



Organization	International Medical Corps (IMC)
Project Title	Rabia Balkhi Hospital - Maternal Child Health Unit Training Project
Project Start Date	August 20, 2003
End Date	November 14, 2004
Period Covered by this Report	August 20, 2003-November 14, 2004
Report Submission Date	June 27, 2005
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I. Program Overview

Operational environment

At the beginning of this contract, the Rabia Balkhi Hospital (RBH) Training Program operated in a relatively calm environment. The security situation was good enough to allow expatriate physicians to be on call 24 hours per day and to travel to RBH in the middle of the night. By December 2003, however, the security situation became more uncertain. The two IMC Guesthouses on Shash Darak suffered damage on December 25th when an Incendiary Explosive Device (IED) was remotely detonated in front a United Nations Guest House ten meters from the front gates of the IMC guesthouses.

Beginning in Spring 2003, security threats escalated in Kabul and in some rural areas of Afghanistan. Terrorist activities linked to the October 2004 presidential election had the greatest impact on residents of northern, southern, and eastern provinces. During days immediately preceding the election, expatriate staff members (including the Program Manager) were encouraged to leave the country. Night-time coverage of the hospital by IMC national staff members was also discontinued at this time. At the conclusion of this contract, however, the presidential election was held in a relatively peaceful environment and hospital activities returned to normal.

Despite the security concern Afghans generally felt safe traveling within Kabul Province; hence the hospital saw no decline in the number of patients using the hospital. In fact, the OPD documented more than 1600 OB patients during October, which is 15% above

the monthly average. The number of daily deliveries was also above the monthly averages experienced in the summer months. The proportion of the RBH patients from the outlying sections of Kabul where there are few clinics within reasonable traveling distance continued to be noteworthy. The CARE/CDC statistics for October indicate that 78% of the deliveries in Rabia Balkhi Hospitals were normal births.

The hospital returned to a normal routine following the national Presidential Elections. The Program Manager, Project Officer and Center for Disease Control (CDC) Chief of Party were all present in the hospital during the first half of November. Two expatriate consultants for the Rabia Balkhi Training Project—Dr. John Ryan and Dr. Jeanette Akhter—who had been sent back to the United States for the month of October returned in mid-November to complete their three month contracts.

Summary of Achievements

IMC was deeply involved with nearly every aspect of the development of RBH as a service provider, a collaborating partner, a coordinator of partner efforts and as provider of logistical support. During the last six weeks of this contract IMC Master Trainers provided training to the following groups of RBH employees in the Maternal and Child Health (MCH) unit:

- Attending physicians and residents received instruction in English and computer skills, as well as refresher training in Health Education, Infection Prevention and Reproductive Health
- Nurses and midwives received refresher training in the CDC-supported Practical Skills Training Room (with life size models), as well as English and Computer Skills Training.
- Anesthetists received refresher training jointly offered by IMC and the RBH Head Anesthesiologist.
- Pharmacists and Lab Technicians received training at the IMC Training Center in Kabul, on drug inventory control, lab reagents and accuracy in lab testing.
- Cleaners and cooks received ongoing infection prevention training.
- Finally, IMC staff members continued Health Education in the waiting room areas for the male and female relatives of patients at the hospital. IMC medical trainers supervised Health Education provided by RBH medical staff.
- Attending physicians and residents received daily support in patient rounds and Bedside Health Education from IMC trainers.
- Nurses and midwives practiced with patients on the use of Lamaze breathing and relaxation techniques in the Labor and Delivery areas.
- Expatriate consultants did bedside teaching during morning and evening rounds and offered lectures on topics responding to the needs of the attending and resident physicians.

Under CDC supervision, IMC medical staff members trained RBH nurses, midwives and doctors in the collection of data on maternal and infant mortality rates and infection rates at RBH. IMC doctors and nurses also collaborated with DHHS and CDC faculty by offering translation services and logistical support for instruction and by assisting the expatriate faculty in ensuring that the training provided is being implemented in the

hospital. IMC doctors and nurses on the RBH training team supervised and evaluated the RBH medical staff members' application of new skills taught by DHHS faculty members. IMC Afghan staff members provided expatriate consultants important cultural and linguistic bridging that allowed them to work effectively with RBH staff members.

Supervision and evaluation was supported by checklists developed in collaboration with DHHS and CDC consultants along with on-the-job training. New checklists were developed for the OPD area and the recently opened OB Triage area. IMC medical staff members continued to provide rotating night surveillance at the hospital to pressure hospital staff to offer quality care to patients during the night shift. IMC night duty staff completed checklists for care in each hospital unit and their reports were included in the morning report. Since tighter security restrictions on expatriate movement in Kabul prevented DHHS doctors from working at the hospital during the evening and night shifts, the IMC staff members provided project training and surveillance to the night staff members at RBH. The training and surveillance activities of this 18 month contract are described in detail in monthly reports from April 2003-November 2004.

Profile of the target population and beneficiaries

The primary beneficiaries of this project are the 10 attending physicians, the 43 residents, 23 nurses and 48 nurse-midwives in training at Rabia Balkhi Hospital. Secondary beneficiaries include internal medicine physicians at RBH, administrators and allied health workers, including pharmacists and lab technicians, and hospital support staff. The ultimate beneficiaries are the approximately 13,000 women and children who are patients in the MCH Unit of Rabia Balkhi Hospital each year.

II. Program Goal, Objectives, Activities and Achievements

The overall goal of the project is to improve the quality of maternal and neonatal care at Rabia Balkhi Hospital. An anticipated consequence of meeting that goal is a reduction of the maternal and infant mortality rates at the hospital. Maternal deaths were documented by the Consultant OB/GYN physicians assigned to the project and were discussed at meetings of the RBH Maternal Death Committee. A CDC representative coordinated with the hospital director to organize the Maternal Mortality Meetings. In addition to the hospital director and/or deputy director, RBH who attended included the attending physicians and residents on duty at the time of the death, IMC physicians, and DHHS expatriate OB/GYN consultants. A full review of each case was done. The focus was not to lay blame, but to identify opportunities for improvement of care. For each case recommendations were made for altering systems and/or altering practices. Also, after the meeting of each of these committees, a presentation was made at the 9-10 o'clock OB-GYN Department morning report on the findings and recommendations of the committee. The full report was then given to the hospital director

Achievements and Progress on Program Goals

During the final month of the contract period, security issues for expatriates made it necessary for the training program at RBH to function without their assistance. IMC doctors and the midwife trainer took on leadership roles in maintaining the procedures and guidelines that had been established and in providing on the job training where it was needed. The Hospital Director and the HHS/OGHA representative complimented IMC staff members on their active involvement in moving their RBH colleagues toward quality patient care.

Until this one month hiatus, the objective of updating the knowledge of attending physicians was being met on schedule through curricula offered by DHHS faculty, CDC consultants and IMC trainers. Instructors' lectures were being posted on the intra-system website that is nearly completed in the hospital computer lab by the Instructional Technology specialist and the Computer Skills instructor. The curricula of the English as a Second Language /Medical English (ESL/ME) course was refocused to emphasize developing the reading skills of the RBH staff so that they could understand medical articles and be able to use the survey instruments used by DHHS/CDC to collect surveillance data at RBH. The learners' English skills were also being enhanced through their practice in using medical websites to find answers to medical questions.

While the hospital environment was being improved to support quality patient care and an OB/GYN Residency Program at the hospital. It was not clear that the attending physicians who are supposed to implement this program have acquired the necessary knowledge base, teaching skills or attitude toward patient care necessary to implement such a program. The work to improve the capacity of the attending physicians is ongoing. Meanwhile, Dr. Sameh, OB/GYN Chief of Staff, continued to teach the Residents when he was available and the expatriate OB/GYN consultants offered residents lectures based on topics requested by the residents or by expatriates' observations of skills and knowledge that residents needed.

The objective of increasing the effectiveness of RBH Administration and Operations was constrained by the frequent absence of the Hospital Director who serves on multiple, time-consuming task forces and working groups at Ministry of Public Health.

Completion of the DOD renovation projects and ongoing work of the cleaning and maintenance program significantly improved the physical environment of Building A of the hospital. The delivery of new patient beds donated by the people of Japan contributed to improved patient care.

The activities of the Midwives increased in both quantity and quality since the completion of their intensive training offered by OB/GYN Doctors during November and December.

The objective of increasing the standard of patient care offered to mothers and infants at RBH continued to be addressed both through formal training and through daily On-the-Job Training (OJT) of RBH staff by IMC and DHHS/CDC trainers and faculty. Infection

Prevention improved in most areas of the hospital due to increased supervision and on-the-job training by IMC trainers.

BABIES Matrix data were collected daily. Under the guidance of DHHS and CDC consultants IMC medical trainers provided on-the-job training for selected RBH staff in all record keeping areas.

Nurses continued to be trained on the BABIES Matrix—a CDC data analysis procedure for tying maternal and infant survival rates to birth weights of babies and the condition of the mother-- and the use of tick tables (i.e., tables of data extrapolated from patient data recorded on intake forms) related to the BABIES Matrix. Data collection efforts were monitored by former IMC national staff members who are now employed by CDC.

The objective of decreasing the maternal and infant mortality rate at RBH is being addressed by many of the measures described above. Both maternal deaths (MD) and infant deaths (ID) are included in the morning report from the attending physicians.

Impact Analysis

The new three year contract for the RBH training project awarded to IMC by HHS recognizes the fact that reaching the goals of the project will take years (not months). IMC looks forward to working with both existing collaborating partners in the project as well as new ones to continue improving patient care in the hospital and preparing the hospital for implementation of an accredited residency program. In moving the project forward, IMC will work with our partners to ensure:

- Aggregated anecdotal data and lessons learned are influencing the formal lectures and on-the-job training.
- Best practices, including systems, processes and activities, are being documented in the form of guidelines in manual and chart form.
- Reports on the field-testing of residency training curricula jointly developed by DHHS and Ministry of Health are still being anticipated.
- Preliminary RBH staff job descriptions and administrative policies.
- Recommendations for replication. (E.g., Infection Prevention Practices that work and practical skills training with the models in the room).

Obstacles

Achieving the goal of improving the standard of patient care at RBH requires patience, as long established practices and individual attitudes that negatively impact patient care are amended. A particularly difficult area is the reluctance of many staff members to assume individual responsibility for maintaining standards of cleanliness and professional practices. This attitude has been addressed in meetings with RBH staff members throughout the project. There has been consensus for many months that the staff attitudes will not change until leadership attitudes change.

The poor state of the physical plant at RBH combined with the need to upgrade the training of the RBH attending physicians before they can offer residents instruction that reflects current medical knowledge and practice is likely to lengthen the amount of time needed for RBH to become a model teaching hospital for Afghanistan. The recent assistance from DOD has accelerated the process of improving the physical plant.

Statistics

The Center for Disease Control statistical procedures established during the last of the contract should yield reliable data on hospital performance during the second quarter of 2004. Data previously reported for the hospital are flawed due to inconsistent record keeping and lack of agreement among those collecting the data.

During the entire contract, IMC and CDC Project team members worked intensely with RBH staff to increase staff awareness of the need for accurate patient records and for consistent recording of data in delivery room log books. The initial presentation of the Center for Disease Control (CDC) surveillance project data collected in November 2003 from the RBH Outpatient Clinic, Labor and Delivery Room and Operating Room helped IMC training staff members start using these data in making decisions about training and patient care. CDC will report these data separately.

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