

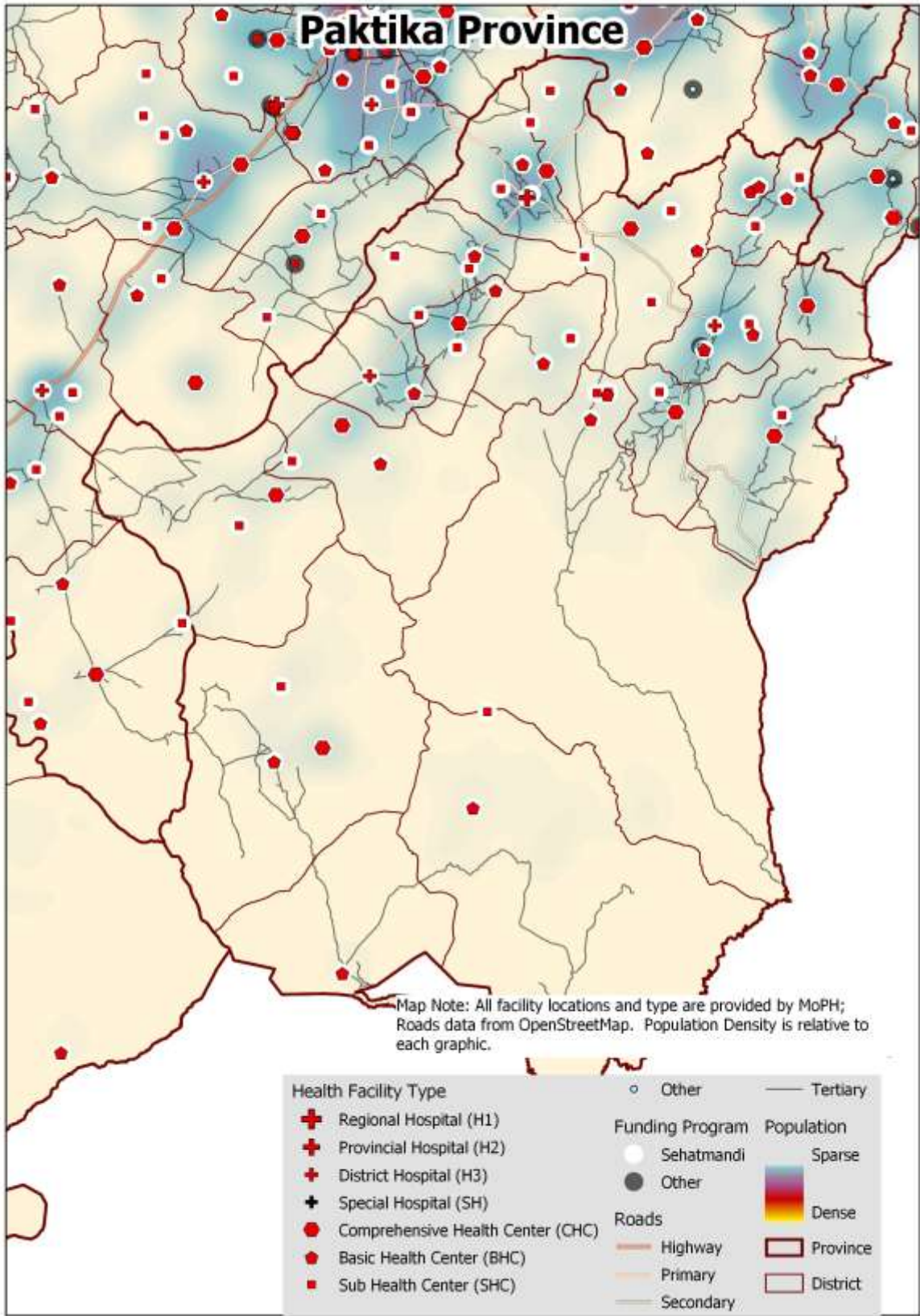


**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**Semi-Annual Performance Review 1**  
**Provincial-level review: Paktika**

September 2019



## 1.1 General Provincial Characteristics

**Table 1:** General Provincial Characteristics

Province	Population (n) [1]	Population density (n/km <sup>2</sup> )	Civilian conflict deaths [2]	Accessibility index [3]	Internally displaced persons [4]	Poverty (%) [5]	Female literacy (%) [6]	Transport accessibility [7]
Paktika	441,883	22.7	67	32.2	1,393	12.8	3.6	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.

Paktika province is located in the South Eastern part of Afghanistan, bordering Paktia province in north, Gazni and Zabul provinces in the west and south, Khost province in the east. Paktika Province has 319 Km border with Pakistan. Paktika has a population of about 483,949<sup>1</sup>. There are 19 Districts in Paktika. The town of Sharana 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	Other	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	
Paktika	OHPM	Yes	228	23	0	15	1	9	0	3	0	1	9	51	10	83.6

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

Through Sehatmandi project, the Organization for Health Promotion and Management(OHPM) provides BPHS and EPHS. Under SEHAT Project, International Medical Corps(IMC) operated as EPHS implementer in the province.

<sup>1</sup>Sehatmandi performance-based contract. December 2018

### 1.3 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)
Paktika	753,873,259	410,081,120	54.4%	1,558	20.9	483,949	31,498,000	61,341,937	51.3%	36	32

\*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Paktika is more than the national mean and is ranked 6<sup>th</sup> from the top. P4P earned in SAPR1 as % of total possible payment for Paktika was the top of 31 provinces.

### 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 yellow, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Paktika is ranked the 6<sup>th</sup> 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	Blue	Green	Green	Blue	Green	Yellow	Green	Yellow	Yellow	Yellow	Green	22
Paktika	Blue	Blue	Blue	Yellow	Green	Blue	Green	Blue	Yellow	Yellow	Blue	24

## 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.	0	-20	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.

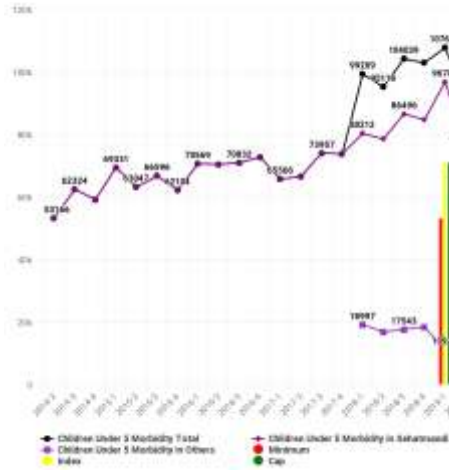
## 1.6 Key findings

- Paktikais ranked at the 6<sup>th</sup> of 34 provinces in the P4P indicator ranking: 7 of 11 P4P indicators met the Maximum Level, 2 did not meet the Index and 2 indicators met the Index.
- On average, P4P indicators rose by 77% over 5 years except for C-section and Growth monitoring.
- In addition to delays in the government payment, no delays were reported in the staff salary payment but there is report of delay in risk allowance .
- More than 96% of HF shave at least one female staff as per the Minimum Standards.

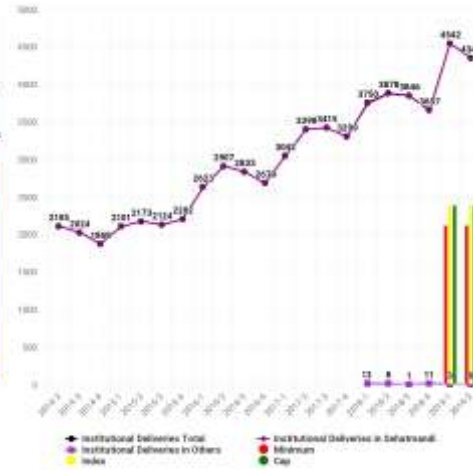
### 1.7 Indicator trends

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

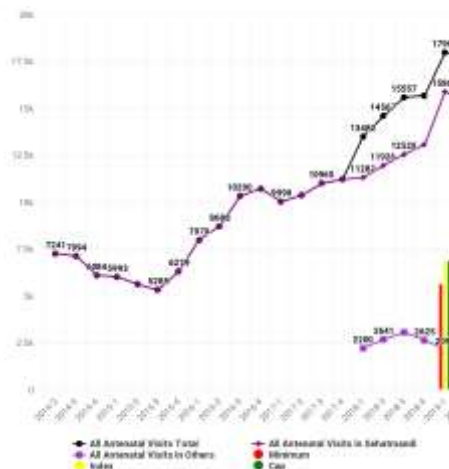
#### Children Under Five Morbidity



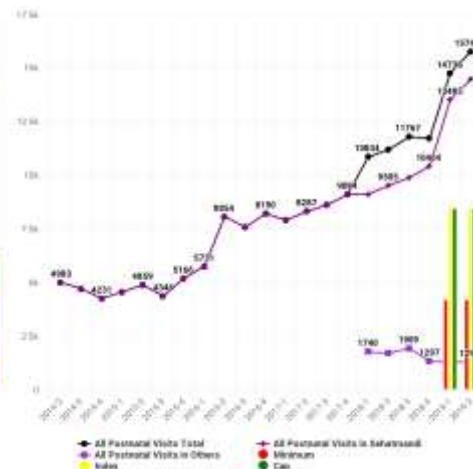
#### Institutional Delivery



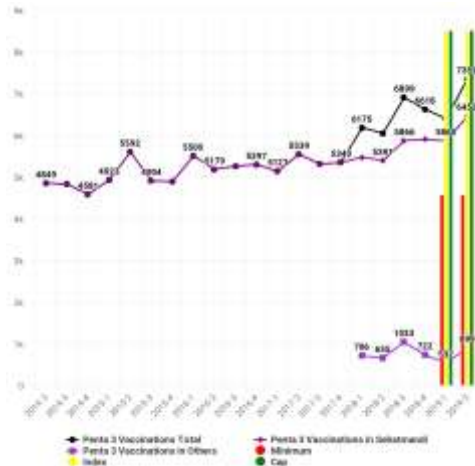
#### All Ante-Natal Care Visit



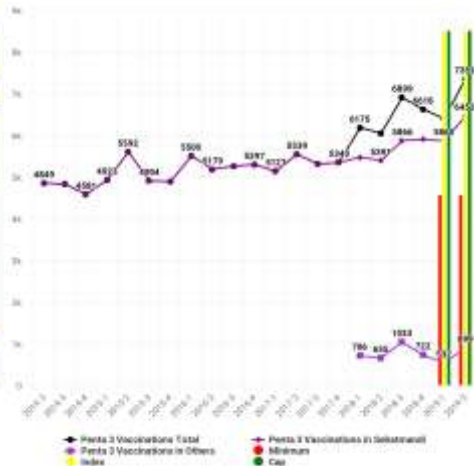
#### All Post-Natal Care Visits



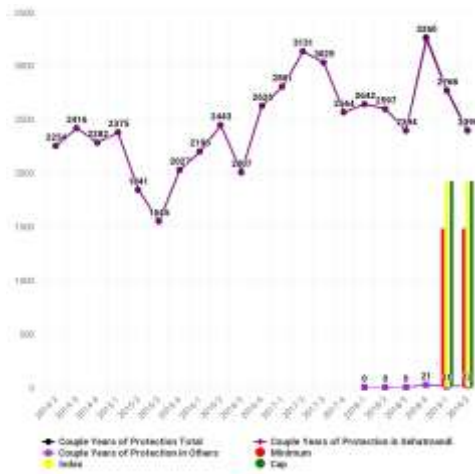
### Penta 3 Vaccinations



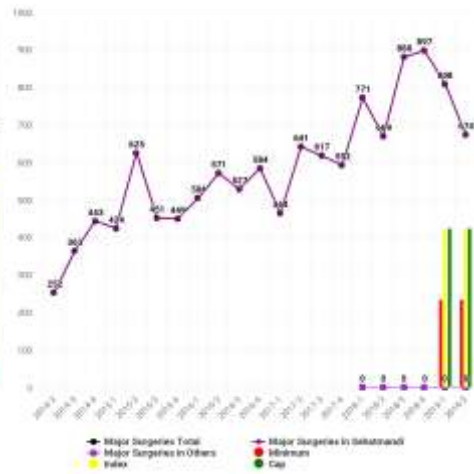
### TT2+ Vaccinations



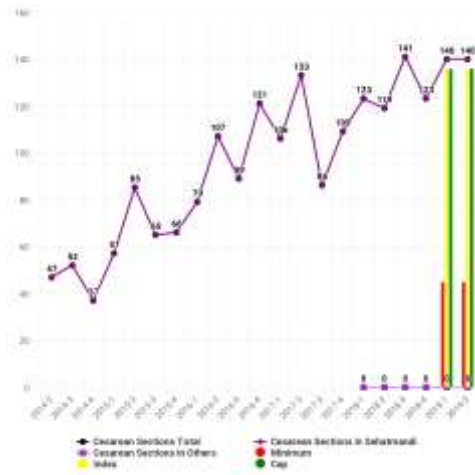
### Couple Years of Protection



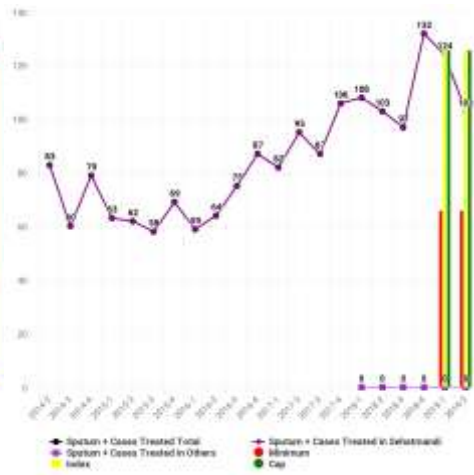
### Major Surgeries



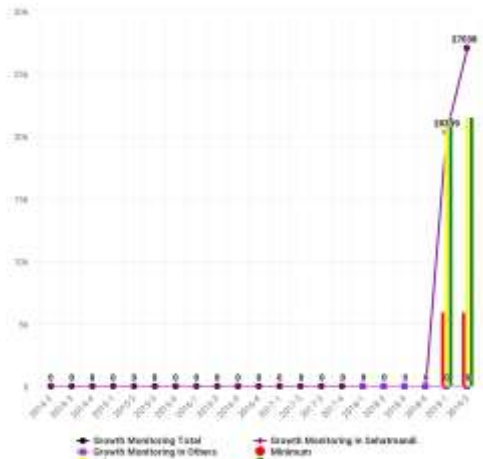
### Caesarean Sections



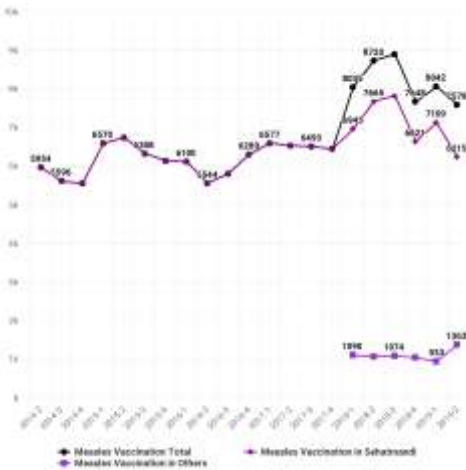
### TB Sputum Positive Cases Treated



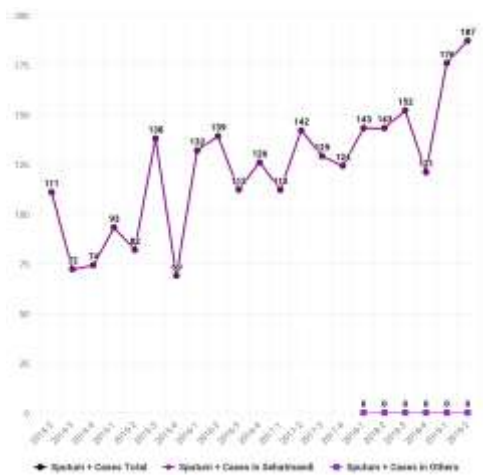
### Growth Monitoring and Youth Counseling



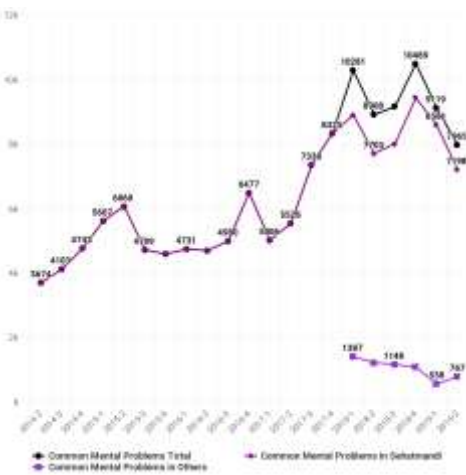
### Measles Vaccinations



### TB Case Detection

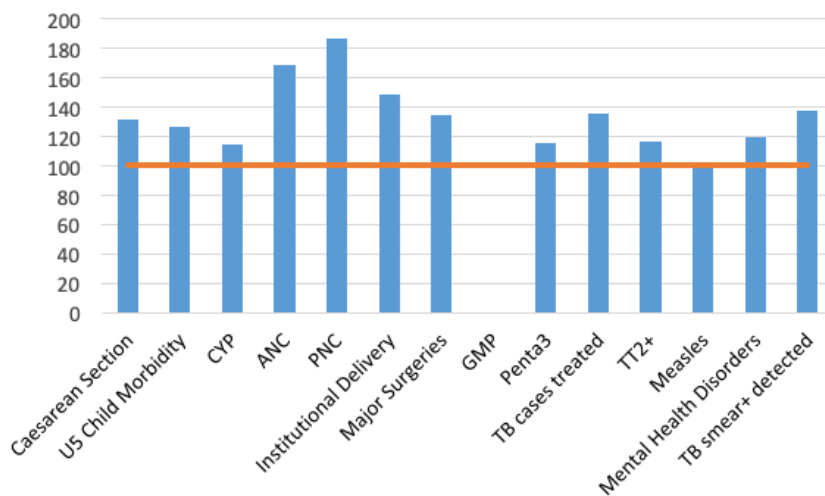


### Mental Health Disorders



## 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 normalized by 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 than the last five years median and those lower than 100 show low performance than the median of last five years.

### 1.9 Conclusions of the charts

- On average, P4P indicators rose by 77% over 5 years except for C-section and Growth monitoring.
- Immunization services (Penta 3 and TT2+ ) increased an average of 22% over 5 years.
- Maternal health services (ANC, institutional deliveries, PNC) showed steady increase by 136% over time.

## 2 Province-specific analysis

### 2.1 Management:

- OHPM has been providing BPHS since 2015 and BPMS and EPHS since January 2019.
- Staffing:
  - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 4% of health facilities had no female staff.
- Staff salary Payment: No delay in staff salary payment was reported in the first and second quarter of this SA cycle.
- Reporting:
  - Inception Report was submitted on time.
  - The first and second Quarterly Report were submitted on time.
  - Of 3 Monthly Updates to be submitted to PMO, all MUs were submitted on time.
  - PIP was submitted on time.
  - Data Quality Assurance Plan was submitted.
  - Semi-Annual Inventory List was submitted on time.

#### 2.1.1 Health Facility Analysis:

- Health Facilities with Problems or Success
  - Nika BHC and Margha PHC reported a rapid fall in all P4P indicators in Q2 compared to Q1 due to Burn of the clinic by unknown groups, but for TT2+ and Penta3 outreach activity was done.
- Analysis of general conditions of the province that affect service delivery:
  - According to OHPM, lack of health professionals especially Female staff in Paktika province is a challenge for service delivery, in the time more than 96% of HFs has at least one female staff.
  - Threats on HFs staffs by AGEs and other armed groups pauses a major challenge to service delivery, resulting in frequent staff turnover.

#### 2.1.2 Specific major events affecting service delivery:

- a. Health Services Lost Due to Anti-Government Elements Activities  
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	Naka	BHC	05/10/19	3/14/19	06/22/19	97	Closed since 14 <sup>th</sup> of March, 2019
2	Margha	SHC	05/10/19	3/14/19	06/23/19	97	Closed due to conflicts between AGE and Gov forces
Total #days halted						194	

b. **Natural Disasters:** No Natural Disasters is reported.

c. **Population movement:**No report.

### 3. Discussion & Recommended actions

- Although more than 96% of HFs have at least one female staff, generally female staff are scarce in the province. Staffing pattern and implementing new incentive mechanisms (including benefits and allowances) for female staff should be put in place.
- The Service provider should not focus only on P4P indicators, but also on delivery of all services according to the BPHS/EPHS guidelines and take innovations and steps for enrichment of HFs staff performance.
- OHPM should recruit Vacant position for Midwives ,Nurses, Surgeon and Gynecologist for the HFs that are faced to shortage of staff.
- SP should focus more on 2 P4P indicators (PENTA3,TB+ treated cases) ,achievements in these tow indicators are below the Target in first SAPR.