Summary
There has been a mixed impact on capacity building since 2002 both nationally and within the health sector. Based on lessons learned by the Ministry of Public Health (MoPH) greater attention will be paid over the next five years to strengthening the capacity, the capability of the ministry as an institution. This focus will concurrently benefit the capacity of individuals. The main approach used will be mentoring and coaching on-the-job.

Meaning or definition of capacity building in the current context in the health sector
Taking into account:
• Factors in the wider context especially planned reforms by the new government and past experience in capacity building in the country
• Building on what capacity building has been undertaken in the past in the health sector and lessons learned
• Working within the context of a new MoPH vision, mission statement and objectives for health and a greater emphasis on good governance
Additionally, internationally, a key lesson learned is that however much training an individual receives if the institutional and organisational capacity context, its ability to ensure, for example, management, processes, systems, administrative, role, performance, workload, supervisory, support services capacity and a relevant structure is not in place, then the attempts of individuals to make effective decisions, provide quality services and perform their work properly will be undermined.

The following is the current definition or meaning of capacity building specific to the health sector here in Afghanistan:

The Ministry of Public Health defines capacity building as strengthening the roles, management culture and style, systems, structure and performance of the ministry as an institution as well as the knowledge and skills of individual health personnel.

The capacity building will be undertaken mainly through on-the-job mentoring and coaching. Other forms of capacity building such as visits abroad, formal, training, workshops and seminars will be made available once they have been rationalised, priorities set and overall approaches determined.

1 For example see Michailof S. 2007, Review of technical assistance and capacity building in Afghanistan. Discussion paper for the Afghanistan Development Forum, World Bank
**Approach to capacity building**

The key approach to having an impact on both institutional and personal capacity is that there will be a far greater emphasis on on-the-job learning through mentoring and coaching.

This will happen within a framework of a rationalized structure of the state ministry institution, a determination to have merit based appointments, strengthened processes and systems, greater clarity of roles and the rationalisation of the numbers and types of staff and health facilities. There will also be more development of the ability of individuals to transfer skills and knowledge.

Such an approach will aim to develop the capacity of processes, systems and structures to the extent that they are not personality dependent. They are sustainable despite changes in, or the transfer of, individuals.

Other forms of capacity building such as going overseas for training and internal training, seminars and workshops will still happen but far less so than in the past. And they will be better rationalized and the approach taken within each type of such capacity building will be reformed to take account of realities on the ground and the need for pragmatism.

**Role of TA personnel**

There is a great need to ensure that international technical assistance (TA) personnel in the MoPH have a better and lasting impact on the capacity of the ministry as an institution and of individual Afghan health personnel.

To help ensure this there will be a focal point for TA personnel appointed at a senior level in the MoPH who will exercise leadership on the issue. Key responsibilities will focus on:

- Discussions with partners on the need for TA personnel framed within a strategic perspective covering need, mechanisms for provision and accountability and an exit strategy\(^3\).
- Production of a statement on firstly, the approach to capacity building that must be adhered to by the TA personnel, secondly, the management of such personnel, thirdly, processes to determine the impact of the TA personnel and fourthly, how an institutional memory on lessons learned will be ensured.
- Rationalisation of the type and numbers of TA personnel depending on MoH objectives and priorities and the need for cross sectional/departmental/office working in the ministry\(^4\).
- Processes to coordinate the provision of, and the monitoring and evaluation of the approach to, and work done by, the TA personnel.

To attract senior, experienced people with a proven track record in sound capacity building as well as management and/or technical ability it may be that the ministry will inform donors that, for the most part, TA would be best provided through regular short term visits rather than be resident long term.

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