



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

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

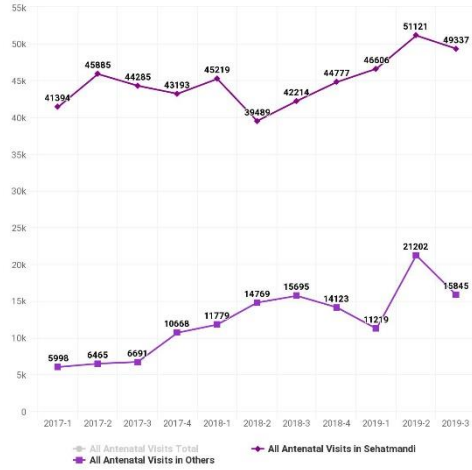
Service Provider	Agency for Assistance and Development of Afghanistan (AADA)
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1. Achievements in P4P indicators and other key indicators

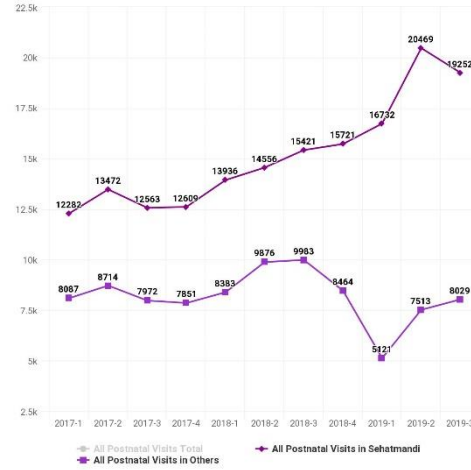
In this sub-section, the line charts show Three-Year Trend by quarter between quarter 1, 2017 and quarter 3, 2019.

a. Trend lines of key indicators

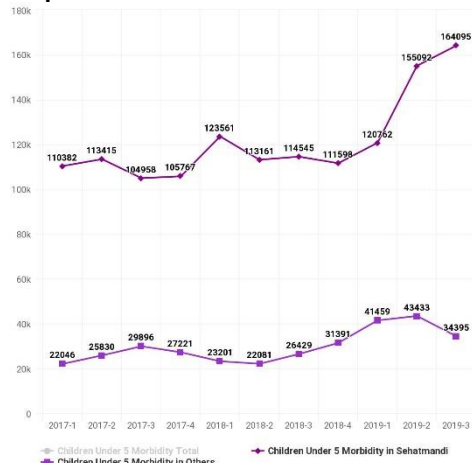
Graph 1: ANC



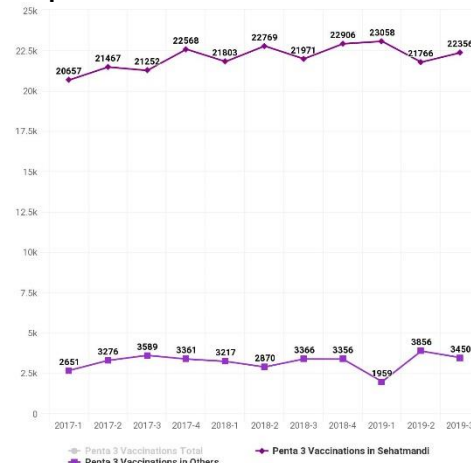
Graph 2: PNC



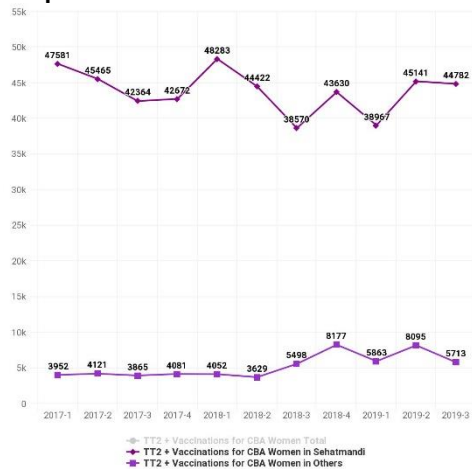
Graph 3: U5 OPD



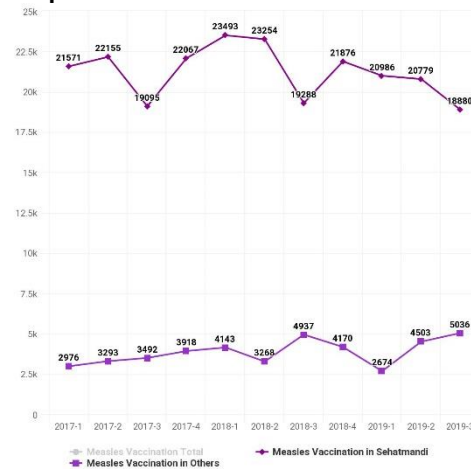
Graph 4: Penta 3



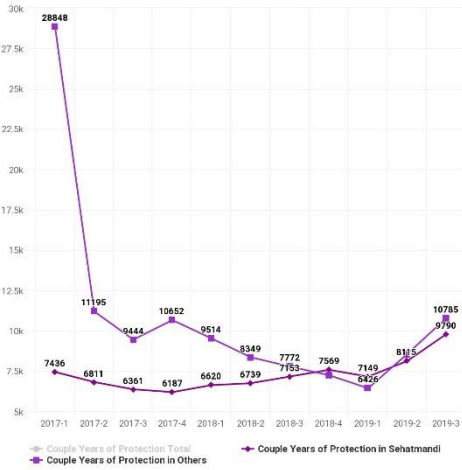
Graph 5: TT2+



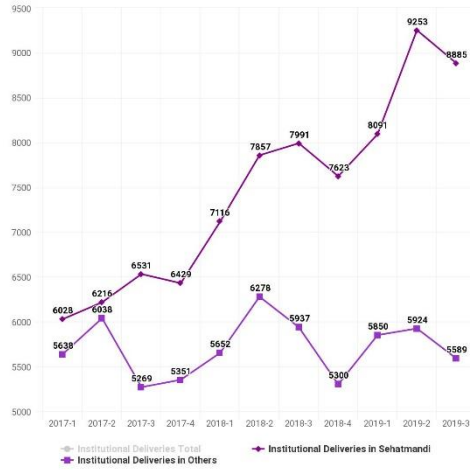
Graph 6: Measles



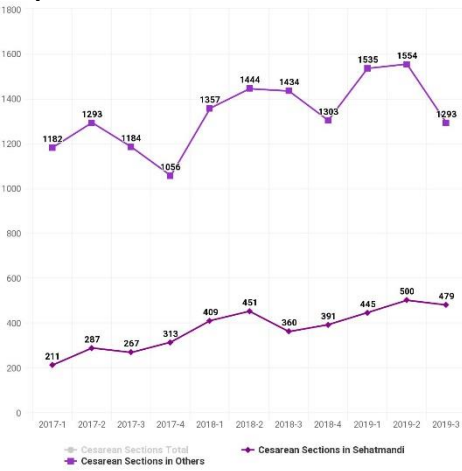
Graph 7: CYP



Graph 8: Institutional deliveries



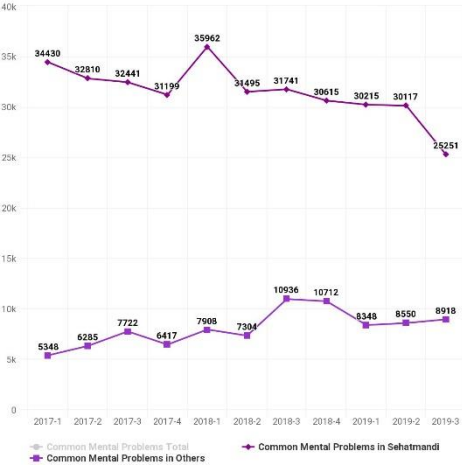
Graph 9: Caesarean section deliveries



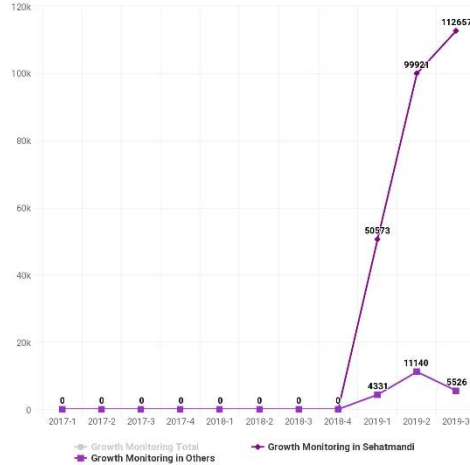
Graph 10: Major surgeries

At this stage this indicator covers only EPHS major surgeries under Sehatmandi, so major surgeries in BPHS are not reflected.

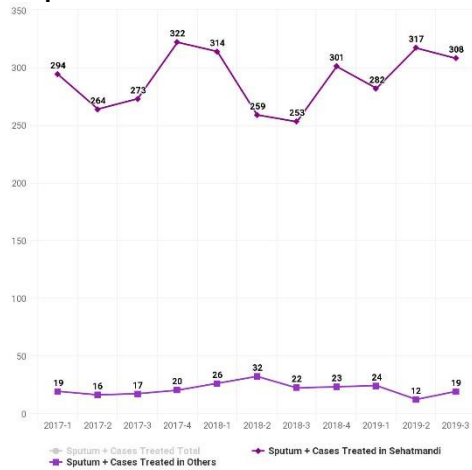
Graph 11: Mental health



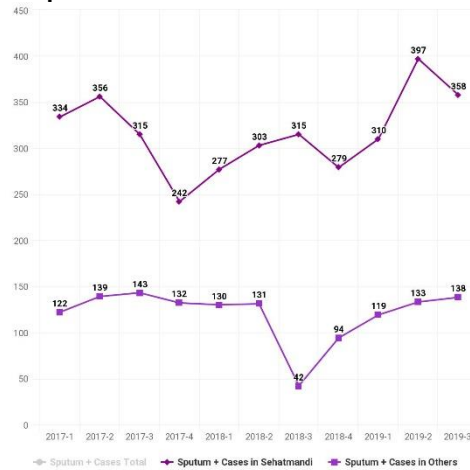
Graph 12: GM/IYCF



Graph 13: TB treatment



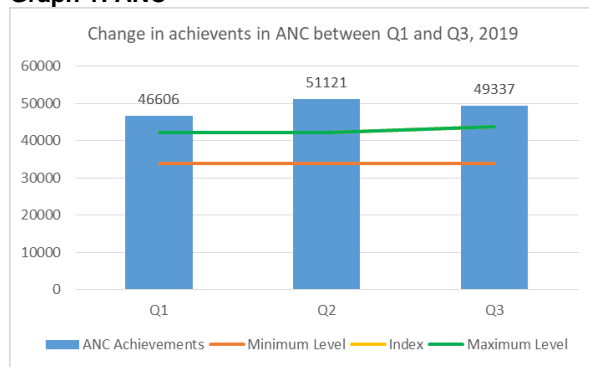
Graph 14: TB detection



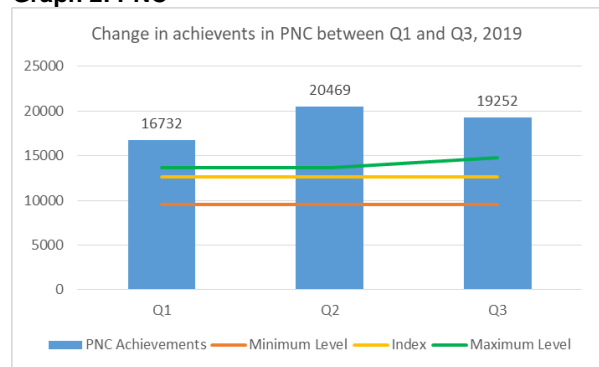
b. Comparison of quarterly achievements in key indicators

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).

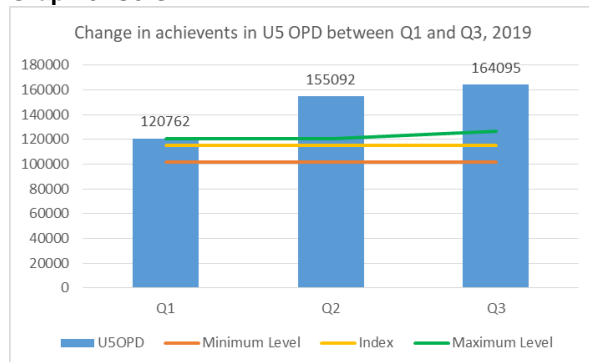
Graph 1: ANC



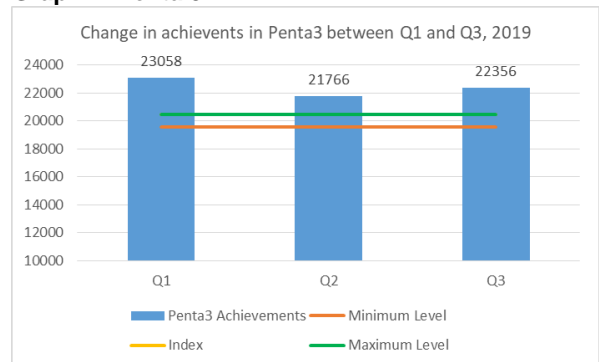
Graph 2: PNC



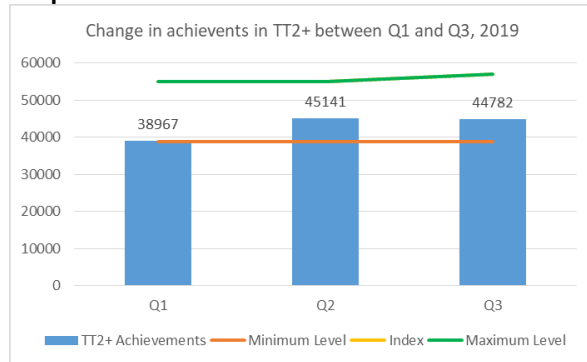
Graph 3: U5 OPD



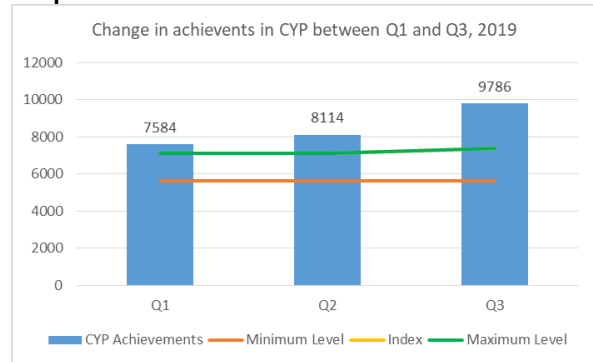
Graph 4: Penta 3



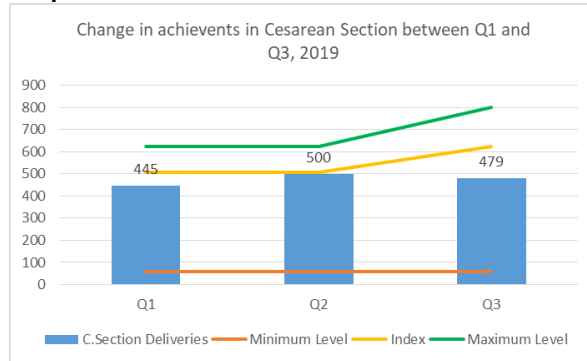
Graph 5: TT2+



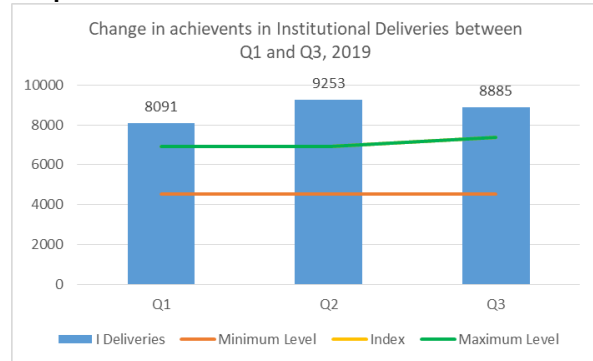
Graph 6: CYP



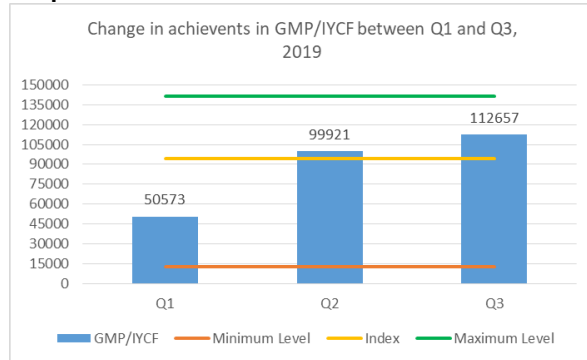
Graph 7: Caesarean section deliveries



Graph 8: Institutional deliveries



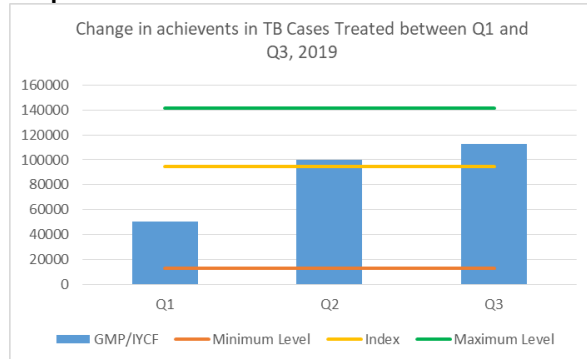
Graph 9: GM/IYCF



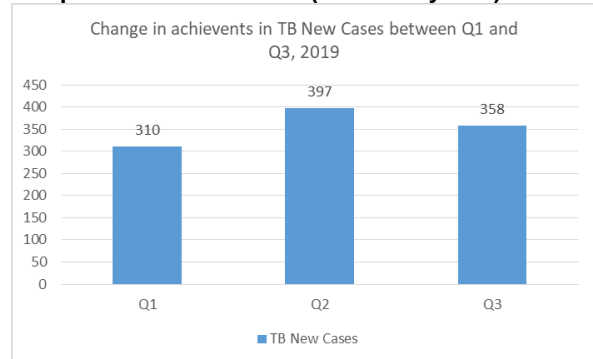
Graph 10: Major surgeries

Herat Provincial/Regional Hospital is not under Sehatmandi Project, so it is not reported here.

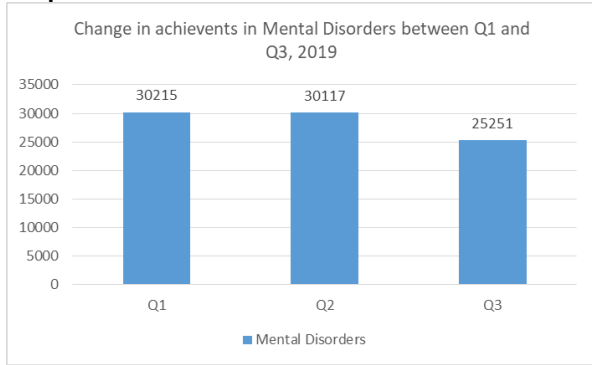
Graph 11: TB treatment



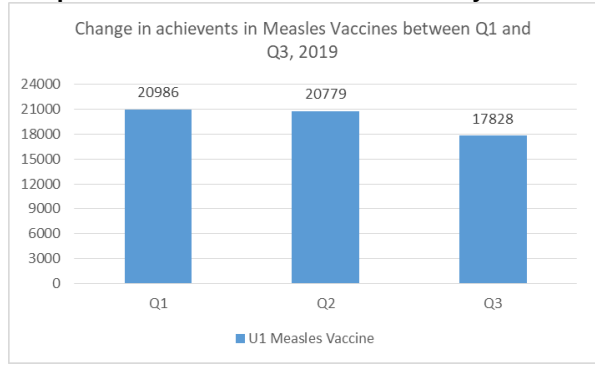
Graph 12: TB New Cases (Pulmonary SS+)



Graph 13: Mental Disorders



Graph 14: Measles Vaccines Received by U1 Y



2. Analysis of achievements at health facility level

Key findings of analysis are as follows:

- No EPI services in Khogyani BHC, Baghat SC for past five months, Pay Hesar SC for past 3 months.
- Low (TT2+=17 and PENTA-3 =0) EPI services in Nayestan, Wakhal SCs.
- No TT2+ services in Shirbakhsh, Baghat and Qabr-e-Mir SCs (while Penta3 services exist)
- ANC, PNC, Deliveries, CYP no services in Nayestan SC, Kalata Nazar BHC and low services in Karez-e-Elyas BHC, Kham-e-Zeyardat SHC,
- No GM/IYCF services in Nayestan SHC in Jawza, Sartan and Asad;
- No TB Treatment services in Hawz-e-Karbas and Baraband BHCs in Saratan and Asad; in Imam ShashNoor SHC in Jawza, Saratan and Asad; no in Shirzad in Sunbula and in Kalata Nazar BHC only one case in past six months.
- Low number of TB treatment cases in Malan (6 cases),Khwaja Chaharshanbe (3 cases) Dara-e-Takht (5 cases) BHCs.
- Very low number of TB treatment cases in Kohsan (6 cases)Shekeban (3 cases) Farsi (2 cases) Zere Koh (2 cases), Karukh (3 cases), and Maslakh (1 cases) CHCs

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

- CHCs had low contribution on C-Section cases compared to the DHs (CHCs = 22% and DHs = 72%)
- DH had high contribution on TB treated cases compared to the CHCs (DH contribution 67% and CHCs contribution 22%)
- Immunization services:
 - CHCs had high contribution on immunization services (PENTA-3) compared to the DH (CHCs 52% and DH 15%)
 - CHCs had high contribution on immunization services (TT2+) compared to the DH (CHCs 46% and DH 16%)
- CHCs had high contribution on CYP services compared to the BHCs (CHCs 39%, BHC 14%)
- DH had less contribution on ANC services compared to the PH (DH 15%, CHCs 51%)
- DH had high contribution on PNC services compared to the CHCs (DH 45%, CHCs 22%)
- CHCs had high contribution on Institutional Delivery services compared to the DHs and BHCs (CHCs 58%, DH 28% and BHCs 9%)

Chart 1: Facilities Contribution to the Achievements Q3 2019

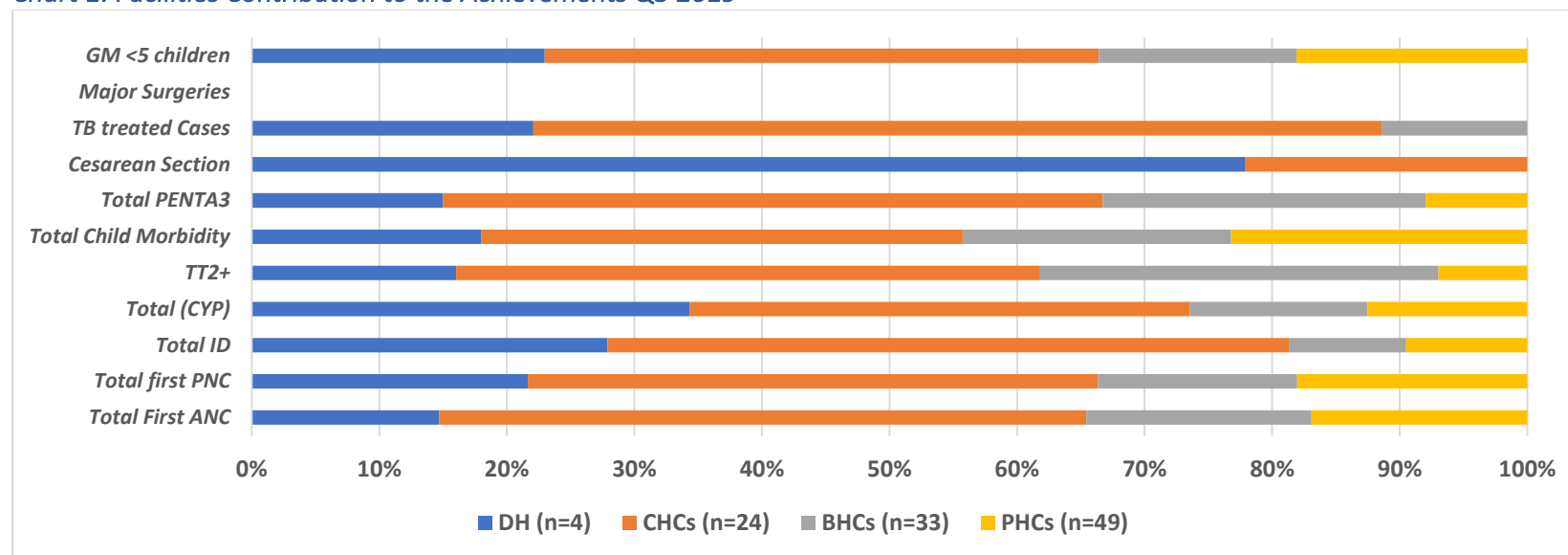


Table 1: Shows contribution of HFs to increase and decrease of performance in 11 P4P indicators

P4P Indicator	# of HFs expected to provide service	# of HFs reported Increase	# of HFs reported decrease	# of HFs with no change	# of HFs with no/zero report	Top Contributors to Increase	Top Contributors to Decrease
ANC	110	64	45	1	2	Gozara DH, Islam Qala CHC, Adraskan CHC, Obay CHC, Chesht-e-Sharif CHC, Jibarayel CHC, Ajrima SHC, Alaaf SHC, Darwaji Payan SHC, Desk SHC	Manara CHC, Gozargah CHC, Nawabad CHC, Gulran DH, Ghoryan DH, Koklam CHC, Zawool BHC, Shirzad BHC, Tonyan SHC and Nishin SHC
PNC	110	66	43	1	1	Oba CHC, Farsi CHC, Lahrab BHC, Tagab Yaari SHC, Jibarayel CHC, Ab Garmy SHC, Pay Hasar SHC, Sang-e-Kotal SHC, Alaaf SHC, Darwaji Payan SHC.	Baba-e-Barq CHC, Nawabad CHC, Gozara DH, Islam Qala CHC, Zendah Jan CHC Chesht-e-Sharif CHC, Shendand DH, Khogyani BHC, Zawool BHC, Shirzad BHC, Barnabad BHC
Institutional Deliveries	110	75	25	9	1	Shekiban CHC, Oba CHC, Farsi CHC, Jibarayel CHC, Rawashan CHC, Sarwan BHC, Ajrima SHC, Kham Mozafar BHC, Sang-e-Kotal SHC, Alaaf SHC, Maslakh CHC, Darwaji Payan SHC, Desk SHC	Baba-e-Barq CHC, Gozargah CHC, Nawabad CHC, Injil CHC, Gozara DH, Turghondi CHC+, Islam Qala CHC, Kohsan CHC, Zendah Jan CHC, Chesht-e-Sharif CHC, Zir-e-Koh CHC, Yaka Darakht BHC
CYP	110	80	19	1	1	Manara CHC, Nawabad CHC, Hawza-e-Karbas BHC, Injil CHC, Gozara DH, Ghoryan DH, Oba CHC, Shendand DH	Imam Shash Noor CHC, Gulran DH, Islam Qala CHC, Kohsan CHC, Ghogyani BHC, Karukh CHC, Zawool

P4P Indicator	# of HFs expected to provide service	# of HFs reported Increase	# of HFs reported decrease	# of HFs with no change	# of HFs with no/zero report	Top Contributors to Increase	Top Contributors to Decrease
							BHC, Nayestan SHC, Maar Aabad BHC, Khoshk Rood SHC, Khair Abad SHC,
Penta 3	110	48	31	1	30	Manara CHC, Injil CHC, Pashton Zarghoon CHC, Islam Qala CHC, Ghoryan DH, Oba CHC, Shendand DH, Koshk-e-Robat Sangi CHC, Haft Chah BHC	Baba-e-Barq , CHC, Farsi CHC, Chesht-e-Sharif CHC, Khogyani BHC, Zawool BHC, Shir Bakhsh SHC, Baghat SHC, Janeyowa SHC , Kham Mozafar BHC, Maslakh CHC, Tazirbid SC,
TT2+	110	37	42	0	31	Gozara DH, Pashton Argon CHC, Gulran DH, Shendand DH, Zir-e-Koh CHC, Koshk-e-Robat Sangi CHC, Dasht-e-Nizan BHC, Sang-e-Kotal SHC, Jafarbeg BHC	Baba-e-Barq CHC, Injil CHC, Ghoryan DH, Koklam CHC, Kahdistan CHC, Khogyani BHC, Esfarz BHC, Sabul BHC, Maar Aabad BHC, Neshin SHC
TB Cases Treated	37	6	7	24	0	Adraskan CHC, Baba-e-Barq CHC, Kohsan CHC, Malan BHC, Dehnaw BHC, Khowaja Chahar Shanba BHC	Nawabad CHC, Hawza-e-Karbas BHC, Islam Qala CHC, Shirzad BHC, Kala Gerd SC
Under 5 OPD	110	65	44	1	0	Baba-e-Barq CHC, Malan BHC, Turghondi CHC+, Gulran DH, Oba CHC, Farsi CHC, Karukh CHC, Zawool BHC, Jibarayel CHC, Maslakh CHC, Wakhal SHC, Zaman Abad SHC	Injil CHC, Imam Shash Noor CHC, Zendah Jan CHC, Shekiban CHC, Shendand DH, Kahdistan CHC, Awkal BHC, Qala-e-Khowaja BHC, Jandah Khan BHC, Khair Abad SHC
GM/IYCF	110	72	38	0	0	Baba-e-Barq CHC, Injil CHC, Gozara DH, Gulran DH, Ghoryan DH, Adraskan CHC, Koklam CHC, Zir-e-Koh CHC, Koshk-e-Robat Sangi CHC	Manara CHC, Gozargah CHC, Malan BHC, Turghondi CHC+, Nayestan SHC, Barnabad BHC, Mirabad SC, Darwaji Payan SC, Mesgaran Olia SC
Caesarea n Section	7	4	3	0	0	Sheendand DH, Pashtoon Zarghoon CHC, Torghondi CHC.	Gozara DH, Ghoryan DH, Obae CHC

3. Summary of Monthly Updates: All 110 health facilities were functional during the quarter.

a. Immunization services:

- Ban on EPI outreach services in Chesht Sharif CHC, Darai Takht BHC and Esfarz BHC located in Chesht Sharif district and Zawol BHC located in Shindand district was lifted in the last week of Saratan month.
- No EPI outreach activities since Asad 12 till end of Sunbula in Darai Takht BHC of chashti Sharif District due to clash between two groups of AOG for three weeks. No EPI outreach services in Khogiani BHC located in Gulran district from 13 to end of Sunbula due to insecurity.
- No EPI outreach services in Farsi CHC from Asad 7 till Sunbula 20 because the newly hired outreach vaccinator was under the training.
- Vaccination room of Syawoshan CHC burned due to explosion of gas balloon. All the equipment (medical and non-medical including cold chain equipment) were destroyed. The room was renovated and the equipment were resupplied.

b. Infrastructure and renovations:

- Malan BHC was provided with city electricity. Water system renovated in Babai Barq CHC, Naw abd CHC and Emam Shsh Noor CHC. Naizan BHC windows glasses were broken due to another fight between ANSF and AOG.
- Five HFs (Guzrah DH, Injil CHC, Baba Barq CHC, Jabril CHC and Noqrah SHC) upgraded with WASH program.
- Gazargah CHC water supply system and windows were renovated and the solar system was installed. Qala Khuja BHC renovated (entire water supply system and other needs); standard installation of incinerator in Gozarah DH, repaired the generator and transformer of Minaraha CHC. Naw abad CHC waste management system renewed and its generator was repaired. Hawz Karbas BHC and Enjil CHC water supply system, repairing of doors; Babai Barq CHC water system, broken doors and windows; Guzara DH water supply; repairing and painting the doors and replacement of the locks; Kahdistan CHC water supply system, repairing and painting the doors, Partition of MCH room and separate room for family planning services; Naw abad CHC renovated with the water supplies system, and repairing of doors.

c. HMIS:

- AOG ordered HFs In-charges of Chashti Sharif, Oby, Pashtoon Zarghoon, Shindand, Adraskan, Ghoriyan, Gulran, Koshki rabat Sangi, Koshki Kohna, Kohsan and Farsi HFs to not report attendance and MIAR reports of Asad month to Provincial Office. They also ordered that supervisors must not visit the field till the Provincial Office respond to their demands. Once again they ordered five HFs in-charges to not report the reports of SONBOLA of Lahrab, Mesgaran Mirabad, Sang Kotak and Sher Bakhsh SHC with sub office. They have some demands beyond of the scope of the SP contract.

d. Staffing:

- Outreach vaccinator of Farsi CHC was killed due to fight between ANSF and AOG. Both male and female vaccinators in Totichi BHC located in Gulran district were terminated by AOG due to local conflicts. The positions were announced with no result yet. Recruitment and training of outreach vaccinator for Farsi CHC was completed by Sunbula. Two vacant positions of male/female vaccinators for Totich BHC that left their job at 10th of Asad 1398 were filled. One female MD, one midwife, one male nurse, one male and two female vaccinators and two back up midwives were hired.

e. Salary payment: No salary payment of Sarata, Asad and Sunbula months to HFs staff.

4. Performance in Quality of Care indicators

No data is available about quality of care indicators.

5. Summary of discussion in the Quarterly Performance Review

Discussions took place on 11 P4P indicators in the HFs where performance had rapid increase, decrease or no change; the minimum acceptable standards; the deliverables and payment of salary to HFs staff. The causes and other details of discussion are reflected in PIP annex 1.

6. Summary findings of HF visits

The following four HFs were visited during the mission:

- Karukh CHC,
- Gozara DH,
- Rawashan CHC and
- Baba-e-Barq CHC

a. Strengths:

- The standards in terms of staffing were met;
- The standards in terms of availability of pharmaceuticals were met;
- The HFs were equipped with the necessary equipment and ambulances;
- Two of the above mentioned HFs (Baba-e-Barq CHC and Rawashan CHC) were visited on Friday. On duty staff (midwives) were present the MCH indicators were consistent with HMIS data;
- Good technical knowledge of the assigned staff;
- The P4P indicators achievements were displayed in graphs and charts
- IMCI and Nutrition posters/charts were available in the related sections
- In addition, the strengths reflected in Dari report of the HFs visited together with the Deputy Minister for Health Care Services Provision, Aqrab 5 – 9, 1398 (November 17 – 21, 2019)

b. Areas for Improvement

- The areas mentioned under HFs in-depth analysis (Section c of this report)
- The areas reflected in Dari report of the HFs visited together with the Deputy Minister for Health Care Services Provision, Aqrab 5 – 9, 1398 (November 17 – 21, 2019)
- In addition:
- The referral system needs to be improved (from community, HPs and low level HFs to upper level HFs and back from upper level HFs to low level HFs including vice versa follow up and ambulance services)
- Oxytocin was not kept in refrigerator and was placed in simple envelop with other medicine in the shelve
- CHW kits were provided per each HP instead of one kit per each CHW

c. **Work Plan:** From a total of 114 activities planned for this quarter 107 (94%) were done, 5 (4%) are partially done and 2 (2%) are not done.

d. **Training Plan:** 100% (8 training) planned for this quarter were done.

7. Recommendations

- Develop PIP covering the issues related to P4P indicators have not achieved the index; indicators with declining trends, HFs with no services or low services which are listed under the table in section c (facility in-depth analysis);
- SP to add actions for not done and activities of the Project Work Plan;
- Develop a separate remedial action plan for areas for improvement other than the P4P indicators, minimum standards, quality of care indicators, submission of deliverables and salary payment (this plan is covered in the remedial action plan prepared in response to HFs visit together with the Deputy Minister).

Annex 1: Updated Performance Improvement Plan (PIP)

**Herat BPHS Performance Improvement Plan (PIP)
Based on 2nd Quarter 1398 Review Workshop**

Date PIP developed: 04/11/2019

Date revised: 04/11/2019

<i>SN</i>	<i>Problem Statement</i>	<i>Causes</i>	<i>Recommendations/ Corrective actions</i>	<i>Support to be provided by MOPH</i>	<i>Agreed Completion Date</i>	<i>Status/Remarks</i>
1	As per HMIS reports during reporting period (3 rd QRT), Herat province has not met the index level (target) in one indicators (TT2+)	<p>TT2+ lower performance is due to:</p> <p>1- Disruption in outreach activities (uncontrolled ban of male vaccinators and females without chaparon to conduct these activities);</p> <p>2- Some clients don't bring the vaccination cards and recorded as TT1, less coordinaiton between vaccinator and CHWs/CHSs.</p> <p>3.TT Compign had had condcuted at the past because of that the</p>	<p>1.increasing awareness though CHWs, CHS ,FHAG, outreach vaccinators</p> <p>2-communicate through community elders, health shuras and other channels with local AOGs) to convince them to allow vaccination outreach services.</p> <p>3. decrease missed opportunity by regular supportive supervision, on the job training in the HFs</p> <p>4. Widely spread the 5 key messages (1- What is the Vaccine and for what it is important. 2- Dozes and rounds of vaccination. 3- Normal side effect of vaccination. 4- Next date and time for vaccination. 5- importance of taking care of vaccination cards and getting feedback from mother of children) for vaccination which also contains retention of vaccination cards by clients during visit of HF.</p> <p>5. Delivering continues 5 key messages for vaccination which also contains retention of vaccination</p>	<p>Integrate data of community based outreach program in to HFs which is supposed to be activated through GAVI fund.</p>	<p>1. 31/12/2019</p> <p>31/12/2019</p> <p>2. 31/12/2019</p>	

	Measles coverage decreased in the first semiannual period.	women did not attention more on it again 4. Fully Immunization in Schools 5. Remote and isolated geographical areas	cards by clients/care takers during visit of HF/outreach sessions. 6. Strong attention and follow up by EPI sub office team on TT2, Measles and other EPI indicators 7. Identify the root cause for rapid increase and rapid decrease and provide corrective action plans for individual HFs.		3. 31/12/2019	
2	Number of mental health disorders decreased in the third quarterly report period.	HF staff focused on P4P indicators.	-Plan triage for screening the mental health client to visit psycho-social counselors -Developed comprehensive action plan to improve the MH services -Set target for mental health disorders to each HF; -Increasing the awareness through CHWs, CHS, outreach vaccinators and HFs health services providers -Provide feedback on reported mental health data. -following up the referral system -Motivation of the employees to have strong attention on avoid miss opportunity for referring the mental health clients to psycho-social counselors		4. 31/12/2019	
3	Lack of FMDs in 4 out of 24 CHC	The main cause is : - security related challenges, - very low level of living condition,	-Locally announcement and continuously active search for FMDs. -Provide additional benefits for the applicants (benefits and allowances such as providing accommodation		5. 30 December 2019	

		- No job for her Mahram,	facilities, hiring her Mahram/Chaperon in case of availability vacant position and his ability, providing transportation facility for weekly or monthly visit from her family, even paying some extra incentive).			
4	Referral required to improve from community level to higher level		<ol style="list-style-type: none"> 1. conduct orientation on referral system from HPs to HFs 2. Conduct orientation session on referral system from lower level BPHS HFs to its upper level HFs. 3. Strengthen the referral system from CHCs and CHCs+s to DHs and RH. 4. Organize meeting with the Regional hospital management team and PPHD on referral system 5. Continues follow up/analyze of the referral data during monthly meeting. 		20.12.2019	
5	Delay in salary payment to HFs staff.	The long duration of payment schedule to IP.	<ul style="list-style-type: none"> - Struggling of resources for payment of staff salary on time - Transfer of staff salary based on payment schedule 	Change on payment schedule duration from 6 months to 3 months	31.12.2019	Salary for the month of saraton was managed by taking loan
	Suggestions to SP					
6	The presumptive TB cases is less in Herat;	TB cases (extra pulmonary and smear negative cases) have decreased.	- All HF staff assigned to strengthen internal referral system in HF including TB related important messages in health education weekly plan, regular/ active triage of clients		31/12/2019	

			in HFs to detect pulmonary sputum positive, pulmonary sputum negative and extra pulmonary case; -Contact management of TB positive cases.			
	Suggestions to MOPH					
7	Consider the distances between installments to reduces from 6 to 3 months for effective services		Payment to IPs should be done on quarterly basis	Revise payment schedule	Remaining period of project	
	Suggestions to donor					
8	SPs did not receive any official document for payment beyond cap. Payment beyond Cap encourages SPs to have more initiatives in the project.	Availability of CAP prevent SPs to invest on additional staff or required resources		Removal of CAP		

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