



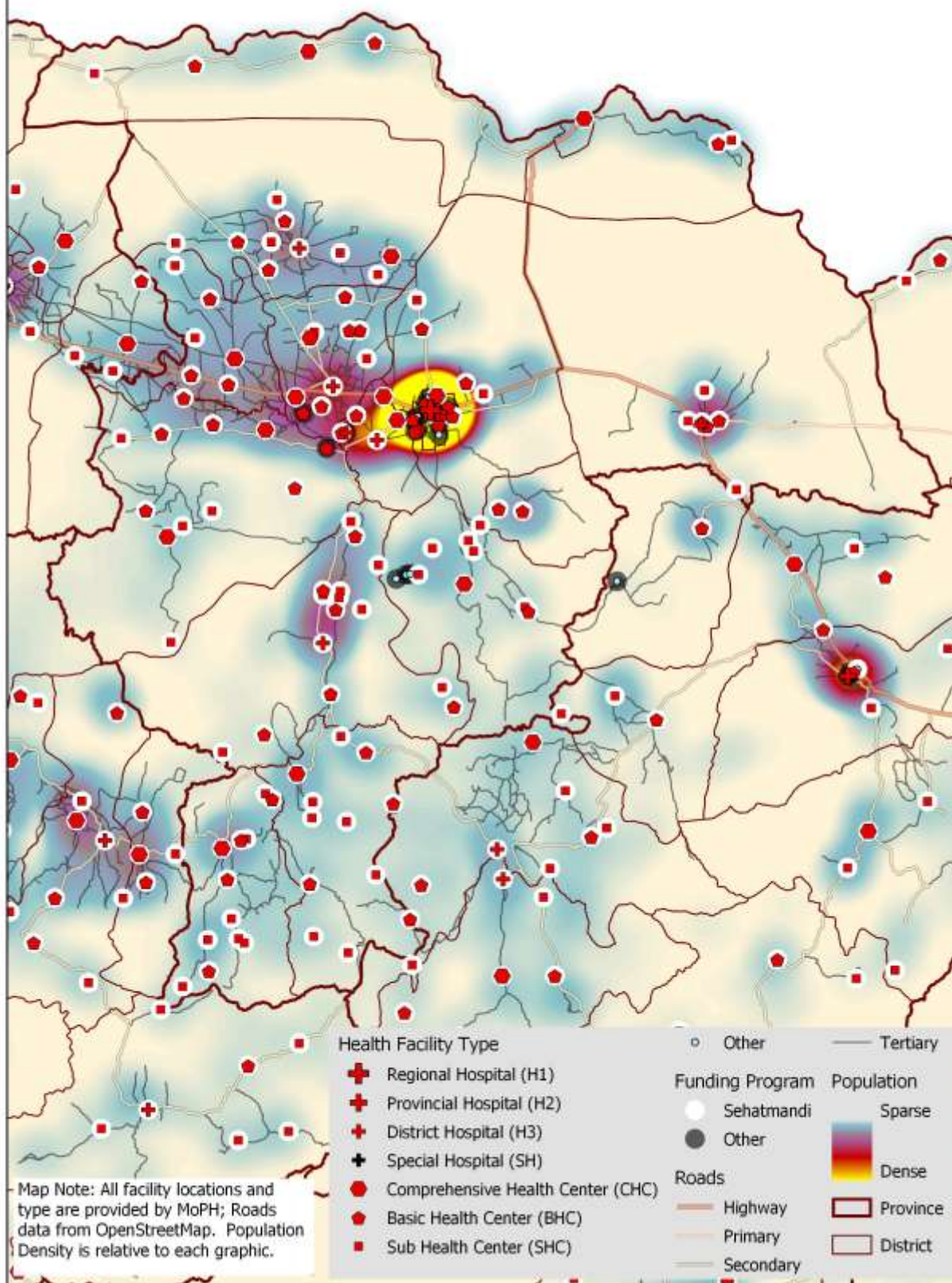
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019

Balkh Province



1.1 General Provincial Characteristics

Table 1: General Provincial Characteristics

Province	Population (n) [1]	Population density (n/km ²)	Civilian conflict deaths [2]	Accessibility index [3]	Internally displaced persons [4]	Poverty (%) [5]	Female literacy (%) [6]	Transport accessibility [7]
Balkh	1,353,626	78.5	85	87.8	14,301	48.8	27.2	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.

Balkh is located in the northern part of Afghanistan, bordering Uzbekistan in the North, Tajikistan in the North-East, Kunduz province in the East, Samangan province in the South-East, Sar-e-Pul province in the South-West and Jauzjan province in the West. The province is divided into 15 districts and has a population of about 1,443,924. The city of Mazar-i-Sharif serves as the capital of the province.

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	Other	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	
Balkh	BDN	No	900	51	0	45	12	14	0	5	4	1	18	116	34	77.3

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

Health service is provided by the MOPH, off-budget projects, the Sehatmandi project and private sector.

Through the SEHAT and Sehatmandi project, the Bakhtar Development Network(BDN) has been providing BPHS.

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 SAPR1 in AFN	P4P earned in SAPR1 as percent of total possible	Delay in most recent lump sum payment (days)	Delay in P4P first payment (days)
Balkh	935,600,000	368,835,905	39.4%	648	8.7	1,443,924	47,635,867	108,374,243	44.0% ¹	22	45

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount for Balkh as percentage of total contract amount is lower than the mean of all provinces (42.05 %) and is ranked at the 12th from the bottom. Balkh is ranked at the 11th from the top in terms of P4P earned in SAPR1 as % of total possible earning (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 yellow, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Balk is ranked at the 19th 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)
National												22
Balkh												19

¹Service provider received only 1installment of p4p for one quarter.

1.5 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.

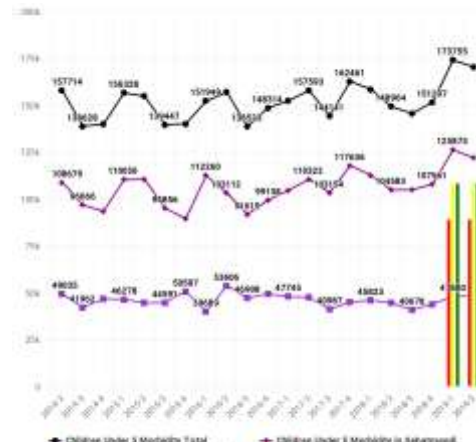
1.6 Key findings

- Balkh P4P performance score is 19 and is ranked at the 19th in the P4P performance ranking: 5 of 10 P4P indicators did not meet the Index and 4 p4p indicators met the cap and 1 indicator met the index.
- In addition to delays in the government payment, no delays were reported in the staff salary payment.
- More than 97% of HFs have at least one female staff as per the Minimum Standards.

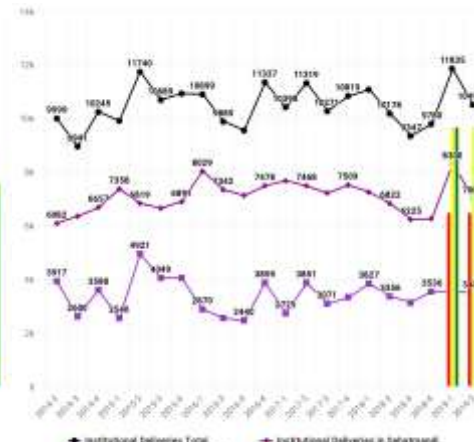
1.7 Indicator trends

In this sub-section, all line charts show Five-Year Trend by Quarter between 2014 and 2019. The bar charts in the right end show the Minimum Level, Index and Maximum Level of quarter 1 and quarter 2 of this Semi-Annual Cycle.

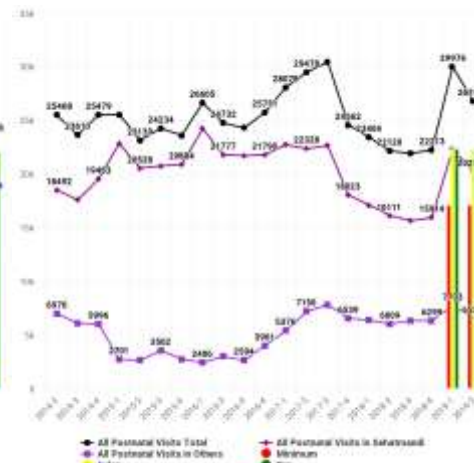
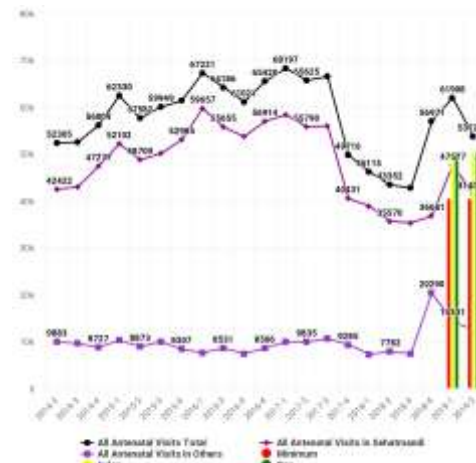
Children Under Five Morbidity



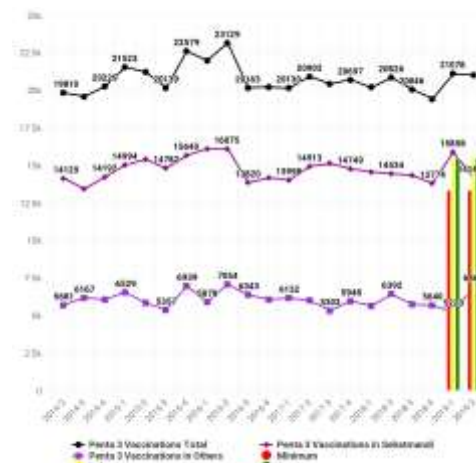
Institutional Delivery



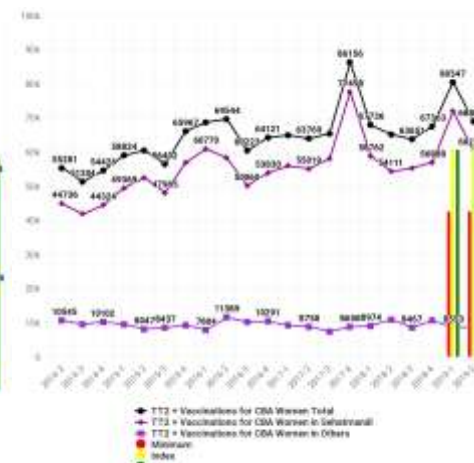
All Ante-Natal Care Visits



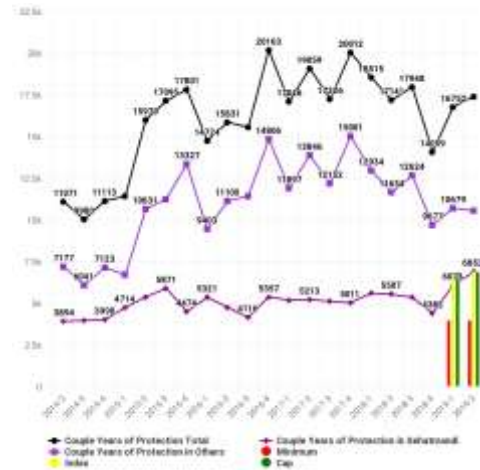
Penta 3 Vaccinations



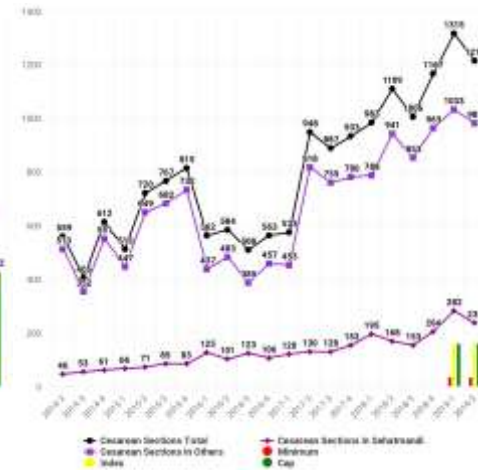
TT2+ Vaccinations



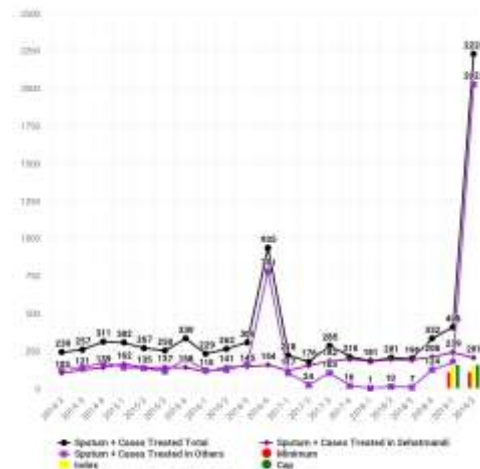
Couple Years of Protection



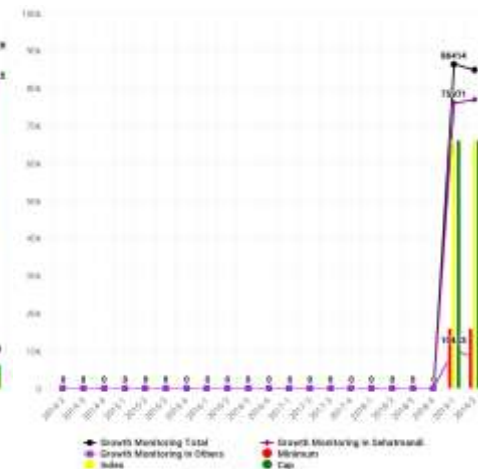
Caesarean Sections



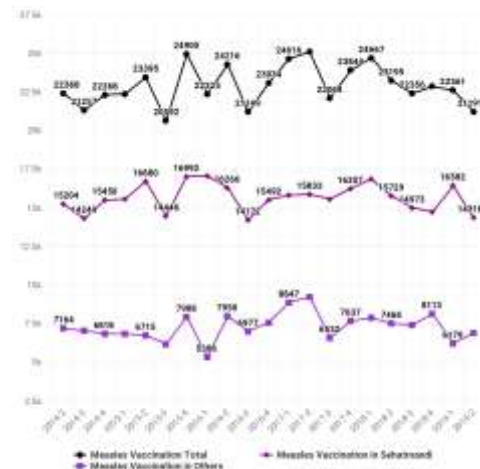
TB Sputum Positive Cases Treated



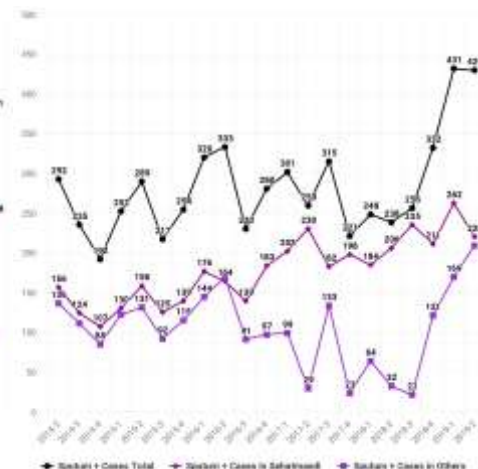
Growth Monitoring and Youth Counseling



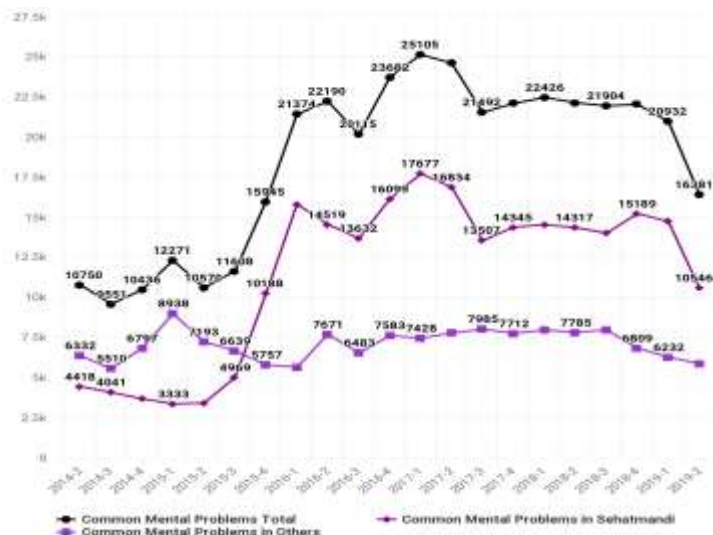
Measles Vaccinations



TB Case Detection

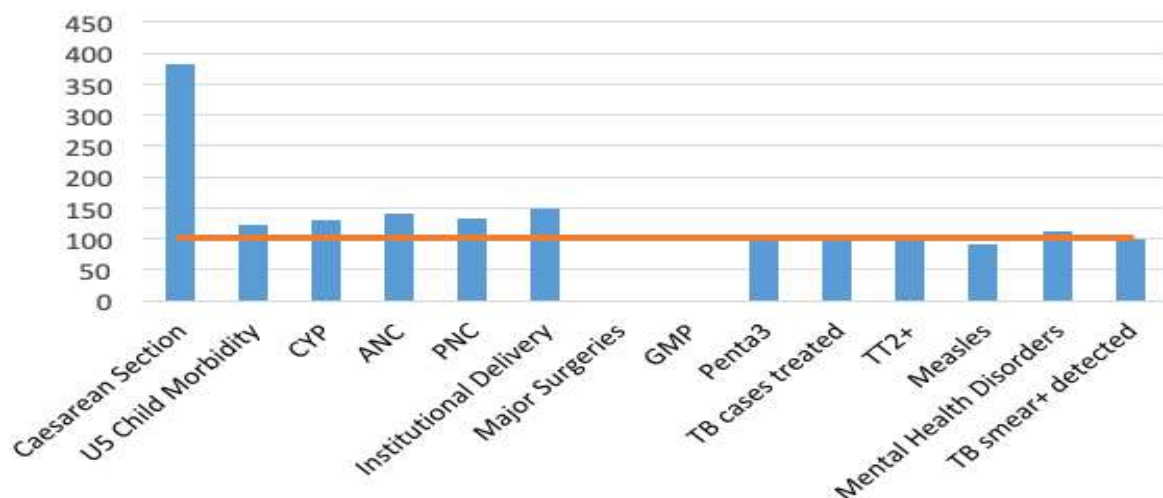


Mental Health Disorders



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 rose by 30% over 5 years except for C-section and Growth monitoring.
- TT2+ vaccination increased by 35% over the past 5 years.
- Maternal health services (ANC, PNC and institutional deliveries) showed steady increase by 7% over time.

2. Province-specific analysis

2.1 Management:

- BDN has been providing BPHS since 2014.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 3% of health facilities (2 BHCs, 2 PHCs) did not met the staffing standards of the Minimum Standards.
 - All HPs had at least one female CHW.
- Staff salary Payment: No delay in staff salary payment was reported after receipt of lump sum and p4p in this SA cycle.
- Reporting:
 - Inception Report was submitted later the date articulated in the contract.
 - The first Quarterly Report was overdue but the second Quarterly Report was submitted on time.
 - PIP was submitted on time.
 - Data Quality Assurance Plan was latesubmitted.
 - Semi-Annual Inventory List was submitted on time.
 - Monthly Updates submitted on time.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - Naw-shahr BHC is staffed with midwife but no institutional delivery was provided in Q1 and Q2.
- Analysis of general conditions of the province that affect service delivery:
 - According to BDN, armed conflicts between Afghan National Forces (ANF) and Anti-Government Elements (AGE) significantly affected the SP service.

2.3 Specific major events affecting service delivery:

- a. Health Services lost due to AGEActivities: No HF closure was reported in the first SA cycle but there were reports of insecurity during the first SA cycle.
- b. **Natural Disasters:** BDN reported no any natural disaster.
- c. **Population movement:** no report.

3. Discussion & Recommended actions

- Ongoing armed conflict in Balkh province and increased targeting of HFs and staff by both parties of the conflict has negative affect on service delivery.
- The SP needs to focus more on 5 indicators (all ANC, all PNC, ID, Penta3 and CYP) that are lower than the target.
- The SP should investigate the root causes of no institutional delivery cases in some HFs staffed with Midwife – e.g. Naw-Shahr BHC.
- Service provider (SP) should equally focus on all health services not only P4P indicators and take innovations to beef up HFs staff performance.