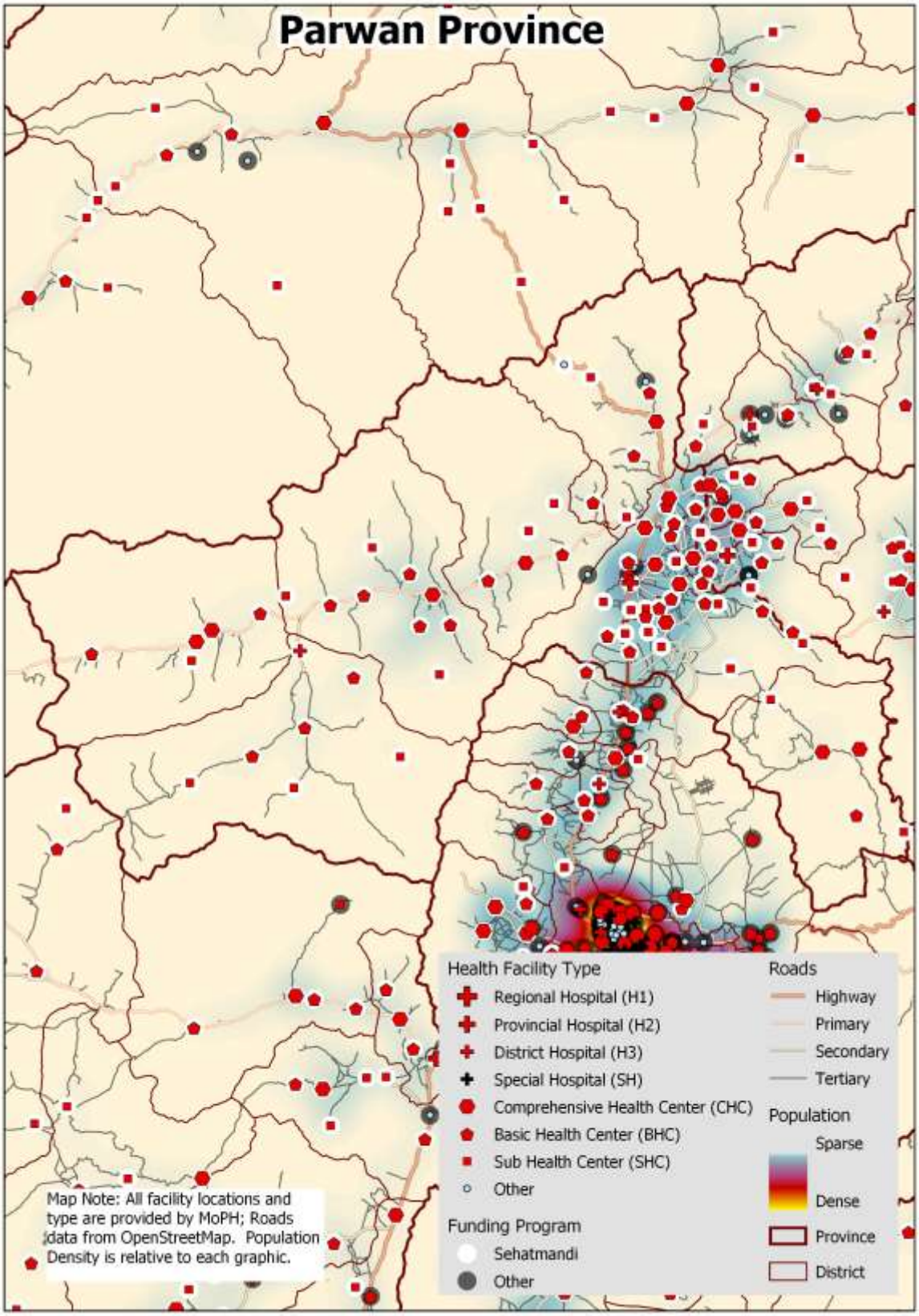
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Parwan 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]
Parwan	675,795	113.1	20	86.1	203	56.3	21.9	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.

Parwan provinceis located in the center part of Afghanistan. It share border Kabul, Kapisa, Panjshir, Baghlan, Maidan and Bamyan. There are 10 districts, in the province. Charikar 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	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	
Parwan	MOPH	No	426	24	0	30	1	12	0	2	0	3	9	71	10	87.7

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

Through the SEHAT and Sehatmandi project, the Strengthening Mechanism (SM) has been providing the BPHS and EPHS.

1.4 Contract Financial Information

Table 3: Contact 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)
Parwan	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Parwan is on the contracting-in mechanism (Strengthening Mechanism). This section is not applicable.

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.
Parwan is ranked at the 30th among 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**
Parwan												14

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
			BSC (Result 1.4.1)	QoC Indicators (1.4.2)			
N.A.	-20	0	N.A.	N.A.	-5	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.

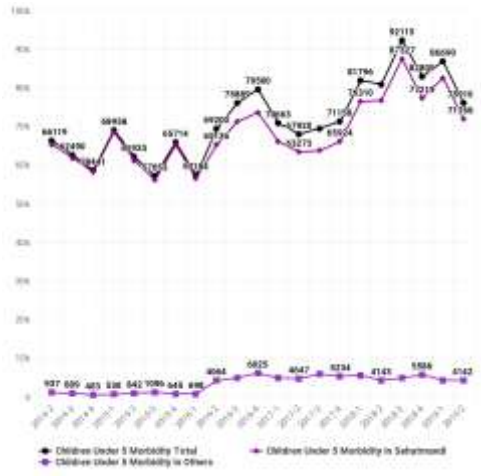
1.8 Key findings

- Parwan is ranked at the 30th of 34 provinces in the P4P indicators performance ranking:Two of ten P4P indicators (Growth Monitoring and PENTA-3) did not meet the Minimal Level, 5 of 10P4P indicators (CYP,ANCs, TT2+, TB treated cases, institutional deliveries) did not meet the Index, and 3 P4P indicators (C-Section, PNC and Major Surgery) exceeded the Maximum Level.
- On average, P4P indicators rose by 16% over 5 years.
- Immunization services (Penta-3, TT2+) decreased an average of 9% over the past 5 years. Measles vaccinations also declined between 2014 and 2019.

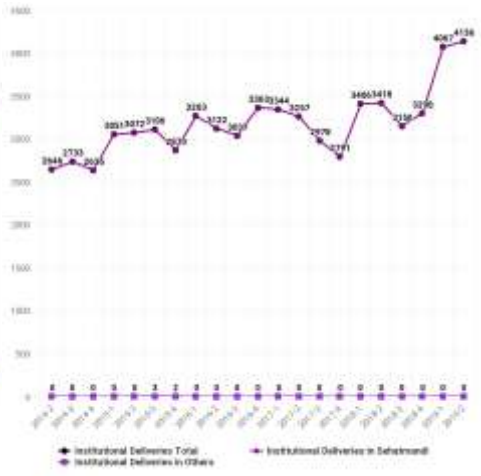
1.9 Indicator trends

In this sub-section, all line charts show Five-Year Trend by Quarter between 2014and 2019, 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.

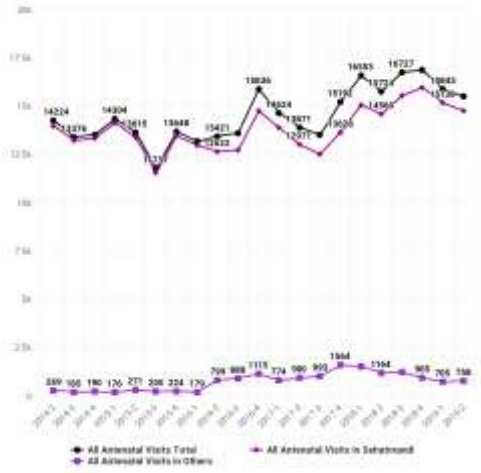
Children Under Five Morbidity



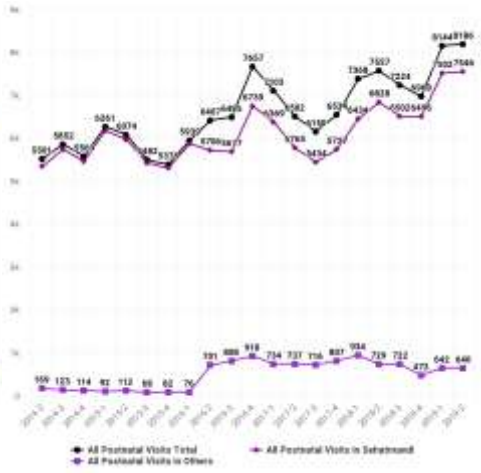
Institutional Delivery



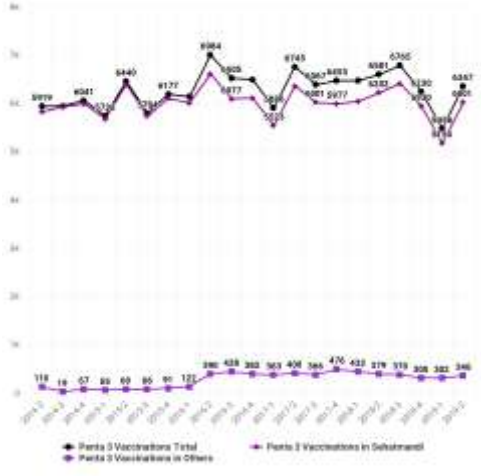
All Ante-Natal Care Visits



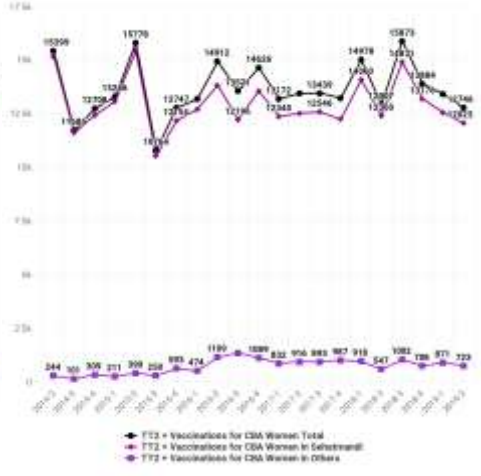
All Post-Natal Care Visits



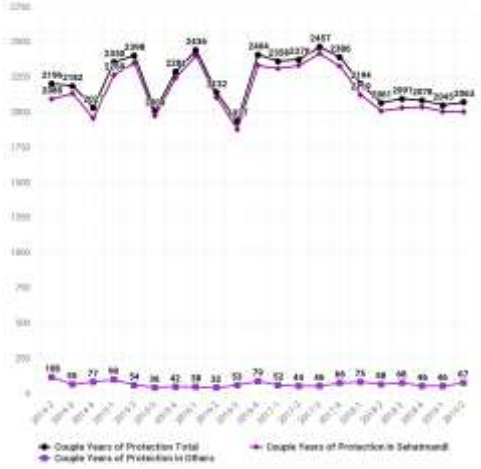
Penta 3 Vaccinations



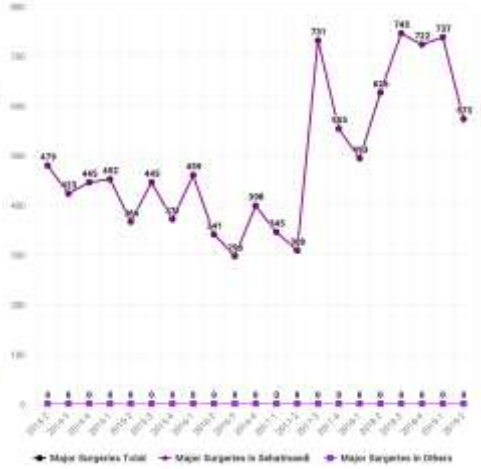
TT2+ Vaccinations



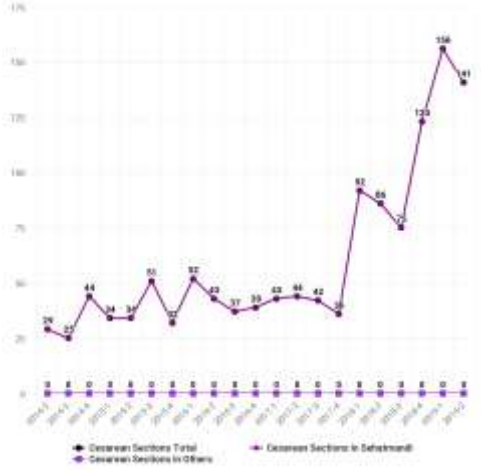
Couple Years of Protection



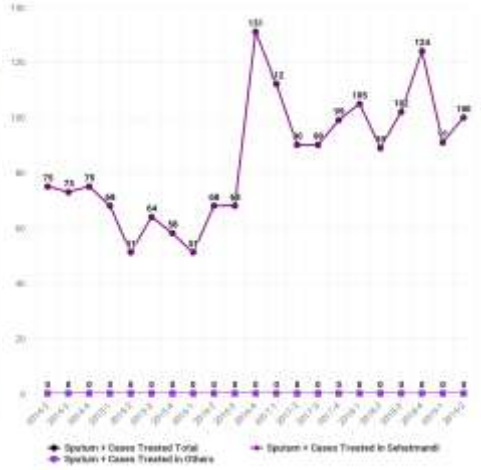
Major Surgeries



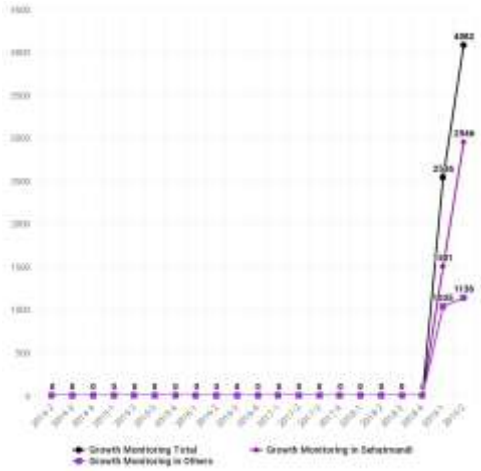
Caesarean Sections



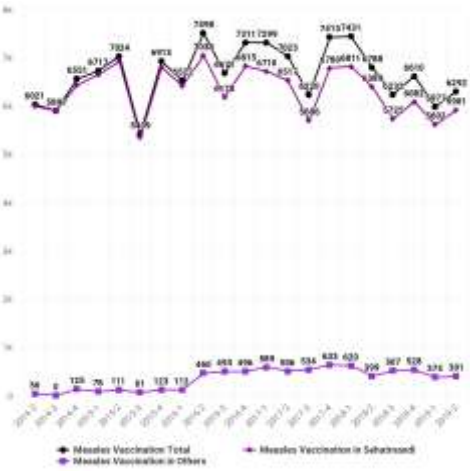
TB Sputum Positive Cases Treated



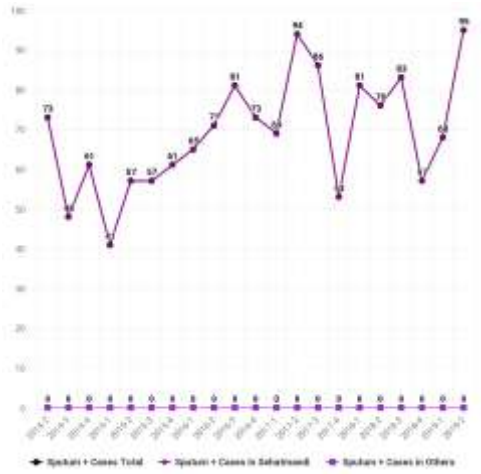
Growth Monitoring and Youth Counseling



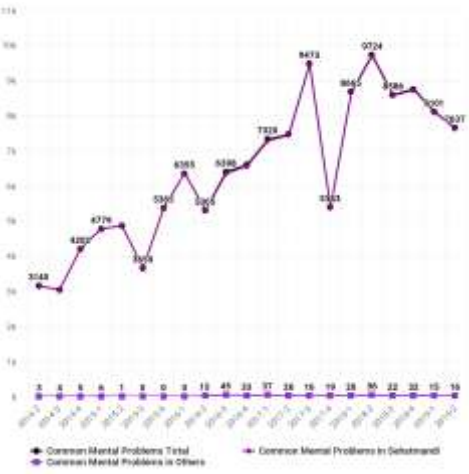
Measles Vaccinations



TB Case Detection

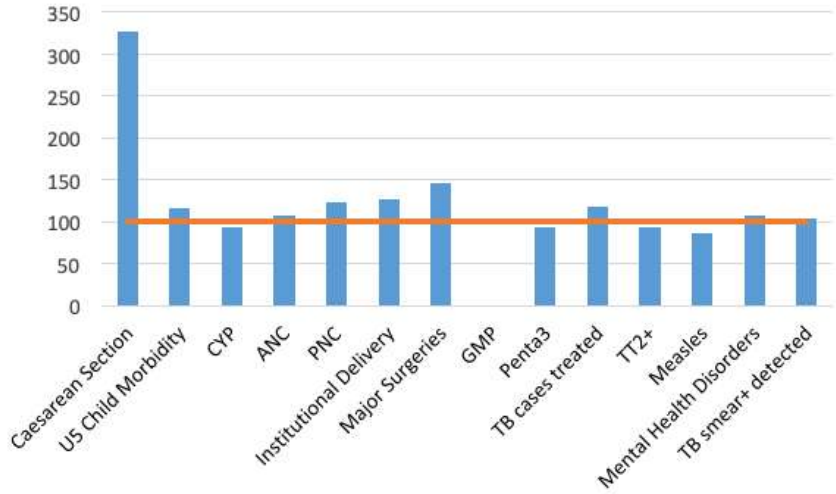


Mental Health Disorders



1.10 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.

1.11 Conclusions of the charts

- On average, P4P indicators rose by 16% over 5 years.
- Immunization services (Penta-3, TT2+) decreased an average of 9% over the past 5 years. Measles vaccinations also declined
- Maternal health services (ANC, PNC and institutional deliveries) showed steady increase by 143% over time.

2 Province-specific analysis

2.1 Management:

- SM has been providing BPHS and EPHS through SEHAT and Sehatmandi.
- Staffing:
    - All of health facilities have at least one female staff except for the Health Posts - not all Health Posts have a female CHW.
- Staff alary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle but no report in the second quarter.
- Reporting:
    - First and second Quarterly Reports were submitted late.
    - Submission of all 3 Monthly Updates (second quarter) was overdue.
    - PIP was not submitted on time.
    - Submission of Data Quality Assurance Plan was overdue.
    - Semi-Annual Inventory List was not submitted.
    - No Force Majeure case was reported.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - Charikar Provincial Hospital and Lolange DH reported a rapid fall of Caesarean Section in Q2 as compared to Q1.
    - Charikar Provincial Hospital reported a rapid fall of Major Surgery in Q2 compared to Q1.
    - Towrij BHC is staffed with female midwife but no institutional delivery was provided in Q1 and Q2.
    - Bagram CHC, Jablilsaraj CHC, Aqtash CHC, Chardeh BHC, Senjendara and DehHzara SHC reported a fall of Institutional Delivery in Q2 compared to Q1.
    - Twenty-one (21) out of 24 SHCs did not report the PENTA-3 and TT2+ in Q1 and Q2.
- Analysis of general conditions of the province that affect service delivery:
    - Heavy snowfalls affected health services in Q1of this semiannual.
    - Insufficient female vaccinatorsaffects the service delivery.
    - Procurement of drugs
    - Lack of drugs in health facilities for more than six months

2.3 Specific major events affecting service delivery:

a. Health Services Lost Due to Anti-Government Activities: not reported.
b. Natural Disasters: Not reported.
c. Population movement:Not reported.

3 Discussion & Recommended actions

3.1 To MOPH leadership:

- Recruitment of RH assistant to implement supportive supervision will improve maternal services in the HFs.
- Add CBHC Officer in structure of PPHO team to lead and manage the CBHC services at provincial level
- MOPH should simplify the government procurement process: it always delays procurement and distribution of medical and non-medical products.
- The HFs staff are not local residents. They are late for reporting to duty and leave the duty early every day, which significantly affect the service deliveries.Clients who do not find the HF staff upon their arrival at HF leave the HF without receiving any services. Recruitment should prioritize the local applicants. If the local staff does not have sufficient capacity, the MOPH and PPHD should build their capacity.
- Political interference in recruitment process pauses a challenge. Incompetent staffdirectly affect the services.
- PPHD does not have full authority in recruitment of staff as most levels of the staff members are recruited by Administrative Reform and Civil Service Commission.
- The central MoPH teams do not visit the SM provinces and they often focus on non-SM provinces. The MoPH central teams (including the leadership, technical and departments) should visit the SM provinces.
- Some procedures of the SOP are not applicable to SM provinces. The committee recommends:

    - Development of a separate SOP for SM provinces or
    - Providing the clarification in each section of current SOP to avoid the creating any confusions (e.g. reporting requirement, salary payments, minimum standard of services). No financial incentive to accomplish P4P benchmarks mechanism. SM project has a central team and also provincial staff paid by the project.
- The proposals and contracts of SM provinces (Parwan, Kapisaand Panjshir) should be shared with PMO and SM project team.

3.2 To PPHD and SP:

- 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)
- Enhance supportive supervision by central and provincial MOPH to all HFs.
- Make sure that all the positions are continuously filled and retain the staff as appropriate.
- Only 3 out of 24 SHCs have reported EPI services, and the rest do not provide EPI services. TheseSHCs should be upgraded to provide EPI services.
- FMR format should be shared with SM provinces to provide the required information on monthly bases as per the set deadlines.
- Immunization services in general get stagnated for the past years. Factors include shortage of female vaccinators in HFs, irregular outreach sessions during the winter and lack of EPI Fixed Centers in Sub Health Centers (21 out of 24 SHCs are not upgraded to EPI Fixed Centers). The SAPR committee should conduct a root cause analysis to take immediate actions.
- Less utilization of services due to difficult geography is a known fact. So there should be appropriate planning and preparedness.
- SM/PPHD should undertake proper action to eliminate the government delay procurement.