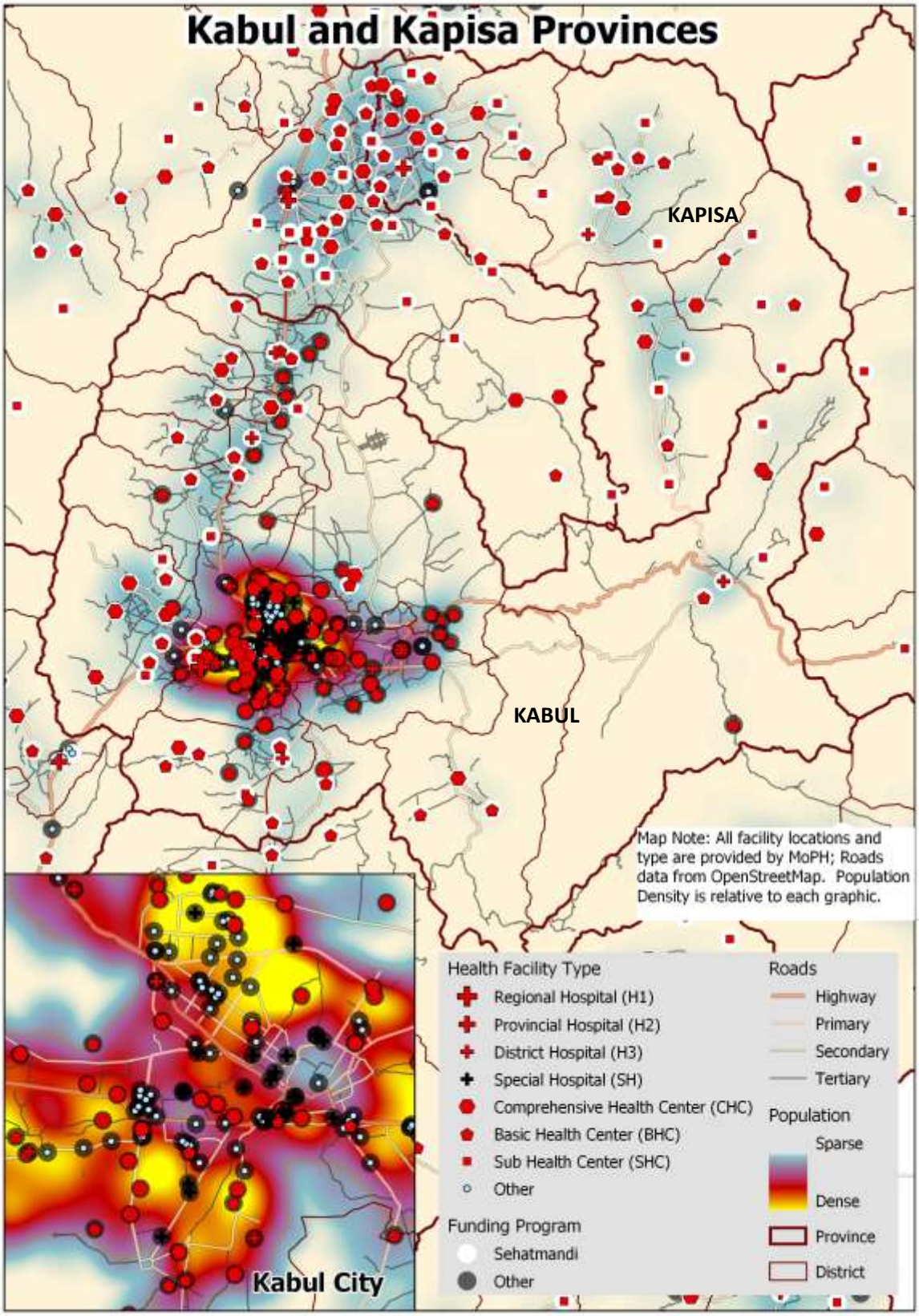
Islamic Republic of Afghanistan

Ministry of Public Health

Sehatmandi Semi Annual Performance Review 1
Provincial-level review: Kapisa

September 2019


Kabul and Kapisa Provinces
KAPISA
KABUL
Kabul City
Map Note: All facility locations and type are provided by MoPH; Roads data from OpenStreetMap. Population Density is relative to each graphic.
Health Facility Type
Regional Hospital (H1)
Provincial Hospital (H2)
District Hospital (H3)
Special Hospital (SH)
Comprehensive Health Center (CHC)
Basic Health Center (BHC)
Sub Health Center (SHC)
Other
Funding Program
Sehatmandi
Other
Roads
Highway
Primary
Secondary
Tertiary
Population
Sparse
Dense
Province
District

1.1 General Provincial Characteristics

Table 1: General Provincial Characteristics

Province	Population (n) [1]	Population density (n/km2)	Civilian conflict deaths [2]	Accessibility index [3]	Internally displaced persons [4]	Poverty (%) [5]	Female literacy (%) [6]	Transport accessibility [7]
Kapisa	448,245	243.3	39	69.5	539	45.2	33.1	Medium

[1] Population estimates in 2016/17. Source: Central Statistical Office of Afghanistan.

[2] Number of civilian deaths in 2018. Source: United Nations Assistance Mission in Afghanistan.

[3] Civil servant accessibility index 2016. Higher values indicate greater accessibility by civil servants. Source: United Nations Assistance Mission in Afghanistan.

[4] Number of displaced persons settling in the province between January and July 2019.

[5] Percentage of the population whose expenditure on food and non-food items falls below the official poverty line. WB staff estimates based on the ALCS 2016-17.

[6] Percentage of the female population aged 14 years and older who can read and write. WB staff estimates based on the ALCS 2016-17.

[7] UN OCHA 2012 estimates of physical access according to transportation and terrain, but not security or weather.

Kapisais located in the centralof Afghanistan. It is surrounded by Panjsher to its north, Kabul and Parwan to its west, Kabul and Laghman to its south, while Laghman is located to its east. Mahmud-e-Raqi is the provincial capital, and is located with 65-kilometers for the country's capital, Kabul.

1.2 Provincial Health Characteristics

Table 2: Provincial Health Characteristics

Province	Service provider	EPHS implementer	Health posts	Sub-health centers		Basic health centers		Comprehensive health centers		Hospitals [1]		Other facility type		Total facilities		Sehatmandi facilities as % of total
			SH	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	
Kapisa	MOPH	No	309	17	0	18	1	8	0	2	0	0	5	45	6	88.2

[1] Includes district, regional, provincial, and specialty hospitals.

Strengthening Mechanism (SM), has been operated in the province during SEHAT and Sehatmandi.

1.3 Contract Financial Information

Table 3: Contract Financial Information

Not applicable.

1.4 P4P Indicator League Table

Below table shows analysis of the ten (10) P4P indicators. The color coding is used to visualize the findings in four main categories; performance below the minimum level is codified by red color, performance between the minimum level and index is codified as orange, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Kapisais ranked at the 26th of 34 provinces.

Province	Post-natal care	Outpatient visits (children <5 years)	Antenatal care	Tuber-culosis treatment	C-Sections	Couple-years of protection	Child growth and infant feeding	Inst. delivery	Tetanus toxoid 2 vaccine	Penta vaccine dose 3	Major surgeries	Total payment indicator score (out of 30)
National												**22**
Kapisa												15

1.5 Performance Score

Table 5: Summary of Performance Scores

HMIS Verification Composite Scores for P4P indicators (Result 1.1)	P4P indicators failed to Minimum Level (Result 1.2)	Minimum Standards of Services (Result 1.3)	Quality of Care		Report (Result 1.6)	Salary Payment (Result 1.7)	Total Performance Score	Reward/ Sanctions
			BSC (Result 1.4.1)	QoC Indicators (1.4.2)				
N.A.	-5	NA	N.A.	N.A.	0	0	-5	

HMIS Verification Composite Scores, BSC and QoC indicators are not available at the time of the review. P4P indicators and Minimum Standards of Services are subject to the Third Party Monitor verification.

1.6 Key findings

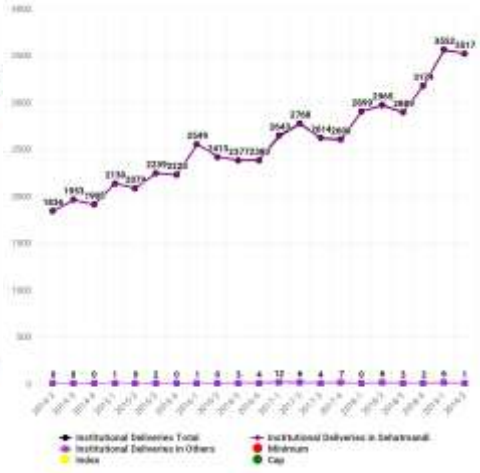
- Kapisais ranked at the 26th from the top in the P4P indicator ranking;
- Kapisa did not meet the Minimum Level in TT2+ indicator, sixof 14 measured indicators did not meet the Index(Target), and 3 of 14 indicators exceeded the Maximum Level for this SA cycle; and
- Stagnated government procurement process contributed to delays in the medical and none medical supplies and staff salary payment.

1.7 Indicator trends

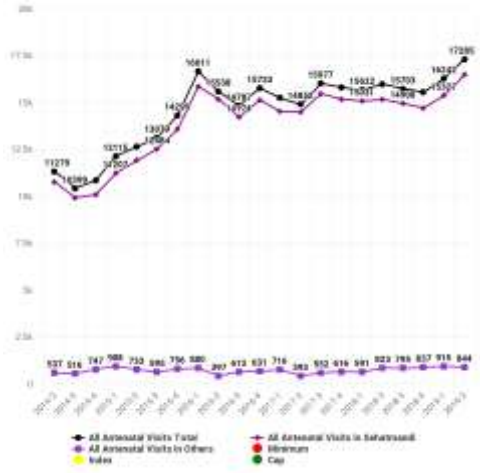
In this sub-section, all line charts show Five-Year Trend by Quarter between 2014 (1393) and 2019 (1398).

Children Under Five Morbidity

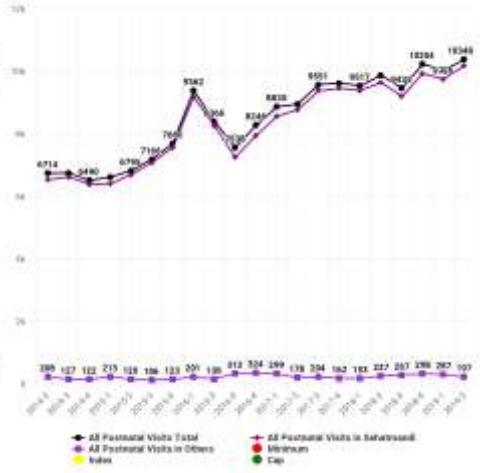
Institutional Delivery



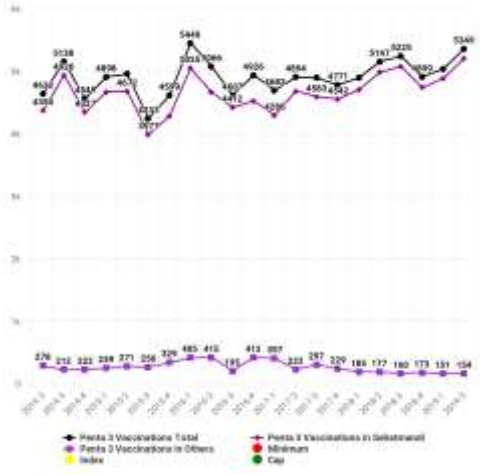
All Ante-Natal Care Visits



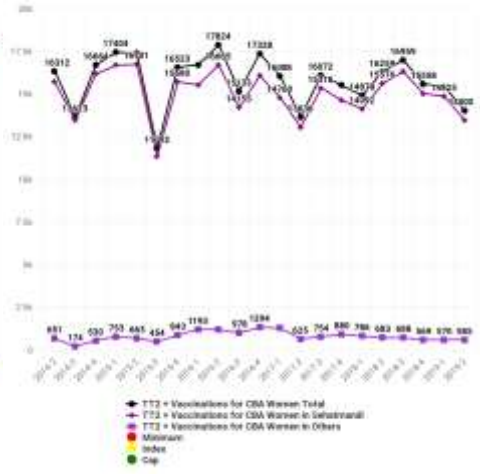
All Post-Natal Care Visits



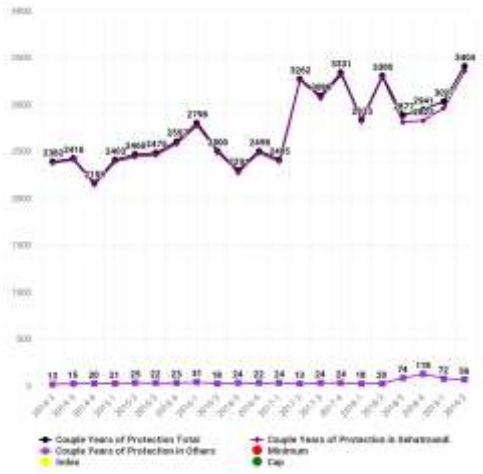
Penta 3 Vaccinations



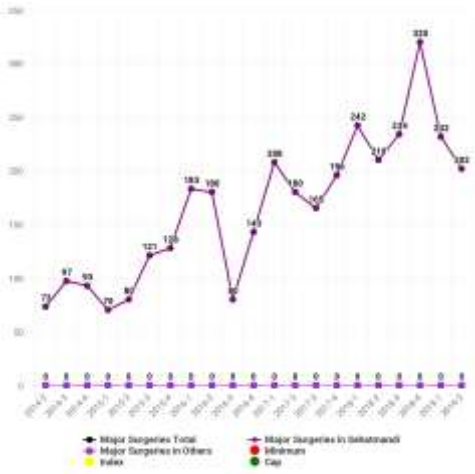
TT2+ Vaccinations



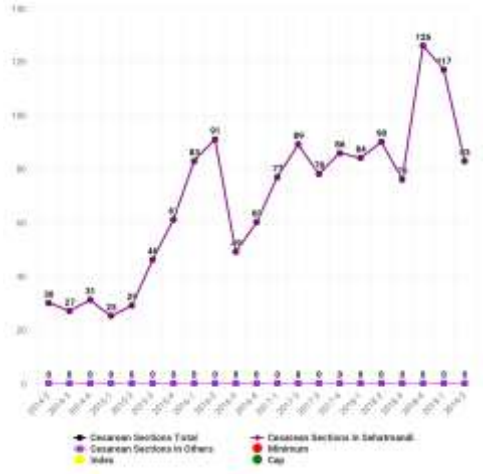
Couple Years of Protection



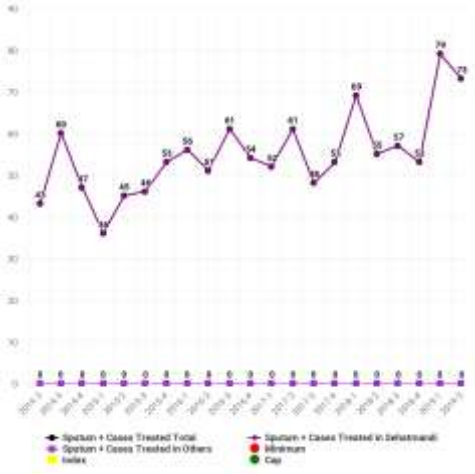
Major Surgeries



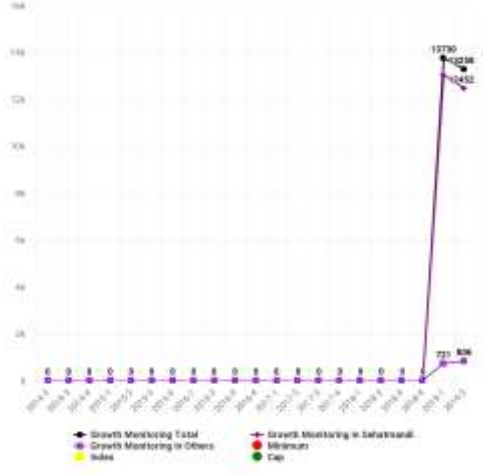
Caesarean Sections



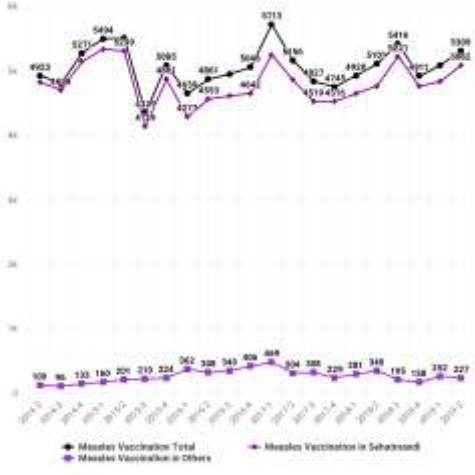
TB Sputum Positive Cases Treated



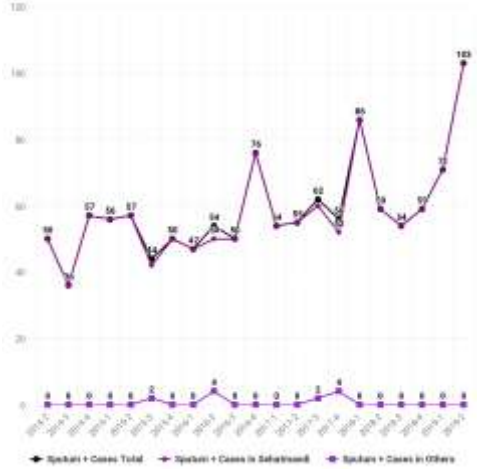
Growth Monitoring and Youth Counseling



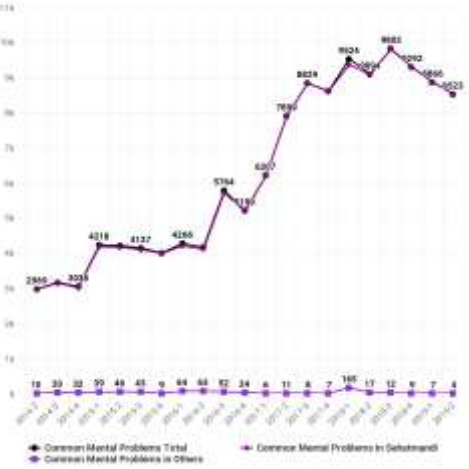
Measles Vaccinations



TB Case Detection

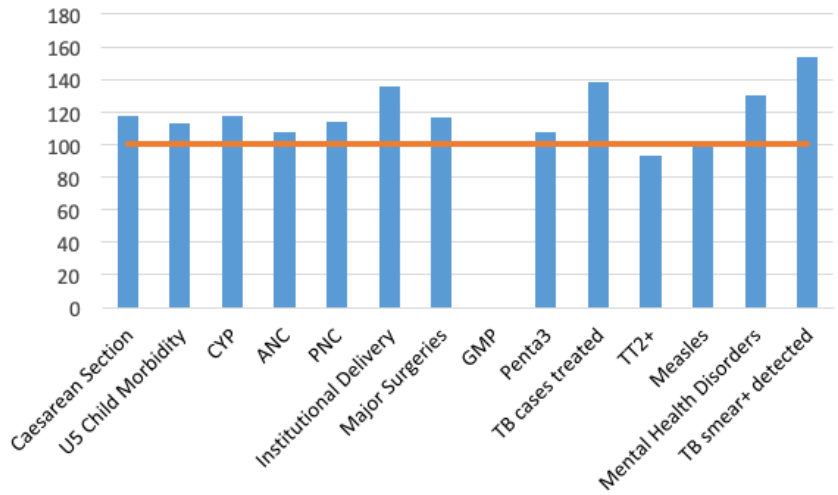


Mental Health Disorders



1.8 Normalized results

Chart 1.8: Achievements in P4P indicators plus three additional indicators relative to normalized median



To arrange the findings in a single chart the data are normalizedby dividing performance of the first Semi-Annual cycle of 2019 by the median number of performance in the same Semi-Annual cycle of last five years and multiplied by 100. So the figures above 100 show better performance thanthe last five years median and those lower than 100 show low performance than the median of last fiveyears.

1.9 Conclusions of the charts

- On average, P4P indicators rose by 31% over 5 years.[1]
- Immunization services (TT2+ and Penta-3), increased by 2% over 5 years.

[1] The average has been counted among only the eight of ten P4P indicators as other three P4P indicators explode the mean.

- Maternal health services (ANC, PNC, deliveries and Couple year protection) showed steady increase by 60% over time.
- Child under five morbidity showed steady increase by 28% over 5 years.
- TB treated cases increase by 70% over 5years.

2 Province-specific analysis

2.1 Management:

- SM has been providing BPHS and EPHSduringthe SEHAT and Sehatmandi project.
- Staffing:
    - Not reported.
- Staff salary Payment:
    - As stated by the provincial team, there is a delay in the staff salary payment, but there is no documented evidence available with PMO to prove it.
- Reporting:
    - Inception Report is not applicable.
    - The Quarterly Reports did not submit on time.
    - Monthly Updates did not submit on time.
    - PIP was not submitted on time.
    - Data Quality Assurance Plan was not submittedon time.
    - Semi-Annual Inventory List was not submitted on time.
    - There is no any force majeure cases reported, but the Durnama primary health center was closed since 2015.

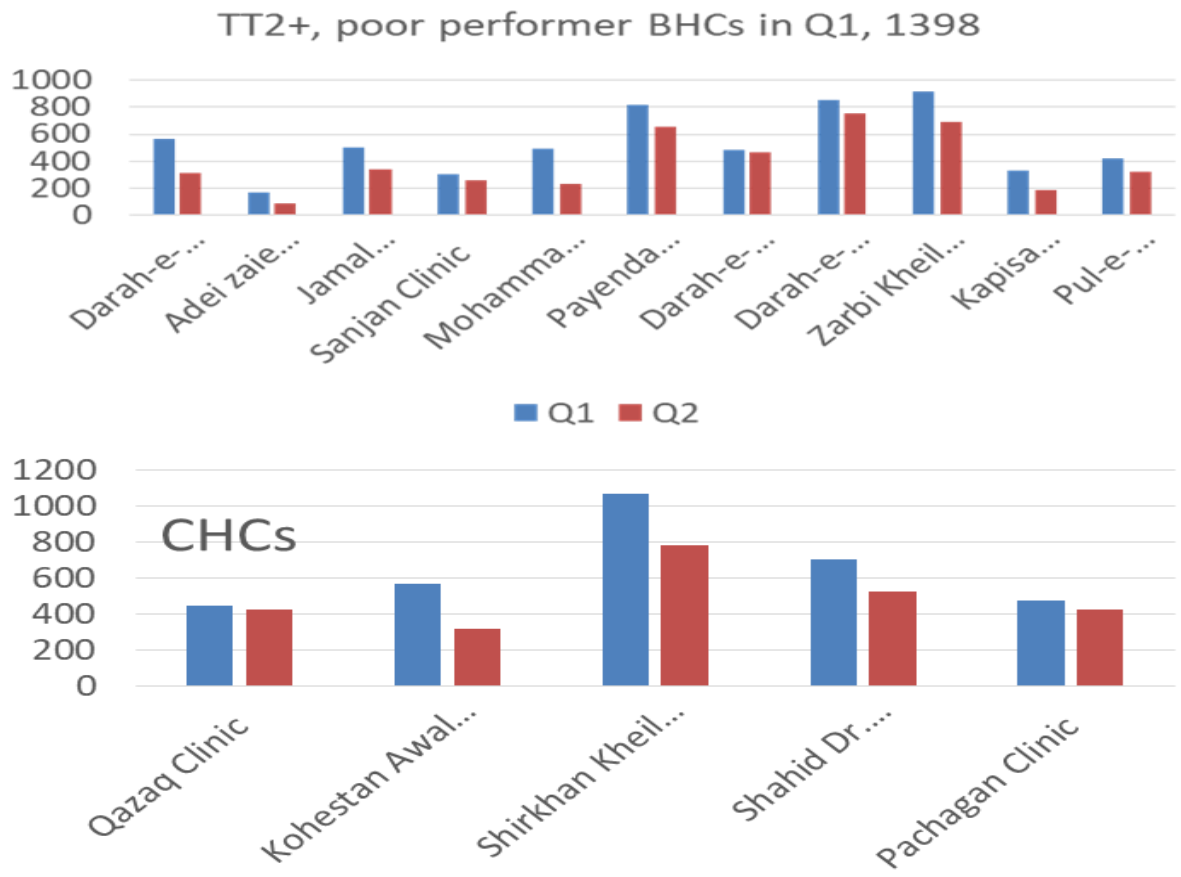
2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - BHCs provided greater number clients with some of the services.
    - PH contributed a small fraction of services related to ANC, Growth monitoring/IYCF and TT2+.
    - While the community-based DOTS program is supposed to be implemented up to Heath Post (HP) level, there is no TB treated cases reported from all 17 PHC. BHCs had contributed to 30%of all cases in this SA cycle.
    - Below table shows percentage shares by HF type during this SA cycle:

Indicators	Total cases reported		Percentage Share by type of HFs									
			PH (n=1)		DH (n=1)		CHC (n=8)		BHC (n=17)		PHC and others (n=17)	
	Q1	Q2			Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Total Cesarean Section	117	83	98%	92%	0%	8%	2%	0%	0%	0%	0%	0%
Total Child Morbidity	69863	68399	20%	25%	3%	3%	23%	20%	35%	34%	19%	17%
Total Couple year of protection (CYP)	2909.7	3269.8	19%	31%	1%	1%	35%	28%	31%	26%	14%	13%

provided by Health Facilities												
Total ANCS	15327	16441	6%	4%	3%	3%	37%	36%	35%	38%	19%	19%
Total PNCS	9726	10151	19%	18%	7%	6%	32%	32%	28%	30%	15%	15%
Total Institutional Deliveries	3546	3516	47%	43%	14%	16%	26%	30%	7%	7%	5%	5%
Total Major Surgeries	232	182	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
GMP/IYCF	13009	12452	15%	6%	3%	6%	21%	23%	46%	48%	15%	17%
Total PENTA3	4875	5195	9%	9%	3%	3%	38%	40%	49%	48%	0%	0%
Total TB treated Cases	79	73	11%	7%	47%	27%	28%	36%	14%	30%	0%	0%
TT2+	14825	13415	4%	5%	1%	2%	41%	43%	53%	51%	0%	0%

- Below figures show the number of HFs that had rapid declines in TT2+ indicators in Q2 than Q1. It is found that 16 of 43 HFs in Kapisa province had low services in Q2 then Q1 in TT2+, contributing to failure to meet the Minimum Level.



- Analysis of general conditions of the province that affect service delivery:
    - Not reported in this SA cycle.

2.3 Specific major events affecting service delivery:

a. Health Services Lost Due to tribal conflict, Table: List of HFs Closed in this SAPR cycle

SN	HF Name	HF Type	Date of Report submitted	Service Halt Date (MM/DD/YYYY)	Service Resume Date (MM/DD/YYYY)	# Days Service Halted	Remarks
1	Durnama	BHC	Before sehatmandi	01/01/19	Not yet	182	Closed due to inter-tribal conflict
Total #days halted						182	

b. **Natural Disasters**: Not reported in this SA cycle.

c. **Population movement**: Not reported in this SA cycle.

3. Discussion & Recommended actions

- Given lack of medical and non-medical supplies, SM should review procurement plan and try to do lobbying with the National Procurement Committee in implementing new procurement mechanism for SM provinces. Decentralized procurement may be an option;
- Growth monitoring versus screening (currently most of the data is screening of under 5 not monitoring of under 2 children).
- Very low coverage of Penta and TT2+ (did not met the targets), a) To strengthen outreach and mobile services, b) To pay the outreach cost and mobile cost on time and regular and c) To upgrade PHCs to fixed centers following technical discussion with National EPI and agreement of PEMT;
- Low coverage of ANC (below the target), a) Short term recruitment of midwife in HFs to fill the gap of midwife on maternity leave (focus on volunteers);
- Low coverage of Institutional Delivery (below the target), a) Short term recruitment of midwife in HFs to fill the gap of midwife on maternity leave (focus on volunteers and PHCs if they attend deliveries in non-official time;
- Low coverage of CYP (below the target), a) Focus of FP counseling and ensure FP commodities are available in all HFs and avoid any shortage.
- Small contribution of PH and DH with the delivery of some specific indicators;
- No TB treated cases were reported from all 17 primary health centers;
- SM should seek for co-financing mechanism in order not to interrupt staff salary payment; and

Specific recommendation:

A. <u>To MoPH leadership:</u>

✓ To change the time of salary payment to HF's staff in the SOP from 20 days after the receipt of instalment to one month for SM provinces because lengthy internal process of governmental (bureaucracy);

✓ Technical departments not fully aware of the Performance Management SOP and P4P mechanism; therefore, an orientation is required;

- ✓ Due to not having the contract obligation for SM provinces, MoPH should consider, whether they should be sanctioned or not?
- ✓ Any technical department want to visit a province should be in contact with PMO. It should be clear whether other technical departments are doing monitoring or supportive supervision because according to contract monitoring is responsibility of TPM. It needs clarification with TDs.

B. To PPHD and PPHOs:

- ✓ to strictly follow the actions and recommendations (PIPs) and ensure the promised actions are implemented.