



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

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

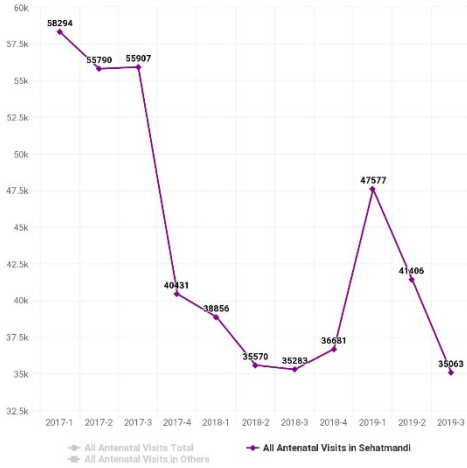
Service Provider: Bakhtar Development Network (BDN)
Reported by Dr. Zabihullah Mehrwarz
Telephone number +93 (0)700 055 948
Email address Mehrwarz.pmo@gmail.com

1. Achievements in P4P indicators and other key indicators

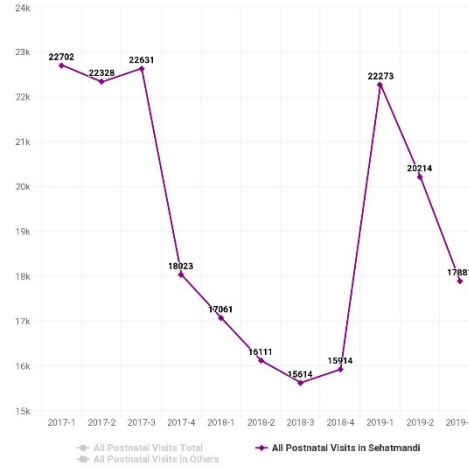
a. Trend lines of key indicators

Below graphs 1-14 present changes in the service counts of key performance indicators between the 1st quarter of 2017 and the 3rd quarter of 2019.

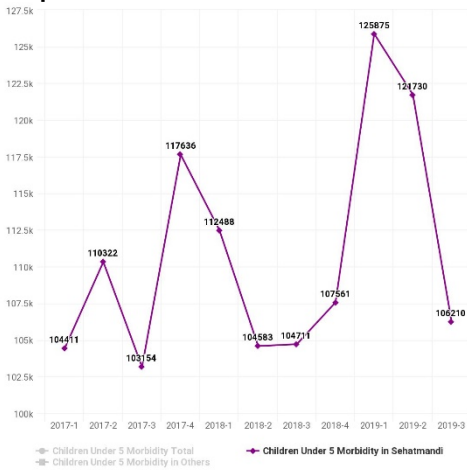
Graph 1: ANC



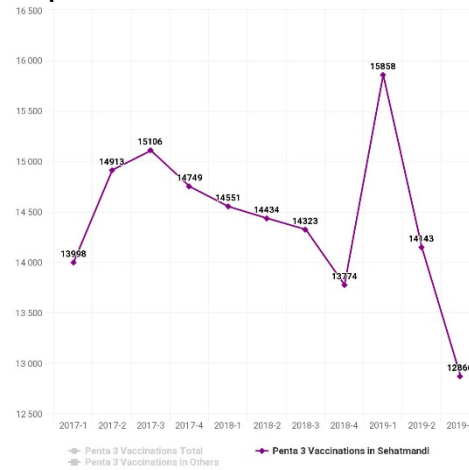
Graph 2: PNC



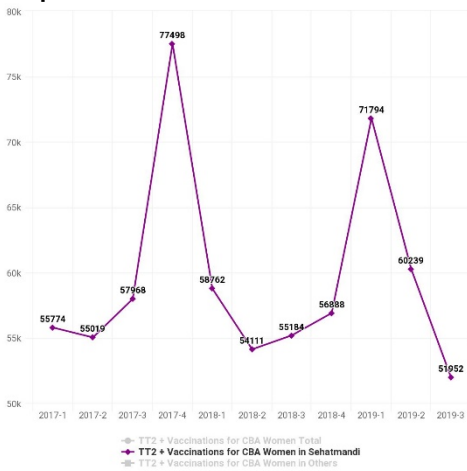
Graph 3: U5 OPD



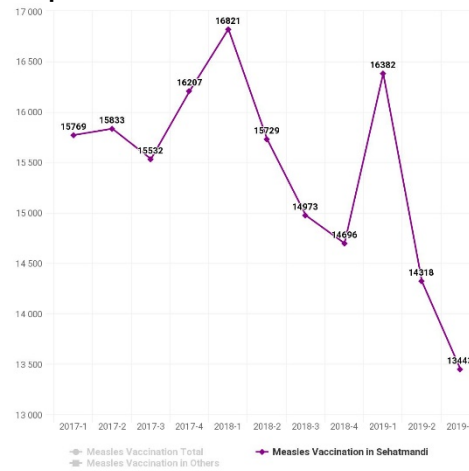
Graph 4: Penta 3



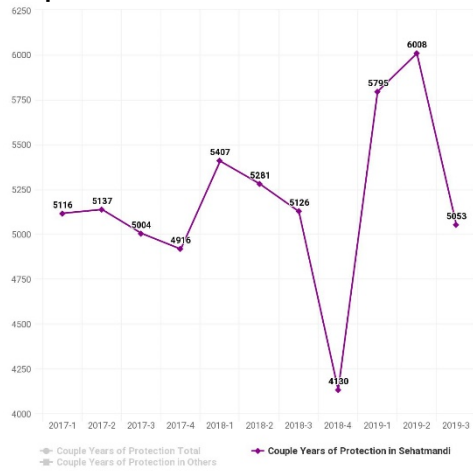
Graph 5: TT2+



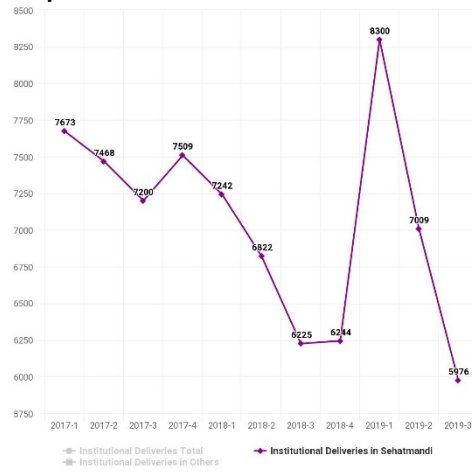
Graph 6: Measles



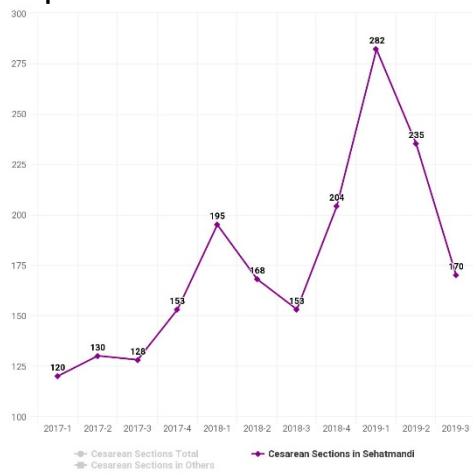
Graph 7: CYP



Graph 8: Institutional deliveries

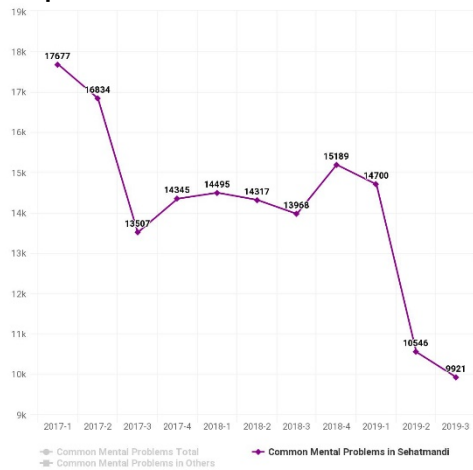


Graph 9: Caesarean section deliveries

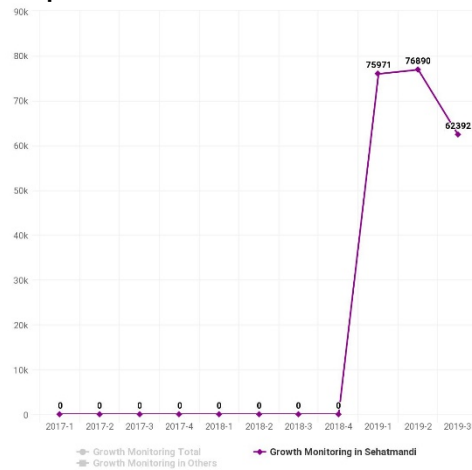


Graph 10: Major surgeries
NA

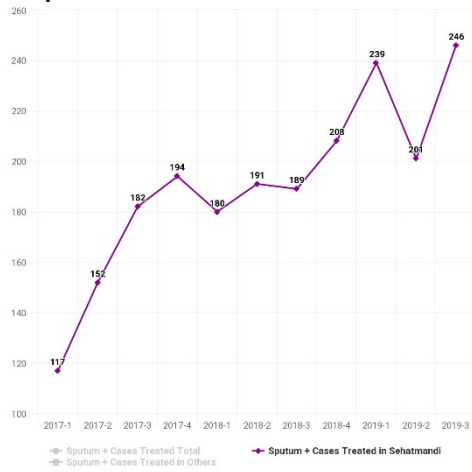
Graph 11: Mental health



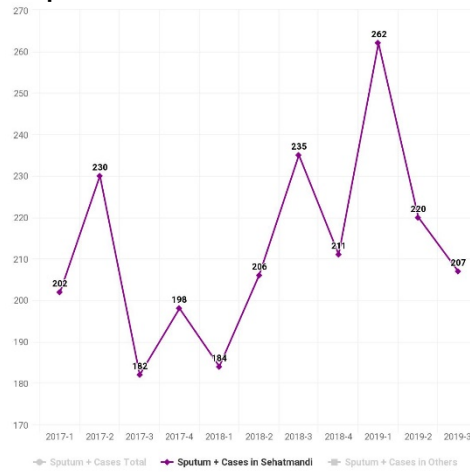
Graph 12: GM/IYCF



Graph 13: TB treatment



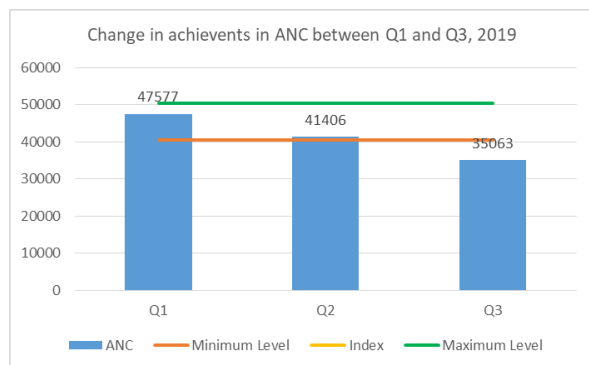
Graph 14: TB detection



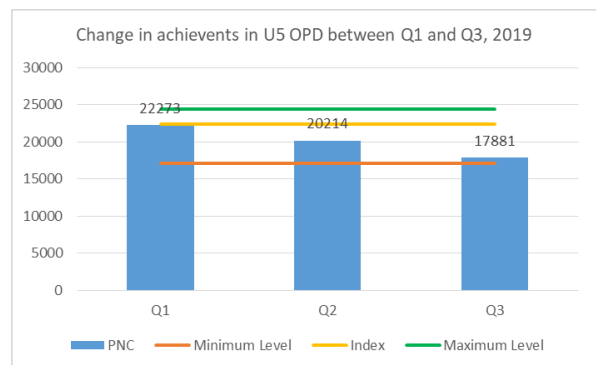
b. Comparison of quarterly achievements in key indicators

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).

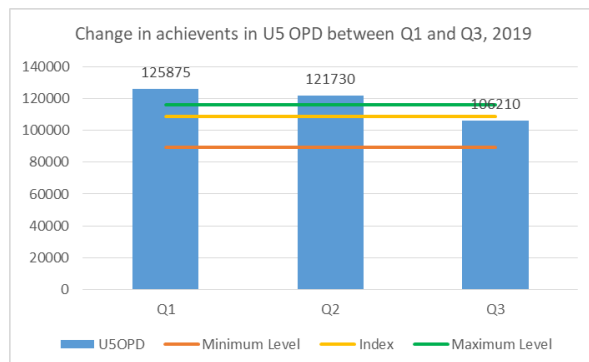
Graph 1: ANC



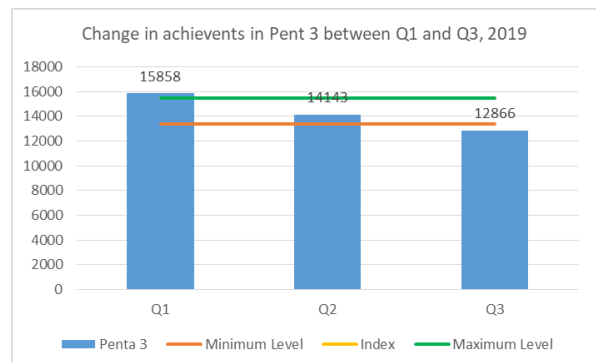
Graph 2: PNC



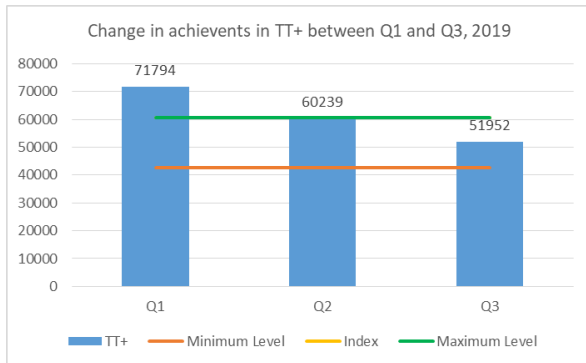
Graph 3: U5 OPD



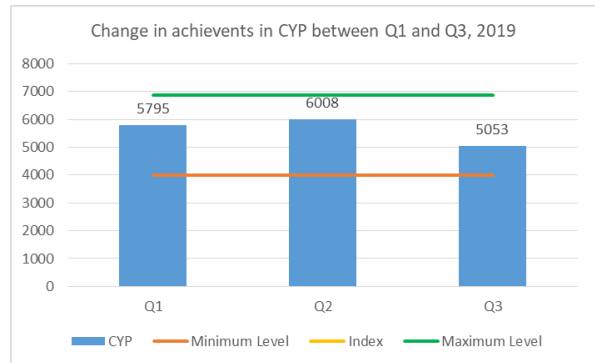
Graph 4: Penta 3



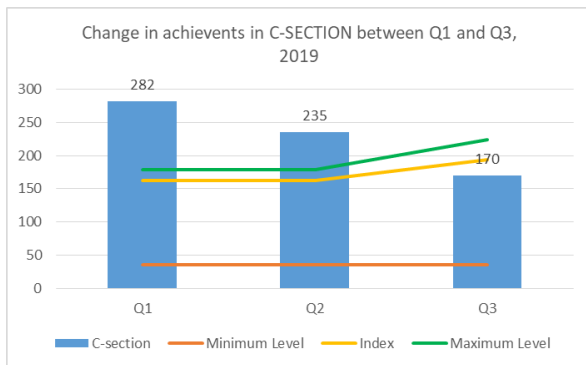
Graph 5: TT2+



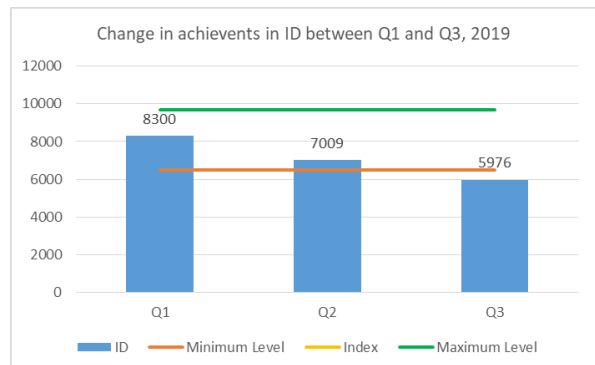
Graph 6: CYP



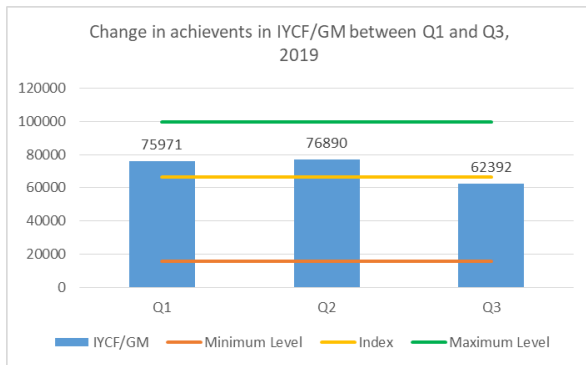
Graph 7: Caesarean section deliveries



Graph 8: Institutional deliveries

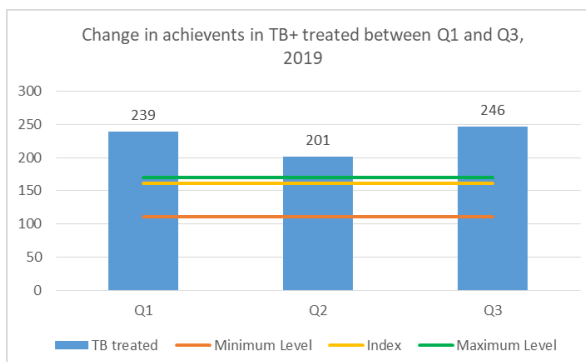


Graph 9: GM/IYCF



Graph 10: Major surgeries : NA

Graph 11: TB treatment



2. Analysis of achievements at health facility level:

This section analyzes the achievements in p4p indicators by type of health facilities.

Chart 1 shows % share of achievement in P4P indicators in Q3 by type of HFs. Key findings include:

- TB+ cases are reported in DHs, CHCs and about 15 cases were reported in BHCs.
- All Caesarean section deliveries were provided in DHs and 3CHC+ in Balkh Province.

Table 1 presents comparison of %share of achievements in P4P indicators between Q2 and Q3, 2019 by type of health facility. Key findings include:

- In both Quarters (Q2 and Q3) C-section services were provided in DHs and CHCs+and also C-section achievement increased in Q2 from 79.6% to 85.3% in Q3.
- In Q3 ID service in DHs shared 23% of total achievements, while the share was 32% in Q2. The cases decreased by 10% in 3rdQuarter.

Table 2-5 present %share in P4p indicators in Q3, 2019 by specific health facility. Key findings include:

- Table 2 shows that in C-section. Shugareh, Dehdadi and Kholm DHs have done about 71% of all C-Sections and SP should focus more on capacity and performance of Balkh and Dawaltabad DHs.
- In table 3, while Aaqkupruk, Qazaq Zari and Hairatan, Aaqkupruk and Qazaq Zari clinics in C-section were between 6 and 9% of the total of Q3 achievements, Hairatan CHC+ reported no case of C-section.
- Table 2 shows that Balkh DH performance in CYP in Q3 was about 24% whereas the rest of DHs (four DHs) performed between 1 and 9%. SP should focus and investigate more on performance of Dawlabad, Shulgareh, Dehdadi and Khulm District Hospitals.

Chart 1: % share of achievement in P4P indicators in Q3 by type of HFs.

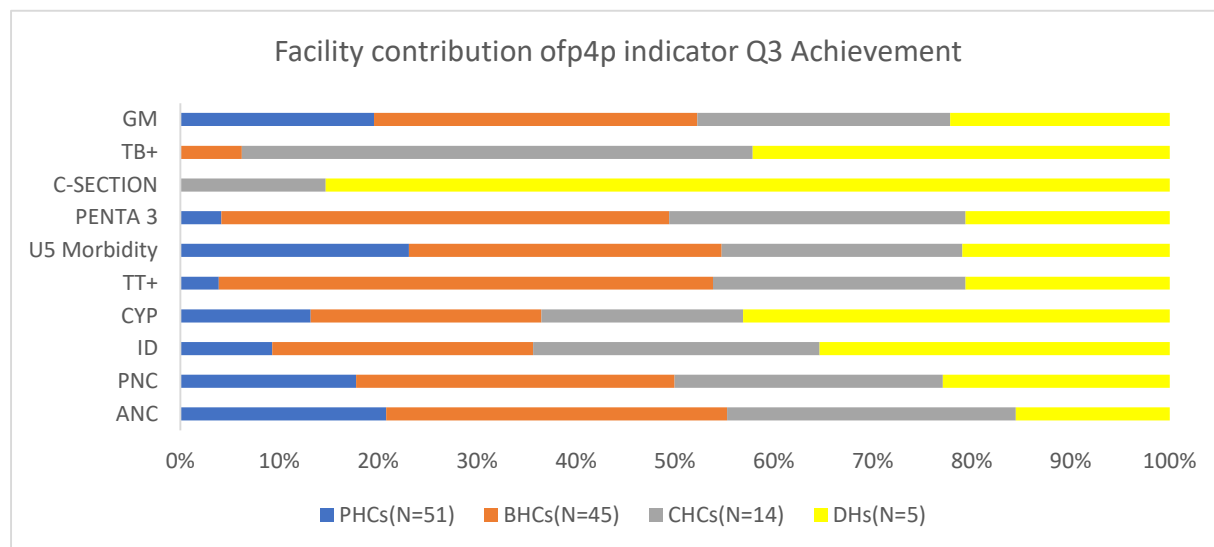


Table 1: Comparison of %share of achievements in P4P indicators between Q2 and Q3, 2019 by types of health facility (excluding prison Health clinic).

Balkh	PHCs(N=51)		BHCs(N=45)		CHCs(N=14)		DHs(N=5)	
	Q2	Q3	Q2	Q3	Q2	Q3	Q2	Q3
ANC	20.7%	20.8%	33.5%	34.5%	29.3%	29.2%	16.5%	15.6%
PNC	18.4%	17.8%	32.0%	32.2%	27.4%	27.1%	22.1%	22.9%
ID	14.0%	17.8%	26.9%	32.2%	27.4%	27.1%	31.8%	22.9%
CYP	12.7%	13.3%	21.0%	23.5%	22.0%	20.6%	44.3%	43.5%
TT+	4.5%	3.9%	47.7%	50.0%	27.1%	25.5%	20.8%	20.6%
U5 Morbidity	22.7%	23.1%	31.7%	31.6%	24.7%	23.9%	20.9%	20.9%
PENTA 3	4.1%	4.2%	44.2%	45.2%	31.8%	30.0%	19.9%	20.6%
C-SECTION	0.0%	0.0%	0.0%	0.0%	20.4%	14.7%	79.6%	85.3%
TB+	0.0%	0.0%	6.5%	6.1%	56.7%	50.8%	35.8%	41.5%
GM	18.6%	19.6%	32.5%	32.7%	25.3%	25.6%	23.6%	22.2%

Table 2: shows %share of DHs in 3rd Quarter Performance.

%share of DHs in 3rd Quarter performance	ANC	PNC	ID	CYP	TT+	U5 OPD	Penta 3	TB treated	GM/IYCF	C-Sectionn
Dawlatabad Hospital	2.7%	1.6%	3.5%	1.2%	2.9%	2.6%	2.9%	5.7%	2.9%	5.3%
Shulgareh Hospital	5.0%	7.2%	7.3%	8.8%	5.3%	4.2%	3.9%	11.4%	4.0%	18.8%
Dehdadi Hospital	2.7%	4.2%	8.2%	5.2%	2.4%	5.4%	3.0%	5.7%	7.7%	25.9%
Kholm Hospital	2.0%	3.2%	6.6%	4.5%	4.9%	4.8%	4.8%	4.5%	3.5%	27.1%
Balkh Hospital	3.3%	6.7%	8.3%	23.8%	5.0%	3.9%	6.0%	14.2%	4.0%	8.2%

Table 3: shows %share of CHCs in 3rd Quarter performance.

%share of CHCs in 3rd Quarter performance	ANC	PNC	ID	CYP	TT+	U5 OPD	Penta 3	TB treated	GM/IYCF	C-Sectionn
Noor Khoda Clinic	2.17%	2.12%	2.0%	2.5%	3.9%	1.9%	5.5%	12.2%	2.9%	0.0%
Bozarigh Clinic	2.8%	1.1%	1.4%	1.5%	1.9%	1.7%	1.3%	4.1%	2.5%	0.0%
Aaqqupruk Clinic	3.7%	4.5%	2.9%	1.1%	1.8%	2.0%	2.2%	3.3%	1.2%	8.8%
Shar Shar Clinic	1.4%	0.8%	0.9%	0.9%	1.7%	1.0%	0.9%	2.4%	0.5%	0.0%
Yangi Qalah (Chemtaal) Clinic	0.4%	0.5%	0.4%	0.5%	0.5%	0.7%	0.7%	1.2%	0.3%	0.0%
Hairatan Clinic	3.4%	3.6%	3.8%	2.0%	0.9%	2.3%	1.3%	3.3%	1.9%	0.0%
Zabihullah Shaheed Clinic	0.5%	0.8%	0.6%	0.6%	0.9%	0.6%	0.9%	0.0%	1.1%	0.0%
Chahar Bolak Clinic	2.3%	2.2%	2.2%	1.9%	2.1%	2.1%	2.0%	5.7%	2.5%	0.0%
Shirabad Clinic	2.7%	2.2%	4.0%	1.8%	2.0%	1.6%	3.9%	2.0%	2.7%	0.0%
Langer Khana Clinic	2.5%	2.6%	2.6%	2.8%	2.1%	2.3%	3.4%	2.0%	2.4%	0.0%
Wazirabad Clinic	1.4%	1.7%	1.9%	0.8%	2.2%	1.5%	2.4%	2.0%	1.7%	0.0%
Alam Kheil Clinic	1.2%	0.2%	0.5%	0.6%	1.1%	1.2%	1.6%	2.4%	1.0%	0.0%
Qazaq Zari Clinic	1.0%	1.0%	1.6%	0.7%	0.9%	1.9%	1.1%	3.7%	1.7%	5.9%
Qaraghojla Clinic	1.7%	2.4%	1.3%	2.1%	1.1%	2.1%	0.7%	2.4%	1.3%	0.0%
Chaqqaq Clinic	2.0%	1.4%	1.7%	0.9%	2.5%	1.4%	2.0%	4.1%	1.9%	0.0%

Table 4: shows %share of BHCs in 3rd Quarter Performance.

%share of BHCs in 3rd Quarter performance	ANC	PNC	ID	CYP	TT+	US OPD	Penta 3	TB treated	GM/IYCF	C-Sectionn
Ali Chopan Clinic	0.8%	0.4%	0.6%	1.2%	1.8%	0.8%	2.5%	0.0%	1.7%	0.0%
Joy Wakil Clinic	1.0%	0.9%	0.9%	0.6%	1.0%	0.8%	0.9%	0.4%	0.8%	0.0%
Aqtapa Clinic	1.0%	1.0%	1.2%	1.1%	0.9%	0.9%	1.2%	0.0%	1.4%	0.0%
Dalan Clinic	0.4%	0.4%	0.3%	0.1%	0.6%	0.3%	0.5%	0.0%	0.3%	0.0%
Keshendeh Bala Clinic	0.9%	0.9%	0.2%	0.3%	1.2%	0.5%	1.1%	0.0%	0.0%	0.0%
Kaldar Clinic	1.2%	0.9%	1.0%	0.4%	0.8%	0.7%	0.8%	0.8%	0.8%	0.0%
Qurghan Clinic	1.0%	1.0%	0.8%	1.0%	1.2%	0.8%	1.1%	0.0%	1.1%	0.0%
Bagh-e-Pahlawan Clinic	1.0%	1.2%	0.8%	0.8%	1.4%	0.7%	1.2%	0.0%	1.0%	0.0%
Chahi Clinic	0.9%	0.9%	1.0%	0.8%	2.1%	0.9%	1.8%	4.9%	1.2%	0.0%
Ahmad Abad Clinic	0.8%	0.3%	0.7%	0.2%	0.4%	1.2%	1.3%	0.0%	0.7%	0.0%
Paikandara Cilinic	0.7%	0.5%	0.6%	0.3%	1.1%	0.6%	1.0%	0.0%	0.4%	0.0%
Diwali Maidan Clinic	0.5%	0.5%	0.4%	0.2%	0.8%	0.4%	0.7%	0.0%	0.9%	0.0%
Colombo Clinic	0.2%	0.1%	0.1%	0.1%	1.8%	0.5%	1.1%	0.0%	0.0%	0.0%
Haji Ali Clinic	0.6%	0.6%	0.2%	0.3%	1.2%	0.6%	0.8%	0.0%	0.7%	0.0%
Mashi wa Nigari Clinic	0.6%	0.7%	0.6%	0.7%	1.2%	1.2%	1.1%	0.0%	0.9%	0.0%
Qarye-e-Ghaach Clinic	0.6%	0.6%	0.5%	0.5%	0.8%	0.6%	0.6%	0.0%	0.5%	0.0%
Sarhang Clinic	0.9%	0.7%	0.5%	0.4%	1.3%	0.9%	1.0%	0.0%	1.1%	0.0%
Pul-e-Barq Clinic	0.6%	0.5%	0.3%	0.3%	1.8%	0.8%	1.0%	0.0%	0.7%	0.0%
Shahrak Clinic	0.8%	0.5%	0.8%	0.3%	1.7%	0.6%	1.5%	0.0%	0.7%	0.0%
Qarshegak Clinic	1.1%	1.1%	1.1%	0.7%	1.2%	1.1%	1.2%	0.0%	1.0%	0.0%
Pashma Qalah Clinic	0.7%	0.8%	0.5%	0.2%	1.0%	0.8%	0.8%	0.0%	0.7%	0.0%
Ishan Uraq Clinic	0.8%	1.3%	1.0%	0.9%	1.7%	0.7%	1.1%	0.0%	1.0%	0.0%
Gaza Clinic	0.9%	1.0%	0.7%	0.8%	1.3%	0.6%	1.3%	0.0%	0.7%	0.0%
Quchi Clinic	0.1%	0.0%	0.0%	0.0%	0.5%	0.4%	0.3%	0.0%	0.0%	0.0%
Amrakh Clinic	1.1%	0.9%	1.1%	0.6%	2.0%	0.6%	0.9%	0.0%	1.1%	0.0%
Kushkak Clinic	0.9%	0.6%	0.5%	0.6%	1.2%	0.9%	1.3%	0.0%	0.9%	0.0%
Arab Mazari Clinic	1.0%	0.9%	0.6%	0.9%	0.9%	0.9%	1.2%	0.0%	0.8%	0.0%
Ali Abad Clinic	1.0%	0.8%	0.8%	1.0%	1.2%	0.8%	1.6%	0.0%	1.2%	0.0%
Ailaq Clinic	1.1%	1.0%	0.2%	0.6%	0.4%	0.7%	0.2%	0.0%	0.4%	0.0%
Khowaja Sekandar Clinic	0.9%	0.8%	0.3%	0.5%	1.0%	1.2%	0.9%	0.0%	1.1%	0.0%
Deh Hassan SC	0.6%	1.1%	0.4%	0.2%	1.0%	0.9%	1.0%	0.0%	1.0%	0.0%
Daali Clinic	1.0%	1.0%	1.0%	0.6%	1.6%	0.7%	1.1%	0.0%	0.5%	0.0%
Tonj Clinic	0.8%	0.8%	1.0%	0.2%	1.4%	0.6%	1.2%	0.0%	1.0%	0.0%
Morghzar Clinic	0.9%	0.9%	0.7%	0.4%	1.0%	0.6%	0.7%	0.0%	1.0%	0.0%
Choba Clinic	1.4%	1.6%	0.2%	1.2%	0.7%	0.7%	1.0%	0.0%	0.6%	0.0%
Kamp-e-Sakhi SC	0.9%	0.7%	1.0%	1.1%	0.9%	1.0%	1.6%	0.0%	1.1%	0.0%
Baloch Haye Kalan Clinic	0.4%	0.5%	0.5%	0.2%	0.7%	0.4%	0.2%	0.0%	0.3%	0.0%
Barmazid Clinic	0.5%	0.3%	0.3%	0.4%	0.6%	0.6%	0.5%	0.0%	0.6%	0.0%
Chakana Bala Clinic	1.0%	0.9%	0.8%	0.8%	0.9%	0.5%	1.0%	0.0%	0.3%	0.0%
Chali Kheil Clinic	0.9%	1.1%	0.5%	0.8%	1.5%	0.6%	1.7%	0.0%	0.0%	0.0%
Eghaan Clinic	0.1%	0.0%	0.1%	0.1%	1.1%	0.5%	1.1%	0.0%	0.0%	0.0%
Khaasapaz Clinic	1.0%	1.0%	0.6%	1.0%	1.9%	1.2%	1.0%	0.0%	1.1%	0.0%
Mirzayi Clinic	0.2%	0.1%	0.2%	0.1%	0.3%	0.5%	0.3%	0.0%	0.4%	0.0%
Naw Shahr Clinic	0.4%	0.5%	0.0%	0.2%	0.8%	0.5%	0.8%	0.0%	1.3%	0.0%

Table 5: shows %share of Health Sub-Centers in 3rd Performance.

%share of PHCs in 3rd Quarter performance	ANC	PNC	ID	CYP	TT+	U5 OPD	Penta 3	TB treated	GM/IYCF	C-Sectionn
Logariha Clinic	0.3%	0.3%	0.0%	0.2%	0.0%	0.3%	0.0%	0.0%	0.2%	0.0%
Siah gerd SC	0.4%	0.4%	0.2%	0.3%	0.0%	0.6%	0.0%	0.0%	0.6%	0.0%
Shadian SC	0.2%	0.2%	0.1%	0.1%	0.2%	0.2%	0.3%	0.0%	0.3%	0.0%
Shor Bulaq SC	1.1%	0.4%	0.3%	0.2%	0.8%	0.3%	0.4%	0.0%	0.0%	0.0%
Tandurak SC	0.4%	0.4%	0.4%	0.4%	0.0%	0.3%	0.0%	0.0%	0.3%	0.0%
Dalbarjin SC	0.3%	0.3%	0.3%	0.3%	0.0%	0.5%	0.0%	0.0%	0.4%	0.0%
Qultaq SC	0.5%	0.4%	0.2%	0.1%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%
Surkh Gunbad SC	0.4%	0.3%	0.3%	0.1%	0.0%	0.4%	0.0%	0.0%	0.3%	0.0%
Qoland SC	0.3%	0.3%	0.4%	0.4%	0.0%	0.4%	0.0%	0.0%	0.5%	0.0%
Bodana Qalah SC	0.5%	0.4%	0.4%	0.4%	0.0%	0.5%	0.0%	0.0%	0.9%	0.0%
Kata Qonesh SC	0.3%	0.2%	0.1%	0.2%	0.0%	0.4%	0.0%	0.0%	0.1%	0.0%
Kandali SC	0.4%	0.2%	0.1%	0.1%	0.0%	0.5%	0.0%	0.0%	0.4%	0.0%
Besh Darah SC	0.6%	0.7%	0.3%	0.4%	0.0%	0.4%	0.0%	0.0%	0.3%	0.0%
Macheldi SC	0.8%	0.7%	0.5%	0.3%	0.7%	0.5%	0.7%	0.0%	0.5%	0.0%
Bargah SC	0.4%	0.2%	0.4%	0.2%	0.0%	0.7%	0.0%	0.0%	0.5%	0.0%
Deh Naw Kokabad SC	0.5%	0.5%	0.1%	0.4%	0.1%	1.1%	1.1%	0.0%	0.5%	0.0%
Kohna Kaldar SC	0.3%	0.2%	0.1%	0.1%	0.0%	0.3%	0.0%	0.0%	0.5%	0.0%
Uljato SC	0.3%	0.4%	0.1%	0.0%	0.0%	0.5%	0.0%	0.0%	0.4%	0.0%
Kariz SC	0.5%	0.3%	0.2%	0.2%	0.3%	0.4%	0.3%	0.0%	0.7%	0.0%
Arghon SC	0.2%	0.1%	0.0%	0.3%	0.0%	0.2%	0.0%	0.0%	0.3%	0.0%
Abdulgan SC	0.0%	0.0%	0.0%	0.0%	0.7%	0.4%	0.5%	0.0%	0.0%	0.0%
Choqurak SC	0.2%	0.3%	0.4%	0.2%	0.0%	0.4%	0.0%	0.0%	0.3%	0.0%
Pasta SC	0.7%	0.3%	0.4%	0.3%	0.0%	0.4%	0.0%	0.0%	0.2%	0.0%
Keshendeh Payan SC	0.4%	0.3%	0.3%	0.3%	0.0%	0.4%	0.0%	0.0%	0.4%	0.0%
Alaika SC	0.2%	0.3%	0.3%	0.4%	0.5%	0.3%	0.4%	0.0%	0.4%	0.0%
Khoja Mohammad Salama SC	0.9%	0.7%	0.1%	0.2%	0.0%	0.4%	0.0%	0.0%	0.3%	0.0%
Ziqowat SC	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
Qara Bay SC	0.4%	0.5%	0.2%	0.1%	0.0%	0.3%	0.0%	0.0%	0.2%	0.0%
Islam Penjah SC	0.5%	0.4%	0.4%	0.3%	0.0%	0.3%	0.0%	0.0%	0.4%	0.0%
Baizaa SC	0.8%	0.7%	0.5%	0.7%	0.0%	0.7%	0.0%	0.0%	0.8%	0.0%
Rahmat Abad (Chahar Bolak) SC	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%	0.0%
Shakh-e-Moghilan SC	0.4%	0.4%	0.4%	0.4%	0.0%	0.5%	0.0%	0.0%	0.5%	0.0%
Poshte Gardana SC	0.4%	0.4%	0.2%	0.2%	0.0%	0.4%	0.0%	0.0%	0.4%	0.0%
Sorkh Kocha SC	0.4%	0.6%	0.4%	0.2%	0.0%	0.4%	0.0%	0.0%	0.3%	0.0%
Chahar Mahala SC	0.2%	0.2%	0.1%	0.1%	0.0%	0.4%	0.0%	0.0%	0.2%	0.0%
Sad Mish SC	0.5%	0.6%	0.4%	0.4%	0.0%	0.5%	0.0%	0.0%	0.6%	0.0%
Aghar Saay SC	0.2%	0.3%	0.3%	0.3%	0.0%	0.3%	0.0%	0.0%	0.4%	0.0%
Borya Baaf SC	0.4%	0.5%	0.3%	0.4%	0.0%	0.5%	0.0%	0.0%	0.5%	0.0%
Hayatan SC	0.5%	0.5%	0.2%	0.3%	0.0%	0.8%	0.0%	0.0%	0.6%	0.0%
Chahar Awleya SC	0.4%	0.1%	0.4%	0.0%	0.5%	0.3%	0.4%	0.0%	0.1%	0.0%
Dahan-e-Darah SC	0.2%	0.1%	0.1%	0.0%	0.0%	0.9%	0.0%	0.0%	0.7%	0.0%
Jamak SC	0.4%	0.5%	0.4%	0.2%	0.0%	0.2%	0.0%	0.0%	0.1%	0.0%
Nanbayi SC	0.2%	0.1%	0.1%	0.2%	0.0%	0.5%	0.0%	0.0%	0.4%	0.0%
Qorbaqa Khana SC	0.5%	0.6%	0.5%	0.6%	0.0%	0.7%	0.0%	0.0%	0.6%	0.0%
Rahmat Abad SC	0.5%	0.5%	0.5%	0.3%	0.0%	0.5%	0.0%	0.0%	0.6%	0.0%
Salar Tapa SC	0.4%	0.4%	0.3%	0.2%	0.0%	0.8%	0.0%	0.0%	0.6%	0.0%
Sar-e-Bast SC	0.9%	0.5%	0.5%	0.5%	0.0%	0.4%	0.0%	0.0%	0.4%	0.0%
Sya Aab-e-Toghanchi SC	0.2%	0.2%	0.1%	0.1%	0.0%	0.4%	0.0%	0.0%	0.3%	0.0%
Chochola SC	0.4%	0.4%	0.5%	0.2%	0.0%	0.3%	0.0%	0.0%	0.6%	0.0%
Qazel Qudoq SC	0.5%	0.4%	0.5%	0.4%	0.0%	0.4%	0.0%	0.0%	0.6%	0.0%
Sayad SC	0.2%	0.1%	0.0%	0.1%	0.0%	0.6%	0.0%	0.0%	0.3%	0.0%

3. Summary of Monthly Updates

- Most of the time, local politicians provide support to the program, but they often try to intervene and interrupt the recruitment process of health facility staff.
- Insecurity status in Chimal, Kishendah, DawlatAbad, Charbulak, Balkh and Shortepa districts got serious¹. active battle between Gov and AGEs caused that a few client come the HFs and sometime HFs were closed and damaged. recently one of the HF in Chemtal District named Yangi Qala CHC was shut down for few days due to clashes the HFs and health workers were safe.as the result of insecurity in area Service provider faced to challenges of providing health service to targeted population and HFs could not achieved their targets.
- Insecurity status in Chimal, Kishendah, Dawlat Abad, Charbulak, Balkh and Shortepa districts, recently Shulgareh and Nahreshahee district are serious². Interruption in service delivery happened, there wasn't client as most people from targeted health facility moved to a secure area. Some HFs (Shahrak BHC, Aqtepa, Merzai and Arab Mazari) have been damaged due the conflict and the window glasses of buildings were broken.
- Provision of health services during night shift was suspended due to presence of Police Check Post in Dowlat abad DH compound³.

4. Performance in Quality of Care indicators: Not Available

5. Summary of discussion in the Quarterly Performance Review :

Third Quarter performance review meeting was held in Balkh PPHD conference hall on Nov, 21.2019.chaired by Balkh PHC officer in presence of representative of PMO, GCMU, central and provincial management team of BDN and PHOs.the participants reviewed work plan of SP, P4P achievements in three Quarter of Sehatmandi project, the trends of P4P indicators since 2017, progress of quarterly PIP and challenges and shortcomings based on Health facilities visits by the team. Performance Improvement Plan (PIP) jointly prepared to address the gaps and challenges for further improvement of achievements for next quarter.



¹ Saratan monthly updates

² Asad monthly updates

³ Sobula monthly updates

Annex 1: Detailed Mission Report

Provincial office findings:

Strength points:

- ✓ All HFs are functional as per the plan
- ✓ Key staff are available in the project site
- ✓ Approved work plan was available in the provincial office and reviewed jointly with PHO during the quarterly review meeting
- ✓ Update Winterization plan was available and winterization supply was in progress
- ✓ Joint monitoring plan from the HFs with PHO was available and mostly implemented
- ✓ Internal data verification system was in place and well documented
- ✓ HMIS written feedbacks provided to the HF
- ✓ Update list of vacant position for both provincial office and Health Facility staff was available and the positions were announced, recruitment committee for both provincial office and Health Facility staff was available including representative of PHO for the HFs staff
- ✓ Availability of one focal person for each BPHS component except mental health supervisor was missing
- ✓ Availability of at least one EPI supervisor for maximum 20 HFs
- ✓ Availability of at least one EPI supervisor for maximum 50 HFs
- ✓ TNA was conducted and the training plan exist, in the last quarter 8 out of 16 trainings for the different staff categories were conducted by the implementer and the rest were conducted by others
- ✓ Stock for pharmaceuticals and medical equipment furnished and has proper conditions with proper, proper stocking system for pharmaceuticals and non-pharmaceuticals existed and maintained
- ✓ NGOs paid the salary of HFs staff last completed month
- ✓ NGO paid risk allowance to the eligible staff
- ✓ Separate Cash Room designated as the Cashier's Office was in place
- ✓ Implementer NGO provided authorization for 500,000 AFN/ invoices
- ✓ Complete inventory of all vehicles including motorbike by the Project was exist.
- ✓ All Vehicles have complete and valid documentation License.

Areas for improvement:

- ✓ Implementer NGO did not identify white areas at project catchments area, however there was a plan for improvement of underperformed HFs through outreach program
- ✓ Outreach immunization services were not provided in the some of the catchment areas due to threat from antigovernment group
- ✓ However, Joint monitoring plan from the HFs with PHO was exist and mostly implemented but there was no proper follow up system for both joint monitoring and monitoring by the PHO
- ✓ Update organogram was not available
- ✓ Staff meetings have not been conducted regularly

- ✓ However, the HFs drugs supplied to the HFs based on consumption report, but some of the essential drugs were not supplied in sufficient amount, to avoid the shortage the HF staff has to allocate the drugs for the period which was mentioned in the delivery form
- ✓ No Buffer stock in the Province
- ✓ There were no documents to show surprise Cash Counts by independent non-Finance Department personal
- ✓ There was no written guideline for use of Project Vehicles and ambulances
- ✓ There was not emergency response committee at PPHD level and the BPHS implementer was not attended emergency committees at provincial
- ✓ NGO did not develop health care waste management plan at project level and HFs level

Prison health clinic:

- ✓ **Staffing:** 1 male MD, 1 female MD, 2nurses (1 night nurse), 1 laborant, 1 pharmacy technician and 1 guard.
- ✓ Pharmacy, laboratory, examination room, TB treatment section, toilet and room for staff.
- ✓ Drug and consumables were available.

Dehdai District Hospital:

Strength points:

- ✓ DH was in a governmental building.
- ✓ Winterization has been done according to the Plan.
- ✓ Emergency kit was available for the Mass causality cases.
- ✓ Staffing were according to BPHS package.
- ✓ Drug and consumables were available according to BPHS package
- ✓ Patients files was completed and properly filled
- ✓ Diagnostic services like Ultrasound, X-ray were delivered.
- ✓ Food was provided to IPD patients.
- ✓ Availability of active ambulance in Dehdadi district hospital.
- ✓ Operation heather was standard and was equipped with anesthesia machine.
- ✓ Water, electricity and power back up were available.

Areas for improvement:

- ✓ Over all IP of the hospital was not good (dental services room and IPD ward)
- ✓ HF needs for renovation.
- ✓ Bedside tables and medical equipment were old.
- ✓ Incinerator have not been checked regularly and needs for repairment.
- ✓ Poor health care waste management system in DH.
- ✓ IEC materials was available bur were not well organized.
- ✓ 24 Hour night duty was one complains of HF staff.



Above photos shows bedside table and Incinerator status of the Hospital

Langar-khana CHC:

Strength points:

- ✓ Standard building for CHC.
- ✓ Standard waiting area for HF.
- ✓ Power and water availability
- ✓ Good ambulance services and active ambulance in the CHC.
- ✓ Staffing was according to BPHS.
- ✓ Drug availability in the HF.
- ✓ Good EPI and MCH service delivery.
- ✓ Well-equipped Delivery room.
- ✓ Provision of laboratory service in CHC.

Areas for improvement:

- ✓ Filing system of pharmacy was not organized and systematic and lack of Carton files in the HF.
- ✓ Stock out of some medicines like paracetamol for more than 7 days.
- ✓ Some furniture in the HF needed to be repaired and newly supplied.
- ✓ DOTS room was available but staff who works for this section do not even understood supervision feedbacks and their action plans.



Standard waiting area of Langar- khana CHC

Ali-Chopan BHC:

Strength points:

- ✓ Staffing was according to BPHS.
- ✓ IP implementation was excellent.
- ✓ Building was standard.
- ✓ Delivery room was standard with essential equipment, necessary drugs and consumables.
- ✓ IEC was available and well organized.

Areas for improvement:

- ✓ Sterilization of dressing sets should be improved
- ✓ Some contraceptive drugs was stock out for 15 days
- ✓ Salbutamol was stock out for about 1 month
- ✓ Stock cards were not updated
- ✓ Some drugs was supplied less than their needs for example for 3 months 20 ringer and 10 NACL were supplied.



Meeting with Ali-Chopan BHC Staff

Khulm District Hospital:

Strength points:

- ✓ Staffing was according to BPHS Guideline.
- ✓ Drugs and consumables was available.
- ✓ Gyn/Obest and surgeon were recruited.
- ✓ IP was good.
- ✓ Patient's files was complete.
- ✓ Pharmacy stock card were updated and filing was systematic.
- ✓ Proper Laboratory section including standard room.
- ✓ Water and electricity was available.
- ✓ Khulm district hospital was renovated and Patients rooms were painted.
- ✓ Active ambulance in the DH
- ✓ Standard operating theatre in DH.

Areas for improvement:

- ✓ IPD was not arranged, patients Beds and bed side chairs was disorganized.
- ✓ Some Beds were so old and needs new supply.
- ✓ Some Equipment of hospital like delivery table and cupboards were old.
- ✓ Bedcovers and mattress of some beds were not clean and out of use.
- ✓ X-ray machine heater was nonfunctional.
- ✓ Night duty for Surgeon, Anesthesiolog, Ambulance drivers was not paid for last two months.



Sayad Sub-Center:

Strength points:

- ✓ Staffing was according BPHS Guideline.
- ✓ Drug and consumables was available.
- ✓ Winterization was done on time.
- ✓ IP was good.

Areas for improvement:

- ✓ Clinic was in the rental house and no standard building.
- ✓ Achievements in p4p indicators was less than the targets.
- ✓ For more than 2 months No cases of institutional delivery in the clinic and due to first case of mortality in Delivery, people lose their trust.
- ✓ No electricity supply.
- ✓ Sayad PHC was underutilized.

6. AOB

- ✓ Off –budget projects were implemented under the catchments area of Sehatmandi project in Balkh province like MSI has been delivering MCH and family planning service. Aria clinic which funded by Red Crescent also deliver health care services under the catchment area of Ali- Chopan BHC.
- ✓ Issues of staff turnover was discussed and about 32 position are vacant in Balkh Sehatmandi.
- ✓ Some local commanders interfere in health service delivery and has changed location of HFs like Char-Awlia PHC.

Annex 2: revised PIP

Date PIP developed: 21.11.2019

Date finalized and submitted: 26/11/2019

<i>SS/N</i>	<i>Problem Statement</i>	<i>Root cause analysis</i>	<i>Recommendations/ Corrective actions</i>	<i>Support to be provided by MOPH</i>	<i>Agreed Completion Date</i>	<i>Remarks</i>
1	Low performance of Institutional delivery, ANC, PNC, CYP, Measles and Penta-3	<ul style="list-style-type: none"> - Low health education in community - Weak/No health education for Clients/Patients - Staff absentees during official time - Declining of refer from CHWs - Lack of Shura attention in activities of HFs - Lack of population due to insecurity and clashes in HFs catchment areas - Not allowing women to go to HFs without accompanier (Mahram) - Insecurity - 80% mandatory payment caused relaxation for staff and avoided hard working. 	<ul style="list-style-type: none"> - Outreach services by midwives and vaccinators of HFs - Discovering and listing up of pregnant women in HFs catchment area (by CHS) - Identification of highly populated and targeted areas where adequate potential are available for case findings - Evaluating the needs for mobile team in proportion with areas and resources - Making weekly target for mobile teams and HFs with follow up of weekly progress 	PPHD support SP in identifying of white area for mobile and outreach program.	End of December 2019	

			<ul style="list-style-type: none"> - Increase role CHW in close coordination with CHS for case findings to be followed by Midwife. - Encouraging community midwives for provision of 24 hrs health services. - Provision of ambulance services to carry pregnant women for delivery. - Pending training, leave for midwife, vaccinator and head of HFs. - Allocation of all transportation and human resources for improving mentioned targets. - Distance monitoring of HF staff attendance through mobile phone daily and night shift - Triage of pregnant women among clients in waiting room. 			
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			<ul style="list-style-type: none"> - Registering of all pregnant women who come earlier for delivery. - - - Close supportive supervisions and monitoring of staff by provincial technical staff. - Contacting of absentee clients for ANC, PNC and Penta3 by midwife and vaccinator. - Employment of night midwife at Alichopan, Campe Sakhi and Aliabad BHCs - List up of all children under-1 with their contact address at village level - Preparing of drop out list and follow up/contact with their family after rush hours 			
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			<ul style="list-style-type: none"> - Follow up of clients (Penta3, ANC and PNC) through mobile phone (credit card will be provided to midwife and vaccinator of DH and CHC). - Identification of highly populated area based on microplan and mobilizing outreach vaccinator of low populated to high populated area. - Identifying of white areas and establishing outreach and mobile team. 			
2	TB detection rate performance is not good	<p>1-Low triage of presumptive TB cases from waiting area.</p> <p>2- Low referral of presumptive TB cases by CHWs.</p> <p>3- Low health educations regarding presumptive TB cases to clients.</p> <p>4- Security issues</p> <p>5- IDPs form villages to safe area</p> <p>6- Stigma of TB by community</p>	<p>1-Continues supportive supervision will be conduct to all HFs about TB cases detection.</p> <p>2-Training will conduct to MDs, DOTs providers and lab technician for TB cases detections.</p>	1-Balkh PTC should support to conduct SOP training for diagnosis HFs.	End of December 2019	

			<p>3-On the job training will be provide to all DOTs providers during supervisions.</p> <p>4-Community awareness will accelerate through CHWs. Consider and proper focusing on patient triage system.</p>			
3	Low rate of MDR	<p>1-Inexistence of Gen-Xprt Machin in all district.</p> <p>2 -MDR training not conducted.</p> <p>3-Low commitment of staff in MDR case finding s</p>	<p>The following actions will be taken:</p> <ul style="list-style-type: none"> • MDR training well conduct to MDs , DOTs providers and lab technician. • On the job training will be provided to all DOTs providers and Lab technician on serious follow up of MDR patients. • Continues supportive supervision will be conduct to all HFs about MDR cases and refer of MDR cases to accurate diagnosis of patient. • 	<p>1-Balkh PTC should support to conduct MDR training for diagnosis HFs.</p> <p>2-Gen-Xprt Machin should supply for 4 remain DHs</p>	End of Nov-2019	
4	Lack of stony and standard tables	Inexistence of Standard stony tables for the lab rooms	Estimation cost assessment has been done in Hairatan		End of Dec-2019	

	for Laboratory in Hairatan CHC+, Buz Aregh CHC, Zari CHC+, Yangi Qala CHC, Dawlat Abad DH, Alam Khail CHC, Marmul BHC, Chahi BHC, Qara Ghojla CHC, Joe Wakil BHC, Shar Shar CHC, Choqanaq CHC, Aqkoprok CHC+		CHC+, Buz Aregh CHC, Zari CHC+, Yangi Qala CHC, Dawlat Abad DH, Alam Khail CHC, Marmul BHC, Chahi BHC, Qara Ghojla CHC, Joe Wakil BHC, Shar Shar CHC, Choqanaq CHC, Aqkoprok CHC+ and after approval of head office, it will be supplied to all mentioned HFs.			
5	Low TB detection rate in Children	1-Less commitment of MDs for child TB case finding. 2- Low referral of presumptive TB cases by CHWs.	An assessment has been done and quarterly data shows TB cases detection rate 17.2% among children in First quarter our target shows over 11% of children TB Cases but we achieved over the Target. Note: All TB cases are 414, Among them 71 cases are under 15 year which are children in First Quarter 1398	1-Balkh PTC should support to conduct child SOP training for diagnosis HFs.	End of Dec-2019	
6	Weak IP system and west management	1. Poor knowledge of staff regarding HCWM/IP.	1. HCWM/IP should be conducted according to TNA (We have conducted 2 batches of HCWM/IP	Seeking resources and budged For making	End of Dec 2019	

		<p>2. Non- conduction of HCWM/IP committees in HF level.</p> <p>3. Lack of standard buildings in most of our HFs.</p>	<p>training for HFs who had poor HCWM/IP standards and the training will be continued according to our TNA).</p> <p>2. The HCWM/IP committees should be conducted monthly by HCWM/IP committee members in each HF and by filling HCWM/IP checklist actions should be taken as needed.</p>	<p>standard and permanent building for some HFs</p>		
7	Resupply of drug an consumables to HFs	<ul style="list-style-type: none"> - Delays in processing of re-supply from health facility to provincial office. - Inappropriate/delays in filling of stock out on daily basis - Weak supervision of head of health facility from pharmacy and lacking regular checking stock card 	<ul style="list-style-type: none"> - SP provide resupply based on HF resupply request upon one days after submission of request based on access/location of HF - On the job training for pharmacist and head of health facility is held for proper filling and recording of consumption on daily base - Assign head of health facility to check stock card (essential items 	<p>Increase monitoring of HF and provide findings (Pharmaceutical shortage) with SP</p>	<p>End Dec 2019</p>	

			based daily consumption) to maintain proper stock card system for on time submission of resupply request when needed.			
8	Supply , repair and replacement of Medical Equipment's and furniture's in 5 Districts Hospitals	<ul style="list-style-type: none"> - Some furniture (bed, mattress and cupboard) are old and broken. - Some surgical items (delivery and dressing) are old and rusted. 	<ul style="list-style-type: none"> - An assessment is conducted in five DHs to identify broken furniture to be repaired and painted. - Replacing of rusty surgical items with new one. 		End Dec	
9	Provision of Ambulance services to 3BHCs.	<ul style="list-style-type: none"> - Based on work plan, 3 BHCs are not on board. - Less utilization of ambulances in provided BHCs. 	<ul style="list-style-type: none"> - The log book of ambulances provided in BHCs are reviewed to identify the need of ambulances for planned BHCs. - Ambulances are provided based on result of assessment. 		End Dec	After assessment.
10	Renovation of HFs	<ul style="list-style-type: none"> - Physical condition of health facilities are not good which need maintenance/renovation. 	<ul style="list-style-type: none"> - An assessment to identify the need for renovation is done. 		End Dec 2019	An assessment was already conducted and renovation of 15 health facilities were

			<ul style="list-style-type: none"> - The renovation plan is developed based on needs and prioritization. 			planned. 9 out of 15 already completed and the rest 7 is in progress.
11	Conducting Joint supervision	<ul style="list-style-type: none"> - Not sharing of monitoring findings with service provider - The findings of health facilities are not shared with in charge of health facility. - The record of HF visit books are not reviewed by SP 	<ul style="list-style-type: none"> - PPHD team share the monitoring findings with SP one day after monitoring of health facility. - -SP develop action based on findings to address within specific period - The findings of joint monitoring is reviewed with in charge of health facility and obtain his/her signature - The record of HF visit book are collected in monthly head of health facility meeting to address the gaps. 	PPHD should provide technical supervision report and follow accordingly	End Dec	It will be applied regularly.

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

Prepared by (SP rep.): Zabihullah Rahmani and by (Performance Management specialist) Zabihullah Mehrwarz