



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

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

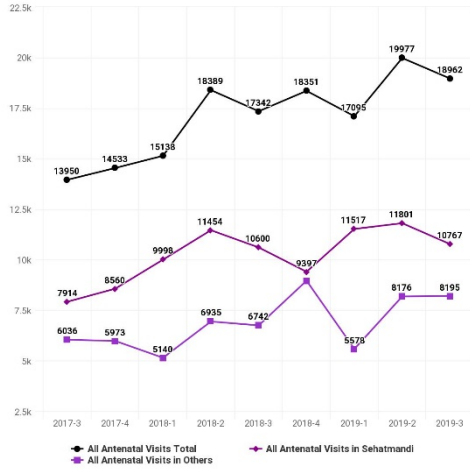
| | |
|------------------|----------------------------|
| Name of Service | MOVE |
| Provider | |
| Reported by | Dr. Sayed Kalimullah Fawad |
| Telephone number | +93 (0) 700 247 665 |
| Email address | kfawad.pmo@gmail.com |

1. Achievements in P4P indicators and other key indicators

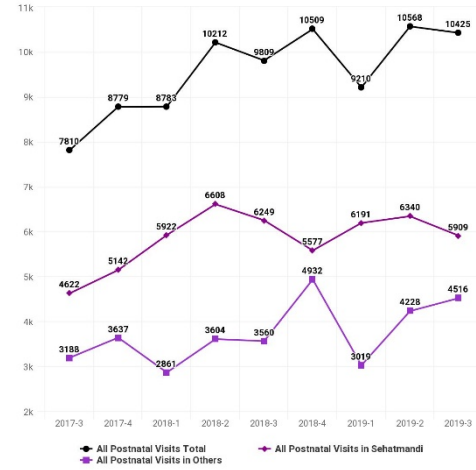
a. Trend lines of key indicators

Below graphs 1-14 present changes in the service counts of key performance indicators between the 1st quarter of 2017 and the 3rd quarter of 2019.

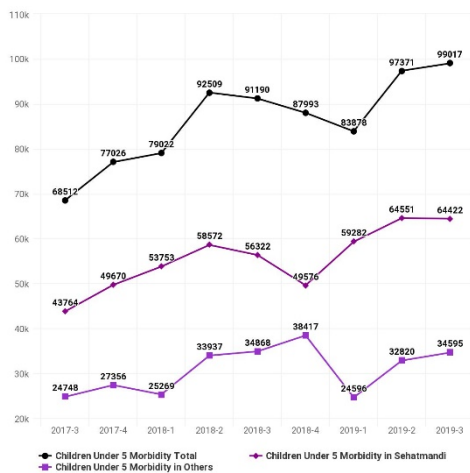
Graph 1: ANC



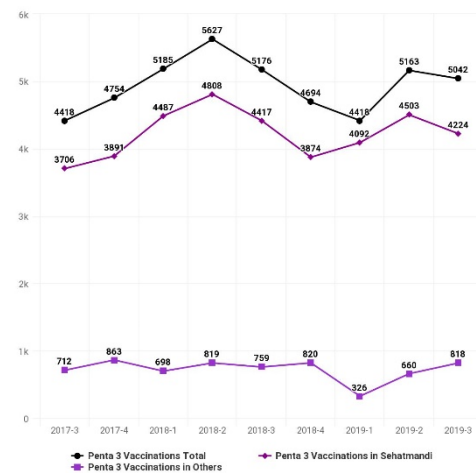
Graph 2: PNC



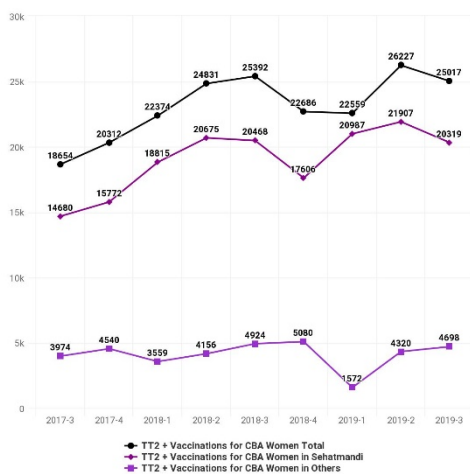
Graph 3: U5 OPD



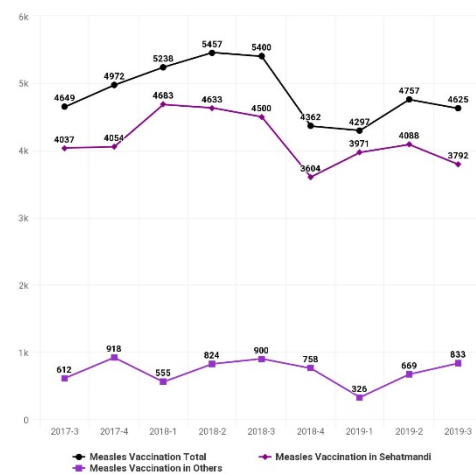
Graph 4: Penta 3



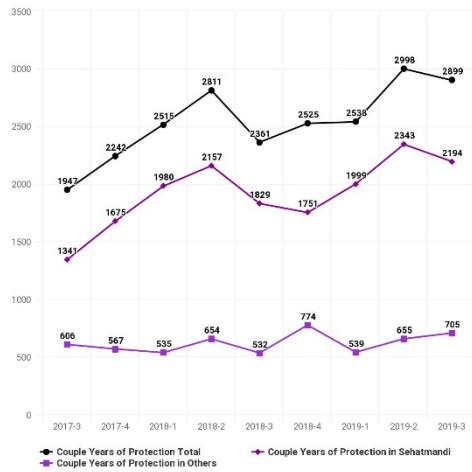
Graph 5: TT2+



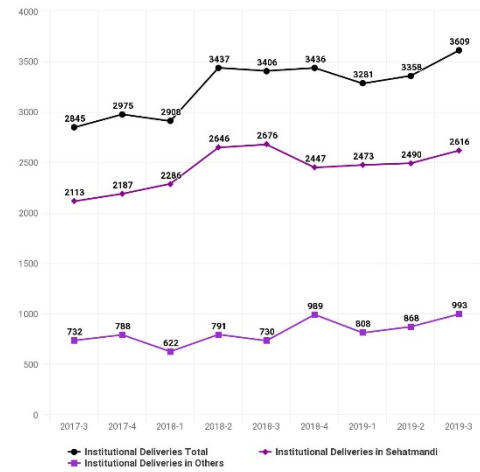
Graph 6: Measles



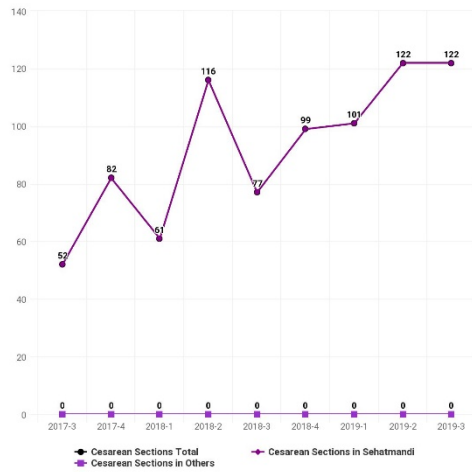
Graph 7: CYP



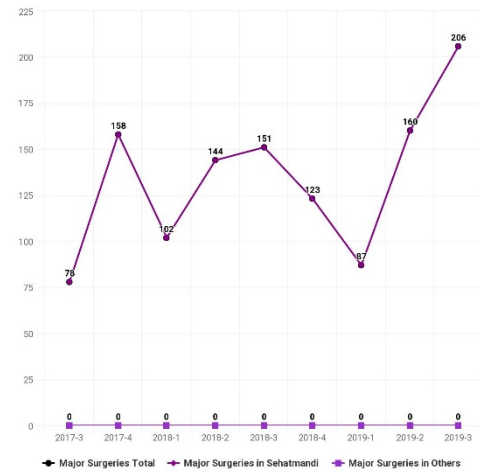
Graph 8: Institutional deliveries



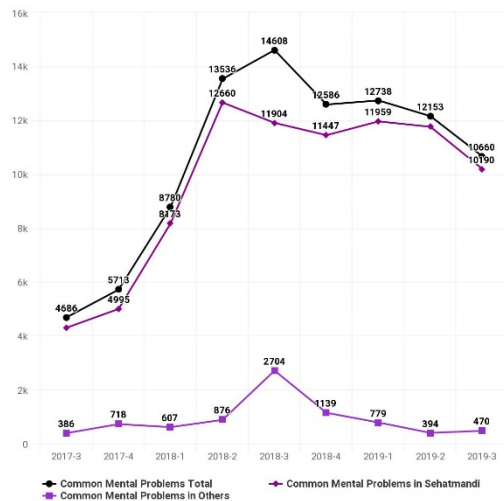
Graph 9: Caesarean section deliveries



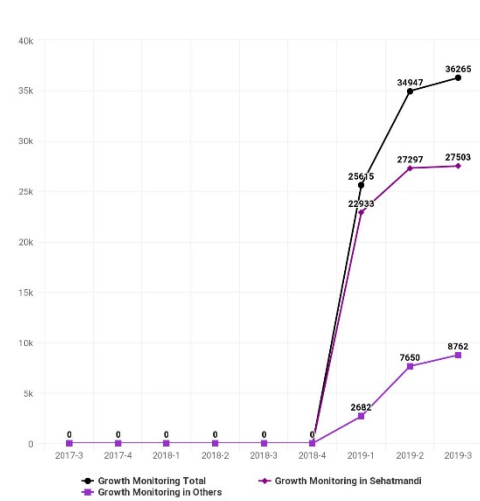
Graph 10: Major surgeries



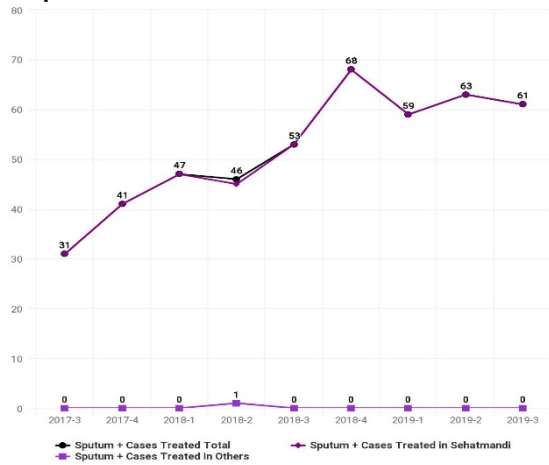
Graph 11: Mental health



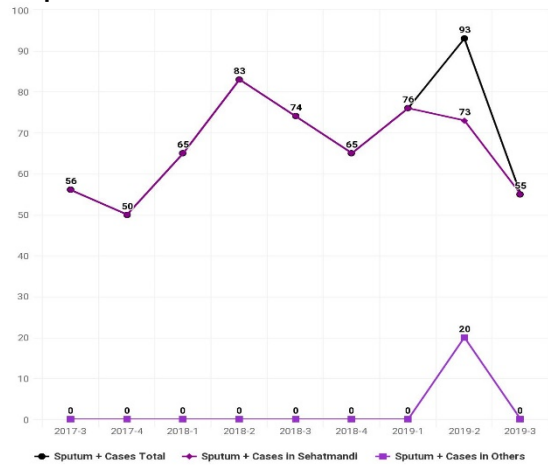
Graph 12: GM/IYCF



Graph 13: TB treatment



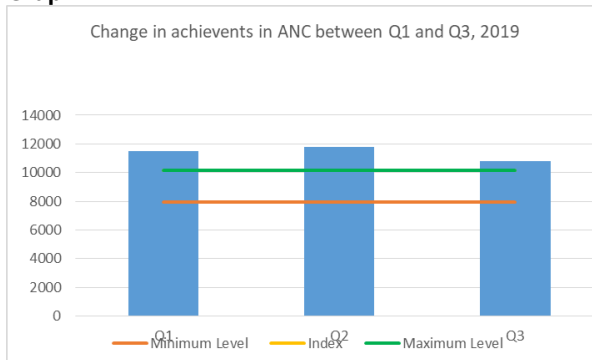
Graph 14: TB detection



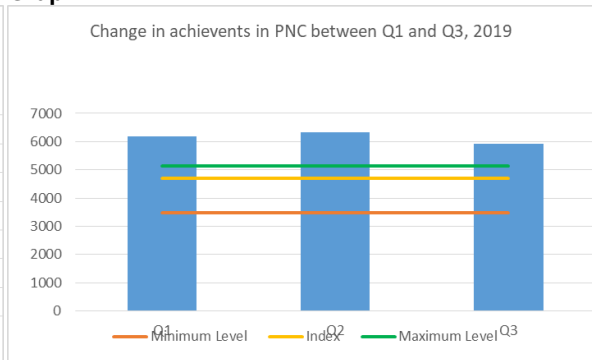
b. Comparison of quarterly achievements in key indicators

Below graphs 1-11 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).

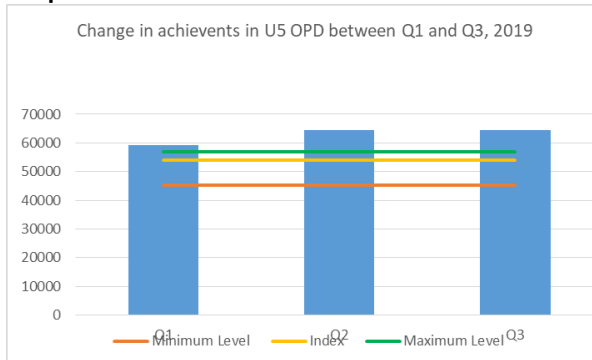
Graph 1: ANC



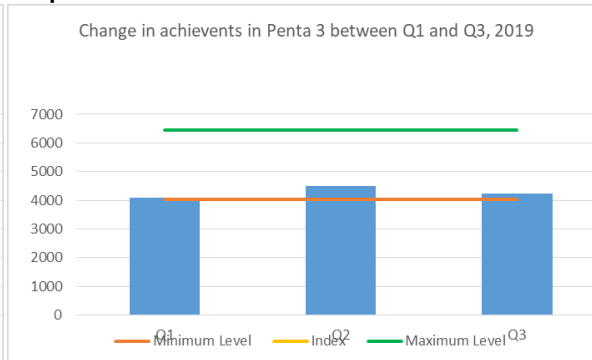
Graph 2: PNC



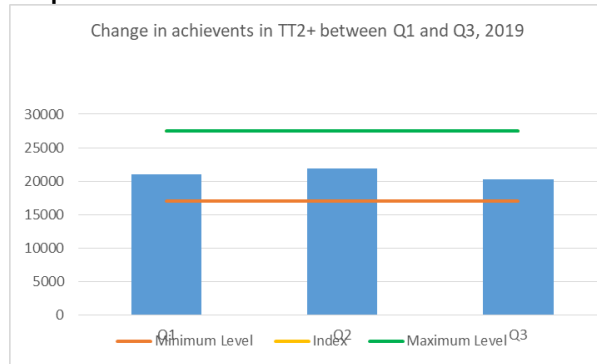
Graph 3: U5 OPD



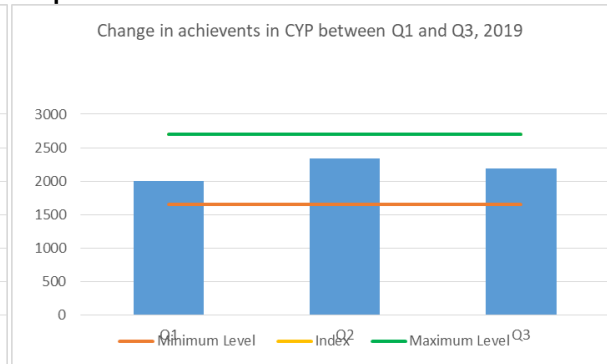
Graph 4: Penta 3



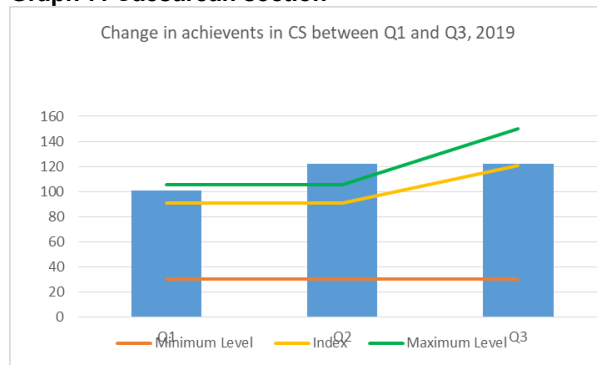
Graph 5: TT2+



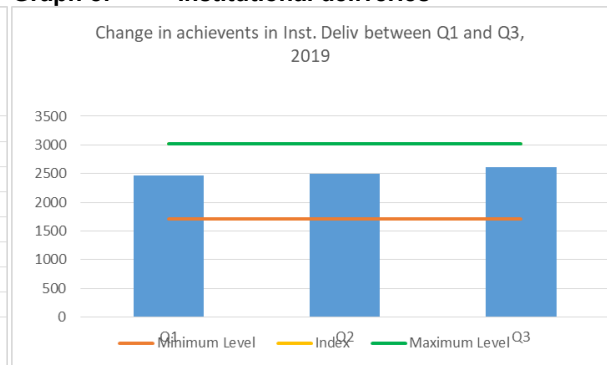
Graph 6: CYP



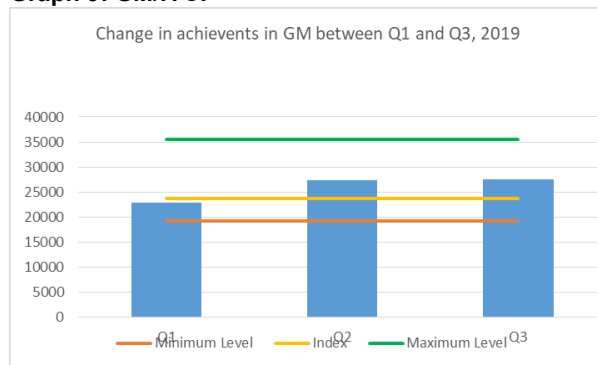
Graph 7: Caesarean section



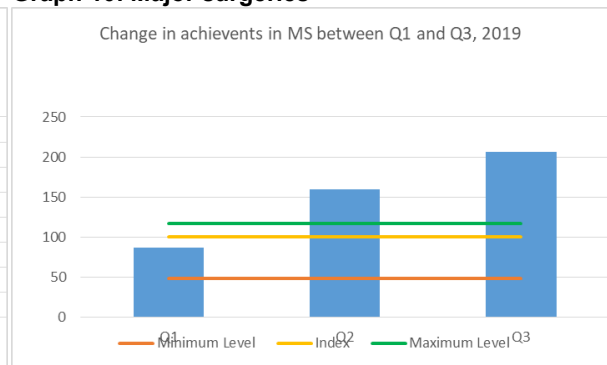
Graph 8: Institutional deliveries



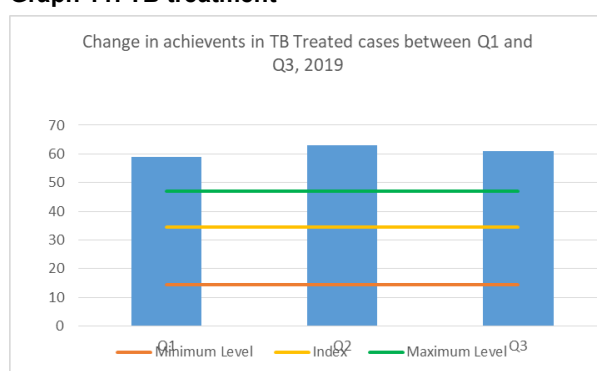
Graph 9: GM/IYCF



Graph 10: Major surgeries



Graph 11: TB treatment



2. Analysis of achievements at health facility level

Chart 1 presents % share of achievements in Q3 2019 by indicator and by type of health facility. Considering types of services relevant to each type of health facility, % share looks reasonably distributed. However, to keep up with low performance in immunization services in fixed centers, MHT could make a greater contribution to them.

Chart 1: Proportional contribution to P4P services in Q3 by type of health facility

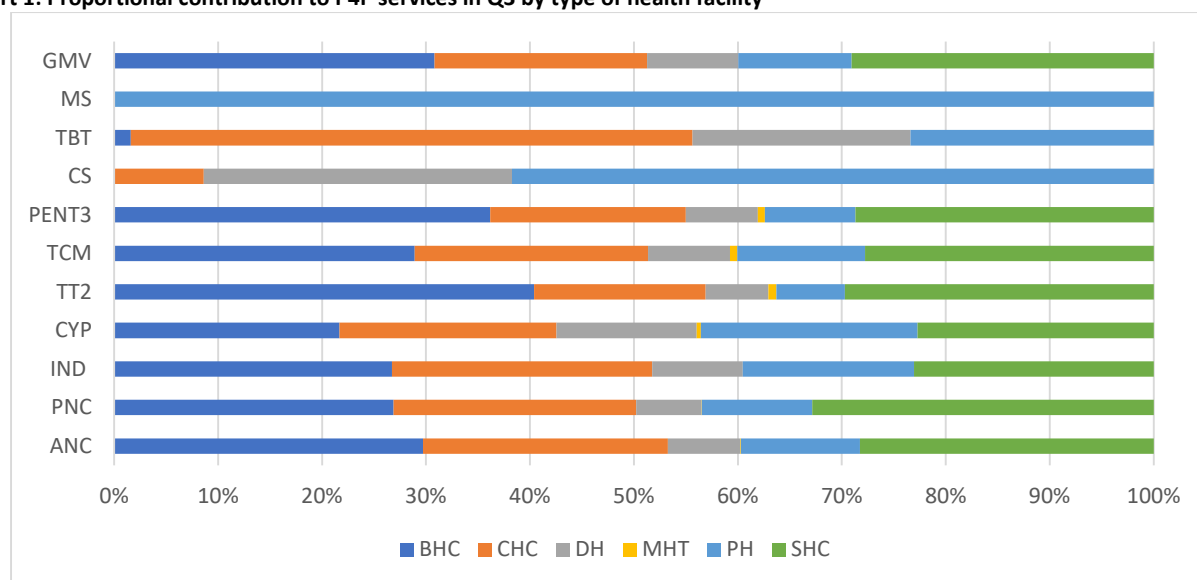


Table 1 compares achievements in P4P services between Q2 and Q3, 2019. Key findings include:

- Mobile team # 2 did not report the achievements in ANC, PNC and CYP from the start of the second quarter of project. The reason was unavailability of staff at mobile team
- Watana BHC did not report two indicators (i.e. TT2+ and Penta-3) in the months of Hamal and Sawr, because of the un presence of nurse during the mentioned two months
- Khorga and Beir PHCs did not report GM indicator in the month of Hamal because of the unavailability of nutrition councilor in the month of Hamal

Table 1: Comparison of achievements in percentages between Q2 and Q3 by indicator, by type of health facility

| Indicators | BHC | | CHC | | DH | | MHT | | PH | | SHC | |
|------------|-------|-------|-------|-------|-------|-------|------|------|-------|-------|-------|-------|
| | Q2 | Q3 | Q2 | Q3 | Q2 | Q3 | Q2 | Q3 | Q2 | Q3 | Q2 | Q3 |
| ANC | 29.79 | 26.72 | 21.90 | 23.05 | 6.37 | 6.96 | - | 0.10 | 10.84 | 10.98 | 26.89 | 27.00 |
| PNC | 25.84 | 23.96 | 19.78 | 23.66 | 5.55 | 6.13 | - | 0.07 | 10.06 | 9.63 | 32.11 | 28.67 |
| IND | 26.35 | 24.08 | 22.25 | 24.81 | 7.71 | 8.68 | - | - | 16.47 | 14.64 | 21.89 | 21.52 |
| CYP | 19.97 | 20.22 | 19.45 | 19.21 | 15.00 | 9.84 | - | 0.79 | 19.04 | 19.65 | 20.77 | 21.32 |
| TT2 | 39.85 | 38.13 | 15.99 | 15.94 | 5.96 | 5.70 | 0.90 | 0.57 | 5.80 | 6.98 | 28.56 | 28.83 |
| TCM | 29.37 | 25.73 | 19.24 | 23.59 | 7.95 | 7.08 | 0.44 | 0.93 | 11.55 | 11.88 | 27.11 | 25.79 |
| PENT3 | 35.04 | 34.56 | 17.30 | 18.96 | 6.77 | 6.56 | 0.91 | 0.33 | 8.15 | 8.64 | 27.71 | 27.49 |
| CS | - | - | 9.02 | 5.74 | 31.15 | 19.67 | - | - | 51.64 | 54.10 | - | - |
| TBT | 1.59 | 1.64 | 58.73 | 49.18 | 19.05 | 22.95 | - | - | 20.63 | 26.23 | - | - |

| | | | | | | | | | | | | |
|-----|-------|-------|-------|-------|------|------|---|---|--------|--------|-------|-------|
| MS | - | - | - | - | - | - | - | - | 100.00 | 100.00 | - | - |
| GMV | 31.37 | 27.79 | 17.60 | 21.68 | 8.94 | 7.86 | - | - | 10.43 | 10.54 | 28.01 | 27.74 |

3. Summary of Monthly Updates

- i. Monthly Updates of each month for the third quarter were sent to PMO in time.
- ii. All key project staff were filled but most of female MD positions (5/12) were vacant in the months of Saratan, Asad and Sunbula.
- iii. SP managed to cope with staff turnover at health facility level by recruitment of new staff through the recruitment committee during the quarter.
- iv. Dahane Gardish BHC was closed for 5 days due to armed clashes between the government and irresponsible gunmen in month of Saratan. Otherwise, the rest of 56 health facilities were functional straight through the months of Asad and Sunbula.
- v. Trainings were conducted based on the training plan developed by the implementing NGO and other partners.
- vi. 6 Joint monitoring visits with PPHD and other related departments were conducted during the quarter.

4. Performance in Quality of Care indicators

N.A.

5. Summary of discussions of the Quarterly Performance Review Meeting:

- After the quarterly performance review meeting chaired by deputy PPHD (Dr. Ali khan Aram), a separate meeting was conducted again with him.
- Deputy PPHD appreciated conducting of this activity and mentioned that the project activities are going well generally. He however mentioned that the implementing NGO did not prepare an action plan in response to the PHOs' monitoring feedbacks. In the previous months (Sunbula and Mizan), PPHO team had visited 4 to 5 health facilities and sent the monitoring feedbacks to MOVE office for their information and action. However, they did not send the action plan to PHD and/or related departments. This issue was also discussed during the review meeting, MOWE promised to send the action plan for the visited health facilities.

Annex 1: Detailed Mission Report Jawz CHC

Strengthening points:

- Contribution of health shura to build 9 rooms for health facility
- Availability of all staff based on BPHS except of Female MD
- Availability of MOPH treatment guidelines in health facility
- Availability of HMIS written feedback
- Health education sessions held daily for both men and women clients
- Mental Health, eye care and disability services provided at health facility
- Availability of all vaccines, update EPI micro plan, outreach plan at health facility
- Delivery room fully equipped with proper equipment, midwifery kits, delivery kits, functional delivery table and usage of partographs during the delivery in the health facility
- Functional micro scope, blood transfusion bags and reagents, requires strips was present in laboratory.
- Update inventory list, update and complete staff personal files, regular attendance sheet at admin section

Weak points:

- No proper patient files and the files did not filled up regularly
- Male MD did not received IMCI and Disability training
- Outreach plan did not implemented regularly
- Warmer is not working in MCH section
- No waiting area for clients(Male and Female)
- Stock cards were not filled regularly and not updated
- RUD is not practiced well and usage of antibiotics are more than normal usage of antibiotics
- Pharmacy, admin and lab sections do not supervised by responsible officers during the quarter
- No portable emergency kits available in Pharmacy section
- Stock out of the medicine were observed in the month of Mizan such as (Syp-Paracetamol for 36 days, Tab- Paracetamol for 12 days, Cap- Amoxicillin 500 mg for 12 days and Tab- Atenolol for 33 days)
- Health facility drugs and medical expendable did not supplied as per consumption of health facility request and lab section is not standard as will
- CHWs monthly meeting did not conduct
- No approved health care waste management plan
- Ambulance was not equipped regularly and drug list was not update
- Female MD and Pharmacy positions are still vacant
- Training plan is not available in the Health facility
- There is no any document to shows that staff of the health facility went to the training or any other job

Ghaph PHC

Strengthening points:

- Donation of health facility building by Health shura members specially Guard of Health facility
- All P4P indicators are achieved the set targets in the month of Mizan
- Health facility supplied with sufficient amount of winterization
- Availability of MoPH treated guidelines at health facility
- HMIS monthly written feedbacks are available in health facility
- Health facility properly staffed as per BPHS structure

Weak points:

- Health facility building is donated by health shura but still implementing NGO did not add his contribution to mentioned health facility
- NTA is not available
- Health facility staff did not received the following trainings:
 - IMCI Training
 - IP Training
 - Eye care Training
 - Basic new born care Training
 - Basic emergency obstetric care Training
- Vaccinator Motor bike machine repaired by himself but still the expenses did not paid to him
- Delivery room is not standard
- MCH, admin and pharmacy sections did not supervised by responsible supervisor since 6 months
- Drug physical inventory was not updated
- Stock out of the medicine observed in the month of Mizan such as (Syp-Paracetamol for one month, Syp- Metronidazole for 10 days)
- Health facility drugs and medical expendable did not supply as per consumption of health facility request

QALA E SANGI PHC**Strengthening points:**

- Health facility properly staffed as per BPHS structure
- P4p indicators displaying charts available and regularly updated
- Availability of health education time table in health facility, but implementation of the time table is not regularly
- MW has awareness about her activities and her knowledge was good
- Winterization supply completely took place

Weak points:

- Lack of all guidelines in health facility
- Head of health facility(Male Nurse) never received related trainings
- Midwife did not received the initial trainings of MCH
- No attendance sheet in health facility

- Stock out of the medicine such as Tab- Aminophylline, Cap- Amoxicillin, Syp- Amoxicillin, Pom- Betamazole, Inj- Calcium Gluconate, Tab- Chloramphenicol, Tab- Cotrimoxazole and etc.....
- New hired nutrition councilors did not received the nutrition initial training
- Outreach did not implemented based on prepared plan

Miramor District Hospital

Strengthening points:

- Availability of active and equipped ambulance
- Availability of EPI micro plan and outreach plan,
- MCH section properly equipped and Partographs were used for management of each institutional delivery.
- Update inventory list of assets was available in each rooms
- Availability of surgeon and anesthetist in the hospital
- Availability of sufficient amount of supplies
- Update HMIS and other related departments guidelines is present and HMIS monthly feedbacks were available
- Proper IPD wards and availability of related files
- Appropriate food provided for inpatients,
- Morning reports were very comprehensive, all admitted cases have been discussed in the morning meeting of the staff

Weak points:

- Water system is functional in the hospital but the pipes are not working.
- Health education sessions not held daily for both male and female
- Still medicine prescribed from bazar
- Drugs and medical expendable have not supplied as per consumption report
- Rational Use of Drug is not practiced well and the percentage use of antibiotics are higher than the normal.
- TNA was not available
- No proper laboratory section including standard room and table
- Availability of expired blood transfusion bag
- Laboratory section is not supervised by responsible supervisor in last two months
- Incinerator have not checked and used regularly
- No update of inventory list in rooms of the hospital
- Irregular supply of lab reagents and labrant complained from his salary
- No approved health care waste management plan
- Health facility has a logistic stock, but is not regularly arranged
- Lack of waiting areas for Male and Female, as we saw, all patient keepers were wait outside the building during the rain

- Lack of Physiotherapy equipment's in the hospital. Request has done but still not considered
- Lack of cloths for IPD and surgical Patients in the hospital and surgical sheet is not available
- Warmar is not working in the hospital
- No archives for IPD files, No filling system, and all IPD files were thrown in a part of emergency room. IPD files not regularly filled
- NO Female MD and Dentist
- Stock out of medicine in last two week of mizan
- Incomplete set in dental department of hospital
- Availability of wooden stove in operation theater
- Electricity is not enough for Xray machine, washing box of films and the light of the dark room of Xray are not standard
- Sheep meet was mentioned in the Mino three times per week, but instead of mentioned meet, chicken meet provided for Inpatients.

Ulqan DH

Strengthening points:

- Good communication and coordination between staff and related departments
- Good role and regulation in the hospital which is created by head of hospital,
- Most of treatment guidelines are available
- Availability of all HMIS formats and monthly HMIS feedback
- IPD ward equipped with enough beds, bed sheets, patient files properly filled up and routine laboratory exam be performed,
- Most of staff received trainings such as RUD,IP, Lab skill, EPI refresher, Nutrition, Mental health and newborn care.
- MCH section completely equipped and all necessary activities have been done by related staff
- Availability of all related medicine in pharmacy section
- Health Posts monthly supervised by CHS and proper supervision checklist be used for supervision
- Availability of standard laboratory section, Microscopes, blood transfusion bags in lab section
- Operation theater is active and related operations have been done
- Availability of update inventory list, annual training plan, annual work plan, complete staff personal files and salary of last month of the staff was paid

Weak points:

- No waiting area for male and female
- Some trainings such as IMCI, C-IMCI, Primary Eye Care and disability did not conduct to hospital staff

- Shortage of sphygmomanometer in MCH section and curettage set is not working. lack of Doblax in delivery room
- Stock out of medicine such as Tab- Phenobarbital, Inj – Procaine Penicillin, Water for injection and Gloves in month of Mizan and unavailability of refrigerator in pharmacy section
- Initial trainings is not conducted for new selected CHWs and CHW monthly meetings did not conduct.
- Drugs and medical expendable are not supplied as per health facility request
- Shortage of required reagents and strips, Lens # 40 of microscope is not working, lack of refrigerator in Lab section
- No IP guideline in health facility
- Laryngoscope and anesthesia machine are not working, surgery sheets purchased by patients,
- Shortage of IEC material in each part of health facility
- No special nurse (scrub Nurse) for operation theater
- Lack of female physiotherapist and incomplete Physiotherapy equipment's in the hospital, Request has done but still not considered
- X-ray machine is destroyed since two weeks and protection equipment is not present for X-ray technician,
- Lack of wale chair in emergency room and serum stain in recovery room
- Incomplete dental set in dental examination room,
- Less attention of supervisors during supervision, there supervisions are not supportive supervision
- Kitchen is not in proper place, No proper cupboard and no cloth for cooker of the hospital

Sang Takht CHC+

Strengthening points:

- Availability of all staff, Surgeon, FMD, Male MD, and other related staff
- HMIS update forms, HMIS written feedbacks, Project output indicators charts were available
- Availability of patient flow chart, IPD proper ward,
- Availability of all related medicine in the hospital
- Most of trainings have taken by related staff
- Availability of all vaccines, EPI update charts, identifying of fixed and outreach areas in map and outreach plan,
- Complete Midwifery kits, ANC, PNC and FP cards were present in MCH section. Partographs were used for management of each intuitional delivery/Labor as well
- All health posts have at least one Female CHWs
- Availability of standard Lab, necessary reagents and strips, blood transfusion bags in laboratory
- Health facility (CHC+) is doing fresh blood transfusion
- Complete files, register of TB patients, exist of TB kits for each patient and availability of mechanism for TB case detection

Weak points:

- Wooden stove used in operation theater
- No special place for generator and kitchen
- Less transportation cost paid for vaccinators
- Oxygen balloons of delivery room was empty, only one balloon of oxygen was full in operation theater, No other oxygen balloon was there
- No functional water supply in external toilets
- Patient files were not filled properly, progressive note did not written in the files
- Medicines were prescribed from bazar, while the prescribes medicine were present in the hospital
- OPD register did not filled regularly
- TNA was not available
- IMCI and Primary Eye Care trainings did not conducted for related staff
- Outreach plan did not implemented as per prepared plan
- Availability of only one functional delivery table, during our visit three other delivery cases were waiting for delivery
- Lack of sphygmomanometer in delivery room
- Privacy did not considered in delivery room
- Graphs were not updated in some departments
- Lack of growth monitoring cards in last three months
- Drugs and medical expendable did not supplied as per consumption report,
- RUD was not practiced in Health facility and percentage use of antibiotics were more than 50%
- CHWs monthly meetings was not conducted
- CHWs kit not supplied completely (500 Paracitamol for 6 month for each Health Post)

Mental Health department feedback from the visited health facility;

- Most of the doctors in health facilities did not received Mental health trainings
- Nurses and Midwives of provincial hospital and other health facilities did not received Mental health training
- Mental health meetings and health education on mental health did not conduct regularly in the health facility
- Service Provider and Daikundi PPHD/PHOs not conducted regular supervision from mental health issues from health facilities
- Lack of Mental health IEC Material in waiting areas and health facility other rooms (specially Mental health room)
- Mental and social councilor report did not combined with monthly integrated activity report of the all health facilities
- No files for Mental health patients in Jawz CHC and Sangtakht CHC+
- An availability of mental health IEC material in health facilities especially in mental health department

Annex 2: Updated Performance Improvement Plan (PIP)

Performance Improvement Plan

BPHS-EPHS Sehatmandi project MOVE Daikundi Province

Period: 01/ July to 30/ Sep 2019

Review Date: 25th Nov

| <i>S/N</i> | <i>Problem Statement</i> | <i>Route Causes</i> | <i>Recommendation/ Corrective actions</i> | <i>Support to be provided by MOPH</i> | <i>Agreed Completion Date</i> | <i>Status/Progress made</i> | <i>Remarks</i> |
|------------|---|---|--|---------------------------------------|-------------------------------|-----------------------------|----------------|
| 1 | The Institutional Delivery achievements over than the minimum, but not reached to Index | <ul style="list-style-type: none"> ✓ Inadequate counseling and health education on Institutional Delivery by MWs to pregnant mother during ANC ✓ Inadequate effectiveness and frequency of supervisions ✓ Low number of referral of Delivery cases by CHWs and FHAGs. ✓ Inadequate awareness of community peoples/ households regarding the advantage of Institutional delivery | <ol style="list-style-type: none"> 1. Health education on Institutional Delivery should be regularly conducted by MWs to pregnant mother attending ANC visits in their related HFs. 2. Strengthening and increasing the effectiveness and frequency of supportive supervision with more focus on that HFs with low delivery cases. 3. Strengthening the referral of Delivery cases by CHWs through direct supervision of CHS and communication with HF shura and FHAGs. 4. In close coordination with HF shura, Increase the awareness of community peoples/ households regarding the advantage of Institutional delivery and encouraging them to bring pregnant mother to HF for performing Safe and clean Delivery | | End of Mar 2020 | | |

| <i>S/N</i> | <i>Problem Statement</i> | <i>Route Causes</i> | <i>Recommendation/ Corrective actions</i> | <i>Support to be provided by MOPH</i> | <i>Agreed Completion Date</i> | <i>Status/Progress made</i> | <i>Remarks</i> |
|------------|---|--|--|---------------------------------------|-------------------------------|-----------------------------|----------------|
| | | <ul style="list-style-type: none"> ✓ Less follow up of 24 hrs facility for EmONC services in BHCs and PHCs ✓ Inadequate local transportation facility for carrying delivery cases from houses to HFs ✓ Turnover of MW position at HFs level | <p>5. As an initiative, ensuring 24 hrs facility for EmONC services in those BHCs and PHCs that MWs are accommodated.</p> <p>6. As an initiative, Ensuring Transportation Facility (Using Ambulance) for carrying delivery cases from Houses to those HFs with Ambulance service</p> <p>7. The turnover of MW position at HFs level should be filled on time</p> | | | | |
| 2 | The CYP Indicator achievements over than the minimum target, but not reached to Index | <ul style="list-style-type: none"> ✓ Less consoling with eligible women on utilization of family planning methods by MWs ✓ Inadequate effectiveness and frequency of supportive supervision by PO RH officer ✓ Less awareness of community peoples/ households regarding the advantage of family planning ✓ Stock out of supply of FP methods in HFs | <ol style="list-style-type: none"> 1. Regular consoling with eligible women on Utilization of family planning methods should be conducted by MWs in their related HFs. 2. Regular consoling with Eligible women on Utilization of Family planning methods should be conducted by MWs in their related HFs. 3. Strengthening and Increasing the Effectiveness and frequency of supportive supervision by RH O with more focus on those HFs with low CYP 4. In close coordination with HF Shura , Increase the awareness of community peoples/ households regarding the advantage of Family planning | | End of Mar 2020 | | |

| <i>S/N</i> | <i>Problem Statement</i> | <i>Route Causes</i> | <i>Recommendation/ Corrective actions</i> | <i>Support to be provided by MOPH</i> | <i>Agreed Completion Date</i> | <i>Status/Progress made</i> | <i>Remarks</i> |
|------------|--|--|--|---|-------------------------------|-----------------------------|----------------|
| | | <ul style="list-style-type: none"> ✓ Turnover of MWs at HFs level | <ul style="list-style-type: none"> 5. Ensuring regular supply of FP methods in HFs to prevent any stock out of family planning methods. 6. The turnover of MW position at HFs level should be filled on time | | | | |
| 3 | Penta 3 in <1y children indicator over than the minimum target, but not reached to the Index | <ul style="list-style-type: none"> ✓ Inadequate health education sessions regarding advantage of Vaccination at HFs and community levels ✓ No regular f/up of immunization defaulters ✓ Low number of referral of clients for vaccination between HPs and HFs ✓ Inadequate EPI outreach plan days based on need ✓ Outreach and fix activities need to be strengthened in PHCs ✓ Proper patient flow is not considered in some HFs. | <ul style="list-style-type: none"> 1. Strengthening the health education regarding advantage of Vaccination to parents /clients at HF and community level. 2.Regular f/up of drop out cases by CHS and vaccinator at field level 3.Strengthening the referral system between CHW and HF 4.Increase EPI outreach plan days based on need and regular f/up of outreach session by related HF 5. Outreach activity will be strengthened in PHCs to cover their related areas and the trained Midwives as Back up vaccinator, will cover fix center accordingly. 6. Set up a proper patient flow in the HF to prevent any missopportunity for Vaccine eligible client. | PEMT with implementing NGO EPI team will provide facilitation of Micro-planning workshop. | End of Mar 2020 | | |

| <i>S/N</i> | <i>Problem Statement</i> | <i>Route Causes</i> | <i>Recommendation/ Corrective actions</i> | <i>Support to be provided by MOPH</i> | <i>Agreed Completion Date</i> | <i>Status/Progress made</i> | <i>Remarks</i> |
|------------|--|---|--|---------------------------------------|-------------------------------|-----------------------------|----------------|
| | | <ul style="list-style-type: none"> ✓ Inadequate effectiveness and frequency of supportive supervision by EPI team. ✓ Repairing of EPI Motorbikes ✓ Revising EPI microplanning for 2020 based on actual status (Population, expenditure of fuel and motorbike repairing cost should be adjusted based on actual status) ✓ Intervention of off budget project | <p>7.Strengthening and Increasing the Effectiveness and frequency of supportive supervision by EPI officer and supervisor with more focus on those HFs with low EPI indicators</p> <p>8. The motorbike in DHs, CHCs and BHCs, which is not working, will be fixed on time.</p> <p>9. Conduct EPI microplanning session workshop and revise EPI micro-plan based on actual status, discussing about amount of fuel and motorbike repairing cost and adjust them in accordance to actual status as required.</p> <p>10. In close coordination of PPHD and relevant stakeholders, intervention of off budget projects in BPHS catchments area will be avoided</p> | | | | |
| 4 | TT2+ in CBA indicator over than the minimum target, but not reached to the Index | <ul style="list-style-type: none"> ✓ Inadequate health education sessions regarding advantage of Vaccination at HFs and community levels ✓ No regular f/up of immunization defaulters ✓ Low number of referral of clients for vaccination between HPs and HFs | <p>1. Strengthening the health education regarding advantage of Vaccination to parents /clients. Regular f/up of drop out cases by CHS and vaccinator at field level.</p> <p>2.Strengthening the referral system between CHW and HF</p> <p>3.Increase EPI outreach plan days based on need and regular f/up of outreach session by related HF</p> | | End of Mar 2020 | | |

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|------------|--------------------------|---|---|---------------------------------------|-------------------------------|-----------------------------|----------------|
| | | <ul style="list-style-type: none"> ✓ Inadequate EPI outreach plan days based on need ✓ Outreach and fix activities need to be strengthened in PHCs ✓ Proper patient flow is not considered in some HFs. ✓ Inadequate effectiveness and frequency of supportive supervision by EPI team. ✓ The referral system between MCH and EPI sections need to be more strengthened in the HFs. ✓ Revising EPI microplanning for 2020 based on actual status (Population, expenditure of fuel and motorbike repairing cost should be adjusted based on actual status) ✓ Intervention of off budget project | <p>4. In PHCs, Outreach activity will be strengthened to cover their related areas and Back up vaccinator, the trained Midwives will cover fix center accordingly.</p> <p>5. In coordination with education department of Daikundi province, Outreach activity will be conducted in Girls High schools to provide TT vaccine for eligible girls (>15y).</p> <p>6. Set up a proper patient flow in the HF to prevent any missopportunity for Vaccine eligible client.</p> <p>7. Strengthening and Increasing the Effectiveness and frequency of supportive supervision by EPI supervisor and officer with more focus on those HFs with low EPI indicators</p> <p>8. The motorbike in DHs, CHCs and BHCs, which is not good working, will be fixed on time.</p> <p>9. The refer system from MCH section to EPI will more strengthen in the HFs. The MWs will strictly check the TT vaccine cards in the time of providing the ANC/PNC/FP services in the HF</p> <p>10. Conduct EPI microplanning session workshop and revise EPI micro-plan based on actual status, discussing about amount of fuel and motorbike repairing cost and adjust them in accordance to actual status as required.</p> | | | | |

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| | | | 11. In close coordination of PPHD and relevant stakeholders, intervention of off budget projects in BPHS catchments area will be avoided | | | | |
| 5 | The CS indicator achievements is over than the minimum target, but not reached to the Index | <ul style="list-style-type: none"> ✓ Inadequate knowledge and skill of MWs on CS indications. ✓ Week referral system from CHCs, BHCs and PHCs to PH, DHs and CHC+s. ✓ Turnover of surgeon position at DHs and CHC+s | <ol style="list-style-type: none"> 1. On the job training should be conducted to MWs of HF about CS indications by RHO through supportive supervision from HF. 2. In case of any complicated delivery cases the MWs of CHCs, BHCs and PHCs should have close coordination with MWs of DHs and CHC+s for timely referring by Ambulances 3. The turnover of surgeon position in Kiti DH and Khedir CHC+ should be filled ASAP. | | End of Mar 2020 | | |
| 6 | 6 vacant positions of female MD in 6HFs (Miramor DH, Kijran CHC, Bandar CHC, | ✓ Unavailability of local staff | <ul style="list-style-type: none"> ✓ Announce the vacant position at ACBAR site. ✓ Announce vacant position locally in provincial level. | | ✓ Already announced | | |

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|---|---|--|---|---------------------------------------|--|-----------------------------|----------------|
| | Palas CHC, Ashtarlai CHC and Jawz CHC) | | <ul style="list-style-type: none"> ✓ Shortlist and take exam /selection of qualify staff. ✓ Recruitment of staff and fill the vacancy. ✓ Re announce the post both at ACBAR and local levels in case of need. MOVE welcomes any certified female MD referred by (MOPH/Community /MOL etc...) | | In case of not finding certified female MDs, the position will be re announce. | | |
| Monitoring findings from Mental Health Sections of HFs | | | | | | | |
| 1 | Most of the doctors in health facilities did not received mental health trainings | <ul style="list-style-type: none"> ✓ Overload of trainings to be conducted to relevant staff ✓ Not availability of facilitation for competency based trainings in provincial level | <ul style="list-style-type: none"> ✓ Trainings will be conducted according to the plan. Mental health training will be included on annual training plan of 2020 as priority and act accordingly. ✓ Coordinate conducting competency based training at regional level ✓ Training plan implementation should be followed by CDO, TM and PD | | End of Mar 2020 | | |
| 2 | Nurses and Midwives of provincial hospital and other health facilities did not receive Mental health training | <ul style="list-style-type: none"> ✓ Overload of trainings to be conducted to relevant staff | <ul style="list-style-type: none"> ✓ The remained trainings from 2019 training plan especially mental health training will be included on annual training plan of 2020 as priority and act accordingly ✓ Training plan implementation should be followed by CDO, TM and PD | | End of Mar 2020 | | |
| 3 | Mental health meetings and health education on mental health did not conduct regularly in the health facility | <ul style="list-style-type: none"> ✓ HE plan is not regularly implemented at HFs level. ✓ Low commitment of relevant HFs staff on MH service delivery. | <ul style="list-style-type: none"> ✓ HE plan will be regularly implement by relevant HFs staff. ✓ Increase commitment of relevant HFs staff on MH service delivery through conducting on the job and off the job trainings in this regards. | | Regular | | |

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|------------|---|---|---|---------------------------------------|-------------------------------|-----------------------------|----------------|
| | | ✓ Inadequate follow up of this issue during supervisory visits from HFs by technical team | ✓ Regular following up the issue during supportive supervisory visits by medical supervisors | | | | |
| 3 | Lack of Mental health IEC Material in waiting areas and health facility other rooms (Especially Mental health room) | ✓ Inadequate supplying MH IEC materials. | <ul style="list-style-type: none"> ✓ Need assessment for MH IEC material will be done at all HFs level. ✓ Request MH IEC materials from MH department of MoPH according to the needs of HFs. | | End of Mar 2020 | | |
| 4 | Mental and social councilor report did not combine with monthly integrated activity report of the all health facilities | <ul style="list-style-type: none"> ✓ Low coordination between PSCs and head of HFs in terms of integrating HMIS reports on monthly base. ✓ Inadequate supportive supervision from PSCs by relevant medical supervisor | <ul style="list-style-type: none"> ✓ Regular conducting monthly HMIS committee at HFs level and integrating HMIS reports of all sections of HFs and cross checking PSCs reports with MIAR. ✓ Supportive supervisory visits will be conducted relevant medical supervisor from mental health sections of HFs and follow up considering data accuracy by HFs staff. | | Regular | | |

Note: "Status/Progress" column is for the follow-ups. Corrective action should be realistic and not be more than 10 activities.

Prepared by (SP rep.): _____ and by (PM Officer): _____.