

Provincial Public Health Coordination
Committee (PPHCC)
Governance Guide
Rahanamud-i-Hokomatdari



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Ministry of Public Health

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ACRONYMS

BPHS	Basic Package of Health Services
CDC	Community Development Council
DHCC	District Health Coordination Committee
EPHS	Essential Package of Hospital Services
EPI	Expanded Program of Immunization
HMIS	Health Management Information Systems
MOPH	Ministry of Public Health
NGO	Non-governmental Organization
PHO	Public Health Officer
PPHD	Provincial Public Health Director
PPHO	Provincial Public Health Office
ToR	Terms of Reference
WHO	World Health Organization

Provincial Public Health Coordination Committee (PPHCC) Governance Guide Rahanamud-i-Hokomatdari

I. Introduction

Section 1.01 Provincial Health Coordination Committees (PPHCCs) and Other Health Committees and Shuras

Shura is an Arabic word for consultation. The word *shūrā* provides the title of the 42nd chapter of the Holy Quran, in which believers are exhorted to conduct their affairs “by mutual consultation.” Shuras, or consultative assemblies, have a long and well-established tradition of conducting public affairs in Afghanistan. Building on the tradition, the Ministry of Public Health (MOPH) has established formal multi-stakeholder co-ordination and consultative committees at various levels, each with a set of distinct responsibilities.

The Provincial Public Health Coordination Committees (PPHCCs) were established 9-10 years ago and have been functional since then in all 34 provinces of Afghanistan. These committees have been functioning as an effective forum for coordination and information sharing among various stakeholders of the provincial public health directorate and the provincial health system overall. They coordinate delivery of the Basic Package of Health Services (BPHS), Prison Package of Health Services, and Essential Package of Hospital Services (EPHS). They also perform a monitoring and supervision role.

Similarly, at around the same time, community health shuras were established at the health-post level, and health facility shuras were established at the sub-center, basic health center, comprehensive health center, and district hospital levels. A vast majority (about 74%) of these community and facility shuras were active as of September 2012 and were meeting on a monthly basis.

Encouraged by the success of the PPHCCs and community health shuras, and with availability of donor assistance for positioning District Public Health Officers in about half the districts, the Ministry of Public Health (MOPH) has established District Health Coordination Committees (DHCCs) in many of these districts during the last three years to perform a role similar to that of the PPHCCs, but at the district level.

As seen in Table 1, more than 100,000 individuals who are members of various health shuras and health coordination committees from village to province level were performing a governing role as of September 2012. Performed more effectively, their work can make

a difference to the health system performance and to the health care delivered during the 43 million patient visits to health facilities that take place every year in the provinces and districts.

Table 1. Active Health Shuras in Afghanistan as of September 2012

Level	Number of Jurisdictions or Facilities with Active Shuras	Type of Shura	Average Number of Members	Health Shura Members
Province	34	Provincial Public Health Coordination Committee	22	748
Provincial Hospital	28	Community Board	10	280
District	186	District Health Coordination Committee	9	1,674
District Hospital	71	Facility Shura	10	710
Comprehensive Health Center	287	Facility Shura	14	4,018
Sub-Health Center	366	Facility Shura	14	5,124
Basic Health Center	607	Facility Shura	14	8,498
Health Post	9,536	Community Health Shura	9	85,824
Total health shura members				106,876
Total patient visits in a year				43,000,000

The MOPH has documented empirical evidence of the impact of their governance. In a pilot study, three PPHCCs and eleven DHCCs consistently applied the four effective governing practices over a period of six months and as a result, their governance improved by 13-21 % and antenatal care visit rate in the three provinces increased by 20%.

Section 1.02 PPHCC Governance and This Governance Guide

Governance is a process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote or restore the health of the people. Governing bodies or leaders who govern enable the organization to fulfill its mission. The PPHCC enables the provincial health system to fulfill its mission.

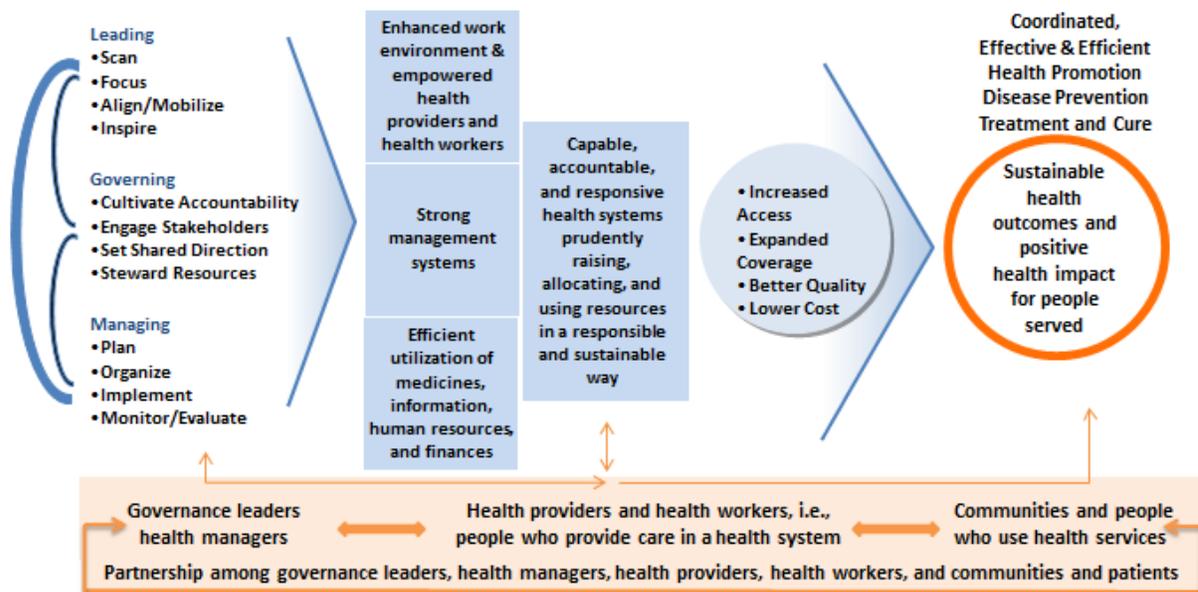
Governance is (1) setting strategic direction and objectives; (2) *making policies, laws, rules, regulations, or decisions*, and *raising and deploying of resources* to accomplish the strategic goals and objectives; and also (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is governance done with an objective to protect and promote the health of the people served by a public or private organization.

Governance is effective when strategic objectives are successfully and efficiently met, but good governance goes even further. Governance is good when (1) decisions are based on information, evidence, and shared values; (2) the process is transparent, inclusive, and responsive to the needs of the people, the ministry, or the organization served; (3) those who make and those who implement decisions are accountable; (4) strategic objectives are effectively, efficiently, ethically, and equitably met; and (5) the vitality of the ministry or the organization is sustained.

The Leading, Managing and Governing for Results Model below depicts how good leadership, management and governance practices can enhance the performance of health systems, save lives, and achieve significant and sustainable gains in the health status of populations.

Figure 1: Leading, managing and governing for health model



Governance has become one of the essential factors in the pursuit of stronger health systems, and greater health impact. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector has contributed to poor health outcomes. Poor

governance undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda in which community monitoring of health care providers improved health outcomes; communities with a smart governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.

We see a series of governance shifts or changes that leaders who govern need to make to govern well. Consider the shifts in Table below—to what degree are these changes being made in your PPHCC and provincial health system?

Table. Governance Shifts

From...	To...
Labor-intensive 20th century governance processes	Technology-supported 21 st century governance processes
Governance as usual	Pursuit of efficiency and sustainability in health systems
Input-oriented governance	Results-oriented governance, i.e., a culture of measuring and reporting results
Arbitrary decision-making processes	Transparent decision-making processes
Intuition- and opinion-based governance	Evidence-based governance
Authoritarian decision-making	Stakeholder engagement in governance decision-making
Management-driven strategic planning	Stakeholder needs-driven strategic planning
Appointments to governing positions based on personal relationships	Appointments to governing positions based on competence
Static governance process	Continuous governance enhancement
Male-dominated governance	Women holding governance positions
Silo-like health ministry	Whole-of-society and whole-of-government governance
Central health ministry control	Decentralized provincial and district health governing bodies

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries or health institutions

in low- and middle-income countries and who are members of the two online communities of practice of health leaders and health managers.

Findings from this survey and interview and review of literature were distilled into four effective governing practices.

1. Cultivate accountability
2. Engage stakeholders
3. Set a shared strategic direction
4. Steward resources

Table below lists key enablers and the principles that underpin the four practices.

Table: Enablers and the principles underpinning the four effective governing practices

Practice	Foundational Principles	Enablers
Cultivate accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	Openness and transparency
Engage stakeholders	Participation, representation, inclusion, diversity, gender equity, conflict resolution	Inclusion and participation Gender-responsiveness Intersectoral collaboration
Set shared direction	Stakeholder alignment, leadership, Management, and advocacy	Effective leadership and management
Steward resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	Ethical and moral integrity Pursuit of efficiency and sustainability Measurement of performance Use of information and evidence Use of technology in governing

This governance guide is designed to help the PPHCCs apply the four effective governing practices in their governance decision-making and discharge their roles and responsibilities in a more effective, efficient, transparent, and accountable manner. The MOPH-approved terms of reference (ToR) of the PPHCC describing its purpose and responsibilities are at the heart of this guide. This guide expands the ToR by providing guidance to the PPHCCs that will help them apply the four effective governing practices, and effectively fulfill their responsibilities. PPHCCs will thus be able to influence their health system's performance, access to health care, quality of care, and overall health outcomes for the people living in the provinces. Similar governance guides have been drafted to help the District Health Coordination Committees (DHCCs), health facility shuras and community health shuras govern more effectively.

To further assist users of this guide, a glossary is included that defines and discusses the key terms and concepts used (Annex 1).

II. PPHCC Roles and Responsibilities

Section 2.01 PPHCC Role and Purpose

The role of the PPHCC, as stated in the MOPH-approved terms of reference (ToR), is to coordinate activities for the purpose of following MOPH policies, strategies, guidelines, and standards and achieving the MOPH priorities, particularly the delivery of the BPHS and EPHS.

PPHCCs are expected to coordinate activities in order to:

- Meet the MOPH objectives and priorities within the province;
- Improve accessibility and quality of services (in both technical and administrative aspects);
- Avoid duplication;
- Improve interaction among different stakeholders and their commitments to PPHCC's decisions;
- Ensure feasible and culturally acceptable decisions within the health sector;
- Contribute with the central MOPH to ensure equality and equity in health service delivery;
- Ensure sustainability of services.

Section 2.02 PPHCC Responsibilities

There are ten basic PPHCC responsibilities:

1. *Information sharing*: Facilitate a process for the MOPH and its partner organizations to share information related to service delivery, MOPH policies, strategies, guidelines, standards, new initiatives, and any problems and challenges.
2. *Technical support*: Provide technical and consultation support for implementation of activities in line with national and international norms.
3. *Follow-up committees' activities*: Follow up the activity of the Health Management Information Systems (HMIS) committee, Expanded Program of Immunization (EPI) Task Force, Provincial Emergency Task Force or Provincial Emergency Preparedness and Response Subcommittee, TB Committee, and other provincial health-related committees
4. *Consolidate provincial plan*: Consolidate and follow up the implementation of the provincial plans and provide technical and administrative support to the provincial planning process.
5. *Identify sites for new health facilities*: As part of the annual work plan process and to ensure the equitable distribution of services, determine the locations for the construction of new facilities.

6. *Monitor stakeholders' activities*: Follow up and analyze data related to activities planned and implemented by stakeholders and assign a joint team whenever there is a need. Refer any problems with coordination to the governor, MOPH, or other appropriate institution.
7. *Coordinate and participate in emergency response and special activities*: Coordinate and participate in all stages of emergency response, such as to epidemics, and participate in special activities, such as immunization campaigns.
8. *Mediate among stakeholders*: Mediate disputes that arise among stakeholders and ensure shared understanding between governmental and nongovernmental organizations (NGOs).
9. *Coordinate with central MOPH and local authorities*: Share and coordinate the updated health-related activities with the governor, other local authorities, and the central MOPH.
10. *Monitor health-related activities*: Develop and follow up implementation of a joint monitoring plan.

Section 2.03 PPHCC Governance Responsibilities

PPHCCs have a governance role. The Ministry of Health expects the PPHCCs to fulfill the following governance responsibilities:

1. Bring openness and transparency, accountability, inclusiveness and participation, responsiveness, ethical and moral integrity, culture of measuring and reporting performance, and pursuit of efficiency and sustainability :
 - a. in the provincial health system
 - b. in the working of the provincial health directorate
2. Use information, evidence, and technology for decision making
3. Set a strategic direction for the provincial health system for 3–5 years working with stakeholders and do strategic planning based on the strategic direction.
4. Advocate for and support responsiveness, patient satisfaction, and patient safety.
5. Nurture relationships with the communities and people in the province.
6. Ensure stewardship of scarce resources:
 - a. Make the best use of available resources for achievement of health outcomes for the people;
 - b. Provide vision and direction for the health system in the province;
 - c. Exert influence across different sectors that impact health for achieving the best health outcomes for the people in the province;

- d. Collect and use information and evidence on health system performance to ensure accountability and transparency.
7. Assist in mobilizing adequate financial resources for the provincial health system.
8. Provide financial oversight.
9. Monitor performance and support high performance.
10. Strengthen health services.
11. Strive for continuous improvement of the functioning of the PPHCC and building a competent PPHCC.
12. Use the PPHCC Governance Guide and apply effective governing practices for improving the PPHCC decision making.

III. PPHCC Membership

Section 3.01 PPHCC Membership

The PPHCC is chaired by the Provincial Public Health Director (PPHD).

The PPHCC has following members:

- Standing members (22 members):
 - PPHD
 - PHC Officer
 - 8 Public Health Officers (PHOs)
 - 2 representatives of implementing NGOs
 - 1 representative of UNICEF
 - 1 representative of the World Health Organization (WHO)
 - The Provincial Hospital Director (and if needed, invite other staff)
 - Director of the Institute of Health Sciences
 - 1 representative of Shura-e-walayati
 - 1 representative of the private sector
 - 1 representative of the Ministry of Women’s Affairs
 - 1 representative of the Provincial Reconstruction Team
 - 2 District Health Officers (DHOs)
- Among the standing members, 13 persons are voting members:
 - PPHD
 - PHC Officer
 - HMIS Provincial Officer
 - EPI Provincial Officer
 - Communicable Disease Control Officer
 - Reproductive Health Officer
 - 2 representatives from NGOs implementing BPHS and EPHS
 - 1 representative of UNICEF
 - 1 representative of WHO
 - The Provincial Hospital Director
 - 1 representative of Shura-e-walayati
 - 1 representative of the private sector.

Note:

- If the province is covered by one or several NGOs but one NGO is the leading agency for all, the PPHCC will have two voting members from only the leading NGO.

- If the province is covered by two or more NGOs and none of them is a leading agency, the two biggest NGOs (those covering the largest population of the province) will each have one voting member at PPHCC.

Section 3.02 Invitees for the PPHCC Meeting

Following individuals and organizational representatives may be invited, as appropriate and when needed:

- Provincial governor's representative
- Ministry of Rural Rehabilitation and Development representative
- Ministry of Education representative
- Ministry of Economy representative
- Ministry of Hajj and Islamic Affairs representative
- Provincial municipality representative
- Provincial Environmental Health Officer
- Provincial Health Officer (Rules and Regulations)
- Provincial Community-Based Health Care (CBHC) Officer
- Representative of physicians (from Afghanistan Medical Association or a well-respected physician in the province)
- Representative of private pharmacies (from Afghan National Medicines Services Organization or a well-respected pharmacist in the province)
- Representative of Afghanistan Midwives Association
- Representative of Afghan Nurses Association or a well-respected nurse in the province
- Representative of private hospitals (Afghan Private Hospitals Association)
- Representative of medical school, if one exists in the province
- Representative of patients and service users
- Selected District Health Coordination Committee members (1–2) by rotation from different districts in the province
- Community Health Worker representative
- Civil society organization representative

IV. Effective Governing Practices

Section 4.01 Cultivating Accountability

Transparency, accountability, integrity, and participation are all linked as four elements of the accountability chain. Transparency and integrity promote accountability, and all three of these establish trust and legitimacy, which promote participation in decision-making. Openness, transparency, accountability, and integrity are key enablers of this practice.

Table 2. Effective Governing Practice #1: Cultivating Accountability

Governing Practice	Principles	Illustrative Actions
Nurture a decision-making environment based on systems and structures that support transparency, accountability, integrity, and participation and inclusion	<ul style="list-style-type: none"> • Transparency • Accountability • Ethical and moral integrity • Inclusion and participation • Openness • Social justice • Oversight • Legitimacy 	<ol style="list-style-type: none"> 1. Establish, champion, practice, and enforce conduct that upholds transparency, accountability, integrity, and participation and inclusion. 2. Create mechanisms for the sharing of information 3. Reward behaviors that reinforce transparency, accountability, integrity, and participation and inclusion. 4. Make all reports on plans, activities, performance and finances available to the public, and share them formally with stakeholders, staff, community monitoring bodies, and the media. 5. Demand that other stakeholders share similarly. 6. Establish internal and external oversight and review processes to continuously assess the impact and appropriateness of decisions made. 7. Establish a formal consultation mechanism through which communities may voice concerns or provide other feedback. 8. Sustain a culture of integrity and openness that serves the public interest.

Enhance your personal accountability. As a PPHCC member, you are accountable to the people and communities you serve. To demonstrate this, you should take ownership of your decisions. Accountability begins with taking personal ownership of your decisions

and their outcomes and consequences. Accept responsibility for the future direction and accomplishments of your PPHCC and provincial health system.

Openly listen when stakeholders, community members or the health workers offer perspectives that are different from yours. Interact openly and candidly. Share information with them. Openly explain the reasons for your decisions. Answer their questions, and welcome constructive feedback on your actions and decisions. You should avoid certain behaviors like making excuses and blaming others for mistakes. Openly admit your mistakes, and take quick action to deal with the consequences of a mistake. You should provide explanations to stakeholders and community members for the underperformance of your provincial health system.

Enhance accountability of your provincial health system to its stakeholders. To enhance accountability of your provincial health system, you should create mechanisms for sharing information, making all reports on finances, activities, and plans and performance available to the public, and sharing them formally with stakeholders, staff, MOPH, and the media.

Information should be presented in plain and easy-to-understand format. Use of modern information and communication technologies facilitates wider and more effective dissemination of information. Disclose information about strategy, goals, standards and performance to the public and stakeholders. Establish a formal consultation mechanism through which stakeholders may voice concerns or provide their feedback.

You should establish, practice and enforce code of ethics. Establish oversight and review processes to continuously assess the impact of decisions made, for example, you may establish internal and external monitoring and evaluation committees. In this way, you will encourage stakeholder participation in development of accountable and sustainable health services.

For external accountability to be effectively established, you need to do four things:

- Make it clear to stakeholders the behavior they should expect of the PPHCC, PPHO, and health facility staff as well as the criteria by which their performance might validly be judged;
- Establish mechanisms to investigate whether the PPHCC, PPHO, and health facility staff have met the expected standards, goals and targets,
- Establish a process in which the PPHCC, PPHO, and health facility staff are required to defend their actions, face questions, and explain themselves to the public and stakeholders;
- Establish a process in which those who hold a responsibility are in some way held to account for falling below the standards expected or, conversely, rewarded for achieving or exceeding standards.

Enhance accountability within your provincial health system. It is hard to have external accountability without having internal transparency and accountability. Internal transparency increases employee loyalty and collaboration.

- Ensure a free flow of information internally within the PPHCC, PPHO, and provincial health system so provincial health officers and heads of health facilities have the information they need to make decisions. Ensure they are allocated enough resources to succeed.
- Create an environment in which acting with accountability is rewarded rather than feared.
- Encourage your provincial health officers and heads of health facilities not to be afraid of failure.
- Encourage calculated risk-taking by recognizing effort and courage, even when intended results are not achieved.
- Provide clear guidance to provincial health officers and heads of health facilities on goals and tasks for which they will be held accountable, without micromanaging the process to accomplish them.
- Provide timely, clear, and specific performance expectations and feedback.
- Make sure performance is measured in your PPHCC, PPHO, and provincial health system, including your own governance performance.
- Improve performance by establishing consistent consequences for nonperformance or underperformance and consistent rewards for excellent performance,
- Encourage provincial health officers and heads of health facilities to share both successes and challenges.

Enhance accountability of health managers, providers, and workers. Provincial health officers and heads of health facilities and health workers are accountable to the community they serve. For developing their accountability, provide them timely, clear, and specific performance expectations and feedback. Set clear goals and ensure they have enough resources to succeed. Regularly review the performance of your provincial health system.

Establish a culture of performance measurement. Facility Managers should discuss the underperformance with the concerned staff member, recognize and praise excellent performance. PPHCC should set the standards of behavior, and encourage community members to assess whether these standards are being met. PPHCC should also establish a process for community members and stakeholders to ask questions. In response, the facility managers and health workers must explain their decisions and actions to the community.

Develop social accountability. Social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable. These mechanisms can contribute to higher accountability, better health service delivery and

empowerment. PPHCC should consider introducing social accountability mechanisms like citizen report cards, community score cards, social audit, public hearings, and community radio.

Use technology for enhancing transparency and accountability. Mobile phones and modern information and communication technologies will help you in cultivating accountability. Mobile phones can facilitate citizen-led public accountability, for example, SMS-based applications can generate frequent overviews of health worker attendance, waiting time at clinics, availability of medicines and vaccines, drug stock-outs, functionality of equipment, and so on. You can use data generated via these technologies for enhancing performance accountability. These technologies can be effectively used for monitoring of service delivery, and rapidly collecting evaluation data and evaluation evidence. They can also be used for knowledge exchange and capacity development.

See Annex 10 for PPHCC actions that enhance accountability in the PPHCC and overall provincial health system.

Section 4.02 Engaging Stakeholders

Being inclusive and being collaborative are two important practices of effective governance. Being inclusive involves including all relevant stakeholders—those who are affected by a decision—in the decision-making process. The PPHCC serves many diverse populations: young and old, men and women, multiple ethnic groups, rich and poor, literate and illiterate, healthy and sick, able and disabled, and people living in rural and urban areas. They all need to be heard and consulted when making a decision that affects them.

Collaboration involves working across ministries, sectors, and levels. Many ministries other than the Ministry of Public Health have an important role to play in achieving better health for the populations. Social gradient, stress, early life and development, social exclusion, work, unemployment, social support, addiction, food, and transport are social determinants of health. Clean air, clean water, and hygiene and sanitation are environmental determinants of health. The ministries dealing with water and sanitation, education, social protection, finance, economic development, roads and transportation, environmental protection, agriculture, food, women’s affairs, rural rehabilitation and development, and urban development have roles and responsibilities that impact these social and environmental determinants of health. Municipalities also play an important role in this regard. Collaboration means working with all of these actors to achieve better health for the populations.

Table 3. Effective Governing Practice #2: Engaging Stakeholders

Governing Practice	Principles	Illustrative Actions
Identify, engage, and collaborate with diverse	<ul style="list-style-type: none"> • Inclusion • Participation 	1. Empower marginalized voices, including women and youth, by giving them a place in

<p>stakeholders</p>	<ul style="list-style-type: none"> • Representation • Diversity • Gender responsiveness • Intersectoral collaboration • Conflict resolution 	<p>formal decision-making structures.</p> <ol style="list-style-type: none"> 2. Ensure participation of key stakeholders through fair decision-making procedures. 3. Create and maintain a safe space for the sharing of ideas, so that genuine participation of stakeholders is feasible. 4. Provide an independent conflict resolution mechanism accessible by all stakeholders and interested parties. 5. Elicit, and respond to, all forms of feedback in a timely manner. 6. Build coalitions and networks and strive for consensus across all levels and sectors for achieving better health of the population in the province. 7. Establish alliances for joint action at whole-of-government and whole-of-society levels.
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Collaboration also involves working with private for-profit and nonprofit organizations and civil society and nongovernmental organizations. Finally, collaboration includes working across levels, i.e., at local, provincial, national, and international levels. Inclusion and participation, gender responsiveness, and intersectoral collaboration for health are the key enablers of stakeholder engagement.

Stakeholders of a health system are groups or individuals who have an interest in the performance of the health system, and who can affect or are affected by its workings. The primary stakeholders in a typical health system are communities, health service users, health providers and other health workers, health managers, and leaders who govern the health system. Other stakeholders include government representatives (local, state and national), elected public officials, and members of civil society organizations, professional associations, and the media, among others.

Many and diverse stakeholders are impacted by the decisions of PPHCC. The PPHCC should be transparent and accountable in dealing with them. This requires defining objective measures of performance, methods of monitoring, and reporting progress.

The PPHCC stakeholders are:

1. Patients, health service users, and clients
2. The communities and the populations in the province (men/women/youth/children)
3. Community health shuras, health facility shuras, hospital community boards, and district health coordination committees
4. The Ministry of Public Health

5. Provincial and district administration, Provincial Council, municipalities, provincial directorates of different ministries that impact health (water and sanitation, food and agriculture, environment, women's affairs, social protection, economy, transport, environment, education, rural rehabilitation and development, counter narcotics, information, electricity, etc.)
6. Health workers and officers
7. Implementing NGOs and their staff providing basic and essential package of health services (BPHS and EPHS)
8. Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc.), their professional associations and unions, and accreditation boards and councils
9. Mass media
10. National and international NGOs
11. Other civil society organizations, including religious organizations
12. Donors and sources of funding

There are five ways to engage stakeholders in the health system, depending on the degree of shared decision making authority you think would be optimal in a given situation.

1. Inform (keep stakeholders informed of current decisions, goals, and activities, and educate them on your PPHCC's policies)
2. Consult (listen to stakeholder concerns and provide feedback)
3. Involve (coordinate with stakeholders to make sure that their concerns are directly reflected in your decisions)
4. Collaborate (work with stakeholders to formulate problem definitions and solutions)
5. Empower (give decision making in the hands of the people)

Stakeholder engagement is the art and science of identifying stakeholders of your health system, listening to them, and collaborating with them to achieve a more effective and efficient decision making in the PPHCC. The communities and people living in the province are important stakeholders in health service delivery and the PPHCC's decision-making process. They are affected by decisions made in the PPHCC. That is why PPHCC should engage with the communities and community leaders on a continuous basis.

For effective stakeholder engagement, building trust is the key. Facilitate establishment of trust in relationships between people, health workers, and PPHCC members. Allow time to build trust. Begin with yourself. Do not seek personal gain. Maintain consistency in what you say and how you act. Make your promises and commitments carefully and keep them. Take responsibility for the results, and also take responsibility for the decisions that go wrong. Admit your mistakes, explain how you made that decision, and learn from your mistakes. You should be a patient listener and open-minded, and consider ideas and points of view different from your own. Establish mechanism for seeking feedback and act on the feedback you receive.

PPHCC should treat health workers, community members, and other ministries and sectors as equal partners in achieving the vision of a healthier community. Seek opinions and ideas from them. Do not avoid difficult issues. Deal with issues with courage before they turn into major problems. Be just and fair in your decisions, and have a strong sense of purpose. Create a culture in which tolerance and cooperation are valued by allowing diverse stakeholders participate in making decisions.

See Annex 10 for what your PPHCC can do to engage with your stakeholders.

Section 4.03 Setting a Shared Direction

Governance is about improving patients’ experiences and health outcomes and encouraging innovation. Governance is about creating a collective vision, working with those who are governed, articulating this vision, and inspiring all concerned people to achieve it. It is about effective oversight. It is about continuous focus on mission, vision, strategic plan, and monitoring of the implementation of the plan. Most importantly, governance is about achieving goals that have been set.

Table 4. Effective Governing Practice #3: Setting Shared Direction

Governing Practice	Principles	Illustrative Actions
<p>Develop a collective vision of the “ideal state” and oversee a process for achieving it</p>	<ul style="list-style-type: none"> • Vision and mission • Stakeholder alignment • Effective leadership • Effective management • Advocacy 	<ol style="list-style-type: none"> 1. Address the people’s needs and concerns in defining the strategic direction of the provincial health system or the “ideal state” of the provincial health system. 2. Document and disseminate the shared vision of the ideal state. 3. Oversee the process of setting goals to reach the ideal state. 4. Set up accountability mechanisms for achieving goals that have been set, using defined indicators to measure progress towards goal achievement. 5. Oversee the process for implementing the action plan to achieve the shared strategic goals. 6. Oversee the process for realization of the shared goals and the desired outcomes. 7. Advocate for the ideal state in higher levels of governance, in sectors outside of health, and in other venues.

To set a strategic direction and achieve it, start by developing a collective vision of the “ideal state” working with your PPHCC colleagues, health workers, community members, and other stakeholders. Create a collective vision, articulate this vision, and inspire everyone in the system to achieve it. Document and disseminate the shared vision of the ideal state. Gather support for the planning process, define strategy to achieve the vision and design a shared action plan with measurable goals for reaching it, and set up accountabilities to accomplish the plan. Mobilize and allocate resources to achieve this vision.

PPHCC should oversee the process of implementation of the shared action plan and realization of the shared goals, and engage citizens and other stakeholders in the process. While setting a direction and achieving it, PPHCC members need to apply knowledge and use evidence, make decisions and evaluate impact.

Process of setting a strategic direction

#	Ask	Analyze
1	Where are we now?	<ul style="list-style-type: none"> Internal and external assessment
2	Where do we want to be?	<ul style="list-style-type: none"> Mission and principles Vision Goals and Objectives
3	How do we get there?	<ul style="list-style-type: none"> Strategy Action Plan
4	How do we measure our progress?	<ul style="list-style-type: none"> Performance Measures Monitoring and Tracking

See Annex 10 for what your PPHCC can do to set a shared strategic direction in your provincial health system.

Section 4.04 Stewarding Resources

Stewardship is the ethical use of public resources in pursuit of financially efficient health outcomes. Being *ethical* and *efficient* are two defining features of stewardship. To compile, disseminate, and apply information and evidence is also one of the stewardship functions.

The PPHCC should define the vision for health and the strategy to achieve better health of the population; exert influence across all sectors; govern the health system in ethical ways; ensure that the health system is aligned with health system goals; and make plans and policies that enhance health outcomes for the populations in the province. It should mobilize and allocate the resources for the provincial health system. The PPHCC should engage with stakeholders and include them in identifying a problem, developing the solution and its implementation, and also in monitoring and evaluation.

Table 5. Effective Governing Practice #4: Stewarding Resources

Governing Practice	Principles	Illustrative Actions
Steward resources responsibly	<ul style="list-style-type: none"> • Financial accountability • Social responsibility • Ethics • Resourcefulness • Efficiency • Effectiveness 	<ol style="list-style-type: none"> 1. Mobilize resources to accomplish the PPHCC’s mission and plans. 2. Use these resources wisely to serve the people. 3. Analyze and use information and evidence for making decisions. 4. Use human, financial, and physical resources in a responsible manner. 5. Align resources with health goals. 6. Build capacity to deliver services that are of high quality, appropriate to the needs of the population, accessible, affordable, and cost-effective. 7. Inform and allow the public opportunities to monitor the use of resources and realization of desired outcomes.

Stewarding resources is mobilizing, raising, and allocating resources and making sure that the resources are used in a responsible, ethical and efficient way for delivering services that are high quality, affordable, cost-effective and appropriate to the needs of the population and achieving better health for the people. Good stewards protect and wisely use the resources entrusted to them to serve people. They ensure use of resources in a way that maximizes the health and well-being of the public. They analyze and use information and evidence for making decisions on the use of resources.

Capable stewards inform the public, and create opportunities for them to be included in monitoring and evaluating the way that resources are raised, allocated, and used. They involve public also in monitoring the working of the health posts and health facilities, and delivery of health services. For reviewing results, they make field visits, and see the result of the activities through their own eyes and hear through their own ears.

Act with ethical and moral integrity. To be a good steward, you must act with ethical and moral integrity. Involve stakeholders and the public in oversight of activities of your provincial health system. Make policies, practices, expenditures, and performance information open to stakeholder scrutiny. Publish preferably on the internet and regularly update information on your budget and performance. Make all stages of plan and budget formulation, execution, and reporting fully accessible to public and stakeholders. Make information about tender processes publicly available on the internet. Introduce code of

conduct and code of ethics in your provincial health system. Adopt and enforce conflict of interest rules. Introduce whistleblower protections.

Prevention is the best strategy. Take measures to prevent corruption. Tighten the control systems such as financial management and procurement systems.

You need to begin with yourself. Demonstrate the highest standards of personal integrity, truthfulness, honesty, loyalty and responsibility in all your activities in order to inspire confidence and trust in your activities. Discharge your duties unselfishly to benefit only the public. Keep your personal interests separate—work for the people’s health, not your own good. Act with personal and professional integrity. Strive to achieve the highest standards of performance, service, and excellence. Keep your promises, and be accurate, fair, and timely in your communications.

You should avoid certain behaviors that will generate questions regarding your integrity. Do not solicit or accept a gift in return for an official act, or accept frequent or expensive gifts. Make sure that any outside employment does not interfere with your responsibilities to your provincial health system or its mission. Do not engage in any activity or relationship that would create a potential or actual conflict of interest and that would adversely affect your ability to faithfully perform your public service duties. Make full disclosure of all potential and actual conflicts of interest. When in doubt whether to disclose or not—disclose all potential conflicts of interest.

Pursue efficiency and sustainability. In addition to pursuing ethical and moral behavior, good stewards pursue efficiency and sustainability. They conduct strategic planning to achieve priority results. They reorient processes towards measurable results. They pay close attention to the quality of service, focus on monitoring and continuous quality improvement, develop cost-effective solutions, and strengthen oversight of service delivery. They use social accountability mechanisms.

Measure performance. To ensure efficiency, measurement of performance is a pre-condition. Establish a culture of performance measurement in your provincial health system. Involve the stakeholders in measurement of results. Use performance information to improve the services. Build the skills of provincial health officers in selecting and using meaningful measures of performance.

Performance measurement should not be confined to measurement of performance of provincial health officers and heads of health facilities. PPHCC should review its governance effectiveness at least annually. Regularly seek information and feedback on your own governance performance. Pause periodically for self-reflection, diagnose your strengths and limitations, and develop your governance competencies (knowledge, skills and attitude).

You can use measurement results for many purposes: to evaluate, to control, to budget, to motivate, to promote, to celebrate, to learn, and to improve.

Use data, information, evidence and technology for decision making. Use of valid and reliable evidence will help you make correct decisions. You should use evidence to identify problems, frame solutions, and decide how solutions will be implemented. You should engage the stakeholders in evidence-informed decision making, build capacity among the staff to find and use appropriate evidence, and use technology to manage information and gather evidence.

Mobile phones and modern information and communication technologies can be effectively used for promoting transparency, cultivating accountability, and engaging with stakeholders. Data generated or transmitted via these technologies is valuable for strategic decision making. These technologies will help you rapidly collect evaluation data and evaluation evidence. They will also help you with governance knowledge exchange and capacity development.

Use smart oversight practices. As a good steward, you should remain mission focused. Make sure that policies and decisions are followed and implemented. Evaluate performance of provincial health officers and heads of health facilities on a regular basis. Make sure that adequate internal controls are in place. Monitor financial health of your provincial health system. Look at its financial sustainability i.e. financial capacity of your health system to continue its activities in the future and to expand activities to keep up with the additional demands created by epidemiological situation and population growth.

Build long-term ability to mobilize and allocate sufficient and appropriate resources (manpower, technology, information and finance) for activities that meet health needs of communities in your province. Use actual financial data for planning, oversight, and evaluation. Set up and monitor key financial indicators.

You should govern in constructive partnership with the health workers and health managers. Let your health workers know you are willing to listen to them. This will increase their morale. Be an active listener. Listen to their goals and dreams, their past achievement, their concerns and challenges. Listen with your heart and mind. Respect their thoughts and opinions. They may have the best answer for achieving the results you are trying to achieve.

See Annex 10 for what your PPHCC can do to steward resources in your provincial health system.

V. Strategic and Annual Work Planning

Section 5.01 Strategic Planning

Strategic planning is the process of defining strategy for an organization using knowledge about its environment and context. A strategic plan contains the following:

1. *Mission statement* (why we exist)
2. *Vision* (what we want the organization to be in the future)
3. *Priorities* (how we will achieve the vision by focusing on the critical few areas of importance)
4. *Goals and actions* (how we will achieve each priority, step-by-step)
5. *Values* (how we will treat each other and our stakeholders)

Strategic planning helps an organization anticipate and manage change, prepare for the future, and improve decision-making process. Day-to-day decision-making and problem solving should be directly related to long-term and short-term goals. It promotes public trust in the organization, and provides an opportunity to analyze the systems and processes.

Strategic planning has phases with each step building on the step that came before. These are

1. Getting organized
2. Understanding the context (conduct situation analysis of history, trends, client perception)
3. Agreeing on the purpose and direction of the organization (set direction)
4. Moving from vision to action (refine and adopt the plan)
5. Monitoring progress on the plan (implement the plan, monitor and evaluate progress)

The PPHCC responsibilities in regard to strategic planning are to:

1. Set the direction of the PPHO and the provincial health system;
2. Balance short-term needs with long-term goals;
3. Be responsible for successful completion of the planning process;
4. Represent diverse stakeholders;
5. Provide guidance and input in the plan;
6. Approve the plan;
7. Regularly review the strategic plan and monitor its implementation.

Section 5.02 Annual Planning

In the hierarchy of plans, the strategic plan is the backbone that supports the rest of the plans; it is a living document. The annual plan is based on the strategic plan and is

composed of the current year's prioritized goals and actions. Drafting the annual plan from the strategic plan provides an opportunity to verify the relevance of the strategic plan. Once a year, the PPHCC and the PPHO staff should come together to:

1. Focus on accomplishments of the year;
2. Reflect on relevance of the mission and vision;
3. Discuss the relevance of the vision priorities in the current environment;
4. Prioritize goals for another year.

VI. Conducting Meetings

Section 6.01 Provisions in the PPHCC Terms of Reference

1. *Administrative support:* Administrative support for the PPHCC, including provision of stationery and refreshment, is provided by the implementing NGO. Recording of the minutes of the meeting will be done by the PPHD.
2. *Invitation of the participants:* The PPHD determines the date of PPHCC meeting and invites the participants.
3. *Setting the agenda:* The agenda should be discussed with main stakeholders and sent together with the invitation, in advance, to members of the PPHCC.
4. *Decision-making:* Decision making in the PHCC meetings will be based on a simple majority of members present and voting. For a vote to be held, three-quarters of the voting members must be present. If fewer members are present, discussions may take place, but voting must be postponed until the next meeting when three-quarters of the voting members are present.
5. *Frequency of meetings:* Meetings will take place at least monthly, as agreed to by the members of the PPHCC. However in case of an emergency, PPHCC members need to meet more frequently. The PPHD is responsible to follow up decisions made, based on the discussions, in the following meeting.
6. *Reporting:* The PPHD is responsible for preparing the minutes of PPHCC meetings and circulating them to other members of the PPHCC. The PPHD is responsible for sharing the minutes with the central MOPH and local high authorities.
7. *Follow-up of the discussions and decisions:* Issues discussed in the meeting will be shared at the provincial level intersectoral meetings with all other line ministries for further decisions or actions. The PPHD has to ensure the implementation of decisions taken in the PHCC.
8. *MOPH feedback to PHCC minutes:* Central MOPH is responsible to give timely feedback on PPHCC minutes.

Section 6.02 Characteristics of Effective and Efficient Meetings

The following are characteristic of effective and efficient meetings:

1. There is an established annual calendar of meetings with special theme meetings that fit the key decisions needed at certain times of the year, and it is followed.
2. Unnecessary meetings are avoided.
3. Meeting themes link to challenges and priorities in the strategic plan or strategic road map.
4. Prior to the meeting, the agenda is set and circulated, along with relevant papers.
5. Meetings are conducted so that all feel their time and talents were well used in the meeting. Stakeholders and participants remain engaged during the meeting.
6. Minutes of the meeting are prepared, and shared with all relevant stakeholders.
7. Priorities in the strategic plan are used to guide dialogue and discussions. Focus of the discussion is on strategic issues.
8. Members prepare in advance for the meeting and actively participate in discussions. They keep their cellphones silent or turned off.
9. Members listen when others are speaking and avoid side conversations; ask for clarification, if needed.
10. Members discuss all sides of an issue and encourage others to provide their perspectives, and respect different points of view.
11. Members respect time limits on speaking because time limits are necessary to achieve what the PPHCC needs to accomplish.
12. Members declare conflict of interest, where applicable.
13. Members consider what is best for the health of the people of their province.
14. Members show courage when making tough decisions.
15. Members leave meetings with clarity on what was discussed and what was decided.

Section 6.03 Guidance for Conducting Meetings

Before the meeting:

1. Meeting attendance is not optional. It is a public duty. When a member is not able to attend a meeting, he or she should communicate this to the chair and give the reason for not being able to attend the meeting, preferably before the meeting begins. In case of a prolonged absence, the chair will communicate with the member to inquire about the absence. The chair will bring prolonged absence of a member without a substantial reason to the notice of the PPHCC meeting for an appropriate decision. The chair may also constitute a 3 or 5-member committee to investigate the prolonged absence and make recommendations.

2. The meeting should ordinarily be open to the public, and interested members of the public should be allowed to observe the meeting. A confidential session can only be held if the majority of the voting members present so decide.
3. Except in emergencies, meeting must be announced at least 72 hours before the meeting starts. The announcement should cover the place, date and time, and agenda items of the meeting. The meetings should be announced to the public so that interested members of the public are able to attend the meetings.
4. The chair calls the meeting and reviews the agenda items. The members may request to add an agenda item. The chair will review the request and may allow the agenda item suggested by a member. PPHCC Meeting agenda and papers are circulated among the attendees at least 3 days (72 hours) in advance of the meeting.
5. The PPHCC will invite issues from the DHCCs, the health facility shuras, and community health shuras. If these shuras think their issue needs the PPHCC's attention, they will send it to the PPHCC. The PPHCC may invite a representative of the shura to attend the meeting to make their case.
6. The chair compiles materials, and handles all the logistics with the assistance of his or her staff: stationery is prepared, refreshments ordered, and the meeting room is prepared.
7. The number of meetings will depend on the amount of work that needs to be accomplished.

During the meeting:

1. The chair assigns a record keeper and a time keeper, and determines that a quorum is present.
2. The chair will ensure that the PPHCC meeting focuses on real, important, and relevant issues and that the time of the members is well utilized. He or she will facilitate the meeting in such a way that the meetings are productive and decisions are made.
3. To be able to get to the heart of the matter of an agenda item, members of the committee must be willing to listen to opinions presented by fellow members. Everyone should have an opportunity to express his or her opinion.
4. Members should:
 - a. Come to meetings prepared, ask questions, pay attention, and make decisions according to his or her best judgment;
 - b. Enthusiastically volunteer for work assigned by the committee, for example, serving on a task force or taking part in joint monitoring visits;
 - c. Interact in a manner that results in productive communication and teamwork;
 - d. Be prepared to hear and respect a point of view different from his or her own.

5. If there is no consensus on a decision, the decision is put to a vote. A decision requires a majority, which means 51 percent of the voting members, assuming there is a quorum.
6. The PPHCC meeting should regularly review and monitor the performance of the:
 - a. Provincial Public Health Office on its core functions;
 - b. Public health facilities in the province.
7. The PPHCC may invite a stakeholder who is not a PPHCC member to participate in a meeting to discuss an issue relevant to both the invited stakeholder and the PPHCC. The PPHCC may also invite a nonmember to provide external expertise or scrutiny.
8. Feedback from the MOPH is shared during the meeting. Key achievements of the PPHO and the provincial health system are also shared.
9. The date and time for the next joint monitoring visit are determined.
10. The PPHCC will have at least one annual self-assessment meeting. Preferably, self-assessment should be done on a quarterly basis using available assessment instruments.
11. The chair or the members will suggest nominees for vacant post and the PPHCC will select the nominee to be member of the PPHCC.
12. There should be an evaluation of the meeting by the members at the end of a meeting. Annex 2 provides a sample meeting evaluation form.

After the meeting:

1. Minutes are recorded for each PPHCC meeting. The minutes focus on decisions made and actions taken. The essential elements of minutes are:
 - a. Date and time of the meeting;
 - b. The names of members in attendance, excused, and absent;
 - c. Existence of a quorum;
 - d. Brief account of a debate, reports and documents introduced, voting results (recording of names of those who voted for, against, or who chose to abstain should be preferred);
 - e. Future action steps;
 - f. The time the meeting ended;
 - g. Signature of the chair.

All minutes ultimately must be approved by the full PPHCC. The minutes are signed by the PPHD and should be shared with all relevant stakeholders.

2. The implementation of the decisions made in the PPHCC is followed up.
3. Important work takes place in the subcommittees and task forces that report to the full PPHCC.

4. The purpose of subcommittee reports is to keep the PPHCC informed, communicate the results of a specific task, engage the PPHCC in discussion of an issue, and present recommendations for decision by the PPHCC.

VII. PPHCC Subcommittee Structure

A PPHCC has subcommittees and task forces responsible for specific areas within its overall responsibilities.

1. HMIS Committee
2. EPI Task Force
3. Emergency Task Force
4. CDC Committee
5. Reproductive Health Committee
6. Maternal and Child Survival Committee
7. Child and Adolescent Health Committee
8. Nutrition Committee
9. Pharmacy Committee
10. Environmental Health Committee

These committees have specific ToRs, and currently these ToRs are under revision with the central MOPH. There is a functional overlap in three of the committees: Reproductive Health Committee, Maternal and Child Survival Committee, and the Child and Adolescent Health Committee. These committees need to coordinate their work on a continuous basis.

Provinces may also consider establishment of the following committees based on need and severity of the public health problem:

- Committee on Disability and Mental Health
- Committee on Health Service Quality Improvement
- Regulation and Enforcement Committee
- Zoonotic Committee
- Community-Based Health Care (CBHC) Committee
- Prison Health Committee
- Any other committee based on health needs in the province

In addition to these committees, the PPHCC should consider constitution of the following subcommittees, as needed.

- Governance Subcommittee (for advising the PPHCC on its role, responsibilities, and composition; evaluating effectiveness of the PPHCC and of individual

members; leading self-assessment of the PPHCC; selection of new PPHCC members and orienting and mentoring them; and continuing education and growth of all PPHCC members)

- Standing Committee or Executive Committee to act as per PPHCC directions
- Finance and Audit Committee for overseeing financial matters
- Any other subcommittee to carry out a special task or assignment

Section 7.01 Governance Subcommittee

The Governance Subcommittee serves as the PPHCC's mechanism for looking after itself and building its own capacity. It addresses PPHCC composition, the roles and responsibilities of PPHCC members, PPHCC members' knowledge of their role and responsibilities, PPHCC leadership, and PPHCC effectiveness. Its role is to find accomplished and enthusiastic people to serve on the PPHCC, orient them on their selection, continuously engage them in the PPHCC work, evaluate the work of the PPHCC and each PPHCC member's contribution, and to make sure that the PPHCC is functioning efficiently and effectively.

For this purpose, the Governance Subcommittee carries out the following:

1. Identifies skills and areas of expertise needed by the PPHCC;
2. Identifies, evaluates, and recommends individuals for selection on the PPHCC;
3. Provides orientation and mentoring for new PPHCC members;
4. Works with the PPHCC chair to build capacity of all PPHCC members;
5. Encourages development of the leadership of PPHCC members;
6. Assesses PPHCC member participation;
7. Leads the PPHCC's self-assessment efforts;
8. Evaluates and recommends necessary changes to the PPHCC structure and processes;
9. Reviews PPHCC practice regarding conflict of interest;
10. Works continuously to guarantee that the PPHCC takes responsibility for its own development, learning, and behavior.

Section 7.02 Finance and Audit Subcommittee

The Finance and Audit Subcommittee enables the PPHCC to carry out its fiduciary responsibility by overseeing the financial affairs of the PPHO. This subcommittee:

1. Understands the financial issues and explains them to the PPHCC;
2. Monitors income and expenses against the annual PPHO budget;
3. Ensures that sound financial practices are followed in the PPHO and the provincial health system;

4. Recognizes signs of financial trouble and brings them to the notice of the PPHCC.

Section 7.03 Executive Subcommittee

The Executive Subcommittee is a small group that has the authority to act on behalf of the full PPHCC between meetings or in an urgent situation, but only if the full PPHCC gives such power to the Executive Subcommittee. The PPHCC chair may or may not be its member. Committee chairs may also sit on the Executive Subcommittee. The full PPHCC—not the Executive Subcommittee—should make significant decisions. Otherwise the PPHCC members not in the Executive Subcommittee may feel unwanted or underutilized. There must be a good reason for creating an Executive Subcommittee; every PPHCC may not need Executive Subcommittee. The PPHCC should finalize the roles and responsibilities of the Executive Subcommittee. The PPHCC may entrust a special assignment to an Executive Subcommittee; it can also serve as a strategic advisory body to the PPHCC.

VIII. PPHCC Members and Chair

Section 8.01 Individual Responsibilities

PPHCC members have individual responsibilities, in addition to their collective responsibilities as a committee.

General

1. Knowing the provincial health system’s mission, strategic purpose, goals, policies, programs, services, strengths, and needs.
2. Performing the duties of PPHCC responsibly and conforming to the level of competence expected from PPHCC members.
3. Suggesting possible nominees to the PPHCC or advisory bodies who are women and men of achievement and distinction and who can make significant contributions to the work of the PPHCC and the provincial health system.
4. Serving in leadership positions and undertaking special assignments willingly and enthusiastically.
5. Helping establish and nurture excellent relationships with various provincial and community stakeholder organizations.
6. Following and staying informed about trends in the provincial health system and the MOPH, especially trends in public health, service quality and patient safety; physician and health worker issues; and community aspirations.

Meeting related

1. Preparing for and participating in PPHCC and subcommittee meetings, as well as appropriate PPHCC activities.
2. Asking timely and substantive questions at PPHCC and subcommittee meetings, while at the same time supporting the majority decision on issues decided by the PPHCC.
3. Suggesting agenda items regularly for PPHCC and subcommittee meetings to ensure that significant, policy-related matters are addressed.

Relationship with staff

1. Counseling the Provincial Public Health Officer as appropriate and supporting her or him through difficult relationships with organizations or individuals, as needed.
2. Avoiding asking for personal favors from the staff, including special requests for extensive information, without at least prior consultation with the Provincial Public Health Director or PPHCC.

Avoiding conflicts

1. Avoiding a conflict of interest that might embarrass the PPHCC or the provincial health system; disclosing any possible conflicts to the PPHCC in a timely fashion.
2. Maintaining objectivity, fairness, ethics, and personal integrity.
3. Never accepting favors or gifts from anyone who does business with the provincial health system or any of its facilities.

Fiduciary responsibilities

1. Serving as a well-informed supporter and advocate for public health promotion and protection, patient safety, and excellent health outcomes.
2. Carefully reading and understanding the Provincial Public Health Department's financial statements and helping the PPHCC fulfill its fiduciary responsibility

Resource mobilization

1. Helping the Provincial Public Health Director implement strategies to attract diverse sources of revenues to support the provincial health system's mission using personal influence with donors, government agencies, etc.

Section 8.02 Members' Conduct

PPHCC members should adhere to certain principles in their conduct, as follows.

1. *Selflessness*: PPHCC members should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

2. *Integrity:* PPHCC members should not place themselves under any financial or other obligation to outside individuals or organizations that might seek to influence them in the performance of their official duties.
3. *Objectivity:* In carrying out official duties, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, PPHCC members should make choices based solely on merit.
4. *Accountability:* PPHCC members are accountable to the public for their decisions and actions and must submit themselves to whatever public scrutiny is appropriate to their office.
5. *Openness:* PPHCC members should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
6. *Honesty:* PPHCC members have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts that arise in a way that protects the public interest.
7. *Leadership:* PPHCC members should promote and support these principles by leadership and personal example.

Section 8.03 Chair of the PPHCC

The PPHCC chair:

1. Develops agendas for PPHCC meetings, and leads, and facilitates PPHCC meetings;
2. Leads development of a strong PPHCC and sets goals and expectations for the PPHCC;
3. Makes PPHCC development a priority;
4. Works with the Governance Subcommittee and individual members to:
 - a. Identify skills, expertise, and attributes needed for the PPHCC;
 - b. Recruit new PPHCC members,
5. Regarding self-assessment:
 - a. Ensures regular opportunities for PPHCC self-assessment;
 - b. Oversees comprehensive PPHCC assessment on a regular basis;
 - c. Assesses results of PPHCC self-assessment and considers improvements in consultation with the Governance Subcommittee.
6. Regarding PPHCC members:
 - a. Shares appropriate information to keep PPHCC members informed and educated;
 - b. Encourages individual PPHCC members to take leadership;
 - c. Solicits inputs from all PPHCC members;
 - d. Ensures all PPHCC members contribute appropriately;
 - e. Keeps all PPHCC members engaged in the work of the PPHCC;
 - f. Resolves conflicts among PPHCC members.
7. Speaks on behalf of PPHCC regularly, and especially when controversy or conflict arises,
8. Guides PPHCC in approving plans and overseeing their implementation;
9. Facilitates PPHCC involvement in strategic planning;
10. Coordinates overall resource mobilization effort;
11. Reviews committee work.

IX. Members and Chair: Expected Knowledge, Skills, and Attitude

Section 9.01 PPHCC Members

Knowledge

1. Experience in governance gained through serving on other public service bodies;
2. Understanding of public health;

3. Knowledge about the province:
 - a. Provincial and community demographics and public health needs;
 - b. Awareness of the health issues, challenges, and opportunities facing local communities;
 - c. Comparative performance of service utilization and costs per unit of service compared to other provinces;
 - d. Sources of funding and budget;
 - e. How health workers think the PPHCC could be doing things better for the communities.
4. Knowledge about resources and resource development:
 - a. How to build partnerships with other donor and community organizations to pool resources and expertise;
 - b. Understanding of plans and budgets needed to achieve local public health protection and promotion;
 - c. Basic financial planning and management skills;
5. Knowledge of the difference between governance and management

Skills

1. Interpersonal:
 - a. How to be supportive of people of all demographic backgrounds;
 - b. Active listening;
 - c. Inclusion and collaboration.
2. Leading
 - a. An ability to build consensus around the provincial public health plans to get them implemented;
 - b. Leading health system toward shared goals, missions, and values;
 - c. Building and nurturing community relationships;
 - d. Creativity.
3. Financial and strategic planning:
 - a. Long-range strategic and financial planning;
 - b. Analysis of the province's performance position for quality and costs compared to other provinces;
 - c. How to read and understand basic financial statements.

Attitude

1. Adapts to change
2. Innovative
3. Has an entrepreneurial mindset

4. Decisive
5. Open and honest
6. Leadership to achieve what is best for the people and communities in the province
7. Focus on public health
8. Values continuing education and learning

Section 9.02 PPHCC Chair

Knowledge

1. How to champion needs of community and not just the Provincial Public Health Department's strategic challenges and needs;
2. How to motivate all PPHCC members to commit the time that is needed for governing well;
3. How to be a positive change agent with other PPHCC members;
4. Understanding of the needs of all segments of the province's population;
- 5.
6. The value of PPHCC self-assessments.

Skills

1. How to encourage consensus decision-making in the PPHCC and its subcommittees;
2. How to practice better strategic planning and budgeting;
3. How to run meetings;
4. How to draw out ideas and buy-in from all PPHCC members;
5. How, when, and where to use written and verbal communication skills, especially verbal skills, as a spokesperson for the Provincial Public Health Department with key stakeholder organizations;
6. Diplomacy skills for working with all types of people.

Attitude

1. Honest and has integrity
2. Open to new ideas and approaches
3. Willing to build enthusiasm and collect ideas from all stakeholders
4. Willing to listen and to be approachable and accessible
5. Self-confident
6. Praise giver and success sharer
7. Desires continuous quality improvement

X. Governance Standards

The PPHCC ensures that infrastructure exists within the provincial health system to deliver services people need, and that it functions to protect and promote health in the community. The framework of PPHO functions, tasks, standards, and self-assessment defines 11 core functions performed by the PPHO. This guide defines one model governance standard for each of the 11 core functions, and these standards relate to governance and oversight for each core public health management activity. The PPHCC makes sure that the resources and policies needed to support each core public health management function are available, as well as that review and evaluation activities occur to ensure continuous quality improvement.

The standards focus on the overall provincial public health system, rather than the PPHO. A provincial public health system includes all public, private, and voluntary entities that contribute to public health activities within a province. In this way the standards ensure that the contributions of all entities are recognized in assessing the provision of essential public health services. The standards are intended to support a process of quality improvement. PPHCC should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

Section 10.01 Oversight of Core Function 1 (Oversight of Health Situation and Trend Assessment)

Health situation and trend assessment is done to monitor the health status of the community. This monitoring includes the collection of community health data, analysis of data, and development of a community health profile. The PPHCC provides oversight and support to make sure that a collaborative and effective community health status monitoring process is in place. To accomplish this, the PPHCC:

1. Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys that are centrally designed;
2. Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data;
3. Provides oversight and support for community health status monitoring efforts;
4. Guides improvements in the health status monitoring efforts.

Section 10.02 Oversight of Core Function 2 (Oversight of Monitoring and Evaluation of Health Services)

The PPHCC is responsible for the overall quality of health services provided to the community, including the scope, timeliness, frequency, and cost-effectiveness of those

services, and for making sure that the results of evaluations are used to improve system performance. To accomplish this, the PPHCC:

1. Facilitates access to the necessary resources to conduct periodic monitoring and evaluations, including evaluations by the PPHCC itself;
2. Makes sure that regular supportive supervision, as well as monitoring and evaluation of health services provided in the public and the private sectors in the province take place;
3. Encourages all relevant stakeholders provide input into monitoring and evaluation processes;
4. Reviews evaluation results and utilizes these results to improve health service performance.

Section 10.03 Oversight of Core Function 3 (Oversight of Data and Information Management)

The PPHO maintains an integrated database of HMIS, EPI, Disease Early Warning System, TB, Malaria, and HR. Core function 3 defines data and information management responsibilities. The PPHCC:

1. Facilitates access to appropriate resources for data and information management;
2. Promotes broad-based participation and coordination among all entities active in data and information management tasks;
3. Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts;
4. Guides improvements in overall data and information management.

Section 10.04 Oversight of Core Function 4 (Oversight of Health Service Delivery)

The PPHCC makes sure that people in need are able to access health services and have suitable transportation and information. It pays special attention to those populations that experience barriers in accessing health services. To accomplish this, the PPHCC:

1. Oversees the public and nongovernmental organizations and the private sector responsible for delivery of health services;
2. Allows community monitoring of the delivery of health services;
3. Facilitates community input in problem identification and problem solving;
4. Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.

Section 10.05 Oversight of Core Function 5 (Oversight of Coordination, Communication, and Intersectoral Collaboration Activities)

Informing, educating, and empowering people about health issues and health services depend on the PPHCC ensuring the implementation of appropriate health education and community-based health promotion activities. To accomplish this, the PPHCC:

1. Facilitates access to national, state, and local resources that could be used in support of these activities;
2. Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues, and reviews these activities in light of community needs;
3. Makes sure that all population subgroups have an opportunity to provide input on health issues and health services;
4. Exerts influence across sectors to protect and promote the health of the community.

Section 10.06 Oversight of Core Function 6 (Support of Health Service Delivery)

The PPHCC works to ensure a supportive environment for the delivery of the basic and essential packages of health services. To accomplish this, the PPHCC:

1. Ensures that the PPHO is supporting the implementing NGOs through joint visits, assessment of quality of service, and assistance in staff recruitment and training;
2. Encourages members from lead and secondary NGOs to raise their issues in a timely fashion;
3. Mobilizes community support to the NGOs delivering appropriate services;
4. Recognizes NGOs delivering quality services to vulnerable populations.

Section 10.07 Oversight of Core Function 7 (Oversight of Health Resource Management)

The PPHCC is responsible for ensuring efficient and effective use of physical, financial, and human resources and availability of drugs and supplies. To accomplish this, the PPHCC:

1. Establishes and oversees the implementation of policies designed to ensure efficient and effective use of physical, financial, and human resources and availability of drugs and supplies;
2. Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality;
3. Facilitates access to national, state, and local resources available for workforce training, leadership development, and continuing education;
4. Provides for the training and continuing education of the PPHCC;
5. Assists in mobilizing resources for the provincial health system and public health services.

Section 10.08 Oversight of Core Function 8 (Oversight of Preventive and Clinical Services, Environmental Health Services, and Forensic Medicine Services)

The PPHCC:

1. Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services;
2. Facilitates the community monitoring of the delivery of these services;
3. Encourages community input regarding the delivery of these services;
4. Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.

Section 10.09 Oversight of Core Function 9 (Oversight of Strategic and Annual Planning)

The PPHCC works for improving public health through a strategic vision and mission statement, and a strategic planning process. The PPHCC:

1. Maintains and annually reviews documentation of its mission statement;
2. Assesses and advocates for adequate resources and the MOPH's support;
3. Supports planning for improvement in the health of the population in the province and works to strategically align community resources for this purpose;
4. Oversees the implementation of the annual plan.

Section 10.10 Oversight of Core Function 10 (Oversight of Management of Health Emergencies)

The PPHCC:

1. Supports planning for emergency response and works to strategically align community resources for this purpose;
2. Facilitates access to appropriate resources for management of health emergencies;
3. Promotes broad-based participation and coordination among all entities active in management of health emergencies;
4. Provides oversight and support for management of health emergencies.

Section 10.11 Oversight of Core Function 11 (Nurturing Community Relationship and Involvement)

The PPHCC serves as a link between the PPHO and the communities it serves. The PPHCC nurtures community relationship and encourages community involvement in the delivery of health services to the population and individuals. The PPHCC:

1. Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery;
2. Mobilizes community input in the planning and implementation of the health services;
3. Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery;
4. Provides relevant feedback to its stakeholders and the communities in the province.

XI. Continuous Improvement of Governance

Continuous improvement of governance comprises the following:

1. Orientation of new members
2. Annual self-assessments for:
 - a. The PPHCC as a committee (See Annexes 3 and 4)
 - b. Subcommittees (See Annex 5)
 - c. The chair (See Annex 8)
 - d. Individual members (See Annexes 6 and 7)
3. External or third-party assessments
4. Continuing education of the PPHCC members
5. Acknowledging and celebrating excellent governing activities and behaviors by members, subcommittees, and task forces as well as by the PPHCC as a whole.

Section 11.01 Member Orientation

There is turnover in the membership of the PPHCC, making it necessary to orient new PPHCC members. The Governance Subcommittee can plan this activity.

1. One segment of the orientation should be devoted to the responsibilities of being a PPHCC member, the role and responsibilities of the PPHCC, how the PPHCC is organized to do its work, other PPHCC members, and key stakeholders.
2. Another segment should concentrate on the PPHO and the provincial health system: their mission, history and major achievements; current priorities and needs; staff and health workers; facilities; finances; and programs and services and basic packages.

Section 11.02 Self-assessments

The PPHCC or its Governance Subcommittee should also plan regular self-assessments of the PPHCC. These give the PPHCC an opportunity to step back from its everyday activity and address fundamental issues. The assessments can lead to a more engaged and higher-performing PPHCC. These are designed to be constructive sessions from which PPHCC members emerge with a better understanding of their roles and a clear set of action plans.

A variety of informal and formal processes can be used for self-assessment. A 10–15 minute item called “ideas for improving the PPHCC” can be added to each PPHCC agenda. The chair should be a supporter and advocate for PPHCC improvement. Training sessions can be organized for the PPHCC members. Easy-to-complete surveys distributed at a PPHCC meeting are another way of getting the PPHCC members to think about their perceptions of PPHCC performance.

The PPHCC members should review a list of the PPHCC responsibilities and indicate whether they think the PPHCC currently does a good job in an area or needs to improve its performance. A mini PPHCC self-assessment survey might look like this:

PPHCC Responsibility	Does Well	Needs Work	Comments
[Describe responsibility]			

Two formal self-assessment survey instruments are provided in the Annex section for the PPHCC as a committee: Annex 3, “Overall Health Governance Self-Assessment Tool for the PPHCC,” and Annex 4, “Health Governance Standards Self-Assessment Tool for the PPHCC,” which is based on the 11 PPHO core functions and 46 PPHCC governance standards. There are two survey instruments for use by individual members of the PPHCC, Annex 6, “Effective Practices of Health Governance Self-Assessment Tool,” and Annex 7, “Health Governance Self-Assessment Tool for Individual Members.” There is also a sample survey for its subcommittees, Annex 5, “Health Governance Self-Assessment Tool for the Governance Subcommittee,” and for the chairperson, Annex 8, “Health Governance Self-Assessment Tool for the Chair.”

These can be used in special self-assessment session to be conducted twice a year or on a quarterly basis. All members are asked to complete the assessment survey in a candid manner. The PPHCC should decide whether to conduct an anonymous pen and pencil version of the assessment followed by open discussion, or whether to conduct assessment and scoring through discussions and deliberations alone.

The PPHCC as a whole should discuss the findings of an assessment and what can be done to improve its effectiveness. The assessment meeting should lead to an action plan and its implementation.

XII. Annexes

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Annex 1. Glossary

GLOSSARY OF KEY TERMS AND CONCEPTS

Accountability

Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met. Individuals, agencies, and organizations (public, private, and civil society) are held responsible for executing their powers properly through accountability mechanisms.

Accountability is an institutionalized (i.e., regular, established, accepted) relationship between different actors. One set of people/organizations is held to account (“accountees”), by another set of people (“accounters”). There are many ways in which people and organizations might be held to account. It is useful to think of an accountability relationship as having up to four stages:

1. *Standard setting*: setting out the behavior expected of the “accountee” and the criteria by which they might validly be judged.
2. *Investigation*: exploring whether accountees have met the standards expected of them.
3. *Answerability*: a process in which accountees are required to defend their actions, face skeptical questions, and generally explain themselves. This applies to negative or critical as well as to positive feedback.
4. *Sanction*: a process in which the accountees are in some way punished for falling below the standards expected of them, or perhaps rewarded for achieving or exceeding those standards.

Social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media, and civil society organizations can use to hold public officials and public servants accountable. State and non-state institutions are increasingly recognizing social accountability as a means of improving service delivery. Social accountability tools include participatory budgeting, public expenditure tracking, citizen report cards, community scorecards, social audit, citizen charters, public hearings, community radio, and so on. These social accountability mechanisms can contribute to improved governance, increased development effectiveness through better service delivery, and empowerment.

There is an expectation that when accountability is strengthened, the opportunity for corruption is diminished, and governance outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. There are five components that need to be present for accountable relations to take place in public governance: delegation, financing, performance, information about performance, and enforceability.

Data, information, analysis, evidence, and evidence-based decision-making in public health

Data are facts and are one source of information.

Information comprises facts, ideas, concepts, and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.

Analysis is the examination and evaluation of relevant information in order to select the best course of action from among various alternatives.

Evidence is information or facts from a variety of both qualitative and quantitative sources that are systematically obtained, i.e., obtained in a way that is replicable, observable, credible, verifiable, or basically supportable. Evidence comprises information such as analyzed data, published research findings, results of evaluations, prior experience, and expert opinions—any or all of which may be used to reach conclusions on which decisions are based.

Evidence-based decision-making in public health involves integrating the best available evidence into the decision-making process in public health practice and policy development. It means finding, using, and sharing what works in public health.

Efficiency

Efficiency describes the extent to which time or effort is well used for the intended task or purpose. It is the capability of a specific amount of effort to produce a specific outcome effectively, with a minimum waste. Efficiency is a measurable concept and is quantitatively determined by the ratio of output to input. Efficiency in the governance context means that processes and institutions produce results that meet the needs of society making the best use of resources at their disposal.

Ethical and moral integrity

Ethics refers to the discipline dealing with what is good and what is bad. Ethics is also one's standard of right and wrong; it is what an individual says he or she believes is right. Morality, on the other hand, is what an individual actually does. If ethics and morality are integrated, an individual has integrity. For example, if a leader says that corruption is bad and the leader does not indulge in acts of corruption, then we can say that the leader has integrity.

Lack of ethical and moral integrity manifests in many areas in the health sector, for example, in construction and rehabilitation of health facilities; purchase of equipment and supplies and drugs; distribution and use of drugs and supplies in service delivery; regulation of quality in products, services, facilities, and professionals; education of health professionals; medical research; and in the provision of services by medical personnel and other health workers. Similarly, it manifests in various forms, such as bribes, kickbacks, political considerations, suboptimal performance, collusion, unethical practices, absenteeism, informal payments and, at times, theft of public resources.

Corruption results in higher cost to a health system and lower quality of its health care. The services are biased and favor elites in the society. Corruption hits poor people the hardest. Poor women, for example, may not get critical health care services simply because they are unable to pay informal fees. The patients may not get proper treatment. There is a danger of harm because of substandard drugs and equipment, inappropriate treatment, and inadequate training of health personnel. The patients and citizens lose faith and trust in the health system and in the government if the health system happens to be publicly owned. The government to an extent loses its legitimacy.

Equity

Equity means fairness. Equity in health means that peoples' needs guide the distribution of health services and opportunities for health and well-being. Inclusion and participation are vital for achieving equity in health, i.e., all men and women have opportunities to improve or maintain their health and well-being.

Gender responsiveness

Gender responsiveness is being clearly responsive to different needs based on gender.

Measurement of performance

The PPHCC can use performance measures to evaluate, control, budget, motivate, promote, celebrate, learn, and improve. The development of measurement systems helps in establishing a performance-based culture in the public sector. Performance measurement also helps in promoting accountability. Performance measures help the PPHCC communicate better with the public to build public trust. Improving accountability and increasing communications with the public have the potential to improve programs so that they lead to improved outcomes.

Participation

Citizen participation can be broadly defined as the processes by which public concerns, needs, and values are incorporated into decision-making. It refers to the whole set of activities, processes, and public participation techniques and methods chosen to engage people. Citizen participation may be indirect through support of advocacy groups or when citizens select or work through representatives who make decisions for them, or it may be direct, which occurs when citizens are personally and actively engaged in decision-making.

Direct participation is expected to benefit in two ways. First, participation fosters legitimacy, transparency, accountability, and other democratic values. Administrative agencies make numerous decisions that affect the public, and citizens need to have a voice in those decisions. Therefore, participation should be a regular feature in the work of administrative agencies. Second, citizen participation offers many benefits for citizens, communities, and policy and governance. Participation creates and fosters better citizenship because it promotes education about government and policy and improves basic civic skills. It helps build healthy communities because it raises awareness about

problems; develops the motivation, leadership, and capacity to address those problems; and builds social capital. It creates better policy decisions and improves governance because it generates more information, builds consensus, and increases buy-in and support of decisions.

Sustainability

Sustainability refers to the capacity of a health system to continue its activities in the future at the same level and where necessary, for example due to population growth or an epidemiological situation, to expand activities. This covers the sustainability of both resources and health outcomes across time. A health service is sustainable when operated by an organizational system with the long-term ability to mobilize and allocate sufficient and appropriate resources (manpower, technology, information and finance) for activities that meet individual or public health needs/demands.

Transparency

Transparency is about shedding light on rules, plans, processes, and actions. It is making information available about why, how, what, and how much. Transparency is a characteristic of governments, companies, organizations, and individuals that are open in the clear disclosure of information, rules, plans, processes and actions. Public officials, civil servants, managers, directors, and trustees are in a fiduciary relationship or relationship of trust with the stakeholders. They have a duty to act visibly, predictably, and understandably vis-à-vis their stakeholders. Transparency ensures that they report on their activities. As a result, the general public can hold them to account. Transparency helps in guarding against corruption, and helps increase trust in the institutions and the leaders who make decisions.

Annex 2. Sample PPHCC Meeting Evaluation Form

SAMPLE PPHCC MEETING EVALUATION FORM

#	Issue	Yes	No	Suggestion
1	The meeting started and ended on time.			
	Attendance sheet was signed.			
2	The meeting followed the agenda.			
3	The agenda focused on real, important, and relevant issues.			
4	The agenda and papers were circulated prior to the meeting.			
5	The agenda and papers circulated helped me prepare for the meeting.			
6	A quorum was present at the meeting.			
7	The meeting room was well organized for the meeting.			
8	All members participated actively.			
9	The chair facilitated the meeting in a skilled way.			
10	The committee covered all agenda items thoroughly and objectively.			
11	I could contribute my skill and expertise in the meeting.			
12	The members demonstrated an understanding of the issues.			
13	I left the meeting knowing what I need to do next.			

Annex 3. Overall Health Governance Self-Assessment Tool for the PPHCC

OVERALL HEALTH GOVERNANCE SELF-ASSESSMENT TOOL FOR THE PPHCC

Directions: For each item, note briefly the internal strengths and weaknesses within the PPHCC as well as the opportunities and threats that exist in the current environment. Rate performance on a scale of from 1 to 10, with 10 being the best possible rating.

#	Responsibility	Internal		External		Performance (scale 1–10)
		Strengths	Weaknesses	Opportunities	Threats	
Role and responsibilities as per ToR						
1	Meeting the MOPH policies, priorities, objectives, strategies, and standards: a. Overall					
	b. In relation to the BPHS					
	c. In relation to the EPHS					
2	Coordination of all stakeholders: a. At the provincial level					
	b. In the districts and the communities					
	c. With the MOPH					
3	Improvement of services: a. Overall quality					
	b. Accessibility					
	c. Sustainability					
4	Input into provincial planning, consolidation of the provincial plan, and monitoring of its implementation					
5	Oversight: Development and implementation of a joint supervision plan					

#	Responsibility	Internal		External		Performance (scale 1–10)
		Strengths	Weaknesses	Opportunities	Threats	
6	Coordinate an emergency response and participate in it					
7	Coordinate and participate in immunization campaign					
8	Provide technical and consultation support to the PPHD					
9	Sharing of information related to service delivery, MOPH policies, strategies, standards, new initiatives, and any problems and challenges					
10	Identify sites for new health facilities					
11	Mediate disputes that arise among stakeholders and ensure shared understanding between governmental organizations and NGOs (cases referred by DPHO)					
12	Follow up of the work of committees: a. HMIS Committee					
	b. EPI Task Force					
	c. Emergency Task Force					
	d. CDC Committee					
	e. Reproductive Health Committee					
	f. Maternal and Child Survival Committee					
	g. Child and Adolescent Health Committee					
	h. Nutrition Committee					
	i. Pharmacy Committee					

#	Responsibility	Internal		External		Performance (scale 1–10)
		Strengths	Weaknesses	Opportunities	Threats	
	j. Environmental Health Committee					
	k. Any other provincial health-related committee					
Expanded role and responsibilities						
13	Bring openness and transparency, accountability, inclusiveness and participation, responsiveness, ethical and moral integrity, culture of measuring and reporting performance, and pursuit of efficiency and sustainability:					
	a. In the health system of the province					
	b. In the affairs of the provincial health directorate					
14	Set strategic direction:					
	a. For 3–5 years					
	b. Strategic plan is based on the strategic direction					
15	Advocate and support responsiveness and patient satisfaction, and patient safety					
16	Nurture relationships with the communities and the people served					

#	Responsibility	Internal		External		Performance (scale 1–10)
		Strengths	Weaknesses	Opportunities	Threats	
17	Stewardship of scarce resources: a. Ethical and best use of available resources for achievement of health outcomes for the people served					
	b. Exert influence across different sectors for achieving best health outcomes for the population in province					
	c. Provide vision and direction for health systems					
	d. Collect and use information and evidence on health system performance to ensure accountability and transparency					
18	Assist in mobilizing adequate financial resources					
19	Provide financial oversight					
20	Monitor performance					
21	Support high performance					
22	Strengthen health services in the province					
23	Continuous improvement of the functioning of the PPHCC					
24	Build a competent PPHCC					
25	Use information, evidence, and technology for decision making					

#	Responsibility	Internal		External		Performance (scale 1–10)
		Strengths	Weaknesses	Opportunities	Threats	
26	Use the PPHCC Governance Guide and apply effective governing practices for improving the PPHCC decision making					

Scoring criteria

The maximum score that can be earned is 480.

- Score of 360 and above: Outstanding governance
- Score of 240–359: Meets most requirements
- Score of 121–239: Needs improvement
- Score below 120: Unsatisfactory governance

Annex 4. Health Governance Standards Self-Assessment Tool for the PPHCC

HEALTH GOVERNANCE STANDARDS SELF-ASSESSMENT TOOL FOR THE PPHCC

This instrument is based on 11 PPHO core functions and 46 PPHC governance standards.

Scoring guide

0%	1%–25%	26%–50%	51%–75%	75%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity	Greater than zero, but no more than 25% of the activity described within the standard is met	Greater than 25%, but no more than 50% of the activity described within the standard is met	Greater than 50%, but no more than 75% of the activity described within the standard is met	Greater than 75% of the activity described within the standard is met

Instrument

#	ToR	0%	1%–25%	26%–50%	51%–75%	75%–100%
I	Oversight for health situation and trend assessment					
1	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys that are centrally designed					
2	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data					
3	Provides oversight and support for community health status monitoring efforts					
4	Guides improvements in the health status monitoring efforts					
II	Oversight of monitoring and evaluation of health services					
1	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations					

#	ToR	0%	1%– 25%	26%– 50%	51%– 75%	75%– 100%
2	The PPHCC itself evaluates the health services					
3	Makes sure that regular supportive supervision, monitoring and evaluation of health services provided in the public and the private sectors in the province take place					
4	Encourages all relevant stakeholders provide input into monitoring and evaluation processes					
5	Reviews evaluation results and utilizes these results to improve health service performance					
III	Oversight for data and information management					
1	Facilitates access to appropriate resources for data and information management					
2	Promotes broad-based participation and coordination among all entities active in data and information management tasks					
3	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts					
4	Guides improvements in overall data and information management					
IV	Oversight for health service delivery					
1	Oversees public and nongovernmental organizations and the private sector responsible for delivery of health services					
2	Allows community monitoring of the delivery of health services					
3	Facilitates community input in problem identification and problem solving					

#	ToR	0%	1%– 25%	26%– 50%	51%– 75%	75%– 100%
4	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations					
V	Oversight of coordination, communication, and intersectoral collaboration activities					
1	Facilitates access to national, state, and local resources that could be used in support of these activities					
2	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues, and reviews these activities in light of community needs					
3	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services					
4	Exerts influence across sectors to protect and promote health of the community					
VI	Supporting health service delivery					
1	Ensures that the PPHO is supporting the implementing NGOs through joint visits, assessment of quality of service, and assistance in staff recruitment and training					
2	Encourages members from lead and secondary NGOs to surface their issues in a timely fashion					
3	Mobilizes community support of the NGOs delivering appropriate services					
4	Recognizes NGOs delivering quality services to vulnerable populations					
VII	Oversight of health resource management					
1	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources and drugs and supplies					

#	ToR	0%	1%– 25%	26%– 50%	51%– 75%	75%– 100%
2	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality					
3	Facilitates access to national, state, and local resources available for workforce training, leadership development, and continuing education					
4	Provides for the training and continuing education of the PPHCC					
5	Assists in mobilizing resources for the provincial health system and the public health services					
VIII	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services					
2	Facilitates the community monitoring of the delivery of these services					
3	Encourages community input into the delivery of these services					
4	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services					
IX	Oversight of strategic and annual planning					
1	Maintains and annually reviews documentation of its mission statement					
2	Assesses and advocates for adequate resources and the MOPH's support					
3	Supports planning for improvement in the health of the population in the province and works to strategically align community resources for this purpose					

#	ToR	0%	1%– 25%	26%– 50%	51%– 75%	75%– 100%
4	Oversees implementation of the annual plan					
X	Oversight of management of health emergencies					
1	Supports planning for emergency response and works to strategically align community resources for this purpose					
2	Facilitates access to appropriate resources for management of health emergencies					
3	Promotes broad-based participation and coordination among all entities active in management of health emergencies					
4	Provides oversight and support for management of health emergencies					
XI	Nurturing community relationship and involvement					
1	Ascertains people’s preferences, needs, problems, challenges, and issues in health service delivery					
2	Mobilizes community input in the planning and implementation of the health services					
3	Mobilizes community input in monitoring, evaluation and ensuring accountability in health service delivery					
4	Provides relevant feedback to its stakeholders and the communities in the province					

Annex 5. Health Governance Self-Assessment Tool for the Governance Subcommittee

HEALTH GOVERNANCE SELF-ASSESSMENT TOOL FOR THE GOVERNANCE SUBCOMMITTEE

Scoring guide

0%	1%–25%	26%–50%	51%–75%	75%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity	Greater than zero, but no more than 25% of the activity described within the ToR is met	Greater than 25%, but no more than 50% of the activity described within the ToR is met	Greater than 50%, but no more than 75% of the activity described within the ToR is met	Greater than 75% of the activity described within the ToR is met

Instrument

#	ToR	0%	1–25%	26–50%	51–75%	75–100%
1	Identifies skills and areas of expertise needed by the PPHCC					
2	Identifies, evaluates, and recommends individuals for selection on the PPHCC					
3	Provides orientation and mentoring for new PPHCC members					
4	Works with the PPHCC chair to promote ongoing learning and growth of all PPHCC members					
5	Encourages development of leadership potential of the PPHCC members					
6	Assesses PPHCC member participation					
7	Leads the PPHCC’s self-assessment efforts					
8	Evaluates and recommends necessary changes to the PPHCC structure and processes					
9	Reviews practices regarding conflict of interest, etc.					
10	Works continuously to guarantee that the PPHCC takes responsibility for its own development, learning, and behavior					

Annex 6. Practices of Health Governance Self-Assessment Tool

PRACTICES OF HEALTH GOVERNANCE SELF-ASSESSMENT TOOL

This self-assessment tool is intended for use by individual members and is based on practices of effective governance.

Instructions: Please circle the choice that represents the extent to which you agree that the statement accurately describes your governance decision-making.

1. I do what I publicly or privately say.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

2. I abuse my power for my private gain.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

3. While making a decision in the PPHCC, I decide in favor of what I think is ethically right.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

4. While making a decision in the PPHCC, I keep the interests of people in mind.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

5. I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to PPHCC priorities.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

6. I focus my work and the work of those I lead on achieving the priorities of my PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

7. I mobilize human, material, and financial resources and align them to support priorities of my PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

8. I inspire those I lead to be committed to the PPHCC priorities.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

9. I inspire those I lead to continuously learn how to adapt and do things better.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

10. I believe in openness and transparency in the PPHCC decision-making process.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Strongly
11. I believe in making information related to PPHCC decisions available to those who are affected by PPHCC decisions.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
12. I believe in including those who are affected by PPHCC decision or their representatives in the PPHCC decision-making process.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Strongly
13. I include those who are affected by PPHCC decisions or their representatives in the PPHCC decision-making process.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
14. I am responsive to the different needs of men and women when I make a decision in the PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
15. I believe in the principle that PPHCC members should be held to account by people affected by decisions of the PPHCC.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Strongly
16. I am open to criticism of my decisions in the PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
17. I allow people affected by PPHCC decisions to question me on why a decision was made.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
18. I use pertinent information while making a decision in the PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
19. I collaborate with other ministries to achieve better health outcomes for people in my province.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
20. I collaborate with the private for-profit sector to achieve better health outcomes for people in my province.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

21. I collaborate with civil society and nongovernmental organizations to achieve better health outcomes for people in my province.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
22. My decisions in the PPHCC are based on what I think is right rather than on evidence and analysis.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
23. I believe in the power of technology in enhancing the quality of PPHCC decisions.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Strongly
24. I use of modern technologies in my PPHCC decision-making process.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
25. I believe in measurement of the results and impact of PPHCC decisions.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Strongly
26. I insist on measuring the results and impact of PPHCC decisions.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
27. I oversee and ensure that PPHCC decisions made are implemented.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
28. I give a higher weight to long-term interests of the society than the short-term benefits to the society while making a decision in the PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
29. I consider the concerns of poor and vulnerable people while making a decision in the PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
30. I try hard to achieve the best results with the least amount of resources when I make a decision in the PPHCC.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always

Scoring criteria

Questions 2 and 22 are reverse coded and receive a minus score, i.e., the score is subtracted from the total score. The maximum score that can be earned is 280.

- Score of 210 and above: Outstanding governance
- Score of 141–209: Meets most requirements
- Score of 70–140: Needs improvement
- Score below 70: Unsatisfactory governance

Annex 7. Health Governance Self-Assessment Tool for Individual Members
HEALTH GOVERNANCE SELF-ASSESSMENT TOOL FOR INDIVIDUAL MEMBERS, BASED ON ToR
Scoring guide

0%	1%–25%	26%–50%	51%–75%	75%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity	Greater than zero, but no more than 25% of the activity described within the ToR is met	Greater than 25%, but no more than 50% of the activity described within the ToR is met	Greater than 50%, but no more than 75% of the activity described within the ToR is met	Greater than 75% of the activity described within the ToR is met

Instrument

#	ToR	0%	1%–25%	26%–50%	51%–75%	75%–100%
A	General					
1	Knows the provincial health system’s strategic purpose, goals, policies, programs, services, strengths, and needs					
2	Performs the duties of PPHCC responsibly and conforms to the level of competence expected from PPHCC members					
3	Suggests possible nominees to the PPHCC or advisory bodies who are women and men of achievement and distinction and who can make significant contributions to the work of the PPHCC and the provincial health system					
4	Serves in leadership positions and undertakes special assignments willingly and enthusiastically					
5	Helps establish and nurture excellent relationships with various provincial and community stakeholder organizations					

Provincial Public Health Coordination Committee (PPHCC) Governance Guide

#	ToR	0%	1%– 25%	26%– 50%	51%– 75%	75%– 100%
6	Follows and stays informed about trends in the provincial health system and the PPHO and the MOPH, especially trends in public health, service quality and patient safety, physician and health worker issues, and community aspirations					
B Meeting Related						
1	Prepares for and participates in PPHCC and subcommittee meetings, including appropriate PPHCC activities					
2	Asks timely and substantive questions at PPHCC and subcommittee meetings, while at the same time supporting the majority decision on issues decided by the PPHCC					
3	Suggests agenda items periodically for PPHCC and subcommittee meetings to ensure that significant, policy-related matters are addressed					
C Relationship with Staff						
1	Counsels the Provincial Public Health Director as appropriate and supports her or him through relationships with organizations or individuals, as needed					
2	Avoids asking for personal favors from the staff, including special requests for extensive information, without at least prior consultation with the Provincial Public Health Director, PPHCC, or appropriate committee chairperson					
D Avoiding Conflicts						
1						

#	ToR	0%	1%– 25%	26%– 50%	51%– 75%	75%– 100%
1	Avoids a conflict of interest that might embarrass the PPHCC or the provincial health system; and discloses any possible conflicts to the PPHCC in a timely fashion					
2	Maintains objectivity, fairness, ethics, and personal integrity					
3	Never accepts favors or gifts from anyone who does business with the provincial health system or any of its facilities					
E	Fiduciary Responsibilities					
1	Serves as a well-informed advocate and supporter for public health promotion and protection, patient safety, and excellent health outcomes					
2	Carefully reads and understands the Provincial Public Health Department's financial statements and helps the PPHCC fulfill its fiduciary responsibility					
F	Resource Mobilization					
1	Helps the Provincial Public Health Director implement strategies to attract diverse sources of revenue to support the provincial health system's mission through personal influence with donors, government agencies, etc.					

Annex 8. Health Governance Self-Assessment Tool for the Chair

HEALTH GOVERNANCE SELF-ASSESSMENT TOOL FOR THE CHAIR

Scoring guide

0%	1%–25%	26%–50%	51%–75%	75%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described within the ToR is met	Greater than 25%, but no more than 50% of the activity described within the ToR is met	Greater than 50%, but no more than 75% of the activity described within the ToR is met	Greater than 75% of the activity described within the ToR is met.

Instrument

#	ToR	0%	1–25%	26–50%	51–75%	75–100%
1	Leads and facilitates PPHCC meetings					
2	Develops meeting agendas					
3	Leads development of a strong PPHCC					
4	Sets goals and expectations for the PPHCC					
5	Encourages individual PPHCC members to take leadership					
6	Makes PPHCC development a priority					
7	Works with the Governance Subcommittee to identify skills, expertise, and attributes needed for the PPHCC					
8	Works with the Governance Subcommittee and individual members to recruit new PPHCC members					
9	Ensures regular opportunities for PPHCC self-assessment					

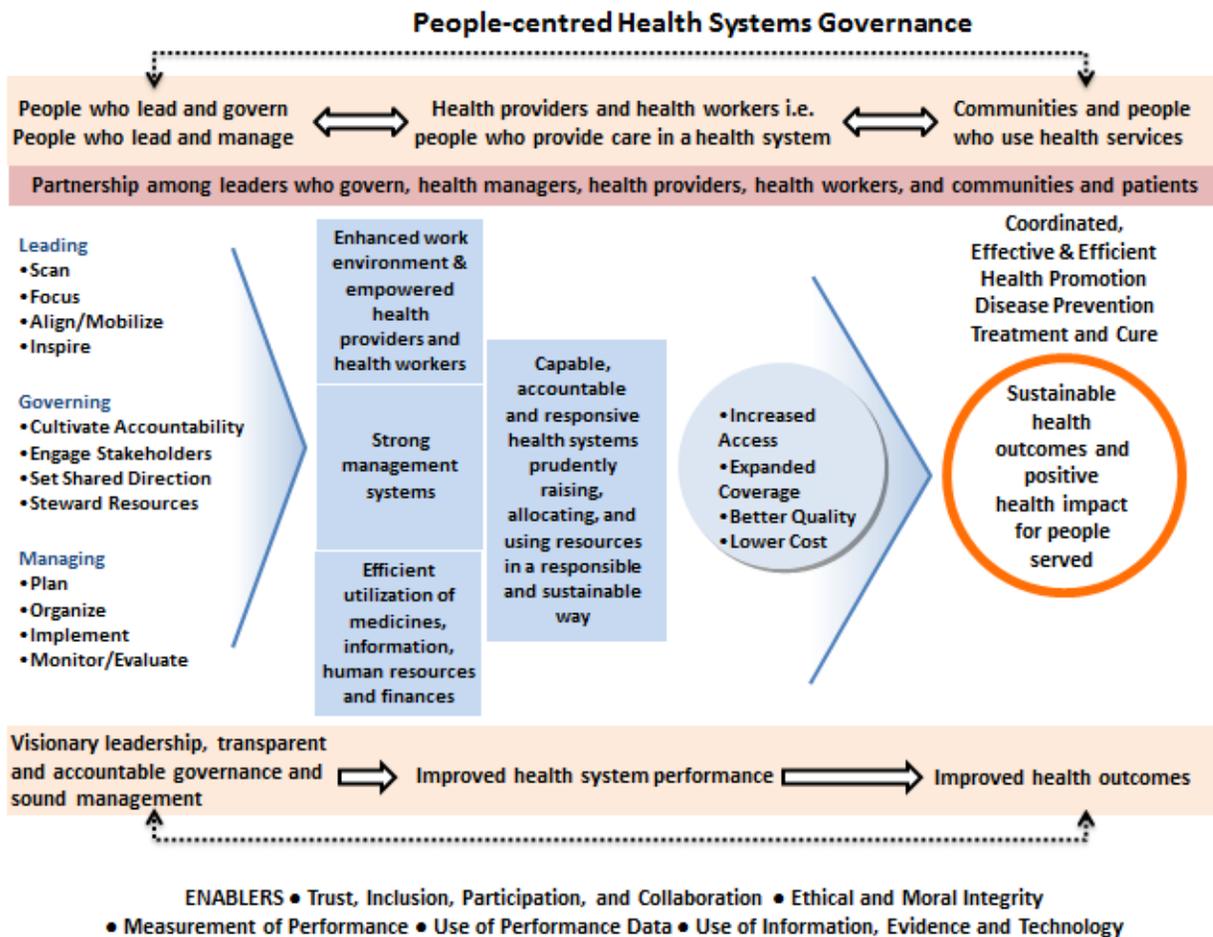
Provincial Public Health Coordination Committee (PPHCC) Governance Guide

#	ToR	0%	1–25%	26–50%	51–75%	75–100%
10	Oversees comprehensive PPHCC assessment on regular basis					
11	Assesses results of PPHCC self-assessment and considers improvements in consultation with the Governance Subcommittee					
12	Solicits inputs from all PPHCC members and ensures all PPHCC members contribute appropriately					
13	Keeps all PPHCC members engaged in the work of the PPHCC					
14	Speaks on behalf of the PPHCC regularly and especially when controversy or conflict arises					
15	Guides the PPHCC in approving plans and overseeing their implementation					
16	Facilitates PPHCC involvement in strategic planning					
17	Shares appropriate information to keep the PPHCC informed and educated					
18	Coordinates overall resource mobilization effort					
19	Reviews committee work					
20	Resolves conflicts among PPHCC members					

Annex 9. Pilot Testing of the PPHCC and DHCC Governance Guides and the Four Effective Governing Practices in 3 Provinces and 11 Districts

In this section, the results of pilot testing of the PPHCC and DHCC governance guides in three provinces and eleven districts in Afghanistan are presented. The pilot test was conducted in four phases over a year. In the first phase, provincial and district health systems governance guides were drafted with the consultation and participation of provincial and district health coordination committees. In the second phase, based on the guides, these committees explored opportunities to apply four effective governing practices and designed a specific action plan for this purpose. They also measured their governance at baseline using five self-assessment instruments. In the third phase, they implemented and monitored their action plans over a period of six months. In the fourth and final phase, the committees evaluated their implementation of the action plan, and measured their governance once again using the same five self-assessment instruments.

Figure 2: People-centred health systems governance model



First phase: Participatory development of provincial and district health systems governance guides

Guides were developed through a consultative process consisting of surveys and workshops. A survey of key informants from 15 PPHCCs was conducted to learn how well PPHCC and DHCC committees and subcommittees have been performing, if and how their role could be expanded, who else could be invited to committee meetings, whether more subcommittees were needed, what principles members should adhere to, what responsibilities individual members should have, what competencies the members and chair should possess, and most importantly, how to make their governance more effective so the health needs and expectations of people and communities are met. Similar questions were discussed in a 3-day workshop with the Provincial Liaison Directorate of the MOPH which deals with the provincial and district offices of the ministry. Three PPHCCs and eleven DHCCs in four 2-day workshops consulted on the initial draft guides and helped develop a new version with guidance on how to cultivate accountability, engage with diverse stakeholders, set a shared strategic direction, and steward resources to make the health system more responsive to the needs and expectations of the people. The guides were translated into two national languages, Dari and Pashto. The MOPH team approved the contents of the governance guides for the purpose of testing.

Second phase: Participatory development of health systems governance action plans and baseline measurement of governance

Three PPHCC and eleven DHCC teams participated in four 2-day workshops facilitated by public health and governance experts. The first day was spent working in groups discussing people-centred health systems governance actions to apply in their work over the next six months to better meet the health needs and expectations of the people. Each committee using the governance guide identified actions to take in the next six months to improve their governance. The four governing practices provided the organizing framework to structure their committee deliberations and action plans. On the second day, participants carried out a self-assessment of their governance performance at baseline. A pilot-testing protocol for the guide was developed in consultation with the PPHCCs and DHCCs.

To measure governance performance, five self-assessment instruments were used. PPHCCs used two self-assessment scales for assessing governance of the committee as a whole. One of them was the overall health governance instrument for self-assessment of performance on their governance responsibilities. The three PPHCCs graded their own performance on a 1-10 scale on each responsibility of the committee. The other instrument assessed 46 PPHCC health governance standards based on 11 provincial public health core functions. No progress on a standard was scored 0, 1-25% accomplishment was scored 1, 26-50% was scored 2, 51-75% was scored 3, and 76-100% was scored 4. Individual members used two self-assessment instruments, one on the four practices of effective governance, and the other on their individual responsibilities. Chairpersons of the committees self-assessed how well they were carrying out their responsibilities as chairs

using a separate instrument. DHCCs used similar measurement instruments except they did not have a health governance standards-based scale because a core functions framework for district health offices does not exist. The five measurement instruments are contained in the annexures of this guide.

Third phase: Implementation and monitoring

Three PPHCCs and eleven DHCCs adopted the people-centred health systems governance approach. In implementing their action plans, they assumed expanded governance roles by improving engagement with the public and communities, and working to become more transparent, accountable, and responsive. Committees closely monitored implementation of their action plans so underperformance could be identified and corrected along the way. The actions in the plan were also monitored on a monthly basis by the Provincial Liaison Directorate of the MOPH. The Afghanistan LMG Project consultants working in the provincial public health directorates assisted the PPHCCs and DHCCs with their monitoring. Using an Excel-based monitoring instrument, the PPHCCs and DHCCs monitored progress by the extent to which actions were implemented on a monthly basis.

Fourth phase: Evaluation

Three PPHCCs and eleven DHCCs evaluated their performance during the pilot-testing period in four 2-day workshops. PPHCC and DHCC re-assessed their governance performance as a committee and as individual members using the same instruments they had used at baseline before the pilot test began. Eleven focus group discussions were held with the three provincial and eleven district health coordination committee members to explore their successes and challenges during the pilot testing period, to discuss the applicability of the people-centred health systems governance approach to their situation, and to make specific recommendations to the MOPH.

Select health system performance and health outcome indicator data were collected for the pilot and closely matched comparison districts and provinces to examine the impact on health systems performance and health outcomes. HMIS data was collected for eight indicators of health systems performance (proportion of children less than one year of age who received PENTA-3 vaccine, proportion of pregnant women who received two doses of tetanus toxoid, proportion of facility deliveries, proportion of pregnant women who received at least one antenatal care visit, proportion of women who received at least one postnatal care visit, TB case detection rate, community health worker home visit rate, and proportion of new family planning users in target population), and one health outcome (TB cure rate, since TB is highly prevalent in the region).

Table: Pilot Provinces and Districts

Provinces	
No.	Pilot province
1	Wardak
2	Khost

3	Herat	
Districts		
No.	Pilot district	Province
1	Narkh	Wardak
2	Jalrez	
3	Sayedabad	
4	Ismailkhail-Mandozai	Khost
5	Alisher-Terezay	
6	Qarabagh	Kabul
7	Istalif	
8	Eshkamish	Takhar
9	Garmser	Hilmand
10	Spin Boldak	Kandahar
11	Qaysar	Faryab

Results

The PPHCCs and DHCCs implemented many specific governance actions to better meet the health needs of the people. At the end of the six month pilot testing period, they assessed their performance of these actions. The committees also discussed whether they plan on continuing each action beyond the pilot testing period.

The pilot PPHCCs and DHCCs reported a high level of completion of their governance improvement action plans. The districts accomplished 45% of their action plan and 34% of it was at an intermediate stage of completion. The provinces accomplished 58% of their action plan and 30% of it was at an intermediate stage. All actions had a high level of short-term sustainability; committees plan on continuing 76-98% of these actions in the future.

Governance measurement

PPHCCs and DHCCs self-assessed their governance performance at baseline and again after six months of pilot testing. Overall, PPHCCs improved their governance on average by 13.2 % and 18.5% using two different scales, and individual PPHCC members improved their governance on average by 6.7% and 9.7%, also using two different scales. DHCCs improved their governance by more than 20%. Khost PPHCC improved their governance score by 21%, Wardak by 11% and Herat by 7%.

Health system performance and health outcomes

On analyzing data for eight indicators of health system performance and one health outcome indicator in pilot and comparison provinces and districts, we did not find a statistically significant impact of the intervention on health system performance or health

outcomes, except antenatal care visit rate in the pilot provinces increased by 20 percent, possibly because the intervention was of a short duration.

Focus group discussion findings

Eleven focus group discussions were held with the provincial and district health coordination committee members. The committees reported many successes. PPHCC and DHCC meetings became more regular, new groups were invited to meetings, community members participated in the meetings, and meeting attendance improved. Activities became more transparent and involved diverse stakeholders; intersectoral coordination and collaboration improved and there was an improved focus on patients' health problems at the community level. Community health needs were better defined, discussed, and met. Coordination, communication, and information sharing improved; the frequency of data analysis and presentation to the committees increased, and more committee decisions were evidence based. There was a better link between committees at provincial and district levels. New subcommittees were established and old subcommittees were made functional. A patient satisfaction checklist was implemented in one province. Communities began participating in health facility monitoring, gave feedback on the quality of health services, and became motivated to contribute to health service delivery improvements. Health center buildings and facilities were improved through community support in many places, and inspections and enforcement of quality standards also improved.

There were also goals committees wanted to accomplish but could not, including: better coordination between shuras or committees at different levels, better support from the MOPH, and more effective communication with the public. The security situation prevented engagement of provincial and district governors, and did not allow for the level of health facility monitoring the committees would have liked to achieve. Resources for training and education of committee members were inadequate. Community expectations rose, and the committees did their best to overcome these challenges by mobilizing community support and resources.

Overall, committees reported notable impacts and changes in their knowledge, skills, and behaviors, including feeling more capable, responsive, and accountable than they were before the intervention. Committee functioning became more systematic and regular, and members felt more responsible for their decisions. Committees also noticed improvements in their effectiveness; referral of TB cases for treatment improved in one district, unserved areas were identified, and 90% of them were covered through establishment of mobile teams in another district. One committee reported that health service provision became more equitable, antenatal and postnatal care visits increased, and other maternal and child health services improved. Because of increased community engagement, committees felt they could solve problems at the health facility level in collaboration with the local community. This experience showed them that they could work with the community to build trust and create change.

Committee members said they would continue governing in a people-centred way in the future mainly because they felt their achievements in the short six month period were encouraging. They became aware of weaknesses in their governing and resolved to improve. Members felt they gained many benefits at the individual level because of changes in their attitudes and behavior. They saw improvements firsthand in the delivery of basic and essential packages of health services as a result of their work. They became aware of their stewardship role and want to do more for the communities they serve. The health systems governance work renewed committee members' commitment to their responsibilities. They felt that periodic governance assessments and the overall pilot experience developed their capacity in governance. The committees expressed that the MOPH should officially introduce the PPHCC and DHCC governance guides in all provinces and districts, and they are keen to share their governance improvement experience with other provinces and districts.

Conclusion

Effective governance is fundamental to making health systems responsive to the needs of those who access and provide health services. The people-centred health systems governance approach based on the four effective governing practices helped the provincial and district health coordination committees in the pilot provinces and districts perform their governance role and responsibilities in a more effective, transparent, and accountable manner. This approach can potentially influence not only patient care experiences in the provinces and districts, but also access to care, quality of care, and overall health outcomes for people in the provinces and districts.

Annex 10. Actions Planned by the 3 Pilot PPHCCs for Applying the Four Effective Governing Practices

Actions Planned by three PPHCCs for Engaging Stakeholders

Actions Planned by Wardak PPHCC for Engaging Stakeholders	
1	Patients and health service users
	1) Interview 100 patients and users regarding attitude of health workers and the health services
	2) At least 10 patients will share their concerns about the health services with heads of 50% of health facilities each month
	3) Ask 4 mothers and 4 children each month about existence of vaccination card while they are attending a health facility
2	The communities and the populations in the province (men/women/youth/children)
	1) Invite representative of religious leaders to two PPHCC meetings in each six months
	2) Invite representative of youth or students to two PPHCC meetings in each six month period
	3) Invite two women representatives from community through directorate of women's affairs to one PPHCC meeting every six months
3	Health post shuras, health facility shuras, hospital community boards
	1) Ask representatives of health post shura, health facility shura and hospital community board about their problems each quarter
	2) Provide feedback on the problems of health post shura, health facility shura and hospital community board to them each quarter
	3) Invite a representative of District Health Shura (DHCC) from each district to PPHCC meeting in each six months (divide the number of districts by six and invite the DHCC representatives on rotation basis)
4	District health coordination committees
	1) Establish DHCC in each district
	2) Conduct meetings of DHCCs on monthly basis
	3) On routine basis, invite 2 DHOs to each PPHCC meeting and ask them to share minutes of DHCC meeting
5	Municipalities
	1) Invite a representative of municipality to PPHCC meeting each quarter
	2) CDC Officer will share municipality meeting decisions with regard to bazaar classes with PPHCC.
	3) Involve a representative of municipality in public health monitoring visits of bazaar classes and share the report in PPHCC meetings
6	Provincial Council

	1) Invite a representative of Provincial Council to PPHCC meetings each month
	2) Involve the representative of Provincial Council in resolution of community problems
	3) Share minutes of PPHCC meeting with Provincial Council each month
7	Provincial and District Governors
	1) Through PDC meetings, obtain support from Provincial Governor Office for those decisions of PPHCC meetings that are beyond the influence/authority of the PPHCC
	2) Through District Development Sector meetings, obtain support from District Governor Office for those decisions of PPHCC meetings that are beyond the influence/authority of the PPHCC and DHCC
8	Ministry of Public Health
	1) Share the date of each PPHCC meetings with relevant departments of the MOPH and invite representative of GCMU to each meeting
	2) Follow up of the PPHCC decisions with the PLD regional officer through an assigned representative from PPHO team
	3) Invite head of relevant MOPH department in case of a problem that is beyond the ability or authority of PPHCC
9	Provincial directorates of different ministries that impact health (water and sanitation, food and agriculture, environment, women's affairs, social protection, economy, transport, environment, education, rural rehabilitation and development, counter narcotics, information, electricity, etc.)
	1) When necessary, invite department or directorate of the topic-relevant ministry to the PPHCC meeting
	2) Ask the other ministry departments who have health related role to share reports of their activities in PPHCC meetings.
10	Health workers, physicians, nurses and other health providers in the public sector
	1) Share the issues from PPHCC meetings in the coordination meetings of heads health facilities
	2) Discuss the issues which are not in authority/ability of the heads of the clinics, in PPHCC meetings
	3) Provide feedback on those issues that were referred by coordination meetings of heads of health facilities to PPHCC
11	Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc. in private sector), their professional associations and unions, and accreditation boards and councils
	1) Invite representative of private sector to PPHCC meeting
	2) Ask private sector to share report of their activities through their representative in PPHCC meetings
	3) An agenda item will be devoted to problems of private sector each quarter in PPHCC meetings

12	Implementing NGOs and their staff providing basic and essential package of hospital services (BPHS and EPHS)
	1) Ask implementing NGOs to share their key achievements and problems in PPHCC meetings
	2) Make a presentation on HMIS indicators in PPHCC meetings on quarterly basis
	3) Invite authorized representative from headquarter of the implementing NGO to PPHCC meetings on quarterly basis.
13	Media
	1) If sharing of the PPHCC meetings decisions is deemed to be necessary with the public, invite representative of directorate of the information and culture to disseminate the PPHCC decisions through media.
	2) Disseminate health messages, health related information and issues certified by PPHCC through representative of information and culture department and through media, and report compliance in the next PPHCC meeting
14	National and international NGOs
	1) Ask all national and international health NGOs to share their annual plans in PPHCC meetings
	2) Invite those national and international NGOs who have health activities, to PPHCC meetings on quarterly basis in order to present their report of achievements and plan for next period
	3) Provide feedback to health NGOs on their performance
15	Other civil society organizations including religious organizations
	1) Ask CSOs and religious organizations to share community problems in PPHCC meeting
	2) Invite CSOs and religious organizations on quarterly basis for dissemination of health messages
16	Donors and sources of funding
	1) Each month invite donors to PPHCC meeting to share information about their resources
	2) Mobilize support from donors in PPHCC meetings through sharing of information and problems with them

Actions Planned by Khost PPHCC for Engaging Stakeholders	
1	Patients and health service users
	1) In every two weeks on a specific day, a team from PPHO and implementing NGO will attend a live program on local radio to listen to and record the complaints and concerns of community, analyze these and bring back important community concerns to PPHCC meeting.
	2) During visits of CBHC officer to health posts, he will collect complaints of patients with the help of CHWs, analyze these in CBHC subcommittee, and share a short report with PPHCC.
	3) A checklist will be developed by PPHCC. Using this checklist, the monitoring team will collect complaints and views of patients and clients about health services. A report will be regularly submitted to PPHCC for appropriate action.
2	The communities and the populations in the province (men/women/youth/children)
	1) On quarterly basis, invite a student association representative to PPHCC meeting.
	2) On quarterly basis, invite a women's association representative to PPHCC meeting.
	3) On quarterly basis, invite a representative of HEWAD PAL ZAWAK youth association to PPHCC meeting.
3	Health post shuras, health facility shuras, hospital community boards
	1) Khost province will be divided in to four areas and on quarterly basis, a member of health post shura who has adequate information about his community or cluster will be invited to PPHCC meeting. His round trip cost will be provided by implementing NGO.
	2) If an issue is related to health facility, then a member of Sehi shura of that health facility will be invited to PPHCC. Implementing NGO will pay his round trip cost.
	3) On regular basis, a community representative of hospital community board will be invited to PPHCC meeting.
4	District health coordination committees
	1) On rotation basis, a DHO and when necessary, head of clinic will be invited to PPHCC meeting.
	2) Of the districts that conduct regular DHCC meetings and submit their meeting minutes on time to PPHD office, primary health care officer will analyze the minutes and provide feedback to DHO.
	3) Involve DHO in joint monitoring visit to the health facility.
5	Municipalities
	1) Invite municipality representative to PPHCC meeting on regular basis
	2) A member of PPHO team will attend municipality meetings on regular basis.

	3) Invite municipality representative to take part in Qawanin Sehi basre team during visit to private sector.
6	Provincial Council
	1) Select a focal point from provincial council to regularly attend PPHCC meeting
	2) Prepare a comprehensive presentation about PPHCC, BPHS and EPHS in Khost province and present it to provincial council for their orientation so that they get necessary information about these strategies.
	3) Invite provincial council representative to attend joint monitoring visits in secure areas.
7	Provincial and District Governors
	1) On quarterly basis, PPHCC members will have a meeting with governor with specific agenda. DHCC members will have similar meeting with district governor.
	2) Carry out advocacy for getting support of provincial governor and district governor in implementation of the decisions of Qawanini sehi barase team at provincial level.
	3) Share the PPHCC meeting minutes with governor office on regularly basis.
8	Ministry of Public Health
	1) The PPHD will closely follow up the implementation of decisions of PPHCC that relate to the ministry of public health.
	2) On quarterly basis, invite a representative of Ministry of Public Health to PPHCC meeting.
	3) PPHD will make a trip to center once in a quarter to meet with concerned MOPH authorities for the follow up of important issues.
9	Provincial directorates of different ministries that impact health (water and sanitation, food and agriculture, environment, women's affairs, social protection, economy, transport, environment, education, rural rehabilitation and development, counter narcotics, information, electricity, etc.)
	1) PPHO team members will attend meetings of concerned directorates (environmental health, municipality, judiciary, Women's affairs, Economy, counter-narcotics and CPAN) and when necessary, their representative will be invited to PPHCC meeting.
	2) Some members of PPHCC will accompany the provincial team who travel to center for solving important issues related to different ministries, including health-related issues with Ministry of Public Health authorities.
	3) Develop and activate environmental health subcommittee in coordination and collaboration concerned departments and municipality.
10	Health workers, physicians, nurses and other health providers in the public sector
	1) A member of PPHO team will attend coordination meeting of heads of clinics.
	2) On quarterly basis, invite some heads of clinics to see a model health facility. The round trip cost will be provided by implementing NGO.

	3) Recognize health workers with good achievements in PPHCC meeting.
11	Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc. in private sector), their professional associations and unions, and accreditation boards and councils
	1) Invite a representative of ZAWANDAI blood bank to PPHCC meeting.
	2) Invite doctors' and other health worker association representatives to PPHCC meeting if there is an issue related to them.
	3) All private health sector centers will prepare their legal documents before starting health center activity and share them with PPHCC.
12	Implementing NGOs and their staff providing basic and essential package of hospital services (BPHS and EPHS)
	1) NGO will specify a focal point for each provincial health subcommittee.
	2) Conduct face to face meeting with implementing NGO for proper implementation of action plan prepared by NGO on the feedback sent by PPHO.
	3) Activate human resource committee jointly with implementing NGO. This committee will share the hiring and firing report with PPHCC and it will also help NGO to find committed and qualified health workers for hiring.
13	Media
	1) Designation of a qualified person by PPHD office for regular contact with media.
	2) Share all important health-related achievements with media through a regular media plan.
	3) Invite media during important health day celebrations.
14	National and international NGOs
	1) Prepare a list of all national and international NGOs and share it with PPHCC.
	2) Invite these NGOs to PPHCC on rotation basis.
	3) Ask these NGOs to share their plans and reports of health-related projects with PPHCC.
15	Other civil society organizations including religious organizations
	1) In every two months, invite a representative from Provincial Ulama Shura.
	2) Invite civil society representatives to PPHCC meeting (through the directorate of culture and information) so that they can get informed about PPHCC. Request culture and information directorate to publish important PPHCC decisions in their monthly magazine.
	3) Invite women's association representatives to PPHCC meeting.
16	Donors and sources of funding
	1) Prepare a list of all donors at provincial level with their emails addresses and contact numbers
	2) In each quarter, hold a meeting with donors, share achievements, challenges and recommendations of health sector with them and in turn, ask them to share information on their projects in health.

	3) The PPHCC members will make individual efforts to find donors at national and provincial level for health-related projects in the province.
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Actions Planned by Herat PPHCC for Engaging Stakeholders	
1	Patients and health service users
	1) Provide health education to clients and users of health facility
	2) Provide quality health services according patients' rights
	3) Ensure good behavior and attitude with patients and health service users
	4) Assess patient and user satisfaction from health services through use of the designed formats for this purpose
	5) During monitoring visits to health facilities, make the patients aware of the health services available at health facilities
	6) Establish a box for collection of suggestions and complaints of the patients and users in health facilities
2	The communities and the populations in the province (men/women/youth/children)
	1) Check and control drinking water in six zones of the city from public health point of view
	2) Provide nutritional education on best practices in nutrition
	3) Ensure, through EPI sub-committee, that the EPI is implemented effectively
	4) Increase awareness of the specific groups of people (children and mothers) about hygiene of hands and teeth, safe water and sanitation by conveying appropriate health messages to them.
	5) Identify locations for 10 family health houses and activate mobile teams in first six months
3	Health post shuras, health facility shuras, hospital community boards
	1) Active participation of PPHCC members and PPHO staff in health post shuras and health facility shuras
	2) Raise and discuss community's concerns and community's agenda at the PPHCC meetings
	3) Conduct joint monitoring visits of the health facilities with community representatives and invite them to the PPHCC meetings.
	4) Conduct regular meetings of hospital community board of the regional hospital
	5) Invite the chairperson of the hospital community board to the PPHCC meetings regularly for presenting issues discussed and decisions taken in hospital community board meetings.
4	District health coordination committees
	1) Conduct regular DHCC meetings and share MOPH policies at DHCC meetings

	2) Invite District Health Officers to PPHCC meetings i.e. at least one DHO to each PPHCC meeting on rotation basis.
	3) Ask DHOs to share the agenda of the DHCC meetings with PPHCC members prior to the meeting.
	4) A representative of PPHCC will conduct orientation workshops for DHCC members on the necessary and relevant topics.
5	Municipalities
	1) Accelerate garbage collection from the city and encourage use of safe containers
	2) Expand and maintain green parks with support of community shura and community leaders
	3) Establish the Environmental Health Sub-committee with assistance of municipality
	4) Develop ToR and work plan for Environmental Health Sub-committee with collaboration of municipality
	5) Invite representative of municipality to PPHCC meetings on regular basis
	6) Use municipality billboards for public health messages
6	Provincial Council
	1) Share PPHO plan and programs with community through health committee of provincial council
	2) Work with provincial council on local resource mobilization for further strengthening of health services, for example, establishment of a medicine bank
	3) Invite the <i>head</i> of provincial council to one of the PPHCC meetings to orient him on the objectives of PPHCC (in addition to presence of its representative in all meetings)
	4) Ask collaboration of provincial council to facilitate security of health facilities, mobile teams and outreach teams of vaccination, through community-mediated and other effective ways.
	5) Use influence of provincial council in decision making about development projects at governor office meetings
7	Provincial and District Governors
	1) Organize an orientation session for governor on good governance in health
	2) Seek political support of governor and district governor for eradication of polio
	3) In coordination and collaboration with governor and district governor offices, attract, mobilize and obtain local resources that are available at provincial level
8	Ministry of Public Health
	1) Request MOPH to have programs/activities for capacity development of PPHCC members.
	2) Seek support of MOPH for decisions taken in the PPHCC meetings.
	3) Request MOPH for sharing of newly developed or revised strategies, policies, guidelines, protocols, regulations and other documents.

9	Provincial directorates of different ministries that impact health (water and sanitation, food and agriculture, environment, women's affairs, social protection, economy, transport, environment, education, rural rehabilitation and development, counter narcotics, information, electricity, etc.)
	1) Review drinking water quality control program in six zonal areas of Herat city
	2) Find employment opportunity for 150 addicted people and encourage de-addiction
	3) Plan with education department to organize health education sessions. Conduct third round TT vaccination at schools with support of school students and teachers. Orient 60 female teachers of five schools at Herat city.
	1) Advocate for health objectives beyond health sector
	2) Encourage traffic department to implement traffic rules like use of personal protection methods such as seatbelt, helmet, etc.
	3) Encourage labor and social affairs directorate to ensure occupational health and prevent child abuse.
	4) Organize campaigns against water-borne diseases through education and collaboration with water supply department.
10	Health workers, physicians, nurses and other health providers in the public sector
	1) Orientation will be conducted for 300 CHWs about Tuberculosis.
	2) Conduct joint monitoring visits to ensure provision of health services as per MOPH policies and standards
	3) Carry out capacity development needs assessment of health workers through implementing NGOs
	4) Develop training plan on the basis of training needs assessment.
11	Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc. in private sector), their professional associations and unions, and accreditation boards and councils
	1) Private health sector will provide quality health services according to the standards.
	2) Private health sector representative will participate at coordination meetings conducted by health facility in charge doctors.
	3) Private health sector will carry out health screening of school students in six primary schools and two kindergartens of Herat city.
	4) Devote at least one agenda item to medical ethics in each six month period and invite representative of private health sector to this meeting.
	5) Promote medical ethics and respect for patients and health service users through raising awareness among health workers at all levels.
	6) PPHCC will conduct monitoring visits to at least three private health facilities.
12	Implementing NGOs and their staff providing basic and essential package of hospital services (BPHS and EPHS)

	<ol style="list-style-type: none"> 1) Implementing NGOs will conduct self-assessment at the health facilities according MOPH policies. 2) Get up-to-date information on changes, decisions and plans of MOPH for continuation or sustainability of the health services and share them with BPHS and EPHS implementing NGOs and their staff 3) Joint monitoring of health facilities and office of BPHS and EPHS NGOs, at least 3 health facilities of BPHS, 1 NGO office and 1 provincial hospital each month 4) Identify white areas and plan for provision routine programs in these areas.
13	Media
	<ol style="list-style-type: none"> 1) PPHCC will disseminate health messages through media. 2) Establish public relations department at PPHO and recruit a person to organize public relations activities. 3) Establish coordination with media to publish health messages. 4) Revitalize the program of “Health” in Herat TV.
14	National and international NGOs
	<ol style="list-style-type: none"> 1) Partnership and active participation in celebrations and ceremonies like health facility opening, celebration of national days, etc. 2) Participate actively in PPHCC meetings. 3) Attract financial support of PRT for funding health sector projects (construction of hospital for addicted people, Ejreema health sub-center and Baba-e-Barq CHC) 4) Ask national and international NGOs to present in PPHCC meetings their new projects to be launched within next six months. 5) Collect reports on performance of national and international NGOs during coming six months.
15	Other civil society organizations including religious organizations
	<ol style="list-style-type: none"> 1) PPHCC will arrange to announce six health messages through Friday prayers at Masjids in 12 Herat city districts. 2) Convey health messages regarding vaccination of mothers and children, use of health facilities by mothers, personal hygiene and environmental sanitation through mosques and other religious places. 3) Invite civil society representative and provincial council representative to PPHCC meetings in case of any agenda relevant to them. 4) Convey health messages regarding vaccination of mothers and children, use of health facilities by mothers and children, and personal hygiene and environmental sanitation through civil society organizations.
16	Donors and sources of funding
	<ol style="list-style-type: none"> 1) PPHCC will work with donors on local resource mobilization for health services in general, and construction of health facilities, and capacity development of health workers in particular. 2) PPHCC will do joint monitoring visits to health facilities with donors to identify strengths and weaknesses in service delivery.

	3) Update the health sector strategic plan and include it in agenda of the PPHCC meeting for sharing with donors
	4) Invite donors to PPHCC meetings in order to attract their financial support for health projects and activities.
	5) Establish coordination with donors to avoid duplications in activities.

Actions Planned by the three PPHCCs for Cultivating Accountability

Actions Planned by Wardak PPHCC for Cultivating Accountability	
	PPHCCs develop their own accountability
	Conduct weekly PPHO meeting, weekly face-to-face meeting with NGOs and provide PPHD phone numbers to all health facilities and sehi shura members to communicate in case of a serious health related issue
	Share PPHCC decisions with all stakeholders on time and also publish some important decisions in monthly magazine of PPHD office
	Share on quarterly basis the Provincial Public Health Directorate budget, expenditure and reporting with PPHCC members
	Make request to other stakeholders to share budget information with PPHCC and if they are not ready and not willing to do so, advocate with GCMU
	The responsible person for the implementation and follow up for a decision of PPHCC will bring a complete progress report to the next PPHCC meeting
	The meetings of community leaders with PPHO/PPHD regarding health issue will be recorded in the form of minutes and also a picture will be taken for record. Find solution for the community concerns in face to face meeting with implementing NGO or head of clinic, and if an issue is serious or the issue is not resolved in face to face meeting, put it on PPHCC meeting agenda.
	The main points of all proposals/contracts will be shared by PHC officer with PPHCC members and a committee will be assigned to monitor the implementation of construction projects in the area.
	Emails related to financial issues of health facilities or health projects received by PPHD will be circulated among PPHCC members
	Implementing NGO will share the tashkil, salaries, and cost of drugs, fuel, and other costs incurred on all health facilities with PPHCC members.
	In all health facilities, the phone numbers of PPHD office and implementing NGO will be available in a prominent area of the clinics so that the community can easily share their complaints and concerns. A complaints box will be made available in the clinics which will be checked on monthly basis in presence of a member of sehi shura.
	PPHCCs promote accountability of the PHOs, the heads of the health facilities and the health workers
	A committee will be assigned by PPHCC for appreciation of health workers showing outstanding performance and for issuing necessary instructions to health

	workers showing low level of performance.
	All sentinel sites at provincial level will be active and if there is a serious health related issue, the sites will urgently share the information with DEWS officer.
	In all coordination meetings of heads of clinics, 2-3 PHOs and WHO representative (PPO) will participate and share necessary information with them.
	On monthly basis, health related activities of all health facilities of a district will be evaluated by PPHCC members and necessary actions will be taken for improvement.
	The feedback of all monitoring and joint monitoring visits will be shared with implementing NGO, health facility and the ministry. Action plan for improvement will be developed and implemented by responsible persons.
	In coming PPHCC meeting, a committee will assigned to develop a checklist for assessing the behavior and attitude of health workers with clients and this checklist will be given to sehi shura for monitoring purposes.
	A live local radio program for one hour will be broadcast on monthly basis in which a representative of PPHO and implementing NGO will answer questions from the public and address concerns of community.
	A committee will be established for appreciation and punishment of health workers based on their performance.
	Targets will be set for 10 indicators for all health facilities on monthly basis. Monthly assessment of progress on PPHO plans will be done and shared with PPHCC.
	A check list will be developed to assess the resources available for health service delivery at health facility level.

Actions Planned by Khost PPHCC for Cultivating Accountability	
	PPHCCs develop their own accountability
	All stakeholders will share information on their resources with PPHCC on quarterly basis.
	All stakeholders will share their relevant information and reports with PPHCC as well as with the community through media.
	PPHCC members will accept constructive criticism from the community with open heart and open mind.
	Develop action plan in the PPHCC to ensure that the decisions taken are implemented, followed and follow up reported to next PPHCC.
	All updates on policies, strategies and guidelines will be shared with PPHCC members.
	During the celebration of world health days (safe motherhood, breastfeeding, TB, AIDS, etc.), health related information will be shared with communities, civil society and government departments.
	In order to create a good working environment, all stakeholders will share their

	responsibilities with PPHCC every quarter.
	A proper plan will be developed for meeting community concerns. The concerns will be discussed in PPHCC and solutions found.
	All PPHCC members will overview the operational plan on quarterly basis, note the progress, identify the gaps, and provide recommendation for filling these gaps.
	PPHCC will strengthen communication with health facilities through increased supervision and monitoring visits, face to face meetings, and via phone.
	PPHCCs promote accountability of the PHOs, the heads of the health facilities and the health workers
	During PPHCC joint monitoring visits to health facilities, the in-charge doctors of health facilities will be encouraged to share their challenges and successes. To further motivate the health facility staff, their success and achievements will be appreciated and they will be given help in meeting their challenges.
	Based on the standard tools, proper feedback will be provided to the health facility staff and PHOs.
	In case of detection or observation of gross and repeated problems on the part of health facility staff or PPHO staff, they will be called for face to face meeting for clarification.
	Based on evidence, health workers from health facilities and PPHO will be rewarded.
	Review the health workers' job descriptions, and give them clear targets.
	On time supply of medical and non-medical items to health facilities and PPHO will be ensured.
	All PPHO officials and the in-charge doctors of health facilities will have appropriate action plans. They will follow these plans and inform the Health Shuras about progress on plan.
	PPHO and in-charge doctors of health facilities will follow feedback given by PPHCC.
	Arrange press conference that is attended by PPHO, PPHCC members, in-charge doctors of health facilities to share information with public on their performance, resources and challenges.
	Conduct of meetings will be standardized by sending the agenda to participants 72 hours in advance. Minutes will be recorded in standard format. PPHCC decisions will be followed and their implementation ensured.

Actions Planned by Herat PPHCC for Cultivating Accountability	
	PPHCCs develop their own accountability
	As member of PPHCC, I will be punctual and attend all PPHCC meetings. I will actively participate in PPHCC meetings and meetings of its subcommittees.
	I am committed to follow up all decisions taken in the PPHCC meetings.
	I will implement a decision of PPHCC meeting even if I am not in its favor.

	I will regard principles of behavior change and communication.
	I will share the key achievements and important events with all members of the PPHCC.
	We, as committee members, will listen to opinions of each other.
	We will take decisions and implement them regardless of any political, geographical, lingual, tribal, religious and other discrimination and favoritism.
	We will express facts frankly and clearly without putting ourselves under someone's influence.
	We will share information about available resources and facilities with community through different ways like meetings, emails, messages, media, Facebook etc.
	A PPHCC member on rotation basis will participate in health facility shuras, coordination meetings of heads of health facilities, village shuras, and provincial council to share information.
	Prepare six months' activity plan for PPHCC and its subcommittees and specify responsible persons. Set time limits.
	PPHD will share strategic and activity plans with PPHCC members, seek feedback from them, and take appropriate action. PPHD will submit regular reports to PPHCC on progress made in implementation. PPHCC will review the activity plans and prioritize activities.
	PPHCCs promote accountability of the PHOs, the heads of the health facilities and the health workers
	Provide visitors books stamped by PPHD in all governmental, private, diagnostic and pharmacy facilities in order to be used during monitoring visits for recording the findings and recommendations of the visitors at health facility.
	Ensure availability of monitoring checklist of each section in their departments and use them during monitoring visits.
	Establish and implement reward and punishment mechanisms for staff in all governmental, non-governmental and private health organizations and recommend actions to the concerned organizations in this regard when necessary.
	Provide feedback in light of the monitoring visits to the relevant organization, follow up organization's action on the feedback, and reward good performance and punish poor performance.
	Collect project plans and reports of all organizations (GOs and NGOs) implementing health projects in the province and systematically follow up their performance as well as help them in solving their problems.
	Follow up and ensure registration and inventory of all portable and non-portable properties that values Afs 500 or more, or their life is more than one year in at least 50% of public facilities.
	Assessment of PPHOs performance by PPHCC members using the standards set in PPHO core functions framework.
	Take proper decisions with regard to complaints and suggestions received from different channels. PPHO team will analyze these and refer them to PPHCC for decisions making.
	Review and follow up of the feedback provided during past monitoring visits by

provincial and central monitoring teams and provision of suitable recommendations.
Establish a monitoring system for monitoring of District Health Officers, provision of feedback to them and provision of proper technical and managerial support to them.
Share received feedback in PPHCC and develop action plan for improvement
Assign appropriate role to people, and promote accountability culture within health teams, assign eligible personnel to implement health programs and avoid misuse of resources, set timeline for accomplishing activities in work plans, present achievements and challenges in PPHCC and subcommittee meetings, and provide documented evidence of transparent implementation of plan
Appear on media in live programs and provide answers to the questions from listeners

Actions Planned by the three PPHCCs for Setting a Strategic Direction

Actions Planned by Wardak PPHCC for Setting a Strategic Direction	
	PPHCC leads better
	On quarterly basis, a meeting of all stakeholders will be conducted to assess health-related problems and challenges at provincial level.
	Out of the problems/challenges identified in the meeting, a few critical challenges will be prioritized by the PPHCC members after discussion in PPHCC meeting, to find solutions.
	A committee will be assigned by PPHCC for making an action plan for solving the priority issues or problems and bringing the action plan to next PPHCC meeting for approval.
	Approved action plan will be implemented by responsible persons and progress report will be shared with PPHCC
	Those who achieved good results will be appreciated at provincial level.
	PPHCC ensures sound management
	At the beginning of new year, a meeting will be conducted with all stakeholders to share their annual plans and finally the PPHCC will develop an integrated annual operational plan for health and nutrition sector.
	Provincial public health directorate will make annual, quarterly and monthly operational plans based on its five year strategic plan.
	The progress of plan implementation will be shared in each PPHCC meeting and necessary actions will be taken for problem solving during implementation process.
	PPHD and PHC officer will carry out supervision and monitoring of plan implementation, share the progress and challenges with PPHCC and also keep the documentation in file.
	The plan implementation will be reviewed at the end of the year and for next year's planning, changes needed to improve work processes will be identified and

	made.
	PPHCC working with stakeholders sets a shared direction
	Conduct a special PPHCC meeting for setting shared vision and goals for provincial health system
	Develop a plan and measurable results keeping in mind the community's concerns and share it with all stakeholders.
	Implement the plan so developed
	Supervise and monitor plan implementation on monthly basis
	During implementation of plan, share the problems with PPHCC meeting to find proper and on time solutions.

Actions Planned by Khost PPHCC for Setting a Strategic Direction	
	PPHCC leads better
	In the month of 1392 sawar, conduct a meeting with all stakeholders to find out all health-related problems and challenges
	Appoint prioritization committee to assign priorities to these challenges for solving them.
	Make action plan for solving prioritized challenges.
	Implementation of the developed plan by responsible persons
	At the end of plan implementation, an evaluation will be done by PPHCC; the health workers who have demonstrated good achievements will be recognized by PPHCC; and these achievements will be widely shared for inspiring health workers in the province.
	PPHCC ensures sound management
	Develop an annual operational plan based on five-year strategic plan jointly with all stakeholders
	The plan so developed will be shared in PPHCC meeting for PPHCC's approval
	Responsible persons will implement the plan
	In every PPHCC meeting, progress on plan implementation will be shared by a responsible person
	Plan will be evaluated every six months i.e. once in the middle of year and then at the end of year.
	PPHCC working with stakeholders sets a shared direction
	For creating an ideal situation of public health at provincial level, all stakeholders' meeting will be conducted in which vision, mission, objectives, and measurable results will be developed.
	PPHD will develop an operational plan for achieving the set objectives in consultation with PPHCC.
	Responsible persons will implement the plan.
	At the end of year, plan implementation will be evaluated by PPHCC.
	After plan implementation, if evaluation finds that good results were achieved by a department, then the concerned department will be suitably recognized by PPHCC.

Actions Planned by Herat PPHCC for Setting a Strategic Direction	
	PPHCC leads better
	Establish a system for receiving health problems and needs through Primary Health Care Department. All health problems will be received by Primary Health Care Department, and through this office the problems will be referred to PPHCC.
	Prioritize the problems in PPHCC based on importance of the issue.
	Create a team for root cause analysis and establishing facts about a health problem discussed in PPHCC. Present facts and root cause analysis to PPHCC.
	PPHCC will communicate and coordinate with other stakeholders and finally make a decision to solve the problem.
	PPHCC will follow up the issue till the problem is fully resolved.
	Constitute a working team to recognize the needs and challenges at the provincial level consisting of community representative, representative of health service users, health system stakeholders and DHO from each district
	PPHCC will appoint a committee to prioritize recognized challenges and needs at provincial level and report them to PPHCC
	Establish a steering committee for developing operational plan, and mobilizing resources and stakeholder support
	Implement plan so developed. Use resources effectively and efficiently. Involve community representatives in execution of plan
	Supervise, monitor and evaluate performance, progress and results of plan so implemented
	PPHCC ensures sound management
	Identify health needs at the province level and prioritize them
	Identify all available resources in collaboration with stakeholders
	Develop provincial health plan considering the identified health needs and resources
	Monitor implementation of the plan
	Evaluate effectiveness of plan in meeting health needs of the communities in the province
	PPHCC will conduct a coordination meeting of health stakeholders for revisiting the long term strategic plan, and developing annual, semiannual and quarterly plans in the beginning of each working year
	Integrate and organize stakeholder plans and programs in light of MOPH strategic plan to prevent duplication and share it with all health sector stakeholders
	Each stakeholder will effectively and efficiently participate in implementation of plan. The implementation will be responsive to the needs of the community
	PPHCC will conduct regular joint monitoring to ensure that plans are implemented properly. A working team consisting of PHOs, community representative, EPHS and BPHS implementer NGOs, donors and other collaborative NGOs will be assigned for this purpose. This team will reflect on problems, challenges and

	progress of implementation and report to PPHCC
	Use results-based approach and use lessons learned in future plans
	PPHCC working with stakeholders sets a shared direction
	Governance subcommittee of the PPHCC will conduct monthly meeting with health shuras.
	PPHCC will facilitate development of local health plans in coordination with health shuras.
	Governance subcommittee of the PPHCC will coordinate and collaborate with health shuras for mobilizing resources to implement local health plans.
	PPHCC will follow up implementation of local health plans.
	Progress will be regularly reported to PPHCC members and health shuras.
	Build close relationships and coordination within and beyond health sector by inviting authorized representatives in the PPHCC meeting
	Recognize needs and requests from community and link them with relevant health sector stakeholder who is able to address the need
	Use community resources in planning process (annual, semiannual, quarterly and monthly plans).
	PPHCC will have specific agenda on evaluation of DHCC performance and also for addressing issues referred to it by DHCCs
	Involve community in decision making, implementation, supervision and evaluation of health service performance through PPHCC's close coordination and collaboration with DHCCs, and health shuras at health facility and health post levels.

Actions Planned by the three PPHCCs for Stewarding Resources

Actions Planned by Wardak PPHCC for Stewarding Resources	
	PPHCC promotes ethical and moral integrity in the PPHO
	Include issues related to ethical and moral integrity in PPHCC agenda in order to find solutions for them.
	To prevent corruption, establish a committee of three respectable persons who will share its report with PPHCC every quarter.
	Share with PPHCC members every month using email the results of ethical and moral integrity assessment in the functioning of PPHO.
	Share the progress on ten key health indicators on monthly basis through Facebook of PPHD office. Share achievements of PPHO through PPHO's monthly magazine.
	PPHD office related tenders will be published in Facebook and in BADLOON magazine.
	PPHCC promotes ethical and moral integrity in the province's health system
	Develop capacity of 50 health workers each month in ethical and moral integrity.

	Collect information about ethical and moral integrity from 24 health facilities within six months and share it with PPHCC. Reward or punish the concerned health workers based on this information.
	Share the results of ethical and moral integrity in the health service delivery every month with PPHCC members using email.
	The supervision team through community health supervisor will encourage sehi shura members to take part in supervision of health facility.
	On quarterly basis, budget and expenditure figures will be shared with provincial council and civil society organizations.
	Health workers involved in corruption will be introduced to investigation and judicial departments.
	PPHCC promotes efficient use of resources in the PPHO
	Undertake joint monitoring and assessment of units within PPHO each month and share the report with the PPHCC.
	PPHCC promotes efficient use of resources in the province's health system
	Undertake joint monitoring and assessment of four health facilities each month and share the report with PPHCC.
	Monitor the achievement of targets of 10 health facilities each month. Allocate resources based on efficient use of resources.
	Distribute medicines to health facilities based on utilization by the community. Share the report with PPHCC.
	On quarterly basis, the data from health facilities will be analyzed for identification of their utilization (well utilized, over utilized and underutilized health facilities).
	Quality improvement project will be implemented and followed up in eight health facilities.
	PPHCC measures performance in the PPHO and province's health system
	According to performance criteria for basic health centers, assess 15 BHCs each month and share the performance information with community representatives and sehi shuras.
	According to performance criteria for sub health centers, assess 15 SHCs each month and share the performance information with community representatives and sehi shuras.
	PPHCC uses information and evidence in the PPHCC decision making
	Pay attention to accuracy of data and information during monitoring visits to four health facilities each month and share the findings with PPHCC.
	PPHCC will take all decisions regarding establishment, upgrading and downgrading of health facilities strictly based on evidence.
	Compare 10 key health indicators of BPHS and 4 indicators of EPHS against targets and present the results in PPHCC meeting.
	PPHCC uses technology in the PPHCC decision making
	Prepare and send weekly plan and report to Governor's office and Provincial Council via email and obtain their feedback
	Conduct HMIS review meeting on quarterly basis and share main findings with PPHCC members. Use some of these HMIS review findings in strategic planning

process
All important emails attachments will be printed by PPHD secretary and after taking approval of PPHD, the secretary will share these with PPHCC
The main points of all the new policies, strategies, guides and protocols received by PPHO team will be shared by concerned PHO with PPHCC members in the PPHCC meeting.
All seven DEWS sentinel sites will give weekly report to DEWS officer on mobile telephone. DEWS officer will analyze the reports on weekly basis and share the results of his analysis with PPHCC once a month

Actions Planned by Khost PPHCC for Stewarding Resources	
	PPHCC promotes ethical and moral integrity in the PPHO
	Community will be involved in monitoring of health facilities. Each month two health facilities will be monitored.
	Policies, strategies and budget will be shared with all stakeholders on quarterly basis.
	All contracts of PPHO and implementing NGOs along with their performance will be shared with stakeholders on quarterly basis.
	PPHCC promotes ethical and moral integrity in the province's health system
	PPHCC will share all information in connection with health service provision with public through media, public meetings, internet, etc.
	To ensure quality, on time and transparent supply to health facilities, procurement committees of PPHO and NGOs will be strengthened.
	The inventory of PPHO and NGOs will be updated every six months.
	PPHCC promotes efficient use of resources in the PPHO
	PPHCC will review all existing resources (manpower, money, material). Those resources that have not been utilized effectively or efficiently in the past will be prepared for better utilization.
	PPHCC will use the resources to achieve identified priorities.
	PPHCC will continuously monitor use of resources to improve quality of health services.
	PPHCC promotes efficient use of resources in the province's health system
	PPHCC will develop operational plan in the light of MOPH strategic plan, implement and follow this operational plan for achieving the desired results.
	PPHCC will develop procedures to prevent corruption in the health system in the light of the applicable law.
	For provision of quality health services and quality assurance of the medicines and pharmaceuticals, PPHCC will take quick steps for establishment of a well-equipped quality control laboratory.
	PPHCC measures performance in the PPHO and province's health system
	Community and health shuras will be involved in measurement of results.

	PPHCC will collect information, and analyze, interpret, and use it for planning for future.
	PPHCC will appraise performance and reward good performance.
	PPHCC uses information and evidence in the PPHCC decision making
	PPHCC will arrange on the job training for PPHO staff, and build their capacity in order to ensure high quality monitoring and supervision of health resources
	PPHCC will make decisions based on evidence.
	PPHCC will involve community while making evidence based decisions.
	PPHCC uses technology in the PPHCC decision making
	PPHCC will use MOPH internet site for collecting information.
	PPHCC will be oriented on important websites so that the members will be able to use the information for planning and their own capacity building.
	PPHCC will be oriented on LeaderNet website (http://leadernet.msh.org/) to help them improve their leadership performance.
	PPHCC will have the phone numbers of in-charge doctors of health facilities as well as the phone numbers of disaster and emergency relief committee members of 12 districts.
	PPHCC will use mobile phone and internet for collection of information.
	District Health Officers will be provided with laptop computer with internet facility.

Actions Planned by Herat PPHCC for Stewarding Resources	
	PPHCC promotes ethical and moral integrity in the PPHO
	PPHCC will conduct educational sessions for PHOs about honesty, moral integrity, observance of official rules and regulations, and proper attitude and behavior with clients.
	Establish evaluation committee for searching employees with best ethics, good performance, and who make efficient use of resources.
	Select best employee of the quarter according to above mentioned criteria in each quarter.
	PPHCC will conduct workshops related to ethical and moral integrity at least once for all health care providers. Awareness regarding ethical and moral integrity will be disseminated through media.
	Build a mechanism to evaluate staff performance and recognize staff who are effective, talented and committed, and also staff who are almost totally ineffective. PPHCC will issue appropriate rewards and punishments
	Use on semiannual basis instruments for self-assessment, and peer assessment at health facility level. Also make available beneficiary satisfaction forms at health facility level
	PPHCC promotes ethical and moral integrity in the province's health system
	Announce name of best employee of the quarter to all health staff via PPHCC to

	inspire them.
	Good performance and achievements, honesty, and transparency of departments and stakeholders will be announced in PPHCC meeting.
	In each quarter, one stakeholder will be selected as the best health stakeholder in the province by PPHCC.
	Establish a 3-member committee to evaluate violation of medical ethics and hold monthly meeting of this committee and share recommendations with PPHCC when needed
	PPHCC will recognize a well-performing stakeholder in the health sector every quarter and give wide publicity to their performance in Health Message journal
	Develop guidelines on ethical and moral integrity as a pocket book, incorporate them in the staff TOR, print them as a job-aid, hang them at an appropriate place in health facilities and broadcast them through media
	PPHCC promotes efficient use of resources in the PPHO
	Coordinate and collaborate among all stakeholders for efficient use of medicine and medical equipment via provincial pharmacy subcommittee and regularly report to PPHCC.
	Encourage administrative and financial staff of PPHO to raise and present their problems and challenges in the PPHCC meetings.
	Support and advocate for PPHD procurement team and allow them to do their procurement work in a cost efficient way. PPHCC will not create or allow any interference based on private interest in the procurement process.
	Establish a coordination and monitoring mechanism to prevent duplication and leakage of resources and to ensure effective and efficient use of resources through coordination of activities and plans among stakeholders
	Oversight and supervision of procurement process at all stages of procurement through financial and executive board
	Mobilize resources and use them in an effective and efficient manner to achieve good results in health sector
	PPHCC promotes efficient use of resources in the province's health system
	Share all plans and information on available resources for health, which are under the control of different stakeholders.
	Support provincial health department for developing strategic plan for health in the province.
	PPHCC will carry out joint monitoring of the use of resources invested for health by all health stakeholders.
	Build relationship and coordination among stakeholders for integration of activities and mobilization of resources
	Examine financial and activity reports in full coordination with Economic Department on regular basis
	Oversee and monitor budget expenditure, budget execution, and implementation of health projects
	PPHCC measures performance in the PPHO and province's health system
	PPHCC will assess PPHO performance and compare this performance with their

	work plan. PPHD will provide activity report to PPHCC on quarterly basis.
	In each joint monitoring visit, PPHCC will interview health facility clients and users of health services, present the result in PPHCC and measure the percentage of client satisfaction.
	Boxes to receive suggestions, complaints, and comments from clients and citizens will be established at all levels in the health system. PPHCC will review all received suggestions, complaints, and comments, analyze client feedback and take appropriate steps to improve the health services.
	Evaluate PHO performance using performance evaluation tools such as TORs, activity plans and performance reports
	Evaluate performance of health system using measurable indicators on quarterly basis
	Evaluate implementation of MOPH policies, requirements, standards and guidelines using national monitoring checklist
	PPHCC uses information and evidence in the PPHCC decision making
	PPHCC will identify specific teams for review of all evidence on an issue before voting for that issue in the PPHCC. For example, PPHCC will review evidence before taking a decision on establishment of a new health facility, starting of a new health project, or upgrading of a health facility.
	When PPHCC proposes to reject a request of a community, a representative of that community will be invited in the PPHCC meeting and all evidence and collected information will be shared with him or her.
	PPHCC will assess reports received from health stakeholders. If there is a problem with the information and data in such a report, PPHCC will train that stakeholder in collection, analysis and use of data and information.
	Establish a committee to review and study evidence for PPHCC decision making, for example, for establishment of new health facility, or upgrading of health facility
	Use HMIS data for planning and decision making in PPHCC and in provincial health system
	Use data and information collected through health surveys and assessments, for example, a survey conducted for identification of catchment area of a health facility for better health service provision or a survey conducted for recognition of white areas
	PPHCC uses technology in the PPHCC decision making
	List of health facilities-in-charge doctors and health shuras representatives along with their phone numbers will be prepared and made available for all PPHCC members and PPHO.
	PPHCC will identify health facilities that do not have access to information technology.
	PPHCC will select specialist doctors as focal points in various specialties for giving consultation and advice via phone to doctors, midwives and nurses in primary health care services in emergency situations.
	Health messages will be delivered via mobile phone to health facilities. Each

month one special message will be selected by PPHCC according to health need and health situation, and sent to all health facilities in the province.
PPHCC will prepare and send list of phone numbers of all health staff and PPHO to health facilities.
PPHO will receive reports of emergency cases, events or outbreaks through communication instruments such as Codan and Radios
PPHCC will have a list of health facility in charge doctors with their contact details to communicate with them in a timely manner
Disseminate health messages through SMS
Use GPS for accurate identification health facility location
Share health information with people through website, Facebook, journal and other media