

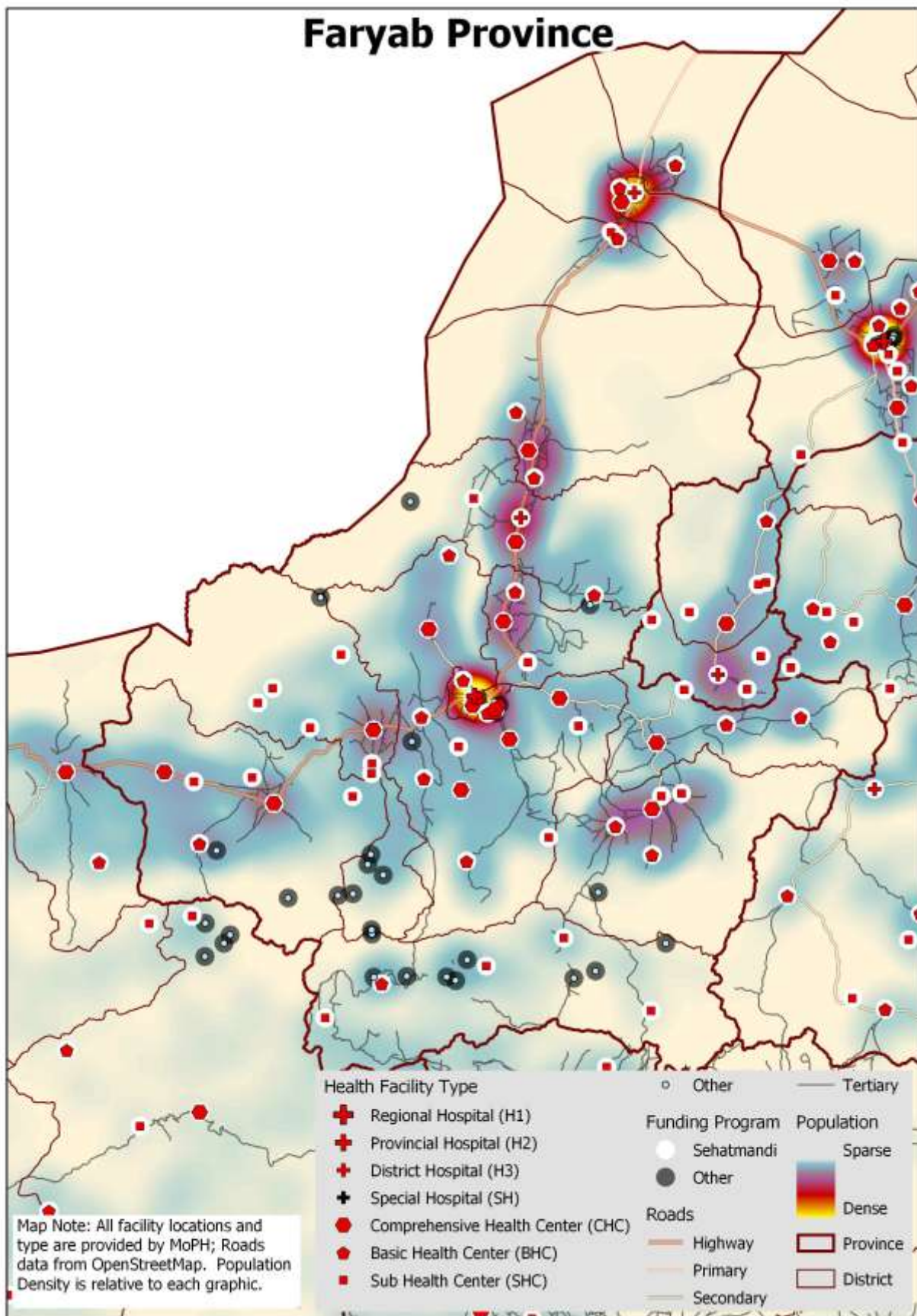


**Islamic Republic of Afghanistan**

**Ministry of Public Health**

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

September 2019



## 1.1 General Provincial Characteristics

**Table 1:** General Provincial Characteristics

Province	Population (n) [1]	Population density (n/km <sup>2</sup> )	Civilian conflict deaths [2]	Accessibility index [3]	Internally displaced persons [4]	Poverty (%) [5]	Female literacy (%) [6]	Transport accessibility [7]
Faryab	1,015,335	50.0	230	60.9	22,561	55.8	12	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.

Faryab (Persian/Pashto: فارياب) is one of the thirty-four provinces of Afghanistan, which is located in the north of the country bordering neighboring Turkmenistan. The province encompasses 15 districts and over 1,000 villages. The capital of Faryab province is Maimona.

## 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	
Faryab	SDO/OCED	Yes	603	28	0	20	3	16	1	3	0	1	42	68	46	59.6

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

The prevalence of acute malnutrition (wasting) among U5 children in Afghanistan was 9.5% nationally, but it is 3.7% in Faryab province in 2013.<sup>1</sup> The SDO provides BPHS and EPHS under the Sehatmandi project in Faryab province since January 2019. Before the Sehatmandi, AADA operated in the province under SEHAT.

<sup>1</sup>Frozanfar et al. Acute malnutrition among under-five children in Faryab, Afghanistan: prevalence and causes. Nagoya J Med Sci. 2016 Feb;78(1):41-53.

### 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)
Faryab	820,000,000	346,642,379	42.3%	738	9.9	1,111,124	29,958,735	85,634,316	35.0%	20	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 Faryab ranked at the 18th (42.3%) from the top among 31 provinces. Ranking by P4P earned in SAPR1 as percent of total possible (42.3%) is the 28th from the top among 31 provinces.

### 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. Faryab is ranked at the 25<sup>th</sup> from the top.

Province	Post-natal care	Outpatient visits (children <5 years)	Antenatal care	Tuberculosis treatment	C-Section	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
Faryab												16	6	3

## 1.6 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.	-5	0	-25	

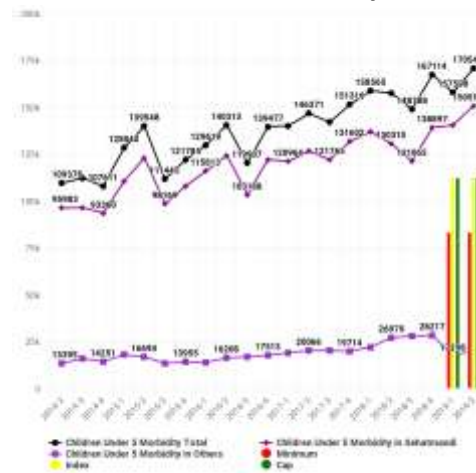
HMIS Verification Composite Scores, BSC and QoC indicators are not available at the time of the review. P4P indicators and Minimum Standards of Services are subject to the Third Party Monitor verification.

## 1.7 Key findings

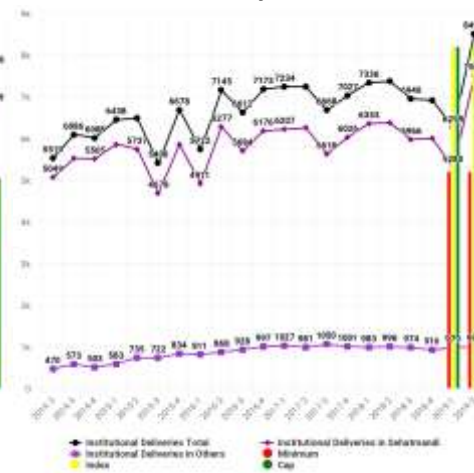
- Faryab is ranked at the 25<sup>th</sup> of 31 provinces in the P4P indicator ranking: five of nine P4P indicators met the Index level.
- Out of 9 P4P indicators, 4 exceeded the Maximum Level – i.e. ANC, PNC, Penta3 Penta3 and child morbidity.
- Comparison of the two-quarter performances showed a considerable improvement in the second quarter.
- HF in-depth data analysis of this semi-annual cycle revealed that the HFs provided services in a continuous manner over the two quarters.
- Regardless of delay in the government installment, the SDO paid the staff salary on time.
- Although Faryab province is one of the most insecure provinces in Afghanistan, most of the contracted HFs were functioning as per the plan, except for the Karakol HF, which is closed since the beginning of the project.
- The organization did not meet more than two conditions in the Minimum Standard articulated in SOP.
- Overdue or not submission of the reports, including the Monthly Update and data Quality Assurance Plan were significant in both quarters.

## 1.8 Indicator trend

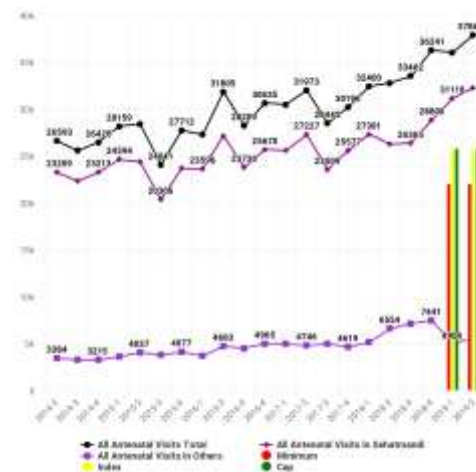
### Children Under Five Morbidity



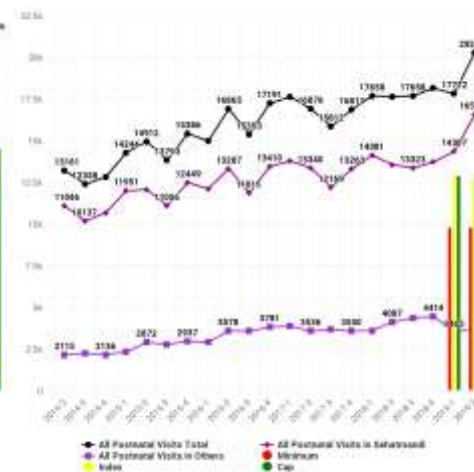
### Institutional Delivery



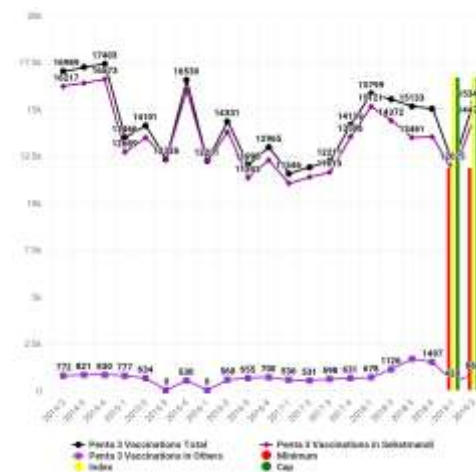
### All Ante-Natal Care Visits



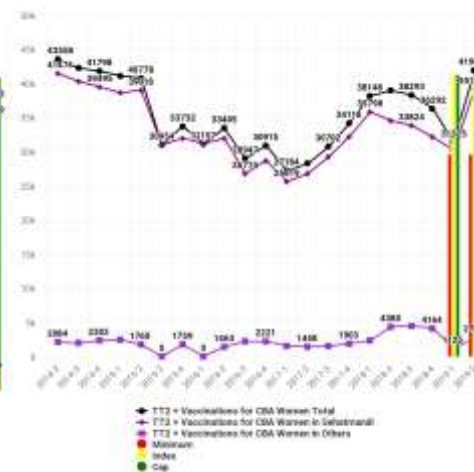
### All Post-Natal Care Visits



### Penta 3 Vaccinations

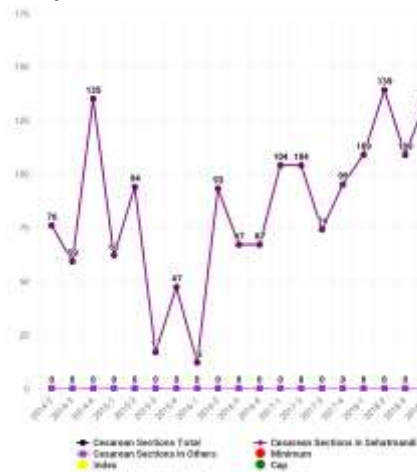


### TT2+ Vaccinations

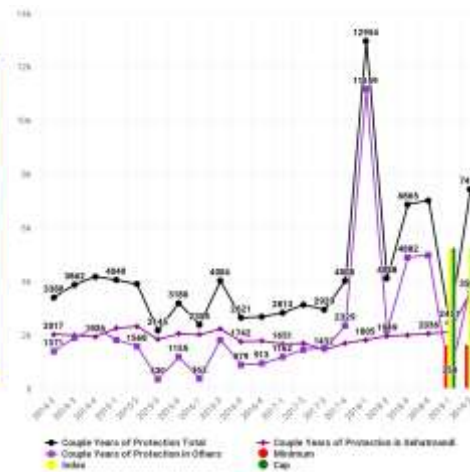




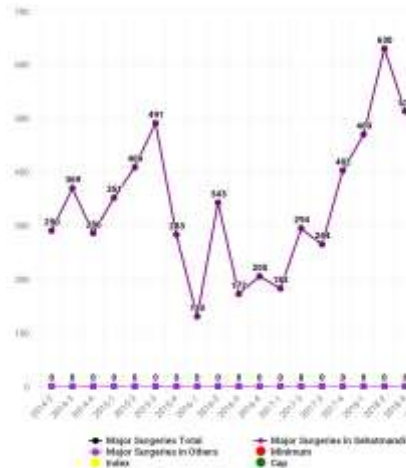
### Couple Years of Protection



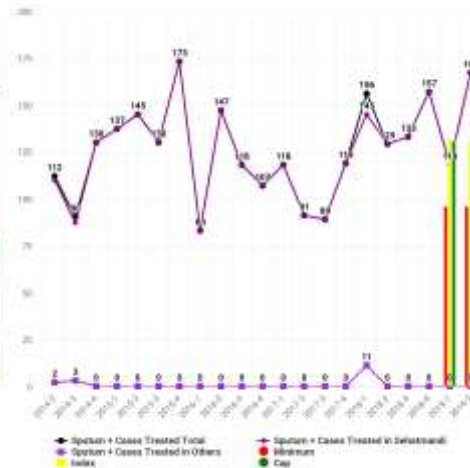
### Caesarean Sections



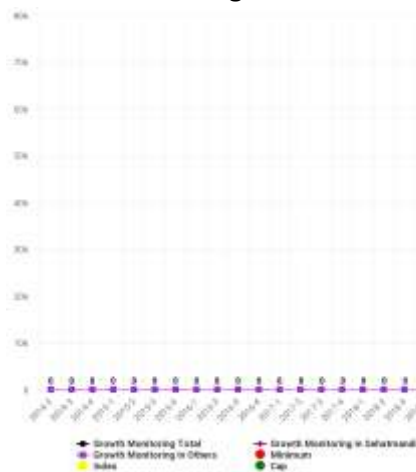
### Major Surgeries



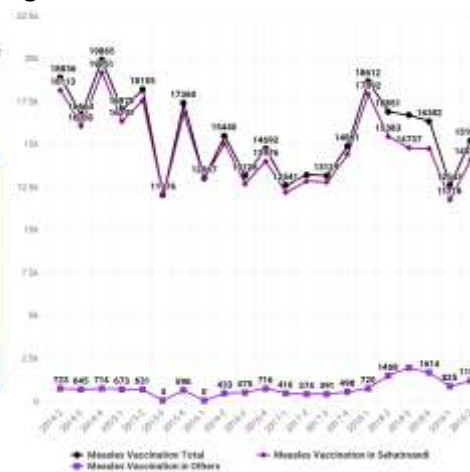
### TB Sputum Positive Cases Treated



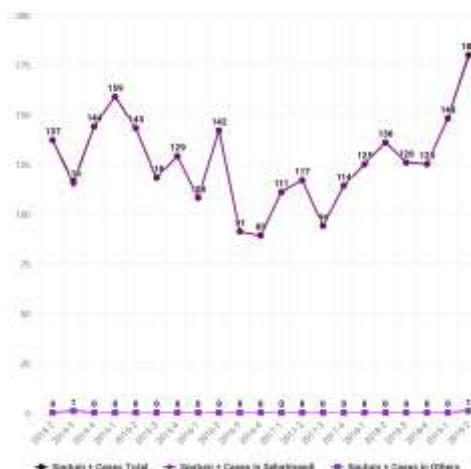
### Growth Monitoring and Youth Counseling



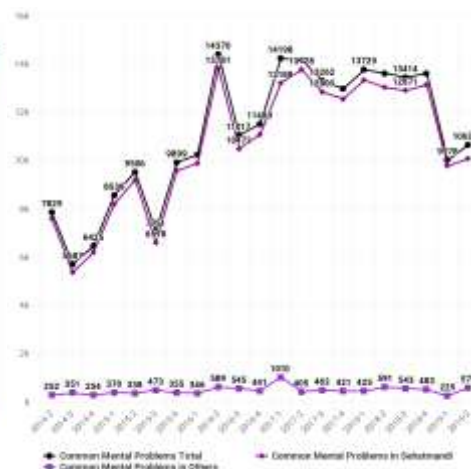
### Measles Vaccinations



## TB Case Detection

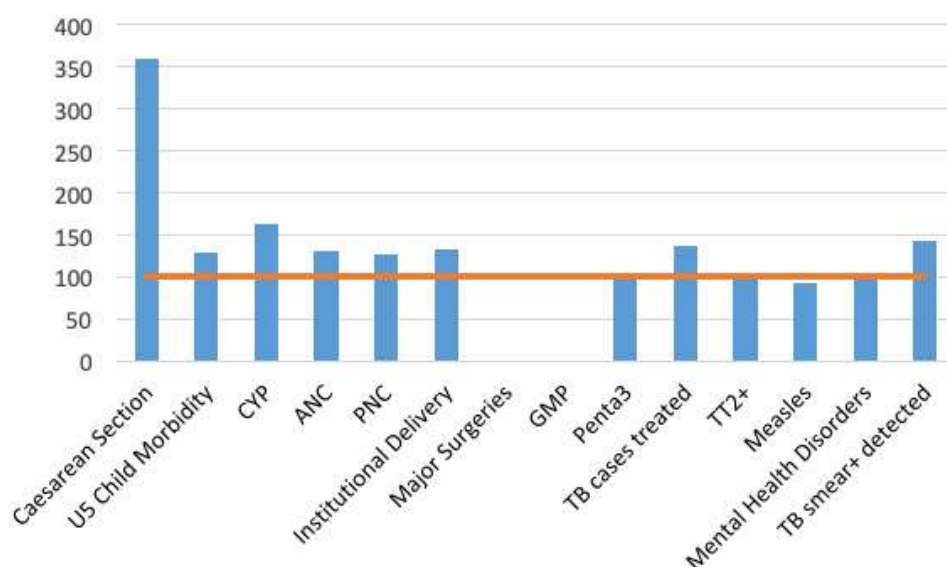


## Mental Health Disorders



## 1.9 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.

## 1.10 Conclusions of the charts

- An average P4P indicators rose by 40.8 % over 5 years. It is noted that Faryab Provincial hospital was taken over by SDO on July 1, 2019. So the Caesarean Section and Major Surgeries were not included in the analysis.
- Overall, most of the line graphs above indicate an upward trend from 2014 to 2019 with a sudden rise in 2019. However, vaccine related indicators (TT2+ and Penta 3) show a slight downward trend over the period with a sudden rise in 2019.



- Immunization services (Penta 3, TT2+ and measles) decreased an average of -0.7% over 5 years.
- Maternal health services (ANC, and institutional deliveries,) showed a steady increase by 45.6% over time.

## 2 Provinces-specific analysis

### 2.1 Management:

- SDO has been providing BPHS and EPHS since 2013.
- Staffing:
  - Shortage of female doctor in the province is a challenge, while adequate numbers of female midwife, nurse and vaccinators are posted in HFs.
  - Lack of qualified staff and surgeon in the province and high staff turnover rate was a big concern.
- Reporting:

Report	Q1	Q2	Conclusion
	Submission		
Inception Report	On time	On time	MU and DQAP were both delayed in both quarters
Monthly Updates	Delayed	Delayed	
PIP	On time	NA	
Data Quality Assurance Plan	Not send	Not send	
Semi-Annual Inventory List	On time	On time	

### 2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
  - Qaysar, QuzibayQala, Islam Qala, Bandar, Onjalat and ShrinTagab, HFs reported adramatic fall of PNC in Q2 compared to Q1.
  - Quisar, Qui bay, Chekak, Ghar Tapa, Kta Kala, and Chechak HFs reported a moderate reduction of TT2 in Q2 compared to Q1.
  - Of 66 HFs only 15 HFs reported on TB in Q2.
  - Ten HFs including, QaraShaikhi, Qorchi, Tagabshan, ShrinTagab (Feyzabad), Takht-e-Achak, Arab Aqsay, Myan Dara, Sar-e-Hawz, Bandar Imam, BaghBostan (Surkh Bazar) did not report on Penta 3 in both quarters.
  - More than 16 HFs had a significant fall on Penta3 in Q2 compared to Q1.

### 2.3 Analysis of general conditions of the province that affect service delivery:

- The below off budget HFs existed in the province without having a negative effect in Sehatmandi project.
  - ARCS (کلینیک های سره میاشت): two fixed clinics are operated using the ARCS own fund.
  - MSI: one clinic and a mobile team in Gurdiwan District from their internal fund.
  - Save the Children: one mobile team for IDPs/immigrants from UNHCR Fund
  - ADAA: Four mobile teams, from OCHA Fund.

- AGE activities are rampant in most of the districts, disrupting supervision and monitoring to HFs and supply chain.
- According to quarterly review report, challenges SDO faces are:
  - Community: High expectation of community from SDO, (Low community awareness).
  - Hiring/ firing: illegal intervention in hiring and firing process resulted to hiresome non-merit staff.

## **2.4 Specific major events affecting service delivery:**

### **a. Health Services Lost Due to Anti-Government Elements Activities**

- According to the quarterly performance review report, Faryab province is one of the most insecure provinces in Afghanistan. Armed conflict intermittently continued in the majority of the districts in Faryab. The below HFs were closed:
  - Lower Lash, Dowlat Abad, Altibolack, KatakalaBuilCharagh, and Almar HFs were locked down for an average of one week during the reporting period (source: quarterly performance review report).
  - Cataract HF has not opened since the start of the project.
  - The exact date of closed and reopen of the affected HFs was not reported during the period.

**b. Natural Disasters:** No report.

**c. Population movement:** No report.

## **3 Discussion & Recommended actions**

- According to the FMR, there were some HFs with vacant positions that directly can contribute in decreasing performances (MWs or nurse in BHC and PHCs). The SP should update the HFs structure regularly and announce vacant positions in public areas as well as at the AKBAR site to fill in vacant positions as soon as possible.
- Analysis of Q1 and Q2 performances showed substantial improvement in Q2 compared to Q1. SDO should uphold the approach applied in the second quarter.
- Armed conflict all over the province often disrupted supply chain of medical and non-medical products. SDO should review the procurement and distribution plan of medical products to ensure continuous availability of essential products in the areas affected by conflict.
- Delays in report submission imply management and reporting system problems that exist in SDO. SDO should conduct regular supportive supervisions to HFs to the staff to embody timely reporting.
- HF in-depth analysis revealed that some of the HFs' performance did not improve in the second quarter. SDO should conduct a root cause analysis of these HFs and bring improvement accordingly.

- 68% HFs in Faryab Sehatmandi project is either BHC or PHC, which night duty is not relevant. Encouraging the community to provide accommodation for MWs nearby the HFs will help to enhance performance on delivery, and PNC.
- According to contract obligation about 10 HFs (PHCs) should have been upgraded in Q2 2019, the service provider should upgrade those HFs to raise performance on vaccine related coverage, especially Penta 3, which was below the minimum level in the first quarter.
- Nearly 40 motorcycles were out of order and required to be fixed. The service providers should either mend them or purchased new motorbikes by using provincial hospital fund, which was run by Turkish NGO for six months in last semia-annual 2019.
- The nutrition department's monitoring team identified that the cure rate of malnutrition was estimated 10% lower than the set target, the SDO should focus more in this complication too.
- PHOs observed stock out of medicines in some HFs, the NGOs should supply medicines as per HFs consumption report.
- It is a well-known fact that nearly 49 out of 67 HFs are located in the area where those totally are under control of the AGO, so apart from direct monitoring the NGO should conduct indirect methods of monitoring from HFs, including using cell phone, training a member of the HFs Shora (community) on key aspects of monitoring and through them get information on regular base.
- It has been more than one month that position of project manager is vacant, so it's vital to hire a well experienced PM soon.
- According to deputy minister, more or less five provincial technical staff was fired at once without any advance notification to them, the service provider should fill in their positions quickly in order not to disturb the monitoring, and supervision activities. In addition, the SDO should consider the HR procedure and sensitivity of mass firing of the staff in the future.
- Establish a proper referral system by strengthening the community based health care (CBHC) will enhance coverage of P4P and Non P4P indicators.
- PPHD confirmed that SDOs supervisors faced lack of transportation and needed facilities, so SDO should provide all the facilities requiring during the supervision.
- The SDO has received some data on TB identification and success treatment from center of TB running by provincial health directorate (MoPH), the SDO should not take charges against those data.

#### **Recommendation to MOPH leadership:**

- The MoPH should request UNCEF to replace all the existing refrigerators in the EPI section of the HFs with a refrigerator having a solar system.
- Off budget HFs should be integrated with Sehatmandi, to avoid duplication.

- MoPH technical department should be encouraged to conduct regular supportive supervision from the HFs articulated in the SOP. Revise the SOP and modify the national monitoring checklist (NMC) according to Sehatmandi project will bring significant improvement in performance. .
-