



**THE MINISTRY OF PUBLIC HEALTH  
ISLAMIC REPUBLIC OF AFGHANISTAN**

**PERFORMANCE MANAGEMENT  
STANDARD OPERATING PROCEDURES  
THE SEHATMANDI PROJECT**

**VERSION 1.0  
JUNE 2019**

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## LIST OF ABBREVIATIONS

AHS	Afghan Health Surveys
ANC	Antenatal Care
BCC	Behavior Change Communication
BHC	Basic Health Center
BPHS	Basic Package of Health Services
BSC	Balanced Scorecard
CDC	Community Development Council
CHC	Comprehensive Health Center
CHW	Community Health Worker
CS	Caesarean Section
CYP	Couple Years of Protection
DBD	Development Budget Directorate
DH	District Hospital
DHIS2	District Health Information System 2
DPs	Development Partners
DQAP	Data Quality Assurance Plan
EPHS	Essential Package of Hospital Services
EPI	Expanded Program for Immunization
EPR	End of Project Report
EU	The European Union
GCMU	Grant and Service Contract Management Unit
GDCM	General Directorate of Curative Medicine
GDEHIS	General Directorate of Evaluation and Health Information System
GDFA	General Directorate of Finance and Administration
GDPM	General Directorate of Preventive Medicine
GDPP	General Directorate of Policy and Planning
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GMP/IYCF	Growth monitoring and Promotion and Infant and Young Child Feeding
GP	Good Performance
HEFD	Health Economics and Financing Directorate
HF	Health Facility
HMIS	Health Management Information System
HP	Health Post
HQIP	Harmonized Quality Improvement Program
IDPs	Internally Displaced Persons
IMNCI	Integrated Management of Neonatal and Childhood Illness
IYCF	Infant and Young Child Feeding
MDS	Managing Drug Supply
MHT	Mobile Health Team
MIAR	Monthly Integrated Activity Report

MOF	Ministry of Finance
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
MU	Monthly Update
NGO	Non-Governmental Organization
NL	Notification Letter
NMC	National Monitoring Checklist
NMHRA	National Medicine and Health Product Regulatory Authority
OPD	Out Patient Department
P4P	Pay for Performance
PHC	Primary Health Center
PHCC	Provincial Health Coordination Committee
PIP	Performance Improvement Plan
PMO	Performance Management Office
PNC	Postnatal Care
PPHD	Provincial Public Health Directorate
PPHO	Provincial Public Health Officer
QoC	Quality of Care
QPR	Quarterly Performance Report
RFB	Request for Bids
RFP	Request for Proposals
RMNCAH	Reproductive, Maternal, Newborn, Children and Adolescent Health
ROC	Rate of Change
SAPR	Semi-Annual Performance Review
SD	Support Department
SEHAT	System Enhancement for Health Action in Transition
SM	Strengthening Mechanism
SOP	Standard Operating Procedures
SPs	Service Providers
SS	Supportive Supervision
TB	Tuberculosis
TD	Technical Department
TORs	Terms of Reference
TPM	Third Party Monitor
UNICEF	The United Nations International Children's Emergency Fund
USAID	The United States Agency for International Development
WB	The World Bank
WHO	The World Health Organization
WL	Warning Letter

## ACKNOWLEDGEMENTS

The Sehatmandi Project looks to build on the considerable success of contracted health services in Afghanistan. The Project started delivery in January 2019 and will run until December 2022.

The Sehatmandi Service Providers have new contracts and new payment terms. They will be managed by a new Performance Management Office (PMO) in the Ministry of Public Health. There is a new performance management system, which is set out in detail in Standard Operating Procedures.

Accountability and transparency are among the most important principles of the Ministry of Public Health (MOPH) to ensure provision of effective health services for the Afghan population. The Standard Operating Procedures (SOP) for Performance Management is a crucial tool for achieving health sector aims in the light of these principles.

The time taken to complete the SOP may have been slightly longer than we anticipated. The reasons are multifaceted: complexity inherent to the government administrative procedures, ambiguity in roles and responsibilities of the central MOPH departments and provinces, and multiple stakeholders with varying strategic and political interests, but more importantly to render the process as inclusive as possible worth spending more time. We are delighted to see the Ministry overcoming these challenges.

The MOPH wishes to acknowledge the indispensable work of the Performance Management Standard Operating Procedures Development Committee who took the lead in the development of this SOP. The committee's core members were Dr. Bashir Ahmad Hamid, Dr. Ahmad Nawid Shams, Dr. Aeraj Feroz, Dr. Mahmaddullah Amarkhail, Dr. Sadiq Sarahat, Dr. Khwaja Mir Ahad Saeed, Dr. Fraidoon Farzad and Dr. Norio Kasahara.

We would also like to thank the central and provincial MOPH departments, who were instrumental in designing the performance management system, and the Service Providers for all their help in providing on-the-ground inputs to the SOP.

Finally, we would like to express our deep gratitude to the colleagues of the World Bank, the World Health Organization, the United States Agency for International Development and the European Union who provided health systems perspectives to the SOP and accommodated the committee in their offices to expedite the SOP development process.

Although the committee and all those involved, did their best to produce the best document, it will be reviewed and revised, if necessary after the first semiannual review of the project in coordination with all those parties involved in the project.



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## EXECUTIVE SUMMARY

### Objective of the SOP:

The SOP is developed to clarify the procedures involved in performance management of the Service Providers who operate under the Sehatmandi Project. It is built upon principles to bring in greater transparency, fairness and accountability in the contracting-out approach and thus thrive on more effective and efficient health systems.

The SOP intends to: i) bring clarity in management of SPs performance; ii) shift the focus from inputs to outputs of SPs; iii) optimizing MOPH's oversight through effective and meaningful contribution of all MOPH departments including central and provincial levels to boosting service delivery; iv) systematic review and incentivizing better performance of SPs; v) foster culture of data use and evidence based decision making.

### Intended users of the SOP:

This Standard Operating Procedure (SOP) is prepared for the central and provincial MOPH departments and staff, and the Service Providers (SPs) who are the BPHS/EPHS contractors. This section only attempts to illustrate how they could use the SOP in their practice.

**For the MOPH Technical Departments (TDs) And Support Departments (SDs) at Central And Provincial Levels,** the SOP is the tool to ensure that the set service quality standards and quantity thresholds are delivered under the BPHS/EPHS contracts. It helps them measure and appraise the progress of activities that SP implements. Suppose the Reproductive, Maternal, Newborn, Child and Adolescent Health Directorate (RMNCAHD) repeatedly identifies an SP who demonstrates alarming deviation from the national family planning guidelines in Province A, even after they provided necessary technical inputs for the SP to solve the problem. The RMNCAHD can invoke penalty on the poor performing SP through transparent and systematic procedures described in the SOP.

**For the SPs (or Contracting NGOs),** the SOP outlines how SPs should work with the MOPH departments and how their activities are monitored and appraised by the MOPH. The SOP serves for the SPs to engage in more frequent and technical communication with the MOPH technical departments in order to achieve continuous performance improvement over time.

### Scope of the SOP

The SOP needs to remain current to be useful. The SOP will be revised after first Semi-Annual Performance Review to take in scenarios that were not foreseen at the time of the SOP version 1.0 development.

**What It Does:** It aims to bring in more accountability and transparency in the SPs' performance by describing key procedures involved in the implementation of the Sehatmandi project. It attempts to clarify how the central and provincial MOPH reviews and appraises the SPs' performance in a systematic way. The SOP provides reasoning for quality standards and quantity thresholds that the SPs have to comply with over the life of project. It also explains possible consequences of SP's performance that include rewards, sanctions, payment, contract termination and possible debarment in accordance with how well or poorly they perform.

**What It Does Not Do:** Performance management of the health services of this magnitude and complexity is a relatively new approach for the MOPH, the SPs and the Development Partners in Afghanistan.

Although this SOP is developed using the best available evidence and experience in the country and elsewhere, it does not necessarily encompass all cases that may possibly result from introduction of the performance management system. The SPs are encouraged to communicate to the PMO whenever they experience or predict a case that is not clearly addressed in the SOP. The SOP does not prescribe in detail how the SPs meet the set standards and thresholds. The SPs are therefore expected to continuously explore and implement strategies that can drive them for better performance. This SOP also does not contradict any of the terms and conditions agreed as per the contract signed between the SPs and MOPH and in the event of any variations or digression observed in the SoP from the provisions of the contract, such contractual provisions will prevail. Lastly, this SOP does not repeat the procedures that are already described in other official documents including the laws, policies and guidelines.

## **Performance management process according to this SOP**

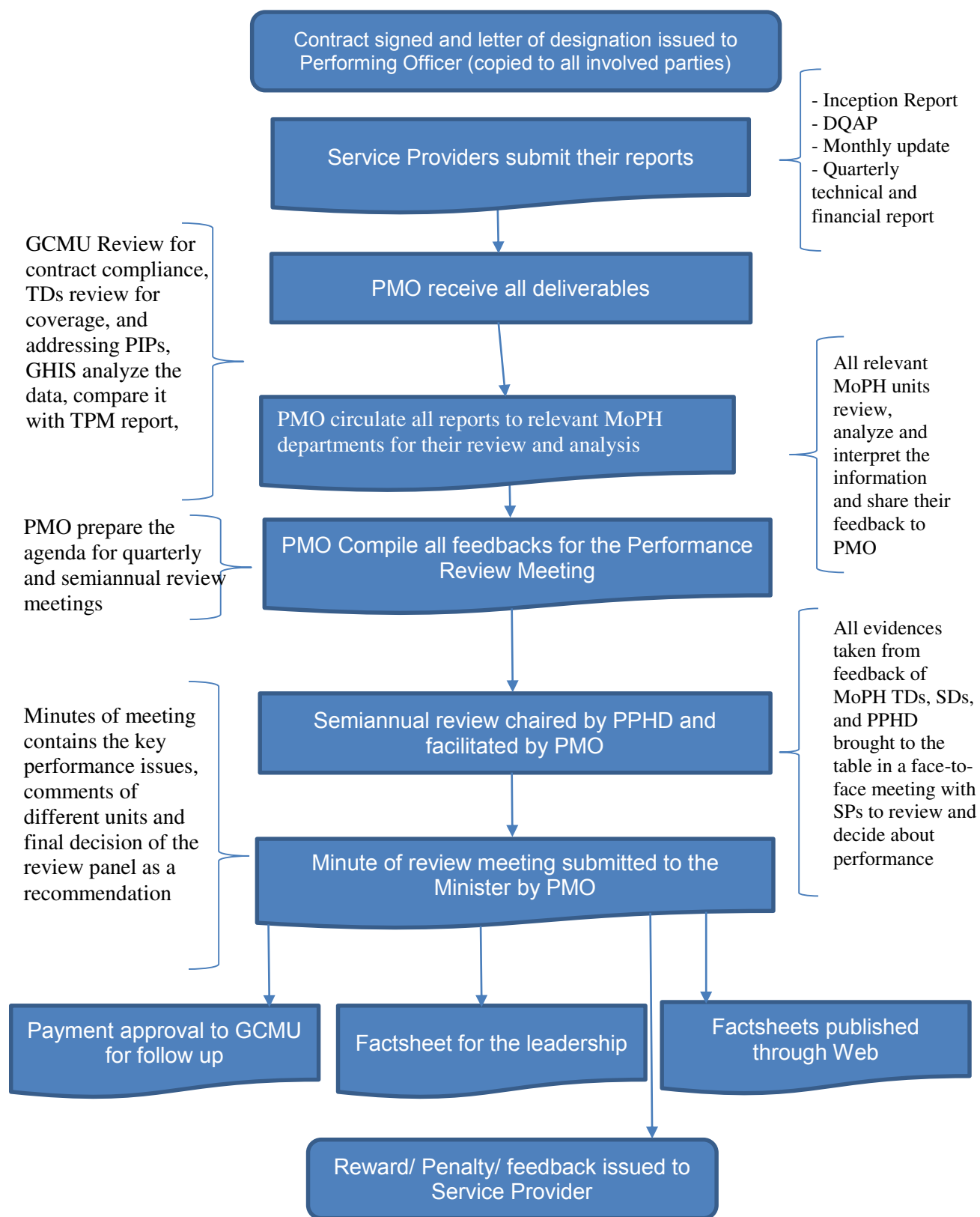
Once the contracts are signed, the contract signing authority, the Minister issues a letter of delegation of authority to the PMO Senior Performance Management Specialists to follow up performance of one or more of the contracts on behalf of the MOPH. These PMO staff act as the only point of contact between the SPs, MOPH and other stakeholders regarding the relevant contract. Upon receipt of this letter the SP will submit all deliverables according to the contract to the PMO designated officer as per set schedule (the deliverables to be submitted by SP is described in details in Chapter III of this SOP).

The PMO will share all reports and deliverables with relevant units in the MOPH to get their feedback and inputs prior to the Quarterly and Semiannual Performance Review meetings. The roles and responsibilities of each party involved in performance management are described in Chapter II of this SOP.

The MOPH has contracted the monitoring and verification of data to a third party monitor (TPM), which validate all data provided by the SP including the minimum standard of services. The General Directorate of Evaluation and Health Information System (GDEHIS) will oversee and manage the activities of the TPM. The MOPH technical team will visit the health facilities and verify the quality of care based on predefined indicators of specific interest and significance. The details of verification of data, minimum standard of services and quality of care are described in Chapter IV of this SOP.

Once the PMO receive the verification, analysis and feedback of the relevant units of the MOPH on the reports submitted by the SP, the review meetings will be organized. The Quarterly Performance Review meeting will be organized in the province or regions and the Semi-Annual Performance Review (SAPR) will be organized in Kabul. Chapter V of this SOP describes the details of this review process. As a result of SAPR, the SPs will receive their payments and their performance will be appraised based on evidence. The review result will be officially announced to the SP and to the public through website. Chapter VI, VII and VIII of the SOP explain the details of this process. The SOP has also Annexes attached to explain the more detailed information and help the PMO review performance of SPs and provide the users of this SOP with additional information. The following figure summarizes the process of performance management as defined by this SOP.

**FIGURE 1: Performance Management Process**





# CHAPTER I: INTRODUCTION

## I. Background

1. The Ministry of Public Health (MOPH) is directly responsible to guide and oversee the implementation of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) through contracting-out mechanism with Non-Governmental Organizations. Amid continued destruction of war in the country, the promising results of these interventions have been confirmed by a series of large-scale health surveys and assessments over the years. The contract management of the Service Providers (SPs) however has often been the subject of criticism that it does not enforce meaningful penalty against poorly performing SPs and that it blurs the MOPH efforts to improve the SPs' performance in technical areas of policy significance by overriding jurisdiction of the departments of MOPH. During the Presidential Summit in June 2017, H.E. the President provided strong guidance to the health sector to shift from "narrow contract management" to "broader performance management" to bring about accelerated improvement in health outcomes. The MOPH, the World Bank and other key stakeholders have taken this guidance very seriously and it is reflected in the new approach to contracting under the Sehatmandi project.

2. Performance management of the service providers (SPs) is a significant shift away from the current approaches of health service management. It focuses on key performance attributes that the MOPH wishes the SPs to achieve. More specifically, it moves beyond simple contract compliance checks to a continuous drive for higher performance in the sectoral priority areas. In order to flesh out a new approach to tracking and reporting, backed up with a fixed schedule of quality assurance visits, within a new performance management system, the MOPH leadership determined to develop Performance Management Standard Operating Procedure (SOP).

## II. Performance Management

3. **Definition of Performance:** The MOPH defines performance as, a bundle of actions that deliver BPHS/EPHS by maximizing the impact of health services, by ensuring greater coverage of the services for the target population with quality services that meet their needs and by establishing more efficient, transparent and accountable service delivery mechanism.

4. **Purpose of performance management:** A performance management is defined by Aguinis H. as "a continuous process of identifying, measuring and developing the performance of individuals and teams and aligning performance with the strategic goals of the organization."<sup>1</sup> The MOPH performance management aims:

- To bring about greater accountability and efficiency in the delivery of BPHS/EPHS for the target population by focusing more on performance of SPs and harnessing technical capacity of the MOPH, SPs and Development Partners.
- Alignment of incentives between MOPH and SPs to enhance quantity and quality of health services in the form of pay-for-performance.

5. **Performance Management System:** Performance management system is the process of continuously scanning, identifying, assessing and improving performance of the Service Providers (SPs) by linking each SP's performance and objectives to the overall sectoral mission and goals. It has a one-year cycle and is repeated during the life of the Sehatmandi project. Within the system, the MOPH Technical Departments (TDs) carry out their coaching and mentoring activities for the SPs to meet specific technical

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<sup>1</sup> Aguinis H. Performance Management (3rd Edition). 2013.

quality standards through regular visits to the field and review of the SP's Monthly Update (MU) and Quarterly Report (Chapter V).

6. The performance management system involves two performance appraisals in a year based primarily on the eleven performance indicators (i.e. P4P indicators), the Minimum Standards of health services and the Quality of Care. The appraisal also synthesizes evidence collected from provinces by TDs, and the Third Party Monitor (TPM) reports are used to judge if an SP meets the performance standard and minimum threshold. Following chapters explain how SP performance is measured and appraised (Chapter IV and VI). Performance management entails regular collection and analysis of information that is defined to measure "performance" at different levels from different perspectives. The information will be derived from data obtained through national surveys, TPM reports, HMIS, field visits and assessments and analyzed for the management decisions. Evidence-based decisions (i.e. appraisal results) made to improve performance of SPs will inform subsequent contract compliance and payment decisions to be made by the MOPH leadership, within the provisions and conditions of the contract. Appraisal results can lead to rewards or penalty under the Sehatmandi project, and will further influence on a follow-on project to the project in some cases (see Chapter VI, VII and VIII).

## CHAPTER II: GOVERNANCE

### I. Performance Management Office

7. Shifting to a performance management paradigm, the MOPH leadership set out to detach performance management functions from procurement and contract compliance activities and create the Performance Management Office (PMO), without necessarily over-centralizing the authorities in one department. The PMO will be **the first and only point of contact** for the SPs who are contracted out for the BPHS/EPHS and play a liaison role in the performance management system (see Annex 1: TORs for the PMO).

### II. Roles and Responsibilities

8. **Overview of Roles and Responsibilities of TDs, SDs and SPs:** There are essentially three key results that the performance management system expects: the Quality of Care (QoC), the pay-for-performance (P4P) indicators and the Minimum Standards of services. To accomplish these results, the TDs, Support Departments (SDs), Provincial Public Health Directorates (PPHDs) and SPs will play their roles and responsibilities at each stage of the performance management system. The system embarks on greater roles and responsibilities of PPHDs and PPHOs in the management of SP performance. The PMO will facilitate the process involved in the system, liaising with the TDs, SDs, PPHDs and SPs. Decision made within the performance management system is a sole responsibility of the MOPH leadership (Figure 1). Annex 2 also attempts to illustrate how the MOPH departments operate in key procedures in the performance management system.

#### 9. Roles and Responsibilities of central TDs and SDs:

- Once the contract is prepared by GCMU and processed as per the procurement procedures and signed by the Minister, a copy of the contract together with a designation letter to the Senior Performance Management Specialists will be issued to delegate authorities (Annex 3). The designation letter is issued to the Senior Performance Management Specialists and will be copied to all TDs and SDs within the MOPH and to the SPs.
- The TDs will provide technical updates on new developments in their technical fields regularly through the designated Senior Performance Management Specialists to the SPs.
- The TDs also receive, review and analyze a copy of the Quarterly Performance Report, HMIS Reports, Balanced Scorecards, verification reports of TPM and other relevant reports. The TDs provide their feedback to the Senior Performance Management Specialists in writing with key recommendations.
- The TDs conduct field supervision visits to ensure that the health services delivered by the SPs meet the quality standards set forth by the TDs, as well as provide the SPs with on-the-job technical assistance through coaching approach.
- The frequency of supervision visits by TDs will be decided based on need (risk-based).
- The TDs and SDs participate in the Semi-Annual Performance Review meetings with the SPs and provide their feedback and recommendation directly to the SPs.
- If the MUs, Quarterly Performance Review and/or Semi-Annual Performance Review detect some technical challenges or shortcomings of SPs, the TDs will provide technical assistance for SPs to develop a Performance Improvement Plan (PIP) and follow up on its progress in collaboration with the PMO.
- The GDEHIS team will take the lead of data analysis for the Quarterly Performance Review and Semi-Annual Performance Review by involving the TDs and synthesizing the TPM report. GDEHIS will provide consolidated feedback to the PPHDs and SPs through PMO for

performance improvement, and solid evidence to the Senior Performance Management Specialists who prepare on a semi-annual basis a *Pehshnahad* for the Minister's decision on rewards/penalty.

- Verification of the HMIS reports and the Minimum Standard of Services is the sole responsibility of the TPM. The SP is responsible to conduct preliminary verification of HF reports before its submission to the MOPH.
- The TPM is obliged to propose and implement data verification method to ascertain the service delivery in insecure areas, in addition to secure areas.
- The Grant and Service Contract Management Unit (GCMU) will carry out contract compliance checks during the life of the project. GCMU will also process the payment claims of SPs on the Lump-sum component and the P4P component every six months.
- GCMU will process any contract amendments and payment adjustment proposed by the Performance Management Office and approved by the contracting authority, i.e. the Minister, as per the existing procedures and general and specific conditions for amendments in the contract.
- In case of termination of a contract due to performance failures the GCMU will lead the process to replace the terminated SP in timely manner to ensure uninterrupted service delivery (Chapter VII).
- The Development Budget Department (DBD) will process the payments of SPs according to the payment schedule described in the RFP (Chapter VIII).
- The General Directorate of Policy and Planning (GDPP) will receive from the PMO the Quarterly Reports, and Semi-Annual Review Reports and provide feedback to the PMO on systems and policy issues.
- The Emergency Preparedness and Response Unit will coordinate efforts to address any health emergency through the Senior Performance Management Specialists with relevant SPs.
- All MOPH departments will contact the Performance Management Office in case of need for any update and reports with regard to performance management of SPs.
- The Strengthening Mechanism -SM provinces (Kapisa, Panjsher and Parwan) are included in the performance management system and their performance will be reviewed against the performance benchmarks put forward in this SOP (Chapter VII).

#### 10. **Roles and Responsibilities of PPHDs and PPHOs:**

- Provincial Public Health Directorate (PPHD) will be primarily responsible for the performance of the SP that operates in the province.
- PPHD will be given a shared authority to influence decisions on reward for and penalty against the SP, only when sound evidence is provided and verified by TPM (Chapter IV).<sup>2</sup>
- PPHD will monitor and review the performance of the SP on a regular basis as per the performance management system, and report to the PMO (see Chapter I).
- PPHD will work with the Citizen's Charter program and responsive to the voices of the communities s/he serves (Chapter IV).
- The Provincial public health officers undertake *systematic* supervision and monitoring of SP performance at all HFs in every six months and ensure quality of care is provided as per standards and guidelines set forth by the TDs.
- PPHOs will report their findings to the PPHD first and the TDs in the central MOPH.

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<sup>2</sup> Evidence should be constituted of systematic measurement of pre-defined indicators of policy priority. Claims against performance defect derived without evidence or a defect occurrence picked on at one specific point in time will not immediately affect penalty decisions but may do so when repeated and when evidence supports.

- In collaboration with the PMO and TDs, the PPHD and PPHOs will assist the SP to develop a Performance Improvement Plan (PIP) after the Quarterly Performance Review when problems are identified, and monitor the implementation of the PIP.
- The PPHDs will communicate to the PMO on issues related to the performance of SP.

**11. Roles and Responsibilities of Service Providers:**

- For the SPs, the PMO is the first and only point of contact of the MOPH so far as the BPHS and EPHS are concerned.
- The SPs will report progress during implementation on a monthly basis to the PMO – i.e. Monthly Updates (Chapter III).
- The SPs will produce, within one month of contract signing, a Data Quality Assurance Plan and submit it to the PMO (Chapter III).
- Maintain services as contracted, with the Minimum Standards of Services (Chapter VI), unless changes are agreed in advance and in writing with the PMO.
- Submit within 20 calendar days of the end of the solar (*SHAMSI*) calendar quarter a Quarterly Report using the report template (Chapter III).
- When a performance failure is pointed to by the TDs through the PMO (Chapter VI), develop a Performance Improvement Plan (PIP) in collaboration with the PMO and TDs and submit it to the PMO within one week after each Quarterly Performance Review.
- Cooperate with all Third Party Monitor (TPM) visits and requests, and all Ministry or other facility visits or information requests, so long as these are within the coordinated plan drawn up by the PMO and shared with the SP.
- Make any required correction following identification of verification errors within two weeks of receipt of the official notification.
- Notify the PMO immediately any forced facility closures and disruption of the services (i.e. Force Majeure), and submit supporting evidence within one week after the event occurrence.

**12. Roles and Responsibilities of Off-Budget Direct Service Delivery:** To avoid duplication of activities and wastage of resources, the SPs and MoPH departments should inform and obtain a written agreement of the PMO prior to the implementation of projects with the same indicators as Sehatmandi Project. The Public Health Minister will make decision on whether to call in an off-budget direct service delivery funded by the Development Partners, when:

- The SP operating in the province demonstrates to the satisfaction of MoPH that provisions are not included in the existing contract for the kind of services proposed/required and location covered by Sehatmandi Project.
- The SP operating in the province demonstrates documented failure(s) in providing the service(s) in question, and/or
- The SP services are overwhelmed with sudden influx of population (e.g. Internally Displaced Persons [IDPs], returnees etc.) and/or in times of natural calamities.

**III. Decision Making Mechanism**

**IV. 13.** In order to ensure timely decision-making, HE the Minister of Public Health will make decisions with regard to the rewards for and disciplinary actions against the SP performance, based upon *Pehshnahad* prepared by the PMO who summarizes suggestions from the Semi-Annual Performance Review. Subject to the specific terms and conditions and review requirements as required as per the Grant agreements between the Government and the Development Partners, the decisions the

Minister makes on contract amendment and payment will be based on *Pehshnahad* prepared by GCMU.**Certificate for the Performance Manager**

14. In addition to the Senior Performance Managers stationed in the PMO, those who wish to participate in the Quarterly Performance Review and Semi-Annual Performance Review are obliged to pass the final examination on the Performance Management SOP certificate course. The certificate course aims to build capacity of the MOPH officers and SPs in implementing the SOP. A refresher course will be provided to the involved officers after one year.

## CHAPTER III: DELIVERABLES

15. This chapter gives details on the reporting requirements of the service providers required for ensuring their accountability and satisfactory submission of the defined deliverables under the contract. Based on the requirements of the Performance Management System and deliverables of the contract, the Service Provider will provide the MOPH with the following reports and plans (Table 1). **All the deliverables listed in Table 1 should be submitted to the PMO.** The PMO will immediately relay the deliverables to the relevant units in the MOPH.

**TABLE 1: List of Deliverables to be submitted by SPs**

#	Reports	Contract/SOP requirement	Frequency	Deadline	Form
1	Inception Report	Contract	One-off	Within 15 days after contract signing	As per the contract requirement
2	Data Quality Assurance Plan (including Internal Verification System)	SOP	At every revision	Within one month after contract signing	Guidance
3	Monthly Update	SOP	Monthly	Within one week after the end of the month	Form 1 in Annex 4
4	Quarterly Report including Quarterly Performance Report, Quarterly Financial Report and HMIS reports	Contract and SOP	Quarterly	Within 20 calendar days of the end of the solar ( <i>SHAMSI</i> ) calendar quarter	Form 2 in Annex 4
5	Performance Improvement Plan	SOP	Following each findings	Within one week after each findings	Form 3 in Annex 4
6	Inventory List	Contract	Semi-annually	Along relevant Quarterly Reports	As per the contract requirement
7	End of Project Report (EPR)	Contract	One-off	Within one month after the completion of the project	As per the contract requirement
8	Specific notification including emergency situation (i.e. Force Majeure)	SOP	When necessary	Within 1 week of unexpected events	Guidance

16. **Inception Report:** As per the contract obligations, this is the first report that SP should submit to the PMO 15 days after signing of the contract. The details of the content, requirements and templates of this report are found in the TORs of BPHS/EPHS services contracts.

17. **Data Quality Assurance Plan:** The SPs are the primarily responsible for data quality assurance and verification of HF data, as such they should produce, within one month of contract signing, a Data Quality Assurance Plan (DQAP) including internal verification systems. The Senior Performance Management Specialists of the MOPH will regularly measure the progress of this plan in close coordination with the SPs and will revise the DQAP during the project implementation period as necessary. The purpose of this plan is to describe basic and routine activities to ensure data quality. There is no specific form for the DQAP but it should address the following questions:

- i. How will you ensure capacity building for the staff in terms of effective recording of the routine data, data use and producing the reports (HF and office level)?
- ii. What and how often will you conduct supportive supervision to the staff and HFs?

- iii. How will you secure financial and logistical resources (i.e. supply of standard recording and reporting tools etc.) for data quality assurance?
- iv. How will you ensure quality record keeping (availability of shelves, documentation of hard copies in an accessible manner and maintenance of databases and soft copy of the data and reports)?
- v. How will you carry out routine cross-checking and internal verification mechanism: regular verification checks for validity, reliability, precision, integrity and timeliness?<sup>3</sup>

18. **Monthly Updates:** During the project implementation, the SPs should update the PMO on a monthly basis the progress on the performance indicators including the P4P indicators and operations challenge – i.e. exception report. The Monthly Updates must be submitted within one week after the end of the month, covering at least the following points:

- Specific service and operation-related problems that HF(s) face or be any other issues associated with quality of care,
- Staffing status and salary payment,
- Procurement of medical products including pharmaceuticals,
- Water and power supply at HFs,
- Local political interference,
- Security updates in specific area(s) in the province, and
- Number of functioning HFs.

19. **Quarterly Report:** As part of the contract requirement, the SP will provide the MOPH with detailed Quarterly Report which includes the Quarterly Performance Report, Financial Report and HMIS, describing relevant activities undertaken in fulfillment of the terms of reference (TORs). The details of the content, requirements and templates of this report can be found in the TORs of BPHS/EPHS services contracts. The Quarterly Performance Reports will subsequently be compiled in a consolidated report that the PMO and GDEHIS will generate every quarter (or a dashboard). This will show the performance of the SPs in all provinces. The consolidated report (or a dashboard) will be circulated within three weeks of the end of the quarter, throughout the Ministry, to donors and other interested partners, and to all SPs. It will also be posted online on the Ministry's website. The Quarterly Performance Report will include:

- Performance against the quarterly target in each of eleven services;
- Summary of any service days lost;
- Summary of staffing levels;
- High-level estimate of pharmaceutical supply;
- Significant changes to service delivery (including improvements/innovations) or the local context;
- Internal quality assurance (conducted by the Service Provider) and external quality assurance and audit activities (i.e. the TPM);
- Summary of community engagement.

20. **Performance Improvement Plan:** The Performance Improvement Plan (PIP) aims to help the SP identify performance-related problems and implement corrective actions against them within a specific timeframe. The PIP will be used as a tool for the SP and PMO to follow up on the progress in the performance improvement activities. As appropriate, use root cause analysis tools to help identify root causes of identified problems and come up with corrective measures.<sup>4</sup> The SP should submit the PIP within one week after the problem identification. The PIP will cover the remedial actions identified and agreed

<sup>3</sup> The TOPS Program. Food Security and Nutrition Network (FSN).Data Quality Assurance Plan. Available from: [http://www.fsnnetwork.org/sites/default/files/Data\\_quality\\_%20assurance\\_short.pdf](http://www.fsnnetwork.org/sites/default/files/Data_quality_%20assurance_short.pdf)

<sup>4</sup> Management Sciences for Health. Managers Who Lead: A Handbook for Improving Health Services; TOOLKIT (pp.198 - 210). Cambridge, MA:2005. Available from: <https://www.msh.org/sites/msh.org/files/mwl-2008-edition.pdf>



upon by the SP and Senior Performance Management Specialists. The MOPH assigned Senior Performance Management Specialists will regularly measure the progress of this plan (see the format for PIP in Annex 4).

21. **Inventory List:** The Inventory list is also one of the contractual requirements and the SP will submit it to the Provincial Public Health Director (PPHD) and the GCMU via the PMO. The details of the requirements for this report are found in the TORs of BPHS/EPHS services contracts.

22. **End of Project Report:** As per the requirements of BPHS/EPHS services contracts, the SP should submit the End of Project Report (EPR) one month after completion of the contract. Please see the TORs of BPHS/EPHS services contracts for the details for the requirements and contents of this report.

23. **Specific Notification (including emergency situations):** The SPs should immediately notify the Senior Performance Management Specialists of any unexpected events/incidence i.e. forced facility closures, serious security deterioration, loss of their staff, damage of HFs building, damage of supply, natural disaster and etc. Following the receipt of this notification/report, the PMO is responsible to review, analyze, disseminate the report among concerned parties and take appropriate possible actions.

## CHAPTER IV: REPORT VERIFICATION

24. The MOPH will continue to value the importance of independent and robust measurement of results. To make sound decisions, data collected and used by the MOPH and SPs should comply with principles of data quality assurance: validity, integrity, reliability, precision and timeliness. Third Party Monitor (TPM) remains one of the key strategies to help the MOPH make evidence-based decisions in the performance management. Following describes various data verification methods to be built into the performance management system.

25. **Verification by TPM:** The TPM allows the MOPH and other stakeholders to track and trace, and verify the data on utilization and quality of the health service delivery. To inform the decisions in performance management, the TPM will conduct an annual BSC, semi-annual independent verification of P4P indicators (BPHS/EPHS) reported by SPs, six-monthly Minimum Standards of Service assessment and annual Drug Quality Assessment. The TPM will verify each of the eleven P4P indicators and help the MOPH ascertain the installment amount relative to the quantity of services verified. The TPM will also look to the services defined by the Minimum Standards of Services. See more details in Chapter VI and “the TORs for Third Party Monitoring and Evaluation of the Sehatmandi Project For Balance scorecard, HMIS verification & Health facility functionality Assessment and Drug Quality Assessment”.

26. **Grievance Redress Mechanism for TPM Reports:** Because of the limited time between submission date of the TPM’s draft report and the Semi-Annual Performance Review (SAPR), the PMO will proceed to the SAPR and payment based on the draft TPM report without waiting for the final report. The SPs will be given five (5) business days to review the TPM Report and provide their comments to the PMO, if they find erroneous observation in the report. Their comments will be addressed by the TPM within 2 weeks after the deadline of the SP comments. If the comments turn out to be valid, the payment will be adjusted in the following SAPR.

27. **Community Verification:** Community verification and monitoring of health services underpins the MOPH data quality assurance system for which the TPM is responsible.

28. **Verification by the Monitoring Directorate of GDEHIS:** the Monitoring Department will:

- Ensure that the TPM conducts the assessments as described in the Terms of Reference.
- M&E department representative will be a member of the multidisciplinary committee to validate Force Majeure case(s) assigned by the Minister of Public Health.

29. **TDs’ Verification of Quality of Care:** The TDs will continue their technical supervision and assistance for the PPHOs and SPs in provinces. The TDs and PPHDs will mobilize the PPHOs to visit HFs to ensure quality of care is provided as per the national guidelines and standards. To assure quality of their observations and data they collect, the TDs will make sure that the HF visits are carried out in the presence of PPHO(s), and SP so that their findings are not biased. It is important to understand that information of TDs’ concern is not necessarily robust statistics that presents performance of an SP as a whole but can be qualitative, process-oriented and operational information specific to one or two HFs, which can bring about maybe a small but quite often more meaningful change in the quality of care that a HF provides. Annex 10 describes indicators for quality of care to be verified by TDs.

30. **Verification of Force Majeure Cases:** Force Majeure is defined as an event which is beyond the reasonable control of a SP, is not foreseeable, is unavoidable, and makes a SP’s performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible under the circumstances, and subject to those requirements, includes, but is not limited to, war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other

industrial action confiscation or any other action by government agencies. Please see the signed contracts for more detailed description of Force Majeure.

31. Any event of Force Majeure reported by an SP will be investigated and verified by a special committee (GCMU focal person, Monitoring and evaluation directorate and PPHD).

32. **Verification by the SPs:** the SPs are responsible for ensuring the accuracy and validity of data. They should have their own verification system as per their Data Quality Assurance Plan (DQAPs). The SPs will, as a minimum:

- Undertake a quarterly check of their records (including all databases and paper records) for accuracy, timeliness and consistency with claims for payment;
- Report in the quarterly report summary of feedback gathered from patients/communities, and a log of all complaints received and actions taken;
- Present a verbal and written update on these activities and their findings to the semi-annual review meeting.

## CHAPTER V: PERFORMANCE REVIEW

33. In accordance with the Performance Management System described in the previous chapter, the performance reviews will be conducted at different levels at different points in time. Any individual from MOPH side participating in the review meetings must:

- Receive a certificate course on Performance Management SOP and;
- Sign a Conflict of Interest Waiver Consent Form (Annex 15).

34. **Monthly Update:** The Monthly Update (MU) serves to detect a specific problem associated with the SP performance, which may grow into a bigger problem to invoke disciplinary action or penalty, if not addressed at the right time. Mode of the MU can be email, face-to-face meeting between the PMO and the SP, or even telephone call. Topics to be discussed may include:

- Specific service and operation-related problems that HF(s) face or be any other issues associated with quality of care,
- Staffing status and salary payment,
- Procurement of medical products including pharmaceuticals,
- Water and power supply at HFs,
- Local political interference,
- Security updates in specific area(s) in the province and etc.
- Number of functioning health facilities

Output of the MUs will be a one-pager to be submitted by the SP along with a brief action plan if required (Annex 4). The one-pager will feed into the Performance Improvement Plan if the SP cannot correct the performance challenge before the following MU takes place.

35. Even though the MUs do not instantaneously trigger MOPH decision on the disciplinary actions, some consequence may result, when same repeated failures are observed over time (Chapter VII). The MUs with a brief action plan should be considered as a tool to give the MOPH critical additional information as to how the SP takes actions against identified problems and help the SP reinforce evidence to mitigate the consequences that may arise. MU will also be used by the TDs to weigh in to provide necessary technical assistance to address the problems that are identified.

36. **Quarterly Performance Review:** A full-day Quarterly Performance Review will be conducted by the end of the sixth week of the next quarter in provinces or regions (Kabul, Balkh, Nangarhar, Herat and Kandahar).<sup>5</sup> With direct assistance from the PMO, the Quarterly Performance Review meeting will be chaired by the Provincial Public Health Director (PPHD). The composition of the meeting participants should be determined by the PPHD in consultation with the PMO and SP, depending on the specific problems identified in the Quarterly Performance Report submitted to the MOPH. The expected outputs of this review will be:

- Record of discussion on the Quarterly Performance Report submitted to the MOPH;
- A Performance Improvement Plan (PIP) developed by the SP based on the three MUs and action plans produced in the previous quarter.

The PPHD will send the results of the Quarterly Performance Review to the PMO. The PMO will compile the results and draw on to complete the Performance Management Dashboard for the Semi-Annual Performance Review.

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<sup>5</sup> PPHD should consult the PMO where and how to organize the Quarterly Performance Review. See Annex 14 for the Terms of Reference for the Quarterly Performance Review.

37. **Semi-Annual Performance Review:** Semi-annual Performance Review (SAPR) will be called for by the PMO within 20 business days after the submission of the TPM report. The SAPR is a multi-disciplinary committee that involves SPs, MOPH TDs, SDs, PPHDs and reviews key performance milestones to embody the overall objective of the performance management system. The committee shall meet semiannually in Kabul. There will be a separate full-day review meetings concurrently taking place for each contract. The review meetings will be finished within two weeks after the end of the seventh month. The PMO will fill out the SAPR Checklist using the TPM report and submit it to the Minister for his approval (Annex 5). Please see Annex 6 for the TORs of SAPR.

38. **Decision-Making Mechanism in SAPR:** Rewards for and disciplinary actions against an SP under review will be determined by a simple majority vote of the SAPR committee members. The secretariat will prepare a *Pehshnahad* for the final decision to be made by HE the Minister of Public Health.

39. **Tariff Review:** Tariffs were set by the MOPH using the best available data. The method for the tariff setting can be found in Annex 7. Tariffs will never be exactly “right” but there are two mechanisms for adjusting them as follows.

Mechanism 1: The SPs can reflect tariffs that are too low by putting in a higher lump-sum bid or, if they think tariffs are too high, putting in a low lump-sum bid.

Mechanism 2: There will be transparent process for adjusting tariffs country-wide based on experience. Once a year, when SP finds the tariff set forth by the MOPH lower (or higher) relative to the actual cost of the services they provide, the SP can send a written request to the PMO to consider change in the tariff along with supporting documents (i.e. evidence) that justify cost increase (or decrease) associated with the health services delivery. The PMO will liaise with SDs including Health Economics and Financing Department (HEFD) and GCMU and verify requested change in the tariff and seek for the final decision to be made by the Health Sector Oversight Committee. The Committee will consider whether or not all 11 key service targets are set at the right level. They may consider increasing or decreasing incentives for particular services. Any budget adjustment agreed upon will be put out to a short consultation with the SPs (to be completed within three months), with revised targets or pricing rolled out nine months after the review meeting. The GCMU will adjust the budget accordingly within the budget ceiling as necessary.

40. **Performance Management Dashboards:** The GDEHIS in coordination with the PMO will develop a performance dashboard that summarizes the key performance attributes in one screen, which will allow for the stakeholders to access to all SPs’ performance status through DHIS2 if interested. There will be two types of performance dashboards: one at an aggregate (or national) level, the other at individual SP level. The aggregate dashboard will help the MOPH leadership understand how well/poorly the BPHS/EPHS are delivered and make policy decisions as to whether the performance management of BPHS/EPHS requires modification. The individual SP dashboard provides the community, PPHDs, central departments and DPs with information of SP’s performance including Star-rating, Performance Scores and consequences they get.

## CHAPTER VI: EXPECTED RESULTS

41. The Performance Management System essentially focuses on three key expected result areas: improved P4P indicators, delivery of the Minimum Standards of Services and improved Quality of Care (QoC). This chapter describes how quantity thresholds of services and QoC are defined.

### I. Pay for Performance

42. **Pay for Performance (P4P):** MOPH has identified priority services for which the SP will receive a fixed amount based on set targets for each province. Achievement of the Minimum Level of services (calculated based on current minimum level of performance) is a must, performance below the Minimum Level will trigger disciplinary actions by the MOPH, which could lead to termination of the contract and exclusion from following BPHS/EPHS bidding process, subject to the due process to be followed as per conditions of the contract (Chapter VII). The payment however will be made on the actual numbers achieved and verified by the TPM report. The P4P will be provided for each of the following eleven indicators:

1. Antenatal Visits (all visits)
2. Postnatal visits (all visits)
3. Institutional deliveries excluding C-Section
4. Family Planning-Couple Years of Protection (CYP)
5. Penta-3 for children under one year
6. TT2+ for women of reproductive age
7. Number of sputum smear (+) TB cases treated
8. Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women (GMP/IYCF)
9. Under five children morbidities (HMIS-MIAR-A1-morbidities)
10. Caesarean Section (CS)
11. Major Surgeries excluding C-Section

Each of these P4P indicators has the Minimum Level, Index (target) and Maximum Level values for SP to work with. The values have been set based on a method developed by the MOPH as follows.

43. **Minimum Level of P4P Indicators:** Minimum level is the lowest acceptable level, below which an SP must not perform. Doing so will result in the disciplinary action (Chapter VII). The minimum level is set for each P4P indicator for a specific period of time. Generally, the Minimum Level for ten (10) out of eleven P4P indicators is calculated using the 25<sup>th</sup> percentile of data gleaned from the HMIS database for the last 5 years. The 25<sup>th</sup> percentile value has been selected as the Minimum Level for the following reasons:

- If the bar is set too low and lax – i.e. at the smallest observed value (in lieu of the 25<sup>th</sup> percentile), it will not galvanize the SPs to aspire for higher performance.
- Mean and median values set as lowest benchmark will give a narrower range of P4P indicator to change towards its maximum value, as compared to the 25<sup>th</sup> percentile value. A wider range of values between the 25<sup>th</sup> percentile and the Maximum Level will give leeway to respond to unexpected situation such as: worsened security compromises the health service delivery and thus the P4P indicators get worse, or, in the absence of TPM, previous HMIS may contain the data that was already over-reported which then set the median/mean values higher than they actually were, making it harder for the SP to keep up with it.

In Annex 8, you will find data to support above reasoning for the 25<sup>th</sup> percentile value to be set as the Minimum Level.

44. **Index (Target) of P4P Indicators:** Index is defined as expected value for SP to achieve (or target). Index can be used to monitor change in performance within the province where a specific SP operates, and can also be used to measure performance of indicators among SPs in all provinces by the MOPH. If the P4P indicators had been measured in the Afghan Health Surveys (AHS) 2012 and 2015, Index is calculated using an annual rate of change (ROC) in the indicator values: a difference in the national mean values between AHS2012 and AHS2015 divided by the number of years between 2012 and 2015, which is 3 years. These indicators include Delivery, Antenatal visits, Penta3 and TT2 Vaccines and Family Planning. Please see Annex 8 for examples of how the Indices are calculated.

45. **Maximum Level of P4P Indicators:** Maximum Level is the highest benchmark or the highest borderline value, which is tied with budget cap. The SP performance can exceed the Maximum Level. The quantity of service delivered beyond it will **NOT** be paid for by the MOPH, unless the contract is amended. If the 2019 Index calculation generates a number greater than a mean value of AHS2015 in a province, the Maximum Level should be the same as the Index.

46. **Review of P4P Indicators:** The P4P indicators included in the Quarterly Performance Report will be submitted to the PMO and reviewed by the TDs, GDEHS and GCMU. The reported P4P indicator values will be examined on a quarterly basis at central and provincial level by comparing the information available at hand, but will not be verified until the TPM report is made available. Therefore, the Quarterly Performance Review will not directly influence payment decisions: it's the Semi-Annual Performance Review (SAPR) that triggers payment decisions based on evidence verified by the TPM report (see Chapter IV).

## II. Minimum Standards of Services

47. The SP must meet a number of minimum standards detailed in Table 2. Any deficiency in achieving the minimum standards as per the TPM verification is going to trigger MOPH's step in rights with disciplinary actions which will not necessarily result in financial penalty immediately (see Chapter VIII).

**TABLE 2: Minimum Standards of Services**

Activities/ services	Minimum standards	Means of verification	Verification method
<b>Key staff as defined by the RFP</b>	At least 70% of staff time in the province	Consultant's quarterly reports	Third party verification by attendance sheet
<b>Active Health posts</b>	<b>Staff:</b> At least one female CHW in all Health Posts,	Monthly Activity Reports submitted to the Health Facility	Third party audit of CHW tally sheets and monthly activity reports in the health facilities
	<b>Services:</b> Nutrition, family planning, management of simple ARI/Diarrhea and referrals to HFs.		
<b>Active PHC s</b>	<b>Staff:</b> One midwife and one nurse in all PHCs	Attendance sheet	Review of attendance sheets by TPM
	<b>Services:</b> other than P4P as per the BPHS 2011.	Registration and HMIS report	Review by TPM
	<b>Medicine/ Equipment:</b> as per BPHS guideline	HMIS Report, and observation	TPM direct observation
<b>Active BHCs</b>	<b>Staff:</b> at least a Midwife and a nurse in all BPHCs.	Attendance sheet review	TPM direct observation
	<b>Services:</b> other than P4P as per the BPHS 2011.	Registration and HMIS report	TPM review of records and reporting forms
	<b>Medicine/ Equipment:</b> as per BPHS guideline for this level	HMIS Report, HF records	TPM review of records and direct observation

Activities/ services	Minimum standards	Means of verification	Verification method
<b>Active CHCs – sample</b>	<b>Staff:</b> at least a Medical doctor, a Midwife and a nurse in all CHCs	Attendance sheet	Review of attendance sheets by TPM
	<b>Services:</b> other than P4P as per the BPHS 2011.	Registration and HMIS report review.	TPM review of records and reporting forms
	<b>Medicine/ Equipment:</b> as defined in the BPHS guideline for this level.	HF records	TPM review of records and direct observation
<b>Active DHs (number defined in the RFP)</b>	<b>Staff:</b> at least a Gynecologist or surgeon, two Medical Doctors, two Midwives, a Nurse a Lab technician and an anesthetist in all DHs.	Attendance sheet	Review of attendance sheets by TPM
	<b>Services:</b> other than P4P as per the BPHC 2011.	HMIS and registration books	TPM review of HF records and reporting forms
	<b>Medicine/ Equipment:</b> Defined by the BPHS guideline.	HMIS and observation.	TPM review of HF records and direct observation
<b>Active Provincial Hospital (EPHS)</b>	<b>Governance:</b> Active Hospital Community Board	Minutes of meetings, records of members	TPM review meeting minutes and interview some members
	<b>Staff:</b> Minimum staffing for the current bed capacity as per EPHS guideline	Attendance sheet	Review of attendance sheets by TPM
	<b>Services:</b> other than P4P as per the EPHS 2005.	Records and reporting formats	TPM review the records and reporting forms
	<b>Medicine/ Equipment:</b> Defined in the EPHS	Hospital records	TPM review the hospital records and directly observe

### III. Quality of Care Indicators

48. The performance management system adopts two approaches to measure quality of care provided by the SPs: the Balanced Scorecard (BSC) and the Quality of Care indicators. Former serves as overall performance measurement of SP activities and the latter is used by the TDs for their supportive supervision in the field.

49. The Balanced Scorecard (BSC): The current BSC includes a number of indicators associated with quality of care. The BSC indicators will be revised in the first half of 2019 to better take up the indicators of the TDs' interest. Failure to hit a greater BSC score than the previous BSC survey will lead to serious consequences (Chapter VII). See Annex 9 for the historical and most recent BSC scores by province and by BPHS/EPHS.

50. The TDs ensure that the SPs keep up with specific quality standards set forth by the national policies and guidelines developed by the TDs. The performance management system specifically looks to seven technical areas of BPHS priority. These areas are: maternal and newborn care, child health and immunization, public nutrition, treatment and control of communicable disease, mental health, disability and physical rehabilitation services and uninterrupted supply of essential medical products. Specific indicators of TDs' interest can be found in Annex 10.

51. If the TD finds quality deficiency in the SP services through their routine supportive supervision or field visits, the TD will provide necessary technical assistance to improve their performance and contribute to developing an action plan through an MU and PIP during the Quarterly Performance Review. The SP responsible for the HF(s) where the TD finds the quality deficiency should make sure that other HFs in the



province address and correct the same deficiency as necessary. Pursuant to the RFP and this SOP, the TDs have full authority to influence consequences of the SP's performance *when and where their observations are supported by solid and evidence*. Their findings and suggestions with regard to the SP's poor performance are considered as important as the Major Failure and can lead to a serious consequence (Chapter VII).<sup>6</sup>

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<sup>6</sup> Note that the data verified by the TDs shall not immediately result in payment deduction or modification but can constitute penalty decisions when same performance deficiency is repeated over time (Chapter VII).

## CHAPTER VII: DISCIPLINARY ACTIONS AND REWARDS

52. This section sets out what constitutes a ‘major’ or a ‘minor’ performance failure at the time of each Semi-annual Performance Review (SAPR). In each SAPR, the SP’s performance will be rated with performance scores and will be star-rated at the end of the SAPR. There follows a breakdown of the rewards and penalty that will be applied in response to consistently strong performance or identified failures. There is also a breakdown of the disciplinary actions including triggers for Notification Letter, Warning Letter, contract termination and exclusion from next BPHS/EPHS bidding process that will be applied in relation to the SP performance. Financial penalty will be applied only for the Payment for Performance (P4P) scheme, which is described in the previous section. Finally, there are notes on Performance Improvement Plans and contract termination. The following detailed guidance will be applied subject to the general and special conditions as defined in the contract entered between the SP and MoPH.

### I. Major Failures and Minor Failures

53. **Major Failures:** The following actions or failures to act will be deemed major performance failures:

1. Provincial HMIS verification composite score  $\leq 80\%$  for BPHS and  $\leq 90\%$  for EPHS<sup>7</sup>: the SP will be responsible for ensuring that HMIS/DHIS-2 reports provided to the MOPH are completely accurate. The provincial HMIS verification composite score will be verified semi-annually and is considered a serious breach of contract if the score is equal to or lower than 80%.<sup>8</sup> The scores will be determined by the Third-Party Monitor (TPM). See the TPM HMIS Verification Reports for the definition of the provincial HMIS verification composite score.
2. Failure to achieve the Minimum Level for two or more P4P indicators. Different scores will be given if the same failures are repeated (see Table 3).
3. Failure to deliver any two or more of the services set forth in the Minimum Standards of services.
4. Quality of Care:
  - 4.1. BSC: the overall mean score equal to or lower than the score in the previous BSC survey.
  - 4.2. TDs’ QoC Indicators: a TD observes the same repeated failure(s) in the TDs’ indicators upon two or more consecutive supportive supervision visits at any HF in the same province.

54. **Minor Failures:** The following actions or failures to act will be deemed minor performance failures:

1. Provincial HMIS verification composite score:  $80\% < \text{score} < 90\%$  for BPHS.
2. Failure to achieve the minimum level of semi-annual target for one P4P indicators. Different scores will be given if the same failures are repeated (see Table 3).
3. Failure to produce and submit the reports and plans articulated in the Chapter III within the set timeline for two quarters in a row.

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<sup>7</sup> The over-reporting discordance rate mentioned in the Request for Proposal has been replaced with the Provincial HMIS Verification Composite Score.

<sup>8</sup> The thresholds of 80% and 90% have been determined using the historical TPM information. There is no threshold for minor failure for EPHS.

4. Delay in the salary payment for the HFs staff: more than 20 business days after the receipt of the installment.

## II. Consequences of Not Any Failure, Major and Minor Failure(s):

55. Table 3 (at the end of this chapter) shows the performance scores relative to the major and minor failures. The scores are cumulative and the SPs will be star-rated based on a total score they get at the end of every SAPR. The SPs will carry over the scores in the following rounds of SAPR.

56. The cumulative scores are grouped into ranges (Table 4.a and 4.b) that reflect who is a good/poor performer. The cumulative scores will navigate the SPs to the different consequences at different rounds of the SAPR. These consequences include:

- Three-Star Rating with the MOPH Letter of Commendation,
- No penalty but Corrective Actions through the PIP,
- Notification Letter from the PMO and PIP,
- Warning Letter from the MOPH Leadership and PIP,
- Notice to Change the SP Management,
- Contract Termination and exclude from the next MOPH BPHS/EPS bidding process.

57. Each form of disciplinary action comes into effect when a sum of cumulative performance scores and/or consequence gets to a threshold over a series of SAPRs. Cumulative performance score is a primary determinant of the consequences including rewards and disciplinary actions. Considering the difference in the contract modality, the performance score thresholds that lead to the consequences differ between the SM provinces and those under the Consultancy Service and Non-Consultancy Service contracts.

58. For instance, the PPHDs in SM have little control over the supply chain logistics of medical products and recruitment of staff, whereas the contractors under the consultancy and non-consultancy services are given full authority in this area. Poor performance in quantification, procurement and distribution of medical products as well as recruitment of staff in vacant positions can directly or indirectly affect the indicators of the MOPH interest for which the PPHDs are responsible. Therefore, SOP sets the bar lower for the SM provinces than the contractors under the consultancy and non-consultancy services. SM provinces are managed by PPHDs and SM coordination office in the MoPH, so the rewards and sanctions will be directed to the management team. The management team in SM provinces are:

1. In the provincial level: Provincial Public Health Director (PPHD), Senior Technical Advisor, Monitoring & Evaluation Advisor. The management team will receive sanctions and rewards prescribed in this SOP if they fail to perform in their provinces.

2. In the SM coordination office: The SM coordinator (head), Senior M&E advisor and Senior Finance Specialist are the key management team. They will receive sanction and reward if two out of the three provinces are subject to sanction or reward at the same review period.

Below tables 4.a and 4.b summarize the ranges of performance score and the possible consequences.

**TABLE 4.a: Performance Scores and Consequences in Consultancy and Non-Consultancy Services**

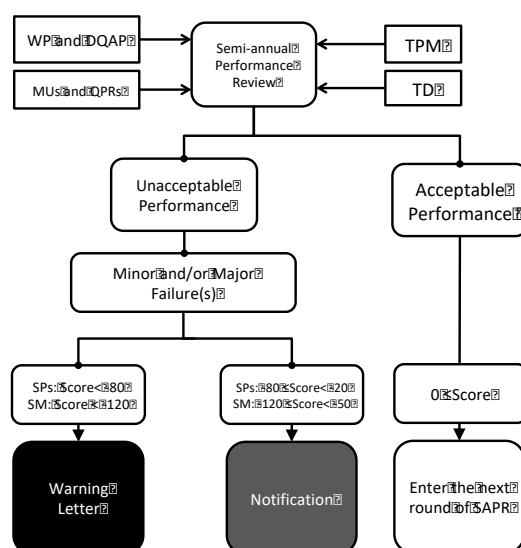
Performance Scores	Consequences
0 =< Score	Enter the next SAPR cycle
-20 <= Score < 0	No penalty, but corrective action through PIP
-80 <= Score < -20	Notification Letter from the PMO + PIP
Score < -80	Warning Letter from the MOPH Leadership + PIP

**TABLE 4.b: Performance Scores and Consequences in SM**

Performance Scores	Consequences
0 ≤ Score	Enter the next SAPR cycle
-50 ≤ Score < 0	No penalty, but corrective action through PIP
-120 ≤ Score < -50	Notification Letter from the PMO + PIP
Score < -120	Warning Letter from the MOPH Leadership + PIP

59. **Flow of Performance Scoring Process (First Round SAPR):** Below flow chart shows the routes to the consequences of the first round of SAPR (Figure 2). The SPs who had no any failure at all during the first SAPR period will get +20 points and start the next round of SAPR. Those who had one or more Minor and/or Major Failures will have one of two consequences – i.e. Notification Letter or Warning Letter, depending on the performance scores they got. The SPs who demonstrated a good performance (or no any failure) are eligible for the Star-Rating in the SAPRs that follow.

**FIGURE 2: Flowchart of SAPR and Consequences**



60. **Consequences in the Second Round of SAPR:** SPs who had two consecutive “Not Any Failures” will receive the commendation certificate from the MOPH Leadership. Those who had one of more failures or any combinations thereof will receive either Notification Letter from the PMO or Warning Letter from the MOPH Leadership. Combination of the first and second SAPR scores results in one of four consequences as follows:

- **Entry to the third SAPR**, subject to the contracting strategy and market approach options used for the instance - keep up a good job.
- **Notice to replace the management team:** entails the SP leadership to fire the management team in the province in question. In this case, the bad-performer management staff will not be allowed to be employed again by the same SP; however the HF staff can continue to work in order not to interrupt the service delivery.
- **Contract termination**, is applicable only to the SPs under the Consultancy Service and Non-Consultancy Service contract. If an SP’s contract is to be terminated this entails the following:
  - The outgoing SP is contractually obliged and may continue to claim (verified) payments for a minimum of three months and for as long as it takes the Ministry to find a replacement.

- The outgoing SP will take every possible step to maintain service continuity, including, but not limited to, facilitating the transfer of staff to the incoming SP, transferring leases on health facilities, and transferring any/all equipment that was covered by the start-up payments from the MOPH.
- After 60 days of the contract termination, the MOPH is not liable for any costs incurred by an outgoing SP as a result of contract termination.
- The MOPH will offer the contract in the first instance to the neighboring implementing NGO. Bidder on condition that this potential SP does not have any other contracts, which are currently deemed to be in “major performance failure”.
- The incoming SP who takes on existing staff, or re-recruits them within 12 months, must pay the salaries and packages that were in place under the outgoing SP.
- **Exclusion** from the future MOPH bids: will suspend the outgoing SP from bidding for the next BPHS/EPHS contract.

61. Table 5 summarizes possible consequences in the second SAPR. Note that the MOPH considers as performance improvement when an SP receives a Warning Letter (WL) in the first round and a Good Performance (GP) (or PIP or NL) in the second round. That is to say, the consequence is determined as a whole of performance improvement process, not as a snapshot of performance at certain point in time.

**TABLE 5: Possible Consequences in the Second Stage**

		Second			
		GP	PIP	NL	WL
First	Good Performance (GP)	Commendation Certificate	Enter 3 SAPR period	Enter 3 SAPR period	Enter 3 SAPR period
	Performance Improvement Plan (PIP)	Enter 3 SAPR period	Enter 3 SAPR period	Enter 3 SAPR period	Enter 3 SAPR period
	Notification Letter (NL)	Enter 3 SAPR period	Enter 3 SAPR period	Notice to change SP management	Notice to change SP management
	Warning Letter (WL)	Enter 3 SAPR period	Enter 3 SAPR period	Enter 3 SAPR period	Contract Termination

62. **Consequences in the Subsequent Rounds of SAPR:** There will be five rounds of SAPR during the life of the project. Except for those who got the contract termination, the SPs will continue to run through the subsequent rounds of SAPR. Since there are a formidable number of possible permutations of consequences over the five rounds of SAPR, this SOP only describes the consequences up to the fourth round of SAPR in Annex 12. The PMO will determine a consequence on a case-by-case basis considering the trend in the performance improvement (or deterioration) of each SP.

63. **Exceptions:** following cases will be taken exceptional and ruled out from the performance scoring:

- The MOPH cannot terminate the contracts in the last 6 months of the project life. Those who got a consequence equivalent to contract termination in the fifth (final) round of SAPR will not be allowed to bid for the contracts in the follow-on project to the Sehatmandi project.
- In Force Majeure incidences as defined in Chapter IV, the SP will be exempted from the performance scoring until further instruction is provided in writing by the PMO.

### III. Rewards

64. **Semi-Annual Rewards:** At the end of every Semi-Annual Performance Review (SAPR), the PMO will develop a league table that ranks all SPs by cumulative Performance Score (Annex 13). Only if the cumulative Performance Scores of these SPs are not negative, top three SPs will be awarded a commendation certificate with Three Stars, the next 3 best SPs (i.e. the 4th, 5th and 6th best performers) will be awarded a certificate with Two Stars and the next 3 best SPs will get a certificate with One Star (i.e. the 7th, 8th and 9th best). The rest will not be awarded Star. The result of star rating will be posted on the Performance Management Dashboard after every SAPR. For SM provinces, beside the star rating, the management team of the province (PPHD, Senior Technical advisor and M&E Advisor) will receive appreciation letters (second degree if three stars and third degree if two stars). If two out of three SM provinces are subject to reward, the SM coordination office in MoPH (Head, Senior M&E Advisor and Senior Finance Specialist) will also receive the same appreciation letter as the provinces.

65. **End of Project Rewards:** At the end of the project life, all the SPs will be put in a league table again by a total of cumulative performance scores that an SP obtains over five SAPRs. Best six (6) performers with no record of major and minor failures will be considered as eligible for getting high marks (up to 10%) particularly in the experience and background section of their technical proposals during the upcoming bidding process. For SM provinces, the management team of the province (PPHD, Senior Technical advisor and M&E Advisor) will receive appreciation letters (first degree). If two out of three SM provinces are subject to the same reward, the SM coordination office in MoPH (Head, Senior M&E Advisor and Senior Finance Specialist) will also receive the same appreciation letter as the provinces.

**TABLE 3: Performance Scores**

Results	First Time	Performance Scores	Second Time	Performance Scores	Third Time and More	Performance Scores
<b>Not Any Failure</b>		+ 20 points		+ 50 points		+ 100 points
<b>Major Failure</b>	Provincial HMIS verification composite score $\leq 80\%$ for BPHS and $\leq 90\%$ for EPHS	- 20 points	Provincial HMIS verification composite score $\leq 80\%$ for BPHS and $\leq 90\%$ for EPHS	- 30 points	Provincial HMIS verification composite score $\leq 80\%$ for BPHS and $\leq 90\%$ for EPHS	- 40 points
	Failure to achieve the minimum level for 2 or more performance indicators <sup>9</sup>	- 20 points	Failure to achieve the minimum level for 2 or more performance indicators.	-30 points, if 2 or more of the P4P indicators fail repeatedly.	Failure to achieve the minimum level for 2 or more performance indicators.	-40 points, if 2 or more of the P4P indicators fail repeatedly.
				- 20 points, if any one of the P4P indicators fails repeatedly.		- 30 points, if any one of the P4P indicators fails repeatedly.
	Failure to deliver any two or more of the services set forth in the Minimum Standards	- 20 points	Failure to deliver any two or more of the services set forth in the Minimum Standards	- 30 points	Failure to deliver any two or more of the services set forth in the Minimum Standards	- 40 points
	Quality of Care 1. BSC score equal to or lower than the lowest BSC score ever recorded. 2. TDs' QoC Indicators: a TD observes the same repeated failure(s) in the TDs' indicators upon two or more consecutive supportive supervision visits at any HF in the same province.	- 20 points	Quality of Care 1. BSC score equal to or lower than the lowest BSC score ever recorded. 2. TDs' QoC Indicators: a TD observes the same repeated failure(s) in the TDs' indicators upon two or more consecutive supportive supervision visits at any HF in the same province.		Quality of Care 1. BSC score equal to or lower than the lowest BSC score ever recorded. 2. TDs' QoC Indicators: a TD observes the same repeated failure(s) in the TDs' indicators upon two or more consecutive supportive supervision visits at any HF in the same province.	
<b>Minor Failure</b>	Provincial HMIS verification composite score: $80\% < \text{score} < 90\%$ for BPHS	- 5 points	Provincial HMIS verification composite score: $80\% < \text{score} < 90\%$ for BPHS	- 10 points	Provincial HMIS verification composite score: $80\% < \text{score} < 90\%$ for BPHS	- 15 points

<sup>9</sup> See Annex 11 for the rationale that determined the thresholds for the number of failures.

Results	First Time	Performance Scores	Second Time	Performance Scores	Third Time and More	Performance Scores
	Failure to produce and submit the reports and plans articulated in the Chapter 3 "Reports".		Failure to produce and submit the reports and plans articulated in the Chapter 3 "Reports".		Failure to produce and submit the reports and plans articulated in the Chapter 3 "Reports".	
	Failure to achieve the minimum level of semi-annual target for one P4P indicator.		Failure to achieve the minimum level of semi-annual target for one P4P indicator.	-10 points, if the same P4P indicator fail repeatedly.  - 7 points, if any one of the P4P indicators fails repeatedly.	Failure to achieve the minimum level of semi-annual target for one P4P indicator.	-15 points, if the same P4P indicators fail repeatedly.  - 10 points, if any one of the P4P indicators fails repeatedly.
	Delay in the salary payment for the HFs staff: more than 20 business days after the receipt of the installment.		Delay in the salary payment for the HFs staff: more than 20 business days after the receipt of the installment.	- 10 points	Delay in the salary payment for the HFs staff: more than 20 business days after the receipt of the installment.	-15 points



## CHAPTER VIII: PAYMENT PROCEDURE

66. This chapter describes the payment procedures under the Sehatmandi Project. It explains payment schedule and procedures associated with Lump-sum payment and Pay-for-Performance (P4P). Much of detail about the general payment procedures for the development budget can be found in the Financial Management Manual available from the Development Budget Department (DBD) of the MOPH.

67. **Payment Schedule:** The Payment Schedule is detailed under the clause No. 41.2 of the special condition of the BPHS/EPHS contracts. As per this schedule, the SPs will be paid a total of seven (7) installments throughout the life of the contract. The clause also covers the due dates for submission of quarterly reports and invoices by the SPs to the PMO, due dates for receipt of the fund, % of installments and the deliverable of lump sum and P4P installments.

### I. Procedures for Lump Sum Payment

68. The lump-sum portion of the BPHS/EPHS contracts will be paid based on payment schedule of the contract and the SPs' Quarterly Reports including Performance, Financial and HMIS reports submitted to the PMO and accepted by the GCMU. The SPs on the due dates specified in the contracts will submit the set of the Quarterly Reports along with their invoice(s) to the PMO.<sup>1</sup> After acceptance of the SPs' Quarterly Reports, GCMU will certify on the invoice(s) of the SPs about the payable amount and send the certified invoices to the Sehatmandi Financial Management Unit at the DBD for the payment.

69. At the DBD, the Project Finance Specialist ensures that all the required supporting documents have reached his/her desk. These documents include: secured allotment, SP's invoice (certified by the GCMU), copy of license, copy of bank card, copy of tax exemption, etc. S/he then prepares and signs on the payment order form (M16) along with its other forms and supporting documents. These documents will be sent to the Senior Financial Management Specialist for the review and signature, and then to the head of GCMU for certification and signature and the MoPH leadership will make the final approval.

70. Once the payment is approved, the documents will be sent to the Comptroller's Office for the control and stamp. This payment case then will be registered in the AFMIS system in MoPH. After the copies of the documents are obtained at the DBD, the payment will be submitted to the Special Disbursement Unit (SDU) in the Treasury Department of the Ministry of Finance (MOF). The Treasury Department will process the payment internally and send its E-form/withdrawal application (via Direct Payment) to the World Bank for transfer of the fund to the beneficiary account. The Project Financial Management Unit at DBD will regularly follow up on the payment with the MOF and the WB in order to ensure the SPs to receive the funds without delay.

### II. Procedure for P4P Payment

71. The installments associated with the Pay for Performance (P4P) are solely based on actual numbers achieved against prioritized services (P4P indicators) as per agreed tariff in the quarters verified by the TPM. Based on the TPM report thoroughly examined by the PMO and TDs, GCMU will certify the SPs invoices' payable amount and send the invoices to the Sehatmandi Financial Management (FM) Unit at DBD for payment. The DBD internal payment process is the same as explained above for the lump sum payments.

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<sup>1</sup> See Chapter III. The PMO will immediately pass the Quarterly Reports on to relevant Technical Departments and GCMU, and the Quarterly Financial Report to the GCMU and the DBD.

72. Except for the second installment, the installments for P4P are conditional upon the TPM's verification results of the data that the SPs submit. If the TPM report reveals reporting discordance (i.e. Provincial HMIS Verification Composite Scores), a total amount of fund payable to the SP will be adjusted by the PMO. The GCMU will then make adjustment in writing on the SP's invoices in accordance with the number of the cases/services verified by the TPM report. The adjusted amount will not exceed the maximum payable amount (see Chapter VI).

73. **Payment Adjustment for and Seasonal Swings in Performance:** Payment will be adjusted for seasonal variability during a year. For example, an SP does poorly on Penta3 vaccination during the winter part of the year. Then during the summer season it does very well and surpasses the maximum so that its earnings are capped. This SP could earn less than another SP that actually immunized fewer children during the year. To avoid this, the amount of payment should be compensated based on the yearly results. The PMO will calculate the annual outputs in all P4P indicators to adjust for the yearly cap using the TPM reports.

74. **Provisional Payment When TPM Delays:** If the TPM report is delayed, provisional payment will be made based on the Quarterly HMIS Reports for two quarters without verification. As soon as the TPM report is released, the PMO in collaboration with the GCMU will calculate the amount of fund to be paid in the following installment, considering an excess amount or shortfall of fund relative to what was already paid in the previous installment.

### III. Procedures for the Payment of Final Installment

75. The final payment will be linked with the End of Project Report (EPR). As per the note 2 of the clause # 41.2 of the SC of the contract, at the end of the contract, any fund remained unspent will be refunded to the Sehatmandi bank account or will be used for the extension of contract based on decision of the MOPH. The EPR will show if there are any funds remaining unspent after the end of the contract. SPs should carefully prepare their EPRs as the financial part of the EPR is **not revisable** after it is submitted to the MOPH.

76. Based on the EPR reviewed by the PMO, GCMU and DBD, GCMU will certify on the SPs invoices the payable amount for the final installment and send the invoices to the Sehatmandi FM Unit for payment.

- If the EPR reports a positive fund balance, the final installment is not payable to the SPs.
- If the EPR shows a negative fund balance less than the amount of the final installment, then only the amount equivalent to the negative fund balance will be paid to the SPs.
- If the fund balance is negative and more than the amount of the final installment, then only the amount equivalent to the final installment will be paid to the SPs. This is to ensure that no extra fund is available with the SPs after the end of the contract.

77. If there are two currencies described in a SP contract and the SP needs to shift some project expenses from one currency to the other, it should be done only one time within the life of the contract based on the SP's satisfactory justification and the GCMU's prior approval, subject to the same eligible under the conditions of the contract. The DBD internal payment process is the same as explained above for the lump sum payments.

### IV. External Audit of SPs

78. The MOPH hires an auditing firm to perform external audit of the BPHS/EPHS contracts. The cost of hiring and performing this external audit will be borne by the Sehatmandi project. The audit firm after conducting the external audit will submit the audited reports to the DBD. The DBD will take the lead in reviewing the audit reports and may seek further clarification or responses from the SPs as necessary. In case of any fraud, fraudulent misrepresentation or corrupted practices identified in the audit reports, the MOPH Internal Audit Unit, DBD and GCMU will

examine the case and prepare a *Pehshnahad* for the final decision to be made by the MOPH Leadership, after getting the technical opinion of the World Bank. When the case is confirmed, the MOPH will execute a disciplinary action as per the RFP.

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## **Annex 1: Terms of Reference for the Performance Management Office**

### **1. Goal of PMO:**

The PMO aims to cultivate performance management culture within the MOPH during and beyond the life of Sehatmandi project, which is considerate of and incentivizing SPs, but also punitive if SP fails to perform.

Objectives of PMO:

- Coordinate and facilitates the activities related to the BPHS/EPHS SPs performance management with the MOPH technical and administration departments, Provincial Public Health Directorates (PPHDs), SPs and other relevant stakeholders.
- Link up with the technical departments (TDs) and facilitate evidence-based decision-making process by fully engaging the TDs, PPHDs, GHEHIS, SDs and DP in performance management of SPs.
- Based on the evidence gleaned from the PPHDs, TDs, SDs and other partners, inform contract compliance and payment decisions.

### **2. Scope of Work**

The PMO is the **first and only point of contact** for the SPs and plays a **liaison role** in the following work:

- As per the performance management calendar, facilitate the review process of the reports that SPs submit by liaising with GDEHIS who synthesizes information collected from TDs, HMIS, monitoring, surveillance, vital statistics, TPM reports and surveys.
- Compile technical communications using the inputs from TDs and send them to the SPs.
- Liaising with TDs and GDEHIS, appraise the SP performance by proving solid evidence and submit the appraisal report to the MOPH administration departments (i.e. GCMU and DBD) for their contract compliance and payment procedures.
- Develop an SP Performance Dashboard (at national and individual SP levels) for the MOPH leadership and GDPP to monitor the sectoral performance in BPHS/EPHS.
- Liaise with GDPP, Aid Coordination Office, Provincial Health Coordination Directorate, help mobilize off-budget technical assistance requested by the TDs and SPs to improve the BPHS/EPHS performance management.
- Record any communications with the SPs in writing to respond to the SPs' claims and help the MOPH leadership make informed contractual decisions when necessary.
- Contribute to other relevant tasks and reports associated with SPs performance.

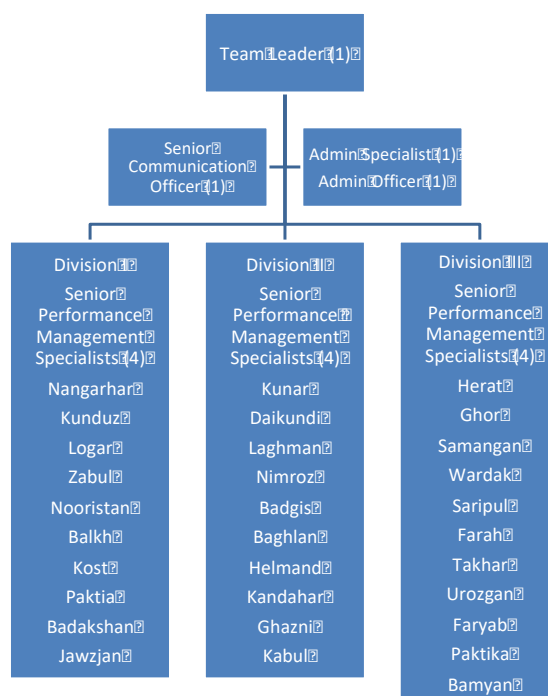
### **3. Reporting Line**

Director of PMO will directly report to the Minister of Public Health.

#### 4. Organization Structure

Under the Team Leader of PMO, there are 12 Senior Performance Management Specialists and one Senior Communication Officer (i.e. 16 in total). The Senior Performance Management Specialists are assigned to three divisions that have been historically adopted by GCMU (Below figure). The Senior Performance Management Specialists in one division will shift to the other on an annual revolving basis to prevent likely collusions with SPs that operate in the division.

**FIGURE: STRUCTURE OF PERFORMANCE MANAGEMENT OFFICE**



Note: the numbers in brackets are the proposed number of staff.

#### 5. Roles and Responsibilities of Senior Performance Management Specialists

The Senior Performance Management Specialists will be nominated by the Team Leader as Senior Performance Management Specialists for the specific contract to ensure the quality, accountability, and good performance of the SP under the terms and conditions of the contract as well as the policies and strategies of the MOPH.

#### 6. Deliverables

- Written feedback to the SP Implementation Plan (IP), Data Quality Assurance Plan (DQAP), Quarterly Performance Report, including internal verification procedures
- Record of discussion on the Monthly Updates
- SP Performance Appraisal Reports: GDEHIS' synthesis reports analyzing SP reports, TD's reports including HMIS and TPM reports.
- Written feedback to the SP's Performance Improvement Plan (PIP)
- Report of six monthly performance review meetings with SPs and relevant MOPH units;
- Monthly Field Visit Plan (mapping out all the visits from Kabul to provinces);
- Copy of communications channeled to and from SPs with other MOPH units

## **Annex 2: Flow of Work and Timelines for Key Events and Deliverables**

The Inception Report and DQAP will be submitted by SP to the PMO within 15 days and one month after contract signing respectively. On the same day of the submission, the PMO will share the Inception Report with GCMU and TDs. Within 5 working days, GCMU and TDs will provide the PMO with written feedback to the Inception Report. The PMO will send the MOPH feedback to the SP and ask the SP to send the final Inception Report within 5 business days after the feedback is provided. GCMU will verify the final Inception Report on the same day of the receipt and ask DBD to proceed to the payment. The DBD will finish the internal payment procedure within 5 business days. DQAP will be reviewed by the PMO. The PMO will provide the feedback to the SP within 3 business days after the receipt. The SP will send the final DQAP to the PMO in 3 business days after they receive the feedback. If the SP does not receive the PMO's feedback in 3 business days, the submitted DQAP is regarded as final.

Monthly Update is a summary of discussion, which will be sent to the PMO within one week of next month. On the date of submission, the PMO will share the MU with the TDs and PPHD. TDs and PPHDs will follow up on the issues recorded in the MU and provide their inputs including technical assistance they provide to help the SP. They can also inform the PMO of issues that are important but were not discussed in the MU. The PMO will table the issue in the following MU.

Before the Quarterly Performance Review (QPR), the PMO will make sure that the SPs submit their Quarterly Performance Report, Quarterly Financial Report and HMIS Report. On the day of the submission, the PMO will share it with PPHD, GCMU and TDs. Within 5 working days, GCMU, PPHD and TDs will provide the PMO with written feedback. The feedbacks will be discussed in the quarterly / semi annual review meeting. The DBD will finish the internal payment procedure within 5 business days.

There are three TPM reports directly relating to the performance management system: the annual Balanced Scorecard (BSC) Report, the semi-annual HMIS Verification Report and the semi-annual Minimum Standard of Services Verification Report.

TPM will submit draft final reports to GCMU within 2 months after the end of semi-annual period. GCMU will share them with relevant TDs, PMO, PPHDs and SPs on the same day of submission. TDs, PMO and PPHDs will provide their feedback within 5 business days after they receive the draft final. GCMU will send the MOPH and SPs' feedback to TPM on the 10th business day after the receipt of draft final. TPM will send the final reports within 10 business days after they receive the feedback. Publication interval of BSC differs than that of HMIS and Minimum Standards of Services; however, the same timeline will be applied.

If no final TPM report is made ready for the SAPR, the PMO will proceed to the SAPR using the HMIS data without verification. In collaboration with the HEFD, the data will be adjusted by the PMO within 5 days after the final TPM report is out. The PMO will inform GCMU and DBD about the adjusted P4P indicators and the payment will be adjusted accordingly by DBD in the next installment (Chapter VIII).

GDEHIS will again play a big role in the SAPR. They will collect information from different sources relevant to performance management and develop an SAPR Report in collaboration with TDs, PPHD and PMO. GDEHIS will share the SAPR Report with the PMO within 10 business days after the end of QPR and the PMO will share it with PPHD and TDs on the same day the report is received.

### **Annex 3: Letter for Delegation of Authority for Performance Management**

Date,

Ministry of Public Health  
Great Masoud Square, Kabul  
Islamic Republic of Afghanistan

Subject: Delegation of Authority for the Performance Management under the Sehatmandi Project

Dear all General Directors, Directors, Heads of Units and colleagues,

This is to notify you that following individuals have authority for the performance management of BPHS/EPHS Service Providers under the Sehatmandi project. The delegated authorities are attached to this letter.

- Name 1
- Name 2
- 
- Name 12

Sincerely,

Dr. Ferozuddin Feroz  
The Minister of Public Health

CC: All GDs, PPHD, GCMU, Directors in the MoPH



Attachment:

The Senior Performance Management Specialists (PM) perform a variety of duties, including working as part of a team with the Grant and Service Contract Management Unit (GCMU) to ensure that the Ministry of Public Health (MOPH) exercises prudent management over its development funds. The PM monitors the Service Provider's (SP) progress towards achieving the objectives of the Performance Management System in the consulting services for Performance-Based Partnership Agreement to Deliver the BPHS and EPHS under the Sehatmandi Project (hereinafter referred to as "award") and verifies that the SP's activities being funded by the MOPH under the referenced award conform to the terms and conditions of that award.

As Senior Performance Management Specialists, her/his first responsibility is to read the entire contract and thoroughly acquaint himself/herself with the requirements it places on the SP, and the MOPH to act as the main liaison between the SP and all relevant departments of the MOPH and all entities regarding to this contract.

Her/his additional responsibilities are:

- Monitor progress against the Implementation Plan and ensure timely delivery of all proposed services/facilities;
- Facilitate compilation of information from Technical Departments (TDs) and draw up in advance on an annual basis a schedule of all (announced) field visits to the Service Provider;
- Liaise with TDs, define the core quality standards which must be met, including how these standards will be assured/audited;
- Receive and disseminate as necessary any questions, feedback, concerns coming from the SP;
- Maintain all documentation relating to each SP, including all performance and quality management activities as set out here, and ensure it is posted online as required;
- Schedule and facilitate each Semi-Annual Performance Review (including agenda and minutes and action points arising);
- Complete the Semi-Annual Performance and Quality Checklist in advance of the Review and circulate it and supporting materials not less than three working days in advance;
- Provide a clearly written guideline for SPs to develop a Performance Improvement Plan (PIP), based on the outcome of the review, summarizing decisions taken and planned actions for improvement, including their timeline;
- Monitor progress against any agreed Performance Improvement Plan (PIP);
- Liaise with GCMU and Development Budget Department, ensure that payments to providers are made in a timely fashion;
- Prepare, if contract termination is required, a full written record of the performance failures identified, steps taken to improve and decision-making process.
- Recommend in writing (with justification for the proposed action) to the MOPH leadership any penalty, rewards or changes needed in the scope of the contract, including any changes to technical provisions of the contract that affect the timing of the deliverables/services or the overall cost-price of the contract through its appropriate channels for decision making.

As the Senior Performance Management Specialists, s/he has an important responsibility for establishing and maintaining adequate PM files. These files contains at least a copy of this designation letter, a copy of the contract and all its modifications, a copy of the standard operating procedure for performance management, a copy of all correspondences with the SP, a copy of

performance records, a copy of financial documentations, copies of evidences for recommendations to penalty or reward.

As a Senior Performance Management Specialists, s/he may be held personally liable for unauthorized acts exceeding her/his authority and taking actions that are beyond her/his authority as delegated in this SOP. In general, s/he is NOT authorized to:

- Delivery schedule or period of performance, Quantity or quality of the work, Terms and conditions of the contract,
- Re-delegate the authorities provided in the Terms of Reference to any other person.
- In her/his absence, and only in her/his absence, Alternate Senior Performance Management Specialists is authorized to act on her/his behalf.

## Annex 4: Forms to be used in the PM System

### Form 1: Monthly Update

#### MONTHLY UPDATE

Name of Service Provider (SP)	Name		
Province	Province Name		
Year (circle one)	2019	2020	2021
Quarters to be reviewed (circle one)	Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10		
Month			
Date of Monthly Update Submission	DD/MM		

### Summary of Discussions

Topics Discussed	Actions to take until the next MU
e.g.) 1. No water and power supply in BHC in District A 2. No female staff in CHC in District B 3. Local politics disrupts competitive recruitment process of SP staff 4. MOPH Health Complaint Office was informed that all HFs in Province C were told by the SP management to stop dispensing essential medicines to patients until the Third Party Monitor comes 5. Number of functioning health facilities.	e.g.) 1. By the next MU, SP to install a solar power panel and deep well pump in the BHC 2. By the next MU, SP to recruit female staff as per the work plan and provide housing and transportation allowances and benefits for dependents and <i>Mahram</i> . 3. By the next MU, PMO to report to the MOPH Leadership and ask for their intervention 4. By the next MU, the SP head office to thoroughly investigate the case and report the result to the PMO in writing.

# Quarterly Performance Report

Quarter Number:

Reporting period; from: (*day/month/year*) To: (*day/month/year*)

Province:

Service Provider (Leading Agency):

Contact Details:

Phone:

Email:

Signature/ Name and Designation: **(All pages of report shall be stamped, and initialled by the same authorized representative who signed the contract).**

## SECTION I: PERFORMANCE INDICATORS:

Date the report received at PMO:  Received by:  Name/Signature/Designation:	Completeness of the report			
	Report Name	Hard copy enclosed	Soft copy enclosed	Copied to PPHD:
				Yes / No
	Technical Report			
	Financial Report			
	HMIS Report			

**Table: Quarterly Performance Report-Indicators**

S/N	Services	QTR's Minimum Level (a)	QTR's Achievement (b)	QTR's Target (c)	% Variance (d) d=c-b	Cum. Achievement (e)	Cumulative Target (f)	% Variance (g) g= f-e
1	Ante-natal Visits (all visits) in BPHS and EPHS							
2	Post-natal visits (all visits) in BPHS and EPHS							
3	Institutional delivery (normal							

S/N	Services	QTR's Minimum Level (a)	QTR's Achievement (b)	QTR's Target (c)	% Variance (d) d=c-b	Cum. Achievement (e)	Cumulative Target (f)	% Variance (g) g= f-e
	and assisted deliveries) excluding C-Section							
4	Family planning- Couple Year protection							
5	Penta-3 <1 year children							
6	TT2+ for women of reproductive age							
7	TB Sputum Smear Positive (SS+) cases successfully treated							
8	Nutrition- Growth monitoring <2 years children/IYCF counseling (all visits)							
9	Caesarean-Section in BPHS (DHs & CHC+) and EPHS (PH/RH)							
10	Major Surgeries in the Hospitals excluding Caesarean Section Only in EPHS							
11	Under five children morbidities (HMIS-MIAR-A1-morbidities)							

- Total no. of service days missed this quarter as a result of facility closures<sup>1</sup> : *X*

1

- Total no. of unfilled positions.
 

Doctors:	<i>X (out of Y)</i> <sup>1</sup>
Midwife	<i>X (out of Y)</i>
Nurses:	<i>X (out of Y)</i>
Other health professionals:	<i>X (out of Y)</i>
Admin or other support:	<i>X (out of Y)</i>

2

<sup>1</sup> e.g. if two facilities are both closed for five days, this 10 days in total.

<sup>1</sup> Y represents the total number proposed/budgeted.

- Approximate % of pharmaceuticals unavailable in the quarter: *X%*

## SECTION II: NARRATIVE SECTION

**INSTRUCTION:** For each of the following questions write a brief answer. You have a **MAXIMUM** of 5 pages total in which to answer **ALL** the questions. Do not use font less than 10.

1	Provide progress against the work plan (as may be revised and updated in consultation with the MOPH),
2	Progress made toward delivery of BPHS (all seven components) and achievements of specific objectives under the assignment:
3	Progress made toward delivery of EPHS and main achievements.
4	Describe coordination activities, which the SP has made with <b>PHCC and PPHO</b> . Include here the number of meetings held, problems that have arisen and solutions, etc.
5	Describe any <b>community level</b> coordination activities; problems, or new program initiatives, which have taken, place in the reporting quarter. Include here solutions, approaches, and corrective actions to problems identified by the communities.
6	Detail any material changes to your services this month (e.g. staff changes, facilities opening or closing).
7	What service changes/improvements have you undertaken this quarter?
8	What <b>internal</b> quality assurance activities have you undertaken this quarter?
9	Describe any project level constraints, shortcomings in the reporting quarter Include solutions or approaches to the constraints. <i>(Example, lack of female staff and the approach the SP is taking to solve this problem.)</i>
10	What <b>external</b> (incl. MoPH) monitoring or other visits have been made to your facilities this quarter? (Note any areas of concern that were identified during any of these visits).

## SECTION III: TRAININGS COMPLETED DURING THE QUARTER:

N o	Theme of Training	Category of participants	No of participants		Start date	End date	Venue of training	Conducted By	Rem arks
			Female	Male					
1									
2									

## SECTION IV: KEY STAFF OF THE PROJECT:

No	Name	Title	Start Date	Working Station	Contract's period	Remarks
1		Project Manager				
2		Project Tech Manager				
3		Hospital Director				
4		Deputy Admin/Financial Manager				
5		Senior HMIS/M&E Officer				

Form 3: Performance Improvement Plan

Date PIP developed: MM/DD/YYYY

Date revised: MM/DD/YYYY

<i>S/N</i>	<i>Problem Statement</i>	<i>Root causes</i>	<i>Recommendations/ Corrective actions</i>	<i>Support to be provided by MOPH</i>	<i>Agreed Completion Date</i>	<i>Remarks</i>

Note: Problem statement should be SMART and be relevant to one of the three performance areas: 1) P4P indicators, 2) minimum Standards, 3) Quality of care.

Prepared by (SP rep.): \_\_\_\_\_ and by (PM Officer): \_\_\_\_\_.



## Annex 5: Semi-Annual Performance Review Checklist

### SEMI-ANNUAL PERFORMANCE REVIEW CHECKLIST

Name of Service Provider (SP)	Name		
Province	Province Name		
Year (circle one)	2019	2020	2021
Quarters to be reviewed (circle one)	Q1&2 Q3&4	Q5&6 Q7&8	Q9&10
Period covered	Hijri Shamsi	From DD/MM To DD/MM	
Name and position who completed the checklist	Name, Position		
Date of Checklist Completion	DD/MM/YYYY		

#### 1. PERFORMANCE

SN	1.1. Pay for Performance Indicators	b. Provincial HMIS Verification Composite Scores (%)
1	Antenatal visits (all visits)	
2	Postnatal visits (all visits)	
3	Institutional deliveries excluding C-Section	
4	Family Planning-Couple Years of Protection (CYP)	
5	Penta 3 for children under one year	
6	TT2+ for women of reproductive age	
7	Number of sputum smear (+) TB cases treated	
8	Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women	
9	Under five children morbidities (HMIS-MIAR-A1-morbidities)	
10	Caesarean Section (CS)	
11	Major surgeries excluding C-Section	
An Average of the Provincial HMIS Verification Composite Score (%) <sup>1</sup>		A sum of above 90% <sup>3</sup> divided by 11
Result 1.1.		Performance Scores as per the SOP
Is the average of the score equal to or greater than 90%?		Yes / No
Is the average greater than 80% and lower than 90%?		Yes / No
Is the average equal to or lower than 80%?		Yes / No

<sup>1</sup> Since all indicators are equally important, they have equal weight regardless of how many cases are examined. Therefore a simple average will be used.

SN	1.2. Number of P4P Indicators that did not meet the Minimum Level	Minimum Level as per the Contract	Number of cases verified by TPM	Minimum Level Met (Yes / No)
1	Antenatal Visits (all visits)			Yes / No
2	Postnatal Visits (all visits)			Yes / No
3	Institutional deliveries excluding C-Section			Yes / No
4	Family Planning-Couple Years of Protection (CYP)			Yes / No
5	Penta-3 for children under one year			Yes / No
6	TT2+ for women of reproductive age			Yes / No
7	Number of sputum smear (+) TB cases treated			Yes / No
8	Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women			Yes / No
9	Under five children morbidities (HMIS-MIAR-A1-morbidities)			Yes / No
10	Caesarean Section (CS)			Yes / No
11	Major Surgeries excluding C-Section			Yes / No
Total number of indicators that did NOT meet the Minimum Level (number of “No”s)				Number
Result 1.2.				Performance Score as per the SOP
First SAPR	Are the P4P indicators that did not meet the Minimum Level equal to or greater than 2?		Yes / No	Scores
	One failure?		Yes / No	Scores
	No Failure (i.e. zero failure)		Yes / No	N.A
Subsequent SAPRs	Are the P4P indicators that did not meet the Minimum Level equal to or greater than 2?		Yes / No	Scores
	One failure?		Yes / No	Scores
	No Failure (i.e. zero failure)		Yes / No	N.A.

SN	Service	1.3. Minimum Standards of Services	TPM verification: Min. Stds. Met? Yes / No
1	Key Staff	At least 70% of staff time in the province	Yes / No
2	Active Health Posts	<b>Staff:</b> At least one female CHW	Yes / No
3		<b>Health Services:</b> Nutrition, family planning, management of simple ARI/Diarrhea and referrals to HFs.	Yes / No
4	Active PHCs	<b>Staff:</b> One midwife and one nurse	Yes / No
5		<b>Health Services:</b> other than P4P (as defined by MOPH and TPM)	Yes / No
6		<b>Medicine/ Equipment:</b> as per BPHS guideline	Yes / No
7	Active BHCs	<b>Staff:</b> at least a Midwife and a nurse	Yes / No
8		<b>Health Services:</b> other than P4P (as defined by MOPH and TPM)	Yes / No
9		<b>Medicine/ Equipment:</b> as per BPHS guideline for this level	Yes / No
10	Active CHCs	<b>Staff:</b> at least a Medical doctor, a Midwife and a nurse,	Yes / No
11		<b>Health Services:</b> other than P4P (as defined by MOPH and TPM)	Yes / No
12		<b>Medicine/ Equipment:</b> as defined in the BPHS guideline for this level.	Yes / No
13	Active DHs	<b>Staff:</b> at least a Gynecologist or surgeon, two Medical Doctors, two Midwives, a Nurse a Lab technician and an anesthetist	Yes / No
14		<b>Health Services:</b> other than P4P (as defined by MOPH and TPM)	Yes / No
15		<b>Medicine/ Equipment:</b> Defined by the BPHS guideline.	Yes / No
16	Active Provincial Hospitals	<b>Governance:</b> Active Hospital Community Board	Yes / No
17		<b>Staff:</b> Minimum staffing for the current bed capacity as per EPHS guideline	Yes / No
18		<b>Health Services:</b> other than P4P (as defined by MOPH and TPM)	Yes / No
19		<b>Medicine/ Equipment:</b> Defined in the EPHS	Yes / No
Total number of “No”s			Number
Result 1.3. Minimum Standards of Services			Yes / No
Are there two or more (>=2) of the services that did not meet the Minimum Standards?			Yes / No
Otherwise (i.e. 0 or 1 services that did not meet the Minimum Standards)			N.A.
			Performance Scores as per the SOP
			Score
			N.A.

1.4.1. Quality of Care: BSC§	Average BSC score in the previous year	Average BSC score in the current year
Result 1.4.1. BSC		Result 1.4.1. Performance Scores as per the SOP
Is the average BSC score equal to or lower than the lowest BSC score ever recorded in this province?	Yes / No	Score

§ Balanced Scorecard (BSC) report is issued annually. If TPM complies with the contract and the MOPH keeps time to the set schedule (Annex 3), the final BSC report should be made available for every other SAPR. If no BSC report is ready by the time of SAPR meeting, take this section out from the SAPR criterion. The BSC score and related Performance Score will be considered in the following SAPR.

1.4.2. Quality of Care: Indicators measured by Technical Departments			
Result 1.4.2.			Result 1.4.2. Performance Scores as per the SOP
1.4.2.a. Has the Technical Department observed same repeated failure in the TD's indicator(s) for two consecutive supervision visits?	Yes / No	If Yes, go to 1.4.2.b. If No, go to Result 1.4.1 and give Zero score in the box in the right.	Score
1.4.2.b. If Yes, which TD has reported what repeated failure (i.e. indicators) and when the supportive supervision (SS) visits were made?	Case 1: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY		Score
	Case 2: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY		Score
	Case 3: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY		Score
	Case 4: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY		Score
	Case 5: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY		Score
	Total Score for 1.4.2.		Score

SN	1.5. Reports	Submitted on time?
1	Inception Report (ONLY applicable in the 1st SAPR)	Yes / No
2	Data Quality Assurance Plan (including Internal Verification System)	Yes / No
3	Monthly Update	Yes / No
4	Quarterly Report including Quarterly Performance Report, Quarterly Financial Report and HMIS reports	Yes / No
5	Performance Improvement Plan	Yes / No
6	Inventory List	Yes / No
7	End of Project Report (EPR)	Yes / No

Result 1.5. Reports		Performance Scores as per the SOP
How many reports have NOT been submitted on time for the last two quarters?	Write down the number	Scores

1.6. Delays in salary payment	Yes / No	Result 1.6. Performance Scores as per the SOP
During the review period, has the SP delayed in the salary payment for the HFs staff more than 20 business days after the receipt of the installment?	Yes / No	Scores

1.7. Contract Compliance <sup>1</sup>	Yes / No	Result 1.7. Performance Scores as per the SOP
During the review period, has the SP complied with the terms of contract, other than the above mentioned criteria?	Yes / No	Scores

<sup>1</sup> GCMU will documents the findings\* on contract compliance and the review committee jointly decide about the scoring.

## 2. SUMMARY OF PERFORMANCE SCORES:

Consequence(s) the SP has received in the previous SAPRs	List up all consequences
Cumulative Performance Scores carried from the previous rounds of SAPRs (a)	Scores
Total Performance Scores obtained in this round of SAPR: (b)= Result1.1.+1.2.+1.3.+1.4.+1.5.+1.6.+1.7. <i>Make sure the performance score for "Not Any Failure" is counted here.</i>	Scores
Cumulative Performance Scores as of the end of this SAPR (a) + (b)	Scores

## 3. COMMITTEE'S PROPOSAL TO HE THE MINISTER<sup>1</sup> :

5

Pursuant to the SOP, the Semi-Annual Performance Review Committee members as listed below would like to propose to His Excellency the Minister that the SP will receive (check one or more of the left boxes in the below table):

<input type="checkbox"/>	Enter the next SAPR cycle
<input type="checkbox"/>	Commendation Certificate
<input type="checkbox"/>	Star-rating (how many stars?): ☆☆☆
<input type="checkbox"/>	No penalty, but corrective actions through PIP
<input type="checkbox"/>	Notification Letter from the PMO + PIP
<input type="checkbox"/>	Warning Letter from the MOPH Leadership + PIP
<input type="checkbox"/>	Change in the SP management + PIP
<input type="checkbox"/>	Contract Termination and Debarment

<sup>1</sup> The Officer who completes the Checklist should make sure that the committee members sign to endorse the proposal.

List of the SAPR Committee Members:

#	Name (please type)	Designation	Contact	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

## Annex 6: Terms of Reference for the SAPR

### Specific Objectives of SAPR

The SAPR aims to:

- Appraise the SP performance as per the review procedures and provide the MOPH leadership with evidence that informs decisions on consequences of the SP performance including rewards and disciplinary actions,
- Summarize the SP performance in Performance Management Dashboard and have it accessible by the stakeholders and
- Assist the SP to develop a PIP.
- Reward and sanctions?

### Membership

No.	Departments	Designation of members	Organization	Role
1	MoPH Leadership	Optional	MOPH	Honorary
2	PPHD	Director and/or PHC Officer	MOPH	Chairperson
3	GDEHIS	HMIS technical team	MOPH	Member
4	PMO	Senior Performance Management Specialists	MOPH	Secretariat
5	GCMU	Representatives	MOPH	Member
6	DBD	Finance Specialist	MOPH	Member
7	SP	Head office + Key staff	SP	Member
8	TDs	Representatives	MoPH	Member

A quorum for an SAPR meeting shall be a simple majority of the members of the committee.

### Proceedings of SAPR

The secretariat, the Senior Performance Management Specialists, will provide a list of the deliverables required for the review based on a checklist. The review materials will be distributed to review committee members within 21 days after the end of quarter. The GDEHIS and TDs will analyze the collected data within 31 days after the end of the quarter. The secretariat will prepare a summary of the review within 31 days after the end of the quarter. The summary should captures below issues which will be included in the agenda.

- The Provincial HMIS Verification Composite Scores, using the TPM report,
- Status of eleven P4P indicators using TPM,
- Status of the Minimum Standards of services to be delivered using TPM,
- Quality of care as per the MOPH guidelines and standards,
- Update of Performance Improvement Plan (PIP),
- Submission dates of the reports and plans articulated in the performance management SOP, and
- Review of the set tariff.

### Outputs of SAPR

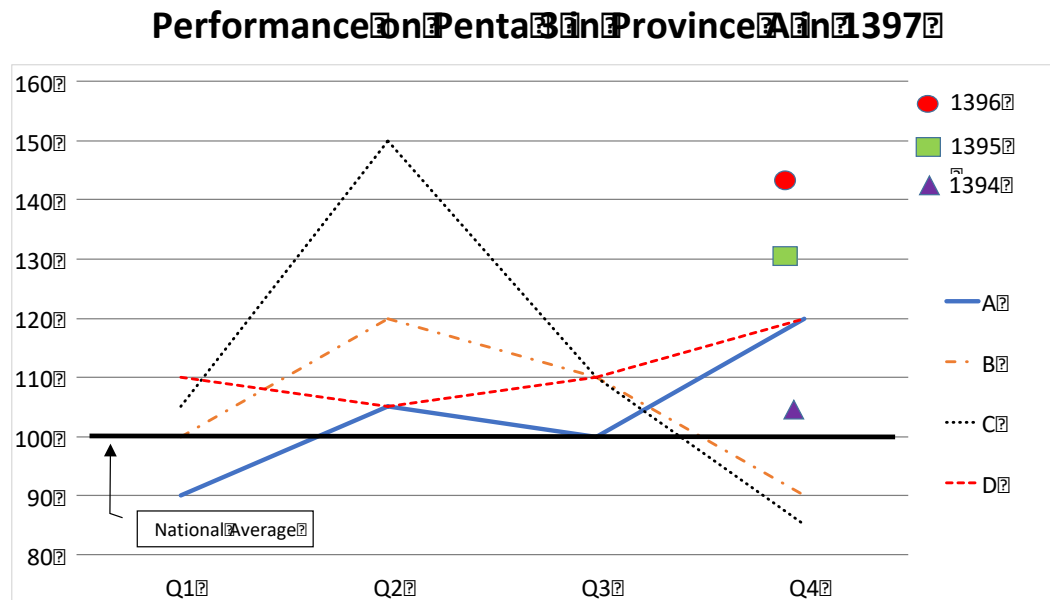
Outputs of the SAPR will be generated within 5 working days after the end of the SAPR, including:

- Performance Improvement Plan (PIP) to be developed by the SP which includes identified problems and corrective actions to solve them,



- Written notice of consequence(s) of the SP performance prepared by the PMO, including payment deduction, contract termination, etc.
- An individual SP's dashboard of performances showing the Star-rating and performance indicators will be published in the MOPH website by the PMO.

Below graph is an example of presentation material to be prepared by the PMO for the SAPR, which shows the changes in Penta 3 over time in Province A as compared to other similar provinces (B, C, D) and previous years (1394-1396).



## Annex 7: Methods for the Tariff Setting

This subsection explains how unit cost of P4P services is calculated. How the SPs are paid for the services they provide will be described in Chapter VI and VIII.

### i. Unit Cost Estimation

In 2016, the European Union financed a study to estimate unit cost of the BPHS services collecting data from seven provinces.<sup>1</sup> The method factored in the depreciation rate for infrastructure and equipment, human resources salaries, medical products including medicines and recurrent costs. The study also calculated at different health facility level based on number of units of services provided at different levels of BPHS. The costing included the SP's management cost, MOPH cost and off-budget support. This study did not examine Family Planning (i.e. Couple Years of Protection: CYP) and hospital services such as Cesarean Section and major surgery, for which the costs have been estimated by a separate exercise led by the Health Economics and Financing Department (HEFD) in 2018.

Below table summarizes the national average unit cost for eleven P4P services excluding top-up operations and management cost.<sup>1</sup>

**TABLE: Estimated Average Unit Cost for P4P Services in US dollars and Afghanis**

Source	SN	Services	Tariffs	
			USD	AFN
Eight (8) indicators from EU costing study	1	ANC (all visits)	2.9	198
	2	PNC (all visits)	4.3	295
	3	Delivery (institutional)	13.8	945
	4	EPI (Penta-3)	1.7	116
	5	EPI (TT2+)	1.7	116
	6	TB (treatment)	17.6	1,206
	7	Nutrition (GM+IYCF)	1.1	73
	8	IMCI (<5 OPD)	1.5	106
Three (3) indicators from HEFD costing assessment	9	Family Planning (CYP)	3.9	266
	10	C-Section	192.6	13,161
	11	Major Surgery (EPHS only)	125.6	8,586

### ii. Differential Tariff Setting by Province

The cost of providing services differs from one province to another. It is important to reflect this variation in the calculation of tariff for the priority services. The cost per capita of the SEHAT contracts is a reasonable proxy for determining the differences of costs in different provinces. Thus the tariffs are adjusted to take into account these provincial differences. For this reason the average cost per capita for the seven provinces where the EU study was conducted has been used to derive a cost per capita multiplier. In addition, a population growth rate of 2.03% has been factored in the cost calculation. The

<sup>1</sup> Conseil Santé. Assessment of the Referral System and Costing of the Basic Package of Health Services (BPHS) in Afghanistan. EuropeAid/137-390/DG/SER/AF/Lot2. FINAL REPORT. 2016.

<sup>1</sup> Top-up costs include: costs associated with off-budget technical assistance, donations, emergencies and NGOs contributions.

cost per capita under the SEHAT project for each province was divided by the average cost per capita of the seven provinces captured by the EU study:

$$\text{Cost Per Capita Multiplier}_{\text{PROVINCE A}} = \frac{\text{Cost per capita in Province A}}{\text{Average cost per capita derived from EU Study Sites}}$$

Table in the following page is the tariff of each service for 31 provinces under the Sehatmandi project.

**TABLE: Weighted Price for each service for each province based on Per Capita Multiplier (AFN)**

No	Province	Per Capita Multiplier	ANC (all visits)	PNC (all visits)	Delivery (institutional)	Family Planning (CYP)	EPI (Penta-3)	EPI (TT2+)	TB treatment	Nutrition (GM+IYCF)	IMCI (<5 OPD)	C-Section	Major Surgery (Only EPHS)
1	Badakhshan	1.58	313	466	1,492	420	183	183	1,904	115	167	20,781	13,557
2	Badghis	0.83	166	246	789	222	97	97	1,006	61	88	10,984	7,165
3	Baghlan	0.99	196	291	932	263	115	115	1,189	72	104	12,983	
4	Balkh	0.92	182	271	866	244	106	106	1,104	67	97	12,057	
5	Bamyan	1.88	374	556	1,781	502	219	219	2,272	137	200	24,797	
6	Daikundi	1.57	311	462	1,480	417	182	182	1,888	114	166	20,607	13,443
7	Farah	1.00	199	296	947	267	116	116	1,209	73	106	13,194	8,607
8	Faryab	0.85	168	251	802	226	99	99	1,023	62	90	11,172	7,288
9	Ghazni	0.92	183	273	873	246	107	107	1,114	67	98	12,158	7,931
10	Ghor	1.08	213	318	1,016	286	125	125	1,297	78	114	14,155	
11	Helmand	0.94	187	278	889	250	109	109	1,134	69	100	12,382	
12	Herat	0.57	114	169	541	152	66	66	690	42	61	7,532	
13	Jawzjan	1.06	210	312	998	281	123	123	1,274	77	112	13,903	
14	Kabul	1.02	202	301	965	272	119	119	1,231	74	108	13,434	
15	Kandahar	0.62	123	183	584	165	72	72	746	45	66	8,140	
16	Khost	0.80	158	236	754	212	93	93	962	58	85	10,501	6,850
17	Kunar	1.54	306	455	1,457	410	179	179	1,859	112	163	20,295	13,240
18	Kunduz	1.03	204	304	972	274	119	119	1,239	75	109	13,531	
19	Laghman	1.03	204	304	973	274	120	120	1,242	75	109	13,553	8,842
20	Logar	1.61	319	475	1,520	428	187	187	1,939	117	170	21,169	13,809
21	Nangarhar	1.10	219	326	1,043	294	128	128	1,331	80	117	14,532	9,480
22	Nimroz	2.10	417	622	1,989	560	245	245	2,537	153	223	27,699	18,070
23	Nooristan	3.94	781	1,162	3,719	1,048	457	457	4,745	287	417	51,797	
24	Paktika	1.12	222	331	1,058	298	130	130	1,350	82	119	14,738	9,614
25	Paktya	0.97	191	285	912	257	112	112	1,164	70	102	12,704	8,288
26	Samangan	1.60	317	472	1,512	426	186	186	1,929	117	169	21,057	
27	Saripul	1.02	202	301	964	271	119	119	1,230	74	108	13,422	

No	Province	Per Capita Multiplier	ANC (all visits)	PNC (all visits)	Delivery (institutional)	Family Planning (CYP)	EPI (Penta-3)	EPI (TT2+)	TB treatment	Nutrition (GM+IYCF)	IMCI (<5 OPD)	C-Section	Major Surgery (Only EPHS)
28	Takhar	0.94	186	278	888	250	109	109	1,133	68	100	12,368	
29	Urozgan	1.52	302	450	1,439	405	177	177	1,836	111	161	20,041	13,074
30	Wardak	1.12	222	330	1,056	297	130	130	1,347	81	118	14,706	9,593
31	Zabul	1.71	339	504	1,614	455	198	198	2,059	124	181	22,473	

### **iii. Estimating the Cost of Cesarean Section, CYP and Major Surgery**

The Health Economics and Financing Directorate (HEFD) constructed the cost structure using information from the ongoing normative costing of the BPHS through utilizing standard costing tool – CORE Plus – that is developed by MSH experts and adopted to Afghanistan health system needs. It allows HEFD to provide cost estimates for various levels of health facilities under different scenarios including actual and normative BPHS costs.

After identifying 89 services from among a long list of services defined by BPHS document we invited an expert panel including MDs, Midwives, and Nurses and developed Standard Treatment Guidelines for each service. In collaboration with GCMU we selected 15 provinces to be representative for all 34 provinces and then randomly selected 5 health facilities from each province to have the representative from each type of health facilities. The sample of health facilities were drawn from among health facilities with good reporting. Actual expenditure and actual utilization data were collected for each health facility from implementer NGOs in relevant provinces from the year 2016.

Based on agreement with GCMU and the World Bank we selected 43 services to compile and develop 11 services (ANC All Visits, PNC All Visits, SBA Normal and Assisted Deliveries Excluding C-Section, PENTA, TT Immunization of Pregnant and non-pregnant Women, Measles Immunization (first dose), TB Cases detection, Under 5 consultations, Mental Illness, C-Section, Major surgeries, Cost per Couple Year Protection (CYP)) costs. National level Growth Monitoring unit cost was drawn from the costing study “AN INVESTMENT FRAMEWORK FOR NUTRITION IN AFGHANISTAN: Improving Maternal and Child Nutrition” that was conducted by the HEFD and WB experts in 2017. For some of the services such as all ANCs, under 5 consultations, CYP different methods and so on, utilization rate was used as allocation factor to generate those unique services.

In order to estimate actual cost at field level, we adjusted for some of the costs that will be born under the Lump Sum budget, this means we reduced share of each constituted components cost (staff time cost, drugs cost, supply cost, lab costs, and operating cost per service) in overall cost per service. Since, our study included 15 provinces, in order to construct the unit cost for the rest of provinces we used health facility level unit cost from the neighboring provinces with similar geographic conditions and other characteristics. We identified cost structures for the same number and type of health facilities as we did for the sample provinces for which we already collected data.

C-Section unit cost is estimated for 14 out of 15 provinces we included in the BPHS Normative Costing. C-Section unit cost for some of District Hospitals found to be very high. Among others reasons behind the very high rate per unit could be very low utilization of target service in related DHs. We applied various scenarios to generate the average unit cost per service. In the first case we removed all average costs that was over \$300. In the second scenario we removed only the very high extremes. Considering costs fluctuation and consultation with experts from the GCMU and WB, we agreed to apply provincial level multiplier on median score of costs among 14 provinces.

General surgeries services unit cost is calculated based on available data from EPHS costing study that was conducted by HEFD in 2013. For nine provinces (Badakhshan Hospital, Ghazni Hospital, Hirat Hospital, Khaer Khana Hospital, Khost Hospital, Laghman Hospital, Paktia Hospital, Sar-e-pul Hospital, Urozgan Hospital), Average Cost per Bed Day and Average Length of Stay (ALOS) was used to calculate General Surgeries Unit cost. Ability of the hospitals to provide more complicated cases could be one of the reasons for longer ALOS or higher cost. Since, USD was used currency in the study, there was no need for accommodating the cost for 2018. Similar to C-Section unit costs there was fluctuation among costs per surgery in selected hospitals, therefore, we used median of costs as national cost per service and applied provincial multiplier to estimate cost at provincial level.

National level Couple Year Protection (CYP) unit cost was developed based on availability of unit cost per cycle of each Family Planning Method. Utilization rate was used to adjust Cost per cycle of each method in different health facility types. Produced unit cost compiled in a way to make sure each health facility type has its real share in cost per cycle of each method at provincial level. Each method annual unit cost developed to estimate cost per CYP for each method. National level utilization rate of each method used to estimate CYP unit cost at national level. To estimate CYP unit cost at provincial level, provincial level multiplier applied.

## Annex 8: Minimum Level, Index and Maximum Level by Province

Not all P4P indicators were measured by AHS2012 and AHS2015 and there is no perfect dataset that generates parameters that fit all provinces at all times. Therefore, the MOPH established ways to cope with data variability (and paucity) using the best available information.

The P4P indicators that were not reported by the AHSs are PNC, Child Morbidity (or Child OPD), TB and Major Surgery. The Index for these indicators is set using a maximum value observed by HMIS between 2013 and 2017. The Maximum Level is then obtained by multiplying the Index by ROC. While the ROC in percentage is a mean ROC of the HMIS data between 2013 and 2017, turning it to numbers employed a maximum value of the same observation period. In addition, the MOPH adopted an ROC of 5% for those indicators that give the ROC smaller than 5% including negative mean ROCs.

Index Calculation: Taking an example of Delivery indicator in Badakhshan, following Box 1 shows the actual calculation of Index.

### **BOX 1: Example of Index Calculation:** Index for Delivery in Badakhshan

The national mean values for this indicator are:

40.5% in AHS2012

55.8% in AHS2015

Therefore,

$$\text{Annual } ROC_{\text{Delivery}} = \frac{55.8 - 40.5}{3} = 5.1\%$$

The mean indicator value in Badakhshan in AHS2015 is 24.1%.

The number of years between 2015 and 2019 is four (=2019-2015).

Thus, the expected value in 2019 (i.e. Index) is:

$$\text{Index}_{\text{Delivery, BDK}} = 24.1 + (5.1 \times 4) = 44.5\%$$

The MOPH decided that an Index value should not exceed 90% as the higher the value the harder to achieve. If the above calculation produces an Index value greater than 90%, the Index is automatically set at 90%. See Box 2.



**BOX 2: Example of Index greater than 90%: Index for Delivery in Paktiya**

The national mean values for this indicator are:

40.5% in AHS2012

55.8% in AHS2015

Therefore,

$$\text{Annual } ROC_{\text{Delivery}} = \frac{55.8 - 40.5}{3} = 5.1 \% \text{ per year}$$

The mean indicator value in Paktiya in AHS2015 is 76.0%

Thus, the expected value in 2019 (i.e. Index) is:

$$\text{Index}_{\text{Delivery, PKY}} = 76.0 + (5.1 \times 4) = 96.4\%$$

, which is greater than 90%. Therefore the Index for Paktiya is set at 90%.

**Exceptions:**

- **Growth Monitoring Promotion/Infant & Young Child Feeding:** is a new priority indicator developed by the Public Nutrition Department of the MOPH and does not have HMIS data for the last 5 years. The Department has started data collection recently from 5 different types of health facility in each province on a pilot basis. Based on the best available data, the MOPH calculated the Minimum and Maximum levels of this indicator.

The Index for this P4P indicator is set the same as the Maximum Level. This is the MOPH aims at a sixty-percent coverage of children under two years of age across all provinces in the life of the Sehatmandi project.

- **Caesarean Section:** According to the HMIS definition, a denominator for Caesarean Section Rate is set at 4% of a CSO's population estimate in a province, which represents the proportion of women with childbearing age in Afghanistan.

The Minimum Level for this indicator in three provinces (i.e. Kabul, Kandahar and Nuristan) turned out to be very low – i.e. 0 or 6. For these provinces, the MOPH decided to aim to provide the C-Sec service for 1% of the target population. The rest of the provinces use the Minimum Level (i.e. the 25 percentile) as explained above.

Maximum Level Calculation: Box 3 and 4 are examples for the Maximum Level Calculation.

**BOX 3: Calculating Maximum Level: Institutional Delivery in Balkh**

The national mean values for this indicator are:

40.5% in AHS2012

55.8% in AHS2015

Therefore,

$$\text{Annual } ROC_{\text{Delivery}} = \frac{55.8 - 40.5}{3} = 5.1 \% \text{ per year}$$

The mean indicator value in Balkh in AHS2015 is 69.6% (or 29,970 in numbers in HMIS), which is greater than the national mean value. Therefore, the Maximum Level and Index for Balkh are set at 69.6% or 29,970.

**BOX 4: Calculating Maximum Level: Institutional Delivery in Baghlan**

The mean indicator value in Baghlan in AHS2015 is 39.2% (or 19,599 in numbers in HMIS), which is smaller than the national mean value – i.e. 55.8%.

To get the Index,

$$\text{Annual } ROC_{\text{Delivery}} = \frac{55.8 - 40.5}{3} = 5.1 \% \text{ per year}$$

$$\text{Index}_{\text{Delivery,BGL}} = 39.2 + (5.1 \times 4) = 59.6\%$$

The multiplier will be derived from:

$$\text{Multiplier}_{\text{Delivery,BGL}} = \frac{59.6}{39.2} = 1.520$$

Therefore, the Maximum Level for Delivery in Baghlan in 2019 is,

$$\text{Maximum Level}_{\text{Delivery,BGL}} = 19,599 \times 1.520 = 29,798$$

**Exceptions:**

Maximum Levels of some of the P4P indicators which the AHSs did not measure are calculated by the ROC derived from HMIS in various years – for the past 5 to 10 years. These indicators are: PNC, Major Surgeries, Morbidity of U5s, TB Treated cases, C-Section and GMP/IYCF.

- **GMP/IYCF:** Index and Maximum Level for this indicator are explained in the sub-section “Minimum Level”.
- **Morbidity of children under 5 years of age:** No U5 OPD data is available from the AHSs. To obtain a percentage ROC for this indicator, the average of annual ROCs of HMIS data between 2013 and 2017 is taken. Using the percentage ROC, an ROC in number is:

$$\begin{aligned} \text{Annual } ROC_{\text{OPDChild},\#} &= [\text{Average of } \square\square\square\square\square \text{ ROCs}_{\text{OPDChild},2013-2017,\%}] \\ &\times [\text{maximum value}_{\text{OPDChild},2013-2017}] \end{aligned}$$

The Index for this indicator is calculated as follows:

$$\begin{aligned} \text{Index}_{\text{OPDChild}} &= [\text{Average of Annual ROCs}_{\text{OPDChild},2013-2017,\#}] \\ &+ [\text{maximum value observed between 2013 and 2017}] \end{aligned}$$

The Maximum Level is then generated as follows:

$$\text{Maximum Level}_{\text{OPDChild}} = \text{Annual ROCs}_{\text{OPDChild},\#} + \text{Index}_{\text{OPDChild}}$$

Note that Index and Maximum Level for provinces that generate a negative or lower than 5% ROs are calculated differently:

$$\text{Index}_{\text{PNC}} = [\text{maximum value}_{\text{PNC},2013-2017}] \times [5\% \text{ Annual } ROC_{\text{PNC},\%}]$$

$$\text{Maximum Level}_{\text{PNC}} = \text{Index}_{\text{PNC}} + \text{Annual } ROC_{\text{PNC},\#}$$

, where  $\text{Annual } ROC_{\text{PNC},\#}$

$$= [\text{maximum value}_{\text{PNC},2013-2017}] \times [\text{Annual } ROC_{\text{PNC},\%}]$$

- **Cesarean Section:** The National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2017-2021 sets the national target in 2021 at 6.5%.<sup>1</sup> In

<sup>1</sup> Ministry of Public Health. National Reproductive, Maternal, Newborn, Child, & Adolescent Strategy 2017–2021. Available from <http://moph.gov.af/Content/files/National%20RMNCAH%20Strategy%202017-2021%20English-Final.pdf>

consultation with the RMNCAH Directorate, the HMIS and GCMU decided to take a **maximum value** of Caesarean section cases reported to HMIS between 2013 and 2017 as a base value to calculate the Index and Maximum Level. Different annual ROCs were applied for the Index and Maximum Level to set the semi-annual values: 0.6% and 0.9% respectively. The annual ROC of 0.6% was derived from the RMNCAH Strategy and 0.9% is an educated guess by the RMNCAH Directorate. Rationale to chose the maximum value as base value is as follows:

- The minimum and 25th percentile values obtained from HMIS are extremely low as compared to regions with similar socio-economic status.<sup>1</sup> While the MOPH does not support indiscriminate increase in Caesarean Sections, it considers use of the 25th percentile as the Minimum Level could exacerbate missed opportunities in provinces.
- The maximum values obtained from HMIS fall far below an indicative threshold for the Caesarean Section Rate reported by WHO.<sup>2</sup> The WHO threshold still holds valid when the maximum value and higher ROC are applied to calculate the Maximum Level in 2021.
- **PNCs, Major Surgeries and Number of sputum smear (+) TB cases treated:** Calculation of Index and Maximum Level for these indicators are calculated the same as Morbidity of <5 Years Children.

Below tables show the Minimum Level, Index and Maximum Level by Indicator, by Province.

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<sup>1</sup> Betrán AP et al. The Increasing Trend in Caesarean Section Rates: Global, Regional and National Estimates: 1990-2014. PLoS One. 2016 Feb 5;11(2):e0148343. doi: 10.1371/journal.pone.0148343. eCollection 2016.

<sup>2</sup> WHO. HRP. WHO Statement of Caesarean Section Rates. 2015. Available from: [http://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/cs-statement/en/](http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/)

## Annex 9: Overall Mean BSC Scores by Province, by Year and by BPHS/EPHS

### BPHS

SN	Province	2011.12	2012.13	2015	2016	2017	2018
1	Badakshan	51.8	55.6	57.6	61.8	58.4	57.5
2	Badghis	52.8	54.4	59.5	49.3	63.8	66.8
3	Baghlan	51.8	65.0	70.8	72.8	78.0	72.7
4	Balkh	61.1	53.7	64.1	66.3	78.1	78.1
5	Bamyan	50.4	49.8	65.1	57.6	63.4	57.6
6	Daykundi	50.7	50.8	49.2	59.2	60.0	56.6
7	Farah	57.1	60.3	58.6	65.4	69.3	52.6
8	Faryab	58.6	57.3	61.7	70.4	74.2	57.5
9	Ghazni	52.8	55.8	59.6	60.7	56.8	57.8
10	Ghor	48.8	48.0	57.8	53.3	53.6	52.0
11	Helmand	55.3	53.1	56.6	61.3	59.1	54.2
12	Herat	53.7	62.1	65.6	66.1	76.8	81.0
13	Jawzjan	56.8	54.8	61.8	65.7	66.4	59.8
14	Kabul	48.2	52.1	55.0	61.2	62.8	59.7
15	Kandahar	62.1	60.9	59.9	57.1	65.0	59.5
16	Kapisa	57.8	56.1	62.4	62.2	59.3	57.1
17	Khost	53.2	49.4	59.6	52.7	64.1	65.7
18	Kunar	72.7	67.7	59.7	60.2	-	67.7
19	Kunduz	59.2	63.2	63.9	69.5	54.7	57.5
20	Laghman	62.3	65.9	60.7	62.0	63.6	65.7
21	Logar	60.7	62.3	67.9	65.0	72.4	58.6
22	Nangrahar	69.1	67.2	68.6	70.7	76.2	54.3
23	Nimroz	58.8	57.3	62.7	73.8	67.8	68.3
24	Nuristan	66.9	54.1	54.1	72.6	65.5	52.1
25	Paktika	52.2	56.6	64.1	71.4	62.5	58.2
26	Paktya	54.7	53.3	61.4	60.5	61.2	65.0
27	Panjsher	55.0	57.0	59.8	60.7	62.1	59.1
28	Parwan	55.5	53.5	51.2	59.5	60.1	62.3
29	Samangan	58.9	49.1	55.7	58.0	60.4	54.4
30	Saripul	54.1	54.8	60.3	67.2	62.5	73.1
31	Takhar	50.6	57.0	58.9	66.4	71.2	65.7
32	Uruzgan	52.5	53.4	63.8	67.7	59.6	49.8
33	Wardak	59.2	69.2	62.9	54.9	66.4	73.0
34	Zabul	44.0	56.0	60.5	69.4	52.0	59.6

### EPHS

SN	Province	2011.12	2012.13	2015	2016	2017	2018
1	Badakhshan	69,6	73,1	72.4	75.6	79.3	82.2
2	Badghis	72,8	72,9	68.4	74.1	91.2	88.8
3	Baghlan	65,5	74,5	84.7	81.7	80.0	79.6
4	Balkh	68,0	64,6	64.9	81.4	79.6	67.6
5	Bamyan	61,0	77,2	68.6	74.1	81.5	82.6

6	Daykundi	59,1	73,3	72.8	69.5	75.1	75.5
7	Farah	74,9	70,9	75.5	87.4	82.2	80.7
8	Faryab	65,5	69,4	79.9	81.7	77.5	83.8
9	Ghazni	65,1	77,5	74.0	69.9	72.0	73.0
10	Ghor	59,3	71,2	79.1	68.9	72.8	70.2
11	Helmand	73,0	73,0	79.6	79.8	76.2	71.3
12	Herat	70,7	76,8	69.1	72.6	83.9	82.0
13	Jawzjan	61,6	68,6	70.3	81.3	65.4	80.4
14	Kabul	62,9	66,6	67.7	67.4	72.0	75.9
15	Kandahar	79,9	78,1	80.6	75.8	75.3	82.5
16	Kapisa	64,1	70,3	82.0	70.7	80.1	77.9
17	Khost	83,2	80,0	86.5	80.7	90.4	88.9
18	Kunar	92,6	75,7	82.2	84.6	85.0	83.5
19	Kunduz	78,9	67,1	78.8	72.5	68.2	80.2
20	Laghman	81,9	78,0	85.9	84.9	89.2	79.3
21	Logar	83,6	71,4	82.7	82.7	93.2	84.1
22	Nangrahar	81,8	75,8	89.2	92.7	90.4	80.8
23	Nimroz	83,3	72,5	86.1	80.3	88.4	72.2
24	Nuristan	-	-	77.3	86.2	77.2	57.8
25	Paktika	62,9	80,7	81.0	81.5	88.4	79.1
26	Paktya	72,1	72,4	75.2	78.9	86.4	83.0
27	Panjsher	-	69,0	70.3	65.6	57.7	69.9
28	Parwan	66,8	62,1	67.6	75.3	77.7	71.8
29	Samangan	76,3	70,0	74.7	80.0	72.1	73.5
30	Saripul	71,2	71,6	75.6	77.7	72.8	85.6
31	Takhar	69,2	57,8	73.0	75.4	73.1	82.6
32	Uruzgan	82,0	80,6	84.9	64.8	83.6	82.0
33	Wardak	66,8	71,6	78.3	79.7	80.7	76.2
34	Zabul	57,3	68,0	83.5	79.2	74.8	78.5

## Annex 10: QOC-related Indicators measured by the Technical Departments

SN	Indicator	Definition	Baseline\$	Target\$			Responsible Technical Department
				2019	2020	2021	
1	Knowledge score of provider about FP/ Birth spacing recommended counseling techniques (DMT, MEC Wheel, BCS+)	Provide proper counseling to FP clients considering counseling principle (GATHER technic) including privacy and confidentiality by using counseling tools (MEC Wheel 2015, DMT and BCS+)	80%	85%	90%	100%	RMNCAH
2	Number of days family planning commodities are stock out during the last month in the health facility	Stock out of anyone of family planning commodities in the stock and number of days that commodity is not prescribed in the register book for the last 30 days	Not available	0	0	0	RMNCH
3	Percentage care providers in proper administration of live saving drugs and management of drug side effects	Live saving drugs are: MgSo4, Misoprostol, Oxytocin Skills will be assessed in the real work, and if was not possible a set of questions will be asked to assess knowledge instead.	80%	85%	90%	100%	RMNCAH
4	Knowledge and skills of health care provider in appropriate management of diarrhea and pneumonia	Proper management of diarrhea means to assess, classify and treat the child according to IMNCI algorithm, which includes administration of zinc and ORS/ Proper management of pneumonia means to assess, classify and treat the child according to IMNCI algorithm, which includes administration of antibiotic for 5 days, recommended by IMNCI/	85%	95%	100%	100%	RMNCAH
5	Knowledge and skills of health care provider in warm chain and newborn resuscitation in golden minute	The warm chain are warm delivery room, immediate drying, skin to skin contact, breast feeding, postpone of weighing and bathing, appropriate clothing/blanket, mother and newborn together, warm transport and warm assessment, training and raising awareness. In 90% of cases newborn start immediate breathing after delivery, while in 10% of cases there is need to help the newborn in taking breathe, ideally the resuscitation shall be done in the first minute after birth which is called golden minute. Skills will be assessed in the real work, and if was not possible a set of questions will be asked to assess knowledge instead.	70%	80%	90%	95%	RMNCAH
6	Percent of Infection Prevention standards implemented	Five questions from HQIP can be used to assess correct implementation of IP standard protocols	80%	90%	95%	100%	RMNCAH

SN	Indicator	Definition	Baseline§	Target§			Responsible Technical Department
				2019	2020	2021	
7	Percent of community health shura decisions implemented or followed up	Minute of monthly health shura meetings and observation of proofs of the decisions implemented or in progress	Not available	50%	70%	100%	CBHC
8	Percentage of home visits conducted by CHWs	Each health post must visit at least 50% of families lived in the catchment area of health post per month. This is reflected in pictorial tally sheet of CHWs. Beside the monitor can cross check it with one or two of beneficiaries	Not available	50%	70%	90%	CBHC
9	Percentage health post's challenges solved by CHS during supervisory visits	Each CHS list challenges of CHWs and write down in visit book of health posts, during visit, the monitor will check how many challenges listed and how many solved by CHS (base is visit book of CHWs)	Not available	30%	50%	70%	CBHC
10	Percentage of HF OPD attendants identified as presumptive TB who are further tested to rule out TB.	Nominator: Number of OPD attendants with productive cough of 2 weeks or more and are tested with sputum microscopy, WHO recommended rapid tests and X-ray, Denominator: Total number of OPD	2%	3%	4%	5%	NTP
11	Proportion of confirmed TB cases diagnosed among tested presumptive TB cases.	Nominator: Number of confirmed TB cases during the specific period. Denominator: Number of presumptive TB during the same period.	8%	9%	10%	10%	NTP
12	Availability of malaria 100% confirmation by (Mic/Rapid Diagnostic Test) at health facility	all non diagnostic HFs have been supplied by RDT to confirm malaria cases	80%	85%	90%	95%	NMLCP
13	Knowledge and skills of health care providers on Malaria Control	MDs know treatment of Malaria according to National Treatment Guideline Lab Technicians based on examining 2 out of 3 reference slides correctly	85%	90%	95%	100%	NMLCP
14	Availability of anti leishmaniasis drug)	Availability of "Sodium Stibogluconate or Meglomin Antimonate" in CHC, DH and PH of endemic areas	75%	80%	90%	100%	NMLCP

SN	Indicator	Definition	Baseline§	Target§			Responsible Technical Department
				2019	2020	2021	
15	Percent of patients in primary care facilities receiving at least one antibiotics	Nominator: all OPD cases prescribed with at least one antibiotics in a specific HF in last month Denominator: All OPD cases at the same HF and the same period of time	40.4% (2017)	≤40%	≤40%	≤40%	Pharmaceutical Services
16	Number of days for tracer Medicines out of stock in the last month in targeted public facilities	<b>Targeted Public facilities:</b> BPHS/EPHS health facilities under Sehatmandi contract <b>Time out of stock:</b> number of days a tracer Medicine is out of stock <b>Out of Stock:</b> zero balance in stock keeping record at selected HF or warehouse <b>Tracer Medicine:</b> 30-70 Medicines addressing key conditions (list available) Number of days, that any of these is stocked out as per the stock card.		10	7	3	Pharmaceutical Services
17	Percent of prescriptions complying with standard treatment guidelines in targeted BPHS health facilities	<b>Targeted BPHS health facilities:</b> OPD of BPHS facilities Standard treatment guidelines: The official MoPH Standard Treatment Guidelines for primary level <b>Prescriptions:</b> prescriptions of patients with watery diarrhea, any diarrhea, simple ARI or pneumonia <b>Complying with:</b> abstention of prescribing antibiotics for watery diarrhea or simple ARI, prescription of ORS for watery diarrhea, prescription of antibiotic for pneumonia	72.5% (2017)	≥80%	≥80%	≥80%	Pharmaceutical Services
17	Percentage of children under 5 years with diarrhea seen in OPD of BPHS facilities prescribed with ORS and Zinc (recommended by NSTG-PL)	OPD of BPHS facilities: OPD records of BPHS facilities Children under 5 years with Diarrhea seen in OPD of BPHS facilities: Children under 5 years with diarrhea condition recorded in OPD register book of BPHS facilities Diarrhea: Any type of diarrhea NSTG-PL: MoPH National Standard Treatment Guidelines for Primary Level  How to calculate the indicator: in OPD register book, select randomly 30 OPD prescriptions of Diarrhea cases in children under 5 years seen in the last 3 months and calculate the percentage of records in which ORS and Zinc were prescribed (i.e. (numerator) number of diarrhea in children under five years records with ORS and Zinc prescribed divided by (denominator) 30 diarrhea in children under five years records selected; and then multiply by 100)	21.1%	30%	50%	70%	Pharmaceutical Services



SN	Indicator	Definition	Baseline§	Target§			Responsible Technical Department
				2019	2020	2021	
		Purpose of the indicator: measure the adherence of prescribers to NSTG-PL for diarrhea in children under 5 years					
18	Cure rate for children admitted in severe acute malnutrition treatment facilities	Nominator: Number of U5 children with SAM treated successfully Denominator: Number of U5 children with SAM admitted in the treatment facility	84%	85%	86%	87%	PND
19	Percentage of U5 children screened for acute malnutrition during last month.	Screening: Weight for Height for all children under 2 and MUAC for children above 2 and under 5 Nominator: all children under five screened and recorded during the last 30 days Denominator: All children under five attended the HF during the same period	70%	80%	90%	95%	PND
20	Percentage of women attending the HF for ANC and PNC, received standard dose of IFA during the last month.	Standard dose of IFA (60 mg iron+400 mcg folic acid) daily Nominator: All women attending ANC and PNC and received standard dose of IFA for at least one month during the last 30 days. Denominator: All women attending ANC and PNC during the same period of time.	70%	80%	90%	95%	PND
21	Percentage of patients received proper counseling about their conditions by the care provider	A sample of at least six patients will be interviewed randomly at the HF to check if they know the following: Their condition, the treatment given, when to come back, how to prevent the condition. Nominator: Number of patients answered the above 4 questions correctly Denominator: Number of patients interviewed during exit from the HF.	N.A.	66%	70%	80%	All technical departments
22	Availability of functional toilets	Separately functional toilets for male/female clients & male/female health workers	N.A.	100%	100%	100%	All technical departments
23	Availability of Hand Washing Facilities with soap	Separately functional hand washing facilities with water and soap for all clients/health workers	N.A.	100%	100%	100%	All technical departments
24	Percentage of CHCs visited having certified Psycho-social Counselors	Nominator: number of CHCs visited and having a certified PSC Denominator: Number of CHCs visited	NA	100%	100%	100%	Mental Health
24	proportion of cases with suicidal ideation referred to higher level	Number of client with repeated thoughts, idea and obsession of thinking about to do suicide but not planed and attempted so far, referred to the higher	5% of patients with depression	7	9	11	Mental Health

SN	Indicator	Definition	Baseline\$	Target\$			Responsible Technical Department
				2019	2020	2021	
		levels of care comparing to the total number of such cases in a specific period of time.	with suicide ideation				
25	Proportion of depression had three follow up visits in the last three months	Nominator: Patients with depression (low or sad mood with loss on interest for at least one month) without any recent stress followed her/his treatment (pharmaceutical or non pharmaceutical with at least three visits within three month Denominator: Total new patients with depression during the same period of time.	6 out of 10	8	10	12	Mental Health
26	Knowledge score index of care providers on HIV diagnosis	Index average score for visited facilities. The index will presented as proportion. Nominator: The score obtained for correct answers in all visited facilities. Denominator: The expected/desired score in all visited facilities.	NA	75%	85%	95%	ANPASH
27	Quality score index of HIV, HBS, HCV and VRL testing service.	Nominator, The score obtained from observation of criteria such as on availability, storage condition, being in WHO pre qualified list, shelf life and others in visited facilities Denominator: The expected/desired score from all criteria to be observed in visited facilities. The index will be presented as proportions	NA	70%	80%	90%	ANPASH
28	Number of Cold chain system ALARM symbols activated as per Fridge TAG during last two months.	Fridge TAG is easily connectable to computer to print the information of at least 60 days. The ALARM symbol will be seen if the temperature is more than (+8°C) for 10hrs as well as if it goes to negative, less than (-0.5°C) for 60 minutes.		Zero ALARM symbol	Zero ALARM symbol	Zero ALARM symbol	NEPI
29	Drop Out rate between Penta 1 and Penta 3.	Administrated doses of (Penta1- Pent3)*100/ Penta1= DOR. Important Note: and if the DOR is NEGATIVE the penta3 coverage is not accurate		0-10%	0-10%	0-10%	NEPI
30	Proportion of children age 9-24 months received measles vaccine during the last month.	Nominator: All children aged 9-24 months received measles vaccine during the last 30 days Denominator: All children of this age attended the HF during this period of time.		>80%	>85%	>90%	NEPI

Services Providers should consult the responsible Technical Department for specific baseline and target values in the province they operate.

## Annex 11: Probability of failing the Minimum Level of P4P Indicators

In order to examine the thresholds for the minor and major failures, the MOPH calculated probability of SP failing to meet the Minimum Level of P4P indicators.

First, joint probability of failing to meet the Minimum Level in more than one P4P indicators in 6 months is calculated. It is assumed that the failures are independent. By definition of the Minimum Level, probability of failing one indicator in 6 months is kept constant at 25% across indicators, provinces and time. Thus joint probability is obtained by multiplying probability of failing one indicator by that of another indicator:

$$P(A) = (.25)^X$$

, where A is an event of failing to meet the Min. Level in one P4P indicator and X (=1,2,...,11) is the number of the indicators that simultaneously fail in the 6 month period. Table 1 shows exponential change in the joint probability.

**Table 1: Changes in Joint Probability of Failure**

Events	Probability
P(Failure in 1 indicator in 6 months)	25%
P(Failure in 2 indicators in 6 months)	6.25%
P(Failure in 3 indicators in 6 months)	1.56%
P(Failure in 4 indicators in 6 months)	0.39%
P(Failure in 5 indicators in 6 months)	0.10%
P(Failure in 6 indicators in 6 months)	0.02%

In the SOP, the Minimum Level is kept constant over time. The constant threshold makes the Minimum Level lax as time ticks away and population grows. Therefore, joint probability of failing multiple indicators at a time becomes even smaller than what is presented in Table 1. Regardless of past performance in the P4P indicators, probability to fail to meet the Min. Level in one of the eleven P4P indicators is set at .25 in every SAPR periods. Therefore, probability of SP failing to meet the Min. Level in one same P4P indicator over time (i.e. event B) is:

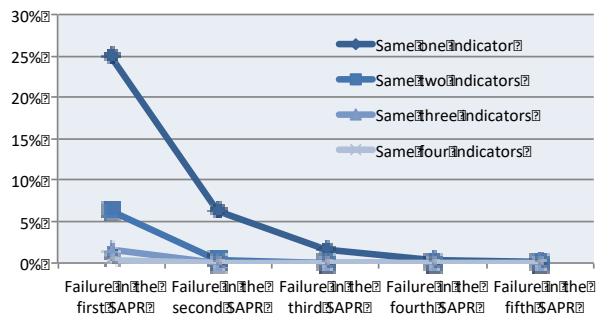
$$P(B) = (.25)^X$$

**Table 2: Probability of failing the same P4P indicator over time**

Events	Probability
P(Failure in one indicator in the first SAPR)	25%
P(Failure in the same indicator in the second SAPR)	6.25%
P(Failure in the same indicator in the third SAPR)	1.56%
P(Failure in the same indicator in the fourth SAPR)	0.39%
P(Failure in the same indicator in the fifth SAPR)	0.10%

Combined with Table 1, observing an SP who fails to meet the Min. Level in the same multiple indicators over repeated periods of SAPRs is an extremely rare event (see below Graph). Therefore, the Major Failure is defined as failure to achieve the minimum level for 2 or more P4P indicators during a SAPR period – the estimated probability is equal to or less than 6.25%. The Minor failure is the failure to achieve the minimum level of semi-annual target for one P4P indicator – the probability is 25%.

**Graph: Changes in probability of failures over time**



## Annex 12: Consequences of SAPRs

1. Possible consequences in the third round of SAPR: the rows show permutations of the consequences in the first and second round of SAPR. The columns are possible consequences in the third SAPR.

	Second	Third			
		GP	PIP	NL	WL
	2 GPs	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR
	GP + PIP	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR
	GP + NL	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management
	GP + WL	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Contract Termination + Debarment
	2 PIPs	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management
	PIP + NL	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management	Notice to change SP management
	PIP + WL	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management	Contract Termination + Debarment
	NL + GP	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management
	NL + PIP	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management	Notice to change SP management
	2NLs	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management	Contract Termination + Debarment
	NL + WL	Enter R4 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment
	WL + GP	Enter R4 SAPR	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management
	WL + PIP	Enter R4 SAPR	Enter R4 SAPR	Notice to change SP management	Contract Termination + Debarment
	WL + NL	Enter R4 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment

2. Possible consequences in the fourth round of SAPR: the rows are permutations of the consequences in the first, second and third round of SAPR. The columns are possible consequences in the fourth SAPR.

Third	Fourth			
	GP	PIP	NL	WL
3 GPs	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
2GPs + PIP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
2GPs + NL	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
2GPs + WL	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
GP + PIP + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
GP + PIP + PIP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
GP + PIP + NL	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
GP + PIP + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
GP + NL + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
GP + NL + PIP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
GP + NL + NL	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
GP + NL + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment

Third	Fourth			
	GP	PIP	NL	WL
GP + WL + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
GP + WL + PIP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
GP + WL + NL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
GP + WL + WL				
3PIPs	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
2PIPs + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
2PIPs + NL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
2PIPs + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
PIP + GP + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
PIP + GP + PIP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
PIP + GP + NL	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
PIP + GP + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
PIP + NL + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
PIP + NL + PIP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment

Third	Fourth			
	GP	PIP	NL	WL
PIP + NL + NL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
PIP + NL + WL	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment
PIP + WL + GP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
PIP + WL + PIP	Enter R5 SAPR	Notice to change SP management	Notice to change SP management	Contract Termination + Debarment
PIP + WL + NL	Enter R5 SAPR	Notice to change SP management	Notice to change SP management	Contract Termination + Debarment
PIP + WL + WL				
3NLs	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
2NLs + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
2NLs + PIP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
2NLs + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
NL + GP + GP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR
NL + GP + PIP	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
NL + GP + NL	Enter R5 SAPR	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management
NL + GP + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment



Third	Fourth			
	GP	PIP	NL	WL
NL + PIP + GP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
NL + PIP + PIP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
NL + PIP + NL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
NL + PIP + WL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
NL + WL + GP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
NL + WL + PIP	Enter R5 SAPR	Notice to change SP management	Notice to change SP management	Contract Termination + Debarment
NL + WL + NL	Enter R5 SAPR	Notice to change SP management	Notice to change SP management	Contract Termination + Debarment
NL + WL + WL				
WL + GP + GP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Notice to change SP management
WL + GP + PIP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
WL + GP + NL	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
WL + GP + WL				
WL + PIP + GP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment
WL + PIP + PIP	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment

Third	Fourth			
	GP	PIP	NL	WL
WL + PIP + NL	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment
WL + PIP + WL				
WL + NL + GP	Enter R5 SAPR	Enter R5 SAPR	Notice to change SP management	Notice to change SP management
WL + NL + PIP	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment
WL + NL + NL	Enter R5 SAPR	Notice to change SP management	Contract Termination + Debarment	Contract Termination + Debarment
WL + NL + WL				

### Annex 13: Performance Score League Table

Year (circle one): HS1398, HS1399, HS1400

Semi-Annual Performance Review (circle one): 1st SAPR, 2nd SAPR, 3rd SAPR, 4th SAPR, 5th SAPR, End of Project Rewards

Date of League Table Updated: MM/DD/YYYY

Completed by (name of Senior Performance Management Specialists): \_\_\_\_\_.

Rank	Name of Service Provider or SM	Province	Cumulative Performance Scores	Rewards/Disciplinary Actions Proposed to HE the Minister	Responsible Senior Performance Management Specialists
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

<b>Rank</b>	<b>Name of Service Provider or SM</b>	<b>Province</b>	<b>Cumulative Performance Scores</b>	<b>Rewards/Disciplinary Actions Proposed to HE the Minister</b>	<b>Responsible Senior Performance Management Specialists</b>
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					

## **Annex 14: Terms of Reference for the Quarterly Performance Review**

### **Specific Objectives of the Quarterly Performance Review (QPR)**

The QPR aims to:

- Appraise the SP performance as per the Quarterly Reports submitted by the SP.
- Follow up on the progress in the agreed action points discussed in the Monthly Update (if any)
- Collaboratively develop a PIP.

### **Quarterly Performance Review Committee Membership:**

<b>No.</b>	<b>Departments</b>	<b>Designation of members</b>	<b>Organization</b>	<b>Role</b>
1	PPHD	Director	MOPH	Chairperson
2	PPHD	PPHOs	MOPH	Member
3	TD representative(s)	As per relevance and necessity	MOPH	Member
4	Community Representatives	Community Health Shuras or provincial council member		Member
5	PMO	Senior Performance Management Specialists	MOPH	Secretariat and facilitator
6	SP	Key staff	SP	Member
7	Other stakeholders such as off-budget projects, UN agencies etc.			Observer

**Venue of QPR:** PPHD Office or any other venue selected by the PPHD

### **Proceedings of QPR:**

The secretariat, the Senior Performance Management Specialist, will provide a list of the deliverables required for the review including the Quarterly Performance Review Report, Quarterly Financial Report and HMIS Report. In addition, the Senior Performance Management Specialists will develop a summary of the Monthly Updates in the last three months and prepare a matrix to show updates of the issues discussed.

The agenda of the review meeting will be:

- Status of eleven P4P indicators using SP's HMIS report,
- Status of the Quality of Care indicators if the TD provided the supportive supervision during the reporting period,
- Submission dates of the reports and plans articulated in the performance management SOP and
- Update of Performance Improvement Plan (PIP).

### **Outputs of QPR**

Outputs of the QPR will be generated by the Senior Performance Management Specialists within 5 working days after the end of the QPR. They include:

- Quarterly Performance Review Report, and
- Performance Improvement Plan (PIP) to be developed by the SP which includes identified problems and corrective actions to solve them,

In consultation with GDEHIS/HMIS, the Senior Performance Management Specialists will prepare graphs and charts to visualize changes in the key indicators as compared to the target and previous years

The Performance review report and comparison chart should share with PPHDs and TDs at national level.

## QUARTERLY PERFORMANCE REVIEW CHECKLIST

Name of Service Provider (SP)	Name		
Province	Province Name		
Year (circle one)	2019	2020	2021
Quarters to be reviewed (circle one)	Q1 Q 2 Q 3 Q 4	Q5 Q 6 Q 7 Q 8	Q9 Q 10
Period covered	Hijri Shamsi	From DD/MM To DD/MM	
Name and position who completed the checklist	Name, Position		
Date of Checklist Completion	DD/MM/YYYY		

### 4. PERFORMANCE

SN	Number of P4P Indicators that did not meet the Minimum Level	Minimum Level as per the Contract	Number of cases reported by HMIS	Minimum Level Met (Yes / No)
1	Antenatal Visits (all visits)			Yes / No
2	Postnatal Visits (all visits)			Yes / No
3	Institutional deliveries excluding C-Section			Yes / No
4	Family Planning-Couple Years of Protection (CYP)			Yes / No
5	Penta-3 for children under one year			Yes / No
6	TT2+ for women of reproductive age			Yes / No
7	Number of sputum smear (+) TB cases treated			Yes / No
8	Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women			Yes / No
9	Under five children morbidities (HMIS-MIAR-A1-morbidities)			Yes / No
10	Caesarean Section (CS)			Yes / No
11	Major Surgeries excluding C-Section			Yes / No
Total number of indicators that did NOT meet the Minimum Level (number of "No"s)				Number
Recommendation of the Review Committee:				

Quality of Care: Indicators measured by Technical Departments		
Are technical departments have observed any of the Technical Quality Indicators failed during this quarter?		Yes / No
If yes, please describe:	Case 1: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
	Case 2: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
	Case 3: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
	Case 4: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
	Case 5: TD's name: Indicator(s) failed: Where: Dates of SS visit: DD/MM/YYYY	Yes / No
Total Number of indicators Failed:		
Recommendation of the Committee:		

Contract Compliance <sup>2</sup>	1	Yes / No
During the review period, has the SP complied with the terms of contract, other than the above mentioned criteria?		Yes / No
Recommendation of the Committee:		

<sup>2</sup> GCMU will documents the findings on contract compliance and share it with the review committee members through PMO.

SN	Reports	Submitted on time?
1	Inception Report	Yes / No
2	Data Quality Assurance Plan (including Internal Verification System)	Yes / No
3	Monthly Update	Yes / No
4	Quarterly Report including Quarterly Performance Report, Quarterly Financial Report and HMIS reports	Yes / No
5	Performance Improvement Plan	Yes / No
6	Inventory List	Yes / No
7	End of Project Report (EPR)	Yes / No

Recommendation of the Review Committee:

Delays in salary payment	Yes / No
During the review period, has the SP delayed in the salary payment for the HFs staff more than 20 business days after the receipt of the installment?	Yes / No
Recommendation of the Review Committee:	



List of the QPR Committee Members:

#	Name (please type)	Designation	Contact	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

## Annex 15: Conflict of Interest Waiver Certification From

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Project: The Sehatmandi Project  
Authority: The Ministry of Public Health of Afghanistan  
Assignment: Performance management of the BPHS and EPHS service provider(s) who operate under the Sehatmandi project

A conflict of interest is defined as occurring when my financial, business, personal or social commitments could interfere or appear to interfere with my ability to make independent and impartial decisions related to my work. Also, it recognizes that it is a situation in which an individual is in a position to exploit an official capacity for personal benefit, but has not done so yet. It is not an indicator of improper conduct, but rather a warning, or risk, of its possibility.

A conflict of interest would arise if:

I or my spouse, minor child, or partner have a financial interest; I am an officer, director, trustee, owner, partner, expert consultant, advisor, (with or without compensation) or employee or otherwise similarly associated with the service provider, its parent organization, or sub partner(s); there exists any arrangement concerning my past/prospective employment, financial interest, or other similar association with the applicant organization.

If, for any reason, I cannot review and appraise performance of the said service provider in an unbiased, objective and independent manner, I will immediately notify the head of the Performance Management Office (or designate) in writing:

1. Disclose my relationship with the concerned Service Provider;
2. Recuse myself from any review, discussion or decision making regarding the said SP;
3. Will not talk on behalf of or advocate for the concerned SP.

I shall neither solicit nor accept gratuities, favors, or anything of monetary value from the service provider, or any partner or collaborator of the service provider organization at any time prior to, during, or after the application phase or award of grants.

I will also avoid any actions that might give the appearance that a conflict of interest exists or could reasonably be viewed as affecting my objectivity.

I declare that my engagement in performance management of the service provider(s) will NOT create a conflict of interest.

I understand that violation of this Certification will result in termination of my contract with the Ministry of Public Health of Afghanistan and be subject to disciplinary and/or legal action in accordance with the provisions of laws in Afghanistan.

### CERTIFICATION:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Date: \_\_\_\_\_