



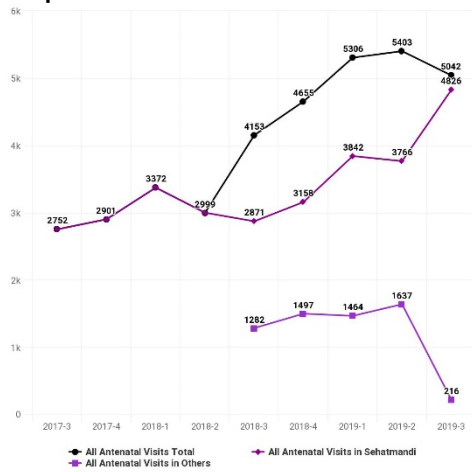
**ISLAMIC REPUBLIC OF AFGHANISTAN  
THE MINISTRY OF PUBLIC HEALTH**

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

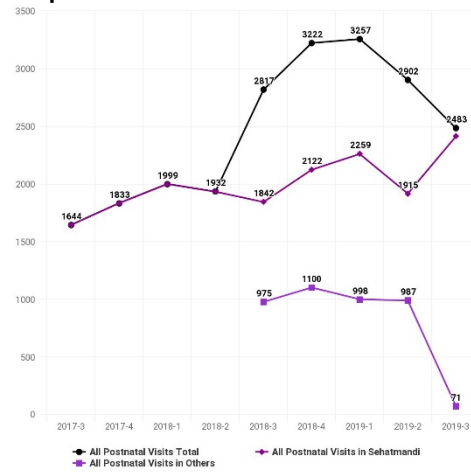
# 1. Achievements in P4P indicators and other key indicators

## a. Trend lines of key indicators

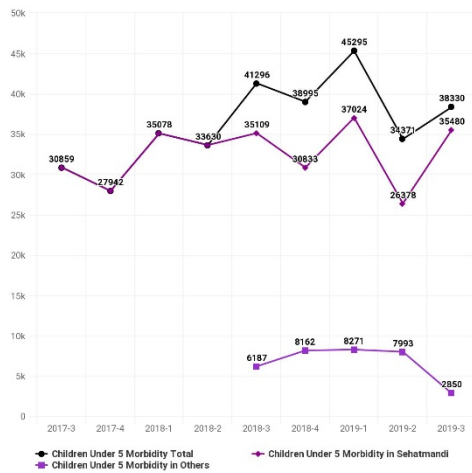
Graph 1: ANC



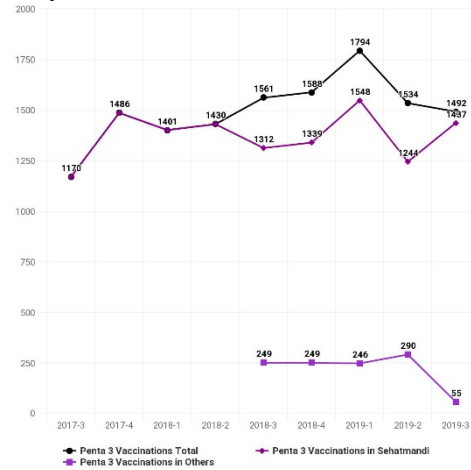
Graph 2: PNC



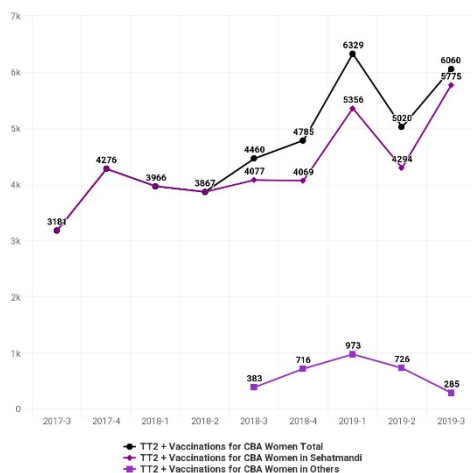
Graph 3: U5 OPD



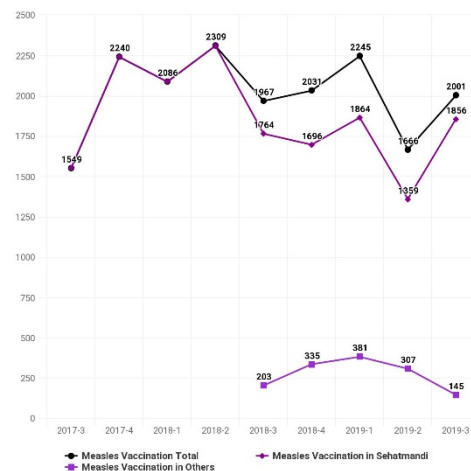
Graph 4: Penta 3



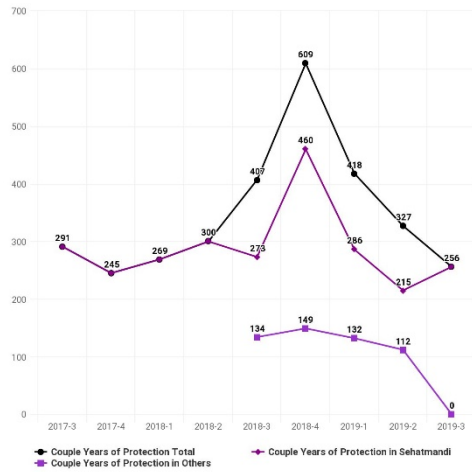
Graph 5: TT2+



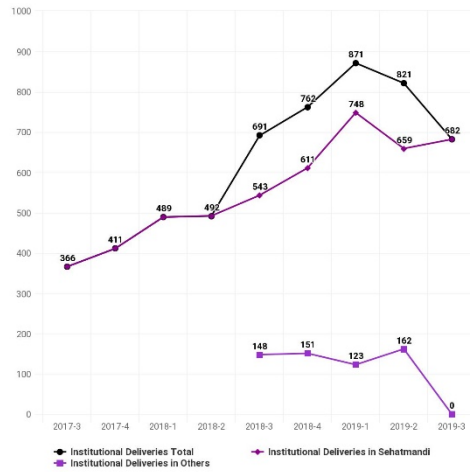
Graph 6: Measles



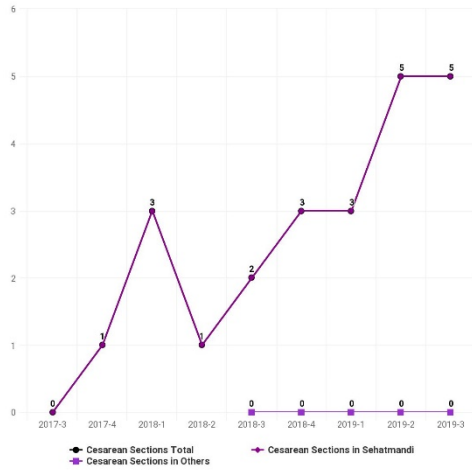
**Graph 7: CYP**



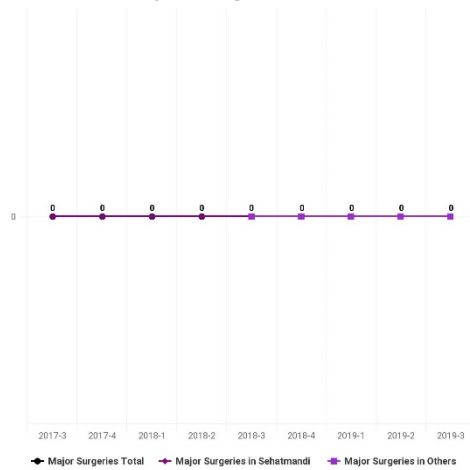
**Graph 8: Institutional deliveries**



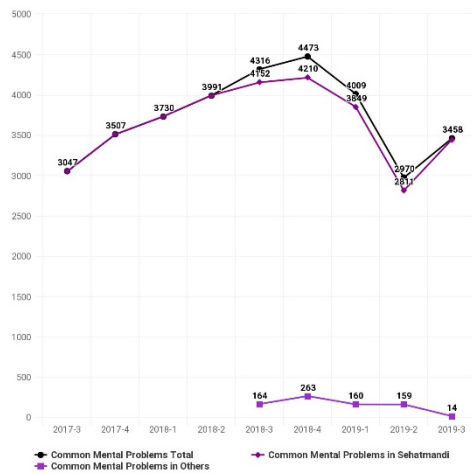
**Graph 9: Caesarean section deliveries**



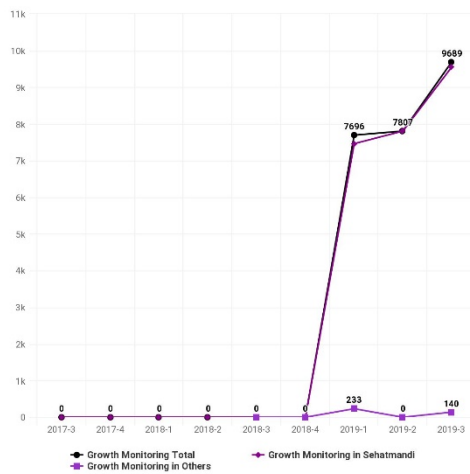
**Graph 10: Major surgeries**



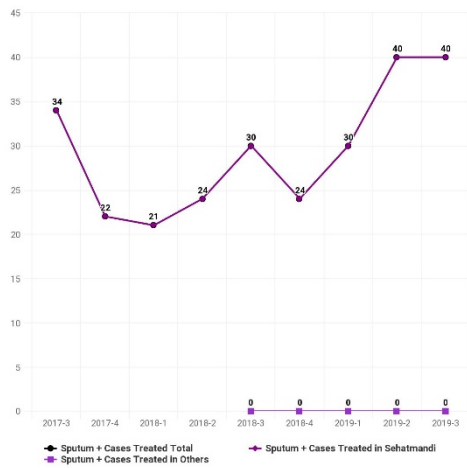
**Graph 11: Mental health**



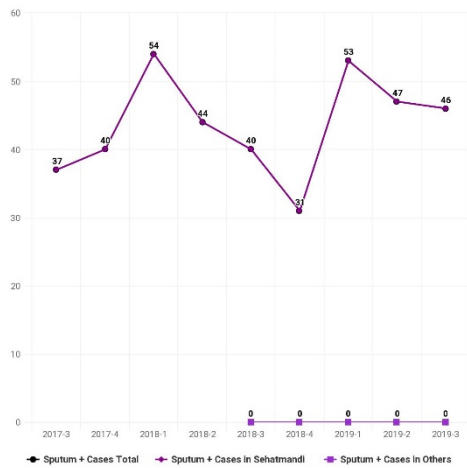
**Graph 12: GM/IYCF**



**Graph 13: TB treatment**

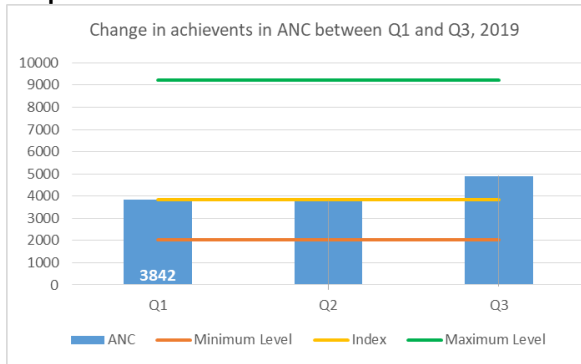


**Graph 14: TB detection**

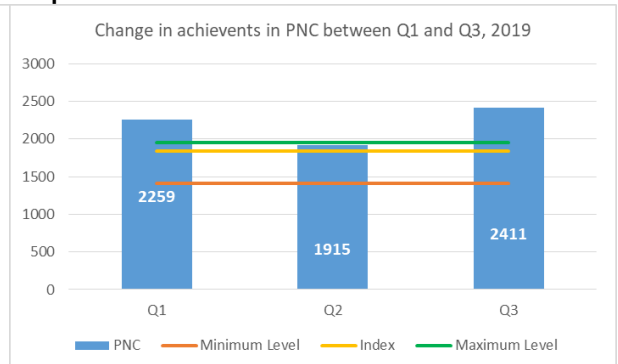


**b. Comparison of quarterly achievements in key indicators (Picture 65x65)**

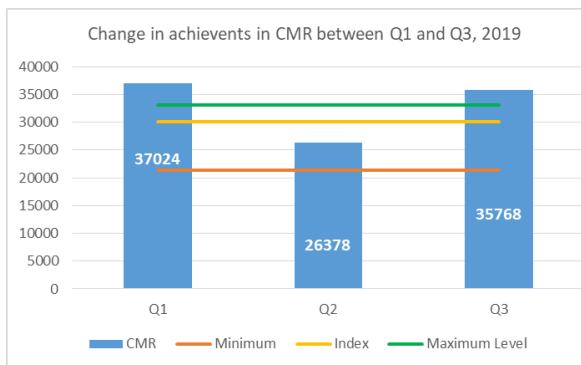
**Graph 1: ANC**



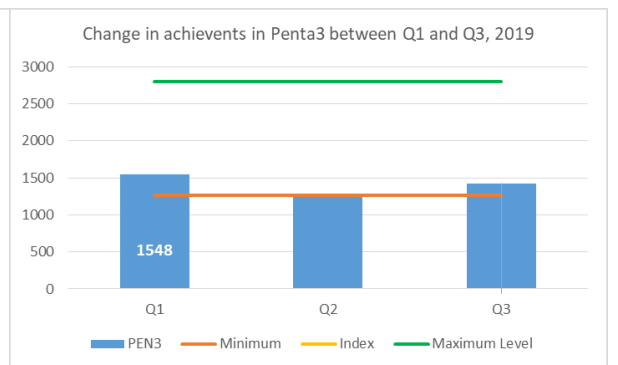
**Graph 2: PNC**



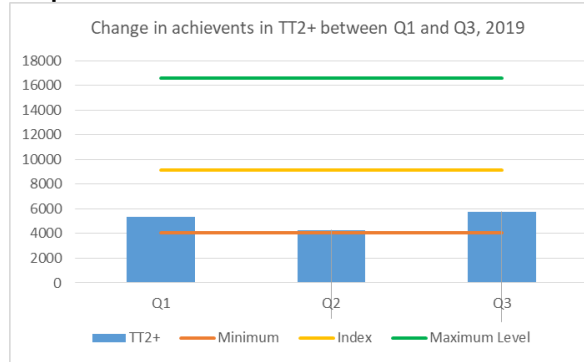
**Graph 3: U5 OPD**



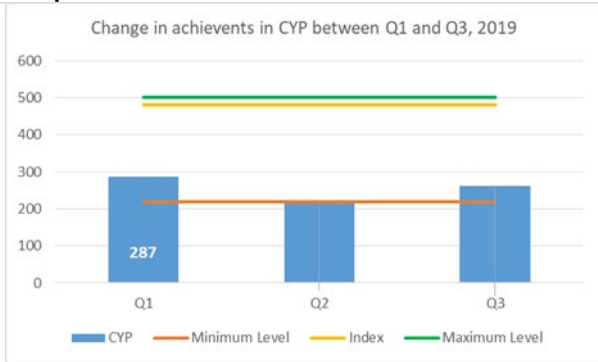
**Graph 4: Penta 3**



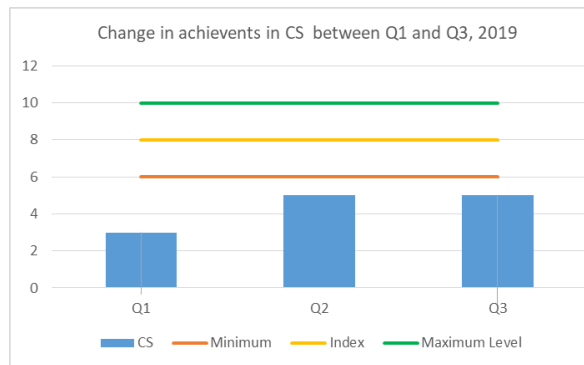
**Graph 5: TT2+**



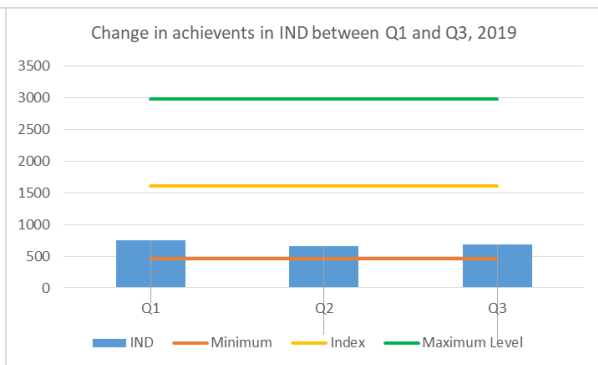
**Graph 6: CYP**



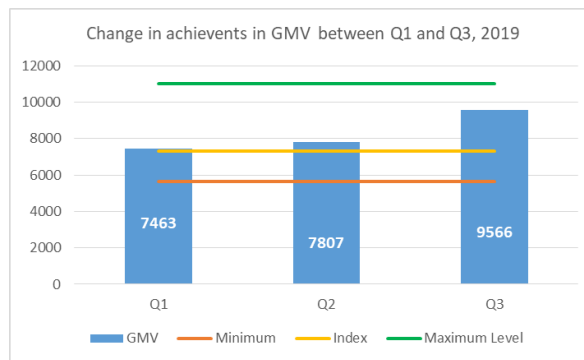
**Graph 7: Caesarean section deliveries**



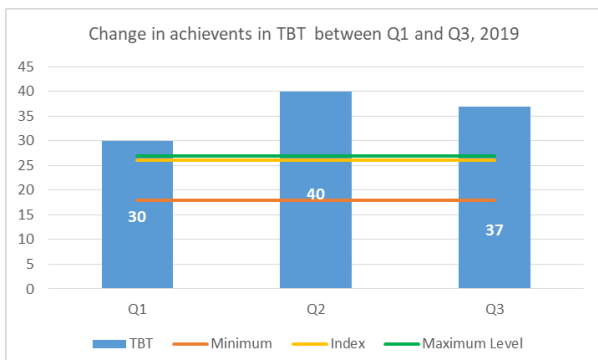
**Graph 8: Institutional deliveries**



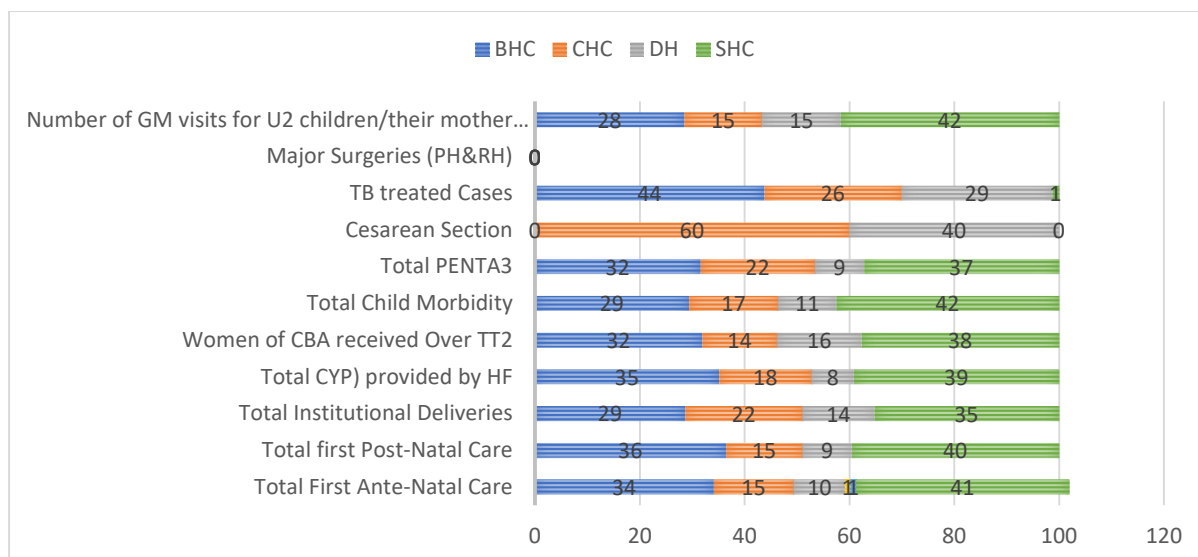
**Graph 9 GMICYF**



**Graph 10: TB + case Treatment**



- c. Analysis of achievements at health facility level:** All facilities has contribution to the achievement and performance according to their scope and population. CHC + is good health facility in term of service in view of scattered population than DH and PH the greater contribution to the caesarian section indicator is provided by CHC+ of Paroon and two functional DHs provided only 40% of the performance. Kamdish DH closed since June 2018 but in 3<sup>rd</sup> quarter recently some data is reported which is indicating that the facility started work in the scope of health sub center



Indicators	BHC		CHC		DH		SHC	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
ANC	33.5	34.6	15.0	15.5	10.2	9.6	41.3	40.3
PNC	37.1	35.9	14.5	14.8	10.2	8.7	38.1	40.6
IND	29.9	27.6	23.7	21.1	14.3	13.2	32.2	38.1
CYP	36.2	34.3	19.0	16.5	7.4	8.6	37.4	40.6
TT2+	28.8	34.3	14.4	14.3	19.4	13.6	37.4	37.9
TCM	28.3	30.2	17.5	16.8	11.1	11.1	43.2	41.9
PENT3	30.5	32.5	24.3	19.8	9.3	9.3	35.9	38.3
CS	-	-	-	60.0	100.0	40.0	-	-
TBT	50.0	37.5	22.5	30.0	27.5	30.0	-	2.5
MS	-	-	-	-	-	-	-	-
GMV	26.0	30.5	17.3	12.9	13.9	16.0	42.8	40.6

CS in second quarter 60% by Parven CHC+ and 40 % by DH when its cause asked we found that one fully functional DH contributed to indicator achievement One DH was closed and one is out of anesthesia technician

- Summary of Monthly Updates:** Under review quarter SP achieved most of project KPIs targets. 37 HF out of 37 were opened no report of closure, only Kamdish is still closed and negotiation is going on. all health facilities are supplied based on consumption report, with required medicines, medical supplies, lab reagent and dental materials, Fuel, for Generator, IPD food, Stationery and clinic supplies up to end of October 2019 and has plan to resupply all health facilities with required items for winterization purpose in the second week of Oct 2019 for a duration of 6 month. Salary paid to all health facilities staff for the month of Sartn 1398. And out of 37 HFs only 34 HFs have at least one female health worker (Midwife /Female Nurse) (92%)

In sanbula Kamdish DH become partially functional and provided minimum health services to the catchment area clients. This will at least cover the most urgent need of people in term of basic health care services at the level of sub center

### 3. Performance in Quality of Care indicators :

#### 4. Summary findings of HF visits:

**General Finding: Third Quarter performance Review:** 3<sup>rd</sup> Quarter Performance Review conducted but not according to the SOP requirement because TPM was not on board.

Scheduled review conducted under the chairmanship of Nuristan Public health Director representative (Mr.Swandriwal) The meeting participants determined by the PPHD in consultation with the PMO and SP, depending on the specific problems identified in the Quarterly Performance Report submitted to the MOPH.

As a result all issue and concern discussed in detail and PowerPoint presentation presented to the participant clearly stated the statement of problem finally participant agreed to prepared performance improvement plan

A Performance Improvement Plan (PIP) developed by the SP based on the three MUs and action plans produced in the previous quarter.

The PPHD will send the results of the Quarterly Performance Review to the PMO. The PMO will compile the results and draw on to complete the Performance Management Dashboard for the Semi-Annual Performance Review.

Nuristan	CS	CM	CYP	ANC	PNC	InsD	GMV	PENTA3	TBT	TT2+
Minimum	6	21435	219	2021	1416	456	5630	1269	18	4051
Index	8	30099	480	3847	1845	1612	7337	2802	26	9124
Achievement	5	35768	262	4896	2411	682	9566	1426	37	5773
% based on Min	83	167	120	242	170	150	170	112	206	143
% based on Ind	63	119	55	127	131	42	130	51	142	63

Achievement evaluated against minimum target is good and excellent in 9 indicator and not satisfactory for one indicator ( Caesarian Section ) but achievement against given target is excellent in 5 indicator and not satisfactory in 5 indicators require more exploration and taking necessary actions to be reflected in PIP

Cumulative achievement normalized to the median of 5 Years achievement is indicated only one indicator placed under the normalized line

Performance became good quarter to quarter five red area is constantly presenting all quarters but improvement observed in CMR,ANC,PNC, GMP, and TB treatment Also performance was good in 1<sup>st</sup> quarter become wors in 2<sup>nd</sup> quarter because of mass clousur of health facilities and became good again in 3<sup>rd</sup> quarter for 5 indicators.

##### Quarter achievements against index (target)

Indicators	CS	CMR	CYP	ANC	PNC	Ins D	GMP	Pent3	TBT	TT2+
1st Q	38	123	60	100	122	46	102	55	115	59
2nd Q	63	88	45	98	104	41	106	44	154	47
3rd Q	63	119	55	127	131	42	130	51	142	63

- Good and furnished provincial office located in Jalalabd for access reson
- Presence of Key staff in the filed and also in the office
- Availability of TNA in central office

- Trainings were conducted based on TNA
- Presence of reports and documents of conducted trainings
- Monthly supervision of supervisors were present
- Availability of HMIS monthly feedback to health facilities reports
- Availability of project work plan
- CAAC survey was conducted

Weak Points: these are collected points need improvement and to be considered

- Project work plan was not visible in the provincial office
- Some HPs didn't have Female CHW
- RH officer is not hired since the starting of the sehatmandi project
- Still some positions are vacant ( 6 MW , 7 FMD, 1 dentist and 1 physiotherapist)
- Copy of provincial office staff and health facilities staff contracts were not present in provincial office
- No Attention to the PPHD monitoring feedbacks
- No regular weekly meeting on health facility issues
- Irregularity at provincial office stock
- Salary of health facilities did not pay since month of saratan and provincial office staff since of month of jawza

A. **Kordar Basic Health Center:** Kordar BHC is located on the main road to Paron 10 Km away from Chapa dara district of Kunar and 30 Km to Nuristan provincial capital providing services for entire population of the wamaw district ( 8670 ) contributing by 1 PHC and 7 health posts.

**Strengthening points observed during visit:**

- Availability of updated charts and guidelines in health facilities
- All staff were present using the uniform except MD who was in training
- Trainings were provided to most of health facility staff
- Functional refrigerator was present with necessary equipment an enough vaccin
- Outreach were implemented based on approved outreach plan except NIDs days
- Drugs store was organized and all item was booked at stock book 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 set for the health facility.
- Five indicators targets were not achieved such as CYP, IND, PNC, Penta-3 and TT2+ for CBA
- Patient record was not standard and cleared eg diagnosis and prescribed medicine is not clear
- Space is not perfect for the service building need renovation
- IP is not up to the standard and IP equipment and material were not supplied

Stock Out duration for selected medicine				
Medicine	Zero Stack	Resupply	No of days	Remarks
Amoxicilin	17.7.1398	01.8.1398	13 days	
Paracetamol	17.7.1398	01.8.1398	13 days	



- B. Wamaw Comprehensive Health Center:** Wamaw CHC is located in center of district providing services for entire population of the district ( 11476 ) contributing by of 1 BHC, 1 PHC and 21 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
- Drugs store was organized and all item was booked at stock book accordingly.
- Most of the indicators targets were achieved except 3 indicators ( compliance is that 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:**

- Three staff was not present and were invited for the training not scheduled
- 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 Institutional delivery, Penta-3 and TT2+
- Proper space was not allocated for the psycho social counselor and she was not willing to counseling and separate and isolated room

- C. Dr.Parwin Noristan 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.

**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.
- HF is working in private houses ( tow house ) without bundry wall
- Because of floor damage proper IP can not be consider
- Demand and supply sheet were not available at health facility also stock card is not use for pharmacy management

- D. Kushat Primary Health Center (PHC):** Kosht PHC is located on the main road to Paroon providing services for small and isolated pocket of population

**Strengthening points observed during visit:**

- New building is completed and ready for service provision

- Enough space for deferent type of services available in health facilities
- Functional vaccine storage facility is available
- Enough medicines are available in pharmacy shelves and stock book are used

**E. Want Waygal 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.

**F. Strengthening points observed during visit:**

- Well functional local health committee is in place and working
- CHS is recruited and has plan of supervision of functional health post
- Good coordination among departments specially EPI and MCH department
- Committed well trained and honest staff are recruited and in place
- Drugs store was organized and all item was booked at stock book accordingly.
- Most of the indicators targets were achieved except
- 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.
- MCH staff and vaccinators were invited for the training
- Generator need proper check up and possible renovation
- Ambulance is working but not properly and need change or huge repairment
- Operation theater equipment need complete checkup and replacing some equipment
- Water scheme of the hospital need some renovations
- Patient files are need to be completed and to be provided unit usable and related file paper

5. **AOB( PHO staff capacity Assessment) :** Nuristan has few provincial health officers members but team is not completed and need capacity building program. The official process for recruitment of provincial health officers is require constant follow up and relooking to the requirement considering the context of the province for example if female doctor is not available for RH officer mid wife could be recruited as Reproductive health officer.

Everything else should be described here, including discussion points in coordination meetings with the prov

**Annex: Updated Performance Improvement Plan (PIP)**

Date PIP developed: 23/07/1398

Date revised:

S/N	Problem Statement	Cause	Recommendations/ Corrective actions	Support to be provided by MOPH	Agreed Completion Date	Remarks
1	Low coverage of cesarean section	1-Surgeon and anesthesia position is vacant. 2- Culture barrier. 3- Low awareness. 4-Unavailability of public transportation and road facility in some part of Nuristan. 5-Harshed winter.	1-Surgeon and anesthesia Technician should be hired. 2-Motivation of midwife to send delivery complicated cases to surgery department. 3-Motivation of CHWs to refer due delivery cases to HF. 4- Trained on duty 2 nurses in anesthesia for Duab DH and Kamdish DH the salary and training fee should be provided by implementer NGO. 5- For re-opening of Kamdish DH a team consist (one representative from Nuristan PHD one from implementer NGo one from provincial conceal ) they should be negotiated the issue with all three parties Government Community and Taliban to	MOPH should be revised the target setting	15/11/2019	Low coverage of cesarean section

			find suitable place to be acceptable for all of them.			
2	Low Coverage of Penta3	1-geografical constrain 2-Low awareness of community. 3-Missed Opportunity 4-Setting of High target 5- low commitment of vaccinator 6- unavailability of female vaccinators	1- Increased of health education Session on advantage of immunization. 2-increased coordination among all health facilities section. 3-Target setting should be revised	MOPH should be revised the target setting	15/11/2019	
3	Low coverage of TT2+	1-Unavailability of female vaccinators. 2-Culture barrier. 3-Low awareness of community. 4-Missed Opportunity. 5-Setting of High target	1-Hiring of female Vaccinators or train midwives as a backup. 2-Increase health education session on advantage of TT Vaccine. 4-increased coordination among all health facilities section to avoid from miss opportunity. 5- Target setting should be revised	MOPH should be revised the target setting	15/11/2019	
4	Low coverage of institutional delivery	1-Vacant position of Five midwives. 2-Unavailability of public transportation and road facility. 3-Low awareness of the people. 4-Blockage of road during winter. 5-Setting of High target.	1-All midwives vacant position should be filed 2-Providing of transportation cost to delivery cases. 3- Increased health education session on advantage of institutional delivery. 5-Target setting should be revised.	MOPH should be revised the target setting	15/11/2019	

		6- Unavailability of back up midwife 7- No commitment of midwives 8- Un availability of standard building	6-Back up of Midwife should be recruited			
Following are the points noted directly affecting performance and have remarkable effect on achievements						
1	Vacant Position (Female MDs)	1-Unavailability of local technical staffs. 2-Low entrust of neighbor province technical staff. 3- Un availability of accommodation and education facility for their family members.	1-Regularly advertise the vacant position. 2- Used personal possibility. 3-Providing facilities.		15/11/2019	
	Clousur of Kamdish DH	DH bornt by AGE in June 2018 Several negotiation filed New location is not agreed	1- Delegation consist of representative of AGE.Governer house ,Provincial council, PHD and AHEAD should visit the location 2- Agrement of this delegation should be on the basis of people intrest 3- Location should be select accessible to peoples not AGE and not GOV	PHD and AHEAD	30 Nov,2019	

			4- Temorary local building to be hire or split the service in tow houses.			
2	Shortage of Medicines and Medical supply	1-Transportation of drug and medical supplies is a big problem	1-To avoid from shortage resupply should be done on time. 2- Buffer stock to be used and calculated in each request of supply		30/10/2019	
	Vacant positions at PHD	PHO is incomplete	PHO positions to be announced and properly filled New graduate midwives are the best resource to hire as RH officer ,Nutrition officer etc Because of non availability of staff criteria to be revised	MOPH /PHD	ASAP	
	Use of stock book and incomplete documentation	Lack of initial traing Anavaleblity of unified patient file Weak supervission	Stock card to be prepared to all health facilities Unified Patient file to be provided to CHC+ and DHs Health supervisors to be trained on supervision and monitoring			
3	The number of outreach and mobile is not enough	1-Geograpical structure of Nuristan province not consider for mobile and outreach	1-Increase the number of mobile and outreach.		1/11/2019	

4	Delay in payment for vehicles and building rent	P4P payment schedule is for six months	1-The vehicle and health facilities building rent should be paid on time according to contract.		30/11/2019	
5	Unavailability of female CHW in 33 HPs	1-Unavailability of trained female CHWs	<ul style="list-style-type: none"> <li>1- selection and training of female CHWs for 33 HPs.is required before year end</li> <li>2- Training should be arranged by district not by province</li> </ul>		End of December 2019	

Note: Problem statement should be SMART. Support needed by MoPH should be specified.

Prepared by (SP rep.): Dr .Gul Asghar Omery and by (P M Officer): Dr .Muhammad Yonas Bargami

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