

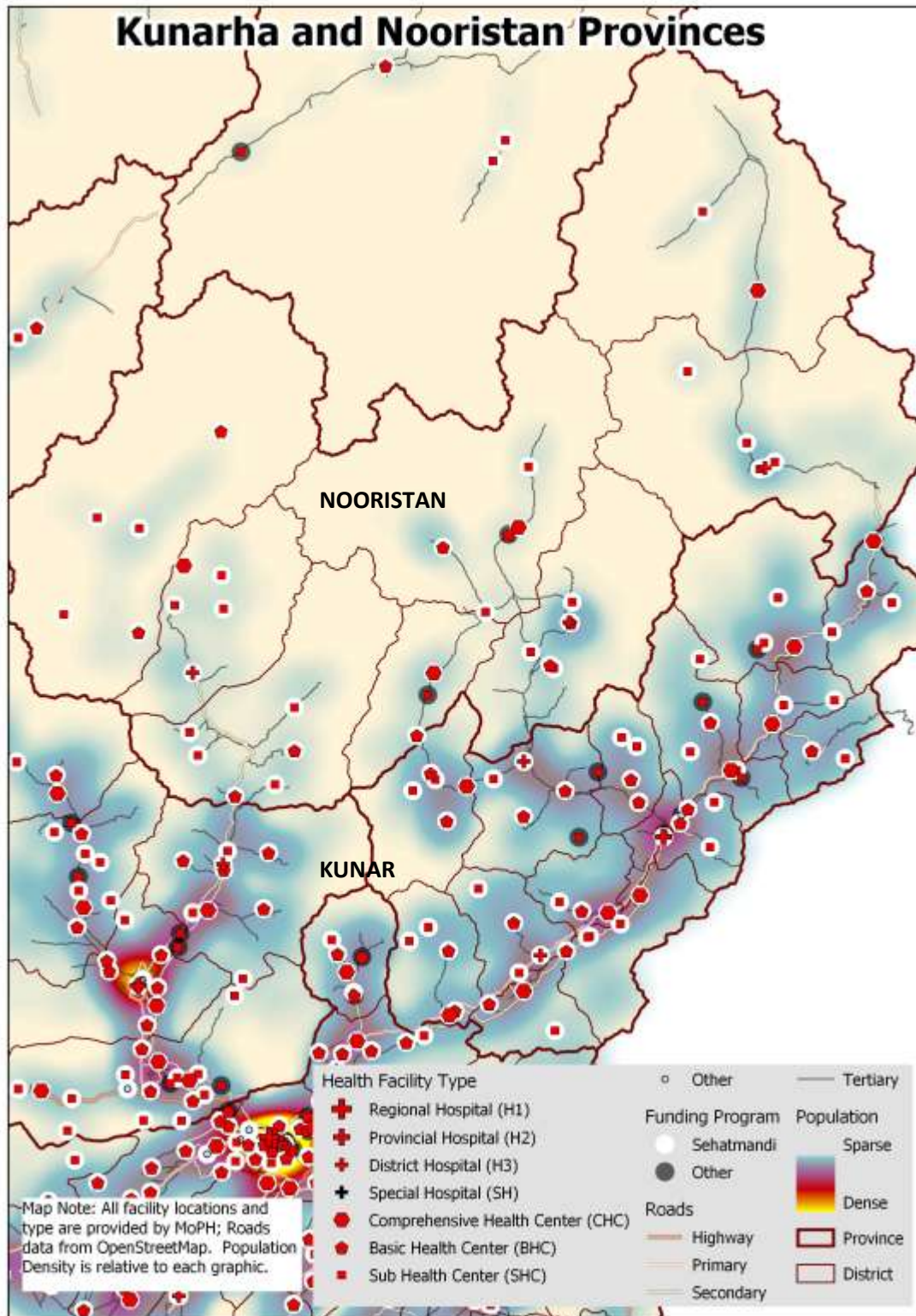


Islamic Republic of Afghanistan

Ministry of Public Health

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

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] |
|-----------|-----------------------|--|---------------------------------|-------------------------|-------------------------------------|-----------------|-------------------------|--------------------------------|
| Nooristan | 150,391 | 16.3 | 9 | 60.7 | 541 | 60.9 | 13.6 | 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.

Nooristan is a mountainous province located in the eastern part of the country having long boarder with Pakistan, Kunar, Badakhshan and Lagman provinces. Total population of the province is estimated at 162,644, and dispersed population (17 person per km²) is predominantly rural, living in isolated geoghrophical pockets. (Googal)

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 | |
| Nooristan | AHEAD/OCCD | No | 130 | 22 | 1 | 8 | 1 | 4 | 0 | 3 | 0 | 0 | 42 | 37 | 44 | 45.7 |

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

Health services are provided through a network of 37 health facilities consist of 3 DH, 4 CHCs 8 BHC and 22 PHCs.

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) |
|---------------|---|------------------------|---------------------------------|---|--|-------------|------------------------|--|--|--|-----------------------------------|
| Nooristan | 540,317,401 | 46,050,556 | 8.5% | 3,322 | 44.7 | 162,644 | 26,430,653 | 95,038,950 | 27.8% | 20 | 45 |

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Nooristanis ranked at the 3rd from the bottom of 31 provinces in terms of total lump-sum as % of the total contract amount. In P4P earned in 1st semiannual period as % of total possible payment, Nooristan was the 2nd to the bottom 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 orange, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Nooristan is ranked the 26th 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 |
| Nooristan | | | | | | | | | | | | 15 |

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. | -5 | -20 | N.A | N.A | 0 | 0 | -25 | |

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.

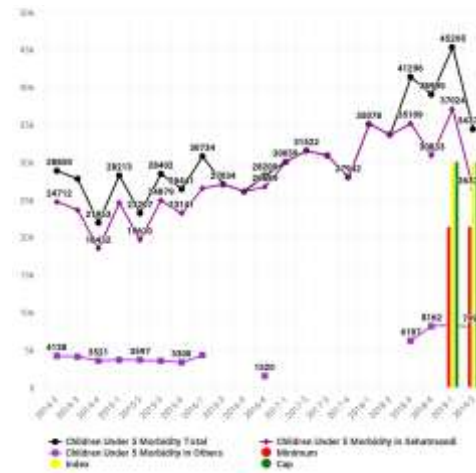
1.7 Key findings

- Nooristanis ranked at the 26th of 31 provinces in the P4P indicator ranking.
- On average, P4P indicators rose by 18 % over 5 years.
- Four (4) of 11 P4P indicators meet the Index and 1 of 10 indicator not meet the minimum .
- More than 13 % of HFs is without female staff, particularly community midwives and non of DH have female doctor.
- Seventeen (17) HFswere closed for around one month during the reporting period and one of them had been closed since last year.

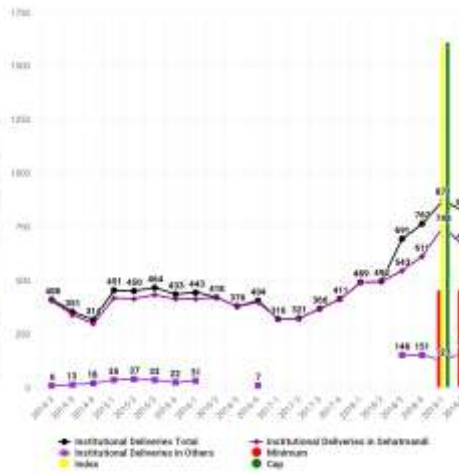
1.8 Indicator trends

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

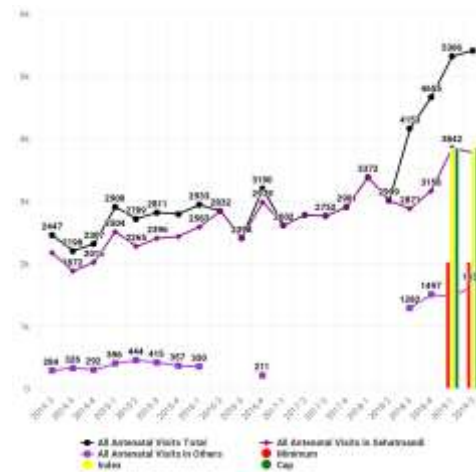
Children Under Five Morbidity



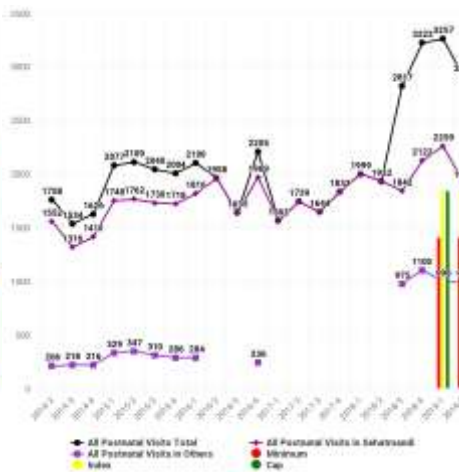
Institutional Delivery



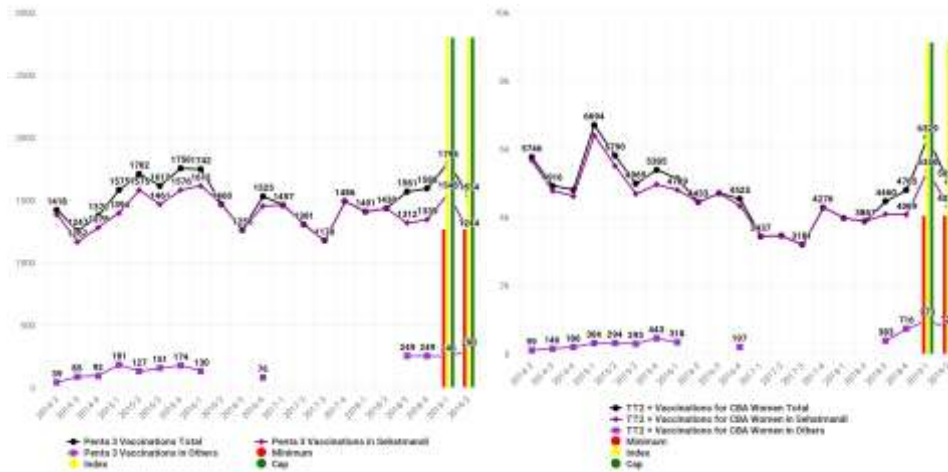
All Ante-Natal Care Visits



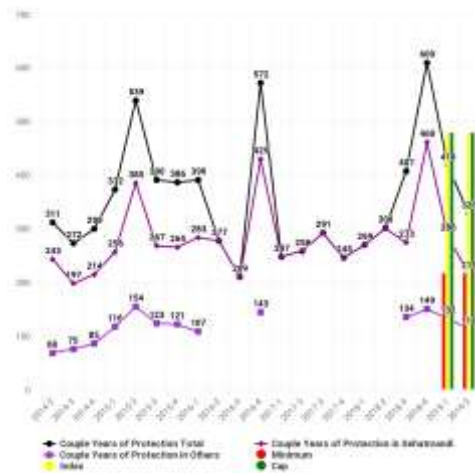
All Post-Natal Care Visits



Penta 3 VaccinationsTT2+ Vaccinations



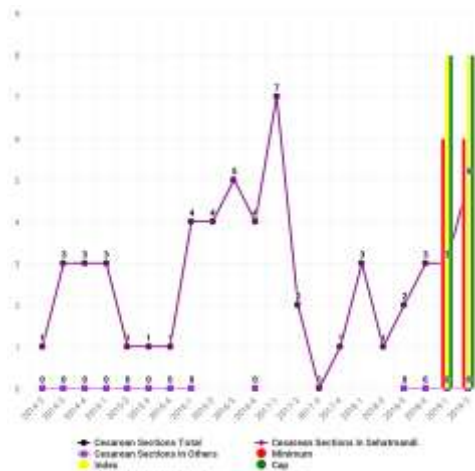
Couple Years of Protection



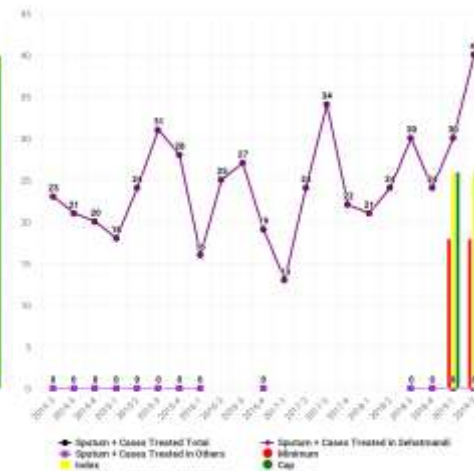
Major Surgeries



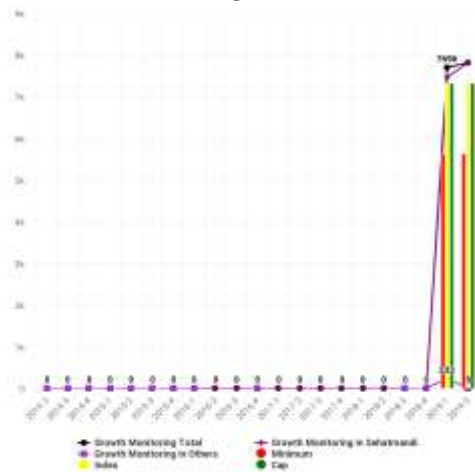
Caesarean Sections



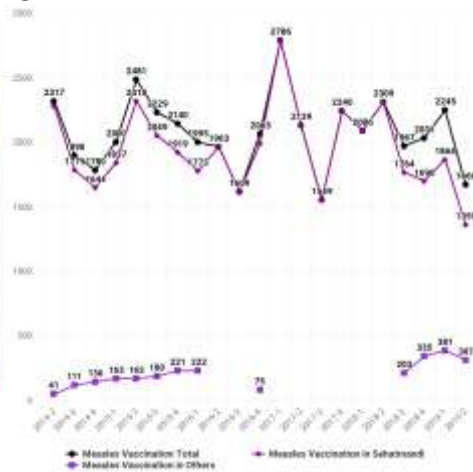
TB Sputum Positive Cases Treated



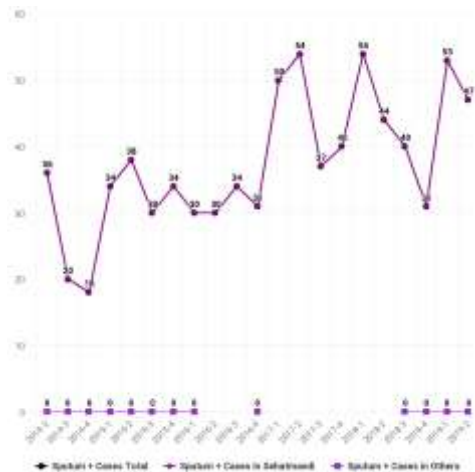
Growth Monitoring and Youth Counseling



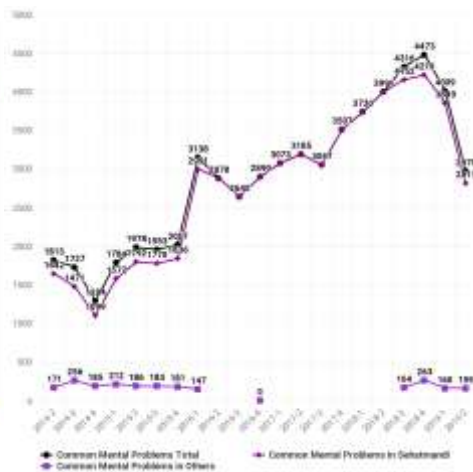
Measles Vaccinations



TB Case Detection

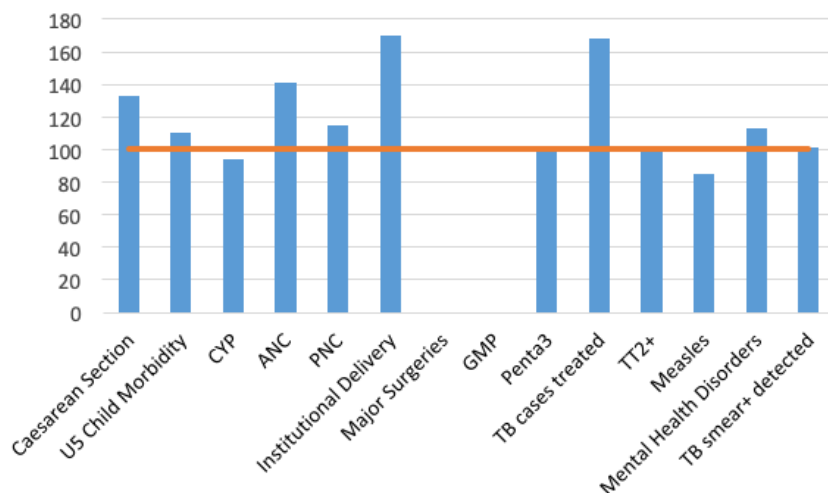


Mental Health Disorders



1.9 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.

Achievements in 11 P4P indicators exceeded the normalized median, except for CYP (91%). Combined with three non-P4P indicators (i.e. Measles, TB case detection and Mental Disorders), the immunization services related indicators appeared to underperform (i.e. Penta 3, TT2+ and Measles).

1.10 Conclusions of the charts

- On average, P4P indicators rose by 18 % over 5 years.
- Immunization services (Penta 3, TT2+ and measles) decreased an average of 16 % over 5 years.
- Maternal health services (ANC, institutional deliveries, Caesarean section) showed steady increase by 37 % over time.

2 Province-specific analysis

2.1 Management:

- AHEAD provides BPHS, having taken over from SHRO under the Sehatmandi project.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 13% of health facilities have no female staff.
 - Shortage of female CHWs was observed in over 20% of Health Posts.
- Staff salary Payment: Staff salary payment was done by quarter and according to the documents of this SA cycle there was no delay.
- Reporting:
 - The Inception Report was overdue and not submitted on time.
 - Of 6 monthly Updates to be submitted, 3 were overdue.
 - PIP was submitted on time.
 - No Data Quality Assurance Plan was submitted.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - All 10 indicators reported by District Hospital show improvement from Q1, except for TB smear + case treatment which decreased to 5.6%.
 - All 10 indicators reported by CHCs show improvement in Penta 3 by 5% and decrease in TB case treatment by 7.5% .
 - Three (3) of 20 Sub-Centers did not report HMIS in Q1 and Q2.
- 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 | DH (n=3) | | CHC (n=9) | | BHC (n=18) | | PHC and others (n=31) | |
|--------------------------------|----------|-----|-----------|-----|------------|-----|-----------------------|-----|
| | Q1% | Q2% | Q1% | Q2% | Q1% | Q2% | Q1% | Q2% |
| Total Cesarean Section | 100 | 100 | - | - | - | - | - | - |
| Total Child Morbidity | 11 | 11 | 13 | 17 | 33 | 28 | 43 | 43 |
| Cupple Year of Protection CYP | 6 | 7 | 18 | 19 | 39 | 36 | 37 | 37 |
| Total ANCS | 10 | 10 | 18 | 15 | 32 | 33 | 39 | 41 |
| Total PNC | 12 | 10 | 12 | 15 | 40 | 37 | 36 | 38 |
| Total Institutional Deliveries | 14 | 14 | 21 | 24 | 30 | 30 | 35 | 32 |
| Major surgeries | - | - | - | - | - | - | - | - |
| GMP/IYCF | 16 | 14 | 15 | 17 | 29 | 26 | 39 | 43 |
| Total PENTA3 | 9 | 9 | 20 | 24 | 28 | 31 | 42 | 36 |
| Total TB treated Cases | 33 | 28 | 30 | 23 | 37 | 50 | - | - |
| TT2+ | 19 | 19 | 15 | 14 | 26 | 29 | 40 | 37 |

- Analysis of general conditions of the province that affect service delivery:
 - According to AHEAD, all closed HFs, especially Kamdish DH, significantly decreased the service outputs.

2.3 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 | Kamdish | DH | 4/25/2019 | 6/13/2018 | 8/24/2019 | 437 | |
| 2 | Saret | SHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 3 | Duab | DH | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 4 | Nangaraj | BHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 5 | Pashager | SHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 6 | Mandol | CHC | 4/25/2019 | 4/21/2019 | 5/25/2019 | 34 | |
| 7 | Kuraj | BHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 8 | Poshal | SHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 9 | Linar | SHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 10 | Kowisht | SHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 11 | Teteen | BHC | 4/25/2019 | 4/18/2019 | 5/25/2019 | 37 | |
| 12 | MalilMushfa | SHC | 4/25/2019 | 4/21/2019 | 5/25/2019 | 34 | |
| 13 | Shama | SHC | 4/25/2019 | 4/21/2019 | 5/25/2019 | 34 | |
| 14 | Kantiwa | BHC | 4/25/2019 | 4/21/2019 | 5/25/2019 | 34 | |
| 15 | Kulam | SHC | 5/5/2019 | 5/1/2019 | 5/25/2019 | 24 | |
| 16 | Aranse | BHC | 5/5/2019 | 5/1/2019 | 5/25/2019 | 24 | |
| 17 | Waygal | BHC | 5/5/2019 | 5/12/2019 | 5/25/2019 | 13 | |
| Total #days halted | | | | | | 967 | |

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

c. **Population movement:** not reported

3. Discussion & Recommended actions

- Four (4) Primary health center is not reporting vaccination while in contract 20 PHC should upgraded with EPI services.
- Three (3) DH is out of female doctor and surgeons that affect indicator related
- Caesarian section indicator is out meet the minimum
- Paroon CHC + provided CS while the facility is not eligible for this service but surgeon are recruited.
- On time salary distribution is require for better performance
- Salary of health facilities for the closing period to be paid along with % deference and night duty allowances.
- All P4P indicator and other indicator be regularly monitored by PHO related officers.
- PPHO staff and officers to be recruited to follow their related indicators
- For the lower imunization coverage posible cause of disruption of outreach vaccination activities, which requires further investigation.

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

- Targets of the province is set non rational compared to the provincial population and district micro planning committee suggest possible revision of targets
- The health service provider will face financial problem due to payment delay it will be sound if the payment schedule revised as per quarter