21 April 2007

Islamic Republic of Afghanistan

Ministry of Public Health

National Strategic Plan for the Monitoring and Evaluation Department 1386 – 1390

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List of Acronyms

ANDS	Afghan National Development Strategy
I-ANDS	Interim-Afghan National Development Strategy
ANC	Antenatal Care
ANHRA	Afghanistan Health Resources Assessment
BPHS	Basic Package of Health Services
BSC	Balanced Scorecard
CAAC	Catchment Area Annual Census
CHW	Community Health Worker
CSO	Central Statistics Office
DEWS	Disease Early Warning System
DPT	Diphtheria, Pertussis & Tetanus
EC	European Commission
EPHS	Essential Package of Hospital Services
EPI	Expanded Programme on Immunization
FFSDP	Fully Functional Service Delivery Point
FSR	Facility Status Report
GCMU	Grants and Contracts Management Unit
GD	General Directorate
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
HMIR	Hospital Monthly Integrated Report
HMIS	Health management information system
HR	Human Resources
HSR	Hospital Status Report
IMCI	Integrated Management of Childhood Illnesses
IIHMR	Indian Institute of Health Management Research
JHU	Johns Hopkins University
LQAS	Lot Quality Assurance Sampling
MAAR	Monthly Aggregated Activity Report
MDGs	Millennium development goals
M&E	Monitoring and evaluation
MIAR	Monthly Integrated Activity Report
MICS	Multiple Indicator Cluster Survey
MOPH	Ministry of Public Health
MOPH-SM	Ministry of Public Health-Strengthening Mechanism
NGO's	Non-governmental organisations
NHSPA	National Health Services Performance Assessment
NMLCP	National Malaria and Leishmaniasis Control Programme
NRVA	National Risk and Vulnerability Assessment
NTP	National Tuberculosis Programme
PPH	Provincial Public Health
PPHDs	Provincial Public Health Directorates
PPHO	Provincial Public Health Office
PRR	Priority reform and restructuring
RAMOS	Reproductive age mortality study
SARS	Severe acute respiratory syndrome
SBM-R	Standards Based Management
TechServ	Technical Support to Central and Provincial Ministry of Public Health
UN	United Nations
USAID	United States Agency for International Development
WB	World Bank

FOREWORD

In 2002 the Ministry of Public Health began a process to determine the priorities and challenges in the re-development of the national health system. This process included the development of key policy documents, including the Interim National Health Policy and the Interim National Health Strategy 2002-2004, which set priorities and guided the development of the Basic Package of Health Services. The priorities set in these documents continue to be prominent elements of the National Health Policy and Strategy 2005-2009.

According to the established policy and strategy, stewardship of the health system in Afghanistan is one of the Ministry of Pubic Health's primary responsibilities. In order to fulfil this responsibility, the Ministry has an obligation to monitor and evaluate its programs and their impact. Though it faces many challenges, the Ministry fulfils this responsibility through a set of evidence-based initiatives that rely on relevant, high quality and accessible data and information on health systems performance and the trends in the health status of the population. The Ministry of Public Health is intent on promoting a results-based culture at all levels within its leadership. Accountability and transparency within the Ministry and among its NGO partners can only be achieved and maintained if reliable performance and outcome data are generated and used systematically.

The Ministry of Public Health is accountable to the Afghan people, the Government, donors and other development partners. It must report on the progress of the health system within the framework of the Afghanistan National Development Strategy and the Millennium Development Goals. Fulfilment of these responsibilities relies on availability of timely and accurate information.

In contrast to 2002/3 when the Basic Package of Health Services was launched, a wealth of information from a variety of sources is now available on the performance of the health system and the quality and availability of the services provided. Key health service statistics are now available from 85% of BPHS facilities nation-wide through the national health management information system and three annual national health services performance assessments and a number household surveys have been conducted that provide information on service coverage and health outcomes.

As part of the process of developing this National Monitoring and Evaluation Strategic Plan for the period 1386 – 1390 my staff have identified certain gaps in existing data collection, analysis and information dissemination processes that limit our ability to fully and effectively exercise our planning and stewardship responsibilities. We have identified what information needs are being met by existing systems and which are not. The end result is this national strategic plan, aimed at filling the information and systems gaps we have identified. We are committed to implementing this strategic plan cooperatively with our development partners. We ask all of you join us in this important work.

His Excellency
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Minister of Public Health
Islamic Republic of Afghanistan
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1. PURPOSE

The purpose of this document is to provide an overarching framework for the management of the Monitoring and Evaluation Department within the General Directorate for Policy and Planning of the Ministry of Public Health. The purpose of this department is to assist the Ministry of Public Health in monitoring and evaluating national policies, strategies and program implementation in Afghanistan's health sector. The organization and work of the Monitoring and Evaluation Department is guided by the mission, vision and working principles of the Ministry of Public Health:

> "The Mission of the Ministry of Public Health of the Islamic Republic of Afghanistan is commitment to ensuring the accelerated implementation of quality health care for all the people of Afghanistan, through targeting resources especially to women and children and to under-served areas of the country, and through working effectively with communities and other development partners."

> The values of the leadership of the Ministry of Public Health at all levels, as described below, are the basis for the development of the health system in Afghanistan:
> - Right to a healthy life
> - Compassion
> - Honesty
> - Competence
> - Equity
> - Prioritizing the needs of rural populations

> The values held by the Ministry of Public Health are incorporated into the following seven working principles:
> - Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual
> - Evidence-based decision making
> - Equitable access to, and provision of, quality, basic, essential health services.
> - Honesty, transparency and accountability
> - Improving the effectiveness, efficiency and affordability of health care
> - Prioritizing those people in greatest need, especially women, children, the disabled and those stricken with poverty
> - Promoting healthy lifestyles and discouraging practices proven to be harmful

2.   OVERVIEW

Context

This strategic plan focuses on routine monitoring and evaluation processes that are managed by the Monitoring and Evaluation Department. It is imperative that a high level of coordination is achieved between the Monitoring and Evaluation Department and related initiatives and systems of the MOPH, which include the Health Management Information System (HMIS), the Disease Early Warning System (DEWS), the Human Resources Data Base, the Research and Informatics Department and many individual initiatives within the various technical departments of the Ministry.

The strategic plan of the Monitoring and Evaluation Department includes activities that aim at harmonization, streamlining and integration of existing data collection systems at the Ministry of Public Health. The Monitoring and Evaluation Department works in the context of a complex system at the MOPH that strives to measure various aspects of health system performance in Afghanistan. In October 2006, a Monitoring and Evaluation Working Group consisting of representatives of major MOPH programs, and partners supporting MOPH M&E activities concluded that fragmentation and lack of harmony is a major challenge negatively affecting the performance of monitoring and evaluation efforts across the Ministry. A five-year national Health System Performance Assessment strategy was then developed in an attempt to address this challenge and other priority issues. This strategic plan is a continuation of that effort that aims to achieve greater harmonization of existing monitoring and evaluation systems within the Ministry of Public Health.

This strategy lays out a plan to not only assist in the coordination of monitoring and evaluation work within the MOPH, but also to contribute to the accomplishment of broader goals and objectives of the Government of Afghanistan.

Interim-Afghan National Development Strategy – The Interim-Afghan National Development Strategy (I-ANDS) was presented by the Government of Afghanistan to the international community in January 2006. After more development and consultation, a final ANDS will be published mid 2008. The document lays out the strategic priorities and mechanisms for achieving the Government's development vision. It builds on previous initiatives and incorporates commitments made in the Afghan Millennium Development Goals Report.

Due to the long years of conflict, 2003 (instead of 1990) was chosen as the baseline year for its Millennium Development Goals (MDGs) in Afghanistan. Intermediate targets for the millennium development goals have been set for 2010, in line with the I-ANDS. The year 2020 has been designated by the Government of Afghanistan as the target year for full achievement of the MDG goals. The targets, baselines and indicators as determined by a United Nations MDG Working Group are included in Annex B.

As part of the process of monitoring progress towards achievement of the MDGs, the Afghan National Development Strategy has established goals for relevant entities in the Government. The MGD goals for the health sector in Afghanistan targeted for achievement by 2010 are:
> ➢ The BPHS will be extended to cover at least 90% of the population
> ➢ Maternal mortality will be reduced by 15%

> ➢ Full immunization coverage for infants under-five will be achieved and their mortality rates reduced by 20%

MOPH Priorities – The priorities of the Ministry of Public Health, as outlined in the National Health Sector Strategy are: (i) the basic package of health services; (ii) the essential package of hospital services; (iii) control of communicable and non-communicable diseases; and (iv) institutional development.

Stewardship – Stewardship is particularly critical in the Afghan context because the MOPH contracts service delivery to non-profit non-governmental organizations (NGOs). As part of its national health policy, the Ministry is focussing on: (i) monitoring and evaluation; (ii) coordination of donor support; (iii) strategic planning (iv); establishment of technical standards for healthcare delivery (v); regulating the for-profit private sector and (vi) coordination and regulation of the NGO sector. These areas of focus are aimed at strengthening the Ministry's capacity for effective stewardship by:
> ➢ Basing policy and strategy decisions on evidence
> ➢ Increasing transparency and accountability
> ➢ Ensuring effectiveness in the use of international aid to maintain and attract on-going support

Priority Reform and Restructuring – The Afghan Civil Service Commission has a reform initiative known as the Priority Reform and Restructuring (PRR) process, which involves the competitive and transparent hiring of designated priority positions with elevated salaries. This is a government wide initiative, though the Ministry of Public Health has been the most successful Ministry in the government in using this process to recruit and maintain a core group of capable professionals. Since the PRR process was initiated, it has supported the timely yet measured expansion of the MOPH's cadre of professional staff.

Defined Packages of Healthcare Service Provision – Two important sets of interventions have been developed as priorities by the Afghan government. The first, which was launched in 2003, is the Basic Package of Heath Services (BPHS). It is oriented toward the provision of primary health care. The second, which was launched in 2005, is the Essential Package of Hospital Services (EPHS). The BPHS sets out a defined set of cost-effective interventions with particular attention to women and children, and has a strong focus on ensuring equity by reaching the rural population. The BPHS, which is the foundation of the Afghan health system, has materially contributed to the development of the health sector. It is complemented by the EPHS, which defines the priority elements of hospital services and promotes a referral system in synergy with the BPHS.

Performance Based Partnerships – In 2003 the MOPH decided to contract out the implementation of Basic Package of Health Services (BPHS) to non-state providers in order to concentrate on its role as steward of the sector. In this innovative system, private healthcare providers (non-profit, nongovernmental organizations – NGOs) have been awarded contracts in 31 of the 34 provinces in the country. In the three other provinces and a small number of additional districts, the Ministry directly implements the BPHS using an innovative system in which 'internal' contracting is used to purchase health care delivery from quasi-independent entities within the MOPH. Whereas in the early days of implementation of the BPHS the majority of NGOs implementing the system were international, as time has passed a growing share of health service delivery is being provided by Afghan NGOs.

Contract Management – A major achievement in the delivery of health services in Afghanistan was the establishment in 2003 of a Grants and Contracts Management Unit (GCMU) within the Ministry of Public Health. This unit operates in close collaboration with the Ministry of Finance and successfully manages a portfolio of more than 30 contracts. The GCMU manages grants from the World Bank (WB), The GAVI Alliance, the Asian Development Bank (ADB), and the Counter Narcotic Trust Fund (CNTF). Two other major donors, the European Commission (EC) and the United States Agency for International Development (USAID) have set up granting mechanisms that follow a similar approach to that used by the GCMU. The GCMU has enabled the MOPH to manage their partner's contracts effectively and efficiently by ensuring that, on the one hand, resources are made available to the implementing partners in a timely fashion, and, on the other hand, that the conditions of the contract, both in terms of outputs and accomplishment of goals by the NGOs, are effectively monitored. In order to monitor its grantees, the GCMU relies on the Monitoring and Evaluation Department for information to assess the performance of their contactors, and thus has become an important client.

Monitoring and Evaluation Department

The Monitoring and Evaluation Department is headed by a national professional who oversees a staff of eight professionals. The Department aims to coordinate, guide and harmonize monitoring and evaluation activities among various departments within the central Ministry of Public Health, Provincial Public Health Directorates and NGOs. In addition to its full time staff, the Monitoring and Evaluation Department is advised by a consultative group, the Monitoring and Evaluation Advisory Board, which is comprised of representatives from the MOPH, international technical agencies and donor agencies. The Monitoring and Evaluation Advisory Board advises the Ministry of Public Health in the development of guidelines, monitoring tools and related procedures.

Past Achievements in Monitoring and Evaluation – The purpose of this strategy document is to guide the further development of the Monitoring and Evaluation Department. In order to justify the selection of the priorities described in this document, it is appropriate to describe both the past successes and current challenges. Three of the major accomplishments of the Monitoring and Evaluation Department in the past three years have been the:
1. Rapid development of a set of coherent and balanced frameworks and tools for assessment of health service delivery, and dissemination of results for:
   a. Identification of areas of strength and weakness in the healthcare delivery system
   b. Increasing transparency and accountability of service providers to the government, the Afghan people and other development partners
2. Facilitating the institutionalization of evidence-based decision making at the Ministry of Public Health
3. Technical support provided by the Monitoring and Evaluation Department and the associated Monitoring and Evaluation Advisory Board to the leadership of the MOPH on a broad range of issues

Annex C includes a more comprehensive summary of the achievements of the Ministry of Public Health in monitoring and evaluating service delivery and the health status of the Afghan People. Many of these achievements will be built upon and serve as the basis for the on-going improvements planned in the Monitoring and Evaluation Department.

Internal Assessment – As a key element of the development of this strategy paper, an assessment of the Monitoring and Evaluation Department's strengths & weaknesses (internal) and the opportunities and threats (external) faced by the Department was conducted.

**Analysis of the Strengths, Weaknesses, Opportunities and Threats
of the Monitoring and Evaluation Department of the MOPH.**

Strengths	Weaknesses
• Presence of a cadre of skilled and experienced professional staff. • Established human resource systems (within the MOPH) which have led to increases in staff capacity. • Competently staffed and well organized advisory body (M&E Advisory Board). • Accessible technical assistance from external sources. • Framework and systems in place since 2004 for assessment of performance in delivery of the BPHS. • Framework and systems in place since 2007 for assessment of performance of Afghanistan's hospitals (EPHS and other provincial hospitals). • Flexible institutional arrangements that are capable of responding to emerging needs and restructuring of partner relations.	• Sub-optimal coordination between departments (lack of mission alignment and poor information sharing). • Sub-optimal coordination between central and provincial levels and limited capacity/ownership at the provincial levels. • An unclear set of responsibilities (no work plan exists). • Very limited resources (covering staff salaries only). • High staff turnover. • Limited capacity for in-depth data analysis (reliance on outside agencies). • Unstable institutional environment (changing organizational structure). • Limited information on fertility, mortality, causes of death and trends in healthcare service coverage.
Opportunities	**Threats**
• With MOPH focusing on stewardship, there is widespread agreement that the need for the services of the Monitoring and Evaluation Department is great. • Internal (to the MOPH) and external actors (especially donors) are strong supporters for improved M&E systems. • The combination of capable M&E systems that demonstrate competence in the MOPH and a high burden of disease is likely to lead to continued donor support. • Improved credibility with the Afghan Parliament and public with more readily available health system performance information. • Empowered provincial authorities and service providers with access to quality and relevant management information.	• Unclear donor priorities and future commitments. • Deteriorating security, especially in some remote areas of the country. • Tendency for donor-driven initiatives to fragment overarching strategies and override management systems. • Uncertain basic planning data, especially regarding demographics and burden of disease.

Stakeholders of the Monitoring and Evaluation Department

Afghan Public Health Institute – In order to synthesize and make readily available information which is needed to make long term policies and plans, the MOPH revived the Afghan Public Health Institute, which had been dormant for many years. The APHI leads efforts in collecting and processing much of the data necessary for the fulfilment of the stewardship functions of the ministry. The APHI has six departments: Research and Informatics, Information, Education and Communication (IEC) and Publication, Surveillance and Detection of Early Warning System (DEWS), Food and Drug Quality Control, Training Management and Public Laboratories. The HMIS Department is also part of the APHI.

Health Management Information System Department – The Health Management Information System Department is headed by a national professional with three years of experience in HMIS and has four professional staff. The HMIS Department is responsible for collecting routine information on: (i) key BPHS services, (ii) CHW activities, and (iii), BPHS facilities. Approximately 85% of BPHS facilities report into the HMIS. Recently a routine reporting system for the hospital sector has been introduced and added to the responsibilities of the HMIS. The HMIS works closely with other key departments, including the Monitoring and Evaluation Department, to provide the GCMU with health management information. The HMIS Department receives substantial support from the USAID funded TechServe project and hosts an HMIS Task Force, a body whose function is to provide overall guidance, oversight and technical support. The HMIS has close links with the Monitoring and Evaluation Department.

Research and Informatics – As part of the recent restructuring, the Public Health Research Department was transferred to the Afghan Public Health Institute (APHI). The Research and Informatics Department is responsible for overseeing ongoing research in the health sector. It also hosts an 'Institutional Review Board' which reviews and endorses (or rejects) planned research projects in the health sector.

Provincial Public Health Directorates – The health system at the provincial level plays an important role in collecting, processing and analysing data on health system performance and human health status. The General Directorate for Provincial Public Health oversees 34 Provincial Public Health Directorates (PPHD), each of which has a core group of professionals that receive enhanced salaries through the Priority Restructuring and Reorganization Process (PRR). Provincial Teams now consist of nine officers, among them one technical officer for HMIS. The Provincial Public Health Coordination Committee (PPHCC) that involves key partners in health, as outlined in its terms of reference, provides support to monitoring and evaluation activities of the PPHD. There remains, however, an urgent need to build the capacity of the PPHCC at the provincial level in order to ensure the fulfilment MOPH's stewardship responsibilities vis-à-vis implementing NGOs at the provincial level. It is necessary to examine the scope of information that is required for assessing the health system at the provincial level.

Additional Key Partners – Other key partners of the MOPH in health monitoring and evaluation include the Global Fund Management Unit (for HIV/AIDS, Tuberculosis and Malaria), the Departments of Nutrition, Expanded Program of Immunizations, Reproductive Health, The National AIDS Control Program and The Malaria Control Program. Each of these departments and programs have, to some degree, internal data gathering and analysis capabilities, though information is generally poorly coordinated between departments.

Because of the lack of information coordination, some existing and potentially critical information is not made available to decision makers.

All major donors to the MOPH in Afghanistan provide financial support to monitoring and evaluation processes. The World Bank supports national consultants as heads of the HMIS and Monitoring and Evaluation Departments, as well as three national M&E consultants based in the GCMU. Similarly, USAID and the European Commission have funded national consultants to support donor specific contract management within the GCMU. Other international and national experts are supported by USAID/MSH/TechServe, EC, JHU/IIHMR, USCDC, UNICEF, WHO and the Global Fund to provide assistance in various parts of the health system.

A monitoring and evaluation framework, a comprehensive list of existing data sources and a matrix showing the pertinence of different data source to various MOPH programs is included in Annex D.

3.   MONITORING AND EVALUATION DEPARTMENT STRATEGY

Goal – The goal of the Monitoring and Evaluation Department is to provide high quality, relevant and timely information to the MOPH leadership and programme managers to take evidence-based management, policy and strategic decisions in fulfilment of their management and stewardship roles.

M&E Vision – The vision of the Monitoring and Evaluation Department is a) to provide the leadership of the Ministry of Public Health with access to relevant, quality and timely information for program and policy decisions, and b) to facilitate the use of this information for improving the health of the Afghan People and the effectiveness of the health system.

Outputs –
- Timely evidence for effective policy, management and program related decision making
- Regular reports on the performance of the healthcare delivery system disseminated widely in Dari and English
- Identification of emerging public health concerns in a timely manner
- Well trained staff capable of fulfilling their roles in the monitoring and evaluation of health service delivery and health status in Afghanistan
- Assistance to other departments and programs within the MOPH related to development and use of health information (in support to health planning cycle)
- Evidence for rational distribution of resources in the health sector

4.   SCOPE OF WORK

The Monitoring and Evaluation Department is the primary body within the MOPH with responsibility for monitoring health service delivery and the health status of the Afghan People. In fulfilment of that responsibility, the Department utilizes a cadre of MOPH staff, national consultants and to the degree necessary, international consultants and organizations. The Scope of Work for the Monitoring and Evaluation Department includes the following:

- Providing updated information on the heath status of the Afghan People and the performance of the health system by compiling, interpreting and regularly preparing and disseminating key products, including:
  - Quarterly updates for priority health indicators included in the monitoring matrix associated with the Afghan National Development Strategy
  - Annual updates on priority health indicators for MOPH leadership (as described in Annex A)
  - Annual updates for the MOPH *Fact Sheet*
  - Providing updated information on donor-funded development activities such as those funded by The GAVI Alliance, The Global Fund and other institutional donors
  - Serving as an archive of data sources and information about the health sector (hard copies of relevant reports to be kept in M&E Department and current soft copies to be provided to the responsible person for uploading to the MOPH website)
  - Maintaining the database for the National Monitoring Checklist
- Conducting performance assessments of health service delivery, including:
  - BPHS: National Health Services Performance Assessment and Balanced Scorecard (annual)
  - EPHS and other provincial hospitals: Hospital Performance Assessment (annual)
  - Special investigations of health services (ad hoc)
- Advising
  - Serving in an advisory role for decisions related to selection of indicators, collection of primary data and use of existing data sources for various MOPH departments and programs (such as reviewing the M&E sections of key MOPH strategies (e.g., IEC, reproductive health) as they are developed)
  - Consultation on work plans, policy issues, and reports for MOPH departments
  - Ensuring that the Monitoring and Evaluation Advisory Board continues to exercise an advisory role for MOPH's information needs
  - Conducting background research for Information Group meetings (chaired by the Deputy Minister for Technical Affairs)
  - Advising MOPH leadership on improvement of existing information systems (such as investigating the feasibility of a community health monitoring system to provide valid and timely information on trends in fertility, mortality and coverage of health services)
  - Advising MOPH leadership on policy and management issues related to monitoring and evaluation (such as the possible integration of M&E consultants from GCMU into the Monitoring and Evaluation Department)
- Communicating
  - Communicating results and their policy and programmatic implications to the MOPH leadership and other MOPH departments and programs on a regular basis
  - Communicating results and their policy and programmatic applications to the General Directorate for Provincial Public Health for dissemination to provincial and district levels of the health system: ANDS Quarterly Progress Report; MOPH *Fact Sheet*; Balanced Scorecard Report; Hospital Performance Assessment Report.
- Capacity building
  - Building the capacity of central and provincial MOPH staff on use of available tools and sources of information for assessment of performance

5.   MONITORING AND EVALUATION PLAN

Required Inputs

- Top management level – leadership, advocacy, support, demand for evidence
- On-the-job support – for analysis and interpretation
- Technological – computers, printers, software
- General running costs e.g. fuel for generator, paper and ink, contracting out printing etc
- Logistics – vehicle(s), per diems, running and maintenance costs
- Staff salaries

Coordination

- Liaison with other units, departments and directorates of the MOPH
- Liaison with technical agencies
- Liaison with other ministries and donors
- Liaison with provincial level and NGOs to ensure achievement of the departmental goals

Responsibility Matrix 1386 – 1390

Scope	Outputs & Outcome	Strategic Action	Responsible Department
Ministry wide	Actionable health-related information is made available to MOPH policy makers and managers	Regular Monitoring and Reporting on key ANDS Indicators. Regular Monitoring Reporting on key MOPH leadership indicators. Updating MOPH Health Status and Health Service Delivery Fact Sheet.	M&E HMIS
BPHS (nutrition, EPI, RH, mental health, disabilities)	MOPH has complete and updated information on implementation status of BPHS including all of its component parts	Coordination with relevant technical departments in the development of effective monitoring systems. Identification of key strategic information gaps and provide assistance in development of monitoring capacity at central and provincial level to close those gaps. Coordinate monitoring activities of in technical departments within the MOPH. Implementation of the Annual National Health Services Performance Assessment	M&E APHI

Scope	Outputs & Outcome	Strategic Action	Responsible Department
EPHS	MOPH has complete information on implementation status of EPHS including all of the component activities.	Assist technical departments within the MOPH in developing effective & coordinated intra-ministerial monitoring system Identify information gaps and provide assistance in development of monitoring capacity at central and provincial level Coordinate and Integrate monitoring activities of all the relevant technical departments Implement the annual National Hospital Performance Assessment	M&E APHI
Chronic and Communicable Disease Control (TB, malaria, HIV)	Information on priority diseases in place: • ARIs • Diarrhoea • Malaria • EPI • Tuberculosis • HIV/AIDS • Mental health • Nutrition	Facility staff is trained in collection and interpretation of information on these diseases Information is processed in a timely manner at the provincial offices The information on key indicators is submitted to APHI in a timely manner by the respective departments Information is compiled, processed, analysed, interpreted and fed to the respective departments in a timely manner Action taken by the respective departments is closely monitored for progress	DEWS/APHI HMIS M&E GFMU NACP Malaria TB Nutrition EPI Mental Health

Scope	Outputs & Outcome	Strategic Action	Responsible Department
Institutional Development	Information on health workforce through the effective management of HR tracking system, including: - personnel information, - testing and certification - employment modus (PRR or NGO); - pre-service and in-service training - performance appraisals Information on other capacity building efforts of the staff Assessment system to document the effective, timely and transparent application of administrative, financial and procurement rules and regulations Information on health sector expenditures, including: - development budget - operational budget - provincial budget The MOPH has information on willingness/ capacities of patients to pay for health care	Strengthen, further develop and upgrade the HR database Establish in-service training database Establish a pre-service training database for MOPH (and its partners) Establish a comprehensive database of the staff development activities being conducted by MOPH and partners Assist the review of current procedures for administration, finance and procurement Monitor the revised procedures to ensure that the system is being followed by the concerned departments Merge development and operational budgets Examine options for establishing national health accounts (requires assistance) Conducting household surveys	GD HR GD Admin/ Management GD Policy/ Planning: Health Care Financing; M&E APHI

Action Plan for M&E Department, Years 1 and 2

Responsibilities	Periodicity	Resource implications
Priority indicator monitoring		
Providing updates for relevant indicators on the ANDS monitoring matrix	Quarterly	No additional resources required
Providing updates for list of priority indicators for MOPH leadership	Quarterly	No additional resources required
Providing annual updates for MOPH Fact Sheet	Quarterly	No additional resources required
Serving as an archive of data sources and health information (hard copies of relevant reports to be kept in M&E Department and current soft copies to be provided to the responsible person for uploading to the MOPH website	Quarterly	No additional resources required
Maintaining a national database for Health Facility Performance (The National Monitoring Checklist)	Ongoing	Hardware, software and capacity building for existing staff
Performance assessments		
BPHS: Conducting the National Health Services Performance Assessment and producing the Balanced Scorecard	Annual	Additional resources required after March 2008
EPHS and other hospitals: Conducting the National Hospital Performance Assessment	Annual	Additional resources required after March 2008
Conducting special investigations of health services	Ad hoc	Staff, travel (transport, per diem) and material (forms and other materials)

Responsibilities	Periodicity	Resource implications
Advising		
Serving an advisory role in decisions related to selection of indicators and data sources for various MOPH departments and programs	Ongoing	No additional resources required
Ensuring that the M&E Advisory Board continues to exercise an advisory role for the MOPH's information needs	Ongoing	No additional resources required
Conducting background research for Information Group meetings (chaired by Deputy Minister for Technical Affairs)	Ongoing	No additional resources required
Investigating the feasibility of a community health monitoring system to provide valid and timely information on trends in fertility, mortality and coverage of health services	1386-1387	Additional resources required (estimated budget in process of development, some resources already mobilized)
Assess the merit and feasibility of integrating the M&E consultants from GCMU into the M&E department and make recommendations regarding whether integration should occur and, if so, how and when	Ongoing	No additional resources required for assessment; for implementation additional space and capacity building requirements are needed
Communicating		
Communicating results and their policy and programmatic applications to MOPH leadership and other MOPH departments and programs	Ongoing	Additional resources required (travel, data collection, consulting, materials production – websites, videos, print materials, radio and television spots)
Communicating results and their policy and programmatic applications to the GDPPH for dissemination to provincial and district levels of the heath system: ANDS Quarterly Progress Report, MOPH Fact Sheet, Balanced Scorecard Report, Hospital Performance Assessment Report, Semi-annual report based on NMC findings	Ongoing	Additional resources required (travel, materials production, staffing)
Capacity Building		
Building the capacity of central and provincial MOPH staff on use of available tools and sources of information for assessment of performance	Ongoing	Additional resources required

Capacity Building Plan for Monitoring and Evaluation Department, Year 1 (1386)

Capacity Building Action	Timing	Resource implications
Intensive short courses		
Three-week intensive course in introductory biostatistics I (theory and practice, using existing M&E data)	May-June 2007	Additional resources required
Three-week intensive course in introductory biostatistics II (theory and practice, using existing M&E data)	September 2007	Additional resources required
Three-week intensive course in introductory epidemiology (theory and practice)	October 2007	Additional resources required
Regular courses		
Ongoing training in data management, study design and data analysis	Twice weekly	No additional resources required; conducted by JHU/IIHMR
Ongoing training in calculation of Balanced Scorecard indicators	Twice weekly	No additional resources required; conducted by JHU/IIHMR
Six month data analysis course	Thrice weekly	Additional resources required
Ongoing technical support and interaction		
Ongoing, daily interaction with technical experts in M&E and related fields: M&E Advisory Board, JHU/IIHMR, EPOS Consultants	Ongoing	No additional resources required

Monitoring and Evaluation Strategic Monitoring Indicators

Category	Indicators
Ministry Wide	1. Availability of timely and reliable information for monitoring ANDS benchmarks 2. Number of General Directorates using information available through NHSPA for annual reports 3. Valid evidence of use of information for policy decisions and stewardship
BPHS	1. % of BPHS facilities reporting into HMIS 2. National Health Services Performance Assessment conducted each year 3. Monitoring tools applied by both provincial and central levels MOPH and the findings used 4. Quality assurance system in place for BPHS facilities
EPHS	1. % of DH, PH and Regional hospitals reporting into EPHS HMIS 2. EPHS HMIS early implementation evaluated 3. Quality assurance system in place for EPHS facilities 4. Hospital Performance Assessment conducted each year
Disease Dontrol	1. Disease early warning system in place 2. National plan for disease prevalence studies developed and implemented 3. X number vertical programmes integrated to mainstream data collection efforts for key indicators
Institutional Development	1. HRD and Training Databases established with up to date data and information used for HR planning 2. Qualitative assessment of central MOPH and PPHO technical, management and leadership capacity conducted annually

Annex A.   List of Indicators for MOPH Leadership

Serial #	Name	Definition	Numerator	Denominator	Data collection method	Periodicity
1	BPHS Coverage	% of population residing in districts with administrative and financial arrangements to provide the BPHS	Population residing in districts with administrative and financial arrangements to provide the BPHS	Total population of Afghanistan	Administrative (GCMU, CSO)	6 monthly
2	Maternal Mortality Ratio	Number of maternal deaths per 100,000 live births	Number of maternal deaths	100,000 live births	Surveys (RAMOS, possibly others)	6-8 years
3	Antenatal Care Coverage	% of pregnant women making one or more antenatal visits	Number of women making at least one ANC visit for pregnancies within last two years	All pregnancies in last two years	Household Surveys	2 years
4	Comprehensive Emergency Obstetric Care Coverage	Number of provinces (out of 34) with at least one facility providing Comprehensive Emergency Obstetric Care	Number of provinces with at least one facility providing Comprehensive Emergency Obstetric Care	Number of provinces in Afghanistan (34)	HMIS (validation through hospital performance assessment)	Quarterly (annual validation)
5	Infant Mortality Rate	Number of infant deaths per 1000 live births	Number of infant deaths	1000 live births	Household surveys (demographic surveillance?)	2 years
6	Under Five Mortality Rate	Number of deaths among children under age five per 1000 live births	Number of deaths among children under age five	1000 live births	Household surveys (demographic surveillance?)	2 years
7	Bed Net Distribution	Number of bed nets distributed in the last completed year			Administrative	Annual
8	Contraceptive Prevalence Rate	% of women of reproductive age who are currently using (or whose partner is using) a contraceptive method	Number of women of reproductive age who are currently using (or whose partner is using) a contraceptive method	Total # of women of reproductive age	Household Survey	2 years
9	DPT3 Coverage	% of children 12-23 months of age who received DPT3 before their first birthday	Number of children 12-23 months who received DPT3 before their first birthday	Total number of children 12-23 months of age	Household Survey	2 years
10	Contacts with health system	# of consultations per person per year in BPHS facilities (does not include EPI or re-attendance)	Number of consultations in BPHS facilities in last completed year	Total population of Afghanistan	HMIS	Annual

Serial #	Name	Definition	Numerator	Denominator	Data collection method	Periodicity
11	Mental health service coverage	The proportion of districts with at least one facility providing mental health services	Number of districts with at least one facility providing mental health services	Total number of districts in Afghanistan (398)	HMIS (validation through HSPA)	Quarterly
12	PRR Implementation	% of central and provincial MOPH technical staff who have PRR status	Number of central and provincial MOPH technical staff who have PRR status	Total number of central and provincial MOPH technical staff	Administrative (HR database)	Quarterly
13	Balanced Scorecard	Median provincial score across the 29 indicators included on the Balanced Scorecard			NHSPA	Annual

Annex B   MDGs in Afghanistan

MGG Goal #4	Reduce Child Mortality	Baseline Adopted	Numerical Target:
Target #5	Reduce by 50%, between 2003 and 2015, the under-five mortality rate, and further reduce the U5MR to 1/3 of the 2003 U5MR by 2020		
Indicator #13	Under-five mortality rate	230/1,000 live births (2003)	115/1,000 live births by 2015 77/1,000 live births by 2020
Indicator #14	Infant mortality rate	140/1,000 live births (2003)	70/1,000 live births by 2015 47/1,000 live births by 2020
Indicator #15	Proportion of 1-year-old children immunised against measles	60% (2004)	90% by 2015

MDG Goal #5	Improve Maternal Health	Baseline Adopted	Numerical Target:
Target #6	Reduce by 50%, between 2002 and 2015, the maternal mortality ratio, and further reduce the MMR to 25% of the 2003 MMR by 2020		
Indicator #16	Maternal mortality ratio	1,600/100,000 live births (2002)	800/100,000 live births in 2015 400/100,000 live births in 2020
Indicator #17	Proportion of births attended by skilled health personnel	14.3% (2003)	50% by 2015 75% by 2020

Goal #6	Combat HIV/AIDS, Malaria and other diseases	Baseline adopted	Numerical target
Target #7	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS		< 0.5% of population aged 15-49 are HIV positive by 2015
Indicator #18	HIV prevalence among all blood donors		
Indicator #19	Condom use rate of the contraceptive prevalence rate		
Indicator #19(a)	Condom use at last high-risk sex	**Indicator deleted**	

Indicator #19(b)	Percentage of population aged 15-49 with comprehensive correct knowledge of HIV/AIDS		>= 50% of population aged 15-49 have a correct and comprehensive knowledge of HIV/AIDS by 2015
Indicator #19(c)	Contraceptive prevalence rate	10% of married women < age 50	
ADDED Indicator under Target #7	Proportion of blood samples screened for HIV/AIDS and STDs		100% of blood is screened for HIV/AIDS and STDs by 2015
ADDED Indicator under Target #7	Proportion of women's need for family planning met		50% of the need for family planning of women is met by 2015
ADDED Indicator under Target #7	Proportion of IV drug users treated for their addiction		60% of known IV drug users will be under treatment by 2015
Target #8	Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases		
Indicator #21	Prevalence and death rates associated with malaria		
Indicator #22	Proportion of population malaria risk areas using effective malaria prevention and treatment measures	≈ 18% of population in high-risk areas use bed nets (2004)	60% by 2010 80% by 2015
Indicator #23	Prevalence and death rates associated with tuberculosis		
Indicator #24	Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)		70% of TB will be detected and 85% treated successfully under DOTS by 2015

Annex C   Major Achievements in Heath Systems Performance Assessment

M&E Department
- Key vacancies filled through the Priority Reform and Restructuring process for the M&E Department;
- Capacity building for M&E staff ongoing;
- M&E tools and software database in place;
- Evidence provided by M&E Department used for remedial action and decision making;
- Monitoring of BPHS: regular monitoring visits, followed by weekly Mission Review Committee meetings at GCMU;
- National health services performance assessment - three full and two mid-term rounds between 2004 and 2006 completed;
- Rapid development of a coherent and balanced performance assessment framework for BPHS implementation based on the Balanced Scorecard Methodology;
- Dissemination and use of the Balanced Scorecard to assess performance, identify strengths and weaknesses and manage contracts;
- Hospital Performance Assessment conducted, starting in April 2007;
- National Monitoring Checklist for BPHS services developed, training conducted and checklist implemented in many areas;
- National household survey on health conducted in 2006;
- National indicators for BPHS implementation developed;
- Priority indicators for MOPH leadership developed;
- Assisted in the development of targets for the ANDS monitoring matrix;
- Availability of additional information, compared to 2003, on a variety of health indicators through an assortment of initiatives including the NRVA, MICS and MICS re-analysis;
- Periodic updates of the MOPH Fact Sheet submitted to MOPH leadership;
- Technical consultations provided to MOPH leadership and various departments and programs.

Related Departments and Initiatives at MOPH
- PRR process completed in HMIS department;
- Ongoing capacity building for HMIS;
- HMIS: More than 250 master trainers trained and PHD HMIS officers underwent PRR process;
- More than 70% provinces established HMIS coordination committee;
- System and tools developed for electronic flow of HMIS information to and from provincial and central levels;
- Health facility registration system completed, with unique codes for all facilities;
- Disease Early Warning System developed and implementation begun;
- Global Fund: monthly NMLCP data collecting;
- FFSDP implemented as pilot in some provinces;
- At GCMU, grant management database for those contracted to deliver BPHS established;
- Evidence provided by HMIS Department used for remedial action and decision making;
- Quarterly reporting in standardized format by all implementers with feedback provided on regular basis;
- Finalization and dissemination of HMIS national guidelines in English and local languages;
- 85% of all BPHS facilities reporting regularly to HMIS department;
- HMIS system for hospitals developed and introduced;
- A central Human Resources Development Database has been established in the Ministry. To date approximately 8,000 health workers nationwide have been registered.

Annex D   M&E Framework, List of Existing Data Sources and Matrix of Pertinence of Data Sources for Various MOPH Programs

Program Evaluation	Monitoring & Evaluation		Program Performance Monitoring				
		Formative					Problem definition; Existing knowledge, attitudes, beliefs, practices; Barriers & opportunities Denominator definition
		Process		Monitoring Inputs	Inputs	Funding, personnel, infrastructure, utilities, equipment, supplies …
				Monitoring Outputs	Functional	Activities completed, units produced
					Service	Quality of care, accessibility of services
					Utilization	Utilization of services
		Summative		Monitoring Outcomes	Short-term	Knowledge, attitudes, believes
					Intermediate	Behavior and practices
					Long-term	Health status: mortality, morbidity
				Impact Assessment	Causality Probability Plausibility	Impact: did the intervention cause the observed results? MOPH: maybe plausibility

Data Sources Currently Available to Address Various Aspects of the Health System Performance

	Tools / systems	Content	Notes
Population-based	CSO pre-census	Population estimates at district and village level; basic demographic characteristics;	Pre-census completed in 2005; CSO provides annual estimates
	MICS	Population-based indicator values at national and provincial level	Normally every 3 years (last survey in 2003, timing of next survey uncertain)
	NRVA	Population-based indicator values at provincial level	Every two years (next round in 2007)
	LQAS	Population-based indicator estimates at district or cluster of districts level and higher levels through aggregation	At least baseline and end of project in each round of USAID grants; limited to USAID
	MOPH Household Surveys (HHS)	Population-based indicator estimates in a number of provinces	Last one in 2006, timing of next one uncertain (depends on information needs)
	HMIS CAAC	Population estimates and indicator estimates at local (sub-village) level	Annual; limited implementation in the country
	Special studies	Maternal Mortality Study, disease prevalence studies, Nutrition Surveys	Usually donor-driven; last maternal mortality study conducted in 2002 in a limited number of provinces
Facility-based	Health facility registration system/ANHRA	Inventory of facilities and services, incorporated into HMIS	Ongoing activity; all health facilities in the country inventoried so far and kept track of
	NHSPA and BSC	Sample-based health facility evaluations for selected indicators including quality indicators	Annual; started in 2004
	Quality Assurance/improvement tools (such as FFSDP, SBM-R)	Routine health facility supervisions for a set management and clinical quality standards; BPHS and EPHS health facilities	FFSDP was applied to USAID supported health facilities and a number of EC facilities; semi-annually

	Tools / systems	Content	Notes
	FSR and HSR in HMIS	Routine health facility status reports including information on infra-structure, human resources, equipment, lab services	Quarterly; quarterly to central MOPH; self reporting
	National Monitoring Checklist	Highly selective indicators at the health facility; limited number of indicators; information on infra-structure, female health workers, equipment, pharmaceuticals	Monthly Joint Monitoring by PPHCCs and monitoring missions
Routine Service Statistics	HMIR/MIAR	Monthly activity reports of hospitals, BHC, CHC	Monthly to provincial level; quarterly to central MOPH; self reporting
	HMIS/MAR/MAAR	Monthly activity reports of Health Posts including family planning, IMCI and malaria services provided and referrals by CHWs	Monthly to provincial level; quarterly to central MOPH; self reporting
	Vertical program reporting	EPI: vaccinations performed TB: case detection, case treatment HIV: case detection	
Management Information	Human Resource Database (HRD)	Basic information on health workers in the country	So far more than 50% of all health workers registered
	Grants management database in GCMU	Basic information on grants and contracts; summary of the transaction	Mainly limited to USAID grants; EC expressed interest to be included; system physically present in GCMU
	MOPH payroll database		

Pertinence of available sources of information to major MOPH programs

Tools / systems	Major MOPH Programs														
	BPHS	EPHS	EPI	TB	Nutrition	CBHC	Reproductive Health	IEC	IMCI	NMLC	HIV/AIDS	Pharmaceutical Management	Environmental Health	Mental Health	Management Information
CSO pre-census															X
MICS	X		X		X		X	X	X	X					
NRVA	X		X		X		X	X	X	X	X				
LQAS	X		X		X	X	X	X	X						
MOPH Household Surveys (HHS)	X		X		X	X	X	X	X	X					
HMIS CAAC	X		X			X	X		X						
Health facility registration system/ANHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
NHSPA and BSC	X	X	X	X	X	X	X	X	X	X	X	X			X
Quality Assurance/improvement tools (such as FFSDP, SBM-R)	X	X	X	X	X	X	X	X	X			X			
FSR and HSR in HMIS	X	X	X	X	X	X	X	X	X	X	X	X	X		X
National Monitoring Checklist	X		X	X		X	X		X	X		X			
HMIR/MIAR	X	X	X	X	X	X	X		X	X	X	X		X	
HMIS/MAR/MAAR	X		X			X	X		X	X		X			
TB quarterly reporting				X											
Other vertical programs										X					
Human Resource Database (HRD)	X	X													X
Training Database						X									
Grants management database in GCMU	X	X													X
Special studies															