

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

## **Semi-Annual Report, July 1, 2013 – March 31, 2014**

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Date: April, 2014

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

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# Semiannual Report Afghanistan Field Support

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July 1, 2013 to March 31, 2014



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# Project Activity Summary

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

**Project Objectives:** LMG/Afghanistan has four main objectives: (*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 MoPH Provincial Liaison Directorate and Provincial Health Offices (PHOs) in 17 provinces to support the delivery of BPHS and EPHS services. 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's Management Support Unit to administer, monitor and report on the USAID on-budget activities.

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

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

**Life of Project (start and end dates):** September 1, 2012 – October 31, 2014

**Reporting Period (start and end dates):** July 1, 2013 – March 31, 2014

**Total Estimated Contract/Agreement Amount:** US\$ 31,248,400

**Obligations to Date:** \$ 20,697,468

**Current Pipeline Amount:** \$ 1,104,990 (in other words, obligation remaining at the end of reporting period)

**Accrued Expenditures for the Reporting Period:** \$ 10,196,669 (actual expenses for July through Feb with accruals and projections for March)

**Activity Cumulative Accrued Expenditures to Date:** \$ 19,292,478

**Report Submitted by:** Mubarak Shah Mubarak, Project Director, LMG Afghanistan

**Report Submission Date:** 03 May 2014

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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
PPHO	Provincial Public Health Office
PSCC	Provincial Support Coordination Committee
PWG	Planning Working Group
SEHAT	System Enhancement for Health Action in Transition
SLP	Senior Leadership Program
SM	Strengthening Mechanism
SOP	Standard Operational Procedures
SWOT	Strength Weakness Opportunity Threat
TAG	Technical Advisory Group
TB	Tuberculosis
WB	World Bank
WHO	World Health Organization

## Introduction

The LMG Afghanistan (LMG-AF) project follows the implementation of the USAID-funded Tech-Serve and the Health Services Support Project (HSSP) projects. Each project provided essential support to the Afghan Ministry of Public Health (MOPH) and 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 quality health care services throughout the country. The project also builds the capacity of MOE through a Project Management Team (PMT) in preparation for on-budget funding for autonomous management of key program activities to be funded by the US government. Activities under this project are critical to build the capacity of each partner to autonomously manage on-budget funding and programs under USAID funding mechanisms.

The Leadership, Management and Governance (LMG) Afghanistan project supports two USAID health Intermediate Results (IRs). USAID's (IR 2.1) Effective utilization of BPHS and other client oriented health services increased and (IR 2.3) GIRoA stewardship of the health system strengthened. In addition, the projects 4 IR's are: 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; 2) Improved capacity and governance of the MoPH Provincial Liaison Directorate and Provincial Health Offices (PHOs) in 17 provinces 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) Improved capacity of the MoE's Management Support Unit to administer, monitor and report on the USAID on-budget activities.

LMG-AF continues to support the Grant Contract Management Unit/Partnership Contract for Health (PCH) project staff in its sustained successful management, through contracts with Afghan NGOs in the implementation of BPHS services in 13 provinces and EPHS in five provinces. LMG-AF has seen a decrease in the need for outside technical assistance to the PCH staff in its management and procurement of health services. The PCH is now seen as a successful model for supporting health services directly through the MOPH. The MoPH is increasingly supporting transition from off-budget to on-budget activities in LMG-AF, Health Policy and Planning and Health Care Improvement Projects. Therefore, LMG-AF assistance to the MOPH has increasingly focused more broadly on helping other departments move towards direct on-budget funding.

LMG-AF supports 14 national hospitals in Kabul for the transition to autonomy from the MOPH. We also support the Provincial Liaison Directorate and provincial health system strengthening consultants in 17 USAID supported provinces to build capacity for the governance and management of health services at the decentralized level.

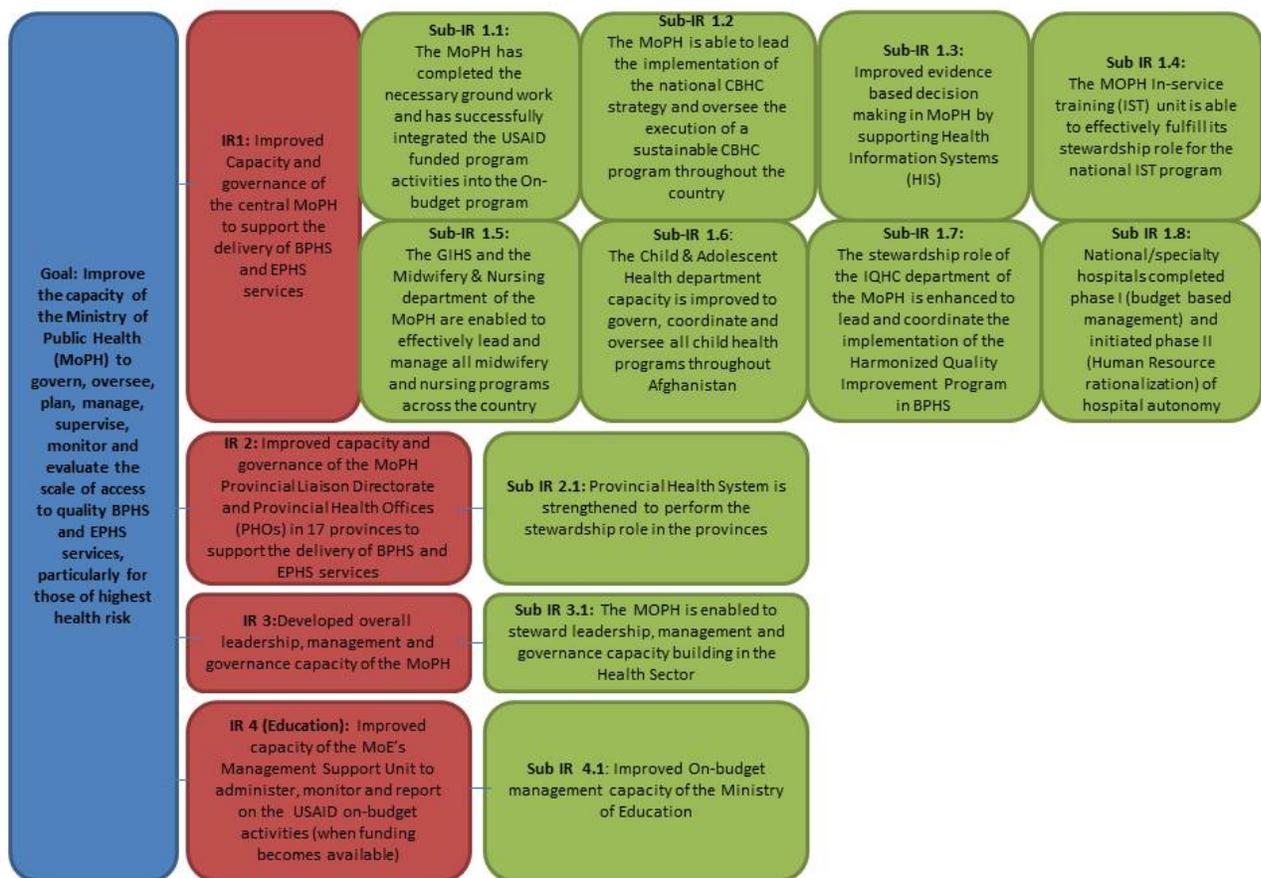
LMG-AF field support has functioned as a bridge mechanism for USAID programs in effective operational support to on-budget programs and two other program areas which it inherited from the Health Services Support Project (HSSP) project. For example, we have taken up management of the In-Service Training Program (IST) and the Community Health Nursing Education (CHNE) program. New concepts such as the Senior Leadership Program (SLP) and the overall enhancement of "Governance" are other

important elements under the LMG-AF field support. The project has also facilitated opportunities to bring enhanced focus on leadership and governance development through interventions such as the Senior Leadership program and governance trainings at the MOPH and decentralized levels.

## Main Objectives by Program Area:

The LMG Afghanistan project supports three USAID health intermediate results and one education intermediate result. These results are described below in (Figure 1), along with detailed sub-activities in 10 different program areas that are aligned with each result area.

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 project initial end date was scheduled to end in of February 2014; however, USAID Afghanistan extended the field support by an additional eight months to the current end date of October 31<sup>st</sup>, 2014. LMG-AF is currently in negotiations with USAID for a project extension with a projected end date of January 2015.

The current reporting period covers nine months (July 2013-March 2014); this allows for the reporting schedule of the “field support” to correspond with that of the USAID fiscal calendar. The project also LMG-AF is reporting to USAID-Washington on the Global LMG Project’s reporting cycle, which is July-June each year.

Overall, the LMG-AF project has stayed on track with regard to its work plan implementation during the past nine months and all major components of the work plan have either been completed or already started. All deliverables under the Community Nursing Education (CHNE) program were met and the project support to the program area was finalized in February 2014. The transition of activities from the Health Care Improvement (HCI) Project was completed successfully and the new program area for support to the Improving Quality in Health Care (IQHC) within the MoPH was integrated into the LMG-AF project. During the reporting period, USAID-Afghanistan finalized its decision to transition most of the off-budget activities to the recently launched World Bank led SEHAT Project. To support this, LMG-AF assisted the MoPH meeting its deadlines for submitting the SEHAT proposals to the World Bank.

LMG has continued to respond to the Mission needs by submitting weekly, quarterly as well as ad-hoc reports in addition to the contractually bound semi-annual reports. As of April 2014, LMG-AF has booked the largest portion of cost share under the Global LMG portfolio. A total of USD \$4,532,883.86 has been booked as cost share from various sources.

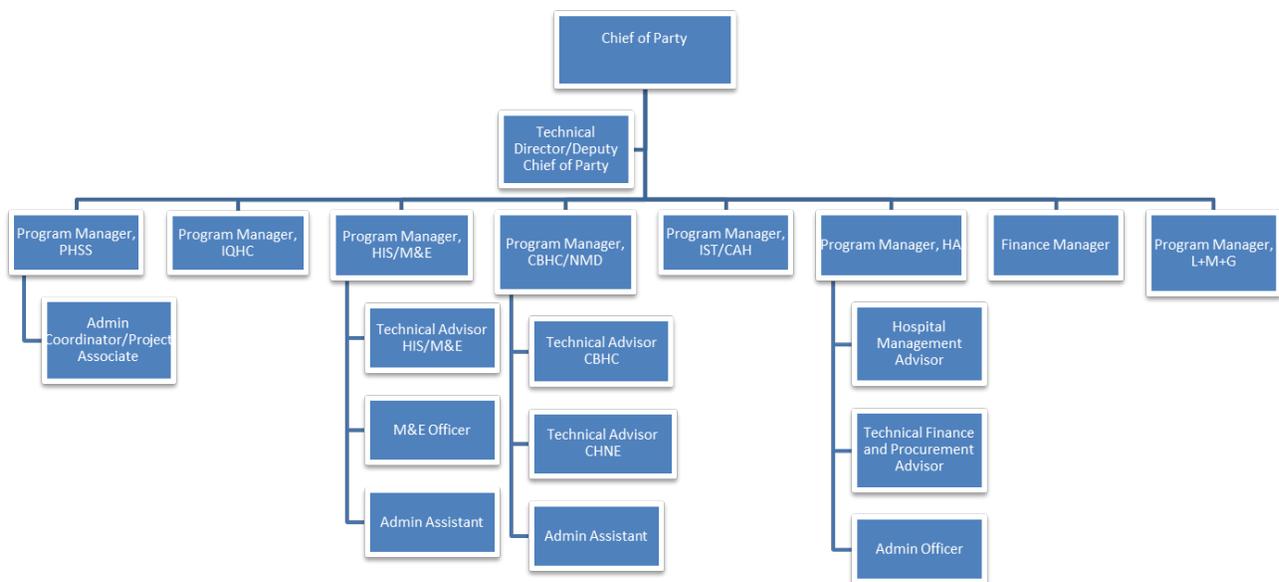
In August 2013, in alignment with our quarterly project during action review process, we conducted a work planning and benchmarking workshop to update our work plan and plan for the project extension period from February 2014 to October 2014. During this workshop, we were able to change our approach to project planning by developing ownership benchmarks for all activities, which are aligned with a newly developed project monitoring plan (PMP). This has improved our ability to document outcomes and demonstrate progress in enhancing the MOPH’s ownership of the various functions that are currently supported under the project.

During the reporting period, the expatriate resident M&E advisor of LMG-AF successfully transitioned her role to the local M&E advisor. With support from the Global LMG M&E Director and team, the local M&E advisor has helped the project team to streamline its monitoring and evaluation practices in addition to expanding the project support to the research department of the MoPH. As mentioned above, we have developed a new PMP, which is currently under review by USAID-Afghanistan. The new

PMP has new indicators that measure outcomes against the project results framework.

Over this reporting period, over 360 days of international STTA were provided to the MoPH and/or the LMG AF project to support targeted technical areas where international expertise was necessary to contribute to successful project interventions. Key areas of support have included leadership development, governance training, project management, monitoring and evaluation, hospital management, provincial health systems strengthening, and support for the MOPH on-budget process. LMG-AF has continued to act as an active partner in the Afghan Health Sector, and has kept its engagement and inputs at strategic platforms i.e. SEHAT, GCMU reforms, Technical Advisory Group, Strategic Plan Steering Committee, and several program level coordination bodies (Figure 2).

**Figure 2: Leadership, Management & Governance (LMG) Afghanistan Organogram**



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

## Health IR 1: Improved capacity and governance of the central MoPH to support the delivery of BPHS and EPHS services, primarily through nongovernmental organization (NGO) service providers.

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

LMG-AF has continued its dialogue with the MoPH and USAID to finalize a Limited Scope Grant Agreement (LSGA) between MSH and the MoPH. Based on this agreement, all embedded consultants will move to the MoPH contracts, whereas, MSH will continue to provide reimbursement and operational support directly to those consultants. The sub-agreement, which is finalized and ready to be signed by the MoPH and MSH will save roughly US\$ 1 million for actual project expenses; (as no overhead would be charged on those local consultants).

During the reporting period, USAID decided to channel its on-budget funds through SEHAT. Therefore, LMG-AF provided extensive technical assistance (local and international) to help the MoPH meet its deadline of submitting 8 out of 13 thematic area proposals. In addition, LMG-AF played a significant role in convincing the MoPH to add three additional thematic areas in order to fully take over the earlier USAID on-budget proposals. On March 03-04, the MoPH, donors and several development partners gathered at the MSH office to review all 13 proposals. Since then, almost all proposals have been finalized and submitted to the MoPH SEHAT coordinator.

The Grants and Contacts Management Unit (GCMU) has begun the procurement process for the next round of service delivery contracts; follow on to the current PCH project. LMG-AF assisted the GCMU in identifying its technical assistance needs and as such, an international STTA funded through LMG, will join GCMU during the upcoming proposal review panels in July-Sept 2014.

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

The program provided technical support to the MoPH Community Based Health Care (CBHC) Department to expand CBHC's establishment of Family Health Action (FHA) Groups and recruitment of new Community Health Workers (CHWs) through BPHS implementing NGOs. During the reporting period, the following numbers of CHWs were hired and FHA Groups were established:

- ▶ 1093 new FHA Groups established in 31 provinces.
- ▶ 3629 new CHWs trained across the country
- ▶ 156 new CHWs were selected for nomads in Nangarhar, Ghazni, Logar, and Kandahar provinces. They completed the first phase of the CHWs training with support from the MoPH Nomad Health Department through Health Net TPO- an International NGO working in these provinces.

To improve quality of CBHC services, the CBHC team conducted monitoring visits to 7 provinces (Ghor, and Balkh, Bamyan, Kandahar, Nangrahar, Baghlan, and Kabul). These monitoring visits facilitate

oversight and governance of CBHC activities by providing a mechanism for feedback, supportive supervision, training, and coordination with stakeholders.

The CBHC team produced a community leadership guide to enhance governance and leadership skills of health Shura and will support the piloting of this guide in eight provinces. So far, a total of 87 Shura members and 8 CBHC officers/trainers have been trained in three provinces. The CBHC team also supported the training of 177 master trainers on the revised CHW manual. The trainers will train CHWs in their respected provinces and will disseminate a total of 22,675 revised CHW manuals published with LMG-AF support.

Over the reporting period, LMG-AF in collaboration with JHPIEGO supported the MoPH Reproductive Health Department to obtain the necessary concurrence for the community-based distribution of Misoprostol for the prevention of Post-Partum Hemorrhage (PPH). LMG-AF has presented a 5 year plan for the national scale up of PPH prevention at the community level and will be implementing phase 1 and 2 of the plan through the end of the project.

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

HMIS reports were collected from across the country on a quarterly basis (third and fourth quarter reports for 1392). To improve the quality of data, the HMIS department of the MoPH with technical and logistical support by LMG-AF, conducted refresher training to all HMIS officers of the BPHS/EPHS implementing NGOs on data analysis and data quality check from 34 provinces. Furthermore, a Data Quality assessment was conducted in 416 randomly selected health facilities. Results of the analysis of the DQA will be distributed in the next reporting period. It will be used to develop action plans for the NGOs to address data quality issues in the next quarter.

We have supported the Indira Gandhi Children's Hospital to develop a Patient Master Index to improve medical records management. This is the first electronic medical records system in a public hospital in Afghanistan. The intervention aims to ensure that patient information is well documented and available for clinical decision-making and to improve quality of care.

To revitalize the Human Resources (HR) and Training Databases, LMG-AF supported the HMIS department to conduct trainings to the BPHS/EPHS implementing NGOs in 10 provinces of the country. The LMG-AF is working with the HMIS department and the HRIS team of the MoPH to enhance HR and training database coverage to 34 provinces by end of LMG project.

The HIS/M&E program of LMG organized the Lot Quality Assurance sampling (LQAS) survey data cleaning and analysis workshops of Partnership Contracts for Health Services (PCH) and Performance-based Grants and Contracts (PGC) NGOs provinces (13 PCH provinces and 8 PGC provinces) in December 2013. Many PCH NGOs have achieved their targets, and some of the indicators exceeded national figures. The scope of the results has raised questions about the validity of the data given that much of it was based on self-report. To address this, the HIS/M&E program suggests that future studies of this

nature should be conducted by a third party.

To enhance the utilization of data at the central MoPH and to strengthen evidence based decision making. Workshops to orient staff on data analysis were conducted to the Child and Adolescent Health, National Malaria Control Program, and Gender departments of the MoPH. The series of orientation workshops will continue in the next quarter. In addition, the second round of the Biostatistics and Epidemiology training was conducted for the GCMU, HMIS and other technical staff of MoPH in February 2014. The purpose of this series of training is to enhance their understanding on public health research, and using research and evaluation data for public health program management.

The LMG-AF project has supported the establishment of the Research Advisory and Coordination Committee (RACC) during the reporting period. This committee will serve as an oversight and coordination body for research activities in the country and will be responsible for approving the results of research conducted.

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

The national strategy on Human Resources for Health with a focus on in-service training was endorsed and signed by the Minister of Public Health in the first quarter of 2014. The IST team conducted several orientations and group work meetings with different technical departments of the MoPH for the development of the national IST basic package. In total 31 questionnaires were filled out and completed through approximately 60 working group meetings with different MoPH technical departments. The IST standardization guidelines, pre and during training sections (general information/direction and procedures) were developed and finalized by the IST sub-committee during the last quarter. Furthermore, the first phase of the IST providers mapping was completed, the report was prepared and shared with relevant MoPH departments. These departments will now know who is doing what type of training where, using the report's findings.

During the last quarter of the reporting period, LMG-AF has started and completed a mapping of the PCH NGOs needs for further in-service training. The plan has been finalized for training around 300 BPHS/EPHS staff in Basic Emergency Obstetrics (BEOC) and Basic Newborn care, Family Planning (FP) and Integrated Management of Childhood Illnesses (IMCI).

### **Sub-IR 1.5: The GIHS and the Midwifery & Nursing department of the MoPH are enabled to effectively lead and manage midwifery and nursing programs across the country**

A major activity during this reporting period has been to work with the Ghazanfar Institute of Health Sciences (GIHS) to implement the Faculty Development Program (FDP) for Community Health Nursing Education program (CHNE-P) schools, which have been newly established in 10 provinces (Jawzjan, Faryab, Kandahar, Helmand, Ghor, Daikundi, Logar, Wardak, Nimroz and Urozgan). The FDP is a four phase program that enables community nursing teachers to teach their students using different methodologies in order to develop their competencies and enable them to work independently when deployed into the community. The initial phase of the FDP was conducted for 50 CHNE teachers over the course of 2 months. In addition, LMG-AF provided TA to the GIHS in facilitating phase IV of FDP trainings for four Global Fund (GF) supported CHNE schools located in Nangarhar, Khost, Bamyan and Samangan as well as phase III of the FDP for two Non-GF supported CHNE Schools located in Laghman and Kapisa. To systematize the supervision, M&E and post training follow up of FDP, LMG-AF helped GIHS to develop a plan for the FDP-I monitoring and coaching visits to 9 provinces from where the faculty were trained.

**Photo 1: FDP trainees in working group discussions**

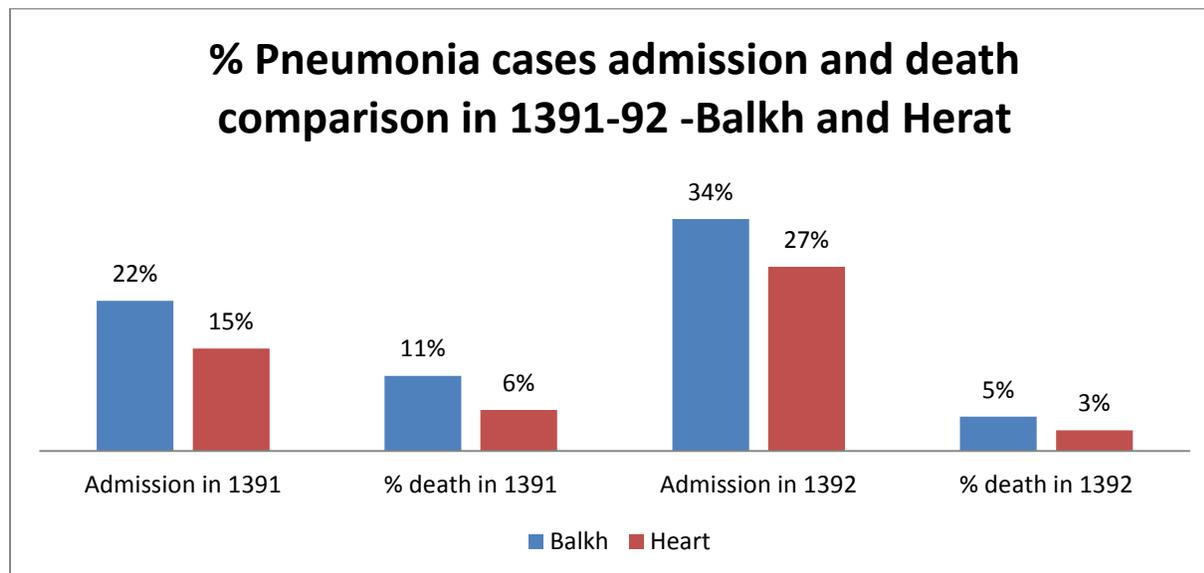


To ensure performance and quality improvement in nursing practices, LMG-AF supported the MoPH Nursing and Midwifery Department (NMD) to select five national hospitals where performance improvement committees were established. Baseline assessments were conducted in each of the five hospitals, and action plans were developed by each committee to address the gaps.

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

With TA provided by LMG-AF, the CAH department played an effective role at the policy and strategy development platforms. Activities during the reporting period have focused on supporting the CAH department to implement a variety of activities that strengthen training programs and oversight mechanisms for child health across the country. LMG-AF supported the establishment of the Provincial Maternal and Child Survival Committees (PMCSs) in Jowzjan and Sari-Pul provinces, bringing the total number of PMCSs in the country to 10. Below show examples of how these committees review some of the indicators (Figure 3).

**Figure 3: Results for pneumonia in two provinces.**

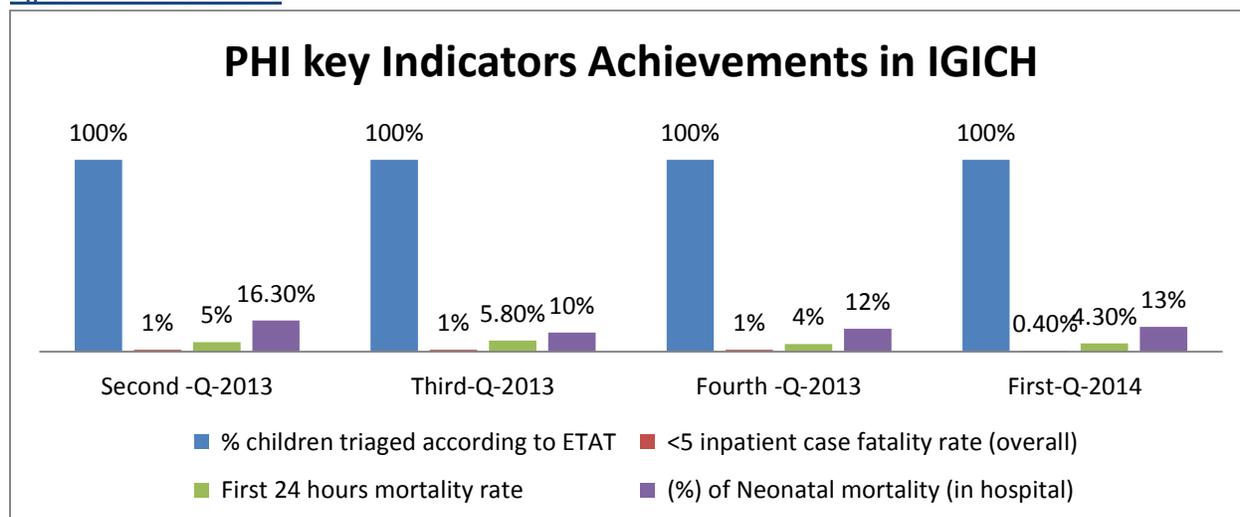


The CAH Department integrated the Pediatric Hospital Care Initiative (PHI) into the revised EPHS. IMNCI has been integrated into the pre-service curriculums within the Kabul Medical University and the GHS program and trained 65 KMU house job students. In addition, the CAH department introduced the IMNCI short course training in two batches for 32 health workers of Baghlan province and will roll out additional trainings in other PCH provinces in the next reporting period.

Monitoring visits were conducted in Badakhshan, Takhar, Jawzjan and Kabul provinces by CAH and the findings of monitoring shared with PPHD team and BPHS implementers.

The CAH department is also starting to coordinate with the CBHC department to provide ICSP training for CHSs in 31 districts. Monitoring visit of PHI implementation in Indra Gandhi Institute of Child Health (IGICH) and Maiwand hospital was carried out and feedback was provided. Also, a three-day PHI networking workshop was held in IGICH conference hall and 30 participants from PHI implementing hospital attended in the workshop. The PHI achievements and challenges were shared in the workshop. The following chart shows a glimpse of the achievements in the workshop (Figure 4).

Figure 4: PHI Achievements



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

During this reporting period, LMG-AF supported the launch of the Harmonized Quality Improvement Program (HQIP), which took place on January 12, 2014. The program will be rolled out into 5 provinces (Herat, Kandahar, Bamyan, Kunduz and Nangarhar). Stakeholders in each province were instructed on the roles and responsibilities of the IQHC department, the national IQHC strategy and its implementation plan, and the definition of quality in the context of Afghanistan. The launch activities

Photo 2: Establishment of the IQHC committee in Bamyan province (Feb 2014)



served to both educate and engage stakeholders on the process to facilitate a smooth and coordinated implementation process.

For implementation of the IQHC process, we supported the selection of provincial IQHC provincial committee members and convening of the committees. We collaborated with the Provincial Liaison Directorate to select provincial IQHC committee members. Provincial IQHC Committees have the overall responsibility to manage all aspects of the HQIP program at health facilities in the province and to coordinate field coaching visits to improvement teams at health facility level. Provincial health directorates in the provinces have assigned master trainers who will provide quality related trainings to the remaining province staff on the program. The ToT is scheduled for April 2014 following which the provincial

trainers and the IQHC committees will train health facility staff and perform baseline assessments in the targeted health facilities.

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

**Establishment of Afghan Finance Information Management System (AFMIS):** With TA provided by LMG-AF, the Afghan Ministry of Finance agreed to install three Finance Information Management System (AFMIS) centers at select National & Specialty Hospitals, in order to enable all national hospitals to upload their financial information onto the national system<sup>1</sup>. This system is a significant improvement allowing the hospitals to bypass the lengthy process within the central MoPH to process their financial management information.

In February 2014, the first session of the training on Hospital Administration was conducted for all 14 national hospitals, the central polyclinic and the blood bank. The purpose of this training is to create the necessary management capacity within the hospital management teams. The training is provided by renowned faculty of the Johns Hopkins University (JHU) through the LMG-AF hospital management program. The remaining two sessions will be held in May and August 2014. In total 58 hospital directors, medical coordinators and consultants were trained. At the end of training, each hospital team selected key challenges in their respective hospitals, and will address them using the skills learned in the workshop. Results will be presented at the next set of training modules in May 2014.

During the second quarter of this reporting period, a Patient Satisfaction Survey was jointly designed by the MoPH and LMG-AF teams, and was conducted in 14 national & specialty hospitals. The goal of this study was to measure the satisfaction levels of clients receiving healthcare services and establish a baseline.

**Photo 3: Hospital Administration Training Opening Ceremony**



**Photo 4: Hospital Autonomy Evaluation Meeting with the Minister**



<sup>1</sup> In the past only one AFMIS facility was available at central MoPH, which was not able to accommodate the needs of the MoPH, the Kabul province and central hospitals.

The report is at its final stage of revision and will be presented to USAID by the end of April 2014. A second survey is planned for October 2014 to continue to observe the trend in patient perception and satisfaction.

As stipulated in the hospital sector strategy, the HR autonomy is a major benchmark of the hospital autonomy process. Following extensive advocacy, the MoPH and the Afghan Civil Service Commission decided to delegate recruitment authorities to hospitals that are undergoing the autonomy process. All autonomous hospitals in Kabul are now authorized to hire staff that falls under grade-3 (all staff except the hospital director). In close collaboration with the MoPH and the Civil Service Commission, LMG-AF is assisting these hospital teams to develop the necessary capacity and skills to carry out this new function.

The MoPH leadership recently chaired two meetings in which the Minister of Public Health and the Deputy Minister for service provision appraised the progresses of the hospital autonomy. Both Dignitaries expressed their appreciation and satisfaction with the successful execution of 120 large contracts including: pharmaceuticals, food, fuel, stationary and transport with an overall budget use of 89% (85% from the Afghan government revenues).

The following are a few important decisions recently made by the MoPH to support the hospital autonomy process, based on accomplishments to date:

- In August, 2013 amendments were proposed into the health law in support of generating revenues by national and specialty hospitals, and submitted to the Ministry of Justice.
- At the **end of Afghan fiscal year 1392** and beginning of 1393, it was decided to transfer total annual budgets to the target hospitals. In the past, these hospitals received funds in quarterly installments.
- At the **end of fiscal year 1392** and beginning of 1393, Indira Gandhi Child Health Institute was selected to receive the lump sum budget as a pilot. At the end of the year, the effectiveness of this decision will be evaluated.

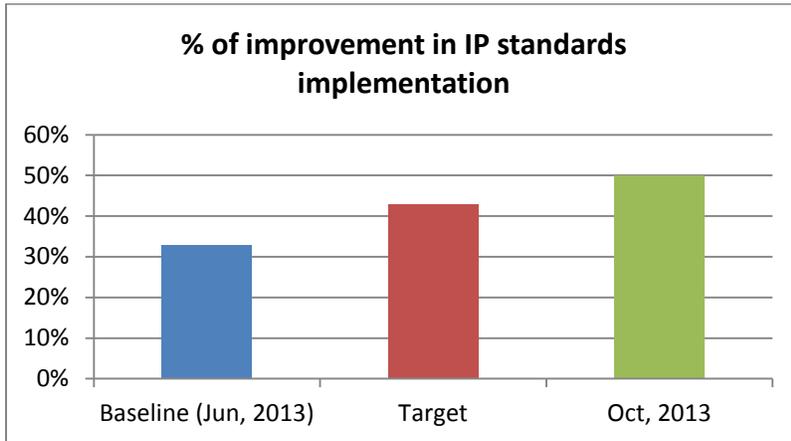
**Figure 5: Procurement Progress Report**

<b>Fiscal year 1392 (2013-2014) central hospitals procurement progress report</b>				
#	activities	Baseline	Target	Progress
2	% of procurement plans implemented	NA	90%	90%
4	% of annual hospital budget used	NA	90% <sup>2</sup>	89%

<sup>2</sup> The amount of budget for the year 1392 was the remaining from the big contracts that was managed by central MoPH

LMG-AF is supporting the autonomous hospitals to procure, stock and utilize the Infection Prevention (IP) material. To ensure the effective use of these materials, LMG-AF is providing the necessary TA to the central MoPH to conduct quarterly IP assessments using Standard Base Management (SBM) tools. The chart below is demonstrating the aggregated result for all hospitals with the mean score having increased from 31% to 50% (Figure 6).

Figure 6: Aggregated results from all Hospitals

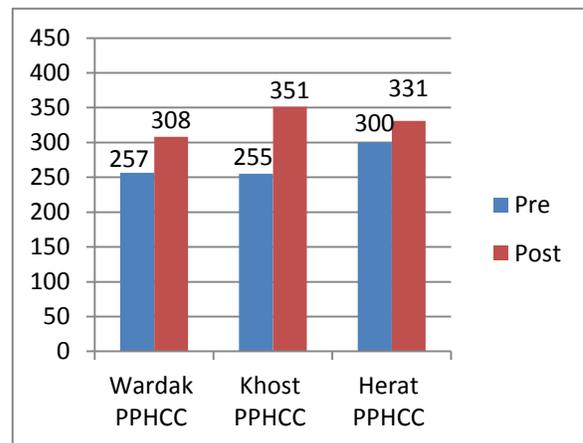


**Transparency (Sunshine Directive):** To ensure proper use of hospital budget, LMG is helping the hospitals to assess the knowledge of hospital staff about the transparent use of the budget. Enhancing transparency in this area has been an important mechanism to strengthen governance and accountability to various levels of hospital staff. We assessed transparency through a survey of the knowledge of hospital staff of the hospital’s finances. As a result of interventions to more widely share information, results improved from 35% of staff that had knowledge of the budget to over 50%.

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

### Sub IR 2.1: Provincial Health System is strengthened to perform the stewardship role in the provinces

Following a 6 month piloting of the governance guides in three provinces, the end line assessments were conducted by the MoPH and LMG-AF teams. The Provincial Public Health Coordination Committees (PPHCCs) self-assessed their performance at baseline and again after six months of pilot testing (Figure 7). PPHCCs improved their governance score on average by 13%. The PPHCC



guide has since been revised based on the assessment findings. In the next reporting period, we will scale up these guides to all provinces.

**Improving the performance of provincial health teams through regular supervision and monitoring:**

LMG-AF assisted the MOPH Provincial Liaison Directorate (PLD) in developing the PPHOs’ Core Function monitoring checklist. The checklist was finalized and endorsed by the MOPH senior leadership as a national tool in September 2013. Following the approval of the checklist, 9 PPHO teams from the USAID supported provinces were monitored including Bamyan, Baghlan, Badakhshan, Jawzjan, Nimroz, Kandahar, Herat, Khost and Kabul. Findings

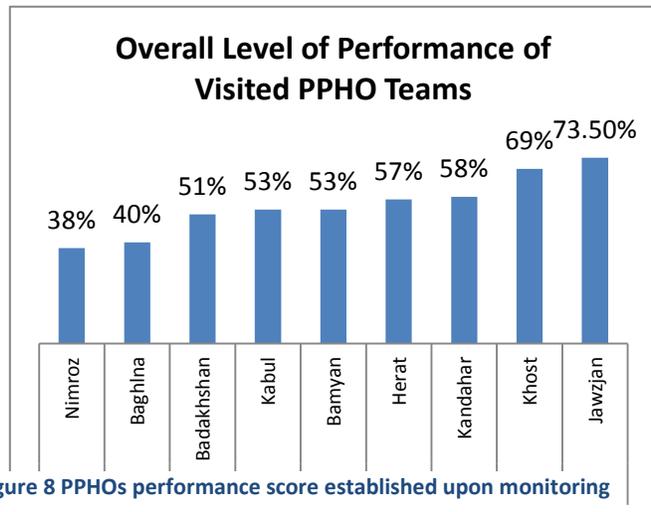


Figure 8 PPHOs performance score established upon monitoring

and recommendations for improvement

were shared with the provincial health teams, PLD leadership, and the Provincial Support Coordination Committees (PSCCs). Figure 8 indicates the overall PPHO performance score established as the baseline. Trends will be observed in the next visits by the monitoring team.

In addition to the two established Provincial Health Learning Centers (PHLCs) in Kandahar and Herat provinces, a new PHLC was established in the southeast region in Khost province in February 2014. Out of the three PHLCs, 48 PPHO members from 19 provinces including six non-USAID funded provinces (Ghor, Zabul, Logar, Laghman, Kunar and Nangarhar) have participated in the exchange visits (also called task-sharing exercises). In the last day of each workshop, the visiting teams are assigned to develop a performance improvement plan based on the experiences and lessons learned from the task sharing workshops.

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

**Sub IR 3.1: The MOPH is enabled to steward leadership, management and governance capacity building in the Health Sector**

During the reporting period, we sought to scale up leadership development interventions to expand the reach to health managers and leaders across the country. In order to create a pool of qualified LDP facilitators to roll out leadership development interventions at the facility, district, and provincial levels, we trained 22 facilitators from across the country on the LDP methodology. All 22 trained facilitators developed their plan for conducting the LDP plus training at the provincial and central level.

Additionally, four phases of the LDP process were conducted in five national hospitals in Kabul (Malalai

Maternity, Ibni Sina Emergency, Ibni Sina Chest, Stomatology and IGICH). During the period of eight months the MLDD team conducted 20 coaching visits to the mentioned hospitals to support the teams with in the implementation of their improvement plans. Furthermore a networking workshop was conducted among all the five mentioned hospital team to share best practices and lessons learned (Figure 10).

**Figure 10: Highlights of results achieved in four out of five mentioned hospitals**

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

During the reporting period, LMG-AF also assisted the MoPH to launch the health sector managers' Leadership Management and Governance Competencies Assessment. The assessment was conducted to estimate the numbers of managers that are likely to need leadership development over the next 5 years, and the scope and nature of knowledge, skills and behaviors they will need for health system strengthening and optimal performance. The survey was designed and approved by the MOPH ethical review board and 40 provincial HR focal points were trained as data collectors in December 2013. This activity is also a prerequisite for developing the strategy for Institutionalization of management and leadership in the health sector.

### **Institutionalization of Management and Leadership in the Health sector in Afghanistan**

The Ministry of Public organized a round table meeting in the month of February 2014 to engage stakeholders in the development of a process for the institutionalization of leadership and management development in Afghanistan. During the roundtable meeting, the current situation on institutionalization of management and leadership was reviewed and options for where and how to best enhance ownership of this process by the MOPH and other local stakeholders were discussed. The participants decided to anchor the process in the MoPH in the medium term. A roadmap was proposed under the roundtable recommendations and three groups were identified to work on 1) determining the needs for CB on management and leadership 2) stakeholders mapping 3) strategic plan development for Institutionalization of Management and Leadership in the Health sector. The strategic plan is expected to be ready by August 2014, when the stakeholders will be reconvened.

### **MoPH Leaders attend the Senior Leadership Program in Kabul:**

MoPH leaders, including Her Excellency Dr. Suraya Dalil the Minister of Public Health, three deputies and seven DGs attended the three day Senior Leadership Training organized by LMG and conducted by JHU trainers in October 2013. The workshop focused on strategic development, change management, and national development challenges.

## **Challenges**

During the reporting period, we experienced a number of challenges related to our ability to effectively engage with the MOPH, when there have been a number of competing priorities for stakeholders at senior levels. In particular, the pending Presidential election in Afghanistan has resulted in more limited availability and engagement of senior leaders. It has also meant that there is some uncertainty as to the future and how any potential leadership changes might impact our program activities in the next reporting period.

The security situation also continues to impact our project as it affects our ability to effectively engage international technical assistance for the project. Security issues impact the ability of consultants at the MOPH to travel to sites and partners at the provincial, district, and facility level, impacting the quality of oversight and monitoring mechanisms.

Another major challenge has been navigating the change from a focus on USAID direct support for on-budget activities at the MOPH to the SEHAT project. This change has required the project and the MOPH to engage with new partners and stakeholders and to develop revised technical strategies and implementation plans for each of the program areas that will be funded through SEHAT.

We have also had challenges related to the expanding scope of work for the project, where we have started to absorb additional activities from other projects (ex. IQHC). From the management perspective, the addition of new program activities at USAID's request has required us to bring on additional staff, manage the budgeting process, update our PMP to reflect the activities, and ensure that management systems can support the new activities.

Additional specific challenges are as follows:

- The Health Information, HMIS, Research, Disease Early Warning and Response, and M&E Departments are all located under different Director Generals at the MOPH, resulting in weak coordination and inadequate feedback mechanisms.
- Low level of interest and engagement of senior leaders at the MOPH in provincial health system strengthening
- Low capacity of NGOs and provincial health teams in addressing CBHC needs and requirements.

- Turnover of provincial CBHC Officers, and shortage of female CHSs. This shortage is specifically crucial for the maternal and child health interventions. Male CHSs are hardly able to get into the depth of maternal health issues at the community level due to cultural barriers; challenging their direct access to mothers and female CHWs.
- The lack of formal recognized leadership at the Nursing and Midwifery department of the MoPH impacts the effectiveness of the department and the TA that is being provided through LMG. This has remained part of on-going discussions between LMG-AF and the MoPH leadership in the recent weeks.

## Opportunities

- SEHAT provides a mechanism to enhance MOPH ownership of activities. The Afghan government has a strong desire to take full ownership of the development programs. The SEHAT program is a good such example. All development partners need to adjust their structures and strategies in line with this new reality.
- There is engagement from stakeholders on the institutionalization of leadership and management development. The recent large turnout for the Round Table discussion organized by DG HR of the MoPH and LMG-AF, was a strong indication of the partners' enthusiasm to this new and ever needed area of discussion.
- LMG-AF has a new focus on outcomes and sustainability, which is demonstrated in its work plan and PMP.
- We have been able to enhance engagement with other donors and partners to improve coordination of activities.

## Plan for Next Six Months:

### **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.**

The On-budget transition is expected to enter another phase by the actual approval of the MoPH proposals (thematic areas for component II) by the World Bank. That approval will mean that the transition of TA from Off-budget to SEHAT should also begin.

GCMU will have completed the process of receiving and reviewing NGO proposals for SEHAT II (follow on to PCH), with TA provided through LMG-AF and other partners.

LMG-AF expects to complete the community shura training on Community leadership and governance in five out of eight remaining provinces in addition to follow up assessments in the at least 50% of the eight provinces. Within the next six months, we also anticipate the MoPH to endorse its revised CBHC strategy. LMG-AF will help the Reproductive Health Directorate of the MoPH to begin scaling up of the

PPH programs to the initial five provinces.

The HMIS department of the MoPH will have finalized the DQA report and have shared the findings of the report with the BPHS/EPHS implementers in the country for necessary follow up action. In addition, the medical record tools for the Medical Record System of Indira Gandhi Children Hospital (IGICH) will be ready.

The In-service Training Department will prepare for introducing its standardization guideline and the Basic Package for IST database to its partners within the outside the MoPH. In addition, the PCH NGO staff will be trained in five program areas as identified earlier.

The Nursing & Midwifery Department with TA from LMG-AF, will provide the necessary oversight to Kabul based hospitals where the nursing standards are being applied. A follow on assessment of these standards will be completed in the next six months.

The IQHC Department will have completed the baseline assessment based on different service standards in selected health facilities in five provinces. Quarterly assessments will follow the baseline assessment for each health facility.

The hospital autonomy process will have initiated its next phase by establishing staff recruitment committees within each hospital. The second and third round of hospital training by Johns Hopkins' faculty will be completed. LMG-AF will also complete the evaluation of the first phase of autonomy.

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

LMG-AF will support the formation of a third Provincial Health Learning Center (PHLC) in one of the northern provinces of the country. In addition, each of the existing PHLCs will conduct the next sessions of task sharing exercises in the coming quarters. LMG-AF will also assist the MoPH PLD to scale up the application of PPHCC governance practices (guides) into additional six provinces.

To further guide the decentralization strategy formulation of the MoPH, LMG-AF will conduct the PPHOs capacity assessment via a third party sub-agreement.

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

LMG-AF will assist the DG HR of MoPH to perform data entry and analysis of the leadership and management competence assessment which is ongoing for the time being. Also, the MLDD will be supported by LMG-AF to scale up LDP+ at the central and provincial (above HFs) level.

LMG-AF expects to launch the L&M institutionalization strategic plan in August 2014. In the same

months, the L&M orientation for the Afghan Parliament health committee will be conducted.

## Attached Appendixes:

**Appendix 1 – Work plan Progress**

**Appendix 2 - PMP**