



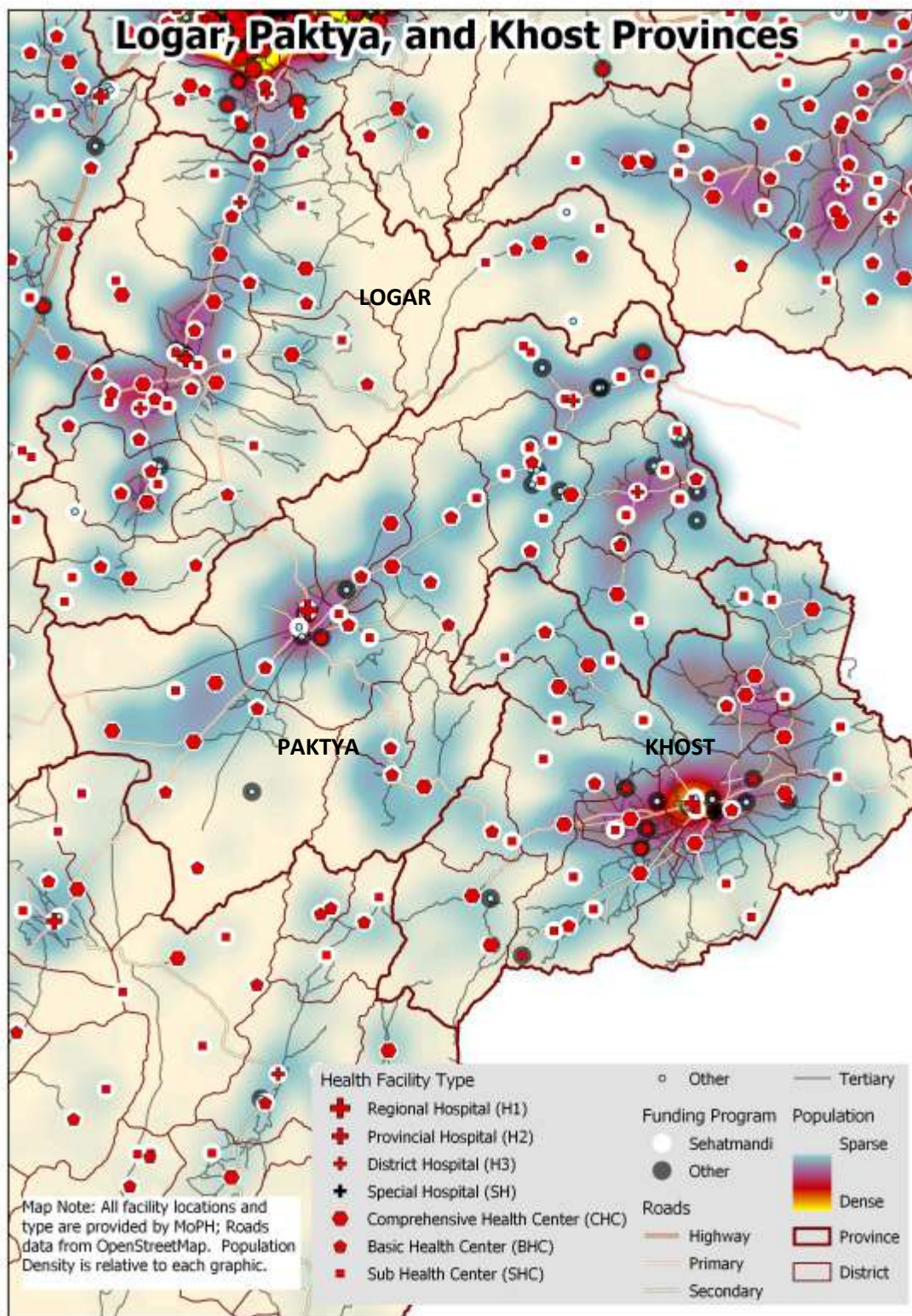
**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**Sehatmandi Semi Annual Performance Review 1**

**Provincial-level review: Paktya**

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]
Paktya	561,200	87.3	152	42.4	588	73.7	8	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.

Paktia is located in the south eastern part of the country, having long border with Pakistan, Khost, Logar, Khostand Paktika province. Total population of the province is estimated at 614465 Population are scattered (91 person per km<sup>2</sup>).

## 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	
Paktya	HEWAD/NAC	Yes	276	19	2	15	2	8	0	3	0	1	72	46	76	37.7

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

Health services are provided through network of 47 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)
Paktia	660,713,484	335,003,104	50.7%	1,075	14.5	614,465	26,945,778	60,521,182	44.5%	31	N.A.

\*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Paktia was ranked the 9<sup>th</sup> from the top of 31 provinces in terms of total lump-sum as % of the total contract amount. It was ranked the 7<sup>th</sup> from the top of 31 provinces in P4P earned in 1<sup>st</sup> semiannual period as % of total possible payment.

## 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. Paktia is ranked the 13<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												22
Paktia												21

## 1.7 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	0	N.A	N.A	0	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.

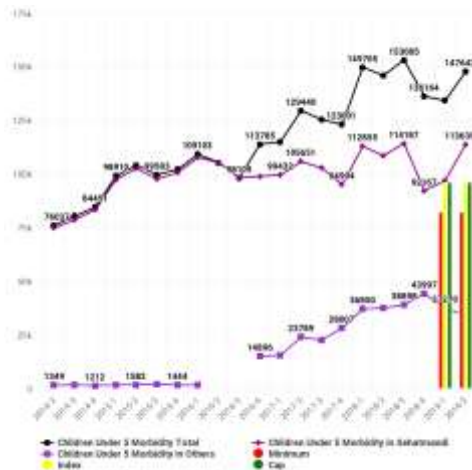
## 1.8 Key findings

- Paktia was ranked in the 13th from the top in the P4P indicator performance ranking.
- On average, P4P indicators rose by 30 % over 5 years, excluding 3 indicators (CYP, Penta-3 and TT2+).
- Overall Payment Indicator Score is 21 points more than national mean score of 18 points.
- Eight (8) of 10 P4P indicators met the Index and 9 of 10 indicator met the MinimumLevel.
- Sufficient distribution of budget(P4P errand in SAPR1 is 44.5%)contributed to staff salary payment on time.
- More than 96 % of HFs have female staff, particularly female doctors and community midwives.

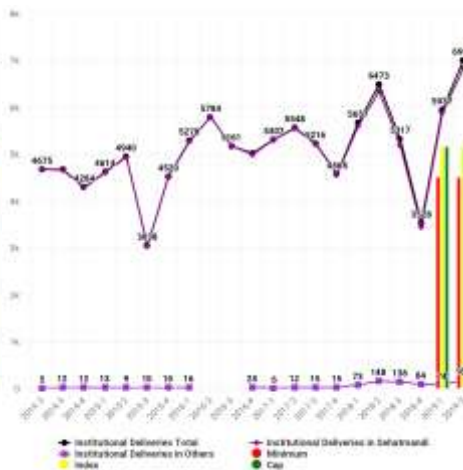
## 1.9 Indicator trends

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

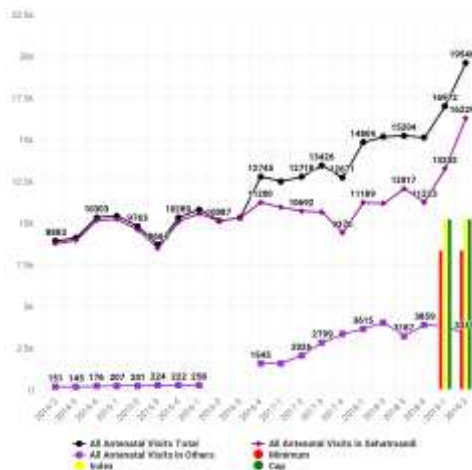
### Children Under Five Morbidity



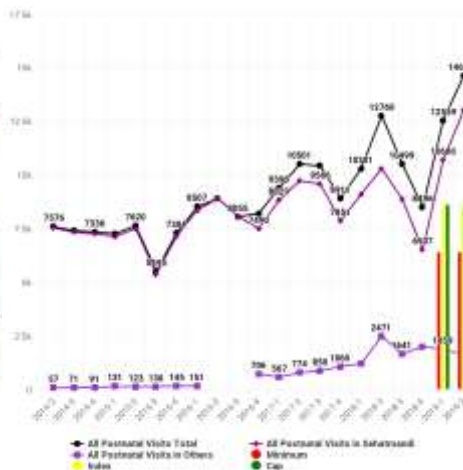
### Institutional Delivery



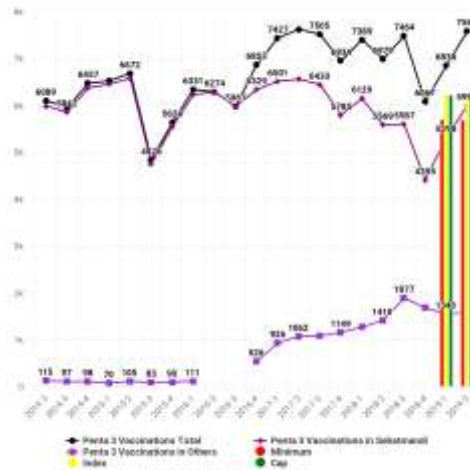
### All Ante-Natal Care Visits



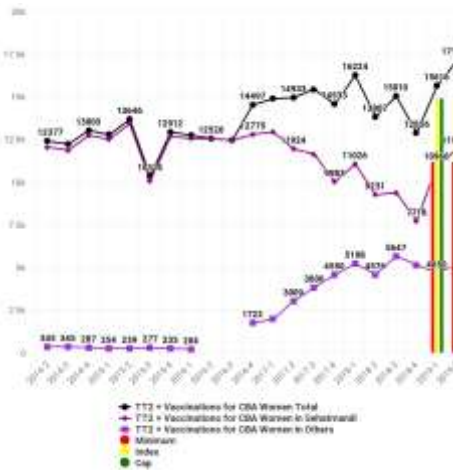
### All Post-Natal Care Visits



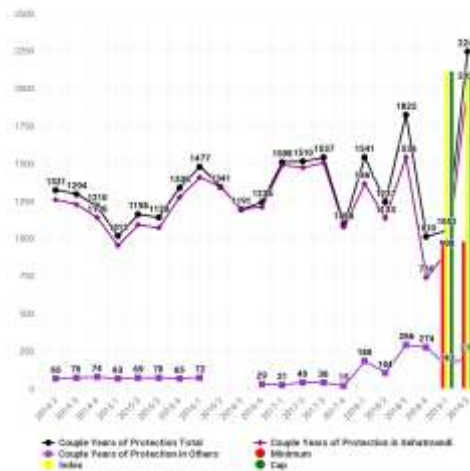
Penta 3 Vaccinations



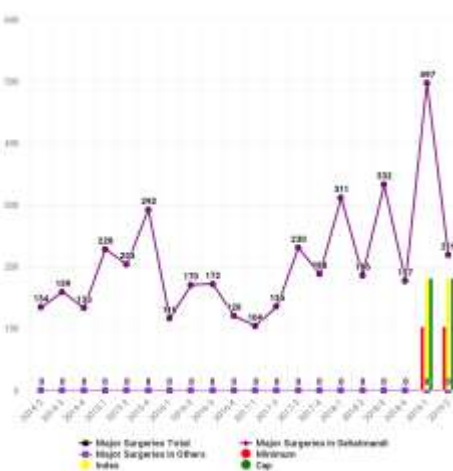
TT2+ Vaccination



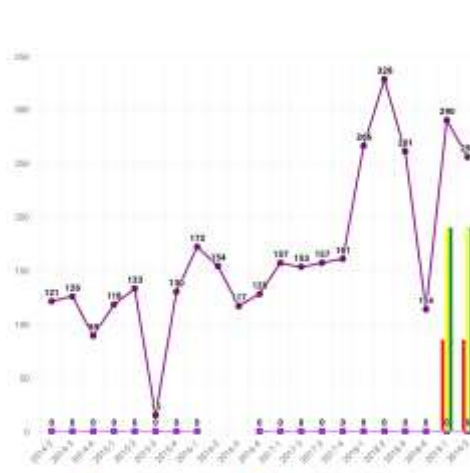
Couple Years of Protection



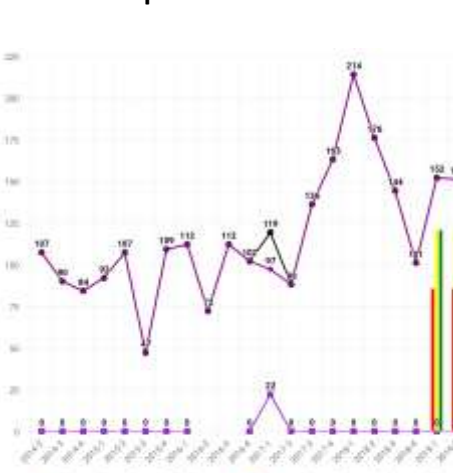
Major Surgeries



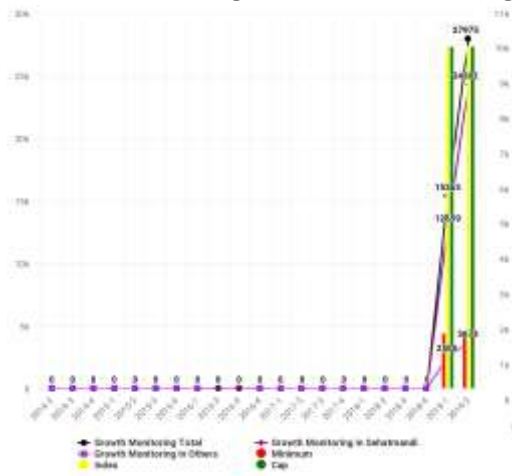
Caesarean Sections



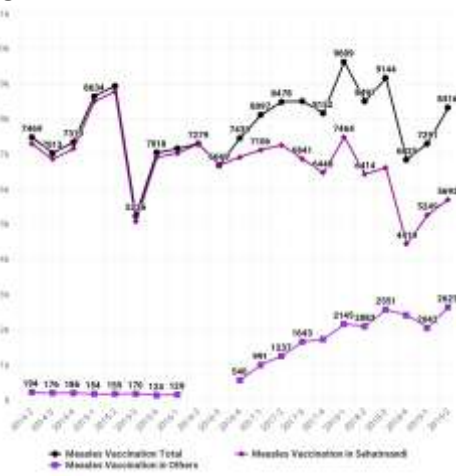
TB Sputum Positive Cases Treated



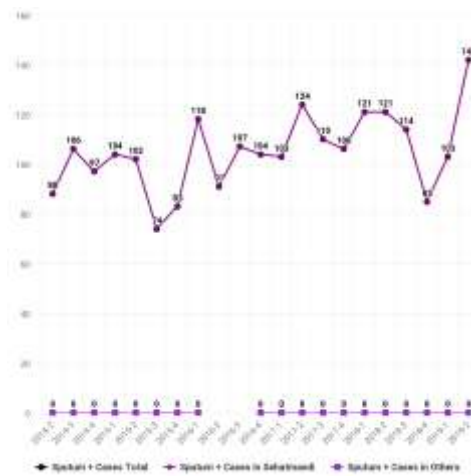
## Growth Monitoring and Youth Counseling



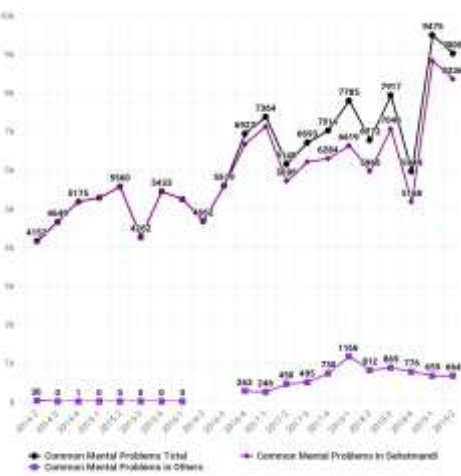
## Measles Vaccination



## TB Case Detection

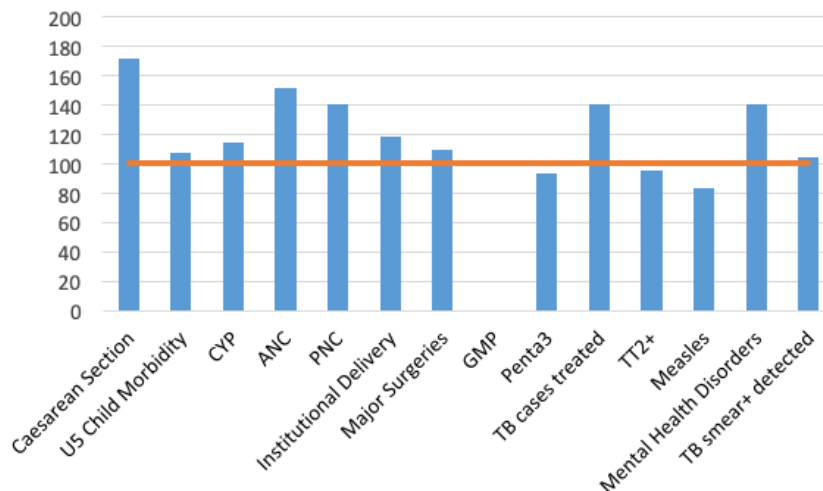


## Mental Health Disorder



### 1.10 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 exceed the normalized median, except for Penta3 and TT2+: 91 and 92% respectively. Combined with three non-P4P indicators (i.e. Measles, TB case detection and Mental Disorders), immunization service related indicators appeared to have underperformed.

### 1.11 Conclusions of the charts

- On average, P4P indicators rose by 30% over 5 years excluding 3 indicators.
- Immunization services (Penta3, TT2+ and measles) not changed over 5 years.
- Maternal health services (ANC, institutional deliveries, PNC) showed tremendous increase by 67% over time.

## 2.1 Province-specific analysis

### 2.1.1 Management:

- HEWAD in Joint venture with NAC took over BPHS and EPHS from HN-TPO.
- Staffing:
  - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 4% of health facilities have no female staff.
  - Twelve (12)% of Health Posts are not functional from the beginning of the SEHAT and Sehatmandi.
  - Shortage of female CHWs is over 29% 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:
  - The 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.

### 2.1.2 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	PH (n=1)		DH (n=2)		CHC (n=9)		BHC (n=18)		PHC and others (n=31)	
	Q1 %	Q2%	Q1%	Q2%	Q1%	Q2%	Q1%	Q2%	Q1%	Q2
Total Cesarean Section	86	83	14	17	-	-	-	-	-	-
Total Child Morbidity	11	12	21	20	23	22	23	24	22	22
Couple Year of Protection CYP	19	43	27	20	21	19	20	12	13	6
Total ANCS	10	17	15	13	28	30	29	22	19	17
Total PNC	26	23	21	20	22	26	18	17	14	14
Total Institutional Deliveries	32	39	26	29	23	21	11	6	9	5
Major surgeries	100	100	-	-	-	-	-	-	-	-
GMP/IYCF	-	5	11	9	26	29	39	34	24	23
Total PENTA3	23	22	18	15	24	26	28	29	8	8
Total TB treated Cases	58	61	18	15	13	19	9	5	1	-
TT2+	13	13	21	17	26	28	26	30	13	12

- Reported by Provincial Hospital, 2 out of 11 indicators achievements are less than the first quarter, but remaining indicators show increase than the first quarter.
- Seven (7) out of 10 indicators are reported less than the first quarter in DHs.
- In CHCs, 3 out of 10 indicators are reported less than the 1<sup>st</sup> quarter
- Five out of nine indicators are reported less than the first quarter in BHCs
- Five out of nine indicators are reported less than the first quarter in PHCs

### 2.1.3 Specific major events affecting service delivery:

- Health Services Lost Due to Anti-Government 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	Zurmat	DH	6/27/2019	6/27/2019	6/28/2019	1	
Total # 11 days halted						1	

- b. **Natural Disasters:** Service provider dose not report any natural disaster and emergencies during the reporting period.
- c. **Population movement:** Huge population movement is not reported

### 3. Discussion & Recommended actions

- All Primary Health Centers reported vaccinations, but outreach and mobile services were reportedly ban by AGE.
- Hazard allowance of EPHS staff was not paid and might lead to service disruption.
- All P4P indicators and other indicator should be regularly monitored by PHO related officers.
- PPHO staff and officers should be recruited to follow their related indicators.
- For the lower immunization coverage possible 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
- Off budget project to be shifted to the white area for avoiding duplication and ensuring equitable access.