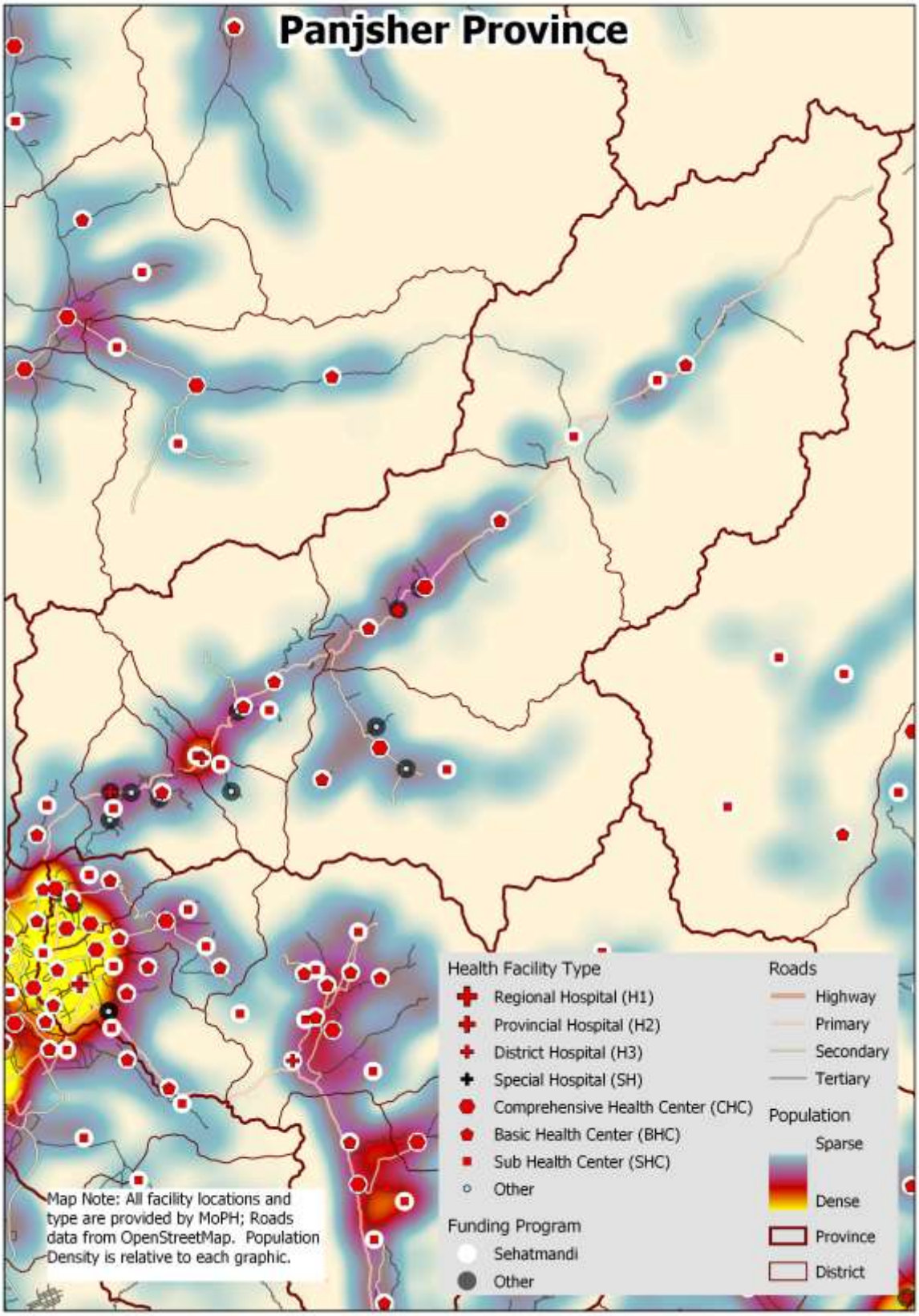
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Panjsher Province
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]
Panjsher	156,001	43.2	0	100	847	25.1	33.3	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.

Panjshiris located in the northeastern part of the country. The province is divided into seven districts and contains 512 villages. It is surrounded by Baghlan and Takhar in the north, Badakhshan and Nuristan in the east, Laghman and Kapisa in the south, and Parwan in the west.

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*	
Panjsher	MOPH	No	122	9	0	8	1	2	0	1	1	2	10	22	12	64.7

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

Panjshir is ranked as the third province after Kabul and Nimroz where most of the deliveries took place at Health Facilities (HFs) (64.1%)[1] and has a 38 per 1000 live births mortality rate of under five children which is lower than the national rate of 55 per 1000 live births.[2]The BPHS is provided through contracting-in mechanism by MoPH called Strengthening Mechanism (SM) under the Sehatmandi project. Strengthening Mechanism has been historically applied in Panjsher since SEHAT project.

[1]Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. Afghanistan Demographic and Health Survey 2015 (2015 AfDHS). January 2017. P150.
[2]Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. Afghanistan Demographic and Health Survey 2015 (2015 AfDHS). January 2017. P131.

1.3 Contract Financial Information

The financial information is not available as the MoPH is providing the services in all SM provinces (Panjshir, Kapisa and Parwan) under one package.

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 orange, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Panjshir is ranked at the 33rd 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**
Panjsher												11

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.	-5	N.A.	N.A.	N.A.	-5	NA	-10	

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.

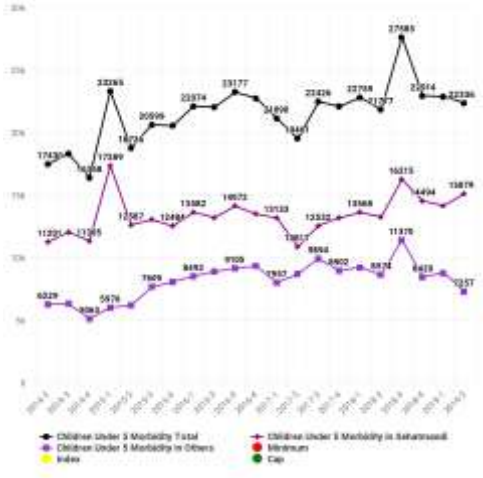
1.6 Key findings

- Sevenof 11 P4P indicators did not meet the Index and one did not meet the Minimum Level; one is above Index and one has crossed the Cap.
- On average, 6 P4P indicators rose by 38% over 5 years (GMP due to no data in 2014 as well as C-Sections and TB+ Treated cases due to huge increase and major surgeries were not included in average.)
- Due to delay in the government payment, there is often delays in the salary payment.
- 100% of HFshave female staff as per the Minimum Standards.

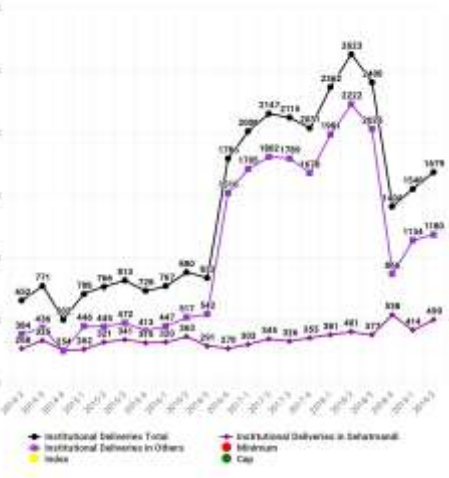
1.7 Indicator trends

In this sub-section, all line charts show Five-Year Trend by quarter between 2014 and 2019, and the bar charts in the right show Minimum Level, Index and Maximum Levelfor quarter 1 and quarter 2 of this Semi-Annual cycle.

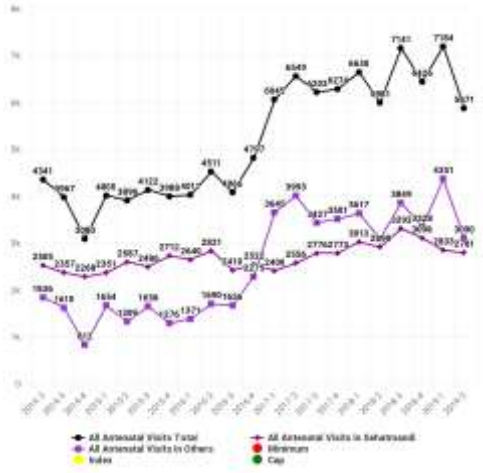
Children Under Five Morbidity



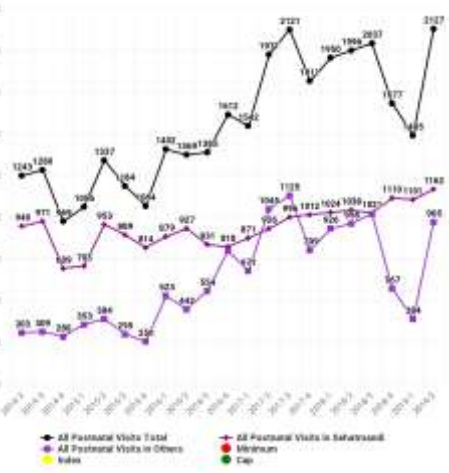
Institutional Delivery



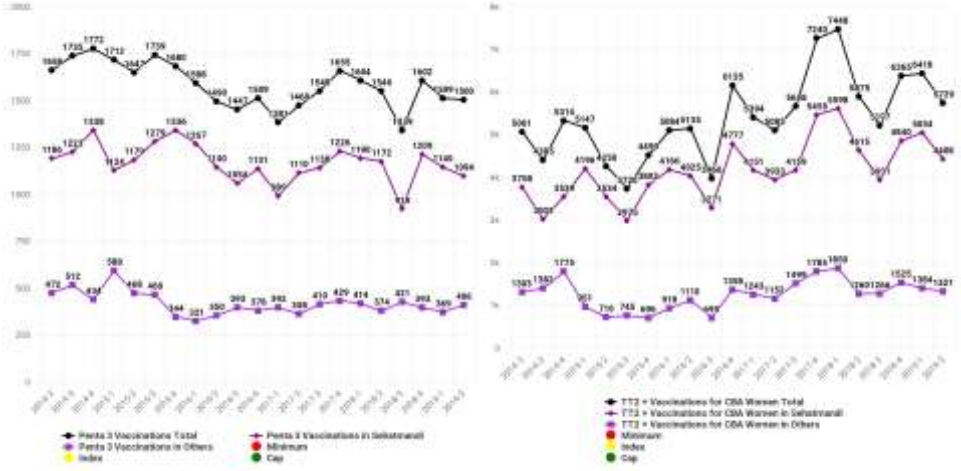
All Ante-Natal Care Visits



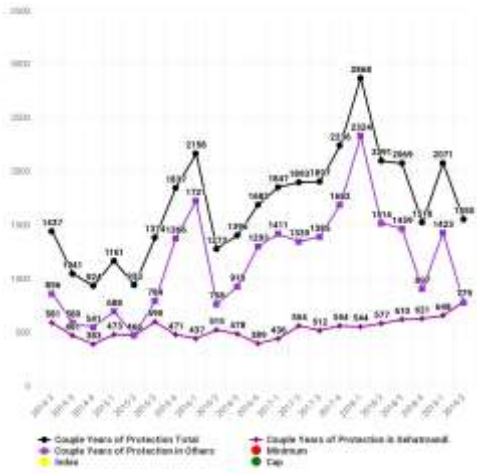
All Post-Natal Care Visits



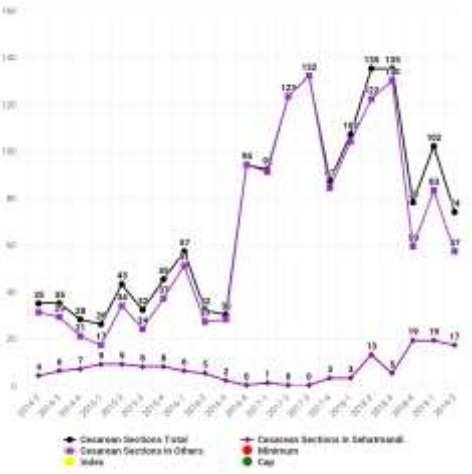
Penta 3 Vaccinations TT2+ Vaccinations



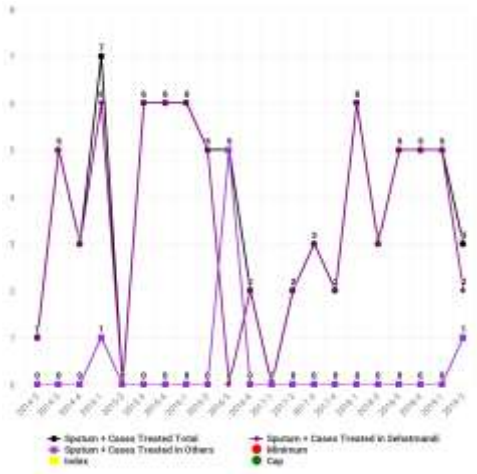
Couple Years of Protection



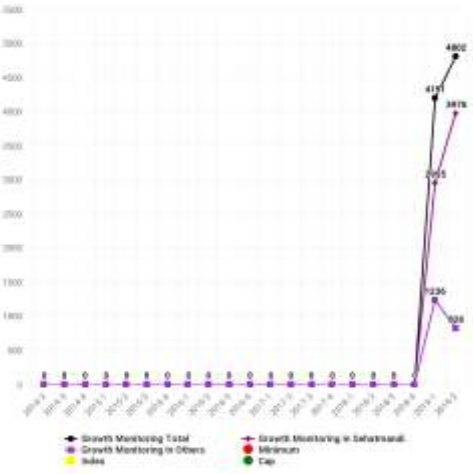
Caesarean Sections



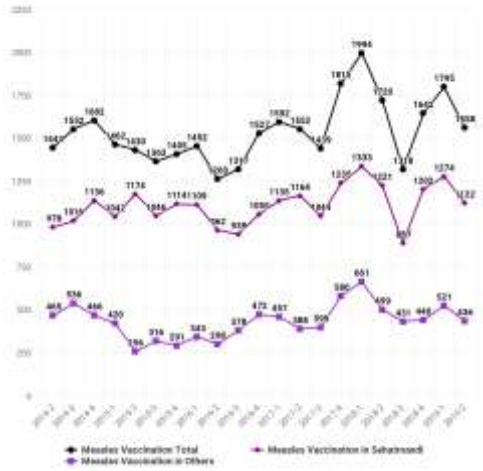
TB Sputum Positive Cases Treated

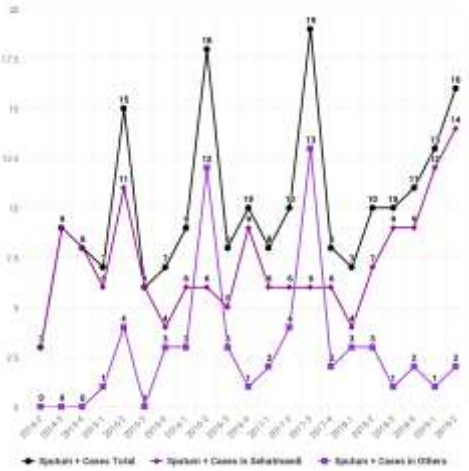


Growth Monitoring and Youth Counseling

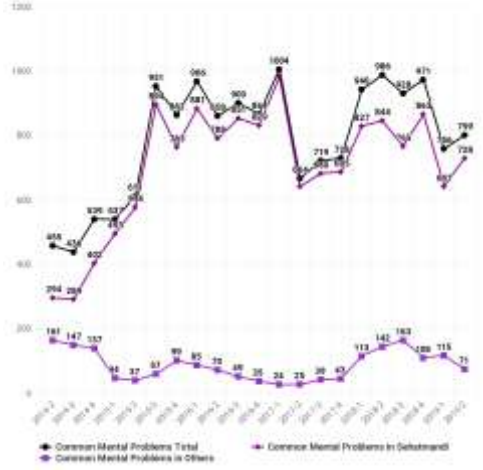


Measles Vaccinations **TB Case Detection**



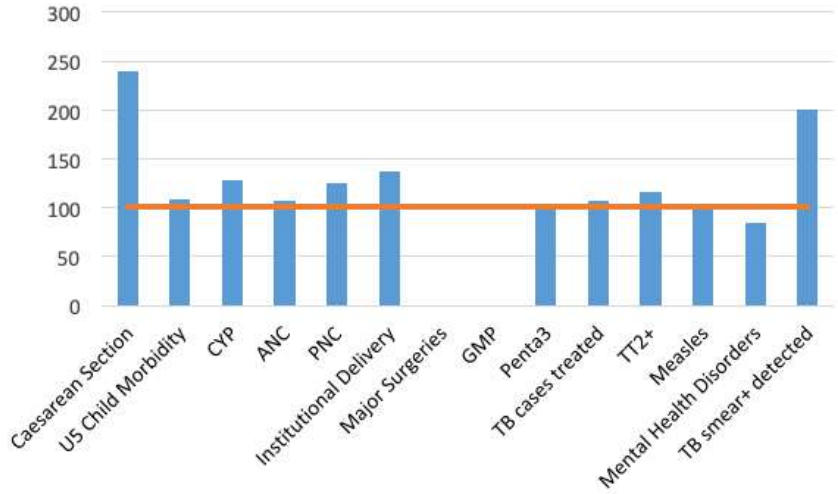


Mental Health Disorders



1.8 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 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.

1.9 Conclusions of the charts

- On average, 6P4P indicators rose by 38% over 5 years (GMP due to no data in 2014 as well as C-Sections and TB+ Treated cases due to huge increase and major surgeries were not included in average.)
- Immunization services (Penta 3, TT2+ and measles) increased on an average of 8% over 5 years.
- Maternal health services (ANC, PNC, institutional deliveries and CYP) showed steady increase by 37% over time. Note that Caesarean Sections were excluded due to huge increase in comparison with others.

2 Province-specific analysis

2.1 Management:

- SM/MoPHprovides BPHS under Sehatmandi.
- Staffing and Training:
    - 100% of health facilities haveat least one female staff; however two CHCs did not have female MD.
- Staff salary Payment: delay in staff salary payment was reported due to government procedures.
- Reporting:
    - Submission of Inception Report is not applicable in SM provinces.
    - Both the first and second Quarterly Reports were submitted late.
    - All 3 Monthly Updates to be submitted to PMO were not on time.
    - PIP was not submitted on time.
    - Data Quality Assurance Plan was newly introduced to SM provinces.
    - Semi-Annual Inventory List was not submitted.
    - No Force Majeure case was reported.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - Shotol, Shaba BHCs, SafedChehr CHCs, Koh-e-Manjahor and Astana SHCs, the Mobile Health Team reported a rapid fall in ANC services in Q2 in comparison to Q1.
    - Paryan, Abdullah Khail, and Abdara BHCs, Karpitap and Kohsar SHCs reported a rapid decrease in Penta 3 in Q2 in comparison to Q1.
    - SafedChehr CHC, Paryan BHC, Astana SHC and Mobile Health Team reported a rapid drop in CYP services in Q2.
    - Most of the HFs did not report treatment of TB Sputum Smear + cases, resulted in a rapid fall in Q2.
    - Rukha DH, Dara-e-Charmaghzak CHC, Shotol, Markaz-e-Bazarak, Abdullah Khail, Abdara and Shaba BHCs and Mobile Health Team declined in TT2+.
- Analysis of general conditions of the province that affect service delivery:
    - Cold winters and heavy snow often makes the access to health services difficult.
    - Insufficient Provincial Public Health Officers (PPHO) staff affects the service delivery.

2.3 Specific major events affecting service delivery:

a. **Health Services Lost Due to Anti-Government Elements Activities**: No report of closure of HFs during this SA.
b. **Natural Disasters**: No disorders reported.
c. **Population movement**: 167 households have moved from Badakhshan to Panjshir province.

3. Discussion & Recommended actions

- Given lack of PPHO staff, SM and PPHD should strictly follow up on the recruitment of PPHO staff to fill the vacant positions. The main problem in hiring of PPHO staff is insufficient salary and no source to pay any incentive/salay.
- Procurement is currently done through Government (NPA and provincial governor office).
- Exact reasons are unknownfor decline inimmunization services, TB treatment and ANC.When evidence supports, PPHD and SM should request the MOPH/PMO to review the set benchmarks – Minimum Level, Index and Maximum Level.
- SM/PPHD should undertake concrete action to eliminate the government delays in payment, supply and procurement.
- Less utilization of services due to difficult geography is a known fact. So there should be appropriate planning and preparedness.

Recommendations to MOPH Leadership:

1. MoPH to simplify the government procurement process as this it always delay the procurement and distribution of medical and non-medical products.
2. Low salary demotivates PPHOs to do a good job in SM provinces. MoPH should find ways to increase salary of PPHO team.
3. Recruitment of PPHO staff in order to improve supportive supervision.
4. The PPHD does not have full authority in recruitment of staff as many of the staff members are recruited by Administrative Reform and Civil Service Commission.
5. Add CBHC Officer in the structure of PPHO team to lead and manage the CBHC services.

6. Recruitment of RH assistant to improve supportive supervision that will contribute to improved maternal services in the HFs.
7. The HFs staff are not local residents. They come late for reporting to duty and leave early everyday. This significantly affects the service deliveries. Where possible, recruitment should prioritize the local applicants. If the local staff does not have sufficient capacity, central and provincial MOPH should build their capacity to cope with the services to be provided.
8. Political interference in recruitment of staff adds problems. PPHD team often ends up with incompetent staff.
9. The central MoPH teams do not visit the SM provinces. The review committee requests MoPH central teams (including the leadership, technical and departments) to increase their visits to the provinces.
10. Some procedures of the performance management SOP are not applicable in SM provinces. MOPH should consider either development of a separate SOP for SM provinces or clarifying the procedures for SM - e.g. reporting requirements and staff salary payment, no financial incentive for P4P indicators, different project management - e.g. SM project pays a group of central team and also provincial staff by SM project, no clarification about key staff in management team.
11. The proposals and contracts of SM provinces (Parwan, Kapisaand Panjshir) should be shared with PMO and SM teams.

Recommendations to PPHD/PPHO

1. The PPHD/PPHO should take the responsibility of reporting (Monthly Updates, FMR, Quarterly Reports, Financial Report, Inventory Reports, Development of PIP and its submission and implantation, Data Quality Assurance Plan, Notification of Force Majeure, End of Project Report)
2. Enhance supportive supervision to all HFs
3. Make sure that all the positions are continuously filled and retain the staff as appropriate.
4. Three out of 12 First Aid Posts (FAP) are included in other category in HMIS, while the rest are not included. The provincial team (HMIS) should consult the central MoPH HMIS to decide about whether to include them in HMIS.
5. There is discrepancy in number of HPs between central HMIS and provincial HMIS records. The provincial records shows 132 while it is 122 in central HMIS. The provincial HMIS should check this with central HMIS to remove the difference.
6. FMR format should be shared with SM provinces to provide the required information on a monthly bases as per the set deadlines.