



Islamic Republic of Afghanistan

Ministry of Public Health

Strategic Plan for Monitoring and Evaluation
1386 – 1390

General Directorate for Policy and Planning
Monitoring and Evaluation Department
Monitoring and Evaluation Advisory Board

2007

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List of Acronyms

ANDS	Afghan National Development Strategy
I-ANDS	Interim-Afghan National Development Strategy
ANC	Antenatal Care
ANHRA	Afghanistan National Health Resources Assessment
BPHS	Basic Package of Health Services
BSC	Balanced Scorecard
CAAC	Catchment Area Annual Census
CBHC	Community-based Health Care
CHW	Community Health Worker
CSO	Central Statistics Office
DEWS	Disease Early Warning System
DPT	Diphtheria, Pertussis & Tetanus
DOTS	Directly Observed Treatment Short-course (TB)
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
HNS	Health and Nutrition Sector
HR	Human Resources
HRD	Human Resource Database
HSR	Hospital Status Report
IBBS	Integrated Behavioural and Biological Survey
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IIHMR	Indian Institute of Health Management Research
JHU	Johns Hopkins University
KAP	Knowledge, Attitudes and Practices
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
MSH	Management Sciences for Health
NACP	National AIDS Control Program
NGO	Non-governmental organisation
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

RH	Reproductive Health
SARS	Severe Acute Respiratory Syndrome
SBM	Standards Based Management
SGS	Second Generation HIV Surveillance
STD	Sexually Transmitted Disease
TB	Tuberculosis
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 and Nutrition Sector Strategy 2008-2013.

According to the established policy and strategy, stewardship of the health system in Afghanistan is one of the Ministry of Public 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 system performance and the trends in the health status of the population, including support for communicable disease surveillance. 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 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, annual national health service performance assessments, and household surveys that provide information on service coverage and health outcomes. In addition, data on communicable diseases is now available through disease surveillance systems.

As part of the process of developing the Strategic Plan for Monitoring and Evaluation 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 which information needs are being met by existing systems and which are not. The end result is this 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.

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November 2007

1. PURPOSE

The purpose of this document is to assist in the coordination of monitoring and evaluation within the Ministry of Public Health (MOPH), to ensure that the MOPH has the information it needs to exercise effective stewardship of the Health and Nutrition Sector and to contribute to the accomplishment of the goals and objectives of the Government of Afghanistan. The Monitoring and Evaluation Department within the General Directorate for Policy and Planning of the MOPH is the body responsible for implementing the Strategic Plan for Monitoring and Evaluation. The organization and work of the Monitoring and Evaluation Department is guided by the mission, goal and objectives of the Health and Nutrition Sector defined by the Government of Afghanistan.

Mission Statement of the Health and Nutrition Sector

The mission of the Health and Nutrition Sector is to improve the health and nutritional status of the people of Afghanistan through the provision of quality health care services and the promotion of health life styles in an equitable and sustainable manner.

Goals of the Health and Nutrition Sector

The goal of the Health and Nutrition Sector is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and under-served areas of the country.

National Objectives of the Health and Nutrition Sector

- To reduce maternal and newborn mortality
- To reduce under-five mortality and improve child health
- To reduce the incidence of communicable diseases
- To reduce malnutrition
- To address mental health needs
- To develop the health system

Goal of the Monitoring and Evaluation Department

Within the context of the mission, goals and national objectives of the Health and Nutrition Sector, the goal of the Monitoring and Evaluation Department is to provide the leadership of the Ministry of Public Health with access to relevant, quality and timely information for program and policy decisions and to facilitate the use of this information for improving the health of the Afghan people and the effectiveness, equity, transparency and accountability of the health system.

Stewardship

Stewardship is particularly critical in the Afghan context because the MOPH contracts service delivery to non-profit non-governmental organizations (NGOs) in much of the country. **As part of its national health policy, the Ministry is focusing on: (i) monitoring and evaluation;** (ii) coordination of donor support; (iii) strategic planning; (iv) establishment of technical standards for healthcare delivery; (v) regulation of the for-profit private sector; (vi) coordination and regulation of the NGO sector; and (vii) ensuring that the health sector receives sufficient funds for the MOPH to meet the High Level Benchmarks and MDGs. 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
- Improving the effectiveness, efficiency and affordability of health care

Importance of Monitoring and Evaluation for the Ministry of Public Health

The MOPH relies on timely, valid and useful information on the health status of the population and performance of health services in order to:

- Measure progress toward Afghan Compact High Level Benchmarks and Millennium Development goals in a systematic, integrated and timely manner
- Assist the MOPH to generate additional funds for the health sector by demonstrating to current and potential donors and the government of Afghanistan that their contributions will be applied to useful ends in a transparent manner
- Make evidence-based decisions to improve the performance of health services and programs
- Make resource allocation decisions that are rational and equitable
- Manage donor funds, including contracts with service providers, transparently and effectively
- Ensure that poor households, women, remote communities and other vulnerable groups have access to and benefit from health services
- Make health services and their impact more transparent for the people of Afghanistan, the media, the government, donors, service providers and technical agencies

The Strategic Plan for Monitoring and Evaluation includes activities that aim to harmonize, streamline, integrate and fill gaps in existing data collection systems at the Ministry of Public Health. In October 2006, a Monitoring and Evaluation Working Group consisting of representatives of major MOPH programs and partners supporting MOPH monitoring and evaluation activities concluded that fragmentation and lack of harmony are major challenges which are negatively affecting the performance of monitoring and evaluation efforts across the MOPH. This strategy document was then developed in an attempt to address these challenges and other priority issues. The strategic plan described in this document is a continuation of that effort that aims to achieve greater harmonization of existing monitoring and evaluation systems within the Ministry of Public Health.

2. CONTEXT OF MONITORING AND EVALUATION

Millennium Development Goals & 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 in the middle of 2008. The document lays out the strategic priorities, indicators, 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 the Millennium Development Goals (MDGs) in Afghanistan. The year 2020 has been designated by the Government of Afghanistan as the target year for full achievement of the MDG goals. Intermediate targets for the MDGs have been set for 2010, in line with the I-ANDS. The targets set for achievement by 2010 are called the Afghanistan Compact High Level Benchmarks.

Afghanistan Compact High Level Benchmarks

- The BPHS will be extended to cover at least 90% of the population
- Maternal mortality will be reduced by 15%
- Full immunization coverage will be achieved and the mortality of infants and children under five will be reduced by 20%

MOPH Priority Programs – The priority programs of the MOPH, as outlined in the HNSS, are:

(A) Health Care Service Provision Program

- Primary health care program
- Hospital care program
- Communicable and non-communicable disease program
- Reproductive health program

(B) Institutional Development Program

- Policy and planning program
- Public health training and research program
- Pharmaceutical management program
- Public health administration program

Current Structure of Monitoring and Evaluation Department – 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 according to national priority indicators.

The 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 include:

1. Rapid development of a set of coherent and balanced frameworks and tools for assessing health service delivery and disseminating results in order to:
 - a. Identify areas of strength and weakness in the healthcare delivery system
 - b. Increase 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 and other departments and programs on a broad range of issues

Annex 4 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. Serving as the basis for the on-going improvements planned in the Monitoring and Evaluation

Department, many of these achievements will be built upon. Annex 5 includes an internal assessment of the Monitoring and Evaluation Department in the form of a SWOT Analysis.

3. NATIONAL PRIORITY HEALTH INDICATORS

The Monitoring and Evaluation Department is responsible for providing updates on two sets of priority indicators for the Government of Afghanistan and its partners on a scheduled basis. They are:

- The National Priority Health Indicators (updated each year in Hamal)
- Afghanistan *Health Fact Sheet* (updated each year in Hamal)

The National Priority Health Indicators include highly selective health indicators that would demonstrate the progress of the Ministry of Public Health's main programs. These indicators include each of the major Millennium Development Goal indicators, as well as a select set of additional indicators that are specific to Afghanistan's information needs.

Afghanistan's National Priority Health Indicators

- Access to primary care services
- Contacts with health system
- Mental health service availability
- Disability service availability
- MOPH management of external funds
- Median score on Balanced Scorecard
- Under-five mortality rate
- Infant mortality rate
- Measles coverage
- DPT3 coverage
- Acute malnutrition for children less than five years old
- Maternal mortality ratio
- Skilled birth attendance
- Antenatal care coverage
- HIV prevalence
- Blood screening
- Condom use rate of the contraceptive prevalence rate
- Condom use at last high-risk sex
- Comprehensive correct knowledge of HIV/AIDS
- Contraceptive prevalence rate
- Malaria incidence
- Bed net utilization
- Tuberculosis prevalence
- Tuberculosis cases detected and cured under DOTS

The Afghanistan *Health Fact Sheet* shows the country's health profile. It includes a set of standard key health and demographic indicators.

Complete definitions of the National Priority Health Indicators, including the data sources used and the expected time that the next estimate will be available, are shown in Annex 1. The indicators included in the Health Fact Sheet are shown in Annex 2.

4. MOPH KEY PARTNERS IN MONITORING AND EVALUATION

Many key functions of the MOPH M&E Department require input and collaboration from health partners, including major health donors, MOPH general directorates and technical departments, provincial public health offices, health NGOs and other international partners involved in monitoring and evaluation activities, management of grants and contracts, and specific technical components of BPHS and EPHS (see Annex 3 for specifics of different partners' input.)

5. MONITORING AND EVALUATION DEPARTMENT PLAN

Scope of Work for Monitoring and Evaluation Department - The Scope of Work for the Monitoring and Evaluation Department includes the following:

1. Providing updated information on the health status of the Afghan people and the performance of the health system by compiling, interpreting and regularly preparing and disseminating key products, including:
 - Annual updates for the National Priority Health Indicators (Annex 1)
 - Annual updates for the Afghanistan *Health Fact Sheet* (Annex 2)
 - Integrated data from disease, nutrition or other surveillance studies according to the priority indicators
 - Updated information on donor-funded development activities such as those funded by the GAVI Alliance, the Country Coordinating Mechanism of Afghanistan for the Global Fund and other institutional donors
 - 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)
 - A maintained database for the National Monitoring Checklist
2. 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)
3. Advising, recommendations and development
 - Providing evidence-based recommendations to MOPH leadership and other decision-makers on strategic, policy and programmatic issues
 - 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, HIV, TB, malaria, etc.) as they are developed)
 - Consulting 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
 - Developing a community health monitoring system (one type of demographic surveillance), as described in the GAVI Health Systems Support document, to produce timely estimates of fertility, mortality and causes of death
 - 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)
4. Promoting data utilization and a culture of data
 - Training on data collection, management, analysis and utilization

- Workshops on data use, sharing of results and other activities with stakeholders and provincial personnel and national program managers
 - Discussing results with technical staff, managers and decision-makers
 - Presentations and discussions at Provincial Public Health Director quarterly meetings
 - Presentations and discussions during missions, as well as regular and ad hoc forums at Central MOPH
 - Uploading reports and other results to the MOPH web site
 - Sharing with the media press releases, presentations, fact sheets and copies of reports
- 5. Communicating
 - Communicating results and their policy and programmatic implications to the MOPH leadership, other MOPH departments and programs, and donor and NGO partners on a regular basis
 - Communicating results with their policy and programmatic applications to provincial and district levels of the health system
- 6. Capacity building
 - Building the capacity of central and provincial MOPH staff on the use of available tools and sources of information for assessment of performance in collaboration with other stakeholders, including APHI

Table 1 summarizes the role of the Monitoring and Evaluation Department in relation to the information functions of the Ministry of Public Health. One purpose of this table is to specify how the responsibilities of the Monitoring and Evaluation Department relate to other departments in the Ministry working in related areas.

Table 1: Key Functions of the MOPH and the Corresponding Roles of the Monitoring and Evaluation Department

Key Functions of the MOPH	Roles of Monitoring and Evaluation Department
Providing updates on priority indicators	<ul style="list-style-type: none"> • Synthesizing data and information from different sources to update the National Priority Health Indicators and the Afghanistan <i>Health Fact Sheet</i> on an annual basis • Sharing updates with MOPH leadership, program managers and technical staff for decision making
Developing ANDS Progress Reports	<ul style="list-style-type: none"> • Providing estimates for monitoring indicators and conducting a technical review of the text once it has been written by the ANDS Working Group. (The ANDS Working Group, not the M&E Department, is responsible for writing the ANDS Progress Reports, which summarize the progress in the health sector.)
Implementing community health monitoring system (demographic surveillance)	<ul style="list-style-type: none"> • Developing and analyzing data from community health monitoring system (one type of demographic surveillance system) to provide timely estimates on fertility, mortality and causes of death in Afghanistan
Coordinating household surveys	<ul style="list-style-type: none"> • Advising on the design, development of instruments and implementation of household surveys, both within the health sector and cross-sectoral surveys such as the National Risk and Vulnerability Assessment • Assisting in the analysis and interpretation of results as needed
Conducting and analysing health facility assessments	<ul style="list-style-type: none"> • Conducting BPHS and EPHS performance assessments on an annual basis, which involves analysis and development of the Afghanistan Health Sector Balanced Scorecard and the Hospital Sector Balanced Scorecard • Assisting in interpretation of results for decision making
Designing, collecting, and analysing HMIS data	<ul style="list-style-type: none"> • Assisting in the analysis and interpretation of HMIS data as needed (the HMIS Department, not the M&E Department, is responsible for design, collection and first-level analysis of the data)
Developing and using indicators by different departments and programs within the MOPH	<ul style="list-style-type: none"> • Advising on development of sets of indicators to be used by different departments • Advising on availability of data sources for estimating indicators • Assisting with the interpretation of indicators, as needed
Conducting surveillance of communicable diseases	<ul style="list-style-type: none"> • Participating in the design and analysis of surveillance of communicable diseases as needed (other departments are responsible for the collection and management of data from communicable disease surveillance systems) • Integrating results from communicable disease surveillance systems into its indicator reports
Using National Monitoring Checklist	<ul style="list-style-type: none"> • Maintaining database for National Monitoring Checklist results • Interpreting results from National Monitoring Checklist to inform decision making
Promoting culture of results attainment and using data for evidence-based decision making	<ul style="list-style-type: none"> • Providing training on data analysis and utilization • Discussing results at the Provincial Health Director Quarterly Meetings • Sharing with the media press releases, fact sheets and copies of reports

Table 2 shows strategic actions associated with each output or outcome and delineates the responsible department.

Table 2: Responsibility Matrix for 1386 – 1390

Scope	Outputs & Outcome	Strategic Action	Responsible Department
Ministry wide	Actionable health-related information is made available to MOPH policy makers and managers	<ul style="list-style-type: none"> • Regular monitoring and reporting on key ANDS Indicators • Regular monitoring and reporting on National Priority Health Indicators (Table 1) • Updating the Afghanistan <i>Health Fact Sheet</i> 	M&E HMIS
Health Care Service Provision Programs, Part 1 (Primary health care and hospital care programs)	MOPH has complete and updated information on implementation status of BPHS and EPHS, including all component parts	<ul style="list-style-type: none"> • Coordinating with relevant technical departments in the development of effective monitoring systems • Identifying key strategic information gaps and providing assistance in development of monitoring capacity at central and provincial level to close those gaps • Coordinating monitoring activities of technical departments within the MOPH • Implementing the annual National Health Services Performance Assessment and Hospital Performance Assessment 	M&E APHI
Health Care Service Provision Programs, Part 2 (communicable and non-communicable disease and reproductive health programs)	<p>Information on priority diseases:</p> <ul style="list-style-type: none"> • ARIs • Diarrhoea • Malaria • EPI • Tuberculosis • HIV • Mental health • Nutrition <p>Information on priority RH indicators:</p> <ul style="list-style-type: none"> • Family planning • Skilled ANC • Skilled Birth Attendance • Institutional Deliveries 	<ul style="list-style-type: none"> • Training facility staff to collect and interpret information on these diseases • Processing information in a timely manner at the provincial offices • Compiling data from mapping studies, IBBS, and SGS surveillance and/or disease specific sentinel surveys • Submitting information on key indicators to APHI in a timely manner by the respective departments • Compiling, processing, analysing, interpreting and feeding information to the respective departments in a timely manner • Closely monitoring action taken by the respective departments for progress 	DEWS/APHI HMIS M&E GCMU NACP NMLCP NTP Nutrition EPI Mental Health Blood Bank RH

Scope	Outputs & Outcome	Strategic Action	Responsible Department
<p>Institutional Development Programs (policy and planning, public health training and research, pharmaceutical management and public health administration programs)</p>	<p>Information on health workforce through the effective management of HR tracking system, including:</p> <ul style="list-style-type: none"> - personnel information, - testing and certification - employment modus (PRR or NGO) - pre-service and in-service training - performance appraisals <p>Information on other capacity building efforts of the staff</p> <p>Assessment system to document the effective, timely and transparent application of administrative, financial and procurement rules and regulations</p> <p>Information on health sector expenditures, including:</p> <ul style="list-style-type: none"> - development budget - operational budget - provincial budget <p>Information on willingness/ capacity of patients to pay for health care</p>	<ul style="list-style-type: none"> • Strengthening, further developing and upgrade HR database • Establishing in-service training database • Establishing pre-service training database for MOPH (and its partners) • Establishing comprehensive database of the staff development activities being conducted by MOPH and partners • Assisting with the review of current procedures for administration, finance and procurement • Monitoring the revised procedures to ensure that the system is being followed by the concerned departments • Merging development and operational budgets • Examining options for establishing national health accounts (requires assistance) • Conducting household surveys 	<p>GD HR</p> <p>GD Admin/ Management</p> <p>GD Policy/ Planning; Health Care Financing; M&E</p> <p>APHI</p>

Table 3 shows the action plan for the M&E Department for years 1 and 2.

Table 3: Action Plan for M&E Department, Years 1 and 2

Responsibilities	Periodicity	Resource implications
<i>Priority indicator monitoring</i>		
Providing updates for list of National Priority Health Indicators	Annual	Some indicators will come from existing data sources, while others will require special surveys, which will require financial support.
Providing annual updates for Afghanistan <i>Health Fact Sheet</i>	Annual	Some indicators will come from existing data sources, while others will require special surveys, which will require financial support.
Reviewing disease specific surveillance mapping, KAP, or IBBS studies	Ongoing	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)	Ongoing	Additional space required
Maintaining a national database for Health Facility Performance (National Monitoring Checklist)	Ongoing	Hardware, software and capacity building for existing staff
<i>Performance assessments</i>		
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 materials, such as survey forms

Responsibilities	Periodicity	Resource implications
<i>Advising</i>		
Playing 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 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)
Assessing the merit and feasibility of integrating M&E consultants from GCMU into M&E Department and making recommendations regarding whether integration should occur and, if so, how and when	Ongoing	No additional resources required for assessment; additional space and capacity building requirements are needed for implementation
<i>Communication</i>		
Communicating results and their policy and programmatic implications to the MOPH leadership, other MOPH departments and programs, and donor and NGO partners on a regular basis	Ongoing	Additional resources required (travel, data collection, consulting, materials production – websites, videos, print materials, radio and TV spots)
Communicating results and their policy and programmatic implications to provincial and district levels of the health	Ongoing	Additional resources required (travel, materials production, staffing)
<i>Capacity building</i>		
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
<i>Annual review</i>		
Conducting an annual review of the progress made by the Monitoring and Evaluation Department in completing its workplan and meeting its goals	Annual	No additional resources required for assessment

Table 4 shows the capacity building plan for the M&E Department for the first year of the plan (1386).

Table 4: Capacity Building Plan for M&E Department, Year 1 (1386)

Capacity building actions to be coordinated with APHI Training Department	Time	Resource implications
<i>Intensive short courses</i>		
Two-week intensive course in introductory biostatistics I (theory and practice, using existing M&E data)	May-June 2007	Completed by JHU/IIHMR
Three-week intensive course in introductory epidemiology (theory and practice)	October-November 2007	Completed by JHU/IIHMR
Three-week intensive course in introductory biostatistics II (theory and practice, using existing M&E data)	January 2008	Additional resources required
<i>Regular courses</i>		
Ongoing training in data management, study design and data analysis	Twice a week	No additional resources required; conducted by JHU/IIHMR
Ongoing training in calculation of Balanced Scorecard indicators	Twice a week	No additional resources required; conducted by JHU/IIHMR
Six month data analysis course	Three times a week	Additional resources required
<i>Ongoing technical support and interaction</i>		
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

Annex 1: National Priority Health Indicators

Indicators Specific to Afghanistan (that are not part of the Millennium Development Goals)

	Name	Definition	Numerator	Denominator	Data collection method	Periodicity	Source for next estimate (date estimate available)
A	Access to primary care services	% of population residing within two hours walking distance from primary care services	Population residing in districts within two hours walking distance from primary care services	Total population of Afghanistan	Household surveys, CSO	Annual/bi-annual	2007 NRVA (data available late 2008)
B	Contacts with health system	# of consultations per person per year in BPHS facilities	Number of consultations in BPHS facilities in last completed year (does not include EPI or re-attendance)	Total population of Afghanistan	HMIS	Annual	HMIS (June 2008)
C	Availability of mental health services	Proportion of districts with mental health services	Number of districts with at least one facility providing mental health services as defined by BPHS	Total number of districts in Afghanistan	HMIS (validation through NHSPA)	Annual	HMIS (June 2008)
D	Availability of disability services	Proportion of districts with disability health services	Number of districts with at least one facility providing disability services as defined by BPHS	Total number of districts in Afghanistan	HMIS (validation through NHSPA)	Annual	HMIS (June 2008)
E	MOPH management of external funds	Proportion of external funds channelled through the MOPH	External funds channelled through the MOPH in US Dollars	Total amount of external funds spent in health sector in US Dollars	Administrative (GCMU and other sources)	Bi-annual	GCMU (June 2008)
F	Balanced Scorecard	Median provincial score across the 29 indicators included on the Balanced Scorecard			NHSPA	Annual	2007 NHSPA (January 2008)

Millennium Development Goal Indicators

MDG #	Name	Definition	Numerator	Denominator	Data collection method	Periodicity	Source for next estimate (date estimate available)
13	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	Demographic surveillance/ household survey	2 years	NRVA (late 2008) ¹
14	Infant mortality rate	Number of infant deaths per 1000 live births	Number of infant deaths	1000 live births	Demographic surveillance/ household survey	2 years	2007 NRVA (late 2008)
15a	Measles coverage	% of children 12-23 months of age who received measles immunization before their first birthday	Number of children 12-23 months of age who received measles immunization before their first birthday	Total number of children 12-23 months of age	Household Survey	2 years	2007 NRVA (late 2008)
15b	DPT3 coverage	% of children 12-23 months of age who received DPT3 before their first birthday	Number of children 12-23 months of age who received DPT3 before their first birthday	Total number of children 12-23 months of age	Household Survey	2 years	2007 NRVA (late 2008)
16	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	To be determined by MOPH ²
17a	Skilled birth attendance	% of deliveries assisted by skilled birth attendants	Number of deliveries attended by doctor, nurse or midwife	Total number of deliveries	Household Survey	2 years	2007 NRVA (late 2008)
17b	Antenatal care coverage	% of pregnant women making at least one antenatal visit	Number of women making at least one ANC visit for pregnancies within last two years	All pregnancies in last two years	Household Survey	2 years	2007 NRVA (late 2008)

¹ Since the NRVA is not a health survey, the data quality needs to be carefully assessed before the data are used to estimate mortality. In 2009, mortality estimates will be available from the community health monitoring system (demographic surveillance) supported under the GAVI Health Systems Strengthening Program.

² The type of survey and timing were under discussion as of November 2007.

MDG #	Name	Definition	Numerator	Denominator	Data collection method	Periodicity	Source for next estimate (date estimate available)
18a	HIV prevalence	HIV Prevalence among pregnant women aged 15-24 years	Number of pregnant women 15-24 years old who are HIV+	Total number of pregnant women 15-24 years old	Epidemiologic modelling based on available data sources (IBBS, research studies, etc)	Annual	Multiple sources (date TBD)
18b	Blood screening	Proportion of blood samples screened for HIV and STDs	Number of blood samples screened for HIV and STDs	Total number of blood samples	Administrative (blood banks and BPHS facilities)	Annual	NACP administrative sources (date TBD)
19a	Condom use rate of the contraceptive prevalence rate	Proportion of users of modern family planning services who are using condoms	Number of women reporting that condoms are used	Total number of women reporting using a modern family planning method	Household Survey	2 years	2007 NRVA (late 2008)
19b	Condom use at last high-risk sex	Proportion of people reporting using condom during last high-risk sex	Number of people using condom during last high-risk sex	Total number of people engaged in high-risk sex	Integrated Behavior and Biological Surveillance	1 year	IBBS (early 2009)
19c	Comprehensive correct knowledge of HIV/AIDS	Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	Number of people aged 15-24 with comprehensive correct knowledge of HIV/AIDS	Total number of people aged 15-24	Household Survey	2 years	2007 NRVA (late 2008)
19d	Contraceptive prevalence rate	Proportion 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 number of women of reproductive age	Household Survey	2 years	2007 NRVA (late 2008)
21	Malaria prevalence ³	Proportion of people infected with malaria	Number of people infected with malaria	Total population	Malaria prevalence survey	2 years	To be determined by MOPH

³ National Malaria and Leishmaniasis Control Program has based its measurement strategy on incidence rather than prevalence. There is no plan at present to measure malaria prevalence.

MDG #	Name	Definition	Numerator	Denominator	Data collection method	Periodicity	Source for next estimate (date estimate available)
22	Bed net utilization	Proportion of children (< 5 yrs) sleeping under a bed net the previous night in malaria risk areas	Number of children (< 5 yrs) sleeping under a bed net the previous night in malaria risk areas	Total number of children (< 5 yrs) in malaria risk areas	Household Survey	2 years	To be determined by MOPH
23	Tuberculosis prevalence	Number of cases of TB (all forms) in a population at any given time	Number of people with TB (all forms)	Total population	TB prevalence survey	2 years	To be determined by MOPH
24	Tuberculosis cases detected and cured under DOTS	Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)	Number of tuberculosis cases detected and cured under DOTS	Total number of tuberculosis cases	TB survey	2 years	To be determined by MOPH

Annex 2: Afghanistan Health Fact Sheet

Indicator	Estimate	Year	Source
<i>Demographic indicators with health significance</i>			
Total population			
Settled population			
Nomadic population			
Number of women of reproductive age (15 – 49 years)			
Number of children under age five			
<i>General health indicators</i>			
Life expectancy at birth, females			
Life expectancy at birth, males			
Crude birth rate (per 1,000 population)			
Crude death rate (per 1,000 population)			
Total fertility rate			
Infant mortality rate (per 1,000 live births)			
Under five mortality rate (per 1,000 live births)			
Maternal mortality ratio (per 100,000 live births)			
<i>Child health indicators</i>			
Acute Malnutrition for children less than five years old, at all times of the year (%)			
Exclusive breastfeeding (under 6 mos.; last 24 hours) (%)			
DPT3 coverage (12-23 months) (%)			
Measles immunization coverage (12-23 months) (%)			
Full immunization coverage (12-23 months) (%)			
Vitamin A receipt in last 6 months (6-59 months) (%)			
<i>Reproductive health and safe motherhood indicators</i>			
Contraceptive prevalence rate (% ever married women using modern method)			
Skilled antenatal care (at least 1 visit, excluding TT) (%)			
Skilled birth attendance (%)			

Indicator	Estimate	Year	Source
<i>Communicable diseases indicators</i>			
Number of cases of polio (laboratory confirmed)			
Tetanus toxoid coverage (% pregnant women receiving ≥ 2 doses)			
HIV prevalence among 15-24 year-old pregnant women			
Estimated number of cases of tuberculosis			
Tuberculosis case detection rate			
Tuberculosis treatment success rate			
<i>Miscellaneous health indicators</i>			
Hospital beds per 10,000 population			
Households with access to drinking water from pump or protected spring (%)			
Households with access to sanitary latrine (%)			

Annex 3: Key Partners of MoPH Monitoring and Evaluation Department

	Partners	Expected Input
1.	Grants and Contracts Management Unit	-Collaborate in application of national monitoring and evaluation tools -Large demand for data on performance needed for managing grants and contracts
2.	MOPH technical departments (including the Departments of Nutrition, Expanded Program of Immunizations, Reproductive Health, The National AIDS Control Program, the National TB Program, Blood Bank, and The Malaria Control Program)	-Assistance in development, revision and prioritization of relevant performance indicators -Technical input to the design of assessment tools -Collaborate in application of national monitoring and evaluation tools -Technical input for verification of value of relevant indicators
3.	Major health donors	-Provide financial support to monitoring and evaluation processes -Collaborate in adoption and application of national monitoring and evaluation tools -Promote integrated M&E systems
4.	MOPH HMIS Department	-Provision of data from routine reporting systems -Promote integrated M&E systems
5.	Other partners (including JHU/IIHMR, MSH/TechServe, USCDC, UNICEF, WHO and the Global Fund)	-Promote integrated M&E systems -Provide technical input to the design of the M&E systems and tools -Provide financial and/or logistical support to certain monitoring and evaluation processes

Annex 4. Major Achievements in Health Systems Performance Assessment

M&E Department

- Filled key vacancies in M&E Department through PRR process
- Conducts ongoing capacity building for M&E staff
- Developed M&E tools and software database
- Provides evidence used for remedial action and decision making
- Monitors BPHS: regular monitoring visits, followed by weekly Mission Review Committee meetings at GCMU
- NHSPA – completed three full and two mid-term rounds between 2004 and 2006
- Rapidly developed a coherent and balanced performance assessment framework for BPHS implementation based on the Balanced Scorecard methodology
- Disseminates and uses the Balanced Scorecard to assess performance, identify strengths and weaknesses and manage contracts
- Conducted Hospital Performance Assessment in April 2007
- Developed and implemented National Monitoring Checklist for BPHS services in many areas
- Conducted National Household Survey on health in 2006
- Developed national indicators for BPHS implementation
- Developed priority indicators for MOPH leadership
- Assisted in the development of targets for the ANDS monitoring matrix
- Increased 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
- Submits periodic updates of the Afghanistan *Health Fact Sheet* to MOPH leadership
- Provides technical consultations to MOPH leadership, 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; 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 13 USAID-supported provinces plus five additional provinces
- Grant management database for those contracted to deliver BPHS established at GCMU
- 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
- Central Human Resources Development Database has been established in the Ministry (approximately 8,000 health workers nationwide have been registered to date)

Annex 5: Analysis of the Strengths, Weaknesses, Opportunities and Threats of the M&E Department

<p style="text-align: center;"><i>Strengths</i></p> <ul style="list-style-type: none"> • 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 partner relations. 	<p style="text-align: center;"><i>Weaknesses</i></p> <ul style="list-style-type: none"> • Sub-optimal coordination between departments (lack of mission alignment and poor information sharing). • Sub-optimal coordination between central and provincial levels. • Limited capacity/ownership at the provincial levels. • An unclear set of responsibilities (no work plan exists). • Very limited resources (only able to cover staff salaries). • High staff turnover. • Limited capacity for in-depth data analysis (reliance on outside agencies). • Unstable institutional environment (changing organizational structure). • Limited information on basic demographic indicators such as fertility, mortality and causes of death. • Sub-optimal capacity to disseminate results to make them available to a broad range of users.
<p style="text-align: center;"><i>Opportunities</i></p> <ul style="list-style-type: none"> • 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 as a result of more readily available health system performance information. • Empowered provincial authorities and service providers with access to quality and relevant management information. 	<p style="text-align: center;"><i>Threats</i></p> <ul style="list-style-type: none"> • 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.

Annex 6. Data Sources Currently Available to Address Various Aspects of Health System Performance

	Tools / Systems	Content	Notes
Population-based	CSO pre-census	Population estimates at district and village levels; basic demographic characteristics;	Pre-census completed in 2005; CSO provides annual estimates
	MICS	Population-based indicator values at national and provincial levels	Normally every 3 years (most recent survey in 2003; timing of next survey uncertain)
	NRVA	Population-based indicator values at provincial levels	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	Most recent survey 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 and surveillance studies, Nutrition Surveys	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 tracked
	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	FFSDP was applied to USAID supported health facilities, SM facilities and a number of EC facilities; semi-annually
	FSR and HSR in HMIS	Routine health facility status reports including information on infrastructure, human resources, equipment, lab services	Quarterly; quarterly to central MOPH; self reporting

	Tools / Systems	Content	Notes
	National Monitoring Checklist	Highly selective indicators at the health facility; limited number of indicators; information on infrastructure, female health workers, equipment, drugs	Monthly joint monitoring by Provincial Public Health Coordinating Committees and monitoring missions
Routine Service Statistics	HMIR/MIAR	Monthly activity reports of hospitals, BHCs, CHCs	Monthly to provincial level; quarterly to central MOPH; self reporting
	HMIS/MAR/MAAR	Monthly activity reports of Health Posts; includes family planning, IMCI and malaria services provided, as well as referrals by CHWs	Monthly to provincial level; quarterly to central MOPH; self reporting
	Program reporting	EPI: vaccinations performed TB: case detection, case treatment HIV: case detection, treatment Blood donation safety testing	Both TB and HIV are reported into the HMIS
Management Information	Human Resource Database (HRD)	Basic information on health workers in the country	More than 50% of all health workers registered so far
	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	Basic information on payroll for Central Ministry of Public Health	

Annex 7. 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	NMLCP	HIV	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/MAAR	X	X	X	X	X	X	X		X	X	X	X		X	
TB quarterly reporting				X											

	Major MOPH Programs														
Tools / Systems	BPHS	EPHS	EPI	TB	Nutrition	CBHC	Reproductive Health	IEC	IMCI	NMLC	HIV	Pharmaceutical Management	Environmental Health	Mental Health	Management Information
Surveillance of communicable diseases and related behaviors											X				
Other vertical programs										X					
Human Resource Database (HRD)	X	X													X
Training Database							X								
Grants management database in GCMU	X	X													X