



## International Medical Corps

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### **Summary**

IMC HQ successfully recruited four expatriates (the Program Manager who is an Ob/Gyn specialist, two other Ob/Gyn specialists and an expatriate pediatric consultant). The IMC expatriates attended clinical meetings and conducted clinical teaching in the labor wards, delivery room, inpatient, outpatient, emergency room and operation theatre and assisted RBH doctors in managing emergencies. On-the-job trainings for RBH and IMC Ob/Gyn and allied medical personnel were also conducted.

Dr. Anna Thurairatnam began her duties as RBH Program Manager effective 1/2/06, following the resignation of Dr Essa Taufiq. 25/12/05. Dr. Thurairatnam is qualified as an Ob/Gyn from a respected medical institution in India. She has around a decade of Ob/Gyn teaching experience in both India and Kuwait, has a Masters Degree, and a Certificate in Management and Finance from Boston University School of Public Health. The RBH program is greatly strengthened by the addition of these competent professionals. The rehabilitation and renovation of Building B, where IMC has its classrooms and offices is complete. IMC moved its classrooms to Building B, in which the library and RBH conference hall exist. Now the English classes are conducted in this building, along with computer and Internet classes. IMC staff members, in collaboration with the DHHS donor and partners from CDC, are working on allocating the new space for Ob/Gyn patient care and expanded training activities.

The monthly Quality Assurance and Coordination meetings between the IMC program manager, CDC coordinator, and RBH director and head of wards were held as scheduled. The participants reactivated the Quality Assurance Committees, which would supervise the implementation of RBH standards and procedures. The CDC team responsible for the Quality Assurance Committees and the Infection Prevention Committee headed by IMC, met every month and discussed important issues and implemented appropriate programs.

Allison Winship and Constance Day, expatriate midwives, worked with the RBH midwives, and conducted lectures on the initial assessment of the patient, care of the woman in labor, and infection control. Moreover, they worked with the midwives directly in the delivery room.

In February, the IMC expatriate Ob/Gyn trainer, Dr. Mary Jo O Sullivan developed the needs-based training plan.

### **Major Achievements**

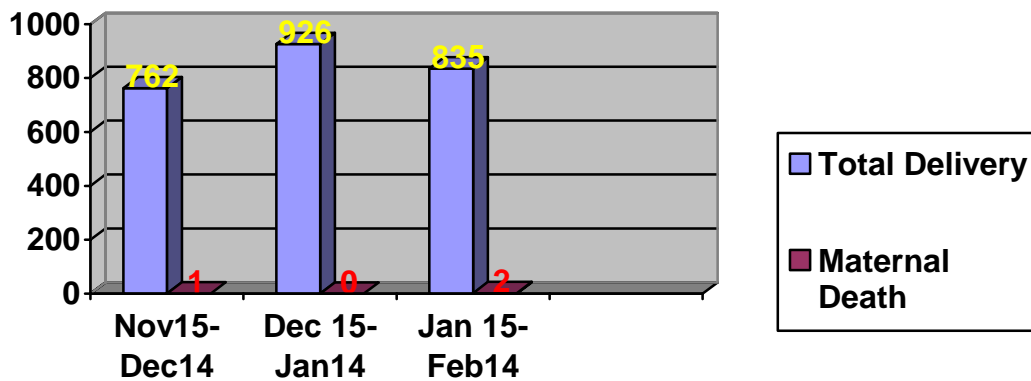
- IMC established and maintained the emergency cabinet in the Operation Theater. This filled a dire need, as women were suffering fatal delays in treatment due a shortage of anesthesia prior to IMC's intervention.
- IMC assigned one of its medical staff to each of the Emergency rooms, Delivery rooms, Operation Theater, Triage room, and Recovery/Post Operative rooms, OPD, D&C, E&C to monitor the performance of RBH Ob/Gyn doctors, provide on-job training, and intervene as needed to save lives of women and newborn children. (On average, one to two emergency patients are treated by IMC Ob/Gyn doctors. Local IMC Ob/Gyn specialists and Pediatricians performed night duty, which has helped greatly in saving lives of women and newborn infants in RBH.
- IMC helped and supported the RBH kitchen to improve infection prevention, and provided the required number of utensils for Ob/Gyn patients. This has helped the management of the kitchen and has prevented relatives of patients from bringing food and utensils from outside the hospital.
- IMC developed policies on Misoprostol, Eclampsia, Shock, CS Indication, vital signs charting and APGAR scoring, and shared them with RBH medical personnel.
- The expatriate Ob/Gyn consultant supervised the Operation Theater and recommended further improvements. Radical changes were brought about in the Operation Theater to promote infection prevention and ensure cleanliness
- A teamwork approach has been established between IMC CDC, and RBH medical staff, which have encouraged academic discussions on patients and cases during RBH/IMC morning reports.

- IMC improved the immunization services at RBH by hiring night-duty vaccinators, who administered BCG and OPV vaccines to newborns right after birth, since Feb 2006. According to the immunization report, 736 newborns were vaccinated against BCG and OPV. Out of these, 557 were vaccinated by IMC vaccinators. In January 2006, the total number of vaccinations was 905; from the IMC vaccinator, 684 babies received BCG and OPV. In December 2005, the total number of vaccinations was 858, with 639 babies receiving BCG and OPV from IMC vaccinators.
- IMC continued to conduct English and computer classes for RBH medical staff. The first batch of students graduated from pre-intermediate level classes. The top student scored 100 % in the qualifying exam. The graduation was celebrated on 15/2/06. Dr. Nadia Tariq, the hospital director, IMC country director Dr. Suzanne Griffin, and the RBH Program Manager, Dr. Anna Thuraiatnam conveyed congratulations and awarded the certificates.
- The IMC pharmacist trained the four RBH pharmacists in stock management, ordering medicines, and stock inventory.
- Radiology trainings were conducted for Ob/Gyn and Internal Medicine doctors by IMC Radiology Master trainer.
- The IMC lab technician trainer developed a training plan and conducted on-the-job trainings for lab technicians.
- The IMC Anesthetists Master Trainer periodically conducting theoretical and practical sessions in anesthesiology for 13 RBH anesthetists for over a year now.
- The pediatric consultant and pediatric specialist conducted short presentations for midwives and pediatric doctors.
- The IMC expatriate Ob/Gyn consultant started daily rounds on both labor and delivery with residents, midwives and attending physicians with bedside teaching, based on cases and issues raised in presentations. She also prepared lectures on the effects of ketamine on neonates, and requested all guidelines on maternal care and nursing as well as midwifery policies and procedures from Jackson Memorial Hospital.
- IMC, with support from the MoPH, succeeded in organizing a Residency Curriculum Development Working Group and oversight group which has weekly or monthly meetings to discuss the development of a standard Ob/Gyn curriculum. IMC is trying to get more support from the Human Resource Department of the MoPH to maintain the meetings of the Residency Curriculum Development Working Group and establish a governing board to be responsible for curricula accreditation.

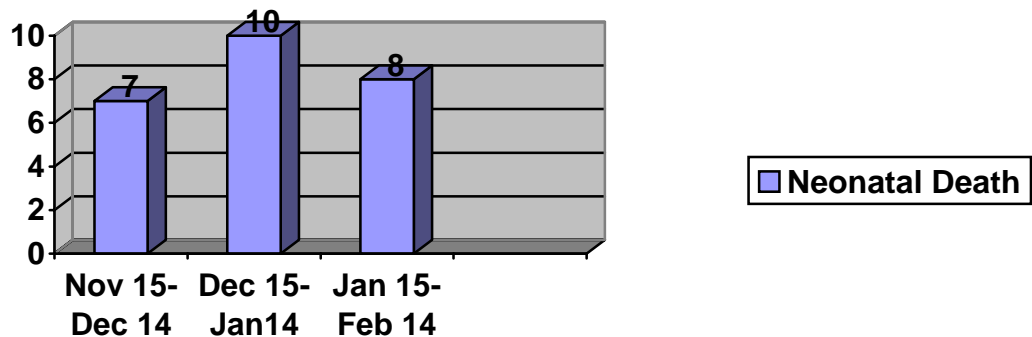
## Program Overview

The total number of deliveries at Rabia Balkhi Hospital (2763), increased from the last quarter. In December, there were 850 deliveries; in January there were 1011; and in February there were 902 deliveries. The hospital recorded a higher numbers of maternal and neonatal deaths during the reporting quarter, as compared with the last quarter. In the first quarter there were three maternal deaths, while in the second quarter it increased to eight. Neonatal deaths were 18 in the first quarter, but increased to 31 cases in the second quarter.

**Number of Maternal Death in RBH  
Nov 15-Dec 01 -05 till Feb 25 -06**



**Number of Neonatal Deaths in RBH Nov 15 till Feb 14**



The reasons for more maternal and neonatal deaths were mostly related to delays by RBH Ob/Gyn doctors in deciding to perform C-section operations on complicated cases. On the other hand, the complicated cases that presented at RBH during this quarter were more than double the number in the last quarter. The IMC/RBH team, in coordination with CDC,

analyzed the data and shared it with relevant staff. Moreover, the IMC expatriate and local trainers conducted needs-based on-the-job training for RBH Ob/Gyn doctors in the form of morning reports and hospital rounds to improve the quality of patient care in the hospital.

The table below provides summary information on the training courses conducted for RBH doctors, and other health staff during the reporting quarter (Dec2005 through Feb 2006) at the RBH Training Center.

S/N	Title of course	Type of course	Total participants	Background of participants	Duration	Start date	End date	Facilitator
1	English	Refresher	100	Medical and non medical staff	Continuing	Continuing	Continuing	IMC/RBH Trainers
2	Computer	Initial	145	Medical and non medical staff	Continuing	Continuing	Continuing	IMC/RBH Trainers
3	Serology (Laboratory)	Refresher	14	Lab Technicians	One week	13 Nov	17 Nov	IMC/RBH Trainers
4	Vulvar Infection, Atypia and Malignancies	Refresher	40	RBH /IMC ob/gyn doctors	3 days	16 Nov	18 Nov	IMC expatriate
5	HSG	Refresher	50	RBH /IMC ob/gyn doctors	One day	28 Nov	28 Nov	IMC/RBH Radiology trainer
6	English	Refresher	100	Medical and non medical staff	Continuing	Continuing	Continuing	IMC/RBH Trainers
7	Computer	Initial	145	Medical and non medical staff	Continuing	Continuing	Continuing	IMC/RBH Trainers
8	Rapid Assessment Presentation	Initial	70	Midwives and nurses	2 days	26 Dec	27 Dec	IMC/RBH Trainers
9	Radiology	Refresher	21	Physicians	One week	22/01/06	26/01/06	IMC/RBH Trainers

*Note—the above HMIS report covers the three months of Nov 15-30, Dec2005, Jan, Feb 1-14 2006 only*

### **Profile of the target population and beneficiaries**

The primary beneficiaries of this project are the thirteen attending physicians, forty-three residents, twenty-three nurses, and fifty-three midwives in training at Rabia Balkhi Hospital. Secondary beneficiaries include internal medicine physicians at RBH, administrators, and allied health workers, including pharmacists, lab technicians, and hospital support staff. The ultimate beneficiaries are the approximately 15,000 women and children who are patients in the MCH Unit of Rabia Balkhi Hospital each year.

### **Number of OB/GYN patients, and neonatal cases in RBH**

Ward/Room	Type of cases	15Nov to 14 Dec	15 Dec to 14 Jan	15 Jan to 14 Feb	Total Nov to Feb
Delivery	Assisted	72	88	94	254
	Normal	833	1017	1023	2873
	Total	905	1105	1117	3127
Peri- natal	Fresh Still Birth	11	10	8	29
	Neonatal Death	7	10	8	25
	Macerated Still Birth	4	14	32	50
Operation Theater	Total Surgical cases in OT	122	95	56	273
	Tube Ligation	12	8	4	24
	C. Section	104	85	51	240
	Hysterectomy	6	2	1	9
	Other	0	0	0	0
OB cases	Total presented	1376	1416	2478	5270
	Hospitalized	946	1032	1013	2991
	Maternal Death	1	0	1	2
GYN cases	Total presented	880	566	492	1938
	Hospitalized	223	173	290	686
	E+C	139	130	128	397
	D+C	21	34	33	88

## **Program Goal, Objectives, Activities**

The goal of the project is to improve the quality of care offered at Rabia Balkhi Hospital so maternal and neo-natal mortality rates decrease, and to support the establishment of a sustainable Ob/Gyn residency-training program in Kabul.

### **Objective # 1:**

*To design and provide Refresher Training and Continuing Education Programs for physicians, nurses, midwives and other medical professionals at RBH.*

#### **1) Assess RBH Human Resources—**

- *Assess the skills of the hospital director, administrative team and support staff relative to their job descriptions*

IMC has been working with RBH director to lay the groundwork for RBH staff assessments. However, due to hospital politics, this assessment hasn't been completed thus far. Therefore, IMC performed a skills assessment of its own team in RBH, and updated their job descriptions. This was to demonstrate to the RBH director the importance of assessments of staff skills, and to encourage RBH management to perform similar staff assessments and updating of job descriptions of staff. IMC is negotiating with the RBH director to start performance assessments of RBH medical and non-medical staff in the coming quarter.

- *Develop instruments to evaluate staff performance and involve in-service staff on the evaluation process*

IMC, in coordination with RBH and CDC, developed standard procedure guidelines, which are displayed in relevant rooms/wards, to enable RBH staff to perform their jobs properly. Meanwhile, these standard procedure guidelines were used as tools for monitoring/evaluation of RBH staff, who received consistent feedback and appropriate technical support from the IMC team. IMC assigned one of its medical staff in each of the Emergency room, Delivery room, Operation Theater, Triage Room, OPD, and Recovery/Post Operative rooms, D&C, E&C to monitor the performance of RBH Ob/Gyn doctors, provide on-the-job training, and if needed, intervene to save lives of women and newborn children (on average one to two emergency patients per week are treated by IMC Ob/Gyn expatriate and IMC Ob/Gyn national doctors often before any RBH doctors can attend to the patients).

## 2) *Curriculum Development*

- *Revise Residency Curriculum to include Laparoscopy Training*

Based on the recommendations, IMC started to conduct some trainings based on case studies of Ob/Gyn cases, including the emergency and elective surgical cases, in order to create a patient-oriented teaching methodology. This method was emphasized to RBH residents and attending doctors. The IMC expatriate Ob/Gyn consultant, Dr. Naseem Rashid, Dr Mary Jo O'Sullivan and IMC local Ob/Gyn specialists provided technical support to RBH Ob/Gyn doctors regularly. Dr. Naseem Rashid has undertaken improvement of the Operation Theater as a project during her stay and has initiated the process. Radical changes were brought about in the Operation Theater to promote infection prevention and ensure cleanliness; Dr Mary Jo supervised the Delivery Room on a day-to-day basis and recommended further improvements.

- *Revise training curricula for nurses and midwives*

The IMC expatriates and local midwife trainer supported RBH midwives in preparing a needs-based training plan. A curriculum was drafted and shared with the team for their input. Constance Day, IMC expatriate midwife consultant, worked to develop the curriculum based on the national midwifery curriculum currently implemented by the IHS program in Afghanistan, which is also used by IMC in its IHS Jalalabad project. The IMPAC book and the JHPIEGO manual are used as references.

- *Develop curricula for pharmacists, lab techs, and anesthesiologists*

IMC believes that improvement in the quality of health care is only possible by improving the working capacity and knowledge and skills of all allied health workers in RBH. Hence, IMC recruited a pharmacist trainer, a lab technician trainer, a radiologist trainer, and one anesthetist trainer to work with RBH allied health workers and prepare needs-based curricula for their respective departments.

IMC trainers drafted curricula, which were approved by the RBH director, for the allied health workers. Training is already underway using these curricula in RBH, despite their still being in draft form.

### **3) Implement Training Programs**

- *Implement revised training programs for doctors, nurses and midwives based on revised curricula*

Introducing any curriculum needs to be coordinated with MoPH and MHE (Ministry of Higher Education). As of yet, there is no independent board for accreditation and approval of curricula in Afghanistan. There is the need to coordinate with MoPH and MHE to set up a governing body for curriculum development, implementation, and accreditation for a national system in Afghanistan.

In connection with the curriculum development activities, there is a meeting with Dr. Noormal (General Director of Human Resource Development-MoPH) and Dr. Momande (Director of Continuing Education- MoPH), and the remaining members of Ob/Gyn curriculum committee. The outcomes of the meeting were: 1) Formation of Curriculum Oversight Group comprised of representatives of each field of specialty, and 2) Drafting TOR for Ob/Gyn Curriculum Committee.

- *Implement pilot training for lab technicians, Anesthetists and Radiologists.*

The IMC radiology trainer conducted a five-day workshop on diagnostic imaging of radiography for 18 doctors and radiologists of the hospital.

The IMC lab technician trainer is supervising the lab technicians during their daily work to ensure implementation of knowledge and skills learned. IMC also provided lab reagents to facilitate timely diagnoses for Ob/Gyn patients, and to increase the skills and knowledge of RBH lab technicians through practical work. .

The IMC Anesthetists Master Trainer developed a needs-based curriculum and has been conducting periodical theoretical and practical anesthesia sessions for 13 RBH anesthetists for over a year now. IMC also provided anesthesia drugs for their practical session on emergency OB/GYN patients (C-Section, Hysterectomy, and other emergency Ob/Gyn surgery).

IMC continued to provide English and computer classes for 83 attending doctors, resident doctors, midwives/nurses, IMC staff, RBH admin staff, and other RBH allied health workers.

#### **Health Education in OPD**

The following topics were taught: Breast Cancer Awareness, Family Planning, Antenatal and Postnatal Care, Breast Feeding and Vaccination.

IMC has improved the immunization services at RBH by hiring four night-duty vaccinators, who administer BCG and OPV vaccines to newborns right after birth.



#### ***.4) Recruitment***

##### ***Expatriate Consultants***

- *Expand consultant team to 2 Ob/Gyns, 1 Pediatrician, 2 CNMs*
  - Dr. Mary Jo O’Sullivan arrived on 17/1/06
  - Dr. Naseem Rashid arrived in RBH on 14/2/06
  - We have forwarded the resume of an appropriate expatriate Mental Health Consultant and several midwife consultants with Afghan experience to the headquarters.

##### ***Local Staff***

- An excellent training coordinator with a vast amount of experience in the specific field, Dr. Hidayatulla Sohak, was selected after a written and oral examination among very qualified candidates who were short-listed. The selection committee included a representative of the hospital director.
- Search for a technical advisor, 2 midwife trainers, 2 medical translators, one office assistant are on-going

***Objective #2: To provide logistical support to expatriate program staff***

#### ***5) Provide Logistical Support***

- *Collect feedback from consultants on logistical support and communicate to IMC departments, and make adjustments where necessary.*

IMC regularly asked expatriate consultants about the logistical, security, and communication support they were provided by the IMC Kabul office. During the reporting period the following activities related to logistical and security support for consultants, were conducted:

A well-maintained IMC official Land Cruiser was dedicated to RBH expatriate staff for travel during daylight hours. In addition, a night-duty driver, with an unmarked vehicle, was assigned for expatriates' use during nighttime, although the expatriates were advised not to travel during curfew hours, even to attend to an emergency case in RBH.

Upon arrival of each RBH expatriate, she/he was provided with IMC transportation, and oriented on security, HR, finance, and logistics/procurement regulations. The security of IMC guesthouse was ensured with 24-hour guards and expatriates were provided with VHF radios and mobile phones. They were regularly checked by radio to make sure of their safety and security. Any emergency calls from the expatriates were responded to in a timely fashion. IMC also provided medical translators, who interpreted during lectures and made written translations of English teaching material into local languages.

RBH expatriate staff had day and night access to the Internet in their guesthouse. Furthermore, IMC provided timely logistic and security support and all commodities in line with donor regulations to expatriate staffs (IMC employees, and IMC partner employees).

#### **6) Asses *RBH Equipment***

- *Evaluate equipment needs relative to expansion of training programs and prioritize procurement to support programs.*

IMC evaluated the equipment and medicines needed for the emergency and elective Ob/Gyn cases in order to facilitate practical training sessions for RBH and IMC Ob/Gyn doctors and allied health personnel. The request forms for medical items were made in consultation with RBH and IMC medical staff as well as RBH director and IMC consultants. IMC /RBTP received the lists of requested medical equipment and medicines from Pakistan.

#### **7) Assess *RBH physical plant***

- *Work with, MoPH, RBH director, and CDC to develop maintenance and remodeling plan based on strategic plan of program.*

**Objective #3:** *To support the development of a Residency Training Program in Kabul, Afghanistan.*

#### **8) Develop *Residency Program (Optional)***

- *Analyze data from implementation of HHS/UW Residency Curriculum.*

#### **Residency curriculum**

The result of these meetings was the formation of a Curriculum Development Committee, which had three meetings during this quarter. The conclusion of these meetings was to establish a governing body for developing, implementing, and certifying the curricula in Afghanistan because thus far there is no independent, or unified authorized governmental body to accredit curricula and certify the post-graduate program.

**Objective #4:**

#### **9) *Evaluation***

- *Align evaluation processes with Quality Assurance efforts led by CDC in the hospital.* An IMC team comprised of Dr.Essa and Dr.Fatima had a meeting with Dr. Hamida Ibadi, National Coordinator for CDC. The objective of this meeting was to coordinate IMC's activities with the CDC and reactivate Quality Assurance committees in the RBH. These committees, comprised of IMC, CDC, and RBH staff, are designated to discuss the problems of quality of services provided, and find appropriate solutions. There was a

Quality Assurance Coordination meeting at RBH, attended by the head of each department, an IMC representative, a CDC representative, and the RBH director. The purpose of this meeting was to accelerate the work of the Quality Assurance committees through having regular meetings, coordinating and sharing information, and seeking appropriate solution strategies.

### **Challenges, issues and priorities**

The reluctance of many RBH staff members to assume individual responsibility for maintaining standards of cleanliness and professional practices continued to be an obstacle to excellence in patient care. This attitude has been addressed with RBH staff members throughout the project. IMC is providing continuous guidance and support to help the director of the hospital take control of the hospital.

IMC and collaborating partners will work with the RBH Director and the Ministry of Public Health to take significant steps to address the reluctance of hospital staff to assume responsibility for the patients in their care. Efforts will be made to improve supervision of staff by administrators and clarifying reporting guidelines. The issue of a lack of penalties for doctors, midwives and nurses who do not show up for work, who report late and/or leave early and who ignore patient needs during the time that they are on duty still needs to be addressed. IMC will also work with MOPH to address the problem of the low rate of pay for hospital employees that forces them to prioritize their private practices over their work in the hospital.