

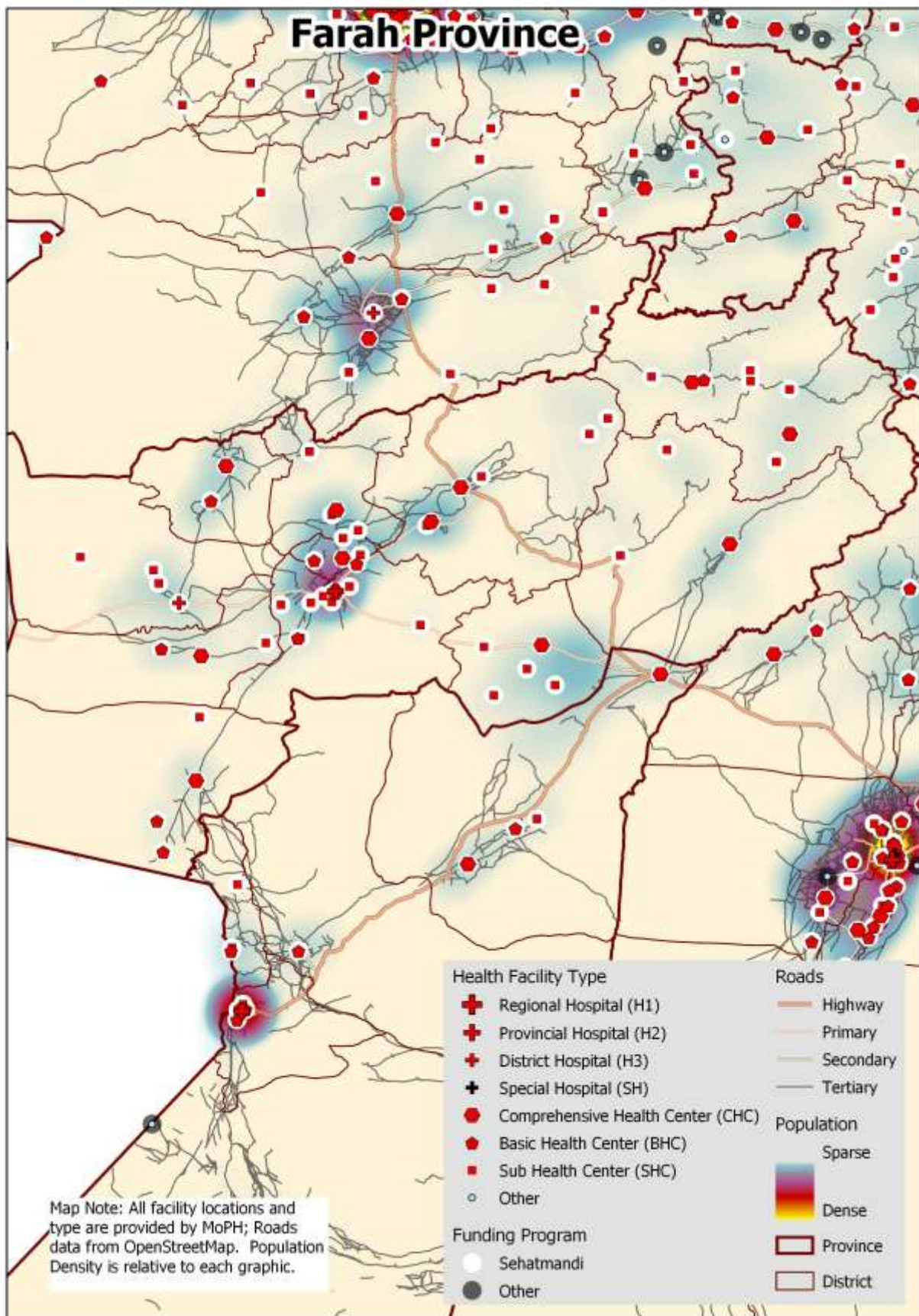


**Islamic Republic of Afghanistan**

**Ministry of Public Health**

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

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]
Farah	515,973	10.6	122	36.6	5,451	42.6	11.6	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.

Farah is located in the southwestern part of Afghanistan between Iran and southwest of Pakistan. It shares borders with Herat, Ghor, Helmand and Nimroz. There are 11 districts and 2,066 villages in the province. Farah serves as the provincial capital.

## 1.2 Provincial Health Characteristics

**Table 2:** Provincial Health Characteristics

Province	Service provider	BPHS and 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	
Farah	MRCA	Yes	389	40-	0	10-	1	12	0	2	0	6	40	70	41	63.1

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

Through the Sehatmandi project, the Medical Refresher Course for Afghanistan (MRCA) has been providing the BPHS and EPHS in Farah province. Before the Sehatmandi project CHA operated BPHS/EPHS in the 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 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)
Farah	834,381,853	513,669,736	61.6%	1,497	20.1	557,216	24,546,411	56,836,521	43.2%	20	34

\*Maximum Level P4P

The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Farah was the 4<sup>th</sup> to the highest among 31 provinces. In P4P earned in SAPR1 as % of total possible P4P payment, Farah was ranked at the 13th from the top.

### 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.

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
Farah												18

## 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

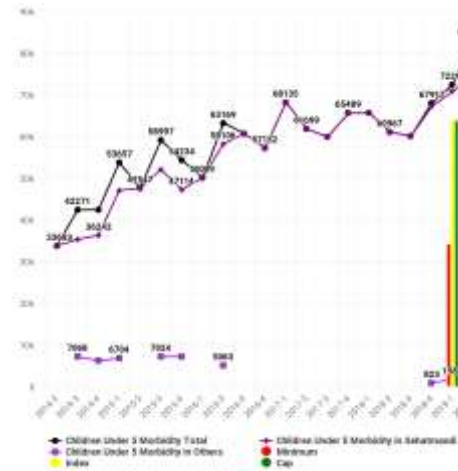
- Farah is ranked at the 21<sup>st</sup> of 34 provinces in the P4P indicators performance ranking: 5 of 11 P4P indicators (CYP, PENTA-3, TT2+, TB treated cases and institutional delivery) did not meet the Index (target), 2 of 11 P4P indicators (child morbidity and growth monitoring) met the index, 4 P4P indicators (ANCs, PNCs, C-Section and Major Surgery) met the maximum (cap).
- On average, P4P indicators (excluding C-section and growth Monitoring) rose by 81% over 5 years.
- Farah province witnessed a closure Pusht-e-Rod CHC for one week and a ban on immunization services by Anti-government forces in six districts Bakwa, Balablook, Pusht-e-Rod, Qala-e-Kah, Anar Dara and Lash Jaween HFs for one month.

## 1.7 Indicator trends

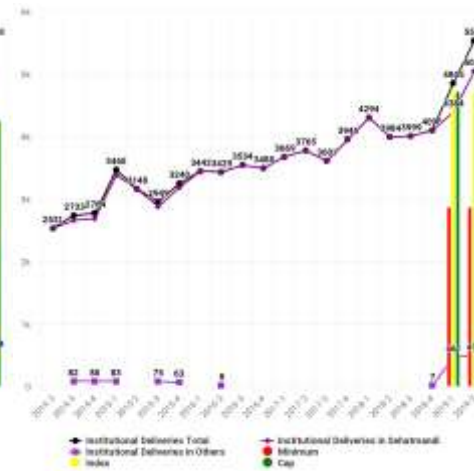
In this sub-secti

on, all line charts show Five-Year Trend by quarter between 2014 and 2019, and the bar charts in the right of the chart show the Minimum Level, Index and Maximum Level for quarter 1 and quarter 2 of this Semi-Annual cycle.

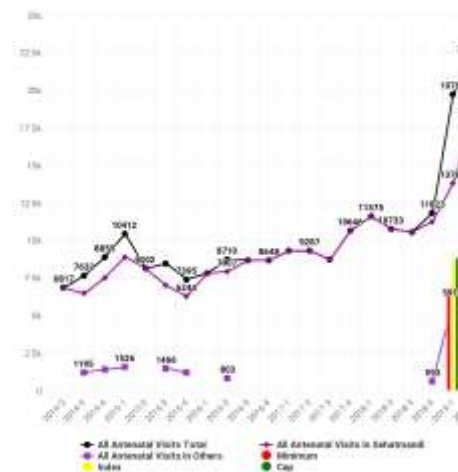
### Children Under Five Morbidity



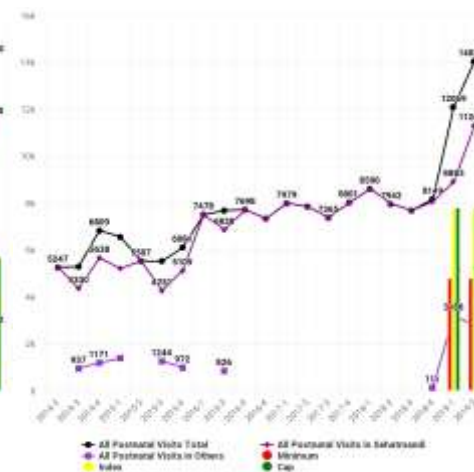
### Institutional Delivery



### All Ante-Natal Care Visits

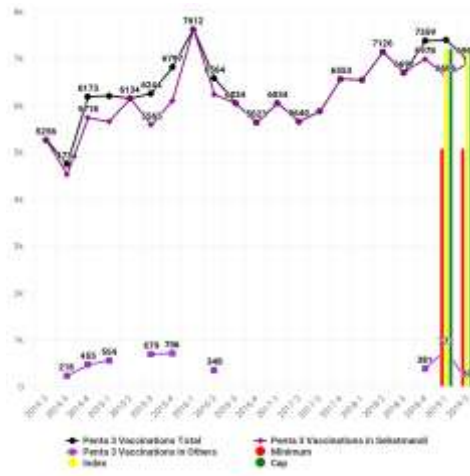


### All Post-Natal Care Visits

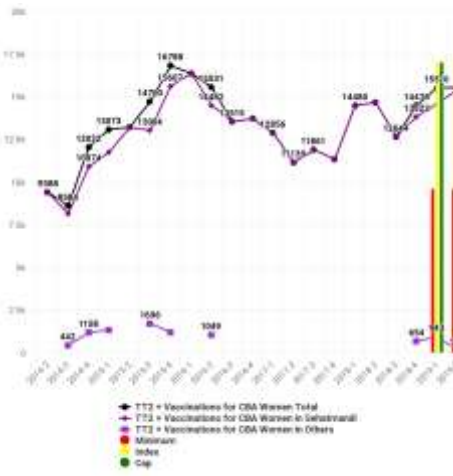




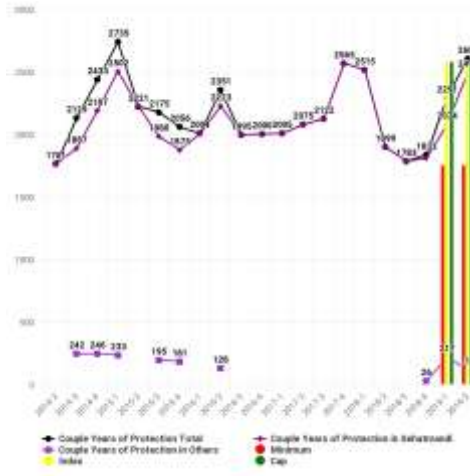
Penta 3 Vaccinations



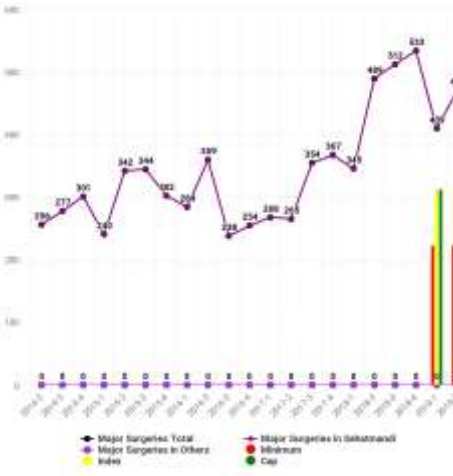
TT2+ Vaccinations



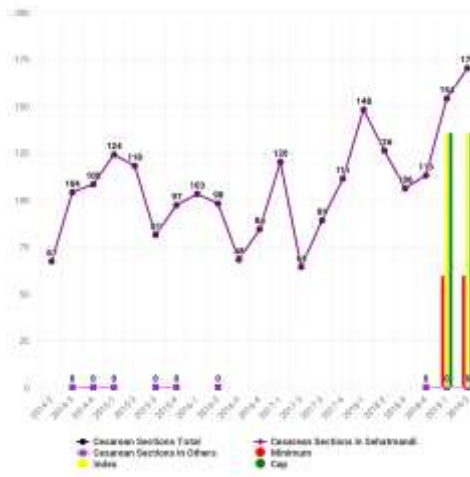
Couple Years of Protection



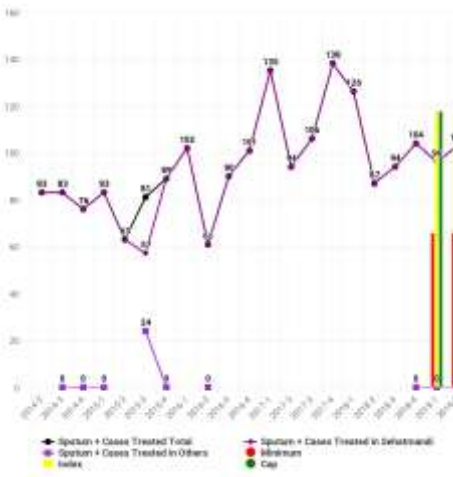
Major Surgeries



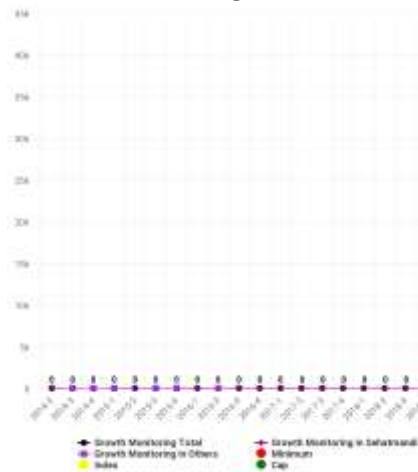
Caesarean Sections



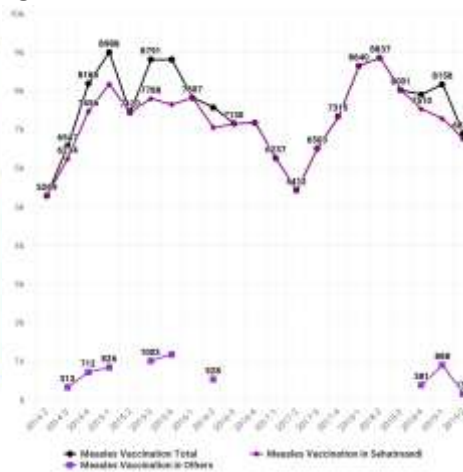
TB Sputum Positive Cases Treated



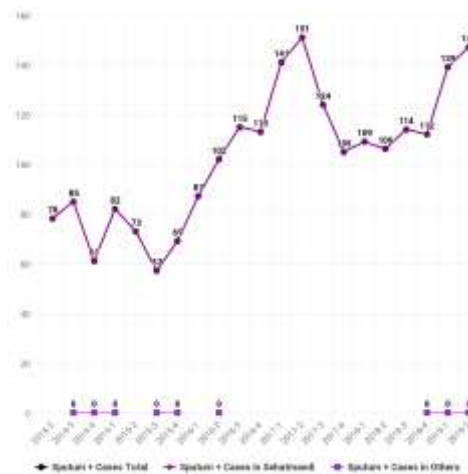
## Growth Monitoring and Youth Counseling



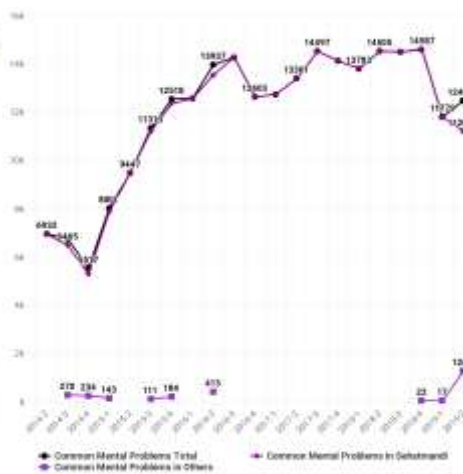
## Measles Vaccinations



## TB Case Detection



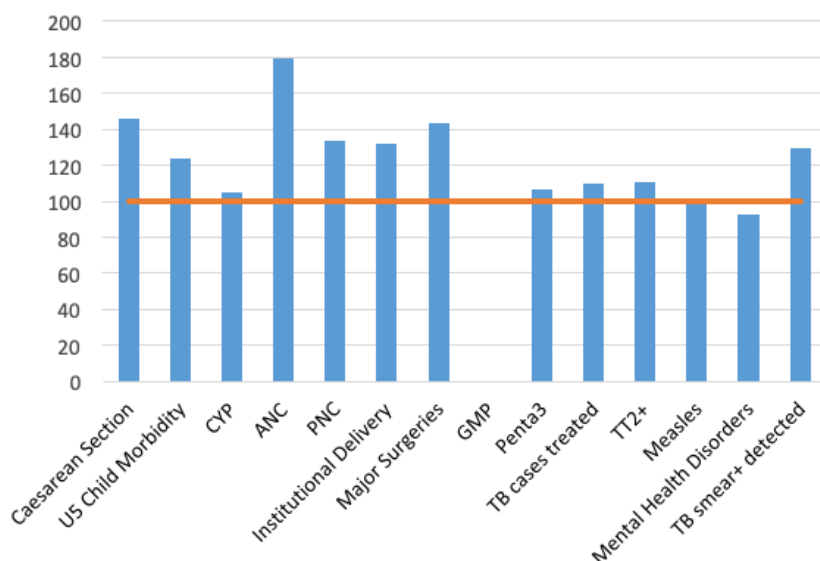
## Mental Health Disorders



## 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 (excluding C-section and growth Monitoring) rose by 81% over 5 years.
- Immunization services (Penta-3, TT2+) increased an average of 48% over 5 years.
- Maternal health services (ANC, institutional deliveries, and Caesarean section) showed steady increase by 133% over time.

## 2 Province-specific analysis

### 2.1 Management:

- MRCA provides BPHS and EPHS since January 2019. Before the Sehatmandi project CHA operated BPHS/EPHS in the province
- Staffing:
  - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 4% of health facilities has no female staff.
  - Shortage of female CHWs is rampant in over 11% of health posts.
- Staff salary payment:
 

Delay in staff salary payment was not reported in the first and second quarter of this SA cycle.
- Reporting:
  - Submission of the inception report was overdue
  - Submission of the Data Quality Assurance Plan was overdue
  - Submission of the first Quarterly Report was overdue but the second was submitted on time.
  - All 3 monthly updates(second quarter) submitted on time.

- PIP was submitted on time.
- Semi-Annual Inventory List was submitted on time.

## 2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
  - Despite of an overall increase in Caesarean Section in the province, the Provincial Hospital decreased the number of Caesarean Section in Q2 compared to Q1.
  - PH, Poshte road DH, Takhte Porchaman CHC+, Bazari SH, and Jija SHC reported a rapid increase in ANC's.
  - PH, Haji Zarin SHC, Bazari SC reported a rapid increase in PNC's
  - Overall, there is a slight decrease in PENTA-3 in Q2 compared to Q1, which is attributable to PH, Bakwa CHC, Dehsabil SHC and Dowlat Abad SHC.
- Analysis of general conditions of the province that affect service delivery:
  - On-going war in most districts disrupted the services: some health facilities were closed temporarily.

## 2.3 Specific major events affecting service delivery:

- Health Services Lost Due to Anti-Government 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	Bakwa	CHC	May 08, 2019 (Quarterly Report)	02/19/2019	02/23/2019	4 days	
2	Moghol Abad	SHC/PHC	May 08, 2019 (Quarterly Report)	02/16/2019	02/20/2019	4 days	
3	Posht Road	CHC	May 21, 2019 (Monthly update)	06/16/2019	07/23/2019	6 days in month of Jowza	It is reactivated temporarily in Koshi village of Pushte Road district on 1st of Asad 1398.
Total #days halted						14 days	

- Natural Disasters:** Not reported
- Population movement:** no report.

## 3 Discussion & Recommended actions

- Given lack of female health professionals in absolute terms, MRCA should review staffing pattern and implement new incentive mechanism (including benefits and allowances) for female staff.
- TB vertical program implemented through Provincial Health Directorate has affected the TB case detection as well as the treatment of TB SS+ implemented by SP.

- Lack of 4 Psychosocial Counselor in 4 CHC, the SP should be recruited the Psychosocial Counselor soon
- Off-budget service delivery should not be seen as obstacle. MRCA should request the MOPH/PMO to review the set benchmarks – Minimum Level, Index and Maximum Level.
- MRCA should rigorously analyze a budgeting method used in the initial lump-sum calculation. In addition, MRCA should seek for co-financing mechanism in order not to interrupt staff salary payment.
- Considering the on-going conflict, revise the procurement and distribution plan of medical products to ensure uninterrupted medical supplies in those areas.
- The number of functional Health Posts that exist in Farah are 336, much smaller than 511 described in the contract. SP will start the re-activation of remaining 175 HPs including conducting initial training for HP staff.