



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

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

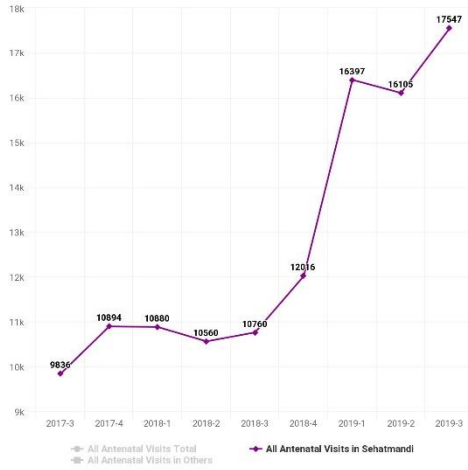
Service Provider	Coordination of Humanitarian Assistance (CHA)
Reported by	Dr. Abdul Wasi Khurami
Telephone number	+93 (0) 700691818
Email address	khurami.pmo@gmail.com

1. Achievements in P4P indicators and other key indicators

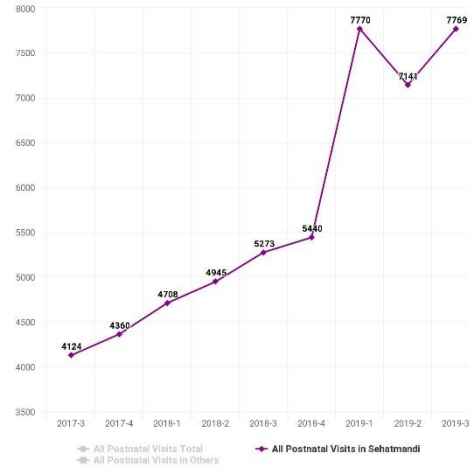
a. Trend lines of key indicators

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.

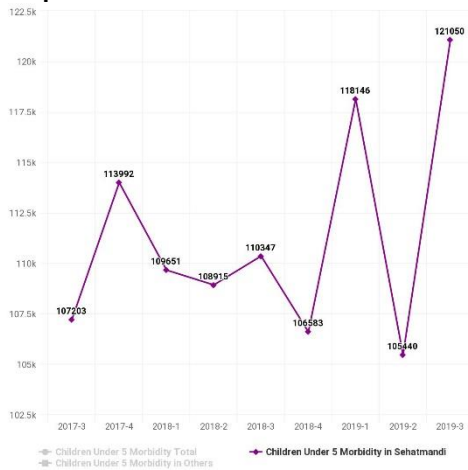
Graph 1: ANC



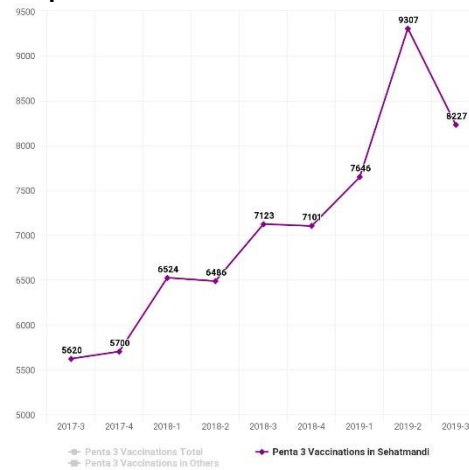
Graph 2: PNC



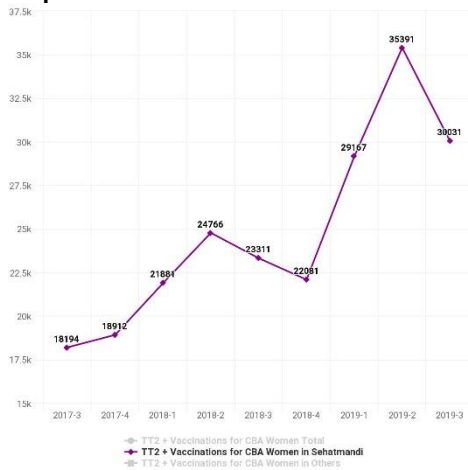
Graph 3: U5 OPD



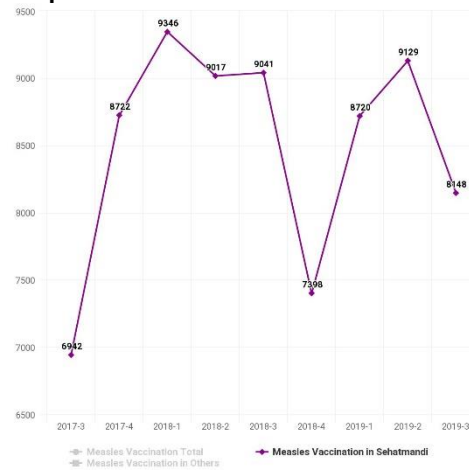
Graph 4: Penta 3



Graph 5: TT2+

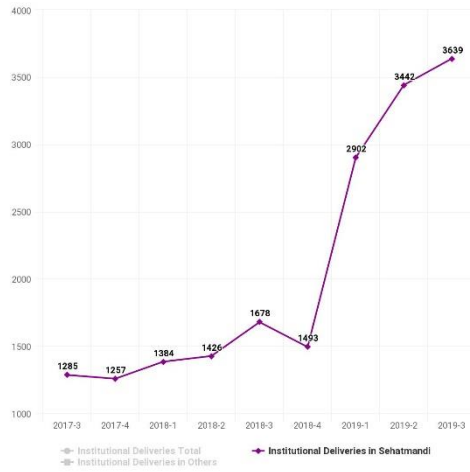
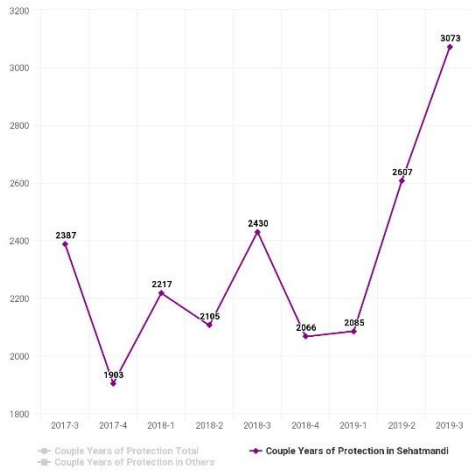


Graph 6: Measles

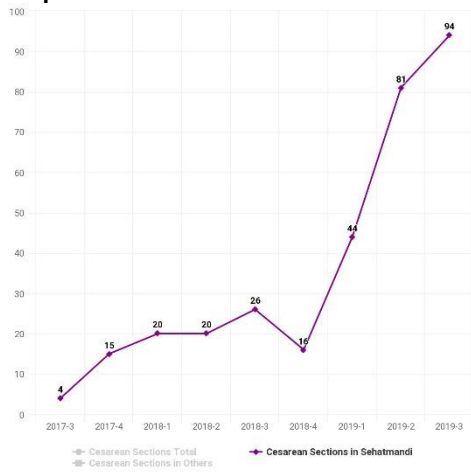


Graph 7: CYP

Graph 8: Institutional deliveries

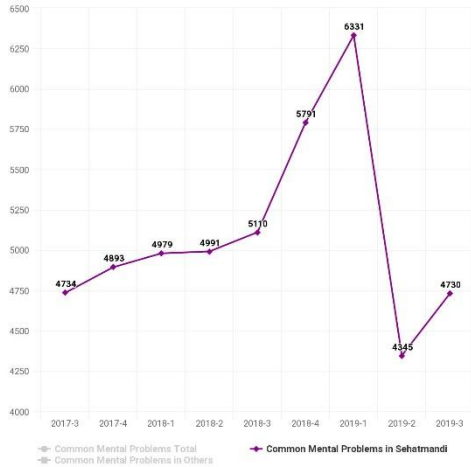


Graph 9: Caesarean section deliveries

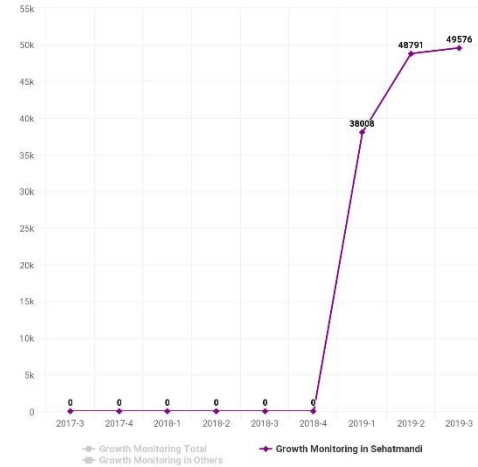


Graph 10: Major surgeries
Not applicable.

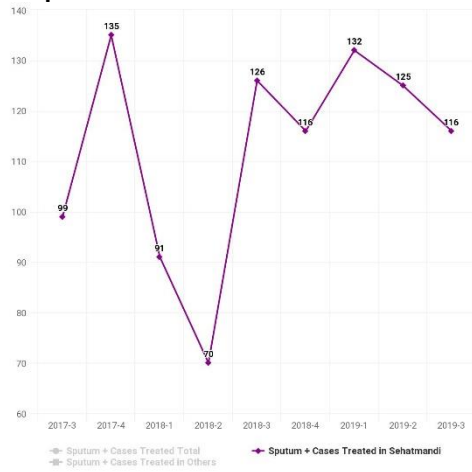
Graph 11: Mental health



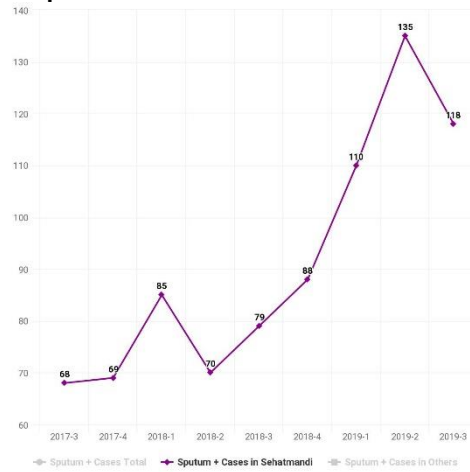
Graph 12: GM/IYCF



Graph 13: TB treatment



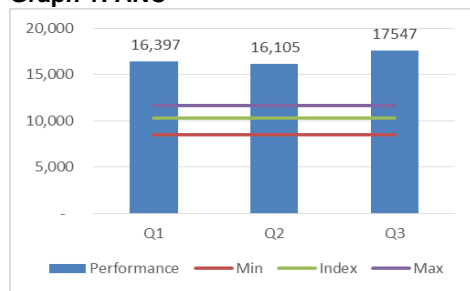
Graph 14: TB detection



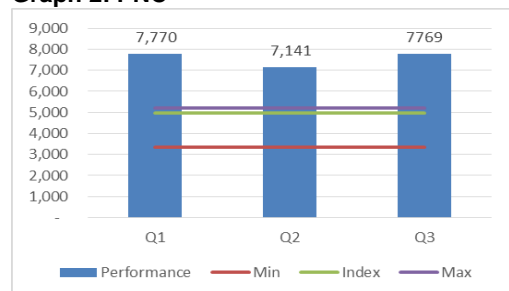
b. Comparison of quarterly achievements in key indicators

Below graphs 1-10 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).

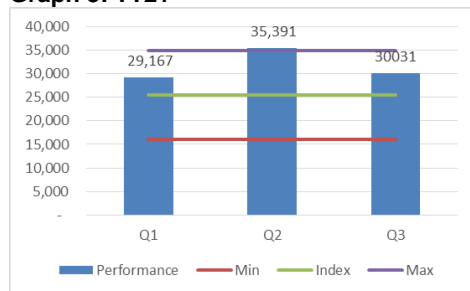
Graph 1: ANC



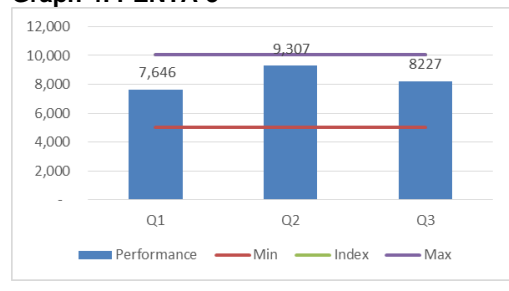
Graph 2: PNC



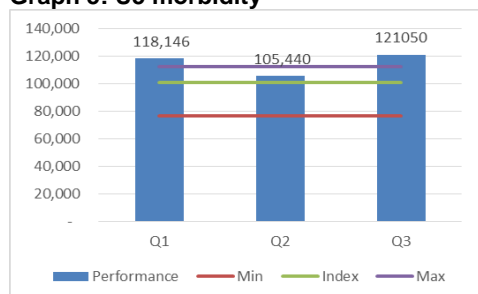
Graph 3: TT2+



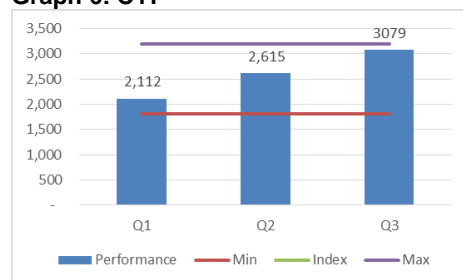
Graph 4: PENTA-3



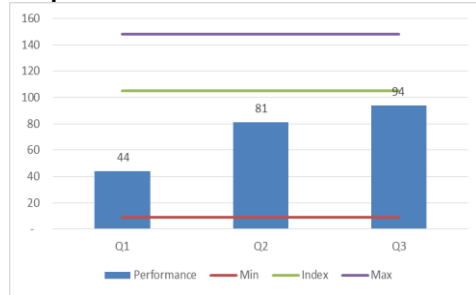
Graph 5: U5 morbidity



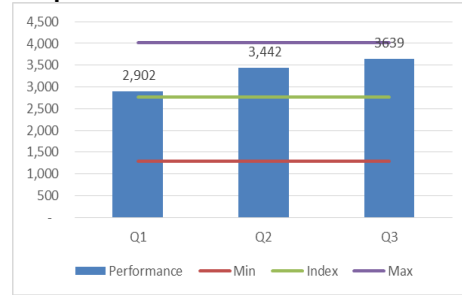
Graph 6: CYP



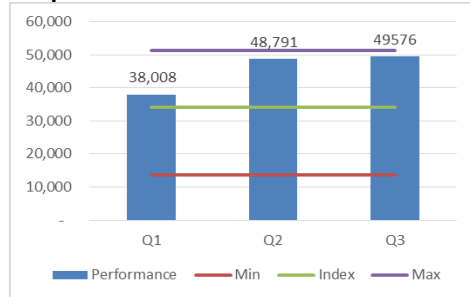
Graph 7: Caesarean section deliveries



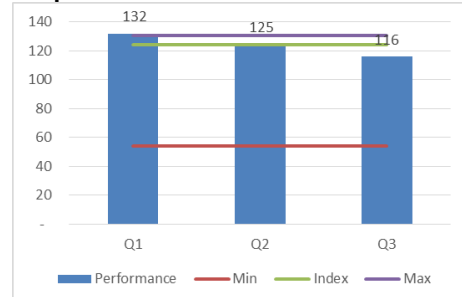
Graph 8: Institutional deliveries



Graph 9: GM



Graph 10: TB treatment



Graph 11: MS

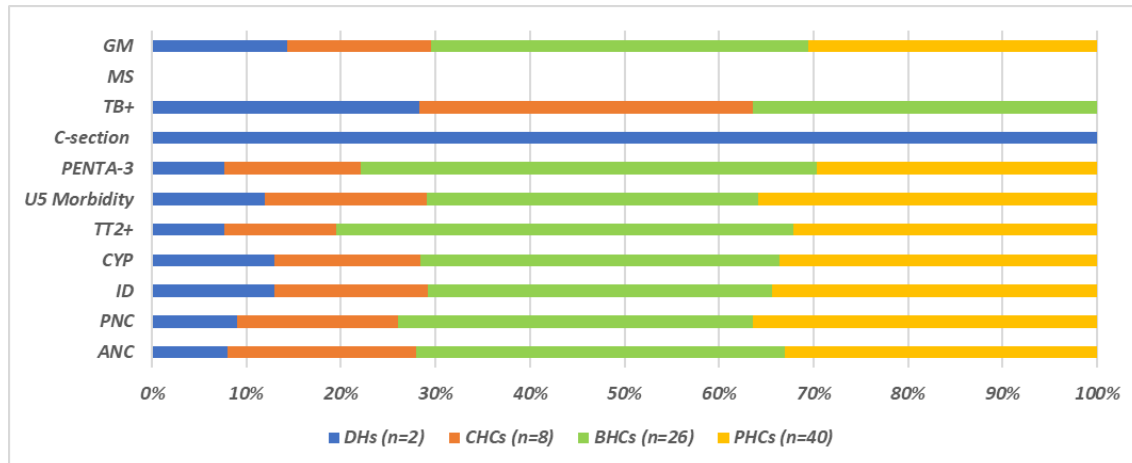
Not applicable

2. Analysis of achievements at health facility level

Below graphs present the facilities contribution to the achievements in quarter three 2019.

- All C-Section cases were provided by two District Hospitals (100%).
- Two DHs had a little contribution to ANC and PNC cases compared to the 8 CHCs (DH contribution on ANC is 8% and on PNC is 9%, CHCs contribution on ANC is 20% and on PNC is 17%)
- Immunization services:
 - DHs had less contribution to PENTA-3 compared with CHCs, BHCs and PHCs (DHs 8%, CHCs 14%, BHC 48% and PHCs 30%).
 - DHs had less contribution on TT2+ compared with CHCs, BHCs and PHCs (DHs 8%, CHCs 12%, BHC 48% and PHCs 32%)
- BHCs and PHCs had higher contribution to CYP services compared with DHs and CHCs (BHC 38%, PHCs 34%, CHCs 16% and DH 13%)
- DHs and CHCs had less contribution to GM services compared with BHCs and PHCs (DHs 14%, CHCs 15%, BHCs 40% and PHCs 31%)
- DHs had less contribution to PNC services compared with PH (DH 2% and PH 33%)
- DHs had less contribution to Institutional Delivery services compared with 8 CHCs, 26 BHCs and 40 PHCs (DHs 13%, CHCs 16%, BHCs 36% and PHs 34%)

Chart 1: Below Chart shows the Facilities Contribution to the Achievement Q3 2019



2. Summary of Monthly Updates Q2_1398 (Saratan, Asad and Sonbula)

- 3 out of 3 Monthly Updates were submitted timely (100%)
- 10 out 29 vacant positions were filed (34%)
- Staff Salary paid from June up to August 2019 (100%)
- All medical and non-medical equipment supplied for Sagher CHC+ which is new upgraded from CHC to CHC+
- All 91 HF's were functional (100%)
- All 91 HF's were supplied during the period (100%)
- Due to the conflict between government forces and AGE, Monar Jam BHC window's glasses were broken, excepting vaccine refrigerator, the other medical and non – medical equipment were taken by armed people, soon after the event on 09- Sep – 2019 equaling to 18- 06 – 1398, the HF staff were temporarily re-located to Bidan village and required medicine, consumable and some dressing materials were supplied.
- Totally 4 delivery rooms and 3 HF's were renovated
- Painting of 24 HF's building are completed
- Implementation of harmonized quality improvement and IP standards at all CHCs, DHs and BHCs started on 28 out of 36 HF's (77% of HF's)
- Water supply system prepared for Qalai Peachi, Garmab, and Kerman BHCs
- No any political interference in this quarter
- One male nurse, head of Ghar Allah Yar PHC was killed by unknown gunmen
- Incinerators provided for 18 HF's
- CHWs kit provided and supplied to all HP's

3. Summary findings of HF visit

In order to understand ground-level performance and actual services delivered through health facilities, prison health center was visited together with representative from the Service Provider (CHA) and Ghor PPHOs. Security advisory suggested not to visit to other health facilities.

Prison Health Center:

- Concrete and standard building
- Availability of staff as per contract including one midwife
- Availability of enough drug and medical supply
- Regular supervision by SP and PPHD

4. Summary of discussion in the Quarterly Performance Review

- A briefing meeting was conducted with Ghor PPHD and the Service Provider (SP) teams on the date of arrival to brief them about the objectives of the mission and the schedule. PPHD explained and noted the preparatory actions to be taken in preparation for the actual review session.
- A full-day quarterly performance review session was conducted in Ghor Provincial Public Health Directorate (PPHD) by opening remarks from the PPHD. The review session was chaired by him as per the agreed schedule and steps.

Participants included: Participant list is reflected in Annex 1.

This review is considered to be a practice for 2nd Semi-annual Review and the scoring as well as recommendations of this review are not for any official decisions or disciplinary actions against the SP; however the purpose behind it could also be to have an idea about the status of SP performance by the end of the reporting period.

- The HMIS data were reviewed for the reporting period. All 11 P4P have achieved the minimum level, four P4P indicators (Couple Years Protection, Penta3<1 children, C-Section and TB+ cases treated) have not achieved the project index level; three indicators (Nutrition Growth Monitoring <2Y, TT2+ and Nutrition Growth Monitoring) have crossed the index level and three indicators (ANCs, PNCs, under 5 children consultation) have crossed the maximum level for this quarter. The actions to overcome the areas for improvement are reflected in the Performance Improvement Plan (PIP) resulted from this review.
- In a comparison of first and second quarter of 2019 with min, index and Max of the first and second quarters of 2019, the achievements in 10 P4P indicators seems to be better except for PENTA, TT2+ and TB (SS+) indicators due to: due to participation of 117 vaccinators in 33 days EPI refresher and quality improvement training, b) Low performance in TB treatment is due to Low external and internal refer from HFs and OPD section of relevant HF.

Key points discussed by the performance review committee are as follows:

- Four P4P indicatorse (CYP, PENTA-3, C-Section and TB+ cases treated) have not achieved the project index;
- Turnover of female staff due to insecurity in some districts of the province affect the services. Given lack of female health professionals in absolute terms in the province, advised CHA to review staffing pattern and implement new incentive mechanism (including benefits and allowances) for female staff.
- Two minimum standards of services (at least one female CHW in HPs and at least one Midwife and nurse in BHCs) were not achieved by SP in this quarter
- Issues related contract negotiaton points: 6 out of 16 agreed points in contract was done (37%)

Detailed of key discussion points are reflected in PIP annex 4.

Annex 1; List of QPR (Q3 2019) of the participants

List of the QPR Committee Members:

#	Name	Designation	Contact	Signature
1	B. Juma Gul Yaqubai	PPHD Ghor	0798034670	
2	Abdul Latif Rahmang	ph-officer	0799778059	
3	Abdul Samih	Hmis officer	0788969946	
4	M. Naem	CDC OFFICER OF MOH	0782737825	
5	Farwin	RHO	0729636172	
6	Bahawadin	IMNCI	0746082277	
7	Dr. Fager	PM	0799281737	
7	Dr. Fahimullah	Technical manager	079128627	
9	Dr. Jomaluddin	HMIS officer	0798218658	
10	Mr Gulson	RHO CHA	072912870	
11	Ajy. Abdul Khalid		079	
12	Abdul Haseed Saif	Provincial Council Member	0774497081	
13	Abdumohammed Saif	Governor Representative	0797107026	
14	M. Nasim Daulty	PEMT Manager	0798206711	
15	Mr. Nahtab Khalid	CHA	0796779357	
16	Haji. Khaliahmed	CIBICI, CHA	0700702102	
17	Burkandeh Mawari	HOPT	0797088481	
18				
19				

Annex 2: QUARTERLY PERFORMANCE REVIEW CHECKLIST

Name of Service Provider (SP)	CHA		
Province	Ghor		
Year (circle one)	2019	2020	2021
Quarters to be reviewed (circle one)	Q1 Q 2 Q3 Q 4	Q5 Q 6 Q7 Q 8	Q9 Q 10
Period covered	Hijri Shamsi	From Saratan - Sonbula 1398	

Name and position who completed the checklist	Dr. Abdul Wasi Khurami
Date of Checklist Completion	11/8/1398

PERFORMANCE

SN	Number of P4P Indicators that did not meet the Minimum Level	Minimum Level as per the contract	Number of cases reported by HMIS	Minimum Level Met (Yes / No)
1	Antenatal Visits (all visits)	8,481	17,547	Yes / No
2	Postnatal Visits (all visits)	3,362	7,769	Yes / No
3	Institutional deliveries excluding C-Section	1,299	3,639	Yes/ No
4	Family Planning-Couple Years of Protection (CYP)	1,801	3,079	Yes/ No
5	Penta-3 for children under one year	5,023	8,227	Yes/ No
6	TT2+ for women of reproductive age	15,997	30,031	Yes/ No
7	Number of sputum smear (+) TB cases treated	54	116	Yes/ No
8	Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women	13,722	49,576	Yes/ No
9	Under five children morbidities (HMIS-MIAR-A1-morbidities)	76,415	121,050	Yes/ No
10	Caesarean Section (CS)	9	94	Yes/ No
11	Major Surgeries excluding C-Section (EPHS Only)			Yes/ No
Total number of indicators that did NOT meet the Minimum Level (number of "No"s)				0

**Recommendation of the Review Committee:
No any failure**

SN	Service	Minimum Standards of Services	TPM verification (last quarter)	Revisit of MoPH in this quarter
1	Key Staff	At least 70% of staff time in the province	Yes / No	Yes / No
2	Active Health Posts	Staff: At least one female CHW	Yes / No	Yes / No
4	Active PHCs	Staff: One midwife and one nurse	Yes / No	Yes / No

3		Health Services: Nutrition, family planning, management of simple ARI/Diarrhea and referrals to HFs.	Yes / No	Yes / No
5		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
6		Medicine/ Equipment: as per BPHS guideline	Yes / No	Yes / No
7	Active BHCs	Staff: at least a Midwife and a nurse	Yes / No	Yes / No
8		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
9		Medicine/ Equipment: as per BPHS guideline for this level	Yes / No	Yes / No
10	Active CHCs	Staff: at least a Medical doctor, a Midwife and a nurse,	Yes / No	Yes / No
11		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
12		Medicine/ Equipment: as defined in the BPHS guideline for this level.	Yes / No	Yes / No
13	Active DHs	Staff: at least a Gynecologist or surgeon, two Medical Doctors, two Midwives, a Nurse a Lab technician and an anesthetist	Yes / No	Yes / No
14		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
15		Medicine/ Equipment: Defined by the BPHS guideline.	Yes / No	Yes / No
16	Active Provincial Hospitals	Governance: Active Hospital Community Board	Yes / No	Yes / No
17		Staff: Minimum staffing for the current bed capacity as per EPHS guideline	Yes / No	Yes / No
18		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
19		Medicine/ Equipment: Defined in the EPHS	Yes / No	Yes / No
Total number of "No"s			Number	2

**Recommendation of the Review Committee:
Develop PIP**

Quality of Care: Indicators measured by Technical Departments		
Are technical departments have observed any of the Technical Quality Indicators failed during this quarter?		Yes / No
If yes, please describe:	Case 1: TD's name: RH Indicator(s) failed: family planning and Delivery is low Where: Ashtor khan clinic , Dates of SS visit: 17 July 2019	Yes / No
	Case 2: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
	Case 3: TD's name: Indicator(s) failed: Where:	Yes / No

	Dates of SS visit: DD/MM/YYYY	
	Case 4: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
	Case 5: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
Total Number of indicators Failed:		
Recommendation of the Committee: No any visit by TDs		

Contract compliance	Yes/No
During the review period, have the SP complied with the team of contract, other than the above mentioned criteria?	Yes/No
Recommendation of the Committee:	

GCMU will documents the findings on contract compliance and share it with the review committee members through PMO

SN	Reports	Submitted on time?
1	Inception Report	Yes / No
2	Data Quality Assurance Plan (including Internal Verification System)	Yes / No
3	Monthly Update	Yes / No
4	Quarterly Report including Quarterly Performance Report, Quarterly Financial Report and HMIS reports	Yes / No
5	Performance Improvement Plan	Yes / No
6	Inventory List	Yes / No
7	End of Project Report (EPR)	Yes / No

Delays in salary payment	Yes / No
During the review period, has the SP delayed in the salary payment for the HFs staff more than 20 business days after the receipt of the installment?	Yes / No
Recommendation of the Review Committee: No any failure	

Annex-3: Quarterly Performance Review Meeting Pictures



Annex-4: Updated Performance Improvement Plan (PIP) of 3rd Quarter Performance Review

Date PIP developed: 02/11/2019

Date revised: MM/DD/YYYY

S/N	Problem Statement	Cause of problems	Recommendations/ Corrective actions	Support to be provided by MOPH	Agreed Completion Date	Update Status	Remarks
1	Technical Quarterly Report						
1.1	The format of quarterly report was not as per the standard format.	Due to lack of orientation on the quarterly reporting template, the report did not match the standard format	The quarterly report should be arranged as per the standard format.	No	07- 11 -2019		
1.2	11 P4P indicators target was considered from maximum instead of index	Due to lack of proper orientation on the 11 P4P indicators format that resulted to misunderstanding on calculation of target from index level.	In order to compare the quarterly achievement, the target should be set as per the index.	No	30 -11 - 2019		
1.3	Total number of service days missed this quarter as a result of facility closure was not cleared.	Due to lack of orientation on the quarterly reporting template, the report did not match the standard format.	Total number of days missed should be organized as per the standard quarterly report format.	No	07 -11-2019		
1.4	Total number of unfilled positions were not cleared as per the standard format.	Due to lack of orientation on the quarterly reporting template, the report did not match the standard format.	The number of unfilled position should be organized as per the standard format	No	07 – 11- 2019		
1.4	A proximate percentage of pharmaceutical unavailable in the quarter.	This was also due to lack of information on calculation of a proximate percentage of pharmaceutical unavailable in the quarter.	The percentage of pharmaceutical unavailable in the quarter should be rectified as per the standard quarterly report guideline.	No	07 11- 2019		
1.5	The number of pages in section 02 were increased, while as per the contract the section 02 are 05 page only.	Due to lack of information the number of pages were exceeded from 05 page, so it will be rectified in the next quarter.	The narrative explanation should be not exceed from 05 page.	No	07 -11-2019		
1.6	The target of TB has been not changed in the 2 nd semiannual period while it was supposed to	The target of TB in the 1 st semiannual was not achieved the index, so it was remained	The target of TB will be changed on quarterly basis in the 2 nd	No	30 -12 - 2019		

	be changed in the 2 nd semi-annual period of 2019.	challenging target to increase the performances and compensate the unachieved targets of 1 st semiannual in the 2 nd semiannual.	semiannual period as per the index target.				
1.7	Discrepancies was seen in the index and maximum of C-section in semiannual 1 st and 2 nd	The reason for low performances of C-Section was lack of surgeon in Lal DH for almost one month, also low refer by relevant HF midwives due low knowledge and skills.	The target of C – Section will be adjusted as per the index on quarterly basis in the 2 nd semiannual period.	No	30 – 12- 2019		
2	P4P indicators						
2.1	Low performance in FP (CYP has not met the index).	The rout case of low CYP is insecurity and conflict between AGE and government forces, participation of MWs in 2 round GBV and NBC training for almost 21 days.	Low performance of CYP will be addressed through regular supervision of health facilities performance, consultation and enhance public awareness through outreach and mobile activities and timely supply of FP material.	No	30 -12 -2019		
2.2	Low performance in Penta - 3(Penta -3 has not crossed the index)	The low performance of Penta - 3 is due to participation of 117 vaccinators in 33 days EPI refresher and quality improvement training.	The issue will be addressed through monitoring EPI fixed, outreach and mobile activities on regular monthly basis and monthly shipment of vaccine supplies to the fixed center.	No	30 – 12 2019		
2.3	Low performance in TB treatment (SSP+) not crossed the index.	Low performance in TB treatment is due to Low external and internal refer from HFs and OPD section of relevant HF, meanwhile insecurity and conflict is also the reason that resulted the low performance of TB treatment.	Slide sending system and refer of TB suspected cases from health facilities should be followed and increased. Meanwhile the CHWs should be paid some incentive against per each referred cases.	No	30 – 11 - 2019		
2.4	Low performance in C-section (not crossed the index).	Low knowledge of MWs in O2 DHs and O2 CHC+ that were not referred the eligible cases to the Gynecologist for operation.	Low performance of C –Section will be increased through refer of eligible cases by skilled and knowledgeable MWs in O2 DHs and O2 CHC+.	No	30 – 12 - 2019		

2.5	Institutional delivery not crossed the maximum in this quarter.	This performance is due to low refer of delivery cases from remote villages by CHWs.	Proper consultation during ANC visits and encourage pregnant women for delivery in HFs, consider privacy environment, provision quality service obtains client satisfaction, consultation in health facilities and outreach activities.	No	30 – 12 -2019		
2.6	TT2+ has not meet the maximum level in this quarter	The low performance of TT2+ is due to participation of 117 vaccinators in 33 days EPI refresher and quality improvement training.	Review monthly base TT2+ achievements against target, providing feedback for low performance, monitoring outreach vaccination and proper on time supply of vaccines.	No	30 – 12 -2019		
2.7	Growth monitoring has not meet the maximum in this quarter.	Due to unavailability of nutrition counselors in their respective health facilities that 70 nutrition counselors attended 62 days initial and refresher trainings through different dates which caused the low performances of growth monitoring.	Growth monitoring will be increased through daily growth monitoring by nutrition counselors and regular follow up and visit by nutrition & cluster supervisors.	No	30 – 12 - 2019		
3	Power point Presentation						
3.1	By considering of minimum, index & maximum levels, PENTA -3 has been decreased in comparing to 2 nd quarter.	The low performance of Penta - 3 is due to participation of 117 vaccinators in 3 days EPI refresher and quality improvement training.	The issue will be addressed through strengthening fixed , outreach and mobile activities on regular monthly basis and monthly shipment of vaccine supplies to the fixed center.	No	Ongoing		
3.2	By considering of minimum, index & maximum levels, TT2+ has been decreased in comparing to 2 nd quarter.	The low performance of TT2+ is due to participation of 117 vaccinators in 3 days EPI refresher and quality improvement training.	The issue will be addressed through strengthening fixed , outreach and mobile activities on regular monthly basis and monthly shipment of vaccine supplies to the fixed center.	No	Ongoing		
3.3	By considering of minimum, index & maximum levels, TB smear positive has been decreased in comparing to 2 nd quarter.	Low performance in TB treatment is due to Low external and internal refer in the HF level, meanwhile insecurity and conflict is also the reason that	Slide sending system will be followed on regular daily, weekly and monthly basis, furthermore internal referral system in health facility and	No	Ongoing		

		resulted the low performance of TB treatment.	external at community level will be followed.				
3.4	By considering of minimum, index & maximum levels, under 5 OPD or morbidity has been decreased in 2 nd quarter comparing to 1 st and 3 rd quarters of 2019.	Under 5 children were registered as per case, while they should be registered as per their morbidity.	The under-five morbidity closed to maximum and will be emphasized to health facilities staff for providing quality health services to reach the targets based on time lines.	No	30 – 12 -2019		
3.5	By considering of minimum, index & maximum levels, measles has been decreased in 3 rd quarter comparing to 2 nd quarters of 2019.	The low performance of measles is due to participation of 117 vaccinators in 3 days EPI refresher and quality improvement training.	The issue will be addressed through strengthening fixed , outreach and mobile activities on regular monthly basis and monthly shipment of vaccine supplies to the fixed center	No	Ongoing		
3.6	By considering of minimum, index & maximum levels, mental health has been decreased in 2 nd quarter comparing to 1 st quarter of 2019.	Low performance of mental health is due to vacant position of professional and trained counselors and also most of the people are hiding their sign and symptoms of mental health disorder.	Low mental health detection should be addressed through regular refer from HPs, PHC and BHC to CHC and DH for treatment and further consultations by mental health counselors.	No	30 – 12 - 2019		
3.7	By considering of minimum, index & maximum levels, TB detection rate has been decreased in 3 rd quarter comparing to 2 nd quarter of 2019.	This is due to recent conflicts and insecurity in all district of Ghor province which resulted the low performance on TB case detection in the 3 rd quarter.	Slide sending system will be followed on regular daily, weekly and monthly basis , furthermore referral system from HPs, PHC and BHC to CHCs	No	30 – 12- 2019		
4	Minimum standards						
4.1	<ul style="list-style-type: none"> In the PHC at least one midwife was not available. At least one midwife and one nurse were not available in BHCs 	Due to lack of applicant, the position left vacant only in two PHC, Jilga Mazar and Pay Hesar PHC, but the position was announced locally and through websites.	The Midwives for Jilga Mazar PHC and Payhesar PHC will be hired.	No	30 - 12 - 2019		
5	Quality Care: Indicators measured by technical departments.						
5.1	No negative points.	0	0	0	0	0	0
6	Delay in salary payment:						
6.1	No delay in salary payment.	0	0	0	0	0	0
7	Contract negotiation						

7.1	No any evidence to show sufficient managerial and financial authority of PM or Key 1	The letter that show the authority of managerial and financial authority of PM will be made available in provincial office.	The authority should be given officially to the PM through issuing email or letter.	No	30 – 12 -2019		
7.2	Shortage of EPI supervisor for health facility.	However there are already 4 EPI supervisors were recruited from the commencement of Sehatmandi Project, despite this issue will be taken up.	Based on the contract requirement, 04 EPI supervisors were recruited and the positions were filled successfully.	No	30 – 12 - 2019		
7.3	The national gazette # 1238 for risk allowance payment is not available in the provincial office.	However the national gazette # 1238 is not available in office, but the risk allowance cost was adjusted in the monthly salary of X-Ray and Lab technicians and paid on regular monthly basis.	The national gazette # 1238 for risk allowance payment will be made available in the provincial office.	No	30 – 12 -2019		
7.4	03 days TB training for health staff especially for female staff is not conducted.	The training was due to the security delayed and suppose be held during Nov, 2019.	03 days TB training should be conducted.	No	30 – 12 - 2019		
7.5	HIV testing and counseling service in all HFs according to the BPHS guideline.	The HIV testing is done in the HFs where laboratory services are available.	HIV testing and counseling will be strengthened in CHCs and DH according to the BPHS guideline.	No	30 – 12 - 2019		
7.6	Night duty as per NSP 2016.	There is no problem on it, because night duty have been paid on regular monthly basis.	Monthly night duty payment will continue as per NSP 2016	No	Ongoing		
8.	Project Work Plan						
1	Community feedback analysis through suggestion box.	Although suggestion boxes were provided and supplied to all HFs, but due to less educated clients most of the boxes are empty, in spite of that on weekly and monthly bases the suggestion boxes are reviewed by relevant HF staff and timely decision was taken on the community feedback points.	Community feedback analysis should be done through suggestion boxes on monthly basis by head of HFs, CHS and head of relevant health shura and rational action should be taken timely to address the community feed backs and suggestions.	No	30 – 12 -2019		
2	Availability of midwives in HFs and provision of night duty in DH,CHC+,CHC	This activity is already in place and accomplished as per the night duty rosters in CHCs and DHs.	There is no comment on it as night duties were regularly performed by relevant staff and	No	Ongoing		

			payment was don on regular monthly basis				
3	Slide sending system from BHC/HSC to the CHC / DH for TB diagnosis.	Slide sending system is place and TB case detection is going on.	Slide sending will be further strengthened	No	Ongoing		
4	Provide mental health services and detecting and referring cases of disability.	Due to stigma the mental patients are not so willing to refer for consultation and treatment to the health professional staff, despite efforts are going on to increase detection and treatment of mental affected clients.	Mental health services should be strengthened through detection referral of mental health cases from HPs, PHC & BHC to CHCs and DH for further consultation and treatment.	No	30 – 12 -2019		
5	Provide rehabilitation services in DH.	Due to lack of professional physiotherapist in the province, the activity of rehabilitation services in DHs are almost colorless.	Rehabilitation services should be strengthened through community awareness, health education in the HFs and health shura to refer eligible cases for further technical physiotherapy services.	No	30 – 12 -2019		
6	Recruiting 07 nutrition counsellor and 2 Nutrition supervisors	There is no educated girls to be recruited in the remote HFs and the applicants from the center of province are not interested to join the position in remote areas, therefore the position were left vacant, but the supervisor position is already filled.	Recruitment of 07 nutrition counselors should be done as soon as possible.	No	30 – 12 - 2019		
7	Implement Harmonized Quality improvement and IP standards	HQIP and IP standards are on regular monthly basis applied in BHCs, CHCs and DHs only.	Implementation of HQIP and IP standards should be done on regular monthly basis.	No	30 – 11 -2019		
8	Providing ambulance services through DH,CHC+ and CHCs.	Based on the standard checklist the ambulances were equipped properly and regular ambulance services are provided through CHCs and DHs.	Ambulance services should be improved through 02 DHs, 02 CHC+ and 06 CHCs.	No	Ongoing		
9	Providing community-based referral services by CHWs.	Referral services already in place and payment of some incentive is done against of referral cases	Community based referral should be strengthened through CHWs from HPs.	No	Ongoing		

		such as delivery cases, TB cases and other emergency cases as well.					
10	Conducting health shura monthly meeting in each HF.	Health shura meeting is obligatory and conducted on monthly basis in all type of HFs.	Monthly health shura meeting should be conducted and the important health related issue should be discussed to find the solution for unachieved points.	No	Ongoing		
11	Conducting food demonstration session monthly base in HFs.	Food demonstration is conducted on regular base in all HFs.	Monthly food demonstration sessions should be conducted.	No	Ongoing		
12	Providing health education to clients in all HFs	Health education roster is available and health education is conducted by health professional staff on daily basis.	Health education should be conducted as per pre-developed schedules on daily basis in all type of HFs by health professional staff.	No	Ongoing		
13	Involve health shura members in all community base activities.	Health shura members are always involved in the community base activities.	Health shura members should be involved in all community base activities.	No	Ongoing		
14	Conduct CHW refresher training every six months	Based on the project plan the CHW refresher training conducted.	CHWs refresher training should be conducted every six months.	No	30 – 12 - 2019		
15	Providing Monthly feedback to health facilities	This issue is regular monthly basis accomplished.	Monthly feedback should be provided and shared with relevant health Facility.	No	Ongoing		
16	Participation and coordination on Conducting hand washing day, World Breastfeeding Week, National CHW days and other events at provincial and national levels.	There is no any problem on conducting and participation in important events which are related to the health section.	Hand washing day, World breastfeeding week, national CHWs days and other events should be conducted and coordinated properly.	No	As per calendar month		

