

PERFORMANCE EVALUATION AND MONITORING SYSTEMS FOR VACCINATION ROLLOUT IN AFGHANISTAN

A. Performance evaluation

1. The COVID-19 vaccination in Afghanistan, will be carried out mostly through public health facilities and a few private hospitals. The Afghanistan public health system is capable of implementing a public vaccination campaign and has delivered as many as 14 million vaccinations per annum.¹ The National Expanded Program on Immunization (NEPI), Ministry of Public Health (MOPH) has extensive experience with vaccination programs. The delivery of the vaccines to the population will be done through 2,227 existing Expanded Program on Immunization (EPI) centers with 4,454 vaccinators to be supplemented by 2,000 additional health vaccinators. MOPH's capacity will be augmented with additional staff (consultants) to implement the ADB project and support the overall delivery of NPCVA and ensure adequate inventory management and controls and monitoring and tracking systems.

2. In 31 out of 34 provinces, nongovernment organizations (NGOs) are delivering the public health services through service provider contracts and have confirmed their support.² The World Bank's Sehatmandi Project finances performance-based contracts to deliver the basic package of health services (BPHS) and essential package of hospital services (EPHS) through NGOs in 31 provinces. Under the World Bank Project, there is a strong emphasis on performance, transparency and accountability, with established fiduciary, project management and monitoring and evaluation mechanisms.

3. A digital solution to support and improve performance of delivery of public health services in Afghanistan has been successfully implemented by a third-party monitoring firm (ACASUS) already. It is based on three main outputs: (i) regular collection of performance data from health facilities by government and BPHS supervisors; (ii) analyses of data and production of dashboards; (iii) utilization of analyses and dashboards by MOPH, BPHS and partners to improve performance of vaccination activities. Government and BPHS supervisors use a mobile application to collect performance data from health facilities. Based on these data, MOPH, assisted by the third party works with managers to support solution implementation, build capacity, and improve EPI processes. Many best practices have been identified and will serve for the extension of this system to COVID-19 vaccine rollout. For example, a new approach is being piloted in Nangarhar to monitor outreach activities in real-time and ensure that vaccinators visit the right communities. This system has dramatically improved regular EPI activities performance. For COVID-19 rollout, a pilot will be implemented by the third-party monitoring firm with the financial support of the World Bank. If successful, it will be scaled up in all provinces. This program will be deployed in two phases:

- (i) 1st phase: Review existing planning documents, identify required strengthening across key domains, and assess current readiness at national and sub-national levels (6 weeks):
 - a) Review overall 'readiness' across each 'planning domain'.
 - b) Review current capacity and risks to deliver at national and sub-national levels.

¹ UNICEF. 2018. [Nearly 14 Million Children in Afghanistan to be Immunized Against Measles Following a Growing Increase in Reported Cases](#). Press Release. 1 September.

² World Bank. 2018 (Approved). [Restructuring Paper on a Proposed Project Restructuring of Afghanistan Sehatmandi Project](#). 28 March. and World Bank. 2018. [Afghanistan Sehatmandi Project](#).

- c) Review and prioritize gaps and strengthening areas across different planning domains.
 - d) Confirm the need for urgent support to strengthen the rollout of the first batch of COVID-19 vaccine.
 - e) Align on the ways of working across MOPH, other government teams, and partners.
- (ii) 2nd phase: Support MOPH to deliver identified improvements across each identified domain to ensure readiness to rollout the COVID-19 vaccine at scale (4.5 months):
 - a) Develop 'improvement roadmaps' for each identified priority planning domain
 - b) Deliver 'improvement roadmaps' across each identified priority planning domain, implementing identified improvements to strengthen plans, deliver success factors', and ensure general readiness to rollout the vaccine in future
 - c) Design the high-level approach to monitor and manage performance during rollout, leveraging the existing approach in EPI

B. Monitoring vaccination rollout

4. The National Plan for COVID-19 Vaccination in Afghanistan (NPCVA) has standard plans, protocols and reporting requirements to inform, manage and screen potential recipients of the vaccine, and ensure the quality of vaccines, vaccination, and how to handle adverse events following immunization. MOPH has strengthened its existing system (called DHIS2) for registration, data collection and reporting. Patients will be identified based on a procedure detailed in the NPCVA, with custom forms designed to collect data. MOPH also plans to rollout smart paper technology, which will be used to provide real time data from the health facilities and use data collected by partner supervisors. There is a strong emphasis in NPCVA on accountability, transparency, and monitoring. The MOPH has been working with key development partners and other stakeholders including NGOs, on strengthening the plan.

5. The NPCVA, envisions to apply three strategies to collect data and disseminate the reports against the proposed indicators:

- (i) Utilization of the existing DHIS2 (District Health Information System, version 2) platform already in place and upgraded with a specific COVID-19 vaccine delivery toolkit.
- (ii) Utilization of the Smart Paper Technology (SPT), with the support of Swedish committee for Afghanistan (SCA) and SHIFO (partner organizations). It allows to collect and digitize in real-time health data from paper-based existing information (individual health or immunization cards, registers, identification documents) at and will be used for monitoring and managing individual post-vaccination adverse events. This project is supported by the World Bank.
- (iii) Involvement of Regional and Provincial EPI monitoring team (REMT/PEMT) to implement and monitor data collection, analysis and retro-information through the above-mentioned systems.

6. Several tools will be used along with the implementation of the three components: Vaccination Card Register/Tally Book, Monthly Reports Vaccine Utilization Monthly Report, COVID-19 Vaccines Information Form, COVID-19 Vaccine Batches Form, M&E (training and monitoring checklist).

7. Tracking of actual vaccination and performance monitoring will be implemented by a third-party monitoring firm (Acasus), in full coordination with donors. The firm, funded under the World Bank project, will provide real time reports by health facility, which can be aggregated to provincial and national level to help ensure that vaccinations reach the delivery points in right quantity and good quality. The World Bank, at the headquarters level also hired the Boston Consulting Group, to develop a dashboard that will show the progress in the COVID-19 vaccination effort bi-weekly.
8. Overall, there is substantial efforts provided by MOPH and donor partners to closely monitor the quality and performance of COVID-19 vaccine rollout at the most peripheral level.