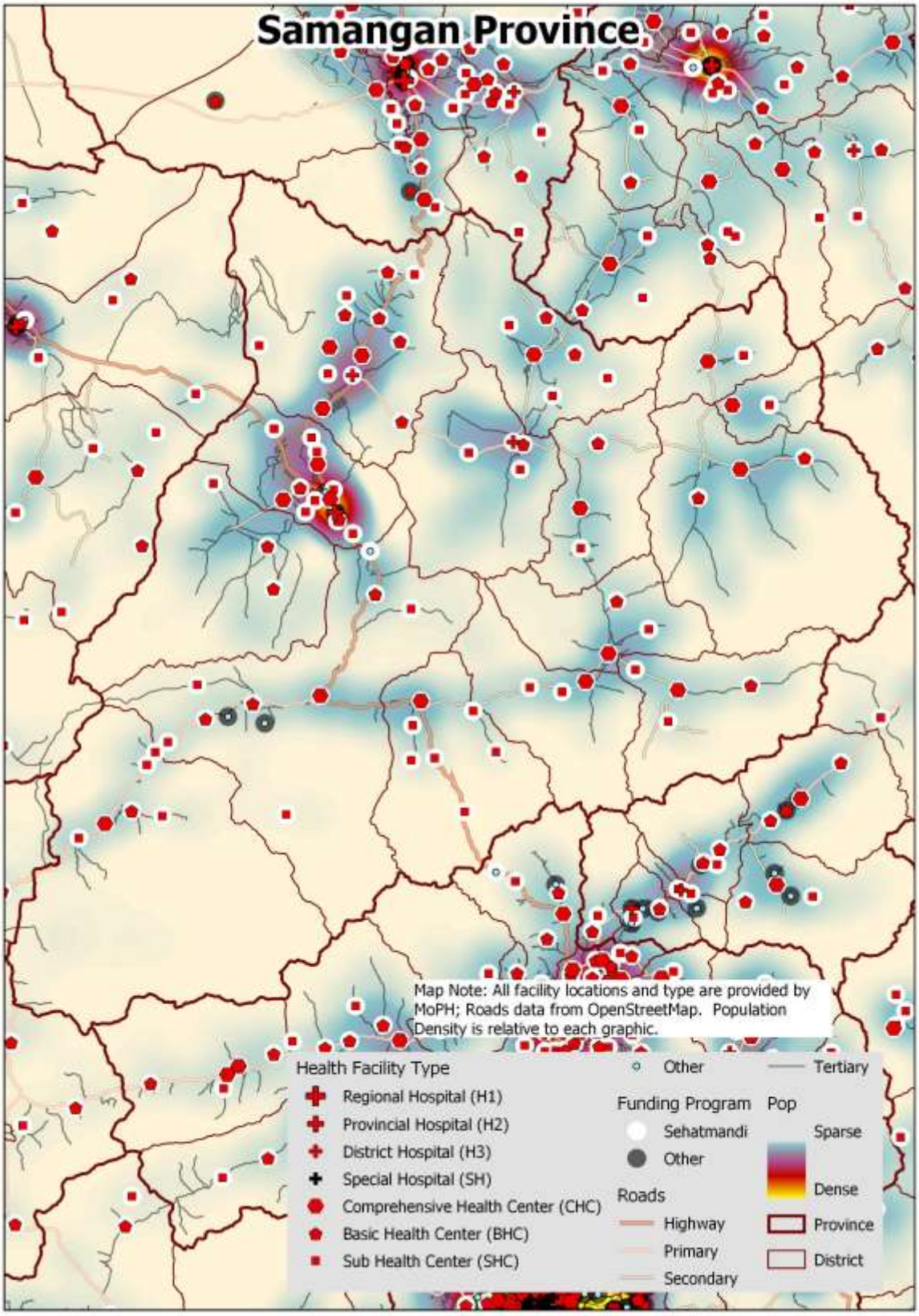
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Samangan Province
Map Note: All facility locations and type are provided by MoPH; Roads data from OpenStreetMap. Population Density is relative to each graphic.
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
Pop
Sparse
Dense
Province
District

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]
Samangan	394,487	35.0	19	91	567	88.2	14.3	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.

Samangan is located in the north of the Hindu Kush mountains, surrounded by Sar e Pul, Balkh, Baghlan, and Bamyan. There are 7 districts and 674 villages in the province. Aibak 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*	
Samangan	AHEAD/OCCD	No	188	21	0	14	1	4	0	3	1	6	9	48	11	81.4

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

In 2019, through Sehatmandi project, theAssistance for Health Education and Development (AHEAD) has been providing BPHS. Before the Sehatmandi, SHDP/RHDO operated in the province under SEHAT.

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 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)
Samangan	436,972,252	53,029,171	12.1%	1,026	13.8	426,033	27,356,259	70,161,648	39.0%	20	34

*Maximum Level P4P
¶ The Sehatmandi Project RFP
§ 1.00 USD = 74.4 AFN

Percent share of total lump-sum amount relative to the total budgetfor Samanganwas the 4th to the lowest among 31 provinces. In P4P earned in SAPR1 as % of total possible amount, Samangan was a little lower than the national average of 40.1%.

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.Samangan is ranked the 29th 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)	Provincial indicators below index (n)	Provincial indicators above cap (n)
National												**22**	**3**	**3**
Samangan												13	8	1

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.	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.

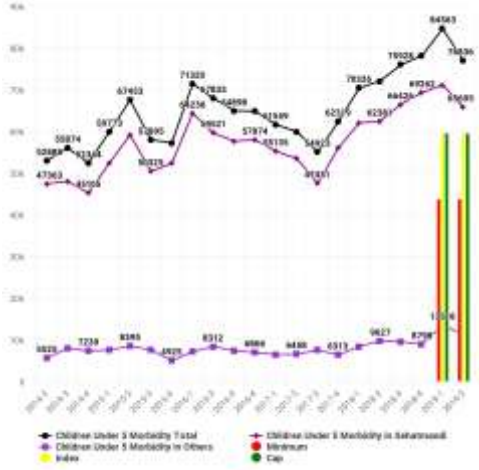
1.7 Key findings

- Samanganis ranked at the 29th of the P4P indicator ranking:8 of 10 P4P indicators did not meet the Index and remaining 2 indicators achieve the Maximum Level.
- In addition to delays in the government payment and low lump-sum budget there was no delay in the staff salary payment.
- All HFs have at least one female staff stationed as per the Minimum Standards.

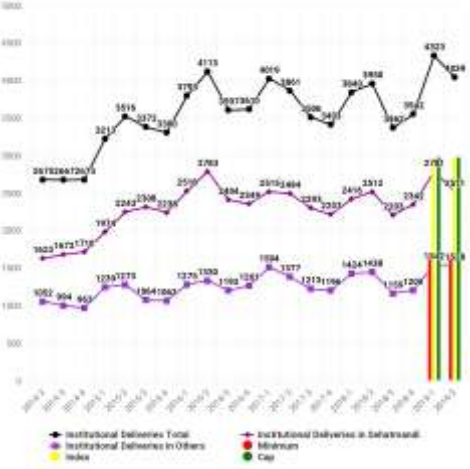
1.8 Indicator trends

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

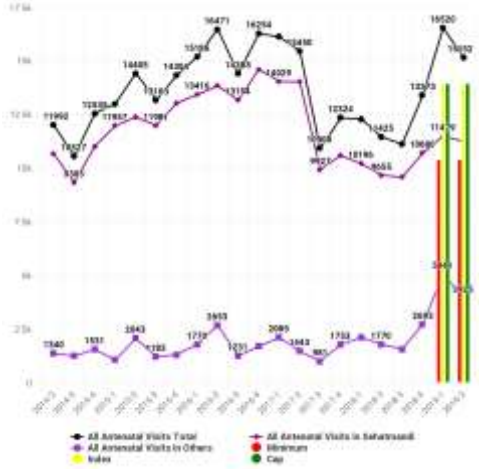
Children Under Five Morbidity



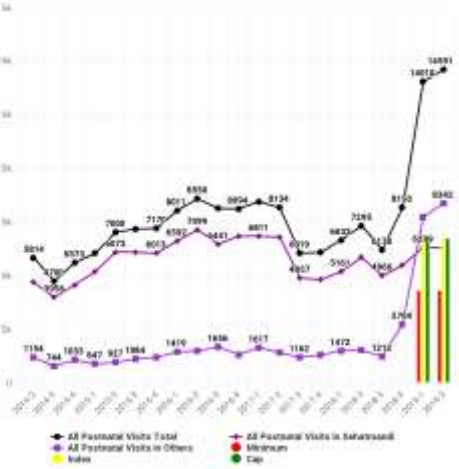
Institutional Delivery



All Ante-Natal Care Visits

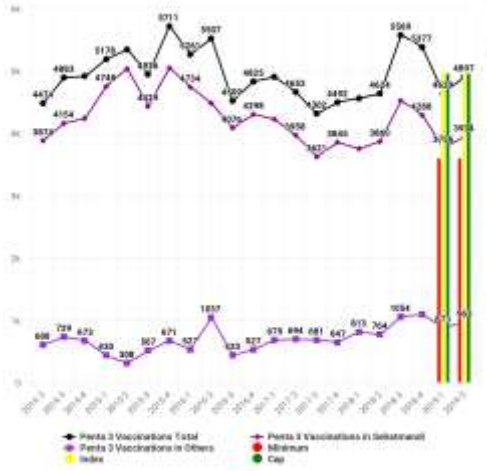


All Post-Natal Care Visits

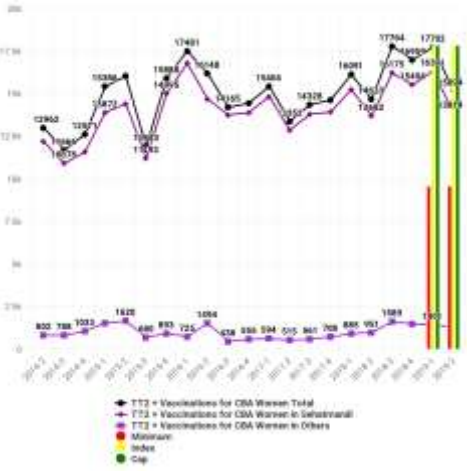


Penta 3 Vaccinations

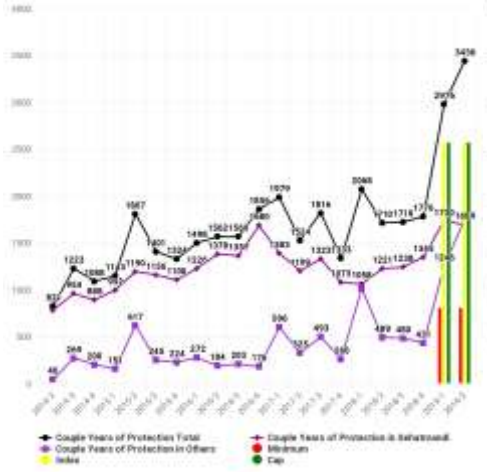
TT2+ Vaccinations



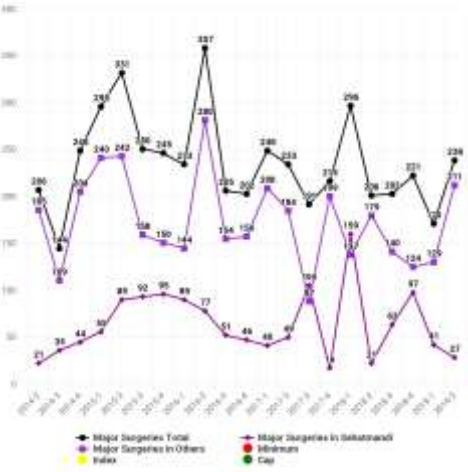
Couple Years of Protection



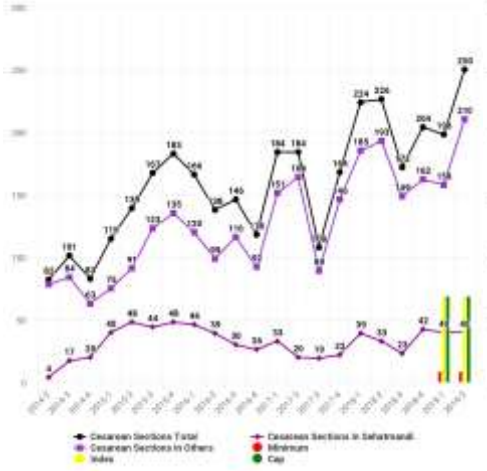
Major Surgeries



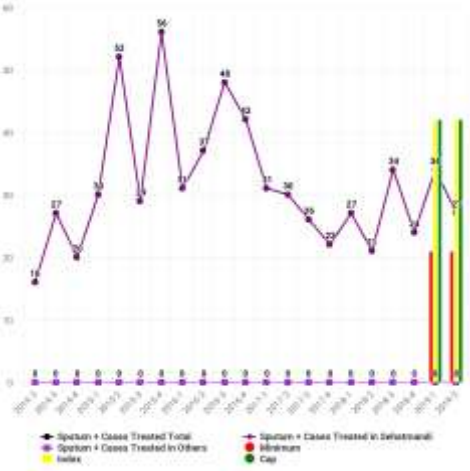
Caesarean Sections



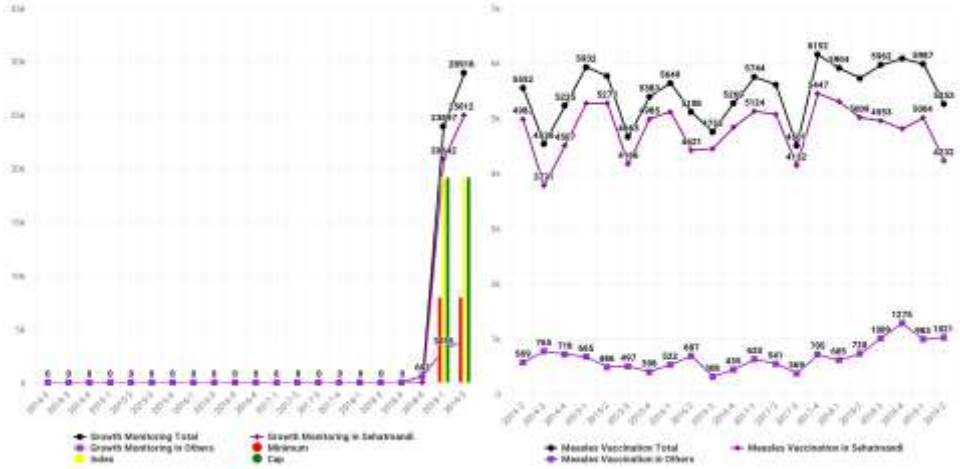
TB Sputum Positive Cases Treated



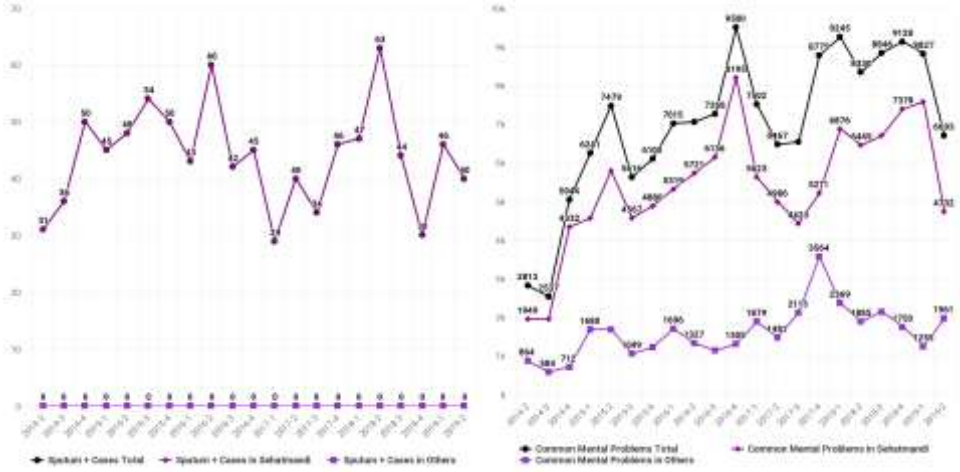
Growth Monitoring and Youth Counseling



Measles Vaccinations

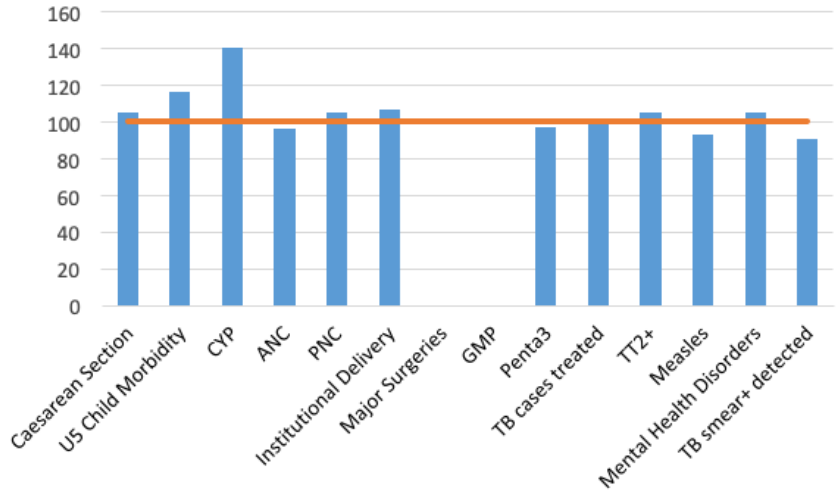


TB Case Detection **Mental Health Disorders**



1.9 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.

1.10 Conclusions of the charts

- On average, P4P indicators rose by 39% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 11% over 5 years.
- Maternal health services (ANC, PNC and institutional deliveries) showed steady increase by 31% over time, except Caesarean section which increased from 4 case to 40 cases over 5 years.

2 Province-specific analysis

2.1 Management:

- AHEAD has been providing BPHS since 2019.
- Staffing:
    - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 96% of health facilities had at least one female staff.
    - Shortage of female CHWs is rampant in over 20% of health posts.
- Staff salary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle due to late payment from MoPH, but no report in the second quarter.
- Reporting:
    - Inception Report was notsubmitted on time.
    - The first Quarterly Report was overdue but the second was submitted on time.
    - Of 3 Monthly Updates to be submitted to PMO, none were overdue.
    - PIP was submitted on time.
    - Data Quality Assurance Plan was not submitted on time.
    - Semi-Annual Inventory List was submitted on time.
    - There was no Force Majeure cases during reporting period.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - Antenatal Care (ANC) indicatorachieved minimum level but has not reach to index. Bazar-e-Sokhta District Hospital and Kokablaq SChad low contribution compare to Q1, 2019.
    - Post-Natal Care (PNC) succeed the minimum level with slight decline in the 2nd quarter 2019. Kokablaq SC and Bazar-e-Sokhta District Hospital had poor performance in 2nd quarter 2019.
    - Institutional Delivery in 1st semiannual hit minimum level, but there is a petite decline in 2nd Quarter 2019. This decline is largely attributable by Kokablaq SC, Bazar-e-Sokhta District Hospital and Dehe district Hospital.
    - TT2+ indicator has achieved the minimum level, but has not reach to Index, Dehi District Hospital, ShahrBagh CHC and Bayanan SChad poor performance in the 2nd quarter 2019.
    - In Q1, 2019, child under five morbidity achieved maximum level with some decline in Q2, 2019. This decline occurred in Oybelaq Clinic, Mankabot Clinic and Dehi District Hospital

- In Q1, 2019, the indicator Couple Years Protection achieved minimum level however in Q2, 2019, it there is slight improvement in Samangan province.
- The TB cases successfully treated has achieved the minimum levelcontributed equally by all HFs.
- Growth monitoring of children under two years achieved index, ToqsanMaqsood Clinic and Do Ab District Hospital had improvement in Q2, 2019.

2.3 Specific major events affecting service delivery:

a. **Health Services Lost Due to Anti-Government Elements Activities:** no report.
b. **Natural Disasters**: no report.
c. **Population movement**: no report.

3. Discussion & Recommended actions To SP

- Given lack of female health professionals in absolute terms,
- Target setting (Minimum Level, Index and Maximum Level).
- Service provider complain that Index and Max level is not rational. After deep analysis the committee members agreed that Index and Max level are rational and achievable.
- AHEAD should rigorously analyze a budgeting method used in the initial lump-sum calculation. The SP should try to take loan from Bank or Market in order to pay the salaries on time to HF staff.

- Hiring Female CHWs in remaining HFs
- On time supply of medicine and medical supply.
  The medicine should be supplied based on the past consumption and request of HFs on quarterly basis. HFs staff should be oriented on relative trainings (Rational Use of Medicine and Stock Management).

4. Recommended actions To MoPH

- Each QoC indicator should have separate Marks. According to SOP if a SP is failed in one QoC indicator or in all will received the same points. The SP will not focus on QoC indicators if failed in only one QoC indicator.
- The lumpsum of AHEAD province in Samangan Province is very low. There should be a loan mechanism MoPH or World Bank
- HFs staff are invited to different training for a longer duration, GBV training for 15 days and invite 20 midwives from HFs which affect services in HFs. This issue should be discussed in PHCC meeting and with TDs
- Zero reporting of no reporting in HMIS is confusing. When the data enter in Data base as Zero the pivot table extract it as blank
- It is very difficult to hire Female CHWs in all HPs, there should be a percentage