ISLAMIC REPUBLIC OF AFGHANISTAN

MINISTRY OF PUBLIC HEALTH

Terms of Reference
Afghanistan Household Survey and Sample Registration System
Third Party Monitoring and Evaluation of the Sehatmandi Project

Background

1. The Ministry of Public Health (MoPH), in 2003, made the decision, with the support of donors, to adopt a stewardship role in the health sector. That decision resulted in the development of BPHS (Basic Package of Health Services) and EPHS (Essential Package of Hospital Services) strategies of health care delivery in Afghanistan; and as a result Non-Government Organizations (NGOs) were selected to contract out BPHS and at later stage the EPHS. "The goal in developing the BPHS was to provide a standardized package of basic services that would form the core of service delivery in all health care facilities" (A Basic Package of Health Services for Afghanistan, 2005). In 2005, the BPHS was revised based on positive impacts on a number of health indicators (including maternal mortality, infant and under five children mortality, increased access to services and increased immunization coverage). BPHS continues to serve as the foundation of the Afghanistan health system and remains the key instrument in making sure that the most important and effective health interventions are made accessible to all Afghans. It has provided a strategic focus on high impact interventions; ensured resources are allocated equitably, and established a basic structure for the health sector. The Ministry of Public Health (MoPH) revised the Basic Package of Health Services (BPHS) in 2010/1389. This version reflects the evolution in the health system since 2005 and includes new approaches to improve both the access to and the quality of the basic health services. The MoPH believes that by continuing to focus on a Basic Package of Health Services, it will be able to concentrate its resources on reducing mortality among its most vulnerable citizens, especially women of reproductive age and children under five.

2. An Essential Package of Hospital Services (EPHS) was later added (2005), focusing on hospitals, improving their facilities and equipment, staff training and development and enhancing the referrals between different levels of the health system. The EPHS is a crucial complement to the Basic Package of Health Services (BPHS) to function as a referral center for patients needing more specialized treatment and care, supplement for the BPHS, and place for training of health cadres. The EPHS provides the Afghan health sector with a clear delineation of the standardized package of hospital services to be delivered at each level of the secondary health care system. In keeping with the Ministry's goal of reducing high maternal and early childhood mortality rates, EPHS plays critical role in integrating the BPHS with the hospital system and assuring its success.

3. The Afghanistan health system has made considerable progress and the health indicators have also dramatically improved since the introduction of the BPHS and EPHS (over the period of 2003-2016). Data from household surveys, between 2003 and 2015, show significant improvement in the coverage of reproductive and child health services. At the outcome level a nationwide survey, the Afghanistan Health Survey (AHS -2015) found the infant mortality rate of 63 per 1,000 live births and the under-five mortality rate of 77 per 1,000 live births. The maternal mortality ratio is 327 deaths per 100, 000 live births (AMS 2010), representing a significant decline from the 2003 estimates. The number of functional health facilities increased from 498 in 2002 to 2725 in 2017 and the proportion of health facilities with skilled female health worker have been increased from 25% to 95.2% (MOPH HMIS department). The number of Community Health Workers (CHWs) has been increased from 2682 in 2005 to 29596 in 2017 (MoPH CBHC department).

4. Still Afghanistan has among the highest levels of child malnutrition in the world. According to the National Nutrition Survey, 2013, forty-one percent of children under five suffer from chronic undernutrition (stunting or low height-for-age), 10 percent were acutely malnourished (wasted or low weight-for-height), and 25 percent were underweight (low weight-for-age).

5. Within the EPHS a Hospital Reform Project has been established which provided extra resources to hospitals wishing to participate. This included expert personnel to assist with strengthening hospital functions. Since 2005, Hospital Reform has been gradually implemented the reform process to provide resources to selected hospitals as per EPHS guidelines. Currently, 9 hospitals are included in the hospital reform in Kabul, Takhar, Kunduz, Baghlan, Samangan, Saripul, Ghor, Zabul and Herat provinces.

6. The Ministry of Public Health (MoPH) of the Islamic Republic of Afghanistan has received financing from the joint support of the World Bank-IDA and the Afghanistan Reconstruction Trust Fund (ARTF) toward the cost of Sehatmandi project. This project will finance the implementation of the BPHS and EPHS through contracting-out and contracting-in arrangements both in rural and urban areas in provinces. Sehatmandi will also support sector-wide M&E through a third party firm to carry out independent Monitoring and Evaluation of the Basic Package of Health Services (BPHS) & Essential Package of Hospital Services (EPHS). The third party evaluation allows the Ministry of Public Health (MOPH) and other stakeholders to analyze the performance of health care providers and identify the strengths and weaknesses in health system. Since a portion of SService provider payment will be linked with the key outputs of the health facilities reported through the HMIS, there will be arrangement for third party verification of the HMIS reports submitted to MoPH by Service providers and MOPH-SM along with verification of functionality of the health facilities.

7. Availability of substandard, spurious, falsified or counterfeit medicines in the local market is a major concern. The Ministry of Public Health (MoPH) of the Government of the Islamic Republic of Afghanistan (GoIRA) is developing a number of innovative approaches in exploring ways to deliver the health goods and services of high quality that are available and affordable for the population. One of the key questions is if patients receive medicines that meet specified quality standards.

8. Since the beginning of the BPHS implementation (2004), third party monitoring & evaluation of the BPHS implementation has remained an essential requirement. Overall, eleven rounds of annual BPHS health facility assessments and eight rounds of EPHS facility assessments have been carried out by the 3rd party and presented in the form of balanced scorecards (BSC) while one round of BPHS and EPHS BSC will be carried out in 2018 under current SEHAT third party contract. In addition, four national-wide Afghanistan health surveys (in 2006, 2012, 2015 and 2017), four drug quality assessment study, one RBF impact Evaluation and thirteen HMIS data verification assessment under RBF intervention as well as six rounds of HMIS Verification and Health Facility

(HF) functionality assessment for BPHS, EPHS and Drop In Centers (DICs) were also part of the 3rd party scope of work. Despite progress made, Ministry of Public Health has faced challenges during the implementation of third party evaluation. Delays in carrying out planned activities and late submission of deliverables/reports were the main challenges during the contract execution with the 3rd party which undermined the operational needs of the MoPH.

9. Under Sehatmandi project, a portion of the Service providers payments is linked with the functionality of the BPHS and EPHS health facilities based on verification of key output indicators reported through the HMIS by the BPHS/EPHS implementing agencies. Timely accomplishment of the tasks and submission of the deliverables are vital for the Ministry of Public Health.

Rationale of Third Party Monitoring (TPM)

The Government is committed to engage an independent party to objectively assess the performance and progress of the health system. Having robust, frequent, and independently collected information is essential to the success of the health system.

Overall objective the consultancy

The overall purpose of the consultancy is to assess the performance and progress of health care system with focus on Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) implementation.

Activities:

I. Household Health Survey

Estimate outcome and impact level health indicators through Afghanistan household survey in 2021/2022 (Depends on DHS implementation in 2019/2020)

The consultant will carry out a nation-wide household survey of which timing and content will be coordinated with the next Afghanistan Demographic Health Survey (AfDHS). The overall goal of this survey is to provide national level population estimates of various outcome and impact level health indicators such as:

a. Demographic characteristics
b. Child and maternal mortality and their causes
c. Fertility

It will provide provincial level population estimates of the following:

a. family planning including contraceptive prevalence rate
b. Women's and children's nutritional status and behaviors

c. Child health and immunization
d. Maternal health (i.e. ANC, Delivery, PNC)
e. Health services accessibility
f. Community satisfaction with services and their perception of the quality of health care;
g. Household expenditures on health services and drugs
h. Other recommended information by MoPH technical departments

The TPM will devise a sampling and implementation approach that provides estimates of the indicators listed above and is consistent with previous surveys respecting the current science of indicators measurement to fulfil the need of programs and SEHATMANDI project. It will develop a protocol for implementing the study acceptable to the Oversight Committee. The household listing and mapping operations will be conducted by NSIA in close collaboration with the Third Party. NSIA will also help with the data collection process and provide technical support when needed. The survey will be technically led by MoPH.

II. Sample Registration System

The consultant will develop the protocol for a sample registration system that, on an annual basis, provides nation-wide estimates of infant and under-5 mortality rates, maternal mortality ratio, crude births and deaths rate, premature, adult mortality rate, and the total fertility rate. The methodology will draw on global experience, particularly the experience of India and will include verbal and social autopsies to better understand causes of death and the context in which the death occurred. The consultant will obtain comments from stakeholders on the protocol and then finalize it. The consultant will then implement the sample registration system in keeping with the protocol in close collaboration with Vital Statistics Department of EHIS/MoPH. The consultant will ensure the selected sample is representative of Afghan population

III. Capacity Building

The consultant will be responsible to build and enhance the institutional capacity of MoPH central staffs including M&E technical staff, PMO and GMCU and provincial public health staffs through conducting regular trainings sessions. The capacity building training will mainly focus on both technical aspects and contractual aspects. The consultant in close coordination of M&EHIS will assess and map the existing capacity of the national and sub national of MOPH staffs on data analysis, syntheses, communication and use of routinely generated data including third party studies and information. Also, the consultancy will conduct before and after and longer term follow-up assessments to understand the effectiveness of the training provided. An initial certification will be provided to successful trainees but will have to be renewed every 12 months through online system.

The consultant will provide the following trainings sessions in order to build the capacity of MoPH staffs,

- **Data understanding and use:** The capacity of the trainees will be developed on deep understanding of various data including HMIS, CRVS, BSC, Surveillance, National surveys and Balance score card. Despite of the abovementioned trainings, the capacity of

the trainees will be built on understanding of AHS and SRS information and how the data are collecting in the field.

- **Data analysis:** The capacity of the trainees will be built on data analysis of the above mentioned tools. They will learn and practically work on how the generated data are analyzing using statistical software's. Also, they will learn parametric and non-parametric techniques for making sense of data including complex survey analysis. These trainings will mainly conduct for M&E health information system staffs. Moreover, the capacity of MoPH/M&EHIS technical staff will be built on understanding and use of statistical software's specially in STATA for conducting descriptive analysis. Addition the trainee's capacity will be further developed on how to turn the figures/Data into useful and useable information so they can better interpret and present the results to their high levels/leadership
- **Qualitative skills:** The consultancy will develop the capacity of the trainees on qualitative part which strongly needed. The capacity of the trainees will be developed on design, analysis and report writing of qualitative studies on the areas where problems are identified by HMIS, BSC or any other descriptive information.
- **Data communication and presentation skills:** Trainees will learn how to prepare high quality power point presentation and how to present/communicate the results to their audience both MoPH leadership and MoPH staffs.
- **Contracts and the principles of contracting:** The consultancy will provide trainings in relation to the contract and contract principles to some specific staffs so that they will have deep understanding of contract. Also, they will be trained on payment mechanism and will learn how they payment can affect the behavior of SPs. They will learn how different forms of performance-based financing (PBF) function under field conditions;

- **The Standard Operating Procedures (SOPs) and performance management**: Trainees will learn the procedures and processes detailed in the SOPs that the MOPH and its stakeholders have developed. They will understand the principles of performance management and also develop the soft skills needed to manage providers (e.g. managing meetings, managing relationships, giving feedback, negotiation);

- **Understanding the Content of BPHS and EPHS**: The consultancy will provide detail session on the content of BPHS and EPHS so the trainees will have full understanding of the packages and services providing by these packages. They will understand the measures of quality of care, minimum standards, and indicators incorporated into the contracts MOPH has signed with SPs. They will learn how to measure the quality of the services and how to conduct monitoring and supervision of the facilities.
- **The business drivers of delivery of BPHS and EPHS**: Trainees will gain an understanding of the commercial side of delivery. They will learn how to build business models that show the relationship between income and expenditure, and the sensitivities in

these contracts. They will learn how to develop business projections and use these for business planning; and

- **Motivation and management of frontline health workers:** the capacity of the trainees will be built on principles and practice of supervision and management of staff, particularly frontline health workers. They will learn about organization structure and its impact on staff behavior. They will be trained about different ways to build and maintain staff motivation, including the use/abuse of performance related pay. They will gain an understanding of how to set performance targets for staff and how to manage staff performance. They will understand the basics of behavioral economics and current understanding of the motivation of public and private sector health workers including concepts like the know-do gap.

Duration of Assignment: The duration of this consultancy service will be approximately for 18 months.

Qualifications of key professional staff

All of the key experts are required to be present in Afghanistan for 50% of the time and maintain a close relationship with all stakeholders.

Designation	**Qualifications and Experience**
Project Manager	Master's degree in Public health or epidemiology or biostatistics or management or related fields and 10 years of experience in management in developing countries preferably in health sector.
Technical manager for household survey (HHS)	PhD or DrPH degree in public health/ epidemiology/ biostatistics/ or equivalent degree with 5 years' experience in managing household surveys; data analysis, report writing skills is mandatory. Or Master degree with 8 years of experience in these areas.
Technical manager for SRS	Master degree in public health/ epidemiology/ biostatistics/ or equivalent degree with 5 years' experience in managing household surveys; data analysis, report writing skills is mandatory.

Authority and responsibilities of MoPH and the consultant

1. The consultant will be overseen by High-Level Health Program Oversight Committee composed of diverse representatives of MoPH, other related government agencies, UN agencies, development partners, and civil society. The chair of the Third-Party Oversight

Committee will rotate among its members. The Third-Party Oversight Committee will oversee the technical work of Third Party Monitoring, ensure its independence and allow for transparent dissemination of data. MoPH will be the secretariat for the Third-Party Oversight Committee.

MoPH Responsibilities

a. Pay the contractor on a timely basis (after the revised reports are received and approved by the Third-Party Oversight Committee).
b. Facilitate communications with relevant stakeholders
c. Provide inputs into the design and data collection processes
d. Provide the consultant with existing MoPH related documents necessary for third party monitoring and evaluation
e. Be an archive for datasets and reports
f. Facilitate the dissemination of results to the relevant stakeholders
g. Ensure that its staff at the central and provincial levels, are available for periodic meetings/workshops as needed
h. Ensure the quality of data collection
i. Data Collection using tablet will be preferred
j. Facilitate the consultants staff entrance and exit from the country, including assisting if necessary with obtaining visas

1.1 Consultant Responsibilities

a. The consultant will submit electronic and hard copies of the AHS and SRS datasets, reports, materials and tools developed during the consulting assignment to the MoPH. The firm will however keep the hard copies of filled questionnaires and other related material until the end of the project. Electronic files should be presented in formats used by common- use software;
b. The consultant will submit reports of deliverables to MoPH English version and translated version in local languages).
c. The consultant will strictly adhere to the timely accomplishment of the tasks and submission of each deliverable;
d. The consultant will disseminate results to stakeholder at the central and provincial level (field level), in coordination with MoPH.