

Leadership Management and Governance Project – Afghanistan

Semi Annual Report, February, 2013

Author: Alain Joyal

Date: March 30th, 2013

5 key words: Leadership, Management, Governance, MoH, MoPH, MoE, Community Based Health Care, Health Information system, Provincial, gender, partnerships

The following document is a Semi Annual Report written by Alain Joyal for submission to USAID under the agreement.

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number AID-OAA-11-00015. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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



LMG Narrative Report

Country: Afghanistan

Funding Source: USAID Afghanistan

Project Period: September 2012 to February 2014

Reporting Period: September 2012 –January 2013

Background:

The LMG Afghanistan (LMG-AF) project follows the implementation of the Tech-Serve and the Health Services Support Project (HSSP) projects, which each 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 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 GIRoA stewardship of the health system strengthened. In addition, the project has 4 IR's including one for education 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; 2) Improved capacity and governance of the 13 Provincial Health Offices (PHO) and four Quick Impact Provinces 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 Afghanistan will continue to strengthen the on-budget planning process commenced in 2011/2012. MSH will continue to work with the MoPH, MoE, and USAID to help ensure that the teams of local professionals embedded within the MoPH and MoE units are ready to move on-budget, and that the systems, procedures and conditions are in place at both ministries to directly receive USAID funding. The purpose in progressing to an on-budget approach is to gradually handover activities being funded and/or implemented by LMG and/or other implementing partners, to the MoPH using a technical

capacity building approach which has four main pillars including senior leadership and governance; local ownership for local results; knowledge exchange and measurement and gender mainstreaming through a shared partnership with the MoPH. In addition to the on-budget capacity building, this project provides support in several program areas to strengthen the implementation of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) across the country. Specifically, the project includes support for community based health services, in-service training initiatives to strengthen capacity of health care workers, community health nursing education, and child and adolescent health. Additional activities and related program objectives are described in the next section of this report.

Main Objectives by Program Area:

The Project key activities are organized around the ten program areas. The project program areas and objectives are identified below:

- 1. Support to the MoPH-USAID On budget Partnership Contract for Health Services (PCH) Grants and Contract Management Unit (GCMU)**
 - 1.1. Provide technical assistance to strengthen MOPH's ability to go on-budget for additional technical areas*
- 2. Community-Based Health Care (CBHC):**
 - 2.1. Expand CBHC Services*
 - 2.2. Improve the quality of CBHC services*
 - 2.3. Ensure sustainability of the CBHC systems*
- 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*
 - 3.2. Provide technical assistance to strengthen Information Communication Technology (ICT) Management at the MoPH*
- 4. The Hospital Sector**
 - 4.1. Build the governance practices of the 14 national and specialty hospitals, including gender-related policies and practices in order to ensure smooth implementation of the Hospital Autonomy plan*
 - 4.2. Improve management support to the Extended Package of Health Services (EPHS) in USAID supported hospitals*
- 5. Provide technical support to strengthen the MoPH In- Service Training (IST):**
 - 5.1. Enhance capacity of the MOPH/GDHR to standardize the procedures of In-service training at the national level.*
- 6. Provide Technical support to Community Health Nursing Education**
 - 6.1. To strengthen the MoPH Midwifery & Nursing Department and the Ghazanfar Institute of Health Sciences (GIHS) to conduct an effective National CHNE program.*
- 7. Child and Adolescent Health:**

- 7.1. *Promote enhanced governance of child survival issues by ensuring consistency of MOPH policies with National Child and Adolescent Health (CAH) National Policy*
- 7.2. *Scale-up implementation of community-based integrated Child survival package (ICSP)*
- 7.3. *Expansion of Pediatric Hospital Care Improvement Initiative*
- 7.4. *Strengthening IMCI Implementation*

8. Health System Strengthening:

- 8.1. *Strengthen the MoPH Leadership, Management and Governance at senior level*
- 8.2. *Strengthen the Leadership, Management and Governance functions of the Provincial Liaison Directorate of the MoPH*
- 8.3. *Strengthen the Provincial Health Systems*

9. Management & Leadership Development Program (MLDP):

- 9.1. *Improved leadership & management practices in the central hospitals*
- 9.2. *Introduce the Leadership Development Program (LDP) at pre-service institutions*
- 9.3. *Strengthen the Management Leadership capacity of the Provincial Public Health Office (PPHO) teams.*
- 9.4. *Strengthen the capacity of Management and Leadership Development Directorate (MLDD) team*

10. Ministry of Education

- 11.1 *Provide technical assistance to strengthen the on-budget management capacity at the MoE Project Management Team (PMT)*



Figure 1: The Afghanistan Midwifery Association AMA receiving training in LDP

Key Achievements by Program Area:

During the reporting period, activities primarily focused on project start-up. Key start-up and management activities included development of the project work plan, revision of the project budget to accurately reflect work plan objectives, development of a cost-share plan, and development of the project monitoring plan. The LMG-AF team also initiated communications with partners to introduce them to the project, define the scope of the partnerships under the project, and share tools, resources, and technical approaches which will be utilized to provide support to the partners.

The following are highlights on key achievements against the above program areas and objectives:

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

1.1. *Provide technical assistance to strengthen MOPH's ability to go on-budget for additional technical areas:* The MoPH submitted to USAID On-budget support proposals for eight technical areas in November 2012: These include:

- Child survival—the Child and Adolescent Health Department
- Community-based Health Care – the CBHC Department
- Health management information systems – The HMIS Department
- Hospital Autonomy – the Curative Care Directorate
- Provincial Support – The Provincial Liaison Department
- Partnership with the Private Sector – OPSC
- In-service training—HR Department
- Management and Leadership Development—HR Department

The proposals are being reviewed and processed at the USAID Mission in Kabul at this time.

During this reporting period the health clinic/hospital equipment replacement procurements were initiated and completed through the use of local dealers and an on-budget funding mechanism. Procuring through local dealers instead of international companies resulted in approximately USD \$3 million of savings for the MOPH. In addition, the GCMU/PCH team revised all NGO contracts for an additional year and issued 13 NGO service delivery provider contracts for community nursing training, which had previously been managed by the HSSP project. At the request of USAID, GCMU/PCH also released the Request for Proposals (RFP) for an audit firm to conduct an audit of the PCH project. This will be awarded and implemented in the next reporting period. PCH achieved an overall 98% expenditure rate which is substantially higher compared to the overall MoPH expenditure rate of approximately 39%. This expenditure rate is calculated by PCH financial consultants.

2. **Community-Based Health Care (CBHC):**

2.1. *Expand CBHC Services:* LMG-AF assisted the CBHC department of the MopH to submit the final report of the piloted CBHC best practices to be presented to the MoPH review committees for approval. These best practices were identified during the 2010 study tour to Bangladesh and Indonesia.

- 2.2. *Improve the quality of CBHC services:* During the reporting period, the MOPH approved the revised Community Health Workers Manual. LMG-AF supported the development of community-based standards as part of Continuous Quality Improvement (CQI) Model in close collaboration with IQHC Department. The MoPH CBHC Department was supported to ensure the continued replication of initial Community Health Supervisor (CHS) training across the country. For this reporting period 670 CHSs have received training on initial CHS manual and the further conduct of this activity will continue in the coming months. Additionally, LMG-AF conducted a one- week in-service training course for 21 CBHC provincial officers. The Global Fund financially supports these 21 provincial officers. The purpose of the in-service training was to familiarize these officers with the CBHC package and its monitoring and supervision practices.
- 2.3. *Ensure sustainability of the CBHC systems:* LMG-AF supported the MoPH CBHC Department to organize a national day of celebration for CHWs at central and provincial levels. This national day of celebration was conducted on the 5th of December 2012 and was attended by approximately 150 senior MoPH officials and community representatives. All GCMU donors have agreed to support the implementation of the Family Health Action Groups. All NGO's will develop action plans for the replication of training across health facilities.

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 and develop and revise the Pre-Award Assessment Risk Management Framework and Operational Plan. These were submitted to USAID in October 2012. A review by USAID of progress towards the operational planned activities is anticipated to occur in early 2013. Since early June 2012, The HMIS Department has seen approximately 50% of its technical staff move to other positions or has had funding for specific positions cut by donors. This has resulted in the need to assist the department to re-organize its structure and activities and develop terms of reference for new positions within a revised department structure. Four positions are currently being recruited for Management Information Systems, Medical Records and database development. Capacity building plans the database developers have been developed, with approved funding from the World Bank.

The following information use products were developed and disseminated for evidence based decisions at MoPH forums: the Health Information System Tool Manual, the HMIS Quarterly Results, the MoPH Provincial Profiles, and the Quarterly HMIS feedback reports to provinces. A forum for the discussion of results was approved by the MoPH and the National Health Results Conference will be conducted in January 2013. In addition, the results of three million household surveys conducted to support the Community Area Annual Census (CAAC) were analyzed with a report to be disseminated in early 2013. The CAAC is conducted by health posts and health facilities to determine the number of people who require health services within their catchment area and assists in the setting of specific health targets for the monitoring of

those facilities. Of note is the improvement in the National HMIS submission rate which now stands at 93% which was externally validated by a third party assessment. The baseline for this project was 89 %. LMG provided technically assistance in the construct and training of and in the newly implemented data quality assurance assessment manual.

3.2. *Provide technical assistance to strengthen Information Communication Technology (ICT) Management at the MoPH:* The World Bank agreed to fund a proposal developed by the MoPH HMIS Department with support of LMG-AF, to adopt an integrated approach to disease surveillance by the MoPH and to develop a MoPH data warehouse. To support the data warehouse and dashboard indicators improved connectivity to provinces and at central level has also been agreed to be funded.

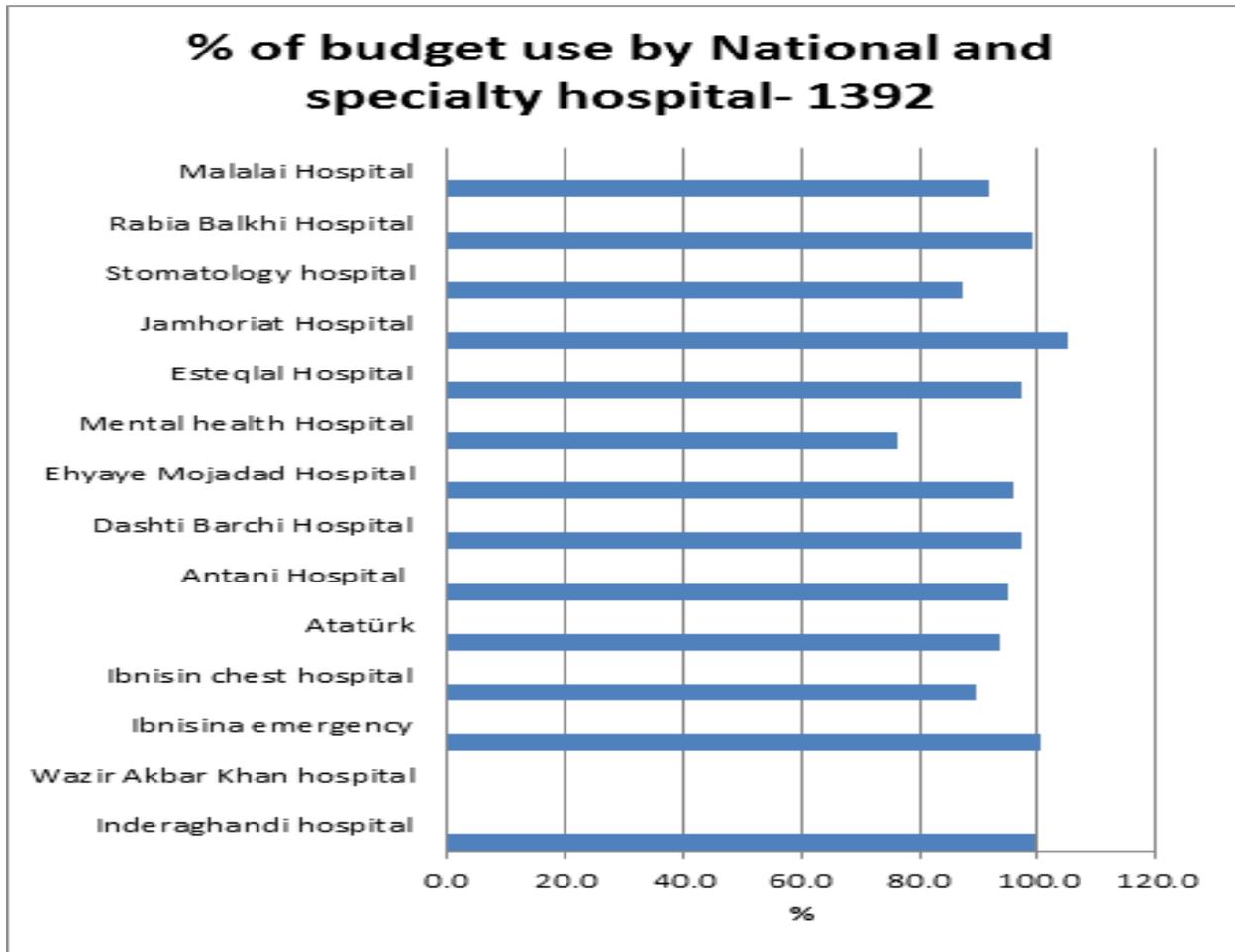
4. The Hospital Sector

4.1. *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:* Resources available to these essential national institutions went from effectively zero (a complete blockage of finances to central hospitals during the previous fiscal years) to a level that was unprecedented and, for the first time, directly controlled and selected by the hospitals themselves. To support this process 22 consultants were deployed to the 14 National and Specialty Hospitals.

Finance: The LMG-AF funded On budget consultants supported the national hospital budgeting process with the Ministry of Finance. Figure 2 below indicates the proportion of budget expended by the National Hospitals at the end of 2012.

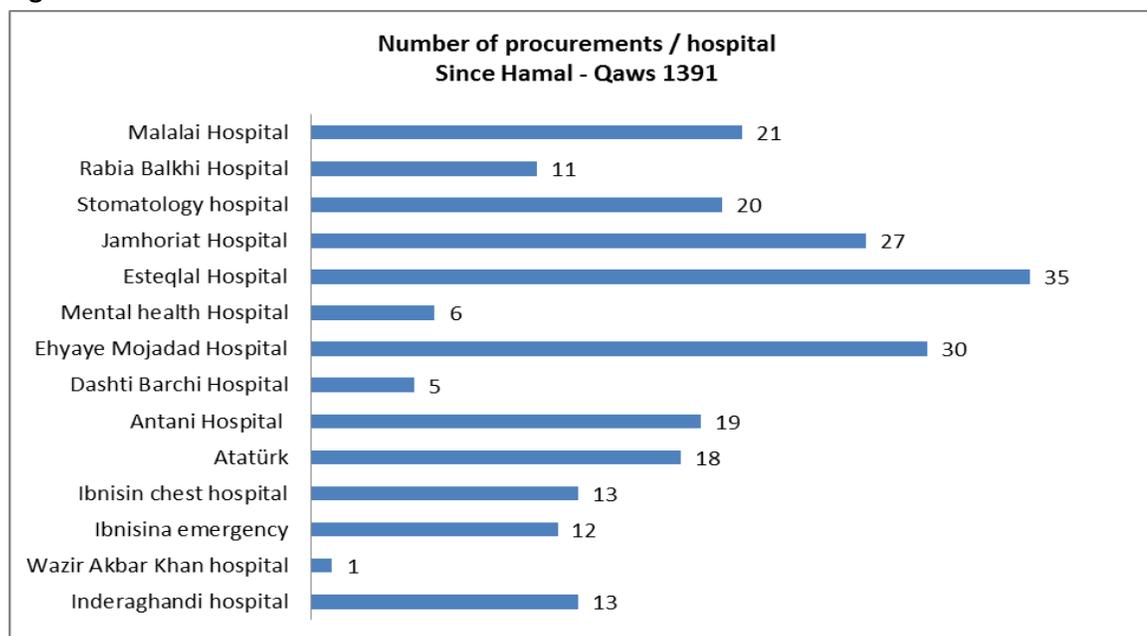
Hospital	% of Budget Use
Inderaghandi Hospital	99.8
Wazir Akbar Khan Hospital	unavailable
Ibnisina Emergency	100.6
Ibnisin Chest Hospital	89.4
Atatürk	93.7
Antani Hospital	94.9
Dashti Barchi Hospital	97.4
Ehyaye Mojadad Hospital	95.8

Mental health Hospital	76.2
Esteqlal Hospital	97.4
Jamhoriat Hospital	105.3
Stomatology hospital	87.5
Rabia Balkhi Hospital	99.2
Malalai Hospital	92



Procurement: The number of procurement activities conducted by the National Hospitals in 2012 is detailed in Figure 3 below. The baseline was zero at the commencement of 2012. In addition, the 2013 procurement and budget plans were finalized.

Figure 3:



Health Information Systems of national hospitals:

Previous reporting of routine health management information system (HMIS) data by the National Hospitals to the central MoPH was approximately 83%. With the focused attention to this matter through a national HMIS data use workshop and a quarterly review of National Hospital HMIS data the submission rate for the period September 2012 to December 2012 was 100%. In addition, 6 hospital management committees were established at the following institutions Malalai Maternity, Rabia e Balkhi, Indra Gandhi, WAKH, Ehya e Mujaddad, Ibn sina Sadri hospitals. The purpose of these committees is to provide a decision making forum for hospital operation. This committee is responsible for hospital governance and management and has been established in all 14 national and specialty hospitals.

5. Provide technical support to strengthen the MoPH In- Service Training (IST):

5.1. *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:* This is one of the several technical areas whose responsibility was transferred to LMG-AF from the HSSP project. The LMG-AF team carried out an extensive amount of consultations with various stakeholders before it could determine the strategy of its support. The MoPH DG of HR, USAID, HSSP and other departments within the MoPH e.g. GCMU were consulted in order to develop an 18 month vision and plan for this newly established unit. Three IST Consultants were transferred from HSSP and embedded at the MoPH Capacity Building Department to lead IST activities. The Human Resource Capacity Building/In-service training strategy was finalized for presentation and

approval at the MoPH review committees. A draft Terms of Reference to re-activate the IST task force was also developed for approval by the MoPH. In addition, the IST team with support from LMG-AF finalized its plans to complete its process of certifying the national IST trainers identified in 5 program areas in the month of January 2013. This unit has also launched a process of mapping the IST providers and the development of a national IST package in light of the current BPHS and EPHS.

6. Provide Technical support to Community Health Nursing Education

6.1. *To strengthen the MoPH Midwifery & Nursing Department and the Ghazanfar Institute of Health Sciences (GIHS) to manage and lead an effective National CHNE program:* This is another program area that was transferred from HSSP to the LMG-AF project. LMG-AF after extensive discussions and analysis, determined its strategy of support under which two consultants were hired and seconded to GIHS. This reporting period saw the conduct of a situational analysis to determine feasible options for the capacity building of GIHS and the MoPH Nursing and Midwifery Directorate. In addition, the GIHS was assisted to conduct a Community Midwifery Accreditation and Education review workshop. The workshop was conducted over a three day period on December 2nd to December 4th inclusive and over 170 participants attended. LMG-AF was able to assist the GIHS to establish a data entry system for CHNE assessments and all 2012 CHNE assessment data were entered into the system. Assistance was also provided to the GIHS to conduct the third phase of the Faculty Development Program (FDP) training for Bamyan, Samangan, Nangarhar, Khost, Herat and Parwan provinces, funded by the Swedish Committee for Afghanistan. In addition, LMG assisted the GIHS to revise the Afghanistan Midwives and Nursing Education Accreditation Board (AMNEAB) policy. To further strengthen the monitoring of hospital and clinical standards, LMG-AF assisted with development of a Hospital Nursing Monitoring Checklist and standards for the GIHS Pharmacy and Dental departments.

7. Child and Adolescent Health:

7.1. *Promote enhanced governance of child survival issues by ensuring consistency of MOPH policies with National Child and Adolescent Health (CAH) National Policy:* The LMG-AF funded consultant based at the Child & Adolescent Health Department of the MoPH who is also a senior advisor to the Minister of Public Health, accompanied the Minister of Public Health as an envoy of Afghanistan to participate in the GAVI Partners Forum held on November 2nd to 7th, 2012 in Dar es Salaam, Tanzania. Afghanistan received award at the meeting for its achievements in child health and immunization.

7.2. *Support the functioning of the National and Provincial Maternal and Child Survival Committee:* Preparation for the conduct of the 4th National Maternal and Child Survival Committee (NMCSC) meeting was completed during the reporting period. Presentations will include Integrated Maternal and Child Health Initiative (IMNCHI) training needs assessment, inclusion of IMNCHI in pre-service curricula, Emergency Triage Assessment and Treatment (ETAT) progress, and provincial maternal and child survival committee meetings. The conference date is to be determined.

- 7.3. *Scale-up implementation of community-based integrated Child survival package (ICSP):* During the reporting period, 60 trainers from 26 districts (11 provinces) received ToT on ICSP in two batches. These ToTs will enable a full implementation of ICSP in the 54 districts where ICSP had already been introduced.
- MoPH is willing to expand the ICSP to 344 remaining districts to ensure nationwide coverage in all 34 provinces of Afghanistan. It is recommended that the nationwide implementation of ICSP will be supported financially through the MDG Fund. It is envisaged that the smooth expansion of ICSP at national level will take three years (2013-2015). Program implementation is awaiting funding approval.
- 7.4. *Strengthen ICSP implementation through support of inclusion of ICSP learning package in the initial training and manual of CHWs:* During the reporting period, the national Community Health Worker (CHW) manual was revised, which includes all the ICSP components. The revised manual was presented and endorsed by MoPH Technical Advisory Group (TAG) on 18th September 2012.
- 7.5. *Expansion of Pediatric Hospital Care Improvement (PHI) Initiative:* A concept note for the strengthening and expansion of PHI was developed. In the coming quarters, the CAH team will focus on assessing and strengthening the PHI activities in national and provincial hospitals where PHI had been introduced.
- 7.6. *Strengthening Integrated Maternal and Child Health Initiative Implementation:* To ensure the sustainability of Integrated Maternal and Child Health Initiative implementation the MoPH and MoHE (Ministry of Higher Education) have agreed on the inclusion of the IMNCI in the pre-service curricula of Kabul Medical University (KMU). A working group consisting of MoPH, BASICS, WHO, and KMU, under the leadership of the Vice Chancellor of KMU was established. The CAH team with support of LMG-AF supported the conduct of IMCI training courses for house job students of the Kabul Medical University. Thirty eight house job students of KMU were trained on IMCI in Ataturk and Maiwand Teaching Hospitals. To date a total of 161 house job students of KMU have been trained on IMCI. Incorporating the IMNCI into the pre-service curricula of the Institute of Health Science (IHS) is nearing completion.

8. Health System Strengthening:

- 8.1. *Strengthen the MoPH Leadership, Management and Governance at senior level:* LMG-AF has been exploring the feasibility of providing a high quality Senior Leadership Program from a prestigious academic institution to the Ministry of Public Health of Afghanistan. Initial consultations were held with the ministry leadership in which the MoPH agreed to participate in the SLP. LMG-AF has been negotiating with another LMG partner; the John Hopkins Bloomberg School of Public Health (JHSPH) to deliver the SLP in Afghanistan. The discussions are ongoing and LMG anticipates the first session of the program to be held in late February or early March 2013.
- 8.2. *Strengthen the Leadership, Management and Governance functions of the Provincial Liaison Directorate of the MoPH:* During the reporting period, LMG-AF assisted the MoPH Provincial Liaison Department (PLD) to develop a provincial health governance assessment tool. The MoPH PLD governance practices were assessed during a one-day workshop in October 2012.

Based on the findings of the assessment the PLD team developed an action plan to strengthen governance practices at the provincial and district level including the strengthening of the Provincial Public Health Coordination Committee (PPHCC) and District Health Coordination Committee (DHCC). A first draft of the Provincial Health Coordination Committee (PHCC) and the District Health Coordination Committee (DHCC) governance guidelines were developed. The guidelines will be piloted in three provinces involved in the initial development process including Herat, Kandahar and Khost. In addition, technical assistance was provided to the MoPH PLD to develop an effective supervision and monitoring mechanism to regularly oversee the PPHO core functions. This tool provides a framework for the monthly monitoring by the Provincial Public Health Directors (PPHDs) of core provincial public health office functions. This assists the PPHOs at the provincial level, and MOPH PLD team at the central level to monitor the progress of PPHO core functions and tasks regularly throughout a year; motivates the provincial teams to observe their achievements and take on time remedial actions if needed; *and facilitates the on time, systematic and regular feedback process between central and provincial teams. The data is used to inform decision-making and progress on the MOPH 5-year Strategic Plan.*

8.3. *Strengthen the Provincial Health Systems:* In this reporting period, a workshop on best practices for effective health service coordination was conducted in the Herat Provincial Health Learning Center (PHLC). PPHO representatives from Farah, Nimroz and Helmand Provinces attended. The provincial teams exchanged their experiences on how to practice effective governance through the Provincial Public Health Committees. The visiting provinces took note of corrective actions which they will carry out upon returning back to their provinces.

8.4 *Support the MOPH and other key stakeholders to develop the necessary policies, strategies, guidelines to implement a Provincial Health System Assessment:* Technical assistance was provided by LMG-AF to the national working group that is developing the National Strategy for Decentralization. During this reporting period a two-day workshop was conducted and almost all key stakeholders and representatives from 8 provinces including Herat, Kandahar, Parwan, Kunduz, Bamyan, Ghazni, Balkh and Laghman participated in the continued development of the strategy. In the coming quarter, LMG-AF will be funding a provincial level capacity assessment of the Provincial Public Health Offices (PPHOs) whose results will feed into the process of developing the decentralization strategy.

8.5 *Ensure effective implementation of the MOPH 5-year Strategic Plan:* The LMG project is actively assisting the MoPH Planning Working Group to improve accountability at the central and provincial levels through improved planning. A tool has been developed for national implementation in February 2013 which will standardize procedures and guidelines for provincial planning in keeping with the MOPH 5-Year Strategic plan and PPHOs' Core Functions Framework (CFF).

9. Management & Leadership Development Program(MLDP):

9.1. *Improved leadership & management practices in central hospitals:* One Senior Alignment meeting was conducted with MoPH Central staff and 6 Hospital Directors. The goal of the senior alignment meeting is to build the necessary commitment of the key stakeholders and

key participants to a process of developing leadership for results over time. The following are outcomes from the Senior Alignment Meeting:

- shared vision for improved leadership and management;
- a shared understanding of leading and managing practices; and
- a shared understanding about the institution's strengths and weaknesses in leading and managing and support for the leadership development program.

In addition, the materials required to introduce the MOST (Management and Organizational Sustainability Tool) methodology were translated into local languages. One MOST workshop was conducted for four central national Hospitals teams. As a result, the four hospital teams developed their organizational development plans based on the MOST tools.

9.2. Strengthen Management Leadership capacity of PPHO teams: One Senior Alignment meeting was conducted with six provincial Health Directors and Health Service Managers. Additionally, LDP workshops were conducted for six provincial Afghan Midwifery Association chapters.

9.3. Strengthen the capacity of Management and Leadership Development Directorate (MLDD) team: Criteria were developed for the selection of facilitators within the MLDD to implement leadership development activities within the MOPH.

10. Ministry of Education:

10.1 Provide technical assistance to strengthen the on-budget management capacity of the MoE Project Management Team (PMT): Ten PMT consultants were hired for the MOE and housed in a common office and meeting space at the MoE, which were renovated and furnished with the USAID support through Tech-Serve. MoPH's GCMU/PCH Finance and Contract management officers provided presentations/trainings in on-budget financial procedures and GCMU PCH procurement experiences and lessons learned to the relevant MoE PMT consultants, including PMT Procurement/contracting consultants. These briefings were held in two different sessions during December 2012 at the MoPH GCMU PCH office. One of the two MoE finance consultants joined the GCMU PCH financial briefing. To ensure institutional sustainability all ten PMT consultants were assigned MoE counterparts who were mostly civil servants. All PMT counterparts were provided with laptops. PMT consultants provided training to their civil servant counterparts in the necessary computer skills.

Challenges

- Donor coordination remains problematic. Donors at times are pursuing agendas which are not consistent with MoPH priorities. These competing priorities distract the MoPH from implementing agreed LMG activities.
- The close out of another significant project (HSSP) and the merging of some elements of that project into LMG-AF during a short time period has resulted in the incomplete transfer of data. A complete review of material relating to specific project activities has been extremely time consuming. For instance, LMG-AF and the GIHS are still struggling to obtain the missing parts of

the CHNE/CME material which were to be handed over by HSSP. Extensive communication with the previous project officials has been an overwhelming work.

- The capacity of the MoPH Provincial Liaison Department remains low and the timeframe and resources for the implementation of some LMG activities needs to be further considered. This has resulted in the need to modify our work plan or allocate more resources for some defined activities.
- Recruitment of On-budget consultants using MoPH procedures can be protracted. This has delayed the recruitment of women development officers, provincial CBHC Officers and child survival consultants as well as hospital consultants. . The MoPH human resource management remains bureaucratic and complex. There is a strong need to assist with the reform in this MoPH Directorate.
- Lengthy MoPH procurement procedures have delayed the payment of Provincial CBHC Officers' salaries.
- Weak communication and understanding of roles between MoPH Departments. The Terms of Reference for some MoPH Departments are currently being reviewed. LMG is assisting the MoPH with this review. It is anticipated that some of the confusion and communication difficulties experienced between the provincial and central levels and between departments may be resolved with a greater understanding of each department's roles, responsibilities and accountabilities.
- The lack of security in some provinces has created a high turnover of staff amongst the provincial teams. Security issues have also prevented the conduct of joint monitoring missions.

Key Activities for the Next 6 months by Program Area:

1. **On-budget support to the MoPH USAID Partnership Contract (PCH) Grants and Contract Management Unit (GCMU):**
 - A further final two on-budget proposals for the areas of Integrated Quality Health Care (IQHC) and Health Economics and Financing (HEFD) will be submitted to USAID.
 - USAID will be requested to consider the approval of the eight on-budget proposals submitted by the MoPH and the on-budget contracts with all PCH consultants.
 - LMG-AF will advocate with USAID for the testing of an on-budget operational mechanism at the MoPH.
2. **Community-Based Health Care (CBHC):**
 - Print and distribute the revised Community Health Workers (CHWs) Manual
 - Assist with providing the initial training to the Community Health Supervisors on their revised training manual.
 - Assist with the training of CHWs for Kuchi populations.
 - Assist with the establishment of the Family Health Action Groups.
3. **Health Information Systems (HIS):**
 - Conduct the Health Results Conference
 - Commence planning for the MoPH Integrated Disease Surveillance approach

- Assist the MoPH with the USAID Pre-Award Assessment review
- Commence the revision of the Health Information Strategic Plan.

4. The Hospital Sector:

- Proceed with the next step of the hospital 1392 procurement process
- Quarterly review of hospital autonomy progress
- Preparation for hospital human resource rationalization

5. MoPH In- Service Training (IST) Support:

- Conduct the national in service trainers' recognition ceremony
- Finalize the Terms of Reference for the IST Capacity Building Committee task force;
- Complete the process mapping and identification of IST institutions and their key stakeholders with associated areas and materials
- Initiate the development of an IST national guide and a Basic Package for IST

6. Community Health Nursing Education Support:

- Complete the Learning Resource Package for the CHNE program and support the Faculty Development Program (FDP) first phase (out of four phases) for twelve community nursing schools that are to be awarded through the Global Fund Round 10

7. Child and Adolescent Health:

- Establishment of Provincial Maternal and Child Survival Committee (PMSC) in four new provinces
- Provided that MoPH can mobilize more resources, scale-up implementation of Community-Based Integrated Child Survival Package (ICSP)
- Training of Trainers in Community Based Essential Maternal and Newborn Care (CBEMNC) and C-IMCI for 28 CHW master trainers and NGOs focal points in ICSP sites
- Training of the CHWs national master trainers on ICSP components that are included in the revised CHWs manual
- Organizing semi-annual review workshop on Public Hospital Initiative(PHI)
- Conduct of 3 PHI networking visits within the PHI provinces
- Conducting a consensus workshop on short updated Integrated Maternal and Child Health Initiative (IMCI) and initiation of the updated short IMCI courses
- Supporting the conduction of IMCI training courses for house job students until application of the pre-service IMCI in Kabul Medical University

8. Health System Strengthening:

- Pilot the PHCC and DHCC governance guidelines in three provinces;
- Conduct the first session of a Senior Leadership Program with the MoPH Senior Leadership team to develop a mechanism to strengthen accountability and governance within the MoPH;
- Support a workshop to implement the national standardized planning processes at the provincial level;
- Pilot the PPHO core function monitoring tool in two or three provinces;

- Prepare for the conduct of a gender audit of the policy, programs and activities within the MoPH;
- Conduct, analyze and report a PPHOs' capacity assessment through a third party

9. Management & Leadership Development Program (MLDP):

- Introduce the Leadership Development Program to four national hospitals and GIHS
Establish a technical team for database integration in MoPH;
Develop a strategic plan of MLDD for the coming 3-5 years

10. Ministry of Education:

- Conduct at least four training sessions for PMT consultants in areas determined by the MOE and USAID.
- Continue to provide salary, operational and mentoring support to 40 CBE and 10 PMT consultants and provide selected operational support to 10 PMT counterparts at the MOE.
- Advise USAID on management needs for future on-budget projects, as planned by USAID/MOE
- Assist the MOE in addressing pre-award findings, as formally directed by USAID.

Major political/policy/other requirements that need to be in place by 2015 in order to move from Transition into the Transformation decade.

- There will be the need for close coordination between the ISAF PRT's with the MoPH in relation to the handover of their community activities. The MoPH will need to be cognizant of community expectations in terms of desired continued support and expected outcomes of PRT activities. In addition, the MoPH may require access to the geocoding of the health facilities and or other databases that have been developed to support the PRT's implementation of health activities. The MoPH will need to be aware of any additional staff which may require training and financial support in particular CHWs and Community Midwives.
- As the troops withdraw there may be a vacuum in security in some communities. There needs to be a mechanism developed for the monitoring of the security situation and a process in place to ensure that support to those communities can be provided if the need arises.
- There will be the need for continued effort to ensure the timely implementation of the on-budget approach with the MoPH. There may be the need to channel funds initially via the GCMU PCH. Consideration as to the monitoring and supervision of the staff transferred also needs to be considered given the limitations of the current MoPH HR Directorate.