Government of Afghanistan

Health and Nutrition
Public Investment Programme

Submission for the SY 1383-1385
National Development Budget

Ministry of Health
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PART I: POLICY, MANAGEMENT, RESULTS

1. Programme Policy and Strategy

1.1 Programme Goal
The objective of the National Health and Nutrition Public Investment Programme is to reduce the high levels of mortality and morbidity, especially among women and children, through the development of equitable, effective and efficient health services that address the priority health and nutrition problems, and through developing the capacity to deliver the necessary services.

1.2 Priority Needs to be Addressed
While on-going efforts are contributing to some progress in improving health status, the overall situation remains grim.

The ministry of Health, in consultation with its partners, identified six priorities needs to be addressed in order to improve the health status of the Afghan population.

- To reduce the high levels of infant (165/1000 live birth) and under five (257/1000 live birth) mortality rates, aiming at decreasing vaccine preventable diseases, diarrhoea and acute respiratory infections;
- To decrease one of the world’s highest maternal mortality ratio (1600/100,000);
- To tackle the elevated levels of malnutrition and the high prevalence rate of micronutrient deficiency disorders through the population;
- To combat high incidence of communicable diseases, especially against Tuberculosis, Malaria, Leishmaniasis and STI/HIV/AIDS;
- To improve inequitable distribution of quality health services; and
- To develop human capital and competencies to implement effective and efficient health services at all levels of the health system.

The most important constraint to achieving those needs is lack of access to basic health services in much of the country. The Government has committed itself to ensuring that the BPHS (a package of services covering maternal and newborn health, child health and immunization, public nutrition, and communicable disease control) is delivered to all Afghans, regardless of where they live, their ethnicity, or gender, in the next 3-7 years. The approach has been the key priority in the sector, is agreed to by almost all stakeholders, and continues to be compelling.

1.3 Policy issues

Policy issues guiding in the NDB for 1383-1385 reflect continuity and consistency in MOH priorities and direction over the past year and into the coming year:

- Continuation of efforts for the development of policies on human resources and health care financing.
- Definition of the relative roles and responsibilities of central and provincial level health authorities and other entities in implementing MOH policy.
• Coordination between the MOH, the UN agencies, donors, and NGOs remains a key policy issue for the effective implementation of health services initiatives.

• Coordination with other ministries on design, implementation, and oversight of health-related activities, including health education, school health, and inspection of private sector services; and winterization.

• Prioritization and further refinement of the costing of the Basic Package of Health Services to incorporate vertical programs; phasing of new components, specifically mental health and disability; and costing of the referral component.

• The rehabilitation and construction of new health facilities in the under-served, primarily rural areas, related infrastructure, and coordination on related staffing and equipment needs among donors remains a priority. However, there will be increased prioritization on urban centers.

• While maintaining a priority on primary health care and the Basic Package of Health Services, develop a policy that defines the role of the hospital in the health care system that can guide the appropriate allocation of resources.

• Meeting the emergency needs of the Afghan population and providing access to health care to returnees remains a priority.

1.4 Integration of Cross-Cutting Issues

Increasing the number of female health workers is a precondition for increasing access to services by women and to reducing maternal and infant mortality rates. The MOH has made a commitment to close this gap in the following ways: supporting the active participation of the Ministry of Women’s Affairs in provincial health coordination committees to contribute to provincial health planning activities and to support recruitment of women to be community health workers. As part of the effort to increase the pool of eligible women for training as community health workers and midwives in particular, with the support from USAID, MOH is working with the Ministry of Education and other partners to develop accelerated learning programs to improve literacy rates among women.

Environment: The MOH supports pro-environment and energy conservation in the planning and design of health facilities. Future proposals for clinic construction will be required to demonstrate consideration of these principles, even though in the short term costs may be higher than conventional construction, the long term savings are valued. MoH has developed a waste disposal guideline to keep the environment clean and hazard free.
2. Programme Management

2.1 Management

2.1.1 Coordination mechanism
The Ministry of Health (MOH) takes the responsibility to ensure that health services are delivered equitably throughout the country with the collaboration amongst other relevant line Ministries in the country through policy formulation and budgetary implementation in accordance with the national development objectives as set forth by the National Development Framework and National Development Budget.

To achieve effective aid coordination, MOH adopted the following definition of coordination to provide a guideline for coordination of all development partners, including other line Ministries, UN agencies, donors, and NGOs:

“MOH is in the driving seat for coordination sector wide in health in Afghanistan and intends that coordination is any activity formal or informal, at any level of the health system, undertaken by recipients in conjunction with donors and other development partners, individually or collectively, which ensures that external and internal inputs to the health sector enable the health system to function more effectively, and in accordance with priorities, over time.”

MOH established an aid coordination and advisory forum, namely Consultative Group for Health and Nutrition (CGHN), chaired by the Minister for Health, his or her designee to provide the aid coordination mechanism by which it can coordinate activities of development partners including donors, UN agencies and NGOs and to receive support and advice to promote the achievement of national health policies and strategies.

The primary role of the CGHN is to assist the MOH in ensuring the delivery of the Basic Package of Health Services (BPHS) as widely and equitably as possible throughout the country. The CGHN acts as an advisory group to the Minister and Deputy Ministers, which advises and assists the MOH to:

1. Coordinate inter-ministerial activities through exchange of information and work planning,
2. Develop a time-bound series of policy and institutional benchmarks which (i) enhance the effectiveness and efficiency of the delivery of the BPHS and other health services and (ii) follow a clear health reform timetable,
3. Identify the strategic actions and programmes necessary to achieve the benchmarks, including review of all projects with national policy implications,
4. Ensure the provision of technical and investment resources to implement actions and programmes, and
5. Review progress in achieving national health objectives.

The CGHN is held on a monthly basis, and other line ministries consulted are Ministry of Women’s Affairs, Ministry of Finance, Ministry of Higher Education, Ministry of Rehabilitation and Rural Development, Ministry of Planning, Ministry of Martyrs and Disabled, and Ministry of Education.
To facilitate the day-to-day advising of the MOH between the Monthly CGHN meetings, there is a Working Consultative Group on Health and Nutrition (WCGHN). The Deputy Minister (Technical) for Health or his or her designee chairs the WCGHN meetings, which are held regularly on a weekly basis. This group is comprised of the MOH senior staff and the external development partners concerned. Working group technical meetings are held, as needed, and they provide requested information and recommendations to the larger CGHN.

Issues discussed in the CGHN are forwarded to the Executive Board (EB) of the MOH, a decision-making body of the Ministry. The EB is chaired by the Minister for Health or his or her designee, and is comprised of the Deputy Ministers and General Directors of the Ministry.

All the issues decided by the EB are shared at the monthly National Technical Coordination Committee (NTCC) amongst the larger group of the development partners concerned to ensure the transparency of the decision by the Ministry.

### 2.1.2 Coordination between National and Sub-National Government

To ensure the effective and efficient coordination between the central and sub-national levels, MOH established the Grant and Contracts Management Unit (GCMU) under the General Directorate of Policy and Planning.

The GCMU takes the overall responsibility at the central level to:

1. assist in expansion of the delivery of the Basic Package of Health Services (BPHS),
2. strengthen the MOH's stewardship role in the health sector so it can ensure MOH priorities and policies are realized,
3. integrate donor, multilateral, and NGO efforts into a national health care system, and
4. develop the capacity of the MOH to work effectively with stakeholders in establishing an effective and efficient public private mix.

In close consultation with the Central MoH, the Provincial Health Coordination Committee (PHCC) takes the coordination responsibility with 32 Provincial Health Offices of the MOH. The Provincial Health Director chairs the PHCC. Members of the PHCC are donors, UN agencies and the NGOs. There is ToR for the PHCC and the Donor Focal Point provides secretariat support. The PHCC and the 32 Provincial Health Offices (PHO) of the MOH plays an important role in the new set up of the Afghan health system.

MOH is implementing the organizational set-up of the 32 PHOs to be functional in a decentralized system so that the PHOs are not only a competent arms of the MOH but also effective counterparts to the lead-NGO that is contracted out health services at the full provincial level or at a cluster (several districts) level.

### 2.1.3 Financial Management

The MoH has began to utilize the operating and national development budgets as a planning tool. A proactive role is being taken in budget management and future donor input with continuous monitoring throughout the reporting period. The MoH has key personnel in liaison positions in order to facilitate the exchange of financial information between the MoH and MoF in support of the new reporting processes. The MoH realizes that transparency and
accountability will come with improved systems, processes and guidelines and are committed to the implementation of best practices.

2.1.4 Procurement Arrangements

Improved reporting measures will facilitate the differentiation between nationally funded, donor, UN or NGO procurements. The system is reliant on accurate, continuous input from all stakeholders and the MoH work units and key personnel are being proactive in this regard. The introduction of new procurement national legislation will obviously have an impact and the MoH are prepared for such change and will take the necessary steps to address procurement issues.

2.2 Monitoring and Reporting

The Government assumes direct responsibility for monitoring the implementation of all projects included in the Public Investment Programme. In order to provide an independent, systematic and uniform assessment of how NGOs and the MOH are doing in improving the delivery of the BPHS for both nationally and donor funded projects, the MOH will be supported by a third party evaluator, supported with funds from the World Bank. The organization acting the third party will be selected in January 2004 will report to the Director of the Planning and Policy Department in the MOH and will receives the cooperation of all key donors and other stakeholders involved in service delivery.

In addition to ensuring proper monitoring and evaluation of activities, the third party evaluator will have the responsibility to build capacity within the MOH to carry out this key function. The Third Party would be responsible for the functions mentioned for a period of almost three years (32 months), after which MoH staff will take the responsibly for monitoring and reporting. This will depend on effectiveness of the capacity building plan of the third party. Specifically, the third party evaluator will be responsible for the following: reviewing the MOH work on indicators, PPA contracts, and previous health facility evaluations; working with MOH Human Resource Development Unit to develop competency tests for health staff that can be asked during survey, developing a health facility assessment that can determine quality of care, whether contractual obligations of Performance-based Partnership Agreements are being met, and the extent to which the BPHS is being delivered; carrying out such a health facility assessments; estimating the cost of providing services in selected provinces; working with the MOH to develop a systematic and uniform approach to monitoring and supervision.
### 3. Sub-Programme Objectives, Outcomes and Outputs

#### Table 1: Sub-Programme Objectives, Outcomes and Outputs

<table>
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<tr>
<th>Sub-Programme Objective</th>
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<th>Outputs to Support Achievement of Outcomes</th>
<th>Output Targets for end 1385</th>
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</thead>
</table>
| **1.3.1 Decrease in Infant Mortality & Children Under five Mortality/Morbidity** | - Wild polio is eradicated  
- Maternal and neo-natal tetanus is eliminated  
- Reduction of Measles incidences by 90%  
- National coverage rate for DPT3 is 80% or more  
- Functional IMCI (Integrated Management of Childhood Illnesses) program introduced | - More than 90% of childbearing age women receive at least three doses of TT(tetanus toxoid)  
- More than 90% among all under five children receive measles vaccination  
- IMCI pilot program successfully implemented | - Coverage rate of greater than 90% or greater maintained for measles and polio.  
- Proper training with IMCI modules conducted with illiterate health workers. |
| To reduce vaccine preventable diseases and deaths by eradicating wild polio, eliminating neo-natal tetanus, expanding routine vaccination coverage, such as measles. | | | |
| **1.3.2 Decrease in Maternal Mortality** | - Ensuring less than 1% case fatality rate at 80% of EmOC facilities  
- Increasing 20% deliveries attended by skilled birth attendances.  
- More than 80% of child baring age couples have quality family planning services and information. | - All 32 provinces have at least one functional comprehensive Emergency Obstetric Care (EmOC) centre  
- Five functional centres of excellence on EmOC provide quality health services and in-service and pre-service training.  
- All provinces have safe blood supply system  
- Midwifery and Community midwifery training courses conducted in urban areas. A revised health management information system is introduced and maintained. | - NGOs and MOH working at all districts and EmOC facilities received technical supports on reproductive health, quality medicines/supplies and infection prevention training.  
- Expanding social marketing on safe motherhood and family planning |
### 1.3.3 Combat Malnutrition

Reduction in morbidity and mortality associated with Micronutrient Deficiency Disorders and severe malnutrition through national campaign of micronutrient supplementation, social marketing of iodized salts and establishment of Therapeutic Feeding Units.

- Ensuring that majority of households have access to iodized salts.
- Decreased in Micronutrient deficiencies, especially iron deficiency anaemia, reported for pilot areas.
- Case mortality rate of severe malnutrition reduced to acceptable levels within provincial hospitals. Ensuring enough number of Training Centres for Therapeutic Feeding Units (TFU) in provincial levels and district level Therapeutic Feeding Units.
- More than 50% of households will have access to iodized salt.
- A national campaign for promotion of iodized salt is implemented.
- Functional TFU Training Centres established at Provincial hospitals.
- More than 50% of households will have access to iodized salt.
- A national campaign for promotion of iodized salt is implemented.
- More than five TFU training centres set up
- Coverage of all 32 provinces covered by the end of 1385.

### 1.3.4 Decrease Incidence of Communicable Disease

To reduce morbidity and mortality of infectious diseases, especially aiming at tuberculosis, malaria, sexually transmitted illnesses and blood borne disease.

- Detect 70% of all expected tuberculosis cases and ensure treatment in 85% of cases detected.
- Malaria morbidity reduced by 20%.
- Maintaining a low HIV prevalence rate for adults (<0.01%).
- DOTS (Direct Observation Treatment Short Course) services are provided in more than 60% of districts.
- 20% of population which are at high risk of malaria infection are protected by insecticide treated nets (ITNs).
- Establishing national surveillance system targeting STI/HIV and blood borne diseases.
- Diarrheal disease and acute respiratory infection control are well integrated with IMCI.
- At least 50% of all districts provide DOTS services.
- 50% of health facilities in endemic areas receive adequate and uninterrupted flow of antimalarial drugs.
- All provincial hospitals have blood screening system..
### 1.3.5 Improve Equitable Distribution of Quality Health Services

| To ensure quality health services are provided on an equitable basis throughout the country, especially in underserved areas. | • 70% of all districts receive quality health services through expanding Basic Package of Health Services (BPHS). | • All provinces have more than one BPHS implementation districts. | • Actual services are introduced or plans for introduction for BPHS for all districts in all provinces are in place. | • All new constructed facilities have appropriate and adequate staff and equipment. | • Essential drug procurement system is developed and ensuring their distribution. |

### 1.3.6 Enhanced Capacity of MOH to Implement Effective & Efficient Health Services

| To enhance capacity of MOH to implement effective, efficient and equitable health services by increasing the number of qualified health workers and improving the management skills of MOH at central and provincial levels | • Increasing qualified health workers, especially female health workers in all districts. | • Certification system developed for at least two cadres of health workers | • In-service training guidelines are standardized and introduced in all provinces and districts. | • Strategic, efficient and transparent management is evident in the management of MOH through various mechanisms, such as CGHN (Consultative Group of Health and Nutrition), NTCC (National Technical Coordination Committee) and PHCC (Provincial Health Coordination Committee) | • Quality in-service training (refresher training) for community health workers, technicians, pharmacists, midwives, nurses and physicians are conducted in all provinces. |
| | • Accredited pre-service training for community midwives and midwives are started in selected provinces. | | • Management training provided to all MOH and provincial health office department heads. | |
## PART II: EXISTING EXPENDITURE REQUIREMENTS & NEW PROJECT PROPOSALS

### Table 2: Sub-Programme Proposed Expenditure 1383 (US$m)

<table>
<thead>
<tr>
<th>Sub-Programme</th>
<th>1383 Existing Projects</th>
<th>1383 New Projects</th>
<th>1383 Overall</th>
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<tbody>
<tr>
<td></td>
<td>Exp Req</td>
<td>Funding Allocation</td>
<td>Unmet Exp Req</td>
</tr>
<tr>
<td>1.3.1 Decrease in Infant Mortality &amp; Children under five Mortality/Morbidity</td>
<td>73.16</td>
<td>40.11</td>
<td>33.05</td>
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<tr>
<td>1.3.2 Decrease in Maternal Mortality</td>
<td>61.16</td>
<td>32.55</td>
<td>28.61</td>
</tr>
<tr>
<td>1.3.3 Combat Malnutrition</td>
<td>11.48</td>
<td>0.50</td>
<td>10.98</td>
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<tr>
<td>1.3.4 Decrease Incidence of Communicable Diseases</td>
<td>14.84</td>
<td>7.94</td>
<td>6.89</td>
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<td>1.3.5 Improve Equitable Distribution of Quality Health Services</td>
<td>49.28</td>
<td>22.28</td>
<td>27.00</td>
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<td>1.3.6 Enhanced Capacity of MOH to implement Effective &amp; Efficient Health Services</td>
<td>31.56</td>
<td>6.48</td>
<td>25.08</td>
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<td>1.3.7 Unspecified health</td>
<td>8.20</td>
<td>0.00</td>
<td>8.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>249.67</td>
<td>109.86</td>
<td>139.81</td>
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