



### Health Facility RHC Takhtabad Peshawar Monitoring Visit

Date: September 04, 2025

Team: Mohammad Akbar M&E Specialist and Ms. Mehreen Saba M&E Assistant

Facility Code: 365.055

Staff Members met: 1.Dr. Ahmad Jalal (Dental Surgeon)

2. Ijaz Ahmed (Chief PHC Technician3. Sadiq Ullah (Pharmacy Technician)4. M Suleman (Dental Technician)

5. Daud Jan (Surgical Technician)

6. Tehseen Ullah (Senior Lab Technician)

7. Haroon (X-Ray Technician)

#### 1. Executive Summary

The RHC Takhtabad in Peshawar presents a mixed picture of robust service delivery and significant infrastructural and operational challenges. The facility is <u>fully</u> highly functional, handling a substantial patient load (5,260 OPD cases last month) and demonstrating strong performance in key service areas like maternal health (89 deliveries) and child health (172 diarrhea cases treated). Staffing levels for clinical positions are at 100% of sanctioned posts.

However, critical deficiencies were identified, primarily concerning **cleanliness** (unclean floors and washrooms, waste on floors), and **waste management**. The facility also relies on behishti staff (0 janitorial staff), which may pose sustainability risks. While most equipment and registers were available, the state of the emergency tray and specific equipment required verification.

#### 2. Detailed Sector-wise Analysis

### A. Infrastructure & Accessibility

- **Strengths:** The facility was easily accessible and had a ramp for disabled individuals, promoting inclusivity.
- Maintenance: The service-area building do not need any repairs and it was well maintained.

#### B. Cleanliness & Hygiene

- **Significant Deficiencies:** This is a major area of concern.
  - o Waste was found on the floors of waiting areas.
  - o Floors are not mopped/washed daily.
  - o Wash rooms including toilets especially in Labor room are in vary very and dirty condition, which are taken care up properly.
  - Positive Notes: Bed sheets were clean, and walls/surfaces were also reported clean. This indicates that the lack of daily cleaning was a procedural or staffing failure rather





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than a complete breakdown as this is the key insight, because the fundamental ability to clean was proven (clean sheets and surfaces), the reason for the "lack of daily cleaning" must be rooted in **logistics**, not **competence** or **effort**.

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#### C. Utilities

• Excellent Status: The facility is well-equipped with utilities. It has functional main and backup power (Generator/UPS/Solar), uninterrupted clean water supply, separate male/female washrooms, and waiting areas. Signage is also available.

### **D. Staffing & Human Resources**

- Clinical Staffing: Remarkably, all sanctioned positions for Medical Officers (3/3), Dental Surgeons (6/6), and MCH/LHV staff (4/4) are filled. Availability often exceeds sanctioned numbers (e.g., 8 MOs available vs. 3 sanctioned), indicating possible additional hiring or overlapping duties.
- **Support Staff Crisis:** A critical vulnerability exists with support staff. While 12 government auxiliary staff are posted, there are **zero deployed government janitorial or caretaker staff** (Indicators 46, 49). This directly explains the severe cleanliness issues. The facility relies on behishty staff for these roles.
- **Management:** Biometric attendance is functional for all staff, and job descriptions for KP-HCIP staff are displayed, indicating good administrative oversight.

#### **E. Service Delivery Performance**

- **High Output:** The facility was very active. Last month's OPD was 5,260, with 89 deliveries, 187 ANC visits, and 60 PNC visits. This indicates it is a crucial point of care for the community.
- **Program Performance:** Performance in key programs is strong: 172 children treated for diarrhea with ORS/Zinc, fully immunized children (25), and it is a declared site for malnutrition management (CTP). No referrals for maternal complications suggest effective handling of cases at this level.

### F. Reporting (DHIS-2) & Record Keeping

• Excellent Practices: This is a key strength. The facility submits DHIS-2 reports, all registers are available and updated, and functional Android tablets are used for reporting. All essential registers (OPD, ANC, FP, Laboratory, etc.) are available in sufficient quantity. The Facility had received 2 LEDs, which were recently installed one at hospital conference room and the other at the female ward. As per the staff statement, no body informed them about the place of installation and purpose of the LEDs. Nevertheless, they were informed and explained the purpose of providing LEDs to the HFs and where should be installed. It was added that LEDs should be installed at the Waiting Areas (Both female and male) for communicating Health related messages and documentaries.

#### G. Medicine & Supply Chain Management





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• Well-Managed: The medicine store is well-maintained with updated bin cards. Essential medicine lists (90 for primary care) are available and displayed with expiry dates. Monthly demands are submitted, and supplies are received from the District Health Office. No expired or near-expiry medicines were found, and no stock-outs were reported, indicating a very efficient supply chain.

#### H. Equipment & Emergency Preparedness

- **Availability:** Most essential equipment (BP apparatus, weighing scales, nebulizer, thermometers) is listed as available. An ultrasound machine is available, which is crucial for a 24/7 facility.
- **Emergency Tray:** All items in the emergency tray are marked as available (1/6 likely signifies availability), but without confirmation of functionality and expiration dates, this remains a potential risk area.

#### I. Program-Specific Areas (EPI, Labor Room)

- **Labor Room:** Adequately equipped with power backup, a toilet, delivery table, and set, meeting the basic requirements for a 24/7 facility.
- Immunization (EPI): The facility has a RED/REC plan, functional cold chain equipment, and maintained temperatures. The vaccine register is updated, and no vaccines were out of stock during the visit.

### J. Quality Assurance & Management Systems

- Waste Management: A plan exists and is being implemented. Color-coded bins are available and used correctly with segregation at source. Critical infrastructure like a deep burial pit, safety boxes for sharps are available but placenta pit is not available. However, the Pits management still needs special care for the waste disposal.
- Grievance Redressal Mechanism (GRM): The GRC was formed but not functional. The Project Complaint box and other GRM related material/items/Complaint Register have not yet been provided. However, basic training has been imparted on GRM to the Hospital In charge.
- **Monitoring & Supervision:** The facility receives regular visits from IMU health, District/Provincial management, PMU KP-HCIP, and District Administration, indicating good oversight.
- **Training:** Staff has received training on DHIS 2, RMNCH, Waste management and Family planning.

#### K. Community Engagement

• Active Engagement: Meetings with Lady Health Workers (LHW) and the Primary Healthcare Management Committee (PCMC) were conducted in the last month, indicating a strong link with the community.

#### 3. Critical Issues & Immediate Recommendations

a. **Sanitation Crisis: Rectify the janitorial staff gap.** Recently the janitorial and caretaker staff services provided by KP-HCIP was stopped due to contract expiry, which caused a vacuum





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and the Hospital has to use temporarily services of Bahishti to carry the sanitation, which are sufficient to keep the hospital clean. It is recommended to restore the Janitorial and Caretakers services provided by the KP HCIP

- b. **GRM Awareness:** Though the Committee had been formed, but is not functional at the moment. GRC should be functional. Installing GRM Boxes, Banners and other GRM related material in the facility to inform patients and the community about the feedback mechanism may please be immediately initiated.
- c. **Equipment Audit: Conduct a physical verification** of all medical equipment and the emergency tray. Replace ambiguous quantity/status entries with clear data on functionality and numbers.

#### 4. Conclusion

The RHC Takhtabad is a high-performing facility in terms of clinical service delivery and patient load. Its strengths lie in its dedicated clinical staff, robust supply chain, excellent reporting practices, and active community engagement. However, these efforts are severely undermined by basic cleanliness, which are linked to a lack of government-sanctioned support staff. Addressing these fundamental issues is essential to ensure the facility operates in a safe, secure, and hygienic environment that matches the quality of its clinical care.

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Discussion with hospital staff

Labor room is well equiped



