ASSISTANT FOR FAMILIES AND INDIGENT AFGHANS TO THRIVE
QUALITY IMPROVEMENT COMMITTEE FUNCTIONALITY MONTHLY REPORTING FORM
Monitoring, Evaluation and Learning Program

Province Name	Nimrouz
Health facility Name, Type and Code	Name: Deh-Khawaja Type: BHC Code: 2474
Visit Date (dd/m/y)	15/12/2024

Mentor/data collector	Name	Position
	Zahra Sultani	clinical Mentor

Instructions: Please review the QI (Quality Improvement) Committee Meeting Minutes' folder and make sure the meeting minutes, and action plan of the previous month are available, and the action plan is updated. Ask the QI focal point or the chairman of the QI committee if the meeting/committee took place last month.

Mark a "1" in the result column for each task if it is done acceptably, Mark an "0" if the task is not done well, or if the task is not observed.
In the remark column, do not hesitate to give additional information related to the functionality of the QI committee

Tasks (activities)	Result (1 or 0)	Remarks
1. Are the Terms of Reference (TOR) of QI focal point and QI committee available at HF?	1	
2. Was the QI committee's meeting conducted in last month?	0	
3. Are the meeting minutes of QI committee's last month's meeting available.	1	
4. Did the participants of the QI committee sign the meeting minutes of last month meeting?	1	
5. Were data use discussed in the last month QI committee's meeting? *Please refer to the meeting minutes of last month*	0	
6. Is a copy of the Harmonized Quality Improvement Program (HQIP) tool available and accessible to related staff at the HF?	1	
7. Is a Performance Improvement Plan (PIP available at the HF?	0	
8. Has the PIP been updated in last month QI committee's meeting?	0	*If yes: please add here how many corrective actions have been completed in last month:*
9. Has the NGO been involved in the corrective actions completed in last month?	1	
10. Have peer to peer learning sessions been conducted within the health facility during the last month? *i.e. learning sessions conducted by QI focal point or QI committee members for the HF staff*	0	*If yes, please add here the number of learning sessions conducted in last month:*
11. Is the mentee logbook available in the HF?	1	

12. Has the mentee logbook been updated with the learning sessions conducted in last month and signed by the mentors of the HF?	۱	
13. Has the QI committee met the HF Shura-e-Sihie in last month? *Please refer to the related meeting minutes*	)	
14. Has the HF Shura-e-Sihie been involved in the completion of the corrective actions in last month?	)	*If yes: please indicate which corrective actions:* _____

Quality Improvement committee functionality Monthly Reporting Form
Guideline

This reporting form will be filled by CMs during mentorship visit of HFs and must be reported monthly.
Province Name: Write the province name where the health facility is located.
Health Facility Name, Type, and code: Write the Name, Type, and code of the health facility that you are reporting.
Visit Date: Write the date of the visit in Gregorian calendar (Day/Month/Year)
Mentor Name: Write the name and position where mentor works.
Result (1 or 0) column: Mark a "1" in the result column for each task if it is done acceptably. Mark an "0" if the task is not done well, or if the task is not observed.
Remarks column: do not hesitate to give additional information related to the functionality of the QI committee.

Tasks

1. **Are the Terms of Reference (TOR) of QI focal point and quality improvement committee available at HF?** Please mark a "1" if the term of reference of QI focal point or quality improvement committee is available and mark an "0" if TOR focal point or quality improvement committee is not available in result column.
2. **Was the QI committee's meeting conducted in last month?** Please ask the in-charge of the HF or chairman of the QI committee if a QI committee meeting was conducted last month or not?
3. **Are the meeting minutes of QI committee's last month's meeting available.** If the answer to the question 2 is "Yes", please see the minute meeting and check the date to ensure it was last month.
4. **Did the participants of the QI committee sign the meeting minutes of last month meeting?** Please check the QI meeting minutes in detail to see the signature of QI committee members in last month's meeting minutes.
5. **Were data use discussed in the last month QI committee's meeting?** *Please refer to the meeting minutes of last month.* Check the QI committee last month meeting minute to find out if the data use was discussed in the meeting or not?
6. **Is a copy of the HQIP tool available at the HF?** Check the availability and accessibility of HQIP tool in the HF
7. **Is a PIP (performance improvement plan) available at the HF?** Ask and check the availability of PIP (performance improvement plan) in HF.
8. **Has the PIP been updated in last month QI committee's meeting?** The template of PIP has a column for showing updates. Please check the PIP and see if it has been updated in last month's QI committee meeting.? Write number of completed corrective actions_____.
9. **Has the NGO been involved in the corrective actions completed in last month?** Check the corrective actions of the PIP completed in last month and see if the NGO was involved in the completion of these corrective actions. Ask also for more details about the involvement of the NGO and give some details in the remark column.