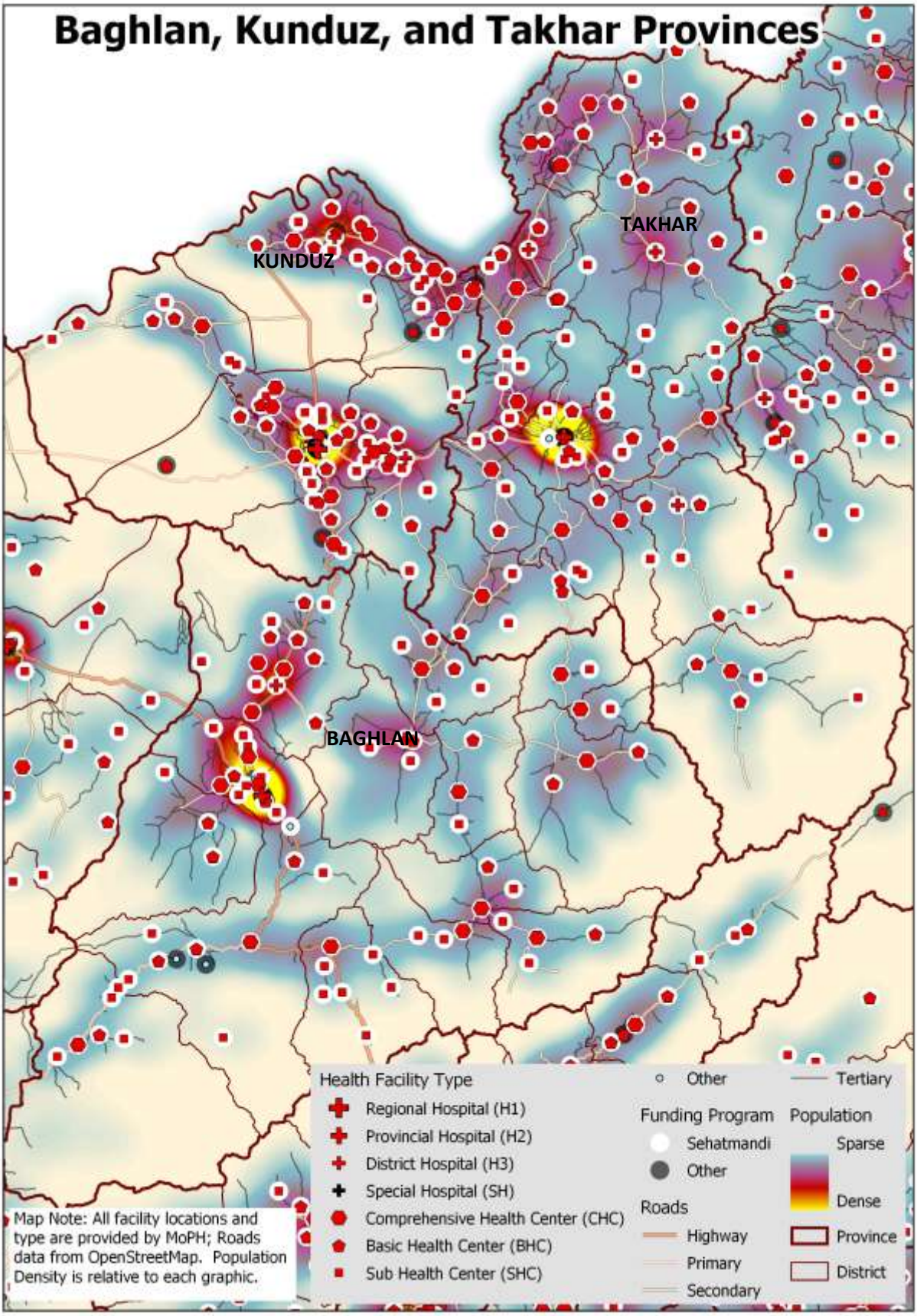
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Baghlan, Kunduz, and Takhar Provinces
KUNDUZ
TAKHAR
BAGHLAN
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]
Takhar	1,000,336	81.1	26	91.9	47,950	70.2	21.8	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.

Takharis located in the northeast of Afghanistan next to Tajikistan. It is surrounded by Badakhshan in the east, Panjsher in the south, and Baghalan and Kunduz in the west. There are 17 districts and more than 1,000 villages in the province. Taloqan 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*	
Takhar	AHEAD/OCCD	No	532	32	0	34	2	12	0	4	1	1	9	83	12	87.4

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

Through the Sehatmandi project, the Assistance for Health, Education and Development(AHEAD) has been providing BPHS since January 2019. Before the Sehatmandi, Agency for Assistance and Development of Afghanistan (AADA), was operated in the province under SEHAT.

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 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)
Takhar	750,961,585	253,880,980	33.8%	686	9.2	1,094,637	32,790,542	91,754,054	35.7%	20	45

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

Total lump-sum amount for Takhar was the eleventh to the lowest among 31 provinces. Takhar was ranked at the 8th from the bottom in P4P earned in SAPR1 as % of total possible payment – the Maximum Level.

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. Takharis 32nd in 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**
Takhar												12

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.	-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.

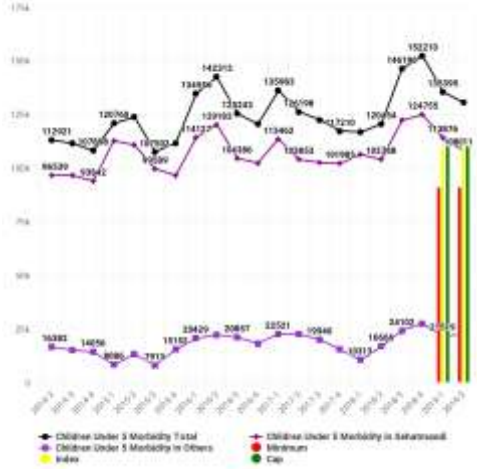
1.7 Key findings

- Takhar is ranked at the 32th in the P4P indicator ranking: one of 10 P4P indicators did not meet the minimum level, 6 of 10 P4P indicators did not meet the Index(Target).
- In addition to delays in the government payment, low lump-sum budget contributed to delays in the staff salary payment.
- Four percent (%) of health post related to 18 HFs did not have female staff as per the Minimum Standards.

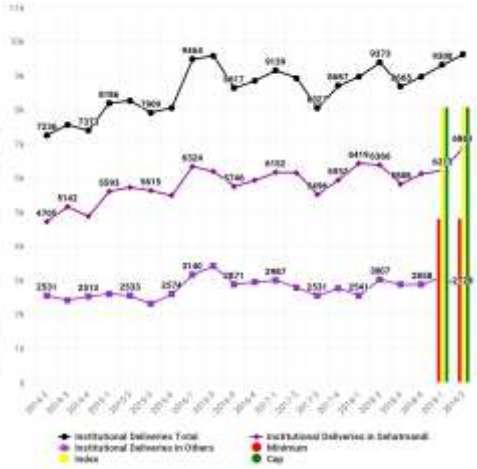
1.8 Indicator trends

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

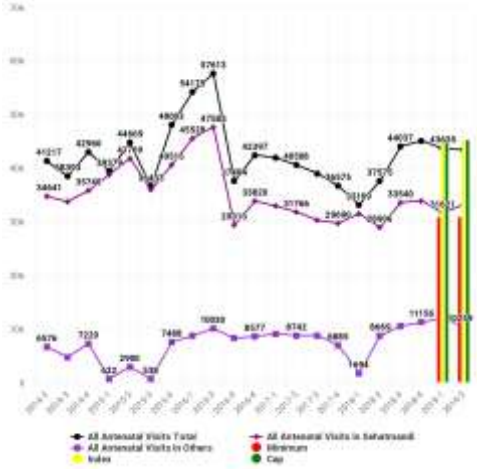
Children Under Five Morbidity



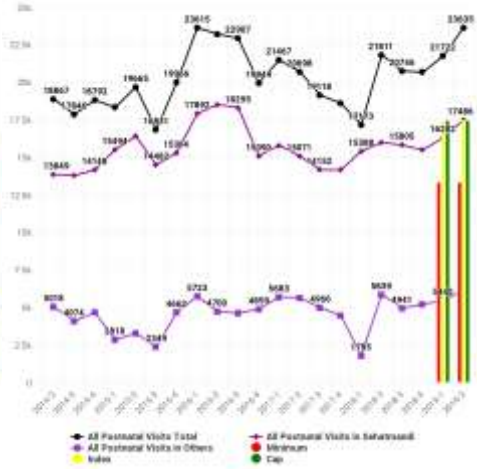
Institutional Delivery



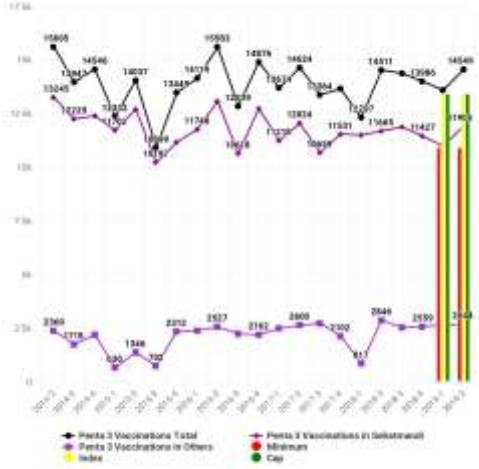
All Ante-Natal Care Visits



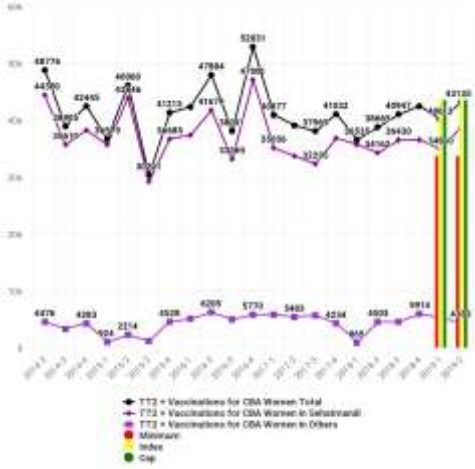
All Post-Natal Care Visits



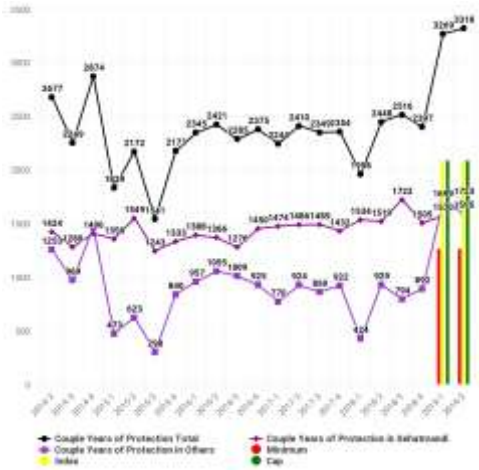
Penta 3 Vaccinations



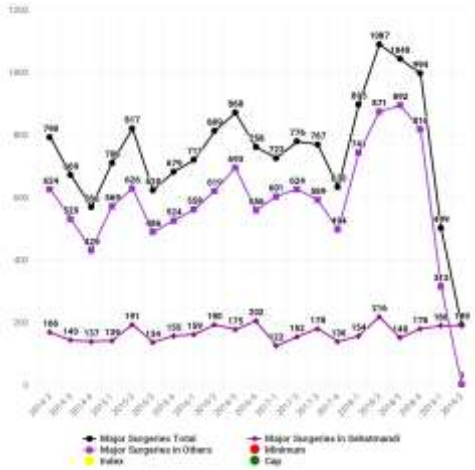
TT2+ Vaccinations



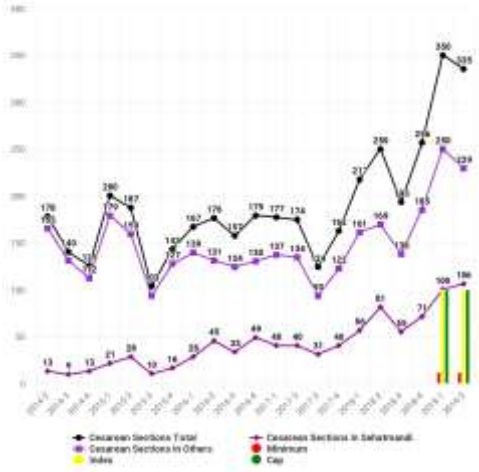
Couple Years of Protection



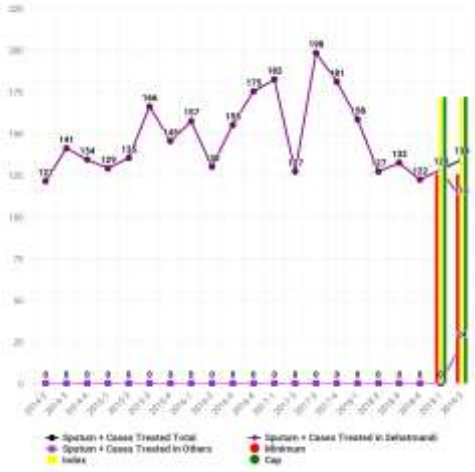
Major Surgeries



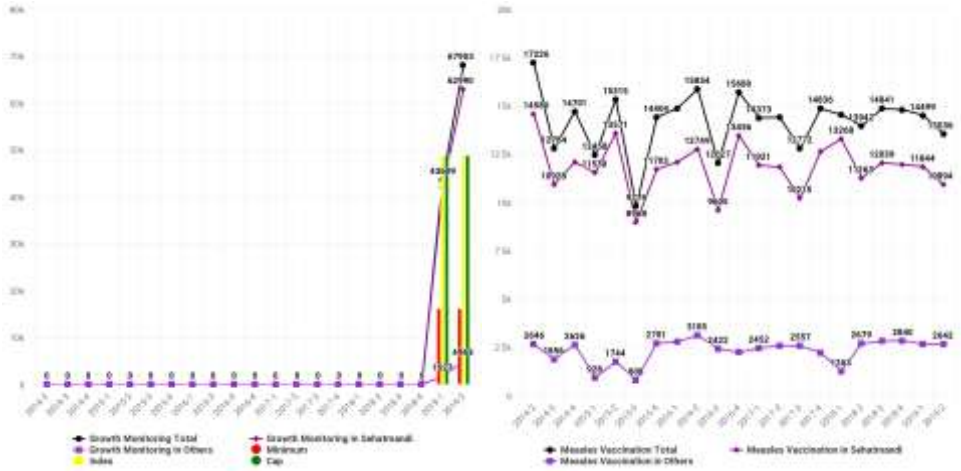
Caesarean Sections



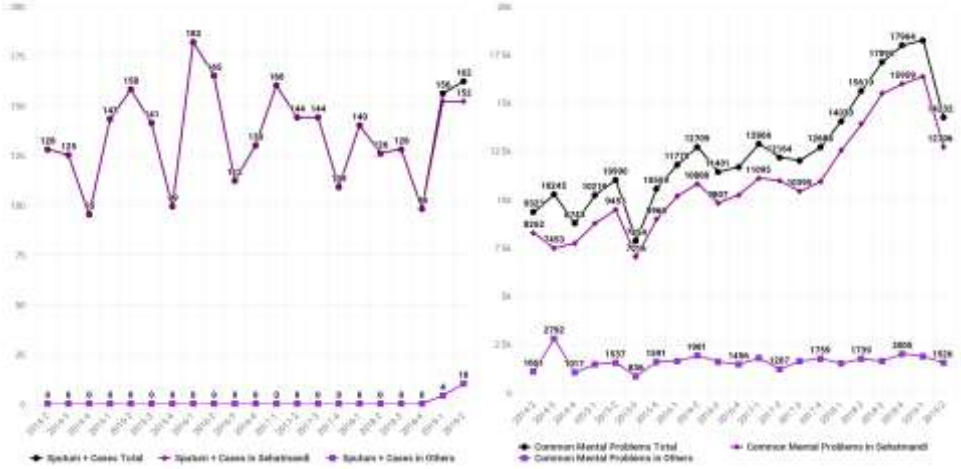
TB Sputum Positive Cases Treated



Growth Monitoring and Youth Counseling **Measles Vaccinations**

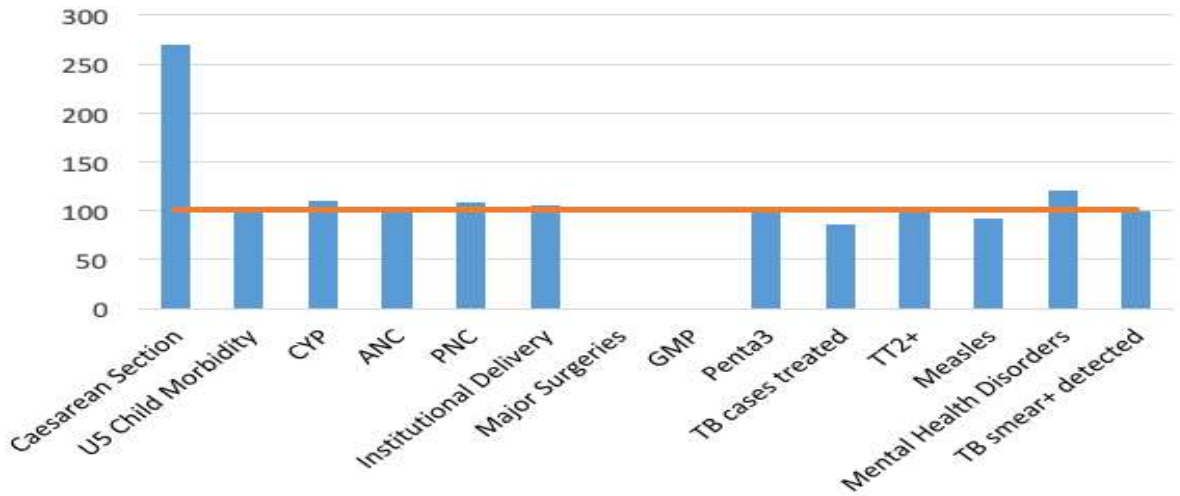


TB Case Detection **Mental Health Disorders**



1.9 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 declined by -1% over 5 years.[1]
- Immunization services (TT2+ and Penta-3)increased an average of 51% over 5 years.
- Maternal health services (ANC, PNC, deliveries and Couple year protection) showed steady increase by 22% over time.
- Child under-five morbidity showed steady increase by 12% over 5 years.
- TB treated cases declined by -9% over 5years; where is did not met the minimum level.

2 Province-specific analysis

2.1 Management:

- AHEAD has been providing BPHS since the commencement of Sehatmandi project (Jan-19).
- Staffing:
    - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 0% of health facilities had no female staff.
    - Shortage of female CHWs is not over 5% of health posts.
- Staff salary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle but no report in the second quarter.
- Reporting:
    - Inception Report was not submitted on time, but in this SA cycle it has been excluded from scoring;
    - The first Quarterly Report was overdue but the second was submitted on time;
    - Of 3 Monthly Updates to be submitted to PMO, 3 were received;
    - PIP was not submitted on time;
    - Data Quality Assurance Plan was not submitted on time;
    - Semi-Annual Inventory List was submitted on time; and
    - There is no any force majeure casereported.

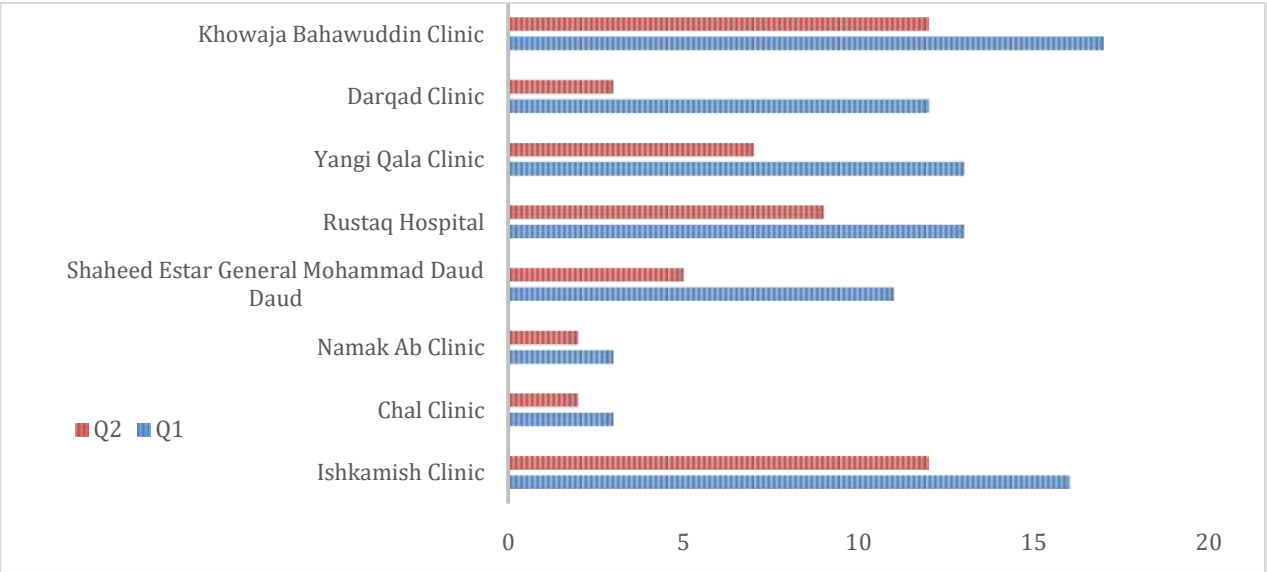
2.2 Health Facility Analysis:

- Health Facilities with Problems or Success:
    - BHCs provided greater number of clients with some of the services.
    - Four DHs contributed a small portion of services related to ANC and TT2+ indicators.
    - While the community-based DOTS program is supposed to be implemented up to Heath Post (HP) level, there is no TB treated cases reported from all 34 BHCs and all 33 Primary Healthcare Centers.
    - Two of 4 DHs and 5 of 12 CHCs reported fewer TB treated cases in Q2 than Q1.
    - Below table shows percentage shares by HF type during this SA cycle.

[1] The average has been counted among only the eight of ten P4P indicators as other three P4P indicators explode the mean value.

Indicators	Total cases reported		Percentage Share by type of HFs							
			DH (n=4)		CHC (n=12)		BHC (n=34)		PHC and others (n=33)	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Total Cesarean Section	100	106	100%	100%	0%	0%	0%	0%	0%	0%
Total Child Morbidity	113,876	108,011	19%	20%	25%	25%	35%	34%	21%	22%
Total Couple year of protection (CYP) provided by Health Facilities	1,516	1,597	29%	34%	28%	22%	27%	29%	16%	15%
Total ANCS	31,621	33,106	12%	14%	30%	29%	37%	37%	21%	20%
Total PNCS	16,282	17,486	17%	18%	30%	29%	34%	35%	19%	18%
Total Institutional Deliveries	6,213	6,881	34%	34%	43%	42%	15%	16%	8%	8%
GMP/IYCF	41,982	62,990	26%	22%	26%	26%	31%	34%	16%	18%
Total PENTA3	10,963	11,905	18%	19%	32%	31%	40%	43%	10%	8%
Total TB treated Cases	128	110	30%	33%	70%	67%	0%	0%	0%	0%
TT2+	34,810	38,752	10%	15%	26%	24%	52%	53%	12%	8%

- Below figure shows the breakdown of HFs that didn't deliver more achievements in TB indicators in Q2 than Q1 (i.e. two of 4 DHs and 6 of 12 CHCs declined in Q2). It explains in part the failure to meet the Minimum Level.



- Analysis of general conditions of the province that affect service delivery:
  - Not reported in this SA cycle.

2.3 Specific major events affecting service delivery:

a. Not reported in this SA cycle
b. **Natural Disasters**: Not reported in this SA cycle.
c. **Population movement**:Not reported in this SA cycle.

2. Discussion & Recommended actions

- Given lack of female health worker in the 18 HFs related health post, AHEAD should review staffing pattern and implement new mechanism for assigning the female staff at the HP level;
- HFs' staff has not received their salary of Saratan, Asad and Sunbula and for provincial office staff has not received their salaries of Hamal and Sawr 1398; where is to receive Saratan, Asad and Sunbula, AHEAD should find any possible way (including co-financing mechanism) to pay the salaries of the staff. Delayed payment makes them demoralized;
- No payment of staff night duty since the commencement of the project (Hamal 1398), It should be paid as soon as possible otherwise staff will lose their trust on the system. Off course it should be full payment not linked to the performance;
- Very low TB treatment cases (below the minimum), a) Increase presumptive TB cases detection through all HFs; b) There should be a mechanism for slide or sample sending from all BHCs and PHCs to the nearest diagnostic center and from their drugs for positive cases should be sent to the nearest HFs and even to the CHWs for DOTS implementation and; c) Contact screening of positive cases should be focused and done systematically;
- Growth monitoring versus screening (currently most of the data is screening of under 5 not monitoring of under 2 children), a) Training of the selected Nutrition counselors should be completed as soon as possible and they should be deployed immediately after training completion, b) One representative of PND should visit Takhar (few HFs) to ensure proper system is in place and c) One additional nutrition officer should be hired as number of HFs are 83 (for each 50 HFs a nutrition officer should be assigned as per PND standards);
- Low coverage of Penta and TT2+ (did not met the targets), a) To strengthen outreach and mobile services, b) To pay the outreach cost and mobile cost on time and regular and c) To upgrade PHCs to fixed centers following technical discussion with National EPI and agreement of PEMT;
- Low coverage of ANC (below the target), a) Short term recruitment of midwife in HFs to fill the gap of midwife on maternity leave (focus on volunteers);
- Low coverage of PNC (below the target), a) Short term recruitment of midwife in HFs to fill the gap of midwife on maternity leave (focus on volunteers);
- Low coverage of Institutional Delivery (below the target), a) Short term recruitment of midwife in HFs to fill the gap of midwife on maternity leave (focus on volunteers) and b) Incentive payment (200/delivery) for midwives of BHCs and PHCs if they attend deliveries in non-official time;
- Low coverage of CYP (below the target), a) Focus of FP counseling and ensure FP commodities are available in all HFs and avoid any shortage.
- AHEAD had shared the quality improvement plan with PMO but there is no system applied for Quality improvement at the provincial level, a) To start implementation of HQIP as soon as possible;
- CHW annual refresher training is not done yet, AHEAD is responsible to accomplish this activity as per CBHS available Standard Operating Procedures;
- To perform further data analysis at HF and district level and compare them each month;
- Representative of the SPs should be updated with all technical and financial data when they attend such important meetings; and
- Strict follow up of PPHOs and MoPH other departments findings (action plans).

Specific recommendation:

A. <u>To MoPH leadership:</u>

- ✓ To change payment from 6 months to quarterly.
- ✓ Technical departments not fully aware of the Performance Management SOP and P4P mechanism; therefore, an orientation is required.
- ✓ Any technical department want to visit a province should be in contact with PMO. It should be clear whether other technical departments are doing monitoring or supportive supervision because according to contract monitoring is responsibility of TPM. It needs clarification with TDs.

B. To PPHD and PPHOs:

- ✓ to strictly follow the actions and recommendations (PIPs) and ensure the promised actions are implemented.