

Leadership Management and Governance Project – Afghanistan

Annual Report, September 1, 2012 – June 30, 2013

Date: August, 2013

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

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Annual Report Afghanistan Field Support

1st September 2012 - 30 June 2013



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Project Activity Summary

Project Name: Leadership, Management and Governance for Afghanistan

Project Objectives: LMG/Afghanistan has four main intermediate results: *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.* Health IR 2: Improved capacity and governance of the 17 Provincial Health Offices (PHO) of the MoPH to support the delivery of BPHS and EPHS service. Health IR 3: Developed overall leadership, management and governance capacity of the MoPH and 17 Provincial Health Offices. IR 4: Improved capacity of the MOE to support the delivery of education through USAID funding mechanism.

Implementing Partner(s): Management Sciences for Health

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

Life of Project (start and end dates): September 1, 2012 – February 28, 2014

Reporting Period (start and end dates): September 1, 2012 – June 30, 2013

Total Estimated Contract/Agreement Amount: US\$ 25,248,400

Obligations to Date: \$ 20,697,468

Current Pipeline Amount: \$ 8,064,570

Accrued Expenditures for the Reporting Period: \$ 1,545,063

Activity Cumulative Accrued Expenditures to Date: \$ 1,545,063

Report Submitted by: Dr. Mubarakshah Mubarak, Chief of Party, LMG Afghanistan

Report Submission Date: 15 August 2013

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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
CHWs	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
MSH	Management Sciences for Health
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
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 Operationing Procedures
SWOT	Strength Weakness Opportunity Threat
TAG	Technical Advisory Group
TB	Tuberculosis
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Introduction

The LMG Afghanistan (LMG-AF) project follows the implementation of the Tech-Serve and the Health Services Support Project (HSSP) projects, both of which provided essential support to the Afghan Ministry of Public Health (MOPH) while Tech-Serve was also providing support to Ministry of Education (MOE) to establish and strengthen service delivery systems. As such, this project aims to further strengthen the capacity of the MoPH to lead, govern and manage the scale of access to and quality of health care services throughout the country, particularly for those at highest health risk. The project also builds the capacity of MOE through a Project Management Team (PMT) in preparation for on-budget funding for autonomous management of key program activities to be funded by the US government. Activities under this project are critical to being able to build capacity of each partner to autonomously manage on-budget funding and programs once appropriate on-budget USAID funding mechanisms are established.

The LMG Afghanistan project supports the 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 Government of the Islamic Republic of Afghanistan (GIROA) stewardship of the health system strengthened. In addition, the project has 4 IRs including one for education: improved capacity and governance of the central MoPH to support the delivery of BPHS and EPHS services, primarily through nongovernmental organization (NGO) service providers; 2) Improved capacity and governance of the 17 Provincial Health Offices (PHO) of the MoPH to support the delivery of BPHS and EPHS services; 3) Developed overall leadership, management and governance capacity of the MoPH and 17 Provincial Health Offices; and 4) Commence the capacity building of the Ministry of Education's Program Management Unit which will be required to administer, monitor and report on-budget fund activities when funding becomes available.

LMG-AF continues support to Grant Contract Management Unit/Partnership Contract for Health (PCH) project staff in its sustained successful management, through contracts mostly with Afghan NGOs, of the implementation of BPHS services in 13 provinces and EPHS in five provinces. As the PCH team in MOPH has the needed Capacity for effective management and leadership of PCH project, the need for outside technical assistance to the PCH staff in its management and procurement of health services during LMG-AF has been decreasing. PCH is seen as a successful model for putting health services on-budget. The Ministry has frequently involved senior PCH consultants in the facilitation of other, presently off-budget health activities with MOPH partners. Thus, LMG-AF assistance to the Ministry has increasingly focused more broadly on helping other departments move towards on-budget assistance.

LMG-AF continues providing support to 14 national hospitals of Kabul, Afghanistan on transforming the hospitals to become autonomous entities. LMG-AF provides support to 17 USAID supporting provinces by recruiting provincial health system strengthening consultants and providing support through Provincial Liaison Directorate of the MoPH.

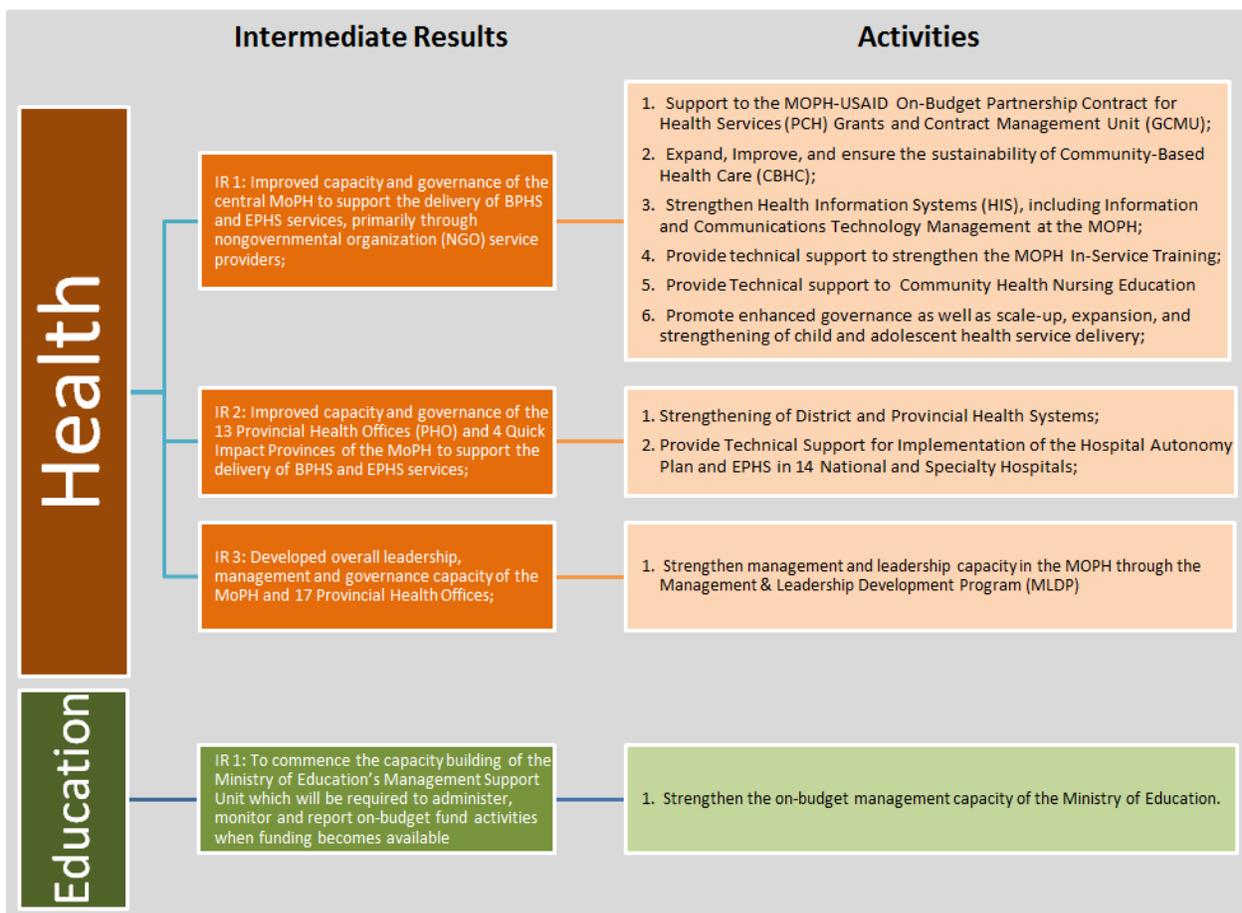
The LMG-AF Project focus on enhancing the MOPH team's ability on Management, Leadership and Governance and this project has also functioned in as a bridge mechanism for USAID in order to maintain effective operation of the supported areas until the on-budget programs would begin. In

addition to almost all elements under Tech-Serve, LMG-AF encompasses the support to two other program areas which it inherited from the HSSP project; the In-Service Training Program (IST) and the Community Health Nursing Education (CHNE) program. New concepts such as Senior Leadership Program (SLP) and the overall enhancement of “Governance” are other important elements under the LMG-AF field support.

Main Objectives by Program Area:

The LMG Afghanistan project supports three health intermediate results and one education intermediate result, which are described below in Figure 1. Detailed sub-activities in 10 different program areas are aligned with each result area, detail on which is provided in the next section of this report. In addition to these four IRs, LMG-AF incorporates three cross-cutting themes into all activities: Gender, Governance Enhancement and Partnerships.

Figure 1: LMG-AF Results Framework



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. The current reporting period covers ten months through June 2013, this allows for the reporting schedule of the “field support” to correspond with that of the Global LMG project LMG-AF. The reporting period was initially ending in February 2014, however during this year’s reporting period, the USAID mission in Afghanistan notified MSH of an eight month extension of “field support”, currently extending the end date through October 2014. The final approval of this project extension by USAID is pending.

Generally, LMG-AF has stayed on track with regard to its work plan implementation during the first ten months and all major components of the work plan have either taken place or started. Some delays in implementation have occurred, which are generally related to competing priorities or the nature of the policy development process. For example, there have been some delays in progress with a legislation (revenue generation regulation of health law) document intended for hospital based revenue generation which are related to the complexity of the legislative processes in general and specifically in Afghanistan.

Technical and operational support was provided during the design and implementation of the LMG-AF and the senior technical team previously worked under the Tech-Serve project. Due to their level of competency, skills and knowledge and their performance relevancy to the objective of the LMG Project, they were included in the LMG Afghanistan and continued their Technical assistance to achieve LMG objectives. The MSH Country level Operations and Management structure allowed more smooth transition between Tech- Serve and LMG-AF startup. The LMG-AF team continues to use the same office space and the existing finance, logistics, security, transport and IT system for project operation.

On the Technical side, the LMG Afghanistan leadership includes the following officers:

- Chief of Party/Project Director
- Technical Director/Deputy Project Director
- Program Managers: During this reporting period we have Program Managers for six out of the nine mentioned areas. On budget management is overseen by the Technical Director, Management and Leadership is over seen by the Project Director and supported by the National LMG advisor. LMG-AF will recruit the PM for Quality Improvement for BPHS and EPHS who will oversee the IQHC work which MSH will absorb from the HCI project in the next reporting period.
- Finance manager: This role was recruited to support the budgeting, financial analysis, and management of cost share requirements.

The leadership team for LMG-AF is all national Afghan professionals with one international technical officer who is supporting the MOPH team on M&E and HMIS. The MSH Home Office Support team provides program management, strategic direction, technical advice, manages contracts with US based consultants and TA providers (ex. Johns Hopkins Bloomberg School of Public Health), and coordinates activities with the LMG-Global project.

Based on MOPH and USAID defined areas of support for on-budget planning and implementation, 100 technical consultants were contracted by the LMG project and assigned to the MOPH to support the relevant department/sections in MOPH. The technical consultants are supervised by MOPH responsible officers and are financial and logistically supported by the LMG project. Additionally, LMG-AF is actively supporting the process of provincial health system strengthening. To support this objective, we support Provincial Health system Strengthening Consultants (PHSSC), who are embedded into the provincial structure of MOPH and are right hand advisors to Provincial Health Director and his team in the provinces.

The LMG-AF team has an extremely good technical and working relation with the MOPH leadership, both at the central and provincial level and a good degree of trust exists between MOPH team and LMG-AF. We are also actively involved with MOPH's Senior Officers and is in participation in the development process of the Health sector strengthening on daily basis (Mechanism of our support is explained under each program area).

LMG-AF is an active member of Health Sector Partners and is involved with the national and sub-national priority health management issues. LMG-AF's relations with the Afghanistan government line ministries, donors, UN agencies, NGOs, public Health associations and national level technical forum are outstanding.

The LMG Afghanistan team completed the work plan for the period of September 1, 2012 to the end of February 2014. The plan includes activities covering the objective of each of the above mentioned technical areas, project risk management, budget and finance management, HR and STTA management and project communication and reporting.

The LMG-AF Senior Officers are coordinating issues with USAID on regular basis to ensure that activities are in alignment with USAID priorities and that communications with the MoPH are well coordinated. The initial design LMG-AF was for 18 months (September 2012 to Feb 2104). However, USAID has discussed an extension of the project through October 2014, for which a budget and technical narrative have been submitted.

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.

1. Support to the MOPH-USAID On-Budget Partnership Contract for Health Services (PCH) Grants and Contract Management Unit (GCMU)

1.1 Provide technical support to strengthen MOPH's ability to go on-budget for 10 agreed technical areas

Through the Tech-Serve Project, MSH supported the development of 10 on-budget proposals (see Box 1). These have been on-hold for many months; however, during this reporting period USAID is reviewing the options to fund these activities through the World Bank SEHAT mechanism. Thus, LMG-AF has been engaged to support the revision of these proposals and submission to USAID.

The ten on budget programme of MOPH which are covered through the proposals are currently supported by three different USAID projects: seven areas are supported by LMG-AF, two by HPP (Health Economics & Financing and support to the Office of Private Sector Coordination within the MoPH) and one by HCI (Quality Improvement in Health Care). The Salary, Benefits, and operational support for PCH consultants (31 Consultants including the vacant positions) is being provided by the LMG AF project. The future plan for funding the on-budget proposals through the SEHAT mechanism will include PCH consultant staff salaries, benefits and operational support, which will begin on November 1, 2014. To

<p>Box 1</p> <p>10 MOPH Technical Units to Receive On-Budget Support from USAID beginning November 2014</p> <ol style="list-style-type: none"> 1. Child & Adolescent Health 2. Community-Based Health Care 3. Health Economics and Financing 4. HMIS 5. Hospital Autonomy 6. In-service Training 7. Leadership & Management 8. Improving Quality of Health Care 9. Private Sector Coordination 10. Strengthening Provincial Health Systems
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align with this timeline, USAID has informed both LMG-AF to extend their contracts with PCH consultants until October 31, 2014. (HCI will end September 2013 and Quality Improvement will be funded off-budget via LMG-AF beginning October 1, 2013.)

At the end of April, USAID requested LMG-AF to update 10 on-budget proposals, all 10 O-B proposals were scheduled to be revised, approved by senior MoPH officials, and formally submitted by the Ministry to USAID/OSSD/Health by late August, 2013. LMG-AF has supported the update of the on-budget

proposals.

USAID’s future plan to fund all 10 on-budget activities as well as PCH through the World Bank’s System Enhancement for Health Action in Transition (SEHAT) Project, will allow funding through Afghanistan Reconstruction Trust Fund (ARTF). In order to prepare for the transition to this mechanism in 2014, the World Bank and USAID will need to come to agreement on a number of related funding issues. For example, one major challenge is that the MoPH’s contract with the local NGOs will expire December 2013; although USAID has indicated that approval to extend the existing contract will be extended until late 2014, it will take a year, at minimum to develop a new RFP for BPHS services to be provided by NGOs. Once this process is finished, new contracts with the NGOs to deliver health services will need to be established. This lengthy procurement process will have to follow World Bank/ARTF procedures, even before USAID officially puts health services on-budget through the SEHAT Project. Thus, the MoPH, the World Bank and USAID will need to agree on the terms of the MoPH contracts with the winning NGOs well before new contracts are awarded for the delivery of Health services in the 13 provinces.

1.2 Provide technical assistance to strengthen on-budget support at the MOPH GCMU

LMG-AF has continued technical assistance to the GCMU/PCH team in its sustained successful management of contracts with Afghan NGOs, for the implementation of BPHS services in 13 provinces and EPHS in five provinces. Nevertheless, there is still a need for outside technical assistance to the PCH staff in management and procurement of health services during LMG-AF. Also, because the PCH is seen as a successful model for putting health services on-budget, the MoPH has frequently involved senior

PCH consultants in the facilitation of other, presently off-budget, health activities, now funded through the LMG-AF, HPP and HCI Projects, to go on-budget. Thus, LMG-AF assistance to the MoPH has increasingly focused on helping their departments move towards on-budget beginning in November 2014.

More specifically related to support to PCH, LMG-AF provided operational support for the team of around 26 consultants. Daily office operations, travel, and training/workshops were funded and technically supported. In addition, LMG-AF organized training sessions on basic biostatistics, data use and survey design for the PCH and the wider GCMU team.

2. Community-Based Health Care (CBHC)

2.1 Expand CBHC Services:

The CBHC team held advocacy meetings with authorized representatives of GCMU (PCH, EC and WB sections) and convinced them to support expansion of Family Health Action (FHA) groups across the country through BPHS implementing NGOs. The team then designed a training program for FHA groups and conducted four-day TOT courses for expansion of FHA groups to PCH, EC and WB supported provinces. The trainings were implemented through three workshops, as described below:

- 1) 55 participants attended the course from Kabul
- 2) 48 participants attended the course from Ningarhar, Laghman, Norestan, Kunar, Logar, Kunduz, Uruzgan, Zabul, Ghor and Dikundi provinces.
- 3) 48 participants attended the course from Balkh, Samangan, Saripul, Wardak, Helmand, Farah, Badghis, Nimroz and Parwan, Kapisa and Panjshir from SM provinces.

At the end of each training, participants developed action plans for establishment of new FHA Groups and replication of the training in their respective provinces. So far, NGOs have established 144 new FHA Groups in Jawzjan, Herat, Badakhshan, Khost, Kabul and Farah provinces. In addition, 30 female CHWs received TOT training on how to establish FHA Groups and train FHA Groups members in Kunduz province.

In addition, CBHC held consecutive advocacy meetings for support of CBHC program for Kuchi (Nomad) population with MoPH and assisted the MoPH Nomad Health Department in developing an action plan for training 1200 CHWs for nomads across the country as part of mobile health system for Kuchi. This program will be funded by GAVI.

2.2 Improve the quality of CBHC services:

The CBHC department with support from LMG-AF, received the MoPH endorsement on the revised CHWs manual, and printed around 30,000 copies, 10,000 of which were printed by UNICEF. LMG-AF also collaborated with CIDA to support ToTs on the revised manual across the country. The CBHC department developed community-based standards as part of Continuous Quality Improvement (CQI) model in close coordination with the MoPH Improving Quality in Health Care (IQHC) department, which has been approved by the MoPH as the national QI model. LMG-AF assisted CBHC department to ensure replication of initial training of Community Health Supervisors across the country. According to NGO

reports, 713 CHS's have completed training on the initial CHS manual in 21 provinces. Remaining CHS's will be trained in the future as action plans are developed by the NGOs. A one- week in-service training course was conducted for 21 CBHC provincial officers. The training was aimed to provide the participants with the knowledge, skills and attitudes needed to plan and conduct effective training courses, supportive supervision and effective monitoring, and familiarize them with CBHC concepts, policy, strategy, system, and components so that they are able to fulfill their job requirements confidently.

LMG-AF supported the CBHC team of the MoPH to conduct monitoring visits to Kapisa Kunar, Ningarhar, Parwan, Panjshir Bamyar, Herat, Badakhshan and Balkh provinces. The monitoring teams shared findings with the Strengthening Mechanism(SM) Project of MoPH and NGOs and assisted them in developing action plans for addressing existing gaps in the CBHC program in their relevant provinces. In addition, LMG-AF assisted the MoPH CBHC department to make an agreement with the USAID SPS project on the supply of CHWs revised kit to Health Posts (HPs) in USAID supported provinces through PCH project; EC and WB have already initiated supply of the revised kit in their supported areas.

LMG-AF has also developed a new monitoring checklist mainly focusing on implementation of the National CBHC Policy and Strategy. It has been finalized after field testing and is being used in monitoring visits of provincial CBHC officers and CBHC consultants of the CBHC department.

2.3 Ensure sustainability of the CBHC systems:

LMG-AF Supported the CBHC Dept. to advocate for inclusion of CBHC in curriculum of Kabul Medical University and GIHS, and convinced Kabul Medical University (KMU) to include the CBHC concept in curriculum of the Public Health Faculty.

In an effort to enhance governance at various levels, LMG-AF conducted a two-day consultative workshop on the drafting of a governance guide for health shuras in Kabul. The MoPH CBHC team, 12 health facility shura and health post shura members from eight provinces (Ghazni, Kabul, Kapisa, Kunar, Laghman, Logar, Nangarhar, and Paktia), and two LMG-AF staff members participated in the workshop. Considering the participants recommendations, LMG governance expert drafted the guidelines, which are being shared with the national and international CBHC experts for their review and input/comments. LMG-AF supported the CBHC department in mobilizing resources from other partners to celebrate the National CHWs day at central and provincial levels in December 2012.

3. Health Information Systems (HIS)

3.1 Provide technical assistance to strengthen on-Budget governance practices, monitoring and evaluation at both the MoE and MoPH:

LMG-AF supported the MOPH to review the current status of progress towards the recommendations made by Ernst & Young in the USAID Pre-Award Assessment in the following areas:

- Corporate governance structure and Control Environment
- Financial management, budgeting and accounting system
- Personnel policies and procedures

- Procurement and purchasing systems
- Program management and monitoring

LMG-AF also supported the development and revision of the Pre-Award Risk Assessment Management Framework and Operational Plan. These were submitted to USAID in October 2012 and a subsequent review was held with the USAID OFM in March 2013. Further discussions are ongoing between USAID and GCMU PCH with regards the Ministry’s progress against the operational plan.

During the reporting period, LMG-AF supported the MoPH to produce the following information products to disseminate them for evidence based decisions:

- The Health Information System Tool manual
- The HMIS Quarterly Results
- The MoPH Provincial Profiles,
- The HIS report for the month year 1391,
- Feedback to the reproductive health department on relevant indicators
- Feedback to the national hospitals and the Quarterly HMIS feedback reports to provinces.

In addition, The MoPH HMIS Department with technical & financial support of LMG-AF provided a full day’s workshop on Gender Analysis of HMIS data for the MoPH Gender Department. The objective of the workshop was to provide training to eight participants (four male and four female) on how to extract and analyze HMIS data from a gender perspective and define gender mainstreaming and its relationship to HMIS data.

Health Results Conference:

LMG-AF supported the Health Results Conference which was held in January 2013. In attendance were 130 participants representing GoIRA, the MoPH, donors and technical agencies, external advisors and civil society for which there were over 100 participants attending the two day conference.

The Health Results Conference provided a forum for discussion on MoPH programmatic and routine results and



Figure 2: Health Results Conference held at the Serena Hotel in Kabul, January

broader international and national health research to assist in determining a more efficient and coordinated approach to the implementation of MoPH strategic policy and program direction and to

identify gaps for future donor support within the health sector.

Key outcomes of the 2013 Health Results Conference are as follows:

- 16 Research Presentations
- 8 Poster Presentations
- Over 60 recommendations for Health Retreat consideration
- Additional recommendations for future research

National Health Information Strategic Plan Revision:

In 2007 the MoPH undertook a Health Metrics Network (HMN) assessment of the health information system and its processes at the time. A Health Information System Strategic Plan was completed in 2009 and this plan provided the framework for the overall planning of a Comprehensive Health Information System (CHIS) for Afghanistan. The HIS Steering committee was re-established by MoPH with support of LMG-AF and the first meeting was conducted under the leadership of the MoPH Deputy Minister of Policy and Planning in April 2013. The following working groups were proposed during the inaugural meeting to progress specific HIS activities. These include the following:

- 1) HIS Proposal and Review Working Group,
- 2) Data Use Working Group, and
- 3) HIS Directorate working Group

In late 2012, the HMIS Department and the WHO conducted a rapid assessment of the current situation with respect to seven priority areas to further improve women's and children's health focusing on the review and planning processes, monitoring of results, tracking resources, birth and death registration, maternal death surveillance and response, e-health and innovation, and advocacy for accountability and action. A significant area of weakness discovered was the civil registration system. A more comprehensive assessment of the Civil Registration and Vital Statistics (CRVS) will take place in August 2013. LMG-AF assisted with the initial assessment that will be key to the successful implementation of a more comprehensive assessment. The results of this comprehensive assessment will feed into the revised HIS Strategic Plan. In addition, the MoPH HMIS Department is currently undertaking a rapid review of the progress made against the current HIS Strategic Plan activities. Following the CRVS assessment a more comprehensive HIS assessment using the Health Metrics Network (HMN) assessment tool will take place.

Data Quality Assurance Assessment tool (DQAAT):

Traditional approaches to assessing data quality have focused on three aspects of HMIS performance including, completeness, timeliness and accuracy. The MoPH also sought to assess the use of information at the health facility level and improve the clinicians understanding of the application of case definitions. The MoPH with LMG-AF support developed the DQAAT for use by NGOs, GCMU, MoPH HMIS Officers and Health Facility staff to assess the quality of information being collected on four key indicators relating to the top priorities of the MoPH i.e. -ANC, Penta 3, OPD and Family planning.

The DQAT tools were introduced to the provincial HMIS officers in a LMG-Supported national workshop held on 3rd and 4th June 2013. The HMIS officers were provided with a detailed action plan to conduct health facility visits and provide data to the central HMIS on a quarterly basis. In addition, provinces have been asked to develop action plans to improve at least one poor performing indicator.

Lot Quality Assurance Sampling Survey:

The LQAS survey was conducted in the 10 provinces of European Union Support during May 2013 and will be conducted in USAID supported provinces through PCH project in 13 provinces of the country. The training for data collectors was conducted in June 2013 for the USAID supported provinces. The data collection will be completed in October 2013. The HMIS department of MoPH with the support of M&E team of LMG-AF is providing technical support to the activity throughout the country.

Catchment Area Annual Census (CAAC)

The results of the Catchment Area Annual Census (CAAC) of three million households in 2012 were analysed and the first draft of the report was prepared. The 2013 CAAC data collection has recently commenced and is expected to be completed by the end of October 2013. LMG-AF provides feedback to the CAAC implementer NGOs on data quality received at the HMIS department of MoPH to increase data quality, and providing support in analysing data and preparation of the final report.

MoPH Human Resource Information System:

The MoPH has not been able to provide accurate human resource data for the last 12 months as data was not consistent with actual human resources at the health facility level. The prime explanation for this glitch was a web-based SQL Human Resource Management Information System (HRMIS) database that was developed by a contractor using funding provided by DAFA through GRM. The system did not work because the capacity was not developed within human resource department, the reporting and data entry system was not thoroughly developed and the internet connectivity was not appropriate. This system was expected to be functional last year but to date the system has not been able to go live. There is no documentation with regards the SQL database system or its processes available within the HR Database unit. While re-vitalizing the 2004 access HR database (general, CHW and Training databases) it became obvious that there needed to be a SWOT analysis conducted of the HR database unit to clearly identify processes and reporting structures between the central and provincial tiers and gaps and constraints within the HR data collection and reporting system. An HR Database Unit Situational Analysis was conducted in March and April of 2013 and recommendations from this report have begun to be implemented. Lost data is being re-entered into the system and there is now agreement with the GCMU NGO's to decentralize the recording of HR information to provinces. This will initially be piloted in 8 provinces and is anticipated to have accurate MoPH HR data by December 2013.

In order to develop a data warehouse with a data dictionary, the processes and structures of all MoPH databases will need to be reviewed. Analyzing the HRMIS and conducting the SWOT analysis provided a solid background to ensure the integration within a data warehouse of the HRMIS with other MoPH databases including the EMIS, this work will be carried out with the support of LMG AF consultants and support of M&E department of LMG-AF.

3.2 Provide Technical Assistance to support L+M+G Monitoring and Evaluation:

To strengthen the ability of the 14 National and Specialty Hospitals in Kabul to make decisions that are informed by patients, a patient satisfaction survey was designed during the reporting period. This data will be used as a baseline for the hospital autonomy program and the survey will be repeated with the same instruments. Results will inform hospital management as they make policy decisions, provide baseline quality of care measures, and provide data to measure the impact of L+M+G interventions at the patient level. The protocol was developed and the approval was obtained from the Institutional review board of the Ministry of Public Health and the data collection and data entry was completed in June 2013. The data analysis and report writing will be completed by end of August 2013.

Our work with in the area of provincial health systems strengthening has used monitoring tools as a platform to facilitate better decision-making, as well as to inform programmatic progress and outcomes. A National Monitoring Checklist for PPHOs was developed and piloted in Wardak, Kabul, and Kapisa provinces. This checklist will be used by provincial liaison directorate staff to monitor the activities of Provincial Public Health Teams. LMG-AF has also supported the piloting of governance manuals and evaluations and piloted them in three provinces to support Provincial Public Health Coordination Committees (PPHCCs) and the District Health Coordination Committees (DHCCs). Further detail on both of these activities is provided in the section of this report on the Strengthening of the Provincial Liaison Directorate.

4. Provide technical support to strengthen the MOPH In-Service Training (IST)

4.1 Enhance capacity of the MOPH/GDHR to standardize the procedures of in-service training for increasing the quality of BPHS and EPHS at the national level:

Transition of IST Consultants to MOPH, and implementation of on budget plan

Based on the transition plan agreed upon between MoPH and USAID, three in-service training staff who were previously working under Health Services Support Project were transitioned to Capacity Building Directorate, GDHR. In accordance to the transition plan, the in-service training team was fully supplied and fully equipped by LMG project based on work requirements.



Figure 3: In-service training staff working space at MoPH/GHDR/CBD before and after renovation and refurbishment dated January 2013

Support MoPH for finalization of regional trainers' certification process:

The General Directorate of Human Resources supported by LMG-AF conducted a one day recognition ceremony. Approximately 120 national in-service trainers from five regions (Kabul, Nangarhar, Kandahar, Balkh, and Herat) were certified and recognized in five training areas i.e. infection prevention, effective teaching skills, advance EmONC, basic EmONC, newborn care and family planning.

The certified national in-service trainers were officially introduced to relevant departments/directorates of MoPH to be utilized for facilitation of their respective trainings.



Figure 4: National IST trainers' recognition ceremony was held on January 07, 2013 at Ibnisina Emergency Hospital Conference Hall.

Finalization of HRH Capacity Building Strategy

The finalized HRH capacity building strategy drafted under HSSP was presented to the MoPH Consultative Group for Health and Nutrition (CGHN) meeting in April 2013. The CGHN members accepted the strategy and provided some comments and recommendations. LMG-AF has since been working with the IST team to incorporate comments provided by CGHN members and revise the strategy.

Mapping and identification of in-services training institutions and stakeholders with associated areas and materials

LMG-AF supported the IST team to hold several meetings with GCMU, technical departments of MoPH, NGOs and some private organizations in order to map out the IST providers. The IST team shared a developed mapping questionnaire in three languages (Dari, Pashto and English) and requested the MoPH, NGOs and private organizations to fill out the questionnaire. The database for the mapping was developed and data is currently being entered.

Development of IST Standardization Guideline

As planned, the IST team with support from LMG-AF has begun to draft the IST standardization guideline and currently the Pre-training, during training and post training components of the guidelines have been

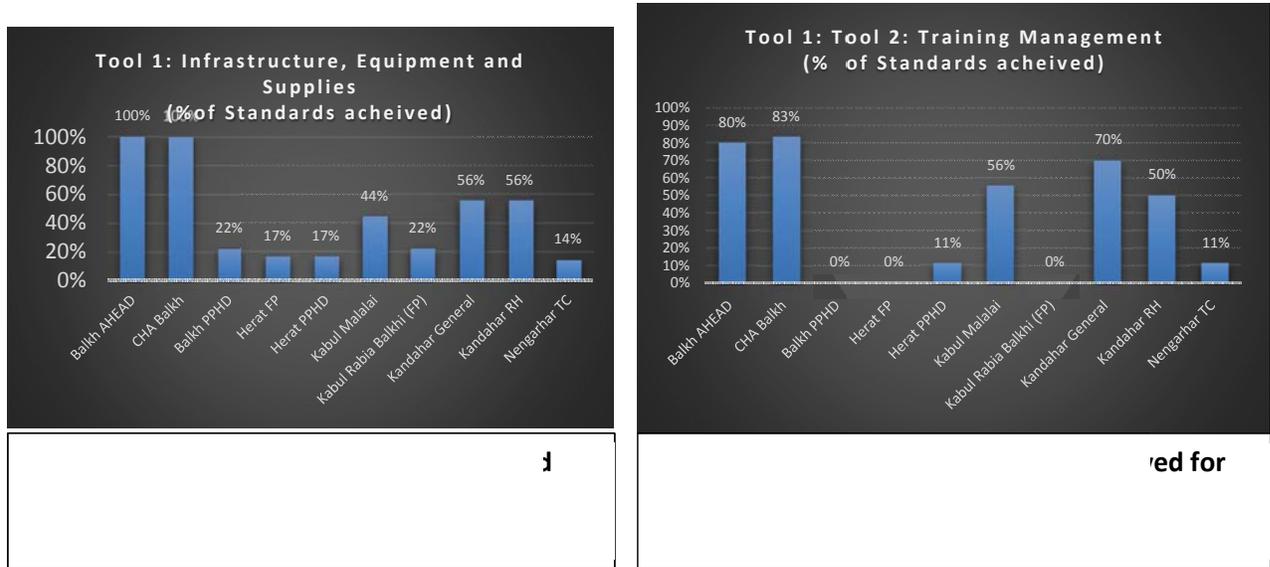
completed. The process of data collection for development of MoPH general training procedures is currently underway. The IST team and LMG-AF have been working with technical departments inside and outside the MoPH, e.g. Afghanistan Civil service Institute, to complete the general MoPH training procedures.

Establishment of Capacity Building Committee

During the reporting period, LMG-AF assisted the IST team to establish the Capacity Building Committee of the MoPH. The main responsibility of the committee is strengthening the coordination among all IST providers, ensure quality and monitoring of IST activities and oversee the IST material and training management information system. The committee has 32 members from different departments of the MoPH, NGOs, WHO, UNFPA, Unicef, private sector and major donors. The committee has already reviewed, and finalized its ToR.

Assessment of Training Centers from five regions:

Based on mutual understanding between Capacity Building Director and In-service Training Manager of LMG-AF project a joint travel plan was prepared for overall assessment of in-service training centers and programs in five regions (Kabul, Herat, Balkh, Nengarhar and Kandahar). The trip took place in Feb 2013 and the team used newly developed and approved technical documents and assessment tools for the review. The assessment tools were developed and used during the monitoring visit of regional training centers in the country. Two assessment tools were used to review Infrastructure ,Equipment and supplies (11 performance standards and 76 verification criteria) and training management (10 performance standars and 55 verification criteria).



The assessment tools were developed and used during the monitoring visit of regional training centers in the country. Two assessment tools were used to review Infrastructure ,Equipment and supplies (11 performance standards and 76 verification criteria) and training management (10 performance standars and 55 verification criteria). Data from these assessments is provided above in Figures 5 and 6. The data shows that Non-governmental in-service training centres are demonstrating better result based on

this assessment. The MoPH in-service training centres do not indicate a good status both in terms of infrastructure and training management. Staffs are not assigned in MoPH for management of training centre day to day activities and handling financial and logistics. In addition, there is no proper supervision and reporting system in place to ensure quality of services is provided.

Development of basic IST package in line with BPHS and EPHS

The road map and micro plan for the development of the basic IST package was developed based on the BPHS requirements. For these key training areas, key informants and questionnaires for data collection were identified and implemented at all facility levels.

5. Provide Technical support to Community Health Nursing Education

5.1 To strengthen the MoPH Midwifery & Nursing Department and the Ghazanfar Institute of Health Sciences (GIHS) to manage and lead an effective National CHNE program

In order to respond to the governance need of the community based midwifery and nursing education programs, LMG-AF conducted a situation analysis of the GIHS CHNE program and the MoPH Nursing & Midwifery (N&M) Department. The team identified areas for improvement, assessed existing opportunities and formulated feasible options for addressing existing gaps; mainly focusing on capacity building of staff and provision of technical assistance for developing sound management systems, and performing effective leadership and governance practices.

The Nursing & Midwifery department's staff job descriptions were revised and a supervision checklist for hospital nurses was developed. The National Nursing and Midwifery Task Force and coordination forums were established and developed TORs, decisions recordings and action follow up mechanisms.

LMG-AF assisted GIHS to conduct a three-day workshop on Strengthening Community Midwifery Accreditation Education in Afghanistan. The main objectives of the workshop were to revise Midwifery Accreditation Education policy, and improve the accreditation process.

Faculty Development Program of CHNE Program

Upon request from the MoPH and GF, USAID funded a Faculty Development program through HSSP. HSSP developed the Learning & Resource Packages (LRPs) for the 4 programs and awarded a sub-agreement to Aga Khan Health Services (AKHS) to execute the faculty development and monitor the impact in a period of one year. HSSP was assigned to finalize the draft of LRPs in 3 languages (English, Pashtu and Dari) by the end of the HSSP project in October 2012; however the drafts were in poor order with many missing parts. LMG-AF then supported the GIHS CHNE program to complete the CHNE Learning Resource Package (LRP) in Pashto, Dari and English and distributed them to CHNE-P implementing partners. These materials are now ready for printing and further distribution.

LMG-AF, through a team of 2-3 professionals hired within the project worked with GIHS and partners to finalize the LRPs based on the feedbacks received from the CHNEs. The GIHS CHNE program was started to establish a separate room furnish and equipped with items deemed necessary for conducting Faculty Development Program trainings. The initial phase of the FDP for nine CHNE schools was initiated and

twelve new CHNE schools were planned to be a part of this training, however, only three schools will be required to re-bid for funding through the GCMU.¹

Support the AMNEAB to execute necessary reforms as stipulated in the new AMNEAB policy

LMG-AF assisted the Afghanistan Midwifery and Nursing Education Accreditation Board (AMNEAB) to conduct a two-day workshop on Strengthening Nursing Education and Accreditation System in Afghanistan. The workshop aimed to strengthen coordination, communication and collaboration through sharing and discussing achievements, lessons learned and challenges of all CHNE programs at the national level. As a result of the workshop, AMNEAB created an action plan for addressing those challenges in accordance with its organizational priorities. Additionally, GIHS and AMNEAB were supported in developing CHNE-P quality standards and the program then conducted a two day workshop for the finalization of drafted CHNE-P standards, which were developed in line with Standard Based Management methodology.

6. Promote enhanced governance as well as scale-up, expand, and strengthen the Child and Adolescent Health (CAH) service delivery

6.1 Promote enhanced governance of child survival issues by ensuring consistency of MOPH policies with the National Child and Adolescent Health (CAH) Policy:

LMG-AF support the Consultative Group for Health and Nutrition (CGHN) and Technical Advisory Group (TAG) meetings to ensure that all the new documents developed by different MoPH departments are consistent with the National Child and Adolescent Health Policy. The CAH taskforce was revitalized and meetings were conducted regularly with the support of the child survival team. Terms of Reference (ToR) were developed and meetings were conducted regularly. Key achievements of the task force include:

- Management of Acute Malnutrition (MAM) was integrated to the IMCI.
- Progress of the Youth Health Line project was reviewed and recommendations were provided.
- Implementation of the Newborn Project by Save the Children in two districts of Kabul was reviewed and recommendations were provided.
- Results of C-IMCI implementation, which is funded by GAVI, were reviewed and recommendations were provided.

6.2 Support the functioning of the National and Provincial Maternal and Child Survival Committee:

The fourth National and Provincial Maternal and Child Survival Committee (NMCSC) meeting was conducted in February 2013. The meeting was opened by the Minister of Public Health. During the meeting the revised Reproductive Health Policy and Strategy was presented and endorsed by the committee. The child survival team played a significant role in the inclusion of the newborn care components in the revised policy and strategy. Additionally, the child scorecard (a monitoring tool

¹ Global Fund provides financial support to this program and implementation is contracted out to NGOs through GCMU. Initial plan of the GF is to support 12 schools in 12 provinces, they could select nine NGOs to run nine schools in nine provinces, and couldn't find qualified NGOs for the three remaining provinces, so they went for re announcement

where all indicators relevant to child health is reported) was reviewed and necessary recommendations were given.

6.3 Scale-up implementation of community-based integrated Child survival package (ICSP):

In 2008, the MOPH adapted evidence-based child survival interventions for Afghanistan through standard packages for nutrition promotion, Maternal and Newborn Care at Community level, and Community-Integrated Management Neonatal Child Illness (C-IMNCI). These components were included in the Basic Package of Health Services (BPHS) under its community-based health care approach; actual implementation of the integrated package was initiated in five demonstration districts with USAID funding.

In April 2012, the MOPH with financial assistance of MDG Fund and USAID expanded ICSP to 26 additional new districts. In total, the ICSP is currently scaled up to 54 districts covering nearly 15% of the districts in Afghanistan.

Support of the MDG fund ended on March 30, 2013, requiring efforts to facilitate the sustainability of ICSP implementation in 31 districts. A key element of this is to provide multi-level training for providers on maternal and child health topics. During the reporting period, with LMG-AF funding the technical assistance, 82 Child Survival Officers (CSOs) and NGO focal points of new 31 ICSP sites received training of trainers courses on Community based Growth Monitoring and Promotion (C-GMP), Community based Integrated Management of Childhood Illness (C- IMNCI) (diarrhea and ARI modules), and Community Based Maternal and Newborn Care (CBMNC).

6.4 Strengthen ICSP implementation through support of inclusion of ICSP learning package in the initial training and manual of CHWs

A working committee chaired by the CBHC department was assigned by the MoPH to revise the outdated CHW manual.. The child survival team worked with the committee to include the ICSP components (Community Based Integrated Management of Childhood Illness, Community Based Maternal and Newborn Care and Community Based Growth Monitoring and Promotion) in the revised manual.

6.5 Expansion of Pediatric Hospital Care Improvement (PHI) Initiative:

During the reporting period, a workshop for the review, adaptation and finalization of the PHI assessment tool was conducted at Maiwand Teaching Hospital. Three national children hospitals (Indira Gandhi, Maiwand and Ataturk) and other relevant stakeholders' representatives took part in the workshop. At the end of the workshop a monitoring checklist for PHI was developed, PHI assessment modules were reviewed and finalized, and the assessment of the Maiwand teaching hospital was carried out using the revised assessment tool by workshop members. Preparation for PHI assessment in seven provincial hospitals is under process and meetings were conducted with the HMIS team to develop a database for PHI assessment analysis. The process to include PHI in the Essential Package of Hospital Services (EPHS) is on-going.

6.6 Strengthening Integrated Maternal and Child Health Initiative Implementation:

Under the BASICS Project, in 2011, a revised IMNCI training course was adapted and evaluated. Based

on the assessment results, the CGHN endorsed the implementation and replacement of 11-day course with a 7-day revised IMNCI course. The revised course includes some new topics (e.g. newborn care, updated throat problem protocols, and the use of zinc and ORS for diarrhoea case management). Training of health workers in the shortened IMCI course is being supported under the LMG-AF project and the training will be provided in next reporting period.

Health IR 2: Improved capacity and governance of the 17 Provincial Health Offices (PHO) of the MoPH to support the delivery of BPHS and EPHS services

1. Strengthen the Leadership, Management and Governance functions of the Provincial Liaison Directorate of the MoPH:

1.1 Assist Provincial Liaison Directorate (PLD) in developing a provincial health governance assessment tool:

The Provincial Public Health Coordination Committee (PPHCC) and District Health Coordination Committee (DHCC) are the two important governance bodies within the structure of the provincial health system. The governance practices of these for a need to be strengthened to enhance their ability to achieve their missions to support the coordination of health service delivery. During the reporting period, the PLD assessed the Wardak, Herat and Khost PPHOs and PHCC and DHCC members through special workshops. In addition, an online survey was launched for 15 PPHOs (Kabul and Helmand were not included due to absence of Provincial Health System Strengthening Consultants) to obtain ideas of PPHO teams about how to strengthen the PPHCCs and DHCCs. In light of the assessment findings, PPHCC and DHCC Governance Guidelines were drafted and translated into Dari and Pashto. Currently the PPHCC governance guide is being field tested in Khost, Herat and Wardak Provinces. The DHCC Governance Guidelines are being tested in 11 districts of seven provinces including Kabul, Wardak, Khost, Kandahar, Helmand, Faryab and Takhar. After six months of field testing and adjustment, the final versions of the document will be delivered to the MOPH technical fora (CGHN and TAG) and the Executive Board for approval as national tools.

1.2 Assist PLD to develop an Effective monitoring mechanism to regularly oversee the PPHO Core Functions:

During the reporting period, LMG-AF provided technical assistance to the MoPH Provincial Liaison Directorate (PLD) to develop an effective supervision and monitoring mechanism to regularly oversee the PPHO core functions. The LMG-AF team assisted the MOPH PLD team to design a monitoring framework and the PPHOs' monitoring checklist. The PPHOs' monitoring checklist was developed based on the PPHOs Core Function guideline and piloted in Kabul, Wardak and Kapisa PPHOs. After finalization, the PLD team will conduct monitoring visits for each province at least twice a year to observe the PPHOs' performance, and to compare the PPHOs quarterly and annual reports against their actual performances.

1.3 Strengthen the Provincial Health Systems:

1.3.1 Support the MoPH PLD to set up quarterly task sharing (networking) exercises by the existing Provincial Health Learning Centers (PHLCs.)

Two best practices/task-sharing workshops were conducted in Herat and Kandahar provinces. PPHO representatives from the neighboring provinces including Farah, Nimroz and Helmand were invited to the workshop. Herat PPHO shared their successful experiences/practices on effective coordination mechanism across the province and region. They described how they obtained commitment of governors and head of provincial councils in the four provinces in west and south regions for polio eradication and establishment of TB associations at the district level. The Kandahar PPHO team shared their successful experiences on implementation of standard operational procedures (SOPs) for outbreaks and notifiable diseases.

1.3.2 Technical and management support to the PPHO based on the Core Functions by the Provincial Health Consultants

The LMG-AF provincial capacity building program is focusing on proper implementation of the PPHOs Core Functions Framework (CFF) in order to: a) guide the PPHOs to move toward in the right direction; b) identify gaps of PPHOs performance; c) build PPHOs capacity to play their stewardship role effectively for quality implementation of the BPHS, EPHS and other health programs; and d) further develop the concept of the focusing on health outcomes amongst PPHOs in order to improve the health status of the people. In light of the set objectives the provincial health consultants funded by LMG-AF, technically assisted the Provincial Public Health Officers to enable them to carry out their core functions effectively.

1.4 Support the MOPH and other key stakeholders to plan and implement important national level initiatives

1.4.1 Provide regular technical assistance to the decentralization strategy development

The MOPH established a working group in July 2012 to develop a national strategy on decentralization. During the reporting period, LMG-AF supported a two-day consultative workshop and has led the design process for a cross sectional study of the PPHOs. The assessment is planned in the next reporting period and will aims to provide critical information for the strategy development.

1.4.2 Support the MoPH DG of Policy and planning to organize Strategic Health Retreat Meeting

LMG-AF provided technical assistance to the MOPH/GDPP to develop a progress report on recommendations of last year's Health Retreat held in Jan 2012. This report was presented at the Health Retreat held in April 2013. In addition, the LMG-AF team provided necessary technical assistance to the Working Group assigned to design and conduct the 2013 Health Retreat.

1.4.3 Assist the MoPH to ensure effective implementation of the MOPH 5-year Strategic Plan:

LMG-AF provided technical & financial support to the MOPH Planning Directorate on planning and reporting for 79 departments of the MOPH. During this period of time two workshops were conducted on: a) how to monitor and report the progress of AOP for the MOPH central departments, and b) planning and reporting process for the MOPH central hospitals. Currently the MOPH central

departments and hospitals are applying standard planning and reporting tools.

LMG-AF has actively assisted the MOPH on planning and reporting in order to improve accountability at the central and provincial level. All PPHOs are required to apply standard procedures and guidelines in line with the MOPH 5-Year Strategic plan and PPHOs' Core Functions Framework (CFF) while developing their Annual Operation Plans and preparing reports. Following the endorsement of the PPHOs' CFF by the MOPH Executive Board, the LMG project introduced and presented the CFF and its monitoring and reporting mechanism to the PWG members. The PWG adapted the MOPH Provincial Planning Guidelines in accordance with the PPHOs' CFF. Afterwards, LMG-AF in partnership with others (e.g. EPOS), introduced the Provincial planning process to the PPHOs through three 3-day workshops in Kabul, Balkh and Herat regions.

2. Provide Technical Support for Implementation of the Hospital Autonomy Plan in 14 National and Specialty Hospitals;

2.1 Build the Governance practices in the fourteen national and specialty hospitals, including gender-related policies and practices in order to ensure smooth implementation of the Hospital Autonomy plan:

The national and specialty hospitals that have been implementing hospital autonomy during the past year 1391/1392(2011-2013) have made significant progress. Hospitals have passed through a test phase (during 2012-2013) and successfully managed the limited resources which had remained from the centralized procurement. The level of budget burn rate from that exercise was in average of 90%. Hospitals have learned how to operate in accordance to the procurement law.

Following the testing phase, MoPH transferred responsibilities for budget management and procurements to hospitals. Hospitals that had once not known how much money was allocated to them by the government have started to act as decision makers and are now spending with budgets worth millions of dollars. Their responsibilities are not just spending the budget, but to meet the needs of the hospitals to support quality patient care and ensure transparency.

LMG is providing active technical support to target hospitals and directorates of central hospitals in four areas: management and governance, finance, procurement and HMIS. The progress made in each of those areas is as follows:

Governance and management:

Management teams of each hospital are considered as an operational nucleus. At least once a month all the management team members are meeting together to review the previous month's activities and operations, with the specific focus on budget management, procurement, and HMIS. This review informs the next month's implementation plan. At the end of each

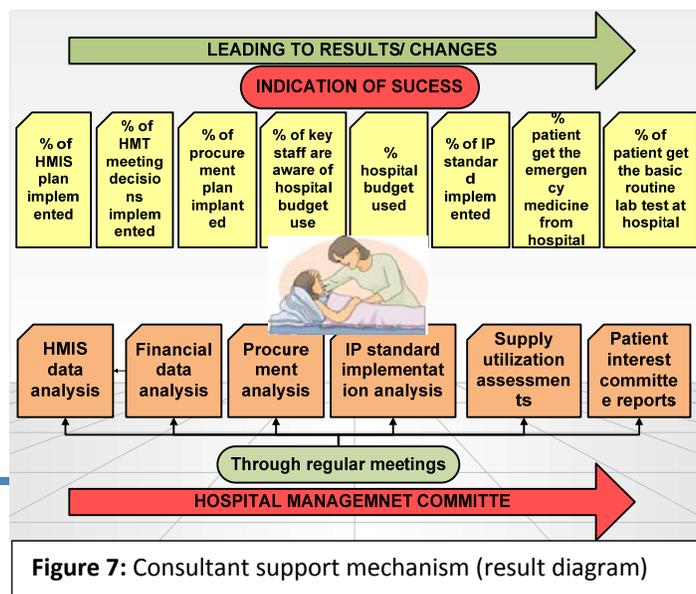


Figure 7: Consultant support mechanism (result diagram)

meeting decisions are listed and tracked in preparation for the beginning of the next meeting, where they will discuss the status of implementation. The consultant technical team (management, finance, procurement and HMIS) works in close collaboration with the hospital team to demonstrate the elements of good governance and management.

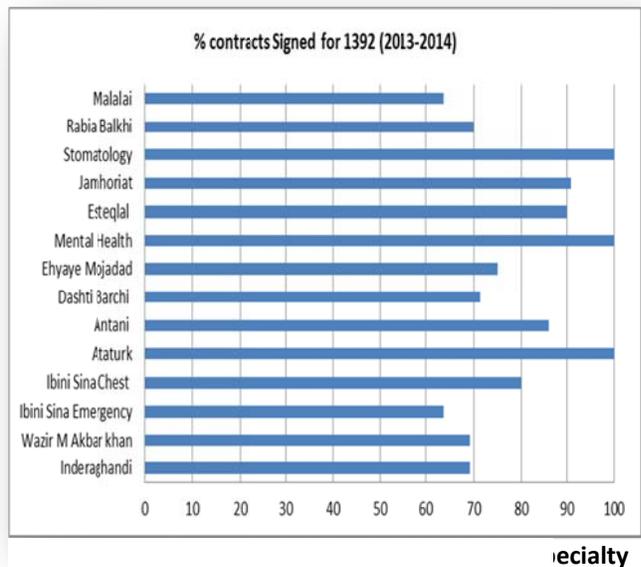
Specific context based indicators to monitor the management team performance are identified and are measured on a quarterly basis. Each quarter the management team of all 14 national and specialty hospitals are coming together to present and discuss their progress in light of these indicators.

Administrative staff has been assessed in order to document the progress in specific areas of filing systems, sunshine directives, hospital goods utilization and capacity of target hospitals administrative staff have been assessed through structured questionnaire developed for above mentioned areas. The assessments will be repeated on a quarterly basis to record the changes and address any weaknesses.

Since hospitals manage their own budgets, it is important to ensure that there is transparency and accountability in the process. To avoid the misuse and corruption all the members of the hospital management team should have the updated knowledge of budget and expenditure. A baseline assessment has been completed for sunshine directive (transparency) and the results will be compared to a follow-up assessment that will be done in the next reporting period. Data will also be gathered on pharmaceutical and lab supplies.

Procurements:

Procurement is important component of hospital operations. After the initial exercise during the 1391 (2012-2013) the hospitals have begun to implement their own procurements. In total, 115 major contracts were identified for fourteen national and specialty hospitals. Some of these contracts were based on the procurement law and needed to be processed through ARDS. The contract process through ARDS was communicated by hospitals to ARDS and followed up with them regularly. Of the contracts that include food, transportation, drugs, materials, 85% have been completed. In terms of the Afghan National and Specialty Hospital's independence and capacity, this is great progress. In the past this task has taken far more time to be carried out by the majority of the ministries in spite of having more staff, qualification and experiences. The successful progress is the result of the strong consultant team, very intensive work, and high level of commitments. LMG Hospital management teams have assisted the DCH in leading this technical team and have delivered timely



technical support and liaison with the relevant ministries, especially MoF.

In addition to this, the simplified and summarized guidelines from the procurement law have been prepared, in regard to facilitate very quick access to the steps and process in hospital related daily practice.

Finance:

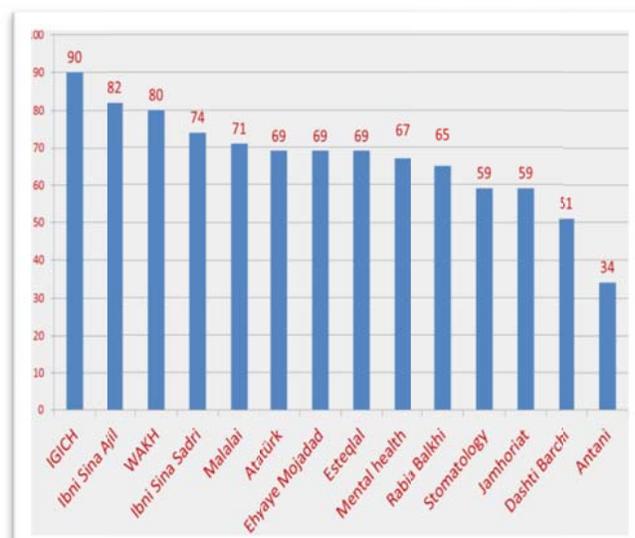
Level of budget utilization for the 1391(2012-2013) was very successful (average of 90%). Based on this success the MoPH have granted control of the total budget to the hospitals. These expenditures have been in line with the allocated budget for each item. The hospital related staff have been trained on budget tracking, generating regularly budget statements, reporting the expenditure to MOPH and projection of budget utilization trend. Petty cash at hospitals are used based on the need and to replenish in a timely manner. The level of budget utilization for the last five months of Afghan financial year was representing 45%. The low percentage of budget expenditure is a result of the procurement process start-up operation as it has yet to start in full range. This mean, there will be significant change in budget expenditures in the coming months.

#	Hospital Name	% of budget expenditure
1	Inderaghandi	49
2	Wazir M Akbar khan	36
3	Ibini Sina Emergency	33
4	Ibini Sina Chest	46
5	Ataturk	46
6	Antani	44
7	Dashti Barchi	33
8	Ehyaye Mojadad	36
9	Mental Health	39
10	Esteqlal	56
11	Jamhoriyat	54
12	Stomatology	51
13	Rabia Balkhi	51
14	Malalai	46
	Total	45

ive

HMIS:

Health Management Information System represents a valuable piece for better governance and management and provides evidence that helps the hospital management teams to tailor their decisions based on need. Previously, only three national hospitals (Malalai, Rabia Balkhi and Esteqlal) have been collecting the HMIS data as the rest of the hospitals were not yet familiar with the data collection, analysis and utilization process. Now all 14 hospitals are submitting their HMIS data in accordance to the MoPH requirements to the central MoPH. The hospitals are also having monthly data review meetings at each hospital and they are coming together quarterly to review their progress, challenges and lesson learned. The review process has allowed for better evidence-based decision-making processes (See Table 4). The HMIS



SHs

indicators have been set by the hospitals with technical support from our consultants. The HMIS database has been installed at each hospital and relevant staff have been trained on database use. Additionally, the HMIS hub has been installed at the Directorate of the Central Hospital and regular feedback from DCH is sent to appropriate hospitals.

Table 4: Examples of evidence based decisions made by the 14 National and Specialty Hospitals	
HMIS finding	Action
Neonatal death at Malalai Maternity Hospital	Increasing the # of pediatrician
High BOR at Ibne Sina Emergency Hospital and Malalai Maternity Hospital	Reallocation of beds from other ward to those with high bed occupancy and adding the nonfunctional beds to functional one

HR rationalization:

Following the progress in the field of hospital based budget management and procurements, the MoPH with the support from LMG have started to work on the process of delegating the HR responsibilities to target hospitals.

On February 19, 2013, the first consensus building workshop on hospital HR rationalization was conducted at Ibni Sina Emergency Hospital. The meeting was chaired by H.E deputy minister for health service delivery, Dr. Najia Tareq.

As result of this meeting the participants have agreed upon the following points:

1. Delegation of HR authorities to the hospitals;
2. Implementation of the shift system at hospitals (two shifts, 8/16);
3. Hospital staffing should be based on the bed occupancy; and
4. Assessment and redefining of the hospital structure in according to the need of shift-based staff scheduling system.

Administrative staff assessment:

Human resources play a very critical role in the process of any reform as LMG-AF has been working very closely with the administrative staff of N&SHs (procurement, finance, medical record), in coordination and understanding with the MoPH. LMG-AF has decided to assess the level of hospital related staff knowledge and potential for learning. Besides the usefulness of this assessment to plan our approach in accordance to their capacity, this assessment forms the basis to assist the central MOPH and the hospitals to consider the possible re-adjustment and changes. Findings of this assessment have highlighted the need for recruitment of more qualified staff in HMIS, and the need to upgrade the positions of finance and procurement officers.

Health IR 3: Developed overall leadership, management and governance capacity of the MoPH and 17 Provincial Health Offices

1. Strengthen management and leadership capacity in the MOPH through the Management & Leadership Development Program (MLDP)

1.1 Strengthen the MoPH Leadership, Management and Governance at senior level:

LMG Afghanistan introduced the Senior Leadership Program (SLP) to the health sector leaders during February 2013. The SLP aimed to raise awareness of the 1+3+7 (Minister+ three deputies and seven general directors) about the importance of leadership capacity in the health sector. The program positioned them to become champions of leadership development within Afghanistan. The SLP initial training sessions took place in Herat city where the Minister of Public Health and other senior MoPH officials participated in the sessions. During the sessions, participants reviewed SLP principles and highlighted its links within the Afghanistan context. The training was led by senior professors from Johns Hopkins University. The participants committed to identify national priority health problems, develop shared vision and undertake a root cause analysis of current and envisioned states prior to the next workshop. The next SLP session is planned for the 3rd quarter of 2013.

During the reporting period, the MoPH High Council advised the MLDD to develop an orientation package and a facilitators' manual on L+M+G. The LMG-AF team supported the process and the orientation package, which targets all existing and new staff, will be produced in the coming quarters. LMG-AF will support orientation sessions for around 200 MoPH staff through the application of the package.

LMG-AF has also been working with the MoPH to facilitate an L+M+G online survey to assess the skills, knowledge and competency of the MoPH staff pertaining to leadership, management and governance.

1.2 Improved leadership & management practices in central hospitals:

MLDD conducted senior alignment meetings with MOPH/HR, General Directorate for Curative Medicine, LMG Hospital Management and LMG Health System strengthening programs to draw a plan of action for organization of Management Organization Sustainability Tool (MOST) workshops. It is assumed that MOST will assist LDP to improve the quality program planning and implementation within above mentioned directorates and departments.

Key activities pertaining to MOST include the following:

- MOST workshops for four central national hospitals conducted;
- Based on MOST assessments, plans developed with Malali Maternity, Ibnisina Emergency, Stomatology and Ibnisina Chest Hospitals;
- Six batches of scanning, focusing and alignment workshops conducted for: Malali Maternity, Ibnisina Emergency, Ibnisina Chest, and Stomatology hospitals. Employees of Indri Gandhi Institute of Child Health also participated in the trainings.

- Coaching support provided during LDP phases to different stakeholders.

1.3 Strengthen Management Leadership capacities of PPHO teams:

Midwives play a key role in the health system to save lives of mothers and children throughout the country. Recognizing their importance, the MLDD has trained a large number of midwives in the respective health facilities of USAID funded provinces. The stories of success from the MLDD spread and eventually mobilized the Afghan Midwifery Association to approach the LMG project and MOPH/HR MLDD. They procured funds from other sources and requested our technical support to scale up the Leadership and Development Program in their provincial and central levels.

The Senior Alignment Meeting was conducted with six provincial Health Directors and Health Service Managers from provinces where AMA chapters needed training. The team shared their understanding of leading and managing practices to allow their respective staff to attend the phase wise workshop.

The LDP workshops were then conducted for six provincial Afghan Midwifery Association chapters. The team prepared a comprehensive presentation for AMA LDP Trained Chapter that was presented in AMA Annual Congress. Two coaching visits were held to Nangarhar, Laghman and Kunar provinces to coach the LDP teams conducting the LDP workshops. The final result was presented at the Annual Congress.

Education IR 4: To commence the capacity building of the Ministry of Education's Management Support Unit which will be required to administer, monitor and report on-budget fund activities when funding becomes available.

1. Strengthen the on-budget management capacity of the Ministry of Education.

1.1 Provide administrative and logistic support to strengthen the MoE On-Budget Project Management Team (PMT):

The LMG-AF Project continued on-budget capacity building and bridge support to the Ministry of Education (MoE), which began under the former Tech-Serve Project in 2011. The primary activities are to provide salary and limited operational support to 40 Community-based Education (CBE) consultants, 36 of which are based in 18 provinces. In addition, LMG-AF continues to provide salary and operational assistance, as well as trainings and international advisor help to a 10-consultant Project Management Team (PMT). Six of the planned eight trainings to the PMT consultants have been provided to date. The PMT, based at the MoE in Kabul, is responsible for management of USAID funded O-B activities.

At USAID's request, LMG will cease its support to the MoE at the end of the current agreement, February 28, 2014. It appears that OSSD/Education will hand the "bridge support" from LMG-AF to another implementing partner whose focus is on education. With a February closeout date, funding support to the MoE, including salaries and selected operational support to 50 CBE and PMT consultants, should be transferred to another entity at least one month before the end of February 2014. It appears that USAID is not yet close to going on-budget with CBE or Literacy, thus it is essential that a smooth

transfer of the 40 CBE and the 10 PMT consultants to another entity be made.

Very recently, the PMT consultant staff has been informed that they will receive contract extensions through LMG from September 2013 to August 2014, in order to minimize turnover that might have been caused by uncertainty concerning their future employment. Despite this, three of the 10 PMT consultants have resigned in the last quarter and acquired other positions. The MoE, with LMG-AF advisor assistance, has replaced two of the departed staff with qualified consultants and the third replacement consultant is under recruitment.

As advised by USAID, LMG-AF will continue to provide “bridge support” through August, 2014; however, MSH would be ready to continue extended support to the MoE consultants if USAID requires extra time to lineup follow-on assistance.

Challenges

- In light of competing priorities in MOPH and busy schedule of MOPH leaders, alignment of MOPH leaders for phase wise SLP training to address major L+M+G challenges in MOPH is a challenge for the LMG-AF team.
- Despite efforts, the MoPH has provided a rather inadequate response to provincial development needs. The role of the MoPH PLD in relation to strengthening provincial health systems is yet to be defined. This makes the partnership with PLD quite fragile.
- There is a high dependency of the MOPH system on consultants and advisors. Over 100 consultants seconded by LMG-AF are only a part of the overall mass of consultants who literally replace the regular workforce of the MoPH (the civil servants).
- The MOPH and many partners are not addressing all components of the National HIS development. There is a failure to look at the National HIS issues strategically in light of the need. Instead, each party engages in narrower fields or components of the HIS leading to duplications and at times missed opportunities. A high level decision by the MoPH would be key as a result of which HIS would emerge as an overarching framework within which the MoPH and its partners would invest.
- BPHS NGOs’ limited capacity to respond to CBHC needs has emerged as a potential challenge for LMG-AF to help the MoPH scale up the CBHC interventions.
- Hospital staff rationalization within those hospitals that are implementing autonomy is a complex process which is influenced by many social and political factors. After successful gains in the fields of procurement, finance and HMIS; the process of staff rationalization and autonomy in HR management is going to be a major challenge for the LMG-AF project and the MoPH.

Opportunities

- MOPH leaders recognize/recommended that the Management and Leadership Development Department to be included in the MOPH structure
- MOPH high Council commitment to enhance the Leadership, Management and Governance knowledge and skill of MOPH managers at national and sub-national levels. The MLDD team is ready to support MOPH Leaders decision and is going to conduct the orientation session on the key components of Leadership, management and Governance to MOPH managers in the coming reporting period.
- Hiring of one provincial CBHC officer in each province and of a technical CBHC officer at MoPH with the financial support of GF strengthening provincial CBHC system to strengthened the technical links between central and provincial level CBHC interventions.
- The MoPH commitment for expansion of CHNE to all provinces
- Strong commitment of the MoPH leadership to pursue hospital autonomy
- USAID Afghanistan's plan to transition its support to the On-budget program; System Enhancement for Health Action in Transition (SEHAT), has posed significant opportunities and challenges. LMG-AF has been the leading TA mechanism to help the MoPH and its supporting USAID projects to produce a 3 year On-budget proposals which will become effective from November 2014.
- LMG-AF has worked with the MoPH, USAID and the HCI project of USAID to transition the HCI activities to the "LMG-AF Bridge" by October 2013 (HCI is ending 30 Sept 2013).

Activities for the Next Six Months

1. Key Activities for the Next 6 months by Program Area: GCMU Support

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
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.				
Objective 2. Provide technical assistance to strengthen On-Budget support at the MoPH GCMU	Assist GCMU/PCH with technical advice and systems for improved operations of PCH in the areas of contracts, monitoring and evaluation and finance, as identified by the PCH & GCMU leadership.	Int'l STTA	July to December 2013	Systems of PCH are improved operationally for the MoPH GCMU PCH Unit. PCH remains certified
	Assist PCH and USAID in providing informal "watchdog" function related to financial matters of PCH.	Int'l STTA	July to December 2013	Risks identified and PCH remains certified

2. Key Activities for the Next 6 months by Program Area: CBHC Program

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
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.				
Objective 1: Expand Community Based Health	Assist the CBHC Department in leading the process to align, establish and scale up new Family Health Action (FHA)	CBHC/CHNE Program	July to December	80 new FHA groups are established

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Services	groups in nine USAID supported Provinces	CBHC/CHNE Manager	2013	
	Support the MoPH CBHC Department to ensure selection and training of CHWs for Kuchi population	CBHC/CHNE Program Manager	July to December 2013	60 New Mobile Health Posts are established
	Assist the MoPH-CBHC Department to ensure selection and training of CHWs for poor urban population in Kabul province	CBHC/CHNE Program Manager	July to December 2013	120 New CHWs are trained in Kabul and funded through the JICA project
	Support CBHC and RH Department to advocate for the inclusion of Post-Partum Hemorrhage (PPH) into the BPHS and of misoprostol into the Essential Drug List of the MoPH	CBHC/CHNE Program Manager / and JHPIEGO	July to December 2013	PPH is included in BPHS and misoprostol is included in EDL of MoPH
Objective 2: Improve the Quality of CBHC Services	Provide capacity building opportunities for CBHC team at MoPH (i.e. training course on L+M+G, intensive Business Writing training, , standard database management, strategic planning , results-based management)	CBHC/CHNE Program Manager	July to December 2013	CBHC team capability is increased to oversee all CBHC programs
	Assist CBHC Department to ensure conducting of initial training of CHSs in 34 Provinces by BPHS implementing NGOs	CBHC/CHNE Program Manager	July to December 2013	800 CHSs are trained on initial training manual by the BPHS NGOs.
	Assist CBHC Department to conduct ToT training on new revised CHWs training manual	CBHC/CHNE Program Manager	October to December 2013	ToT workshop (s) to 100 NGO trainers on the revised Training manual

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Objective 3: Ensure Sustainability of the CBHC Systems	Assist CBHC Department to advocate for promotion of CBHC to a directorate level	CBHC/CHNE Program Manager	July to December 2013	CBHC is promoted to directorate in MoPH organogram
	Assist CBHC Department to ensure migration of CBHC Provincial officers to MoPH tashkel	CBHC/CHNE Program Manager	October to December 2013	CBHC officers position included in MoPH tashkel
	Assist CBHC Department to initiate community empowerment through capacity building of community health shuras on community leadership and community mobilization.	CBHC/CHNE Program Manager	October to December 2013	Community Leadership and Mobilization Package is developed and endorsed by MoPH

3. Key Activities for the Next 6 months by Program Area: HIS Program

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
<i>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.</i>				

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Objective1 : Provide technical assistance to strengthen On-Budget governance practices, monitoring and evaluation at both the MoE and MoPH	Work with and strengthen MoPH HMIS Department to recruit and capacity build new team through on-the-job training	Technical Advisor (TA) Health Information System (HIS), LMG M&E Program Manager (PM)	July to December 2013	Positions recruited and team able to complete MoPH activities on time.
	Assist with the development, production, printing and dissemination of the revised MoPH Health Information Strategic Plan 2014 - 2018	HMIS consultants, LMG M&E PM	July to December 2013	Revised Health Information Strategic Plan 2014 - 2018 ratified by the MoPH
	Assist with the production, printing and dissemination of the Quarterly reporting of HMIS results as per the Information Use Guidelines at the Provincial Health Coordination Committee (PHCC) level	HMIS consultants, LMG M&E PM	July to December 2013	Quarterly HMIS targets reviewed with evidence of decisions made to improve poor health outcomes addressed within the PHCC Committee reports
	Assist with the continued institutionalization of the MoPH Catchment Area Annual Census (CAAC), the Household and Data Quality Survey. This may include the monitoring of data quality in the provinces and the printing and dissemination of supporting material.	LMG M&E PM	July to December 2013	Reports submitted and results reviewed to and by the MoPH
	Assist with the development, production, printing and dissemination of the MoPH HIS tools manual	TA HIS, LMG M&E PM	July to December 2013	HIS tools manual developed and disseminated

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
	Support the MoPH to advocate with donors for the continued support for the development of the HIS systems and databases including human resources management information system.	LMG M&E PM	July to December 2013	MoPH is supported with establishing a data warehouse.
Objective 3: Provide Technical Assistance to support LMG Monitoring and Evaluation	Assist as necessary with the development of surveys as required with other PMG Program Managers	LMG M&E PM	July to December 2013	Other LMG Program Managers assisted in designing surveys/studies as required
	Develop the LMG Results Management Framework, the PMP and support other Program Managers with other reports including success stories, lessons learned, USAID ad hoc requests	TA HIS, LMG M&E PM	July to December 2013	LMG RMF, PMP, M&E Framework completed.
	Assist Department Managers with their evaluation of program L+M+G activities of the project	LMG M&E PM	July to December 2013	Evaluations conducted.

4. Key Activities for the Next 6 months by Program Area: In-Service Training Program

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
<i>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.</i>				
Objective 1: Enhance capacity of the MOPH/GDHR to standardize the procedures of In-service training at the	Assist the MoPH/ GDHR to develop IST standardization guidelines	IST, CBD, LMG	July to December 2013	IST standardization guidelines defining various steps developed

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
national level.	Support the GDHR/IST unit to initiate development of basic package of IST in line with BPHS and EPHS	IST, CBD, LMG	July to September 2013	A mechanism for defining a basic package of IST (competency and non-competency) introduced and implemented
	Process of mapping and identification of IST institutions and stakeholders with associated areas and materials identified	IST Unit, CBD GCMU, LMG	July to December 2013	1. Major IST institutions and stakeholders identified 2. Key IST training areas and materials identified
	Assist the MOPH IST unit to finalize the IST strategy	MOPH GDHR/CBD/IST Unit	July to December 2013	The MoPH HRH CB Strategy is translated, endorsed by the MoPH Executive Board and printed
	Support the MOPH CB Directorate to hold regular Capacity Building Committee Meetings	CBD/IST Unit	October to December 2013	Technical inputs from CB committee provided to all IST programs at national level

5. Key Activities for the Next 6 months by Program Area: Community Health Nursing Education Program

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
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.				

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Objective 1: strengthen the GIHS capacity to run an effective CHNE Program across the country	Build capacity of the MoPH Midwifery and Nursing Dept. GIHS management team on management, leadership and governance.	CBHC/CHNE Program manager	October to December 2013	The MoPH Midwifery and Nursing Dept. and the GIHS management staff apply sound management practices and well-functioning administrative systems.
	Assist GIHS systematize the CHNE supervision, monitoring and post training follow up functions to improve quality of program activities in all contracted schools (4+12)	CBHC/CHNE Program manager	July to December 2013	Quality of training and services provided by graduated students is improved based on effective training and post deployment supervision and monitoring of CHNs

6. Key Activities for the Next 6 months by Program Area: Child and Adolescent Health

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
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.				
Objective 1: Promote enhanced governance of child survival issues by ensuring consistency of MOPH policies with National Child and Adolescent Health (CAH) National Policy	Ensure consistency of new MoPH policies and strategies with the CAH policy and strategy	Sr. Technical Advisor/CAH department	July to December 2013	New MoPH policies and related documents are consistent with CAH policy and strategy
	Support establishment and regular implementation of CAH taskforce meetings	Sr. Technical Advisor/CAH department	July to December 2013	Functional CAH taskforce that meets on a regular basis
Objective 2: Strengthen and extend existing governance mechanisms for child survival: Support the functioning of the National and Provincial Maternal	Monitor progress of the Child Survival Score Card	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	Score card indicators data updated twice in a year

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
and Child Survival Committee	Organize the National Maternal and Child Survival committee meeting twice a year	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	2 meetings conducted in a year
	Establishment of PMSC in 6 additional provinces	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	PMSC established in 6 new provinces
	Monitor functioning of already established PMSC	Child Survival Consultants /CAH department	July to December 2013	Four additional PMSC Meeting conducted and minutes circulated
Objective 3: Scale-up implementation of community-based integrated Child survival package (ICSP)	Regular follow up with PCH to put ICSP remained budget in PCH contract	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	23 ICSP district remain part of PCH contract
	Support provincial ICSP focal points to develop quarterly growth monitoring promotion (GMP) weighing sessions monitoring plan	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	Quarterly GMP weighing sessions plans are completed
	Train CHSs of 31 MDG Fund supported districts to ensure the continuation of the ICSP implementation	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	CHSs of 31 ICSP districts trained on ICSP

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
	Assist PPHO in developing ICSP monitoring plans	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	31 MDG supported districts and 23 PCH districts have ICSP monitoring plans
	Monitoring of ICSP implementation in districts	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	Two supervisory visits conducted for each province
Objective 4: Strengthen ICSP implementation through support of inclusion of ICSP learning package in the initial training and manual of CHWs	Train the master trainers of CHWs on ICSP components in the revised CHWs manual	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	CHWs master trainers trained on ICSP components
	Support CBHC in revision of CHS ToR	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	ICSP components included in CHS ToR
Objective 5: Expansion of Pediatric Hospital Care Improvement Initiative	Advocate for PHI expansion/implementation through inclusion in EPHS	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	consensus on expansion of PHI and its inclusion in EPHS
	Organize semi-annual review workshops	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	PHI progress reviewed.

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
	Conduct Pediatric Hospital Initiative (PHI) networking visits within the PHI provinces	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	PHI networking established
	Support integration of PHI in EPHS contracting and Hospital Reform project	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	EPHS contracting and Hospital Reform contain PHI principles
	Regular monitoring of PHI at provinces by CAH officers	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	Regular monitoring visits of PHI conducted
	Continue active participation on MOPH PHI working group	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	The progress of PHI implementation reviewed
	Introduce Pediatric Hospital Initiative (PHI) program implementation at the national level including In-patient care, newborn care and Infection control	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	PHI introduced
	Ensure linkage with PHI initiatives, such as Malawi and Kenya to ensure that lessons learned in other countries are shared so the Afghan PHI may be improved	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	Linkage with International initiative established

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
	Support (Provide TA, supplies, technical materials) to ensure IGICH learning center for ETAT is properly functional and used	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to December 2013	TA, supplies, technical materials provided to IGICH learning center
	Prepare training plan based on need assessment undertaken in early 2013	IMCI Consultant Consultants/Sr. Technical Advisor/CAH department	July to December 2013	Training plan is available
Objective 6: Strengthening IMNCI Implementation	Printing of short IMNCI materials	IMCI Consultant Consultants/Sr. Technical Advisor/CAH department	July to December 2013	1000 sets of training materials available
	Support initiation of implementation of IMNCI pre-service training in IHS	IMCI Consultant Consultants/Sr. Technical Advisor/CAH department	July to December 2013	IHS students trained on IMNCI pre-service
	Support IMNCI training for house job students until application of the pre-service IMNCI in KMU	IMCI Consultant Consultants/Sr. Technical Advisor/CAH department	July to December 2013	100 house job students trained on IMNCI
	Monitor IMNCI implementation in HF	IMCI Consultant Consultants/Sr. Technical Advisor/CAH department	July to December 2013	Monitoring reports available

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
	Make sure IMNCI working group members meet regularly	IMCI Consultant Consultants/Sr. Technical Advisor/CAH department	July to December 2013	IMNCI task force working group regularly attend meeting
	Support establishment of technical working group to revise and finalize the package	Child Survival Consultants/Sr. Technical Advisor/CAH department	July to September 2013	Functional technical working group on newborn care
Objective 7: Support introduction of advanced newborn care package	Train national master trainers on advanced newborn care	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	National master trainers trained on advanced newborn care
	Support establishment of newborn care standard training site in Kabul(Indira Gandhi Children Hospital) and in the regions	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	5 standard training sites established
	Support training of 13 USAIDs covered provincial hospitals staff in advanced newborn care	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	Provincial hospitals staff of 13 province trained on advanced newborn care
	Support regular monitoring of provincial hospitals to measure the improvement of advanced newborn care implementation	Child Survival Consultants/Sr. Technical Advisor/CAH department	October to December 2013	Monitoring reports available

7. Key Activities for the Next 6 months by Program Area: Health System Strengthening program

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Health IR 2: Improved capacity and governance of the 13 Provincial Health Offices (PHO) and 4 Quick Impact Provinces of the MoPH to support the delivery of BPHS and EPHS service:				
Objective 1: Strengthen the Leadership, Management and Governance functions of the Provincial Liaison Directorate of the MoPH	Assist PLD in incorporation of governance issues into the provincial core function assessment tool.	Health System Strengthening (HSS) program manager, HO STTAs	October to December 2013	The PPHCC and DHCC Governance guidelines introduced as national guidelines.
	Evaluation of DHCC and PHCC guides which are piloted in 8 province.	HSS program manager, HO STTAs	October to December 2013	Evaluation of DHCC and PPHCC guides conducted.
	Provide TA to the MoPH Provincial Liaison Directorate (PLD), to develop an effective supervision and monitoring mechanism to regularly oversee the PPHO core functions.	HSS program manager, HO STTAs	July to December 2013	The PPHO core functions monitoring tool introduced as a national tool to regularly (At least 2 monitoring visits from each province) monitor the performances of PPHOs.

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Objective 2: Strengthen the Provincial Health Systems	Support the MoPH PLD to set up quarterly task sharing (networking) exercises by the existing Provincial Health Learning Centers (PHLCs.)	Program Manager, Provincial Liaison Directorate (PLD) Team, Provincial Public Health Officers (PPHOs) and Provincial health system Strengthening Consultants (PHSSCs)	July to December 2013	The PPHO teams learned from each other's best practices and experiences, and improved their performances through practicing Provincial Health Learning Center task sharing exercises.
	Provide technical assistance to the PLD to establish a 4 th PHLC in one of the northern provinces.	Program Manager, PLD Team, PPHOs and PHSSCs	October to December 2013	One PHLC established and best practices shared with other provinces
	Provide technical and management assistance to the PPHOs based on the PPHO Core Functions.	Program Manager, PLD Team, PPHOs and PHSSCs	July to December 2013	Performance of the PPHO core functions improved in 17 provinces through the provision of continuous technical assistance.
Objective 3: Support the MOPH and other key stakeholders to develop the necessary policies, strategies, guidelines to implement a Provincial	Conduct, analyse and report a provincial health systems performance assessment through a third party sub-contract, in view of the development of a decentralization strategy and plan.	HSS Program Manager, LMG Technical Director	July to September 2013	The Provincial health system assessment conducted and the PPHO capacity and needs in view of decentralization clarified.

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Health System Assessment	Provide regular technical assistance to the decentralization strategy development working group.	HSS Program Manager	July to September 2013	In collaboration with other partners, LMG will assist the DG of Policy & Planning to develop a national decentralization strategy for the health sector.
	Provide technical assistance to the development process of other national health policies, strategies and technical documents through active and regular participation in CGHN, TAG, and other fora.	CoP, Technical Director, HSS Program Manager	July to December 2013	National policies, strategies and other MoPH documents developed
Objective 4: Ensure effective implementation of the MOPH 5-year Strategic Plan	Assist MOPH in establishing the Strategic Plan Steering Committee to regularly monitor progress of the implementation	HSS Program Manager, Consultants Director General Policy and Planning MoPH	July to December 2013	Strategic plan implementation is regularly monitored using indicators identified in the plan and barriers are addressed
	Provide technical assistance to the Planning Directorate to enable the MOPH central departments to develop and implement their Annual Operation Plans (AOP) in light of the 5 year National Strategic Plan	Program Manager, Consultants DG Policy and Planning	July to December 2013	The MOPH central departments developed and implemented their AOPs.
	Provide technical assistance to the Planning Directorate to initiate the process of developing strategic plans (3-5 years) and AOP for USAID Funded provinces in line with the MOPH 5-year National Strategic Plan	HSS Program Manager	July to December 2013	PPHOs within the USAID funded provinces have initiated their strategic and operational planning process

8. Key Activities for the Next 6 months by Program Area: Hospital Autonomy

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Health IR 2: Improved capacity and governance of the 13 Provincial Health Offices (PHO) and 4 Quick Impact Provinces of the MoPH to support the delivery of BPHS and EPHS service:				
Objective 1: Build the Governance practices in the 14 national and specialty hospitals, including Gender-related policies and practices in order to ensure smooth	Develop curriculum for Hospital Management Training Program in 14 N&SHs in Kabul and implement the first training workshop.	Hospital Autonomy Program Manager, JHSPH, International STTA	July to December 2013	Hospital management teams of the 14 Kabul based hospitals received short term training by the the LMG partner (a prestigious training body)
	Assist MoPH in rationalization of central hospital staff through consensus building workshops at higher (stakeholders such as the MoPH, Civil Service Commission) and health provider levels	Hospital Autonomy Program Manager	October to December 2013	Hospital Human Resource Rationalization implementation plan along with a timeline developed.
	Work with MLDD to implement LDP Plus in 4 national & specialty hospitals	Hospital Autonomy Program Manager, International support (backstopping and STTA)	October to December 2013	Four hospital management teams achieved their Desired Measurable Results
	Assist the 14 hospitals to improve their basic stock management practices	Program Manager	July to December 2013	Improved stock management system in place within the 14 national hospitals

	Assist the 14 national hospitals to improve their office management practices within the Procurement, Finance and HMIS departments through regular coaching	Hospital Autonomy Program Manager	July to December 2013	Related departments office management practices improved
	Support the finalization of regulations that under the health law on hospital based revenue generation and use with the Ministry of Justice (MoJ)	Hospital Autonomy Program Manager	July to December 2013	Regulation finalized
	Ensure the implementation of sunshine directives at target hospitals including training of the HMT on collective decision making, transparency and sharing of information	Hospital Autonomy Program Manager	July to December 2013	Hospital Management Team has an improved understanding of budget use
	Assist the target hospitals to establish a proper HMIS and ensure utilization of HMIS information	Hospital Autonomy Program Manager	July to December 2013	HMIS Department assisted in the implementation and utilization of the HMIS information
	Assist the hospitals to establish a Patient Interest Committee to increase the level of patient satisfaction and engagement of hospital management teams	Hospital Autonomy Program Manager	July to December 2013	Committee established and evidence within minutes of consumer engagement.
	Support the Directorate of Central Hospitals to conduct Patients Satisfaction Surveys at the 14 N&SHs using existing instruments	Hospital Autonomy Program Manager	July to December 2013	PSS conducted and report presented to Hospital Executive Board for action
Objective2: Management support to PCH supported EPHS hospitals	Assisting the 5 PCH-supported provincial hospitals in regular evaluation and updating of their operational plan using existing tools such as HMIS analysis and EPHS Monitoring Checklist	Hospital Autonomy Program Manager	July to December 2013	Hospital operational plan developed, implemented and monitored. Progress report available.

9. Key Activities for the Next 6 months by Program Area: Management Leadership Development Program

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
Health IR 3: Developed overall leadership, management and governance capacity of the MoPH and 17 Provincial Health Offices				
Objective 1. Improved leadership & management practices in central hospitals	Conduct LDP + workshops in GIHS team.	Management and Leadership Development Directorate (MLDD) Consultants, Program Manager	October to December 2013	4 Hospital teams and one team from GIHS apply the LDP+ methodology to address common challenges
	Conduct coaching visits from LDP sites at the central level in Kabul.	MLDD Consultants	July to December 2013	At least two coaching visits conducted per month.
	Leadership, Management and Governance Survey of MOPH staff	STTA and MLDD Consultants	July to December 2013	LMG Survey conducted and report available.
	Developing L+M+G orientation package for MOPH staff	MLDD Consultants	July 2013	L+M+G orientation package developed.
Objective 2. Introduction of LDP in the pre-service institutions	Senior Alignment meeting with GIHS board of management	MLDD, Ghazanfar Institute of Health Sciences (GIHS)	July to December 2013	GIHS Board of management 5 members trained in LDP+

	Conduct LDP TOT for competent LDP facilitators from the MLDD and GIHS	MLDD, GIHS	July to December 2013	Facilitators are skilled in LDP and can integrate it in the curriculum
	Conduct four phases of LDP workshop and coaching visits	MLDD, GIHS	July to December 2013	At least 5 management and technical staff trained on LDP and regular coaching visits conducted.
Objective 3. Strengthen Management Leadership capacity of PPHO teams.	Assist MLDD team to conduct TOT and refresher training for newly selected facilitators	MLDD, Human Resource Capacity Building directorate (HRCB), LMG	July to December 2013	Facilitators participated in trainings and the MLD Facilitator network is established
	Assist MLDD team to launch Certification / recognition process of new national Facilitators	MLDD, HRCB, LMG	July to December 2013	Successful facilities certified and MLD network established
	Guidance and TA provided to newly certified facilitators to develop provincial plan of action in close collaboration with stakeholders for improvement and sustainability of the MLD program	MLDD, PHSSCs, SC	July to December 2013	A precise provincial plan of action developed and reports available
	Assist current situation of Provincial MLD sites	LMG, Provincial Health System Strengthening Consultants (PHSSCs) and Provincial focal points	July to December 2013	Provincial plan developed and visit report shared
	Initiate link with the provincial LDP committees and provide additional supports if needed.	PHSSCs, Provincial Liaison Directorate (PLD), NGOs	July to December 2013	LDP sub-committee reports available

	Establish monitoring plan to collect, and analyze LDP data to track LDP teams' performance	PHSSCs, PLD, NGOs	July to December 2013	Update LDP information available
	Support the development of a coordination mechanism for Provincial monitoring visits, which includes the provision of on the spot feedback	PHSSCs, PLD, NGOs	July to December 2013	Monitoring tools developed
	Positions announcement at provincial levels to apply for volunteer positions of L+M+G Facilitation	MLDD /MOPH/ HR/CB	July to December 2013	50 L+M+G facilitators are recognized among applicants to have waiver for facilitating
Objective 4. Strengthen capacity of MLDD	Support GDHR in furthering enhancement of MLDD at the MoPH. This includes: 1. Creating a strategic vision and strategic work plan for MLDD 2. Developing a sustainability plan for MLDD (programmatic and institutional) 3. Reviewing the Staffing Structure of MLDD and its staffing needs 4. Developing the L+M+G capacity of the MLDD toward full functionality 5. Supporting the implementation of MLDD's strategic and operational plans.	Program Manager. GDHR, MLDD, Int-STTA	October to December 2013	Strategic Plan (including sustainability, capacity development and HR restructuring) developed and implementation initiated
	Conduct LDP annual conference to present results, best practices, and lessons learned	MLDD, PHSSCs, PLD, NGOs	October to December 2013	Lessons learned and recommendations generated from the conference reflected in the next year plan. At least 3 success stories drafted.
	Work with the MLDD to improve the methodology for monitoring and evaluating the impact of the LDP+ in BPHS health facilities, including the use of the Balance Scorecard.	MLDD	July to December 2013	Improved methodology for monitoring and evaluating LDPs

10.Key Activities for the Next 6 months by Program Area: support to Ministry of Education

Result Area	Activity	Responsible Person/Partner	Timeframe	Planned outputs/Deliverables
IR 4: Improved capacity of the MOE to support the delivery of education through USAID funding mechanism				
Objective 1. Provide technical assistance to strengthen on-budget	Support selected MOE consultants remuneration and essential operational support on behalf of USAID	COMU/ Afghanistan	July to December 2013	40 CBE staff and 10 PMT consultants remuneration provided as well as essential operational support