

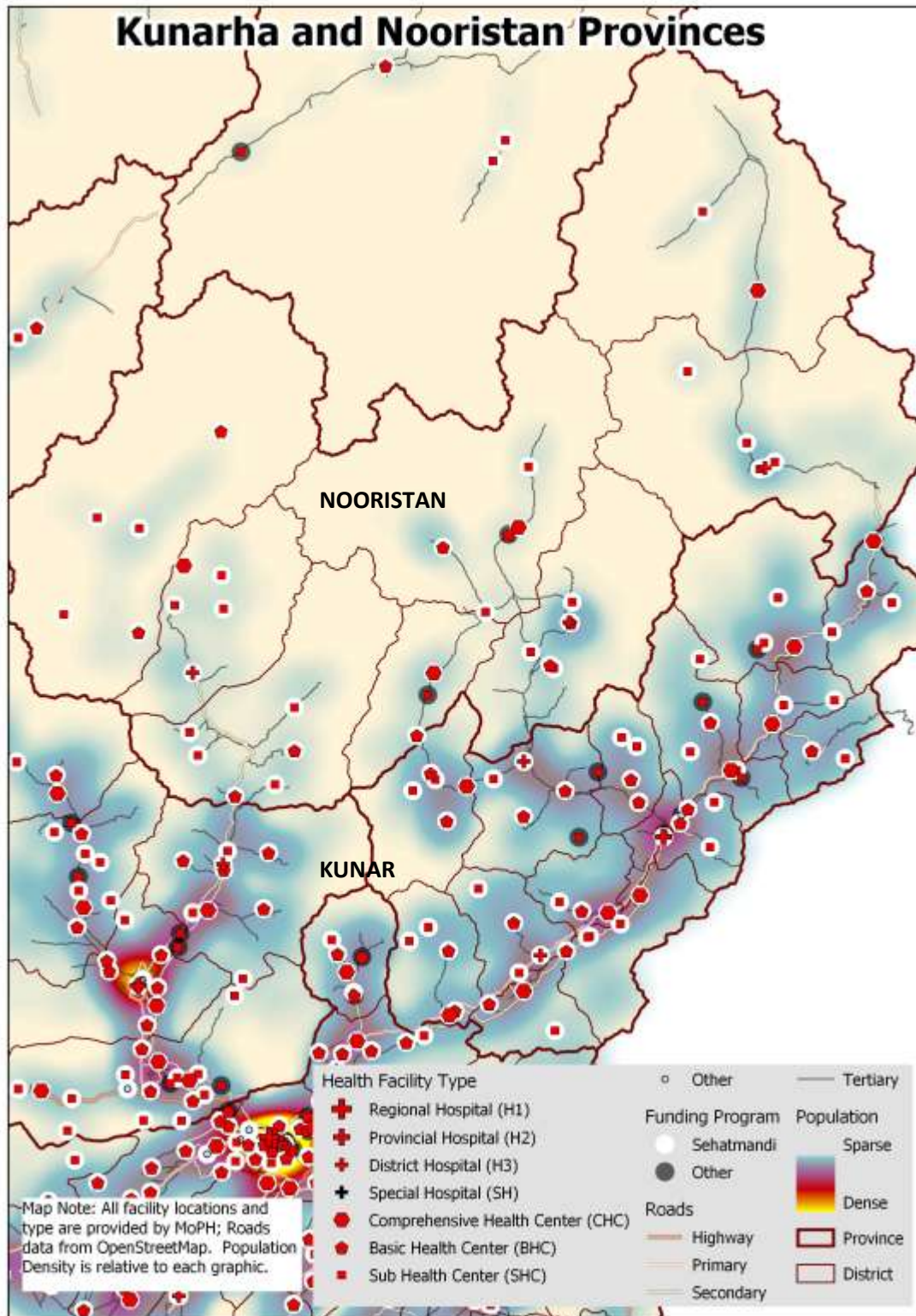


Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019



1.1 General Provincial Characteristics

Table 1: General Provincial Characteristics

Province	Population (n) [1]	Population density (n/km ²)	Civilian conflict deaths [2]	Accessibility index [3]	Internally displaced persons [4]	Poverty (%) [5]	Female literacy (%) [6]	Transport accessibility [7]
Kunar	458,130	92.7	128	71.3	28,698	61.8	15.4	Very low

[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.

Kunar is located in the eastern part of the country having long border with Pakistan. Total population of the province is estimated at 495,202. Population is dispersed (i.e. 100 person/km²) and mostly rural

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	Other	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	
Kunar	HNTPO	Yes	322	30	5	18	0	9	0	3	0	1	4	61	9	87.1

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

Health services are provided through a network of 61 health facilities.

1.4 Contract Financial Information

Table 3: Contract Financial Information

Province name	Total contract amount in AFN (lump sum plus P4P*)	Lump sum amount in AFN	Lump sum as % of total contract	Total contract amount per capita in AFN	Total contract amount per capita in USD§	Population¶	P4P award SAPR1 in AFN	Possible Maximum Level P4P in SAPR1 in AFN	P4P earned in SAPR1 as percent of total possible	Delay in most recent lump sum payment (days)	Delay in P4P first payment (days)
Kunar	847,393,763	274,524,030	32.4%	1,711	23.0	495,202	47,697,586	107,298,272	44.5%	22	62

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Kunar province was ranked at the 22th of 31 provinces in terms of total lump-sum as % of the total contract amount. In P4P earned in the 1st semiannual period as % of total possible payment, Kunar was ranked at the 3rd to the top of 31 provinces.

1.5 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 yellow, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Kunar is ranked at the 9th from the top.

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
Kunar												22

1.6 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.	0	0	N.A.	N.A.	0	0	20	

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.

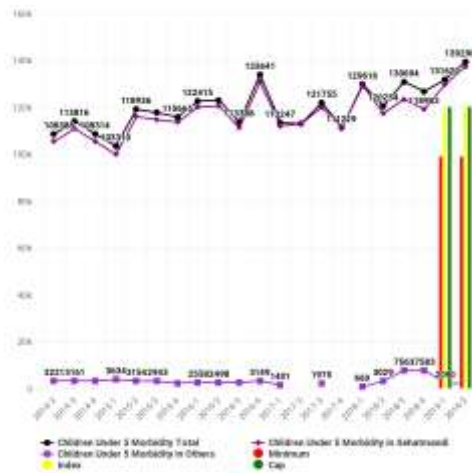
1.7 Key findings

- Kunaris ranked at the 9th of the P4P indicator ranking:
 - o Overall score is 22 more than national mean score of achievement (20)
 - o On average, P4P indicators rose by 59 % over 5 years excluding 3 indicators.
 - o Eight (8) of 11 P4P indicators meet the Index and 11 of 11 indicator meet the minimum.
- More than 95 % of HFs have female staff, particularly female doctors and community midwives.
- Insurgencies related to ISIS in two districts triggered population movement in Chapadara and Pej district.

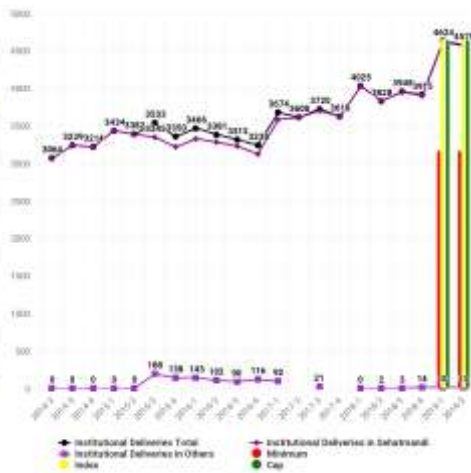
1.8 Indicator trends

In this sub-section, all line charts show Five-Year Trend by Quarter between 2014 (1393) and 2019 (1398), and the bar charts in the left side of the chart show the Minimum Level, Index and Maximum Level of quarter 1 and quarter 2 of this Semi-Annual Cycle.

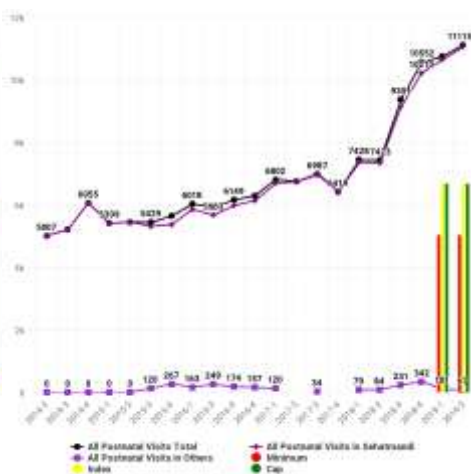
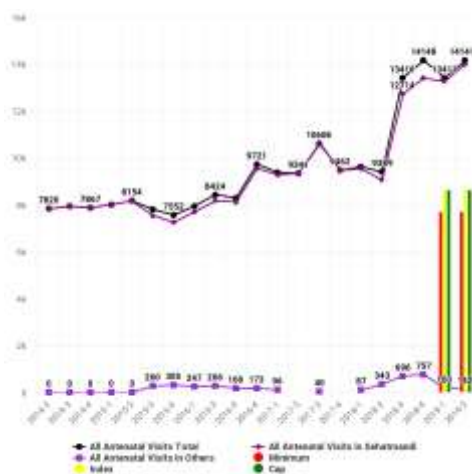
Children Under Five Morbidity



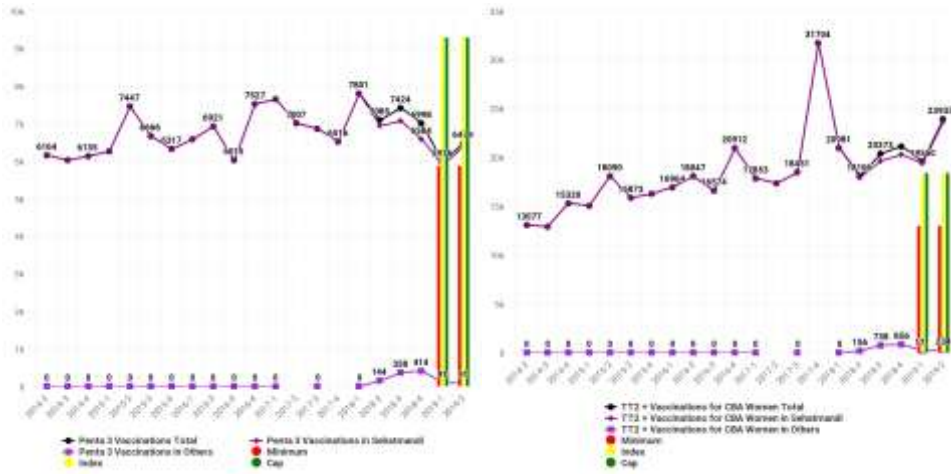
Institutional Delivery



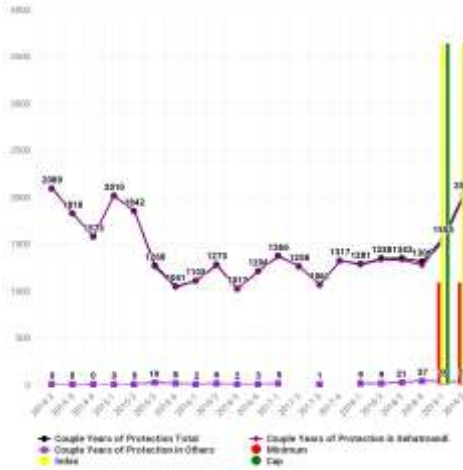
All Ante-Natal Care Visits



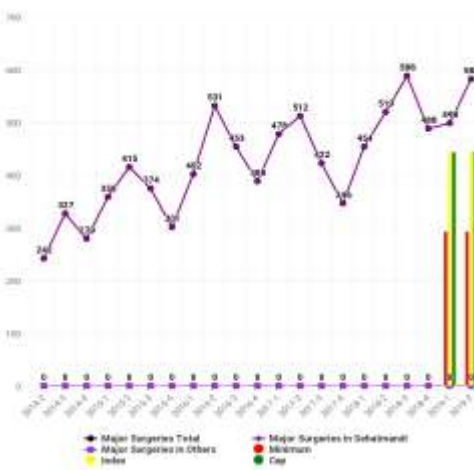
Penta 3 VaccinationsTT2+ Vaccinations



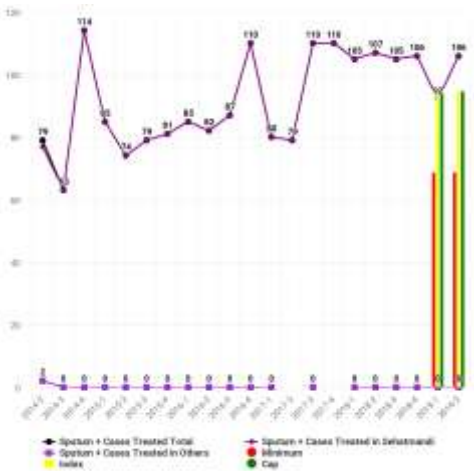
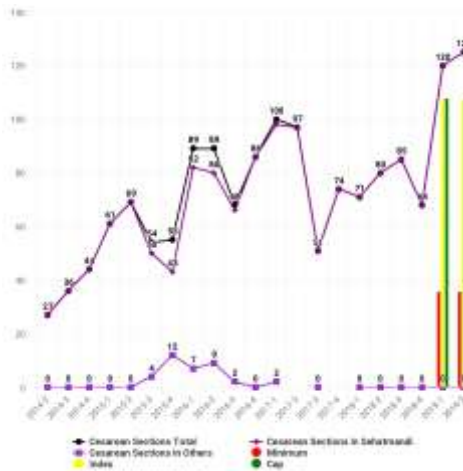
Couple Years of Protection



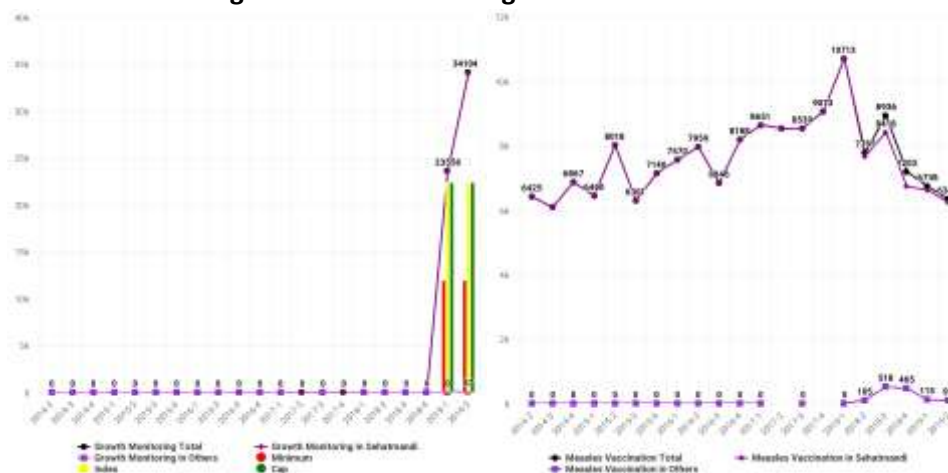
Major Surgeries



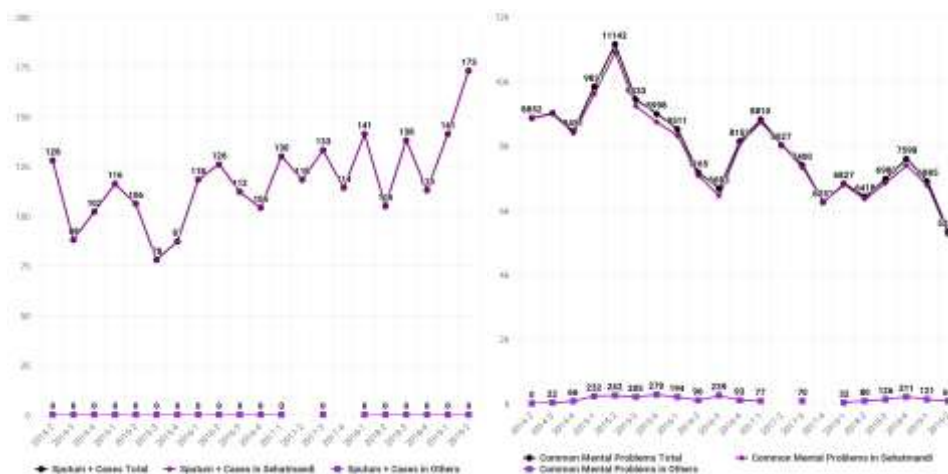
Caesarean SectionsTB Sputum Positive Cases Treated



Growth Monitoring and Youth CounselingMeasles Vaccinations

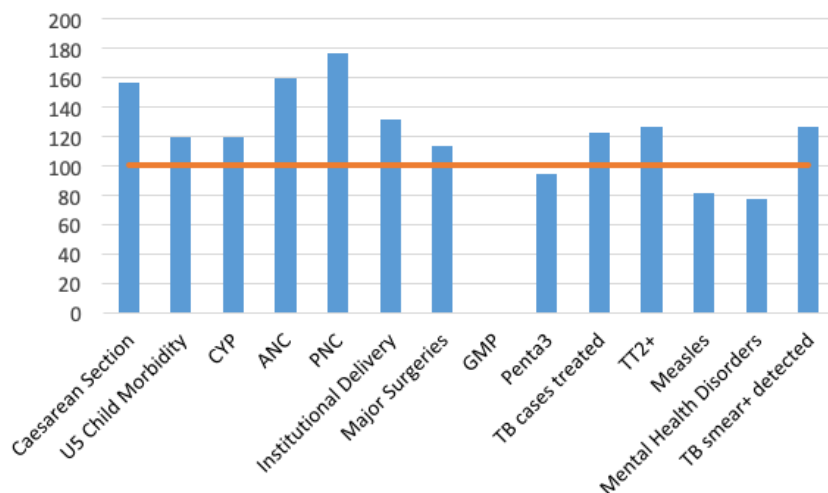


TB Case Detection Mental Health Disorders



1.9 Normalized results

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



To arrange the finding in a single chart the data are normalized by dividing performance of the first semi-annual cycle of 2019 by the median number of performance in the semi-annual cycle of the last five years and multiplied by 100. So the figure above shows better performance than the last five years median and those lower than 100 show lower performance than the median of last five years.

1.10 Conclusions of the charts

- Achievements in 11 P4P indicators exceeded the normalized median, except for Penta3 (91 %). Of three non-P4P indicators Mental Disorders and Measles vaccination was below the normalized mean. Immunization services require a special attention.
- On average, P4P indicators rose by 59% over 5 years excluding 3 indicators.
- Immunization services (Penta3, TT2+ and measles) increased an average of 42% over 5 years.
- Maternal health services (ANC, institutional deliveries, PNC) showed tremendous increase by 61% over time.
- Couple years of protection CYP is the only indicator that decreased by 10 as compared to the 2014 data.

2 Province-specific analysis

2.1 Management:

- Under Sehatmandi, HN-TPO in Joint venture with ORCD took over BPHS and EPHS from Cordaid and AHDS.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 5 % of health facilities has no female staff.
 - Four (4)% of Health Posts are not functional from the beginning of the SEHAT and Sehatmandi.
 - Shortage of female CHWs is rampant in over 21 % of health posts.
- Staff salary Payment: delay in staff salary payment was not reported in the first and second quarter of this SA cycle
- Reporting:
 - Inception Report was overdue but the second was submitted on time.

- Of 6 monthly Updates to be submitted, 3 were overdue (before PMO establishment)
- PIP was submitted on time.
- No Data Quality Assurance Plan was submitted.

2.1.1 Health Facility Analysis:

Health Facilities and indicators with Problems or Success

Below table shows the changes in achievements of P4P indicators between two quarters. It examines whether outputs increased or decreased in this SA cycle by HF type in percentage terms.

Indicators	Total cases reported		PH (n=1)		DH (n=2)		CHC (n=9)		BHC (n=18)		PHC and others (n=31)		MHT and others (n=1)	
	Q1	Q2	Q1 %	Q2 %	Q1%	Q2%	Q1%	Q2%	Q1%	Q2%	Q1%	Q2%	Q1%	Q2%
Cesarean-S	120	125	88	91	12	5	1	4	-	-	-	-	-	-
Child Morbid	131622	139290	9	9	10	10	21	25	29	27	30	28	1	1
Total CYP	1540	1988	38	35	5	9	17	19	21	21	18	16	0	0
Total ANCS	13411	14141	6	6	9	8	28	30	26	30	31	26	0	0
Total PNC	10734	11115	18	18	11	9	33	34	19	21	19	18	0	0
Ins Delevery	4624	4576	40	37	13	11	31	32	8	10	8	9	-	-
M surgeries	498	582	100	100	-	-	-	-	-	-	-	-	-	-
GMP/IYCF	23556	34104	7	10	7	7	26	27	30	29	30	27	-	-
Total PENTA3	5976	6479	11	8	10	10	30	32	36	36	12	13	1	1
TB treated Cas	92	106	47	36	20	20	30	41	3	4	-	-	-	-
TT2+	19560	23935	7	4	10	9	33	31	37	44	13	11	1	0

- Caesarian section improved at provincial hospital level in 2nd quarter by 3.7 % and 4% at CHC level (only Asmar CHC)
- Caesarian section indicator declined around 7 % at DH level(Manogi DH)
- Performance of Chwki DH is improved from 71% to 83% .
- Chawaki DH achieved more than Monogi DH, 75% and 25% respectively.
- TB smear positive case treatment improved at CHC level by 10.1% and decreased at Provincial Hospital level by 10.9 %.
- 6.8 % increase accrue in TT2 + coverage forCBA women in 2nd quarter comparatively to the 1st quarter of sehtmandi project
- Nineteen (19)Primary Health Centers out of 31 and 5 out of 18 BHCs did not report Penta 3 vaccination services.

2.1.2 Specific major events affecting service delivery:

a. Health Services Lost Due to Anti-Government Activities

Table: List of HF's 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	Ghazi Abad	PHC	4/17/2019	7/16/2019	7/23/2019	7	
2	Degal	PHC	6/29/2019	3/26/2019	7/8/2019	104	
Total # 11 days halted						111	

b. **Natural Disasters:** Service provider did not report any natural disaster and emergencies during the reporting period.

c. **Population movement:** Huge population movement is reported because of ISIS invasion to 3 districts and heavy fighting between ISIS and Taliban.

3. Discussion & Recommended actions

- Nineteen (19) Primary Health Center is not reporting vaccination while in contract 16 PHC should upgraded with EPI services.
- Four (4) PHCs to be upgraded with EPI services before end of the next quarter
- Four (4) BHCs out of 17 BHCs are not reporting EPI services and causes to be explored
- Asmar CHC provided CS while the facility is not eligible for this service but a surgeon is recruited. If upgrade of this facility to DH is approved, it will serve for population in 5 districts.
- All P4P indicator and other indicator should be regularly monitored by PHOs.

4. Suggestion to the leadership:review committee concludes to suggest some specific points for improvement to the MoPH leadership as follows:

- Targets of the province are set irrationally compared to the provincial population and district micro-planning; the committee suggests possible revision of the targets.
- The SP will likely face financial problem due to payment delay. MOPH payment schedule should be quarterly.
- Amar CHC should be upgraded to DH as the facility provides major surgery and Caesarian section.
- Fourteen (14) primary health centers (PHCs) that meet the criteria for EPI service should be upgraded as suggested by HSS /GAVI.