



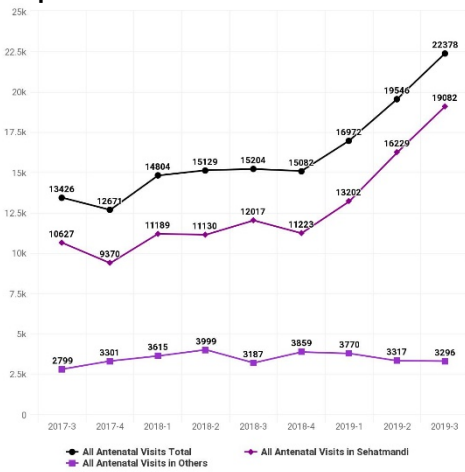
**ISLAMIC REPUBLIC OF AFGHANISTAN  
THE MINISTRY OF PUBLIC HEALTH**

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

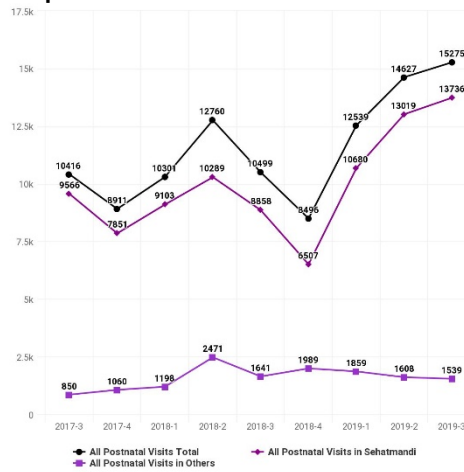
# 1. Achievements in P4P indicators and other key indicators

## a. Trend lines of key indicators

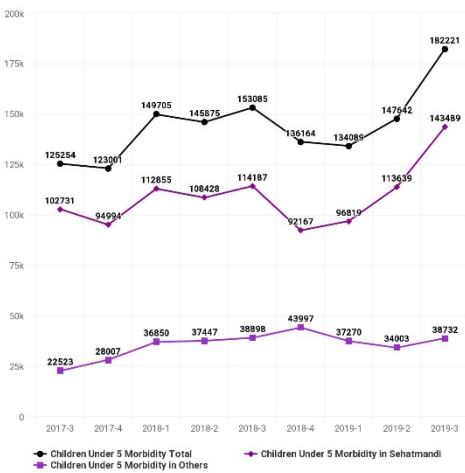
Graph 1: ANC



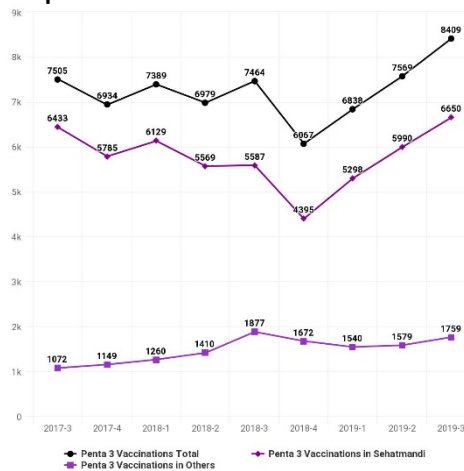
Graph 2: PNC



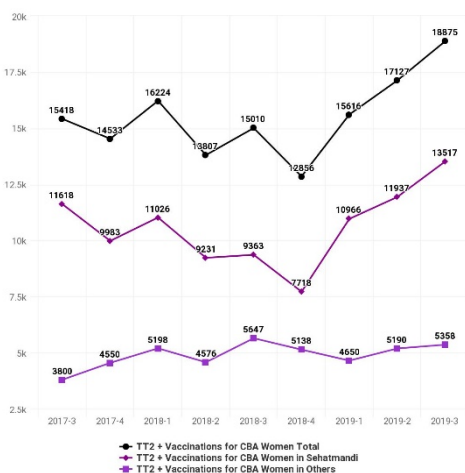
Graph 3: U5 OPD



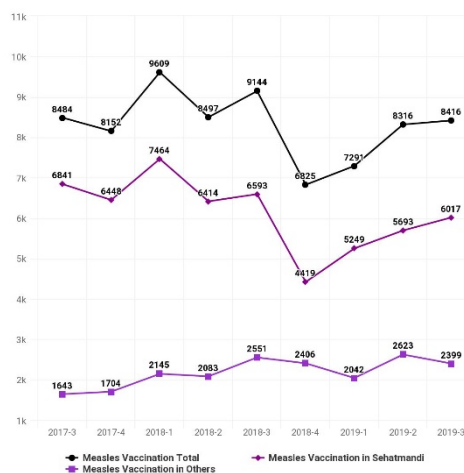
Graph 4: Penta 3



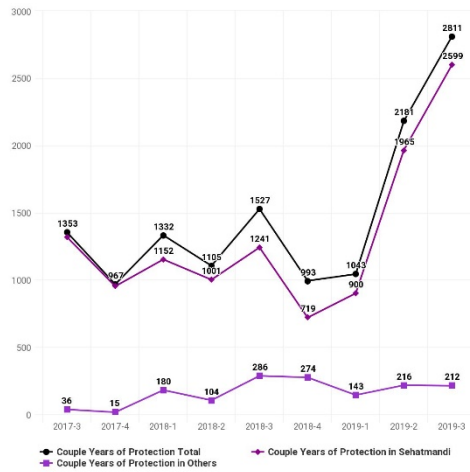
Graph 5: TT2+



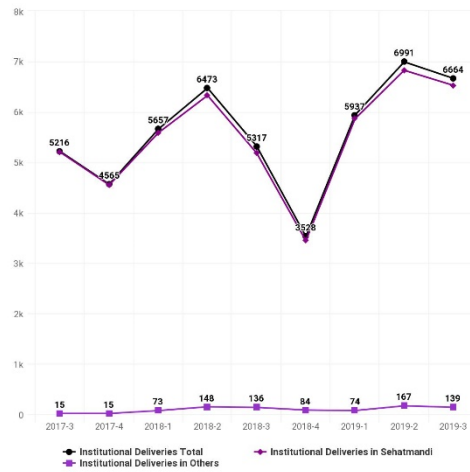
Graph 6: Measles



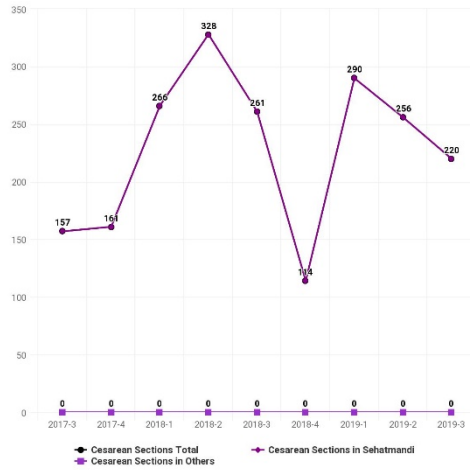
**Graph 7: CYP**



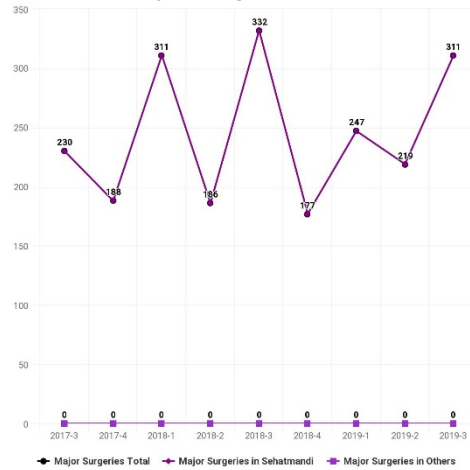
**Graph 8: Institutional deliveries**



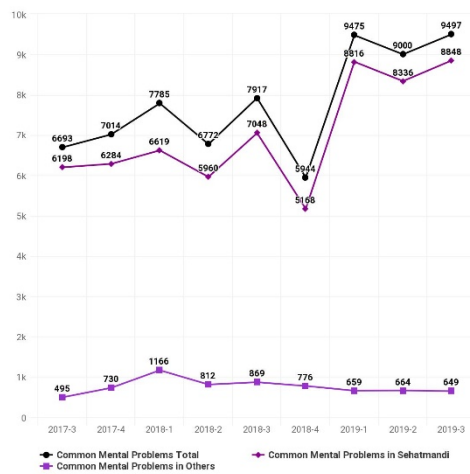
**Graph 9: Caesarean section deliveries**



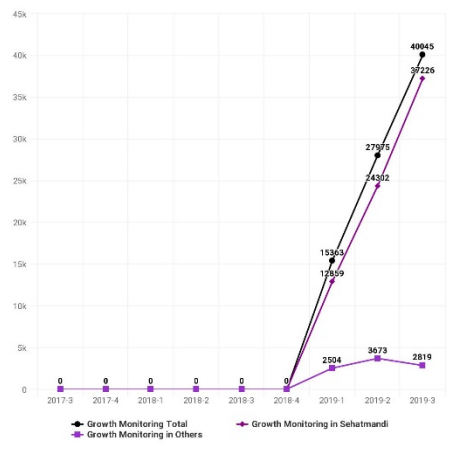
**Graph 10: Major surgeries**



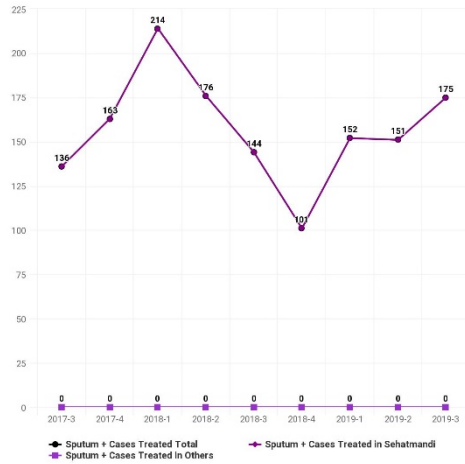
**Graph 11: Mental health**



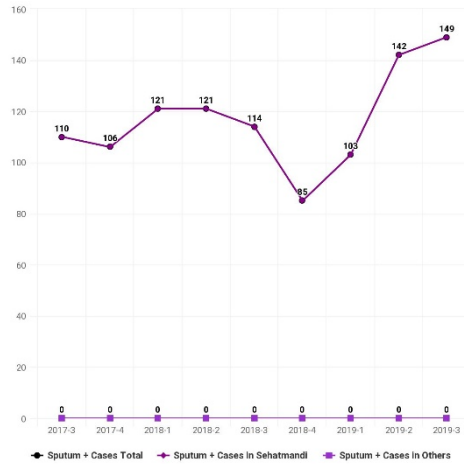
**Graph 12: GM/IYCF**



**Graph 13: TB treatment**

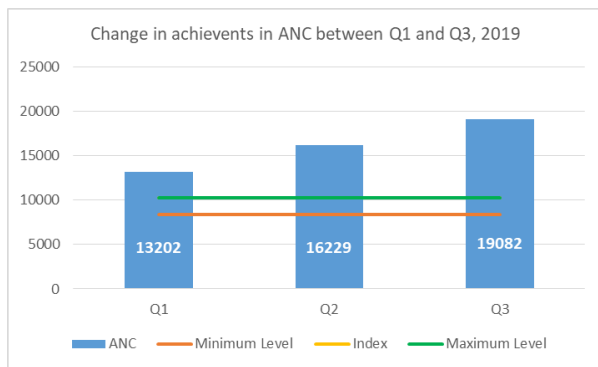


**Graph 14: TB detection**

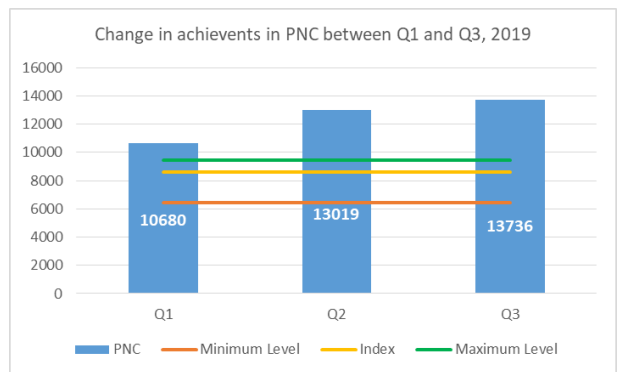


**b. Comparison of quarterly achievements in key indicators (Picture 65x65)**

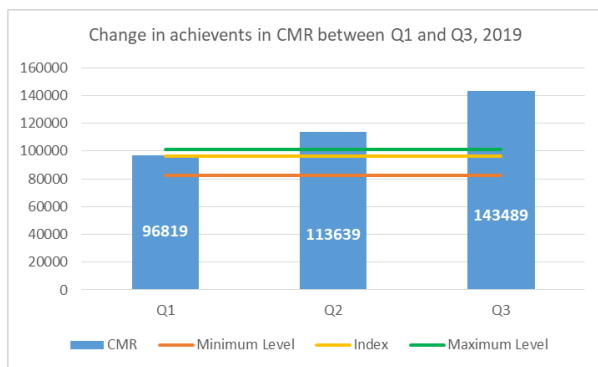
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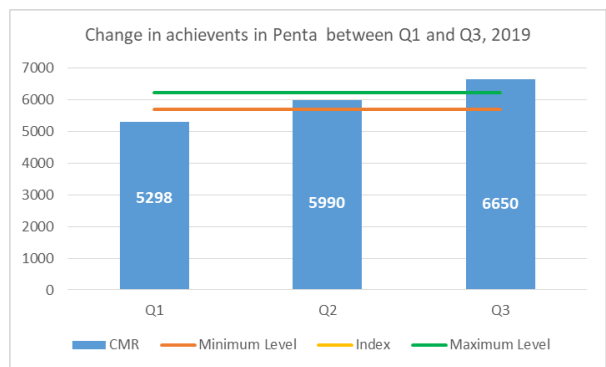
**Graph 2: PNC**



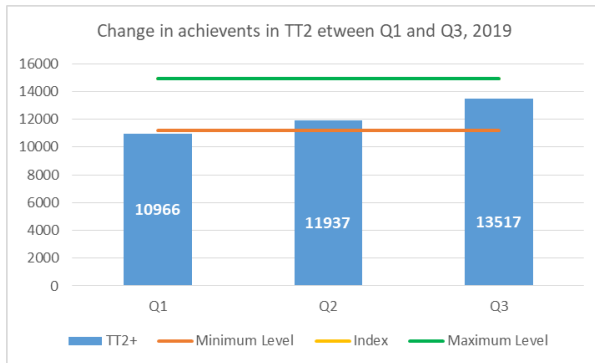
**Graph 3: U5 OPD**



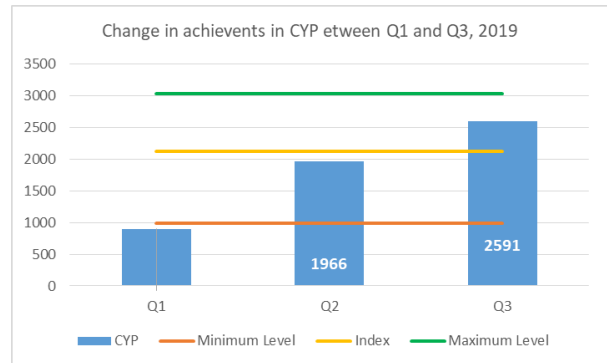
**Graph 4: Penta 3**



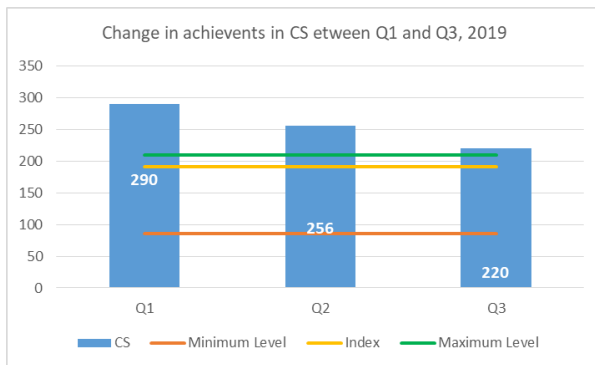
**Graph 5: TT2+**



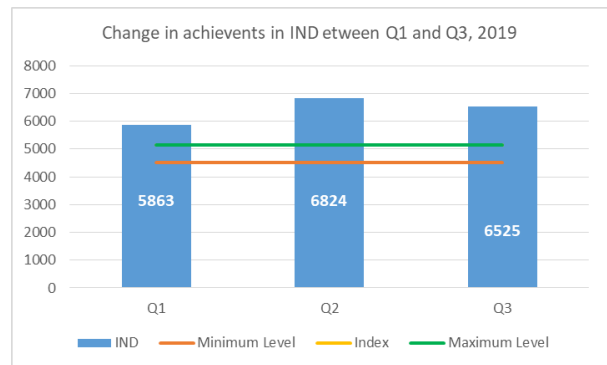
**Graph 6: CYP**



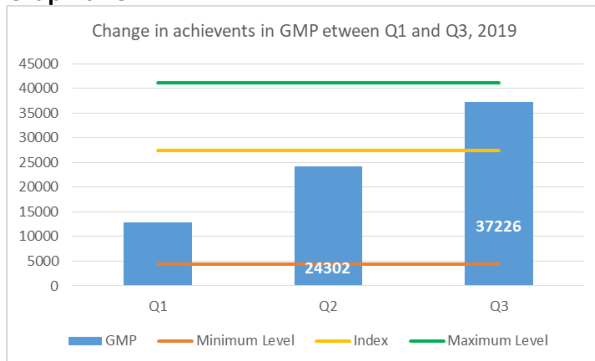
**Graph 7: Caesarean section deliveries**



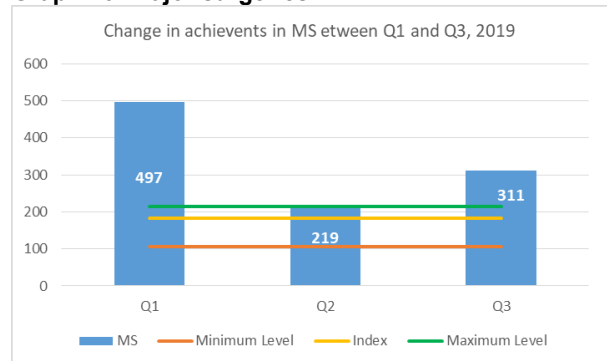
**Graph 8: Institutional deliveries**



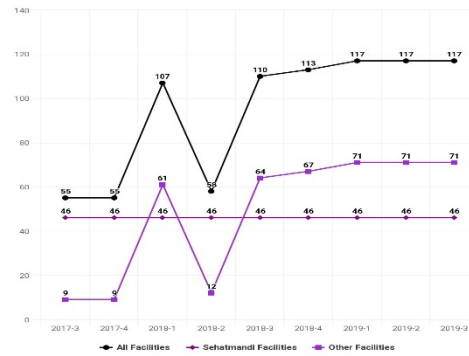
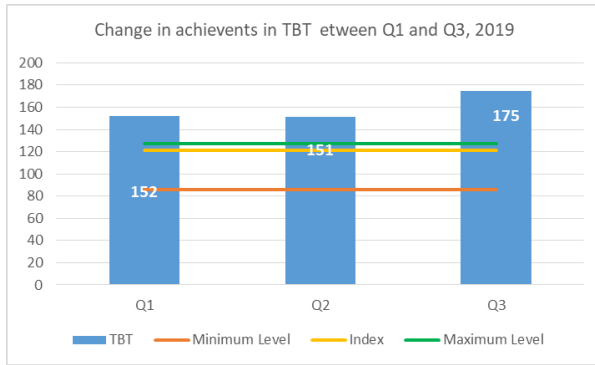
**Graph 9: GM/IYCF**



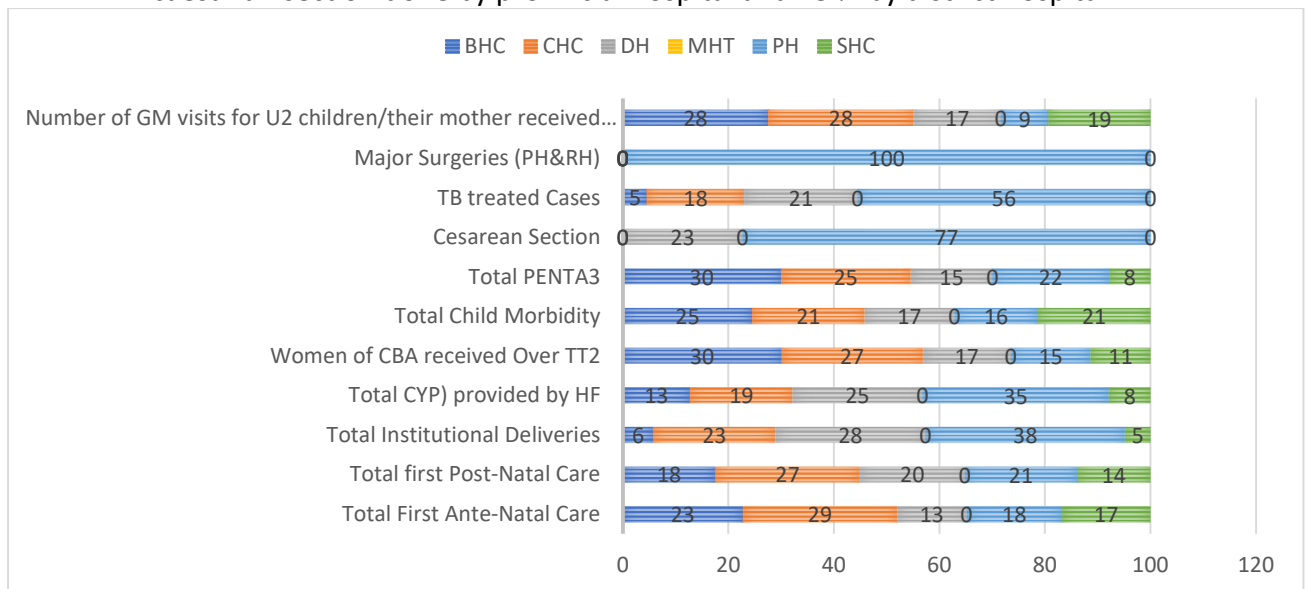
**Graph 10: Major surgeries**



**Graph 11: TB treatment**



c. **Analysis of achievements at health facility level:** All type of health facilities contribute to the achievement on each indicators. According to their scope and population. CHC and BHC are the top contributor for growth monitoring indicator 56 % of contribution in TB treatment achievement is done by provincial hospital. 77 % of caesarian section done by provincial hospital and 23 % by district hospital



Indicators	BHC		CHC		DH		PH		SHC	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
ANC	22.42	23.04	30.37	28.24	12.96	13.36	17.26	18.79	16.99	16.57
PNC	17.03	18.10	26.42	28.15	19.84	20.03	22.60	20.01	14.12	13.71
IND	5.70	5.96	22.52	23.63	27.78	29.20	39.16	36.34	4.84	4.87
CYP	11.80	13.53	19.15	19.58	20.40	27.78	42.58	29.88	6.07	9.23
TT2+	30.21	29.97	27.76	25.86	16.60	16.80	13.13	16.87	12.31	10.50
TCM	24.07	24.92	21.99	20.66	19.50	15.10	12.14	18.67	22.28	20.63
PENTA3	29.12	30.72	25.76	23.53	15.23	15.74	21.65	22.50	8.25	7.50
CS	-	-	-	-	16.80	29.55	83.20	70.45	-	-
TBT	4.64	4.57	19.21	17.71	15.23	26.86	60.93	50.86	-	-
MS	-	-	-	-	-	-	100.00	100.00	-	-
GMV	33.86	23.43	29.48	26.32	8.65	21.64	4.99	11.71	23.02	16.89

Steady improvement accrued in performance of couple years Protection in all level of health facilities throughout the months except PH where it declined from 42 in quarter 1 to 29 in quarter 2.

Caesarian section increase at DH level and decreased at provincial hospital the reason is misconception and propaganda at provincial hospital

Growth monitoring visit increased at provincial and district level facilities and decreased at BHC,CHC and PHC level.

Performance on institutional delivery indicator was zero in Kosin for 6 month in shwak for asad and sanbula, in ibrahemkhil for sartan ,asad and sanbula and in milan BHC for Hamal and Sawar while FMR show presence of midwife and health facilities closure are not reported

## **2. Summary of Monthly Updates**

During last month HEWAD Paktia Project had (14) vacant positions Female Physiotherapist (3), Dentist (3) Female MD (6) and female nurse (2).

Zurmat DH one block was damaged due to not compacted well or bad foundation of structure.

Public health Directorate transferred to new building, MDR ward become functional.

Medicine and Medical Supply have been supplied to all HFs for this Quarter, there is no stock out.

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

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

**General Finding:** Coordination among deferent disciplines in hospital is still on issue and need adding to not halt the services and bring them under one management.

3<sup>rd</sup> Quarter Performance Review conducted under the chairmanship of Paktia Public Health director. 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.

Performance improvement tack place quarter by quarter as in 1<sup>st</sup> quarter with 3 red area in send one red area and 3<sup>rd</sup> quarter with no red area

Indicators	ANC	PNC	CYP	IND	PEN3	TT2+	CS	TB-T	MS	CMR	GMP
1st Q based on index	129	124	42	114	85	73	152	126	272	101	47
2nd Q	159	151	93	132	96	80	134	125	120	118	89
3rd Q	186	159	122	127	107	91	115	145	170	149	136

**A. Monitoring of Gardiz Regional Hospital:** Gardiz provincial hospital run by HEWAD under the contract as provincial hospital according to the EPHS and group of specialist and Kafedra are working more than provincial hospital structure as hospital upgraded to regional hospital initially with 50 beds 100 bed under the EPHS contract and 45 additional beds are ready for patient the running of this extra service is the seed of problem in result of which staff not signed the service contract and problems rise day to day Project team succeed to achieve most of the indicators beside of non satisfactory performance in 7 indicator following points also noted

- ✓ IP situation was good and satisfied hospital was clean and proper space management in place
- ✓ ICU was functional to provided regular services,
- ✓ Ambulances system is functional and working
- ✓ Availability of sufficient medical, equipment including diagnostic facilities like digital X Ray and ultrasound
- ✓ The blood bank was functional, clean and prevtiv practices are followed in blood bank, and some units of blood was existent,
- ✓ Hospital has five active generators which cane be load on service provider budget
- ✓ The project technical staff aware about the project work plan,
- ✓ Availability of Nutrition menu in hospital but it was not matched with the diet which is given to patients.
- ✓ Beds Occupancy Rate never crossed 97 in past 7 months the average is 79 %
- ✓ Around 7 indicators are under the index target and need much more focus
- ✓ Supply is not sufficient and no buffer stock to manage shortage
- ✓ Average up to 20 % of the medicine is not supplied according to the request which is the aria of concern.

Medicin	Supply			days of stock out			Cvisit
	Request	Supply	Reduction	Jul	Aug	Sep	Oct
Ceftriaxone	9000	4000	55%	9	0	9	3
Amoxicillin	30000	25000	16%	7	0	0	7
Metronidazole	10000	8000	20%	0	0	7	3

During the visit and meeting with community health council and hospital staff following points raised and observed and noted for follow up and inclusion to the performance improving plan.

- Existence dual management system at paktia provincial hospital



- EPHS reporting requirement is not considered by additional staff(Tally sheets were not used in OPD departments)
- Some item of drugs was prescribed from bazar for OPD and IPD
- Weak supervision of some section of hospital by head of wards and implementer NGO.
- Patient ordered ultrasound from Bazar menwhil ultrasound services are provided by hospital
- Health Education session didn't conduct properly in all waiting area of hospital.
- Specialist not used EPHS essential drug list and they are out of hospital structure
- Three large autoclaves were present, but only one of them were active and the others were not active

**B. Saed Karam Comprehensive Health Center:** Saed Karam CHC is around 12 Km from provincial capital serving for estimated 45000 population with assistance of 2 BHC and 38 Health posts

**Over all finding:**

Although the security in most of the districts become worse and this affecting the services but project team succeed to achieve most of the indicators beside of good performance in all indicator following points also noted

- ✓ All staff were present except female MD replaced by Male MD
- ✓ All sections were functional and providing related services
- ✓ Attendance sheet were up to date and checked every day
- ✓ All staff know about their related target and previous month achievement
- ✓ Therapeutic Feeding Unite is almost functional nutritional councilor was on leave
- ✓ Water was available as well as small solar power system was in place .
- ✓ Shortage of medicine is observed and no buffer stock and stock management

Stock Out duration for selected medicin				
Medicine	Jul	Aug	Sep	Oct
Amoxicillin	7	0	0	3
Metranidazol	5	0	0	11
Paracetamo	3	0	0	2

**C. Surky Malang Basic Health Center:** Surky Malang BHC is around 6 Km from provincial capital serving for estimated 15000 population scattered in Ahmad aba district

**Over all finding:**

Security problem caused affecting the services especial immunization outreach services because local police order to prohibiting motor-back

- ✓ All staff were present using the uniform
- ✓ All staff know about their related target and previous month achievement
- ✓ Furniture provided for the words, OPD and clients waiting area.
- ✓ Water was available as well as small solar power system was in place .
- ✓ Shortage of medicine is observed and no buffer stock and stock management

Stock Out duration for selected medicine				
Medicine	Jul	Aug	Sep	Oct
Amoxicillin	11	0	0	11
Metranidazol	7	0	0	11
Paracetamol	4	0	0	11

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

Date PIP developed: 08/27/1398

Date revised: 08/27/1398

S/N	Problem Statement	Possible Cause of the problem	Recommendations Corrective actions	Support to be provided by MOPH	Agreed Completion Date	Status and progress	Remarks
1	Low coverage of TT2 vaccination	1. Ban of outreach and mobile services by AGE	<ol style="list-style-type: none"> <li>1 Coordinate with and asking support from Community elders.</li> <li>2 Explain important of vaccination to the AGE and community</li> <li>3 Provide incentives to all vaccinators for outreach and mobile activities on timely manners</li> </ol>	-The SP need the support of MoPH to convince the community elders to get approval for Outreach and mobile activities of HFs from AGE.	30/09/1398		
	In Quarterly report we don't have separate report for eye and orthopedic surgery.		In next quarterly report we will have separate report for eye and orthopedic surgery.		Next quarterly report		
	No backup staff	No Budget for backup staff	The issue has been discussed with HFs in-charges. In case of need, we will shift employees from one HF to another temporarily and we will add this section in contract of personals.		Continuous		

	PHO team are not complete.		PHO positions have been announced through national reforms office.		Have been announced and follow this issue.		
	Drop out of female CHWs.		We will make a plan and share with our partner; NAC about their training.		30/09/1398		
	EPI program need to started in sub centers		The issue has been shared with MoPH/EOC/DoPH for funds/financial support. We pursue the progress.	DoPH should comprehensively assist in finding funds/financial support	With provision of funds/financial support		

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

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