



Islamic Republic of Afghanistan

Ministry of Public Health

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

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]
Wardak	606,077	67.8	88	53.9	910	60.4	10.4	Very 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.

Wardak is located in center region of Afghanistan, bordered with Kabul, Logar, Bamyán and Ghazni. Wardak is mostly mountainous province and divided into 8 districts. This contract serves a population of 655,462 of the project catchment areas. The provincial capital is called MaidanShahr. Recent attack on the HFs devastated the health services in the province.

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	
Wardak	SCA	Yes	253	34	2	25	1	9	0	3	1	3	5	74	9	89.2

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

Under the Sehatmandi project, the Swedish Committee for Afghanistan (SCA) provides BPHS/EPHS. Before the fall of Taliban and during the SEHAT project, the same organization operated in the province for many years.

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 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)
Wardak	1,232,739,392	849,981,460	69.0%	1,881	25.3	655,462	23,769,267	67,436,560	35.2%	32	60

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum amount as % of total contract amount for Wardak is ranked at the top of 31 provinces. Wardak was ranked at the 7th to the bottom of 31 provinces in terms of P4P earned in SAPR1 as % of total possible P4P payment.

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. Wardak is ranked at the 23rd 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
Wardak												17

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	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.

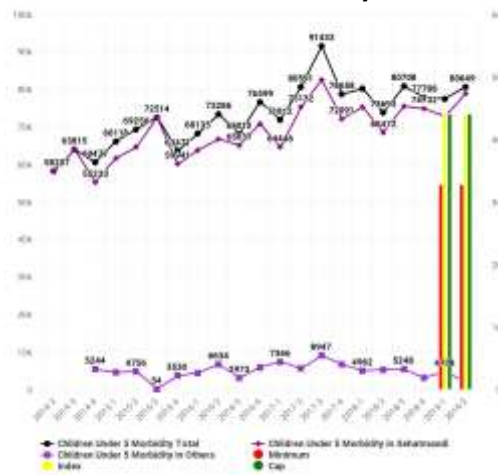
1.6 Key findings

- During this SA cycle, due to attacking of Afghan National Security Forces (ANSF) on TangiSaidan CHC+/Daimirdad district/Wardak Province and killing four persons (two staff of the HF and two attendants of the patients) AGE forced the service provider to close all of the HFs managed by SCA in reaction to occurring of this incident. Damages included but not limited to civilian deaths and closure of HFs.
- Wardak is ranked the 23rd of the P4P indicator ranking.
 - 5 of 10 P4P indicators have met the index even 3 of them have hit the maximum level, 4 indicators (ID, TT2+, CYP and GM) located between minimum and index and only Penta3 has not met the minimum level.
- On average, P4P indicators rose by 138% over 5 years.
- Salary was paid to the HFs staff timely in both of the quarters.
- Out of 75 HFs, 3 of them didn't meet Minimum Standards. In addition, 50% of the Health Posts didn't have female CHW.
- Mobile and outreach strategies of vaccination program were banned by the AGE nearly for three months.

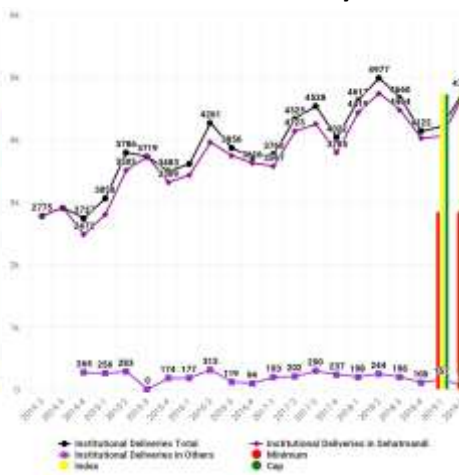
1.7 Indicator trends

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

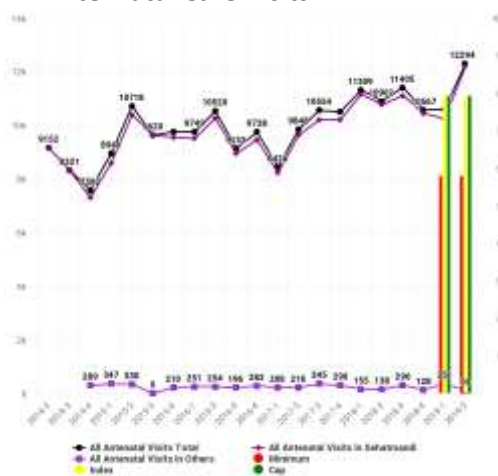
Children Under Five Morbidity



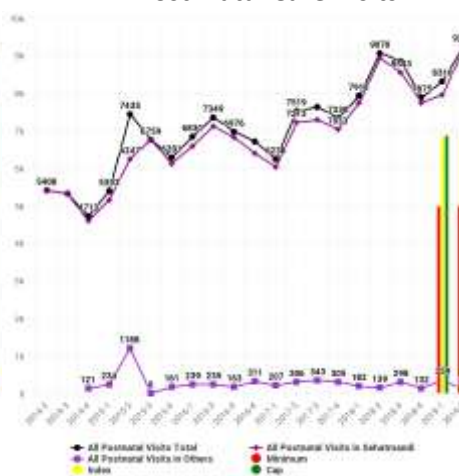
Institutional Delivery



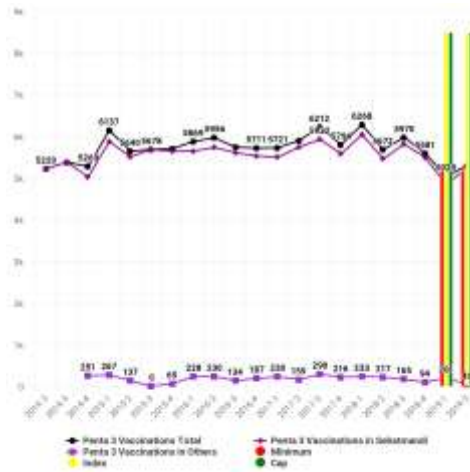
All Ante-Natal Care Visits



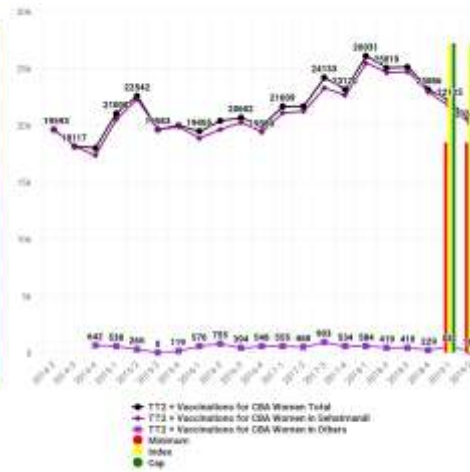
All Post-Natal Care Visits



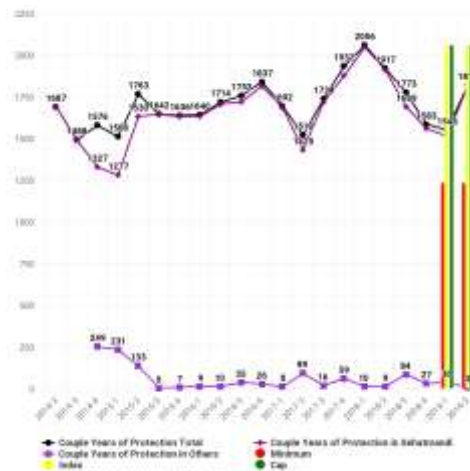
Penta3 Vaccinations



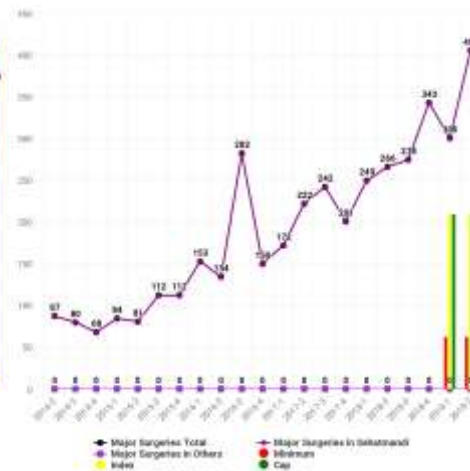
TT2+ Vaccinations



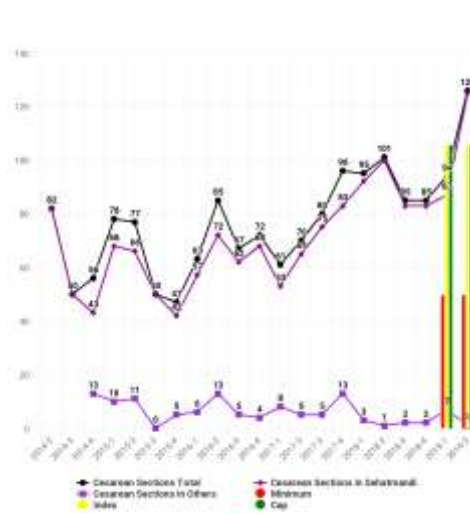
Couple Years of Protection



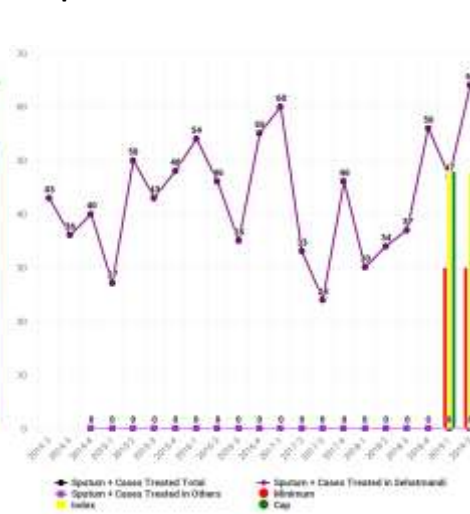
Major Surgeries



Caesarean Sections

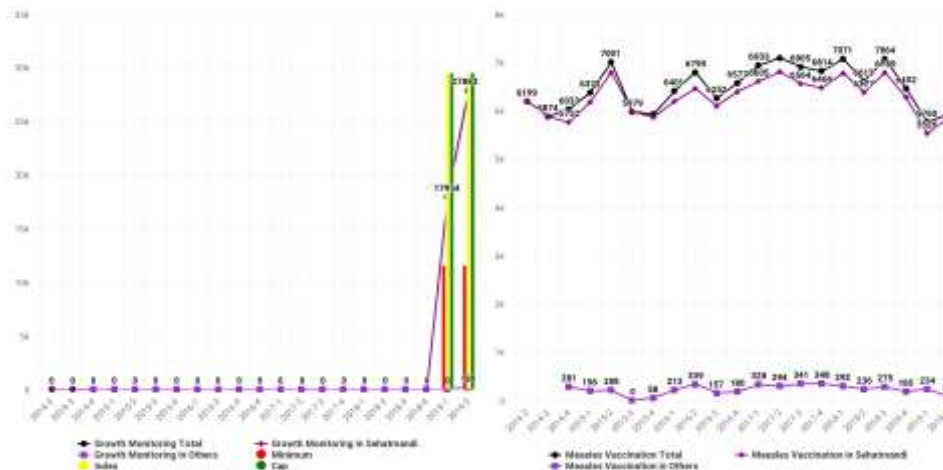


TB Sputum Positive Cases Treated



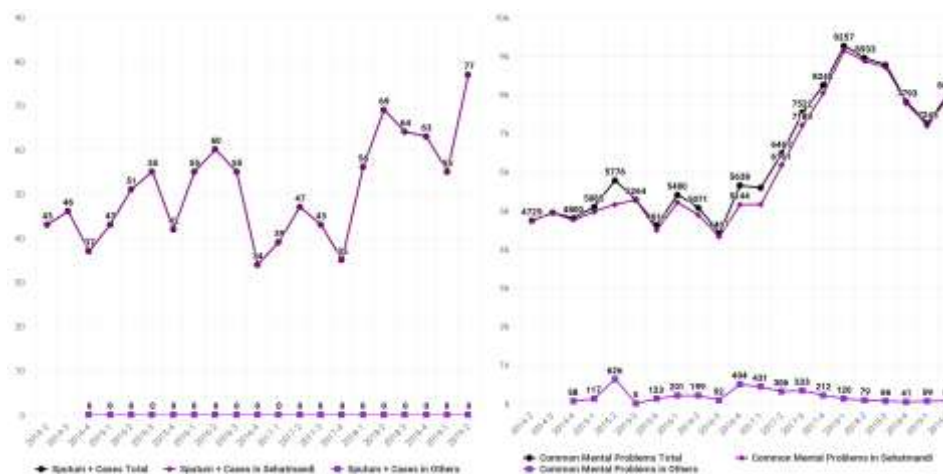
Growth Monitoring and Youth Counseling

Measles Vaccinations



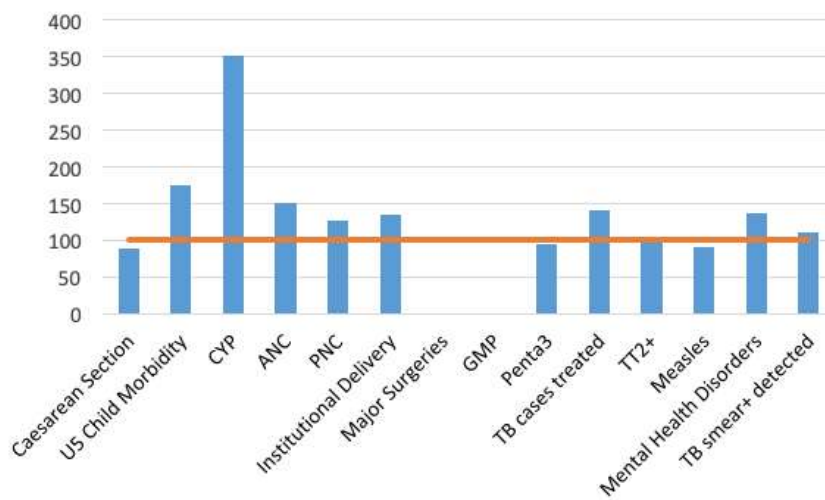
TB Case Detection

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 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.

1.9 Conclusions of the charts

- On average, P4P indicators rose by 138% over 5 years.
- Immunization services (PENTA 3, TT2+ and measles) increased an average of 100% over 5 years.
- Maternal health services (ANC, institutional deliveries, PNCs) showed steady increase by 164% over time.

2 Province-specific analysis

2.1 Management:

- The SCA has been providing BPHS/EPHS since 2003.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 95% of health facilities met the Minimum Standards.
 - Fifty (50) % of the HPs had a female CHWs.
- Staff salary Payment: Payment was taken place timely.
- Reporting:

Reports	Q1	Q2	Conclusion
Inception report	Delayed	NA	Not delayed for two consecutive quarters in a row
DQAP	Delayed	Submitted	
Quarterly Report	On time	On time	
PIP	On time	NA	
MU	Delayed	On time	
Inventory List	NA	On time	

2.2 Health Facility Analysis:

- Health Facilities with Problems or Success
 - In-depth analysis of the HFs indicates that QolKhosh BHC performances in Q1 differ from Q2: 901 women were vaccinated in Q1 and 37 in Q2. Likewise, the number of Penta3 was 54 in Q1 and 7 in Q2.
 - Number of major surgery cases increased from 300 in Q1 to 405 in Q2.
 - Eighty-three (83)% of the HFs had more outputs in institutional delivery in Q2 than Q1. However, Dandoki PHC recorded 15 in Q1 and 4 in Q2 –the latter all recorded in the first month of Q2 and there was no institutional delivery in month 5th and 6th of Q2.
 - Mamrak PHC had only 5 Institutional Deliveries in 5th month of Q2 while there is no any delivery case in the remaining months of this SA cycle.
 - Sad Mordah BHC reported only one delivery case in first month of Q1 while there was no any delivery report in the remnant months of this SA cycle.
- Analysis of general conditions of the province that affect service delivery:

- According to latest monitoring missions conducted in the Wardak's BPHS/EPHS Project, ban on supervision and monitoring of the HF's by the SP and PPHOs was reported.
- Ban on mobile and outreach strategies for vaccination program imposed by AGE in their controlled areas affected vaccination services, largely explaining failure to meet the Index for Penta3 and TT2+.
- No one is able to go and visit the HF's located in the AGE controlled areas.
- Closing of The 42 HF's including the provincial hospital from July 12 to 19, 2019 due to warning of AGE

2.3 Specific major events affecting service delivery:

a. Health Services Lost Due to Anti-Government Elements Activities

Table: List of HF's 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	Jamaluddin	BHC	7/31/2019	4/1/2019	8/14/2019	135	The AGE has not allowed to functional this HF's yet.
2	42 HF's	Different types including PH	7/31/2019	7/12/2019	7/20/2019	8*42=336	
Total #days halted						471	0

- b. **Natural Disasters:** Is not reported.
- c. **Population movement:** is not reported.
- d. **Two force majeure case is reported**

3 Discussion & Recommended actions

- Every possible measures to prevent the AGE and government armed attacks on the health services in the province should be put in place – e.g. not allowing of Jamal Uddin BHC activation by AGE and Tangi Saidan CHC+ incident by ANSF.
- Penta3 failed to meet the minimum level: in addition to AGE's ban on mobile and outreach immunization activities for 3 months, other root causes are needed to be understood. Based on a sound analysis, appropriate measures should be taken.
- TT2+, GM, CYP and ID did not meet the Index. Therefore, the SCA should more focus on these indicators.
- Proper measures should be taken to recruit female doctors in the relevant HF's.

4 Recommendation to the MoPH

- Urgent action/response by the MoPH regarding security incidents reported by the field is required.
- Revising of the SOP about female CHWs and staffing mentioned in the Minimum Standards.

- Off-budget's HFs (one DH, two MHT, and one BHC) issue should be solved because they affected the SP performances.
- Quality of care (QoC) indicators measurement is a concern and should be clarified.
- Inclusion of major surgery cases (MS) cases carried out in DH and CHC+ in the HMIS reporting system and payment for the outputs.
- Support of the MoPH leadership for conducting of contextual analysis of rural hardship at provincial level.

5 Recommendation to the PPHDs

- Assessment of underutilized HFs and presenting of its evidence
- Perform contextual analysis for rural hardship at provincial level