M&E Health Facility Report: Cat-D Hospital Gara Tajik, Peshawar

Date of Assessment: September 8, 2025
Facility Code: 365185
Facility Type: Primary Healthcare Facility (Declared 24/7)
District: Peshawar
Facility Status: Functional

1. Executive Summary

Cat-D Hospital Gara Tajik is a functional and well-equipped primary healthcare facility operating 24/7 in Peshawar. The facility demonstrates significant strengths in infrastructure, utility services, essential equipment, and emergency preparedness. It is highly accessible and maintains a strong record in service delivery, particularly in OPD patient volume and immunization. Key areas for improvement include significant staff vacancies (especially Medical Officers and Ward Ayas), deficiencies in medicine stock management (notably a lack of bin cards and stock-outs), and a need to strengthen the Grievance Redressal Mechanism (GRM). Overall, the facility is a critical asset to the community but requires targeted interventions to address staffing and supply chain gaps to realize its full potential.

2. Detailed Findings by Category

A. Infrastructure & Accessibility

The facility's infrastructure is robust. It is easily accessible and features a ramp for disabled and sick individuals, promoting inclusivity. A boundary wall secures the premises. The assessment did not note any immediate requirement for repairs to the service-area buildings, indicating good maintenance.

B. Cleanliness & Sanitation

General cleanliness standards are satisfactory. While bed sheets, floors, washrooms, walls, and surfaces are reported to be clean, the presence of waste on the floor of waiting areas was noted (**Indicator 11: Yes**), suggesting a need for more frequent cleaning or waste disposal protocols in high-traffic zones.

C. Utilities

The facility enjoys excellent utility services. A clear signage board is present. There is a functional main electricity supply complemented by a functional solar power backup system, ensuring uninterrupted operations. The facility provides clean drinking water and has an uninterrupted water supply. Separate waiting areas and washrooms for male and female patients are available, ensuring privacy and comfort.

D. Staffing & Human Resources

With 68 staff members posted, the facility has a substantial workforce. Biometric attendance is installed and functional.

- **Critical Vacancies:** A major concern is the vacancy of Medical Officers. While one position is sanctioned, none are filled, and none were available as per the duty roster. This is a critical gap for a 24/7 facility. Furthermore, all four sanctioned Ward Aya positions are vacant.
- **Specialists & Technicians:** There is a gap between sanctioned (4) and filled (1) specialist positions. Dental surgeons are well-staffed (3 out of 4 filled). PHC Technicians and MCH (LHV) staff are adequately filled and present.
- **Support Staff:** There is a identified need for additional janitorial staff (1 deployed vs. a requirement of 5) and caretaker staff (3 deployed vs. a requirement of 3 more). Contract janitorial and caretaker staff were observed wearing uniforms. Job descriptions for KP-HCIP staff are available and displayed.

E. Service Delivery

The facility is highly active. The previous month's OPD was exceptionally high at **13,828** patients. Maternal and child health services are operational with 782 ANC visits, 79 PNC visits, and 64 deliveries conducted. Family Planning visits were relatively low (14). The facility is an OTP site for malnutrition and fully immunized 520 children under one year. Recording tools for deliveries are available, and no pregnant women with complications were referred last month. Data for diarrhea treatment in children was not available.

F. Health Management Information System (DHIS-2)

Performance in this area is strong. The facility submitted its DHIS-2 report for the previous month. All necessary registers are available, updated, and functional Android tablets are dedicated to this purpose, indicating an efficient health data reporting system.

G. Medicine & Supply Chain

This is a significant area of concern despite a well-maintained store.

- Stock Management: Bin cards are neither available nor updated (Indicators 72 & 73: No), which is a serious breach of supply chain management protocols. While a list of essential medicines is available, an emergency medicine list with expiry dates is not displayed.
- Availability: Only 60 out of 90 essential primary healthcare medicines are available. 30 medicines were out of stock in the previous month.
- Supply Process: The facility submitted its monthly demand to the District Health Office (DHO), which supplied medicines 12 times in the previous month. Positively, no expired or near-expiry medicines were found during the visit.

H. Equipment & Emergency Preparedness

The facility is very well-equipped.

- Essential Equipment: Ample quantities of functional essential equipment are available, including sterilizers, stethoscopes, BP apparatus, glucometers, weighing scales, nebulizers, thermometers, examination couches, and two ultrasound machines. However, the Autoclave provided by the Project was found not in use. On asking the reason, the staff responded 1st

that due to leakage the machine could not be used. On physical verification it was investigated that now the leakage has been rectified, but due to security risk (Steam Sterilizer) it could not be used indoor because of the fear that it should not blasted. The Facility has two more well sophisticated autoclaves which are being used.

- Emergency Tray: The emergency tray is fully stocked with critical life-saving supplies and drugs. The only missing item was injection Soda Bicarb (5cc).

I. Labor Room & Immunization (EPI)

The labor room is well-equipped with a functional electric supply, backup power, a functional toilet with running water, a delivery table, and a delivery set with a baby cot.
The Expanded Programme on Immunization (EPI) is strong. A RED/REC plan is in place, functional cold chain equipment is maintained within the required temperature range, and the vaccine stock register is updated. The Penta III coverage for the last month was 56%. However, a vaccine was out of stock at the time of the visit.

J. Quality of Care, Waste Management & GRM

- **Quality of Care:** Data on the availability of IPC guidelines and Quality of Care committee meetings was not available.
- **Waste Management:** This is a notable strength. A waste management plan is available and being implemented. A committee with clear roles is notified. Color-coded bins are available, waste is segregated at the point of generation, and a deep burial pit, placenta pit, and safety boxes for sharps are all available.
- **Grievance Redressal Mechanism (GRM):** This is a major weakness. There is a lack of awareness and functionality. It is not known if a GR Committee is notified or if complaint registers are available. A complaint box is installed, but GRM awareness banners are not displayed. The frequency of opening the complaint box and the number of GRC meetings held are also not known.

K. Monitoring, Training & Community Engagement

The facility receives excellent supervisory support, with visits recorded from IMU Health, District/Provincial Health Management, KP-HCIP PMU, and the District Administration in the previous month. Staff training is comprehensive, with all personnel trained in DHIS-2, FP, RMNCH, nutritional assessment, IPC, waste management, and GRM. The only gap is in Supply Chain & Stock Management training (Indicator 147: No), which directly correlates with the deficiencies found in medicine management. Community engagement is active, with both LHW monthly meetings and a Primary Care Management Committee (PCMC)/HMC meeting conducted in the previous month.

3. Conclusions & Recommendations

Conclusions:

Cat-D Hospital Gara Tajik is a high-performing, busy primary healthcare facility with excellent infrastructure, equipment, and utility services. Its main challenges lie in human resource

management (critical vacancies), supply chain management (lack of bin cards, stock-outs), and a non-functional Grievance Redressal Mechanism.

Recommendations:

1. Urgent Staffing: The District Health Office must prioritize the immediate recruitment and posting of Medical Officers and Ward Ayas to ensure the 24/7 functionality and quality of clinical care.
2. Supply Chain Strengthening:

- Immediate Action: Introduce and maintain bin cards for all medicines and supplies.
- Training: Conduct mandatory training for all relevant staff on Supply Chain & Stock Management.
- Review: Investigate the causes of the 30 medicine stock-outs and engage with the DHO to ensure a more responsive supply system.

3. **Grievance Redressal Mechanism:**

- Formally notify and train the GR Committee: Ensure complaint registers are available and that complaint boxes are opened on a weekly basis. Also display GRM awareness banners for the public.
- Cleanliness: Increase the frequency of cleaning in waiting areas to address waste on the floor.
- Quality of Care: Ensure IPC guidelines are available and that the Quality of Care committee meets regularly and documents its proceedings.

Assessment Report Emergency Obstetric and Newborn Care (CEmONC) Services

1. Summary

This report summarizes the findings of an assessment conducted to evaluate the facility's capability to function as a Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centre. The facility demonstrates strong capabilities in most critical areas, including the performance of 8 out of 9 signal functions, availability of skilled human resources, and well-maintained infrastructure and essential drugs. However, two critical gaps prevent it from being classified as a fully functional CEmONC centre:

1. The inability to perform blood transfusion services due to the lack of an on-site blood bank or storage facility.
2. The unavailability of an Anesthetist (or a clinician trained in Anesthesia).

Addressing these two deficiencies is paramount to ensuring the facility can manage all major obstetric complications and fulfill its life-saving mandate.

2. Detailed Assessment Findings of the CEmONC Centre

A. Signal Functions (The 9 Life-Saving Procedures)

The facility can perform 8 out of the 9 essential signal functions 24/7. These include administering necessary parenteral drugs, performing manual removal of placenta and retained products, conducting assisted vaginal deliveries, neonatal resuscitation, and performing Caesarean sections.

- Critical Gap: The facility cannot perform blood transfusion services. This is a major constraint in managing life-threatening conditions like severe postpartum hemorrhage.

B. Human Resources & Staffing

The facility is well-staffed with key specialists, including an Obstetrician/Gynecologist, doctors trained in emergency obstetrics, midwives, a pediatrician, lab technicians, and theatre nurses.
Critical Gap: There is no Anesthetist or clinician trained in anesthesia available on-site or on-call. This directly impacts the ability to perform safe and timely surgical procedures like C-sections.
Additional Note: The number of staff on duty per shift is reported as inadequate for the patient load, which could lead to staff burnout and compromise the quality of care during peak times.

C. Infrastructure, Equipment & Supplies

The physical infrastructure is largely functional. The facility has a dedicated operating theatre, a functional delivery room with emergency equipment, a postnatal ward, and a reliable emergency transport system for referrals.

- Critical Gap: There is no blood bank or reliable blood storage facility on-site, which is the root cause of the inability to provide transfusion services.

D. Essential Equipment

Most essential equipment is available and functional, including resuscitation equipment, IV sets, surgical instruments, anaesthesia machines, and a reliable electricity backup.

- **Gap: Partographs are not in use** for monitoring labour. This is a simple yet critical tool for the early detection of obstructed labour and other complications.

E. Essential Drugs

The facility maintains an excellent stock of essential drugs with no reported stock-outs. All critical medications, including uterotonics, Magnesium Sulfate, antibiotics, antihypertensives, and anaesthetic drugs, are available.

F. Service Availability & Utilization

Services are being actively utilized. The facility performs Caesarean sections within the recommended range and treats major obstetric complications. Services are confirmed to be available 24/7.

- Gap: As expected due to the lack of blood storage, blood transfusions are not performed for obstetric cases.
- Gap: The referral system lacks clear protocols for receiving and sending patients, which could lead to delays and inefficiencies in the continuum of care.

G. Quality of Care & Processes

The facility shows a strong commitment to quality care. It utilizes standardized clinical protocols, maintains proper medical records, adheres to infection prevention protocols, conducts maternal death reviews, and ensures respectful maternity care.

- Gap: There is no evidence of continuous training in the form of emergency skills drills (e.g., for shoulder dystocia, PPH). Regular drills are essential for maintaining team preparedness.

H. Administration & Management

The centre is well-managed. It has a designated in-charge, a system for financial access, reliable supply chain management for drugs, a equipment maintenance logbook, and a functional data management system for HMIS reporting.

3. Conclusions and Recommendations

The assessed facility is a high-performing obstetric centre with robust systems in place for infrastructure, drug supply, staffing, and quality management. However, the absence of blood transfusion services and a dedicated anaesthetist are severe limitations that classify it as a Basic Emergency Obstetric and Newborn Care (BEmONC) facility plus C-section capability, rather than a full CEmONC centre.

1. **Address Critical Gaps (High Priority):**

- Establish Blood Transfusion Services: Explore partnerships with the nearest blood bank to establish a reliable and rapid blood supply chain. This could involve setting up a blood storage refrigerator on-site with strict protocols for management and transportation.
- Secure Anesthesia Coverage: Recruit an Anesthetist or invest in training a medical officer or surgeon in safe Anesthesia techniques for obstetrics to ensure 24/7 coverage.

2. **Address Staffing and Process Gaps (Medium Priority):**

- Conduct a Staffing Audit: Review patient load and shift schedules to ensure adequate staffing levels are maintained to ensure patient and staff safety.
- Implement Partograph Use: Mandate and monitor the use of partographs for all women in labour to improve the monitoring of labour progress.
- Establish a Formal Referral Protocol: Develop and implement clear, written protocols for both referring patients out and receiving referrals from other facilities.
- Initiate Emergency Drills: Schedule regular, interdisciplinary simulation drills for major obstetric emergencies to keep clinical teams sharp and improve response times.
- By addressing these gaps, the facility has the strong potential to become a fully operational and accredited CEmONC centre, significantly reducing maternal and neonatal mortality in its catchment area.