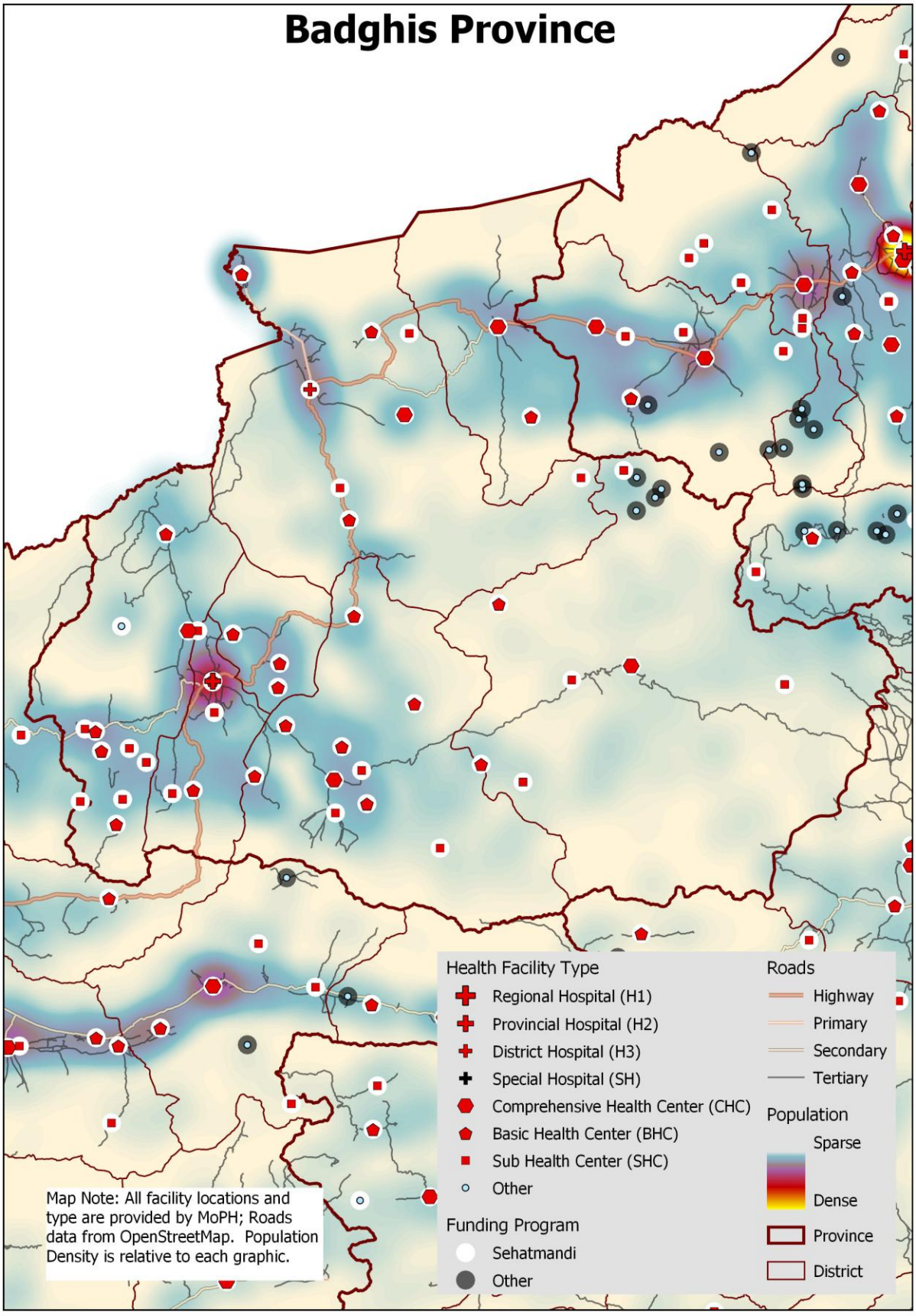
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Badghis 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]
Badghis	504,185	24.5	21	41.8	4,200	56.8	4.5	Medium

[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.

Badghisis located in the isolated hills of northwestern Afghanistan and shares its borders with Herat, Ghor, and Faryab provinces as well as Turkmenistan. Badghis is divided in 7 districts and Qala I Now 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*	
Badghis	MMRCA	Yes	311	20	0	19	1	4	0	2	0	5	34	50	35	58.8

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

In the Sehatmandi project in 2019, the Medical Management and Research Courses (MMRCA) for Afghanistan provides BPHS and EPHS in the province. Before the Sehatmandi, HEWADOrganization 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)
Badghis	731,641,338	224,111,938	30.6%	1,343	18.0	544,950	20,878,766	96,453,702	21.6%	15	45

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

Percent share of total lump-sum amount relative to the total budget for Badghis was the 8th to the lowest among 31 provinces. Badghis was ranked at the bottom of 31 provinces in terms of P4P earned in SAPR1 as % of total possible payment (i.e. the Maximum Level P4P 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.

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**
Badghis												15

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.

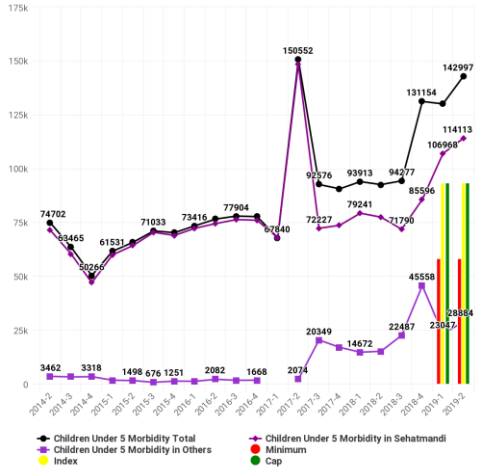
1.7 Key findings

- Badghis is ranked at the 26th from the topof the P4P indicator ranking:6 of 11 P4P indicators did not meet the Index and only one indicator (PENTA 3) did not meet the Minimum Level.
- On average, P4P indicators rose by 37% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) decreased an average of 37% over 5 years.
- Maternal health services (ANC, PNC, and institutional deliveries) showed steady decrease by 52% over time.
- In addition to delays in the government payment, low lump-sum budget contributed to delays in the staff salary payment.
- More than 75% of HFs did not have female staff as per the Minimum Standards.

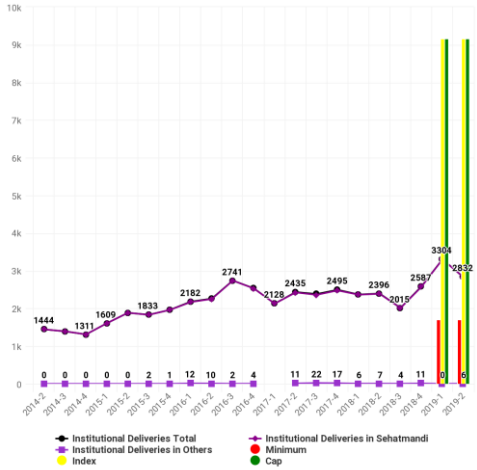
1.8 Indicator trends

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.

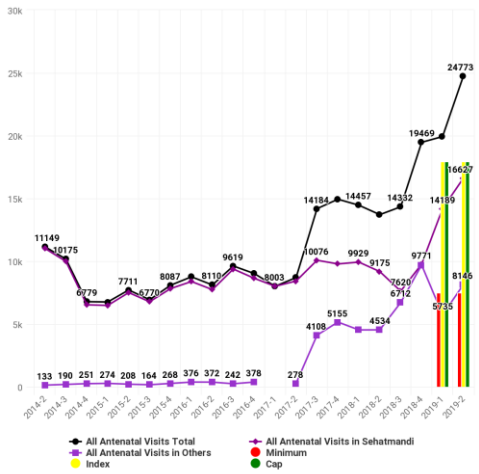
Children Under Five Morbidity



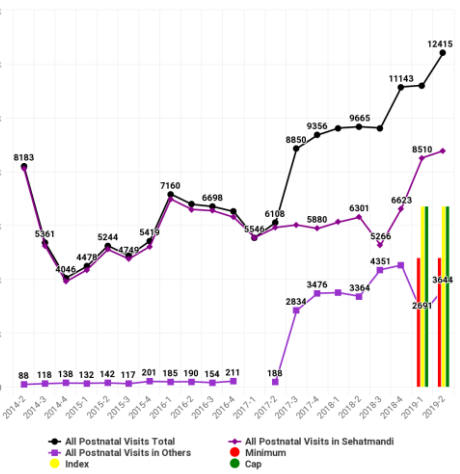
Institutional Delivery



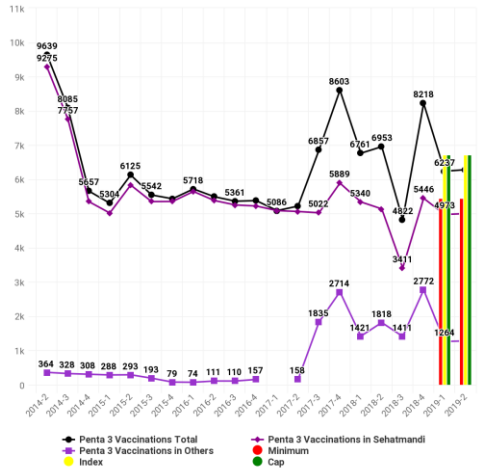
All Ante-Natal Care Visits



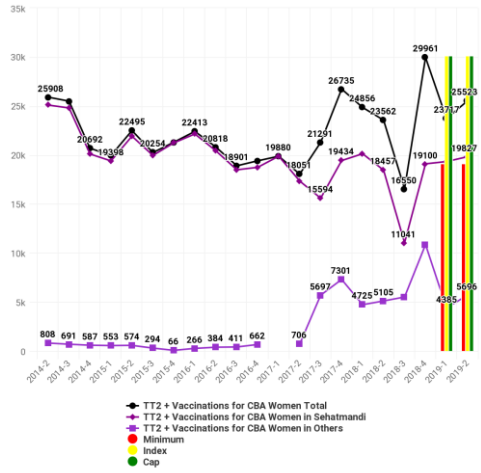
All Post-Natal Care Visits



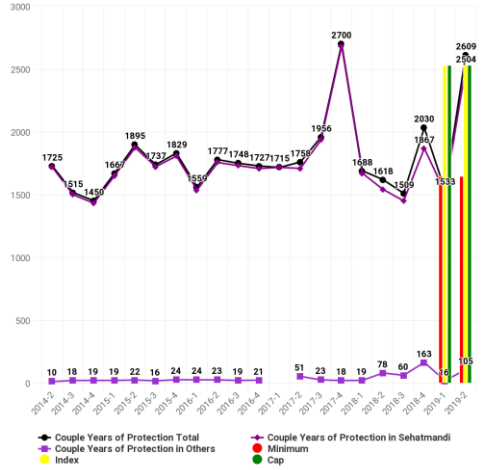
Penta 3 Vaccinations



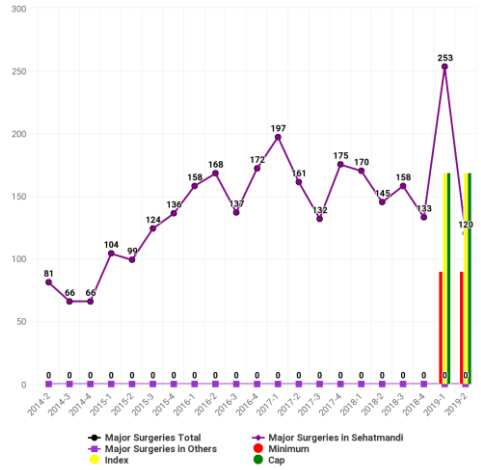
TT2+ Vaccinations



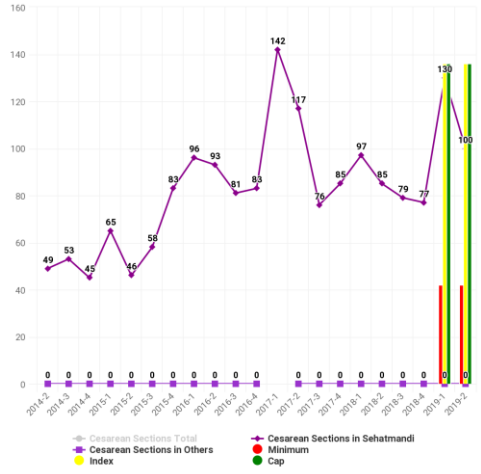
Couple Years of Protection



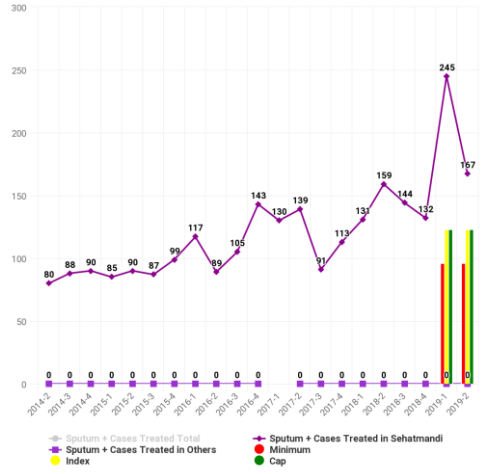
Major Surgeries



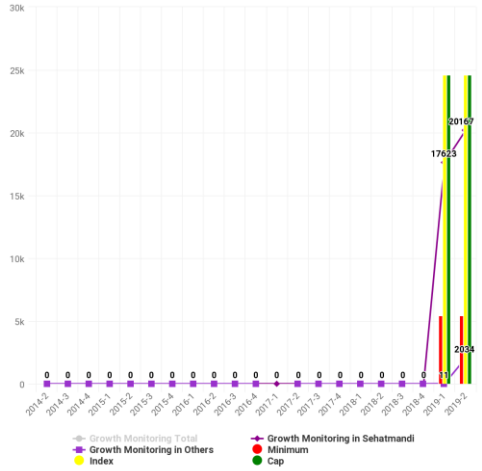
Caesarean Sections



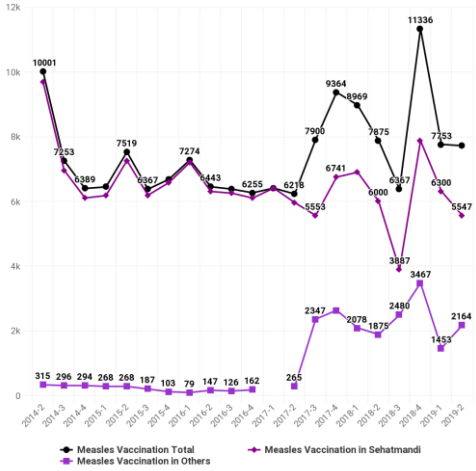
TB Sputum Positive Cases Treated



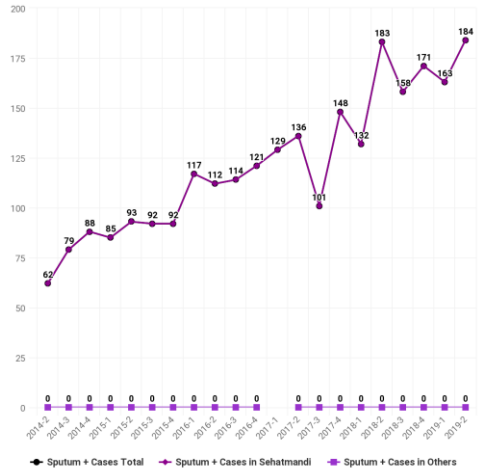
Growth Monitoring and Youth Counseling



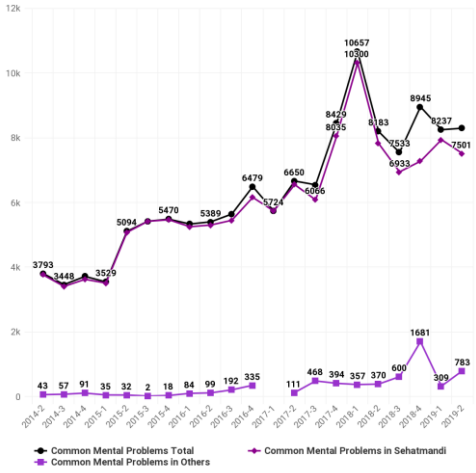
Measles Vaccinations



TB Case Detection

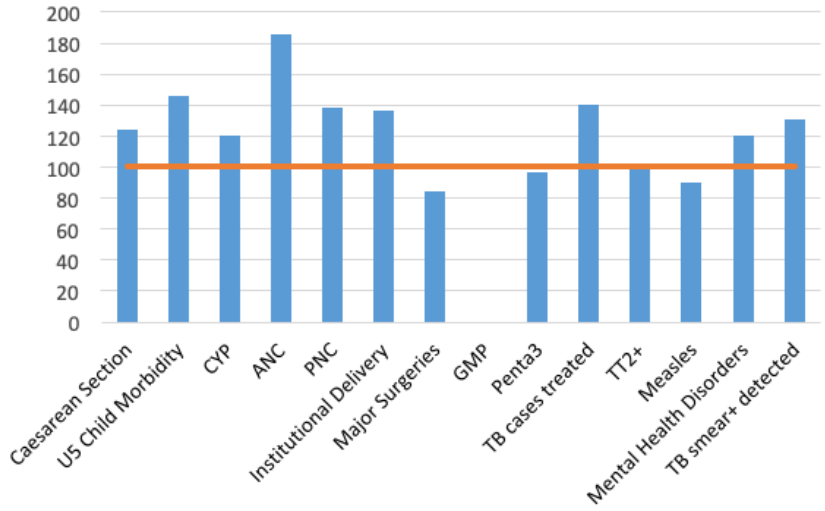


Mental Health Disorders



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 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.

1.10 Conclusions of the charts

- On average, P4P indicators rose by 37% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) decreased an average of 37% over 5 years.
- Maternal health services (ANC, PNC, and institutional deliveries) showed steady decrease by 52% over time.

2 Province-specific analysis

2.1 Management:

- MMRCA has been providing BPHS and EPHS since 2019.
- Staffing:
    - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 75% of health facilities had at least one female staff.
    - 100% of health posts had at least one female staff.
- 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.
    - One Force Majeure cases during reporting period.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - Antenatal Care (ANC) indicator achieve the minimum level, Antenatal Care (ANC) indicator achieve the minimum level with slight improvement from last quarter contributed by Padah BHC, Nonetheless, ANC is declined in BalaMurghab District Hospital. Meanwhile Qulqai SHC, Bookan SHC, KhowajaSorkhyan SHC did not submit reports.
    - Postnatal Care (PNC) indicator succeed the maximum level, however, it has been decline from last quarter in Qala-e-Naw Provincial Hospital, BalaMurghabDistrict Hospital. Meanwhile KhowajaSorkhyan SHC Bookan SHC and Qulqai SHCdid not submit reports for months.
    - Institutional Delivery succeed the minimum level, however, it has been decline from last quarter in Qala-e-Naw Provincial Hospital and BalaMurghabDistrict Hospital.
    - The Cesarean Section indicator achieved the minimum level in the 1st quarter and exceed the maximum level in 2nd quarter.
    - TT2+ indicator has achieved the minimum level, meanwhile there is decline in BalaMurghab District Hospital and Cheya SHC, KhowajaSorkhyan SHC, Zahar Ali BHC did not submit reports for some months.
    - PENTA 3 indicator has not achieved the minimum level in 1st semiannual 2019, BalaMurghabDistrict Hospital had notable decline, meanwhile Cheya SHC, Chichal BHC, Panerak CHC and Zahar Ali BHC did not submit reports for some months.
    - Children underFive Morbidityindicator succeed the maximum levelwith a notable improvement in Qala-e-Naw Provincial Hospital and decline in BalaMurghabDistrict Hospital.
    - Couple Years of Protection indicator did not achieve the minimum level in Q1, though in Q2, 2019 it succeed the minimum level. This improvement is attributed to Qala-e-NawProvincial Hospital, ChartaqCHC and Padah BHC and a visible decline in BalaMurghabDistrict Hospital.
    - TB Sputum Positive Cases Treated Indicator achieved the maximum level in both quarters with a slight decrease in Q2, 2019 observed in BalaMurghabDistrict Hospital.
    - Growth Monitoring and Youth Counseling is achieved the minimum level. There is observable decline in BalaMurghabDistrict Hospital and Chartaq CHC, while KhowajaSorkhyan SHC, Kowrich SHC, ChichalBHC, Panerak CHC and Zahar Ali BHC had not submit reports for some months.

2.3 Specific major events affecting service delivery:

a. Health Services Lost Due to Anti-Government Elements 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	BalaMurghab	District Hospital	3/31/19	3/23/19	5/21/19	59	Closed since 23rd March, 2019

b. **Natural Disasters**: no report.
c. **Population movement**: no report.

3. Discussion & Recommended actions

- Hiring Key staff
- Vaccine supply was irregular. PMT should supply the products on a regular basis.
- Given lack of female health professionals in absolute terms, MMRCA should rigorously analyze a budgeting method used in the initial lump-sum calculation.
- Hiring Female CHWs in remaining HPs.
- On time supply of medicine and medical supply
- Train back-up staff for vaccinator in all HFs.

Recommended actions to MoPH

- Vertical project: 29 Mobile Health teams are working in MMRCA coverage area and affect the target.
- BalaMurghab DH is still close and occupied by military, MoPH should talk with Ministry of Interior and Ministry of Defense to leave the Hospital
- Target are set irrationally and need revision
- TPM should be fully oriented
- Definition of Minimum Standard of Services are not clear.