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Tech-Serve Semi-Annual Report (July 2006 - March 2007)

Tech-Serve

April 2007

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Technical Support to Central and Provincial Ministry of Public Health Project (Tech-Serve) Semi-Annual Report July 2006-March 2007 *



(Transportation of USAID pharmaceuticals to a clinic in Ragh district, Badakhshan province. Photo by Medair)

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*- The reporting period is exceptionally nine months to synchronize this and future semi-annual and annual reports with the Tech-Serve and USAID workplanning cycle.

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List of Acronyms/Abbreviations

ANDS	Afghanistan National Development Strategy
BCC	Behavior Change Communication
BPHS	Basic Package of Health Services
CCM	Country Coordination Mechanism
CGHN	Consultative Group on Health and Nutrition
CHW	Community Health Worker
C-IMCI	Community-based Integrated Management of Childhood Illnesses
CSO	Central Statistics Office
DEWS	Disease Early Warning System
DOTS	Directly Observed Therapy, Short Course
EC	European Commission
EEPR	Emergency and Epidemic Preparedness Response
EPHS	Essential Package of Hospital Services
GCMU	Grants and Contracts Management Unit
GAVI	The Global Alliance for Vaccines and Immunization
GF	Global Fund
HMIS	Health Management Information System
HRD	Human Resources Development
HSS	Health System Strengthening
IEC	Information, Education and Communication
JHU	John Hopkins University
LDP	Leadership Development Program
LMS	Leadership, Management and Sustainability Program
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MIS	Management Information System
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
MSP	Management Support to Provinces initiative
NGO	Non-Governmental Organization
NMC	National Monitoring Checklist
NMLCP	National Malaria and Leshmaniasis Control Program
NTP	National Tuberculosis Program
PHA	Provincial Health Advisor
PHC	Primary Health Care
PMP	Performance Monitoring Plan
PPA	Performance-based Partnership Agreement (World Bank funded)
PPC	Performance-based Partnership Contracts (European Commission funded)
PPG	Performance-based Partnership Grants (USAID funded)
PPHCC	Provincial Public Health Coordination Committee
PPHD	Provincial Public Health Directorate
PPHO	Provincial Public Health Office
PQI	Performance Quality Improvement
QA	Quality Assurance
REACH	Rural Expansion of Afghanistan's Community-based Healthcare program
SSP	Service Support Project
TA	Technical Assistance
TB	Tuberculosis
TAG	Technical Advisory Group
TDY	Temporary Duty
Tech-Serve	Technical Support to the Central and Provincial MOPH Project
TT2+	Second or more Tetanus Toxoid doses

USAID United States Agency for International Development
WHO World Health Organization

PPG NGO GRANTEES

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

Executive Summary

The primary objective of Tech-Serve is to work with the central and provincial Ministry of Public Health in Afghanistan to build its capacity to guide the country's health system by establishing health objectives that address priority health problems of the people of Afghanistan, while ensuring equity and fostering sustainability of the health system. This report covers the first three quarters of Tech-Serve project activities from July 2006 to March 2007. The major accomplishments of Tech-Serve were:

- Despite continuing security incidents and threats in the project operation areas and the earlier than expected onset of winter, Tech-Serve continued to provide on-site technical assistance through its Management Support to Provinces (MSP) initiative to strengthen the Ministry of Public Health at the provincial level in all 13 USAID-funded provinces. The project capacity building team from Kabul visited and assessed the Ministry of Public Health's offices in all 13 Tech-Serve focused provinces, exceeding the project year 1 (PY1) target for priority provinces (original plans anticipated a three-year phase-in to support all 13 provinces).
- By March 2007, MSP initiative was institutionalized in 12 provinces other than Kabul by recruitment, orientation and deployment of 8 resident Tech-Serve provincial health advisors (PHAs); four provinces of Badakhshan, Kandahar, Bamyan and Herat now have full time resident PHAs and eight provinces of Baghlan, Takhar, Faryab, Jawzjan, Ghazni, Paktika, Paktya and Khost have half time resident PHAs.
- Preliminary evidence also demonstrated success in initiation of Leadership Development Program (LDP) technique in 13 Provincial Public Health Coordination Committees (PPHCCs) as a part of the Tech-Serve MSP initiative. Regular conduction and moderation of the PPHCC meeting and several fold increase in the number of PPHCC joint monitoring visits to BPHS clinics with an enhanced technical capacity were other notable achievements of the Tech-Serve MSP initiative.
- A team of 11 consultants consisting of a recently hired international advisor and 10 Afghans, jointly recruited by MOPH and Tech-Serve and funded by Tech-Serve, continued to provide assistance to the MOPH Grants and Contracts Management Unit (GCMU) and WHO to manage Performance-based Partnership Grants (PPGs) for delivery of Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). Overall, these grants are being implemented successfully and Afghan NGOs have demonstrated a noticeable good performance. During the reporting period, services were provided through PPG grants to 3.6 million outpatients and 21,000 inpatients.
- Tech-Serve distributed \$3.9 million of quality essential drugs, contraceptives, and TB medications to USAID-funded NGO health service providers. As a result of winterization readiness efforts by Tech-Serve and MOPH, stockout of essential drugs was minimal in PPG districts during winter months.
- Tech-Serve support to MOPH Health Management Information System and Human Resources Department also continued resulting in regular and systematic retrieval of health service statistics from nearly 80% of all BPHS health facilities in the country. In addition, more than half of the health

workers in the NGO and public sector nation-wide are now registered with their information computerized in a central MOPH database.

- As evidenced in the updated Tech-Serve Performance Monitoring Plan, there is balanced and proportionate achievement of a majority of project year 1 (PY1) targets. This demonstrates a healthy progress by Tech-Serve in project activities and a promising outlook for full target achievement by the end of PY1.

Introduction

Technical Support to Central and Provincial Ministry of Public Health Project (Tech-Serve) works with the central and provincial MOPH to build its capacity to perform its primary function of guiding the health system by establishing national health objectives that address national health priorities while ensuring equity and fostering sustainability. Tech-Serve provides ongoing technical assistance in key public health technical areas and engages both central and provincial managers in developing their management and leadership skills to focus on health results and accountability. This includes working directly with the MOPH's Deputy Ministers, Director-Generals, Provincial Public Health Directors and the Grants and Contracts Management Unit (GCMU). The Tech-Serve Management Support for Provinces (MSP) initiative works directly with provincial health directors and their teams to effectively articulate their health priorities, strategies to address health needs, to plan, implement the strategies and to monitor their activities. This project was launched in July 2006 by Management Sciences for Health under Associate Cooperative Agreement No. 306-A-00-06-00522-00 with the United States Agency for International Development (USAID).

The three intermediate results of the project are:

1. Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers;
2. Improved capacity of the thirteen Provincial Public Health Offices of the MOPH to support the delivery of BPHS and EPHS services; and
3. Developed management and leadership capacity of the MOPH

This document is the first Tech-Serve semi-annual report and covers the period of July 2006 to March 2007. The reporting period is exceptionally nine months so this and future semi-annual and annual reports of the project are consistent with the USAID workplanning cycle. This report consists of eight sections

1. Key achievements of Tech-Serve. This section highlights the major achievements of the Tech-Serve project during January to March 2007 as well as a summary of project achievements between July and December 2006 (for a more in-depth listing of achievements for July to December 2006, see Tech-Serve Quarterly Report #1 for July to September 2006 and Tech-Serve quarterly Report #2, October to December 2006). A comprehensive update of the status of all project activities compared to what was anticipated in the workplan is provided in the third section. A table updating progress of the Performance Monitoring Plan is also included as an annex.
2. Overall achievement
3. Other achievements beyond the workplan. This section highlights major accomplishments that were not planned in the project workplan but were significant and notable. Tech-Serve's involvement in these activities has been the result of MOPH or USAID requests, or project decisions based on other factors.

4. Progress to-date compared to the workplan-planned activities, and associated constraints. This section provides the detailed status of each activity listed in Tech-Serve's approved workplan as of end of March 2007.
5. Challenges and opportunities for improvement. This section summarizes the primary challenges encountered by Tech-Serve and also areas for improvement that the project team identified in a participatory team-learning exercise conducted as part of this semi-annual report development process.
 - Security. This section is new to Tech-Serve progress reports and documents major security incidents with a cross-cutting nature and their implications for the project. The information provided in this section covers only the latest reporting quarter of January – March 2007.
6. Lessons learned. This section lists the key lessons that the Tech-Serve team has learned, after reflecting on the results of planned project activities.
7. Key next steps. This section highlights the priority next steps that the team feels need to be taken in pursuit of the results and outputs of project activities in the first three quarters, or in anticipation of the fourth quarter interventions.
8. Annexes. This section provides complementary information for further reference and study. Annexes include 'Update on Tech-Serve Performance Monitoring Plan Indicators', 'Short Term Technical Assistance Visits during This Reporting Period', and 'Documents Available for Further Information'.

1. Key Tech-Serve Achievements

The major achievements of Tech-Serve from July 2006 through March 2007:

1.1 MOPH Capacity Building – provincial level

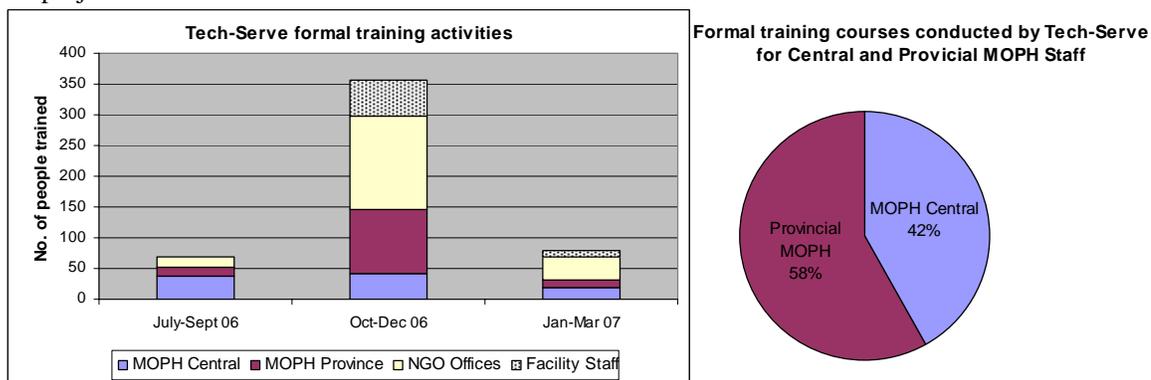
Resident provincial health advisors:

- Tech-Serve accelerated its management support to Herat and Kandahar by hiring a Provincial Health Advisor (PHA) for each province. Placing a PHA in each of these two provinces was planned for the PY3 workplan, but the activity was brought forward to year 1 by Tech-Serve based on the project realities, provincial readiness to join the Tech-Serve Management Support to Provinces initiative and central eagerness to expand the MSP rapidly. As depicted in Map 1, 12 out of 13 USAID-supported provinces had a Tech-Sever PHA by March 2007.

Focused training:

- Tech-Serve continued its Management Support for Provinces (MSP) initiative by training and mentoring provincial management teams of the Ministry of Public Health (including government and non-government members of Provincial Public Health Coordination Committees) in 11 out of 13 USAID-supported provinces using the Leadership Development Program (LDP). Tech-Serve trained 295 staff, including 25 senior-level leaders. Provincial trainings of management and leadership included 48 female MOPH and NGO members. Tech-Serve is proud that its target for continued management support to the security-restricted provinces of Paktya, Khost, and Paktika was achieved despite ongoing security incidents. Map 1 summarizes the progress of the Tech-Serve MSP initiative at the provincial level. Figure 1 shows Tech-Serve training activities are increasingly focused on provincial public health offices rather than central MOPH.

Figure 1- Trend and composition of Tech-Serve training activities in the first three quarters of the project



Improved linkages:

- Tech-Serve provided increasing technical and financial support to the MOPH General Directorate for Provincial Public Health Departments. This support is

critical to developing a coordinated and strategic link between central MOPH and provincial MOPH. Tech-Serve support included the semi-annual central MOPH coordination workshop with all 34 Provincial Public Health Directors (PPHDs). The outcomes of this workshop were 1) updates for the PPHDs on new MOPH policies; 2) Tech-Serve presentation on the elements of quality measurement (structure, process, and outcome) and how to improve the quality of care; 3) emphasis for the PPHDs on being outcome-oriented in measuring the performance of their Provincial Public Health Offices. Preparation for a second PPHD semi-annual meeting is underway where Tech-Serve is also providing technical and financial support.

Improved hospital standards compliance:

- The first round of Tech-Serve assessment of compliance with National Hospital Standards in 5 USAID-supported Provincial Hospitals was completed during January – March 2007 and the findings showed continued overall improvement in quality standards. The most dramatic improvement was noticed in standards for surgical emergencies, management of hospital pharmacy and human resources management. Badakhshan showed the greatest degree of overall quality improvement (see Box 1). Box 1 provides details on improvements in the individual provincial hospitals, as well as improvement by the hospitals as a group, for individual standards.

Support to Provincial Public Health Coordination Committees (PPHCC):

- Tech-Serve continued to facilitate consistent and improved operation of Provincial Public Health Coordination Committees (PPHCCs) in Baghlan, Takhar, Jawzjan, Faryab, Bamyan, Khost, Paktia, Paktika, Ghazni, Kandahar, Herat and Kabul provinces. Seventeen PPHCC meetings were facilitated after January 2007 by resident Tech-Serve PHAs. PPHCCs are a critical element to the proper operation of provincial health offices in obtaining positive health outcomes. The PPHCCs bring together all the partners in a province—government, UN, NGOs and international organizations—involved in planning and provision of health services throughout the province. The proper functioning of PPHCC is essential if progress is to be made in getting and achieving targets for improved health outcomes. Prior to January, PPHCC meetings were attended at least once by the Tech-Serve Kabul team in Bamyan, Takhar, Baghlan, Faryab, Ghazni, Paktia, Paktika, Jawzjan, Herat, Kandahar, Kabul, Badakhshan and Khost Provinces as a part of provincial visits.

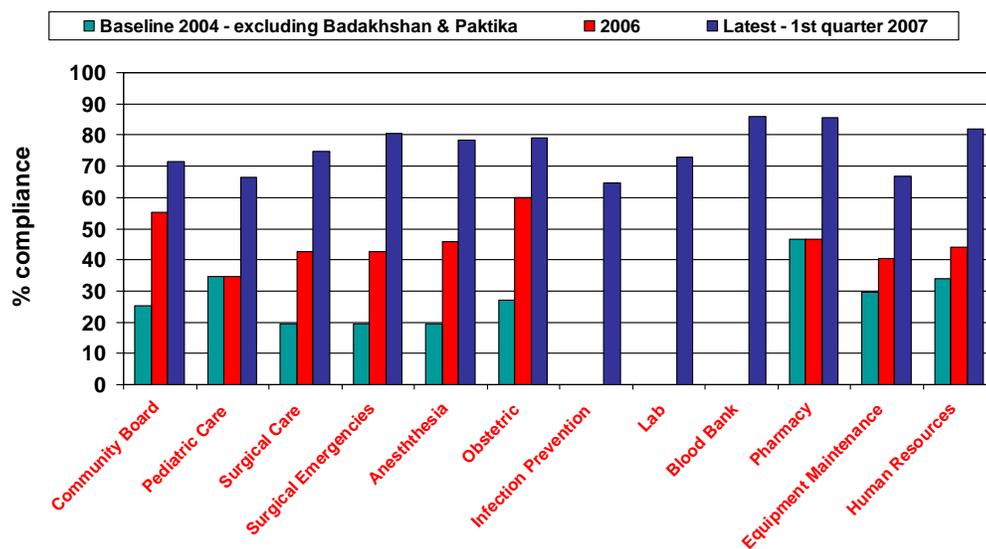
Monitoring of NGO health facilities:

- Tech-Serve technically and financially supported joint monitoring visits to NGO Basic Health Centers and Comprehensive Health Centers by PPHCC members in USAID-supported provinces to assess health service delivery. Since January 2007, 32 joint monitoring visits were conducted with Tech-Serve support.

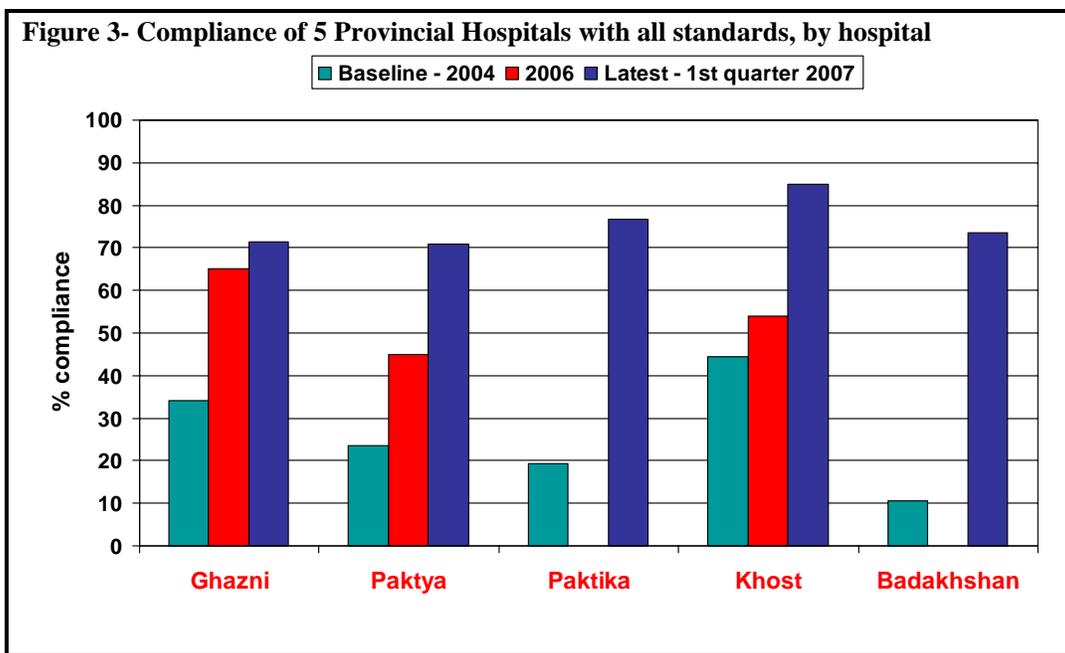
Box 1. Quality Improvement in Provincial Hospitals

The findings in the first round of Tech-Serve assessment of compliance with National Hospital Standards in 5 USAID-supported Provincial Hospitals show continued improvement in quality of care standards between 2006 and 2007. The biggest improvements have happened in standards for surgical emergencies, management of hospital pharmacy and human resources management. Blood bank and management of hospital pharmacy in the 5 provincial hospitals show the highest compliance rates compared to other standards. Measuring the trend of infection prevention, lab, and blood bank standards was not possible since they were either newly introduced or significantly modified since their last application under REACH. Therefore, Tech-Serve's first assessment is considered the baseline for them.

Figure 2- Compliance of 5 Provincial Hospitals against National Hospital Standards (by standard average across all hospitals; average score by standard for Khost, Paktya, Paktika, Ghazni, and Badakhshan provincial hospitals)



Except for Paktika where assessment of change over time was not possible with existing data, all other 4 USAID-supported provincial hospitals showed improvement in compliance with standards. The most dramatic improvement was demonstrated at Badakhshan provincial hospital while the provincial hospital in Ghazni only showed a modest degree of improvement compared to previous assessments. In terms of absolute compliance rate, Khost received the highest rank compared to other hospitals. Please note that baseline assessments included 7 to 8 standards.



1.2 MOPH Capacity Building – central level

Responsive support:

- The initial needs assessment of central MOPH by Tech-Serve found a great need for supporting the Child Health Department and IMCI if there were to be reductions in child mortality. Tech-Serve supported the MOPH Child Health Directorate by providing a child health advisor and helping develop an annual workplan. The newly recruited Tech-Serve child health advisor facilitated the workplan development process. Revision of the Child Health Policy is also underway.

Sharing international experience:

- Tech-Serve organized three technical seminars by international consultants for the MOPH, donor agencies, UN partners, and NGOs in November and December 2006 and March 2007. The topics included HIV/AIDS, community IMCI (C-IMCI) and Hospital Community Boards. On C-IMCI, some of the lessons learned were shared with the MOPH Department of Child Health and the Ministry was encouraged to adopt a C-IMCI plan based on national and international evidence. Awareness of the HIV/AIDS situation in Afghanistan was raised by reviewing international experience in combating HIV/AIDS as well as presenting recent Afghan data on the prevalence of HIV/AIDS. Recommendations were also made for further integration of HIV/AIDS into the MOPH communicable diseases plan, with a special focus on IEC/BCC methods. On Hospital Community Boards, Tech-Serve's experience on establishment, composition and membership, roles and responsibilities and examples of achievements of community boards were shared with the participants of the seminar.

Responding rapidly to emergencies:

- Tech-Serve helped re-establish the Emergency and Epidemic Preparedness and Response (EEPR) task force and provided technical input to development of the National EEPR plan.

Encouraging realistic sustainability:

- MOPH presented the case for user fees and cost recovery at MOPH hospitals to the Afghan Cabinet and the health committee of Parliament with Tech-Serve support. Tech-Serve continues to provide technical and policy support to the MOPH to increase awareness of the National Policy on Cost-Sharing for Sustainability. As a result, the national government's Cabinet approved user fees for hospitals in November 2006.

Combating communicable diseases:

- Tech-Serve supported MOPH Communicable Disease Control efforts in this reporting period through realistic and focused support to the National TB Program (NTP) and Country Coordination Mechanism (CCM) for the Global Fund for AIDS, TB and malaria with a national advisor and international short-term technical assistance. Acceptance of TB Standard Operating Procedures by MOPH, contribution to translation of TB Standard Operating Procedures into local languages (Dari and Pashtu), provision of technical input to revision of Salary policy for NTP and National Malaria and Leshmaniasis Control Program (NMLCP), development of TB supervisory model, provision of input for development of NTP Operational plan for 2007-2008, revision of the MOPH's Proposal for Round 4 Global Fund for TB are the key outputs of Tech-Serve support to MOPH in this area.

Hospital medical equipment maintenance:

- Tech-Serve conducted an assessment of medical and non-medical hospital equipment at five provincial hospitals and Jumhuriat Hospital in Kabul. Findings of the assessment will be used to develop a prototype preventive equipment maintenance plan that will be developed in the coming quarter. This plan is expected to go through MOPH for institutionalization.

1.3 Support to the MOPH Grants and Contracts Management Unit

Technical support to GCMU:

- Tech-Serve continued its assistance to the MOPH and WHO in managing grants for providing quality BPHS and EPHS services. Eleven out of twelve planned positions of seconded PPG consultants to the Grants and Contracts Management Unit (GCMU) of the Ministry were successfully filled. MSH recruited a long-term international advisor for the GCMU. He began his work in January 2007 after being approved by both the MOPH and USAID.

Services for 3.6 million outpatients and 21,000 inpatients:

- PPG BPHS and EPHS programs are being successfully implemented, with remarkably good performance by national NGOs. The Tech-Serve-supported Performance Partnership Grants (PPG) Team of GCMU continued to manage 27 BPHS and EPHS Grants (now valued at \$52.3 million for two years) and issued five EPHS grant modifications. The NGO PPG Grantees served 3.6 million outpatient clients in 342 health facilities¹ and 3,500 health posts in the 13 USAID-funded provinces during the months of July through December 2006. An additional 21,000 clients were served as in-patients in PPG district and provincial hospitals during the same period. In remote areas that are inaccessible during the winter, PPG grantees successfully completed stockpiling of essential pharmaceuticals. Findings of monitoring visits shows that overall, in health facilities visited during winter nearly 90% of essential drugs were available (see Box 2 for further information in this regard).

Support to WHO:

- The Tech-Serve PPG team continued to support WHO to ensure that fund transfers to all NGO grantees were carried out in a timely manner so there was no disruption of health services. In the meantime, PPG NGOs received two rounds of financial compliance training one in August 2006 and the other in March 2007. Financial reporting of NGOs has improved remarkably in the reporting period. The issue of the most effective use of under-spending by grantees was also identified and quantified by Tech-Serve and discussed with MOPH, WHO and USAID.

Monitoring health facilities and services:

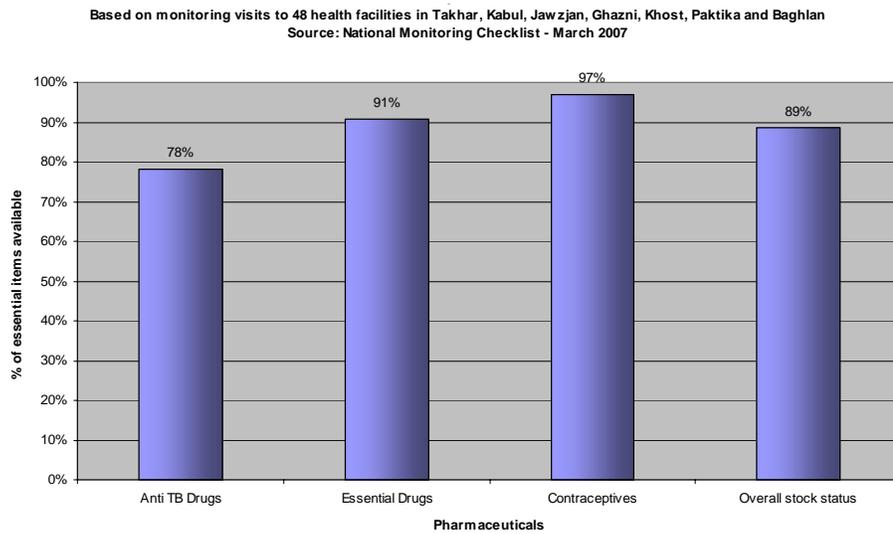
- Implementation of a monitoring plan by the PPG team started in January 2007 and included the insecure areas such as Khost, Ghazni, and Kandahar. The monitoring plan expects to have one half of all PPG health facilities visited in the first year of Tech-Serve. A total of 31 sites were visited during January to March 2007. Monitoring findings have been regularly shared with the MOPH, WHO, SSP, and USAID in the coordination meetings.

Box 2. Availability of pharmaceuticals in PPG health facilities in winter 2007

Findings of monitoring visits show that overall, in PPG health facilities visited, close to 90% of essential drugs were available. Availability of contraceptives was close to 100% followed by essential drugs in more than 90% of the cases. TB drugs were unavailable in 22% of the cases. WHO is now distributing TB drugs directly to health facilities rather than using the Tech-Serve distribution system. Some problems and gaps in clinics having a regular supply have been found and are reflected in the graph.

¹ - As of end of March 2007, the total number of active PPG health facilities including provincial hospitals is 351. This includes the newly handed over health facilities in Darwaz and Shighnan districts of Badakhshan. 342 health facilities refers to the period when the service statistics are provided.

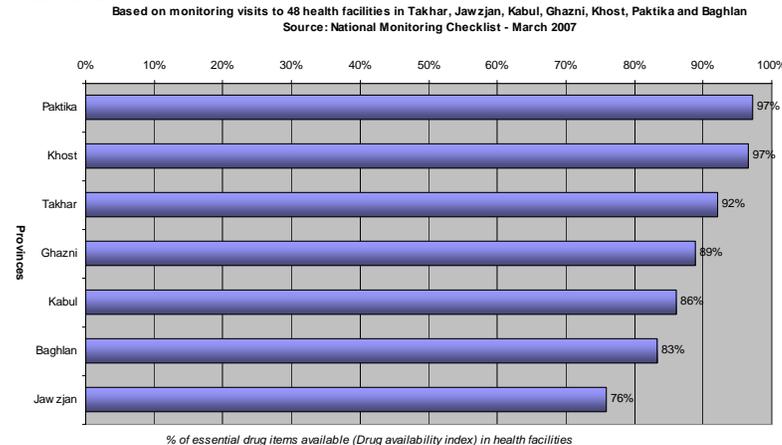
Figure 4- Overall pharmaceuticals availability in PPG health facilities – winter 2007



PPG facilities in 6 out of 7 provinces visited were well-stocked (over 80% of the essential items were available). In insecure provinces, the stock status was quite impressive (Khost and Paktika 97%). Stock-out rates were the highest in Jawzjan (24% of essential items).

This data supports the effectiveness of winterization and PPG NGOs effort to keep the clinics well stocked during the winter. [Data from Bamyán and Badakhshan was not available at the time of this report].

Figure 5- Availability of essential pharmaceuticals in PPG health facilities by province – winter 2007



1.4 Pharmaceutical Management

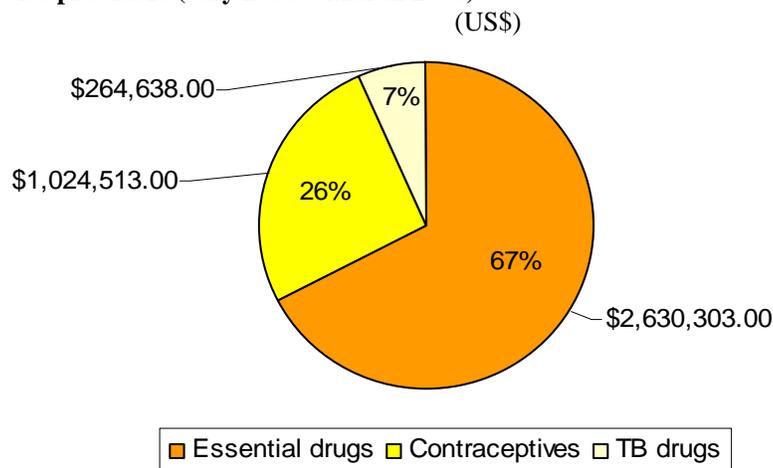
Distribution of Essential Drugs:

- A total of \$3,919,454 of essential drugs, contraceptives, and TB medications has been distributed by Tech-Serve to NGOs for use in the 351 health facilities and 3,500 health posts staffed by Community Health Workers (CHWs) since July 2006 (see Figure 6). Tech-Serve distributed \$900,298 of essential drugs, contraceptives, and TB medications to 27 BPHS and EPHS USAID-funded PPG Grantees between January and March 2007. No shortage of essential drugs in PPG Health Facilities occurred in the last 9 months including the winter period.

Timely ordering of drugs:

- Tech-Serve's first drug order was successfully processed and the pharmaceuticals are en route. The shipment of this order is expected to arrive in Kabul in April and June 2007. This shipment will provide sufficient stock of essential pharmaceuticals for PPG areas up to June 2007. A second order for nearly \$2 million of drugs was prepared and a waiver request submitted to USAID. This second order will provide the drugs for the next winter. Tech-Serve also improved quantification of PPG vital pharmaceutical requirements by conducting a consensus-building exercise that was evidence-based with the NGOs.

Figure 6- Value of pharmaceuticals distributed by Tech-Serve to BPHS and EPHS service providers (July 2006 – March 2007)



Proper and secure storage of essential drugs:

- Tech-Serve identified for the storage of essential drugs a warehouse with adequate floor surface where a life-of-project lease could be secured. The warehouse units used until recently by the project in Darulaman were subject to possible disruptions as leases were only of short term duration. The transfer of the inventories from Darulaman to the new warehouse in Karte Se was completed during this reporting period.

Improved efficiency of operations:

- The Tech-Serve Drug Management Unit increased its operational efficiency by adopting a quarterly NGO drug distribution plan. The result was a 42% reduction in the average lead time for delivery of drugs to NGOs. Whereas the period from receipt of request for drugs to supplying the NGO with the drugs was formerly 47 days, it was reduced to 27 days during this quarter with improved operational procedures that were adopted. Further, drug cycle counting procedures were adopted to improve inventory control. Rather than taking inventory only once a year, Tech-Serve began cycle counting in October 2006. On a weekly basis, up to five high-volume and high-value stock items are inventoried. The result has been that the value of drugs that are misplaced or miscounted has been reduced to 2/100 or 1%. This improved inventory control ensures reduced leakage of drugs. Tech-Serve has also reduced the stock of expiring drugs that must be destroyed by improved inventory control and seeking out providers who can effectively use the drugs before they expire. PPG NGOs are given the first opportunity. In March 2007, 33 NGO and MOPH facilities in the provinces and Kabul were provided these drugs so they were used for patient care rather than destroying the stocks before they expired.

1.5 Monitoring, Evaluation and HMIS

100% of PPG facilities submit HMIS reports:

- Tech-Serve continued to support the Health Management Information System (HMIS) Department of the MOPH. The HMIS data submission rate by PPG facilities has been almost 100% for two consecutive quarters, while the submission rate of all health facilities nationally stood at 78%. Good progress was made in EPHS HMIS. All PPG provincial hospitals and 82% of PPG district hospitals submitted their October-December 06 quarter data to the MOPH.

Quality assurance of HMIS data:

- For the first time, accuracy (quality) of HMIS information was assessed by Tech-Serve through compilation of findings of monitoring visits to health facilities. The information collected so far from PPG health facilities demonstrates reasonable accuracy of HMIS information. Though variable by type of information, in close to 75% of the cases, HMIS data matched the original sources. More information in this regard is presented in Box 3.

National HR Database Support:

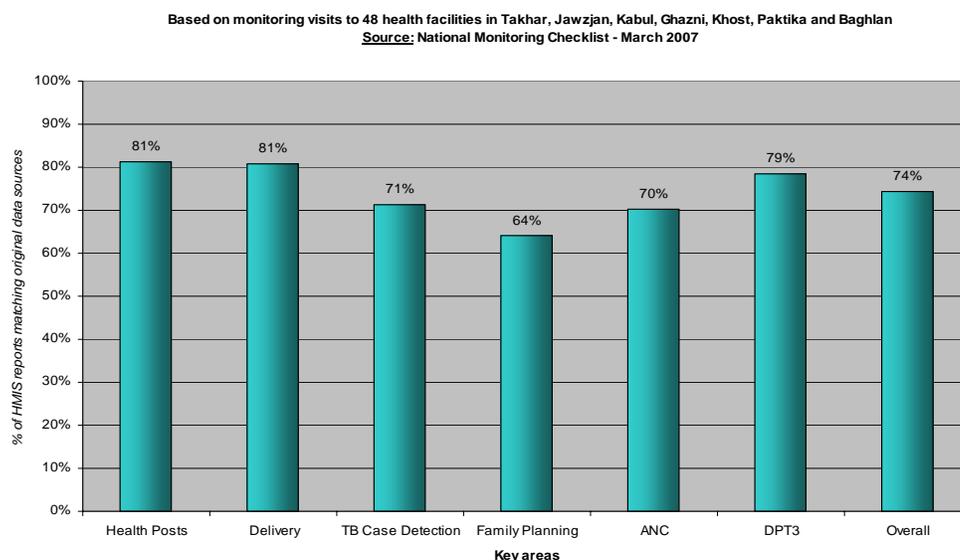
- Tech-Serve continued to support the MOPH Human Resources Development Department by providing database guidance and supervision. Over 3,000 additional health workers' records were registered in the MOPH Human Resources Database from January to March 2007 as a result of Tech-Serve support. So far more than 50% of the health workers in the public and NGO sector have been registered in the national human resources database.

Box 3. Accuracy of HMIS data

The National Health Management Information System expanded rapidly in the country since 2004 and now almost 80% of all BPHS health facilities nationwide regularly submit their reports to MOPH. However, there has been little evidence available on HMIS data quality (accuracy) in the country. BPHS National Monitoring Checklist measures the quality of HMIS information by comparing primary data collection such as registers with the routine HMIS reports in the health facilities during the monitoring visits. Rollout of this tool by Tech-Serve to PPG grantees allowed for an assessment of the current status of quality of HMIS data. A summary of the findings in 7 USAID-supported provinces is presented below.

The information collected so far, indicates reasonable accuracy for HMIS information. In nearly 75% of the cases HMIS data was consistent with the original sources. It was found that HMIS information on health posts and deliveries was the most accurate and family planning information was the least accurate.

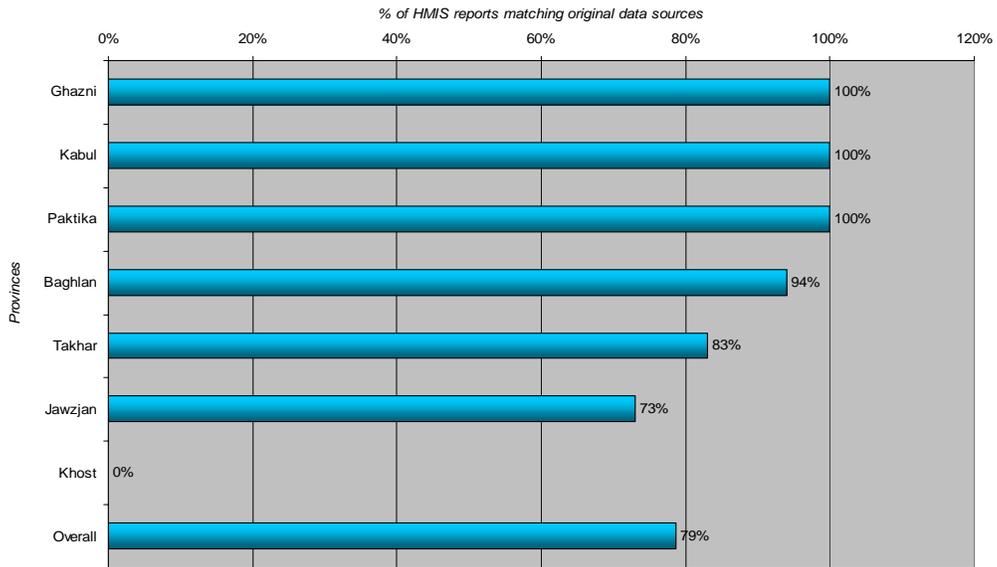
Figure 7- Accuracy of HMIS information (HMIS data quality index) by type of data



Accuracy of HMIS information varied considerably among the provinces. For instance, with regard to DPT vaccination data, the three provinces of Ghazni, Kabul and Paktika reported 100% accurate HMIS information, while in Khost the quality of data was very poor, which warrants special attention for the future.

Figure 8- Accuracy of HMIS information (Data Quality Index) by province – DPT data

Based on monitoring visits to 48 health facilities in Takhar, Jawzjan, Kabul, Ghazni, Khost, Paktika and Baghlan
Source: National Monitoring Checklist - March 2007



2. Overall Achievement

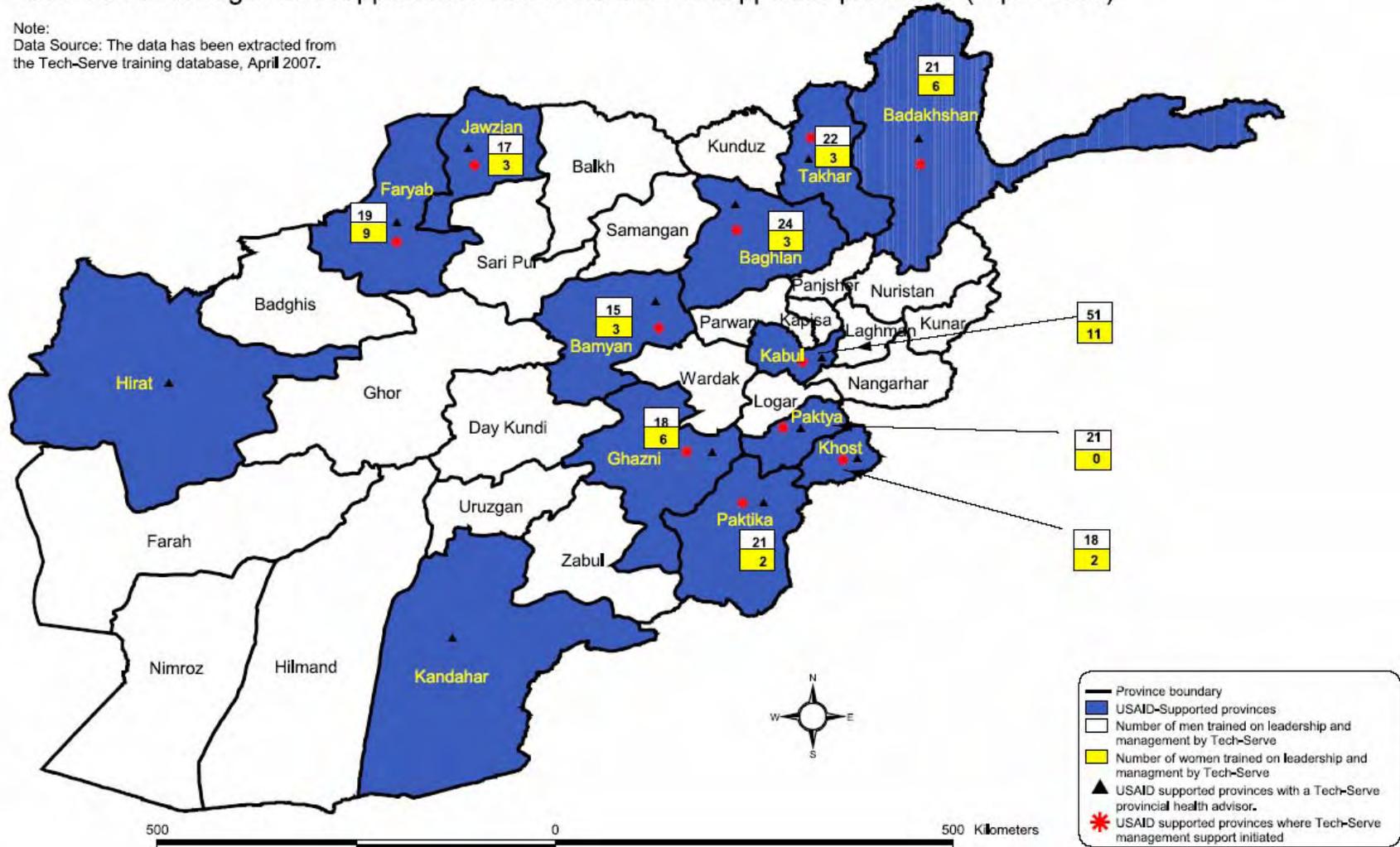
Progress on Tech-Serve Performance Monitoring Plan

- Tech-Serve made good progress on a number of Performance Monitoring Plan (PMP) indicators toward meeting our Project Year One (PY1: July 2006 – September 2007) targets. Seven out of 20 PY1 targets have already been fully achieved (or exceeded) including assistance in awarding and management of the BPHS and EPHS grants (PMP 1.1. and 1.2), distribution of essential pharmaceuticals (PMP 1.4), health worker registration in MOPH Human Resources Database (PMP 1.9), implementation and use of the National Monitoring Checklist data by 4 PPHOs (PMP 2.5), rollout of EPHS HMIS (PMP 1.12), and implementation of 4 updated provincial plans (PMP 2.3).
- Tech-Serve has achieved around 50% of the PY1 targets for another 5 (out of 20) PMP indicators including review and updating of essential policies (PMP 1.8), enhancement of BPHS HMIS data submission (PMP 1.11), in-service training of PPHO staff (PMP 2.2), installation of HMIS provincial hubs, and application of national hospital standards in 5 provincial hospitals (PMP 2.4). Annex 1 provides detailed information on the progress made on all PMP indicators as of March 31 2007. PY1 targets for enhancement of BPHS HMIS data submission will be difficult to achieve unless the need for logistical support to white areas (districts not covered by major BPHS donors) is addressed. If MOPH HMIS Department is successful in using additional funds from Health Matrix Network (HMN) (channeled through WHO), then this target will be achieved.
- From the remaining eight PMP indicators, Tech-Serve is paying special attention to 4 of them to make sure that PY1 targets will be met by September 2007. These indicators include “capacity of GCMU to meet USAID eligibility criteria” (PMP 1.3), “producing results from management and leadership support to 2 MOPH General Directorates of PHC and Admin” (PMP 1.5), drafting guidelines for implementation of Cost-Sharing policy (PMP 1.7), “producing results from management and leadership support to 3 PPHOs” (PMP 2.1), and “enhancing capability to extract and use evidence for planning and monitoring in 3 PPHOs.”



Map 1- Tech-Serve management support activities in the USAID-supported provinces (April 2007)

Note:
Data Source: The data has been extracted from the Tech-Serve training database, April 2007.



3. Other Achievements beyond the Tech-Serve Workplan

The Tech-Serve workplan is a document produced each project year as a consultative process between MOPH, USAID, and Tech-Serve. Its purposes are

- 1. to establish priorities for the project that reflect the needs of MOPH,*
- 2. to clearly identify the objectives to meet MOPH's priorities, and*
- 3. to identify the implementation strategies and activities for meeting MOPH priorities and objectives.*

Since the workplan is dynamic, not static, there are often strategic and urgent issues that MOPH, USAID or the Tech-Serve team find to be addressed as part of the capacity-building effort to MOPH. In these instances, Tech-Serve undertakes activities not identified in the workplan but which often are just as important because of changing, special or emergency circumstances faced by MOPH. USAID and Tech-Serve seek to be responsive to such special circumstances and requirements. This section identifies some of those key achievements by Tech-Serve which are not reflected in the matrix of the next section that shows progress in achieving the workplan results.

MOPH Capacity Building – central level

1. In March, Tech-Serve presented its achievements in the first six months of the project (July – December 06) to His Excellency the Minister of Public Health, Dr. Fatimie, Deputy Ministers, and MOPH Director Generals. The meeting was held on March 8, 2007 and was attended by USAID. HE Minister highlighted that health is a priority for the Afghanistan Government and the BPHS coverage at the national level is closely monitored by the parliament members, president, and health team of MOPH. He also emphasized the importance of humanitarian assistance (including health services) in improving security in the country. In this meeting, Tech-Serve received positive feedback from the MOPH leadership on its achievements, particularly the support to the provinces and uninterrupted provision of quality pharmaceuticals to NGO service providers in USAID-funded provinces and districts. Comments and requests were also made by MOPH departments on the following: Tech-Serve support to the Public Relations Department, Management Resource Center, Human Resources Database, evidence for synergy between BPHS and EPHS in USAID provinces, Tech-Serve support to Avian Influenza initiative, and acceleration of certification of GCMU to directly receive USAID funds. Tech-Serve has developed a number of targeted actions for addressing the comments received during this meeting. Minutes of this meeting are available from Tech-Serve for further information (see Annex 3 “Documents Available for Further Information”).
2. Tech-Serve provided assistance to MOPH to closely monitor the behavior of Avian Influenza (AI) and the appropriate responses. Bird cases of AI were identified in Nangarhar and Kabul provinces, but no human cases were identified during the disease outbreak in poultry.

3. Tech-Serve launched a two-month course on technical report and proposal writing in English, for the two MOPH Deputy Ministers, Director Generals, and a selected group of pre-qualified MOPH technical staff. A total of 22 staff participated in this course. Participants received training on sentence and paragraph writing, business letters, e-mail writing, analysis of statistics, use of diagrams, flow charts and graphs, report writing and proposal writing. The course will be completed in April 2007. The course was well received by the MOPH.

MOPH Capacity Building – provincial level

Accelerated introduction of management support to provinces:

1. Original planning of Tech-Serve in July 2006, start up, was to phase in the Tech-Serve Management Support to Provinces Initiative (MSP) over three years. In Project Year 1, five provinces would be supported. In Year 2, four more for a total of nine provinces would be added. The final four USIAD-funded provinces would be added in Project Year 3. However, three factors changed Tech-Serve plans: (1) the initial provincial needs assessment visits to all 13 provinces, (2) the hunger of all provincial health directors for introduction of MSP to their departments, and (3) the strong encouragement and support of the central MOPH Director-Generals to help strengthen provincial health office management capabilities. The result was a decision in early 2007 to have a Tech-Serve Provincial Health Advisor in all provinces in Project Year 1. The central MOPH has found the Tech-Serve MSP initiative very useful because it involves (1) management training, (2) mentoring of provincial health offices staff through Tech-Serve PHAs working alongside the staff with Tech-Serve advisors regularly visiting the provincial health offices so PHDs can share problems and solutions and learn from each other. The central MOPH was very supportive of the rapid expansion of the Tech-Serve MSP Initiative to all 13 USAID-funded provinces. A key element of the MSP Initiative is focusing on health outcome results in the provinces rather than process or only conducting training.
2. Tech-Serve's Chief of Party and Technical Director visited Herat province in February to assess provincial management needs for Tech-Serve Management Support for Provinces initiative. They also interviewed candidates for a Tech-Serve Provincial Health Advisor (PHA) position. Hiring a PHA for Herat was not part of Tech-Serve's PY1 workplan. However, the activity was accelerated based on the provincial PPHD needs and MOPH requests. The team also held a series of briefing meetings with the PPHD of Herat and UNICEF on Tech-Serve's scope of work. The PPHD has requested a training course on Rational Drug Use and Management of Drug Supplies for the health partners in the province. This issue was communicated with SSP for feasibility of such a training and also MOPH to adopt a uniform policy on the subject.
3. Tech-Serve's Chief of Party visited Kandahar in March to assess how the PPHD could benefit from the Management Support for Provinces Initiative. Based on that assessment, he interviewed candidates for a Tech-Serve PHA position in this province. Again, due to security concerns, support to Kandahar province was not part of Tech-Serve's original PY1 workplan. Based on the findings of the visit and also discussions with Kandahar PPHD, Tech-Serve

decided to contribute a generator to the Kandahar PPHO, and install an HF radio antenna for them. The need for clinical guidelines in Pashto has also been communicated to SSP for further follow-up.

Support to the MOPH Grants and Contracts Management Unit

1. Assessment of service delivery in the clinics constructed by USAID in all provinces.
2. Provision of advice on location for construction of new health facilities in PPG districts based on maps and information about location of existing clinics and access to services.
3. At MOPH and USAID's request, Tech-Serve participated in an assessment of the integration of GCMU into the rest of the MOPH. A menu of questions and issues has been identified by Tech-Serve team to guide the discussions with MOPH and USAID. The findings of this assessment are expected to form the basis for Tech-Serve's future work to promote making GCMU an integral part of the MOPH.
4. PPG NGOs were instructed on spending of cost recovery funds during a PPG financial coordination meeting in March 2007. PPG cost recovery funds must be spent on expansion of services, increasing quality, and improving the physical facilities of the clinic. They are not to be used for incentive payments or salary supplements for clinic staff.

Pharmaceutical Management

1. Tech-Serve has been advising MOPH on the appropriateness and timing of revising the "National Essential Drugs List." Tech-Serve will assist MOPH in the revision, at the request of MOPH.
2. Tech-Serve is working with USAID and COMPRI-A to facilitate the national registration and custom clearance of Lo-Femenal and Duo-Fem (a low-dose oral contraceptive containing norgestrel and ethinyl estradiol).
3. Tech-Serve was able to clear a large shipment of Ovrette (a progestin-only oral contraceptive pill containing norgestrel) from the Customs House and transfer them to Tech-Serve's warehouses for distribution to BPHS service providers. Two MOPH approvals were obtained, one from the Reproductive Health Taskforce and the other from the National Drug Board, to clear this contraceptive shipment. MOPH approval was made subject to ensuring appropriate training of health providers on administration of Ovrette. Eighty percent of the USAID-supported districts received refresher training on this contraceptive under REACH. Tech-Serve is working with SSP to cover the remaining districts so staff are able to dispense this contraceptive appropriately.
4. A number of other donors, such as UNFPA and JICA, continue to request MSH/Tech-Serve support in the area of drug procurement, logistics, rational use of drugs and purchasing drugs. Each request is reviewed with regard to Tech-Serve mandates and the capacity of the project to assist without distracting from Tech-Serve's mission as determined by USAID.

Monitoring, Evaluation and HMIS

1. USAID's Operational Plans for Tech-Serve, GCMU PPG, and SSP were finalized with Tech-Serve's assistance. These operational plans include main streams of activities in each project, indicators of success and preparation of elements of USAID mission operational plan and budget by September 2007 in a new format introduced by the US Government for Foreign Assistance. The activities are organized under 4 categories including: Tuberculosis, Maternal and Child Health, Family Planning and Reproductive Health, and Other Public Health Threats.
2. Tech-Serve provided statistical and photographic evidence to USAID for responding to a Congressional inquiry about services at clinics during the REACH Program. This included providing records of monitoring visits and photos of REACH clinics. Photos of around 300 clinics were scanned and 1,600+ records of monitoring visits were compiled by the MSH headquarters and Tech-Serve teams to provide input for this request.
3. Tech-Serve provided technical advice to WHO on how to develop a format for reporting progress of PPG to USAID. It was agreed that WHO would report to USAID on two separate issues: WHO's role in management of PPG, and a summary of PPG achievements and issues.
4. Tech-Serve assisted the MOPH Monitoring and Evaluation Department in doing an assessment of which population data should be used by MOPH. Different MOPH departments and partners have been using different estimates of population for planning and monitoring purposes. By analyzing the advantages and disadvantages of various sources of population data with Tech-Serve assistance, the MOPH M&E department recommended use of Central Statistical Office population data for the Ministry in all reports and population-based calculations effective immediately.
5. Tech-Serve provided assistance to a working group consisting of MOPH and other major partners involved in the monitoring and evaluation activities as part of MOPH's application for Health System Strengthening funds from GAVI. Primary M&E activities included in the application are: creation of a national database for the national monitoring checklist, conducting a special investigation of health service providers, restructuring of fragmented M&E positions within the MOPH, dissemination of M&E findings, and M&E capacity building at the central and provincial levels.
6. Two non-USAID-funded NGO grants (MRCA in Logar and AKDN in Bamyan, Baghlan and Badakhshan) are applying Lot Quality Assurance Sampling (LQAS) methodology (used for REACH and PPG household survey) for evaluation of their BPHS programs. Tech-Serve provided technical assistance to these NGOs in survey sampling, planning and implementation. The survey by MRCA in Logar (an EC-funded BPHS implementation area) is now completed and Tech-Serve is assisting in the analysis of data.

4. Progress To-Date Compared to the Workplan Planned Activities and Associated Constraints

	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers.																			
1.1	Improve capacity of MOPH to award and manage grants for providing quality health care services.																		
1.1a	Development and approval of staffing plan for Tech-Serve staff to be seconded to the GCMU, development of job descriptions, job posting, interviews, selection, and hiring.	Twelve staff hired and seconded to coordinate and manage the PPG program					X	X										<p>Tech-Serve hires these positions using the MOPH procedures: MOPH advertises, shortlists, tests and selects staff. Tech-Serve staff serve on the selection panel. Tech-Serve and GCMU jointly worked and developed job descriptions for 4 Grant Consultants, 5 Monitoring & Evaluation Consultants, 2 Finance Consultants, 1 IT Consultant and 1 Admin Assistant. A transparent recruitment process was followed. The Consultants recruited to date and starting months is as follows:</p> <p>GC (4) – July, July, Dec, Dec M & E (2)– Dec, Jan FC (2) – July, Dec IT (1) – July (resigned March) AA (1) - July</p> <p>The plan is to hire a total of 5 M & E Consultants. In December 5 M & E were selected but 3 did not sign the contracts. The recruitment of the remaining 3 M&E is anticipated to be completed in April. The process is underway to replace the IT Consultant.</p>	If all candidates had accepted the positions, this activity would have been completed on schedule. However, some selected candidates had unrealistic salary expectations or applied to multiple job announcements and elected to not accept the Tech-Serve contract.
1.1b	Finalize BPHS and EPHS outcome and output indicators and methodology for target setting, target setting meeting with NGOs, and finalization of each MOU's targets.	Each MOU has clear and achievable targets.	X															<p>Completed.</p> <p>1. Formats and instructions for output and outcome indicators/targets for BPHS grants were developed with full coordination of MOPH HMIS Dept. and M & E Dept. and Tech Serve. The formats and instructions were shared with PPG NGOs.</p> <p>2. A target setting workshop, on output and outcome targets for BPHS, was organized with PPG implementing NGOs. The NGOs, with active participation of PPHDs, GCMU, and Tech Serve, set and agreed on their project(s) targets till Oct 31, 2007.</p> <p>3. EPHS grants are being extended on a 6-month basis. Output indicators for EPHS were designed for these five provincial hospitals were agreed upon in February. (Donor approval for the EPHS grants</p>	

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints				
			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep	
																		to be extended for another 6 months until October 2007 has been received.)		
1.1c	Assist GCMU and WHO with issuance of modifications of 27 BPHS/EPHS MOUs. .	All modifications ensuring BPHS and EPHS grants are fully funded and have all relevant terms and conditions are complete.	X			X													MOU modifications are prepared as needed. These have included: 1. The 3-month MOUs for the 21 BPHS grants were extended to cover the 2 year period May 2006 to April 2008. 2. The 1-month MOUs for the 5 EPHS grants were extended first for 5 months (June to October 06) and then for another 6 months (November 06 to April 07). 3. A modification was made for Tahkar to include 1 district hospital and 1 CHC effective for October 06. 4. A modification for Faryab effective May 06 was made to include 1 BHC that was not included in the original workplan. 5. The original MOU for Badakhshan cluster 4 effective February 07 was prepared. Pending modifications include: 1. To include Nish district in Kandahar, effective mid-May 07. 2. Extending the 5 EPHS MOUs for the next 6 month period May to October 07. 3. A modification will be issued to all MOUs regarding audit requirements	
1.1d	Conduct Quarterly PPG Meetings (NGOs, MOPH, SSP, Tech-Serve, USAID) including technical roundtables if needed.	The NGOs as a group meet at least quarterly with all the program components.	X			X			X				X				X		In August, TechServe assisted organizing the PPG Roundtable meeting with NGOs, SSP, WHO USAID and MOPH. In the meeting, the role and responsibilities of each stakeholder were explained; grants implementation issues were prioritized discussed and recommendations made for streamlining the coordination between PPG partners. The November and February meetings were not held as there were not pressing issues. The next roundtable is planned for April. There are sufficient meetings held with the NGOs. These roundtable meetings are somewhat duplicated with the BPHS Coordination meetings in 1.1e below. A summary of these 2 kinds of meetings that have been held is: August – PPG Roundtable meeting November – BPHS Coordination meeting March – BPHS Coordination meeting April – PPG Roundtable meeting (planned) In addition, each NGO receives written feedback on HMIS/Technical reports through e-mail and face-to-	

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints		
			2006						2007									
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug
																	face meetings are held with NGOs after PPG monitoring visits. Other face-to-face meetings are held periodically to discuss operations, technical, financial and other issues. Having additional meetings will result in meeting overload for the NGOs and GCMU and will not be productive.	
1.1e	Assist GCMU with designing, scheduling, and implementing quarterly PPA/PPC/PPG NGO coordination meetings	Meetings are held to communicate MOPH policies and procedures to NGOs covering the whole country. Opportunities given to share good practices across the programs.		X				X			X				X		<p>These BPHS Coordination meetings were held in November and March. These meetings provide a forum for all health NGOs supported by the three major donors to meet with MOPH. The main purpose of the meetings are to provide a forum for MOPH and the NGOs to meet to share and discuss about issues that are common across the program throughout the country. The main outcomes from the meetings are</p> <ul style="list-style-type: none"> • Good sharing of ideas and addressing issues between MOPH and NGOs • Challenges and common obstacles are discussed and ideas shared on how to address • Common feedback is shared and discussions are held to address the issues • Developing a team spirit between the NGOs and MOPH • Winterization drug order and emergency response plans 	
1.1f	Provide content for a quarterly PPG newsletter	Provide content for two PPG newsletters with content relevant to PPG grant management needs.				X			X			X			X		<p>Newsletter content is provided on a regularly. Newsletter contributions have been:</p> <ol style="list-style-type: none"> 1. An introduction of GCMU and its role. 2. Update on recruitment of PPG Consultants 3. Assignment of PPG Consultants to the NGOs (the PPG portfolio) 4. Compiled HMIS data for the monitoring & evaluation corner of the newsletter. 5. Training schedule and supervision plan of the Management Support to Provinces initiative for April, May and June 2007 provided to Newsletter <p>Newsletter review and feedback has also been provided to SSP.</p>	
1.1g	Conduct a pilot test of a virtual office space to share key documents between GCMU, WHO, SSP, Tech-Serve, and USAID and set up and train users and evaluate after 6 months.	Evaluations of eRooms and its usage conducted by June 30, 2007		X	X		X	X	X	X		X	X	X	X		No new updates. Evaluation will be done in April 07. A draft of the structure of e-Rooms and who has access to various areas of content has been developed.	
1.1h	Provide TA to assist WHO with quarterly financial and compliance meetings for NGO finance and management staff	Five financial and compliance meetings held.	X			X			X			X			X		Finance Workshops were held in August 2006 and March 2007. The August meeting presented grant requirements, reporting and compliance issues. The	

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																		March meeting presented revised reporting formats and requirements. The Finance Workshops are being conducted as needed. An independent audit by an outside audit firm will be done in June & July (see 1.1n). The next Finance Workshop may be in August to discuss the audit results.	
1.1i	Provide TA to assist WHO and GCMU in implementing a field monitoring program.	At least 85 monitoring visits paid to PPG facilities.			X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. <ul style="list-style-type: none"> 31 health facilities have been monitored: <ul style="list-style-type: none"> 6 Takhar 11 Jawzjan 4 Kandahar 3 Ghazni 3 Herat 4 Khost PPG team reports excerpts from the findings of monitoring visits to USAID and other stakeholders. See also 1.8c. WHO-supported TB & malaria focal points were in the field until December 06. However, after December 06 the WHO support ended and WHO is no longer doing field monitoring. These focal points did assist in joint monitoring until December. In addition, 32 Joint Monitoring visits were conducted by PHAs, PPHO and PPHCCs.	
1.1j	Provide TA to assist WHO in financial monitoring of PPGs.	Each PPG NGO is monitored at least once			X	X	X	X	X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> Assistance was provided to WHO to develop a financial monitoring tool. 10 financial visits have been made to the NGOs: <ul style="list-style-type: none"> 4 – AADA, BDF, MOVE, CHA – July & Aug 06 2 – IbnSina, CAF – November 06 2 – Medair, SDF – February 07 2 – BDF, MOVE (follow up visits) – February 07 After each financial visit, a report was prepared in which the findings were shared with the respective NGO and recommendations provided. The outside, independent audit is planned for June/July, which will include work in the field. The PPG Finance Consultants will travel with the auditors to assist them in their field work. 	
1.1k	Supervision visits to NGOs at the provincial headquarter level	Each NGOs HQ is visited at least twice with trip reports			X	X	X	X	X	X	X	X	X	X	X	X	X	Delayed a little due to recruitment of PPG Consultants. A monitoring plan for 2006 was prepared in February. According to the plan, each NGO HQ will be visited at least twice. However,	

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																		<p>this has been changed to once a year as the initial results were better than expected and does not require greater monitoring. Grant Consultants have visited the following NGO provincial offices:</p> <ul style="list-style-type: none"> CAF/SHDP – Takhar – January MOVE/STEP – Jawzjan - February CHA/NPO – Hirat - March AHDS – Kandahar – February <p>Trip report briefings have been prepared and shared in the PPG Coordination Meetings. Full reports have been prepared and circulated. The visits have confirmed that the NGOs are implementing the BPHS activities in the field in a good manner.</p>	
1.1i	Review HMIS reports and monitoring reports and provide feedback to NGOs.	27 PPG Grantee quarterly reports reviewed and feedback provided to the NGOs.		X		X	X		X	X			X	X		X	X	<p>The Third quarter technical reports (Oct-Dec 2006) from 27 PPG grants were reviewed and quarterly feedback was given to NGOs. Monitoring reports are also prepared after each visit to the field. Face-to-face meetings are held with each NGO and SSP to discuss the findings from the field visits.</p> <p>A half-day meeting in February was arranged to provide general feedback to the NGOs (see 1.1e). Moreover, specific feedback on HMIS and Technical reports was communicated to each of the NGOs. The feedback included discrepancies between HMIS data and NGO technical reports, FSR and MAAR, status of submission of EPHS HMIS, and use of updated HMIS reporting formats.</p> <p>TA was provided to PPHOs by TS PHAs in reviewing the HMIS, narrative technical and PDS reports of PPG implementer NGOs in Paktya, Khost, Takhar, Baghlan Jawzjan, Faryab and Bamyan provinces. PPHOs in these provinces provided feedback to NGOs.</p>	
1.1m	Design October 2007 household survey to be carried out by NGOs.	October 2007 household survey designed by September 2007.											X	X	X	X	X	See 1.9f. for further explanation in process.	
1.1n	Provide TA to assist WHO with audit program design.	Uniform audit standards adopted											X	X	X			<p>Tech-Serve developed the RFP for audits for WHO, which will issue the RFPs. It is planned that WHO will contract with 1 or 2 independent audit firms to audit all of the 27 PPG MOUs for the period May 06 to March 07. In March, audit planning meetings were held with PPG, WHO and USAID. The RFP for the audits is to be issued by WHO in April. The audits are to be done in June & July.</p>	

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	Activities	Outputs/Deliverables	Timeline															Status by March 2007	Constraints
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
1.1o	Assist GCMU with reviewing 27 NGO financial reports.	Financial reports processed each quarter.	X			X				X				X			X	The first three quarterly finance reports were reviewed, processed with the NGOs and forwarded to WHO. There has been improvement in the quality of financial reports with each successive quarter. Face-to-face meetings are held with NGOs to make inquiries in their financial report, as needed. In the 1 st quarter these face-to-face meetings were held with about 80% of the NGOs. In the 3 rd quarter face-to-face meetings were held with about 30% of the NGOs. As a result of Tech-Serve work, NGOs are receiving timely cash transfers from WHO.	
1.1p	Assist GCMU with reviewing of 27 NGO narrative technical reports and Project Data Sheet	Reports reviewed each quarter.	X			X				X				X			X	This has been completed each quarter.	
1.1q	PPG Grants summary activity reports prepared and distributed to GCMU, MOPH, WHO, and USAID	Quarterly PPG Activity Summary Reports			X	X	X	X	X	X	X	X	X	X	X	X	X	Grants and contracts database now includes updated data from PPG grants and grants summary reports are now produced and disseminated on a monthly basis. Switching to the new administrative divisions of the country is planned for the next quarter.	PPG clusters still follow 32 provinces – 329 districts model based on GCMU current policy, though there are 34 provinces and 398 districts. This needs to be updated to the new political divisions.
1.1r	Coordinate with SSP with technical assistance needs assessments and provision of technical assistance to BPHS and EPHS NGOs.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Through the bi-weekly PPG coordination meetings (PPG, SSP, WHO, USAID), the technical assistance needs of the BPHS & EPHS are discussed. The main outcomes from the meetings are: good communication between the 4 organizations, discussing various program issues and actions to be taken, sharing of monitoring information from the field and discussing the quality of services at the HFs and what can be done for improvements. Further coordination is done at the regular Tech-Serve/SSP coordination meeting.	
1.2	GCMU Strengthened to prepare for the GOA to receive USAID funds directly																		
1.2a	Design a GCMU capacity building plan to meet USAID eligibility criteria to receive direct funding	Capacity building plan for GCMU to be completed by July 2007												X	X	X		Tech-Serve has held an internal brain storming session to identify the issues that need to be addresses for certification. Initial meetings with USAID are planned for April to determine what is required of MOPH from the donor side so a certification “road map” may be prepared.	
1.3	Provision of essential drugs and contraceptive supplies is improved.																		

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints				
			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep	
1.3a	Estimation of NGO drug needs and forecasting quantities of drugs to be procured		X			X				X			X				Following the workshop of standardization for forecasting drugs to PPG NGOs (Dec. 4-5), a combined projection sheet from previous and new projections was developed and successfully used for quarter 2 distributions. This improves drug ordering by Tech-Serve so the quantities obtained better match the need of NGOs.			
1.3b	Procure pharmaceuticals for BPHS and EPHS NGOs	Two pharmaceutical orders placed		X	X	X				X	X	X				X	X	X	The first pharmaceutical order for US\$ 2 million was placed and is being shipped to Kabul. The waiver for the second order for US\$ 1.9 million was submitted to USAID on 30 March 2007.	
1.3c	Receive pharmaceutical consignments, clear through customs and properly warehouse	Pharmaceuticals are cleared within 3 weeks of coming to Kabul					X	X	X	X	X	X	X	X	X	X	X	X	Arrival of Order 1 was delayed (see 1.3b)	Processing the 1 st drug order waiver took longer than the expected. Hence placement of order was delayed.
1.3d	Distribute pharmaceuticals to 27 BPHS and EPHS NGOS	Distribute drugs valued at \$2 million in year 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Drugs with a value of US\$ 900,298 were distributed to 22 PPG NGOs and non PPG health facilities (due to the short expiry dates of some drugs) between January and March 2007. This included \$ 196,237 of contraceptives to PPG NGOs, and \$704,060 of essential drugs to PPG NGOs and non PPG health facilities (MOPH hospitals., Ministry of Education clinics, Ministry of Higher Education hospitals, Red Crescent hospital, Cure hospital received drugs that were within 6 months of their expiry dates after PPG NGOs were offered these drugs first) A total value of US 3,919,454 of drugs has been distributed to NGO grantees since the start of Tech-Serve (July 06-March 07). This included US\$ 2,630,303 of essential drugs, US\$ 1,024,513 of contraceptives and US\$ 64,638 of anti-TB drugs.	
1.3e	Manage warehouse facilities, systems, and staff to ensure pharmaceuticals are made available to NGOs	Orders for drugs filled and drugs delivered to NGOs within 30 days of receipt	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	27 PPG grantees were supplied with drugs and 33 MOPH and other health facilities of near expiry drugs. The Tech-Serve Drug Management Unit increased its operational efficiency by adopting a quarterly NGO drug distribution plan. The result was a 42% reduction in the average lead time for delivery of drugs. Whereas the period from receipt of request for drugs to supplying the NGO with the drugs was formerly 47 days, it was reduced to 27 days by March 07 with improved operational procedures that were adopted In the first quarter of 2007, Tech -Serve bulk warehouse was successfully moved from Darul-aman to the new warehouse. The new location is larger and has a longer lease so Tech-Serve will be	

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																	able to serve NGOs and there will not be future disruptions since a long-term lease was secured.	
1.4	Enhance the ability of MOPH Deputy Ministers and Director-Generals to effectively manage their work and staff																	
1.4a	Conduct Tech-Serve Management Support training for senior MOPH management staff to enable them to improve management practices in the health sector	2 Tech-Serve Management Support workshops conducted with 20 participants trained		X					X								The September Management Support workshop was completed. Forty seven senior managers from MOPH and partners attended the LDP alignment meeting in September. 30 MOPH Senior staff started a twelve-week course on technical report and proposal writing in February.	
1.4b	Promote coordination and planning of MOPH by conducting regular meetings with all 3 Deputy Ministers and 6 Director Generals to identify management and leadership gaps and provide TA to improve MOPH management	Three G-Ds have an agreed-upon workplan that is being implemented and monitored. Two semi-annual progress reports			X						X					X	<ul style="list-style-type: none"> • TS continued to work intensively with the Provincial Public Health General-Directorate, GD for PHC and GD for administration. Four GDPH Advisors participated in joint MOPH—Tech-Serve missions to the USAID-funded provinces and conducted the LDP Scanning workshop for 9 provinces. See also 2.3a. • 6 directors of GD for administration are visited regularly by Tech-Serve consultants and prepared action plan • 30 senior staff of GDPHC and GD/Adm will be trained in LDP in April 2007. • Also the Tech-Serve international GCMU advisor is working with the MOPH General – Directorate for Administration to support improving their management capacity since this Tech-Serve advisor was formerly advisor to the Deputy Minister for Administration at Ministry of Finance. 	
1.4c	Technical assistance provided by Tech-Serve advisors to the senior management for the effective implementation and coordination of MOPH priority activities and policies for BPHS and EPHS implementation	All advisors hired by Dec 2006	X	X	X	X	X	X									The Tech-Serve advisors to MOPH in hospital management, provincial capacity building, communicable/infectious disease, child health and management-strengthening/health financing advisor were in place by March 2007. (Communicable/infectious disease advisor for MOPH was recruited in December 2006. Child Health Advisor recruited in March 2007.)	
1.4d	Organize three technical seminars on key policy and technical areas for the MOPH, especially the Deputy Ministers and Director-Generals	Three technical seminar reports				X				X				X			Three technical seminars were conducted at MOPH in December 2006 and March 2007 on Community IMCI, HIV/AIDS and Hospital Community Board by Drs Iain Aitken, Fred Hartman and Jay Clark. The seminars were attended by MOPH senior staff, partners, and NGOs. The presentations from these	

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																	seminars are available.			
1.5	Continue building the MOPH capacity for improved hospital management of EPHS																			
1.5a	Continue to provide technical assistance to MOPH in hospital management improvement as needed	20 hospital managers trained at MOPH training sessions by May 2007	X			X								X					Participated in one-day workshop on reviewing the hospital performance indicators. A draft of a full set of hospital formats is completed and submitted to HMTF for comments and approval in the next quarter. Tech-Serve assisted MOPH in seeking to develop standardized hospital forms. These forms include: Patient history format, Lab and diagnostic investigation formats, patient admission form, patient discharge form, birth certificate, general and specific patient register books (pediatric, surgical, OBGYN).	The approvals of the draft sets of hospital formats are still awaited.
1.5b	Participate and coordinate development of 2007 Hospital Management Task Force workplan	2007 Hospital Management Task Force Workplan completed by March 15, 2007				X	X	X	X	X									Hospital Management Task Force workplan for 2007 was completed as the Task Force continues its development. The workplan focuses on rational distribution of the EPHS, further expansion of support to Provincial Hospitals, and possible establishment of a hospital association.	
1.5c	Assist the MOPH in development of a policy on telemedicine in Afghanistan	Telemedicine Policy drafted by September 30, 2007								X	X	X	X	X	X	X			Tech-Serve Hospital Advisor actively contributed in developing and reviewing proposals for establishment of the telemedicine facility in two hospitals (Indira Gandhi Children's hospital and Rabia Balkhi Maternity hospital) in Kabul. An international technical expert will work on this further in May 2007.	
1.5d	Assist the MOPH in developing policies for regulating private hospitals	Policy on private sector hospitals in Afghanistan drafted by September 30, 2007							X	X	X	X	X	X	X	X			Tech-Serve staff are serving on the MOPH Hospital Management Task Force and have reviewed the draft MOPH policy on regulating private hospitals. Tech-Serve advisors determined that this draft policy is inadequate and requires substantial re-drafting of the key means for overseeing and regulating private hospitals. The Hospital Management Task Force is reviewing these recommendations.	
1.5e	Assist the MOPH and Provincial Health Departments in distributing hospital management tools developed by MSH for MOPH	Hospital Standards Manuals delivered to all provincial hospitals by February 2007			X	X	X	X	X										Both soft and hard copies of Hospital Standards Manuals were provided and distributed to 34 PPHDs including 13 PPHDs of USAID-supported provinces and relevant organizations in a four-day workshop in October 2006. All PPHD, Provincial Hospitals and district hospitals have received the hospitals standards. Copies of the standards have	

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																		also been distributed to MOPH Kabul hospital.				
1.5f	Undertake feasibility study on forming a national hospital association	Recommendations on establishment of National Hospital Association completed by 30 Sept 2007																X	X	X	A short term international hospital management consultant and a national Hospital advisor discussed the matter with relevant departments of MOPH and the issue will be followed up during the next visit of the consultant in coming May 2007.	
1.6	Work with the MOPH to develop appropriate health financing policies for the long-term sustainability of the health system																					
1.6a	Develop national guidelines for user fee implementation of a national cost-sharing policy	Implementation guidelines for user-fees completed by September 2007								X	X	X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> Tech-Serve assisted MOPH in gathering information about cost-sharing/user fee experiences in other countries. The MOPH Health Financing Task Force, the cost-sharing policy, guidelines for implementation will not be developed until the revised policy is finalized. 	
1.6b	Mentor the new Health Financing Director to effectively coordinate health financing issues concerning sustainability	A workplan is developed which is implemented and monitored				X	X	X													<ul style="list-style-type: none"> Tech-Serve mentored and worked closely with the Acting Director of the Health Financing Department of MOPH and saw real growth in his understanding of the key financing and sustainability issues facing Afghanistan. Unfortunately, in December 2006 this individual left MOPH and joined an NGO. Tech-Serve has begun working with new Health Financing Department Director. 	Counterpart being mentored left MOPH to join a national NGO in December.
1.6c	Assist MOPH to increase the knowledge of members of cabinet and Parliament on the sustainability issues and international best practices for user fees and cost recovery.	Information seminar for senior MOPH and cabinet officials held on user fees by March 30, 2007							X	X	X										Tech-Serve provided technical and policy support to the MOPH on increasing awareness of the National Policy on Cost-Sharing for Sustainability. As a result the national government's Cabinet approved user fees for hospitals in November 2006. Tech-Serve is now assisting the MOPH Health Financing and Sustainability Task Force in developing a presentation on user fees for the National Parliament in order to win the final approval for the introduction user fees in hospitals. This briefing has been delayed beyond March 2007, however.	
1.7	Support the Human Resource General-Directorate in maintaining a functional HR information system to plan for the optimal use of health workers																					

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1.7a	Provide technical assistance to the MOPH to maintain the HRD database	MOPH Human Resources Department has a functioning database that generates information for staff projections and training needs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	During Jan-Mar 07, 3,000 health staff were registered and their data was computerized. 2,500 new MOPH ID cards were issued and distributed to the staff. The filing system of HR forms was re-organized. So far, 16,000 health workers in public and NGO sector have been registered in the database. This is a substantial achievement since it represents over 50% of health workers. HR Registration forms were distributed to HFs in Ghazni, Jawzjan, Faryab and Paktika provinces through PPHD and related NGOs. All HFs will complete the registration forms by the end of June, 2007. This will provide another boost to registering more health workers into the database.	
1.8	Strengthen monitoring and evaluation capacity at the MOPH																		
1.8a	Assist the M&E department of MOPH in revision and updating national health fact sheets	Updated health fact sheets once per year		X												X		This activity is now closely connected with provision of data to the Afghani National Development Strategy (ANDS) quarterly progress reports. Tech-Serve assisted MOPH M&E department along with JHU team to provide 2 rounds of data updates for ANDS.	
1.8b	Provide the necessary information support to the Management and Tech-Serve Management Support at the provincial level	For 3 priority provinces, information from HMIS, REACH EOP Household Survey, and NHSPA are made available for planning purposes.			X	X				X	X			X	X		X	This target of 3 provinces has been exceeded as nearly all 13 USAID-funded provinces have been trained now. Two trainings have been conducted in Kabul to create a pool of managers, mainly PHAs, for provinces. Provincial trainings aim to enable PPHOs in extracting information on 6 core indicators from available sources of data. The six core indicators constitute the "measurable results" in the MSP initiative. Six core indicators include TB detection, DPT3 vaccination rate, CPR and TT2+ coverage, detection and response to disease outbreaks and referrals to EPHS facilities. The latest training was on January, 15 th . It was an orientation workshop conducted for 34 participants (PHAs, PPG grants consultants, PPG M&E consultants, PPG financial consultant, Senior GCMU consultant, consultants for MOPH GD for Provincial, SSP program managers and technical staff from Tech-Serve) on available sources of information for evidence-based planning, monitoring and evaluation of health system.	

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1.8c	Assist MOPH in rollout of the National BPHS Monitoring Checklist (NMC)	6 PPHOs have staff trained on applying the national monitoring tool and using the data			X	X						X						48 staff of MOPH and NGOs received on-the-job training on proper use of NMC in Takhar, Baghlan, Faryab, Jawzjan, Paktia and Paktika provinces and started the implementation of NMC.	
1.8d	Develop a BPHS M&E database	BPHS Monitoring Tool Database, Database Reports and Procedure Manual		X	X													<ul style="list-style-type: none"> A well tested database to compile data of National Monitoring Checklist is now available with a procedure manual. Focal points from 12 USAID provinces received training and a copy of the database. Database is now functional in 6 of these 13 USAID provinces. 49 records of monitoring visits are now available in this database. We plan to transfer the database to the MoPH M&E Department by December 2007. 	The number of provinces where the NMC database is functional was corrected.
1.8e	Develop a tool for evaluating the capacity built in PPHOs in collaboration with MOPH	PPHO capacity building assessment tool by September 2007				X	X	X										Completed. The tool has been used once in October-December 06 quarter and the summary of the findings was included in the last quarterly report. There may be a need to fine-tune the tool before the next round of application.	
1.9	MOPH is assisted in monitoring and evaluation of BPHS and EPHS grants.																		
1.9a	Support GCMU and PPG NGO grantees in using the REACH EOP household survey findings for target setting	Baseline values and annual targets set for indicators for PPG Grantees (see also 1.1b and its output)	X	X	X													Completed. Tech-Serve compiled and reorganized the REACH End-of-Project household survey results by 21 PPG clusters and assisted MOPH GCMU to carry out a target setting exercise with the PPG grantees and Provincial Health Offices in USAID provinces (see also 1.1b).	
1.9b	Assist MOPH in development of a technical monitoring plan for PPG grants (see also 1.1i)	Functional PPG technical monitoring system			X	X												Completed. See 1.1i, 1.8c and 1.8d as well. Three out of five positions for PPG M&E consultants were filled by March 2007. Monitoring visits to facilities by this team (central Ministry) is now being done since January 2007.	The original plan for using WHO supported TB and Malaria officers in the provinces for monitoring of BPHS was stopped in January 07 because of less than optimal performance. Tech-Serve PHA are now taking the lead on provincial joint monitoring visits by providing technical and logistical support to PPHOs.
1.9c	Evaluate the Grants Database and adapt it to the new needs of the GCMU and on-going data entry, data verification, and analysis.	Grants database adapted and kept up-to-date			X		X		X	X								Completed. Grants Database has been adapted based on new PPG working procedures; all the information regarding PPG grants management and financial parts of the grants were entered in to the database. Database standard report templates were also revised based on the GCMU needs. PPG team	Currently the grants database is using the old administrative divisions of the country which was 329 districts and now it is officially announced to use the new administrative

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																	met with EC and came up with a plan to include EC grants in the grants and contracts database in future.	divisions which is 398 districts.	
1.9d	Train MOPH Staff on LQAS methodology	20 members of central and provincial MOPH trained on design, conduction and analysis of LQAS household surveys												X	X	X	This is planned for the last quarter of the project year. Planning for the training had began in March 2007.		
1.9f	Assist MOPH in applying LQAS methodology for BPHS outcome measurement in PPG provinces	22 PPG Grants develop Household Survey Plans for October 2007 survey													X	X	X	To improve the process of the upcoming PPG household survey, Tech-Serve is trying to make the existing LQAS database more user-friendly. Accordingly, the following database software upgrades were identified to improve the existing LQAS database: <ol style="list-style-type: none"> streamlining the survey sampling with the data analysis improving linkage between sampling units and health facilities, grant type, grant ID, districts and provinces improving analysis queries in the database facilitating appending/aggregation of data at provincial and national levels 	
1.9g	Collaborate with JHU in the analysis of follow-up findings of NHSPA with special emphasis on PPG Provinces	2 meetings is organized between Tech-Serve, SSP, USAID, and PPG NGOs where JHU data in PPG provinces is discussed, analyzed and decisions are made for corrective actions.	X											X				First meeting was successfully conducted with review of findings and suggested courses of action proposed.	
1.10	National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&E requirements is ensured																		
1.10a	Provide TA to MOPH in maintaining and updating the national health facilities database	All health facilities in receipt of a unique facility ID code from the MOPH; updated information on the facilities available	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Assigning unique facility IDs for newly constructed facilities and updating health facilities information is taking place at MOPH on a daily basis. Summary of this data is being disseminated on a weekly basis among GCMU, WHO, SSP and Tech-Serve. In February PPG cluster 4 in Badakhshan started and 8 facilities were registered under this grant. Previously the health facilities database was using the old administrative divisions of the country (32 provinces-329 districts) all of the facilities were reviewed and reassigned locations based on the new districts. This task has been completed successfully. Dari equivalents of existing records were created for use by MOPH for inquiries in national languages.	The boundaries of the new administrative divisions are not officially released and therefore, it cannot be used for map making. Current mapping efforts must use the old district boundaries.

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1.10b	Provide TA to MOPH so that it can manage a decentralized HMIS Database at the provincial level	Functional HMIS database at Provincial level in PPG Provinces. Over 90% of PPG facilities and 70% of BPHS facilities nationally submit HMIS reports.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<p>Achieved through Tech-Serve TA:</p> <ul style="list-style-type: none"> HMIS reports of the third quarter of Shamsi calendar were successfully synchronized. 99% of PPG facilities and 78% of BPHS facilities nationally submitted their HMIS reports. A pivot table was created in Analysis and data entry version of the HMIS database to get all the indicators data. Data entry screen of HMIS database was changed from Stock –Out to Stock Status of Essential Drugs and an updated copy of the database was distributed to some of the database users and soon it will be distributed to all the clients. <p>Through PHAs:</p> <ul style="list-style-type: none"> TA to Paktya and Khost PPHO HMIS officers in maintaining HMIS database and its use at the provincial level is provided. HMIS database is available in PPH office with regular submission of reports to the MOPH. 100% of PPG facilities and 100% of BPHS facilities nationally submitted their HMIS reports in Takhar and Baghlan provinces. 17 staff of MOPH and NGOs are trained in HMIS data use in Bamyan HMIS refresher training was conducted for 12 head of the health facilities of Jawzjan 	Submission of HMIS information from health facilities not supported through major donors (white areas) continues to be a problem for the MOPH.
1.10c	Assist Central MOPH in maintaining HMIS Database Main HUB.	Functioning HMIS main hub at the MOPH.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<p>HMIS database main HUB has been maintained in a good condition and on weekly basis the system is getting updated virus definitions. Due the fact that the size of HMIS Main HUB is getting larger day by day a plan for the archiving of the data was prepared by the help of MSH in Boston to reduce the size of the database and also resolve the synchronization problems.</p>	Transfer of HMIS Department to APHI has meant MOPH efforts are disjointed since HMIS and M&E Departments have been placed in separated areas of the MOPH organization.	
1.10d	TA to the MOPH in the rollout of EPHS HMIS	5 PPG Provincial Hospitals regularly submitting HMIS reports		X			X			X			X			X		<p>Completed Five Provincial Hospitals that belong to Hospital Reform Project of MOPH--Kunduz, Takhar, Baghlan, Ghor and Zabol--have been submitting their EPHS HMIS reports since April 2006. 5 provincial hospitals and 14 district hospitals in PPG, are submitting EPHS HMIS reports.</p> <p>From PHAs Established coordination mechanism between the</p>		

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																	PPHO and Provincial hospital in Baghlan and Takhar provinces to support the Provincial Hospital HMIS focal point in terms of HMIS data correction and use	
1.10e	Assist MOPH in developing a regular national HMIS indicators update	2 HMIS indicator updates at the national level developed and disseminated		X							X					X	Two HMIS indicator updates have so far been developed by the HMIS department and presented at the Ministry to partners including BPHS NGOs. Development of the HMIS newsletter is still under way and completion is delayed. The new likely timeline for release of the publication will be mid May 2007.	Multiple international travels by MOPH HMIS members has hindered these efforts.
1.11	Strengthen MOPH's capacity for proper planning for equipment maintenance in hospitals.																	
1.11a	Assess the actual requirements and needs for hospital equipment maintenance in 5 provincial hospitals.	Report on assessment on hospital equipment maintenance completed by 31 May 2007								X	X	X	X	X			An assessment tool was developed to assess the actual equipment requirements and it was field tested in 4 USAID EPHS funded provincial hospitals in March 2007. The findings included: There are no standards and specified equipment in the country. There is no professional bio-medical engineer at the country level to repair and maintain the equipment. No trainings were conducted on the use of equipment. No spare parts are available in the country.	
1.11b	Develop recommendations for USAID and MOPH on requirements and needs for hospital equipment maintenance.	Recommendations on equipment maintenance made to USAID and MOPH by 31 July 2007											X	X	X		In process: A report by a Tech-Serve international expert is expected in the next quarter.	
1.12	Strengthen MOPH's ability to undertake national planning and health system development																	
1.12a	Support the Technical Deputy Minister to develop a plan for health system development	Actively participate in Health System Development Working Group meetings			X	X	X	X	X	X	X	X	X	X	X	X	Two Tech-Serve staff, the Chief of Party and Technical Director, were appointed to the seven member MOPH Health System Development Working Group that is chaired by the MOPH Technical Deputy Minister. The Tech-Serve staff developed an outline of the assessment of the Afghan Health System for the MOPH which was adopted by the Health System Development Working Group in October 2006. Work is continuing with Tech-Serve playing an active role. The group is expecting to have two products, (1) rapid assessment of the health system and (2) in-depth analysis of health system issues.	
1.13	Support MOPH Communicable Disease Control efforts																	

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1.13a	Active participation on the Country Coordination Mechanism (CCM) of the Global Fund for the national control of malaria, TB and HIV/AIDS	Record of CCM meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Tech-Serve is an active member of the CCM. It has been a part of the key decisions and outcomes of the CCM during this quarter. This included revision of GFMU Round 4 proposal for TB. The Salary Policy for NTP and NMLCP staff was revised with Tech-Serve assistance. Gap analysis meeting for R6 proposal was conducted CCM membership is revised (in line ministries, private sectors, community and religious leaders are included in the new membership). TA was provided to R7 proposal by Tech-Serve.	
1.13b	Support MOPH on promoting quality DOTS expansion	Training modules developed for quality DOTS expansion				X	X	X	X	X	X	X	X	X				Development of training modules for doctors, nurses and lab technicians with the support of a working group consisting of Tech-Serve, WHO, National TB Program and Global Fund staff initiated. Supervisory training module has been developed which has been submitted to MOPH for final approval. Through Tech-Serve PHAs: <ul style="list-style-type: none"> • TB Operational plan 2007-2008 was developed for Paktya , Khost ,Ghazni and Paktika provinces in March, 07 • Facilitated meetings with PPHO and NGOs, in Takhar and Baghlan to identify gaps of low case detection and action taken for the way forward • TB Task Force was established in Bamyar • In Paktika and Ghazni, with the cooperation from TB focal point of MOPH and Global fund representative; a plan was made for CHWs to be trained in DOTS • TB Case detection is targeted as a priority indicator in 12 provinces 	
1.13c	Actively support MOPH initiatives to develop effective programs to control a priority communicable disease problem	Recommendations and a plan for Tech-Serve to actively work with MOPH on one additional communicable disease or disease outbreak						X	X	X	X	X	X	X	X	X		Tech-Serve recruited the Communicable Diseases Advisor to support the MOPH in Disease Early Warning System (DEWS), Emergency and Epidemic Preparedness Response (EEPR), Avian Influenza (AI) and TB <ul style="list-style-type: none"> • National Tuberculosis Program (NTP) Operational plan 2007 2008 developed • PPM Operational plan developed • R4 proposal of GFMU is revised • Request for continuation of Round 4 proposal 	

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																		is extended • Research proposal on CCHF developed. • EEPR TF is activated • National EEPR Workplan is developed • Proposal for funding the EEPR infrastructure • EPI policy is revised From PHAs • In coordination with Regional DEWS Officer and PPHO, the provincial emergency taskforce committee, TB, EPI, DEWS were established and an action plan for emergencies and outbreaks detection and response for Paktya, Khost, Jawzjan, Faryab, Takhar, Baghlan and Bamyan provinces are developed. • AI awareness campaign was conducted in all health facilities of Bamyan • Polio Standing committee is regularly attended by PHA in Kandahar • PHAs actively participated in NIDs • Scurvy and night blindness on-the-job training was conducted for PPHO/PPHCC members in Bamayn and, Multivitamins and Vit A and C were provided to the health facilities. • Avalanches was managed by PPHCC member and other sectors in Bamyan	
1.14	Facilitate the strengthening of MOPH's child health programs and interventions																		
	1.14a	Conduct a joint assessment with MOPH Deputy for Reproductive Health and Child Health for the priority needs in child health	Priority needs identified/ Assessment report completed by October 31, 2006			X	X					X						• An assessment of MOPH needs in child health was conducted by Tech-Serve advisor, Dr Ickx, and a Tech-Serve consultant, Dr. Iain Aitken, with the MOPH Deputy Minister for Reproductive and Child Health and the MOPH Child Health Director. • Based on these needs assessments and MOPH requests, Tech-Serve established the Child Health Advisor Position. The Child Health Advisor was recruited. • The Child Health TF and IMCI TF were re-established. The TF is now working on revision of Child Health policy and GAVI Health System Strengthening (HSS) proposal	

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1.16l	MCH Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing 16 RH Working group attended in 9 provinces		
1.16m	Pharmaceutical Affairs and Essential Drugs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing		
1.16n	TB Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing 8 TB committee attended in 8 provinces		
1.16o	Provincial Capacity Building TF (New)									X	X	X	X	X	X	X	X	X	Ongoing		
1.16p	Capacity building Steering Committee (New)									X			X			X			Ongoing		
1.16q	EPI TF (New)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing 14 EPI Task Force attended in 7 provinces		
1.16r	Child Health TF (New)										X	X	X	X	X	X	X	X	Ongoing		
1.16s	EEPR, DEWS TF (New)										X	X	X	X	X	X	X	X	Ongoing (mainly focus on AI follow up, preparedness and prevention) Ongoing (mainly focus on AI follow up, preparedness and prevention at the central MOPH) 8 EEPR Task Force attended in 8 provinces		
IR 2: Management Support for Provinces (MSP) Initiative: Improved capacity of the thirteen Provincial Health Offices of MOPH to support the delivery of BPHS and EPHS services.																					
2.1	Develop MSP strategy for Tech-Serve building the management capacity of Provincial Public Health Offices																				
2.1a	Have joint MOPH-Tech-Serve rapid assessment visits to provinces to assist with the Tech Serve strategy for working with provinces	10 provincial visits. Strategy for Tech-Serve provincial management support completed by Oct 31, 2006	X	X	X	X														Rapid assessment of PPHD were conducted in 12 provinces (Bamyan, Takhar, Baghlan, Jawzjan, Faryab, Ghazni, Paktia, Paktika, Badakhshan, Hirat, Kandahar and Khost). Key findings included: functional PPHCC in all visited provinces, and insufficient office space for PPHDs in the mentioned provinces. Paktika province has a higher turnover of staff and lack of female staff in BPHS health facilities. There is need for training on technical and management topics for PPHO teams in most of the provinces visited. Tech-Serve team also agreed on a core list of six <u>provincial health performance improvement indicators</u> (mainly health outcomes) to be used for monitoring success of Tech-Serve's management support to the PPHOs.	
2.2	Improve the management capacities of Provincial Public Health Departments (PPHDs) in USAID funded provinces to effectively plan and manage the delivery of BPHS and EPHS																				
2.2a	Strengthen MOPH capacity at the provincial level in the effective coordination of partners through PHCC support by Tech-Serve	Regular attendance at PHCC meetings in 13 provinces				X	X	X	X	X	X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> During the initial visits by TS Kabul team (see 2.1a) PPHCC meetings were attended in Bamyan, Takhar, Baghlan, Faryab, Ghazni, Paktia, Paktika, Jawzjan, Herat, Kandahar, Kabul, Badakhshan and Khost Provinces. 17 PPHCC meetings were facilitated in Baghlan, Takhar, Jawzjan, Faryab, Bamyan, 	

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
2.2e	Develop and conduct an in-service training package on management and technical updates to be given in each of the provinces on a quarterly basis	Four quarterly in-service packages developed			X			X			X							<ul style="list-style-type: none"> A training package on available sources of information for assessing the performance of the health system was designed. Technical Report and proposal writing Course was designed and conducted in 6 provinces using the materials developed by Tech-Serve for the Technical Report and Proposal Writing Course at the central MOPH. The training in the remaining provinces will start in April 2007. This is an example of leveraging Tech-Serve work to multiply its effect. <p>From PHAs</p> <ul style="list-style-type: none"> A training package on available sources of information for assessing the performance of the health system is designed and used on regular base in Bamyan province. Afghan National Health Strategy was presented to all health partners in Herat province 	
2.3	Support the PHD teams in provincial planning and coordination.																		
2.3a	Regular quarterly oversights and mentoring visits to 5 provinces with MOPH to include an in-service training session each quarter at each of the 5 provinces	Four visits made to five provinces (20 total visits) by 30 Sept 2007			X	X			X	X		X	X		X	X	<p>4 mentoring visits conducted from 4 provincial hospitals of Ghazni, Paktia, Paktika and Khost and on-the job training provided.</p> <p>From PHAs 12 mentoring visits were made to 12 provinces (Ghazni, Paktia, Paktika, Badakhshan, Takhar, Baghlan, Bamyan, Kandahar, Hirat, Jawzjan, Faryab and Khost) and on-the-job training was provided.</p>		
2.3b	Two semi-annual visits to 4 provinces for workplanning, review and management in-service training in the province.	Two visits made to 4 provinces (8 total visits) by Sept 30, 2007					X	X		X			X				<p>Initial visits to 9 provinces completed. See 2.1a.</p> <p>From PHAs Initial visits to 13 provinces completed. See 2.1a</p>		
2.3c	One annual visit to four provinces and add PHA by end of year.	One visit made to 4 provinces (4 visits total) by Sept 30, 2007								X							<p>2 visits were conducted to Bamyan province</p>		
2.4	Continue to enhance the management skills of the hospital director and his team to improve the quality of EPHS services in 5 provincial hospitals																		
2.4a	Regular visits to the 5 provincial hospitals to ensure Hospital Directors are assessing, prioritizing, planning, managing, and monitoring the quality of care.	Two visits made to each of the 5 provincial hospitals (10 visits total) by Sept 30, 2007			X				X			X			X		<p>9 visits were conducted to 5 EPHS supported provincial hospitals. The PQI assessment took place in all 5 EPHS hospitals. The findings of the visits were quite positive—quality has continued to increase as measured by compliance with Hospital</p>		

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints				
			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep	
																		Standards (see Box 1 in this report).		
2.4b	Expand networking of existing 5 provincial hospital teams to an additional 2 provincial hospitals	One networking meeting for 7 provincial hospitals held by 30 May 2007											X						The networking workshop is postponed to May for the second visit of Dr. Jay Clark.	Hospital PQI assessment, LDP training, Hospital Equipment questionnaire development, and piloting, and cold weather delayed the activity. It was agreed to combine networking and Hospital management training workshop in May, when Dr. Jay Clark returns to Afghanistan.
2.4c	Undertake one PQI assessments at each of the 5 provincial hospitals.	PQI assessment of 5 provincial hospitals completed by July 31, 2007			X	X									X	X			Completed The PQI assessments of 5 provincial hospitals were conducted. The overall level of achievement of hospital standards were: Badakhshan Provincial Hospital: 73%. Ghazni Provincial Hospital: 71%. Khost Provincial Hospital: 85%. Paktia Provincial Hospital: 71%. Paktika Provincial Hospital: 76%.	
2.4d	Adapt and update the PQI database (cross reference to 4.1d)	Updated PQI database containing PQI assessment findings				X	X	X					X		X		X		Completed A database in excel format is now functional to include newly-added modules of national hospital standards. (See 4.1d)	
2.5	Encourage greater communication and problem solving among Provincial Health Directors																			
2.5a	Develop network of PPHDs to share solutions to common problems, strategize on how to have an active voice in the central MOPH that represents PPHDs.	1 networking meeting for 5 PPHDs held by July 31, 2007													X	X			This is planned for June 2007.	
2.5b	Public health update and shared learning meetings for PH Directors	Technically and financially support one MOPH meeting of PPHDs											X	X					Update public health information is shared with PPHDs. PHO and PHCC members in Bamyan, Jawzjan, Faryab, Takhar and Baghlan about Hepatitis B cases in Laghman, Night Blindness, Scurvy and AI)	
2.6	Provision of assistance to MOPH in improved planning for construction and maintenance of health facilities and provincial health offices in 13 selected provinces																			
2.6a	Conduct assessment of MOPH Provincial Health Offices and make recommendations for renovation or construction of the provincial health offices	Report on recommended renovations of Provincial Health Offices ready by June 30, 2007				X	X	X					X	X	X				Based on observations during visits to provinces, while no renovations or construction has occurred, Tech-Serve is providing necessary tools for the work of Provincial Public Health Offices. Tech-Serve will be providing office equipment, computers, internet service, management resources center, photocopier, printer and digital cameras to	

	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																	all 13 provinces. These items, more than buildings, will help in the task of improved management capacity of PPHDs.		
IR 3: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH																			
3.1	Developed planning, management, supervision, monitoring, and evaluation and leadership capacity of the MOPH through Management Support to Provinces (MSP) Initiative.																		
3.1a	Provide Leadership and Management Development Program for senior MOPH managers -- <i>cross reference with activity 1.4a for specifics and resources</i>	Conduct one LDP workshop for Central MOPH by Sept 30, 2006			X													Completed. The Tech-Serve training was conducted from 25-27 Sept at MOPH for 47 senior MOPH staff including all three Deputy Ministers, the 8 Director-Generals, many department heads and MOPH partners, including USAID, EC, WHO, SSP and COMPRI-A (see also 1.4a). In addition, selected chapters of the hand book "Managers Who Lead" were translated from English into Dari and Pashto.	
3.1b	Provide Leadership and Management Development Program for provincial public health departments-- <i>cross reference with activity 2.2b for specifics and resources</i>	Conduct LDP training in 7 provinces by Sept 30, 2007			X		X		X		X		X	X				Initial LDP scanning workshops were conducted for 294 staff of 11 Provincial Public Health Department out of 13 USAID-funded provinces. The main topics were analyzing the situation and prioritizing activities of the Provincial Public Health Offices. They will work on their priority actions with Tech Serve support. 33 LDP model sites health facilities were established in 11 provinces	
Tech-Serve Cross-cutting Areas																			
Area 4: Monitoring and Evaluation																			
4.1	Program information and service statistics from Tech-Serve/SSP MIS are available for monitoring and decision making																		
4.1a	Conduct refresher training on modified HMIS forms/guidelines	60 MOPH and NGO staff are trained on modified HMIS forms and guidelines			X						X		X					A new round of refresher training was provided in two different phases Jan-07 and Feb-07 for the different provinces PPG and Non-PPG. All PPHO HMIS Officers in PPG provinces and at least one representative from PPG NGOs were refreshed on BPHS and EPHS HMIS forms, HMIS database and Pivot tables and use of HMIS data for calculating the health indicators and indicator targets. Health Metrix Network (HMN) fund was distributed to the following PPG provinces: Kandahar, Ghazni, Baghlan, Khost, Paktika, Takhar and Hirat to conduct trainings to improve the accuracy, quality, accessibility and use of HMIS data in their provinces MOPH HMIS officer and Tech-Serve PHA of	Due to the lack of training budget line item in the grant agreements, the PPG NGOs couldn't conduct the training on HMIS updated formats for the health facilities, and some of the facilities are still using the outdated format.

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	Activities	Outputs/Deliverables	Timeline												Status by March 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																		Bamyan conducted an HMIS training in March 2007, for 17 participants of BPHS/EPHS implementers. 15 Health Workers will be trained in HMIS in May in Paktika province.	
4.1b	Conduct refresher training on modified HMIS Database and update NGO HMIS replicas.	27 PPG NGOs and 34 PPHOs receive the updated HMIS replica including EPHS module				X				X			X					Refer to 4.1a Data entry screen of HMIS database was changed from Stock –Out to Stock Status of Essential Drugs and an updated copy of the database was distributed to some of the database users and soon it will be distributed to all the clients.	
4.1c	Support MOPH HMIS department and PPG Grantee NGOs to successfully implement database cloning process (cross reference to activity 1.10b)	HMIS data of acceptable quality is received regularly at the HMIS department of the Ministry	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	HMIS database is now running smoothly by all PPG grantees and according to the needs TA is provided. Currently we are receiving EPHS HMIS data from the 5 EPHS grants of PPG.	
4.1d	Assist SSP and Tech-Serve in maintain a Quality Assurance Database (cross reference to 2.4d)	Two data entry people are trained, needed routine report templates generated and integrity of data with other components of Tech-Serve/SSP Management Information System maintained			X	X	X	X	X	X	X	X	X	X	X	X	X	The database is ready for the data entry for national hospital standards assessment. One data entry person will be hired in this month to enter the correct assessment results of PPG provincial hospitals. For BPHS quality assurance system, SSP has taken over the responsibility.	
4.1e	Develop additional routine reporting templates for Tech-Serve Management Information System	Additional routine reporting templates in Tech-Serve/SSP MIS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	The following templates have been developed for routine reporting purposes. 1.PPG service statistics summary report showing BPHS and EPHS services provided by PPG grantees every month, 2. PPG active facilities showing current PPG active health facilities on a weekly basis, 3. PPG active health posts showing number of active health posts currently providing services under PPG on a bi-weekly basis, 4. PPG HMIS Submission pattern showing submission of BPHS reports (FSR, MIAR, and MAAR) and EPHS reports (HSR and HMIR) on monthly basis, 5. HR database summary report, 6. Training database summary report, 7. PPG Grants summary report. 8. Map of BPHS and EPHS coverage showing districts and provinces covered under PPG BPHS and EPHS programs on monthly basis.	

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			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
4.1f	Ensure integrity of MIS reference files, including unique coding systems for facilities and staff	Integrated MIS is maintained	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Tech-Serve has assisted the MOPH HMIS department to prepare shifting the reference files to the new administrative divisions of the country (34 provinces and 398 districts). Reassignment of health facilities at the national level to the new list of districts is now completed. Updated population data has been incorporated. Shift to the new reference files is subject to MOPH senior leadership decision.	For GIS activities, MOPH HMIS and Tech-Serve continue to use the 2002/2003 data because the Government has not yet officially released new boundary information of districts and provinces.
4.1g	Support PPG NGOs and PPG Provinces PPHOs in creating a sustainable and fully functional HMIS (HMIS provincial rollout)	Seven provincial HMIS officers receive necessary hands-on training on HMIS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing support and troubleshooting has been provided to PPG NGOs and PPHOs through MOPH HMIS department.		
4.1h	Maintain SSP/Tech-Serve Training Database	Updated Training Database		X	X	X	X	X	X	X	X	X	X	X	X	X	X	17 workshops conducted by Tech-Serve with total number of 504 participants have been entered in the Training Database. Support to HSSP will cease as of July 1, 2007.		
4.1i	Maintain USAID GeoBase	Four quarterly updates to the GeoBase				X				X		X				X		Tech-Serve GeoBase is now set up and the first round of progress data has been entered. Next round of updating will be done in May.		
4.2	Regular planning activities are coordinated across the various program areas of the project.																			
4.2a	Develop Tech-Serve first year workplan	First year workplan	X	X	X													Completed. First year project workplan was finalized. The workplan was approved by USAID.		
4.2b	Develop Tech-Serve PMP including key targets	Tech-Serve PMP		X	X													Completed. Project Performance Monitoring Plan was finalized. The PMP was approved by USAID.		
4.3	Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-Serve information.																			
4.3a	Develop regular and ad-hoc MIS reports	15 monthly PPG HMIS Summary Reports	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	This activity is ongoing as planned. Tech-Serve and the MOPH HMIS team now produce 8 routine reports from PPG activities, MOPH Human Resources and Tech-Serve trainings and two sets of routine maps.		
4.3b	Conduct annual evaluations of Tech-Serve program implementation approach	One Tech-Serve internal evaluation sessions held on the project implementation approach												X				The first Tech-Serve in-house evaluation of progress over the workplan (during Action Review) was conducted in January 2007 and the summary of the findings were incorporated into the previous quarterly report. A second event was held for developing this report.		
4.3c	Develop annual Tech-Serve target achievement updates	One PMP target achievement update													X			The first PMP update was submitted to USAID along with the previous quarterly report to USAID. Another round of update is submitted to USAID with this report.		
4.4	USAID and other clients are provided with program information in a timely fashion																			

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			2006						2007									
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug
4.4a	Provide quarterly, semi-annual and annual reports to USAID/Kabul	Two quarterly reports, one semi-annual reports and one annual report			X			X			X			X			The first and second Quarterly Progress Reports (Jul-Sep 2006, Oct-Dec 06) were submitted to USAID on time.	
Area 5: Coordination with MOPH and other partners																		
5.1																		
5.1a	Conduct consensus building meetings with the MOPH, SSP and other partners as appropriate to coordinate the first year workplan activities	Common understanding between various partners on workplan activities/Final first year workplan	X	X	X												Completed. Three initial coordination meetings were held with SSP. Since January, 07, regular monthly coordination meetings have been held with SSP to share information and coordinate work. Three coordination meetings were held with MOPH. In the latest meeting in February, 07, TS presented its achievements during the first six months implementation of the project to MOPH. MOPH expressed great satisfaction with Tech-Serve work and contribution to MOPH, especially the Management Support to Provinces Initiative.	
5.1b	Conduct a joint evaluation of the implementation approach with SSP and USAID (cross reference to 4.3b)	Cross reference to 4.3b											X				Regular weekly meetings held with USAID to provide updates on work progress and discuss issues requiring common approach. Monthly coordination meetings with SSP, provide some evaluation of activities.	
5.1c	Hold regular meetings with USAID and other partners to coordinate project direction				X	X	X	X	X	X	X	X	X	X	X	X	Ongoing: Illustrative list of the key decisions made during this reporting period include: 1) processing of waivers for first, second and third drug orders; 2) custom clearance of Ovrette; 3) under-spending in a number of PPGs; 4) USAID 2007 operational plan; 5) integration of GCMU into MOPH structure; 6) preparing evidence for a Congressional inquiry; 7) coordination and communication with regard to MOPH issues such as the support to public relations department	

5. Challenges and opportunities for improvement

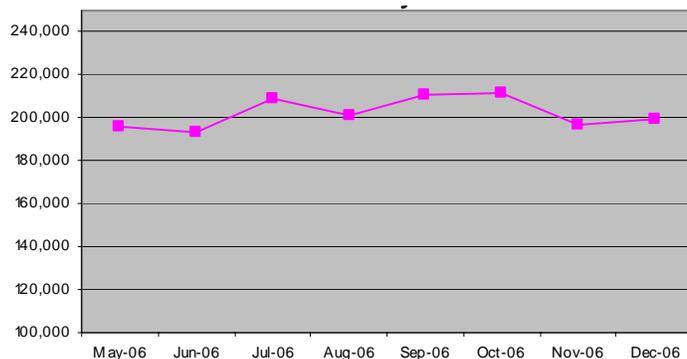
MOPH Capacity Building – central and provincial levels

1. Security in the provinces (see the section on security on page 60)
2. Effective and reliable communication between the provinces and the Kabul headquarters (for both Tech-Serve and MOPH) remains a major challenge affecting the successful implementation of project activities. This is improving with placement of Tech-Serve PHAs in provinces and PHA in General Directorate for Provincial Public Health at Central MOPH.
3. Long-term sustainability of the management and leadership tools introduced by Tech-Serve requires strengthening the sense of ownership for management capacity improvements in MOPH colleagues at the central level.

Performance-based Partnership Grants (PPG)

1. PPG under-spending for quarters 1, 2 and 3 have been as follows: \$1.2 million/21%; \$.8 million/13%; and \$.6 million/9% for a three quarter total of \$2.6 million or 14%. On a real and percentage basis, the under-spending is decreasing. The likely reasons for this include: there may have been (slower) mobilization in the 1st quarter, insecurity in some areas has caused some clinics to be closed and some (especially female) staff to leave their posts, in secure areas there has been difficulty in recruiting full staff (especially female), and there may be some unexpected “safety margins” in the budgets. This issue has been extensively discussed with GCMU, WHO and USAID. It has been decided that information from the 4th period (February and March 2007) should be gathered and a cautious approach should be used towards possible use of the under-spending for expanding services or providing training to NGO staff.
2. Training of new CHWs by PPGs - Information regarding training of new CHWs is being gathered by PPG to ensure that the NGOs are on track to meet their targets for new CHW training. So far, they appear to be underperforming. Training of new CHWs may need to ramp up in the 2nd year to ensure that CHW training targets are met. PPG will coordinate with the NGOs regarding their CHW training plans. See Figure 9 below for the trend of PPG CHW services in the first 8 months of PPG.

Figure 9- Total patient/client visits by PPG health posts between May and December 2006



*Note: Base is not zero

3. Short term extensions of support to EPHS grants with a relatively short advance notice – Six-monthly extensions of the EPHS grants is challenging for implementing NGO partners. NGOs find it difficult to keep their staff given the uncertainties associated with continuation of their grants.
4. Infrastructure (space, IT, electricity) at MOPH – since Tech-Serve-supported PPG and HMIS teams are embedded within the Ministry, shortcomings with the basic infrastructure such as space, IT support, and electricity have been a major source of inefficiency for them.
5. Less than optimal support to PPG by WHO

Pharmaceutical Management

1. Delay in arrival of first drug order may cause a temporary shortage for certain drug items. To tackle this challenge, Tech-Serve is in the process of air-shipping vital pharmaceutical items. It has also obtained 500,000 sachets of ORS from UNICEF to cover the shortage period.
2. Tech-Serve is currently dealing with the issue of short expiry pharmaceuticals. This was caused by inaccuracies in earlier quantification of drug order under REACH and over-ordering of approximately 40 items. We hope through better estimation of drug consumption through sources such as HMIS, better quantification will be possible and it will resolve the issue in the future.

Monitoring, Evaluation and HMIS

1. Re-structuring of HMIS and Monitoring and Evaluation departments at MOPH has become a challenge in day-to-day as well as longer-term performance of both departments. Currently, the M&E department is under the General Directorate of Policy and Planning and HMIS has been transferred to the Afghan Public Health Institute (APHI). This has negatively affected the close working relationship between the two departments since sharing resources is impossible, flow of information has been hampered and logistical difficulties have been created.

Security Challenges

(This section documents major security incidents and their implications for the project. The information provided in this section covers only the latest reporting quarter of January – March 2007.)

Specific Security or Natural Disaster Events that have had a direct impact on project activities:

- High Level of Insecurity in Kandahar and Khost Provinces. The Tech-Serve Project has initiated activities in Kandahar and Khost earlier than the projected PY2 workplan, but activity plans have been made in careful consideration of the security environment of these two provinces:
 - Kandahar Province is subject to regular suicide or IED attacks, particularly along the Kandahar airport road and near public transportation. This province is well known for high levels of anti-government forces and military action.
 - Khost Province has had frequent suicide and IED attacks, and has an increasing level of anti-government forces reported in the area.
- February 20, 2007 suicide attack on the inauguration ceremony of the ER in Khost Provincial Hospital. The Tech-Serve Provincial Health Advisor and other high ranking provincial health and NGO officers were present at the time of this explosion. This attack marks a change in target selection by opposition groups in Khost, where Tech-Serve and other public health activities may be subject to suicide attacks.
- Avalanches and Floods in Bamyán Province during March. These natural disasters significantly increased the public health efforts of the Provincial Public Health Directorate office, and thus increased the need for support by the Tech-Serve PHA. In addition, movement within the province was difficult, so regular program activities were interrupted several times during the reporting period.
- Closures of the Salang Pass and the Wardak road due to avalanches, mud slides and flooding have hampered project support activities and staff transport to and from Bamyán, Baghlan, Badakhshan, and Takhar in this reporting period.

Thematic Security Concerns:

- Increased risk to project staff and resources in collateral damage caused by suicide and IED attacks in Kabul city. Given the number of high profile targets in Kabul, and the shift in strategy by anti-government forces to attack these targets during high traffic periods, the Tech-Serve Project continues to modify its methods and means of movement within the city. However, the project also recognizes that there is an increasing risk that project staff or vehicles will come into harms way simply by being in the wrong place at the wrong time.
- Increased criminal activity in Kabul city and along major routes to provinces. During this reporting period there has been a significant increase in criminal

activity targeted at International NGO facilities, vehicles and staff. The Tech-Serve Project has not been directly affected, but the project invests a significant amount of management effort in the security of its facilities, and staff.

- Visibility of transport to insecure provinces and rural areas. Tech-Serve has increased its use of locally hired transport to travel to provincial capitals and districts in order to ensure that the project does as much as possible to increase local acceptance of activities, and to maintain a low profile to potential threats. This change in operations has not had a direct impact on project implementation.

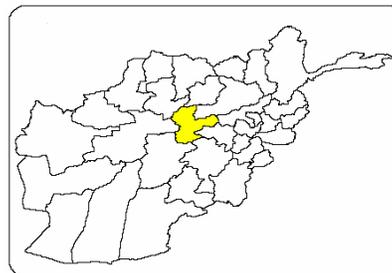
6. Lessons learned

Some of the lessons learned by Tech-Serve staff during this reporting period are listed below.

1. The Tech-Serve Management Support for Provinces Initiative has used the Leadership Development Program (LDP) as a major tool in working with provinces (see Box 4).
2. National NGOs performed well in implementation of PPG grants and delivery of basic health services and essential hospital services.
3. Greater coordination and information sharing with MOPH is now necessary to ensure smooth custom clearance and delivery of Tech-Serve pharmaceutical orders.
4. The sharing of a monitoring and evaluation function between Tech-Serve and SSP had a number of advantages and disadvantages for the two projects. It was helpful to both projects during the transition and start-up phases when ensuring continuity in use of information systems was essential. It also facilitated cross-fertilization between the two projects in different M&E processes including progress reporting, consistency in performance data, and planning. As both projects subsequently entered their full-scale implementation phase and continued to expand, it became increasingly difficult to respond to M&E needs of both projects with the existing resources. This issue jeopardized the level of engagement with the MOPH in monitoring and evaluation. With maturation of Tech-Serve and SSP projects, there was a need for each project to have its own fully dedicated M&E resources to effectively manage each project.

Box 4. Tech-Serve Management Support to Provinces (MSP) Initiative continues use of Leadership Development Program tool in Bamyan province to improve health coverage and outcomes.

Zakia has been a vaccinator in Haiderabad Basic Health Center (BHC) in Bamyan province since 2004. Recently, she developed a simple vision for improving Tetanus toxoid 2+ (TT2+—second dose or more of tetanus toxoid) immunization levels among pregnant women for her vaccination unit. In January 2007, she received the initial training on the “Challenge Model” from a Tech-Serve Provincial Health Advisor. The “Challenge Model” is a



leadership development tool that helps health teams, even at the most peripheral levels of the health system, to build a shared vision and then focus on specific challenges to achieve desired results. The picture below shows Zakia explaining to Dr. Jono Quick, CEO and President of MSH, how her team plans to improve coverage of TT2+ among pregnant women living in the service area of Haiderabad clinic, by 10%, by September 2007. Coverage of TT2+ is one of the six core measurable results that the Tech-Serve project has identified to guide its result-oriented Management Support to Provinces initiative. These measurable results will help create focus and shared understanding among the health teams in order to strategize interventions at provincial, health facility and community levels to improve immunization and other health services coverage which will ultimately improve health outcomes and Bamyan province.



Photo by Dr. Mohammad Khakerah Rashidi

Zakia says that “the Challenge Model” of the Leadership Development Program is a simple and practical tool that helps her to better manage delivery of essential health services. She says that this tool helped her to identify performance targets and prioritize the challenges to overcome to meet the target. A Tech-Serve Provincial Health Advisor, who is embedded full time in the Bamyan Provincial Public Health Office, will continue to mentor Zakia and staff of other clinics in implementation of the “Challenge Model” and monitoring success by using data generated through the national Health Management Information System (HMIS).

7. Key next steps for Tech-Serve in the next quarters (April to September, 2007)

There are a number of next steps that need to be taken to complete the workplan activities which were delayed and address the constraints and opportunities for success identified by the Tech-Serve team. These steps include:

Performance-based Partnership Grants (PPG)

- Complete PPG M&E consultant recruitment
- Take steps to improve the basic infrastructure at GCMU
- Meet all GCMU stakeholders to do initial planning for long-term strategy of GCMU
- Evaluate usefulness of eRooms after 6-month test in Tech-Serve

Pharmaceutical Management

- Continue to improve the waiver process for future drug orders
- Air ship life saving pharmaceutical items drug orders if in short supply
- Receive 800,000 sachets of ORS from UNICEF and distribute them to PPG NGOs
- Rectify the roof leakage problem in the Tech-Serve drug warehouse
- Assist the MOPH in revision of essential drugs list and licensed drug list based on MOPH requirements

MOPH Capacity Building – central and provincial levels

- Consider assisting MOPH in development of telemedicine guidelines if warranted based on STTA assessment in May 2007.
- Complete the initial phase of LDP training for all provinces by doing training for Herat and Kandahar Provincial Public Health Offices (PPHO)
- To establish the Management Resource Centers in PPHOs of 13 USAID-supported provinces
- To fund a 3-week public health training course for all PPHDs in USAID provinces at Agha Khan University in August –September 2007
- Conduct the networking workshop for USAID-supported PPHOs
- Recruit a PHA for the central MOPH General Directorate for Provincial Public Health in order to help build MOPH capacity to link the central and provincial MOPH.

Monitoring, Evaluation and HMIS

- Improve advocacy with PPA, EC, PPHDS for HR registration

- Hands-on assistance to Tech-Serve PHAs in enhancement of use of evidence (planning data use skills enhancement) in 4 PPHOs
- Rollout of the HMIS archiving solution
- With the HMIS Department of MOPH to finalize the first semi-annual information update on key BPHS and EPHS indicators at the national level
- Adapt the PY2 workplan and PMP to the new USAID Operational Planning formats
- Devise a user-friendly tool for PPG team to monitor Community Health Workers

According to the Tech-Serve workplan, the following activities will be the major next steps for the next six months in pursuit of the project's intermediate results:

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

- Assist MOPH in receiving, reviewing and processing technical and financial reports from NGO partners. Assist MOPH and WHO in processing payment requests in a timely manner for the next 2 quarters.
- Continue to implement the monitoring of PPG Health Facilities and NGOs (Technical and Financial)
- Assist WHO and GCMU in issuance of PPG MOU modifications for BPHS and EPHS grants
- Pursue the USAID certification of GCMU MOPH to secure US Government funds to finance grants for provision of BPHS services.
- Conduct quarterly PPG meetings (NGOs, MOPH, SSP Tech-Serve, USAID, WHO) to discuss managerial and technical issues.
- Receive, process and distribute to NGOs air and ground shipments of Tech-Serve's first drug order.
- Process, purchase and receive the second Tech-Serve drug orders for US\$ 1.9 million
- Implement the applied research project on "the relationship between service outputs and service inputs and costs in BPHS"

IR 2: Improved capacity of the thirteen Provincial Health Offices of MOPH to support the delivery of BPHS and EPHS services.

- Continue Tech-Serve Management Support for Provinces initiative in all 13 provinces
- Conducting planned visits to the provinces by the Tech-Serve MOPH Capacity Building Advisors;
- Conducting LDP Focusing, Planning and Orientation Workshops for 11 USAID-supported provinces

- Developing action plan of PPHOs according to the recommendation of 5th PPHD Quarterly Review Workshop
- Assisting Tech-Serve PHAs to train one PPHO on use of available sources of evidence for assessment of performance
- Transfer two additional HMIS hubs to Takhar and Badakhshan by Sept 07

IR 3: Management Support to Provinces initiative: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH

- Assist PPHCCs to conduct at least 60 new joint monitoring visits to BPHS and EPHS sites

Cross-cutting activities

- Develop the PY2 workplan and budget

Annexes

Annex 1- Update on Tech-Serve Performance Monitoring Plan Indicators

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

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

No.	INDICATORS	INDICATOR TYPE	Baseline	Project Year 2007 Target (September 2007)	Status March 2007	Frequency of reporting/ updating	Source	Notes
1.4	\$ amount of pharmaceuticals distributed to the PPG NGOs by Tech-Serve (cumulative) (see notes 1 and 2)	OP	\$0	\$ 2 million (see note 3)	\$ 2,630,304 <i>100% of Tech-Serve Project year 1 target met</i> (\$ 1,289,151 of contraceptives and TB medications have been distributed in addition to this amount since July 2006.)	Quarterly	Pharmaceutical Database	1- This indicator excludes contraceptives and TB medications. 2- Cutting pharmaceutical costs may be possible through promoting rational use of drugs, although unlikely within the first 2 years of the project. We may therefore find that less money spent reflects better performance. 3- The targets set for this indicator includes the drugs handed over to Tech-Serve from REACH. \$ 5.7 million additional funding has been made available to Tech-Serve based on a revised projection of needs for PPGs. PY2 target will be revised to include this change.
1.5	No. of MOPH General Directorates or Deputies with a functioning LDP teams reporting improved, collaboration and communication on at least one new priority issue each year	OC	0	2	0 GD PHC priorities have been determined; GD Admin workplan developed	Semi-annually	MSP reporting system	
1.6	Policies or regulations for overseeing private hospitals and diagnostic centers	OP	-	Outlined	Tech-Serve recommendations on the first draft of policy submitted to Hospital Management Taskforce	Annually	Tech-Serve Quarterly Reports	
1.7	Guidelines for implementation of Cost Sharing Policy	OP	-	Drafted	Awaiting revised policy before developing implementing guidelines	Annually	Tech-Serve Quarterly Reports	

No.	INDICATORS	INDICATOR TYPE	Baseline	Project Year 2007 Target (September 2007)	Status March 2007	Frequency of reporting/ updating	Source	Notes
1.8	No. of essential policies reviewed and updated or newly developed through established mechanisms in the MOPH (cumulative)	OP	-	4	2 (EPI Policy and National Salary Policy for NTP and NMLCP) <i>50% of Tech-Serve Project year 1 target met</i>	Semi-annually	Tech-Serve Quarterly Reports	
1.9	No. of health workers nationally registered with MOPH with updated data in the HRD data base (cumulative)	OP	6,000	15,000	16,000 <i>100% of the Tech-Serve Project year 1 target met</i>	Quarterly	MOPH Human Resources Database	
1.10	No. of PPHO and MOPH Central staff who received training on BPHS outcome measurement tool and are available for implementation of the tool (LQAS) (cumulative) (see notes)	OP	0	30	0 <i>0% of the Tech-Serve Project year 1 target met</i>	Semi-annually	Training Database	This indicator will include the trainings necessary to make up for the possible attrition of already trained MOPH staff.
1.11	% of BPHS facilities nationally submitting HMIS reports	OP	70%	>90%	78%	Quarterly	HMIS Database	
1.12	No. of EPHS facilities (district and provincial hospitals) in PPG provinces submitting EPHS HMIS reports	OP	0	5	5 Provincial Hospitals 14 District Hospitals <i>100% of Tech-Serve Project year 1 target met</i>	Quarterly	HMIS Database	
IR 2: Improved capacity of the thirteen Provincial Health Offices of MOPH to support the delivery of BPHS and EPHS services.								
2.1	No. of Provincial Health Teams with a functioning PPHCC teams reporting improved, collaboration and communication on at least one new priority issue each year	OC	0	3	3 11 provincial health teams received initial training 3 have active	Semi-annually	LDP reporting system	

No.	INDICATORS	INDICATOR TYPE	Baseline	Project Year 2007 Target (September 2007)	Status March 2007	Frequency of reporting/ updating	Source	Notes
					teams focusing on health results 100% of the Tech-Serve Project year 1 target met			
2.2	No. of PPHO staff who received appropriate in-service training (see note 1)	OC	0	15	0 (see note 2) 242 people from 11 provinces received 1 of the 2 planned training sessions (LDP scanning) therefore: 50% of Tech-Serve Project year 1 target met (see note 3)	Semi-annually	Training Database	1- Appropriate in-service training will include at least 2 training sessions for each staff each year. 2- The figure in the previous progress report had to be corrected. 3- To fully achieve this target at least 15 people from those already trained need to receive a second round of training
2.3	No. of PPG provinces implementing an updated provincial plan	OP	0	2	5 100% of the Tech-Serve Project year 1 target met	Semi-annually	LDP reporting system	
2.4	No. of PPG provincial hospitals applying clinical and management standards for improving quality of care (at least one comprehensive External Assessment and one Internal Assessment using the Hospital Standards)	OP	0	5	0 (see note 1) One round of comprehensive external assessment was completed in all 5 hospitals therefore: 50% of the Tech-Serve Project year 1 target met (see note 2)	Semi-annually	QA Standards Database	1- The figure in the previous progress report had to be corrected. 2- To fully achieve this target all 5 hospitals need to undergo a second round of assessment.

No.	INDICATORS	INDICATOR TYPE	Baseline	Project Year 2007 Target (September 2007)	Status March 2007	Frequency of reporting/ updating	Source	Notes
2.5	No. of PPHOs who actively collect and use national BPHS monitoring Checklist data	OP	0	4	4 <i>100% Tech-Serve Project year 1 target met (see note 1)</i>	Semi-annually	BPHS M&E database	1- Performance reported in the previous progress report had to be corrected.
2.6	No. of Provincial Health Teams capable of providing valid and relevant evidence (from HMIS, JHU facility assessment, REACH and PPG Household Surveys, BPHS Monitoring Checklist and SSP QA Assessments) for provincial planning and monitoring purposes	OC	0	3	0 Training package was developed <i>0% of the Tech-Serve Project year 1 target met</i>	Semi-annually	LDP reporting system	
2.7	No. of PPHOs with a functioning HMIS provincial hub (No. of PPHOs capable of managing HMIS information flow in their provinces)	OP	2	4	2 <i>50% of the Tech-Serve Project year 1 target met</i>	Semi-annually	Tech-Serve Quarterly Reports	
IR 3: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH								
3.1	No. of Joint Monitoring Visits by PPHOs to BPHS and EPHS health facilities	OP	0	85	32 visits were carried out by 8 PPHOs <i>38% of the Tech-Serve Project year 1 target met</i>	Semi-annually	BPHS M&E database	

Annex 2- Short Term Technical Assistance Visits During This Reporting Period

The following TDYs began during the period January-March 2007:

Name	Scope of Work	Dates in Country
Paul Ickx	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	February 27-March 29
Jay Clark	To assist Tech-Serve in hospital-related assessments and help do some training for MOPH in hospital management	February 27-March 20

The following TDYs began during the period July-December 2006

Name	Scope of Work	Dates in Country
Joan Galer	To provide technical assistance to Tech-Serve and MOPH teams on future Leadership Development Program implementation in Kabul and 13 provinces	September 14-28
Morsy Mansour	To provide technical assistance to Tech-Serve and MOPH teams on future Leadership Development Program implementation in Kabul and 13 provinces	September 14-28
Paul Ickx	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	September 15-October 8
John Soden	To ensure that all necessary financial systems are in place and provide input to the Tech-Serve implementation plan	October 1-30
Fred Hartman	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	November 7-30
Iain Aitken	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	November 9-December 7
Saeed Osmani	To ensure that all necessary IT technology and database systems are in	November 12-30

	place and provide input to the Tech-Serve implementation plan	
Paul Ickx	To help MOPH and M&E build their capacities and continue ongoing activities with the MOPH in MIS development, health information use, and with the Tech-Serve DMU	November 14-December 14
John Soden	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 staff are away on holiday	November 19-January 19, 2007

Annex 3-Documents Available for Further Information

Trip reports for TDYs completed during the period January-March 2007 were submitted by John Soden and Jay Clark.

Trip reports for TDYs completed during the period July-December 2006 were submitted by: Joan Galer, Morsy Mansour, John Soden, Paul Ickx, Fred Hartman, Saeed Osmani and Iain Aitken.

Other technical documents: January-March, 2007

- Tech-Serve Project Status Update – Key Achievements
- Summary of Meeting with the Minister of Public Health and USAID
- Follow Up Action Plan of the Fifth PPHDs Workshop, NGOs Responsibilities
- Tech-Serve Quarterly Progress Report, October-December, 2006
- Provincial Public Health Coordination Committee (PPHCC) Meeting Minutes

Other technical documents: July-December, 2006

- Tech-Serve Partners Senior Alignment Meeting Report
- National BPHS Monitoring Checklist Workshop Report
- Tech-Serve Report: Pharmaceutical Management and Financial Challenges and Issues for the USAID PPG Grant Program
- Dr. Paul Ickx's PowerPoint presentation, "Tech-Serve Pharmaceutical Management"
- Reports of Leadership and Management Development Workshop # 1 (Scanning) in Kabul, Baghlan, Bamyan, Faryab, Jawzjan, Khost, Paktia, Paktika, Ghazni, and Takhar Provinces
- Tech-Serve Provincial Rapid Assessment Reports of Bamyan, Faryab, Khost, Paktia, Paktika, and Ghazni provinces
- Tech-Serve Provincial Impact Assessment Reports of Baghlan, Bamyan, Jawzjan, Faryab, Takhar, Khost, Paktia, Paktika, and Ghazni provinces
- Tech-Serve presentation to MOPH
- Recent Trends in Epidemiology, Prevention, and Treatment in HIV/AIDS Programs: Implications for Afghanistan
- Pharmaceutical Management and Financial Challenges and Issues for the USAID PPG Grants Program
- Plan of Action for Tech-Serve Support to Child Health in Afghanistan
- Tech-Serve first Quarterly Progress Report (July-September 2006)
- Tech-Serve First Year Workplan
- Tech-Serve Performance Monitoring Plan
- Plan of Action for Tech-Serve Communicable Disease Activities
- Tech-Serve PowerPoint Presentation to MOPH Technical Roundtable on HIV/AIDS (November 2006)
- Tech-Serve PowerPoint Presentation to MOPH Technical Roundtable on Community IMCI (December 2006)
- Tech-Serve PowerPoint Presentation to H.E. Minister of Health and MOPH Senior Leadership on Tech-Serve Progress To-Date (February 2007)

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