



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

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

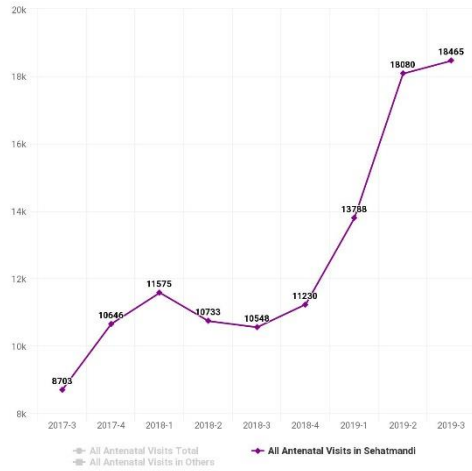
Service Provider	Medical Refresher Course for Afghans (MRCA)
Reported by	Dr. Abdul Wasi Khurami
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Email address	khurami.pmo@gmail.com

1. Achievements in P4P indicators and other key indicators

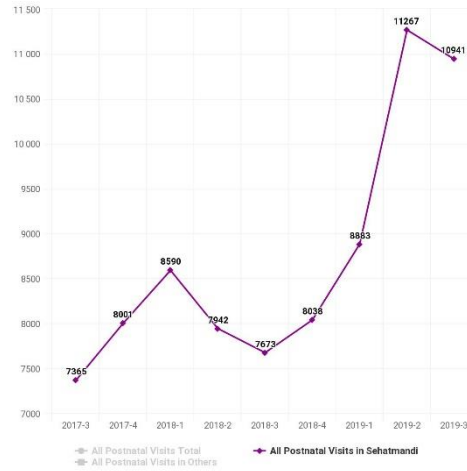
a. Trend lines of key indicators

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.

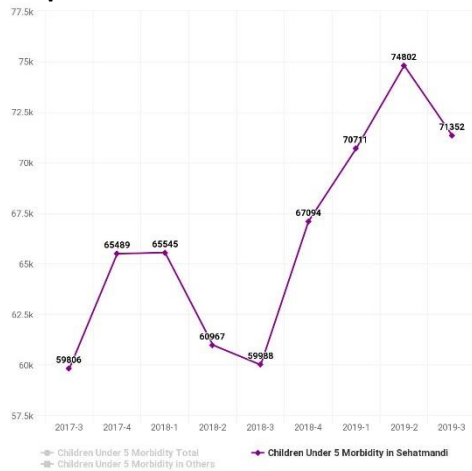
Graph 1: ANC



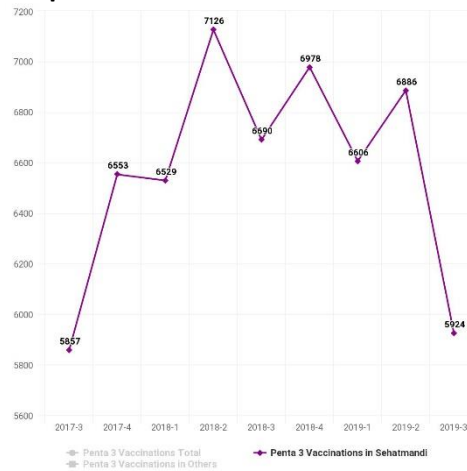
Graph 2: PNC



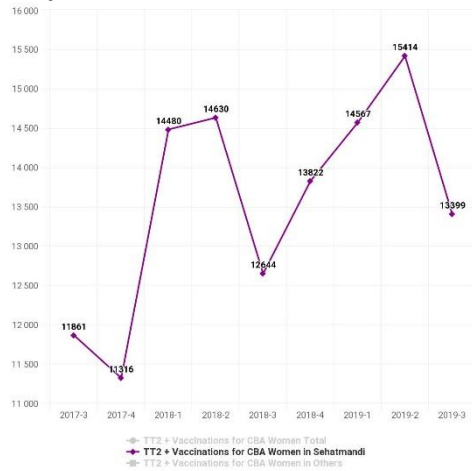
Graph 3: U5 OPD



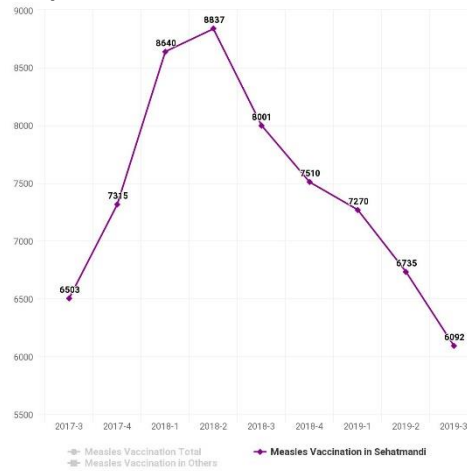
Graph 4: Penta 3



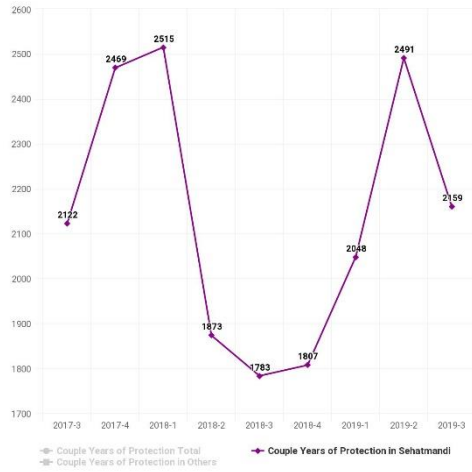
Graph 5: TT2+



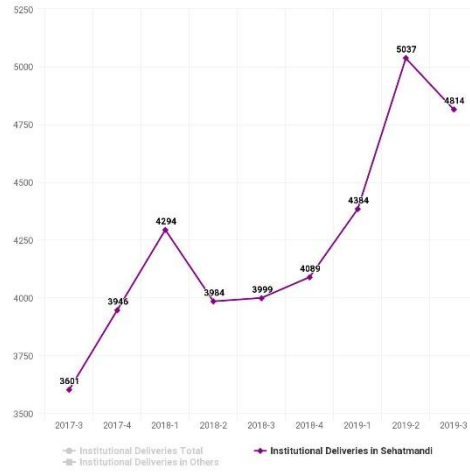
Graph 6: Measles



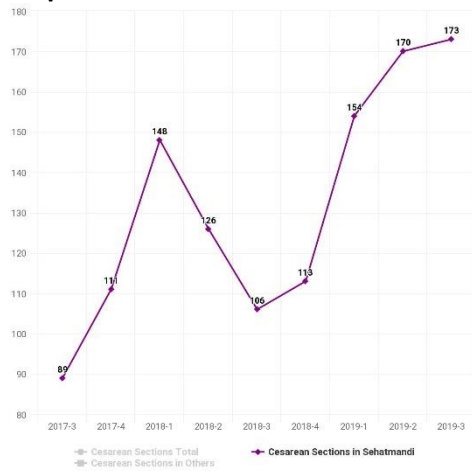
Graph 7: CYP



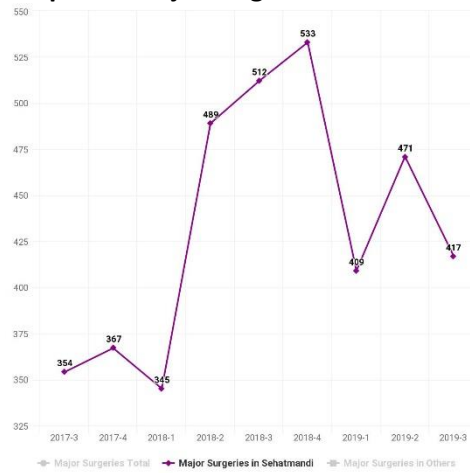
Graph 8: Institutional deliveries



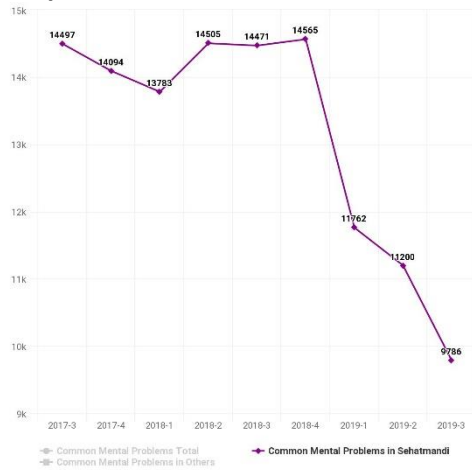
Graph 9: Caesarean section deliveries



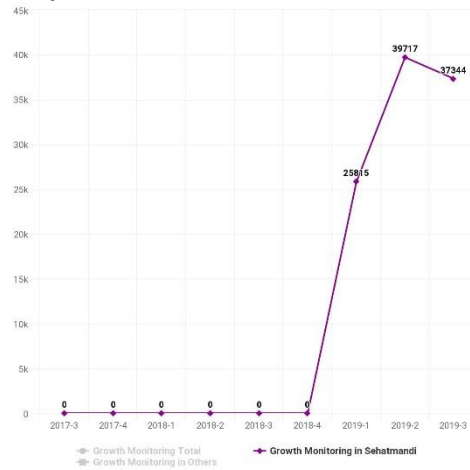
Graph 10: Major surgeries



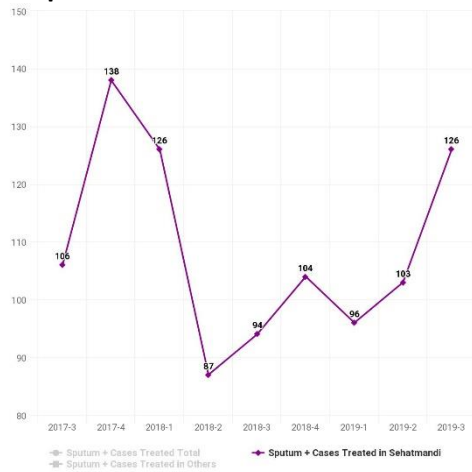
Graph 11: Mental health



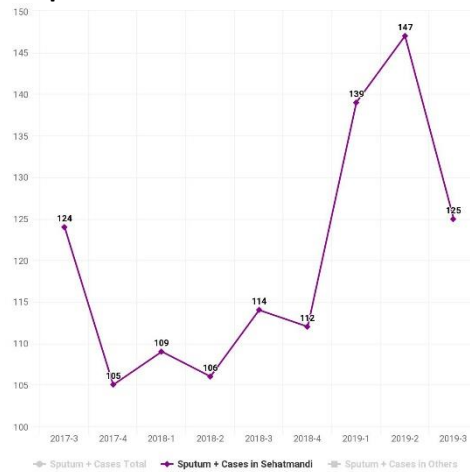
Graph 12: GM/IYCF



Graph 13: TB treatment



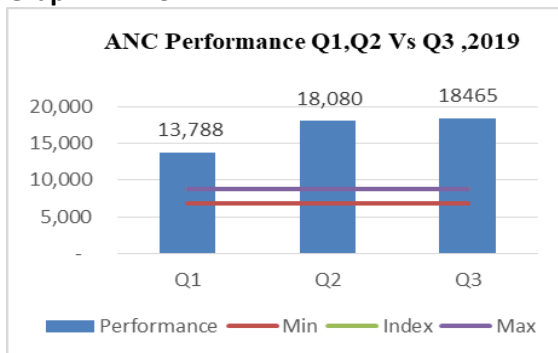
Graph 14: TB detection



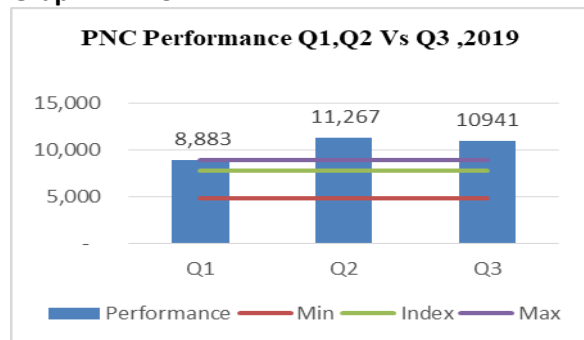
b. Comparison of quarterly achievements in key indicators

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).

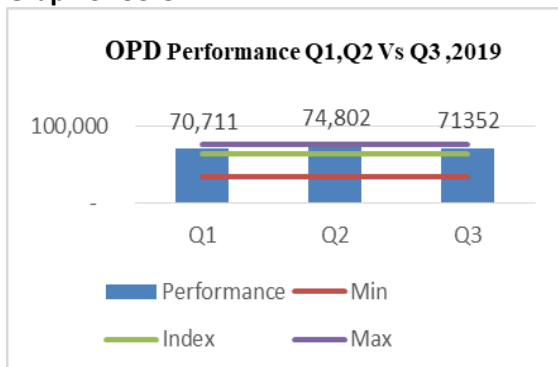
Graph 1: ANC



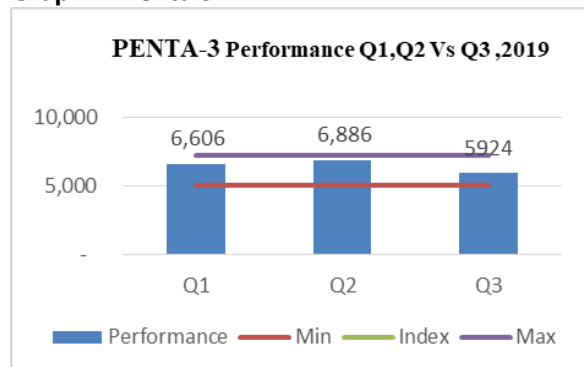
Graph 2: PNC



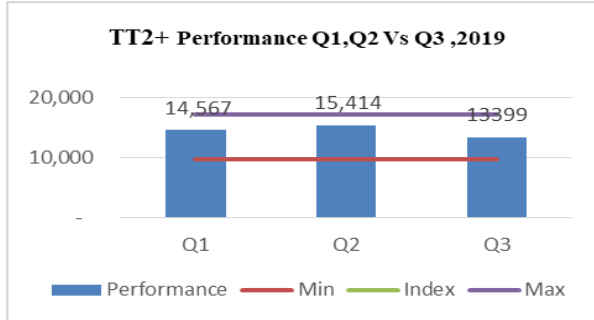
Graph 3: U5 OPD



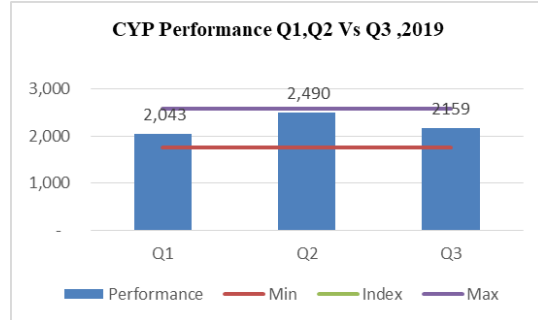
Graph 4: Penta 3



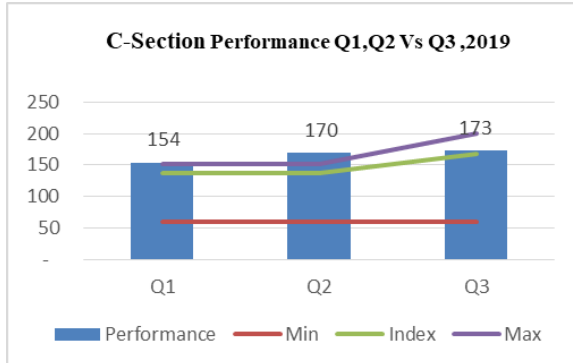
Graph 5: TT2+



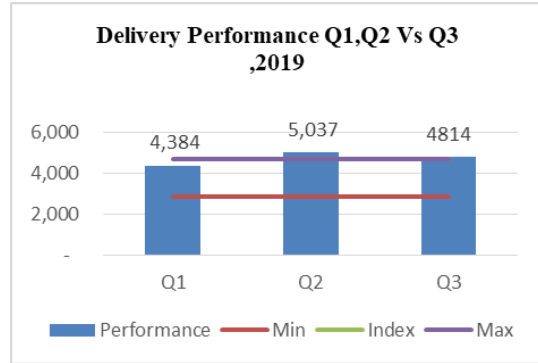
Graph 6: CYP



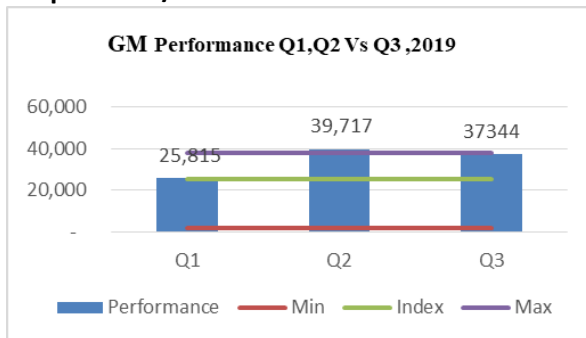
Graph 7: Caesarean section deliveries



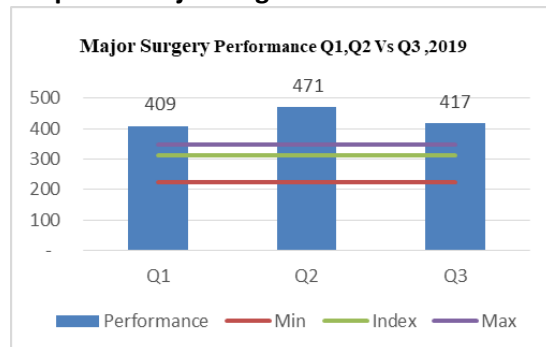
Graph 8: Institutional deliveries



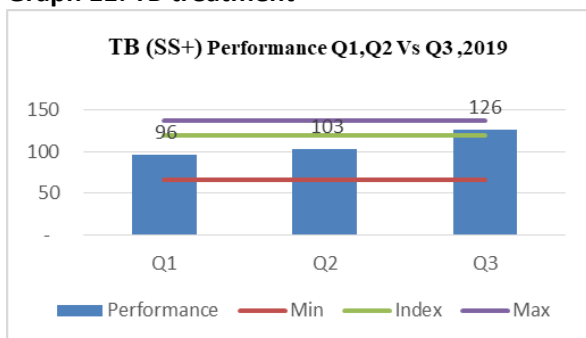
Graph 9: GM/IYCF



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Graph 11: TB treatment

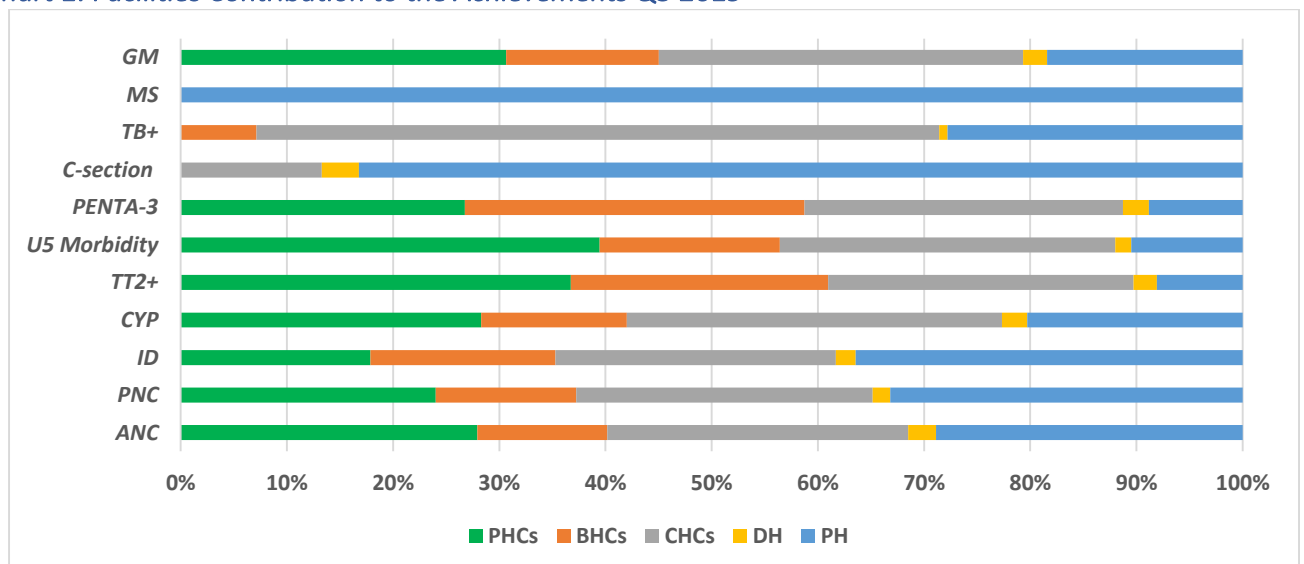


2. Analysis of achievements at health facility level

Below graphs present the facilities contribution to the achievements in quarter three 2019.

- All Major Surgery cases are provided by provincial hospital (100%)
- Majority of C-Section cases are provided in provincial hospital (83%)
- DH and CHCs had a little contribution on C-Section cases compared to the provincial hospital (PH contribution 83%, DH contribution 3% and CHCs contribution 13%)
- Immunization services:
 - BHCS CHCs and PHCs had high contribution on immunization services (PENTA-3) compared with PH and DH (BHC 32%, CHCs 30%, PHCs 27%, DH 2% and PH 9%)
 - PHCs CHCs and BHCs had high contribution on immunization services (TT2+) compared with PH and DH (PHCs 37%, CHCs 29%, BHC 24%, PH 8% and DH 2%)
- CHCs, PHCs and PH had high contribution on CYP services compared with BHCs and DH (CHCs 35%, PHCs 27%, PH 20%, BHC 14%, and DH 2%)
- DH had less contribution on ANC services compared with PH (DH 3% and PH 29%)
- DH had less contribution on PNC services compared with PH (DH 2% and PH 33%)
- DH had less contribution on Institutional Delivery services compared with PH (DH 2% and PH 36%)

Chart 1: Facilities Contribution to the Achievements Q3 2019



- Due to active fighting, Pusht-e Koh DH was close and did not have any report for the month of Sonbula 1398
- Duo active fighting the Pusht-e Road CHC was close and did not have any report for the month of Jawza and Saratan 1398
- Duo active fighting the Masaw BHC was close and did not have any report for the month of Asad 1398
- Duo active fighting the Faiz Abad BHC was close and did not have any report for the month of Saratan 1398
- Duo lack of midwife the Faska BHC did not have any MCH activities for the month of Asad 1398
- Duo lack of midwife the Barzari SHC did not have any MCH activities for the month of Sonbula 1398
- Duo lack of midwife the Hassan Abad SHC did not have any MCH activities for the month of Jawza and Saratan 1398

- Duo lack of midwife the Dawlat Abad SHC did not have any MCH activities for the month of Sowr, Jawza and Saratan 1398
- Duo maternal holiday of midwife the Barf Shar Abad SHC did not have any MCH activities for the month of Saratan 1398
- Duo lack of midwife the Deh Sabel SHC did not have any MCH activities for the month of Saratan 1398
- Duo lack of vaccinator the Teghab SHC did not have any immunization activities for the month of Saratan, Asad and sonbula 1398
- Duo bind of vaccination activities by AOG the Golistan CHC did not have any immunization activities for the month of Saratan 1398
- Duo to bind of vaccination activities by AOG the Azverzo SHC did not have any immunization activities for the month of Saratan 1398

3. Summary of Monthly Updates

- All 3 monthly updates were submitted to PMO on due date (100%)
- Vaccination program which was stopped by AGEs in 6 districts (Bakwa, Balablook, Poshte rood ,Qala E Kah, Anar Dara ,Lash Jaween) of Farah on 19 Jwaza 1398, but re-opened on 19 Saratan 1398.
- The HFs of Farah province including MRCA sub office except Provincial Hospital and 12 HFs of Purchaman district which were closed by AOGs from 12 to 19 Saratan, after long communication and collaboration re-opened on 20 Sartan 1398.
- After 3 days, the health services in Farah road CHC re opened and has started health services on 20 Asad 1398.
- Due to heavy fighting between ANF and AODs the Anardara CHC has been closed from the 08/09/ up to 14/09/ 2019, and re-opened and has started its activities after 7 days on 15.09.2019
- After 2 days, Taza Abad SHC re-opened and started the health services on 14th Asad 1398
- Totally 5 health workers (3 Midwives, 2 CBHC trainers and one male nurse) have been recruited during the reporting months
- The salary including night duties, risk, hardship and provincial allowances has been paid for the BPHS/EPHS HFs staff from June up to the end of August 2019 (100%)
- Lack of safe drinking water and water supply system in 14 out of 70 HFs (20%)
- Car accident; In the month of Asad ANP car had accident near the PH main gate and has killed one Guard of PH
- The repairing and rehabilitation of water supply system of 2 HFs (Khakisafid CHC+, Bakwa CHC+) are completed
- Vacant position of 11 psychosocial counselors.
- Medical and non-medical supplies and essential drugs are supplied for all BPHS HFs

Twenty-six (26) out of 44 activities were done during the period (59%).

4. Performance in Quality of Care indicators

QoC indicators were not available for analysis. No any observation by MoPH TDs during the during 3rd quarter 2019.

5. Summary findings of HF visits

In order to understand the ground level performance and actual services delivered through health facilities. Following health facilities were visited together with the representative from the Service Provider (MRCA) and PPHOs:

1. Farah 120 beds provincial hospital
2. Mohzjir Abad SHC
3. Yezdi SHC
4. Kadakak SHC and
5. Dar Abad SHC.

Detailed of HFs finding are reflected in **Annex 2**.

Key findings in those HFs include:

- Poor knowledge of most staff regarding performance management
- Four out of 5 visited health facilities had proper staffing (80%) except the provincial hospital which did not meet the minimal standards (specially lack of gynecologist at the hospital), 26 out of 31 minimum level staff is recruited (84%)
- Good coordination between provincial hospital and BPHS health facilities (hospital director attends the head of health facilities coordination meeting on monthly bases)
- Availability of active community board at the hospital
- All of health facilities staff have received their salaries on properly manner
- All visited HFs have achieved the P4P indicators
- One out of five visited HFs has not incinerator (20%)
- Poor supportive supervision form visited HFs by SP and PPHO
- Low capacity of some HFs staff on target setting
- Duo to conflict between SP and AOG, on hiring of nutrition counselor, this department is locked by Taleban from 8 Aqrab 1398
- Delivery room of Kadanak sub health center needs renovation, only floor was ceramic tiles
- Proper pharmaceutical of all HFs

6. Summary discussion of Quarterly Performance Review Meeting:

A briefing meeting was conducted with Farah PPHD and the Service Provider (SP) teams on the date of arrival. The mission team briefed them about the objectives of the mission and the schedule. PPHD explained and noted the pre-requisite actions to be taken in preparation for the actual review session.

A full-day quarterly performance review session was conducted in Farah Provincial Public Health Directorate (PPHD) by opening remarks from the PPHD. The review session was chaired by him as per the agreed schedule and steps. Participants included: Participants list is reflected in **annex 1**.

Note: This review was considered to be a practice for 2nd Semi-annual Review and the scoring as well as recommendations of this review are not for any official decisions or disciplinary actions against the SP; however the purpose behind it could also be to have an idea about the status of SP performance by the end of the reporting period.

The HMIS data were reviewed for the reporting period.

- All 11 P4P indicators have achieved the minimum level;
- Three P4P indicators (Couple Years Protection, Penta3<1 children, TT2+ for women of reproductive age and TB+ cases treated) have not achieved the project index level;
- Four indicators (TB SS+, Nutrition Growth Monitoring <2Y, under 5y children consultation and C-Section) have crossed the index level
- Four indicators (ANCs, PNCs, Delivery and Majour surgery) have crossed the maximum level for this quarter.

- Lower performance in the immunization indicators (PENTA-3 and TT2+) is due to insufficient outreach and mobile activities caused by insecurity which require serious follow up and attention of the Service Provider as well as National EPI team;
- The actions to overcome the areas for improvement are reflected in the Performance Improvement Plan (PIP) resulted from this review.

Key points discussed by the performance review committee are as follows:

- Three P4P indicators (CYP, PENTA-3 and TT2+) have not achieved the project index;
- Turnover of female staff due to insecurity in some districts of the province affects the services
- Three minimum standards of services (at least one female CHW in HPs, at least one Midwife and nurse in BHCs and minimum staffing for the current bed capacity as per EPHS guideline) were not achieved by SP in this quarter.
- Status of project work plan
- Status of training plan
- Issues related to contract negotiation points: 9 out of 16 agreed points in contract were done (56%)

Detail of discussion points are reflected in **annex 5 (PIP)**

- Review of Training Plan: Review of Annual Training Plan: three out of five trainings were conducted during the last quarter; (60%)
- Review of Project Work Plan: Review of work plan shows that 74 out of 88 activities were conducted shows 84 % of the planned activities for this quarter are done, 7% are partially done and 9 % are not done. The actions to be taken to overcome the areas for improvement will be reflected in the remedial action plan developed by SP.

Annexes:

Annex 1: QPR Participants List

لوحة المشاركين في مشروع الجوار (الاسم) 2017

#	Name	Designation	Organization	Contact #	Email address	Signature
1	Dr. A. Jabbar shayeq	PHD	MOPH	0709864336	ajabbarshayeq@gmail.com	
2	Dr. Faisal Farahi	PHC officer	MOPH	079078050	dr.faisal.farahi@ad.com	
3	Najibullah-saleh	CDC officer	MOPH	0798373042	najib.saleh@yahoo.com	
4	Abdelsettem wariwal	ph.o	Moph	0705554952	wariwalwariwal@gmail.com	
5	Fazal Ahmed	EPI officer	MRCR	070350780	fazalahmed.fazli78@gmail.com	
6	Shirahmad Faizi	PMLCP officer	MOPH	079976475	shirahmadfaizis@gmail.com	
7	Ab. Malik Samir	HCO	MOPH	072865300	Malik_Samir191@gmail.com	
8	Esmatullah Rasali	HITS	MOPH	079546259	hmis.farahi@gmail.com	
9	Ab-Othmani mixzad. P.No	P.No	MOPH	0799865865	Fayrah.pno@gmail.com	
10	Abdal-Nacer	CBHC	MRCR	0790555214		
11	Dr. Hashmatullah Osmani	CDC officer	MRCR	0709230987	hashmatullah48@gmail.com	
12	M. Zaher	M-E/QA-offi	MRCR	079163275	Zaherhamisi@yah	
13	Farshad shakaovi		MOPH	0798105841	FarshadFayez@gmail.com	
14	Abdel halim Haki	HITS officer	Farah P.H	0703338998	mihraabanhalim@gmail.com	

15	Dr. M. Azam	Technical Officer	MRCA	0708618649	azam.Sawary@ri.org	
16	Dr. M. Tajeb	HMIS Officer	MRCA	0744401918	dm.tajeb.sawary@ri.org	
17	Dr. Fazal Rahman	P. Manager	~	0799331728	Fazal.Rahman@ri.org	
18	Dr. Abdul Hakim Pation	Hospital Director	MRCA	0704595877	vaso@erah.ph@ri.com	
19	Mohammad Ullah	Pharm	MRCA	0798556931		
20	Dr. Khawira	RHO	MOPH	0704496215	khawira.obaidi@yahoo.com	
21	Roma	RHO	MRCA	0796731707	roma@ri.org	
22	A. Wasil Khunani	SPRS	MOPH/PIPO	070069188	khunani.pmo@ri.org	
23						
24						
25						
26						
27						
28						

Annex 2: detailed finding from visited HF's

Farah hospital:

Strengths:

- Having concrete building with sufficient rooms for services delivery
- Having 24 hours electricity and power supply, the hospital has three generators (two 220 KWs and one 20 KWs)
- The Provincial hospital was open and functioning
- Most of the HF staff is residents of the area
- The staff were present on their duties wearing the specific uniform
- The staff has received 100% of their salaries
- Payment of risk allowance for Lab, X-Ray and TB units
- payment of night duty (for GP and specialist 500 AFN, for MW and Nurse 300 AFN and for supportive staff 150 AFN/night)
- Good coordination between provincial hospital and BPHS health facilities (hospital director attends the head of health facilities coordination meeting on monthly bases)
- Availability of two ambulances in hospital
- Establishment of one BHC with equipped ambulance, one driver (24hours) linked to the provincial hospital especially for referring of emergency cases to the hospital during the night.
- Having deep well for water supply
- Availability of hospital committees like hospital board, infection prevention, HMIS etc
- Availability of sufficient medicine at the hospital and no shortage of drugs during the last quarter found

- Having incinerator for waste management
- PH has achieved the targets for set 11 P4P indicators and other hospital indicators e.g. BOR
- Availability of waiting area for male and female clients

Services provided through Provincial Hospital

Indicators	July		August		September		Total		%
	Target	Ache	Target	Ache	Target	Ache	Target	Ache	
<5 OPD	1809	2424	1809	2221	1809	2338	5427	6983	129%
ANC	463	1773	463	1515	463	1620	1389	4908	353%
PNC	866	1202	866	1081	866	1108	2598	3391	131%
FP	460	470	460	461	460	464	1380	1395	101%
ID	519	604	519	488	519	540	1557	1632	105%
C-Section	43	43	43	52	43	52	129	147	114%
Nutrition	1262	2245	1262	2240	1262	2240	3786	6725	178%
PENTA-3	133	177	133	176	133	170	399	523	131%
TT2+	234	373	234	362	234	348	702	1083	154%
TB (SS+)	9	11	9	10	9	14	27	35	130%
MS	123	132	123	126	123	159	369	417	113%

Points to be improved:

- Staff is leaving the hospital at 1:30 pm
- Unavailability of some of on duty staff (specialists) in the hospital over the night
- Some of the medical and non-medical equipment like patient scale, stand for serum, disks, chairs, sphygmomanometer, stethoscope, thermometer, oxygen cylinders regulators, dressing sets, were out of order
- Two type of targets for EPI activities (National target and project target)
- High degree (57%) of antibiotics utilization
- Lack of some guidelines and IEC materials like, healthcare waste management
- Inappropriate filling of register book
- Poor supportive supervision by NGO management team and supervisors
- Lack of gynecologist at provincial hospital

Mohajer Abad SHC:

- Completeness of staff including one nurse and one midwife
- Availability of equipment and proper pharmaceutical supply
- Average of Antibiotic utilization 34%
- Regular salary payment for staff

- No any delivery from saratan till Mizan 1398
- Duo to conflict on nutrition counselor the nutrition department is licked by Taleban from 8 Aqrab 1398
- There was discrepancy of data between HF data and data reported by HMIS
- There was discrepancy of some drugs between dispensary and stock books; as sample the Ampicillin Cap was checked (difference was 100 cap)
- Poor capacity of some staff in calculation achievements against the targets
- Duo to lack of nutrition counselor the achievement of second quarter 1398 was less than the 1st quarter of 1398

Yezde SHC:

- No any vacant position of staff,
- All staff including one nurse and one midwife were present on their duties
- Availability of equipment and proper pharmaceutical supply
- Average of Antibiotic utilization 34%
- Regular salary payment for staff
- Masoma nutrition counselor of Mohajir Abad SHC is working temporary at Yezdi SHC
- Most of indicators shows increasing against the targets

Kadanak SHC:

This health facility is located 10 Km far from Farah city with coverage population of 4500

- located in muddy house
- Solar electricity
- Resident staff
- Quarterly supply
- No any vacant position of staff,
- All staff including one nurse and one midwife were present on their duties
- Poor infection prevention statues
- Average of Antibiotic utilization 28%
- Regular salary payment for the staff
- Most of indicators shows increasing against the targets
- Shortage of some medicine like Erythromycin Syp (from 24 Qows till 29 Qows 1397)
- Delivery room needs renovation, only floor was ceramic tiles
- Unavailability of supervisors written feedback in the HFs

Dar Abad SHC:

This health facility is located 15 Km far from Farah city with coverage population of 5000

- Solar electricity
- Resident staff
- No any vacant position of staff,
- All staff including one nurse and one midwife were present on their duties
- Quarterly supply
- Regular salary payment for the staff
- Some indicators like EPI indicators (PENTA-3 and TT2+) and delivery shows decreasing against the targets
- Poor knowledge of some staff on methodology of target setting
- Unavailability of supervisors written feedback in the HFs

Annex 3: QUARTERLY PERFORMANCE REVIEW CHECKLIST

Name of Service Provider (SP)	MRCA		
Province	Farah		
Year (circle one)	2019	2020	2021
Quarters to be reviewed (circle one)	Q1 Q2 Q3 Q4	Q5 Q6 Q7 Q8	Q9 Q10
Period covered	Hijri Shamsi	From 1/4/1398 To 31/6/1398	

Name and position who completed the checklist	Dr. Abdul Wasi Khurami
Date of Checklist Completion	20/ 08/ 1398

PERFORMANCE

SN	Number of P4P Indicators that did not meet the Minimum Level	Minimum Level as per the contract	Number of cases reported by HMIS	Minimum Level Met (Yes / No)
1	Antenatal Visits (all visits)	6771	18465	Yes / No
2	Postnatal Visits (all visits)	4799	10941	Yes / No
3	Institutional deliveries excluding C-Section	2877	4814	Yes/ No
4	Family Planning-Couple Years of Protection (CYP)	1755	2159	Yes/ No
5	Penta-3 for children under one year	5082	5924	Yes/ No
6	TT2+ for women of reproductive age	9636	13399	Yes/ No
7	Number of sputum smear (+) TB cases treated	66	126	Yes/ No
8	Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women	2142	37344	Yes/ No
9	Under five children morbidities (HMIS-MIAR-A1-morbidities)	34200	71352	Yes/ No
10	Caesarean Section (CS)	60	173	Yes/ No
11	Major Surgeries excluding C-Section (EPHS Only)	225	417	Yes/ No
Total number of indicators that did NOT meet the Minimum Level (number of "No"s)				0

Recommendation of the Review Committee:

Good performance: (all the 11 P4P indicators are meet during the 3rd quarter of 2019)

SN	Service	Minimum Standards of Services	TPM verification (last quarter)	Revisit of MoPH this quarter
1	Key Staff	At least 70% of staff time in the province	Yes / No	Yes / No
2		Staff: At least one female CHW	Yes / No	Yes / No

3	Active Health Posts	Health Services: Nutrition, family planning, management of simple ARI/Diarrhea and referrals to HFs.	Yes / No	Yes / No
4	Active PHCs	Staff: One midwife and one nurse	Yes / No	Yes / No
5		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
6		Medicine/ Equipment: as per BPHS guideline	Yes / No	Yes / No
7	Active BHCs	Staff: at least a Midwife and a nurse	Yes / No	Yes / No
8		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
9		Medicine/ Equipment: as per BPHS guideline for this level	Yes / No	Yes / No
10	Active CHCs	Staff: at least a Medical doctor, a Midwife and a nurse,	Yes / No	Yes / No
11		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
12		Medicine/ Equipment: as defined in the BPHS guideline for this level.	Yes / No	Yes / No
13	Active DHs	Staff: at least a Gynecologist or surgeon, two Medical Doctors, two Midwives, a Nurse a Lab technician and an anesthetist	Yes / No	Yes / No
14		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
15		Medicine/ Equipment: Defined by the BPHS guideline.	Yes / No	Yes / No
16	Active Provincial Hospitals	Governance: Active Hospital Community Board	Yes / No	Yes / No
17		Staff: Minimum staffing for the current bed capacity as per EPHS guideline	Yes / No	Yes / No
18		Health Services: other than P4P (as defined by MOPH and TPM)	Yes / No	Yes / No
19		Medicine/ Equipment: Defined in the EPHS	Yes / No	Yes / No
Total number of "No"s			Number	3

Recommendation of the Review Committee:

As the SP is failed to achieve 3 minimum standards (major failure), it will obtain - 20 points, so the service provider is advised to prepare a Performance Improvement Plan (PIP),

Quality of Care: Indicators measured by Technical Departments		
Are technical departments have observed any of the Technical Quality Indicators failed during this quarter?		Yes / No
If yes, please describe:	Case 1: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No

Case 2: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
Case 3: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
Case 4: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
Case 5: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
Total Number of indicators Failed:	
Recommendation of the Committee: NO any observation by the MoPH TDs during the 3rd quarter of 2019	

Contract compliance	Yes/No
During the review period, have the SP complied with the team of contract, other than the above mentioned criteria?	Yes/No
Recommendation of the Committee: No visit by TDs during the 3rd quarter	

GCMU will documents the findings on contract compliance and share it with the review committee members through PMO

SN	Reports	Submitted on time?
1	Inception Report	Yes / No
2	Data Quality Assurance Plan (including Internal Verification System)	Yes / No
3	Monthly Update	Yes / No
4	Quarterly Report including Quarterly Performance Report, Quarterly Financial Report and HMIS reports	Yes / No
5	Performance Improvement Plan	Yes / No
6	Inventory List	Yes / No
7	End of Project Report (EPR)	Yes / No
	Good Performance, no any failure	Performance Scores as per the SOP

How many reports have NOT been submitted on time for the last two quarters?	0
Recommendation of the Review Committee: Good achievement, not failure to send deliverables as per the set deadline,	

Delays in salary payment	Yes / No
During the review period, has the SP delayed in the salary payment for the HF's staff more than 20 business days after the receipt of the installment?	Yes / No
Recommendation of the Review Committee: Good performance: no any delay in the salary payment for the HF's staff during the period	

Annex 4: Pictures

1. Farah provincial hospital:



2. Mohajir Abad SHC



3. Yezde SHC



4. Kadanak SHC



5. Dar Abad SHC



Annex 5: Updated Performance Improvement Plan (PIP)

Date PIP developed: November 11, 2019 - Aqrab 20, 1398

Date revised:

<i>S/N</i>	<i>Problem Statement</i>	<i>Root Causes</i>	<i>Recommendations/ Corrective actions</i>	<i>Support to be provided by MOPH</i>	<i>Agreed Completion Date</i>	<i>Remarks</i>
1	<i>P4P indicators</i>					
1.1	<ul style="list-style-type: none"> • CYP indicator has not achieved the index (target) • CYP indicator has a negative trend in comparison to previous quarter 	<ul style="list-style-type: none"> • Cultural barrier • No target in past. • Close of HFs for 9 days during this quarter 	MRCA will improve health education and community awareness regarding family planning through supervision and follow up.	Provision of guideline and job aids.	Continuously	
1.2	<ul style="list-style-type: none"> • PENTA-3 indicator has not achieved the index (target) • PENTA-3 indicator has a negative trend in comparison to previous quarter 	<ul style="list-style-type: none"> • Vaccination activities were closed for 30 days by AOG • Farah population were settled in very spread area along with insecurity situation. 	<ul style="list-style-type: none"> • Will improve community participation in health services and problem solving through different meeting • Will recruit additional EPI supervisor for better follow ups • Recently MRCA started mobile immunization activities for white area by BPHS HFs 	NO	30 of November	
1.3	<ul style="list-style-type: none"> • TT2+ indicator has not achieved the index (target) • TT2+ indicator has a negative trend in comparison to previous quarter 	<ul style="list-style-type: none"> • Vaccination activities were closed for 30 days by AOG • Farah population were settled in very spread area along with insecurity situation. • Not allowing by Taliban to vaccinated CBA 	<ul style="list-style-type: none"> • Will improve community participation in health services and problem solving through different meeting • Will recruited additional EPI supervisor for better follow ups • Recently MRCA started mobile immunization activities for white area by BPHS HFs 	NO	30 of November	

		women during outreach activities				
m1.4	TB (SS+) indicator has not achieved the maximum (CAP)	<ul style="list-style-type: none"> • Bad security situation during this period. • Close of HFs for 9 days during this quarter 	<p>Improve health education, referrals and follow up of TB patients by strong follow up.</p> <p>Will emphasize on suspected case finding and referral in HFs where no diagnostic facility.</p> <p>Will improve the community awareness through CHWs and HFs health shura.</p>	no	Continuously	
1.5	GM indicator has not achieved the Maximum (Cap)	<ul style="list-style-type: none"> • Bad security situation during this period. • Close of HFs for 9 days during this quarter 	<p>Will persuade the community to bring their children for GM through health education session.</p> <p>Will try to find nutrition counselor in the HFs where the position is vacant.</p>	no	Continuously	
1.6	Under 5 year children consultation indicator has not achieved the Maximum (Cap)	Due to insecurity situation in Farah no/less access of under-five to HFs and sometime close of HFS by AOG and insecurity.	<p>Will persuade the community to bring their children for Health services through health education session.</p> <p>Will ensure HFs are providing health services in official hours through regular supervision and remote follow up by phone</p>	no	Continuously	
1.7	C-Section indicator has not achieved the Maximum (Cap)	<p>Cultural barrier and Population don't have access to Hospital due to insecurity and also lack of Gyne/Obs specialist.</p> <p>Due to insecurity, The Gyne/Obs Specialist left Job.</p> <p>The maximum target was set very high</p>	<p>Gyne/Obs specialist position will be re announced and Gyne/Obs will be recruited.</p> <p>Provide high salary to encourage the Gyne/Obs to work in Farah Hospital</p>	no	Continuously	
2	Minimum Standards of Services					

2.1	Failed to achieved the key staff (project manager) in provincial office	Turnover of staff due to insecurity condition.	For now the key position are filled			
2.2	Failed to achieve at least one female CHWs in active HPs	Cultural barrier and low knowledge of community especially in Bakwah and Khaki-e-Safid districts.	Initial training for new CHWs started and it is continuing. The vacant positon of female CHWs will be filled after completion of CHW initial training	no	Continuously	
3	<i>Quality of Care: Indicators Measured by Technical Departments</i>					
3.1	No visit by MOPH technical departments during third quarter					
4	<i>Deliverables</i>					
4.1	No any failure					
5	<i>Delay in salary payment</i>					
5.1	No any delay in the salary payment					
6	<i>Quarterly report related feedback</i>					
6.1	Cover page not filled properly (there is mentioned yes for hard copy of HMIS report)	It was mistakenly filled	It is corrected and will not be repeated in the future.	No	Continuously	
6.2	In first section some parts like name of province etc. added which are not as per guideline	To bring more discretion for learning	It is corrected and will not be repeated in the future.	No	Continuously	
6.3	11 P4P indicators target seated from Maximum instead of index	We were expecting to reach to maximum target and this is the reason we planned Maximum target for the HFs. However the achievements will be judged against index for each indicators	In the future we will keep the maximum target at HFs level and will select the index as our target in our quarterly reports	No	Continuously	

7 Work Plan						
7.1	Transportation and housing facilities were not provided for female staff.	Transportation and Housing facilities are not for all female staff it is according to remote area where no female staff find will provided for female staff for her encouragement.	<ul style="list-style-type: none"> Transportation facility is provided for Female staff working in Farah provincial hospital. For female staff transportation will be provided as per need. 	no	continuously	
7.2	Tele medicine with FMIC not done	<ul style="list-style-type: none"> Communication with FMIC is under process For FMIC , The priority provinces are not Farah and Nimroz 	A meeting will be conducted with FMIC if we can encourage them to support us for Tele medicine services	no	continuous	
7.3	Assessment of CMCT pilot not done (in Poshte rod, Bakwa and Qalai Kah)	Due to insecurity we didn't conduct this activity as MRCA faced with challenge during distribution of Government relief program	We will analyze the security situation and if there is a possibility we can start this activity.	no		
7.4	Refresher training for PHD staff on HMIS analysis (should be all PHD staff)	One of PHD staff was invited to all conducted HMIS training	Will conducted this training for PHD staff	no	End of Feb 2020	
7.5	Simulation exercise was not done	Due to load of work it is postponed	The simulation exercise will be conducted in next quarter	no	End of Feb 2020	
7.6	CFM routine operation analyses, feedback, report and action taken were not done	It has been already done	It is done through HFs in charge in HF wise and through CBHC network also followed	no	continuously	
7.7	RMNCH provincial score card	No coordination between RH MRCA and PPHD	The RMNCH score card will be filled	Need technical support from RMNCH department of MOPH	Continuously	

7.8	Finally: <ul style="list-style-type: none"> • 8 Out of 88 activities were not done. • 6 out of 88 were partially done • Not done activities (8/82=10%) were not done 	The 88 activities are planned for 30 months of the project and we are in month 9 of the project and this is the reason some activities are partially completed or didn't complete	In beginning of new quarter , The work plan will be analyzed in provincial level and the remaining activities will be conducted	no	continuously	
8	<i>Issues related minute of negotiation meeting in contract</i>					
8.1	No any evidence observed regarding financial authority of Key -1 (project manager)	it is mentioned in MRCA revised Financial policy	As per contract obligation (ToR assigned by consultant) the project manager must have sufficient managerial and financial (AFN-500,000/invoice) authority (Evidence for K1 authority must be available)			
8.2	At least one EPI supervisor for maximum 20 HF's	The position was announced	The third EPI supervisor position is announced and will recruited in next future	no	Continuously	
8.3	At least one nutrition supervisor for 50 HF's	Currently we have two positions (Nutrition supervisor and Nutrition Assistant)	The two positions are hired from beginning of project	no		
8.4	Shortage of nutrition counselor for 11HF's	Female literate were not available in remote area where nutrition counselors are vacant and many time announced the position	In beginning of the project, 21 position were vacant where we have hired 10 Nutrition counsellors and for the remaining 11 we will try to find candidate and even will encourage the graduate midwives or nurses to work there	no	Continuously	
8.5	Inexistence of national gazette # 1238 for implementing of risk allowance	Inexistence of the gazette in national salary policy	All risk allowance paid to relevant staff and will ensure availability of national gazette #1238 (the gazette should be provided)	no		

8.6	3 days TB training for female staff were not conducted	The training was planned for fourth quarter	Will conducted on due date and time	no		
8.7	Slid and sputum sending from PHCs and BHCs to CHC or DH-PH	It is already done in majority of HFs	Will ensure the sputum sending procedure in the future for all BHCs and PHCs	no		
8.8	Using of national DHIS-2 data as the bases of data input and usage(this incorporate HRMIS and other data system)	According to HMIS Department they specified some province for pilot and will expended for more province in the future	Will use according to HMIS department planned and order	Need technical support MOPH EHIS directorate for conducting training		
8.9	Establish of VCTT corner in PH	VCCT corner is present in PH	Will improve according to policy	no	End of Dec 2019	
9	<i>Winterization plan</i>					
	Winterization plan was done.					