Islamic Republic of Afghanistan

Ministry of Public Health

Semi-Annual Performance Review 1
Provincial-level review: Sar-e-pol

September 2019

Sar-i-Pul Province

Health Facility Type

- ✚ Regional Hospital (H1)
- ✚ Provincial Hospital (H2)
- ✚ District Hospital (H3)
- ✚ Special Hospital (SH)
- ⬤ Comprehensive Health Center (CHC)
- ⬟ Basic Health Center (BHC)
- ■ Sub Health Center (SHC)

Funding Program
- ⚪ Sehatmandi
- ⚫ Other

Roads
- ─── Highway
- ─── Primary
- ─── Secondary
- ─── Tertiary

○ Other

Population
- Sparse
- Dense

☐ Province
☐ District

Map Note: All facility locations and type are provided by MoPH; Roads data from OpenStreetMap. Population Density is relative to each graphic.

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]
Sar-e-pul	569,043	35.6	22	45.7	11,858	56.6	15.7	Low

[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.

Sar-e-Pol is located in the north of the country. It borders Jawzjan and Balkh to the west and north, Ghor Province to the south, and Samangan to the east. Sarepol province covers an area of 16,360 km. Three quarters (75%) of the province is mountainous or semi mountainous terrain while one-seventh (14%) of the area is made up of flat land km²The province is divided into 7 districts and contains 896 villages. It has a population of about 627,929, which is multi-ethnic and mostly a tribal society. The province was created in 1988. The city of Sar-e Pol 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	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	% of total
Sar-e-pul	SAF	No	336	32	0	20	1	9	0	3	1	2	6	66	8	89.2

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

BPHS is implemented by Solidarity for Afghan Families (SAF)through the Sehatmandi project. Before the Sehatmandi projectOrganization for Research and Community Development (ORCD)operated in the province under SEHAT project.The EPHS services provided by MoPH through PH in the capital of province.

1.3 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 SAPR1in AFN	P4P earned in SAPR1 as percent of total possible	Delay in most recent lump sum payment (days)	Delay in P4P first payment (days)
Saripul	527,040,409	238,157,221	45.2%	839	11.3	627,929	25,880,143	53,050,643	48.8%	21	52

*Maximum Level P4P
**The Sehatmandi Project RFP
§ 1.00 USD = 74.4 AFN

Total lump-sum amount for Sar-e-pol as % of total contract amount is bit more than the country average of 40.3%. Sar-e-pol is the second to the top in P4P earned in SAPR1 as percent of total possible.

1.4 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. Sar-e-pol is ranked at the 9th 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												**22**
Sar-e-Pul												22

1.5 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.

1.6 Key findings
- SarepolP4P performance score ranked over the national mean and at the 9th of 34 provinces in the P4P indicator ranking:5 of 10 P4P indicators hit the Maximum Level, 2 indicators met the Indexand 3 did not meet the Index.
- In addition to delays in the government payment, low lump-sum budget contributed to delays in the staff salary payment in the Q1and Q2.
- More than 38% of CHCs didn't had female MD.
- Twenty-six (26)% of health facility didn't provide Growth monitoring and IYCF services in the first two month of the Q1

1.7 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 show the Minimum Level, Index and Maximum Level of quarter 1 and quarter 2 of this Semi-Annual cycle.
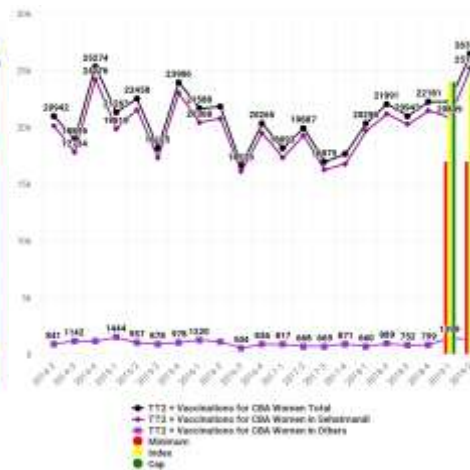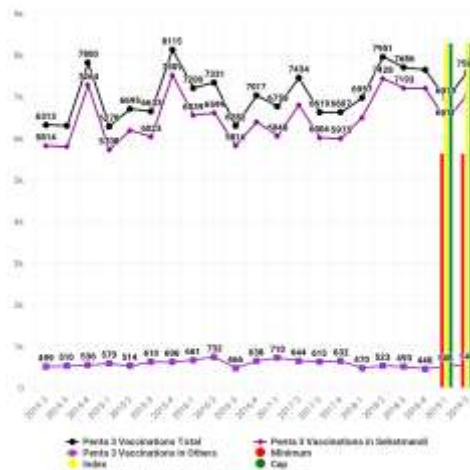
Children Under Five Morbidity

Institutional Delivery

All Ante-Natal Care Visits
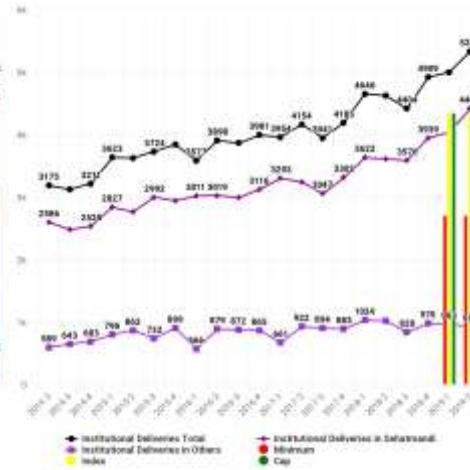
All Post-Natal Care Visits

Penta 3 Vaccinations
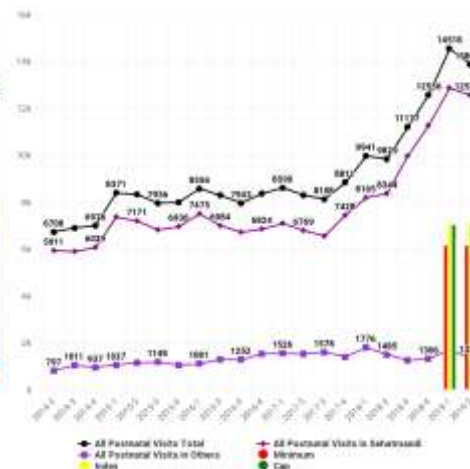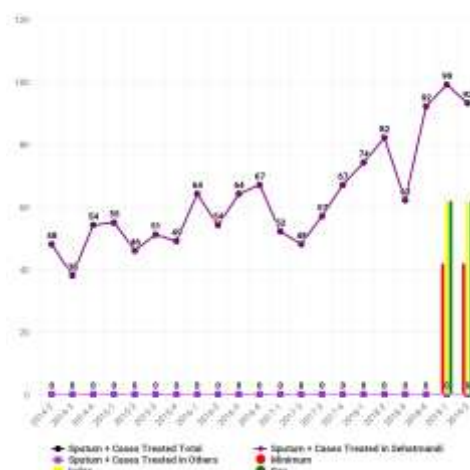
TT2+ Vaccinations

Couple Years of Protection
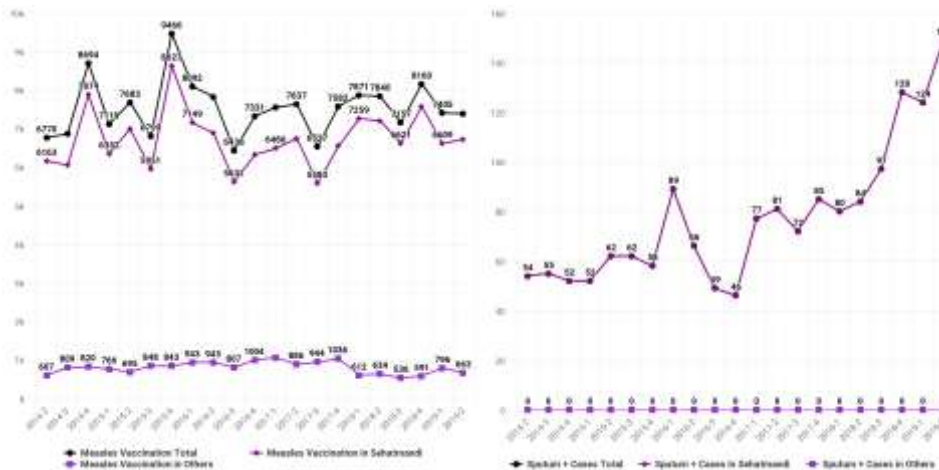

Caesarean Sections
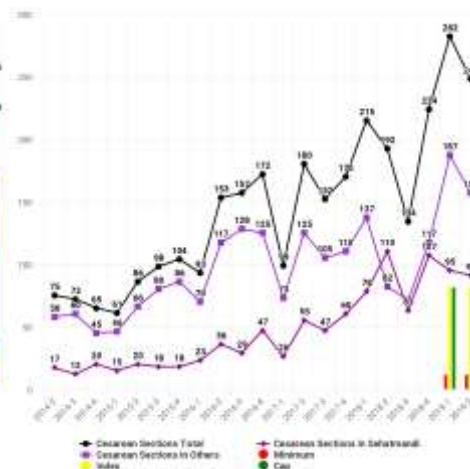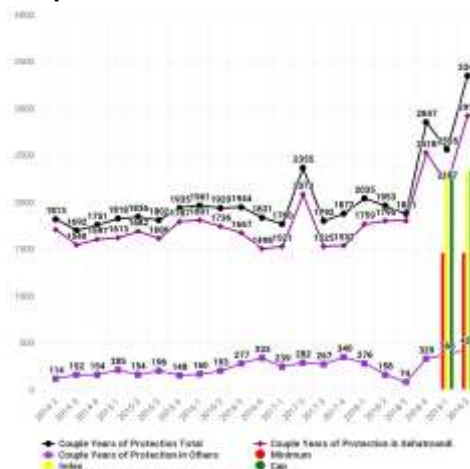
TB Sputum Positive Cases Treated

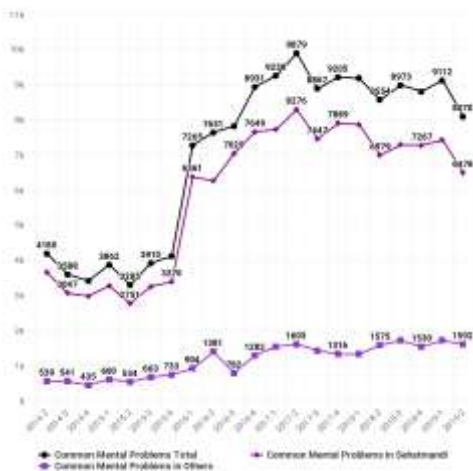**Growth Monitoring and Youth Counseling**
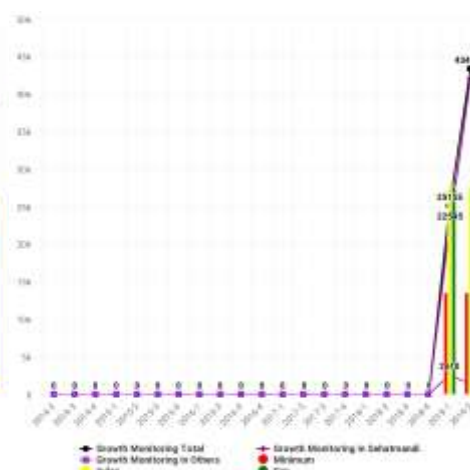
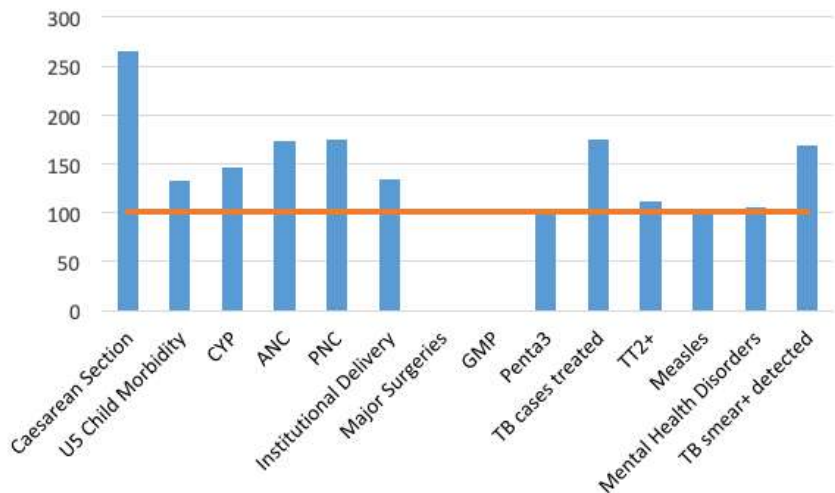**Measles Vaccinations**

TB Case Detection

Mental Health Disorders

1.8 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 normalizedby 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 thanthe last five years median and those lower than 100 show low performance than the median of last fiveyears.

1.9 Conclusions of the charts
- Except for Caesarean section and Growth Monitoring, P4P indicators rose by an average of 65% over 5 years.
- Maternal health services (ANC, PNC, institutional deliveries and CYP) showed huge increase by 82% over time.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 20% over 5 years.

2.1 Province-specific analysis
2.1.1 Management:
- SAF has been providing BPHS since 2018.
- Staffing:
    o According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 100% of health facilities hadat least one female staff and 38% of CHC and DH didn't had female MD.
    o 100% of health post had female CHW.
- Staff salary Payment: delay in staff salary payment was reported in the first and second quarter of this SA cycle.
- Reporting:
    o Inception Report was not submitted on time.
    o The first Quarterly Report was overdue but the second was submitted on time.
    o All 3 Monthly Updates has submittedon time to PMO.
    o PIP was submitted on time.
    o Data Quality Assurance Plan was not submittedon-time.
    o Semi-Annual Inventory List was submitted on time.
    o No Force Majeure cases happened in this reporting period.

2.1.2 Health Facility Analysis:
- Health Facilities with Problems or Success
    o Vast majority of Cesarean Section (CS) services are provided by one of the threeTukzar DH 64% in the province. Other two DHs and one CHC+ had less contribution to CS service provision: 25%, 4% and 7% respectively.
    o Due to insecurity in Sayad CHC the female Sarepol Sub Health Center has staffed with female MD and midwife.
    o Twenty-six (26)% of health facility didn't provide Growth monitoring and IYCF services in the first two month of the Q1.
- Analysis of general conditions of the province that affect service delivery:
    o On-going conflicts in districts of the province affect the services HFs staff resigned and the staff were not able to attend on night duty service. The SP establish new place for night duty services within the district.

2.1.3   Specific major events affecting service delivery:
   a.   No cases reported in this reporting period.
   b.   **Population movement**:Not report.

3. Discussion & Recommended actions

- Given lack of female health professionals in the health facilities, SAF should review staffing pattern and implement new incentive mechanism (including benefits and allowances) for female staff.
- SAF should hire nutrition counselor in all remaining health facilities to provide the services
- SAF should equally focus on all services in the BPHS package, not just P4P indicators.