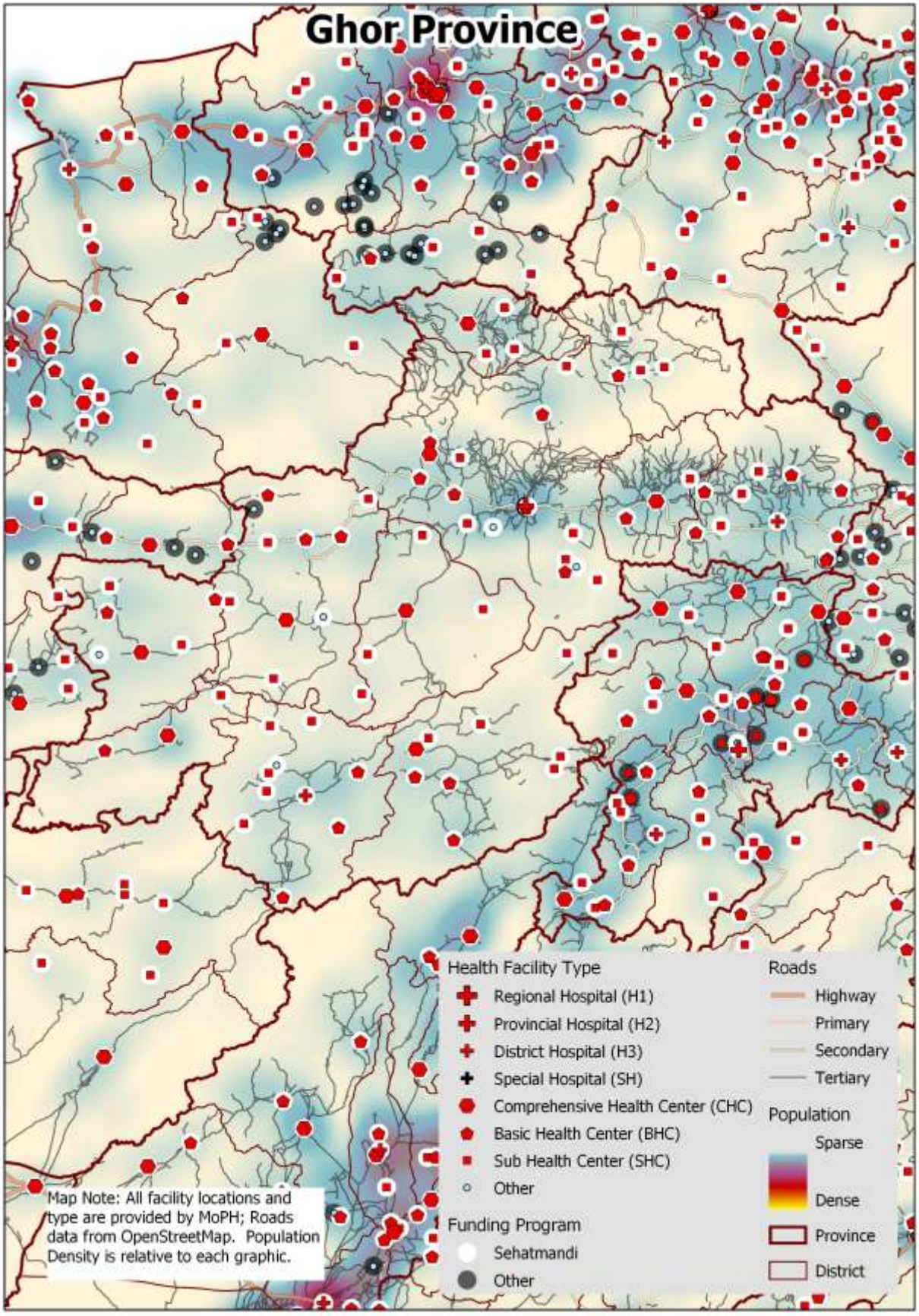
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Ghor 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]
Ghor	701,653	19.2	28	45.5	4,961	60.5	12	Medium

[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.

Ghor provinceis located in the centerpart of Afghanistan. It share borderswith Herat, Badghis, Helmand, Farah, Faryab, Saripol, Bamyan and Dikondi. There are 10 districts and 3891 villagesin the province. Cheghcheran/FirozKoh serves as the provincial capital.

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*	
Ghor	CHA	No	476	40	0	26	3	8	0	2	1	15	12	91	16	85.0

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

Through the SEHAT and Sehatmandi projects,the Coordination of Humanitarian Assistance (CHA) has been providing the BPHS in Ghor province. Before the Sehatmandi, CHA operated the BPHS 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)
Ghor	**994,801,291**	**633,644,390**	**63.7%**	**1,311**	**17.6**	**758,704**	**27,737,720**	**65,796,876**	**42.2%**	**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 Ghor province was the 3rd to the highest among 31 provinces. It was ranked at the 15th in terms of P4P earned in SAPR1 as % of total possible payment.

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	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**
Ghor												20

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.**	**-5**	**0**	**-5**	

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.

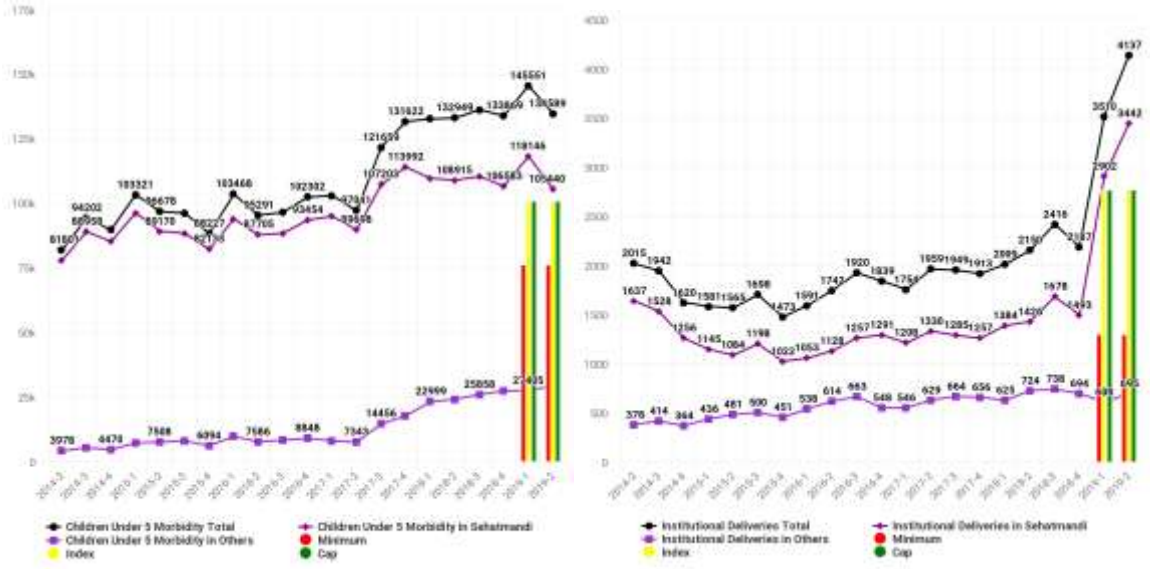
1.8 Key findings

- Ghor is ranked at the 17th from the topof the P4P indicator ranking:2 of 10 P4P indicators (CYP and PENTA-3) did not meet the Index, 6 of 10P4P indicators (child morbidity,growthmonitoring, C-Section, TT2+, TB treated cases and institutional deliveries) reached to index, and 2 P4P indicators (ANCs and PNCs) hit the cap.
- On average, P4P indicators (excluding C-section and growth Monitoring) rose by 62% over 5 years.

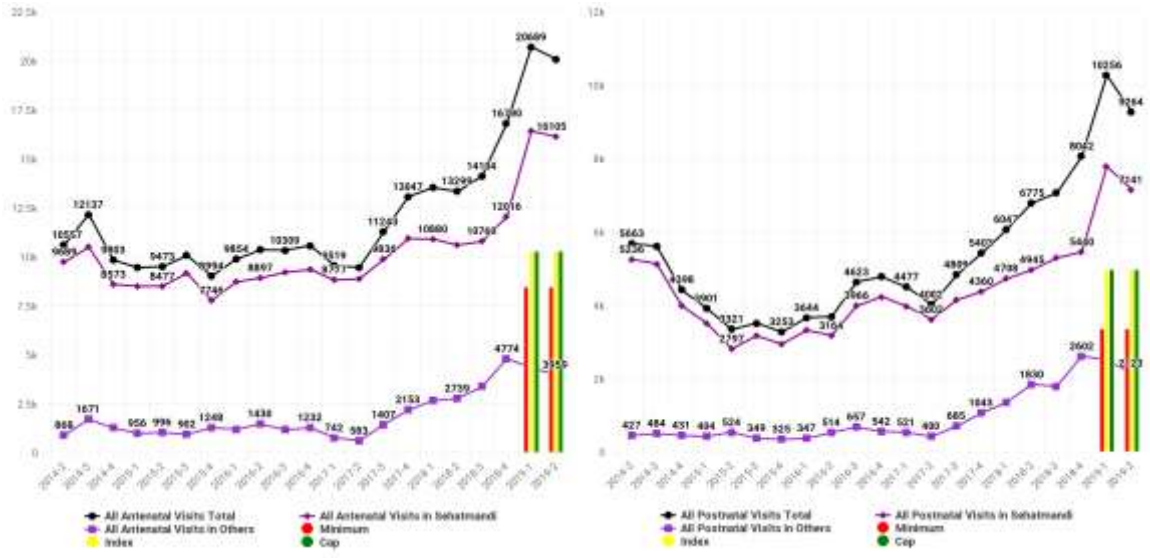
1.9 Indicator trends

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

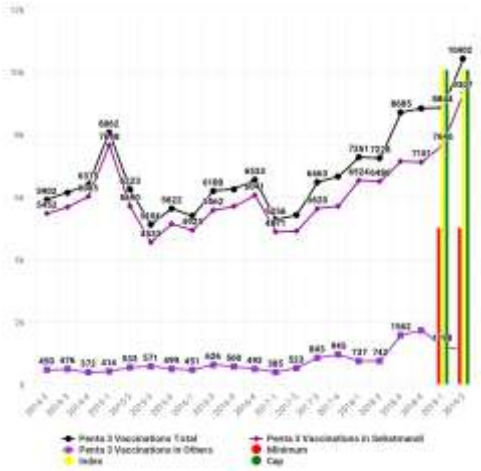
Children Under Five Morbidity Institutional Delivery



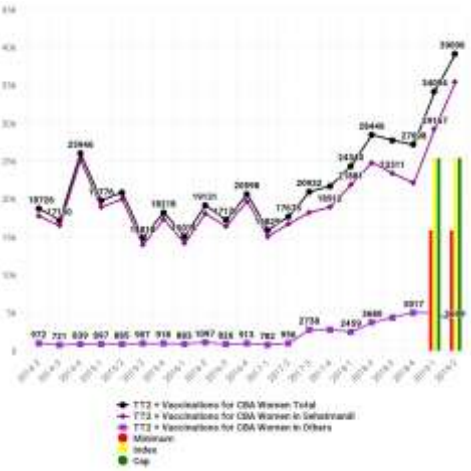
All Ante-Natal Care Visits All Post-Natal Care Visits



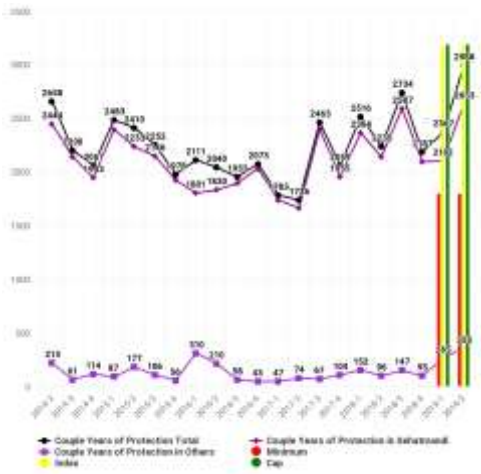
Penta 3 Vaccinations



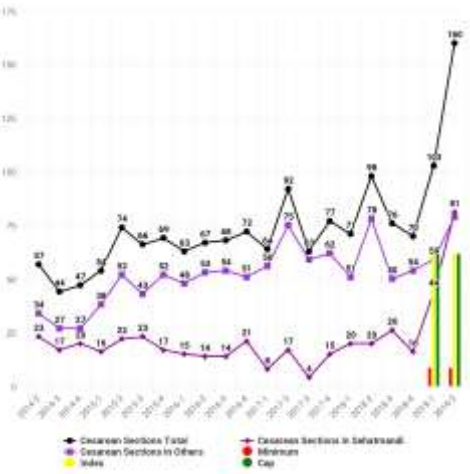
TT2+ Vaccinations



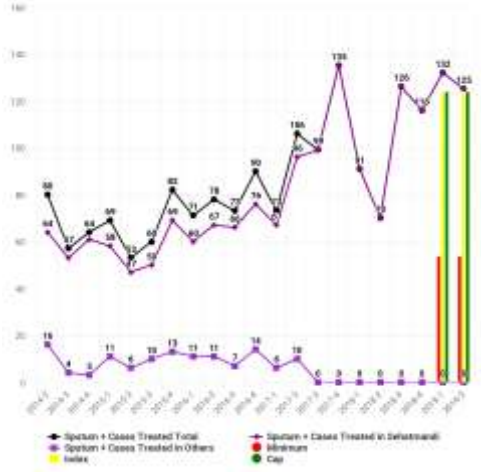
Couple Years of Protection



Caesarean Sections

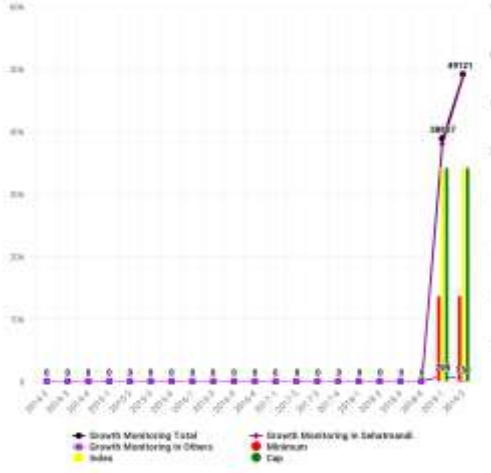


TB Sputum Positive

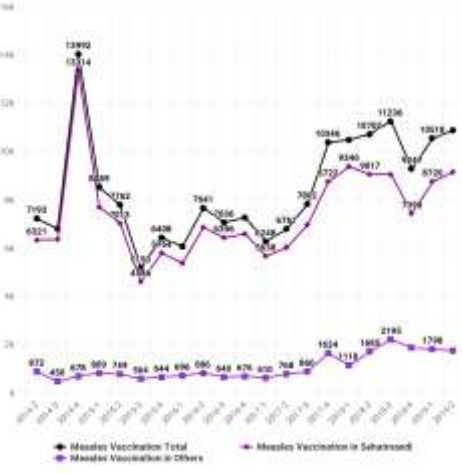


Cases Treated

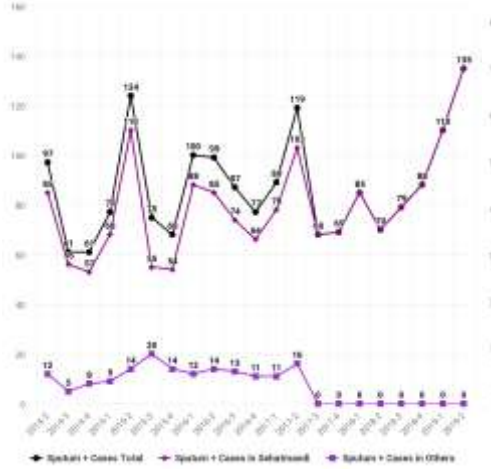
Growth Monitoring and Youth Counseling



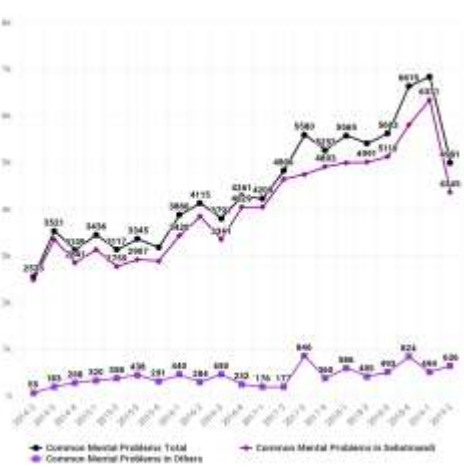
Measles Vaccinations



TB Case Detection

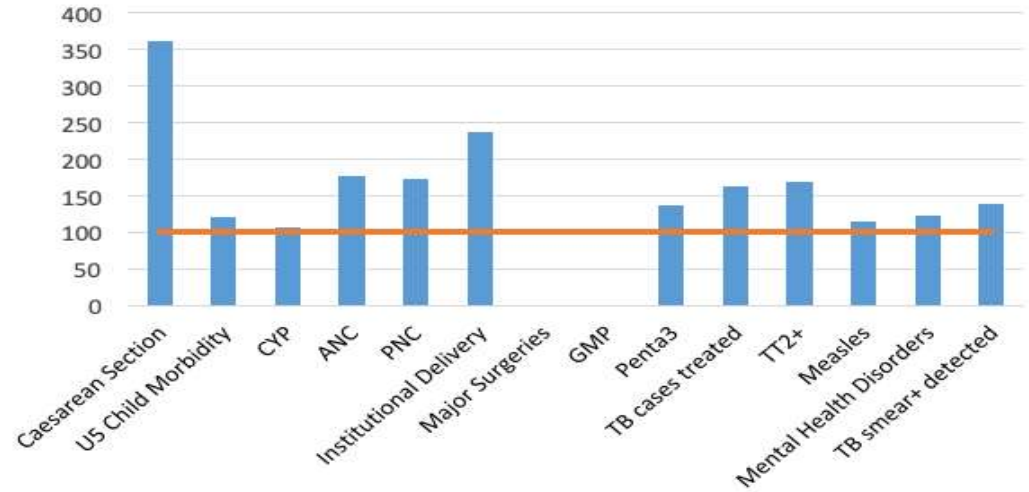


Mental Health Disorders



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 (excluding C-section and growth Monitoring) rose by 62% over 5 years.
- Immunization services (Penta-3, TT2+) increased an average of 185% over 5 years.
- Maternal health services (ANCs, PNCs, and institutional delivery) showed steady increase by 160% over time.

2 Province-specific analysis

2.1 Management:

- CHA provides BPHS since July 2017.
- Staffing:
    - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 100% of health facilities has have at least one female staff. Shortage of female CHWs is not found in all of health posts.
- Staff salary Payment:
  Delay in staff salary payment was not reported in this SA cycle.
- Reporting:
    - Submission of the Inception Report was overdue
    - Submission of the Data Quality Assurance Plan was overdue
    - Submission of the first and send Quarterly Reports ware overdue
    - All 3 monthly updates(second quarter) were 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
    - Shahrak CHC+, Taiwara DH and Lal Bazar DH reported a rapid increase in C-Section in Q2 compared to Q1.
    - Shahrak CHC+, Dolaina CHC, Lal Bazar DH and Kakara BHC reported a rapid increase in institutional delivery in Q2 compared to Q1.
    - Despite of Taiwara DH, Chardar BHC, Dolaina CHC, Safi doab BHC reported a rapid increase in ANCs, some HFs such asLofra BHC, Pay Hesar SHC and Kligo SHC did not reporton ANCs in Q2.
- Analysis of general conditions of the province that affect service delivery:
    - Turnover of female staff due to insecurity in some district of the province affect the services.
    - Heavy snowfall in most districts of this province affect the services.

2.3 Specific major events affecting service delivery:

a. 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	Dahoor	PHC	14 Feb, 2019	02/14/2019	06/09/2019	115	
Total #days halted						**115**	

b. **Natural Disasters**: No disasters reported.

c. **Population movement**: Nopopulation movement reported.

3. Discussion & Recommended actions

- Given shortage of female MDsin the province, CHAneeds to implement new incentive mechanism (including benefits and allowances) for female staff.
- Preparedness to security incidents and snowfalls is critical in some of the districts. Revise the procurement and distribution plan of medical products to ensure uninterrupted medical supplies in those areas.
- Ghor has identified white areas that should be covered by the health services through new strategies and initiatives. The report of white area identification has already been shared with MoPH/HSS.
- The MoPH to upgrade the CHCs with surgery services to cover the surgery cases in remote districts
- The deadline for submission of quarterly reports should be extended from 20 to 25 business days in Ghor and other hard geographical provinces.
- In order to improve quality of vaccination services the print copy of fridge tag should be submitted to head of the health facility by the assigned supervisor.
- The health facility in-depth analysis by EPI department shows decrease in vaccination services in particular the measles vaccination in 43 HFs (<80%) and a negative dropout of Penta vaccination in 24 HFs that needs to be improved through revising the micro-plans and conducting refresher training for vaccinators and gradual replacement of male vaccinators by females.
- A mechanism to follow up on negative and positive dropouts should be established.
- A CBHC Officer needs to be added in PPHO team to manage and lead the community-based activities and problems.
- Case detection of mental disorders is low (1% of all OPD) while the target is 10% of total OPD. To address this issue all supervisors provide on the job training and emphasize on mental health disorders during their supervision. In addition special attention should be paid to the mental disorders topic in CHWs training package. The vacant position of Psychosocial Counselors should be filled.
- The PPHD/PPHO cooperation is requested in supervision of mental disorders quality indicators as well as in CBHC quality indicators.
- There is difference in HPs number between HMIS and SP reports. The SP should check this with MoPH HMIS department and remove the discrepancy.

- Two P4P indicators (CYP and Penta 3) have not met the target/index level.
- MoPH to explore opportunities of providing training of implantation method of contraception for HFs staff.

Reasons for CYP low performance:

- Low awareness of the people about the side effects and complications of the contraceptive method and the purpose behind the family planning practice
- Cultural barriers (e.g. interest to have more children and stigma of infertility)
- Low capacity of HFs female staff in provision of contraceptive services

Actions:

- SP to conduct an in-depth analysis and identify HFs where low coverage of CYP is reported to provide the required education in relevant communities.
- SP to identify the staff with low capacity and provide the required training

Reasons for Penta 3 low performance:

- The harsh winter decreased referral of children under 1 year to HFs (parents' concern about health of their children)
- The opportunities of vaccination are missed due to weak internal referral system within HFs

Actions:

- SP to ensue enough supply of vaccination and availability of vaccinators in remote HFs during winter
- In order to prevent missing opportunities the SP to strengthen internal referrals system within the HFs through providing health education upon arrival of the clients to the HFs and making sure that they receive the needed vaccines.