



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

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

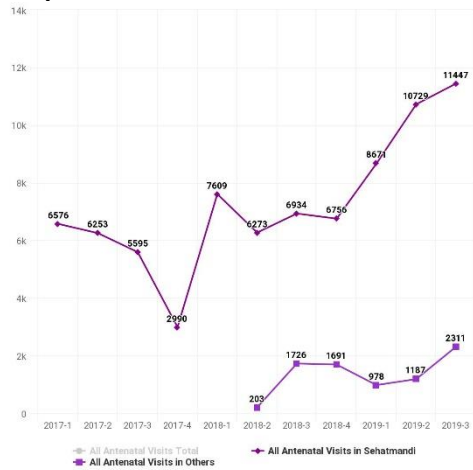
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1. Achievements in P4P indicators and other key indicators

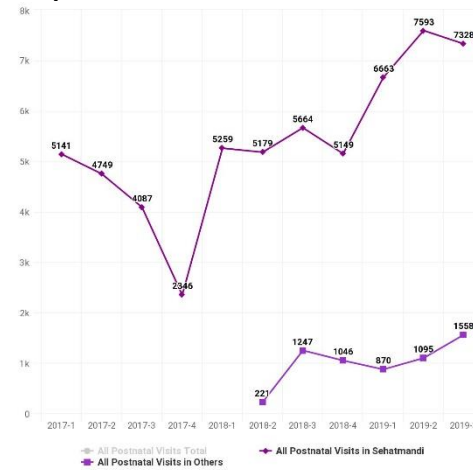
Below graphs 1-14 present changes in the service counts of key performance indicators between the 1st quarter of 2017 and the 3rd quarter of 2019.

a. Trend lines of key indicators

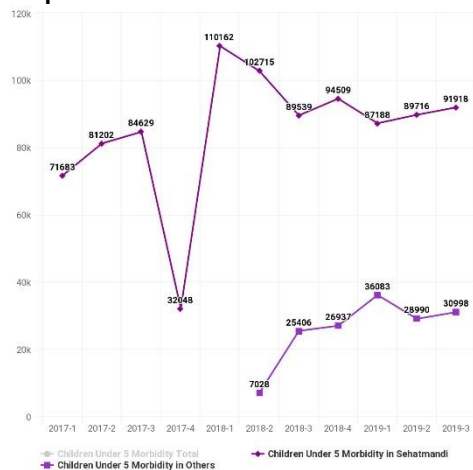
Graph 1: ANC



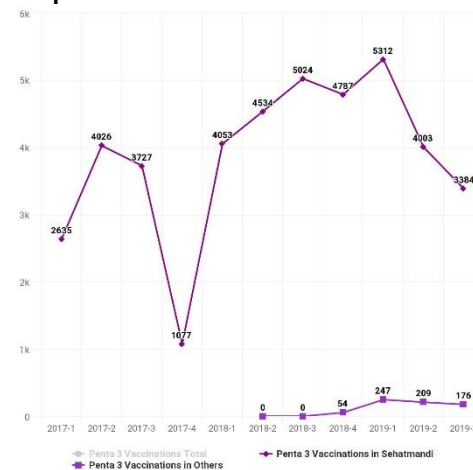
Graph 2: PNC



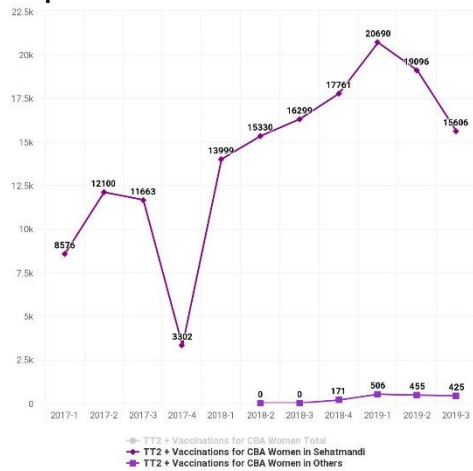
Graph 3: U5 OPD



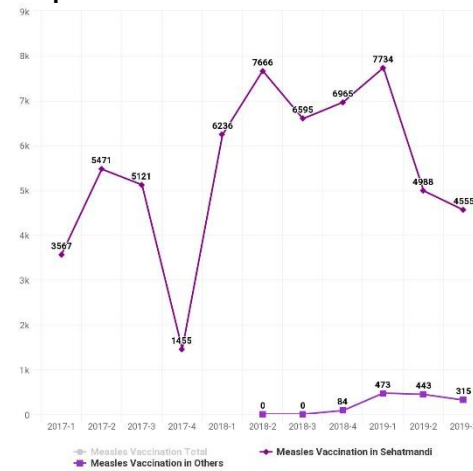
Graph 4: Penta 3



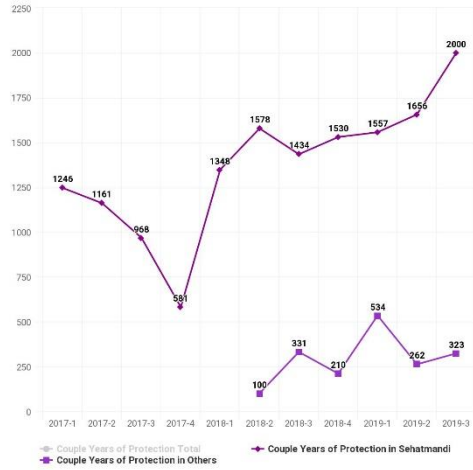
Graph 5: TT2+



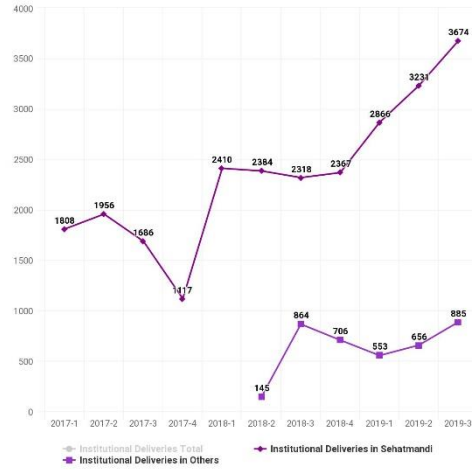
Graph 6: Measles



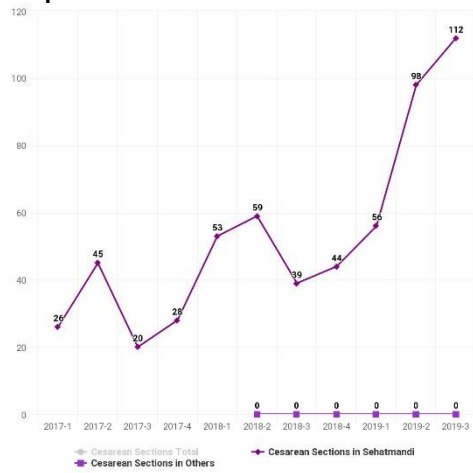
Graph 7: CYP



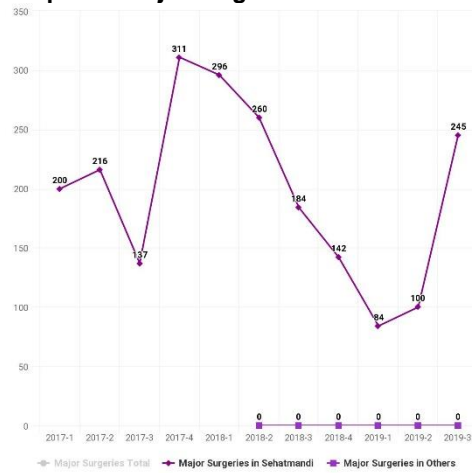
Graph 8: Institutional deliveries



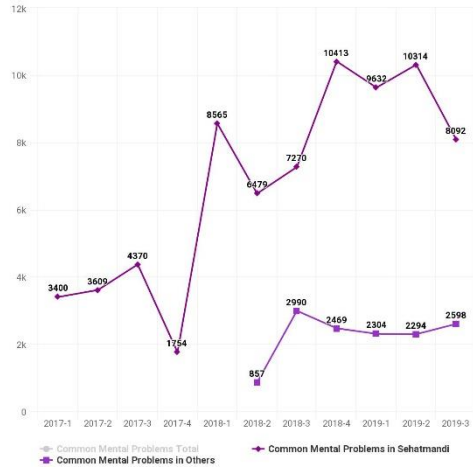
Graph 9: Caesarean section deliveries



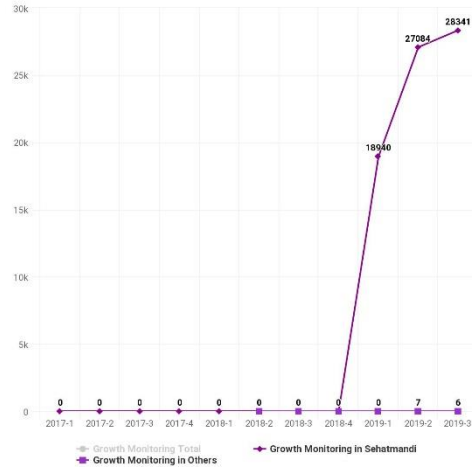
Graph 10: Major surgeries



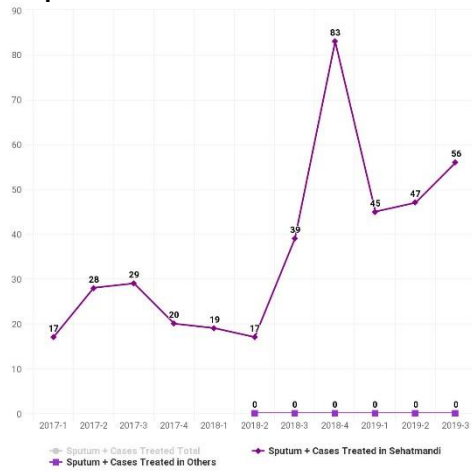
Graph 11: Mental health



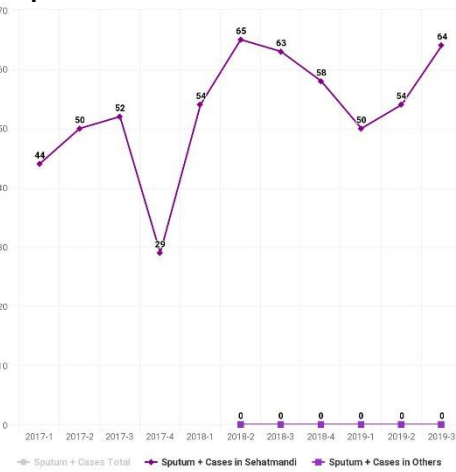
Graph 12: GM/IYCF



Graph 13: TB treatment



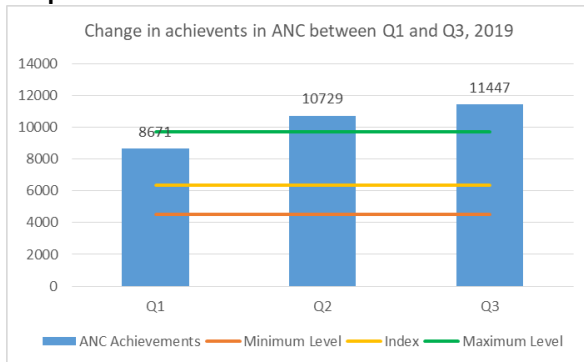
Graph 14: TB detection



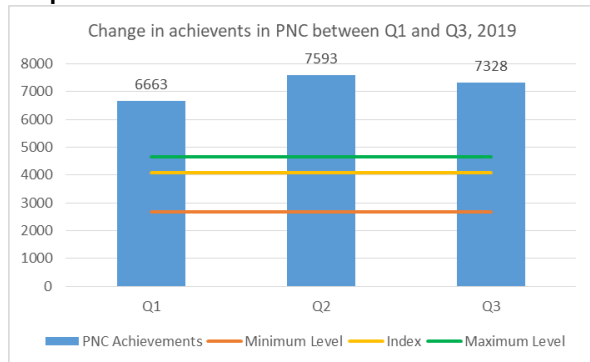
b. Comparison of quarterly achievements in key indicators

Below graphs 1-10 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).

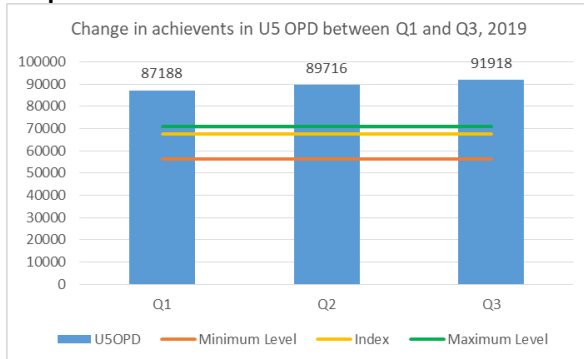
Graph 1: ANC



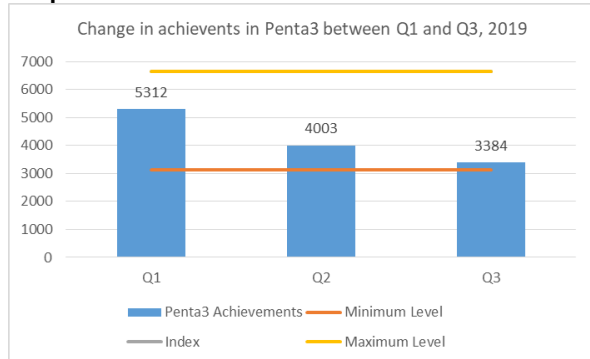
Graph 2: PNC



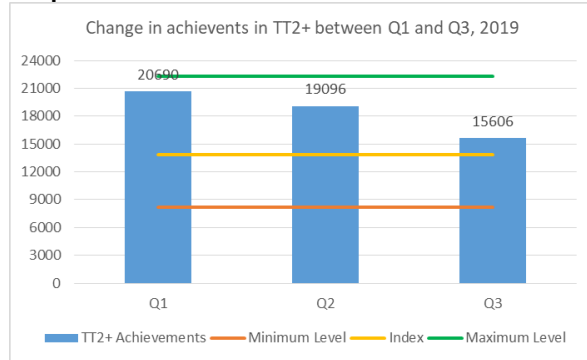
Graph 3: U5 OPD



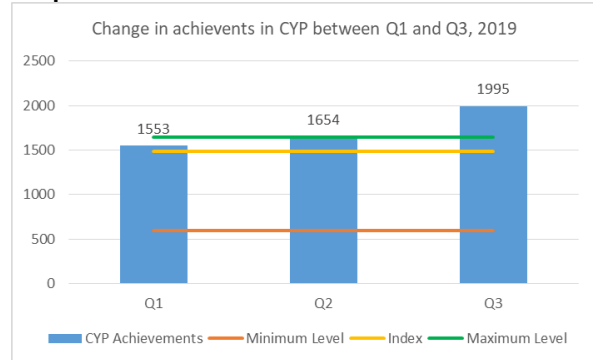
Graph 4: Penta 3



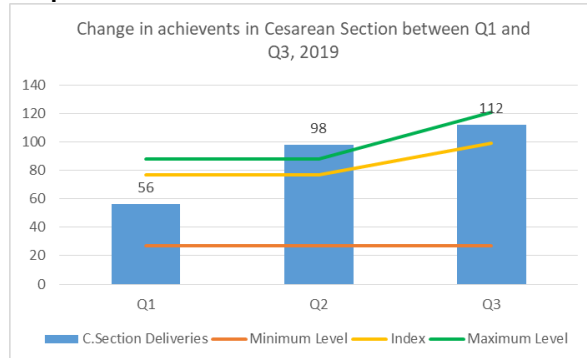
Graph 5: TT2+



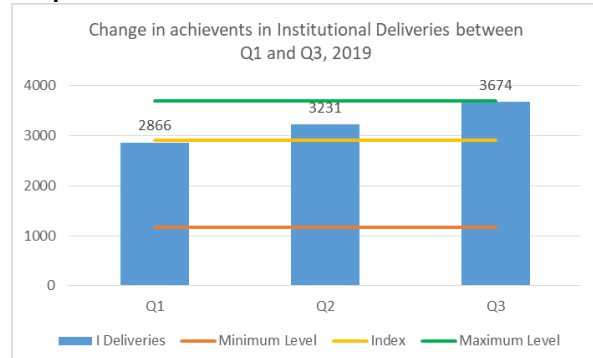
Graph 6: CYP



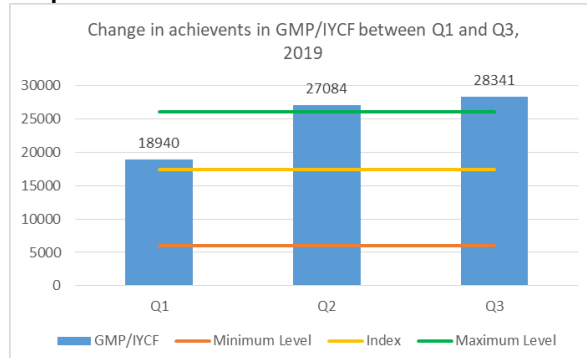
Graph 7: Caesarean section deliveries



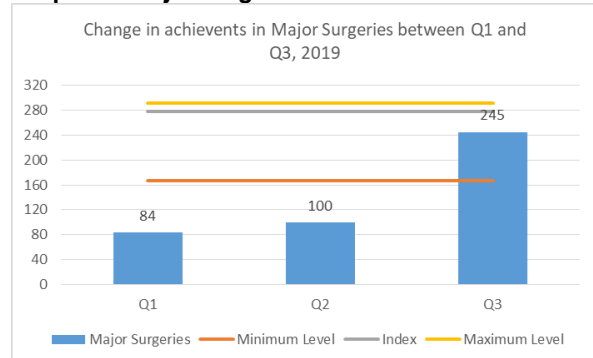
Graph 8: Institutional deliveries



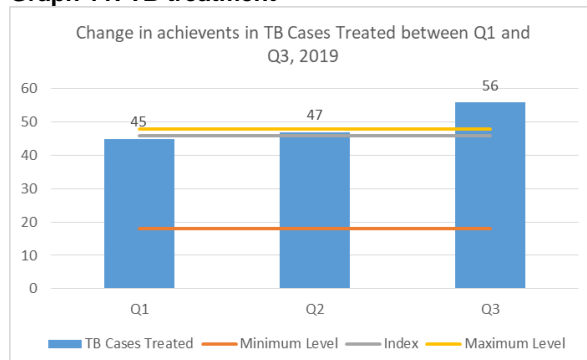
Graph 9: GM/IYCF



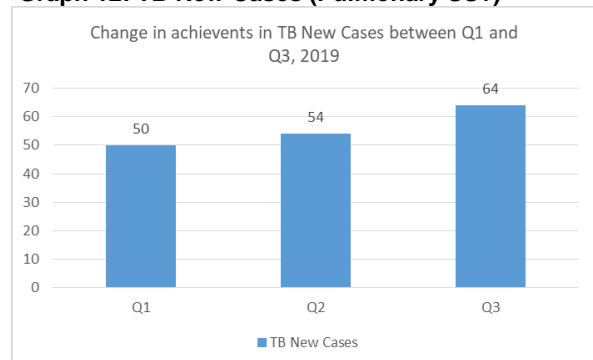
Graph 10: Major surgeries



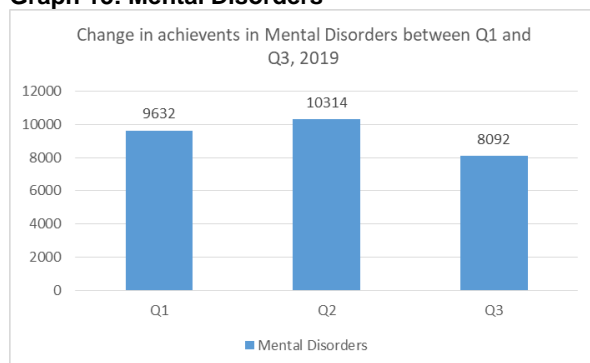
Graph 11: TB treatment



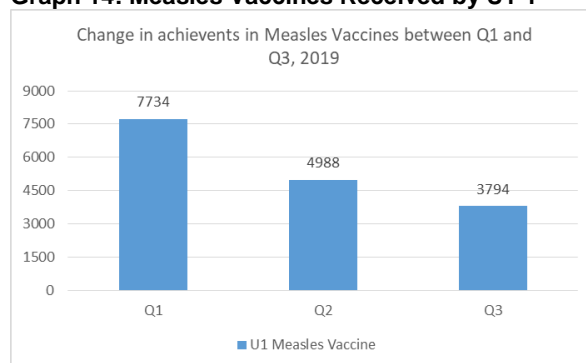
Graph 12: TB New Cases (Pulmonary SS+)



Graph 13: Mental Disorders



Graph 14: Measles Vaccines Received by U1 Y

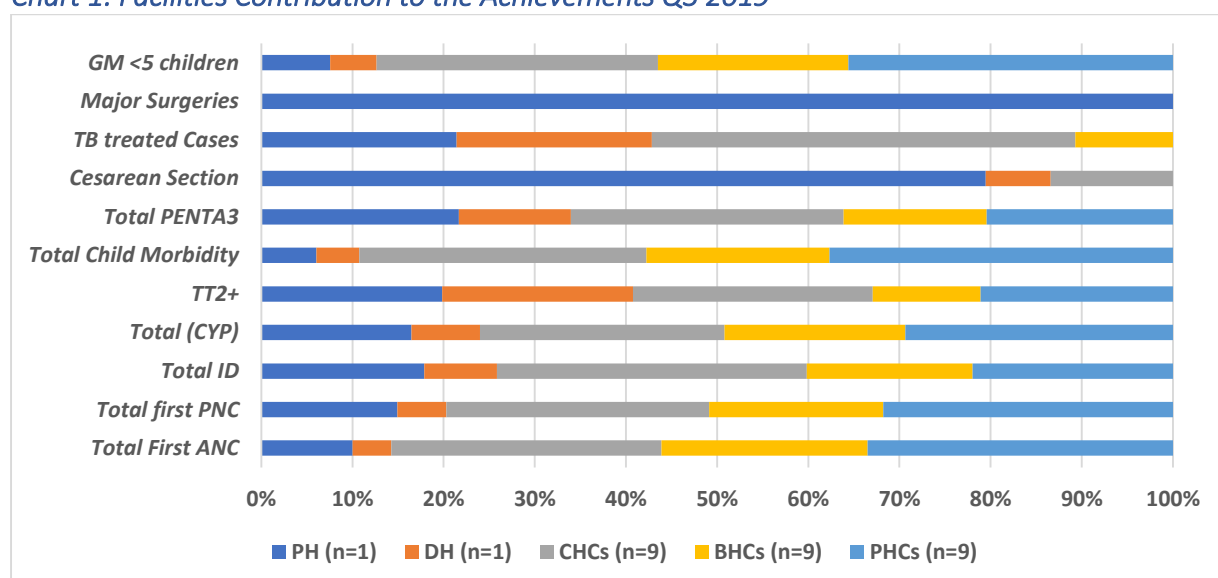


2. Analysis of achievements at health facility level

Below graph presents the facilities contribution to the achievements in quarter three of 2019.

- PH provided 100% of the major surgeries
- DH had low contribution on C-Section cases compared to the PH (PH 79%, DH 9%)
- CHCs had high contribution on TB treated cases compared to the BHCs (CHCs 46%, BHCs 11%)
- Immunization services:
 - PH had high contribution on immunization services (PENTA-3) compared to the DH (PH 22%, DH 12%)
 - BHCs had less contribution on immunization services (TT2+) compared to the CHCs (CHCs 27%, BHCs 12%)
- DH had less contribution on CYP services compared to the PH (PH 16%, DH 8%)
- DH had less contribution on ANC services compared to the PH (DH 4%, PH 10%)
- DH had high contribution on PNC services compared to the PH (DH 15%, PH 5%)
- CHCs and PH had high contribution on Institutional Delivery services compared to the DHs and BHCs (CHCs 34%, DH 8% and BHCs 18%)

Chart 1: Facilities Contribution to the Achievements Q3 2019



3. Summary of Monthly Updates

- Three out of three monthly updates were submitted timely (100%)
- Twenty-three (23) CHNE and 23 CME students successfully completed their 24 months education period and some of them were hired in relevant HFs.
- Through community elders' efforts and communication with local authorities the Khas Urozgan CHC was relocated from rental building to a permanent building.
- Twelve (12) midwives and 7 Nutrition counselors, one MD and one community health mobilizer are hired.
- Re-opening of Khas Urozgan CHC in its old building.
- Two out of three months' Salary of HFs staff were paid on time (67%). Details can be found in the monthly updates in **Annex 1**.

4. Performance in Quality of Care indicators

The data on quality of care indicators are not available.

5. Summary of discussion in the Quarterly Performance Review

Discussions took place on 11 P4P indicators in the HFs where performance had rapid increase, decrease or no change; the minimum acceptable standards; the deliverables and payment of salary to HFs staff. The causes and other details of discussion are reflected in PIP (**Annex 3**).

6. Provincial Office and HF visits

Summary of finding from the Quarterly Performance Review Committee:

- The meeting was held with Acting PPHD, PPHO team and the Service Provider (SP) team on the arrival day. The mission team briefed them about objectives of the mission and the intended schedule of activities during the stay in Urozgan. PPHD noted the pre-requisite actions to be taken in preparation for the planned review.
- A two-day quarterly performance review session was conducted at Provincial Office with opening remarks by the acting PPHD. The review sessions were chaired by the Provincial Public Health Director of Urozgan province as per the agreed schedule and steps. A total of 20 people from PPHOs, SP and other stakeholders including MMRCA, UNICEF, BARAN, WHO and others actively participated in the review.
- Review of Project Work Plan was conducted with SP team that shows 74 % of the planned activities for this quarter are done, 14% are partially done and 12 % are not done. The actions to be taken to overcome the areas for improvement will be reflected in the PIP developed by the committee members.
- Review of Annual Training Plan: From a total of 24 trainings planned throughout the life of the project 16 were planned for the first year. Eight out of 16 trainings were conducted; three were not done and overdue and the rest five are not due.
- The provincial pharmaceutical stock was visited. It was found that the pharmaceuticals were disorganized. Please see PIP for more details.

Annex 1: Details of Monthly Updates:

Saratan 1398

- Totally 28 EPI centers were banded during Saratan month by AGE with unknown cause
- Binding assessment of CME and CHNE was conducted.
- 23 CHNE and 23 CME students successfully completed their 24 months education period and hired some of them to relevant HFs
- Re-opening of Khas Urozgan CHC in its old building
- Through community elders' efforts and communication with local authorities the Khas Urozgan CHC was relocated from rental building to permanent building.
- Three Midwives and six Nutrition counselors are hired in Saratan Month
- SHDP with close coordination of PPHD attended in Health cluster meeting in Kandahar province and share some issue with Health cluster like (no permanent source of water in Trinkot PH

Asad 1398

- Ban on EPI activities by AGE in 28 HFs , at the end of this Month
- 5 Midwives and one Nutrition counselor , one MD and one Community health mobilizer are hired in Asad Month
- Recruitment of 4 midwives for BPHS HFs and vaccinator for Yaklinga CHC recruited

Sunbula 1398

- Ban on EPI activities by AGE in 28 HFs , at the end of this Month
- Restart of EPI fixed services
- Active participation in sub NID conducted in Tarinkot
- Recruitment of 4 midwives for BPHS HFs and vaccinator for Yaklinga CHC recruited

Annex 2: Detail of Health Facilities visit

- The provincial Hospital was visited. The remedial action plan of last visit was reviewed; findings are listed under strengths and areas for improvement.
- The Yak Linga CHC was visited. Findings are reflected under the strengths and areas for improvement.

Strengths:

1. Eight P4P indicators (ANC, CYP, Institutional Deliveries, Under 5 OPD, GM/IYCF Counseling, Treated TB Sputum Smear+ cases, Caesarean Section and Major Surgeries) have an increase in comparison to the previous quarter;
2. There is also an increase in a non-P4P indicator, TB detection of Sputum Smear+ cases
3. Six P4P indicators (ANC, PNC, CYP, GM/IYCF, TB treated cases, and OPD of under five year children) have crossed the set maximum levels for each service area;
4. TT2+, Institutional Deliveries and Cesarean Section indicators have crossed the target but are below the maximum level;
5. The major surgery achievement which was below the set minimum level in past quarters, has crossed the minimum level but is still under the set target;
6. The expected deliverables for this quarter (monthly updates and quarterly report) were submitted on time.
7. Salary of Saratan and Asad months of HFs staff was paid on time;
8. From the quantity point of view there were enough pharmaceuticals in the provincial stock;
9. Also enough quantity of medicine at provincial hospital and visited CHC;
10. The register books were provided for blood bank;
11. ECG services were provided (were not provided in past);
12. Physiotherapy equipment were supplied and used by its responsible section which were not handed over to physiotherapy section for use last time;
13. Fire extinguishers were provided and installed at hospital
14. Two health facility were visited both were functional; the assigned staff were present and were providing health services.
15. Availability of three buckets with chlorine solution, soap solution and water in delivery room but with very little amount of solutions;
16. Availability of warming arrangement for delivery room

Areas for Improvement:

1. Three P4P Indicators (PNC, Penta 3 and TT2+) have a negative trend in comparison to previous quarter
2. Two non-P4P indicators (Measles Vaccination in Children <1 and Mental Disorders) also have a negative trend in comparison to the previous quarter
3. Two P4P indicators, Penta3 services and Major Surgeries, still remains below the set target.
4. Five minimum standards were not met which is considered as a major failure (70% of key staff time, at least one female CHW in each HP, at least a midwife and nurse in SC and BHCs, MD in each CHC, the minimum staffing of EPHS at PH)
5. There are 434 Health Posts while as per the contract and project work plan this number should be 469
6. There was delay in payment of salary for one month (Sunbula) which is a minor failure in this area

7. As per Sunbula BPHS FMR three HFs are without midwives (Chenar SC, Shaly Nawa BHC, Kochi Mobile Health Team) while the HMIS report shows that there is no delivery for the last six months in two other HFs as well, Baghlak and Korak SHCs;
8. Low achievements in delivery cases in some HFs (Khod SHC only 7, Naw Joi SC only 6, and Aobi SC only 2 deliveries);
9. Low performance in Saesarean Section services in Dehrawod DH; it is zero in the month of Asad;
10. Twenty Five HFs did not have EPI services, neither fixed nor outreach and mobile (4 CHCs, 4 BHCs, 16 SHCs, 2 MHT). All during this quarter and some even for more months; and another three SCs did not have these services for two months. One out four mentioned started it in Sunbula.
11. No TB treatment for the past nine months in Shaheed Hasas, Kishy, Khas Urozgan (except one case in Hoot) and Chenartoo (except two cases in Hoot and Hamal) CHCs; no cases in all these CHCs during Q 3;
12. Low performance in TB treatment in Chora and Sorkhmorghab CHCs, zero performance in Saratan and Asad in Chora and zero in Asad and Sunbula in Sorkhmorghab
13. No TB detection for the past nine months in Shaheed Hasas, Khas Urozgan (except one case in Hoot), and Kishy CHCs and for the last three months in Chinartoo CHC;
14. The performance quarterly report was not according to standard format (Section II number of pages);
15. Financial authority was not given to project K-1;
16. None of the BPHS HFs have Female MD from the beginning of the project;
17. Out of 54 expected Nutrition Counselors 24 exist;
18. No system for slide and sputum sending of TB suspected cases from PHCs and BHCs to CHCs and DHs/PH;
19. The following planned trainings for the first year of Sehatmandi were not provided
 - IMNCI training for HF staff (WP)
 - Nutrition training for nutrition counselors and other HF staff (WP);
 - Technical and Managerial topics for hospital staff to build their capacity (WP);
 - Refresher training for CHSs (TP);
 - Rational Use of Drugs (TP and WP)
20. No outreach and mobile activities to all BPHS components;
21. No implementation of HQIP and CQI at HFs;
22. No complaint handling mechanism;
23. No GMP/COPP certificates at Provincial Office;
24. Weak stock management of pharmaceuticals (disarranged and adhered to the walls)
25. No regular review of the contract, work plan and training plan;
26. According to discussion with Dehrawood DH In-charge, no actions have been taken with regard to winterization supply while the weather is already cold.

Areas for improvement discovered at Yak Linga CHC

27. There was discrepancy of data between HF data and data reported by HMIS; as sample the EPI data was checked;
28. Low performance in TB services; there is only one case of TB detection during Saratan, Asad and Sunbula;
29. No awareness of staff about methodology of target setting;

30. The clinic IP status was poor; the beds were very dirty, dusty and ripped;
31. No IMCI charts at in both male and female OPDs;
32. Only one adult scale was used for both male and female OPDs;
33. Both male and female OPDs, EPI, lab and MCH rooms were too cold and no arrangement for warming;
34. No EPI outreach activity was conducted for last two months and a half;
35. No standard delivery room (simple concrete floor/no ceramic tiles, no enough light) with damaged washroom.
36. Staff low knowledge about IP
37. Unavailability of three buckets with chlorine solution, soap solution and water in dressing room;
38. Unavailability of List of essential drugs in the clinic;
39. Oxytocin was not kept in refrigerator and was placed in simple envelop with other medicine in the shelve
40. CHS was using his personal car from the beginning of the project for official purposes with no payment by the SP (no fuel or repairing cost)
41. CHS did not have evidence/minutes of monthly meetings
42. CHW kits were provided per each HP instead of one kit per each CHW
43. Unavailability of supervisors written feedback in the related sections of the HFs

Areas for improvement discovered at Provincial Hospital

44. One of the two gynecologist positions is vacant at PH from the begining of the project
45. One of the two pediatrician positions is vacant at PH from the beginning of the project
46. One of the two medical specialist positions is vacant from the start of the project
47. The dentist position is vacant at PH from the start of the project
48. One of the two pharmacist positions is vacant at PH from the beginning of the project
49. One cook position (one out of four) is vacant from the start of the project
50. Week infection prevention (no evidence of availability of IP equipment e.g. color-code buckets, PPE). Also floors of the wards were simple concrete made
51. Poor health care waste management (no incinerator and burial pits); there were a lot of syringes, vials and other infectious wastes thrown in open area and the waste bin was full of materials; no evidence of burning and burials;
52. Leakage of hospital general septic pit
53. Leakage of roofs of the hospital wards
54. The following systems which are fixed and established along with the building construction are non-functional (as per the contract the service provider should make sure that these systems are functional).
 - Water and central heating system are not functional
 - Solar system for water heating (washrooms and hand washing)
 - The telecommuncation system is not functional
 - System for ventilation and filters of operation theater
 - System for suction and medical gases (oxygen, nitrous oxide and suction)
 - System for water filtration
 - Canalization flow and drainage (Damaged drainage system)
55. The following equipment and pharmaceuticals were not available
 - The mortuary is not functional and not equipped with the required equipment (no fridge)

- No water source for safe drinking water
 - No holding tank
 - No functional water purification filters
 - No dishwashing machine
 - No refrigerator at OT
 - No pedal waste bin
 - No supply of lab reagents e.g. LFT, RFT, uric acid, total protein urea, creatinine, etc. this remains unsolved from the beginning of the project.
 - Body fluid tests were not performed in the hospital and no one knew what is this test and what is it for.
 - No lab table (marble made) in the laboratory of the provincial hospital
 - No strips of hemoglobinometer since six months despite of requesting by lab staff
 - No Glycostrips
 - No Sterilizer (dry heat) at Lab
 - No examination table in blood bank
 - No deep fridge
 - No separate autoclave for blood bank
 - No cool box for blood bank
 - No supply of materials for VDRL test
56. Lab staff have not received IP training
57. No introduction/orientation on hospital standards in PH

Some reasons/factors for low performance, not done and partially done activities are:

No review of project work plan, contract, training plan, no early detection of the problems by SP team, weak follow up system, weak referral system, shortage of female staff and vacancies e.g. midwives, gynecologist and female MDs; turnover of staff especially the midwives; no back up midwives, no/low EPI outreach activities by SP, ban on EPI services by AOG in particular the outreach services in most of the HFs, by-force recruitment of vaccinators by AOG; etc.

Recommendations:

- The SP to develop a Performance Improvement Plan (PIP) within week of completion of the review. The PIP should be prepared in the format used for PIP of Semiannual Review that reflects the root causes for low performance in P4P indicators, minimum acceptable standards, quality of care indicators, deliverables, salary payment and concrete actions for improvement.
- Similarly the SP to develop a separate remedial action plan for the areas for improvement related to contract, work plan, training plan, management and HFs visits within one week after receipt of the report. The remedial action plan should also reflect the reasons behind each area for improvement.

Annex 3: Updated Performance Improvement Plan (PIP)

Urozgan Sehatmanid (BPHS/EPHS) PIP based on Quarterly Review and HF's Visit

Date: 14 Dec 2019

S/N	Areas for improvement	Recommendation	Activity	Responsible	Dateline	Remarks
1	58. Three P4P Indicators (PNC, Penta3 and TT2+) have a negative trend in comparison to previous quarter	The three P4P indicators (PNC, Pneta 3 and TT2+) will be improve and strengthen the coordination with AGE regarding Penta3 and TT2+	Hiring of midwives to the vacant positions, on the job training during supervision regarding the mentioned P4P indicators. The female vaccinators will be hiring. Coordination meeting will be conduct with AGE to allow the outreach and mobile services.	PD, DPM and project supervisors	30 Dec 2019	
2	59. Two non-P4P indicators (Measles Vaccination in Children <1 and Mental Disorders) also have a negative trend in comparison to the previous quarter	The non P4P indicators will be strictly followed. Social councilors will be hiring to vacant position.	The social councilors hired to vacant position during Aqrab month, The non P4P indicators will be following during supportive supervision and on the job training conducted. The mental health and EPI refresher trainings will be conduct for HF staff.	CDO, EPI and mental health officers	20 Jan 2020	

3	60. Two P4P indicators, Penta3 services and Major Surgeries, still remains below the set target.	The Major surgeries and Penta 3 services should be improved. The major surgeries cases of DH and CHC+ should be included in the major surgery indicator	- The second surgeon hired to provincial hospital. of referral system from HFs to PH, DH and CHC+ will be Strengthen Communication system with patients who are Candidate for surgery cases strengthen.	Hospital director, medical director Main office technical manager BPHS HFs in charges	30 Dec 2019	
4	61. Five minimum standards were not met which is considered as a major failure (70% of key staff time, at least one female CHW in each HP, at least a midwife and nurse in SC and BHCs, MD in each CHC, the minimum staffing of EPHS at PH)	The key vacant position should be hired to Urozgan project. All HPs should be couple and trained new CHWs for 35 remaining HPs	All vacant positions (K1 and K4) filled. All HPs will be staffed with female CHWs. The remaining HPs will be established by couple CHWs for white areas. All vacant positions will be announced locally and through ACBAR site	Main office technical manager. DPM and CBHC officer	30 Dec 2019	
5	62. There are 434 Health Posts while as per the contract and project work plan this number should be 469	35 out of 469 health posts should established for identified white areas	- The remaining 35 HPs will be established - Initial phase training has been conducted. - 469 HPs are active	DPM and CBHC officer	30 Dec 2019	Done
6	63. There was delay in payment of salary for one month	The field (HFs and project office staff)	HFs staff and project office staff salaries has been paid till Aqrab 1398	Main office finance manager	20.Nov.2019	

	(Sunbula) which is a minor failure in this area	salary to be paid base on contract time.				
7	64. As per Sunbula BPHS FMR three HFs are without midwives (Chenar SC, Shaly Nawa BHC, Kochi Mobile Health Team) while the HMIS report shows that there is no delivery for the last six months in two other HFs as well, Baghlak and Korak SHCs;	The vacant positions of mentioned HFs to be fill, and the constitutional delivery indicator to be strength	The female staff (midwives) hired for the mentioned (Chenar SC, Shaly Nawa BHC and Baghalk SC) HFs. The vacant position of midwife for Korak SC will be announces locally and through ACBAR site	PD, DPM and RH and HR officers	12 Jan 2020	
8	65. Low achievements in delivery cases in some HFs (Khod SHC only 7, Naw Joi SC only 6, and Aobi SC only 2 deliveries);	Delivery indicator should be improved in mentioned HFs	The midwives for the mentioned HFs newly hired. The achievement will be increased with conducting on the job training during supportive supervision by RH officer.	RH officer and HMIS officer	12 Jan 2020	
9	66. Low performance in Caesarean Section services in Dehrawod DH; it is zero in the month of Asad;	Caesarean section services in Dehrawod DH to be improved and meet the target	The referral system will be strength from HFs to Dehrawood DH. Dehrawood DH surgeon will be give advice and commitment later will be received from surgeon	PM, DPM, Supervisors and RH officer	12 Jan 2020	

			Midwives of Dehrawood DH will be train by RH officer.			
10	67. Twenty HFs did not have EPI services at all, neither fixed nor outreach and mobile. Another three did not have these services for two months.	The EPI outreach and mobile services should be started in all EPI centers.	the project team will continue communicating for solving mentioned problem with AGE authorities with involving community elders regarding outreach and mobile EPI services.	PD, DPM and accesses	12 Jan 2020	
11	68. No TB treatment for the past nine months in Shaheed Hasas, Kishy, Khas Urozgan (except one case in Hoot) and Chenartoo (except two cases in Hoot and Hamal) CHCs; no cases in all these CHCs during Q 3;	The project technical team should be insured and improved the TB treatment in the mentioned HFs and strictly followed by project supervisors and head of clinic	The data analysis during the HFs in-charge meeting will be presented and discussed and followed during supervision. TB quarterly review meeting will be conducted in each quarter and focused on TB indicator. TB refresher training will be conducted for mentioned HF staff. Uncommitted staff will be replaced	DPM, project supervisor, HF in charge	12 Jan 2020	

12	69. Low performance in TB treatment in Chora and Sorkhmorghab CHCs, zero performance in Saratan and Asad in Chora and zero in Asad and Sunbula in Sorkhmorghab	The project technical team to be insure and improved the TB treatment in the mentioned HFs and strictly followed by project supervisors and head of clinic.	The data analysis during in-charge meeting will be presented and discussed and followed during supervision. TB quarterly review meeting will be conducted in each quarter and focused on TB indicator. TB refresher training will be conducted for mentioned HF staff	DPM, project supervisor, HF in charge	12 Jan 2020	
13	70. No TB detection for the past nine months in Shaheed Hasas, Khas Urozgan (except one case in Hoot), and Kishy CHCs and for the last three months in Chinartoo CHC;	The project technical team should insure and improved the TB treatment in the mentioned HFs and strictly followed by project supervisors and head of clinic. Sputum sending system should be established from near HFs (SHCs and BHCs) to TB diagnostic centers	The data analysis during in-charge meeting will be presented and discussed and followed during supervision. TB quarterly review meeting will be conducted in each quarter and focused on TB indicator. TB refresher training will be conducted for mentioned HF staff. The sputum sending system will be started from near HFs which are no have TB diagnostic center to the	DPM, project supervisor, HF in charge	12 Jan 2020	

			CHCs, DH or PH which have TB diagnostic center			
14	71. The performance quarterly report was not according to standard format (Section II number of pages);	The quarterly report should be prepared according to SOP guidance section II	The quarterly report will be prepared according to narrative section (section II)	DPM and PD	4 th quarter 2019	
15	72. Financial authority was not given to project K-1;	The financial authority of K1 to be 500000/AFN in one invoice by email or formal letter	The formal e-mail for financial authority of K-1 position issued on 02, December,2019 The document for financial authorization was already shared in F2F meeting	Main office executive director	02,Dec.2019	
16	73. None of the BPHS HFs have Female MD from the beginning of the project;	Female MD to be hired	Female MD will be announced through ACBAR and locally in Urozgan province	Main office technical manager and senior HMIS/M&E officer	12 Jan 2020	If female MD could find will be hired
17	74. Out of 54 expected Nutrition Counselors 24 exist;	Nutrition counselors should be train and hired	16 new Nutrition counselors are already trained and hired on 01, Dec,2019 The remaining 13 Nutrition counselors will be announced , selected , trained and hired	PD, DPM, Nutrition officer	12 Jan 2020	If female eligible candidate registered

18	75. No system for slide and sputum sending of TB suspected cases from PHCs and BHCs to CHCs and DHs/PH;	Sputum sending system should be established	The sputum sending system will be started from near HFs which are without TB diagnostic center to the CHCs, DH or PH which have TB diagnostic center	DPM, CDC officers and supervisors HF in charges	12 Jan 2020	
19	76. The following planned trainings for the first year of Sehatmandi were not provided <ul style="list-style-type: none"> - IMNCI training for HF staff (WP) - Nutrition training for nutrition counselors and other HF staff (WP); 	The remained planned training should be conducted	The remained training will be conducted according to TNA for required staff of HFs	DPM, Capacity building officer	12 Jan 2020	Based on training plan the delayed training will be conducted during the first and second quarter of 2020

	<ul style="list-style-type: none"> - Technical and Managerial topics for hospital staff to build their capacity (WP); - Refresher training for CHSs (TP); - Rational Use of Drugs (TP and WP) 					
20	77. No outreach and mobile activities to all BPHS components;	Outreach and Mobile activities will be improve and insure on CHCs and DH level	A time table will be developing for outreach and Mobile activities, and mentioned activity will be start. Mentioned activity will be followed by project supervisors	Project supervisors	30,Jan,2020	If the security situation and AGEs allowed, this activity will be preformed
21	78. No implementation of HQIP and CQI at HFs;	HQIP and CQI should be implement and improved at HFs	HQIP training will be conducted for HFs staff. Selection of some HFs for HQIP implementation are completed Quality assurance officer has already been assigned	Main office technical manager , DPM, HQIP officer	30,Jan,2020	
22	79. No complaint handling mechanism;	Complaint handling mechanism should be insure and improved	Complaint handling committee has already established on provincial office level.	PD, DPM and HMIS manager	12 Jan 2020	

			CHM will be strength on HFs level by establishing complaint handling shura and installing the complaint boxes in HFs.			
23	80. No copy of GMP/COPP certificates at Provincial Office;	The GMP and COPP certificates should be provided to provincial office	The GMP and COPP documents or certificates will be send to provincial office for follow up and documentation	Technical manager of main office. Pharmacy officer	25 Dec 2019	
24	81. Weak stock management of pharmaceuticals (disarranged and adhered to the walls)	The pharmaceuticals stock should be arranged according to pharmacy stock management standard.	The pharmacy stock management standards will be provided by main office to provincial office. The pharmacy stock will be arranged according to stock standard.	Technical manager of main office. pharmacy officer of provincial office	12 Jan 2020	
25	82. No regular review of the contract, work plan and training plan;	The work plan, training plan and contract should be review by project senior staff to project and provincial hospital staff	The work plan, training plan and contract activities will be review on quarterly bases by senior project staff to project and PH staff.	Provincial director and BPHS technical manager.	Quarterly bases	

26	83. According to discussion with Dehrawood DH In-charge, no actions have been taken with regard to winterization supply while the weather is already cold.	The winterization materials and equipment should be provided to Dehrawod and all HFs.	The winterization plan already developed and share with main office and MOPH Winterization materials and Gas heaters provided for all HFs and provincial office	Project Director	Done	
Areas for improvement discovered at Yak Linga CHC						
27	84. There was discrepancy of data between HF data and data reported by HMIS; as sample the EPI data was checked;	Health facility and HMIS Data to be matched	- EPI and HMIS officer will conduct on the job training for vaccinator - The data verification system will strengthen on HF level and by Urozgan PO level			For EPI each HFs have two target, one given by PEMT and another is project target the chart data which compared with the tally sheet was old one and was vain
28	85. Low performance in TB services; there is only one	TB services will strengthen and new case detection will increase	- The lab technician has already received the TB dots training	CDC officer. HF in charge, technical staff	12 Jan 2020	

	case of TB detection during Saratan, Asad and Sunbula;		- Advice will be given to HF in charge and lab technician to increase suspected case and increase lab investigation for TB cases	of PO and main office		
29	86. No awareness of staff about methodology of target setting;	Staff to be aware about the target setting	- Each focal point will conduct on the job training to related component staff in HF	HMIS and EPI officers	12 Jan 2020	
30	87. The clinic IP status was poor; the beds were very dirty, dusty and ripped;	IP status of the health facilities will improve	- On the job IP training will be conducted for HF staff - Bed sheet will be changed and new and clean bedsheet will be supplied to HF	PD, TM, and admen of Urozgan PO	12 Jan 2020	
31	88. No IMCI charts at in both male and female OPDs;	IMCI charts to be provide to health facilities	- IMCI charts will be printed and supplied to HFs	Main office Technical Manager and HMIS manager	12 Jan 2020	
32	89. Only one adult scale was used for both male and female OPDs;	Adult scale will be provided for HFs	Adult scale for male OPD will be provided for Yakling CHC	SHDP main office and POTechnical manager and operation team	12 Jan 2020	

33	90. Both male and female OPDs, EPI, lab and MCH rooms were too cold and no arrangement for warming;	Heating material to be provided for HFs room	Winterization plan applied in Yaklinga HFs, heating material already procured and supplied	PD, main office and PO operation team	Done	
34	91. No EPI outreach activity was conducted for last two months and a half;	EPI outreach activities to be conducted	- As male vaccinator position during the mentioned months was vacant, so there are no outreach activities - Male vaccinator hired for mentioned HF and the outreach activities are regularly conducting and going on	HF in charge and PO/ EPI officer	12 Jan 2020	
35	92. No standard delivery room (simple concrete floor/no ceramic tiles, no enough light) with damaged washroom.	Delivery room to be repaired	- As the building is rental, so not many constructions could be done in the building - Washable floor will be provided for the delivery room	PO logistic department	12 Jan 2020	
36	93. Staff low knowledge about IP	On the job IP training to be conducted for HFs staff	- On the job IP training will be conducted for HF staff	PO technical manager and supervisors	12 Jan 2020	Continuous process
37	94. Unavailability of three buckets with chlorine	Three bucket to be provided for nursing room	- Three bucket already provided for HFs	PO logistic department	12 Jan 2020	

	solution, soap solution and water in dressing room;					
38	95. Unavailability of List of essential drugs in the clinic;	Essential drugs list will be provided for HF	- Essential drugs list will be provided for HF	Main office and POHMIS officers	10 Jan 2020	
39	96. Oxytocin was not kept in refrigerator and was placed in simple envelop with other medicine in the shelve	Oxytocin to be kept in Vaccine career	- The supplied butch of oxytocin are adapted with normal temperature of the room (up to 25 Degree Centigrade)	HF in charge and pharmacy technician		Done
40	97. CHS was using his personal car from the beginning of the month for official purpose with no payment by the SP (no fuel or repairing cost)	CHS supervision expenses to be paid	- Urozgan POCBHC officer will receive documents from CHS and based on supervision document transportation cost will be paid	PO operation department HF in charge	12 Jan 2020	
41	98. CHS did not have evidence/minutes of monthly meetings	CHS to be provide community meeting minute	- CBHC officer will give on the job training to CHS and will follow his activities including meeting and meeting minutes	PO CBHC officer and HF in charge	12 Jan 2020	
42	99. CHW kits were provided per each HP instead of one kit per each CHW	CHW kit to be provided per each CHW	- The issue shared with pharmacy officer and ordered to supply CHW kit per each CHW	PO pharmacy officer	During next quarter supply	

43	100. Unavailability of supervisors written feedback in the related sections of the HFs	Supervisor to gave written feedback to HFs and to be available in HFs	- All supervisor/ officer will orient regarding the supervision report and feed back	Urozgan PO technical manager	12 Jan 2020	
Areas for improvement discovered at Provincial Hospital						
44	101. One of the two gynecologist positions is vacant at PH from the beginning of the project	The gynecologist position will be fill	- The mentioned position will be announcing through ACBAR site and locally in Urozgan - Based on exam and interview qualified candidate will be selected for the vacant position	SHDP main office and PO HR, Technical manager	30 January 2020	
45	45 . One of the two pediatrician positions is vacant at PH from the beginning of the project	The pediatrician position to be filled	- The mentioned position will be announcing through ACBAR site and locally in Urozgan - Based on exam and interview qualified candidate will be selected for the vacant position	SHDP main office and POHR, Technical manager	30 January 2020	
46	46. One of the two medical specialist positions is vacant from the start of the project	The medical specialist position to be filled	- The mentioned position will be announcing through ACBAR site and locally in Urozgan - Based on exam and interview qualified	SHDP main office and POHR, Technical manager	30 January 2020	

			candidate will be selected for the vacant position			
47	47. The dentist position is vacant at PH from the start of the project	The dentist position to be filled	- The mentioned position will be announcing through ACBAR site and locally in Urozgan - Based on exam and interview qualified candidate will be selected for the vacant position	SHDP main office and POHR, Technical manager	30 January 2020	
48	48. One of the two pharmacist positions is vacant at PH from the beginning of the project	The pharmacy officer position to be filled	- The mentioned position will be announcing through ACBAR site and locally in Urozgan - Based on exam and interview qualified candidate will be selected for the vacant position	SHDP main office and POHR, Technical manager	30 January 2020	
49	49. One cook position (one out of four) is vacant from the start of the proje	The cook position will be filled	- The mentioned position will be announcing through ACBAR site and locally in Urozgan - Based on exam and interview qualified candidate will be selected for the vacant position	SHDP main office and POHR, Technical manager	30 Jan 2020	
50	50. Weak infection prevention (no evidence of availability of IP equipment e.g. color-code buckets, PPE). Also floors of	- Infection prevention will be strengthen	- Three buckets are available for clean water, water and soap and one for chlorine in all required site	Hospital director, Medical director ,	30 Jan 2020	

	the wards were simple concrete made		<ul style="list-style-type: none"> - One batch IP training has already been conducted and the second batch will be conducted according to training plan - Regular supervision will be conducted through HFs - PPE has already been supplied and will be used by staff 	Head nurse and supportive staff		
51	51.Poor health care waste management (no incinerator and burial pits); there were a lot of syringes, vials and other infectious wastes thrown in open area and the waste bin was full of materials; no evidence of burning and burials;	The waste management system to be improve and apply according to standard	<ul style="list-style-type: none"> - Space for incinerator has been identified - The incinerator will be fixed in identified location - The observed waste has already been managed and collected and repulsed 	Hospital director, Medical director, Head nurse and supportive staff Follow by Main office technical team	30 Dec 2019	
52	52.Leakage of hospital general septic pit	Hospital general septic pit will be assessed	<ul style="list-style-type: none"> - The PH and PO management team will assess the status of TK PH septic pit - The assessment result will be share with the MoPH 	PH director. Project director SHDP main office technical and	12 Jan 2020	The report of assessment and decision will be shared with MoPH

			PMO and decision will be made	operation team		
53	53. Leakage of roofs of the hospital wards	TK PH roof leakage will be repaired	-The leakage of PH roofs will be repaired	PH director. Project director SHDP main office technical and operation team	9 Jan 2019	
54	54. The following systems which are fixed and established along with the building construction are non-functional (as per the contract the service provider should make sure that these systems are functional).	The system to be activated	- All the mentioned systems will be technically reviewed and checked by the Faizi Mujadidi Construction Company, after feasibility review of the systems if the systems are already in place and completely installed, the	SHDP main office technical, operation staff PO, Faizee Mujadidi construction company	15 Jan 2020	All the mentioned system were not functional during the shifting from Tarinkot old Hospital to

	<ul style="list-style-type: none"> - Water and central heating system are not functional - Solar system for water heating (washrooms and hand washing) - The telecommuncation system is not functional - System for ventilation and filters of operation theater - System for suction and medical gases (oxygen, nitrous oxide and suction) - System for water filtration - Solar system for water heating (washrooms and hand washing) - Canalization flow and drainage (Damaged drainage system) 		<p>engineering team of mentioned company will activate the system The result will be shared with MOPH</p>			<p>the new hospital constructed building</p>
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55	<p>55.The following equipment and pharmaceuticals were not available</p> <ul style="list-style-type: none"> - The mortuary is not functional and not equipped with the required equipment (no proper fridge) - No functional incinerator - No water source for safe drinking water - No holding tank - No functional water purification filters 	<p>The mentioned equipment and pharmaceuticals to be procure</p>	<p>The mortuary fridge, Dish washing Machine, Deep fridge will be assessing in the market, if were available the decision will be made and the result will be shared with the MOPH</p> <ul style="list-style-type: none"> - The safe drinking water source and holding tank already included in the construction plan already submitted to MoPH <p>-The following items will be procured:</p>	<p>Project director, Hospital director, medical director, main office technical and operation staff</p>	<p>12 Jan 2020</p>	<p>The construction plan already submitted to MoPH</p>

	<ul style="list-style-type: none"> - No dishwashing machine - No refridgerator at OT - No pedal waste bin - No supply of lab reagents e.g. LFT, RFT, uric acid, total protein urea, creatinine, etc. this remains unsolved from the beginning of the project. - Body fluid test were not performed in the hospital and no one knew what is this test and what is it for. - No lab table (marble made) in the laboratory of the provincial hospital - No strips of hemoglobinometer since six months despite of requesting by lab staff - No Glycostrips - No Sterilizer (dry heat) at Lab 		<ul style="list-style-type: none"> - Pedal waste bin - Supply of lab reagents e.g. LFT, RFT, uric acid, total protein urea, creatinine, etc. this remains unsolved from the beginning of the project. - Lab table - Strips of hemoglobinometer - Glycostrips - Sterilizer (dry heat) at Lab - Examination table in blood bank - Autoclave for blood bank - Cool box for blood bank - Materials for VDRL test 			
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	<ul style="list-style-type: none"> - No examination table in blood bank - No deep fridge - No separate autoclave for blood bank - No cool box for blood bank - No supply of materials for VDRL test 					
56	56.Lab staff have not received IP training	IP training will be conducted for lab staff	<ul style="list-style-type: none"> - One batch IP training has already been conducted - The second batch will be conducted based on training plan 	PO technical manager Hospital medical director	January 30 2020	Training will be conducted based on the Project training plan
57	57.No introduction/orientation on hospital standards in PH	- Hospital standard orientation to be given to hospital staff	- Medical director will be given assignment to conduct the hospital standard orientation session for hospital staff	Medical director,	December 30 2019	