



Islamic Transitional State of Afghanistan  
Ministry of Health

## Capacity Building Plan

For

Central and Provincial Ministry of Health Public Administration Staff

Final Version

3 May 2004

PHACBWG

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**(ii) Acronyms**

ADB	Asian Development Bank
CB	Capacity Building
CCFO	Counterpart Chief Financial Officer
DFID	Department for International Development
EC	European Commission
GCMU	Grant and Contract Management Unit
GD	General Directorate
IARCSC	Independent Administrative Reform and Civil Service Commission
MOH	Ministry of Health
OPM	Oxford Policy Management
PHA	Public Health Administration
PHACBWG	Public Health Administration Capacity Building Working Group
PIU	Provincial Implementation Unit
PRR	Priority Reform and Restructuring
TA	Technical Assistance
TOR	Terms of Reference
WB	World Bank
WHO	World Health Organization

## **1. Introduction**

Twenty-three years of conflict have put Afghanistan in an awkward starting position for rebuilding the country and rehabilitating its institutions. Human and Social Capital have eroded and although money for the post-conflict rehabilitation has been pledged (although much less than the calculated need<sup>1</sup>), just throwing money at Afghanistan's Institutions will not make them function better in the short run.

Rebuilding the Ministry of Health (MOH) Public Administration can be done in two steps: first, a Civil Service Reform of the present human resources would need to be done and second, a Capacity Building (CB) strategy would need to be designed to build capacity of the reformed civil service.

The Independent Administrative Reform and Civil Service Commission (IARCSC) initiated a Priority Reform and Restructuring (PRR) of Ministries. The MOH has submitted two proposals for a PRR of two large departments of Public Health Administration Staff to the IARCSC. These proposals have been approved.<sup>2</sup> Much of this reform will take place during 2004. The remaining departments (Health Care and Promotion GD and the Administration and Management GD) will be PRR-rd during 2004 and 2005. A projection of the expected MOH Public Administration staffing patterns, on which this CB plan is based, is available in annex (see annex 5.3 'groups of MOH employees').

The MOH has worked on the design of a comprehensive CB plan for its Central and Provincial Public Health Administration staff. There is an urgent need for such a plan, as, apart from the need to build capacity in generic Public Health Administration, the MOH has taken on new roles and responsibilities.

The MOH will be the steward of the Health System; instead of being the only public service provider it will subcontract other agencies to deliver basic essential services. These new roles and responsibilities bring a need for different or more intensive knowledge in the following areas: Policy Setting, Financing, Planning, Regulating, Monitoring and Supervising.

This document is the result of an attempt from a multi-agency group, led by the MOH, to plan ahead for the next three to four years, for the CB needs of the entire MOH Public Health Administration. Designing this CB plan, the group has attempted to 'look ahead' keeping in mind a hypothetical reformed civil service rather than working from the current situation.

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<sup>1</sup> About a third of the requested amount has been pledged during the recent Donor Appeal Conference in Berlin.

<sup>2</sup> These Departments are the Provincial Health Liaison Office and the 32 Provincial Health Offices [currently, 25 April 04, there are 34 provinces], and the Policy and Planning General Directorate; the two reformed departments concern 399 professional staff.

This document therefore, will be of use to both donors and the MOH. For donors, it will provide information on the type of CB, including its costs, that is required to get a reformed MOH Public Administration functioning. For the MOH it will provide a map and a reference guide to which type of CB is considered appropriate for which level of staff.

## **2. The Process**

The process that led to the CB plan started at the end of January 2004, and gathered steam by mid February. The terms of reference were crafted and submitted to the MOH executive board for their approval (PHACBWG Terms of Reference see annex 5.1).

From the outset, a choice was made to focus the CB plan on MOH Public Administration Staff only. Finally, at the end of design phase of the CB plan, MOH Hospital Directors of Secondary and Tertiary Hospitals were included in the CB plan.<sup>3</sup>

On finalizing the CB plan, the group decided to add mid level managers (Head Nurses, Heads of Departments) from tertiary Hospitals to the CB plan. This group of mid level Hospital Managers are very important for a successful Hospital Management, and could support the Hospital Director in explaining and implementing decisions made by the management. (See annex 5.9).<sup>4</sup>

Thereafter, considerable time was spent discussing the choice of methodology. In essence, the discussion was one between analyzing skill gaps of existing MOH civil servants versus defining necessary skills and ‘working backwards’ from there.<sup>5</sup> An important factor in this discussion was the insecurity on the MOH status after the PRR. Namely, and theoretically, a successful PRR could lead to a considerable number of ‘new’ MOH staff as the PRR positions, especially in the higher grades or in the so called ‘Super Scale’ grades that the MOH designed, would be competitive and open to outsiders.

Finally, although valuing a careful, albeit slow, process of analyzing gaps in skills of existing MOH staff, a different approach, one which would lead quicker to a CB plan, was chosen. It was agreed that analyzing skill gaps of MOH staff should continue, and results, when available, could eventually be used to fine tune the CB plan. The approach chosen is detailed in annex (annex 5.4 ‘Policy and Planning CB Framework’).

A multi-agency working group, reporting to the HRD Task Force, met about three times per week. There were 17 official meetings up to 25 March in which the complete working

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<sup>3</sup> 19 Provincial Hospital Directors (not all Provinces have a Provincial Hospital); 5 Regional Hospital Directors and 8 Kabul Hospital Directors.

<sup>4</sup> There are about 150 mid level managers, for which courses would be organized at a roughly estimated cost of \$40,000 per 30 participants. Total annual cost estimated at \$200,000.

<sup>5</sup> Oxford Policy Management (OPM), a consultancy firm funded by the ADB and attached to the Administration and Management GD, had been applying a methodology to assess the skill gaps of existing MOH staff.

group gathered; there were many more meetings of the three individual sub groups that worked on the CB plans for the various departments.

The chosen approach was as follows: definition of Skill Sets ('Maps') for various groups of MOH PHA employees, then definition of skill sets for short (< 1 year) and mid term (< 3 years). The long term skill sets (5-7 years from now) resemble the 'Skill Set Maps'; the desired profiles of the civil service employees. After definition of the necessary skill sets plotted against time, 'working backwards from there' led to suggestions of possible CB actions that would lead to the necessary skills (seen annex 5.2 'Master Skill Set List' and annex 5.4 'Policy and Planning CB Framework'. The Policy and Planning CB Framework is provided to illustrate the conceptual framework that was used by the three subgroups).

Possible CB included a range of methodologies, from short and long in-country courses to short and long degree courses overseas to tutoring by expatriate advisors, mentoring by visiting professionals, technical round table discussions, online courses and an estimation of the capital investments necessary to perpetuate the learned skills (predominantly Information and Communication Technology).

### **3. The Outcome**

Most of the outcome of the working group is annexed.

It consists of a list ('grouping') of MOH employees (annex 5.3), a framework to conceptualize the groups of MOH employees, their skill sets, put against time (annex 5.4) and a list of CB efforts for the various skill sets, including their cost (annex 5.2). Also, it consists of 'Skill Set Maps' for the four MOH departments (annexes 5.5 to 5.8) that depict as a kind of visual map the desired skill sets for the various groups of MOH employees. The Skill Set Map for each department comes with a short term and a mid term CB plan (annexes 5.5.1 and 5.5.2 to 5.8.1 and 5.8.2).

Whereas the Skill Set Maps depict the desired 'ideal' skill sets of the groups of MOH employees that work in those departments,<sup>6</sup> the short and mid term CB plans for these departments represent the quantity of training courses for the groups of employees. Thus, these CB plans have a projected staff turn over calculated in (about 10% annually in most instances for the mid term CB plans) and have been used to cost out the CB plans.

For convenience sake, a group of six so-called cross-cutting skill sets have been defined. These cross-cutting skill sets are actually core skill sets consisting of English Language 'Basic' and 'Advanced', Computer 'Basic' and 'Advanced', Management 'Basic' and 'Advanced'.

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<sup>6</sup> With exemption of the Group 'A'; the so-called core group: this group is an amalgam of 22-odd senior MOH decision makers and national consultants from various departments (predominantly from the Policy and Planning GD and the Health Care and Promotion GD). This group has, for convenience sake, been put under the Policy and Planning CB plan.

The Provincial Health Department, consisting of the centrally located Provincial Health Liaison Office (9 professional staff) and the 32 Provincial Health Offices (288 professional staff) is the largest department. 32 Secondary and Tertiary Hospital Directors have been added to this group. 320 Staff, over half of all the MOH PHA staff, is located outside the central MOH.

## **4. The Costs**

When interpreting the costs it is of some importance to recall the context of the MOH Public Administration Reform. This CB plan has specifically been developed with a view into the near future, in which the MOH civil service has been reformed or better said 'PRR-rd', as the actual reform might take longer. Having said that: 'Capacity Building' is meaningless if not accompanied by the 'hardware' to enable the MOH staff to carry out its duties.

Most stringently: if the Provincial Health Office staff will receive training, they will need an office, furniture, IT and communication systems and a budget to run their system in order to make the CB effective. For implementing the PRR for the Provincial Health Department, only one donor, DFID, has stepped forward with a proposal to fund the recurrent costs of the PHOs for the first year of operation only (in addition to important support with HRD TA to implement the PRR). The issue of capital cost and recurrent costs for the PRR of central MOH departments has a lesser urgency as, for instance, the building and basic equipment with a minor budget is immediately available through the MOH recurrent budget.

Costs for the Capacity Building of the MOH Public Health Administration staff can be broken down in three components: the capital cost component, the non-salary recurrent costs component for the Provincial Health Department PRR and the CB/Training component.

(A) The capital cost component reflects firstly, the cost of the IT and Communication hardware and software for the central and provincial MOH. These costs are **US\$743,390**. Secondly, they reflect the Capital Cost component of the Provincial Health Department PRR proposal. These costs are: **US\$960,267** for 2004, **US\$2,739,417** for 2005 and **US\$742,011** for 2006.

(B) The non-salary recurrent cost component of the Provincial Health Department PRR would need funding. A possible donor for the non-salary recurrent cost for the first year is DFID. Assuming that these funds materialize then, in that case, the funds that are indispensable are **US\$528,350** for 2005 and **US\$324,442** for 2006.

(C) The CB/Training component.



The re-costing exercise of the Afghan Health Sector<sup>7</sup> put the cost of the Capacity Building Component at \$18,7M per year. This costing includes Technical Assistance (TA) for about \$14M per year for the first three years. The CB plan has TA incorporated for the Health Care and Promotion GD (6), but not for the other departments. The cost of the CB plan for the first year, ‘the short term CB plan’, which stands at **\$4.77 M** including the six advisors for the HC & P General Directorate, coincides fairly well with the re-costing exercise for the Capacity Building Component which excludes the TA.<sup>8</sup>

The costs of the CB plan are visualized in the figures below. The average cost of the short term CB plan for the Policy and Planning GD is considerably lower compared with the other departments. This is due in part to a different phasing (less in the first year, more in the following years) and partly to a different methodology. For instance, for the ‘Core Group’ of senior MOH officials and national consultants, a technical round table will be organized. This activity will be low cost, as most of the facilitators and lecturers will be drawn from a pool of in-country experts and visiting consultants and professors.

The average cost of the mid term CB plans are higher than those of the short term CB plans (with the exception of the Mid Level Hospital Managers). This, in most instances, is due to a certain percentage of senior staff following advanced or specialized courses, including post graduate courses, overseas. Off course, the relative costs per year for the mid-term CB plan are lower, as this plan is spread over two to three years whereas the short-term CB plan is for the first year only.

**Table 1 Training/Course Cost**

<i>Short Term CB (&lt; 1 year)</i>	<b>Cost (US\$)</b>	<b>Qty of Employees</b>	<b>Cost/Employee</b>
<b>Health Care and Promotion</b>	\$922,627	101*	\$9,134
<b>Administration and Management</b>	\$727,900	78	\$9,332
<b>Provincial Health Department</b>	\$2,716,495	328**	\$8,282
<b>Policy and Planning</b>	\$401,850	117***	\$3,434
<b>Total</b>	<b>\$4,768,872</b>	<b>624</b>	<b>\$7,642</b>

<i>Mid Term CB (&lt; 3 years)</i>	<b>Cost (US\$)</b>	<b>Qty of Employees</b>	<b>Cost/Employee</b>
<b>Health Care and Promotion</b>	\$1,398,861	101*	\$13,850
<b>Administration and Management</b>	\$806,960	78	\$10,345
<b>Provincial Health Department</b>	\$2,220,497	328**	\$6,769
<b>Mid level Hospital Managers</b>	\$200,000	150	\$1,333
<b>Policy and Planning</b>	\$895,210	117***	\$7,651
<b>Total</b>	<b>\$5,521,528</b>	<b>774</b>	<b>\$7,133</b>

\*7 Directors are with Policy and Planning

\*\* Including 32 Hospital Directors

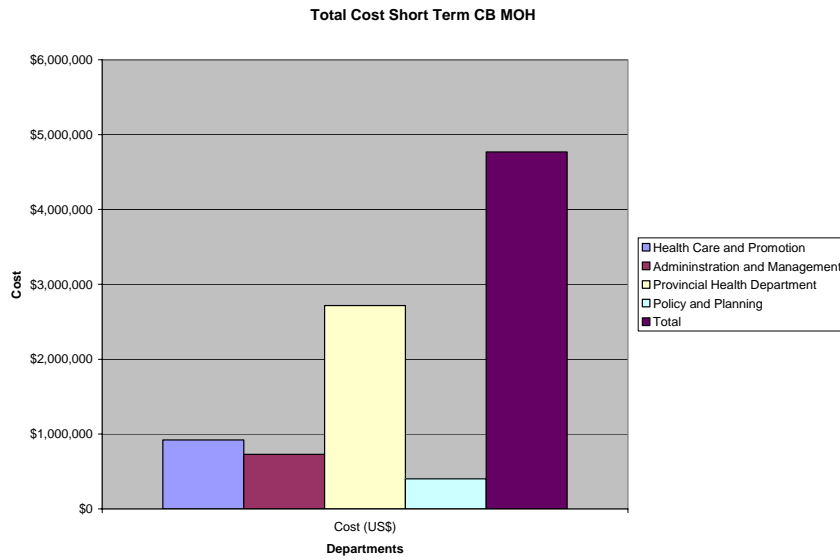
\*\*\* Head Nurses and Heads of Departments in Tertiary Hospitals

\*\*\*\* Includes 7 Directors from HC&P, 3 GD from other Departments, 1 OPM consultant and 2 Deputy Ministers

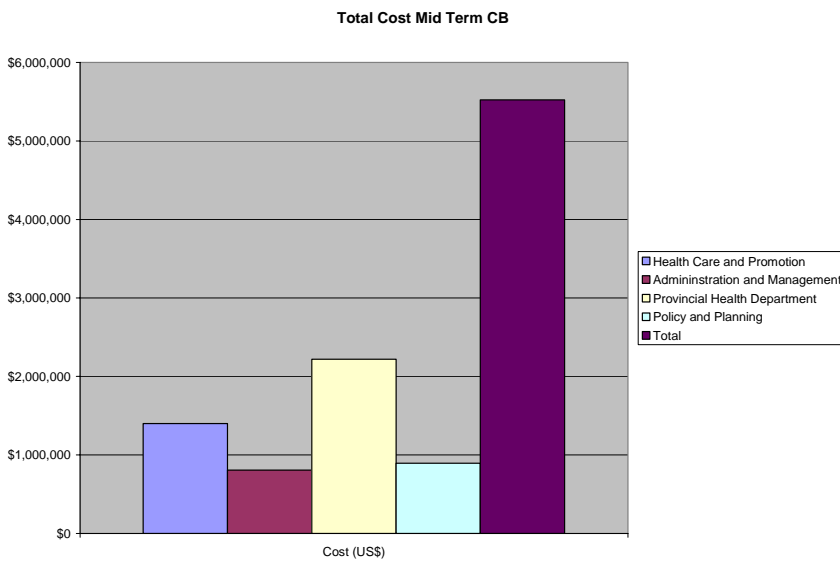
<sup>7</sup> Securing Afghanistan’s Future, Chapter 2, Pillar I, Technical Annex on Health and Nutrition, final version 18 January 2004.

<sup>8</sup> The cost for the six TA has, conservatively, been put at \$720,000 per year (the re-costing exercise used between \$200K and \$300K per year for a fully-loaded TA), leading to a cost of \$14.8M for international and national consultants.

**Figure 1 Total Cost Short Term CB**



**Figure 2 Total Cost Mid Term CB**



## 5. Annexes



### 5.1 Terms of Reference PHACBWG

Transitional Islamic State of Afghanistan  
Ministry of Health

**Final Draft**

**Terms of Reference**

MoH Public Administration Capacity Building Working Group

24 February 2004

#### ***Scope of Work***

“To draft a comprehensive Capacity Building Plan for Provincial and Central Ministry Health Staff working in Public Administration.” This plan will encompass the fields of Governance, Management and Administration and Technical Skills that are necessary to execute the new roles that the MoH will perform. These new roles are Policy Setting, Planning, Financing, Behaviour Change, Regulating, Monitoring, Evaluating and Management of Health Service Delivery.

#### ***Terms of Reference***

(A) Policy and Strategy Framework:

##### **1. Policy Framework for Capacity Building: What is Capacity Building?**

Capacity building for the MOH means:

- ✓ Capacity has been built where there is an increased ability to pursue a vision and achieve a desired outcome
- ✓ Capacity building will take many forms: technical skills, personal skills, resources, knowledge, values and attitudes, confidence, motivation, development of systems, providing support, and leadership.
- ✓ Capacity can be built by individuals, organizations and national programs.
- ✓ Capacity building must focus on a specific target group.

- ✓ Capacity building is a continuum of progress—it is not a situation of having capacity or not having capacity.

The MOH seeks to build capacity throughout the health sector so it functions at optimal efficiency in providing the health services needed by the population. Capacity is required at the central, provincial and district level.

## **2. Strategic Framework: Capacity building of what?**

The MOH seeks to build capacity to ensure that the health sector operates properly in meeting the health needs of the people of Afghanistan. The key elements of a health system seem to be three:

1. Service delivery
2. Managing the health sector
3. Support systems required for the health system to operate properly

The attached excel sheet provides a framework for defining what capacity building is required within these three areas at the central and provincial level. For each area, check whether it is required at central or provincial level or both. Then for each cell checked, define what capacity must be built, for whom, and when.

## **3. Outcomes**

Evidence that Capacity Building efforts have made a contribution would appear in the products and implementation of:

- Basic Package of Health Services
- Special Programmes
- Improving the Quality of Hospital Services
- Human Resource Development
- Administrative Reform and Capacity Building

## **4. Conformity to other systems, processes and policies:**

Capacity building effort will be invested in ways which are consistent with:

Civil Service Commission activity  
Public Sector Reform  
National Development Plan  
Interim Health Plan  
Ministry of Finance  
National Audit Office  
PRR

## **5. Products**

**Summary of Main MoH Technical Assistance Needs by Location**

	Central	Provincial	District *
Health Planning and Organization	•	•	•
Health Financing	•		
Public Health	•	•	•
Financial Management	•	•	•
Leadership	•	•	•
Human Resources	•	•	•
Governance	•	•	•
Monitoring and Evaluation	•	•	•
HMIS	•	•	•
Coordination	•	•	
Community-Based Health Care	•	•	•
Hospital Management	•	•	•
Logistics and Procurement	•	•	•
Gender Environment	•	•	•
Behaviour Change	•	•	•

\* District Level (i.e. Facility level/District Hospital Level) CB efforts will be constructed at a later stage

(B) Reporting relationship:

The MOH Public Administration Capacity Building Working Group (PACBWG) is overseen by the Human Resource Development (HRD) Task Force.

(C) Objectives:

The objective of this working group is to draft a comprehensive Capacity Building plan for provincial and central MOH Public Administration Staff.

(D) Members:

The following individuals will be members of this working group:

- Dr Sherzai
- Dr Habib/Provincial Health Liaison Office-MOH
- Dr Mubarak and or Bill Newbrander/Dr Jeff Smith/MSH-REACH [in various combinations]
- Dr Wahidi/MOH
- Dr Ibrahim and or Heike Bill/EC
- Dr Kayhan Natiq/WB
- Jane Tait/MOH
- Dr Ahmed Shadoul/World Health Organization
- Michael Jones/OPM
- Dr Panna Erasmus/PIU-MOH
- Dr Gyuri Fritsche/GCMU-MOH

(E) Timelines and Process:

1. Meetings three times per week, Tuesday, Wednesday and Sunday 08.00 hrs MoH about one hour meetings;
2. Participation in the weekly HRD TF meetings on Tuesday 10.00 MoH to provide feedback;
3. Aim at draft product by the middle of March 2004;
4. Circulate to the CGHN WG members for their inputs (give one week);
5. Discuss these inputs in the next CGHH WG meeting.
6. Finalize, translate, and present to the EB;
7. Product ought to be finalized by the end of March 2004.

## 5.2 Master Skill Set List

Master Skill Set List

Code	Possible CB	Cost per course (one off or one year)	Cost per participant (US\$)
1	One year ongoing one hour per day for one year ? Central versus Provincial (as an <b>induction course</b> for new Provincial)	\$5,000 per course-central level 20 p	\$250
2	One year ongoing one hour per day?	\$5,000 per course-central level 20 p	\$250
3	One hour per day for three months	\$3,000 per course 20 p	\$150
4	One hour per day for three months	\$3,000 per course 20 p	\$150
5	(AITM) Full days three weeks	\$3,000 per course for 20p	\$150
6	Full days two to three weeks	\$5,000 per course for 20p	\$250
7	Twice a week as a group of 10 and then twice a week in smaller groups under guidance expatr tutor	One full time expatriate; 50K	\$2,500
9	Two week course in country (bring in specialists from abroad)	\$30K for 20 persons	\$1,500
9	Two to three week course overseas	\$7,000 per person	\$7,000
10	Round table: no significant costs involved as visiting experts asked to contribute, however put 10K pa	\$500 per person	\$500
11R	Assume in London: Course 13K pounds plus 12K for living about 24K, travel insurance etc. 27K	\$49,500 per person	\$49,500
11R	Assume in Asia	\$30,000 per person	\$30,000
11D	Assume in UK: Course cost about \$10K all in per person	\$10,000 per person	\$10,000
12	Assume two weeks in batches of one week: 25 persons at about \$2,000 (one week)/district team problem solving (cost?)	\$160 per person	\$160
13	Study tour to Cambodia: 14 days: \$5,000 per participant	\$5,000 per person	\$5,000
13	Iran: 14 days: \$2,000 per participant	\$2,000 per person	\$2,000
13	14 days: \$5,000 per person	\$5,000 per person	\$5,000
13	14 days: \$5,000 per person	\$5,000 per person	\$5,000
14	One hour per day for three months	\$3,000 per course 20 p	\$150
15	One hour per day for three months	\$3,000 per course 20 p	\$150
16	Web-based study ARCVIEW advanced course e.g. \$150 per course per participant (web access)	\$150 per person	\$150
17	Web-based study ARCVIEW advanced course e.g. \$150 per course per participant (web access)	\$150 per person	\$150
18	One week course in country with an expatriate facilitator; 20 persons: \$2,000	\$100 per person	\$100
18	HE in country resources CB central MOH staff: \$2,000: 4 persons	\$500 per person	\$500
18	WB Flagship course in country for e.g. 50 participant, two weeks: \$120,000	\$120,000 per course	\$2,400
19	One week in country twice a year for 25 persons; facilitators in country: \$2,000 per course	\$100 per person	\$100
20	One week in country twice a year for 25 persons; facilitators in country: \$2,000 per course	\$100 per person	\$100
21	Aga Khan University one month approximately PKR80,000 per person	\$1,500 per person	\$1,500
22	E.g three week summer course at the Erasmus University/Rotterdam: Euro 7,450 per person	\$9,163 per person	\$9,163
23	Assume in UK: Course cost about \$10K all in per person	\$10,000 per person	\$10,000
24	One week course in country with an expatriate facilitator; 20 persons: \$2,000	\$100 per person	\$100
25	Three week course Europe/US: \$10K in all per person	\$10,000 per person	\$10,000

27	Aga Khan University one month approximately PKR80,000 per person	\$1,500 per person	\$1,500
27	Provincial Staff through 6 Regional Training Centres. 4 phases, 14 days per phase, 1.5 to 2 years	(\$346,930 per provincial centre)/cost for V	\$6,985
28	Management Advancement Programme (MAP); 17 participants, 3 phases, 2 weeks per phase, 3 facilitators AKU	\$29,100	\$1,711
29	(try in country solution, combined with at a distance learning)	\$2,000 per course	\$400
30	One week in country twice a year for 25 persons; facilitators in country: \$2,000 per course	\$2,000 per course	\$400
31	Aga Khan University one month approximately PKR80,000 per person	\$1,400 per person	\$1,400
32	Three weeks in country twice a year for 25 persons; facilitators in country: \$6,000 per course	\$6,000 per course	\$240
33	see if possible at a distance? lqbal to give feedback	\$100 per person per course	\$100
34	10K per person at a distance	\$10,000 per person	\$10,000
36	International Accounting Standards/ACCA	\$20,000 per person	\$20,000
37	One week in country twice a year for 25 persons; facilitators in country: \$2,000 per course	\$2,000 per course	\$400
38	One week in country twice a year for 25 persons; facilitators in country: \$2,000 per course	\$2,000 per course	\$400
39	One week in country twice a year for 25 persons; facilitators in country: \$2,000 per course	\$2,000 per course	\$400
40	One hour per day for three months	\$3,000 per course, 20p	\$150
41	On to two weeks PIM Lahore/Karachi: PKR30,000 per person	\$525 per person	\$525
42	Two week course in country (bring in facilitator from abroad): \$35,000; 25 people	\$1,400 per person	\$1,400
43	At a distance learning course; \$6,000 per course (fee only)	\$6,000 per person	\$6,000
44	For GD and Directors, Public Health Experience at National Level and management skills	\$120,000 per advisor/person, 96k for direc	\$120,000
45	Two to three week course overseas, e.g. the one organized by IDA, Amsterdam		
46	Two week course in-country, 25 persons, \$5,000 per course	\$5,000 per course, 20p	\$250



### 5.3 Groups of MOH Employees

Group	Groups of MOH PHA Employees <i>Policy and Planning</i>	Qty
A	Core Group	15
i	Administrative staff from Policy and Planning GD	9
B	Heads of Department Law and Reg	4
C	Law and Regulation Dep Staff	34
D	Ext Coord. Department Staff	10
E	Planning Department Staff	11
F	Health Financing Dep Staff	7
G	Health Information and Research Dep Staff	20
	<b>Sub total</b>	<b>110</b>
<i>Health Care and Promotion</i>		
H	Directors HC&P	7
ii	Administrative staff from HC&P	22
I	Assistant Directors	4
J	Heads of Units	21
K	Emergency Preparedness Staff	5
L	Pharmaceutical Affairs Staff	4
M	Public Nutrition Staff	4
N	PHC Directorate Staff	27
O	Women's and Reproductive Health Staff	4
P	Sec, Tert and Diagnostic Health Services Staff	4
Q	IEC Staff	6
	<b>Sub total</b>	<b>108</b>
<i>Provincial Health Office Staff</i>		
R	Provincial Health Directors	32
S	Provincial Health Administrators	32
T	Provincial Health Officers	224
TA	Hospital Directors	32
	<b>Sub total</b>	<b>320</b>
<i>Administration and Management Staff</i>		
iii	Administrative Staff of 2 deputy ministers and GD	3
U	Heads of Departments	7
V	HRD Staff	12
W	Construction Staff	15
X	Finance Staff	14
Y	Logistics Staff	20
Z	IT Staff	7
	<b>Sub total</b>	<b>78</b>
<i>Provincial Health Liaison Office</i>		
iv	PHLO Administrative Staff	3
ZA	Provincial Advisors	5
	<b>Subtotal PHLO</b>	<b>8</b>
	<b>Subtotal Central MOH</b>	<b>304</b>
	<b>Subtotal Provincial MOH</b>	<b>320</b>
	<b>Grand Total MOH PHA Staff</b>	<b>624</b>

Group A, the 'Core Group' consists of 22 MOH staff; it includes 7 Directors from the Health Care and Promotion GD.

## 5.4 Policy and Planning CB Framework

### Approach to Designing a CB Plan for the MOH Public Administration

#### Policy and Planning GD v3 (10 March 04)

1. Split up in smaller groups:
  - Admin and Management-Province and Central- Group/ Policy and Planning- Province and Central Group/Health Care and Promotion- Province and Central Group (three groups)
  
2. Define desired set of skills for various groups/ levels of employees for three 'time streams'. Time Streams:
  - (i) Short Term (e.g. one year);
  - (ii) Mid Term (e.g. three years) and
  - (iii) Long Term (e.g. five to seven years).Groups of employees e.g.:
  - Provincial Health Directors;
  - Health Information and Research Officers (Provincial and Central);
  - Administrators (Provincial and Central);
  - EPI Officers (Provincial);
  - Heads of Departments (Central);
  - Planning Officers (Central);
  - Health Financing Officers (Central);
  - Etc.
  
3. Then:
  - Define Quantity and Type of staff in each Group;
    - take from PRR Provincial Health Department;
    - take from PRR Policy and Planning Department;
    - use forecast/recommendation from OPM related to desired qty and type of staff in the admin and management GD;
    - Project lean and aesthetically beautiful qty and type of staff for the Health Care and Promotion GD (can be used for the forthcoming PRR for this GD as well).
  - Use their job profiles (in annex of PRR document) to distil skill sets necessary for the Provincial Health Department and the Policy and Planning GD (add on skill sets if U think that some are missing);
  - Plug in desired skill sets into the three 'time streams'.
  
4. for each 'time stream', for each Group of Employees suggest possible type of CB effort.

5. Look at inventory of CB activities that have come out of the CB inventory and prepare a draft CB plan for each ‘time stream’, for each Group of Employees.

6. Prepare the budget that is necessary to achieve the outcomes.

The framework for Skill Sets for the Policy and Planning GD:

<i>Group of Employee</i>	<i>Skill Set</i>	<i>Skill Set Short Term (e.g. one year)</i>	<i>Skill Set Mid Term (e.g. three years)</i>	<i>Skill Set Long Term (e.g. five to seven years)</i>
A. <b>CORE GROUP</b> Deputy Minister and Deputy Minister Administration/GD Policy and Planning/GD Provincial Health Liaison Office/ GD Health Care and Promotion/Directors of Departments Policy and Planning (5), Directors of Departments of HC&P (7) and GCMU/OPM qualified staff (5) <b>TOTAL 22 persons</b>	A.1 English language mastery advanced	A.1.1 Toefl Test passed at the UK University Entry Level  <b>CB:</b> twice a week intense under guidance tutor (to be found in the Kabul expatriate community)	Same as for short term (ongoing)	Same as for short term (ongoing)
A. As above.	A.2 Advanced Knowledge on Health Policy, Planning and Financing (emphasis on Health Economics)	*	<b>CB:</b> After successfully passing Toefl test: admission in an at-a- distance-learning course at the LSHTM or a ‘hybrid’ course.	Group at the level of a postgraduate Policy, Planning and Financing professional
A. As above	A.3 Specialist Knowledge acquired in a more specific area	*	<b>CB:</b> After successfully passing Toefl test: admission at a Foreign University for a one-year MPH/MSc course in a specialty. (one course per year)	
A. As above	A.4 Ongoing exposure to Policy and Planning issues with the aim of	<b>A.4.1.</b> Knowledge of Basic Concepts		

<i>Group of Employee</i>	<i>Skill Set</i>	<i>Skill Set Short Term (e.g. one year)</i>	<i>Skill Set Mid Term (e.g. three years)</i>	<i>Skill Set Long Term (e.g. five to seven years)</i>
	application in direct day to day work.	and Issues in Health System Reform/Health Financing that are appropriate for Afghanistan  <b>CB:</b> World Bank Flag Ship Course (3 weeks) adapted to Afghan realities and given in-country  <b>A.4.2</b> Round Table e.g. once in two weeks. <b>'Round Table Committee'</b> organizes round tables on Policy, Planning and Financing Issues	<b>CB:</b> WB Flag Ship Course  <b>A.4.2</b> Ongoing	<b>A.4.2</b> Ongoing
A. As above	A.5 Planning and Budgeting	Comprehensive Knowledge on the newly proposed Planning Cycle for the Afghan Health System. Ability to function at the facilitator level.  <b>CB:</b> A course would need to be tailor made by MSH. Similar course can then be organized for PHD's		
A. As above	A.6 Learn from experience from other countries in Sub-contracting Health Services	<b>CB:</b> Study tour Cambodia	<b>CB:</b> Study tour	
B. <b>Four</b> Heads of Departments of the Law and Regulation Department	B.1 Computer skills and other cross cutting skills	<i>Define Skill Set short term</i>  <b>CB:</b> (i) English	<i>Define Skill Set mid term</i>  <b>CB:</b> (i) English	<i>Define Skill Set long term</i>  <b>CB:</b> (i) English

<i>Group of Employee</i>	<i>Skill Set</i>	<i>Skill Set Short Term (e.g. one year)</i>	<i>Skill Set Mid Term (e.g. three years)</i>	<i>Skill Set Long Term (e.g. five to seven years)</i>
		language basic (ii) Computer skills basic (iii) Management Basic	language adv. (ii) Computer skills advanced (iii) Management Advanced	language advanced (ii) Computer skills advanced (iii) Management Advanced
	B.2 Learn from experience from other countries in how they regulate their Health Sector	<b>CB:</b> Study tour	<b>CB:</b> Study tour	
C. <b>34</b> Staff from the Law and Regulation Department	C.1 Computer skills and other cross cutting skills	<i>Define Skill Set short term</i>  <b>CB:</b> (i) English language basic (ii) Computer skills basic (iii) Management Basic	<i>Define Skill Set mid term</i>  <b>CB:</b> (i) English language adv. (ii) Computer skills advanced	<i>Define Skill Set long term</i>  <b>CB:</b> (i) English language advanced (ii) Computer skills advanced
C. As above	C.2 Data base skills	Data base skills basic  <b>CB:</b> Data base course basic	Data base skills advanced  <b>CB:</b> Data base course advanced	Data base skills advanced  <b>CB:</b> Data base course advanced
C. As above (10 staff)	C.3 Monitoring and Evaluation Skills	<b>CB:</b> M&E Basic	<b>CB:</b> (more tailor made for the law and regulation department's needs)	
D. <b>Ten</b> Staff from the external coordination department	D.1 Basic cross-cutting skill set (English Language; Business Correspondence/Comp. skills/basic administrative skills)	<b>CB:</b> (i) English language basic (ii) Computer skills basic (iii) Management Basic	<b>CB:</b> (i) English language adv. (ii) Computer skills advanced	<b>CB:</b> (i) English language advanced (ii) Computer skills advanced
E. <b>11</b> Staff from the Planning Department: cave overlap with admin and management GD!	(Overlap with GCMU and Admin and Management GD functions!!) E.1 Basic cross-cutting skill set (English Language; Business Correspondence/Comp. skills/basic administrative skills)	<b>E.1.1</b> Basic cross cutting skills  <b>CB:</b> (i) English language basic (ii) Computer skills basic (iii) Management Basic	<b>E.1.1</b> Advanced cross cutting skills  <b>CB:</b> (i) English language adv. (ii) Computer skills advanced	<b>E.1.1</b> Ongoing
E. As above	E.2 Skills in Planning and Budgeting.	<b>E.2.1</b> Comprehensive Knowledge on the newly proposed	<b>E.2.1</b> Ongoing	<b>E.2.1</b> Ongoing

<i>Group of Employee</i>	<i>Skill Set</i>	<i>Skill Set Short Term (e.g. one year)</i>	<i>Skill Set Mid Term (e.g. three years)</i>	<i>Skill Set Long Term (e.g. five to seven years)</i>
		<p>Planning Cycle for the Afghan Health System. Ability to function at the facilitator level.</p> <p><b>CB:</b> A course would need to be tailor made by MSH. Similar course can then be organized for PHD's</p>		
F. <b>Seven</b> Staff from the Health Financing Department	F.1 Skills in Planning and Budgeting.	<p><b>F.1.1</b> Comprehensive Knowledge on the newly proposed Planning Cycle for the Afghan Health System. Ability to function at the facilitator level.</p> <p><b>CB:</b> A course would need to be tailor made by MSH. Similar course can then be organized for PHD's</p>	<b>F.1.1</b> Ongoing	<b>F.1.1</b> Ongoing
F. As above	F.2 Skills in Health Financing	<p><b>F.2.1</b> Proficiency in Theory and Practice of Health Financing</p> <p><b>CB:</b> WB Flag Ship Course</p>	<b>F.2.1</b> Ongoing	<b>F.2.1</b> Ongoing
F. As above	F.3 Skills in Health Financing Terminology/Theory and Practice	<p><b>F.3.1</b> <b>CB:</b> 'on the job training' through participation in the design of pilot Health Financing interventions</p>	<b>F.3.1.</b> Ongoing	<b>F.3.1.</b> Ongoing
G. <b>Twenty</b> staff from the Health Information and Research	G.1 Computer and Database Management Skills	<p><b>G.1.1</b> Excel Proficiency and Basic Database Handling</p>	<b>G.1.1</b> Advanced Excel Proficiency and Advanced	<b>G.1.1</b> Ongoing

<i>Group of Employee</i>	<i>Skill Set</i>	<i>Skill Set Short Term (e.g. one year)</i>	<i>Skill Set Mid Term (e.g. three years)</i>	<i>Skill Set Long Term (e.g. five to seven years)</i>
Departments		<b>CB:</b> (find course)	Database Skills <b>CB:</b> (find course)	<b>CB:</b> (find course)
G. As above	G.2 Skills in Basic Epidemiology and Statistics	<b>G.2.1</b> Basic Knowledge of Epidemiology and Statistics  <b>CB:</b> One-month course in Aga Khan University in Karachi	<b>G.2.1</b> Advanced Knowledge of Epidemiology and Statistics  <b>CB:</b> Advanced course in Epidemiology and Statistics (find course)	<b>G.2.1</b> At least two from this Department at the level of MSc Epidemiology  <b>CB:</b> MSc Epidemiology/LSH TM at-a-distance-learning programme
G. As above	G.3 Operations Research Skills	<b>G.3.1</b> Basic Operations Research Skills  <b>CB:</b> Introductory course in Operations Research/WHO	<b>G.3.1</b> Advanced Operations Research Skills  <b>CB:</b> Advanced course in Operations Research (find courses)	<b>G.3.1</b> Ongoing
G. As above	G.4 GIS/Arc View Software Proficiency	<b>G.4.1</b> Basic GIS Software Skills  <b>CB:</b> (in-house?) Can also be taken online	<b>G.4.1</b> Advanced GIS Software Skills  <b>CB:</b> (find course) Can be taken on-line	<b>G.4.1</b> Ongoing
G. As above	G.5 Monitoring and Evaluation Skills	<b>G.5.1</b> Basic Understanding of M&E Terminology and Concepts  <b>CB 1:</b> JHU/IIHMR will organize such a course  <b>CB 2:</b> Hands on training by JHU/IIHMR staff in M&E	<b>G.5.1</b> Advanced Understanding of M&E (including ability to facilitate M&E course)  <b>CB:</b> (find course)  <b>CB:</b> Hands on training by JHU/IIHMR staff in M&E	<b>G.5.1</b> Ongoing

## 5.5 Skill Map Policy and Planning GD

Skill Map Policy and Planning  
Compiled (up to seven years)

Skillsets

Groups of MOH PHA Employees	Qty	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
<i>Policy and Planning</i>		English language basic	English language advanced	Computer skills basic	Computer skills advanced	Management Basic	Management Advanced	English Mastery Advanced	Knowledge on a specialist area	Ongoing exposure to HPPF issues	MSc HPPF/Health Systems Management	Provincial Planning Cycle	Experience from other contexts	Data base skills basic	Data base skills advanced	GIS skills Basic	GIS skills advanced	Health Financing	Monitoring and Evaluation Knowledge	Monitoring and Evaluation Basic	Epidemiology and Evaluation Advanced	Epidemiology and Statistics Basic	MSc Epidemiology	Operational Research Basic	Operational Research Advanced	
Core Group	22				22	22	22	22	4	22	11	22	22													
Administrative staff from Policy and Planning GD	9	9	9	9	9	9	2						4													
Heads of Department Law and Reg	4	4	4	4	4	4	4						4													
Law and Regulation Dep Staff	34	34	17	34	17	34	17		10					10	10				10							
Ext Coord. Department Staff	10	10	10	10	10	10	5	3																		
Planning Department Staff	11	11	11	11	11	11	5				11															
Health Financing Dep Staff	7	7	7	7	7	7	3				7							7						7	3	
Health Information and Research Dep Staff	20	20	20	20	20	20	10						10	10	10	10		20	10	20	10	5	20	5		
<b>Sub total</b>	<b>117</b>	<b>95</b>	<b>78</b>	<b>95</b>	<b>100</b>	<b>117</b>	<b>68</b>	<b>25</b>	<b>14</b>	<b>22</b>	<b>11</b>	<b>40</b>	<b>26</b>	<b>24</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>30</b>	<b>10</b>	<b>20</b>	<b>10</b>	<b>5</b>	<b>27</b>	<b>8</b>	



### 5.5.1 Short term CB plan Policy and Planning GD

Skill Map Policy and Planning  
 CB Short term (< 1 year)

Skillsets

Group	Groups of MOH PHA Employees	Qty	Skillsets																								
			1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
<i>Policy and Planning</i>																											
A	Core Group	22				22	22	22	22	0	22	0	22	22													
i	Administrative staff from Policy and Planning GD	9	9	0	9	0	9	0																			
B	Heads of Department Law and Reg	4	4	0	4	0	4	4						4													
C	Law and Regulation Dep Staff	34	34	0	34	17	17							10	0				10								
D	Ext Coord. Department Staff	10	10	0	10	5	5																				
E	Planning Department Staff	11	11	0	11	5	5					11															
F	Health Financing Dep Staff	7	7	0	7	3	3					7						7								7	0
G	Health Information and Research Dep Staff	20	20	0	20	20	10							10	0	10	0		10	0	10	0	0	0	20	0	0
	<b>Sub total</b>	<b>117</b>	<b>95</b>	<b>0</b>	<b>95</b>	<b>72</b>	<b>75</b>	<b>26</b>	<b>22</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>40</b>	<b>26</b>	<b>20</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>7</b>	<b>20</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	

### 5.5.2 Mid term CB plan Policy and Planning GD

Skill Map Policy and Planning  
CB mid term (<3 years)

Skillsets

Group	Groups of MOH PHA Employees	Qty	Skillsets																								
			1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	<i>Policy and Planning</i>																										
A	Core Group	22				22	0	0	22	4	22	11	0	22													
i	Administrative staff from Policy and Planning GD	9	3	9	3	9	3	2							4												
B	Heads of Department Law and Reg	4	1	4	1	4	1	4							4												
C	Law and Regulation Dep Staff	34	10	17	10	17	17							5	10					10							
D	Ext Coord. Department Staff	10	3	10	3	10	5	3																			
E	Planning Department Staff	11	3	11	3	11	5				5																
F	Health Financing Dep Staff	7	3	7	3	7	4				3								7						3	3	
G	Health Information and Research Dep Staff	20	10	20	10	20	10							10	20	10	20		10	20	10	10	5	10	5		
	<b>Sub total</b>	<b>117</b>	<b>33</b>	<b>78</b>	<b>33</b>	<b>100</b>	<b>45</b>	<b>6</b>	<b>25</b>	<b>4</b>	<b>22</b>	<b>11</b>	<b>8</b>	<b>26</b>	<b>19</b>	<b>30</b>	<b>10</b>	<b>20</b>	<b>7</b>	<b>20</b>	<b>20</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>13</b>	<b>8</b>	

## 5.6 Skill Map Health Care & Promotion GD

Skill Map HC&P

Compiled (up to seven years)

Skillssets

Group	Groups of MOH PHA Employees	Qty	Skillssets																
			1	2	3	4	5	6	9	11	11	13	16	27	28	29	41	43	
	<i>Health Care and Promotion</i>																		
H	Directors HC&P									2	3				7		6	6	
ii	Administrative staff from HC&P	22	22	10	22	8	7										22		
I	Assistant Directors	4	4	4	4	2	4	4	3	1	2							3	
J	Heads of Units	21	21	5	21	7	21	21	7	1	2	21		4	21	21			
K	Emergency Preparedness Staff	5	5	5	5	2	5	2	3				5	5					
L	Pharmaceutical Affairs Staff	4	4	4	4	1	5	1	2					4					
M	Public Nutrition Staff	4	4	4	4	1	4	1	2					1	1			1	
N	PHC Directorate Staff	27	27	27	27	3	27	9	11					13	2			2	
O	Women's and Reproductive Health Staff	4	4	4	4	1	1	1	2					4	1			1	
P	Sec, Tert and Diagnostic Health Services Staff	4	4	4	4	1	4	1	2					4					
Q	IEC Staff	6	6	6	6	2	6	2	3					2	1			1	
	<b>Sub total</b>	<b>101</b>	<b>101</b>	<b>73</b>	<b>101</b>	<b>28</b>	<b>84</b>	<b>42</b>	<b>35</b>	<b>4</b>	<b>7</b>	<b>21</b>	<b>5</b>	<b>37</b>	<b>33</b>	<b>21</b>	<b>22</b>	<b>14</b>	<b>6</b>

### 5.6.1 Short term CB plan Health Care & Promotion GD

Skill Map HC&P  
Short term (< 1 year)

Skillsets

Group	Groups of MOH PHA Employees	Qty	1	2	3	4	5	6	9	11	11	13	16	27	28	29	41	43	
			English language basic	English language advanced	Computer skills basic	Computer skills advanced	Management Basic	Management Advanced	Knowledge on a Specialist Area	MPH Residential	MPH Distance	Experience from other Contexts	GIS Basic	Basic Public/Primary Health Care	Advanced Knowledge on Public Health	Planning and Budgeting Basic	Executive Secretarial	Diploma in Public Health	Skill Augmentation Advisor
H	Directors HC&P														7				6
ii	Administrative staff from HC&P	22	22		22	4											22		
I	Assistant Directors	4	4	4	4	2	4	4					4						
J	Heads of Units	21	21	5	21	7	21	21					21						
K	Emergency Preparedness Staff	5	5		5	1	5		1				5	5					
L	Pharmaceutical Affairs Staff	4	4		4		4		1				4						
M	Public Nutrition Staff	4	4		4		4		1										
N	PHC Directorate Staff	27	27		27		27		2				27						
O	Women's and Reproductive Health Staff	4	4		4		4		1				4						
P	Sec, Tert and Diagnostic Health Services Staff	4	4		4		4		1				4						
Q	IEC Staff	6	6		6		6		1										
	<b>Sub total</b>	<b>101</b>	<b>101</b>	<b>9</b>	<b>101</b>	<b>14</b>	<b>79</b>	<b>25</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>69</b>	<b>7</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>6</b>

### 5.6.2 Mid term CB plan Health Care and Promotion GD

Skill Map HC&P

Mid term (< 3 years)

Skillsets

Group	Groups of MOH PHA Employees Health Care and Promotion	Qty	English language basic	English language advanced	Computer skills basic	Computer skills advanced	Management Basic	Management Advanced	Knowledge on a Specialist Area	MPH Residential	MPH Distance	Experience from other Contexts	GIS Basic	Basic Public/Primary Health Care	Advanced Knowledge on Public Health	Executive Secretarial	Diploma in Public Health	Skill Augmentation Advisor
			1	2	3	4	5	6	9	11	11	13	16	27	28	41	43	
H	Directors HC&P								2	3								6
ii	Administrative staff from HC&P	22	7	22	7	22	7	7	7				7		7			
I	Assistant Directors	4	1		1	2	1	4	1	1	2	4	1					
J	Heads of Units	21	7	16	7	7	7	7	7	1	2	21	7	21			3	
K	Emergency Preparedness Staff	5	2	5	2	1	2	2	2				5	2				
L	Pharmaceutical Affairs Staff	4	1	4	1	1	1	1	1				1					
M	Public Nutrition Staff	4	1	4	1	1	1	1	1				1	1				
N	PHC Directorate Staff	27	9	27	9	3	9	9	9				9	2			2	
O	Women's and Reproductive Health Staff	4	1	4	1	1	1	1	1				1	1				
P	Sec, Tert and Diagnostic Health Services Staff	4	1	4	1	1	1	1	1				1					
Q	IEC Staff	6	2	6	2	1	6	2	2					2	1		1	
	<b>Sub total</b>	<b>101</b>	<b>32</b>	<b>92</b>	<b>32</b>	<b>40</b>	<b>36</b>	<b>35</b>	<b>32</b>	<b>4</b>	<b>7</b>	<b>25</b>	<b>5</b>	<b>32</b>	<b>26</b>	<b>7</b>	<b>6</b>	<b>6</b>

## 5.7 Skill Map Administration and Management GD

Skill Map Administration and Management  
Compiled (up to seven years)

Skillsets

Group	Groups of MOH PHA Employees	Qty	Skillsets																			
			1	2	3	4	5	6	9	14	15	29	30	31	32	33	34	36	37	38	39	40
<i>Administration and Management</i>																						
iii	Administrative Staff of 2 deputy ministers and GD	3	3	3	3	3	3		2	1			3									
U	Heads of Departments	7	7	7	7	7	7	7	7	1		7	7	7			1	7	1	1	1	1
V	HRD Staff	12	12	4	12	12	12	4	4	2	2	1	12	4			1	1				1
W	Construction Staff	15	15	5	15		15	5	5	1	1	5	5		5	5		2	2		2	
X	Finance Staff	14	14	7	14	7	7		7	7	7	7	7		4			14	4	4		
Y	Logistics Staff	20	20	8	20	8	20	4	4	4	4	4	5					4	10	2	5	
Z	IT Staff	7	7	3	7	7	7	2	3	7	3	1	3					1	1		1	3
	<b>Sub total</b>	<b>78</b>	<b>78</b>	<b>37</b>	<b>78</b>	<b>44</b>	<b>71</b>	<b>22</b>	<b>32</b>	<b>23</b>	<b>17</b>	<b>25</b>	<b>42</b>	<b>11</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>29</b>	<b>18</b>	<b>7</b>	<b>9</b>	<b>5</b>

### 5.7.1 Short term CB plan Administration and Management GD

Skill Map Administration and Management

CB short term (< 1 year)

Skillsets

Group	Groups of MOH PHA Employees	Qty	Skillsets																			
			1	2	3	4	5	6	9	14	15	29	30	31	32	33	34	36	37	38	39	40
	<i>Administration and Management</i>																					
iii	Administrative Staff of 2 deputy ministers and GD	3	3		3		3		2	1			3									
U	Heads of Departments	7		7		7		7	7	1				7				7	1	1	1	1
V	HRD Staff	12	12	4		12		4	4	2	2	1	12	4				1				1
W	Construction Staff	15	15		15		15	5	5	1	1	5	5					2	2			
X	Finance Staff	14	14		14	7	7		7	7	7	7	7					14	4	4		
Y	Logistics Staff	20	20		20		10	4	4	4	4	4	4	5				4	10	2	5	
Z	IT Staff	7	7	3		3	7	1	3	7	3	1						1	1		1	3
	<b>Sub total</b>	<b>78</b>	<b>71</b>	<b>14</b>	<b>52</b>	<b>29</b>	<b>42</b>	<b>21</b>	<b>32</b>	<b>23</b>	<b>17</b>	<b>18</b>	<b>32</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>18</b>	<b>7</b>	<b>7</b>	<b>5</b>

### 5.7.2 Mid term CB plan Administration and Management GD

Skill Map Administration and Management  
 CB mid term (< 3 years)

Skillsets

Group	Groups of MOH PHA Employees	Qty	Skillsets																																					
			1	2	3	4	5	6	9	14	15	29	30	31	32	33	34	36	37	38	39	40																		
	<i>Administration and Management</i>																																							
iii	Administrative Staff of 2 deputy ministers and GD	3		3		3	3		2	1				3																										
U	Heads of Departments	7				7		7	7	1			7	7	7			1	7	1	1	1	1																	
V	HRD Staff	12	12	4	12		6		4	2	2	1	6	4			1	1						1	1												1			
W	Construction Staff	15		5		15		5	5	1	1	5	5			5			2	2																				
X	Finance Staff	14		7		7	7		7	7	7	7	7		4				14	4	4																			
Y	Logistics Staff	20		8		8	10	4	4	4	4	4	5					4	10	2	5																			
Z	IT Staff	7	7	3	3	3	7	1	3	7	3	1	3					1	1															1	3					
	<b>Sub total</b>	<b>78</b>	<b>19</b>	<b>30</b>	<b>15</b>	<b>43</b>	<b>33</b>	<b>17</b>	<b>32</b>	<b>23</b>	<b>17</b>	<b>25</b>	<b>36</b>	<b>11</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>29</b>	<b>18</b>	<b>7</b>	<b>7</b>	<b>5</b>																		



### 5.8 Skill Map Provincial Health Department

Skill Map PHLO  
 Compiled (up to seven years) Skillsets

Group	Groups of MOH PHA Employees	Qty	1	2	3	4	5	6	9	11	11	12	13	14	16	19	20	21	23	27	28	29	30	36	37	43	46	
			English language basic	English language advanced	Computer Basic	Computer Advanced	Management Basic	Management Advanced	Knowledge on a Specialist Area	MPH Residential	MPH at a distance	Provincial Planning Cycle	Experience from other Contexts	Data Base Basic	GIS Basic	Monitoring and Evaluation Basic	Monitoring and Evaluation Advanced	Epidemiology and Statistics Basic	MSc Epidemiology	Basic Public/Primary Health Care	Advanced Knowledge on Public Health	Planning and Budgeting Basic	HR Management Basic	Financial Management Basic	Procurement/Supply Basic	Diploma in Public Health	Hospital M...	
iv	Administrative Staff PHLO	3	3	3	3	3	3	1						2									2	2	2			
ZA	Provincial Advisors PHLO	5	5	5	5	5	5	5	5	2	3	5	5			5	5	5			5	5	5	5				
R	Provincial Health Directors	32	32	32	32		32	32	14			32	32								32	32			32		3	
S	Provincial Health Administrators	32	32	32	32		32	10	10														6	32	32	32		
T	Provincial Health Officers	224	224	224	224	64	224	32	70			224	32	32	32			32	3	224	20						3	
TA	Hospital Directors	32	32		32		32	32																				32
	<b>Sub total</b>	<b>328</b>	<b>328</b>	<b>296</b>	<b>328</b>	<b>72</b>	<b>328</b>	<b>112</b>	<b>99</b>	<b>2</b>	<b>3</b>	<b>261</b>	<b>69</b>	<b>34</b>	<b>32</b>	<b>5</b>	<b>5</b>	<b>37</b>	<b>3</b>	<b>261</b>	<b>57</b>	<b>11</b>	<b>39</b>	<b>66</b>	<b>34</b>	<b>6</b>	<b>32</b>	

### 5.8.1 Short term CB plan Provincial Health Department

Skill Map PHLO

CB Short term (< 1 year)

Skillsets

Group	Groups of MOH PHA Employees	Qty	1	2	3	4	5	6	9	11	11	12	13	14	16	19	20	21	23	27	28	29	30	36	37	43	46	
			English language basic	English language advanced	Computer Basic	Computer Advanced	Management Basic	Management Advanced	Knowledge on a Specialist Area	MPH Residential	MPH at a distance	Provincial Planning Cycle	Experience from other Contexts	Data Base Basic	GIS Basic	Monitoring and Evaluation Basic	Monitoring and Evaluation Advanced	Epidemiology and Statistics Basic	MSc Epidemiology	Basic Public/Primary Health Care	Advanced Knowledge on Public Health	Planning and Budgeting Basic	HR Management Basic	Financial Management Basic	Procurement/Supply Basic	Diploma in Public Health	Hospital Management	
	<i>PHOs' and PHLO</i>																											
iv	Administrative Staff PHLO	3	3	3	3		3																					
ZA	Provincial Advisors PHLO	5	5	5	5	5	5					5								5								
R	Provincial Health Directors	32	32		32		32	4				32	32															
S	Provincial Health Administrators	32	32		32		32															2		32				
T	Provincial Health Officers	224	224		224	32						64		32	32				5		224							
TA	Hospital Directors	32	32		32		32																					
	<b>Sub total</b>	<b>328</b>	<b>328</b>	<b>8</b>	<b>328</b>	<b>37</b>	<b>104</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>101</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>261</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	

### 5.8.2 Mid term CB plan Provincial Health Department

Skill Map PHLO

CB Mid term (< 3 Years)

Skillssets

Group Groups of MOH PHA Employees		Qty	1	2	3	4	5	6	9	11	11	12	13	14	16	19	20	21	23	27	28	29	30	36	37	43	46	
			English language basic	English language advanced	Computer Basic	Computer Advanced	Management Basic	Management Advanced	Knowledge on a Specialist Area	MPH Residencial	MPH at a distance	Provincial Planning Cycle	Experience from other Contexts	Data Base Basic	GIS Basic	Monitoring and Evaluation Basic	Monitoring and Evaluation Advanced	Epidemiology and Statistics Basic	MSc Epidemiology	Basic Public/Primary Health Care	Advanced Knowledge on Public Health	Planning and Budgeting Basic	HR Management Basic	Financial Management Basic	Procurement/Supply Basic	Diploma in Public Health	Hospital Management	
PHOs' and PHLO																												
iv	Administrative Staff PHLO	3	1	3	1	3	1	1					2											2	2	2		
ZA	Provincial Advisors PHLO	5	2	5	2	5	2	5		1	2	2	5			5	5	5			5	5	5					
R	Provincial Health Directors	32	10	32	10	32	10	10	14			10	32							10	32	32		32			3	
S	Provincial Health Administrators	32	10	32	10	32	10	10	10														32	10	32			
T	Provincial Health Officers	224	70	224	70	32	224	32	70			180	32	32	32			9	3	70	20						70	
TA	Hospital Directors	32	10		10		10	32																				32
	<b>Sub total</b>	<b>328</b>	<b>103</b>	<b>296</b>	<b>103</b>	<b>104</b>	<b>257</b>	<b>90</b>	<b>94</b>	<b>1</b>	<b>2</b>	<b>192</b>	<b>69</b>	<b>34</b>	<b>32</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>3</b>	<b>80</b>	<b>57</b>	<b>37</b>	<b>39</b>	<b>44</b>	<b>34</b>	<b>73</b>	<b>32</b>	



## **5.9 Leadership in a clinical setting**

### Leadership in a clinical setting

#### **Introduction:**

Many leaders in clinical settings have a divided focus; they are asked to provide excellent clinical leadership, focused on individual patient needs and simultaneously to deliver corporate objectives for their institutions.

However, as health systems worldwide continue in an environment of turbulence and change, there is a need to refocus and reinvent health institutions to meet the challenges presented by a more demanding environment.

This programme is designed for those individuals who have a strategic rôle in contributing to the positioning of their organisations in a changing setting.

That is, those individuals whose rôle is mainly concerned with the planning, supervision and delivery of clinical services in strategically important institutions and settings.

#### **Target audience:**

- Senior clinicians from the hospital sector; e.g. Heads of Service, Directors of Nursing
- Hospital and community health care directors
- Those involved in strategy formulation and implementation in healthcare providing organisations

#### **Learning Objectives:**

There are three main areas of objectives.

- Environmental analysis
  - Deepen understanding of the distinctive nature of health care organisations; the environmental, organisational, and people factors that affect management practice in these organisations; and of the kinds of strategic issues health care managers typically face
- Organisational objectives.
  - To focus on what services institutions need to be providing.
  - To develop conceptual and analytic tools for assessing an organisation's external and internal environments, and for identifying strategies that fit the organisation's situation.
  - To develop ability to apply organisational concepts and models to analyse the functioning and performance of health care organisations.
  - To consider how to develop advantage in presenting services to the public.
  - To be able to plan and deliver a business plan for a health institution, or part of one.

- Personal objectives.
  - To develop the skills of strategic analysis
  - Develop a “strategic management” perspective of the health care manager’s role
  - To develop case building skills.
  - To enhance the repertoire of approaches and techniques for managing organisational change to encompass the entire array of “levers for change.
  - To develop the skills of personal leadership.

**Learning outcomes:**

By the end of the programme, participants will have developed:

- Greater clarity about the business of health.
- Greater clarity about the relationship between services, products, needs and wants.
- Greater clarity about how to ensure that services are planned to keep pace with change.
- A developed and sustainable organisational development capacity.
- A capacity to apply the thinking and tools learned in the programme to their own unique organisational context, and to apply a personal action plan that meets individual goals and organisational strategy.

**Main themes will be:**

- The specific features of the Health Care environment, the strategic drivers of
  - Delivering health services
  - Delivering health care
  - Delivering health
- What is strategy supposed to deliver?
  - Vision.
  - Leadership.
  - Commitment.
  - Market development.
- Organisational analysis and review.
  - Using the Porter Framework
- Organisation strategy.
  - Product portfolio analysis
  - Value analysis
- The outcomes of strategy:
  - Plans
    - A business plan.
    - An action plan.
    - An implementation plan.
  - Change
    - Individual responses.
    - Organisation responses.
  - Measurement
    - Assets and resources.
  - Performance indicators.

- Personal impact on strategy.
- Personal style and capacity.

**Resource Requirements:**

<b>Participants:</b>	<b>30</b>
<b>Learning Pattern:</b>	3 x 5 day meetings = 15 days 1:1 follow up ½ day meetings
<b>Unit:</b>	Day
<b>Number of Units:</b>	30
<b>Unit Cost:</b>	\$40,000 (estimated)
<b>Estimated no of staff:</b>	150
<b>Cost for one year:</b>	\$200,000 (estimated)
<b>On costs:</b>	
Venue:	
Accommodation:	
Refreshments:	
Materials:	
Travel:	

**Sources of funding:**

- Operational Budget
- Development Budget
- World Bank
- European Commission
- UK Department for International Development
- USAID
- Asian Development Bank