

Leadership Management and Governance/Afghanistan Quarterly Progress Report: July – September 2013

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The Leadership, Management and Governance (LMG) Afghanistan program will further strengthen the capacity of the Afghan Ministry of Public Health (MoPH) to lead, govern and manage the scale of access to and quality of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS), particularly for those at highest health risk. The project will also continue to support capacity building of the Ministry of Education (MoE). The LMG Afghanistan program is an 18-month intervention starting in September 1, 2012 and extending to January 31, 2014. Total budget for the 18-month period is \$25,400,800. In collaboration with USAID-Kabul, LMG-Afghanistan has received an 8 month extension of the project, with associated additional funding of ~\$4 million for the additional months of activities.

Leadership, Management, Governance, Health Systems Strengthening, Ministry of Health, Afghanistan

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Leadership, Management and Governance (LMG) Project

Quarterly Progress Report

July-September 2013

PROGRAM MANAGEMENT

Main Achievements

Challenges

Next Steps

PARTNERSHIP CONTRACTS FOR HEALTH SERVICES (PCH) AND ON-BUDGET

Main Achievements

Challenges

Next Steps

HEALTH INFORMATION SYSTEM (HIS)

Objective: Provide technical assistance to strengthen On-Budget governance practices, monitoring and evaluation at MoPH

Main Achievements

- The HMIS department held Civil Registration and Vital Statistics comprehensive workshop for four days i.e. 15-18 September 2013. The workshop was financially supported by WHO. LMG AF, WHO and HMIS department of MoPH provided technical support. The participants from Ministry of interior, Central Statistic Organization and MoPH attended the four day workshop. The workshop participants divided in three groups i.e. Mol group, MoPH and CSO group the assessment took place in the following areas:
 - Legal bases and resources for civil registration
 - Registration practices, coverage and completeness
 - Death certification and cause of death
 - International Classification of Disease (ICD) mortality coding practices
 - Data access, use and quality checks.

The prioritized in each area was developed along budget, and the final report will be drafted by WHO regional advisor.

- Lot Quality Assurance sampling survey data collection was done during August 2013 in Partnership Contract for Health project's all 13 provinces, and 8 European Union supporting
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provinces. The survey was technically supported by LMG AF. This survey provides NGOs a sense on outcome indicators in their catchment area, and provides the high, medium and low priority districts in term of health services.

- The data collection for Catchment area annual Census is in progress during July to September 2013, the final data will be available by end of October 2013. The data quality was an issue with CAAC during last year, so LMG AF is planning to support NGOs through HMIS department and GCMU to introduce data quality measures i.e. data quality analysis checks, refresher training to the NGOs staff and improve supervision during data collection.

Challenges

- The HMIS department produces quarterly report and disseminate widely among all stakeholder, but the Data use by technical MoPH Department is still a challenge, as program specific M&E capacity is required.
- The Health information department i.e. HMIS, Research, Disease early warning and response, and M&E departments are located under different Director general, well coordination among all these department is not existed, so unique feedback to the health system is not provided appropriately.

Next Steps

- CAAC data analysis and quality check workshop to the NGOs HMIS officers to help in improving CAAC data quality and encourage data use. This workshop will help in understanding CAAC data.
- LQAS data analysis workshop to PCH and PGC NGOs provincial and central offices teams.
- Health Information System Steering Committee meeting
- Data use subcommittee meeting for improving data use at central and provincial health teams.
- ICD 10 Training of trainers by WHO consultant
- HMIS refresher training for NGOs HMIS officers.

COMMUNITY BASED HEALTH CARE (CBHC)

Main Achievements

1. Family Health Action(FHA) Groups

The program provided technical support to the MoPH CBHC Dept to expand establishment of new FHA Groups to both USAID and Non-USAID supported provinces through NGOs. Data collected from BPHS implementer NGOs showed that they have established 102 new FHA Groups in Saripul, Laghman and Uruzgan provinces. Totally, 246 FHA groups are established since FHA group TOT has been conducted by CBHC to NGOs.

2. Monitoring

To improve quality of CBHC services, the CBHC team revised the CBHC National monitoring checklist and conducted monitoring visits to Ghor, and Balksh Provinces. They monitored CBHC

activities/ intervention in three health facilities (HFs) and eight health posts (HPs) in three districts of Ghor and five HFs and 8 HPs in three districts of Balkh. The team shared their feedback with PPHO and implementing NGOs in connection with CHWs' training, supportive supervision, coordination amongst stakeholders, establishment of new FHA Groups, and CHSs training in respective provinces.

3. Capacity building of CBHC staff

- a. Dr. Masoud participated in six- week training course on reinforcement of public administration and community partnership for reproductive health in Japan
- b. A total of 15 members of CBHC including 5 MSH/MoPH consultants and 10 provincial CBHC officers attended a three-week training course on Development of Community Health Care Services jointly organized by KOICA and UNDP in South Korea.
- c. Head of CBHC program participated in a three-day community-based new born care regional planning meeting conducted in Nepal. Participants of the meeting development action plans on how to decrease newborn mortality and morbidity rate in developing countries.

4. Health Shura guideline

To assist the health post and health facility shuras in successfully meeting their challenges, and assist the health shura members in discharging their role and responsibilities in effective, efficient, transparent and accountable manner, the program drafted a health shura governance guideline and shared it with national and international experts. The CBHC team incorporated experts' input and comments in drafted Health Shura guideline, manual and checklist for further processing and finalization. Documents will be reviewed once again in a workshop that is planned to be held in Kabul and final version will be translated and presented to MoPH for their approval.

Challenges

- Low capacity of NGOs and provincial health teams in addressing CBHC needs and requirements
 - Turnover of provincial CBHC Officers
 - Shortage of female CHSs
 - Ambiguity in NGOs contracts in terms of required CBHC activities and related trainings
 - Weak reporting system
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- Weak communication between NGOs and CBHC

Next Steps

- Follow up on recruitment process of 8 remaining Provincial CBHC officers
- Follow up of CBHC upgrading to Directorate level in MoPH organogram with General Directorate of Human Resources and General Directorate of Preventive medicine and provide necessary documents
- Establishment an effective communication mechanism with different NGOs and CBHC officers to ensure collection of reliable data
- Working on reporting system of CBHC officers (team work) to report us regarding CBHC components in formal format or data base system

IN SERVICE TRAINING (IST)

1.1 IST standardization guidelines and basic package of IST are developed and introduced to IST stakeholders/partners to ensure quality IST training and activities at the country level.

- The national strategy for Human Resources for Health (HRH) - Capacity Building with focus on In-service training presented to the Admin & Finance Sub-committee (replacement of CGHN) and it was approved by the subcommittee members and passed to TAG on Sep 11, 2013. By endorsement of this strategy, the Ministry of Public Health demonstrates its continued commitment to improving the quality of health care for all Afghans by promoting, coordinating, facilitating, and setting standards for continued professional education for health care providers through in-service training.
- The IST revised on budget proposal officially submitted to General Directorate of Policy and Planning on Sunday July 21,2013
- IST team member actively participated in three day workshop on development of Regulation for Testing & Certification. A draft regulation developed during the workshop on 18-21 Aug
- IST program developed and finalized next one year work plan (Sep 13 till Oct 14) including transition outcomes, benchmarks and indicators and budget.
- Data collection for development of basic package of IST is ongoing in Mental Health, CBHC, Gender, National Tuberculosis program, Disability, Reproductive Health, IMCI, Blood bank. and Malaria departments
- The general direction parts (Pre-Training, during training and post training) of IST standardization guide line is completed.
- The first phase of IST providers mapping process is completed. The 27 providers was mapped in 23 provinces and 56 questionnaires filled.

1.2: Monitoring and feedback mechanism are established to provide technical assistance to IST implementers for improvement quality of IST.

- IST/CBD team revised the Capacity Building Committee's ToR based on Capacity building committee meeting comments and suggestions. The revised ToR was approved by MoPH and now IST team has MoPH approved ToR for capacity building committee.
- IST team member participated in World Bank SEHAT and CBRF mission meeting that was held in GDHR office. The SEHAT and CBRF was presented by Dr. Shahir General Director of Human Resources on 24 Sep, 20 13.
- The findings of CBD/IST team Joint monitoring visit along with documents submitted to minister's office for review and further directions. The following are key findings:
 - ✓ There was no training focal point for the regional training center
 - ✓ Lack of proper planning for in-service training programs at regional level
 - ✓ Poor quality trainings were conducted by different organizations
 - ✓ Lack of training programs coordination and having no focal point for coordination of in-service training activities
 - ✓ Lack of training equipment in training center
 - ✓ There is no criteria for selection of training participants
 - ✓ Outdated training materials
 - ✓ Lack of capacity building programs for national in-service trainers
 - ✓ Lack of available teaching material in Pashto language

Challenges

- Receiving a lot of adhoc and unplanned requests from MoPH

Next Steps

- Presentation of National Strategy on Human Resources for Health (HRH) Capacity- Building with focus on In-service training to TAG and minister's office
- Conducting Capacity Building Committee meeting
- Continuation of regular meeting with MoPH different technical departments to fill out the Basic package of IST developed questionnaire
- Continuation of procedures development part of IST standardization guideline with close coordination of MoPH different technical departments and Capacity building committee
- Data entry, cleaning ,analysis and preparation of first draft of IST providers mapping report

Main Achievements

Initial FDP

LMG provided technical and financial support to the GIHS, CHNE program in successful completion of initial phase of the Faculty Development Program (FDP) for CHNE-P schools, newly established in Jawzjan, Faryab, Kandahar, Helmand, Ghor, Daikundi, Logar, Wardak, Nimroz and Urozgan provinces.

FDP is a four phase program that enables the community nursing teachers to teach their students using different teaching methodologies in order to develop their competencies and enable them work independently while deployed into the community. Lasted for two months, initial phase of the FDP was conducted for 50 CHNE teachers in Kabul.



FDP trainees in working group discussions

Distribution of certificates to the FDP participants

Nursing Standards Implementation workshop

LMG supported the MoPH Nursing and Midwifery Department to conduct a three-day TOT for nursing trainers on nursing standards implementation in order to strengthen understanding of those trainers on national nursing standards, improve their competency and support them transfer knowledge and replicate the training for nurses who work in national and then regional and provincial hospitals.

In total 20 nursing trainers from the three regional hospitals (Herat, Kandahar, and Jalalabad,) and 12 Kabul hospitals (Rabi Balkhi, Malalai, Wazer Akabarkhan Jamhoriyat , IDGH child health Institute , Infectious Disease , Istiqlal, Ibinsina Chest , Ibinsina Emergency , Khairkhana, and Ataturk) attended the workshop and developed training replication plan and post training follow up mechanism.

CHEN standards implementation field guide

The program provided technical support to the GIHS CHNE program to draft a field guide for implementation of CHNE standards which describes all criteria for CHNE standards in organization,

governance, infrastructure, curriculum, and students and Instructors to prevent misinterpretation by assessors.

LDP

To improve leadership & management practices in GIHS and N&MD of MoPH, the program started the Leadership Development Program in close collaboration with the MLDD team, and conducted first phase of the LDP training for 25 GIHS and 5 NMD senior staff for three days in GIHS. Other phases were planned to be conducted as per agreed upon schedule.

Challenges

GIHS:

- Too much Bureaucracy
- Forcing of personal idea by director
- Director is focus and busy with ad hoc issues
- Poor coordination among GIHS management team (director and deputy)

NMD:

- Too much Bureaucracy
- As the director position is vacant since long time the rest of the team has difficulty to grasp and follow the transferred skills and knowledge

Next Steps

- Second phase of the LDP workshop for GIHS and NMD senior staff.
- Completion of the CHNE Standards manual(field guide)
- Data entry of assessments conducted by AMNEAB (Non-binding and binding) for four schools.
- Follow up of initial FDP in implementation side.
- Assist the formal process for development of IEC (Information, Education and Communication) material for CHNE-Ps.
- Establishment of Nursing Performance Improvement Committee in selected hospitals
- Further development on FDP database, this document should be adjusted according to the nature of program and data entry to be started by FDP master trainers through the technical support of the FDP coordinators in GIHS.

CHILD AND ADOLESCENT HEALTH (CAH)

Main Achievements

- I. CAH newly developed policy and strategy is in line with MoPH policies and strategies**
 - CGHN and TAG attended and ensured that new documents are consistent with the national CAH policy
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- South Asia regional conference attended in Nepal and Afghanistan Newborn action plan presented in the conference, the international community commitment obtained

II. National CAH policy and strategy reviewed and revised.

- The current CAH policy and Strategy which was technically and financially supported by BASICS project is going to be outdated by 2013 .The revision of this document is part of Child Survival work plan ,CAH directorate is officially informed to initiate revision of this document ,a committee assigned to review it and come up with their recommendations. AKDN expressed its willingness to assign an expert to support the revision committee.

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

- Technical assistance provided to the Child and Adolescent Health (CAH) department to ensure regular monthly conduction of the task force .Minutes of the meeting recorded , finalized and shared with the members for follow up actions .Following are the key achievement or the results of the taskforce:
 - Management of Acute Malnutrition(MAM) presented and endorsed by the taskforce to be integrated into the IMCI
 - Youth Health Line project findings presented
 - Results of C-IMCI implementation (funded by GAVI) in 27 provinces presented ,it is worth mentioning that job aids for C-IMCI was designed and produced by BASICS/MSH
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 - PMCSC established in Balkh, Samangan, Baghlan, , Kandahar and Badakhshan, members of the committee identified and provincial child score card developed and targets set for tracking of indicators progress in the provincial score card.
- Preparation made for establishment of PMCSC in Sari-Pul,Jowzjan and Faryab provinces, the report of establishment will be provided in next quarter
- According to the child survival work plan preparation for conduction of National Maternal and Child Survival Committee (NMCS) initiated and the relevant department of MoPH are informed for further steps

IV. ICSP program is maintained in existing districts of USAID supported provinces by integrating in BPHS

In 2008, MOPH adapted evidence-based child survival interventions for Afghanistan through standard packages for nutrition promotion, Maternal and Newborn Care at Community level, and C-IMNCI. The mentioned components are included in the BPHS under its community-based

health care approach. Actual implementation of the integrated package was initiated in five demonstration districts, under the USAID fund, with technical assistance of BASICS.

Based on communities' positive response in the demonstration sites, the Partnership Contract for Health (PCH) project started gradual implementation of the ICSP in all PCH districts in 2010, expanding the ICSP to at least one district in each province or cluster in 2010. By September 2011, ICSP was being implemented in 28 districts, with a population of nearly 1 million, covered under this package. In April 2012, the MOPH with financial assistance of MDG Fund and USAID expanded ICSP to 26 additional new districts. As a total, the ICSP is currently scaled up to 54 districts covering nearly 15% of the districts in Afghanistan.

Summary of ICSP profile:

Provinces	Districts	Population	# of CSOs	# of HPs	Male CHW	Female CHW	Total CHW	# of CHS	# of FHAGs established
13	54	2817411	108	1355	1334	1236	2570	103	1355

Implementation of ICSP in 23 districts in 13 USAID provinces is going on as part of the Partnership Contract for Health (PCH) contract. ICSP implementation is going on as a total in 54 districts

The following table shows data from 54 ICSP districts in the last quarter (Jul- Sep 2013):

Indicator	Achieved in (July to September 2013)
# of weighing sessions conducted	5548
# of children attended in weighing sessions	49575
# of Children gained adequately weight	41531

- a. Monitoring visit from Badakhshan and Takhar province ICSP districts took place
- b. Technical and logistical assistance provided to Care of Afghan Families(CAF) organization to expand ICSP in Shari Buzorg and Fiazabad
- c. Advocacy session conducted to scaling up the ICSP in non USAID funded provinces ,therefore the RMNCH work plan reviewed and the ICSP component included in the RMNCH work plan for 7 provinces

V. PHI is maintained in 3 national and 7 provincial hospitals and integrated in the revised EPHS.

- a. Preparation for developing PHI database took place
- b. EPHS revision taskforce attended regularly
- c. Pediatric Hospital Improvement (PHI) included in EPHS and EPHS revision workshop to finalize the zero and first draft of the EPHS attended

VI. CAH department is able to introduce IMNCI (short IMCI) in the pre-service curricula of KMU and IHSs and initiate the training for BPHS health facilities.

IMNCI was adapted to the Afghanistan situation in 2003, and fully integrated into the Basic Package of Health Services for Afghanistan. A joint review in August 2008 showed reasons for concern and recommended that the Afghan IMNCI protocol needed to include newborn care, the updated throat problem protocols and to include Zinc in addition to ORS for diarrhea case management. Meanwhile the review recommended assessing the possibility of introduction of shortened IMNCI course and inclusion of IMNCI in the pre-service curricula of medical universities and health institutions.

7 day shortened IMNCI course adopted and the result of effectiveness is assessed. Based on the positive results of the revised and shortened IMNCI, the CGHN endorsed the implementation and replacement of 11 days course to 7 day revised IMNCI course. Child survival team carried out the following activities during the last quarter:

- a. Revision of the short IMNCI facilitator guide, post training follow up guide and ToT guide is going on
 - b. Management of Acute Malnutrition (MAM) inclusion in IMNCI training modules ,(English ,Dari and Pashtu version) are going on
 - c. To ensure the sustainability of IMNCI implementation, MoPH and MoHE agreed on inclusion of the IMNCI in the pre-service curricula of Kabul Medical University (KMU) and GIHS. To achieve this objective, a working group consisting of MoPH, BASICS, WHO, and KMU and GIHS under the leadership of the vice chancellor of KMU is established. The working committee finalized the student manual
 - d. The IMNCI included in pre-service curricula of KMU and GIHS
 - e. Introduction workshop of IMNCI integration in pre-service curricula of KMU and GIHS launched and high dignitaries attended in the workshop
 - f. Child survival team (BASICS) supported conduction of IMCI training courses for house job students of the Kabul Medical University. 34 house job students of KMU were trained on IMCI in Ataturk and Maiwand Teaching Hospitals in the last two quarters. Up to now a total of 224 house job students of KMU trained on IMCI
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- g. The result of IMCI training need assessment presented in PCH coordination meeting, it was agreed to figure out any resources for the training of health workers in USAID fund provinces.
- VII. Advanced newborn care package is introduced in selected maternity and pediatric hospitals
- a. Assessment visit from IGICH and Malali maternal hospital newborn care ward carried out to establish standard newborn care site
 - b. The result of Malali maternity hospital and Indra-Gandhi Institute of Child Health (IGICH) assessment presented in CAH and RH task force.
 - c. Action plan made based on findings and recommendation by CAH and RH taskforce developed
 - d.

Challenges

- Unsecure fund for ICSP newly expanded sites (MDG support for 31 districts will end in March 2013)

Next Steps

- a. Establishment of Provincial Maternal and Child Survival Committee(PMCSC) in Jowzjan ,Sari-Pul and Faryab provinces
- b. Conduction ICSP training for CHSs of 31 ICSP districts for sustainability and prevention of the ICSP collapse after discontinuation of MDG fund
- c. Conduction of fifth National Maternal and Child Survival Committee
- d. Oversee the ICSP implementation in provinces
- e. Conduction PHI review workshop and carrying out self-assessment of 7 PHI hospitals
- f. PHI networking visit by PHI implementing hospitals
- g. Conduction of IMNCI (short IMCI)training for Baghlan province health workers
- h. Conduction of Newborn working group meetings to revise the basic and advance newborn care package
- i. Conduction of CAH policy and strategy working group meeting

IMPROVED QUALITY OF HEALTH CARE (IQHC)

Main Achievements

Challenges

Next Steps

HOSPITAL AUTONOMY

Main Achievements

1. Procurements of infection prevention material is very important task of hospital that are going under the autonomy. The hospital were able to successfully procure their needs and the next step was to assist hospital for better utilization of this material. The hospital staf were trained during three days IP workshop with the financial support of WHO. The contribution of WHO was reported as cost share.
 2. World bank have contributed 5 million \$ to hospital that are implementing hospital autonomy. To receive this money regular meeting with the prepared justification through compilation of data and costing of 14 N/S hospitals was presented to WB representatives at MoF
 3. Procurement of drug by the hospital was very training process, which fortunately completed. At the same time to facilitate the process the SoP for drug contract drafted and reviewed by the committee assigned by HE Minister (Two meetings at GDCM) and shared with the GD of pharmacy affairs for final review. The process will be followed next year to avoid unnecessary complication.
 4. The AFMIS system is vital for the timely updating of the financial data to the system. As only one AFMIS is existing at the central ministry and most of the time very much time consuming to process the document for the autonomous hospital, with the LMG support and several meeting at the MoF with the central treasury director, on the 24 July 2013 the MoF agreed to give there server at three locations to established the AFMIS. Like that hospital will be able to process their data without any problem. For establishment of this system at hospital necessary contribution was made from LMG (computers), hospital printers and space and MoF the antenna and server. Following completion of this facility establishment with the help of MoF the target staff was trained to enable them to use the system efficiently.
 5. Development of finance payment checklist; as regular technical support to autonomous hospitals, the finance and procurement consultant of LMG –hospital management developed the checklist is helping the hospitals to process their payments in accordance to MoF law in effective way. The target staff was gibe on job training and printed flip chart was distributed to hospitals and the copy was given to MoF.
 6. Assessment: in regard to follow the hospital support track and ensure proper technical support, LMG – hospital management program is regularly conducting selected assessments, which include ; IP follow up, filing system, sunshine directive, stock out and hospital drug use for patients.
 7. Hospital procurement progress; regular technical support is provided to hospital to completed their procurement process for year 1392 (2013-2014). We have been had very good progress, 85% of contracts was at delivery stage to hospitals.
 8. Hospital budget use; with the support of consultants the hospital are able to process all the payment in accordance to established regulation of MoF. We have been successful with the hospital budge use. An average 80 % of budget is committed and process of payment is going on.
 9. Hospital data collection, analysis progress; all of the hospital are submitting their HMIS data, the analysis is regularly happening at hospitals and they are trying to use data as necessary. We have had 15% changes in BoR since the inceptions of the hospital autonomy have been occurred in hospital operation.
 10. Networking; Herat hospital is operating since more than four year under the hospital reform, the reform project hospital are supposed to enjoy semi autonomy status. Herat hospital was visited, in regard to share the experience. We have had some of the good experiences to learn from them. The details could be found in report.
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Challenges

- The necessary factor for skill development to be met, otherwise no capacity building will be effective (basic knowledge, motivation, performance evaluation etc.)
- Heading the hospital to be changed to hospital administration, classical hospital management is going to be barrier to further changes
- The work is done by human, focus on them should be the priority and the human value should be one of the important measures to give them assignment (honesty, commitment, motivation etc.)
- Consultants were important part of the changes that happened, how the changes should be maintain and ensure the sustainability?

Next Steps

- In addition to routine:
 - Planning for HR responsibilities delegation (plan and starting implementation)
 - Implementation of shift system (pilot)
 - Addressing hospital housekeeping system(plan & implementation)
 - Advocating to gain support for creation of skilled hospital administrator mass (event, document)
 - Performance based evaluation of hospital management team (framework development & implantation)

HEALTH SYSTEM STRENGTHENING (HSS)

Main Achievements

1. The MOPH PLD team assisted on developing the PPHOs' Core Function monitoring tools. The tool is finalized during this reporting period and following its finalization a monitoring visit conducted from Bamyan PPHO team.
 2. The PPHOs' Core Function self-assessment carried out by the Herat PPHO team with the support of the LMG-AF project. The purposes of the assessment are identify the gaps, needs and opportunities at the province level; recognize the low performed tasks, low performed departments and personnel, prioritize the low performed tasks among provincial team and prepare an action plan for improvement; identify the high performed tasks in provincial level according to PPHO core function, prioritize the high performed tasks and submit it to other provinces for task sharing and learning exercises.
 3. Quarterly best practice/task-sharing workshop conducted in Herat Provincial Public Health Learning Center. Sixteen PPHOs representatives from eight provinces including Kabul, Faryab, Farah, Ghore, Takhar, Badakhshan, Paktia and Khost participated the workshop. The objectives of the workshop
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are 1) improve the performance of both the visiting and host PPHO teams in a unified model, 2) share best practices and good examples of host team regarding PPHOs tasks with the visiting provinces, 3) get inputs/feedbacks of the visiting provinces on the Herat PPHO performance and 4) provocation of visiting PPHO teams to plan actions to be undertaken in their own provinces after return from Herat.

4. Preparation for conducting the National Health Coordination workshop under the leadership of the MOPH PLD initiated. The main purposes of the workshop focused on sharing information among key stakeholders, central MOPH departments and 34 PPHDs; update on progress of last workshop recommendations and action points and provide new recommendation based on the SEHAT three components for improving the healthcare services at the national level.
5. All logistic and technical support provided to the Khost PPHO team on establishing the 3rd Provincial Public Health Learning Center in this province, but due to security reasons the inauguration ceremony and sharing best practice workshop on hold yet.
6. As part of technical supports of LMG-AF to improve accountability within the central and provincial teams of the MOPH the PPHOs teams supported on developing their annual operational plans (AOPs) and providing quarterly reports in line with their AOPs. In this reporting plan all developed AOPs and reports reviewed by the PLD consultants and feedback provided to the PPHOs.
7. The Provincial Support Coordination Committee re-vitalized. This committee is leading by the Deputy Minister for Health Service Provision and conducting on bi-monthly basis. The main objective of this committee is to discuss and follow up the PPHOs man challenges and recommendation for improving the provincial health system.
8. To improve governance practices at the provincial and district level the PHCC and DHCC governance guides piloted in three provinces including Herat, Wardak and Khost and eleven districts of seven provinces including Wardak, Khost, Helmand, Kandahar, Faryab, Kabul and Takhar.

Challenges

- Security negatively effect on level of achieving the program objectives and key activities.
- Low level of interest of the MOPH on provincial supporting issues as well as the MOPH PLD (Provincial Liaison Directorate)
- Excessive Involvement of Senior leadership on political issue compare to the MOPH internal challenges and issues.

Next Steps

- Implement the LMG-AF new work plan
- Continue monitoring visits from the PPHO teams (at least two visits per month)
- Conduct quarterly task-sharing workshop in Kandahar
- End line assessment of PPHCC and DHCC governance guide after its six month implementation
- Support PLD on organizing and conducting the National Health Coordination workshop

L+M+G STRENGTHENING

Main Achievements

- L+M+G orientation package completed, validated by MoPH and printed
 - 40 MoPH staff oriented using the L+M+G orientation package
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- 3rd phase of LDP workshop for 5 central hospitals conducted, 30 hospitals employees participated
- MoPH senior leaders assisted in developing actions plans, part of Senior Leadership Development Program- SLP
- SLP workshop co facilitated
- 1st Phase of LDP workshop conducted for GIHS staff, participated by 32 staff members
- Challenge models/work plan finalized through 15 coaching visits at 5 central hospitals
- L+M+G volunteers facilitators' positions announced and potential candidates shortlisted by MoPH designated panel.
- Gender based violence workshop co-facilitated

Challenges

- Poor coordination among partners
- Limitation of space for conducting workshops
- In adequate administrative support

Next Steps

- 2nd and 3rd Phase of LDP workshop for GIHS and national MoPH
- Governance orientation workshops for MoPH mid-level managers
- Establishment of core group for SLP/L+M+G follow up
- Selection of L+M+G volunteer facilitators' selection process
- Efforts for Leadership Academy establishment/Strategy development
- L+M+G Competencies Assessment Survey Implementation
- Conduct networking workshops with central hospitals
- Result workshop/conference for central hospitals

MINISTRY OF EDUCATION (MOE)

Main Achievements

Challenges

Next Steps
