Rebuilding the Health Sector in Afghanistan

PROFESSIONALIZING LEADERSHIP AND MANAGEMENT AS A PILLAR OF THE HEALTH SYSTEM
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To improve prospects for stronger health systems and more sustained health gains, USAID, through the Leadership, Management and Governance Project, is investing in individuals and institutions that build the capabilities of those who lead, manage, and govern in the health sectors of low- and middle-income countries.

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Executive Summary

Since the fall of the Taliban regime in 2002, significant strides have been made in Afghanistan to rebuild health facilities, deploy health care workers, and establish systems that provide access to basic health care and hospital services. A critical element of the health systems redevelopment and strengthening process has been to strengthen leadership and management capacity at all levels to ensure that there is a strong platform that supports health service delivery. Since 2002, Management Sciences for Health (MSH), with funding from the U.S. Agency for International Development (USAID), has partnered with Afghanistan’s Ministry of Public Health (MOPH) to support the development of a strategy to build the leadership capacity of MOPH staff. The strategy includes the roll out of the Leadership Development Program (LDP) for health care workers and managers across the country. MSH projects, with USAID funding, have also worked over the past decade to institutionalize capacity building of health leaders and managers by supporting the establishment of the Management and Leadership Development Department within the MOPH, which has in recent years strengthened the governance skills of decision-makers within the ministry and on health committees at the national, provincial, district, and community levels.

The result has been the creation of an emerging group of professional leaders and managers throughout the country who are contributing to a stronger health system and positive health outcomes for the people of Afghanistan. These accomplishments, along with MSH’s approach to providing support to Afghanistan’s health leaders during the reconstruction, recovery, and development of the country’s health sector are described in this briefing paper. By outlining in detail how Afghanistan’s health system has been rebuilt over the past decade, we hope this briefing paper may serve as a guide in planning future interventions that further strengthen the country’s health sector institutions, and serve to guide and empower Afghanistan’s health leaders to provide the best services possible to the country’s population.
Introduction to the Post-War Health Context in Afghanistan

In 2002, at the fall of the Taliban regime after two decades of war, Afghanistan suffered some of the world’s worst health indicators, including a maternal mortality ratio of 1,600 per 100,000 live births and an infant mortality rate of 165 per 1,000 live births. Most of the health infrastructure was destroyed and many health workers were killed or forced to live in exile.

To reverse this decline, the Ministry of Public Health (MOPH) began working with the international community and civil society, first to provide emergency health services to a long-suffering population, and then with its partners to reconstruct the health system. One of the main goals was to develop the capacity of its health workers and organizations and institutions in a sustainable way.

The results achieved by the health system in Afghanistan over the past decade are impressive. The health indicators from the 2010 Afghan National Mortality Survey and service delivery indicators (Figure 1) help tell the story of a health system on the mend.

Maternal mortality has fallen by two-thirds, from an estimated 1,600 deaths per 100,000 live births in 2002 to fewer than 400 deaths in most parts of the country.

Infant mortality fell from an estimated 165 deaths per 1,000 live births in 2000, to 129 in 2004/2005, to 77 in the 2010 survey. Likewise, under-five mortality fell from 257 deaths per 1,000 live births in 2000, to 191 in 2004/5, to 97 in 2010. This decrease is equivalent to saving the lives of 150,000 infants and children per year.

**Figure 1 - Health and Service Indicators for Afghanistan**

<table>
<thead>
<tr>
<th>Afghanistan’s key health and health service indicators</th>
<th>Earliest available post-2002 data</th>
<th>Most recently available data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-five mortality rate (per 1,000 live births)</td>
<td>257 (2002)</td>
<td>97 (2010)</td>
</tr>
<tr>
<td>Maternal mortality rate (per 10,000 live births)</td>
<td>1,600 (2002)</td>
<td>327 (2010)</td>
</tr>
<tr>
<td><strong>Service Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of birth attended by a trained provider*</td>
<td>12.2% (2004)</td>
<td>45.6% (2011)</td>
</tr>
<tr>
<td>Contraceptive prevalence rate* (modern methods)</td>
<td>16.2% (2004)</td>
<td>37.0 (2011)</td>
</tr>
<tr>
<td>Children aged 1-2 fully immunized (DPT3)*</td>
<td>14.7% (2004)</td>
<td>47.1% (2011)</td>
</tr>
<tr>
<td>Percentage of health facilities with at least one female health worker</td>
<td>54.0% (2004)</td>
<td>74.0% (2012)</td>
</tr>
<tr>
<td>Service utilization rate (patient visits per capita per year)</td>
<td>0.20 (2003)</td>
<td>1.60 (2010)</td>
</tr>
<tr>
<td>Number of active health facilities</td>
<td>912 (2002)</td>
<td>2,047 (2012)</td>
</tr>
<tr>
<td>Proportion of rural Afghan living within 1 hour walking distance of a health facility</td>
<td>&gt;10% (2003)</td>
<td>57.4% (2008)</td>
</tr>
<tr>
<td>Monthly HMIS reports submitted</td>
<td>5.0% (2003)</td>
<td>93.0% (2013)</td>
</tr>
</tbody>
</table>

* Indicates services provided in USAID-supported provinces
Systems Strengthening Activities in the Health Sector

The post-conflict situation in Afghanistan provided a unique opportunity to redesign and rebuild the health system, almost from scratch. Prior to 2002, the vast majority of health service delivery systems were non-existent, nascent, or informal. There was little effective oversight from the national, provincial, and local government levels. When international donors and partners convened in 2002 to assess current needs, they saw the opportunity to work with the new government bodies to provide technical expertise and the resources required to construct a health system for the Afghan context.

As part of this process, important decisions were made across all of the six health system strengthening building blocks: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance. The MOPH has recognized that the last building block, leadership and governance, is critical to the efficient and effective use of scarce resources for delivering quality health care to local populations. As they worked to rebuild their health system, Afghanistan’s health authorities also worked to improve the way that health providers were managing and leading their facilities and teams.

Through the USAID-funded Afghanistan Health Services Enhancement Project (AHSEP), the Rural Expansion of Afghanistan’s Community-based Healthcare (REACH)\(^1\) Project, Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A), the Technical Support to the Central and Provincial Ministry of Public Health (Tech-Serve)\(^2\) Project, and the Leadership, Management and Governance Project (LMG-Afghanistan), MSH has supported Afghanistan’s health leaders in all stages of the reconstruction, recovery, and development of the country’s health sector.

In each of these USAID-funded projects, support evolved from training health care workers in the development of Afghanistan’s Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS), to national-level support for mechanisms to contract out health services to non-governmental organizations (NGOs) across the country. Projects also supported governance structures and technical leadership at the MOPH.

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\(^1\) The REACH program was a USAID-funded contract with period of performance from 2003 to September 2006.

\(^2\) The Tech-Serve project was a USAID-funded cooperative agreement with a period of performance from July 2006 to September 2012.
The LMG-Afghanistan Project

In September 2012, the activities of Tech-Serve, a USAID-funded health project designed to enhance performance and improve senior health leadership in Afghanistan, were transitioned to the Leadership, Management and Governance Project in Afghanistan (LMG-Afghanistan). The aim of the LMG-Afghanistan Project is to further strengthen the capacity of the Afghan Ministry of Public Health (MOPH) to lead, manage, and govern the delivery of Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) to ensure access to and quality of health services, particularly for those at highest risk. The LMG-Afghanistan Project is administered as part of the USAID-funded Leadership, Management and Governance (LMG) Project, a global health project that supports activities in 42 countries worldwide to improve leadership, management, and governance practices as a way to create stronger health systems and improve health for all, including vulnerable populations.

The LMG-Afghanistan Project builds upon the strengths and successes of the Tech-Serve Project to promote enhanced performance of health leadership at different levels of the health system. LMG-Afghanistan’s focus is on providing direct technical assistance and coaching to MOPH senior leadership to build technical capacity and governance capabilities.

Local ownership is a priority and is woven into all LMG Project activities. It is also one of the fundamentals of the “Tao of Leadership” philosophy of the project’s implementing partner, Management Sciences for Health. Strategies designed to strengthen health leadership are developed by Afghans, for Afghans, with international technical assistance used to promote global knowledge exchange and quality oversight.

TAO OF LEADERSHIP

Go to the people
Live with them
Love them
Learn from them
Start with what they have
Build on what they know.

But of the best leaders
When their task is accomplished
The work is done
The people will say
We have done it ourselves.

—Lao Tzu
The Pathway for Institutionalizing Leadership, Management, and Governance Development for Health Sector Managers

The Abuja Declaration (WHO 2011) reported on investments in health and noted that funding targets are being missed both domestically and in terms of international assistance: “[T]he absolute level of resources available in relation to the health needs is well below what is needed.” Ministries of Health (MOHs) in many developing countries recognize that delivering quality health care to their populations requires money but also depends on efficient and effective use of all resources, and effective management and leadership of facilities and teams.

If scarce resources are managed more carefully, and the time and energy of men and women working in difficult health situations is also managed as a precious resource, senior health professionals working in concert with facility and district health managers, could mobilize more local resources and social capital to improve health for all. The LMG project believes that delivering quality health services requires more than clinical skills; a culture of leadership is also needed in which a cadre of senior health professionals at all levels of the system have the tools and knowledge they need to lead, manage, and govern within the health sector.

The LMG Project’s Leading, Managing and Governing for Results Conceptual Model (Figure 2) shows how leadership, management, and governance practices work together to enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure 2 – LMG Conceptual Model

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3 This briefing paper makes substantial reference to the Management Sciences for Health publication, “Paving The Way Toward Professionalizing Leadership and Management in Healthcare,” The eManager, No. 2, June 2013, available in the Tools and Resources section of the LMG Project website (www.lmgforhealth.org).
Leaders need to know how to scan stakeholders’ needs and priorities and recognize trends, opportunities, and risks that affect the organization and staff. They should focus on strategic priorities and the group’s mission and facilitate teamwork. They should also inspire staff by demonstrating honesty in interactions, showing trust and confidence in them, and acknowledging their contributions.

Managers need to know how to plan by setting short-term organizational goals and performance objectives, developing multi-year and annual plans, allocating adequate resources, and anticipating and reducing risks. They should be able to organize and align staff capacities with planned activities. They must know how to monitor and evaluate progress against plans, provide feedback, identify needed changes, and improve work processes, procedures, and tools.

People who govern must know how to cultivate accountability, engage stakeholders, set a shared direction, and steward resources. Working together and supporting all aspects of a health system, these practices lead to improved health system performance, which in turn leads to better health outcomes.

**Professionalization of Health Leaders and Managers: Basic Principles**

A staged process for the professionalization of health leadership and management has been identified over the course of the LMG project. The process emphasizes ownership to establish a sustainable and appropriate approach. The process uses the following guiding principles:

- **Connection and interdependency** holds individuals accountable.
- **A supportive work environment** keeps groups focused on their primary task: providing quality health care.
- **Focusing on a specific challenge** helps teams guide their activities, identify resources, track progress, and align with other key stakeholders.
- **A shared vision** gives people a sense of purpose and is powerful in improving the motivation and performance of the health workforce.
- **Sustainability through practical leadership**, or the concept that people can lead at any level, mobilize resources, and get things done is a powerful antidote to low morale, and empowers people to take action.
The Four Phases of Professionalizing Leadership and Management

The process of professionalizing leadership and management has four phases, which progress from the identification of the need in the country to institutionalizing and sustaining the process. First, it is important that local stakeholders identify their needs. This should be followed by a capacity assessment, and the first interventions to strengthen identified weaknesses in leadership and management competencies. This is often the phase where human resources systems start to identify required leadership and management competencies at different levels of the health system for the first time, and begin to make staffing decisions that take these skills into account.

As capacity at the individual level starts to develop, the next phase focuses on creating a pipeline and system to institutionalize the professional development of leaders and managers to ensure that existing professionals can continue to grow and new professionals will be prepared to join the health sector. Finally, as the pipeline becomes functional, the focus shifts to sustaining results. By this point in the process, leadership and management skills should be valued and required for senior level positions. Additionally, health management will be recognized as a professional discipline, with certification systems, professional development programs, and academic programs in place.

A community health supervisor discusses progress with a community health worker.
PHASE 1  Near Term

Developing the Value proposition

The benefits of good leadership, management, and governance are often under recognized. Target audiences for early interventions include early adopters, champions in government, and faculty open to experimentation. Interventions include: demonstration projects focusing on specific management challenges; advocacy through talks with stakeholders and public declarations recognizing the importance of leadership, management, and governance; and support of surveys that show the consequences of effective (or ineffective) leadership, management, and governance.

PHASE 2  Medium Term

Developing Leadership, Management, and Governance Competencies

Recognition of the importance of management co-exists with a poor understanding of how to build such capacity. The government lacks policies and hiring practices that require senior managers to have management and leadership skills. Target audiences are facility staff and government units responsible for management functions. Interventions include: training in leadership and management skills for senior government officials and facility managers; integration of good practices into daily work; and advocacy for hiring and promotion practices on proven leadership, management, and governance skills.

PHASE 3  Thinking Long Term

Creating a Pipeline

Health management is recognized as an important function, and staff are trained to manage and lead more effectively. Senior managers are required to demonstrate leadership, management, and governance attitudes and skills. Efforts are underway to create a pipeline of health managers. Target audiences include professional associations, faculty of schools of medicine and nursing, allied health professionals, and ministries of higher education. Interventions include: integration of management, leadership, and good governance education in academic and professional development programs; establishment of professional networks and associations; development of a process for maintaining credentials; and establishment of career paths for future generations of health managers.

PHASE 4  Sustained Practice

Institutionalizing Standards and Certification Requirements

Proficiency in leadership, management, and governance is a prerequisite for those who hold senior positions in the health system. Health management is recognized and valued as a professional discipline, with standards, certification requirements, and academic programs leading to a health management degree. Target audiences include later adopters and students interested in a non-clinical career in health care. Interventions include: maintaining standards; publications in professional journals; awards to health managers for quality health care; job fairs for students to demonstrate health management as a clear career path; and requiring a track record of good leadership, management, and governance for promotion to senior positions.
The Pathway to Professionalizing Leadership and Management in Afghanistan

From the beginning of its work in Afghanistan, MSH has been supporting the MOPH and other local partners to strengthen and institutionalize leadership and management capacity. In the early stages of the work, efforts focused on putting basic components of the health system in place to facilitate access and availability of basic health services. However, as systems were established and began to function more effectively and independently, the focus shifted toward improving leadership, management, and governance competencies to strengthen health service delivery. The LMG-Afghanistan Project facilitated this process in four phases: developing the value proposition; developing leadership, management, and governance competencies; creating a pipeline for health leaders and managers; and finally, institutionalizing standards and certification requirements.

Phase 1: Developing the Value Proposition

Reconstructing Systems for delivery of BPHS/EPHS
During the early stages of the system reconstruction, the MOPH prioritized making health services widely available to address the country’s greatest health needs. To expand services, the AHSEP, COMPRI-A, and BASICS projects needed to address many key issues including governmental policies, human resource capacity, management and leadership, quality performance, and data management. These projects laid the groundwork for the health system by supporting basic leadership and management training, increasing access to health information and products by strengthening private sector capacity through a comprehensive and integrated social marketing program, and supporting the strengthening of child health systems throughout the country.

Figure 3 – MSH project history in Afghanistan

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership, Management &amp; Governance (LMG)</td>
<td>08/2012–09/2014</td>
</tr>
<tr>
<td>Tuberculosis Control Assistance Program (TB Care I)</td>
<td>2011–09/2014</td>
</tr>
<tr>
<td>Basic Support for Institutionalizing Child Survival (BASICS)</td>
<td>2008–2011</td>
</tr>
<tr>
<td>Grants Management Solutions (GMS)</td>
<td>2007–2012</td>
</tr>
<tr>
<td>Technical Support to the Central &amp; Provincial MOPH (Tech-Serve)</td>
<td>07/2006–09/2012</td>
</tr>
<tr>
<td>Communication for Behavior Change: Expanding Access to Private-Sector Health Products and Services in Afghanistan Project (Compri-A)</td>
<td>2006–2012</td>
</tr>
<tr>
<td>Tuberculosis Control Assistance Program (TB CAP)</td>
<td>2008–2011</td>
</tr>
<tr>
<td>Rural Expansion of Afghanistan’s Community-Based Healthcare Program (REACH)</td>
<td>2003–2006</td>
</tr>
<tr>
<td>Afghanistan Health Services Enhancement Project (AHSEP)</td>
<td>2002–2003</td>
</tr>
</tbody>
</table>
The REACH Project supported the MOPH to develop the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS). These packages defined a standard list of health services that are expected to have the greatest impact on major health problems that are cost effective, and offer equal access for rural and urban populations.

As the mechanism for the delivery of the BPHS and EPHS, the REACH project supported the MOPH to implement a performance-based grant mechanism to support health service delivery through local and international NGOs throughout the country. The REACH Project also worked alongside the MOPH to decentralize provincial public health offices and develop ownership of the health system to eventually inherit decision making, planning, monitoring, and supervision of the facilities.

The expansion of health services through the new mechanism highlighted the need for systematically assessing and identifying technical needs of NGOs, including the administrative and clinical management systems. It became clear that all areas of the health system needed leadership and mobilization of resources to overcome obstacles and implement a change in behavior for a desired and agreeable goal.

Based on its experience with leadership development in other countries, MSH identified the need early on to apply similar interventions in Afghanistan to contribute to improving the quality of and access to health services. In 2005, under the REACH project, 15 MSH and Afghanistan MOPH employees went on a study tour to see the effects of a similar program in Aswan, Egypt, where MSH’s Leadership Development Program...
“Communication with the people affects the quality of services. Most people’s lives are damaged by the war. Some need treatment, but most really need skills, and to examine how they’re thinking and how they’re listening. This is all part of governance. Within the ministry, how to communicate between departments, how to plan, and how to be accountable—these are the issues we need to address within the ministry.”

—Dr. Ihsanullah Shahir, General Director of Human Resources, MOPH
Upon their return to the provinces, the provincial health advisors created LDP committees made up of representatives from NGOs, the public sector, and sometimes other donor project staff. These committees organized LDP sessions and refresher trainings following a cascade model that included trainings of trainers. A group of dedicated and influential LDP leaders emerged, providing much of the impetus and enthusiasm that has since cultivated interest within the MOPH to strengthen the leadership and management competencies of ministry staff. This awareness and interest eventually culminated in the establishment of the Management and Leadership Development Department (MLDD) within the MOPH under the USAID-funded Tech-Serve Project.

The cascade model of training created a uniform understanding of concepts and vocabulary, which made talking about management and leadership improvements more focused and actionable. With respect to leadership improvements, teams learned to: scan the environment to understand the work context; focus on particular areas for improvement linked to health indicators and goals; identify their stakeholders and their needs; and acknowledge staff for their good work. With respect to management improvements, team members learned the basics of planning, as well as how to monitor and evaluate their activities.

The teams then used a tool called the Challenge Model to develop a vision for what they wanted to achieve, and outline concrete steps to achieve the vision based on the current situation and root causes of obstacles. In many cases, the act of creating a shared vision and stating a measurable desired result was novel and inspiring to staff. The process was transformational; formerly passive employees banded together when provided with a clear way to tackle a challenge they never thought they could overcome.

At the conclusion of the Tech-Serve project, staff working at the LDP sites in the provinces were continuing to help each other articulate the office or facility’s mission, create a shared vision, identify a critical and urgent challenge, conduct a root cause analysis and set priorities and develop an action plan and monitoring and evaluation plan for each challenge. In addition, by systematically using the management

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**The Leadership Development Program (LDP)**

In the LDP, health teams select a challenge to focus on and systematically work through a series of questions that lead them to identify root causes, mobilize and organize available resources, overcome obstacles, and implement a change plan. The LDP helps organizations develop managers who lead, with a vision of a better future, by focusing on three objectives:

1. Learn the basic practices of leading and managing their work teams to face challenges and achieve results.
2. Create a work climate that supports staff motivation
3. Create and sustain teams that are committed to continuously improving client services.

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**Figure 4 – Challenge Model**

- **Mission/Priority Health Area**
- **Vision**
- **Measurable result:**
- **Obstacles and root causes**
- **Priority actions**
- **Current situation:**
- **Challenge:**
and leadership practices they learned in the LDP sessions, health leaders and managers were able to achieve their desired results. For example, the regional maternity center in Herat applied the Challenge Model to improve their compliance with infection prevention standards. They began with a baseline score of only 5%. Within a year, the compliance score was 58%.

Other notable LDP accomplishments in Afghanistan include:

- More than 2,000 Health Workers have completed the LDP since 2007
- 86 health workers have attended leadership, management, and governance orientation seminars
- 80 trainings of trainers have been conducted to develop LDP and LDP+4 facilitators
- LDP action plans have been implemented and results achieved in 206 health facilities

Over the course of the Tech-Serve project (2006-2012), the LDP went from being an external intervention conducted by expats to a fully owned Afghan program that has been delivered countless times in all of the USAID-supported provinces. This leadership program has also attracted the attention of officials in a number of provinces supported by the European Union (EU) and the World Bank, where skilled facilitators are preparing local facilitators to continue the program. The Management and Leadership Development Department (MLDD) at the MOPH is now leading implementation of the LDP, with technical assistance and support from the LMG-Afghanistan Project.

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4 The Leadership Development Program Plus (LDP-Plus) takes the best of the empowering and inspiring parts of the LDP and adds a governance element which aims to enhance ownership of the leadership development process to link results to a high level strategy for health system improvement.
MOPH Management and Leadership Development Department (MLDD)

A key step toward the institutionalization of leadership and management capacity building at the MOPH was the establishment of the Management and Leadership Development Department (MLDD) within the General Directorate for Human Resources. This department was conceptualized under the Tech-Serve Project and established in April 2012 with three staff. With the support of the LMG-Afghanistan Project, this department has continued to grow and expand the reach of leadership development activities within the MOPH and across the health sector. The MLDD was tasked with capacity building of mid-level and senior staff in management and leadership. With this step, the ministry has recognized that a clinical education alone—a common criterion for selection and promotion—is not enough to reduce maternal and child mortality and morbidity; building the leadership and management skills of MOPH staff is also critical.

Understanding the need for skilled leaders and managers in the health sector, and making this a legitimate concern for health officials, is a significant accomplishment made possible through the contributions of champions for management and leadership development in Afghanistan. The three-person team that supported the MLDD was a subset of these energetic champions of MSH’s Leadership Development Program who were well-versed in the critical pedagogical approach that underlies the program. They served as planners, LDP facilitators, and champions for leadership development. They were also responsible for coordinating a cadre of certified LDP facilitators who were placed across Afghanistan to enhance the ability of the MOPH to implement LDPs with health facilities and decentralized health authorities.

Strengthening Governance Skills and Capacity at the National, Provincial, District, and Community Levels

The strengthening of governance capacity was added to the LMG-Afghanistan Project to complement the development of leadership and management skills that started under the REACH and Tech-Serve Projects. In the public sector, these skills are critical given the overall governing role that the MOPH and...
decentralized health authorities are expected to perform. Interventions in this area have been targeted at supporting the decentralization of health system management through provincial health system capacity development, which has required the development of governance guides and training for Provincial Public Health Committees (PPHCCs), District Health Coordinating Committees (DHCCs), and Community Health Shuras. Similarly, governance training modules have been developed for the MOPH governing bodies that oversee technical areas and the provincial health system.

To best support these decentralized bodies to achieve their missions, the LMG-Afghanistan Project conducted a needs assessment, which revealed the need for governance improvements. At the decentralized levels, the PPHCCs and the DHCCs are the two important governance bodies within the formal structure of the Afghanistan provincial health system. Their role is to support the coordination, monitoring, and oversight of health service delivery. These bodies coordinate with the MOPH Provincial Liaison Directorate that is responsible for overseeing the provincial health system.

In 2013, LMG-Afghanistan supported the Provincial Liaison Directorate to assess and improve governance in three provinces (Herat, Khost and Wardak) and 11 districts by helping develop and pilot Governance Guides for PPHCCs and DHCCs. According to the post-intervention evaluation, PPHCCs improved on governance measures by an average of 13.2% and 18.5% using two different scales. 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%. Perhaps most significantly, the intervention was associated with a 20% increase in the antenatal care visit rate in the pilot provinces. The success of the pilot activities in these three provinces has led to the roll out of the guidelines in nine additional provinces. The MOPH has also proposed to adopt and implement the guidelines nationally.

Governance Support and Training at the Central Level

To target governance bodies at the national level, the LMG Afghanistan program developed and piloted a training manual on effective public sector governance. The training used an experiential learning methodology to build knowledge and skills on governance principles and practices. It also included modules on assessment, governance enhancement planning, stakeholder mapping, ethics, monitoring and evaluation of performance, and governing body operations and infrastructure.

The workshop resulted in significant changes in the leadership, management, and governance knowledge and skills of the participants, with scores increasing by 30% from pre-test to post-test. Changes in the knowledge and skills of participants were assessed for the following subjects:

- The organization’s vision and mission
- Leadership, management, and governance
- Developing strategy and indicators
- Team development

The training manual is designed to provide participants with concrete skills and tools they can apply in their governing bodies to improve the way they carry out their role. The project will focus on rolling this training out to the various governing bodies at the MOPH to ensure that individuals are able to build skills and use those skills within their teams.

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5 Community Health shuras serve as an advisory committee and operate at two different levels: the health post level and the health facility level. Shura is an Arabic word for consultation.
Training for Hospital Management Teams
As part of the process of supporting a transition towards autonomous functioning of 16 national and specialty hospitals, the LMG-Afghanistan program has conducted Leadership Development Programs (LDPs) with the hospital management teams. Training sessions on hospital administration and governance have also been developed in partnership with the Johns Hopkins Bloomberg School of Public Health to develop skills and provide practical tools that hospital management teams can use to oversee administrative and clinical systems that promote high-quality service delivery. These combined training sessions include financial management, procurement, monitoring and evaluation, and human resources management, along with sessions on governance, problem solving, and quality improvement. This package of training activities is designed to improve individual skills; to support teams to operate more independently, efficiently, and effectively; and to prepare them for their new planning and decision-making roles.

Senior Leadership Program
In February 2013, the LMG-Afghanistan program introduced the Senior Leadership Program (SLP). The SLP aimed to raise awareness among senior MOPH leaders, including the health minister, three deputy ministers, and seven general directors (the highest echelon of health leadership within Afghanistan) about the importance of leadership capacity in the health sector. The program not only enhanced their leadership skills but also positioned them to become champions of leadership development within Afghanistan.

During the initial training sessions that were led by senior professors from Johns Hopkins University, the Minister of Public Health and other senior MOPH officials reviewed SLP principles and applied them to the health context in Afghanistan. During the training sessions, participants identified national priority health problems, developed a shared vision for improving leadership capacity within the MOPH, conducted a root cause analysis of obstacles, and discussed strategies for overcoming them to achieve their vision.
Phase 3: Creating a Pipeline for Health Leaders and Managers

Institutionalizing Leadership Development for Health Sector Leaders, Managers, and Policymakers

Through the support of the MSH projects in Afghanistan, the country has reached the stage where it is ready to institutionalize leadership, management, and governance professional development for health care leaders, managers, and policymakers. Significant progress has been made to build ownership and demand for continued strengthening of these skills, with strong buy-in from the most senior levels of the MOPH. Many of the senior leaders at the MOPH have participated in the LDP, which has helped to transform their view of how leadership development can and should be institutionalized. Much of this commitment is vested in individuals and champions, even though the systems are in the early stages of development. A true test will be how well the MOPH can sustain progress in health systems strengthening activities in the midst of changes in leadership, donor priorities, funding mechanisms, and implementer roles in Afghanistan’s next transition period. In 2014, a number of key activities are set to take place that impact the health system: the role of international security forces is declining, a new President has been elected, and international donors are moving towards more consolidated mechanisms for direct development support to the health sector through a new World Bank funded mechanism called the System Enhancement for Health Action in Transition (SEHAT) Project.

As the national health sector strategic plan takes shape, one of the strategic directions MSH has taken through LMG-Afghanistan and the other USAID-funded projects it currently implements in Afghanistan is to strengthen the stewardship role of the MOPH and governance in the health sector. The focus of these activities is on improving efficiency, transparency, and accountability; enhancing regulatory oversight.

Dr. Jonathan Quick (CEO of MSH) holds a discussion on the health care system with Dr. Suraya Dalil, Afghanistan’s Minister of Public Health.
mechanisms; engaging stakeholders; and promoting intra-sectoral coordination and collaboration. Improving clinical practice and quality of service delivery includes activities aimed at enhancing leadership and management capacity at the facility level.

A critical element of the process to institutionalize leadership, management, and governance strengthening has been to raise the profile of the MLDD within the MOPH. Through support from the LMG-Afghanistan project, the MLDD is leading activities more autonomously and contributing to strategies to expand the scale and reach of leadership development interventions.

**Orientation on L+M+G for MOPH Staff**

The MOPH’s General Directorate of Human Resources has become a champion for embedding leadership, management, and governance orientations and training within the professional development strategy for the MOPH. To support this emerging priority, the LMG-Afghanistan project has developed and rolled-out an orientation package on leadership, management, and governance skills for MOPH staff. As part of this process, the project conducted a survey on leadership, management, and governance competencies to inform orientation and in-service training needs and priorities in these areas.
Certification of a cadre of national LDP trainers
Thirty-four health facility managers; PPHO officers; consultants; child health, reproductive health, Integrated Management of Child Illness (IMCI) professionals; and medical officers from Kabul and eight provinces have been selected through a competitive process to serve as national L+M+G facilitators at the local level. Upon completion of their training, these national facilitators will be well-placed to respond to local L+M+G capacity development demands. In addition, 30 selected facilitators were trained as trainers for facilitating the LDP+ in February 2014. Ten additional candidates will be trained later in the year. The participants will act as L+M+G master trainers at the provincial level to respond to local capacity development demands.

Strengthening MOPH systems and capacity to prepare for on-budget donor support via the World Bank-funded System Enhancement for Health Action in Transition (SEHAT) mechanism
LMG-Afghanistan’s support for this initiative has included strong support to the MOPH for the development of proposals for Governance and Social Accountability and Subnational Governance, among others. The technical scope of work for those proposals incorporates L+M+G development activities that are designed to further institutionalize progress made by the MOPH. When these proposals are funded, the MOPH will be in a position to lead activities independently through direct donor funding, thus enhancing their ownership and leadership of L+M+G interventions.

Phase 4: Sustained Practice – Institutionalizing Standards and Certification Requirements
Developing a Master Strategy for the Institutionalization of Leadership Development
Much progress has been made to institutionalize the strengthening of leadership, management, and governance skills in Afghanistan. However, sustaining this progress will require focused attention on developing a comprehensive strategy to institutionalize interventions that have taken place within the health sector. The LMG-Afghanistan Project has convened a group of stakeholders to develop a strategy for creating a home for leadership development skills-building within the MOPH. While the MLDD has been an important facilitator in this area, their role is still limited and has not been linked to professional development interventions across the MOPH and the health sector.

Sustaining progress will require that the MOPH expands the scope of leadership and management development interventions; and creates a home for training, mentorship, and coaching that is firmly embedded in the government’s structures. To that end, the group of stakeholders that was initially convened to review this topic continues to operate as a technical working group that is developing a Master Strategy for the Institutionalization of Leadership Development for the MOPH. This will serve as a roadmap for how MOPH personnel and other health sector actors can be supported through pre-service and in-service training, and other team-based interventions to enhance efficiency and quality of health programs. This strategy will also be a critical step towards establishing professional standards and certification processes for health managers. The engagement of professional associations, the private sector, academic institutions, and health sector leaders will also be critical to expanding the breadth of leadership development interventions. These stakeholders will provide opportunities for peer support through a network of health managers and leaders throughout the sector.
Future Directions

What will be necessary to sustain progress in Afghanistan? Where will the challenges lie?

Given the changing environment and complexity of the health sector in Afghanistan, sustaining the progress made to improve accountability and enhance performance in the health sector through L+M+G interventions will be challenging. It will require a focus on supporting country ownership of interventions, and continued mentorship and support for champions in these areas.

Ultimately, Afghanistan’s leaders, managers, and policymakers in the health sector will determine the future of the Afghan health system. Inspired leadership, sound management, and transparent governance strengthen health systems and improve people’s health. MSH’s work in partnership with the MOPH and USAID in rebuilding Afghanistan’s health system has systematically professionalized leadership and management, helped restore the health system, and improved numerous health indicators in the country.

Systematic transition to country-owned programs

Any entity working to strengthen Afghanistan’s health system and improve the health of the Afghan people must take an approach that focuses on country-led programs. MSH began supporting the Afghan MOPH at a time when everything had to be built from scratch. During the initial years under REACH, MSH focused on delivering basic health services to Afghan households while building the system. REACH procured NGO contracts and disbursed U.S. Government (USG) funds. As the system-building produced early gains, the procurement responsibilities were transitioned to the MOPH with close oversight and mentoring by TechServe. In the third phase, the MOPH was certified to receive direct USG funding with decreasing oversight and technical assistance from MSH. With SEHAT, the MOPH is ready to lead the management of health service delivery contracts, including budgeting, procurement, monitoring of results, and disbursement of funding. This systematic and gradual transition has led the MOPH, donors, and technical partners to address long-term system development needs while avoiding collapse or declines in basic service delivery. As health sector development moves forward, this approach will continue to be important to enable Afghans to sustain and build progress.

Embedded Technical Assistance

During the initial years of MSH’s work in Afghanistan beginning in 2002, USAID funded a large number of technical assistance contracts to provide assistance to the MOPH. The technical assistance primarily operated from a platform outside the MOPH. With the MOPH willing to take more ownership of health programs, MSH, at the start of LMG-Afghanistan, transferred the capacity to the MOPH in the form of embedded technical assistance. The project has supported local professionals to sit within the ministry to provide real-time management and technical support, and build capacity to meet the MOPH’s needs. This modality proved extremely effective in cultivating a sense of ownership within the MOPH; these consultants are overseen by the MOPH and considered part of the various units and departments they support. This approach will be critical moving forward to ensure that continued mentorship and coaching for MOPH teams will support additional skills and systems development, and enable them to sustain progress that has already been made.
“Afghanization” and state-of-art external technical assistance

It is said that in the initial years after the formation of the new government in 2002-2003, only a handful of local professionals could perform their required functions. Even chairing a meeting was a skill that could hardly be found among local professionals. MSH and the projects it has implemented played a major role in improving this situation by recruiting and training hundreds of Afghans who took over critical leadership and management roles within the new government. This process is known as “Afghanization,” or the transfer of program ownership from external expert assistance to local professionals. By 2011 and 2012, working groups within the ministry were comprised of local professionals only, and these groups developed MOPH health policy and strategy. This evolution has ensured the ownership, continuity, efficiency, and practicality of interventions. As the MOPH has taken on a greater leadership role, it is starting to make its own determinations about where external expert assistance is needed to build capacity where gaps still exist. It will, however, be important for expert technical assistance and leadership development support to continue to be available and utilized by the MOPH to support the implementation of the various health sector strategies and policies that have been put in place.

Innovation and responsiveness

Through its collaboration with USAID over the past decade, MSH has been a pioneer in health innovation. Through its global network, MSH introduced concepts and technologies that ultimately built the key foundations of what became the new health system in Afghanistan after the war. The establishment of the MOPH Health Information System, the design of service delivery modalities and packages, the reform of Kabul’s hospitals, and the transition to on-budget funding for Afghanistan’s health system were important milestones that were achieved. The extensive work done by the REACH project as well as LMG-Afghanistan in helping to institutionalize leadership, management, and governance training and development is another important milestone. These innovations helped ensure steady progress at key stages in the rebuilding and development of Afghanistan’s health system through a productive partnership among MSH, the MOPH, and USAID.
The mission of the LMG project is to improve leadership, management and governance practices to strengthen health systems and improve health for all, including vulnerable populations worldwide.

Inspired Leadership. Sound Management. Transparent Governance.