



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

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

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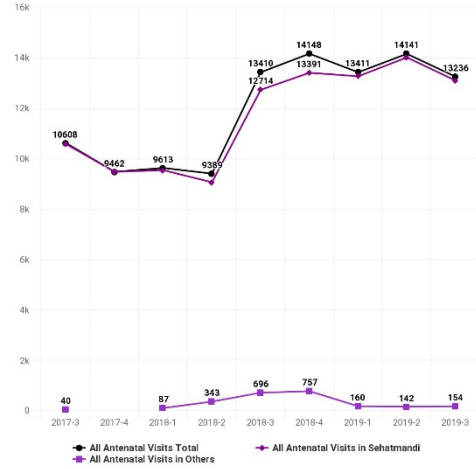
Submitted To: Dr.Ahmad wali Rasekh
Head Of PMO

CCed To: HN-TPO/ ORCD
PHD Kunar Province
SEHATMANDI Coordination Office

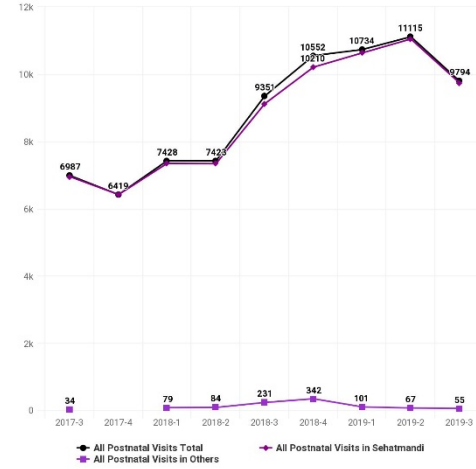
1. Achievements in P4P indicators and other key indicators

a. Trend lines of key indicators

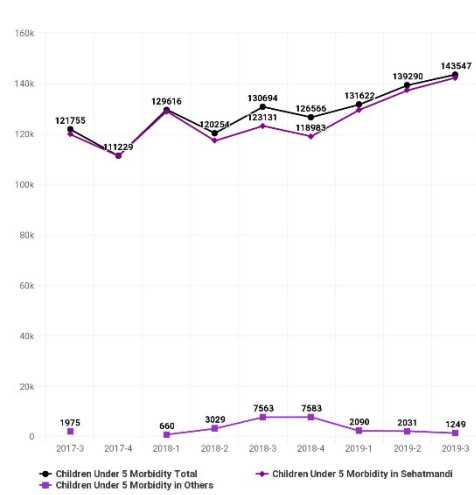
Graph 1: ANC



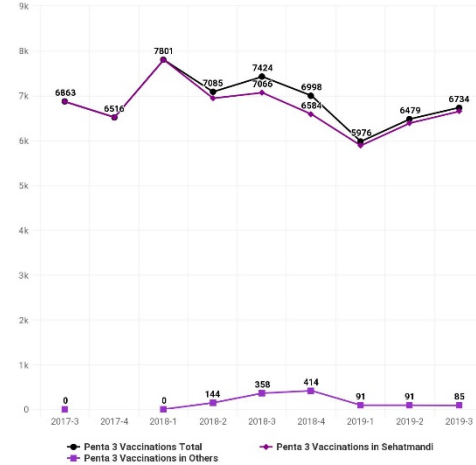
Graph 2: PNC



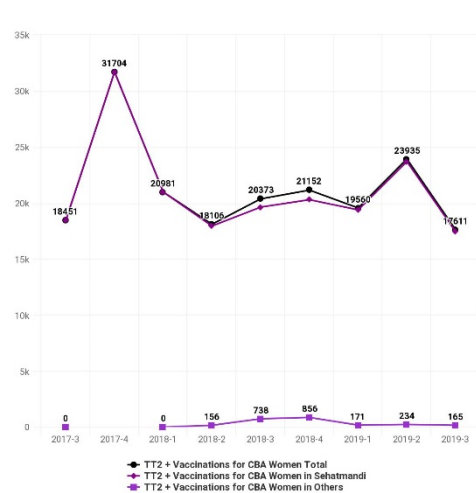
Graph 3: U5 OPD



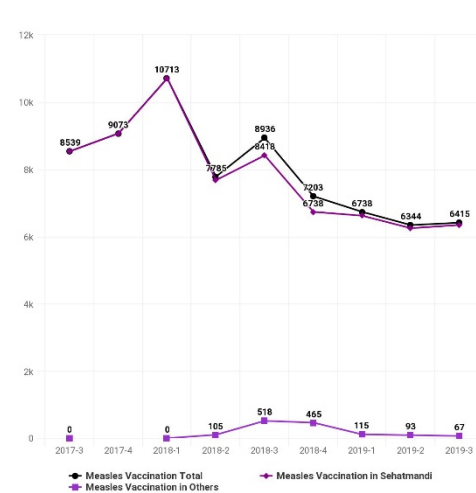
Graph 4: Penta 3



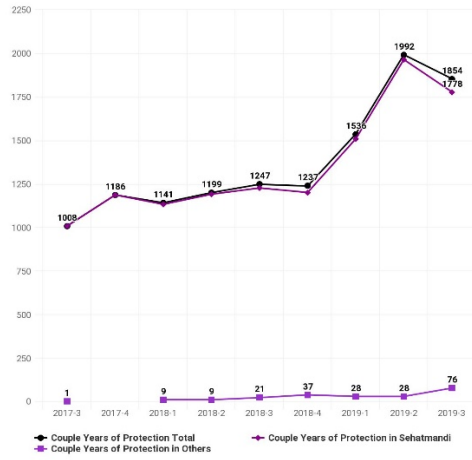
Graph 5: TT2+



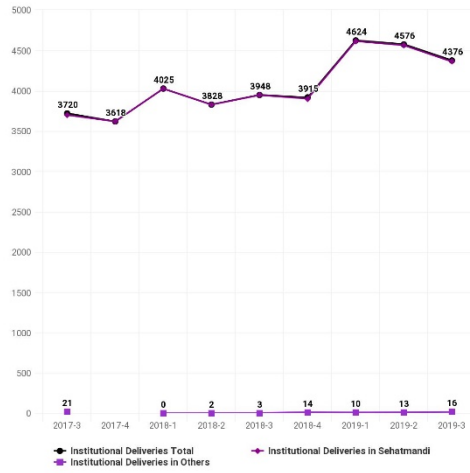
Graph 6: Measles



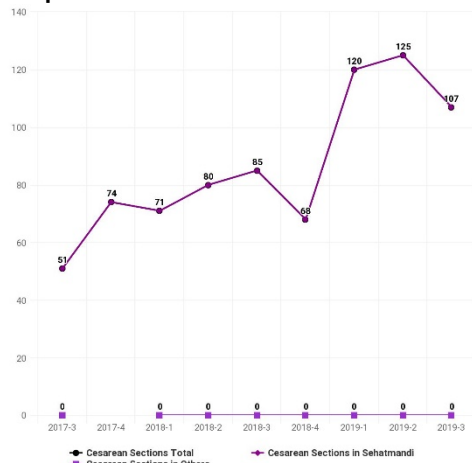
Graph 7: CYP



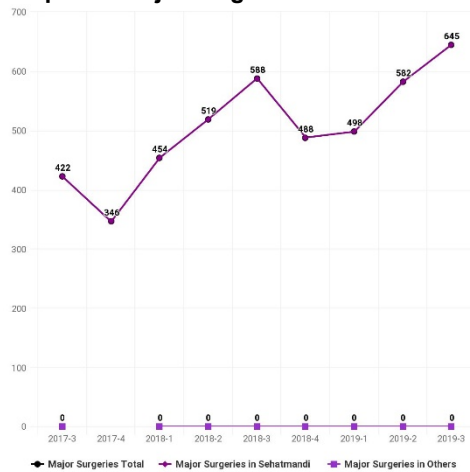
Graph 8: Institutional deliveries



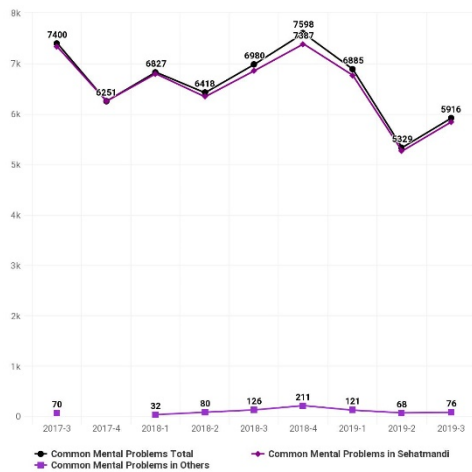
Graph 9: Caesarean section deliveries



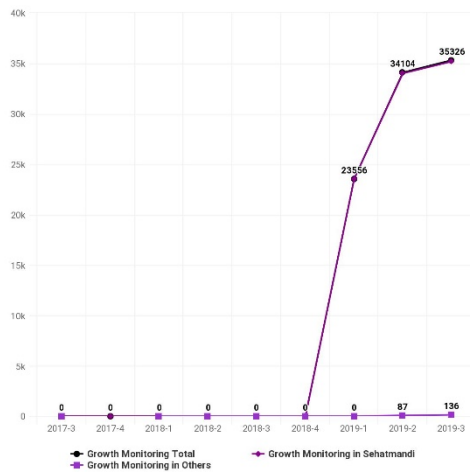
Graph 10: Major surgeries



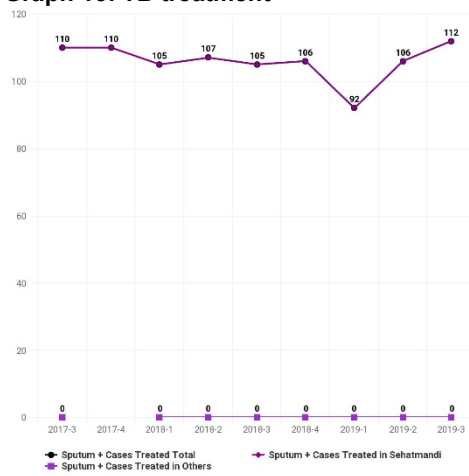
Graph 11: Mental health



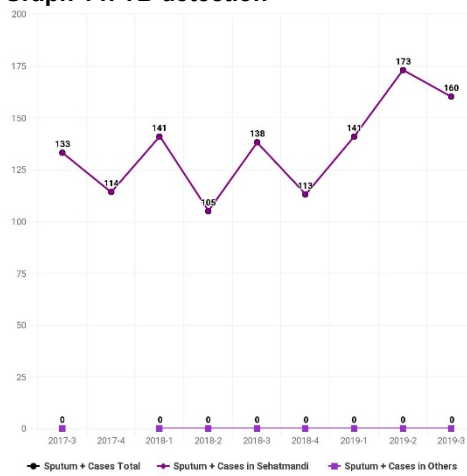
Graph 12: GM/IYCF



Graph 13: TB treatment

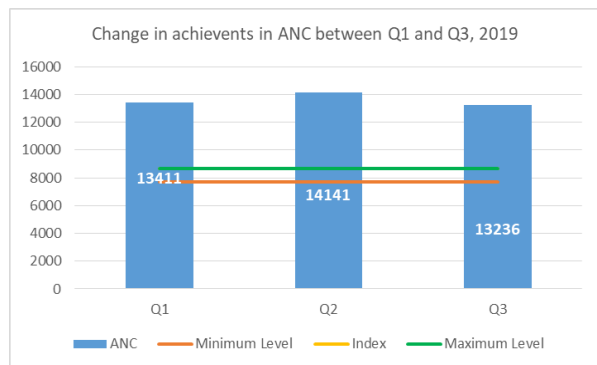


Graph 14: TB detection

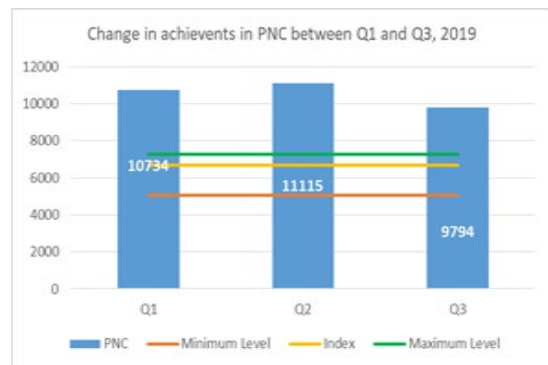


b. Comparison of quarterly achievements in key indicators (Picture 65x65)

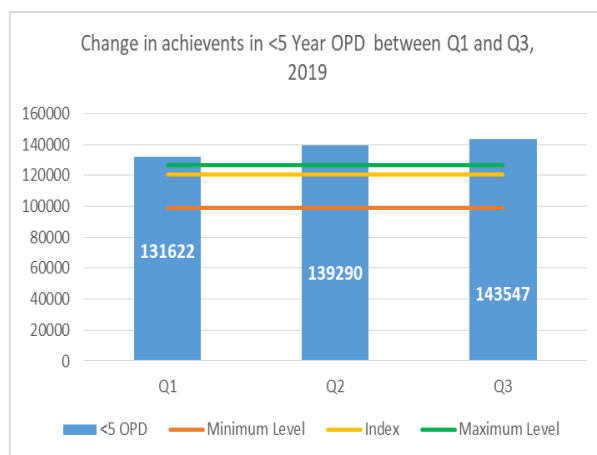
Graph 1: ANC



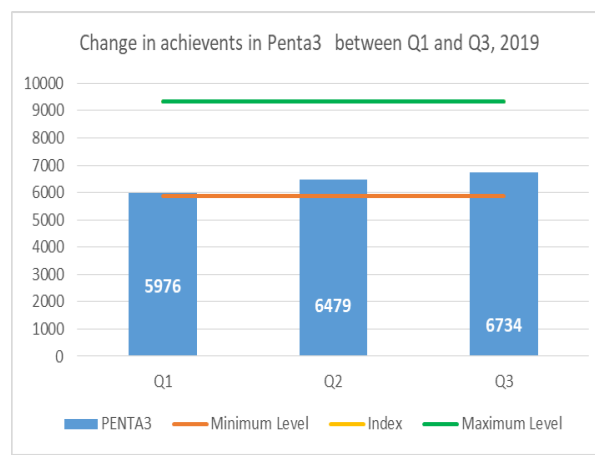
Graph 2: PNC



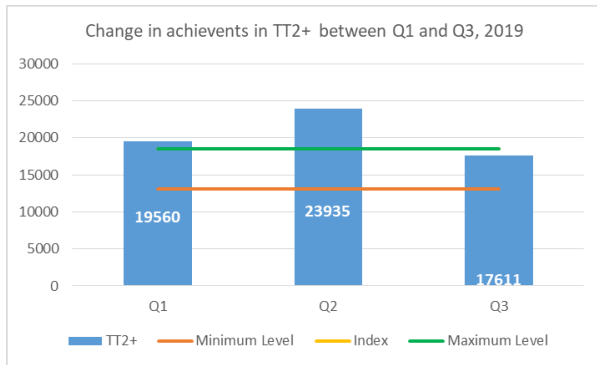
Graph 3: U5 OPD



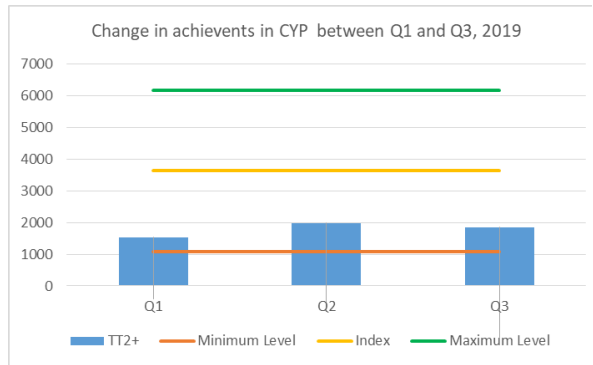
Graph 4: Penta 3



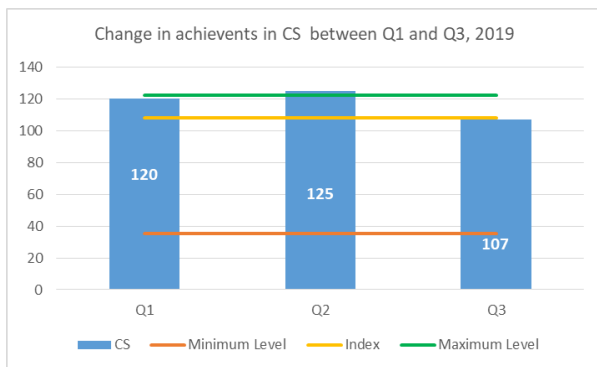
Graph 5: TT2+



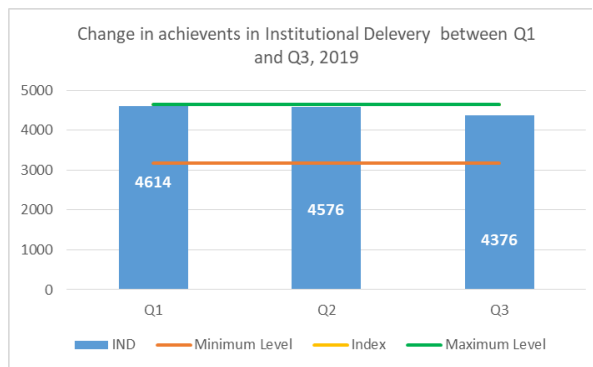
Graph 6: CYP



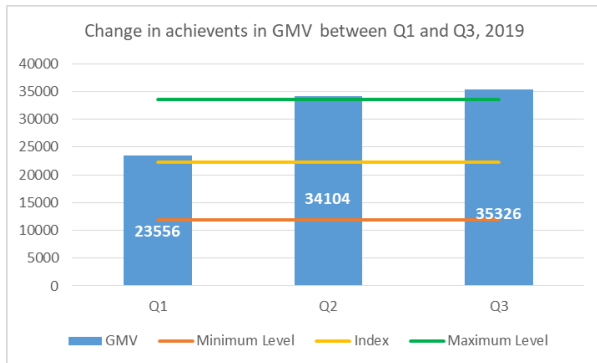
Graph 7: Caesarean section deliveries



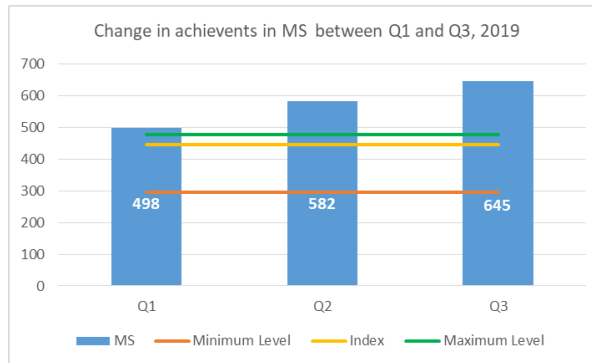
Graph 8: Institutional deliveries



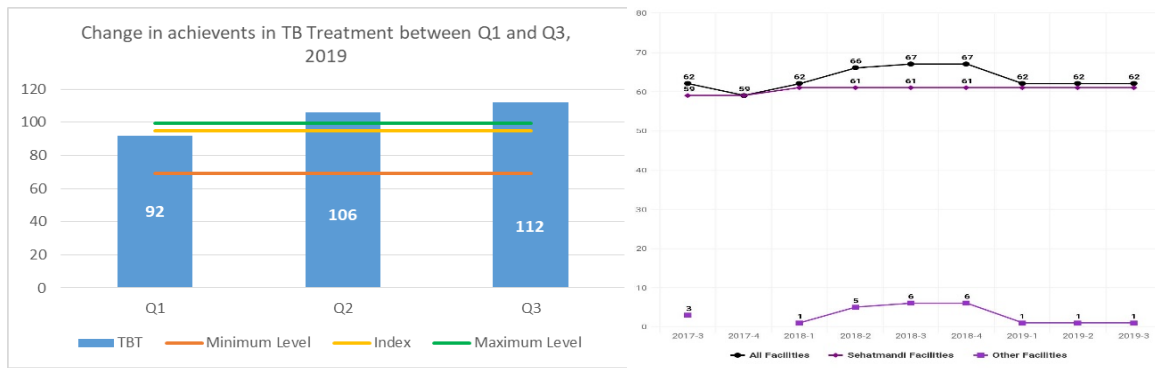
Graph 9 GMICYF



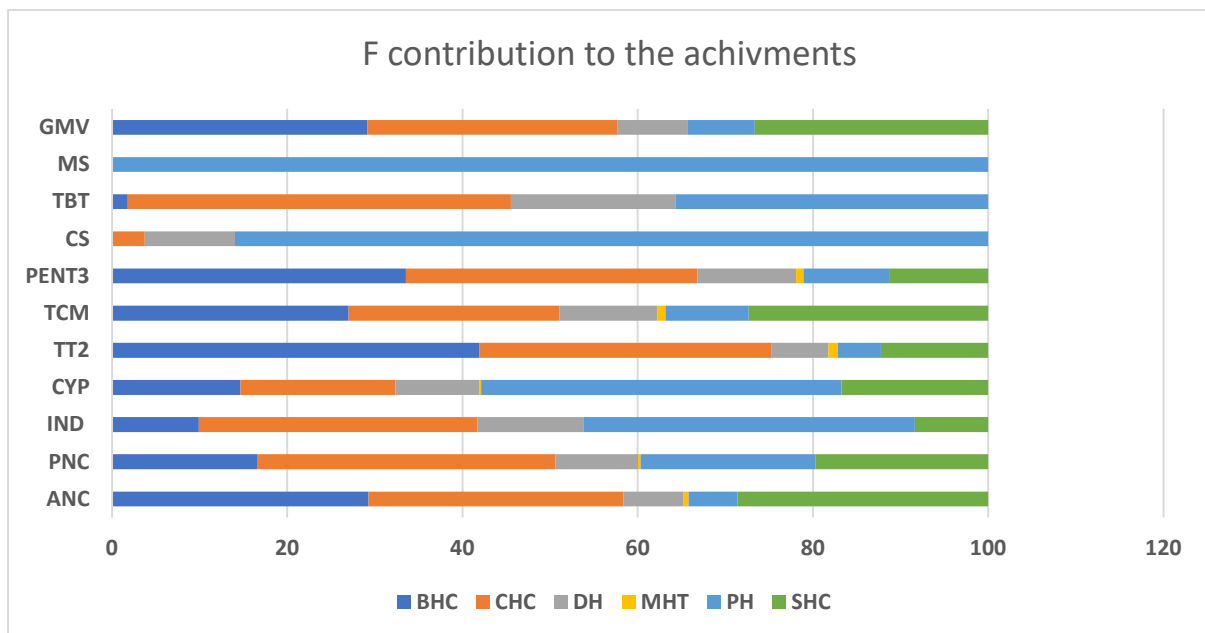
Graph 10: Major surgeries



Graph 11: TB treatment



c. Analysis of achievements at health facility level: DH and CHC had little contribution to the caesarian section compared to the Provincial hospital Manogi DH has less contribution. Most of CYP related to PH and other health facilities has less activities. CHCs and BHCs have the same level of contribution to the EPI indicator (Penta3 and TT2+ for CBW)



Comparative to the second quarter performance of CYP, TT2+, caesarian section and GMV decreased except at PH level also 2nd quarter performance on CS improved at DH level.

Indicator	BHC		CHC		DH		MHT		PH		SHC	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
ANC	30.13	29.27	29.72	29.09	7.60	6.81	0.42	0.63	5.69	5.58	26.43	28.63
PNC	21.12	16.63	33.91	33.96	8.72	9.42	0.27	0.30	18.33	19.97	17.66	19.72
IND	10.18	9.89	32.41	31.81	11.34	12.16	-	-	37.35	37.75	8.72	8.39
CYP	20.84	14.66	18.70	17.69	9.10	9.59	0.25	0.18	35.47	41.15	15.64	16.73
TT2	43.96	41.96	31.45	33.27	9.48	6.53	0.46	1.05	3.61	4.93	11.04	12.25
TCM	26.67	26.99	25.12	24.08	9.92	11.14	1.19	0.97	9.31	9.48	27.78	27.34
PENT3	36.46	33.55	31.90	33.29	9.85	11.24	0.65	0.82	7.66	9.88	13.49	11.23
CS	-	-	4.00	3.74	4.80	10.28	-	-	91.20	85.98	-	-
TBT	3.77	1.79	40.57	43.75	19.81	18.75	-	-	35.85	35.71	-	-
MS	-	-	-	-	-	-	-	-	100.00	100.00	-	-
GMV	28.75	29.17	27.46	28.50	7.26	8.06	-	-	10.00	7.63	26.54	26.65

EPI and RMNCH indicator has no performance in 1st quarter and 1st month of the 2nd quarter in Nakorra and Korangal BHC and it is because of limitation from ISIS. 5 BHCs (Dewagal, Badyl, Ghazi abad, Barabad and Korangal BHCs are not reporting EPI services.

2. **Summary of Monthly Updates:** Under review quarter SP achieved most of project KPIs targets. 62 HF out of 62 were opened no report of closure, around 2 indicators are difficult to be achieved through HFs located in ISIS area such as CYP and Penta3. ISIS also did not permitted non resident staff in their controlled area. one facilities was without female health worker in Saratan increased to 3 in Asad and continued in Sanbula in Chalas, Nakorra and Ghazi abad.
3. **Performance in Quality of Care indicators :**

4. Summary findings of HF visits

- A. **Khas Kunar Comprehensive Health Center:** CHC is located in center of Khas kunar district providing services for entire population of the district (55378) contributing by of 1 BHC, 2 PHC and 22 health posts.

Strengthening points observed during visit:

- Committed and honest staff are recruited and in place
- Availability of updated charts and guidelines in health facilities
- Availability of provincial office HMIS feedbacks at health facility
- Trainings were provided to most of health facility staff
- New and functional refrigerator was present with necessary equipment
- Outreach were implemented based on approved outreach plan except NIDs days
- Related supervisors supervision visit report were present in each department of health facility
- Drugs store was organized and all item was booked at stock cord accordingly.
- Most of the indicators targets were achieved except 3 indicators (comply is tate the target is set very high)
- Availability of standard incinerator and proper infection prevention measure are in place

Weak points need attention and to be included next plan:

- Midwife was not properly trained on some important topics eg EMONAT and FP
- Almost all staff was not cleared about the target setting and double target was issue to the staff.
- Four indicators targets were not achieved such as Institutional delivery, Penta-3, TT2+ and Cesarean Section

- B. **Chawki District Hospital:** District level hospital is located in center of the district providing services for entire population of the district (57471) contributing by of 1 BHC, 2 PHC and 32 health posts.

C. Strengthening points observed during visit:

- Well-functioning hospital community board and other related committees
- Good coordination among departments specially EPI and MCH department
- Committed well trained and honest staff are recruited and in place
- Availability of updated charts and guidelines at deferent branches of hospital
- Availability of provincial office HMIS feedbacks at hospital directorate office
- Drugs store was organized and all item was booked at stock cord accordingly.
- Most of the indicators targets were achieved except two indicators (comply is that the target is set very high) TT2+ and Penta-3

- Availability of standard incinerator and good infection prevention measure are in place

Weak points need attention and to be included next plan:

- Almost all staff was not cleared about the target setting and double target was issue to the staff.
- Two indicators targets were not achieved such, Penta-3, TT2+
- Equipment need proper check up and possible renovation
- Almost all staff were not clear about the target and they had double targets even HMIS is not clear on it

D. Provincial Hospital: Asadabad Provincial hospital is located in provincial capital serving for entire population of the province around 97044 population and referral center for Nuristan and 14 districts of kunar province.

Total capacity of the hospital is 150 beds including 33 beds of surgery 27 beds internal medicine and 61 beds of pediatric and 15 beds of obstetrics and Gynecology.

Hospital run by 11 Specialist 13 doctors, 33 female and male nurses, 10 midwives 52 support staff and 43 other staff.

A meeting conducted with hospital authorities (specialists). In this meeting some essential and important issues such as salaries, not payment of 20% of salary, night duty and risk allowance, which was raised by specialists, discussed.

Strengthening points observed during visit:

- Well-functioning hospital community board and other related committees
- Good coordination among departments and external related entities
- Committed well trained and honest staff are recruited and in place
- Availability of updated charts and guidelines at different branches of hospital
- Availability of provincial office HMIS feedbacks at hospital directorate office
- Drugs store was organized and all items were booked at stock card accordingly.
- Most of the indicators targets were achieved except xxx indicators (compliance is that the target is set very high)

Indicators	ANC	PNC	IND	CYP	TT2+	TCM	Penta 3	TCS	TBT	TMS	GMV
Sunboal 1398	273	662	586	293	390	4151	271	27	14	231	925
Target (index)	157	557	758	431	351	4830	342	65	16	200	912
Percentage %	174%	119%	77%	68%	111%	86%	79%	42%	88%	116%	101%

- Availability of standard incinerator and good infection prevention measure are in place
- Three ambulances were functional and one non-functional

Weak points need attention and to be included next plan:

- Night duty and risk allowance were not paid for the month of Mezan
- Midwife was not properly trained on some important topics
- Almost all staff was not cleared about the target setting and double target was issue to the staff.
- Four indicators targets were not achieved such as Ins delivery, Penta-3, TT2+ and Cesarean Section

E. Asmar Comprehensive Health Center (CHC+): Asmar CHC + is located on the main road to Asada bad providing services for entire population of Asmar district

Strengthening points observed during visit:

- Committed and honest staff are recruited and in place
- Availability of updated charts and guidelines in health facilities
- Trainings were provided to most of health facility staff
- New and functional refrigerator was present with necessary equipment
- Outreach were implemented based on approved outreach plan except NIDs days
- Related supervisors supervision visit report were present in each department of health facility
- Drugs store was organized and all item was booked at stock cord accordingly.
- Most of the indicators targets were achieved except 5 indicators (compline is that the target is set very high)

Weak points need attention and to be included next plan:

- Space management require attention and general cleanses is to be focused
- Almost all staff was not cleared about the target setting and double target was issue to the staff.
- Bed sheets for the patients are very old and very dirty and required replacing
- Staff room (Night duty staff room) to be refurnished and need painting
- Shortage of medicine is observed and no buffer stock because of weak supply management
- Demand and supply sheet were not available at health facility

Stock Out duration for selected medicine				
Medicine	Zero Stack	Resupply	No of days	Remarks
Amoxicillin	10.6.1398	17.7.1398	37 days	
Paracetamol	04.5.1398	23.8.1398	78 days	
Ceftriaxon	23.7.1398	20.8.1398	27 days	
Oxytocin	06.6.1398	17.7.1398	40 days	

- Four indicators targets were not achieved such as Ins delivery, Penta-3, TT2+ and Cesarean Section

F. Shegal Comprehensive Health Center (CHC): Shegal CHC is located on the main road to Asada bad providing services for entire population of shegal district

Strengthening points observed during visit:

- Committed and honest staff are recruited and in place
- Availability of updated charts and guidelines in health facilities
- Availability of provincial office HMIS feedbacks at health facility
- Trainings were provided to most of health facility staff
- New and functional refrigerator was present with necessary equipment
- Outreach were implemented based on approved outreach plan except NIDs days
- Related supervisors supervision visit report were present in each department of health facility
- Drugs store was organized and all item was booked at stock cord accordingly.
- Most of the indicators targets were achieved except 3 indicators (compline is tate the target is set very high)

Weak points need attention and to be included next plan:

- Training on target FP and HMIS is required for the staff spicily for new recruited staff.

- Almost all staff was not cleared about the target setting and double target was issue to the staff.
- Three indicators targets were not achieved such CYP , Penta-3 and TT2+
- Shortage of medicine is observed and no buffer stock because of weak supply management

Stock Out duration for selected medicine				
Medicine	Zero Stack	Resupply	No of days	Remarks
Syp:Paracetamol	11.7.1398	20.7.1398	09 days	
Ceprofloxacin	29.5.1398	29.7.1398	60 days	

- G. Dr.Sead Mohammad Amin Fatemi Basic Health Center:** Fatemi BHC is located on the main road to Asadabad 10 Km away from Chawki District hospital and 30 Km from PH providing services for entire population of the district (57989) contributing by of 1 CHC, 1 BHC , 2 PHC and 37 health posts.

Strengthening points observed during visit:

- Availability of updated charts and guidelines in health facilities
- All staff were present using the uniform
- Trainings were provided to most of health facility staff
- New and functional refrigerator was present with necessary equipment
- Outreach were implemented based on approved outreach plan except NIDs days
- Drugs store was organized and all item was booked at stock cord accordingly.

Weak points need attention and to be included next plan:

- Shortage of medicine was recorded in the past quarter in some of the medicines as following
- Almost all staff was not cleared about the target setting and double target was issue to the staff.
- Three indicators targets were not achieved such as CYP, Penta-3 and TT2+ for CBA
- Shortage of medicine is observed and no buffer stock because of weak supply management

Stock Out duration for selected medicine				
Medicine	Zero Stack	Resupply	No of days	Remarks
Fer-folic	16.7.1398	11.8.1398	25 days	
Folic Acid	17.6.1398	10.7.1398	23 days	
Floxatin	30.5.1398	10.7.1398	40 days	
Brufen	01.8.1398	20.8.1398	19 days	
ORS	11.7.1398	16.7.1398	05 days	
Methyldopa	12.8.1398	23.8.1398	11 days	
Paracetamol	20.6.1398	10.7.1398	20 days	

5. **AOB(PHO staff capacity Assissment)** : Kunar has comparatively capacitated PHO members but team is not completed and reproductive health officer is resigned. The official process for recruitment of new reproductive health officer is not started because of her resignation acceptance

Mobile Health Team: Supported by UNFPA and implemented by AADA covering IDP settlements located in Khas Kunar, Chawky, Waatabor Shegal and Asmar district

Strong points of MHT:

- Availability of committed staff (Male MD, Midwife, psychosocial counselor, vaccinator and driver.
- Availability of drug
- Availability of active and equipped ambulance
- Availability of clean delivery kits
- Availability of health education session
- Availability of all type of vaccine
- Paying the staff salary on time
- The minor surgery sets were sterile
- Pharmacy stock was corresponding to physical stock

Services provided through mobile health services

Indicator	August		September		October		Total		
	Target	Ache	Target	Ache	Target	Ache	Target	Ache	%
OPD	1600	1570	1600	1899	1600	1186	4800	4655	97%
ANC	64	52	64	74	64	69	192	195	102%
PNC	64	38	64	50	64	58	192	146	76%
P&LWRS	192	129	192	163	192	172	576	464	81%
Psycho-counseling	295	162	295	136	295	226	885	524	59%

Point to be improved of MHT:

- Unavailability of ANC and PNC cards
- Unavailability of EDD calendar
- Unavailability of BP Apparatus
- Unavailability of child and adult scale
- Unavoidability of referral sheet
- Unavailability of referral sheet for delivery cases to near HFs
- Psychosocial counseling target was not achieved
- Low knowledge Psychosocial counselor
- Data accuracy has problem
- PNC achievement was low than set target
- No specific tally sheet and register for every IDP/Returnees

Family Protection center (FPC):

Strong points:

- Availability of standard room
- Availability of drugs

- Availability of complete staff
- Availability counseling room
- Good coordination among FPC staff and hospital staff

Points to be improved:

- Unavailability of trainings for FPC staff during 2019.
- Unavailability of training for medical focal point regarding GBV in 2019
- Unavailability of training for non-medical focal point in 2019
- Low refer In from HFs and other related sectors
- Low refer out to other related sectors
- Filling system was not in good condition
- Refer sheet did not match with referred patient
- Database was not working well

Annex: Updated Performance Improvement Plan (PIP)

S/N	Gaps/Problems Identified	Recommendations	Corrective actions	SN From MOPH	Agreed Completion Date	Status/Progress made	Remarks
1	Shortage /Irregular medicine supply from Kabul office and low in quantity	<ul style="list-style-type: none"> Medicine should be calculated and supplied based on consumption report received from HFs and BPHS/EPHS guideline All health facilities should be supplied regularly , medicine shortage is not acceptable for MoPH Supply should be provided based on consumption report Kabul team is expected to consider quality and quantity of medicine Provincial medicine warehouse has to be full of medicine in case of need/emergency stoked medicine will be supplied to needed HFs 	Kabul team has been already requested	NO	31 Jan 2020	Both Kabul team and provincial team are expected to Seriously consider it	
2	Currently provincial hospital needs 1new 250 KW standing generator in order to provide required power supply to all sections	<ul style="list-style-type: none"> HealthNet-TPO Kabul office has provide 1 new standing generator (250 KW X2) 	It vital to state that Provincial team has recently provided one 80 KW standing generator and repaired two generators	NO	25 Jan 2020	<ul style="list-style-type: none"> 	
3	HFs need renovation	1- Renovation plan has to be shared with PPHD and PMO	Renovation plan has been developed based on		31 Jan 2020	Continued, still happening	

		2- all HFs that need renovation should be in the top priorities of, all health facilities' renovation should be completed before end of next quarter review meeting.	assessment conducted by provincial team, so some health facilities' renovation has been accomplished and some HFs renovation is on going				
4	Number of delivery is decreased at HFs level	<ul style="list-style-type: none"> • HMIS/ technical section has to conduct a data analysis meeting at provincial level • Root cause has to be identified • An action plan should be developed by technical manager • Developed action plan has to be implemented and followed up 	<ol style="list-style-type: none"> 1- Data verification is done 2- On the job training is provided through supervision session conducted by supervisors 3- Data analysis session is planned to be conducted in HF monthly coordination meeting 	No	10 Dec 2019		
5	PHOs (provincial health officers) positions have to be filled at PPHD	<ul style="list-style-type: none"> • All vacant positions should be announced 	<ul style="list-style-type: none"> • Vacancies are decided to be announced 	No	20 Jan 2020		
6	Number of CS is decreased	<ul style="list-style-type: none"> • HMIS/ technical section has to conduct a data analysis meeting at provincial level • Root cause has to be identified • An action plan should be developed by technical manager • Developed action plan has to be implemented and followed up 	<ol style="list-style-type: none"> 4- Data verification is done 5- On the job training is provided through supervision session conducted by supervisors 	No	10 Dec 2019		

		<ul style="list-style-type: none"> A meeting with APH team should be held and find out key root cause 	6- Data analysis session is planned to be conducted in HF monthly coordination meeting				
		-	-			-	

Prepared by (SP rep.): _____ and by (PM Officer): _____.