



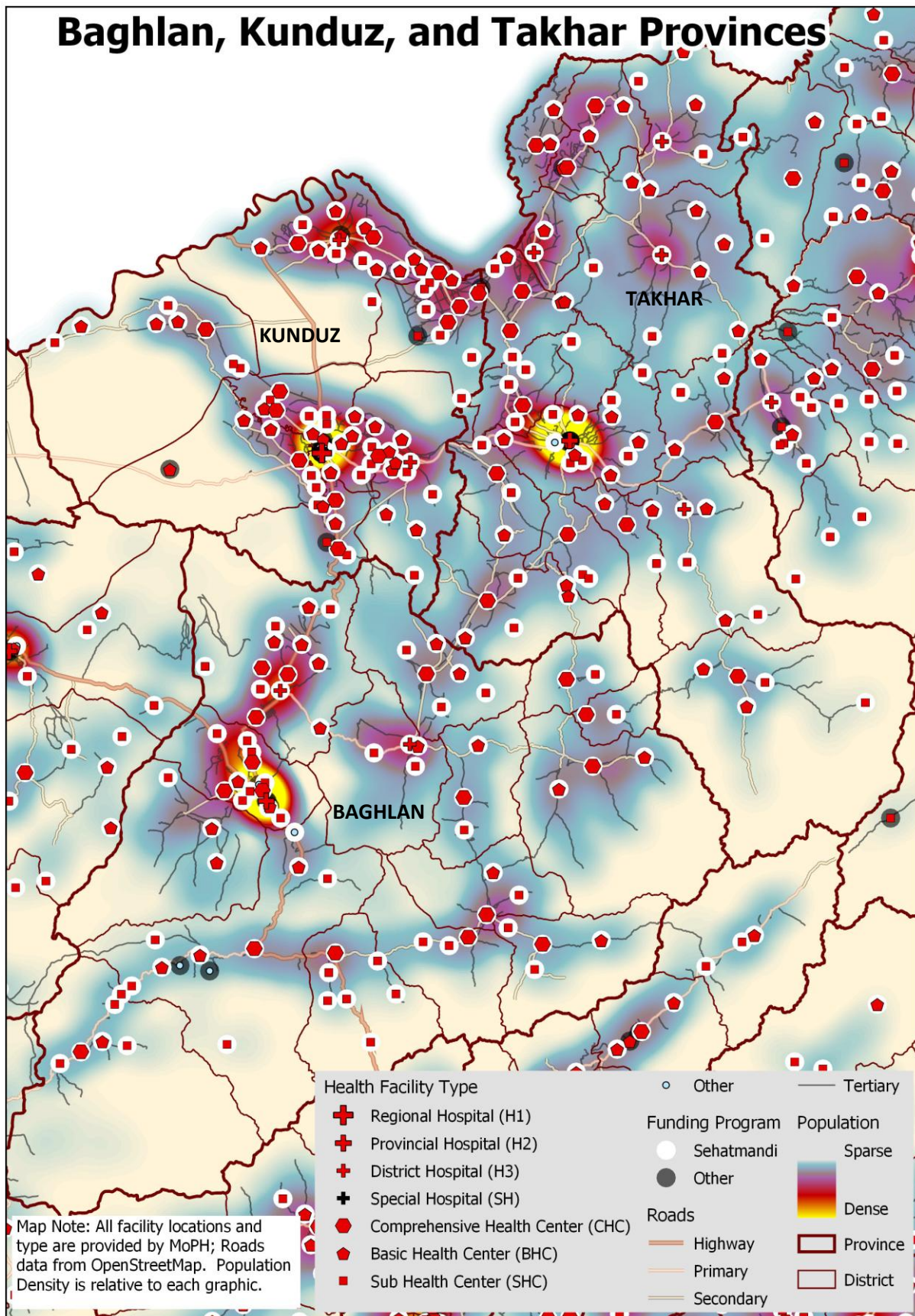
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019

Baghlan, Kunduz, and Takhar Provinces



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]
Baghlan	926,969	43.9	68	73.2	11,165	31.2	14	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.

Baghlan is located in the north eastpart of Afghanistanwith long border with Parwan, Kunduz and Balkh provinces. There are 14 districts and more than 1990 villages in the province. Puli-Khumri 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	
Baghlan	BDN	No	722	40	0	20	4	17	0	2	1	1	5	80	10	88.9

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

Through the SEHAT and Sehatmandi project, the Bakhtar Development network (BDN) has been providing Basic Package of health Services (BPHS) in Baghlan province.

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)
Baghlan	863,068,518	418,760,721	48.5%	843	11.3	1,024,353	33,042,241	81,710,484	40.4%	22	45

Note: The SP received only the first instalment for one quarter.

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Baghlan was the 12th from the top among 31 provinces. Baghlan was a little over the national mean of 40.1% in P4P earned in SPAR1 as % of total possible payment (i.e. 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. Baghlan is ranked the 17th from the top.

Province	Post-natal care	Outpatient visits (children <5 years)	Antenatal care	Tuberculosis 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
Baghlan												17	6	3

1.5 Performance Score

Table 5: Summary of Performance Scores

HMIS Verificati on Composit e 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 Indicato rs (1.4.2)				
N.A.	0	0	N.A.	N.A.	-5	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.

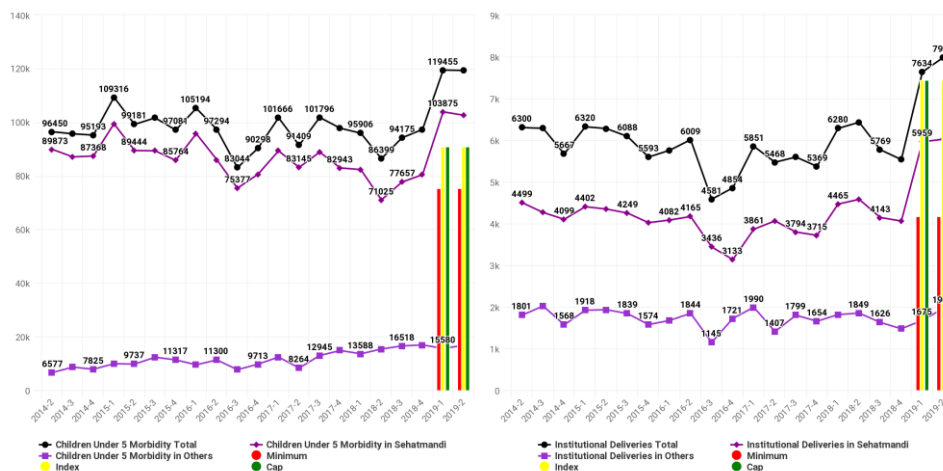
1.6 Key findings

- Baghlan is ranked at the 17rd of the P4P indicator ranking: 3 of 10 P4P indicators met the maximum level, one indicator met the index/target and the remained 6 of them did not meet the index/target Level. However, all 10 indicators met the minimum level.
- On average, P4P indicators decreased by 1% over 5 years.
- Despite delays and long process of government payment, after receiving the instalment the SP could pay the salary of project staff timely.
- As per the Minimum Standards all active HFs had at least one female staff excluding SalangShamaliHSC which has two male nurse. Out of 694 active HPs around “40” of them had no female.

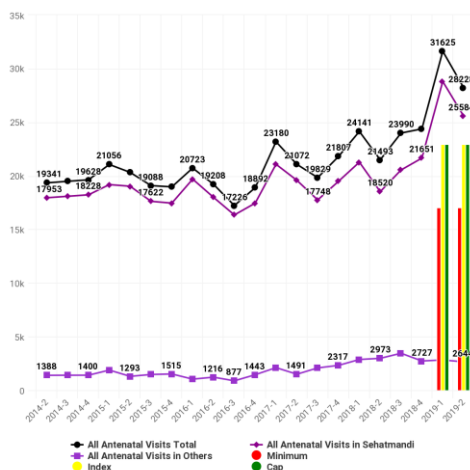
1.7 Indicator trends

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

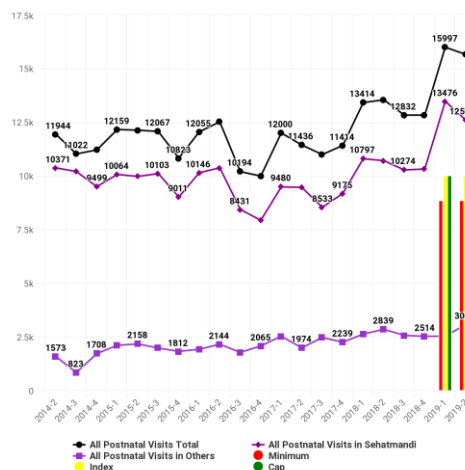
Children under Five Morbidity Institutional Delivery



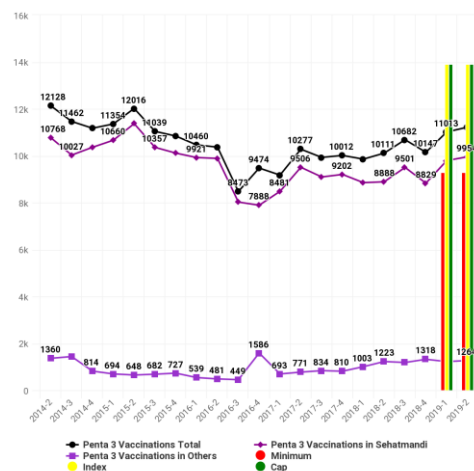
All Ante-Natal Care Visits



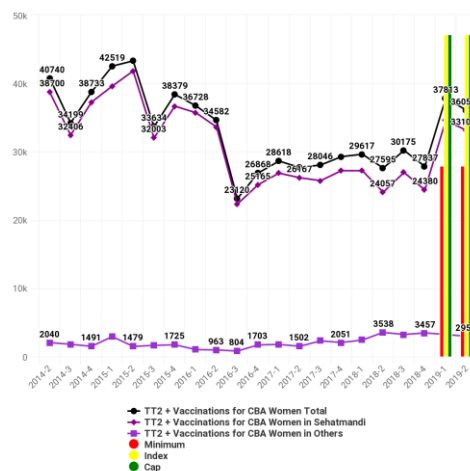
All Post-Natal Care Visits



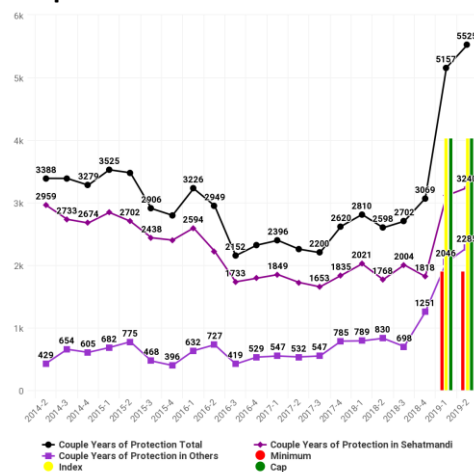
Penta 3 Vaccinations



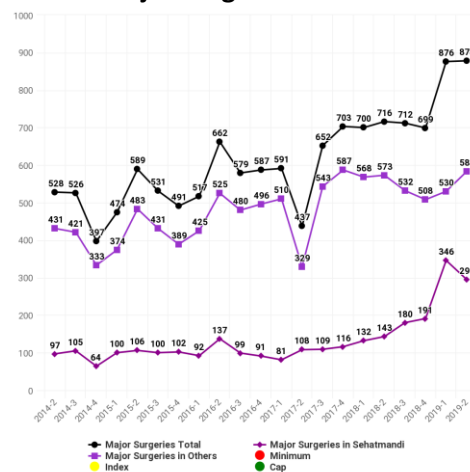
TT2+ Vaccinations



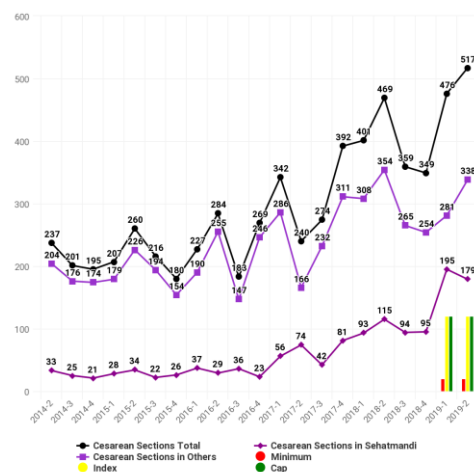
Couple Years of Protection



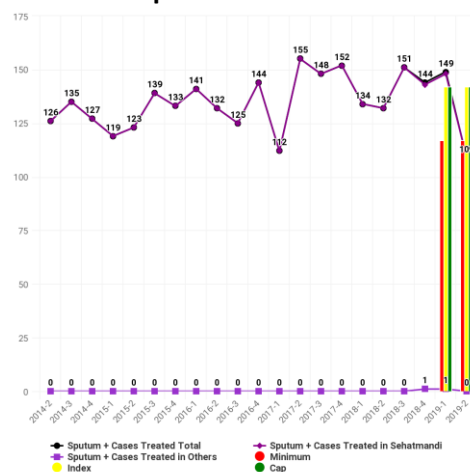
Major Surgeries



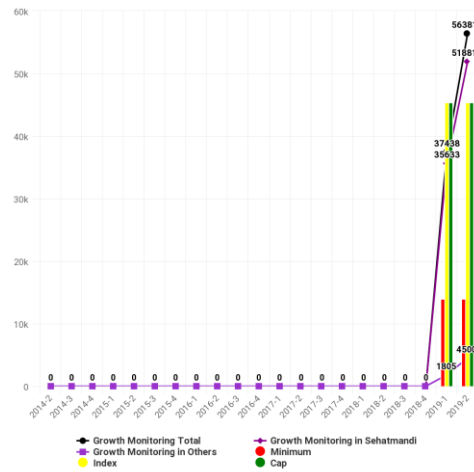
Caesarean Sections



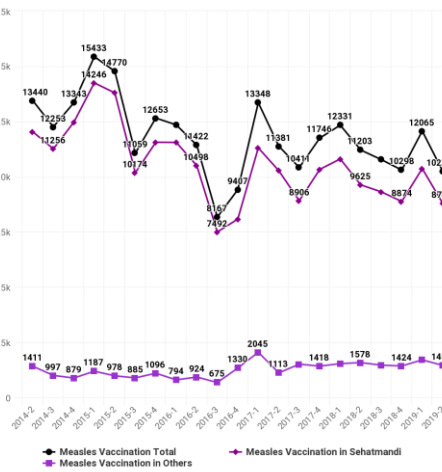
TB Sputum Positive Cases Treated



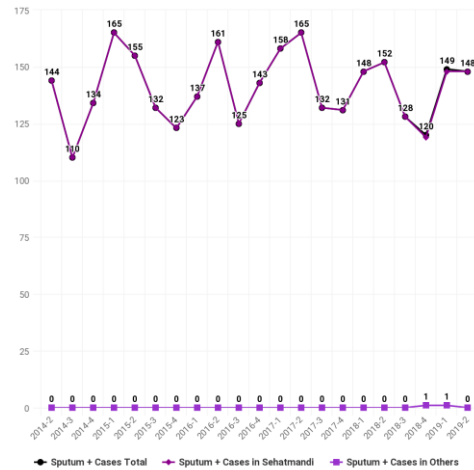
Growth Monitoring and Youth Counseling



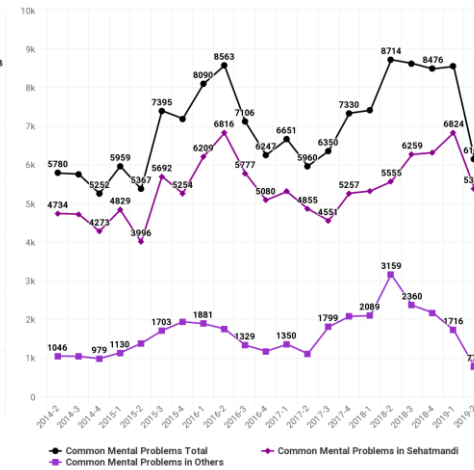
Measles Vaccinations



TB Case Detection

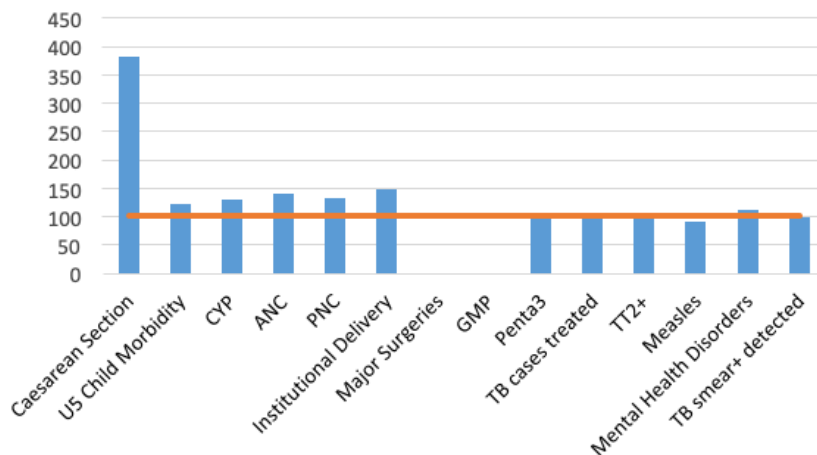


Mental Health Disorders



1.8 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 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.

1.9 Conclusions of the charts

- On average, P4P indicators decreased by 1% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) decreased an average of 32% over 5 years.
- Maternal health services (ANC, institutional deliveries, and Cesarean section) showed steady decreased by 16% over time.

2 Province-specific analysis

2.1 Management:

- Bakhtar Development Network (BDN) provides Basic Package of Health Services (BPHS) in the period of SEHAT and SEHATAMANDI projects in Baghlan.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 100% of health facilities had at least one female staff.
 - Out of a total of 692 active health posts, around 40 of them did not have female CHW during the first SAPR.
- 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 submitted overdue.
 - There was delay in submission of first quarterly report but the second quarter report was submitted on time.
 - Of 3 Monthly Updates to be submitted to PMO, all 3 were on time.
 - PIP was submitted on time.
 - Data Quality Assurance Plan was submitted overdue.

- Semi-Annual Inventory List was submitted on time.
- No Force Majeure cases were reported

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - Regarding Caesarean Section in Baghlan province, contribution is reported by two District Hospital - i.e. Baghlan Central Hospital and Nahreen District Hospital. Baghlan Central Hospital contributed to 72% of total in Q1 and 79% in Q2, while Nahreen DH contributed to 28% of total in Q1 and 21% in Q2.
 - Regarding Institutional Delivery, Baghlan Central DH contributed to 25% of total, while 11% by Nahreen DH. JariKhoshk, Hassan tall, sheikh Jalal, Larkhabi, Kampeerak, Waleeyan, char qalaq HFs had the least contribution among others.
 - Regarding penta3 and TT2+ which did not meet the Index, showing decline from 2014. There are many HSCs in Baghlan with no immunization service.

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	BagheShamal Clinic	BHC	NA	11-May-19	17/5/19	6	Due to insecurity issues It was shutdown
2	Baladori Clinic	PHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
3	BaladoriMaktab Clinic	PHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
4	Hussein Kheil Clinic	CHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
5	Kayaan Clinic	PHC		11-May-19	16/5/19/	5	Due to insecurity issues It was shutdown
6	Taala Clinic	CHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
7	Borka Clinic	CHC		12-May-19	17/5/19/	5	Due to insecurity issues It was shutdown
8	BaghlanQadem Clinic	CHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
9	BaghlanSanati Clinic	CHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
10	Baysaqal Clinic	PHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
11	Girdab Clinic	PHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
12	Hassan Taal Clinic	BHC		11-May-19	15/5/19/	4	Due to insecurity issues It was shutdown
13	JareKhoshk Clinic	BHC		11-May-19	16/5/19/	5	Due to insecurity issues It was shutdown
Total #days halted						57	

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

3. Discussion & Recommended actions

- On average, P4P indicators decreased by 1% over 5 years. It need in depth discussion, to find out the reasons
- Immunization services (Penta 3, TT2+ and measles) decreased an average of 32% over 5 years. It need in depth discussion, to find out the reasons
- Maternal health services (ANC, institutional deliveries, and Cesarean section) showed steady decreased by 16% over time. It need in depth discussion, to find out the reasons.
- Lees contributed of Nahreen DH in Cesarean Section should be discussed
- Less contribution of Nahreen DH, JariKhoshk, Hassan tall, sheikh Jalal, Larkhabi, Kampeerak, Waleeyan, char qalaq HFs should be discussed.

4. Recommendation to Ministry of Public Health:

- Instalment to Service Providers should be arranged quarterly base instead semi annual
- The SOP should be revised based on first semiannual experience and recommendation
- A committee should be assigned by MoPH leadership to evaluate all those force majeure events which are affecting health service provision in provinces
- A committee should be assigned by MoPH leadership to evaluate off- budget projects which are affecting the performance of service providers in relevant provinces