



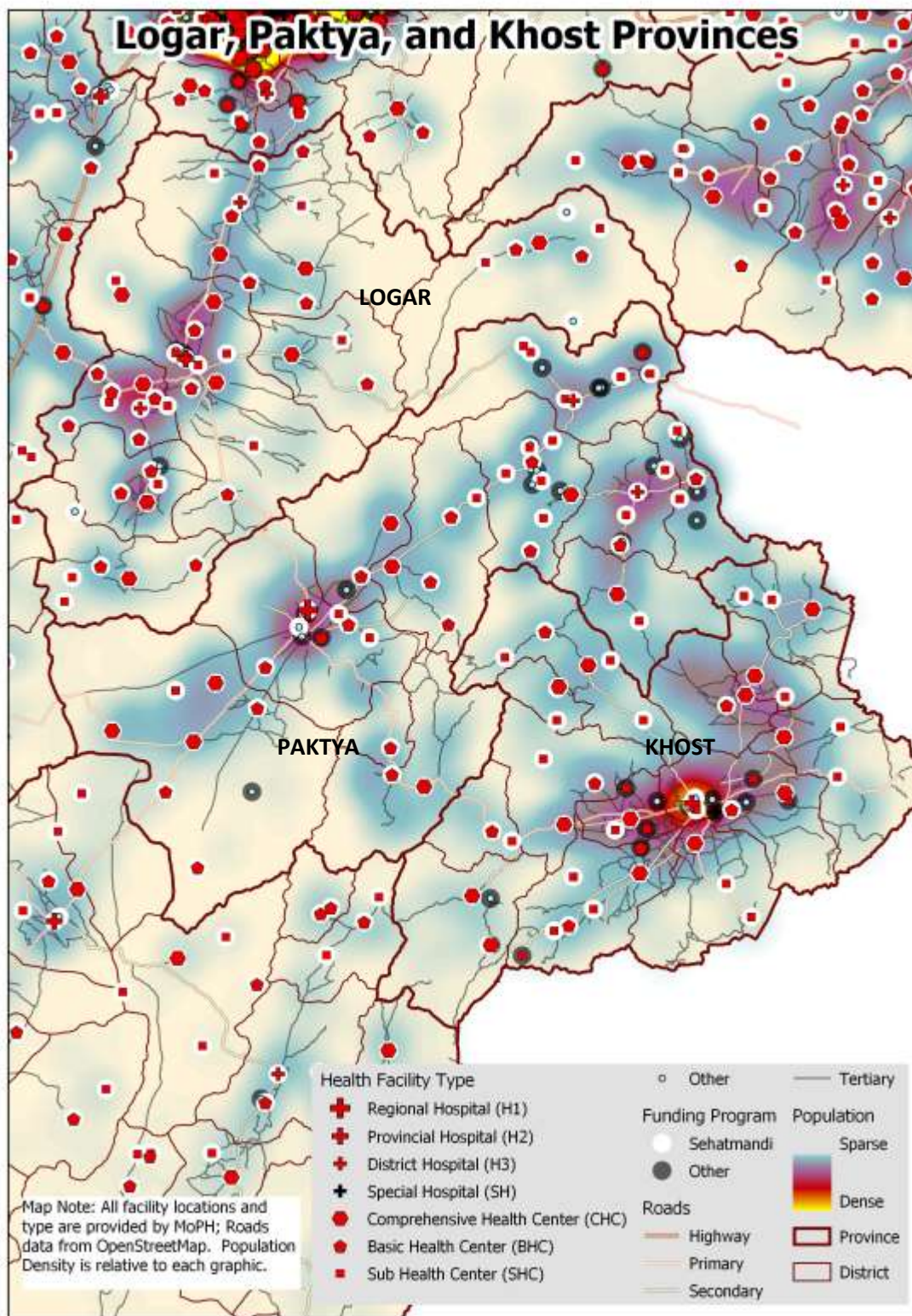
**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**Sehatmandi Semi Annual Performance Review 1**

**Provincial-level review: Logar**

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]
Logar	398,535	102.7	68	37.2	560	39	4.2	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.

Logar is located in the south part of Afghanistan with long border with Kabul, Nangarhar and Paktia provinces. There are 7 districts and more than 240 villages in the province. Puli-Alam serves as the provincial capital.

## 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	
Logar	CAF/OPHA	Yes	213	14	0	20	4	10	1	3	0	3	7	50	12	80.6

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

Through the SEHAT and Sehatmandi project, the Care of Afghan Family (CAF) has been providing Basic Package of health Services (BPHS) and Essential Package of Hospital Services (EPHS).

## 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)
Logar	986,969,801	455,879,126	46.2%	2,290	30.8	430,917	43,177,030	98,947,447	43.6%	32	34

Note: The SP received only the first instalment for one quarter.

¶ The Sehatmandi Project RFP  
§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Logar was the 15<sup>th</sup> from top among 31 provinces. In P4P earned in SAPR1 as % of total possible payment, Logar was ranked at the 12th 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. Logar is ranked the 9<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
Logar												22

## 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.

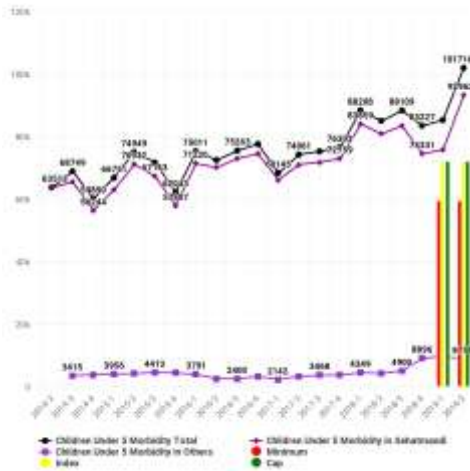
## 1.7 Key findings

- Logar is ranked at the 9<sup>th</sup> of the P4P indicator ranking: 6 of 11 P4P indicators met the maximum level, while the remained 5 of them did not meet the index/target Level. However, all 11 indicators met the minimum level.
- On average, P4P indicators rose by 32% over 5 years.
- Despite delays and long process of government payment, after receiving the instalment the SP could pay the salary of project staff timely.
- As per the Minimum Standards all active HFs had at least one female staff while from all active HPs just 3 of them had no female staff.

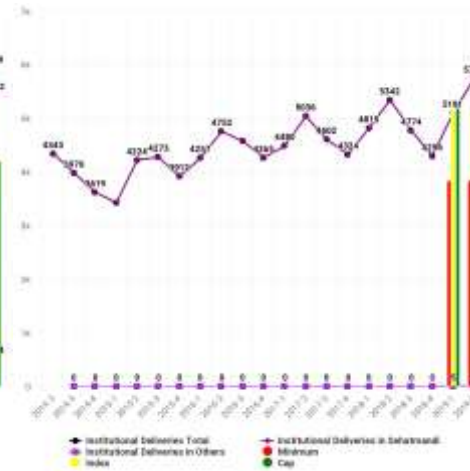
## 1.8 Indicator trends

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 comparison of quarter 1 and quarter 2 of this Semi-Annual Cycle.

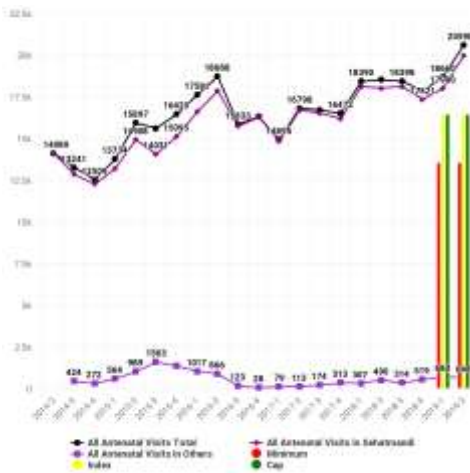
### Children under Five Morbidity



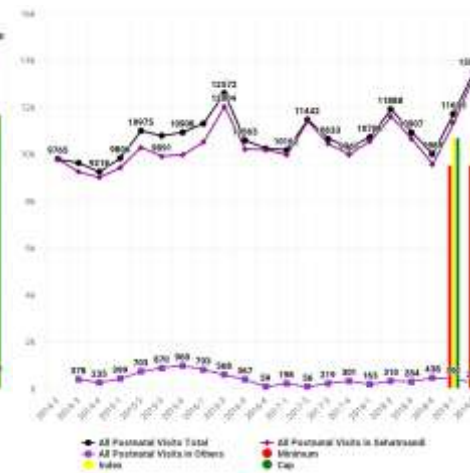
### Institutional Delivery



### All Ante-Natal Care Visits

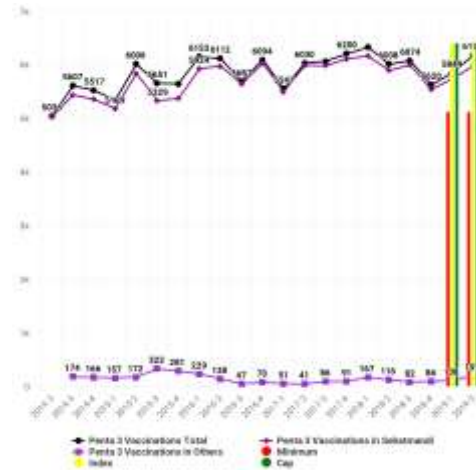


### All Post-Natal Care Visits

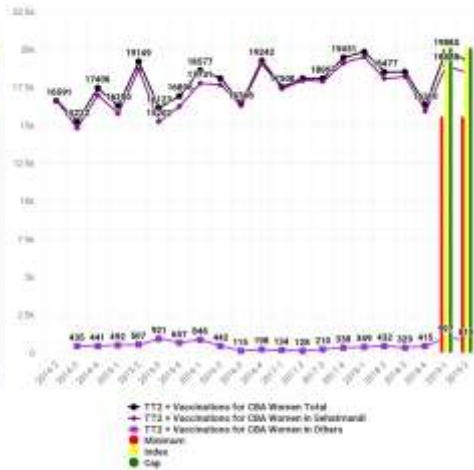




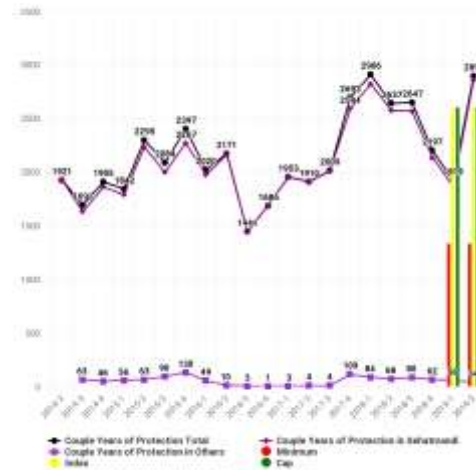
### Penta 3 Vaccinations



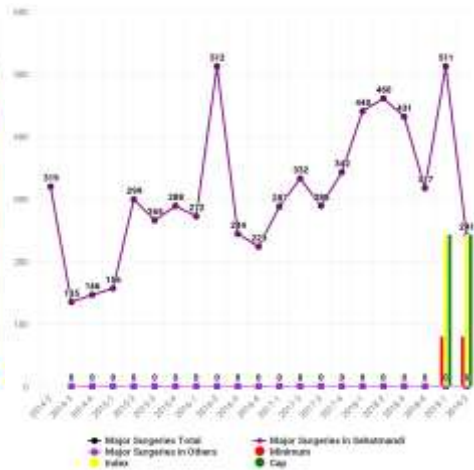
### TT2+ Vaccinations



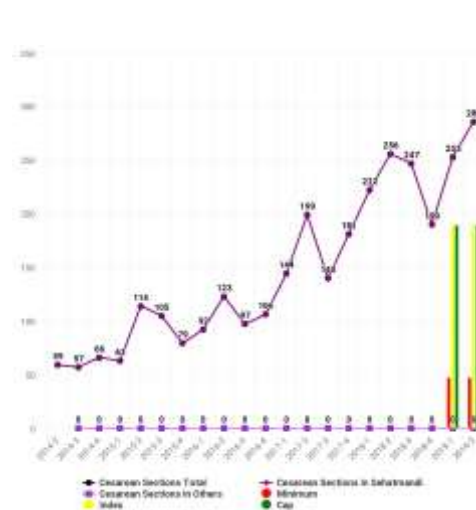
### Couple Years of Protection



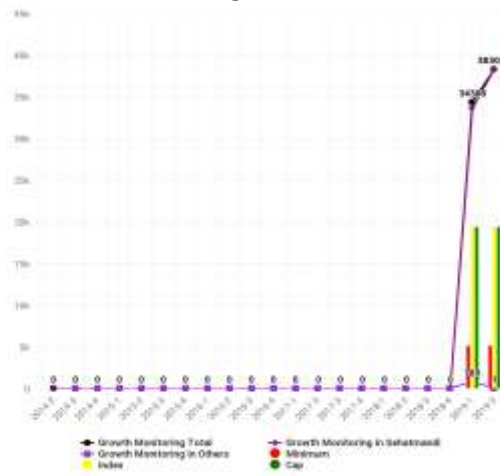
### Major Surgeries



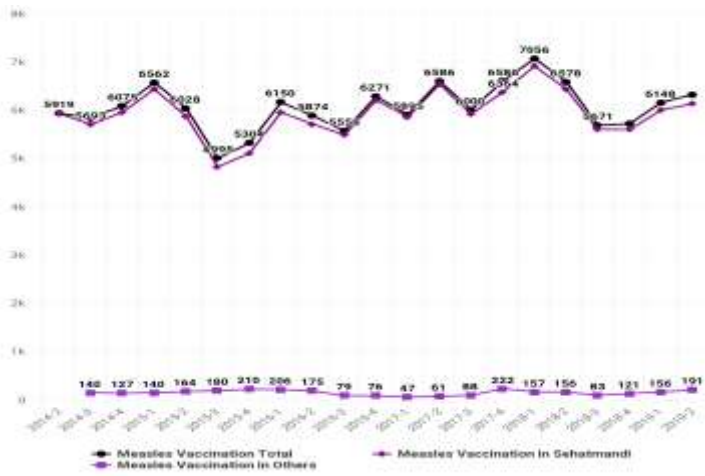
### Caesarean Sections



## Growth Monitoring and Youth Counseling



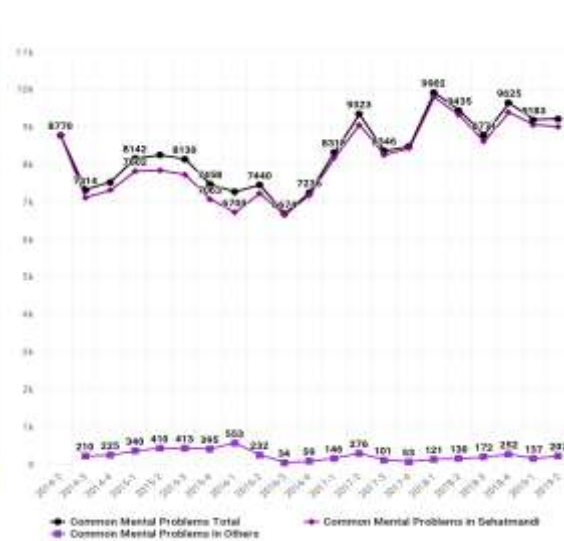
## Measles Vaccinations



## TB Case Detection



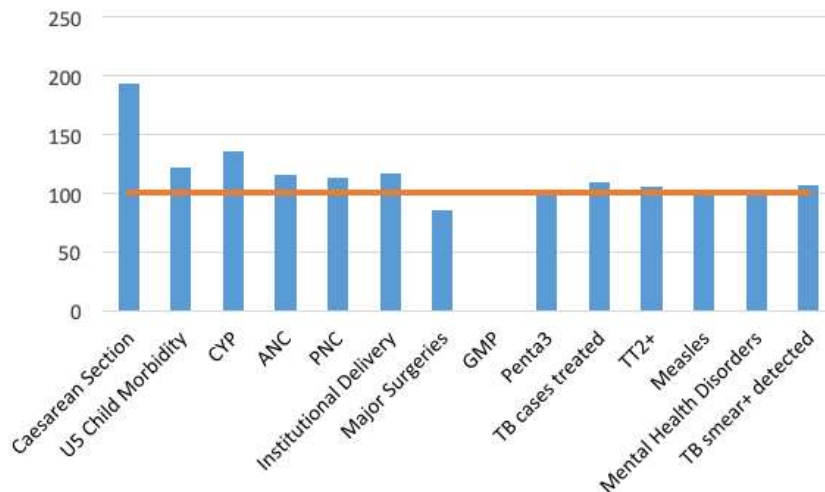
## Mental Health Disorders





## 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 32% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 17% over 5 years.
- Maternal health services (ANC, institutional deliveries, and Cesarean section) showed steady increase by 153% over time.

## 2.1 Province-specific analysis

### 2.1.1 Management:

- Care of Afghan Family (CAF) provides Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in the period of SEHAT and SEHATAMANDI projects in Logar 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.
  - Out of all active Health Posts, only 3 of them did not have female CHW during the first SAPR.
- 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 overdue.
  - Both first quarterly and second quarter Reports were submitted on time.

- Of 3 Monthly Updates to be submitted to PMO, all 3 were on time.
- PIP was submitted on time.
- Data Quality Assurance Plan was submitted overdue.
- Semi-Annual Inventory List was submitted on time.
- No Force Majeure cases were reported

### 2.1.2 Health Facility Analysis:

- Health Facilities with Problems or Success
  - Regarding Caesarean Section in Logar province, the most contribution is reported by Logar Provincial Hospital: 76% in Q1 and 70% in Q2. District Hospitals, BarakiRajan DH, ShafiqullaLudin DH and Azra DH had shares of 13%, 8% and 2% of the total achievements respectively. Achievements by Pangram and Kharwar CHCs were minimal.
  - Regarding CYP, Logar hospital has 43% contribution Q1 and 30% in Q2. In BPHS level, Baraki Barak and Sajawand CHCs 5% contribution in Q1 and 8% in Q2.
  - Regarding ANC, NayebAminullah khan PH contributed more than all other HF. Among CHCs, ZarghoonShahe, Padkhab and Sajawand contributed more than other CHCs.
  - Regarding Institutional Delivery, a large share is attributed by DHs and CHCs, while the less contribution is reported by BHC. One of the HSC, Gandab had zero contribution.
  - Regarding penta3 which did not meet the target, dobandi, Dashtak and Tawoskhil HFs had less contribution than all others.

Share % of each type of Health Facilities in this semi annual cycle	RH (n=1)		DH (n=1)		CHC (n=1)		BHC (n=1)		PHC/Others (n=1)	
Indicators	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
C.S	76%	70%	23%	25%	1%	5%	0%	0%	0%	0%
Morbidity	12%	14%	17%	17%	24%	23%	32%	31%	15%	16%
CYP	43%	30%	17%	17%	13%	18%	20%	26%	7%	10%
ANC	14%	13%	15%	14%	26%	28%	32%	31%	13%	14%
PNC	21%	22%	28%	26%	21%	21%	23%	23%	8%	9%
ID	33%	35%	37%	35%	21%	20%	7%	7%	2%	2%
MS	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
GMP	6%	8%	16%	18%	33%	30%	32%	32%	16%	15%
Penta3	18%	18%	12%	14%	24%	25%	35%	34%	13%	12%
TBs+t	25%	24%	39%	39%	32%	25%	6%	11%	0%	0%
TT2+	13%	15%	12%	14%	27%	26%	38%	36%	13%	13%

### 2.1.3 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	ZarghoonShahr	BHC	NA	16,5,2019	18/5/2019	2	Due to insecure situation(fighting between Governor and AOG)
2	Tang	HSC		14,2,2019	20/3/2019	7	Due to insecure situation(fighting between Governor and AOG)
3	Pangram	CHC		23,01,2019	26/01/2019	11	Due to insecure situation(fighting between Governor and AOG)
Total #days halted						20	

b. **Natural Disasters:** no report.

c. **Population movement:** no report.

## 2. Discussion & Recommended actions

- Less contribution of Pangram and Kharwar CHCs in Cesarean Section.
- Less contribution of BHCS and zero contribution of Gandab HSC in delivery indicator should be discussed and the reason should be found.
- Indicators which are not meet the target should be discussed and find the way to help achieving those indicators, such as Penta3...

### . Recommendation to Ministry of Public Health:

- Instalment to Service Providers should be arranged quarterly base instead semi annual
- The SOP should be revised based on first semiannual experience and recommendation
- A committee should be assigned by MoPH leadership to evaluate all those force majeure events which are affecting health service provision in provinces