

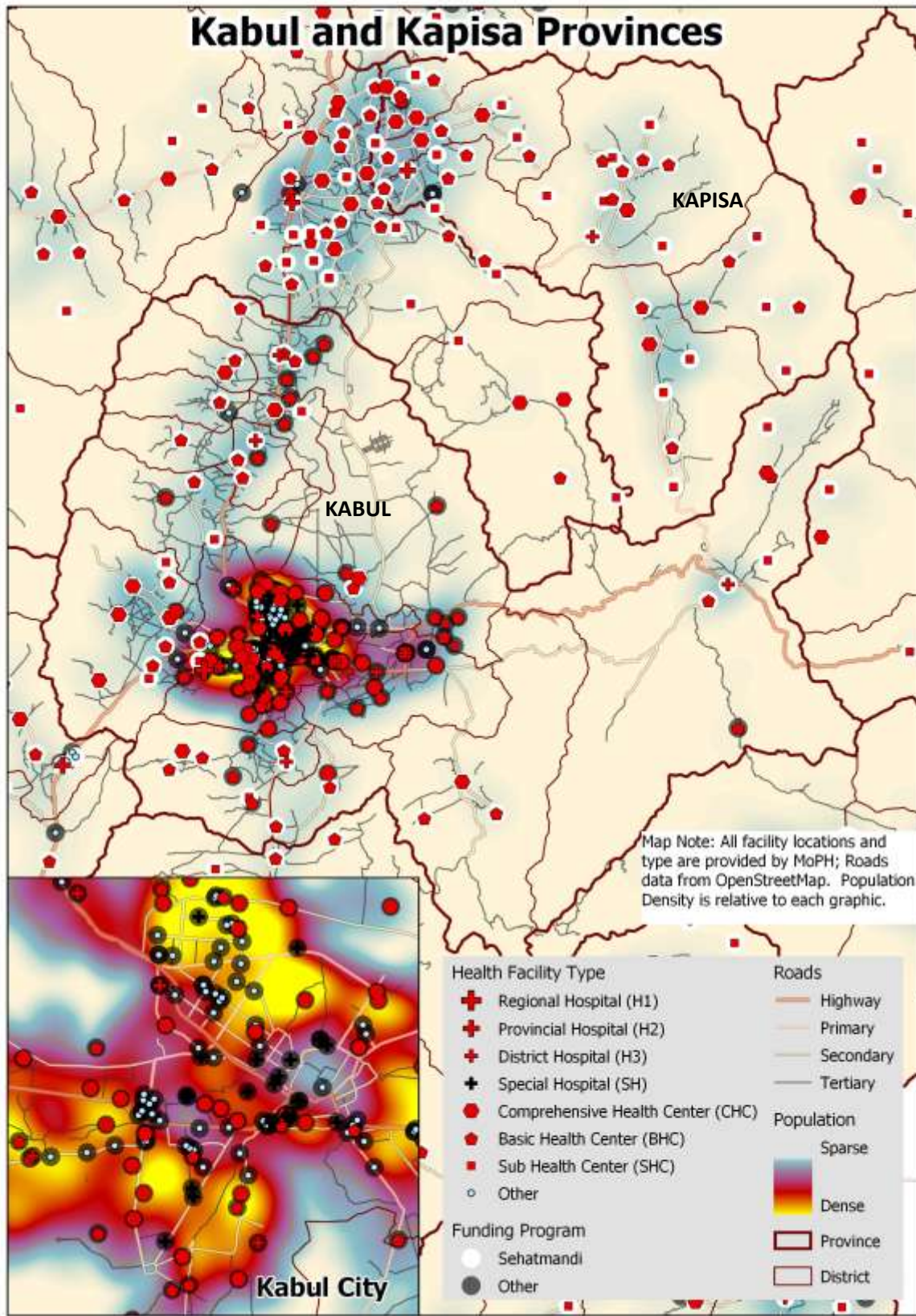


Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019



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]
Kabul	4,523,718	1013.8	596	93.7	2,580	34.3	42.2	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.

Kabul is located in the farthest eastern part of Afghanistan. It shares borders with Parwan, Kapisa, Laghman, Nangarhar, Logar and Wardak. There are 14 districts in the province. Kabul serves as the national and provincial capital, which is further divided into 22 administrative districts called municipal districts (*nāhia*).

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	
Kabul	SDO/OCED	No	731	9	2	24	44	10	42	4	29	0	68	47	185	20.3

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

Since the start of the Sehatmandi project in January 2019, the Sanayee Development Organization (SDO) has been providing BPHS. Before the Sehatmandi, Move Welfare 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 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)
Kabul	523,501,708	233,554,490	44.6%	699	9.4	748,507	25,208,781	55,441,849	45.5%	20	45

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Percent share of total lump-sum amount relative to the total budget for Kabul province was ranked at the 17th among 31 provinces. Kabul is ranked top five in terms of P4P earned in SAPR1 as % of total possible contract amount (i.e. the 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. Kabul is ranked at the 2nd from the top.

Province	Post-natal care	Outpatient visits (children <5 years)	Antenatal care	Tuberculosis 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)	Provincial indicators below index (n)	Provincial indicators above cap (n)
National												22	3	3
Kabul												25	2	7

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.	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.

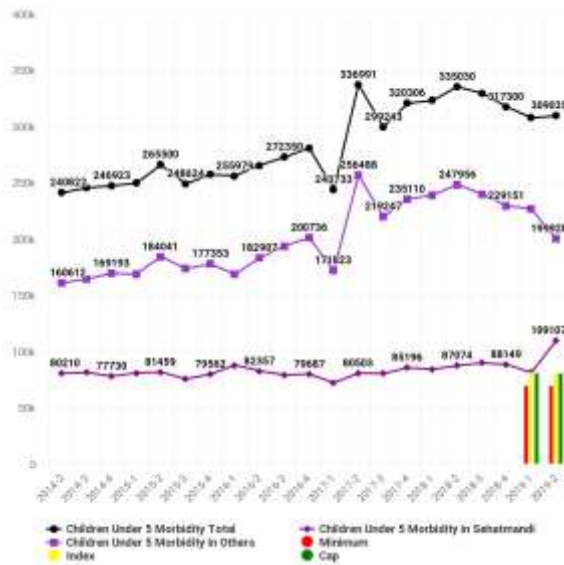
1.8 Key findings

- Kabul is ranked at the 2nd from the top in the P4P indicator ranking: 2 of 10 P4P indicators did not meet the Index. 1 of 10 P4P indicators reached to Index and 7 of 10 P4P indicators hit the cap.
- On average, P4P indicators rose by 47% over 5 years.
- In addition to delays in the government payment, low lump-sum budget contributed to delays in the staff salary payment.

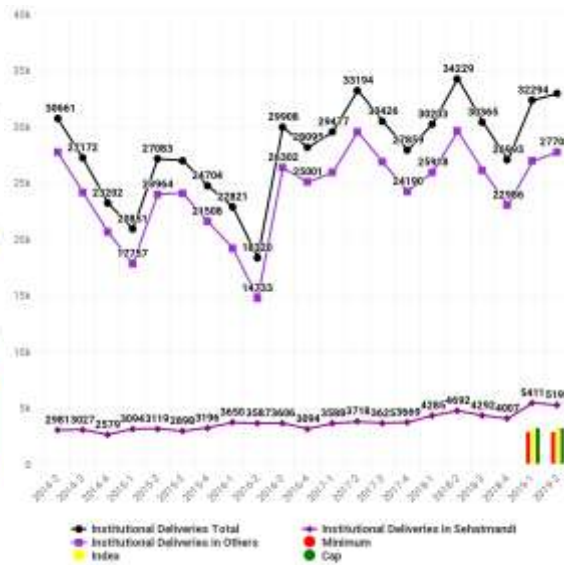
1.9 Indicator trends

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 show the Minimum Level, Index and Maximum Level of quarter 1 and quarter 2 of this Semi-Annual Cycle.

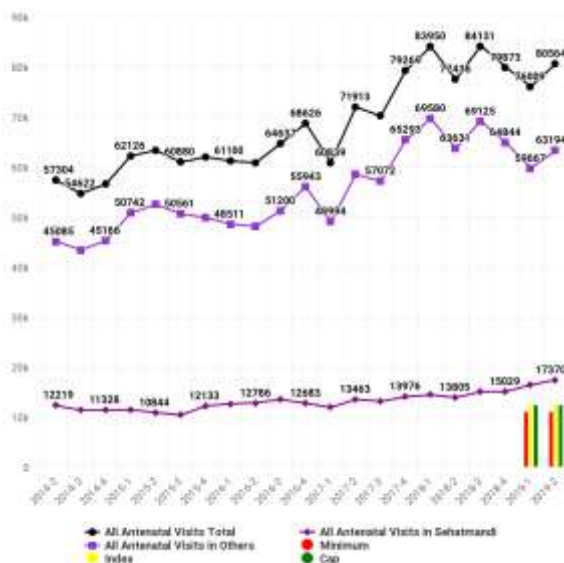
Children Under Five Morbidity



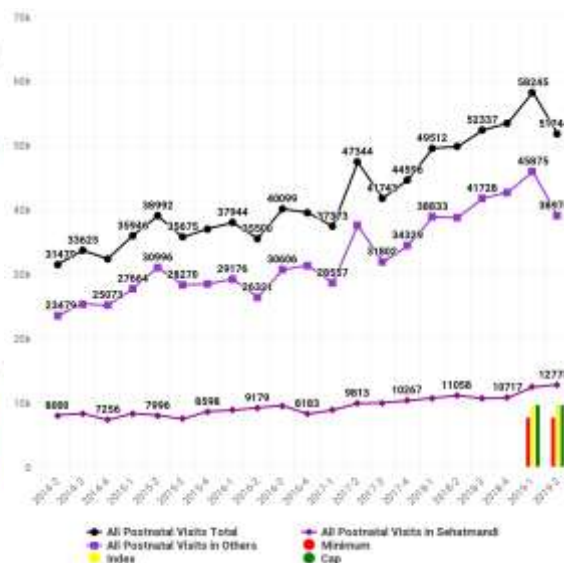
Institutional Delivery



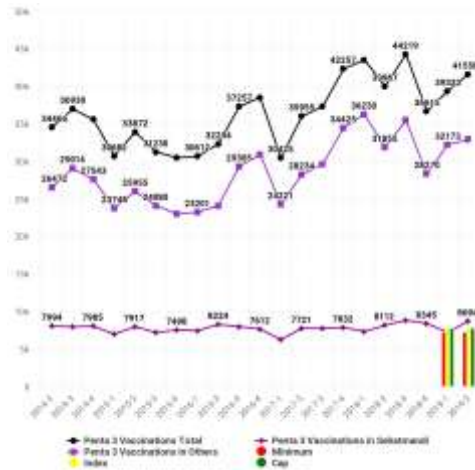
All Ante-Natal Care Visits



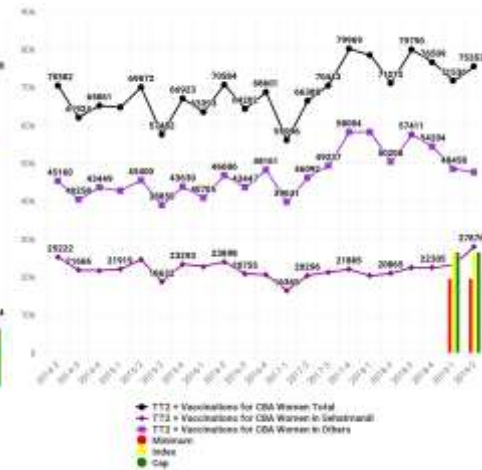
All Post-Natal Care Visits



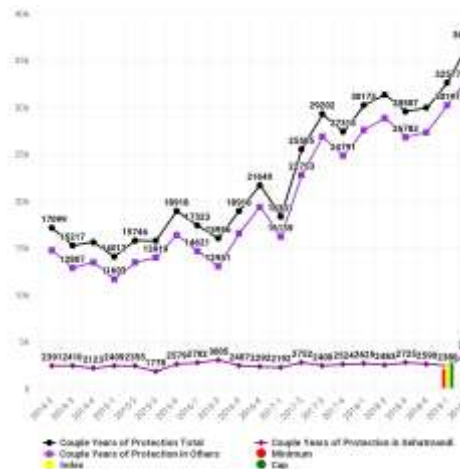
Penta 3 Vaccinations



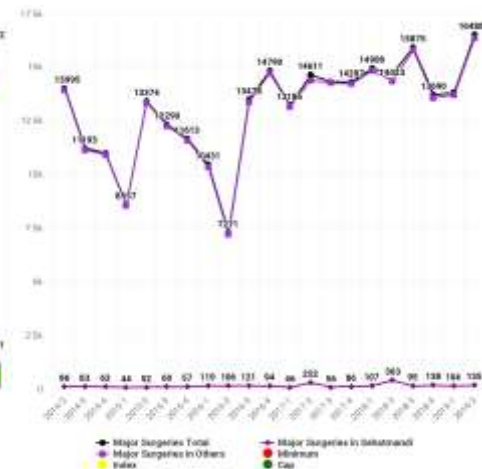
TT2+ Vaccinations



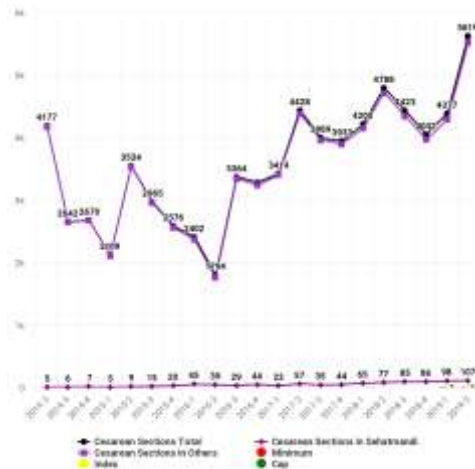
Couple Years of Protection



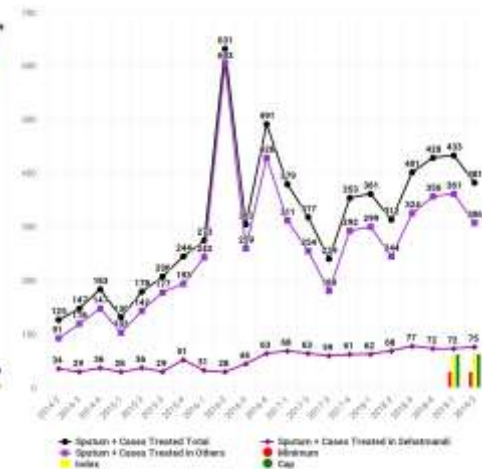
Major Surgeries



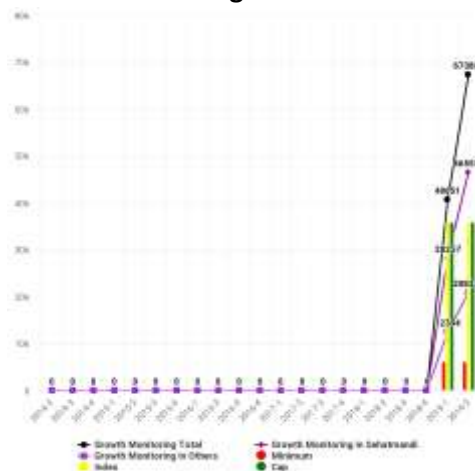
Caesarean Sections



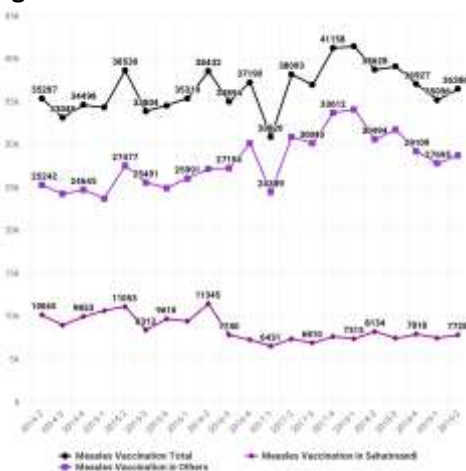
TB Sputum Positive Cases Treated



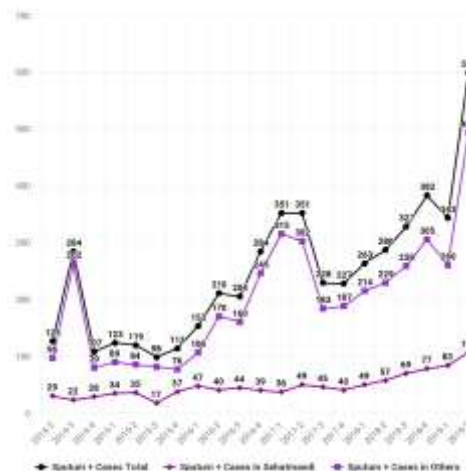
Growth Monitoring and Youth Counseling



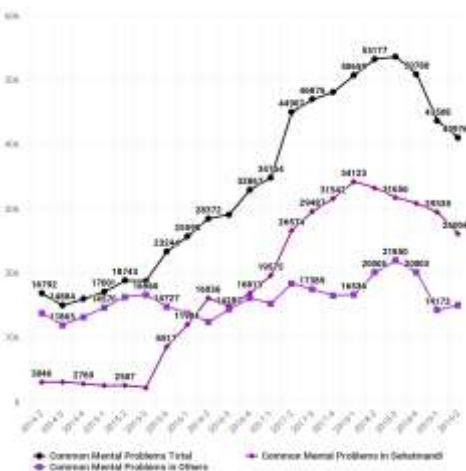
Measles Vaccinations



TB Case Detection

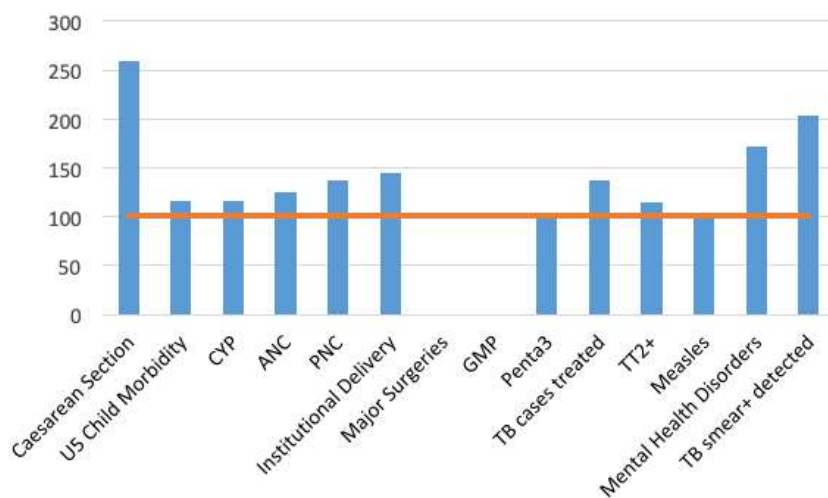


Mental Health Disorders



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 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.

1.11 Conclusions of the charts

- On average, P4P indicators rose by 47% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 7% over 5 years.
- Maternal health services (ANC, PNC and institutional deliveries,) showed steady increase by 59% over time, though Caesarean section increase from 5 cases to 107 cases over 5 years.

2 Province-specific analysis

2.1 Management:

- SDO has been providing BPHS since 2019 in Kabul province.
- 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.
 - Shortage of female CHWs is found in over 6% of health posts.
- Staff salary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle due to late payment from MoPH, but no report in the second quarter.
- Reporting:
 - Inception Report was not submitted on time.
 - The first Quarterly Report was overdue but the second was submitted on time.
 - Of 3 Monthly Updates to be submitted to PMO, none were overdue.
 - PIP was submitted on time.
 - Data Quality Assurance Plan was not submitted on time.
 - Semi-Annual Inventory List was submitted on time.
 - There was no Force Majeure cases during reporting period.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - Antenatal Care (ANC) indicators exceed the cap. Mirbacha Kot District Hospital, Chahar Asyab District Hospital, Bar Arghandi CHC, Shakardarah CHC and Qarabagh Bagh-e-Elm BHC had high contribution and QaraBagh District Hospital, Surobi District Hospital, and WakaKhas SHC had low contribution. Yakhdand SHC has not submitted the report for the month of Dalwa 1397.
 - Post-Natal Care (PNC) succeed the maximum level with slight increment in the 2nd quarter 2019. QaraBagh District Hospital and Surobi District Hospital had poor performance in Q2, 2019. Meanwhile WakaKhas SHC has not submit the report for the 2nd quarter (Hamal, Sawar, Jawza) 1398.
 - Institutional Delivery in 1st semiannual hit the cap, but there is a petite decline in 2nd Quarter 2019. This decline is largely attributable to Mirbacha Kot Hospital, Surobi District Hospital and QaraBagh District Hospital. Gozar BHC, Esterghech BHC, Karizak BHC, Dako BHC, Qala-e-Qazi BHC and Kotgi BHC were staffed with midwife but had not submitted report during last 6 months.
 - The Cesarean Section achieved the maximum level in both quarters with a tiny increment in the 2nd quarter which is observed in all DH except Chahar Asyab District Hospital, where the trend is downward.
 - TT2+ indicator has achieved the minimum level, but has not reach to Index, while in 2nd quarter it exceed the cap. Chahar Asyab District Hospital, Mirbacha Kot District Hospital, QaraBagh District Hospital, Khak-e-Jabar CHC, Paghman CHC, DehBalaGuldara BHC and Kotgi BHC had remarkable improvement compare to Q1, 2019. Farza CHC, Qala-e-Qazi BHC and Mahala BHC had poor performance in the 2nd quarter 2019.

- PENTA 3 indicator has not achieved the minimum level in the 1st quarter while it exceed the cap in 2nd quarter. QaraBagh District Hospital Paghman CHC and Bakhtyaran BHC had remarkable improvement since Q1, 2019, while in Farza CHC the achievement has been decline from Q1, 2019.
- In Q1, 2019, child under five morbidity achieved minimum level but in Q2, 2019, it exceed the Cap. This improvement occurred in ChaharAsyab District Hospital, Surobi District Hospital and MirbachaKot Hospital.
- In Q1, 2019, the indicator Couple Years Protection achieved minimum level however in Q2, 2019, it exceed the Cap. This improvement occurred. This improvement is attributed to Surobi DH, MirbachaKot Hospital and Bar ArghandiCHC, on the other hand, HussainKheil CHC had lower performance compare to Q1 2019 in this indicator.
- The TB cases successfully treated has been achieved contributed equally by all HFs.
- Growth monitoring of children under two years was not achieved in the Q1, 2019, while it hit the index in Q2, 2019. MirbachaKot Hospital, Surobi District Hospital, ChaharAsyab District Hospital and QaraBagh District Hospital had improvement in Q2, 2019, while DehNawGuldara BHC and Company BHC had lower performance in Q2, 2019.

2.3 Specific major events affecting service delivery:

- a. **Health Services Lost Due to Anti-Government Elements Activities:** No report
- b. **Natural Disasters:** No report
- c. **Population movement:** no report.

3. Discussion & Recommended actions to SP

- Given lack of female health professionals (Female Doctor) in absolute terms
- Availability of Surgeon in all DHs
- SDO should rigorously analyze a budgeting method used in the initial lump-sum calculation
The payroll of the salary should be shared with all HF staff and should orient them on new approach of performance management (80% and 20%).
- Hiring Female CHWs in remaining HPs.
Female CHWs should be available in all HPs
- On time supply of medicine and medical supply.
Medicine and medical equipment should be supplied based on need and request from HFs
- Transportation and facilities for female staff
SDO should provide transportation to Female staff according to Contract or try to find local people and replace non local staff.
- CHW kit should be supplied based on CBHC policy

4. Recommended actions to MoPH

- Installment should be on time and if possible increase the frequency of installment

- Assess the capacity of EPI supervisor with SP in order to find out the gaps in the capacity of EPI supervisor (MoPH EPI team)
- Revision of SOP in these aspect (availability of Female CHWs, Definition of availability of staff in HFs, clear definition for QoC indicators, % of Stock out of medicine)
- BSC survey should be done separately for Urban HFs and Rural HFs
- Zero reporting of no reporting in HMIS is confusing. When the data enter in Data base as Zero the pivot table extract it as blank