# General Information

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**Health Institution Name**

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**First Accreditation Date**

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**Contact Person**

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**Mobile Number**

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**Email Address**

# Project Information

**Project Name**

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**Project Timeframe (Please specify start date)**

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**What is the main issue and problem addressed by the project? How was it detected? What were the consequences of the problem?**

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**What were the main reasons for the problem?**

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**What are the project’s main objectives?**

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| **Main Roles and Responsibilities** | **Job Title** | **Name** |
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**Please list the project team members:**

**What are the key performance indicators for the project?**

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**Operational/Action Plan**

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| **Action** | **Assigned unit/individual** | **Time frame** | **Indicator** |
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**Please describe the main challenges encountered throughout the project?**

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**What are the main outcomes and results of the project, and to what extent were the intended objectives achieved?**

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**What is your sustainability plan to ensure continuity in the future?**

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