

Cat-D Hospital Mamad Gat, Mohmand Annual Report 2020-2021



CONSULTANCY SERVICES FOR PROVISION OF HOSPITAL SERVICES AT HEALTH FACILITIES (CATEGORY-D HOSPITALS) IN MERGED DISTRICTS OF KHYBER PAKHTUNKHWA THROUGH PUBLIC-PRIVATE PARTNERSHIP



Medical Emergency Resilience Foundation (MERF)

www.merf-pakistan.org

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1. Executive Summary

The Government of KP under its initiative to provide quality healthcare services to the public under its health policy has engaged private sector organizations in health service delivery through KP Health Foundation on Public Private Partnership Model. The KP-HF is mandated to promote and enable the development of innovative health care delivery models to achieve policy objectives of Government of Khyber Pakhtunkhwa to improve coverage through various means of Public Private Partnership for health care service delivery.

Under this initiative, 06 hospitals located in NMDs were outsourced to private sector organizations on PPP model through competitive bidding process undertaken by KP-HF. Cat – D, Mamad Gat has been outsourced to MERF along with 03 other hospitals in NMDs under this initiative. The contract for the hospital which requires operationalization, management and provision of healthcare












Since its inauguration on September 24, 2020, the hospital remained functional and services provided throughout in the reporting period as well with patient flow being a little varied due to a number of reasons i.e. 3rd wave of COVID-19 (lockdowns, fear of going to HFs), Ramadhan/long Eid break/transport restrictions and staff replacements of staff, in June it increased again. SOPs for COVID were strictly observed by the staff as well for patients/attendants, while COVID screening and vaccination services (at static as well as mobile outreach CVCs) were provided to civilians, educational staff and armed forces. Four (out of five) consultants were replaced.

During the reporting period number of OPD, in patient care and surgeries increased compared to the established baseline despite lockdown etc. 44,591 OPD consultations (general/specialist), 2630 inpatients, 494 women delivered clean/safely, 2111 ANC & PNC, 1157 surgeries (including 180 major) and 45222 investigations (37988 labs, 2832 x-ray, 3866 ultrasounds and 536 ECGs) were some of the achievements.

A 20 kg/hour semiautomatic incinerator has been installed and made functional, relevant staff trained on its operation and use. Lack of continuous supply of electricity (only 1 hour in day time or 4-6 hours/24 hours) and low voltage were the main challenges which has affected the smooth functioning of the hospital services.

2. Summary of HMIS Data

A snapshot of Key Performance Indicators for the year 2020-21 is given as under.

	05 Specialists, 01 Dental Surgeon, 10 Medical Officers including 2 Woman Medical Officers are providing services at the Type D Hospital
	37,106 OPD Consultations (General 13,407 – 36%, Specialised 23,699 – 64%)
	7,485 patients treated in casualty department including 07 Cardiac emergencies, 39% ↑ increase as compare to baseline.
	494 clean and safe deliveries conducted including 08 C-Sections, 37% ↑ increase as compare to baseline.
	2,111 pregnant women received antenatal and postnatal care, 148% ↑ increase from the baseline.
	2,630 Patient admissions in various IPD departments.
	1,157 Total Surgeries conducted with 180 Major surgeries, 231% ↑ increase from baseline.
	37,988 lab investigations conducted, 443% ↑ increase as compared to baseline.
	2,832 X-rays carried out.
	536 Patients availed ECG services during the reporting year.
	3,866 Patients availed Ultrasound services during the reporting year.

3. Service Delivery Data Analysis

With technical inputs along with provision of qualified and experienced human resource, medicine and consumables, equipment, robust logistics support and monitoring of project activities; MERF has successfully improved the service delivery at Cat – D hospital, Mamad Gat, as compared to the baseline.

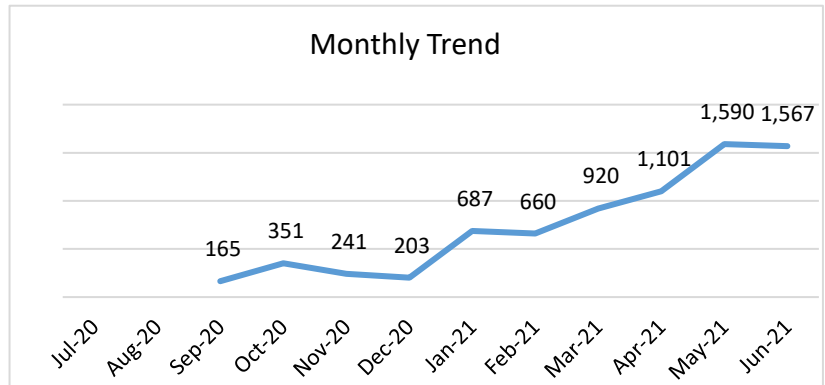
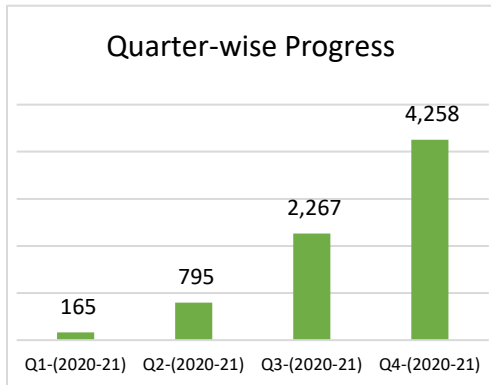
Accident and Emergency (A&E) Unit

Accident and Emergency unit at Cat – D Hospital, Mamad Gat, provided round the clock emergency services and managed **7,485** patients for various emergency conditions. The emergencies included medical (liver disease, hyperthermia, RTIs, CCF, suspected COVID-19, shock, hysteria, skin lesions/allergy, HTN, GI/diarrhea, UTIs, muscle/joints problems, food poisoning, drug reaction, electric shock, Fits and epistaxis etc.) while surgical emergencies included (RTAs, history of fall, dog, snake, scorpion, donkey, insect bites, bee stings, foreign body, acute appendicitis, burns, tooth ache, renal colic, bomb blast injuries and post-operative care etc.). Patients with serious complications requiring advanced investigations and treatment at tertiary care level hospital were referred to Peshawar after stabilization



Emergency Department

Below Graphs shows quarterly progress and monthly trend of patient load at A&E department



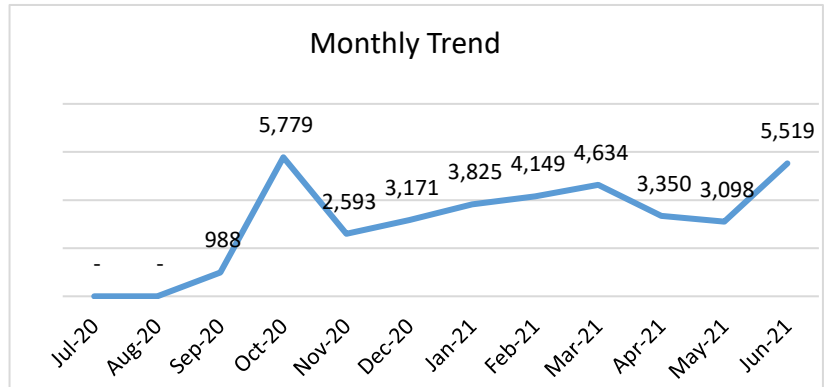
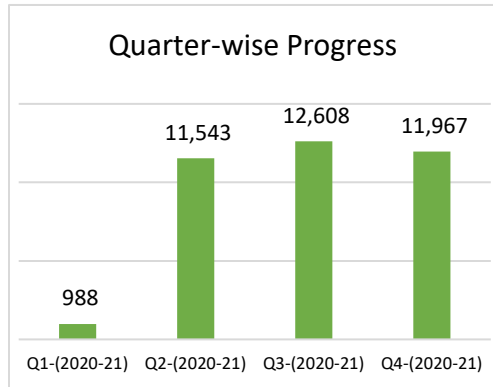
Out Patient Services - OPD

Six OPD clinics i.e. two Filter clinics (male, female) and four specialist clinics (medical, surgical, pediatrics and are providing OPD consultations. Total 37,106 outpatient consultations were performed which includes **13,407** (36%) general, **23,699** (64%) specialist.

In June, flow of patients crossed seven thousand mark for the first time since the hospital started, mostly average daily OPD on Mondays remained nearly 400 or above and overall average remained above 200. OPD numbers decreased in April-May due lockdown (3rd wave of COVID-19), Ramadhan/Eid holidays (13 April-18 May).



Below Graphs shows quarterly progress and monthly trend of OPD consultations.



Indoor Patient Services

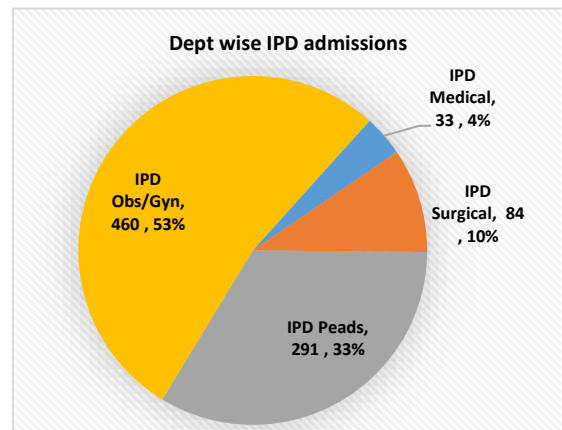
All indoor services are available free of cost including medicines, consumables, investigations and procedures. In the reporting period total of **2,630** patients admitted for various conditions, 2404 were discharged cured, 306 were LAMA and 123 were referred to tertiary care. 1755 patients were admitted at ER for emergency management.

Paeds & NICU: 291 admissions for post newborn complications, petrol ingestion, Pneumonia, Fits, Bronchiolitis, Sepsis, AGE, Measles, Malaria, Poisoning, UTI, abscess, IUGR, ARDS, delayed cry, hemorrhagic disease, LNNS and Down syndrome.

Medical: 33 admissions for MI, DM/diabetic foot, menorrhagia, post COVID pneumonia, cutaneous Leishmaniasis with secondary infection, spondylitis, hepatic encephalopathy etc.

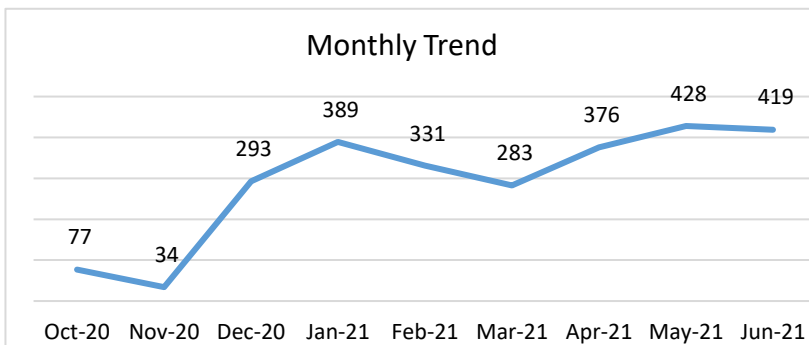
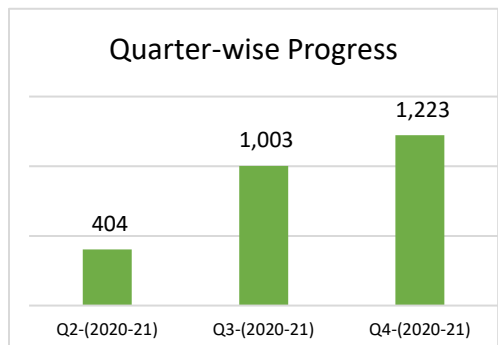
Surgical: 84 admissions for cholelithiasis, hemorrhoids, rectal polyp, hernias, acute appendicitis, renal calculi with hydronephrosis, abscesses, and spider bite cellulitis.

Combating extremes weather conditions with extensive power cuts and low voltage despite of Solar and generator back up is one of the contributing factor towards slow increase of indoor admissions.



Paeds Ward –Cat-D Hospital Mamad Gat

Below Graphs shows quarterly progress and monthly trend of Indoor Admissions.



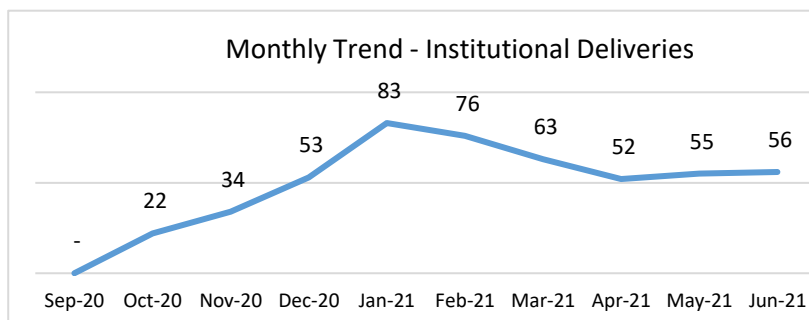
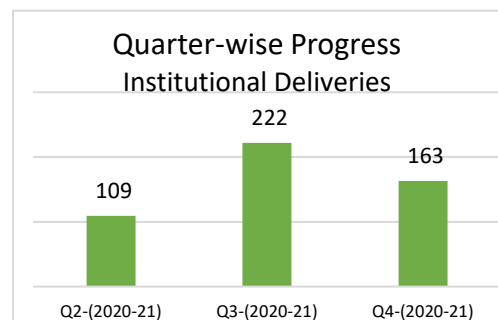
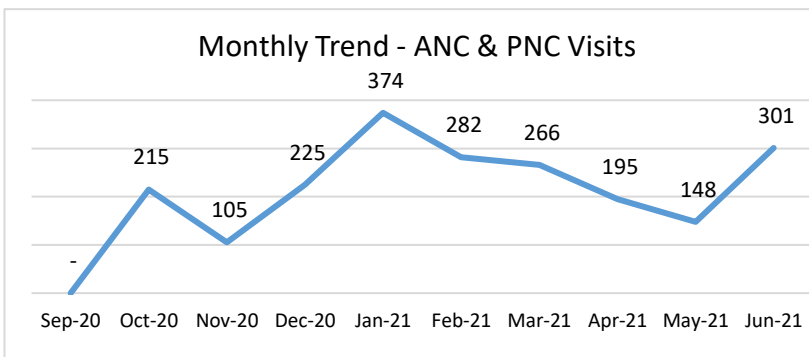
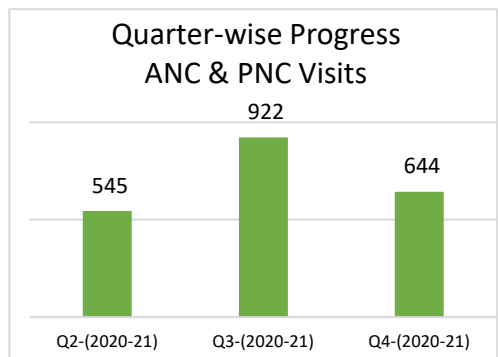
Maternal and Neonatal Child Health Services (MNCH)

Cat – D hospital, Mamad Gat, started providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services through trained and qualified staff including gynecologist, female medical officers and nursing staff, LHV’s and trained birth attendants. The MNCH unit is equipped to comply with MHSDP standards. Ante and postnatal care clinic, supported by a 24/7 Labor Room and round-the-clock availability of obstetrical surgical team cater planned and emergency complicated obstetrics cases including C-sections & Hysterectomies. During the reporting period, the unit conducted **2,111** antenatal and post-natal visits and conducted **494** clean and safe deliveries, including **08** C-Sections.



Gynecologist attending patients at Gynae/Obs clinic

Below graph shows monthly trend and quarterly progress of ANC/PNC visits and institutional deliveries conducted in Cat-D Hospital Mamad Gat.



Neonatal Unit

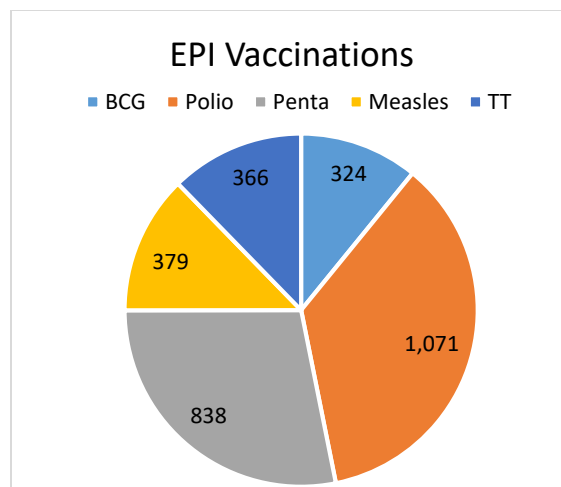
Neonatal care unit at Cat-D hospital Mamad Gat is equipped with baby incubators, patient monitors, phototherapy machines, radiant warmers and vein finders. Qualified and trained medical officers and nursing staff has been deployed and providing round the clock services for the admitted critically ill children under the supervision of Pediatrician. In the reporting Period **64** children have been admitted to the neonatal care unit. For newborn complications, Pneumonia, Fits, Bronchiolitis, Sepsis, ARDS, delayed cry, hemorrhagic disease, Jaundice etc.



Newborn is under observation in neonatal unit

Immunization

2,978 vaccination shots were provided to children under 5 years and women of reproductive age for vaccine preventable diseases included in the Expanded Programme on Immunization (EPI).



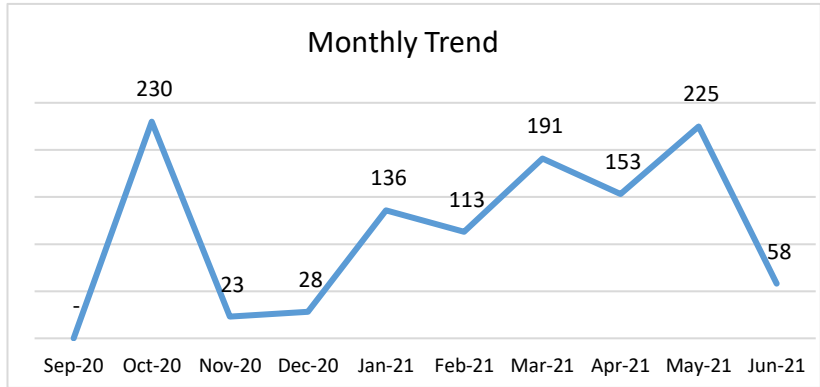
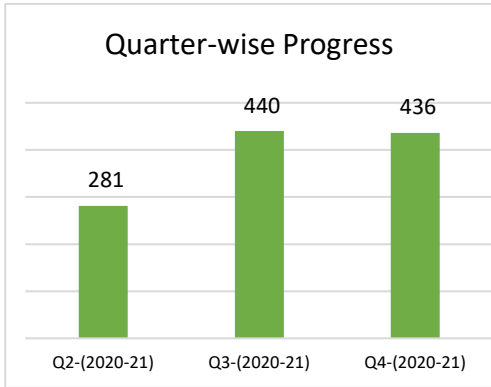
Surgical Services

Two Operation Theatres (OTs), fully equipped with all the necessary equipment, medicines and consumables required for conducting surgeries, continued to provide free of cost services during the year and a total of **1157** surgeries were performed including **180** major & **947** minor. The major surgeries included were appendectomy, cholecystectomy, hernia repair, mesh repair, hemorrhoidectomy, hydrocele, polypectomy, Lipoma, Laparotomy and other general surgical procedures. All surgeries were conducted under strict Infection Control and under the supervision of a qualified Anesthetist.



General surgeon is performing surgery under general anesthesia

Following graphs depicts monthly trend and quarterly comparison of minor and major surgeries performed during the reporting period. Extensive Power cuts and low voltage in morning OT hours is a major challenge to increase the number of surgeries.

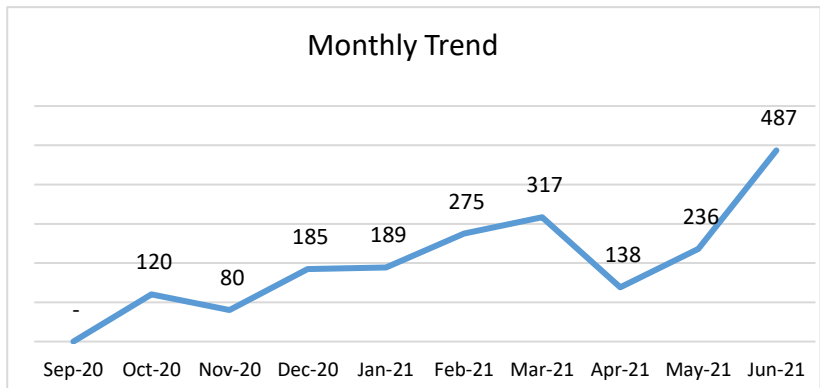
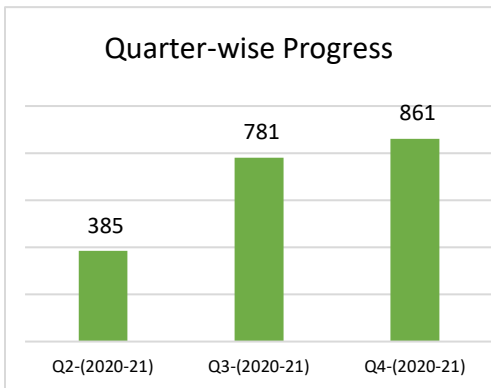


Dental Services

Well-equipped dentistry unit under the supervision of a qualified dental surgeon and experienced staff, continued to offer free of cost dentistry service to the local population. During the reporting period, **2,027** patients availed dental services, among which the major cases were surgical tooth extractions, fillings, Root Canal Treatment and scaling services. Patients are routinely screened for HIV, hepatitis B virus and hepatitis C virus before dental procedures. Following graphs depicts monthly trend and quarterly progress of dental services provided during the reporting period at Dental Unit.



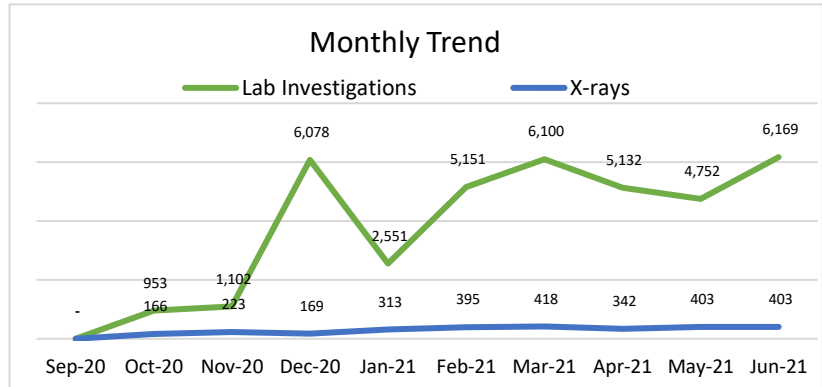
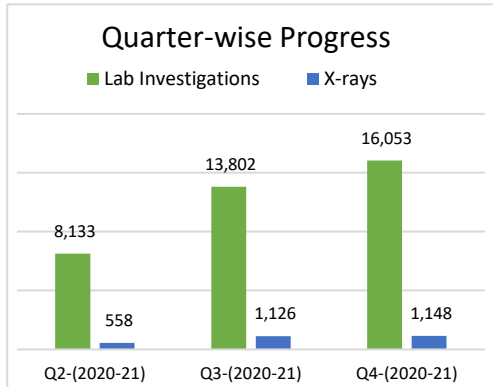
Figure 1



Diagnostic Services (Lab & X-Rays)

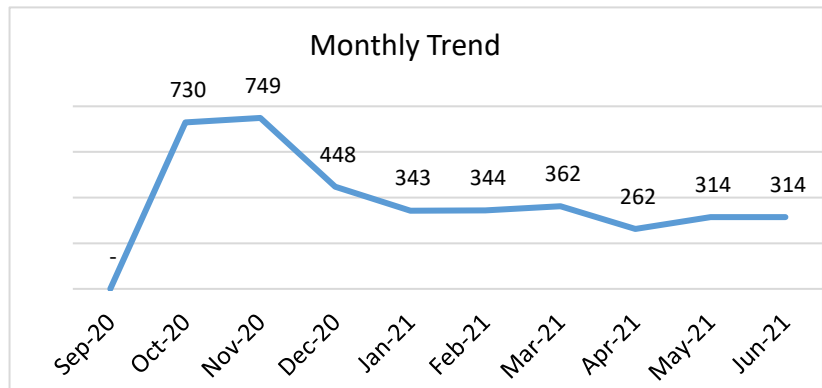
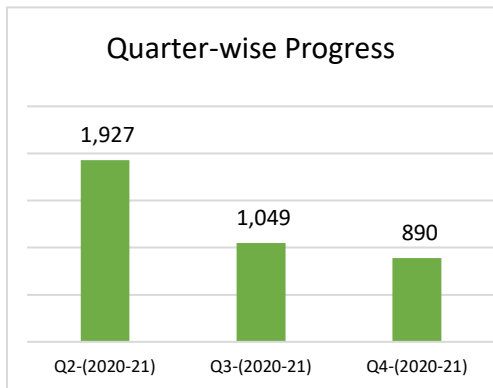
Cat-D Hospital, Mamad Gat, offers round the clock free of cost diagnostic services to patients attending OPD Clinics, A&E department and admitted in indoor units. The diagnostic services remained fully functional during this period. The hospital laboratory is equipped with all the necessary equipment and other lab items as per MHSDP. During the reporting period, **37,988** Lab investigation including **1,407** PCR for Covid-19 and **2,832** x-rays done.

Monthly trend and quarterly progress of diagnostic services can be seen in the below graphs.



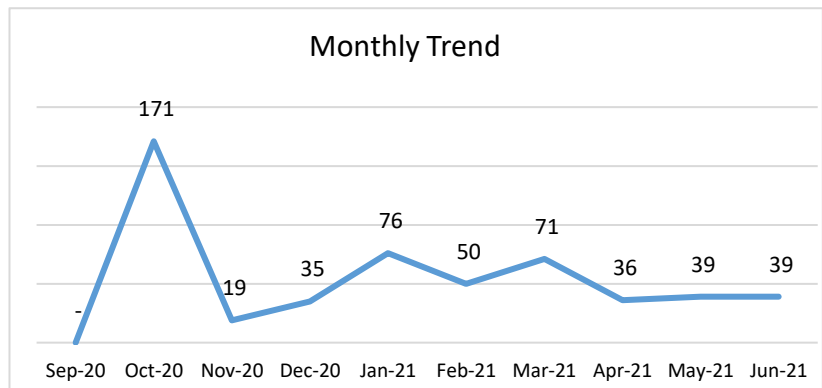
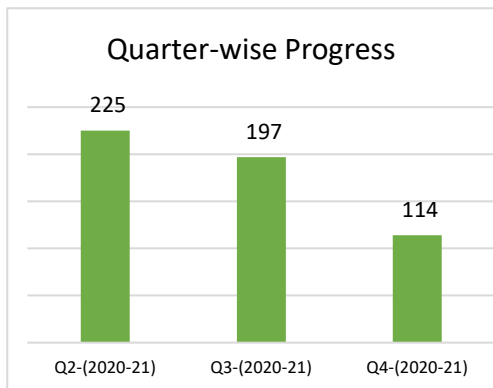
Ultrasound service

Cat-D Hospital, Mamad Gat, offers round the clock free of cost Ultrasound services to patients attending OPD Clinics, A&E department and admitted in indoor units. The Ultrasound services remained fully functional during this period. **3,866** Ultra-sonographies (general and obstetrics) including **3,766** in OPD and **100** in IPD.



Electrocardiography (ECG)

Cat-D Hospital, Mamad Gat, offers round the clock free of cost ECG services to patients attending OPD Clinics, A&E department and admitted in indoor units. The diagnostic services remained fully functional during this period. **536** ECG conducted during the Period.



COVID-19 Services

Cat-D Hospital, Mamad Gat, offers both COVID-19 Sampling and vaccination facility to patients of the locality. During the Period COVID-19 vaccination center was fully functional with two dedicated staff, which have vaccinated **2823** individuals. Two vaccination counters were established for citizens, education staff and armed forces as fixed COVID Vaccination Centers (CVCs) while two mobile CVCs used to vaccinate the armed forces at various locations in Safi tehsil as well as one outreach CVC organized on 10th June at Mamad Gat (Malak Ibrahim Hujra) for the community members (male, female gathered for meeting with Commissioner Peshawar) where **38** community members vaccinated. While **381** armed forces also vaccinated by mobile CVC. At the hospital total **2,404** persons vaccinated.



Figure 2

In order to facilitate the patients coming with symptoms of COVID-19 to the hospital as well as to ensure protection of the healthcare workers, a separate COVID-19 Counter was established. A total of **1407** samples have been collected and sent for PCR during the reporting period. Strict infection prevention protocols are being implemented at Screening point, triage, Quarantine, Isolation and HDU wards in the hospital.

4. Pharmacy

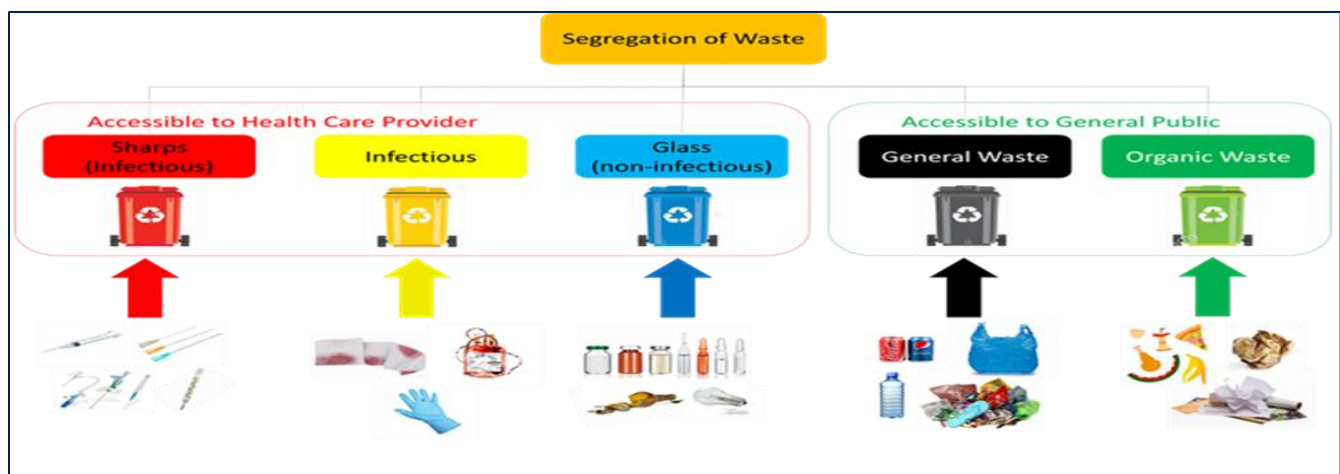
Cat – Hospital, Mamad Gat, has a central warehouse and satellites pharmacies for out-patient Department, accident & emergency unit and indoor wards to provide free of cost medicine to all the patients visiting hospital. Major bulk of medicine supplies are stored in the main warehouse, from where this medicine distributed to the satellites pharmacies on demand. All the pharmacies and warehouses are connected through Medicine and logistics management information system (MLMIS), in order to track inventory, through which stock can be easily managed. MLMIS prevent stock outs and expiration of drugs. Complete record from preparing purchase requests to end user consumption is available with few clicks. Warehouse and all the pharmacies use standard pharmacy protocols i.e. Temperature record, physical stock counts, pest control etc. Standard warehousing, supply chain and logistics management system is operational at the hospital. All existing equipment, supplies are counted, newly received items are documented and standard protocols have been developed to ensure asset safeguarding.



5. Infection Prevention (IP) & Healthcare Waste Management (HCWM)

MERF through its detailed IP policies and procedures and systems in place ensures that all the hospital floors, equipment and furniture are kept clean and safe for patients, attendants, visitors and staff. Strict policies and protocols are in place for disinfection and cleaning of medical equipment, special areas like OT, Emergency Ward, Labor Room, Minor OT, Laboratory and other areas in the hospital. MERF maintains a team of cleaners at the hospital who are trained and equipped with sufficient tools and materials to ensure cleanliness of the hospital all the time. MERF has implemented healthcare waste management policies that ensures efficient hospital waste management with segregation of waste into infectious and non-infectious waste through five color-coded bin system. The concerned staff are trained segregation of waste at source, collection, storage, transportation and safe disposal.

Hospital infection prevention and waste management committee notified and meeting conducted on monthly basis to improve infection prevention and waste management system at hospital Incinerator installed and is fully functional, while staff are fully trained on its use. No post op cases reported with infection. Instruments and equipment sterilization protocols are followed. Instruments are organized in sets, wrapped in cloth and labeled with date of sterilization. OT floors are cleaned on daily basis, after each use and fumigation done once a week. Five colour code bins for waste collection are in place. Relevant staff were trained by MERF IPC coordinator at Mamad Gat. A semiautomatic incinerator with 20 kg/hour capacity was installed and functionalized.



6. Human Resource Recruitment and Deployment

Due to remoteness of the area and security concerns, finding appropriate human resource specially specialist and female staff is very challenging, however, MERF using multiple recruitment processes including advertisement, head-hunting and its existing CV bank has managed to fill almost all the budget positions. For effective HR management, bio-metric attendance mechanism has been installed at the facility level. Similarly, duty rosters have been developed to ensure availability of relevant staff in the relevant shifts. During the reporting period, following staff hired by MERF and deployed at Cat – D Hospital Mamad Gat.

Staff strength is 102. In the reporting period, three consultants (gynecologist, surgeon, pediatrician and anesthetist replaced), 1 WMO, 1 MO replaced. Main turnover occurred among the consultant and class-4 groups.

S.No	Key Staff	Budgeted Positions	Filled Positions
1	Health Manager	1	1
2	Logistics Manager	1	1
3	Finance Manager	1	1
4	HR Officer	1	1
5	Physician	1	1
6	Surgeon	1	1
7	Gynecologist	1	1
8	Pediatrician	1	1
9	Anesthetist	1	1
10	MO	8	7
11	WMO	2	2
12	Dental Surgeon	1	1
13	Charge Nurse	9	8
14	Clinical Technician (Radiology)	4	4
15	Clinical Technician (Dental)	1	1
16	Clinical Technician (Pathology)	4	4
17	Clinical Technician (Pathology) for Blood Transfusion	2	2
18	Clinical Technician (Surgical)	5	4
19	Clinical Technician (Anesthesia)	4	4
20	Clinical Technician (EPI)	2	2
21	Lady Health Visitor-LHV	4	4
22	Senior Pharmacist	1	1
23	Pharmacy Technician	3	2
24	Computer Operator	7	6
25	Handy Man	1	0
26	Store Keeper	1	1
27	Driver	3	1
28	Dai/Aya	4	3
29	Ward Orderly	5	5
30	Chowkidar	5	5
31	Mali	1	1
32	Washer man	2	1
33	Sweeper	14	12
	Total	102	90

7. Capacity Building Workshops & Presentations

About 28 CME and training sessions organized by consultants of MKS hospital in this quarter and attended by staff doctors and paramedics. CME sessions organized such as nursing care of the patient, how to care for newborn, Ante natal and post-natal care of the patient, how to resuscitate newborn, Basic Life Support training, I.V cannulation, Management of trauma patient, Infection prevention and control and Hospital waste management.

8. Monitoring and Evaluation

MERF's Monitoring and Evaluation system mainly comprises of the following four components:

Achievement against set Indicators

Cat – D Hospital, Mamad Gat, is the first ever hospital in the newly merge districts of KP implementing EMR system replacing the traditional paper based DHIS system. EMR provides accurate, up-to-date, and complete information about patients. The system has the feature to collect and store information about a patient's health history, such as diagnosis, medicines, investigation, and treatment plans. As EMR provides accurate and complete data at any time helps the hospital management to keep an eye over the progress of key performance indicators. Achievement against set indicators has been discussed above in detail.

Monitoring Visits

During the year many high officials visited the hospital. These delegations were received by Health Manager and presented brief history of hospital and services available during the hospital visit. Various Government, Armed forces and public sector officials have visited the hospital and all of them were seem satisfied with the services offered at the hospital and appreciated the staff.

Officials from the Country Office and Provincial Office pays monitoring visits from time to time to identify any short comings that hampers quality service delivery.



DHO Mohmand, Dr Hayat Khan, checking EPI record.



IMU, divisional officer (Peshawar division) asking feedback from an inpatient (Pneumonia)

Grievance Redressal Mechanism

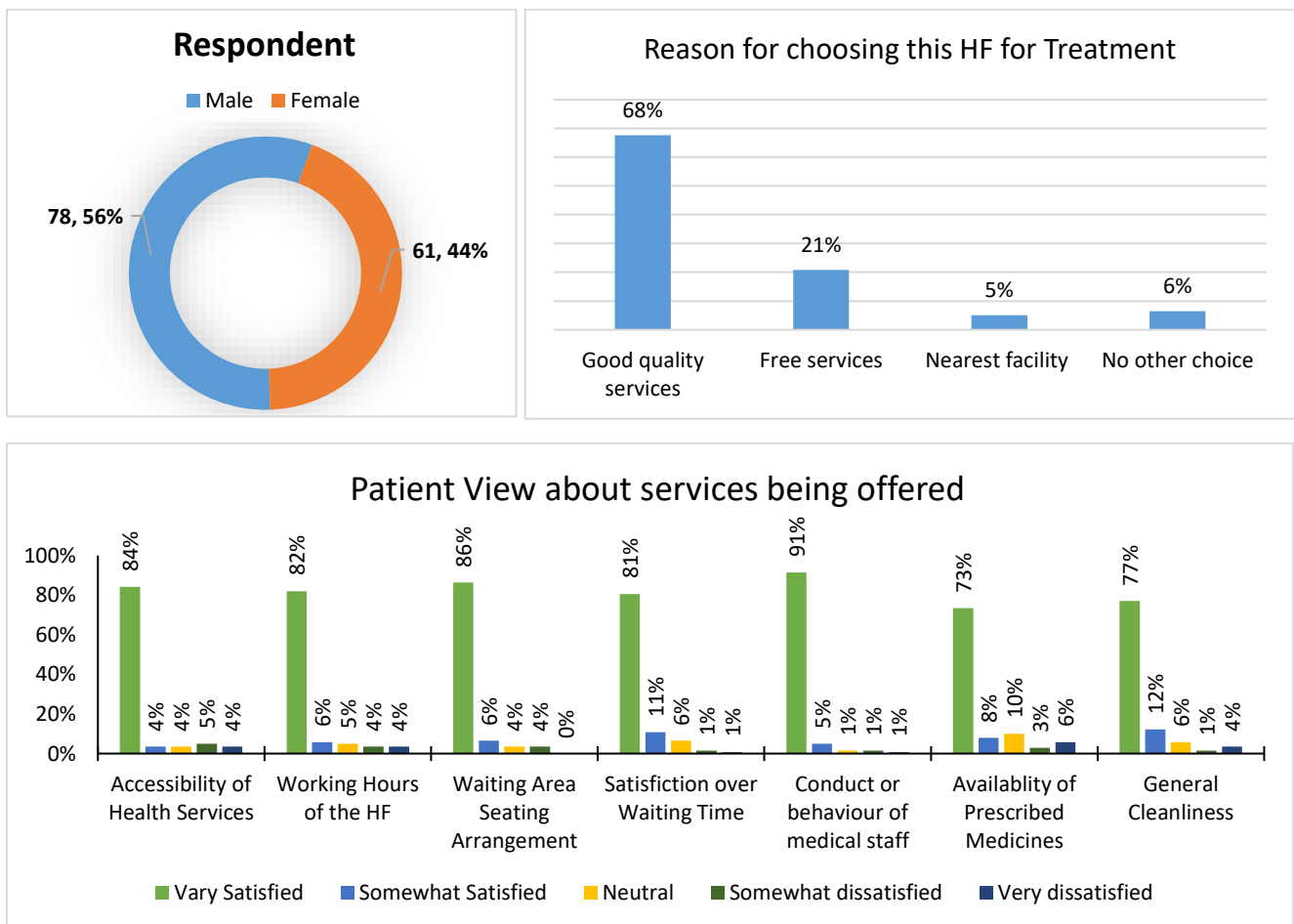
GRM is a complaint and proposal consideration mechanism that provides accessible channel for submission of complaints and feedback regarding services provided at Cat-D Hospital Mamad Gat Complaint Box Present in main gate, which is used for Complaints and suggestions, During the Period 03 Complaints Received and an inquiry committee form and necessary action taken on the involved staff.



MS, Dr M Sareer listening to the complaint by a patient at OPD

Patient Exit Survey

139 respondent age 15 years or above who came to availed services were interviewed. Out of which 78 were male and 61 were female. All the participants belong to the catchment population and most of them either uneducated or primary level.



9. New Initiatives

Cryotherapy services

Cryotherapy machine has been provided to the hospital for treatment of leishmaniosis and other skin diseases. **1,795** Leishmaniasis cases have been report and treated during the reporting year.

Installation of incinerator

A fully automated and environmental friendly incinerator has been installed for disposal of medical waste as per HCWM rules 2005/National I (Environmental Protection Act, 1997 – XXXIV of 1997).

10. Problems Encountered and Solutions Taken

- *Limited availability of electricity*

Power / transmission lines from WAPDA are available, however electricity provision is only for 4-6 hours in 24 hours and only for one hour in the morning working hours from 1:00PM to 2:00 OM. Voltage is not sufficient to operate heavy equipment like X-ray machine. Although MERF has made alternative arrangements including repairing existing generator and installation of solar system, however, the alternative arrangements have their own limitations. Therefore, un-interrupted power supply is a dire need for smooth operations of the hospital. Letters have been written by the hospital management to the concerned departments and district administration for uninterrupted electricity supply.

- *Insufficient staff accommodation*

The current accommodation for staff in the hospital premises is not enough as per current needs. All the present accommodation is comprised of hostel buildings which is not very friendly for the staff living with their families. There are no bungalows for the MS, consultants and Medical officers and quarters for the lower staff.

To combat this challenge, letters have been written by the hospital management to the concerned departments for additional construction of the hostel and bungalows.

- *Difficulties in HR especially female and specialist positions*

Due to unavailability of local qualified HR, remoteness of the area as well as security concerns, it is very challenging to find and retain suitably qualified HR especially female nurses, medical officers and specialists. MERF constantly advertise and head hunt vacant positions and offers attractive salary packages to combat this issue.

- *Existing equipment either non-functional or accessories missing*

Though the hospital has been equipped with necessary equipment, most of the equipment either missing necessary accessories or requiring major repairs. This will result in on-going repairs cost while accessories are being procured by MERF from the existing budgets. MERF managed to procure and repair all the necessary equipment from the already allocated budget. Extra allocation for costly equipment or provision of such equipment by the DoH like X-Rays, Anesthesia machines would ensure availability of services round the clock.

- Disbursement of fund

Disbursement of funds under the contract were delayed due to various reason which directly impacts the program activities adversely including payment of staff salaries as well as payment to vendors.

This matter has been raised with all the concerned officials'/stake holders from time to time and in the meanwhile temporary fund arrangements were made by MERF from its own sources to ensure continuity of the service delivery. The way forward to address this issue will be to develop "Single Line Fund Flow Mechanism" having managed at provincial level on the pattern currently used for Medical Teaching Institutions (MTI).

- COVID-19 Pandemic

COVID-19 had multiple impacts on health services particularly;

Implementation of SOPs for gatherings at OPDs, Emergency and other wards has been challenging due to general behavior of public as well as insufficient security arrangements at hospital level. Hospital management in close coordination with District Administration and notables of the town to spread the word regarding significance of prevention. In addition, engaging with people at OPDs and emergencies and availability of relevant IEC material for awareness/ educating on significance of COVID-19 Prevention SOPs.

Hospital staff infected by COVID-19 and their engagement in Pandemic Response activities like vaccination etc. created a challenging environment to ensure 24/7 availability of doctors and other staff. Hospital management in consultation with department heads, kept reviewing the duty rosters and made alternate arrangements of medics and other staff when need arose.

MERF had to bear financial impact for arrangement of PPEs on daily basis for all medics, paramedics and other staff from the regular allocated budget. Health Department and other stake holders has supported to meet the requirements in combating COVID-19 including PPEs, medicines and equipment and other arrangements as per national guidelines. In such situation, allocation of additional budget would help the hospital management to deal more effectively.

11. Financial Updates

FINANCIAL PROPOSAL FOR TYPE D HOSPITAL MOMAD GAT-MOHMAND		
Description	Budget-PKR-Year 1- Revised	Spending Till June 30, 2021
HR budget		
Human Resource Costs	61,156,091	58,634,566
Total HR Budget	61,156,091	58,634,566
Operational Budget		
Communication	840,000	184,938
Utilities	1,500,000	1,520,479
Travel and Transport	1,100,000	1,753,904
General	2,600,000	1,593,087
Health Care Waste Management	800,000	714,235
Medicines and Consumables	10,000,000	13,402,030
Medical and Non Medical Equipment	16,566,992	16,875,457
EMR (Electronic Medical Record System)-(Innovative Costs)	3,500,000	3,778,361
Total Operational Budget	36,906,992	39,822,491
Total Budget	98,063,083	98,457,057
Management fee @10%	9,806,308	9,412,334
Total Budget with Management Fee	107,869,391	107,869,391

12. Progress Report against Key Performance Indicators

Progress Report against Key Performance Indicators							
Thematic Area	Sub-Thematic Area	Key Performance Indicators	Baseline	Target	Achievement	Means of Verification	Frequency
Facilities Management	Basic Amenities	Power (Presence of backup generator or Solar System)	Partially Available	100% (24/7)	100%	Observation	Periodic
		Safe Drinking water	Partially Available	Yes (100%)	100%	Observation	Periodic
		Availability of clean toilets for Male and Female staff/patients in every block/department.	Partially Available	Yes (100%)	100%	Observation	Periodic
		Telephone Phone line/Inhouse intercom system.	No	Yes (100%)	100%	Observation	Periodic
		Access to computer with internet connection.	No	Yes (100%)	100%	Observation	Periodic
		Ambulance Service	NO	Yes (100%)	100%	Observation	Periodic
		Availability of the Drainage System	No	Yes (100%)	100%	Observation	Periodic
	Basic Equipment	Availability of bio-medical and surgical equipment	Partially Available	Yes (100%) As per list all in working condition.	100%	Asset and inventory record/Report	Monthly
		Other equipment including office and IT equipment	No	Yes (100%) As per list all in working condition.	100%	Asset and inventory record/Report	Monthly

		Furniture	Partially Available	Yes (100%) As per list all in working condition.	100%	Asset and inventory record/Report	Monthly
		CCTV	Not Available	Yes (100%) As per list all in working condition.	100%	Asset and inventory record/Report	Monthly
		Proper lighting and Ventilation	Partially Available	Satisfactory	100%	Observation	Periodic
	Hygiene and Waste Management	Regular Sterilization of Instrument/equipment	No	Yes	Yes	Observation	Periodic
		Storage and safe disposal of infectious and other wastes such as sharps	Not Available	Yes	Yes	Observation	Periodic
		Availability of Disinfectant	Not Available	Yes	Yes	Observation	Periodic
		Sharps box/container	Not Available	Yes	Yes	Observation	Periodic
		Soap or hand disinfectant, Latex gloves, masks and sterilizers	Not Available	Yes	Yes	Observation	Periodic
		Cleanliness of facility	Very Poor	Yes	Yes	Observation	Periodic
		Availability of Incinerators for disposal of bio wastes	Not Available	Yes	Yes	Observation	Periodic
Human Resource Management	Filled Posts	All sanctioned/proposed posts filled	NA	Yes (100%)	100%	HR record	Monthly Attendance Record
	Specialist	Essential specialists filled as per proposed posts	NA	Yes (100%)	Yes	HR record	Monthly Attendance Record

	Bio metric staff attendance System	Bio metric attendance System	Not Available	Yes (100%)	Yes	Observation	Periodic
	Staff Presence	Availability of clinical staff as per duty roster	Not Available	100%	100%	Staff duty Roster, biometric record	Periodic
		Availability of all support staff	Not Available	100%	100%	Staff Payroll/Bio Metric Attendance	Monthly Attendance Record
	Up to date Credentials	All required credentials are up to date for doctors (PMDC registration and experience certificates).	Not Available	Yes (100%)	Yes	HR record	Periodic
		All required credentials are up to date for nurses Diploma/Experience. Relevant registration.	Not Available	Yes (100%)	Yes	HR record	Periodic
		All required credentials are up to date for mid wives / LHVs.	Not Available	Yes (100%)	Yes	HR record	Periodic
	CME (Quality Care) Continuing Medical Education	CMEs Session conducted (All relevant Staff trained on Protocols and Guidelines for Clinical Case Management, EmOC, Infection Prevention, Infectious Diseases and Waste Management.)	Not Available	Yes	Yes	CME sessions Records	Periodic
	Staff Leave Management	For all staff	Not Available	100%	100%	HR record	Monthly Attendance Record
Service Delivery Management (Clinical Services / Clinical Quality)	Medicines	Essential Medicines (Available as per MERF standard list)	Partially Available	100%	100%	Stock Record/LMIS system	Monthly
	Lab Services	Lab tests offered (As Per MHSDP Standard)	Partially Available	100%	100%	EMR reports	Periodic

		Lab Equipment maintenance	Partially Available	100%	Yes	Observation	Periodic
	OT Services	All required services provided / procedures performed (Available as per MHS DP standard and as per annexure list)	Partially Available	100%	Yes	Observation	Periodic
	Blood Bank Services	Availability of Blood Bank in vicinity.	Functional	Yes	Yes	Observation	Periodic
	Emergency Services	All required lifesaving services provided / procedures performed	Yes	Yes	Yes	Observation, EMR record, Emergency registers	Periodic
	Monitoring and Supervision	Regular monitoring of services	Not Available	Regular visit from Country Office, Third Party Evaluation, Monthly and Quarterly reporting	Yes	Monitoring Report/Routine Reporting/Self Reporting (DHIS monthly report)/Third Party Evaluation Report	Periodic
		Complaint Management System	Not Available	Yes	Yes	Observation/display of complaint box, catalog for complaints	Periodic
Implementation of Vertical Program	Family Planning Services	Guidelines on family planning	Available	Yes	Yes	Observation	Periodic
		Space available for FP counselling	Available	Yes	Yes	Observation	Periodic
	MNCH services	Guidelines on MNCH	Available	Yes	Yes	Observation	Periodic
		Space available for MNCH counselling	Available	Yes	Yes	Observation	Periodic
	EPI Services	Guidelines on EPI and Vaccines	Available	Yes	Yes	Observation	Periodic

		Space available for EPI	Available	Yes	Yes	Observation	Periodic
	Tuberculosis (TB) Services	Guidelines on TB	Not Available	Yes	Yes	Observation	Periodic
		Space available for TB counselling	Not Available	Yes	Yes	Observation	Periodic
	Dengue / Malaria Services	Guidelines on Dengue / Malaria	Available	Yes	Yes	Observation	Periodic
		Space available for Dengue / Malaria	Available	Yes	Yes	Observation	Periodic
	Health Management Information System (HMIS)	General Services	Electronic Medical Record System	Not Available	Yes	Yes	Observation, EMR reports
Average Daily OPD Attendance			80-100	170	173	OPD Register, EMR	Monthly
Bed Occupancy Rate (monthly)			Not Available	35%	61%	Daily Bed Statement Register, EMR	Monthly
Average daily emergency service Utilization			Not Available	18	35	Emergency Register, EMR	Monthly
Clinical services		Number of Surgical Procedures (minor + major) Performed (monthly)	Not Available	35	116	OT Register, EMR	Monthly
		Percentage of Hospital Death Among Admitted Patients	Not Available	<5%	0%	Admission File, EMR, mortality register	Monthly
Diagnostic		Monthly Lab Services Utilization	Not Available	700	3799	Lab Register, EMR	Monthly

		Monthly Diagnostic Services Utilization (X-ray, Ultrasound, ECG)	Not Available	450	723	X-Ray, ECG, Ultrasound Registers, EMR	Monthly
	EPI	Percentage of Full Immunization Coverage	Not Available	27%	49%	EPI Register	Monthly
		Penta immunization coverage	Not Available	35%	63%	EPI Register	Monthly
	Emergency maternal Obstetrical Services (EmOC)	Number of Antenatal Care (ANC) visit (Monthly)	Not Available	85	195	MNCH Register, EMR	Monthly
		Number of Normal Delivery Performed (Monthly)	Not Available	35	49	Labour Room Register, EMR	Monthly
		Number of Caesarean section performed (Monthly)	Not Available	1	1	Labour Room Register/OT Register	Monthly
		Percentage of New born Case Fatality in Health Facility	Not Available	<5%	0.8%	Labour Room Register	Monthly
	Other records	DHIS/ HMIS Reporting Compliance	Not Available	100%	100%	Monthly DHIS Report	Monthly
		DHIS/ HMIS Reporting timelines	Not Available	100%	100%	Monthly DHIS Report	Monthly
		DHIS/ HMIS Reporting completeness	Not Available	100%	100%	Monthly DHIS Report	Monthly
		DHIS/ HMIS Reporting accuracy	Not Available	90%	97%	LQAS Record	Quarterly

13. Progress Made against the Work Plan

Key Tasks and Sub Tasks	Timeline												Current Status	
	Year 1													
	Q1			Q2			Q3			Q4				
	1	2	3	4	5	6	7	8	9	10	11	12		
Phase 1: Inception Period (0-2 months)														
Establishing Offices and Hubs	█													√
Placement of Rapid Deployment Team	█	█												√
Establishing supply chain mechanisms	█	█												√
Orientation of district health and administrative authorities	█													√
Conducting key detail assessments for establishing project baselines	█	█												√
✓ HR mapping	█	█												√
✓ Assets verification	█	█												√
✓ Infrastructure assessment	█	█												√
✓ Baselines & Target settings for KPI	█	█												√
Advertising, initiating & completing recruitment process	█	█												√
Start procurement process based on approved procurement plan	█	█												√
Phase 2: Master the Basics (3-4 months)														
Conduct training need assessment	█	█	█	█										√
Develop Training Plan	█	█	█	█										√
Start providing medical supplies	█	█	█	█										√

Rolling out standard healthcare waste management system (capital budget)																						✓
Phase 3 (5 months onward)																						
Provide core clinical functions of secondary care services																						
✓ General Surgical services																						✓
✓ General Medical services																						✓
✓ Paederiatric services																						✓
✓ Gynecological & Obstetric services																						✓
Strengthen Laboratory & Diagnostic Services (Support Functions)																						✓
Provide essential medicines, and supplies																						✓
✓ Provide essential drugs & consumables																						✓
✓ Provide lab reagents																						✓
Develop capacities of first level healthcare provider																						✓
✓ Improved Sick Child Management Approaches																						✓
✓ CMAM Approach and Essential Nutrition Actions																						✓
✓ Basic Life Support (BLS) Services																						✓
✓ Management of Non-Communicable Diseases (NCD)																						✓
✓ Integrated Management of Pregnancy and Childbirth																						✓
Provide opportunity for staff to take online training courses																						✓
Provide appropriate salary packages to essential health staff																						✓
Provide Performance Based Incentives (PBI)																						✓
Provide good working environment for the staff																						✓

Collect routine HIS data															√
Perform Data Quality Audit															√
Measure compliance with standards															√
Provide supportive supervision															√
Establish Complaint Response mechanism															√
✓ Phone calls															√
✓ Complaint Registration Forms															√
✓ Patient Exit Interviews															√
✓ Sharing information with Community Health Committees															√
Establish and maintain strong pharmaceutical quality assurance mechanism															√
Follow good practices in HCWM and infection prevention															√
Maintain effective and efficient supply chain management system															√
Implement good financial management system															√
Key Reporting Schedules	Year 1														
	Q1			Q2			Q3			Q4					
	1	2	3	4	5	6	7	8	9	10	11	12			
One Time Reporting Package															
✓ Asset and inventory reports															√
✓ Inception Report															√
✓ Procurement Plan															√
✓ Recruitment Plan															√

✓ Status of vacant post													✓
✓ Progress against Procurement Plan													✓
✓ Progress against HR Plan													✓
Monthly Reporting Package													✓
✓ Monthly DHIS Reports													✓
✓ Incident Reports													✓
Quarterly Reporting Package													✓
✓ Overall Commentary on Financial Performance													✓
✓ Cash and Work Plan													✓
✓ Funds Utilization Statement on Salary/Non-Salary													✓
✓ Staff Post Reconciliation													✓
✓ Change in Staffing													✓
○ Staff Joining & Leaving													✓
○ Reasons for vacant positions													✓
○ Recruitment Plan for vacant positions													✓
✓ Change in Assets													✓
✓ Inventory													✓
Annual Reporting													✓

14. List of Equipment

Sr. no.	Form	Total Quantity	ITEM DESCRIPTION	Manufacturer
1	Medical Equipment	1	Anesthesia Machine MDX USA With Trolley And Belton Ventilator Latest LED Display Latest Version MDX USA	MDX USA
2	Medical Equipment	1	Diathermy Machine latest Under water cutting Made In Korea 400 watts	KOREA
3	Medical Equipment	1	Dental Unit Complete Brand Name VY -1000S Latest Version Imported complete Chair	VY-1000
4	Medical Equipment	1	Dental Autoclave B Class USA	USA
5	Medical Equipment	1	Dental X-ray Model JYF-10 D Latest Dental X-ray China	CHINA
6	Medical Equipment	12	Patient Bed for A&E	CHINA
7	Medical Equipment	5	Examination Couch S.S NON Magnetic with single Folder	IMPORTED
8	Medical Equipment	6	Vital Sign Monitor with stand to OPD to ER – 2n & LR Made MDX USA	MDX USA
9	Medical Equipment	4	Patient Monitor 6 parameter LED Latest Version 12,5 TFT Latest Display Also with Long Battery Backup Also with Warranty Made well Known Brand MDX USA	MDX USA
10	Medical Equipment	15	Instrument trolley S.S nonmagnetic S.S with 2 Trays upper & Lower	IMPORTED
11	Medical Equipment	8	Medicine trolley S.S NON Magnetic Material with 2 draws	IMPORTED
12	Medical Equipment	4	Resuscitation Trolley complete with 3 colors 4 to 5 draws Complete trolley emergency	IMPORTED
13	Medical Equipment	4	Dirty LINEN Trolley large with yellow thick parachute	PAK MADE
14	Medical Equipment	12	Patient Side screen with 3 panel large screen 18 gage heavy powdered coated also with waterproof Very Thick Japanese parachute and good quality wheels	PAK MADE
15	Medical Equipment	1	Baby resuscitation Trolley with complete latest technology with LED Display Sensor system with complete Model IKN-90c China	CHINA
16	Medical Equipment	2	Baby Warmer Chinese	CHINA
17	Medical Equipment	1	Phototherapy Machine LED Display Chinese	CHINA
18	Medical Equipment	8	X-Ray Illuminators Single X-ray with LED Latest Display	CHINA
19	Medical Equipment	3	Single station Surgical Scrub Sink S.S Elbow nonmagnetic infection Prevention	PAK MADE
20	Medical Equipment	20	(B.P Apparatus+ Stethoscope)	MASTER
21	Medical Equipment	1	Dental compressor New	IMPORTED
22	Medical Equipment	1	Autoclave Large Size With Drums S.S With Gas & Electric Operates S.S NON Magnetic Drums	LOCAL