



**ISLAMIC REPUBLIC OF AFGHANISTAN
THE MINISTRY OF PUBLIC HEALTH**

**QUARTERLY PERFORMANCE REVIEW REPORT
BADAKHSHAN
THE THIRD QUARTER - JULY TO SEPTEMBER, 2019**

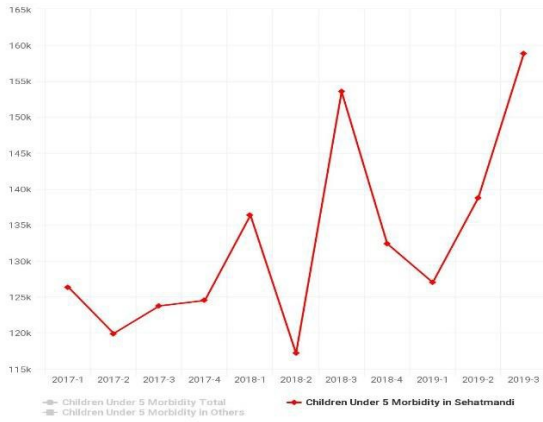
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1. Achievements in P4P indicators and other key indicators

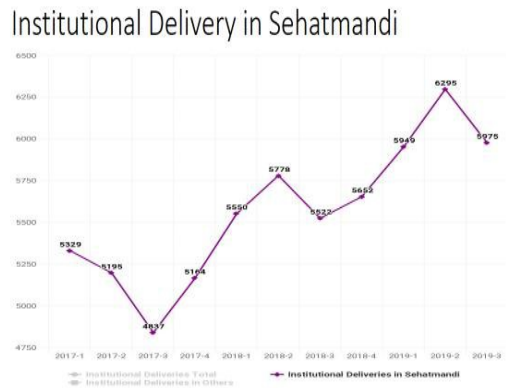
a. Trend lines of key indicators

The below line graphs show a three-year trend between 2017 and 2019 achievements in P4P and other key indicators.

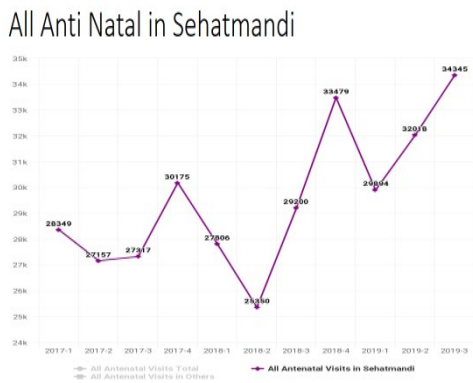
Graph 1: children>5 Morbidity



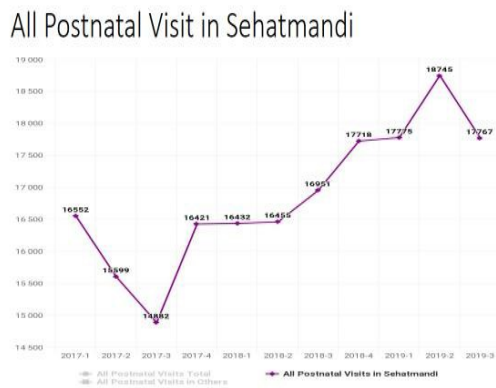
Graph 2: Institutional Delivery



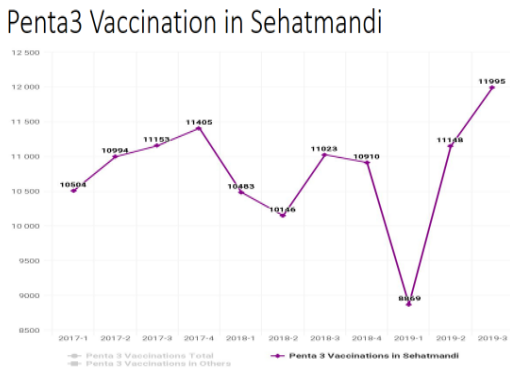
Graph 3: All ANC



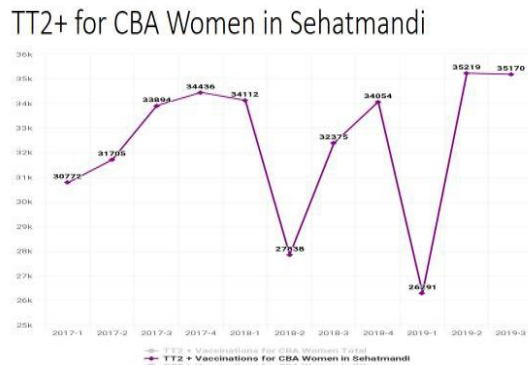
Graph 4: PNC



Graph 5: PENTA3

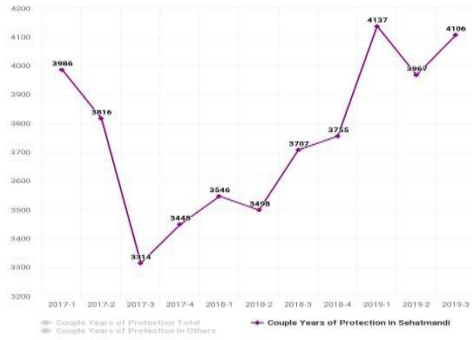


Graph 6: TT2+



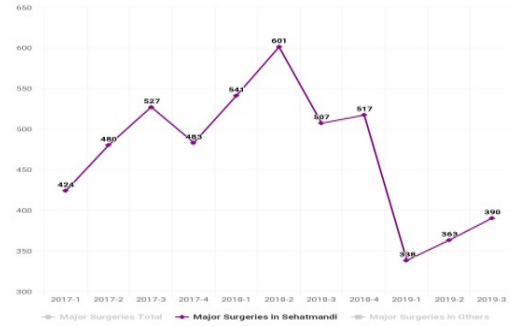
Graph 7: CYP

Couple year protection (HMIS data is 4603)



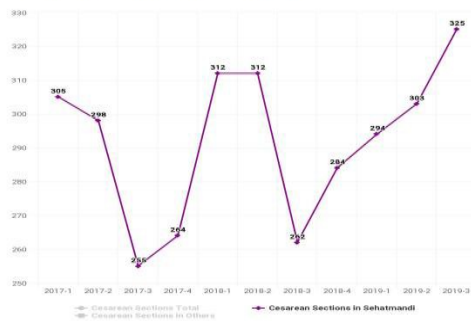
Graph 8: Major surgery

Major Surgeries in Sehatmandi



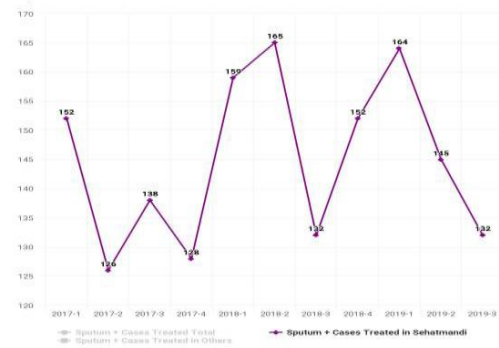
Graph 9: Caesarean section

Cesarean Sections in Sehatmandi



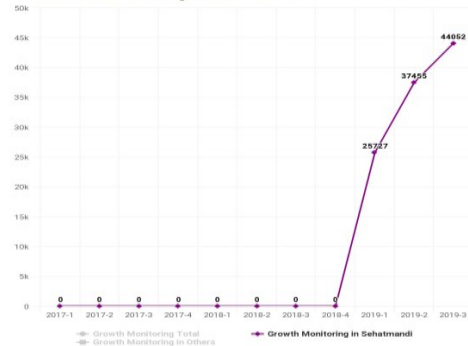
Graph 10: Sputum Cases Treated

Sputum Cases Treated in Sehatmandi



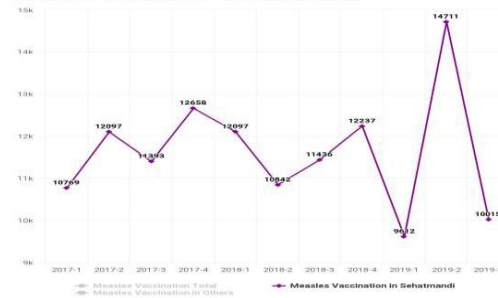
Graph 11: Growth Monitoring

Growth Monitoring in Sehatmandi

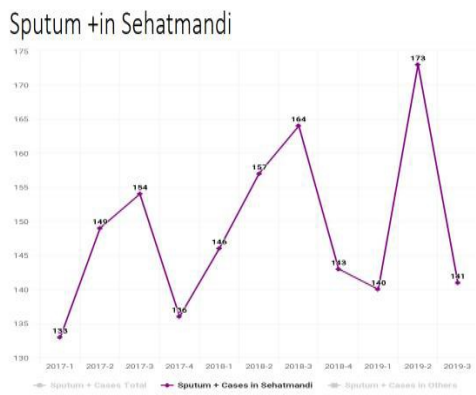


Graph 12: Measles

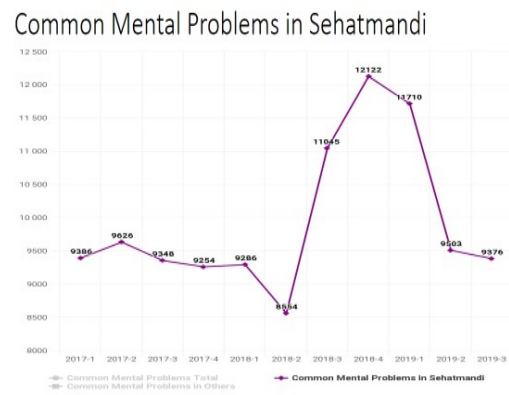
Measles Vaccination in Sehatmandi



Graph 13: Sputum Cases



Graph 14: Conmen Mental Problem



b. Comparison of quarterly achievements in key indicators

Below graphs 1-10 present changes in the service counts of key performance indicators over the past three quarters relative to the minimum level, index and cap (or maximum level).

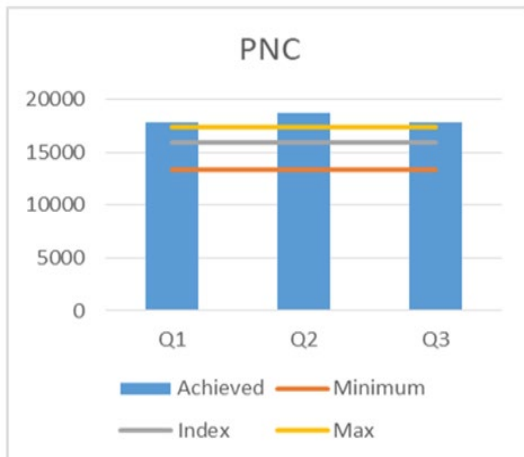
Graph 1: Total Anti Natal care



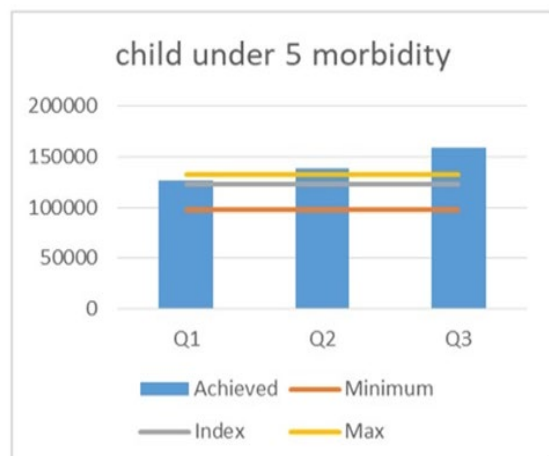
Graph 2: Institutional Delivery



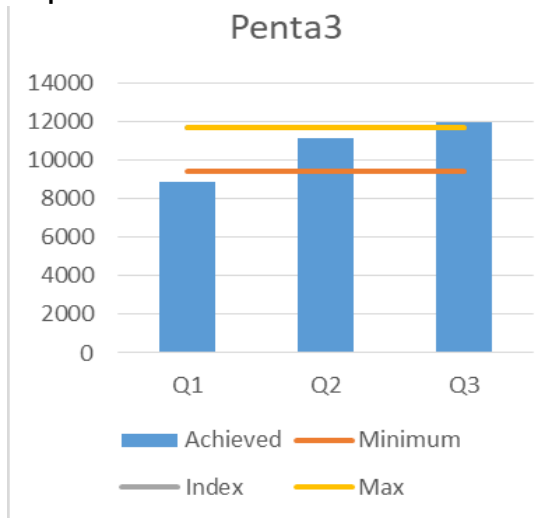
Graph 3: Post Natal Care



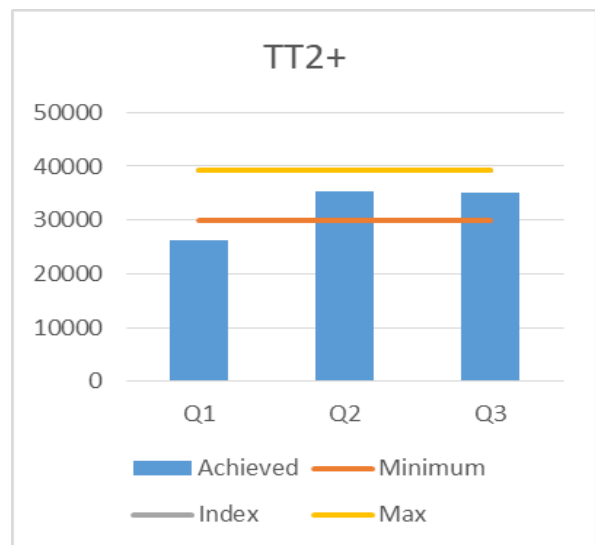
Graph 4: children under 5 Morbidity



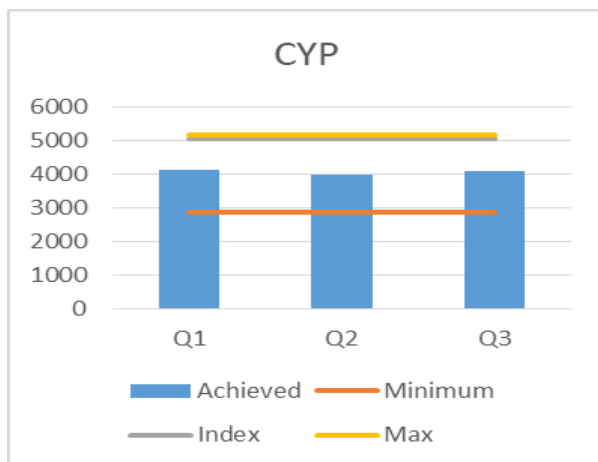
Graph 5: All Penta 3



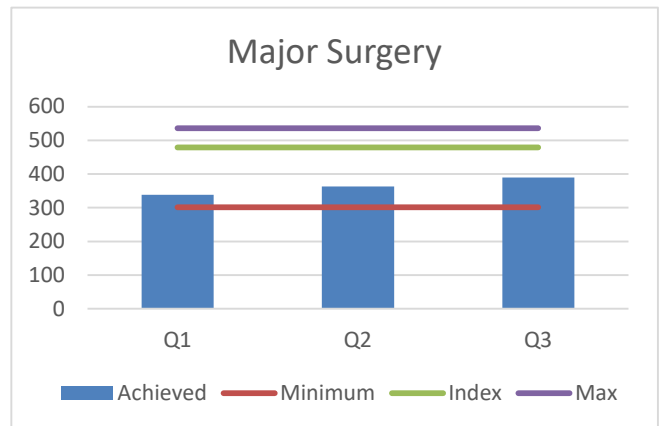
Graph 6: TT2+ for pregnant women



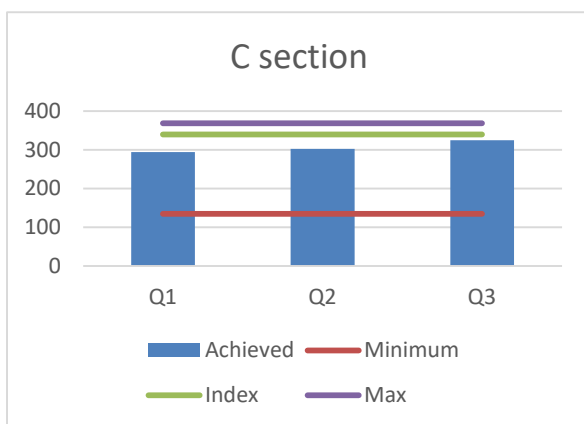
Graph 7: CYP



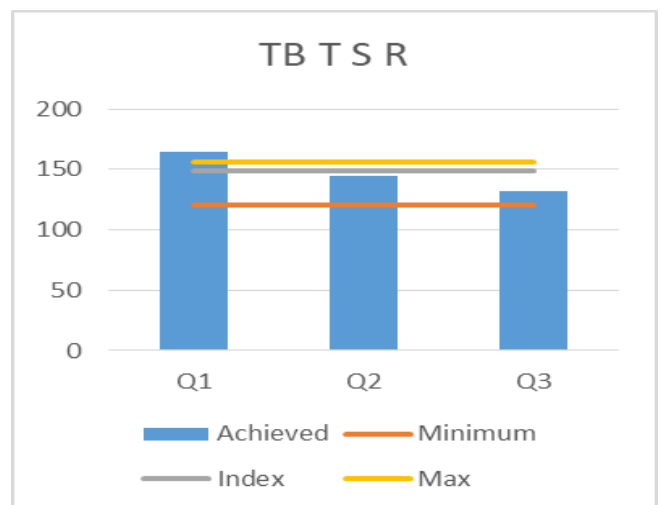
Graph 8: Major Surgery



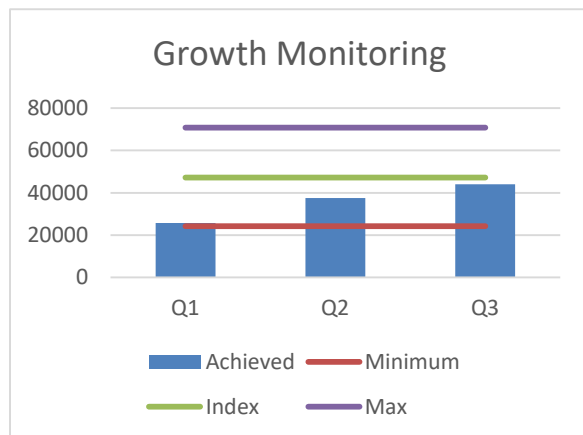
Graph 9: C Section



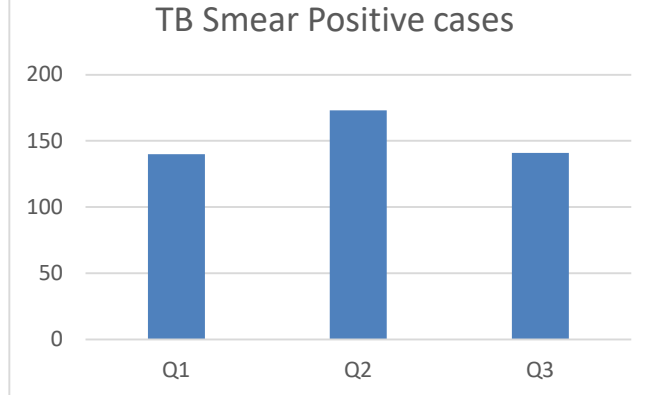
Graph 10: TB Treatment SR



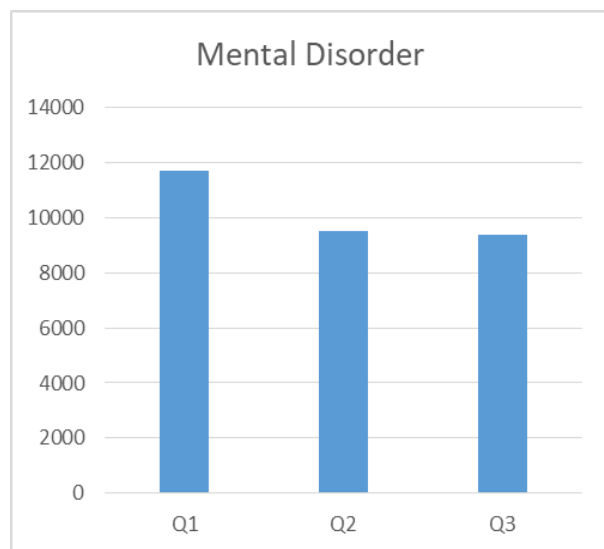
Graph 11: Growth Monitoring



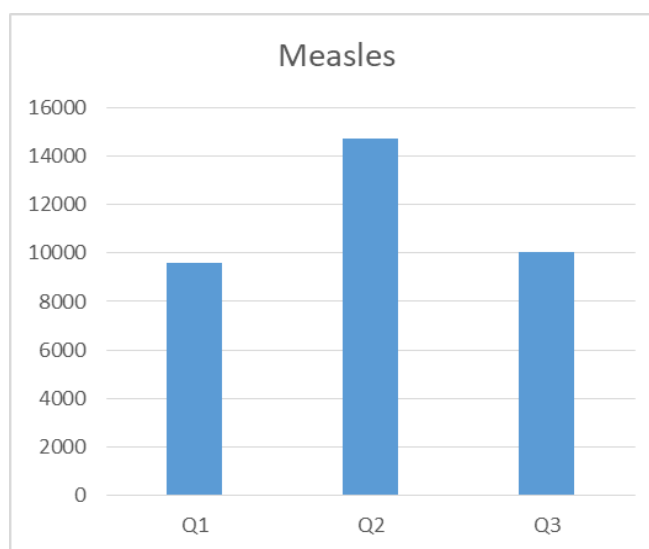
Graph 12: TB S+ Cases



Graph 13: Mental Disorder



Graph : TB S+ Cases



2. Analysis of achievements at health facility level:

Chart 1 presents proportional contribution to achievements in P4P indicators by type of health facility in Q3, 2019. Findings include:

- All major surgery deliveries were provided by PH alone, while DH can also provide the services.
- Percentage share of TB treatment success cases by BHCs decreased while the same service increased in CHCs. This is largely because the number of diagnostic units in BHCs had been reduced from 8 to 3.
- Achievements in Growth Monitoring was higher at HSCs than other types of HF: nutrition counselors were recruited for HSCs which outnumber other type of HF.
- Seventy-four (74) % of C-section deliveries were provided by PH while there are 2DHs and 5CHC+s that can technically provide the same services, questioning accessibility issue. This will be investigated further, however, DHs and CHC+ appear to run short of GYN/OBS professionals and blood transfusion facility.
- Service counts of children morbidity, Institutional delivery, CYP, ANC and PNC appear proportional to type of HF. It may indicate community’s accessibility to these services are equitable.
- Although most of the HSCs have no vaccinator, outreach and mobile activities appear to take care of rural communities and thus the distribution of service counts by primary health care HF look reasonable.

Chart 1: Percentage share of service counts by indicator, by type of HF in Q3, 2019

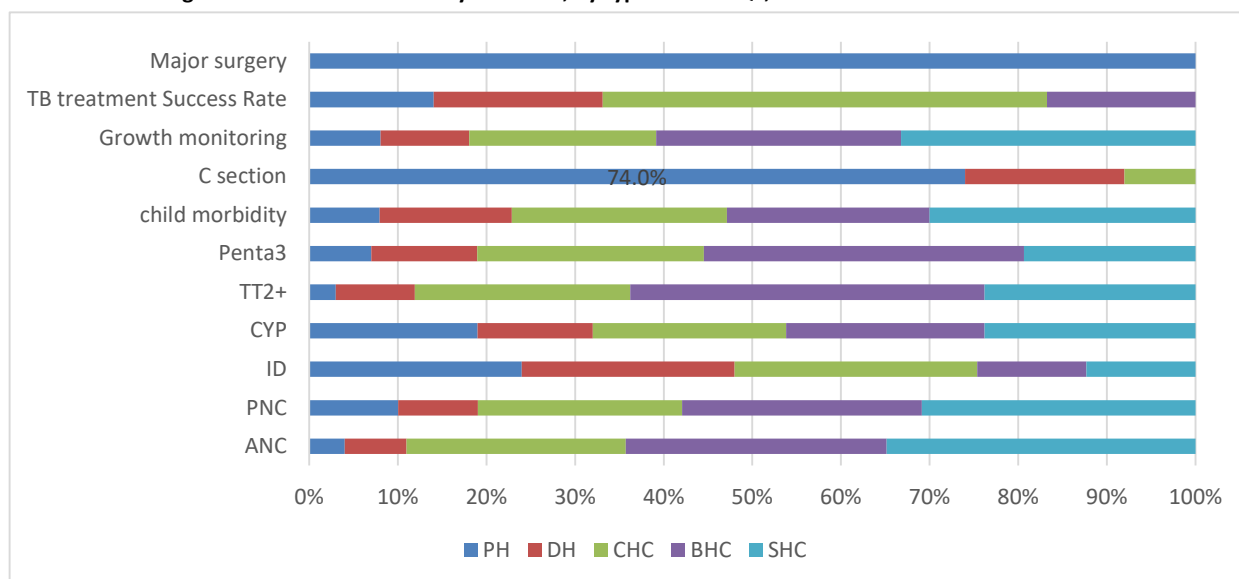


Table 1 presents the number of HFs that outperformed or underperformed in P4P indicators. There are a total of 115 HFs under BPHS/EPHS Sehatmandi Project in Badakhshan. All of them are expected to report their performance data.

- Average number of HFs with high performance against each P4P indicator is 11 HFs.
- Average number of HFs with low performance against each P4P indicators is 22 HFs.
- Four (4) HFs had achievements equal to the previous quarter.
- Five (5) HFs reported zero in 2 indicators (institutional delivery and growth monitoring). The reason was lack of nutrition counselors and back-up midwife (the existent midwife were on maternity leave).
- Average number of HFs between high and low (Middle) performance against P4P indicators is 49 HFs.
- Only a fraction of HFs reported zero achievements in Q4. Zero performance in Growth Monitoring and institutional delivery appears to relate to low knowledge of nutrition counselor and insecurity.

Table 1: Number of health facilities that outperformed or underperformed in P4P indicator

P4P Indicator	# of HFs expected to report	# of HFs with high performance	# of HFs with low performance	# of HFs reported the numbers equal to last quarter	# of HFs with zero report	# of HFs fall between high and low
All ANC	115	25	30	1	0	59
All PNC	115	22	41	0	0	52
Ins Delivery	115	20	37	1	2	55
Family planning (CYP)	115	24	30	1	0	60
All pregnant TT2+	81	22	20	1	0	38
All under5 Morbidity	115	20	19	0	0	76
Penta3	81	12	24	0	0	45
C Section	17	6	7	0	0	4
TB T S rate	24	8	11	0	0	5
Major Surgery	1 (PH)	1	0	0	0	0
Growth Monitoring	115	17	29	0	3	66

3. Summary of Monthly Updates

- **Water power supply:** some part of water supply system in Faizabad provincial hospital and Baharak DH was renovated.
- **Staffing & salary:** 27 staff hired (2gynecologist, 9MD, 4 Nurse, 7Midwives, 3vaccinators, 2 surgeon) during Q3 2019.
- **Status of medical & non-medical supply:** all HFs were supplied by medical non-medical and consumable items including one ultrasound machine. Medicines were generally available at all

HFs and the shortage was moderate.

- **Incidence outbreaks:** Food poisoning at a school in Darayem District and Malaria outbreak in Teshkan District were reported.
- **Political interference:** local government interfered the recruitment process. Afghan local police authorities interrupted delivery of medical and none medical supplies to the HFs in areas under control of Taliban.
- **Structure & upgrade:** Kofab BHC was upgraded to CHC.
- **Security:** Around 14 Districts remain insecure during the quarter.
- **Number of HFs functioning:** The health facilities (i.e. 2DHs, 5 CHC+, 10 CHCs, 30 BHCs, 1 prison health center) were generally functional and providing health service to the people according to the MoPH guidelines, and out of 484 HPs, 95% (or 458 HPs) were active.

4. Performance in Quality of Care indicators

Mental health:

- Mental health case finding is low compared to the targeted clients – i.e. about 80 % of the total client are estimated to have a mental health problem.
- Position of psychosocial councilor (PSC) is vacant in Kofab CHC.
- No mental health training has been conducted for different levels of HFs staff.
- Recruitment of one nurse in Yawan CHC+ and one midwife in Shahre Safa CHC as PSC: this does not comply with The MOPH policy - professionally trained staff certified with MOPH certificate should be hired.
- Low referral cases particularly from community level.
- PSC activities report is not included in MIAR.
- Mental disorder medicine (Fluoxetine) is not included in the winterization supply.
- Some mental health medicines were undersupplied as compared to the need – e.g. carbamazepine and amitriptyline.
- In the Provincial Hospital, there is no position for specialist or curative of mental health doctor: one PSC is working in the position of mental health doctor at present.

EPI:

- A copy of fridge tag does not exist in all visited HFs (i.e. Wardooj CHC, Baharak DH, Gazan BHC, Jar-e-shah baba BHC & Bazar e Etifaq SHC)
- Dropouts of Penta3 were high (more than 10%)
- Low coverage of measles1 & measles 2.
- In the past 7 months of 1398 immunization activities have not been conducted in some villages
- Refresher training was not conducted during the period of SEHAMANDI project (Jan- Dec 2019).
- Need of the third vaccinator (Baharak and Keshm DHs had about 80-100 clients per day but they have 2 vaccinators.
- There were not feedbacks for the EPI monthly reports and supervision report with its action plan in the visited HFs.
- EPI department of NGO had neither a clear supervision plan nor regular supervision visits.
- Performance review workshop for vaccinators was not conducted on a quarterly basis.

5. Summary findings of Quarterly Performance Review

The mission team also met the PPHD, SP and other stockholders on arrival. The team shared the mission plan and the SP performance quarterly report was reviewed under the chairmanship of PPHD. Previous PIP was also reviewed and revised to include activities to follow up. The performance review team including PPHD, PHOs and SP conducted joint supervision and monitoring in 6 health facilities. These facilities were randomly selected in coordination with PPHD.

Key discussion points included:

- The performance review committee discussed with SP the delayed salary payment and vaccinator mobile outreach. The committee requested the SP to take an action as soon as possible.

- Some new buildings were constructed by MOPH. The PPHD is committed and promised to handover to SP for management and operation of health facilities as soon as possible.
- Two patients with hepatitis died in the provincial hospital. It is believed that diagnosis and clinical management of the case was not optimal. The SP was requested to pay special attention to improving the diagnostic capability and quality of care.

Annex 1: Detailed Mission Report (3/12/2019)

Strong point

- Staff are based on official structure and delivering health services
- Function ambulance.
- Availability of drug and winterization supply
- Most of the HFs had standard building.

Point for improvement

- No waiting area with suitable warm places for MCH clients.
- Outreach Mobile activities not performed in Asad, Sunbula and Mizan.
- Defaulter list is available but not followed.
- Low performance of Growth monitoring.
- No blood transfusion done within 10 months of the Sehatmandi in all CHC.
- Shortage of furniture (Very old low quality and out of ordered benches, chairs, tables)
- Delivery indicator is low it is found the midwife is not around her duty after official time.
- Perdiam of vaccinators for outreach and mobile activities is not paid timely (3 months delay)
- Salary payment delayed for two month.
- Number of supportive supervision is low (under 50%)
- 80 % of the beds in CHCs are empty and just 20% IPD registered in recent months.
- Out of order medical instruments are using for patient check while is. (Sphygmomanometer is broken.
- Number of refer by CHWs is very low and there is poor feedback from HF to HP.
- Privacy particularly for women is not fully considered (lack of surrounding wall)
- No blood transfusion fulfilled within Sehatmandi period at all CHCs.
- Most of visited HFs has no regular power supply
- BOR is still high (120%).
- Complicated SAM patient is not following according standard procedures.
- Capacity of provincial hospital is insufficient regarding diagnostic part (5 cases of jaundice refer from shahre buzurg district to PH, 2 of them died and 3 cases referred to kunduz RH for more investigation.
- Still the IPD patient buying some anti-biotic from private pharmacy.
- Neo born cases discharged without getting hepatitis B Vaccine during the night (the midwives are not trained).

Updated Performance Improvement Plan as attachment:

Date PIP developed: 10/12/2019

Date revised:

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
1	JURM CHC						
2	- P4P indicator of institutional delivery is low (achievement of 80 against 116 targets).	The P4P indicator of institutional delivery will improve (from achievement of 80 to target).	The P4P indicator of institutional delivery will improve through the below: <ul style="list-style-type: none"> • Improve the CHW referrals. • Pay 300 Afs for referral of delivery cases for CHWs. • Improve supportive supervisions. • Improve the community awareness through health education. • Provide ambulance for delivery cases to come HFs. 	Nil	30 Jan 2020	Not done	
3	- No staff contract file in Sehatmandi project (all staff contract is from 2017).	staff contract file in Sehatmandi project will be updated	The revised contract of SEHATMANI staff will prepare and will share with HF to maintain proper filling system.	Nil	30 Jan 2020	Not done	

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
4	- Filing system is not updated and not unique (from SHDP period).	Filing system will be updated.	<ul style="list-style-type: none"> the supportive supervision will improve to update the filling system. The new carton fill and required stationery will provide to HF. The labels will print at office and will share will HFs to prepare updated filling system. 	Nil	30 Jan 2020	Not done	
5	- No waiting area with suitable warm places for MCH clients(were waiting for examination with their babies in a cold corridor for many hours standing)jurm CHC	waiting area with suitable warm places will prepare for MCH clients in jurm CHC	<ul style="list-style-type: none"> The assessment will conduct from HFs to establish suitable area for female. The heater will provide for female waiting area. 	Nil	30 Jan 2020	Undue process	
6	- Outreach Mobile activities not performed in Asad, Sunbula and Mizan.	Outreach/ Mobile activities will increase in month of Qaws	<ul style="list-style-type: none"> The supportive supervision will increase. The micro plan of mobile and outreach will follow up. The perdiem and transportation of vaccinator pay on time. 	Nil	30 Jan 2020	Under process	
7	- Defaulter list is available but not followed.	Defaulter list will available for follow up.	<ul style="list-style-type: none"> The supportive supervision will increase. 	Nil	30 Jan 2020	Note done	

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
			<ul style="list-style-type: none"> List of all defaulter of TB and nutrition will develop and will follow up strictly. 				
8	- Growth monitoring performance status is 306 against 746 target which is low.	Growth monitoring performance status will improve from 306 to 746 target which.	<ul style="list-style-type: none"> The nutrition counselors are under training as soon as they finish the training they will start the GM. The supportive supervision will increase. The internal referral will increase. The community awareness through HFs and HP provide to community 	Nil	30 Jan 2020	Note done	
9	- No blood transfusion done within 10 months of the Sehatmandi project.	The Blood transfusion services will conduct.	<ul style="list-style-type: none"> The Capacity building (Training) opportunity will provide for lab technician. On the job training will provide for doctor and lab technician. The required material and reagent if the need will provide. The protocol for blood transfusion for HF will provide. 	Nil	30 Jan 2020	Not done	
10	- Shortage of furniture(Very old and out of ordered benches , chairs, tables)	New Furniture will procure	<ul style="list-style-type: none"> Assessment will conduct for need of furniture. Based on assessment the required furniture will procure and supply to HF. 	Nil	30 Jan 2020	Not Done	

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
11	- Winterization supply (Logistic, hygiene and stationary) were not received).	Winterization supply (Logistic, hygiene and stationary) will supply.	The winterization supply (Logistic, hygiene and stationary) supply are ongoing still 40% of HFs supplied and for rest of HFs supply will send as soon as possible.	Nil	30 Jan 2020	Done	
12	- No repair and No maintenance is done within Sehatmandi (very old and broken basin is available which are out of use existent in rooms and corridors.	repair and maintenance system will improve.	<ul style="list-style-type: none"> • The supportive supervision for repair and maintenance system and on the job training for capacity building of staff will provide. • The proper maintenance plan will develop. 	Nil	30 Jan 2020	Not done	
<u>Samarqand BHC</u>							
1	- Head of HF is old age person with low professional knowledge (according to him it is the first time he heard the term of HQIP.	Head of HF will replace.	<ul style="list-style-type: none"> • HR will provide Notice to head of clinic to end December the head of clinic will conclude. • The position will announce to recruit new suitable person will close coordination of PPHD. 	Nil	30 Jan 2020	Note done	
2	- Delivery indicator is low (performance is 4 against target of 7) and it is found the midwife is not around her duty after official time.	Delivery indicator will improve (from 4 up to target of 7) after	The institutional delivery will improve through the below: <ul style="list-style-type: none"> • Improve the CHW referrals. • Pay 300 Afs for referral of delivery cases for CHWs. • Improve supportive supervisions. • Improve the community awareness through health education. 	Nil	30 Jan 2020	Note done	

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
			<ul style="list-style-type: none"> • Provide transport cost for delivery cases to come HFs. • Encourage midwife for night duty and AKHS will pay night duty wages around 500-1000 per night in case of high delivery cases. 				
3	- During the last month only one time supervision conducted without any feedback and follow up action plan.	The supportive supervision and follow up will increase.	<ul style="list-style-type: none"> • The number of supportive supervision will increase. • The follow up and feedback mechanism improve. 	Nil	30 Jan 2020	Done according plan	
4	- 3 months (Sunbula, Mizan and Aqrab) Per diem of vaccinators for outreach and mobile activities is not paid.	The per diem will pay.	The delay was due to shortage of fund and some documentation. Now the issue has been solved and will pay all pending payment before 2020	Nil	30 December 2019	Undue process	
5	- Salary for the month of Mizan and Aqrab is not paid.	Salary for the month of Mizan and Aqrab will pay.	Salary for the month of Mizan and Aqrab paid.	Nil	Done	Done	
6	- 30% difference of salary from months of March. April and May is not paid.	30% difference of salary from months of March. April and May will pay.	The 30% difference of salary from months of March. April and May will pay as soon as possible.	Nil	30 Jan 2020	Done	
7	- Staff are not aware and update of HQIP.	The HQIP will implement.	<ul style="list-style-type: none"> • The HQIP orientation will provide on HQIP. 	Nil	30 Jan 2020	Done / oriented	

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
			<ul style="list-style-type: none"> The supportive supervision from HQIP will increase. 				
8	- Staff are not update of data quality assurance procedures.	Staff will update on data quality assurance procedures.	<ul style="list-style-type: none"> The data quality assurance procedures orientation will provide for staff. HMIS feedback will provide for HFs. The supportive supervision and on the job training will provide for Data quality assurance. 	Nil	30 Jan 2020	Done / oriented	
9	- The building is repairable and no renovation performed.	The renovation will conduct.	<ul style="list-style-type: none"> The assessment for renovation will conduct. The required material will procure for renovation of health facility. 	Nil	30 Jan 2020	Not done	
10	- Some drug item is mad of Pakistan(oxytocin)	The quality of medicine will improve	The all medicine is from IDA company if there was some medicine remain in HFs those were from previous supply.	Nil	30 Jan 2020	Done	
11	- No supervision from main office regarding data verification conducted.	Supportive supervision from main office regarding data verification will conducted.	<ul style="list-style-type: none"> Data verification will conduct at health facility level and field level to cross check the HMIS data. The proper plan for follow up and implementation we develop 	Nil	30 Jan 2020	Done	

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
	BaharakDH:	BaharakDH:	BaharakDH:		30 Jan 2020		
1	- Salary for month of Mezan and Aqrab was not paid.	Salary for month of Mezan and Aqrab will pay	Salary for month of Mezan and Aqrab already paid.	Nil	Done	Done	
2	- Psychosocial councilors is vacant.	AKHS try to find opportunity to recruit Psychosocial councilors at DHs level.	Although Psychosocial counselors not budgeted for DHs in Sehatmandi but AKHS will looking to create position of Psychosocial counselors for DHs.	Nil	30 Jan 2020	NPO will take decision	
3	- Suction machine is not working (shortage of suction tube).	The Suction machine will be functional	<ul style="list-style-type: none"> The biomedical team will visit the HF to functionalize the Suction machine. The on the job training will provide for usage to HF staff. 	Nil	30 Jan 2020	Done	
4	- No supportive supervision conducted.	The supportive supervision will increase.	The supportive supervision will increase.	Nil	30 Jan 2020	Done	
5	- Female vaccinator hired but before start of work she went for her maternity leave.	The Female vaccinator will replace with new one.	<ul style="list-style-type: none"> The HR department will send notice for end of contract of Female vaccinator. The position will announce by HR to recruit new vaccinator. 	Nil	30 Jan 2020	Not Done	
	Shuhada CHC:			Nil			
1	- Personal file of HF staff is incomplete.	Personal file of HF staff will be complete.	HR department will prepare the missing documents and share with	Nil	30 Jan 2020	Done	

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			HFs to maintain proper filling system.				
2	- Filling system is not updated(file was from 1397)	The Filling system will update for 1398 and 1399	<ul style="list-style-type: none"> • The supportive supervision from HR department will increase. • The new carton file will supply to HFs. • The updated labels will prepare and will share with HF. 	Nil	30 Jan 2020	Done	
3	- Unsafe and damaged wiring system was visible in all rooms.	The wiring system will be standardized in HF.	<ul style="list-style-type: none"> • The electrician will visit the HF to fix the wiring system. • The required wiring supply will procure. 	Nil	30 Jan 2020	Assessment conducted	
4	- TSF stock and distribution process is adjusted in a toilet room.	For TSF stock and distribution process will adjusted in proper room.	The space management and assessment will conduct at health facility level to find out proper area for services and the issue will fix soon.	Nil	30 Jan 2020	Done	
5	- Lab was not function during the night because of light unavailability.	Lighting of Lab room will improve.	Electrician will visit the health facility with required material to fix lighting of lab room.	Nil	30 Jan 2020	Done/ electricity is available	
6	- Management for proper use of space and resources is very poor.	Management for proper use of space and resources will improve.	The joint supervision will conduct to space management and usage of resources strength.	Nil	30 Jan 2020	Assessment conducted and partition will construct	

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7	- The building is in a very bad condition of maintenance (metallic sheet is leaked and the rain is dropping inside the rooms, wall is too much dirty etc.	The building condition and maintenance services improve.	<ul style="list-style-type: none"> • The supportive and joint supervision will conduct. • The assessment for renovation and maintenance will conduct. • The proper maintenance plan at health facility level. 	Nil	30 Jan 2020	Assessment conducted , but the work is under process	
8	- All the 10 beds are empty of IPD and no IPD registered in recent months.	The IPD services will be improved.	<p>The patient will encourage for IPD service.</p> <p>The community awareness to the community in term of IPD service will provide.</p>	Nil	30 Jan 2020	Done	
9	- Sheet and mattress and pillow of the beds are very old, dirty and out of order.	Sheet and mattress and pillow of the beds will replace with new one	The new bed Sheet, mattress and pillow will procure for HFs and will supply on urgent basis.	Nil	30 Jan 2020	Done	
10	- Out of order furniture and patient table is using in patient rooms in unordered places?	furniture and patient table is using in patient rooms will organize according standard	<ul style="list-style-type: none"> • The supportive supervision to fix this issue will conduct. • The new required furniture will procure and supply to HF. 	Nil	30 Jan 2020	Not done	
11	- No follow up action plan and feedback is present to show the supportive supervision by management staff of the provincial office.	Follow up action plan and feedback for supportive supervision by management staff will be develop.	<ul style="list-style-type: none"> • The proper supportive supervision plan will develop at management office level. • The finding of supervision finding will follow up to improve the services. 	Nil	30 Jan 2020	Done	

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			<ul style="list-style-type: none"> • And all staff will keep one copy on their office filling for documentation. 				
12	- Number of refer by CHWs is very low and there is no feedback from HF to HP.	Number of refer by CHWs will increase and feedback will provide to HF.	<ul style="list-style-type: none"> • New HPs selected for replacement of drop outs. • The existing HPs will encourage and supervise for more referral. • For refer of delivery cases will pay 300Afs stipend by AKHS. 	Nil	30 Jan 2020	Done/ improved.	
13	- No logistic and financial file found to show the regular logistic supply.	Logistic and financial file for regular logistic supply will develop.	The filing system for logistic and financial documents will develop at health facility level.	Nil	30 Jan 2020	Done	
14	- No official paper found regarding supply of gaze and fuel for HF.	official documents regarding supply of gaze and fuel for HF will prepare.	The proper filling system will develop to show all official documents regarding supply of gaze and fuel at HF level.	Nil	30 Jan 2020	Done	
15	- Till the life of Sehatmandi no blood transfusion fulfilled there.	The blood transfusion services will be improve	<ul style="list-style-type: none"> • The Capacity building (Training) opportunity will provide for lab technician. • On the job training will provide for doctor and lab technician. • The required material and reagent if the need will provide. <p>The protocol for blood transfusion for HF will provide.</p>	Nil	30 Jan 2020	Done	

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16	- No evidence to show the steps of HQIP implementation.	Prepare the evidence to show the steps of HQIP implementation.	<ul style="list-style-type: none"> • The HQIP orientation will provide for health facility staff, • The HQIP checklist will share with HFs staff for internal assessment. • The score of baseline assessment will share with HFs. 	Nil	30 Jan 2020	Done	
17	- Salary for the month of Mizan and Aqrab not paid.	Salary for the month of Mizan and Aqrab will pay.	Salary for the month of Mizan and Aqrab already paid	Nil	Done	Done	
18	- Difference of 30% from 80% not paid for the month of the March, April and May).	Difference of 30% from 80% will pay for the month of the March, April and May).	Difference of 30% from 80% for the month of the March, April and May will pay shortly .	Nil	30 Jan 2020	Done	
19	- Delivery Indicator achievement is 51 against target 68.	Delivery Indicator achievement will improve from 51 to target 68.	<p>institutional delivery will improve through the below:</p> <ul style="list-style-type: none"> • Improve the CHW referrals. • Pay 300 Afs for referral of delivery cases for CHWs. • Improve supportive supervisions. • Improve the community awareness through health education. • Provide ambulance for delivery cases to come HFs. 	Nil	30 Jan 2020	Improved	

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20	- Gentamycin is shortage while winterization supplied.	Gentamycin will supply	Gentamycin will supply from office stock shortly	Nil	30 Jan 2020	Done / No shortage	
21	- Warmer machine is available but not function because of space problem.	Warmer machine available and will be functional soon	The supportive supervision and space management will conduct from HFs by technical team to find road cases and will take step according and will functionalize the warmer machine.	Nil	30 Jan 2020	Not done due to space issue	
22	- Staff are not using NSTG guideline.	The all Staff will use NSTG guideline.	During supportive supervision will encourage Staff to use NSTG guideline.	Nil	30 Jan 2020	Done	
23	- The building is seriously repairable.	The building will repair and renovate.	The assessment for renovation will conduct from HFs and based on assessment the required material will procure and will conduct the practical renovation soon	Nil	30 Jan 2020	Assessment conducted	
24	- Refrigerator is not function because of no electricity.	Refrigerator will be functional and electricity will fix	The technical team will visit from HF to fix Refrigerator and electricity issues.	Nil	30 Jan 2020	Not done due to electricity issue	
25	- No blood transfusion fulfilled within Sehatmandi period.	blood transfusion services will follow up and fix the issue to conduct the transfusion.	<ul style="list-style-type: none"> • The Capacity building (Training) opportunity will provide for lab technician. • On the job training will provide for doctor and lab technician. 	Nil	30 Jan 2020	Done	

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			<ul style="list-style-type: none"> • The required material and reagent if the need will provide. • The protocol for blood transfusion for HF will provide. 				
26	- There is 6 beds and all of them are vacant.	The 6 beds IPD services will improve.	The supportive supervision from IPD services will increase. The route case for less usage try to find and will take proper action accordingly to improve the IPD services.	Nil	30 Jan 2020	Improved	
27	- No health post organogram and no clear refer sheet and feedback for each HPs.	organogram for health post will prepare and arrange the referral sheet and feedback for each HPs.	<ul style="list-style-type: none"> • The Organogram or chart for health post by CBHC team will prepare at health facility level. • the referral sheet and feedback mechanism will improve for each HPs. 	Nil	30 Jan 2020	Done	
28	- Staff personal file is not updated, no logistic and financial document is in HF.	Staff personal file , logistic and financial document at HF level will be updated for 1398.	Staff personal file , logistic and financial document at HF level will be updated for 1398.	Nil	30 Jan 2020	Done	
	Provincial Hospital						
1	- 5 cases of jaundice refer from shahrebuzurg district to PH, 3 of them died and 2 cases referred to kunduz RH for more investigation(active surveillance need)	more investigation(active surveillance will conduct)	For more investigation(active surveillance) the committee will establish to find the case and take necessary step for prevention.	Nil	30 Jan 2020	We have trained Pead specialist to do exchange transfusio	We have conducted the meetin g with Pead

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
						n but it will Start on feb 2020 and will follow ongoing basis.	team and we will start exchange blood transfusion from Feb , 2020
2	- Surgical OPD, emergency and investigation room is working in same place which affected the SBM and triage system.	The Surgical OPD, emergency and investigation room will be separate SBM and triage system.	The space management will conduct to Surgical OPD, emergency and investigation room will be separate from each other.	Nil	30 Jan 2020	In the process (position announced)	Just waiting to hire emergency Doctor
3	- No investigation room in maternity ward of the provincial hospital.	Investigation room in maternity ward will establish the provincial hospital.	Space management will conduct for looking area for Investigation room in maternity ward at the provincial hospital.	Nil	End of December 2019	Done	Done
4	- 2 patient in one bed in maternity ward of PH while there are free beds in Maternity ward of 60 beds maternity hospital which running by PPHD/MOPH	The space management will conduct to distribute the the BEDs per need of wards	The space management will conduct to redistribute the BEDs per need of wards and utilizations.	Nil	30 Jan 2020	Not done	Waiting to sign contract with MOPH and AKF to

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH/ PPHD</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks</i>
							have one management because 60 bed Obs/Gyn don't have medicines and consumable and patient are not going their more
5	- There are rooms titled for burn, ICU, recovery and shock control but actually there is no professional service and standard preparation and equipment's there (like routine beds).	There are rooms titled for burn, ICU, recovery and shock control AND THE professional service and standard preparation and equipment's there	The capacity building opportunity will provide for professional services of Burn, ICU, recovery and shock control to professional service and standard being implemented.	Nil	30 Jan 2020	Done	Done

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6	- There is no stove and no system to hot the recovery of the maternity ward.	Stove and system to hot to the recovery maternity ward will provide.	The Stove and hot sytem to the recovery maternity ward will provide soon.	Nil	30 Jan 2020	Done	Done
7	- Online recording of hospital HMIS/Medical record is not working since 3 months because of network insufficiency(patient file not entered)	Online recording of hospital HMIS/Medical record will be functional.	The ID is working to functionalize Online recording of hospital HMIS/Medical record soon.	Nil	30 Jan 2020	Not done	Waiting for new company
8	- Till 10 months no appraisal applied for employee and there is no evidence of disciplinary action for improvement.	At the end of year appraisal will apply for employee	HR department will support of line manager will conduct end of the year appraisal as per AKHS policy for all staff.	Nil	30 Jan 2020	Note done	
9	- Complicated SAM patient is not following according standard procedures.	The Complicated SAM patient is will follow up according standard procedures.	The Complicated SAM patient is will follow up according standard procedures. The on the job training will provide to staff.	Nil	30 Jan 2020	Not done	
10	- Food preparation, feeding, food item stock and office work of malnutrition children are doing in one room.	Food preparation, feeding, food item stock and office work of malnutrition children will be separate from each other.	Food preparation, feeding, food item stock and office work of malnutrition children will be separate from each other.	Nil	30 Jan 2020	Not done	We have only this space

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11	- Weak SBM and triage system in emergency and maternity ward of PH.	SBM and triage system in emergency and maternity ward of PH will improve according standards.	SBM and triage system in emergency and maternity ward of PH will improve according standards. The Nursing manager will recruit soon.	Nil	30 Jan 2020	Done	Done
12	- Every day there is more than two orthopedic cases were referring to kunduz RH while the MOPH specific and clear direction regarding hiring of orthopedist shared with AKHS more than 5 months.	AKHS will functional the orthopedic ward in Provincial hospital.	AKHS will functional the orthopedic ward in Provincial hospital by 2020.	Nil	30 Feb 2020	Not done	The position is announced in ACBAR
13	- Still the IPD patient buying some anti-biotic from private pharmacy.	The all required medicine will provide through hospital for free of cost.	<ul style="list-style-type: none"> • The all required medicine will provide through hospital for free of cost and there will be no need for purchasing medicine from outside. • This issue will discuse with all doctors to write medicine from hospital pharmacy not from outside. 	Nil	30 Jan 2020	Not done	Some of antibiotics are not in package like Vancomycin and etc. some medicine

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							e used by specialization program
14	- New born cases discharged without getting hepatitis B Vaccine during the night(the midwives are not trained)	hepatitis B Vaccine will provide during the night	<ul style="list-style-type: none"> The training will conduct for midwife to provide Hepatitis B vaccine for new born baby at night. The vaccine with cold chain system will maintain 	With coordination of PEMP	30 Jan 2020	Done	Done , We have 24 hour Vaccinator duty
15	- Third vaccinator not hired in PH	Third vaccinator will hire in PH	The EPI services of Hospital re assessment if in vaccine services was high defiantly will recruit additional vaccinator	PEMP will asses and share the recommendation for recruitment of 3 rd vaccinator	30 Jan 2020	Done	We had already this position.
	Prison Health:						
1	- No ANC, PNC and delivery service for female detainees.	ANC, PNC and delivery service will provide for femal.	<ul style="list-style-type: none"> ANC, PNC service will provide for out reach and mobile services. The delivery cases will refer to provincial hospital. The immunization will provide by out reach of nearest HF. 	Nil	30 Jan 2020	done	
2	- One private dental technician is working in	The services of private dental	The services of private dental technician will stop in HF .	PPHD will discuss with prison	30 Jan 2020	Not done	

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	one room of the clinic and getting Money for health services provision.	technician will stop in HF.	The meeting will conduct with prison head and PPHD.	head to stop the private services in prison			
3	- Availability of one private TB and HIV testing center in one room of the clinic who getting money against health services.	The TB and HIV testing service will stop in HF.	The TB and HIV testing service will stop in HF. The AKHS with support of PPHD will discuss with prison responsible to stop private services.	PPHD will discuss with prison head	30 Jan 2020	Not done	YHDO/ VCT did the HIV series
4	- Till life of Sehatmandi project no supportive supervision conducted by AKHS.	The supportive supervision will increase from HF.	The supportive supervision will conduct on regular basis	Nil	30 Jan 2020	Done	
	Jare Shah Baba BHC:						
1	- The vaccinators are not following the defaulters.	The vaccinators are following the defaulters.	<ul style="list-style-type: none"> The vaccinator will amle list of defaulter The vaccinators are follow up defaulters. The provincial team will supervises the progress. 	Nil	30 Jan 2020	Done / ongoing	
2	- 34 vial of OPV vaccine crossed the 3 stage of normal status(going to be out of use)	AKHS will improve the cold chain system to make sure OPV vaccine normal status	<ul style="list-style-type: none"> AKHS will improve the cold chain system to make sure OPV vaccine normal status. The supportive supervision will cold chain will improve. The capacity building opportunity will provide to vaccinators 	Nil	30 Jan 2020	Done	

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3	- Perdayam for outreach and mobile not paid.	Perdiam for outreach and mobile will pay as soon as possible.	The finance will create all pending Perdiam for outreach and mobile as soon as possible before 2020. After this they will receive timely.	Nil	30 December 2019	Not done	
4	- No space for family planning.	The proper space family planning will provide.	Space management will conduct by joint technical team to find proper space for family planning soon.	Nil	30 Jan 2020	Done	
5	- 5 out of 8 HPs have no referral since Sehatmandi project.	The health post will encourage to have referral cases to health facilities	<ul style="list-style-type: none"> • Pay 300 Afs for referral of delivery cases for CHWs. • Increase the number of CHS visit from HPs. • The feedback will provide for HPs. • Give priority for HPs referral cases. 	Nil	30 Jan 2020	Not done	
6	- Zero delivery cases recorded within last 2 months.	The delivery cases will improve.	<p>The institutional delivery will improve through the below:</p> <ul style="list-style-type: none"> • Improve the CHW referrals. • Pay 300 Afs for referral of delivery cases for CHWs. • Improve supportive supervisions. • Improve the community awareness through health education. 	Nil	30 Jan 2020	Not done	

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			<ul style="list-style-type: none"> • Provide transport cost for delivery cases to come HFs. • Encourage the midwife and pay 500- afs for each night duty in case of delivery occur at clinic. 				
7	- No electricity and no active solar system.	The electricity will provide for HF.	The electrician will visit from HF to provide the electricity of solar or generator soon.	Nil	30 Jan 2020	Done	
	AKHS-A provincial office:			Nil			
1	- Comprehensive approved winterization plan was not available.	Comprehensive winterization plan was available but for next year the MoPH approval will take.	The Comprehensive winterization plan is available at provincial office but for next year AKHS will take approval from MoPH before winterization supply.	Nil	30 Jan 2020	Done	
2	- Number of supervision is very low (EPI 19% and nutrition 50%)	The Number of supportive supervision will increase specially from EPI and Nutrition department.	The Number of supportive supervision from health facilities will increase specially from EPI and Nutrition department.	Nil	30 Jan 2020	Not done	
3	- Most of the supervision is like monitoring and not supportive.	The quality of supervision will improve.	The orientation to how to conduct supportive supervision from HFs will be conducted at provincial level staff.	Nil	30 Jan 2020	Not done	

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4	- HQIP implementation is very weak and no evidence found to show the details of HFs status regarding quality assurance.	The HQIP implementation will improve	<ul style="list-style-type: none"> • The HQIP implementation will improve. • The Score sheet and summary is available at provincial and health facility level. 	Nil	30 Jan 2020	Done	
5	- Staff knowledge is poor in term of data quality assurance and quality assurance.	Staff knowledge will improve regarding data quality assurance and quality assurance.	<ul style="list-style-type: none"> • The data verification orientation will provide to all required staff. • The Data quality assurance protocol will re share will all staff. 	Nil	30 Jan 2020	Done / Training for 7 staff conducted in Kabul.	

