

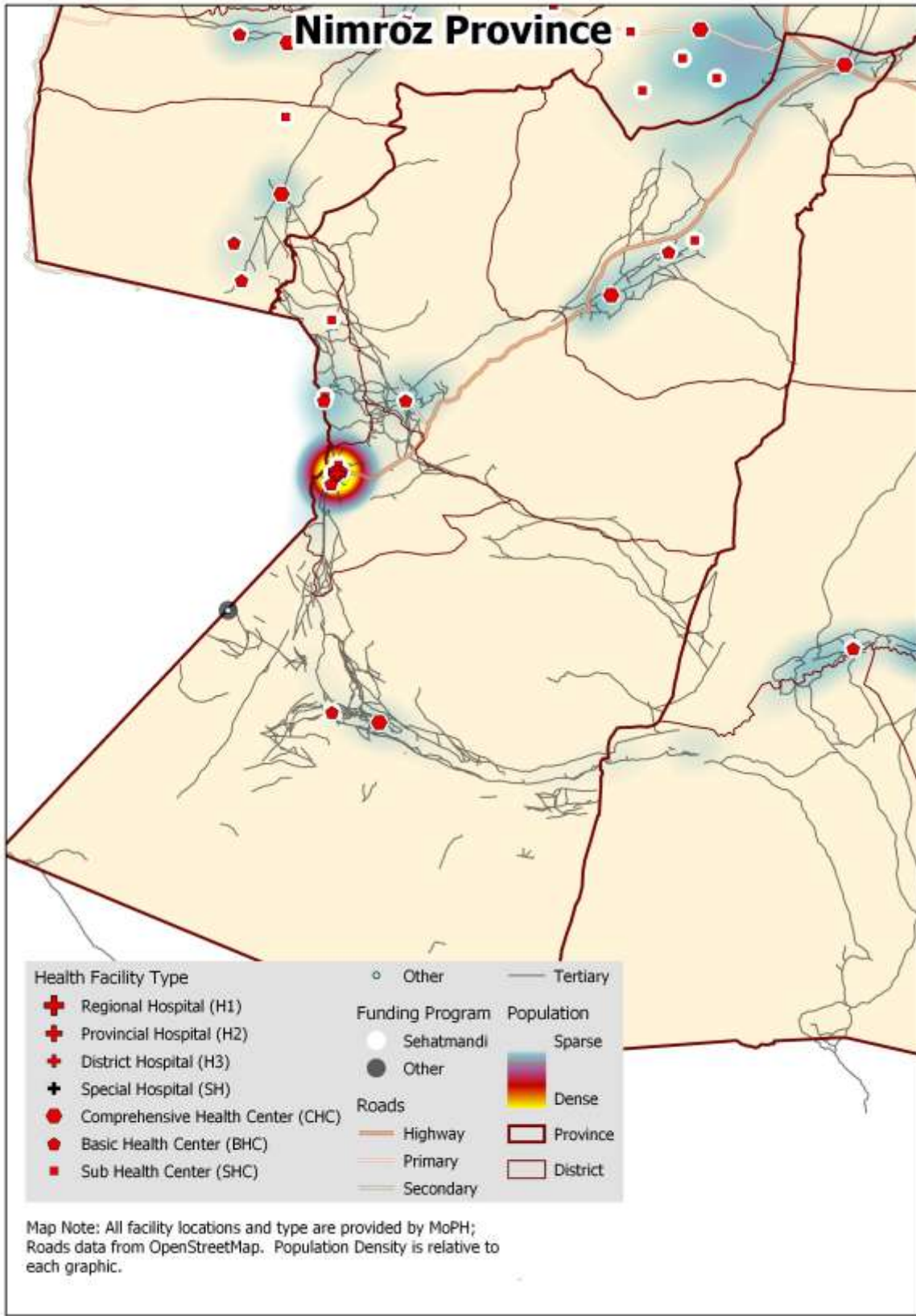


Islamic Republic of Afghanistan

Ministry of Public Health

Semi Annual Performance Review 1
Provincial-level review: Nimroz

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]
Nimroz	167,863	4.1	18	68.8	715	58.7	21.3	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.

Nimroz is located in the southwestern part of the country. The province contains 6 districts, encompassing about 649 villages, and total populations is 176,898. the city of Zaranj serves as the provincial capital.

1.2 Provincial Health Characteristics

Table 2: Provincial Health Characteristics

Province	Service provider	EPHS implementer	Health posts <i>SH</i>	Sub-health centers		Basic health centers		Comprehensive health centers		Hospitals [1]		Other facility type		Total facilities		Sehatmandi facilities as % of total
				<i>SH</i>	<i>Other</i>	<i>SH</i>	<i>Other</i>	<i>SH</i>	<i>Other</i>	<i>SH</i>	<i>Other</i>	<i>SH</i>	<i>Other</i>	<i>SH</i>	<i>Other</i>	
Nimroz	MRCA	Yes	140	6	1	7	1	3	1	1	0	2	9	19	12	61.3

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

Nimroz is known to report one of the highest snakebite cases in country.¹Through the SEHAT project, the Medical Refresher Courses for Afghanistan (MRCA) and the Coordination of Humanitarian Assistance (CHA) provided BPHS and EPHS respectively. MRCA operates to provide BPHS and EPHS under the Sehatmandi project.

¹MRCA 2ndQuarterly performance report. 2019.

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)
Nimroz	349,415,887	13,485,457	3.9%	1,931	26.0	180,931	27,593,018	62,357,026	44.3%	31	56

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount for Nimrozas percentage of total contract amount was the lowest of all the 31 provinces (3.9%). It was ranked at the 9th in the P4P earned in this Semi-Annual cycle (44.3%) as % of total possible P4P payment (i.e. 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 yellow, performance between the index and maximum level is codified as green color and performance above the maximum level is codified by blue color. Nimroz is ranked the second of 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	Green	Green	Blue	Green	Yellow	Green	Yellow	Yellow	Yellow	Green	22
Nimroz	Blue	Blue	Blue	Yellow	Blue	Blue	Green	Yellow	Blue	Blue	Red	25

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.	-5	-20	N.A.	N.A.	0	0	-25	

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.

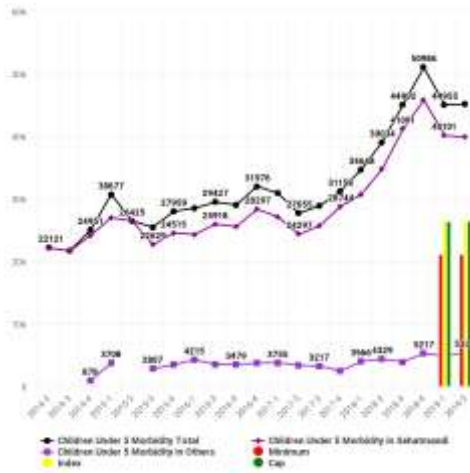
1.7 Key findings

- Nimroz total payment indicator score is 25 , ranked at the second in the payment indicator ranking: 7 out of 11 P4P indicators met the maximum level, 1 indicators met the Index, 2 indicators met the Minimum Level and 1 indicator is lower than the Minimum Level.
- In addition to delays in the government payment, low lump-sum budget contribute to delays in the staff salary payment.
- All HF's have at least one female staff.

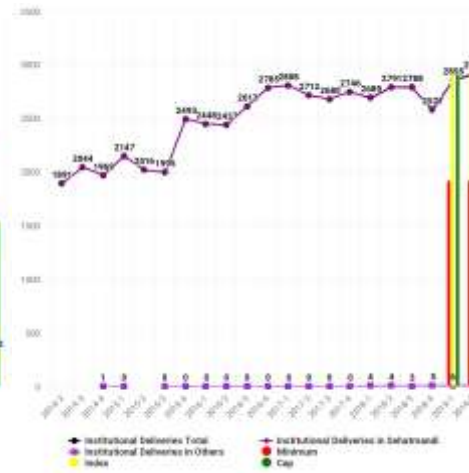
1.8 Indicator trends

In this sub-section, all line charts show Five-Year Trend by Quarter between 2014 and 2019. The bar charts in the right end show the Minimum Level, Index and Maximum Level of quarter 1 and quarter 2 of this Semi-Annual Cycle.

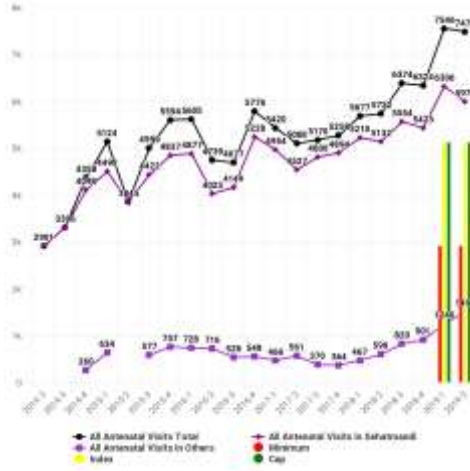
Children Under Five Morbidity



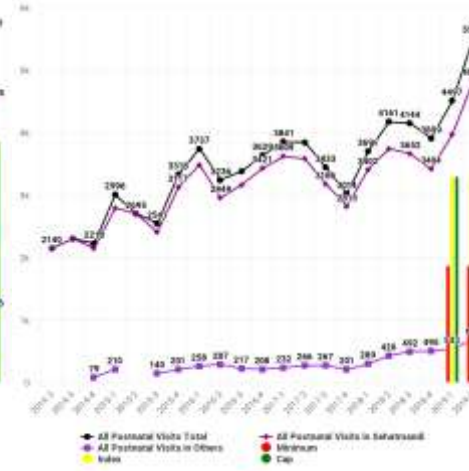
Institutional Delivery



All Ante-Natal Care Visits

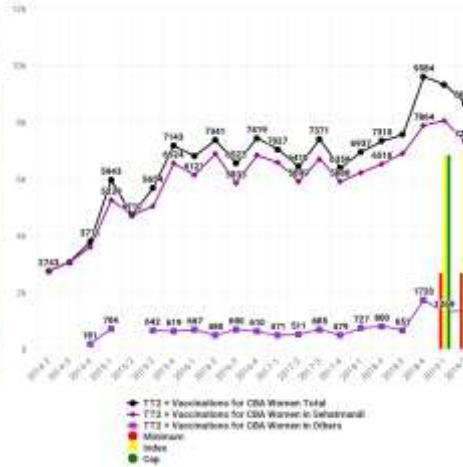
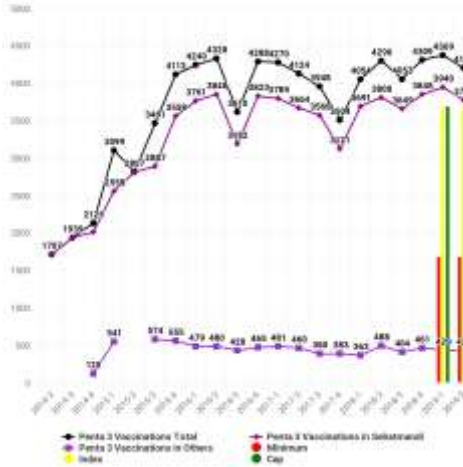


All Post-Natal Care Visits



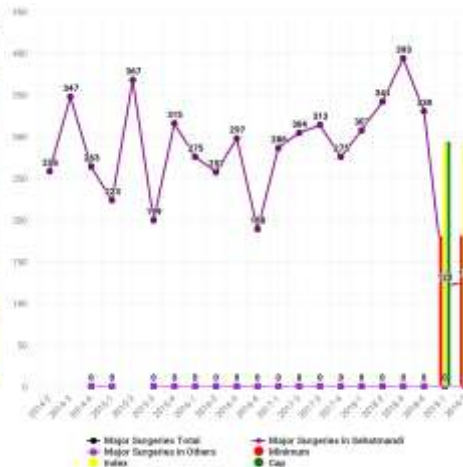
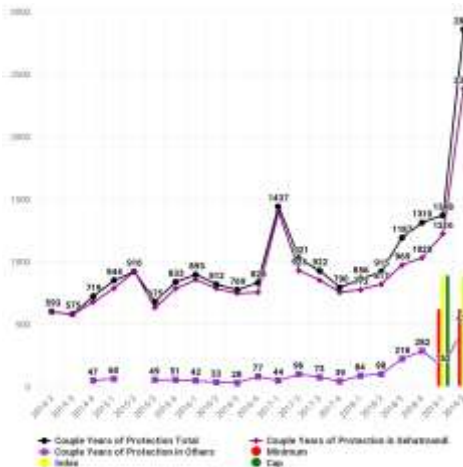
Penta 3 Vaccinations

TT2+ Vaccinations



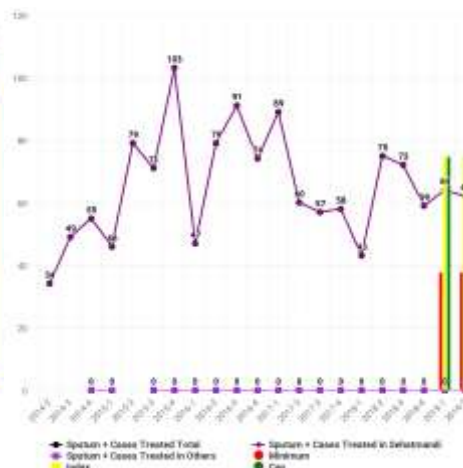
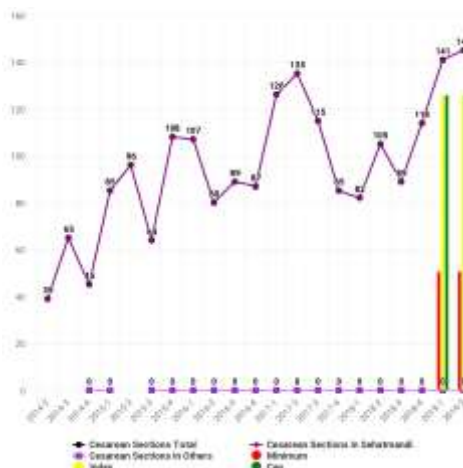
Couple Years of Protection

Major Surgeries

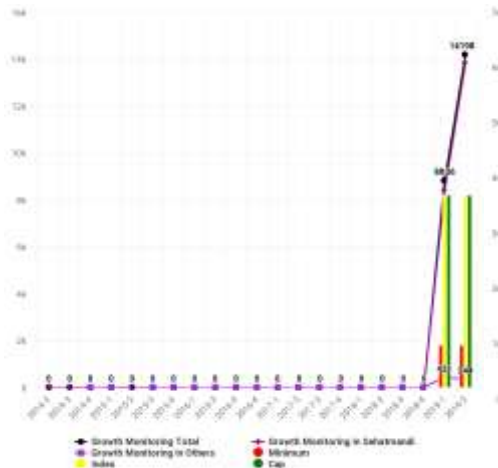


Caesarean Sections

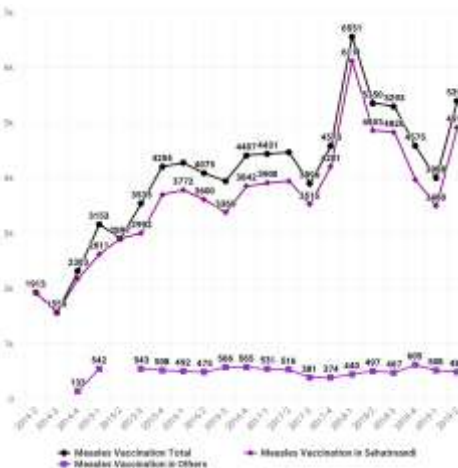
TB Sputum Positive Cases Treated



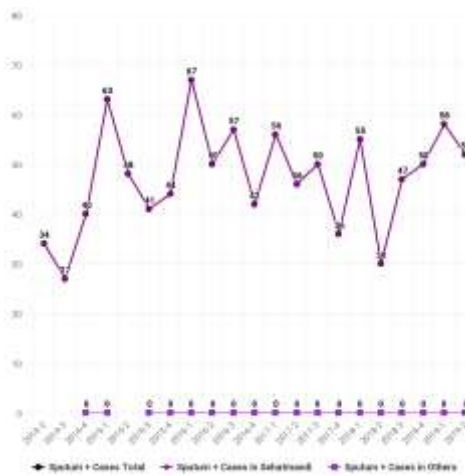
Growth Monitoring and Youth Counseling



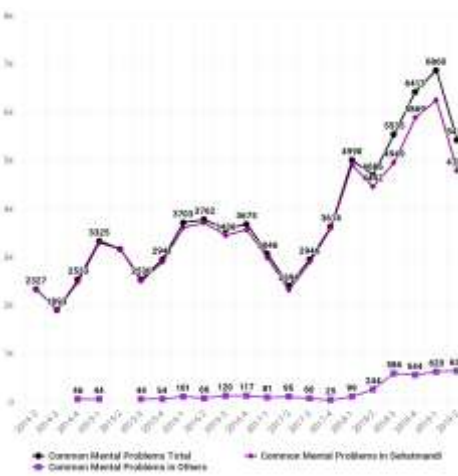
Measles Vaccinations



TB Case Detection

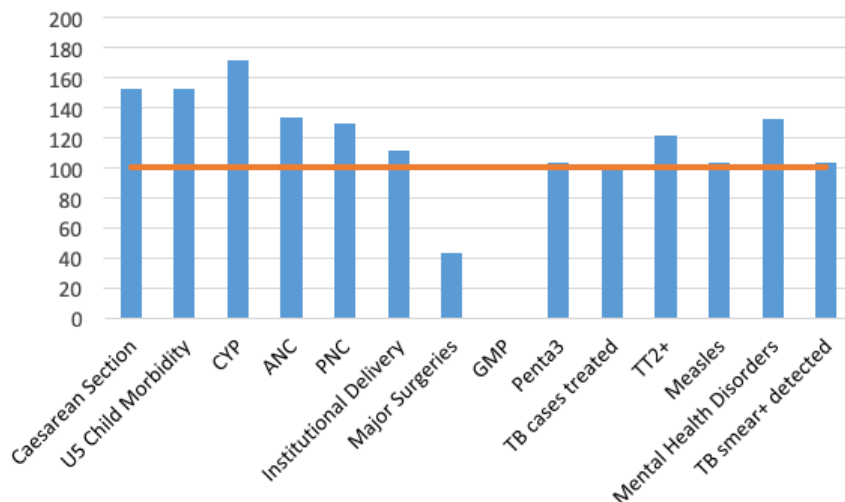


Mental Health Disorders



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 91% over 5 years, except for the C-section and Growth monitoring.
- Major surgery decreased by 24% over the past 5 years.
- Maternal health services (ANC, institutional deliveries, CYP, PNC) showed steady increase by 98% over time.

2 Province-specific analysis

2.1 Management:

- MRCA has been providing BPHS since July, 2017 and EPHS since Jan, 2019.
- Staffing:
 - o According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, all of health facilities had at least one female staff.
 - o Shortage of PH director in Zaranj hospital is reported since January, 2019.
- Staff salary Payment: delay in staff salary payment was reported in the first quarter of this SA cycle due to late signing of the contract but no report in the second quarter.
- Reporting:
 - o Inception Report was not submitted on time.
 - o The first Quarterly Report was overdue but the second was submitted on time.
 - o PIP was submitted on time.
 - o No Data Quality Assurance Plan was submitted.
 - o Semi-Annual Inventory List was submitted on time.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - o Zaranj PH reported a rapid increase of CYP in Q2 as compared to Q1.
 - o Zaranj PH reported slight increase of Major surgery in Q2 compared to Q1 although minimum level is not met.
 - o Delaram CHC reported decrease of TT+ and Penta3 vaccination in Q1 and Q2 because EPI services were banded by AGEs.
- Analysis of general conditions of the province that affect service delivery:
 - o According to MRCA, snack bite cases increased during the summer season.
 - o Shortage of safe drinking water in some HFs in Nimroz province affects service delivery and clean water is routinely bought by SP. Water is unavailable in 13 out of 18 HFs.
 - o The impact of natural disaster of last year drought and this year flood still affects the population and service delivery in Nimroz.

2.3 Specific major events affecting service delivery:

- a. All HFs were open during the two quarters, service delivery was maintained by all 19 HFs except for the outreach activity of routine vaccination program, which has been banned by AGE in Delaram CHC and Ghorghory CHC since the beginning of April 2019.
- b. Vacancy of K3 position (PH Director) since the beginning of the contract present challenges in management and health services to be provided at Zaranj PH.
- c. **Natural Disasters:** The impact of natural disaster of last year drought and this year flood remains.
- d. **Population movement:** Migration of people to Iran: particularly the people from Chaharborjak District.

3. Discussion & Recommendations

- Position of K3 in the project is still vacant and SP has not been capable for the recruitment of PH director in the province. MRCA should recruit qualified staff as articulated in the contract (all applicants till now did not much criteria for the K3 position and the position has been announced more than 5 times but still SP is not capable for recruitment , it is recommended that the criteria for the position of K3 should be flexible.
- Service provider (SP) should equally focus on all health services not just P4P indicators.
- Major surgery indicator did not meet the Minimum Level. If the benchmark setting was not realistic, MRCA should provide evidence so that MOPH could consider revising the benchmarks.
- Construction of a new building for the provincial hospital already started, but the progress is slow. The contractor should expedite the construction.
- All TDs and related Departments of MoPH at provincial and national level should make joint monitoring plan and share it with PMO for better coordination.