



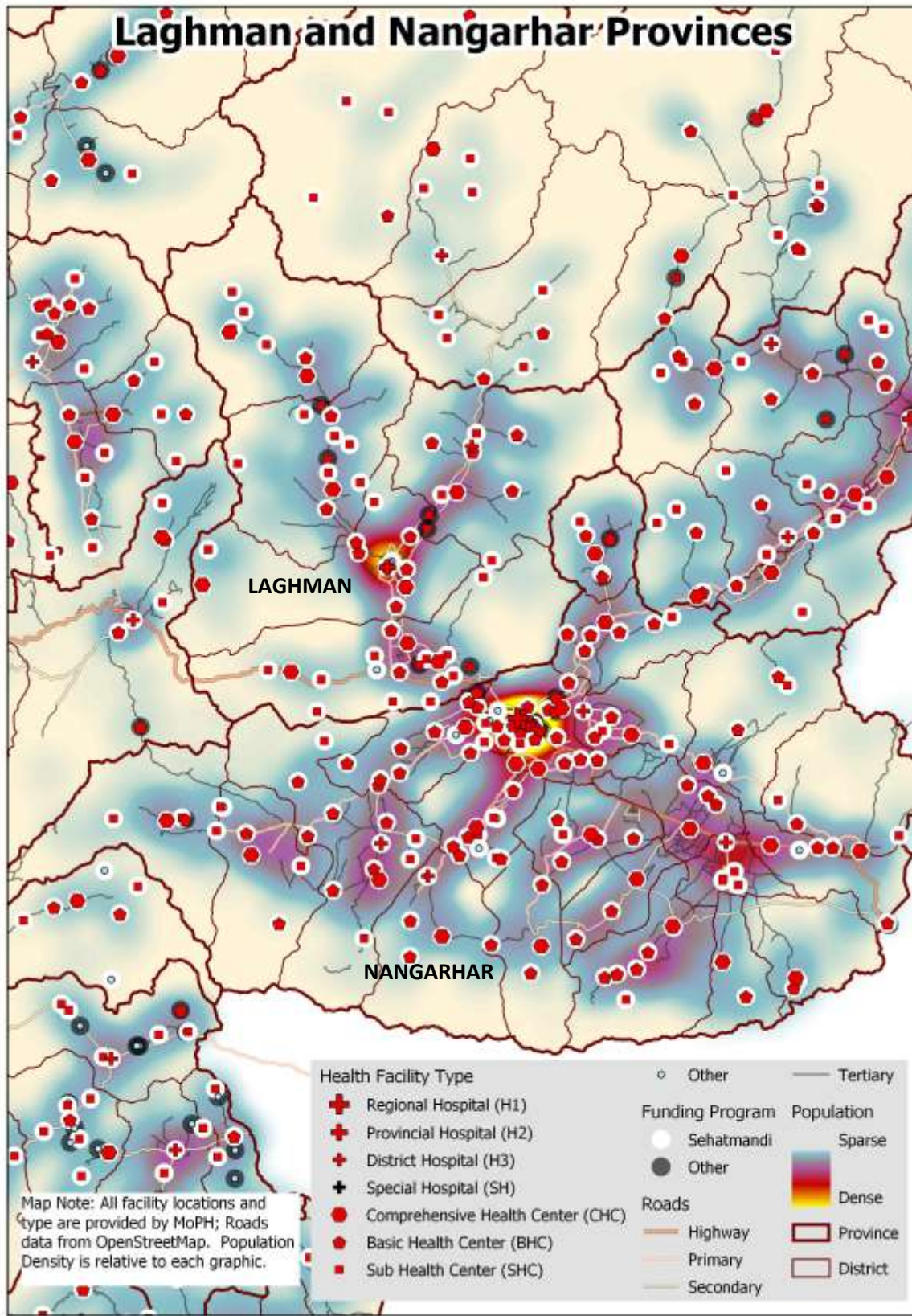
**Islamic Republic of Afghanistan**

**Ministry of Public Health**

**Sehatmandi Semi Annual Performance Review 1**

**Provincial-level review: Nangarhar**

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]
Nangarhar	1,545,448	200.0	681	73	21,215	50.7	14.1	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.

Nangarhar is located in the eastern part of Afghanistan with 91 km border with Pakistan. There are 22 districts and more than 2,136 villages in the province. Jalalabad 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	
Nangarhar	AADA	Yes	1018	32	0	71	10	22	0	5	2	11	29	141	41	77.5

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

Through the SEHAT and Sehatmandi project, the Agency for Assistance and Development of Afghanistan (AADA) has been providing Basic Package of health Services (BPHS) while in SEHAT project Health Net International (HNI-TPO) was implementing Essential Package of Health Services (EPHS) and now in SEHATMANDI also the EPHS is implementing by HNI-TPO as joint venture with AADA.

## 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)
Nangarhar	2,209,709,450	293,981,050	13.3%	1,351	18.2	1,635,872	148,777,094	354,601,741	42.0%	21	52

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

\*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Nangarhar was the 27th from the top among 31 provinces. Nangarhar was ranked at the 16th from the top in terms of P4P earned in SAPR1 as % of total possible payment.

## 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. Nangarhar is ranked at the 6<sup>th</sup> of 31 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												22
Nangarhar												24

## 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.

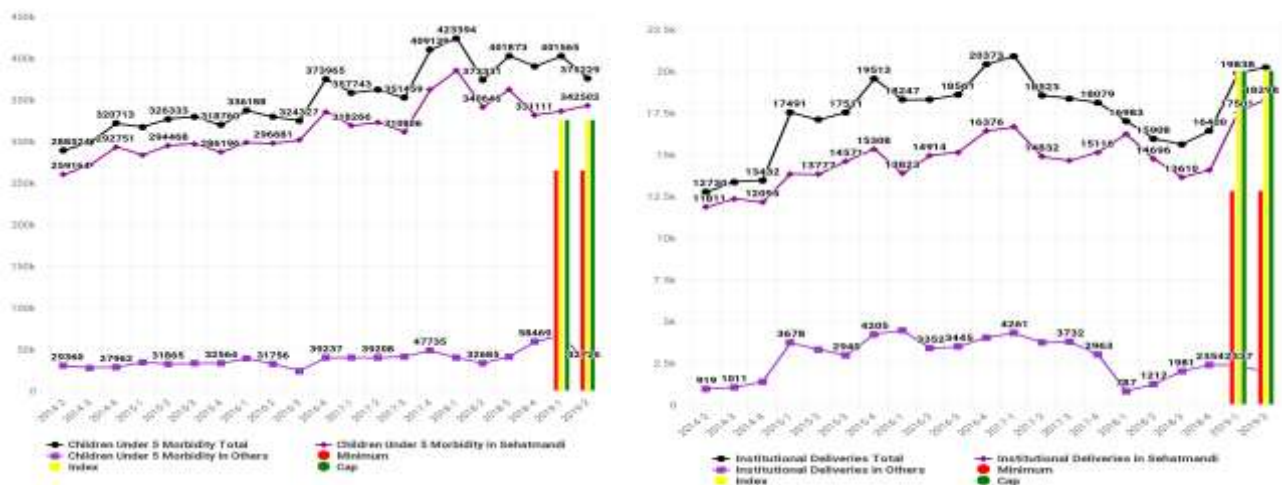
## 1.7 Key findings

- Nangarhar is ranked at the 6<sup>th</sup> of the P4P indicator ranking:9 of 11 P4P indicators met the Index and just 2 of them did not meet the index Level. However, all 11 indicators met the minimum level. Even 5 of 11 met the maximum level.
- On average, P4P indicators rose by 69% 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 including all active HPs had at least one female staff.
- Shortage of medicine in some health facilities observed during field visits

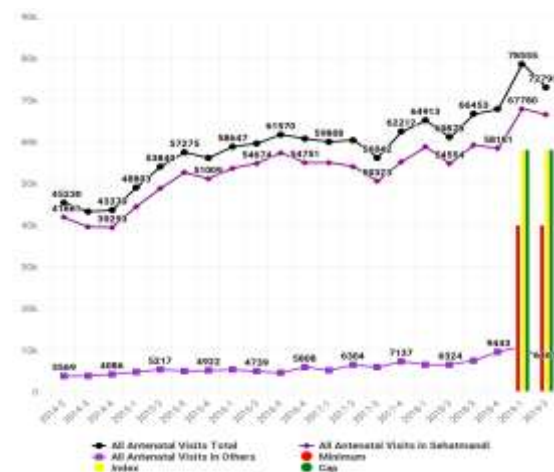
## 1.8 Indicator trends

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

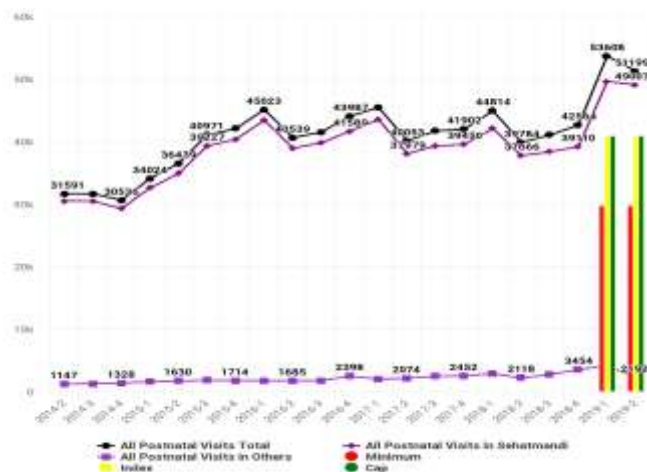
### Children under Five Morbidity Institutional Delivery



### All Ante-Natal Care Visits

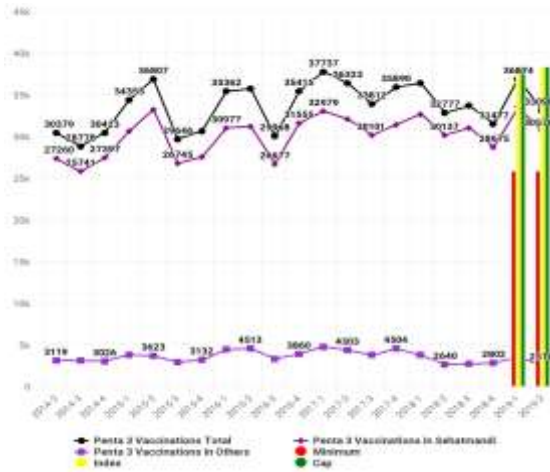


### All Post-Natal Care Visits

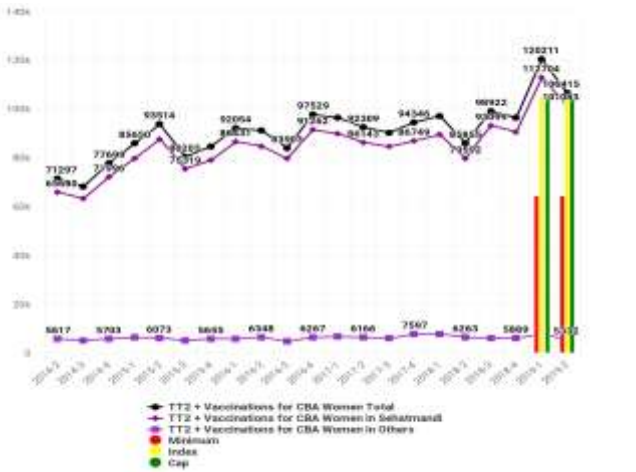




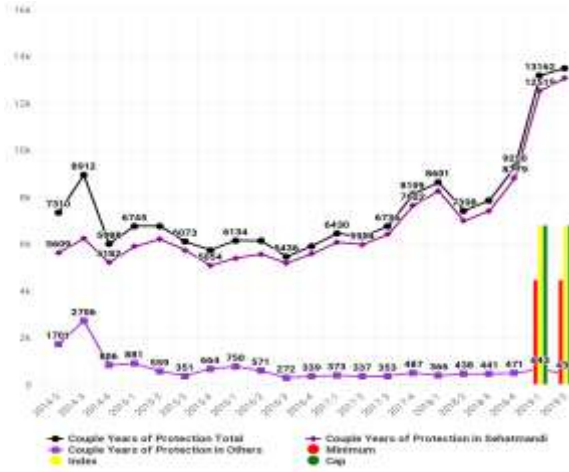
## Penta 3 Vaccinations



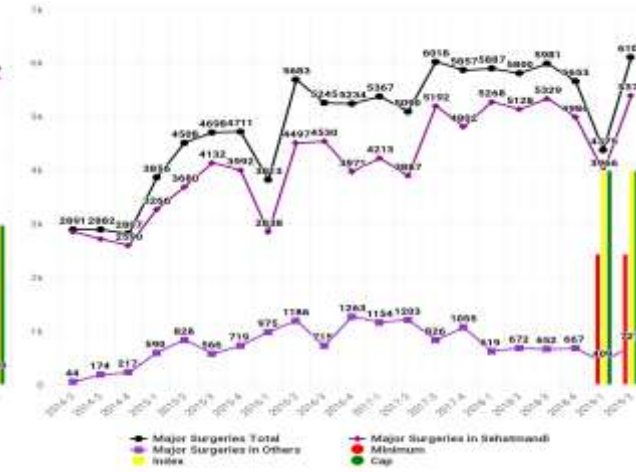
## TT2+ Vaccinations



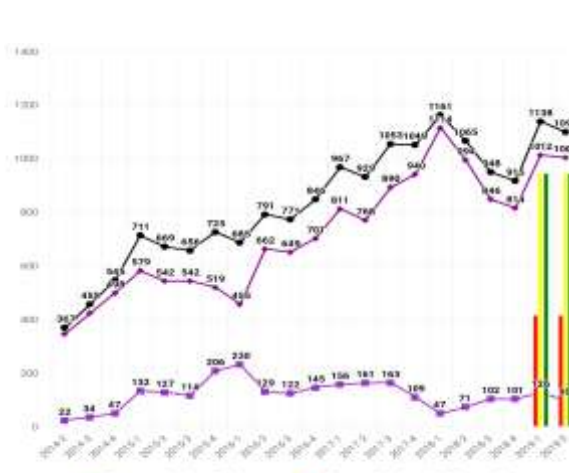
## Couple Years of Protection



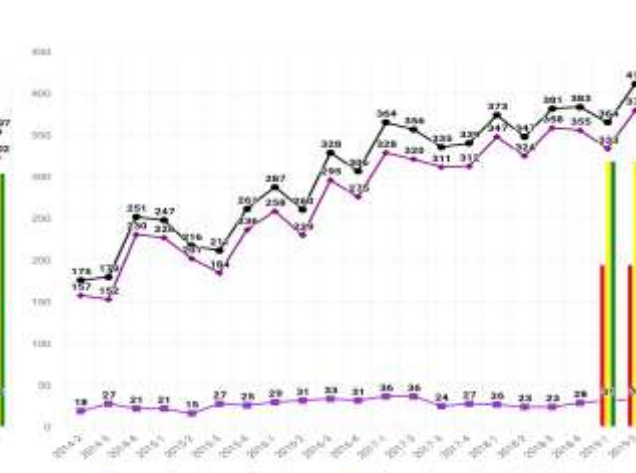
## Major Surgeries



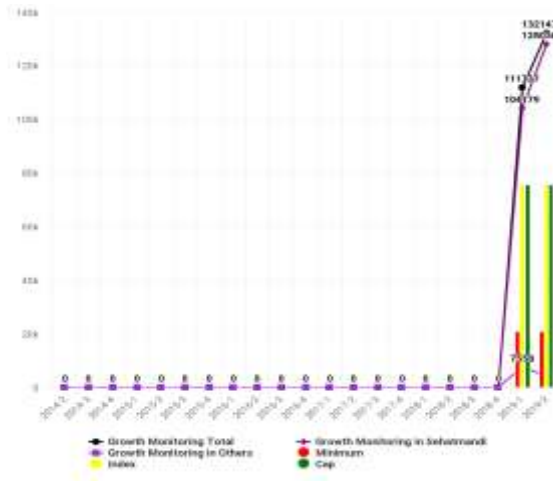
## Caesarean Sections



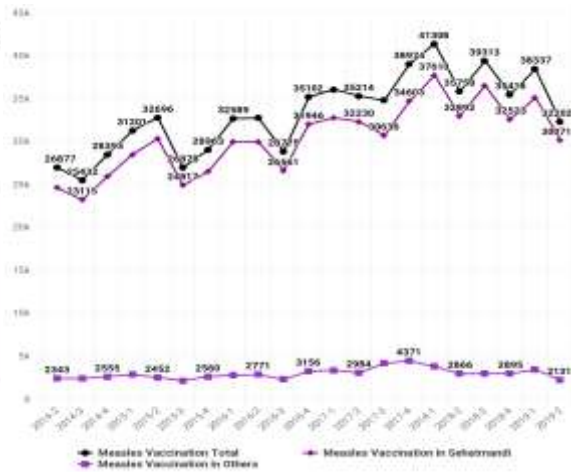
## TB Sputum Positive Cases Treated



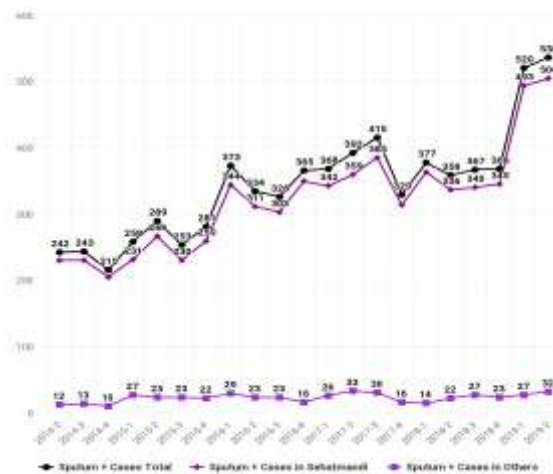
## Growth Monitoring and Youth Counseling



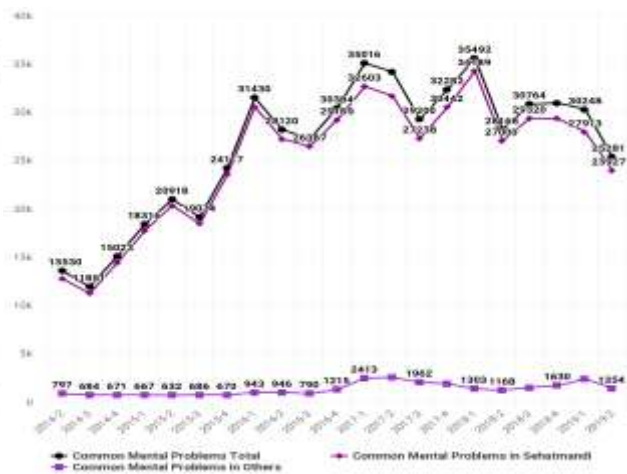
## Measles Vaccinations



## TB Case Detection



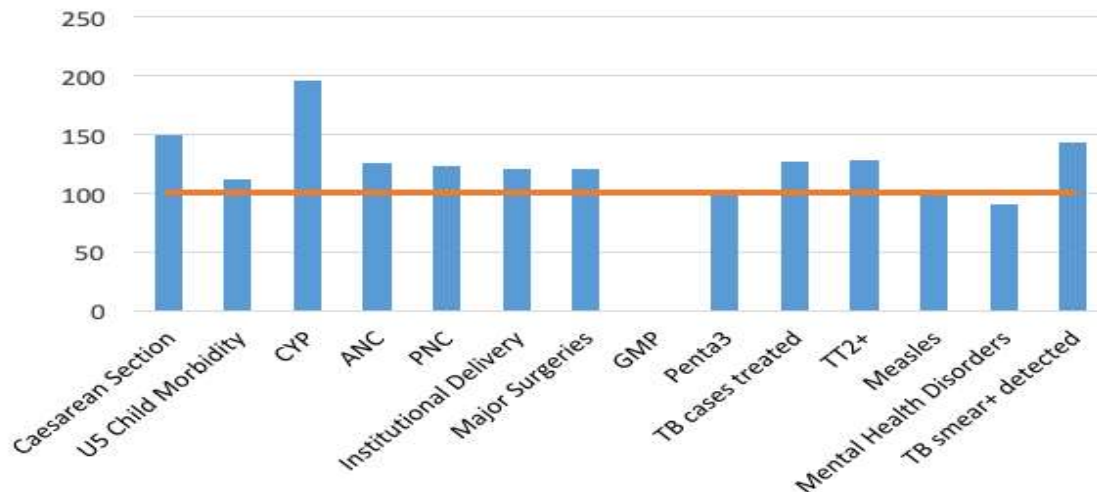
## Mental Health Disorders





## 1.9 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 69% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 29% over 5 years.
- Maternal health services (ANC, institutional deliveries, and Cesarean section) showed steady increase by 102% over time.

## 2 Province-specific analysis

### 2.1 Management:

- AADA provides BPHS in the whole period of SEHAT and Sehatmandi project. HNI-TPO provided EPHS under SEHAT and continues to provide EPHS in Sehatmandi projects.
- Staffing:
  - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, all health facilities had at least one female staff.
  - There was no shortage of female CHWs in all active health posts 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 quarter 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

## 2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
  - Regarding Caesarean Section in Nangarhar, the most achievements attributed to Nangarhar Regional Hospital: 84% in Q1 and 88% in Q2. The least achievements were reported by Agam DH, 0.5% in Q1 and 0.1% in Q2. However, the Sultanpoor CHC+ reported more achievements (1.3% in Q1 and 1.1% in Q2) than Agam DH.
  - Regarding child morbidity, achievements in Nangrhar Regional Hospital were greatest among all HFs: 10% in Q1 and 16% in Q2, demonstrating an upward trend. Zawa BHC had no data in Q2 due to cloture of service.
  - Regarding CYP, Nangarhar Regional Hospital has 26% contribution Q1 and 28% in Q2. In BPHS level, SangarSarai CHC in Kama District ranked as the topperformer with 4.6% share of total in Q1 and 2.2% in Q2.
  - Regarding Antenatal Care, achievements of Kama DH, Nangarhar Regional Hospital, Sultanpoor CHC+, PachirAgam CHC and Sangina CHC were more than other HFs, while Saparay SC, SordagHSC and GandomakHSC contributed less than other all HFs, even GushtaMohamadKhil Clinic and Nasirkhil SHC have no contribution (0), while Nasirkhil SHC has midwife.
  - Regarding PNC, all DHs and Nangarhar Regional Hospital (NRH) including some CHCs had greeter contribution. Nasirkhil SHC and Gandomak HSCs have no contribution (0), while both HFs had midwives.
  - Regarding Institutional delivery, the data shows greeter contribution of Nangarhar hospital and all DHs including Sultanpoor CHC, Goshta, Batikot, najmulqua and sangarsarai, CHCs while, Farm hada SC, Sordag SC, Gandomak SC, Naasirkhil, Deh ghazi, charbagh, Balakhil, gushta and Sera Gata SCs had no contribution in Q1. However, Sordag, Charbagh, Gushta and Sera Gata SCs had contribution in Q2. Contribution of FHH health facilities looked more cost effective than HSCs and BHCs so, it should be considered during revision of BPHS package.
  - Regarding penta3 vaccination, the achievement in Q2 decreased than Q1. (Q1= 33414 and Q2= 30576)
  - Regarding TT2+ vaccination, the achievement in Q2 decreased than Q1. (Q1= 112704 and Q2= 101083)
  - Regarding TBs+ treatment, the achievement is greeter in Q2 than Q1. Hospitals and some CHCs "Balabagh, Shekhmesri and Batikot" had greeter contribution in ragrad.

## 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	Doab	SHC	NA	16,3,2019	30/3/2019	11	Closed by AGO because of Government Health Relief Fund distribution
2	Hisarak(Ragha)	CHC		16,3,2019	30/3/2019	11	Closed by AGO because of Government Health Relief Fund distribution
3	NaserKheil	SHC		16,3,2019	30/3/2019	11	Closed by AGO because of Government Health Relief Fund distribution
4	Khoshhal	SHC		17,3,2019	30/3/2019	93	Mines had been implanted in the vicinity of HF and people were informed not to go to the HF due to mines around the HF
5	Balalkhil	SHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
6	Bangasher	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
7	Chamtala 1	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
8	Chamtala 2	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
9	Memla	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
10	NakarKheil	SHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
11	Sordag	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
12	Wazir Ahmad Kheil	SHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
13	WazirTangi	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
14	WazirTatang	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
15	Zawa	SHC		17,3,2019	21/8/2019	124	AOG had established one of the check point near to HFs and there is always fights between AOGs and Govt military forces .Therefore after long discussions the HF re-opened in new location
16	Gandomak	SHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
17	KuzAshpan	SHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution

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
18	Petlaw	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
19	Shanditut	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
20	Balabagh	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
21	Kankarak	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
22	Agam Hospital	DH		23,3,2019	28/3/2019	5	Closed by AGO because of Government Health Relief Fund distribution
23	GiraKheil	BHC		23,3,2019	28/3/2019	5	Closed by AGO because of Government Health Relief Fund distribution
24	PachirAgam	CHC		23,3,2019	28/3/2019	5	Closed by AGO because of Government Health Relief Fund distribution
25	Panakzai	BHC		23,3,2019	28/3/2019	5	Closed by AGO because of Government Health Relief Fund distribution
26	SulaimanKhel	BHC		23,3,2019	28/3/2019	5	Closed by AGO because of Government Health Relief Fund distribution
	Toto	BHC		17,3,2019	30/3/2019	10	Closed by AGO because of Government Health Relief Fund distribution
Total #days halted						445	

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

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

### 3. Discussion & Recommended actions

- Shortage of medicine and medical equipment.
- Week performance of Aagam DH in Cesarean Section indicator should be discussed.
- Zero contribution of Farm hada SC, Sordag SC, Gandomak SC, Naasirkhil, Deh ghazi, charbagh, Balakhil, gushta and Sera Gata SCs had no contribution in Q1. However, Sordag, Charbagh, Gushta and Sera Gata SCs should be discussed and the reasons should be found out.
- The achievement in TT2+ and Penta3 declined in Q2 Vs Q1. This should be discussed to find the causes. While the cumulative achievement for Q1 and Q2 is good.
- The SP should try and find source for paying staff salary for the months of Saratan, Asad and Sunbula as soon as possible.
- The SP should focus on two P4P indicators "Institutional delivery and Penta 3 which did not meet the target/index, to reach the target through specific interventions and innovations.

#### **4. 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