Islamic Republic of Afghanistan
Ministry of Public Health
Performance Management Office (PMO)

Lessons Learned Workshop

BPHS/EPHS Implementation under Sehatmandi Project

November 2019
Kabul – Afghanistan

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Acronyms

AADA	Agency for Assistance and Development of Afghanistan
AGE	Anti-government elements
AHEAD	Assistance for Health, Education and Development
AKF	Aga Khan Foundation
BARAN	Bu Ali Rehabilitation and Aid Network
BRAC	Building Resources Across Communities
BDN	Bakhter Development Network
BPHS	Basic Package of Health Services
BSC	Balanced score card
CAF	Care of Afghan Families
CHA	Coordination of Humanitarian Assistance
EPHS	Essential Package of Hospital Services
HEWAD	HEWAD
HMIS	Health management information system
HN-TPO	Health Net International TPO
JACK	Just for Afghan Capacity Building
MOVE	MOVE Welfare Organization
MMRCA	Medical Management and Research Courses for Afghanistan
MRCA	Medical Refresher Courses for Afghans
OHPM	Organization for Health Promotion Management
ORCD	Organization for Research and Community Development
PIP	Performance improvement plans
PMO	Performance Management Office
P4P	Pay for performance
QoC	Quality of care
SAF	Solidarity for Afghan Families
SAPR1	First semi-annual performance review
SCA	Swedish Committee for Afghanistan
SDO	Sanayee Development Organization
SHDP	Social and Health Development Program
SOP	Standard operating procedures
SP	Service provider
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

This Lessons Learned Report enables The Ministry of Public Health (MoPH) and BPHS/EPHS implementers as well as other stakeholders to document the Performance Management successes and challenges to understand causes of better performance and difficulties to achieve greater success during the life of the project. The benefits of looking back at past experiences as a result of implementation of BPHS/EPHS implementation under Sehatmandi Project helps process improvement, risk management, and other project activities. This exercise will facilitate the steady efforts of the MoPH and its stakeholders for continuous improvement.

This lessons learned workshop served as a valuable opportunity for all MoPH stakeholders to describe what worked best to record them as best practices so as to be used by future projects. Meanwhile, the workshop explored what did not work well and how similar projects would likely avoid from unwanted occurrences.

The objectives of this Lessons Learned Workshop focused on learning lessons from better performance observed during the first Semi-Annual cycle in terms of BPHS and EPHS implementation under the Sehatmandi project and exchanging ideas. A large number of key representatives including representatives from MoPH leadership and Technical Departments (TDs), service providers, donor agencies including World Bank, USAID, and EU as well as UN agencies participated in this event.

The workshop agenda included a series of significant activities consisting panel speech, power point presentations, round table discussions, and a close up followed by a lunch ceremony.

The Opening and closing remarks were both made by H.E Mamosai Zewar, Deputy Minister for Administration & Finance/MoPH who then served as chair of the meeting to guide power point presentations and discussions during the workshop. Three best performing Service Providers (SPs) delivered their presentations summary of which are outlined in (Tables – 1, 2 &3)

This document will be formally communicated with the MoPH and will become a part of the organizational assets and archives, in particular, the MoPH website.

Introduction

For decades, efforts by international development agencies focused on investing resources to assist poorly functioning health systems in developing countries, with variable success. Empowerment of providers and health services beneficiaries is viewed as an important prerequisite for enhanced accountability, increased responsiveness of services to community needs and sustained investments thus leading to improved access to and quality of healthcare. This notion has inspired new approaches and innovations to boost health system functioning, through adoption of performance targets that are closely tied to incentives for organizations, individual health facilities and for health providers, depending on which model is adopted.

In Afghanistan, the government decided to contract out health service delivery to implementing partners since the beginning of last decade. Sehatmandi is an ongoing nationwide health service delivery program funded through the Afghan Reconstruction Trust Fund (ARTF) administered by the World Bank and implemented through the MoPH. Sehatmandi is a $600 million program of support to the Government of Afghanistan that is a follow-on to SEHAT program. This will finance performance-based contracts to deliver the BPHS and EPHS in 34 provinces. Sehatmandi started in July 2018 and is scheduled to end June 30, 2021.

The new Performance Management modality for MoPH aims at ensuring provision of quality health services to Afghan citizens through institutionalizing clearly defined roles and responsibilities, consistency with MoPH Strategic Objectives, well- defined escalation processes and recovery pathways for performance concerns, integration, recognition and reward for performance that is sustained and outstanding, service improvement focus to enhance service delivery and health outcomes, and clear and agreed performance targets and thresholds and well defined intervention processes to address poor performance.

Shifting to a performance management paradigm, the MOPH leadership set out to detach performance management functions from procurement and contract compliance activities and create the Performance Management Office (PMO), without necessarily over-centralizing the authorities in one department. The PMO will be the first and only point of contact for the SPs who are contracted out for the BPHS/EPHS and play a liaison role in the performance management system.

Pay for Performance (P4P): MOPH has identified priority services for which the SP will receive a fixed amount based on set targets for each province. Achievement of the Minimum Level of services (calculated based on current minimum level of performance) is a must, performance below the Minimum Level will trigger disciplinary actions by the MOPH, which could lead to termination of the contract and exclusion from following BPHS/EPHS bidding process, subject to the due process to be followed as per conditions of the contract (Chapter VII). The payment however will be made on the actual numbers achieved and verified by the TPM report. The P4P will be provided for each of the following eleven indicators: 1. Antenatal Visits (all visits) 2. Postnatal visits (all visits) 3. Institutional deliveries excluding C-Section 4. Family Planning-Counseling) 5. Penta-3 for children under one year 6. TT2+ for women of reproductive age 7. Number of sputum smear (+) TB cases treated 8. Growth monitoring of under 2 year children and IYCF counseling for pregnant and lactating women (GMP/IYCF) 9. Under five children

morbidities (HMIS-MIAR-A1-morbidities) 10. Caesarean Section (CS) 11. Major Surgeries excluding C-Section.

The performance management system involves two performance appraisals in a year based primarily on the eleven performance indicators (i.e. P4P indicators), the Minimum Standards of health services and the Quality of Care. The appraisal also synthesizes evidence collected from provinces by TDs, and the Third Party Monitor (TPM) reports are used to judge if an SP meets the performance standard and minimum threshold.

Opening Ceremony:

Her Excellency Dr. Mamosai Zewar, Deputy Minister for Administration & Finance Affairs of the Ministry of Public Health, acted as Chair of the Opening Ceremony. While welcoming the participants and introducing the new modality of healthcare financing in the context of Afghanistan health sector at national level, she outlined the purpose and expected results of the workshop. Below is the statements she made on how the MoPH together with its key stakeholders will be able to successfully achieve the expected outcomes of the project:

"Good morning Excellences, Representatives from the US Embassy, MoPH colleagues, Service Providers, Ladies and Gentlemen,

I would like to start by appreciating the organizers for hosting the Lessons Learned Workshop here in the Embassy. I am grateful and honored to be given the opportunity to welcome you all.

This lessons learned workshop is a unique opportunity to gather The PMO team and stakeholders as well as MoPH technical departments and donor representatives to discuss both positive and negative aspects of the Performance Management modality under Sehatmandi project.

The workshop on lessons learned from relevant experience of great Service Providers is aimed at exploring approaches, ways and arrangements that are identified to be essential for effective implementation of BPHS and EPHS modalities under Sehatmandi Project.

The workshop objectives and approaches are in line with the main goals set for the Performance Management SOP which are to focus the discussion on bringing in greater transparency and accountability in the contracting- out- approach and thus thriving on a more efficient and effective health system in Afghanistan.

Dear valued audience,

Let me say that this meeting will identify and examine details of the project that did not go according to plan. Well, discussing even the smallest challenge can add to our team's understanding of how to avoid pitfalls in the following cycles of Sehatmandi projects.

In this significant gathering we would like to share best practices learned during operations of service providers who achieved better in the first Semi- Annual Cycle in terms of BPHS and EPHS implementation under Sehatmandi project.

In my opinion, learning from Service Providers who performed better than others during the first Semi- Annual Cycle is one of the best ways to assess and improve health performance throughout the system. If we are to learn from one another, we need to measure, evaluate and compare the quality of our health systems regularly.

Dear valued attendees,

Before we look at the agenda points for this event, let me state that this workshop is organized in two parts: Part (I) includes Power Point Presentation on the experience of three Service Providers who have been selected as best performers. The selection criteria are based on the performance scores in the Pay for Performance indicators ranking. In addition Part (I) will be followed by a presentation on some specific performance areas during which we will hear about best performance from Service Providers other than the first three one.

In the end, my sincere hope is that our meeting here will provide new ideas and valuable inputs for our work as health policy makers and key administrators. The current performance achievements may provide a window of opportunity to other service providers under Sehatmandi Project to boost their performance using lessons learned from those who did excellent. Of course, this will be an opportunity to rethink our health priorities and move forward towards effective planning so as to improve the lives of the Afghan citizens countrywide.

Thank you very much for your attention!”

Workshop Objectives & Participants

Besides welcome address and a formal introduction to the workshop agenda (attached as Annex 1), the objectives were then briefly presented by Dr Wali Rasekh- Head of Performance Management Office (PMO), (Annex 2), as follows;

- To learn lessons from better performance observed during the first Semi-Annual cycle in terms of BPHS and EPHS implementation under the Sehatmandi project and exchange ideas

EXPECTED RESULTS OF THE WORKSHOP

- Identify key lessons learned during the early period of implementation of the Performance Based Management Modality under Sehatmandi Project
- Introduce 3 best performers of P4P who successfully achieved their targets set for the new performance based financing scheme;
- Share information on the status and challenges faced by the Service Providers (SPs) in different provinces.

The workshop was attended by more than 40 participants including representatives from the MoPH leadership and Technical Departments, Donor agencies, Implementing NGOs, and PMO staff as well as UN agencies. (See Annex- 4).

The highly interactive workshop encouraged participants to share their successes, challenges, and barriers. The PowerPoint presentations given by 3 best performers and round table discussions allowed all participants to see what can be done, stimulated discussion and provided a visual representation of Performance based Management project achievements, including gaps.

Best Performers Presentations:

This section summarizes the presentations made by three best performing implementing NGOs namely BARAN/OHPM (Kandahar), HealthNet TPO (Laghman), and AADA (Herat), who were provided with a list of questions to direct their discussion. The questions included:

1. What were the specific technical approach/es that you employed to outperform other SPs in the P4P indicators?
2. What management change did you bring in to perform differently than other SPs or your previous contract under SEHAT? - e.g. change in project management that contributed to better performance, including delegation of authorities, financial management, creating new positions for performance management etc.
3. How did you cope with Anti-Government Elements (AGEs) who interrupted your performance?

Presentation (ONE):

The first power point presentation was delivered by Dr Abdul Saboor Modaqiq, Technical Director at BARAN/OHPM who presented plausible aspects of Sehatmandi project made towards achieving P4P indicators. The project is being implemented in Kandahar Province where there are a total of 211 HFs (30% of which is covered by Sehatmandi Project) providing health services for a population of more than 13,656,428.

Data verification at community level (Direct Observation) in Kandahar

Sehatmandi orientation workshop for midwives in Kandahar

In close coordination with and technical support to BARAN who implements BPHS through a total number of 726 staff in Kandahar Province, the PMO/ MoPH is happy to share key responses from this SP as outlined in the table below:

Table- 1: Summary of Power Point Presentation by BARAN/OHPM

No	Questions	Responses by BARAN/OHPM
1	What were the ***Specific Technical Approach/es*** that you employed to outperform other SPs in the P4P indicators?	**1. Central Management Offices (CMO) Support:** - Created a new position (Performance Manager)with specific task and authority; - Conducted Sehatmandi project orientation workshop at Central & Provincial levels for PPHCC members, local governor office, DHOs, Head of HFs, Midwives, Vaccinators and CHS; - Set HFs targets based on P4P and reviewed past performance; - Conducted qualitative and quantitative regular supervision of key management team - Assigned responsible focal points for each HF at CMO; - Timely problem solving; - Linked the staff salary payment with data validity. **2. Provincial Management Office (PMO) Support:** - Assigning responsible supervisors for each HF at Provincial Management Office; - Conducted Sehatmandi project orientation sessions for Health Shuras, community leaders/ influencers; - Provided additional resources (transportation and incentives) to have field outreach services; - Pursued proper rewarding and penalty mechanism to improve best performance and address underperformance; - Signed commitment letter by Head of HFs, Midwives, vaccinators and CHSs (P4P indicators); - Timely responded to the MoPH relevant department's monitoring findings - Conducted problem analysis sessions and developed action plan based on the findings; - Shifted all of the HFs with at least one female health worker ; - Built strong coordination with the PHD and its team members; - Provided refrigerators to the HFs in less than two week after receiving feedback from the deputy minister. - Upgraded 13 additional PHCs with EPI services within the same Sehatmandi budget;

		- Deployed additional staff and shifted staff from HFs with low utilization to that of high utilization points; - Kept the personnel motivated on the same salary (NSP 2016-2020) as well as the supervisors with the best privileges; - Increased staff salaries - Paid staff salaries on time. - Provided on time, regular and need based supplies to field level **3. Established Internal Data Verification system:** - HF level data cross check (MIAR reports with registers and tally sheets) and community level data verification (Direct observation); - Weekly and monthly data analyze of P4P indicators at HFs level; - Four level HMIS data filtration (HF, Monthly in-charge meeting, monthly HMIS data entry and central management review and feedback); - Random cross checking of registers during monthly in-charges meeting.
2	What ***Management Change*** did you bring in to perform differently than other SPs or your previous contract under SEHAT? - e.g. change in project management that contributed to better performance, including delegation of authorities, financial management, creating new positions for performance management etc.	- Increased number of technical team (CMO and PMO); - Improved project manager signatory authority based on Sehatmandi contract; - Increased number of supervision and monitoring at various levels (CMO, PMO and HFs; - Proper Sehatmandi budgeting considering actual costs and provincial context (61% lump-sum)
3	How did you ***cope with Anti-Government Elements (AGEs)*** who interrupted your performance?	- Created a new position for communication and coordination with community representatives and AGE (Sector specialist/ Communication Manager); - Communicated and coordinated project activities using proper channel; - Increased community engagement through Health Shuras, community elders and community influential bodies, religious leaders and enhanced their ownership; - Coordinated and communicated all the movements to HFs serving under control of AGE through community elders; - Responded to legal and BPHS limited demands of AGE.

Presentation (Two):

The second presentation was facilitated by Dr. Majeed Siddiqi, HNTPO Head of Mission; the HNTPO is contracted by MoPH to implement BPHS/EPHS Sehatmandi project in Kunar and Laghman provinces. Focusing on the successful implementation of the project in related provinces, he highlighted key lessons evidenced by the high level of contract compliance that resulted in an effective implementation of the project.

Patient undergone surgical procedure in Laghman Provincial Hospital

A patient receiving healthcare at Laghman BPHS Health Facility

Table- 2: Summary of Power Point Presentation by HNTPO

No	Questions	Responses by HNTPO
1	What were the ***Specific Technical Approach/es*** that you employed to outperform other SPs in the P4P indicators?	**1. SEHATMANDI Implementation and Performance Management Guideline** Initiated prior to start of the project (Dec 2018) - Use of experience of Kabul Urban Health project on P4P - Orientation of Kabul staff - Orientation of field office staff - Orientation of the health facility staff - Orientation of community and PPHD **2. Development of P4P guideline** - Realistic target for each health facility based on past records - Setting tariff for each indicator **3. Signing performance base contract with each HF** - First two months as preparation phase - Signing Performance Contract with each health facility **4. Monitoring and Evaluation Manual of SEHATMANDI project** - Developed M&E guideline in December 2018 - Orientation of all relevant staff - Implementation started as January 2019

2	What ***Management Change*** did you bring in to perform differently than other SPs or your previous contract under SEHAT? - e.g. change in project management that contributed to better performance, including delegation of authorities, financial management, creating new positions for performance management etc.	**1. Mobilization of additional human resources** - HRM o Laghman PH 18 o NRH 37 o Kunar 1 additional surgeon +5 **2. Infrastructure and facilities** - Laghman PH shift to new building - Recruitment/ mobilizing staff for Gyne/Obst surgical services in Laghman PH **3. Adding and expanding services** - PICU in NRH - Orthopedic OT in NRH - Evening shift surgeries for selective cases in NRH - Incentivize evening selective surgeries in NRH **4. Adding incentive for HFs staff and motivation** - Night duty incentive to midwives in BHC and PHC when they are attending delivery - Ontime salary payment/ support from head office for cash flow - Head office technical support - Recognition and award for best performing staff - Short terms staff appraisals **5. Enhanced support from country office** - Extensive and regular visits to field office and provided support during the first six months - Open regular communication and feedback - Monthly coordination meeting with health facilities - Quarterly review and planning workshops
3	How did you ***cope with Anti-Government Elements (AGEs)*** who interrupted your performance?	- It is a real and growing challenge - Community engagement and mediation - Regular meetings with community health shuras - Impartiality/Neutrality in services provision - HFs staff mobilization and their deployment, when needed - ICRC support

Presentation (Three):

The third presentation was facilitated by Najeebullah Baleegh, Technical Director at AADA who presented the experience gathered in the implementation of Sehatmandi project since the MoPH entered into an agreement with AADA in January 2019.

In addition, he explained the basic components of the healthcare services against sets of performance based target indicators in Herat province as well as some key lessons learned and challenges associated with their implementation at health facility level.

A healthcare provider presenting RMNCAH services when visited by AADA M&E team at Janda Khan Health Facility, Herat Province

Table- 3: Summary of Power Point Presentation by AADA

No	Questions	Responses by AADA
1	What were the ***Specific Technical Approach/es*** that you employed to outperform other SPs in the P4P indicators?	**1. To increase achievements against all indicators:** • Recruited additional staff in BPHS and EPHS; • Rearranged patient flow system in HFs; • Established data tracking system and supervision (daily in RH in each morning report and weekly in DHs); • Involved shuras in supervision of HFs to ensure availability of staff and services; • Improved quality of health education through proper categorization of clients; • Involved health shuras in defaulters tracing beside CHS, CHWs and direct phone calls mechanisms; • Expanded usage of MCH handbook in Nangarhar by MOPH **2. To increase achievements towards RMNCAH indicators:** • Recruited local community midwives and provided accommodation facility for non-resident midwives in BHCs and PHCs; • Arranged shift system for midwives (night and day); • Shifted midwives from underutilized CHCs to over utilized HFs;

- Recruited back up midwives;
- Established ANC group in some HFs

3. To increase achievements against RMNCAH indicators

- Increased capacity of the delivery rooms in RH and DHs;
- Exhibition of delivery rooms to RH clients to ensure privacy Identified the high risk pregnancies during ANC visits and prepared birth plan;
- Distributed baby kits to encourage mothers for institutional deliveries;
- Assigned/recruited staff for Pediatric OPD (< 5) and growth monitoring /IYCF in RH and DHs

4. To increase achievements towards EPI indicators:

- Included IDPs and kochies in EPI micro planning;
- Trained some midwives in administration of vaccines (OPV 0 and BCG);
- Involved community to decrease challenges toward health service delivery (bans, misconceptions);
- Recruited additional vaccinators;
- Distributed baby kits to increase penta 3 coverage

5. TB Sputum Smear Positive (SS+) cases successfully treated

- Triaged TB presumptive cases in the HFs;
- Referred TB presumptive cases from HPs and lower level HFs to diagnostic centers
- Transferred medicine of identified TB patients to non- diagnostic HFs

6. To increase major surgery

- Increased capacity of ICU with extra 10 beds
- Provided 2 additional OT tables along wih requied equipment
- Target was set individually for surgeons
- Established 3 shifts in OT
- Referred Obstetric Fistula patient's from BPHS to EPHS

2	What ***Management Change*** did you bring in to perform differently than other SPs or your previous contract under SEHAT? - e.g. change in project management that contributed to better performance, including delegation of authorities, financial management, creating new positions for performance management etc.	- Established remote monitoring system(phone call monitoring) - Assigned qualified focal points for each province - Conducted monthly review meetings instead of quarterly review meetings - Established the reward and penalty system - Involved community in monitoring of HFs - Recruited additional staff in HMIS and monitoring department to verify data on monthly base at HF and community levels - Assigned specific staff of HF for internal verification of data
3	How did you ***cope with Anti-Government Elements (AGEs)*** who interrupted your performance?	- Hired local supervisors - Involved community influencers as a bridge between HF and community - Kept Impartiality

Discussion:

A roundtable- facilitated discussion highlighted success for each of the three best performers in terms of what they believed to have worked well during the implementation of BPHS/EPHS Sehatmandi project in their related provinces. Following their power point presentations, each best performer noted down a bunch of questions asked by the participants; then they replied to the questions one after another. In fact, the further discussion and around the table commentary session provided additional opportunity for clarification and highlighting of important issues.

1. During the general discussion, the participants posed questions to BARAN/OHPM on availability of verification in BARAN implemented provinces, results due to the establishment of HMIS verification system, the areas that were filled in with midwives, staff commitment, and the four levels of data verification.

    - In response to those questions, the presenter from BARAN/OHPM elaborated on the availability of verification systems in both secured and insecure provinces. However, he stated that there were some white areas in Kandahar province where there is need for provision of health services.

    - With regard to the HR gaps which were filled in, BARAN/OHPM stated that it applied a backup system through which staff were shifted to those HFs where there were needs to fill in the gaps. That is, BARAN deployed additional staff and shifted staff from HFs with low utilization to HF with high utilization and it helped the organization address the HR gaps in even very hard to reach areas.

    - Dr Modaqiq, on the other hand, clarified that BARAN staff including head of HFs, midwives, vaccinators, and CHSs were asked to sign a letter of commitment to achieve

P4P indicators targets within the timeline set forth. In response to the question about Health Shuras, Dr Modaqiq emphasized that BARAN has assigned at least one Shura member to represent HF at Health Shura meetings. The Shura member should also assist in launch of Sehatmandi orientation session for Health Shura, community leaders, and local influencers.

2. A couple of questions were also raised by the end of HNTPO presentation session. Key questions involving best performance by HNTPO included the type of approach/es HNTPO specifically increased performance, the mechanism to shift staff from one HF to another, concerns about security, approach to setting tariffs, the role of PPHD in monitoring health services delivery, and use of a user friendly database.

   In response to the questions above, HNTPO explained key approaches to boost project performance including developing M& E guideline, establishing a dashboard, incentivization of services, and signing of performance contract with each health facility. On the other hand, HNTPO mobilized its staff from crowded to less crowded areas and highly encouraged employing local staff to address HR needs locally. HNTPO developed and distributed access of the dashboard by HF staff. It is user friendly because everyone can easily have access to it.

3. The presentation by AADA was also followed by a question & Answer session; key points noted as a result of the discussion among audience included the followings:
   - What was the communication mechanism used effectively to address project needs?
     - In order to maintain an effective communication mechanism, AADA recruited focal points for provinces where AADA provides health services.
   - What was AADA's approach to shift midwives from one HF to another?
     - Recruited local community midwives and provided accommodation facility for non-resident midwives in BHCs and PHCs. In addition, AADA shifted midwives from underutilized to over-utilized health centers to increase access to health services among target populations.
   - What is the population difference and population level in the province that AADA works?
   - How did the ANC group education contributed to AADA's project performance?
   - How did AADA address nutrition counselors' issues and how could AADA improve their performance?
     - AADA could establish a number of ANC group education session in some health facilities which worked well.
     - AADA trained the already existing staff of HFs and new staff were trained as nutrition counselors to address the needs in those health facilities.
   - What does impartiality mean to AADA?
     - AADA is a non- for profit organization who is mandated to serve as an impartial entity in Afghanistan. Therefore, AADA applies impartiality to deal with AGEs.
   - How was gender balance respected by AADA service provision?
     - Some management staff and healthcare providers are recruited as female whose presence can vividly address gender equity gaps at both national and health facility levels.

Closing Remarks:

While thanking for active participation of audience who attended the workshop, H.E Mamosai Zewar- Deputy Minister for Administration& Finance denoted that despite progressive insecurity, bringing the new concept (P4P) into operation, and ongoing challenging environment, there are improvements in health service delivery which can be promising. The MoPH recognizes the implementing partners' efforts for bringing such effective changes by doing things differently. She outlined a number of interventions which should serve as pre-eminent lessons learned as a result of implementation of BPHS/EPHS project. They include, but not limited to:

1. Effective coordination including establishing communication with Anti-Government Elements (AGEs).
2. Proper orientation of the project staff and other stakeholders on P4P model.
3. Establishment of an accountability mechanism at different levels- i.e. NGOs, central, provincial, and HFs.
4. Strengthening outreach programs/services.

Data visualization and use (Dashboard and scorecard) The MoPH highly recommends other NGO colleagues to apply such practices and to improve their performance status. However, the participation level of NGOs is not encouraging, and roughly around 9 NGOs did not show up in this workshop. To sum up the event, Dr. Zewar encouraged the

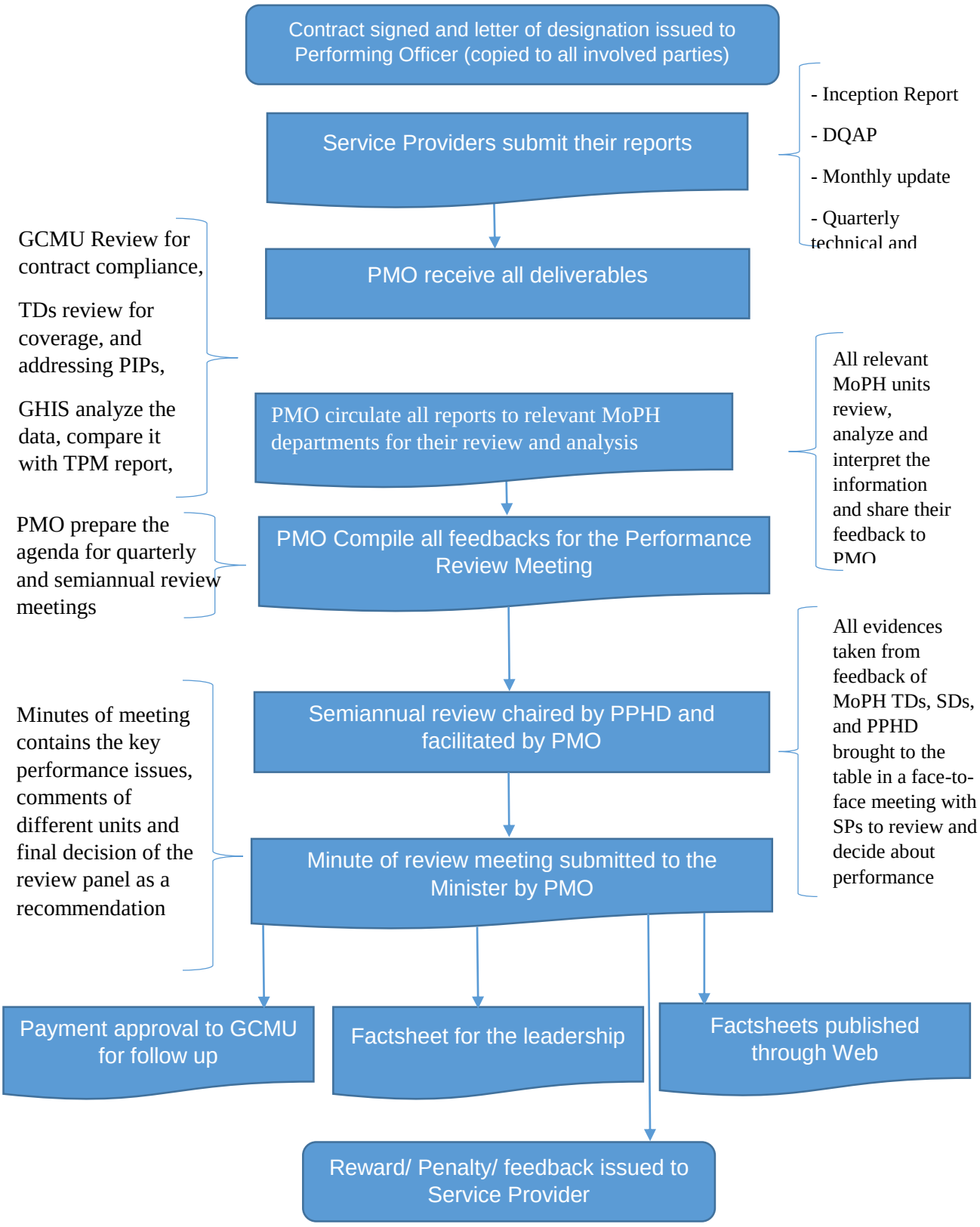
Panel members interacting with participants to highlight challenging features of Performance by SPs.

NGOs for keeping such good jobs while appreciated Development Partners and MoPH colleagues whose contribution resulted in conducting such a productive workshop. In end, she thanked all for their comments and inputs.

Annex (1): Performance Management Indicators

Source	SN	Services	Tariffs	
			USD	**AFN**
Eight (8) indicators from EU costing study	1	ANC (all visits)	2.9	198
	2	PNC (all visits)	4.3	295
	3	Delivery (institutional)	13.8	945
	4	EPI (Penta-3)	1.7	116
	5	EPI (TT2+)	1.7	116
	6	TB (treatment)	17.6	1,206
	7	Nutrition (GM+IYCF)	1.1	73
	8	IMCI (<5 OPD)	1.5	106
Three (3) indicators from HEFD costing assessment	9	Family Planning (CYP)	3.9	266
	10	C-Section	192.6	13,161
	11	Major Surgery (EPHS only)	125.6	8,586

Annex (2): Performance Management Process



Annex (3): Workshop Agenda

Lessons Learnt Workshop

BPHS and EPHS under the Sehatmandi Project

Date and Time: November 13, 2019 from 08:30 am to 12:30 pm

Participants: MOPH Leadership, TDs, DPs, and SPs

Venue: USAID Office

Objective: To learn lessons from better performance observed during the first Semi-Annual cycle in terms of BPHS and EPHS implementation under the Sehatmandi project and exchange ideas

Service Providers have been selected as better performers based on the performance scores in the P4P indicators ranking:

1. BARAN/OHPM (Kandahar)
2. HN-TPO (Laghman)
3. AADA (Herat)
4. Others (Specific performance areas)

The Service Providers will address following three questions during a 15-minute presentation:

1. What were the specific technical approach(es) that you employed to outperform other SPs in the P4P indicators?
2. What management change did you bring in to perform differently than other SPs or your previous contract under SEHAT? - e.g. change in project management that contributed to better performance, including delegation of authorities, financial management, creating new positions for performance management etc.
3. How did you cope with anti-government element(s) who interrupted your performance?

Time	Activity	Presenters	Remarks
08:30 - 09:30	Gate clearance and registration	USAID	
09:30 - 10:00	Welcome remark	USAID Representative	
10:00 - 10:15	Opening remarks	MoPH Leadership	
10:15 - 10:30	Overview of workshop and national-level SAPR	Dr. Bashir Hamid	
10:30 - 10:40	Presentation 1: Lessons learnt	BARAN/OHPM	
10:40 - 10:50	Presentation 2: Lessons learnt	HN-TPO	
10:50- 11:00	Presentation 3: Lessons learnt	AADA	
11:00- 11:30	Lessons learnt – Other SPs	SPs	
11:30 - 12:15	Q&A	Dr. Ahmad Wali Rasekh	
12:15 - 12:30	Closing remarks	MoPH Leadership	

Annex (4): Participants' List

No.	Name	Organization	Designation	Remarks
1	H.E. Dr. Mamosai Zewar	MoPH	Deputy Minster - MoPH	
2	Mohammad Nasir Foushanji	MoPH	PCD	
3	Sayed Ataullah Sayedzai	MoPH	GD, M&EHIS	
4	Dr Bashir Ahmad Sarwari	MoPH	Mental health Director	
5	Dr Zahid Sharifi	MoPH	PSC coordinaor	
6	Dr Roya Hussainzada	MoPH	Head of CBHC	
7	Dr. Hassan	MoPH	Acting head, GCMU	
8	Dr. Naeeb	MoPH	Contract Specialist	
9	Dr. Naweed Shams	MoPH	Acting head - HMIS	
10	Dr. Mehruddin Shams	MoPH	Monitoring Director	
11	Dr. Ahmad Wali Rasekh	MoPH	Head of Performanace Management Office	
12	Dr Abdullah Noorzai	MoPH	Senior Communication Specialist	
13	Norio Kasahara	MoPH	WHO Consultant on PM	
14	Dr. Abdul Razaq Asar	MoPH	PM Specialist	
15	Dr. Sana	MoPH	PM Specialist	
16	Dr. Abdul Fahim Ahmadi	MoPH	PM Specialist	
17	Dr Sahak	MoPH	PM Specialist	
18	Dr. Abdul Wasi Khurami	MoPH	PM Specialist	
19	Dr. Said Raouf Saidzada	MoPH	PM Specialist	
20	Dr. Zabihullah Mehrwarz	MoPH	PM Specialist	
21	Dr. Mohammad Talib Noori	MoPH	PM Specialist	
22	Dr. Mohammad Younus Bargami	MoPH	PM Specialist	
23	Dr Momin Jalaly	MoPH	PM Specialist	
24	Dr. Sayed Kalimullah Fawad	MoPH	PM Specialist	
25	Dr. Faridoon Farzad	MoPH	Senior Technical Advisor for Sehatmandi Project	
26	Abdul Majeed Siddiqi	HealthNet TPO	Head of Mission	
27	Ahmad shah Pardis	SCA	Head of Health Programme	
28	Abdul Saboor Modaqiq	BARAN	Technical Director	
29	Ahmad Abid Humayun	SDO	Program Director	
30	M. Ashraf Elham	CAF	General Director	
31	Dr. Farhad Paiman	OHPM	General Director	
32	Dr. Naqibullah Bashari	SAF	Program Director	

33	Dr.Mohammad Najeeb Baleegh	AADA	Program Director	
34	Nasimullah Bawar	BRAC	Program Manager	
35	Dr Mohammad Hamid	SHDP	Technical Manager	
36	Noor Aham Ahmad	JACK	Health Program Coordinator	
37	Dr. Abdul Maroof Behzad	MOVE	Performance devalopment director	
38	Dr.Hekmat	MRCA	Deputy Head of Mission	
39	Derek R. Sedlacek	USAID	Health Officer	
40	Dr. Abdul Naser Ikram	USAID	Deputy Office Director	
41	SINGH, Lakhwinder Paul Sidhu	WHO/MoPH	International Consultat	