



Aims to save lives in times of crisis and help rebuild the shattered health services structure in the country during natural disasters, conflict, and disease or health system collapse

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**ANNUAL REPORT 2016-17**  
DISTRICT THATTA & SUJAWAL, SINDH





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## List of Abbreviations

ANC	Antenatal Care
A&E	Accident & Emergency
CCU	Cardiac Care Unit
CEO	Chief Executive Officer
CKD	Chronic Kidney Disease
CS	Clinical Superintendent
DHQ	District Headquarter Hospital
EPI	Extended Programme on Immunization
HCWM	Health Care Waste Management
HF	Health Facility
HRM	Human Resources Management
HSS	Health System Strengthening
ICU	Intensive Care Unit
IDP	Internally Displaced Persons
IP	Infection Prevention
IPD	Inpatient Department
MBBS	Bachelor of Medicine, Bachelor of Surgery
MEAL	Monitoring, Evaluation, Accountability & Learning
MERF	Medical Emergency Resilience Foundation
MLMIS	Medicine Logistic Information Management System
MNCH	Maternal, Newborn and Child Healthcare
MS	Medical Superintendent
NSC	Nutrition Stabilization Center
OPD	Outpatient Department
OT	Operation Theater
OTP	Outpatient Therapeutic Program
RHC	Rural Health Centre
RTA	Road Traffic Accident
SAM	Severe Acute Malnourished
THQ	Tehsil Headquarter Hospital
USG	Ultrasonography
WASH	Water, Sanitation and Hygiene



## INTRODUCTION

Medical Emergency Resilience Foundation (MERF) has been awarded management contract by the Government of Sindh, under Sindh Public Private Partnership Act 2010, to outsource the management and operations of 13 Government health facilities (HFs) in district Thatta and Sujawal. The facilities include one District headquarter (DHQ) Hospital, four Tehsil headquarter (THQ) hospitals and eight Rural Health Center (RHCs) (Table 1).









Contracted Out Health Facilities of District Thatta & Sujawal				
Serial	District	Tehsil	Name of Health Facility	Type of HF
1	Thatta	Thatta	DHQ Hospital Thatta	DHQ
2	Thatta	Mirpur Sakro	THQ SZMC MP Sakro	THQ
3	Thatta	Keti Bander	RHC Baghan	RHC
4	Thatta	Keti Bander	RHC Keti Bander	RHC
5	Thatta	Ghora Bari	RHC Var	RHC
6	Thatta	Mirpur Sakro	RHC Gharo	RHC
7	Thatta	Thatta	RHC Jherruck	RHC
8	Thatta	Thatta	RHC Junghshahi	RHC
9	Sujawal	Sujawal	THQ Sujawal	THQ
10	Sujawal	Mirpur Bathoro	THQ MP Bathoro	THQ
11	Sujawal	Jati	THQ Jati	THQ
12	Sujawal	Shah Bander	RHC Chuhar Jamali	RHC
13	Sujawal	Mirpur Bathoro	RHC Darro	RHC

Table 1: Contracted out Health Facilities of District Thatta & Sujawal

Under the provisions of the agreement signed with Government of Sindh, MERF is required to improve primary health care services provision in eight RHCs, Improve secondary health care services provision in four THQ hospitals and one DHQ hospital and strengthening district monitoring and evaluation systems to promote evidence based planning and decision making for quality improvement. The objective of the project is to reduce morbidity and mortality among the targeted population of district Thatta and Sujawal by improving access to quality healthcare services as per minimum Services Delivery Package (MSDP) Sindh. This performance based agreement has been initially signed for a period of five years starting from 2016 till 2020.



## ACHIEVEMENTS IMPROVEMENT IN SERVICE DELIVERY - SUMMARY

	<p><b>1451822</b> Outpatient Consultations, <b>40%</b> ↑ as compared to the last year <b>26%</b> increase in General &amp; <b>67%</b> increase in Specialized OPD</p>
	<p><b>240371</b> Accident &amp; Emergency cases dealt, <b>79%</b> ↑ as compared to the last year</p>
	<p><b>32593</b> women had Ante &amp; Postnatal visits, <b>51%</b> ↑ as compared to the last year <b>52%</b> increase in Antenatal Care (ANC-1) &amp; <b>45%</b> increase in Postnatal Care visits</p>
	<p><b>12045</b> Deliveries conducted, <b>13%</b> ↑ as compared to last year <b>12%</b> increase in Normal Vaginal Deliveries &amp; <b>19%</b> increase in Cesarean Sections</p>
	<p><b>62264</b> patients have been admitted, <b>9%</b> ↑ as compared to the last year</p>
	<p><b>1471</b> Major Surgeries performed, <b>42%</b> ↑ as compared to the last year</p>
	<p><b>2483</b> Renal Dialysis sessions conducted, <b>57.5%</b> ↑ as compared to the last year</p>
	<p><b>158343</b> Diagnostic Investigations, <b>37%</b> ↑ as compared to the last year</p> <ul style="list-style-type: none"> <li><b>39%</b> ↑ in Laboratory Investigations</li> <li><b>52%</b> ↑ in X-Ray services</li> <li><b>18%</b> ↑ in Ultrasonography</li> <li><b>66%</b> ↑ in ECG</li> </ul>

## NEW INITIATIVES IN SERVICE DELIVERY - SUMMARY

	<p>State of Art Labour Room built at DHQ Thatta equipped with 06 Delivery tables, establishment of CEmONC at THQ Sujawal</p>
	<p>Ophthalmic Surgeries including Phacoemulsification for cataract, most modern and safe technique.</p>
	<p>Endoscopic Urology Surgeries at DHQ Thatta</p>
	<p>Orthopedic Surgeries at DHQ Thatta</p>
	<p>General Surgeries at THQ Sujawal</p>
	<p>A well-equipped 06 Bedded Intensive Care Unit (ICU) at DHQ Thatta to support Surgical Unit and 04 Bedded at THQ Sujawal</p>
	<p>A well-equipped 06 Bedded Cardiac Care Unit (CCU) at DHQ Thatta and 04 Bedded at THQ Sujawal</p>
	<p>Neonatal Unit at DHQ Thatta, equipped with 08 Incubators, radiant warmers and Photo therapy machines &amp; Stabilization Centre</p>

## FINANCIAL (BUDGET) SUMMARY, 2016-2017

	<p><b>363.137</b> million PKR received for the year 2016-2017  <b>24.45%</b>  than the original budget as per the budget book (<b>480,702,483</b>)  <b>55.57%</b>  than the approved revised budget (<b>PKR 817,473,483</b>)</p>
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## OPD Consultations

OPD consultations in all the thirteen contracted out HFs showed an upward trend in the last three quarters of 2016 – 2017 under MERF's management. A consistent increase can be observed whilst comparing the progress with previous year quarters (Figure: 1). 1451822 Outpatient Consultations have been recorded during 2016 – 2017 and average daily OPD has been increased from 2850 to 3977, 40% increase as compared to last year.

Specialized OPD Consultations have been increased by 67 % as compared to the previous year, due to induction of 37 specialist doctors in the secondary care hospitals of Thatta and Sujawal. Similarly General and Dental OPD have been increased by 26% and 30%. Average daily OPD Attendance target has been achieved 37% more than the set daily target since October, 2016 till June, 2017.

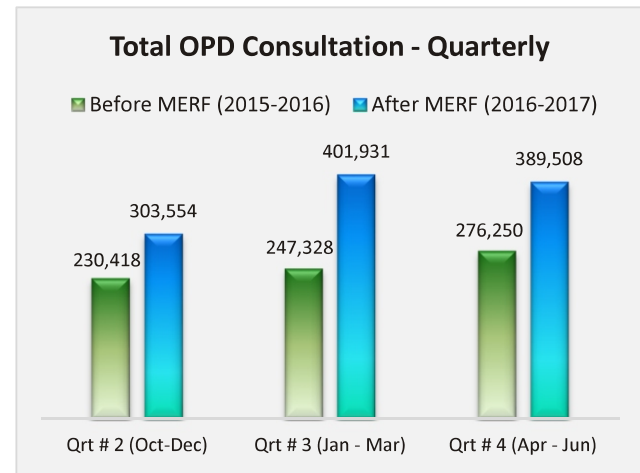
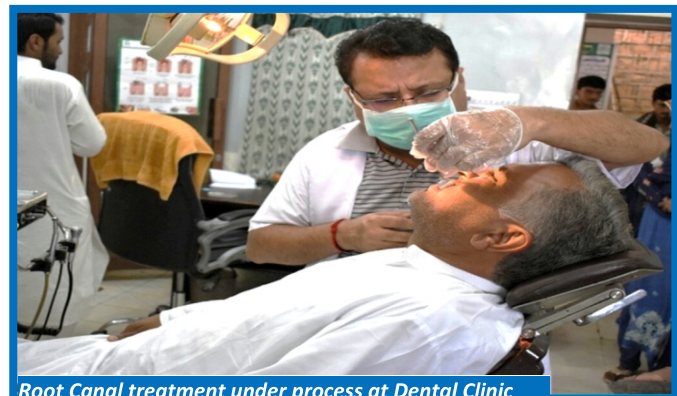


Figure # 1: Total OPD Consultation - Quarterly

Indicator	Baseline (Oct)	Target (Jan-Jun,17)	Achievement	Achieved %
Average Daily OPD Attendance	266	300	410	137%



## Accident & Emergency (A&E) Services

As a result of strengthening A&E Units in terms of Human Resource, capacity building of staff, SOP's, equipment and availability of emergency medicines, the emergency utilization rate has been substantially increased since the project started in October 2016.

All 13 Hospitals offers 24/7 A&E services and the daily A&E case load has been increased from 368 to 744, 79% increase as compared to 2015-2016 (Graph #2). A&E Units of DHQ Thatta & THQ Sujawal A&E daily case load has been increased 63% & 40% respectively.

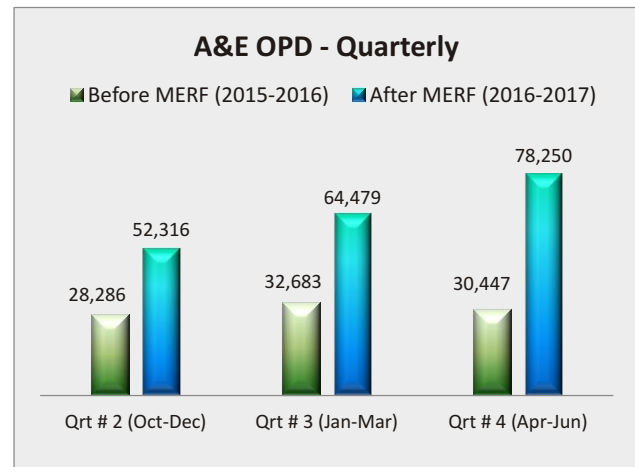


Figure # 2: A&E OPD - Quarterly

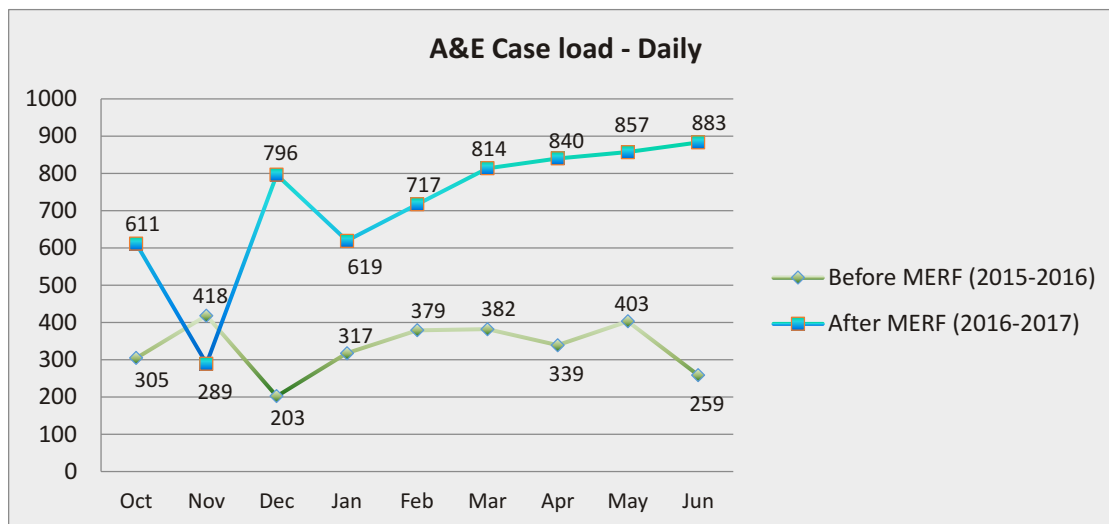


Figure # 3: A&E Case load - Daily



Road Traffic Accident (RTA) dealt at A&E Unit – THQ Sujawal



Female A&E Observation chamber – DHQ Thatta





## Maternal & Child Health (MCH) Services

Improving the well-being of mothers, infants, and children determines the health of the next generation. MERF has put a special focus on provision on quality maternal & child healthcare services at all the contracted out HF's of Thatta & Sujawal.

A new state of the Art, well equipped Labour Room has been built at DHQ Thatta with capacity of 06 Delivery tables. THQ Sujawal started CEmONC services after many years.



Gynae/OBS Ward – THQ Sujawal

Antenatal and postnatal care visits have been increased 52% and 45% respectively as compared to last year. Similarly 12% increases has been observed in the HF based vaginal deliveries and 19% in Caesarean Section.

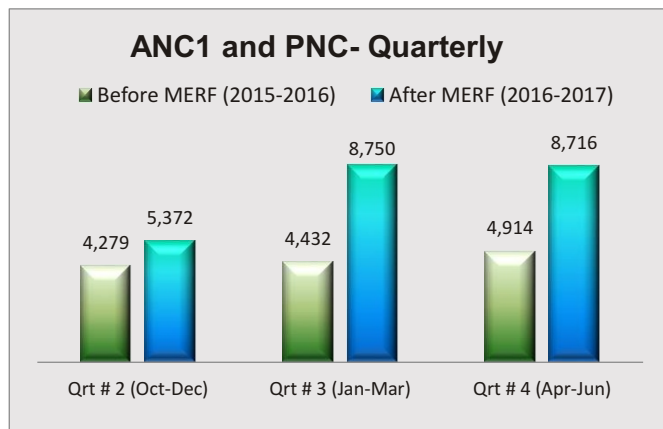


Figure # 4: ANC-1 & PNC - Quarterly

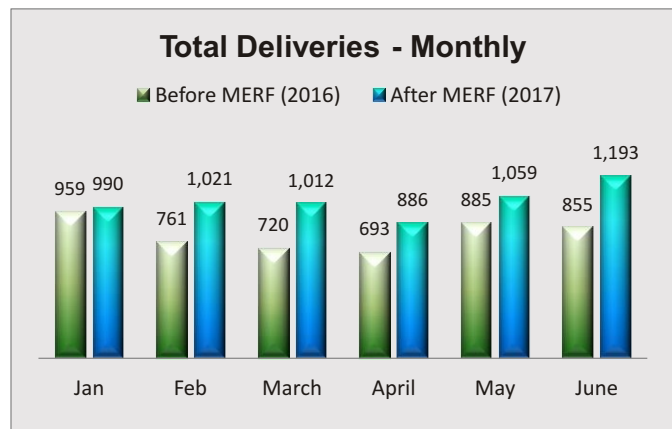


Figure # 5: Total Deliveries - Monthly

Indicator	Baseline (Oct)	Target (Jan-Jun,17)	Achievement	Achieved %
Percentage of Delivery Coverage at HF	30%	35%	69%	197%
Percentage of Antenatal Care visit Coverage	52%	58%	267%	461%
Percentage of Postnatal Care visit Coverage	24%	27%	38%	140%

Table 2: Percentage achievement against MCH targets set and comparison with baseline



Gynae/OBS Ward – DHQ Thatta



Newly constructed Labour Room – DHQ Thatta



### Neonatal Unit

The newly established neonatal unit of the DHQ Hospital Makli provides expert 24/7 hospital care for premature and sick babies. Neonatal Unit is currently equipped with 10 incubators, Radiant warmers and Phototherapy machine. Bed occupancy has been 100% since the unit started its services. The Unit still requires to be equipped with advanced life support equipment and additional incubators. Before MERF the unit only had two incubators. Provision of Kangaroo Mother Care (KMC) for premature babies will also be introduced soon at the Neonatal Unit.



### Indoor Services

During 2016-2017 a total of 62,264 patients have been admitted in Gynecology/Obstetric, Medicine, General Surgery, Pediatrics, Orthopedic, Urology and Cardiology of all the thirteen HF's of Thatta & Sujawal, 9% increase as compared to the last year.

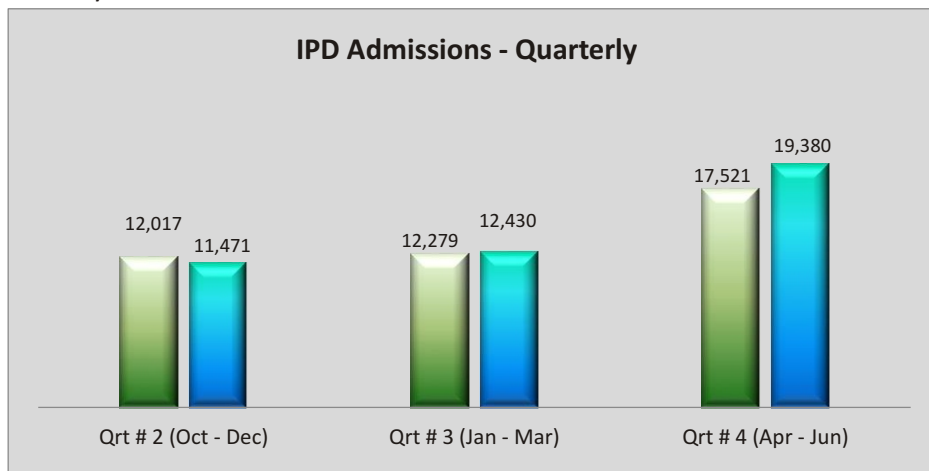


Figure # 6: IPD Admissions - Quarterly





## Surgical Procedures

7,279 major and minor surgeries have been performed during 2016 – 2017. Major Surgeries have increased by 42% as compared to the last year. Apart from general major surgeries, DHQ Thatta currently offers endoscopic urology surgeries and orthopedic surgeries. Eye Unit offers Phacoemulsification for cataract, the most advanced and safe technology. THQ Sujawal Surgical unit has been made functional almost after a decade and now offers general surgeries.

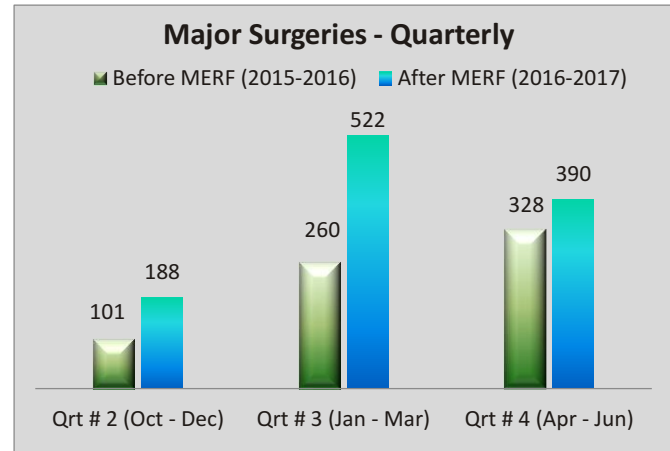


Figure # 7: Major Surgeries - Quarterly



## Diagnostic Services

Diagnostic Investigations have been increased by 37% in 2016 -2017 as compared to the last year. Laboratory Investigations X – Rays, Ultrasound and ECG services have been showing upward trend in 2016 -2017 due to induction of trained staff, equipment and extended hours of the services.

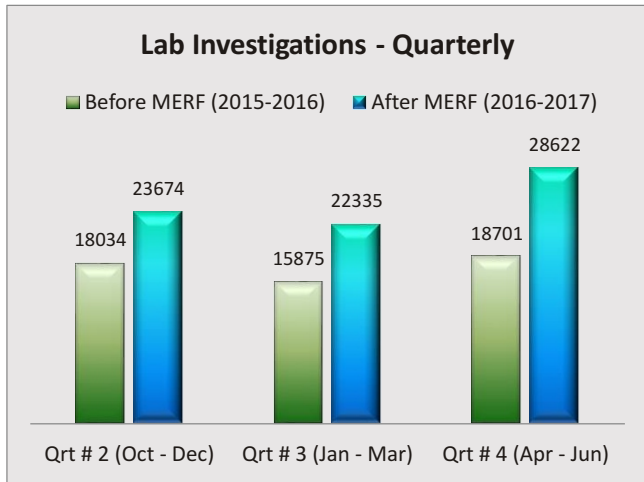


Figure # 8: Lab Investigation - Quarterly

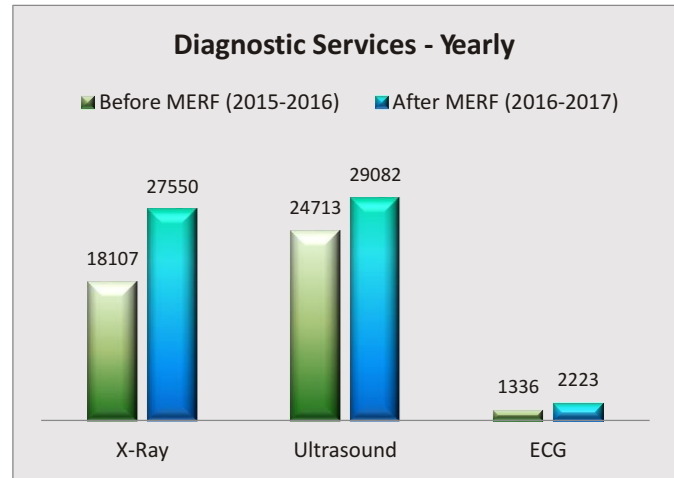


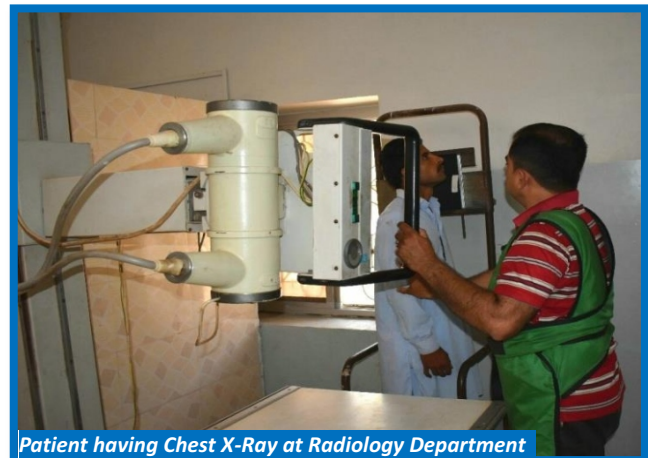
Figure # 9: Diagnostic Services - Yearly

Diagnostic Investigations	2016 - 2017	2015 - 2016	Percentage Increase
Laboratory Investigations	99,488	71,468	39%
X - Rays	27,550	18,107	52%
Ultrasounds	29,082	24,713	18%
ECG	2,223	1,336	66%

Table 3: Diagnostic Services comparison 2015 – 2016 & 2016 – 2017



Patient having phlebotomy at Diagnostic Laboratory



Patient having Chest X-Ray at Radiology Department



## Dialysis Centre

Dialysis unit at DHQ Thatta started its services in 2012 with main goal is to provide high quality dialysis treatment to those suffering from chronic kidney disease (CKD) at the door step. Dialysis unit is currently the only fully-equipped dialysis center in District Thatta & Sujawal with eight dialysis machines, and conduct approximately 2500 dialysis sessions each year.

Before MERF, the total running expenses including HR of the dialysis unit were from individual donations. The Unit was struggling to be run solely on donations. In 2017, MERF hired the trained staff of the dialysis center and reduced the burden on the running expenses of the dialysis unit.

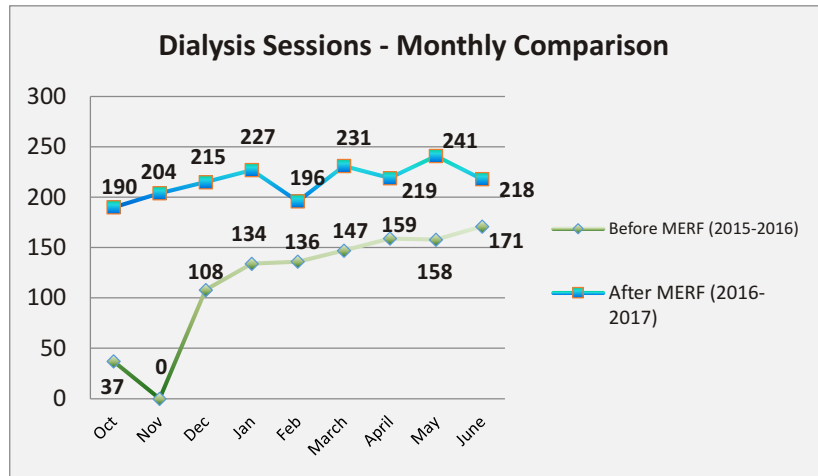


Figure # 10: Dialysis Sessions – Monthly Comparison

The number of dialysis sessions started to increase since November 2016. During 2016 – 2017, 2483 number of dialysis sessions have been conducted, 57.5 % increase as compared to last year.

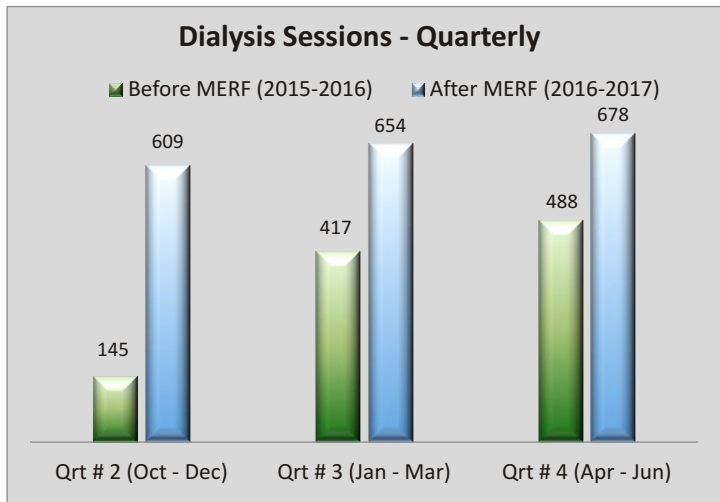
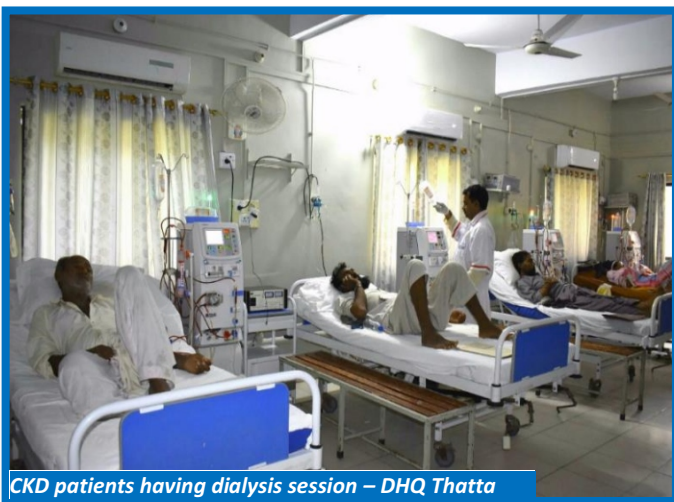


Figure # 11: Dialysis Sessions – Quarterly

## HEALTHCARE WASTE MANAGEMENT (HCWM)

MERF have designed and implemented Health Care Waste Management System in all the 13 HFs of district Thatta and Sujawal, Sindh. Well qualified and dedicated team has been hired to implement the standards and protocols outlined under Sindh Environment Protection Act 2014 (VIII of 2014) and World Health Organization (WHO) recommended Procedures and SOPs for proper disposal of health care waste generated in health facilities.

HF's management and Focal persons have been trained to trickle down the training to the HF staff.

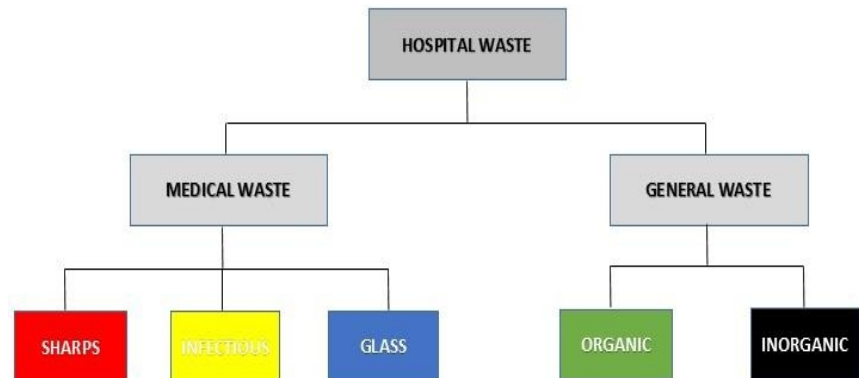


Table 4: HCWM – Segregation of Hospital waste



## WAREHOUSE AND SUPPLY CHAIN

Before MERF, there was no defined mechanism of supplying medicine to the HFs. The approach adopted was that staff were called from the HF to district stores and were issued medicine as per availability of stock. To improve the supply chain of medicines and medical consumables, MERF hired trained and qualified Pharmacists, experienced warehouse staff and trained DoH Staff.





These established Standard Supply Chain Mechanisms maintain steady supply of medicine to all the supported HFs. This process involves generation of Stock Request.

Form (SRF) from the HF; approval and packing of supplies for transportation to HF through rented vehicles; and stock inspection at the HF before generating Goods Receiving Note (GRN). Further, standard stock management tools are implemented, both at the Warehouse and Pharmacies, such as, bin cards, stock registers, expense registers, expiry calendars.



Main Medicine Store of THQ Sujawal – Before MERF



Main Medicine Store of THQ Sujawal – After MERF

## MEDICAL SUPPLIES AND EQUIPMENT

After a comprehensive assessment of available equipment during initial months of the project, MERF procured 29 Million PKR worth of required equipment to provide services as per minimum standard. The equipment procured included, Anesthesia machines, OT tables and lights, Ultrasound machines, Phaco Machine, patient monitors, ECG machines, Cardiac Defibrillators, Delivery tables, ICU/CCU and indoor patient beds, Blood Bank Refrigerator, office furniture's, waiting benches, Colour coded bins etc; ! complete new oxygen lining has been fitted in DHQ Thatta and THQ Sujawal.



Neonatal Unit – DHQ Thatta



Cardiac Care Unit (CCU) – DHQ Thatta

## RENOVATION OF HEALTH FACILITIES

In 2016 – 2017, MERF renovated six HFs, five secondary level and one primary level. Nature of rehabilitation work ranged from minor & major repair, paint work, plantation, and provision of water supply, plumbing and sanitation work, electric work, signboards and construction. MERF has completed all the groundwork and prepared BOQs for rehabilitation work of the remaining HFs.

S. No.	Health Facility Name	District	Cost
1	DHQ Hospital Makli	Thatta	20,778,370
2	THQ Hospital Sujawal	Sujawal	7,575,779
3	THQ Hospital MP Bathoro	Sujawal	2,454,849
4	THQ Hospital MP Sakro	Thatta	4,078,633
5	THQ Hospital Jati	Sujawal	4,165,796
6	All RHCs	Thatta / Sujawal	5,954,627

Table 5: Health Facilities Renovation Cost



*Indoor Unit & Outer Lawn of DHQ Hospital Thatta*







Accident &  
Emergency Unit  
(A&E)  
THQ Sujawal



OPD & IPD  
Corridors  
THQ Sujawal





## HUMAN RESOURCE MANAGEMENT

According to the HR mapping exercise in the baseline assessment, there were a total of 1513 positions sanctioned for the 13 health facilities. A total of 1115 positions were filled while 398 positions were vacant. After the takeover of HFs, MERF re-assessed the HR needs of the facilities as per service delivery and started to fill the vacant positions on emergency basis. As of June ended 2017, sum of 365 positions have been filled by MERF (Table: 6).

Worth mentioning progress has been observed in the hiring of Consultants, Medical Officers and Paramedic Staff (Figure: 12).

It was also observed that staff in the district has been unevenly distributed with concentrations towards the urban areas leaving most of the positions vacant in the remote health facilities of the district. MERF has rationalized to staff as per service delivery demand of the HFs.

Status of Staff Hired by MERF					
S#	Name of Positions	DHQ	THQs	RHCs	Total
1	Consultant/Specialist	4	9	1	14
2	Dental Surgeon	1	1	2	4
3	Registrar	6	6	9	21
4	Medical Officer	24	38	13	75
5	Assistant Pharmacist	0	4	0	4
6	Dispenser Pharmacy	5	10	12	27
8	Technician	12	15	1	28
9	Staff Nurse	18	21	2	41
10	Midwives	4	2	5	11
11	Lab Staff	14	0	0	14
12	LHV	0	2	1	3
13	Aya / Dai	15	17	12	44
14	Cleaner	35	33	11	79
	<b>Total</b>	<b>138</b>	<b>158</b>	<b>69</b>	<b>365</b>

Table 6: Human Resource Analysis - Sanctioned, filled and vacant

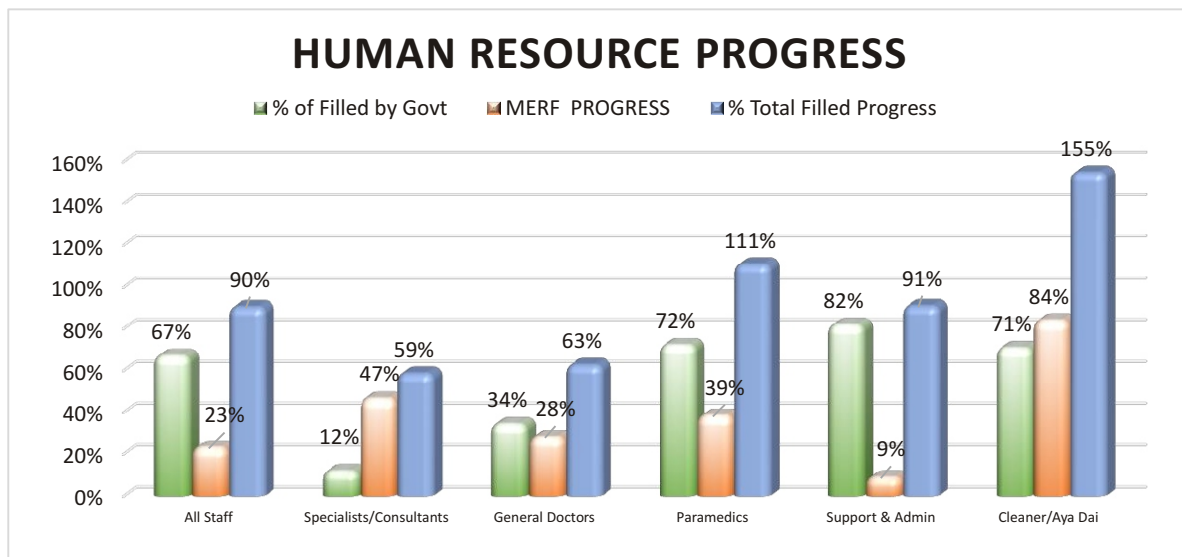


Figure # 12: Human Resource Progress



## FINANCIAL MANAGEMENT

MERF received PKR 363,137,000 during the fiscal year 2016-17 which was 24.45% less than the original budget as per the budget book (480,702,483) and 55.57% less than the approved revised budget (PKR 817,473,483) for 2016-17. The receivable amount was provided in two trenches; one in November 2016 and other in May 2017. Reduced and delayed funds disbursement were the major hindrance in further improving the service delivery. Financial summary is in the table below:

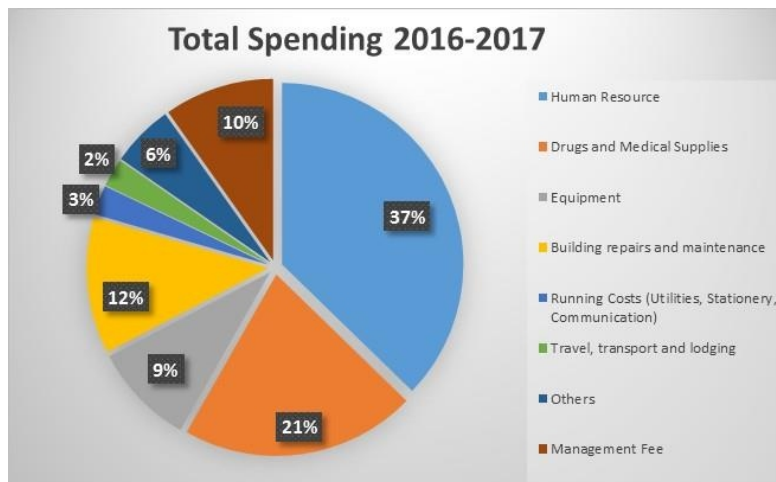


Figure # 13: Total Spending (2016-2017)

Description	Total Revised Budget for 2016-17	Total Original Budget as per Budget Book for 2016-17	Budget Received	Total Spending
Human Resource	236,096,483	236,096,483	118,561,000	137,982,359
Drugs and Medical Supplies	183,039,596	72,004,472	81,435,120	77,620,631
Equipment	114,169,000	27,869,000	35,869,000	33,748,675
Building repairs and maintenance	127,774,000	35,597,000	44,597,000	45,008,054
Running Costs (Utilities, Stationery, Communication)	6,174,000	6,174,000	11,174,000	9,716,791
Travel, transport and lodging	4,713,000	4,713,000	10,713,000	9,275,618
Others (Uniform, training, diet charges, purchase of O2 gas, x ray films etc.)	63,760,056	50,178,280	24,501,180	20,624,181
Management Fee @ 10%	81,747,348	48,070,248	36,316,700	36,316,700
<b>Total</b>	<b>817,473,483</b>	<b>480,702,483</b>	<b>363,167,000</b>	<b>370,293,009</b>

Table 7: Head wise Utilization of Budget

## CAPACITY BUILDING

MERF, in collaboration with the D epartment of Health, Government of Sindh, Malteser International, Amman Foundation Ambulance Service and JHPEIGO, conducted a number of trainings for service provi ders in 2016 - 2017. Detail of the trainings in the table # 8.



Capacity Building Activities				
S.NO.	Capacity Building Activity	Participants Involved	Participants	Facilitated By
1	Supply Chain and Warehouse (Pharmacy Management)	Pharmacist, Dispenser and Management of all Health Facilities	30	MERF
2	Health Care Waste Management	Management of all Health Facilities & HF Focal Persons	20	MERF
3	Medicine Logistic Management Information System (MLMIS)	Logistic Team, Pharmacist, Dispenser, MEAL Team, Management of all Health Facilities	42	MERF
4	Monitoring Evaluation Accountability & Learning	MEAL Team and Management of all Health Facilities & HF Focal Persons	16	MERF
5	Complaint Feedback Response Mechanism	Management of all Health Facilities & HF Focal Persons	20	MERF
6	Training on BLS	Paramedic Staff	10	MERF In collaboration with AMAN Foundation

Table 8: Details of Training / Capacity Building Activities (2016 -2017)



## MONITORING & EVALUATION

Components of MERF's Monitoring and Evaluation system mainly comprise of the three components:

### 1. Achievement against Set Indicators

Promising progress has been achieved against most of the performance indicators; achievements have been discussed in detail under 'Service Delivery Improvement' section; After receiving the monthly reports of the constituents HFs, MEAL performs data analysis and provide regular feedback to individual HFs enabling them to take timely corrective measures for target achievements and improved performance.

#### Lot Quality Assurance Sampling (LQAS)

To ensure the quality of reported data, its accuracy is checked on monthly basis through LQAS technique in all the 13 HFs of Thatta and Sujawal. The findings are very encouraging and data accuracy has reached to 60% and 59% in Q3 and Q4 respectively, 14 % increase as compared to the set baseline of 46% (Graph: 14 ).

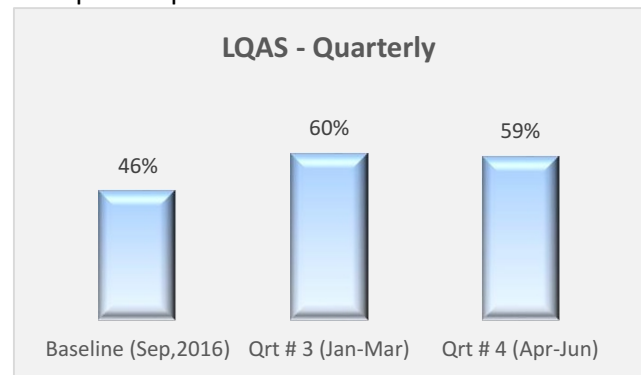


Figure # 14: LQAS - Quarterly

### 2. Monitoring Visits

During 2016 -2017, a number of monitoring visits have been carried out by the District MERF Team, officers of the District Administration, Honorable Judges of the District, Senior Officials of DoH. Each monitoring visit focus both on quantitative and qualitative issues comprising HF status, achievement against set targets, staff attendance, pharmacy section and DHIS reporting. Main issues identified were, among others, Electricity and Water supply issues; Staff Absenteeism; general issues regarding waiting areas; HCWM and Stock outs.

#### Patient Exit Survey

To improve the quality of service delivery and patient's satisfaction level, Patient Exit Surveys have been conducted on quarterly basis. According to the findings of these surveys, 96% patients were overall satisfied with quality of healthcare services, 2% were neutral and 2% were not satisfied in the 13 HFs of Thatta and Sujawal. The reason for not being satisfied were accessibility issues to the HFs.

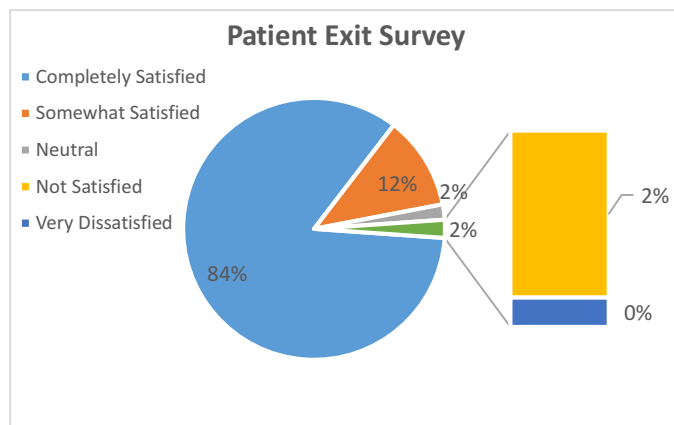


Figure # 15: Patient Exit Survey

### 3. Grievance Redressal Mechanism (GRM/Complaint Response Mechanism)

The MEAL Unit activities are supplemented with feedbacks from general community via letters, text messages and Phone calls at district and HF level. Community Health Committee members & District Administration are also proving very effective in strengthening GRM by informing District Team regarding urgent and important issues on time.