

# Afghanistan Health Sector Balanced Scorecard National and Provincial Results



## Round Three 2006



**Ministry of Public Health  
General Directorate of Policy and Planning  
Monitoring & Evaluation Department**

WITH



**Johns Hopkins University  
Bloomberg School of Public Health**



**Indian Institute of Health  
Management Research**

---

**Afghanistan Health Sector Balanced Scorecard  
National and Provincial Results**

**Round Three  
2006**

---

---

## Table of contents

<b>Executive Summary</b> .....	<b>i</b>
<b>Introducing the Afghanistan Health Sector Balanced Scorecard</b> .....	<b>1</b>
<b>How to Read the Balanced Scorecard</b> .....	<b>2</b>
<b>National-Level Findings of the 2006 Balanced Scorecard</b> .....	<b>3</b>
Domain A: Patient and Community Perspectives .....	6
Domain B: Staff Perspectives .....	7
Domain C: Capacity for Service Provision .....	8
Domain D: Service Provision .....	13
Domain E: Financial Systems .....	16
Domain F: Overall Vision (MOPH Values) .....	17
Composite Measures of Performance.....	18
<b>Findings of the 2006 Provincial Balanced Scorecard</b> .....	<b>19</b>
Badakhshan .....	21
Badghis .....	23
Baghlan .....	25
Balkh .....	27
Bamyan .....	29
Daykundi .....	31
Farah .....	33
Faryab .....	35
Ghazni .....	37
Ghor .....	39
Herat .....	41
Jawzjan .....	43
Kabul .....	45
Kapisa .....	47
Khost .....	49
Kunar .....	51
Kunduz .....	53
Laghman .....	55
Logar .....	57
Nangarhar .....	59
Nimroz .....	61
Nuristan .....	63
Paktika .....	65
Paktya .....	67
Panjsher .....	69
Parwan .....	71
Samangan .....	73
Saripul .....	75
Takhar .....	77
Wardak .....	79
<b>Limitations of the Balanced Scorecard</b> .....	<b>80</b>
<b>Annex 1: Sample size for NHSPA 2004-2006 with its distribution across provinces</b> ....	<b>81</b>

---

---

## Executive Summary

The Ministry of Public Health (MOPH) of the Islamic Republic of Afghanistan, with technical assistance from the Johns Hopkins University and the Indian Institute of Health Management Research, has adopted the Balanced Scorecard (BSC) for use as a tool to measure and manage performance in delivery of the Basic Package of Health Services (BPHS) throughout Afghanistan. The 2006 Afghanistan Health Sector Balanced Scorecard demonstrates that BPHS facilities across Afghanistan have low levels of performance in keeping tuberculosis registers, provision of delivery care according to BPHS requirements, laboratory functionality and time spent with patients. In contrast, BPHS facilities have high levels of performance in overall patient satisfaction, availability of essential drugs and family planning supplies, conducting physical examinations and taking patient histories, provision of antenatal care, user fee guidelines and exemptions for poor patients. In line with the vision of the MOPH, BPHS implementation is both pro-female and pro-poor. The number of female new outpatients exceeds the number of male new outpatients and poor people are slightly more likely to utilize BPHS services than the non-poor.

A comparison of the 2006 scores with the 2005 and 2004 BSCs shows that a great deal of progress has been made in the first two years of implementation of the BPHS in Afghanistan. The median scores for 25 out of the 29 indicators on the BSC have increased between 2004 and 2006. For more than half of the indicators on the scorecard (16 out of 29), the median score has increased by more than 10 percentage points over this time period. These increases indicate that very substantial progress has been made in several important areas, including shura-e-sehie activities, equipment functionality, the availability of essential drugs and family planning supplies, laboratory functionality, staffing levels, provider knowledge, staff training, clinical guidelines, monitoring of tuberculosis treatment, taking patient histories and conducting physical examinations, proper disposal of sharps, average new outpatient visits, provision of antenatal and delivery care and exemptions for poor patients.

In spite of these improvements, scores have decreased between 2004 and 2006 in several important areas—these include time spent with patients, facility infrastructure, presence of user fee guidelines and the equity of patient satisfaction between the poor and the non-poor.

Provincial performance on the 2006 BSC is variable, with the overall mean score across the 29 indicators on the Balanced Scorecard ranging from a low of 45.3 in Paktika Province to a high of 73.7 in Kapisa Province. Twenty out of 30 provinces covered in the 2006 National Health Services Performance Assessment (NHSPA) achieved overall mean scores greater than 60, compared to 13 out of 30 provinces in 2005. In contrast, only two provinces achieved a mean score below 50 points, compared to four provinces in 2005. Among the 29 provinces covered in all three rounds of the NHSPA, 27 provinces have a higher mean score on the 29 indicators on the BSC in 2006 compared to 2004. Sixteen provinces—Badakhshan, Baghlan, Balkh, Faryab, Ghor, Kabul, Kapisa, Kunar, Laghman, Logar, Paktya, Panjsher, Parwan, Samangan, Saripul and Wardak—gained more than 10 points over this time period.

The BSC provides evidence that substantial progress has been made in the first two full years of BPHS implementation in Afghanistan. From 2004 to 2006, national scores for a large majority of indicators have increased and a large majority of provinces have improved their performance. These results demonstrate that widespread improvements in health service delivery have been achieved in Afghanistan in a short period of time.

---

## Introducing the Afghanistan Health Sector Balanced Scorecard

The purpose of the Afghanistan Health Sector Balanced Scorecard is to summarize the performance of Afghanistan's provinces in the delivery of the Basic Package of Health Services (BPHS), and to provide policymakers, health managers and other decision makers with evidence on areas of strength and weakness. The Balanced Scorecard (BSC) provides a framework to efficiently look at multiple areas of the health sector called domains, each in turn containing an array of indicators. This allows the Ministry of Public Health (MOPH) and other stakeholders in the health sector to see how the various provinces as well as the country as a whole are providing health services. The 2006 BSC can be compared to the 2004 and 2005 BSCs, allowing for an assessment of the progress made over the first two years of BPHS implementation in Afghanistan. The benchmarks used in the 2005 and 2006 BSCs are based on the performance of provinces documented in the 2004 BSC.

The BSC is not only a measurement tool; it is used by the MOPH to clarify its vision and strategies, and to manage change. The BSC provides a framework to organize activities and learn from experience. Six domains comprising 29 indicators were selected to summarize health sector performance. This was determined through a participatory process that involved the MOPH, NGOs and other development partners, and was facilitated by the Third Party Evaluation team from the Johns Hopkins Bloomberg School of Public Health (JHSPH) and the Indian Institute of Health Management Research (IIHMR). The BSC domains summarize the health sector from the following six perspectives:

1. Patients and Community
2. Staff
3. Capacity for Service Provision
4. Service Provision
5. Financial Systems
6. Overall Vision (MOPH Values)

The data for the BSC are taken from the National Health Services Performance Assessment (NHSPA), which is conducted each year between June and September, using a stratified random sample of all health facilities providing the BPHS from all provinces of Afghanistan. The 2004 NHSPA included all provinces except Daykundi, which was newly formed and had no BPHS facilities when preparations for the 2004 NHSPA were underway. In 2005 and 2006, the NHSPA included Daykundi, but did not include Kandahar, Helmand, Zabul and Uruzgan, since security conditions prohibited assessment teams from reaching facilities in these provinces. A summary of sample for NHSPA 2004, 2005 and 2006 can be seen in Annex 1.

Each year, assessment teams assess over 600 health facilities, conduct nearly 6,000 direct observations of patient-provider interactions and exit interviews, and interview approximately 1,500 health workers.

For each indicator on the BSC, upper and lower benchmarks were set to indicate levels that are achievable in Afghanistan. A benchmark is a performance improvement tool whereby an organization measures its performance against other organizations' best practices, determines how those organizations achieved their performance levels, and uses the information to improve its own performance. In the case of the Afghanistan health sector, the term organization could refer to a province, an implementing agency, a group of service providers supported by the same donor or even an individual facility.

Two types of learning enable an organization to manage performance: internal learning and external learning. Internal learning refers to the process of determining how a certain level

---

of performance is being achieved within one's *own* organization and how the lessons learned from this experience can be applied in order to raise the level of performance in other areas within the same organization. An example of internal learning would be a manager working in Takhar Province determining how Takhar was able to achieve the upper benchmark for the indicator of family planning availability and applying the lessons learned from this to drug availability, an indicator for which Takhar failed to achieve the upper benchmark. External learning refers to the process of determining how a certain level of performance is being achieved within a *different* organization and how the lessons learned from this experience can be applied to raise the level of performance in the same area (or sometimes in a different area) within one's own organization. An example of external learning would be the same manager in Takhar Province determining how neighboring Kunduz was able to achieve the upper benchmark for the indicator of drug availability and applying the lessons learned in order to improve the availability of drugs in Takhar.

The upper benchmark for each indicator on the Afghanistan health sector BSC is set at a level that was being achieved by at least six provinces in 2004 and the lower benchmark by 27 of the 33 provinces included in the 2004 sample. This means that the upper level of performance is set at the level achieved by the top 20<sup>th</sup> percentile (quintile) of provinces, whereas the lower benchmark was set at the level achieved by the province just above the bottom 20<sup>th</sup> percentile (quintile) of provinces. These scores are used to benchmark provincial performance in subsequent rounds of the BSC, including 2006. The one exception is the equipment functionality index, for which MOPH made a decision in advance to set the upper benchmark at 90%.

## How to Read the Balanced Scorecard

The BSC tables are color-coded for easier reading. Numbers in green-colored cells indicate that the score is above the upper benchmark (i.e., the score would have placed the province in the top quintile in 2004). Scores shown in red cells indicate that the score would have placed the province in the bottom quintile of performers in 2004. All results between the top and bottom quintiles are shown in yellow cells, representing a middle level of performance.

The first 29 indicators are classified according to one of six domains. Each indicator is measured as a percentage. In some cases, the number shows the percentage of results in a province that met a certain standard. For example, Indicator 20 shows the percentage of Basic Health Centers (BHCs) in a province that provided services to an average of 750 new outpatients per month and Indicator 21 shows the percentage of patient consultations in which the health worker spent at least nine minutes with the patient. For some indicators, such as the Equipment Functionality Index, the score reflects the percentage of items in the index that are present and functional.

Indicators 28 and 29 are based on Concentration Indices that have been converted into percentages. A Concentration Index is a measure of equity, where the results can range from -1 to 1. Each attribute (outpatient visits for Indicator 28 and satisfaction with services for Indicator 29) is analyzed according to how it is distributed among the population with regard to economic status. A score between -1 and 0 indicates that poor people in a province are more likely to have the attribute in question. For Indicator 28, this would mean that poor people are more likely to use BPHS services than people who are not poor and for Indicator 29 this would mean that poor people are more likely to be satisfied with health services than people who are not poor. A score between 0 and +1 indicates that relatively better off people are more likely to have the attribute in question—that is, they would either be more likely to utilize BPHS services than the poor (Indicator 28) or be more satisfied with health services than the poor (Indicator 29). A score of “0” means that the poor and the relatively better off are equally likely to utilize health services or to be satisfied with the healthcare they receive.

---

For the 2006 BSC, the concentration indices were converted into percentages, in order to make the results easier to interpret. In the converted scale, a score of 0 is equal to a score of +1 on the concentration index (indicating an extreme anti-poor orientation) and a score of 100 is equal to a score of -1 (indicating an extreme pro-poor orientation). A score of 50 on the converted scale is equal to a score of 0 on the concentration index, indicating complete equality between the poor and non-poor in service utilization or satisfaction with services. On the converted index, scores above 50 represent a positive (that is, pro-poor) result from the perspective of the MOPH. The conversion to a new scale was made in order to enhance the interpretability of BSC results—all indicators are now based on a scale of 0-100, with a higher score representing a more positive result from the perspective of MOPH.

The last two indicators in the BSC are composite measures of performance. The first is “the percent of upper benchmarks achieved” and the second is “the percent of lower benchmarks achieved”. The “percent of upper benchmarks achieved” demonstrates how well provinces have done in meeting the upper benchmarks across the first 29 indicators on the BSC. This can be viewed as the percentage of indicators for which the province is achieving a high level of performance relative to the level of health service performance in Afghanistan during the baseline assessment in 2004.

The second composite indicator measures how well provinces have done in meeting the lower benchmarks across the first 29 indicators. For those indicators for which a province does not meet the lower benchmark (i.e., the scores are colored red), the province can be viewed as demonstrating a low level of performance relative to other provinces in Afghanistan at the baseline in 2004. Indicators in the “red zone” should be targeted by managers as priority areas for improvement.

The National BSC is shown in Table 1. The first column on the left is the serial number of the indicator. The next column to its right is the name of the indicator listed according to the six domains. The “N” column shows the number of individuals or facilities for which the calculation of the indicator is based (i.e., the number in the denominator). The colored columns to the right indicate the results accumulated across the provinces. The first three of these columns contain the median values from 2004, 2005 and 2006, respectively. This represents the middle value among the provinces, with half the provinces having results above the median, and the other half of the provinces having values below that value. The next two columns show the lower and upper benchmarks for each indicator, respectively. The next three columns show the percentage of provinces meeting the lower benchmarks each year and the final three columns show the same information for the upper benchmarks.

## **National-Level Findings of the 2006 Balanced Scorecard**

The 2006 National Scorecard (Table 1), like the 2004 and 2005 National Scorecards, reflects wide variation for each indicator. This is shown by the differences in results between the minimum and maximum levels, or between the bottom and top quintiles.

The 2006 National Scorecard demonstrates that BPHS facilities across Afghanistan have low levels of performance in time spent with patients, provision of information and counseling, monitoring tuberculosis treatment, provision of delivery care according to BPHS requirements, laboratory functionality and facility infrastructure. In contrast, BPHS facilities have high levels of performance in overall patient satisfaction, availability of essential drugs and family planning supplies, conducting physical examinations and taking patient histories, provision of antenatal care, user fee guidelines and exemptions for poor patients. In line with the vision of the MOPH, BPHS implementation is both pro-female and pro-poor. The number of female new outpatients exceeds the number of male new outpatients and poor people are slightly more likely to utilize BPHS services than the non-poor.

---

A comparison of the 2006 scores with the 2004 and 2005 BSCs shows that a great deal of progress has been achieved in the first two years of implementation of the BPHS in Afghanistan. The median scores for 25 out of the 29 indicators on the BSC have increased between 2004 and 2006. For more than half of the indicators on the scorecard (16 out of 29), the median score has increased by more than 10 percentage points over this time period. These increases indicate that extensive progress has been made in several important areas, including shura-e-sehie activities, equipment functionality, the availability of essential drugs and family planning supplies, laboratory functionality, staffing levels, provider knowledge, staff training, clinical guidelines, monitoring of tuberculosis treatment, taking patient histories and conducting physical examinations, proper disposal of sharps, average new outpatient visits, provision of antenatal and delivery care and exemptions for poor patients.

In spite of these improvements, scores have decreased between 2004 and 2006 in several important areas—these include time spent with patients, facility infrastructure, presence of user fee guidelines and the equity of patient satisfaction between the poor and the non-poor.

The following section reviews the findings from the 2006 BSC for each indicator and the changes in performance between 2004 and 2006. Many different summary measures could be used to describe changes in performance. This report focuses on three important summary measures, and these are presented for each indicator on the national scorecard. The first summary measure is the median provincial score. It should be noted that the provinces included in the samples from each year are not identical, and this has implications for interpreting the change in median provincial score. The 2004 sample included all 33 provinces that existed at the time that preparations for the 2004 NHSPA were underway. When Daykundi was established in 2004 as the 34<sup>th</sup> province of Afghanistan, it did not have any BPHS facilities, and thus was not included in the 2004 NHSPA. The median provincial score from 2004 was the score achieved by the 17<sup>th</sup> ranked province for the indicator in question, with 16 provinces ranking higher and 16 provinces ranking lower. The 2005 and 2006 samples included Daykundi, but did not include Kandahar, Helmand, Zabul and Uruzgan. The median provincial score from each of these years was the average of the scores achieved by the 15<sup>th</sup> and 16<sup>th</sup> ranked provinces. No single province would thus have the median score (unless the 15<sup>th</sup> and 16<sup>th</sup> provinces have the same score), and 15 provinces would be above and 15 provinces below that value.

The second and third summary measures presented refer to the percentage of provinces that achieved the upper and lower benchmarks for the indicator, respectively. Since the upper benchmark for an indicator reflects the score of the sixth ranked province for that indicator in 2004, 18.2% (6/33) of provinces met the upper benchmark for each indicator in 2004, except in rare cases where the sixth and seventh provinces had the same scores. The only exception to this is the Equipment Functionality Index, for which MOPH made a decision in advance that the benchmark for this indicator should be established at 90%, even though no province achieved this score in 2004. For all indicators, the benchmarks were kept at the 2004 level for subsequent BSCs. Comparing the percentage of provinces achieving the upper benchmark in 2006 to the percentage achieving the same benchmark in 2004 enables one to see whether the percentage of provinces achieving high levels of performance has increased over time.

Similarly, the lower benchmarks in 2004 were defined as the level of performance achieved by the province that is just above the cutoff for the bottom quintile. For all indicators, 81.8% of provinces in 2004 thus met the lower benchmark, except in the rare case of a tie between the provinces ranked sixth and seventh from the bottom. Comparing the percentage of provinces achieving the lower benchmark in 2006 to the percentage achieving the same benchmark in 2004 enables one to see whether the percentage of provinces with low levels of performance for the indicator in question has decreased over time.

## Afghanistan Health Sector Balanced Scorecard National Results of Provincial Performance 2004 - 2006

	National Median			Benchmarks		Percent provinces meeting lower benchmark			Percent provinces meeting upper benchmark			
	2004	2005	2006	Lower	Upper	2004	2005	2006	2004	2005	2006	
<b>A. Patients &amp; Community</b>												
1 Overall Patient Satisfaction	83.1	86.3	86.0	66.4	90.9	81.3	96.7	96.7	18.8	26.7	20.0	
2 Patient Perception of Quality Index	76.0	76.2	80.3	66.2	83.9	81.8	96.7	96.7	18.2	10.0	33.3	
3 Written Shura-e-sehie activities in community	34.2	54.5	66.4	18.1	66.5	81.8	83.3	93.3	18.2	26.7	50.0	
<b>B. Staff</b>												
4 Health Worker Satisfaction Index	63.5	64.1	68.1	56.1	67.9	81.8	86.7	93.3	18.2	33.3	53.3	
5 Salary payments current	76.7	90.0	81.3	52.4	92.0	81.8	96.7	83.3	18.2	43.3	33.3	
<b>C. Capacity for Service Provision</b>												
6 Equipment Functionality Index	65.7	67.0	78.7	61.3	90.0	81.8	73.3	86.7	0.0	0.0	3.3	
7 Drug Availability Index	71.1	83.7	85.7	53.3	81.8	81.8	100.0	100.0	18.2	56.7	53.3	
8 Family Planning Availability Index	61.4	70.0	82.9	43.4	80.3	81.8	90.0	100.0	18.2	23.3	53.3	
9 Laboratory Functionality Index (Hospitals & CHCs)	18.3	36.3	43.3	5.6	31.7	81.8	100.0	100.0	18.2	66.7	83.3	
10 Staffing Index -- Meeting minimum staff guidelines	39.3	58.0	66.9	10.1	54.0	81.8	93.3	96.7	18.2	60.0	76.7	
11 Provider Knowledge Score	53.5	69.0	68.7	44.8	62.3	81.8	100.0	100.0	18.2	86.7	76.7	
12 Staff received training in last year	39.0	74.3	68.9	30.1	56.3	81.8	93.3	96.7	18.2	90.0	70.0	
13 HMIS Index	67.7	65.8	74.9	49.6	80.7	81.8	70.0	76.7	18.2	16.7	43.3	
14 Clinical Guidelines Index	34.8	48.9	61.6	22.5	51.0	81.8	93.3	100.0	18.2	46.7	70.0	
15 Infrastructure Index	55.0	44.6	48.7	49.3	63.2	81.8	33.3	46.7	18.2	10.0	6.7	
16 Patient Record Index	65.6	63.2	69.4	56.1	92.5	81.8	70.0	93.3	18.2	3.3	3.3	
17 Facilities having TB register	15.8	20.6	37.4	8.3	26.6	81.8	83.3	96.7	18.2	36.7	86.7	
<b>D. Service Provision</b>												
18 Patient History and Physical Exam Index	70.6	73.5	82.2	55.1	83.5	81.8	100.0	96.7	18.2	26.7	43.3	
19 Patient Counseling Index	29.6	35.1	36.6	23.3	48.9	81.8	90.0	93.3	18.2	16.7	13.3	
20 Proper sharps disposal	62.2	52.0	77.5	34.1	85.0	81.8	76.7	73.3	18.2	10.0	33.3	
21 Average new outpatient visit per month (BHC > 750 visits)	22.2	32.3	55.0	6.7	57.1	74.2	83.3	93.3	19.4	40.0	46.7	
22 Time spent with patient (> 9 minutes)	18.0	6.2	7.0	3.5	31.2	81.8	70.0	80.0	18.2	3.3	3.3	
23 BPHS facilities providing antenatal care	62.0	79.3	84.9	28.9	82.8	81.8	93.3	93.3	18.2	40.0	56.7	
24 Delivery care according to BPHS	25.4	22.3	42.3	10.5	39.3	81.8	76.7	90.0	18.2	20.0	60.0	
<b>E. Financial Systems</b>												
25 Facilities with user fee guidelines	90.6	86.7	82.5	80.3	100.0	81.3	72.4	51.7	31.3	31.0	31.0	
26 Facilities with exemptions for poor patients	84.7	93.1	100.0	64.4	100.0	81.3	89.7	82.8	25.0	37.9	55.2	
<b>F. Overall Vision</b>												
27 Females as % of new outpatients	55.2	57.3	57.8	46.5	59.7	81.8	96.7	93.3	18.2	20.0	46.7	
28 Outpatient visit concentration index	50.5	50.6	51.2	50.0	50.0	81.8	79.3	86.2	18.2	31.0	27.6	
29 Patient satisfaction concentration index	49.9	49.8	49.8	50.0	50.0	81.8	96.6	82.8	18.2	3.4	3.5	
<b>Composite Scores</b>												
30 Percent of Upper Benchmarks Achieved	17.2	31.0	41.4	10.3	30.8	84.8	100.0	96.7	18.2	60.0	83.3	
31 Percent of Lower Benchmarks Achieved	82.8	89.7	93.1	75.9	89.7	78.8	80.0	90.0	21.2	53.3	50.0	
<b>Mean scores across indicators 1 through 29</b>	<b>53.2</b>	<b>59.0</b>	<b>65.4</b>	<b>48.8</b>	<b>56.5</b>	<b>75.8</b>	<b>86.7</b>	<b>96.7</b>	<b>18.2</b>	<b>70.0</b>	<b>86.7</b>	
Total Number of BPHS Facilities	617	629	630									
Number of BHCs	323	368	385									
Number of CHCs	243	218	203									
Number of District Hospitals	51	43	42									

GREEN Score Above Upper Benchmark

YELLOW Score Between Lower and Upper Benchmark

RED Score Below Lower Benchmark

## Domain A: Patient and Community Perspectives

Domain A reflects the perspective of patients and communities. As seen in Table 2, both overall patient satisfaction and patient perceptions of quality are at relatively high levels across all three rounds. Most patients sampled in each round have reported high levels of satisfaction and positive perceptions of the quality of services they received from BPHS facilities. Scores for Indicator 3 are at a lower level, with approximately two-thirds of facilities in the median province in 2006 having written records of shura-e-sehie activities conducted in the community. The scores for written shura-e-sehie activities do, however, represent a large increase over scores from 2004, indicating that considerable progress has been made in this area.

**Table 2: Scores for Indicators in Domain A: Patient and Community Perspectives**

	1. Overall Patient Satisfaction			2. Patient Perceptions of Quality			3. Written Shura-e-Sehie Activities		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	83.1	86.3	86.0	76.0	76.2	80.3	34.2	54.5	66.4
% Provinces meeting upper benchmark	18.8	26.7	20.0	18.2	10.0	33.3	18.2	26.7	50.0
% Provinces meeting lower benchmark	81.3	96.7	96.7	81.8	96.7	96.7	81.8	83.3	93.3

Results for individual items in the Patient Perceptions of Quality index are shown in Table 3. Patients report relatively favorable perceptions of the cleanliness of facilities, the level of courtesy and respect shown by staff, the level of trust in the skills and abilities of health workers, the ease of getting prescribed medicines and the level of privacy experienced.

**Table 3: Scores for Individual Items in Indicator 2: Patient Perceptions of Quality**

	2004	2005	2006	Change between 2004 and 2006
Convenience of travel to facility	59.4	58.8	65.3	+5.9
Cleanliness of facility	77.3	76.8	80.2	+2.9
Level of courtesy and respect shown by staff	83.5	87.6	85.5	+2.0
Level of trust in the skills and abilities of health workers	79.3	81.9	82.7	+3.4
Quality of explanations of illness given by health workers	74.6	71.8	74.7	+0.1
Quality of explanations of treatment given by health workers	73.8	71.6	75.6	+1.8
Ease of getting prescribed medicines	75.9	82.7	83.8	+7.9
Satisfaction with cost	72.3	71.1	78.0	+5.8
Level of privacy experienced	79.6	81.5	84.4	+4.9

Comparing scores for the individual items across all three rounds, the largest increases are seen in the items that relate to the ease of getting medicines that health workers prescribe, the convenience of travel to the health facility and the cost of the visit to the facility. None of the individual items decreased between 2004 and 2006. The number of provinces achieving the upper and lower benchmarks increased between 2004 and 2006, with only one province, Badghis, having a score below the lower benchmark in 2006.

## **Domain B: Staff Perspectives**

Domain B addresses the perspectives of staff within the health system. As indicated in Table 4, the 2006 BSC shows that health workers in BPHS facilities report moderate levels of satisfaction and relatively high levels of timeliness of salary payments.

**Table 4: Scores for Indicators in Domain B: Staff Perspectives**

	4. Health Worker Satisfaction			5. Salary Payments Current		
	2004	2005	2006	2004	2005	2006
Median score	63.5	64.1	68.1	76.7	90.0	81.3
% Provinces meeting upper benchmark	18.2	33.3	53.3	18.2	43.3	33.3
% Provinces meeting lower benchmark	81.8	86.7	93.3	81.8	96.7	83.3

Changes in the median score for health worker satisfaction reflect modest improvement in satisfaction levels between 2004 and 2006. More than half of the provinces have achieved scores above the upper benchmark and only two provinces, Badghis and Farah, have scores below the lower benchmark.

The scores for the 18 individual items that comprise the health worker satisfaction index are shown in Table 5. Health workers have reported very high levels of satisfaction with their working relationships with other facility staff and the level of respect they receive in the community. Moderately high levels of satisfaction are reported for working relationships with provincial MOPH staff, relationships with local traditional leaders, their ability to provide high quality care and their overall satisfaction with their job. Low levels of satisfaction are reported for employment benefits, salary, education for their children, living accommodations for their families, opportunities for promotion, the physical condition of the health facility building and training opportunities to upgrade skills and knowledge.

The largest increases between 2004 and 2006 are seen in the items that relate to the health worker's ability to meet the needs of the community, the availability of equipment in the health facility, salary, living accommodations, education for children, employment benefits, training opportunities and management of the health facility. Three items have decreased over this time period: the level of safety and security to live and practice in the community, working relationships with other facility staff and relationships with local traditional leaders.

Indicator 5 shows that most health workers are receiving their salary payments on time. A large increase was achieved for this indicator between 2004 and 2005, but the score for this indicator fell between 2005 and 2006 (data shown in Table 4).

**Table 5: Scores for Individual Items in Indicator 4: Health Worker Satisfaction**

	2004	2005	2006	Change between 2004 and 2006
Working relationships with other facility staff	93.8	92.2	92.8	-1.0
Working relationships with Provincial MOPH staff	76.8	74.8	82.6	+5.8
Management of the health facility, by MOPH or an NGO	71.6	70.3	79.2	+7.6
Relationships with local traditional leaders	84.1	81.1	83.5	-0.6
Availability of medicines in the health facility	55.7	61.0	66.8	+11.1
Availability of equipment in the health facility	53.0	58.6	67.6	+14.7
The physical condition of the health facility building	51.8	47.8	58.0	+6.2
Your ability to provide high quality care	75.6	79.2	82.8	+7.2
Your respect in the community	88.4	91.3	91.2	+2.8
Training opportunities to upgrade your skills and knowledge	50.8	59.1	59.0	+8.2
Your ability to meet the needs of the community	60.5	75.0	78.1	+17.6
Your salary	37.5	42.9	51.8	+14.3
Employment benefits (travel allowance, bonus, etc)	14.9	15.9	23.6	+8.7
Safety and security to live and practice in the community	72.5	79.2	68.3	-4.2
Living accommodations for your family	43.4	52.5	56.0	+12.6
Education for your children	45.0	50.8	54.3	+9.4
Your boss' recognition of your good work	70.0	71.4	72.9	+2.9
Your opportunities for promotion	55.2	56.7	56.5	+1.4
Overall, your satisfaction with your job	79.6	77.9	81.0	+1.3

### ***Domain C: Capacity for Service Provision***

Domain C refers to the capacity of a facility to provide high quality services. The twelve indicators in this domain describe the readiness of a facility to provide high quality services.

As seen in Table 6, the 2006 BSC indicates that levels of equipment functionality, drug availability and family planning supply availability are moderately high. Scores for each of these indicators have increased across all three rounds. In 2004, the MOPH decided that all

provinces should have at least 90% of the specified equipment items used in this index, and thus chose this level as the upper benchmark. Not a single province met the 90% benchmark in either 2004 or 2005 and only Kunar Province met this benchmark in 2006. The median provincial score for this indicator remained approximately the same between 2004 and 2005, but increased by more than 10 points between 2005 and 2006.

**Table 6: Scores for Indicators 6-8 in Domain C: Capacity for Service Provision**

	6. Equipment Functionality			7. Drug Availability			8. Family Planning Availability		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	65.7	67.0	78.7	71.1	83.7	85.7	61.4	70.0	82.9
% Provinces meeting upper benchmark	0.0	0.0	3.3	18.2	56.7	53.3	18.2	23.3	53.3
% Provinces meeting lower benchmark	81.8	73.3	86.7	81.8	100	100	81.8	90.0	100

The indicators of availability of essential drugs and family planning supplies reflect large improvements across all three rounds. The median scores for both indicators are above 80% in 2006. Moreover, for each indicator, over half of the provinces in 2006 met the upper benchmark and all provinces achieved a score above the lower benchmark. Table 7 shows the percentage of sampled facilities having each of the component items in these two indices continuously available for the previous thirty days. For all five items in the drug index and all four items in the family planning index, a higher percentage of sampled facilities had the items continuously available in the 30 days preceding the survey in 2006, compared to 2004. The availability of essential drug items shows little change from 2005 to 2006, after registering large increases between 2004 and 2005. The availability of most of the family planning items has increased across all three rounds.

**Table 7: Scores for Individual Items in Indicators 7 and 8: Drug Availability and Family Planning Availability**

	Percentage of items continuously available for previous 30 days at sampled facilities			
	2004	2005	2006	Change between 2004 and 2006
<b>Essential Drugs</b>				
Tetracycline ophthalmic ointment	65.9	77.0	78.0	+12.0
Paracetamol tabs	65.6	83.1	73.5	+8.0
Amoxicillin (syrup, tabs or capsule)	64.5	76.8	75.3	+10.7
ORS packets	71.3	87.2	87.2	+15.8
Iron tabs (with or without folic acid)	71.2	85.4	83.4	+12.2
<b>Family Planning Supplies</b>				
Condoms	64.1	78.7	88.5	+24.4
Oral contraceptive tablets	67.4	79.4	90.4	+23.0
DMPA	64.2	75.2	90.9	+26.6
IUD	48.1	37.4	61.9	+13.8

As seen in Table 8, levels of laboratory functionality are low, staffing levels fall short of BPHS requirements and levels of provider knowledge are moderate. In spite of these low

levels of performance, some of the largest gains of any indicators on the BSC have been achieved in these areas. The indicator for laboratory functionality, which includes only CHCs and DHs, started at a very low baseline level in 2004, with a median provincial score of 18.3%. All provinces in the 2006 NHSPA achieved scores above the lower benchmark from 2004, and more than 80% of provinces achieved scores above the upper benchmark. The median provincial score has more than doubled between 2004 and 2006, but the 2006 median provincial score of 43.3 indicates that the absolute level of laboratory functionality in BPHS facilities remains unsatisfactorily low.

**Table 8: Scores for Indicators 9-11 in Domain C: Capacity for Service Provision**

	9. Laboratory Functionality			10. Meeting Minimum Staffing Guidelines			11. Provider Knowledge		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	18.3	36.3	43.3	39.3	58.0	66.9	53.5	69.0	68.7
% Provinces meeting upper benchmark	18.2	66.7	83.3	18.2	60.0	76.7	18.2	86.7	76.7
% Provinces meeting lower benchmark	81.8	100	100	81.8	93.3	96.7	81.8	100	100

Large gains from a low baseline level have also been made in meeting minimum staff guidelines. This indicator is defined differently for each BPHS facility type. For a BHC to receive credit, it must have two or more clinical staff in place (i.e., a doctor, nurse or midwife), whereas a CHC must have at least six clinical staff in place and a DH must have at least 21 clinical staff in place. The median provincial score for this indicator has increased from 39.3 in 2004 to 66.9 in 2006.

The median provincial score for the indicator measuring provider knowledge was 68.7 in 2006. All provinces achieved scores above the lower benchmark and more than three-quarters of provinces achieved scores above the upper benchmark. Scores for this indicator have, however, leveled off between 2005 and 2006 after increasing substantially between 2004 and 2005. The leveling off of this indicator raises concerns about the level of technical quality of care provided by health workers.

As seen in Table 9, in the median province in 2006 approximately two-thirds of sampled staff received in-service training within the past year. This represents a large increase over the baseline level in 2004, but a decrease from the 2005 score of 74.3. Between 2005 and 2006, the percentage of provinces achieving scores above the upper benchmark decreased from 90 to 70, but the percentage of provinces meeting the lower benchmark increased over this time period. Only one province, Khost, did not meet the lower benchmark in 2006. In 2005, two provinces, Daykundi and Nuristan, were lagging far behind for this indicator. Daykundi increased its score on this indicator from 13.0 to 72.2 between 2005 and 2006 and Nuristan increased its score from 27.3 to 51.1, demonstrating substantial progress in health worker training in provinces where the need was greatest in 2005.

**Table 9: Scores for Indicators 12-14 in Domain C: Capacity for Service Provision**

	12. Staff Training			13. HMIS Use			14. Clinical Guidelines		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	39.0	74.3	68.9	67.7	65.8	74.9	34.8	48.9	61.6
% Provinces meeting upper benchmark	18.2	90.0	70.0	18.2	16.7	43.3	18.2	46.7	70.0
% Provinces meeting lower benchmark	81.8	93.3	96.7	81.8	70.0	76.7	81.8	93.3	100

In 2006, the median province had a score of 74.9 for the indicator on HMIS use. This reflects an increase over the 2004 and 2005 scores for this indicator, which remained in the mid-60s during the first two rounds of the BSC. This index consists of three items: the Monthly Integrated Activity Report (MIAR), the Facility Status Report (FSR) and the Notifiable Disease Report (NDR). For a facility to be given credit for having the MIAR or the FSR, the facility has to have a completed form from the last completed month present at the facility. Since facilities are only required to fill out the NDR if it encounters notifiable diseases, credit for this item is given if the facility has a blank copy of the form present. Table 10 shows a breakdown of each of these three items across all sampled facilities in the three rounds of assessments.

**Table 10: Changes in Component Items for the HMIS Use Index from 2004 to 2005**

	% of Facilities Having HMIS Use Index Component Item		
	2004	2005	2006
Monthly Integrated Activity Report (present and fully completed)	79.1	83.8	87.4
Facility Status Report (present and fully completed)	51.9	48.5	66.5
Notifiable Disease Report (present)	60.7	57.8	63.8

More facilities have the MIAR than the FSR and NDR, and more facilities had each of these forms in 2006 compared to 2004 and 2005. This is in line with data from the central HMIS database indicating that more facilities were submitting each of these forms in 2006, compared to 2004 and 2005.

Indicator 14 shows that clinical guidelines are still not common across all BPHS facilities (data shown in Table 9). In the median province, sampled facilities had, on average, less than two-thirds of guidelines present. The scores for this indicator do, however, indicate that substantial progress has been made over time in this area. The median score has almost doubled between 2004 and 2006, 70% of provinces have met the upper benchmark and all provinces have met the lower benchmark, indicating that the entire distribution of provincial performance for this indicator has increased over time. Nimroz and Nuristan both had scores below the lower benchmark in 2005 and both provinces have achieved large gains for this indicator. There remains, however, much room for improvement in the use of clinical guidelines in BPHS facilities.

As seen in Table 11, BPHS facility infrastructure is relatively poor. The median province in 2006 received a score of 48.7 for the Infrastructure Index, which is lower than the 2004 median score, but slightly higher than that of 2005. Only two provinces, Ghazni and Parwan, achieved scores above the upper benchmark in 2006 and fewer than half the provinces met the lower benchmark. Six items comprise the infrastructure index:

- Waiting room
- Room for emergencies, injections, treatments or dressings
- Separate pharmacy
- Accommodations for persons on call
- Minor surgery theater
- Reception/registration room

Since the BPHS does not require BHCs to have either a minor surgery theater or a separate reception/registration room, these items were not considered when calculating scores for BHCs.

**Table 11: Scores for Indicators 15-17 in Domain C: Capacity for Service Provision**

	15. Infrastructure			16. Patient Records			17. TB Registers		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	55.0	44.6	48.7	65.6	63.2	69.4	15.8	20.6	37.4
% Provinces meeting upper benchmark	18.2	10.0	6.7	18.2	3.3	3.3	18.2	36.7	86.7
% Provinces meeting lower benchmark	81.8	33.3	46.7	81.8	70.0	93.3	81.8	83.3	96.7

As measured by Indicator 16, performance in patient recordkeeping at BPHS facilities is at a middle level. In the median province in 2006, slightly more than two out of three recordkeeping activities were completed, on average. More provinces have achieved the lower benchmark for this indicator over time, but fewer provinces have achieved the upper benchmark. Only one province, Faryab, met the upper benchmark for this indicator in 2006.

The patient record index consists of three items, which are based on survey teams' direct observation of health workers providing care to patients:

- Completion of an individual patient record, card or passport
- Marking of a patient tally sheet
- Making a record in the register book

As seen in Table 12, over 98% of observed health workers in 2006 completed a record in the register book when seeing a patient and approximately 85% marked a patient tally sheet. A much smaller number of observed health workers (32.9%) completed an individual patient record, card or passport.

**Table 12: Changes in Component Items for the Patient Record Index**

	% of Health Workers Performing Record Keeping Task		
	2004	2005	2006
Individual patient record, card or passport completed	48.9	33.2	32.9
Patient tally sheet marked	69.3	67.2	85.2
Record in register book made	93.9	96.2	98.4

The final indicator in Domain C is the percentage of facilities maintaining an active TB register. The percentage of facilities with TB registers has more than doubled between 2004 and 2006, with the median provincial score increasing from 15.8 to 37.4 (data shown in Table 11). In spite of the large improvement for this indicator, the percentage of facilities maintaining active TB registers remains very low and this continues to be an area in need of priority improvement.

The results across Domain C indicate that strong gains have been made in the readiness of facilities to provide quality services. Every indicator except one, the infrastructure index, has increased between 2004 and 2006. Over this time period, large gains have been achieved for several indicators, including the availability of functional equipment, essential drugs and family planning supplies; laboratory functionality; staffing levels; health worker training and knowledge; clinical guidelines and TB registers.

---

## **Domain D: Service Provision**

Domain D covers technical aspects of health service provision. These results are variable, and indicate that improvement is needed in several areas. Table 13 shows that, on average, health workers follow over 80% of the basic steps involved in conducting a proper patient history and physical examination. These scores have increased with each round of the BSC, indicating that progress has been made in this area. An index of patient counseling shows that, on average, only slightly more than one-third of the steps involved in providing basic information and counseling to patients are being followed by health workers. Only four provinces—Kabul, Kapisa, Logar and Nimroz—met the upper benchmark for this indicator in 2006. The gap between performance in taking patient history and physical examinations and provision of information and counseling highlights an important issue for the MOPH and its partners. Either training programs are not sufficiently meeting health worker learning needs in the area of provision of information and counseling, or health workers are not applying what they have learned, because of a lack of perceived need or insufficient time or other reasons. The root cause of this problem must be identified and addressed, in order to improve the quality of care provided to clients.

**Table 13: Scores for Indicators 18-20 in Domain D: Service Provision**

	18. Patient History and Physical Exam			19. Patient Counseling			20. Proper Sharps Disposal		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	70.6	73.5	82.2	29.6	35.1	36.6	62.2	52.0	77.5
% Provinces meeting upper benchmark	18.2	26.7	43.3	18.2	16.7	13.3	18.2	10.0	33.3
% Provinces meeting lower benchmark	81.8	100	96.7	81.8	90.0	93.3	81.8	76.7	73.3

A breakdown of the individual items included in the patient counseling index is shown in Table 14. The only two steps for which health workers demonstrate moderate or high levels of performance are explaining what precautions or home nursing care to take and how to take the medication. For all other steps included in the index, fewer than half of observed health workers completed the required steps. Performance is especially low for probing on whether the patient or caretaker has questions, explaining potential adverse reactions and appropriate responses to them, telling the patient the name of the medication, and explaining what signs or symptoms should prompt a return to the clinic.

**Table 14: Scores for Individual Items in Indicator 19: Patient Counseling**

	Percentage of patient-provider interactions in which health worker performs listed action			
	2004	2005	2006	Change between 2004 and 2006
Tells patient name of the disease/condition	44.7	43.7	43.2	-1.5
Tells patient the causes and course of disease/condition	31.7	39.0	43.8	+12.2
Explains to patient which precautions or home nursing care to take	50.7	68.9	69.3	+18.5
Tells patient the name of medicine, if medicine/prescription given	38.9	30.8	23.7	-15.2
Explains to patient how to take medication, if medicine/prescription given	75.5	80.9	82.6	+7.1
Explains potential adverse reactions and what to do about them, if medicine/prescription given	14.3	11.3	12.4	-1.9
Explains signs and symptoms that should prompt patient to return to the clinic	21.3	26.1	27.9	+6.6
Informs patient about the follow-up date or referral to other facility, if follow up or referral required	31.7	31.7	33.6	+2.0
Asks if patient has any questions	13.5	11.6	10.5	-3.0

The indicator of proper sharps disposal shows that approximately three quarters of BPHS facilities in the median province were properly disposing of sharps in 2006 (data shown in Table 13). This represents an increase of 15 points over the 2004 score and an increase of 25 points over the 2005 score. Gains for this indicator have been achieved at all three facility types, with gains especially large among DHs (data shown in Table 15). More than 90% of sampled DHs were properly disposing of sharps in 2006, compared to 62% and 65% in 2004 and 2005, respectively.

**Table 15: Scores for Proper Sharps Disposal by Facility Type**

	% of Sampled Facilities Properly Disposing of Sharps		
	2004	2005	2006
BHCs	53.4	43.7	66.6
CHCs	58.2	57.6	69.5
DHs	62.0	65.1	92.9

As seen in Table 16, the number of new outpatients being seen at the BHC level has increased during each of the three rounds. The percentage of BHCs seeing more than 750 new outpatients per month in the median province increased from 22.2 in 2004 to 32.3 in 2005 to 55.0 in 2006. Nearly half of the provinces met the upper benchmark for this indicator in 2006 and only two provinces—Farah and Nimroz—had scores below the lower benchmark.

This increase in patient load has been accompanied by a decrease in the average time spent per patient. The change in provincial median for Indicator 22, which measures the percentage of health workers who spend at least 9 minutes per patient, has decreased from 18.0 in 2004 to 7.0 in 2006. Similar numbers of provinces have achieved the lower benchmark for this indicator in 2004 and 2006, but only one province, Kapisa, achieved the upper benchmark in 2006.

**Table 16: Scores for Indicators 21-22 in Domain D: Service Provision**

	21. New outpatient visits (>750 new outpatients/month)			22. Time spent with patients (>9 minutes/patient)		
	2004	2005	2006	2004	2005	2006
Median score	22.2	32.3	55.0	18.0	6.2	7.0
% Provinces meeting upper benchmark	19.4	40.0	46.7	18.2	3.3	3.3
% Provinces meeting lower benchmark	74.2	83.3	93.3	81.8	70.0	80.0

This increase in patient load has been accompanied by a decrease in the average time spent per patient. The change in provincial median for Indicator 22, which measures the percentage of health workers who spend at least 9 minutes per patient, has decreased from 18.0 in 2004 to 7.0 in 2006. Similar numbers of provinces have achieved the lower benchmark for this indicator in 2004 and 2006, but only one province, Kapisa, achieved the upper benchmark in 2006.

As seen in Table 17, a large majority of BPHS facilities provide antenatal care (ANC) on a routine basis, but many still do not. In the median province in 2006, 84.9% of facilities were providing antenatal care, which represents a gain of more than 20 points over the baseline score in 2004. Although this increase in provision of antenatal care is substantial, antenatal care is defined by the MOPH as an essential service that should be provided at each BPHS facility throughout the country. In only five provinces—Balkh, Daykundi, Farah, Kunar and Samangan—were all sampled facilities found to be providing antenatal care on a routine basis in 2006. The remaining provinces should determine why some facilities are not providing antenatal care and address the problems identified. This need is especially urgent in Khost and Paktika, where less than one-third of sampled facilities were found to be providing antenatal care on a routine basis.

**Table 17: Scores for Indicators 23-24 in Domain D: Service Provision**

	23. Provision of ANC			24. Provision of delivery care		
	2004	2005	2006	2004	2005	2006
Median score	62.0	79.3	84.9	25.4	22.3	42.3
% Provinces meeting upper benchmark	18.2	40.0	56.7	18.2	20.0	60.0
% Provinces meeting lower benchmark	81.8	93.3	93.3	81.8	76.7	90.0

A much smaller percentage of facilities provide delivery care according to BPHS requirements than provide antenatal care. In 20 provinces, fewer than half of sampled facilities were found to be providing delivery care according to BPHS requirements in 2006. In two provinces—Farah and Khost—no sampled facilities met the BPHS requirement for provision of delivery care. In spite of the gains achieved between 2005 and 2006, over which time the median provincial score increased from 22.3 to 42.3, the low level of performance in provision of delivery care remains a serious concern, especially given that maternal mortality rates in Afghanistan are among the highest in the world.

The scores for this indicator vary by facility type, with DHs achieving higher scores than BHCs and CHCs for each of the component items incorporated into this indicator. BHCs and CHCs increased their scores between 2005 and 2006, after stagnating between 2004 and 2005, but the percentage of BHCs and CHCs providing routine delivery care remains far

below the target level of 100% (data shown in Table 18). In contrast, all sampled DHs in 2006 were providing routine delivery care. In 2006, most facilities have a functional fetoscope, though almost 20% of sampled BHCs did not. The majority of DHs have partographs, but few BHCs and CHCs have them. The capacity to do bloodtype and crossmatching remains limited, especially at the CHC level. District hospitals have achieved large gains for each of these component items, indicating that performance in provision of delivery care at this level has increased substantially over time. Health managers need to determine why very strong gains have been made in delivery care at the DH level, but not at the BHC and CHC levels, and how similar gains can be produced at other facility levels. It is imperative that gains in provision of delivery care be achieved at lower levels of the health system, since most people do not have access to district hospitals.

**Table 18a: Scores for Component Items in Delivery Care Indicator**

	Provision of routine delivery care			Presence of functional fetoscope			Presence of partographs		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
BHCs	41.6	40.0	61.1	43.0	51.9	81.3	9.3	9.5	22.5
CHCs	52.5	71.4	86.2	53.5	81.7	91.6	6.4	22.6	38.3
DHs	52.0	81.4	100.0	52.9	86.1	97.6	17.0	55.8	61.9

**Table 18b: Scores for Component Items in Delivery Care Indicator**

	Able to do bloodtype and crossmatch			Able to manage emergency caesarian section		
	2004	2005	2006	2004	2005	2006
BHCs						
CHCs	7.1	12.4	17.7			
DHs	18.0	55.8	73.8	9.3	53.5	71.4

## **Domain E: Financial Systems**

As indicated in Table 19, the indicators in the Financial Systems domain show that among facilities that charge user fees, most have written user fee guidelines and exemptions for poor patients in place. The percentage of facilities with written user fee guidelines, however, has decreased across each of the three rounds, with the median provincial score dropping from 90.6 in 2004 to 82.5 in 2006. The cause of this decrease needs to be determined at the provincial and facility level, so that MOPH and implementing agencies can take the necessary steps to reverse this downward trend.

**Table 19: Scores for Indicators in Domain E: Financial Systems**

	25. User fee guidelines			26. Exemptions for poor patients		
	2004	2005	2006	2004	2005	2006
Median score	90.6	86.7	82.5	84.7	93.1	100
% Provinces meeting upper benchmark	31.3	31.0	31.0	25.0	37.9	55.2
% Provinces meeting lower benchmark	81.3	69.0	51.7	81.3	86.2	82.8

In contrast to the indicator of user fee guidelines, the percentage of facilities that have exemptions for poor patients in place has increased across the three rounds. In 16 provinces out of the 30 provinces covered in 2006, all sampled facilities had exemptions for poor patients in place. In only two provinces, Khost and Paktika, did fewer than half of sampled fa-

cilities have exemptions in place. Public health managers in these provinces need to address this problem in a priority manner.

### **Domain F: Overall Vision (MOPH Values)**

Domain F includes three indicators that reflect MOPH's overall vision for the health sector. These indicators measure females as a percentage of new outpatients, equity in service utilization and equity in satisfaction with services received. As shown in Table 20, females are more likely to utilize outpatient services than males and the poor are more likely to utilize outpatient services than people who are not poor. This is in line with the Ministry's vision for a pro-female and pro-poor health system. In 2006, a majority of provinces saw more females as new outpatients than males. Three provinces, Farah, Nuristan and Paktika, saw fewer females as new outpatients than males. Health managers in these provinces need to determine why fewer females are being seen as new outpatients compared to males and how levels of service utilization among women can be increased.

**Table 20: Scores for Indicators in Domain F: Overall Vision (MOPH Values)**

	27. Females as % of new outpatients			28. Outpatient visit concentration index			29. Patient satisfaction concentration index		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Median score	55.2	57.3	57.8	50.5	50.6	51.2	49.9	49.8	49.8
% Provinces meeting upper benchmark	18.2	20.0	46.7	18.2	31.0	27.6	18.2	3.5	3.5
% Provinces meeting lower benchmark	81.8	96.7	93.3	78.8	79.3	86.2	78.8	93.1	82.8

The outpatient visit concentration index, which measures the level of equity of utilization of outpatient services, shows that the poor are slightly more likely than the relatively better off to utilize outpatient BPHS services. The pro-poor orientation of service delivery, which is in line with MOPH's vision of a pro-poor health system, increased slightly between 2004 and 2006. Recall that a score of 50 represents equal levels of utilization between the poor and the non-poor and scores above 50 indicate higher levels of utilization among the poor.

The patient satisfaction concentration index, which measures whether the poor are more or less satisfied with services received compared to the relatively better off, shows that the poor and the non-poor report approximately equal levels of satisfaction with the services they receive. These scores have remained stable across the three rounds.

---

## ***Composite Measures of Performance***

The composite measures show that extensive progress has been achieved in BPHS implementation throughout Afghanistan. For 25 out of 29 indicators on the BSC, the median provincial score has increased between 2004 and 2006. For more than half of the indicators on the scorecard (16 out of 29), the median score has increased by more than 10 percentage points over this time period. These increases indicate that substantial progress has been made in several important areas, including shura-e-sehie activities, equipment functionality, the availability of essential drugs and family planning supplies, laboratory functionality, staffing levels, provider knowledge, staff training, clinical guidelines, monitoring of tuberculosis treatment, taking patient histories and conducting physical examinations, proper disposal of sharps, average new outpatient visits, provision of antenatal and delivery care and exemptions for poor patients.

Indicators 30 and 31, the percentage of upper and lower benchmarks achieved, respectively, provide further evidence that substantial progress has been achieved. The median province in 2004 achieved the upper benchmark for 17.2% of indicators. This figure rose to 31.0 in 2005 and 41.4 in 2006, indicating that more provinces are achieving high levels of performance for more indicators, compared to 2004.

The median provincial score for percentage of lower benchmarks achieved has increased from 82.8 in 2004 to 89.7 in 2005 and 93.1 in 2006. This indicates that there are fewer areas for which the provinces of Afghanistan have especially low levels of performance in 2006, compared to 2004.

In spite of the improvements documented through the BSC, scores have decreased between 2004 and 2006 in several important areas—these include time spent with patients, facility infrastructure, presence of user fee guidelines and the equity of patient satisfaction between the poor and the non-poor. In addition, even among indicators for which large gains have been achieved since 2004, the absolute level of performance for several indicators remains unsatisfactorily low. These areas, which continue to require priority attention, include monitoring of TB care, laboratory functionality, facility infrastructure, provision of information and counseling, time spent with patients and provision of delivery care.

---

## Findings of the 2006 Provincial Balanced Scorecard

The individual Provincial BSC results are shown in the pages that follow. Each provincial scorecard shows upper and lower benchmarks and the score achieved by the province for each indicator for each of the three rounds conducted thus far. Each cell is color-coded according to whether the score is above the upper benchmark (green), below the lower benchmark (red), or in between the two benchmarks (yellow).

Provincial performance as measured by the 2006 BSC is variable, with the mean score across the 29 indicators on the Balanced Scorecard ranging from a low of 45.3 in Paktika Province to a high of 73.7 in Kapisa Province. Twenty out of 30 provinces covered in 2006 achieved mean scores greater than 60, compared to 13 out of 30 provinces in 2005 and two out of 33 in 2004. In contrast, only two provinces achieved a mean score below 50 points, compared to four provinces in 2005 and nine provinces in 2004. Among the 29 provinces covered in all three rounds of the NHSPA, 27 provinces have a higher mean score across the 29 indicators on the BSC in 2006 than in 2004. Sixteen provinces—Badakhshan, Baghlan, Balkh, Faryab, Ghor, Kabul, Kapisa, Kunar, Laghman, Logar, Paktya, Panjsher, Parwan, Samangan, Saripul and Wardak—gained more than 10 points over this time period.

The range in percentage of upper benchmarks achieved in 2006 is 72.4 in Parwan to 6.9 in Badghis. Parwan achieved scores above the upper benchmark for 21 out of 29 indicators, whereas Badghis achieved scores above the upper benchmark for only two out of 29 indicators. The range for the percentage of lower benchmarks achieved in 2006 is 100 in Kabul, Panjsher and Wardak to 62.1 in Badghis and Farah. While performance can be improved in all areas, these provinces can see from these scores which areas are weakest, and extra effort can be applied to improve performance in these areas.

The Balanced Scorecard is most useful as a tool for identifying strengths and weaknesses, and determining through internal and external learning how to improve performance in different areas. Looking only at a rank order of provincial scores on the BSC is of limited utility, since it does not provide actionable information on specific areas of strength and weakness.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Badakhshan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	86.4	94.2	86.8
2	Patient Perception of Quality Index	66.2	83.9	77.6	82.9	77.5
3	Written Shura-e-sehie activities in community	18.1	66.5	35.6	8.4	73.4
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	63.5	64.8	70.6
5	Salary payments current	52.4	92.0	54.9	83.0	75.2
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	69.6	49.5	73.3
7	Drug Availability Index	53.3	81.8	52.9	81.5	74.0
8	Family Planning Availability Index	43.4	80.3	54.2	65.5	80.2
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	31.7	32.3	38.2
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	38.0	37.2	66.3
11	Provider Knowledge Score	44.8	62.3	48.6	67.3	61.8
12	Staff received training in last year	30.1	56.3	68.9	87.3	53.7
13	HMIS Use Index	49.6	80.7	60.9	27.6	72.0
14	Clinical Guidelines Index	22.5	51.0	18.3	40.2	48.1
15	Infrastructure Index	49.3	63.2	63.2	35.5	38.9
16	Patient Record Index	56.1	92.5	51.5	51.4	66.4
17	Facilities having TB register	8.3	26.6	32.5	38.1	46.3
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	54.2	67.7	72.6
19	Patient Counseling Index	23.3	48.9	23.3	31.1	35.0
20	Proper sharps disposal	34.1	85.0	64.4	34.4	75.6
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	27.3	26.7	23.1
22	Time spent with patient (> 9 minutes)	3.5	31.2	21.0	12.0	23.1
23	BPHS facilities providing antenatal care	28.9	82.8	28.9	35.8	90.6
24	Delivery care according to BPHS	10.5	39.3	38.0	20.5	31.5
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	94.8	84.4	70.7
26	Facilities with exemptions for poor patients	64.4	100.0	68.5	70.9	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	46.9	52.4	54.6
28	Outpatient visit concentration index	48.0	52.7	48.9	49.0	49.8
29	Patient satisfaction concentration index	49.0	50.9	50.9	50.0	50.0
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	17.2	17.2	24.1
31	Lower Benchmarks Achieved	75.9	89.7	86.2	82.8	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	50.9	51.1	61.4

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Badakhshan**

**Domain A: Patients and Community.** Badakhshan's scores for each of the first two indicators decreased between 2005 and 2006. Overall patient satisfaction fell from the green zone to the yellow zone, while the index of patient perceptions of quality remains in the yellow zone for the third year in a row, despite decreasing from 82.9 to 77.5. A large increase is seen in the score for written records of shura-e-sehie activities—the score for this indicator increased from 8.4 in 2005 (red zone) to 73.4 in 2006 (green zone).

**Domain B: Staff Results.** Health worker satisfaction increased from 64.8 in 2005 to 70.6 in 2006, placing it in the green zone. The indicator measuring whether salary payments are current is in the yellow zone, with the score decreasing from 83.0 in 2005 to 75.2 in 2006.

**Domain C: Capacity for Service Provision.** Badakhshan has made some progress in capacity for service provision, with the number of indicators in the red zone decreasing from four in 2005 to one in 2006. The number of indicators for which Badakhshan has met the upper benchmark, however, decreased from four in 2005 to three in 2006. Indicators in the green zone include laboratory functionality, staffing levels and TB registers. The infrastructure index remains in the red zone for the second year in a row.

**Domain D: Service Provision.** In 2005, all indicators in this domain were in the yellow zone. Between 2005 and 2006, provision of antenatal care increased from 35.8 to 90.6, moving Badakhshan from the yellow zone to the green zone for this indicator. The rest of the indicators in this domain remain in the yellow zone. A large increase was achieved in proper disposal of sharps, though the indicator remains in the yellow zone.

**Domain E: Financial Systems.** The two indicators in this domain have moved in different directions, after being in the yellow zone in 2005. Among facilities charging user fees, the percentage with user fee guidelines has decreased across each round conducted so far (moving to the red zone in 2006), while the percentage of facilities with exemptions for poor patients has increased over this time period. In 2006, all sampled facilities that were charging user fees had exemptions for poor patients in place.

**Domain F: Overall Vision.** The three indicators in this domain have remained in the yellow zone across all three rounds of the survey conducted so far. In 2004, Badakhshan was one of the few provinces in Afghanistan to see more males than females as new outpatients. In 2006, females were making 54.6% of new outpatient visits in the province. The other two indicators in this domain remain largely unchanged, with the poor and the non-poor having approximately equal levels of utilization of outpatient services and reporting equal levels of satisfaction with the services they receive.

**Overall Performance.** Since the 2004 baseline round, Badakhshan has made progress in a number of important areas, but much room for improvement remains. For most indicators, Badakhshan is in the yellow zone. Badakhshan is in the green zone for approximately one-quarter of the indicators and the red zone for two indicators. Badakhshan's mean score across the 29 indicators on the BSC has improved from 51.1 in 2005 to 61.4 in 2006. Areas of concern for Badakhshan where performance remains low include staff training, clinical guidelines, facility infrastructure, patient counseling, provision of delivery care and user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Badghis		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	76.9	71.3	42.7
2	Patient Perception of Quality Index	66.2	83.9	66.2	69.8	55.6
3	Written Shura-e-sehie activities in community	18.1	66.5	0.0	48.8	62.8
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	57.6	54.7	51.5
5	Salary payments current	52.4	92.0	91.8	96.2	88.1
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	62.2	66.4	60.8
7	Drug Availability Index	53.3	81.8	50.1	92.3	62.0
8	Family Planning Availability Index	43.4	80.3	57.9	57.3	75.8
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	3.8	25.0	18.2
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	22.4	52.3	44.4
11	Provider Knowledge Score	44.8	62.3	41.6	66.6	56.0
12	Staff received training in last year	30.1	56.3	50.9	73.5	53.6
13	HMIS Use Index	49.6	80.7	62.7	80.2	44.8
14	Clinical Guidelines Index	22.5	51.0	25.5	59.6	39.9
15	Infrastructure Index	49.3	63.2	49.7	46.0	35.5
16	Patient Record Index	56.1	92.5	98.5	63.3	69.2
17	Facilities having TB register	8.3	26.6	27.0	58.1	71.2
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	71.7	87.7	77.8
19	Patient Counseling Index	23.3	48.9	40.4	63.6	20.3
20	Proper sharps disposal	34.1	85.0	34.1	73.3	76.4
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	10.0	0.0	25.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	30.7	4.5	4.8
23	BPHS facilities providing antenatal care	28.9	82.8	49.4	82.6	60.3
24	Delivery care according to BPHS	10.5	39.3	36.2	7.0	9.6
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	95.6	100.0	22.4
26	Facilities with exemptions for poor patients	64.4	100.0	54.6	68.6	59.4
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	45.9	54.4	54.7
28	Outpatient visit concentration index	48.0	52.7	48.8	46.3	53.6
29	Patient satisfaction concentration index	49.0	50.9	50.0	49.5	47.0
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	6.9	31.0	6.9
31	Lower Benchmarks Achieved	75.9	89.7	79.3	82.8	62.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	48.7	59.3	49.8

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Badghis**

**Domain A: Patients and Community.** Badghis' scores for overall patient satisfaction and patient perceptions of quality decreased between 2005 and 2006, with both indicators falling from the yellow zone to the red zone. The score for the indicator of written records of shura-sehie activities increased from 0 in 2004 to 48.8 in 2005 and 62.8 in 2006.

**Domain B: Staff Results.** Health worker satisfaction is in the red zone for the second year in a row. The indicator of salary payments current fell from the green zone to the yellow zone between 2005 and 2006.

**Domain C: Capacity for Service Provision.** Scores for Badghis in capacity for service provision are variable, with decreases seen in equipment functionality, drug availability, laboratory functionality, staffing levels, provider knowledge, staff training, HMIS use, clinical guidelines and infrastructure. Increases are seen in family planning supply availability and monitoring of TB treatment.

**Domain D: Service Provision.** In the service provision domain, Badghis is in the red zone for two indicators and the yellow zone for five indicators. It did not meet the upper benchmark for any indicators in this domain in 2006. Scores are especially low for patient counseling, time spent with patients and provision of delivery care. Only 9.6% of sampled facilities in Badghis met the BPHS requirement for provision of delivery care in 2006. One area showing a large gain is the indicator of average new outpatient visits—the percentage of BHCs meeting the target of 750 average new outpatient visits per month increased from 0% in 2005 (red zone) to 25.0% in 2006 (yellow zone).

**Domain E: Financial Systems.** The two indicators in this domain are in the red zone. Among facilities charging user fees in 2006, only 22.4% had user fee guidelines in place and 59.4% had exemption mechanisms for poor patients in place. Scores for both indicators decreased between 2005 and 2006.

**Domain F: Overall Vision.** In the overall vision domain, Badghis has mixed results, with one indicator in the green zone, one in the yellow zone and one in the red zone. In 2006, 54.7% of new outpatients were female, placing Badghis in the yellow zone. The concentration indices show that the poor are more likely to utilize outpatient services than the non-poor (green zone), but the non-poor report higher levels of satisfaction with the care they receive than the poor (red zone).

**Overall Performance.** According to the BSC, Badghis' performance increased between 2004 and 2005, but fell back down to the 2004 level in 2006. Badghis is in the red zone for percentage of upper benchmarks (6.9%) and lower benchmarks achieved (62.1%). Badghis' mean score across the 29 indicators on the BSC was 48.7 in 2004, 59.3 in 2005 and 49.8 in 2006. Areas of concern for Badghis where performance remains low include patient satisfaction, patient perceptions of quality, health worker satisfaction, equipment functionality, laboratory functionality, staffing levels, HMIS use, clinical guidelines, infrastructure, patient counseling, provision of delivery care and presence of user fee guidelines and exemption mechanisms for poor patients.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Baghlan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	90.9	91.9	89.2
2	Patient Perception of Quality Index	66.2	83.9	82.2	74.5	82.4
3	Written Shura-e-sehie activities in community	18.1	66.5	34.2	76.2	84.1
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	67.9	62.4	69.0
5	Salary payments current	52.4	92.0	45.8	84.6	38.4
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	57.5	65.6	83.9
7	Drug Availability Index	53.3	81.8	72.8	82.0	65.9
8	Family Planning Availability Index	43.4	80.3	70.4	74.5	92.0
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	15.2	36.3	43.0
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	42.7	64.4	69.8
11	Provider Knowledge Score	44.8	62.3	49.3	68.3	72.3
12	Staff received training in last year	30.1	56.3	39.0	74.5	85.3
13	HMIS Use Index	49.6	80.7	40.0	68.7	86.9
14	Clinical Guidelines Index	22.5	51.0	29.9	48.9	78.7
15	Infrastructure Index	49.3	63.2	50.0	38.7	45.7
16	Patient Record Index	56.1	92.5	80.7	56.2	65.9
17	Facilities having TB register	8.3	26.6	16.1	13.8	54.2
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	55.1	81.6	81.8
19	Patient Counseling Index	23.3	48.9	29.3	40.3	36.2
20	Proper sharps disposal	34.1	85.0	76.9	58.1	96.2
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	27.3	69.2	87.5
22	Time spent with patient (> 9 minutes)	3.5	31.2	1.2	4.1	1.6
23	BPHS facilities providing antenatal care	28.9	82.8	49.7	77.5	88.5
24	Delivery care according to BPHS	10.5	39.3	10.5	22.5	45.8
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	95.9	91.0	87.0
26	Facilities with exemptions for poor patients	64.4	100.0	69.3	80.6	73.3
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	56.0	58.3	61.5
28	Outpatient visit concentration index	48.0	52.7	51.9	50.8	51.7
29	Patient satisfaction concentration index	49.0	50.9	49.8	50.2	50.1
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	6.9	27.6	51.7
31	Lower Benchmarks Achieved	75.9	89.7	86.2	96.6	89.7
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	50.3	60.9	67.9

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Baghlan**

**Domain A: Patients and Community.** Baghlan demonstrates a relatively high level of performance in this domain, with scores above 80 for each of the three indicators. The score for overall patient satisfaction, however, fell from the green zone to the yellow zone between 2005 and 2006. The score for the indicator of written records of shura-e-sehie activities is in the green zone, with 84.1% of sampled facilities meeting the requirement for this indicator.

**Domain B: Staff Results.** The health worker satisfaction index regained its green status in 2006 after losing it in 2005. In contrast, the score for salary payments current fell to the red zone, with only 38.4% of sampled health workers reporting that their salary payments are current.

**Domain C: Capacity for Service Provision.** Baghlan demonstrates a high level of performance in capacity for service provision, with most indicators in the green zone. Equipment functionality, drug availability and patient record keeping are in the yellow zone and infrastructure is in the red zone. Large increases have been achieved in equipment functionality, family planning supply availability, staff training, HMIS use, availability of clinical guidelines and monitoring of TB treatment. A large decrease is seen in the indicator of drug availability, which fell from the green zone to the yellow zone.

**Domain D: Service Provision.** In service provision, Baghlan is in the green zone for four indicators, the yellow zone for two indicators and the red zone for one indicator. The indicator of time spent with patients is at an extremely low level (in only 1.6% of observed cases in 2006 did the health worker spend more than nine minutes with the patient). After a large gain, proper sharps disposal increased from the yellow zone to the green zone between 2005 and 2006. In spite of gains in patient counseling and provision of delivery care, much room for improvement in these indicators remains.

**Domain E: Financial Systems.** The two indicators in this domain have remained in the yellow zone across all three rounds conducted thus far, but the percentage of facilities with user fee guidelines and exemptions for poor patients decreased between 2005 and 2006.

**Domain F: Overall Vision.** The indicators in this domain show that health service delivery in Baghlan is pro-female (61.5% of new outpatient visits were made by females) and pro-poor (the poor have utilized outpatient services more than the non-poor). The poor and non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** Overall, Baghlan has improved its performance across the three rounds. Baghlan has met the upper benchmark for more than half the indicators on the scorecard and the lower benchmark for approximately 90% of the indicators. Baghlan's mean score across the 29 indicators on the scorecard has increased from 50.3 in 2004 to 60.9 in 2005 and 67.9 in 2006. Areas of concern for Baghlan where performance remains low include the timeliness of salary payments, facility infrastructure, patient counseling and time spent with patients.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Balkh		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	84.7	78.4	74.1
2	Patient Perception of Quality Index	66.2	83.9	80.0	74.8	80.5
3	Written Shura-e-sehie activities in community	18.1	66.5	17.7	92.2	87.8
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	68.3	72.9	73.6
5	Salary payments current	52.4	92.0	53.3	90.3	78.9
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	67.3	86.1	86.4
7	Drug Availability Index	53.3	81.8	56.1	84.0	63.8
8	Family Planning Availability Index	43.4	80.3	64.9	86.9	83.7
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	0.0	63.6	67.3
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	45.8	77.9	81.7
11	Provider Knowledge Score	44.8	62.3	54.0	70.9	71.3
12	Staff received training in last year	30.1	56.3	52.4	84.1	68.8
13	HMIS Use Index	49.6	80.7	72.9	90.6	88.6
14	Clinical Guidelines Index	22.5	51.0	16.4	79.3	86.3
15	Infrastructure Index	49.3	63.2	58.3	53.2	48.8
16	Patient Record Index	56.1	92.5	97.3	72.8	62.8
17	Facilities having TB register	8.3	26.6	16.4	26.6	47.0
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	85.4	71.3	80.0
19	Patient Counseling Index	23.3	48.9	55.3	28.9	37.0
20	Proper sharps disposal	34.1	85.0	75.1	96.1	95.9
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	71.4	73.3	66.7
22	Time spent with patient (> 9 minutes)	3.5	31.2	27.3	1.6	5.5
23	BPHS facilities providing antenatal care	28.9	82.8	67.2	92.2	100.0
24	Delivery care according to BPHS	10.5	39.3	39.3	66.2	75.3
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	28.9	85.2	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	84.3	95.1	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	55.1	65.2	65.1
28	Outpatient visit concentration index	48.0	52.7	48.7	49.6	49.5
29	Patient satisfaction concentration index	49.0	50.9	50.4	48.9	48.9
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	20.7	55.2	58.6
31	Lower Benchmarks Achieved	75.9	89.7	86.2	93.1	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	55.0	71.0	71.6

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Balkh**

**Domain A: Patients and Community.** Balkh's score for overall patient satisfaction has been in the yellow zone all three years, but it has decreased with each successive round (from 84.7 in 2004 to 74.1 in 2006). The index of patient perceptions of quality has also been in the yellow zone for all three years, with the 2006 level approximately the same as the 2004 level. The indicator of shura-e-sehie activities has remained in the green zone in both 2005 and 2006 after starting from a low baseline level of 17.7 in 2004, at which time it was in the red zone.

**Domain B: Staff Results.** The health worker satisfaction index shows a consistently high level of performance, with scores in the green zone for all three years. The indicator of salary payments current has remained in the yellow zone across all three years, but the score decreased between 2005 and 2006 after registering a large increase between 2004 and 2005.

**Domain C: Capacity for Service Provision.** Balkh has met the upper benchmark for most indicators in the service provision domain. Equipment functionality, drug availability and patient record keeping are in the yellow zone and infrastructure is in the red zone—all other indicators are in the green zone. The largest increase has been in TB registers, but the absolute level of performance for this indicator remains low.

**Domain D: Service Provision.** In the service provision domain, Balkh is in the yellow zone for the patient history and physical examination index, the patient counseling index and time spent with patients, and in the green zone for proper sharps disposal, new outpatient visits and provision of antenatal and delivery care. No indicators are in the red zone. In line with BPHS requirements, all sampled facilities are providing antenatal on a routine basis.

**Domain E: Financial Systems.** Balkh demonstrates an excellent level of performance in the financial systems domain. In 2006, all sampled facilities that were charging user fees were found to have user fee guidelines and exemptions for poor patients in place.

**Domain F: Overall Vision.** The first indicator in this domain shows that health service delivery in Balkh is pro-female (65.1% of new outpatient visits were made by females). The concentration indices show that the poor are slightly less likely to utilize outpatient services than the non-poor and the non-poor report higher levels of satisfaction with the services they receive than the poor. Balkh is the red zone for the latter indicator.

**Overall Performance.** The results from the above domains, along with the two composite measures, show that Balkh is performing at a high level in implementation of the BPHS. In 2004, four indicators were below the lower benchmark and only two were above the upper benchmark. By 2006, Balkh achieved scores above the lower benchmark for 93.1% of the indicators and scores above the upper benchmark for 58.6% of the indicators. Balkh's mean score across the 29 indicators on the BSC increased from 55.0 in 2004 to 71.0 in 2005 and 71.6 in 2006. Areas of concern where performance remains low include facility infrastructure, time spent with patients, patient counseling, TB registers and the satisfaction levels of poor clients relative to the non-poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Bamyan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	97.9	90.6	87.8
2	Patient Perception of Quality Index	66.2	83.9	84.4	78.4	74.2
3	Written Shura-e-sehie activities in community	18.1	66.5	34.5	34.2	64.9
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	61.4	66.2	68.0
5	Salary payments current	52.4	92.0	91.4	80.2	81.8
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	75.8	82.5	76.8
7	Drug Availability Index	53.3	81.8	85.6	97.7	87.1
8	Family Planning Availability Index	43.4	80.3	82.7	88.5	91.0
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	37.0	58.4	57.0
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	53.0	88.2	61.0
11	Provider Knowledge Score	44.8	62.3	69.0	74.6	73.2
12	Staff received training in last year	30.1	56.3	35.5	76.8	72.2
13	HMIS Use Index	49.6	80.7	67.7	85.0	77.7
14	Clinical Guidelines Index	22.5	51.0	41.9	72.8	75.7
15	Infrastructure Index	49.3	63.2	57.9	50.2	39.3
16	Patient Record Index	56.1	92.5	64.5	74.8	85.8
17	Facilities having TB register	8.3	26.6	0.0	0.0	55.3
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	83.6	83.5	73.9
19	Patient Counseling Index	23.3	48.9	33.2	31.3	30.7
20	Proper sharps disposal	34.1	85.0	85.0	58.5	96.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	22.2	31.3	33.3
22	Time spent with patient (> 9 minutes)	3.5	31.2	12.8	6.5	5.8
23	BPHS facilities providing antenatal care	28.9	82.8	88.1	92.7	95.9
24	Delivery care according to BPHS	10.5	39.3	38.0	61.1	64.4
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	86.1	74.5	79.9
26	Facilities with exemptions for poor patients	64.4	100.0	95.6	96.1	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	55.2	53.2	58.0
28	Outpatient visit concentration index	48.0	52.7	53.8	53.7	51.8
29	Patient satisfaction concentration index	49.0	50.9	50.2	49.6	49.3
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	34.5	41.4	44.8
31	Lower Benchmarks Achieved	75.9	89.7	96.6	93.1	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	60.1	65.2	67.9

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Bamyan**

**Domain A: Patients and Community.** Bamyan is in the yellow zone for all three indicators in the patients and community domain. The first two indicators have decreased compared to 2004 levels, when they were both in the green zone. In contrast, the score for written shura-e-sehie activities, at 64.9 in 2006, is considerably higher than the 2004 and 2005 levels.

**Domain B: Staff Results.** After two years of being in the yellow zone for health worker satisfaction, Bamyan's score for this indicator moved to the green zone in 2006. The score for salary payments current is in the yellow zone at 81.8 in 2006.

**Domain C: Capacity for Service Provision.** Bamyan is in the green zone for eight indicators, the yellow zone for three indicators and the red zone for one indicator in this domain in 2006. Equipment functionality, HMIS use and patient records are in the yellow zone and the infrastructure index is in the red zone. A large gain has been achieved in monitoring of TB treatment between 2005 and 2006.

**Domain D: Service Provision.** In service provision, Bamyan is in the green zone for three indicators (proper sharps disposal and provision of antenatal and delivery care) and the yellow zone for four indicators (patient history and physical exams, patient counseling, new outpatient visits and time spent with patients). The absolute level of performance for patient counseling, new outpatient visits and time spent with patients remains low.

**Domain E: Financial Systems.** Results in the financial systems domain are mixed. Bamyan is in the red zone for user fee guidelines (79.9% in 2006) and the green zone for exemptions for poor patients (100% in 2006).

**Domain F: Overall Vision.** In line with MOPH's vision for a pro-female health sector, the 2006 assessment found that 58.0% of new outpatients in Bamyan were female. The outpatient visit concentration index shows that the poor are more likely to utilize outpatient services than the non-poor, but the score for this indicator has decreased between 2005 and 2006 (that is, service delivery was more pro-poor in 2005 than it was in 2006). The patient satisfaction concentration index shows that the non-poor are somewhat more satisfied with the care they receive, compared to the poor.

**Overall Performance.** The results from the above domains, along with the two composite measures, show that Bamyan has made steady improvements in delivery of the BPHS. Bamyan's mean score across the 29 indicators on the BSC has increased from 60.1 in 2004 to 65.2 in 2005 and 67.9 in 2006. Areas of concern where performance remains low include facility infrastructure, monitoring of TB treatment (though a large gain was achieved between 2005 and 2006), patient counseling, new outpatient visits, time spent with patients and presence of user fee guidelines in facilities charging user fees.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Daykundi	
		Lower	Upper	2005	2006
<b>A. Patients &amp; Community</b>					
1	Overall Patient Satisfaction	66.4	90.9	81.9	81.1
2	Patient Perception of Quality Index	66.2	83.9	69.7	68.5
3	Written Shura-e-sehie activities in community	18.1	66.5	0.0	0.0
<b>B. Staff</b>					
4	Health Worker Satisfaction Index	56.1	67.9	61.4	66.1
5	Salary payments current	52.4	92.0	100.0	82.4
<b>C. Capacity for Service Provision</b>					
6	Equipment Functionality Index*	61.3	90.0	73.6	80.5
7	Drug Availability Index	53.3	81.8	84.6	88.9
8	Family Planning Availability Index	43.4	80.3	74.9	74.5
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	25.3	40.9
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	93.2	91.4
11	Provider Knowledge Score	44.8	62.3	63.1	64.5
12	Staff received training in last year	30.1	56.3	13.0	72.2
13	HMIS Use Index	49.6	80.7	63.4	18.2
14	Clinical Guidelines Index	22.5	51.0	64.0	51.2
15	Infrastructure Index	49.3	63.2	71.0	50.2
16	Patient Record Index	56.1	92.5	47.4	78.5
17	Facilities having TB register	8.3	26.6	0.0	8.6
<b>D. Service Provision</b>					
18	Patient History and Physical Exam Index	55.1	83.5	84.5	72.5
19	Patient Counseling Index	23.3	48.9	25.5	25.9
20	Proper sharps disposal	34.1	85.0	93.2	82.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	25.0	28.6
22	Time spent with patient (> 9 minutes)	3.5	31.2	11.6	12.3
23	BPHS facilities providing antenatal care	28.9	82.8	93.2	100.0
24	Delivery care according to BPHS	10.5	39.3	58.5	74.1
<b>E. Financial Systems</b>					
25	Facilities with user fee guidelines	80.3	100.0	100.0	64.0
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	91.4
<b>F. Overall Vision</b>					
27	Females as % of new outpatients	46.5	59.7	49.6	54.0
28	Outpatient visit concentration index	48.0	52.7	N/A	N/A
29	Patient satisfaction concentration index	49.0	50.9	N/A	N/A
<b>Composite Scores</b>					
30	Upper Benchmarks Achieved	10.3	30.8	44.4	29.6
31	Lower Benchmarks Achieved	75.9	89.7	85.2	88.9
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	60.3	60.1

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Daykundi**

**Domain A: Patients and Community.** The scores for the first two indicators have remained in the yellow zone in both 2005 and 2006, though the score for patient perceptions of quality is relatively low and is just above the lower benchmark. No sampled facilities in Daykundi have written records of shura-e-sehie activities, placing Daykundi in the red zone for this indicator and highlighting an area requiring priority attention.

**Domain B: Staff Results.** This domain reflects a middle level of performance, with both indicators in the yellow zone. The indicator of salary payments current decreased from 100% in 2005 to 82.4% in 2006, moving from the green zone to the yellow zone.

**Domain C: Capacity for Service Provision.** In the service provision domain, Daykundi met the upper benchmark for drug availability, laboratory functionality, staffing levels, provider knowledge, staff training and clinical guidelines. For HMIS use, Daykundi has fallen from the yellow zone to the red zone, with the score decreasing from 63.4 in 2005 to 18.2 in 2006. The remaining indicators are in the yellow zone, though the score for TB registers is very low (8.6%) and only slightly higher than the lower benchmark. Large gains were achieved between 2005 and 2006 for laboratory functionality, staff training and patient records.

**Domain D: Service Provision.** In service provision, Daykundi has remained above the lower benchmark for each indicator in both 2005 and 2006, but two indicators (patient history and physical exams and proper sharps disposal) fell from the green zone to the yellow zone between 2005 and 2006. In line with BPHS requirements, all sampled facilities in Daykundi were providing antenatal care on a routine basis in 2006.

**Domain E: Financial Systems.** Daykundi made a good start in 2005 with all surveyed facilities that were charging user fees having both user fee guidelines and exemption mechanisms for poor patients in place. Between 2005 and 2006, however, both indicators decreased, with the indicator of user fee guidelines falling from the green zone to the red zone.

**Domain F: Overall Vision.** In line with MOPH's vision for a pro-female health sector, the 2006 assessment found that a majority of new outpatients in Daykundi (54.0%) are female, after the 2005 assessment found that a narrow majority are male (49.6% female). The concentration indices could not be calculated for Daykundi, because data from the 2004 baseline round are required in order to establish wealth quintiles and Daykundi was not covered in the 2004 assessment, since it was newly formed and did not have any active BPHS facilities at the time.

**Overall Performance.** Overall, Daykundi's performance as measured by the 2006 BSC is approximately the same as it was in 2005. Daykundi met the upper benchmark for fewer indicators in 2006 compared to 2005, but it met the lower benchmark for more indicators. Daykundi's mean score across the 29 indicators on the BSC was 60.3 in 2005 and 60.1 in 2006. Areas of concern for Daykundi where performance remains low include written shura-e-sehie activities, HMIS use, TB registers, patient counseling, new outpatient visits, time spent per patient and user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Farah		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	82.8	81.9	74.5
2	Patient Perception of Quality Index	66.2	83.9	69.4	81.4	77.4
3	Written Shura-e-sehie activities in community	18.1	66.5	73.2	31.0	11.5
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	54.4	69.3	55.9
5	Salary payments current	52.4	92.0	97.7	94.5	100.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	66.3	63.5	53.1
7	Drug Availability Index	53.3	81.8	9.8	83.7	91.7
8	Family Planning Availability Index	43.4	80.3	0.0	79.1	82.2
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	0.0	42.4	47.0
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	57.1	41.9	77.0
11	Provider Knowledge Score	44.8	62.3	45.5	71.9	60.3
12	Staff received training in last year	30.1	56.3	37.2	76.4	69.0
13	HMIS Use Index	49.6	80.7	72.4	68.0	26.9
14	Clinical Guidelines Index	22.5	51.0	59.5	52.2	45.5
15	Infrastructure Index	49.3	63.2	76.7	53.0	33.6
16	Patient Record Index	56.1	92.5	97.1	63.8	66.4
17	Facilities having TB register	8.3	26.6	4.3	18.6	34.5
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	52.0	65.6	56.7
19	Patient Counseling Index	23.3	48.9	16.0	32.4	10.3
20	Proper sharps disposal	34.1	85.0	67.8	51.9	17.3
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	33.3	0.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	18.0	1.6	3.9
23	BPHS facilities providing antenatal care	28.9	82.8	82.8	100.0	100.0
24	Delivery care according to BPHS	10.5	39.3	57.1	20.9	0.0
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	100.0	66.7
26	Facilities with exemptions for poor patients	64.4	100.0	93.9	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	59.0	63.8	43.5
28	Outpatient visit concentration index	48.0	52.7	51.8	49.2	48.3
29	Patient satisfaction concentration index	49.0	50.9	49.0	48.9	50.5
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	31.0	37.9	31.0
31	Lower Benchmarks Achieved	75.9	89.7	72.4	93.1	62.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	53.5	60.0	51.8

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Farah**

**Domain A: Patients and Community.** A decrease in scores between 2005 and 2006 is seen for all three indicators in the patients and community domain. Overall patient satisfaction and patient perceptions of quality remain in the yellow zone, whereas the indicator of shura-e-sehie activity fell from the yellow zone to the red zone, with a score of only 11.5% in 2006.

**Domain B: Staff Results.** Results in this domain are mixed, with health worker satisfaction in the red zone and the indicator of salary payments current in the green zone. All interviewed health workers in 2006 reported that their salary payments were current.

**Domain C: Capacity for Service Provision.** Farah demonstrates mixed results in capacity for service provision. Six indicators are in the green zone, three are in the yellow zone and three are in the red zone. Increases are observed in drug and family planning supply availability, staffing levels and TB registers, while decreases are observed in equipment functionality, provider knowledge, staff training, HMIS use, clinical guidelines and infrastructure.

**Domain D: Service Provision.** Results in the service provision domain are also mixed, with only one indicator in the green zone, two indicators in the yellow zone and four indicators in the red zone. In line with BPHS requirements, all sampled facilities are providing antenatal care on a routine basis. In contrast, no sampled facilities met the BPHS requirement for provision of delivery care, representing a large gap in performance that requires priority attention.

**Domain E: Financial Systems.** Results in the financial systems domain are mixed, with the indicator of user fee guidelines in the red zone (after being in the green zone in 2005) and the indicator of exemptions for poor patients in the green zone. In 2006, all sampled facilities that were charging user fees were found to have exemptions for poor patients in place.

**Domain F: Overall Vision.** In 2006, it was found that only 43.5% of new outpatients in the province are female. This represents a large decrease from 2005, when Farah was in the green zone. The concentration indices show that the non-poor are more likely to utilize outpatient services than the poor, while the poor report slightly higher levels of satisfaction with the services they receive, compared to the non-poor.

**Overall Performance.** According to the measures on the BSC, Farah's performance decreased between 2005 and 2006, as measured both by the percentage of benchmarks achieved and the mean score across the 29 indicators on the BSC. The mean score was 53.5 in 2004, 60.0 in 2005 and 51.8 in 2006. Farah has numerous indicators with low levels of performance that require priority attention—these include shura-e-sehie activities, health worker satisfaction, equipment functionality, HMIS use, clinical guidelines, infrastructure, patient counseling, proper sharps disposal, average new outpatient visits, time spent with patients, provision of delivery care and user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Faryab		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	69.5	90.7	79.8
2	Patient Perception of Quality Index	66.2	83.9	54.2	78.0	81.3
3	Written Shura-e-sehie activities in community	18.1	66.5	32.5	42.8	59.8
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	52.6	68.7	68.2
5	Salary payments current	52.4	92.0	22.4	87.6	78.9
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	68.0	72.4	77.6
7	Drug Availability Index	53.3	81.8	42.0	86.2	67.4
8	Family Planning Availability Index	43.4	80.3	69.8	64.0	90.6
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	6.8	30.6	43.2
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	10.1	32.2	41.4
11	Provider Knowledge Score	44.8	62.3	58.7	68.3	63.5
12	Staff received training in last year	30.1	56.3	52.3	82.7	71.9
13	HMIS Use Index	49.6	80.7	73.2	78.3	62.0
14	Clinical Guidelines Index	22.5	51.0	34.5	51.7	60.5
15	Infrastructure Index	49.3	63.2	42.6	38.2	44.3
16	Patient Record Index	56.1	92.5	74.4	92.3	95.2
17	Facilities having TB register	8.3	26.6	10.7	19.4	36.8
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	76.1	78.5	83.4
19	Patient Counseling Index	23.3	48.9	37.0	47.4	46.2
20	Proper sharps disposal	34.1	85.0	34.0	83.0	16.3
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	25.0	0.0	21.4
22	Time spent with patient (> 9 minutes)	3.5	31.2	5.2	44.6	12.8
23	BPHS facilities providing antenatal care	28.9	82.8	72.6	53.7	79.3
24	Delivery care according to BPHS	10.5	39.3	32.7	21.0	41.4
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	94.4	88.2	30.0
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	55.3	57.6	67.9
28	Outpatient visit concentration index	48.0	52.7	58.5	56.0	53.5
29	Patient satisfaction concentration index	49.0	50.9	51.1	50.7	49.2
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	10.3	27.6	41.4
31	Lower Benchmarks Achieved	75.9	89.7	79.3	93.1	89.7
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	48.8	60.9	59.4

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Faryab**

**Domain A: Patients and Community.** Faryab demonstrates a middle level performance in the three indicators in this domain. Overall patient satisfaction decreased between 2005 and 2006, but is still in the yellow zone. The score for the index of patient perceptions of quality has increased substantially since 2004, when it was in the red zone. The indicator of shura-e-sehie activities has increased across each of the three rounds, to a high of 59.8% in 2006.

**Domain B: Staff Results.** After increasing substantially between 2004 and 2005, health worker satisfaction maintained its green status between 2005 and 2006. Faryab's score for the indicator of salary payments current decreased between 2005 and 2006, but the 2006 score remains considerably higher than the 2004 score for this indicator, which was in the red zone at 22.4%.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Faryab is in the green zone for seven indicators, the yellow zone for four indicators and the red zone for one indicator. Increases between 2005 and 2006 are observed for family planning supply availability, laboratory functionality, clinical guidelines and TB registers. Decreases are observed for drug availability, staff training and HMIS use.

**Domain D: Service Provision.** In service provision, Faryab is in the green zone for one indicator (provision of delivery care), the red zone for one indicator (proper sharps disposal) and the yellow zone for five indicators. A large decrease is seen in the indicator of sharps disposal (from 83.0 to 2005 to 16.3 in 2006), while increases are seen in average new outpatient visits and provision of antenatal and delivery care.

**Domain E: Financial Systems.** This domain shows mixed results, with user fee guidelines in the red zone (at only 30% in 2006, after being at 88.2% in 2005) and exemptions for poor patients in the green zone. The score for exemptions for poor patients has been 100% across all three rounds.

**Domain F: Overall Vision.** This domain shows that health service delivery in Faryab is both pro-female (67.9% of new outpatient visits were made by females in 2006) and pro-poor (the poor were more likely to utilize outpatient services than the non-poor). The final indicator shows that the non-poor report slightly higher levels of satisfaction with the services they receive than the poor.

**Overall Performance.** Overall, according to the indicators on the BSC, the performance of Faryab is higher in 2006 compared to 2004, but approximately the same compared to 2005. Faryab has met an increasing number of upper benchmarks each year, but the percentage of lower benchmarks achieved decreased slightly between 2005 and 2006. The overall mean score across the 29 indicators was 48.8 in 2004, 60.9 in 2005 and 59.4 in 2006. Areas of concern with low levels of performance in 2006 include staffing levels, facility infrastructure, proper sharps disposal, average new outpatient visits, time spent with patients and user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Ghazni		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	85.0	85.8	79.4
2	Patient Perception of Quality Index	66.2	83.9	79.9	75.1	77.0
3	Written Shura-e-sehie activities in community	18.1	66.5	53.8	74.8	54.1
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	73.0	63.8	65.9
5	Salary payments current	52.4	92.0	83.0	89.8	79.8
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	65.1	74.9	72.7
7	Drug Availability Index	53.3	81.8	80.7	84.9	87.0
8	Family Planning Availability Index	43.4	80.3	56.8	76.7	77.6
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	22.2	43.8	36.7
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	5.8	57.5	55.3
11	Provider Knowledge Score	44.8	62.3	63.0	71.2	71.6
12	Staff received training in last year	30.1	56.3	12.1	64.7	62.9
13	HMIS Use Index	49.6	80.7	82.5	71.6	85.8
14	Clinical Guidelines Index	22.5	51.0	38.3	52.1	59.7
15	Infrastructure Index	49.3	63.2	68.9	58.0	67.4
16	Patient Record Index	56.1	92.5	98.0	60.6	74.5
17	Facilities having TB register	8.3	26.6	15.8	18.4	29.5
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	86.2	90.0	86.0
19	Patient Counseling Index	23.3	48.9	40.0	36.3	37.0
20	Proper sharps disposal	34.1	85.0	94.2	63.8	66.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	85.7	46.2	53.8
22	Time spent with patient (> 9 minutes)	3.5	31.2	1.8	5.0	1.9
23	BPHS facilities providing antenatal care	28.9	82.8	68.0	79.1	57.5
24	Delivery care according to BPHS	10.5	39.3	39.0	20.9	21.0
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	80.3	85.4	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	93.4	87.4	89.8
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	58.3	55.2	53.2
28	Outpatient visit concentration index	48.0	52.7	50.5	47.6	50.4
29	Patient satisfaction concentration index	49.0	50.9	50.0	50.2	50.0
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	27.6	27.6	37.9
31	Lower Benchmarks Achieved	75.9	89.7	89.7	96.6	96.6
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	59.7	61.7	62.2

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Ghazni**

**Domain A: Patients and Community.** All three indicators in this domain reflect a middle level of performance, as indicated by the yellow color. Though there is little change in the scores in the first two indicators, a large decrease is seen in the percentage of facilities with written records of shura-e-sehie activities. The score for this indicator fell from the green zone to the yellow zone between 2005 and 2006.

**Domain B: Staff Results.** The scores for both the indicators in this domain are in the yellow zone and are slightly lower than they were in 2004. Health worker satisfaction was in the green zone in 2004, but has been in the yellow zone in 2005 and 2006.

**Domain C: Capacity for Service Provision.** Ghazni has achieved high scores in capacity for service provision, with three indicators in the yellow zone and the rest in the green zone. Only equipment functionality, family planning supply availability and patient record keeping are below the upper benchmark. Since 2004, large gains have been achieved in family planning supply availability, laboratory functionality, meeting minimum staffing guidelines, staff training, and clinical guidelines. In spite of these gains, the absolute level of performance for laboratory functionality and TB registers remains low.

**Domain D: Service Provision.** In service provision, Ghazni has mixed results for 2006. The increases observed in the previous domain are not matched by an increase in this domain. Ghazni is in the green zone for only one indicator, the patient history and physical exam index, and decreases in performance are seen for time spent with patients, which is in the red zone, and provision of antenatal care.

**Domain E: Financial Systems.** The two indicators of financial systems reflect mixed levels of performance. In 2006, all sampled facilities that were charging user fees had user fee guidelines in place, but only 90% had exemptions for poor patients in place—as a result, Ghazni fell to the yellow zone for this indicator.

**Domain F: Overall Vision.** In Ghazni, the relative proportion of females as new outpatients has dropped across each of the three rounds, but the number of new outpatient visits made by females continues to be higher than the number made by males. The two concentration indices show that the poor and non-poor are approximately equally likely to utilize outpatient services and they report similar levels of satisfaction with services received.

**Overall Performance.** Between 2004 and 2006, Ghazni has met an increasing number of upper and lower benchmarks. In 2006, Ghazni met the upper benchmark for 37.9% of indicators and the lower benchmark for every indicator except one. Ghazni's overall mean score across the 29 indicators on the BSC has increased from 59.7 in 2004 to 61.7 in 2005 and 62.2 in 2006. Areas of concern for Ghazni include laboratory functionality, TB registers, patient counseling, time spent with patients and provision of delivery care remains low.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Ghor		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	64.1	80.2	87.7
2	Patient Perception of Quality Index	66.2	83.9	66.7	72.7	84.3
3	Written Shura-e-sehie activities in community	18.1	66.5	18.7	43.6	47.5
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	56.1	56.4	67.7
5	Salary payments current	52.4	92.0	38.4	42.0	90.6
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	59.0	61.2	75.4
7	Drug Availability Index	53.3	81.8	73.2	89.0	91.4
8	Family Planning Availability Index	43.4	80.3	51.2	82.8	77.1
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	0.8	25.0	33.8
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	0.0	44.6	42.1
11	Provider Knowledge Score	44.8	62.3	41.6	69.3	66.0
12	Staff received training in last year	30.1	56.3	36.4	59.4	60.4
13	HMIS Use Index	49.6	80.7	81.0	68.2	46.8
14	Clinical Guidelines Index	22.5	51.0	19.6	53.2	62.5
15	Infrastructure Index	49.3	63.2	49.3	55.5	59.3
16	Patient Record Index	56.1	92.5	70.0	88.4	78.3
17	Facilities having TB register	8.3	26.6	8.3	27.9	28.8
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	69.1	74.2	86.0
19	Patient Counseling Index	23.3	48.9	48.9	35.7	42.8
20	Proper sharps disposal	34.1	85.0	81.3	89.1	20.3
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	20.0	77.8
22	Time spent with patient (> 9 minutes)	3.5	31.2	6.7	28.2	18.4
23	BPHS facilities providing antenatal care	28.9	82.8	25.3	83.9	67.8
24	Delivery care according to BPHS	10.5	39.3	19.6	27.5	21.8
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	28.6	81.2	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	88.6	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	48.1	47.0	52.2
28	Outpatient visit concentration index	48.0	52.7	46.2	41.1	46.0
29	Patient satisfaction concentration index	49.0	50.9	49.3	49.0	50.3
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	6.9	31.0	37.9
31	Lower Benchmarks Achieved	75.9	89.7	58.6	89.7	89.7
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	43.0	58.5	61.5

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## Ghor

**Domain A: Patients and Community.** All three indicators in this domain have increased with each successive round. Overall patient satisfaction was in the red zone in 2004 and is approaching the green zone with a score of 87.7 in 2006. The index of patient perceptions of quality has moved from the yellow zone to the green zone. Written shura-e-sehie activities has remained in the yellow zone over this time period, but the scores in 2005 and 2006 are considerably higher than in 2004.

**Domain B: Staff Results.** This domain reflects a middle level of performance, as indicated by the yellow color. Like the previous domain, both indicators in this domain have increased with each year of the BSC. In 2006, over 90% of staff reported that their salary payments were current.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Ghor is in the green zone for six indicators, the yellow zone for five indicators and the red zone for one indicator, HMIS use. Between 2005 and 2006, increases were observed in equipment functionality, laboratory functionality and clinical guidelines. Decreases are seen in family planning supply availability, HMIS use and patient records.

**Domain D: Service Provision.** Results for service provision are mixed, with two indicators in the green zone (patient history and physical exams and average new outpatient visits), four indicators in the yellow zone and one indicator in the red zone (proper sharps disposal). A large decrease is observed in sharps disposal, which fell from the green zone in 2005 to the red zone in 2006. Provision of delivery care remains low at 21.8—little progress has been made in this area over time.

**Domain E: Financial Systems.** Ghor's level of performance in the area of financial systems is excellent. In 2006, it was observed that all the surveyed facilities that were charging user fees had both user fee guidelines and exemption mechanisms in place for poor patients.

**Domain F: Overall Vision.** In the 2004 and 2005 rounds, Ghor was one of the few provinces to see more males as new outpatients than females. In 2006, female new outpatients outnumbered male new outpatients. The outpatient visit concentration index shows that the poor are less likely to utilize BPHS services in Ghor compared to the non-poor. The score for this indicator is in the red zone. The final indicator in this domain shows that the poor and the non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** Over time, Ghor has achieved an increasing percentage of upper and lower benchmarks and its mean score across the 29 indicators has increased from a low baseline level of 43.0 in 2004. Areas of concern for Ghor include laboratory functionality, HMIS use, TB registers, proper sharps disposal, provision of delivery care and the equitable use of outpatient services (the poor are less likely to utilize outpatient services than the non-poor).

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Herat		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	63.6	87.9	84.7
2	Patient Perception of Quality Index	66.2	83.9	73.6	72.8	75.8
3	Written Shura-e-sehie activities in community	18.1	66.5	27.5	52.7	64.1
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	65.1	63.9	65.1
5	Salary payments current	52.4	92.0	87.2	92.4	74.7
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	65.7	54.2	68.6
7	Drug Availability Index	53.3	81.8	71.1	57.1	72.1
8	Family Planning Availability Index	43.4	80.3	62.8	78.5	86.4
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	18.3	31.8	39.0
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	43.2	48.5	58.8
11	Provider Knowledge Score	44.8	62.3	59.9	62.2	61.7
12	Staff received training in last year	30.1	56.3	39.0	56.8	68.0
13	HMIS Use Index	49.6	80.7	42.9	54.4	60.5
14	Clinical Guidelines Index	22.5	51.0	34.7	36.1	45.3
15	Infrastructure Index	49.3	63.2	55.0	44.3	45.6
16	Patient Record Index	56.1	92.5	86.9	67.9	74.4
17	Facilities having TB register	8.3	26.6	35.8	27.6	17.4
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	74.5	83.2	63.0
19	Patient Counseling Index	23.3	48.9	45.7	34.4	23.7
20	Proper sharps disposal	34.1	85.0	42.5	18.7	35.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	57.1	21.4	56.3
22	Time spent with patient (> 9 minutes)	3.5	31.2	21.1	1.3	6.6
23	BPHS facilities providing antenatal care	28.9	82.8	73.6	83.3	84.7
24	Delivery care according to BPHS	10.5	39.3	26.2	16.7	51.2
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	62.6	61.3
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	91.3	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	60.4	59.4	62.6
28	Outpatient visit concentration index	48.0	52.7	51.8	57.3	54.3
29	Patient satisfaction concentration index	49.0	50.9	48.3	49.9	50.4
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	17.2	20.7	31.0
31	Lower Benchmarks Achieved	75.9	89.7	93.1	82.8	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	56.3	54.1	59.0

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Herat**

**Domain A: Patients and Community.** This domain reflects a middle level of performance for all three indicators, as indicated by the yellow color. Overall patient satisfaction has increased from 63.6 in 2004 to 84.7 in 2006, with the score moving from the red zone to the yellow zone. An increase from 27.5 to 64.1 is observed in the score for written shura-eshie activities over the same period.

**Domain B: Staff Results.** Both indicators in this domain are in the yellow zone. The score for health worker satisfaction has remained relatively stable, with scores in the mid-60s across all three rounds. The percentage of sampled health workers reporting that their salary payments are current decreased from 92.4 in 2005 to 74.7 in 2006, moving this indicator from the green zone to the yellow zone.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Herat is in the green zone for four indicators, the yellow zone for seven indicators and the red zone for one indicator (infrastructure). Increases are observed in equipment functionality, availability of drugs and family planning supplies, staffing levels, staff training, HMIS use, clinical guidelines and patient records. A decrease is observed in TB registers, which fell from the green zone in 2004 and 2005 to the yellow zone in 2006.

**Domain D: Service Provision.** In service provision, Herat has made progress between 2005 and 2006. The number of indicators in the red zone decreased from two to zero over this time period and the number of indicators in the green zone increased from one to two. The indicators of provision of antenatal and delivery care are in the green zone in 2006. Proper sharps disposal and time spent with patients have both improved from the red zone to the yellow zone between 2005 and 2006, and an increase is observed in average new outpatient visits, though this indicator remains in the yellow zone. Decreases are observed in patient history and physical exams and patient counseling.

**Domain E: Financial Systems.** Herat demonstrates a mixed level of performance in financial systems. Among sampled facilities charging user fees, only 61.3% were observed to have user fee guidelines in place, while 100% were observed to have exemption mechanisms for poor patients in place.

**Domain F: Overall Vision.** In line with MOPH's vision, health service delivery in Herat was observed to be both pro-female (62.6% of new outpatients were female) and pro-poor (the number of new outpatient visits made by the poor exceeded the number made by the non-poor) in 2006. The patient satisfaction concentration index shows that the poor report slightly higher levels of satisfaction with the services they receive than the non-poor.

**Overall Performance.** The results from the above domains, along with the two composite measures, show that Herat has made progress in implementation of the BPHS. The percentage of upper benchmarks achieved increased from 17.2 in 2004 to 31.0 in 2006. The percentage of lower benchmarks achieved in 2006 is the same as in 2004 but higher than in 2005. Areas of concern for Herat include facility infrastructure, monitoring of TB treatment, patient counseling, proper sharps disposal, time spent with patients and user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Jawzjan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	64.8	92.5	89.3
2	Patient Perception of Quality Index	66.2	83.9	61.3	89.3	88.8
3	Written Shura-e-sehie activities in community	18.1	66.5	27.3	56.4	64.1
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	54.8	65.6	72.1
5	Salary payments current	52.4	92.0	78.2	63.4	96.1
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	61.3	67.6	59.8
7	Drug Availability Index	53.3	81.8	65.3	83.7	67.6
8	Family Planning Availability Index	43.4	80.3	60.8	55.2	66.1
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	0.9	8.3	29.8
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	34.9	57.4	73.3
11	Provider Knowledge Score	44.8	62.3	58.8	59.9	60.2
12	Staff received training in last year	30.1	56.3	55.8	75.4	31.9
13	HMIS Use Index	49.6	80.7	53.4	52.8	52.1
14	Clinical Guidelines Index	22.5	51.0	22.3	57.6	37.4
15	Infrastructure Index	49.3	63.2	47.8	65.4	45.5
16	Patient Record Index	56.1	92.5	62.9	63.2	75.8
17	Facilities having TB register	8.3	26.6	8.7	3.4	34.3
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	83.5	72.9	85.1
19	Patient Counseling Index	23.3	48.9	45.1	37.4	39.9
20	Proper sharps disposal	34.1	85.0	36.6	34.5	14.9
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	20.0	28.6	30.8
22	Time spent with patient (> 9 minutes)	3.5	31.2	2.4	1.5	2.3
23	BPHS facilities providing antenatal care	28.9	82.8	77.1	89.7	82.0
24	Delivery care according to BPHS	10.5	39.3	17.5	37.9	28.8
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	57.1	100.0	83.4
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	56.7	61.6	59.8
28	Outpatient visit concentration index	48.0	52.7	49.8	49.5	49.7
29	Patient satisfaction concentration index	49.0	50.9	50.9	50.1	51.2
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	10.3	37.9	31.0
31	Lower Benchmarks Achieved	75.9	89.7	72.4	93.1	86.2
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	48.8	58.0	57.7

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## Jawzjan

**Domain A: Patients and Community.** The first two indicators in this domain show substantial progress over 2004 levels but slight decreases compared to 2005 levels. Both indicators were in the red zone in 2004—while overall patient satisfaction and patient perceptions of quality are both in the yellow zone in 2006. The score for written records of shura-e-sehie activities has increased with each round, from a low of 27.3 in 2004 to 64.1 in 2006.

**Domain B: Staff Results.** The two indicators in this domain reflect a high level of performance, with scores for both indicators in the green zone; this represents an improvement compared to 2005, when both were in the yellow zone. In 2006, 96.1% of health workers reported that their salary payments were current.

**Domain C: Capacity for Service Provision.** Results in this domain are mixed and, on the whole, lower in 2006 compared to 2005. Decreases are seen in equipment functionality (which fell from yellow to red), drug availability, staff training (green to yellow), clinical guidelines (green to yellow) and infrastructure (green to red). In contrast, gains are seen in family planning supply availability, laboratory functionality (though the score remains low in absolute terms), staffing levels, patient records and monitoring of TB treatment (for which the score also remains low in spite of the gains).

**Domain D: Service Provision.** In the area of service provision, Jawzjan also has mixed results, with one indicator in the green zone (patient history and physical exams), two indicators in the red zone (proper sharps disposal, which decreased from 34.5% to 14.9%, and time spent with patients). The remaining indicators are in the yellow zone. The scores for patient counseling, average new outpatient visits and provision of delivery care, while in the yellow zone, are at low levels.

**Domain E: Financial Systems.** Among sampled facilities that were charging user fees in 2006, 83.4% were observed to have user fee guidelines in place (down from 100% in 2005) and 100% were observed to have exemption mechanisms for poor patients in place.

**Domain F: Overall Vision.** More females than males attended health facilities as new outpatients in 2006 (59.8% female, placing Jawzjan in the green zone for the second year in a row). The poor were slightly less likely than the non-poor to utilize outpatient services, but the poor reported slightly higher levels of satisfaction with the services they received than the non-poor.

**Overall Performance.** After demonstrating an increase in performance between 2004 and 2005 (as seen by the increase in the percentage of upper and lower benchmarks achieved and the increase in the mean score across the 29 indicators on the BSC), there is no observed increase in Jawzjan's overall performance between 2005 and 2006, as measured by the BSC. Jawzjan met the upper and lower benchmarks for fewer indicators in 2006 than in 2005 and its mean score across the 29 indicators on the BSC was approximately the same in 2006 as it was in 2005. Areas of concern for Jawzjan include equipment functionality, laboratory functionality, staff training, HMIS use, clinical guidelines, facility infrastructure, patient counseling, disposal of sharps, average new outpatient visits, time spent with patients, and provision of delivery care.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Kabul		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	84.8	75.6	94.8
2	Patient Perception of Quality Index	66.2	83.9	86.9	72.8	86.5
3	Written Shura-e-sehie activities in community	18.1	66.5	33.3	80.1	59.8
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	68.8	66.1	78.4
5	Salary payments current	52.4	92.0	52.4	91.4	94.8
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	75.6	80.8	80.8
7	Drug Availability Index	53.3	81.8	76.8	71.3	86.8
8	Family Planning Availability Index	43.4	80.3	65.4	76.7	89.4
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	30.4	44.1	43.7
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	54.0	79.7	85.3
11	Provider Knowledge Score	44.8	62.3	59.1	73.8	78.5
12	Staff received training in last year	30.1	56.3	36.6	76.5	68.0
13	HMIS Use Index	49.6	80.7	80.7	63.6	62.8
14	Clinical Guidelines Index	22.5	51.0	38.4	64.9	60.7
15	Infrastructure Index	49.3	63.2	56.5	55.1	53.4
16	Patient Record Index	56.1	92.5	59.5	79.2	71.3
17	Facilities having TB register	8.3	26.6	10.7	7.8	38.0
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	70.6	79.7	92.4
19	Patient Counseling Index	23.3	48.9	37.5	52.0	64.8
20	Proper sharps disposal	34.1	85.0	54.4	59.7	66.1
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	11.1	90.9	69.2
22	Time spent with patient (> 9 minutes)	3.5	31.2	31.2	19.0	25.1
23	BPHS facilities providing antenatal care	28.9	82.8	80.2	87.9	85.0
24	Delivery care according to BPHS	10.5	39.3	27.9	27.3	30.6
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	91.3	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	64.0	47.5	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	62.6	64.7	61.8
28	Outpatient visit concentration index	48.0	52.7	51.9	50.6	50.0
29	Patient satisfaction concentration index	49.0	50.9	49.9	50.9	50.6
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	24.1	34.5	65.5
31	Lower Benchmarks Achieved	75.9	89.7	96.6	93.1	100.0
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	55.6	64.9	70.0

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Kabul**

**Domain A: Patients and Community.** Overall patient satisfaction and patient perceptions of quality are in the green zone in 2006. In contrast, the indicator for written records of shura-e-sehie activities shows a decline from 80.1 in 2005 to 59.8 in 2006.

**Domain B: Staff Results.** Kabul demonstrates a high level of performance in this domain, with both indicators improving from the yellow zone to the green zone between 2005 and 2006. Health workers report relatively high levels of satisfaction and almost 95% of health workers reported that their salary payments were current in 2006.

**Domain C: Capacity for Service Provision.** In capacity for service provision, four indicators are in the yellow zone and the remaining eight indicators are all in the green zone. The indicators in the yellow zone include equipment functionality, staff training, facility infrastructure and patient records. Two indicators in the green zone (laboratory functionality and TB registers) have considerable room for improvement in spite of the increases achieved. TB registers increased from 7.8 in 2005 (red zone) to 38.0 in 2006 (green zone).

**Domain D: Service Provision.** In service provision, four indicators are in the green zone and three are in the yellow zone. The only indicator to move from one zone to another between 2005 and 2006 is the patient history and physical exam index, which moved from yellow to green. The three indicators in the yellow zone—proper sharps disposal, time spent with patients and provision of delivery care—require further improvements.

**Domain E: Financial Systems.** Kabul's level of performance in the area of financial systems is excellent. In 2006, all surveyed facilities that charge user fees were observed to have both user fee guidelines and exemptions for poor patients in place.

**Domain F: Overall Vision.** The percentage of females as new outpatients was observed to be 61.8% in 2006, placing Kabul in the green zone for this indicator for the third year in a row. The outpatient visit concentration index shows that the poor and non-poor are equally likely to utilize outpatient services in Kabul, while the patient satisfaction concentration index shows that the poor report slightly higher levels of satisfaction with the services they receive than the non-poor.

**Overall Performance.** As measured by the BSC, Kabul's overall performance in 2006 was high. Kabul met the upper benchmark for 65.5% of indicators and the lower benchmark for all indicators. Kabul's mean score across the 29 indicators on the BSC has increased from 55.6 in 2004 to 64.9 in 2005 and 70.0 in 2006. Areas of concern for Kabul include shura-e-sehie activities, equipment functionality, HMIS use, facility infrastructure, TB registers, laboratory functionality, sharps disposal, time spent with patients and provision of delivery care.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Kapisa		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	95.7	92.4	99.6
2	Patient Perception of Quality Index	66.2	83.9	83.2	80.7	86.6
3	Written Shura-e-sehie activities in community	18.1	66.5	84.7	74.2	91.9
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	65.8	68.5	73.2
5	Salary payments current	52.4	92.0	49.0	76.7	57.4
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	48.8	71.3	85.4
7	Drug Availability Index	53.3	81.8	30.8	65.4	78.4
8	Family Planning Availability Index	43.4	80.3	84.3	51.3	92.6
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	12.6	27.5	50.1
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	50.7	58.5	67.8
11	Provider Knowledge Score	44.8	62.3	71.1	78.8	90.7
12	Staff received training in last year	30.1	56.3	30.1	87.8	83.0
13	HMIS Use Index	49.6	80.7	88.6	71.2	98.6
14	Clinical Guidelines Index	22.5	51.0	22.5	35.6	72.4
15	Infrastructure Index	49.3	63.2	57.5	47.9	46.6
16	Patient Record Index	56.1	92.5	52.9	61.8	72.1
17	Facilities having TB register	8.3	26.6	12.6	3.7	43.0
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	79.9	88.3	91.1
19	Patient Counseling Index	23.3	48.9	29.6	56.8	66.9
20	Proper sharps disposal	34.1	85.0	82.5	35.8	83.7
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	55.6	75.0	60.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	21.3	12.1	61.9
23	BPHS facilities providing antenatal care	28.9	82.8	22.4	73.1	91.9
24	Delivery care according to BPHS	10.5	39.3	17.5	36.6	51.5
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	91.7	100.0	79.6
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	49.0	57.2	61.8
28	Outpatient visit concentration index	48.0	52.7	49.9	50.8	50.7
29	Patient satisfaction concentration index	49.0	50.9	50.0	49.8	50.0
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	20.7	37.9	69.0
31	Lower Benchmarks Achieved	75.9	89.7	82.8	93.1	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	54.8	61.7	73.7

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Kapisa**

**Domain A: Patients and Community.** Kapisa's scores for all three indicators in 2006 reflect a high level of performance, as indicated by the green color. Kapisa's scores for these indicators have been relatively high across all three rounds of the BSC conducted thus far.

**Domain B: Staff Results.** Health worker satisfaction is in the green zone for 2005 and 2006, while salary payments current has varied across the three rounds. The percentage of sampled health workers reporting that their salary payments were current increased from 49.0 to 76.7 between 2004 and 2005, but fell back down to 57.4 in 2006.

**Domain C: Capacity for Service Provision.** Kapisa achieved large increases in capacity for service provision between 2005 and 2006. All but two indicators increased between 2005 and 2006. Staff training decreased from 87.8 to 83.0, but has remained in the green zone. Increases are seen in the remaining indicators, including family planning supply availability, laboratory functionality, HMIS use, clinical guidelines and TB registers. However, the infrastructure index decreased slightly, and is in the red zone for the second year in a row, indicating an area in need of priority attention.

**Domain D: Service Provision.** Kapisa has also achieved large gains in the service provision domain. All but one indicator is in the green zone, and this indicator (proper sharps disposal) increased from 35.8 in 2005 to 83.7 in 2006. Despite this good performance, health care managers in Kapisa should pay special attention to new outpatient visits. Although this indicator remains in the green zone, the percentage of BHCs seeing more than 750 new outpatients per month decreased from 75.0 in 2005 to 60.0 in 2006.

**Domain E: Financial Systems.** Kapisa's level of performance in the area of financial systems in 2006 is mixed. In 2005, all sampled facilities that were charging user fees were observed to have both user fee guidelines and exemptions for poor patients in place. In 2006, the score for user fee guidelines decreased from 100% to 79.6%, falling from the green zone to the red zone. In all three rounds, all facilities charging user fees were found to have exemptions in place for poor patients.

**Domain F: Overall Vision.** In the 2004 baseline round, facilities in Kapisa were seeing more males as new outpatients than females. In each subsequent round, female new outpatients have outnumbered male new outpatients. In 2006, 61.8% of new outpatients were female, placing Kapisa in the green zone for this indicator. The concentration indices show that the poor are slightly more likely to utilize new outpatient services than the non-poor and that the poor and the non-poor report equal levels of satisfaction with the services they receive.

**Overall Performance.** Overall, Kapisa has demonstrated a high level of performance, as measured by the BSC. Kapisa met 69% of upper benchmarks in 2006 and 93.1% of lower benchmarks. Kapisa's mean score across the 29 indicators on the BSC has increased from 54.8 in 2004 to 61.7 in 2005 and 73.7 in 2006. Areas of concern for Kapisa include salary payments current, drug availability, facility infrastructure, patient records and presence of user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Khost		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	62.4	65.9	90.4
2	Patient Perception of Quality Index	66.2	83.9	59.9	58.0	77.9
3	Written Shura-e-sehie activities in community	18.1	66.5	68.2	51.3	24.2
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	49.7	55.2	61.6
5	Salary payments current	52.4	92.0	47.7	62.3	75.6
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	65.5	55.9	59.1
7	Drug Availability Index	53.3	81.8	67.7	92.4	88.6
8	Family Planning Availability Index	43.4	80.3	27.6	46.0	54.7
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	20.7	30.9	19.1
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	0.0	29.3	32.7
11	Provider Knowledge Score	44.8	62.3	48.5	70.5	72.3
12	Staff received training in last year	30.1	56.3	42.6	85.5	18.5
13	HMIS Use Index	49.6	80.7	79.0	43.9	100.0
14	Clinical Guidelines Index	22.5	51.0	25.3	43.5	52.7
15	Infrastructure Index	49.3	63.2	59.7	38.9	36.6
16	Patient Record Index	56.1	92.5	66.8	53.2	66.9
17	Facilities having TB register	8.3	26.6	8.3	34.4	31.1
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	50.5	64.9	91.7
19	Patient Counseling Index	23.3	48.9	23.4	34.4	28.9
20	Proper sharps disposal	34.1	85.0	40.1	49.1	46.5
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	16.7	0.0	50.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	35.0	1.6	3.3
23	BPHS facilities providing antenatal care	28.9	82.8	28.2	29.5	13.8
24	Delivery care according to BPHS	10.5	39.3	8.7	0.0	0.0
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	88.7	94.2	96.5
26	Facilities with exemptions for poor patients	64.4	100.0	38.2	46.0	15.3
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	44.7	48.6	51.7
28	Outpatient visit concentration index	48.0	52.7	47.8	50.2	52.2
29	Patient satisfaction concentration index	49.0	50.9	49.9	49.6	49.1
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	6.9	13.8	20.7
31	Lower Benchmarks Achieved	75.9	89.7	55.2	62.1	75.9
<b>Mean scores across indicators 1 through 29</b>						
		48.8	56.5	43.8	47.8	50.4

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Khost**

**Domain A: Patients and Community.** Khost's scores in this domain reflect a middle level of performance, as indicated by the yellow color. Between 2005 and 2006, overall patient satisfaction increased from 65.9 to 90.4 and patient perceptions of quality increased from 58.0 to 77.9. Both indicators moved from the red zone to the yellow zone over this time period. In contrast to these positive increases, the third indicator, written records of shura-e-sehie activities, decreased from 51.3 to 24.2 between 2005 and 2006.

**Domain B: Staff Results.** While the two indicators in this domain are in the yellow zone, a positive trend has been observed for this domain. Scores for both indicators have increased across each of the three rounds of the BSC conducted so far, moving from red to yellow.

**Domain C: Capacity for Service Provision.** Khost has mixed results in capacity for service provision. In 2006, five indicators are in the green zone, three indicators are in the red zone and four indicators are in the yellow zone. Between 2005 and 2006, decreases are seen in laboratory functionality and staff training (which fell from the green zone to the red zone). On the other hand, increases are seen in family planning supply availability, HMIS use (which increased from the red zone to the green zone), clinical guidelines and patient records.

**Domain D: Service Provision.** Khost has relatively low scores in service provision, except for the patient history and physical examination index, which was in the green zone in 2006 with a score of 91.7. Among the remaining six indicators in this domain, half are in the yellow zone and half are in the green zone. Between 2005 and 2006, large increases are seen in the patient history and physical exam index and average new outpatients per month at BHCs. Khost's low scores in time spent with patients (3.3%), provision of antenatal care (13.8% in 2006) and delivery care (0% in 2005 and 2006) require priority attention.

**Domain E: Financial Systems.** Khost has mixed results in financial systems. On the positive side, 96.5% of facilities charging user fees in Khost have user fee guidelines in place. In contrast, only 15.3% of facilities charging user fees have exemptions for poor patients in place.

**Domain F: Overall Vision.** Khost has increased the proportion of new outpatients that are female across each of the three rounds of the BSC conducted so far, moving from the red zone in 2004 to the yellow zone in 2005 and 2006. Unlike 2004 and 2005, Khost saw more females than males as new outpatients in 2006. The two concentration indices show that the poor are more likely to utilize outpatient services than the non-poor, but the non-poor report slightly higher levels of satisfaction with services received than do the poor.

**Overall Performance.** The results from the above domains, along with the two composite measures, show that Khost has made some progress in implementation of the BPHS between 2004 and 2006, but a number of areas of concern require priority improvements. The percentage of upper benchmarks achieved has increased each year, but in 2006 Khost met the upper benchmark for only 20.7% of indicators and the lower benchmark for only 75.9% of indicators. Areas of concern for Khost include shura-e-sehie activities, equipment functionality, laboratory capacity, staff training, infrastructure, time spent with patients, provision of antenatal and delivery care and exemptions for poor patients.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Kunar		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	61.9	76.0	75.2
2	Patient Perception of Quality Index	66.2	83.9	64.0	69.0	73.7
3	Written Shura-e-sehie activities in community	18.1	66.5	66.5	79.4	100.0
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	59.7	61.7	66.9
5	Salary payments current	52.4	92.0	84.6	100.0	100.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	64.5	64.1	92.8
7	Drug Availability Index	53.3	81.8	65.5	68.0	87.3
8	Family Planning Availability Index	43.4	80.3	80.3	57.5	86.1
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	16.3	38.3	43.4
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	29.9	66.2	60.3
11	Provider Knowledge Score	44.8	62.3	59.0	71.4	69.3
12	Staff received training in last year	30.1	56.3	56.3	63.3	84.2
13	HMIS Use Index	49.6	80.7	64.9	43.3	97.1
14	Clinical Guidelines Index	22.5	51.0	43.4	45.4	76.9
15	Infrastructure Index	49.3	63.2	50.7	36.1	55.5
16	Patient Record Index	56.1	92.5	45.5	53.8	68.2
17	Facilities having TB register	8.3	26.6	14.0	41.5	82.5
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	43.3	56.8	73.5
19	Patient Counseling Index	23.3	48.9	25.3	17.7	25.5
20	Proper sharps disposal	34.1	85.0	49.6	8.0	58.7
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	28.6	50.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	15.1	1.5	9.2
23	BPHS facilities providing antenatal care	28.9	82.8	14.0	91.7	100.0
24	Delivery care according to BPHS	10.5	39.3	7.5	37.6	50.3
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	92.5	10.7	22.6
26	Facilities with exemptions for poor patients	64.4	100.0	77.6	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	46.5	52.8	54.5
28	Outpatient visit concentration index	48.0	52.7	48.8	57.4	59.3
29	Patient satisfaction concentration index	49.0	50.9	48.8	51.2	49.0
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	10.3	37.9	55.2
31	Lower Benchmarks Achieved	75.9	89.7	75.9	75.9	96.6
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	48.1	53.4	68.0

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Kunar**

**Domain A: Patients and Community.** In 2006, Kunar's scores for the first two indicators reflect a middle level of performance, while the third indicator reflects an excellent level of performance. Overall patient satisfaction and patient perceptions of quality are both in the yellow zone, while all sampled facilities had active shura-e-sehie with written records of activities conducted.

**Domain B: Staff Results.** The score for health worker satisfaction has shown a consistent increase across the three rounds of the BSC conducted so far—the 2006 score is approaching the upper benchmark. All sampled health workers reported that their salary payments were current in both 2005 and 2006.

**Domain C: Capacity for Service Provision.** Kunar has demonstrated a high level of performance in capacity for service provision, with all but two indicators in the green zone. These two indicators (facility infrastructure and patient records) moved from the red zone to the yellow zone between 2005 and 2006. Other indicators with large increases include equipment functionality, drug and family planning supply availability, staff training, HMIS use, clinical guidelines and TB registers.

**Domain D: Service Provision.** Kunar's gains in this domain have not been as large as those in the previous domain, but gains are still visible. Although only two out of seven indicators are in the green zone (the rest are in the yellow zone), the score for each indicator in this domain increased between 2005 and 2006.

**Domain E: Financial Systems.** Kunar's scores reflect mixed performance in financial systems in 2006. On the positive side, all sampled facilities that were charging user fees had exemptions for poor patients in place. In contrast, only 22.6% of sampled facilities that were charging user fees had user fee guidelines in place.

**Domain F: Overall Vision.** In the baseline round, it was found that only 46.5% of new outpatients were females, placing Kunar just above the lower benchmark for this indicator. In the 2006 round, 54.5% of new outpatients were female, indicating progress made in an important area. The concentration indices show that the poor are considerably more likely to utilize outpatient services than the non-poor (Kunar's score for this indicator placed it in the green zone in 2005 and 2006), yet the non-poor report a slightly higher level of satisfaction with the services they receive, compared to the poor.

**Overall Performance.** The results from the above domains, along with the two composite measures, show that whereas Kunar once ranked among the lower performing provinces of Afghanistan on the Balanced Scorecard, its performance has improved a great deal over time. In 2006, Kunar met the upper benchmark for 55.2% of indicators and the lower benchmark for 96.6% of indicators. Kunar's mean score across the 29 indicators has increased from 48.1 in 2004 to 53.4 in 2005 and 68.0 in 2006. Areas of concern for Kunar include patient counseling, time spent with patients, and user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Kunduz		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	81.6	86.7	85.7
2	Patient Perception of Quality Index	66.2	83.9	71.7	81.2	77.4
3	Written Shura-e-sehie activities in community	18.1	66.5	21.5	66.3	65.3
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	66.3	69.2	64.6
5	Salary payments current	52.4	92.0	66.3	93.8	49.6
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	76.1	62.0	82.2
7	Drug Availability Index	53.3	81.8	94.3	94.6	64.0
8	Family Planning Availability Index	43.4	80.3	82.1	61.6	73.8
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	24.2	33.6	41.8
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	39.3	76.4	89.6
11	Provider Knowledge Score	44.8	62.3	62.3	66.4	68.0
12	Staff received training in last year	30.1	56.3	49.5	88.3	76.6
13	HMIS Use Index	49.6	80.7	84.5	54.6	53.3
14	Clinical Guidelines Index	22.5	51.0	51.0	48.8	43.0
15	Infrastructure Index	49.3	63.2	58.1	48.9	55.0
16	Patient Record Index	56.1	92.5	80.4	50.1	47.6
17	Facilities having TB register	8.3	26.6	42.8	14.6	47.6
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	78.1	72.2	73.6
19	Patient Counseling Index	23.3	48.9	25.3	33.7	32.2
20	Proper sharps disposal	34.1	85.0	85.7	69.6	96.5
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	N/A	78.6	100.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	1.1	5.5	6.9
23	BPHS facilities providing antenatal care	28.9	82.8	67.9	56.2	82.5
24	Delivery care according to BPHS	10.5	39.3	0.0	9.0	43.7
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	85.7	96.6	64.4
26	Facilities with exemptions for poor patients	64.4	100.0	41.6	38.2	59.1
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	56.2	63.4	65.7
28	Outpatient visit concentration index	48.0	52.7	47.8	43.3	43.3
29	Patient satisfaction concentration index	49.0	50.9	49.5	49.9	49.3
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	25.0	31.0	31.0
31	Lower Benchmarks Achieved	75.9	89.7	85.7	82.8	82.8
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	56.8	59.1	62.1

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Kunduz**

**Domain A: Patients and Community.** Kunduz has demonstrated a middle level of performance in this domain, with scores for all three indicators remaining in the yellow zone across all three years. Overall patient satisfaction and patient perceptions of quality have remained relatively stable, with some increases over 2004 levels. The score for the indicator of written records of shura-e-sehie activities is considerably higher in 2005 and 2006 than it was in 2004.

**Domain B: Staff Results.** Scores in this domain reflect a decrease in performance between 2005 and 2006. Health worker satisfaction has fallen from the green zone to the yellow zone and the indicator of salary payments current has fallen from the green zone to the red zone.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Kunduz has five indicators in the green zone, six indicators in the yellow zone and one indicator in the red zone. Drug availability fell from the green zone to the yellow zone, while infrastructure increased from the red zone to the yellow zone and TB registers increased from the yellow zone to the green zone.

**Domain D: Service Provision.** In service provision, Kunduz has three indicators in the green zone and four indicators in the yellow zone. Increases are seen in proper sharps disposal (yellow zone to green zone), average new outpatient visits (all sampled BHCs saw more than 750 new outpatients per month) and provision of delivery care (red zone to green zone).

**Domain E: Financial Systems.** Kunduz demonstrates a low level of performance in financial systems, with both indicators in the red zone. Among facilities charging user fees, 64.4% had user fee guidelines in place and 59.1% had exemptions for poor patients in place.

**Domain F: Overall Vision.** Kunduz has increased the proportion of new outpatients that are female across each round. In the 2006 assessment, 65.7% of new outpatients were female. The outpatient visit concentration index is in the red zone, with the poor considerably less likely than the non-poor to utilize outpatient services. The non-poor reported slightly higher levels of satisfaction with the services they receive than the poor.

**Overall Performance.** Kunduz met an equal number of upper benchmarks in 2005 and 2006, and an equal number of lower benchmarks. Kunduz's mean score across the 29 indicators has increased from 56.8 in 2004 to 59.1 in 2005 and 62.1 in 2006. Areas of concern for Kunduz include salary payments current, patient record keeping, patient counseling, time spent with patients, user fee guidelines, exemptions for poor patients, and utilization levels of outpatient services among the poor, compared to the non-poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Laghman		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	79.9	71.8	74.9
2	Patient Perception of Quality Index	66.2	83.9	76.3	70.2	74.1
3	Written Shura-e-sehie activities in community	18.1	66.5	58.5	68.7	95.9
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	64.9	64.3	69.6
5	Salary payments current	52.4	92.0	70.3	93.5	80.8
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	71.9	74.1	79.7
7	Drug Availability Index	53.3	81.8	53.3	80.2	73.5
8	Family Planning Availability Index	43.4	80.3	61.4	75.3	89.6
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	36.0	52.5	44.3
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	3.9	81.3	81.6
11	Provider Knowledge Score	44.8	62.3	50.8	71.1	68.1
12	Staff received training in last year	30.1	56.3	25.2	80.9	77.6
13	HMIS Use Index	49.6	80.7	57.9	80.8	49.2
14	Clinical Guidelines Index	22.5	51.0	58.1	54.7	65.8
15	Infrastructure Index	49.3	63.2	55.8	44.3	61.8
16	Patient Record Index	56.1	92.5	71.4	77.4	83.0
17	Facilities having TB register	8.3	26.6	20.9	24.8	36.3
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	66.1	69.2	66.2
19	Patient Counseling Index	23.3	48.9	22.5	19.7	25.4
20	Proper sharps disposal	34.1	85.0	83.8	52.1	79.1
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	41.7	80.0	93.3
22	Time spent with patient (> 9 minutes)	3.5	31.2	21.2	9.9	3.9
23	BPHS facilities providing antenatal care	28.9	82.8	58.5	79.5	95.9
24	Delivery care according to BPHS	10.5	39.3	8.7	32.3	56.1
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	86.5	74.2	82.5
26	Facilities with exemptions for poor patients	64.4	100.0	91.3	69.2	95.6
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	60.0	57.4	60.2
28	Outpatient visit concentration index	48.0	52.7	48.0	42.3	44.4
29	Patient satisfaction concentration index	49.0	50.9	49.4	49.7	49.8
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	10.3	31.0	44.8
31	Lower Benchmarks Achieved	75.9	89.7	86.2	86.2	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	53.6	62.1	67.5

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Laghman**

**Domain A: Patients and Community.** Laghman's scores for this domain reflect a middle level of performance for overall patient satisfaction and patient perceptions of quality and a high level of performance for written records of shura-e-sehie activities. The latter, with a score of 95.9, is in the green zone, with large increases seen over the 2004 and 2005 scores.

**Domain B: Staff Results.** Health worker satisfaction, with a score of 69.6, is in the green zone, after being in the yellow zone in 2004 and 2005. Salary payments current fell from the green zone to the yellow zone between 2005 and 2006.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Laghman has seven indicators in the green zone, four indicators in the yellow zone and one indicator in the red zone. Increases are seen in family planning supply availability, clinical guidelines, infrastructure and TB registers. Decreases are seen in drug availability, laboratory functionality (though it remains in the green zone) and HMIS use (which fell from the green zone to the red zone).

**Domain D: Service Provision.** Improvements have been made in service provision between 2005 and 2006. The patient counseling index moved from the red zone to the yellow zone (though the level of performance remains low) and the indicators of provision of antenatal and delivery care moved from the yellow zone to the green zone. Although it remains in the yellow zone, a large increase was also achieved in proper sharps disposal.

**Domain E: Financial Systems.** Among facilities charging user fees in Laghman in 2006, 82.5% had written user fees guidelines and 95.6% had exemption mechanisms for poor patients in place. These two indicators are in the yellow zone for 2006.

**Domain F: Overall Vision.** The score for females as a percentage of new outpatients returned to the 2004 level after dropping from green to yellow between 2004 and 2005. In 2006, 60.2% of new outpatients were female. The outpatient visit concentration index shows that the poor are considerably less likely to utilize outpatient services compared to the non-poor—Laghman's score for this indicator is in the red zone. The poor and the non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** Laghman's performance, as measured by the BSC, has improved between 2004 and 2006. Over this time period, Laghman has met an increasing number of upper and lower benchmarks and its mean score across the 29 indicators has increased from 53.6 in 2004 to 62.1 in 2005 and 67.5 in 2006. Areas of concern for Laghman include HMIS use, patient counseling, time spent with patients and the relative level of utilization of outpatient services among the poor, compared to the non-poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Logar		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	95.1	83.4	98.8
2	Patient Perception of Quality Index	66.2	83.9	83.9	67.3	87.3
3	Written Shura-e-sehie activities in community	18.1	66.5	51.5	40.5	67.5
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	77.6	68.9	75.5
5	Salary payments current	52.4	92.0	38.6	87.1	90.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	63.0	61.5	75.3
7	Drug Availability Index	53.3	81.8	71.4	84.7	80.8
8	Family Planning Availability Index	43.4	80.3	61.2	58.4	89.7
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	16.3	31.0	53.6
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	52.4	67.8	55.4
11	Provider Knowledge Score	44.8	62.3	40.8	69.3	79.5
12	Staff received training in last year	30.1	56.3	31.3	60.2	86.7
13	HMIS Use Index	49.6	80.7	61.8	75.9	84.4
14	Clinical Guidelines Index	22.5	51.0	41.3	46.5	66.3
15	Infrastructure Index	49.3	63.2	57.6	45.1	56.2
16	Patient Record Index	56.1	92.5	56.1	79.7	72.2
17	Facilities having TB register	8.3	26.6	19.7	11.8	42.5
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	63.2	74.8	94.5
19	Patient Counseling Index	23.3	48.9	34.9	56.5	66.7
20	Proper sharps disposal	34.1	85.0	50.0	30.1	82.8
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	42.9	73.3	76.5
22	Time spent with patient (> 9 minutes)	3.5	31.2	7.9	12.7	29.4
23	BPHS facilities providing antenatal care	28.9	82.8	55.7	84.4	82.0
24	Delivery care according to BPHS	10.5	39.3	13.1	2.3	49.1
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	89.5	100.0	86.3
26	Facilities with exemptions for poor patients	64.4	100.0	72.7	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	64.3	59.4	60.6
28	Outpatient visit concentration index	48.0	52.7	52.1	50.9	47.4
29	Patient satisfaction concentration index	49.0	50.9	49.5	49.5	50.1
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	13.8	34.5	62.1
31	Lower Benchmarks Achieved	75.9	89.7	93.1	89.7	96.6
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	52.2	59.8	72.0

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## Logar

**Domain A: Patients and Community.** The scores for this domain reflect a high level of performance, with all three indicators in the green zone. All three indicators increased from the yellow zone in 2005 to the green zone in 2006.

**Domain B: Staff Results.** Health worker satisfaction has been in the green zone across all three rounds of the BSC conducted so far. In 2006, 90% of sampled health workers reported that their salary payments were current, compared to 38.6% in 2004.

**Domain C: Capacity for Service Provision.** Logar achieved high scores in capacity for service provision in 2006, with eight indicators in the green zone, four indicators in the yellow zone and no indicators in the red zone. The four indicators for which scores are below the upper benchmark include equipment functionality, drug availability, infrastructure and provision of antenatal care. Large gains were achieved in several indicators between 2005 and 2006, including family planning availability, laboratory functionality, staff training, clinical guidelines and TB registers.

**Domain D: Service Provision.** In service provision, Logar has made good progress, with more than half of the indicators in the green zone in 2006. Improvements between 2005 and 2006 are observed in patient history and physical exams, patient counseling, proper sharps disposal, time spent with patients and provision of delivery care. Provision of antenatal care fell slightly between 2005 and 2006, but this small decrease was enough to drop this indicator from the green zone to the yellow zone.

**Domain E: Financial Systems.** Logar demonstrated an excellent level of performance in financial systems in 2005, with all sampled facilities that were charging user fees having both user fee guidelines and exemptions for poor patients in place. This level of performance has been maintained for exemptions for poor patients, but the score for user fee guidelines decreased to 86.3% in 2005, dropping Logar to the yellow zone for this indicator.

**Domain F: Overall Vision.** In 2006, 60.4% of new outpatients were female, placing Logar in the green zone for this indicator. Logar is in the red zone for the outpatient visit concentration index, with the poor less likely to utilize outpatient services than the non-poor. The patient satisfaction concentration index shows that the poor and non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** The overall performance of health facilities in Logar, as measured by the BSC, has increased considerably between 2004 and 2006. In 2006, Logar met the upper benchmark for 62.1% of indicators and the lower benchmark for all but one indicator. Logar's overall mean score across the 29 indicators on the BSC has increased from 52.2 in 2004 to 59.8 in 2005 and 72.0 in 2006. Areas of concern for Logar include facility infrastructure, time spent with patients, monitoring of TB treatment (in spite being in the green zone), provision of delivery care (in spite being in the green zone), and the relative level of utilization of services among the poor, compared to the non-poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Nangarhar		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	85.5	75.5	70.0
2	Patient Perception of Quality Index	66.2	83.9	76.0	73.8	67.5
3	Written Shura-e-sehie activities in community	18.1	66.5	46.9	15.7	36.4
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	64.1	62.3	64.5
5	Salary payments current	52.4	92.0	66.0	85.2	39.9
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	74.1	53.3	76.7
7	Drug Availability Index	53.3	81.8	65.3	68.4	55.1
8	Family Planning Availability Index	43.4	80.3	49.8	50.3	86.1
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	33.9	36.2	52.0
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	59.8	57.4	64.4
11	Provider Knowledge Score	44.8	62.3	58.3	62.8	76.9
12	Staff received training in last year	30.1	56.3	42.0	53.5	56.4
13	HMIS Use Index	49.6	80.7	54.7	42.2	82.5
14	Clinical Guidelines Index	22.5	51.0	58.6	42.7	82.8
15	Infrastructure Index	49.3	63.2	53.2	44.9	48.6
16	Patient Record Index	56.1	92.5	59.5	57.3	65.9
17	Facilities having TB register	8.3	26.6	46.7	42.8	75.6
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	55.6	56.0	76.4
19	Patient Counseling Index	23.3	48.9	21.2	17.3	32.6
20	Proper sharps disposal	34.1	85.0	64.0	8.7	100.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	80.0	91.7	100.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	22.5	3.8	6.9
23	BPHS facilities providing antenatal care	28.9	82.8	53.3	54.7	91.9
24	Delivery care according to BPHS	10.5	39.3	6.5	4.2	48.1
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	86.0	86.5	92.6
26	Facilities with exemptions for poor patients	64.4	100.0	85.4	87.2	87.8
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	59.0	58.2	60.5
28	Outpatient visit concentration index	48.0	52.7	47.9	48.1	48.1
29	Patient satisfaction concentration index	49.0	50.9	49.3	49.3	49.7
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	17.2	17.2	44.8
31	Lower Benchmarks Achieved	75.9	89.7	86.2	75.9	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	56.0	51.4	65.4

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Nangarhar**

**Domain A: Patients and Community.** Scores for all three indicators in the patients and community domain reflect a middle level of performance in 2006. Scores for overall patient satisfaction and patient perceptions of quality have decreased across each of the three years. The indicator of written records of shura-e-sehie activities returned to the yellow zone in 2006 after dropping into the red zone in 2005, but the 2006 score (36.4%) remains lower than the 2004 score (46.9%).

**Domain B: Staff Results.** The score for health worker satisfaction has remained relatively stable across all three years, at a middle level of performance. In contrast, the score for salary payments current has varied widely, with a sharp decline seen between 2005 and 2006 from the yellow zone to the red zone.

**Domain C: Capacity for Service Provision.** Nangarhar has made substantial progress between 2005 and 2006 in capacity for service provision. It has achieved the upper benchmark for two thirds of the indicators in this domain, with three indicators in the yellow zone and one indicator in the red zone. Large increases are seen in family planning supply availability, clinical guidelines and TB registers. The infrastructure index is in the red zone for the second year in a row and the score for the drug availability index decreased between 2005 and 2006.

**Domain D: Service Provision.** Four of seven indicators in this domain have achieved the upper benchmark, with the three remaining indicators in the yellow zone. A large increase is seen in proper sharps disposal, from 8.7% in 2005 to 100% in 2006. Patient history and physical exams, patient counseling and time spent with patients are in the yellow zone.

**Domain E: Financial Systems.** Nangarhar's scores for the two indicators in the financial systems domain have remained in the yellow zone across all three years. Among sampled facilities that were charging user fees in 2006, 92.6% had user fee guidelines in place and 87.8% had exemption mechanisms for poor patients in place.

**Domain F: Overall Vision.** Between 2005 and 2006, Nangarhar moved from the yellow zone to the green zone for the first indicator in this domain, with females comprising 60.5% of new outpatients. The outpatient visit concentration index shows that the poor are less likely than the non-poor to utilize outpatient services. The patient satisfaction concentration index shows that the non-poor report slightly higher levels of satisfaction with the services they receive than the poor.

**Overall Performance.** The results from the above domains, along with the two composite measures, show that Nangarhar made progress in BPHS provision between 2005 and 2006, after a slight decrease in performance was observed between 2004 and 2005. In 2006, Nangarhar met the upper benchmark for 44.8% of indicators and the lower benchmark for 93.1% of indicators. Nangarhar's mean score across the 29 indicators on the BSC increased to 65.4 in 2006, after dipping to 51.4 in 2005. Areas of concern for Nangarhar include shura-e-sehie activities, salary payments current, facility infrastructure, patient counseling, time spent with patients and use of health services by the poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Nimroz		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	88.9	85.4	99.3
2	Patient Perception of Quality Index	66.2	83.9	79.2	85.2	96.0
3	Written Shura-e-sehie activities in community	18.1	66.5	0.0	0.0	43.3
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	64.9	58.3	61.5
5	Salary payments current	52.4	92.0	100.0	100.0	80.3
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	69.6	63.6	62.1
7	Drug Availability Index	53.3	81.8	68.6	79.5	98.7
8	Family Planning Availability Index	43.4	80.3	83.4	77.6	71.9
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	0.0	72.7	20.0
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	57.1	0.0	18.9
11	Provider Knowledge Score	44.8	62.3	53.5	47.8	63.1
12	Staff received training in last year	30.1	56.3	15.4	56.4	43.6
13	HMIS Use Index	49.6	80.7	49.6	24.8	100.0
14	Clinical Guidelines Index	22.5	51.0	21.7	14.0	39.1
15	Infrastructure Index	49.3	63.2	33.7	39.0	61.9
16	Patient Record Index	56.1	92.5	59.3	32.2	69.2
17	Facilities having TB register	8.3	26.6	16.3	10.5	6.7
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	69.7	64.1	82.5
19	Patient Counseling Index	23.3	48.9	49.7	34.2	56.8
20	Proper sharps disposal	34.1	85.0	16.3	48.8	100.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	16.7	0.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	72.6	3.3	23.5
23	BPHS facilities providing antenatal care	28.9	82.8	83.7	61.6	43.3
24	Delivery care according to BPHS	10.5	39.3	57.1	61.6	43.3
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	0.0	69.9
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	100.0	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	38.8	55.6	57.0
28	Outpatient visit concentration index	48.0	52.7	48.8	46.3	53.6
29	Patient satisfaction concentration index	49.0	50.9	50.0	49.5	47.0
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	31.0	20.7	34.5
31	Lower Benchmarks Achieved	75.9	89.7	72.4	69.0	86.2
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	53.4	47.9	59.1

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Nimroz**

**Domain A: Patients and Community.** The scores for this domain reflect large improvements in performance between 2005 and 2006. A score of 99.3 has moved overall patient satisfaction into the green zone in 2006. The patient perceptions of quality index increased from 85.2 in 2005 to 96.0 in 2006, maintaining its status in the green zone. The score for written records of shura-e-sehie activities has increased from 0.0 in 2004 and 2005 to 43.3 in 2006, moving Nimroz from the red zone to the yellow zone.

**Domain B: Staff Results.** Both indicators in staff results are in the yellow zone, but the two indicators moved in opposite directions between 2005 and 2006. Health worker satisfaction gained a few points, while the score for salary payments current fell from 100% in 2004 and 2005 to 80.3% in 2006.

**Domain C: Capacity for Service Provision.** Nimroz made significant progress in capacity for service provision between 2005 and 2006. The number of indicators in the red zone decreased from five to one. Improvements were observed in drug availability, staffing levels, provider knowledge, HMIS use, clinical guidelines, infrastructure, and patient records. Decreases are seen in laboratory functionality (which fell from the green zone to the yellow zone), staff training (green zone to the yellow zone) and TB registers (yellow zone to red zone).

**Domain D: Service Provision.** The primary area of concern for Nimroz in service provision is a low utilization rate at BHCs. None of the sampled BHCs in 2006 saw an average of 750 or more new outpatients per month. Other areas of concern include time spent with patients and provision of antenatal care. Upper benchmarks were achieved for patient counseling, proper disposal of sharps (which increased from 48.8 in 2005 to 100 in 2006) and provision of delivery care.

**Domain E: Financial Systems.** Nimroz has produced mixed results in this domain. While 100% of sampled facilities that were charging user fees in 2006 had exemption mechanisms for poor patients in place, Nimroz remains in the red zone for presence of user fee guidelines.

**Domain F: Overall Vision.** In the 2004 baseline round, only 38.8% of new outpatients were female, placing Nimroz in the red zone for this indicator. In the 2006 assessment, 57.0% of new outpatients were female, placing Nimroz in the yellow zone, indicating progress made in an important area. The outpatient visit concentration index increased from 46.3 in 2005 to 53.6 in 2006, moving Nimroz from the red zone to the green zone and indicating that the poor are more likely to utilize outpatient services than the non-poor. The patient satisfaction concentration index, however, decreased from 49.5 in 2005 to 47.0 in 2006, indicating that the non-poor report higher levels of satisfaction with the services they receive than the poor.

**Overall Performance.** The results from the above domains, along with the two composite measures, reflect improvements made between 2005 and 2006, after an observed decrease in performance between 2004 and 2005. In 2006, Nimroz met the upper benchmark for 34.5% of indicators and the lower benchmark for 86.2% of indicators. Nimroz's mean score across the 29 indicators increased from 47.9 in 2005 to 59.1 in 2006. Areas of concern for Nimroz include shura-e-sehie activities, laboratory functionality, staffing, staff training, clinical guidelines, TB registers, average new outpatient visits, time spent with patients, user fee guidelines and relative satisfaction levels among the poor compared to the non-poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Nuristan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	96.9	89.8	87.9
2	Patient Perception of Quality Index	66.2	83.9	81.5	86.9	84.6
3	Written Shura-e-sehie activities in community	18.1	66.5	58.7	11.6	71.9
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	64.2	51.0	64.0
5	Salary payments current	52.4	92.0	54.8	53.3	0.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	62.9	33.2	68.5
7	Drug Availability Index	53.3	81.8	80.9	73.6	84.6
8	Family Planning Availability Index	43.4	80.3	36.9	10.2	76.1
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	16.8	19.3	66.7
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	17.5	0.0	90.6
11	Provider Knowledge Score	44.8	62.3	67.0	68.8	50.3
12	Staff received training in last year	30.1	56.3	15.0	27.3	51.1
13	HMIS Use Index	49.6	80.7	70.2	4.9	26.4
14	Clinical Guidelines Index	22.5	51.0	38.1	10.2	52.0
15	Infrastructure Index	49.3	63.2	54.1	31.1	40.6
16	Patient Record Index	56.1	92.5	56.7	33.7	66.7
17	Facilities having TB register	8.3	26.6	9.1	11.6	90.6
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	87.4	67.5	88.4
19	Patient Counseling Index	23.3	48.9	55.9	31.2	48.5
20	Proper sharps disposal	34.1	85.0	53.0	5.8	11.5
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	33.3	100.0	71.4
22	Time spent with patient (> 9 minutes)	3.5	31.2	50.1	0.6	10.7
23	BPHS facilities providing antenatal care	28.9	82.8	4.9	0.0	81.3
24	Delivery care according to BPHS	10.5	39.3	0.0	0.0	37.4
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	12.6	N/A
26	Facilities with exemptions for poor patients	64.4	100.0	82.5	94.2	N/A
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	41.5	48.4	42.8
28	Outpatient visit concentration index	48.0	52.7	46.1	63.2	54.4
29	Patient satisfaction concentration index	49.0	50.9	49.8	50.0	48.8
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	20.7	13.8	37.0
31	Lower Benchmarks Achieved	75.9	89.7	75.9	48.3	77.8
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	51.2	37.6	58.1

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## Nuristan

**Domain A: Patients and Community.** The overall patient satisfaction score has decreased across the three years, from 96.9 in 2004 (green zone) to 87.9 in 2006 (yellow zone). The index of patient perceptions of quality retained its green status between 2005 and 2006. The score for written records of shura-e-sehie activities increased substantially between 2005 and 2006, moving from the red zone to the green zone.

**Domain B: Staff Results.** Nuristan has produced mixed results for this domain, with the two indicators moving in opposite directions. Nuristan's score for health worker satisfaction moved from the red zone in 2005 to the green zone in 2006, while its score for salary payments current fell from 53.3 (yellow zone) to 0 (red zone) over the same time period.

**Domain C: Capacity for Service Provision.** Nuristan has demonstrated substantial progress in capacity for service provision between 2005 and 2006. The number of indicators in the red zone decreased from eight to two between 2005 and 2006 and the number of indicators in the green zone increased from one to five. Nuristan has achieved the upper benchmark for drug availability, lab functionality, staffing levels, clinical guidelines and TB registers. Staffing levels and clinical guidelines were in the red zone in 2005. However, HMIS use and infrastructure remain in the red zone in 2006 for the second year in a row, indicating areas in need of priority attention.

**Domain D: Service Provision.** In 2005, more than half of the indicators in this domain were below the lower benchmark—in 2006, only one indicator is below the lower benchmark. Increases are observed in patient history and physical exams, patient counseling, time spent with patients, and provision of antenatal and delivery care—the latter two were both 0 in 2005. Proper sharps disposal remains in the red zone for the second year in a row.

**Domain E: Financial Systems.** For the two indicators in this domain, no information is available for the 2006 assessment, since none of the facilities surveyed were charging user fees.

**Domain F: Overall Vision.** In 2006, it was found that only 42.8% of new outpatients were female, placing Nuristan in the red zone. Health managers in Nuristan need to determine why females are at a disadvantage compared to males in utilizing outpatient services. The outpatient visit concentration index, whose score is in the green zone in 2006, shows that the poor are more likely to utilize outpatient services than the non-poor. The patient satisfaction concentration index, for which Nuristan is in the red zone, shows that the poor report lower levels of satisfaction with the services they receive than the non-poor.

**Overall Performance.** Overall, the BSC shows that Nuristan has made substantial improvements between 2005 and 2006 after an observed decrease in performance between 2004 and 2005. Nuristan has met the upper benchmark for 37.0% of indicators and the lower benchmark for 77.8% of indicators. Nuristan's mean score across the 29 indicators on the BSC increased from 37.6 in 2005 to 58.1 in 2006. Areas of concern for Nuristan include salary payments current, HMIS use, facility infrastructure, proper sharps disposal, time spent with patients, provision of delivery care and low relative levels of utilization among females.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Paktika		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	67.6	71.7	86.4
2	Patient Perception of Quality Index	66.2	83.9	65.3	76.1	85.6
3	Written Shura-e-sehie activities in community	18.1	66.5	45.3	32.7	37.2
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	59.9	60.6	70.1
5	Salary payments current	52.4	92.0	100.0	63.5	100.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	43.7	40.7	66.6
7	Drug Availability Index	53.3	81.8	48.0	79.4	90.7
8	Family Planning Availability Index	43.4	80.3	74.8	23.0	62.5
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	19.3	35.0	28.3
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	0.0	29.3	6.1
11	Provider Knowledge Score	44.8	62.3	59.7	70.1	66.7
12	Staff received training in last year	30.1	56.3	9.1	61.5	42.8
13	HMIS Use Index	49.6	80.7	70.0	30.6	22.6
14	Clinical Guidelines Index	22.5	51.0	22.6	25.8	42.5
15	Infrastructure Index	49.3	63.2	47.8	29.6	63.0
16	Patient Record Index	56.1	92.5	95.1	28.4	47.6
17	Facilities having TB register	8.3	26.6	13.1	35.8	28.9
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	62.9	70.8	50.0
19	Patient Counseling Index	23.3	48.9	28.4	45.7	24.6
20	Proper sharps disposal	34.1	85.0	100.0	38.4	29.7
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	40.0	33.3
22	Time spent with patient (> 9 minutes)	3.5	31.2	4.1	1.7	1.3
23	BPHS facilities providing antenatal care	28.9	82.8	28.1	26.7	26.9
24	Delivery care according to BPHS	10.5	39.3	15.0	5.9	15.6
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	80.3	57.3	14.1
26	Facilities with exemptions for poor patients	64.4	100.0	64.4	58.0	23.7
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	59.6	45.8	46.8
28	Outpatient visit concentration index	48.0	52.7	40.6	53.2	50.9
29	Patient satisfaction concentration index	49.0	50.9	49.4	49.2	49.8
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	10.3	17.2	20.7
31	Lower Benchmarks Achieved	75.9	89.7	65.5	62.1	69.0
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	47.4	44.4	45.3

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Paktika**

**Domain A: Patients and Community.** Paktika has demonstrated improvements in overall patient satisfaction and patient perceptions of quality, with the latter moving from the red zone to the green zone between 2004 and 2006. The score for written records of shura-eshie activities remains in the yellow zone for the third year in a row.

**Domain B: Staff Results.** In 2006, Paktika achieved scores in the green zone for both indicators in the staff results domain, documenting an improvement over 2005, when both indicators were in the yellow zone. The score for health worker satisfaction increased from 60.6 in 2005 to 70.1 in 2006 and the percentage of health workers reporting that their salary payments were current increased from 63.5 in 2005 to 100.0 in 2006.

**Domain C: Capacity for Service Provision.** Paktika demonstrates mixed performance in this domain, with three indicators in the green zone, three indicators in the red zone and the remainder in the yellow zone. Equipment functionality moved to the yellow zone in 2006 after being in the red zone the first two years. Drug and family planning availability, clinical guidelines and infrastructure also increased between 2005 and 2006. However, laboratory functionality, staffing levels and staff training decreased over this time period.

**Domain D: Service Provision.** Paktika did not meet the upper benchmark for any of the indicators in the service provision domain and it failed to meet the lower benchmark for more than half of the indicators. Decreases are seen in patient history and physical exams, proper sharps disposal, time spent with patients and provision of antenatal care. Provision of delivery care did move from the red zone to the yellow zone, but the overall score for this indicator remains low (15.6 in 2006).

**Domain E: Financial Systems.** Paktika's scores reflect a low level of performance in the financial systems domain, with both indicators in the red zone. Among sampled facilities charging user fees in 2006, 14.1% had user fee guidelines in place and 23.7% had exemptions for poor patients in place. Indicators in this domain remain priorities and require focused attention.

**Domain F: Overall Vision.** In 2006, it was found that 46.8% of new outpatients were female. Health manager need to determine why fewer females than males use outpatient services in Paktika. The outpatient visit concentration index shows that the poor are slightly more likely than the non-poor to utilize outpatient services. This represents a substantial improvement over 2004, when the poor were considerably less likely than the non-poor to utilize outpatient services. The patient satisfaction concentration index shows that the poor report slightly lower levels of satisfaction with the services they receive compared to the non-poor.

**Overall Performance.** According to the BSC, Paktika has not achieved measurable gains in performance between 2004 and 2006. Paktika met the upper benchmark for only 20.7% of indicators and the lower benchmark for only 69.0% of indicators in 2006. Paktika's mean score across the 29 indicators on the BSC has remained under 50 in each of the three rounds conducted so far. Areas of concern for Paktika include staffing, HMIS use, patient records, patient history and physical exams, proper sharps disposal, time spent with patients, provision of antenatal care, and presence of user fee guidelines and exemptions for poor patients.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Paktiya		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	80.9	70.8	78.1
2	Patient Perception of Quality Index	66.2	83.9	75.4	68.4	80.3
3	Written Shura-e-sehie activities in community	18.1	66.5	63.9	62.1	75.2
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	52.5	53.8	63.8
5	Salary payments current	52.4	92.0	92.0	97.6	94.1
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	70.5	72.9	87.0
7	Drug Availability Index	53.3	81.8	76.5	91.3	92.2
8	Family Planning Availability Index	43.4	80.3	66.1	60.0	79.9
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	23.2	46.2	32.9
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	14.8	39.5	67.5
11	Provider Knowledge Score	44.8	62.3	44.8	74.8	60.5
12	Staff received training in last year	30.1	56.3	36.6	74.0	71.5
13	HMIS Use Index	49.6	80.7	67.2	45.3	79.0
14	Clinical Guidelines Index	22.5	51.0	34.8	45.4	68.1
15	Infrastructure Index	49.3	63.2	50.6	31.8	61.3
16	Patient Record Index	56.1	92.5	67.3	82.4	90.9
17	Facilities having TB register	8.3	26.6	19.2	24.2	30.8
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	52.9	69.7	96.0
19	Patient Counseling Index	23.3	48.9	17.4	33.6	42.2
20	Proper sharps disposal	34.1	85.0	19.0	0.0	78.5
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	20.0	0.0	35.7
22	Time spent with patient (> 9 minutes)	3.5	31.2	14.1	18.2	3.0
23	BPHS facilities providing antenatal care	28.9	82.8	62.0	54.8	75.2
24	Delivery care according to BPHS	10.5	39.3	41.9	28.8	39.3
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	86.9	100.0	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	82.5	80.4	90.6
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	51.8	51.7	56.5
28	Outpatient visit concentration index	48.0	52.7	52.0	50.2	48.3
29	Patient satisfaction concentration index	49.0	50.9	51.9	49.8	49.4
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	10.3	20.7	37.9
31	Lower Benchmarks Achieved	75.9	89.7	86.2	82.8	96.6
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	51.3	54.4	66.5

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Paktya**

**Domain A: Patients and Community.** Scores in this domain increased between 2005 and 2006, after falling between 2004 and 2005. Overall patient satisfaction and patient perceptions of quality are in the yellow zone, while the indicator of written records of shura-e-sehie activities increased from the yellow zone to the green zone between 2005 and 2006.

**Domain B: Staff Results.** Paktya's score for health worker satisfaction increased from the low 50s in 2004 and 2005 to 63.8 in 2006, moving from the red zone to the yellow zone. The score for salary payments current has remained at a consistently high level and has been in the green zone across all three rounds.

**Domain C: Capacity for Service Provision.** For half of the indicators in this domain, Paktya has met the upper benchmark—these include drug availability, lab functionality, staffing levels, staff training, clinical guidelines and facilities having TB registers. Many of these indicators reflect substantial increases between 2004 and 2006, especially drug availability, staffing levels, staff training, clinical guidelines and TB registers. The six indicators for which the upper benchmark has not been met are all in the yellow zone.

**Domain D: Service Provision.** Paktya has also achieved gains in service provision. Two indicators are in the green zone, four indicators are in the yellow zone and one indicator (time spent with patients) is in the red zone. Large gains are seen in patient history and physical exams, patient counseling and proper sharps disposal. In contrast, time spent with patients fell to the red zone between 2005 and 2006.

**Domain E: Financial Systems.** All surveyed facilities that were charging user fees in 2006 had written user fee guidelines in place, but only 90.6% of these facilities had exemptions for poor patients in place.

**Domain F: Overall Vision.** In 2006, it was found that 56.5% of new outpatients were female, placing Paktya in the yellow zone. The outpatient visit concentration index shows a change from a pro-poor orientation in 2004 and 2005 to a situation in 2006 in which the non-poor were utilizing outpatient services at a higher level than poor patients. The patient satisfaction concentration index shows that the non-poor report slightly higher satisfaction with the services they receive compared to the poor.

**Overall Performance.** The BSC shows that Paktya has made improvements in implementation of the BPHS between 2005 and 2006. In 2006, Paktya met the upper benchmark for 37.9% of indicators and the lower benchmark all but one indicator. Paktya's mean score across the 29 indicators on the BSC has increased from 51.3 in 2004 to 66.5 in 2006. Areas which remain of concern for Paktya include patient counseling, average new outpatient visits, time spent with patients, and use of BPHS services by the poor compared to the non-poor.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Panjsher		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	N/A	92.5	94.4
2	Patient Perception of Quality Index	66.2	83.9	81.1	82.9	80.5
3	Written Shura-e-sehie activities in community	18.1	66.5	9.9	58.1	91.8
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	60.0	62.5	68.1
5	Salary payments current	52.4	92.0	64.1	100.0	100.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	62.5	72.1	85.4
7	Drug Availability Index	53.3	81.8	74.4	76.4	81.0
8	Family Planning Availability Index	43.4	80.3	39.0	35.7	71.9
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	32.1	48.5	48.5
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	0.0	62.8	65.5
11	Provider Knowledge Score	44.8	62.3	70.9	75.2	84.5
12	Staff received training in last year	30.1	56.3	14.9	84.7	71.8
13	HMIS Use Index	49.6	80.7	77.7	100.0	100.0
14	Clinical Guidelines Index	22.5	51.0	27.1	46.5	76.2
15	Infrastructure Index	49.3	63.2	57.8	66.7	62.1
16	Patient Record Index	56.1	92.5	92.5	97.0	67.8
17	Facilities having TB register	8.3	26.6	0.0	12.4	34.5
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	86.3	83.7	85.8
19	Patient Counseling Index	23.3	48.9	86.1	44.3	45.3
20	Proper sharps disposal	34.1	85.0	70.9	64.8	100.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	77.8	63.6	37.5
22	Time spent with patient (> 9 minutes)	3.5	31.2	32.6	28.7	7.1
23	BPHS facilities providing antenatal care	28.9	82.8	72.6	47.6	75.4
24	Delivery care according to BPHS	10.5	39.3	25.4	11.4	40.9
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	N/A	N/A	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	N/A	N/A	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	54.7	53.5	55.4
28	Outpatient visit concentration index	48.0	52.7	53.0	49.7	51.2
29	Patient satisfaction concentration index	49.0	50.9	50.0	49.2	49.9
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	30.8	40.7	55.2
31	Lower Benchmarks Achieved	75.9	89.7	80.8	96.3	100.0
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	52.8	61.9	70.1

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Panjsher**

**Domain A: Patients and Community.** Panjsher demonstrates a relatively high level of performance in this domain. Overall patient satisfaction and written records of shura-e-sehie activities are both in the green zone, with scores over 90. In contrast, the index of patient perceptions of quality remains in the yellow zone for the third year in a row.

**Domain B: Staff Results.** Panjsher has achieved scores in green zone for both indicators in this domain. In both 2005 and 2006, all sampled health workers reported that their salary payments were current.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Panjsher has seven indicators in the green zone and five indicators in the yellow zone. Between 2005 and 2006, increases are seen in family planning supply availability, provider knowledge, clinical guidelines and TB registers, while decreases are seen in infrastructure and patient record keeping.

**Domain D: Service Provision.** In service provision, Panjsher has met the upper benchmark for three indicators and is in the yellow zone for the remaining four indicators. Between 2005 and 2006, increases are observed in scores for proper sharps disposal (all sampled facilities were found to be properly disposing of sharps in 2006) and provision of antenatal and delivery care. Decreases are seen for average new outpatient visits at BHCs and time spent with patients.

**Domain E: Financial Systems.** Panjsher demonstrates excellent performance in financial systems. All surveyed facilities that were charging user fees in 2006 were found to have both user fee guidelines and exemptions for poor patients in place.

**Domain F: Overall Vision.** In Panjsher, more females are seen as new outpatients than males (55.4% female in 2006). The concentration indices show that the poor are more likely to utilize outpatient services than the non-poor and the poor and non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** Panjsher has demonstrated improvements in performance in delivery of the BPHS over time. The percentage of upper benchmarks achieved has increased from 30.8 in 2004 to 40.7 in 2005 and 55.2 in 2006. In 2006, Panjsher met the lower benchmark for every indicator. Panjsher's mean score across the 29 indicators on the BSC has increased from 52.8 in 2004 to 70.1 in 2006. Although Panjsher has no indicators in the red zone, several areas show considerable room for improvement—these include laboratory functionality, staffing levels, TB registers, patient counseling, average new outpatient visits, time spent with patients and provision of delivery care.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Parwan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	91.6	87.1	97.9
2	Patient Perception of Quality Index	66.2	83.9	83.3	79.2	84.0
3	Written Shura-e-sehie activities in community	18.1	66.5	27.3	63.9	91.9
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	60.6	69.6	79.7
5	Salary payments current	52.4	92.0	59.5	98.3	100.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	50.9	54.5	86.6
7	Drug Availability Index	53.3	81.8	68.8	79.7	95.4
8	Family Planning Availability Index	43.4	80.3	39.0	63.3	94.0
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	20.8	19.3	59.3
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	52.1	62.8	67.8
11	Provider Knowledge Score	44.8	62.3	51.7	79.1	86.0
12	Staff received training in last year	30.1	56.3	51.6	82.5	71.8
13	HMIS Use Index	49.6	80.7	46.3	71.0	95.1
14	Clinical Guidelines Index	22.5	51.0	35.1	42.3	91.1
15	Infrastructure Index	49.3	63.2	51.8	39.5	76.6
16	Patient Record Index	56.1	92.5	59.8	64.5	67.3
17	Facilities having TB register	8.3	26.6	14.4	25.0	47.0
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	76.1	71.1	84.8
19	Patient Counseling Index	23.3	48.9	59.2	38.7	47.3
20	Proper sharps disposal	34.1	85.0	16.1	44.5	95.9
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	6.7	58.8	86.7
22	Time spent with patient (> 9 minutes)	3.5	31.2	22.9	21.6	16.4
23	BPHS facilities providing antenatal care	28.9	82.8	48.5	65.8	95.9
24	Delivery care according to BPHS	10.5	39.3	27.2	22.2	40.2
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	66.7	53.3
26	Facilities with exemptions for poor patients	64.4	100.0	62.9	100.0	53.3
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	54.2	58.0	60.3
28	Outpatient visit concentration index	48.0	52.7	50.6	52.0	51.9
29	Patient satisfaction concentration index	49.0	50.9	53.1	49.3	50.1
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	13.8	24.1	72.4
31	Lower Benchmarks Achieved	75.9	89.7	82.8	89.7	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	49.7	59.7	73.4

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Parwan**

**Domain A: Patients and Community.** Parwan has achieved high scores for all three indicators in the patients and community domain. The indicator of written records of shura-eshie activities increased from 27.3 in 2004 to 63.9 in 2005 and 91.9 in 2006.

**Domain B: Staff Results.** Parwan has maintained high levels of performance in this domain during the past two years, with both indicators in the green zone. The health worker satisfaction index increased from 69.6 to 79.7 between 2005 and 2006. In 2006, all sampled health workers reported that their salary payments were current.

**Domain C: Capacity for Service Provision.** Parwan has achieved high scores for capacity for service provision in 2006, with ten out of twelve indicators in the green zone and two in the yellow zone. Equipment functionality and patient record keeping are the only two indicators with scores below the upper benchmark. Gains are seen in many indicators, with the largest gains observed in equipment functionality, drug and family planning supply availability, laboratory functionality, HMIS use, clinical guidelines, infrastructure and TB registers. The only indicator to decrease between 2005 and 2006 was staff training, which remains in the green zone.

**Domain D: Service Provision.** In service provision, Parwan is in the green zone for five indicators and the yellow zone for two indicators. Patient counseling and time spent with patients remain in the yellow zone in 2006.

**Domain E: Financial Systems.** Unlike the other domains on the BSC, for which Parwan has achieved high scores, the financial systems domain reflects a low level of performance. Among sampled health facilities that were charging user fees in 2006, only 53.3% had user fee guidelines and exemptions for poor patients in place, placing Parwan in the red zone for both indicators.

**Domain F: Overall Vision.** In each of the three rounds conducted so far, Parwan has seen more female new outpatients than male new outpatients. In the 2006 assessment, 60.3% of new outpatients were female. The concentration indices show that poor patients utilize outpatient services at a higher level than the non-poor and the poor and non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** Parwan has achieved large gains in performance as measured by the BSC. Parwan achieved the upper benchmark for 72.4% of indicators in 2006, compared to only 13.8% of indicators in 2004. Similarly, the percentage of indicators for which Parwan met the lower benchmark has increased from 82.8 in 2004 to 93.1 in 2006. Parwan has increased its mean score across the 29 indicators from 49.7 in 2004 to 73.4 in 2006. Areas of concern for Parwan include presence of user fee guidelines, exemptions for poor patients, time spent with patients and patient counseling.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Samangan		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	87.2	94.1	68.7
2	Patient Perception of Quality Index	66.2	83.9	74.9	79.4	67.5
3	Written Shura-e-sehie activities in community	18.1	66.5	18.1	36.8	71.4
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	69.1	68.6	68.3
5	Salary payments current	52.4	92.0	57.2	97.7	100.0
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	74.4	73.2	80.7
7	Drug Availability Index	53.3	81.8	74.4	95.1	89.3
8	Family Planning Availability Index	43.4	80.3	95.1	80.7	91.3
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	5.6	48.4	50.2
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	26.2	63.5	70.9
11	Provider Knowledge Score	44.8	62.3	49.4	61.6	71.2
12	Staff received training in last year	30.1	56.3	57.1	68.7	81.1
13	HMIS Use Index	49.6	80.7	69.4	40.9	92.2
14	Clinical Guidelines Index	22.5	51.0	64.4	42.6	65.7
15	Infrastructure Index	49.3	63.2	65.0	26.8	33.0
16	Patient Record Index	56.1	92.5	57.2	58.8	60.8
17	Facilities having TB register	8.3	26.6	0.0	27.6	26.0
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	67.2	86.6	81.3
19	Patient Counseling Index	23.3	48.9	29.6	45.4	30.0
20	Proper sharps disposal	34.1	85.0	62.2	27.9	100.0
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	0.0	84.6
22	Time spent with patient (> 9 minutes)	3.5	31.2	38.7	18.9	19.7
23	BPHS facilities providing antenatal care	28.9	82.8	55.7	100.0	100.0
24	Delivery care according to BPHS	10.5	39.3	28.5	65.4	67.8
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	72.4	12.8	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	93.1	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	45.5	58.5	57.7
28	Outpatient visit concentration index	48.0	52.7	57.0	57.5	51.3
29	Patient satisfaction concentration index	49.0	50.9	48.5	49.9	48.9
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	27.6	44.8	58.6
31	Lower Benchmarks Achieved	75.9	89.7	86.2	82.8	93.1
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	53.5	57.9	70.0

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## Samangan

**Domain A: Patients and Community.** Samangan's scores for overall patient satisfaction and patient perceptions of quality are generally low, with scores just above the lower benchmark. Both indicators reflect decreases in performance between 2005 and 2006. In contrast, large gains are seen in the score for written records of shura-e-sehie activities, which is in the green zone after increasing its score to 71.4 in 2006.

**Domain B: Staff Results.** The scores in this domain reflect a high level of performance in 2006, with both indicators in the green zone. All sampled health workers in 2006 reported that their salary payments were current.

**Domain C: Capacity for Service Provision.** Samangan's scores in this domain reflect some improvements over time in service provision. In 2006, eight indicators were in the green zone and one indicator was in the red zone. The HMIS use index increased from 40.9 to 92.2 between 2005 and 2006, moving from the red zone to the green zone. In contrast, the indicator of monitoring TB treatment fell from the green zone to the yellow zone over this time period.

**Domain D: Service Provision.** In 2006, Samangan met the upper benchmark for four of the seven indicators in this domain. These include proper disposal of sharps, average new outpatient visits and provision of antenatal and delivery care. The patient history and physical exam index (which was in the green zone in 2005), patient counseling index, and time spent with patients (which was in the green zone in 2004) are all in the yellow zone in 2006.

**Domain E: Financial Systems.** Samangan demonstrates excellent performance in the financial systems domain. All surveyed facilities that were charging user fees in 2006 were observed to have written user fees guidelines and exemption mechanisms for poor patients in place.

**Domain F: Overall Vision.** In the 2006 assessment, it was found that 57.7% of new outpatients were female, placing Samangan in the yellow zone. This represents an increase from 45.5% in the 2004 baseline round, at which time Samangan was in the red zone. The concentration indices show that the poor are somewhat more likely to utilize outpatient services than the non-poor, but the non-poor report higher levels of satisfaction with services they receive than the poor.

**Overall Performance.** Samangan's scores reflect progress made in implementation of the BPHS between 2004 and 2006. In 2006, Samangan achieved the upper benchmark for 58.6% of indicators and the lower benchmark for 93.1% of indicators. The mean score for Samangan across the 29 indicators on the BSC increased from 53.5 in 2004 to 70.0 in 2006. Areas of concern for Samangan include patient satisfaction, patient perceptions of quality, facility infrastructure, TB registers, patient counseling, time spent with patients, and the reported satisfaction levels of the poor compared to non-poor patients.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Saripul		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	77.4	91.8	86.4
2	Patient Perception of Quality Index	66.2	83.9	62.3	76.4	87.4
3	Written Shura-e-sehie activities in community	18.1	66.5	30.1	65.4	67.5
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	51.2	68.6	71.9
5	Salary payments current	52.4	92.0	80.4	76.0	31.2
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	62.3	88.3	81.6
7	Drug Availability Index	53.3	81.8	58.1	98.4	76.6
8	Family Planning Availability Index	43.4	80.3	37.9	87.4	79.9
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	18.8	47.3	62.7
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	31.1	60.3	67.7
11	Provider Knowledge Score	44.8	62.3	53.5	66.6	63.9
12	Staff received training in last year	30.1	56.3	38.5	72.9	53.4
13	HMIS Use Index	49.6	80.7	53.8	75.1	72.1
14	Clinical Guidelines Index	22.5	51.0	33.4	53.7	41.0
15	Infrastructure Index	49.3	63.2	51.3	23.6	35.2
16	Patient Record Index	56.1	92.5	91.0	81.3	87.2
17	Facilities having TB register	8.3	26.6	18.6	17.3	29.7
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	73.8	70.0	86.9
19	Patient Counseling Index	23.3	48.9	46.9	25.2	44.2
20	Proper sharps disposal	34.1	85.0	45.4	77.7	32.2
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	0.0	16.7	71.4
22	Time spent with patient (> 9 minutes)	3.5	31.2	18.5	6.6	8.6
23	BPHS facilities providing antenatal care	28.9	82.8	76.5	82.0	91.3
24	Delivery care according to BPHS	10.5	39.3	26.2	42.8	55.7
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	86.7	74.5
26	Facilities with exemptions for poor patients	64.4	100.0	100.0	100.0	95.3
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	59.7	57.7	60.1
28	Outpatient visit concentration index	48.0	52.7	52.8	56.5	56.2
29	Patient satisfaction concentration index	49.0	50.9	51.5	50.1	49.6
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	17.2	41.4	44.8
31	Lower Benchmarks Achieved	75.9	89.7	86.2	96.6	86.2
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	51.8	62.8	62.8

### KEY

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Saripul**

**Domain A: Patients and Community.** Overall patient satisfaction fell from the green zone to the yellow zone between 2005 and 2006, while patient perceptions of quality and the indicator for written records of shura-e-sehie activities both increased from the yellow zone to the green zone. All three indicators are at a higher level in 2006 than they were in 2004.

**Domain B: Staff Results.** Health worker satisfaction is in the green zone for the second year in a row, after being in the red zone in 2004. In contrast, the percentage of employees reporting that their salary payments were current fell from the yellow zone to the red zone between 2005 and 2006, with only 31.2% of workers reporting up-to-date salaries in 2006.

**Domain C: Capacity for Service Provision.** In capacity for service provision, Saripul has four indicators in the green zone, one indicator in the red zone and the remainder in the yellow zone. Four indicators (drug and family planning supply availability, staff training and clinical guidelines) fell from the green zone to the yellow zone between 2005 and 2006, while one indicator (TB registers) increased from the yellow zone to the green zone.

**Domain D: Service Provision.** In service provision, four indicators are in the green zone, two indicators are in the yellow zone and one indicator is in the red zone. Increases are seen in the patient history and physical exam index, patient counseling, average new outpatient visits and provision of antenatal and delivery care. Proper sharps disposal was the only indicator to decrease between 2005 and 2006; it fell from 77.7 (yellow zone) to 32.2 (red zone).

**Domain E: Financial Systems.** Among sampled facilities that charged user fees in 2006, 74.5% were observed to have user fee guidelines in place and 95.3% had exemptions for poor patients in place.

**Domain F: Overall Vision.** In the 2006 assessment, it was found that 60.1% of new outpatients were female, placing Saripul in the green zone. The concentration indices show that the poor are more likely to utilize outpatient services than the non-poor, but the non-poor report slightly higher levels of satisfactions with the services they receive than do the poor.

**Overall Performance.** According to the BSC, Saripul's performance in implementation of the BPHS has leveled off between 2005 and 2006 after improving between 2004 and 2005. Saripul met the upper benchmark for one more indicator in 2006 than in 2005, but the number of indicators in the red zone increased from one to four. Saripul's mean score across the 29 indicators on the BSC was 51.8 in 2004 and 62.8 in both 2005 and 2006. Areas of concern for Saripul include the timeliness of salary payments, clinical guidelines, facility infrastructure, TB registers (despite being in the green zone, the absolute score for this indicator remains low), patient counseling, proper sharps disposal, time spent with patients and presence of user fee guidelines.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Takhar		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	90.2	93.0	81.2
2	Patient Perception of Quality Index	66.2	83.9	72.5	78.7	74.7
3	Written Shura-e-sehie activities in community	18.1	66.5	67.8	64.4	92.4
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	58.9	62.2	70.4
5	Salary payments current	52.4	92.0	94.5	98.2	96.1
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	70.6	73.4	88.1
7	Drug Availability Index	53.3	81.8	70.2	65.2	88.0
8	Family Planning Availability Index	43.4	80.3	74.4	82.8	86.6
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	22.4	41.6	36.1
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	39.2	27.3	45.8
11	Provider Knowledge Score	44.8	62.3	55.4	66.0	69.3
12	Staff received training in last year	30.1	56.3	46.5	72.0	45.8
13	HMIS Use Index	49.6	80.7	73.0	62.5	69.7
14	Clinical Guidelines Index	22.5	51.0	33.7	61.6	77.1
15	Infrastructure Index	49.3	63.2	39.3	35.3	33.2
16	Patient Record Index	56.1	92.5	57.7	72.5	75.8
17	Facilities having TB register	8.3	26.6	26.6	21.7	38.9
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	76.0	79.8	75.1
19	Patient Counseling Index	23.3	48.9	27.5	44.5	41.9
20	Proper sharps disposal	34.1	85.0	82.5	62.6	64.8
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	7.7	20.0	18.8
22	Time spent with patient (> 9 minutes)	3.5	31.2	12.3	5.9	24.0
23	BPHS facilities providing antenatal care	28.9	82.8	83.9	91.2	84.7
24	Delivery care according to BPHS	10.5	39.3	24.4	20.6	30.1
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	100.0	100.0	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	68.9	91.7	92.4
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	58.4	60.1	62.2
28	Outpatient visit concentration index	48.0	52.7	54.2	52.0	51.3
29	Patient satisfaction concentration index	49.0	50.9	50.2	50.3	49.9
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	20.7	34.5	41.4
31	Lower Benchmarks Achieved	75.9	89.7	96.6	96.6	96.6
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	56.5	60.6	64.3

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Takhar**

**Domain A: Patients and Community.** Takhar's score for overall patient satisfaction decreased from 93.0 in 2005 to 81.2 in 2006, moving from the green zone to the yellow zone. The index of patient perceptions of quality remains in the yellow zone for the third year in a row. On the other hand, the score for written records of shura-e-sehie activities increased from 64.4 to 92.4 between 2005 and 2006, placing Takhar in the green zone for this indicator.

**Domain B: Staff Results.** Takhar demonstrates a high level of performance in the staff results domain, with both indicators in the green zone. Health worker satisfaction increased from 62.2 to 70.4 between 2005 and 2006. Among sampled health workers, 96.1% reported that their salary payments were current in 2006.

**Domain C: Capacity for Service Provision.** In service provision, Takhar is in the green zone for six indicators, the red zone for one indicator and the yellow zone for the remainder of the indicators. Between 2005 and 2006, increases are seen in equipment functionality, drug availability, staffing levels, clinical guidelines and TB registers. A decrease is seen for staff training, which fell from the green zone to the yellow zone.

**Domain D: Service Provision.** Takhar's scores in the service provision domain have been stable over time. None of the seven indicators in this domain have changed from one zone to another across the three rounds of the BSC conducted so far. Provision of antenatal care has been in the green zone each round, while the remaining indicators have remained in the yellow zone.

**Domain E: Financial Systems.** Takhar has high, but not perfect, scores in the financial systems domain. Among sampled facilities that were charging user fees in 2006, 100% had user fee guidelines in place, while 92.4% had exemption mechanisms for poor patients in place.

**Domain F: Overall Vision.** In each of the three rounds conducted so far, Takhar has seen a higher proportion of females as new outpatients than in the previous year. In 2006, 62.2% of new outpatients were female. The concentration indices show that the poor are somewhat more likely than the non-poor to utilize outpatient services, while the poor and the non-poor report approximately equal levels of satisfaction with the services they receive.

**Overall Performance.** Takhar has made improvements across each round of the BSC. Takhar has reached the upper benchmark for 41.4% of indicators in 2006 (compared to 20.7% in 2004 and 34.5% in 2005) and has met the lower benchmark for all but one indicator in each of the three rounds (the infrastructure index). Takhar's mean score across the 29 indicators on the BSC has increased from 56.5 in 2004 to 60.6 in 2005 and 64.3 in 2006. Areas of concern for Takhar include staffing levels, staff training, facility infrastructure, patient counseling, average new outpatient visits, time spent with patients and provision of delivery care.

## Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2006

		Benchmarks		Wardak		
		Lower	Upper	2004	2005	2006
<b>A. Patients &amp; Community</b>						
1	Overall Patient Satisfaction	66.4	90.9	83.5	88.7	84.8
2	Patient Perception of Quality Index	66.2	83.9	74.7	82.6	80.2
3	Written Shura-e-sehie activities in community	18.1	66.5	49.1	87.5	100.0
<b>B. Staff</b>						
4	Health Worker Satisfaction Index	56.1	67.9	63.6	76.7	67.5
5	Salary payments current	52.4	92.0	76.7	55.6	65.1
<b>C. Capacity for Service Provision</b>						
6	Equipment Functionality Index*	61.3	90.0	67.4	83.9	88.4
7	Drug Availability Index	53.3	81.8	88.6	99.0	94.7
8	Family Planning Availability Index	43.4	80.3	56.8	94.4	91.0
9	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	24.6	71.0	71.1
10	Staffing Index -- Meeting minimum staff guidelines	10.1	54.0	60.3	68.0	72.5
11	Provider Knowledge Score	44.8	62.3	51.9	65.7	70.9
12	Staff received training in last year	30.1	56.3	57.7	76.7	76.3
13	HMIS Use Index	49.6	80.7	87.4	95.6	91.1
14	Clinical Guidelines Index	22.5	51.0	35.9	75.9	91.7
15	Infrastructure Index	49.3	63.2	55.8	56.3	59.5
16	Patient Record Index	56.1	92.5	65.6	40.3	69.7
17	Facilities having TB register	8.3	26.6	17.8	50.9	44.8
<b>D. Service Provision</b>						
18	Patient History and Physical Exam Index	55.1	83.5	66.1	84.8	86.0
19	Patient Counseling Index	23.3	48.9	29.2	53.8	33.2
20	Proper sharps disposal	34.1	85.0	28.5	72.6	91.9
21	Average new outpatient visit per month (BHC > 750 visits)	6.7	57.1	33.3	57.1	60.0
22	Time spent with patient (> 9 minutes)	3.5	31.2	3.5	10.4	5.0
23	BPHS facilities providing antenatal care	28.9	82.8	47.6	75.6	87.8
24	Delivery care according to BPHS	10.5	39.3	19.7	35.2	54.9
<b>E. Financial Systems</b>						
25	Facilities with user fee guidelines	80.3	100.0	53.9	100.0	100.0
26	Facilities with exemptions for poor patients	64.4	100.0	28.8	87.3	100.0
<b>F. Overall Vision</b>						
27	Females as % of new outpatients	46.5	59.7	53.5	53.4	56.0
28	Outpatient visit concentration index	48.0	52.7	51.5	56.5	53.4
29	Patient satisfaction concentration index	49.0	50.9	50.2	50.3	50.7
<b>Composite Scores</b>						
30	Upper Benchmarks Achieved	10.3	30.8	13.8	55.2	62.1
31	Lower Benchmarks Achieved	75.9	89.7	89.7	96.6	100.0
<b>Mean scores across indicators 1 through 29</b>		48.8	56.5	51.1	69.2	72.4

**KEY**

Score Above Upper Benchmark	GREEN
Score Between Lower & Upper Benchmark	YELLOW
Score Below Lower Benchmark	RED

\* Benchmark set at 90%, though top quintile from 2004 was 74.1

---

## **Wardak**

**Domain A: Patients and Community.** Wardak has been in the yellow zone for overall patient satisfaction and patient perceptions of quality in all three rounds of the BSC conducted so far. The indicator of written records of shura-e-sehie activities, on the other hand, shows increases across each of the three rounds. In 2006, all sampled facilities in Wardak had active shura-e-sehie and written records of activities conducted by the shura.

**Domain B: Staff Results.** Both indicators in the staff domain are in the yellow zone. Health worker satisfaction dropped from the green zone to the yellow zone between 2005 and 2006. The indicator of salary payments current has been in the yellow zone across all three rounds.

**Domain C: Capacity for Service Provision.** Wardak demonstrates a high level of performance in capacity for service provision, with all but three indicators in the green zone. These three indicators—equipment functionality, infrastructure and patient record keeping—are in the yellow zone. Patient record keeping improved from the red zone to the yellow zone between 2005 and 2006.

**Domain D: Service Provision.** Wardak achieved the upper benchmark for five out of seven indicators in the service provision domain. Between 2005 and 2006, patient counseling fell from the green zone to the yellow zone, while proper sharps disposal and provision of antenatal and delivery care improved from the yellow zone to the green zone. The score for time spent with patients remains very low, with only 5.0% of observed consultations lasting longer than 9 minutes.

**Domain E: Financial Systems.** Wardak demonstrates excellent performance in the financial systems domain. All surveyed facilities that were charging user fees in 2006 were observed to have written user fees guidelines and exemption mechanisms for poor patients in place.

**Domain F: Overall Vision.** In the 2006 assessment, 56.0% of new outpatients in Wardak were female, placing Wardak in the yellow zone for this indicator. The concentration indices show that the poor are more likely than the non-poor to utilize outpatient services in Wardak (placing it in the green zone) and the poor report slightly higher levels of satisfaction with the services they receive than do the non-poor.

**Overall Performance.** Across each round of the BSC conducted so far, Wardak has met the upper and lower benchmarks for an increasing percentage of indicators and its mean scores across the 29 indicators on the BSC has increased. In 2006, Wardak met the upper benchmark for 62.1% of indicators and the lower benchmark for every indicator. Its mean score across the 29 indicators increased to 72.4 in 2006 from 51.1 in 2004 and 69.2 in 2005. Although no indicators are in the red zone, Wardak still has room for improvement for many indicators, including salary payments current, facility infrastructure, patient records, TB registers, patient counseling and time spent with patients.

---

## Limitations of the Balanced Scorecard

The Balanced Scorecard gives a powerful indication of how provinces and the country as a whole are performing in the delivery of the BPHS, but it also has limitations. The data used to construct the indicators on the BSC are derived from active health facilities. The BSC thus does not take into account places where the BPHS is not being provided. This is an important consideration, especially in provinces where there are populations with poor access to health facilities. Moreover, the BSC does not include measures of performance that reflect coverage of services at the community level, due to the lack of available data sources.

An additional limitation of the BSC relates to the small sample size in some provinces. In 2004, Zabul (four facilities), Uruzgan (four facilities), Samangan (seven facilities) and Nimroz (eight facilities) had especially small sample sizes. Zabul and Uruzgan presented a problematic situation, since poor security precluded the survey teams from traveling to more than the four facilities covered in each province; the four selected facilities are unlikely to be representative of performance in the province as a whole, since these facilities are located in more secure and less remote areas, with better transportation infrastructure. Due to poor security, Zabul, Uruzgan, Kandahar and Helmand were not included in the 2005 and 2006 rounds of NHSPA, but other provinces with small numbers of facilities were included. These provinces include Nimroz (seven facilities), Farah (seven facilities), Nuristan (ten facilities), Daykundi (eleven facilities), Panjsher (eleven facilities) and Khost (twelve facilities). In addition, some provinces did not have the data required to calculate each of the indicators. Scores for the two concentration indices could not be calculated for Daykundi, since there was no information available upon which to establish the cutoffs for the wealth quintiles.

An additional limitation relates to the inability of the BSC to control for factors that affect performance in delivery of health services that are beyond the control of health managers. Many factors outside the control of MOPH officials and health managers may affect the score assigned to a province or contracting group on the BSC. Environmental factors such as security, remoteness and transportation infrastructure, and population characteristics such as literacy levels, health behaviors and attitudes toward modern health services may affect the ability of implementers to deliver services. None of these factors have been controlled for in the BSC, and it is imperative that this limitation be kept in mind when interpreting the results on the scorecard.

One more limitation which must be kept in mind is that, while the BSC is a useful tool for benchmarking performance and identifying areas of strength and weakness, this tool by itself cannot uncover the root causes of strong and weak performance. In-depth investigations are required by the central Ministry, Provincial Public Health Offices, donor agencies, implementing agencies, facility managers, members of the community, and other development partners in order to identify and address the root causes of strong and weak performance.

Mechanisms for the transfer of knowledge and country-specific best practices between facilities, provinces and agencies must be developed. Interventions that are employed to improve performance in different areas must be documented and evaluated, the results shared with others and the lessons learned applied both internally and externally. The BSC is an effective tool to the degree that it is used not to rank provinces, but to improve the quality of care, the coverage of services and equity of service utilization throughout the country, and ultimately to improve the health status of the women, men and children of Afghanistan.

**Annex-1: Sample size for NHSPA 2004, 2005 and 2006 with its distribution across provinces**

	Number of Facilities			Number of Observations of Patient-Provider Interactions			Number of Exit Interviews			Number of Health Workers Interviewed			Number of CHWs Interviewed		
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
<b>Badakhshan</b>	24	25	24	216	247	212	204	248	212	74	46	69	10	30	49
<b>Badghis</b>	20	22	24	193	203	203	183	201	203	50	40	56	16	30	17
<b>Baghlan</b>	24	25	25	207	249	249	205	250	249	65	66	57	10	28	42
<b>Balkh</b>	27	25	25	245	249	248	240	250	248	85	82	81	5	42	44
<b>Bamyan</b>	24	25	25	224	232	244	229	233	244	72	53	75	8	31	56
<b>Daykundi</b>		8	11		80	109		80	109		20	30		9	9
<b>Farah</b>	11	9	7	98	76	61	100	66	61	37	20	23	11	9	2
<b>Faryab</b>	21	25	25	205	212	229	200	217	229	66	68	67	14	33	33
<b>Ghazni</b>	20	25	25	194	234	236	198	234	236	23	60	60	6	31	32
<b>Ghor</b>	17	19	19	157	184	177	142	180	177	27	34	36	5	25	11
<b>Helmand</b>	24			192			175			58			0		
<b>Herat</b>	25	25	25	242	234	218	245	219	218	87	65	71	20	33	28
<b>Jawzjan</b>	21	25	25	206	231	212	207	233	212	50	62	64	1	31	24
<b>Kabul</b>	25	25	25	228	245	242	224	249	242	67	55	80	0	28	43
<b>Kandahar</b>	23			216			194			61			1		
<b>Kapisa</b>	21	25	23	177	230	219	166	224	219	31	54	71	0	25	20
<b>Khost</b>	14	14	12	140	126	120	138	126	120	34	28	26	5	15	5
<b>Kunar</b>	14	24	24	130	250	228	127	240	228	33	63	65	0	24	54
<b>Kunduz</b>	16	25	25	154	241	250	155	222	250	41	66	70	0	25	0
<b>Laghman</b>	23	23	23	230	221	218	225	220	218	51	60	74	6	26	39
<b>Logar</b>	24	25	25	231	200	240	237	219	240	62	57	61	0	25	45
<b>Nangarhar</b>	24	25	25	234	237	249	233	252	249	55	61	67	3	35	33
<b>Nimroz</b>	8	8	7	80	64	59	77	64	59	23	13	15	2	8	8
<b>Nuristan</b>	13	11	10	120	107	91	121	107	91	28	16	29	6	11	0
<b>Paktika</b>	16	15	16	160	136	160	159	138	160	18	21	35	0	16	12
<b>Paktiya</b>	16	21	24	161	206	236	151	202	236	49	42	67	2	25	49
<b>Panjsher</b>	14	14	11	138	122	107	128	122	107	34	28	35	3	14	30
<b>Parwan</b>	27	25	25	222	219	245	232	237	245	58	52	85	8	26	31
<b>Samangan</b>	7	18	20	68	163	189	70	163	189	26	51	48	0	24	36
<b>Saripul</b>	15	23	25	143	204	230	128	203	230	34	57	64	15	34	38
<b>Takhar</b>	25	25	25	203	246	237	207	256	237	57	55	59	3	36	79
<b>Uruzgan</b>	4			40			36			12			0		
<b>Wardak</b>	26	25	25	226	208	246	222	207	246	70	57	79	5	28	38
<b>Zabul</b>	4			39			39			15			2		
<b>National</b>	<b>617</b>	<b>629</b>	<b>630</b>	<b>5719</b>	<b>5856</b>	<b>5964</b>	<b>5597</b>	<b>5862</b>	<b>5964</b>	<b>1553</b>	<b>1452</b>	<b>1723</b>	<b>167</b>	<b>757</b>	<b>907</b>





Photographs courtesy:

Luke Powell  
P.O. Box 888  
88 Bristol Avenue  
Liverpool, Nova Scotia  
Canada B0T1K0  
luke@lukepowell.com