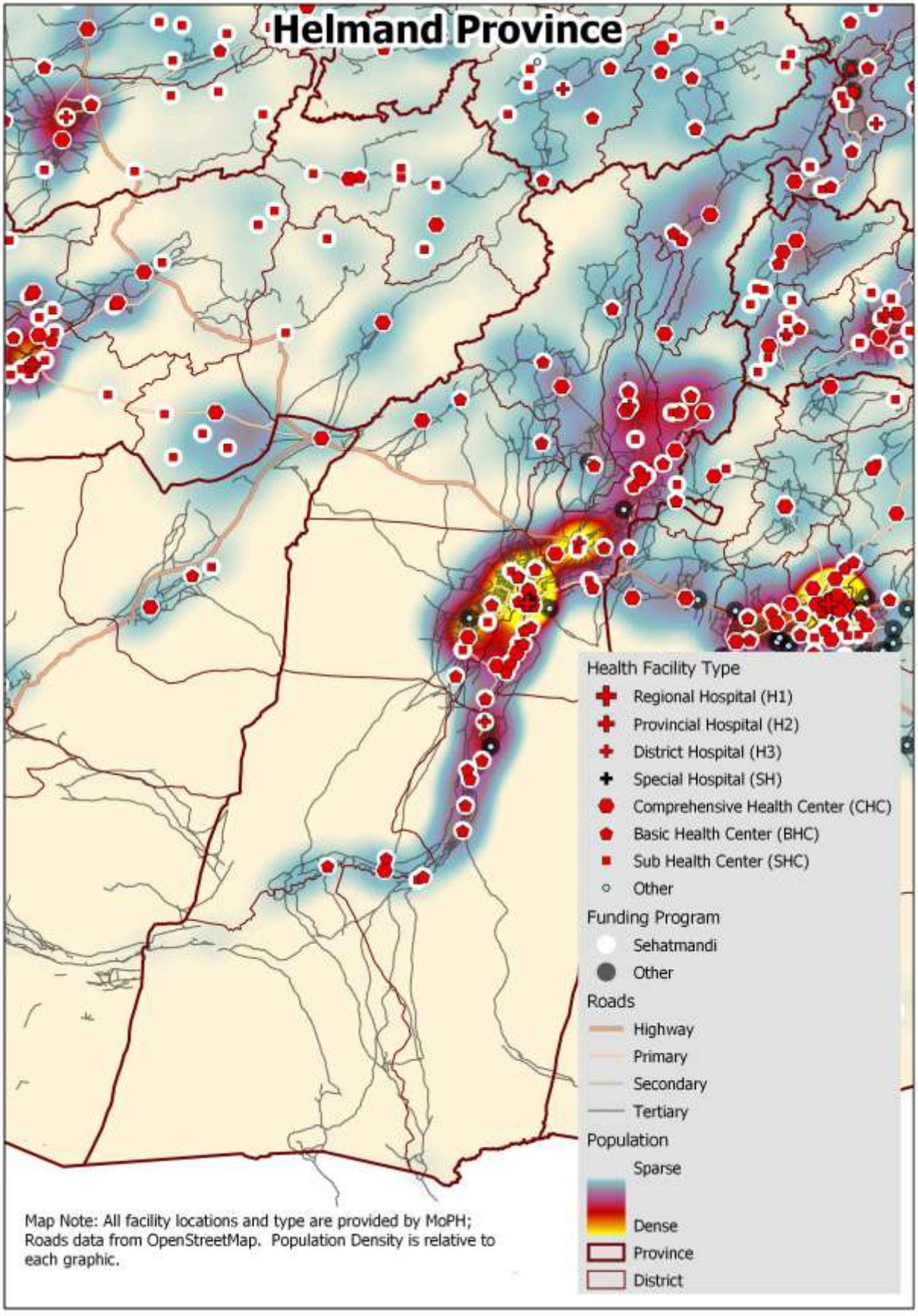
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Helmand 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]
Helmand	940,237	16.0	281	21.1	1,119	88.5	1.2	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.

Helmand is located in south-western region of Afghanistan, shares border with Kandahar, Urozgan,Daykundi, Ghor, Farah and Nimroz provinces in south and it is also shares border with Pakistan. It is divided into 12 districts. This contract serves a population of 1,462,577 of the project catchment area. The provincial capital is called Lashkarga.

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*	
Helmand	BRAC	No	387	14	0	45	2	15	0	3	3	1	36	78	41	65.5

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

Underthe Sehatmandi project, the BRAC Afghanistan has been providing BPHS. Before the Sehatmandi, the same organization 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)
Helmand	744,440,349	192,348,074	25.8%	509	6.8	1,462,577	44,406,054	100,445,071	44.2%	20	45

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

Total lump-sum amount as % of total contract amount for Helmandis ranked 25th from the top among the 31 provinces.P4P earned in SAPR1 as % of total possible amount for Helmand is ranked the 10th from the top.

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. Helmand is ranked at the 9thof 31 provinces.

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**
Helmand												22

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	-20	N.A.	N.A.	0	-5	-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.

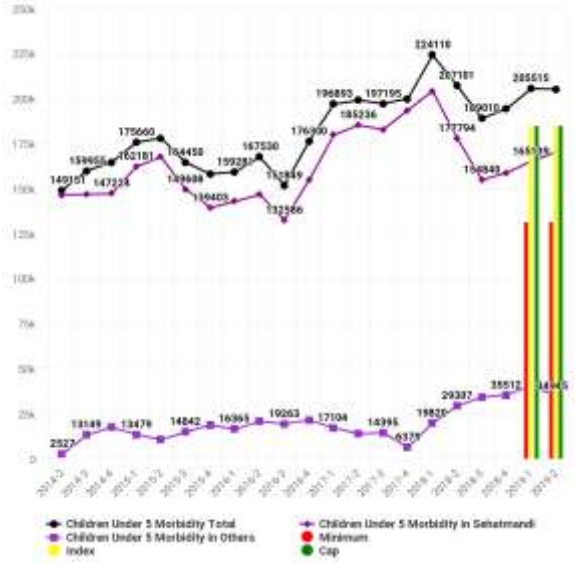
1.8 Key findings

- On average, P4P indicators rose by 204% over 5 years.
- Helmand is ranked the 9th of the P4P indicator ranking:
  - Seven of 10 P4P indicators have met the index even 5 of them have hit the maximum level, remaining 3 indicators (Penta3, TT2+ and Children<5 morbidity) located between minimum and index.
- Salary was not paid to the HFs staff timelyinthe second quarter.
- Out of 78 HFs, 7 of them didn't meet the Minimum Standards in regards to the availability of at least one female health worker. In addition, out of 410 Health Posts, 118 of them didn't have female CHW.
- CHWs Kits were not supplied for nearly four months: no activities related to the kit were conducted.
- Routine immunization was banned in the areas under control of AGE, resulting in decline in the immunization services.
- The Admin/Finance Manager works in both main office and the project office. One full-time Admin/Finance Manager is mandatory in accordance with the contract.

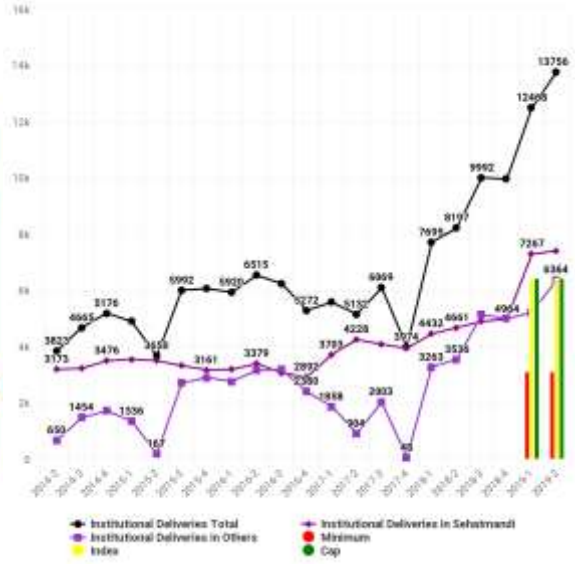
1.9 Indicator trends

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.

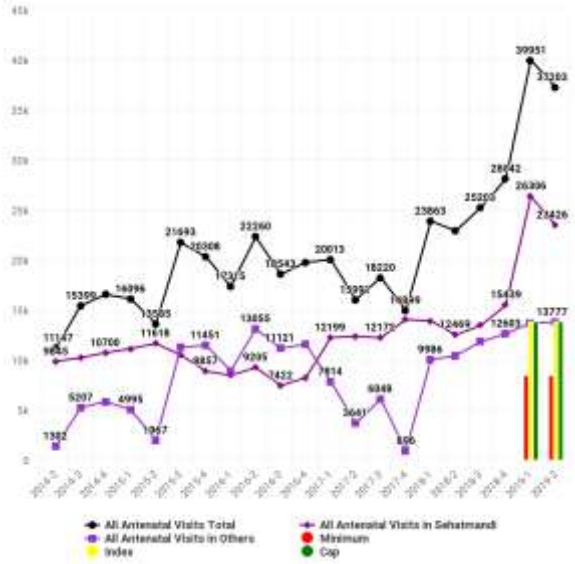
Children Under Five Morbidity



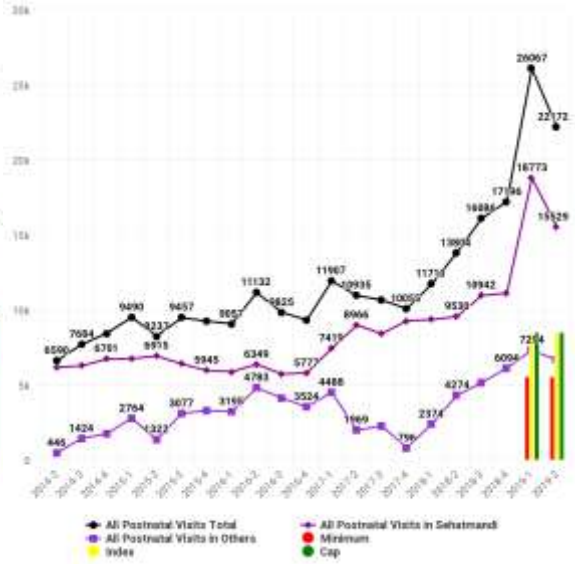
Institutional Delivery



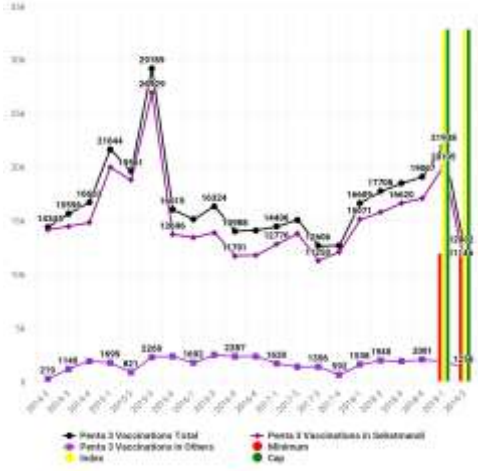
All Ante-Natal Care Visits



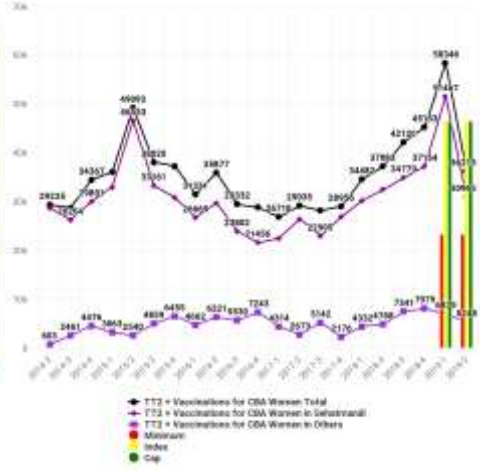
All Post-Natal Care Visits



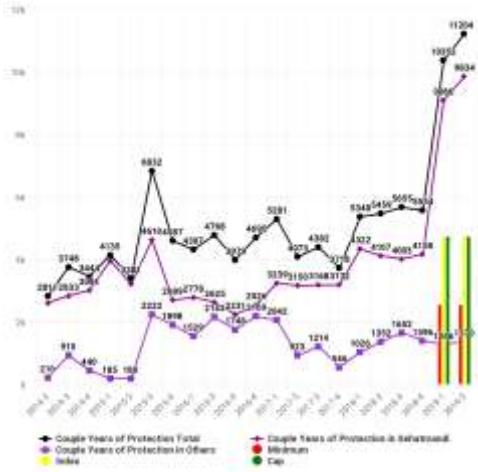
Penta 3 Vaccinations



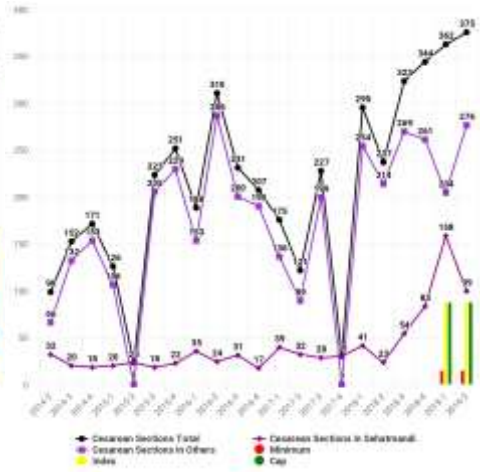
TT2+ Vaccinations



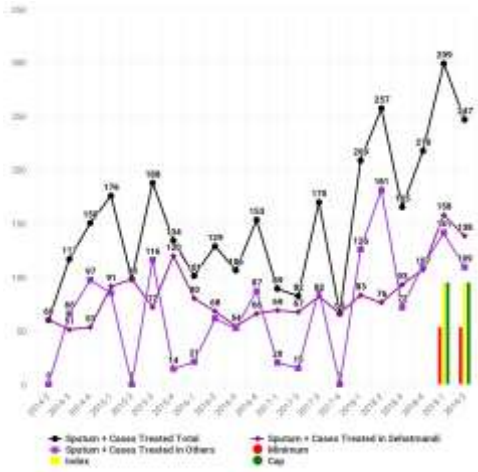
Couple Years of Protection



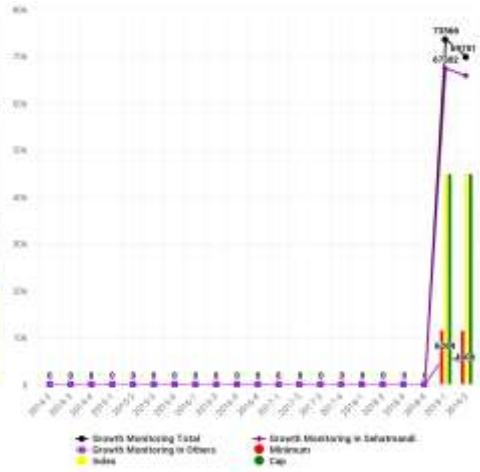
Caesarean Sections



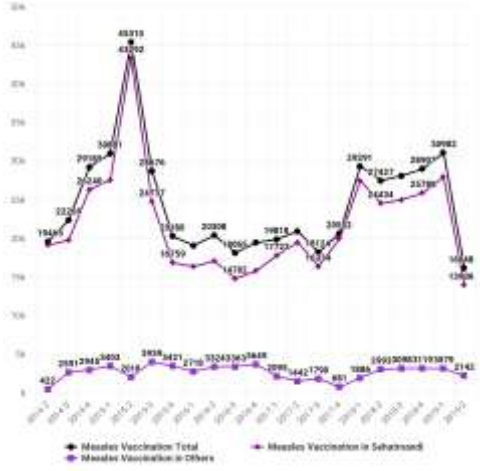
TB Sputum Positive Cases Treated



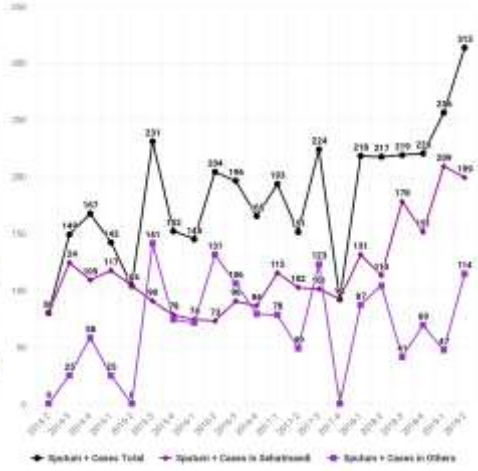
Growth Monitoring and Youth Counseling



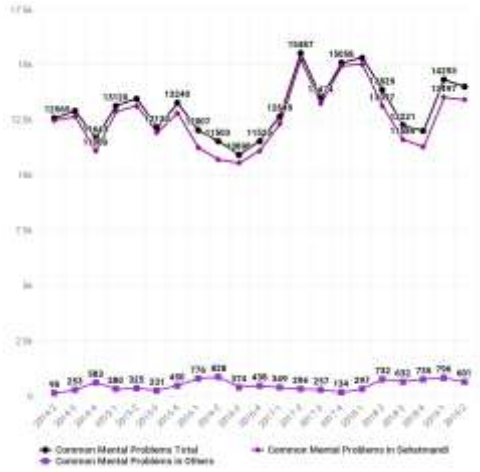
Measles Vaccinations



TB Case Detection

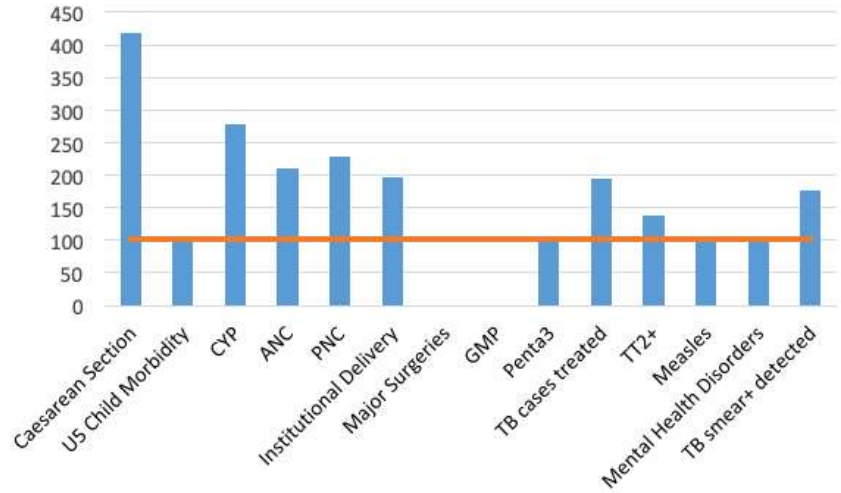


Mental Health Disorders



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 rose by 204% over 5 years.
- Immunization services (PENTA 3, TT2+ and measles) increased an average of 88% over 5 years.
- Maternal health services (ANC, institutional deliveries, PNCs) showed steady increase by 241% over time.

2 Province-specific analysis

2.1 Management:

- The BRAChas been providing BPHS since 2003. It is worth mention that the BPHS project was contracted with this organization in Helmand province under SEHAT and Sehatmandi projects.
- Staffing:
  - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 91% of health facilities had met minimal acceptable standards.
  - Seventy-one (71%) of the HPs had female CHWs.
- Staff salary Payment: Payment was delayed for the HFs staff in all the months of the second quarter.
- Reporting:

Reports	Q1	Q2	Conclusion
Inception report	Delayed	NA	Not delayed for two consecutive quarters in a row
DQAP	Delayed	Submitted	
Quarterly Report	On time	On time	
PIP	On time	NA	
MU	NA	On time	
Inventory List	NA	On time	

  - Routine immunization (fixed, mobile & outreach)wasbanned in areas under controlled of AGE.

2.1.1 Health Facility Analysis:

- Health Facilities with Problems or Success
  - In-depth analysis of the HFs data revealed that performance of 42 HFs delivered more services in first quarter than the second quarter, while 45% of the HFs have more performance in the second quarter than the first quarter.
  - Performance of 9% of the HFs (Dishu BHC, BaghniKhanjak CHC, Malmand BHC, Katozay PHC, KajakiTangi BHC, Bagat PHC, and Marjeh MHT) are zero in both of the quarters.
  - There was no difference between quarter 1 and quarter 2 performance for 4% of the HFs.

- In-depth analysis of the HFs indicate that 87% of the HFs have higher performances in PENTA3 in the first quarter for which the performances of some of them were significant high in this quarter than the second quarter. The performance of 85% of the HFs were high in the first quarter for TT2+, among which some have higher performance in the same quarter.
- Based on the HMIS data, remarkable differences between performance of some HFs in quarter 1 than Quarter 2 in Penta3 and TT2+ (e.g. Kajaki CHC, Musa Qala DH, Baghran CHC+ and Nawzaad CHC+) is seen. These HFs didn't have any performances in the 5th and 6th months in the aforementioned indicators.Other HFs reported zero in the same period of time.
- Considerable difference existed between performance of Institutional Delivery insome of the HFs in both quarters - e.g.SiaPushta BHC had 10 deliveries in Q1 while it had become 58 in the second quarter, Sangin CHC performance in relation to delivery was 49 in Q1 while it had become 185 in the Q2, Nawzaad CHC+ performance in relation to delivery was 89 in Q1 but 180 in Q2. There was no any delivery case in the 2nd month of Q1 in Nawzaad CHC+.
- Institutional Delivery, ANCs and PNCs services were not reported from 7 of the HFs in both quarters.

o Analysis of general conditions of the province that affect service delivery:

- According to latest monitoring missions conducted in Helmand, delay in salary payment for the HFs staff for all months of the second quarter negatively affected the service delivery.
- Banning on routine immunization in areas controlled by AGE affected immunization program, resulting in failure to meet the index for Penta3 and TT2+.
- CHW kits were not supplied for nearly four months. As a result, CHWs did provide any relevant performances.
- All HFs facilities were functional and key staff was present at the time of visit. The service provider had supplied the required medicine to the HFs and the visited HFs had the required medicine.
- The project manager had strong coordination with the PPHD.

2.1.2 Specific major events affecting service delivery:

a. Health Services Lost Due to Anti-Government Elements Activities: no report.

b. **Natural Disasters**: Is not reported.
c. **Population movement**: is not reported.
d. Routine immunizationhas been banned in catchment areas of 56 HFs located in under control areas of AGE since April 2019.

3. Discussion & Recommended actions

- Penta3, TT2+ and <5 children morbidity indicators did not meet theset targets, thereforetheir root causes should be analyzed and proper measures should be taken.
- The Admin/Finance Manager works in main office and project's office against the contract condition.

- Dialogue with AGE should be continued to allow for normal vaccination services.
- Payment to the staff should be regular.
- The CHWs kit should be supplied in order to allow them to fulfill their activities
- The HFs should be staffed in according to the requirement of the Minimum Standards.
- Recommendation to the Leadership:
  Payment schedule is needed to be changed from semi-annual basis to quarterly
- Payment for the P4P indicators that hit the cap should be taken place
- Target for the GMP should be increased in the contracts
- Proper measures are needed to be considered for force majeure cases
- The SOP should be revised and important points such as scoring in relation to the staffing in the minimum standard section is needed to be rationalized
- Ambiguous parts of the SOP should be clearly defined