

# **Leadership Management and Governance Project – Afghanistan**

## **Annual Report, July 1, 2013 – September 30, 2014**

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Date: October, 2014

Key words: Leadership, Management, Governance, MoH, MoPH, MoE, Health Information system, Provincial, gender, partnerships, HIS, Nursing, in service training.

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Center for Leadership and Management  
Management Sciences for Health  
200 Rivers Edge Drive.  
Medford, MA 02155  
Telephone: (617) 250-9500  
[www.msh.org](http://www.msh.org)



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# Annual Report Afghanistan Field Support

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July 1, 2013 – September 30, 2014



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# Project Activity Summary

**Project Name:** Leadership, Management, and Governance for Afghanistan

**Project Objectives:** LMG/Afghanistan has three main objectives: **Health IR 1:** *Improved capacity and governance of the central MOPH to support the delivery of BPHS and EPHS services.* **Health IR 2:** *Provincial Health System is strengthened to perform the stewardship role in the provinces.* **Education IR 3:** *MOE capacity to effectively manage USAID on-budget education activities improved.*

**Implementing Partner(s):** Management Sciences for Health (MSH)

**Agreement/Contract No:** AID-OAA-11-00015

**Life of Project (start and end dates):** September 1, 2012 – February 28, 2015

**Reporting Period (start and end dates):** July 1, 2013 – September 30, 2014

**Total Estimated Contract/Agreement Amount:** US \$36,091,386.00

**Obligations to Date:** \$28,853,384.00

**Accrued Expenditures and Accruals for the Reporting Period:** \$26,437,787.00 (actual expenses plus accruals through the end of the reporting period)

**Current Pipeline Amount:** \$2,415,597.00

**Report Submitted by:** Hedayatullah Saleh, Project Director, LMG Afghanistan

**Report Submission Date:** October 31, 2014

# Contents

Project Activity Summary.....	3
List of Abbreviations and Acronyms .....	6
Introduction .....	8
Main Objectives by Program Area .....	9
Key Achievements against the specific result areas and activities:.....	13
Health IR 1: Improved capacity and governance of the central MOPH to support the delivery of BPHS and EPHS services, primarily through nongovernmental organization (NGO) service providers.....	13
Sub-IR 1.1: The MOPH has completed the necessary ground work and has successfully integrated the USAID funded program activities into the On-budget program.....	13
Sub-IR 1.2: The MOPH is able to lead the implementation of the national CBHC strategy and oversee the execution of a sustainable CBHC program throughout the country .....	14
Sub-IR 1.3: Improved evidence based decision making in MOPH by supporting Health Information Systems (HIS).....	15
Sub IR 1.4: The MOPH In-Service Training (IST) unit is able to effectively fulfill its stewardship role for the national IST program.....	17
Sub-IR 1.5: The GHHS and the Midwifery & Nursing department of the MOPH are enabled to effectively lead and manage midwifery and nursing programs across the country.....	18
Sub-IR 1.6: The Child & Adolescent Health (CAH) department capacity is improved to govern, coordinate and oversee all child health programs throughout Afghanistan.....	19
Sub-IR 1.7: The stewardship role of the IQHC department of the MOPH is enhanced to lead and coordinate the implementation of the Harmonized Quality Improvement Program in BPHS.....	21
Sub IR 1.8: National/specialty hospitals completed phase I (budget based management) and initiate phase II (Human Resource rationalization) of the hospital autonomy process.....	22
Health IR 2: Improved capacity and governance of the MOPH Provincial Liaison Directorate and Provincial Health Office (PHO) in 17 provinces to support the delivery of BPHS and EPHS services .....	28
Sub IR 2.1: Provincial Health System is strengthened to perform the stewardship role in the provinces.....	28
Health IR 3: Developed overall leadership, management and governance capacity of the MOPH and 17 Provincial Health Offices .....	30
Challenges .....	31
Opportunities.....	31
Plan for Next Five Months .....	32
Attached Appendices:.....	33

## Figures

Figure 1: LMG-AF Results Framework (revised June 2014).....	9
Figure 2: MOPH CBHC Department staff 2014 training.....	16
Figure 3: HIS Strengthening Trainings.....	17
Figure 4/5: Basic Newborn Care (BNBC) and Family Planning training.....	18
Figure 6: Competency-based training for NGOs' professional staff.....	18
Figure 7: Comparison of the baseline first internal assessment .....	19
Figure 8: Pediatric Health Care Improvement (PHI) Achievements.....	20
Figures 9/10: ETAT training in IGICH August 2014.....	20
Figure 11: QI Training Workshop Implementation in 5 Provinces.....	21
Figure 12: Deputy Minister of Health Service Delivery.....	22
Figure 13: Director of one hospital during the presentation of his group work.....	22
Figure 14: Improvement in IP Standard Implementation at 14 National and Specialty Hospitals.....	23
Figure 15: Percentages of contracts signed and expenditures.....	23
Figure 16: Highlights of results achieved in Kabul selected hospitals.....	25
Figures 17/18: Participants of the LDP+ workshops.....	28
Figure 19: Overall PPHO performances by province.....	29
Figure 20: Participants at a SLP workshop.....	29

## List of Abbreviations and Acronyms

AKHS	Aga Khan Health Services
AMNEAB	Afghan Midwifery and Nursing Education Accreditation Board
AOP	Annual Operation Plans
ARTF	Afghanistan Rehabilitation and Trust Fund
BPHS	Basic Package of Health Services
C- IMNCI	Community-based Integrated Management of Childhood Illness
CAAC	Catchment Area Annual Census
CBE	Community-based Education
CBHC	Community-based Healthcare
CFF	Core Functions Framework
CGHN	Consultative Group on Health and Nutrition
C-GMP	Community-based Growth Monitoring and Promotion
CHIS	Comprehensive Health Information System
CHNE	Community Health Nursing Education
CHW	Community Health Worker
CIDA	Canadian International Development Agency
CQI	Continuous Quality Improvement
CRVS	Civil Registration and Vital Statistics
DAFA	Development Assistance Facility for Afghanistan
DCH	Directorate of Central Hospital
DEWS	Disease Early Warning System
DHCCs	District Health Coordination Committees
DQAAT	Data Quality Assurance Assessment Tool
EC	European Commission
EmONC	Emergency Obstetric and Newborn Care
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
FHA	Family Health Action
GCMU	Grants and Contracts Management Unit
GDHR	General Directorate of Human Resources
GDPP	General Directorate of Policy and Planning
GIHS	Ghazanfar Institute of Health Sciences
GIRoA	Government of Islamic Republic of Afghanistan
GRM	Grievance Redress Mechanism
HCI	Health Care Improvement (Project of USAID)
HIS	Health Information System
HMIS	Health Management Information System
HMN	Health Metrics Network
HMT	Hospitals Management Team
HPP	Health Policy Project
HP	Health Post
HR	Human Resources
HSSP	Health Services Support Project
ICSP	Integrated Child Survival Package
IMCI	Integrated Management of Childhood Illnesses

IQHC	Improving Quality in Health Care
IRs	Intermediate Results
IST	In-Service Training
LDP	Leadership Development Program
LQAS	Lot Quality Assurance Sampling Survey
LRPs	Learning & Resource Packages
M&E	Monitoring and Evaluation
MAM	Management of Acute Malnutrition
MLDD	Management and Leadership Development Department
MLDP	Management and Leadership Development Program
MOE	Ministry of Education
MOPH	Ministry of Public Health
MOST	Management Organization Sustainability Tool
NGO	Non-Governmental Organization
NID	National Immunization Day
NMC	National Monitoring Checklist
NMCSC	Maternal and Child Survival Committee
PCH	Partnership Contracts for Health Services
PHI	Pediatric Hospital Care Improvement
PHLC	Provincial Health Learning Centers
PHO	Public Health Office
PMT	Project Management Team
PPHCCs	Provincial Public Health Coordination Committees
PPHO	Provincial Public Health Office
PSCC	Provincial Support Coordination Committee
PWG	Planning Working Group
SEHAT	System Enhancement for Health Action in Transition
SLP	Senior Leadership Program
SM	Strengthening Mechanism
SOP	Standard Operational Procedures
SWOT	Strength Weakness Opportunity Threat
TAG	Technical Advisory Group
TB	Tuberculosis
WB	World Bank
WHO	World Health Organization

## Introduction

The Leadership, Management, and Governance Afghanistan (LMG-AF) Project, implemented by Management Sciences for Health (MSH), builds upon the successes of the USAID-funded Tech-Serve and the Health Services Support Project (HSSP) projects. Each individual project provided essential support to the Afghan Ministry of Public Health (MOPH) to establish and strengthen service delivery systems. As such, the LMG-AF Project aims to further this support and strengthen the capacity of the MOPH to lead, govern, and manage the scale of access to quality health care services throughout the country. The project also builds the capacity of MOE through a Project Management Team (PMT) in preparation for on-budget funding of key program activities to be funded by the US government and/or other donors.

The LMG-AF Project supports two USAID health Intermediate Results (IRs): USAID's IR 2.1 (Effective utilization of BPHS and other client-oriented health services increased) and IR 2.3 (GIROA stewardship of the health system strengthened). In addition, the project's 3 IRs are as follows: 1) Improved Capacity and governance of the central MoPH to support the delivery of BPHS and EPHS services; 2) Provincial Health System is strengthened to perform the stewardship role in the provinces; 3) MoE capacity to effectively manage USAID on-budget education activities improved.

Throughout the reporting period, (January 2014-June 2014), the project revised its Project Monitoring Plan (PMP) and the Results Framework (RF) under the guidance of the USAID M&E Advisor. As a result, both the PMP and the RF were significantly improved. Based on these revisions, the project now intends to achieve two health IRs and one education IR, as outlined in the above paragraph.

# Main Objectives by Program Area

Currently, the LMG-AF Project supports two health intermediate results (IRs) and one education intermediate result. These results are described in *Figure 1* below, along with 10 detailed sub-IRs in different program areas that are aligned with each result area.

*Figure 1: LMG-AF Results Framework (revised June 2014)*



# Key Achievements

## Program Management

The LMG-AF field support activities commenced in September of 2012, just as the former Tech-Serve and HSSP projects ended. This project was originally proposed for the period from September 1, 2012 through February 28, 2014. However, early in 2013, the USAID mission in Afghanistan notified MSH of an eight month extension of “field support,” extending the end date through October 31, 2014. In September 2014, LMG-AF submitted a revised work plan to USAID which extended the project duration through February 2015, and documented the changes in the scope of work during the last months of this reporting period. The Activity Manager at USAID approved the work plan and its corresponding Project Monitoring Plan (PMP). The current reporting period covers fifteen months (July 2013-September 2014); this allows for the reporting schedule of the “field support” to correspond with that of the USAID Afghanistan fiscal and reporting calendar. Additionally, the LMG-AF Project reports to USAID-Washington on the Global LMG Project’s reporting cycle, which is July-June each year.

## Operations Systems

The LMG-AF team continues to use the common operation platform that was established under Tech-Serve, and is supporting other USAID projects as well (e.g. SPS and TB CARE I).

## Staffing

Previously, the LMG-AF leadership team consisted of mainly national Afghan professionals, with one international technical officer supporting the MOPH team on M&E and HMIS through December 2013. During this reporting period, the international technical M&E advisor successfully transitioned her role to a local M&E advisor. As of September 2014, the LMG-AF project hired another international as the Deputy Project Director & Technical Director. The remainder of the staff members are Afghan professionals.

Due to staff turnover and changes in the project scope, there has been a recent need for new staff to be hired to meet project technical needs. Additionally, in the third quarter of 2014, the MOPH requested that an LMG-AF staff member be seconded to the MOPH in order to fill in staffing gaps. The LMG-AF Project has fulfilled this request; in addition to his LMG-AF duties, the current LMG-AF M&E Senior Technical Advisor is now also the Acting Research Director for the MOPH. The project has been able to adequately respond to staffing changes and has ensured that staff turnover has not impacted the project’s responsiveness to MOPH needs and USAID priorities.

Based on the MOPH and USAID defined areas of support for on-budget planning and implementation, over a hundred technical consultants were supported through the LMG-AF Project and are currently assigned to the MOPH to support department/sections within MOPH. The technical consultants are directly supervised by their MOPH counterparts (mainly Director Generals and Directors). The MSH Home Office Support team continued to provide program management, strategic direction, contract management, and technical support through US-based consultants and technical assistance providers (for example, the Johns Hopkins Bloomberg School of Public Health). The Home Office Support team also coordinated activities with the LMG-Global project.

### **Coordination with the MOPH**

Throughout this reporting period, the LMG-AF team maintained a productive technical and working relationship with MOPH leadership, both at the central and provincial level. In addition, the LMG-AF project remained actively engaged in the health system strengthening development process on a day-to-day basis (the mechanism and contents of our support are further explained under each program area). For example, in September 2014, MOPH leadership needed to quickly respond to a presidential call for developing 3-5 key health priorities over the coming 3-5 years. The LMG-AF Project was the sole partner that engaged with the MOPH team to develop an appropriate response to this call.

Additionally, the LMG-AF project has remained an active member of the Health Sector Coordination Structure and is involved with national and sub-national priority health management issues. The LMG-AF Project's relations with the Afghanistan government ministries, donors, UN agencies, NGOs, public health associations, and national-level technical forums were strong and will be maintained throughout the remaining life of the project.

### **Coordination with USAID**

LMG-AF Project senior officers coordinated with USAID on a regular basis to ensure that activities were in alignment with USAID priorities, and that communications with the MOPH were well coordinated. The project continued to respond to USAID/Afghanistan Mission needs by submitting bi-weekly, quarterly, and ad-hoc reports in addition to the contractually bound semi-annual reports. As of October 2014, the LMG-AF Project has booked the largest portion of cost share under the Global LMG portfolio. A total of USD \$4,532,884.25 has been booked as cost share from various sources. The majority of project cost share has been from contributions to project outcomes from the MOPH.

### **Project Monitoring and Evaluation**

Project monitoring and evaluation activities aim to facilitate the monitoring, documentation, reporting, and use of project results for decision-making. Our M&E activities included the tracking of indicators in each program area and review of data to monitor progress. Indicators were linked to outcomes and defined ownership benchmarks for each program area. The project management team conducted quarterly internal data reviews to monitor progress and ensure that results were used to inform the realignment of activities as needed. Data was also be used to develop communications materials, as further described below.

### **Strategic Communications**

The LMG-AF Project produced several key communications materials during this reporting period, including success stories, a paper detailing the community-based healthcare system in Afghanistan, and a program brief describing project results. These, and other, communication materials document the project's achievements and outline a way forward for health systems strengthening in Afghanistan. The materials will soon be disseminated to the LMG-AF partners, USAID, the MOPH, and other organizations involved in leadership, management, and governance interventions within the development community.

### **Short-term Technical Assistance (STTA)**

Throughout this reporting period, over 276 days of international STTA was provided to the MOPH and/or to the LMG-AF Project to support targeted technical areas. Key areas that required international expertise have included: leadership development, governance training, monitoring and evaluation, hospital management, provincial health systems strengthening, and support for the MOPH on-budget process. The LMG-AF Project has continued to act as an active partner in the Afghan Health Sector, through engagement with SEHAT, GCMU reforms, technical advisory groups, the Strategic Plan Steering Committee, and several program-level coordination bodies.

### **Project Work plan**

Overall, the LMG-AF Project has stayed on track with regard to its work plan implementation during the past fifteen months. All major components of the work plan have either been completed or are in-progress. All deliverables under the Community Health Nursing Education (CHNE) program were met and the project support to the program area was finalized in February 2014. The transition of activities from the Health Care Improvement (HCI) Project was successfully completed and the new program area for support to the Improving Quality in Health Care (IQHC) within the MOPH was integrated into the LMG-AF Project.

### **Preparations for Project Close-out**

During the final three months of the project (December 2014-February 2015), the LMG-AF Project will prepare for close-out. The close-out activities will include operational elements related to the disposal of equipment and materials used under the project, as well as close-out of project finances. The project will work with both USAID and the MOPH to transition program activities to new funding mechanisms. The project will also conduct a review of activities and evaluate the progress made on each, as well as submitting a report on project outcomes to USAID. An end-of-project seminar will be conducted to highlight accomplishments, lessons learned, and to share best practices.

*The following are highlights on key achievements against the specific result areas and activities*

## **Health IR 1: Improved capacity and governance of the central MOPH to support the delivery of BPHS and EPHS services**

### **Sub-IR 1.1: The MOPH has completed the necessary ground work and has successfully integrated the USAID funded program activities into the On-budget program**

The MOPH has demonstrated that it is ready to take on increasing leadership and planning responsibilities to oversee and manage the Afghan health system through mechanisms such as the on-budget support. During this reporting period, USAID decided to channel its on-budget funds through SEHAT. Therefore, the LMG-AF Project has been actively involved with the MOPH and the SEHAT Coordination Office under the Deputy Minister for Policy and Planning.

### **Partnership Contracts for Health Services (PCH) and SEHAT Component I (*Sustaining and improving BPHS and EPHS services*)**

In accordance with the agreements made between USAID, the MOPH, and the World Bank during a SEHAT review meeting in Dubai this past June, the LMG-AF Project began providing technical and logistical assistance to the GCMU. International short term technical assistance has been mobilized to support the MOPH in the procurement of NGO contracts under SEHAT II, as follow on to PCH. In the meantime, the LMG-AF Project has continued to provide salary, benefits, limited operation support, and capacity development (including international-level training) to GCMU-based consultants.

### **SEHAT Component II (*Building the stewardship capacity of MOPH and system development*)**

The LMG-AF Project has extensively supported the MOPH to develop and submit its thematic area SEHAT proposals to the World Bank. Two international consultants have assisted the MOPH in coordinating the proposal development process and helping to map technical activities to ensure that there is no duplication across thematic proposals. In addition, LMG-AF program managers and technical advisors directly participate in working groups assigned to develop the proposals. An international consultant will continue to provide technical assistance to the MOPH in finalizing these proposals, including its staffing sections.

### **HR Rationalization Process**

The project has begun assisting the MOPH in developing and implementing a transition plan for its staff and operational support currently funded through the LMG-AF Project. This transition plan will involve a review of HR systems, salary structures (specifically under the Capacity Building for Results (CBR) and National TA (NTA) salary scale), and other relevant areas for this cadre of staff. In order to transition the existing technical assistance to the new mechanism under SEHAT, the MOPH subcommittee for Policy and Planning instructed the Directorate General (DG) of Human Resources (HR) to undertake a rationalization process. The LMG-AF Project hired international technical assistance to aid the SEHAT coordination office at the MOPH and the DG of HR to design and implement the process. A practical tool was introduced to help the ten thematic areas map their existing work force, as well as analyze the

ultimate need of each position. This process is ongoing and will be further explored in a one-day workshop throughout October 2014.

### **Third Party Evaluation**

In June 2014, USAID advised the LMG-AF Project to support the procurement process of the contract that will be in charge of carrying out the SEHAT's third party evaluation. In August 2014, the project completed the technical evaluation of bids and submitted a final report to the MOPH and the World Bank. The process is ongoing and the MOPH has begun negotiating the budget with the selected bidder. The contract is expected to be awarded in November 2014.

### **Follow-up on the Ernst & Young (E&Y) Assessment of the MOPH**

As part of a technical assistance package that was requested by USAID in June 2014, the LMG-AF Project assigned a team of local and international technical assistants to work with the MOPH and USAID on the recommendations from the 2012 E&Y Assessment Report. The LMG-AF Project team conducted an extensive review of every open and closed (already addressed) recommendation of the E&Y report, verified the status of each recommendation, and submitted a findings report to USAID at the end of September 2014. A response from the USAID Office of Financial Management is expected to confirm their endorsement of this report.

### **Sub-IR 1.2: The MOPH is able to lead the implementation of the national CBHC strategy and oversee the execution of a sustainable CBHC program throughout the country**

Under this program area, the LMG-AF Project supported the MOPH in independently implementing the national CBHC strategy and managing the execution of a solid and sustainable CBHC program throughout the country. The project provided technical support to the MOPH Community-based Health Care (CBHC) Department to scale-up the establishment of Family Health Action (FHA) Groups and the recruitment of new Community Health Workers (CHWs) through BPHS-implementing NGOs. During this reporting period, new CHWs were trained for rural and remote areas in 34 provinces:

- ✓ 858 new CHWs were selected and trained for the nomadic population in Nangarhar, Ghazni, Logar, and Kandahar provinces;
- ✓ 38 new CHWs were trained for poor urban populations in Kabul; and
- ✓ 1633 new FHA Groups were established throughout the country.

In order to build the capacity of the CBHC Department at the central level, the LMG-AF Project conducted a three-month training course on Business Writing for 12 CBHC staff members and consultants. Two members of CBHC Department participated in the LDP+ workshop, which was conducted by the Management and Leadership Development Department (MLDD). Additionally, 15 CBHC Department staff members took part in a one-day data use workshop. One CBHC Department staff member participated in the basics of epidemiology and biostatistics training as well.

The LMG-AF Project developed training packages for CBHC officers to be used for capacity development among all provincial CBHC staff. The project facilitated two batches of WHO-supported Training-of-Trainers (TOT) courses on First Aid for 49 males and 5 female Afghan Red Cross Society trainers and

CBHC officers from 15 provinces (Badakhshan, Kunduz, Baghlan, Kapisa, Nuristan, Saripul, Nangarhar, Paktia, Paktika, Khost, Logar, Ghaznie, Hilmand, Takhar, and Kabul).

The LMG-AF Project also supported the CBHC Department to initiate the revision of the CBHC strategy to strengthen the CBHC system, enhance stewardship roles, and address population needs. The project also supported a pre-revision assessment, which took place in seven provinces (Nangrahar, Parwan, Kandahar, Hirat, Balkh, Paktia, and Kunduz), as well as at the central MOPH level. The first draft of this assessment was developed and shared with the partners for their technical inputs and comments prior to the revision of the CBHC strategy. In addition, The CBHC team conducted monitoring visits to improve the quality of services, ensure implementation of the CBHC Strategy, and utilize the revised CHW Manual in the Baghlan, Ningarhar, Bamyán, Kabul, Kapisa, Laghman, Balkh, and Hirat provinces. These monitoring visits facilitated oversight and governance of CBHC activities by providing a mechanism for feedback, supportive supervision, training, and coordination with stakeholders.

In an effort to enhance governance and leadership skills, strengthen community participation, and create a sense of ownership within the community, the CBHC team piloted the *Community Health Shura Guidelines* in eight provinces. The CBHC Program received MOPH approval on the newly developed guidelines and trained 258 Shura members and CBHC officers/trainers through eight three-day training workshops in the Baghlan, Bamyán, Ningarhar, Kabul, Kapisa, Laghman, Balkh, and Herat provinces. A final assessment of the guidelines is expected to occur prior to the end of the project in February 2015. The CBHC team has also begun networking with MSH's HCMI Project in Lima, Peru and is planning a technical exchange visit for Dr. Arwal from the MOPH to travel to Peru in order to learn about the successful methodology used in their CBHC system. These lessons learned will be used as a platform in Afghanistan to enhance community engagement in health monitoring, the identification of health priorities, and to provide feedback to subnational health authorities.

Finally, the LMG-AF Project developed a scale-up plan for the Post-Partum Hemorrhage (PPH) Prevention Program. The scale-up and costing plan has been submitted to USAID; however, USAID advised the LMG-AF Project to hold any further investment in this area.

### **Sub-IR 1.3: Improved evidence based decision making in MOPH by supporting Health Information Systems (HIS)**

The LMG Health Information System (LMG-HIS) team directly contributes to the MOPH strategic direction and evidence-based decision-making through two transitional outcomes that support HIS strengthening.

The first transitional outcome, which covers 90% of the support to HIS strengthening, enables the MOPH HMIS Department to steward and oversee HMIS activities at the country level in order to ensure that quality data is collected, stored, and utilized for decision making.

The LMG-AF Project provided support to the MOPH by improving coordination among HIS departments through activities such as: the establishment of the HIS Steering Committee and Data Use Committee, development of the evaluation mechanism for the PLD (in coordination with HSS program to conduct annual evaluation of PHDs), development of an M&E Checklist, and Provincial Score Card for key health

indicators. In addition, the LMG-AF Project supported the HIS departments in the development of the SEHAT HIS Proposal and Logical Framework for the World Bank.

To improve data quality, the LMG-AF Project conducted a Data Quality Assessment in 416 randomly selected health facilities. Nine monitoring visits were initiated in order to find gaps in HMIS reporting and data quality; the problems were identified and measures were taken to correct the identified issues. The results of this assessment were then distributed and published in a success story.

*Figure 2: MOPH CBHC Department staff participates in a Health Workers Database Training in August 2014*



The LMG-AF Project supported the MOPH to scale-up the Patient Master Index (PMI) to the Indira Gandhi Children's Hospital in order to improve medical records management (the fourth electronic medical records system in a public hospital in Afghanistan). The patient data collection package has been developed and the PMI setup was completed through the purchase of supplies for the office. The intervention aims to ensure that patient information is well documented and available for clinical decision-making and thus improving the quality of care.

In order to improve country-level data storage, the LMG-AF Project supported the HMIS department to maintain routine HMIS, CHW, Human Resources, and training databases functions. 63 participants from the CBHC Department were trained during two batches of CHW database trainings. Likewise, participants from 10 BPHS/EPHS implementing NGOs were trained on HR and training databases. The LMG-AF Project works with the HMIS Department and the Human Resources Information System (HRIS) team at the MOPH to extend HR and Training database coverage to 34 provinces by the end of the LMG-AF Project.

In order to enhance data utilization at the central and provincial levels, the LMG-AF Project supported the HMIS Department to conduct a series of trainings to the MOPH departments. Participants from each of the individual MOPH departments (PLD, EPI, CAH, RH, CBHC, Gender, Mental Health, GCMU, IQHC, Disability, Malaria, and M&E) were trained on the data-use package. Additionally, two focal points from each of the MOPH departments will receive further training. In order to streamline the utilization of research and data evaluation, all twelve of the MOPH departments received two rounds of training on the basics of epidemiology and biostatistics.

Technical support was provided for the Lot Quality Assurance Sampling (LQAS) survey in 13 Partnership Contracts for Health Services (PCH) and 8 Performance-based Grants and Contracts (PGC) provinces. Given that much of the survey data was self-reported, the validity of the survey results is questionable. To address this, the LMG-AF Project reiterates its suggestion that future studies of this nature should be conducted by a third party, as the case under SEHAT. Based on the USAID request, the LMG-AF Project M&E team is working with a consultant to develop a detailed report based on LQAS data for the 13 PCH-supported provinces. Through the second transitional outcome, which encompasses 10% of the support to HIS strengthening, the LMG-AF Project strives to enable the MOPH Research Department to lead and coordinate research studies through Afghanistan and provide evidence to policy makers.

In achieving the second transitional outcome of enabling the MOPH Research Department to lead and coordinate research studies in the country and provide evidence to the policy makers, the LMG-AF Project supported the establishment of the Research Advisory and Coordination Committee (RACC). This committee serves as an oversight and coordination body for research activities in the country and will be responsible for approving results.

*Figure 3: HIS Strengthening Trainings*

Training Title	Number of staff Trained	
Data Use trainings to individual 12 MOPH Departments	98 Male	12 female
Basics of epidemiology and biostatistics training to 12 MOPH departments	30 Male	15 female
CHW database training	72 Male	1 female
CAAC and Data Quality training	60 Male	0 Female

**Sub IR 1.4: The MOPH In-Service Training (IST) unit is able to effectively fulfill its stewardship role for the national IST program**

The national strategy on Human Resources for Health (HRH), with a focus on in-service training (IST), was endorsed and signed by the Minister of Public Health in the first quarter of 2014 and later translated into two local languages.

The IST team conducted several orientations and working group meetings with various technical departments of the MOPH for the development of the national IST in service training package. During the data collection process for the development of the IST electronic package, a total of 54 questionnaires were completed through 80 working group meetings with different MOPH technical departments. The first draft of the database for the national IST electronic package was developed, field tested, and feedback was provided to the database developer for further improvement. In order to enhance the IST team data management skills, six members of the Capacity Development Department of MOPH and IST team were trained on Microsoft Access.

**Figure 4/5: Basic Newborn Care (BNBC) and Family Planning training for PCH/BPHS professional staff in Malali and Rabia Balkhi Hospital Training center in August 2014**



The LMG-AF Project supported the development of the *National IST Guidelines*, which have been submitted to the MOPH for approval. After the MOPH approves these guidelines, the IST team will begin the translation of the guidelines into two local languages (Dari and Pashto); the guidelines will then be introduced to IST training providers through a workshop and wider distribution of the guidelines.

A needs assessment was conducted for the PCH NGOs for further in-service training. The plan for training was finalized for 300 BPHS/EPHS staff in Basic Emergency Obstetrics (BEOC) and Basic Newborn Care, Family Planning (FP), and Integrated Management of Childhood and Neonatal Illnesses (IMNCI). A training assessment of the average knowledge and skills improvement in training participants increased from 20% to 40%, showing remarkable progress and improvement of participants' knowledge and skills. A post-training evaluation was initiated;

**Figure 6: Competency based training for the PCH/BPHS/EPHS implementing NGOs' professional staff**

Training Title	Target	# of staff Trained (through July 2014)	Planned (through December 2014)
Basic Newborn Care (BNBC)	58	58	0
Basic Emergency Obstetric & Newborn Care (BEmNOC)	95	51	44
Family Planning (FP)	39	38	1
IMNCI	108	73	35
<b>Total</b>	<b>300</b>	<b>220</b>	<b>80</b>

the trained participants acknowledged the importance of job-related capacity development trainings.

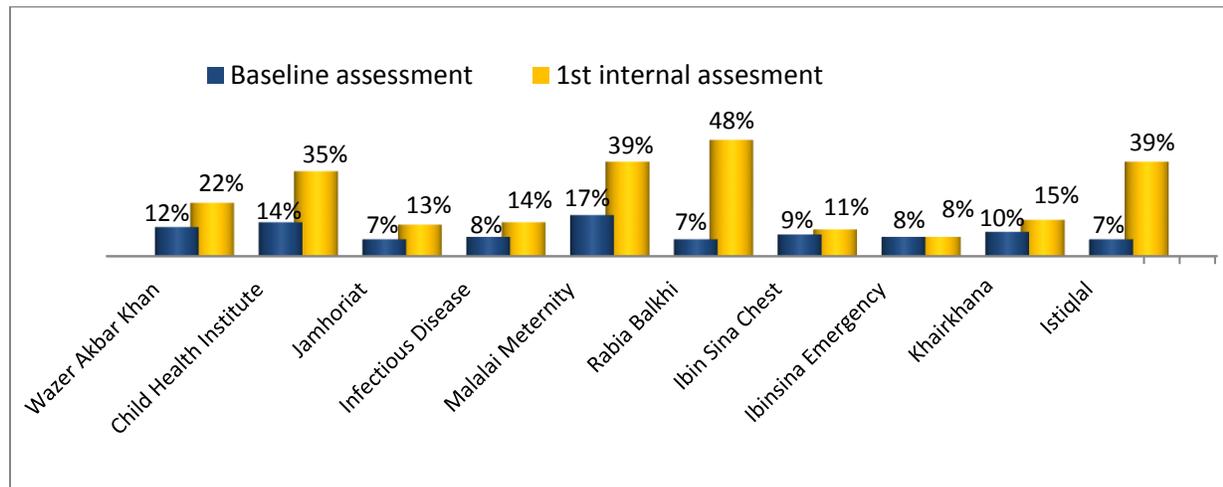
**Sub-IR 1.5: The Ghazanfar Institute of Health Sciences (GIHS) and the Midwifery & Nursing department of the MOPH are enabled to effectively lead and manage midwifery and nursing programs across the country**

The LMG-AF Project successfully completed the work at GIHS and closed the support to its Community Health Nursing Education (CHNE) in February 2014. The project assisted the institution to rollout a Faculty Development Program (FDP) for its CHNE program. The necessary Learning Resource Package (LRP) and an M&E mechanism were finalized; as of February 2014, GIHS continues to carry out FDP

independently without external assistance (for further details, please refer to LMG-AF Semi-Annual Report, dated May 2014).

During the second quarter of 2014, in close coordination with the General Directorate of Curative Medicine (GDCM) at the MOPH, the LMG-AF Project supported the MOPH Nursing and Midwifery Department (NMD) to conduct Training-of-Trainers (TOT) on nursing standards for national and regional hospitals. The purpose of this training was to ensure performance and quality improvement in nursing practices. The project assisted the NMD to initially select five national hospitals, establish performance improvement committees, and conduct baseline assessments in each of the five hospitals. The project then assisted the NMD to expand this intervention to another five national hospitals, conduct baseline and first internal assessments in all selected hospitals, analyse data, and design appropriate interventions to fill the existing gaps. A rapid internal assessment conducted in August 2014 indicates promising improvements in scores, implying improved quality of nursing care in these hospitals. A follow-up external assessment that will be conducted prior to the end of the LMG-AF Project should offer a more robust analysis of the assistance that has been provided to these hospitals.

**Figure 7: Comparison of the baseline (April 2014) and first internal assessment (August 2014) of the nursing standards compliance rate among Kabul hospitals**



As part of the institutional capacity development for the NMD, the LMG-AF Project also conducted a series of trainings on the supervision and M&E for the NMD staff and hospital nurses and midwives. Additionally, the project completed all phases of the LDP training for 25 GIHS and NMD senior staff.

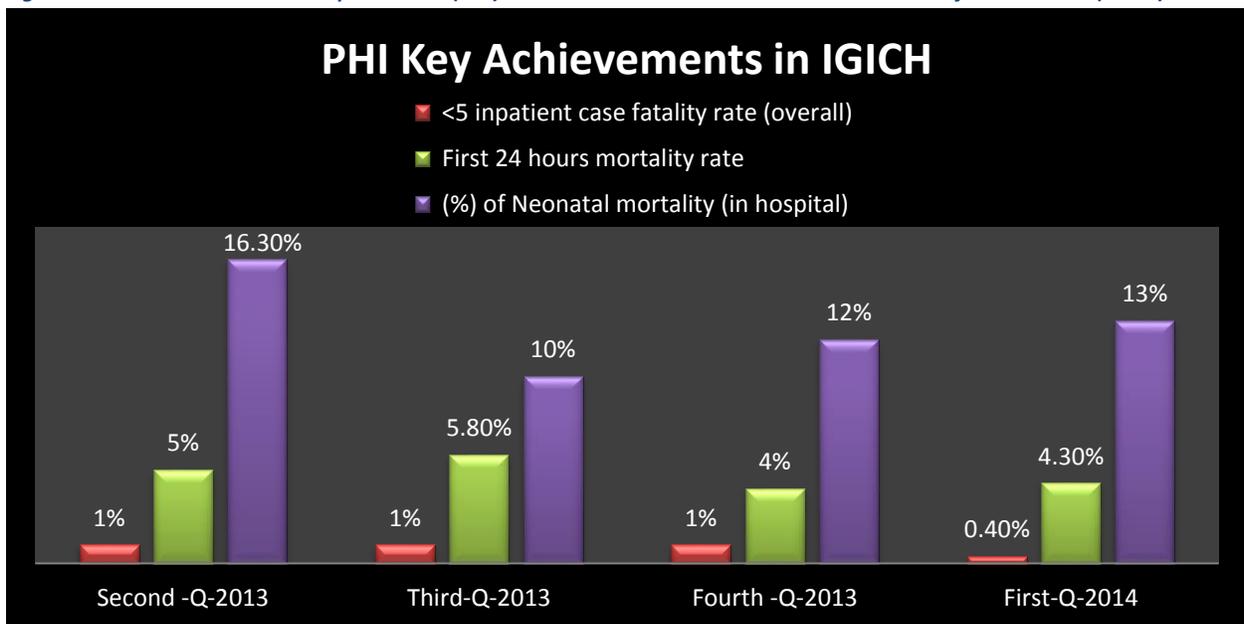
**Sub-IR 1.6: The Child & Adolescent Health (CAH) department capacity is improved to govern, coordinate and oversee all child health programs throughout Afghanistan**

Activities during the reporting period have focused on supporting the CAH Department to implement a variety of activities that strengthen training programs and oversight mechanisms for child health across the country. The CAH Department integrated the Pediatric Hospital Care Initiative (PHI) into the revised EPHS and then presented it to the hospital reform project; the project then agreed upon the integration and the PHI standards replaced the Standard Based Management (SBM) for all hospital assessments. Additionally, the first draft of the Pediatric Treatment Protocol was developed for 133 common pediatric diseases and will ensure standard and quality treatment in pediatric hospitals. The first draft of the PHI

database was developed, field tested, and feedback was provided to the developer for further improvement. The Pediatric Treatment Protocol and PHI database are the first to be developed within the country for standardization and sustainability. Maintenance of the database will be coordinated with the HMIS department and a link will be created between the PHI and National HIMIS databases.

A two-week STTA visit from Malawi assessed the PHI and ETAT implementation at Indira Gandhi (IGICH) and Maiwand hospitals; the findings and recommendations were then shared with the respective hospital's PHI teams. In the meantime, the technical advisor facilitated a refresher training course on Emergency Triage, Assessment, and Treatment (ETAT) for 24 master trainers from the Kabul, Herat, Balkh and Nangarhar provinces. This round of training included new topics, such as: oxygen saturation monitoring, pain control, trauma, neonatal resuscitation, and burn care in the emergency ward.

**Figure 8: Pediatric Health Care Improvement (PHI) Achievements at the Indira Gandhi Institute of Child Health (IGICH)**



**Figures 9/10: ETAT training in IGICH and an Assessment of PHI implementation in IGICH in August 2014**



Integrated Management of Childhood Illnesses (IMNCI) was added to Kabul Medical University (KMU) and the GIHS Program pre-service curriculum. A pre-service curriculum working group finalized the IMNCI Student Manual, and the CAH Department introduced the IMNCI short course training in two batches for 32 health workers of Baghlan province. With IMCI content now included in pre-service education, the frequency for short term, and often donor-funded, IMCI trainings will gradually decrease.

### Sub-IR 1.7: The stewardship role of the IQHC department of the MOPH is enhanced to lead and coordinate the implementation of the Harmonized Quality Improvement Program in BPHS

Figure 11: QI Training Workshop Implementation in 5 Provinces

Province	BHC	CHC	DH	Total
Bamyan	5	5	3	13
Herat	3	8	2	13
Kandahar	4	7	1	12
Kunduz	5	6	1	12
Nangarhar	5	5	3	13
<b>Grand Total</b>	<b>22</b>	<b>31</b>	<b>10</b>	<b>63</b>

The Harmonized QI Program has been implemented in selected BPHS Health Facilities, with a Harmonized Quality Improvement Program (HQIP) baseline conducted in five provinces: Bamyan, Herat, Kandahar, Kunduz, and Nangarhar (see Figure 11). For better implementation of HQIP at the provincial level, the IQHC department conducted Training of Trainers (TOT) workshops. Participants originated from five

provinces and 40 trainers were trained. The trained trainers, along with the IQHC staff, have conducted baseline assessments to determine the current situation in health facilities and recognize gaps in the quality of health services. The HQIP baseline assessments were conducted in a total of 63 health facilities across the five provinces. The baseline assessment was conducted in 10 intervention and 3 control health facilities in each province. All three levels of the facility including the BHC, CHC, and DH, were included in the assessment. An important activity in this reporting period has been to upgrade the HQIP database with baseline assessment data entry for all five provinces.

The first draft of the HQIP baseline assessment report has been prepared, and is currently under review. Based on the HQIP plan, two IQHC staff conducted an initial TOT training session in Bamyan and a one-day training workshop for MOPH and NGO HMIS officers on the HQIP database. This is a first step in enabling the officers to enter the assessment data for their respective provinces.

In keeping with the IQHC yearly plan, and as requested by the Deputy Minister of HCSP, the HQIP Program has begun planning for the expansion of HQIP at the hospital level. A Core Group has been established by the MOPH leadership, with the expectation that Technical Committees will be established in the future to continue to expand HQIP.

Based on the IQHC Department plan and the need for the development of pictorial *Patient Charter of Rights (PCR)* material, several coordination meetings were held with the Health Promotion Directorate and the IQHC Steering Committee. The posters are important to highlight three key areas of patient rights: patient confidence in the health care system, the importance of the relationships between the patient and the health care provider, and to educate patients in the importance of their own health. *Patient Charter of Rights* posters have been published and a distribution plan has been developed and

implemented. Ten messages were identified for the pictorial version of the PCR; the Health Promotion Directorate at the MOPH will organize the printing of these pictorial versions, produce video clips, and distribute the PCR to relevant stakeholders.

The IQHC team developed and submitted a plan to the GD of Curative Medicine (GDCM). This plan details the implementation of HQIP in four Strengthening Mechanism (SM) provinces, with 20 health facilities per province.

### **Sub IR 1.8: National/Specialty hospitals completed phase I (budget based management) and initiate phase II (Human Resource rationalization) of the hospital autonomy process**

The National and Specialty Hospitals serve 3-5 million people in Kabul and play an important role in effective health system operation by mentoring the lower level health facilities and providing ongoing training for health workers and researches. One such training began in February 2014, when the LMG-AF Project partnered with Johns Hopkins University to provide Hospital Management Training for National and Specialty Hospital Directors. The goal of this training was to enhance the management capacity of the hospital teams and ultimately the quality of care provided by 16 institutions (14 National and Specialty hospitals, one central polyclinic, and one national blood bank). The training took place in three segments over the course of six months, with the last segment held in July 2014. The training was delivered through a series of workshops that covered technical content in lectures/discussions and small group sessions. The technical content of the workshops included governance and leadership, tools for improving hospital service, human resource management (HRM),

*Figure 12: Deputy Minister of Health Service Delivery during the distribution of training certificates*



emergency care and surgical services, hospital information systems and facility management, and budgeting and finance principles of supportive supervision, and design and planning of individual hospital improvement projects.

*Figure 13: Director of one hospital during the presentation of his group work*



At the end of each of the three segments, workshop participants selected problems that occurred in their own hospitals that needed improvement and develop action plans to solve these issues. The LMG-AF Project will use the remaining months left in the project to assist the hospital teams in implementing these action plans. In total, 52

people participated in the training, including hospital directors, medical directors, and hospital consultants.

As part of the LMG-AF Project Hospital Management Program activities plan, a patient satisfaction survey was implemented at the 14 National and Specialty hospitals in early 2013. The survey was designed, implemented, and analyzed by a Study Investigator Team. This team was comprised of technical teams from LMG's Hospital Management Program and the MOPH's Health Information System Program. The overall objective of the patient satisfaction survey was to measure the satisfaction levels of clients that are utilizing healthcare services. Selected indicators, such as treatment outcomes, waiting time, health worker/patient interaction, pain treatment, and hospital cleanliness were used to establish a baseline of patient satisfaction. A follow-up survey is planned for November 2014 to measure the progress made on the indicators since the baseline was established. The results of the surveys will be used to improve quality of care for patients throughout Afghanistan.

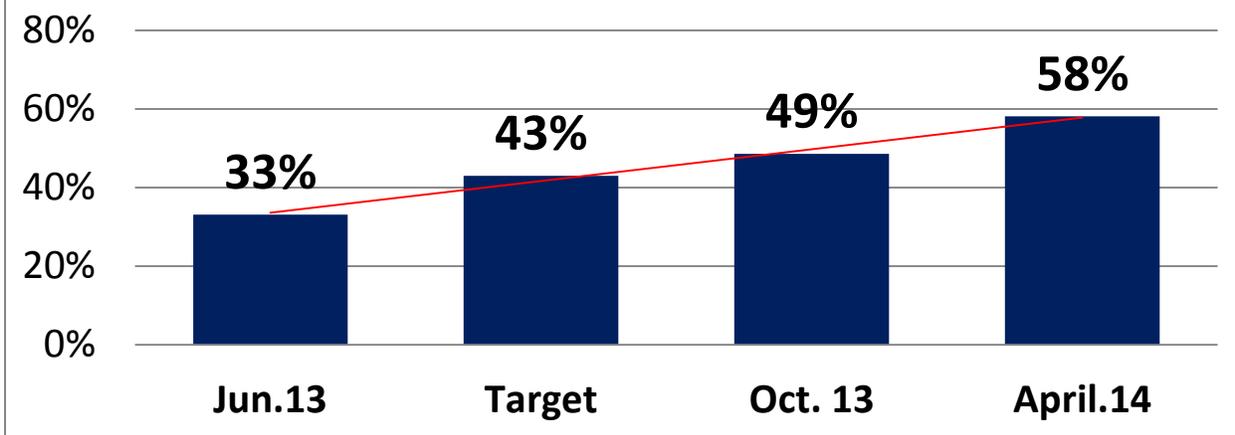
In addition to trainings and the patient satisfaction survey, the LMG-AF Project worked with the Afghan Ministry of Finance to install three Finance Information Management System (AFMIS) centers at select National and Specialty Hospitals. These AFMIS centers enable all national hospitals to upload their financial information into the national system. This is a significant improvement from previous financial data systems, as it allows the hospitals to bypass the lengthy process within the central MOPH to process their financial management information.

Another significant step towards hospital autonomy includes the HR autonomy process, which began in early 2013. Since then, human resource recruitment authority has been delegated to the 14 hospitals undergoing autonomy reform. As result of this transfer of authority, all 16 institutions are now able to hire for all hospital staff positions, except for the hospital director. In order for the hospitals to fully realize the recruitment process, staff needs to become familiar with the legal process, which will ensure that hiring practices are in compliance to the MoPH and Civil Service Commission requirements. To aid this autonomy goal, the LMG-AF Project - in close collaboration with the MoPH - GDHR and the Civil Service Commission - organized a workshop to train hospital staff on the hospital recruitment process.

#### **Immediate Outcome of Autonomy**

*Infection Prevention (IP):* The LMG-AF Project supports the autonomous hospitals to procure stock and utilize the Infection Prevention (IP) material. To ensure the effective use of these materials, the project is providing necessary technical assistance to the central MOPH to conduct quarterly IP assessments using Standard Base Management (SBM) tools. The chart below demonstrates the aggregated result for all hospitals with a mean score increase from 33% to 65%.

**Figure 14: Improvement in IP Standard Implementation at 14 National and Specialty Hospitals**



**Continuous Capacity Development**

One of the key areas of support to the hospitals is the continuation of previously-initiated activities. The LMG-AF Project supports hospitals to fully takeover independent procurement that was delegated to them two years ago. Taking into consideration the complexity of the process, there is still a need for consultants to support the work in the hospitals. The project is currently conducting a competency-based assessment for all staff, which will inform the MOPH leadership in addressing the existing gaps of qualified staff.

**Budget Utilization and Procurement**

Two other important indicators of the hospital autonomy process are budget utilization and successful procurement of needed materials. In order to evaluate the procurement process, data is collected from each hospital on a weekly basis. The data is then collected into a yearly progress report; the results from the most recent report are displayed below (Figure 15). Hospitals were able to spend 66% of their budget, and get a 90% contracts signed by the end of the third quarter of the Afghan fiscal year.

**Figure 15: Percentages of contracts signed and expenditures**

# of all Contract	# of contracts awarded	% of Signed Contracts	% of Expenditure
144	129	90	66%

**Transparency (Sunshine Directive):**

To ensure proper use of hospital budget, the LMG-AF Project is helping the hospitals to assess the knowledge of hospital staff about the transparent use of the budget. Enhancing transparency in this area has been an important mechanism to strengthen governance and accountability of various levels of hospital staff. The project assessed transparency through a survey of the knowledge of hospital staff of the hospital’s finances. As a result of interventions to more widely share information, results improved from 35% of staff that had knowledge of the budget to over 50% within a one year period.

### Sub IR 1.9: The MOPH is enabled to steward leadership, management and governance capacity development in the Health Sector

One of the key cadres to support the broadening and changing of Leadership, Management, and Governance behaviors in the health system is the LDP+ trainers/facilitators. During this reporting period, the team worked to create better opportunities and scale-up access to qualified trainers and facilitators for Leadership, Management, and Governance training within the health sector. Six teams of LDP+ facilitators/trainers (22 trainers) were screened, tested, and received training on the methodology of the LMG training with a focus on the techniques of LDP+ training. These trainers are now ready to teach leadership development interventions at the facility, district, and provincial levels. The LDP facilitators from 6 provinces formed 6 provincial teams and developed their plan for LDP+ implementation in their provinces of Herat, Khost, Takhar, Baghlan and Faryab. The provincial teams are now enabled to determine provincial health priorities, identify geographical areas for the interventions, and plan for training the health facility teams for improvement and continual monitoring to ensure quality implementation and progress for achieving set results. The LDP+ trainers/team from the Jawzjan province will follow a similar process during the next reporting period. The plan for the second batch of LDP+ facilitator selection and training was developed and approximately 25 volunteer facilitators are expected to register with MOPH for testing, certification, and participation in the TOT. This process will be completed by end of December 2014.

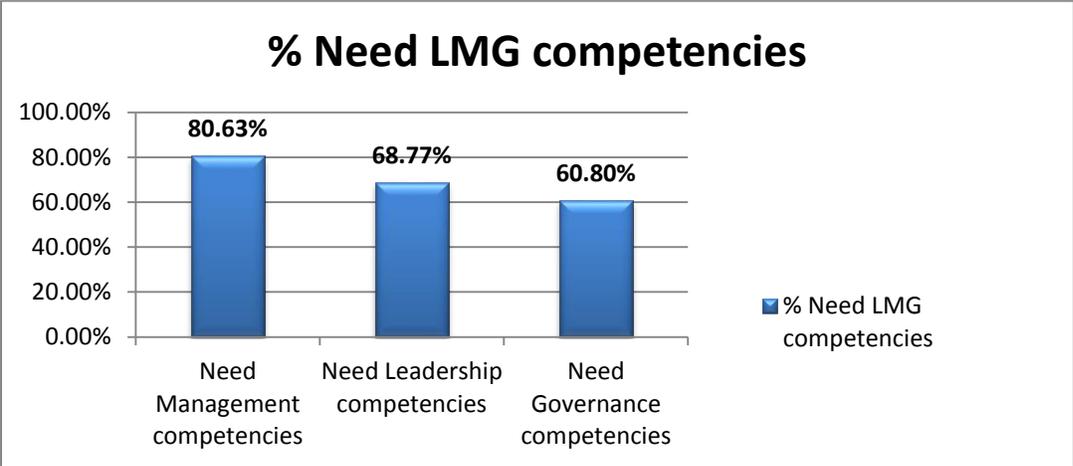
Four phases of the LDP workshops (scanning, focusing and planning, aligning/mobilizing, inspiring and result preparation workshop) were conducted in five national hospitals in Kabul (Malalai Maternity, Ibni Sina Emergency, Ibni Sina Chest, Stomatology and Indira Ghandi Institute of child Health (IGICH). All seven teams from the mentioned hospitals developed their plan for improvement in their work environment for achieving results. During this reporting period, the MLDD team conducted 50 coaching visits to the mentioned 8 institutions to support the teams with in the implementation of their improvement plans.

**Figure 16: Highlights of results achieved in Kabul selected hospitals**

S/N	Name of Team	Hospital	Measurable Result	Baseline	Target	Achievement
1	OBY/GY Ward	Malalai Maternity Hospital	Increased the correct use of partograph (fully completing of partograph before, during and after delivery).	60%	85%	86%
2	Newborn Ward	Malalai Maternity Hospital	Increase Infection prevention practices ( assessed based on infection prevention checklist)	16%	65%	70%
3	Hospital Management Team	Ibnisina Chest Hospital	Decrease hospital Morality Rate ( number of death in the hospital divided by number of admissions in the hospital)	6.60%	6%	6%
4	Surgical Ward	Ibnisina Chest Hospital	Increase number of Pericardiectomy procedures in the chest surgical ward	3	10	10
5	Hospital Management Team	Ibnisina Emergency Team	Decrease hospital Morality Rate( number of death in the hospital divided by number of admissions in the hospital)	3.50%	3.30%	3.28%
6	Central Sterilization supply Department Team	Stomatology Hospital	Increase Infection prevention at Central Sterilization supply Department(assessed based on infection prevention checklist)	10%	50%	40%

During this reporting period, the LMG-AF Project also assisted the MOPH to launch a competency assessment of health sector leaders and manager’s leadership, management, and governance competencies. The assessment was conducted to estimate the numbers of managers who are likely to need leadership development over the next 5 years, as well as the scope and nature of the knowledge, skills, and behaviors they will need for health system strengthening and optimal performance. The survey was designed and approved by the MOPH ethical review board and 40 provincial HR focal points were trained as data collectors in December 2013. This activity is also a prerequisite for developing the strategy for the institutionalization of management and leadership in the health sector. Initial findings from the mentioned report are as follows:

*The majority of respondents confirmed that to accomplish their duties they need management, leadership and governance competencies:*



*The response from the participants of the mentioned assessment on the need for L+M+G training:*



The Ministry of Public Health organized a round-table discussion during the month of February 2014 to engage stakeholders in the development of the strategy for the institutionalization of leadership and management development in Afghanistan. The MOPH brought two questions to the table:

1. How can the Ministry of Public Health Best Ensure Sustained Leadership Development as Donor Support Evolves?
2. How can Diverse Stakeholders Best Collaborate to Sustain Leadership Capacity Development?

Participants of the roundtable agreed to anchor the process in the MOPH for the medium term. A roadmap was proposed for strategy formulation on the institutionalization of Leadership, Management, and Governance in the health sector. There have been several delays in the development of a strategic plan for this roadmap due to the recent presidential elections and competing priorities. Finalization of the strategic plan is expected by December 2014.

The LMG-AF Project was advised by USAID to design a high-level workshop for the MOPH and the Health Commission of the Afghan Parliament. Such a forum will enable both parties to discuss their key issues and find solutions. In close coordination with the USAID Assistance to Legislative Bodies of Afghanistan (ALBA) Project and the LMG core team, the LMG-AF Project developed a design of the workshop. However, due to recent political developments in the country, the MOPH leadership recommended that the workshop be postponed.

Based on special instructions from the MOPH high council and endorsement of USAID, the Management and Leadership Development Department (MLDD) at the MOPH developed a training package for orienting the MOPH mid-level managers on leadership, management, and governance values, principles, and approaches. The LMG MLDD team conducted a five-day training on concepts, principles, and approaches of Leadership, Management, and Governance to 171 managers/service providers. Participants ranged from medical doctors, pharmacists, midwives, nurses, lab technicians and administration officers from different institutions/hospitals and MOPH departments. The last day of the training was allocated to the civil service commission team to highlight the government HR requirement and principles to MOPH staff who attended the LMG orientation sessions.

## Health IR 2: Improved capacity and governance of the MOPH Provincial Liaison Directorate and Provincial Health Office (PHO) in 17 provinces to support the delivery of BPHS and EPHS services

### Sub IR 2.1: Provincial Health System is strengthened to perform the stewardship role in the provinces Good Governance Practices Scaled-up in Twelve Provincial Public Health Coordination Committees (PPHCCs)

Following the development of the *Governance Guides* for sub-national levels and the successful field testing of this tool in three provinces and eleven districts, the tool was passed through the MOPH Policy and Planning sub-committee (one of the authorized decision-making committees lead by the Deputy Minister for Policy and Planning) for obtaining approval as a national guideline. After obtaining the approval in June 2014, the tool was introduced through several workshops in nine new provinces. Currently, 12 PPHCCs are using this guideline and implementing good governance practices in 12 provinces including Herat, Wardak, Khost, Faryab, Jawzjan, Baghlan, Takhar, Badakhshan, Helmand, Ghazni, Paktia and Paktika. An end-line assessment is planned in December 2014 and will be compared to the baseline assessment.

*Figures 17/18: Participants of the LDP+ workshops in Herat and Faryab provinces during orientation and group work discussion sessions.*



### Leadership, Management and Governance practices Reinforced at the PPHO level

In coordination with the MOPH IQHC and the MLDD departments, the LDP+ tool was introduced at the PPHO level in order to strengthen the stewardship role of PPHOs and improve the quality of services at the provincial level. This tool allows the PPHO teams to monitor health facility performances and enable the PPHOs to identify major health challenges at their provinces. This tool also enables teams to take collective remedial actions with other key stakeholders to overcome the challenges and improve focus on Maternal and Child health, family planning, communicable diseases control, immunization, and other health emergencies. In February 2014, the MLDD team certified the LDP+ Master Trainers of six USAID-funded provinces, including Takhar, Jawzjan, Faryab, Baghlan, Herat and Khost.

Following the trainers' certification, the LDP+ tool was introduced through a series of workshops to identify the Technical Committees/Coaching Teams and the Governance bodies. Scanning workshops were also conducted to identify key challenges at the provincial level. The PPHO teams will measure the results six months after implementation of this model.

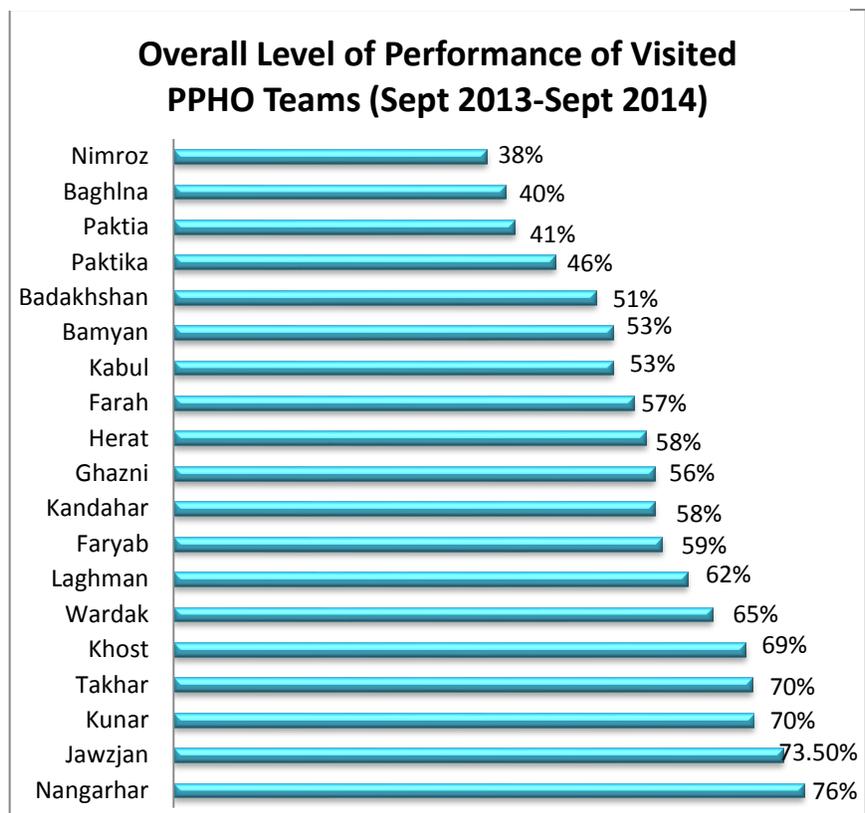
**The MOPH PLD is enabled to measure the PPHOs Performances based on evidences**

The LMG-AF team assisted the MOPH PLD in developing a PPHO performance monitoring checklist and database, as well as the Provincial Score Card. The checklist measures the PPHO team's functional performance, while the Provincial Score Card provides information on the level of service delivery achievements in a province.

Since September 2013, a total of 19 PPHO teams (13 USAID funded provinces, 3 quick impact provinces, 3 non-USAID supporting provinces) were monitored

based on the developed checklist. Timely feedback was provided to the provinces, as well as to MOPH leadership. Currently, the PLD team is conducting the second round of follow-up visits in order to measure the level of progress after their first visits. *Figure 19* indicates PPHO overall performances by province. The Provincial Score Card enables the PLD to monitor the status of the key health indicators regularly by provinces and provide feedback. The PPHOs are reviewing the data and providing timely feedback to the BPHS and EPHS implementing NGOs as well as health facilities.

*Figure 19: Overall PPHO performances by province*



Following years of efforts by the PLD team and technical partners with guidance from the LMG-AF Project, the project was ultimately able to convince the MOPH Senior leadership that without having a strong focal department at the central MOPH level, it is difficult to strengthen the provincial health systems. The project was successful by organizing the SLP (Senior Leadership Programs) workshops, presentations, discussions and face to face meetings. As recommended by the MOPH, senior leadership is now shifting the PLD role from a liaising and coordinating role to a facilitating, guiding, and managing role.

Through the new PLD TOR, the following improvements are expected:

- ✓ PPHOs will be more accountable as the line of reports will be streamlined and they will report directly to PLD ;
- ✓ The line of communication between PPHOs and other central MOPH department will be shortened;
- ✓ The central MOPH departments and PPHOs will have direct communication in the implementation of vertical programs;
- ✓ PPHOs performances will be monitored regularly by the PLD and timely feedback will be provided; and
- ✓ The PPHOs will receive managerial support from PLD to play their stewardship role more effectively.

*Figure 20: Participants at a SLP workshop*



### **IR 3 (Education): MOE capacity to effectively manage USAID on-budget education activities improved**

Based on the understanding between USAID and the Ministry of Education (MOE), the LMG-AF Project does not provide any specific technical assistance to the MOE. USAID continues to use the LMG-AF Project as a mechanism to ensure that the embedded TA within the MOE has received necessary operational support. During this reporting period, the LMG-AF Project continued to fund the operations of the Project Management Team (PMT) and Community Based Education (CBE) embedded consultants. In addition, USAID decided to hire another 22 CBE consultants during 2014. The LMG-AF Project supported the recruitment process, which is expected to come to a conclusion in October 2014. As directed by USAID, the LMG-AF Project supported the Human Resources Development Board (HRDB) by funding the three embedded consultants and operational costs between January-October 2014.

The LMG-AF Project also supported a 50-day Level of Effort (LOE) for international consultants on Education For All (EFA).

The MOE launched an assessment of CBE needs across 30 provinces; the LMG-AF Project provided the necessary logistics for the assessment, which concluded in September 2014.

## Challenges

During this reporting period, the LMG-AF Project experienced a number of challenges that impeded the project's ability to effectively engage with the MOPH. In particular, the Presidential election and the associated challenges resulted in limited availability and engagement of senior leaders. The political standstill between June-September caused travel restrictions and thus significant delays in program activities. Additionally, there is an impending change in leadership at the MOPH, which could pose a threat to the continuity of HSS gains and interventions. Going forward, it will be important for the project and USAID to work together to orient new leaders on interventions, systems, and policies.

Another major challenge that the project experienced is the sustainability of programs in the context of a slow and complex transition of programs to on-budget. The SEHAT project appears to be a complex undertaking with slow decision-making by the relevant partners. There are a number of initiatives, including the HR rationalization process, which is dependent on the SEHAT timelines. If there continue to be delays in the process, the gains in health systems strengthening achievements for the MOPH and the ability to support the BPHS and EPHS services will be significantly impacted. Often this slow progress has required the LMG-AF Project to mobilize international technical assistance with short notice, which can be challenging at times.

The LMG-AF Project has also experienced challenges related to the expanding scope of work for the project, where the project has started to absorb additional activities from other projects (for example, IQHC) and/or responded to the MOPH/on-budget needs quickly. From the management perspective, the addition of new program activities at USAID's request has required the LMG-AF Project to hire additional staff, manage the budgeting process, update the project's PMP to reflect the activities, and ensure that management systems can support the new activities.

Other key challenges during this reporting period include:

- ✓ **Staff turnover:** With the end date of LMG-AF approaching; turn-over of staff has become an important challenge.
- ✓ **Decreased government accountability:** With the political turmoil in country over the past quarter, the sense of accountability within the government system further declined. This caused delays in achieving certain objectives within the expected timeline.
- ✓ **Delays:** Risks to sustainability related to delays in the SEHAT process and HR rationalization.

## Opportunities

The new national unity government appears to offer great opportunities for health systems strengthening. The broad-based government is expected to address many issues, including corruption, and the new president has taken firm steps to improve governance and ensure accountability. With the Bilateral Security Agreement (BSA) signed, the prospective for international and donor assistance to the

country has once again flourished. There are already commitments being made through on-budget and off-budget mechanisms, which offer some assurance of program sustainability in the medium term.

Given the change in government, several opportunities exist in the following areas:

- ✓ **Hospital Autonomy:** progress under the phased approach to hospital autonomy presents an opportunity to document successes and continue the process of decentralizing provincial and other referral hospitals.
- ✓ **Provincial HSS:** completion of the PPHO capacity assessment and roll-out of the monitoring process and scorecards for PPHOs will serve as the basis for and inform the development of a decentralization strategy.
- ✓ **Transition to on-budget funding:** this is an opportunity for increased ownership and leadership in the health sector for the MOPH.
- ✓ **MLDD and institutionalization of LMG:** there is an opportunity to build new leaders and to enhance management within the health sector.
- ✓ **HMIS and data use for decision-making:** data systems can be leveraged to improve accountability and transparency and to enable the MOPH to make evidence-based decisions about resource allocation and to plan health priorities.

In addition to the above opportunities, documentation of project results through strategic evaluations (for example, PPHO capacity assessment and the hospital autonomy evaluation) can inform capacity development needs for the MOPH and the broader health sector as future decentralization activities are rolled out.

## Plan for Next Five Months

The LMG-AF Project is currently scheduled to end by February 28, 2015. Therefore, in the four months remaining of the project, the LMG-AF Project will focus on the following key issues:

- ✓ **SEHAT:** The LMG-AF Project will continue to assist the MOPH to finalize and submit its ten thematic proposals for Component II of SEHAT. In the meantime, the project will continue to support the MOPH in its staff rationalization process. As for Component I of SEHAT, the project will ensure that the MOPH has the necessary local and international technical assistance to complete the procurement process for SEHAT II (follow on to PCH).
- ✓ **HR Rationalization:** The LMG-AF Project will continue to work with GD-HR at the MOPH and the GCMU on harmonizing the salaries of consultants with the mainstream MOPH systems. Any actual migration to new salary scales will be closely coordinated with the MOPH and USAID.
- ✓ **Strategic Communications:** The project will participate in the launch of the *State of Afghanistan's Midwifery 2014 Report*, a publication written in collaboration with the UNFPA. The project will also distribute key project communications materials, including a program brief, a hospital autonomy paper, and a paper on the CBHC system in Afghanistan. Additionally, the project will hold an end-of-project seminar, planned for early 2015.
- ✓ **Completion of work plan and Close-out:** The LMG-AF Project will focus on achieving its pending deliverables. The project will specifically focus on those deliverables that could not be achieved in the recent months due to the political standstill in the country. In addition, the project will implement a close-out plan to wrap up the technical and operational aspects of the project. A series of end-of-project seminars, disposal of assets, and layoff of staff will follow.

# Attached Appendices

**Project Monitoring Plan**