



**Islamic Republic of Afghanistan**

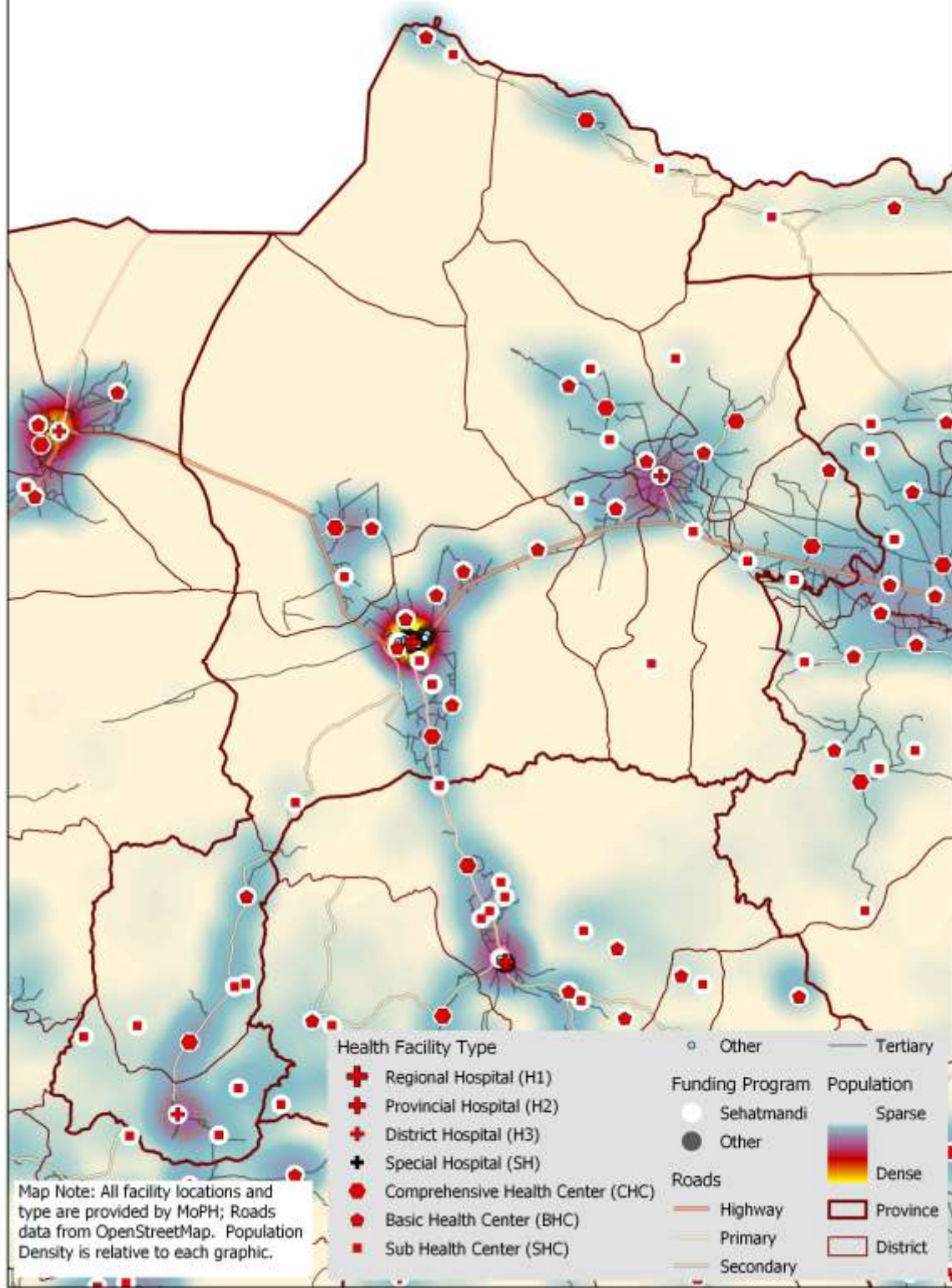
**Ministry of Public Health**

**Sehatmandi Semi Annual Performance Review 1**

**Provincial-level review: Jawzjan**

September 2019

# Jawzjan Province



## 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]
Jawzjan	549,900	46.6	61	76.8	4,144	65.3	15.7	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.

Jawzjan located in the north of the country bordering neighboring Turkmenistan. Jozjan province covers an area of 10,326 km<sup>2</sup>, the province is divided into 11 districts and contains hundreds of villages. It has a population of about 601405, which is multi-ethnic and mostly agriculturalists. Sheberghan is the capital of Jawzjan 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	
Jawzjan	SAF	No	349	21	0	14	2	7	0	2	2	1	18	45	22	67.2

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

BPHS is implemented by Solidarity for Afghan Families (SAF) organization through the Sehatmandi project. Before the Sehatmandi project SAF operated in the province under SEHAT project. The EPHS services provided by MOPH and TIKa through PH and specialty hospital (SH) in the capital of the province.

## 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 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)
Jawzjan	539,751,337	253,537,080	47.0%	897	12.1	601,405	24,833,739	53,206,248	46.7%	21	45

\*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount for Jawzjanas percentage of total contract amount is 47% of, which is a little over the national mean of 40.3%.Jawzjan is ranked top 3 in P4P earned in SAPR1 as % of total possible payment (i.e. Maximum Level)

## 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 orange, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color.Jawzjan is ranked at the 17<sup>th</sup> from the top.

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
Jawzjan												20

## 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	0	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.

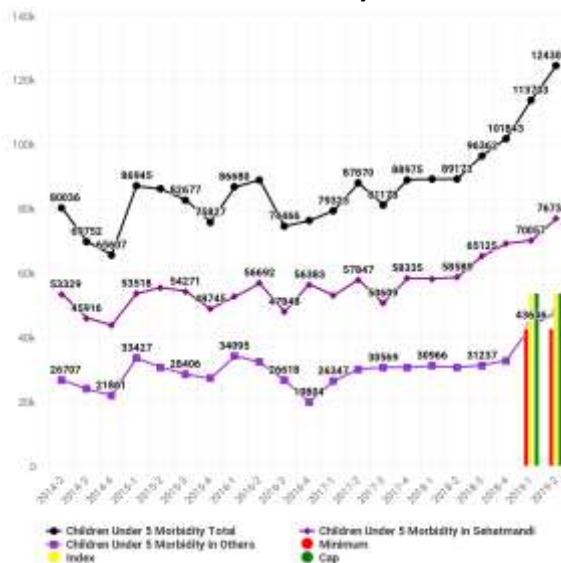
## 1.7 Key findings

- Jawzjan was at the 17<sup>th</sup> of the P4P indicator ranking: 4 of 10 P4P indicators hit the Maximum Level, 2 met the Index and 4 did not meet the Index Level.
- In addition to delays in the government payment, low lump-sum budget contributed to delays in the staff salary payment in the Q1.
- The contribution of other health facilities (Non Sehatmandi) in some indicators is more than Sehatmandi HFs shown in the charts.
- Due to lack of female MD and surgeon in Qarqin CHC+, the health facility didn't provide CS services since start of the project.
- More than 30% of CHCs didn't have female MD.
- On-going devastation of war in the district and neighboring provinces displace people to Sheberghan province and affect the services in the districts, including Darzab, Qoshtepa, and Khamab.

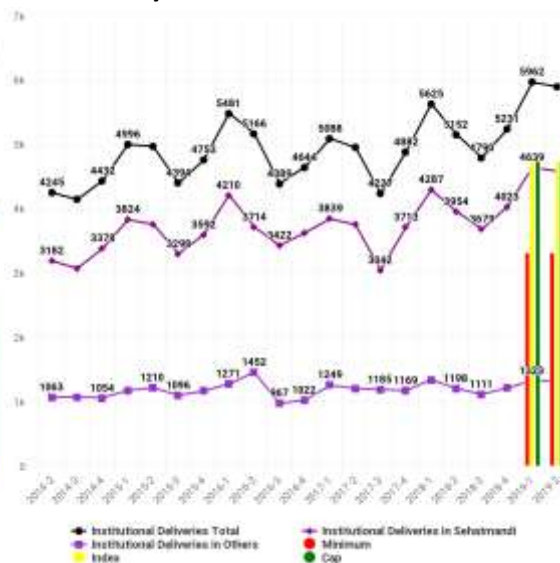
## 1.8 Indicator trends

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

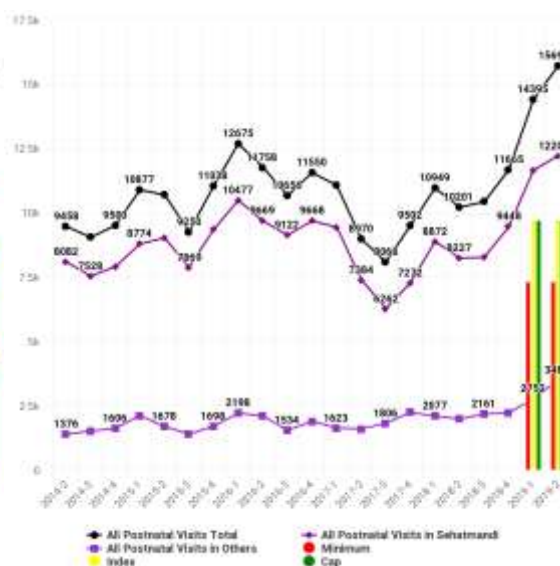
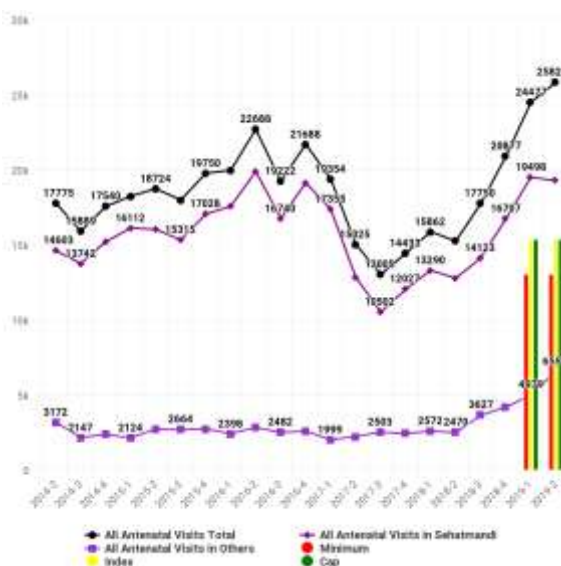
### Children Under Five Morbidity



### Institutional Delivery



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

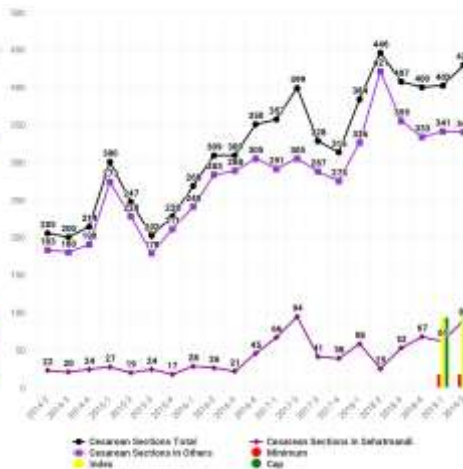
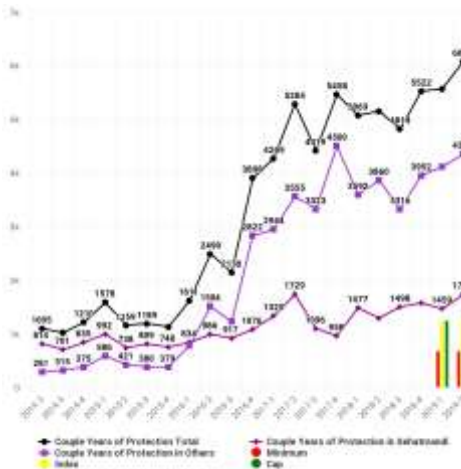


### Penta 3 Vaccinations

### TT2+ Vaccinations

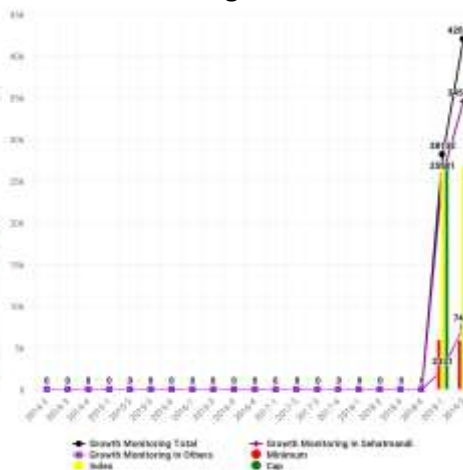
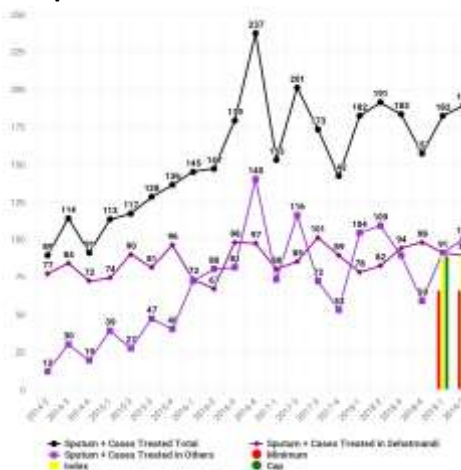
## Couple Years of Protection

## Caesarean Section



## TB Sputum Positive Cases Treated

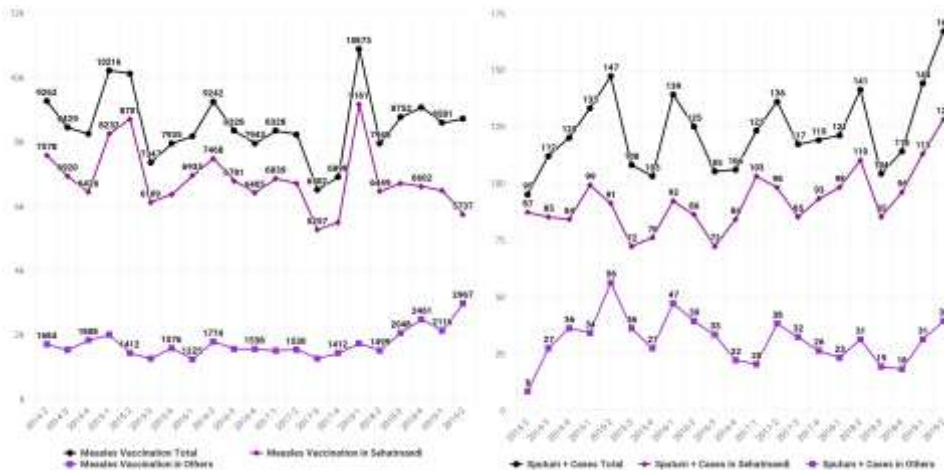
## Growth Monitoring and Youth Counseling



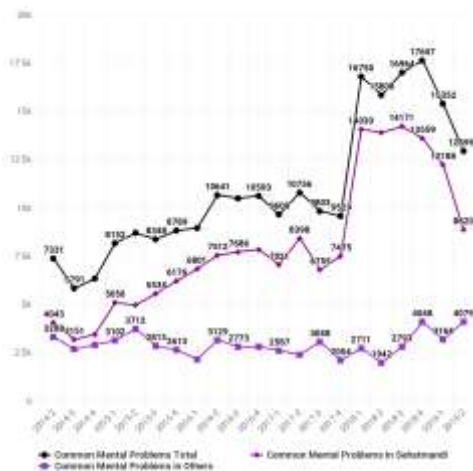
## Measles Vaccinations

## TB Case Detection



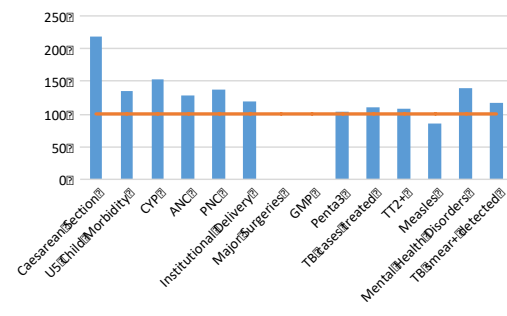


## Mental Health Disorders



## 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



- Except for Caesarean section and Growth Monitoring, P4P indicators rose by an average of 40% over 5 years.
- Maternal health services (ANC, PNC, institutional deliveries and CYP) showed huge increase by 59% over time.
- Immunization services (Penta 3, TT2+ and measles) has no change over 5 years.

## **2.1 Province-specific analysis**

### **2.1.1 Management:**

- SAF has been providing BPHS since 2010.
- Staffing:
  - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 100% of health facilities had at least one female staff and 33% of CHC didn't have female MD.
  - 100% of health post had female CHW.
- 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:
  - Inception Report was submitted on time.
  - The first Quarterly Report was overdue but the second was submitted on time.
  - All 3 Monthly Updates has submitted on time to PMO.
  - PIP was submitted on time.
  - No Data Quality Assurance Plan was submitted.
  - Semi-Annual Inventory List was submitted on time.
  - No Force Majeure cases happened in this reporting period.

### **2.1.2 Health Facility Analysis:**

- Health Facilities with Problems or Success
  - Darzab DH reported a rapid fall of Caesarean Section in Q2 compared to Q1.
  - Qarqin CHC+ did not provide Caesarean Section services since beginning of project.
  - Overall, the services showed slight decrease in MCH and EPI in BHCs comparing with other type of HFs in Q2.
- Analysis of general conditions of the province that affect service delivery:
  - Active war in most district of the province affect the services, staff resigned especially female MDs and surgeon. Fortunately no health facility has closed due to war or insecurity.

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

- a. No cases reported in this reporting period.
- b. Population movement: Due to on-going war, in Darzab and Qoshtepa district of Jawzjan lots of people has been displaced to Sheberghan city.

## **3. Discussion & Recommended actions**

- Given lack of female health professionals and surgeon in the health facilities, SAF should review staffing pattern and implement new incentive mechanism (including benefits and allowances) for female staff.

- Overall implementation approach for EPI, delivery indicators may not be optimal and SP come up with innovative approaches.
- SAF should equally focus on all services in the BPHS package, not just P4P indicators.
- SAF need to Integrated mobile activities (EPI, MCH) services in the districts that show low utilization.