

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

The Balanced Scorecard Tool for Performance Improvement in Afghanistan's Health Sector An Analysis of Trends 2004 to 2008

Anbrasi Edward, Binay Kumar, David H. Peters, Faizullah Kakar, Gilbert Burnham, Ahmad Shah Salehi
Ministry of Public Health, Afghanistan, Johns Hopkins University, IHMR

ISQuA 2009

© 2003, Johns Hopkins University. All rights reserved.


Objectives

- Describe the balanced score card methodology employed for national performance assessments
- Review trends in performance of basic package of health services between 2004 and 2008
- Illustrate limitations and future directions for sustaining scorecard strategy


2

© 2003, Johns Hopkins University. All rights reserved.

Dismal Health Profile



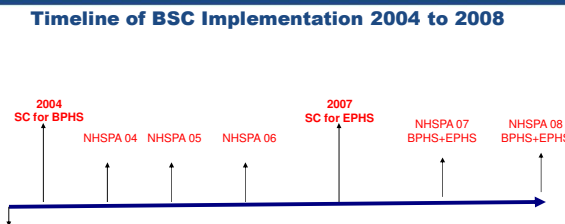
- Ranks 4th in child mortality and 2nd in Maternal Mortality
 - IMR 165 (129 in 2006,AHS)
 - U5MR 257 (191 in 2006,AHS)
 - MMR 1900
 - Life Expectancy 46y
- 23% with access to safe water
- 12% with adequate sanitation
- 7M vulnerable to hunger/famine
- 46% deaths attributed to Diarrhea
- Critical shortage of skilled health providers





3

© 2003, Johns Hopkins University. All rights reserved.

Timeline of BSC Implementation 2004 to 2008



2002... MOPH, Donor and NGO investments: health infrastructure, drugs, training, protocols, policies, guidelines

© 2003, Johns Hopkins University. All rights reserved.

Performance of Basic Package of Health Services

National Health Service Performance Assessment

- Independent assessment of MOPH and PVO performance in delivery of BPHS
- Strengthen capacity of MOPH to evaluate service delivery


Balanced Score Card – Developed in consensus with health system stakeholders to measure performance; system preparedness, service provision and outcomes of efficiency, effectiveness and equity

BSC Domains: patients and community perspectives, staff satisfaction, capacity for service provision, service provision, financial systems, overall vision

5

© 2003, Johns Hopkins University. All rights reserved.

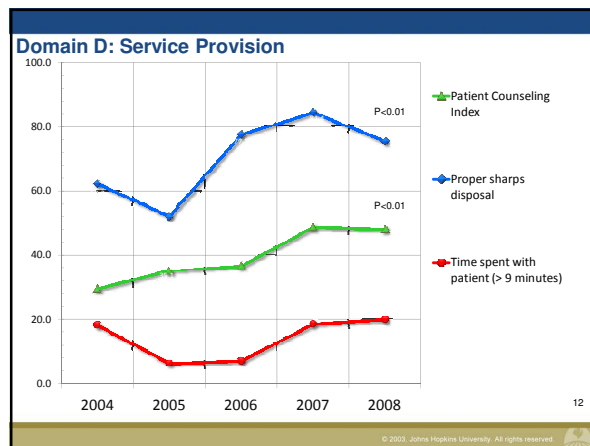
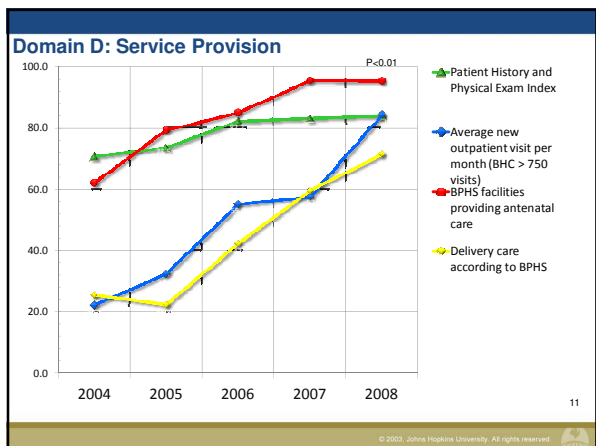
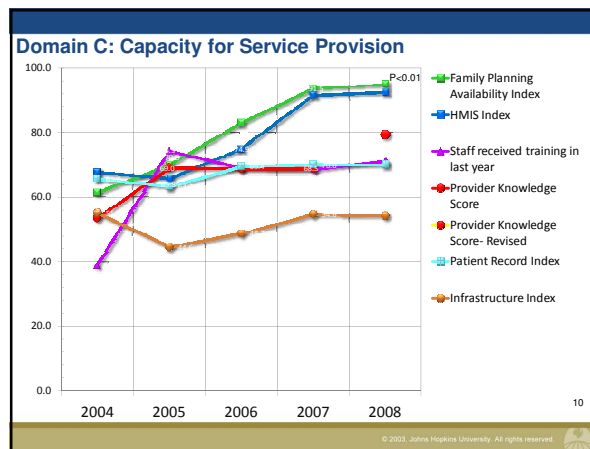
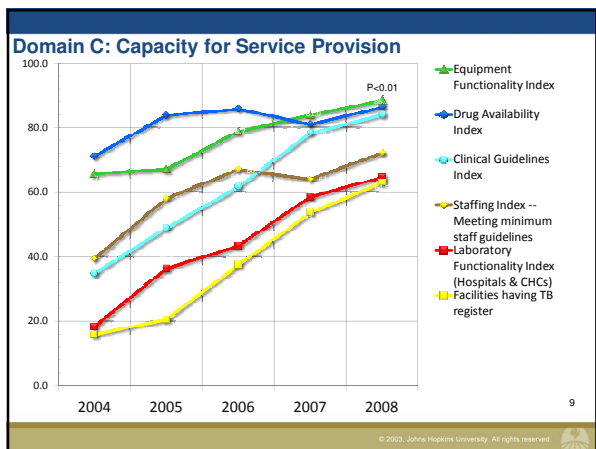
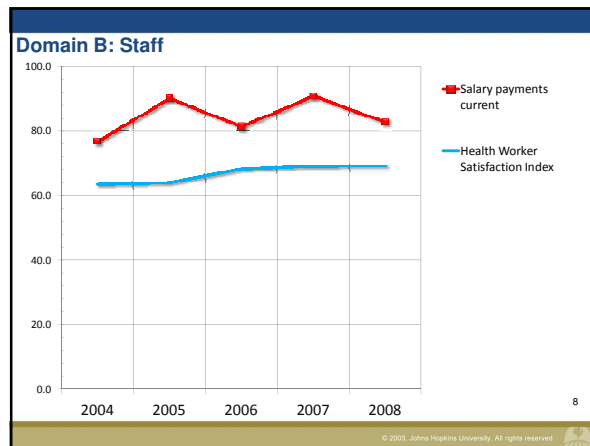
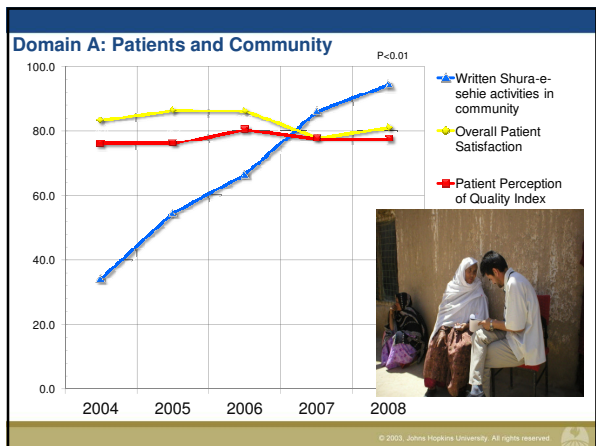
Study Design and Sampling



- Stratified random sampling of 25 health facilities per province
 - 3 District Hospitals
 - 7 Comprehensive Health Centers
 - 15 Basic Health Centers
- Case management observations of quality of care and exit interviews on a systematic random sample of 5 patients U5 and 5 adult patients
- Interviews on 5 randomly selected health providers per facility
- Total Sample
 - >600 Health facilities
 - >5000 Patient observations
 - >1500 Provider interviews

6

© 2003, Johns Hopkins University. All rights reserved.



Afghanistan Health Sector Balanced Scorecard Provincial Results 2004-2008 Page 2 of 13

Benchmarks	Badaakshan				Baghlan			
	Lower	Upper	2004	2005	2006	2007	2008	2009
A. Patients & Community								
Overall Patient Satisfaction	66.4	69.0	69.4	68.2	68.5	70.0	71.3	72.1
Perceived Acceptance of Quality Index	66.2	69.0	70.0	69.0	69.0	69.0	69.0	69.0
Written Shura-in-the-community	16.1	16.0	16.0	16.0	16.0	16.0	16.0	16.0
B. Staff								
Health Worker Satisfaction Index	56.1	57.5	57.5	56.8	56.8	57.5	57.5	57.5
Salary payments complete	52.4	52.5	52.5	52.5	52.5	52.5	52.5	52.5
C. Capacity for Service Provision								
Equipment Suitability Index	61.3	62.0	62.0	62.0	62.0	62.0	62.0	62.0
Drug Availability Index	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Staffing Availability Index	41.4	41.3	41.3	41.3	41.3	41.3	41.3	41.3
Operational Funding Index (Hospital & CHC)	1.4	1.7	1.8	1.8	1.8	1.8	1.8	1.8
Staffing Index - Meeting minimum staff guidelines	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1
1) Provider coverage score	44.8	44.8	44.8	44.8	44.8	44.8	44.8	44.8
2) Staff receives training in last year	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1
3) Health Use Index	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0
4) Clinical Quality Index	22.5	22.5	22.5	22.5	22.5	22.5	22.5	22.5
5) Patient safety index	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1
6) Patient Record Index	50.1	50.1	50.1	50.1	50.1	50.1	50.1	50.1
7) Facilities using IT system	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
D. Service Provision								
1) Patient History and Physical Exam Index	56.1	56.1	56.1	56.1	56.1	56.1	56.1	56.1
2) Patient Counseling Index	23.3	23.3	23.3	23.3	23.3	23.3	23.3	23.3
3) Proper Shura (Disciplined)	34.1	34.1	34.1	34.1	34.1	34.1	34.1	34.1
4) Appropriate care provided and per month (BSC > 75%)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
5) Time spent with patient (1/2 minutes)	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
6) BSC facilities providing emergency care	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0
7) Delivery care according to BSC	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
E. Financial Systems								
1) Offices with clean the business	80.3	100.0	98.5	98.4	98.5	100.0	98.5	98.5
2) Offices with receptors for poor patients	84.4	100.0	98.5	98.5	98.5	98.5	98.5	98.5
F. Overall Values								
1) Facilities as % of new outpatients	40.5	40.5	40.5	40.4	40.4	40.4	40.4	40.4
2) Patients with consultation index	40.0	40.0	40.0	40.0	40.0	40.0	40.0	40.0
3) Patient satisfaction concentration index	40.0	40.0	40.0	40.0	40.0	40.0	40.0	40.0
Composite Scores								
1) Upper Benchmarks Achieved	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1
2) Lower Benchmarks Achieved	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0
3) Mean scores across indicators 1 through 28	41.1	41.1	41.1	41.1	41.1	41.1	41.1	41.1

Green Above Upper Benchmark
 Yellow Above Lower & Upper Benchmark
 Red Below Lower Benchmark

Evidence of BSC in Afghanistan's Health Sector

- Afghanistan, 1st LMIC to successfully execute the BSC to improve performance of basic health services at a national level
- Opportunity for benchmarking by health systems reliant on contracting mechanisms for service delivery in conflict settings
- Significant improvements in performance between 2004 and 2008, particularly in capacity for service provision and service provision – evidence of government and donor investments
- Scorecards developed for hospital performance and health information systems

14

Limitations in Executing/Sustaining the Scorecard

- Rapid change in the Health System Landscape
 - New policies, standards, strategies, tools
 - Security Constraints
 - Reconciling indicators from other systems – HMIS, CHW
- Cascading the SC : Minimal communication of performance scores to facilities – SC as a communication tool
- Equip teams with problem solving/quality improvement tools
- Bias (observer, courtesy, not risk adjusted)
- Document Strategic Inflection Points – removal of user fees increased service utilization, investment of resources, policy changes etc

15

BSC and Performance Improvement

16

Cascading the Scorecard

17

Sustaining the Gains Achieved.....

Some wish to live within the sound of a chapel bell, I want to run a rescue shop within a yard of Hell."

CT Studd

IMR 129/1000 U5MR 191/1000 MMR 1600/100,000

18