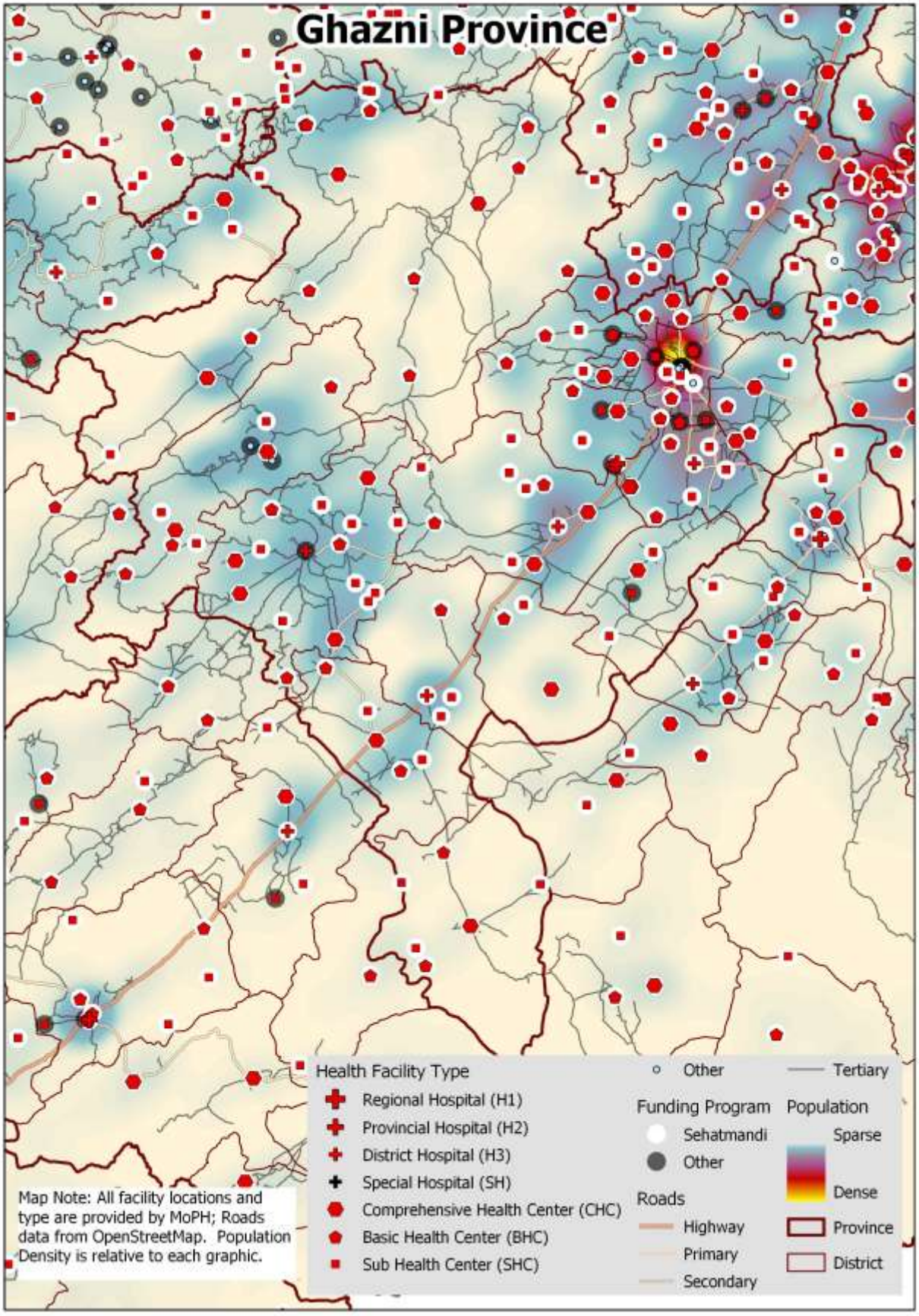
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Ghazni Province
Health Facility Type
Regional Hospital (H1)
Provincial Hospital (H2)
District Hospital (H3)
Special Hospital (SH)
Comprehensive Health Center (CHC)
Basic Health Center (BHC)
Sub Health Center (SHC)
Other
Funding Program
Sehatmandi
Other
Roads
Highway
Primary
Secondary
Tertiary
Population
Sparse
Dense
Province
District
Map Note: All facility locations and type are provided by MoPH; Roads data from OpenStreetMap. Population Density is relative to each graphic.

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]
Ghazni	1,249,376	54.5	253	29.1	2,746	42.6	19.9	Very 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.

Ghazniis located in the central part of Afghanistan with total population of 1,378,237. It lies on the important Kabul-Kandahar highway and has historically functioned There as an important trade center, there are 19 districts and more than 3,367 villages in 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	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	*SH*	*Other*	
Ghazni	AADA	Yes	854	42	6	35	5	24	2	4	1	1	13	106	27	79.7

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

Ghazniis one of the most unsecured province of Afghanistan which some time affected the service delivery, Through the Sehatmandiproject, the Agency for Assistance and Development Afghanistan (AADA) has been providing BPHS and EPHS. Before the Sehatmandi, Bakhter Development Network (BDN) operated in 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 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)
Ghazni	1,268,200,440	622,370,285	49.1%	920	12.4	1,378,237	45,320,429	116,785,821	38.8%	21	34

*Maximum Level P4P
¶ The Sehatmandi Project RFP
§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Ghazni was the11th to the top among 31 provinces and P4P earned in SAPR1 as percent of total possible was 9th to the bottom of 31 provinces.

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.Ghazni is ranked the 19th from the top and scored 19 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**
Ghazni												19

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) 3 report failed	Salary Payment (Result 1.7)	Total Performance Score	Reward/ Sanctions
			BSC (Result 1.4.1)	QoC Indicators (1.4.2)				
N.A.	-5	0	N.A.	N.A.	0	0	-5	PIP

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.

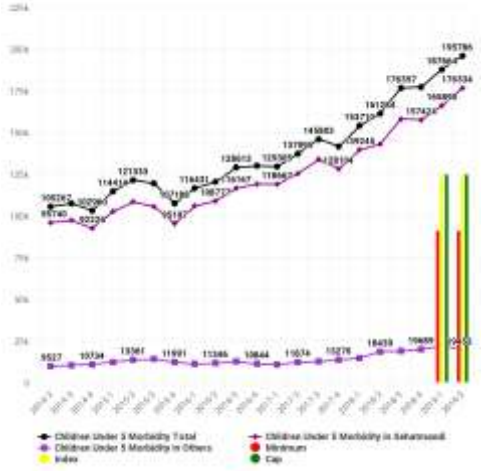
1.8 Key findings

- Ghazni is ranked at the19thfrom the top in the P4P indicator ranking:
  - 1 of 11 P4P indicators did not meet the minimum level.
  - 4 of 11 P4P indicator did not meet the Index.
- All HFshave female staff as per the Minimum Standards.
- About 4% of Health posts did not have female CHWs as per the minimum standards.
- Insecurity disturbed the distribution of medical and non-medical products in some parts of the province.

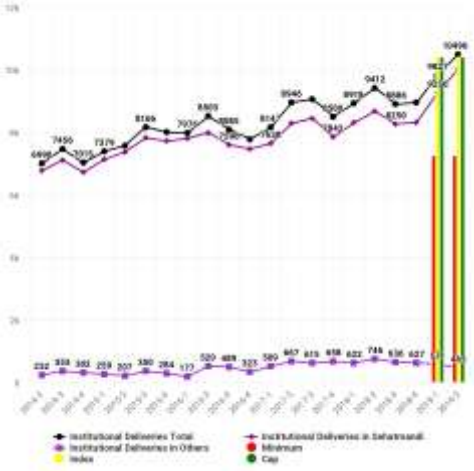
1.9 Indicator trends

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 comparison of quarter 1 and quarter 2 of this Semi-Annual Cycle.

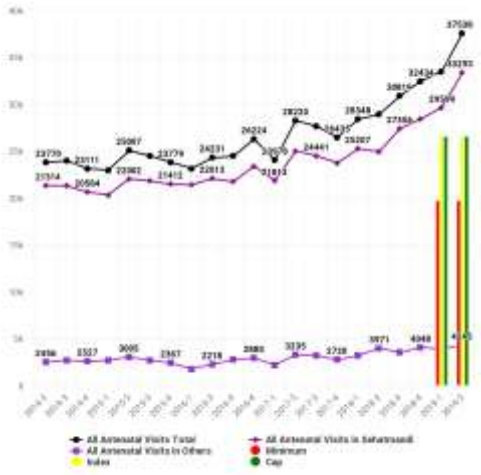
Children Under Five Morbidity



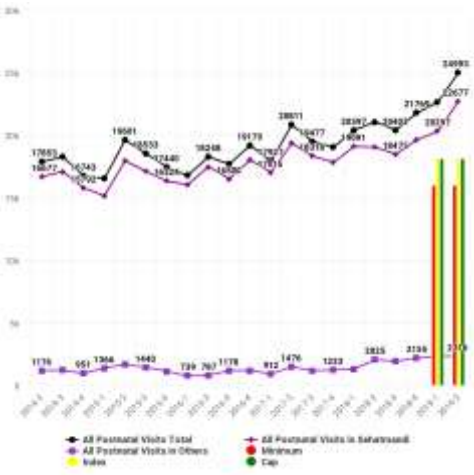
Institutional Delivery



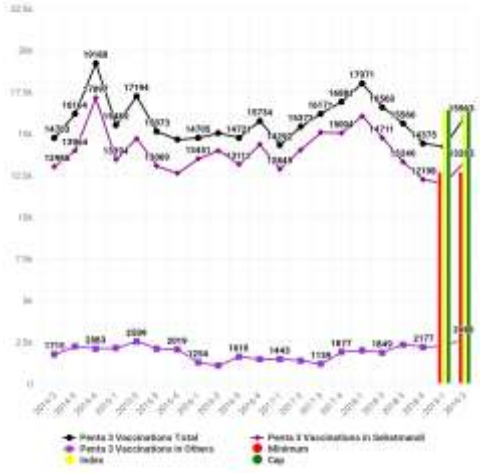
All Ante-Natal Care Visits



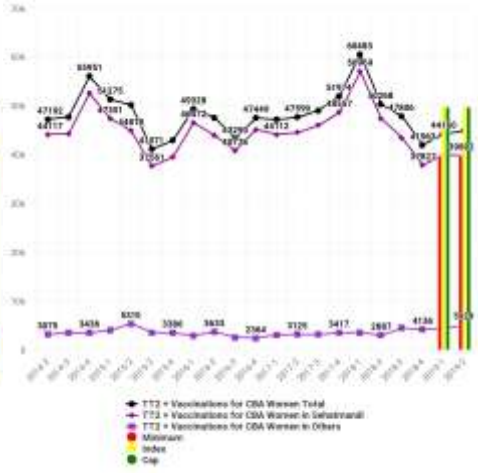
All Post-Natal Care Visits



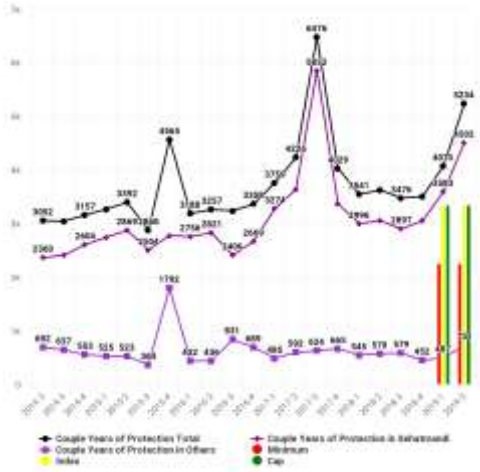
Penta 3 Vaccinations



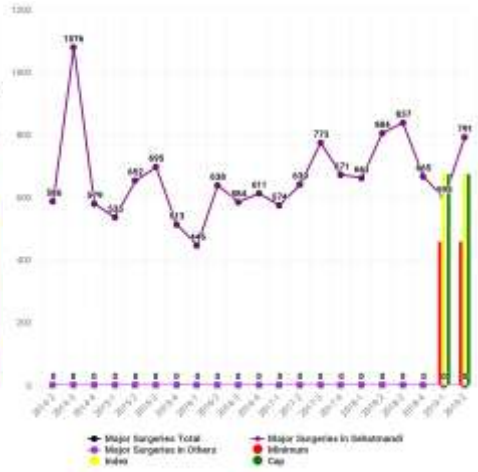
TT2+ Vaccinations



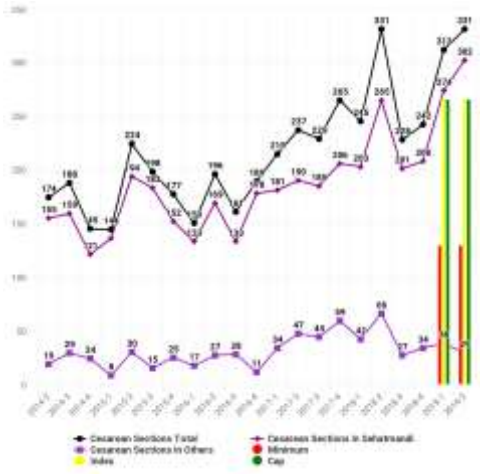
Couple Years of Protection



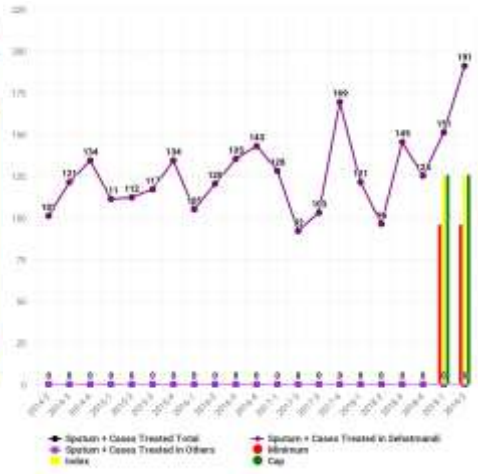
Major Surgeries



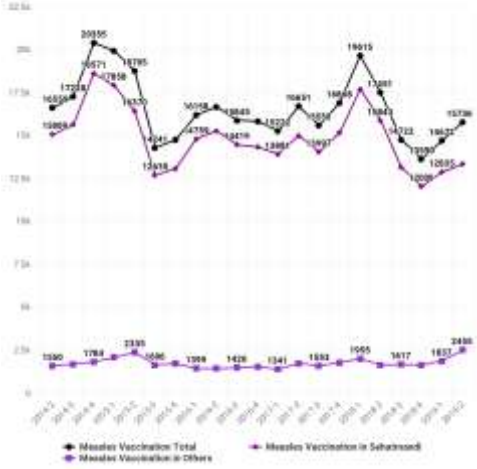
Caesarean Sections



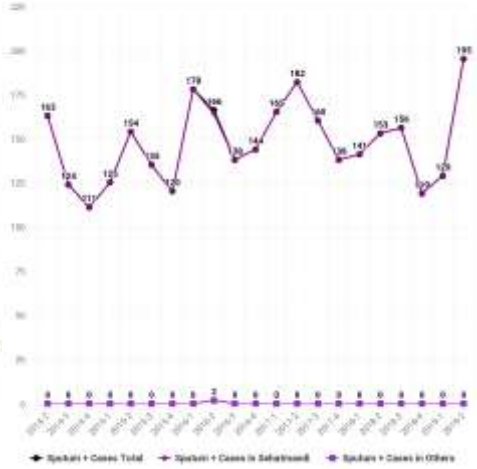
TB Sputum Positive Cases Treated



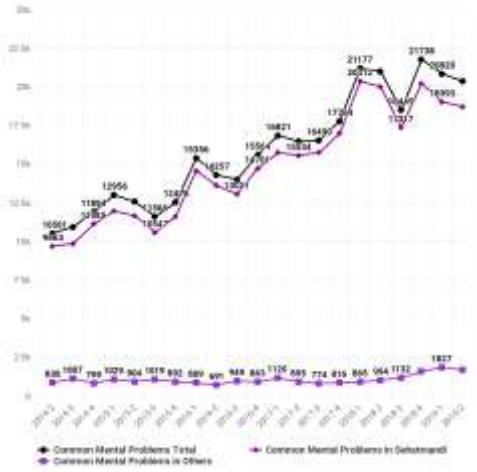
Measles Vaccinations



TB Case Detection

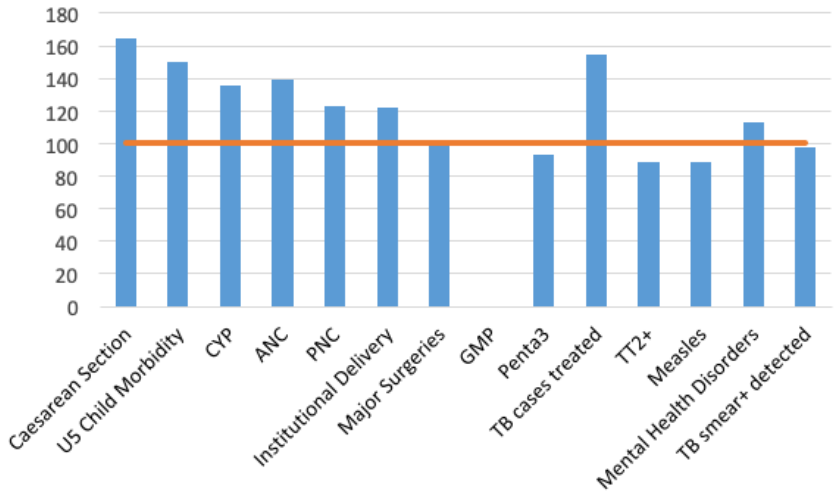


Mental Health Disorders



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 normalizedby 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 thanthe last five years median and those lower than 100 show low performance than the median of last fiveyears.

1.11 Conclusions of the charts

- On average, P4P indicators rose by more than 58% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) increased up to 6% over 5 years.
- Maternal health services (ANC, institutional deliveries, and Caesarean section) showed steady increase by about 66% over time.
- Penta 3, TT2+, Measles and TB smear+ are lower than the median of last 5 years.
- Status of TT2+ and Measles are worse among all and need investigation.
- On average Non P4Pindicators rose by more than 34% over 5 years.
- The measles coverage decreased up to 14%

2.1 Province-specific analysis

2.1.1 Management:

- BDN has been provided BPHS and EPHS before AADA.
- Staffing:
    - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, all health facilities had female staff.
    - Shortage of female CHWs is existent in over 4 % of health posts.
- Staff salary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle but no report in the second quarter.
- Reporting:

	Q1	Q2	
Report	Submission	Submission	Conclusion
Inception Report	Delayed	-	Some delay was in place in 1st quarter so the committee advice the SP to be not repeat in the future.
Data Quality Assurance Plan	On time	-	
Quarterly Report	On time	On time	
PIP	On time	On time	
Monthly Updates	Delayed	On time	
Inventory List	-	On time	
Incident Report	On time	On time	

2.1.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - QaraBagh DH submit no caesarian section report during Q2 2019
    - Thirteen (13) BHCs and 3CHCs has very low percentage share report for under five child morbidity.
    - Eleven (11) BHCs has no percentage share data report for ANC during the reported period while there are midwives.
    - Seventeen (17) BHCs and 11 SHCs has low percentage share data report for Institutional delivery while there are midwives.

- Five (5) BHC, 3 CHC and most of the SHCs has very low and even zero data for penta3 and TT2+
- DHs and CHC has the high performance regarding P4P indicators while BHCs and SHCs are with low or zero performance.
- According AADA some factors like harsh winter, insecurity, transition of sehatmandi, late payments to vaccinators are the reason for EPI low coverage but there are some HFs located in insecure places with high coverage in compare with the same situation for instance Muqur, Qarabagh, MawlawiAbZahir DHs and Nawa, Nani and Sangar BHCs.

2.1.3 Specific major events affecting service delivery:

a. Health Services Lost Due to Anti-Government Elements 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	Ab band	CHC	2 February 2019	28 january2019	2 February 2019	4	Closed since 28th March, 2019
2	Rasana	BHC	24 January 2019	24 January 2019	29 January	5	
3	Pateshi	BHC	18 April 2019	18 April 2019	21 April 2019	3	One day is Friday
4	Deyak	CHC	4 May 2019	4 may 2019	4 may 2019	1	
5	Sabzposhan	CHC	8 June 2019	8 June 2019	8 June 2019	1	
Total #days halted						14	

b. **Natural Disasters**: AADA reported no cases.

c. **Population movement**: no report.

2. Discussion & Recommended actions

3. Recommendation to SP

- AADA should request the MOPH/PMO to review the set benchmarks – Minimum Level, Index and Maximum Level.
- Insecurity at provincial level and all District of Ghazniprovinceare a known fact. Revise the emergency and procurement and distribution plan of medical and non-medical products to ensure uninterrupted medical supplies in those areas.
- HFs with low even zero performance in some indicators is need to review the reality behind this because the targeted population should get the designed health services considering equity and equality.
- In compare of the change of performance from quarter one to quarter two there are some HFs below performance in Q2 than Q1, search the reason out of insecurity which is common for all districts.
- Neo natal death is requested to be added in the quarterly report.
- Vaccine drop out is high and hope to be decrease.
- Renovation of the building should be done as soon as after the building damage.
- A basic renovation plan is required to be provided.
- Staff of Underutilized HFs can be changed to over utilized HFs.

- Psychosocial councilors should be hired.
- Mental health training for councilors should be conducted.
- Mental disorder cases should be includein the MIAR.
- Regular psychotropic supply should be considered.
- Regular provision of update CHW kits is requested.
- CHW refresher training should be included in the reports.

Recommendation for MOPH leadership:

- CBHC officer is a need and be hired in PPHO team, so it is need to create the position.
- Because of insecurity some HFs staff are not committed to be accountable.
- Availability of one vaccinator is necessary hope to be add in minimum standards.
- Quarterly basis payment will prevent the gaps of dely.