

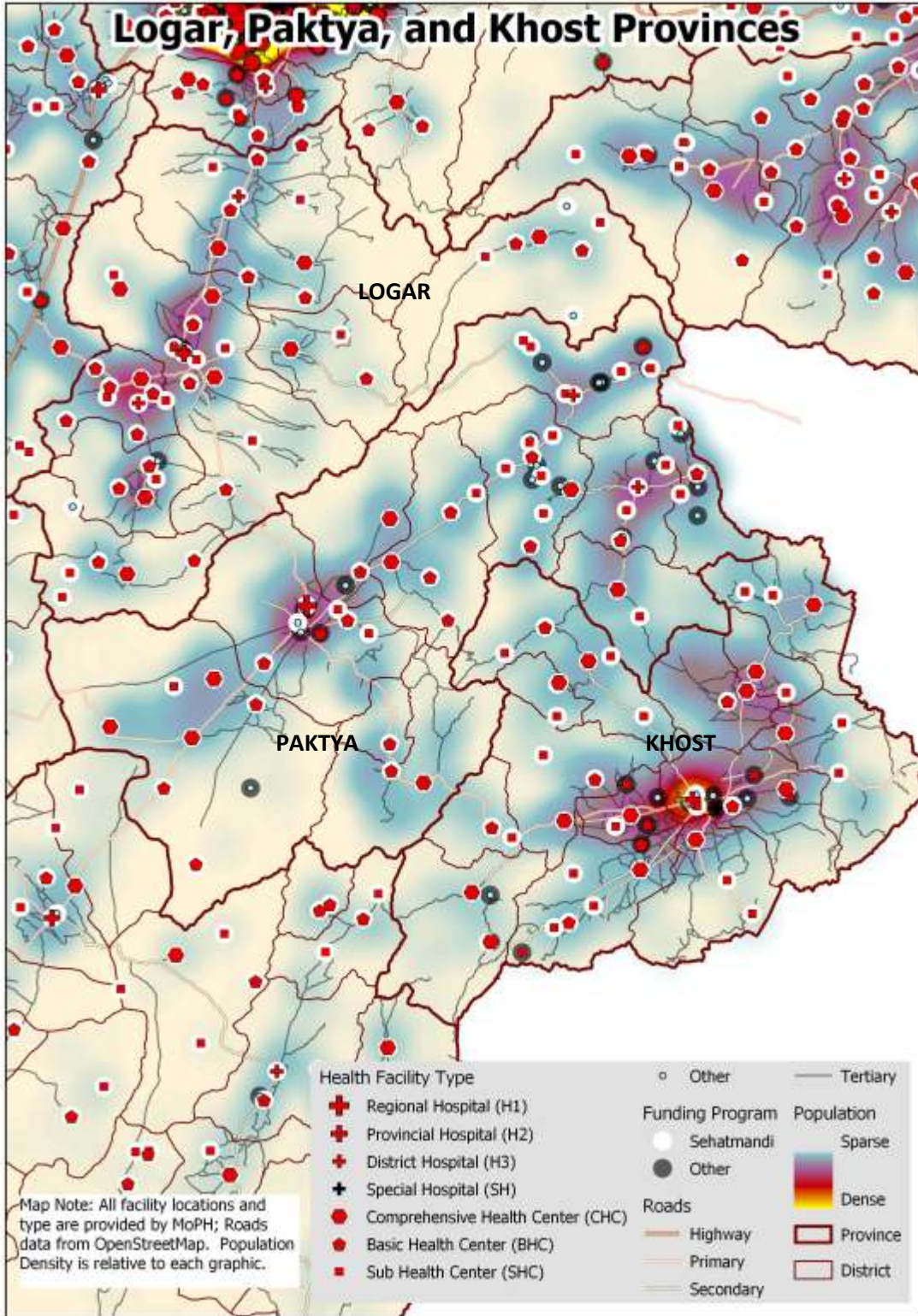


Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019



1.1 General Provincial Characteristics

Table 1: General Provincial Characteristics

Province	Population (n) [1]	Population density (n/km ²)	Civilian conflict deaths [2]	Accessibility index [3]	Internally displaced persons [4]	Poverty (%) [5]	Female literacy (%) [6]	Transport accessibility [7]
Khost	584,075	140.7	84	57.4	1,288	29.7	5.7	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.

Khōst is the capital city of Khost Province, It is the largest city in the southeastern part of the country, and also the largest in the region of LoyaPaktia. To the south and east of Khost lie Waziristan and Kurram in Pakistan. Estimated population of Khost province is 644,119.

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	
				Khost	OHPM	Yes	330	20	6	8	1	12	1	1	1	

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

Through the SEHAT and Sehatmandi project, the Organization for Health Promotion and Management (OHPM) has been providing only BPHS in SEHAT and BPHS&EPHS in Sehatmandi. Before the Sehatmandi, Agency for Assistance and Development of Afghanistan (AADA) was operated EPHS 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)
Khost	483,887,529	164,802,243	34.1%	751	10.1	644,119	25,170,816	59,043,797	42.6%	20	34

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Khost was ranked at the 20th from the top in total lump-sum as % of total contract amount, a little below the national mean of 40.2%. In P4P earned in SAPR1 as % of total possible payment, it was ranked the 14th 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. Khost is ranked the 13th 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	Blue	Green	Green	Blue	Green	Orange	Green	Orange	Orange	Orange	Green	22
Khost	Blue	Blue	Blue	Blue	Green	Orange	Green	Orange	Orange	Orange	Orange	21

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	-5	-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.

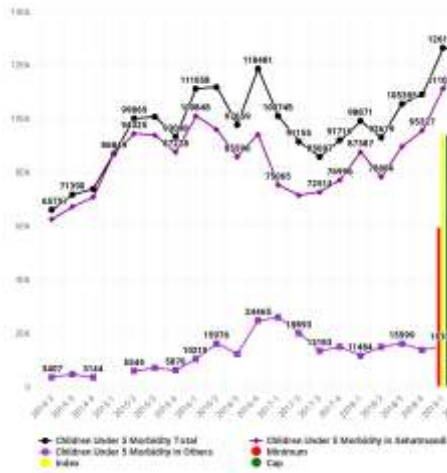
1.7 Key findings

- On average, P4P indicators rose by 103 % over 5 years.
- Khost is ranked at the 13th of the P4P indicator;
 - o All 11 P4P indicators are meet the minimum level
 - o 4 out of 11 indicators did not meet the index level
 - o 4 out of 11 indicators are over the Maximum
- Overall score is 21 and it is more than national mean score of achievements (18)
- In addition to delays in the government payment, delays in the staff salary payment occurred
- BPHS health facilities, have 100% female staff as per the Minimum Standards.
- One Force Majeure case were reported. (Khosh Hal SHC) was closed since 2nd of March 2019

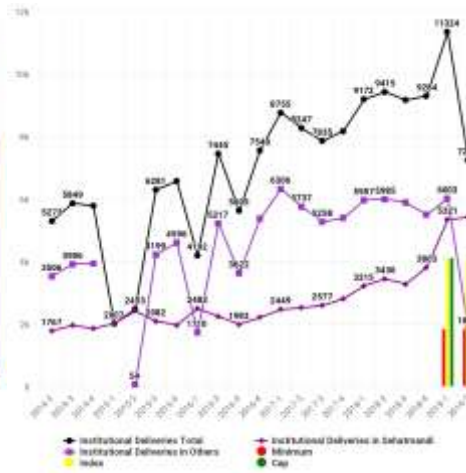
1.8 Indicator trends

In this sub-section, all line charts in the left side show Five-Year Trend by Quarter between 2014 (1393) and 2019 (1398), and the bar charts in the right side show comparison of quarter 1 and quarter 2 of this Semi-Annual Cycle.

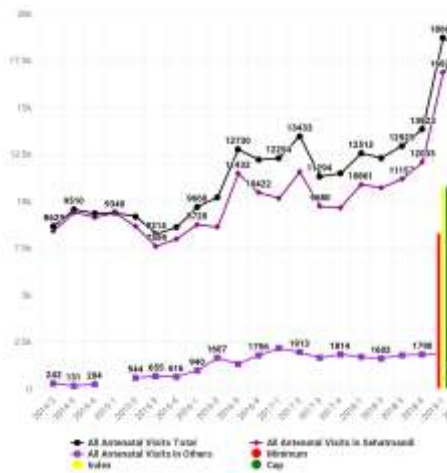
Children Under Five Morbidity



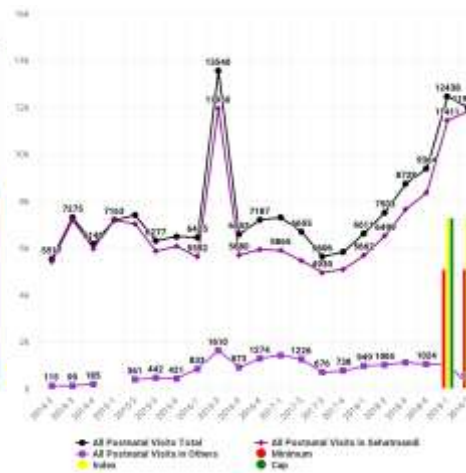
Institutional Delivery



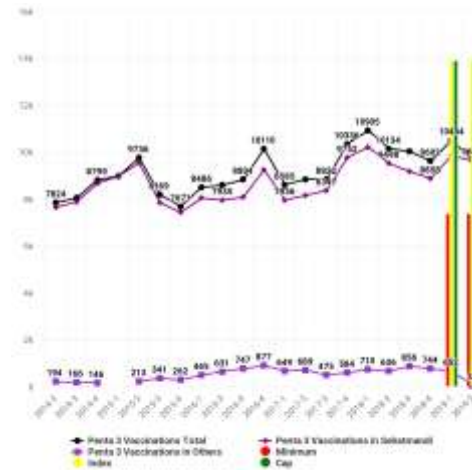
All Ante-Natal Care Visits



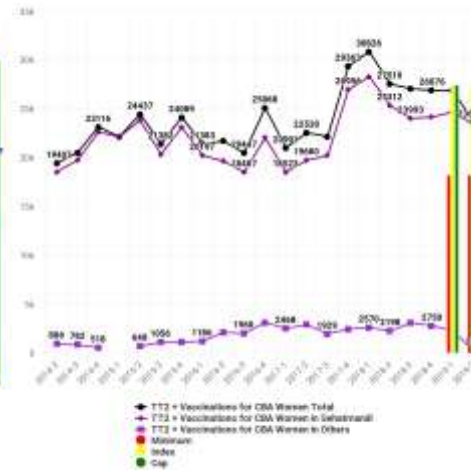
All Post-Natal Care Visits



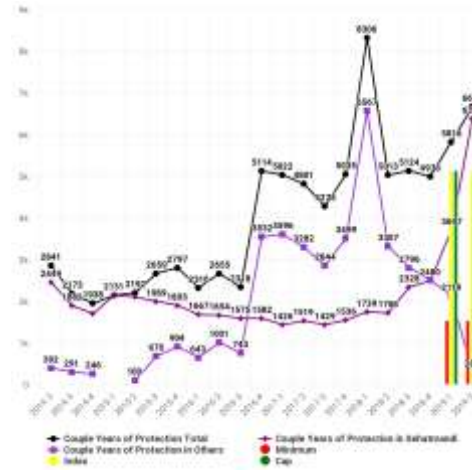
Penta 3 Vaccinations



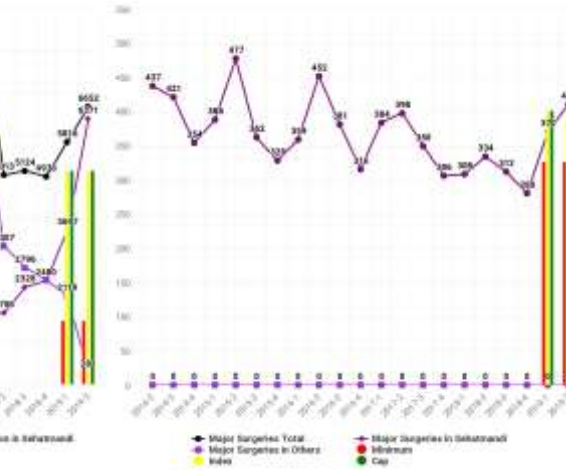
TT2+ Vaccinations



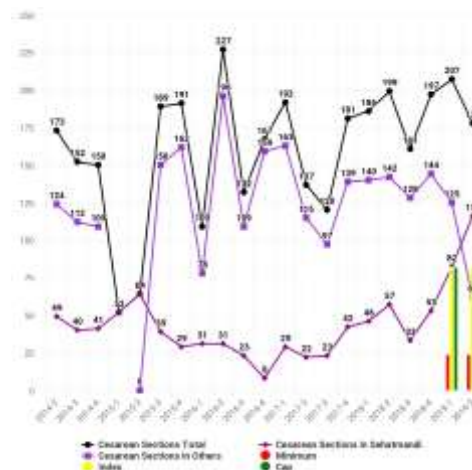
Couple Years of Protection



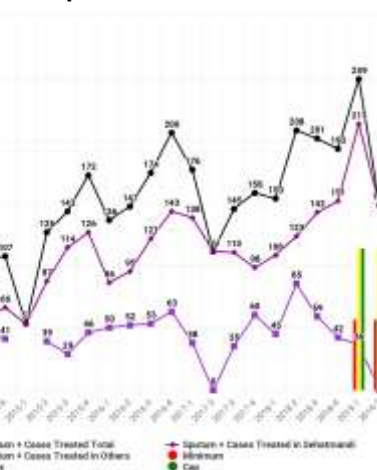
Major Surgeries



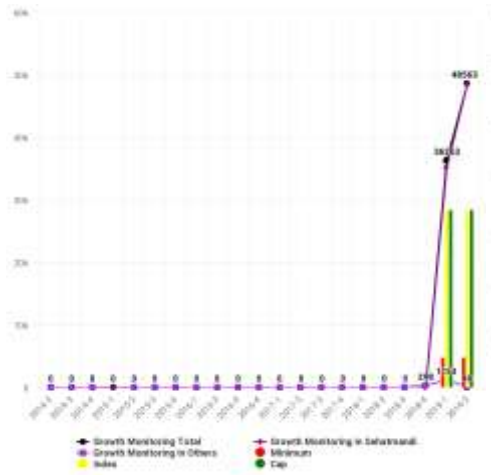
Caesarean Sections



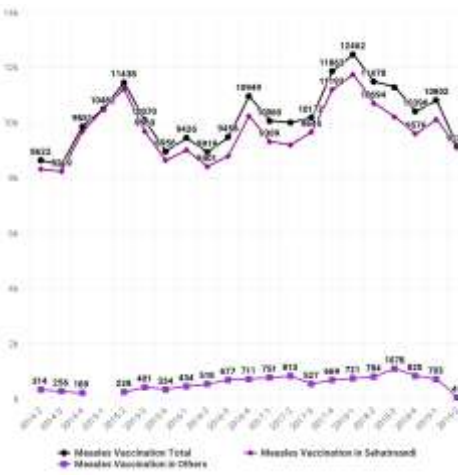
TB Sputum Positive Cases Treated



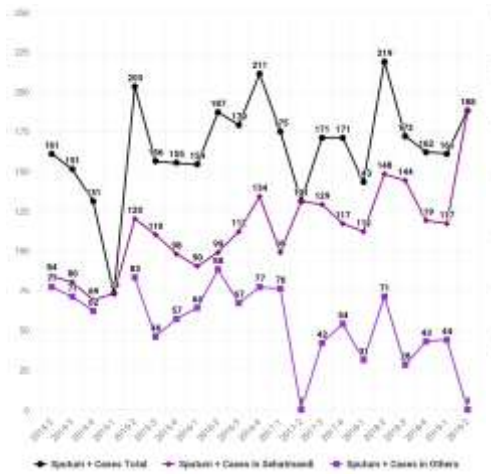
Growth Monitoring and Youth Counseling



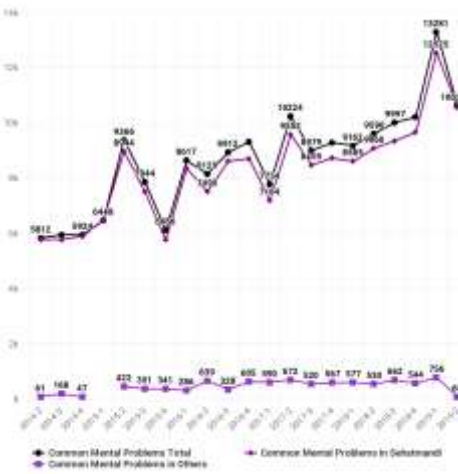
Measles Vaccinations



TB Case Detection

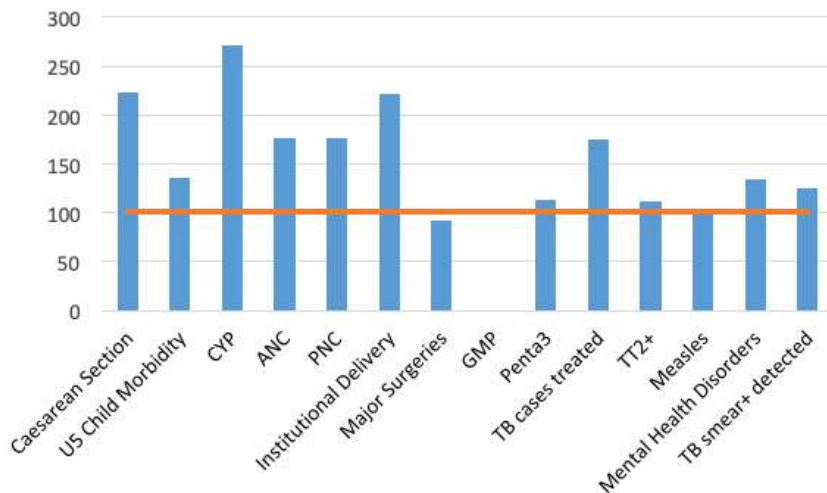


Mental Health Disorders



1.9 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

- On average, P4P indicators rose by 103% over 5 years.
- Immunization services (Penta 3, TT2+ and Measles) increased an average of 26% over 5 years.
- Maternal health services (ANC, institutional deliveries and PNC) showed steady increase by 150% over time.

2 Province-specific analysis

2.1 Management:

- OHPM provides BPHS since 2015 and EPHS under the Sehatmandi project.
- 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.
 - 100% availability of female CHWs in all Health Posts.
 - 33% of CHCs had no female doctor.
- Staff salary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle, delay of the staff salary also reported in the second quarter.
- Reporting:
 - Inception Report was not submitted on time due to late signing of contract.
 - The first Quarterly Report was overdue but the second was submitted on time.
 - Of 3 Monthly Updates submitted to PMO, 2 were overdue.
 - PIP was submitted on time.
 - Data Quality Assurance Plan was submitted delayed
 - Semi-Annual Inventory List was submitted on time.
 - One Force Majeure case was reported. (Khosh Hal SHC) was closed since 2nd of March 2019

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - Below table shows percentage shares in achievements by HF type during the Semi Annual Cycle.

Table shows the share% of each type Indicators	Total cases repro		PH (n=1)		CHC (n=12)		BHC (n=8)		PHC and oth	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Total Cesarean Section	82	116	62%	47%	38%	19%	0%	0%	0%	0%
Total Child Morbidity	111010	124712	10%	9%	51%	51%	12%	14%	27%	26%
Total Couple year of protection (CYP	3699	5352	15%	10%	45%	3%	9%	0%	31%	1%
Total ANCS	16828	17960	6%	7%	54%	53%	15%	16%	26%	24%
Total PNCS	11411	11822	17%	13%	51%	54%	10%	11%	23%	22%
Total Institutional Deliveries	5321	5405	36%	31%	54%	58%	3%	4%	6%	6%
Total Major Surgeries (PH&RH)	319	411	100%	100%	0%	0%	0%	0%	0%	0%
GMP/IYCF	35110	48515	9%	16%	55%	51%	12%	11%	24%	21%
Total PENTA3	9832	9609	15%	18%	54%	50%	19%	20%	12%	12%
Total TB treated Cases	213	148	20%	33%	80%	67%	0%	0%	0%	0%
TT2+	24628	23393	16%	19%	50%	47%	20%	21%	13%	14%

- Of all P4P indicators reported by Provincial Hospital, 6 out of 11 indicators achievements are less than the first quarter, but remained indicators show increase than the first quarter.
- In CHCs, 6 out of 10 indicators are reported less than the 1st quarter
- 2 out of 8 indicators are reported less than the first quarter in BHCs
- 5 out of 8 indicators are reported less than the first quarter in PHCs
- TB treated cases did not reported at the 2nd month of the 2nd quarter in Ismael khil CHC
- Institutional Delivery was not reported in Q1 and in the 3rd month of Q2 in QalaKaly BHC and in Satarkot and MayesthtaSHCs in Q1 and the 1st month of Q2.
- Analysis of general conditions of the province that affect service delivery:
 - Still one SHC (Khoshal SHC) remained closed.
 - Outreach services in 6 health facility stopped since last week of Sawr.
 - No governmental and standard building for 30 % of health facilities.
 - Existence off-budget services in some part of the province mostly effect the services, according to the SP.

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	Koshal	Primary Health Center		3/2/2019	Still continued	91	Closed since 2nd March,

						2019
Total #days halted						91

- b. **Natural Disasters:** Natural disaster did not reported
- c. **Population movement:** no report.

2. Discussion & Recommended actions

- The Service Provider should focus on those P4P indicators, which did not meet the set Index.
- Staff of health facilities should be hired as soon as possible, especially female MD by introducing salary and benefits enticing to the female health workers.
- OHPM should pay the salary of Health Facility staff as soon as they received the installment
- All deliverables should be sent timely and completely.
- Score sheet (Delay salary payment) to be review and finalized in light of past performance of OHPM and endorsement of HE
- Targets to be revised according to the population, last 5 years report and EPI district micro-planning.