



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

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

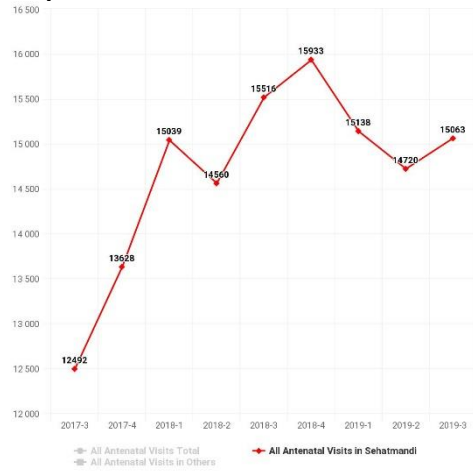
Service Provider:	Strengthen Mechanism (SM)
Reported by	Dr. Abdul Wasi Khurami
Telephone number	+93 (0) 700691881
Email address	khurami.pmo@gmail.com

1. Achievements in P4P indicators and other key indicators

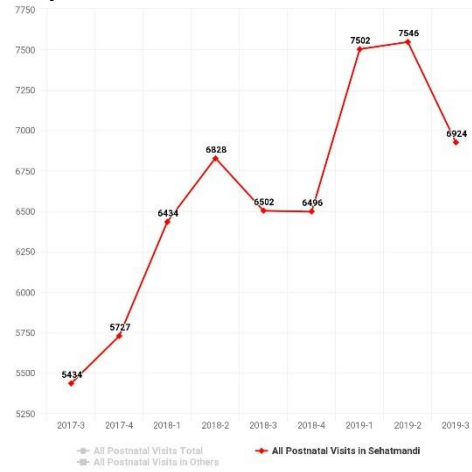
a. Trend lines of key indicators

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.

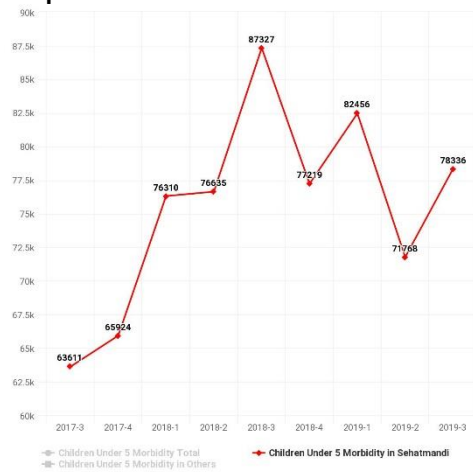
Graph 1: ANC



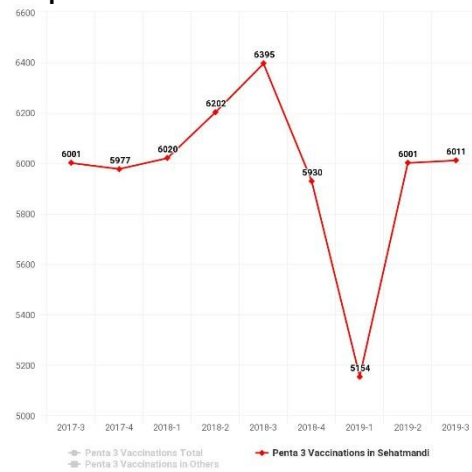
Graph 2: PNC



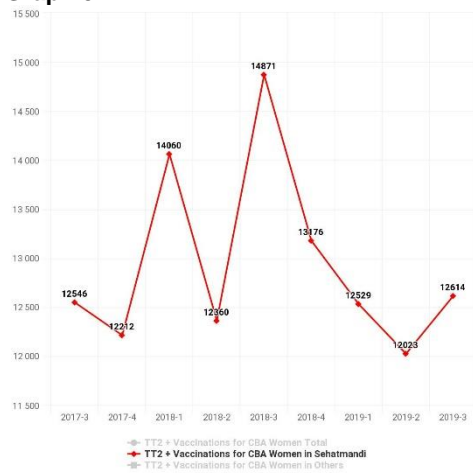
Graph 3: U5 OPD



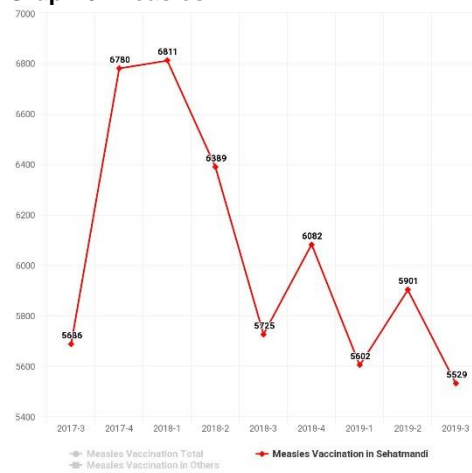
Graph 4: Penta 3



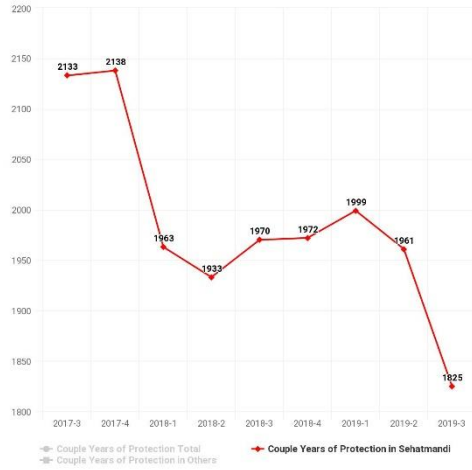
Graph 5: TT2+



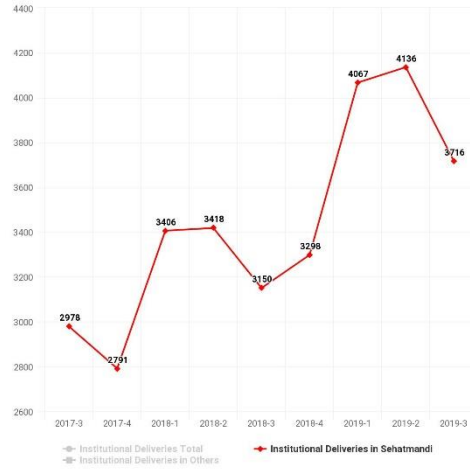
Graph 6: Measles



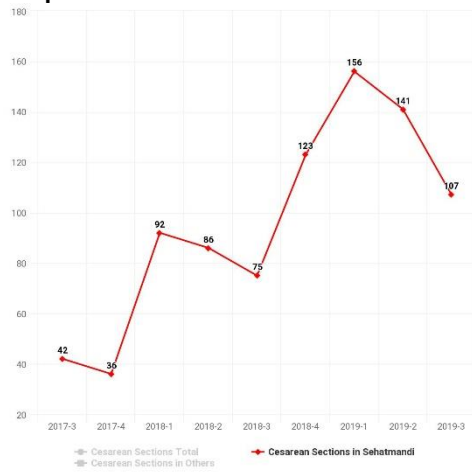
Graph 7: CYP



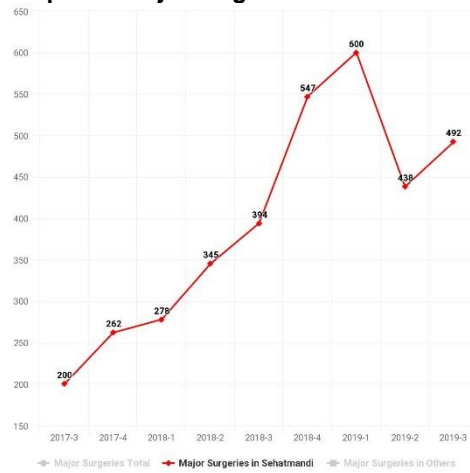
Graph 8: Institutional deliveries



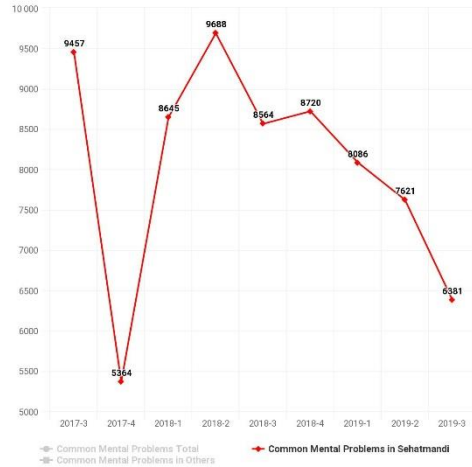
Graph 9: Caesarean section deliveries



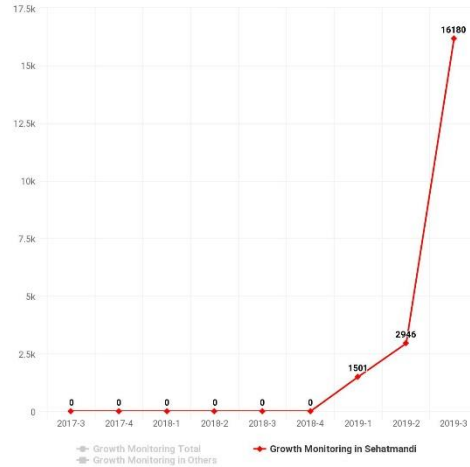
Graph 10: Major surgeries



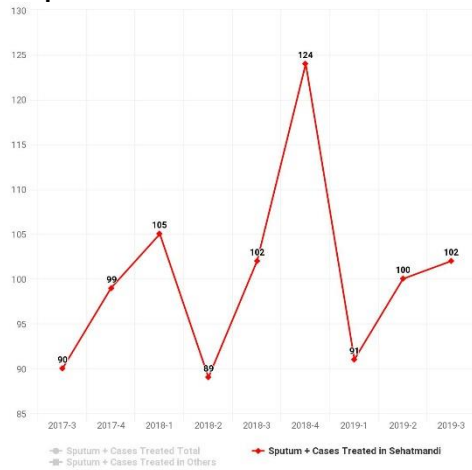
Graph 11: Mental health



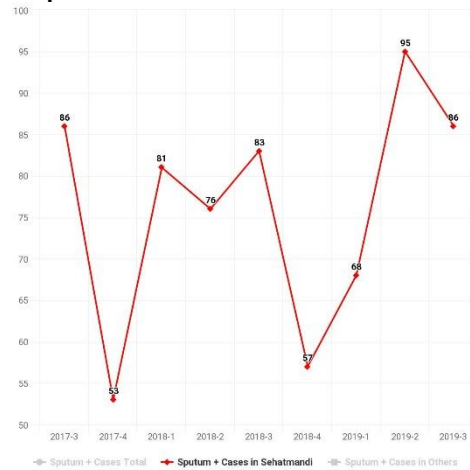
Graph 12: GM/IYCF



Graph 13: TB treatment



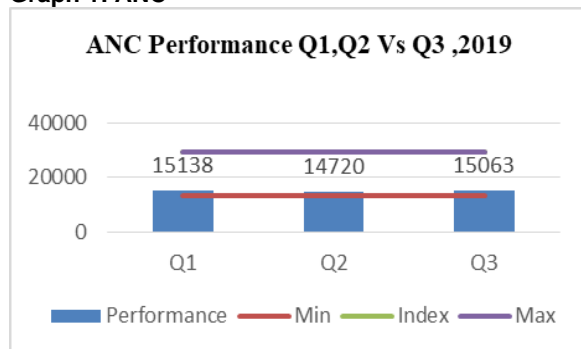
Graph 14: TB detection



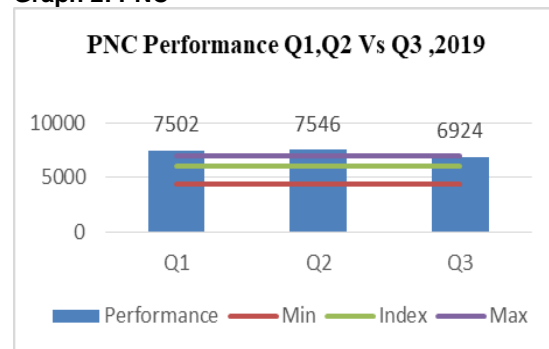
b. Comparison of quarterly achievements in key indicators

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).

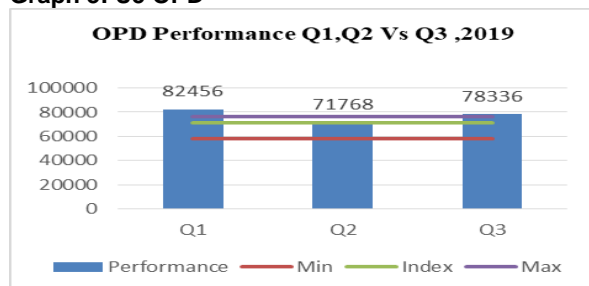
Graph 1: ANC



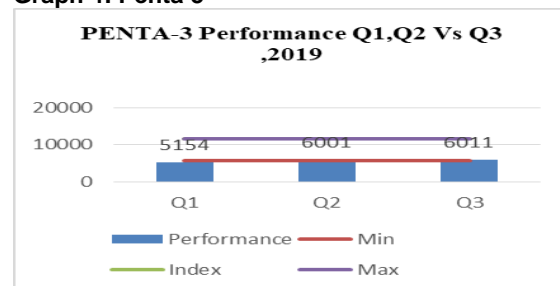
Graph 2: PNC



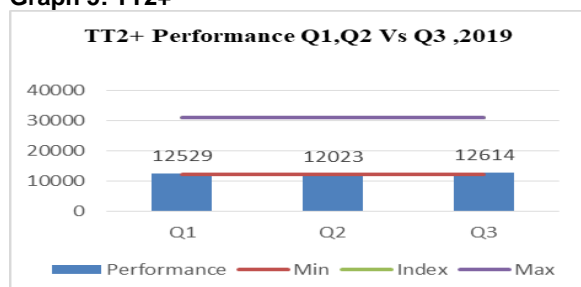
Graph 3: U5 OPD



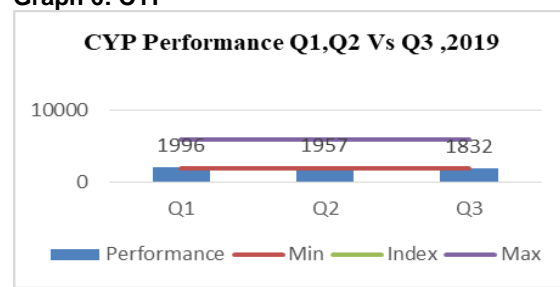
Graph 4: Penta 3



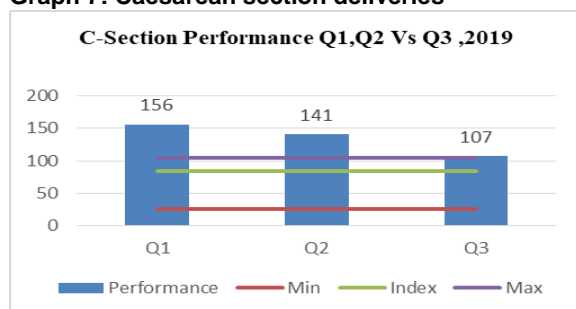
Graph 5: TT2+



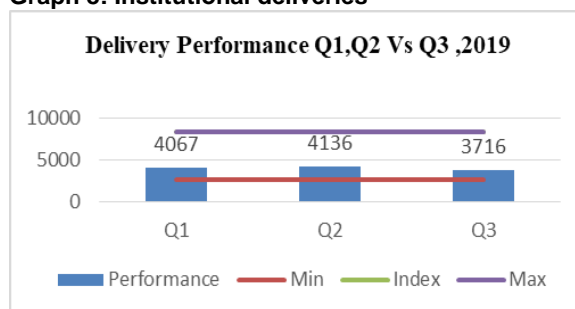
Graph 6: CYP



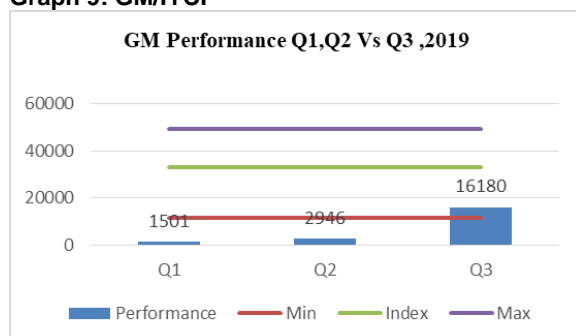
Graph 7: Caesarean section deliveries



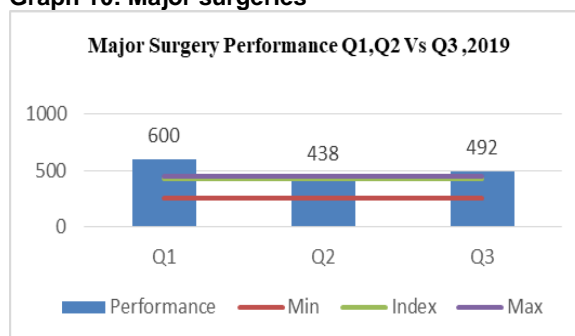
Graph 8: Institutional deliveries



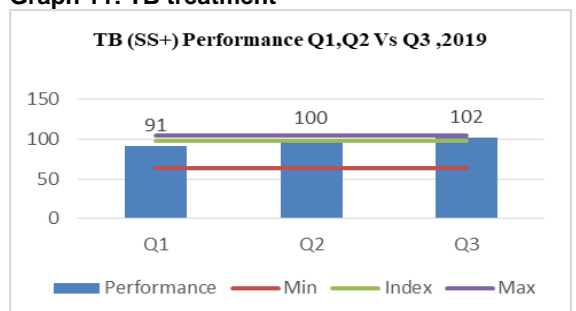
Graph 9: GM/IYCF



Graph 10: Major surgeries



Graph 11: TB treatment

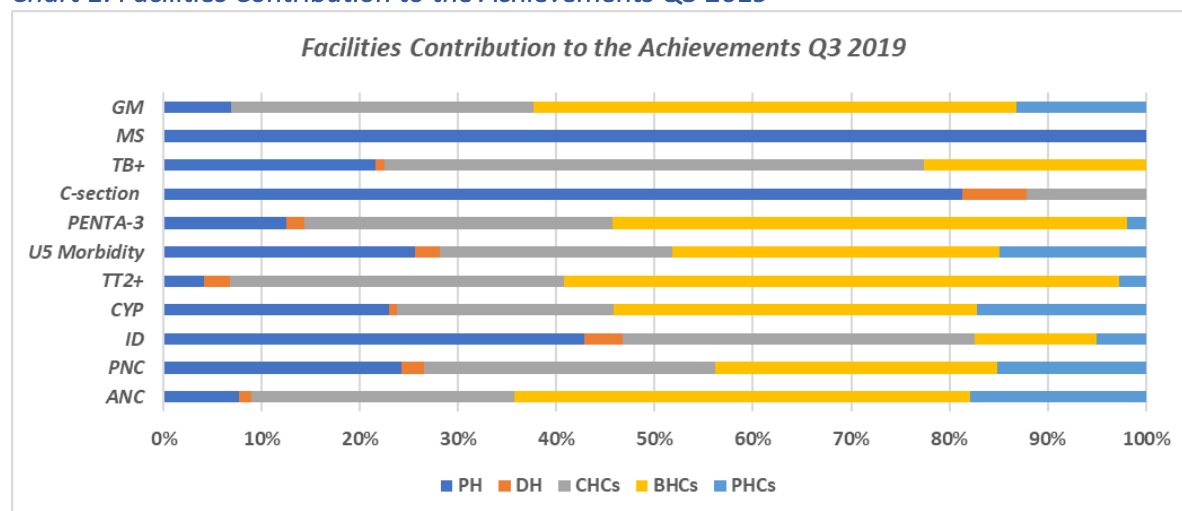


2. Analysis of achievements at health facility level

Below chart 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 (81%)
- DH and CHCs had a little contribution on C-Section cases compared to the provincial hospital (PH contribution 81%, DH contribution 7% and CHCs contribution 12%)
- Immunization services:
 - DH has less contribution on immunization services (PENTA-3 and TT2+) compared with PH (DH 2% and PH 13% on PENTA-3 and DH 3% and PH 4% on TT2+)
- BHCs had high contribution on CYP services compared with CHCs (CHCs1% and BHCs 23%)
- DH had less contribution on ANC services compared with PH (DH 1% and PH 8%)
- DH had less contribution on PNC services compared with PH (DH 2% and PH 24%)
- DH had less contribution on Institutional Delivery services compared with PH (DH 1% and PH 22%)

Chart 1: Facilities Contribution to the Achievements Q3 2019



3. Summary of Monthly Updates

- Monthly updates submitted timely (100%)
- Totally 32 positions are vacant
- All staff receive their salary on time (100%)
- Procurement of medical and non-medical are out of the PPHD control
- Overall 18 HFs are exist with no proper water supply system in Parwan province; PHD assess the HFs needs power and water supply
- Unfortunately One male nurse, head of Ghar allah yar PHC was killed by unknown gunmen
- One (Qalae Jalala SHC) out of 75 HFs were functional
- Most of HFs faces with shortages of pharmaceutical supplies. Water and power supply of HFs

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 have a picture from ground level performance and actual services delivered through health facilities, Parwan provincial hospital, Barik Ab SHC, Ghulam Ali CHC+, Totomdara CHC and Anabak BHC were visited together with representative of PPHOs.

The detailed report of health facilities visit is reflected in **Annex 1**.

Key findings in visited HFs include:

Strong points:

- Most of visited health facilities have complete staff with no vacant positions
- Regular salary payments for the health facilities staff
- Most of nutrition counselor are recruited (contracted staff)
- All visited health facilities have concrete governmental building
- Winterization supply done
- Most of P4P indicators in visited HFs are achieved the set targets

Areas for improvement:

- Some of the HFs staff are not local residents that causes late coming to duty and early leaving the duty everyday which significantly affect the service deliveries as this is an obvious miss-opportunity in service delivery i.e. all clients who do not find the HF staff upon their arrival to HF, leave the HF without receiving any services. The recruitment should be limited to the local

staff even if the local staff does not have sufficient capacity and there should be ways for their capacity building.

- Political interference in recruitment of staff is another problem that affect the services as the staff who are introduced by powerful people are often not committed to fulfil their job requirements
- MoPH to simplify the government procurement process as this always causes delay in the procurement of pharmaceuticals, medical and non-medical supplies.
- The PPHD does not have full authority in recruitment of staff as most levels of the staff members are recruited by Administrative Reform and Civil Service Commission

Annex 1: List of Participants

وزارت صحت عامه د.ج. ا.ا.
ریاست صحت عامه پروان
جلسه همکاران در سطح منطقه به تاریخ ۱۹/۱۱/۱۳۹۸ دایر گردیده است

ردیف	نام	وظیفه / محل وظیفه	شماره تلفن	ایمیل اندرس	محل امضاء و روز اول
1	دکتر کریم امانی	سرپرست	0771551919	maria.aman	
2	دکتر سید محمد	دکتر	0776536500		
3	دکتر سید محمد	دکتر	07773358771		
4	دکتر سید محمد	CHNE coordinator	0707686387		
5	دکتر سید محمد	RH Co.	0779151247		
6	سرپرست	Pharm. office	0782838753		
7	دکتر عبدالکابری	مستاد	0799042888	AbdulKabiri	
8	دکتر عبدالکابری	مسئول تغذیه	0786341737		
9	دکتر عبدالکابری	سرپرست	0785651091		
10	دکتر عبدالکابری	TB-FP-ABDA	0772002440		
11	دکتر عبدالکابری	سرپرست	0706229512	do sefar	
12	دکتر عبدالکابری	سرپرست	0790518100		
13	دکتر عبدالکابری	سرپرست	0776611444		
14	دکتر عبدالکابری	سرپرست	0774405090	Abreshkhan	
15	دکتر عبدالکابری	TB	0774224141	do sefar	
16	دکتر عبدالکابری	سرپرست	0787999766		
17	دکتر عبدالکابری	سرپرست	0777409027		
18	دکتر عبدالکابری	سرپرست	0786171515		
19	دکتر عبدالکابری	سرپرست			
20	دکتر عبدالکابری	سرپرست			
21	دکتر عبدالکابری	سرپرست			
22	دکتر عبدالکابری	سرپرست			
23	دکتر عبدالکابری	سرپرست			
24	دکتر عبدالکابری	سرپرست	0780907082		
25	دکتر عبدالکابری	سرپرست			

Annex 2. Detailed finding from Health Facilities

Barik Ab SHC:

Located in Bagram district Barik ab village with 3183 population and 6 staff

Strengths:

1. Complete staff with no vacant position
2. Most of the staff were local residents
3. Regular salary payment for staff
4. Recruitment of Nutrition Counselor in visited health facilities (contracted staff)
5. Concrete government building
6. Winterization supply is done

Areas for improvement

1. Lack of oxygen;
2. Lack of table for newborns in delivery room
3. Lack of BPHS guideline, healthcare waste management guideline
4. Two duplicate targets for EPI services (National EPI target and HMIS target)
5. Shortage drugs since more than two months
6. Poor infection prevention
7. Data discrepancy between report and registration book of PENTA and TT2+

Anabak BHC

Located in Salakg District, Anabak village with a population 7162 and 11 staff.

Strengths:

1. Head of HF is female
2. CHS, Gard and safa kar are local residents

3. Staff have received their salary
4. Recruitment of Nutrition Counselor (contracted staff)
5. Winterization supply is done (but no arrangements for HF rooms);
6. Immunization section has implemented the plan of outreach
7. The outreach vaccinator has motorcycle and he is given fuel;
8. The HF has 10 health posts but 8 out 10 is active, in its catchment area with 50% female CHWs
9. Drug supply on 21/6/1398 (19 item)

Areas for improvement

1. Electricity solar system but not working
2. Shortage of drugs
3. Lack electricity
4. Stoves were not working, the rooms were too cold
5. Water system was not working
6. Supply of CHW kit at health post level instead of each CHW
7. Insufficient IP equipment and poor infection prevention
8. Unavailability of fuel for warming of delivery room;
9. No payment for outreach
10. Absence of female vaccinator since 1st of Qows 1398
11. Lack of oxygen;
12. Lack of signboard;
13. Freeze watch was not working
14. Some of staff was not resident
15. Low coverage of TT2+ against the set target

Status of some P4P indicators in Onabak BHC located in Salang Distract

Indicators	July		Aug		Sep		Total		
	Target	Achieve	Target	Achieve	Target	Achieve	Target	Achieve	%
ANC	25	36	25	32	25	28	75	96	128%
PNC	20	23	20	23	20	22	60	68	113%
Delivery	5	3	5	3	5	3	15	9	60%

Totomdara CHC: located in Totomdara village with 17 staff

Strength point

- Governmental building
- Governmental electricity
- MW resident
- Availability of night duty
- Availability of ambulance
- Health post 15 with 30 CHWs

Areas for improvement discovered at Yak Linga CHC

1. There was discrepancy of data between HF data and data reported by HMIS; as sample the EPI data was checked;
2. No awareness of staff about methodology of target setting;
3. The clinic IP status was poor; the beds were very dirty, dusty and ripped;
4. Low capacity of some staff like head of HF
5. Lack of regulator for oxygen cylinder
6. Lack of gloves and masks

7. Lack of folic acid, metering and ferrous sulfate
8. Lack of CHW kit since two years
9. One vaccinator temporary shifted to PPHD
10. 7 out of 17 staff were absent
11. One room for male and female doctors
12. Lack of all reagents for lab
13. One room for guard, admin and TB
14. One room for nutrition counselor, mental health counselor, night duty doctor and driver
15. Shortage of drugs
16. Shortage of medical and non-medical equipment

Ghulam Ali CHC+:

Strength points:

- Government building
- Total number of staff 34 (11 contracted staff)
- Availability of ambulance
- Standard and equipped emergency room
- Governmental electricity
- Most of health facility staff are resident
- Good achievement in most indicators

Area for improvement:

- Shortage of drugs
- Shortage of medical and non-medical equipment
- Lack of musk, HBS, HCV, HIV and VDRL since 3 months in lab
- Lack of pregnancy test since 4 months
- No place for ANC, PNC and FP (midwives were working in corridor)
- Operation room needs renovation
- Most of operation room equipment are not working
- Lack of essential drug list
- Poor infection prevention

Provincial Hospital: located in Charikar city, staff 91 (31 staff contracted)

Strength points

- Governmental building
- Governmental electricity
- Availability of community board
- Good performance in most the hospital indicators
- Availability of night duty at the hospital
- Good stock management
- Availability of staff on their duties with uniform

Area for improvement:

- Shortage of medical and non-medical equipment
- Lack of musk, gloves and oxytocin in operation room
- Shortage of some reagents in laboratory
- Shortage drugs
- Low capacity of some staff on methodology of target setting

- Lack of EPHS guideline at the hospital
- Most of the staff (specially doctors) leave the hospital after one pm
- OPD building need major renovation
- Charge for X-ray film
- Oxytocin was not in refrigerator
- AB utilization was more than 50%
- CYP was not meet the minimum level
- No minimum staffing for the current bed capacity as per EPHS guideline

Status of some P4P indicators in Charikar Provincial Hospital located in Charikar City

Indicators	July		Aug		Sep		Total		
	Target	Achieve	Target	Achieve	Target	Achieve	Target	Achieve	%
OPD	3000	4116	3000	3265	3000	3469	9000	10850	121%
ANC	281	342	281	288	281	274	843	904	107%
PNC	528	550	528	597	528	529	1584	1676	106%
Delivery	525	504	525	570	525	484	1575	1558	99%
C-Section	20	30	20	29	20	27	60	86	232%
BOR	80%	195%	80%	183%	80%	175%	240	556	230%

6. Quarterly Performance Review Meeting:

A briefing meeting was conducted with Parwan PPHD team 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 Parwan 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 list is reflected in annex 1.**

Note: This review is 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.

Key discussion points include:

- Please
- P4P indicators status:
 - CYP indicator has not achieved the minimum level (read color)
 - 5 P4P indicator (ANC, delivery, TT2+, PENTA-3 and Growth Monitoring) have not achieved the project index
 - two P4P indicators (PNC and TB SS+) have crossed the index
- Tow minimum standards of services (at least one female CHW in HPs and minimum staffing for the current bed capacity as per EPHS guideline) were not achieved by SP in this quarter.
- Some of the HFs staff are not local residents that causes late coming to duty and early leaving the duty everyday which significantly affect the service
- Political interference in recruitment of staff is another problem that affect the services as the staff who are introduced by powerful people are often not committed to fulfil their job requirements

- MoPH to simplify the government procurement process as this always causes delay in the procurement of pharmaceuticals, medical and non-medical supplies.
- The PPHD does not have full authority in recruitment of staff as most levels of the staff members are recruited by Administrative Reform and Civil Service Commission

Annex 3: QUARTERLY PERFORMANCE REVIEW CHECKLIST

Name of Service Provider (SP)	SM		
Province	Parwan		
Year (circle one)	2019	2020	2021
Quarters to be reviewed (circle one)	Q1 Q 2 (Q3) Q 4	Q5 Q 6 Q7 Q 8	Q9 Q 10
Period covered	Hijri Shamsi	From: Saratan – Sonbula 1398	
Name and position who completed the checklist	Abdul Wasi Khurami (SPMS)		
Date of Checklist Completion	02/12/2019		

1. PERFORMANCE

SN	Number of P4P Indicators that did not meet the Minimum Level	Minimum Level as per the SOP	Number of cases reported by HMIS	Minimum Level Met (Yes / No)
1	Antenatal Visits (all visits)	13,067	15,063	Yes / No
2	Postnatal Visits (all visits)	4,441	6,924	Yes / No
3	Institutional deliveries excluding C-Section	2,621	3,716	Yes/ No
4	Family Planning-Couple Years of Protection (CYP)	1,939	1,832	Yes/ No
5	Penta-3 for children under one year	5,673	6,011	Yes/ No
6	TT2+ for women of reproductive age	12,233	12,614	Yes/ No
7	Number of sputum smear (+) TB cases treated	63	102	Yes/ No
8	Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women	11,779	16,180	Yes/ No
9	Under five children morbidities (HMIS-MIAR-A1-morbidities)	58,249	78,334	Yes/ No
10	Caesarean Section (CS)	26	107	Yes/ No
11	Major Surgeries excluding C-Section (EPHS Only)	259	492	Yes/ No
Total number of indicators that did NOT meet the Minimum Level (number of "No"s)				1

Recommendation of the Review Committee:

As the SP is failed to achieve 1 P4P indicator (minor failure), it will obtain - 5 point, so the service provider is advised to prepare a Performance Improvement Plan (PIP),

S.N	Service	1.3. 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	Active Health Posts	Staff: At least one female CHW	Yes / No	Yes / No
3		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	2

Recommendation of the Review Committee

As the SP is failed to achieve 2 Minimum level (major failure), it will obtain - 20 point, 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 data to show the measuring indicators by MoPH technical departments	

S.N	Reports	Submitted on time?
1	Inception Report (ONLY applicable in the 1st SAPR)	(NA)
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

Recommendation of the Review Committee:

Good performance

1.6. Delays in salary payment	Yes / No
During the review period, has the SP delayed in the salary payment for the HFs staff more than 20 business days after the receipt of the installment?	Yes / No
Recommendation of the Review Committee: Good Performance	

Annex 4: Updated Performance Improvement Plan (PIP)

Date PIP developed: 16/12/2019

Date :

S/N	Gaps/Problems Identified	Causes	Recommendations	Corrective actions	Support to be provided by MOPH	Agreed Completion Date	Status/Progress made	Remarks
1	All ANC has not meet the Index/target	<ul style="list-style-type: none"> - Low number of supervision visits due to high number of HFs (more than 80 HFs) compared to 1 RH officer - Low community awareness - The majority of midwives of HFs are nonresident (not local) 	- Improve ANC Services	<ul style="list-style-type: none"> - Increasing frequency of supportive supervision by recruitment of RH assistant - Strengthening of supportive supervision of RH sections of the HFs by other member of PHO - Given priority to local midwife during recruitment process 		31/03/1399		
2	All PNC has not meet the Max/Cap	<ul style="list-style-type: none"> - Low number of supervision visits due to high number of HFs (more than 80 HFs) compared to 1 RH officer - Low community awareness - The majority of midwives of HFs are nonresident (not local) 	- Improve PNC Services	<ul style="list-style-type: none"> - Increasing frequency of supportive supervision by recruitment of RH assistant - Strengthening of supportive supervision of RH sections of the HFs by other member of PHO - Given priority to local midwife during recruitment process 	-	31/03/1399		

3	Institutional deliveries has not meet the Index/target (downward trend)	<ul style="list-style-type: none"> - Low number of supervision visits due to high number of HFs (more than 80 HFs) compared to 1 RH officer - Low community awareness - The majority of midwives of HFs are nonresident (not local) 	- Increase number of institutional deliveries by SBA	<ul style="list-style-type: none"> - Supervising the reproductive services during night duty of CHC+s and CHC - Increasing frequency of supportive supervision by recruitment of RH assistant - Strengthening of supportive supervision of RH sections of the HFs by other member of PHO - Given priority to local midwife during recruitment process 	-	31/03/1399		
4	Family Planning- Couple Years of Protection (CYP) has not meet the minimum level (Baseline)	<ul style="list-style-type: none"> - Low number of supervision visits due to high number of HFs (more than 80 HFs) compared to 1 RH officer - Low community awareness - The majority of midwives of HFs are nonresident (not local) 	- Improve CYP services (all methods)	<ul style="list-style-type: none"> - Increasing frequency of supportive supervision by recruitment of RH assistant - Strengthening of supportive supervision of RH sections of the HFs by other member of PHO - Given priority to local midwife during recruitment process 		31/03/1399		

5	Penta-3 for children under one year has not meet the Index/target	<ul style="list-style-type: none"> - No outreach activities in insecure areas. The Anti -government forces stopped outreach activities in some parts of Svagerd and Shinwary district - Weak defaulters tracking svstem - There is possibility of over reporting during past years resulted in wrong setting of the benchmarks (Min, Index and Max.) 	<ul style="list-style-type: none"> - Increase number of children received Penta-3 through fixed and outreach activities 	<ul style="list-style-type: none"> - Negotiation with Anti Government Forces and Seeking solutions for reassuming outreach activities in insecure areas - Strengthening outreach activities in secure areas to Increase coverage of PENTA-3 - 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 		31/03/1399		
6	C-S has meet the cap(Max) while its trend is downward during the last two quarter (2 nd and 3 rd qua of 2019)	<ul style="list-style-type: none"> - The number of C-S was increased falsely in the 1st quarter of 2019 . but again has fallen as emergencv hospotal reopened in Panjshir province 	<ul style="list-style-type: none"> - Increase number of C-S 	<ul style="list-style-type: none"> - Strict follow up of C-S operation in the provincial hospital, Loleng DH and 4 CHC+s 				
7	The GMP/IYCF indicator has dramatically increased.	<ul style="list-style-type: none"> - Recruitment of nutrition Counselors - Beginning GMP services in HFs 	<ul style="list-style-type: none"> - Improving GMP/IYCF Services to meet the index/Cap 	<ul style="list-style-type: none"> - Enhance supportive supervision - Ensure accuracv and correctness of the data recording 	-	31/03/1399		-

8	TT2+ for women of reproductive age has not meet the Index/target	<ul style="list-style-type: none"> - no outreach activities in insecure areas. The Anti -government forces stopped outreach activities in some parts of Svagerd and Shinwary district - Weak defaulters tracking system - 	- Increase number of women received TT2+	<ul style="list-style-type: none"> - Outreach and Mobile strategy implantation should be improved - defaulters tracking system by involvement of CHWs and community health shuras - Negotiation with Anti Government Forces and Seeking solutions for reassuming outreach activities in insecure areas - Strengthening outreach activities in secure areas to Increase coverage of PENTA-3 - 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 		31/03/1399		
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