

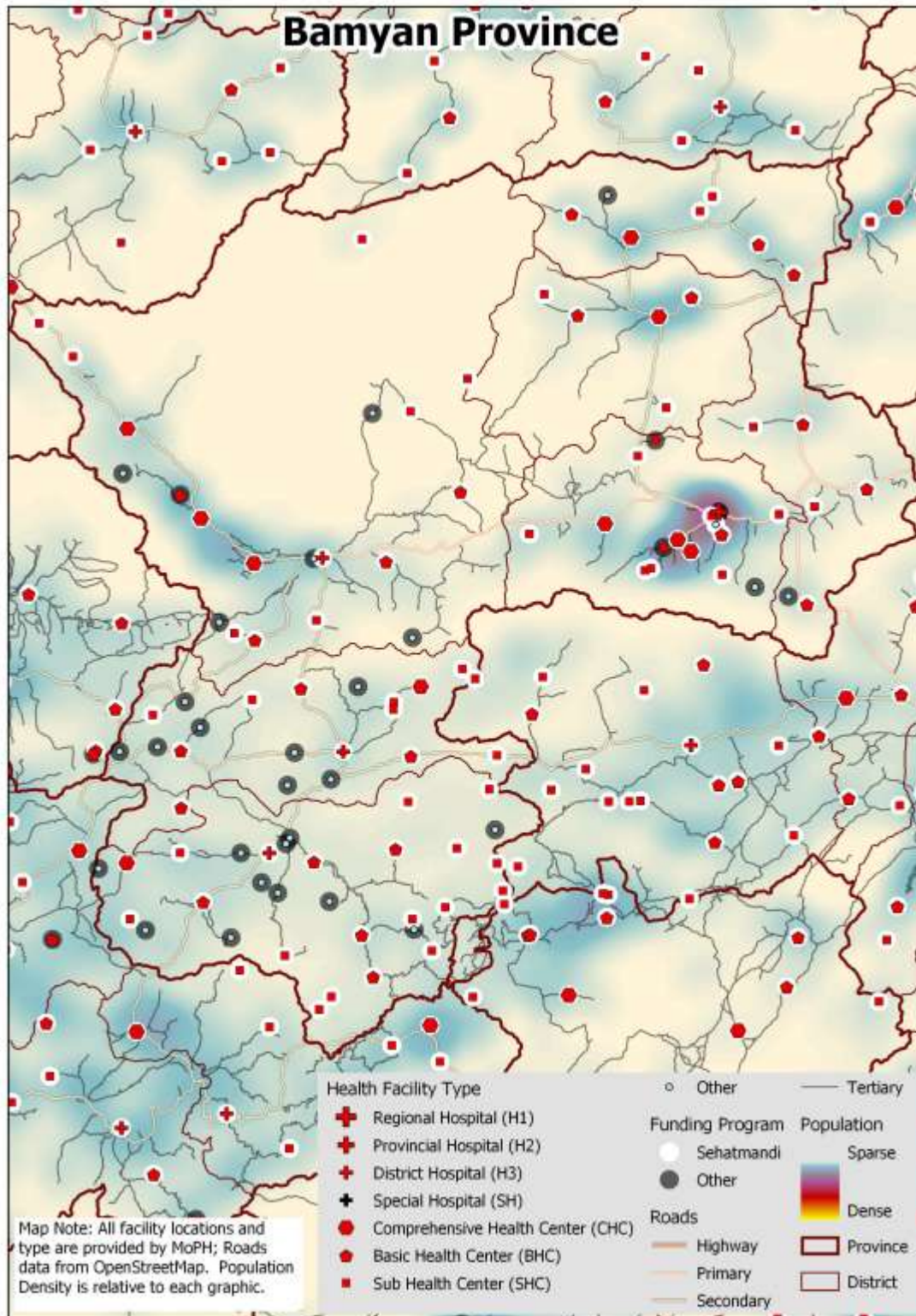


**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**Sehatmandi Semi Annual Performance Review 1**  
**Provincial-level review: Bamyan**

September 2019



## 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]
Bamyan	454,633	32.1	1	80.6	-	61.3	22.7	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.

Bamyan Province (Dari: ولایت بامیان) is one of the thirty-four provinces of Afghanistan, located in the central highlands of the country. The province is divided into eight districts, with the town of Bamyan serving as its capital. The province has a population of about 455,000. It is the largest province in the Hazarajat region of Afghanistan, and is the cultural capital of the Hazara ethnic group that predominates in the area.

## 1.2 Provincial Health Characteristics

**Table 2:** Provincial Health Characteristics

Province	Service provider	EPHS implementer	Health posts	Basic health centers												Sehatmandi facilities as % of total
				Sub-health centers		Comprehensive health centers		Hospitals [1]		Other facility type		Total facilities				
				SH	Other	SH	Other	SH	Other	SH	Other	SH	Other			
Bamyan	AKF	No	541	40	2	21	2	10	0	3	1	1	44	75	49	60.5

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

More than 500,000 people are affected by brucellosis each year, while the incidence of Q fever is poorly recorded. Consistent outbreaks of brucellosis have been reported in Bamyan, affecting social and economic life of the people<sup>1</sup>. Through the SEHAT and

<sup>1</sup>Saeed et al. Concurrent Brucellosis and Q Fever Infection: a Case Control Study in Bamyan Province, Afghanistan. Cent Asian J Glob Health. 2014 Jan 3;2(2):58. doi: 10.5195/cajgh.2013.58. eCollection 2013.

Sehatmandi project, the Aga Khan Foundation (AKF) has been providing BPHS and EPHS. Before the Sehatmandi, MoveWelfare operated in the province under SEHATproject.

### 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)
Bamyan	803,487,873	431,165,975	53.7%	1,614	21.7	497,837	20,390,539	68,275,256	29.9%	21	34

\*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Percent share of the total lump sum amount relative to the total budget for Bamyanis ranked at the 7<sup>th</sup> (53.7%) from the top among 31 provinces. Ranking by P4P earned in SAPR1 as percent of total possible (53.7%) is ranked at the 28 from the top among 31 provinces. According to quarterly performance review report a significant overdue on staff salary payment was attributable to the late installment by the Government in second quarter. However, AKF paid the staff within 20 days after the installment. About 34 motorcycles to conduct outreach activities were required to be fixed, but the service provider was not able to do so. Therefore, vaccine related activities was disrupted during reporting period.

### 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. Bamyan is ranked at the 34<sup>th</sup> among 34 provinces and scored 10 points out of 30 points.

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
Bamyan												10

### 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.	-20	-20	N.A.	N.A.	-5	0	-45	

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

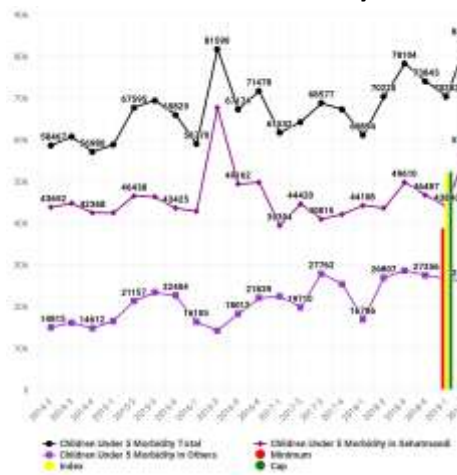
- Comparison of the two-quarter performances revealed a considerable improvement in the second quarter(overall, an average of 21.1% increase was observed in Q2 compared to Q1).
- Availability of female staff, including nurses, vaccinators, and midwives are no longer a challenge in Bamyan.
- HF in-depth data analysis of this semi-annual cycle revealed that the HFs provided services in a continuous manner over the two quarters.
- The province is totally secure and antigovernment activities was not reported yet.

- Bamyan is ranked at the bottom of 34 provinces in the P4P indicator ranking: 7 out of 10 P4P indicators did not meet the Index and 2 did not meet the Minimum Level. It means 9 out of 10 indicators did not meet the index (target).
- In addition, delay in instalment by government largely contributed to overdue in the staff salary payment.
- Heavy snowfall in the first quarter did not allow the distribution of medical products in Panjob and Waras districts.
- The AKF did not submit reports timely during the Q1 and some of reports were delayed in second quarter too.
- Seven point five (7.5)% of PHC and 4.7% of BHC failed to meet the Minimum Standard of Services requirements - vacant position of either nurse or midwives and CHC and BHC.

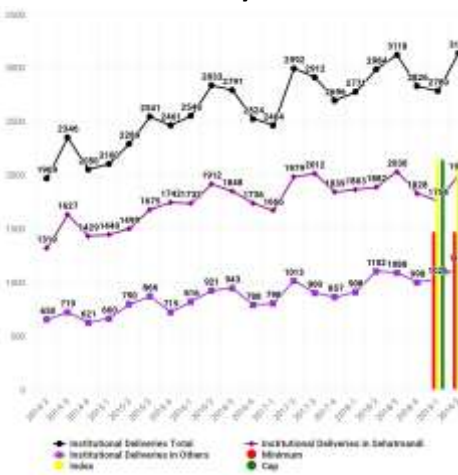
## 1.7 Indicator trends

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

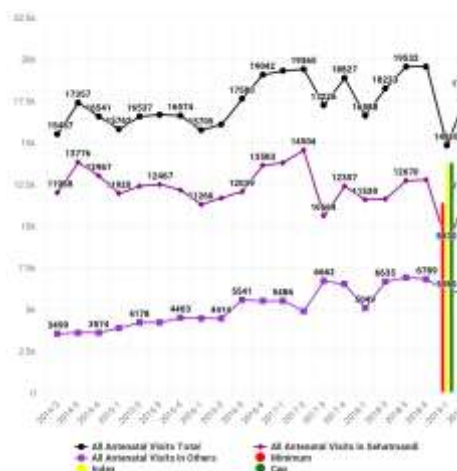
### Children under Five Morbidity



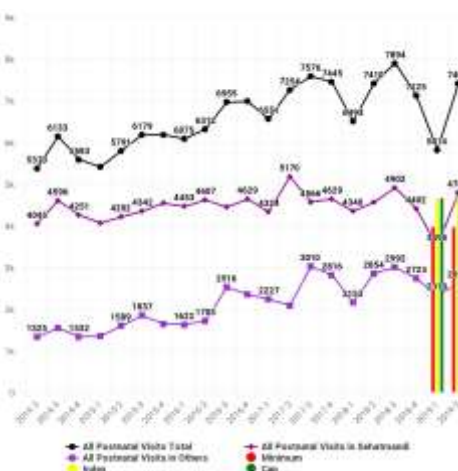
### Institutional Delivery



### All Ante-Natal Care Visits

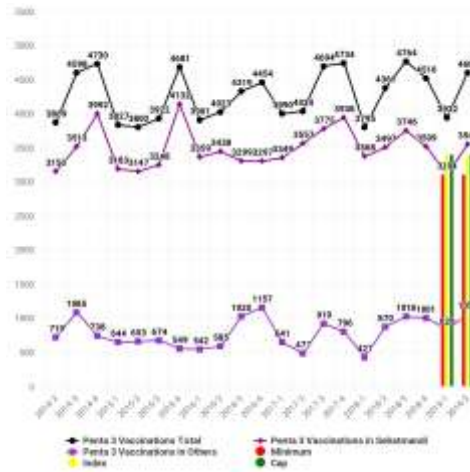


### All Post-Natal Care Visits

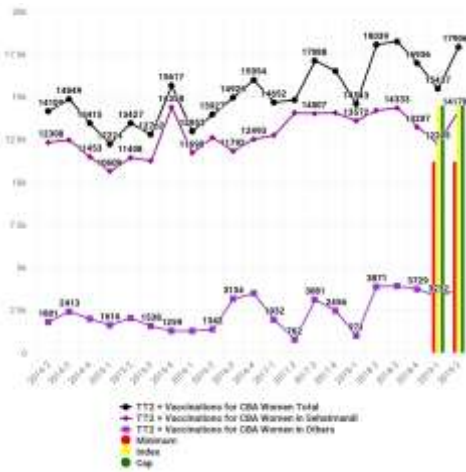




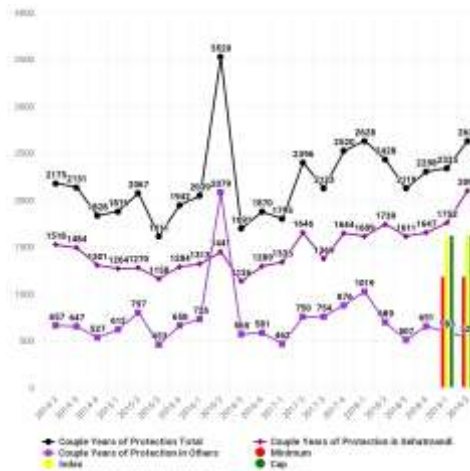
Penta 3 Vaccinations



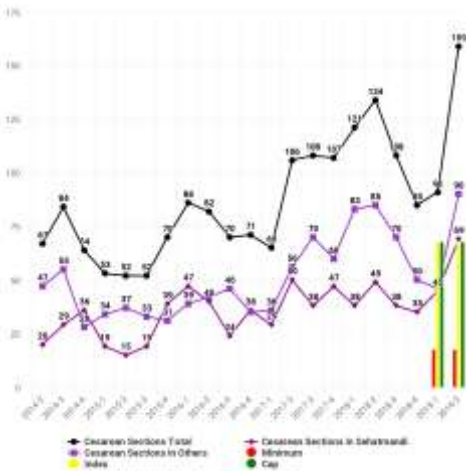
TT2+ Vaccinations



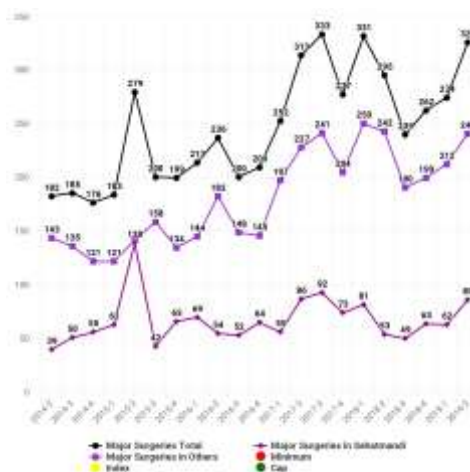
Couple Years of Protection



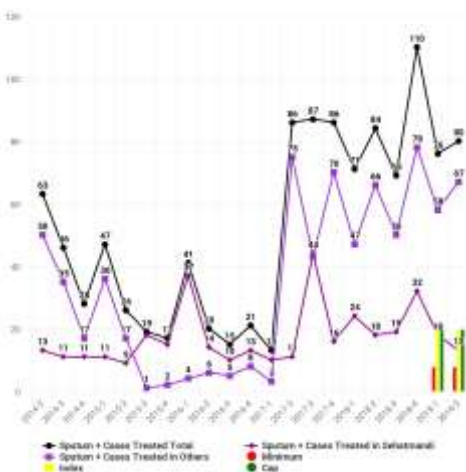
Caesarean Sections



Major Surgeries

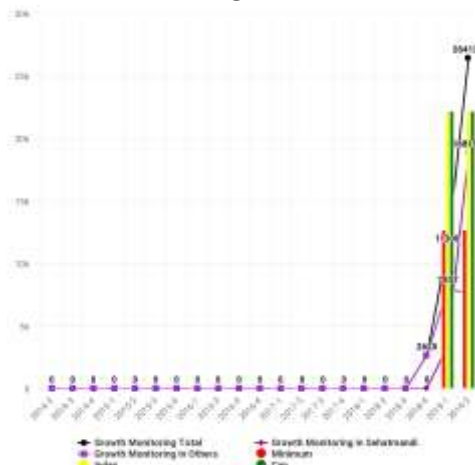


TB Sputum Positive Cases Treated

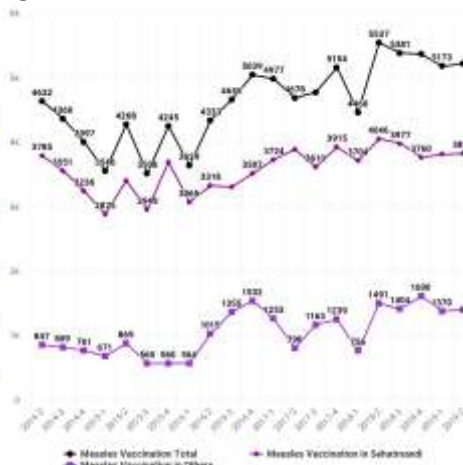




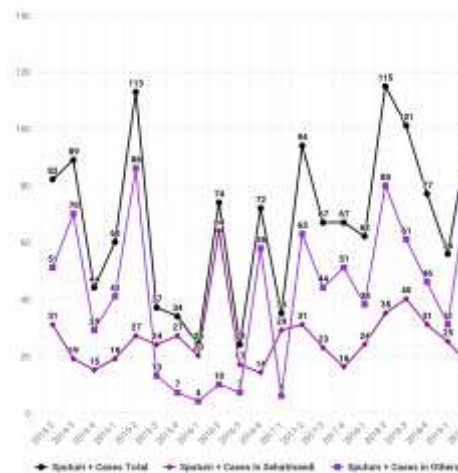
## Growth Monitoring and Youth Counseling



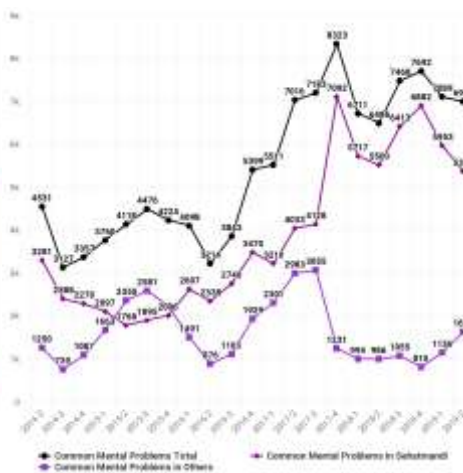
## Measles Vaccinations



## TB Case Detection

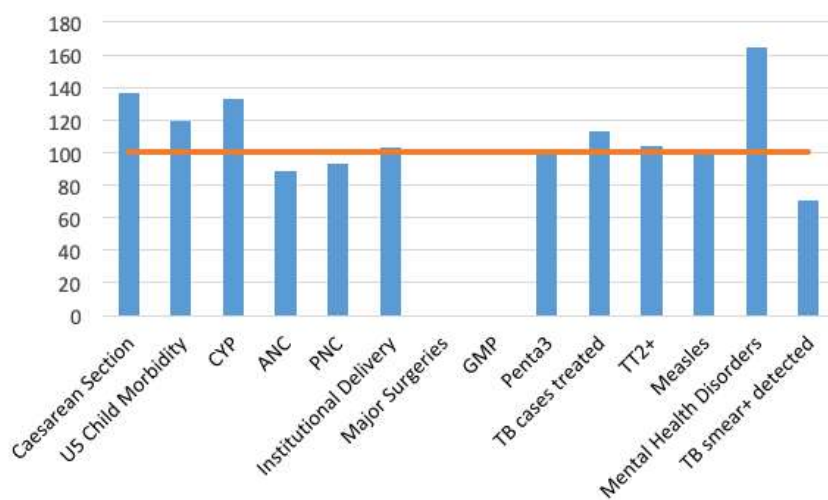


## Mental Health Disorders



## 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

- Above bar chart indicated that all the indicators reached the last five years' median, except for TB smear positive cases detected, ANC and PNC.
- Overall, the line charts above illustrated that the reviewed indicators had a moderate upward trend, other than the ANC, which there was no significant difference between performance of 2014 and 2019. As such, ANC also had a sharp fall in Q1 and a dramatic rise in Q2 of 2019. TB also had a marked decline in Q1 and sudden increase in Q2 of 2019.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 28.8% over the past 5 years.
- Maternal health services (ANC, institutional deliveries, and Caesarean section) showed a steady increase by 17.0% over time.
- Note: since Bamyan provincial hospital has been supported by the AKF's own budget, we excluded Caesarean Section and Major Surgeries in our data analysis.

## 2 Province-specific analysis

### 2.1 Management:

- Service providers: AKF has been providing BPHS and EPHS since 2019 in Bamyan. The EPHS is implemented by AKF's own fund. Before AKF, the Move Welfare Organization and BARAN were responsible for service delivery in the province.
- No shortage of female CHWs was observed in the health posts.
- Staff salary: AKF paid the staff within 20 days of the fund installment by the government. Significant delay in the government installment remains as a big problem.
- Staffing: 7.4% of PHC and 4.7% of BHC were not staffed to meet the Minimum Standard requirement. In other words, according to the FMR for the month of Jowza, two PHCs and one BHC did not have a midwife or nurse.
- The service providers did not submit required deliverables articulated in SOP timely.

Report	Q1	Q2	Conclusion
	Submission	Submission	Conclusion
Inception Report	On time	On time	MU and DQAP were not submitted in Q1 and were both delayed in Q2.
Monthly Updates	Not submitted	Delayed	
PIP	On time	N.A.	
Data Quality Assurance Plan	Not submitted	Delayed	
Semi-Annual Inventory List	On time	On time	
HMIS, and quarterly performance reports	On time	On time	
Finance report	Delayed	On time	

### 2.2 Health Facility Analysis:

- Health Facilities with Problems or Success:

- Topchi BHC, Gandak BHC, Waras DH Jowkol BHC, Syghan CHC, Alibiag HSC, Shamama HSC, Doab HFSyadara and Kashap HF reports represented a significant decrease in most of the P4P indicators, including child morbidity, ANC, PNC, institutional delivery, Penta3, TB in Q2 as compared to Q1.
- Some health facilities such as Shahrestan, Doh-e-Ghosler, Oral sulfa, Shafa - Trapas, Warzang and Jowkol HFs were staffed with female midwife, but institutional delivery was not provided in Q1 and Q2.
- Most of the HFs were not reported on growth monitoring in both Quarters.
- Over 10 HFs did not report on TT2 +, and TB treated case in Q1 and Q2.
- Analysis of general conditions of the province that affect service delivery:
  - According to AKF report the below off-budget health facilities in the area negatively affected the project service outputs:
    - a) Family Health House: this project has 24 family health houses and it is funded by the UNFPA.
    - b) RMNCH: this project has 7 mobile health teams and it is funded by the UNICEF.
    - c) CAI: under this project, 1 BHC is operated and it is funded by the CAI organization.
    - d) HAPA: under this project, Bamyan provincial Hospital and 2 mobile EPI teams are supported and this project is funded by Aga Khan Foundation Canada and Global Affairs Canada.
    - e) ARCS: under this project, one SHC and one mobile health team is operating and this project is funded by the Afghan Red Crescent Society.
    - f) SHUHADA: under this project, two SHCs are operating and it is funded by SHUHADA organization.

The AKF was in a big competition with off-budget implementing NGOs including Move Welfare Organization: because both organizations delivered the same services in the province.

### 2.3 Specific major events affecting service delivery:

- a. **Security Incidents by Anti-Government Elements Activities:** Not reported. Because Bamyan is known to be one of the most secure provinces in Afghanistan.
- b. **Natural Disasters:** according to the first Quarterly Performance Report, Panjaw and Waras Districts were isolated by heavy snow in the first quarter, during which training plan was postponed, supervision and mobile activities were disrupted.
- c. **Avalanche** is common in the Panjab district during the winter. In addition to casualties, it causes roadblock, challenging supply chain, supervision and monitoring, etc.
- d. **Population movement:** It was not reported by AKF.

### **3 Discussion & Recommended actions**

- The organization did not meet the two P4P indicators and two minimum standards.
- Off-budget service delivery negatively affected the SP's service delivery. When supported by evidence, AKF should request the MOPH/PMO to review the set benchmarks – Minimum Level, Index and Maximum Level.
- Given the fact that reporting and staff salary payment were delayed, AKF should assess current project management to improve the operations, including enhanced supportive supervision, building team spirit and promoting team work and refined internal reporting system. As such, AKF should seek for an innovative financing mechanism and establish a follow up mechanism for getting timely installments.
- Our health facility analysis revealed that some of the HFs had a sudden fall in achievements in Q2 compared to Q1 and also some HFs did not send the HMIS report in Q2. Root Cause Analysis will help the service provider to fully address those problems.
- Heavy snowfall in Panjab district was a well-known fact. Revising the supply management of medical products or other supplies, including winterization package will contribute to ensuring uninterrupted supply in those areas.
- PPHD observed distortion of leadership and management in the project, which exacerbates the staff moral and weakens supportive supervision and monitoring to address problems in a timely manner. AKF should immediately take corrective actions to improve project management.
- Their coordination efforts were ineffective, HF staff were demotivated and lack of outreach activities due to unavailability of the transportation means all contributed to have two major and one minor performance failure. The service provider should seriously take all these fact into account and bring positive changes in their management approach.
- Long absence of MWs in some of the HFs (e.g. in Andy HSC, MW was absent for 21 days in a period of three months) appears to have an additional negative effect on meeting the targets. Under this circumstance, AKF sent their MWs from BHC or PHC to attend a 21-day training course on Basic of emergency obstetric Care (BEOC), which even the MWs already received the same training course. The AKF should avoid creating a serious second complication by solving a problem.
- According to the quarterly performance review, the provincial office staff was ignoring the fact of important Vs urgent activities. So, the AKF should focus on the key service delivery including the P4P services, minimum standards, and reporting requirement etc.
- AKF needs to conduct a SWOT analysis at the organization and project level and bring changes as appropriate.

### **4 Recommendation to the MOPH Leadership**

- a. Timely fund installment to SPs: shorten the procedures of installment to support implementing SP who have cash-flow problems.

- b. Modifying proposal evaluation method: Current proposal evaluation method appears to be unable to create variability in scores of technical proposals and to screen out abnormally low bidders in financial proposal evaluation.
- c. Sound assessment of off-budget projects in Bamyan: is necessary to understand an extent to which the project outputs are affected by them. The assessment result may help modify the benchmarks of P4P indicators.
- d. More engagement of the MOPH technical department: to help SP to improve performance by provision of supportive supervision in the HFs, and also to provide PMO with information with regard to the Quality of Care indicators, the MOPH technical departments should play a greater role in performance management.
- e. Bring a third party monitor on board as soon as possible to support SAPR by providing verified information, which is inevitable to carry out a technically sound semiannual performance review.
- f. Establish a national M&E system in MOPH to provide timely information to decision makers and bring improvement in the project implementation.
- g. Build capacity of the HMIS department to enable them to submit timely, valid and accurate data to all partners including PMO, technical departments and other stakeholders.