer (12"x6")</li> <li>3. Jar for forceps</li> <li>4. Spring type dressing forceps (S.s)</li> <li>5. Sim's speculum (Right angle, small)</li> <li>6. Sim's speculum (Right angle, medium)</li> <li>7. Sim's speculum (Right angle, large)</li> <li>8. Sponge forceps</li> <li>9. Artery forceps (Long, straight)</li> </ol> | <ol style="list-style-type: none"> <li>10. Uterine sound</li> <li>11. Vulsellum forceps</li> <li>12. Scissors (Dissecting, blunt pointed)</li> <li>13. Artery forceps</li> <li>14. Blunt-ended scissors</li> <li>15. Episiotomy instruments set (Complete)</li> <li>16. Infant ambo bag</li> <li>17. Portable light &amp; rechargeable batteries</li> <li>18. Sterilizing drum</li> <li>19. Vacuum extractor</li> </ol> |
|--|---|

#### Operation theatre

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Needle holder</li> <li>2. Stitch scissors</li> <li>3. Dissecting forceps (Toothed)</li> <li>4. Sim's speculum (Large)</li> <li>5. Sim's speculum (Medium)</li> <li>6. Vacuum extractor</li> <li>7. Obstetric forceps</li> <li>8. Rectangular instrument tray &amp; lids</li> <li>9. Towel clips</li> <li>10. Sponge forceps (22.5 cm)</li> <li>11. Artery forceps (Straight, 16 cm)</li> <li>12. Uterine homeostasis forceps (20 cm)</li> <li>13. Hysterectomy forceps (Straight, 22.5 cm)</li> <li>14. Mosquito forceps (12.5 cm)</li> <li>15. Tissue forceps (19 cm)</li> <li>16. Needle holder (Straight, 17.5 cm)</li> </ol> | <ol style="list-style-type: none"> <li>17. Surgical knife handle # 3</li> <li>18. Surgical knife handle # 4</li> <li>19. Abdominal retractors, double-ended (Richardson)</li> <li>20. Curved operating scissors, blunt pointed (Mayo), 17 cm</li> <li>21. Straight operating scissors, blunt pointed (Mayo), 17 cm</li> <li>22. Aesthetic face masks (3 sizes)</li> <li>23. Anaesthesia machine</li> <li>24. Laryngoscopes</li> <li>25. X-Ray illuminator</li> <li>26. Gynae instrument set</li> <li>27. General instrument set</li> <li>28. Adult ambo bag and mask</li> <li>29. D &amp; C instruments set</li> <li>30. Myomectomy screw</li> <li>31. Air conditioners</li> </ol> |
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#### Laboratory

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Spin machine</li> <li>2. Chemistry analyzer</li> </ol> | <ol style="list-style-type: none"> <li>3. Counter (Hand tally differential)</li> <li>4. Steel almirah (Large)</li> <li>5. Lab cabinet</li> </ol> |
|--|--|

### MINIMAL ITEMS

#### Gynae/Obs. ward items

2. Fowler bed (Iron)

EQUIPMENT FOR THQ HOSPITAL	
OPTIMAL ITEMS	
<b>OPD / Gynaecologist's office</b> 1. Weighing machine (Adult)	2. Examination lamp
<b>Paediatric nursery</b> 1. Air ways 2 size 2. Infant ambo bag 3. Infant laryngoscope set	4. Suction apparatus: electrically operated 5. Infant incubators 6. Phototherapy unit
<b>Paediatric ward</b> 1. Stethoscope (Paediatric Littman type) 2. Nebulizer	3. Oxygen cylinder complete with trolley 4. Fowler bed (Iron)
<b>Labour room</b> 1. Foetal stethoscope 2. Spring type dressing forceps (S.s) 3. Sim's speculum (Right angle, medium)	4. Sponge forceps 5. Uterine sound 6. Vulsellum forceps 7. Episiotomy instruments set (Complete)
<b>Operation theatre</b> 1. Anaesthesia machine 2. Laryngoscopes	3. Gynae instrument set 4. D & C instruments set

#### D. Drugs and supplies criteria

DRUGS & SUPPLIES FOR BHUS	
OPTIMAL ITEMS	
<b>Supplies</b> 1. Gloves 2. Clean / Safe delivery kit 3. Disposable/ Auto disable syringes	4. Reagents/ strips for routine lab tests 5. Surgical spirit 6. Oral Rehydration Salt – ORS
<b>Tracer drugs</b> 1. Capsule Amoxicillin 2. Syrup Amoxicillin 3. Tablet Metronidazole 4. Syrup Metronidazole 5. Tablet Iron 6. Tablet Folic acid	7. Tetracycline Ointment 8. Injection Oxytocin 9. IV solutions 10. Syrup Salbutamol 11. Syrup Chloroquine 12. Syrup Zinc Sulphate
<b>Vaccines</b> 1. BCG 2. OPV	3. Penta-valent 4. Measles 5. TT

DRUGS & SUPPLIES FOR BHUS	
OPTIMAL ITEMS	
<b>Family planning commodities</b> <ol style="list-style-type: none"> <li>1. Condoms</li> <li>2. COC</li> <li>3. POP</li> </ol>	<ol style="list-style-type: none"> <li>4. IUCDs</li> <li>5. Injection DMPA</li> <li>6. Injection Net-En</li> </ol>
MINIMAL ITEMS	
<b>Supplies</b> <ol style="list-style-type: none"> <li>1. Clean / Safe delivery kit</li> </ol>	<ol style="list-style-type: none"> <li>2. Disposable/ Auto disable syringes</li> <li>3. Reagents/ strips for routine lab tests</li> </ol>
<b>Tracer drugs</b>	<ol style="list-style-type: none"> <li>1. Tablet Iron</li> <li>2. Tablet Folic acid</li> </ol>
<b>Vaccines</b> <ol style="list-style-type: none"> <li>1. BCG</li> <li>2. OPV</li> </ol>	<ol style="list-style-type: none"> <li>3. Penta-valent</li> <li>4. Measles</li> <li>5. TT</li> </ol>
<b>Family planning commodities (any three)</b> <ol style="list-style-type: none"> <li>1. Condoms</li> <li>2. IUCDs</li> </ol>	<ol style="list-style-type: none"> <li>3. COC or POP</li> <li>4. Injection DMPA or Net-En</li> </ol>

DRUGS & SUPPLIES FOR RHCS	
OPTIMAL ITEMS	
<b>Supplies</b> <ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Clean / Safe delivery kit</li> <li>3. Disposable/ Auto disable syringes</li> </ol>	<ol style="list-style-type: none"> <li>4. Reagents/ strips for routine lab tests</li> <li>5. Surgical spirit</li> <li>6. Oral Rehydration Salt – ORS</li> </ol>
<b>Tracer drugs</b> <ol style="list-style-type: none"> <li>1. Injection Dexamethasone</li> <li>2. Injection Adrenaline</li> <li>3. Injection Atropine</li> <li>4. Injection Ampicillin</li> <li>5. Capsule Amoxicillin</li> <li>6. Syrup Amoxicillin</li> <li>7. Tablet Metronidazole</li> <li>8. Syrup Metronidazole</li> <li>9. Tablet Iron</li> </ol>	<ol style="list-style-type: none"> <li>10. Tablet Folic acid</li> <li>11. Tetracycline Ointment</li> <li>12. Injection Oxytocin</li> <li>13. Injection Magnesium Sulphate</li> <li>14. IV solutions</li> <li>15. Syrup Salbutamol</li> <li>16. Syrup Chloroquine</li> <li>17. Syrup Zinc Sulphate</li> <li>18. Injection Diclofenac Sodium</li> </ol>
<b>Vaccines</b> <ol style="list-style-type: none"> <li>1. BCG</li> <li>2. OPV</li> </ol>	<ol style="list-style-type: none"> <li>3. Penta-valent</li> <li>4. Measles</li> <li>5. TT</li> </ol>



DRUGS & SUPPLIES FOR RHCS	
OPTIMAL ITEMS	
<b>Family planning commodities</b> 1. Condoms 2. COC 3. POP	4. IUCDs 5. Injection DMPA 6. Injection Net-En
MINIMAL ITEMS	
<b>Supplies</b> 1. Clean / Safe delivery kit	2. Disposable/ Auto disable syringes 3. Reagents/ strips for routine lab tests
<b>Tracer drugs</b> 1. Injection Ampicillin	2. Injection Oxytocin 3. Injection Magnesium Sulphate
<b>Vaccines</b> 1. BCG 2. OPV	3. Penta-valent 4. Measles 5. TT
<b>Family planning commodities (any three)</b> 1. Condoms 2. IUCDs	3. COC or POP 4. Injection DMPA or Net-En

DRUGS & SUPPLIES FOR DHQH & THQH	
OPTIMAL ITEMS	
<b>Supplies</b> 1. Gloves 2. Clean / Safe delivery kit 3. Disposable/ Auto disable syringes 4. Reagents/ strips for routine lab tests	5. Screening kits for Hep B,C & HIV 6. Blood grouping reagents 7. Blood bags with transfusion sets 8. Surgical spirit 9. Oral Rehydration Salt – ORS
<b>Tracer drugs</b> 1. Injection Dexamethasone 2. Injection Adrenaline 3. Injection Atropine 4. Injection Ampicillin 5. Capsule Amoxicillin 6. Syrup Amoxicillin 7. Tablet Metronidazole 8. Syrup Metronidazole 9. Tablet Iron 10. Tablet Folic acid	11. Tetracycline Ointment 12. Injection Oxytocin 13. Injection Magnesium Sulphate 14. IV solutions 15. Syrup Salbutamol 16. Syrup Chloroquine 17. Syrup Zinc Sulphate 18. Injection Diclofenac Sodium 19. Injection Thiopentone Sodium 20. Injection Neostigmine 21. Injection Propofol
<b>Vaccines</b> 1. BCG 2. OPV	3. Penta-valent 4. Measles 5. TT

<b>Family planning commodities</b> <ol style="list-style-type: none"> <li>1. Condoms</li> <li>2. COC</li> <li>3. POP</li> </ol>	<ol style="list-style-type: none"> <li>4. IUCDs</li> <li>5. Injection DMPA</li> <li>6. Injection Net-En</li> <li>7. Implants</li> </ol>
<b>MINIMAL ITEMS</b>	
<b>Supplies</b> <ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Clean / Safe delivery kit</li> <li>3. Disposable/ Auto disable syringes</li> </ol>	<ol style="list-style-type: none"> <li>4. Reagents/ strips for routine lab tests</li> <li>5. Screening kits for Hep B,C &amp; HIV</li> <li>6. Blood grouping reagents</li> </ol>
<b>Tracer drugs</b> <ol style="list-style-type: none"> <li>1. Injection Dexamethasone</li> <li>2. Injection Adrenaline</li> <li>3. Injection Atropine</li> <li>4. Injection Ampicillin</li> </ol>	<ol style="list-style-type: none"> <li>5. Injection Oxytocin</li> <li>6. Injection Magnesium Sulphate</li> <li>7. Injection Thiopentone Sodium</li> <li>8. Injection Neostigmine</li> <li>9. Injection Propofol</li> </ol>
<b>Vaccines</b> <ol style="list-style-type: none"> <li>1. BCG</li> <li>2. OPV</li> </ol>	<ol style="list-style-type: none"> <li>3. Penta-valent</li> <li>4. Measles</li> <li>5. TT</li> </ol>
<b>Family planning commodities (any three)</b> <ol style="list-style-type: none"> <li>1. Condoms</li> <li>2. IUCDs</li> </ol>	<ol style="list-style-type: none"> <li>3. COC or POP</li> <li>4. Injection DMPA or Net-En</li> <li>5. Implants</li> </ol>

### E. Support services criteria

SUPPORT SERVICES FOR BHUS	SUPPORT SERVICES FOR RHCS
OPTIMAL CRITERIA	OPTIMAL CRITERIA
<b>Basic lab tests</b> <ol style="list-style-type: none"> <li>1. Doctor or LHV</li> <li>2. Reagents and strips</li> </ol>	<b>Basic lab tests</b> <ol style="list-style-type: none"> <li>1. Space</li> <li>2. Doctor or LHV or Lab technician</li> <li>3. Reagents and strips</li> </ol>
	<b>Ambulance services</b> <ol style="list-style-type: none"> <li>1. Functional ambulance</li> <li>2. Ambulance driver</li> </ol>
MINIMAL CRITERIA FOR BHUS	MINIMAL CRITERIA FOR RHCS
<b>Basic lab tests</b> <ol style="list-style-type: none"> <li>1. Doctor or LHV</li> <li>2. Reagents and strips</li> </ol>	<b>Basic lab tests</b> <ol style="list-style-type: none"> <li>1. Space</li> <li>2. Doctor or LHV or Lab technician</li> <li>3. Reagents and strips</li> </ol>

SUPPORT SERVICE CRITERIA FOR SHC HOSPITALS	
OPTIMAL CRITERIA	
<b>Basic lab tests</b> 1. Space 2. Laboratory technician	3. Reagents and strips 4. Laboratory equipment
<b>Blood transfusion services</b> 1. Blood bank technician or lab technician	2. Screening strips for Hep B, C & HIV
<b>Radiology services</b> 1. Space	2. Ultrasound equipment
<b>Operation theatre services</b> 1. Space 2. Anaesthetist 3. OT technician	4. Anaesthesia technician 5. OT equipment 6. Drugs and supplies
<b>Ambulance services</b> 1. Functional ambulance	2. Ambulance driver
MINIMAL CRITERIA	
<b>Basic lab tests</b> 1. Space	2. Lab technician 3. Reagents and strips
<b>Blood transfusion services</b> 1. Laboratory or blood bank technician	2. Screening strips for Hep B, C & HIV
<b>Radiology services</b> 1. Space	2. Ultrasound equipment
<b>Operation theatre services</b> 1. Space 2. Anaesthetist or anaesthesia technician	3. OT equipment 4. Drugs and supplies

## F. Infection control and waste management criteria

ASSESSMENT CRITERIA	
Infection control – Hand washing	
1. Hand washing basin with running water 2. Soap	3. Towel 4. Gloves
Personal protection materials	
1. Face masks 2. Safety goggles 3. Heavy duty leather gloves	4. Gowns 5. Industrial boots

<b>Waste collection materials</b>	
1. Safety boxes	2. Colour-coded plastic bags
<b>Waste treatment equipment</b>	
1. Autoclave for waste treatment	2. Autoclave test strips
<b>Disinfection of service provision areas</b>	
1. Cleaning materials	2. Chemical disinfectant

## G. Input criteria for basic EmONC services at the THQ hospital

### G.1 – Civil works

<b>CIVIL WORKS SCOPE</b>	
<b>OPD</b> 1. Consultation area	2. Examination area 3. Hand washing facilities
<b>Female ward</b> 1. Patient area	2. Functional attached washroom
<b>Labour room</b> 1. Delivery room	2. Scrub area 3. Functional attached washroom for patients
<b>Clinical laboratory</b> 1. Laboratory room	2. Working area 3. Functional attached washroom
<b>LHV's room</b> 1. Consultation area	2. Examination area 3. Hand washing facilities
<b>Residence - WMO</b>	· Available · Good condition
<b>Residence - LHV</b>	· Available · Good condition

### G.2 – Human resources

<b>HUMAN RESOURCES</b>			
<b>Category</b>	<b>Number</b>	<b>Category</b>	<b>Number</b>
WMOs	2	LHVs	2
OT technician	1	Ambulance drivers	1
Lab technician	1	-	-

### G.3 – Equipment

EQUIPMENT	
<b>General hospital</b> 1. Ambulance	2. Electric water cooler
<b>Female ward</b> 1. Fowler bed (Iron) 2. Attendant's bench 3. Bed side locker	4. Screen folding (Complete) 5. B P Apparatus mercury – Desk type 6. Baby cot
<b>OPD</b> 1. Weighing machine (Adult)	2. Infant weighing machine 3. Examination lamp
<b>Labour room</b> 1. Foetal stethoscope 2. Electric instrument sterilizer (12"x6") 3. Jar for forceps 4. Spring type dressing forceps (S.s) 5. Sim's speculum (Right angle, small) 6. Sim's speculum (Right angle, medium) 7. Sim's speculum (Right angle, large)	8. Sponge forceps 9. Artery forceps (Long, straight) 10. Uterine sound 11. Vulsellum forceps 12. Scissors (Dissecting, blunt pointed) 13. Artery forceps 14. Blunt-ended scissors

### G.4 – Drugs and supplies

DRUGS & SUPPLIES	
<b>Supplies</b> 1. Gloves 2. Clean / Safe delivery kit 3. Disposable/ Auto disable syringes	4. Reagents/ strips for routine lab tests 5. Screening kits for Hep B,C & HIV 6. Blood grouping reagents
<b>Tracer drugs</b> 1. Injection Dexamethasone 2. Injection Adrenaline 3. Injection Atropine 4. Injection Ampicillin 5. Capsule Amoxicillin 6. Syrup Amoxicillin 7. Tablet Metronidazole 8. Syrup Metronidazole	9. Tablet Iron 10. Tablet Folic acid 11. Tetracycline Ointment 12. Injection Oxytocin 13. Injection Magnesium Sulphate 14. IV solutions 15. Syrup Salbutamol 16. Syrup Chloroquine 17. Syrup Zinc Sulphate 18. Injection Diclofenac Sodium
<b>Vaccines</b> 1. BCG 2. OPV	3. Penta-valent 4. Measles 5. TT

<b>Family planning commodities</b> <ol style="list-style-type: none"> <li>1. Condoms</li> <li>2. COC</li> <li>3. POP</li> </ol>	<ol style="list-style-type: none"> <li>4. IUCDs</li> <li>5. Injection DMPA</li> <li>6. Injection Net-En</li> </ol>
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## G.5 – Support services

SUPPORT SERVICES	
<b>Laboratory services</b> <ol style="list-style-type: none"> <li>1. Basic laboratory tests</li> </ol>	<b>Ambulance services</b> <ol style="list-style-type: none"> <li>1. Functional ambulance</li> <li>2. Ambulance driver</li> </ol>

