



## Health Facility Assessment Sindh 2015-16

Health facility assessments (HFAs) are increasingly used to measure the functioning and readiness of health facilities. In Sindh, health systems are facing multiple challenges that range from aging healthcare infrastructure, deficient human resource to the dearth of medicines, supplies, and equipment. While the Government of Sindh is committed to implementing reforms agenda, in the form of: Sindh Health Sector Strategy 2012-2020, for improving the health of the people of Sindh; Essential Packages of Health Services, and contracting out of health facilities, a need for comprehensive facility level data was envisaged to lay down the foundation of these actions. With this in backdrop, Department of Health (DOH) Sindh requested for technical assistance to Health Systems Strengthening (HSS) Component of USAID’s Maternal & Child Health (MCH) program to conduct a comprehensive assessment of all the existing health facilities in the province.

The aim of the HFA was to assess the functioning of systems and structures in the public sector to generate evidence for informed planning, with specific objectives of assessing:

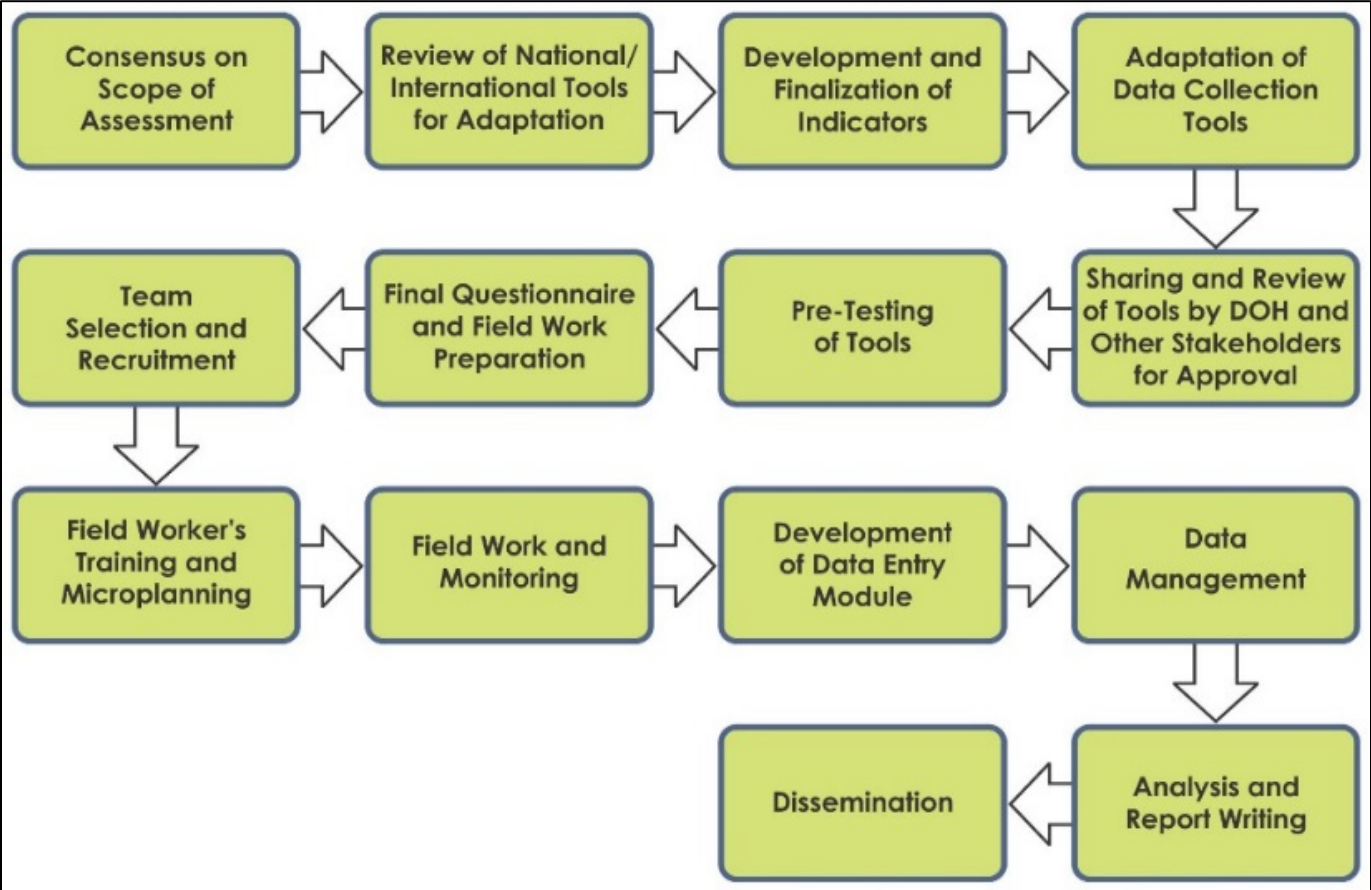
- 1) General facility readiness in:
  - a. Management
  - b. Human resource
  - c. Basic amenities
  - d. Infrastructure
  - e. Drugs and supplies
  - f. Equipment and Diagnostics
- 2) Availability of healthcare services
- 3) Service specific readiness for a set of specialized services, and specific recommendations on bridging the identified gaps.

District Head Quarter Hospital	15
Taluka Head Quarter Hospital	58
Rural Health Center	121
Basic Health Units	734

### Scope of HFA

A total of 928 health facilities (15 DHQ hospitals, 58 THQ Hospitals, 121 RHCs, 734 BHUs) were assessed in 23 districts of Sindh, excluding Karachi. Data collection was done using customized tools adapted from the Service Provision Assessment (SPA) of MEASURE-USAID and WHO’s Service Availability & Readiness Assessment (SARA) methodology. The survey work started in August 2015 and was concluded by the end of December 2015. In each district, a trained team comprising of a medical doctor and paramedic collected the data on paper-based questionnaires. Robust monitoring and quality assurance activities were carried out throughout the data collection exercise. To carry out the assessment, a number of quantitative techniques were used. The data was collected through interviews of facility in-charge and other staff members, along with physical validation and observation of facility records. Starting from the first step of conceptualization and building consensus among stakeholders, the process of the HFA followed a standardized methodology.

Health Facility Assessment has shown gaps in all domains and at all levels of healthcare. At each level of care, certain domains have disconcerting issues. HFA has quantified the HR gaps, infrastructure deficiencies and logistics-related gaps. This evidence-based information should be utilized to plug these gaps so that coverage and quality of services can be improved to achieve the desired health outcomes for the people of Sindh.



Recommendations given for each level of care contained in the level specific reports have taken into account these concerns, where majority of interventions are applicable across the board yet some demand more emphasis at a particular level of care. Salient features:

**DHIS**

The availability and maintenance of DHIS tools at all the levels of facilities was not up to the mark. None of the DHQs had a complete set of DHIS tools. Complete set of DHIS tools was available at only seven THQs and three RHCs. The table depicts availability of DHIS tools in specific range at different health facility levels.

Range	DHQ	THQ	RHC	BHU
100%	0	7	3	4
80%-99%	9	32	54	208
50%-79%	6	19	53	456
Less than 50%	0	0	11	66

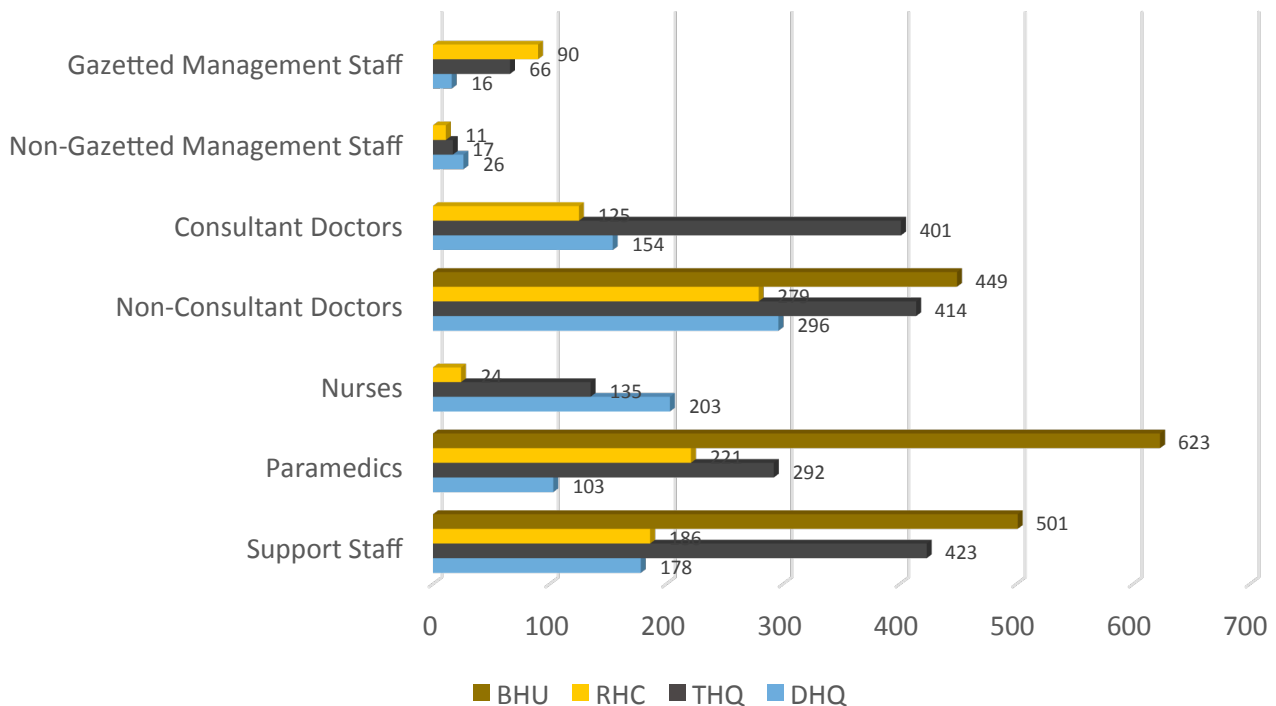
## Human Resources

The human resource domain is divided into two sub-domains: management staff and service provider staff. Management staff sub-domain is further segregated into gazetted, non-gazetted and support staff. Service provider staff includes specialists, non-specialist doctors, nurses and paramedics. The assessment showed gaps between sanctioned and filled staff positions for all cadres at all levels.

	DHQ		THQ		RHC		BHU	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
Gazetted Management Staff	52	36	172	106	221	131		
Non- Gazetted Management Staff	101	75	152	135	96	85		
Consultant Doctors	247	93	509	108	190	65		
Non-Consultant Doctors	560	264	1290	876	782	503	734	285
Nurses	393	190	536	401	104	80		
Paramedics	762	659	1757	1465	1473	1252	2351	1728
Support Staff	1379	1201	2805	2382	1798	1612	3101	2600

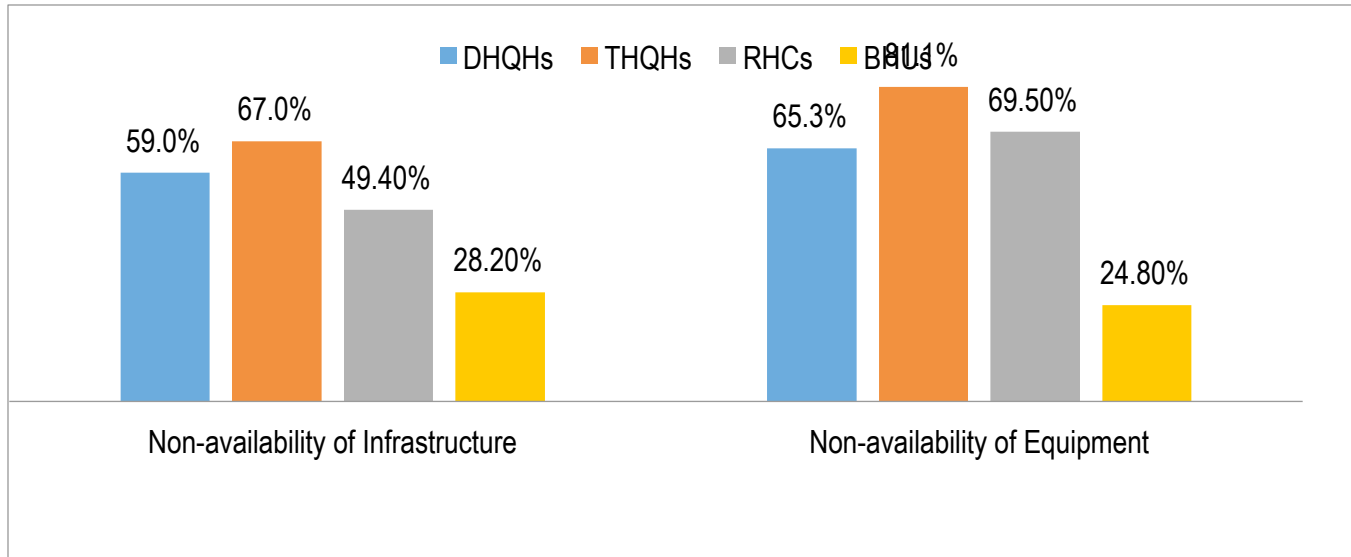
A large number of positions for consultants and non-consultant doctors were found vacant at all level of health facilities. The figure below depicts different category of vacant positions at health facilities.

### Vacancies at Health Facilities



## Infrastructure & Equipment

Status of facilities building components was assessed taking into account the level of facility and its peculiar requirements. Overall availability status of infrastructure presented a significant gap % and mostly it was due to non-existence of certain departments and components. Functional equipment was also assessed according to level specific requirements. There were certain service delivery areas at DHQH & THQH where equipment were drastically short; such as ICUs, inpatient service areas, casualty & emergency department and operation theatres. Details of these gaps is shown in the following bar plot.



### Dissemination Plan:

The project plans to produce health facility level wise reports (DHQ, THQ, RHC and BHU). Provincial and district-level reports would be developed after the completion of health facility reports. **One provincial level and 23 district level reports with facility-wise information will be prepared.** Database reports will be developed for different categories of health facilities and 23 district reports (database of each facility).

1. HFA Dissemination workshop conducted at DGHS Sindh office with participation of 23 district health officers and provincial officers.
2. Meeting with Secretary Health and his team at Karachi for developing dissemination strategy.
3. Meeting with different stakeholders inclusive of PPHI, Vertical Programs and USAID's MCH program partners to disseminate findings and discussing way forward.
4. Health facility assessment reports of all health facility levels; DHQs, THQs, RHCs and BHUs and the provincial brief will be shared with the Government of Sindh.

### Actions required by DOH Sindh

- The Department of Health is requested to take necessary actions to address gaps identified in Health Facility Assessment reports.
- Share any Technical Assistance required from the HSS Component to prepare plan to strengthen health facilities readiness.
- Department of Health to develop action plan.