Ministry of Public Health, Office of the Minister

Statement on Capacity Building

02 August 2015

Summary

Over the last 3 months the Office of the Minister of the Ministry of Public Health (MoPH) has been exercising oversight on the way capacity building is being undertaken in the Ministry headquarters. This follows the development of a position paper on the subject, April 2015.

This statement highlights the changes the Ministry currently wants to see with immediate effect to ensure the better development of the capability of both the ministry as an institution and of its individual staff. The priority changes are firstly, the need to allow authority to go with responsibility on the management of grants and other forms of financial support. And secondly, the need for programmes and projects to place much greater emphasis on mentoring and coaching on-the-job of individuals and to better rationalise, coordinate and hold all their workshops and seminars in-country.

Such changes require that international and local development partners seriously re-examine their approaches to capacity development including the delegation of authority, the provision of technical assistance (TA) and of training. The re-examination should address the fact that from the date of this statement the position of the Office of the Minister is that no workshops, seminars or other forms of education for groups of ministry staff/consultants can be held outside Afghanistan. Meanwhile, the Minister is creating a 'Think Tank' in his Office to ensure better institutional oversight of capacity building and of other issues including leadership, institutional and management culture, aid effectiveness, transparency, accountability and corruption.

Approach to institutional and individual capacity building

The meaning or definition of capacity building in the current context in the health sector in the country is given in the April 2015 position paper on capacity building. It includes mention that ‘the capacity building will be undertaken mainly through on-the-job mentoring and coaching’. It is intended that this benefit both the capability of the MoPH as an institution and of its’ individual personnel.

Institutional capability

The development of the MoPH as a state institution means for example helping ensure that it can use its’ power to benefit the health of the people of the country, can make more effective use of government funds and development aid, can ensure equity and inclusiveness, be more accountable and transparent and better enforce laws and regulations especially regarding corruption. Failure to do so will result in a

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1 MoPH Position Paper on Capacity Building, April 2015
weak institution with unsustainable processes and systems, yet more corruption and poor quality, inequitable health services and public health interventions.

The key thing about institutional development is that it is about managing change which itself is forever in a state of fluctuation. So for the MoPH to develop as a state institution it continually needs to question what transformational factors, the drivers of major, positive change, in the MoPH such as its mission, strategy, institutional culture and leadership need to be reformed or changed. Changes in such transformational factors lead to the need for changes in transactional factors such as structure, systems and work atmosphere. Together changes in transformational and transactional factors will affect motivation, which in turn impacts on performance.

Getting good institutional performance is not only about ‘what’ it is most effective to do but ‘how’ best to go about working. The ‘how’ can be most usefully addressed by relevant, pragmatic on-the-job mentoring and coaching with perhaps an occasional peer review meeting or roundtable discussion.

At the same time, the systems and practices of international development partners when providing support play a crucial role in whether state building and institutional development does or does not happen. The MoPH is particularly concerned about the management of some grants and other forms of financial support. Currently some support places the onus of responsibility for getting results on the Ministry but does not allow the Ministry to have the authority to make decisions about the management of the funds. Responsibility without authority has long been known internationally, based on good business management practice, to be an ineffective way of working.

**Individual capability**

Changing the capability of individual staff means not only enhancing their technical capacity but also their attitude and behaviour. To date much if not most work has gone on developing technical knowhow, people know ‘what’ to do but are less informed about ‘how’ to best go about their work to have an impact. This can mean temporary mediocre results being achieved rather than sustainable, quality results.

Changing attitudes and behaviour are not easy but essential. Whether it is leadership, a value of the MoPH such as honesty, MoPH working principles such as responsibility, dignity of and respect for patients and clients, and integrity, or skills such as strategic thinking and working and reviewing a document for quality, such ‘soft’ issues are not easy to teach. They are best demonstrated by example and by mentoring and coaching on-the-job. Technical capacity can be developed at the same time.

Such approaches do not exclude the holding of workshops, seminars or other forms of what international partners tend to call ‘training’. But the MoPH is now of the position that no workshops, seminars or other forms of education for groups of ministry staff/consultants can be held outside this country. Educators can be found who are willing to come to the country. In addition, there is a need to better rationalise and coordinate the holding of in-country workshops, seminars etc. Finally, there is a great need to ensure that international 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.

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2 See also the MoPH Statement of Governance in Health, April 2015
3 See the MoPH Statement on Institutional Development, April 2015