



**USAID | AFGHANISTAN**

**LMS** | *Leadership, Management  
and Sustainability Program*

## **Tech-Serve Quarterly Progress Report No. 3 (April-June 2007)**

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Tech-Serve

August 2007

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

Quarterly Report  
April–June 2007



*(Shina Aghazarat Basic Health Center in Panjab district, Bamyan Province funded by USAID Performance-based Partnership Grants (PPG))*

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

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## **List of Acronyms/Abbreviations**

ANDS	Afghanistan National Development Strategy
BPHS	Basic Package of Health Services
CCM	Country Coordinating Mechanism
CGHN	Consultative Group on Health and Nutrition
CHW	Community Health Worker
DEWS	Disease Early Warning System
DOTS	Directly Observed Therapy, Short Course
EC	European Commission
EDL	Essential Drugs List
EEPR	Emergency and Epidemic Preparedness Response
EPHS	Essential Package of Hospital Services
GAVI	Global Alliance for Vaccines and Immunization
GC	Grants Consultant
GCMU	Grants and Contracts Management Unit
GD PPH	General Directorate of Provincial Public Health
GFMU	Global Fund to Fight AIDS, Tuberculosis and Malaria Management Unit
GIS	Geographical Information System
HMIS	Health Management Information System
HRD	Human Resources Development
HSS	Health System Strengthening
HSSP	Health Service Support Project
JHU	John Hopkins University
LDL	Licensed Drugs List
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	Nongovernmental Organization
NMC	National Monitoring Checklist
NMLCP	National Malaria and Leishmaniasis Control Program
NTP	National Tuberculosis Program
OPD	Outpatient department
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 Director
PPHO	Provincial Public Health Office
PQI	Performance Quality Improvement
QA	Quality Assurance
REACH	Rural Expansion of Afghanistan's Community-based Healthcare program
SM	MOPH Strengthening Mechanism
TA	Technical Assistance
TAG	Technical Advisory Group
TB	Tuberculosis

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 the priority health problems of the people of Afghanistan, while ensuring equity and fostering the sustainability of the health system. This report covers the fourth quarter of Tech-Serve project activities, from April to June 2007.

- In this reporting period, Tech-Serve Management Support to Provinces (MSP) initiative had five main achievements:
  - Successful networking among five provincial health teams in the Northern region inspired additional momentum and set an example for the other provinces for addressing priority health challenges;
  - Eleven of 13 targeted provincial public health teams completed the second phase of Leadership Development Program tool training
  - Based on the initial success of the MSP approach, Tech-Serve scaled-up its provincial support by hiring additional Provincial Health Advisors;
  - Based on real needs identified as preconditions for effective management improvements in the provinces, renovation of the physical facilities of the Provincial Public Health Offices and providing each province with a package of office technology equipment for facilitating the work of PPHOs. Though these were not part of the work plan for Project Year 1, these improvements were initiated based on the perceived needs.
  - Number of Tech-Serve supported Provincial Public Health Coordination Committee (PPHCC) joint monitoring visits to health facilities nearly doubled compared to the previous quarter.
- At the central MOPH, some of the primary achievements were:
  - The flow of information and communication between central and provincial MOPH offices was improved.
  - MOPH responded to more emergencies around the country more effectively with Tech-Serve support for emergency preparedness.
  - Tech-Serve introduced a major software upgrade in the database for national Health Management Information System (HMIS) of MOPH.
- Under Tech-Serve's support to the MOPH Grants and Contracts Management Unit, the significant accomplishments were:
  - Regular monitoring of the Performance-based Partnership Grants (PPG) health facilities showed improvement in all operational areas compared to the previous quarter.
  - The process for certification of the MOPH/GCMU to directly receive USAID funds for provision of BPHS and EPHS was initiated and substantial progress was made to achieving that goal.
  - \$370,000 of quality essential pharmaceuticals and contraceptives were distributed to USAID-funded BPHS and EPHS health facilities and health posts. Many additional supplies of pharmaceuticals were cleared through customs from the first drug order of Tech-Serve.

- Achievement of a majority of project year 1 (PY1) Tech-Serve Performance Monitoring Plan targets continued in a proportionate and balanced manner. This demonstrates that Tech-Serve continues to make substantial progress in project activities and we expect to fully achieve all targets by the end of Project Year 1 in September 2007.

## Introduction

### Tech-Serve: Technical Support to the Central and Provincial Ministry of Public Health

**Vision:**

*The Ministry of Public Health is able, at all levels, to improve the health of the people of Afghanistan by ensuring the health system provides quality health services in an equitable and sustainable manner.*

**Mission:**

*Tech-Serve will work with the Ministry of Public Health of Afghanistan, to improve the health outcomes of the country through the provision of quality health services as evidenced in significant improvements in health indicators. This will include the provision of a regular supply of quality essential pharmaceuticals and contraceptives in the 13 USAID funded provinces. Tech-Serve will improve the capacity of the central MOPH to oversee, manage and support the delivery of BPHS and EPHS, directly or through contracting mechanisms. The project will strengthen technical, leadership and management skills of the MOPH at central and provincial levels. In the 13 USAID funded provinces, Tech-Serve will help MOPH focus on health outcomes while developing management skills and practices so that provincial public health directors and their teams are able to effectively articulate their health strategies, plan their activities, mobilize the necessary resources to support the plans and measure the results. As a result, the health status of the Afghan people will improve, particularly for those of highest health risk. The project will work with MOPH and its partners to achieve these results.*

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

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 13 Provincial Public Health Offices of the MOPH to support the delivery of BPHS and EPHS services; and
3. Strengthened management and leadership capacity in the MOPH.

This document is the third Tech-Serve quarterly report and covers the period April to June 2007. This report contains eight sections:

1. **Key Tech-Serve achievements:** This section highlights the major achievements of the Tech-Serve project during the quarter. 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 included as Annex 1.

2. **Tech-Serve achievements in numbers:** This section presents progress toward Project Year 1 targets according to Performance Monitoring Plan indicators.
3. **Other achievements beyond the workplan:** This section highlights significant accomplishments that were not planned in the project workplan. 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 planned activities, and associated constraints:** This section details the status of each activity listed in Tech-Serve's approved workplan as of the end of June 2007.
5. **Challenges and opportunities for improvement:** This section summarizes the primary challenges encountered by Tech-Serve and areas for improvement that the project team identified in a participatory team-learning exercise conducted as part of the development of this quarterly report.
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 major next steps that the team feels need to be taken in pursuit of the results and outputs of project activities in the first four quarters or in anticipation of the final 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.

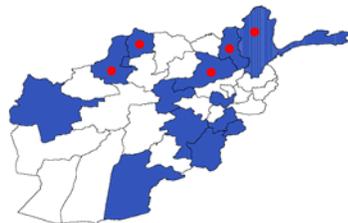
## 1. Key Tech-Serve Achievements

The major achievements of Tech-Serve from April through June 2007 are presented in the five sections that follow.

### 1.1 Management Support to Provinces Initiative: Capacity Building at the Provincial Level

#### Improved networking among provincial health teams

- In June 2007, provincial teams of the Ministry of Public Health (MOPH) from five Northern provinces of Afghanistan, supported by USAID health funds, shared best practices, lessons learned and challenges in applying Tech-Serve’s Management Support to Provinces (MSP) initiative to improve six key health results. This exercise was the first round of “networking” among the targeted provincial health teams. The Provincial Public Health Office of Baghlan Province hosted a networking workshop. Sixty-two MOPH members from Baghlan, Takhar, Badakhshan, Faryab and Jawzjan provinces engaged in a three-day discussion in which they shared local solutions and achievements. Representatives of the five Northern provinces also determined, among themselves, the best-performing province. This networking is important for sustainability of MSP after Tech-Serve has completed its work.
- Tech-Serve supported the Sixth Provincial Public Health Directors (PPHD) National Quarterly Workshop technically and financially in May 2007.



#### Intensified provincial support through additional Provincial Health Advisors

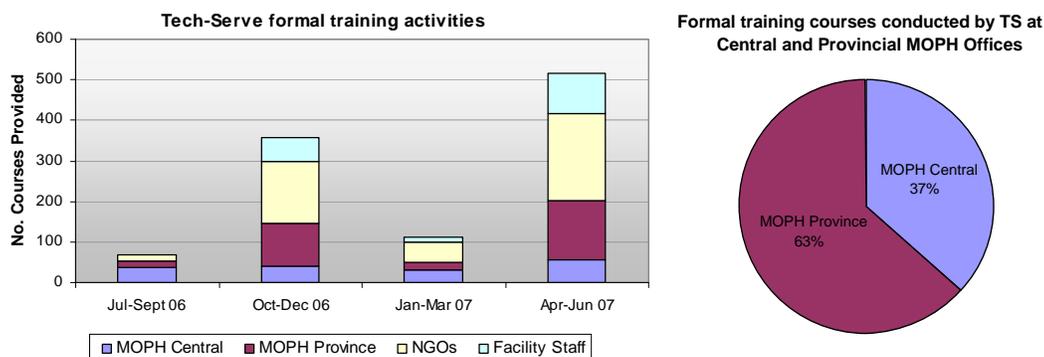
- Tech-Serve decided to accelerate its management support to Khost, Paktika, Takhar and Faryab provinces by hiring four additional full-time resident Provincial Health Advisors. The position announcements and short-listing of candidates were completed. Final selection will take place in July and August 2007. Having full-time Provincial Health Advisors (PHAs) for these provinces was never part of the original Tech-Serve workplan, but the success of the MSP and requests from the 13 Provincial Public Health Directors to have a full-time Tech-Serve PHA now rather than waiting until project year 2 or 3 was the basis for accelerating this element of the project. This change demonstrated the relevance of the MSP approach, since all the provinces were ready to join the initiative, and USAID and the MOPH expressed strong support for expanding the MSP rapidly (see map 1).

#### Focused training on management and leadership

- Tech-Serve continued the MSP initiative by training and mentoring provincial management teams of the MOPH (including government and nongovernment members of Provincial Public Health Coordination Committees) in 12 of 13 USAID-supported provinces using the Leadership Development Program (LDP) capacity development approach. In this reporting period, Tech-Serve trained 499 staff, including 29 senior leaders. As depicted in map 1, with the exception of Kandahar, all the targeted provincial health teams have graduated to the second

phase of the program. Figure 1 shows that Tech-Serve training activities continue to be increasingly focused on Provincial Public Health Offices rather than the central MOPH.

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



### Continued mentoring in leadership and management

- The Tech-Serve MOPH Capacity Building team made 10 provincial visits between April and June 2007. The purposes were to mentor staff of the Provincial Public Health Office and selected health facilities on Leadership Development Program and to monitor progress on key health outcomes.
- Recent evidence from the national HMIS demonstrates that after initiation of Tech-Serve’s Management Support to Provinces, Bamyan Province showed improvements in three key health results in the first quarter of 2007: vaccination of children under one year against DPT, TT vaccination of women of child-bearing age and increased case detection rates for pulmonary tuberculosis (TB). The immunization coverage in the first four months of 2007 has improved 7% over the same period in 2006, with a 50% improvement in the absolute number of vaccinations (see Figure 2). In addition, during the first quarter of 2007, 37 new TB cases were diagnosed in the province—this was nearly double the number of cases detected during the same period last year.

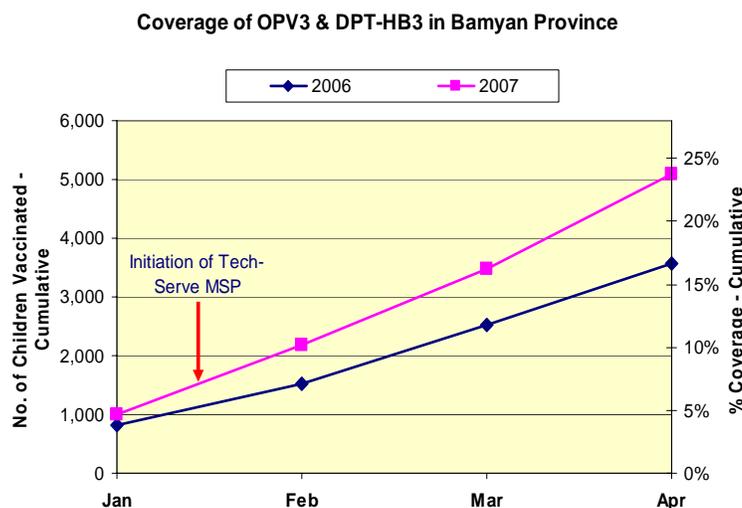
### Renovation and equipping of Provincial Public Health Offices

- Thirteen major kits of office technology equipment were provided to USAID-supported Provincial Public Health Offices (PPHOs). The kits included two desktop computers, a laptop computer, printers, photocopiers, scanners, digital cameras and UPS units. Three PPHOs now have reliable Internet access due to Tech-Serve financial and technical support. Assessment of the renovation needs of 12 PPHOs was completed, and Tech-Serve will be providing the monies to undertake renovations critical to the proper operation of the PPHOs.

### Support to Provincial Public Health Coordination Committees

- 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. Twenty-four PPHCC meetings were facilitated between April and June 2007 by resident Tech-Serve PHAs.

**Figure 2. Improvement in vaccination coverage after initiation of the MSP initiative in January 2007: Bamyan Province**



### Monitoring of NGO health facilities

- Tech-Serve 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. Between April and June 2007, 25 PPHCC joint monitoring visits were conducted with Tech-Serve financial and technical support.

## 1.2 MOPH Capacity Building – Central Level

### Responsive support

- The flow of information and the communication between central and provincial MOPH offices was improved through Tech-Serve support. Tech-Serve assigned the Provincial Health Advisor of Kabul to facilitate these linkages. She is co-located with the General Directorate of Provincial Public Health (GD PPH) and assists this unit with receipt, review and provision of regular and focused feedback to PPHOs. Tech-Serve established two reliable Internet connections for GD PPH as well, which further facilitated improved communication with the PPHOs.
- Leadership and management development of targeted MOPH General Directorates continued in this quarter with two focused training courses. The second phase of Leadership Development Program (LDP) training (focusing

stage) was conducted for members of GD Primary HealthCare, GD Provincial Public Health and GD Administration. In addition, 3 central MOPH, 3 PPHO staff from the MOPH Strengthening Mechanism (SM) and 13 USAID-funded provincial EPI managers received leadership development training.

### **Rapid response to emergencies and outbreaks of communicable diseases**

- In this reporting period, Tech-Serve assisted MOPH in investigations of and responses to outbreaks and flood-related emergencies in five USAID and one non-USAID provinces including Baghlan, Herat, Kandahar, Bamyan, Kabul and Daikundi. The emergency situations included Pertussis outbreaks in Kandahar and Herat, an Acute Respiratory Infection (ARI) outbreak in Daikundi, monitoring of Avian Influenza in Kabul, flood situation in Baghlan and snow slide in Bamyan.

### **Strengthened hospital management**

- Tech-Serve organized a networking workshop for hospital management development for 50 management staff of 10 provincial hospitals implementing the EPHS with USAID funds and under the MOPH Hospital Reform Project. The participating provinces included Badakhshan, Takhar, Baghlan, Kunduz, Ghazni, Paktika, Paktya, Khost, Zabul and Ghor. Hospital directors shared best practices, lessons learned and challenges in applying the national hospital standards for improving hospital quality of care.

## **1.3 Support to the MOPH Grants and Contracts Management Unit**

### **Technical support to the Grants and Contracts Management Unit (GCMU)**

- Tech-Serve continued its assistance to the MOPH and WHO in managing grants for providing quality BPHS and EPHS services with an emphasis on developing sustainable management tools and systems. Evidence-based tools developed included three types of NGO performance scorecards, service site justification and financial analysis. These tools help the MOPH/GCMU identify performance and financial gaps with the NGOs and monitor the effectiveness of corrective actions. The service site justification is a decision support tool that helps the MOPH to systematically review and prioritize the need for creating new health facilities.

### **Services for 1.9 million outpatients and 11,000+ inpatients**

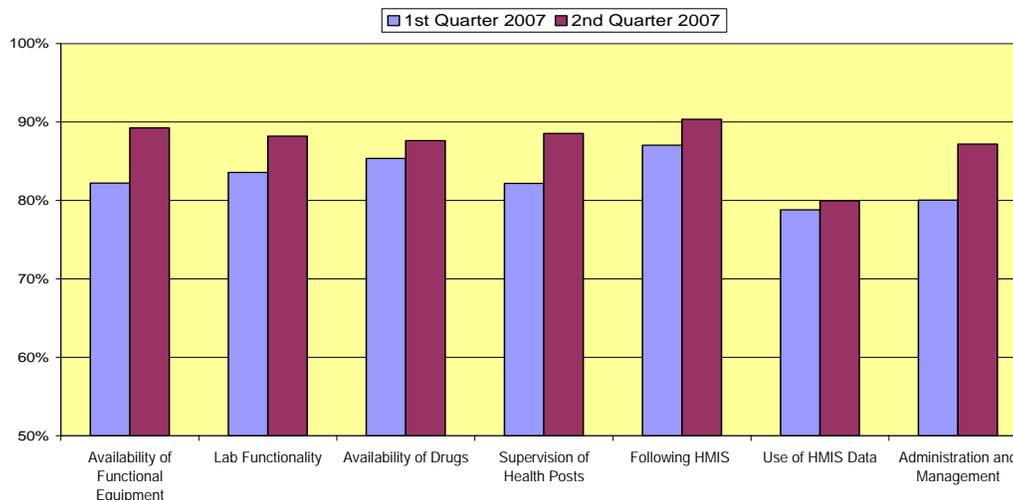
- During this reporting period, EPHS grants under the Performance-Based Partnership Grant (PPG) program were successfully extended by USAID up to April 2008.
- The PPG BPHS and EPHS programs continue to be successfully implemented, with good performance by national NGOs. The Tech-Serve-supported PPG Team of GCMU continued to manage 27 BPHS and EPHS grants (now valued at \$52.2 million for two years). The NGO PPG grantees served 1.9 million outpatient clients in 346 health facilities<sup>1</sup> and 3,700 health posts in the 13 USAID-funded provinces during the months of January through March 2007. An additional 11,200 clients were served as inpatients in PPG district and provincial hospitals during the same period. Findings of monitoring visits (as shown in figure 3)

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<sup>1</sup> As of the end of June 2007, the total number of active PPG health facilities including provincial hospitals is 356; 346 health facilities refers to the period when the service statistics are provided.

indicate that the status of PPG health facilities in the second quarter of 2007 showed a modest improvement over the first quarter of 2007 in all aspects assessed, including availability of functional equipment, lab functionality, availability of drugs, supervision of health posts, following and use of HMIS, and administration and management of the facility.

**Figure 3. Monitoring PPG health facilities: Improvement of management of facilities and patients from quarter 1 to 2, 2007**



Data source: National Monitoring Checklist Database as of June 30, 2007

Note: The baseline is not zero.

### **Process for certification of the MOPH/GCMU to directly receive USAID funds well underway**

- Two assessments are required for USAID certification of GCMU: procurement and financial management. Two USAID assessment meetings were held with GCMU/PPG to review the procurement requirements, in April and June. The financial management assessment is expected to be conducted in August. GCMU/PPG has been making preparations for the financial management assessment. Tech-Serve actively assisted GCMU/PPG team to prepare for these assessments. A plan to address the gaps identified during the assessments (if any) will be prepared after the assessment results are known.

### **Monitoring of health facilities and services**

- Implementation of a monitoring plan by the PPG team continued in this reporting period and picked up pace. Compared to 31 site visits during January to March, 82 sites were visited from April to June 2007. In addition, monitoring of PPG health posts for the first time started in this reporting period. Monitoring findings have been regularly shared with the MOPH, WHO, HSSP and USAID in the coordination meetings.

## 1.4 Pharmaceutical Management

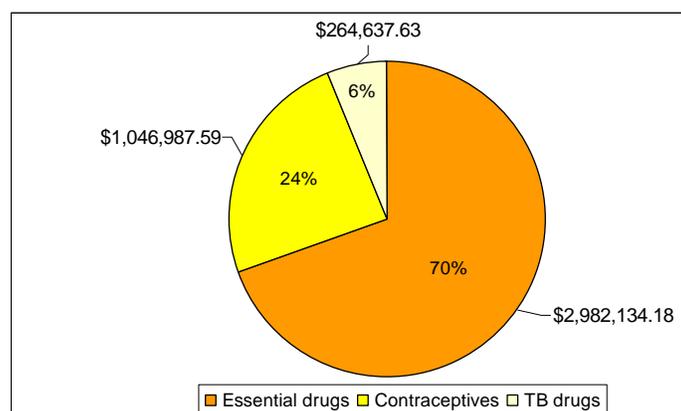
### Distribution of essential drugs

- Tech-Serve has distributed a total of US\$4,293,759 of essential drugs, contraceptives and TB medications to NGOs for use in the 356 health facilities and 3,700 health posts staffed by Community Health Workers (CHWs) since July 2006 (see Figure 4). Tech-Serve distributed \$374,893 of essential drugs and contraceptives to 27 BPHS and EPHS USAID-funded PPG grantees between April and June 2007. No shortage of essential drugs in PPG health facilities has occurred in the past three months.

### Receipt of Tech-Serve Drug Order #1 and processing of Drug Order 2:

- Tech-Serve received almost 95% of the drug shipment of order # 1.
- The import license for narcotics and psychotropic drugs in Order #1 was obtained.
- The waiver for Order #2 was approved by USAID for a total value of US\$1.9 million. MOPH approval was also obtained in anticipation of the USAID waiver.

**Figure 4. Value of pharmaceuticals distributed by Tech-Serve to BPHS and EPHS service providers (July 2006–June 2007)**



### Proper and secure storage of essential drugs

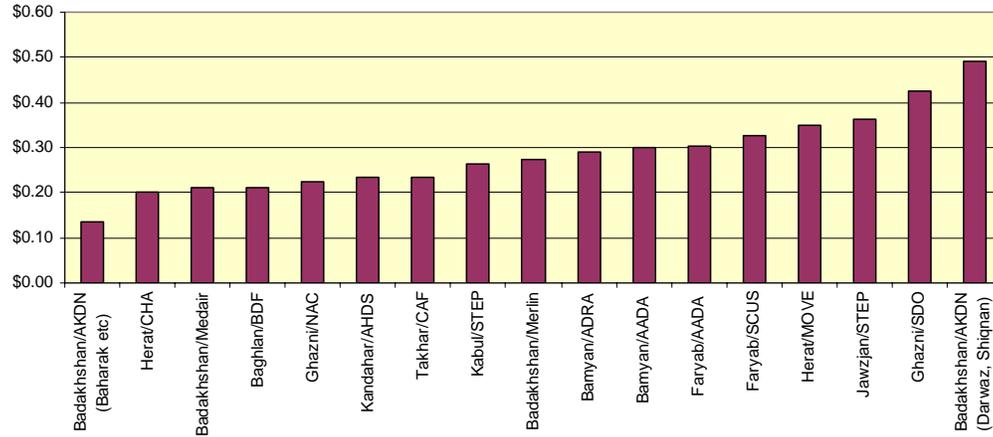
- Inventory control in Tech-Serve warehouse continues to be very good. The cycle counting in this reporting period showed only 0.0004% variance between the physical stock and stock records.

#### **Box 1. Comparing one-year drug consumption data (based on distributions) against services and population in the PPG BPHS**

In most of PPG BPHS clusters (65%), drug consumption per outpatient department (OPD) visit has been between \$0.20 and \$0.30. There are two outstanding clusters with drug value per OPD visits greater than \$0.40. These are AKDN in Shiqnan and Darwaz districts of Badakhshan and SDO grant in 4 northern districts of Ghazni Province. There are large differences between different clusters in Badakhshan, Ghazni and Herat.

**Figure 5**

Value of drugs distributed to BPHS PPG per outpatient visit  
(clinics and health posts)  
April 2006 to March 2007

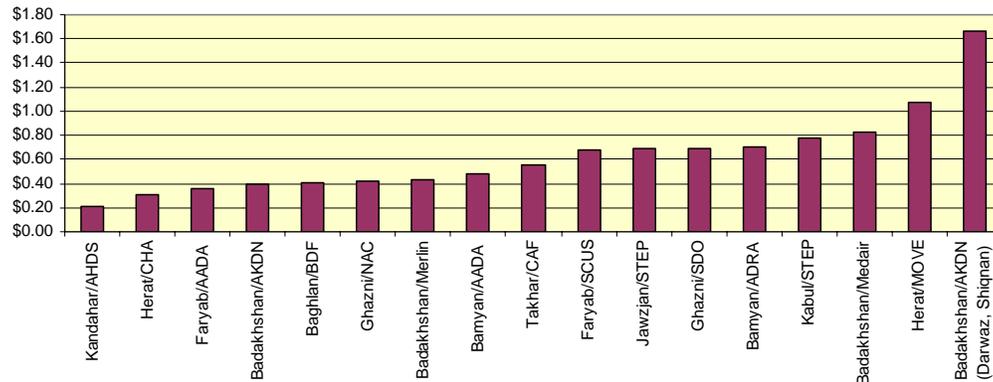


The difference between PPG clusters in Faryab (\$0.30–0.33) and Bamyan (\$0.29–0.30) provinces are minimal, on the other hand.

Drug per capita data in different PPG clusters are shown in Figure 6. In most of the PPG clusters, annual drug consumption per capita (based on distributions) is less than \$0.80. Two clusters in Badakhshan (Darwaz and Shiqnan) and Herat (Chishti-Sarif, Karukh, Kushk, etc.) in Herat show exceptionally high per capita values.

**Figure 6**

Value of drugs distributed to BPHS PPG clusters per capita  
per year  
April 2006 to March 2007



## **1.5 Monitoring, Evaluation and Health Management Information Systems**

### **100% of PPG facilities and 90% of BPHS facilities nationally submitted HMIS reports**

- The health management information systems of all PPG and non-PPG provinces were successfully upgraded. In June 2007, after several months of development work and extensive testing, MOPH, with Tech-Serve support, launched the fifth upgrade of the HMIS database at the national level. Compared to the previous versions, the new database includes a number of software enhancements and is expected to be more robust in terms of data archiving capabilities and retrieval of compiled information. So far, MOPH HMIS Department has upgraded 52 workstations of the NGO service implementers and Provincial Public Health Offices from all 34 provinces of the country.
- Tech-Serve continued to support the HMIS Department of the MOPH. The HMIS data submission rate nationwide for the first time reached 90%. The HMIS data submission rate by PPG facilities has been almost 100% for three consecutive quarters.
- Good progress was made in the EPHS HMIS. The data submission rate by PPG district hospitals reached 100% for the first time since rollout of the EPHS HMIS nationally.

### **National HR database support**

- Tech-Serve continued to support the MOPH Human Resources Development Department by providing database guidance and supervision. Over 2,000 additional health workers' records were registered in the MOPH Human Resources Database from April to June 2007 as a result of Tech-Serve support. Three thousand ID cards were assigned and distributed to health workers. So far, registration of health workers in the public and NGO sectors in almost all USAID-supported provinces has been completed.

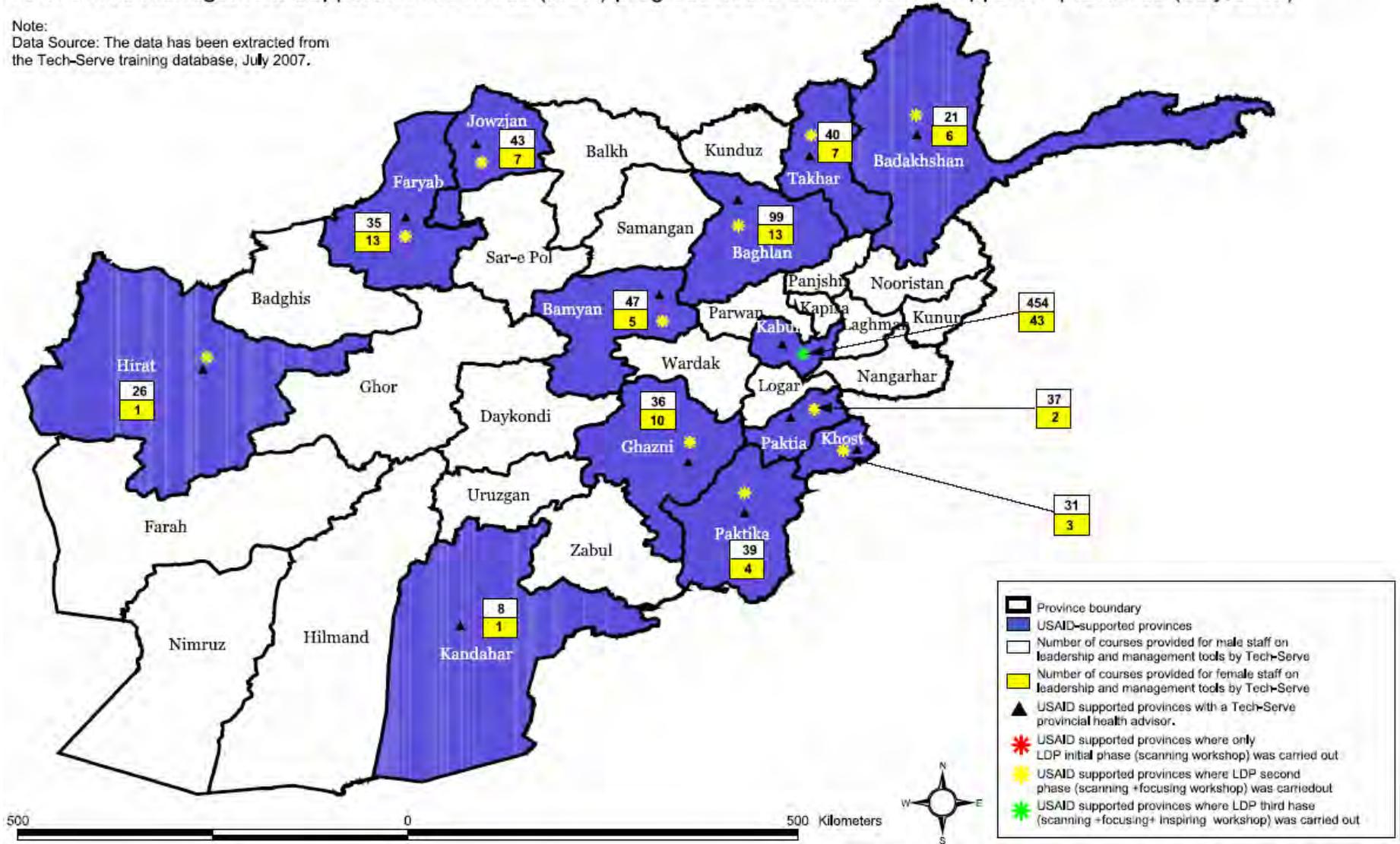
## **2. Tech-Serve achievements in numbers**

### **Progress on Tech-Serve Performance Monitoring Plan (see annex 1 for full detail)**

- Tech-Serve made good progress on most of its Performance Monitoring Plan (PMP) indicators toward meeting the Project Year One (PY1: July 2006 – September 2007) targets. Eleven 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), “no. MOPH General Directorates with a functioning LDP team” (PMP 1.5), “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), “status of BPHS and EPHS HMIS” (PMP 1.11 and 1.12), No. of provincial health teams with an effective PPHCC (PMP 2.1), “in-service training at the provincial level” (PMP 2.2), “implementation of 4 updated provincial plans” (PMP 2.3), and “application of use of monitoring data at the provincial level” (PMP 2.5).
- For four other indicators, target achievement has been between 50 – 90+% which is in compliance with the Tech-Serve workplan. These indicators include “review of health policies” (PMP 1.8), “application of quality standards in PPG provincial hospitals” (PMP 2.4), “handover of HMIS provincial hubs” (PMP 2.7), and “joint monitoring visits by PPHOs” (PMP 3.1)
- Remarkable progress was made toward PY1 targets for those PMP indicators that were put on the project watch-list at the end of the last quarter. Two indicators achieved their PY1 target during this reporting period including “no. MOPH General Directorates with a functioning LDP team” (PMP 1.5) and “no. of provincial health teams with an effective PPHCC” (PMP 2.1). Two other indicators recovered from their initial lag. These included “capacity of GCMU to meet USAID eligibility criteria” (PMP 1.3) and “PPHOs capability to extract and use evidence for planning and monitoring.”
- Based on this progress, Tech-Serve expects to fully achieve all PMP targets by the end of Project Year 1 in September 2007.

**Map 1. Tech-Serve Management Support for Provinces (MSP) progress in the USAID health supported provinces (July,2007)**

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



### **3. Other Achievements beyond the Workplan**

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

- to establish priorities for the project that reflect the needs of MOPH;
- to clearly identify the objectives to meet MOPH’s priorities; and
- to identify the implementation strategies and activities for meeting MOPH priorities and objectives.

Since the workplan is dynamic, there are often strategic and urgent issues that the MOPH, USAID or the Tech-Serve team find need to be addressed as part of the MOPH capacity-building effort. 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 the 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 that are not reflected in the next section, which shows progress in achieving the workplan results.

#### **MOPH capacity building – central level**

- During this reporting period, Tech-Serve was called upon by USAID and MOPH to assist with the updating of the Afghanistan National Development Strategy (ANDS). MSH headquarters worked with MSH team in Kabul to adapt the existing ANDS document into a new template released by the ANDS Office. The adapted document was then submitted to USAID. On a separate occasion, the MOPH requested Tech-Serve support for the provincial dissemination and review of the ANDS. Tech-Serve PHAs and PPG Monitoring and Evaluation Consultants carried out the exercise in three of the 13 USAID provinces including Badakhshan, Bamyan, and Jawzjan.
- To facilitate communication with Provincial Public Health Offices and other partners, Tech-Serve funded the establishment of two Internet connections at the office of the General Directorate of Provincial Public Health (GD PPH).
- Dr. Nadera Hayat Burhani, Deputy Minister for Reproductive Health and Child Health, Dr. Shakohmand, MOPH Director-General, and Dr. Mubarak Shah, Chief of Party of Tech-Serve, distributed course certificates to 15 mid-level managers, including 3 women, who completed the Tech-Serve eight-week course “Technical Report Writing.” The students were selected through a placement exam. The course focused on developing and improving English writing skills, especially skills necessary for work at the MOPH. Topics included outlining, sentence writing, grammar and punctuation, paragraph writing, elements of style, business letters, e-mail writing, memo writing, report writing (analysis of data, determining the message, structuring the report, the first draft, peer review and editing, use of diagrams, flow charts, and graphs, the final draft), introduction to proposal writing, and elements of a proposal. The course materials have been used in the provinces by the PHAs with the PPHOs as well.

- The recruitment of a Tech-Serve-funded Public Relations Officer for the Minister of Public Health was completed. This position provides support in coordinating information within the MOPH, providing analysis from a public relations point of view and assisting the Minister of Public Health in getting the MOPH's story out to the press and other relevant audiences.

### **MOPH capacity building – provincial level**

- Based on lessons learned from early implementation of the Management Support to Provinces initiative and to intensify support to those provinces that are currently covered by half-time PHAs, Tech-Serve started the recruitment of four additional advisors for Khost, Paktika, Takhar and Faryab. Position announcements and short-listing of the candidates have been completed. Final selections will take place by the end of July 2007.
- In a hand-over ceremony on May 28, 2007, Tech-Serve provided 13 kits of office equipment to the USAID-supported Provincial Public Health Offices of the MOPH in Badakhshan, Baghlan, Bamyán, Faryab, Ghazni, Jawzjan, Herat, Kabul, Kandahar, Khost, Paktya, Paktika and Takhar provinces. This equipment is intended to strengthen the PPHOs' capability to play an effective leadership role in their provinces by facilitating communication, information sharing and compilation of information for decision making. His Excellency the Minister of Public Health, Dr. Fatimie, who was accompanied by USAID's Senior Health Advisor, Mr. Douglas Palmer, in this ceremony stated that he and his provincial teams greatly welcomed USAID's initiative to provide office technology tools and equipment to the provinces and encouraged other major health donors in the country to do the same in their corresponding areas of support. The Provincial Public Health Directors of the 13 provinces also appreciated Tech-Serve's efforts in securing the much-needed equipment.
- Provision of office furniture to 12 provincial public health offices (other than Kabul) was completed in this reporting period.
- Tech-Serve began preparations for a study tour that it will sponsor for 13 Provincial Public Health Directors (PPHDs) to go to Aga Khan University in Karachi for public health training. The General Directorate of Provincial Public Health has officially introduced nine PPHDs and one public health advisor of MOPH to attend this course.
- Public health reference material and MSH publications in English, such as *Communicable Diseases in Man*, *Managing Drug Supply*, *Managers Who Lead*, were provided to the PPHOs of eight provinces (Bamyán, Badakhshan, Baghlan, Takhar, Faryab, Jawzjan, Ghazni and Kandahar).
- Tech-Serve worked with HSSP to facilitate the quality assurance workshop and establishment of provincial quality assurance committees in Herat and Bamyán provinces. HSSP's quality assurance pilot project will be implemented in 14 health facilities in Herat and Bamyán provinces. The one-day quality assurance workshop was conducted in Herat Province and 13 people participated in this training. Eight health facilities were selected as models for quality assurance.



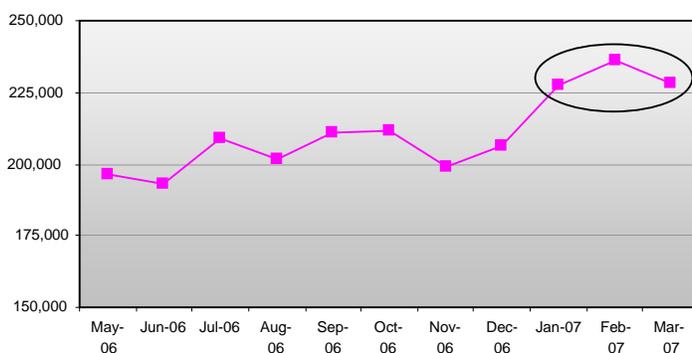
- English language and computer training courses were launched by Tech-Serve for 120 PPHO members in 9 provinces. The course materials from the Tech-Serve course taught at the central MOPH, “Technical Report Writing,” were made available to be used in the provinces by the PHAs with the PPHO team. The course focused on developing and improving English writing skills.
- In the first round of Tech-Serve-sponsored technical training, 17 provincial EPI managers (including 3 from the MOPH Strengthening Mechanism and 2 nationals) were trained to create shared visions with the central level and draft an action plan at the provincial level and motivate and align provincial stakeholders for improvement of EPI activities.

### Support to the MOPH Grants and Contracts Management Unit

- Tech-Serve continued to provide decision support to MOPH, USAID and WHO on assessment of new sites for service delivery in the USAID health-supported provinces. A plan for establishment of sub-centers in Bamyan was developed.
- Tech-Serve participated in the assessment of the integration of GCMU into the mainstream of the MOPH organization.
- At USAID’s request, Tech-Serve compiled information on the health status of refugees being deported from Iran in order to make decisions on how relevant PPG NGOs could help the MOPH with the situation.
- Action plans aimed at improving CHW training in PPGs were pursued in this quarter. HMIS data from the first quarter of 2007 shows a modest increase (10%) in CHW services compared to 2006 (see Figure 7). It seems that corrective actions by the PPG team are having an effect.

**Figure 7.**

#### Client Visits to PPG Health Posts, May 2006–March 2007



Note: Baseline is not zero.

## **Pharmaceutical Management**

- Considerable efforts were made by the Tech-Serve Drug Management Team during this reporting period to tackle difficulties and delays associated with Afghan Customs officials and MOPH quality control clearance of Tech-Serve Drug Order #1. The difficulties are a result of newly introduced quality control measures by the MOPH and Afghan Customs. Since pharmaceuticals procured by Tech-Serve go through extensive and internationally accepted quality control before shipment to Afghanistan, Tech-Serve is working with MOPH to obtain a blanket waiver for the life of the project. Several meetings were held with the senior leadership of the Ministry to address these difficulties.
- Tech-Serve assisted the MOPH in the revision of the Essential Drugs List (EDL) and Licensed Drugs List (LDL). An MOPH committee for updating the EDL and LDL was formed and started its work in May 2007 with Tech-Serve support. The committee drafted both lists. A Tech-Serve-funded short-term secretary was hired to provide administrative and database support to the Department of Pharmacy in operating the review committee. Inclusion of Lo-Femenal and Duo-Fem in the EDL will be addressed through this effort.
- Through Tech-Serve facilitation, Mission Pharma, one of the two suppliers of USAID-funded essential pharmaceuticals, was registered with the Government. This should facilitate the clearance of these drugs at the Afghan Customs House.
- Improvements were made to the building and infrastructure of the Tech-Serve warehouse. The repair of the warehouse roof was completed, and a cooling/heating system was installed in the bulk warehouse. These improvements will safeguard USAID's investment in pharmaceuticals for PPG grantees by keeping them secure, dry and at the right temperature prior to distribution.
- HSSP addressed the issue of Ovette training in outstanding PPG districts in this reporting period, and Tech-Serve began providing this contraceptive to these areas.

## **Monitoring, Evaluation and HMIS**

- Tech-Serve launched monthly reporting on the impact of security incidents on project operations. Three security reports have been developed and submitted so far. The reports show that functioning in the southern and southeastern provinces is becoming increasingly difficult for the MOPH and NGO service providers, and it is hard to maintain clinical staff in the high-security-threat areas. The northeast provinces, Jawzjan and Bamyan are the most secure, while sporadic security incidents continue to happen in Herat and Faryab.
- In June 2007, Tech-Serve organized a technical round table at the MOPH to discuss the status of monitoring and evaluation (M&E) of performance in the Afghan health system. In this technical round table, the existing systems for measurement of health system performance were reviewed, and the MOPH heads of the M&E and HMIS departments along with Tech-Serve, Johns Hopkins and EC's M&E advisors discussed the challenges and the MOPH's M&E strategies.
- Tech-Serve developed five success stories about its achievements and submitted them to USAID for distribution to a larger audience. The topics covered included provision of office equipment to 13 Provincial Public Health Offices, improvement of health results in Bamyan after initiation of Tech-Serve management support, the networking event among five northern provincial health

teams, using maps and data for saving lives, and progress made so far in the MOPH Human Resources Database.

- Tech-Serve assisted USAID and the Deputy Minister of Public Health, Dr. Kakar, in putting together a briefing on the status of the health system in Afghanistan for USAID headquarters and the US Congress.
- Tech-Serve, along with other members of the Monitoring and Evaluation Advisory Board, assisted the MOPH in setting principles and developing recommendations with regard to integration of MOPH M&E officers in one department. Tech-Serve is closely working with EC in developing a concept paper summarizing the final recommendations.
- In June 2007, HMIS officers from NGOs and PPHOs received training on geographical information systems (GIS). This training was intended for widespread introduction of maps showing health data for use at the provincial level. The new skills will enable the Provincial Public Health Offices and NGOs to use maps for prioritizing districts within their provinces with respect to distribution of key resources such as female staff and to utilization of BPHS and EPHS services by the local populations. The health GIS training module will be further developed in Tech-Serve PY2.

### 4. Progress to Date Compared to Planned Activities, and Associated Constraints

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

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	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints				
			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep	
1.1c	Assist GCMU and WHO with issuance of modifications of 27 BPHS/EPHS MOUs.	All modifications ensuring BPHS and EPHS grants are fully funded and have all relevant terms and conditions are complete.	X		X														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 two 6-month cycles (Nov 06 to Apr 07 and May to Oct 07). 3. A modification was made for Takhar to include 1 district hospital and 1 CHC effective October 06. 4. A modification for Faryab effective May 06 was made to include 1 BHC that was not included in the original workplan. 5. The original MOU for Badakhshan cluster 4 effective February 07 was prepared. 6. The modification to include Nish district in Kandahar PPG is pending.	There was delay in EPHS modifications # 2 for Apr 07 to Oct 07. WHO waited until the WHO/USAID agreement was amended in July to add additional funds before signing the modification.
1.1d	Conduct quarterly PPG meetings (NGOs, MOPH, HSSP, Tech-Serve, USAID) including technical roundtables if needed.	The NGOs as a group meet at least quarterly with all the program components.	X		X			X			X				X			Aug 06 – Tech-Serve assisted in organizing the PPG roundtable meeting with NGOs, HSSP, WHO USAID and MOPH. In the meeting, the role and responsibilities of each stakeholder were explained; grants implementation issues were prioritized and discussed and recommendations made for streamlining coordination between PPG partners. The November and February meetings were not held as there were not pressing issues. Apr 07 – The 2 <sup>nd</sup> PPG roundtable was conducted by HSSP and PPG. Relevant issues were discussed by the NGOs, MOPH, PPG, HSSP and USAID. Aug 07 - The next roundtable is planned.  There are sufficient meetings held with the NGOs. These roundtable meetings are somewhat similar to 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 June – BPHS coordination meeting In addition, each NGO receives written feedback on HMIS/Technical reports through e-mail, and face-to-face meetings are held with NGOs after PPG monitoring visits. Other face-to-face meetings are held periodically to discuss operations, technical,		

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	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																		financial and other issues. Having additional meetings will result in meeting overload for the NGOs and GCMU and will not be productive.	
1.1e	Assist GCMU with designing, scheduling and implementing quarterly PPA/PPC/PPG NGO coordination meetings	Meetings are held to communicate MOPH policies and procedures to NGOs covering the whole country. Opportunities are provided to share good practices across the programs.		X			X			X			X				X	The BPHS coordination meetings were held in November 2006, March 2007 and June 2007. These meetings provide a forum for all health NGOs supported by the three major donors to meet with MOPH. The main purpose of the meetings is to provide a forum for MOPH and the NGOs to meet to share and discuss issues that are common across the program throughout the country. The main outcomes from the meetings are: <ul style="list-style-type: none"> <li>• There is good exchange of ideas and issues between MOPH and NGOs.</li> <li>• Challenges and common obstacles are discussed and ideas shared on how to address them.</li> <li>• Feedback is shared and discussions are held to address the issues.</li> <li>• A team spirit between the NGOs and MOPH is fostered.</li> <li>• Winterization drug order and emergency response plans are made.</li> </ul>	
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		Newsletter content is provided regularly. Newsletter contributions have been: <ol style="list-style-type: none"> <li>1. An introduction of GCMU and its role</li> <li>2. Update on recruitment of PPG Consultants</li> <li>3. Assignment of PPG Consultants to the NGOs (the PPG portfolio)</li> <li>4. Compiled HMIS data for the monitoring &amp; evaluation corner of the newsletter</li> <li>5. Training schedule and supervision plan of the Management Support to Provinces initiative</li> <li>6. GCMU update and M&amp;E activities.</li> </ol>	
1.1g	Conduct a pilot test of a virtual office space to share key documents between GCMU, WHO, HSSP, Tech-Serve and USAID and set up and train users; evaluate after 6 months.	Evaluations of eRooms and their usage conducted by June 30, 2007		X	X		X	X	X	X	X	X	X			X		Evaluation was done in April 07. Based on this evaluation, Tech-Serve will continue using e-Rooms for sharing information with MSH headquarters	
1.1h	Provide TA to assist WHO with quarterly financial and compliance meetings for NGO finance and management staff	Five financial and compliance meetings held.	X			X			X			X				X		Finance workshops were held in August 2006 and March 2007. The August meeting presented grant requirements, reporting and compliance issues. The March meeting presented revised reporting formats and requirements. The finance workshops are being conducted as needed. An independent audit by an outside audit firm is in process and the audit reports	

	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																	will be available in mid-August. The next Finance workshop will be conducted to address the audit findings..		
1.1i	Provide TA to assist WHO and GCMU in implementing a field monitoring program.	At least 85 monitoring visits paid to PPG facilities			X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. <ul style="list-style-type: none"> <li>114 health facilities have been monitored:                             <ul style="list-style-type: none"> <li>16 Takhar</li> <li>22 Jawzjan</li> <li>4 Kandahar</li> <li>7 Ghazni</li> <li>12 Herat</li> <li>4 Khost</li> <li>8 Baghlan</li> <li>8 Badakhshan</li> <li>21 Kabul</li> <li>12 Bamyan</li> <li>0 Faryab (planned for July)</li> <li>0 Paktya (planned for August)</li> <li>0 Paktika (planned for December)</li> </ul> </li> <li>PPG meets face-to-face with each NGO in Kabul to discuss the field monitoring findings. Action plans are prepared to address issues raised from the M&amp;E visits.</li> <li>PPG team reports excerpts from the findings of monitoring visits to USAID and other stakeholders. See also 1.8c.</li> </ul>	
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"> <li>Assistance was provided to WHO to develop a financial monitoring tool. 13 financial visits have been made to the NGOs:                             <ul style="list-style-type: none"> <li>4 – AADA, BDF, MOVE, CHA – July &amp; Aug 06</li> <li>2 – IbnSina, CAF – Nov 06</li> <li>2 – Medair, SDF – Feb 07</li> <li>2 – BDF, MOVE (follow-up visits) – Feb 07</li> <li>3 – AHDS, AHTP, ADRA (Apr to June 07)</li> </ul> </li> <li>After each financial visit, a report was prepared in which the findings were shared with the respective NGO and recommendations provided.</li> <li>The external, independent audit is being conducted. The PPG Finance Consultants will travel with the auditors to assist them in their field work in the provinces. Actions will be planned based on findings from the audits.</li> </ul>	

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	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
1.1k	Supervision visits to NGOs at the provincial headquarters level	Each NGOs HQ is visited at least twice with trip reports			X	X	X	X	X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>• A supervision plan was prepared in 2006. According to the plan, each NGO HQ was to be visited at least twice. However, this has been changed to once a year as the initial results were better than expected and did not warrant more frequent monitoring. Grant Consultants have visited the following NGO provincial offices: CAF/SHDP – Takhar – January 07 MOVE/STEP – Jawzjan - February 07 CHA/NPO – Herat – March 07 AHDS – Kandahar – February 07 MOVE – Herat – June 07 ADRA/AADA Bamyān – June 07</li> <li>• Trip report briefings have been prepared and shared in the PPG coordination meetings. Full reports have been prepared and circulated.</li> <li>• The visits have confirmed that the NGOs are implementing the BPHS activities in the field in a good manner.</li> </ul>	
1.1l	Review HMIS reports and monitoring reports and provide feedback to NGOs.	27 PPG grantee quarterly reports reviewed and feedback provided to the NGOs		X	X	X	X	X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>• Four quarterly technical reports for each grant were reviewed. 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 HSSP to discuss the findings from the field visits.</li> <li>• BPHS Coordination Meetings were held in February and June 2007 to provide general feedback to the NGOs (see 1.1e). Moreover, specific feedback on HMIS and technical reports was communicated to each of the NGOs. The feedback included discrepancies between HMIS data and NGO technical reports, FSR and MAAR, status of submission of EPHS HMIS, and use of updated HMIS reporting formats.</li> </ul>		
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	Preparation for October 2007 has started. 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			Ongoing In March 07, audit planning meetings were held with PPG, WHO and USAID. In April, Tech-Serve developed the RFP for the audits for WHO for the first 11-month period May 06 to March 07. The audits started in June and the results are expected in		

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	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints				
			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep	
																		mid-Aug 2007.		
1.1o	Assist GCMU with reviewing 27 NGO financial reports.	Financial reports processed each quarter		X			X				X				X			X	The first four quarterly financial reports were reviewed, processed with the NGOs and forwarded to WHO. There has been improvement in the quality of financial reports with each successive quarter. Face-to-face meetings were held with NGOs to make inquiries about their financial reports, if needed.	
1.1p	Assist GCMU with reviewing of 27 NGO narrative technical reports and Project Data Sheet	Reports reviewed each quarter		X			X			X				X			X	Completed for each 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 monthly.	
1.1r	Coordinate with HSSP with technical assistance needs assessments and provision of technical assistance to BPHS and EPHS NGOs.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing as planned. Through the biweekly PPG coordination meetings (PPG, HSSP, WHO, USAID), the technical assistance needs of the BPHS & EPHS are discussed. The main outcomes from the meetings are: good communication between the 4 organizations, discussing various program issues and actions to be taken, sharing of monitoring information from the field and discussing the quality of services at the HFs and what can be done for improvements. Further coordination is done at the regular Tech-Serve/HSSP coordination meeting.	
1.2	<b>GCMU strengthened to prepare for the GOA to receive USAID funds directly</b>																			
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		The certification process is well underway. Two assessments required for USAID certification of GCMU: contracting and financial management. Two USAID assessment meetings were held with GCMU/PPG, in April and June 07. The financial management assessment is expected to be conducted in July/Aug 07. GCMU/PPG has been making preparations for the financial management assessment. Tech-Serve was active in assisting GCMU/PPG to prepare for these assessments. A plan to address the gaps identified during the assessments (if any) will be prepared after the assessment results are known.	
1.3	<b>Provision of essential drugs and contraceptive supplies is improved.</b>																			

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	Activities	Outputs/Deliverables	Timeline												Status by June 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				<ul style="list-style-type: none"> <li>Items in Order #2 were reviewed for spaced delivery, including one or two urgent air shipments of limited amounts to prevent stock-outs.</li> <li>The issue of ordering blister packs to promote arthesunate combination treatment was solved with the MOPH.</li> <li>On-the-job training for 20 staff members of PPG –ADRA and AADA provided regarding managing drug supply, drug requests, and rational use of drugs in Bamyar.</li> </ul>	
1.3b	Procure pharmaceuticals for BPHS and EPHS NGOs	Two pharmaceutical orders placed		X	X	X				X	X	X			X	X	X	<ul style="list-style-type: none"> <li>The first pharmaceutical order for US\$2 million was placed and items started arriving in Kabul on April 14, 2007.</li> <li>The waiver for the second order for US\$1.9 million received concurrence from USAID on June 24, 2007.</li> </ul>	
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	95% of medicines of Order #1 were received, and distribution to NGOs for Q3 drugs will start on July 1, 2007.	Processing the 1 <sup>st</sup> drug order waiver took longer than expected. Hence placement of order was delayed.
1.3d	Distribute pharmaceuticals to 27 BPHS and EPHS NGOS	Distribute drugs valued at US\$2 million in year 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<p>Between April and June 07, drugs with a value of US\$ 374,893 were distributed to 22 PPG NGOs and 17 non-PPG health facilities (due to the short expiry dates of some drugs). This included \$45,303 of contraceptives to PPG NGOs, and \$329,590 of essential drugs to PPG NGOs and non PPG health facilities.</p> <p>A total value of US\$4,294,347 of drugs has been distributed to NGO grantees since the start of Tech-Serve (July 06-June 07). This included US\$2,959,893 of essential drugs, US\$1,069,816 of contraceptives and US\$ 64,638 of anti-TB drugs.</p>	
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	<p>22 PPG grantees were supplied with drugs and 17 MOPH and other health facilities of near-expiry drugs.</p> <p>Ongoing cycle counting kept stock and inventory discrepancies well below 0.001%.</p> <p>Repairs to the roof of the bulk warehouse to prevent leaking have started. Five air conditioners have been installed to allow temperature control.</p>	
1.4	<b>Enhance the ability of MOPH Deputy Ministers and Director-Generals to effectively manage their work and staff</b>																		

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	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints		
			2006						2007									
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug
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								<b>Completed.</b> <ul style="list-style-type: none"> <li>The September management support workshop was completed. Forty-seven senior managers from MOPH and partners attended the LDP alignment meeting in September.</li> <li>30 MOPH senior staff completed a 12-week course on technical report and proposal writing in February.</li> </ul>	
1.4b	Promote coordination and planning of MOPH by conducting regular meetings with all 3 Deputy Ministers and 6 Director-Generals to identify management and leadership gaps and provide TA to improve MOPH management	Three D-Gs have an agreed-upon workplan that is being implemented and monitored. Two semi-annual progress reports			X					X					X	<b>Completed</b> <ul style="list-style-type: none"> <li>A two-day scanning workshop (initial LDP phase) was conducted for 22 MOPH senior staff of General Directorates of PHC, Admin and Provincial Health.</li> <li>LDP focusing workshop was conducted for 19 participants of PHC/MOPH and Admin General Directorates.</li> <li>A one-day LDP refresher scanning workshop was conducted for provincial and central EPI management teams.</li> </ul>		
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								<b>Completed</b> The Tech-Serve advisors to MOPH in hospital management, provincial capacity building, communicable/infectious disease, child health and management strengthening/health financing advisor were in place by March 2007.		
1.4d	Organize three technical seminars on key policy and technical areas for the MOPH, especially the Deputy Ministers and Director-Generals	Three technical seminar reports				X			X				X		<b>Completed</b> A fourth technical roundtable on monitoring and evaluation in the Afghan health system was organized by Tech-Serve in June 07. Three previous technical seminars conducted at MOPH by Tech-Serve included Community IMCI, HIV/AIDS, and Hospital Community Boards.			
1.5	<b>Continue building the MOPH capacity for improved hospital management of EPHS</b>																	
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						<b>Completed</b> <ul style="list-style-type: none"> <li>A three-day workshop on hospital management development was conducted for 10 members of hospital management teams, including the PPHD of the provinces of the Hospital Reform Project and USAID-funded provincial hospitals. A total of 50 staff were trained.</li> <li>2 hospital managers of AKHS-supported Bamyan provincial hospital were trained on hospital standards in Tech-Serve Kabul and launched the</li> </ul>		

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																		implementation of hospital standards. The baseline assessment of AKHS hospital is 55%. • TA was provided to the Paktya provincial Hospital Director for preparation of an action plan for the gaps after the last assessment conducted in June 07.	
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								<b>Completed</b>	The HMTF meeting is scheduled biweekly. No meeting has been called so far.
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	X	Delayed One meeting was held with former in-charge of the MOPH telemedicine section to brief him on how to make linkages between the central MOPH and a telemedicine section in Texas to have a teleconference and lay the groundwork for future expansion of the communication. AKHS planned to install the telemedicine system in Bamyan Provincial Hospital	There is no in-charge for the MOPH Telemedicine section to coordinate the telemedicine activities.
1.5d	Assist the MOPH in developing policies for regulating private hospitals	Policy on private sector hospitals in Afghanistan drafted by September 30, 2007						X	X	X	X	X	X	X	X	X	X	<b>Completed</b> —The MOPH has chosen not to introduce this as a regulation and implement it at this time. It is hoped that this action will be taken in the future since the policy is completed.	
1.5e	Assist the MOPH and Provincial Health Departments in distributing hospital management tools developed by MSH for MOPH	Hospital Standards Manuals delivered to all provincial hospitals by February 2007			X	X	X	X	X									<b>Completed</b> Hospital Standard Manual was provided to Kandahar Regional Hospital and PPHO management resource center in this quarter.	
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		The issue of feasibility study and formation of a hospital association was discussed with the D-G of Curative and Diagnostic Services as well as with a representative of the private sector. They were briefed on the principles of establishment of associations.	
1.6	<b>Work with the MOPH to develop appropriate health financing policies for the long-term sustainability of the health system</b>																		
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	<b>Completed:</b> Tech-Serve played a major role in revising the national policy on sustainability and cost-sharing. The policy has been approved by the CGHN and revisions are underway based on the MOPH's TAG comments. The Health Financing and Sustainability Task Force is now developing "Cost Sharing Guidelines" for implementation of a national cost-sharing program.	

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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												<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>Tech-Serve mentored and worked closely with the Acting Director of the Health Financing Department of MOPH. Unfortunately, in December 2006 this individual left MOPH and joined an NGO.</li> <li>Tech-Serve has begun working with new Health Financing Department Director.</li> </ul>	Counterpart being mentored left MOPH to join a national NGO in December 06, so T-S is working with the new Director to help him develop his skills in health financing.
1.6c	Assist MOPH to increase the knowledge of members of cabinet and Parliament about sustainability issues and international best practices for user fees and cost recovery.	Information seminar for senior MOPH and cabinet officials held on user fees by March 30, 2007							X	X	X								<p><b>Completed</b></p> <p>Tech-Serve provided technical and policy support to the MOPH on increasing awareness of the National Policy on Cost-Sharing for Sustainability. As a result the national government's Cabinet approved user fees for hospitals in November 2006. Tech-Serve assisted the MOPH Health Financing and Sustainability Task Force in developing a presentation on user fees for the National Parliament.</p>	
<b>1.7</b>	<b>Support the Human Resource General-Directorate in maintaining a functional HR information system to plan for the optimal use of health workers</b>																			
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	X	<p>During Apr-Jun 07, 2,000 health staff were registered and their data were computerized. 3,000 new MOPH ID cards were issued and distributed to the staff. So far, 18,000 health workers in the public and NGO sectors have been registered in the database. This is a substantial achievement since it represents over 50% of health workers nationally. The HR registration process for almost all USAID-supported provinces has been completed successfully. Tech-Serve Provincial Health Advisors facilitated the registration process in USAID-supported provinces.</p>	
<b>1.8</b>	<b>Strengthen monitoring and evaluation capacity at the MOPH</b>																			
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		<p>No new update. This activity is now closely connected with provision of data to the Afghanistan National Development Strategy (ANDS) quarterly progress reports. Tech-Serve assisted MOPH M&amp;E department along with JHU team to provide 2 rounds of data updates for ANDS.</p>	

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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	On May 10, training was conducted in Bamyan for 15 members of Bamyan PPHCCs. This training aimed to enable PPHO and PPHCC members to extract information on 6 core indicators from available sources of data for evidence-based planning, monitoring and evaluation of the health system. The six core indicators are TB detection, DPT3 vaccination rate, TT2+ coverage, detection and response to disease outbreaks and referrals to EPHS facilities.	
1.8c	Assist MOPH in rollout of the National BPHS Monitoring Checklist (NMC)	6 PPHOs have staff trained on applying the national monitoring tool and using the data			X	X					X					X		National Monitoring Checklist (NMC) training was conducted for Kandahar, Paktia and Herat PPHOs and BPHS implementers. 21 participants were trained on national monitoring checklist and its database to enable them to use this tool to measure health performance in their provinces.	
1.8d	Develop a BPHS M&E database	BPHS Monitoring Tool Database, Database Reports and Procedure Manual		X	X													<b>Completed</b> A well-tested database to compile data of National Monitoring Checklist is now available with a procedure manual. Focal points from 12 USAID provinces received training and a copy of the database.	
1.8e	Develop a tool for evaluating the capacity built in PPHOs in collaboration with MOPH	PPHO capacity building assessment tool by September 2007				X	X	X										<b>Completed</b> The tool has been used once in October–December 06 quarter and the summary of the findings was included in the second quarterly report.	
1.9	<b>MOPH is assisted in monitoring and evaluation of BPHS and EPHS grants.</b>																		
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													<b>Completed.</b> 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												<b>Completed.</b> See 1.1i, 1.8c and 1.8d as well. Three out of five positions for PPG M&E consultants were filled by March 2007. Monitoring visits to facilities by this team (central Ministry) is now being done since January 2007.	
1.9c	Evaluate the Grants Database and adapt it to the new needs of the GCMU and ongoing data entry, data verification and analysis.	Grants database adapted and kept up-to-date			X	X		X	X									<b>Completed.</b> Grants Database has been adapted based on new PPG working procedures.	Currently the Grants Database is using the old administrative divisions of the country (329 districts) and it has been officially announced that the new administrative divisions (398 districts) should be used.

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1.9d	Train MOPH staff on LQAS methodology	20 members of central and provincial MOPH trained on design, conduct and analysis of LQAS household surveys												X	X	X		The training is planned for end of August 07. Preparations for the October 2007 survey are underway. Survey questionnaire and database have been reviewed and enhanced.		
1.9f	Assist MOPH in applying LQAS methodology for BPHS outcome measurement in PPG provinces	22 PPG grantees develop Household Survey Plans for October 2007 survey														X	X	X	Survey database was enhanced. Survey questionnaire was updated to include data on knowledge about danger signs of pregnancy requested by HSSP.	
1.9g	Collaborate with JHU in the analysis of follow-up findings of NHSPA with special emphasis on PPG provinces	2 meetings organized between Tech-Serve, HSSP, USAID and PPG NGOs where JHU data in PPG provinces are discussed, analyzed and decisions are made for corrective actions.	X											X					<b>Completed</b>	
1.10	<b>National HMIS is maintained and institutionalized within the MOPH and compatibility with the project's M&amp;E requirements is ensured</b>																			
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	X	Ongoing as planned. 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, HSSP and Tech-Serve.	The boundaries of the new administrative divisions are not officially released and, therefore, it cannot be used for map making. Current mapping efforts must use the old district boundaries.
1.10b	Provide TA to MOPH so that it can manage a decentralized HMIS database at the provincial level	Functional HMIS database at provincial level in PPG provinces. Over 90% 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	Ongoing as planned. Achieved through Tech-Serve support: <ul style="list-style-type: none"> <li>• HMIS reports of the fourth quarter of Shamsi calendar were successfully synchronized. 99% of PPG facilities and 90% of BPHS facilities nationally submitted their HMIS reports.</li> <li>• HMIS database of all NGOs and provincial hubs were upgraded from Version 4 to 5 and the HMIS officers were oriented on how to presented data on the maps.</li> <li>• Hands-on training was provided to PPHO HMIS officers of Paktya and Kandahar (newly hired) about HMIS database and data analysis.</li> </ul>	
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	X	<ul style="list-style-type: none"> <li>• HMIS database main hub has been maintained in good condition and virus definitions in the system are updated weekly.</li> <li>• A plan was made to reduce the size of the HMIS main hub and manage the archiving issue; plan was successfully implemented and fully tested.</li> </ul>	Transfer of HMIS Department to APHI has meant MOPH efforts are disjointed since HMIS and M&E Departments have been placed in separate areas of the MOPH organization.

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1.10d	TA to the MOPH in the rollout of EPHS HMIS	5 PPG provincial hospitals regularly submitting HMIS reports	X				X				X				X				Ongoing as planned <ul style="list-style-type: none"> <li>Five provincial hospitals belonging to Hospital Reform Project of MOPH--Kunduz, Takhar, Baghlan, Ghor and Zabul--have been submitting their EPHS HMIS reports since April 2006. 5 provincial hospitals and 17 district hospitals in PPG are submitting EPHS HMIS reports.</li> <li>Through efforts by provincial HMIS committee in Kandahar, the 3-month report of Mirwais Regional Hospital of Kandahar was collected for the first Shamsi month of 1386.</li> <li>TA and HMIS refresher training were provided to Paktia Provincial Hospital HMIS officer. Currently the EPHS HMIS is being implemented in one provincial hospital and two district hospitals.</li> </ul>	
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		Three 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 publication is still under way and completion is delayed.	
<b>1.11</b>	<b>Strengthen MOPH's capacity for proper planning for equipment maintenance in hospitals.</b>																			
1.11a	Assess the actual requirements and needs for hospital equipment maintenance in 5 provincial hospitals.	Report on assessment on hospital equipment maintenance completed by May 31, 2007								X	X	X	X	X					<b>Completed</b> 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 biomedical engineer at the country level to repair and maintain the equipment. No trainings were conducted on the use of equipment. No spare parts are available in the country.	
1.11b	Develop recommendations for USAID and MOPH on requirements and needs for hospital equipment maintenance.	Recommendations on equipment maintenance made to USAID and MOPH by July 31, 2007												X	X	X			<b>Completed</b> A survey was undertaken during two visits by a Tech-Serve international expert. His report provided a basis for any further actions by USAID on hospital equipment maintenance as well as future procurement of equipment by MOPH for hospitals.	
<b>1.12</b>	<b>Strengthen MOPH's ability to undertake national planning and health system development</b>																			

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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	<b>Completed</b> The T-S Chief of Party and Technical Director served on the Deputy's special "Health System Development Working Group." Based on their work an outline for structuring a future report on the entire health system was developed.	
1.13	<b>Support MOPH Communicable Disease Control efforts</b>																		
1.13a	Active participation on the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria	Record of CCM meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Round 7 Global Fund proposal was finalized. GFMU was integrated into GCMU Principal recipients are selected for TB and HIV/AIDS Round 7 proposal	
1.13b	Support MOPH on promoting quality DOTS expansion	Training modules developed for quality DOTS expansion				X	X	X	X	X	X	X	X	X				Ongoing as planned <ul style="list-style-type: none"> <li>Tech-Serve PHAs regularly support provincial TB Task Force meetings in Bamyan, Kandahar, Paktia, Baghlan and Takhar provinces with PPHO and NGOs; identified the gaps and action taken for way forward at provincial level</li> <li>LDP process is used in Bamyan for improvement of TB case detection. The case detection was 29% and in 2006. PPHO Bamyan TB case detection is 13% in the first quarter of 2007, if this is maintained for 4 quarters the detection rate would be 52%, almost double compared to last year</li> <li>Hands-on training provided on analysis of TB data to regional and provincial TB Coordinators in Paktya province</li> </ul>	
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  In total 6 outbreaks of communicable diseases have been reported; two feedback reports on outbreaks generated  5 reports on AI outbreaks in poultry in three provinces						X	X	X	X	X	X	X	X	X	At the central level: <ul style="list-style-type: none"> <li>Cholera management guidelines were distributed to all NGOs and action plans were developed for the CDC officer for the 3<sup>rd</sup> quarter in Bamyan</li> <li>Assessment of central agriculture laboratory was supported by NAMRU in Kabul</li> <li>TA was provided to NTP on assessment and conduct of relevant training for TB management team as decentralized activity at provincial level.</li> <li>Avian influenza task force meeting was attended</li> <li>Avian influenza situation analysis in Afghanistan</li> <li>Preparation for refresher training for CDC and</li> </ul>		

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		of Afghanistan  TB data analysis for year 2006 (focusing on TB case detection trend) (report)																DEWS officer for PPG provinces <ul style="list-style-type: none"> <li>TB data analysis for year 2006 (focusing on TB case detection trend) (report)</li> </ul> At the provincial level: <ul style="list-style-type: none"> <li>EEPR committees were established in Kandahar and Bamyan provinces.</li> <li>EEPR committee meetings were supported regularly in Bamyan, Takhar, Baghlan and Kandahar.</li> <li>TA was provided by PHA Kandahar in the avian influenza, measles, and whooping cough outbreaks in Daman, Shawali Kot and Panjwai District of Kandahar and Chora District of Uruzgan.</li> <li>In total 6 outbreaks have been reported and technical feedback was given (feedback report)</li> <li>DEWS office was established in PPHO Ghazni covering 4 central provinces. EEPR meetings were conducted regularly.</li> <li>Orientation was provided on avian influenza and hepatitis for PPHO Ghazni during April and June 2007</li> </ul>	
1.14	<b>Facilitate the strengthening of MOPH's child health programs and interventions</b>																		
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							<ul style="list-style-type: none"> <li>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.</li> <li>Based on these needs assessments and MOPH requests, Tech-Serve established the Child Health Advisor Position. The Child Health Advisor was recruited.</li> <li>The Child Health TF and IMCI TF were re-established. The TF is now working on revision of child health policy and the GAVI Health System Strengthening (HSS) proposal</li> </ul>	
1.14b	Provide child health advisor to work with MOPH Child Health Department to help them in evidence-based decision making and policy formulation for child health services	Child Health Advisor hired by March 2007								X								<ul style="list-style-type: none"> <li>Data collection was finished and data are going to be presented to child health stakeholders (JHU, UNICEF, WHO) to obtain information on child health</li> <li>Preparation of ToR for WHO consultant</li> <li>TA was provided for SHI round table</li> <li>Active participation in CHTF meeting</li> </ul>	

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																	<ul style="list-style-type: none"> <li>Active participation in IMCI WG's meeting</li> <li>Active participation in AH WG's meetings</li> <li>Active participation in SHI WG's meetings</li> <li>CAH, IMCI, AH and SHI officers invited to LDP workshop</li> <li>Meeting with provincial IMCI offices of Faryab, Baghlan, Jawzjan provinces on CH policy and got their feedback and comments</li> </ul>					
	1.14c	Increase capacity of Child Health Department to take leadership in directing priority child health interventions in an integrated manner	Agreement of MOPH and Tech-Serve on collaborative plan of action prepared by March, 2007										X	X							<ul style="list-style-type: none"> <li>IMCI committee was established in Kandahar.</li> <li>IMCI booklet was distributed to stakeholders in Kandahar.</li> <li>TA was provided to RH committee and RH officer in Kandahar in order to assist them in defining indicators and performance charts for antenatal and postnatal services and deliveries</li> </ul>	
1.15	<b>Support MOPH in evidence-based policy formulation</b>																					
	1.15a	Undertake one operations research study to provide detailed information and recommendations concerning a priority policy issue the MOPH is facing	One operations research study completed by Sept 30, 2007										X	X	X	X	X	X	X	X	Ongoing Necessary datasets have been inventoried.	
1.16	<b>Tech-Serve staff participation in MOPH Task Forces and technical meetings</b>																					
	1.16a	TAG		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
	1.16b	CGHN		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	All CGHN meetings were attended by Tech-Serve staff.	
	1.16c	Provincial Support Coordination		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	24 PPHCC meetings were attended in 12 USAID-supported provinces.	
	1.16d	Community-Based Health Care		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
	1.16e	Telemedicine						X	X	X	X	X	X	X	X	X	X	X	X	X	Only one meeting was conducted by the MOPH	The Telemedicine Task Force does not meet regularly since the MOPH Telemedicine focal point has left his job.
	1.16f	Country Coordinating Mechanism		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing (see 1.13a)	
	1.16g	Health Financing and Sustainability Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	TA provided to the Task Force and Health Care Financing Department	
	1.16h	Health Systems Development Working Group		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing (see 1.12a)	
	1.16i	Hospital Management Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
	1.16j	HMIS Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. Provincial HMIS committee meetings were attended regularly in Bamyan, Takhar, Ghazni, Paktika and Baghlan	
	1.16k	M&E Advisory Board		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	

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1.16l	MCH Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. MCH committee was established in Bamyan, Herat and Ghazni		
1.16m	Pharmaceutical Affairs and Essential Drugs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. Pharmaceutical committees were established in Bamyan, Ghazni and Paktika. Committee meetings were conducted regularly during the months of April and June 2007, in conjunction with PPHCC meetings.		
1.16n	TB Task Force		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. TB committee meetings were attended in Bamyan, Baghlan and Takhar		
1.16o	Provincial Capacity Building Task Force (New)									X	X	X	X	X	X	X	X	Ongoing. TOT, M&E and Leadership modules were reviewed and technical inputs were provided for finalization to be used as training material for MOPH facilitators		
1.16p	Capacity Building Steering Committee (New)									X		X			X			Ongoing		
1.16q	EPI Task Force (New)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing. EPI Task Force meetings were attended in Bamyan. EPI subcommittee was established in Herat.		
1.16r	Child Health Task Force (New)									X	X	X	X	X	X	X	X	Ongoing. IMCI committee was established in Bamyan.		
1.16s	EEPR, DEWS Task Force (New)									X	X	X	X	X	X	X	X	Ongoing. EEPR committee meetings were supported regularly in 12 provinces		
<b>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</b>																				
2.1	<b>Develop MSP strategy for building the management capacity of Provincial Public Health Offices</b>																			
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													<b>Completed</b> <ul style="list-style-type: none"> <li>Rapid assessments of PPHDs were conducted in 12 provinces (Bamyan, Takhar, Baghlan, Jawzjan, Faryab, Ghazni, Paktia, Paktika, Badakhshan, Herat, Kandahar and Khost). Key findings were documented in Tech-Serve second quarterly report.</li> <li>New PPHO assessments were conducted in Baghlan and Takhar.</li> </ul>	
2.2	<b>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</b>																			
2.2a	Strengthen MOPH capacity at the provincial level in the effective coordination of partners through PPHCC 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	Ongoing as planned. <ul style="list-style-type: none"> <li>Between April and June 2007, 24 PPHCC meetings were facilitated by Tech-Serve PHAs in 12 USAID-supported provinces.</li> <li>Feedback was given on narrative and HMIS reports in Ghazni PPHCC meetings.</li> <li>TA was provided to 12 PPHDs on 6th PPHDs workshop.</li> </ul>	

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	Activities	Outputs/Deliverables	Timeline												Status by June 2007	Constraints			
			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
2.2b	Improve the role of MOPH for overseeing activities for BPHS and EPHS implementation by conducting Tech-Serve Management Support Workshops in four provinces.	<p>Tech-Serve Management Support workshops conducted in 11 provinces by May 31, 2007</p> <p>Narrative report of NGO reviewed by PPHO and feedback provided to the NGOs in Bamyan</p> <p>Report and proposal writing course conducted for PHO team members and PHCC members in 4 provinces</p>				X	X		X	X		X	X					<p>Between April and June 2007:</p> <ul style="list-style-type: none"> <li>• Second phase of LDP focusing workshop was conducted for 234 PPHO personnel and model health facilities of Paktia, Khost, Paktika, Ghazni, Bamyan, Baghlan, Jawzjan, Faryab, Badakhshan, Herat and Takhar provinces.</li> <li>• Third phase of LDP training (inspiring and sustainability workshop) was conducted for 20 participants from Kabul PPHO and 3 health facility staff. Tech-Serve core team was also coached. This was the third workshop in the Tech-Serve LDP Process.</li> <li>• Networking workshop conducted for 52 PPHO team members and NGOs staff of five provinces (Baghlan, Takhar, Faryab, Jawzjan and Badakhshan) the Baghlan P PHO team has got the highest score among the provinces.</li> <li>• 5 LDP sites were visited by PHAs in Bamyan</li> </ul>	
2.2b repeat	Improve the role of MOPH for overseeing activities for BPHS and EPHS implementation by facilitating PPHCC joint monitoring visits	Coordinate with GCMU on monitoring visits in Herat province. One health facility visit/month by PPHCC team in each province jointly, total 12 HF's per province per year							X	X	X	X	X	X	X	X	X	<p>Ongoing as planned. Between April and June 2007:</p> <ul style="list-style-type: none"> <li>• 14 joint monitoring health facility visits were conducted to PPG health facilities run by CHA, Move Welfare Organization and DAC in Heart province (11 visits accompanying the GCMU team). Feedback was provided to implementing NGOs.</li> <li>• 5 health facilities were jointly monitored in Ghazni.</li> <li>• 23 health facilities were jointly monitored in Bamyan and feedback was provided by PPH.</li> <li>• TA was provided to PPHOs by TS PHAs in reviewing the HMIS, technical progress reports of PPG implementer NGOs in Paktia, Khost, Takhar, Baghlan Jawzjan, Faryab, Ghazni, Kandahar and Bamyan provinces.</li> <li>• In Bamyan, EPI 2006 achievements were compared with those of 2007. Coverage has increased by 8%</li> </ul>	Due to security problems the joint monitoring activities could not take place according to the plan in Paktika.
2.2c	Mentoring visits to provinces to develop and review workplan (see 2.2a, b and c)	13 monitoring visits to provinces completed by Sept.,30, 2007							X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>• Annual workplans of Kandahar and Herat PPHO teams were developed.</li> <li>• 12 of 13 USAID provinces have developed their workplans with the support of Tech-Serve senior staff and PHAs.</li> </ul> <p>See 2.2a and 2.2b ( the PHO team members have all written an action plan and LDP challenge model is</p>	

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			2006						2007										
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																		used in the health facilities), PPHCCs and joint monitoring attended by PHAs	
2.2d	Recruit, orient, deploy and support 8 Provincial Health Advisors to PPHDs	Seven PHAs deployed to provinces by Jan. 30, 2007			X	X	X											<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>• A PHA was selected for Kabul PHO and MOPH GD PPH.</li> <li>• Nine Provincial Health Advisors were recruited to cover 13 USAID-supported provinces (Kabul, Badakhshan, Takhar, Baghlan, Faryab, Jawzjan, Bamyan, Ghazni, Paktika, Paktia, Kandahar, Herat and Khost).</li> </ul> <p>Note: Tech-Serve is recruiting four more PHAs based on the needs identified. These positions for 4 provinces (Faryab, Takhar, Paktika and Khost) were announced in this reporting period.</p>	
2.2e	Develop and conduct an in-service training package on management and technical updates to be given in each of the provinces on a quarterly basis	Four quarterly in-service packages developed			X		X			X		X		X				<p>Between April and June 2007:</p> <ul style="list-style-type: none"> <li>• An EPI Refresher training was conducted for 20 EPI officers of 13 USAID-supported provinces and SM provinces, and national EPI English courses were started for 108 PHO team members of 9 provinces.</li> <li>• IT courses were conducted for 27 PHO team members of 9 provinces.</li> <li>• Computer courses are underway for 9 provinces.</li> </ul>	
2.3	<b>Support the PPHD teams in provincial planning and coordination.</b>																		
2.3a	Regular quarterly oversights and mentoring visits to 5 provinces with MOPH to include an in-service training session each quarter in each of the 5 provinces	Four visits made to five provinces (20 total visits) by Sept. 30, 2007			X	X			X	X		X	X		X	X		<ul style="list-style-type: none"> <li>• Between April and June 2007, 8 mentoring visits were made to 8 provinces (Badakhshan, Baghlan, Jawzjan, Ghazni, Paktia, Khost, Bamyan and Herat) by Tech-Serve technical team. So far a total of 20 mentoring visits were made to 12 provinces (Ghazni, Paktia, Paktika, Badakhshan, Takhar, Baghlan, Bamyan, Kandahar, Herat, Jawzjan, Faryab and Khost) and on-the-job training was provided.</li> <li>• So far, 4 mentoring visits have been conducted to 4 provincial hospitals of Ghazni, Paktia, Paktika and Khost and on-the job training provided.</li> </ul>	
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				See 2.3a	

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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																	See 2.3a	
2.4	<b>Continue to enhance the management skills of the hospital director and his team to improve the quality of EPHS services in 5 provincial hospitals</b>																			
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	9 visits were conducted to 5 EPHS-supported provincial hospitals. The external assessment of hospital standards 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 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 May 30, 2007									X								The hospital Management Development networking workshop for five USAID-funded provinces and also five from the Hospital Reform Project of MOPH was conducted and a total of 50 hospital managers, including the PPHDs of the respective provinces, attended the workshop.	
2.4c	Undertake one PQI assessment at each of the 5 provincial hospitals.	PQI assessment of 5 provincial hospitals completed by July 31, 2007			X	X									X	X			<b>Completed</b> The PQI assessments of 5 provincial hospitals were conducted. The overall levels 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	<b>Completed</b> A database in Excel format is now functional to include newly added modules of national hospital standards. (See 4.1d)	
2.5	<b>Encourage greater communication and problem solving among Provincial Health Directors</b>																			
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			<b>Completed</b> <ul style="list-style-type: none"> <li>LDP networking workshop was conducted for 5 northern districts in Baghlan province.</li> <li>Internet was installed in the PPHOs of three provinces (Herat, Kandahar and Baghlan)</li> </ul>	
2.5b	Public health update and shared learning meetings for PH Directors	Technically and financially support one MOPH meeting of PPHDs									X	X							<b>Completed</b> <ul style="list-style-type: none"> <li>6<sup>th</sup> PPHDs semi-annual workshop was financially and technically supported in May 2007. 90 senior staff of MOPH from the central and provincial levels attended the workshop.</li> <li>Updated public health information about</li> </ul>	

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			2006						2007											
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep	
																	hepatitis B cases in Laghman, night blindness, scurvy and AI) was shared with PPHDs, PHO and PHCC members in Bamyan, Jawzjan, Faryab, Takhar and Baghlan .			
<b>2.6</b>	<b>Provision of assistance to MOPH in improved planning for construction and maintenance of health facilities and provincial health offices in 13 selected provinces</b>																			
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			<b>Completed</b> <ul style="list-style-type: none"> <li>Assessment of PPH offices for renovation was done in 12 USAID-funded provinces and recommendations were provided to Tech-Serve</li> <li>Tech-Serve provided necessary equipment, such as computers, photocopiers, printers, digital cameras and scanners to 13 Provincial Public Health Offices</li> </ul>	
<b>IR 3: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH</b>																				
<b>3.1</b>	<b>Developed planning, management, supervision, monitoring, and evaluation and leadership capacity of the MOPH through Management Support to Provinces (MSP) Initiative.</b>																			
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														<b>Completed.</b> The Tech-Serve training was conducted from Sept. 25 to 27 at MOPH for 47 senior MOPH staff, including all 3 Deputy Ministers, the 8 Director-Generals, many department heads and MOPH partners, including USAID, EC, WHO, HSSP and COMPRI-A (see also 1.4a).	
3.1b	Provide Leadership and Management Development Program for Provincial Public Health Departments-- <i>cross reference with activity 2.2b for specifics and resources</i>	Conduct LDP training in 12 provinces by Sept. 30, 2007				X		X		X		X		X			X	X	<ul style="list-style-type: none"> <li>LDP scanning phase was conducted for Herat.</li> <li>The second phase of LDP focusing workshops was conducted for 234 staff members of 12 Provincial Public Health Departments in the 13 USAID-funded provinces.</li> <li>36 LDP model health facilities were established in 12 provinces.</li> </ul>	
<b>Tech-Serve Cross-cutting Areas</b>																				
<b>Area 4: Monitoring and Evaluation</b>																				
<b>4.1</b>	<b>Program information and service statistics from Tech-Serve/HSSP MIS are available for monitoring and decision making</b>																			
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					<b>Completed</b> <ul style="list-style-type: none"> <li>Three rounds of refresher training were provided in Jan 2007, Feb. 2007 and June 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</li> </ul>	

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			2006						2007										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul	Aug	Sep
																		<p>HMIS forms, HMIS database and use of HMIS data for monitoring the health indicators and targets.</p> <ul style="list-style-type: none"> <li>Health Matrix Network (HMN) funds were distributed to the following PPG provinces: Kandahar, Ghazni, Baghlan, Khost, Paktika, Takhar and Herat to conduct trainings to improve the accuracy, quality, accessibility and use of HMIS data in their provinces.</li> <li>Provincial HMIS refresher trainings were conducted in Bamyan and Paktia.</li> </ul>	
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							<p><b>Completed.</b> The upgraded database (Version 5.0) was installed for all HMIS database users (NGOs and PPHOs) in USAID and non-USAID provinces.</p>	
4.1c	Support MOPH HMIS department and PPG grantee NGOs to successfully implement database cloning process (cross-reference to activity 1.10b)	HMIS data of acceptable quality are received regularly at the HMIS department of the Ministry	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<p>Ongoing as planned The HMIS database is now running smoothly for all PPG grantees and TA is provided according to their needs. Currently we are receiving EPHS HMIS data from the 5 EPHS grantees of PPG.</p>	
4.1d	Assist HSSP and Tech-Serve in maintain a Quality Assurance Database (cross-reference to 2.4d)	Two data entry people are trained, needed routine report templates generated and integrity of data with other components of Tech-Serve/HSSP Management Information System maintained			X	X	X	X	X	X	X	X	X	X	X	X	X	<p>The hospital standards database is up-to-date. For BPHS quality assurance system, HSSP has taken over the responsibility.</p>	
4.1e	Develop additional routine reporting templates for Tech-Serve Management Information System	Additional routine reporting templates in Tech-Serve/HSSP MIS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<p>Ongoing as planned The following templates have been developed for routine reporting purposes: (1) PPG service statistics summary report showing BPHS and EPHS services provided by PPG grantees every month, (2) PPG active facilities showing current PPG active health facilities on a weekly basis, (3) PPG active health posts showing number of active health posts currently providing services under PPG on a bi-weekly basis, (4) PPG HMIS report submission pattern showing submission of BPHS reports and EPHS reports on a monthly basis, (5) HR database summary report, (6) Training database summary report, (7) PPG Grants summary report, (8) Map of BPHS and EPHS coverage showing districts and provinces covered under PPG BPHS and EPHS programs on monthly basis.</p>	

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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	Ongoing as planned. MIS reference files are shared with HSSP and Tech-Serve M&E on a monthly basis.	
4.1g	Support PPG NGOs and PPG Provinces PPHOs in creating a sustainable and fully functional HMIS (HMIS provincial rollout)	- Seven provincial HMIS officers receive necessary hands-on training on HMIS - 108 doctors, midwives and in-charges of the clinics receive data use and HMIS refresher training with MOPH funding in Herat Province.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>Ongoing support, upgrading the HMIS system and troubleshooting have been provided to PPG NGOs and PPHOs through MOPH HMIS department.</li> <li>Ongoing support and troubleshooting have been provided by Tech-Serve PHAs to PPHO HMIS officer for conducting data use and HMIS refresher training 45 doctors and 48 midwives from health facilities, and 15 doctors from Herat Regional Hospital received HMIS data use refresher training.</li> </ul>	
4.1h	Maintain HSSP/Tech-Serve Training Database	Updated Training Database		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	40 workshops conducted by Tech-Serve for a total of 1,031 participants have been entered into the Tech-Serve training database.	
4.1i	Maintain USAID GeoBase	Four quarterly updates to the GeoBase				X					X			X			X		No new updates. Tech-Serve GeoBase is now set up and the first round of progress data have been entered. Next round of updating will be done in August 2007. .	
<b>4.2</b>	<b>Regular planning activities are coordinated across the various program areas of the project.</b>																			
4.2a	Develop Tech-Serve first year workplan	First year workplan	X	X	X														<b>Completed.</b> 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														<b>Completed.</b> Project Performance Monitoring Plan was finalized. The PMP was approved by USAID.	
<b>4.3</b>	<b>Program information is analyzed for regular and ad hoc reporting, taking into account Tech-Serve targets and non-Tech-Serve information.</b>																			
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	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 four sets of routine maps.	
4.3b	Conduct annual evaluations of Tech-Serve program implementation approach	One Tech-Serve internal evaluation session held on the project implementation approach													X				Two rounds of Tech-Serve “During Action Review,” an in-house evaluation of Tech-Serve implementation approach and work progress, have been conducted so far.	
4.3c	Develop annual Tech-Serve target achievement updates	One PMP target achievement update														X			Two PMP updates have been submitted to USAID along with the 2 <sup>nd</sup> quarterly report and Tech-Serve semi-annual report.	
<b>4.4</b>	<b>USAID and other clients are provided with program information in a timely fashion</b>																			

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4.4a	Provide quarterly, semi-annual and annual reports to USAID/Kabul	Two quarterly reports, one semi-annual report and one annual report			X			X			X			X				The first and second Quarterly Progress Reports (July-Sept. 2006, Oct.-Dec. 2006) and Tech-Serve semi-annual report (July 06–March 07) were submitted to USAID on time.	
<b>Area 5: Coordination with MOPH and other partners</b>																			
<b>5.1</b>																			
5.1a	Conduct consensus building meetings with the MOPH, HSSP and other partners as appropriate to coordinate the first-year workplan activities	Common understanding between various partners on workplan activities/Final first-year workplan	X	X	X													<b>Completed.</b> Three initial coordination meetings were held with HSSP. Since Jan. 2007, regular monthly coordination meetings have been held with HSSP to share information and coordinate work. Three coordination meetings were also held with MOPH.	
5.1b	Conduct a joint evaluation of the implementation approach with HSSP and USAID (cross reference to 4.3b)	Cross-reference to 4.3b											X					Regular weekly meetings held with USAID to provide updates on work progress and discuss issues requiring common approach. Monthly coordination meetings with HSSP, provide evaluation of activities.	
5.1c	Hold regular meetings with USAID and other partners to coordinate project direction				X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing as planned. Illustrative list of the key decisions made during this reporting period include: preparation of Deputy Minister and USAID Health Advisor for visit to USAID/Washington, Congress, HHS and World Bank. Have also assisted in developing recommendations on building of additional health facilities as requested by MOPH to USAID.	

## **5. Challenges and opportunities for improvement**

### **MOPH Capacity Building – Central and Provincial Levels**

- The turnover of staff of MOPH continues to result in some wastage of Tech-Serve capacity building investments at the central MOPH.
- There is weak coordination among MOPH departments.
- The security situation, especially in Kandahar, Paktia, Khost, Ghazni and Paktika provinces, is poor.

### **Performance-based Partnership Grants (PPG)**

- A clear decision-making process between WHO and USAID is lacking.
- Overcrowding of the PPG grantees' work space at the MOPH continues to be an issue. The situation has improved to some extent in this quarter.
- There is a lack of common systems for management of grants and contracts among different teams of GCMU, including PPA, PPC, PPG and the Global Fund.

### **Pharmaceutical Management**

- There was further delay in receiving the drug shipment for Order #1 due to reasons beyond Tech-Serve's control (Afghan Customs House and MOPH new quality control rules).
- Receiving drug shipments in several lots and at different times and with different batch numbers complicated customs clearance and MOPH quality control.
- New government policies on imported pharmaceuticals, including MOPH new quality control procedures, delayed for several weeks the distribution of pharmaceuticals that had arrived in Kabul.

### **Monitoring, Evaluation and HMIS**

- The security problems in Helmand Province have completely interrupted the HMIS in that province, and the MOPH is therefore uninformed about the status of services there.
- Establishment of routine reporting systems such as the human resources database that is owned by MOPH is a relatively slow process. Keeping up with the expectations of different partners while the system is being institutionalized continues to be a challenge, and there is ongoing concern about the MOPH giving in to temptations for creating parallel but quick-fix systems.
- Confusion about the geographical boundaries of new districts and provinces continues to be a problem in light of lack of official endorsement of any of the existing datasets. This leads to inconsistencies in health Geographic Information System reference files.

## **6. Lessons learned**

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

- Systematic evidence-based decision making can work at MOPH. Several successful examples at GCMU where evidence-based decision support was provided favor this issue.
- Drug clearance procedures now involve different ministries therefore additional complications and extended lead time need to be expected.
- Continued advocacy and active marketing for database products is needed for institutionalizing routine reporting systems that Tech-Serve has helped MOPH to establish.
- Tech-Serve Management Information System team is overall doing very well and this has created opportunity for international collaboration
- Persisting turnover of HMIS officers in the provinces continues to be a reality of life and need to be carefully considered in planning assumptions.

## **7. Key next steps for Tech-Serve in the next quarter (July to September 2007)**

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

### **Performance-based Partnership Grants (PPG)**

- Assist the MOPH in receiving, reviewing and processing technical and financial reports from NGO partners. Assist the MOPH and WHO in processing payment requests in a timely manner for the next quarter.
- Continue to implement the technical and financial monitoring of PPG health facilities and NGOs.
- Continue the GCMU certification process.
- Conduct quarterly PPG meetings (NGOs, MOPH, HSSP, Tech-Serve, USAID, WHO) to discuss managerial and technical issues.
- Make preparations for the October 2007 PPG household survey.

### **Pharmaceutical Management**

- Distribute to NGOs air and ground shipments of Tech-Serve's first drug order.
- Begin receiving items from pharmaceutical Order #2.
- Prepare for project quarter 5 distributions.
- Organize a training course on managing drug supply and rational use of drugs for 13 provincial pharmacy managers.
- Assist the MOPH with finalizing the Essential Drugs List and Licensed Drugs List.

### **MOPH Capacity Building – Central and Provincial Levels**

- Complete the final phases of LDP training for all provinces
- Sponsor a three-week public health training course for all PPHDs in USAID provinces at Aga Khan University in August–September 2007.
- Recruit five full-time PHAs for Takhar, Khost, Paktia, Paktika and Faryab.
- Continue the Tech-Serve Management Support for Provinces initiative in all 13 provinces.
- Have the Tech-Serve MOPH Capacity Building Advisors conduct planned visits to the provinces.
- Assist PPHCCs to conduct at least 30 new joint monitoring visits to BPHS and EPHS sites.

### **Monitoring, Evaluation and HMIS**

- Develop the PY2 workplan and budget.
- Create provincial HMIS hubs in Takhar and Balkh provinces.
- Develop and disseminate an HMIS newsletter.
- Plan the household survey and conduct training of surveyors.
- Complete the inventory of HR information in 21 provinces.
- Complete Tech-Serve applied research on cost of BPHS.
- Implement the applied research project on the relationship between service outputs and service inputs and costs in the BPHS.
- Assist Tech-Serve PHAs to train two PPHOs on the use of available sources of evidence for assessment of performance.
- Streamline submission of the National Monitoring Checklist database.

## Annexes

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

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

Abbreviations: OP = Output, OC = Outcome

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status June 2007	Frequency of reporting/ updating	Source	Notes
<b>IR 1: Improved capacity of the central MOPH to support the delivery of BPHS and EPHS services, primarily through NGO service providers</b>								
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	<b>22</b>  <b>(100% of the FY07 target) (see note 2)</b> <b>\$48.66 million</b>	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)	<b>5</b>  <b>(100% of the target)</b> <b>\$3.6 million</b>  <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)	<b>USAID requirements for certification of GCMU on contracting functions were identified.</b>  <b>Preparations for financial assessment by USAID started.</b>	Semi-annually	Tech-Serve Quarterly Reports	1- Target no. of milestones to be achieved will be determined along with finalization of the GCMU capacity building plan. 2- This will mainly include the capacity to manage the programmatic and technical aspects of the grants; financial management capacity at the GCMU and even the overall Ministry of Public Health to directly manage USAID funds will be highly dependent on factors beyond MOPH's control such as Ministry of Finance regulations.

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status June 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)	<b>\$2,982,134</b>  <i>&gt;100% of Tech-Serve Project year 1 target met</i>  (\$1,311,625 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 team reporting improved collaboration and communication on at least one new priority issue each year	OC	0	2	<b>2</b>  <b>GD PHC and GD admin</b>  <i>100% of Tech-Serve Project year 1 target met</i>	Semi-annually	MSP reporting system	
1.6	Policies or regulations for overseeing private hospitals and diagnostic centers	OP	-	Outlined	<b>Tech-Serve recommendations on the first draft of policy submitted to Hospital Management Task Force</b>	Annually	Tech-Serve Quarterly Reports	
1.7	Guidelines for implementation of cost sharing policy	OP	-	Drafted	<b>Awaiting revised policy before developing implementing guidelines</b>	Annually	Tech-Serve Quarterly Reports	

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status June 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	<b>2</b> <b>(EPI Policy and National Salary Policy for NTP and NMLCP reviewed; Child Health Policy is under revision)</b> <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 database (cumulative)	OP	6,000	15,000	<b>18,000</b> <i>&gt;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	<b>0</b> <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%	<b>90%</b>	Quarterly	HMIS Database	
1.12	No. of EPHS facilities (district and provincial hospitals) in PPG provinces submitting EPHS HMIS reports	OP	0	5	<b>5 Provincial Hospitals</b> <b>17 District Hospitals</b>  <i>100% of Tech-Serve Project year 1 target met</i>	Quarterly	HMIS Database	
<b>IR 2: Improved capacity of the thirteen Provincial Health Offices of MOPH to support the delivery of BPHS and EPHS services</b>								

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status June 2007	Frequency of reporting/ updating	Source	Notes
2.1	No. of Provincial Health Teams with a functioning PPHCC team reporting improved collaboration and communication on at least one new priority issue each year	OC	0	3	3  12 provincial health teams received initial training 3 have active teams focusing on health results  100% of the Tech-Serve Project year 1 target met	Semi-annually	LDP reporting system	
2.2	No. of PPHO staff who received appropriate in-service training (see note 1)	OC	0	15	66  At least 66 people (see note 2) in 11 provinces received 2 planned training sessions (LDP and technical trainings) therefore:  >100% 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- Even with the existing data, this number may increase as further data cleaning/editing is done in the Tech-Serve training database.
2.3	No. of PPG provinces implementing an updated provincial plan	OP	0	2	5  >100% of the Tech-Serve Project year 1 target met	Semi-annually	LDP reporting system	

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status June 2007	Frequency of reporting/ updating	Source	Notes
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	<b>0 (see note 1)</b>  <b>One round of comprehensive external assessment was completed in all 5 hospitals therefore:</b>  <i>50% of the Tech-Serve Project year 1 target met (see note 2)</i>	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.
2.5	No. of PPHOs who actively collect and use national BPHS Monitoring Checklist data	OP	0	4	<b>4</b>  <i>100% of the 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 HSSP QA Assessments) for provincial planning and monitoring purposes	OC	0	3	<b>1</b>  <i>33% 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	<b>2</b>  <i>50% of the Tech-Serve Project year 1 target met</i>	Semi-annually	Tech-Serve Quarterly Reports	
<b>IR 3: Improve the leadership and management skills of senior managers at central and provincial levels of MOPH</b>								

No.	Indicators	Indicator Type	Baseline	Project Year 2007 Target (September 2007)	Status June 2007	Frequency of reporting/ updating	Source	Notes
3.1	No. of joint monitoring visits by PPHOs to BPHS and EPHS health facilities	OP	0	85	<p><b>76 visits were carried out by 10 PPHOs</b></p> <p><i>89% of the Tech-Serve Project year 1 target met</i></p>	Semi-annually	BPHS M&E database	

**Annex 2. Short-Term Technical Assistance Visits during This Reporting Period**

The following TDYs began during the period April–June 2007:

<b>Name</b>	<b>Scope of Work</b>	<b>Dates in Country</b>
Saeed Osmani	To assist the Tech-Serve MIS and MOPH/HMIS with upgrading the HMIS database	April 21–May 19
Fred Hartman	To advise USAID and MOPH on current avian influenza issues and options for USAID and MOPH and help draft development plan for Tech-Serve Communicable Disease Advisor for the next 1–2 years	April 28–May 15
Jay Clark	To assist Tech-Serve in hospital-related assessments and help do training for MOPH in hospital management	May 5–24
Paul Ickx	To help MOPH and M&E build their capacities and continue ongoing activities with MOPH and in MIS development and health information use with the Tech-Serve DMU	May 5–31
Morsy Mansour	To provide technical assistance to Tech-Serve and MOPH teams on future Leadership Development Program implementation in Kabul and 13 provinces	June 2–21
Kathleen O’Sullivan	To assist the Tech-Serve Grants and Contracts Management Advisor in developing manuals, outlining procedures, helping develop systems and undertaking other tasks required by GCMU	June 23–July 12

### ***Annex 3. Documents Available for Further Information***

Trip reports for TDYs completed during the period April–June 2007 were submitted by Paul Ickx, Fred Hartman, Saeed Osmani, Jay Clark, and Morsy Mansour.

#### ***Other technical documents: April–June, 2007***

- National Policy on Health Financing and Sustainability
- Tech-Serve Semi-Annual Report (July 06–March 07)
- Available Sources of Information for Assessment of Health System Performance in Afghanistan
- Provincial Public Health Coordination Committee (PPHCC) Meeting Minutes

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