

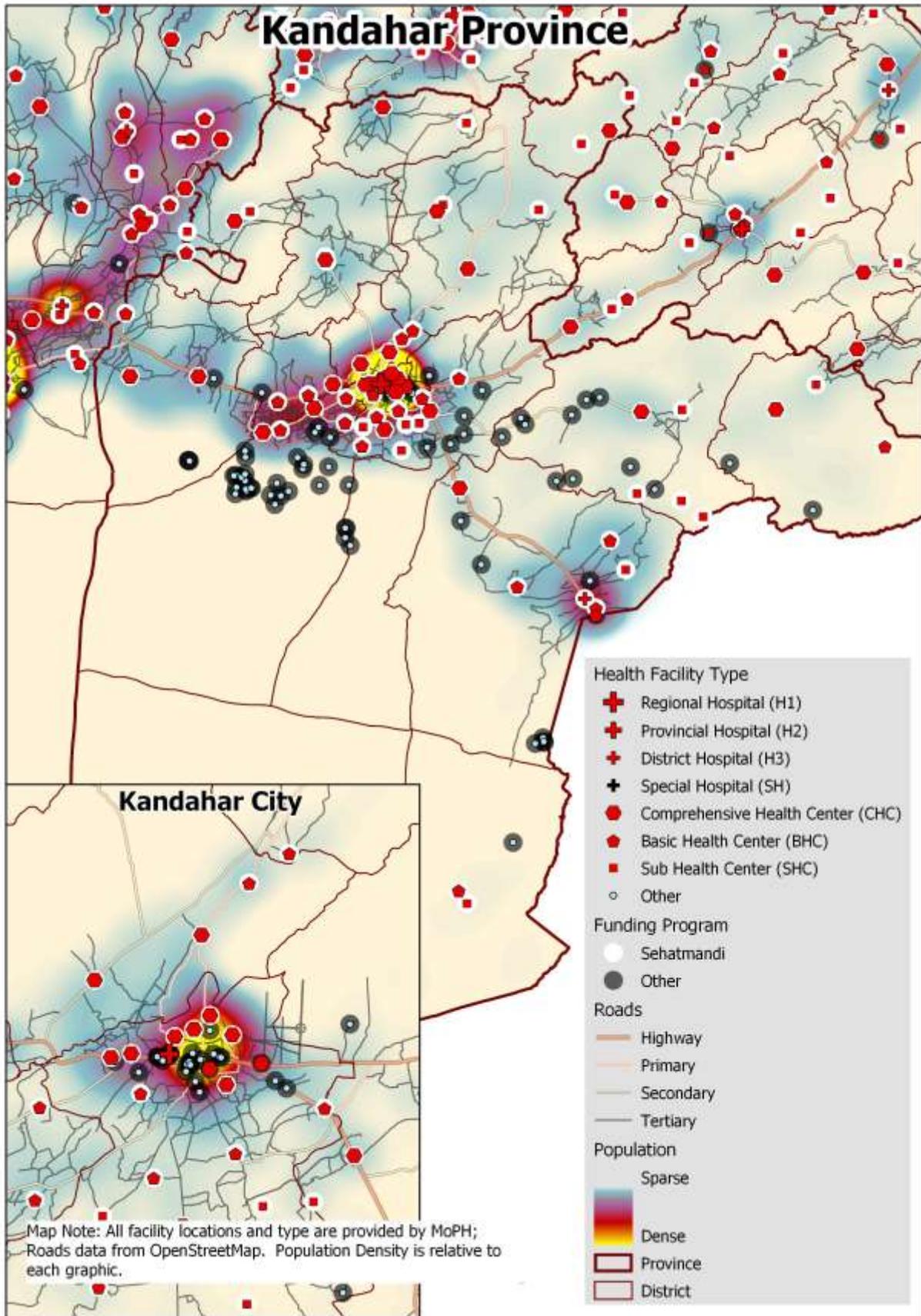


**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**Sehatmandi Semi Annual Performance Review 1**  
**Provincial-level review: Kandahar**

September 2019



## 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]
Kandahar	1,252,786	23.2	204	51.1	3,860	80.7	3.1	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.

Kandahar is the second largest city in Afghanistan, located in south of the country on Arghandab's River. The province is divided into 15 districts. The provincial capital is called Kandahar.

## 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	Other	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	
Kandahar	BARAN/OHPM	No	658	20	0	18	1	25	2	1	1	0	120	64	124	34.0

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

Under the Sehatmandi project, the Bu-Ali Rehabilitation and Aid Network (BARAB) as lead and Organization for Health Promotion and Management (OHPM) have been providing BPHS. Before the Sehatmandi, BARAN 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)
Kandahar	902,495,451	552,358,327	61.2%	661	8.9	1,365,428	29,450,605	64,535,003	45.6%	21	59

\*Maximum Level P4P

The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Kandaharis ranked at the fifth from the top among the 31 provinces. In P4P earned in SAPR1 as % of total possible payment, Kandahar was ranked at the fourth 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 orange, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Kandahar is ranked at the second to the top among 34 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	Blue	Blue	Green	Blue	Green	Orange	Green	Orange	Orange	Orange	Green	22
Kandahar	Blue	Blue	Green	Blue	Blue	Blue	Green	Blue	Green	Orange	Green	25

## 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.

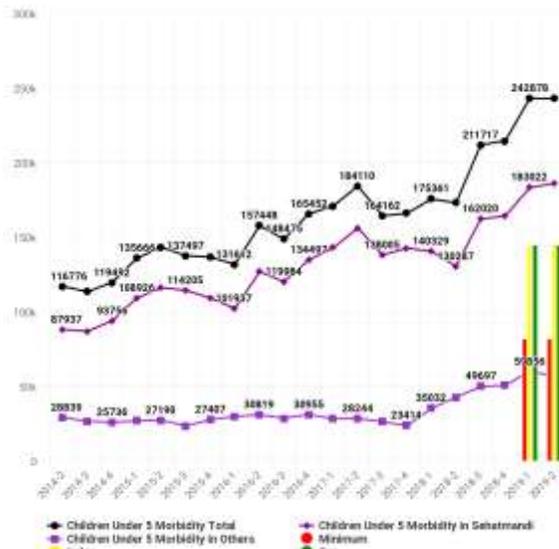
## 1.8 Key findings

- Kandahar is ranked second from the top among 31 provinces based on the P4P indicators' performances
  - o Nine of 10 P4P indicators have met the index even 6 of them have crossed the maximum level, only PENTA3 located between minimum and index.
- On average, P4P indicators rose by 2.9-folds over 5 years.
- The SPs paid the HF's staff salary on time.
- All of the HF's met the Minimum Standards, having at least one female health worker in all HF's.
- Supply of medical and non-medical products was functioning well.

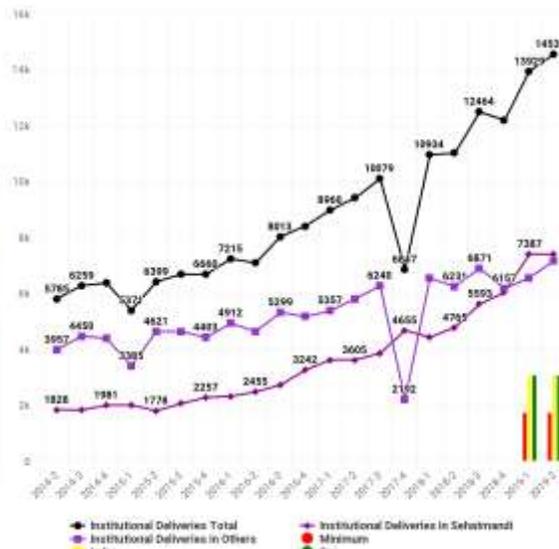
### 1.9 Indicator trends

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.

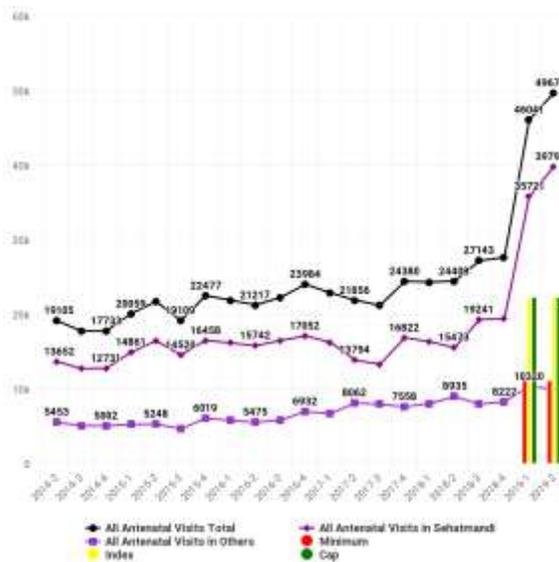
#### Children Under Five Morbidity



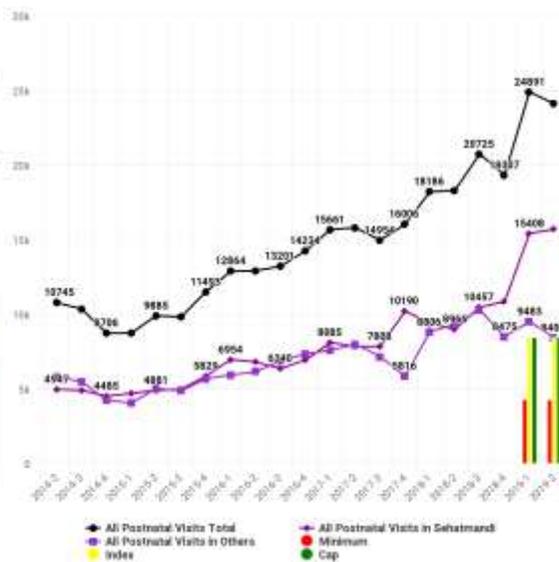
#### Institutional Delivery



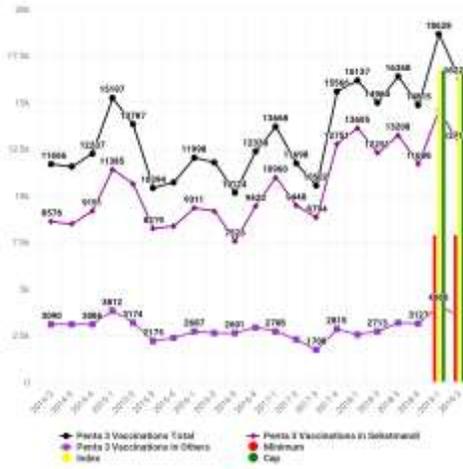
#### All Ante-Natal Care Visits



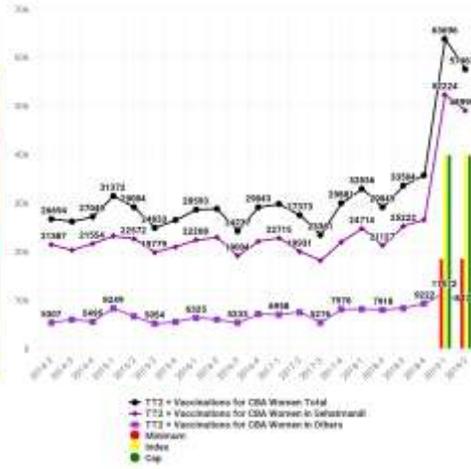
#### All Post-Natal Care Visits



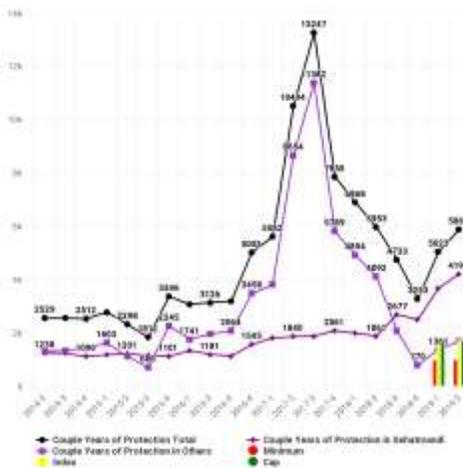
**Penta 3 Vaccinations**



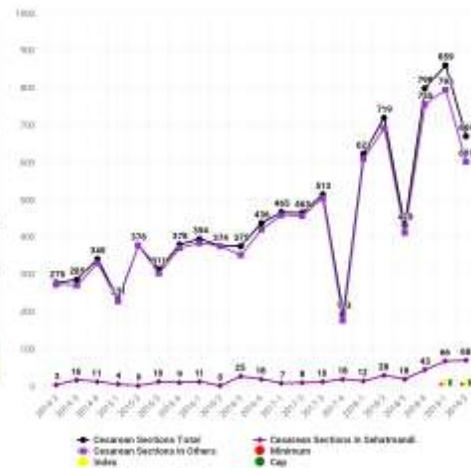
**TT2+ Vaccinations**



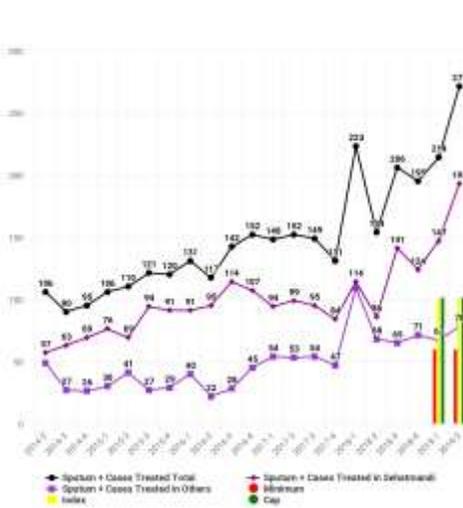
**Couple Years of Protection**



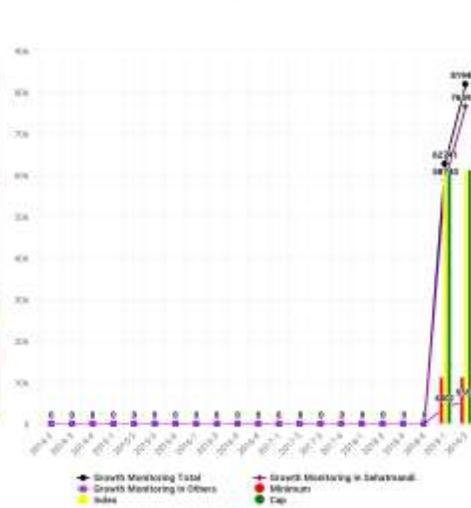
**Caesarean Sections**



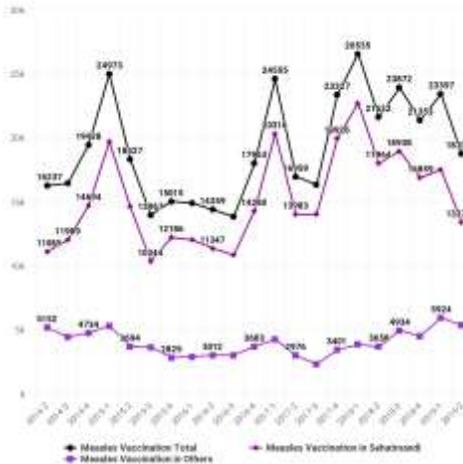
**TB Sputum Positive Cases Treated**



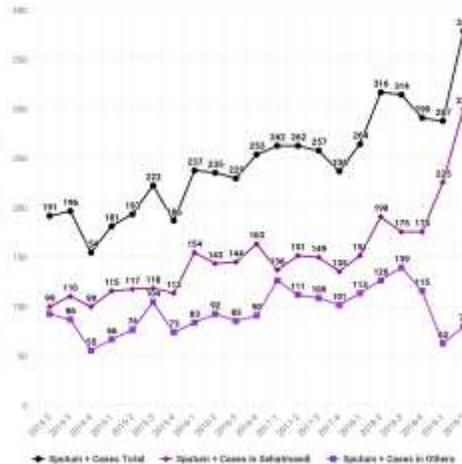
**Growth Monitoring and Youth Counseling**



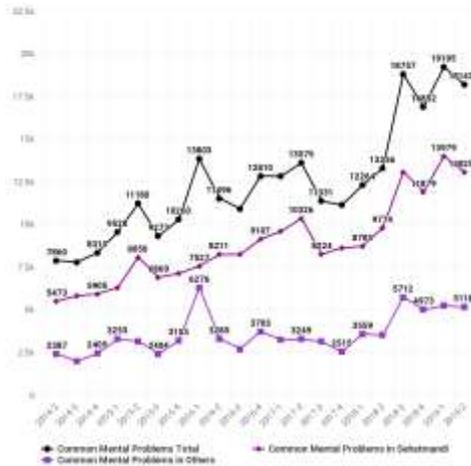
## Measles Vaccinations



## TB Case Detection

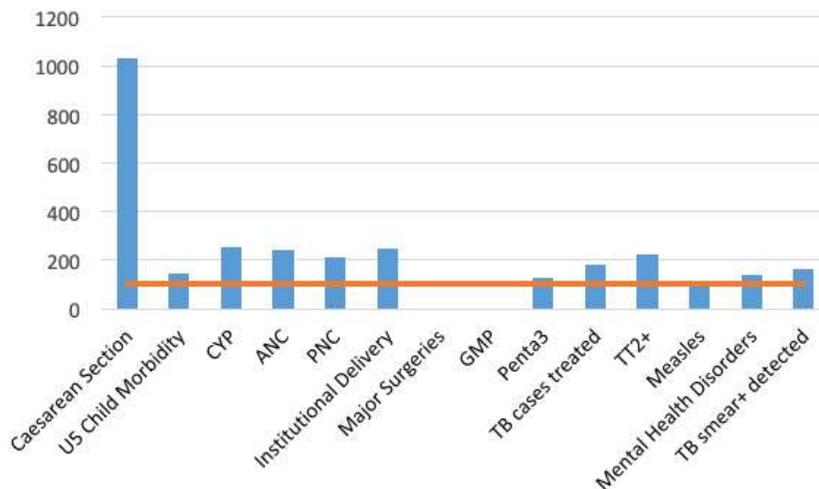


## Mental Health Disorders



### 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 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 285% over 5 years.
- Immunization services (PENTA 3, TT2+ and measles) increased an average of 166% over 5 years.
- Maternal health services (ANC, institutional deliveries, PNCs) showed steady increase by 337% over time.

**2 Province-specific analysis**

**2.1 Management:**

- The BARAN has been providing BPHS since 2006 but specifically in Kandahar province it is busy with providing of BPHS since July 2015.
- 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 female staff.
  - Shortage of female CHWs was not reported in any of the health posts.
- Staff salary Payment: delay in staff salary payment was not reported in both of the quarters.
- Reporting:

Reports	Q1	Q2	Conclusion
Inception report	On time	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	

- Two Force Majeure cases were reported.

**2.2 Health Facility Analysis:**

- Health Facilities with Problems or Success
  - Differences in performance in Penta 3 between Q1 and Q2 should be discussed in detail - e.g. Maiwand, Karwai PHC recorded zero in Q2, Ali Ahmad Kali PHC recorded zero Penta 3 for first five months but 20 in the sixth month. The same trend was observed in some other HFs.
  - In Chinar Tanbil PHC, Institutional Delivery was 46 in first quarter, recorded 10 in 4<sup>th</sup> month and zero in 5<sup>th</sup> and 6<sup>th</sup> months of the second quarter. In Sheen Nari PHC, in 3<sup>rd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> months, no delivery case was reported but in the rest of the months, delivery cases were reported.
- Analysis of general conditions of the province that affect service delivery:

- According to latest monitoring missions conducted in the Kandahar BPHS Project, suggestions were provided: storage condition of laboratory kits (>30 degrees Celsius) and prescribing of some items of medicine like Ceftriaxone Injection from the Bazar in spite of their availability in the hospital's pharmacy.
- Generally, the health services were delivered as per the standards set forth by the SOP: enough medicine was supplied to the all HFs, and salary was paid on time. At least one female health worker was posted in all of the HFs.

### 2.3 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	ChniarTanbil	PHC	8/14/2019	6/17/2019	8/14/2019	58	Still is closed
2	Gonbad	PHC	8/14/2019	6/17/2019	8/14/2019	58	Still is closed
3	Mianshin	CHC	8/14/2019	6/23/2019	8/14/2019	52	Still is closed
Total #days halted						168	

- b. **Natural Disasters:** Is not reported.
- c. **Population movement:** is not reported.

### 3. Discussion & Recommended actions

- Penta3 did not meet the target, therefore its root causes should be analyzed and proper measures should be taken.
- The project did not have HMIS/M&E Manager since April 2019, which can directly affect data quality and reporting.
- Proper measures e.g. involvement of community elders, the HFs *Shura* members in close negotiation with the AGE's representatives are necessary to be taken in order to reopen the closed HFs.
- The SP should deploy another ambulance vehicle in Khakriz CHC

#### Recommendation to the MoPH:

- Establishment of new HFs should be based on confirmation by the PPHD and its team through PHCC.
- Space limit in the HFs presents challenges to the health service provision - e.g. no proper space for nutrition counselor, mental health counselor and the staff on night duty. This problem will be solved if the MOPH leadership recommends a construction of required rooms in the HFs, using the Citizen Charter project area.

- Twenty-three (23) newly established SHCs (PHCs) by BMGF affected the SP's performance:the SHCs are established inside the SP's catchment areas, therefore their outputs should be included into the SP's performances data.
- Third party monitoring process should be carried out under close oversight of MOMP.