



## International Medical Corps

Organization	International Medical Corps (IMC)
Grant Number	US2GH04001-02-0
Project Title	Support of Women's Hospital
Project Period	February 1, 2004 – September 29, 2007
Budget Period	September 30, 2004 – September 29, 2005
Period Covered by this Report	15 May, 2005 till 14 August, 2005
Report Submission Date	September 14, 2005
Contact Person	Dr. Anwarulhaq Jabarkhail
Telephone / Email Address	(+93) 70 283417 (+93) 79 320738 (+88) 21654260398 <a href="mailto:ahaq@imcworldwide.org">ahaq@imcworldwide.org</a>
Mailing Address	House # 138 and 139, Street # Jeem, Second Part, Karti Wali, Shash Darak, Kabul, Afghanistan

### Summary

The security situation was relatively calm in Kabul city. However, the situation in the traditionally volatile regions of the south, southeastern and eastern provinces deteriorated, due to frequent disruptive activities of pro-Taliban elements. The situation is becoming more tense with the approaching Parliamentary Elections to be held in September. The risk for Parliamentary candidates is still high. Now that the candidates are appearing in public to introduce their working agenda, they are regarded as soft targets by insurgents. The attack on the US Ambassador and Afghan Interior Minister, in mid-May, suggests that Taliban insurgents are regrouping and initiating operations in different parts of the country, especially in the eastern and southern regions. The threat of abductions in Kabul and elsewhere is still a major security concern.

Despite the security concerns during the reporting quarter, Afghans generally felt reasonably safe traveling within Kabul Province, and the hospital saw an increase in patient numbers. The number of deliveries, both normal and assisted, increased from 3095 (February till April) to 3272 between May and July 2005. The proportion of the Rabia Balkhi Hospital (RBH) patients from the remote parts of Kabul city with few clinics within reach, continued to be significantly high. To initiate a solution for the problem IMC, in coordination with the MoPH, organized and conducted a two-day workshop in June 2005 on the establishment of a referral system between Kabul maternity hospitals and the district hospitals and comprehensive health centers in Kabul

city and Kabul suburbs. It was proposed that normal deliveries be conducted in peripheral health facilities including Comprehensive Health Centers and district Hospitals, and only more complicated cases be referred to the larger hospitals in Kabul proper, one of them being RBH. The Kabul Provincial Health Director appreciated the presentation and his team has been working with other stakeholders to develop strategies for implementing this referral system.

The Rabia Balkhi Hospital in downtown Kabul, has various wards offering Internal Medicine, General Surgery, Dermatology, ENT, Ob/Gyn and Nursery services. In May, The Director of RBH, Dr. Najia Tareq, proposed to remove ENT and Dermatology wards from the Hospital. The removal of these two wards would free up a minimum of eleven rooms in the hospital that could then be allocated to the OB/GYN program. However, the central MoPH changed the plan in late May and Dr. Najia's plan was shelved. By invitation from the CDC, Dr. Najia traveled to the USA in late May, for an orientation in health systems and hospital management. She returned to Kabul on June 23; and in late June, the CIH team arrived in Kabul. The CIH team conducted a four-day team work and roles/responsibility workshop for attending doctors, resident doctors, and midwives/nurses of RBH. Furthermore, they had several meetings with RBH attending doctors, the RBH director, the RBH chief of OB/GYN, and IMC staff. Also, the CIH team attended the Human Resource Development Task Force at MoPH, which resulted in the formation of the Curriculum Development Committee.

The new Out Patient Department (OPD) intake process using computer-generated medical records was formally inaugurated on May 22 under the direction of CDC Personnel Dr. Filiberto Hernandez, Marisol Corral and Dr. Farima. A farewell tea was held on the same day for Dr. Filiberto Hernandez who has worked in Afghanistan since 2002. Initially, he was an IMC employee. He returned in 2003 as Chief of Party for the Center of Disease Control efforts in Rabia Balkhi Hospital.

In July, despite the escalating violence in the traditional south, southeast, and eastern provinces and the threat of abduction of foreigners, IMC HQ successfully recruited two expatriates (one midwife, and one OB/GYN specialist) in addition to the existing expatriate pediatrician consultant. The IMC expatriates conducted lectures on Newborn Resuscitation, APGAR scoring, and Ultrasound. On-the-job trainings for RBH and IMC OB/GYN and allied medical personnel were also conducted.

Dr. Essa Tawfiq, who was previously program manager for IMC Bamyan, was assigned the responsibilities of RBHT program manager effective July 1, with Mrs. Suzanne Griffin's mission as RBHT program manager ending on July 7. Dr. Griffin was promoted to IMC HQ, from where she has been supporting the program ever since.

The rehabilitation work on Building B, where IMC has its classrooms and offices, started on July 17. One side of the building was evacuated and the IMC office and meeting room will be evacuated when the current side under renovation is completed. IMC moved its classrooms to Building A, in which the library and RBH conference hall exist. Now the English classes are also conducted in this building; and the computer and internet classes have been put off till the rehabilitation work of building B is completed. IMC staff members, in collaboration with the DHHS donor and partners from CDC, are working on allocation of the new space for OB/GYN patient care and expanded training activities.

The monthly Quality Assurance Coordination meeting between the IMC program manager, CDC coordinator, and RBH director and head of wards was held on July 21. The participants discussed the reactivation of the Quality Assurance Committees, which would supervise the implementation of RBH standards and procedures. However, the CDC team responsible for the Quality Assurance Committees, was visiting CDC Atlanta in late July and returned to Kabul in mid August. Therefore, during this time the committees couldn't meet, except the Infection Prevention Committee headed by IMC, which had its monthly meeting.

In August, the IMC expatriate consultants developed the needs-based training plan and conducted on-the-job staff training accordingly. Dr. Naseem Rashid, OB/GYN consultant, conducted the first workshop on Obstetric Ultrasound for 60 medical doctors of RBH and IMC. Moreover, she completed 'hands-on' Ultrasound sessions for seven IMC and RBH OB/GYN doctors.

Lisa Jensen, expatriate midwife, worked with the RBH midwives throughout her stay, and she conducted lectures on the initial assessment of the patient, care of the woman in labor, and infection control for RBH midwives. Moreover, she worked with the midwives directly in the delivery room.

Dr. Mir Anwar, the expatriate pediatrician, conducted the Newborn Resuscitation course for eleven midwives of IHS (Institute of Health Science) from 31 July till 1 August. Dr. Mir Anwar also lectured RBH midwives on APGAR scoring, on 1 August. A total of 25 midwives attended the lecture session. Furthermore, Dr. Naseem Rashid and Dr. Mir Anwar conducted a lecture on Meconium Aspiration for the RBH and IMC doctors on August 10. A total of 40 OB/GYN residents and attending doctors, as well as the IMC and RBH pediatricians, attended the lecture. To promote a team approach, Ms. Lisa also conducted a lecture on Meconium Aspiration for 20 RBH midwives on August 10.

His Excellency, the MoPH minister, visited Rabia Balkhi Hospital on August 11. He had a short tour of the hospital, mainly to check the renovation work of Building B, which is being renovated by the DoD.

### **Major Achievements**

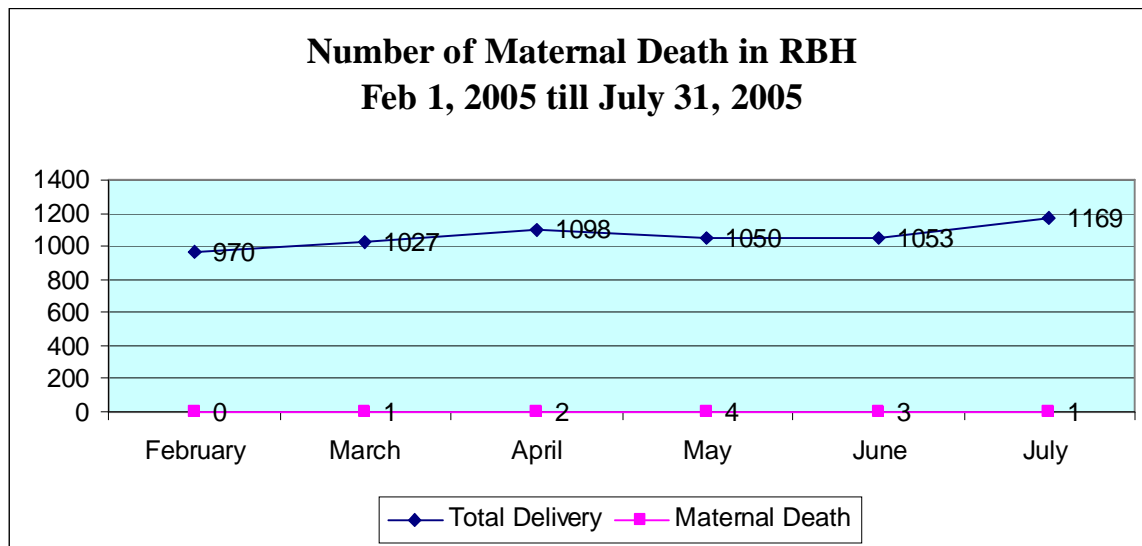
- IMC established and maintained the emergency cabinet in the Operation Theater. This filled a dire need, as women were suffering fatal delays in treatment due a shortage of anesthesia prior to IMC's intervention.
- IMC assigned one of its medical staff to each of the Emergency rooms, Delivery rooms, Operation Theater, Triage room, and Recovery/Post Operative rooms 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 weekly, even before any RBH doctors can attend to the patients).
- Local IMC OB/GYN specialists and Pediatricians performed night duty, which has helped greatly in saving lives of women and newborn infants in RBH.

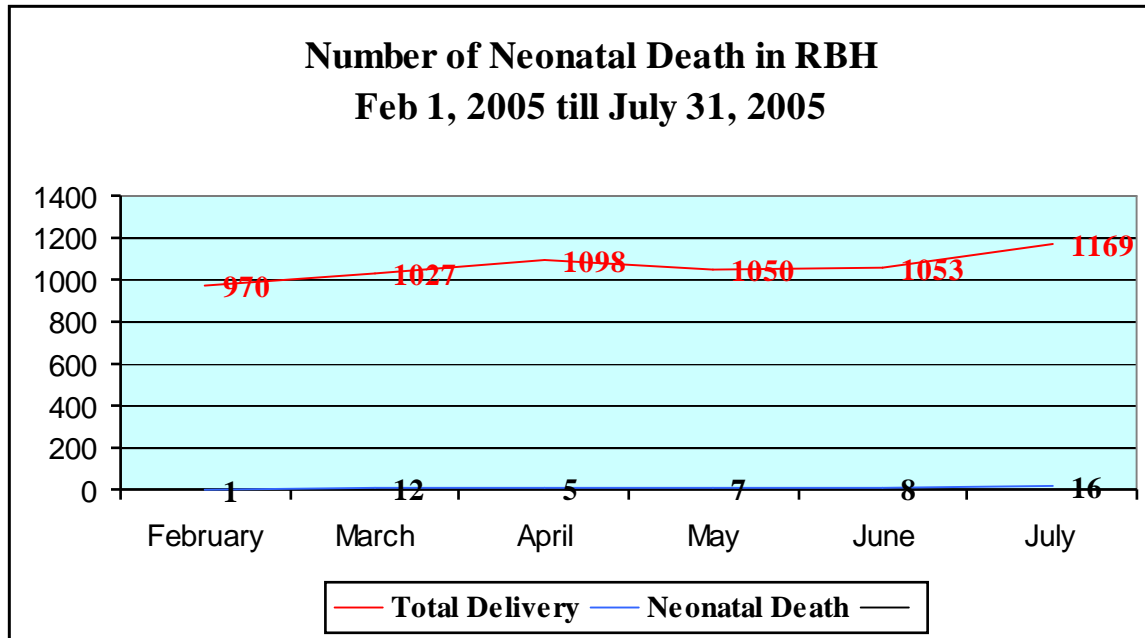
- IMC helped and supported the RBH kitchen to improve infection prevention; IMC provided the required number of utensils for OB/GYN patients. This has helped the management of the kitchen and has prevented relatives of patients from bringing food and utensils from outside the hospital.
- IMC developed policies on ultrasound, hospital blood bank, IV fluid chart, vital signs chart 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 friendly atmosphere and team work approach has been established between IMC and RBH medical staff, which has encouraged academic discussions on patients and cases during RBH/IMC morning reports.
- The expatriate Pediatrician consultant performed the first Blood-Exchange ever done in RBH, for an RH-incompatible newborn.
- IMC improved the immunization services at RBH by hiring night-duty vaccinators, who administered BCG vaccines to newborns right after birth, since June 2005. According to the immunization report, 738 newborns were vaccinated against BCG between June 19 and July 18. 371 of the above newborns were vaccinated by IMC vaccinators.
- IMC continued to conduct English and Computer classes for RBH medical staff.
- The IMC pharmacist trained the four RBH pharmacists in stock management, ordering of medicine, inventory of stock, and installed a database for RBH central pharmacy.
- Specially designed Infection prevention courses were conducted for midwives/nurses and cook/cleaners of RBH. IMC also provided cleaning and disinfectant supplies to the hospital regularly, which has helped to keep the hospital environment clean and hygienic. In June 2005 three refresher Infection prevention courses were conducted for health personnel in RBH. Follow up supervision and support visits were executed regularly to ensure implementation of knowledge learned during the training. This proved to be quite effective. In addition, IMC established the Infection Prevention Committee, which meets weekly, to discuss quality improvement on infection prevention measures.
- IMC lab technician trainer developed a training plan and conducted Bacteriology and Hematology trainings for lab technicians from RBH and other maternity hospitals in June and July 2005.
- The IMC Anesthetists Master Trainer developed a needs-based curriculum and has been periodically conducting theoretical and practical sessions in anesthesiology for 15 RBH anesthetists for over a year now. Moreover, he conducted a refresher course for 19 anesthetists from RBH, Malalai and Khairkhana maternity hospitals in June 2005.
- IMC conducted Radiography and Radiology courses for Radiologists and doctors of RBH, Malalai Maternity Hospital, and Khairkhana Maternity Hospital in Kabul. A total of 36 health staff attended the two refresher courses conducted in June and July 2005.
- The expatriate pediatric consultant conducted two sessions on newborn resuscitation for 21 RBH and Agha Khan Foundation midwives and nurses in July 2005. Furthermore, he conducted newborn resuscitation refresher courses for 46 RBH and IMC midwives and nurses in May 2005. The Agha Khan Foundation requested IMC and the RBH Director to provide another opportunity for their student midwives to receive training on newborn resuscitation and APGAR scoring, conducted by the pediatrics consultant.

- CIH, an IMC partner organization, conducted a four-day workshop on Team Work and Roles/Responsibilities, for 60 attending doctors, resident doctors, midwives, nurses, and IMC staff in late June and early July 2005.
- The IMC Anesthetist Trainer performed the first Epidural anesthesia on a woman indicated for this type of anesthesia. Epidural anesthesia was administered for the first time in this hospital since fall of the Taliban.
- IMC expatriate OB/GYN consultant gave two lectures on basic ultrasound. She is now conducting two practical sessions per week for seven OB/GYN doctors from IMC and RBH, for a period of one month. These seven doctors will be trained as master trainers, and will go on to do most of the training during the second practical course. IMC provided two portable ultrasound machines to RBH that are used day and night for bedside diagnosis of OB/GYN emergency patients.
- IMC with support of DHHS (Craig Hostetler), CIH, and MoPH, succeeded in organizing a Residency Curriculum Development Working Group, which had weekly meetings to discuss the development of a standard OB/GYN curriculum. IMC is trying to get more support from the Human Resource Department of 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, conducted at Rabia Balkhi Hospital, increased between May 1 and July 31, as compared to the last quarter. In May there were 1050 deliveries, in June 1053, and in July 1169 patients. 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 3 Maternal Death while in the second quarter it increased to 8 cases. The Neonatal Death happened to be 18 in the first quarter, but increased to 31 cases in the second quarter.





The reasons for more maternal and neonatal death 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 Hospital during this quarter were more than double the number in the second quarter. The IMC/RBH team, in coordination with CDC, analyzed the data and shared it with the 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.

***Number of OB/GYN patients, and the neonatal cases in RBH in the first and second reporting quarter 2005***

Ward/Room	Type of cases	Feb-April	May-July	Total Feb-July
Delivery	Assisted	271	408	679
	Normal	2824	2864	5688
	Total	3095	3272	6367
Neonatal	Fresh Still Birth	19	37	56
	Neonatal Death	18	31	49
	Macerated Still Birth	106	126	232
Operation Theater	Total Surgical cases in OT	313	382	695
	Tube Ligation	33	51	84
	C. Section	216	269	485
	Hysterectomy	40	31	71
	Other	24	31	55
OB cases	Total presented	4792	5197	9989
	Hospitalized	3663	4059	7722
	Pregnancy Induced Hypertension	51	109	160
	Maternal Death	3	8	11
GYN cases	Total presented	2046	2634	4680
	Hospitalized	779	1175	1954
	E+C	382	561	943
	D+C	187	268	455

*Note—The above HMIS report covers the three months of May, June and July 2005 only. The report on the first two weeks of august will be included in the next report.*

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

The primary beneficiaries of this project are the thirteen attending physicians, the forty-three residents, twenty-three nurses, and forty-eight 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.

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

The goal of the project is to improve the quality of care offered at Rabia Balkhi Hospital so that 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 skills of hospital director, administrative team and support staff relative to job description (within the six months of grant period).*

IMC has been working with RBH director to lay the groundwork for RBH staff assessments. However, due to hospital politics, this assessment hasn't come through so far. Therefore, IMC performed a skills assessment of its own team in RBH, and updated the job descriptions of its staff in July. 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 assessment of RBH medical and non-medical staff in the coming quarter.

The CIH mission in late June and early July was meant to help the RBH director on the methods of staff assessment, and developing and updating the staff job descriptions.

- *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, and Recovery/Post Operative rooms, 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 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 of CIH during their visit, IMC started to conduct some of its training 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 during the CIH visit in late June and early July. The IMC expatriate OB/GYN consultant, Dr. Naseem Rashid, and IMC local OB/GYN specialists provided technical support to RBH OB/GYN doctors regularly. Dr. Naseem Rashid supervised the Operation Theater and recommended further improvements. Radical changes were brought about in the Operation Theater to promote infection prevention and ensure cleanliness.

- *Revise training curricula for nurses and midwives*

The IMC local midwife trainer supported RBH midwives in preparing a needs-based training plan. A curriculum was drafted and shared with the CIH team for their inputs. Lisa Jensen, IMC expatriate midwife consultant, worked with Miss Saber, local midwife trainer, to develop the curriculum based on the national midwifery curriculum currently implemented by IHS program in Afghanistan, which is also used by IMC in its IHS Jalalabad project.

- *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 two anesthetist trainers to work with RBH allied health workers and prepare needs-based curricula for the respective departments.

IMC trainers drafted curricula, which were approved by the RBH director, for the allied health workers, and these curricula were shared with the CIH team for their comments. Training is already underway using these curricula in RBH, despite their still being in draft form. The IMC program manager discussed with the CIH team, the need for a consultant on curriculum development for allied health workers.

## **3) Implement Training Programs**

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

The CIH team visited RBH for the second time this year from June 24 till July 8. They conducted a three-day workshop on teamwork and roles/responsibilities in order to improve the clinical competencies of RBH OB/GYN doctors and midwives in providing quality patient care at RBH. Moreover, the CIH team, DHHS representative (Mr. Craig Hostetler), and IMC had a series of meetings with the RBH director, RBH doctors, IMC country director, and the MoPH about the possibility of integrating the HHS curriculum into the RBH OB/GYN curriculum. There is a big gap in the curriculum development system in the country. 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, on August 7 IMC organized a meeting with Dr. Noormal (General Director of Human Resource Development-MoPH) and Dr. Bajawri (Director of Continuous 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.

IMC continued to provide needs-based and appropriate training for RBH/IMC medical and non-medical staff throughout the month of July. The recruitment of Dr. Naseem Rashid enabled IMC to conduct an Ultrasound training course needed at the hospital. Dr. Rashid gave two lectures on basic ultrasound, and conducted two practical sessions per week for seven OB/GYN doctors of IMC and RBH, for a period of one month. These seven doctors will be trained as master trainers, and will go on to train other physicians and residents during the second practical course. IMC provided two portable ultrasound machines to RBH that are used day and night for bedside diagnosis of OB/GYN emergency patients.

Dr. Naseem, with assistance and support of Dr. Sameh the RBH OB/GYN chief, performed several sophisticated OB/GYN surgical operations, in which she also trained the IMC/RBH OB/GYN doctors.

In June, Dr. Mir Anwar (expatriate consultant pediatrician) performed the first Blood-Exchange, ever done in RBH, for an RH-incompatible newborn. The RBH pediatricians were present to observe and learn the procedure the consultant performed.

Dr. Mir Anwar conducted two sessions of a three-day refresher training on Newborn Babies Resuscitation for 21 midwives/nurses from July 12 to July 19 in the RBH training room. The pretest score was 35%; while the posttest score was 80% indicating a progress of 45%. In the closing ceremony of these courses, the IMC Country Director emphasized the need for follow up of the training, and that midwives/nurses who received this training should be supported and regularly supervised to ensure they are practicing the resuscitation knowledge and skills they had learned. Dr. Mir Anwar also gave lectures on Cholera and its management for RBH/IMC doctors and midwives/nurses in June, based on the request of RBH director as during this month there were reports of Cholera cases in Kabul province.

In addition, to his contributions in the Nursery, Dr. Mir Anwar provided on-the-job training to RBH pediatricians and midwives/nurses, as well as lectured on APGAR scoring, for newborn assessment right after delivery.

Expatriate midwife specialist Lisa Jensen attended the RBH morning reports and advised midwives on the importance of team work. She also provided support to RBH midwives in the Labor Room through standardizing infection prevention measures, ordering and providing towels and blankets for newborn babies (to be washed and wrapped properly), and providing guidance to midwives on Fetal Heart Monitoring and Parto-graphs of normal delivery patients.

Afghan IMC OB/GYN specialists and Pediatricians were doing night duty, which helped greatly in saving lives of women and newborn infants in RBH. IMC expatriates served only during the day-time as consultants and trainers for RBH doctors, and also as second-call doctors for any patients needing help.

The IMC national staff also conducted training sessions for RBH Ob/Gyn, midwives, nurses, and other allied health workers during the reporting period.

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

In June, the IMC radiology trainer conducted a five-day workshop on Semiology of Radiography for 18 doctors and radiologists of the hospital. IMC conducted another five-day course for 19 Radiologists and doctors of RBH, Malalai and Khairkhana Maternity Hospitals in July at RBH.

The IMC lab technician trainer developed a training plan and conducted Bacteriology and Hematology trainings for lab technicians from RBH and other maternity hospitals in July 2005. A one-week refresher training course on hematology was conducted for eight lab technicians. The average pretest score was 35% and the posttest score was 85% showing 50% increase in the knowledge of the participants. The 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 the timely diagnosis 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 15 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). Moreover, the IMC anesthetist trainer administered the first ever, epidural anesthesia in RBH in the month of June to a patient who had high blood pressure and therefore general anesthesia was contraindicated. The patient was successfully anesthetized and a vaginal hysterectomy was performed on her. The patient recovered within the coming week and was discharged from the hospital. A second patient with high blood pressure was given epidural anesthesia by the RBH anesthetists under close supervision of the IMC anesthetist trainer in July and a vaginal hysterectomy was successfully performed on her. The patient recovered within a week and also left the hospital in good health condition.

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. However, since July 17, the frequency of English classes has been decreased by 50% and the computer/internet classes have been put on hold due to rehabilitation work on building B, where IMC had its class rooms and office. IMC is negotiating with the RBH director to allocate some other rooms in building A, where the Internal Medicine ward, Conference room, and Dermatology ward are located, so that IMC can continue its training activities smoothly as per determined plan.

The table below provides summary information on the training courses conducted for RBH doctors, and other health staff during the reporting quarter (May 1 till July 31, 2005) 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	Infection prevention	Refresher	5	Midwives	4 days	8-May	11-May	IMC/RBH Trainers
2	Infection prevention	Refresher	22	Midwives	4 days	15-May	18-May	IMC/RBH Trainers
3	Infection prevention	Refresher	11	Lab Tech, Anesthetist, Blood Bank Technician	3 days	30-May	2-Jun	IMC/RBH Trainers
4	Clinical competencies of RBH OB/GYN	Initial	62	OB/GYN doctors, Midwives/Nurses, and IMC medical staff	4 days	28-Jun	7-Jul	CIH team
5	Laboratory training (Heamatology)	Refresher	8	Lab technicians	5 days	12-Jul	19-Jul	IMC/RBH Trainers
6	Newborn Resuscitation	Refresher	21	Midwives	2 days	12-Jul	19-Jul	Expatriate Pediatrician
7	Newborn Resuscitation	Refresher	46	Midwives	8 days	3-May	25-May	Expatriate Pediatrician
8	Radiology (Semiology)	Refresher	18	X-ray Tech, Doctors, Anesthetists, Ob/Gyn, Surgeons	5 days	3-May	7-May	IMC/RBH Trainers
9	Radiology (Pathologic images)	Refresher	19	X-ray Tech, Doctors, Anesthetists, Ob/Gyn, Surgeons	5 days	15-Jun	26-Jun	IMC/RBH Trainers
10	UltraSound (basic) lecture	Initial	53	RBH, and IMC Ob/Gyn doctors(Residents and Attending physicians)	3 days	20-Jul	26-Jul	Expatriate OB/GYN
11	UltraSound (Comprehensive) practical	Refresher	7	RBH, and IMC Ob/Gyn Attending doctors	4 days	27-Jul	4-Sep	Expatriate OB/GYN
12	Anesthesia (Pharmacodynamic & Pharmacokinetic of local anesthesia, and Precaution and Indication of Blood Transfusion)	Refresher	14	RBH, and IMC Ob/Gyn Attending doctors	First 6 Months, and Second 6 Months	January 1, and July 1	June 30, and December 31, 2005	IMC/RBH Anesthetist Trainers

A Health Education workshop was conducted for four midwives in OPD. The following topics were taught: Breast Cancer Awareness, Family Planning, Antenatal and Postnatal Care, Breast Feeding and Vaccination.

IMC also improved the immunization services at RBH by hiring three night-duty vaccinators, who administer BCG vaccines to newborns right after birth. According to the immunization report, 738 newborns were vaccinated against BCG between June 19 and July 18. A total of 371 of the above newborns were vaccinated by IMC vaccinators.

It is mentionable that the CDC sent Miss Sabera, an IMC midwife trainer, and Miss Nilab (RBH midwife) to Australia to attend the World Midwives Congress in late July to early August.

#### **4) Recruit and assign Consultants**

- *Expand consultant team to 2 OB/ GYNs, Pediatrician, Nurse-Midwife, Lab Tech, Pharmacist, and Hospital Administrator.*

Despite potential security issues, IMC succeeded in recruiting the following expatriate consultants and local OB/GYN specialists, pediatricians, and allied health workers in the month of July:

- Dr. Naseem Rashid arrived in RBH on July 10. Dr. Naseem had a meeting with Dr. Anwar (Country Director) on July 12, in which she was advised to focus on providing training on one or a maximum of two topics during her three months stay in RBHT program. Dr. Naseem initiated a one-month Ultrasound course for seven RBH and IMC attending doctors who would become Ultrasound Master Trainers for the second month under direct supervision of Dr. Naseem. Dr. Deborah Lyon, OB/GYN consultant, joined IMC on August 15 and is working intensively on the OB/GYN curriculum.
- Mrs. Lisa Jenson, midwife, arrived in Kabul on July 19. However, Karen Mull, who was supposed to join IMC/RBH on July 10, was not able to come to Afghanistan.
- Dr. Anis (Pediatrician), Dr. Ahmadi (Radiologist), and Dr. Noor (Lab technician trainer) were hired. A female vaccinator, a female doctor (assistant of training advisor), and a male doctor (assistant program manager) were recruited to increase the capacity of IMC/RBH program. A medical translator and the training coordinator resigned from IMC/RBH program.

**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 IMC Kabul office. During the reporting period the following activities related to logistical and security support for consultants, were conducted:

IMC provided housing to RBH program staff at a compound in Shashdarak, near IMC Kabul office, that has the required facilities for housing. IMC also continued to provide cash payments for food and living allowances to RBH expatriate staff in U.S. dollars twice a month. The IMC official vehicle drivers assisted RBH expatriate staff in shopping for their everyday needs in the local markets. Furthermore, IMC's administrative and Human Resources team assisted RBH expatriate staff to obtain new visas. The IMC HR also provided assistance to RBH expatriates to book their return tickets on United Nations flights (visas and air tickets were gotten for Lisa Jensen, Dr. Naseem Rashid) in the month of July.

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 night time, 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 log/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 staffs 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 compiled the lists of requested medical equipments and medicine and submitted them to the operation staff to procure the items as per IMC and donor regulations.

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

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

IMC took into consideration the recommendation of CIH as well as other stakeholders (e.g. RBH and DoD) on the maintenance and renovation of the RBH plant. In the reporting quarter, the renovation work on Building A was completed. The renovations in Building B, where IMC had its office and classrooms, was being done with financial support of the DoD. IMC is negotiating with RBH director to allocate some space in building A, where the conference room, internal

medicine ward, and dermatology ward are located for their offices and classrooms. The RBH director promised IMC to find suitable space for the English and Computer classes; the ultrasound course is being conducted in the conference room as per its schedule.

**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.*

The CIH team comprised of Dr. Fritz, Marty, and Mark Anderson who arrived in Kabul on June 24. On June 26 they met with Dr. Najia, the RBH Director, to discuss the residency curriculum for RBH. On the following day the CIH team visited Dr. Anwar, IMC Country Director, who emphasized on the need for CIH contribution to finalize the residency curriculum for RBH. The CIH team, on Dr. Anwar's recommendation, visited Dr. Noormal, Human Resources Director of MoPH, to pave the way for developing the residency curriculum. The result of these meetings was the formation of a Curriculum Development Committee, which had three meetings during July. 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.

Dr. Fritz left Kabul on June 29, and was replaced by Dr. Doug Laube on July 3, who, along with Marty and Mark Anderson continued the four-day workshop on Teamwork and Roles/Responsibility of RBH health personnel. The CIH team left Afghanistan for the US on July 8.

The CIH team comprised of Dr. Doug Laube, Mark Anderson, and Marty completed the four-day Team Work and Roles/Responsibilities workshop on July 6. The workshop was conducted for resident doctors, attending doctors, midwives, and IMC staff to demonstrate the roles of all staff in providing services and the relationships between categories of staff in the system.

The CIH team (Marty and Mark who came on June 24, and Dr. Doug Laube who came on July 3) left Kabul on July 8.

Program staff of IMC/RBH evaluated the work of CIH as useful but felt that the short duration of the mission prevented it from being optimally productive. This is especially so with the OB/GYN professors, who could have contribute greatly to curriculum development at a time when the MoPH and Ministry of Higher Education are competing to develop their own curricula with little or no coordination between them, or with other educational institutions.

**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.Fatema, had a meeting with Dr. Hamida Ibadi, National Coordinator for CDC, on July 14. 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 solution strategies. On July 21 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. The hospital director does not appear to have the strength of leadership necessary to overcome resistance. IMC is providing her continuous guidance and support, to help her to 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. .

A major area to be addressed in improving the operations of the hospital will be strengthening the administrative structure through clearly-defined job descriptions, areas of responsibility, accountability and reporting relationships. The extended absences of the hospital director for workshops and out-of-country trips are not helping the situation. When the Hospital Director is present, efforts are made to improve her managerial skills through models that allow other members of her administrative team to assume more responsibility for the daily operation of the hospital. A long-term priority continues to be working with the MoPH to empower hospital administrators with meaningful supervisory authority (i.e., the power to hire and dismiss staff) so that they can improve the quality of staff working in the hospital.