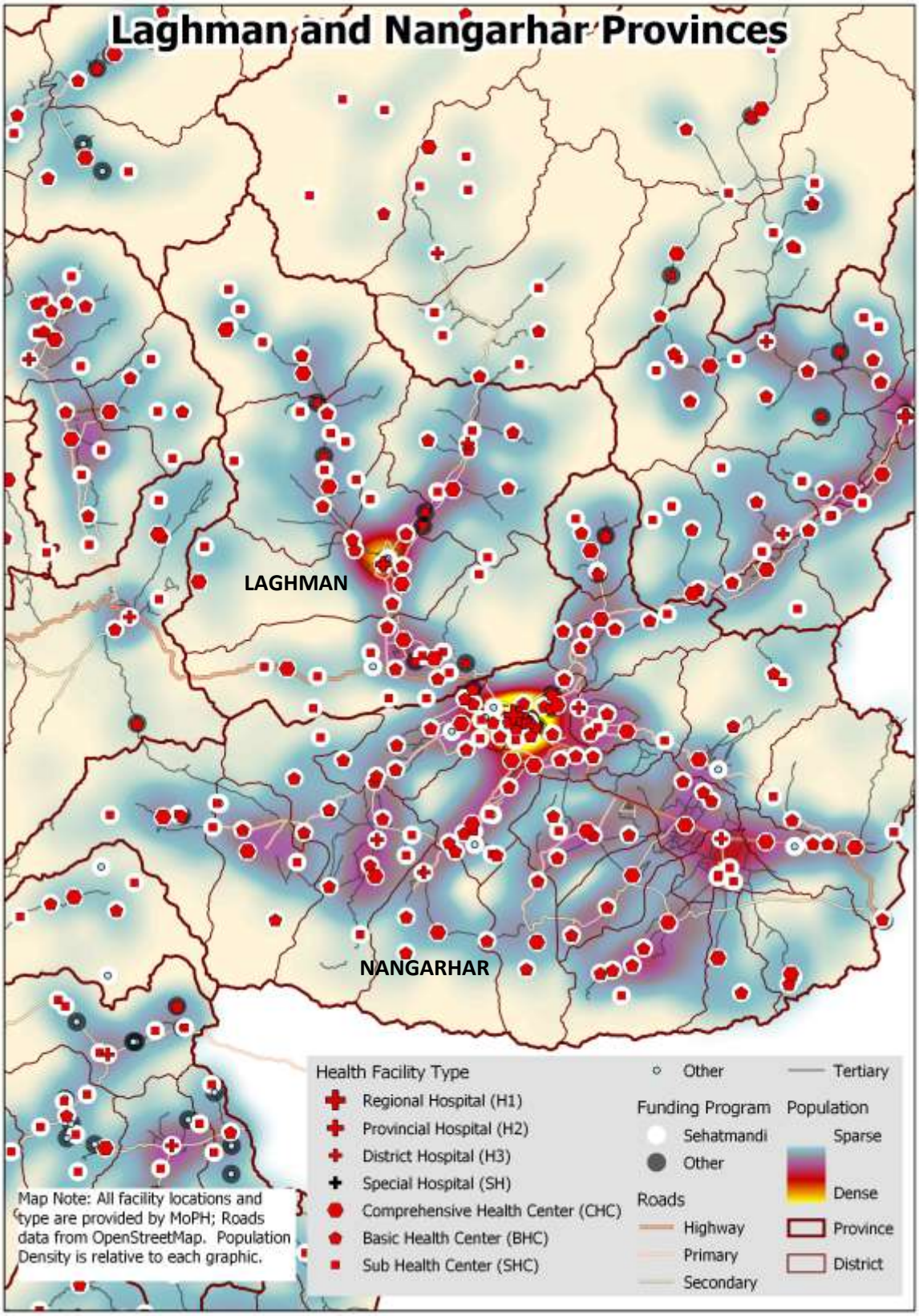
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Laghman and Nangarhar Provinces
LAGHMAN
NANGARHAR
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]
Laghman	452,922	117.9	93	79.4	715	76.5	14	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.

Laghman (Pashto/Persian: لغمان) is one of the 34 provinces of Afghanistan, located in the eastern part of the country. It has a population of about 445,600,having more than 3,657villages which are multi-ethnic and mostly rural. The city of Mihtarlam serves as the capital of the province. In some historical texts the name is written as "Lamghan" or as "Lamghanat".

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*	
Laghman	HNTPO	Yes	416	28	6	17	1	9	0	2	0	3	7	59	14	80.8

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

Malaria has re-emerged as a major disease in eastern part of the country. *Plasmodium falciparum* malaria becomes increasingly common in Laghman.Health Net- Transcultural Psychosocial Organization (HN-TPO) provides BPHS and EPHS in 2019. Before the Sehatmandi, Swedish Committee for Afghanistan (SCA) 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 amount per capita in AFN	Total contract amount 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)
Laghman	761,677,711	406,091,565	53.3%	1,555	20.9	489,751	29,765,594	65,962,812	45.1%	38	45

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

Percent share of the total lump sum amount relative to the total budget for Laghman is ranked at the 8th (53.3%) from the top among 31 provinces. Ranking by P4P earned in SAPR1 as percent of total possible (53.3%) is the 6th from the top.

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 orange, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color.Laghman is ranked at the top of 31 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)	Provincial indicators below index (n)	Provincial indicators above cap (n)
National												**22**	**3**	**3**
Laghman												26	1	7

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.

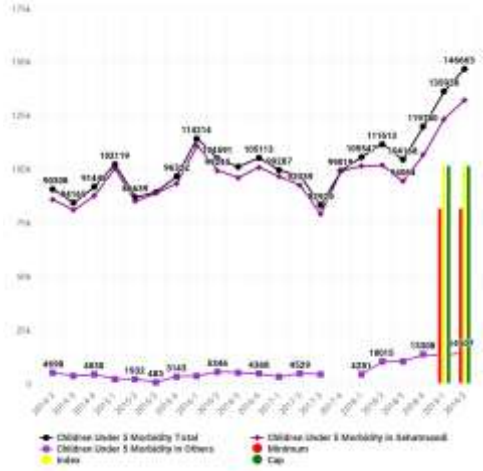
1.7 Key findings

- Laghman is ranked first from the top of 34 provinces in the P4P indicator ranking: all the P4P indicators met the Index and even some of them crossed the Maximum Level too.
- Comparison of the two quarters achievements indicated a significant improvement in the second quarter compared to Q1.
- HF in depth data analysis of this semi-annual cycle revealed that the HFs provided services in a continuous manner over the two quarters; however some area in the province was totally insecure, and it negatively can affect the service delivery.
- The service provider pays incentive for midwife of PHC and BHC, for each delivery in the HFs. This was why the institutional delivery had a sharp increase in 2019.
- The service provider failed to meet the Minimum Standard in terms of staffing (1 BHC, 2PHC did not have midwives).
- Delays in report submission in both quarters were significant.
- Anti-Government Elements banned vaccinationactivities.
- According to quarterly performance review, the medicines were not supplied as per the HFs consumption report in Q1. It means, the quantity of provided medicines was inadequate. In addition, the supplied medicines did not cover all the essential medicines listed in BPHS

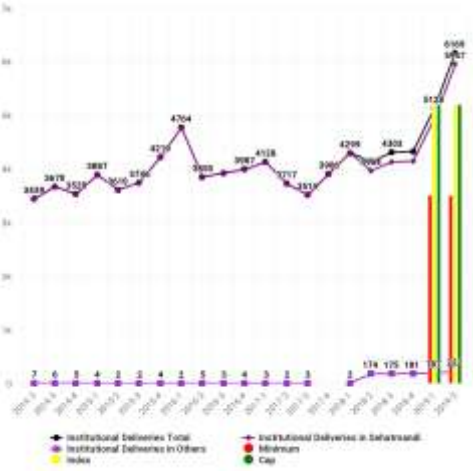
1.8 Indicator trends

The below line graphs showa five-year trend between 2014 and 2019. The bar charts in the right end are the Minimum Level, Index and Maximum Level of P4P indicators for quarter 1 and 2 of this Semi-Annual cycle.

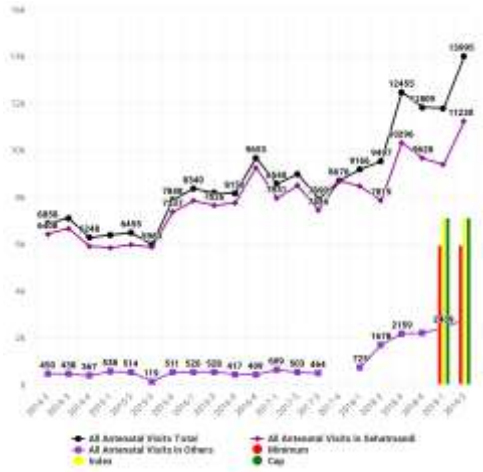
Children under Five Morbidity



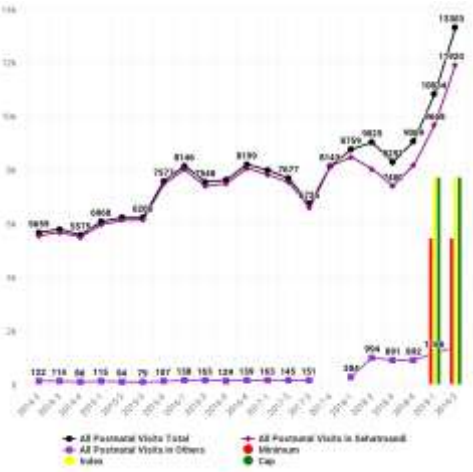
Institutional Delivery



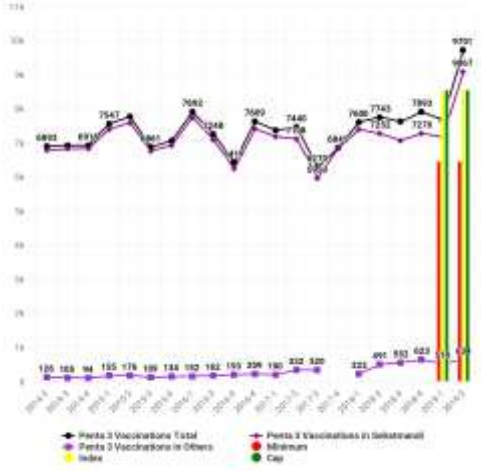
All Ante-Natal Care Visits



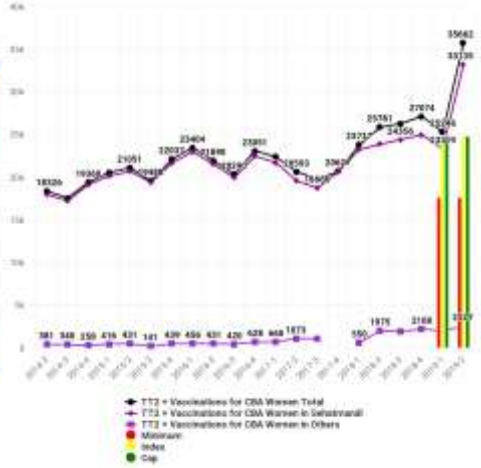
All Post-Natal Care Visits



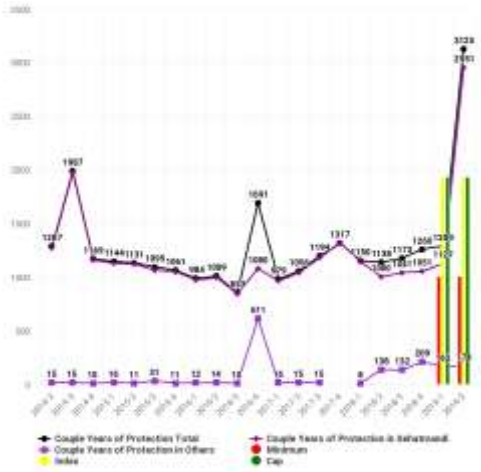
Penta 3 Vaccinations



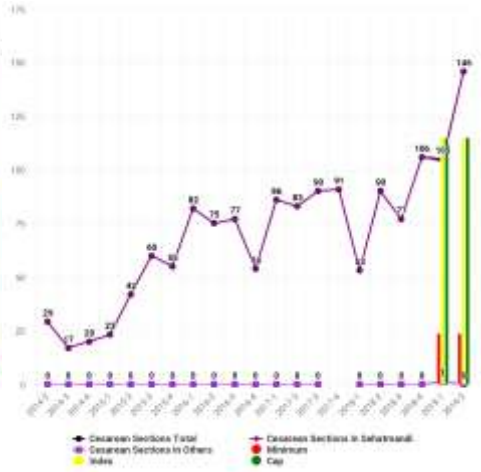
TT2+ Vaccinations



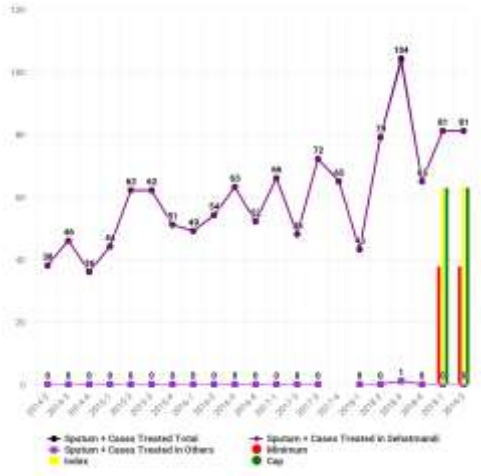
Couple Years of Protection



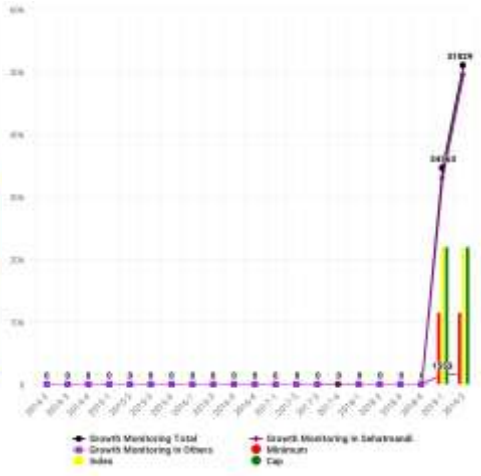
Caesarean Sections



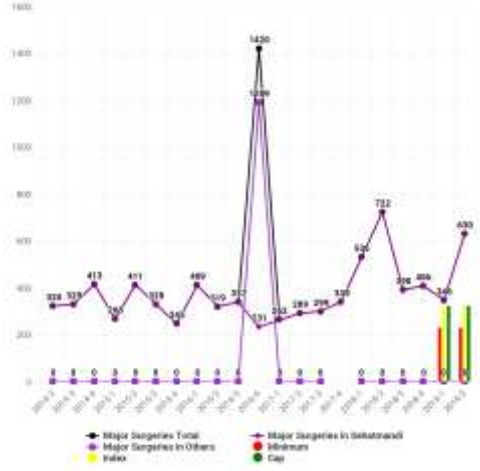
TB Sputum Positive Cases Treated



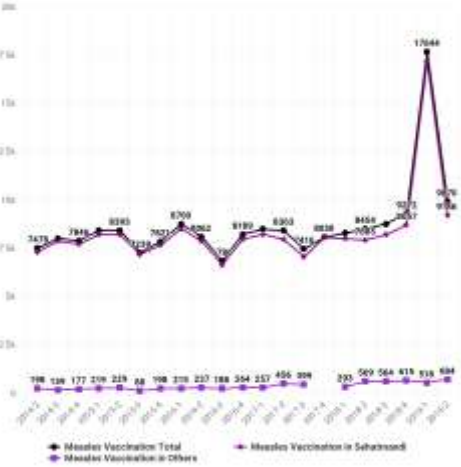
Growth Monitoring and Youth Counseling



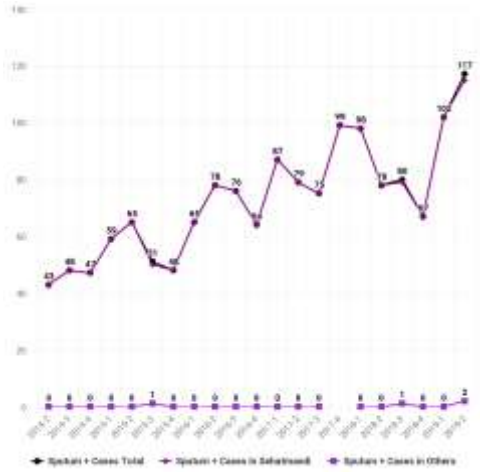
Major Surgeries



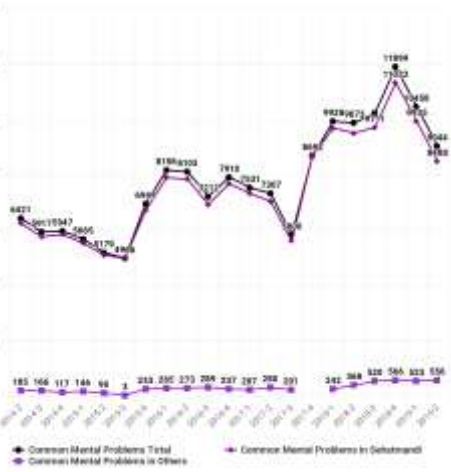
Measles Vaccinations



TB Case Detection

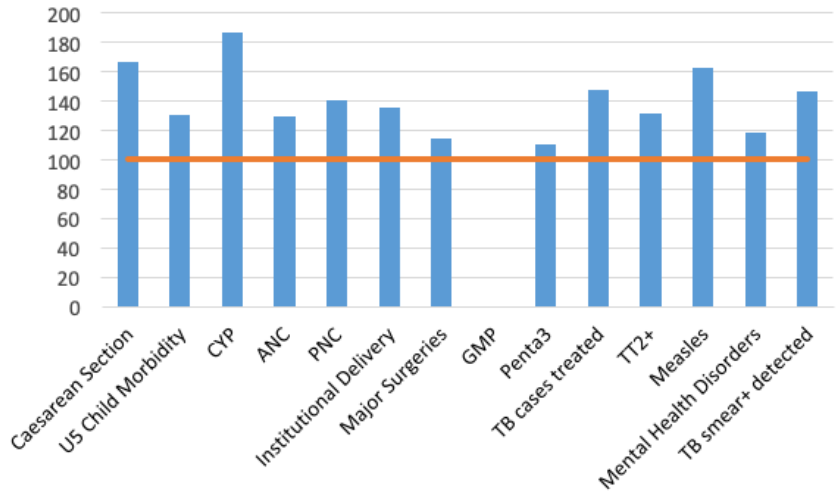


Mental Health Disorders



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 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.

1.10 Conclusions of the charts

- On average, P4P indicators rose by53.2 % over 5 years.
- All the indicators including P4P and non-P4P indictors exceeded the last five years median.
- Immunization services (Penta 3, TT2+ and measles) increased an average of214.5% over 5 years.
- Maternal health services (ANC, institutional deliveries, and Caesarean section) showed a steady increase by 156.67% over time.
- Overall, most of the P4P indicators showedan upward trend.

2 Province-specific analysis

2.1 Management:

- HN-TPO has been providing BPHS and EPHS since 1994.
- **Staffing:**
  - o an average of 8. % of the BHC and 3.5 of PHC did not meet the Minimum Standards.
  - o Female staff (vaccinations, midwives, nurse, etc.), except for female MD, is available in the province, however totally 9.3% of HFs(BHC or PHC) did not have a midwife for so long in both quarters.
- Staff salary Payment: delay in staff salary payment was not reported in both quarters of this SA cycle.

- Reporting:

Report	Q1	Q2	Conclusion
	Submission		
Inception Report	Delay	Delay	Inception and DQAR were delayed. Some MU were missed.
Monthly Updates	Missed	Delayed	
PIP	On time	NA	
Data Quality Assurance Plan	Delayed	Not submited	
Semi-Annual Inventory List	On time	On time	

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
  - Polyclinic,Charbagh,Qarghayi,Ghondi,Zafran and Dogran HFs reported a rapid fall of Couple Year Protection in Q2 compared to Q1.
  - Polyclinic Charbagh, Alingar, Kasaziz,KatalAlokhai, Kashman had a reduction of about two folds in ANC in Q2 rather than Q1.
  - Charbagh, Islamabad,andNorlam also had a moderate decrease in PNC.
  - All the contracted HFs did not miss the report in both quarters, except for Dewa BHC, which did not report on Institutional Delivery, PNC and ANC. Likewise,Kolman HF did not have any report on P4P indicator at all during the reporting period.
- Analysis of general conditions of the province that affect service delivery:The below off-budget projects exist in the area, but those did not negatively affect the Sehatmandi project.
  - Community Based Nutrition Program (CBNP) funded by UNICER
  - Malaria Prevention (MP) funded by UNDP
  - Therapeutic Feeding Support Program (TSFP) funded by WFP.
  - The province is known as a semi secure province and insecurity is more significant in Alngar district where nearly 30% of HFs located there.

2.3 Specific major events affecting service delivery: no report.

a. Almost all the existing HFs were closed for around 8 days at the beginning of the project in Q1 of 2019.
b. No report of Health Services Lost due to Anti-Government Elements Activities
c. **Natural Disasters**: no report
d. **Population movement**: no report.

3. Discussion & Recommended actions

- HN-TPO should seek for a co-financing mechanism to prevent delays in paying staff salary.
- Analysis of Q1 and Q2 performances showed substantial improvement in the second quarter. The SP should maintain the approach applied in Q2. However,The HFs data analysis indicated some of the HFs' performance did not improve in second quarter. The SP should focus on those HFs with no or little change.
-
- Delays in Monthly Updates submission were observed. The SP should review reporting mechanism that currently exists and conduct regular supervisions to encourage the staff to submit their reports on time.

- Based on HFs in-depth analysis, Dewa BHC did not report on PNC, delivery and ANC in both quarters, meanwhile, Kolman HF did not report at all. It denotes Dewa HF did not have a midwife and Kolman HFs could be closed during the reporting period. So, the SP should hire an additional midwife to backstop the HFs midwife in the case who resign or take a holiday. As such, if the Kolman HFs was closed over the period, the SP should find the root cause and make The HFs data analysis indicated some of the HFs' performance did not improve in second quarters. The SP should focus on those HFs with no or little improvement.

Recommendation for leadership

- Lack of information of some partners on SOP, poor understanding of their contractual obligations and, weak coordination among MoPH departments make service providers to be busy with some tasks, which are totally in discordance with both SOP and contract requirement. So the MoPH should strengthen coordination effort among departments and encourage them to be updated on key areas of contracts, and SOP.
- SOP requires to be revised to provide full information in all aspect of the performance.
- Making third party available to operate and help PMO during SAPR by providing information on service provider's HMIS data accuracy. It will obviously provide ground to carry out a technically sound semiannual performance review.
- Establish a national M&E system in MoPH to provide timely information to service providers to fill in the gaps timely.
- Build capacity of the HMIS department to enable them in timely submission of quality, uniform and clean data to all partners including PMO and DPs, etc.