

Leadership Management and Governance/Afghanistan Trip Report: Consultant Visit to Afghanistan for the LMG Project to Assess the Ministry of Public Health's Community-Based Health Care Department (November 7-30, 2013)

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December 13, 2013

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

This report was made possible through support provided by the US Agency for International Development and the USAID Afghanistan, under the terms of AID-OAA-A-10-00020 and Eric Milstrey. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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TRIP REPORT—CONSULTANT VISIT TO AFGHANISTAN FOR THE LEADERSHIP, MANAGEMENT, AND GOVERNANCE PROJECT TO ASSESS THE MINISTRY OF PUBLIC HEALTH’S COMMUNITY-BASED HEALTH CARE DEPARTMENT

NOVEMBER 7-30, 2013

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Background:

The Community-Based Health Care (CBHC) Department of the Ministry of Public Health was founded in 2005 and since that time has played an important policy-setting, coordination, and advocacy role in support of CBHC in all 34 provinces. MSH’s Leadership, Management , and Governance (LMG) Project has been supporting the CBHC Department (through paying consultant salaries, providing operational costs for field visits, technical assistance, etc.). As the LMG Project enters its last ten months, it needs to better understand how well the CBHC Department is fulfilling its stewardship role, and what will be needed from LMG during these ten months to maximize the chances of the CBHC Department having the capacity to do its work in the future without significant outside support. Dr. Aitken and myself were asked to come to Afghanistan to assess the CBHC Department and provide recommendations for the LMG Project as well as the MoPH regarding the CBHC Department and the CBHC program.

Goal:

To evaluate whether the Community-Based Health Care (CBHC) Department of the MOPH is fully capable of playing its stewardship role and implementing its strategy and policy independently with no or very limited external support.

Objectives:

- a) Assess the capability of the CBHC department in terms of effective leadership, sound management and transparent governance practices required for support of smooth implementation of CBHC interventions in the country;
- b) Examine appropriateness of the selected CBHC interventions in light of the socio-cultural norms and health needs of the country;
- c) Assess the role of CBHC in the improvement of community access to quality health services; and
- d) Identify existing gaps and challenges that the CBHC may face without external support.

Main Findings:

- Together with my co-consultant Dr. Iain Aitken, we found that the CBHC Department of the Afghan MoPH should be fully capable to play its stewardship role with very little external support by the time the LMG project ends in October 2013
- The CBHC Department has done an excellent job developing the CBHC program, supporting the training and supervision of more than 28,000 volunteer CHWs (half of them women), expanding access to CBHC for the urban poor and for nomads, and working with provincial health offices, technical units of the MoPH, and NGOs to strengthen CBHC in Afghanistan
- The CBHC Department, however, has not yet focused on achieving specific public health results (such as increased immunization coverage) and has not yet achieved effective integration of CBHC with other key technical programs like Child & Adolescent Health and Reproductive Health
- The CBHC Department has worked closely with NGOs and the Grants and Contracts Management Unit of the MoPH, but it has not become directly involved with revising NGO contracts to make sure that key CBHC elements that are included in the Basic Package of Health Services (such as Family Health Action Groups or Community-IMCI) are rapidly scaled-up throughout the country
- The CBHC Department has had excellent leadership since its inception in 2005 and has also been well managed and demonstrated effective governance
- The Provincial Health Offices need to all have CBHC officers to help coordinate CBHC within the province; currently 8 of Afghanistan's 34 provinces do not have CBHC officers

Main Recommendations:

- The LMG Project should fully implement the CBHC component of its workplan in 2014 to strengthen the capacity of the CBHC Department of the MoPH so that it will not need significant outside TA after October 2014 when the LMG Project is expected to end
- The CBHC Department needs to keep its entire consultant staff and all the consultants need to become regular MoPH staff funded through an on-budget process
- The CBHC Department should become a Directorate given its importance in the Afghan health delivery system and the BPHS
- Now that the CBH Department has over the past two years consolidated many of its gains in developing and expanding the CBHC program, it needs to focus on Phase II—achieving tangible improvement in results and health impact (such as increased EPI coverage) and closer integration with the technical units of the MoPH
- The CBHC Department should work more closely with the Grants and Contracts Management Unit of the MoPH and with NGOs implementing the BPHS so that NGO contracts can be modified to ensure crucial components of the BPHS are full carried out (such as rapid scale-up of Family Health Action Groups and nationwide C-IMCI training)
- The CBHC Department should continue its stress on expanding coverage to previously uncovered populations, such as nomads and the urban poor, while continuing to emphasize the quality of the CHWs' work

- The CBHC Department needs to advocate for changes in basic policy such as adding Health Posts when there are more than 200 households being covered by one HP, increasing the number of CHSs when there are more than 15 HPs covered by one CHS, ensuring adequate transport allowances for CHSs and CHWs, increasing the quantity of crucial medicines and supplies for CHWs, and improving CHW supervision through adding more female CHSs