



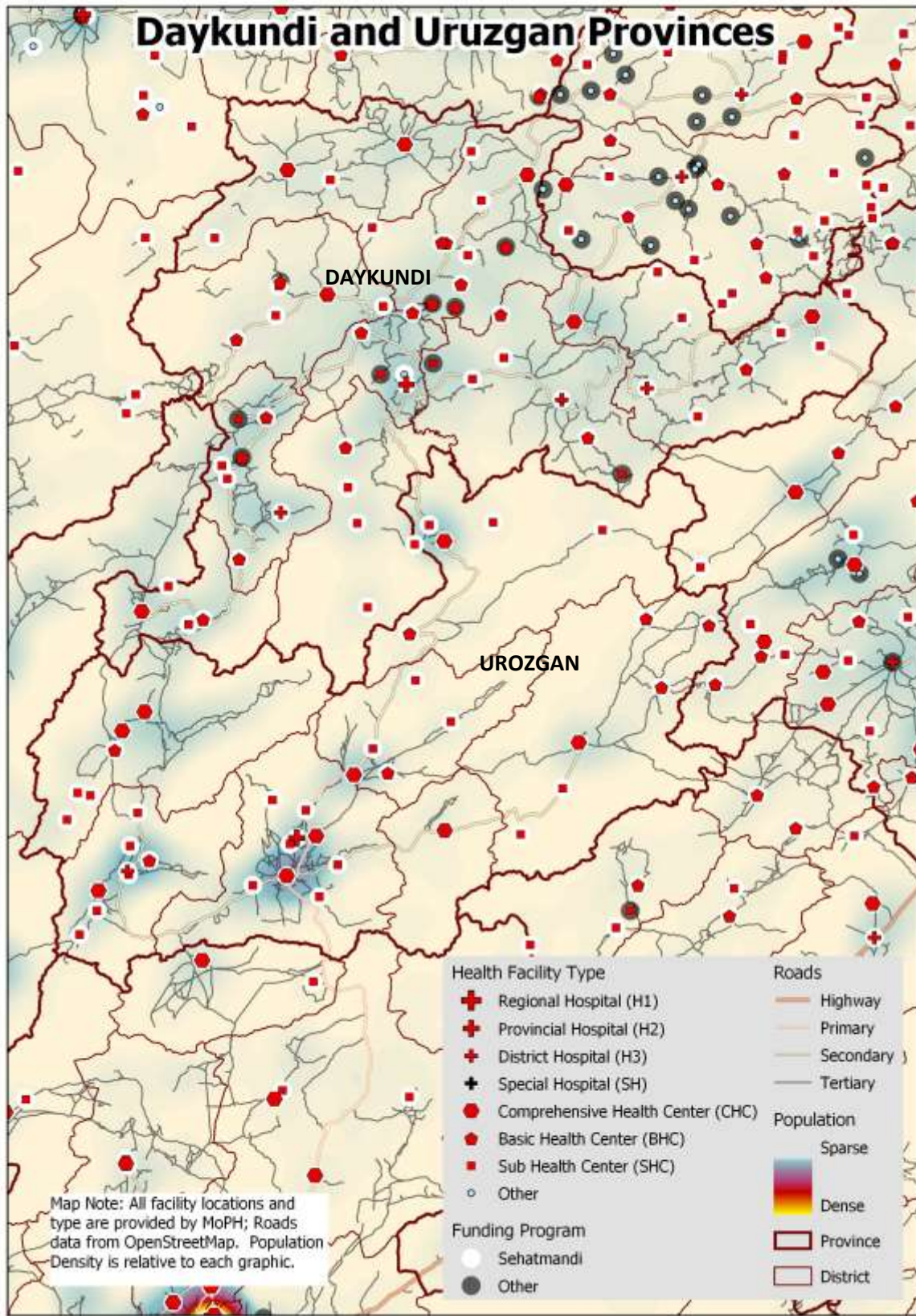
Islamic Republic of Afghanistan

Ministry of Public Health

Sehatmandi Semi Annual Performance Review 1

Provincial-level review: Daykundi

September 2019



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]
Daykundi	468,178	57.9	19	69.3	51	90.2	22.5	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.

Daykundi is located in the central part of the country. It has a population of about 723,980. The province is Hazara tribe dominant and the provincial capital is Nili. It is surrounded by Province in the northeast, Ghazni Province in the southeast, Urozgan Province in the south, Helmand Province in the southwest, and Ghor Province in the northwest.

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	
Daykundi	MOVE/OCCD	Yes	441	28	4	15	5	7	0	4	0	3	78	57	87	39.6

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

Through the SEHAT and Sehatmandi project, the Move Welfare Organization(MOVE) providedonly BPHS in SEHAT and currently provides BPHS and EPHS in Sehatmandi. Before the Sehatmandi, Care of Afghan Family (CAF) operated EPHSin 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 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)
Daikundi	750,155,974	371,989,743	49.6%	1,608	21.6	466,580	27,720,100	69,187,347	40.1%	38	34

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Lump-sum as % of total contract amount for Daikundi was ranked at the 10th of 31 provinces. P4P earned in SAPR1 as % of total possible payment (i.e. Maximum Level) was the national average of 40.1%.

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	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)
National												22
Dykundi												21

1.7 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	0	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.

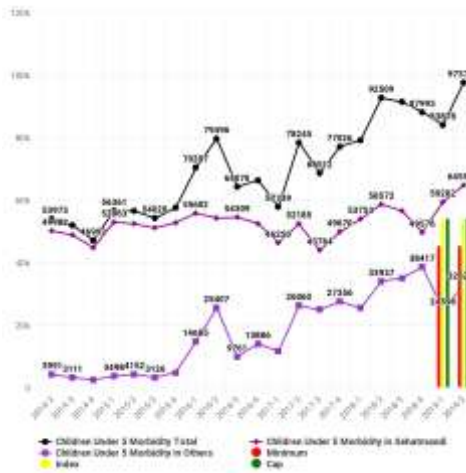
1.8 Key findings

- On average, P4P indicators rose by 83 % over 5 years.
- Daikundiis ranked in 6 of the Performance Score and at the 13th of the P4P indicator;
 - o All 11 P4P indicators are meet the Minimum level
 - o 4 out of 11 indicators did not meet the index level
 - o 5 out of 11 indicators are over the Maximum
- Female MDs are scares in the province.
- Mountainous terrain continues to pause challenges to the service deliveries.

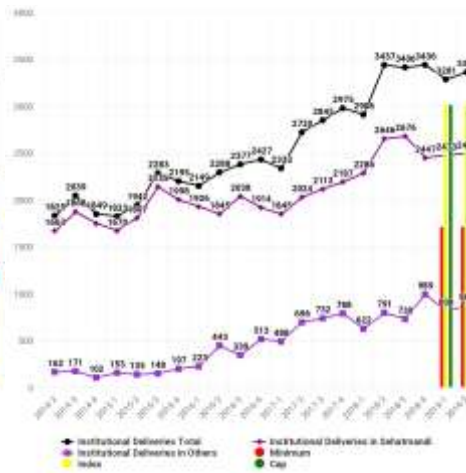
1.9 Indicator trends

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.

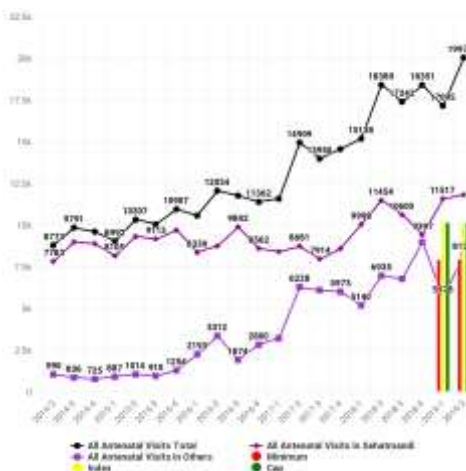
Children Under Five Morbidity



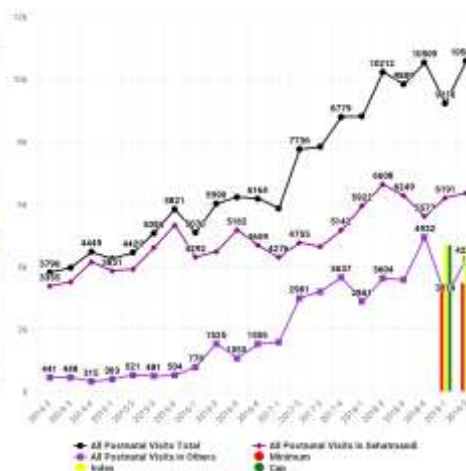
Institutional Delivery



All Ante-Natal Care Visits

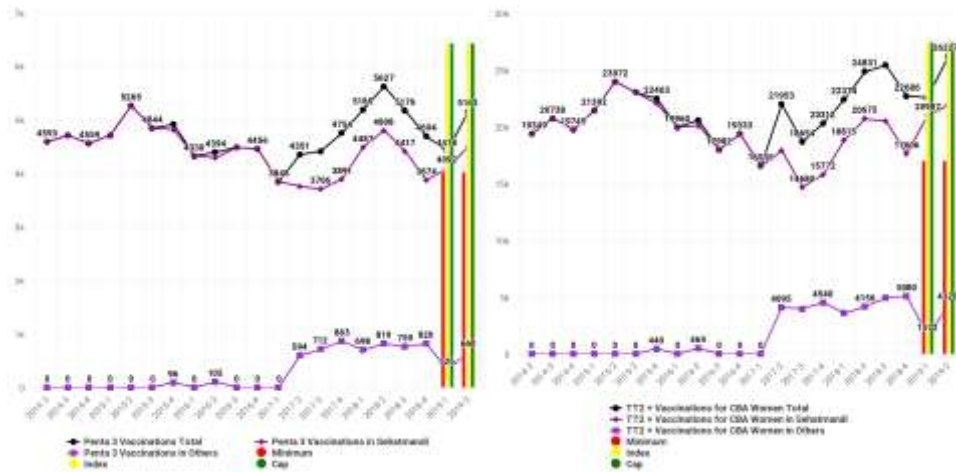


All Post-Natal Care Visits

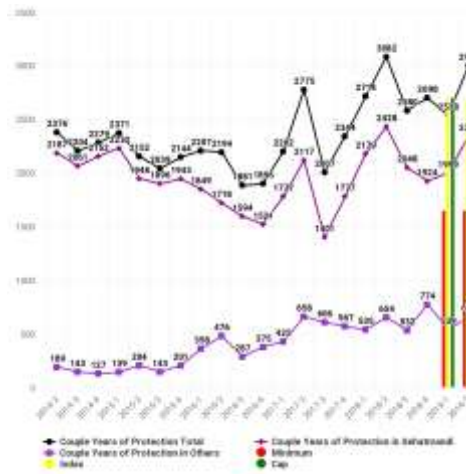


Penta 3 Vaccinations

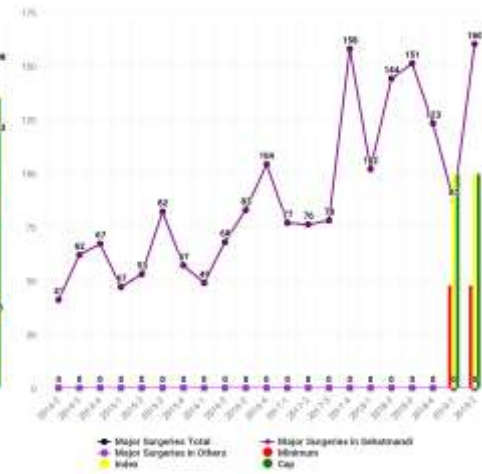
TT2+ Vaccinations



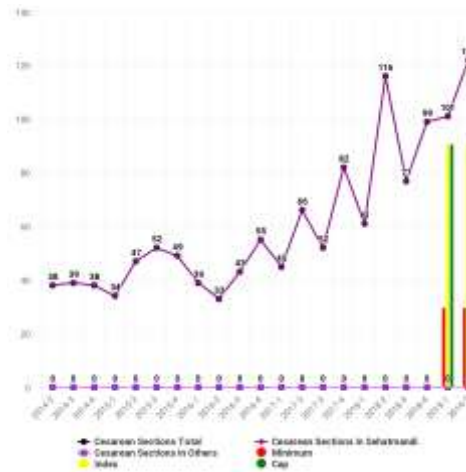
Couple Years of Protection



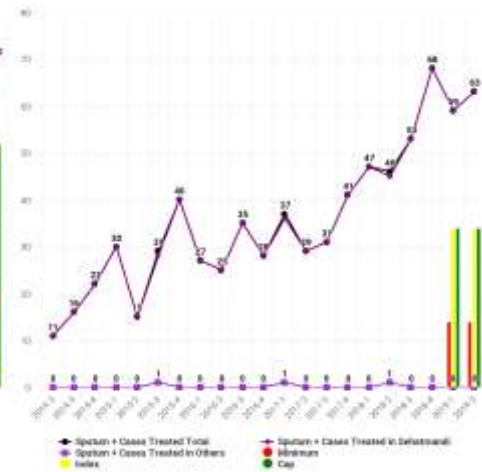
Major Surgeries



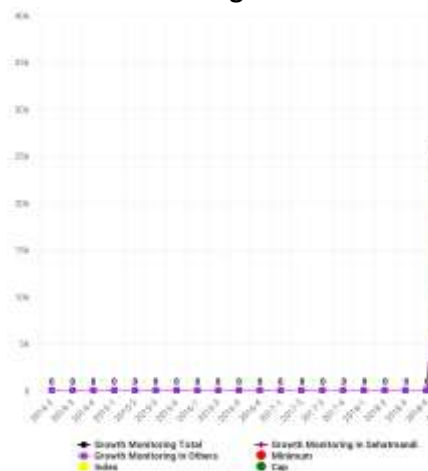
Caesarean Sections



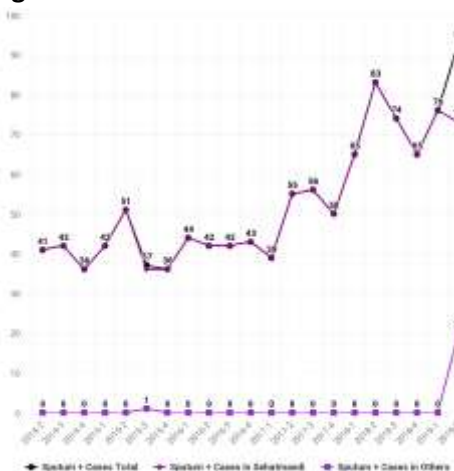
TB Sputum Positive Cases Treated



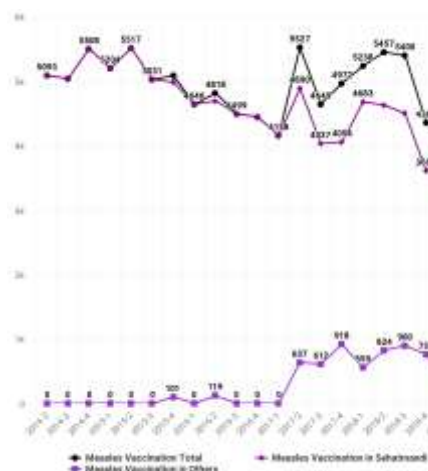
Growth Monitoring and Youth Counseling



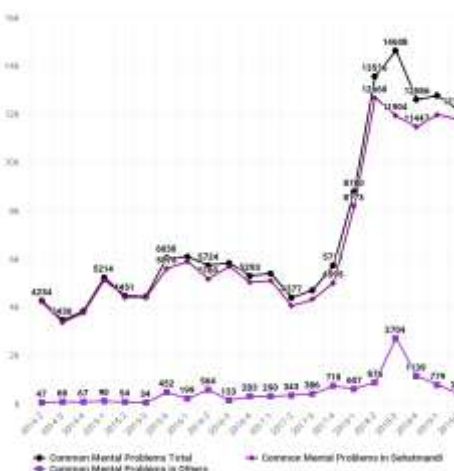
TB Case Detection



Measles Vaccinations

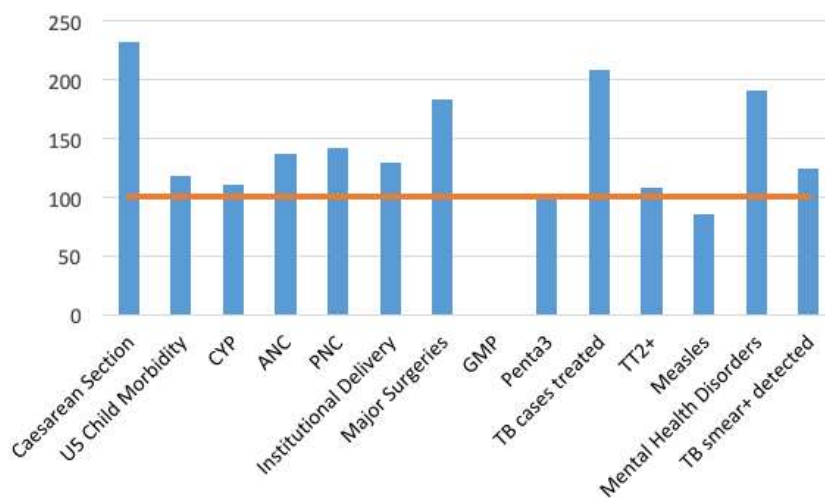


Common Mental Problems



1.10 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.

1.11 Conclusions of the charts

- On average, P4P indicators rose by 83% over 5 years.
- Immunization services (Penta 3, TT2+ and Measles) increased an average of 6 % over 5 years.
- Maternal health services (ANC, deliveries and PNC) showed steady increased by 49% over time.

2 Province-specific analysis

2.1 Management:

- MOVE provided BPHS only during SEHAT and Sehatmandi project and added EPHS during Sehatmandi.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, all health facilities excluding Health Posts (HP) have one female health worker.
 - Five (5)% of Health Posts (HP) do not have Female Community Health Worker (CHW)
 - Eighty-five (85)% of Comprehensive Health Center (CHCs) do not have female Doctor.
 - Sixty-six (66)% of District Hospitals (DH) did not have Female MD.
- Staff salary Payment: Delay in staff salary payment was reported in the first quarter of this SA cycle but no delays in the second quarter.
- Reporting:
 - Inception Report was not submitted on time.
 - The first Quarterly Report was overdue but the second was submitted on time.
 - Of 3 Monthly Updates to be submitted to PMO, 2 were overdue.
 - PIP was submitted on time.
 - Data Quality Assurance Plan was not submitted timely
 - Semi-Annual Inventory List was submitted on time.
 - There is no any Force Majeure cases reported.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
Below table shows percentage shares by HF type during the Semi Annual cycle.

Table shows the share% of e	Total cases repro		PH (n=1)		DH (n=3)		CHC (n=7)		BHC (n=15)		PHC and ot	
Indicators	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Total Cesarean Section	101	122	53%	52%	39%	39%	8%	9%	0%	0%	0%	0%
Total Child Morbidity	59282	64551	9%	12%	14%	12%	16%	19%	30%	29%	31%	28%
Total Couple year of protect	2001	2345	14%	19%	21%	20%	17%	19%	23%	20%	25%	21%
Total ANCS	11517	11801	9%	11%	11%	10%	20%	22%	33%	30%	27%	28%
Total PNCS	6191	6340	9%	10%	10%	10%	20%	20%	31%	26%	30%	34%
Total Institutional Deliveries	2473	2490	16%	16%	15%	13%	23%	22%	27%	26%	20%	22%
Total Major Surgeries (PH&R	87	160	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
GMP/IYCF	22933	27297	9%	10%	14%	12%	19%	18%	31%	31%	28%	29%
Total PENTA3	4092	4503	7%	8%	10%	10%	18%	17%	34%	35%	30%	30%
Total TB treated Cases	59	63	20%	21%	29%	19%	49%	59%	2%	2%	0%	0%
TT2+	20987	21907	5%	6%	9%	8%	16%	16%	38%	40%	32%	30%

- Seven (7) out of 11 P4P indicators in District Hospitals declined in the 2nd quarter as compared to the first quarter.
- In CHCs, 3 out of 10 indicators declined in the 2nd quarter than the 1st quarter
- Five (5) out of 9 P4P indicators in BHCs declined in 2nd quarter than the first quarter.
- Three (3) out of 9 P4P indicators are reported less in 2nd quarter than the 1st quarter in Primary Health Centers(PHCs
- Shahristan DH did not report Cesarean Section into two successive months in 2nd quarter.
- Two (2) of 3 DHs (Shahristan and Miramor) did not report TB Treated Cases in 2nd quarter.
- Two (2) of 5 CHCs did not report TB treated cases in 2 months of Q1 and 2 months in Q2.
- Wattana SHC did not report (Penta-3 and TT2+) in 2nd quarter
- Ghajorak SHC did not report(PNC & Delivery) in 1st quarter.
- Analysis of general conditions of the province that affect service delivery:
 - Dispersed population poses serious challenges to the health services. Crowd of clients seeks for care in PHCs and BHCs where laboratory service, surgical, ambulance and other basic health care services lack.
 - Rough roads and long distance from the provincial centre to HFs and between health facilities affect the performance of SP. Inadequate local transportation to PH and DHs adds to the problem.

2.2.1 Specific major events affecting service delivery:

- a. **Health Services Lost Due to Anti-Government Elements Activities:** No health services is lost due to Anti-Government Elements activities
- b. **Natural Disasters:** Natural disaster not happened during the reporting period
- c. **Population movement:** Not reported

3. Discussion & Recommended actions

- MOVE should focus on those P4P indicators which are not met the selected targets or Index
- Staff of health facilities should be hired as soon as possible specially Female Health workers.

- Payment for those Indicators which are crossed the Cap should be discussed and approved by the Moph and DPT
- MoPH should pay instalment on quarterly base
- MOVE should sent deliverables on time
- MoPH letter dated 26/Sawr 1398 must be applied
- National EPI strategy regarding EPI fixed and outreach program should be applied accordingly
- Initial training of CHWs and Nutritional consolders must conduct
- Nutritional consolders and Nutrition Officer must be hire
- MoVE and PHD should pay attention to prevent stock out of medicine and medical equipment
- Score sheet of Minimum standards of services for absence of Nurse in Watana SHC, should remove,when the SPs brought the justification for presence of mentioned Health facility such as attendance sheet and payroll for the month of Jawza.