Semi-Annual Report Afghanistan Field Support October, 2014- March, 2015

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Date of Publication

April 30, 2015

Development Objective

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

Suggested Keywords

Health Systems Strengthening, Afghanistan, In Service Training, Child and Adolescent Health, Community Based Health Care, Hospital Management, Health Information Systems

This report was made possible through support provided by the US Agency for International Development and the Leadership, Management and Governance project, under the terms of the agreement numbered AID-OAA-11-00015.
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Semi-Annual Report
Afghanistan Field Support

October 1, 2014 – March 31, 2015

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Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Project Activity Summary

Project Name: Leadership, Management, and Governance for Afghanistan

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

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

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

Life of Project (start and end dates): September 1, 2012 – June 30, 2015

Reporting Period (start and end dates): October 1, 2014 to March 31, 2015

Total Estimated Contract/Agreement Amount: US $37,853,384.00

Obligations to Date: $37,853,384.00

Accrued Expenditures and Accruals for the Reporting Period: $32,161,457 (actual expenses plus accruals through the end of the reporting period)

Current Pipeline Amount: $5,691,927.00

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

Report Submission Date: April 30, 2015

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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
CHW	Community Health Worker
CIDA	Canadian International Development Agency
CQI	Continuous Quality Improvement
CRVS	Civil Registration and Vital Statistics
DAFA	Development Assistance Facility for Afghanistan
DCH	Directorate of Central Hospital
DEWS	Disease Early Warning System
DHCCs	District Health Coordination Committees
DQAAT	Data Quality Assurance Assessment Tool
EC	European Commission
EmONC	Emergency Obstetric and Newborn Care
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
FHA	Family Health Action
GCMU	Grants and Contracts Management Unit
GDHR	General Directorate of Human Resources
GDPP	General Directorate of Policy and Planning
GIHS	Ghazanfar Institute of Health Sciences
GIRoA	Government of Islamic Republic of Afghanistan
GRM	Grievance Redress Mechanism
HCI	Health Care Improvement (Project of USAID)
HIS	Health Information System
HMIS	Health Management Information System
HMN	Health Metrics Network
HMT	Hospitals Management Team
HPP	Health Policy Project
HP	Health Post
HR	Human Resources
HSSP	Health Services Support Project
ICSP	Integrated Child Survival Package
IMCI	Integrated Management of Childhood Illnesses

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

Introduction

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

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

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

Main Objectives by Program Area

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

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

Key Achievements

Program Management

The LMG-AF field support activities commenced in September of 2012, just as the former Tech-Serve and HSSP projects ended. This project was originally proposed for the period from September 1st, 2012 through February 28th, 2014. In several phases USAID decided to extend LMG and the project is currently scheduled to end by June 30th, 2015. These short term extensions have provided a great opportunity for the MoPH to continue to receive USAID support and have also enabled MSH to continue to play a positive role in building up the Afghan health sector. However, they have significantly reduced the project's capability to plan strategically over the past year and the project has primarily focused on maintaining achievements and planning only for shorter term interventions.

Operations Systems

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

Staffing

Throughout the reporting period, the LMG-AF leadership team continued to consist of mainly national Afghan professionals. In September 2014, the LMG-AF project hired an international staff as the Deputy Project Director and Technical Director, however, due to disagreements between him and the MSH policies around his demand for off campus accommodation he prematurely end his contract at the end of March 2015. The project has since been able to make up for that loss by bringing in program management STTA from the Home Office.

The project close-out date of June 30th, 2015 and the short project extensions have put the project in a challenging staffing condition. Staff turnover has been frequent over this reporting period while there was no intention of the project to refill positions for such a short time. With the new MoPH leadership taking over at the beginning of 2015, the MoPH requested that two LMG-AF senior staff members be seconded to the MoPH in order to fill in staffing gaps. Based on a joint decision between the MoPH and USAID, the LMG-AF project agreed to accommodate the Minister's request. MSH has a positive view of this move and believes this will help the MoPH to perform stronger and more efficient. Nonetheless, that decision has put the project into a challenging situation by having two of its seven program leads leave at a critical time. Fortunately, the project was able to adequately respond to staffing changes and has ensured that staff turnover has not impacted the project's responsiveness to the MoPH needs and USAID priorities.

As of January 1st 2015, USAID approved the layoff of 34 embedded consultants at the MoPH and has also instructed MSH to not replace any MoPH consultant positions should they become vacant. MSH terminated the 16 provincial MoPH consultants, while agreements of the 18 centrally based consultants were renewed based on a decision by USAID. At the time of submitting this report, a total of 93 embedded consultants are active within the MoPH and the LMG project is funding a total of 74 consultants at the Ministry of Education.

Coordination with the MOPH

Throughout this reporting period, the LMG-AF team maintained a productive technical and working relationship with MoPH leadership both at the central and provincial level. The new MoPH leadership has indicated a high level of trust and expectations in the project. The project has so far been able to effectively respond to the needs and priorities of the new leadership while making sure it does not overstep its scope of work and work plan approved by USAID.

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

Coordination with USAID

The LMG-AF Project senior officers coordinated with USAID on a regular basis to ensure that activities were in alignment with USAID priorities and that communications with the MOPH were well coordinated. The project continued to respond to USAID/Afghanistan Mission needs by submitting bi-weekly, quarterly, and ad-hoc reports in addition to the contractually bound semi-annual reports. Specifically during this report period, the LMG AF project has appreciated a strong guidance from the USAID Health Team and its Activity Manager. The LMG AF project and the MoPH have greatly appreciated the clear decisions and correspondence from USAID and believe this helped the project's work tremendously.

Project Monitoring and Evaluation

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

Strategic Communications

During the reporting period, the LMG-AF Project has placed an emphasis on documenting results, impact, and successes from the projects interventions. The project has developed three key documents to describe the progress made towards the institutionalization of leadership development in Afghanistan, strengthening the community based health care system, and a case study on broad range health systems strengthening support provided to the MoPH. Additionally, the project developed a program brief documenting the progress and impact of the hospital autonomy process, which will be published and disseminated in the next reporting period. The project also developed several ancillary communications materials to describe governance activities and success stories. Another key communications activity was the preparation and design of the "Voices from Kabul" with stakeholders at USAID-Washington to discuss the progress made in health sector development under the LMG-AF Project and challenges for sustaining these results. This event was held via videoconference between

USAID-Washington and USAID-Kabul on April 7th, 2014, with participation from USAID in both locations, the MoPH, Jhpeigo, the Health Policy Project, and the Afghan Midwives Association.

Short-term Technical Assistance (STTA)

Throughout this reporting period, a total of 195 days of international STTA was provided to the MOPH and/or to the LMG-AF Project to support targeted technical areas. Key areas that required international expertise have included: leadership development, governance, health information, human resources rationalization, and support for the MOPH on-budget process.

Preparations for Project Close-out

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

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

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

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

During the reporting period, the LMG AF project remained focused on assisting the MoPH to transition the ongoing activities to SEHAT under its component I and II.

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

In line with decisions made between USAID, the World Bank and MoPH, LMG continued to support the MoPH in the procurement of NGO contracts under SEHAT II as a follow on to PCH program. The LMG AF project provided international STTA during the technical and financial review of the SEHAT proposals. By the end of this reporting period the MoPH has completed the technical reviews and financial review and is carrying out contract negotiations with the winning NGOs. Also during the reporting period, the LMG AF project assisted the MoPH to start the transition of the GCMU team under PCH to the mainstream GCMU structure. A joint committee of MoPH (SEHAT, HR, and GCMU) and LMG has reviewed the job descriptions and position grades/steps, obtained necessary approvals and is ready to move to the next step in order to begin the actual drafting of employment contracts for the staff once the World Bank approval is secured.

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

During the reporting period, the LMG-AF project continued to actively support the MoPH in the process of transition to SEHAT component II. Unfortunately, the process of iterations and reviews within the MoPH and the World Bank has not allowed any proposal to be formally approved and put into implementation.

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

As part of a technical assistance package that was requested by USAID in June 2014, the LMG-AF Project assigned a team of local and international technical assistants to work with the MOPH and USAID on the recommendations from the 2012 E&Y Assessment Report. The LMG-AF Project team conducted an extensive review of every open and closed (already addressed) recommendation of the E&Y report, verified the status of each recommendation, and submitted a findings report to USAID at the end of September 2014. From November 2014 to February 2015, the Office of Financial Management (OFM) at USAID requested for additional documents and reports. All due reports were submitted to USAID by the international STTA that had been assigned to this task.

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 aim of the LMG-AF CBHC program is to support the MoPH CBHC department to strengthen its stewardship role for effective implementation of the CBHC strategy across the country through building the capacity of the national CBHC team and provincial CBHC officers/focal points. Through training activities and strategic technical support, the LMG AF project has enhanced community involvement in health related decisions at the community level though training health Shura members at eight provinces of the country.

Strengthening the CBHC Department:

To build the capacity of the CBHC Department to oversee the community based health care system, the LMG-AF project conducted training workshops on Leadership, Management and Governance (L+M+G), Supervision, Monitoring and Evaluation (M&E), Results Based Management, and Governance for 42 members of the MoPH CBHC department and provincial CBHC officers.

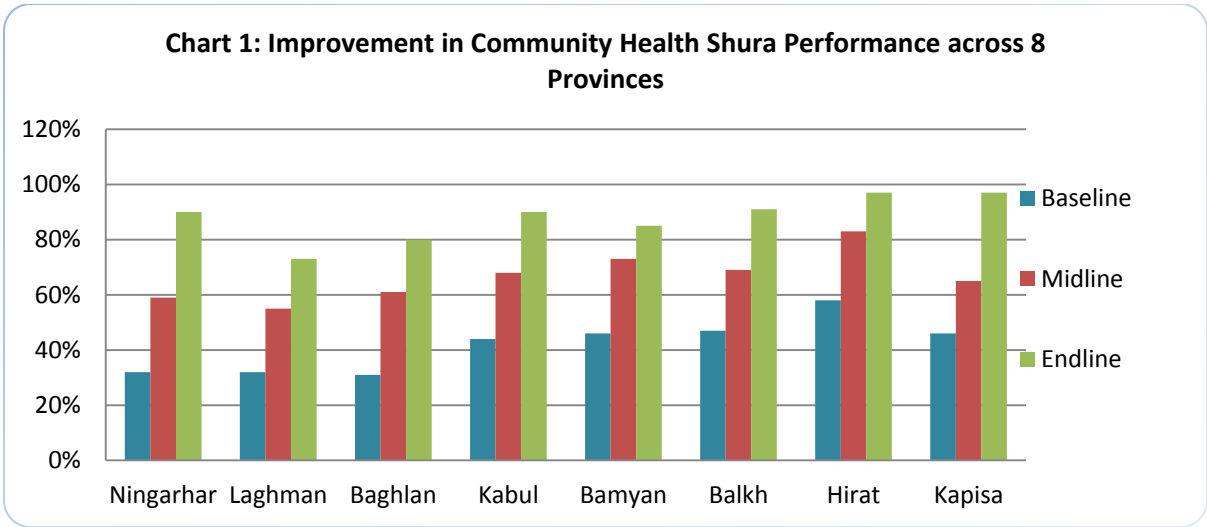
Furthermore, the LMG project sponsored a trip for the head of CBHC department to Lima, Peru to present the Afghanistan CBHC model and learn from successes with the USAID supported Healthy Communities and Municipalities II (HCMII) Project which also supports community health systems strengthening. The trip was seen as a successful knowledge sharing opportunity and there were many elements which could be effective and applicable which are currently not used in Afghanistan. Some examples demonstrated by the HCMII project were, The Healthy Community Policy, Healthy Family Style, Healthy Environment, School Health and Community Boards. The head of the CBHC has already begun advocacy with MoPH leaderships, donors and implementing partners for the application of these instruments with some light adaptation and modification according to the context of Afghanistan. To document the results and common challenges and issues in both countries, the LMG-AF Project and the HCMII Project have developed an abstract for the Fourth International Family Planning Conference to be held in November 2015.

Support for Routine CBHC Oversight and Management Activities:
The LMG- AF Project also supported the CBHC Department to revise the National CBHC strategy to enhance the stewardship roles of the CBHC department and address population needs. The CBHC Department expects that the strategy will be presented to the MoPH Policy and Planning Sub-committee in April 2015.

The LMG-AF project supported the CBHC Department in the celebration of the National CHWs Day at the central and provincial levels on December 7, 2014. The project also supported the CBHC Department to advocate with the MoPH authority for inclusion of Provincial CBHC officers in the government *Tashkeel*. As a result, the executive board of the MoPH decided that the provincial CBHC officers will be employed with the current terms of reference in the vacant positions of the Provincial Health Directorate Organogram.

The CBHC team conducted monitoring visits to nine provinces to review the quality of services, ensure implementation of the National CBHC Strategy, utilize the Revised CHW Manual in the target provinces, and coordinate with provincial health teams to address gaps and needs.

Improving Performance of Health Shuras at the Community Level:
In an effort to enhance the governance and leadership skills of health Shura members, strengthen community participation, and create a sense of ownership within the community; the LMG project supported the CBHC team to conduct an end line assessment (Baseline= April 2014, Midline= July 2014, Endline= December 2014) of the application of the Health Shura Guidelines and pilot implementation of the manual in eight provinces. Results of the assessment show a 46% improvement in health Shura performance from baseline (Chart 1).



The team has also expanded Shura trainings to 16 health facilities and eight health posts in the remaining districts of the eight targeted provinces and trained 123 health Shura members including 13 female members on the final version of the CommunBity Health Shura Governance Guidelines. Training workshops were held in four out of eight target provinces (Laghman, Kapisa, Nangrahar, and Herat). The CBHC program will cover the remaining four provinces including Baghlan, Balkh, Bamyan and Kabul before the end of the project in June 2015.

The LMG-AF project provided technical support to the CBHC Department to scale up the establishment of the Family Health Action (FHA) Groups and enhance the recruitment of new Community Health

Workers (CHWs) through the NGO's implementing the BPHS. During the reporting period, the following new CHWs were trained and new FHA Groups were established for rural and remote areas:

- 868 including 483 females and new CHWs were trained in rural areas;
- 25 CHWs trained for nomadic populations;
- 40 female CHWs were trained in urban settings;
- 790 new FHA groups established in 14 provinces.

The LMG-AF project facilitated three WHO supported training-of-trainers courses on first aid, reaching 58 participants (44 male and 14 female) and including 18 provincial CBHC officers from 21 provinces. The trainers will train Afghan Red Crescent Society (ARCS) volunteers and CHWs in the field on first aid approaches as initial responses to emergencies. Pre-test and post-test evaluations indicate a 69% improvement in the knowledge of the participants about the set curriculum of the training.

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

Activities during the reporting period have focused on both capacity building for individuals as well as structural changes at the MoPH level to support a culture of evidence based decision-making. Additionally, the LMG AF project has supported nationwide data collection and analysis initiatives to ensure that appropriate data is available and in the hands of policy makers for use. Through the project there has been enhanced technical rigor in the demand for and use and analysis of data to better understand management issues and identify solutions to problems.

Support Provided to Research Department of MoPH:

The research department in the MoPH is a key unit which oversees research activities in the country, supports its implementation, and provides feedback on the findings with the ultimate goal of supporting a culture using evidence based decision-making. During the current reporting period, the LMG-AF project provided support to the research department to organize meetings with the MoPH partners to discuss and review research proposals and technically analyze the results of the research studies across the country. The results being reviewed are disseminated by research department electronically and in printing forms. The project also supported the establishment of the National Health Research Committee which is the new governing body in Afghanistan for research activities through the development of terms of reference and meeting support. The committee also finalized the terms of reference for the Ghazanfar Medical Journal which will be published to share and disseminate research findings, facts and evidences that come from different parts of the country to support decision making. The National Health Research Committee will continue to serve as a body that provides necessary advocacy and technical support to health research activities in Afghanistan and to facilitate evidence based decision making.

Knowledge and Capacity Building Activities:

A series of training workshops were conducted to improve the skills and scientific knowledge of the central and provincial personnel of the MoPH and enable them to use data sets for better management practices. The target groups for these training activities were the provincial MoPH HMIS officers, central MoPH technical staff and NGOs' Provincial CBHC officers. For the first time, the project conducted a workshop on the basics of Epidemiology and Biostatistics for 22 provincial MOPH HMIS officers. The Research Department, with support from the LMG-AF project also conducted this workshop for 25 central MoPH staff (13 males and 12 females). These two workshops provided scientific understanding

of methodologies, sampling techniques, study biases, and other data analysis for participants to better oversee and support research activities and understand and use study results.

The HMIS department with support from the LMG AF project also conducted a workshop to train 17 (male) CBHC officers of the BPHS implementing NGOSs on the use of CHWs' database. The database incorporates CHWs' personal, trainings and demographic information and is used by NGOs in their day to day management. This database is especially used in planning CHWs' recruitment, supervision and capacity building programs.

Improving Data Use And Evidence Based Decision Making:
As a result of the LMG-AF Project efforts, the demand for HMIS data is increasing among the MoPH and provincial level teams. A data use workshop was conducted for eight participants (4 female, 4 male) from the Gender, Child and Adolescent Health (CAH), Reproductive Health, and CBHC Departments where participants reviewed indicators of their programmatic areas and produced feedback reports using the HMIS figures.

Also, the LMG-AF HIS team supported the HMIS Department in data processing and data analysis to produce and distribute the following reports:

1. HMIS quarterly data report for the third quarter of 1393 (fourth quarter 2014);
2. Hospital quarterly data review report for the third quarter of 1393 (fourth quarter 2014);
3. Blood Bank data review report for the data collected in last nine months.

The Blood Bank data was separately collected in a new form and has been entered into HMIS database since the beginning of 1393 (March, 2014). In the Blood Bank data review report, inconsistencies, misreporting, and some mismanagement findings were highlighted and feedback shared with NGOs and Blood Bank officials for taking action.

Catchment Area Annual Census:
Catchment Area Annual Census (CAAC) is a periodic census conducted in selected sites of the country by BPHS implementing NGOs annual at the beginning of the solar year. The LMG AF Project supported the HMIS department of MoPH to assist BPHS implementing NGOs in planning and implementation of this survey. This year (second quarter of 2014) a total of 2,605,064 households were surveyed in the catchment areas of 899 health facilities, in 26 provinces. The data provides key health and demographic information that is being used for health care management, identifying target groups for health services, and understanding health care coverage by BPHS implementing NGOs.

HIS Strategic Plan Revision:
During the reporting period, the LMG-AF Project supported the revision of the National HIS Strategic Plan (2016-2020). Key activities included holding stakeholders workshops to incorporate ideas; develop a new vision and mission; set strategic objectives, priorities, and interventions; and identify expected outcomes. From the workshops, the first draft of the HIS Strategic Plan was developed and presented to the HIS Steering Committee. The HIS core group is now working on the comments received from the HMIS Steering Committee to finalize the document in the next reporting period.

HIS New Structure and organization in MoPH:
Under the new HE Minister of Public Health, the MoPH HIS structure has been revised to facilitate better coordination by bringing together the data generating units (Surveillance, HMIS, M&E and Research) all under one umbrella. This unit is now called the HIS General Directorate and MSH's Dr. Attaullah Saeedzai who served under the LMG-AF project as HIS/M&E Program Manager was appointed as the Acting Director General of this new unit and has applied the management and governance principles learned under LMG to this position to continue to develop mechanisms to properly coordinate the units.

Figure 2: Participants in the HIS Strategic Work Plan Revision workshop

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

Activities during this reporting period focused on strengthening national level in-service training management and oversight systems, as well as direct support for the roll out of in-service training for health workers and managers in key areas. Now, not only are the national IST standards being implemented, but monitoring systems that include a database of IST resources and management of training information are under development to help operationalize the standards to improve targeting of IST activities.

Implementation of IST Standardization Guidelines:
In order to improve the quality of IST programs, the IST standardization guidelines provides for minimum standards of training programs to be used for health workers across the country. During this reporting period, the National IST Guide was finalized and endorsed by the MoPH General Director for Human Resources (GDHR). An orientation workshop on National IST Guidelines was conducted for National Trainers and IST stakeholders in Balkh on December 9th, 2014. The LMG-AF project also supported a workshop on the National Strategy on HRH Capacity Building with a Focus on In-Service Training on December 22-23rd, 2014 for all IST stakeholders across the country. The workshops built consensus around the need for the streamlining of capacity building activities, most importantly, IST programs within the health system. The strategy and IST Guide has now been distributed to technical departments of MoPH and 28 Provincial Health Directorates. Dari and Pashto versions of the guide will be distributed in April 2015.

Electronic IST database:
Currently, the various IST stakeholders provide training programs using different type of Learning Resource Packages (LRP's), some of which are outdated, and standards regarding training materials and delivery are not observed. To address this issue and ensure all in-service training programs of the same area of the trainings are conducted using standard and high quality LRPs, an electronic database was developed and piloted. The database was then rolled out to IST stakeholders through an orientation workshop conducted in December 2014. Data entry has been initiated and is slated for completion by

the end of April 2015. The IST unit at the MOPH has begun to conduct analyses of the data and has started providing feedback to stakeholders in order to update or complete their related LRPs. Once the data entry and analysis is complete, the database will be made available to all technical departments of the MoPH and IST stakeholders to design their related training in light of the provided available information and improve the quality of the trainings.

Stewardship and coordination maintained to improve the quality of IST:
During this reporting period, five Capacity Building Committee (CBC) meetings were conducted where the CBC reviewed various national guidelines to enhance CBC member knowledge, build consensus, and facilitate coordination of activities. Specific decision points are highlighted in Box 1.

Based on the stewardship role of the Capacity Building Department, the IST team conducted monitoring visits to Balkh hospital in December 2014. The monitoring visits discovered that the training center was allocated for the Obstetrics and Gynecology Ward; however, there was no person responsible for coordination of trainings and national trainers. Fortunately, an in-service training center for OB-GYN is in the process of being constructed which will be able to address all training needs within the region. In addition to these findings, monitoring visits conducted with Rabia Balkhi and Dasht-e-Barchi hospitals in February 2015 were shared with relevant colleagues for development of corrective action plans.

According to the National Strategy on HRH Capacity Building with focus on In-service Training; a Training Management Information System (TMIS) needs to be established to address all levels of training cycle. The IST Unit engaged with the MoPH HMIS Department to establish a coordination committee to develop the TMIS. The first meeting of coordination committee will be held in April 2015.

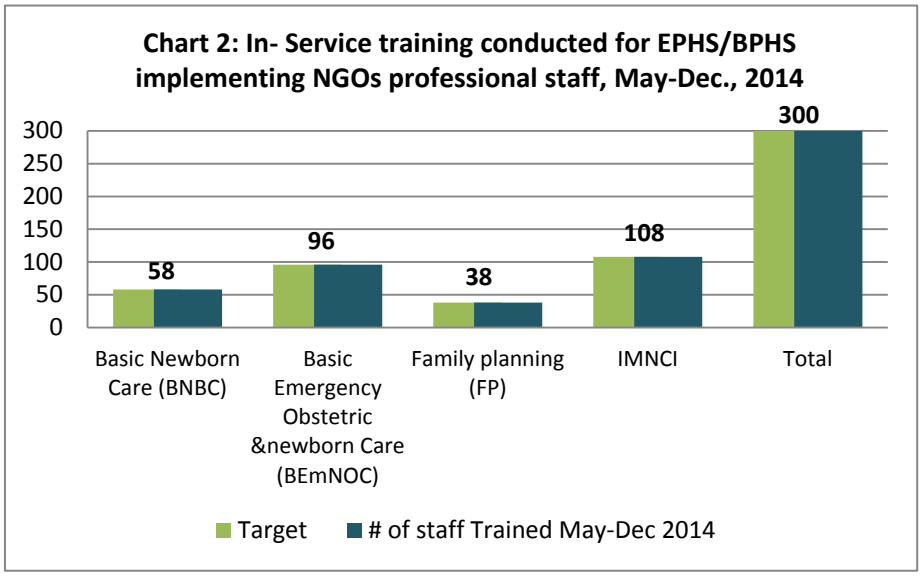
Box 1: Decision Points from Capacity Building Committee

- Finalization of National IST Guide and Guideline for Overseas Trainings;
- Finalization of National Trainers selection mechanism for existing trainers;
- Approval of IST Electronic Database;
- Review of the first draft of the Leadership, Management, and Governance (L+M+G) Institutionalization Strategy;
- Review of the Pharmaceutical Competency Framework;
- Review of the Pharmaceutical LRP is presented to the committee; and
- Presentation on LDP, L+M+G and Capacity Building approach.

During the reporting period, technical assistance was provided to the Capacity Building Department on training needs assessment (TNA) information management. The TNA data was collected, analyzed and the first volume of a TNA results report was prepared that covers the training needs of 581 employees of 26 MoPH technical directorates and departments (including central hospitals) and 2,962 requests for different types of training. This information is being used by technical departments to plan In-Service Trainings. The IST Unit of the MoPH conducted coordination meetings with seven MoPH departments and 18 central hospitals to orient them on the In-Service Training planning template and how to develop IST plans using the TNA data. The representative of the departments will submit the first draft of their integrated plans in May 2015.

Competency-Based In-Service Training completed for PCH/BPHS/EPHS health facility staff:

Chart 2 demonstrates the scope of In Service Trainings for facility based Health Care Workers that were supported by the project during the reporting period. Overall, the average improvement in participant knowledge and skills resulting from these IST activities was 20% to 40%, which is remarkable progress. The participants also acknowledged the importance job related capacity building trainings in their evaluations of the trainings.



Technical assistance provided to GDHR and other departments of MoPH:
The LMG-AF project collaborated with EPOS to provide technical assistance in development of concept note and budget to the General Directorate of Human Resources (GDHR) and Capacity Building Department (CBD) in the following:

- Workload Indicators of Staffing Needs (WISN) Workshop
- Dewdney (workforce planning) workshop
- Supported human resources coaching visits to 34 provinces
- Forensic Medicine and Medical Legislation Awareness Training

The LMG-AF project also supported the development of a testing and certification process for students who have completed their course of studies (nursing, midwifery, technician of dental prosthesis, and laboratory technician) outside the country. This process aims to ensure that students meet minimum standards of knowledge to qualify for their planned courses. The evaluation questions were developed and the certification exam was administered in October 2014. The IST team also facilitated two rounds of Effective Teaching Skills training for 50 teachers of Midwifery schools in order to raise the educational standards for curriculum delivery.

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

During the reporting period, activities under Sub-IR 1.5 focused on improving oversight structures to support strengthened nursing and midwifery practices and compliance with the national standards.

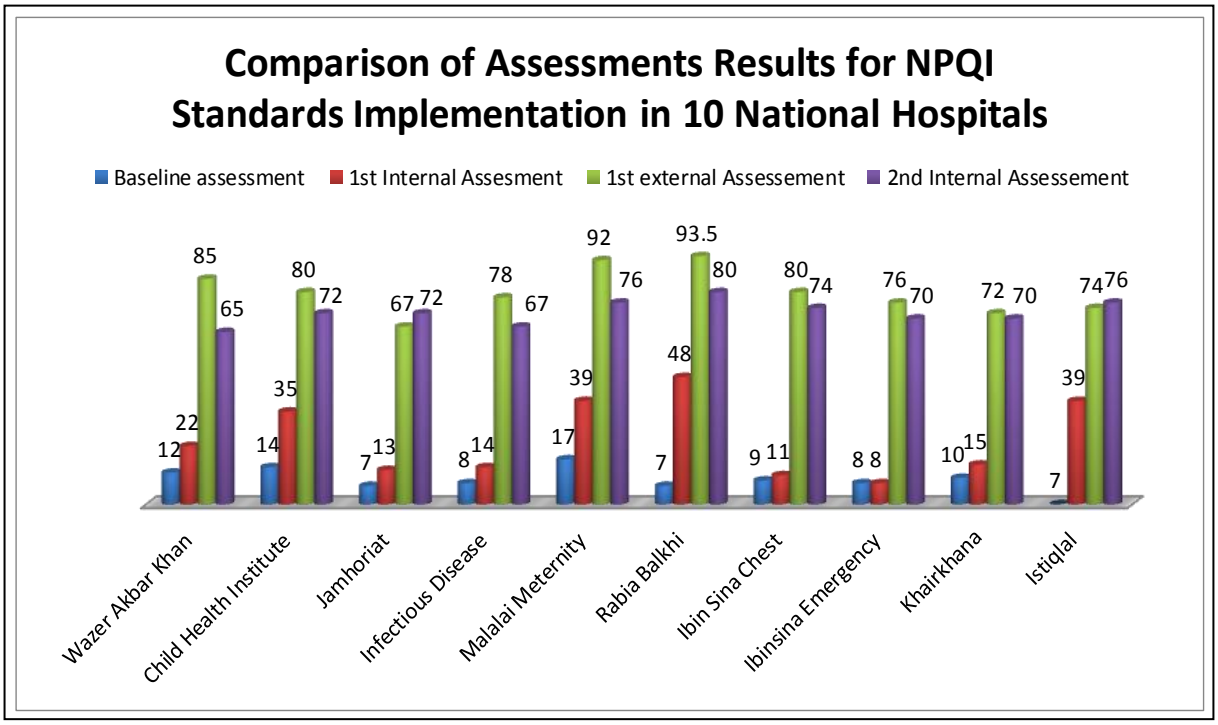
Implementation of National Performance and Quality Improvement Standards:

To ensure performance and quality improvement in nursing and midwifery practices, the LMG-AF Project supported the MoPH Nursing and Midwifery Department (NMD) to initiate the implementation of Midwifery Performance and Quality Improvement (MPQI) Standards in four maternity hospitals

(Rabia Balkhi, Malalai, Khairkhana and Istiqlal) in Kabul. The program team assisted NMD to develop terms of reference and establish MPQI committees; orient 36 MPQI committee members on MPQI standards, assessment methodology, data analysis and assessment reporting; and conduct baseline and first internal assessments on implementation of MPQI Standards in four target hospitals.

The LMG-AF project also provided technical assistance to NMD in conducting the first external and later an internal assessment (Baseline= March 2014, First internal= July 2014, First external= November2014, Second internal= March, 2015) of the Nursing Performance Quality Improvement (NPQI) standards in 10 target hospitals.

Chart 3: Comparison of the NPQI Assessment Results



The LMG AF project also supported the MoPH Nursing and Midwifery Department to select two batches of five national hospitals each where they established performance improvement committees and conducted baseline NPQI assessments. The committees were supported to analyse assessment data and design quality improvement interventions to address identified gaps.

Capacity Building for Nurses, Midwives and NMD Staff:

To build the stewardship capacity of the NMD staff, as well as nurses and midwives working at national hospitals, the LMG-AF project trained 36 nurses and midwives from NMD and 15 national hospitals on governance. The project also conducted a Performance Review and Networking Workshop for 52 NMD staff and hospitals nursing and midwifery committee heads and trainers. As a follow up for results of networking workshop, the LMG AF project assisted the establishment of a mechanism for tracking the status of the assignments given during the workshop to the nurses and midwives of the targeted hospital.

Nursing and Midwifery National Strategy Implementation:

To improve overall management and performance of the Nursing and Midwifery Program, the LMG-AF project supported the NMD to conduct a Nursing and Midwifery National Strategy Implementation

Workshop with the participation of 22 attendees from the MoPH as well as the Cure Hospital and 10 national hospitals. The project also assisted the NMD to develop and finalize the NMD annual plan for the year 1394 and revitalized the Nursing and Midwifery National Steering Committee as a coordination and decision making forum.

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

Activities during this reporting period focused on supporting the Child and Adolescent Health (CAH) Department to more effectively oversee and govern child health initiatives in Afghanistan. Specifically, the project supported strategy development at the national level to serve as the policy basis for programs and related implementation mechanisms and activities.

Development and revision of national child health policies:

The LMG-AF project supported the CAH to revise and enhance the policy and strategy platform for child health initiatives. The CAH team participated actively in the MoPH forums such as (RH, CBHC, MNCH, and PND departments) and achieved the following:

- Development and finalization of terms of reference for a subcommittee to develop an Adolescent Sexual and Reproductive Health (ASRH) strategy.
- Implementation of a World Pneumonia Day workshop.
- Integration of the scale up of the Integrated Child Survival Package (ICSP) through the CBHC Strategy.

The LMG-AF project also supported the CAH Department in revision of CAH policy and strategy. The process involved the establishment of a committee which involved a broad range of stakeholders from across the health sector and donor community. The strategy is being revised at this stage.

The CAH department effectively govern, (coordinate and follow up) child health related activities in the country.

The LMG-AF project supported the CAH task force which held three meetings during the reporting period. The following issues were addressed by the task force through these meetings:

- Finalization of the Advanced new-born care learning resource package;
- Review of Paediatric Hospital Treatment Protocols;
- Review of progress and results of the IMNCI evaluation;
- Review of the preparation for World Pneumonia Day celebration; and
- Review of the plan for the opening of the Indira Gandhi Institute of Child Health (IGICH) new-born care ward.

Figure 3: Provincial Maternal Child Survival Committee meeting in Badakhshan province on March 29. 2015.

The second meetings of the Provincial Maternal Child Survival Committees (PMCSC) in Baghlan and Badakhshan provinces were conducted and the maternal and child health score card at the provincial

level was reviewed and appropriate feedback was given to BPHS implementing NGOs. As a result, the implementing NGOs developed corrective action plans designed to address service delivery and quality gaps.

Integration of Child Survival Package (ICSP) into BPHS in USAID Supported Provinces

In order to effectively integrate the ICSP into the BPHS in USAID funded provinces, Community Health Supervisors (CHS) were trained on the package to facilitate scale up and roll out. During the reporting period, 34 CHSs in 4 provinces (Takhar, Bamyan, Herat, and Badakhshan) were trained on Community Based Maternal and New-born Care (CBMNC) and Community Based Growth Monitoring and Promotion (CGMP). Pre- and post-test results from the trainings indicate a significant improvement in knowledge acquisition from these trainings (Chart 4).

Chart 4: Pre- and Post-Test Results from CBMNC and CGMP Trainings

Provinces	Community based Growth Monitoring and Promotion(CGMP)		Improvement	Community based Maternal and Newborn Care(CBMNC)		Improvement
	Pre-Test	**Post Test**		**Pre-Test**	**Post Test**	
Bamyan	34%	85%	51%	63%	96%	33%
Takhar	35%	84%	49%	40%	90%	50%
Herat	58%	97%	39%	54%	90%	36%
Badakhshan	44%	87%	43%	40%	90%	50%

The LMG AF project also supported the CAH department to carry out 4 monitoring visits for the 4 provinces implementing ICSP. Findings from the visits were shared with the BPHS implementing NGOs to facilitate improvement in ICSP implementation. As a result of these monitoring visits, needed ICSP information, education, and counseling materials were supplied to all NGOs.

Integration of Paediatric Hospital Care Improvement Initiative (PHI) into EPHS

The PHI is maintained in three national and seven provincial hospitals and integrated in the revised EPHS. The PHI electronic database was developed and will be introduced to all PHI implementing hospital staff before the end of the project. During this reporting period, 100 health workers (65 male and 35 female medical doctors and Nurses) from five provinces (Herat, Takhar, Bamyan, Kabul, and Balkh) were trained on emergency triage assessment and treatment (ETAT). Trainings resulted in improvements in knowledge acquisition ranging from 51% to 77% per province.

Figure 4: ETAT training in Indra Gandi Institute of Child Health

For further improvement of pediatric care, the CAH has begun to focus on improving hospital reporting systems at the provincial and central level. The CAH Department had engaged with the HMIS Department

and is in the planning stages for a database which will be linked with the national HMIS database.

The Provincial Hospital Treatment Protocol for 133 common pediatric diseases was also developed and finalized through a consensus workshop in March 2015. By using this protocol, treatment will become standardized in order to improve access and quality of care for pediatric diseases and reduce child mortality.

Advanced newborn care package is introduced in selected maternity and pediatric hospitals
The standard new-born care training centre was established at the Malali Maternity Hospital and Indira Gandhi Institute of Child Health. The LMG-AF project equipped these centers with teaching materials and necessary equipment and furniture. These training centers are currently being used for conducting post graduate and in-service training for health providers to improve quality of care and service delivery. The Basic and Advanced Newborn Care packages were adapted for Afghanistan and introduced in consensus-building workshops to be used as comprehensive learning packages in Afghan hospitals. The packages were finalized in December 2014 and are in the process of publication.

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

Activities during the reporting period have focused on facilitating implementation of the HQIP in BPHS/EPHS facilities. Furthermore, activities contributed to achieving a benchmark established in the project workplan related to the enhancement of the PPHO capacity to contribute to HQIP implementation and oversight.

Provincial Roll-Out of HQIP:
During the reporting period, the LMG AF project supported the first meetings of provincial IQHC committees, which include representatives from the PPHOs and BPHS implementing NGO's, in five provinces (Kuduz, Nanagarhar, Herat, Kandahar, and Bamyan). Twenty people participated in each provincial committee and served as coordination bodies for the implementation of the quality improvement efforts at the province level. Additionally they serve as a liaison between health facilities and the MoPH, conduct baseline and quarterly external assessments, provide monitoring and feedback, and conduct learning sessions and coaching visits. During the meetings, the PPHOs were oriented on how to coordinate IQHC provincial committee meetings, agenda development, and meeting-follow-up.

The HQIP coaching visits were conducted in the same five provinces with select health facilities. The goal of the visits was to provide regular technical support to the QI teams in order to facilitate knowledge management and sharing of experiences among the health facilities. From these visits, it is recommended that each health facility QI team be visited at least once a month by QI coaches from the Provincial QI Committees, who are responsible for performing and managing these visits. These Committees will assign QI coaches, who are well-trained on the methodology and subject matter. The teams also monitored the outcome indicators and implementation of corrective actions based on developed action plans.

The learning sessions are the cornerstones of HQIP. In these sessions, IQHC facility teams get together and work on a specific quality improvement area. The teams share their experiences (lessons learned) and find breakthroughs to the common breakdowns and challenges. In the Learning Sessions, these teams also apply the quality improvement methods and tools to identify and analyze gaps; set aims for

specific improvement areas; develop corrective action plans, and decide on next steps. For cost effectiveness, the HQIP training modules are also covered during the learning sessions. As a result, evidence-based interventions are identified and combined to develop a change package.

The HQIP first learning sessions were conducted in five provinces (Bamyan, Herat, Kandahar, Kunduz and Nangarhar) for selected health facilities. A total of 180 participants (110 male, 70 female) including PPHOs, implementing NGO staff, officers in charge of health facilities, midwives, nurses, and CHSs from 50 different HQIP health facilities participated.

Figure 5: National and Provincial QI team members during a HQIP coaching visit to Nangarhar Province, March 2015.

To facilitate management of data generated from the program and monitoring of HQIP data, a HQIP database has been developed as a core component of the HQIP. Through the database, data on quality of services can be reviewed and analyzed to determine whether standards are being met. This is a national level database that is accessible at provincial and facility levels. Assessment data is entered in the provinces by implementing NGOs and PPHO staff. Through the internet, the data is then sent to the IQHC Department in Central MoPH. In the IQHC Department the data from all Provinces is synchronized and merged into a single IQHC Department database.

For roll-out of this database, the project trained 36 participants, including provincial QI focal points and HMIS officers (MoPH and NGOs). The goal of the HQIP database training was to introduce the PPHO and implementing NGOs' Data Management Officers to the HQIP database so they are able to enter the HQIP Standards data for analysis and reporting.

Facilitating Sustainability of the HQIP:

Due to the relatively new and not fully institutionalized HQIP initiative; few health facilities among the provinces are involved. Thus, the IQHC department has recognized the need for future support to sustain the current progress and to facilitate roll out to all 34 provinces. To facilitate this, the IQHC Department has been supported to advocate for the sustainability of the department and institutionalization of National IQHC Strategy and HQIP. The IQHC department presented IQHC achievements, challenges and recommendations to the HE Minister of Public Health. As a result, an IQHC proposal has been prepared and is being integrated into the SEHAT II proposals for on-budget health systems strengthening support to the MOPH.

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.

Activities during the reporting period focused heavily on measurement of the impact of the hospital autonomy process and specific capacity development activities that are aimed at achieving goals related to the phases of the Hospital Autonomy Process. Results of the monitoring activities have been documented in reports that have been shared with the MoPH and USAID and are in the process of being documented in a communications material on the scope and impact of the hospital reform process in

Afghanistan. In addition, new activities related to emergency department strengthening were initiated to meet new MoPH priorities for the National Hospitals.

Hospital autonomy evaluation:
In order to measure the program and evaluate the preparedness of the national hospitals for the implementation of phase two of the autonomy process, the LMG-AF project supported an external assessment of the process during the reporting period. The specific objectives were to explore changes in the following areas: functional performance of the hospital management teams; quality of services delivered; and health outcomes of the clients who use services of these hospitals. The report from the assessment provided recommendations for sustaining the gains and moving on to the next phases of autonomy. In general, the evaluation results demonstrated the positive impact of the autonomy process.

Highlights include:

- Increased decision-making autonomy under new systems;
- The Hospitals ability to plan, procure, and purchase their own medical and non-medical commodities according to needs and in a timely manner; and
- Twenty percent of the hospital leadership called decentralization and autonomy program "a wakeup call".

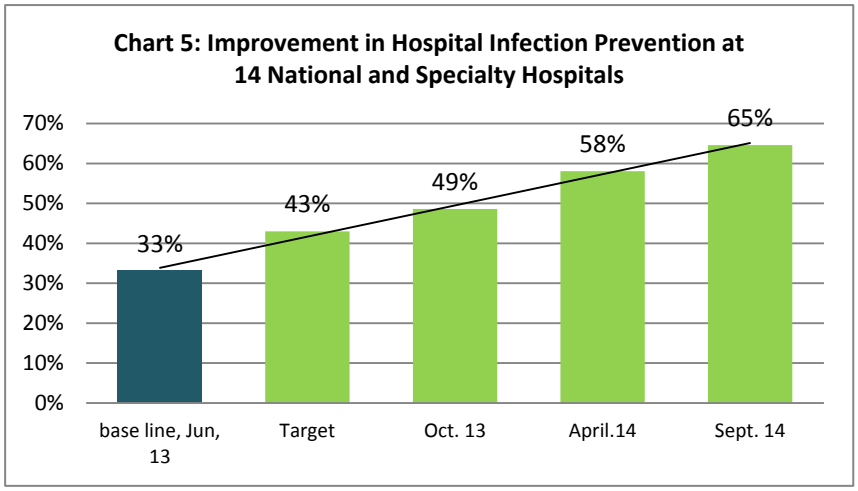
Patient Satisfaction Survey:
The second national Patient Satisfaction Survey was conducted at 14 national and specialty hospitals in November 2014. The purpose was to measure the satisfaction levels of patients utilizing the healthcare services in all 14 national hospitals to drive service delivery and quality improvement. The survey was implemented through a partnership between the LMG-AF Project, the MoPH Hospitals and the HIS departments. Results show increases in health care provider trust among users of hospital services.

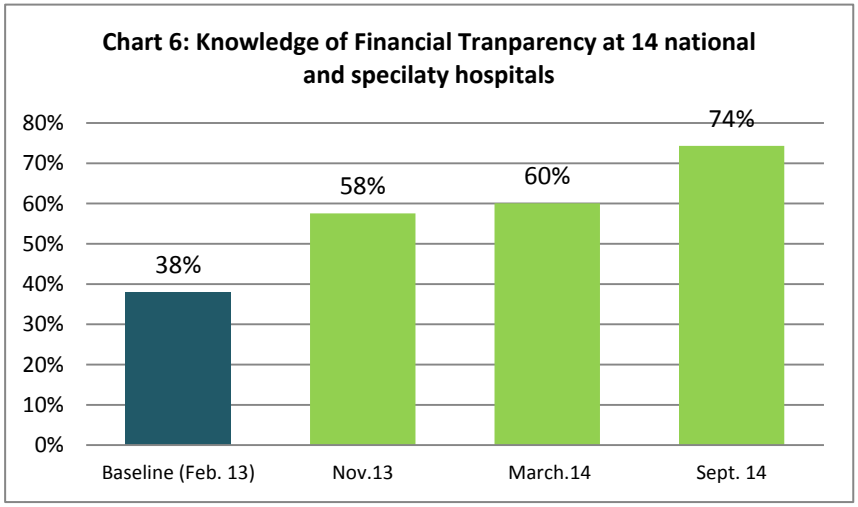
Establishment of Housekeeping System at Three National and Specialty Hospitals:
A critical gap in the national hospital structure has been the standardized housekeeping structures, which are essential to ensuring that proper hygiene standards are in place for infection prevention and disposal of bio hazardous waste. Despite numerous housekeeping staff within the national hospitals, there is still a lack of formal housekeeping departments, standards, and procedures. Department administrative and nursing personnel lack appropriate knowledge and skills and procedures or protocols do not exist to guide this process.

The LMG-AF project conducted an initial housekeeping assessment and planned interventions to facilitate a more structured approach to housekeeping within the national hospitals. Baseline assessment results have been used to develop action plans for system development at each hospital. Activities include organization of housekeeping operations, development of a housekeeping department organogram, review of job descriptions, timetables for activities, and the establishment of a hygiene material stock and delivery system. The hospitals will be reassessed by the MoPH Hospitals Department at the end of June 2015. Additionally, standardized housekeeping guidelines have been developed and presented to the MoPH Technical Advisory Group for approval. The LMG-AF project supported training for hospital staff to enhance housekeeping knowledge and skills through class-based and experiential training at the CURE International Hospital in Kabul.

Hospitals Quarterly Reviews:

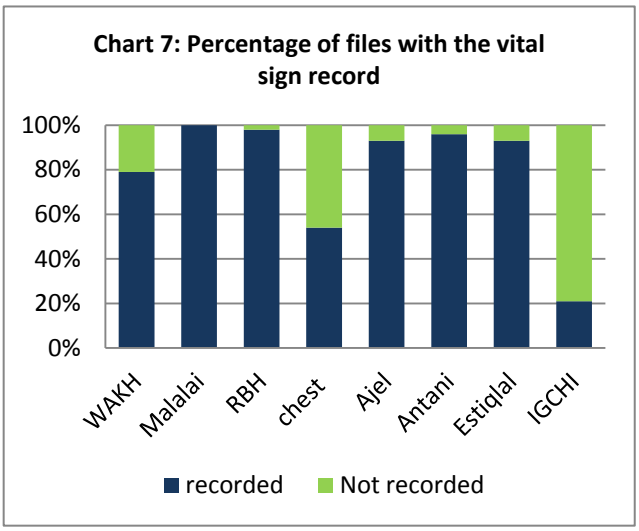
Each quarter all 14 national hospitals meet to review their progress, shortcomings, best practices, and to plan for improvements. During this gathering, each hospital presents on key HMIS indicators, procurement plan progress, and budget expenditures. The LMG-AF team also presents the results of routine assessments of filing systems, infection prevention, transparency, and pharmaceutical management that have been conducted at the end the each quarter. Charts 5 and 6 provide examples of aggregate data that has been produced from these assessments. The forum provides an opportunity for peer review, technical inputs for planning, and coordination of activities with other hospitals. Chart 5 and 6 also indicate that there have been positive improvements in the areas of financial transparency and infection prevention. Similar positive results have been seen in the use of laboratory materials and drugs from the hospitals, hospital management and planning.





Strengthened Hospital M&E Systems:
As part of the autonomy process, the national hospitals have been supported to improve the use of data from the HMIS systems with an aim of enhanced use of data for decision-making. Since the establishment of the HMIS system, hospitals regularly collect occupancy data and analyze it to use in making resource allocation decisions. In general, the bed occupancy rate (BoR) has an ascending curve. However, some of the hospitals, such as the Child Health Institute of Indira Gandhi and WAKH have bed occupancy rates between 90-100%, which is very high and can compromise service quality. The analysis of this data now permits hospitals to understand these figures and use them for planning purposes.

With improved M&E abilities, hospitals are now more systematically reviewing key clinical management activities from medical records. A data review at one hospital recently identified an unacceptably high level of patient deaths. Patient records were then reviewed which showed the weakness of quality of care. Chart 7 gives the example of a number of medical files with and without vital signs recorded. This identification of significantly high levels of unrecorded vital signs in some hospitals has permitted action planning to address the weaknesses.



Capacity building of Hospital Staff:
The LMG-AF hospital management program had continually tried to establish systems and improve the knowledge and skill of the administrative staff in the hospitals to enable them to function independently, meet critical operational standards, and sustain performance. During the past three years the program has organized a series of classes based training and continues to support on the job training through the MoPH consultant team. At the same time the LMG AF project has developed many guidelines, checklists, monitoring tools, job aide, etc.

Strengthening Hospital Emergency Departments:
National and specialty hospitals located in Kabul serve a population of approximately 5 million and are expected to be the reference hospitals at the national level. Currently, the Kabul national and specialty hospitals lack the facilities that are required to provide a minimum acceptable level of emergency care, mainly due to a lack of availability of space, organization and equipment. Emergency services in Kabul are vitally important, where a wide range of emergencies are faced due to road traffic accidents, terrorist attacks, armed clashes, accidental injuries, and many other health issues. Many patients visit the hospital for the first time in need of urgent care and are served by the hospital's emergency departments; these emergency departments are generally under-capacitated and under resourced. To improve this status, the new HE Minister of Public Health has made the establishment of the hospital emergency departments a key priority and promised the parliament that emergency departments will be established in all Kabul hospitals within the next six months.

The General Directorate of Curative Medicine (GDCM) has been asked to undertake a situational analysis and plan for the establishment of these emergency departments and several assessments have been conducted in which the LMG AF Hospital Management Program consultants have participated in. A committee was established to oversee the strengthening of hospital emergency departments and has achieved the following:

- Development of emergency department assessment checklist
- Assessment of emergency care availability at each hospitals
- Development of assessment report and submission to Minister
- Development of lists of required equipment, including costings (submitted to Minister)
- Development of a plan to establish the emergency department in each hospital, based on the assessment findings
- Completing the emergency department design for; Ibnsina Ajel, Ibnsina Sadri, Estiqlal, Rabi Balkhi, Wazir Akabar Khan and Indira Gandhi Institute of Child Heath hospitals, which are the first batch to be targeted.

Figure 6: The hospital emergency ward improvement meeting with Minster of Public Health, ISAF and LMG representative

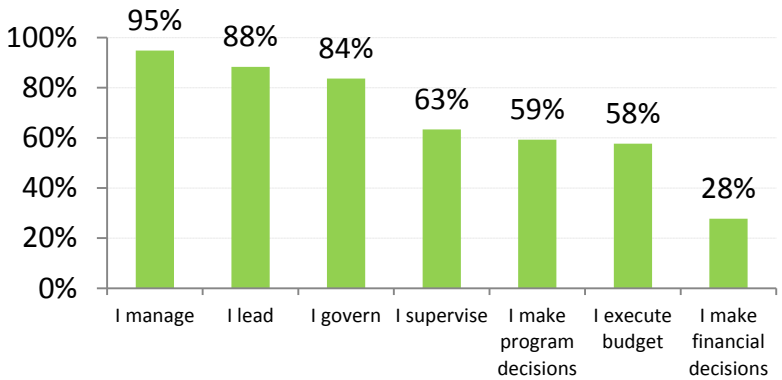
Sub IR 1.9: The MOPH is enabled to steward leadership, management and governance capacity development in the Health Sector

Activities under this area aim to further institutionalize leadership, management, and governance (L+M+G) capacity within the MoPH to enable its various units to more effectively steward resources and provide technical oversight to the health sector. Assessments of L+M+G competencies were made to inform activities, roll out capacity development processes (ex. LDP and LDP-Plus), and to engage across the MoPH for development of a broader scale strategy for the institutionalization of leadership development within institutional structures at the MoPH. Implementation was done at the GDHR, Capacity Building Department (CBD) and the Management and Leadership Development Department (MLDD). A program brief on the process of professionalizing leadership development in Afghanistan was developed and published to document the progress that has been made in the leadership development program.

L+M+G Competency Assessment:

An L+M+G competency assessment of MoPH managers at the central and provincial levels was completed in March 2015. The assessment had 361 MoPH respondents (mid-level Managers, 86% male and 14% female). Chart 8 provides an overview of the findings as they relate to the competencies required for mid-level managers to carry out their jobs. Between 74% and 87% of managers indicated that the need for additional training in the areas of leadership, management, public health, and governance would help them to be more effective in their positions. Five percent or fewer

Chart 8: Job requirements of L+M+G competencies



respondents indicated that they had received education or training in leadership competencies before they joined the MoPH, whereas 8-20% received such education or training after they joined the MoPH. This comparison indicates the importance of providing systems at both the pre-service and in-service levels to build skills in these areas. A full report of the assessment was developed by the project and has been shared with MLDD and the Capacity Building Department Director.

LDP-Plus Roll Out:
To enhance leadership development efforts, the LMG AF project supported roll out of the LDP-Plus methodology. The LDP-Plus builds on the LDP by establishing a link between community and facility level initiatives and provincial and national priorities. It also adds a governance element to the LDP process where governing bodies oversee LDP initiatives to ensure that they contribute to achieving key health sector priorities.

The LDP-Plus was launched in Baghlan, Herat, Takhar, Faryab, Jawzjan and Khost provinces and provincial governing bodies and technical coaching teams were established in each province.

During the reporting period, 58 LDP implementation teams are active at the health facility level in these provinces and each team defined their challenge (58 challenges in 58 health facilities). Out of 58 challenges defined by the team, 16 challenges were addressed and achieved their defined targets and 42 teams are progressing for achieving their targets.

To provide technical support and conduct on-the-spot mentoring and coaching, the LMG team members and the MLDD visited Takhar and Jawzjan provinces. The PHO team in both provinces was oriented on the LDP Plus training and implementation requirements, and guidance was provided to the PHO governing bodies and coaching teams. Alignment meetings were conducted with key partners, best practices were listed and shared with other provinces, and a success story was documented and shared with MSH and MoPH teams.

To enhance the link between leadership development and governance in the roll out of the LDP-Plus, 22 LDP-Plus volunteer trainers were trained on governance concepts through a training of trainers in December 2014.

Strategy for L+M+G institutionalization:
One of the very important milestones under LMG-AF project was the support to the MoPH to develop a draft strategy for L+M+G institutionalization. The project engaged with the MoPH through the Deputy Minister of Policy and Planning, to build engagement on the importance of such a strategy and to expand the reach of L+M+G capacity development across the institution and throughout the health sector. As a result of various engagement meetings, consensus building workshops were convened to develop a draft strategy. The strategy was completed in February 2015 and is ready to be submitted to MoPH Technical Advisory Group (TAG) for approval once the body reconvenes. In the interim, the strategy has been provided to HE Minister of Public Health and Deputy Minister of Policy and Planning for their review and remarks.

Health IR 2: Improved capacity and governance of the MOPH Provincial Liaison Directorate and Provincial Public Health Office (PPHO) 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

During the reporting period, provincial health systems strengthening activities focused on the provision of continued capacity building support for the Provincial Liaison Department (PLD). Activities included, the development of a decentralization strategy; oversight, monitoring, assessment, and capacity building for the PHOs, facilitation of the preparation of proposals for on-budget support to the PHOs and the PLD through SEHAT. These activities aimed to not only strengthen oversight functions within the provincial health system, but also to develop plans for future sustainability and improved coordination and oversight functions.

Implementation of the Provincial Budgeting Initiative (PBI)

During the reporting period, the LMG-AF project supported the process of the revision of guidelines on the PBI, which are aimed at provincial public health teams. These are to be used for the development of their proposals for PBI funding as well as throughout implementation of the process. The LMG-AF project also provided support to the PLD and 34 provincial health teams of Afghanistan to prepare for the development of their 5-year proposals under the Sub-National Government Thematic Area of the SEHAT project. A three day workshop was conducted for all 34 provincial public health teams of Afghanistan in which three relevant officers from each province participated. The MoPH Provincial Liaison Directorate (PLD), as the lead department for the Subnational Governance (SNG) thematic area of SEHAT Project was assigned by the MoPH leadership to facilitate the process of developing the subnational proposals at the provincial as well as at the central PLD levels. The provincial teams were oriented how to assess, prioritize and plan their needs and submit their proposals. Currently, certain policy level issues need to be resolved before the PBI process can proceed further.

Development of a National Decentralization Strategy and SEHAT Subnational Governance Proposal

During the reporting period, the LMG-AF project completed an external assessment of the PPHO capacity in partnership with the Governance Institute of Afghanistan (GIA), to identify strengths, weaknesses, and needs for support to inform the development of a national decentralization strategy and the PBI process. A report from the assessment was completed and shared with the committee that is developing the decentralization strategy. The process of developing and finalizing the strategy has experienced some delays related to engaging inputs from appropriate stakeholders, and the changes in the MoPH leadership.

The PPHO capacity assessment was also used to inform the development of the Subnational Governance Proposal under SEHAT. The LMG-AF project participated in the working group for the development of the proposal and has collaborated with the Provincial Liaison Department to support the revision process to respond to MOPH and World Bank comments.

Governance Capacity Building for PPHOs:

Activities supported during this reporting period have resulted in 4 new Provincial Health Coordination Committee (PPHCC) teams that are practicing good-governance and applying the PPHCC Governance Guidelines. A full orientation workshop was conducted for the PPHCC members of four provinces (Bamyan, Sar-e-Pul, Nimroz and Farah). The workshop included sessions on key governance practices and the participants conducted a self-assessment of how these practices are carried out. Results were used by each PPHCC team to develop six month action plans to enhance governance practices.

During the reporting period, PPHCC teams in nine provinces (Paktya, Paktika, Ghazni, Helmand, Badakhshan, Takhar, Baghlan, Jawzjan and Faryab), completed their governance enhancement plans and held post-implementation assessment workshops to review action plan implementation.

Cumulatively, the project has completed roll out of the PPHCC Governance Guides in 16 provinces and baseline and end line assessments in 12 provinces.

Provincial Public Health Learning Centers (PPHLCs)

Figure 7: Jawzjan PHD opening the workshop and

In previous reporting periods, the LMG-AF project had supported the development of three Provincial Public Health Learning Centers which serve as important venues for training, knowledge exchange, and sharing of key MoPH tools and resources. During this reporting period, the project assisted the MoPH to establish a fourth PPHLC in Jawzjan province followed by a PPHO task sharing and learning exercise for neighboring provinces. The center was inaugurated in January 2015 and PPHO teams from four neighboring provinces (Faryab, Sar-e-Pul, Samangan and Baghlan) participated in a task sharing exercise. The experience and best practices of the PPHO teams were shared and action plans were developed for each province to address strengths and weaknesses that were identified in the workshop. Following the Task Sharing and Learning workshop an after-action review was conducted to improve such exercises for the future and identify the next steps.

Additionally, during the reporting period, the LMG-AF project updated 58 % of the PPHO teams on key MoPH documents and resources available through provincial resource centers, based within the PPHOs. These resource centers function like libraries for key MoPH policies, strategies, procedures, and other necessary resources for the PPHO teams and stakeholders. During monitoring visits, an assessment was done of knowledge and access to key MoPH resources. Findings indicate that 20 provincial public departments have had orientation sessions on key MoPH documents. Additionally, at least 20 MoPH policy-documents existed in the resource centers of the visited provinces.

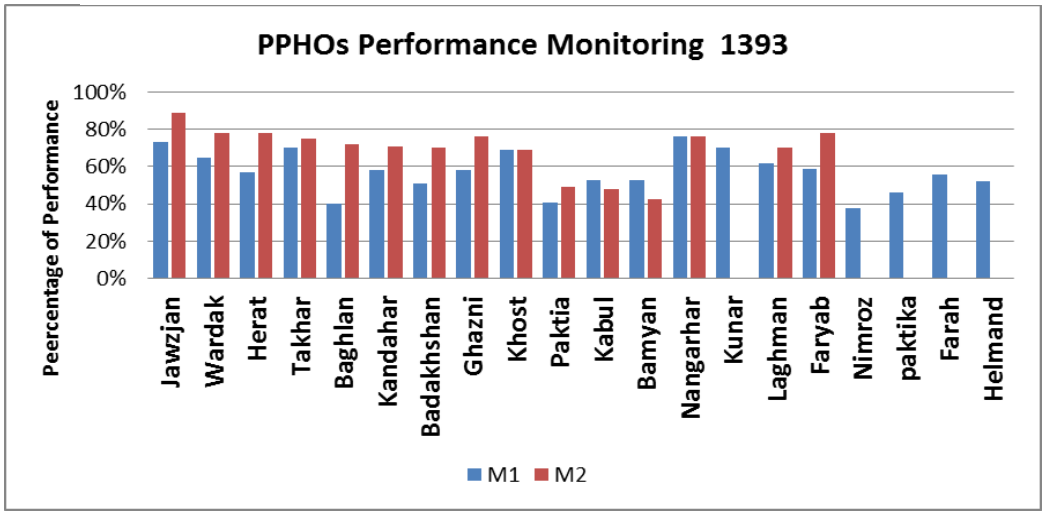
Revision of the Core Functions Framework and Monitoring of PPHO Performance

During the reporting period, the LMG-AF project supported the Provincial Liaison Department to revise the provincial core functions framework by adding a governance component to the framework and to refine other key areas.

The LMG-AF project supported the monitoring of the PPHO performance through application of the PPHO monitoring checklist during provincial visits. This has been a key accountability mechanism for the PPHO performance and facilitates the identification of weaknesses and action planning to address gaps. To improve impact of monitoring, 27 governance questions were added to the checklist. Additionally, a monitoring database was developed and piloted, which stores, manages, analyzes, and facilitates use of the monitoring data.

Currently, the second round of monitoring visits has been completed in 15 out of 20 provinces which were monitored in the first round. Findings from these follow-up visits show remarkable improvements in the performance of 11 provinces, no improvement in 2 provinces, and declines in performance in the remaining 2 provinces (See Chart 9).

Chart 9: Results of PPHO Performance Monitoring Visits for Year 1393



The decline appears to be primarily the result of turnover in the PPHO team members, indicating the importance of individual capacity building and orientation as part of the PPHO capacity building process and to the PPHO performance. The findings of the PPHO Performance Monitoring Visits were presented in the Provincial Health Support Coordination Committee (PHSCC) meeting of each province.

Education IR 3: MoE capacity to effectively manage USAID on-budget education activities improved:

Based on the understanding between USAID and the Ministry of Education (MoE), the LMG-AF Project does not provide any specific technical assistance to the MoE. USAID continues to use the LMG-AF Project as a mechanism to ensure that the embedded TA within the MOE has received necessary operational support. During this reporting period, the LMG-AF Project continued to fund the operations of the Project Management Team (PMT) and Community Based Education (CBE) embedded consultants. In addition, USAID decided to hire another 22 CBE consultants during 2014. The LMG-AF Project supported the recruitment process, which came to a conclusion during this reporting period. In addition, LMG processed the recruitment of a national senior advisor to the MoE under Office of Chief of Staff.

The LMG-AF Project also supported a 50-day Level of Effort (LOE) for international consultants on Education for all (EFA). The last part of that LOE was closed in November 2014.

Challenges

During this project year the LMG-AF project faced challenges which have hindered progress in various programs. Several cross cutting challenges worth highlighting include; limitations in terms of longer term strategic planning resulting from the change in government leadership at the national and MoPH levels with shifting priorities, the reduction in donor funding to support MoPH programs and consultants, and a transition to SEHAT and institutionalization strategy still being defined. Specifically, the change in GIROA and MoPH leadership has resulted in changes in various leadership staff at the MoPH, requiring orientation and support to help them get up to date on activities. Additionally, this has slowed down decision-making processes as various levels of leadership are reluctant to make decisions until new priorities are decided or decision-making bodies are in a transitional phase (ex. Technical Advisory Group).

Delays in implementation of SEHAT have resulted from evolving guidelines, weak coordination of the proposal review process between the MoPH and donors, and the need for additional reviews within the GiROA and MoPH. There have been significant delays in the review process for the 10 SEHAT thematic proposals related to the repeated need for revisions to respond to comments from the World Bank and the MoPH. Additionally, the changes in MOPH leadership have also stopped the process of rationalizing the distribution of the consultants under LMG and other donor funded projects. These delays to SEHAT and the human resources rationalization present significant concerns regarding sustainability, as they are both mechanisms poised to take on some of the elements of the LMG-AF project following the end of the project in the next reporting period. To address these issues, the LMG-AF project continues to advocate with the MoPH leadership and USAID about what steps will be necessary to get the processes back on track.

The LMG AF project has also experienced challenges in specific program areas. A specific program to note in this context is the Nursing and Midwifery Development program (NMD), which has faced

significant challenges primarily resulting from a lack of effective coordination and alignment with the LMG project related to poor management on the part of NMD program leadership. This has had the effect of reducing staff motivation resulting in underperformance in the implementation of planned activities. This has been further exacerbated by unresolved negotiations between the NMD and General Directorate of Curative Medicine staff.

The hesitance to embark on longer term strategic planning comes as a result of the impending reduction in donor funding and the revised priorities and shifting support of the new government. This has held up or delayed the approval of various national strategies, including the strategy to Institutionalize L+M+G. An additional challenge in this area is the government decree banning the recruitment and replacement of many consultants seconded within the MoPH. This has had a significant impact on the effectiveness of the MLDD in particular. Furthermore, an incompatibility of the MoPH Tashkeel with compensation levels which have become the norm for donor supported consultants has been a barrier to transition and sustainability planning, particularly for the CBHC program. The overall reduction in international donor funding to support consultants and programs is already manifesting as increased staff attrition, particularly among those most knowledgeable and experienced consultants, many of whom are leaving the MoPH to work for other donors and USAID implementing partners.

Another challenge resulting from the shift in government and its priorities have been the delays in defining the strategy to institutionalize L+M+G in the health sector. A process further complicated by non-compliant partners and delays in an L+M+G competency assessment due to a delay in the response from the MoPH teams at both the provincial and central levels. Specifically noted were incomplete data and poor follow-up prior to January, 2015. This has highlighted the need for greater support in improving the program and ministry governance, particularly in this time of transition.

On the project side, the LMG project has experienced its own challenges with staff attrition. As the project comes to a close, several staff has decided to leave, resulting in challenges covering workloads given the reluctance to recruit new team members with little project time left. Additionally, the project had 2 program managers recruited to serve as acting directors at the MoPH. The project has viewed this as positive for the MoPH as these individuals are now able to operationalize the L+M+G principles in their new roles, however, it has weakened technical expertise in the areas of HMIS, M&E, and provincial health systems strengthening within the project.

Opportunities

Several good opportunities have arisen in this project year bolstered by a general improvement of coordination between and across certain MoPH core programs and key stakeholders such as the new government, provincial stakeholders and partners. This indicates an improved framework for a more holistic approach to health programs strengthening and greater cost savings across the MoPH programs. At the provincial level there has also been improvement in the PHO performance and collaboration with BPHS/EPHS NGOs and the MoPH.

The roll out and implementation of SEHAT II has provided a new avenue for program component financing, specifically the integration of proposals for several program areas supported by the project into SEHAT II. SEHAT II offers a potential framework for the sustainability of these programs reinforced by the endorsement of the national government and the MoPH leadership.

Additionally, the IQHC has seen an increase in opportunities in terms of technical support and political support resulting in greater staff motivation and more significant achievements in those programs. These achievements have been further strengthened by an increased commitment to the institutionalization of various programs furthering their sustainability following the LMG project.

Lastly, in the previous reporting period, the project had focused significantly on communicating impact and results. The development and production of program briefs on community based health care and leadership development have been aimed at sharing results and demonstrating how crucial these activities are to the Afghan health system. The project has also prepared for additional end of project related program activities, which will bring together voices from the donor, government, and implementing partner communities to discuss the challenges of sustainability in Afghanistan beyond the life of the LMG-AF project.

Closeout and Sustainability Planning/ Next Steps

Next steps for the LMG-AF project are framed in the context of project closeout with a focus on key sustainability and transition strategies. The LMG-AF project will host its end of project event on May 26th reflecting on key accomplishments, project impact, sustainability and transition plans. Fundamental to a successful transition is securing a framework for the continuation of key successful program areas and their continued growth and development under the stewardship of the MoPH. Particular areas to note are the development and endorsement of transition plans for key program areas by the MoPH, transition plans to integrate as much as possible the consultants which will not continue to be supported by USAID and mapping out the eventual transition of those consultants which are being extended under LMG. An important part of the sustainability and transition of consultants is the accommodation of the MoPH Tashkeel to absorb those consultants which will facilitate the retention of as many key consultants as possible to ensure continued implementation and success of program areas under the LMG project.

Beyond the transition of these consultants and program areas to the MoPH, there must be particular attention paid to defining transition and sustainability strategies for those programs not prioritized in the SEHAT II Proposals or by MoPH leadership, but which are considered essential particularly the CBHC and IQHC departments. Finally, the MoPH approval for the revised CBHC strategy is pending and requires strong advocacy with both the MoPH and donors to integrate existing CBHC and IQHC departments and consultants into the MoPH Tashkeel. The SEHAT II offers a framework to sustain these programs pending the finalization of strategic workplans by program area. Ultimately, to facilitate the transition and sustainability process a compromise must be negotiated between the existing donor funded consultant structure and the MoPH Tashkeel.

Another key area is integrating and building on the existing HIMIS capacity across programs to lay the foundation for a more holistic national health strategy leveraging accurate data collection and utilization for decision making. Specific activities to note in this area include training provincial CBHC officers on the use and maintenance of the CHWs database, training officers in the nine provinces on HRMIS and TMIS, conducting data utilization workshops for the PLD, mental health, TB and blood bank departments of the MoPH, and establishing a coordination committee for the incorporation of the new IST reporting system into the HMIS.

Additional specific activities by program area include:

- ✓ **CBHC:**
  - Training of 12 more Health Shuras across Baghlan, Kabul, Balkh and Bamyan provinces on Health Shura Guidelines.
- ✓ **HIS:**
  - Assist the MoPH HIS department to initiate preparations for the Health Results Conference for 2015.
- ✓ **IQHC:**
  - To complete the remaining initial assessments in three provinces
  - Printing of IQHC implementation guides and training packages.
  - Translating the IQHC implementation plan into Pashto.
- ✓ **CAH:**
  - Printing and dissemination of advanced new born care manuals.
  - Printing and dissemination of IMNCI student manual for KMU.
  - Printing and dissemination of PHTP.
  - Convening the national maternal child survival committee.
- ✓ **IST:**
  - Finalize the translation of national IST Guides into Dari and Pashto.
  - Provide feedback to the MoPH technical department regarding the standardization and updating of at least 10 LRPs.
  - Institutionalize the use of Training Needs Assessment (TNA) information for IST planning through advocacy meetings with stakeholders.
  - Advocate for the sustainability of the IST program and implementation of the National HRH Strategy on Capacity Building with a focus on IST.
- ✓ **NMD:**
  - Continue providing technical support in the implementation of the NPQI and MPQI standards in national hospitals.
  - Capacity Building of the NMD staff.
- ✓ **Hospital Autonomy:**
  - Follow up on the housekeeping system.
  - Follow up on the hospital shift system.
  - Performing a quarterly review.

Attached Appendices

Project Monitoring Plan