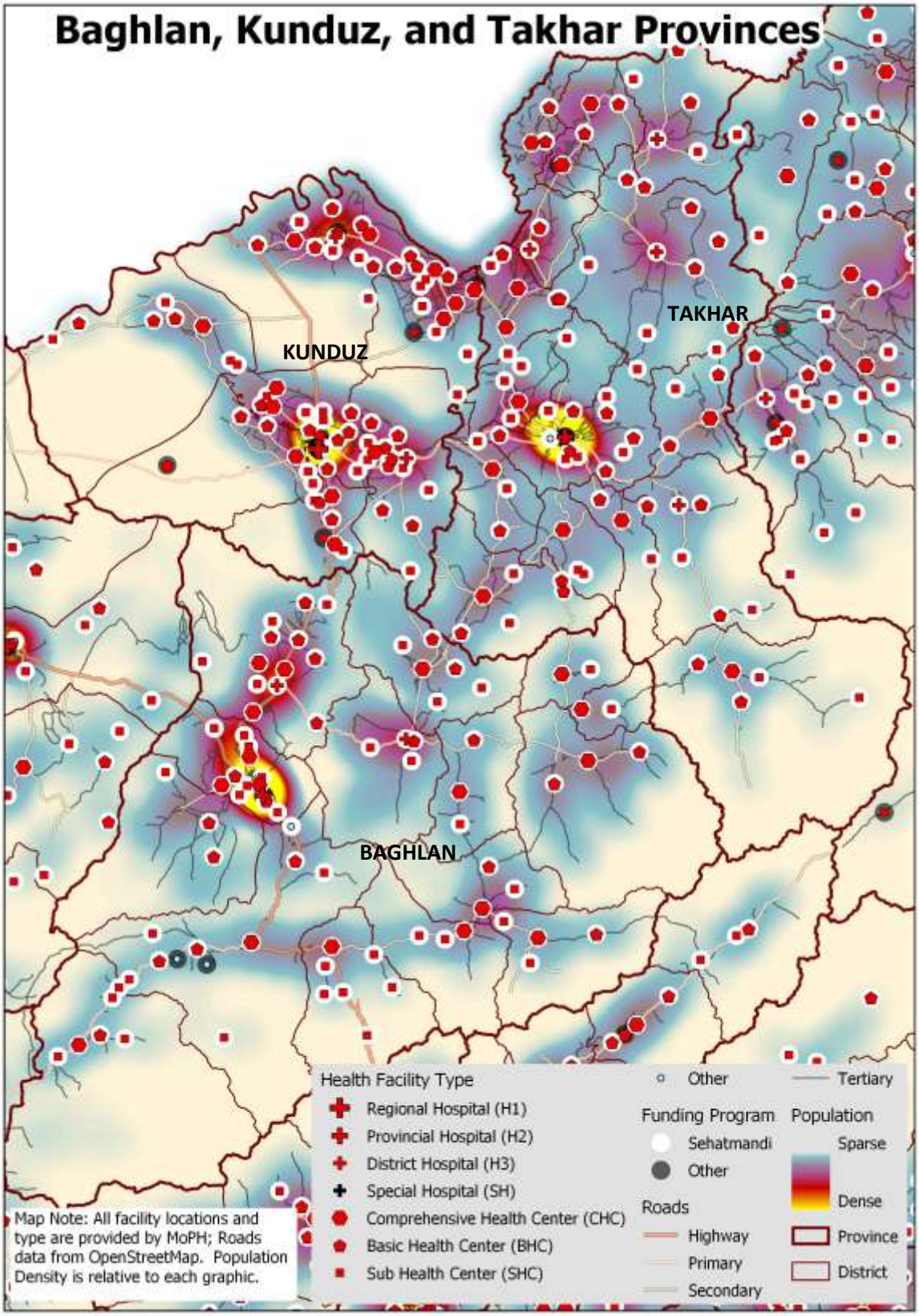
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Baghlan, Kunduz, and Takhar Provinces
TAKHAR
KUNDUZ
BAGHLAN
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
Map Note: All facility locations and type are provided by MoPH; Roads data from OpenStreetMap. Population Density is relative to each graphic.

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]
Kunduz	1,029,473	128.0	105	40.7	10,465	66.4	18.9	Very high

[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.

Kunduzis located in the northeast of Afghanistan next to Tajikistan. It is surrounded by Takhar province to its east, Baghlan province to the south, while Samangan province to the west. The province has 7 districtsand is 337 kilometers away from Kabul. Kunduz city serves as the provincial capital.

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*	
Kunduz	JACK	No	485	28	4	30	3	13	0	2	2	2	19	75	28	72.8

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

Through the Sehatmandi project, the Just for Afghan Capacity and Knowledge(JACK) has been providing BPHS since January 2019. Before the Sehatmandi, Organization for Health Promotion and Management (OHPM),operated in the province under SEHAT.

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 amounts per capita in AFN	Total contract amounts per capita in USD§	Population¶	P4P award SAPR1 in AFN	Possible Maximum Level P4P in SAPR1in AFN	P4P earned in SAPR1 as percent of total possible	Delay in most recent lump sum payment (days)	Delay in P4P first payment (days)
Kunduz	789,482,091	249,514,342	31.6%	715	9.6	1,104,210	40,135,874	100,507,835	39.9%	38	34

*Maximum Level P4P
¶ The Sehatmandi Project RFP
§ 1.00 USD = 74.4 AFN

Total lump-sum amount for Kunduz as percentage of total contract amount was the 9th to the lowest among 31 provinces. Kunduz is just below the average P4P earned in SAPR1 as % of total possible earnings (i.e. Maximum Level).

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.Kunduzis ranked the 8th 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**
Kunduz												23

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.	-5	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.

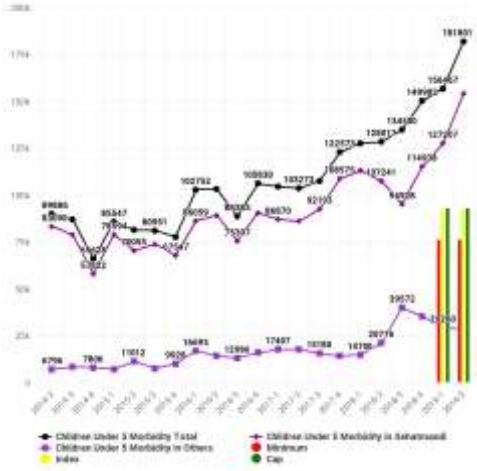
1.7 Key findings

- Kunduz is ranked at the 8thfrom the top in the P4P indicator ranking:two of ten P4P indicatorsdid not meet the Index(Target).
- In addition to delays in the government payment, low lump-sum budget contributed to delays in the staff salary payment.

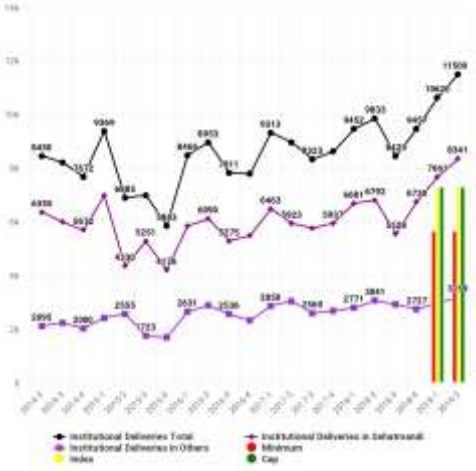
1.8 Indicator trends

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 right side show the Minimum Level, Index and Maximum Level of quarter 1 and quarter 2 of this Semi-Annual Cycle.

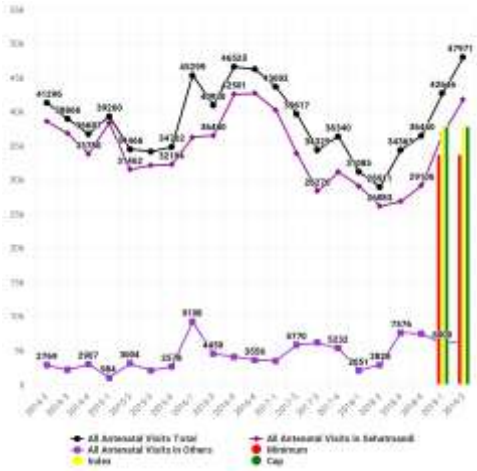
Children Under Five Morbidity



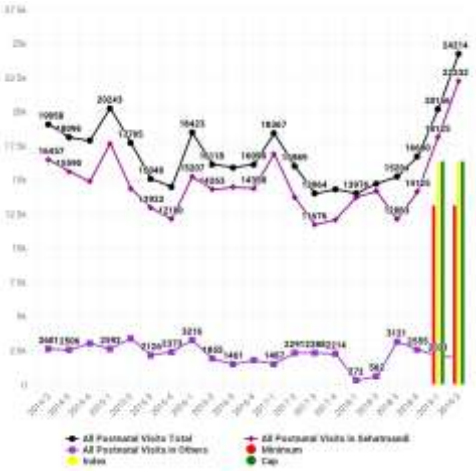
Institutional Delivery



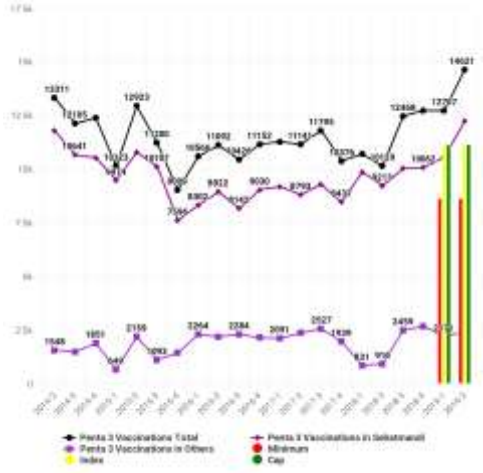
All Ante-Natal Care Visits



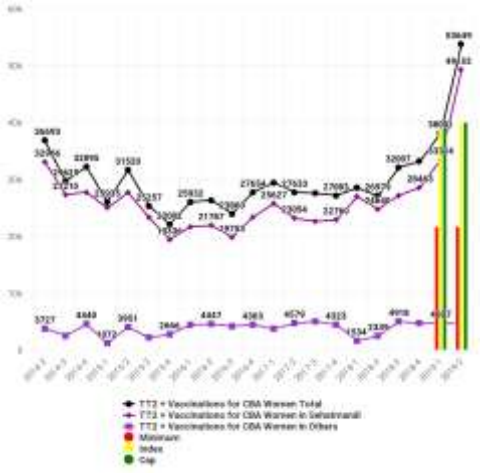
All Post-Natal Care Visits



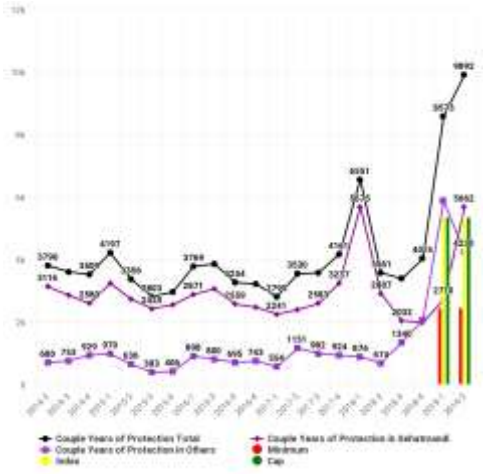
Penta 3 Vaccinations



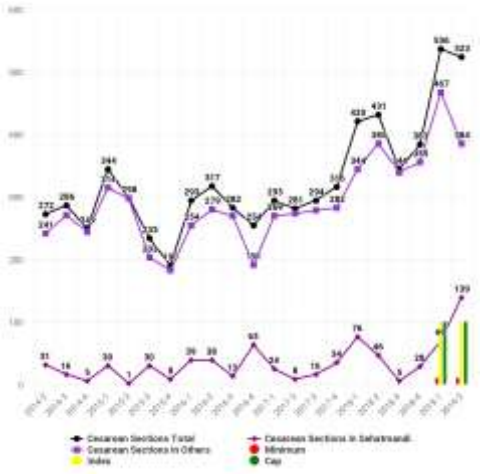
TT2+ Vaccinations



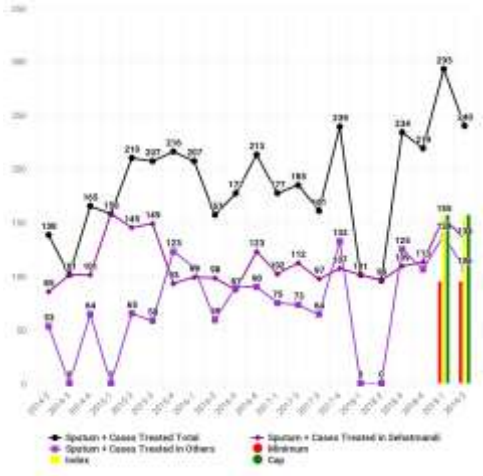
Couple Years of Protection



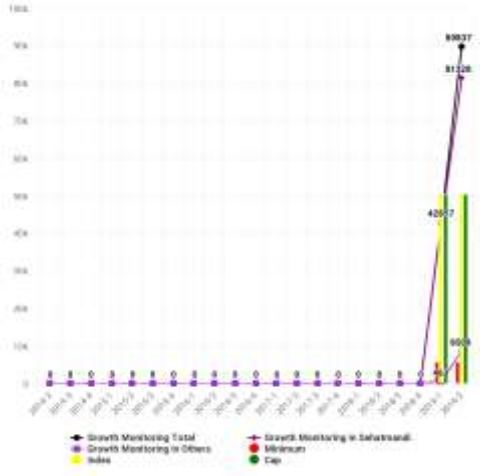
Caesarean Sections



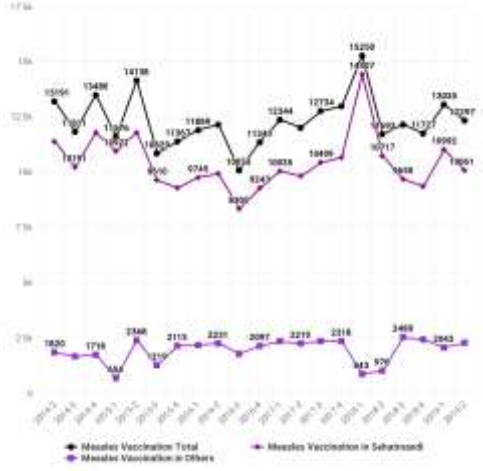
TB Sputum Positive Cases Treated



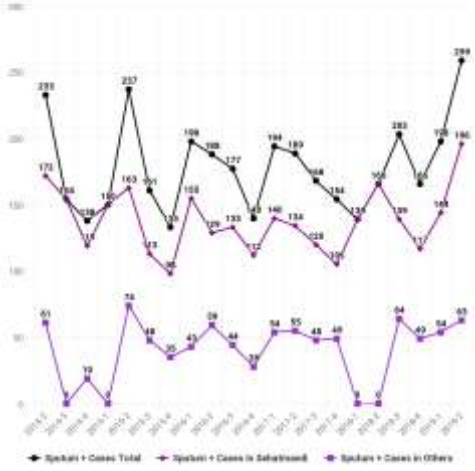
Growth Monitoring and Youth Counseling



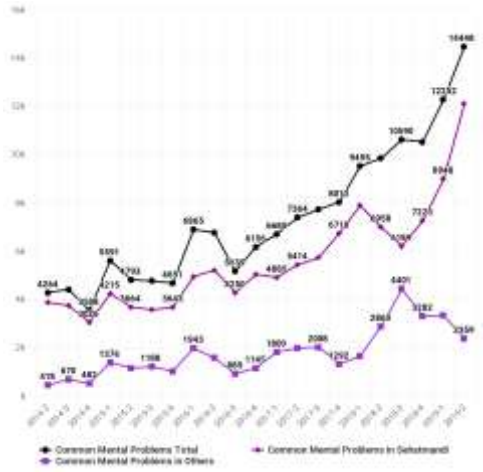
Measles Vaccinations



TB Case Detection

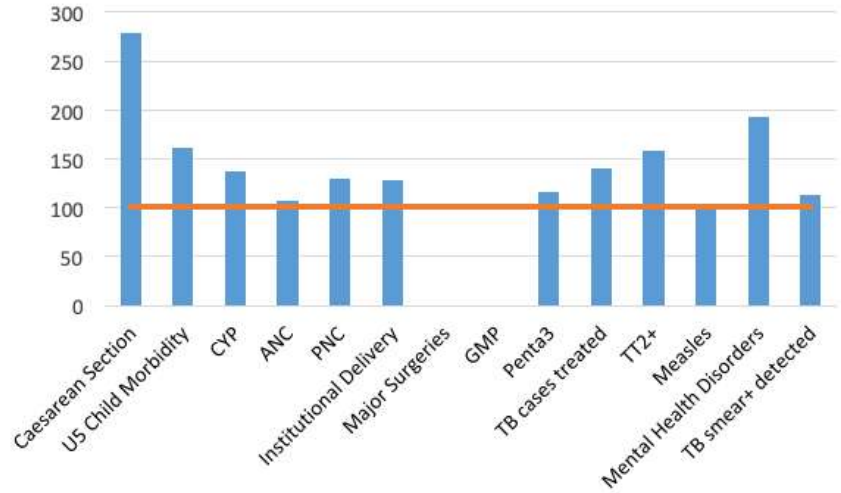


Mental Health Disorders



1.9 Normalized results

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



To arrange the findings in a single chart the data are normalizedby dividing performance of the first Semi-Annual cycle of 2019 by the median number of performances 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.

1.10 Conclusions of the charts

- On average, P4P indicators increase by 32% over 5 years.[1]
- Immunization services (TT2+ and Penta-3)increased an average of 26% over 5 years.
- Maternal health services (ANC, PNC, deliveries and Couple year protection) showed steady increase by 39% over time.
- Child under five morbidity showed steady increase by 85% over 5 years.
- TB treated cases increase by 58% over 5years.

2 Province-specific analysis

2.1 Management:

- JACK has been providing BPHS since the commencement of Sehatmandi project (Jan-19).
- Staffing:
    - Lack of female CHWs wasnot over 1% as found in Kunduz Sehatmandi project.
- Staff salary Payment: no delay was reported.
- Reporting:
    - Inception Report was not submitted on time.
    - The first and 2nd Quarterly Technical Reports were not submitted on time.
    - One outof 3 Monthly Updates was not submittedon time.
    - PIP was not submitted on time.
    - Data Quality Assurance Plan was not submittedyet.
    - Semi-Annual Inventory List was not submitted on time.
    - There are no any force majeure cases reported, but a Primary Health Center by name of Ortabolaqi was closed since the inception of Sehatmandi project due to tribal internal conflict.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - BHCs provided greater number of clients with some of the services than other types of HFs.
    - Two DHs contributed a small portion of services related to (Child under five morbidity, ANC, Growth monitoring/IYCF and immunization indicators).
    - 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 30 BHCs: 3% in Q1 and 2% in Q2 inputs were done in the Primary Health Centers (PHCs) in this SA cycle.

[1] The average has been counted among only 8 of 10 P4P indicators as other three P4P indicators explode the mean.

- Zero percent contribution of Primary Health Facilities (PHCs) in Penta-3 in Q1 and 3% in Q2.
- Below table shows percentage shares by HF type during this SA cycle

Indicators	**Total cases** reported		**Percentage Share by type of HFs**							
			DH (n=2)		CHC (n=13)		BHC (n=30)		PHC and others (n=30)	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Total Cesarean Section	69	139	97%	87%	3%	13%	0%	0%	0%	0%
Total Child Morbidity	127207	153818	11%	12%	23%	27%	41%	36%	26%	25%
Total Couple year of protection (CYP) provided by Health Facilities	2709	5414	15%	17%	31%	33%	33%	32%	21%	18%
Total ANCS	36646	41709	10%	9%	31%	30%	36%	38%	22%	23%
Total PNCS	18125	22232	19%	16%	42%	39%	24%	27%	15%	18%
Total Institutional Deliveries	7661	8341	32%	32%	48%	45%	14%	16%	6%	7%
GMP/IYCF	42394	81328	10%	10%	37%	27%	34%	35%	20%	28%
Total PENTA3	10536	12217	12%	12%	39%	36%	49%	50%	0%	3%
Total TB treated Cases	155	134	32%	22%	66%	76%	0%	0%	3%	2%
TT2+	33314	49153	14%	11%	38%	32%	48%	54%	0%	4%

- Below table shows the number of HFs had drastic changes in all P4P indicators in Q2 than Q1. Forty-twoof 75 HFs in Kunduzhad grater achievements in Q2 than Q1 in GMP/IYCF, followed by Couple year of protection (CYP), TT2+, Institutional deliveries, PNC, Child morbidity and other P4P indicators.

Indicators	Number of HFs
TT2+	14
Total TB treated Cases	2
Total PENTA3	2
GMP/IYCF	42
Total Institutional Deliveries	10
Total PNCS	10
Total ANCS	3
Couple year of protection (CYP) provided by Health Facilities	33
Total Child Morbidity	5
Total Cesarean Section	2

- 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	Ortablaq	SHC	5/19/19	1/1/19	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 female CHWs in Aqtepah CHC+ related health post(not meeting one of the minimum standards) and there was no surgeon in Aqtepa and Archi CHC+ (s),JACK should review staffing pattern and implement new mechanism for assigning the female staff at the HP level;
- Timely sharing of the deliverables is an issue in this SA cycle. JACK should review deliverable and assigning technical staff at national and provincial level for timely sharing report;
- HF's and provincial office staff have not received their salary of Saratan, Asad and Sunbula, JACK should find any possible way (including co-financing mechanism) to pay the salaries of the staff. Delayed payment makes them demoralized;
- Low coverage of measles (below the last five years median), JACK should to strength outreach and mobile services; to pay the outreach cost and mobile cost timely and regularly; and the proper mechanism has to be applied in this front;
- Discrepancy has been found in data shared by SP; JACK should be revised and the missing figures with MoPH HMIS department;
- Stock-out was an issue in Khanabad and Imam sahib DHs during ongoing fight as reported, JACK national and provincial team had to making sure themselves by establishing buffer stocks for these DHs;
- High coverage of Penta-3 (crossed the cap), JACK could be shared their best practices that applied during this SA cycle in this front for further uses of other SPs;
- For proper follow-up of each component, its related (Services), the SP was asked by the SAPR-1 committee to considering a specific focal person for each of them as per its available guidelines and SOPs;
- Update NSP's should be applied for HF's staff risk allowances for not demoralized them;
- PEI support to EPI and its vice versa mechanisms should be applied properly by SP;
- Very low TB presumptive according to national level target in Kunduz province, JACK would to create a mechanism for increasing the TB presumptive TB cases;

- As health facility analysis showed; most of Kunduz related health posts were face with stocked-out during this SA cycle, JACK should take care of this issue for do not repeated in future during the life of Sehatmandi project;
- Less contribution of DHs in some P4P services, than other type of health facilities, and no contribution of BHCs in TB indicator, JACK technical team should do further analysis for taking concreate action accordingly;
- Irresponsive or poor responsiveness of the SP was an issue (i.e. not attending official meeting, sharing information and etc.…);
- Poor coordination and communication were found among provincial and HQ level of JACK staffs was an issue, as it has found during the review, JACK should be found proper way swift and smooth communication among themselves for better performances; and
- Representative of the SPs should be updated with al technical and financial data when they attend such important meetings.

4 Specific recommendation:

A. To MoPH leadership:

- ✓ To change payment from 6 months to quarterly.
- ✓ Technical departments not fully aware of the Performance Management SOP and P4P mechanism; therefore, an orientation is required.
- ✓ 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.