



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

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

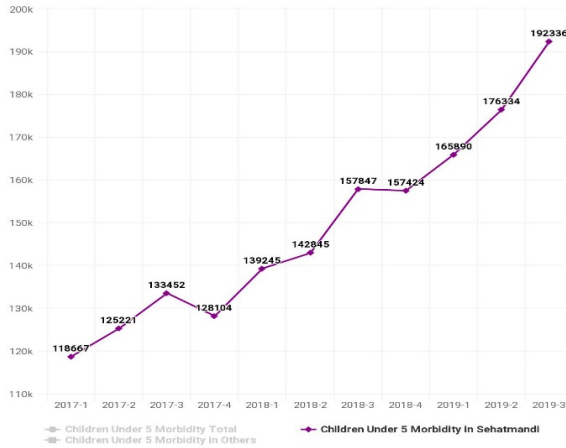
Service Provider	ADDA
Reported by	Dr. Abdul Momin Jalaly
Telephone number	+93 (0) 790418225
Email address	Jalaly.pmo@gmail.com

1. Achievements in P4P indicators and other key indicators

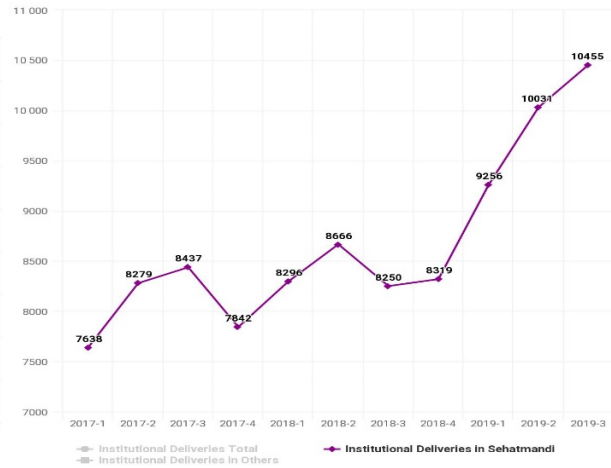
a. Trend lines of key indicators

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

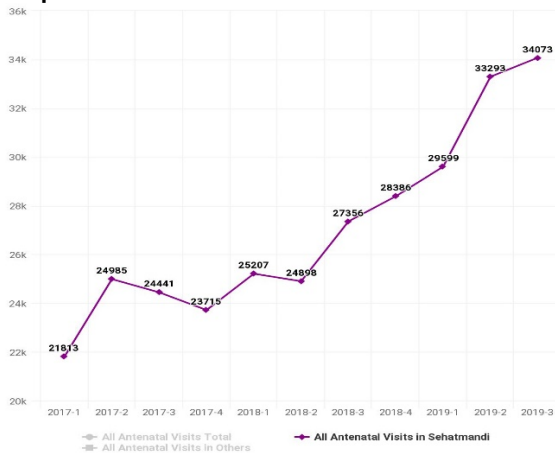
Graph 1: children>5 Morbidity



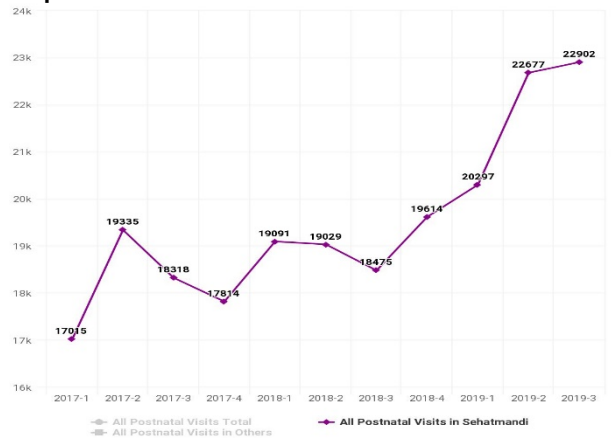
Graph 2: Institutional Delivery



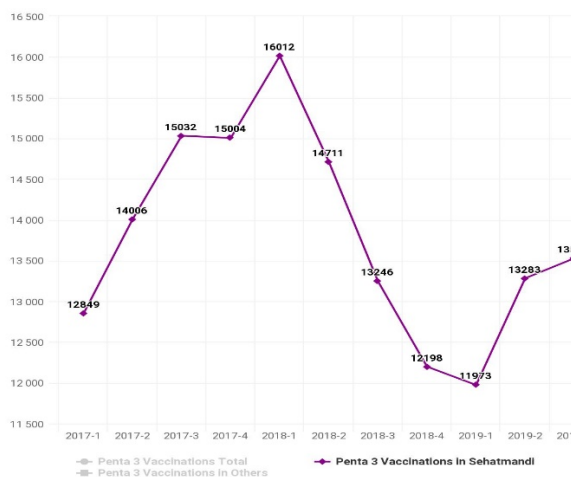
Graph 3: All ANC



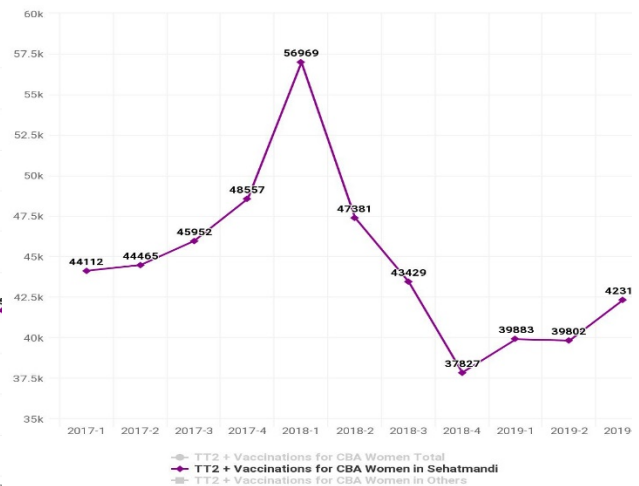
Graph 4: PNC



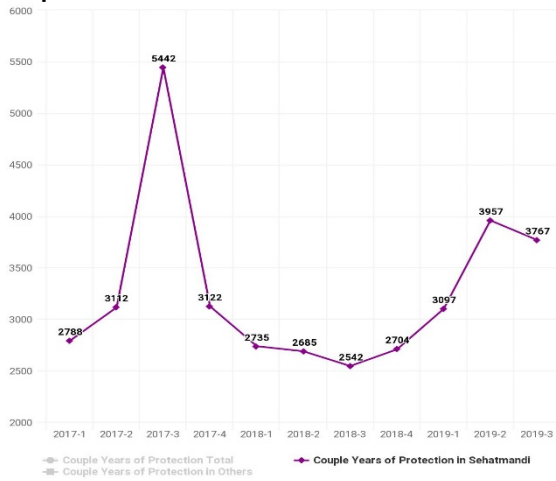
Graph 5: PENTA3



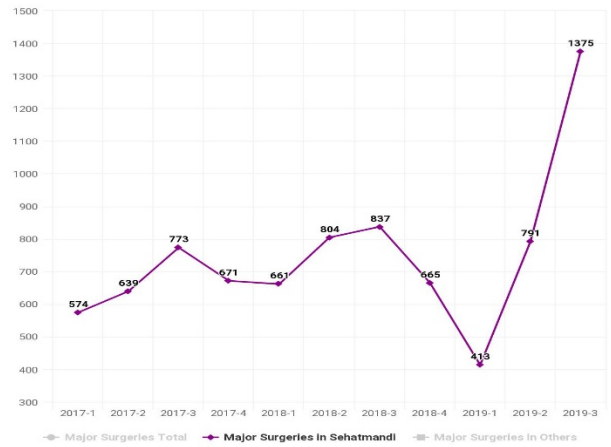
Graph 6: TT2+



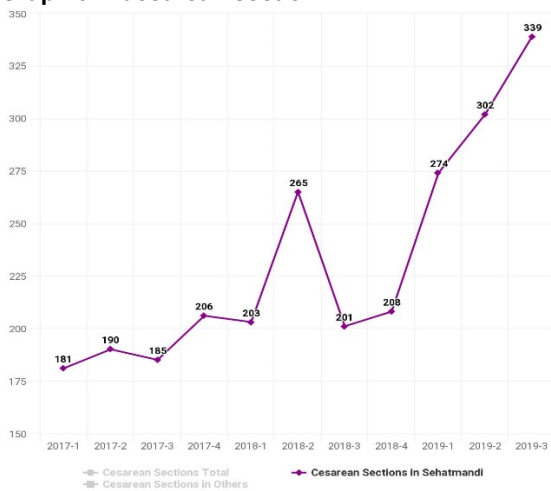
Graph 7: CYP



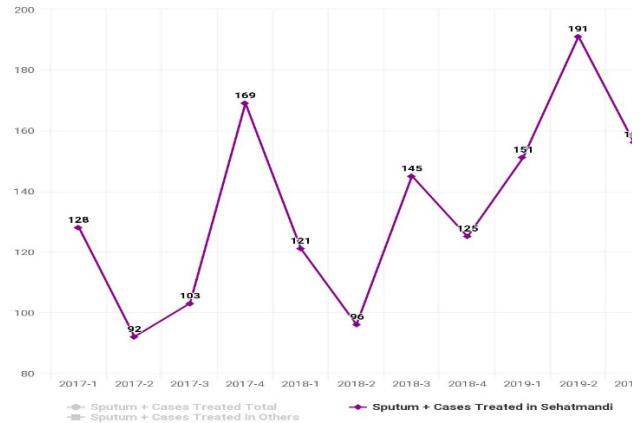
Graph 8: Major surgery



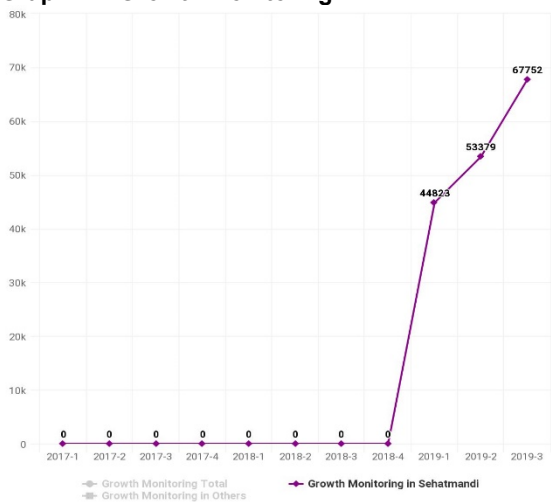
Graph 9: Caesarean section



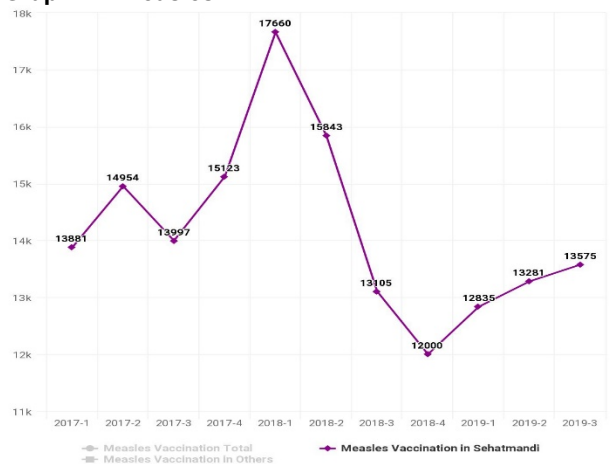
Graph 10: Sputum Cases Treated



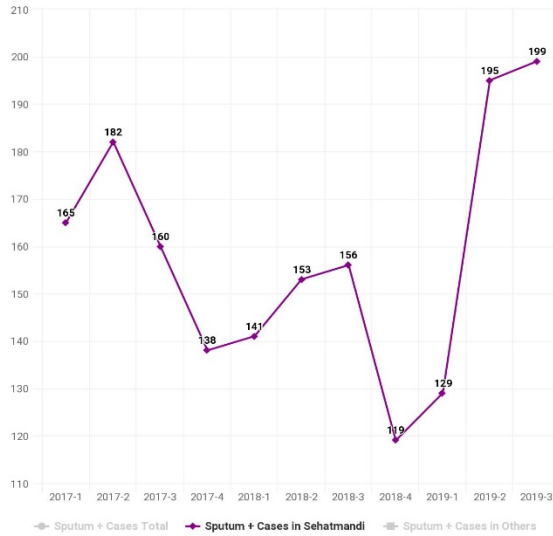
Graph 11: Growth Monitoring



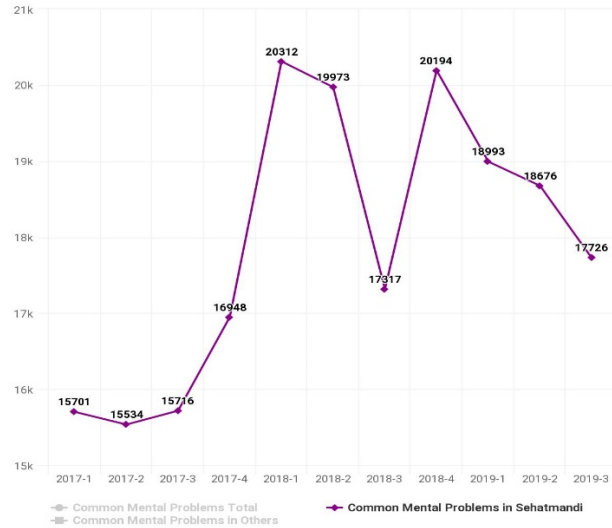
Graph 12: Measles



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).

- Seven P4P indicators (ANC, PNC, Ins Delivery, CYP, Maj Surgery, TB TSR, and under5 Children Morbidity) exceeded the Maximum Level.
- One P4P indicator exceeded the Index (Nutrition Growth Monitoring).
- Three P4P indicators (All penta3, TT2+ and C section) exceeded the Minimum level but not meet the targets.

Graph 1: Children Under Five Morbidity



Graph 2: Institutional Delivery



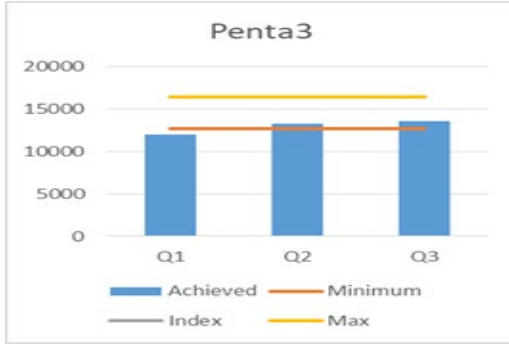
Graph 3: Total ANC



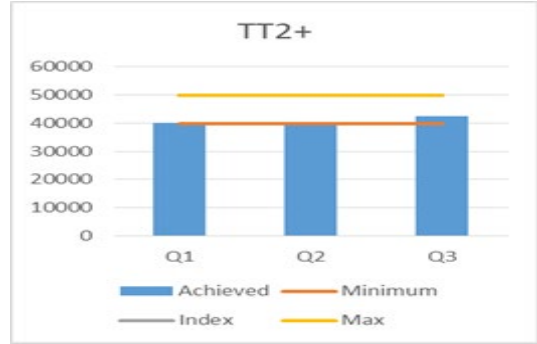
Graph 4: Total PNC



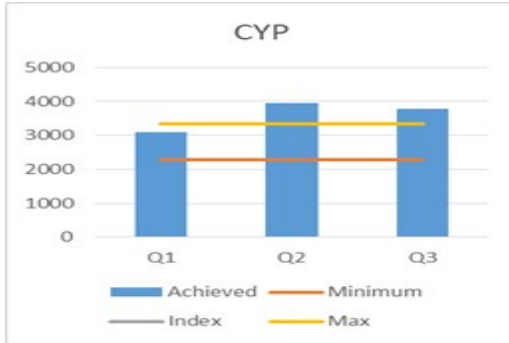
Graph 5: Penta3



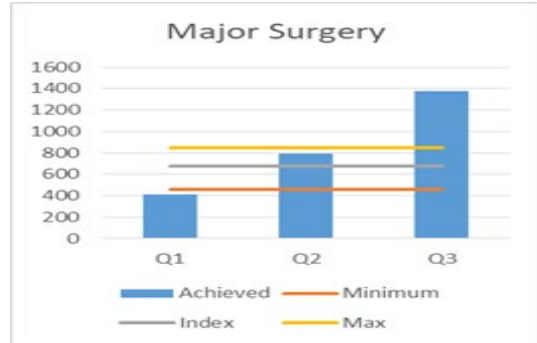
Graph 6: TT2+



Graph 7: CYP



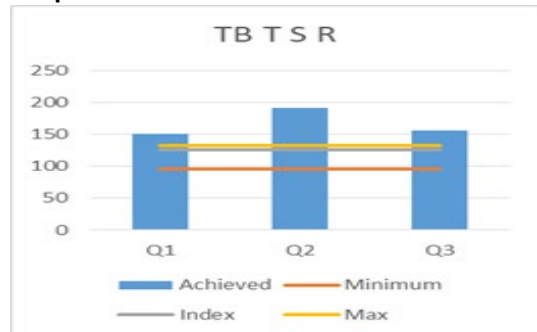
Graph 8: Major surgeries



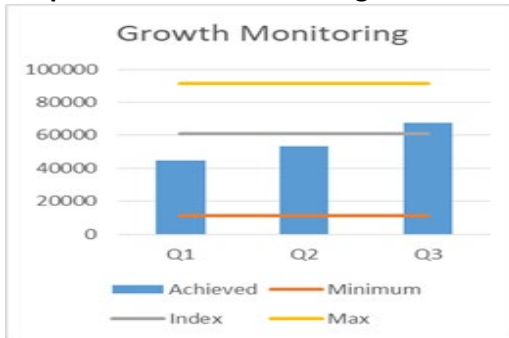
Graph 9: Cezarian Section



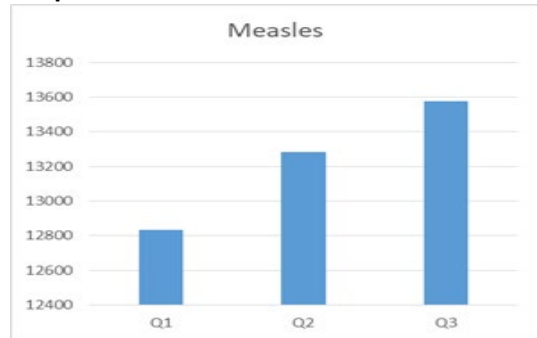
Graph 10: TB Treatment SR



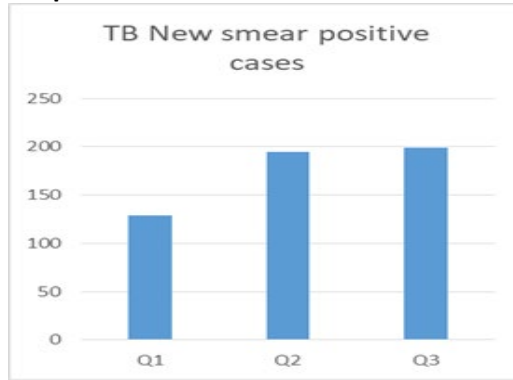
Graph 11: Growth Monitoring



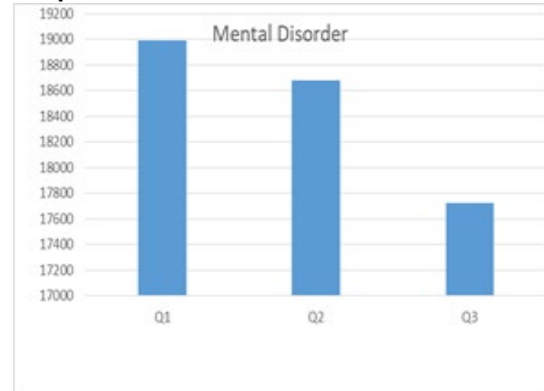
Graph 12: Measles



Graph 13: TB N smear Positive



Graph13: Mental Disorder



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 surgeries were provided by PH. Major surgeries in DH surgery were not included in P4P in this period.
- More than half of TB treatment success cases were taken care of by PH, while the vast majority of the patients reside in BPHS catchment areas. This may be due largely to deteriorating security in rural areas.
- Service counts of growth monitoring are proportional to and relevance to type of HF.
- Over 70% of the c-section deliveries took place in PH, while there is 3DH and 2 CHC+ at BPHS level and again one of the reason for access is insecurity.
- Achievements in children morbidity, Penta3, TT2+, Institutional delivery, CYP, ANC and PNC proportional to and relevant to type of HFs, which may indicate some sense of equity in primary health care delivery.

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

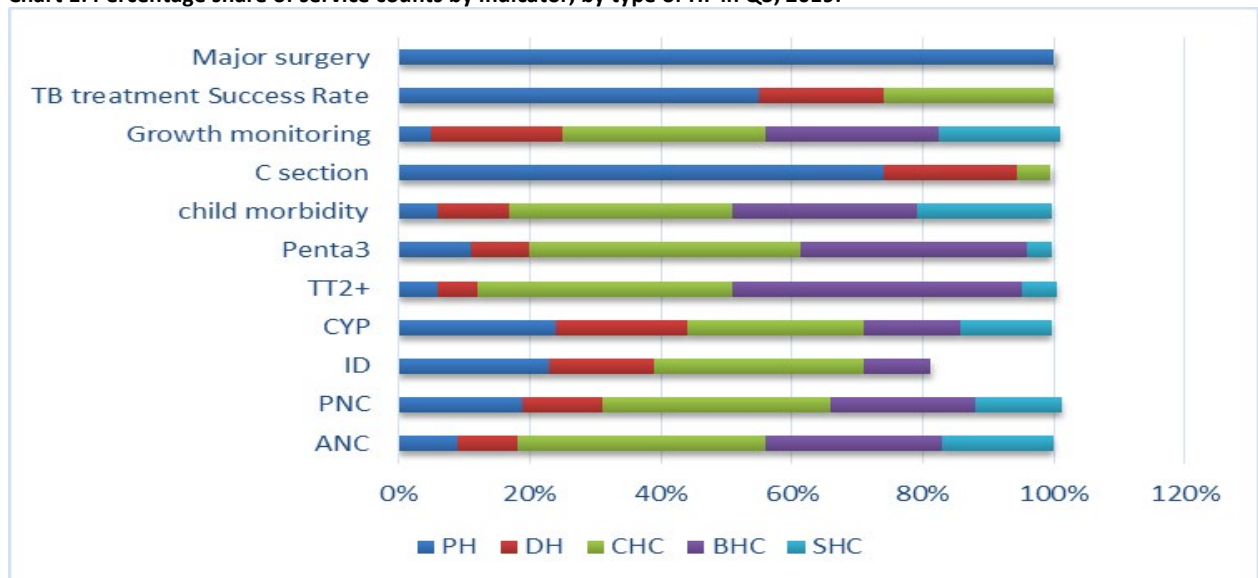


Table 1 presents the number of HFs that outperformed or underperformed in P4P indicators. There are a total of 107 HFs under BPHS/EPHS Sehatmandi Project in Ghazni, which are expected to report their performance data.

- Average number of HFs with high performance against P4P indicators is 11.

- Average number of HFs with low performance against P4P indicators is 16.
- Four (4) HFs had achievements equal to the previous quarter.
- Three (3) HFs reported zero in 2 indicators (i.e. CYP and Growth monitoring), insecurity and lack of expert staff were the reason according SP suggestion.
- Average number of HFs fell between high and low performance is 46 HFs.

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

P4P Indicator	# of expected to report HFs	# of HFs WITH high performance in Q3	# of HFs WIT low performance in Q3	# of HFs equal to last quarter	# of HFs with zero performance report	# of HFs with satisfactory performance
All ANC	107	17	18	0	0	72
All PNC	107	15	16	0	0	76
Ins Delivery	107	8	30	1	1	67
Family planning (CYP)	107	13	30	0	1	63
All pregnant TT2+	66	10	8	1	0	47
All under5 Morbidity	107	13	18	0	0	76
Penta3	66	10	20	1	0	35
C Section	5	4	1	0	0	0
TB T S rate	28	6	11	0	0	11
Major Surgery	1 (PH)	1	0	0	0	0
Growth Monitoring	107	13	25	0	1	69

3. Summary of Monthly Updates:

- **Water & power supply, and renovation:** Two HFs were renovated and 2 HFs were provided with water supply.
- **Staffing/salary:** All HFs properly staffed and salary paid.
- **Status of medical and non-medical supply:** stock of all HFs were supplied by medical and non-medical and consumable supply adequately.
- **Incidence & outbreaks:** two mass casualties (Motor bomb and explosion) that more than 300 cases were registered and properly controlled by early response (carry the victims and successfully treatment), two HFs were damaged because of heavy conflict.
- **Local political interference:** four HFs staff were threatened by Taliban.
- **Medicines:** were generally available during the quarter.
- **Structure and upgrade:** one CHC upgraded to CHC+ and two SHC upgraded by EPI.

4. Performance in Quality of Care indicators by TDs:

Mental health department findings:

- Case finding of mental disorder cases is low as compared to the target of 22.2%, while 10% Of all clients aged over 5 years are included.
- The community psychosocial counseling cases were not added to MIAR.
- HF staff did not get the psychosocial training.
- Psychosocial Coordination meeting was not conducted for HF staff.
- A separate register book for mental disorder cases was not available for MD in HFs.

5. Summary of provincial Mission:

Upon arrival, PMO held a meeting with PPHD, SP and other stakeholders. The main purposes of the mission was shared with them and the quarterly performance report was reviewed under chairmanship of PPHD. The Quarterly Performance Review Committee reviewed the previous PIP and revised the PIP.

Three health facilities were randomly selected in coordination with PPHO technical team and a joint monitoring visit was conducted. Below points were raised by PPHD and agreed to follow up:

- Delay in salary payment should not be repeated in the future.
- Provincial hospital staff salary and duty (surgical department) is not sufficient.

6. Summary findings of HF visits

a. Strong points:

- Surrounding wall around clinic building existed.
- Availability of female health staff include of midwives, Nurse, PSC and vaccinator.
- Functional electricity with a large-scale solar system.
- Evidence of CHWs referral system (availability of satisfactory refer sheet from All HPs).
- Availability of functional lab with experienced technician.
- Availability of enough medicine supply and no stock out.
- PH building renovated and the number of beds increased.

b. Point for improvement:

- 70 % of beds are not occupied at CHC level.
- Professional staff knowledge is not updated (head of HF, Midwives and PSC).
- Knowledge of staff about data quality assurance is not satisfactory.
- Staff are not well oriented about HQIP program.
- Vaccinators are not following up with the defaulters.
- Arrangement of medicine stock is not good because of space limitation and lack of shelves.
- Visibility of previous SP logo in some files and letters.
- TNA was not applied: which sort of training is need for staff was unknown.
- IMNCI is filled but the number is not satisfactory.
- Availability of old building surrounded by septic wells.

Annex: Updated Performance Improvement Plan (PIP)

Performance Improvement Plan following First Semi Annual Review for Ghazni Sehatmandi project (Revised in Quarterly Review Workshop-3rd)

Date PIP of Q3 developed: October 21, 2019

Date Quarterly Review Workshop held: Nov 13, 2019

Date: Report of QRW and mission report shared December 17, 2019

The PIP update: December 22nd 2019

<i>S/N</i>	<i>Gaps/Problems Identified</i>	<i>Recommendations</i>	<i>Corrective actions</i>	<i>Support to be provided by MOPH</i>	<i>Agreed Completion Date</i>	<i>Status/Progress made</i>	<i>Remarks after SAPR 1</i>
Follow up of 1st SAPR workshop findings and recommendation							
1	PENTA 3 indicator is lower than minimum level,	SP should improve the coverage of PENTA 3 to achieve its target.	<ul style="list-style-type: none"> • Re-Orient team about Penta 3 target; • Supervise the outreach sites and HFs; • Regular tracking of EPI achievements during monthly HFs coordination meeting • Involvement of HFs in charges to monitor vaccinators outreach activities closely • Hire female vaccinator where applicable • Hiring one more vaccinator according to EPI policy for those fix centers that have more clients 	Nil	End of March 2020	Ongoing	Penta 3 coverage had significant increase in Q3. Ghazni Sehatmandi crossed the minimum.

			<ul style="list-style-type: none"> • Timely payment of vaccinator's per diem and transportation cost. • Regular vaccine and vaccine material supply to HFs. 				
2	Staff of Underutilized HFs can be changed to over utilized HFs	SP should shift staff of underutilized HFs to over utilized ones	<ul style="list-style-type: none"> • List the under/ over utilized HFs; • Shift the needed staff to from under to over utilized HFs. 	MOPH should protect SP from political pressures that may arise.	January 2020	Ongoing	
3	Psychosocial counselors should be hired.	SP should recruit the missed psychosocial counselors	<ul style="list-style-type: none"> • Re-announce the positions; • Hire the already trained psychosocial counselors; • Update MOPH if trained psychosocial counselors are unavailable. 	Train the suitable candidates as psychosocial counselors	March 2020	Not done	20 out of 24 CHCs have psychosocial counselors
4	Need of mental health training for counselors.	SP should provide the mental health training to psychosocial counselors	<ul style="list-style-type: none"> • Identify the counselors that didn't receive mental health training; • Provide training according to approved training plan of Sehatmandi; 	Nil	March 2020	Ongoing	10 out of 20 PCs are introduced to the Health Net for training

			<ul style="list-style-type: none"> Introduce the psychosocial counselors to other training providers. 				
5	Shortage of FMDs in some CHCs	SP should use different approaches to gradually increase number of FMDs in CHCs	<ul style="list-style-type: none"> Re-announcement of FMD position; Active search for FMD; Requesting community to encourage FMDs to work in insecure HF 	Nil,	March 2020	Positions announced in website and locally	
6	Use of manuals particularly NSTG	SP should provide all guidelines to all HFs	<ul style="list-style-type: none"> Need assessment for all clinical guidelines will be done All needed clinical guideline particularly NSTG will be provided to all HFs 	Nil,	January 2020		
Analysis of achievements at health facility level in 3rd Quarter Review workshop in Ghazni							
1	The coverage of all ANC compare to the last quarter decreased in Robat and Otila PHCs, Sorab, Jangalak, and Jegha shew BHCs, Mir Adina, Deh Yak and Sangar CHCs	The coverage of All ANC should be increased in mentioned HFs and the SP should take corrective actions to ensure equity and equality in services provision ,	<ul style="list-style-type: none"> Doing a root cause analysis at each underperformed HF; Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; Improving the patient flow system in HFs; Conducting supportive supervisions 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	

		coverage and accessibility	<ul style="list-style-type: none"> Improving reporting system at HFs Provision of feedback to underperformed HFs 				
2	The coverage of all PNC compare to the last quarter decreased in Nani Ghund PHC and in Sangar CHC	The coverage of All PNC should be increased in mentioned HFs the SP should take corrective actions to ensure equity and equality in services provision , coverage and accessibility	<ul style="list-style-type: none"> Doing a root cause analysis at each underperformed HF; Provision of feedback to underperformed HFs Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; Improving the patient flow system in HFs; Conducting supportive supervisions Improving reporting system at HFs 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	
3	The coverage of Institutional Delivery compare to the last quarter decreased in Batur BHC , Askar Koot & Miradina CHCs	The coverage of Institutional Delivery should be increased in mentioned HFs the SP should take corrective actions to ensure equity and	<ul style="list-style-type: none"> Doing a root cause analysis at each underperformed HF; Provision of feedback to underperformed HFs Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	

		equality in services provision , coverage and accessibility	<ul style="list-style-type: none"> • Improving the patient flow system in HFs; • Conducting supportive supervisions and improving the counselling • Improving reporting system at HFs 				
4	The coverage of CYP compare to the last quarter decreased in Shahid Abdul hakim Shah mansoor, Dawood and Jahangir PHCs, in Batoor and Janabad BHCs , and in shinah Deh, Sangar CHCs	The coverage of CYP should be increased in mentioned HFs the SP should take corrective actions to ensure equity and equality in services provision , coverage and accessibility	<ul style="list-style-type: none"> • Doing a root cause analysis at each underperformed HF; • Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; and improving the counselling • Improving the patient flow system in HFs; • Provision of feedback to underperformed HFs • Conducting supportive supervisions • Improving reporting system at HFs 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	
5	The coverage of All TT2+compare to the last quarter decreased in Deh Morda BHC, and in	The coverage of All TT2+ should be increased in mentioned HFs	<ul style="list-style-type: none"> • Doing a root cause analysis at each underperformed HF; • Building the capacity of staff or take some actions such as 	Support SP in shifting or replacing of staff in such HFs and	March 2020	Ongoing	

	Geelan- Janda CHC, Nawa and Miradina CHC+	the SP should take corrective actions to ensure equity and equality in services provision , coverage and accessibility SP should try to overcome the controllable problems/challenges and ensure maximum EPI related coverage	<p>shifting of staff or replacing of staff; and improving the counselling</p> <ul style="list-style-type: none"> • Improving the patient flow system in HFs; • Provision of feedback to underperformed HFs • Follow up the outreach seasons; • Getting the support of community to convince AOGs to allow vaccination in outreach sites; • Conducting supportive supervisions • Improving reporting system at HFs 	Support SP for implementing corrective actions			
6	The coverage of Under-five child Morbidity compare to the last quarter decreased in Shahrak Alberoni and Khudzayei PHCs, in Patshi , Sar Asiab BHCs, in Askarkoot and Zankhan CHC	The coverage of Under-five Morbidity should be increased in mentioned HFs the SP should take corrective actions to ensure equity and equality in	<ul style="list-style-type: none"> • Doing a root cause analysis at each underperformed HF; • Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; • Improving the patient flow system in HFs; 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	

		services provision , coverage and accessibility	<ul style="list-style-type: none"> • Provision of feedback to underperformed HFs • Conducting supportive supervisions • Improving reporting system at HFs 				
7	The coverage of Penta3 compare to the last quarter decreased in Deh Morda, Snga Nusay, Sanga Nusay, Dala Kaikak, Nanga and Batoor BHCs and in Geelan, Nawa, Shinah deh and Ulyata CHCs	The coverage of Penta 3 should be increased in mentioned HFs the SP should take corrective actions to ensure equity and equality in services provision , coverage and accessibility SP should try to overcome the controllable problems/challenges and ensure maximum EPI related coverage	<ul style="list-style-type: none"> • Doing a root cause analysis at each underperformed HF; • Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; and improving the counselling • Improving the patient flow system in HFs; • Provision of feedback to underperformed HFs • Follow up the outreach seasons; • Getting the support of community to convince AOGs to allow vaccination in outreach sites; • Conducting supportive supervisions 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	

			<ul style="list-style-type: none"> Improving reporting system at HFs 				
8	The coverage of <u>TB treatment success rate</u> compare to the last quarter decreased in Geelan, Askarkoot and Sangar CHCs	The coverage of <u>TB treatment success rate</u> should be increased in mentioned HFs the SP should take corrective actions to ensure equity and equality in services provision , coverage and accessibility	<ul style="list-style-type: none"> Doing a root cause analysis at each underperformed HF; Provision of feedback to underperformed HFs Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; Improving the patient flow system in HFs to detect TB positive cases; Conducting supportive supervisions and improve Health Education Improving reporting system at HFs 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	
9	The coverage of Growth Monitoring compare to the last quarter decreased in Shahrak Alberoni PHC, and in Shirdagh, Patshi and Jigha shew BHCs, and in Khogyani, Sabzposhan and Dehyak CHCs	The coverage of Growth Monitoring should be increased in mentioned HFs the SP should take corrective actions to ensure	<ul style="list-style-type: none"> Doing a root cause analysis at each underperformed HF; Provision of feedback to underperformed HFs Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; 	Support SP in shifting or replacing of staff in such HFs and Support SP for implementing corrective actions	March 2020	Ongoing	

		equity and equality in services provision , coverage and accessibility	<ul style="list-style-type: none"> • Improving the patient flow system in HFs; • Conducting supportive supervisions • Improving reporting system at HFs 				
Performance in Quality of Care indicators by TDs							
10	Mental health department findings: -Case finding of mental disorder cases is low compare to the target 22.2% while 10% Of all over five clients are included.	SP should improve the mental health Case finding of mental disorder cases in HFs	<ul style="list-style-type: none"> • Set target for mental health disorders • Identify those HFs with low case findings • Doing a root cause analysis at each underperformed HF in mental health; • Provision of feedback to underperformed HFs • Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; • Improving the patient flow system and reporting system in HFs; • Conducting supportive supervisions by mental health supervisor 	Nil	March 2020	Ongoing	

11	-The community psychosocial counseling cases not added in MIAR	SP should follow the policy of MOPH and add psychosocial counseling cases in MIAR	<ul style="list-style-type: none"> Improving the reporting system of mental health at HFs Follow up at the time supervision to include community psychosocial counseling cases Provision of feed back to HFS Identify the counselors that didn't receive mental health training; 	Nil	March 2020	Ongoing	
12	-HF staff did not get the psychosocial training	Provide training according to approved training plan of Sehatmandi;	<ul style="list-style-type: none"> psychosocial training will be conducted based on need and based on training plan 	Nil	March 2020		
13	-HFs staff Psychosocial Coordination meeting not conducted.	HFs staff Psychosocial Coordination meeting should be conducted.	<ul style="list-style-type: none"> HFs staff Psychosocial Coordination meeting will be conducted based on project work plan 	Support SP to conduct HFs staff Psychosocial Coordination meeting	February 2020		
14	-Lack of separate register book for mental disorder cases with MD of HFs	SP should provide separate register book for mental disorder cases with MD of HFs	<ul style="list-style-type: none"> AADA will provide separate register book for mental disorder cases with MD of HFs 	Nil	February 2020		
Summary findings of HF visits							

15	Sabz Poshan CHC: Difference of 80% linkage of salary to P4Pis not paid from first of January.	The Difference of 80% linkage of salary to P4P should be paid by SP	<ul style="list-style-type: none"> AADA paid 80% of staff salaries and up to 20% will be paid after result of 3rd party monitor 	Nil	Done		
16	Staff are didn't get their salary since 3 months.	The SP Staff are not got their salary since 3 months.	<ul style="list-style-type: none"> AADA has always met paying of staff salaries in 20 days after receiving installments. Salary of staff were paid up to end of Mizan at the time of PMO monitoring from Ghazni. 	Timely release of installments	Done		AADA has always met paying of staff salaries within 20 days after receiving installments
17	Position of one female MD is vacant.	SP should use different approaches to gradually increase number of FMDs in CHCs	<ul style="list-style-type: none"> Re-announcement of FMD position; Active search for FMD; Requesting community to encourage FMDs to work in insecure HF 	Nil	March 2020	On going	
18	Beds are not occupied and no IPD patient registered in recent month.	The IPD services should be improved and the IPD patients registers should be in place	<ul style="list-style-type: none"> The IPD services will be improved The IPD patient's registers will be in place Bed occupancy rate will be considered in comparison of available beds 	Nil	March 2020	On going	
19	Institutional Delivery is very low against the	The coverage of Institutional	<ul style="list-style-type: none"> Doing a root cause analysis at each underperformed HF; 	Nil	March 2020	On going	

	target (15 achieved VS 31 target).	Delivery should be increased in mentioned HF the SP should take corrective actions to ensure equity and equality in services provision , coverage and accessibility	<ul style="list-style-type: none"> • Provision of feedback to underperformed HFs • Building the capacity of staff or take some actions such as shifting of staff or replacing of staff; • Improving the patient flow system in HF; • Conducting supportive supervisions and improving the counselling • Improving reporting system at HFs 				
20	Professional Staff knowledge is not updated (head of HF, Midwives and PSC).	SP should improve /update the knowledge of the staff (head of HF, Midwives and PSC).	<ul style="list-style-type: none"> • AADA will improve the knowledge of the staff through: <ol style="list-style-type: none"> 1. Conducting training based on project plan and TNA for targeted staff 2. Conducting supportive supervision and on the job training 3. Conducting regular post training follow up 	Nil	February 2020	On going	

21	Eye chart is not in proper distance.	The eye chart should be in a proper distance	<ul style="list-style-type: none"> The eye chart will be in the proper distance 	Nil	January 2020	Done	
22	Knowledge of staff about data quality assurance is not satisfactory.	The knowledge of the staff about quality assurance should be improved	<ul style="list-style-type: none"> AADA will improve the knowledge of the staff about QA through: <ol style="list-style-type: none"> Conducting an orientation session for all HFs staff about QA Conducting supportive supervision and on the job training for proper implementation of QA 	Nil	February 2020	On going	
23	Staff are not well oriented about HQIP program.	SP should orient the HFs staff about HQIP program	<ul style="list-style-type: none"> All staff will be oriented about HQIP and follow up session will be done regularly 	Nil	March 2020	On going	
24	Guideline of Magnesium application is not available in delivery room.	SP should provide a copy of magnesium application guideline for HFs	<ul style="list-style-type: none"> AADA will provide a copy of the guideline to all HFs 	Nil	January 2020	Partially done	
25	Vaccinator are not following the defaulters.	Vaccinator should follow up the defaulters	<ul style="list-style-type: none"> Vaccinators will follow up the defaulters 	Nil	January 2020	Done	

26	Arrangement of drug stock is not good because of space limitation and lack of shelves	The arrangement of medicine stock should be improved by providing extra shelves	<ul style="list-style-type: none"> The stock of medicine will be arranged well by providing extra shelves 	Nil	January 2020		
Qala e Naw BHC:							
27	Visibility of ORCD (previous SP) logo in some files and letters.	All old implementers logo should be removed from all documents and files	<ul style="list-style-type: none"> All old implementers logo will be removed from all documents and files 	Nil	January 2020	Done	
28	TNA not applied to know which sort of training is need for staff.	TNA should be done from all staff and training should be conducted based on actual need of the staff	<ul style="list-style-type: none"> TNA will be conducted from all HF's staff and training will be planned and will be conducted based on TNA 	Nil	January 2020	On going	
29	No any logistic and financial copy document in the clinic (payroll, GRN)	All logistical, administrative and financial documents should be available in HF's	<ul style="list-style-type: none"> A copy of all logistical, administrative and financial documents should be available in HF's 	Nil	January 2020	On Going	
30	Petty cash is not applied properly.	Petty cash system should be in place and should be applied properly	<ul style="list-style-type: none"> The existed petty cash system will be improved in HF's 	Nil	End of January 2020	On going	

31	Staff are not aware of data quality assurance and HQIP scheme.	SP should orient the HFs staff about HQIP and QA scheme/ program	<ul style="list-style-type: none"> All staff will be oriented about HQIP and QA scheme and follow up session will be done regularly 	Nil	End of March 2020	On going	
32	Use of manuals particularly NSTG	SP should provide all guidelines to all HFs	<ul style="list-style-type: none"> Need assessment for all clinical guidelines will be done All needed clinical guideline particularly NSTG will be provided to all HFs 	Nil,	End of January 2020	Partially done	
33	IMNCI is filled but the number is not satisfactory.	The number of IMNCI filled documents/ cards should be increased	<ul style="list-style-type: none"> The number of IMNCI filled documents/ cards will be increased 	Nil	March 2020	On going	
Provincial Hospital							
34	Availability of old building surrounded by septic wells.	A proper and standard building with enough should be provided for hospital	<ul style="list-style-type: none"> The new building of the hospital with enough space is under the construction and the hospital will be shifted by end of 2020 	PPHD will closely follow up the construction of new building	End of 2020	On going	
35	Office of PPHD is still inside the PH site.	The PPHD office should be shifted outside the hospital building	<ul style="list-style-type: none"> MOPH will provide support to PPHD to accelerate the construction process of the PPHD own building and till that time Some appropriate 	PPHD will try to find some where appropriate space for its office	June 2020		

			space will be identified to shift the PPHD office from hospital compound				
36	Load of army victims with harsh behavior of their relatives against PH staff.	MOPH ,PPHD and SP should coordinate the issue at the national, provincial and local level to overcome the challenges and decrease the number of army victims/ patients in the PH	<ul style="list-style-type: none"> MOPH ,PPHD and SP will coordinate the issue at the national, provincial and local level to overcome the challenges and decrease the number of army victims/ patients in the PH 	PPHD will provide support time to time to avoid any harsh behavior against PH staff	March 2020	It was done at the provincial level	
37	Use of PH ambulance for carrying the victims and death body by army people.	The issue should be coordinated with MOPH at the national level and with PPHD and ANSF at the provincial level	<ul style="list-style-type: none"> The issue will be coordinated with MOPH at the national level and with PPHD and ANSF at the provincial level 	PPHD will provide support time to time to avoid any miss using the ambulance	March 2020	On going	
38	Hospital Drug stock is not standard.	The stock medicine should be shifted in a proper space	<ul style="list-style-type: none"> The stock medicine should be shifted in a proper room with enough space 	Nil	January 2020	Done	
AOB							

39	-Delay in salary payment should not be repeated in the future.	Staff salary should be paid timely	<ul style="list-style-type: none"> Staff will receive their salaries up to end of Aqrab and salaries of Qaws will be paid up to 10th of Jadi. 	Timely release of installments	Done		AADA has always met paying of staff salaries within 20 days after receiving installments .
40	Provincial hospital staff salary and duty(surgical department) is not sufficient according PPHD and need to review .	SP should increase the salary scale of each staff category based on actual justification	<ul style="list-style-type: none"> AADA will revise the salary /night duty of staff based on actual justification. 	Nil	January 2020	On going	

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): _____