



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

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

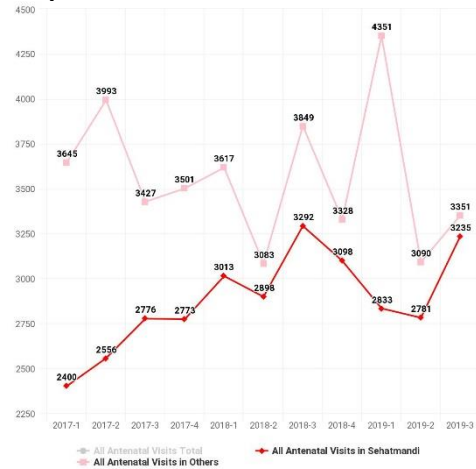
Service Provider	Strengthening Mechanism (SM)
Reported by	Dr. Hedayatulla Sahak
Telephone number	+93 (0) 700019967
Email address	ssahak.pmo@gmail.com

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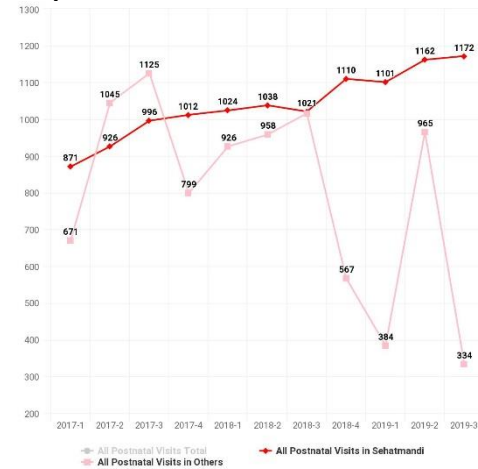
# 1. Achievements in P4P indicators and other key indicators

Below graphs 1-14 present changes in the service counts of key performance indicators between the 1<sup>st</sup> quarter of 2017 and the 3<sup>rd</sup> quarter of 2019. **Trend lines of key indicators**

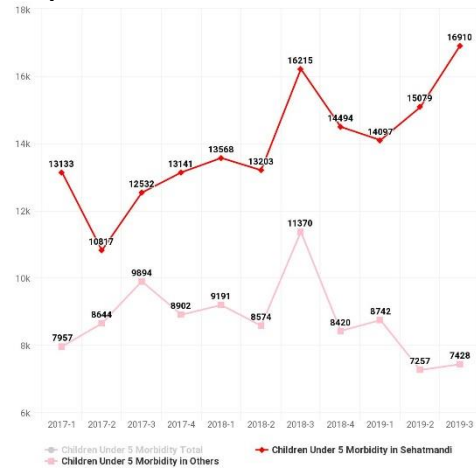
**Graph 1: ANC**



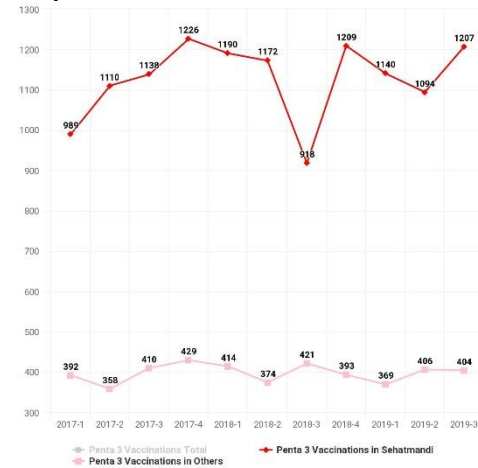
**Graph 2: PNC**



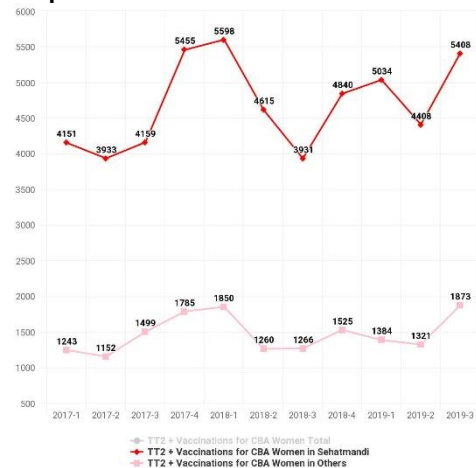
**Graph 3: U5 OPD**



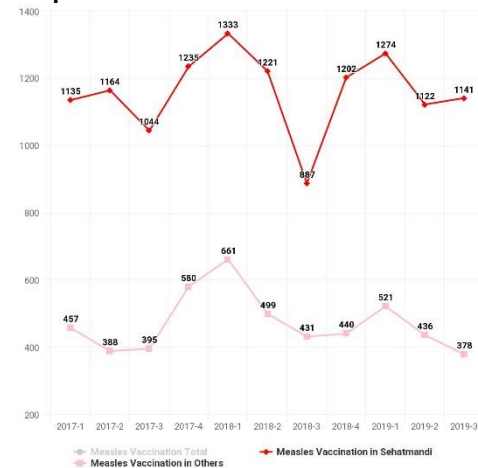
**Graph 4: Penta 3**



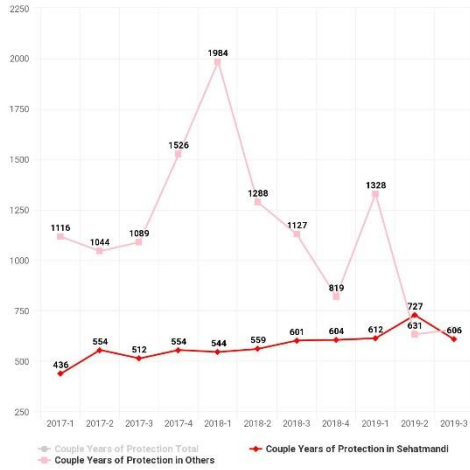
**Graph 5: TT2+**



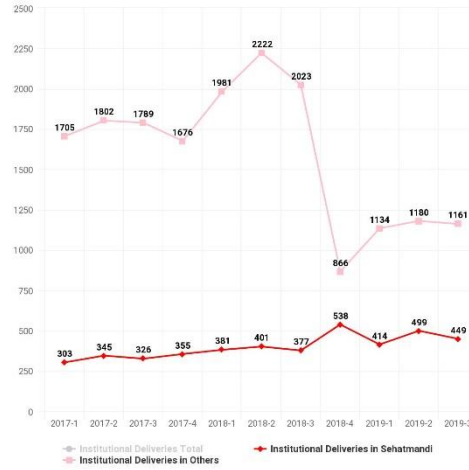
**Graph 6: Measles**



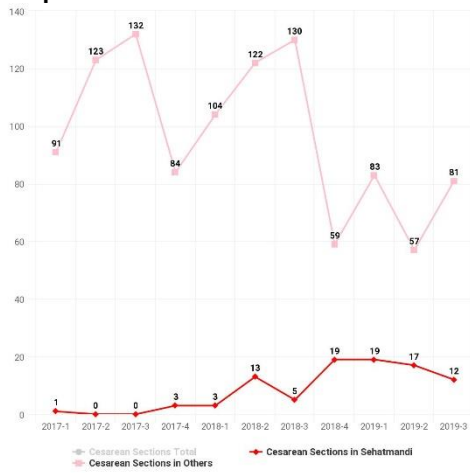
**Graph 7: CYP**



**Graph 8: Institutional deliveries**



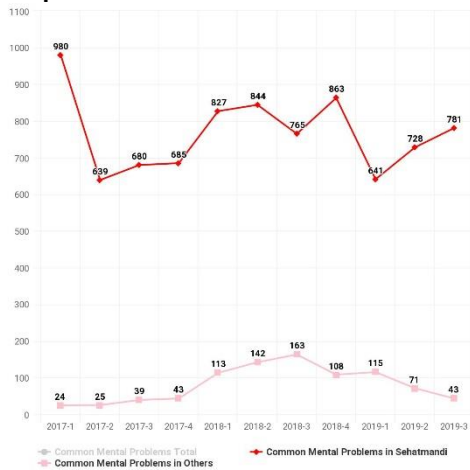
**Graph 9: Caesarean section deliveries**



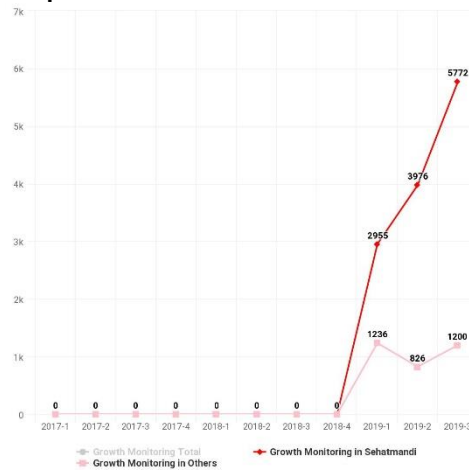
**Graph 10: Major surgeries**

No provincial hospital under Sehatmandi, so no data available.

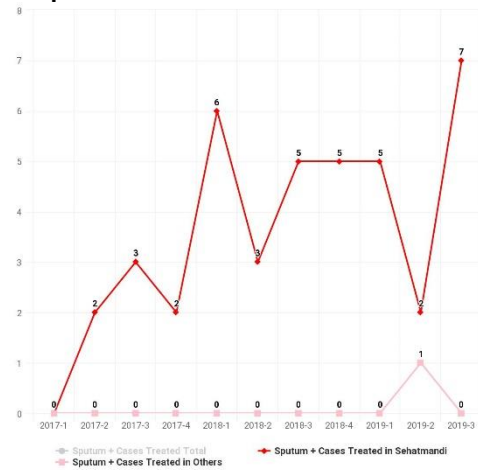
**Graph 11: Mental health**



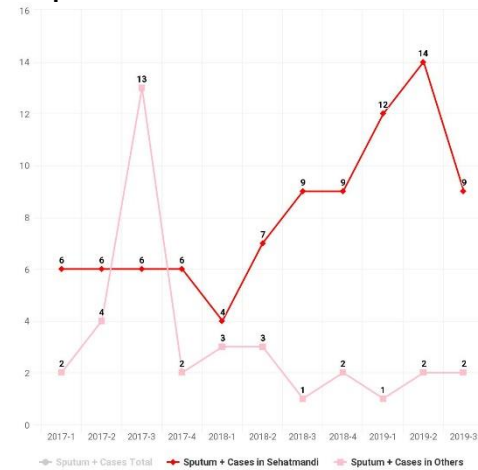
**Graph 12: GM/IYCF**



**Graph 13: TB treatment**



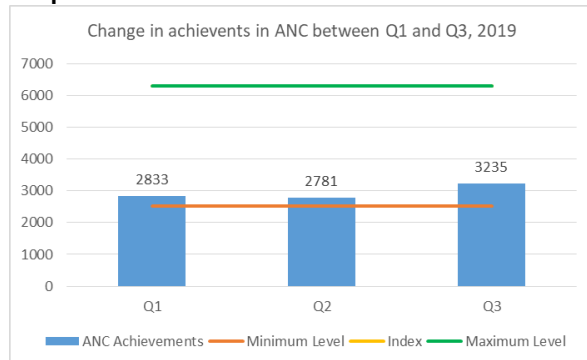
**Graph 14: TB detection**



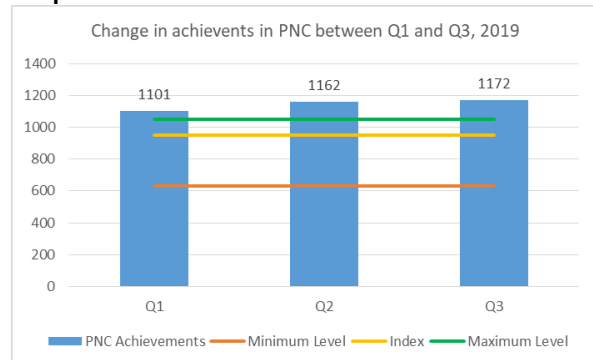
**a. Comparison of quarterly achievements in key indicators**

Below graphs 1-10 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).

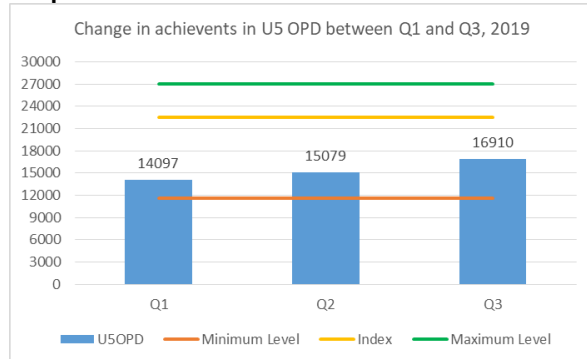
**Graph 1: ANC**



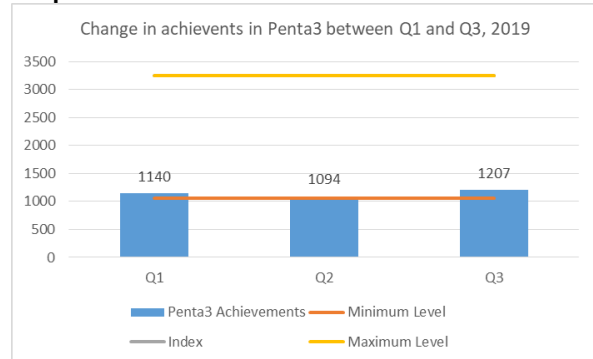
**Graph 2: PNC**



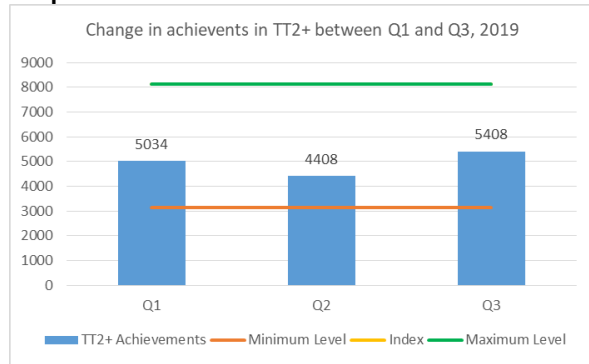
**Graph 3: U5 OPD**



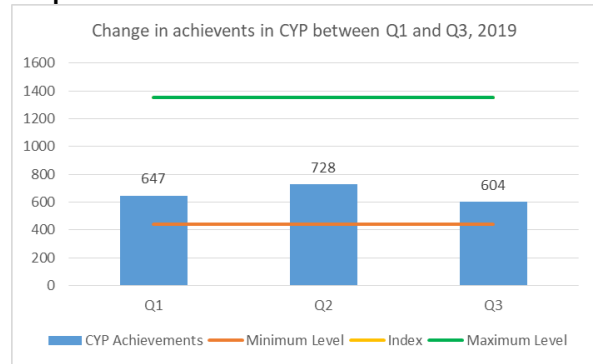
**Graph 4: Penta 3**



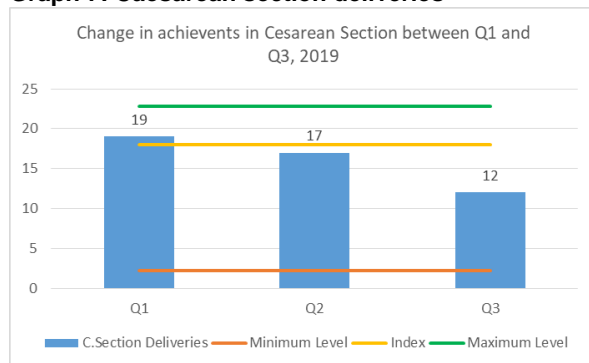
**Graph 5: TT2+**



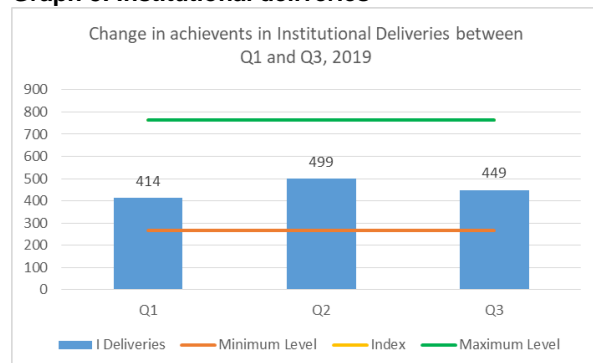
**Graph 6: CYP**



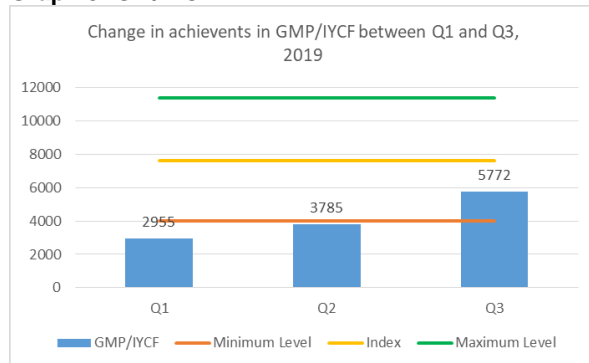
**Graph 7: Caesarean section deliveries**



**Graph 8: Institutional deliveries**



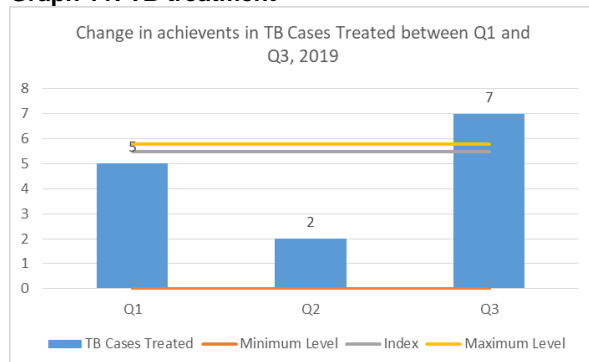
**Graph 9: GM/IYCF**



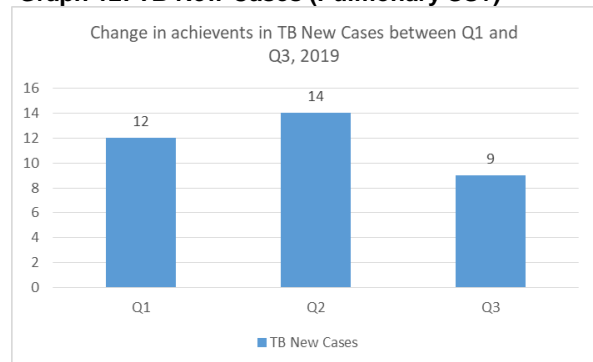
**Graph 10: Major surgeries**

No provincial hospital under Sehatmandi, so no data available.

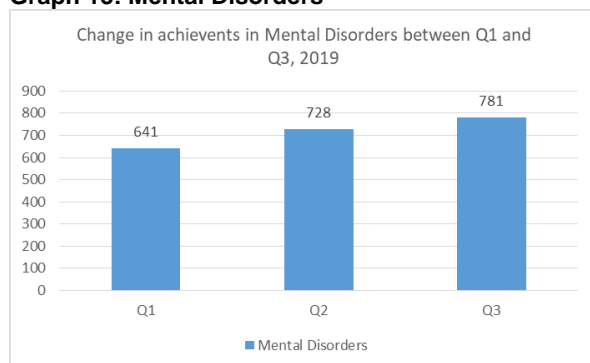
**Graph 11: TB treatment**



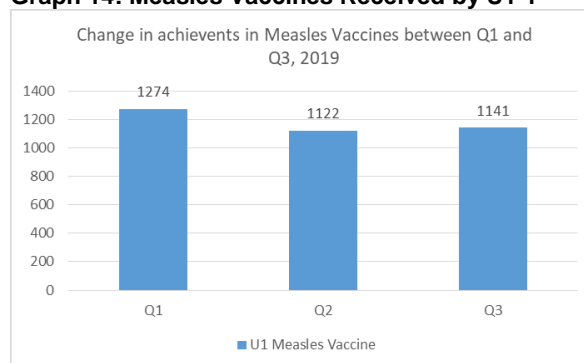
**Graph 12: TB New Cases (Pulmonary SS+)**



**Graph 13: Mental Disorders**



**Graph 14: Measles Vaccines Received by U1 Y**

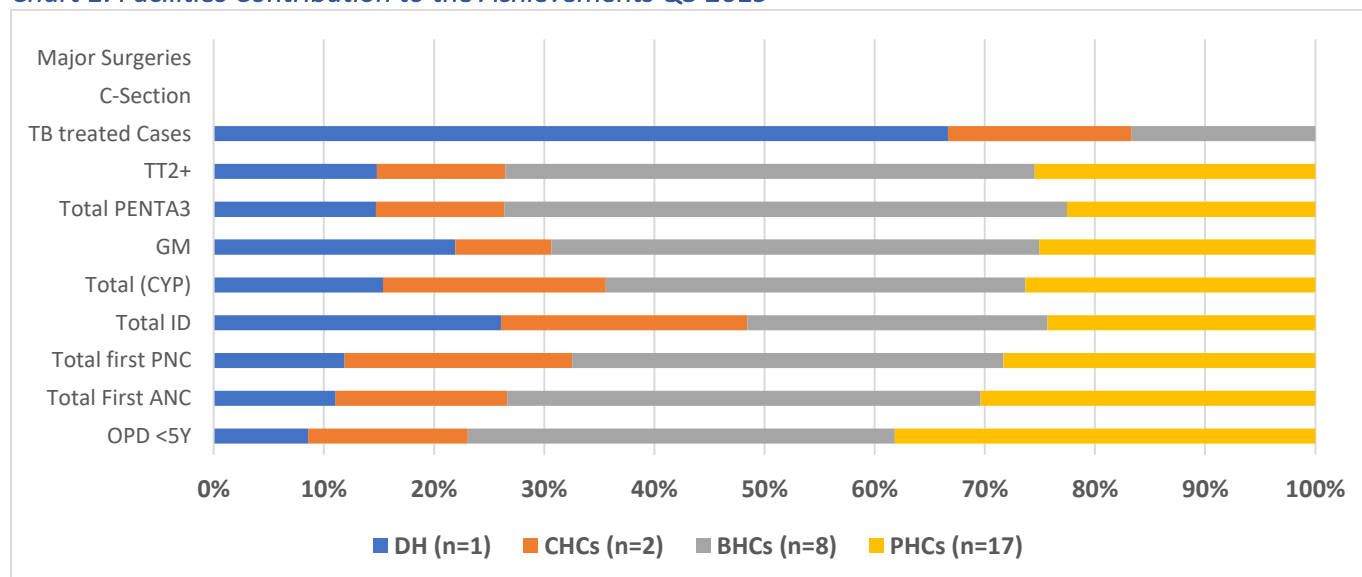


## 2. Analysis of achievements at health facility level

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

- Zero contribution on C-Section by DHS and CHCs
- Low contribution of CHCs on TB treated compared to the DHs (CHCs 17%, DHs 67%)
- BHCs had high contribution on PENTA-3 compared to the CHCs (BHCs 51%, CHCs 12%)
- BHCs had high contribution on TT2+ compared to the CHCs (BHCs 48%, CHCs 12%)
- BHCs had high contribution on CYP compared to the CHCs and DHs (BHCs 38%, CHCs 20%, DHs 15%)
- BHCs had high contribution on Institutional Delivery compared to the CHCs (BHCs 27%, CHCs 22%)
- BHCs had high contribution on ANC compared to the DHs (BHCs 43%, CHCs 11%)
- BHCs had high contribution on PNC compared to the DHs (BHCs 39%, CHCs 12%)

*Chart 1: Facilities Contribution to the Achievements Q3 2019*



## 3. Summary of Monthly Updates

- Three out of three months of MUs were submitted timely (100%)
- Two MDs, two vaccinators, one midwife were recruited
- Salary of all staff was paid till end of Sonbula 1398 (100%)
- 28 including eight new HFs are functional during the period
- 10 HFs have not proper water supply

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

The data for quality of care indicators are not available.

#### **5. Summary of discussion in the Quarterly Performance Review**

Discussions took place on 10 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).

## **Annex 1: Detailed Mission Report**

### **Abdullah Khail BHC**

Located in Dara District, Abdullah Khail village with a population 15456 and 12 people staff.

#### **Strengths:**

1. Complete staff with no vacant position
2. Most of the staff were local residents
3. Staff have received their salary
4. Recruitment of Nutrition Counselor (contracted staff)
5. Availability of ambulance
6. Winterization supply is done;
7. No drug stock out or shortage;
8. Provision of night duty
9. Immunization section has implemented the plan of outreach and mobile
10. The outreach vaccinator has motorcycle and he is given fuel and per diem;
11. Female vaccinator was available for fixed services;
12. Nine health posts with 18 CHWs that had 50% female (all female CHWs were school's teachers)
13. Availability of laboratory

#### **Areas for improvement**

1. Data discrepancy between monitoring charts, registration book and MIAR in Penta3, TT2+ and GM/IYCF
2. The HF staff was displaying ANC 1 and PNC 1 in monitoring charts instead of all ANCs and all PNCs
3. Lack of proper incinerator (they were using a small stove)
4. Lack of burial pits
5. Low capacity of midwife to calculate CYP
6. Unavailability of fuel for warming of delivery room
7. Lack of vacuum suction in delivery room
8. Lack of table for newborns
9. Lack of signboard
10. Lack stove/heater in laboratory
11. Lack of room for nutrition counselor
12. CHW kits were supplied per each HP instead of each CHW and the contents of kits were only 17 items
13. Lack of BPHS guideline

### **Karpetab SHC:**

It is the farthest area of the province with more than two hours by vehicle located 20 Km near to Keran and Munjan district of Badakhshan province.

#### **Strengths:**

14. Complete staff with no vacant position
15. Most of the staff were local residents
16. Staff have received their salary
17. Recruitment of Nutrition Counselor (contracted staff)
18. Concrete government building
19. Water system with source from a spring but the HF reservoir of the water was frozen
20. Winterization supply is done;
21. No drug stock out or shortage;
22. Immunization section has implemented the plan of outreach
23. The vaccinator has motorbike for outreach services and he is given fuel and per diem;
24. Availability of Malaria protocol and national formulair of drug



### **Areas for improvement**

14. Data discrepancy between monitoring charts, registration book and MIAR in Penta3, TT2+ and GM/IYCF
15. The HF staff was displaying ANC 1 and PNC 1 in monitoring charts instead of all ANCs and all PNCs
16. Lack of oxygen;
17. Lack of table for newborns in delivery room
18. Lack of signboard
19. Lack of BPHS guideline, healthcare waste management guideline
20. Two duplicate targets for EPI services (National EPI target and HMIS target)
21. Negative believes and propaganda against EPI and MCH services by local people including guard of the clinic
22. Lack of BPHS guideline, healthcare waste management guideline and NSTG
23. Lack of IMCI form, partograph form and ANC cards
24. The reporting forms of Asad, Sunbula and Aqrab were not filled;
25. No supply of contraceptive pills and Depoprovera Injection
26. Lack of exhaust fan in pharmacy
27. Oxytocin injection was kept in shelves with other drugs

### **Paryan BHC**

Located in Paryan District, Kawjan village with a population 15000 and 12 people staff.

#### **Strengths:**

1. Complete staff with no vacant position
2. Most of the staff were local residents
3. Staff have received their salary
4. Recruitment of Nutrition Counselor (contracted staff)
5. Winterization supply is done (but no arrangements for nutrition counselors and no fuel for delivery room);
6. Immunization section has implemented the plan of outreach
7. The outreach vaccinator has motorcycle and he is given fuel and per diem;
8. The HF has 20 health posts in its catchment area with 50% female CHWs
9. Minutes of CHS meetings with CHWs were available

#### **Areas for improvement**

1. Data discrepancy between monitoring charts, registration book and MIAR in Penta3, TT2+ and GM/IYCF;
2. In monitoring graphs/charts, the HF staff was displaying ANC 1 and PNC 1 instead of all ANCs and all PNCs;
3. The midwife has been instructed by Provincial Nutrition Officer to use PNC performance figures as IYCF figures in IYCF monitoring graphs; while the Nutrition Counselor was not reporting the data generated by midwife;
4. Incomplete surrounding wall that has affected the security and safety of the clinic;
5. Damaged walls in pharmacy, EPI and CHS rooms;
6. Most of the locks of the doors were damaged;
7. Improper condition of nutrition counseling room (no warming arrangement/stove, leakage of roof, broken window, damaged shelves, damaged table)
8. Weak management of pharmacy stock (no updated stock cards since last supply that was 12 days back; the cartons were placed on simple board; no exhaust fan;
9. Lack of burial pits
10. Low capacity of head of the HF in terms of technical, management, administrative functions
11. No consistency between diagnosis and treatment;
12. Improper filing of prescriptions;

13. No cooperation and coordination among HF staff;
14. Electricity system was damaged;
15. Insufficient IP equipment;
16. Lack of water system for other than MCH section while the MCH section had non-functional/damaged system;
17. Unavailability of fuel for warming of delivery room;
18. Lack of standard delivery table;
19. Lack of electrical or pedal suction machine in delivery room;
20. Lack of table for newborns
21. Unavailability of methergine tablets and Oxytocin injection in MCH section
22. Inadequate supply of delivery kit for MCH section (10 kits for one quarter while there are 15 deliveries per month on average);
23. Lack autoclave for MCH section
24. Lack of oxygen;
25. Lack of signboard;
26. Lack of stove/heater in laboratory
27. CHW kits were supplied per each HP instead of each CHW and the contents of kits were only 17 items
28. Lack of BPHS guideline, healthcare waste management guideline
29. Two duplicate targets for EPI services (National EPI target and HMIS target)
30. Negative believes and propaganda against EPI and MCH services by local people
31. Lack of IMCI form, partograph form and ANC cards

**Do Abi Khawak SHC:**

It is located in Paryan district with a population 3709. Up to end of Sunbula 1398 the HF did not have EPI services but from Mizan it is upgraded with EPI services.

**Strengths:**

25. Complete staff with no vacant position;
26. Consistency of deliveries reported in HMIS with graphs displayed in the clinic;
27. All staff were local residents;
28. Staff have received their salary;
29. Recruitment of Nutrition Counselor completed (contracted staff)
30. Concrete government building
31. Water system exist but the source of water is destroyed due to recent flood;
32. Winterization supply is done;
33. No drug stock out or shortage;
34. The clinic was recently upgraded with EPI services, since one month.

**Areas for improvement**

28. Data discrepancy between monitoring charts and HMIS reports (no consistency between HF charts and HMIS report in ANC, PNC, IYCF and OPD <5. The HF was using ANC1 instead of all ANCs).

**Safed Chehr CHC+**

**Strengths:**

35. Staff have received their salary;
36. Concrete government building;
37. Winterization supply is done;
38. Availability of night duty midwife

**Areas for improvement**

Incomplete staff (e.g. surgeon)

**Recommendation:**

- PPHD and SM team to review the PIP in the annex and complete it (Section 1 is for the actions pending from previous PIP or those areas that are still need improvement and Section 2 is for new PIP)
- PPHD and SM team to include the findings of HFs in-depth analysis reflected in part c of section 1 of this report (**Analysis of achievements at health facility level**) in the new PIP
- PPHD and SM team to include the negative findings of HFs visit (areas for improvement reflected in section 4) in the new PIP.

## Annex 2: Updated Performance Improvement Plan (PIP)

Date PIP developed: 17/12/2019 (26/09/1398)

Date of development of Previous PIP: 15/09/2019

S/N	Gaps/Problems Identified	Causes	Recommendations	Corrective actions	Support to be provided by MOPH	Agreed Completion Date	Status/Progress made	Remarks
<b>I. Actions Pending from Previous PIP</b>								
1	ANC performance has not met the Index/target	<ul style="list-style-type: none"> <li>- No supportive supervision due to lack of RH Officer</li> <li>- Low salary for management staff (RH Officer)</li> <li>- Heavy Winter</li> <li>- No back up for midwives of the clinic when the midwives are on leave</li> <li>- Low community awareness</li> </ul>	- Improve ANC Services	<ol style="list-style-type: none"> <li>1. Recruitment of RH Officer</li> <li>2. supportive supervision of RH section of HFs by other member of PHO</li> <li>3. searching options for increasing salary for PHO management staff (especially RH Officer)</li> <li>4. back up for midwives of the clinic when the midwives are on leave</li> <li>5. increasing community awareness</li> </ol>	<ul style="list-style-type: none"> <li>- SM Provide support to the recruitment of vacant PHO officers</li> <li>- Approval for recruitment of back up midwife</li> </ul>	<ul style="list-style-type: none"> <li>- 30/11/1398</li> <li>- Continuous</li> <li>- Done</li> <li>- Done</li> <li>- Continuous</li> </ul>	- Two actions were completed; two will be continued: however the target has not been met.	

2	Institutional deliveries has not met the Index/target	<ul style="list-style-type: none"> <li>- No supportive supervision due to no RH Officer</li> <li>- Low salary for management staff (RH Officer)</li> <li>- Heavy Winter</li> <li>- No back up for midwives of the clinic when the midwives are on leave</li> <li>- Low community awareness</li> </ul>	- Increase number of institutional deliveries by SBA	<ol style="list-style-type: none"> <li>1. Recruitment of RH Officer</li> <li>2. supportive supervision of RH section of HFs by other member of PHO</li> <li>3. searching options for increasing salary for PHO management staff (especially RH Officer)</li> <li>4. back up for midwives of the clinic when the midwives are on leave</li> <li>5. increasing community awareness</li> </ol>	<ul style="list-style-type: none"> <li>- SM Provide support to the recruitment of vacant PHO officers</li> <li>- Approval for recruitment of back up midwife</li> </ul>	<p>30/11/1398</p> <ul style="list-style-type: none"> <li>- Continuous</li> <li>- Done</li> <li>- Done</li> <li>- Continuous</li> </ul>	- Two actions were completed; two will be continued: however the target has not been met.	
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3	Family Planning- Couple Years of Protection (CYP) has not met the Index/target	<ul style="list-style-type: none"> <li>- No supportive supervision due to no RH Officer</li> <li>- Low salary for management staff (RH Officer)</li> <li>- Heavy Winter</li> <li>- No back up for midwives of the clinic when the midwives are on leave</li> <li>- Low community awareness</li> </ul>	- Improve CYP services (all methods)	<ol style="list-style-type: none"> <li>1. Recruitment of RH Officer</li> <li>2. supportive supervision of RH section of HFs by other member of PHO</li> <li>3. searching options for increasing salary for PHO management staff (especially RH Officer)</li> <li>4. back up for midwives of the clinic when the midwives are on leave</li> <li>5. increasing community awareness</li> <li>6. Given health education regarding benefits of family planning method for mothers who visits the health facilities for PNC</li> </ol>	<ul style="list-style-type: none"> <li>- SM Provide support to the recruitment of vacant PHO officers</li> <li>- Approval for recruitment of back up midwife</li> </ul>	<p>- 30/11/1398</p> <ul style="list-style-type: none"> <li>- Continuous</li> <li>- Done</li> <li>- Done</li> <li>- Continuous</li> <li>- Continuous</li> </ul>	- Two actions were completed: three will be continued: however the target has not been met.	
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4	Penta-3 for children under one year has not met the Index/target	<ul style="list-style-type: none"> <li>- Low outreach and mobile activities due to seasonal barriers</li> <li>- Weak defaulters tracking system</li> <li>- There is possibility of over reporting during past years resulted in wrong setting of the benchmarks (Min, Index and Max.)</li> </ul>	- Increase number of children received Penta-3 through fixed and outreach activities	<ol style="list-style-type: none"> <li>1. Increase number of children under one year received PENTA-3 through outreach activities.</li> <li>2. Decreasing miss opportunity of children under one year received PENTA-3 through improving referral networking between EPI fix centers and other sections of the health facilities</li> </ol>		<ul style="list-style-type: none"> <li>- 30/10/1398</li> <li>- 30/10/1398 and continuous</li> </ul>	<ul style="list-style-type: none"> <li>- There is improvement in comparison to previous quarter but the target still has not been met.</li> <li>- (Partially done)</li> </ul>	
5	TT2+ for women of reproductive age has not met the Index/target	<ul style="list-style-type: none"> <li>- Low outreach and mobile activities due to seasonal barriers</li> <li>- Weak defaulters tracking system</li> <li>- There is possibility of over reporting during past years resulted in wrong setting of the benchmarks (Min, Index and Max.)</li> </ul>	- Defaulter tracking should be improved	<ol style="list-style-type: none"> <li>1. Improve outreach and Mobile strategy implantation</li> <li>2. Improve defaulters tracking system through involvement of CHWs and community health shuras</li> </ol>		<ul style="list-style-type: none"> <li>- 30/10/1398</li> </ul>	<ul style="list-style-type: none"> <li>- There is improvement in comparison to previous quarter but the target still has not been met.</li> <li>- (Partially done)</li> </ul>	
6	Under five children morbidities has not met the Index/target	<ul style="list-style-type: none"> <li>- Inaccurate setting of benchmarks (minimum. index and maximum) due to over reporting during past years</li> <li>- XXXXXXXXXXXX</li> </ul>	- Increase OPD of under five children	<ol style="list-style-type: none"> <li>1. XXXXXXXXXXXX</li> <li>2.</li> </ol>		<ul style="list-style-type: none"> <li>- 30/10/1398</li> </ul>	<ul style="list-style-type: none"> <li>- There is improvement in comparison to previous quarter but the target still has not been met.</li> <li>- (Partially done)</li> </ul>	

7	Shortage of PPHO staff	- Government bureaucracy and low salary	- Follow up of PHO officers recruitment	1. Seeking options for increasing salary rate of PHO officers. 2. Announcement of vacant positions. and 3. Fill the positions with qualified staff.		- 30/10/1398	- The positions were announced but still the positions are vacant (not done)	
8	No recruitment of key staff (Technical Advisor)	- Government bureaucracy and weak follow up of recruitment process	- Follow up of Panishir TA recruitment process - Recruiting a qualified person as TA for panjshir	1. Proposing panel member to the leadership for shortlisting of the position and recruitment	- Getting approval of recruitment panel	30/10/1398	- Out of control of PPHD/PPHO (central MoPH HR to solve this)	
<b>II. New PIP (Quarter 3 Sehatmandi)</b>								
1	The GM/IYCF has not meet the target/index	- Lack of Nutrition Counselors - No GMP services in HFs	- Improve GMP/IYCF Services	1. Nutrition Counselors should be hired and trained 2. Enhance supportive supervision 3. Implement Data Quality Assurance Plan and ensure accuracy and correctness of the data recording 1. Discuss with MoPH HMIS about the set benchmarks (minimum, index and maximum)	- To support the project for timely salary payment.	- 30/08/1398 (done) - Continuous - Continuous 10/10/1398	- Activity 1 completed - Three other activities will be continued.	



2	Caesarean Section services has not met the Index/target	<ul style="list-style-type: none"> <li>- No supportive supervision due to no RH Officer</li> <li>- Low salary for management staff (RH Officer)</li> <li>- Heavy Winter</li> <li>- No back up for midwives of the clinic when the midwives are on leave</li> <li>- Low community awareness</li> </ul>	- Improve CYP services (all methods)	<ul style="list-style-type: none"> <li>7. Recruitment of RH Officer</li> <li>8. supportive supervision of RH section of HFs by other member of PHO</li> <li>9. searching options for increasing salary for PHO management staff (especially RH Officer)</li> <li>10. back up for midwives of the clinic when the midwives are on leave</li> <li>11. increasing community awareness</li> <li>1. Given health education regarding benefits of family planning method for mothers who visits the health facilities for PNC</li> </ul>	<ul style="list-style-type: none"> <li>- SM Provide support to the recruitment of vacant PHO officers</li> <li>- Approval for recruitment of back up midwife</li> </ul>	<ul style="list-style-type: none"> <li>- 30/11/1398</li> <li>- Continuous</li> <li>- Done</li> <li>- Done</li> <li>- Continuous</li> <li>- Continuous</li> </ul>	- Two actions were completed: three will be continued: however the target has not been met.	
3		-	-	<ul style="list-style-type: none"> <li>1. Xxxxx</li> <li>2. Xxxxxx</li> <li>3.</li> </ul>	-	<ul style="list-style-type: none"> <li>2. Xxxxxx</li> </ul>	-	
4		-	-	<ul style="list-style-type: none"> <li>1. Xxxxx</li> <li>2. Xxxxxx</li> <li>3.</li> </ul>	-		-	
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Note: "Status/Progress" column is for the follow-ups. Corrective action should be realistic and not be more than 10 activities.

Prepared by (SP rep.): Dr. Nabiullah Khusraway (M and E consultant)  
Sahak

Submitted to: (PM Senior Specialist): Dr. Hedayatullah