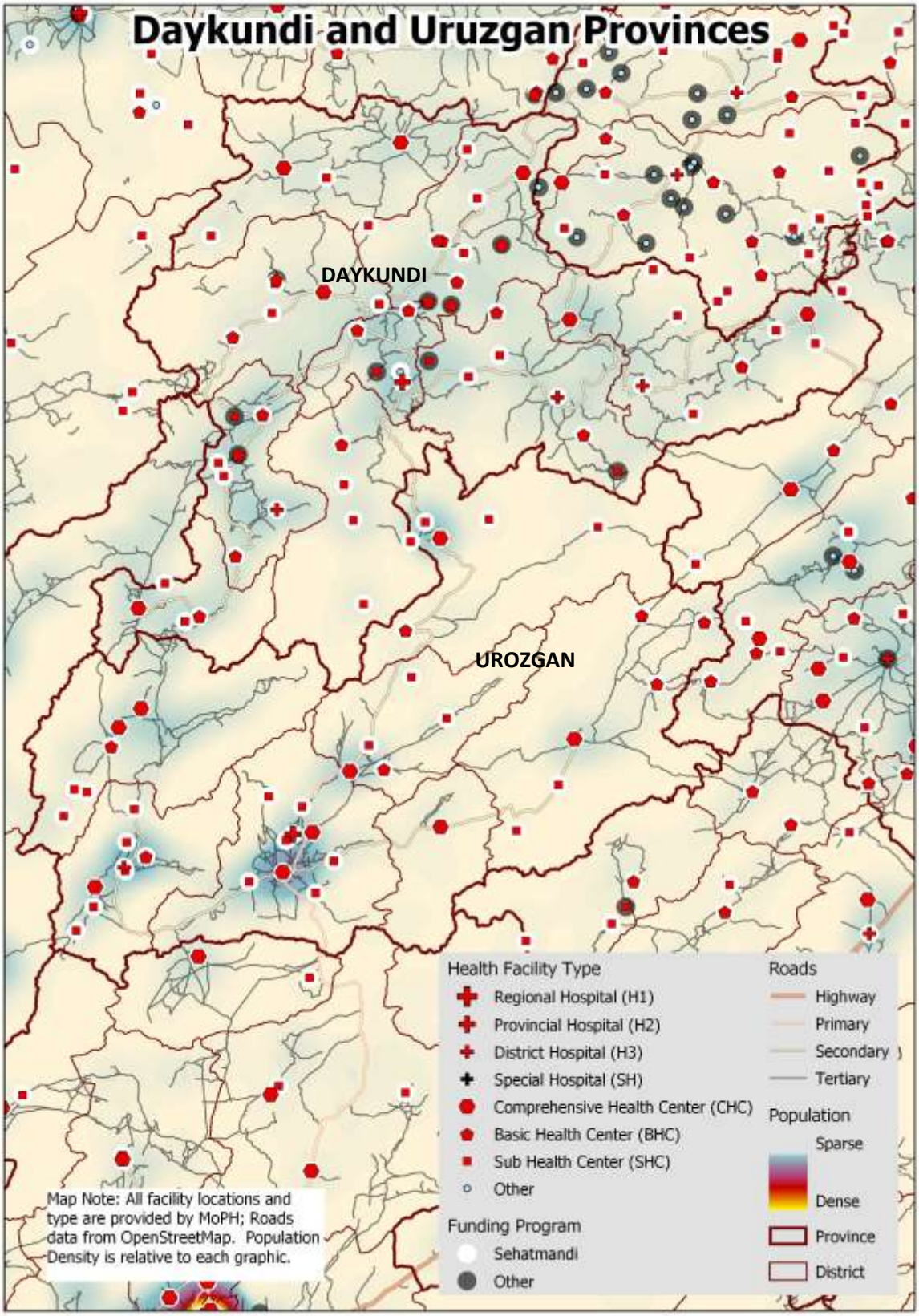
Islamic Republic of Afghanistan

Ministry of Public Health

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

September 2019


Daykundi and Uruzgan Provinces
DAYKUNDI
UROZGAN
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)
Other
Funding Program
Sehatmandi
Other
Roads
Highway
Primary
Secondary
Tertiary
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]
Urozgan	356,364	15.7	46	40.8	4,485	69.6	5.6	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.

Urozgan is located in the center of the Afghanistan; culturally and tribally linked to Kandahar province in the south. It has borders with Helmand, Kandahar, Zabul, Ghazni and Dykundi provinces around it. Including its capital city Tarinkoat it has 6 districts with 1003 villages.

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*	
Urozgan	SHDP/OHCD	Yes	387	33	8	9	0	9	0	2	0	3	72	56	80	41.2

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

Urozgan isranked as the third province from the bottom with lowest utilization of Health Facilities for giving birth where only12.4% deliveries took place in HFs.[1]It also has a high rate of under five children (99 per 1000 live births) while this number is 55 per 1000 at national level[2]. Through Sehatmandi project, the Social and Health Development Program (SHDP) together with Organization for Health and Social Development

[1]Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. Afghanistan Demographic and Health Survey 2015 (2015 AfDHS). January 2017. P150.
[2]Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. Afghanistan Demographic and Health Survey 2015 (2015 AfDHS). January 2017. P131.

(OHCD) provide BPHS and EPHS in the province. Before the Sehatmandi, Cordaid/Afghan Health and Development Services (AHDS) operated under SEHAT.

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)
Urozgan	732,464,086	348,628,733	47.6%	1,724	23.2	424,897	29,763,732	72,191,668	41.2%	31	52

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

Total lump-sum amount as % of total contract amount for Urozgan was the 19th to the lowest among 31 provinces. P4P earned in SAPR1 as % of total possible P4P payment for Urozgan exceeded the national average of 40.1%.

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. Urozgan is ranked at the 13th 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**
Urozgan												21

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.	-5	-20	N.A.	N.A.	0	-5	-30	

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.

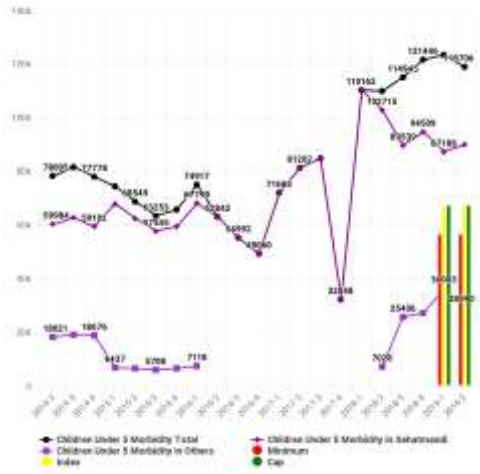
1.6 Key findings

- Urozgan is ranked at the 13th with a total of 21 pointsin the P4P indicatorsranking:one of 11 P4P indicators did not meet the Index and one did not meet the Minimum Level.
- On average, P4P indicators rose by 122% over 5 years (GMP of <5 children was excluded due to no data for 2014.)
- In addition to delays in the government payment, there is a delay in the salary payment by Service Provider (SP) in the first quarter.
- 22% of HFs(12 HFs) did not have female staff as per the Minimum Standards, while this proportion was 50% (27 HFs) at the beginning of Sehatmandi project when the current SP took over the HFs.
- Worst on-going conflict interrupteddelivery and utilization of the services considerably.

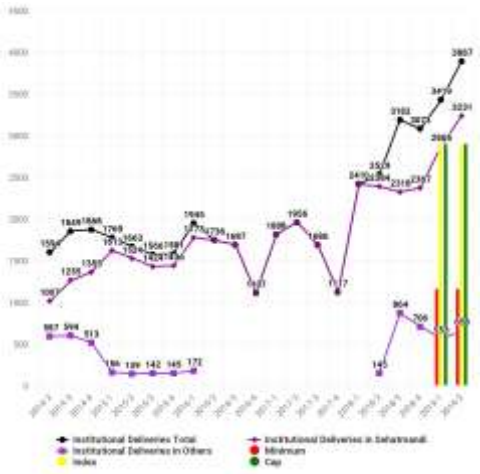
1.7 Indicator trends

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

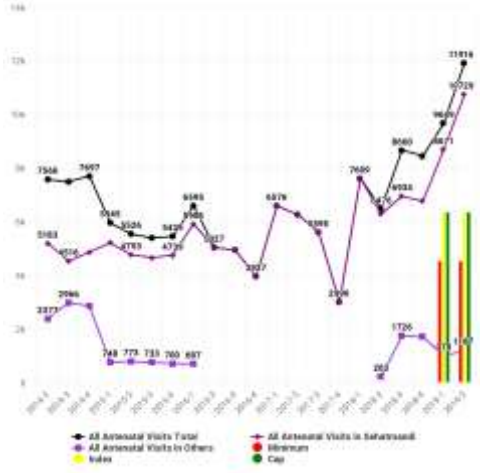
Children Under Five Morbidity



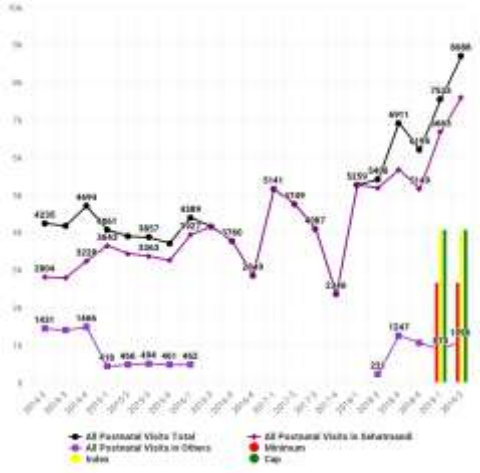
Institutional Delivery



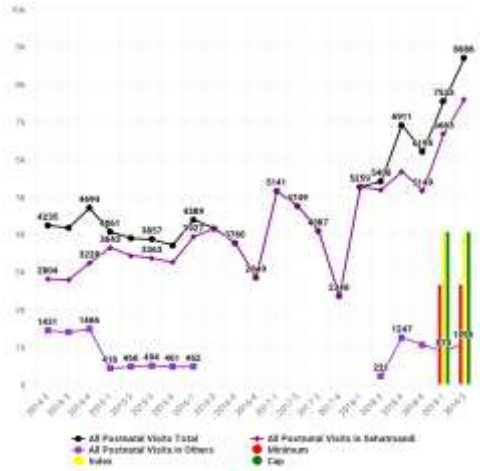
All Ante-Natal Care Visits



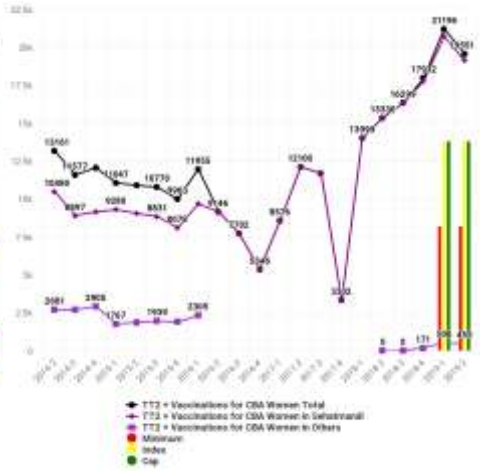
All Post-Natal Care Visits



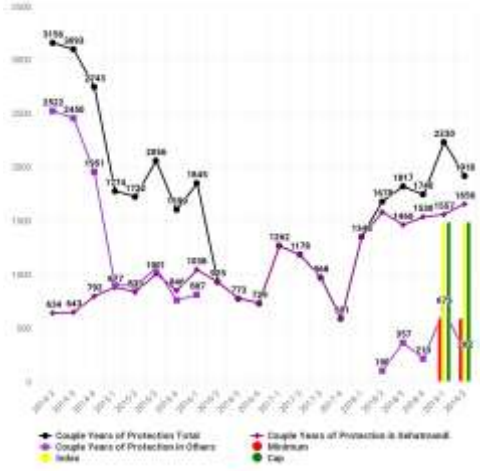
Penta 3 Vaccinations



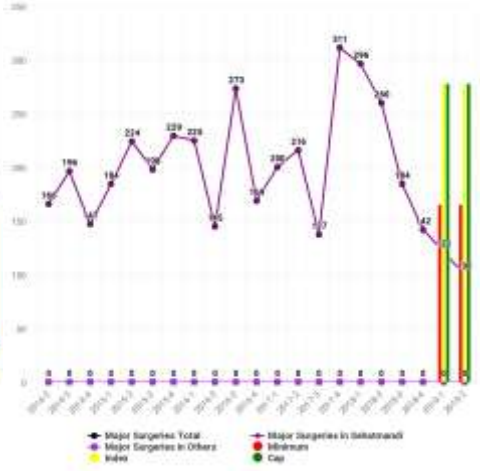
TT2+ Vaccinations



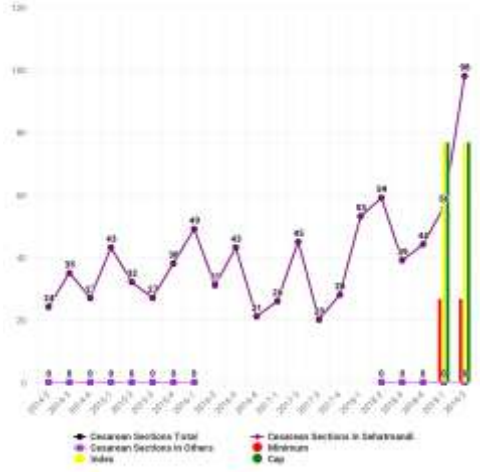
Couple Years of Protection



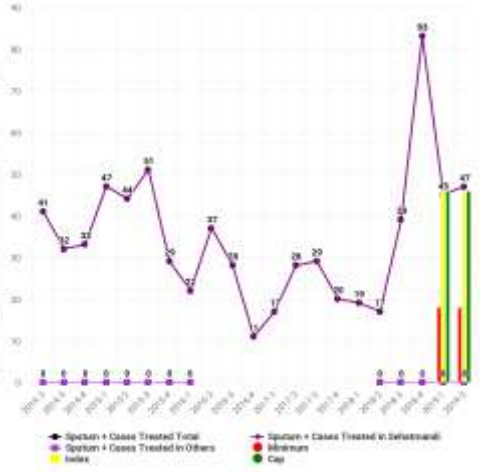
Major Surgeries



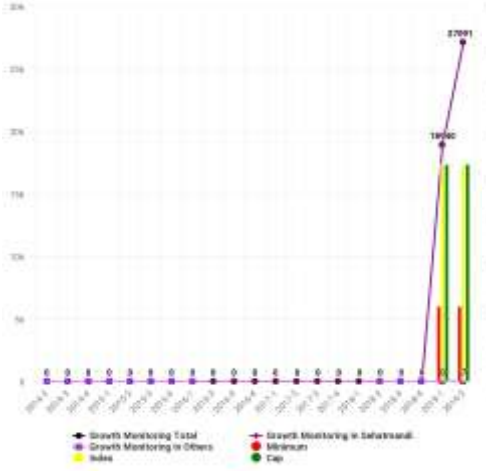
Caesarean Sections



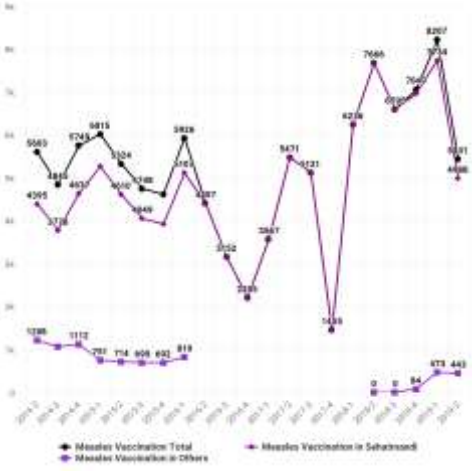
TB Sputum Positive Cases Treated



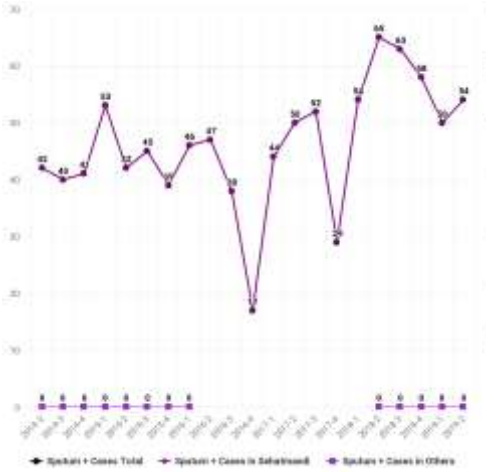
Growth Monitoring and Youth Counseling



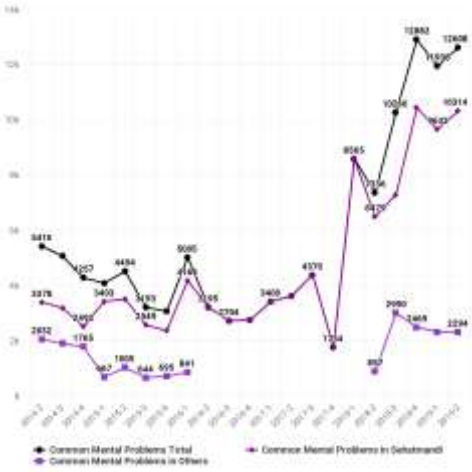
Measles Vaccinations



TB Case Detection

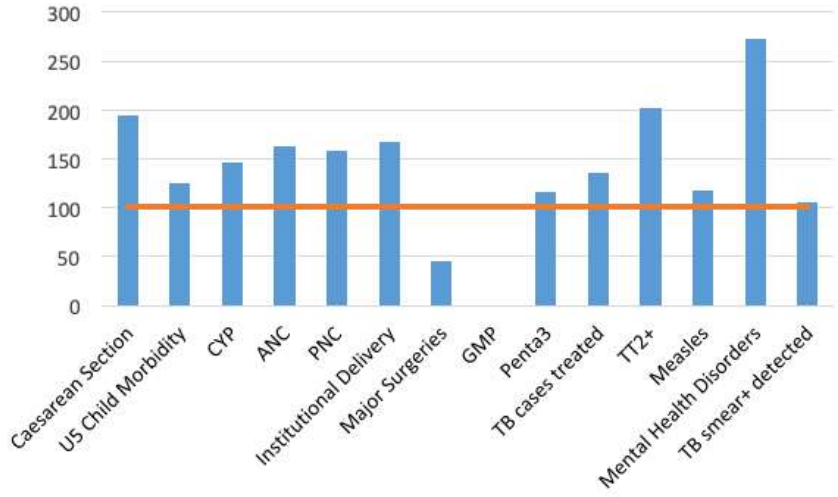


Mental Health Disorders



1.8 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

- On average, P4P indicators rose by 122% over 5 years (GMP of <5 children was excluded due to no data for 2014.)
- Immunization services (Penta 3, TT2+ and measles) increased on an average of 46% over 5 years.
- Maternal health services (ANC, PNC, institutional deliveries, CYP) showed steady increase by 190% over time (Caesarean Section is not included in this average as its change alone is 308%.)

2 Province-specific analysis

2.1 Management:

- SHDP as lead and OHCD as sub-contractor provide BPHS and EPHS under Sehatmandi.
- Staffing and Training:
    - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 22% of health facilities have no female staff while this percentage was 50% at beginning of Sehatmandi.
    - Shortage female CHWs and Midwives i.e. over 5% of Health Posts (HPs) are without female CHWs and 22% of HFs are without midwives.
    - A vacant position of second surgeon at Provincial Hospital was filled.
    - The Community Midwifery Education (CME) and Community Health Nursing Education (CHNE) Programs that started two years back are completed by end of June 2019: 46 students (23 under each program) have been trained from different districts of the province.
    - An HMIS refresher training was provided for 46 midwives of HFs.
    - A TB refresher training was provided for 6 HFs staff.
- Staff salary Payment: delay in staff salary payment to 437 HF staff was reported in the first quarter of this SA cycle but no report in the second quarter.
- Reporting:
    - Inception Report was submitted late.
    - Both the first and second Quarterly Reports were submitted on time.
    - All 3 Monthly Updates to be submitted to PMO were on time.
    - PIP was submitted on time.
    - Submission of Data Quality Assurance Plan was overdue.
    - Semi-Annual Inventory List was submitted on time.
    - Five Force Majeure cases were reported.

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
    - The Provincial Hospital (PH) reported a rapid fall of major surgeries in Q2 compared to Q1.

- The PH, Gezab CHC, Chinartoo CHC, Dewanawarkh BHCreported fairly large decrease in OPD of <5 children.
- Tarinkoat, ShaheedHasas and Dezak CHCs and Dewanawarkh BHC contributed to rapid increase of maternal services (ANC, PNC, In. Deliveries and CYP).
- Aborda SHC, despite of having no midwife for long time, shows good utilization of maternal services.
- The blank reporting of maternal services, vaccine and TB services in some months of this Semi-annual cycle by over 15 HFs reflects no reporting while it seems to be zero reporting.

- Analysis of general conditions of the province that affect service delivery:
  - Easy access to neighboring provinces affected utilization of services in some of the remote districts, in particular during war and active security threats.
  - Ban on EPI services by AGE during Q1 and Q2 as well as closure of five HFs in Gizab district and one in Tarinkot for 15 days in Q2 affected utilization of the services.

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	KhasUrozgan	CHC	4/17/2019	12/18/2018	02/19/2019	63	
2	SraNawa	HSC	04/17/2019	04/04/2019	04/19/2019	15	HF Closure
3	Khalaj	BHC	04/17/2019	04/04/2019	04/19/2019	15	HF Closure
4	Nala	HSC	04/20/2019	04/04/2019	04/19/2019	15	HF Closure
5	Mohammad Khwaja	HSC	04/20/2019	04/04/2019	04/19/2019	15	HF Closure
6	Mehr Abad	HSC	04/20/2019	04/04/2019	04/19/2019	15	HF Closure
7	Naik Abad	SHC	04/20/2019	04/04/2019	04/19/2019	15	HF Closure
8	ShaliNawa	BHC	04/20/2019	04/08/2019	06/30/2019	83	EPI outreach services ban
9	Sajawal	SHC	04/20/2019	4/16/2019	06/30/2019	75	EPI Services ban (Fixed and Outreach)
10	Siachoob	HSC	4/22/2019	4/4/2019	06/30/2019	87	EPI Services ban (Fixed and Outreach)
11	DewanaWarkh	BHC	4/22/2019	04/17/2019	06/30/2019	74	EPI Services ban (Fixed and Outreach)
12	SarKhumarGhab	CHC	4/22/2019	04/17/2019	06/30/2019	74	EPI Services ban (Fixed and Outreach)
13	Gawhargin	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
14	NawJoi	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
15	Kishy	CHC+	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
16	Anarjoi	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
17	Awshi	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
18	Sangi	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)

19	Awbi	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
20	Sarab	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
21	Tagab	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
22	Korak	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
23	Nashnai	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
24	Khod	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
25	Baghalak	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
26	Sarab	BHC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
27	KhwajaKhader	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
28	KhwajaKhader	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
29	Wyala	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
30	Chora	CHC	4/22/2019	5/7/2019	06/30/2019	54	EPI Services ban (Fixed and Outreach)
31	Dehzak	CHC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
32	Mazar	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
33	Tangi	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
34	Kamkoch	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
35	Shartoghai	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
36	Katlak	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
37	Sultan Mohammad Nawa	BHC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
38	Frosha	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
39	Mobile Team Tarinkot	HSC	4/22/2019	04/20/2019	06/30/2019	71	EPI Services ban (Fixed and Outreach)
Total #days halted						2,446	

b. **Natural Disasters**: No disorders reported.

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

3 Discussion & Recommended actions

3.1 Recommendations to Leadership

1. Late transfer of installment from MoPH to SP needs improvement. But delays in transfer of installment from MoF to SP account is due to late provision of exemption certificate by SP (مکتوب معافیت مالیاتی).

2. A CBHC Officer should be added to the structure of PPHO teams in all provinces to manage and lead the CBHC activities at provincial level.
3. Urozgan PPHO team is not fully staffed. MoPH leadership and PPHD should find ways to provide adequate remuneration to the staff to solve this problem.
4. The supervisory/monitoring checklist of technical departments should cover the related indicators of performance management SOP.
5. The NMC should also cover all the quality of care indicators stipulated in the performance management SOP.

3.2 Recommendations to Service Provider (SP)

1. EPI micro-plan should be revised in order to specify the outreach, mobile and fixed centers.
2. In EPI fixed centers, male vaccinator should be replaced with female vaccinators.
3. SP and PPHD to find ways to contact with AGE leaders about ban of EPI outreach services and solve this problem.
4. SP to contact HMIS about the 8 closed Sub Health Centers run by AHDS funded by UNOCHA and remove them from the system as they do not exist anymore.
5. As per the contract the SP is committed to have 469 active HPs while there is 389 in the HMIS record and 437 in FMR of the last month of this semi-annual cycle: selection of CHWs to be completed by end of October 2019 and the first batch initial training of CHWs to be completed end of November 2019.
6. The recruitment and training of Nutrition Counselors should be completed by first week November 2019. In addition the quality of nutrition reports should be improved.
7. Recruitment of female health workers in all health Facilities should be completed by December 2019.
8. Recruitment of male MDs should be completed by end of October.
9. The quality of care indicators should be reviewed on a regular basis and the planned HQIP activity should be implemented to ensure quality of services.
10. Four vacant positions of Psychosocial Counselors in CHCs should be filled, plus previously hired one should be trained.
11. Increase Mental Disorders detection, provide psychosocial trainings for different categories of health workers, and increase supportive supervision by SP, PPHOs and MoPH central departments.
12. Find ways to improve referrals of psychosocial cases to HFs
13. Assign MD focal points for mental disorders in DHs and PHs.
14. Less utilization of services due to insecurity is a known fact. Revise the procurement and distribution plan of medical products to ensure uninterrupted medical supplies in those areas.
15. SHDP should rigorously analyze a budgeting method used in the initial lump-sum calculation. In addition, SHDP should seek for an innovative financing mechanism in order not to interrupt staff salary payment.
16. Exact reason for decline in some of the services is unknown. When evidence supports, the SP should request the MOPH/PMO to review the set benchmarks – Minimum Level, Index and Maximum Level in particular for major surgeries, EPI and TB.
17. Given lack of female health professionals in absolute terms, SHDP should review staffing pattern and implement new incentive mechanism (including benefits and allowances) for female staff.