



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

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

Service Provider

Reported by

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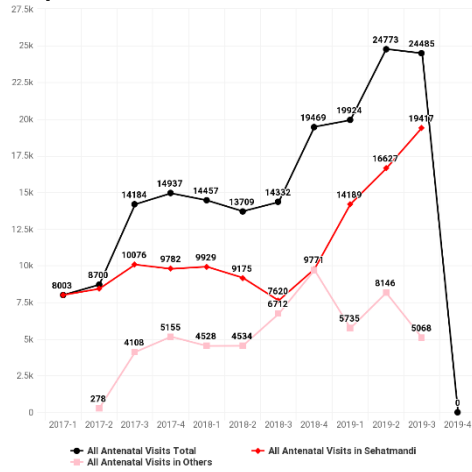
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# 1. Achievements in P4P indicators and other key indicators

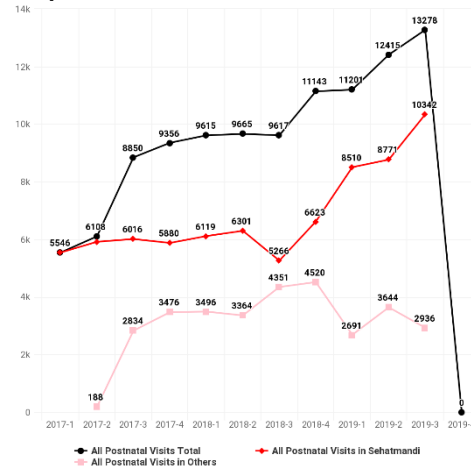
## a. Trend lines of key indicators

The below line graphs 1-14 show a three-year trend of achievements in key performance indicators between the first quarter in 2017 and the third quarter in 2019.

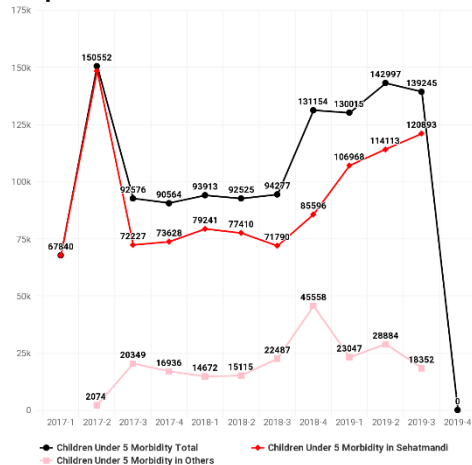
**Graph 1: ANC**



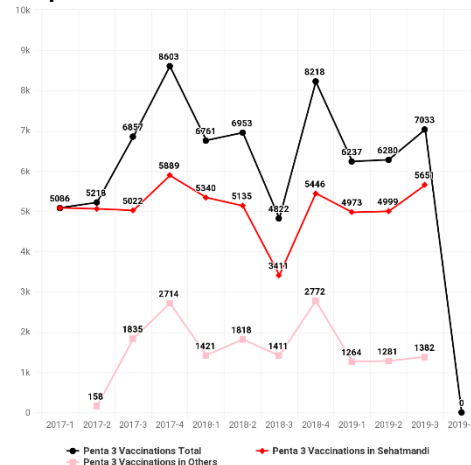
**Graph 2: PNC**



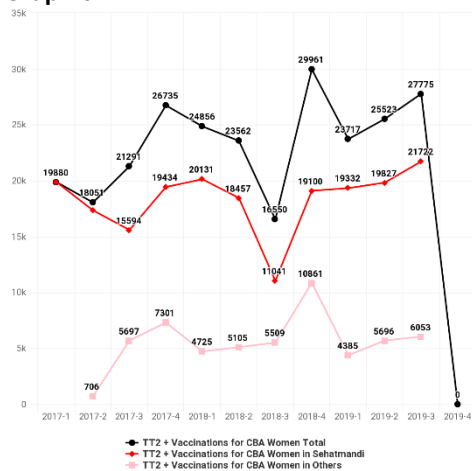
**Graph 3: U5 OPD**



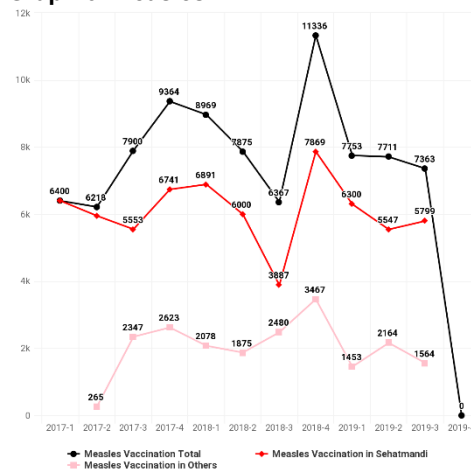
**Graph 4: Penta 3**



**Graph 5: TT2+**

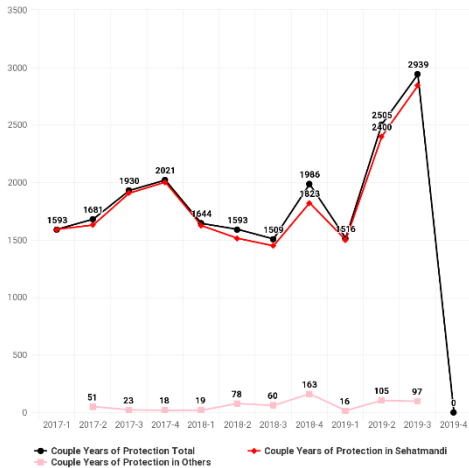


**Graph 6: Measles**

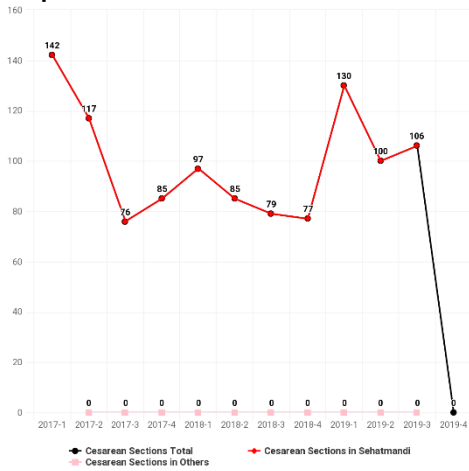


**Graph 7: CYP**

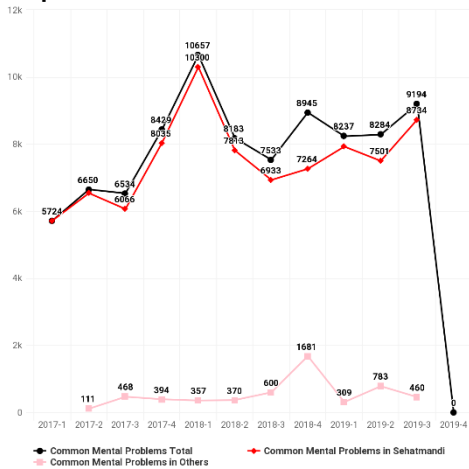
**Graph 8: Institutional deliveries**



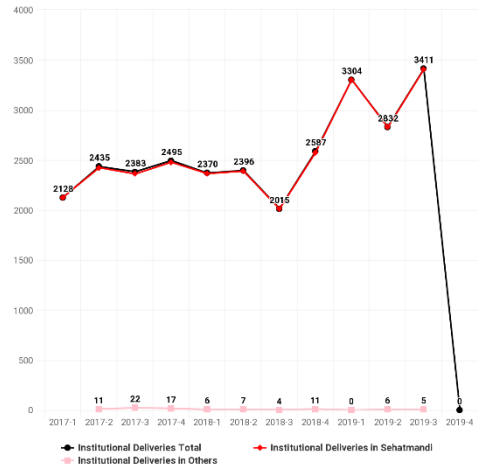
**Graph 9: Caesarean section deliveries**



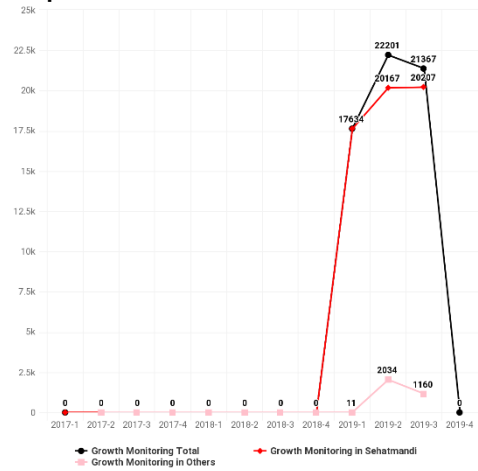
**Graph 11: Mental health**



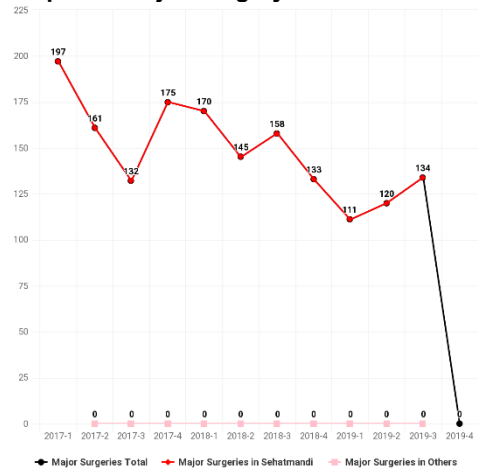
**Graph 13: TB treatment**



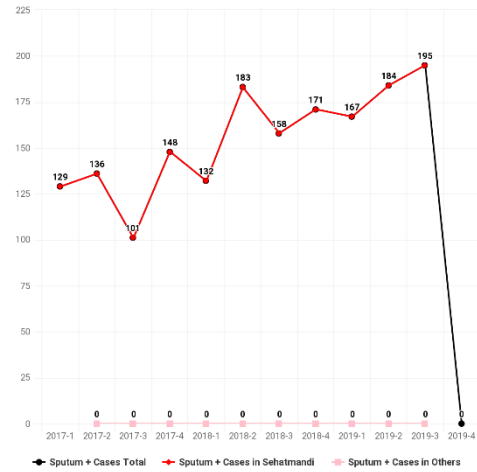
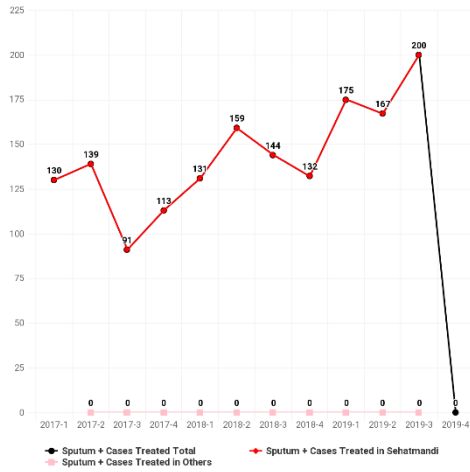
**Graph 10: GM/IYCF**



**Graph 12: Major Surgery**



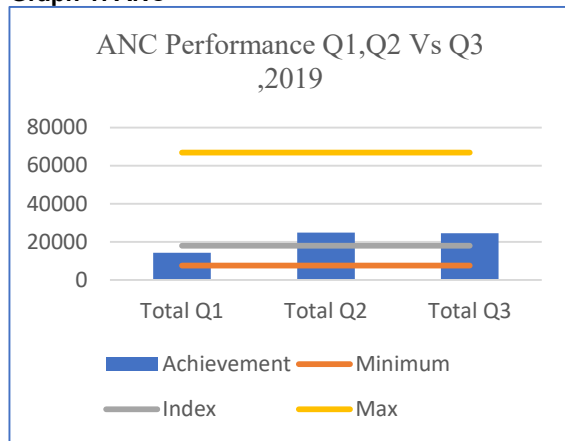
**Graph 14: TB detection**



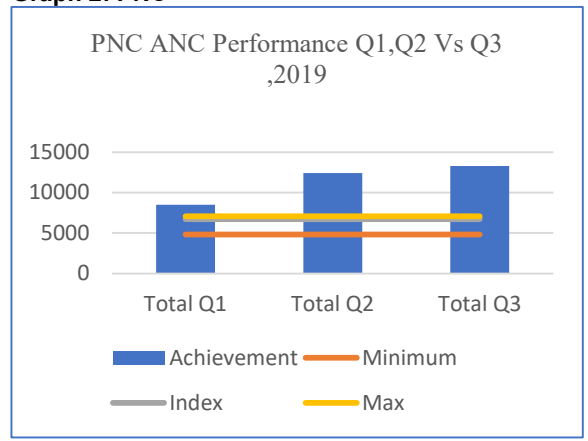
**b. Comparison of quarterly achievements in key indicators**

Below graphs 1-11 present changes in the service counts of key performance indicators over the past three quarters relative to the minimum level, index and cap (or maximum level).

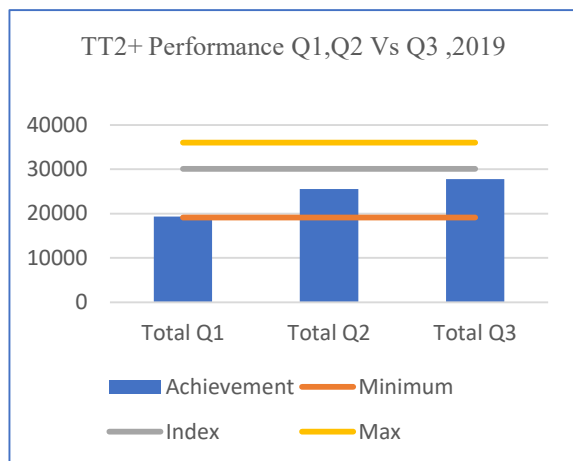
**Graph 1: ANC**



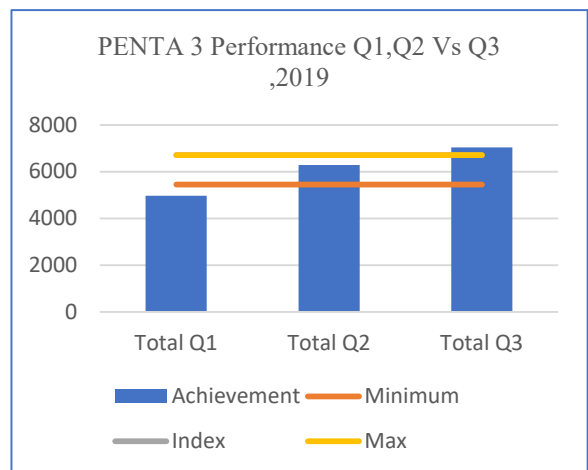
**Graph 2: PNC**



**Graph 3: TT+**

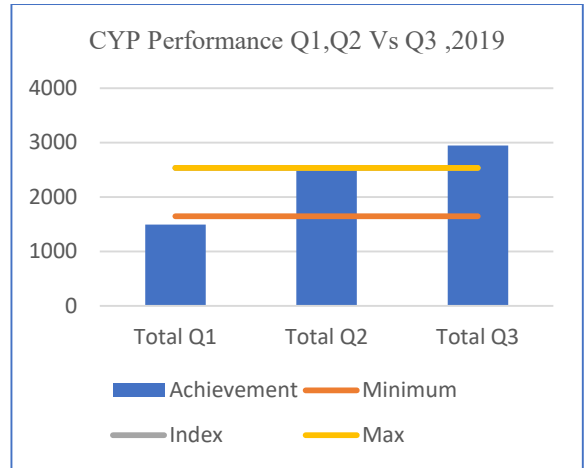
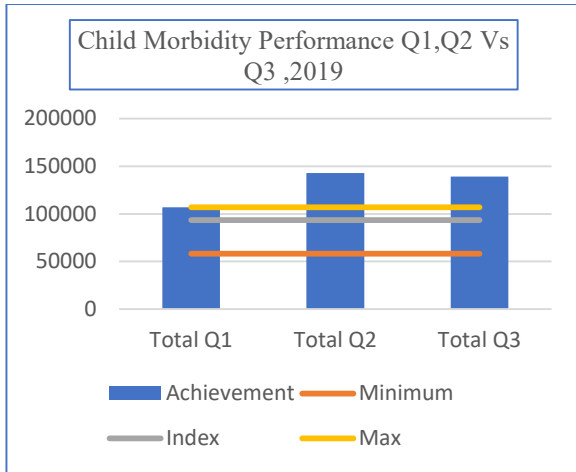


**Graph 4: Penta 3**

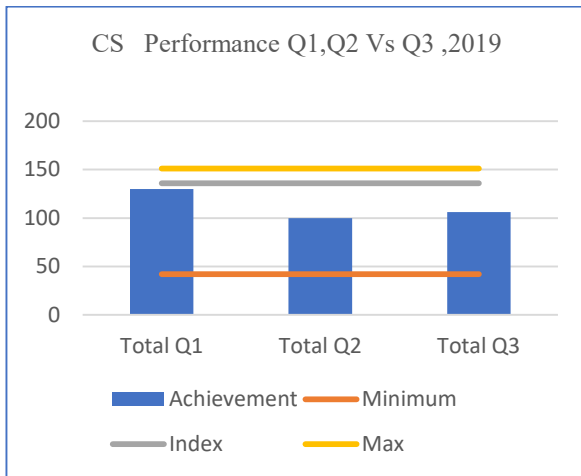


**Graph 5: U5 morbidity**

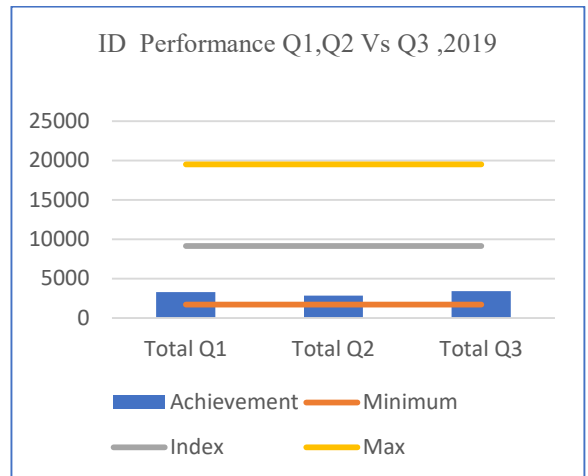
**Graph 6: CYP**



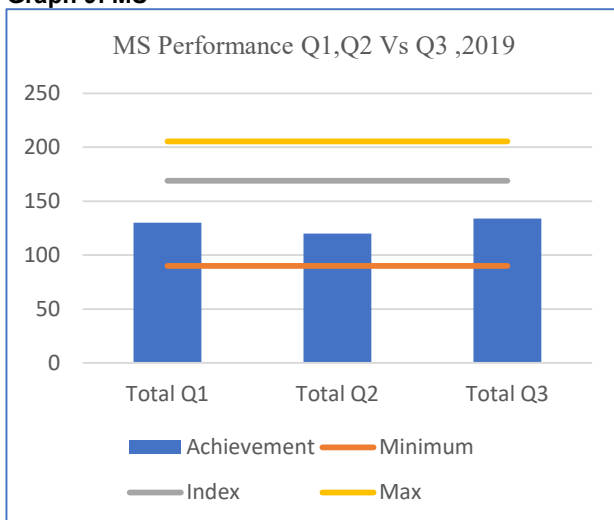
**Graph 7: Caesarean section deliveries**



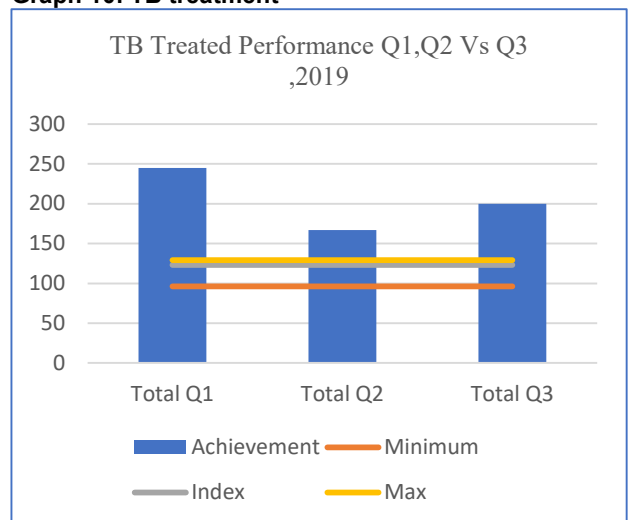
**Graph 8: Institutional deliveries**



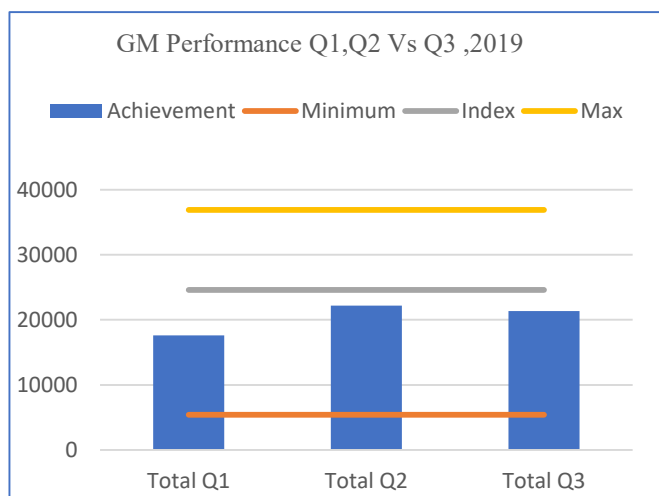
**Graph 9: MS**



**Graph 10: TB treatment**



**Graph 11: GM**



## 2. Analysis of achievements at health facility level

The overall trend of P4P indicators is moving upward over three quarters of observation.

### ANC:

Qala-e-Naw Hospital, Qadis Clinic, Chartaq Clinic, Langar Clinic and Baghis Mobile Team had 33% contribution in quarter two 2019 while Qadis Clinic, Qala-e-Naw Hospital, Zahar Ali Clinic, Chartaq Clinic, Baghis Mobile Team, and Langar Clinic had 41% contribution in 3<sup>rd</sup> Quarter 2019.

The remaining HFs had similar contribution from 0-3% in Quarter two and Quarter three 2019.

### PNC:

Qala-e-Naw Hospital, Qadis Clinic, Langar Clinic, Chartaq Clinic, Dahan-e-Qorto FHH had 50% contribution in quarter two 2019 and Qala-e-Naw Hospital, Qadis Clinic, Langar Clinic, Baghis Mobile Team, Zahar Ali Clinic and Bala Murghab Hospital had 53% contribution and the remaining HF had contribution from 1-3%. Panjab Clinic and Lala Boy Chaman Bed FHH had zero reporting in 3<sup>rd</sup> quarter 2019.

### ID:

Qala-e-Naw Hospital, Qadis Clinic, Chartaq Clinic and Padah Clinic had 83% contribution in Institutional Delivery in the second quarter 2019, in quarter three Qala-e-Naw Hospital, Bala Murghab Hospital, Qadis Clinic, and Chartaq Clinic had 77% contribution.

Bookan SC, Chichal Clinic, Qulqai SC, Khowaja Sorkhyan SC, and Bala Murghab Hospital had zero reporting in Q2, 2019 and Bookan SC and Kundalan SC had zero reporting in Q3 2019.

### TT2+:

Khowaja Yakhdan SC, Kowrich SC, Chakab Clinic, Darah-e-Boom Clinic and Dehestan Clinic had 32% contribution in Q2 2019 and Khowaja Yakhdan SC, Gunbad Kolara SC, Darah-e-Boom Clinic, Chakab Clinic and Dehestan Clinic had 36% contribution in 3<sup>rd</sup> quarter 2019.

### PENTA

Khair Khana Clinic, Khowaja Yakhdan SC, Darah-e-Boom Clinic, Chakab Clinic and Qarcheqi Clinic had 35% contribution similar and 2<sup>nd</sup> and 3<sup>rd</sup> quarter

### GM

Khair Khana Clinic, Muqur Clinic, Khowaja Yakhdan SC, Nahrab FHH, Dehbring Clinic, Lala Boy Chaman Bed FHH, Baghis Mobile Team, Kundalan SC, and Kocha-e-Zard SC had 77% contribution in quarter two and Khair Khana Clinic, Khowaja Yakhdan SC, Dehbring Clinic, Muqur Clinic, Baghis Mobile Team, Chakab Clinic, Dahan-e-Qorto FHH and Saghariha SC had 71% contribution in 3<sup>rd</sup> quarter 2019.

Kowrich SC, Gunbad Kolara SC, Kockchayel SC, Boya SC, Abkamary Clinic, Tori Sheikh SC, Dahna-e-Kocha SC, Takak SC, Panjab Clinic, and Qulqai SC had zero reporting in Q2 and Q3 2019.

### **3. Summary of Monthly Updates**

- Only one HF lack minimum staffing (MW) and the recruitment is under process.
- Number of functioning health facilities. 1-PH, 4CHCs, 19 BHCS, 20PHCs, I-Prison Health, 1-MHT and 3-FHHs are functional
- Unfortunately the Balamurghab DH (as part of contract) closed since 23rd March, DH staff has been deployed into two these two HFs (Surgeon and anesthesia technician in Panerak CHC where surgical services have providing to the people of Balamurghab district), Panerak had space for OT and minimum required surgical services. Another part of DH is established in a school where all other services like OPD, MCH, Lab, Nutrition, CBHC, EPI have been providing in this newly established HF in a school.
- Project Director, Technical Manager and Hospital Director has been hired and start working

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

QoC indicator is not reported during the reporting period.

### **5. Summary findings of HF visits and recommendations**

A team consist of Project Director, Technical Manager, PH Director, Nursing Director of PH, and PPHD team (HMIS Officer of PPHD, PHC Officer and RH Officer) had visit from Qala E Now Provincial Hospital, below are the main findings:

- EPI Defaulter rate is higher in Qala e Now PH, the average defaulter rate per day is 40-50 clients.
- Workload on a vaccinator more than 50 Injection per day on average in Qala e Now PH.
- Tally sheets were blank in some OPDs, especially Male OPD
- TSFP material was stock out in all visited HFs
- The budget was not share with Provincial Director in order to fully utilize the allocated budget.
- QOC indicators were not considered in supervisory visits of both PPHD team and SP's provincial team.
- Some medicine was prescribed from market while alternative is available in Qala e Now PH
- HMIS Officer resigned
- Outreach visits were less compare to HF's outreach plan in visited HFs.

### **6. Summary of performance review meeting**

Quarterly Performance Review meeting was conducted on 3/12/2019. The meeting was chaired by Badghis PPHD. Participants included PHOs, SP's provincial team (Project director, Technical Manager and officers including financial team), UNICEF and WFP representative, PH Director and Head of Gyne, Pediatric, surgical and internal medicine.

Key discussion points are as follows:

- - Contract extension with two staff supported by WFP for the distribution of TSFP material, WFP explain the reason of stock out in Qala E Now PH
  - SOP were presented
  - UNICEF has to take written approval from PPHD and SP in order to implement projects which affect BPHS and EPHS e.g mobile health team
  - Staff who has not submitted Afghanistan Government approved documents should submit their documents till end of next quarter, if they were not able to provide it, action will be taken according MoPH rule and regulation.
  - Joint monitoring visit should be conducted on regular basis, SP will facilitate transportation to PPHD team. UNICEF and WFP were also requested to join the team where possible, e.g Provincial hospital.
  - QoC indicator, the PHO were oriented to collect information on QoC indicator along with other monitoring tools they are using till now e.g NMC.





**Medical Management & Research Courses For Afghanistan  
Badghis Sehatmandi /EPHS and BPHS project  
Performance Improvement Plan/PIP  
December 2019**

SN	Points for Improvement/Findings	Justification and Action Needed	Responsible	Deadline	Follow up Updates
1	Staff salary Payment: Salary of staff is paid till end of October, and payroll of November has been submitted to Bank for transfer.	All staff salaries paid until the end of November 2019	MMRCA Finance / Project Director	Done	
2	EPI Defaulter rate is higher in Qala-e- Now PH	One vaccinator is provided with top up cards for the follow up of defaulter, in addition 3 <sup>rd</sup> vaccinator hired to improve the EPI activities	PD , PH Manager	Done	
3	Load on vaccinator more than 50 Injection per day	3 <sup>rd</sup> vaccinator hired and is under EPI initial training in MMRCA Provincial Office. The trainer is invited from REMT Hirat Office to conduct training	PD , EPI Supervisor and PH Manager	Vaccinator Hired and the training is started on 28 <sup>th</sup> December 2019	
4	Tally sheet were blank	MDs will be re-oriented about the importance of tally sheets and commitment letters will be taken from them to fill the tally sheets in the future	PH Manager	1 <sup>st</sup> week of January 2020	
5	GM/IYCF, CS TB detection and TT2+ is moving downward	This issue will be raised in coordination meeting. Supervisors will closely work with HF's staff to improve performance. Frequency of supervisions will be	PH Manager, Technical Manager and Supervisors	Regular effective 1 <sup>st</sup> January 2020	

		increased. Supportive supervision and on the job training will be conducted.			
6	TSFP material was stock out	These are supplying by WFP Hirat and were stock out in WFP warehouse, quantity of new contract has supplied by WFP to four districts will be followed regularly in the future to avoid stock out in HFs	TSFP Supervisor and Project Director	Regular effective 1 <sup>st</sup> January 2020	
7	EPHS director has no budget	Quarterly operational budget will be shared with PH manager.	MMRCA finance Manager	Done and continue	
8	QOC indicators were not considered in supervisor	Supervisors will be re-enforced to also focus on quality indicators in addition to key performance indicators. Proper orientation of staff regarding P4P Checklist for data verification to address and specify the data accuracy and consistency will be applied through M &E team at HFs and community levels, also supportive supervision will be improved	PD , PH Manager and Technical Manager	Regular effective 1 <sup>st</sup> January 2020	
9	Some medicine was prescribed from market while alternative is available in PH	All doctors will be advised not to prescribe medicine from market if available in PH stock. Supportive supervision , RUD and NSTG on the job trainings will be provided to MDs	PH Manager	1 <sup>st</sup> January 2020	
10	HMIS Officer resigned	The announcement was made in ACBAR, candidates called for interview but only one person appeared who was not qualified, 2 <sup>nd</sup> announcements will be made if the rest of shortlisted candidates not appeared for written test and interview	MMRCA MO HR	Continue efforts to fill the gap as soon as possible	
11	Outreach should be improved	EPI supervisor will be advised to enforce vaccinators to improve outreach. Supportive supervision will perform. On the job training will be conducted. More focus will be made on outreach activities to improve EPI performance. Realistic mobile and outreach plans will be developed and shared with each HF.	EPI supervisor, Technical Manager and PH Manager	1 <sup>st</sup> January and continued activity	

