



(All communications should be addressed to the Project Director and not to any official by name.)

Contact: 091-9211605 Website: https://hcip.healthkp.gov.pk/

Address. House # 240, Street # 13, Defence Colony, Shami Road Peshawar

Health Facility Monitoring Report

Health Facility	Basic Health Unit (BHU) 24/7, Jhagra, Peshawar
Date:	September 17, 2025
Team	Ms. Mehreen Saba and Sumaira Khan M&E Assistants
Persons met:	1.Dr. Yaseen (Medical Officer)
	2. Qazi Mushtaq(Medical Technician)
	3. Aftab Nisar (EPI Technician)
	4. Saayela (FMT)
	5. Taharat Firdous (LHV)

Executive Summary

BHU Kalabat is a **functional and well-performing** Basic Health Unit with strong fundamentals in service delivery, infrastructure, and reporting systems. It demonstrates high patient throughput and good management in several key areas. However, critical gaps exist in supply chain management (specifically medicine provision), staff training in certain specialized areas, and the availability of a placenta pit, which is a significant concern for a facility conducting deliveries.

Areas requiring attention include the lack of a placenta pit, not opening of the grievance complaint box. There is a need for training on Quality of Care, nutritional assessment and Supply Chain Management. A significant challenge noted is the 12-hour daily electricity load-shedding, for which a solar power solution is urgently recommended.

1. General Facility Information & Infrastructure (Strengths)

- Operational Status: The facility is confirmed as Functional.
- Basic Amenities: The BHU scores excellently here, with all basic amenities available:
 - o Signage, Electricity, Power Backup (UPS), Clean Drinking Water, and separate Waiting Areas.
- Staffing: The facility has a total of 13 staff members, with a good balance of 7 Technical and 6 Non-Technical personnel. Notably, there are no janitorial or caretaker staff deployed under the KP-HCIP project, yet the facility maintains cleanliness (as per later indicators), suggesting effective internal management.

2. Service Delivery Analysis (Major Strengths)

This is the strongest area for BHU Kalabat, indicating it is a critical and active healthcare provider in its catchment area.





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• **High Outpatient Load: 701 OPD** cases in the previous month is a fair number for a BHU, indicating strong community utilization and trust.

• Maternal Health Services:

- o 121 ANC visits show good antenatal care coverage.
- o **9 deliveries conducted** on-site is significant for a BHU.

• Child Health & Immunization Programs:

- o **154 children** treated for diarrhea with Zinc/ORS indicates effective case management of a major child killer (79%), with total number of Diarrhea cases 194.
- o **775 children under 1** fully immunized is an exceptionally high number and suggests either outstanding performance or a potential data reporting error that needs validation.
- **Family Planning: 40 FP visits** is a positive indicator.
- **Referrals:** 0 **referrals** for pregnant women with complications could imply either no complications arose (ideal) or a potential gap in identifying/responding to complications.

3. Reporting Systems (DHIS-2 & Registers) (Strengths)

- **DHIS-2 Reporting:** The facility has submitted its reports, has a functional Android tablet for reporting, and maintains a high frequency of reporting (**50 daily** and **4 monthly** BHU-specific reports).
- **Register Availability:** The BHU is well-equipped with almost all essential registers (OPD, MCH, FP, Stock, etc.). The absence of a **Lab Register** and **Radiology Register** is expected as these services are typically not offered at a BHU level.
- **Critical Gap:** The absence of an **ANC Card** (register 0) is a significant concern, as it directly contradicts the reported 121 ANC visits. This indicates a serious discrepancy in record-keeping for maternal health.

4. Critical Weaknesses

• 1. Labor Room Infrastructure Gap:

 The absence of a Placenta Pit is a major non-compliance with biomedical waste management protocols for a facility conducting deliveries. This poses an environmental and health risk.

• 2. Staff Training required:

- Staff lack training in Nutritional assessment and Supply Chain & Stock Management.
- Staff are also not oriented on Quality of Care, which is a foundational concept for continuous improvement.

• 4. Data Integrity Issues:

 The discrepancy between 121 ANC visits and 0 ANC Cards available requires immediate investigation.

5. Governance & Management (Mixed Performance)





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- **Grievance Redressal Mechanism (GRM):** The system is formally in place (committee, box, register, banners). However, the complaint box is only opened **''after 2 or 3 months,''** which defeats the purpose of a responsive feedback mechanism and shows poor implementation.
- Waste Management: Performance is excellent. The facility has a plan, segregates waste, uses color-coded bins, and maintains high standards of cleanliness (clean floors and washrooms). The deep burial pit and safety boxes for sharps are available.
- **Supervision:** The facility receives regular supervision from IMU and District/Provincial health authorities, though not from the KP-HCIP PMU in the previous month.

Recommendations & Action Plan

Recommendations & Action I fan			
Priority	Recommendation	Responsible Party	
High	Construct a Placenta Pit: This is a mandatory requirement for waste management and must be constructed urgently.	HF Incharge, PHDP/DoH	
High	Data Audit: Investigate the ANC and PNC data discrepancies. Reconcile the MCH register with reported figures and re-train staff on recording.	HF Incharge, M&E Officer	
Medium	Train Staff: Prioritize training on Supply Chain Management and Nutritional Assessment.	DHO, Training Unit	
Medium	Improve GRM: Establish a strict weekly schedule for opening the complaint box and ensure complaints are addressed promptly.	HF Incharge, GRC	
High	Explore Solar Power: The note on "12 hrs electricity load shedding need solar" suggests exploring sustainable energy solutions for better power backup. The facility in-charge requested for the provision of Solar system as UPS batteries are weak and don't provide sufficient backup.	KP- HCIP/DoH	





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Discussion with BHU Incharge

KP-HCIP GRM box installed along with GRM banner





Labor Room

Staff checking medicines