

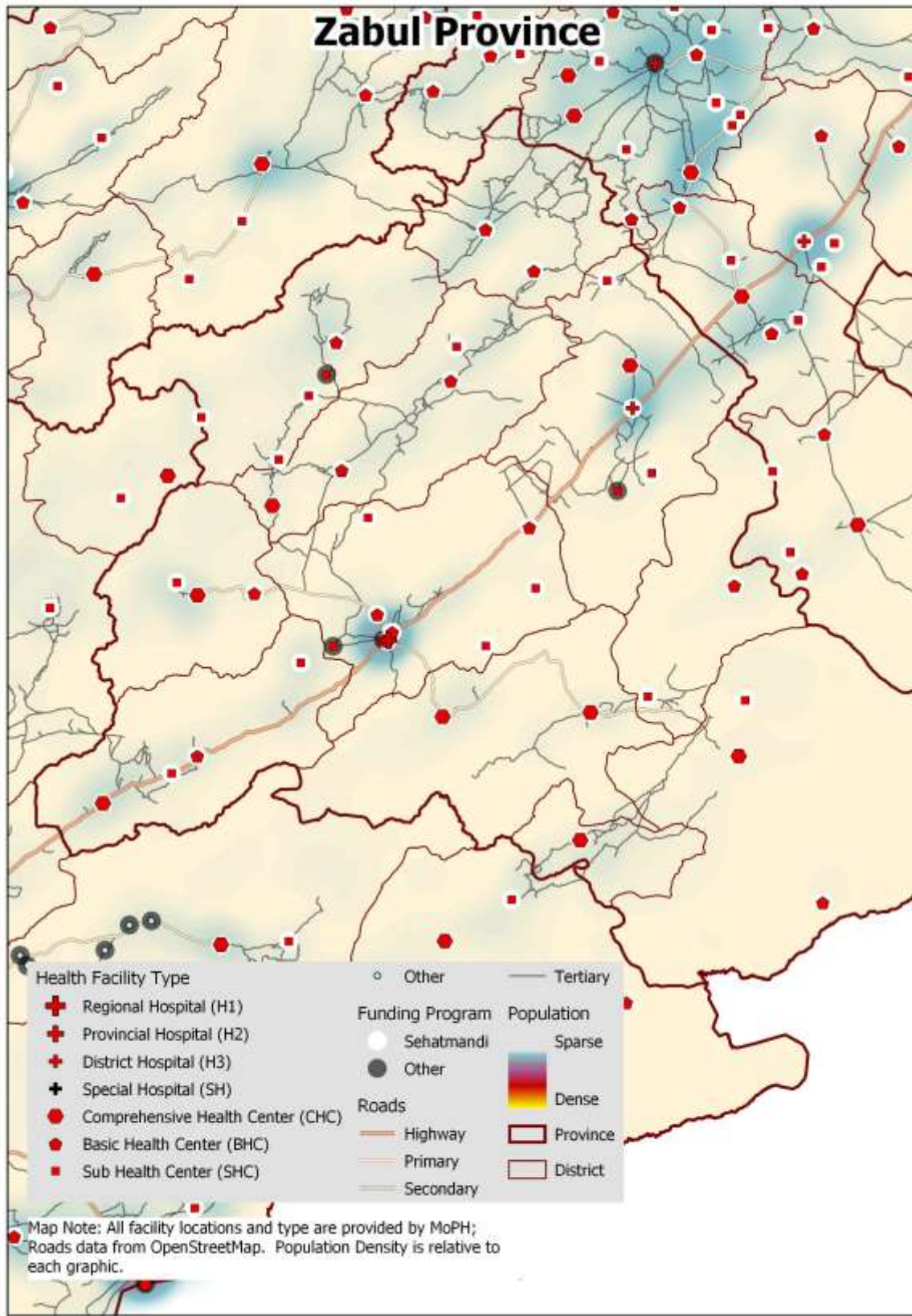


Islamic Republic of Afghanistan

Ministry of Public Health

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

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]
Zabul	309,192	17.8	57	26.4	2,315	81.4	4.9	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.

Zabul is located in the south of the country. It has a mostly rural population of about 289,300. Zabul became an independent province from neighboring Kandahar in 1963. Qalat serves as the capital of 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	Other	SH	Other	SH	Other	SH	Other	SH	Other	SH	Other	
Zabul	SDO/OCED	No	342	22	6	14	1	8	0	1	1	1	8	46	16	74.2

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

Through the Sehatmandi project, the Sanayee Development Organization (SDO) provides BPHS. Before the Sehatmandi, ORCD operated in the province 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 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)
Zabul	434,213,465	88,580,208	20.4%	1,300	17.5	334,034	18,963,113	64,960,371	29.2%	20	45

*Maximum Level P4P

¶ The Sehatmandi Project RFP

§ 1.00 USD = 74.4 AFN

Total lump-sum as % of total contract amount for Zabul was ranked the 6th to the lowest. P4P earned in SAPR1 as % of total possible payment in SAPR1 for Zabul was the third to the bottom of 31 provinces.

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. Zabul is ranked at the 21st of 34 province.

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
Zabul												18

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	-20	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.

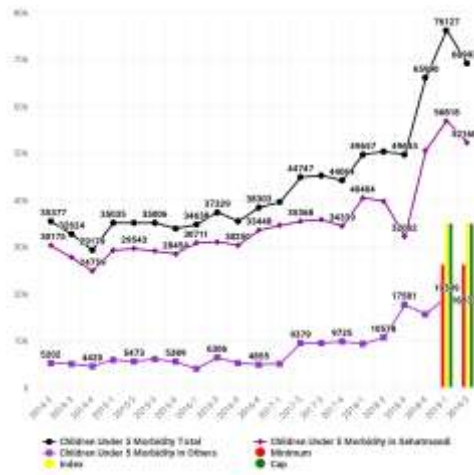
1.7 Key findings

- Zabulis ranked the 21 of P4P indicators: all P4P indicators are meet the Minimum level, 5 of 10 P4P indicators did not meet the Index and 3 of 10 P4P indicators are over the Maximum Level.
- On average, P4P indicators rose by 75 % over 5 years.
- A half of key project staff were not filled.
- In addition to delays in the government payment, delays in the staff salary payment occurred as well
- BPHS health facilities, have 96 % female staff as per the Minimum Standards.

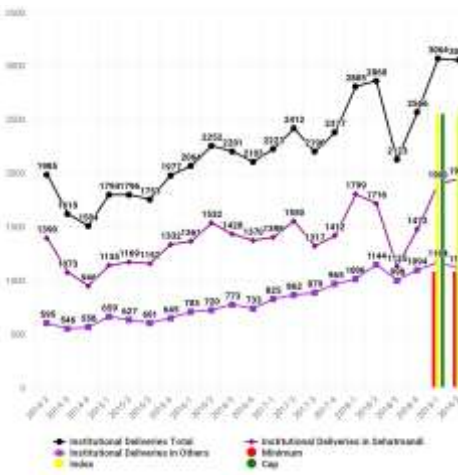
1.8 Indicator trends

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.

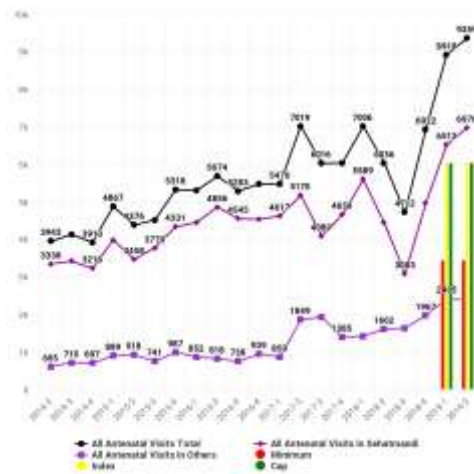
Children Under Five Morbidity



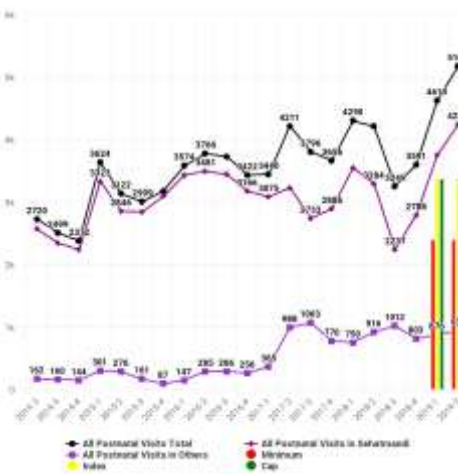
Institutional Delivery



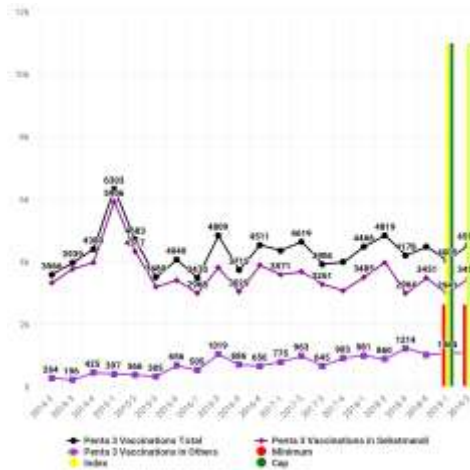
All Ante-Natal Care Visits



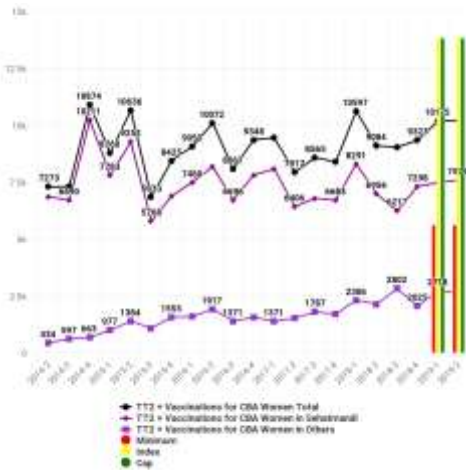
All Post-Natal Care Visits



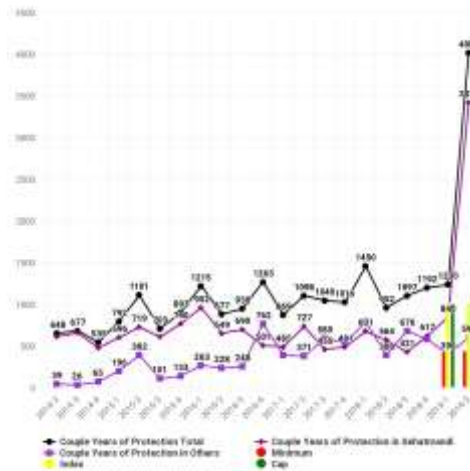
Penta 3 Vaccinations



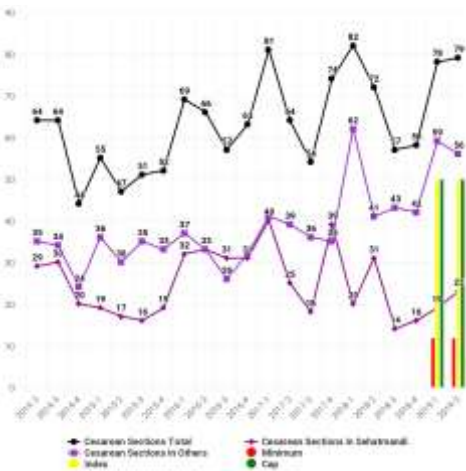
TT2+ Vaccinations



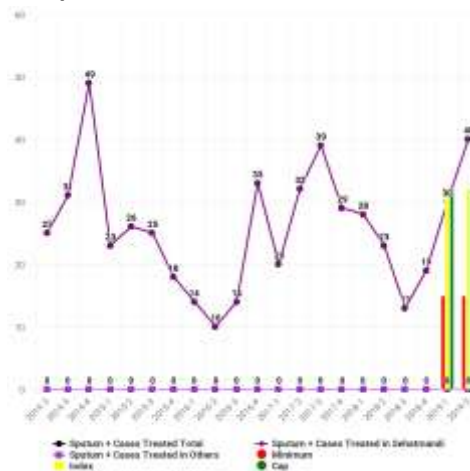
Couple Years of Protection



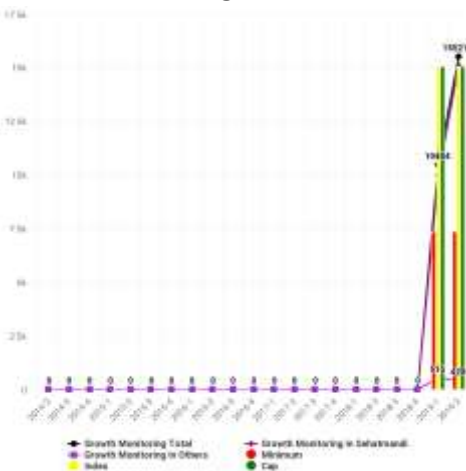
Caesarean Sections



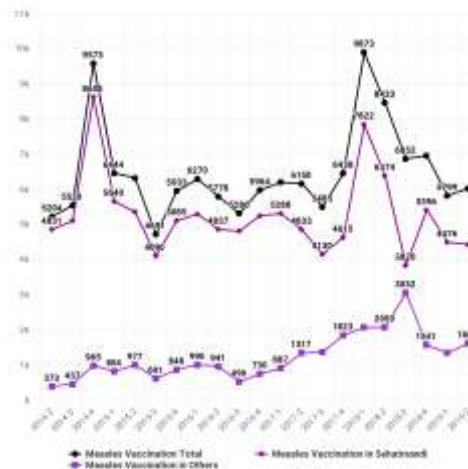
TB Sputum Positive Cases Treated



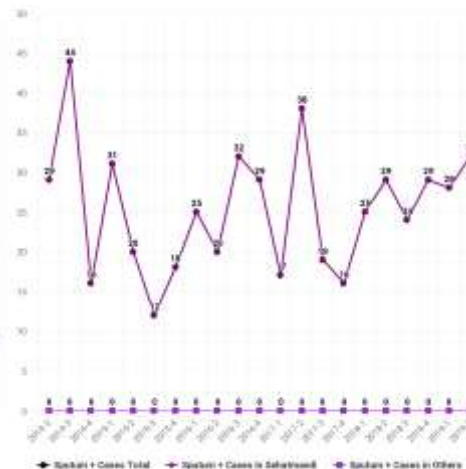
Growth Monitoring and Youth Counseling



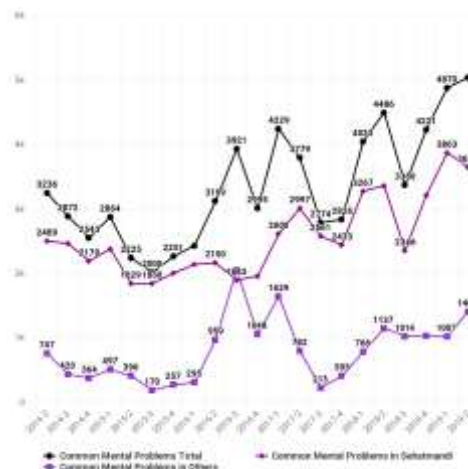
Measles Vaccinations



TB Case Detection

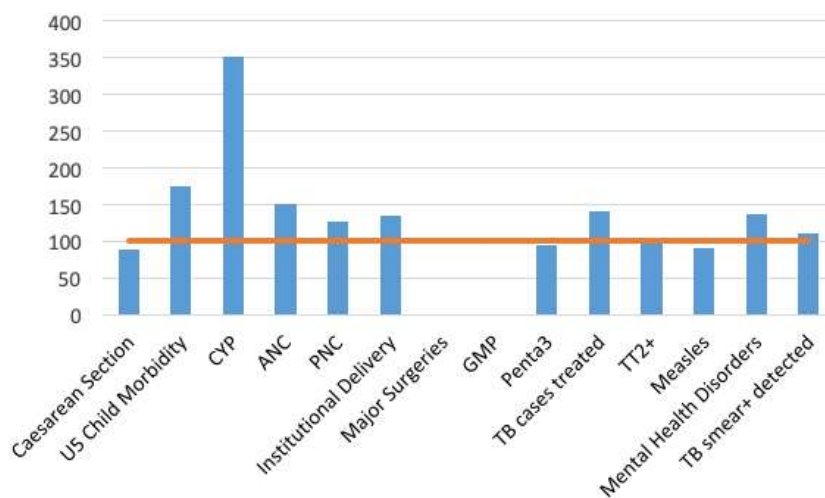


Mental Health Disorders



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 75% over 5 years.
- Immunization services (Penta 3, TT2+ and measles) increased an average of 8 % over 5 years.
- Maternal health services (ANC, institutional deliveries) showed steady increase by 169% over time.

2 Province-specific analysis

2.1 Management:

- SDO provides BPHS since Sehatmandi.
- Staffing:
 - According to the Facility Monthly Report of the last month of quarter 2 of this Semi-Annual (SA) cycle, 4 % of health facilities had no female staff.
 - Shortage of female CHWs is rampant in over 80% of health posts.
 - Eighty-seven (87)% of CHCs did not have Female Medical doctor
 - No Female Doctor in Shajoy DH
 - From 4 key staff of the project 2 of them (HMIS and Deputy Finance) were absent.
- Staff salary Payment:
 - Delay in staff salary payment was reported in second quarter of 2019.
- Reporting:
 - Inception Report was not submitted on time.
 - The first Quarterly Report was overdue but the second was submitted on time.
 - Of 3 Monthly Updates to be submitted to PMO, 2 were overdue.
 - PIP was submitted on time.
 - No Data Quality Assurance Plan was submitted.
 - 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
 - Below table shows percentage shares by type of HF during the Semi Annual Cycle.

Table shows the share% of each types of Health facilities	Total cases reproted		DH (n=1)		CHC (n=8)		BHC (n=14)		PHC and others (n=23)	
Indicators	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Total Cesarean Section	19	23	100%	100%	0%	0%	0%	0%	0%	0%
Total Child Morbidity	56818	52160	8%	7%	24%	27%	29%	27%	40%	38%
Total Couple year of protection (CYP) provided by Health Facilities	816	3387	20%	81%	21%	5%	18%	4%	41%	10%
Total ANCS	6513	6976	15%	15%	25%	22%	23%	23%	38%	40%
Total PNCS	3743	4235	19%	19%	29%	26%	21%	19%	31%	36%
Total Institutional Deliveries	1900	1940	33%	34%	23%	21%	15%	16%	29%	28%
GMP/IYCF	9969	15093	5%	6%	24%	24%	34%	35%	37%	35%
Total PENTA3	2941	3456	8%	10%	24%	24%	35%	34%	33%	33%
Total TB treated Cases	30	40	53%	40%	37%	35%	10%	8%	0%	18%
TT2+	7457	7579	4%	3%	23%	20%	37%	39%	36%	38%

- Of all P4P indicators reported by District Hospital, 3 out of 10 indicators achievements are less than the first quarter, but remaining indicators show Increase than the first quarter.
- In CHCs, 6 out of 10 indicators are reported less than the 1st quarter
- 5 out of 9 indicators are reported less than the first quarter in BHCs
- 5 out of 9 indicators are reported less than the first quarter in PHCs
- TB treated cases and CYP Indicators did not reported at the most of CHCs in 1st and 2nd quarter
- Zendan Clinic did not reported none of indicators during 2 quarter, while it has related staff.
- 4 out of 9 Indicators did not reported by Nawbahar PHC
- Analysis of general conditions of the province that affect service delivery:

2.3 Specific major events affecting service delivery:

- a. Health Services Lost Due to Anti-Government Elements Activities: No health services is lost due to Anti-Government Elements activities
- b. **Natural Disasters:** No natural disaster reported in due time.
- c. **Population movement:** No report.

3. Discussion & Recommended actions

- Service provider should focus on those P4P indicators which did not met the set Index
- One key Provincial management Staff should be hired as soon as possible.
- Female community Health workers CHW) should be hired
- Service provider should pay the salary of Health facility staff as soon as they receive the instalment
- Provincial Targets should be revised

- Concern of low lump sum of some service provider should be consider in future contracting
- SOP should be Revised as soon as possible
- Conducting of initial and refresher trainings for CHWs.