



International Medical Corps

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PROJECT GOAL and PURPOSE

Goal: To improve the quality of care offered at RBH so that maternal and neo-natal mortality rates decrease and support the establishment of a sustainable OB/GYN residency-training program in Kabul.

Purpose: To provide continuing education and refresher training to physicians and other staff at RBH.

Objective	Activities	Progress Made	Challenges	Outcomes	Comments/ Recommendations
<p>Objective #1-<i>To design and provide Refresher Training and Continuing Education Programs for physicians, nurses, midwives and other medical professionals at RBH.</i></p>	<p>1) Assess RBH Human Resources— Medical personnel, Administrators and support staff.</p>	<p>The skills of the RBH medical personnel are improving due to ongoing training efforts. The most noticeable improvement is in the skills of the anesthesia technicians who have completed six months of daily training offered by IMC trainers Dr. Akhil Shah and Dr. Munir.</p> <p>The CIH team arrived June 24th. They will be assessing the skills of staff members and working on their job descriptions.</p>	<p>Because of hospital politics, assessment of RBH medical personnel is not done in an accurate, systematic way. . Comments from IMC trainers, some of whom are former students of RBH attending physicians, are not well received.</p>	<p>The point spread between pre- and post-test scores are the most common measure of progress in skill gain. The Anesthesia technicians gained an average of 60 points. More importantly, they are performing better in the OT.</p>	<p>The Anesthesia Training was successful because it combined classroom instruction with hands on training in the Operating Theater (OT). We need to adapt this model to training of medical personnel in other areas of the hospital.</p>
	<p>3) Implement Training Programs</p>	<p>*Expatriate Pediatrician Mir Anwar developed a strategy</p>	<p>Dr. Mir is training</p>		

		<p>to improve the present Neonatal death situation of the Hospital by giving them (Doctors, Nurses and Midwives) lectures, giving them hand out in both English and Dari , video demonstrations, practical demonstrations with Model and then with real newborn.</p> <p>He taught Basic Newborn Resuscitation for the Midwives and Nurses.</p> <p>Dr. Mir gave a guest lecture demonstration all stages of neonatal resuscitation for 32 doctors enrolled in the IMC Train</p>	<p>clinicians in problem-solving using the both the preventative and curative approach for managing acute emergencies of newborn babies. However, this approach cannot be fully implemented as long as there is a lack of trained staff in Nursery during evening and night shifts.</p> <p>Midwives/ Nurses hesitate to</p>	<p>Two groups of 16 doctors in the IMC TOT Course now have full</p>	
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		<p>the Trainer (TOT) course offered for doctors from Bamian, Ghazni and Kabul Provinces.</p> <p>Finally, as IMC and RBH physicians watched, Dr. Mir performed a complete blood exchange for an Rh-Negative baby whose blood type was incompatible with his mother's. This was the first time a blood exchange on a neonatal baby was performed at RBH.</p> <p>Dr. Mir Also prepared and delivered a power point presentation on Cholera to the RBH and IMC medical doctors</p>	<p>document and perform physical care beyond vital signs. Verbalize they are fearful of reprisal if complications arise with patient for whom they have documented any care provision. Need to overcome the punitive relationship between professional staff.</p>	<p>knowledge on Neonatal Resuscitation.</p> <p>Sixty attended the lecture. All the doctors of RBH and IMC have there latest</p>	
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		<p>The IMC covered the following topics in training of anesthesia technicians through both lectures and practically demonstrations:</p> <ul style="list-style-type: none">• Pharmacodynamic of Local Anesthesia.• Pharmacokinetic of Local Anesthesia.• Precaution of blood transfusion and indication of blood	<p>knowledge on Cholera, diagnosis, treatment and management.</p> <p>A Dari version of Dr. Mir's handout and the MOHP hand out about Cholera have been adapted by the IMC trainers for about cholera in the OPD and in Health Education for patients and their relatives in the waiting room.</p> <p>Practical implementation of precaution blood transfusion and indication of blood transfusion in operation theater. Fifteen technicians participated in this training session.</p>	
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		<p>transfusion.</p> <p>*A one week Radiology (Pathologic Images) refresher training course started on 15.06.05.and the following topics taught during this period:</p> <ul style="list-style-type: none"> • Lung Abscess and the relevant x-ray film illustration on 15.06.05. • Primary infection TB, TB pleurisy and the relevant x-ray films illustration on 16.06.05. • Mitral stenosis, Mitral insufficiency and relevant x-ray films illustration on 19.06.05. • astric ulcer, Differential Diagnoses of Malignant and Benign ulcers and the relevant x-ray films illustration on 20.06.05. • Urinary calculi (kidney stone 		<p>Twenty doctors and radiology technicians participated in this course.</p> <p>The training started with a pre-test result 24.6% and post test result was 86.4% and 17 participants took part in pre and post test.</p>	
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		<p>(kidney stone, ureteral stone and Bladder stone) and x-ray films illustration on 21.06.05.</p> <ul style="list-style-type: none">• Post test on 22.06.05.			
		<p>*English language and computer lessons are given daily to the physicians, midwives and allied health staff (i.e., medical records staff, anesthesiologists and pharmacists.)</p>	<p>Since the attending and resident physicians have the same hours free, it is difficult to ensure that they get sufficient English and computer training. Residents are not taking computer skills training for this reason.</p>	<p>Computer classes average 8-12 students. English class attendance ranges from 7-25. The largest class English class is the class for Residents.</p>	

	4) Recruit and assign Consultants	IMC has recruited two expatriate midwives and one female OB/GYN doctor have been recruited oriented and hired for work in this project that starts around July 10 th .	News stories about deteriorating security in Afghanistan continue to be the biggest obstacle to recruiting expatriates.		CIH is now partnering with IMC in the recruitment effort.
Objective #2- To Provide Logistical Support to program staff	1) Arrange housing, transport, security and communication for expatriate consultants	Airport pick up, housing and transport are currently being provided for 1 expatriate pediatrician and three CIH team members.		There have been no complaints from expatriates about accommodations or transportation.	
	2) Provide translation and technical support to expatriate trainers	IMC translators and RBH translators on service contracts are currently supporting for 1 expatriate pediatrician and three CIH team members.	Translation for workshops stretches the limits of many	IMC training staff supplement translators' efforts when the vocabulary for the content gets	

			Afghan translators.	beyond the translators skills.	
	3) Provide transport and support to National staff trainers	Daily transport to and from the hospital is provided for national staff working evenings and weekends, as well as during the normal daytime shift (8-4).	Because of the size of the IMC national staff assigned to this project, as well as the variety of schedules followed by these staff, IMC is adding rental vehicles to the project.	When a new national staff Project Officer is hired, one vehicle will be shared by the Training Officer and Project Officer, as they have meetings and obligations at MOPH and other hospitals.	
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Objective #3- Support the development of a Residency Training Program in Kabul, Afghanistan	1) Assess RBH equipment needs and procure additional equipment	1000 pieces of umbilical cord clamps submitted to the RBH (delivery room) on 21.06.05	Some nursery supplies (such as these clamps) are not	Now in delivery room umbilical cords clamp is used instead of string for new born babies.	

		<p>50 pairs of Petri dishes submitted to the RBH (laboratory) on 23.06.05.</p> <p>*Working on the pharmacy data base is continuing the items regularly inter to the data base and out from data base.</p> <p>A delegation from MoPH arrived to inspect the pharmacy regarding the expired medicines. Some expired medicine found during this inspection and the pharmacy will be close until the exception is completed.</p>	<p>available in Afghanistan and have to be ordered.</p>	<p>Now RBH laboratory has enough Petri dishes to start microbe cultures.</p> <p>We can easily identify our consumable supplies and drugs which are near their expiration dates.</p>	
	2) Assess RBH physical plant relative to quality patient care	DoD renovation of Building B is nearing completion and work has	The contractor hired by	Patient care will ultimately benefit from	IMC and RBH staff members now have use of the

	and rehabilitate as necessary	begun on the ground floor of Building A.	DoD deals with the Hospital Administrat or who has not conveyed the work schedule to IMC.	cleaner rooms with working plumbing and adequate electrical outlets. However, the dust and construction debris are currently making it challenging for staff to provide quality patient care.	conference room in Building B, which is newly painted and carpeted. The Deputy Director of the hospital also made under-used patient rooms assigned to ENT for available for a classroom space and small office for IMC on the second floor of Building A.
	3)Assemble CIH team start curriculum development	The first two of the four person CIH team arrived June 24 th . One OB/GYN left last week and another arrived July 3 rd . The three here during the first week in July depart on July 8th	Teaching IMC trainers how to improve their curricula during a few hours of meeting time is a challenge.	The first curriculum to undergo review was the Anesthesia Training Curricula. The IMC trainer came back with changes in one day and seemed please with the advice given by the CIH team.	The Training Coordinator needs to review the complete curricula brought by CIH to understand the international standard expected for curricula for medical curricula.

Objective #4 <i>Program Evaluations.</i>	1)Integrate formative and summative and evaluation into each activity	This process should be enhanced in the revision of curricula after review by the CIH team.			
	2) Align evaluation processes with Quality Assurance efforts led by CDC in the hospital	The seven-day, 24 hour CDC Patient Observation Assessment Surveillance period began at the end of June.	Since the CDC surveillance coincided with the arrival of the CIH team, IMC trainers were stretched thin and unable to assist with the surveillance as they had in 2004.	Staff members from the IMC training center at Ministry of Public Health (MOPH) were able to assist in the supervision of the Medical students who helped conduct the survey.	