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Mid Term Evaluation of the Tech Serve Program by USAID in the Islamic Republic of Afghanistan

April 7-May 25, 2009

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**MID TERM EVALUATION OF THE
TECH SERVE PROGRAM**

BY

USAID

IN THE

ISLAMIC REPUBLIC OF AFGHANISTAN

MAY 2009

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The views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Afghanistan Services under Program and Project Offices for Results Tracking (SUPPORT)

**Cecchi and Company Consulting, Inc.
Afghanistan SUPPORT Project
Wazir Akbar Khan
Kabul, Afghanistan**

**Corporate Office:
Cecchi and Company Consulting, Inc.
1899 L Street, NW, Suite 800
Washington, DC 20036
USA**

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	5
1. EXECUTIVE SUMMARY	8
1.1 TECH SERVE DEVELOPMENT OBJECTIVES	8
1.2 PURPOSE AND METHODOLOGY OF EVALUATION	8
1.3 PRIMARY FINDINGS AND RECOMMENDATIONS	8
1.4 INTERMEDIATE RESULT 1 – IMPROVED CAPACITY OF THE CENTRAL MOPH	10
1.5 INTERMEDIATE RESULT 2 – MANAGEMENT SUPPORT FOR PROVINCES	11
1.6 TECH SERVE CROSS-CUTTING AREAS	12
1.7 FINANCIAL REPORT	12
2. INTRODUCTION & BACKGROUND	13
2.1 ENVIRONMENT	13
2.2 PROJECT HISTORY	13
3. PURPOSE & APPROACH TO EVALUATION	14
3.1 TIMING & PURPOSE	14
3.2 TEAM APPROACH AND SET-UP OF ACTIVITIES	14
3.3 BRIEF OVERVIEW OF THE PROJECT	14
4. EVALUATION TEAM COMPOSITION & ACTIVITIES	15
4.1 TEAM COMPOSITION	15
4.2 SUPPORT	15
4.3 ACTIVITIES	15
5. EVIDENCE & FINDINGS OF ANALYSIS	16
5.1 IR 1 – IMPROVED CAPACITY OF THE CENTRAL MOPH TO SUPPORT THE DELIVERY OF BPHS & EPHS SERVICES, PRIMARILY THROUGH NGO SERVICE PROVIDERS	17
5.1.1 CAPACITY BUILDING OF MOPH TO AWARD AND MANAGE GRANTS FOR PROVIDING QUALITY HEALTH CARE SERVICES	17
5.1.2 PROVISION OF PHARMACEUTICALS TO SERVICE PROVIDERS IN THE PROVINCES	13
5.1.3 STRENGTHENING THE TECHNICAL CAPACITY OF THE GDS	23
5.1.4 STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS OF CENTRAL MOPH	30
5.2 IR2 – MANAGEMENT SUPPORT FOR PROVINCES INITIATIVE TO FURTHER ENHANCE THE CAPACITY OF THE 13 PPHO TO IMPROVE HEALTH OUTCOMES	30
5.2.4 STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS OF PROVINCIAL MOPH STAFF	34
5.3 CROSS CUTTING AREAS	35
5.3.1 MONITORING & EVALUATION AND EVIDENCE BASED DECISION MAKING	35
5.3.2 PLANNING AND COORDINATION WITH MOPH & USAID	37
5.3.3 DISSEMINATION	37
5.4 FINANCIAL REPORTS AND ECONOMIC ANALYSIS	38
6. RECOMMENDATIONS SUMMARY	39
6.1 IR 1 – IMPROVED CAPACITY OF THE CENTRAL MOPH TO SUPPORT THE DELIVERY OF BPHS & EPHS SERVICES, PRIMARILY THROUGH NGO SERVICE PROVIDERS	39

6.1.1	CAPACITY BUILDING OF MOPH TO AWARD AND MANAGE GRANTS FOR PROVIDING QUALITY HEALTH CARE SERVICES	39
6.1.2	PROVISION OF PHARMACEUTICALS TO SERVICE PROVIDERS IN THE 13 PROVINCES	39
6.1.3	STRENGTHENING THE TECHNICAL CAPACITY OF THE GDS	39
6.1.4	STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS IN CENTRAL MOPH	40
6.2	IR2 – MANAGEMENT SUPPORT FOR PROVINCES INITIATIVE TO FURTHER ENHANCE THE CAPACITY OF THE 13 PPHO TO IMPROVE HEALTH OUTCOMES	40
6.2.4	STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS OF PROVINCIAL MOPH STAFF	41
6.3	CROSS-CUTTING AREAS	41
6.3.1	MONITORING & EVALUATION AND INFORMATION BASED DECISION MAKING	41
6.3.2	PLANNING AND COORDINATION WITH MOPH & USAID	41
6.3.3	DISSEMINATION	41
	APPENDIXES	i
A.	MID TERM EVALUATION SOW	i
B.	TECH SERVE ORGANIZATON CHART	iii
C.	TDY	xx
D.	USAID RELEVANT TARGETS AND RESULTS	i
E.	DOCUMENTS CONSULTED FOR THE MTR	i
F.	LIST OF INDIVIDUALS AND AGENCIES CONTACTED	iv
G.	MTR METHODOLOGY	vii
H.	MTR SCHEDULE OF ACTIVITIES	viii
I.	ACTIVITIES, INDICATORS AND TARGETS	i
J.	IR ACTIVITIES COST MATRIX	i
K.	PHA JOB DESCRIPTION	xv
L.	MTR WORK PLAN	xvii
M.	MAP OF TS SUPPORTED PROVINCES	i
N.	TECH SERVE SELF EVALUATION	ii

ACRONYMS AND ABBREVIATIONS

AA	Associated Award
AADA	Association for Assistant and Development of Afghanistan
ADRA	Adventist Development and Relieve Agency
AHDS	Afghan Health and Development Service
AHS	Afghanistan Health Survey
AI	Avian Influenza
AKDN	Agha Khan Development Network
AKU	Agha Khan University
ANA	Afghan National Army
ANC	Ante Natal Care
ANDS	Afghanistan National Development Strategy
ANP	Afghan National Police
ARCA	Afghan Red Crescent Association
BASICS	Basic Support for Institutionalizing Child Survival
BDN	Bakhter Development Network
BHC	Basic Health Center
BPHS	Basic Package of Health Service
CAF	Care of Afghan Family
CCN	Cooperating Country National
CDC	Communicable Disease Control
CGHN	Consultative Group of Health and Nutrition
CHA	Coordination Humanitarian Assistance
CHC	Comprehensive Health Center
CHW	Community Health Worker
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CSO	Central Statistics Office
CTO	Cognizant Technical Officer
DG	Director General
DH	District Hospital
DMU	Drug Management Unit
DOTS	Directly Observed Therapy, short Course
DPT	Diphtheria Pertussis and Tetanus
DTC	Drug Therapeutic Committee
EC	European Commission
EDL	Essential Drug List
EEPR	Emergency and Epidemic Preparedness
EOP	End of Project
EPHS	Essential Package of Hospital Service
EPI	Extended Program of Immunization
FP	Family Planning
GAVI	Global Alliance for Vaccines and Immunization

GCMU	Grants and Contract Management Unit
GD	General Directorate
GD PP	General Director of Policy and Planning
GD PPH	General Directorate of Provincial Health Care
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIS	Geographic Information System
GoA	Government of Afghanistan
HIS	Health Information System
HMIS	Health Management Information System
HP	Health Post
HR	Human Resource
HSS	Health System Strengthening
HSSP	Health Service Support Program
IEC	Information Education and Communications
IMC	International Emergency Corps
IMCI	Integrated Management of Childhood Illness
IP	Infection Prevention
IR	Intermediate Result
IS	Information System
IT	Information Technology
LDC	Less Development Country
LDL	Licensed Drug List
LDP	Leadership Development Program
LOE	Level of Effort
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MDGs	Millennium Development Goals
Merlin	Medical Emergency Relief International
MICS	Multiple Indicator Cluster Survey
MOPH	Ministry of Public Health
MOU	Memorandum of Understanding
MOVE	Move Welfare Organization
MSH	Management Science for Health
MSP	Management Support to Provinces
MTR	Mid-Term Review
NAC	Norwegian Afghanistan Committee
NGO	Non-governmental Organization
NMC	National Monitoring Checklist
OC	Outcome
OP	Output
OSSD	Office of Social Sector Development
PDC	Provincial Development Committee
PHA	Provincial Health Advisor
PHD	Provincial Health Director
PHO	Provincial Health Officer

PMP	Performance Monitoring Plan
PPA	Performance-based Partnership Agreement (World Bank-funded BPHS)
PPC	Performance-based Partnership Contract (EC-funded BPHS)
PPFP	Post Partum Family Planning
PPG	Performance-based Partnership Grants (USAID-funded BPHS)
PPHCC	Provincial Public Health Coordination Committee
PRR	Priority Reform and Restructuring
PRT	Provincial Reconstruction Team
PY	Project Year
QA	Quality Assurance
REACH	Rural Expansion of Afghanistan's Community-based Health Care
RFP	Request for Proposal
RH	Reproductive Health
RUD	Rational Use of Drug
SC/US	Save the Children/ US
SIDP	Support to Institutional Development to the MOPH Project
SOD	Sanayee Development Organization
SOW	Scope of Work
SPS	Strengthening Pharmaceutical System
STEP	STEP Health and Development Organization
STG	Standard Treatment Guideline
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAG	Technical Advisory Group
TB	Tuberculosis
TDY	Temporary Duty Yonder
TOR	Term of Reference
TOT	Training of Trainers
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Funds Children's Emergency Fund
USAID	United States Agency for International Development
USG	United States Government
WB	World Bank
WHO	World Health Organization

1. EXECUTIVE SUMMARY

1.1 TECH SERVE DEVELOPMENT OBJECTIVES

The Technical Support to the Central and Provincial Ministry of Public Health (Tech Serve) Project is a four-year, \$23,999,520¹ project launched in July 2006 and managed by Management Science for Health (MSH).

The project meets the goals and strategies of the Ministry of Public Health (MOPH) and The United States Agency for International Development's (USAID) core health Strategic Objectives and Intermediate Result 7.1.

Environment. Because of prolonged war and civil strife, the coverage of preventive and curative health services in Afghanistan was very low by the end of 2001, and health indicators amongst the lowest in LDCs. Although considerable progress has been made over the past 7 years, the key challenges the country still faces include: (i) high infant and under-five mortality rates; (ii) a very high maternal mortality ratio; (iii) poor sanitation and malnutrition; and (iv) a high burden of infectious diseases, notably tuberculosis. A deteriorating security situation is a serious impediment to expanding access to services in many parts of the country.

In this context, Tech Serve seeks to strengthen the capacity of the MOPH at central and provincial levels to improve delivery of health services, notably through the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS).

1.2 PURPOSE AND METHODOLOGY OF EVALUATION

USAID Afghanistan requested a mid-term evaluation of the Tech Serve project to assess progress to date in achieving results and deliverables; to assess the capacity of Tech Serve to implement new activities scheduled under the approved increase in ceiling; and to help guide strategies and directions for a new follow-on project

The evaluation team was led by Dr. Maryse Dugue from Checchi and Company Consulting, Inc., with Ratha Loganathan under a subcontract to The Louis Berger Group, Inc.(LBG), and two cooperating country nationals (CCNs) employed through Checchi and Company, under USAID's Afghanistan Services under Program and Project Offices for Results Tracking (SUPPORT) Project. The team was in-country between April 7 and May 25, 2009.

The evaluation process involved team interviews with Tech Serve management and technical staffs, MOPH senior management and programs, NGO grantees and other partners in the health sector, visits to 8 provinces, and documents review.

1.3 PRIMARY FINDINGS AND RECOMMENDATIONS

Summary. The evaluation concluded that the project has met, or exceeded, all its commitments as expressed in its defined obligations to USAID and in its approved work plans.

In particular, at this mid-point, the evaluation considers that the project has reached a successful maturity that should grant it a satisfactory capacity to implement new activities as agreed upon under the increased ceiling agreement with USAID. This includes provisions for: (1) GCMU post certification and integration support, (2) ensuring pharmaceutical supply, (3) scaling up birth spacing through a community-based approach, scaling up management support to provinces, and (5) responding to MOPH and USAID needs and requirements.

¹ US\$ 49,705,253 after last ceiling increase (granted October 2008)

GCMU PPG has performed extremely well in the past, with an outstanding track record for contract management and performance evaluation system. The evaluation team understands that the priority so far was the USG certification, which has been successfully achieved. GCMU remains, however, a parallel system, funded and contracted through Tech Serve. The main challenge will be institutional, to integrate fully the system within the MOPH, and this will require more common planning with MOPH counterparts and other GCMUs (PPC and PPA) than is currently done. Working on standard procedures for BPHS and EPHS management would be a first step.

Tech Serve has already very substantially scaled up its pharmaceutical supply, and it is anticipated that progress made in drug supply management and rational use with the assistance of the USAID-funded Project Strengthening the Pharmaceutical System (SPS) will ensure sustainability of the program.

Scaling up success in birth spacing will involve working at central level with MOPH CBHC and RH Departments, as well as with the provincial level. CBHC is progressively establishing itself at central level with the support from Tech Serve. The MOPH RH Department is led by a competent and committed team, but its main challenge is its difficulty to reach out in the provinces, to communicate and lead implementation of policies at the provincial level. Tech Serve has proven that one of its main strengths is to achieve dissemination and implementation at the provincial level of national policies, and is therefore well positioned to achieve success in this endeavor.

Successful achievements in this area will also rely largely on the quality of technical support, which was identified by the evaluation team as more problematic at the central than at the provincial level, where the Provincial Health Advisors (PHAs) met by the team have been found committed and very professional, and benefiting from a strong support and backup from Tech Serve office. One of the successes of Tech Serve is indeed the support to the Provincial Health Offices management provided by the PHAs.

The evaluation team appreciate that the strategic emphasis of the Project has been to respond to the best of its capacity to requests from USAID and the Government, but its successes in this area have been balanced by a lack of focus at the central level.

The PMP has evolved into a strong management tool and buy in from the Tech Serve staff and successful reporting achievements systems based on the PMP is to be acknowledged. A carefully review of the May 2009 USAID approved version of the PMP (taking into account the ceiling increase) also indicates there is room to capture the breadth and complexities of the activities carried out under IR1 & IR2. The review of the PMP also indicates additional efforts on indicator construction and indicator data collection should be placed moving forward².

In spite of a number of formal forums, the evaluation notes that the coordination between donors remains weak, and the MOPH has no clear view of the various TA provided by different donors³ in the sector. While the EC is focusing more on Governance issues and has been successful in embedding its TA within the MOPH, notably through the SIDP⁴ project and the Institutional Support to the Health Care Service Provision Directorate, comparative advantage of Tech Serve may be more on technical programs where it has achieved some successes, and where targeted projects are filling the remaining gaps (BASICS, TBCAP, SPS). The difficulty to coordinate and

² Based on the review of Annual, Semi Annual, & Quarterly Reports, approximately 17 indicator data points from the PMP are not accounted for.

³ The World Bank's only involvement at the central level is with the provision of consultants for the PRR in the HR Department, but JIC is involved in P&P GD

⁴ Support to the Institutional Development to the MOPH Project, funded by the EC and implemented by EPOS

manage multiple TAs from multiple sources, and the dominance of donors' funding in the health system would justify the move towards a SWAp.

1.4 INTERMEDIATE RESULT 1 – IMPROVED CAPACITY OF THE CENTRAL MOPH

Tech Serve under IR1 is managing an impressive array of activities, spanning from health care contracts management to drug supply and technical support provided to the MOPH for the development of policies or disease programs. It must be also noted that under IR1 are included a number of activities that are in fact targeted at or directly taking place at provincial level, as clearly shown in Appendix I.

Evaluation of Inputs and Recommendations. The Tech Serve Project has achieved substantial progress under this component, notably in terms of support to ensure the delivery of quality health services through BPHS and EPHS. The GCMU is now certified to directly manage USG funds, and pharmaceutical supply to health facilities has been ensured in spite of considerable difficulties.

The long term efforts and commitments made by REACH, then Tech Serve, to develop the HMIS are commendable and need to be continued, with a focus on data quality and utilization for decision making at central, but also and even more at provincial levels. To achieve this, the development of automated queries system would facilitate the production and use of information by non-HMIS specialists at the peripheral level. As regards M&E, the priority should be to reinforce the capacities of the provinces, and while it is important to build capabilities at central level, this should not absorb a disproportionate share of resources.

The Leadership Development Program (LDP) approach has been found very successful and is highly appreciated at central and at provincial level, and the evaluation team recommends that more efforts are made in the next phase at transferring capacities to the MOPH, notably the Afghan Institute of Public Health (APHI), to implement and sustain this program on its own.

Support to some critical programs such as communicable diseases has achieved good progress, thanks notably to the capacity to train on, and communicate adequately, policies and guidelines to the provincial level.

The evaluation, however notes that the technical assistance in some areas has been weak. Technical advisors should be embedded in the MOPH, participate actively in the sector's work plan, and their input should not be limited to come to meetings and reviewing policies. The effectiveness of activities such as "Tech-Serve staff participates in MOPH Task Forces and technical meetings" is questionable in the absence of measurable results other than "number of task forces attended". The capacity of technical advisors should be thoroughly assessed in view of the needs, and high level specialized technical support provided when required as short term TA. STTA provision, in this regards, needs to be more closely monitored, and the level of exigency in terms of reporting notably reinforced.

One of the major weaknesses of the health system in Afghanistan remains its hospital system. The expectation that quality can be improved in establishing and monitoring standards seems a bit unrealistic as long as the management of the hospitals is not conducive to improvements, with weak M&E systems, lack of proper budgeting and accounting capacities and no functional referral system. The evaluation team understands that Tech Serve is making steps towards strengthening hospital management through the provision of hospital advisors for EPHS. This should bring some useful progress locally, but may however not be sufficient as long as the system remains fragmented, without strong policies and clarification of the respective roles of MOPH at central level, Provincial Health directors and hospital directors. Advocacy for reforms and efforts at building capacity in MOPH to undertake them seems at this stage critical.

1.5 INTERMEDIATE RESULT 2 – MANAGEMENT SUPPORT FOR PROVINCES

Tech Serve has been successful in setting up a strong support system to the provincial level of the MOPH. The project has been able to effectively support the communication between the MOPH at central level and the Provincial Health Offices in the 13 USAID-supported provinces, notably through the provision of internet facilities and the dissemination of policies and guidelines.

Evaluation Inputs and Recommendations. A major step for Tech Serve has been to place Provincial Health Advisors (PHA) in all the 13 provinces supported by USAID. The PHA plays a critical role in strengthening the technical and management elements of the Provincial Health Director (PHD) and Provincial Health Officers (PHOs) through daily mentoring and on the job training. While PHAs sometimes fill existing gaps, the PHAs met by the evaluation team were conscious of the need to focus exclusively on capacity building through mentoring, even if a certain amount of substitution seems inevitable.

The PHAs have been able to effectively support HMIS officers to ensure that the HMIS system is active, and have facilitated the implementation of HMIS hubs in 9 out of 13 provinces. In these provinces, the data is used for identifying weaknesses and gaps in services; action plans are made for fixing the problems, and they are followed in subsequent meetings.

High staff turnover, up to 50 percent per year, due to low salary, security issues and lack of incentives is a major issue for Provincial Health Offices. This problem is particularly acute for HMIS officers, who are in high demand, notably by NGOs. Another issue in many provinces is lack of female staff, which is affecting not only the PH offices, but also NGOs and hospitals.

There are still large unmet needs for provincial offices renovation, with offices mostly crowded and inadequate, as was observed in Kabul, Jawzjan and Faryab. PH offices are often located within the provincial hospital's premises, and this is maintaining the confusion between provincial public health management and hospital management. The possibility for separate PH offices should be systematically explored, as has been done in Kandahar and Bamyan.

The technical support provided to hospitals seems to be unfocused in building the management capacity of the Hospital Director and the team. Activities range from LDP, training on SBM to developing action plan. It is also not clear, whether an assessment of the hospital needs was established and a concrete plan developed based on the assessment.

During the field visits and in-depth interviews, all recipients have indicated a positive impact of the LDP training. LDP model posters were clearly visible at the PHT and NGO facility and PHT and the service delivery staffs were able to clearly articulate the elements of the LD Program.

While PRTs were found to be attending regularly the PHCC meetings in all visited provinces, the coordination between the PRTs and other stakeholders in the health system was found weak.

The difference between Tech Serve-supported provinces and the other provinces resides largely with the capacity to produce HMIS reports at provincial level and effectively use the information for planning and management purposes. In the EC-supported provinces, internet connection is supplied to the PHT, but HMIS capability was found to be mostly with NGOs, which also had a strong QA system. Resources have been provided by Tech Serve to support M&E activities at the provincial level, but the GAVI HSS project is now supporting financially these activities in many provinces, and M&E visits were found to be carried out regularly by the PHTs in all the provinces visited by the team. It was identified that the focus of NGOs under the World Bank PPA was

more on community-based approach. Another major difference is the pharmaceutical supply, which is centralized only in the USAID-supported PPG. This guarantees the quality of products, but is extremely challenging in terms of supply chain management as it lacks the flexibility and responsiveness of a decentralized procurement system.

1.6 TECH SERVE CROSS-CUTTING AREAS

Tech Serve PMP has evolved into a more balanced management tool with adequate number of process and outcome level indicators. The May 2009 PMP needs to be complemented on its efforts to capture activities beyond the agreed upon scope of work. However, additional efforts need to be placed in refining the PMP, as it is a key tool for managing and documenting technical milestones. The following issues have been identified that needs to be addressed in the next iteration of the PMP: (1) Many activity categories require more targeted indicators to measure the breadth/complexities of activities proposed in the work plan; (2) Indicators are presented without any activities being linked or there is weak linkage; (3) Some of the indicators do not have data collected in 2008; (4) Some indicators need to be simplified to ensure that data can be collected with ease and accuracy; and (5) Activities are placed in the wrong IR resulting in a weak linkage to IRs and the overall objective of the project. In appendix I, a mapping exercise of all the activities proposed in Work Plan 1,2,3 against the proposed indicators (May 2009) is presented. The table also provides information on the baseline, 2008 target/achieved targets, and 2010 target. The above five areas of improvement are based on the analysis from this table.

Tech Serve has regularly received an approved work plan from USAID over the course of the project. In addition to their agreed upon work plan activities, Tech Serve has been highly responsive to the frequent ad hoc requests from USAID and MOPH. The scope creep however needs to be carefully managed by USAID and MOPH. According to Tech Serve, any request beyond the current 15% rate of request, may compromise Tech Serve's ability to respond to its current scope of work. With regards to dissemination, Tech Serve has effectively responded to the USAID's routine reporting requirements, however more efforts needs to put in place to ensure all stakeholders in the health community have a good understanding of the role and responsibilities of the Tech Serve. With regards to coordination with other USAID projects, Tech Serve has collaborated effectively with TBCAP, BASICS, HSSP, and COMPRI-A.

1.7 FINANCIAL REPORT

The project reports expenditure of US\$ 28,151,955 from July 1, 2006 to March 31, 2009 (including US\$ 21,864,346 actual expenditure plus US \$ 6,287,609) out of a total budget of US\$ 49,705,253, including a US\$ 19,935,733 increase in ceiling granted in October 2008. It has expended 57% of its budget over 69% of project's time, but 73% if the commitments for the next pharmaceutical orders are included. The project can therefore be considered well on track in terms of expenditures.

2. INTRODUCTION & BACKGROUND

2.1 ENVIRONMENT

Because of prolonged civil war, the coverage of preventive and curative health services in Afghanistan was very low by the end of 2001. Infant mortality rate (IMR) was estimated at 165 per 1,000 live births, the under-5 mortality rate was 257 per 1,000 live births, and maternal mortality ratio was 1,600 per 100,000. Coverage of services like skilled birth attendance, prenatal coverage and vaccination were very low.

One of the pillars of the Afghan National Development Strategy (ANDS 2008-2013) is economic and social development where reducing poverty, ensuring sustainable economic development through private sector led market economy, improve human development indicators and making significant progress towards MDGs are the main objectives. The National Health and Nutrition Sector Strategy (HNSS 2008-2013) elaborates on the ANDS. It sets ambitious targets to be attained by the end of 2013: (i) reduce maternal mortality ratio by 50 percent from the year 2000 level; (ii) reduce infant and U5 mortality rates by 50 percent from the year 2000 level; (iii) increasing physical access to primary health care through increase in the number of people living within two hours of walking distance to a facility from its current level of 65 percent to 90 percent; and (iv) attain full immunization coverage.

Recent achievements in health in Afghanistan have been made possible due to large amounts of external assistance, but Afghanistan remains a country with some of the poorest health indicators worldwide. The key challenges the country faces include: (i) high infant and under-five mortality rates; (ii) a very high maternal mortality ratio, where 78 percent of the deaths can be prevented by increasing the births attended by skilled providers and proper referral; (iii) poor sanitation and malnutrition; and (iv) A high burden of disease from malaria and tuberculosis. In this context, USAID has prioritized the provision of quality basic health care for rural communities with a primary focus on women and children.

2.2 PROJECT HISTORY

USAID/Afghanistan re-opened in 2002 following decades of civil conflict and pressing humanitarian needs and has made substantial contributions to the reconstruction of the health sector through service delivery, first under the Rural Expansion of Afghanistan's Community-based Health Care (REACH) project. REACH started in May 2003 for three years, with the twin objectives of funding contracted-out service delivery through NGOs and building capacity through technical assistance and training. Following the end of REACH, the Technical Support to the Central and Provincial Ministry of Public Health (Tech Serve) was launched in 2006, with the objectives to build leadership and capacity of the Ministry of Public Health (MOPH) at central and provincial levels to expand access to quality health services.

3. PURPOSE & APPROACH TO EVALUATION

3.1 TIMING & PURPOSE

USAID Afghanistan requested a mid-term evaluation of the Tech Serve project to be undertaken in 2009. The primary purpose was to assess progress to date in achieving results and deliverables; to assess the capacity of Tech Serve to implement new activities scheduled under the approved increase in ceiling; and to help guide strategies and directions for a new follow-on project

A copy of the SOW is attached at Appendix A.

3.2 TEAM APPROACH AND SET-UP OF ACTIVITIES

The evaluation team arrived in Country on April 7, 2009; held a briefing and orientation meeting with USAID on April 8; held an introductory meeting with MSH on April 9. The work plan and schedule of activities were provided to USAID on April 16 (see Appendixes H and L) and discussed on April 19.

The team was provided with the report of the mid-term internal evaluation that was recently conducted by MSH. The report was found to be comprehensive, and the team decided therefore that it would not request Tech Serve to complete a self-assessment questionnaire, but would conduct a series of in-depth interviews with Tech Serve staff to complement the finding of the internal evaluation.

3.3 BRIEF OVERVIEW OF THE PROJECT

Tech-Serve is a four-year project implemented by Management Sciences for Health (MSH). The cooperative agreement was signed June 29, 2006 and will end June 30, 2010. The initial budget was \$ 23,999,520 that was subsequently increased to \$49,705,253. The objective of Tech-Serve is to improve the capacity of the MOPH to oversee, manage and support the delivery of health care services, directly and through contracting mechanisms. Tech Serve aims at strengthening 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, and ensures the regular provision of quality, essential pharmaceuticals and contraceptives.

Tech-Serve is expected to achieve results in three areas:

1. Strengthen and support the central MOPH staff in its stewardship role of guiding the health system to achieve national health priorities within available resources.
2. Empower provincial leaders and teams by enabling them to effectively supervise, support and assist the public health providers throughout their provinces.
3. Support health facilities and community-based services by helping them to focus on delivering the BPHS and EPHS with the quality that will measurably reduce maternal and child mortality.

The project's PMP is structured on a baseline built on REACH outcomes, and a set of operational monitoring and evaluation tools. The project reports both quarterly and annually to USAID.

4. EVALUATION TEAM COMPOSITION & ACTIVITIES

4.1 TEAM COMPOSITION

The evaluation team comprised two international consultants – Dr Maryse Dugue (Team Leader) and Ratha Loganathan (Senior Evaluation Advisor), supported by two CCNs– Dr Abdul Jalil Hamidi and Attaulah Alizada.

Maryse Dugue was contracted through Checchi and Company Consulting, Inc, and Ratha Loganathan through a subcontract with LBG.

4.2 SUPPORT

The consultancy was managed under a contract with the USAID SUPPORT project managed by Checchi and Company Consulting, Inc, and supported by SUPPORT project's staff and facilities infrastructure in Kabul.

4.3 ACTIVITIES

Following the steps to set-up the evaluation process over the first 8 days of the assignment, being briefed at USAID and the MOPH, and introduced to the Tech Serve team, the evaluation team held a series of meetings with MOPH senior management and national programs, other USAID projects, donors and NGOs based in Kabul.

The team then split into two sub-teams, and started field visits in the provinces: MOPH provincial health teams and partners were met in 5 USAID-supported provinces (Bamyan, Kabul, Jowzjan, Faryab, and Kandahar) and 3 provinces supported by other donors (Balkh, Nangarhar and Laghman).

On return from field missions, the team held a series of meetings with the Tech Serve Project senior management and technical staff and began the process of detailed analysis of data and inputs to draft its report and recommendations.

The findings by the Evaluation Team are based on a combination of observations in the field, discussions with Tech Serve management and staff, meetings with MOPH at Central and Provincial level, partnering organizations and review of a variety of relevant documents including the Tech Serve Annual Progress Reports, Quarterly Reports, Short-term consultants reports and the recent Tech Serve/MSH internal evaluation Report.

The Draft Evaluation Report was delivered to USAID on May 17, 2009. For a detailed schedule of activities see Appendix H.

5. EVIDENCE & FINDINGS OF ANALYSIS

The evidence of findings and analysis is presented within the IR Framework of the project, for convenience and clarity. However, the activities under IR3 “Improve the leadership and management skills of senior managers at central and provincial levels of MOPH” were found to be actually carried out as key components and inputs under IR1 “Improved capacity of the Central MOPH” and IR2 “Improved capacity of the provincial health offices.” In addition the range of activities and budget allocated for IR3 is much smaller as compared to IR1 and IR2. As a result, it was proposed by the evaluation mission to integrate the analysis of the activities carried out under IR3 within the framework of IR1 and IR2.

The findings are presented according to the following structure:

- **IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS**
 - Managing PPG/PCH grants
 - Provision of regular supply of quality essential drugs and contraceptive
 - Strengthening the technical capacity of the GDs in MOPH
 - Strengthening the leadership & management skills of central MOPH staffs
- **IR 2: Management Support for Provinces Initiative further enhances capacity of the 13 PPHOs to improve health outcomes**
 - Mentoring/training/networking/coordination
 - Infrastructure
 - Health care providers capacity building
 - Strengthening the leadership & management skills of central MOPH staffs
- **Cross Cutting issues:**
 - M & E and evidence based decision making
 - planning and coordination with MOPH & USAID
 - dissemination

At the outset the evaluation team’s assessment is that the Tech Serve project has met or exceeded the objectives established for it in its original Request for Proposals (RFP) and in the SOW and work plans established from the project’s inception.

The evaluation, however, points out that the program does contain some weaknesses in the PMP and quarterly/annual reports to assess performance over time and document achievements:

- (1) Many activity categories require more targeted indicators to measure the breadth/complexities of activities proposed in the work plan. The indicators should also try to measure the continuum of anticipated results for the set of activities.
- (2) Indicators are presented without any activities being linked or there is a weak linkage.
- (3) Missing data for the proposed indicators.
- (4) Some indicators need to be simplified to ensure that data can be collected with ease and accuracy.
- (5) Activities are placed in the wrong IR resulting in a weak linkage to IRs and the overall objective of the project.

5.1 IR 1 – IMPROVED CAPACITY OF THE CENTRAL MOPH TO SUPPORT THE DELIVERY OF BPHS & EPHS SERVICES, PRIMARILY THROUGH NGO SERVICE PROVIDERS

Tech Serve under IR1 is managing an impressive breadth of activities, spanning from health care contracts management to drug supply and technical support provided to the MOPH for the development of policies. Because of this variety, the evaluation of (i) activities and achievements, (ii) challenges, (iii) coordination with other stakeholders and USAID projects, and (iv) recommendations, are presented separately, when relevant, for each group of activities. General recommendations that apply to several activities are presented at the end of the chapter.

5.1.1 CAPACITY BUILDING OF MOPH TO AWARD AND MANAGE GRANTS FOR PROVIDING QUALITY HEALTH CARE SERVICES

Primary health care services in Afghanistan are defined along a Basic Package of Health Services (BPHS), ensuring that all the stakeholders working in the health sector in Afghanistan focus on a common strategy established by the MOPH. A critical decision regarding the actual delivery of BPHS services at the early stage was contracting them to NGOs. In doing so the MOPH has asserted its stewardship over the sector. Using these mechanisms, the MOPH has been able to ensure that: (i) all providers are implementing the BPHS in accordance with its technical guidelines; and (ii) all providers are clearly responsible and held accountable for defined geographical areas and populations.

USAID, the World Bank and the European Commission (EC) have divided the country for the purposes of supporting the roll-out of the BPHS and the Essential Package of Hospital Services (EPHS). USAID covers 13 provinces, the World Bank 11 and the EC 10. In 2003, the donors have established Project Implementation Units (PIU), in the name of GCMU (Grant Contracting Management Unit) within the MOPH to manage the service contracting process.

Activities and achievements

The Performance-based Partnership Grants (PPG) mechanism is the key mechanism through which USAID-funded contracts are managed. PPG is contracted through WHO for funding purposes and Tech Serve provides technical assistance to the GCMU, mainly through the provision of staff. Technical areas covered by the team include: contract management, financial management and monitoring. 15 Afghan professionals and 2 international advisors are assigned to the GCMU⁵. The staffing was complete until January 2009, but at the time of the evaluation, 4 national positions were vacant/under recruitment: 2 finance consultants, 1 M&E consultant and 1 data analyst.

Over US\$ 93 million has been awarded to 16 lead NGOs operating 470 health facilities under 21 BPHS grants and 5 Provincial Hospitals under EPHS between April 2006 and September 2009.

The GCMU finance section reviews all documents and prepare the quarterly financial reports to authorize WHO's fund transfer to grantees. It prepares budget templates for NGOs, conducts pre-award surveys for new NGOs, and audits (human resources, procurement policy, internal control). The WHO fiduciary management, by comparison with the GCMU, has delivered relatively few outcomes, with systematically delayed payments to the grantees.

The performance evaluation of grantees is probably the biggest achievement of the GCMU/PPG. The evaluation covers three aspects: (1) the grant administration, (2) the services delivery, and (3) grant implementation.

⁵ a Grant and Contract Management Advisor since the inception of the project, and a Certification and Integration Advisor since December 2008

Grant administration is evaluated on 6 criteria which include scores on the timeliness and quality of technical and financial reports, collaboration and communication, as well as overall performance on project management and service delivery.

Services delivery evaluation is based on HMIS data. Grant implementation is measured on a set of 10 out of 27 contractual criteria, selected on their ability to measure the achievements of the service provider.

The GCMU M&E section has fielded monitoring visits to 305 health facilities (HF) in PY1 and 300 (plus 125 health posts) in PY2. Monitoring is based on the National Monitoring Checklist (NMC), health post check list and family planning compliance check list. The data from monitoring visits is entered in the NMC database and the “facility score” (monitoring single score) is updated. This single score provides a snap-shot of the observations of the M&E team, and has been a useful system to monitor progress of HF.

Involving actively the PHO teams in planning, management and conducting the monitoring missions has allowed substantial capacity building in terms of HF monitoring and utilization of M&E tools at provincial level. The feedback from M&E missions to stakeholders, particularly NGOs, is viewed as an important contributor to quality improvement, as increased scores obtained by the HFs after successive monitoring visits to HFs clearly show. Overall improvement is also reflected in the Balance Scorecard.

Table 1: Balance Scorecard Mean Score National and USAID-supported provinces, across 26 indicators, 2004-2008

	2004	2005	2006	2007	2008
National Mean	57.1	57.1	61.8	69	71.7
Badakhshan	48.6	48.4	59.5	70.5	71.7
Baghlan	47.8	58.7	66.7	65.8	80.1
Bamyan	57.4	63.3	66	70.2	71.7
Faryab	44.7	58	58.8	70	78.2
Ghazni	57.5	59.5	59.3	60.3	67.8
Herat	52.8	52	57.2	68.5	65.7
Jawzjan	46.2	54.6	54.9	80.2	84.1
Kabul	53.4	64.2	67.3	66.4	56.1
Paktya	49	50.9	64.5	64.1	65.1
Paktika	45	42.3	46.5	55.3	62.6
Takhar	54.4	57.7	61.6	73	73.5
Khost	42.2	45.2	49.1	62.3	60.8
Kandahar⁶	49.6	NA	NA	NA	NA

Source: balance Score Card 2008⁷

Insecurity has reportedly affected the performance of PPG implementation, but it should be carefully interpreted, as all donors have their share of difficult provinces: out of 14 south and east provinces that can be considered insecure at the time of the evaluation, 5 of them are supported by

⁶ Kandahar has not been visited by the Third Party Evaluator for security reasons

⁷ The BSC has its limits, notably because it is established only yearly, on the basis of a sample of HF visited. It has the advantage of being conducted independently across the entire country (whoever the donor), except for some insecure provinces

USAID, 6 by the EC and 3 by the World Bank. The same is true for geographically difficult terrain with poor accessibility.

Financial management, control and monitoring systems that have been set up in the GCMU ensure a proper accountability of contracted NGOs, and this allowed in June 2008 the certification of MOPH through GCMU to receive US Government funds directly under the Host Country Agreement mechanism for provision of contracts for delivery of basic health services. This certification opens the way for the implementation of the Partnership Contracts for Health Services (PCH) program, the successor of the PPG, which is scheduled to start in September 2009 for an estimated US\$ 236 million over 5 years. Tendering for the new project has already started. Additional Afghan staffs are recruited to handle the management of PCH (1 project manager, 1 senior finance officer and 1 data analyst).

Other substantial changes are being made to the project in 2009: a large number of facilities are being transferred in 2009 to USAID/PPG from World Bank previous PPA as the donors are moving from a “cluster of districts” approach towards a “provincial” approach⁸, and the Wazir Akbar Khan Hospital’s operation is tendered through GCMU⁹.

Coordination with other stakeholders and USAID projects

Coordination meetings are held regularly by the GCMU with all PPG stakeholders, including USAID, MOPH, WHO, HSSP and Tech Serve. Planning of facilities monitoring missions involves HSSP and MOPH.

No progress has been made on the development of an integrated management approach in GCMU, and PPG, PPA (World Bank) and PPC (EC) are still separate mechanisms.

Challenges

The GCMU was created by the donors to ensure that money was properly spent. Except for the World Bank, which is channeling all funds through the Government, it is functioning as a parallel mechanism, with staffs contracted outside the MOPH/Civil Service Commission system. Hence the “capacity” that has been built has actually been built largely outside of the Government. Following the Country Host agreement, there is a high expectation in the Government that USAID will use the MOPH system for contracting and managing the grants, similarly to the World Bank practice. While maintaining the US Gov certification as the same time as transferring responsibilities to a Government which procurement procedures and release of funds are notoriously slow and inefficient¹⁰ will undeniably be a major challenge, common planning should take place between Tech Serve and the MOPH to ensure this next step.

The lines of reporting within GCMU still need some clarification. The GCMU has recently been renamed as “external coordination aid” within the “Health Economics and Health Financing Department” under Policy & Planning GD, and the director of this unit has responsibility to supervise the GCMU. This will hopefully helps solving the issue.

The GCMU performance evaluation system has focused almost exclusively on BPHS, while EPHS has not benefited from the same level of investment.

Recommendations

Monitoring of PPG is acknowledged in the MOPH as being of very good quality. The capability of the GCMU to perform the same level of grant management and performance evaluation for

⁸ Except in some difficult areas such as Ghazni or Badakhshan (where some districts have to be provided through Tajikistan)

⁹ Pharmaceuticals for this central hospital will be also supplied by the Tech Serve’s DMU

¹⁰ Afghanistan Health Sector Review, 2008, personal communication

PPA contracts, which are entirely under its responsibility, could be considered as a good test to measure progress in capacity. Monitoring capacities and methods should also be shared with MOPH's diseases programs, whose capacity in this area is notoriously weak.

More focus and attention should now be put towards the integration of the GCMU, establishing common methods and standards between PPG/PCH, PPA and PPC, and the transfer of responsibility together with transfer of resources be carefully planned.

The evaluation team recommends improving the coordination and common planning with the MOPH, with regular meetings between Tech Serve and the director of the GCMU, common identification of assistance needs and discussion of TORs and CVs.

5.1.2 PROVISION OF PHARMACEUTICALS TO SERVICE PROVIDERS IN THE 13 PROVINCES

Since the REACH project, MSH has operated a centralized drug procurement and management system to supply the NGOs PPG grantees delivering health care services under BPHS and EPHS.

Activities and achievements

The MSH Center for Pharmaceutical Management procures generic drugs that comply with internationally established quality standards. The Tech Serve Drug Management Unit (DMU) manages the in-country supply chain, including: quantification, preparation of orders, custom clearance, storage and distribution to NGOs at central level. Tech Serve has two large warehouses – one for receiving goods, the other serving as a central distribution point for delivery of products to the NGOs managing BPHS/EPHS health service delivery in the provinces. NGOs handle the distribution to health facilities¹¹.

Since the inception of the project Tech Serve has procured and/or stored or distributed US\$ 22,584,122 worth of essential medicines and contraceptives, including:

Pharmaceuticals in stock from REACH	3,777,277
Pharmaceuticals procured by Tech Serve (amount ordered)	11,199,841
USAID procured contraceptives carried over from REACH	2,287,188
USAID procured contraceptives distributed by Tech Serve	5,055,178
TB drugs	264,638

The budget projections initially made for drug supply requirements appeared substantially underestimated¹², and. Consequently, Tech Serve worked with USAID to prepare two major budget adjustments: the initial (July 2006) US\$ 4.7 million budget was increased to US\$10.5 million in February 2007, US\$ 16.5 million in October 2008, and it is anticipated that internal adjustments within the current envelope will bring the budget up to US\$ 18 million, which represents a 283% total increase over the initial budget.

Challenges

Making drugs available to health facilities throughout the country represents a huge challenge, and although the DMU is managing a “pull”¹³ system in principle, it seems that the lack of

¹¹ Some NGOs have storage facilities at central level, others are transferring the stocks directly at provincial level, then distribute to health facilities

¹² This issue has affected all BPHS implementers, not only in the PPG program, but also PPA and PPC.

Afghanistan Health Sector Review, 2008, personal communication

¹³ The DMU holds quarterly meetings with NGOs, where data on morbidity and consumption is discussed. Quantification is based on HMIS data and GCMU reports. NGOs are actively involved in the exercise and sign the request together with the GCMU.

flexibility resulting mostly from slow procurement procedures and long lead times assimilates it in practice to a “push” system from the point of views of health care providers, and issues of shortage have been widely reported by NGOs and PH Officers interviewed by the evaluation team. PHAs, who are Tech Serve employees, presented the system as a push system, based on kits calculated on a per capita basis, during the interviews. The confusion seems to come from the GCMU estimation requirements “ex ante” in the BPHS/EPHS contracts, based indeed on population data, and the lack of awareness of the DMU quantification exercise.

Table 2: Drug Availability Index by Type of Procurement

	2004	2007	Change (2007-2004)
De-centralized NGO Procurement (PPA)	58.0	93.9	36.0
Centralized Procurement (MOPH-SM)	58.0	88.8	30.8
Centralized Procurement (PPG)	67.0	81.4	14.4

Source: Balanced Score Card 2007

There is an obvious trade-off between the quality, ensured by a centralized procurement system, and the reactivity afforded by a decentralized procurement system as operated by PPC and PPA systems¹⁴, but without any guarantee as regards the quality of the products, which are often procured on the local market.

The complaints of PHOs and NGOs on “shortages” can be largely attributed to the unfortunate conjunction of several problems that affected the drug supply chain in 2008-2009:

- Delays in USAID’s internal procedures (approval of waiver) resulted in above-average lead time for an order passed in the first semester of 2008;
- DMU was not informed timely of the waiver of users fees in primary health care facilities decided by the Government in April 2008 and the subsequent increase in facilities’ utilization rate¹⁵;
- A number of PPA and other small bilateral BPHS HFs were transferred to USAID PPG 2-3 months before the agreed date, without drugs supply;
- Late arrival of supplies in the season did not allow sufficient time to supply isolated areas before the winter; therefore a part had to be flown, which resulted in substantial increase in cost impacting negatively on the budget.

These issues have been complicated by logistics difficulties that are inherent to landlocked countries and worsened by security conditions, such as containers blocked in Peshawar. They are however being solved, notably through the granting by USAID of a blanket waiver for the rest of the project’s life, and a substantial increase in budget.

In spite of these many difficulties, the drug availability score since 2004 has improved in most provinces, as shown in the table below.

¹⁴ Under PPC (EC) and PPA (WB), NGOs implementing the BPHS and EPHS procure themselves drugs and medical supplies

¹⁵ According to the HMIS, per capita Out Patient Department (OPD) attendance has increased from 0.60 in 2006 to 1.04 per capita OPD visits/year in 2008. NGOs interviewed during field visits reported increase per capita OPD to above 1.5 since the waiver of user fees at primary health care facilities decided by the MOPH in April 2008.

Table 3: Balance Scorecard Drug availability Score National and USAID-supported provinces, across 26 indicators, 2004-2008

drug availability index	2004	2005	2006	2007	2008
National median score	71.1	83.7	85.7	81	86.3
Badakhshan	52.9	81.5	74	75.3	78.3
Baghlan	72.8	82	65.9	74.7	78.5
Bamyan	72.8	97.7	87.1	76.9	86.7
Faryab	72.8	86.2	67.4	85.6	63.6
Ghazni	72.8	84.9	87	85.3	81.2
Herat	72.8	57.1	72.1	76.2	72.3
Jawzjan	72.8	83.7	67.6	85.6	98.2
Kabul	72.8	71.3	86.8	69.6	66.5
Paktya	72.8	91.3	92.2	78	64.8
Paktika	72.8	79.4	90.7	80.9	84.4
Takhar	72.8	65.2	88	82.2	81.1
Khost	72.8	92.4	88.6	89	78.4
Kandahar	72.8	NA	NA	NA	NA

Source: Balanced Score Card 2008

Poor supply chain management by NGOs, notably lack of monitoring capacity and incoherent distribution planning from the provincial level to HFs, has itself likely resulted in local shortages at HFs level. The PHO capacity is very limited in this area. Field monitoring visits, which were conducted by REACH, were discontinued under Tech Serve as it was not under Tech Serve's SOW. The GCMU is conducting monitoring visits, but has neither the capacity nor the focus to monitor drug management, as drugs management is not covered under BPHS contracts. Faced with the challenges of drug availability at the facilities' level, Tech Serve however took recently important steps to reinstate the monitoring function: 2 field monitors have been hired in March 2009, and 4 additional are being recruited. Their task is to monitor the supply chain in the 13 provinces.

Establishing Rational Use of Drug (RUD) in the country is the single biggest challenge faced by any pharmaceutical supply system in Afghanistan. Prescribing and dispensing practices are under tremendous pressure by client demand for more drugs, and the professional capacity of most providers in this area is very low. Keeping adherence to the EDL was reported as very difficult, and a NGO operating a teaching hospital mentioned "9-line prescriptions" by professors. Combinations of medicines are obviously prescribed without due consideration of drugs interactions and possible side effects.

Coordination with other stakeholders and USAID projects

HSSP is in charge of NGOs capacity building since the end of the REACH project, but reportedly HSSP is lacking specific technical competency in this sector, and follow up and monitoring are missing.

There is a good level of coordination with the Strengthening Pharmaceutical Systems Project (SPS), which is focusing on many essential issues that impact on the DMU, notably RUD and Standard Treatment Guidelines (STGs)¹⁶.

¹⁶ Additional remarks on this program are to be found under para. 5.1.3

Recommendations

- Training of PHAs and PHOs on pharmaceuticals supply chain management, monitoring, RUD and STGs should be considered as part of the capacity building program of Tech Serve at provincial level, given the very limited knowledge and understanding of these matters at all levels in the health system.
- Coordination should be strengthened with HSSP to ensure that training of NGOs on STGs, RUD and dispensing practices is prioritized and adequately covered, and that cascade training by NGOs is effective.
- A community awareness program about the value of the pharmacy system (budget, sources of procured drug by TS, worth of drugs as life-savers, side effect of irrational use) should be considered as complement to the RUD and STG training towards health professionals. Capacities of COMPRI A to reach out in the community could be utilized for this program.
- Estimated lead time has to be adjusted to more realistic objectives and manage expectations: for landlocked countries it is standard practice to have 8 months lead time¹⁷.
- Public sector drug procurement and management in Afghanistan is reportedly highly complex, fragmented and inefficient, non transparent and ad hoc¹⁸. It is therefore disappointing that no steps have been taken yet to build the capacity and transfer the knowledge and experience gained by the DMU to the MOPH, in order to ensure long term sustainability of the system. The evaluation team understands however that this now planned as part of SPS's mandate.

5.1.3 STRENGTHENING THE TECHNICAL CAPACITY OF THE GDS

Beyond the critical aspects of health care services delivery contracting through the BPHS and EPHS, Tech Serve has set out to strengthen technical programs that are part of MOPH stewardship functions. Since end 2008, Tech Serve has regrouped central level capacity building under a single specific program reflected in its organogram (Appendix A).

a. Human Resources

Activities and achievements

The Human Resources (HR) database was first established with REACH support. However progress in data collection was very slow because the forms were not properly filled in by employees and it was decided subsequently to obtain information in 2 phases. The first phase was completed at the end of 2008 with the support of Tech Serve. Essential information collected includes personal data, job descriptions, qualification, certification and PRR. The data of around 27,000 employees (representing almost 100% of the workforce) has been entered at this stage. The second phase will collect more detailed information. The database manager is supported by Tech Serve. Monthly reports are provided to senior managers, and are expected to be utilized for the Workforce Development Plan.

Challenges

- Data entry and regular updates are challenging, given the high staff turnover in MOPH.
- Pay data is with the Finance Department of the MOPH and is planned to be aligned with the HR database, to allow real time comparison between approved staffing structure, existing staff employed and the payroll. However at the time of evaluation, there are in fact five payroll

¹⁷ Author's personal experience in CAR, Rwanda, Nepal and Lao PDR

¹⁸ Afghanistan Pharmaceutical Sector Identification Mission report, EC, Dr. Jonathan Harper and Dr. Abdurrahman Shahab, January 2008

systems in the MOPH, with different grading and top-ups systems. This multiplication and the subsequent lack of transparency is a major concern.

- The Civil Service Commission is developing a new HR management information system, which will hold personnel and training data for all the Ministries. It is expected that the MOPH HR database and the training database will be easily transferred from the access system to the new system, but delays that are already affecting the development of this database will pose particular challenges to properly plan this migration.

Recommendations

Coordination with other stakeholders, notably SIDP in the MOPH and the Public Administration Reform Program (EC funded), as well as the Civil Service Commission, is critical to ensure a proper alignment of the databases development.

b. Child & Adolescent Health

Activities and achievements

Tech Serve and BASICS projects are recognized as having contributed substantially to raising the profile of child health, while the focus until recently was almost entirely on maternal health. Tech Serve has notably assisted the Child and Adolescent Health Directorate (CAHD) in the following areas:

- Revision of the National Strategy and Policy
- Development, printing and dissemination of training materials, notably a pictorial guide for CHW on C-IMCI.
- Introduction of new interventions, such as Zinc supplementation in 13 USAID provinces (4 provinces have been supported by UNICEF). This is now being extended to the entire country through its inclusion in the revised BPHS
- For the Pediatric Hospital Improvement Program, evaluation of pediatric hospital wards, elaboration of a pocket book plus training piloted in 6 provinces (Herat, Bamyan, Balkh, Takhar, Nangarhar, Paktya), plus 2 hospitals in Kabul (Indira Gandhi and Ataturk). Adaptation of hospital guidelines, translation and printing
- Technical support to task forces: child health, IMCI, Zinc supplementation

Coordination with other stakeholders and USAID projects

BASICS responded to identified MOPH needs, which were not entirely covered by Tech Serve. The coordination between the 2 projects has improved and their respective roles and responsibilities have been recently clarified with the MOPH. Some activities that were initiated by Tech Serve are now continued by BASICS.

Coordination with other donors: UNICEF is the main support for school health, which is a MOE project. GAVI HSS project is training the 20,000 CHW on child health.

c. CDC

Activities and achievements

Tech Serve has largely contributed to the establishment and the development of the CDC Directorate, both through technical and logistic support. Tech Serve notably:

- Assisted in establishing task forces that are a critical mechanism to ensure the coordination between different units/departments of MOPH in charge of infectious diseases
- Helped in establishing the communication between central and provincial level for communicable diseases. In Tech Serve-supported provinces, the PHA helps making the link.
- Assisted in developing monitoring and reporting format and procedures
- Helped developing the networking between the 34 provinces: sharing of guidelines, strategies, experience
- For AI, assisted in the development of guidelines in infection control, together with tools and checklists

- Helped actual implementation of the national strategy in 3 provinces
- Built the capacity of the MOPH to: (1) respond to outbreaks at provincial level (and communicate with central level), and (2) design and implement training

Challenges

While notable progress has been made in several areas, such as DEWS, the TB program is still very weak at all levels, with low levels of reporting.

Coordination with other stakeholders and USAID projects

The CDC technical advisor is also focal point for Grant Management System (GMS, a USAID-funded facility to support countries with GFATM application and management). In Afghanistan GMS is assisting the CCM to establish itself, with the development of governance tools and mechanisms.

A good level of coordination exists between Tech Serve and TBCAP. TBCAP has supported the revision of the guidelines on TB case detection and TB case management. TB CAP focuses on community based DOTS in 4 provinces, but provides management and technical support on TB to all 13 provinces.

AI activities are coordinated with the Ministry of Agriculture, as well as with the EC and the WB, which are the main other donors.

Regular meetings are held with HSSP. A hospital infection prevention program has recently been re-started. It existed under REACH, was then discontinued, then managed by HSSP, then passed on to Tech Serve. 64 trainers have been trained in Kabul, for 13 provinces, one referral hospital, plus 340 health workers in the 13 provinces.

Recommendations

Tuberculosis is one of the main killers in Afghanistan. Quality of care in this area is particularly critical, notably as poorly conducted treatments helps spread the threat of Multi Drug Resistant TB. One of the major issues is substandard quality of private health care, on which the majority of Afghans rely¹⁹. One way of improving the quality of private care in TB which has been very successfully implemented in many developing countries with large private markets (many of them in Asia) is the establishment of Public Private Partnerships. Tech Serve (or TB Cap) should consider supporting the MOPH in this area.

d. Pharmacy

Activities and achievements

Tech Serve has assisted the Pharmacy General Directorate to finalize the national EDL and LDL, and then supported the printing and dissemination of the lists in all health facilities in 13 USAID provinces. Tech Serve also supported the development of an EDL database and provided IT equipment and training for the GD to update it. The EDL was reportedly posted on MOPH website, but could not be accessed by the evaluation team.

Challenges

Afghanistan clearly has a severely under developed and under regulated pharmaceutical market. The implementation of a national EDL is practically the only part of the 2003 Afghanistan National Medicine Policy (NMP) that has been put into practice. The purpose of operating a 'Licensed Drug List' (LDL) is not clear as it is not a drug register, which does not exist in Afghanistan, while this should be the cornerstone of pharmaceutical regulation. In spite of the 2003 NMP provisions for RDU policies, none have been implemented. Reportedly an Afghanistan National Drug Formulary has been in the process of development for a long time, but

¹⁹ 2006 Afghanistan Health Survey

its completion is facing a number of constraints including lack of funding and expertise. The concept of quality assurance is poorly understood in Afghanistan, and the belief that it is equivalent to quality control is widespread. The resources for quality control are extremely weak.

Coordination with other stakeholders and USAID projects

The Strengthening Pharmaceutical Project (SPS) started in October 2008. It appears to be filling some of the large gaps that are not covered by assistance to the pharmaceutical sector, within four critical areas: (1) quality assurance, (2) RUD, (3) establishing a coordinated procurement mechanism, and (4) reinforcing the GD Pharmacy. SPS has assisted in establishing a National Drug and Therapeutic Committee and a task force on quality assurance within MOPH. SPS will also assist USAID to prepare hand over of the responsibilities of DMU in the future. The coordination with the Tech Serve DMU is good.

It should be noted that the EC is also funding a large project on strengthening the pharmaceutical sector that should start during the last quarter of 2009. Coordination between the two projects will be critical.

Recommendations

The evaluation team recommends that Tech Serve takes an active part in the dissemination of the tools (notably STGs) developed by SPS and in the training of officers at central and provincial levels on drugs related issues, including the PHAs.

e. M&E, HMIS and HIS

Activities and achievements

Tech Serve has continued the assistance to the development of HMIS that was started under REACH's support. The HMIS has benefited from both a strong and stable leadership in MOPH, and a well respected technical advisor in Tech Serve. It is now a well established and functional system with a high level of coverage of health facilities (HMIS reports are regularly synchronized), providing near real-time information and allowing managers to easily track their own performance at a disaggregated level. The 2008 BSC shows that the completeness and adequacy of HMIS reporting has increased substantially over the past five years, and that in particular large gains have been observed over the last three years, which correspond to the Tech Serve project implementation period. Assistance has been provided in maintaining and updating the national health facilities database. Assigning unique facility IDs for newly constructed facilities and updating health facilities information is taking place at MOPH on a daily basis.

Tech Serve is supporting many operational costs of the HMIS, including salaries of national consultants, workshops and extensive trainings, and HMIS publications. HMIS Provincial hubs have been installed in 9 USAID and 1 non-USAID provinces, and Tech Serve has provided technical solutions to the HMIS main hub size, backup and archiving issues.

Tech Serve has substantially contributed to the Health Information Strategy (HIS) developed by the DG Policy and Planning.

In Appendix I, indicators measuring the progress related to the Service Statistics category of activities are presented. The baseline figures for the BPHS facilities nationally submitting HMIS reports was 70%. The target for 2008 was >90%. In the October-December 2008 quarterly report, 86% of the BPHS facilities had submitted HMIS data. The baseline figure of EPHS facilities submitting HMIS data was 0 and the target for 2008 was 10. October-December Quarterly report indicated that 23 EPHS facilities have submitted EPHS reports. HMIS data accuracy index measure the quality of the HMIS data. The baseline was reported to be <70%. The 2008 target was 78%, while the achieved index was 75%. These three indicators are all reflection of the progress that has been made in the HMIS sector with Tech Serve assistance.

In the M&E sector, Tech Serve has assisted MOPH in rollout of the National BPHS Monitoring Checklist (NMC) and developing a national M&E database, where NMC's results are captured. In practice, the MOPH is using multiple sources of information effectively to “triangulate” and assess overall health sector performance for M&E purposes: Health Facility Surveys, particularly the balanced scorecard, HMIS, Supervisory Checklists, notably the national monitoring checklist (NMC), and Household Surveys, including lot quality assurance sampling.

Challenges

New facilities are added up continuously, and lack of adequate information sharing from the peripheral level makes therefore difficult the update of the facilities database.

Substantial efforts have been made in capacity building at both central and provincial levels, but the turnover of staff, particularly at provincial level, is the main challenge faced by the system. Due to salary differential with NGOs and international organizations, qualified HMIS officers do not stay in their position very long, making the training of staff a “bottomless pit”. One of the consequences of lack of trained staff at provincial level is the under-utilization of existing information.

Reliability of the data is often contested, notably because NGOs which are entering data are suspected of overstating their own performance. While this critic was fair several years ago²⁰, the overall quality of data has apparently improved.

There are still gaps in monitoring clinical quality, as well as community-based activities in the current system.

Coordination with other stakeholders and USAID projects

Update on health facilities information is being disseminated on a bi-weekly basis among GCMU, WHO, HSSP and Tech-Serve.

Recommendations

Tech Serve needs to continue the support to HMIS, with a focus on quality of data and data utilization for decision making.

Beyond issues of retaining trained staff, an additional hurdle is that calculating indicators with the existing system is rather time-consuming, if not very complicated²¹. Adding more automated queries in the system, to produce reports without having to calculate indicators, has been experienced in many LDCs (some systems actually developed with USAID support), and would potentially help in overcoming the shortage of specialized staff, and increase data utilization.

The proposition to centralize the M&E function within the MOPH should be assessed carefully. Having a competent backup at national level is important, but should not be detrimental to the resources dedicated to strengthening the capacity of the provinces

f. APHI

Activities and achievements

Tech Serve is assisting APHI in developing a training database that should help capture public health, and clinical data, as well as management and administrative data, and be linked with the HR database. This will, in time, allow easy exchange of information between the MOPH and other partners regarding training been undertaken or planned.

²⁰ There were significant differences between the results of the 2006 Afghanistan Household Survey and the HMIS on immunization coverage and prenatal care coverage with the latter being substantially higher

²¹ Author's personal experience

Tech Serve has also provided APHI with several TOTs for LDP. The objective of APHI is to build its own capacity to deliver these trainings, and be progressively in a leadership position in this area.

The assistance provided by Tech Serve to APHI for AI is presented under CDC.

Challenges

Progress in the training database is slow due to lack of staff for data entry. The APHI Resource Center was initially supported under REACH, to become the “MSH Resource Center”, but the support was more or less discontinued under the Tech Serve project.

Coordination with other stakeholders and USAID projects

The training database has been developed between HSSP, Tech Serve, the APHI and the GD HR. This is linked with the HR database and the SIDP project is assisting GDHR to input the clinical and administrative data.

g. Hospital Management

Activities and achievements

The hospital management unit’s main focus is the production and implementation of hospital standards, which started under REACH. It covers the 5 EPHS hospital and is being progressively implemented in all hospitals’ departments. It has been shared with the MOPH, to be implemented in the Hospital Reform Program, for which training has been provided by Tech Serve. Since 2008, hospitals standards are also implemented in non-EPHS hospitals in USAID-supported provinces, but this is still at an early stage.

As progress in EPHS implementation was identified as weak, hospital advisors are being recruited, to be posted in the 5 USAID EPHS hospitals. The evaluation mission however could not travel to EPHS provinces, for security or logistics reasons. Tech Serve is also increasing its staffing and resources for hospital management.

Challenges

At the time of reconstruction, because of the large unmet needs of the population, the focus was on primary health care with the development of the BPHS. The EPHS was developed later, without prior costing exercise (contrarily to the BPHS) and with much less effort put in its implementation. Hospital management is a complex and often political issue, not least because of the high impact of hospitals as employers. Improving hospital management often implies downsizing the workforce²², which is highly unpopular.

There is a lack of coordination and unity of command in the hospital system in Afghanistan with numerous stakeholders (PHD, NGOS, hospital director, donors) and multiple systems of management and reporting (EPHS, Hospital Reform, National Hospitals, provincial and regional hospitals managed by the MOPH). In EPHS hospitals, there are often conflicts between the PHD, who tends to interfere unduly with the hospital management, and the hospital director posted by NGOs. A referral system between BPHS and EPHS is at best dysfunctional. There is no systematic and professional approach to hospital planning, budgeting and accounting. Most MOPH provincial and central hospitals simply do not have a separate budget.

Faced with these challenges, the MOPH is lacking leadership and clear strategy. The approach is piecemeal, and there is no single entity in the MOPH in charge of the hospital sector. The hospital management task force has suffered from changes in leadership in the MOPH, with uneven

²² In one regional hospital visited by the evaluation team, the NGO that was contracted for EPHS had to reduce the staffing by 40% to get a functional workforce. This should not be the responsibility of NGOs.

commitment, and has not met regularly. Monitoring tools and practices for EPHS are seriously under-developed as compared with what has been achieved for BPHS.

An assessment of hospital equipment maintenance in the 5 EPHS provincial hospitals has identified that there are no standards for hospital equipment, no professional biomedical engineer at the country level to repair and maintain the equipment and no spare parts. However no follow up action has been taken on this.

Coordination with other stakeholders and USAID projects

HSSP is mainly focused on BPHS. There has been some collaboration with ICRC to share hospital management tools.

Recommendations

There is no doubt that establishing and monitoring a set of standards is a first step in improving hospital care, but it is unlikely to resolve the major challenges in the Afghan hospital system. The MOPH should first be assisted in unifying the hospital management and accountability system, clarifying roles and responsibilities between the various stakeholders and setting a clear strategy. The evaluation team notes that Tech Serve has planned the addition of TA in the area of hospital sector strengthening. However, in the absence of clearly identified counterparts and structure in the MOPH, with a strong mandate and supported by political commitment, additional TA is unlikely to bring any meaningful improvement.

As regards development of hospital standards, there is a need at this stage to bring in more specialized TA.

Conclusions and recommendations for IR1 Strengthening the technical capacity of the GDs

STTA inputs have been mostly focused on IR1. A total of 57 STTA reports prepared by 22 different consultants were reviewed by the evaluation team Appendix C). The two largest contributions, accounting for respectively 22% and 15% of the consulting days, were from Paul Ickx (child health, pharmaceuticals, HMIS) and Iain Atkins (child health, CBHC, birth spacing). By sector of activity, child health was the major recipient of STTA, which is consistent with the stated development objectives of USAID in Afghanistan, followed by HMIS. GCMU received 15% of STTA days, and LDP 5%. The quality of the reports is uneven and it is difficult to evaluate the contributions of some STTA to the achievement of Tech Serve objectives. However, with the need to provide more specialized inputs at central level, the profile of STTA should be reassessed carefully. The exigencies in terms of reporting and deliverables should also be reinforced.

While most activities carried out under IR1 clearly supported the high-priority sectors as defined by USAID's overarching objective of improving the health of women and children, a number also appear to have been conducted in response to ad hoc requests by either the MOPH or USAID, without any clear overall strategy. In addition, while in some areas technical advisors are recognized as having strongly contributed to the results achieved, in other Tech Serve's contribution is viewed as limited to "attending meetings" and "revising policies". All the MOPH counterparts interviewed regret that Tech Serve technical advisors do not work in their office at the Ministry, therefore not providing much support in term of mentoring and on-the-job training. Tech Serve justifies its reluctance to have advisors working full time in the MOPH by concerns that the technical advisors would become "assistants" and be tasked with front-line duties. This is understandable, but falls short of the expectations of the MOPH's staff and management, who does not consider them as part of the Ministry. The following recommendations are therefore made:

- Tech Serve technical advisors should move to their counterparts' office at the Ministry, to provide improved support in term of mentoring and on-the-job training.

- The MOPH should be more systematically and directly involved in the recruitment process and establishment of the work plan of the long term consultants and advisors
- The need to field more specialized technical support in some area should be assessed (notably for hospital management, hospital standards in surgery or blood safety, pediatrics, RH,...).

In terms of coordination with other technical assistance, while the EC-funded TAs appear to be focusing more on governance-related issues (including HR, planning and health financing), Tech Serve may best focus on diseases programs areas, where it has delivered better value²³.

5.1.4 STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS OF CENTRAL MOPH

Activities and achievements

The Leadership Management Program has been successfully implemented in all GDs of the MOPH, and is recognized by MOPH's counterparts as very successful as regards leadership capacity building. LDP TOT was provided to 17 senior staffs of seven GDs, and LDP teams are now established, with APHI's involvement.

Challenges

Staffs and managers trained are not always in a position to utilize the skills acquired through training, either for lack of resources or because the organizational environment is not conducive.

Recommendations

The LDP is recognized as a success, but Tech Serve should now consider a new phase, focused more on:

- improving management skills through mentoring
- building the capacity of APHI to deliver the trainings

Utilization of data for management purposes and in decision making should be particularly emphasized.

5.2 IR2 – MANAGEMENT SUPPORT FOR PROVINCES INITIATIVE TO FURTHER ENHANCE THE CAPACITY OF THE 13 PPHO TO IMPROVE HEALTH OUTCOMES

5.2.1 PROVINCIAL HEALTH TEAM TRAINING/MENTORING/NETWORKING

1. Provincial Health Team: Training/Mentoring/Networking/Coordination

Activities and achievements

A major step for Tech Serve has been to place Provincial Health Advisors (PHA) in all the 13 provinces supported by USAID. The PHA plays a critical role in strengthening the technical and management elements of the Provincial Health Director (PHD) and Provincial Health Officers (PHOs). The Terms of Reference (Appendix K), clearly articulates the range of technical and management activities that the PHA is expected to carry out. The PHA is involved in the following areas: (a) province technical and management support; (b) ensure clear communication between provincial and central MOPH; (c) Coordinate and carryout trainings for the PH team members; (d) Ensure approval of key management and reporting plans; (e) establish and ensure routine meetings take place of the PHCC; (f) Liaise with all stakeholders for the implementation of health care services and policy; (g) and liaise with Tech Serve Kabul in addressing challenges and changing situations. The Program Manager for Provincial Capacity Building provides effective guidance and backstopping to the PHAs.

²³ The Tech Serve-supported Health Financing Policy was of limited interest

During the site visits in the provinces (Bamyan, Kandahar, Kabul, Nangarhar, Faryab, Jowzjan), it was observed by the evaluation team that the responsibilities outlined in the PHA TOR were effectively carried out²⁴. The technical support provided through on the job training and mentoring has contributed to the strengthening of the PHT's ability to carry out technical management activities and ensuring health services are appropriately delivered to the community.

The capacity building effort is being carried out in two phases. Phase I is focused on creating the systems, procedures, and environment to ensure the PHTs are effective. Phase II capacity building efforts are focused on technical support and guidance to the PHT. At the midpoint of project, many of the provinces are successfully moving towards phase II.

With regards to HMIS, the PHAs have been able to support HMIS officer to ensure the HMIS system is active, and have facilitated the implementation of HMIS hubs in their province. One of the major differences observed between Tech Serve-supported provinces and the other provinces is the capacity to produce HMIS reports at provincial level. The level of data use and discussion over results in the provinces where technical assistance has been provided is high. In these provinces, the data is used for identifying weaknesses and gaps in services; action plans are made for fixing the problems, and they are followed in subsequent meetings. In the EC-supported provinces, internet connection is supplied to the PHT, but HMIS capability was found to be mostly with NGOs.

PHAs placed by Tech Serve sometimes fill existing gaps, particularly in insecure provinces where it is difficult to have full staffing of the PH team, but the PHAs met by the evaluation team were conscious of the need to focus exclusively on capacity building through mentoring, even if a certain amount of substitution seems inevitable.

Contrarily to the conclusion of the MSH internal mid-term evaluation, the evaluation team found that the PHA, although they may be recruited from a narrow pool, are adding value and doing good quality work.

Resources have been provided by Tech Serve to support M&E activities at the provincial level. The GAVI HSS project is supporting financially these activities in many provinces, which are now carried out regularly by the PHTs in all the provinces visited by the team (Tech Serve and non-Tech Serve supported).

The discussions in the field clearly note that transferring of essential technical and management skills is best done through day to day mentoring. However, all the members of the PHT met during the field visits advocated for more regular training courses and refresher courses. The increase in level of expenditure in year 3 may indicate that this need is taken into account.

Coordination with Stakeholders & USAID Programs

The PHCC provides the opportunity for the PHT and all international and national stakeholders (PRT, UNICEF, NGOs, WHO, etc) to meet regularly to provide updates on the activities, present challenges, and together develop solutions address any unmet need. While the PHAs have played an active role in PHCC facilitation and coordination, it was observed by the evaluation team that PHCCs function in a similar manner in non USAID-supported provinces. This leads to conclude that active and effective involvement of the PHCC may not be entirely attributed to the role of PHA.

²⁴ A list of training, mentoring networking, and coordination deliverables that have been achieved is presented in Appendix J.

Tech Serve at the provincial level has successfully collaborated with TBCAP in addressing TB matters through Joint Monitoring and working with the PHA and PHO (CDC). The BASICS project is working in 4 USAID and 2 Non-USAID provinces. Good collaboration existed in the implementation of the baseline survey, supporting 6 provincial hospitals in implementing Pediatric Hospital Initiative (PHI), and strengthening pediatric care. The collaboration efforts with BASICS and Tech Serve are further strengthened by the fact that many of the staffs at BASICS are former Tech Serve staff.

Challenges

- While the PH offices organization chart provides for 9 PHOs, most teams were not complete at the time of the evaluation. High staff turnover up to 50 percent per year is mostly due to low salary and lack of incentives. Several provincial officials reported that their counterparts at the provincial level working for NGOs and other ministries including the Ministry of Education and Ministry of Rural Rehabilitation and Development are paid as much as four times higher. This problem is particularly acute for HMIS officers, who are in high demand, notably by NGOs. It is common practice for PHO to dedicate a part of their time to private business in order to compensate for low salaries. Any thought on top-ups or incentives should however be considered carefully, to avoid fuelling an already highly inflationary system and skewed salaries scale, with unsustainable liabilities in term of pensions.
- Another issue is lack of female staff, which is affecting not only the PH offices, but also NGOs and hospitals.
- The analysis of the deliverables in Annex I show that many deliverables that have been carried out are not being documented in the annual, semiannual, and quarterly reports. Through the in-depth discussions at the provincial level, some gaps were identified. These include the participation in the establishment of and participation in the sub committees (for example DEWS and emergency preparedness plan).
- Coordination with PRT is uneven. PRTs reportedly tend to give away drugs liberally, outside any concern with RUD, EDL or LDL, or initiate construction work without necessarily coordinating with the NGO implementing the BPHS. There is generally a lack of common planning, even where the PRT attends regularly the PHCC meetings, which was found to be the case also in non USAID-supported provinces. They either do not have sufficient resources to assist in the health sector, or are uneasy with the relationship with the NGOs (the NGOs themselves being reluctant to collaborate openly with armed forces, to continue having access to the population and not being seen as siding with an army).

Recommendations

- Identifying local staff is essential to the sustainability of the team. In many provinces, staffs from other provinces are filling the PHT positions, and this is resulting in gaps of services during time when they are away to visit their family. Building capacity with provincial staff from their own provinces is essential in ensuring the continuity of service.
- Detailed list of trainings that have been provided should also included in the routine reporting documents. It is also important that regular training assessments are carried out to determine the type of training that is needed to strengthen the PH team capacity to carry out the work. Refresher courses that build on the courses already provided would also be effective in building the capacity of the PH team.
- To overcome the difficulties linked to the high turnover of PRT staff, the evaluation team recommends that a standard briefing document explaining how the system works and what the respective roles of MOPH, NGOs and communities are be prepared and systematically handed over to the PRTs. Tech Serve could also contribute in ensuring that PRTs activities are included in the provincial work plan.

5.2.2 INFRASTRUCTURE SUPPORT

Activities and achievements

Tech Serve has played a key role in ensuring that the IT infrastructure (computers, printers, and internet) and office supplies are in place to ensure that PHT can function effectively. HMIS hub is now installed in most provinces, which is critical to facilitate the exchange of data, and the production of reports at provincial level.

Tech Serve has also invested in substantial renovation of office space in some provinces (Kandahar and Bamyan).

Coordination with other stakeholders and USAID Programs

Some of the USAID programs have also benefited from the office infrastructure support at the provincial levels (TBCAP and BASICS).

Challenges

- There are still large unmet needs for provincial offices renovation, with offices mostly crowded and inadequate, as was observed in Kabul, Jawzjan and Faryab. PH offices are often located within the provincial hospital's premises, and this is maintaining the confusion between provincial public health management and hospital management.
- Band width for the internet needs to be increased in particularly in Kandahar. Access to internet by each of the PHT team would ensure effective use of time by the PHT staff and PHA.
- Irregular access to vehicles in Bamyan was seen as an impediment. The tough terrain and dispersal of the sites would justify a careful review of whether additional resources are needed.

Recommendations

Provincial Health Office should be provided additional support to ensure proper working environment (including new offices).

5.2.3 HEALTH SERVICE PROVIDERS CAPACITY BUILDING

Activities and achievements

For NGOs, PHAs have a role in training courses conducted by HSSP and Tech Serve in RUD, MDS, IP, PFP, LDP, QA, Household survey, HMIS, report writing, and pharmacy management. PHAs have also in some provinces provided technical support in TB case detection through the TB subcommittee.

Tech Serve has played a key role in developing hospital community board in five provinces, which ensures community participation and involvement in the services provided by the hospital. Two rounds of external assessments of hospital standards took place in all 5 EPHS hospitals. 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. PQI team was established in Mirwais Hospital of Kandahar and two hospital managers from Bamyan and 11 Tech-Serve PHAs were trained on national hospital standards. A detailed list of other achievements is presented in Appendix I. In the non-Tech Serve supported provinces visited by the team PQI was developed by the NGOs implementing the EPHS.

Coordination with other stakeholders and USAID Programs

After some initial challenges as regards communication and coordination with HSSP, more effective coordination has now been put in place. HSSP has a Provincial Health Coordinator for

NGO management, who is coordinating with the PHA from Tech Serve to ensure efforts at the PHA are linked where possible.

Challenges

- In reviewing the technical support provided to hospitals, there seems to be unfocused effort in building the management capacity of the Hospital Director and the team. Activities range from LDP, training on SBM to developing action plan. It is also not clear, whether an assessment of the hospital needs was established and a concrete plan developed based on the assessment. Such an approach would have a more targeted and strategic way to build the capacity of hospital team. Over the life of the project, US\$97,514 was spent on the hospital initiative. A more focused and a targeted approach may allow more resources to be placed to address the gaps at the hospitals.
- Currently there are two indicators measuring the efforts put in building the management capacity of the hospital director and his team. These include Number of PPG provincial hospital with functional isolation room and the change over time in the composite percentage of compliance with hospitals standards for 5 USAID supported Provincial Hospitals. Data is only available for the indicator related to isolation room, while no data is available for compliance with hospital standards. More attention needs to be placed to ensure that data is regularly collected with appropriate tools. In addition to these two indicators, a more comprehensive set of indicators focusing on impact of the management capacity efforts needs to be included. Currently, the set of indicators do not adequately address this issue.
- In many provinces the hospitals are over burdened because the referral system doesn't work properly between BPHS and EPHS. It seems that more support is needed to strengthen the NGO's capacity to provide basic service and build the community's faith in their services.

Recommendations

- A detailed and focused plan to build the capacity of the hospitals needs to be developed to effectively address the management capacity needs at the hospitals. Posting hospital advisors as planned in the EPHS hospitals may indeed contribute positively to the capacity building.
- Identify more appropriate indicators focusing on management capacity and ensure the data can be collected. The indicators should be developed after identifying key management capacity activities at the hospitals.

5.2.4 STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS OF PROVINCIAL MOPH STAFF

Activities and achievements

The Leadership Development Program (LDP) purpose is to enable MOPH managers at all levels to effectively lead the health system to results. The goal of the model is utilize simple tools to create a common vision to identify measurable results to lead towards improved health services. The LDP workshops focus on issues aligning, scanning, focusing, and mobilizing the results. The training leads to identification of challenges and how to find solutions. At the health facility, the identification of challenges are related to one of its six core indicators: TB case detection rate, DPT3 vaccination rate in children under one year, number of disease outbreaks detected and responded to, contraceptive prevalence rate, TT2+ vaccination rate, and number of referrals service in district and provincial hospitals. The LDP program has been carried out at the MOPH provincial, NGO, and Hospitals. Specifically, thirty six LDP model health facilities have been established in 12 provinces, along with LDP committees; eight USAID provinces have been monitored at least one a year by Tech Serve LDP core team and follow up visits by MOPH have been performed; 15 PPHO have been trained in the complete LDP course; Two series of Leadership and Management Program training have been conducted in 12 provinces; LDP committees were established in Jawzjan, Faryab, Kandahar, Khost, Paktika, Badakhshan, Takhar, Baghlan provinces (Appendix I). During the field visits and in-depth interviews, all recipients

(PHT, NGO, and Hospitals) have indicated a positive impact of the LDP training. LDP model posters were clearly visible at the PHT and NGO facility and PHT and the service delivery staffs were able to clearly articulate the elements of the LD Program. Since the inception of Tech Serve, the total cost of LDP activities at the provincial level has been US\$ 602,474.

Challenges

- NGO and hospitals met by the evaluation team during field visits have noted participation in the LDP training workshop. However, there is no mention of the workshops conducted in the routine reporting.
- Although, LDP is viewed very favorably by the MOPH, at the facility level, only 65 out of the 375 Tech Serve supported health facilities have completed the LDP training (17%).
- LDP strategy is to strengthen leadership and management skills that will result in improving service delivery results. Although there are indicators that measure the impact of LDP, such as number of health facilities in USAID or non-USAID provinces applying Leadership Development tool to improve health results and number of MOPH and NGO management units using LDP techniques for achieving results, there is still considerable room to measure the impact of LDP. Furthermore, the current indicators that is being utilized to measure LDP, there is minimal if not no data. (Appendix I).

Recommendations

- Although, many of the recipient of the stakeholders at the provincial have indicated the positive impact of LDP, concrete evidence through the indicators need to be presented on how LDP has been utilized to strengthen programs through improved leadership and management skills.
- Concrete plan should be in place to ensure that LDP is carried to the remaining 310 health facilities in the Tech Serve provinces. As LDP is reportedly a time-consuming process, which limits is scaling up, steps should be made to simplify the program to facilitate its roll out to more facilities

5.3 CROSS CUTTING AREAS

5.3.1 MONITORING & EVALUATION AND EVIDENCE BASED DECISION MAKING

Activities and achievements

The Performance Monitoring Plan is a management tool that is used to guide program elements, monitor performance and measure the impact of the activities. Over the course of the project, multiple iterations have taken place of the PMP. The indicators in the latest PMP have a good selection of outcome and process level indicators that attempts to capture the breadth and complexities of activities. The May 2009 PMP is a sound foundation to monitor and measure the impact of the breadth of activities carried out by Tech Serve. Many of the indicators have achieved or exceeded the proposed 2008 targets. However, there is still room to strengthen the PMP in a way that will capture the impact of the range and complexities of the Project's activities, including the ad hoc activities.

Challenges

A mapping exercises of the activities noted in work plan 1-3 and indicators in the new PMP was conducted by the MTR team and several areas of gaps and recommended improvement were identified (Annex I). An essential step in developing a PMP is to go through a mapping exercise of all the activities that have been proposed to ensure that it contributes to the IRs. After mapping the activities to the proposed indicators, the following issues were identified:

(1) Many activity categories require more targeted indicators to measure the breadth/complexities of activities proposed in the work plan. The indicators should also try to measure the continuum of anticipated results for the set of activities: LDP strategy is to strengthen leadership and management skills that will result in improving service delivery results. Although there are indicators that measure the impact of LDP, such as number of health facilities in USAID or non-USAID provinces applying Leadership Development tool to improve health results and number of MOPH and NGO management units using LDP techniques for achieving results, there is still considerable room to measure the impact of LDP on improving service delivery. An example of a more targeted LDP indicator is: “X type of health results achieved due to LDP by PHT.”

(2) Indicators are presented without any activities being linked or where there is weak linkage: The indicator Percentage CHWs in USAID grant NGOs who are working with updated community based maps does not have a set of activity supporting it. Under the policy activity category, there is breadth of activities related to a range of policies on DEWS, health financing, pharmaceutical, etc. The two indicators that have been mapped in this category do not capture the full breadth of policy related activities. Either the activities have to be re-categorized or more comprehensive set of indicators that measure the proposed activities should be placed.

(3) Some of the indicators do not have data collected in 2008, such as: Weighted average % of inventory variation for NGO warehouses; Improve average quarterly PPG/PCH Monitoring Single Score. The annual, semiannual, and quarterly reports were reviewed to document the 2008 achieved targets. There are approximately 18 missing data points (excluding the 4 new indicators). The rationale for missing data needs to be articulated and more efforts need to be put in place to measure the data via refining the tool or ensuring a firmer data collection process.

(4) Some indicators need to be simplified to ensure that data can be collected with ease and accuracy. The indicator number of MOPH GDs or Deputies with a functioning LDP teams reporting improved collaboration and communication on at least one new priority issue each year has multiple components. It should be simplified or split into two indicators; Percent of required PHCC reports submitted by USAID supported PPHOs, and the percentage of those PPHOs with request, receive MOPH feedback, can be broken down into (a) a) Percent of PHCC reports submitted by PPHO to MOPH; (b) Percent of PPHO receiving feedback from MOPH on the PHCC report.

(5) Activities are placed in the wrong IR resulting in a weak linkage to IRs and the overall objective of the project: In the Cross Section area for M&E, there are multiple activities related to HMIS/MIS. These activities actually belong in IR1 under HMIS/MIS. Ensuring activities under the correct IR and correct sub activity category will ensure clear linkages to activities and indicators.

Recommendations

A critical review of the PMP is required with mapping exercise of the past activities and the proposed new activities. This exercise has been identified as a priority by the Tech Serve M&E advisor during the interview. It has been carried out for the Mid Term Evaluation, and the M&E team should use the mapping exercise tool to refine the indicators. Upon completion of this exercise, the quality of the indicators, appropriateness of the indicators, and the effectiveness of the indicators to measure the proposed results should be carefully considered during the refinement of the PMP.

5.3.2 PLANNING AND COORDINATION WITH MOPH & USAID

Activities & Achievements

The planning and coordination efforts in delivering the annual work plans have been successful. The Project's management has provided the work plans to USAID in a timely manner. As noted in Appendix J, approximately US\$434,264 has been spent on activities related to planning. In addition to the planned activities, Tech Serve routinely receives requests from USAID and MOPH on new tasks outside the work plan. This is an indication of Tech Serve's ability to deliver to MOPH and USAID's needs in a high quality and time efficient manner. The responsiveness of Tech Serve has been noted by both USAID and MOPH. However, there are challenges to the routine scope creep by both stakeholders. These are presented below.

As noted earlier, there are routine coordination efforts and request from MOPH for Tech Serve to undertake a range of activities. These activities have consisted, notably, in writing proposals for the GFATM Round 8, Technical Component of RFP for Wazir Akbar Khan Hospital (WAKH) Support Project and organizing trips for the Minister of Public and other senior officials to the US and Europe. A detailed list of deliverables is presented in Appendix I. It is important to note that only some of these activities actually contribute to the overall goal and vision of Tech Serve.

Challenges

Although Tech Serve has been very flexible and responsive to USAID and MOPH, routine ad hoc request beyond the 15% level are challenging to manage. There are routine donor level discussions that take place between USAID, MOPH, and other donors.

Over the 3 years, approximately US\$847,223 has been spent on activities related to coordination with stakeholders & USAID Programs. Even though this is a significant amount of funds and time spent on this endeavor, there are no indicators capturing the results produced from this activity group. More importantly, it is fundamental that these ad hoc activities actually relate to the overall purpose and vision of the Tech Serve Project.

Other coordination efforts with other donors and stakeholders are not clearly articulated in the annual, semi annual and quarterly reports. This coordination efforts needs to be documented routinely to better understand the leveraging and coordination efforts that are taking place and that are essential in delivering the BPHS and EPHS.

Recommendations

The routine ad hoc requests that falls outside the scope of the Tech Serve need to be managed carefully to ensure the original scope of capacity building the MOPH and Central is not diminished or sidelined. Although, the level of efforts is manageable for the moment, it needs to be carefully monitored and managed. Indicators measuring the efforts and impact of the coordination between USAID and MOPH should be developed and measured routinely.

5.3.3 DISSEMINATION

Activities and achievements

Quarterly, semiannual, and annual reports have routinely provided to USAID. The reports satisfy the reporting protocols of USAID. In addition to routine reporting, success stories have been developed and disseminated. Over the 3 years, approximately US\$196,175 has been spent on dissemination activities. In Appendix I, the lists of deliverables are presented.

Challenges

Tech Serve, through it communication and dissemination efforts needs to articulate and broadcast its role and contribution more regularly to ensure all stakeholders are on board and opportunities for leveraging by all donors and stakeholders are clearly presented.

Over the 3 years, approximately US\$196,175 has been spent on activities related to dissemination. However, there are no indicators measuring the efforts placed on disseminations.

Recommendations

To ensure all stakeholders including MOPH are aware of the role of Tech Serve, it is critical that the function and the contribution of Tech Serve are clearly articulated and shared more regularly with the health stakeholders. More efforts on communicating and disseminating activities by Tech Serve need to take place.

Indicators measuring the efforts and impact of Tech Serve dissemination efforts should be developed and measured routinely.

5.4 FINANCIAL REPORTS AND ECONOMIC ANALYSIS

The project reports expenditure of US\$ 28,151,955 from July 1, 2006 to March 31, 2009 (including US\$ 21,864,346 actual expenditure plus US \$ 6,287,609) out of a total budget of US\$ 49,705,253, including a US\$ 19,935,733 increase in ceiling granted in October 2008. It has expended 57% of its budget over 69% of project's time, but 73% if the commitments for the next pharmaceutical orders are included. The project can therefore be considered well on track in terms of expenditures.

In terms of input, 79% of the resources were allocated to IR1 from PY1 to PY3, 12% to IR2, 3% to IR3, and 6% to Cross-cutting areas. However, more than 80% of inputs in IR1 are directly supporting the delivery of health services through BPHS and EPHS:

- DMU, which handles the supply of pharmaceuticals to BPHS and EPHS facilities
- Pharmaceutical procurement for NGOs
- GCMU

In addition, a substantial number of activities implemented for Strengthening the Technical Capacity of the MOPH under IR1 are in fact delivered at provincial level, notably under communicable diseases, child health, hospital standards, HMIS and LDP. This indicates that the focus of Tech Serve has largely been on provincial support and health services delivery.

GCMU operating costs represent approximately 5.7% of the total amount of grants contracted. DMU operating costs are approximately 12% of the amount procured (if contraceptives and other supplies handled for USAID are included, the proportion is 10%).

The salaries (and overheads, which are linked to salaries) are by far the main cost component, while cost of training is only minimal. The resources dedicated to training for provinces, in IR2, have been multiplied by 4 from PY1 to PY2, and have again more than doubled in PY3. However, given the demand noted by the evaluation at central and provincial levels, consideration should be given to increased investments in this sector, provided that the outcomes of trainings are monitored.

Costs of MOPH and USAID ad hoc requests are reflected in different activities, notably in "cross cutting areas" (area 5 "coordination with MOPH and USAID"), and "consultants". For example, 4 STTA missions have been entirely dedicated to the preparation of GFATM's propositions (round 8 HSS and malaria), at the request of MOPH. The proposition was successfully submitted by the Government.

As regards pace of implementation, 18% of the budget for 3 years was implemented in PY1, 22% in PY2 and 61% for PY3. The large increase in PY3 is mostly due to pharmaceutical procurement and, to a lesser extent, to the addition of new activities in IR1 for scaling up contraceptive usage at the community level for reduction of maternal mortality and child mortality.

6. RECOMMENDATIONS SUMMARY

6.1 IR 1 – IMPROVED CAPACITY OF THE CENTRAL MOPH TO SUPPORT THE DELIVERY OF BPHS & EPHS SERVICES, PRIMARILY THROUGH NGO SERVICE PROVIDERS

6.1.1 CAPACITY BUILDING OF MOPH TO AWARD AND MANAGE GRANTS FOR PROVIDING QUALITY HEALTH CARE SERVICES

Monitoring of PPG is acknowledged in the MOPH as being of very good quality. The capability of the GCMU to perform the same level of grant management and performance evaluation for PPA contracts, which are entirely under its responsibility, could be considered as a good test to measure progress in capacity. Monitoring capacities and methods should also be shared with MOPH's diseases programs, whose capacity in this area is notoriously weak.

More focus and attention should now be put towards the integration of the GCMU, and the transfer of responsibility together with transfer of resources be carefully planned.

The evaluation team recommends improving the coordination and common planning with the MOPH, with regular meetings between Tech Serve and the director of the GCMU, common identification of assistance needs and discussion of TORs and CVs.

6.1.2 PROVISION OF PHARMACEUTICALS TO SERVICE PROVIDERS IN THE 13 PROVINCES

- Training of PHAs and PHOs on pharmaceuticals supply chain management, monitoring, RUD and STGs should be considered as part of the capacity building program of Tech Serve at provincial level, given the very limited knowledge and understanding of these matters at all levels in the health system.
- Coordination should be strengthened with HSSP to ensure that training of NGOs on STGs, RUD and dispensing practices is prioritized and adequately covered, and that cascade training by NGOs is effective.
- A community awareness program about the value of the pharmacy system (worth of drugs as life-savers, side effect of irrational use...) should be considered as complement to the RUD and STG training towards health professionals. This could be implemented by COMPRI A, as part of its community education program.

6.1.3 STRENGTHENING THE TECHNICAL CAPACITY OF THE GDS

- Coordination with other stakeholders, notably SIDP in the MOPH and the Public Administration Reform Program, as well as the Civil Service Commission, is critical to ensure a proper alignment of the HR database with other databases development.
- To improve the quality of private care in TB, Tech Serve (or TB Cap) should consider supporting the MOPH in the establishment of Public Private Partnerships.
- Tech Serve should take an active part in the dissemination of the tools (notably STGs) developed by SPS and in the training of officers at central and provincial levels on drugs related issues, including the PHAs.
- Tech Serve needs to continue its support to HMIS, with a focus on quality of data and data utilization for decision making. Adding more automated queries in the system, to produce reports without having to calculate indicators, has been experienced in many LDCs, and would potentially help in overcoming the shortage of specialized staff, and increase data utilization.
- The proposition to centralize the M&E function within the MOPH should be assessed carefully. Having a competent backup at national level is important, but should not be detrimental to the resources and capacities dedicated to strengthening the capacity of the provinces.
- The MOPH should be assisted in unifying the hospital management and accountability system, clarifying roles and responsibilities between the various stakeholders and setting a clear

strategy. It is important that any additional TA has clearly identified counterparts and structure in the MOPH, with a strong mandate and supported by political commitment.

- As regards development of hospital standards, there is a need at this stage to bring in more specialized TA.
- Tech Serve technical advisors should move to their counterparts' office at the Ministry, to provide improved support in term of mentoring and on-the-job training.
- The MOPH should be more systematically and directly involved in the recruitment process and establishment of the work plan of the long term consultants and advisors.
- The need to field more specialized technical support in some areas (pediatrics, RH...) should be assessed.

6.1.4 STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS IN CENTRAL MOPH

Tech Serve should now build on the success obtained by the LDP, and consider a new phase, focused more on:

- improving management skills through mentoring.
- building the capacity of APHI to deliver the trainings.

Utilization of data for management purposes and in decision making should be particularly emphasized.

6.2 IR2 – MANAGEMENT SUPPORT FOR PROVINCES INITIATIVE TO FURTHER ENHANCE THE CAPACITY OF THE 13 PPHO TO IMPROVE HEALTH OUTCOMES

6.2.1 PROVINCIAL HEALTH TEAM TRAINING/MENTORING/NETWORKING

- Identifying local staff is essential to the sustainability of the team. In many provinces, staffs from other provinces are filling the PHT positions, and this is resulting in gaps of services during time when they are away to visit their family. Building capacity with provincial staff from their own provinces is essential in ensuring the continuity of service.
- Detailed list of trainings that have been provided should also included in the routine reporting documents. It is also important that regular training assessments are carried out to determine the type of training that is needed to strengthen the PH team capacity to carry out the work. Refresher courses that build on the courses already provided would also be effective in building the capacity of the PH team.
- To overcome the difficulties linked to the high turnover of PRT staff, the evaluation team recommends that a standard briefing document explaining how the system works and what the respective roles of MOPH, NGOs and communities are be prepared.

6.2.2 INFRASTRUCTURE SUPPORT

Provincial Health Offices should be provided additional support to ensure proper working environment (including new offices).

6.2.3 HEALTH SERVICE PROVIDERS CAPACITY BUILDING

- A detailed and focused plan to build the capacity of the hospitals needs to be developed to effectively address the management capacity needs at the hospitals. Posting hospital advisors as planned in the EPHS hospitals may indeed contribute positively to the capacity building.
- Identify more appropriate indicators focusing on management capacity and ensure the data can be collected. The indicators should be developed after identifying key management capacity activities at the hospitals.

6.2.4 STRENGTHENING THE LEADERSHIP & MANAGEMENT SKILLS OF PROVINCIAL MOPH STAFF

- Although, many of the recipient of the stakeholders at the provincial have indicated the positive impact of LDP, concrete evidence through the indicators need to be presented on how LDP has been utilized to strengthen programs through improved leadership and management skills.
- Concrete plan should be in place to ensure that LDP is carried to the remaining 310 health facilities in the Tech Serve provinces.

6.3 CROSS-CUTTING AREAS

6.3.1 MONITORING & EVALUATION AND INFORMATION BASED DECISION MAKING

Although, the PMP has evolved into a stronger tool, a critical review of the PMP is required with the mapping exercise of the past activities and the proposed new activities. This exercise has been identified as a priority by the Tech Serve M&E advisor during the interview. Upon completion of this exercise, the quality of the indicators, appropriateness of the indicators, and the effectiveness of the indicators to measure the proposed results should be reconsidered during the refinement of the PMP.

6.3.2 PLANNING AND COORDINATION WITH MOPH & USAID

The routine ad hoc requests that falls outside the scope of the Tech Serve need to be managed carefully to ensure the original scope of capacity building the MOPH and Central is not diminished or sidelined. Although, the level of efforts is manageable for the moment, it needs to be carefully monitored and managed. Indicators measuring the efforts and impact of the coordination between USAID and MOPH should be developed and measured routinely.

6.3.3 DISSEMINATION

To ensure that all stakeholders including MOPH are aware of the role of Tech Serve, it is critical that the function and the contribution of Tech Serve are clearly articulated and shared more regularly with the health stakeholders. More efforts on communicating and disseminating activities by Tech Serve need to take place.

Indicators measuring the efforts and impact of Tech Serve dissemination efforts should be developed and measured routinely.

APPENDIXES

A.MID TERM EVALUATION SOW

USAID/Afghanistan's Tech-Serve Project Mid-term Evaluation

I. PURPOSE

To conduct a mid-term evaluation of the Technical Support to the Central and Provincial Ministry of Public Health (Tech-Serve) project and make necessary recommendations according to findings.

II. BACKGROUND

USAID/Afghanistan re-opened in 2002 following decades of civil conflict and pressing humanitarian needs. USAID/Afghanistan has made substantial contributions to the reconstruction of the health sector through service delivery by various projects, such as Tech-Serve, Health Service Support Project (HSSP), Support to Wazir Akbar Khan Hospital and the Social Marketing Project (COMPRI-A).

The USAID-funded Tech-Serve project is currently being implemented by Management Sciences for Health (MSH). The cooperative agreement was signed June 29, 2006 and will end June 30, 2010. Prior to the award of this contract, USAID/Afghanistan was supporting the development of the health sector under the REACH project.

The Technical Support to the Central and Provincial Ministry of Public Health (Tech-Serve) project is a four-year Associate Award under the Leadership, Management and Sustainability (LMS) Leader with Associates Award. The objective of Tech-Serve is to improve the capacity of the Ministry of Public Health (MoPH) to plan, manage, supervise, monitor, and evaluation the scales of access to quality Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) service, particularly those of highest health risk. Tech-Serve is expected to achieve results in three areas:

4. Strengthen and support the central MoPH staff in its stewardship role of guiding the health system to achieve national health priorities within available resources.
5. Empower provincial leaders and teams by enabling them to effectively supervise, support and assist the public health providers throughout their provinces.
6. Support health facilities and community-based services by helping them to focus on delivering the BPHS and EPHS with the quality that will measurably reduce maternal and child mortality.

III. METHODOLOGY

Before initiating assessments, the evaluation team will develop evaluation questions guiding the evaluation process which will be approved by OSSD before the evaluation process begins. The Evaluation Team will use the following methodology to conduct the evaluation.

Document Review/Data Analysis: Team members will review the Tech-Serve agreement; USAID/Afghanistan strategy document; REACH evaluation report; quarterly and annual reports, and other relevant documents.

Key Informant Interviews: The team will conduct interviews and focus groups with a variety of stakeholders including MOoPH staff, BPHS NGO implementers, USAID staff, other donors, sub-grantees and partners in Afghanistan.

Self Assessment: The Tech-Serve team will respond to a self assessment questionnaire put together by the Evaluation Team and approved by OSSD for final use. The team will review the answers and discuss with Tech-Serve management. The following are required evaluation questions:

1. According to the key stakeholders, what is the technical quality of the program's activities?

2. How do you rate the success of the project against the defined program objectives and what are your recommendations to help inform future work plans in the current agreement to ensure goals are met?
3. How adequate has support been from headquarters and how well has the partnership with USAID and other USAID implementers worked?
4. How can the impact of capacity building efforts be measured? What are the key ingredients to Tech-Serve's approach to capacity building?

IV. DELIVERABLES

The team will be responsible for producing the following final deliverables:

- List of Study Questions provided to OSSD within two days of arrival in Kabul.
- Work Plan and schedule provided to OSSD within five days of arrival in Kabul.
- Draft & Final Questionnaire that will be used for self- assessment, to be approved by OSSD.
- Power Point Presentation on the results and outcomes of the project.
- Evaluation Report (following standard reporting format and branding guidelines), including clear and concise answers to questions, and recommendations.
- Included as an Annex of the Final Report will be a draft program description for an amended and/or follow-on program to meet the objective and Intermediate Results laid out for Tech-Serve.
- The evaluation team will take at least five field trips.
- A draft Final Report will be due no later than five days before the Evaluation Team is scheduled to depart Kabul, and said Final Report will be limited to 45 pages, excluding Annexes, and include a copy of the original Scope of Work for this activity. An outline of the Final Report is provided below:

Executive Summary

The Executive Summary will state the development objectives of the program/project evaluated; purpose of the evaluation; study method; findings; conclusions, lessons learned and future design implications.

Table of Contents

Introduction

The context of what is evaluated including the relevant history demography socioeconomic and basic political arrangements.

Body of the Paper

1. The purpose and study questions of the evaluation. Brief description of the program.
2. Evidence, findings and analysis of the study questions.
3. Conclusions drawn from the analysis of findings stated succinctly.
4. Recommendations.

Appendices shall include:

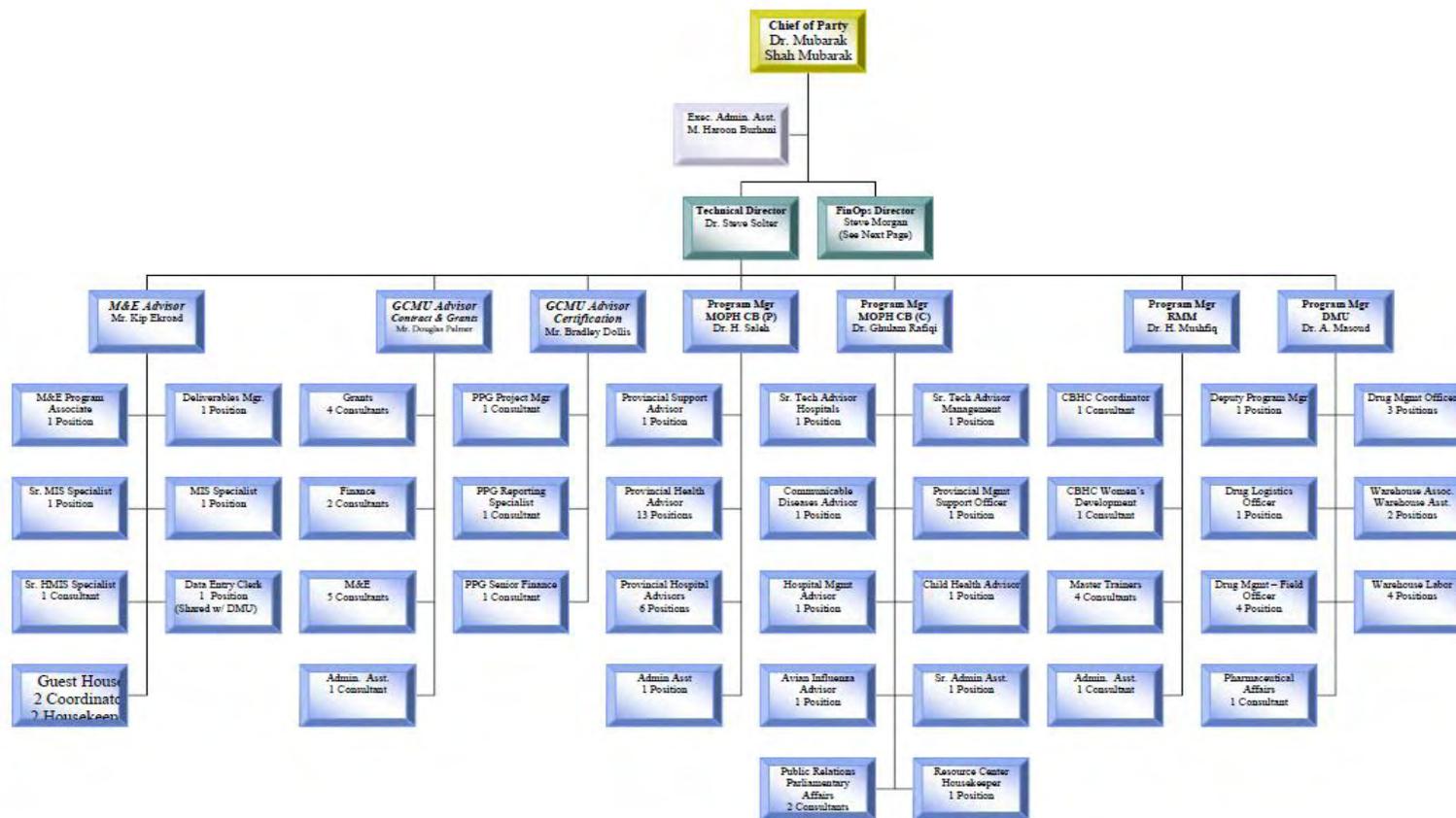
1. Follow-on program description
2. Evaluation scope of work
3. List of relevant USAID targets and results (Operational Plan Program Elements)
4. List of documents consulted
5. List of individuals and agencies contacted
6. Technical topics including study methodology if necessary
7. Schedule of activities in an Excel format.
8. Evaluation Team composition

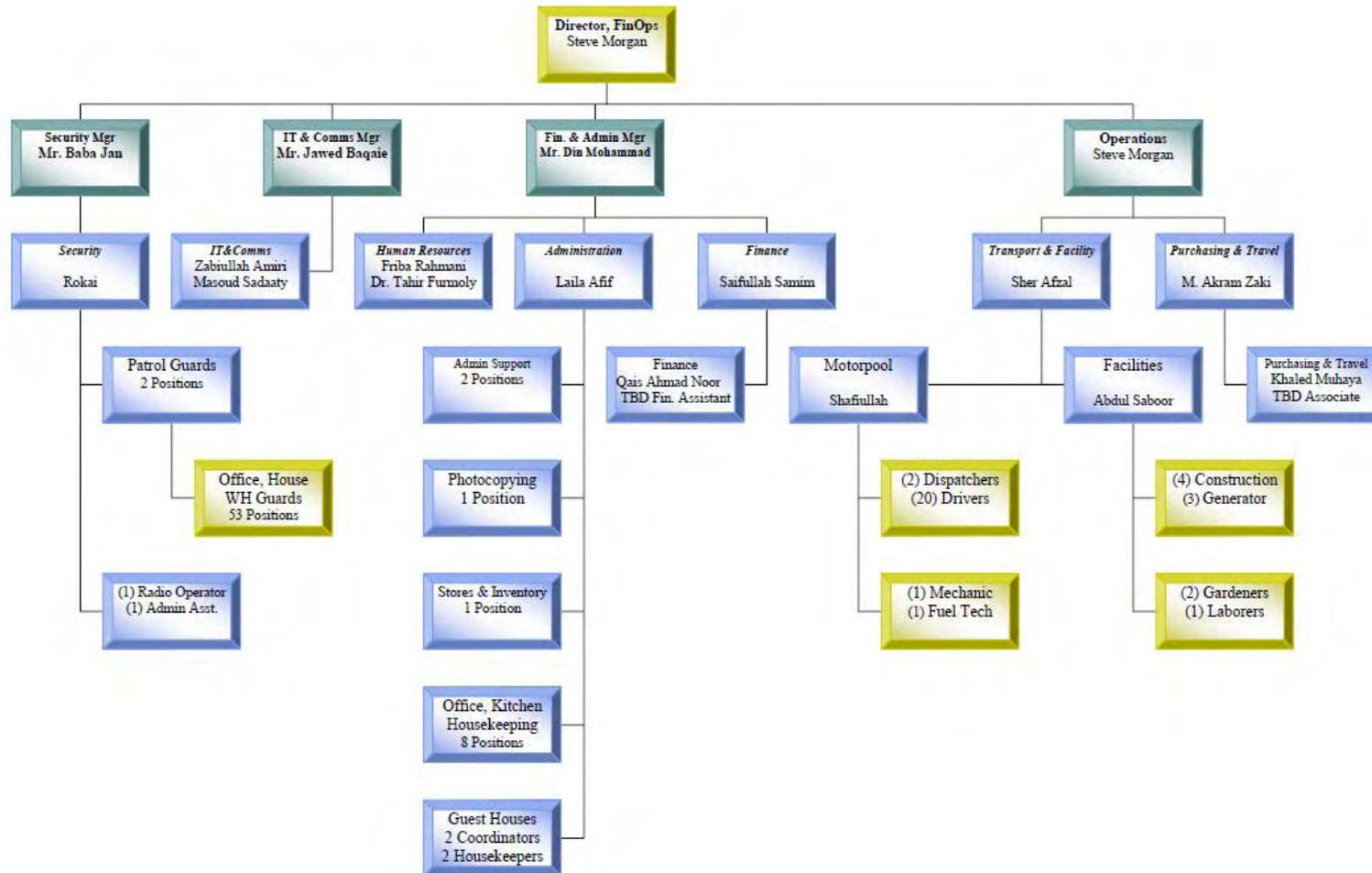
V. TEAM MEMBERS

The Evaluation Team shall consist of two expatriates with 10+ years of health systems development expertise in low-income countries with USAID and/or other donors, and two CCNs to serve as translators administrative assistants. Team members will be required to travel to pre-determined locations throughout Afghanistan to obtain an understanding of the program's field activities.

A six day work week is authorized for this activity. This activity is proposed to be conducted in Kabul on or about April 7 – May 25, 2009.

B.TECH SERVE ORGANIZATION CHART





C. TDY

Staff	Date	Purpose of TDY	Deliverables
CHILD HEALTH (BASICS), CBHC, BIRTH SPACING			
Dr. Iain Aitken	September 14, 2006 October 8, 2006	To develop plan for Tech-Serve involvement with MOPH child health activities consistent with available staff of Tech-Serve and make a Tech-Serve technical seminar presentation at MOPH on a key area concerning child health or another important international health topic and its implications for Afghanistan.	<ol style="list-style-type: none"> 1. Developed plan for Tech-Serve involvement with MOPH child health activities. 2. Developed Tech-Serve work plan for activities for child health, particularly in integrating IMCI, for project year 1 and general plans for years 2 and 3. 3. Reviewed Tech-Serve involvement and contributions to the MOPH Community-Based Health Care Task. 4. Assisted with selection of candidate for Tech Serve Child Health Advisor. 5. Presented Tech-Serve Technical Seminar Presentation at MOPH on child health
Paul L. ICKX	7. March 12, 2009 8. April 9, 2009	To provide on-going technical assistance and oversight to BASICS Short term technical assistances and in-country staff on all of BASICS Afghanistan technical activities. Dr. Ickx's primary responsibility in overseeing BASICS technical assistance to the Afghanistan MOPH and mentors BASICS Afghanistan Team Leader.	<ol style="list-style-type: none"> 1. Assist Tech-Serve, BASICS, and the MOPH in the area of Child Health in: planning and facilitating a national consensus workshop on the policy and strategy revision; ensuring adequate inclusion of child survival indicators in the MOPH HMIS and M&E; supervising the implementation of community-based approaches on C-IMCI, growth monitoring and promotion, basic essential newborn care in the BASICS demonstrations districts, in particular the implementation and analysis of the baseline household survey; preparing and facilitating a consensus building and planning workshop on the Infant and Young Child Feeding Initiative if appropriate; preparing a review of the PHI achievements, and formulation of next steps; preparing a comprehensive EPI review with relevant partners; 2. Assisted BASICS in: streamlining general management issues; and assisting BASICS Team Leader and Principal Technical Officer as appropriate; 3. Assisted Tech-Serve, BASICS, and SPS in maintaining a coordinated approach to child health and pharmaceutical management issues;
Diana Silimperi	July 12, 2007 July 28, 2007	With Tech-Serve, develop capacity and assist the MOPH to assure effective (quality) implementation of the child health components of the BPHS and the EPHS, with full coverage to ensure maximal infant and child lives saved, and the attainment of Afghanistan's MDG 4, reduced child mortality. Implementation focus will be on the 13 provinces supported by USAID, through Tech-Serve and HHSP.	<ol style="list-style-type: none"> 1. Initiated improvement of quality of child care at referral level. 2. Observed management of sick children in health facilities outside of Kabul. 3. Conducted stakeholders' workshop on improvement of quality. 4. Developed presentation on Hospital Care workshop; provided technical input and mentoring to CAH and Tech-Serve Child Health Officer. 5. Assisted in preparing and facilitating workshop on reviewing current child health policy 6. Made recommendations on process and content of the child health policy 7. Reviewed progress and made recommendations on integration of newborn care in IMCI 8. Reviewed progress and made recommendations on development of community-based. 9. Identified strategic opportunities for further USAID assistance in child health in Afghanistan. 10. Carried out mentoring and capacity building at MOPH- CAH.
Dr. Iain Aitken	January 17 2009 February 7, 2009	To continue supporting the Tech Serve programs in birth spacing and support to the CBHC Department of the MOPH and the BASICS program in community-based child health	<ol style="list-style-type: none"> 1. Reviewed /updated the CBHC Department's strategic plan and TOR to suit the current and future needs. 2. Reviewed the CHWs' refresher training guidelines and include PFP in CHWs' training 3. Provided input PFP Scaling Up implementation plan and related monitoring mechanism at PPG provinces

Maureen Mayhew	November 4, 2008 November 27, 2008	Identify ways to improve quality of data collection at household survey level and describe ways that CHWs could use data they collect.	<ol style="list-style-type: none"> 1. Literature review of C-MIS lessons learned elsewhere on community information systems, community mobilization and community interventions to improve MCH 2. Obtained in-country support for C-MIS 3. Reviewed process of data collection at the community level to identify gaps – From interviews with NGOs it was evident that the community map and the CAAC were too complex to obtain quality data 4. Devised feasible tools and a plan for implementation of community based health information 5. Tested the feasibility testing of tools –pictorial CAAC tool
Dr. Iain Aitken	October 23, 2007 November 22, 2007	To develop plan for Tech-Serve partnership with MOPH Reproductive Health Department for the Scaling-Up Success of Expanded Contraceptive Usage and make a Tech-Serve technical seminar presentation at MOPH on a key area concerning child health or another important international health topic and its implications for Afghanistan	<ol style="list-style-type: none"> 1. Developed a detailed written plan for Tech-Serve partnership with MOPH Reproductive Health Department for the Scaling-Up Success of Expanded Contraceptive Usage. 2. Developed necessary job descriptions for MOPH to advertise after staffing structure is determined. 3. Participated in the CBHC Task Force 4. Made Tech-Serve Technical Seminar Presentation at MOPH on a key area concerning reproductive health or another important international health topic and its implications for Afghanistan. 5. Assisted in the formulation of the follow up activities for the Hewlett Project.
Jon E Rohde	November 2, 2008 November 11, 2008	To attend the first Afghan National Conference of Community Health Workers and the Community-Based Health Care Consensus Building Workshop in Kabul on November 2-3 and 5-6 respectively	<ol style="list-style-type: none"> 1. Attended the first Afghan National Conference of Community Health Workers in Kabul on November 2-3 and facilitated key presentations 2. Attended and facilitated small group discussions at the Community-Based Health Care Consensus-Building Workshop in Kabul Nov. 5-6. 3. Participated in discussions following both meetings regarding next steps and how Afghanistan can more effectively provide community-based health care to people living in remote areas. 4. Met with key officials in the MOPH as well as with staff from USAID, WHO, UNICEF, World Bank, EC and possibly other international agencies regarding CBHC in Afghanistan. 5. Met with staff of Tech-Serve and HSSP regarding specific steps that both projects can take to improve the effectiveness of CBHC in Afghanistan
Iain Aitken	March 29, 2008 April 15, 2008	To organize and technically lead the stakeholders meeting on Scaling up Success in Birth Spacing and support the CBHC Unit of MOPH in developing job description for the national level master trainers and community developers.	<p><u>Scaling up Success in Birth Spacing</u></p> <ol style="list-style-type: none"> 1. Developed the recommendations and plan for CBHC Unit of MOPH in effective coordination of Scaling up Success in Birth Spacing with other departments of MOPH and partners. 2. Organized and technically lead the stakeholders meeting on Scaling up Success in Birth Spacing. 3. Developed the JD of Program Manager for Scaling up Success in Birth Spacing to be recruited by Tech-Serve and help in selection of the PM for the mentioned program. 4. Supported MOPH CBHC Unit in developing the Job Description for the national level master trainers and community developers. 5. Worked with MOPH and provide technical oversight in developing the plan for training materials development for in-service training of PFPF. 6. Worked with MOPH and provide technical oversight in developing the IEC/BCC materials. 7. Worked with MOPH CBHC Unit in enhancement of the CBHC system. 8. Developed the plan and technical recommendation for orientation of PHO team in the 13 provinces to be implemented by the MOPH and Tech-Serve. <p><u>Support to Child and Adolescent Department of MOPH: CHW in-service training on community case management.</u></p> <ol style="list-style-type: none"> 9. Production of pictorial IMCI charts 10. Implementation plan for in-service training. (GAVI-HSS funding)
Iain Aitken	January 8, 2008 February 16, 2008	To organize and conduct a consensus building workshop (Tech-Serve, HSSP and MOPH) for both projects' role in expanding contraceptives usage by scaling up community-based initiatives	<p><u>Scaling up Success in Birth Spacing</u></p> <ol style="list-style-type: none"> 1. Organized and conduct T-S/HSSP workshop 20 and 21 January to develop plan of action for both projects working toward expanding contraceptive usage by scaling up community-based initiatives 2. Developed Tech-Serve work plan for Scaling-up Success in Accelerating Contraceptive Usage that is reviewed by USAID. Hold follow-up meetings with USAID, MOPH, Tech-Serve and HSSP to finalize the work plan and

		and to support the Tech-Serve Team in developing the work plan for accelerating contraceptive usage in Afghanistan	<p>necessary budgets for the work</p> <ol style="list-style-type: none"> 3. Worked with MOPH to determine support they require and ensure they are full partners in this endeavor. 4. Ascertained policy issues that need to be addressed (e.g. CHWs being able to give first dose of Depo Provera) and a time line for undertaking those with MOPH <p><u>CHW in-service training on community case management</u></p> <ol style="list-style-type: none"> 5. Continued work on community-IMCI with TS child health advisor: Complete the Community Case Management facilitator’s manual
Iain Aitken	June 21, 2008 July 11, 2008	To develop the plan for training of MOPH trainers on CBHC and Family Planning and follow up on the results and recommendations of stakeholders’ meeting on Scaling up Success in Birth Spacing.	<p><u>Tech Serve: Scaling up Success in Birth Spacing</u></p> <ol style="list-style-type: none"> 1. Provided technical assistance to the COP and Technical Director of Tech-Serve in the selection of a Program Manager for the Scaling Up Success in Birth Spacing Program. 2. Actively participated in the recruitment and selection process of national master trainers and community developer. 3. Followed up on the results and recommendations of stakeholders’ meeting on Scaling up Success in Birth Spacing held during his last STTA. 4. Developed the plan for training of MOPH trainers on CBHC and Family Planning. 5. Worked with MOPH CBHC Unit in enhancement of the CBHC system. <p><u>BASICS: Community Case Management:</u></p> <ol style="list-style-type: none"> 6. Field tested of the CHW CCM charts. 7. Participated in development of BASICS child health field program
Iain Aitken	October 28, 2008 November 13, 2008	To continue supporting the BASICS programs in community-based child health and the Tech Serve programs in birth spacing and support to the CBHC Department of the MOPH.	<p><u>CBHC</u></p> <ol style="list-style-type: none"> 1. Supported the MOPH in the implementation of a National CHW Conference (Nov. 2-3, 2008) 2. Supported the MOPH in the implementation of a National CBHC Consensus Workshop (Nov. 5-6, 2008) <p><u>Scaling up Success program</u></p> <ol style="list-style-type: none"> 3. Continued to support the program manager for the Scaling up Success in Birth Spacing Program <p><u>BASICS:</u></p> <ol style="list-style-type: none"> 4. Developed Community Case Management job aid charts 5. Assisted the MOPH IMCI Department finalize the necessary preparations for the training courses for the NGO CHW trainers involved in the GAVI-HSS C-IMCI training program 6. Supported the MOPH IMCI Department in implementing and evaluation the first teacher training course for NGO trainers C-IMCI 7. Carried out GAVI-HSS NGO contract proposal screening
Iain Aitken	September 27, 2008 October 16, 2008.	To continue supporting the BASICS programs in community-based child health and the Tech Serve program for Scaling up Success in Birth Spacing.	<p><u>Scaling up Success Program:</u></p> <ol style="list-style-type: none"> 1. Supported the new Tech-Serve Program Manager for the Scaling up Success in Birth Spacing program <p><u>Community-based Health Care</u></p> <ol style="list-style-type: none"> 2. Assisted MoPH to organize and prepare for: National CHWs’ Conference in Kabul, National CBHC Review Conference <p><u>BASICS:</u></p> <ol style="list-style-type: none"> 3. Assisted MOPH IMCI Department plan the ToTs for NGO trainers 4. Completed production of the training materials and job aids for the CHW community case a management in-service training program. 5. Reviewed proposals for the GAVI-HSS contracts for the CHW in-service training. 6. Assisted the BASICS team in continued development of community-based initiatives.
Iain Aitken	August 2, 2008 September 4, 2008.	To develop plans for scaling up success in family planning and develop in-service training program materials for CHWs	<p><u>Tech Serve: Scaling up Success in Family Planning:</u></p> <ol style="list-style-type: none"> 1. Oriented the new Program Manager to the program and its stakeholders. 2. Organized a Program Management meeting to review and revise as necessary the workplan timetable. 3. Completed the orientation of the new CBHC Department consultants and develop detailed targets and timetables for them. 4. Initiated the curriculum development process for the Community Health Supervisor in-service training program. 5. Plan the orientation program for the provincial health office and NGO staff of the PHCCs.

			<ol style="list-style-type: none"> 6. Women’s Action Group 7. Expanded Contraceptive Use (ECU) <u>BASICS: Development of in-service training program materials for CHWs</u> 9. Reviewed results of the field-testing of the pictorial community case management charts and make final changes to diagnostic/management charts. 10. Produced and field-test supplementary nutrition and immunization charts 11. Completed English version of the facilitators guide and continue translation to Dari. <u>BASICS, Other:</u> 12. Community map and CAAC household survey form 13. Save the Children US Newborn Care Workshop.
M&E			
Paul L. ICKX	<ol style="list-style-type: none"> 9. March 12, 2009 10. April 9, 2009 	To provide on-going technical assistance and oversight to BASICS Short term technical assistances and in-country staff on all of BASICS Afghanistan technical activities. Dr. Ickx’s primary responsibility in overseeing BASICS technical assistance to the Afghanistan MOPH and mentors BASICS Afghanistan Team Leader.	<ol style="list-style-type: none"> 1. Assisted Tech-Serve and the MOPH in the area of HMIS and M&E in: finalizing the HIS strategic plan; reviewing the present HMIS, in particular identifying the sections in need for updating; maintenance of the HR and training database, in particular the inclusion of CHW registration procedures and C-IMCI refresher training of CHWs.
Dr. Omid Amel	<ol style="list-style-type: none"> December 20, 2008 January 13, 2009 	Ensure smooth transition of project’s M&E functions to the new Tech-Serve M&E advisor through providing orientation and advice. His service was also needed to support the MOPH in completing the remaining steps in its Health Information System (HIS) Strategic Plan.	<ol style="list-style-type: none"> 1. Assisted the MOPH in finalizing its Strategic Plan for HIS. 2. Oriented Mr. Kip Eckroad, the new Tech-Serve M&E advisor, regarding technical support to the MOPH HMIS unit as well as technical and management support to Tech-Serve project’s own M&E unit 3. Assisted Tech-Serve’s M&E unit in developing the Tech-Serve quarterly report for 4th quarter 2008 4. Developed a plan, in collaboration with Tech-Serve technical staff and the MOPH, regarding future TA needs for both Tech-Serve’s internal M&E unit and how Tech-Serve can better support HMIS and M&E within the MOPH 5. Provided technical advice to the MOPH’s HMIS unit as needed and requested
Paul L. ICKX	<ol style="list-style-type: none"> March 20 2008 April 17 2008 	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH in MIS development and health information use, child health, essential drugs issues and with the Tech Serve DMU.	<ol style="list-style-type: none"> 1. Assisted DMU on monitoring of outstanding orders 2. Prepared detailed procedures for updating the EDL-LDL database (Pharmaceuticals) 3. Prepared a raining training plan for MOPH relevant staff in the use of the database for pharmaceuticals. 4. Prepared and facilitating an informative workshop the routine use of EDL-LDL for MOPH GD Pharmacy staff, if appropriate 5. Backstopped the acting M&E program manager as needed 6. Assisted in the developing a plan for strategic health information for the MOPH. 7. Assisted in integrating DEWS reporting with the routine HMIS reporting 8. Prepared the installation of a training database in the MOPH 9. Provided input for next round of PPG grants as appropriate 10. Assited Tech-Serve MIS to establish a prototype system for testing open source network and database software 11. Continued elaboration of the child health policy and strategy review, incorporating findings of BASICS’ assessment. 12. Prepared for the testing of the hospital assessment tool and training of assessors (CAH) 13. Prepared a workshop for C-IMCI master trainers on the first part of C-IMCI training course 14. Addressed general management issues in CAH as required 15. Assisted Tech-Serve, BASICS and SPS in realigning specific activities to promote a coordinated approach to child health and pharmaceutical management issues

Paul L. ICKX	February 27, 2007 March 29, 2007	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH and in MIS development and health information use and with the Tech Serve DMU	<ol style="list-style-type: none"> 1. Helped develop a plan for development of new Tech-Serve Child Health Advisor 2. Assisted the MOPH/CAH in preparing and conducting a consensus-building workshop for all stakeholders on short course IMCI training and community IMCI implementation. 3. Based on the workshop outcomes, refine the CAH (Child and Adolescent Health) work plan, clearly indicating roles and responsibilities of different stakeholders (MOPH, WHO, UNICEF, Tech-Serve, BASICS, SSP). 4. Helped work with National Pharmaceutical Board to include contraceptives and drugs on National Essential Drug List. 5. Ensured compliance with procedures and protocols for distribution of drugs to NGOs 6. Ensured timeliness of the Tech-Serve Ordering cycle 7. Developed drug availability monitoring protocol for Tech Serve 8. Developed a plan of action for the implementation of an appropriate archiving procedure for the HMIS database 9. Defined additional features for the PPG household database and guiding TS MIS on corresponding database development issues 10. Worked with MOPH/HMIS on the development of a standard format for a quarterly/six monthly publication
Paul L. ICKX	November 25, 2007 December 16, 2007	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH in revision MIS development and health information use, and child health, and with the Tech Serve DMU	<ol style="list-style-type: none"> 1. Assisted TechServe and the MOPH in the area of pharmaceutical management: Assist DMU on monitoring of outstanding orders; Refined the forecasting spreadsheets; Prepared a detailed dissemination plan for the updated EDL/LDL lists; Produced standard queries and reports for the LDL database; Developed a detailed action plan for the development of Standard Treatment Guidelines. 2. Assisted TechServe and the MOPH in the area of HMIS and M&E: Developing a detailed action plan for revision and updating the routine HMIS; Preparing the installation of a training database in the MOPH. 3. Assisted TechServe and the MOPH in the area of Child Health: Continue elaboration of the child health policy and strategy review; Adapting hospital child health assessment tool and preparing for the hospital assessment with BASICS; Adapting and translating the pocket book for child health in hospitals; Finalizing the draft of the C-IMCI trainer's manual; Address general management issues in CAH as required 4. Conducted a technical seminar for Tech-Serve staff: A working session on the use of the cycle counting results to monitor quality of inventory control was held for DMU staff on November 27th, 2007.
Paul L. ICKX	January 24, 2008 February 21, 2008	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH in revision MIS development and health information use, and child health, and with the Tech Serve DMU	<ol style="list-style-type: none"> 1. Assisted Tech-Serve and the MOPH in the area of pharmaceuticals: Assist DMU on monitoring of outstanding orders; Preparing a detailed dissemination plan for the updated EDL/LDL lists; Producing additional queries and reports for the LDL database, updating the data entry screens, training of MOPH relevant staff in the use of the database;; Preparing and facilitating an informative workshop on BPHS/EPHS for all DG Pharmacy technical staff. 2. Assisted Tech-Serve and the MOPH in the area of HMIS and M&E: in developing an evaluation protocol for the hospital HMIS; in preparing the general report of the LQAS household survey of the PPG grantees; Preparing the installation of a training database in the MOPH; Giving input for next round of PPG grants: not yet. 3. Assisted Tech-Serve and the MOPH in the area of Child Health: Continue elaboration of the child health policy and strategy review; Compiling the first draft for the hospital child health assessment tool and preparing for the testing of the tool; Preparing a consensus workshop on the C-IMCI trainers' guide and incorporating workshop recommendations in the guide and in the training plan; Address general management issues in CAH as required.
Paul L. ICKX	July 5, 2007 August 2 nd , 2007	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH in MIS development and health information use, and child health, and with the Tech Serve DMU	<ol style="list-style-type: none"> 1. Assisted TechServe in work planning in the areas of pharmaceutical management, HMIS and child health. 2. Assisted TechServe and the MOPH in the area of pharmaceutical management: Assist DMU on monitoring of outstanding orders; Finalize improved procurement procedures based on the outcomes of the visits to suppliers; Finalization of Review of Essential Drug List and Licensed Drug List, including a consensus-building workshop with all stakeholders; Implementing the EDL database for MOPH; Draft timeline for development of therapeutic guidelines; Developing plans for any additional work requested by USAID; Assist DMU with preparations for the quarterly DMU meeting with PPG NGOs on July 9. 3. Assisted TechServe and the MOPH in the area of HMIS and M&E: Development and finalization of HMIS

			<p>Publication; Linking DEWS to HMIS information flow; Advise on feasibility of construction database.</p> <p>4. Assisted TechServe and the MOPH in the area of Child Health: Continue elaboration of the child health policy and strategy review: Organizing and facilitating a stake holders' workshop on care of sick children at referral level in collaboration with BASICS; Refine the work plan for integration Newborn Care in IMCI, in collaboration with BASICS: General management issues in CAH.</p>
Paul L. ICKX	May 5, 2007 May 31 st 2007	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH and in MIS development and health information use and with the Tech Serve DMU	<p>1. Child Health: Assisted MOPH with child health policy review; Preparation for July consensus workshop on child illness in hospitals; continued working on integration of newborn care with IMCI.</p> <p>2. Pharmaceutical: Work with DMU on monitoring of outstanding orders; Helped develop plans for additional work that USAID may request of Tech-Serve on pharmaceuticals; Continued review of essential drug list and licensed drug list with MOPH Pharmaceutical Board; Continued planning for Tech-Serve supporting MOPH in development standard treatment guidelines.</p> <p>3. HMIS: Assisted Tech-Serve with finalizing the HMIS newsletter/annual report; Work on software conversion and archiving of MOPH and Tech-Serve databases; Integration of new functions into household survey database;</p> <p>4. Unplanned activities: Reviewed indicator definition and calculation on the Progress Data Sheet used by the GCMU consultants for monitoring PPG grantee progress; Met with AIMS on the persisting discrepancies between AIMS 398 district listings and CSO 398 district listings; Provided input for the presentation on school health by the CAH on May 23rd; Reviewed the M&E Strategy; Reviewed and edited the Health Metrics Report of the HMIS unit.</p>
Paul L. ICKX	November 14 th 2006 December 14 th , 2006	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH and in MIS development and health information use and with the Tech Serve DMU	<p>1. Assisted the Tech-Serve Project in the field of essential pharmaceuticals by: Prepared and conducted a consensus building workshop with PPG NGOs and MOPH on standard quantities to be supplied for life-of-project (with SSP); Planning for interventions to promote rational drug use (with SSP); Ensured compliance with procedures and protocols for distribution of drugs to NGOs; Reviewing standard supply lists for BPHS/EPHS facilities; Projecting a new order and delivery schedule to ensure drug availability throughout life of project; Developing drug availability monitoring protocol for Tech Serve.</p> <p>2. Assisted in the field of HMIS by: Designing custom reports in the grants database for PPG management and reporting; Drafting timeline for gradual inclusion of TB reporting into the general MOPH HMIS; Reviewing progress on inclusion of malaria reporting into the general MOPH HMIS; Evaluating and making recommendations for capacity building improvement at the MOPH for the maintenance of the HR database; Developing new data extraction routines for USAID required Geobase: proposed Tech-Serve indicators for Geobase reviewed and data sources defined.</p> <p>3. Assisted in the field of Child Health by working with Dr Aitken and MOPH: Reviewing alternative IMCI training approaches; Planning of and preparing for a workshop to select appropriate IMCI training approaches for IMCI in Afghanistan; Planning Tech-Serve and Dr. Ickx's role in supporting child health for the duration of the Tech-Serve project; Conduct an exit briefing with USAID/Kabul within two days of departure: no exit briefing was required.</p> <p>4. Unanticipated Activities: Assisted in the selection of Child Health Advisor; Assisted the MOPH/HMIS Unit in determining contents of a quarterly news letter; Assisted the MOPH/HMIS Unit in determining incorporation of the DEW's reporting into the standard HMIS reporting: met with Dr. Rana Gruber on November 19 and December 9; Assisted Tech-Serve MIS in converting queries to extract Geobase information for WHO PPG reporting from available databases; Assisted Tech-Serve MIS in selection of optimal archiving procedures for the HMIS database, details to be provided by S. Osmani; Advised on optimal course for ensuring proper pharmaceutical warehousing for Tech-Serve; Met with UNFPA consultant regarding coordination and collaboration on reproductive health commodities security. Follow-up; Briefed EC consultant for GCMU on the existing database systems for the MOPH and explored feasibility of a unique grants database for PPG, PPA and EC.</p>
Paul L. ICKX	September 14, 2006 October 8, 2006	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH and in MIS development and health information use	<p>1. Assisted the Tech-Serve Project in the field of essential pharmaceuticals by: Ensuring compliance with procedures and protocols for distribution of drugs to NGOs; Updating essential drug re-supply cycles for PPG grantees: revisited the supply projection spreadsheet with DMU; Mapping out responsibilities between USAID contractors for ensuring adequate drug supply management and appropriate use of drugs at the service delivery level;</p>

		and with the Tech Serve DMU	<p>Developing drug availability monitoring protocol for Tech Serve.</p> <ol style="list-style-type: none"> Assisted in the field of HMIS by: Designing database modifications in grants database for PPG management and reporting requirements; Drafting timeline for gradual inclusion of TB reporting into the general MOPH HMIS; Evaluating and making recommendations for capacity building improvement at the MOPH for the HR database; Developing new data extraction routines for USAID required Geobase. Assisted in the field of Child Health by: Reviewing with MOPH the needs for technical assistance in child health as outlined by the Deputy Minister; Working with the Deputy Minister for Reproductive Health and MCH to review their stated needs and requests for Tech Serve capacity building in child health: the needs were reviewed in a meeting with Dr. Nadira on 10/02; Developing a plan for Tech Serve assistance to MOPH in child health. Details are given in Annex 3. Follow-up required. Additional activities: Co-facilitated the SSP workshop on NGO capacity building planning on 09/17 and 09/18; Presented the National Hospital HMIS in the Hospital Management Workshop for provincial hospital managers on 09/20 in Indira Ghandi Hospital; M&E board in reviewing and refining the plan for Evaluating the National Framework for Health Systems Performance Assessment, in view of the workshop planned for October 11th; Performed budget and pipeline analysis for the pharmaceutical needs of PPG NGOs for life of project and presented results to USAID (PowerPoint presentation and report developed available upon request). Follow-up required: write up rationale for CA amendment (Ickx); prepare VEN exercise with NGOS, planned for first week of December (Ickx & Newbrander); Advised on adaptation of grants database for SSP; Introduced WHO PPG management team to the GeoBase reporting requirements on 10/05 in the UN compound.
Paul L. ICKX	September 27, 2007 November 1, 2007	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH in MIS development and health information use, and child health, and with the Tech-Serve DMU	<ol style="list-style-type: none"> Assist Tech-Serve in work planning in the areas of pharmaceutical management, HMIS and child health. Assist Tech-Serve and the MOPH in the area of pharmaceutical management: Assist DMU on monitoring of outstanding orders; Finalize improved procurement procedures; Finalization of Review of Essential Drug List and Licensed Drug List, including a consensus-building workshop with all stakeholders; Implementing the EDL database for MOPH; Developing detailed plans for any additional work under FY2; Assist DMU with finalization of the next Tech-Serve order. Assist Tech-Serve and the MOPH in the area of HMIS and M&E: Adapting the analysis part of the HHS database; Linking DEWS to HMIS information flow: this activity was deemed less important than the EDL/LDL workshop, and was shifted to a next visit. Assist Tech-Serve and the MOPH in the area of Child Health: Continue elaboration of the child health policy and strategy review; Adapt hospital child health assessment tool and prepare for the hospital assessment with BASICS; Initiate integration of IMCI and CHBC with BASICS; Address general management issues in CAH as required. Unplanned activities: Dr. Ickx assisted the IMCI department of the CAH directorate in the finalization of an activity plan for the GAVI funding; The quarterly NGO meeting focused on applying general principles of rational use of drugs (i.e. antibiotics use) and re-evaluating the standard monthly projection quantities for different facilities; Explored the modalities of step-wise handing over of the training database to the MOPH; CVs of some twenty candidates for the position of Assistant Bulk Warehouse manager were reviewed; Reviewed and provided input to the HMIS presentation for the Result Seminar of the MOPH.
Pharmaceutical			
Paul L. ICKX	11. March 12, 2009 12. April 9, 2009	To provide on-going technical assistance and oversight to BASICS Short term technical assistances and in-country staff on all of BASICS Afghanistan technical activities. Dr. Ickx's primary responsibility in overseeing BASICS technical assistance to the Afghanistan MOPH and mentors BASICS Afghanistan Team Leader.	<ol style="list-style-type: none"> Assisted Tech-Serve and the MOPH in the area of pharmaceuticals in: monitoring of outstanding orders; fine-tuning the standard monitoring tools for the DMU monitors, based on initial monitoring visits in Kabul province; finalizing a detailed monitoring plan of PPG NGOs for the remainder of TechServe; coordination of pharmaceutical management activities with SPS.

EPHS			
Jay L. Clark	February 27, 2007 March 20, 2007	To provide technical assistance and support to the Ministry of Public Health (MOPH), and in particular to the Hospital Management Task Force Committee for the implementation of the Essential Package of Hospital Services (EPHS) for Afghanistan, and other matters of Hospital Reform as requested.	<ol style="list-style-type: none"> 1. Develop and implement Hospital Equipment Survey Questionnaire to determine current status of each item of medical and non medical equipment as distributed to the five (5) TECH-SERVE hospitals in accordance with the Essential Package of Hospital Services. Assess if items were received, if functional, and if items received meet hospital/patient care needs. 2. Reviewed MOPH Hospital Standards Manual. 3. Assist MOPH leadership in developing a strategy for Telemedicine. 4. Provided a presentation at the roundtable meeting of the Hospital Management Taskforce Committee on, “The Autonomous Hospital and Its Community-Based Hospital Governing Board, and carried out on 19 March 2007. 5. Carried out a rapid operational assessment for the Wazir Hospital Director.
Jay L. Clark	May 5, 2007 May 24, 2007	Analyze the findings of the Hospital equipment survey developed and implemented last visit, and report results and recommendations. Assist the MOPH in their efforts to organize a Telemedicine program. Develop workshop materials and present a management Development workshop for hospital senior management. Provide technical support to MOPH leadership in their interest to develop a national hospital association of public and private Hospitals.	<ol style="list-style-type: none"> 1. Completed the equipment survey analysis and reported findings and recommendations resulting from the questionnaire implemented last visit. The equipment was previously received/ EPHS standardized list. Seven provincial, two regional, and one Kabul central hospital participated in the survey. 2. A three day Management Development Workshop, “Strategies for Strengthening Hospital Management” was presented at the Tech-Serve offices beginning on Sunday, May 20 through Tuesday May 22. 3. Drafted “Guidelines for Developing a National Hospital Association.” This “draft” document was presented to Dr. Jalali to be used- in his words as “talking points” for an upcoming joint meeting with the Ministry of Commerce. A complementary set of Hospital Association Bylaws (New Mexico) was included with the Guidelines.
Leadership Development Program			
Joan Galer	September 14, 2006 September 30, 2006	To provide technical assistance to Tech-Serve and MOPH teams on future Leadership Development Program implementation in Kabul and 13 provinces.	<ol style="list-style-type: none"> 1. A two day-Leadership Development Orientation was conducted on September 17 and 18 with 8 members of the Tech Serve Core Team to prepare them to facilitate Tech Serve leadership programs. This was co-led with Dr. Morsy Mansour. 2. In preparation for the Senior Alignment Meeting, 20 Tech Serve staff met over 3 days on September 19,20 ,and 21 to clarify their mission and create a Shared Vision and approach to developing leadership and management for health results in Afghanistan. 3. A senior alignment meeting for Tech Serve partners was conducted at the MOPH on September 25, 26, 27. There were 45 participants, including the MOPH deputies, DGs and many of their team members, 8 from Tech Serve MOPH Capacity Building team, and representatives from SSP, COMPRI-A, EC, and WHO. 4. 5 members of the Tech Serve Core Team of Leadership Facilitators and one MOPH facilitator participated in apprenticeship facilitation training on September 27, 28, and 30. This training was conducted with the Kabul Provincial Health Team and 3 health facilities. Dr. Morsy Mansour co-led this training and details are in his trip report.
Dr. Morsi Mansour	June 2, 2007 June 21, 2007	To provide technical assistance to Tech-Serve and MOPH teams in implementing the Leadership Development Program in Kabul and 13 provinces.	<ol style="list-style-type: none"> 1. Conducted a follow-up team meeting with the Director General of PHC and the directors of the 14 departments of the Preventive Medicine and PHC general Directorate/ MOPH at Monday June 4th. The purpose was to follow up on the work done in the scanning workshop and to support the participants in preparing their presentations for the next focusing workshop. 2. Worked with the Tech-Serve Core Facilitators team. 3. Assisted Tech-Serve team in developing the agenda for the first Tech-Serve MSP Networking Workshop. 4. Coached the core team including the officers of the Tech-Serve technical areas (Communicable Diseases, Public Health, Reproductive Health Emergency Precedence, Basic Package of Health Services, and Essential Package of Hospital Services). 5. Coached the Tech-Serve Facilitators to lead a 3-day Focusing and Planning workshop with 14 Departments’ Directors from the MOPH/ General Directorate of Preventive Medicine and PHC.

Dr. Morsy Mansour	September 14, 2006 September 30, 2006	To provide technical assistance to Tech-Serve and MOPH teams on future Leadership Development Program implementation in Kabul and 13 provinces.	<ol style="list-style-type: none"> 1. Conducted a 2-day Leadership Development Program (LDP) Orientation and Alignment meeting with Tech-Serve Staff. <i>Conducted a two day Tech Serve Leadership Development Core Team Meeting Orientation, Sept.17-18</i> 2. Trained Tech-Serve Staff in conducting a 2-day senior stakeholder alignment meeting. 3. Coached/led/support a 3-day senior stakeholder alignment meeting with MOPH, USAID and key stakeholders. 4. Conducted a 5-day facilitator training with Tech-Serve and MOPH staff.
Sylvia Vriesendorp	March 29, 2008 April 10, 2008	To create a cadre of professionals from the MOPH and NGO teams for taking the responsibility of LDP training at the national and sub-national levels.	<ol style="list-style-type: none"> 1. Increased the skills, knowledge and understanding level of LDP trainers on the overall values of LDP and role of LDP in health programming at central and provincial levels. 2. Oriented the LDP trainers on the most effective mechanisms and methodologies that are most suitable for LDP training. 3. Enabled the trainers to better plan for conducting the LDP training. 4. Allow the transfer to Technology of LDP from national to sub-national levels. 5. Enabled the LDP training to conduct post training assessments and adjust their training plans and methodologies based on ground realities. 6. Shared the lessons learned from the follow-up of LDP principles for health program management and leadership in other countries. 7. Allow for active facilitation of national trainers to conduct certain training sessions of LDP under the observation and supervision of international level professionals who will be leading the TOT process in Afghanistan. 8. Developed the follow up plan for training of other trainers in coming batches.
Sylvia Vriesendorp	November 6, 2008 November 20, 2008	To facilitate the LDP workshop so that it achieves its objectives – the assignment was enlarged and focused not only on improving management and leadership skills of provincial and central MOPH and Tech-Serve staff but also design various opportunities for sharing and learning together.	<ol style="list-style-type: none"> 1. Met with Tech-Serve staff regarding the LDP and make final preparations for the LDP Workshop taking place November 9-12. 2. Facilitated the LDP Workshop so that it achieves its objectives. 3. Strengthened the capacity of both central and provincial participants to manage the LDP in their respective areas. 1. Advised on national and provincial workplans for rolling out and scaling up LDP in Afghanistan. 2. Developed a consensus among key LDP stakeholders (including Tech-Serve staff and MOPH/API staff) on the mechanism and tools for supervising/monitoring/coaching to ensure quality assurance of LDP activities. 3. Followed-up the workshop with meetings and discussions with LDP stakeholders, including Tech-Serve, HSSP, MOPH, and others – <i>APHI</i>.
Finance and Operations			
Natalie M. Gaul	July 24, 2008 August 24, 2008	Conduct a review of Tech-Serve financial transactions, and provide oversight of the close of the financial accounts for the month ended July 30 th , including participation in physical counts of all cash on hand, reconciliation of bank accounts and a review of accounting transactions. Review financial systems and controls for compliance with MSH and USAID regulations, and made recommendations for improvements in efficiency as appropriate. Provided supervision of finance, procurement and operations in Mr. Morgan's absence.	<ol style="list-style-type: none"> 1. Reviewed accounting transactions and operations systems modifications made since the close of Tech-Serve Program Year 1 (September 2007). Tested transactions for correct coding, adequate documentation, and allowability of costs. Prepared any adjusting entries required and provide guidance or training to accounting staff as warranted. This is a standard annual financial management oversight activity. 2. Reconciled all cash, bank and advance accounts local books to actual counts and local books to corporate accounting records. Identify any variances, make correcting entries as required and report on any material findings. 3. Worked with local team to identify possible areas for improvement of internal control or efficiency.
Natalie M. Gaul	August 25, 2007 September 8, 2007	Conduct a review of Tech-Serve financial transactions, and provide guidance and oversight of the close of	<ol style="list-style-type: none"> 1. Reviewed accounting transactions and operations systems modifications made since the close of the REACH Project and initiation of Tech-Serve. Tested transactions for correct coding, adequate documentation, and allowability of costs. Prepared any adjusting entries required and provide guidance or training to accounting staff

		the financial accounts for the end of Tech-Serve Program Year 1. Reviewed financial systems and controls for compliance with MSH and USAID regulations, and make recommendations for improvements in efficiency as appropriate. This is a standard MSH review for large projects at the close of the financial year.	<p>as warranted. This is a standard annual financial management oversight activity.</p> <ol style="list-style-type: none"> 2. Reconciled all cash, bank and advance accounts local books to actual counts and local books to corporate accounting records. Identify any variances, make correcting entries as required and report on any material findings. 3. Worked with local team to identify possible areas for improvement of internal control or efficiency.
Facility Constructions			
Mirwais Habibi	March 15, 200X April 15, 200X	MOPH is in desperate need of technical assistance to know its future direction for the management of the construction unit and the issues it deals with. MOPH has requested the assistance of Tech-Serve to undertake an assessment of the MOPH Construction Unit's management and technical needs and developing recommendations for developing a more professional unit to cover the needs for construction management of the MOPH.	<ol style="list-style-type: none"> 1. Met with MOPH officials of the Construction Department, Policy and Planning Directorate and General Administration Department to review current practices of construction management. 2. Reviewed the process for determining construction needs and establishing those within MOPH. 3. Reviewed the coordination of health facility construction issues within MOPH among the General Directorates of Policy and Planning, GCMU, and Management and Administration Departments. 4. Received reports from provincial health directorates regarding the need for new health facilities, staffing, equipment, reports on progress of work and quality of construction. 5. Reviewed the available information and statistics from UN agencies and develop recommendation for proper management of construction affairs for new provincial, district and regional hospitals, laboratories and blood banks, midwifery schools and nursing schools 6. Reviewed the process for financial management and contracting for construction of facilities in the health sector. 7. Developed recommendations for support by USAID to MOPH required for proper management of all construction planning and issues by the unit of MOPH. 8. Assessed the HRD and training needs for the staff of MOPH Construction Unit
Avian Influenza			
A. Frederick Hartman	May 1, 2007 May 17, 2007	To advise USAID and MOPH on current Avian Influenza issues and options for USAID and MOPH; to help draft the development plan for Tech-Serve communicable disease advisor for the next 1-2 years.	<ol style="list-style-type: none"> 1. Participated in CCM proposal development team review of HIV GF application, reviewed with PDT current factors influencing HIV in Afghanistan, and compared GF application to current gaps. Offered suggestions for improvement. 2. Followed-up TB issues from November, 2006. 3. Strengthened the Provincial TB team. 4. Extended DOTS to the community level using CHWs in all Tech Serve provinces. 5. Advised USAID and MOPH on current Avian Influenza issues and options for USAID and MOPH. 6. Worked with MOPH and WHO on refinement of the DEWS (Disease Early Warning System). 7. Helped draft development plan for Tech-Serve communicable disease advisor for next 1-2 years. 8. Analyzed of the needs of the MOPH National AIDS Control Program. 9. Attended the CGHN of May 2 that reviewed the MOPH GAVI Health Systems Strengthening proposal and participated in the subsequent review and comment.
TBCAP			
A. Frederick Hartman	November 9, 2006 November 30, 2006	To represent Tech-Serve and USAID participation on the MOPH National TB Program Review and review and develop plan for Tech-Serve involvement with MOPH communicable disease activities	<ol style="list-style-type: none"> 1. Represented Tech Serve and USAID participation on the MOPH National TB Program Review November 11-16. 2. Assisted with review of candidates and selection of Tech-Serve Communicable Disease Advisor. 3. Reviewed and developed a written plan for Tech-Serve involvement with MOPH communicable disease activities that is consistent with available staff of Tech-Serve, level of involvement of other donors and ability for Tech-Serve to have impact in a critical area(s). 4. Helped develop written Tech-Serve plan of activities for TB for project year 1. 5. Assessed Disease Early Warning System (DEWS) for MOPH. 6. Helped develop Tech-Serve work plan for activities for surveillance systems including avian influenza for the coming years.

			<ol style="list-style-type: none"> 7. Reviewed assistance required of Tech-Serve in HIV/AIDS. 8. Made a Tech-Serve Technical Seminar Presentation at MOPH on a key area concerning communicable diseases, such as international update on HIV/AIDS and implications for Afghanistan.
GCMU			
Jackson Ireland	February 2, 2008 February 21, 2008	To assist the Tech-Serve in working with the GCMU to develop the plans for scaling-up of GCMU's direct management of USAID funded grants to NGOs and scaling up and outlining procedures, helping develop systems or undertaking any other requirements that are required by GCMU because of his familiarity with performance-based grants in Afghanistan and his extensive grants management experience.	<ol style="list-style-type: none"> 1. Assisted the PPG Grant Officers with budget negotiations with NGOs to extend the current MOUs between WHO and NGOs beyond the current end date of April 30, 2008. 2. Assisted the PPG team with documenting the final NGO performance assessments for PPG years 1-2, including the final results from the House Hold Survey. 3. Guided the PPG team in the revisions and design of the PPG BPHS/EPHS program for years 3 to 5 and assist with drafting of the RFP/RFA for MOPH. 4. Supported the PPG team in the planning and implementation of a close-out plan for the end of the PPG years 1 and 2 MOUs, including preparations for hand-over of clinics and assets should an NGO not be selected for ongoing implementation in the cluster/province. 5. Acted in PPG Coordination Meetings and other meetings, as required, on behalf of Tech-Serve during Mr. Dollis' absence. 6. Provided financial and procurement process information related to USAID, WB, EC, GAVI and GF MoPH grants programs to USAID in support of MoPH certification. Provide additional ad hoc information to USAID CTO team related to MoPH certification. 7. Ahead of possible transfer of Provincial coverage to French government, prepare province-by-province annual operating cost summary. 8. Assisted GCMU staff with preparation for external review. 9. Completed analysis and recommendations for PPG shared drive. 10. Completed analysis of Balanced Scorecard results for PPG provinces and integrity check health facility utilization tracking sheet.
Kathleen O'Sullivan	June 23, 2007 July 12, 2007	To assist the Tech-Serve Grants and Contracts Management Advisor in developing manuals, outlining procedures, helping develop systems or undertaking any other requirements that are required by GCMU	<ol style="list-style-type: none"> 1. Assisted in helping finalize "the road map" for moving MOPH/GCMU from the present to where GCMU is certified to accept and disburse US Government funds for purpose of funding delivery of BPHS services This will include coordinating with USAID directly. 2. Assisted the Tech-Serve Grants and Contracts Management Advisor in developing manuals, outlining procedures, helping develop systems or undertaking any other requirements that are required by GCMU, based on the USAID assessment of GCMU for receiving USG funds. 3. Assisted the Tech-Serve Grants and Contracts Management Advisor and the Director of GCMU/MOPH in identifying a strategic plan for integration of GCMU (PPG, PPA and PPC). 4. Participated and facilitate development of objectives and activities to achieve those objectives for the Tech-Serve Project Year 2 work plan for PPG grants under GCMU. 5. Follow-up evaluation of E-Rooms by Saeed Osmani by developing a proposal and action plan for what Tech-Serve should realistically do with E-Rooms. 6. Worked with the Tech-Serve Technical Director in making assessments of other Tech-Serve program areas, as needed and developing goals and realistic work plan for Project Year 2.
Kathleen O'Sullivan	March 1, 2008 March 20, 2008	To undertake a quantitative and qualitative review of the PPG grants to determine "lessons learned" which will serve as the basis for designing the MOPH USAID-funded grants in the future.	<ol style="list-style-type: none"> 1. In Kabul, continue with a comprehensive review of the PPG grants that have been in effect from May 2006 to April 2008—what has worked well and what has not. This review will be done with the Tech-Serve GCMU Advisor, Brad Dollis, to review what has worked and what has not so that the MOPH issued RFAs later in 2008 will have the strongest elements of PPG grants and modify elements or factors that have not produced as strong of results. 2. Areas of PPG grants to be reviewed, though not exhaustive, are: <ul style="list-style-type: none"> • Subcontracting by NGOs • Costs of delivering services • Financial and budget structure against which NGOs were evaluated and report financial information (are more line items needed? What are the range of reasonable costs for different cost elements?, etc.)

			<ul style="list-style-type: none"> • Feasibility of adding provincial hospital to the grant • Doing province-wide grants • Level of services provided • Training of CHWs undertaken by NGOs • Supervision of staff at clinics and CHWs and health posts by CH Supervisors • Quality of services delivery • Ability of NGOs to meet basic health indicators (e.g. immunization rates) • Quality and usefulness of data gathered and how it is used • Management and financial systems of NGOs • Means for assessing past performance of NGOs in their submitting applications • Other elements of clinical, management, and financial <p>3. During the final week, hold a one-day workshop or session with USAID and MOPH/GCMU to review the findings and develop consensus on findings for future grants.</p> <p>1. Developed an outline of the elements to be included in RFAs for MOPH grants for provision of BPHS as well as the most appropriate process for reviewing RFAs (e.g. technical proposals reviewed and graded to rank applicants before giving the cost proposal of the highest scoring grant applicant).</p> <p>2. Reviewed the draft of User Fee guidelines for NGOs recommended by auditors with PPG consultants and Ibrahim Maroof.</p> <p>3. The product from this consultancy is an outline of the elements of a MOPH-issued RFA for provision of BPHS services and suggested weighting and criteria for evaluating RFAs. This outline will be a result of the one day consensus meeting of USAID, MOPH/GCMU and Tech-Serve.</p>
Kathleen O’Sullivan	October 20, 2007 November 17, 2007	To assist the Tech-Serve inn working with the GCMU to develop the plans for scaling-up of GCMU’s direct management of USAID funded grants to NGOs and scaling up and outlining procedures, helping develop systems or undertaking any other requirements that are required by GCMU. Also to make a Tech-Serve technical seminar presentation on a key area concerning grants or scaling-up issues.	<ol style="list-style-type: none"> 1. Worked with MOPH/GCMU to develop the work plan and start-up action plan for the GCMU NGO Grantee Strengthening Unit. . 2. Worked with MOPH/GCMU to develop the necessary job descriptions for the unit once the planning for the unit is completed. 3. Assisted in the development the necessary actions for scaling-up the Tech-Serve work with GCMU for Project Year 2 and the additional staff that will be part of that scaling-up. 4. Conducted a one hour Tech-Serve Technical Seminar for T-S staff, topic to be determined. 5. Worked with the Tech-Serve Technical Director’s in making assessments of other Tech-Serve program areas, as needed. 6. Assisted COMPRI-A for one week during her visit: Meeting with USAID to discuss evaluation criteria and FOGs vs. Cost reimbursement grants. Trained Grants Manager and Grant Administrator in overall grant management and design/modification of preliminary systems and processes for grant management. Guided the drafting of 3 RFAs/1 RFP (Promotion of Modern Contraceptives through Private Providers, Promotion of Modern Contraceptives through Private Pharmacies, Communications Support for Training of Private Providers/Pharmacists, Training RFP). 7. Additional Activities: In addition to the planned activities, the mid-project performance assessment approach for the Performance-Based Grants (PPG) was developed in consultation with the Tech-Serve M&E team. Preliminary analysis of end of project year 2 performance assessments of NGOs were conducted using the PPG series of balanced score cards, monitoring reports and NGO quarterly reports and a detailed review of several additional performance indicators was developed. On-site performance reviews were held in the offices of 3 NGOs (CAF, STEP, BDF) that were selected based on dollar value of funding to the organization.
John E. Soden	November 28 2006 January 18, 2007	To ensure that there is continuity on the Tech-Serve support to GCMU of MOPH and that there is proper coverage of Tech-Serve finance matters while some	<ol style="list-style-type: none"> 1. Provide support to the GCMU unit at the MoPH (75%): Supervised the GCMU Tech-Serve paid GCMU Grants Consultants and Finance Consultants; Provided briefing and coordination for new Tech-Serve Grants and Contracts Management Advisor; Held meetings, formal and informal, with the Director of GCMU and other MOPH staff, as appropriate. Completed any final details in the hiring of the Tech Serve paid Grants Consultants,

		staff are away on holiday.	<p>Finance Consultants, Monitoring and Evaluation Consultants and Administrative Assistant that support GCMU of MOPH; Developed program to orient new Tech-Serve paid grants, financial and M&E consultants; Attended the regular PPG partner meetings; Continued monitoring of WHO for prompt payment of NGOs quarterly bills; Participated in Tech Serve Program Managers' meetings and provide reports, as required (e.g. Tech-Serve semi-monthly and quarterly reports).</p> <p>2. Provided support to Finance and Operations unit of Tech-Serve, including (25%): Ensured the payment of December payroll to Tech-Serve staff before departure; Served as Acting Finance and Operations Manager while the Manager is away; Reviewed and make any relevant recommendations concerning on-going implementation of new QuickBooks system.</p>
John Soden	September 14, 2006 October 8, 2006	To help MOPH build their capacities for administering USAID-funded PPG grants and assist Tech-Serve start-up operations by ensuring that all necessary financial systems are in place and provide input to the Tech-Serve implementation plan	<p>1. Provide support to the GCMU unit at the MoPH: Supervise the GCMU Tech-Serve paid GCMU Grants Consultants and Finance Consultants; Hold regular meetings, formal and informal, with the Director of GCMU and other MOPH staff, as appropriate; Serve on the MOPH panel to select the Tech Serve paid Grants Consultants and Finance Consultants and Administrative Assistant.. Attended the regular PPG meetings with partners. Participated in Tech-Serve Program Managers' meetings and provide reports, as required (e.g. semi-monthly Tech Serve report).</p> <p>2. Ensure that all necessary financial systems are in place for Tech Serve: Establish an appropriate coding system to track costs for all technical and support activities; Installed of a new QuickBooks system, and ensure proper ongoing implementation; Reviewed all Finance procedures for use under Tech Serve, with recommendations on revisions to be made; Provided orientation to incoming Finance and Operations Manager on MSH Kabul procedures.</p>
Communication Strategy			
Diane Fusilli & Julie O'Brien	January 31, 2009 February 12, 2009	Support the Ministry of Health, Afghanistan, through Tech Serve, in the development of a Strategic Leadership Communications Strategy to targeted audiences that will lead to clearer communications around the successes associated with the development of a unified health system that is improving the health status of the Afghan population.	<p>1. Conducted 52 interviews with Leadership of MoPH including the Minister of Public Health, Deputy Ministers, Director Generals, Research and Data Information Sources; Members of the PR unit of MOPH; Key Donors; MSH senior staff ; PHAs and CHWs;</p> <p>2. Developed Communications Audit,</p>
HMIS/IT			
Saeed Osmani	April 20, 2007 May 19, 2007	Support the Tech-Serve team through IT and database enhancement, and local capacity building.	<p>4. MoPH/HMIS Capacity Building: upgraded the HMIS database to version 5.00. The new version has addressed all the issues mentioned above. Hafiz Mahmudi and Jafar Hussani trained in the design, development and use of the new system. We had worked together to complete the design, development and testing. Developed a method to produce the information based on the facility historical changes. This will give a more accurate picture of the HMIS facility information. A comprehensive user guide and technical documentation for the database was developed to walk the user through each step of the new system. A basic network was designed for MoPH so that they can utilize the use of SQL Server, file and print sharing. The system was tested facilities in Kabul and Parwan provinces. All the field databases will be upgraded in July as the field locations submit their quarterly reports.</p> <p>5. IT Enhancement and StabilityA basic list of skills required for field support was developed. The field basic skill document will be used to hire and train staff in the field to support the basic IT trouble shooting. Developed and recommended a list of Internet Service Providers ISP and the different options to provide internet service to the field locations. The current inventory system was reviewed and a recommendation was provided to Jaweed to maintain the inventory. The list of IT activities was documented.</p> <p>6. Accounting Systems Enhancement: The Tech-Serve payroll system which produces the monthly salary slip,</p>

			calculates tax and maintains the employee information was modified. The accounting had some issues with the payroll. These issues were resolved. The system was modified to address the new changes required by the Operations/Finance Department.
Saeed Osmani	November 12, 2006 November 30, 2006	The purpose of the trip was to support the TECH-SERVE team through IT and database enhancement, and local capacity building.	<ol style="list-style-type: none"> IT Enhancement and Stability: Worked together with HR and hired an IT specialist. The internet traffic was studied and recommendations were made to the Operations/Finance Manager for better use of the system. The existing IT infrastructure was studied. The network was upgraded to the latest technology windows 2003. Some of the key component needs to be upgraded or replaced. The main critical one is the file server. It should be replaced as soon as possible. It's 3.5 years old and has some critical hard drive issues. submitted a server specification to the Operations/Finance Manager for his review. The list of old equipment was given to Operations/Finance Manager for his review. The inventory procedure was recommended and the IT officer was trained on how to keep the inventory up-to-date. Accounting Systems Enhancement: QuickBooks was upgraded to the latest version QuickBooks 2006. The existing data was upgraded to the latest version and the staff trained in accessing the system. Tech-Serve is using the Payroll system which was developed during the pervious REACH project. The payroll system was modified to meet the new Afghan government Tax laws' and the Tech-Serve accounting requirements. Several reports were developed which help the accounting staff calculate tax by individuals, or departments. They now can do many payroll functions in a very short time which used to take a very long time. The documentation for the new changes will soon be submitted to the Tech-Serve accounting. MoPH/HMIS Capacity Building: The monitoring and training database that has just been developed by Tech-Serve M&E staff was reviewed. A recommendation on how to use the standard database techniques will soon be made so the staff can follow in developing reports, queries and forms.
Dr. Steve Sapirie	March 8, 2009 March 29, 2009	To assist the Ministry of Public Health and Tech-Serve with finalizing the detailed HIS strategy activity planning	<ol style="list-style-type: none"> Most of the time during this 3-week period was spent supporting the MoPH HIS SP Core Team (CT), Stakeholder Working Group (SWG), and Steering Committee (SC) in completing the steps of Module III of the HMN HIS Strategic Planning Process. Carried out costing exercise Reviewed, revised and formatted products of the planning process for inclusion in the plan document. Many meetings of the CR, SWG and once SC meeting were attended.
Dr. Steve Sapirie	September 28, 2008 16 October 16, 2008	To assist the Ministry of Public Health in finalizing its Health Information System Strategic Plan and to assist the MOH leadership in advocacy and consensus-building regarding the plan	<ol style="list-style-type: none"> Assisted with finalization of the MOPH Health Information System (HIS) strategic plan. Assisted with advocacy and consensus building among MOPH leadership and the partners about the HIS strategic plan
Tech Serve Management			
Alain Joyal	July 3, 2007 July 19, 2007	Contribute to the key initial development steps of Tech-Serve's PY2 workplan. Additionally, he will conduct consultations with the Tech-Serve COP, Dr. Mubarak, and other Tech-Serve senior managers as appropriate, in regards to the experience gained and results achieved during the project's first year to enhance HQ support to Tech-Serve.	<ol style="list-style-type: none"> Participated in and support the development process of Tech-Serve's PY2 workplan. Reviewed communication, coordination and decision making processes between field and HQ, as well as support delivery from HQ, in order to improve MSH's overall implementation of Tech-Serve and achievement of expected results. As part of supervisory role, conducted with COP a detailed performance review for the year ended 30 June 07. Discussed and finalized performance plan for period 2007-08. Carried out mentoring interventions with COP in selected areas of need as per continuing professional development plan. Met with MOPH Leadership to find about MOPH recommendation for Tech- Serve support in the year 2 of the project. Met with USAID to find about USAID recommendations for Tech- Serve support to MOPH in the year 2 of

			the project.
Alain Joyal	June 7, 2008 June 22, 2008	contribute to the key initial development steps of Tech-Serve's PY3 workplan and in light of MSH proposal for ceiling increase will be working with the Programme Managers on strategic issues related to integration of activities listed under the proposal of ceiling increase with the other ongoing activities of Tech-Serve in Afghanistan. Additionally, he will conduct consultations with the Tech-Serve COP, Dr. Mubarak, and other Tech-Serve senior managers as appropriate, with regards to the experience gained and results achieved during the project's 2nd year to enhance HQ support to Tech-Serve.	<ol style="list-style-type: none"> 1. Have detailed strategic discussions on the future of Tech-Serve with the Tech-Serve COP and other Tech-Serve senior managers to develop consensus on key strategic issues for project future direction. 2. Participated in brainstorming sessions for developing the PY3 work plan and develop recommendations for finalization of WP process. 3. Reviewed the current HR management process in Tech-Serve and develop recommendations for further enhancement. 4. Met with the MOPH Leadership to find out if they are satisfied with the technical support Tech-Serve is providing both at the Central and Provincial MOPH. 5. Met with MOPH Leadership to find about MOPH recommendation for Tech-Serve support in the year 3 of the project. 6. Met with USAID to find out if they are satisfied with the work Tech-Serve and identify areas of improvement. Met with project's CTO and Mission's Senior Health Advisor. 7. Reviewed communication, coordination and decision making processes between field and HQ, as well as support delivery from HQ, in order to improve MSH's overall implementation of Tech-Serve and achievement of expected results.
Dr. Mubarak	November 8, 2008 November 23, 2008	To attend executive level meetings with MSH's President and Chief Executive Officer, Chief Financial Officer, Vice President for Human Resources Management and the Vice President for the Center for Leadership and Management in the USA.	<ol style="list-style-type: none"> 1. Attended executive level meetings with MSH's President and Chief Executive Officer, Chief Financial Officer, Vice President for Human Resources Management, and the Vice President for the Center for Leadership and Management. 2. Attended planning meetings in relation to our primary objectives for the meetings cited above with the Leadership, Management and Sustainability Project (LMS) Project Director; the LMS Team Leaders for Country Programs, for Monitoring and Evaluation, for Global Leadership and for Finances and Operations; and with the Tech-Serve Support Group. 3. Attended meeting sessions with Contract & Grant Administration Unit and the Communications Unit. 4. Attended executive level meetings with MSH's Vice President for the Center for Health Services and the Vice President for the Center for Pharmaceutical Management in MSH's Office in Arlington, Virginia. 5. Attended meetings in relation to our primary objectives for the meetings cited above with the Director of Grant Management Solutions Project; the Director and Technical Director of the BASICS Project; senior support personnel for the Center for Health Services and from the Center for Pharmaceutical Management. 6. Attended meeting with the USAID team members in Washington DC, if requested by the USAID team.
Dr. Mubarak	September 3, 2007 September 8, 2007	Attend the International Conference on Implementing Best Practices and scaling up FP/ MNCH best practices in Asia and Near East (ANE) region	<p>The main objective of this conference was to:</p> <ul style="list-style-type: none"> • Increase participant's knowledge and capacity to implement proven, high impact FD/MNCH best practices in the ANE region. • Allow country participation in field – directed presentations, discussions and capacity building sessions enabling countries to learn from each other and apply the lessons in their respective country settings. • For the relationship between the country teams to strengthen the existing and facilitate the development of new network that are spearheading initiatives targeted at reducing maternal, neonatal and child morbidity and mortality, and reducing unintended pregnancies through scaling up of best practices.
Michael Paydos	September 9, 2008 October 2, 2008	To collect information about a number of Tech-Serve's accomplishments and best practices, including, for example, capacity building of the MOPH so that it is now officially certified by USAID to receive USG funds directly through the host country contracting mechanism.	<ol style="list-style-type: none"> 1. Met with staff from the GCMU, other Tech Serve staff, and MOPH staff. Resulted in development of "News Nugget" highlight sent to Washington and posted on LMS website. Highlight text drafted and in review stage. Content will contribute to Tech-Serve Case Study to be written in February. 2. Visited warehouses, interviewed Tech Serve staff, and talked with NGOs. News Nugget written. Using annual report updates, a highlight is also under production that will 3. Met with key staff in the MOPH (central and provincial) and within Tech Serve to gain an overview of the partnership work. 4. Visited Bamyan for 4 days during second week. 2-4-page success story drafted and with Tech-Serve team for review. Will be submitted to various media for publication consideration upon finalizing.

			<ol style="list-style-type: none"> 5. Visited Takhar province for 2 days and gathered info on community health workers and additional support info on the LDP in Takhar. 2 news items were produced and sent to USAID Washington, including one 6. A look at the effects of leadership development in health in the country 7. Met with Comm Health workers in Bamyan and Takhar, including Supervisors and listened to their challenges and motivations. The story of one gentleman who used the LDP to create a plan to reduce instances of diarrhea in his community and as well to become a Community Health Supervisor was particularly inspiring.
Michael Paydos	September 9, 2008 October 2, 2008	To collect information about a number of Tech-Serve's accomplishments and best practices, including, for example, capacity building of the MOPH so that it is now officially certified by USAID to receive USG funds directly through the host country contracting mechanism.	<ol style="list-style-type: none"> 8. Met with staff from the GCMU, other Tech Serve staff, and MOPH staff. Resulted in development of "News Nugget" highlight sent to Washington and posted on LMS website. Highlight text drafted and in review stage. Content will contribute to Tech-Serve Case Study to be written in February. 9. Visited warehouses, interviewed Tech Serve staff, and talked with NGOs. News Nugget written. Using annual report updates, a highlight is also under production that will 10. Met with key staff in the MOPH (central and provincial) and within Tech Serve to gain an overview of the partnership work. 11. Visited Bamyan for 4 days during second week. 2-4-page success story drafted and with Tech-Serve team for review. Will be submitted to various media for publication consideration upon finalizing. 12. Visited Takhar province for 2 days and gathered info on community health workers and additional support info on the LDP in Takhar. 2 news items were produced and sent to USAID Washington, including one 13. A look at the effects of leadership development in health in the country 14. Met with Comm Health workers in Bamyan and Takhar, including Supervisors and listened to their challenges and motivations. The story of one gentleman who used the LDP to create a plan to reduce instances of diarrhea in his community and as well to become a Community Health Supervisor was particularly inspiring.
Ad Hoc Activities			
William Holmes	September 5, 2008 September 18, 2008	Deliver Technical Component of RFP for Wazir Akbar Khan Hospital (WAKH) Support Project.	<ol style="list-style-type: none"> 1. Obtained background information of current program and ascertain desired changes for next funding cycle. 2. Conducted in depth hospital visit. 3. Creation of Technical Component for the RFP.
Dr. Steve Sapirie	June 7, 2008 June 22, 2008	To assist the Ministry of Public Health in developing a proposal for GF R8 Health System Strengthening (HSS) Sub-component in close coordination and collaboration with the disease programs and other relevant stakeholders	<ol style="list-style-type: none"> 1. Assisted the MoPH, Department of Policy and Planning in compiling country health profile in support to the proposal preparation. 2. Reviewed the Global Fund proposal guidelines to better understand the overall requirements for country proposal writing, submission and advise accordingly. 3. Communicated and collaborate with MoPH and partners to seek relevant information for both proposal process and drafting. 4. Analyzed key information and data necessary for devising a sound proposal within the deadline. 5. Put together the proposal document including the technical and financial component. 6. Presented the drafts of the proposal to Health Sector Consultative Group (CGHN), CCM and other stakeholders if required. 7. Checked the overall consistency of Afghanistan proposal.
Dr. Steve Sapirie	April 29, 2008 May 20, 2008	To assist the Ministry of Public Health in developing a proposal for GF R8 Health System Strengthening (HSS) Sub-component in close coordination and collaboration with the disease programs and other relevant stakeholders	<ol style="list-style-type: none"> 1. Assisted the MoPH, Department of Policy and Planning in compiling country health profile in support to the proposal preparation. 2. Reviewed the Global Fund proposal guidelines to better understand the overall requirements for country proposal writing, submission and advise accordingly. 3. Communicated and collaborated with MoPH and partners to seek relevant information for both proposal process and drafting. 4. Analyzed key information and data necessary for devising a sound proposal within the deadline. 5. Put together the proposal document including the technical and financial component. 6. Presented the drafts of the proposal to Health Sector Consultative Group (CGHN), CCM and other stakeholders if required.

			7. Checked the overall consistency of Afghanistan proposal – While I have checked the consistency of the three HSS Intervention proposals, the overall consistency with both the TB and Malaria proposals can only be carried out in June, after the stakeholder review and subsequent revision effort.
Dr. Jason Weisfeld	June 3, 2008 June 24, 2008	To assist the Ministry of Public Health develop a proposal for the GFATM Round 8 Malaria component in close coordination with the NMLCP, WHO and all other Stakeholders.	<ol style="list-style-type: none"> 1. The National Malaria Gap Analysis Workshop was held in March 2008. The consultant reviewed the draft report of the Malaria Gap Analysis, provided an analytic review to the Proposal Development Team (PDT), editing the draft report in detail and abstracting key elements from the Workshop findings for appropriate inclusion in the GFATM Round 8 Malaria Proposal. 2. The consultant assisted the Malaria PDT Coordinator, who also serves as the NMLCP Programme Manager, to plan, conduct and provide follow-up for all relevant meetings. The consultant drafted agenda, actively participated in relevant meetings and assisted the PDT Coordinator in ensuring the Minutes of Meetings were accurate, timely and purposeful. An evolving Table of Pending Assignments was designed and used on a daily basis to track the completion of all required Sections of the Proposal as well as essential supporting documentation. Assistance was also provided in preparing for, conducting and following-up on combined PDT Meetings with the Health Systems Strengthening (HSS) and Tuberculosis PDTs, as needed. 3. The consultant served as the Secretariat for the Malaria Proposal Development Team (PDT) and was the focal point for the development of multiple Drafts of the proposal. 4. The consultant was the prime author of the Implementation Strategy of the proposal and refined the initial Strategies identified at the March 2008 Malaria Gap Analysis and within the National Malaria Strategic Plan 2008 – 2013. Concerted efforts were made to repeatedly advise the PDT to consider feasible Strategies and Implementation activities in the context of their current GFATM Round 5 performance, the existing security situation and the limited absorptive capacity of the Programme and Partners. In collaboration with Dr. Sapirie, the consultant actively participated in frequent combined Malaria -HSS PDT Meetings and one CCM Meeting.
Dr. Jason Weisfeld	April 27, 2008 May 22, 2008	Provide technical assistance in developing the malaria component of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 8 Proposal	<ol style="list-style-type: none"> 1. Technical assistance was provided to the Malaria Proposal Development Team (PDT) and Health Systems Strengthening (HSS) PDT as requested. Relevant documents were reviewed and briefings were conducted at MSH/Cambridge prior to travel. Literally upon arrival, the consultants were introduced to the Country Coordinating Mechanism (CCM) (see attached List of CCM Members) and began familiarizing themselves with the work done by the Malaria and HSS PDTs to date. Subsequently, the consultant served as the Secretariat for the Malaria PDT, drafting PDT Meeting agenda, developing assigned sections of the draft proposal and reviewing, editing and merging sections written by other PDT Members into a unified draft (as attached). In general, draft sections received from colleagues were well-considered and useful although considerable efforts were required to prepare technically-sound, homogeneous edited text with internal consistency. Other Team Members were familiar with Malaria Control Programme activities and previous GF proposal development. The consultant provided a detailed technical and editorial review of the draft National Malaria Strategic Plan 2008-2013 (attached) and edited the draft March 2008 Malaria Gap Analysis (attached). He was primarily responsible for developing the population data to be used by all 3 PDTs, Malaria, HSS and Tuberculosis. The consultant developed the initial Implementation Strategy of 34 Activities grouped into 6 Service Delivery Areas with 6 Objectives, all of which are being reviewed for further necessary modifications. 2. The Malaria PDT Members provided essential insight into feasible components of the draft proposal and demonstrated helpful initiative in responding to frequent assignments from the Programme Manager, who also serves as the Malaria PDT Leader and the designated Coordinator for all 3 PDTs. He demonstrated superb leadership skills as well as a high-level of technical awareness throughout the visit. 3. In addition to direct technical assistance for the draft Malaria proposal, the consultant provided detailed suggestions on the draft Tuberculosis proposal and reviewed multiple drafts of HSS documents for the Health Data Management and Use (HMDU) and the Laboratory Strengthening components. In addition to a CCM Meeting and almost daily PDT meetings, the consultant actively participated in two combined PDT Meetings and two weekly USAID-Tech-Serve Meetings. 4. Malaria PDT Members declined an offer to begin drafting the Performance Framework until the recently-appointed Principal Recipients could meet together to reconsider the proposed Activities and delineate the specific

			<p>sub-Activities (or Actions or Tasks) that would be advisable for careful monitoring and required for GFATM reporting. It is anticipated that drafts of the Performance Framework, the Detailed Work Plan and associated budget documents will be available to the consultant by June 2nd. The administrative and logistical support provided by Tech-Serve and the Malaria Control Programme throughout the visit were exemplary and greatly facilitated an unanticipated level of efficiency.</p>
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D. USAID RELEVANT TARGETS AND RESULTS

TO BE PROVIDED BY USAID

E. DOCUMENTS CONSULTED FOR THE MTR

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“Tech Serve Phone Directory,” Management Sciences for Health/Tech-Serve, 2009.

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“Tech Serve Quarterly Report (April-June 2008),” Management Sciences for Health.

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F. LIST OF INDIVIDUALS AND AGENCIES CONTACTED

MOPH

- Dr Faizullah Kakar, Deputy Minister for Technical Affairs)
- Dr Nadera Hayat Burhani Deputy Minister for Health Care Services Provision
- Dr. Ahmad Shah Shokohmand, GD of Health Care Services Provision
- Dr Ahmad Jan, GD of Policy & Planning
- Dr. Bashir Noormal, GD of APHI
- Dr. Islam Saeed, Director of APHI Training Department
- Dr. Ashraf Mashkoo, Director of HMIS department
- Dr. Ahmad Shah Salehi, Head of GCMU
- Dr. Aqila Noori, Technical Director for Deputy Minister (Technical)
- Dr Ibne Amin, Director of M&E Department
- Dr Sayed Habib, CDC Director
- Dr Aicha Noorzaee, Director Pharmaceutical Affairs
- Dr. Hamida, Directorat of Reproductive Health

Other USAID Funded Projects

- Russ Fortier, COP, COMPRI A
- Hedayatullah Stankzai, BASICS Country Team Leader
- Dr. Mohammad Khakerah Rashidi, TBCAP Country Leader
- Dr. Zafar Omari, SPS Country Team Leader
- Denise Byrd, COP, HSSP

Tech Serve Project

- Dr. Mubarakshah Mubarak, Chief of Party
- Dr. Steve Solter, Technical Director
- Mr. Stephen Morgan, Director of Finance & Operation
- Khakerah Rashidi, TBCAP Country Team Leader
- Dr. Moh Ismail Mayar, Technical Officer & Commn Disease Adv
- Dr. Ghulam Haider Rafiqi, PM Manager for MOPH CB (central)
- Dr. Farid Ahmad Omar, Child Health Advisor
- Dr. Abdul Khalil Sulaimankhil, Avian Flu Influenza Adv
- Dr. Hedayutullah Mushfiq, Program Manager CBHC
- Dr. Abdullah Masoud, Program Manager for Drug Management
- Dr. Hedayatullah Saleh, PM for MOPH CB Provincial
- Dr. Dad Moh Shinwary, Senior Technical Adv & Hospital Management

Provincial Teams

Farvab

- Dr. Honey Mukhtar, PHA
- Dr. Abdul Ali Halim, PPHD
- Pharmacist Gul Ahmad, Pharmacy Officer
- Munir Ramz, HMIS Officer
- Dr. Qamaruddin Fakhri, AADA Project Manager
- Dr. Mohammad Qasem, Provincial Hospital Director

Jawzjan

- Dr. Honey Mukhtar, PHA
- Dr. Abdul Satar Paigham, PPHD
- Phamacist Zarmina, Pharmacy Officer
- Dr. Mohyuddin Matin, HMIS Officer
- Dr. Mohammad Sadiq Sarahat, STEP Project Manager
- Dr. Mohammad Hasan Ajeer, Provincial Hospital Director

Kandahar

- Dr. Pinda Moh Arghandabi, PHA

- Dr. Abdul Qayoom Pokhla, PPHD
- Dr. Moahmmad Dawood Farhad, Hospital Director, Regional Hospital
- Dr. Fazal Rahaman, AHDS, NGO Director
- Dr. Mohammad Qasem Achechzai, PHO – Pharmaceutical Representative
- Dr. Abdul Jabar, PHO – Primary Health Care Officer and M&E Representative
- Mr. Abdul Qados, PHO – HMIS Representative

Ghazni

- Dr. Mashooq Sadiq, PHA

Baghlan

- Dr. Najeebullah Saydee, PHA

Takhar

- Dr. Nezamudin Jalil, PHA

Badakhshan

- Dr. Noor Khawari, PHA

Paktika

- Dr. Baseer, PHA

Bamyan

- Dr. Burhan Rahmani, PHA
- Dr. Ihsanullah Shahir, PPHD
- Dr. Ali, PHO – CAF
- Dr. Raihana, PHO – RH
- Dr. Rahim Sakhizada, PHO - HMIS
- Dr. Qutrat Taban, PHO – Pharmaceutical Representative
- Dr. Khalil, AADA, NGO Director
- Dr. Mathew Rodeick, Hospital Director, Provincial Hospital

Herat

- Dr. Ahmad Shah Ahmadi, PHA

Paktia

- Dr. Farhad Farahmand

Khost

- Dr. Sakhi Sardar

Kabul

- Abdullwasee Khurami, PHA
- Dr. Faiz Moh Atif, Ibn Sina, Program Manager
- Dr. Najeeb Baleegh, AADA, Health Program Manager
- Dr. Toor khan Shirzad, NAC, Health Manager
- Dr. Abd Sharif Sahak, CAF, HMIS & EPI Coordinator
- Dr. Abd Maluk Khalili, MOVE, Program Coordinator
- Dr. Abd Naser Sana, CHA, Health Coordinator
- Dr. Abd Maroof Behzad, STEP, Health director

Balkh (Non Tech Serve Served Provinces)

- Dr. Anwari, PHA
- Dr. Asaullah Sharifi, PHO – CDC
- Dr. Nassera, PHO – RH
- Dr. Naiem, Surveillance Officer
- Dr. Gawhari, BDN, Project Manager
- Dr. Mujeeb, BRAC, Project Manager
- Dr. Ahmad Farib, BRAC, HMIS Officer

Laghman (Non Tech Serve Served Provinces)

- Dr. Abd Latif Qaumi PHD
- Dr Moh Rahim Sarwary Deputy of PHD
- Dr. Shafiqullah Shafaq Deputy Project Manager for Laghman AMI

Nangarhar (Non Tech Serve Served Provinces)

- Dr. Ajmal Pardis Arabee, PHD
- Dr. Ajmal Momand, Provincial Hospital Director
- Eric Florimon-Reed, Field Program Officer (FPO) of PRT
- Dr. Mohamad Naseem, HCSP Program Manager Health-Net TPO

European Commission

- Sarah Bernhardt, Health Advisor
- Martine Catapano (AEDES/Support to GDPFH)
- Marion Cros (EPOS/SIDP)

World Bank

- Dr Sayed

WHO

- TB Team
- Peter Graaf, WHO Resident Representative

G. MTR METHODOLOGY

The MTR team arrived in Country on April 7, 2009; held a briefing and orientation meeting with USAID on April 8; held an introductory meeting with MSH on April 9. The work plan and schedule of activities were provided to USAID on April 16 and discussed on April 19.

The team comprised of two international and national experts in program evaluation: Dr. Maryse Dugue, Ratha Loganathan, Dr. Hamidi, Mr. Attaulah Alizada.

During the first phase (data collection) of the evaluation, the MTR review team compiled a comprehensive list of documents from Tech Serve and USAID (Appendix E). The team was also provided with the report of the mid-term internal evaluation that was recently conducted by MSH. The report was found to be comprehensive, and the MTR team decided therefore that it would not request Tech Serve to complete a self self-assessment questionnaire, but would conduct a series of in-depth interviews with Tech Serve staff to complement the finding of the internal evaluation. In addition to the Tech Serve staff, MTR team also interviewed a range of stakeholders. At the Provincial level, Provincial Health Team, NGOs, Hospitals, and PRT were interviewed. At the Central level, the GD at MOPH, EC, World, WHO, and USAID health projects were interviewed. A detailed list of interviewees can be found in Appendix F.

The second phase of the data collection involved field visits at the selected provinces. Five Tech Serve supported Provinces (Bamyan, Kabul, Jowzjan, Faryab, and Kandahar) and 3 non-USAID provinces (Balkh, Nangarhar and Laghman) were selected for in-depth field visits. The MTR team was split into the two teams to ensure all the selected provinces were visited. The travel schedule of the two teams can be found in Appendix 8. The provinces were selected in close collaboration with USAID and Tech Serve to ensure diversity with regards to program performance, geographical challenges, and security factors. Per USAID's request, 3 non-USAID provinces were chosen: Balk province is supported by World Bank and Nangahar and Laghman were supported by European Commission. The rationality behind visiting these provinces was to compare the performances of BPHS and EPHS of non USAID areas versus USAID supported areas.

The MTR team routinely met with USAID to report on the progress of the study.

The evaluation report was written per MTR guidelines provided by USAID.

H. MTR SCHEDULE OF ACTIVITIES

Day	Date	Activity
Tue	7-Apr-09	Fly into Kabul from Dubai
Wed	8-Apr-09	Meet USAID Staff at 1pm; Randolph Augustin and Mohammad Faiz; Gathered and Reviewed Materials
Thu	9-Apr-09	Meet Dr. Mubarak and Steve Morgan to Plan for the evaluation. Gathered and Reviewed Materials
Fri	10-Apr-09	Non-Work Day
Sat	11-Apr-09	Development of tools and protocols in Kabul; Planning for meetings at Central & Provincial Levels
Sun	12-Apr-09	Development of tools and protocols in Kabul; Planning for meetings at Central & Provincial Levels
Mon	13-Apr-09	MOPH Central Staff Interview; Interview Sarah Bernhard (EC)
Tue	14-Apr-09	MOPH Central Staff Interview+ PHA Paktika
Wed	15-Apr-09	MOPH Central Staff Interview/NGOs HQs in Kabul
Thu	16-Apr-09	MOPH Central Staff Interview/NGOs HQs in Kabul+Russ Fortier (COMPRI-A Project)
Fri	17-Apr-09	Non-Work Day
Sat	18-Apr-09	MOPH Central Staff Interviews
Sun	19-Apr-09	Team A: Depart to Bamyan. Team B: Interview Kabul Province PHT & NGO HQ in Kabul
Mon	20-Apr-09	Team A: Interview Bamyan PHT. Team B: Interview Kabul Province PHT
Tue	21-Apr-09	Team A: Interview Bamyan PHT. Team B: Interview Kabul Province PHT
Wed	22-Apr-09	Team A: Interview Bamyan PHT. Team B: interview Central/other donors
Thu	23-Apr-09	Team A: Return to Kabul. Team B: Interview MOPH Central staff
Fri	24-Apr-09	Non-Work Day . Team B Fly to Joyzan & Fariyab
Sat	25-Apr-09	Team A: fly to Kandahar Team B: Interview Joyzan & Fariyab PHT.
Sun	26-Apr-09	Team A: Kandahar Team B: Interview Joyzan & Fariyab PHT.
Mon	27-Apr-09	Team B: fly to Kabul Team B: fly to Kabul
Tue	28-Apr-09	Non working day/write up
Wed	29-Apr-09	Meet with PHA and TECH Serve Staff
Thu	30-Apr-09	Meet with PHA and TECH Serve Staff
Fri	1-May-09	Non-Work Day
Sat	2-May-09	Analysis & Write Up
Sun	3-May-09	Analysis & Write Up
Mon	4-May-09	Team A: Analysis & Write Up Team B: drive to Nangarhar.
Tue	5-May-09	Team A: Analysis & Write Up Team B: Interview Laghman PHT.

Wed	6-May-09	Team A: Analysis & Write Up Team B: Interview with Nangarhar PHT.
Thu	7-May-09	Team A: Analysis & Write Up Team B: Analysis & Write Up/meeting WHO.
Fri	8-May-09	Non-Work Day/Team A: drive to Balkh
Sat	9-May-09	Team A: Interviews in Balkh Team B: Analysis & Write Up.
Sun	10-May-09	Team A: drives back from Balkh Team B: Analysis & Write Up.
Mon	11-May-09	Analysis & Write Up
Tue	12-May-09	Analysis & Write Up/ meeting WB
Wed	13-May-09	Analysis & Write Up/meeting MOPH
Thu	14-May-09	Analysis & Write Up
Fri	15-May-09	Non-Work Day
Sat	16-May-09	Analysis & Write Up
Sun	17-May-09	Submit Draft Report
Mon	18-May-09	USAID Review
Tue	19-May-09	USAID Review
Wed	20-May-09	USAID Review / debriefing at USAID
Thu	21-May-09	USAID Provide Feedback to Evaluation Team
Fri	22-May-09	Finalize Report by Evaluation Team
Sat	23-May-09	Submit Final Report to USAID by Evaluation Team
Sun	24-May-09	International Consultants Depart to the US and Geneva

I. ACTIVITIES, INDICATORS AND TARGETS

I. IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers.

IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers.				
Activity Category: Improved capacity of MOPH to award and manage grants for providing quality of health care services.				
Activity	Indicator	Baseline	Projected 2008 Target/ Achieved 2008 Target	Target 2010
1. Improve Capacity of MOPH to award and manage grants for providing quality of health care services.(year-1) 2. GCMU Strengthened to prepare for the GOA to receive USAID funds directly .(year-1) 3. MOPH is assisted in monitoring & evaluating of BPHS and EPHS grants. .(year-1) 4. Improving capacity of MOPH to manage PPG grants for providing quality health care services. (Year-2) 5: MOPH/GCMU achieves USAID certification for MOPH to directly receive U.S. Government (USG) money for funding BPHS and EPHS service delivery. (Year-2) 6 : Strengthen MOPH/GCMU systems and operations so it is a unified and integrated unit overseeing all BPHS and EPHS grants (PPG, PPA and PPC) (Year-2) 7. Improving capacity of MOPH to manage PPG/PCH grants for providing quality health care services (year-3). 8. MOPH management of PCH EPHS contracts is strengthened and quality of PCH EPHS services improved (year-3). 9. Assist MOPH/GCMU to comply with the PCH implementation letter requirements so that the MOPH can continue to be approved by USAID for Host Country Contracting (year-3). 10. Strengthen MOPH/GCMU systems and operations so it is a unified and integrated unit overseeing all BPHS and EPHS grants (PPG, PPA and PPC) (year-3).	MOPH GCMU remains certified as determined by USAID reviews	N/A	USAID reviews and certifies GCMU/GCMU Certified	USAID reviews and certifies GCMU
	The Average number of days for processing GCMU payments to NGOs	45 Days	31 Days/No Data	30 days
	Improve the average PPG/PCH Quarterly Performance Evaluation scores.	107	126/No Data	136
	Improve average quarterly PPG/PCH Monitoring Single Score.	5.5	6.5/ No Data	7.5
Activity Category: Pharmacy				
1. Provision of essential drugs and contraceptive supplies is improved. (Year 1)	\$ amount of pharmaceuticals distributed to the PPG NGOs by Tech-Serve (cumulative life of project)	No data	\$9.8 million/ \$5.3 million	\$18 million
2. Provision of regular supply of quality essential drugs and contraceptive supplies to BPHS and EPHS NGOs in USAID-funded provinces (Year 2)	Weighted average % of inventory variation for NGO warehouses.	8.7%	8.7%/ No data	7%
3. National essential Drug list (EDL)/licensed Drug list (LDL) lists revisions completed (year-2)	Average % of records matching physical stock for NGO warehouses	52.3%	52.3%/ No data	56%
	Average % of tracer stock on the day of visit for	85.8%	85.8%/ No Data	88%

<p>4. Pharmacy GD capacity is built to strengthen its ability to develop national pharmaceutical policies and management systems (Year -3)</p> <p>5. Provision of regular supply of quality essential drugs and contraceptive supplies to BPHS and EPHS NGOs in 13 USAID-funded provinces (Year 3)</p>	<p>NGO warehouses. Average % of time out of stock for NGO Warehouses.</p>	<p>10.7%</p>	<p>10.7%/ No data</p>	<p>9%</p>
Activity Category: Human Resources				
<p>1. Support the Human Resource General Directorate in maintaining a functional HR information system to plan for the optimal use of health workers. (year-1)</p> <p>2.Support of the Human Resource (HR) General-Directorate in maintaining a functional HR information system (year-2)</p> <p>3.Support of the Human Resource (HR) General-Directorate and APHI in strengthening PRR and maintaining a functional human resources and training information system(year-3)</p>	<p>1.No of health workers nationally registered with MOPH with updated data in the HRD data base</p>	<p>0</p>	<p>20,000/ 26,500</p>	<p>20,000</p>
Activity Category: CAH				
<p>1. Facilitate (year-1)</p> <p>2. The strengthening of MOPH's child health programs and intervention (year-1)</p> <p>3. Strategic opportunities for supporting and strengthening MOPH child health in collaboration with BASICS(year-2)</p> <p>4. Strategic opportunities for supporting and strengthening MOPH child health in collaboration with BASICS (year-3)</p>	<p>No. of MOPH policies(child and adolescent health, CDD, user fee, national salary) developed through a coordination mechanisms in the MOPH</p>	<p>N/A</p>	<p>4 Pilot Tested/No Data</p>	<p>4 Implemented</p>
Activity Category: CDC				
<p>1 .Support MOPH Communicable Disease Control efforts (year 1)</p> <p>2. AI control initiative (NEW - to be finalized with USAID) (year-2)</p> <p>3. AI control initiative (year-3)</p>	<p>No Indicator</p>	<p>No Data</p>	<p>No Data</p>	<p>No Data</p>
Activity Category: M&E/HMIS				
<p>1. National HMIS is maintained and institutionalized within the MOPH & compatibility with the project's M&E requirement is ensured.(year-1)</p> <p>2. Strengthen monitoring & Evaluation capacity at the MOPH (Year 1)</p> <p>3. National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured(year-2)</p> <p>4. MOPH assisted in development of an integrated M&E system for national health strategies (Year 2)</p> <p>5. Support MOPH in evidence-based decision-making and policy formulation (Year 2)</p> <p>6. National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured.(year-3)</p> <p>7. MOPH assisted with enhancement of an integrated M&E system for national health strategies. (Year 3)</p> <p>Support MOPH in evidence-based decision-making and policy formulation. (Year 3)</p>	<p>% of BPHS facilities nationally submitting HMIS reports</p>	<p>70%</p>	<p>>90%/86%</p>	<p>>90%</p>
	<p>No. of EPHS facilities (district and provincial hospitals) in PPG provinces submitting EPHS HMIS reports</p>	<p>0</p>	<p>15/23</p>	<p>20</p>
	<p>HMIS data accuracy index in USAID supported health facilities</p>	<p><70%</p>	<p>85%/77%</p>	<p>90%</p>
	<p>No. of PHO and MOPH Central staff who received training on BPHS outcome measurement tool and are available for implementation of the tool (LQAS) (cumulative)</p>	<p>0</p>	<p>30/41</p>	<p>30</p>

Activity Category: APHI				
1. Management support to GD Policy and Planning (PP) and APHI to generate necessary public health capacity at central & provincial level (year 3) 2. Support of the Human Resource (HR) General-Directorate and APHI in strengthening PRR and maintaining a functional human resources and training information system (year 3)	No Indicator	No Data	No Data	No Data
Activity Category: Policy				
1. Work with MOPH to develop appropriate health financing policies for the long term sustainability of the health system. (year 1) 2. Continue building the MOPH capacity for improved hospital management of EPHS (year 1) 3. Strengthen MOPH's capacity for proper planning for equipment maintenance in hospitals. (year 1) 4. Strengthen MOPH's ability to undertake national planning health system development (year 1) 5. Support MOPH in evidence-based policy formulation (year 1) 6. Pharmacy GD capacity is built to strengthen its ability to develop national pharmaceutical policies and management (year 2) 7. Enhance and advocate for national hospital standards for improved hospital management of EPHS (year 2) 8. Support MOPH in development of policies and management of TB, EEPR, CCM, AI, and DEWS. (year 2) 9. Support MOPH in development and implementation of health financing policies (year 2) 10. Support MOPH in evidence-based decision-making and policy formulation (year 2) 11. Enhance and advocate for national hospital standards for improved hospital management of EPHS (year 3) 12. Support MOPH in development of policies and management of TB, EEPR, CCM, AI, and DEWS (year 3) 13. Support MOPH in development and implementation of health financing policies (year 3) 14. Support MOPH in evidence-based decision-making and policy formulation. (year 3)	1. Develop policy and regulation for private hospitals and diagnostic centers. No. of MOPH policies(child and adolescent health, CDD, user fee, national salary) developed through a coordination mechanisms in the MOPH	N/A N/A	Drafted/ Comments on 2 nd draft provided 4 Pilot Tested/No Data	Introduced through proper Channel at HF Level 4 Implemented
Activity Category: Leadership & Management				
1. Develop planning management supervision monitoring and evaluation and leadership capacity of MOPH (year 1,2,3)	1. Number of Central MOPH management units using LDP techniques for achieving results	0	3/No Data	5
Activity Category: Reproductive Health				
1. Scaling-up contraceptive usage primarily at the community level for reduction of maternal mortality and child mortality	1. Increase Couple Years of Protection (CYP) through contraceptive distributed by Tech Serve (annual distribution)	300,000	360,000/ No Data	324,000
	2. Increase Contraceptive Prevalence Rate in USAID supported provinces	30.3%	N/A/ No Data	40%

Activity Category: GDPPHN/HSD				
1. Strengthen central MOPH's ability to improve communication and coordination between GD Health Service Delivery (HSD) and provincial public health department (year 2) 2. Strengthen central MOPH's ability to improve communication and coordination between GD Health Service Delivery (HSD) and provincial public health department (year 3)	No Indicator	No Data	No Data	No Data
Activity Category: CBHC				
No Activity	Percentage CHWs in USAID grant NGOs who are working with updated community based maps	0%	5%/No Data	20%

II. IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome				
Activity Category: PHT: Training/Mentoring/Networking/Coordination				
Activity	Indicator	Baseline	Projected 2008 Target/Achieved March 2008	Target 2010
1. Develop a strategy for Tech-Serve building the management capacity of Provincial Public Health Offices (Year 1)	Number of Provincial Health teams with a functioning PPHCC team reporting improved collaboration and communication on at least one new priority.	0	6 / 11	13
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 (Year 1)	Number of PHO staff who received appropriate in-service training	0	30 / 188	100
	Number of PPHOs who actively collect national BPH monitoring Checklist data	0	8 / 13	13
3. Support the PHD teams in provincial planning and coordination. (Year 1)	Number of PPHOs with a functioning HMIS provincial hub (Number of PPHOs capable of managing HMIS information flow in their provinces.	0	6 / 7	13
4. Encourage greater communication and problem solving among Provincial Health Directors. (Year 1)	Percent of required PHCC reports submitted by USAID supported PPHOs, and the percentage of those PPHOs, and the percentage of those PPHOs with request, receives MOPH feedback.	N/A	New Indicator	100% filled; 65% feedback
5. TRAINING: Continued management support the PHD teams in training in management and technical areas that will improve health outcomes in the provinces (Year 2/3)	Number of USAID supported PPHDs who review the NGO quarterly reports and provide technical input.	N/A	New Indicator	13
6. MENTORING: Tech-Serve mentoring of PPHDs and their team to improve the management capacities of PPHDs to effectively plan and manage (Year 2/3)	Number of PPG provinces implanting an updated provincial plan	0	11/12	13
7. NETWORKING: Expansion of Tech-Serve model of networking so there is greater communication and problem solving among 13 Provincial Health Directors (Year 2/3)				
IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome				
Activity Category: Infrastructure Support				
Activity	Indicator	Baseline	Projected 2008 Target/Achieved March 2008	Target 2010
1. Provision of assistance to MOPH in improved planning	Number of PPHOs renovated to improve working environment for	0	9/No Data	13

for construction and maintenance of health facilities and provincial health offices in 13 selected provinces (year 1, 2, 3).	PPHDs and provincial health teams.			
IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome				
Activity Category: Health Service Provider Capacity Building				
Activity	Indicator	Baseline	Projected 2008 Target/ Achieved March 2008	Target 2010
1. Continue to enhance the management skills of the hospital directors and his team to improve of EPHS services in five provincial hospital (Year 1) 2. Expand to tech-serve hospital management improvement work to 12 USAID funded provinces (Year 2 & 3)	Number of PPG provincial hospital with functional isolation room	0	0/13	13
	The change over time in the composite percentage of compliance with hospitals standards for 5 USAID supported Provincial Hospitals.	78.8%	N/A/ N/A	80%
IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome				
Activity Category: Strengthening Leadership & Management Skill of Provincial MOPH Staff				
Activity	Indicator	Baseline	Projected 2008 Target/ Achieved March 2008	Target 2010
1. Developed, planning, management, supervision, monitoring and evaluation and leadership capacity of the MOPH (year 1,2,3)	1. Number of health facilities in USAID or non-USAID provinces applying Leadership Development tool to improve health results.	0	66/No Data	160
	2. Number of Joint Monitoring Visits by PPHOs to BPHS and EPHS health facilities (cumulative life of project).	0	150/249	650
	3. Number of PPHOs and thenumber of provincial NGO Management Units using LDP technicqued for achieving results	N/A	New Indicator	13
	4. Number of Provincial NGO Management Units using LDP techniques for achieving results	N/A	New Indicator	13

III. Cross Cutting

Cross Cutting				
Activity Category: Service Statistics For Monitoring, Evaluation, & Decision Making				
Activity	Indicator	Baseline	Projected 2008 Target/ Achieved December 2008	Target 2010
1. Program information and service statistics form Tech Serve/SSP MIS are available for monitoring & decision making (Year 1) 2. Program information is analyzed for regular and ad hoc reporting taking	1. % of BPHS facilities nationally submitting HMIS reports	70%	>90%/86%	>90%
	2. No of EPHS facilities (district and provincial hospitals) in PPG provinces submitting EPHS HMIS reports	0	10/23	20

<p>into account Tech Serve targets and non Tech Serve information (Year 1) 3. Program information and service statistics form Tech Serve/SSP MIS are available for monitoring & decision making (Year 2) 4. Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-Serve information and USAID and other clients are provided with Tech-Serve performance information in a timely fashion (Year 2) 5. Program information and service statistics form Tech Serve/SSP MIS are available for monitoring & decision making (Year 3) 6. Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-Serve information and USAID and other clients are provided with Tech-Serve performance information in a timely fashion (Year 3)</p>	<p>3. HMIS data accuracy index in USAID supported health facilities</p>	<p><70%</p>	<p>78%/75%</p>	<p>90%</p>
Cross Cutting				
Activity Category: Planning				
Activity	Indicator	Baseline	Projected 2008 Target/Achieved December 2008	Target 2010
<p>1. Regular planning activities are coordinated across the various program areas of the project. (Year 1) 2. Forward planning of the project activities (Year 2) 3. Project evaluations and forward planning of the project activities (Year 3)</p>	<p>Not Available</p>	<p>No Indicator</p>	<p>No Indicator</p>	<p>No Indicator</p>
Cross Cutting				
Activity Category: Dissemination				
Activity	Indicator	Baseline	Projected 2008 Target/Achieved December 2008	Target 2010
<p>1. USAID and other clients are provided with program information in a timely fashion (Year 1) 2. Forward planning of the project activities (Year 2) 2. Development of success stories to communicate positive impact of Tech-Serve to USAID (Year 2) 3. Development of success stories to communicate positive impact of Tech-Serve to USAID (Year 3)</p>	<p>Not Available</p>	<p>No Indicator</p>	<p>No Indicator</p>	<p>No Indicator</p>

Cross Cutting				
Activity Category: Coordination with MOPH & Other Partners				
Activity	Indicator	Baseline	Projected 2008 Target/ Achieved December 2008	Target 2010
1. Coordination with MOPH & Other Partners (Year 1,2,3)	Not Available			

J. IR ACTIVITIES COST MATRIX

Annex 10: IR 1, 2, Cross Cutting Activities, Deliverable, & Cost

IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers.		
Activity Category: Capacity building of MOPH to award and manage grants for providing quality of health care services		
Year 1		
Activity	Deliverable	Cost
1.1 Improve Capacity of MoPH to award and manage grants for providing quality of health care services.	<p>Twelve staff hired and seconded to coordinate and manage the PPG program; Each MOU has clear and achievable targets; All modifications ensuring BPHS and EPHS grants are fully funded and have all relevant terms and conditions are complete;</p> <p>The NGOs as a group meet at least quarterly with all the program components; 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;</p> <p>Provide content for two PPG newsletters with content relevant to PPG grant management needs; Evaluations of eRooms and their usage conducted by June 30, 2007; Five financial and compliance meetings held; At least 85 monitoring visits paid to PPG facilities;</p> <p>Each PPG NGO is monitored at least once; Each NGOs HQ is visited at least twice with trip reports; 27 PPG grantee quarterly reports reviewed and feedback provided to the NGOs; October 2007 household survey designed by September 2007; Uniform audit standards adopted; Financial reports processed each quarter;</p> <p>Reports reviewed each quarter; Quarterly PPG Activity Summary Reports</p>	\$803,013
1.2 GCMU Strengthened to prepare for the GOA to receive USAID funds directly	<p>Capacity building plan for GCMU to be completed by July 2007;</p> <p>Two pharmaceutical orders placed; Pharmaceuticals are cleared within 3 weeks of coming to Kabul</p>	\$474,089
1.3 Provision of essential drugs and contraceptive supplies is improved.	<p>Two pharmaceutical orders placed; Pharmaceuticals are cleared within 3 weeks of coming to Kabul; Distribute drugs valued at US\$2 million in year 1; Orders for drugs filled and drugs delivered to NGOs within 30 days of receipt.</p>	\$1,982,225
1.4 Enhance the ability of MOPH Deputy Ministers and Director-Generals to effectively manage their work and staff	<p>2 Tech-Serve management support workshops conducted with 20 participants trained; Three D-Gs have an agreed-upon workplan that is being implemented and monitored. Two semi-annual progress reports; All advisors hired by Dec. 2006; Three technical seminar reports;</p>	\$77,178
1.5 Continue building the MOPH capacity for improved hospital management of EPHS	<p>20 hospital managers trained at MOPH training sessions by May 2007; 2007 Hospital Management Task Force Workplan completed by March 15, 2006; Telemedicine Policy drafted by September 30, 2007; Policy on private sector hospitals in Afghanistan drafted by September 30, 2006; Hospital Standards Manuals delivered to all provincial hospitals by February 2007; Recommendations on establishment of National Hospital Association completed by 30 Sept 2007;</p>	\$214,994
1.6 Work with the MOPH to develop appropriate health financing policies for the long-term sustainability of the health system	<p>Implementation guidelines for user fees completed by September 2007; A workplan is developed which is implemented and monitored;</p> <p>Information seminar for senior MOPH and cabinet officials held on user fees by March 30, 2006;</p>	\$55,127
1.7 Support the Human Resource General Directorate in maintaining a functional HR information system to plan for the optimal use of health workers.	<p>MOPH Human Resources Department has a functioning database that generates information for staff projections and training needs;</p>	\$44,102
1.8 Strengthen monitoring &	<p>Updated health fact sheets once per year;</p>	\$242,558

Evaluation capacity at the MOPH	For 3 priority provinces, information from HMIS, REACH EOP Household Survey, and NHSPA are made available for planning purposes;6 PPHOs have staff trained on applying the national monitoring tool and using the data; BPHS Monitoring Tool Database, Database Reports and Procedure Manual;PPHO capacity building assessment tool by September 2007	
1.9 MOPH is assisted in monitoring and evaluation of BPHS and EPHS grants.	Baseline values and annual targets set for indicators for PPG Grantees (see also 1.1b and its output);Functional PPG technical monitoring system;Grants database adapted and kept up-to-date; 20 members of central and provincial MOPH trained on design, conduct and analysis of LQAS household surveys; 22 PPG grantees develop Household Survey Plans for October 2007 survey;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;	\$396,913
1.10 National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured	All health facilities in receipt of a unique facility ID code from the MOPH; updated information on the facilities available; 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;Functioning HMIS main hub at the MOPH;5 PPG provincial hospitals regularly submitting HMIS reports; 2 HMIS indicator updates at the national level developed and disseminated;	\$121,279
1.11 Strengthen MOPH's capacity for proper planning for equipment maintenance in hospitals.	Report on assessment on hospital equipment maintenance completed by May 31, 2007;Recommendations on equipment maintenance made to USAID and MOPH by July 31, 2007;	\$5,513
1.12 Strengthen MOPH's ability to undertake national planning and health system development	Actively participate in Health System Development Working Group meetings;	\$27,563
1.13 Support MOPH Communicable Disease Control efforts	Record of CCM meetings;Training modules developed for quality DOTS expansion;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 TB data analysis for year 2006 (focusing on TB case detection trend) (report);	\$55,127
1.14 Facilitate the strengthening of MOPH's child health programs and interventions	Priority needs identified/ Assessment report completed by October 31, 2006; Child Health Advisor hired by March 2007; Agreement of MOPH and Tech-Serve on collaborative plan of action prepared by March, 2007;	\$60,639
1.15 Support MOPH in evidence-based policy formulation	One operations research study completed by Sept 30, 2007;	\$55,127
1.16 Tech-Serve staff participation in MOPH Task Forces and technical meetings	Doesn't have any outputs and deliverables	\$55,127

IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers.		
Activity Category:		
Year 2		
Activity	Deliverable	Cost
1.1: Improving capacity of MOPH to manage PPG grants for providing quality health care services.	<p>NGO Scorecard and other tools are in place and being used by PPG.</p> <p>At least five NGO group meetings are held annually. At least 180 PPG facilities have monitoring visits. At least 100 health posts have monitoring visits. Quarterly technical reports are processed in timely manner. Quarterly financial reports are processed in timely manner.</p> <p>Quarterly financial analysis is prepared and submitted to GCMU and USAID. 26 performance evaluations and recommendations made for grants extension. Financial analysis for year 1 and 2 costs for budget negotiation purposes. Grants/MOUs and budgets prepared or extended.</p> <p>Procurement process is completed. Population-based data on health outcomes in PPG districts is collected and analyzed for evaluation of PPGs. PPG cost recovery guidelines incorporated into the PPG agreements.</p>	\$1,011,890
1.2: MOPH/GCMU achieves USAID certification for MOPH to directly receive U.S. Government (USG) money for funding BPHS and EPHS service delivery	<p>Deficiencies identified by USAID assessments are rectified</p> <ul style="list-style-type: none"> - Staffing plan developed - Job descriptions prepared - Hiring process completed <p>Quarterly reports are prepared and filed</p> <p>Grants implemented following USAID requirements</p>	\$736,329
1.3: Strengthen MOPH/GCMU systems and operations so it is a unified and integrated unit overseeing all BPHS and EPHS grants (PPG, PPA and PPC)	<p>Revisions to Procedures Manual are made, if needed; A common system of relevant tools and systems is developed and available in all of GCMU:Consolidated periodic financial GCMU reportConsolidated periodic technical GCMU reports;Annual evaluation is made of all the NGOs receiving the grants;EC grants information is available in the grants database; PPG grants information is updated regularly;</p>	\$92,008
1.4 Scaling-up success of increased contraceptive usage for complimentary strategy for reduction of maternal mortality and child mortality	No Outputs and Deliverables	
1.5: Provision of regular supply of quality essential drugs and contraceptive supplies to BPHS and EPHS NGOs in USAID-funded provinces	<p>Forecasts reflect actual needs; Procurement lead time is shortened and less stockout at Tech-Serve warehouse; Pharmaceuticals arrive in warehouses in good condition, and in a timely manner; Punctual and accurate distribution pharmaceuticals and contraceptives to NGOs;</p> <p>Wastage rate is kept below 1% of the value of drugs;Access to pharmaceuticals for distribution or review is available on a timely basis;</p> <p>Quarterly meeting with PPG NGO Pharmaceutical Officers;Assessment report indicating priority interventions</p>	\$2,413,290
1.6: National essential Drug list (EDL)/licensed Drug list (LDL) lists revisions completed	<p>Workshop held, EDL finalized;Database updated;EDL accessible via web;Printed EDL;Printed EDL available in all PPG facilities;</p> <p>One additional module added to EDL;</p>	\$73,725
1.7: Pharmacy GD capacity is built to strengthen its ability to develop national pharmaceutical policies and management	One standard operating procedure is documented.	\$73,725
1.8: Enhance and advocate for national hospital standards for improved hospital management of	<p>Hospital standards on "management of sick children" updated;</p> <p>Updated hospital standards data base;One round table conducted;</p> <p>Hospital Management Taskforce meets at least monthly;</p> <p>Training materials developed and one course held;</p>	\$127,847

EPHS		
1.9: Support MOPH in development of policies and management of TB, EEPR, CCM, AI, and DEWS.	Assessment report including recommendations prepared; 2 workshops conducted; 13 TB officer are and regional coordinators receive two rounds of training;Provincial action plans include CDC priority actions in 13 provinces;Meeting held and report shared with the CDC at central level,TB progress report in USAID provinces developed and presented in the TB semi-annual workshops;Improved response to outbreaks by EEPR team at central and provincial level;Thirteen EEPR plans are updated;Provincial action plans include the DEWS activities; Five meetings were attended;One workshop is conducted; 13 CDC officers are trained;	\$127,914
1.10: AI control initiative (NEW - to be finalized with USAID)	Plan developed;AI oriented infection prevention guidelines developed and training provided if appropriate;12 provinces have preparedness plans;AI related strategies and information are shared with the provinces;3 isolation wards established;	
1.11: Strategic opportunities for supporting and strengthening MOPH child health in collaboration with BASICS	Reviewed policy and strategy are endorsed and published;Consensus on priority interventions is reached. Priority interventions started in five Tech-Serve and five SM EPHS hospitals;Working group is established; Working group is established;C-IMCI guidelines developed; An orientation workshop is conducted for CGHN, PPHCCs, and NGOs in 13 USAID provinces on the Child Health Policy;Two workshops are held; IMCI focal points in 13 provinces show increased capacity; Provincial action plans include child health priority actions in 13 provinces;	\$127,914
1.12: Support MOPH in development and implementation of health financing policies	PPG cost-recovery guidelines are developed and incorporated into the PPG agreements; MOPH develops a “National Health Financing and Sustainability Strategy;	\$127,914
1.13: Strengthen central MOPH's ability to improve communication and coordination between GD PPH and GD PHC and provincial public health department	Two workshops supported technically and financially;1- Internet and communication equipment are in place in all 13 PPHOs to facilitate communication linkages between central and provincial MOPH in all 13 provinces. 2- Regular feedback is provided by central MOPH to 13 PPHCCs in technical areas such as EPI, TB and emergency preparedness;See 2.2b;MOPH gets information to media on successes; A functioning GD LDP team reporting improved collaboration, communication and results on priority issues;A functioning GD LDP team reporting improved collaboration, communication and results on priority issues;	\$191,541
1.14: Support of the Human Resource (HR) General-Directorate in maintaining a functional HR information system	MOPH HRD has a functioning database that generates information for staff projections and training needs;A training database core is maintained at the HR department and one selected department of MOPH is trained to use the front end for tracking its training activities;	\$127,914
1.15: National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured	All health facilities in receive a unique facility ID code from the MOPH; updated information on the facilities is available; A functional HMIS database is maintained at the provincial level in PPG provinces. Over 95% of PPG facilities and 85% of BPHS facilities nationally submit HMIS reports;Provincial HMIS hubs are installed in three additional provinces;MOPH has trained staff and a functioning NMC database that is being updated quarterly;One annual publication is produced, translated, published, and disseminated in MOPH, among provinces and partners;	\$234,971
1.16: MOPH assisted in development of an integrated M&E system for national health strategies	Household survey data are collected by the end of October 2007 in 21 PPG BPHS clusters,PPG BPHS outcome indicators are calculated at the cluster, provincial and PPG level;Evidence-based input is provided to MOPH decision-making process with regard to continuation of PPG grants with individual NGOs;New targets are set for the next round of PPGs;Two semiannual analytic reports are generated and incorporated into the Tech-Serve quarterly reports;CHW monitoring findings are integrated and analyzed systematically;Three additional PPG provinces systematically use information	\$94,384

	from HMIS, PPG Household Survey, and National Health System Performance Assessment for monitoring six core Management Support to Provinces (MSP) Initiative indicators; All USAID-supported PPHOs and PPHCCs have staff trained on applying the NMC and using the data;	
I IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers.		
Activity Category: Year 3		
Activity	Deliverable	Cost
1.1 Improving capacity of MOPH to manage PPG/PCH grants for providing quality health care services.	Quarterly NGO performance evaluation scorecards; At least 5 NGO group meetings are held annually; At least 180 PPG facilities have monitoring visits; At least 100 health posts have monitoring visits; Quarterly financial reports are processed in a timely manner; PCH financial management strategy and tools; Quarterly financial analysis is prepared and submitted to GCMU and USAID; PCH procurement process is completed; Grants/MOUs and budgets prepared or extended; Population-based data on health outcomes in PPG districts is collected and analyzed for evaluation of PPGs; Evidence is systematically collected showing compliance with the regulations; Two members from each PCH NGO partners trained on LDP;	\$666,954
1.2 MOPH management of PCH EPHS contracts is strengthened and quality of PCH EPHS services improved	One EPHS M&E consultant/EPHS coordinator is seconded to GCMU; All EPHS PCH contracts are managed by one PPG/PCH contracts consultant; Five resident Hospital Advisors, one in each PPG province, hired; EPHS monitoring strategy and tools developed; Five PCH provincial hospitals and WAK are monitored by the EPHS M&E consultant at least 3 times a year; Four EPHS quarterly reports developed;	\$36,888
1.3 Assist MOPH/GCMU to comply with the PCH implementation letter requirements so that the MOPH can continue to be approved by USAID for Host Country Contracting	Staff hired and in place; Quarterly reports are prepared and filed; PCH project and contracts management implemented following USAID requirements; 1- Needs assessment; 2- Capacity development plan for GCMU; 1-XXX consultants receive one training; 2- All PCH and two consultants from EC and WB each, receive LDP training; Assessment report prepared, including recommendations for GCMU human resource development;	\$1,333,906
1.4 Strengthen MOPH/GCMU systems and operations so it is a unified and integrated unit overseeing all BPHS and EPHS grants (PPG, PPA and PPC)	Priority areas for GCMU standardization identified; Revisions to Procedures Manual; 1- A common system of relevant tools and systems is developed and available in all of GCMU; 2- Consolidated periodic technical GCMU reports; 3- Consolidated periodic financial GCMU reports; Annual evaluation of all the NGOs receiving the grants; EC grants information is available in the grants database; PPG grants information is updated on regular basis; 1-A report including recommendations and applications; 2- Application of the PBF to PCH, as appropriate;	\$222,318
1.5 Scaling-up contraceptive usage primarily at the community level for reduction of maternal mortality and child mortality	National conference conducted and visibility & understanding of CBHC improved; Workshop is conducted and consensus is built on sustainable compensation for CHWs; Draft policy and BPHS revisions developed and discussed with MOPH; Annual action plan developed, implemented, monitored and coordinated; Decisions made regarding main implementation approaches; Updated TORs & strategic plan; Updated CHW job description and the CHW refresher training material; Draft tools, proposed interventions, and policies shared and comments incorporated;	\$795,162
(1.5a) Provincial CBHC system strengthened for scaling up FP	23 courses of 20 each; Curriculum & materials are developed; Shura at least half of PPG/PCH HPs are oriented about PPF; Community maps are updated at all PPG HPs; HSSP assisted with development of guidelines & implementation plan; WAGs formed in communities;	
(1.5b) CHW In-service training in PPF, injections and IP (activities in yellow to be	3 courses for 20 each; 30 trained; 52 CHW trainers are trained; All PPG/PCH CHWs trained; Regular field support visits; Job aids developed; Updated/reprinted fact sheets; All PPG facilities have copies;	

implemented by HSSP; Tech-Serve will collaborate)		
(1.5c) Provincial orientation and planning (activities in yellow will be implemented by HSSP)	Sixty (approx.) provincial staff trained (3 workshops for 20; at least XX monitoring visits facilitated and sponsored per month per province; Plans for CHW training and community mobilization program;	
(1.5d) Community mobil'n for birth spacing by CHSs (to be implemented by HSSP)	Increased demand and number of client for family planning services; Regular field visits; 10% increase in CYP consumed by PPG NGOs by September 09	
1.6 Provision of regular supply of quality essential drugs and contraceptive supplies to BPHS and EPHS NGOs in 13 USAID-funded provinces	List of drugs and forecasted quantities reflect feasible corrections for impact of user fee ban; Consensus between TechServe and PPG NGOs on revised projection quantities; Pharmaceuticals arrive in warehouses in good condition, and in a timely manner; The pharmaceuticals are prevented from wastage; Inventory control indicators are up to international standards; Punctual and accurate distribution of pharmaceuticals and contraceptives to NGOs; At least one meeting held per each quarter; The drug management system in the PPG/PCH health facilities level improved; DMU is enabled to monitor and strengthen the NGOs in MDS; The new staff are well trained and able to monitor the health facilities; RUD is strengthen in the health facilities and community level; 1-PPG NGOs use IMAT for self-monitoring of inventory control management; 2-one training workshop is held on IMAT; The PPHOs use the TechServe distribution lists for monitoring drug availability at PPG health Facilities; Two monitoring visits per month done from PCH grantees;	\$16,273,382
1.7 Pharmacy GD capacity is built to strengthen its ability to develop national pharmaceutical policies and management systems	Follow up that the Database is updated;	
1.8 Enhance and advocate for national hospital standards for improved hospital management of EPHS	EPHS WG meets at least monthly; monitoring checklists and hospital forms are developed; The hospital standards are translated into national languages; Uniformed standards developed; New sets of standards are developed for two priority areas; Findings of the monitoring visits are shared and action taken; Semi-annual meetings are held and action plans are developed with each IP; Quarterly meetings conducted; XX hospital directors complete the study tour; 6 HAs are trained;	\$24,594
1.9 Support MOPH in development of policies and management of TB, EEPR, CCM, AI, and DEWS	Coordination meetings conducted regularly in 13 provinces; 2 meetings conducted in central MOPH; Annual and monthly action plans are develop; 30 PPHCC meetings review TB report in 13 provinces; 50 supervision visits conducted in 13 provinces; Integrated activities models developed; 12 task force meetings held and reports shared with the CDC department at the central level; Improved response to outbreaks by EEPR team at central and provincial levels; 1- DEWS meetings attended regularly at the central level; 2- DEWS subcommittee meetings facilitated regularly at the provincial level; One workshop conducted; 34 CDC officers trained; National CDC checklist developed and implemented in 13 provinces; National CDD strategy implemented in 13 provinces; STTA from GMS; AI courses facilitated and meetings attended; One assessment report including recommendations prepared,	\$124,275
1.10	AI Technical advisor hired; Project design completed, approved, vaccine procured, logistical needs assessed and arranged for, staff trained; 26 PHO/NGO staff trained; IPCs operational in all 13 PHs with guidelines developed; At least half of provincial HFs will have a minimum of 1 IP trained CHW; CHW curriculum developed and CHWs trained (# TBD); Respiratory infection control workshop	\$74,270

	facilitated and materials translated; Assessments completed and plans developed; 6 isolation wards supplied according to IC guidelines; Plans completed/updated for 13 provinces and translated; 2 provincial hospitals complete exercise; AI advisor will attend and contribute to TAG and any other AI/EP or relevant EPI meetings; study tour to Bamyan PH with training conducted;	
1.11 Strategic opportunities for supporting and strengthening MOPH child health in collaboration with BASICS	CAH Policy and strategy are endorsed and published;CAH Policy and strategy are published;Recommendations provided;Formal triage system is adopted as part of BPHS/EPHS;Pocket book is disseminated to all hospitals and NGOs at the national level; Wall charts and job aids are designed according to pocket book and distributed to PHI hospitals and 13 USAID funded provinces; Four ToT is held (twoToT for provincial CAH officers and (2 representative of each PHI hospitals and two ToT for PHAs and EPHS/BPHS implementers); Newborn care added in facility-based IMCI; Two workshops are held for provincial 13 CAH officers;One Child development/ Survival course provided; Stockout of pediatric emergency drugs reduced in 5 provincial hospital supported by USAID;	\$124,275
1.12 Support MOPH in development and implementation of health financing policies	User Fees policy and implementing strategy for Secondary and Tertiary health care developed and approved by the GOA by September 09; Updated National Salary Policy approved;	\$61,482
1.13 Strengthen central MOPH's ability to improve communication and coordination between GD Health Service Delivery (HSD) and provincial public health department	Monthly feedback provided to 13 provinces; Regular monthly feedback provided to 13 provinces; Monthly feedback provided to 13 provinces;Two workshops supported technically and financially;Internet and communication equipment in place and functional in all 13 PPHOs; One full time ?? PR Staff is seconded to MOPH to assist this function;Internet and communication equipment in place and functional in all 13 PPHOs;	\$86,976
1.14 Management support to GD Policy and Planning (PP) and APHI to generate necessary public health capacity at central & provincial level	Three modules of training curricula on Public Health Management finalized by September 09; MOPH accepts LDP tool as a national public health management course; Annual operational plan of APHI/Training department developed; Training activities undertaken by APHI using APHI expertise or in an outsourced manner; 5 year strategic plans and Annual Operation Plans are developed and followed in two Pilot provinces; A consolidated 5 year strategic and Annual Operation Plan developed based on plans of two pilot provinces and aligned with relevant departments in MOPH; Planning Department has a revised TOR for all staff and functions accordingly; Office equipment provided and functional at the planning directorate;Office equipment and Internet access provided and functional at 5 selected GDs;	\$124,275
1.15 Support of the Human Resource (HR) General-Directorate and APHI in strengthening PRR and maintaining a functional human resources and training information system	TBD (to speed up the PRR process at national hospitals); Functioning HR database maintained and regularly updated by MOPH; Functioning training database maintained and regularly updated by MOPH APHI; 1- All active health posts in the USAID provinces inventoried, geographically registers; 2- Procedures for updating the information developed;	\$62,139
1.16 National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured	Community level HMIS tools revised and pilot tested;1- Three basic GIS courses provided at the provincial level; 2- One advanced GIS course provided at the central MOPH level; 1- Assessment of HMIS needs of Kabul PPHO (training and equipment) finalized; 2- One HMIS training course provided to Kabul PPHO; 3- HMIS provincial hub handed over to Kabul PPHO;Three additional USAID supported PPHOs receive and maintain provincial HMIS hubs;EPHS HMIS evaluated in a systematic way and recommendations made for further enhancement; 1- Two HMIS refresher trainings sponsored and technically supported at the national level; 2- 85% HMIS data accuracy index as measured through NMC; 1- Two HMIS networking events for 34 provinces, 6 months apart, sponsored and technically supported at the national level; 2- HMIS action plans developed for 34	\$286,505

	PPHOs and evidence of progress provided in the second networking event;	
1.17 MOPH assisted with enhancement of an integrated M&E system for national health strategies	HIS strategy document developed and endorsed; 1-One key activity of HIS strategic plan implemented by September 09; 2- Two coordination workshops are conducted for MOPH M&E focal points from various technical departments; 1- Functioning NMC database maintained and regularly updated by MOPH; 2- Number of Joint Monitoring Visits to Health Posts increased and data is incorporated in the database; PPG (and then PCH) team applies enhanced EPHS monitoring tool in the 5 PPG provincial hospitals and can demonstrate improved EPHS performance; GCMU PPA and EC units use data from HMIS, NGO progress reports and monitoring visits in a systematic way to improve performance of BPHS NGOs; 1- PCH household survey conducted by June 2009 using LQAS; 2- Survey results analyzed and used by GCMU and PCH NGOs to measure progress and design action plans for improving health outcomes; Outcome of C-IMCI is assessed using the LQAS methodology;	\$96,485

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome		
Activity Category: PHT: Training/Mentoring/Networking/Coordination		
Year 1		
Activity	Deliverable	Cost
1. Develop a strategy for Tech-Serve building the management capacity of Provincial Public Health Offices	10 provincial visits. Strategy for Tech-Serve provincial management support completed by Oct. 31, 2006	US\$159,868
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	Regular attendance at PHCC meetings in 13 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.	US\$644,982
3. Support the PHD teams in provincial planning and coordination.	Four visits made to five provinces (20 total visits) by Sept. 30, 2007; Two visits made to 4 provinces (8 total visits) by Sept. 30, 2007; One visit made to 4 provinces (4 visits total) by Sept. 30, 2007	US\$176,405
4. Encourage greater communication and problem solving among Provincial Health Directors	1 networking meeting for 5 PPHDs held by July 31, 2007; Technically and financially support one MOPH meeting of PPHDs	US\$126,793

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome		
Activity Category: PHT: Training/Mentoring/Networking/Coordination		
Year 2		
Activity	Deliverable	Cost
1. TRAINING: Continued management support the PHD teams in training in management and technical areas that will improve health outcomes in the provinces	One technical training conducted on TB, EPI, HMIS, Pharmacy, IMCI, CDC, and Nutrition. Four workshops; 52 facilitators from 13 province and 15 from Central MOPH and Tech-Serve are trained. Thirteen workshops (each province) for 2 additional Health Facilities along with NGOs Supervisory staff and PPHOs. Two technical officers and one administrative assistant are recruited. Provincial action plans are updated in 13 provinces. Sixty-five provincial MOPH staff are trained. Reports are reviewed each quarter. PPHOs staff trained on applying the NMC and using the data. Twenty people attend relevant AKU course.	US\$376,084
2. MENTORING: Tech-Serve mentoring of PPHDs and their team to improve the management capacities of PPHDs to effectively	PHAs are posted to all 13 provinces. PPHCC meetings are attended and supported by the PHAs monthly; the meeting minutes are submitted to central MOPH. Twelve province visits per year are made by PPH and Tech-Serve teams. Two subcommittees are supported in each province each month.	US\$902,525

plan and manage	Ten provincial joint monitoring plans are developed. One hundred joint monitoring visits (NMC recorded in database at Tech-Serve) made. Thirteen active management resource centers including updated policies and technical guidelines are established in the provinces. HMIS data are analyzed quarterly, and a feedback report is generated.	
3. NETWORKING: Expansion of the Tech-Serve model of networking so there is greater communication and problem solving among 13 Provincial Health Directors	Three regional networking meetings for 13 PPHOs teams are held by the September 2008.	US\$150,420

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome
Activity Category: PHT: Training/Mentoring/Networking/Coordination
Year 3

Activity	Deliverable	Cost
1. TRAINING: Continued management support to the PHD teams in training in management and technical areas that will improve health outcomes in the provinces.	At least seven networking workshops to be conducted/attended by technical officer of 34 PPHOs. Recommendations reviewed and action plan developed and implemented at both levels. 13 PPHDs/PHAs received a 5-day course. 13 PHDs received a 5-day course. PPHO staff in 13 provinces receives continuous training on English language. At least 2 PPHO staff of 13 provinces received training on proposal writing. 13 PPHDs/13 PHAs are trained. Necessary coordination and technical support provided to other donors in organizing and conducting the trainings. Up to date information on training needs made available semi-annually and required trainings conducted. One training course provided.	US\$598,342
2. MENTORING: Tech-Serve mentoring of PPHDs and their team to improve the management capacities of PPHDs to effectively plan and manage.	One focal point is assigned to work with APHI. 3 workshops for each of the 13 provinces (39 workshops) for 3 additional Health Facilities/provinces along with NGOs Supervisory staff and PPHOs. 13 workshops conducted to refresh the previous ones by facilitation for the trained staff. 1- Eight USAID province is monitored at least once per year by TS LDP core team and/or MOPH performed, including initial and follow-up visits; 2- Reports generated and feedback provided. At least two sub-committees facilitated in each province every month and the minutes sent to central level. Provincial recommendations shared with central MOPH and feedback provided to 13 provinces. PHAs are posted and supported to all 13 provinces. PPHCC meetings are attended in 13 provinces and supported by the PHAs monthly, actions points are implemented, the meeting minutes are submitted to central MOPH. Work plan of the available PPHO staff are developed and shared with relevant departments through focal points. 12 province visits per year by MOPH GD HSD and Tech-Serve teams. 13 provincial joint monitoring plans are developed and shared with central level. Each HF is visited/year (NMC recorded in database at Tech-Serve) made, security and logistics permitting. Thirteen active management resource centers including updated policies and technical guidelines are established in provinces. 4 quarterly reports are reviewed per grant per province yearly. HMIS data are analyzed quarterly, and a feedback report is generated and disseminated to the provincial and central level.	US\$997,233
3. NETWORKING: Expansion of the Tech-Serve model of networking so there is greater communication and problem solving among 13 Provincial Health Directors.	2 networking workshops are held. 3 Study tours conducted. 4 workshops conducted. One big gathering for recognition of the provincial achievements. Best LDP practices in a province shared with more remote health facilities in a networking workshop.	US\$199,448

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome
Activity Category: PHT: Infrastructure Support
Year 1

Activity	Deliverable	Cost
1.Provision of assistance to MOPH in improved planning for construction and maintenance of health facilities and provincial health offices in 13 selected provinces	Report on recommended renovations of Provincial Health Offices ready by June 30, 2007	US\$60,639
Activity Category: PHT: Infrastructure Support		
Year 2		
Activity	Deliverable	Cost
2.Provision of assistance to MOPH provincial health offices to improve management by provision of proper renovation, equipment, and Internet communication in 13 selected provinces	Functioning Internet connection in 12 PPHOs. In six PPHOs, some renovation work completed.	US\$45,146
Activity Category: PHT: Infrastructure Support		
Year 3		
Activity	Deliverable	Cost
3.Provision of assistance to MOPH provincial health offices to improve management by provision of proper renovation, equipment, and Internet communication in 13 selected provinces	Functioning Internet connection in 12 PPHOs. Rehabilitation work completed in three PPHOs.	US\$159,525

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome

Activity Category: Health Service Provider Capacity Building		
Year 1		
Activity	Deliverable	Cost
1. Continue to enhance the management skills of the hospital directors and his team to improve of EPHS services in five provincial hospital	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; 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; Community Board was established in Badakhshan and regularly attended by the Provincial Health Advisor; was provided to the Paktya provincial 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 managers from Bamyan and 11 Tech-Serve PHAs were trained on national hospital standards.	US\$27,563
Activity Category: Health Service Provider Capacity Building		
Year 2		
Activity	Deliverable	Cost

Expand to tech-serve hospital management improvement work to 12 USAID funded provinces	Two visits are conducted per province. Progress reports on hospital services quality improvement are developed and shared with partners. One visit (including training and mentoring of the hospital staff) is conducted to seven other provincial hospitals. Result of hospital standards assessments is disseminated. Challenges, best practices, and solutions are shared among five provincial hospitals. PPHCCs members in 13 provinces oriented on essentials of EPHS and hospital standards. One workshop is conducted. Hospital community board meetings in five provincial hospitals are attended and supported monthly. The hospital standards database containing assessment findings is updated.	US\$30,031
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Activity Category: Health Service Provider Capacity Building

Year 3

Activity	Deliverable	Cost
Expand to tech-serve hospital management improvement work to 12 USAID funded provinces	Result of hospital standard assessment is analyzed and disseminated; One visit to each hospital is conducted yearly; 2 workshops are conducted; Hospital community board meetings are attended in 5 PH +WAK and feedback provided. Hospital standards database is updated; Pocket book is introduced to 5 provincial hospitals; 10 mentoring visits conducted and reports and recommendations developed; Drug therapeutic committees established and functioning according to standards.	US\$39,920

IR 2: Management Support for Provinces Initiative to Further Enhance the Capacity of the 13 PPHOs to Improve Health Outcome

Activity Category: Strengthening Leadership & Management Skill of Provincial MOPH Staff

Year 1

Activity	Deliverable	Cost
Developed, planning, management, supervision, monitoring and evaluation and leadership capacity of the MOPH	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.	US\$286,658

Activity Category: Strengthening Leadership & Management Skill of Provincial MOPH Staff

Year 2

Activity	Deliverable	Cost
Developed planning, management, supervision, monitoring and evaluation and leadership capacity of the MOPH	Training of core MOPH national facilitators conducted for 15 core national MOPH facilitators; Consensus among MOPH senior leadership over recommendations for improvement of the MOPH new structure.	US\$191,541

Activity Category: Strengthening Leadership & Management Skill of Provincial MOPH Staff

Year 3

Activity	Deliverable	Cost
Developed planning, management, supervision, monitoring and evaluation and leadership capacity of the MOPH	Presentation to TAG on functions of the health system and recommendations regarding key human resources gaps. Steering committee meetings attended and comprehensive capacity development plan developed.	US\$124,275

	Meeting conducted and recommendation provided for LDP scaling up. At least one challenge model developed for each targeted DG and priority interventions are identified. LDP M&E tools developed. 1-Eight USAID province is monitored at least once per year by TS LDP core team and/or MOPH performed, including initial and follow-up visits; 2- reports generated and feedback provided. LDP guide (3 modules included in facilitator guide) translated into Dari and Pashto. 6 committed national facilitators identified at GDs HSD, PP, and APHI. 1 study tour conducted. 15 PPHO and central MOPH participate and complete the course.	
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Cross Cutting

Activity Category: Service Statistics for Monitoring, Evaluation, & Decision Making

Year 1,2,3

Activity	Deliverable	Cost
1. Program information and service statistics form Tech Serve/SSP MIS are available for monitoring & decision making (Year 1)	60 MOPH and NGO staff are trained on modified HMIS forms and guidelines; 27 PPG NGOs and 34 PPHOs receive the updated HMIS replica including EPHS module; HMIS data of acceptable quality are received regularly at the HMIS department of the Ministry; 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; Additional routine reporting templates in Tech-Serve/HSSP MIS; Integrated MIS is maintained; - 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; Updated Training Database; Four quarterly updates to the GeoBase	US\$165,380
2. Program information is analyzed for regular and ad hoc reporting taking into account Tech Serve targets and non Tech Serve information (Year 1)	15 monthly PPG HMIS Summary Reports; One Tech-Serve internal evaluation session held on the project implementation approach; One PMP target achievement update	US\$66,151
3. Program information and service statistics form Tech Serve/SSP MIS are available for monitoring & decision making (Year 2)	2 workshops conducted on HMIS refresher training; HMIS data of acceptable quality is received regularly at the HMIS department of the Ministry; The open source lab is set up to start the testing a number of the web-bases solution for HMIS. Integrated MIS is maintained. Updated Training Database. GIS reports based on new administrative divisions of the country are produced. Four quarterly updates to the GeoBase.	US\$243,971
4. Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-Serve information and USAID and other clients are provided with Tech-Serve performance information in a timely fashion (Year 2)	Twelve monthly MIS routine reports produced; ad hoc requests answered in time. Four Tech-Serve internal evaluation sessions held on the project implementation approach. Four indicator updates done. One PMP target achievement update. Two quarterly reports, one semiannual reports and one annual report	US\$188,110
5. Program information and service statistics form Tech Serve/SSP MIS are available for monitoring & decision making (Year 3)	HMIS data of acceptable quality is received regularly at the HMIS department of the Ministry; Integrated MIS is maintained; Updated TS Training Database; TraiNet updated	US\$206,087
6. Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-	The following routine reports are generated by Tech-Serve and MOPH and reported regularly: (1) Monthly HMIS service statistics summary; (2) BPHS coverage map; (3) EPHS coverage	US\$103,043

Serve information and USAID and other clients are provided with Tech-Serve performance information in a timely fashion (Year 3)	map; (4) TS management support map; (5) Indicators progress map; (6) PPG active health facilities; (7) PPG active health posts; (8) TS training reports; and (9) Grants Summary report; 4 indicator updates; One PMP target achievement update.	
Total		US\$972,742

Cross Cutting		
Activity Category: Planning		
Year 1,2,3		
Activity	Deliverable	Cost
1. Regular planning activities are coordinated across the various program areas of the project. (Year 1)	Submit First year workplan and comprehensive PMP.	US\$121,279
2. Forward planning of the project activities (Year 2)	PY 3 workplan approved by USAID.	US\$141,246
3. Project evaluations and forward planning of the project activities (Year 3)	Internal evaluation team assisted with data collection and analysis of information; One Tech-Serve internal evaluation sessions held on the project implementation approach;	US\$171,739
Total		US\$434,264

Cross Cutting		
Activity Category: Dissemination		
Year 1,2,3		
Activity	Deliverable	Cost
1. USAID and other clients are provided with program information in a timely fashion (Year 1)	Delivered two quarterly reports, one semi-annual report and one annual report	US\$71,665
2. Development of success stories to communicate positive impact of Tech-Serve to USAID (Year 2)	At least four success stories were developed and shared with USAID.	US\$90,162
3. Development of success stories to communicate positive impact of Tech-Serve to USAID (Year 3)	Micheal Paydos, from Boston office, was in Afghanistan in September 2008 to collect information about Tech-Serve accomplishments. He was accompanied by Tech-Serve staff to Bamyan and Takhar provinces. However, no success stories have been released so far.	US\$34,348
Total		US\$196,175

Cross Cutting		
Activity Category: Coordination with MOPH & Other Partners		
Year 1,2,3		
Activity	Deliverable	Cost
1. Coordination with MOPH & Other Partners (Year 1)	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; Regular weekly meetings held with USAID to provide updates on work progress and discuss issues requiring common approach.	US\$220,508

	Monthly coordination meetings with HSSP, provide evaluation of activities. 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.	
2. Coordination with MOPH & Other Partners (Year 2)	Three meetings held with based on MOPH preferences. Hold regular meetings with USAID and other partners to coordinate project direction.	US\$296,353
3. Coordination with MOPH & Other Partners (Year 3)	Conduct information sharing and review meetings with the MOPH senior leadership, as appropriate to report on second year workplan activities; Hold regular meetings with USAID and other partners to coordinate project direction	US\$330,362
Total		US\$847,223

K. PHA JOB DESCRIPTION

VACANCY No:	
NUMBER of POST(s):	1
SEX:	Male/Female
ORGANIZATION:	MSH/Tech-Serve
POSITION:	Provincial Health Advisor
BAND:	6
REPORTS TO:	Program Manager, MoPH Capacity Building (Provincial)
LOCATION:	
POSTING DATE:	
CLOSING DATE:	

BACKGROUND:

The USAID-funded Tech-Serve Program, implemented by Management Sciences for Health (MSH), is a comprehensive program of assistance to Afghanistan's health sector, improving the capacity of the Ministry of Health to plan and manage at the national, provincial, and district levels.

The Tech-Serve has primary responsibility for ensuring the provision of technical and management support at the central MOPH and 13 USAID funded provinces. Tech-Serve will ensure the two-way flow of information between the field and policy-making levels in Kabul; provide a base of support for Tech-Serve Program activities, including monitoring, technical assistance, training, and pharmaceutical distribution; develop the planning and management capacity of the Provincial Public Health Offices (PPHOs) and Provincial Public Health Coordination Committees (PPHCCs); and, seek opportunities for linkages with other programs and for the strengthening of communities and nascent NGOs. Technical support at the provincial level will be provided through a combination of field staff, resident consultants, and collaboration with other qualified institutions.

OVERALL RESPONSIBILITIES:

The Provincial Health Advisor (PHA) will help to ensure the delivery of technical, managerial, leadership development and material assistance to the PPHO, PPHCC, and NGOs; contribute to designing and implementing Tech-Serve strategies for capacity building at the provincial level; and, encourage the flow of strategic, policy, and operational information amongst the PPHO, MoPH, Tech-Serve & other partners. S/he will have to work within a complex environment of the PPHO interacting with a number of stakeholders including donors, NGOs & the private sector.

SPECIFIC RESPONSIBILITIES:

1. Be located in the XXXX Provincial Public Health Office and responsible for focusing on the Provincial Public Health Office and its director to provide technical as well as general management coaching.
2. Coordinate with the Tech-Serve Program Manager for MoPH Capacity Building (Provincial) for the support of Kabul-based Tech-Serve technical staff through regular visits, proper communication between the provincial and central levels of MoPH, and obtaining necessary technical inputs or to meet specific provincial needs.
3. Carry out specific training, support, and other capacity building activities for PHO staff in planning, leadership & management, human resources, supervision & monitoring, HMIS, and other technical areas (in collaboration with appropriate Tech-Serve departments).
4. Ensure progress on the management development plan with the PPHO, including arranging for specific assistance visits, providing overall technical assistance and support in basic management functions, and in identifying additional technical needs.
5. Support the PPHD in establishment of the ability to administer the PHCC, including arranging and managing meetings and documenting proceedings and any decisions taken.
6. Contribute to the development of provincial planning, monthly, quarterly and annual action plan of PPHO team.
7. Actively participate in the joint monitoring/supervision of the PHCC members from the health facilities.
8. Help to liaise among NGOs, PPHOs, PHCCs, and Tech-Serve Kabul in matters of policy and implementation of health care, including location of health facilities.
9. Provide technical assistance to support the achievement of the PPHCC Terms of Reference, including planning, reporting, community-based health care, monitoring and evaluation, and proposal writing/review.

10. Coordinate with Tech-Serve and MOPH to obtain technical materials (i.e., reports, tools, policy guidelines) for use by PPHO and NGO staff.
11. Assist in the establishment and management of the PPHO office, including establishing office systems and identifying human resource needs.
12. Facilitate the work of other Tech-Serve departments, including in the areas of management support, pharmaceutical management and management training.
13. Represent Tech-Serve in meetings with PPHO staff, other government officials, and NGOs.
14. Provide regular and special reports on the progress of activities and on the general situation in the relevant provinces. Provide information to Tech-Serve Kabul on local needs, including program and technical needs, administrative and management problems, and political situation, which affects the development of the health system.

The PHA's responsibilities will evolve over time as the scope and activities in the field expand.

QUALIFICATIONS:

1. Be an Afghan national
2. Medical degree. Master's degree in public health or equivalent training will be an advantage
3. Five to six years experience working with public sector institutions and NGOs at various levels in the health sector in Afghanistan.
4. Professionals with residence and cultural familiarity from the community and XXXX province are preferred
5. Knowledge and experience with management and community-based health care programs
6. Fluency or near-fluency in Dari (Farsi) and/or Pashto
7. Ability to speak and write coherently and effectively in English
8. Basic computer ability, including competence in word processing and spreadsheets; prefer knowledge of MS Office suite.
9. Ability to travel to districts and rural areas on a regular basis as well as to other provinces.

L. MTR WORK PLAN

A. SCHEDULE OF DELIVERABLES:

Work Plan and schedule of activities*: April 16, 2009
 List of Evaluation Questions: April 16, 2009
 Final Self Assessment Questionnaire: April 28**, 2009
 Power Point Presentation on results: May 17, 2009
 Evaluation Report first draft: May 17, 2009
 Evaluation Report final draft: May 24, 2009

*schedule of activities will be up-dated as changes occur

** pending review of the Project internal evaluation

B. INTERVIEWS:

The assessment team will meet with appropriate individuals from the following organizations. (A detailed list of people interviewed will be provided in the evaluation report.)

United States Government

- USAID - OSSD
- USAID Implementing Partners
 - Tech Serve Team
 - HSSP
 - COMPRI A
 - The Partnership for Child Health Care (BASICS)
 - MSH (field and HQ)

GIRoA

- Ministry of Health at Central Level
 - Deputy Minister for Technical Affairs
 - Deputy Minister for Health Care Services Provision
 - APHI
 - Policy & Planning GD
 - GCMU
 - M&E
 - HMIS
 - Health Care Service Provision GD
 - Central hospitals Directorate
 - CDC Directorate
 - Emergency Preparedness & Response Department
 - Child & Adolescent Health Department
 - Pharmaceutical Affairs GD
 - Human Resource GD
- Ministry of Health at provincial level: Provincial Health Teams in at least 5 provinces (Central, North, South, Kabul Province)

Other Partners/stakeholders

- NGOs
- Other donors (EC, the World Bank)
- UN technical agencies (WHO, UNICEF)

C. METHODOLOGY, ORGANIZATION AND ANALYSIS PLAN

The evaluation team will collect/review information through written documents, key informant interviews and discussions with GIRoA officials, project implementers, participants, partners and stakeholders, and complemented by field visits. The team will develop a self assessment questionnaire which the Tech Serve team will complete by a specific date, to complement the internal evaluation recently made by MSH where deemed appropriate.

The results of this, together with the internal MSH evaluation report, will be synthesized to develop key findings, conclusions and recommendations on the Tech Serve project for USAID.

D. PRELIMINARY REPORT OUTLINE

Executive Summary

The Executive Summary will state the development objectives of the program/project evaluated; purpose of the evaluation; study method; findings; conclusions, lessons learned and future design implications.

Table of Contents

Introduction

The context of what is evaluated including the relevant history demography socioeconomic and basic political arrangements.

Body of the Paper

The report will include the following.

5. The purpose and study questions of the evaluation. Brief description of the program.
6. Evidence, findings and analysis of the study questions.
7. Conclusions drawn from the analysis of findings stated succinctly.
8. Recommendations.

Annexes will include

9. Follow-on program description
10. Evaluation scope of work
11. List of documents consulted
12. List of individuals and agencies contacted
13. Schedule of activities
14. Evaluation Team composition

E: ILLUSTRATIVE INTERVIEW QUESTIONNAIRE

See list of study questions in Annex A

Annex A. Study Questions for Tech Serve Evaluation

TECH SERVE ILLUSTRATIVE EVALUATION QUESTIONS

Questions from USAID/Afghanistan are in red.

Illustrative interview guidelines are provided in part B for provincial level and NGOs. These interview guidelines are adapted for each stakeholder.

A. Assessment of Results and Impact of the Project

1. Summary M&E Table (example of one line from the PMP)

Objectives	Indicators	Baseline Sept 2007	Status March 2008	Final target	Notes
Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services,	Number of MOPH GDs or deputies with a functioning LDP team reporting improved collaboration and communication on at least one new priority issue each year	2 MOPH GD PHC and GD administration	3 (cumulative life of project)	3 (cumulative life of project)	

2. Discuss progress in each of the four Intermediate Result areas. In this section:

- i. How do you rate the success of the project against the defined program objectives and what are your recommendations to help inform future work plans in the current agreement to ensure goals (objectives) are met? Discuss the results and outcomes of the project as measured by comparison of the baseline and most recent monitoring data available.
- ii. According to the key stakeholders, what is the technical quality of the program's activities?
- iii. Describe factors affecting achievement of specific project objectives and outcomes. For objectives/indicators not on track, discuss contributing factors.
- iv. How adequate has support been from headquarters and how well has the partnership with USAID and other USAID implementers worked?
- v. Describe this project's coordination and overlap with other projects, notably HSSP, PRT, COMPRI/A, BASICS.
- vi. For each result area, what are the main successes and lessons learned?
- vii. How can the impact of capacity building efforts be measured? What are the key ingredients to Tech-Serve's approach to capacity building?
- viii. Discuss special outcomes, and unexpected successes or constraints.
- ix. If the project will be continued, describe how the lessons learned should be applied to future activities.
- x. Conclusions and Recommendations

B. Example of interview guidelines:**a. Questions PHT/PHA**

What are the main activities of the PHA? What percentage of time would you roughly allocate to each respective area?

1. Coordination/management

- How is defined the role of the PHA vs the PHO staff/director? Please describe and give examples
- Actions plans for the PHO: when was the last done?
- Regularly updated?
- PPHCC: how does it work? Who attend? Frequency? Role of TS?
- How effective is the coordination with PRTs?
- Do you have technical guidelines available at the provincial level? Which ones?
- Which subcommittees are active in your province? Please list. How frequently do they meet? Who attends?
- What is the staffing situation in your province: at the PHO level? In the facilities?

- What is the impact of external factors on activities (insecurity? Weather conditions?)
- LDP: what it is practically? Give example of how it works in your province
- What has changed for the PHO with the reorganization of the MOPH (GDPPH no longer exists)?
- 2. HMIS
 - PPHO HMIS staff: number? training? turn-over?
 - What is the completeness of reporting in your province? How is it monitored?
 - How is the information utilized in your province: reports, display (graphs,...), planning purposes, etc...
- 3. BPHS
 - What is the role of the PHA and PHO vis-a-vis the NGOs providing BPHS?
 - Do NGOs report to the PHO?
 - Who monitors NGOs? How is it done (resources and methods)? Frequency?
- 4. Hospital management
 - What tools have been provided to the hospital (management, quality standards,...)?
 - Has peer review taken place? Who participated?
 - Who monitors hospital standards? How are they monitored? Frequency?
 - Issues of hospital performance (as per 2007 Afghanistan Hospital Assessment)
- 5. Pharmaceutical supply
 - Does the provincial level have a role in monitoring the pharmaceutical management (availability/storage/SCM)?
 - What is the situation in your province? Are there stock outs? How is it handled?

b. Questions NGOs

1. How is the coordination level of your NGO with Tech-serve at the central and provincial level?
Which kind of management support did you receive during the last year at central level and provincial level from Tech-Serve and PHA? (Training, logistics etc).
The number of trainees, the level of training, the training subject and training course duration.(LDP , TOT , HMIS etc).
What is the degree of coordination of Tech-serve and PHA at the central and provincial level for making of action plans?
2. PPHCC meetings: Did the PHO from your organization attend in PPHCC meetings on regular bases.
3. There are any sub committees in your underserved province?
Which sub committees? Frequency of meetings?
4. Are there any technical guidelines available from Tech-serve at the central or provincial level?
5. HMIS: the number of HMIS officers at the central and provincial level, who monitors the processes of collecting information?
Who makes analysis and comments?
How is the feedback procedure?
How is the frequency of transferring the data?
What is the involvement of PHA in HMIS procedure?
6. implementation of BPHS: What kind of support is provided by PHA at the provincial level ?
7. Which kind of technical support is provided in EPHS section by PHA?
Who monitor the hospital standards?
How the hospital is monitored?
Frequency?
8. Reporting: Do your organization submitted their activity reports to PHO or PDH
9. Monitoring: who monitors the health facilities activities?
How is done (is there is any specific monitoring tools and formats?
What is the frequency?
10. Pharmaceutical supply: Who supply the essential drugs for Health facilities?
Number of Health facilities?
Frequency of supply?
Drug management and logistics (storage , distribution , inventory)?
How is the emergency stocking?
Seasonal supply etc , Who prepare the list of needs for medicine?
What is the role of PHA for drug management?
11. Contact and communication with PRT : do you have any contact with PRT ?
Which type of contact ?
Attend at the meeting?

Transportation or other type of support?

12. Problems and challenges: What are your major problems in your underserved province and districts?

Do you have any problem with PHA?

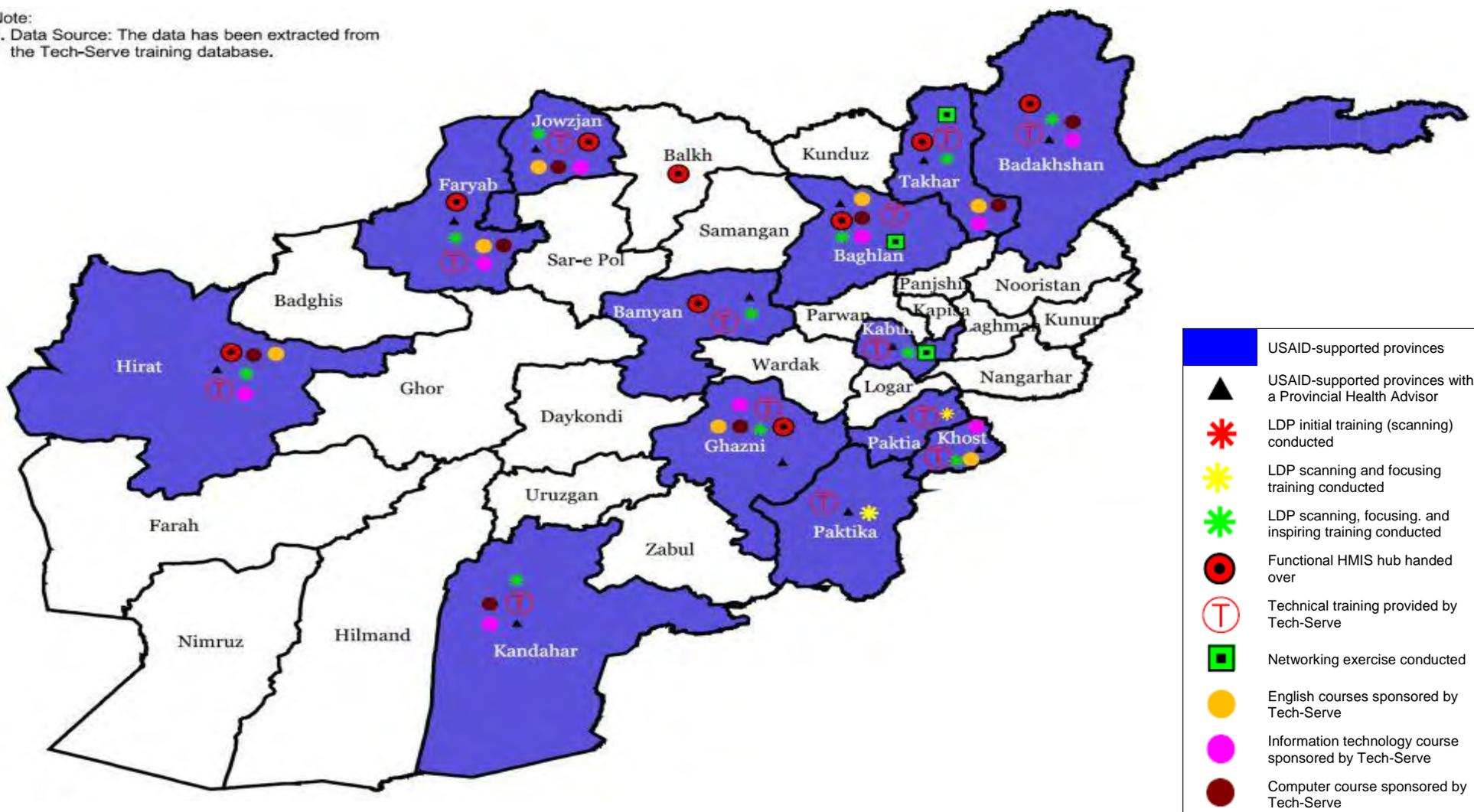
What are the challenges?

13. Comments: What is your expectation form Tech-serve at the central and provincial level?

What is your recommendation?

M. MAP OF TS SUPPORTED PROVINCES

Note:
 1. Data Source: The data has been extracted from the Tech-Serve training database.



N. TECH SERVE SELF EVALUATION

Interviews with Tech Serve management and technical staff completed the internal MSH evaluation in some areas that are presented below.

5. According to the key stakeholders, what is the technical quality of the program's activities?

The relationship and trust between Tech Serve and the MOPH are very good. Tech Serve's management is very responsive to questions from the Minister and senior staff of MOPH. The technical quality of Tech Serve's activities is highly valued.

Since 2002, there have been a lot of changes in BPHS strategy. Tech Serve program has adjusted to these changes. There is a high level of trust and respect and confidence with the MOPH. Dr. Fatimie, DGs and below are very good and outstanding. MOPH appreciates the support of MSH. Email communication is clear and there is always follow through. Tech Serve's technical input has been valued and the team is well recognized. Dr. Mubarak has 20 years of close relationship with Dr. Fatimie.

6. How do you rate the success of the project against the defined program objectives and what are your recommendations to help inform future work plans in the current agreement to ensure goals are met?

In spite of numerous ad hoc requests Tech Serve is doing its best to maintain the focus on the long term objectives. The priorities are defined in accordance with the ANDS, around the following priority areas: (1) Implementation of BPHS and EPHS, with increase in quality and coverage; (2) Ensure that the system is in place for the MOPH to implement these services. Tech Serve is achieving its objectives to improve the management capacity of the MOPH to plan, manage, supervise, monitor and evaluate the access to quality BPHS and EPHS, particularly those of highest health risks.

7. How adequate has support been from headquarters and how well has the partnership with USAID and other USAID implementers worked?

The relationships with MSH headquarters are "healthy", frank and open on both ways. Weekly calls are organized with HQ with an agenda. Support is provided when requested. When challenges are faced, discussions are carried with clear communications. Alan Joyal is available to address key issues. Some technical staff would like stronger back up and more regular support from HQ under a scheduled plan.

USAID's support is constructive and supportive, and the assistance Tech Serve receives from USAID office in managing the project in a difficult political and operational environment is appropriate. Relationships are not formal. The Technical Director, who has a long experience working with USAID, considers that the support from USAID Health here is outstanding. USAID is very involved but does not micromanage. Tech Serve sees USAID as true partners, which help them. For technical staff, USAID's ad hoc requests coming in addition to the work plan do not cause delays to the work plan.

The partnership with other USAID implementers has been uneven. The major issue is the respective areas of responsibility between the projects that resulted from the breakdown of the REACH project, notably HSSP and Tech Serve on training issues. Issue with HSSP: this project is responsible for the capacity building, but there is no specific competency on some technical issues. Therefore USAID should rethink how to provide NGOs capacity building services.

8. How can the impact of capacity building efforts be measured? What are the key ingredients to Tech-Serve's approach to capacity building?

Tech Serve is mostly doing capacity building. Beyond the "Central Level Capacity Building" program, all the programs are participating in this. Capacity building was initially more focused on provincial level, but at central level the program has played a key role in the development of policies, guidelines and instruments that have contributed to the implementation of BPHS and EPHS. Policy formulation in Afghanistan relies to a large extent on the work of task forces. These task forces present their policy recommendations to the national Council on Health and Nutrition, composed of MOPH, NGOs and other donors' representatives. Once it is approved, a policy goes to the Technical Advisory Group and finally to the Executive Board of the MOPH composed of the Minister, the three Deputy Ministers and the six General Directors, where final approval is given. Tech Serve has served on many task forces and is a permanent member of the CGHN and also has two seats on the TAG.

Tech Serve has helped establish coordination mechanisms between different units/departments of MOPH by assisting in task forces in some areas. Tech Serve has also assisted in establishing communication between central and provincial

level for programs such as communicable diseases. TS assisted in developing monitoring and reporting format and procedures, and the networking between the 34 provinces: sharing of guidelines, strategies, experience
Measure of capacity building results: progress have been made through networking workshops, training on writing reports, improved communication between central and provincial MOPH.

9. How is the harmonization with other donors ensured?

Harmonization is made through CGHN and TAG, plus the annual meetings (result conference and donors retreat). At these meetings, strategic issues are addressed by all donors.
Coordination with other donors is also made at program level (for example CAH and UNICEF).

10. How are decided the areas of support to the MOPH at central level? How is assistance (central/provincial) work plan elaborated?

Approach with Central MOPH and Provincial: it is different because the context at the central and the provincial level are different. The approach responds to that context. At the provincial level, it is less political and easier to work with – on the ground, no hierarchy, very practical, community are the immediate recipients and there is an obligation to respond to them and easy to get results. Central MOPH has better capacity than provincial level. Tech Serve's focus is at 75% at provincial level, while it is 25% at the central level. At the central level, Tech serve is imbedded in some of the departments – i.e. GCMU. Certification was based on Tech Serve contribution. HMIS achievement is totally based on day to day mentoring. HR database development is a great achievement. At the central level, staff is not assigned full time at the MOPH. They meet with Taskforces and focal points at the department. Have regular email and telephone contact. The plan is underway to have them physically present. MOPH Central level environment is not simple and requires good trust w/ MOPH. Tech Serve needs to develop the management of each DG. The LDP is helping in team building

Use of ST TA: for preparing GFATM proposal, this was at the request of MOPH. There was a joint identification with the task force, and the CVs were approved by the task force.

Work with MOPH: in some sectors the GD has its work plan, and organizes the different supports. In other sectors the work plan for 2009 was developed with MOPH. Previously it was TS's own plan.