



KHYBER PAKHTUNKHWA HUMAN CAPITAL INVESTMENT PROJECT (KP – HCIP), HEALTH DEPARTMENT PESHAWAR

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

Contact: 091-9211605 E-mail: bilalhsa@gmail.com, Website: <https://hcip.healthkp.gov.pk/>

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



Monitoring Report Health Facility BHU Dagai Swabi

Health Facility	Basic Health Unit (BHU) Dagai, District Swabi (Code: 352001)
Facility Status	Functional: Working Hours 24/7
Date of visit:	29 September 2025
Team	Ms. Mehreen Saba and Sumaira Khan M&E Assistants
Staff met:	1. MT: Iqbal
	2. MT: Khan Zeb
	3. EPI Technician Zeeshan
	4. LHV Nazakat
	5. UNICEF staff: LHV Shumaila
	6. Dai sultan
	7. Dai Nosheen

Summary

The BHU Dagai in Swabi District is a functional, 24/7 operational health facility demonstrating strong performance in several key areas, including service delivery, infrastructure, and availability of essential medicines. The facility maintains a high patient load, successfully conducts deliveries, and has robust systems for record-keeping and waste management. However, critical gaps were identified, primarily in the areas of staff training, supply chain for specific essential items, and the functionality of its Grievance Redressal Mechanism (GRM). The medicine inventory reveals a generally well-stocked facility but with significant, high-risk stock-outs of critical drugs and supplies.

2. Facility Overview & Basic Amenities

The facility operates 24/7, which is a significant strength for a BHU, ensuring continuous access to care. All basic amenities are in place and functional.

- Infrastructure: Signage, electricity, and a functional solar power backup system are available.
- Patient Amenities: Clean drinking water and segregated waiting areas for males and females are provided.
- Staffing: The BHU is staffed with 13 personnel, comprising 7 technical and 6 non-technical staff. Notably, no janitorial or caretaker staff are deployed under the KP-HCIP project.

3. Service Delivery Analysis

The BHU Dagai is a good performing facility in terms of service volume, indicative of its critical role in the community.

Table 1: Key Service Delivery Indicators (Previous Month)



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Indicator	Value	Analysis
Total OPD Visits	1,213	High patient throughput for a BHU.
ANC Visits	674	Robust maternal care services.
Deliveries Conducted	103	Exceptional for a BHU, highlighting its role as a key delivery point.
PNC Visits	92	Good post-natal follow-up, though there is a drop-off from ANC numbers.
Family Planning Visits	126	Active FP services.
Diarrhea Cases Treated (Children 6-59 mos)	115	Effective management of common childhood illness.
Children Under 1 Fully Immunized	77	Strong immunization performance.
Pregnant Women Referred (Complications)	11	Demonstrates a functional referral system for emergencies.

4. Medicine and Supply Chain Assessment

While the overall medicine store is well-maintained and regular supplies are received from the District Health Office, the inventory reveals critical shortages.

Amoxycillin	Cap. 250mg	Stamox	15000
I/V fluid Administration Set sterile and pyrogen free, minUNISSET			1940
Amoxycillin	Inj. 500 mg/Vial	Stamox	1600
Hydrocortisone	Inj 250mg	Hyzonate	400
Oxytocin	Inj. 5 IU	Tocinox	1000
Misoprostol	Tab. 200mcg	Misort	0
Flavored Oral Rehydration SORS		GT Gut	6120
Albendazole	Susp 200mg/5ml, 10ml	Bendazol	900
Amoxycillin	Dry Susp. 125 mg/ 5ml 60m	Stamox	1500
Ibuprofen	Susp. 200mg/5ml, 90ml	Fenbro 8 Plus	1500
Salbutamol	Syp. 2mg/5ml, 120ml	Wintol	720
Diclofenac Sodium enteric	Tab. 50 mg	Cyclofen	10000



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Metformin	Tab 500mg	Glucophage	3000
Ciprofloxacin	Tab. 250mg	Rozid	8400
Ferrous Fumarate + Folic	Tab. 150mg + 0.5mg	Fefan	0
Lignocaine	Inj 2%, 10ml	Baligno	300
Metoclopramide	Inj 10mg/2ml	Clopramid	100
Inf. 500ml		Unisol-NS	40
Snake Venom Anti Serum (li10ml		Polyvalent Anti Snake V	0
Inf. Ringer's Lactate Soln.	Inf. 500ml	Unisol-RL	100
Tetanus Toxoid	Inj 0.5ml	Imatet	200
Zinc Sulphate	Syp 20mg/5ml 60ml	Zinkrol	1000
Albendazole	Tab. 200mg	Bendazol	1500
Diphenhydramine+ Aminop	Syp. 8mg+32mg+30 mg/5m	Broxol	900
Adhesive Tapes (Paper)	1" X 5 Yards	Arsopore	1200
Disposable Sterile Latex Do small, medium and large		Shaad Gloves	0
Cotton Bandages (Surgical B.P Type II 6.5cm x 4m		Open Wove Bandages B	200
Escitalopram	Tab 10mg	Itsal	1000
Clotrimazole	500mg, Vaginal tablet with a	Gynosporin	600
I/V Cannula (Sterile having 20G		Medeco	1000
Aluminium hydroxide + Mag Susp.	120ml	Manacid Suspension 12	500
Auto Disable Syringe 1ml	1ml	Apple K1 1ml	1200
Disposable Sterile Nasogast Feeding Tube with Radiopaque Line	DEHP free Sizes		0
Dimenhydrinate	Syp. 12.5mg/4ml, 60ml	Dymin	700
Omeprazole	40mg Cap.	Esamal	6000 + 6000
Doxycycline	Cap. 100 mg	Ridox	1500
Inf. Dextrose 5%	Inf. 500ml	Unisol-5	60
Cefixime	Susp. 200mg/5ml, 30ml	CB-GET	2000
Lignocaine HCl (Sterile) 2%	15 gm	Donligno Gel	50
Chlorhexidine Gluconate	4% or 7.1% Gel 15g	Sepidyl	0
Urine Pregnancy Test	Kit	Urine Pregnancy Test Ki	300
Hepatitis B (whole blood)	Kit	HBsAg Rapid Test Kit	90
Blood Sugar Test Strip	Kit+ device	Blood Sugar Test Strips	700
Heamoglobin strips with	Strips	Haemoglobin Test Strip	0
Urine stick (sugar + Albume	Sticks	Urine Sticks	300
Hepatitis C (whole blood)	Kits	HCV Rapid Test Kit	90
IUD			300
Condoms			22000



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Injection famila		270.
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Strengths of the Medicines and Supply Chain:

- High stock levels of common antibiotics (Amoxycillin, Ciprofloxacin), analgesics (Diclofenac, Ibuprofen), and chronic disease medication (Metformin).
- Availability of key consumables like I/V cannulas, adhesive tapes, and syringes.
- No expired or near-expiry medicines from KP-HCIP were found.

Critical Gaps & Stock-Outs:

The following stock-outs represent significant clinical risks:

Table 2: Critical Stock-Outs and Low Stock Items

Item	Quantity	Potential Impact
Misoprostol (Tab. 200mcg)	0	High Risk: Compromises prevention/treatment of postpartum hemorrhage (PPH), a leading cause of maternal death.
Ferrous Fumarate + Folic Acid (Tab.)	0	High Risk: Impairs antenatal care for preventing and treating anemia in pregnant women.
Snake Venom Anti Serum	0	High Risk: Lack of life-saving treatment in a snakebite-prone region.
Disposable Sterile Latex Gloves	0	High Risk: Breach in infection prevention and control (IPC) protocols, risking staff and patient safety.
Disposable Sterile Nasogastric Tube	0	Limits nutritional and medicinal support for patients unable to swallow.
Chlorhexidine Gluconate (Gel)	0	Impacts umbilical cord care for newborns, a key intervention to prevent sepsis.
Haemoglobin Test Strips	0	Hinders rapid diagnosis and monitoring of anemia.

5. Systems, Reporting, and Infrastructure



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- Record Keeping & DHIS-2 Reporting: The facility excels in this area. All essential registers (OPD, ANC, FP, Stock, etc.) are maintained. An Android tablet is available and functional for DHIS-2 reporting, and the facility submitted its reports for the last month.
- Labor Room: Fully equipped and functional with a delivery table, set, baby cot, and reliable power (including backup), supporting the high number of deliveries.
- Health Care Waste Management: Excellent compliance. The facility has a waste management plan, segregates waste, and has functional deep burial pits, placenta pits, safety boxes, and color-coded bins. Cleanliness is well-maintained.
- Grievance Redressal Mechanism (GRM): Major Weakness. While a committee and complaint box exist, the box is not opened regularly, and meetings are not minuted. Complaints are handled verbally but not formally recorded, undermining accountability and the ability to track and resolve issues systematically.
- Monitoring & Supervision: The facility receives visits from the IMU health team but not from District/Provincial management or KP-HCIP PMU in the previous month, suggesting a potential gap in higher-level oversight.

6. Staff Training and Capacity Gaps

This is the area with the most significant deficiencies, which directly impacts service quality and safety.

Table 3: Staff Training Status

Training Area	Status	Impact
DHIS-2, FP, RMNCH	Trained	Supports strong data reporting and core service delivery.
Infection Prevention & Control (IPC)	Not Trained	Critical Gap: Coupled with a stock-out of gloves, this poses a severe risk to patient and staff safety.
Waste Management	Not Trained	Undermines the excellent waste management infrastructure in place.
Grievance Redressal Mechanism (GRM)	Not Trained	Explains the poor implementation and record-keeping of the GRM.
Supply Chain & Stock Management	Not Trained	May contribute to the critical stock-outs of essential medicines.
Nutritional Assessment	Not Trained	Limits comprehensive care for children and pregnant women.



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Training Area	Status	Impact
Quality of Care	Not Oriented	Fundamental gap in ensuring and improving service standards.

7. Conclusions and Recommendations

Dagai BHU is a vital, busy, and largely well-functioning facility. Its strengths in service delivery, infrastructure, and waste management are commendable. However, critical gaps in staff training and essential supplies threaten to undermine these achievements and pose direct risks to patient health.

Priority Recommendations:

1. Address Critical Stock-Outs Immediately: Urgently procure and supply Misoprostol, Ferrous Sulphate with Folic Acid, Sterile Gloves, and Snake Venom Antiserum. These are non-negotiable for safe maternal care and emergency response.
2. Implement Emergency Staff Training: Prioritize and schedule mandatory training for all staff on Infection Prevention & Control (IPC) and Supply Chain & Stock Management. This is crucial for patient safety and preventing future stock-outs.
3. Revitalize the Grievance Redressal Mechanism (GRM): Conduct GRM training and establish a strict schedule for opening the complaint box (e.g., weekly) and documenting all complaints and actions taken in the register.
4. Enhance Supervision and Support: The District Health Office should increase its supervisory visits to provide support in addressing the identified training and supply chain gaps.
5. Develop a Minimum Stock Level Policy: Implement a system to flag and reorder essential items before they run out, especially for high-risk, life-saving commodities.

Monitoring and Evaluation

KP-HCIP Health