Tech-Serve Annual Report
July 2006- September 2007

Authors: Dr. Omid Ameli & Dr. William Newbrander

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Leadership, Management & Sustainability Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250 9500
www.msh.org/lms

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Technical Support to Central and Provincial Ministry of Public Health Project (Tech-Serve)

Annual Report
July 2006-September 2007

Building the Management and Technical Capacity of the Ministry of Public Health to Lead the Afghan Health System

Tech-Serve, a USAID-funded associate award through the Leadership, Management and Sustainability Program, is implemented by the Afghan Ministry of Public Health and Management Sciences for Health.

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Project Name: Technical Support to the Central & Provincial Ministry of Public Health Project in Afghanistan
(Tech-Serve)
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Management Sciences for Health
24 Darulaman Road
Ayub Khan Mena
Kabul, Afghanistan

List of Acronyms/Abbreviations

ANDS Afghanistan National Development Strategy
BPHS Basic Package of Health Services
CGHN Consultative Group on Health and Nutrition
CHW Community Health Worker
DEWS Disease Early Warning System
DOTS Directly Observed Therapy, Short Course
EC European Commission
EEPR Emergency and Epidemic Preparedness Response
EPHS Essential Package of Hospital Services
GCMU Grants and Contracts Management Unit
GAVI The Global Alliance for Vaccines and Immunization
GD PPH General Directorate of Provincial Public Health
GF Global Fund
HMIS Health Management Information System
HRD Human Resources Development
HSSP Health Service Support Project Communication
JHU Johns Hopkins University
LDP Leadership Development Program
LMS Leadership, Management and Sustainability Program
LQAS Lot Quality Assurance Sampling
M&E Monitoring and Evaluation
MOPH Ministry of Public Health
MSH Management Sciences for Health
MSP Management Support to Provinces initiative
NGO Non-Governmental Organization
NMC National Monitoring Checklist
NTP National Tuberculosis Program
PHA Provincial Health Advisor
PHC Primary Health Care
PMP Performance Monitoring Plan
PPA Performance-based Partnership Agreement (World Bank funded)
PPC Performance-based Partnership Contracts (European Commission funded)
PPG Performance-based Partnership Grants (USAID funded)
PPHCC Provincial Public Health Coordination Committee
PPHD Provincial Public Health Directorate
PPHO Provincial Public Health Office
REACH Rural Expansion of Afghanistan's Community-based Healthcare program
TB Tuberculosis
Tech-Serve Technical Support to the Central and Provincial MOPH Project
TT2+ Second or more Tetanus Toxoid doses
USAID United States Agency for International Development
WHO World Health Organization

PPG NGO GRANTEES

AADA Association for Assistance and Development of Afghanistan
ADRA Adventist Development and Relief Agency
AHDS Afghan Health and Development Services
AKDN Aga Khan Development Network
BDF Bakhtar Development Foundation
CAF Care of Afghan Families
CHA Coordination of Humanitarian Assistance
Ibn Sina
IMC International Medical Corps
Medair
Merlin Medical Emergency Relief International
MOVE Move Welfare Organization
NAC Norwegian Afghanistan Committee
SC/US Save the Children US
SDO Sanayee Development Organization
STEP STEP Health and Development Organization

Strengthening the Ministry of Public Health Is Critical for Sustaining a Prosperous Health System in Post-conflict Afghanistan

After two decades of war and the fall of the Taliban, Afghanistan suffered some of the world's worst health indicators. These included a maternal mortality ratio of 1,600 per 100,000 live births and an infant mortality rate of 165 per 1,000 live births.

To reverse this decline, the Ministry of Public Health (MOPH), working with donors and partners, in 2003 and 2004 launched three healthcare initiatives. The first established an Essential Package of Hospital Services (EPHS) and a Basic Package of Health Services (BPHS) that focused on the most critical and cost-effective services, including a cadre of community health workers (CHWs). The second contracted with NGOs to deliver services through standardized health facilities and outreach in the country. A third helped service providers develop national policies and guidelines, holding them accountable for the results.

These priorities continue to be prominent elements of the Afghanistan National Development Strategy 2006-2013. According to the established policy and strategy, stewardship of the health system is the Ministry of Pubic Health's primary responsibility.

The initiatives have yielded results. A 2006 study indicates that the infant mortality rate (IMR) has fallen to 129 per 1,000 live births. The percentage of births attended by a skilled health worker increased to 19 percent in 2006 from 4.5 percent in 2003. Despite these impressive gains, MOPH still has a long road to travel before Afghanistan health indicators reach acceptable levels and healthcare equity is achieved.

Certain functions still need to be strengthened at the MOPH's central and provincial levels. The Tech-Serve Project serves to take on those tasks.

(Tech-Serve and USAID/Health operation areas in Afghanistan, 2007)

The Tech-Serve Approach

Tech-Serve was launched in July 2006 by Management Sciences for Health under Associate Cooperative Agreement No. 306-A-00-06-00522-00 with the United States Agency for International Development (USAID).

Tech-Serve envisions a Ministry of Public Health that is able, at all levels, to improve the health of the people of Afghanistan through a quality, sustainable and equitable health system.

To that end, Tech-Serve is working with the MOPH, to improve quality health services, including the regular provision of quality, essential pharmaceuticals and contraceptives in the 13 USAID-funded provinces.

Tech-Serve also improves the capacity of the central MOPH to oversee, manage and support the delivery of BPHS and EPHS programs. This is done directly and through contracting mechanisms. These efforts strengthen technical, leadership and management skills of the MOPH at central and provincial levels. In the 13 USAID-funded provinces, Tech-Serve helps MOPH focus on health outcomes, while developing management skills and practices. Consequently, provincial public health directors and their teams are able to effectively articulate their health strategies, plan their activities, and mobilize the necessary resources to support the plans and measure the results. The impact of these interventions will be the improvement of the health status of the Afghan people, particularly for those at greatest health risk.

The three intermediate results of the project are:

1. Improved capacity of MOPH at central level;
2. Improved capacity of MOPH at provincial level; and

3. Improved leadership and management capabilities.

A note on MSH's previous work in Afghanistan

MSH began working in Afghanistan in 1973 to strengthen the MOPH and promote the use of village health workers. Beginning in the mid 1980s and working from Peshawar, Pakistan, MSH provided training, support, and monitoring for more than 300 clinics across the border.

In 2002, USAID invited MSH to return to Afghanistan to assist in rebuilding the healthcare system. Since then, MSH has conducted two health projects: (i) a nationwide assessment of available Afghan health professionals and resources that was used by MOPH to develop BPHS and EPHS; (ii) the Rural Expansion of Afghanistan Community-based Healthcare - REACH (2003-2006), which financed and technically supported the provision of health services to one-third of the Afghans, updated health workers' knowledge and practices, developed systems and policies that govern the distribution and management of health resources, and improved the quality of service provision.

What Tech-Serve Achieved in Project Year 1 (July 2006–September 2007)

- **FULLY ACHIEVED** or exceeded 17 of 20 targets set for Project Year 1 in the Tech-Serve Performance Monitoring Plan, with achievement of 65 percent of two additional targets
- **ACHIEVED** significant increase in at least one core health indicator in nine USAID health supported provinces in one year through implementing Management Support to Provinces initiative
- **TRAINED** more than 1,300 health professionals on leadership development and priority technical subjects
- **INSTITUTIONALIZED** a mentoring mechanism for MOPH in 13 provinces to provide day-to-day assistance in developing management skills and addressing health priorities
- **INITIATED** networking among provincial health teams to share lessons learned on common priority health challenges
- **RESPONDED** to six disease outbreaks in the country
- **IMPROVED** quality of hospital services in three USAID target provincial hospitals by up to 17 percent
- **UPDATED** six national health policies and guidelines
- **ASSISTED** in awarding and management of $52.3 million in grants for provision of BPHS and EPHS
- **IMPROVED** monitoring the management of service delivery grants by assisting MOPH to monitor and evaluate more than 50 percent of all USAID-funded clinics and a sample of health posts
- **PREPARED** MOPH/GCMU to be certified to receive U.S. government funds directly
- **PROVIDED** $5.6 million of quality pharmaceuticals and contraceptives to BPHS and EPHS service providers

- **ENSURED** regular submission of data by 90% of BPHS service providers nation-wide through Health Management Information System
- **ASSISTED** better human resources planning at MOPH through establishing the national human resources database and registering more than 20,000 health professionals
- **PROVIDED** Internet access, office technology equipment, and office furniture to 13 Provincial Public Health Offices to enable them to improve health services and outcomes
- **INITIATED** renovation of 5 Provincial Public Health Offices to provide improved work environment for improving management and leadership skills and practices
- **ESTABLISHED** technical resource centers in 13 provinces

1. Strengthening the Ministry of Public Health at central level to better lead the health system

Guided by strategic priorities communicated by the senior leadership of the MOPH in September 2006, Tech-Serve targeted eight functional areas of the Ministry at the central level for technical support (in addition to the Grants and Contracts Management Unit):

(1) Provincial Public Health;

(2) Primary Health Care and BPHS;

(3) Communicable Disease Control;

(4) Child health;

(5) HMIS and Monitoring and Evaluation;

(6) Human Resources;

(7) Hospitals and EPHS; and

(8) Health Financing.

Tech-Serve senior advisors provided support to the MOPH in::

- strengthening institutional management and technical training;
- assisting in updating policies and guidelines;
- detecting and responding to disease outbreaks;
- facilitating working group and task force meetings; and
- improving communication and coordination within, and between, the MOPH departments and Provincial Public Health. Offices (PPHOs)

Stronger and more responsive support by the Central MOPH to Provincial Public Health Offices

MOPH General Directorate for Provincial Public Health now exercises a stronger and more effective leadership over the 34 PPHOs. Communication with provinces has improved significantly after Tech-Serve established reliable Internet connection for this office. Progress on provincial action plans is now reviewed more systematically, facilitated by a full-time Tech–Serve technical advisor; regular feedback is provided to the PPHOs. Tech-Serve has also financially supported, and participated in, monitoring visits by this office to the provinces.

MOPH General Directorate for Primary Health Care has actively engaged the technical officers in PPHOs to tackle priority challenges. Using the Leadership Development Program (LDP) approach, the General Directorate has provided targeted technical trainings on seven different topics including EPI, nutrition and reproductive health, IMCI, Pharmacy, Communicable Disease Control and Administration to PPHO officers, assisting them to identify the priority challenges in each of these areas in their provinces and define action plans for addressing the challenge.

Six health policies were updated

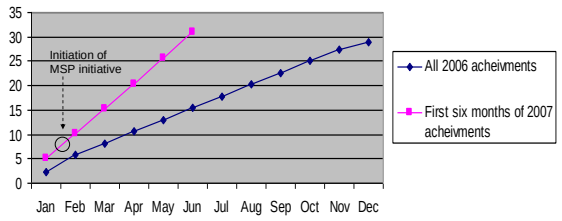
Tech-Serve advisors assisted MOPH taskforces and working groups in updating six policies. They included: Child Health and IMCI Policies, EPI Policy, Emergency Preparedness Policy, National Health Financing and Sustainability Policy, Per Diem Policy and Cost Sharing Policy. Some of these policies still await final approval by the relevant decision making bodies of the Ministry. These policy updates were warranted, given the emergence of new evidence about effectiveness of the previous approaches or new advancements in the corresponding technical areas.

Better response to disease outbreaks and combating TB and Avian Influenza

Tech-Serve assisted MOPH General Directorate of Provincial Public Health in updating the Emergency Preparedness Plan for the provinces. Through Tech-Serve support, healthcare workers were able to identify and respond to six disease outbreaks in the provinces. This was a result of establishment of emergency preparedness committees in 13 USAID-funded provinces.

Tech-Serve helped expand Community Directly Observed Treatment, Short-course (Community DOTS) by training CHWs in selected USAID provinces. Tech-Serve established provincial TB task forces dedicated to improving TB case detection. Early evidence is encouraging: TB case detection in Bamyan province improved by more than 10 percent in 2007 compared to the previous year.

Detection of new TB cases in Bamyan Province - Cumulative
first six months of 2007 compared with 2006



Tech-Serve worked with the MOPH to increase awareness about Avian Influenza (AI) among partners. One AI isolation ward was established in Bamyan province and feasibility assessments for establishing additional isolation wards in other provinces were carried out.

Strengthened Child Health Program

In year one, Tech-Serve mainly focused on updating the Child Health policy and strengthening Maternal and Child/Adolescent Health (CAH) officers of the 13 USAID Provinces. A full-time Tech-Serve child health advisor assisted the MOPH in reviving the Child Health task force and in organizing stakeholder workshops for policy review. Certain sections of the policy have been reviewed so far.

Provincial CAH officers were also trained in Leadership Development Program techniques, in identifying priority child health challenges in their provinces, and in developing action plans to address them.

Doing more on hospital management enhancement with central MOPH

In addition to continuing efforts on quality improvement in the five USAID target provincial hospitals (see next section), Tech-Serve studied the status of hospital equipment maintenance and upkeep in Afghanistan in order to make policy recommendations. The result was a set of recommendations on procurement and maintenance of hospital equipment. Tech-Serve also provided management training for a wider

group of hospital directors. As a result, directors in five hospitals funded by the MOPH Hospital Reform Project received upgraded management training. And Bamyan provincial hospital, funded by Agha Khan Health Services (AKHS), volunteered to launch implementation of the national hospital quality standards that MSH had assisted the MOPH in developing. Previously, Bamyan provincial hospital had not met 45 percent of the national standards.

Enhancing the national Health Management Information System (HMIS)

Building on prior USAID investments in Afghanistan's HMIS, Tech-Serve focused on five activities to improve the effectiveness of the system. These were:

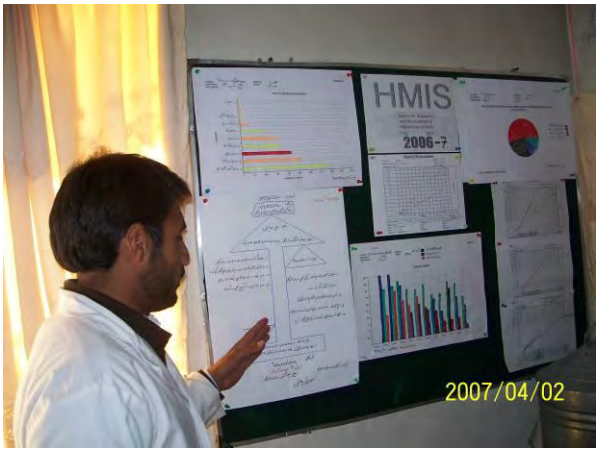
(1) Expansion of the regular submission of nationwide HMIS data. This was achieved through better communication with provinces, and by expanding the MOPH capacity to serve and support NGO and PPHO HMIS personnel. As a result of Tech-Serve support, the national data submission rate among BPHS service providers increased to 90 percent today from 75 percent at the start of the project.

(2) Improvement of HMIS data quality originating from USAID-supported PPG service providers. Data quality control through using the MOPH National Monitoring Checklist revealed common functional gaps across the provinces as well as geographical areas most in need of HMIS support. Tech-Serve supported the MOPH HMIS department to conduct seven upgrade training courses for MOPH and NGO staff (three in Kabul and four in the provinces) to close these gaps.

(3) Expansion of the decentralized system for management of HMIS data to two additional provinces: Takhar and Balkh (one USAID and one non-USAID province). Four provinces now have a provincial HMIS hub that enables the PPHOs to improve data coverage and analyze data more often.

(4) Upgrade of the HMIS database software to resolve issues associated with ever-enlarging size of the historical data. The software upgrade was successfully rolled out to the 34 provinces and all the BPHS NGOs.

(5) Increase in the number of hospitals nationwide that followed the recently launched Hospital HMIS to 68 in June 2007 (64 percent of all hospitals nationally) from less than 10 in June 2006.



Central MOPH: Lessons learned and strategic opportunities for future work

- Impacting maternal mortality through contraception: Evidence from an MSH small-scale family planning project (2006-2007)[1] demonstrated remarkable success of community-based approaches for accelerating the use of contraceptives in different Afghan ethnic communities. Since improved contraceptive usage is almost linearly correlated with a reduction in maternal mortality, Tech-Serve is strongly recommending to USAID the scaling-up of increased contraceptive usage based on MSH's recent experience. **"The fastest, easiest, cheapest way to reduce maternal deaths in Afghanistan is with contraception,"** says *Dr. Quadrat Mujadidi*, a leading obstetricians stated. This strategy will: (1) increase acceptability of contraceptive usage; (2) increase the availability of contraceptives; and (3) increase the use of contraceptives
- Reducing child mortality: A significant portion of childhood deaths occur at district and provincial hospitals where severely ill children are referred from BPHS facilities. Tech-Serve made an initial effort to bring into Afghanistan technical expertise from BASICS, the USAID's centrally funded global child survival project to address this issue and other child health priorities. The collaboration among BASICS, Tech-Serve and USAID mission in Afghanistan

[1] The Accelerating Contraceptive Use Project funded by the William and Flora Hewlett Foundation

presents a unique opportunity for strengthening the MOPH Child Health Program to further reduce child (under 5 years of age) mortality rates. Tech-Serve wishes to work with BASICS to bring the necessary changes to the national policies, and to train hospital teams to improve their skills in treating severely ill children.

- Improving hospital care: Tech-Serve can improve hospital care in the USAID-funded provinces by raising management standards at more provincial hospitals. and by expanding its support to central MOPH in Project Year 2. There is now both sufficient local experience and enthusiasm in provincial hospitals for scaling up the initial achievements from five provincial hospitals to the 12 provincial hospitals in all USAID-funded provinces.

2. Provincial Public Health Teams focused on health results and mentored in use of management tools to address priority health challenges

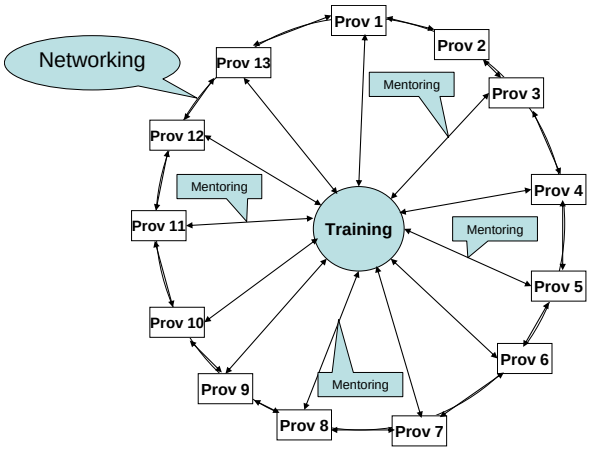
Tech-Serve in Project Year 1 launched Management Support to Provinces (MSP), a result-oriented initiative to improve the training, mentoring, and professional networking skills of the 13 Provincial Public Health Offices. The skills, explained more fully, are:

(1) training: to provide the necessary management, leadership and technical training for Provincial Health Office staff;

(2) mentoring: to provide the Provincial Health Director and his team as needed assistance in developing management and leadership skills to address priority health problems. It is performed by the Tech-Serve Provincial Health Advisors (PHAs) and the Kabul team work as needed;and

(3) professional networking: Bringing together provincial staff from different provinces to share best practices from their own province. In this way, provincial health teams learn to rely on each other to solve common problems. This networking is critical to the sustainability of this approach because it encourages provincial teams to work together and survive when external advisors and assistance has departed. Tech-Serve facilitates at networking workshops, but the provinces solve problems themselves.

(Management Support to Provinces: components working together)

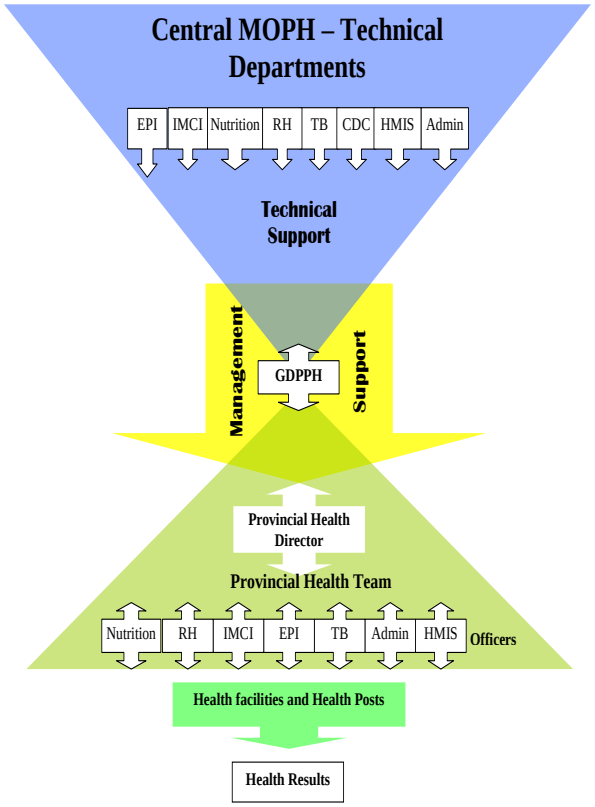


MSP uses a well-tested but simple management tool, called the *challenge model* for leadership development, at different levels of the health

system. The challenge model provides a systematic way for health teams to experience the direct impact of applying management and leadership practices to achieve results. Cornerstones of this model include team-building through the development of a shared vision, focusing on a few key challenges, and striving toward measurable results. A Tech-Serve Provincial Health Advisor is now embedded in the Provincial Health Teams in 13 provinces and mentors them in implementing the challenge model and monitoring its progress.

Hiring qualified resident Provincial Health Advisors has been pivotal in implementation of the MSP initiative. The task has proven difficult, given the scarcity of such professionals outside Kabul and unique political sensitivities in each province. Nonetheless, in response to MOPH requests following the initial success of the MSP approach, Tech-Serve was able to hire 13 Provincial Health Advisors — rather than the eight advisors originally sought — to fully cover the 13 USAID health supported provinces in Project Year 1.

(Tech-Serve approach to capacity building of the provincial health teams)

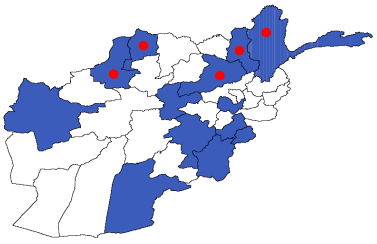


Evidence suggests improved health results after nine months implementation of Tech-Serve Management Support to Provinces (MSP) initiative

Recent evidence from the national Health Management Information System (HMIS) indicates that the use of Tech-Serve Management Support to Bamyan, Herat, Takhar, Jawzjan, Faryab, Badakhshan, Baghlan and even Kandahar Provinces, has led to significant improvements (more than 10 percent) in at least one of the six core health indicators. They include: the vaccination of children under 1 year of age against DPT; the vaccination of pregnant women with TT; the detection of new pulmonary tuberculosis (TB) patients; the contraceptive prevalence rate; and the number of referrals from BPHS clinics served in EPHS hospitals in nine out of 13 USAID supported provinces. A summary of these findings is presented on the map of Afghanistan below. This evidence suggests that MSP is producing an impact at the provincial level. Improvement in TT2+ immunization among pregnant women is demonstrated in the most of the USAID-supported provinces. In fact, Takhar and Bamyan provinces demonstrate improvements in most of the priority indicators. This data also confirms that security-related issues have had a negative impact on the health results in the south and south eastern provinces.

Networking among different provincial health teams fostering sustainability

Provincial teams of the Ministry of Public Health (MOPH) from five northern provinces shared best practices, lessons learned and challenges in applying the MSP initiative in improving six core health results. This exercise was the first round of professional networking among the targeted provincial health teams.



(Networking workshop in Baghlan May 2007: Dr. Kimia, the PPHD of Jawzjan province, presents the lessons learned by this team with the other four teams)

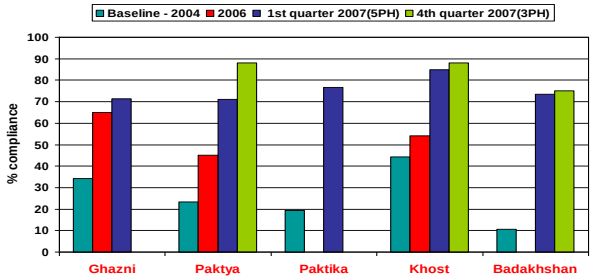
Hospital service quality improved as compliance with national standards increased

Hospital service quality improved in three of five targeted provincial hospitals in Badakhshan, Paktya and Khost. The greatest improvement was registered in Paktya, with an overall 17 percent improvement. (Comparative data for Ghazni and Paktika provincial hospitals are not yet available.)

Tech-Serve's quality-improvement strategy includes two assessments of hospitals' compliance with national hospital standards. Each assessment is followed by Tech-Serve hospital management mentoring and corrective actions by the hospital. The biggest improvements after the first assessment were observed in three areas: community board formation, pediatric care, and obstetric care. The second round of assessments, in Paktika and Ghazni provinces, is scheduled for November 2007.

The trend of improvement in hospital services initiated under REACH is continuing. The continued success under Tech-Serve has resulted in the request that Tech-Serve expand its support of hospital management improvement from five provincial hospitals in Project Year 1 to all 12 provincial hospitals in the USAID-funded provinces in Project Year 2.

(Progressive improvement in hospital service quality, as demonstrated by recent assessments by Tech-Serve)



Provincial Public Health Offices are now actively involved in improving service quality through joint monitoring of NGO health facilities

Technically and financially supported by Tech-Serve, PPHOs and Provincial Public Health Coordination Committee (PPHCC) members in USAID-supported provinces conducted 109 joint monitoring visits to NGO Basic Health Centers and Comprehensive Health Centers to assess health service delivery.

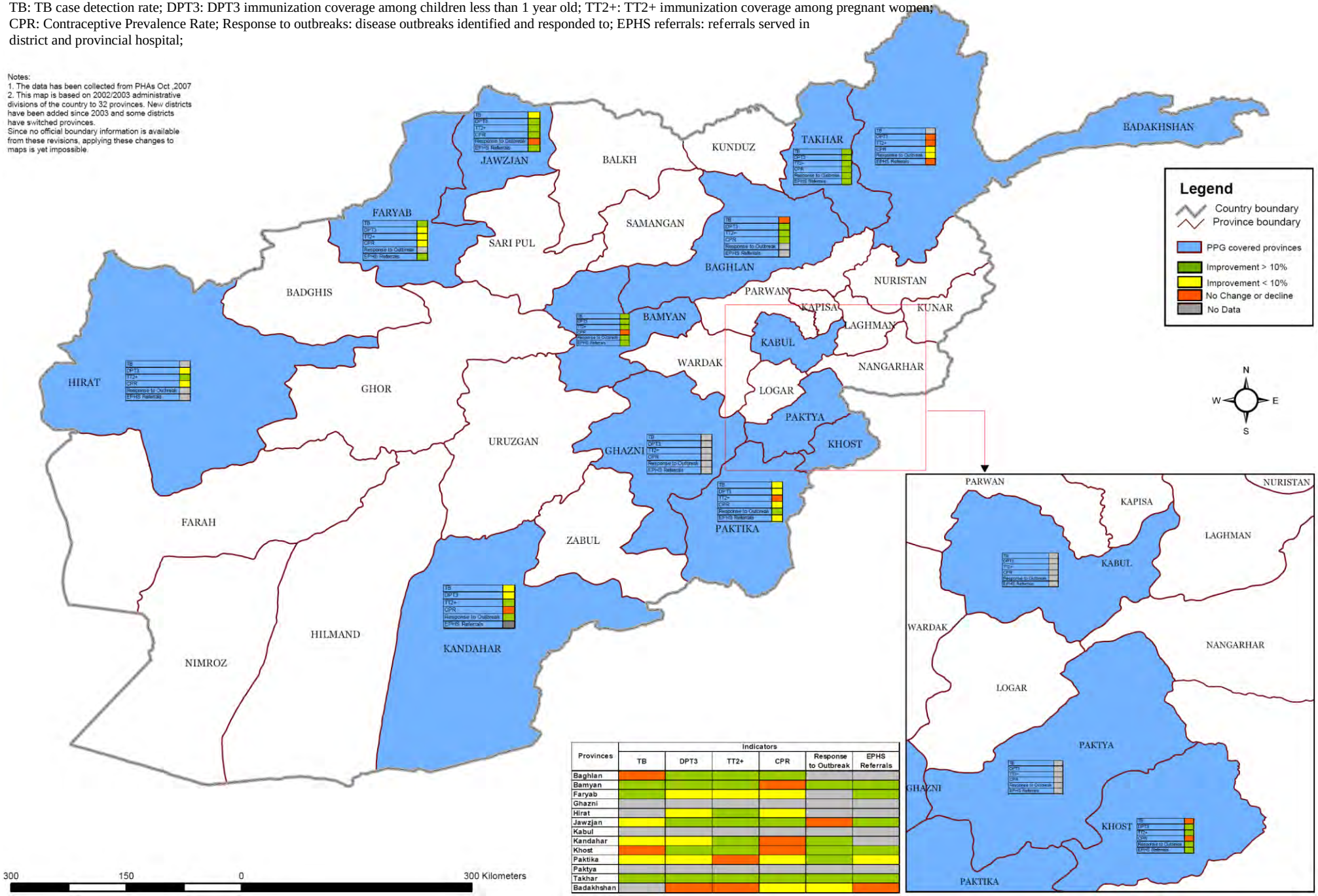
Additional support to Provincial Public Health Offices: tools to get the job done

Tech-Serve support to the 13 PPHOs was not limited to seconding of technical staff for training and mentoring. Tech-Serve assessments demonstrated that lack of functional office equipment and telecommunication services were major impediments for effectiveness of the PPHOs. Tech-Serve accomplished the following to address this issue:

1. office technology equipment was delivered to 13 provinces;
2. basic office furniture was delivered to 13 provinces;
3. Internet connection was established at Provincial Public Health Offices in six provinces;
4. Technical Resource Centers were established in 13 provinces. They provide basic MOPH documents, as well as information on lessons learned from other countries on health systems, public health and management;

Changes in core health indicators (2007 compared with 2006) after implementation of Management Support to Provinces initiative

TB: TB case detection rate; DPT3: DPT3 immunization coverage among children less than 1 year old; TT2+: TT2+ immunization coverage among pregnant women; CPR: Contraceptive Prevalence Rate; Response to outbreaks: disease outbreaks identified and responded to; EPHS referrals: referrals served in district and provincial hospital;



Provinces	Indicators					
	TB	DPT3	TT2+	CPR	Response to Outbreak	EPHS Referrals
Baghlan						
Bamyan						
Faryab						
Ghazni						
Hirat						
Jawzjan						
Kabul						
Kandahar						
Khost						
Paktika						
Paktya						
Takhar						
Badakhshan						

5. renovation of the offices of five PPHOs was started; and
6. training courses on English language and information technology for PPHO staff were provided in eight provinces.

(Office equipment delivered to 13 USAID supported PPHOs in May 2007)

Provincial MOPH: Lessons learned and strategic opportunities for future work

- Scaling up quickly: The initial plan of Tech-Serve was to respond to training and mentoring needs of six PPHOs (in three geographic pairs) with three Provincial Health Advisors (PHA) who resided in either of the provinces and spent 50 percent of their time in the neighboring province. The initial assumptions about the level of readiness of PPHOs to fully benefit from the presence of a full-time PHA — as well as the anticipated difficulty finding sufficient number of qualified advisors in each and every province — was proved to be inaccurate and the real needs of PPHOs justified full-time resident advisors. Therefore, the plan was revised to accommodate one full-time Tech-Serve PHA in each province.
- Infrastructure and skills required: Most of the equipment and renovation support extended to PPHOs was not originally planned for the first year of Tech-Serve. But as PPHOs embraced MSP approach, demand grew for Tech-Serve support to provinces.
- To improve health standards, indicators of progress must be established and measured regularly: Establishing a common set of core challenges (six core health indicators) for provinces, in conjunction with creation of an opportunity for networking among the health teams, produced success in Project Year 1. Successes include the cross-fertilization of ideas and a healthy competition across the provinces. Tech-Serve will be pursuing the same approach for Project Year 2 and will scale up the professional networking to the remaining 13 provinces.
- Total approach required: Tech-Serve coupled leadership development with appropriate training and mentoring so that health challenges could be successfully addressed and results could be achieved. The disconnection between central technical departments and provincial technical officers continues to be a challenge in this regard. Tech-Serve will continue to try to close this gap.
- Responding quickly and appropriately to disease outbreaks: In many provinces, Tech-Serve was able to work collaboratively with the Disease Early Warning System (DEWS) officers to respond to emergencies in a timely manner. There is an opportunity for strengthening provincial response to emergencies and disease outbreaks by assisting DEWS officers of PPHOs with data-analysis tools and by helping them to collaborate with partners at the provincial level. Tech-Serve suggests investing additional resources on this initiative in Project Year 2.
- Expanding hospital management improvement assistance to hospitals in all USAID-funded provinces: At this stage, — and based on requests by the hospital directors — there seems to be enough enthusiasm and willingness in the remaining seven provincial hospitals in USAID-funded provinces to warrant expanding the national hospital standards approach. This remains so even in the absence of direct funding these hospitals. Tech-Serve suggests scaling up the application of national hospital standards in Project Year 2.

- Improved monitoring and evaluation (M&E) at the provincial level: Through the preparations made by MOPH's HMIS department, use of Geographic Information System (GIS) is now possible for monitoring and evaluation of health indicators, particularly at the provincial level. Initial exposures of a few provincial health teams to the GIS concept and skills have revealed promising results. Tech-Serve suggests scaling up this training and skill-building for Project Year 2.

(PPG Community Health Workers receiving supply kits from the NGOs in Bamyan province)

3. Assisting MOPH to Expand Health Services through Performance-based Partnership Grants (PPG)

Tech-Serve has assisted MOPH in managing grants needed to provide quality BPHS and EPHS services. The assistance has included placing persistent emphasis on developing both MOPH staff, and sustainable management tools that can be used by MOPH's Grants and Contracts Management Unit (GCMU). Evidence-based tools developed so far included three types of NGO performance scorecards that compile data from available MOPH sources. These scorecards enable GCMU to actively identify performance gaps within PPG grants, act upon them, and monitor the impact of the corrective actions. Tech-Serve has also, wherever appropriate, emphasized and facilitated integration of functions among different donor units of GCMU including PPA, PPG, and PPC.

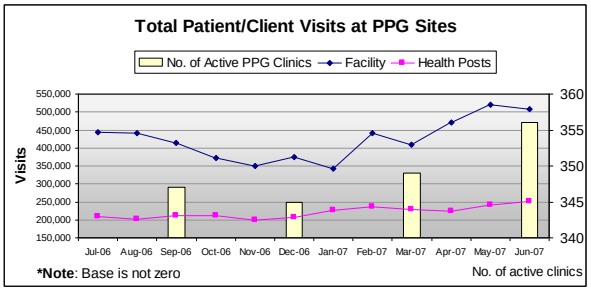
(Addition of new service delivery sites is a frequent request received and processed by MOPH/GCMU. Tech-Serve has helped GCMU develop an evidence-based management tool to make the decision as objectively as possible. This frequently includes review of maps of districts that are produced by MOPH/HMIS department with Tech-Serve support.)

Such integration has already occurred for the financial management of the grants. Integration of monitoring and evaluation function is also underway. PPG monitoring and evaluation consultants have thus far monitored 15 non-PPG clinics in the provinces.

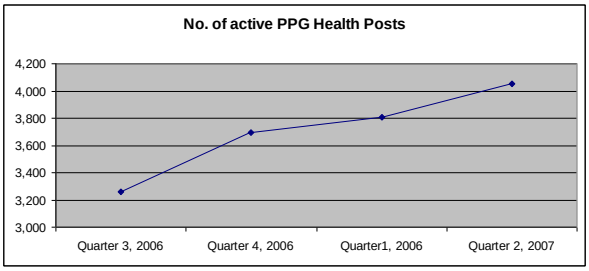
Services for 7.7 million outpatients and 47,000 inpatients annually

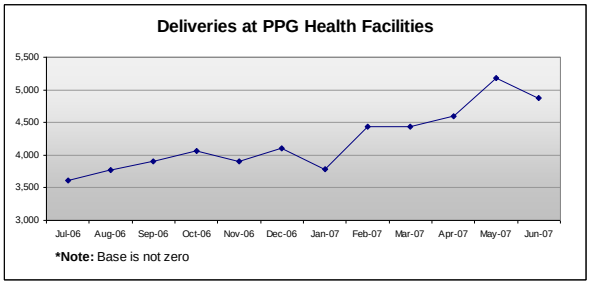
The PPG BPHS and EPHS programs continue to be successfully implemented, with good performance by national NGOs. The programs are effective, efficient, being implemented as planned and meeting the needs of Afghan people. About 7 million Afghans now have access to healthcare through the PPG program. Services provided by PPG health posts have increased by 25 percent since July 2006. A PPG team has provided supportive supervision and technical assistance to PPG NGO managers through regular PPG roundtables and provincial visits. Proper technical reporting system for PPG has been developed and maintained. Systematic coordination and communication among the wide range of PPG stakeholders (MOPH, WHO, USAID, Tech-Serve and HSSP) has also been established.

PPG established proper financial oversight for the NGOs. Funds were spent efficiently on implementing BPHS and EPHS. Proper financial reporting systems for PPG have been developed and maintained.



(Expansion of clinics, service utilization and key BPHS services by PPG service delivery sites between July 2006 and June 2007)





Preparing MOPH to receive US Government funds directly

Through Tech-Serve support, USAID certification of MOPH/GCMU is well underway and is expected to be achieved by the end of 2007. USAID certification of GCMU involved two assessments: contracting/procurement and financial management. Tech-Serve assisted MOPH comprehensively to plan and prepare for the assessments. The contracting assessment was conducted in April and June 2007. The financial management assessment was made in August 2007. Good and informative assessment presentations were also made. The official assessment results will be available soon and a follow-up plan to address the gaps identified during the assessments, if any, will be prepared after the results are known.

Monitoring health facilities and services; evaluation of the impact of grants

Monitoring performance is an integral part of management of PPGs. Two-hundred thirty-five PPG health facilities were monitored in Project Year 1, 25 percentmore than what was originally planned. The monitoring findings were regularly shared with NGOs and PPG partners. Follow-up monitoring visits to poor-performing facilities, in general, resulted in a subsequent improvement of performance. The monitoring of a sample of the health post has already been started.

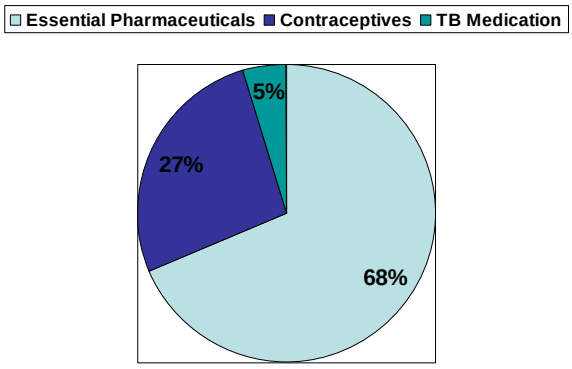
A PPG monitoring and evaluation team has taken the lead role in evaluating outcomes of BPHS implementation in PPG clusters (cluster of districts in provinces). This is done using a decentralized household survey that employs the Lot Quality Assurance Sampling (LQAS) methodology. This survey methodology was initially applied by the REACH project for the same purpose. Since then, Tech-Serve has trained and assisted the MOPH PPG team to fully transfer the technology to MOPH. The PPG team successfully led the grantee NGOs through the initial steps of the household survey. The survey is scheduled to be completed by January 2008 and will provide supplemental data for evaluation of the PPG NGOs performance.

Performance-based Grants: Lessons learned and strategic opportunities for future work in contracting for health services

- MOPH stewardship to help NGOs improve their performance, management and quality of care: The need for establishment of an NGO strengthening unit that was owned and led by MOPH became evident nine months after the implementation of PPG began. It became clear to MOPH, which already conducted regular monitoring of the NGO performance, that it needed to actively engage in building NGOs' capacity, as well. Evidence-based tools, including NGO performance scorecards, helped make the process of identification of NGO capacity-building needs systematic and objective. At the same time, the alligned with MOPH priorities. These tools also helped MOPH to prioritize NGOs most in need, and to monitor the impact of corrective actions. Tech-Serve strongly suggests establishment of this unit at GCMU, building upon the tools that have been so far developed.
- Increased support to help achieve MOPH autonomy in contracts and grants management: It is anticipated that MOPH need for support will increase if GCMU gets certified to receive the U.S. government funds directly. This is particularly crucial for this project to succeed and for MOPH to be used as a model for similar processes in other ministries. Tech-Serve suggests necessary resources be secured in Project Year 2 for this activity.
- Integration of different donor grant elements of GCMU: Current status of GCMU presents an opportunity for investing in common management systems — to the extent possible — for the PPA, PPG and PPC. This leads to uniformity of systems and improved efficiency of operation of GCMU. It is a key step to sustainability. Tech-Serve is prepared to embark on this new activity because a number of the management tools that it has developed have the potential to be used by more than the PPG team.

4. Provision of High Quality Pharmaceuticals to Service Providers in 13 Provinces and More

Tech-Serve has distributed US$5,629,013 worth of essential drugs, contraceptives and TB medications to NGOs for use in the 356 health facilities and more than 4,000 health posts staffed by Community Health Workers (CHWs) since July 2006.



Identification of budget shortfall for pharmaceuticals early in the project and improved accuracy of forecasting

Tech-Serve worked with USAID's health team on an adjusted projection of essential pharmaceutical required for the PPG grants during the life of the project. The projections for pharmaceutical requirements originally developed at the Tech-Serve proposal stage were based on data available at that time; both USAID and TS realized early on that they were underestimated. After a comprehensive examination of assumptions by Tech-Serve and further consultations with the MOPH and NGOs, the additional funds necessary for procuring sufficient drugs for PPG grantees was estimated to be almost double the original Tech-Serve budget for drugs. USAID agreed to add $5.7 million to Tech-Serve's budget for the life of project. After this initial review of estimated drug needs, Tech-Serve began holding quarterly meetings with the PPG NGOs and MOPH to assist in improving drug supply forecasting and ordering.

Proper storage of essential drugs and improved efficiency of operations

Inventory control through cycle counting resulted in less than a 0.0024 percent inventory variance (against targeted 1 percent) at Tech-Serve level. Systematic tracking of expiry dates of batches allowed in- time distribution of items to PPG and non-PPG facilities. It also eliminated altogether the destruction of expired drug items. Tech-Serve pharmaceutical database also allows correct and timely provision of information useful for planning and monitoring purposes.

Assisting MOPH on pharmaceutical management

Based on the needs perceived by MOPH, Tech-Serve established a relationship based on trust and cooperation with MOPH General Directorate of Pharmaceutical Affairs. This included assisting MOPH in revision of the national Licensed Drug List and Essential Drug List. Tech-Serve also assisted MOPH in training pharmacy managers of 13 PPHOs in the principles of pharmaceutical management.

Quality Pharmaceuticals and Rational Use of Drugs: Lessons learned and strategic opportunities for future work

- Standard Treatment Guidelines development: Improved rational use of drugs is possible at this stage of the health system in Afghanistan through development of Standard Treatment Guidelines at the national level. Development of Standard Treatment Guidelines has been proposed as a means for improving clinical prescribing habits, improving quality of care, and making more efficient use of the limited financial resources for purchasing pharmaceuticals. Their development will take two to three years but the effort is well worth as it will lead to more efficient use of pharmaceuticals. It is an investment that

will pay dividends, in terms of better practice and more efficient and rational use of pharmaceuticals for many years. This is essential for sustainability of supporting BPHS. Tech-Serve suggests this activity for its Project Year 2 work plan.

- Improved policies and pharmaceutical logistic management: MOPH is eager to be assisted with improved drug policies and management of MOPH General Directorate of Pharmacy. This can include development of the National Logistics Guidelines at facility level as well as providing management support to this unit.

Leadership, Management, and Sustainability Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139-4613 USA

Telephone: +1.617.250.9500
Fax: +1.617.250.9090
www.msh.org/lms

Technical Support to Central and Provincial Ministry of Public Health Project

Tech-Serve

Annual Report

July 2006-September 2007

Annexes 1 and 2

Annex 1: Progress to Date Compared to Workplan Activities

Annex 2: Update on Tech-Serve Performance Monitoring Plan Indicators

Annex 1

Progress to Date Compared to Workplan Activities

Technical Support to Central and Provincial Ministry of Public Health Project (Tech-Serve)

Annual Report

July 2006-September 2007

Progress to Date Compared to Planned Activities, and Associated Constraints

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers																				
1.1	***Improve capacity of MOPH to award and manage grants for providing quality healthcare services***																			
	1.1a	Development and approval of staffing plan for Tech-Serve staff to be seconded to the GCMU, development of job descriptions, job posting, interviews, selection and hiring.	Twelve staff hired and seconded to coordinate and manage the PPG program					X	X										**Completed.** These positions were hired using MOPH HR procedures. Tech-Serve staff served on the selection panels. Tech-Serve and GCMU jointly worked and developed job descriptions for 4 Grant Consultants, 5 Monitoring & Evaluation Consultants, 2 Finance Consultants, 1 IT Consultant and 1 Admin Assistant. A transparent recruitment process was followed. All consultants have been recruited; their starting months are as follows: GC (4) – July 06, July 06, Dec 06, Dec 06 M & E (5)– Dec06, Jan07, Apr07, May07, July07 FC (2) – July 06, Dec 06 IT (1) – July 06 AA (1) – July 06	There was some delay in hiring all the M&E Consultants. If all candidates had accepted the positions, this activity would have been completed on schedule. However, some selected candidates had unrealistic salary expectations or applied for multiple jobs and elected not to accept the Tech-Serve contract.
	1.1b	Finalize BPHS and EPHS outcome and output indicators and methodology for target setting, hold target setting meeting with NGOs and finalize each MOU's targets.	Each MOU has clear and achievable targets.	X															**Completed**. 1. Formats and instructions for output and outcome indicators/targets for BPHS grants were developed with full coordination of MOPH HMIS Dept. and M&E Dept. and Tech-Serve. 2. The NGOs, with active participation of PPHDs, GCMU and Tech-Serve, set and agreed on their project(s) targets through Oct. 31, 2007. The process was facilitated through a target setting workshop on output and outcome targets for BPHS. 3. EPHS grants were made/extended on a 6-month cycle. Output indicators for the 5 EPHS provincial hospitals were designed and the targets were set in February 2007.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.1c	Assist GCMU and WHO with issuance of modifications of 27 BPHS/EPHS MOUs.	All modifications ensuring BPHS and EPHS grants are fully funded and have all relevant terms and conditions are complete.	X			X												**Completed** MOU modifications were prepared as needed. These have included: 1 The initial 3-month MOUs for the 21 BPHS grants were extended to cover the two-year period May 2006 to April 2008. 2. The initial 1-month MOUs for the 5 EPHS grants were extended first for 5 months (June to October 06) and then for another two 6-month cycles (Nov 06 to Apr 07 and May to Oct 07). 3. A modification was made for Takhar to include 1 district hospital and 1 CHC effective October 06. 4. A modification for Faryab effective May 06 was made to include 1 BHC that was not included in the original workplan. 5. The original MOU for Badakhshan cluster 4 effective February 07 was prepared. 6. The modification to include Nish district in Kandahar was completed in August 07. 7. A general modification for all MOUs is in process and expected to be completed by end of Oct 07. This modification includes several issues, such as, 13-months remaining budget for Apr 07 to Apr 08, household survey, audit of first 11 months activity, family planning compliance, reporting formats.	There was delay in EPHS modifications # 2 for Apr 07 to Oct 07. WHO waited until the WHO/USAID agreement was amended in July 07 to add additional funds before signing the modification.
	1.1d	Conduct quarterly PPG meetings (NGOs, MOPH, HSSP, Tech-Serve, USAID) including technical roundtables if needed.	The NGOs as a group meet at least quarterly with all the program components.		X			X			X			X			X		**Completed** 1- Aug 06 – Tech-Serve assisted in organizing the PPG roundtable meeting with NGOs, HSSP, WHO USAID and MOPH. In the meeting, the role and responsibilities of each stakeholder were explained; grant implementation issues were prioritized and discussed and recommendations made for streamlining coordination between PPG partners. 2- The November and February meetings were not held as there were not pressing issues. 3- Apr 07 – The 2nd PPG roundtable was conducted by HSSP and PPG. Relevant issues were discussed by the NGOs, MOPH, PPG, HSSP and USAID. 4- Aug 07 - The 3rd PPG roundtable was organized by PPG with assistance from HSSP. In the meeting WHO, HSSP, Tech Serve, GCMU-MOPH, and NGOs actively participated. There are sufficient meetings held with the NGOs. These roundtable meetings are somewhat similar to the BPHS coordination meetings in 1.1e below. A	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			summary of these 2 kinds of meetings that have been held is: August 06 – PPG roundtable meeting November 06 – BPHS coordination meeting March 07 – BPHS coordination meeting April 07 – PPG roundtable meeting June 07 – BPHS coordination meeting August 07 – PPG roundtable meeting In addition, each NGO receives written feedback on HMIS/Technical reports through e-mail, and face-to-face meetings are held with NGOs after PPG monitoring visits. Other face-to-face meetings are held periodically to discuss operations, technical, financial and other issues. Having additional meetings will result in meeting overload for the NGOs and GCMU and will not be productive.	
	1.1e	Assist GCMU with designing, scheduling and implementing quarterly PPA/PPC/PPG NGO coordination meetings	Meetings are held to communicate MOPH policies and procedures to NGOs covering the whole country. Opportunities are provided to share good practices across the programs.			X			X			X			X			X	**Completed** The BPHS coordination meetings were held in November 06, March 07 and June 07. These meetings provide a forum for all health NGOs supported by the three major donors to meet with MOPH. The main purpose of the meetings is to provide a forum for MOPH and the NGOs to meet to share and discuss issues that are common across the program throughout the country. The main outcomes from the meetings are: • There is good exchange of ideas and issues between MOPH and NGOs. • Challenges and common obstacles are discussed and ideas shared on how to address them. • Feedback is shared and discussions are held to address the issues. • A team spirit between the NGOs and MOPH is fostered. • Winterization drug order and emergency response plans are made.	
	1.1f	Provide content for a quarterly PPG newsletter	Provide content for two PPG newsletters with content relevant to PPG grant management needs.					X			X			X			X		**Completed** Newsletter content was provided as planned. Newsletter contributions have been: 1. An introduction of GCMU and its role 2. Update on recruitment of PPG Consultants 3. Assignment of PPG Consultants to the NGOs (the PPG portfolio) 4. Compiled HMIS data for the monitoring & evaluation corner of the newsletter	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			5. Training schedule and supervision plan of the Management Support to Provinces initiative 6. GCMU update and M&E activities. 7. Information about conducting the household survey.	
	1.1g	Conduct a pilot test of a virtual office space to share key documents between GCMU, WHO, HSSP, Tech-Serve and USAID and set up and train users; evaluate after 6 months.	Evaluations of eRooms and their usage conducted by June 30, 2007			X	X		X	X		X	X		X	X		X	**Completed** Evaluation was done in April 07. Based on this evaluation, Tech-Serve will continue using e-Rooms for sharing information with MSH headquarters	
	1.1h	Provide TA to assist WHO with quarterly financial and compliance meetings for NGO finance and management staff	Five financial and compliance meetings held.		X			X			X			X			X		**Completed** Finance workshops were held in August 06, March and September 07. The August meeting presented grant requirements, reporting and compliance issues. The March meeting presented revised reporting formats and requirements, as well as other related finance information. The September meeting discussed the 1st 11-month and 2nd 13-month reporting periods and changes to the financial reports. The finance workshops are being conducted as needed. An independent audit by an outside audit firm is in process and the audit reports will be available in October. The next Finance workshop will be conducted to address the audit findings.	
	1.1i	Provide TA to assist WHO and GCMU in implementing a field monitoring program.	At least 85 monitoring visits paid to PPG facilities				X	X	X	X	X	X	X	X	X	X	X	X	**Completed**. • 235 health facilities have been monitored: 29 Badakhshan 8 Baghlan 12 Bamyan 28 Faryab 21 Ghazni 30 Heart 22 Jawzjan 46 Kabul 4 Kandahar 4 Khost 5 Paktia 26 Takhar 0 Paktika (planned for December) • PPG meets face-to-face with each NGO in Kabul to discuss the field monitoring findings. Action plans are prepared to address issues raised from the M&E visits. • PPG team reports excerpts from the findings of monitoring visits to USAID and other stakeholders. See also 1.8c.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.1j	Provide TA to assist WHO in financial monitoring of PPGs.	Each PPG NGO is monitored at least once				X	X	X	X	X	X	X	X	X	X	X	X	• Assistance was provided to WHO to develop a financial monitoring tool. 13 financial visits have been made to the NGOs: 4 – AADA, BDF, MOVE, CHA – July & Aug 06 2 – IbnSina, CAF – Nov 06 2 – Medair, SDF – Feb 07 2 – BDF, MOVE (follow-up visits) – Feb 07 3 - AHDS, AHTP, ADRA (Apr to June 07) • After each financial visit, a report was prepared in which the findings were shared with the respective NGO and recommendations provided. • The external, independent audit was started in June. The auditor will visit the provinces in October and the PPG Finance Consultants may travel with the auditors to assist them in their field work. Actions will be planned based on findings from the audits.	
	1.1k	Supervision visits to NGOs at the provincial headquarters level	Each NGOs HQ is visited at least twice with trip reports				X	X	X	X	X	X	X	X	X	X	X	X	• A supervision plan was prepared in 2006. According to the plan, each NGO HQ was to be visited at least twice. However, this has been changed to once a year as the initial results were better than expected and did not warrant more frequent monitoring. Grant Consultants have visited the following NGO provincial offices: CAF/SHDP – Takhar – January 07 MOVE/STEP – Jawzjan - February 07 AHDS – Kandahar – February 07 CHA/NPO – Herat – March 07 BDN - Baghlan – April 07 & August 07 MOVE – Herat – June 07 ADRA/AADA Bamyan – June 07 & August 07 MERLIN, CAF, MEDAIR - Badkhshan – Aug 07 • Trip report briefings have been prepared and shared in the PPG coordination meetings. Full reports have been prepared and circulated. • The visits have confirmed that the NGOs are implementing the BPHS activities in the field in a good manner.	
	1.1l	Review HMIS reports and monitoring reports and provide feedback to NGOs.	27 PPG grantee quarterly reports reviewed and feedback provided to the NGOs			X		X	X		X	X		X	X		X	X	**Completed** • Five quarterly technical reports for each grant were reviewed. Feedback was given to NGOs.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			Monitoring reports are also prepared after each visit to the field. Face-to-face meetings are held with each NGO and HSSP to discuss the findings from the field visits. • BPHS Coordination Meetings were held in November 06, March 07 and June 2007 to provide general feedback to the NGOs (see 1.1e). Moreover, specific feedback on HMIS and technical reports was communicated to each of the NGOs. The feedback included discrepancies between HMIS data and NGO technical reports, FSR and MAAR, status of submission of EPHS HMIS, and use of updated HMIS reporting formats • Tech-Serve provincial health advisors and PPHOs reviewed findings of 63 Monitoring reports and provided feed back to the PPG NGOs in 10 provinces	
	1.1m	Design October 2007 household survey to be carried out by NGOs.	October 2007 household survey designed by September 2007												X	X	X	X	**Completed** • PPG household survey package including the tools (questionnaires and an enhanced database), survey TOT and the process were finalized. • In September 07 a 3-day workshop was conducted with all the NGOs to discuss the methodology and procedure of the household survey. • MOPH GCMU was assisted to successfully take the lead on conducting the survey. • Sampling plans and survey timelines of all individual PPG NGOs were developed, reviewed and approved. • 13 PPHOs and Tech-Serve PHAs were oriented to the household survey process in the provinces. They serve as a technical resource to the NGOs and will provide oversight during the data collection phase. • The survey will be conducted by the NGOs in October and November 2007. The survey results will be used in evaluation of PPG NGOs for possible extension of PPG MOUs.	
	1.1n	Provide TA to assist WHO with audit program design.	Uniform audit standards adopted										X	X	X				**Completed** In March 07, audit planning meetings were held with PPG, WHO and USAID. In April, Tech-Serve developed the RFP for the audits for WHO for the first 11-month period May 06 to March 07. The	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			audits started in June and the results are expected in October 2007.	
	1.1o	Assist GCMU with reviewing 27 NGO financial reports.	Financial reports processed each quarter		X			X			X			X			X		**Completed** The first five quarterly financial reports were reviewed, processed with the NGOs and forwarded to WHO. There has been improvement in the quality of financial reports with each successive quarter. Face-to-face meetings were held with NGOs to make inquiries about their financial reports, if needed.	
	1.1p	Assist GCMU with reviewing of 27 NGO narrative technical reports and Project Data Sheet	Reports reviewed each quarter		X			X			X			X			X		**Completed** for each of the five quarters.	
	1.1q	PPG grants summary activity reports prepared and distributed to GCMU, MOPH, WHO and USAID	Quarterly PPG Activity Summary Reports				X	X	X	X	X	X	X	X	X	X	X	X	**Completed for PY1.** Grants and contracts database now includes updated data from PPG grants, and grants summary reports are now produced and disseminated monthly.	
	1.1r	Coordinate with HSSP with technical assistance needs assessments and provision of technical assistance to BPHS and EPHS NGOs.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed** Through the biweekly PPG coordination meetings (PPG, HSSP, WHO, USAID), the technical assistance needs of the BPHS & EPHS are discussed. The main outcomes from the meetings are: good communication between the 4 organizations, discussing various program issues and actions to be taken, sharing of monitoring information from the field and discussing the quality of services at the HFs and what can be done for improvements. Further coordination is done at the regular Tech-Serve/HSSP coordination meeting.	
1.2	***GCMU strengthened to prepare for the GOA to receive USAID funds directly***																			
	1.2a	Design a GCMU capacity building plan to meet USAID eligibility criteria to receive direct funding	Capacity building plan for GCMU to be completed by July 2007											X	X	X			**Completed** USAID certification involved two assessments; contracting/procurement and financial management. Tech-Serve assisted MOPH to plan and prepare for the assessments. The contracting assessment was conducted in April and June 07. The financial management assessment was done in August 07. The assessment results will be available soon and a follow-up plan to address the gaps identified during the assessments (if any) will be prepared after the results are known.	
1.3	***Provision of essential drugs and contraceptive supplies is improved.***																			

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.3a	Estimation of NGO drug needs and forecasting quantities of drugs to be procured		X			X			X			X			X			**Completed** • - After an initial review of estimated PPG drug needs, Tech-Serve held quarterly meetings with the PPG NGOs and MOPH regarding drug supply issues. • - Tech-Serve drug management unit participated in all round table meetings of PPG NGOs and GCMU at MOPH and updated the drug supply cycle and distribution status of drugs for the NGOs. • A drug committee was established in Takhar province including all BPHS implementers to focus on drug ordering, consumption, stock out etc.	
	1.3b	Procure pharmaceuticals for BPHS and EPHS NGOs	Two pharmaceutical orders placed		X	X	X			X	X	X				X	X	X	• From order 1, 98.5 percent of drugs arrived in Kabul. • Out of 1.9 M combined drug order (order 2&3) , 99.8 percent of order 2 received in Kabul • During quarter 3 a total amount of US$ 223,517 of contraceptives (Condom and Ethinylestradiol+Norgestril) received from USAID. • MOPH drugs board approved issue of Narcotics/Psychotropic importing license for Tech serve order # 2&3. • Based on the evidence and argument presented by Tech-Serve, MOPH approved exemption of Tech-Serve drugs shipments from testing and quality control by MOPH. This exemption will significantly reduce the clearance of drug from the Customs.	A few drug items with the total value of US$ 16,331 from order # 1 were not received from IDA.
	1.3c	Receive pharmaceutical consignments, clear through customs and properly warehouse	Pharmaceuticals are cleared within 3 weeks of coming to Kabul					X	X	X	X	X	X	X	X	X	X	X	The drug receipt percentage from order 1 till end Sep.07 arrived to 98.5 percent.	
	1.3d	Distribute pharmaceuticals to 27 BPHS and EPHS NGOS	Distribute drugs valued at US$2 million in year 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Between July and September 2007, drugs valued at $ 1,335,255.87 were distributed to 24 PPG NGOs and 18 non-PPG health facilities (due to short expiry dates). This included US$902,568 essential drugs to PPG NGOs and other non-PPG health facilities, and US$ 432,687.9 contraceptives to PPG NGOs. A total value of USS$ 5,629,012.73 of drugs were distributed to NGO grantees and non-PPG health	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			facilities since the start of Tech-Serve (July 06-Sep.07). This included US$ 3,861,870.70 of essential drugs, US$ 1,502,504 of Contraceptives, and US$ 264,638 of anti TB drugs.	
	1.3e	Manage warehouse facilities, systems and staff to ensure pharmaceuticals are made available to NGOs	Orders for drugs filled and drugs delivered to NGOs within 30 days of receipt	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing cycle counting kept the stock and inventory discrepancies well still below 0.001 percent.	
1.4	***Enhance the ability of MOPH Deputy Ministers and Director-Generals to effectively manage their work and staff***																			
	1.4a	Conduct Tech-Serve management support training for senior MOPH management staff to enable them to improve management practices in the health sector	2 Tech-Serve management support workshops conducted with 20 participants trained			X				X									**Completed.** • The September management support workshop was completed. Forty-seven senior managers from MOPH and partners attended the LDP alignment meeting in September. • 30 MOPH senior staff completed a 12–week course on technical report and proposal writing in February.	
	1.4b	Promote coordination and planning of MOPH by conducting regular meetings with all 3 Deputy Ministers and 6 Director-Generals to identify management and leadership gaps and provide TA to improve MOPH management	Three D-Gs have an agreed-upon workplan that is being implemented and monitored. Two semi-annual progress reports				X						X					X	**Completed** • A two-day scanning workshop (initial LDP phase) was conducted for 22 MOPH senior staff of General Directorates of Primary Healthcare, Admin and Provincial Public Health. • LDP focusing workshop was conducted for 19 participants of PHC/MOPH and Admin General Directorates. • A one-day LDP refresher scanning workshop was conducted for provincial and central EPI management teams.	
	1.4c	Technical assistance provided by Tech-Serve advisors to the senior management for the effective implementation and coordination of MOPH priority activities and policies for BPHS and EPHS implementation	All advisors hired by Dec. 2006	X	X	X	X	X	X										**Completed** The Tech-Serve advisors to MOPH in hospital management, provincial capacity building, communicable/infectious disease, child health and management strengthening/health financing advisor were in place by March 2007.	
	1.4d	Organize three technical seminars on key policy and technical areas for the MOPH, especially the Deputy Ministers and Director-Generals	Three technical seminar reports					X				X				X			**Completed** A total of four technical roundtables were organized. The topics included "monitoring and evaluation in the Afghan health system" (June 2007), "Community IMCI" (November 2006), "HIV/AIDS" (November 2006), and "Hospital Community Boards" (February 2007).	
1.5	***Continue building the MOPH capacity for improved hospital management of EPHS***																			

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.5a	Continue to provide technical assistance to MOPH in hospital management improvement as needed	20 hospital managers trained at MOPH training sessions by May 2007	X			X						X						**Completed** • A three-day workshop on hospital management development was conducted for 10 members of hospital management teams, including the PPHD of the provinces of the Hospital Reform Project and USAID-funded provincial hospitals. A total of 50 staff were trained. • 2 hospital managers of AKHS-supported Bamyan provincial hospital were trained on hospital standards in Tech–Serve Kabul and launched the implementation of hospital standards. The baseline assessment of Bamyan provincial hospital (run by AKHS) was 55 percent.	
	1.5b	Participate and coordinate development of 2007 Hospital Management Task Force workplan	2007 Hospital Management Task Force Workplan completed by March 15, 2007					X	X	X	X	X							**Completed**	The Hospital Management Task Force (HMTF) meeting is scheduled biweekly.
	1.5c	Assist the MOPH in development of a policy on telemedicine in Afghanistan	Telemedicine Policy drafted by September 30, 2007									X	X	X	X	X	X	X	Delayed One meeting was held with former in-charge of the MOPH telemedicine section to brief him on how to make linkages between the central MOPH and a telemedicine section in Texas to have a teleconference and lay the groundwork for future expansion of the communication. AKHS planned to install the telemedicine system in Bamyan Provincial Hospital	There is no in-charge for the MOPH Telemedicine section to coordinate the telemedicine activities.
	1.5d	Assist the MOPH in developing policies for regulating private hospitals	Policy on private sector hospitals in Afghanistan drafted by September 30, 2007							X	X	X	X	X	X	X	X	X	**Cancelled**—The MOPH has chosen not to introduce this as a regulation and implement it at this time. It is hoped that this action will be taken in the future since the policy is completed.	
	1.5e	Assist the MOPH and Provincial Health Departments in distributing hospital management tools developed by MSH for MOPH	Hospital Standards Manuals delivered to all provincial hospitals by February 2007				X	X	X	X	X								**Completed**	
	1.5f	Undertake feasibility study on forming a national hospital association	Recommendations on establishment of National Hospital Association completed by 30 Sept 2007													X	X	X	Delayed The issue of feasibility study and formation of a hospital association was discussed with the D-G of Curative and Diagnostic Services as well as with a representative of the private sector. They were briefed on the principles of establishment of associations.	
1.6	***Work with the MOPH to develop appropriate health financing policies for the long-term sustainability of the health system***																			
	1.6a	Develop national guidelines for user fee implementation of a national cost-sharing policy	Implementation guidelines for user fees completed by September 2007							X	X	X	X	X	X	X	X	X	**Completed**: Tech-Serve played a major role in revising the national policy on sustainability and cost-sharing. The policy has been approved by the	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			CGHN and revisions are underway, based on the MOPH's TAG comments. The Health Financing and Sustainability Task Force is now developing Cost Sharing Guidelines for implementation of a national cost-sharing program.	
	1.6b	Mentor the new Health Financing Director to effectively coordinate health financing issues concerning sustainability	A workplan is developed which is implemented and monitored				X	X	X										**Completed** • Tech-Serve mentored and worked closely with the Acting Director of the Health Financing Department of MOPH. Unfortunately, in December 2006 this individual left MOPH and joined an NGO. • Tech-Serve has begun working with new Health Financing Department Director.	Counterpart being mentored left MOPH to join a national NGO in December 06, so T-S is working with the new Director to help him develop his skills in health financing.
	1.6c	Assist MOPH to increase the knowledge of members of cabinet and Parliament about sustainability issues and international best practices for user fees and cost recovery.	Information seminar for senior MOPH and cabinet officials held on user fees by March 30, 2007							X	X	X							**Completed** Tech-Serve provided technical and policy support to the MOPH on increasing awareness of the National Policy on Cost-Sharing for Sustainability. As a result the national government's cabinet approved user fees for hospitals in November 2006. Tech-Serve assisted the MOPH Health Financing and Sustainability Task Force in developing a presentation on user fees for the National Parliament.	
1.7	***Support the Human Resource General-Directorate in maintaining a functional HR information system to plan for the optimal use of health workers***																			
	1.7a	Provide technical assistance to the MOPH to maintain the HRD database	MOPH Human Resources Department has a functioning database that generates information for staff projections and training needs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	During July-Sept 2007, 2,000 additional health staff was registered and their data were computerized. 3,000 new MOPH ID cards were issued and distributed to the staff. So far, 20,200 health workers in the public and NGO sectors have been registered in the database. This is a substantial achievement since it represents over 70 percent of health workers nationally. The HR registration process for almost all USAID-supported provinces has been completed successfully.	
1.8	***Strengthen monitoring and evaluation capacity at the MOPH***																			
	1.8a	Assist the M&E department of MOPH in revision and updating national health fact sheets	Updated health fact sheets once per year		X												X		**Completed**. This activity is now closely connected with provision of data to the Afghanistan National Development Strategy (ANDS) quarterly progress reports. Tech-Serve assisted MOPH M&E department along with JHU team to provide two rounds of data updates for ANDS.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.8b	Provide the necessary information support to the Management and Tech-Serve Management Support at the provincial level	For 3 priority provinces, information from HMIS, REACH EOP Household Survey, and NHSPA are made available for planning purposes.			X	X			X	X			X	X			X	**Partially completed with some delay** • On May 10, a training course was conducted in Bamyan for 15 members of Bamyan PPHCC. This training aimed to enable PPHO and PPHCC members to extract information on six core indicators from available sources of data in Afghanistan. • Baghlan PPHCC members received similar training in October 2007. • The training course for Takhar PPHCC members will be conducted in November 2007. • In Kandahar, on the job training on developing charts of performance, GPS recording and National Monitoring Checklist was provided for NGO staff and PPHO members.	
	1.8c	Assist MOPH in rollout of the National BPHS Monitoring Checklist (NMC)	6 PPHOs have staff trained on applying the national monitoring tool and using the data			X	X				X			X			X		**Completed** All 13 PPG PPHOs have been trained on National Monitoring Checklist (NMC). Ten USAID-supported PPHOs actively collect and use NMC data for their M&E activities in their related provinces.	
	1.8d	Develop a BPHS M&E database	BPHS Monitoring Tool Database, Database Reports and Procedure Manual		X	X													**Completed** A well-tested database to compile data of National Monitoring Checklist is now available with a procedure manual. Focal points from 12 USAID provinces received training and a copy of the database.	
	1.8e	Develop a tool for evaluating the capacity built in PPHOs in collaboration with MOPH	PPHO capacity building assessment tool by September 2007				X	X	X										**Completed** The tool has been used once in October-December 06 quarter and the summary of the findings was included in the second quarterly report.	
1.9	***MOPH is assisted in monitoring and evaluation of BPHS and EPHS grants.***																			
	1.9a	Support GCMU and PPG NGO grantees in using the REACH EOP household survey findings for target setting	Baseline values and annual targets set for indicators for PPG Grantees (see also 1.1b and its output)	X	X	X													**Completed**. Tech-Serve compiled and reorganized the REACH End-of-Project household survey results by 21 PPG clusters and assisted MOPH GCMU to carry out a target setting exercise with the PPG grantees and Provincial Health Offices in USAID provinces (see also 1.1b).	
	1.9b	Assist MOPH in development of a technical monitoring plan for PPG grants (see also 1.1i)	Functional PPG technical monitoring system			X	X												**Completed**. See 1.1i, 1.8c and 1.8d as well. Three out of five positions for PPG M&E consultants were filled by March 2007. Monitoring visits to facilities by this team (central Ministry) is now being done since January 2007.	
	1.9c	Evaluate the Grants Database and adapt it to the new	Grants database adapted			X		X		X		X							**Completed**. Grants Database has been adapted	Currently the Grants Database

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
		needs of the GCMU and ongoing data entry, data verification and analysis.	and kept up-to-date																based on new PPG working procedures.	is using the old administrative divisions of the country (329 districts) and it has been officially announced that the new administrative divisions (398 districts) should be used.
	1.9d	Train MOPH staff on LQAS methodology	20 members of central and provincial MOPH trained on design, conduct and analysis of LQAS household surveys												X	X	X		**Completed** • Nineteen MOPH central staff received orientation training in two sessions as a part of the one-year public health course by London School of Hygiene and Tropical Medicine. • Twenty-two MOPH staff including 12 provincial HMIS officers received a two-day comprehensive training in September 2007. • Members from Provincial Public Health Offices, STEP, MOVE, AKHS, Ibn-Sina, AADA, CAF, SHDP, ADRA, AADA and AHDS HMIS officers were trained on LQAS methodology in Bamyan, Jawzjan, Faryab, Bamyan, Takhar and Kandahar and action plans were provided to them.	
	1.9f	Assist MOPH in applying LQAS methodology for BPHS outcome measurement in PPG provinces	22 PPG grantees develop Household Survey Plans for October 2007 survey													X	X	X	**Completed as planned for PY1 and still ongoing** • Survey database was enhanced. Survey questionnaire was updated to include data on knowledge about danger signs of pregnancy requested by HSSP. • MOPH/GCMU is now leading the survey process through the PPG M&E team. • The survey is well underway. • Hands-on support was provided by the Tech-Serve PHAs in the 13 provinces.	
	1.9g	Collaborate with JHU in the analysis of follow-up findings of NHSPA with special emphasis on PPG provinces	2 meetings organized between Tech-Serve, HSSP, USAID and PPG NGOs where JHU data in PPG provinces are discussed, analyzed and decisions are made for corrective actions.	X										X					**Completed**	
1.10	***National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured***																			

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.10a	Provide TA to MOPH in maintaining and updating the national health facilities database	All health facilities in receipt of a unique facility ID code from the MOPH; updated information on the facilities available	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed as planned for PY1 and still ongoing** Assigning unique facility IDs for newly constructed facilities and updating health facilities information is taking place at MOPH on a daily basis. Summary of this data is being disseminated on a bi-weekly basis among GCMU, WHO, HSSP and Tech-Serve.	The boundaries of the new administrative divisions are not officially released and, therefore, it cannot be used for map making. Current mapping efforts must use the old district boundaries.
	1.10b	Provide TA to MOPH so that it can manage a decentralized HMIS database at the provincial level	Functional HMIS database at provincial level in PPG provinces. Over 90 percent of PPG facilities and 70 percent of BPHS facilities nationally submit HMIS reports.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed as planned for PY1 and still ongoing** Achieved through Tech-Serve support: • HMIS reports of the first quarter of 1386 (Shamsi calendar) were successfully synchronized. Almost 100 percent of PPG facilities and 90 percent of BPHS facilities nationally submitted their HMIS reports. • Two additional Provincial hubs were installed in Takhar (USAID) and Balkh (non-USAID) provinces. • Geographic Information System training was provided for Bamyan, Herat, Takhar, Balkh and Samangan to show and analyze their data on the map by using GIS software. • Trouble shooting of computers was provided to BRAC Kabul, ARCS and IAM Ghor	
	1.10c	Assist central MOPH in maintaining HMIS database main hub.	Functioning HMIS main hub at the MOPH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed as planned for PY1 and still ongoing** • HMIS database main hub has been maintained in good condition and virus definitions in the system are updated weekly. • A plan was made to reduce the size of the HMIS main hub and manage the archiving issue; plan was successfully implemented and fully tested.	Transfer of MOPH HMIS Department to GD of APHI created problems since HMIS and M&E Departments are now placed, physically as well as functionally, in separate areas of the MOPH organization.
	1.10d	TA to the MOPH in the rollout of EPHS HMIS	5 PPG provincial hospitals regularly submitting HMIS reports		X			X			X			X			X		**Completed as planned for PY1 and still ongoing** • Five provincial hospitals belonging to Hospital Reform Project of MOPH- — Kunduz, Takhar, Baghlan, Ghor and Zabul — have been submitting their EPHS HMIS reports since April 2006. 5 provincial hospitals and 18 district hospitals in PPG are submitting EPHS HMIS reports. • Including PPG provincial and district hospitals, 68 hospitals (64 percent of all) now submit EPHS HMIS on regular basis nation wide.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.10e	Assist MOPH in developing a regular national HMIS indicators update	2 HMIS indicator updates at the national level developed and disseminated			X						X						X	**Completed** • Three HMIS indicator updates have so far been developed by the HMIS department and presented at the Ministry to partners including BPHS NGOs. • One HMIS publication was developed and disseminated at the central and provincial levels through Tech-Serve support. • PPG indicators in Takhar was updated and presented to the PPHO team and PPHCC.	
1.11	***Strengthen MOPH's capacity for proper planning for equipment maintenance in hospitals.***																			
	1.11a	Assess the actual requirements and needs for hospital equipment maintenance in 5 provincial hospitals.	Report on assessment on hospital equipment maintenance completed by May 31, 2007							X	X	X	X	X					**Completed** An assessment tool was developed to evaluate the actual equipment requirements and it was field tested in 4 USAID EPHS funded provincial hospitals in March 2007. The findings included: • There are no standards and specified equipment in the country. • There is no professional biomedical engineer at the country level to repair and maintain the equipment. • No trainings were conducted on the use of equipment. • No spare parts are available in the country.	
	1.11b	Develop recommendations for USAID and MOPH on requirements and needs for hospital equipment maintenance.	Recommendations on equipment maintenance made to USAID and MOPH by July 31, 2007											X	X	X			**Completed** A survey was undertaken during two visits by a Tech-Serve international expert. His report provided a basis for any further actions by USAID on hospital equipment maintenance as well as future procurement of equipment by MOPH for hospitals.	
1.12	***Strengthen MOPH's ability to undertake national planning and health system development***																			
	1.12a	Support the Technical Deputy Minister to develop a plan for health system development	Actively participate in Health System Development Working Group meetings				X	X	X	X	X	X	X	X	X	X	X	X	**Completed** • The T-S Chief of Party and Technical Director served on the Deputy's special "Health System Development Working Group." Based on their work an outline for structuring a future report on the entire health system was developed. • 2 additional Technical Advisors were recruited to assist the DG Policy and Planning and APHI	
1.13	***Support MOPH Communicable Disease Control efforts***																			

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.13a	Active participation on the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria	Record of CCM meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed as planned for PY1 and still ongoing** • Round 7 Global Fund proposal was finalized. • GFMU was integrated into GCMU • Principal recipients are selected for TB and HIV/AIDS Round 7 proposal	
	1.13b	Support MOPH on promoting quality DOTS expansion	Training modules developed for quality DOTS expansion				X	X	X	X	X	X	X	X	X				**Completed as planned for PY1 and still ongoing** • Tech-Serve PHAs regularly support provincial TB Task Force meetings in Bamyan, Kandahar, Paktia, Baghlan and Takhar provinces with PPHO and NGOs; identified the gaps and action taken for way forward at provincial level • TB Case detection is improved by 9 percent in Bamyan through application of the Leadership Development Program (LDP) compared to last year. • Hands-on training was provided to regional and provincial TB Coordinators in Paktya province on analysis of TB data. • Ongoing technical assistance is provided to NTP at central level. • Action plan for DOTS implementation developed in Badakhshan. • 300 CHWs were trained in 8 districts of Jawzjan on community DOTS • TA was provided to NTP on assessment and conduct of relevant training for TB management team as decentralized activity at provincial level. • TB data analysis for year 2006 (focusing on TB case detection trend) (report)	The up coming change in leadership of NTP will affect the routine functions of NTP at the central MOPH.
	1.13c	Actively support MOPH initiatives to develop effective programs to control a priority communicable disease problem	Recommendations and a plan for Tech-Serve to actively work with MOPH on one additional communicable disease or disease outbreak Provincial outbreaks of communicable diseases reported and responded to 5 reports on AI outbreaks in poultry in three provinces of Afghanistan						X	X	X	X	X	X	X	X	X	X	**Completed** *At the central level:* • Communicable Disease Control (CDC) LDP workshop was conducted for 22 CDC Officers of 13 USAID provinces, one EC province and CDC officers of MOPH at the central level • Reviewed and updated GDPPH emergency preparedness plan. • Cholera management guidelines were distributed to all NGOs • Conducted Avian Influenza situation analysis in Afghanistan • Tech-Serve PHAs received orientation and updating on Avian Influenza. • Briefed USAID on Avian Influenza with the • Fully involved APHI in Asian Development	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
			TB data analysis for year 2006 (focusing on TB case detection trend) (report)																Bank Avian Influenza project initiation with the APHI. *At the provincial level:* • A total of 6 outbreaks were reported and responded to. • Conducted assessment of isolation wards in Kapisa and Kabul province • Action plans were developed for the Communicable Disease Control (CDC) officers in Bamyan • One isolation ward was established in Bamyan for quarantine of suspected avian influenza cases. • EEPR committee meetings were supported regularly in Bamyan, Faryab, Takhar, Baghlan, Khost and Kandahar. • TA was provided by PHA Kandahar in the avian influenza, measles, and whooping cough outbreaks in Daman, Shawali Kot and Panjwai District of Kandahar and Chora District of Uruzgan. • Disease Early Warning System (DEWS) office was established in PPHO Ghazni covering 4 central provinces and Khost. Six sentinel sites were identified and focal points were assigned to three of them through Tech-Serve support. • Orientation was provided on avian influenza and hepatitis for PPHO Ghazni during April and June 2007 • TA was provided on development of comprehensive action plan for the control of Plasmodium Falciparum Malaria in close collaboration with the MOPH assessment team in Badakhshan province. • TA provided to EEPR and Malaria committee of Kandahar PHO on suspected Cholera outbreak in Daman district and malaria control program • Faryab PHA conducted cholera preparedness training for 36 people from Maimana Provincial Hospital and 24 health facilities in Faryab	
1.14	***Facilitate the strengthening of MOPH's child health programs and interventions***																			

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.14a	Conduct a joint assessment with MOPH Deputy for Reproductive Health and Child Health for the priority needs in child health	Priority needs identified/ Assessment report completed by October 31, 2006				X	X				X							**Completed** • An assessment of MOPH needs in child health was conducted by Tech-Serve advisor Dr, Ickx, and a Tech-Serve consultant, Dr. Iain Aitken, with the MOPH Deputy Minister for Reproductive and Child Health and the MOPH Child Health Director. • Based on these needs assessments and MOPH requests, Tech-Serve established the Child Health Advisor Position. The Child Health Advisor was recruited. • The Child Health TF and IMCI TF were re-established. • Tech-Serve organized a stakeholders meeting on revision of child health policy in July 2007 to lay out the policy revision steps. Certain sections of the policy have been reviewed. The review will be completed and finalized by January 2008. • Tech-Serve assisted drafting of the community IMCI section of the GAVI Health System Strengthening (HSS) proposal	
	1.14b	Provide child health advisor to work with MOPH Child Health Department to help them in evidence-based decision making and policy formulation for child health services	Child Health Advisor hired by March 2007									X							**Completed** • Collection and inventory of all child health related protocols and guidelines was completed and submitted to related Working Groups for in depth study and their comments (JHU, UNICEF, WHO) • TA was provided for SHI round table • Active participation in CHTF meeting • Active participation in SHI WG's meetings • Met with provincial IMCI offices of Faryab, Baghlan, Jawzjan provinces on CH policy and got their feedback and comments	
	1.14c	Increase capacity of Child Health Department to take leadership in directing priority child health interventions in an integrated manner	Agreement of MOPH and Tech-Serve on collaborative plan of action prepared by March, 2007								X	X							**Completed** • Leadership Development Program training was held for all USAID's provincial CAH officers • Technical update workshop on Child/Adolescent Health (CAH) was conducted for all USAID's provincial CAH officers • Leadership Development Program training was held for 13 provincial nutrition officers • Provincial Child and Adolescent Health TF were established in Jawzjan, Kandahar, Herat, Baghlan, Ghazni, Paktika and Takhar provinces.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			• Technical update workshop on Nutrition has taken place for all 13 provincial nutrition officers • IMCI assessment is being conducted by PHO IMCI officer and PPG NGOs in all HFs in Jawzjan to identify child health needs • TA was provided to CAH officer in report writing, fund seeking for IMCI program, and a Dari version of IMCI training manual was provided to CAH in Kandahar. • Faryab PHA assisted PPHO IMCI Officer to develop 6 month IMCI action planning for Faryab PPHO	
1.15	***Support MOPH in evidence-based policy formulation***																			
	1.15a	Undertake one operations research study to provide detailed information and recommendations concerning a priority policy issue the MOPH is facing	One operations research study completed by Sept 30, 2007							X	X	X	X	X	X	X	X	X	Preliminary analysis has been developed.	
1.16	***Tech-Serve staff participation in MOPH Task Forces and technical meetings***																			
	1.16a	TAG		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
	1.16b	CGHN		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All CGHN meetings were attended by Tech-Serve staff.	
	1.16c	Provincial Support Coordination		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	A total of 52 PPHCC meetings were attended in 12 USAID- supported provinces.	
	1.16d	Community-Based Healthcare		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
	1.16e	Telemedicine						X	X	X	X	X	X	X	X	X	X	X	Only one meeting was conducted by the MOPH	The Telemedicine Task Force does not meet regularly since the MOPH Telemedicine focal point has left his job.
	1.16f	Country Coordinating Mechanism		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing (see 1.13a)	
	1.16g	Health Financing and Sustainability Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	TA provided to the Task Force and Healthcare Financing Department	
	1.16h	Health Systems Development Working Group		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing (see 1.12a)	
	1.16i	Hospital Management Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	No regular meeting	
	1.16j	HMIS Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. • 13 Provincial HMIS committee meetings were attended regularly in Bamyan, Takhar, Ghazni, Paktika Baghlan , Jawzjan & Faryab • HMIS task force committee was established. In Paktika and Khost provinces.	
	1.16k	M&E Advisory Board		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing ,	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	1.16l	MCH Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. MCH committee was established in Bamyan, Heart Jawzjan, Faryab, Badakhshan, Takhar and Ghazni	
	1.16m	Pharmaceutical Affairs and Essential Drugs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. • Pharmaceutical committees were established and supported in Bamyan, Badakhshan, Jawzjan, Ghazni, Khost Kandahar, Paktika, and Takhar in conjunction with PPHCC meetings.	
	1.16n	TB Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. • 16 TB committee meetings were attended in Bamyan, Baghlan, Jawzjan Kandahar, Badakhshan and Takhar • TB committee has newly been established In Paktika and Khost	The change in NTP leadership has seriously affected the routine activity of NTP at the central level
	1.16o	Provincial Capacity Building Task Force (New)								X	X	X	X	X	X	X	X	X	Ongoing. TOT, M&E and Leadership modules were reviewed and technical inputs were provided for finalization to be used as training material for MOPH facilitators	
	1.16p	Capacity Building Steering Committee (New)								X			X			X			Ongoing	
	1.16q	EPI Task Force (New)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. • 11 EPI Task Force meetings were attended in Bamyan, Badakhshan, Takhar, heart, Baghlan, Kandahar and Jawzjan EPI subcommittee was established in Heart, Paktika and Khost. • Faryab EPI committee conducted EPI review meeting on quarterly basis.	
	1.16r	Child Health Task Force (New)									X	X	X	X	X	X	X	X	Ongoing.	
	1.16s	EEPR, DEWS Task Force (New)									X	X	X	X	X	X	X	X	Ongoing. EEPR committee meetings were supported regularly in 12 provinces	
IR 2: Management Support for Provinces (MSP) Initiative: Improved capacity of the thirteen Provincial Health Offices of MOPH to support the delivery of BPHS and EPHS services																				
2.1	***Develop MSP strategy for building the management capacity of Provincial Public Health Offices***																			
	2.1a	Have joint MOPH-Tech-Serve rapid assessment visits to provinces to assist with the Tech-Serve strategy for working with provinces	10 provincial visits. Strategy for Tech-Serve provincial management support completed by Oct. 31, 2006	X	X	X	X												**Completed** • Rapid assessments of PPHDs were conducted in 12 provinces (Bamyan, Takhar, Baghlan, Jawzjan, Faryab, Ghazni, Paktia, Paktika , Badakhshan, Herat, Kandahar and Khost). Key findings were documented in Tech-Serve second quarterly report. • New PPHO assessments were conducted in Baghlan , Takhar.	
2.2	***Improve the management capacities of Provincial Public Health Departments (PPHDs) in USAID funded provinces to effectively plan and manage the delivery of BPHS and EPHS***																			
	2.2a	Strengthen MOPH capacity at the provincial level in	Regular attendance at				X	X	X	X	X	X	X	X	X	X	X	X	Ongoing as planned.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
		the effective coordination of partners through PPHCC support by Tech-Serve	PHCC meetings in 13 provinces																• PPHCC meetings were regularly facilitated by Tech-Serve PHAs in 13 USAID-supported provinces. • Feedback was given on narrative and HMIS reports in PPHCC meetings. • TA was provided to 12 PPHDs on 6th PPHDs workshop. • Feedback was provided to PPHCCs of 13 provinces through PHAs • PPHCC meeting minutes of 13 PPG provinces are reviewed compiled and shared with MOPH/GDPPH and provinces on a regular basis.	
	2.2b	Improve the role of MOPH for overseeing activities for BPHS and EPHS implementation by conducting Tech-Serve Management Support Workshops in four provinces.	Tech-Serve Management Support workshops conducted in 11 provinces by May 31, 2007 Narrative report of NGO reviewed by PPHO and feedback provided to the NGOs in Bamyan Report and proposal writing course conducted for PHO team members and PHCC members in 4 provinces				X	X		X	X		X	X					**Completed for PY1 and ongoing into PY2** • Second phase of LDP focusing workshop was conducted for 234 PPHO personnel and model health facilities of Paktia, Khost, Paktika, Ghazni, Bamyan, Baghlan, Jawzjan, Faryab, Badakhshan, Herat and Takhar provinces. • LDP Inspiration Workshop TOT was conducted for 39 PHO staff of 13 provinces. USAID selected provinces and three facilitators were trained from each provinces • Networking workshop conducted for 52 PPHO team members and NGOs staff of five provinces (Baghlan, Takhar, Faryab, Jawzjan and Badakhshan) the Baghlan P PHO team has got the highest score among the provinces. • 5 LDP sites were visited by PHAs in Bamyan • A one-day LDP course was conducted for 152 PHO technical officers of 13 provinces and action plans developed. • 6 PPHO members from Kandahar were trained in LDP scanning. • LDP Inspiring workshops for PPHOs and NGOs is planned for October and November in 11 provinces	
	2.2b repeat	Improve the role of MOPH for overseeing activities for BPHS and EPHS implementation by facilitating PPHCC joint monitoring visits	Coordinate with GCMU on monitoring visits in Herat province. One health facility visit/month by PPHCC team in each province jointly, total 12 HFs per province per year							X	X	X	X	X	X	X	X	X	**Ongoing as planned.** • 105 joint monitoring visits to clinics were conducted in Herat, Bamyan, Jawzjan, Kandahar, Badakhshan, Baghlan, Ghazni, Heart, Faryab, Khost, Paktika and feedback was provided to implementing NGOs. • TA was provided to PPHOs by Tech-Serve PHAs in reviewing the HMIS, technical progress reports of PPG implementer NGOs in Paktya, Khost,	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			Takhar, Baghlan Jawzjan, Faryab, Ghazni, Kandahar and Bamyan provinces.	
	2.2c	Mentoring visits to provinces to develop and review workplan (see 2.2a, b and c)	13 monitoring visits to provinces completed by Sept,.30, 2007							X	X	X	X	X	X	X	X	X	**Completed** • 12 of 13 USAID provinces have developed their workplans with the support of Tech-Serve senior staff and PHAs. • The PPHO team members have all written action plans and LDP challenge models is used in selected health facilities • 34 LDP sites visited with LDP committee and on the job training was provided to the health facilities in Paktika, Khost, Kabul, Bamyan, Heart, Takhar, Badakhshan, Baghlan, Jawzjan • See also 2.2a and 2.2b	
	2.2d	Recruit, orient, deploy and support 8 Provincial Health Advisors to PPHDs	Seven PHAs deployed to provinces by Jan. 30, 2007				X	X	X										**Completed** • 13 Provincial Health Advisors were recruited to cover 13 USAID-supported provinces (Kabul, Badakhshan, Takhar, Baghlan, Faryab, Jawzjan, Bamyan, Ghazni, Paktika, Paktia, Kandahar, Herat and Khost). • 2 Technical advisors were recruited to support the provinces and central MOPH GD-Policy/Planning and APHI • Note: Tech-Serve recruited four more PHAs based on the needs identified. These positions for 4 provinces (Faryab, Takhar, Paktika and Khost) were announced in this reporting period.	Two PHAs left their jobs due to personal and security problem
	2.2e	Develop and conduct an in-service training package on management and technical updates to be given in each of the provinces on a quarterly basis	Four quarterly in-service packages developed				X			X			X			X			**Completed** • Through Tech-Serve support, Technical PPHO officers of 13 USAID-supported provinces completed technical update courses in 7 areas: HMIS, EPI, Nutrition+RH, Pharmacy, Communicable Disease Control, Administration, and IMCI • 38 PPHO staff of Kandahar, Faryab, Badakhshan, Ghazni, Bamyan, Baghlan and Jawzjan started IT training. • 64 PPHO member in Kandahar, Bamyan, Badakhshan, Ghazni, Baghlan were trained in computer (Windows and MS Word) • 77 PPHO staff of Kandahar, Badakhshan, Bamyan, Ghazni, Baghlan, Jawzjan and Faryab are attending English course	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			• ANDS and National Health Strategy was elaborated to all health partners in PDC meeting in Kandahar	
2.3	***Support the PPHD teams in provincial planning and coordination.***																			
	2.3a	Regular quarterly oversights and mentoring visits to 5 provinces with MOPH to include an in-service training session each quarter in each of the 5 provinces	Four visits made to five provinces (20 total visits) by Sept. 30, 2007				X	X			X	X		X	X		X	X	**Completed**	
	2.3b	Two semi-annual visits to 4 provinces for workplaning, review and management in-service training in the province.	Two visits made to 4 provinces (8 total visits) by Sept. 30, 2007						X	X			X			X			**Completed** See also 2.3a	
	2.3c	One annual visit to four provinces and add PHA by end of year.	One visit made to 4 provinces (4 visits total) by Sept. 30, 2007										X						**Completed** See also 2.3a	
2.4	***Continue to enhance the management skills of the hospital director and his team to improve the quality of EPHS services in 5 provincial hospitals***																			
	2.4a	Regular visits to the 5 provincial hospitals to ensure Hospital Directors are assessing, prioritizing, planning, managing, and monitoring the quality of care.	Two visits made to each of the 5 provincial hospitals (10 visits total) by Sept. 30, 2007				X				X			X			X		**Completed** • A total of XX visits were conducted to 5 PPG EPHS-supported provincial hospitals. Two rounds of external assessments ?? of hospital standards took place in all 5 EPHS hospitals. Service quality continued to increase as measured by compliance with hospital standards. • TA was provided to the Khost, Ghazni, Paktika and Badakhshan provincial Hospital Directors and PQI teams to technically analyze the gaps and find the root causes for the gaps and to prepare action plans for the gaps. • A joint visit T-S, GCMU DMU and WHO to Badakhshan Provincial Hospital was conducted in September 2007. The findings were satisfactory and quality services were provided and areas for improvements and action to be taken are mentioned in the joint visit report. See also 2.4.c below • Khost PHA visited the Provincial Hospital and Hospital Management Team in September. PHA provided on the job training on fluid balance as per PQI standards to surgeons. • Hospital Community Board was established in Badakhshan and regularly attended by the Provincial Health Advisor. • TA was provided to the Paktya provincial	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			Hospital Director for preparation of an action plan for the gaps after the last assessment conducted in June 2007. • PQI team was established in Mirwais Hospital of Kandahar and one Hospital Management board meeting attended • Two hospital mangers from Bamyan and 11 Tech-Serve PHAs were trained on national hospital standards.	
	2.4b	Expand networking of existing 5 provincial hospital teams to an additional 2 provincial hospitals	One networking meeting for 7 provincial hospitals held by May 30, 2007									X							**Completed** • The hospital Management Development networking workshop for five USAID-funded provinces and also five from the Hospital Reform Project of MOPH was conducted and a total of 50 hospital managers, including the PPHDs of the respective provinces, attended the workshop. • A joint follow up assessment of PQI at Badakhshan Provincial was conducted in September and an increase from 73 percent to 75.6 percent was found beside general improvement in hospital building and blood bank. • The joint follow up assessment of Hospital standards of Paktia was conducted. The results are very impressive which shows an increase from 71 percent up to 88 percent. The results of recently conducted assessment of Hospital Standards of Khost Provincial Hospital also shows an increase from 85 percent up to 88 percent.	There is an obvious need for translation of the whole set of hospital standards in both Dari and Pashtoo languages as requested repeatedly by the majority of the concerned staff in provincial hospitals
	2.4c	Undertake one PQI assessment at each of the 5 provincial hospitals.	PQI assessment of 5 provincial hospitals completed by July 31, 2007			X	X								X	X			**Completed** The first Tech-Serve PQI assessments of 5 provincial hospitals were conducted by March 2007. The overall levels of achievement of hospital standards were: Badakhshan Provincial Hospital: 73 percent. Ghazni Provincial Hospital: 71 percent. Khost Provincial Hospital: 85 percent. Paktia Provincial Hospital: 71 percent. Paktika Provincial Hospital: 76 percent. A joint follow up assessment of PQI at Badakhshan Provincial Hospital was conducted in Sep and an increase from 73 percent to 75.6 percent was found beside general improvement in hospital building and blood bank. The joint follow up assessment of Hospital	There is an obvious need for translation of the whole set of hospital standards in both Dari and Pashtoo languages as requested repeatedly by the majority of the concerned staff in provincial hospitals.

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			standards of Paktia demonstrated very impressive results, an increase from 71 percent up to 88 percent. The results of recently conducted assessment of Hospital Standards of Khost Provincial Hospital also showed an increase from 85 percent up to 88 percent.	
	2.4d	Adapt and update the PQI database (cross- reference to 4.1d)	Updated PQI database containing PQI assessment findings				X	X	X			X			X			X	**Completed** A database in Excel format is now functional to include newly added modules of national hospital standards. (See 4.1d)	
2.5	***Encourage greater communication and problem solving among Provincial Health Directors***																			
	2.5a	Develop network of PPHDs to share solutions to common problems, strategize on how to have an active voice in the central MOPH that represents PPHDs.	1 networking meeting for 5 PPHDs held by July 31, 2007												X	X			**Completed** • LDP networking workshop was conducted for 5 northern districts in Baghlan province. • Internet was installed in the PPHOs of three provinces (Herat, Kandahar and Baghlan) • LDP Networking workshops in 8 provinces will be conducted in November 2007	
	2.5b	Public health update and shared learning meetings for PH Directors	Technically and financially support one MOPH meeting of PPHDs									X	X						**Completed** • 6th PPHDs semi-annual workshop was financially and technically supported in May 2007. 90 senior staff of MOPH from the central and provincial levels attended the workshop. • Updated public health information about hepatitis B cases in Laghman, night blindness, scurvy and AI) was shared with PPHDs, PHO and PHCC members in Bamyan, Jawzjan, Faryab, Takhar and Baghlan .	
2.6	***Provision of assistance to MOPH in improved planning for construction and maintenance of health facilities and provincial health offices in 13 selected provinces***																			
	2.6a	Conduct assessment of MOPH Provincial Health Offices and make recommendations for renovation or construction of the Provincial Health Offices	Report on recommended renovations of Provincial Health Offices ready by June 30, 2007				X	X	X				X	X	X				**Completed** • Assessment of PPH offices for renovation was done in 12 USAID-funded provinces and recommendations were provided to Tech-Serve • Tech-Serve provided necessary equipment, such as computers, photocopiers, printers, digital cameras and scanners to 13 Provincial Public Health Offices • Jawzjan, Badakhshan, Takhar, Baghlan and Takhar PHO renovation have started and will be completed by the end of October 2007. • Quotation for renovation of PPHO offices were received from Herat, Kandahar and Ghazni provinces and are being reviewed.	
IR 3: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH																				

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
3.1	***Developed planning, management, supervision, monitoring, and evaluation and leadership capacity of the MOPH through Management Support to Provinces (MSP) Initiative.***																			
	3.1a	Provide Leadership and Management Development Program for senior MOPH managers — ***cross reference with activity 1.4a for specifics and resources***	Conduct one LDP workshop for central MOPH by Sept. 30, 2006			X													**Completed**. The Tech-Serve training was conducted in September2006 at MOPH for 47 senior MOPH staff, including all 3 Deputy Ministers, the 8 Director-Generals, many department heads and MOPH partners, including USAID, EC, WHO, HSSP and COMPRI-A (see also 1.4a).	
	3.1b	Provide Leadership and Management Development Program for Provincial Public Health Departments — ***cross reference with activity 2.2b for specifics and resources***	Conduct LDP training in 12 provinces by Sept. 30, 2007				X		X		X		X		X		X	X	**Completed** • Two series of Leadership and Management Program training have been conducted in 12 provinces. • 36 LDP model health facilities were established in 12 provinces. • LDP committees were established in Jawzjan, Faryab, Kandahar, Khost, Paktika, Badakhshan, Takhar, Baghlan provinces. • The third round of the LDP training will be conducted in the first quarter of PY2.	
Tech-Serve Cross-cutting Areas																				
Area 4: Monitoring and Evaluation																				
4.1	***Program information and service statistics from Tech-Serve/HSSP MIS are available for monitoring and decision making***																			
	4.1a	Conduct refresher training on modified HMIS forms/guidelines	60 MOPH and NGO staff are trained on modified HMIS forms and guidelines			X						X		X					**Completed** • Three rounds of refresher training were provided in January 2007, February 2007 and June 2007 for the different provinces, PPG and non-PPG. All PPHO HMIS Officers in PPG provinces and at least one representative from PPG NGOs were refreshed on BPHS and EPHS HMIS forms, HMIS database and use of HMIS data for monitoring the health indicators and targets. • Health Matrix Network (HMN) funds were distributed to the following PPG provinces: Kandahar, Ghazni, Baghlan, Khost, Paktika, Takhar and Herat to conduct trainings to improve the accuracy, quality, accessibility and use of HMIS data in their provinces. • Provincial HMIS refresher trainings were conducted in 13 provinces by the Tech-Serve PHAs.	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
	4.1b	Conduct refresher training on modified HMIS database and update NGO HMIS replicas.	27 PPG NGOs and 34 PPHOs receive the updated HMIS replica including EPHS module				X			X			X						**Completed.** The upgraded database (Version 5.0) was installed for all HMIS database users (NGOs and PPHOs) in USAID and non-USAID provinces.	
	4.1c	Support MOPH HMIS department and PPG grantee NGOs to successfully implement database cloning process (cross-reference to activity 1.10b)	HMIS data of acceptable quality are received regularly at the HMIS department of the Ministry	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Ongoing as planned** The HMIS database is now running smoothly for all PPG grantees and TA is provided according to their needs. Currently we are receiving EPHS HMIS data from the 5 PHs and 18 DHs grantees of PPG.	
	4.1d	Assist HSSP and Tech-Serve in maintain a Quality Assurance Database (cross-reference to 2.4d)	Two data entry people are trained, needed routine report templates generated and integrity of data with other components of Tech-Serve/HSSP Management Information System maintained			X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed** The hospital standards database is up-to-date. For BPHS quality assurance system, HSSP has taken over the responsibility.	
	4.1e	Develop additional routine reporting templates for Tech-Serve Management Information System	Additional routine reporting templates in Tech-Serve/HSSP MIS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed for PY1** The following templates have been developed for routine reporting purposes: (1) PPG service statistics summary report showing BPHS and EPHS services provided by PPG grantees every month, (2) PPG active facilities showing current PPG active health facilities on a weekly basis, (3) PPG active health posts showing number of active health posts currently providing services under PPG on a bi-weekly basis, (4) PPG HMIS report submission pattern showing submission of BPHS reports and EPHS reports on a monthly basis, (5) HR database summary report, (6) Training database summary report, (7) PPG Grants summary report, (8) Map of BPHS and EPHS coverage showing districts and provinces covered under PPG BPHS and EPHS programs on monthly basis.	
	4.1f	Ensure integrity of MIS reference files, including unique coding systems for facilities and staff	Integrated MIS is maintained	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing as planned. MIS reference files are shared with HSSP and Tech-Serve M&E on a monthly basis.	
	4.1g	Support PPG NGOs and PPG Provinces PPHOs in creating a sustainable and fully functional HMIS (HMIS provincial rollout)	- Seven provincial HMIS officers receive necessary hands-on training on HMIS - 108 doctors, midwives and in-charges of the clinics receive data use and HMIS refresher training with MOPH funding in Herat Province.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed for PY1** • Ongoing support, upgrading the HMIS system and troubleshooting have been provided to PPG NGOs and PPHOs through MOPH HMIS department. • Ongoing support and troubleshooting have been provided by Tech-Serve PHAs to PPHO HMIS officer for conducting data use and HMIS refresher training 45 doctors and 48 midwives from health facilities, and 15 doctors	

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
																			from Herat Regional Hospital received HMIS data use refresher training.	
	4.1h	Maintain HSSP/Tech-Serve Training Database	Updated Training Database		X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed for PY1** • 56 workshops conducted by Tech-Serve for a total of 1,335 participants have been entered into the Tech-Serve training database.	
	4.1i	Maintain USAID GeoBase	Four quarterly updates to the GeoBase				X				X			X			X		**Completed for PY1** Tech-Serve GeoBase is now set up and the two rounds of progress data have been entered.	
4.2	***Regular planning activities are coordinated across the various program areas of the project.***																			
	4.2a	Develop Tech-Serve first year workplan	First year workplan	X	X	X													**Completed**. • First year project workplan was finalized. The workplan was approved by USAID. • PY2 workplan was developed and submitted to USAID for approval.	
	4.2b	Develop Tech-Serve PMP including key targets	Tech-Serve PMP		X	X													**Completed**. Project Performance Monitoring Plan was finalized. The PMP was approved by USAID.	
4.3	***Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-Serve information.***																			
	4.3a	Develop regular and ad hoc MIS reports	15 monthly PPG HMIS Summary Reports	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**Completed for PY 1** This activity is ongoing as planned. Tech-Serve and the MOPH HMIS team now produce 8 routine reports from PPG activities, MOPH Human Resources and Tech-Serve trainings and four sets of routine maps.	
	4.3b	Conduct annual evaluations of Tech-Serve program implementation approach	One Tech-Serve internal evaluation session held on the project implementation approach												X				**Completed** Three rounds of Tech-Serve "During Action Review," an in-house evaluation of Tech-Serve implementation approach and work progress, have been conducted so far.	
	4.3c	Develop annual Tech-Serve target achievement updates	One PMP target achievement update													X			**Completed** Two PMP updates have been submitted to USAID along with the 2nd quarterly report and Tech-Serve semi-annual report.	
4.4	***USAID and other clients are provided with program information in a timely fashion***																			
	4.4a	Provide quarterly, semi-annual and annual reports to USAID/Kabul	Two quarterly reports, one semi-annual report and one annual report				X			X			X			X			**Completed** The first, second and third Quarterly Progress Reports (July-Sept. 2006, Oct.-Dec. 2006) and Tech-Serve semi-annual report (July 06–March 07) were submitted to USAID on time.	
Area 5: Coordination with MOPH and other partners																				

		Activities	Outputs/Deliverables	Timeline															Status by September 2007	Constraints
				2006						2007										
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
5.1																				
	5.1a	Conduct consensus building meetings with the MOPH, HSSP and other partners as appropriate to coordinate the first-year workplan activities	Common understanding between various partners on workplan activities/Final first-year workplan	X	X	X													**Completed**. Three initial coordination meetings were held with HSSP. Since Jan. 2007, regular monthly coordination meetings have been held with HSSP to share information and coordinate work. Three coordination meetings were also held with MOPH.	
	5.1b	Conduct a joint evaluation of the implementation approach with HSSP and USAID (cross reference to 4.3b)	Cross-reference to 4.3b												X				Regular weekly meetings held with USAID to provide updates on work progress and discuss issues requiring common approach. Monthly coordination meetings with HSSP, provide evaluation of activities.	
	5.1c	Hold regular meetings with USAID and other partners to coordinate project direction				X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing as planned. Illustrative list of the key decisions made during this reporting period include: preparation of Deputy Minister and USAID Health Advisor for visit to USAID/Washington, Congress, HHS and World Bank. Have also assisted in developing recommendations on building of additional health facilities as requested by MOPH to USAID.	

Annex 2

Update on Tech-Serve Performance Monitoring Plan Indicators

Technical Support to Central and Provincial Ministry of Public Health Project (Tech-Serve)

Annual Report

July 2006-September 2007

Update on Tech-Serve Performance Monitoring Plan Indicators – October 2007

Tech-Serve plans to provide updates on the project PMP indicators every six months.

Abbreviations: OP = Output, OC = Outcome

Note: Targets colored in grey are fully achieved or exceeded. Total number of targets/indicators: 20; No. of targets fully achieved: 17

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status September 2007	Frequency of reporting/ updating	Source	Notes
	IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers							
1.1	No. and total amount of BPHS grants awarded and managed under the PPG mechanism (cumulative)	OP	22 (see note 1) $48.4 million (see note 1)	22 $48.9 million	**22** **(100 percent of the FY07 target)** (see note 2) **$48.66 million**	Quarterly	MOPH Grants Database	1- Awarding PPG grants started during REACH prior to Tech-Serve start-up to avoid gaps in funding for delivery of BPHS. 2- BPHS Grant for Kabul City awarded to CAF expired on October 31, 2006, and was not extended. Total number of active BPHS PPGs is 21.
1.2	No. and total amount of EPHS grants awarded and managed under the PPG mechanism (cumulative)	OP	5 (see note 1) $1.2 million (see note 1)	5 (see note 2) $1.4 million (see note 2)	**5** **(100 percent of the target)** **$3.6 million** *Tech-Serve Project year 1 target met*	Quarterly	MOPH Grants Database	1- Awarding PPG grants started during REACH and prior to Tech-Serve start-up to avoid gaps in funding for delivery of EPHS. 2- Two six-month extensions of EPHS grants covering the period up to October 07 were approved by USAID in this reporting period. Budgets for each of the five provincial hospitals are being negotiated.
1.3	GCMU capacity to meet USAID eligibility criteria	OP	-	Competency milestones identified; capacity building plan developed; X number of competency milestones achieved according to the capacity building plan (see note 1)	**Target exceeded.** **Capacity Building plan developed and certain competency milestones met**	Semi-annually	Tech-Serve Quarterly Reports	1- Target no. of milestones to be achieved will be determined along with finalization of the GCMU capacity building plan, 2- This will mainly include the capacity to manage the programmatic and technical aspects of the grants; financial management capacity at the GCMU and even the overall Ministry of Public Health to directly manage USAID funds will be highly dependent on factors beyond MOPH's control such as Ministry of Finance regulations.

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status September 2007	Frequency of reporting/ updating	Source	Notes
1.4	$ amount of pharmaceuticals distributed to the PPG NGOs by Tech-Serve (cumulative) (see notes 1 and 2)	OP	$0	$2 million (see note 3)	**$3,861,871** **>100 percent** *of Tech-Serve Project Year 1 target met* ($1,502,504 of contraceptives and $264,638 TB medications have been distributed in addition to this amount since July 2006.)	Quarterly	Pharmaceuti-cal Database	1- This indicator excludes contraceptives and TB medications. 2- Cutting pharmaceutical costs may be possible through promoting rational use of drugs, although unlikely within the first two years of the project. We may therefore find that less money spent reflects better performance. 3- The targets set for this indicator includes the drugs handed over to Tech-Serve from REACH. $5.7 million additional funding has been made available to Tech-Serve, based on a revised projection of needs for PPGs. PY2 target will be revised to include this change.
1.5	No. of MOPH General Directorates or Deputies with a functioning LDP team reporting improved collaboration and communication on at least one new priority issue each year	OC	0	2	**2** **GD PHC and GD admin** **100 percent** *of Tech-Serve Project Year 1 target met*	Semi-annually	MSP reporting system	
1.6	Policies or regulations for overseeing private hospitals and diagnostic centers	OP	-	Outlined	**Tech-Serve recommendations on the first draft of policy submitted to Hospital Management Task Force**	Annually	Tech-Serve Quarterly Reports	
1.7	Guidelines for implementation of cost sharing policy	OP	-	Drafted	**Drafted**	Annually	Tech-Serve Quarterly Reports	
1.8	No. of essential policies reviewed and updated or newly developed through established mechanisms in the MOPH (cumulative)	OP	-	4	**6** **(EPI Policy and National Salary Policy for NTP and NMLCP**	Semi-annually	Tech-Serve Quarterly Reports	

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status September 2007	Frequency of reporting/ updating	Source	Notes
					reviewed; Child Health Policy is under revision) 50 percent *of Tech-Serve Project year 1 target met*			
1.9	No. of health workers nationally registered with MOPH with updated data in the HRD database (cumulative)	OP	6,000	15,000	**20,500** **>100 percent** *of the Tech-Serve Project year 1 target met*	Quarterly	MOPH Human Resources Database	
1.10	No. of PPHO and MOPH central staff who received training on BPHS outcome measurement tool and are available for implementation of the tool (LQAS) (cumulative) (see notes)	OP	0	30	**41** **22 Comprehensive 19 Orientation** **> 100 percent** *of the Tech-Serve Project year 1 target met*	Semi-annually	Training Database	This indicator will include the trainings necessary to make up for the possible attrition of MOPH staff already trained.
1.11	percent of BPHS facilities nationally submitting HMIS reports	OP	70 percent	>90 percent	**90 percent**	Quarterly	HMIS Database	
1.12	No. of EPHS facilities (district and provincial hospitals) in PPG provinces submitting EPHS HMIS reports	OP	0	5	**5 Provincial Hospitals 18 District Hospitals** **> 100 percent** *of Tech-Serve Project year 1 target met*	Quarterly	HMIS Database	
	IR 2: Improved capacity of the thirteen Provincial Health Offices of MOPH to support the delivery of BPHS and EPHS services							
2.1	No. of Provincial Health Teams with a functioning PPHCC team reporting improved collaboration and communication on at least one new priority issue each year	OC	0	3	**13** **12 provincial health teams received initial**	Semi-annually	LDP reporting system	

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status September 2007	Frequency of reporting/ updating	Source	Notes
					training 3 have active teams focusing on heath results **100 percent** *of the Tech-Serve Project Year 1 target met*			
2.2	No. of PPHO staff who received appropriate in-service training (see note 1)	OC	0	15	**124** **At least 124 people (see note 2) in 16 provinces received 2 planned training sessions (LDP and technical trainings) therefore:** **>100 percent** *of Tech-Serve Project Year 1 target met (see note 3)*	Semi-annually	Training Database	1- Appropriate in-service trading will include at least 2 training sessions for each staff each year. 2- Even with the existing data, this number may increase as further data cleaning/editing is done in the Tech-Serve training database.
2.3	No. of PPG provinces implementing an updated provincial plan	OP	0	2	**5** **>100 percent** *of the Tech-Serve Project Year 1 target met*	Semi-annually	LDP reporting system	
2.4	No. of PPG provincial hospitals applying clinical and management standards for improving quality of care (at least one comprehensive external assessment and one internal assessment using the hospital standards)	OP	0	5	**3 (see note 1)** **One round of comprehensive external assessment was completed in all five hospitals. Second assessment was**	Semi-annually	QA Standards Database	1- The figure in the previous progress report had to be corrected. 2- To fully achieve this target all five hospitals need to undergo a second round of assessment.

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status September 2007	Frequency of reporting/ updating	Source	Notes
					completed in 3 hospitals, therefore: **80 percent** *of the Tech-Serve Project Tear 1 target met (see note 2)*			
2.5	No. of PPHOs who actively collect and use national BPHS Monitoring Checklist data	OP	0	4	**4** **100 percent** *of the Tech-Serve Project Year 1 target met* (see note 1)	Semi-annually	BPHS M&E database	1- Performance reported in the previous progress report had to be corrected.
2.6	No. of provincial health teams capable of providing valid and relevant evidence (from HMIS, JHU facility assessment, REACH and PPG Household Surveys, BPHS Monitoring Checklist and HSSP QA Assessments) for provincial planning and monitoring purposes	OC	0	3	**2** **66 percent** *of the Tech-Serve Project year 1 target met*	Semi-annually	LDP reporting system	
2.7	No. of PPHOs with a functioning HMIS provincial hub (No. of PPHOs capable of managing HMIS information flow in their provinces)	OP	2	4	**4** **100 percent** *of the Tech-Serve Project Year 1 target met*	Semi-annually	Tech-Serve Quarterly Reports	
	IR 3: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH							
3.1	No. of joint monitoring visits by PPHOs to BPHS and EPHS health facilities	OP	0	85	**109 visits were carried out by 10 PPHOs** **>100 percent** *of the Tech-Serve Project Year 1 target met*	Semi-annually	BPHS M&E database	