

# EVALUATION REPORT

Afghanistan, November 2007

## Women on the way to a clinic in Afghanistan



EVALUATION TEAM

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## **FOREWORD**

This evaluation has been commissioned by Forum for Women and Development (FOKUS) in Norway. FOKUS comprises 72 organizations, 35 of them are engaged in project activities. FOKUS has framework agreements with Norad concerning its development cooperation and information work. In 2007 they support 74 projects in 34 countries. 43 projects are funded by TV campaign funds, while 30 are funded through the framework agreement with Norad.

FOKUS main goal is to work for an improvement of women's social, economic and political situation internationally, with an emphasis on the countries in the South.

Goals for the strategy period 2007-2012:

- Strengthen women's rights
- Combating violence towards women
- Strengthening women's political and economic participation
- Strengthen FOKUS as an advocate for women's rights

The objectives of the evaluation are listed in the Terms of Reference (TOR) which is enclosed (Appendix 1).

The evaluation team was formed in Kabul when the team leader arrived. Team member Rabia Sadat (MD) is working with The Ministry of Public Health (MoPH) with the national program for Tuberculosis. She is well informed about MoPH, all national health plans and is experienced in monitoring and evaluation. Arghawan Akbari has the background in administration and accounting, working for a Swiss NGO. She worked as interpreter and secretary for the team. The leader of the team was Synne Holan (RN, RM, MPH) She works as a lecturer in the University College in Vestfold and has experience in development work and in evaluation. The team worked well together and was able to cover the different aspects of the evaluation.

The evaluation team would like to thank all the staff at the Norwegian Afghanistan Committee in Kabul. The team would especially like to thank Dr. Tor Khan Sherzad for assisting and accompanying us on the field trips.

We thank all the staff at the Institute of Health Sciences, the Hospital Midwifery School and the staff at the Hewad clinic for cooperating with us during the review in Jalalabad.

We met with representatives from the Afghan Ministry of Public Health, both in Kabul and Jalalabad. They provided us with documents, national plans and curriculums and were open and positive in all discussions. This was vital for our evaluation of the two health projects.

## EXECUTIVE SUMMARY

### Health status in Afghanistan:

After the establishment of the Transitional Islamic State of Afghanistan, following the departure of the Taliban, the country faced some of the worst health statistics ever recorded worldwide. This included an infant mortality rate of 160 per 1000 live births and 1,600 maternal deaths for every 100 000 live births. More than 25 percent of children were dying before their fifth birthday. There was a great need to provide basic, life-saving health services to the population. Therefore in March 2002 the Afghan Ministry of Public Health (MoPH) began a process to determine its major priorities for rebuilding the national health system. The process identified the health services needed. Health services should be available to all Afghans, even those living in remote areas. The first plan with services are described in Basic Package of Health Services (BPHS) This plan forms the core of services delivery in all primary health care facilities. Basic health services include limited curative care, including diagnoses and treatment of malaria, diarrhea and acute respiratory infection and family planning. In developing the BPHS the MoPH worked within a framework of specific objectives.

- To include Basic services that would have the greatest impact on the major health problems. These services constituting a standardized package of basic services that would form the core of service delivery provided in all primary health care facilities.
- To ensure the quality of services provided.
- To include service that would be cost-effective in addressing the problems faced by many people.
- To extend coverage of the population that had access to these services in an equitable manner for both rural and urban population.
- To provide a foundation for the new health system for Afghanistan focused on community based health care.

( From BPHS, 2005/1384. Page 1)

The evaluation team identified four central health documents as the background for the evaluation: 1. The Basic Package of Health Services for Afghanistan, 2005/1384. (Revised from 2003). 2. The Essential Package of Hospital Services for Afghanistan.(2005/1384). 3. Curricula for Midwifery education programs, both for Community Midwifery Education and Hospital Midwifery Education. 4. National Reproductive Health Strategy 2006 – 2009. The two first documents are the core of health organization in Afghanistan today. All actors in the health field are supposed to follow these guidelines to help the Afghan society in ensuring health to all and quality care in health. The first and the two last documents are vital to the two FOKUS projects that are evaluated.

The latest document; The National Reproductive Health Policy (2006) states:

The *goal* of this strategy is to develop the health sector to improve the health of the people of Afghanistan, especially women and children, through implementing the basic package of health services (BPHS) and the essential package of hospital services (EPHS) as the standard, agreed-upon minimum of health care to be provided at each level of the health system.

## **Purpose of evaluation**

Due to the political situation in Afghanistan evaluations of FOKUS supported interventions have been postponed and cancelled several times. The evaluation is initiated in order to receive advice regarding future cooperation with NAC in its work to improve women's situation in Afghanistan.

The two projects evaluated were: 1. Hewad Mother and Child Health Clinic, Health Education and HIV/AIDS Awareness Program in Jalalabad, supported from 2006. 2. The Hospital Midwifery Education Program in Jalalabad, run by Institute of Health Science, Nangarhar, supported since 2002. Both projects have been evaluated according to the Terms of reference (TOR) agreed upon. There are many important questions asked in TOR, but the team has emphasized relevance, effectiveness and how the projects adhere to FOKUS strategies, mainly empowerment of women.

## **Main Findings**

- 1. Partner cooperation.** The team found that NAC and the partner organisations have good routines and systems for financial reporting. They are supporting the staff at both institutions in sending them to various forms of meetings, conferences and other activities that is encouraging gender equality and strengthening women positions. The medical director in NAC had only been two months in this job, but he knew the projects well.
- 2. Hewad MCH Clinic.** The evaluation team support aid to the HEWAD Clinic for 2008 because the project is relevant to needs in the population. They give good service to poor women and children in Jalalabad and the nearest district.

The Hewad clinic is still a Mother and Child Health Clinic. This means that they are outside the MoPH regulations where clinics are organised according to scope of activities and are meant to cover certain number of the population. They have been advised to change their status by the MoPH in Jalalabad. The changes necessary to become a Comprehensive Health Clinic (in the MoPH system) will mean to have 24 hours service and to give primary healthcare to all the population of the sector of Jalalabad where the clinic is situated. This problem has not been addressed clearly by NAC. We will strongly ask NAC and Hewad to organise the clinic to correspond with the guidelines from MoPH. This will make the clinic more efficient and relevant to the total health situation in Afghanistan. Neither local nor foreign NGOs should ignore national plans and guidelines. Their opening hours are only five hours. This is not effective when it comes to birthcare or women and children in need of emergency. Hewad should also reorganize the physical structure of the clinic to be more patient-friendly and give better working conditions to the staff, especially the doctors in order to provide better service for the patients.

The clinic is empowering women in a way that it gives work to 13 women, and all, except one, of these women had relevant health education. The clinic gives service to female patients and children under 15 years. One could argue that the health education and HIV/AIDS information given, at least in theory, will strengthen the women with some information and possibility to choose a healthier life. The team is not convinced that the form of health information is effective. What we saw of health information was the two health educators showing some information in forms of posters while the patients were waiting for the doctor and children were crying and running around.

The project is fulfilling their objectives to a certain degree. Most of the objectives are difficult to assess, due to their general nature and the objectives are not quantifiable. When it comes to activities and expected results for the year, most of the activities listed are established. But the team found the establishment of emergency section is in an unsuitable place, on the second floor with steep steps. The birth room is only open for service in five hours, though the administrator ensured us that they would support and help the woman and her newborn through birth if she was unable to be transferred to hospital even if it took more time.

**3. Institute of Health Sciences, Nangarhar. Hospital Midwifery program.** The team strongly recommends FOKUS to keep funding this program. The project is relevant to the needs in the population with a high maternal and child mortality and lack of female trained health personnel. It gives education and secures work for young women. This is real empowerment for women. It elevates the women's status in their family and also in their society. It supports the family economy in remote areas, where there are few job opportunities for both sexes. The program and the teaching environment for two years also give the students good social skills which they can bring back to their families and societies. This again improves the situation in the family. The societies experience with the midwifery education has inspired other families to send their daughters to get education. The midwifery education is supporting gender equality and are empowering women. The program is effective. 196 midwives have been graduated from the program since 2002.

We found that the projects objectives are being achieved. There are 25 young women from the provinces of Nuristan, Kunar, Nangarhar and Laghman in the education. All had contracts signed by themselves and their families stating that they will go back to their homesteads to work in the nearest clinic or hospital after finishing the two year education. While interviewing 23 of them in class they said that they were motivated by the serious state for women and children health in Afghanistan. They were all satisfied with their education and happy to start working. In other interviews with midwives in hospitals and clinics in Laghman, Nangarhar and Wardak they informed us that all their colleges from the midwifery school were working. The desperate lack of work for men in these regions meant that women with an education and job possibilities were encouraged by all to work. This gives women the possibilities to improve their own life and that of their children and families. Education gives knowledge, respect and power, as one of the teachers said.

We would like to see more women in the leadership of the Institute of Health Sciences. The teachers we met in the midwifery education were young and seemed very capable in their teaching methods and in dealing with the students, both in the classrooms and in the clinical field. Some of them could be considered as part of the leader-team for the institute.

Because of security restrictions the team could not travel to remote district to interview midwives educated from the program in Jalalabad. We do not think that this would have changed our results. But it would have enriched our findings and for sure increased our understanding of the situation for women and children in the small villages.

The FOKUS and NAC efforts are very important and supports today some of the few positive changes taking place in Afghanistan. The projects are not financially sustainable without support from international organisations. All the health systems in Afghanistan are today absolutely dependent on foreign aid and will be so for many years to come. Afghanistan's MoPH has health plans and goals that are relevant to the health needs for their people. These plans are effectuated by a large group of foreign donors and international and national organisations. In this situation with many actors with different backgrounds, ideas and financial power and a ministry that lacks independent funding; adherence to national plans are fundamental.

## ***ACRONYMS AND ABBREVIATIONS***

ANC	Antenatal care
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Centre
CHW	Community health worker
DH	District hospital
EC	European Commission
EOC	Emergency Obstetric Care
EPHS	Essential Package of Hospitals
EPI	Expanded Program on Immunization
FOKUS	Forum for Women and Development
GP	General Practitioners, medical doctors working in clinics
HMIS	Health management information system
HMIS	Health Management Information System
HNI	Health Net International
HP	Health post
HR	Human resource
ICM	International Confederation of Midwives
IHS	Institute of Health Sciences
IMR	Infant Mortality Rate
MCH	Mother and child health
MMR	Maternal Mortality Rate
MOPH	Ministry of Public Health
NAC	Norwegian Afghanistan Committee
NGO	Non Governmental Organization
NORAD	Norwegian Governmental Aid Agency
OPD	Outpatient Department
PH	Provincial hospital
PHC	Primary Health Care
RH	Regional hospital
RH	Reproductive Health
SCA	Swedish Committee for Afghanistan
TB	Tuberculoses
U5M	Under-five mortality
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## MAP OF AFGHANISTAN



## SECTION 1: BACKGROUND

### Purpose of the evaluation

FOKUS has supported various NAC projects in Afghanistan since the early 1990s. Due to the political situation in Afghanistan, and particularly in view of the instability of the security situation, visits, assessments and evaluations of FOKUS supported interventions have been postponed and cancelled several times. An external evaluation of the ongoing FOKUS supported projects is hence initiated in order to receive advice regarding future cooperation with NAC in its work to improve women's situation in Afghanistan.

The two projects evaluated were: 1. Hewads Mother and Child Health Clinic, Health Education and HIV/AIDS Awareness Program in Jalalabad supported from 2006. 2. The Hospital Midwifery Education Program in Jalalabad, run by Institute of Health Science, Nangarhar, supported since 2002. Both projects have been evaluated according the terms of reference (TOR, Appendix 1). There are many important questions asked in TOR, but the team will emphasize relevance, effectiveness and how the projects adhere to FOKUS strategies, mainly empowerment of women.

The evaluation process is designed to provide information that will:

- Determine the degree to which the projects are likely to fulfil their objectives and results.
- Be constructive and useful for the cooperating parties by structuring experiences and providing lessons learned which can be used to strengthen and further develop the project.
- Promote learning among both cooperating partners, as well as other relevant parties such as local authorities, local NGOs, external donor NORAD and other relevant institutions.

## **Afghanistan**

The country is an Islamic republic with an area of 652 225 km<sup>2</sup> and has 34 provinces. The official languages are Pashto and Dari. Literacy rate: Total population: 28 %. Male: 43 %, Female: 13 %.( Year 2000)

Population: 31.198.916 / 24 million. In fact sheets from Wikipedia and CIA the number of population is set to 31 millions, but in Afghan health documents the population is set to 24 million. Different explanations are given when we asked about this difference in numbers. Both numbers are estimates. But the most logical may be that 24 million Afghans were within the border of Afghanistan in 2002, while approximately 7 millions were outside as refugees.

Afghanistan is one of the poorest countries in the world. The country has been occupied, been in war, had civil war, had natural disasters and political unrest the last 29 years. In 2002, following the fall of the Taliban regime the Islamic Republic of Afghanistan was established. Military troops from USA, NATO / ISAF are supporting the government, and there are still political unrest and military clashes in the country

### **Health status in Afghanistan:**

The country has some of the worst health statistics ever recorded worldwide. This includes an infant mortality rate of 160 per 1000 live births and 1,600 maternal deaths for every 100 000 live births. More than 25 percent of children were dying before their fifth birthday. Child and maternal mortality are linked since child- health depends on maternal health. Thus, since the war ended, two of the biggest challenges facing the MOPH, are how to reduce both maternal and child mortality.

There is a great need to provide basic, life-saving health services to the population. Therefore in March 2002 the Afghan Ministry of Public Health (MoPH) together with NGOs and partner organizations as WHO, UNICEF and USAID began a process to determine its major priorities for rebuilding the national health system. The process identified the health services needed. Health services should be available to all Afghans, even those living in remote areas. The first plan with services are described in Basic Package of Health Services (BPHS) This plan forms the core of services delivery in all primary health care facilities. Basic health services include limited curative care, including diagnoses and treatment of malaria, diarrhea and acute respiratory infection and family planning. In developing the BPHS the MOPH worked within a framework of specific objectives.

- To include Basic services that would have the greatest impact on the major health problems. These services constituting a standardized package of basic services that would form the core of service delivery provided in all primary health care facilities.
- To ensure the quality of services provided.
- To include service that would be cost-effective in addressing the problems faced by many people.
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**(From BPHS for Afghanistan, 2005/1384 page 1)**

**Table 1: Several Health Indicators**

INDICATOR, YEAR AND SOURCE	
Maternal mortality ratio (per 100,000 live births) <i>Source: Maternal Mortality Survey 2002 MOH/CDC/UNICEF</i>	1600
BPHS facilities providing three methods of contraception <i>Source: HMIS MOPH 2005</i>	52 %
Coverage of Antenatal Care (%) <i>Source: MOPH, JHU Re-evaluation of the UNICEF MICS 2003</i>	8 %
Births attended by trained personnel (%) <i>Source: MOPH, JHU Re-evaluation of the UNICEF MICS 2003</i>	8%
Coverage of tetanus vaccination (% of pregnant women) <i>Source: MOPH, JHU Re-evaluation of the UNICEF MICS 2003</i>	33%
Total fertility rate (per woman) <i>Source: MOPH, UNICEF, MICS 2003</i>	6.6%
Contraceptive prevalence (% of women 15-49) <i>Source: MOPH, UNICEF, MICS 2005 National MNPC Study</i>	10%
Unmet need for family planning <i>Source: Herat Physicians for Human Rights, 2002</i>	23 % <sup>ε</sup>
Unmet need for family planning <i>Source: Kabul TDH study 2002</i>	98%
Crude Birth rate <i>Source: MOPH, UNICEF, MICS 2005 National MNPC Study</i>	4.8%

After establishment of the BPHS, the MOPH's Hospital Management Task Force saw the need to develop a framework for the hospital element of the health system. The Basic Package made clear the need for a primary care-based health system, which requires functioning hospitals in order to have an appropriate referral system where all health conditions may be treated. Health services in Afghanistan operate at three levels: 1. Health posts (HP) and community health workers (CHWs) provide service at the community or village level. 2. Basic Health Centers (BHC), Comprehensive Health Centers (CHC), and District Hospitals operate in the larger villages or communities of the district. 3. Provincial and regional hospitals comprise the third level. In urban areas, due to a lack of facilities offering basic curative and preventive services, urban clinics, hospitals and specialty hospitals provide the services that HPs, BHCs and CHCs provide in rural areas.

**(Source: Essential Package of Hospital Services for Afghanistan. July 2005)**

### **Foreign aid to the health sector**

The MoPH are stating in the BPHS that the sustainability of the health system will remain a significant challenge since the current expansion has been financed directly by three major donors (USAID, World Bank and EU) and significant contributions by other donors. This is part of a Partnership program. To implement these health plans the MoPH developed a system of contracting with foreign NGOs as developing partners. They takes responsibility for all the health system within one province. For example is NAC is responsible for Ghazni province and SCA is responsible for Wardak province. These foreign NGOs cooperate with Afghan NGOs and with governmental structures like the IHS for services. Foreign NGOs can also support part of health services within a province, like NAC supports the midwifery education in Nangarhar.

<sup>ε</sup> It is likely that this statistic is much lower than the true value of unmet need since the vast majority of women in 2002 were unaware of family planning

## **Maternal and child health**

In all the national health plans there are focus on Maternal health and the midwifery education as a tool to ensure better care for women and children. The points showed here are the vital points in this strategy.

### Promotion of Skilled Attendance at Birth.

International evidence has shown that a necessary component of maternal and newborn mortality reduction is the presence of a skilled birth attendant to assist the woman at birth. The BPHS, concepts of basic and comprehensive essential obstetric care and the national job descriptions for midwives and community midwives are elements of this approach. This strategy promotes program activities that support skilled attendance at birth.

### Emphasis on Care for Families in Rural Areas

To address the need for reducing maternal and newborn mortality in underserved areas, this strategy focuses on developing quality MNH services and promoting access to services especially at BHCs, CHCs and DHs in rural areas. Given the fact that urban health statistics are far better than rural ones, the present strategy emphasises rural areas.

### Focus on Health Workers in Clinics and Communities

Increasing numbers and skill levels of community midwives in CHCs and BHCs and community health workers (CHWs) in communities is at the core of the strategy. Ensuring a sufficient number of midwives and physicians in hospitals is essential to provide comprehensive emergency obstetric care (CEmOC), but it is just as important for community midwives and female CHWs to be available to women and newborns in and near their homes. This provides the necessary continuum of care from the antenatal period through to the postpartum period, including care for the newborn. In addition to these services, community midwives must also be able to provide intrapartum care, basic emergency obstetric care (BEmOC) and essential newborn care (ENC). Complications must be recognised early so women and their newborns can be directed to appropriate sources of referral care.

### Increase Use of Birth Preparedness/Complication Readiness

Encouraging birth preparedness/complication readiness is an essential concept in this strategy, occurring at both health facility and community levels and requires improving counselling techniques of all health workers. Important aspects of this activity include building capacity of families to plan and prepare for birth by disseminating knowledge of birth preparedness and complication readiness planning. All health workers, including CHWs will be involved. Another aspect of this involves strengthening the ability of facilities to receive and manage maternal and neonatal complications received as a result of these birth plans. Facilitating the ability of families to act on their plans will be a significant challenge whether birthing occurs in the home or in a facility.

According to the NHSPA 55.8% of BPHS facilities provided antenatal care and 46.7% provided delivery care in 2004. In 2005, 73.1% of facilities were providing antenatal care and 53.7% were providing delivery care. Closer evaluation of the data shows that the increase in the availability of delivery services was greatest at the district hospitals (from 52.0% to 81.4%) and essentially unchanged at BHCs (from 41.6% to 40.0%). As well, the presence of some but not all elements of delivery services increased (from 52.5% to 71.4%) at CHC level.

Essential Obstetrical Care is a curative health service which requires 24-hour access to care. It is necessary for facilities that provide EOC to make services accessible (by having staff on stand-by in their homes, for example) 24 hours a day. Women may be less likely to use health services during their pregnancy if they know the services will not be available at the time of delivery.

Actions to achieve objective:

- Implement maternal and newborn health components of the BPHS and EPHS in all appropriate health facilities, and monitor the service statistics
- Ensure wide distribution and clear understanding of national clinical guidelines and implementing tools
- Develop/finalize implementing tools according to the strategic implementation framework
- Implement quality improvement tools and systems, especially those already in place with the MOPH (FFSDP and SBM-R)
- Develop specific mechanisms to strengthen clinical supervision within health facilities using standardized clinical supervision materials
- Develop referral systems including referral forms and a mechanism to alter attendants and providers at the referral site so that the patient can receive priority care

**(Source: National Reproductive Health Strategy. 2006- 2009)**

### **Midwifery Education Programs in Afghanistan**

There are two types of Midwifery education in Afghanistan; Community Midwifery Education and Hospital Midwifery Education. Both curricula's are prepared by MoPH with support from USAID/REACH, UNICEF, other UN organizations, Agha Khan Development Network, Health Net International, SCA, Ibn Sina and others.

The Community Midwifery Education is 18 months. These programs are run by foreign and local NGOs. The students should have completed 9 years of schooling and be at least 18 years of age. They should be married, preferably with children. The students are chosen by the community and willing to relocate for the training and be willing to return to and work in the community for at least five to six years following completion of training. They are supposed to work at the comprehensive health centres (CHC) and the basic health centres (BHC). )

According to The Ministry of Public Health 19 provinces have Community MW program: Hirat, Jawzjan, Khost, Paktya, Takhar , Badakhshan , Balkh, Bamyan, two in Nanaghar and Shinwar-Ghani Khil, Sar-i-Pul, Logar, Parwan, Laghman , Kundoz, Farah, Qandahar.Wardak, Noristan. They are all run by NGOs, either Afghan or foreign organizations

The Hospital Midwifery Education is a program of two years and is run by the Institutes of Health Science (part of MoPH) in different cities in Afghanistan. The students should have completed 12 years of schooling and be between 16 and 30 years of age. They are supposed to work at provincial and District hospitals and some CHC. There are five Health Sciences Institutes that provides hospital Midwifery education in Afghanistan: Kabul, Nangharhar/ Jalalabad, Balkh/Mazar –I -Sharif, Herat and Kandahar. The program in Mazar- I –Sharif is on hold (November 2007) because of problems in meeting the educational standards.

Both types of midwives will fit the definition of a midwife adopted by the international Confederations of Midwives and the World Health Organization.

Traditional Birth Attendants (TBA) are today included in the health system as Community health workers. This is an excellent way of giving respect to these women who have served the people as well as they could without any formal education in health. They are not supposed to be taking care of births, as this should be by skilled personnel. TBAs that have some primary education are encouraged to apply to the community midwifery program. Today the TBAs still attend births in most of the provinces, because of lack of midwives.

### **Standards used in the Midwifery educations**

The educational standards are used in both the midwifery programs of the Institute of Health Sciences as well as the nation's Community Midwife Education programs. Generally, the curricula and standards for these two programs are 98% similar, thus allowing a unified set of performance tools. The decision to include the clinical learning environment reflects the concern shared by all that care in the clinical sites where students work must mirror what they are taught in the skills lab.

Standards based educational management (SBEM) is a system for the assessment, monitoring and improvement and accreditation of midwifery programs in Afghanistan. Though SBEM is primarily used to measure progress in the accreditation process, it also serves as a clear and explicit statement of the manner in which educational programs should be conducted. It states the standards for desired performance and provides guidance toward achieving those standards. The standards describe desired performance in five specific areas: Classroom and Practical Instruction; Clinical Instruction and Practice; School Management; School Infrastructure and Training Materials and Clinical areas where student midwives undertake clinical experience.

**(Sources: Midwifery Curriculum IHS. 2004 and Standards. Section 1-5)**

### **Afghan Midwives Association**

In 2002 there were only 537 midwives in Afghanistan. In 2007 there are 1990 midwives. This progress is due to the health plans from the Ministry of Public Health and the large international assistance both financial and educational to the different programs. Afghan Midwives Association (AMA) was created in 2004 with 15 members and has today 860 members. Pashtoon Azfar is the chairperson and she is also working in the MoPH rebuilding Afghanistan's midwifery education. In 2007 AMA had a congress with 311 participants from 24 provinces. They started the association because they felt a lack of respect for the profession, midwives had low status and there were conflicts between doctors and midwives. They have good connections with International Council of Midwives and had help from their representatives to form AMA. Their aim is to work for better education, refresher courses and postgraduate programs for midwives. They are emphasizing the midwives' duties to their work ethical code in treating patients with respect. They will work to support midwives in getting better work conditions and decent salaries. AMA had a community mobilization campaign in Badakhshan in 2005, and found that many inhabitants had little knowledge of what the health care system and midwifery could offer them. They want to inform the communities about the health clinic, midwifery work, family planning and healthcare for pregnant women and for children.

**(Information from USAID/Afghanistan; Revitalizing a Traditional calling. And an interview with Pashtoon Azfar. AMA by S.H. in Kabul)**

### **Organizations**

#### **Norwegian Afghanistan Committee (NAC)**

The Norwegian Afghanistan Committee (NAC) was established shortly after the Soviet invasion in Afghanistan in 1979. In 1983, NAC opened its first project office in Peshawar (Pakistan) and from

1986, its first office in Ghazni City, in the Ghazni province of Afghanistan. NAC is a registered NGO and politically independent membership organization with members and local committees in Norway. As a solidarity organization, NAC also seeks to build understanding about Afghanistan in Norway and among its members (NAC 2004 c:p.7). The organizations secretariat is in Oslo. Due to cost-cutting, the staff has been reduced, and currently the only remaining full-time Norwegian staff member is the secretary general in Oslo. In Afghanistan, NAC has their main office in Kabul. The organization run and support health projects, educational projects and environmental projects in different provinces in Afghanistan.

#### **Hewad: Mother and Child Health (MCH) Clinic**

The project is implemented by Hewad Reconstruction, Health and Humanitarian Assistance Committee, a long standing partner of NAC with cooperation in Jalalabad and in Gazni. From 1997 – 2005 the project in Jalalabad received financial support from NORAD. For the period 2006-2008 the project receives funding from the FOKUS' TV campaign fund. The budget for 2006 was NOK 349.552.

The overall development goal as stated by Hewad is; to improve the very poor health status of the vulnerable women and children in the eastern regain especially in Jalalabad City. In addition Hewad specifically target women and children residing in very remote areas of Afghanistan where there is little access to proper health service, education and other living facilities. Moreover, since the fall of the Taliban regime and the new political developments in the country, women got the opportunity to have a greater chance to work within the social sectors and benefit from the humanitarian aids delivered by the world community as well. Hewad provides health education, information, and service to women and children in order to improve their living conditions. With the financial support from FOKUS, Hewad also creates job opportunities for some women through this clinic and its other projects targeting women.

#### **Institute of Health Sciences (IHS) Hospital Midwifery Education**

The institute of Health Sciences in Nangarhar Province is a part of the MoPH. They run educational programs in nursing and midwifery. All educations are supported financially by NGOs. The Government is providing the premises and electricity, but no salaries.

The Hospital Midwifery education was established in order to increase the access to women and child healthcare for women residing in remote areas of the eastern region and to provide professional education and job opportunities as midwives for women from remote districts. With funding from NORAD/FOKUS, NAC has supported education for midwives studying at the Intermediate Medical Institute of Nangarhar since 2002. The first group of trained midwives graduated from the institute at the end of June 2005. The budget for 2006 was NOK 627.791.

The overall development goal of the project is to improve the reproductive health status among Afghan women and children by assisting the Afghan authorities in their efforts to educate female health staff, here as midwives. Moreover, to help women to acquire professional skills within the health sector will strengthen the enrolled women's social and economical position in the Afghan society. This will empower them personally and be of value both for their families and for the country.

#### **Evaluation Methodology used by the team for both project**

The methodology used by the evaluation team consisted of desk-reviews of documents, interviews of stakeholders in Kabul and Jalalabad, field visits to Jalalabad for the Hewad clinic and the Nangarhar Hospital midwifery school and their clinical training hospitals. The team leader visited the Community midwifery school and the district hospital in Wardak led by the Swedish Committee for Afghanistan before the field visit to Jalalabad. One of the aims stated in TOR is to visit clinics where midwives from the program now worked. The team leader visited four clinics in Logar and Nangarhar, three of them had midwives that had graduated earlier from the new midwifery program. At the time of the evaluation it was impossible to visit the more distant clinics because of the security situation. It would

have strengthened and enriched our material if we had been able to travel to some small villages, for instance in Nuristan. But we do not think that this information would change our conclusions. Patients were interviewed when the team visited hospitals and clinics. It should be noted that patients in that situation rarely will say anything negative about the healthcare they receive. (This is common experience also from Norway). The team used interview- guides, see Appendix 2. The report was partly drafted by the team in Afghanistan, but the team-leader wrote the first draft for discussion and sent that out for comments to the two team members in Kabul, then to FOKUS and NAC in Oslo and in Kabul. In Afghanistan the draft report was sent to Hewad and to the Institute of health Sciences. Some of the comments and all the corrections are incorporated in the final report.

### **Individual interviews with stakeholders**

From the Ministry of Health in Kabul; leader of IHS, leader of the Safe Motherhood/Reproductive health office, The doctor in charge of Children and Adolescence Health.  
MoPH in Nangarhar; the Provincial Health director and the deputy in Jalalabad.

Administration of the Hewad Clinic and the IHS and Midwifery School  
Doctors and Nurses in the Hewad clinic.  
Patients at the Hewad Clinic

Teachers at the Midwifery school in Nangarhar IHS  
Midwifery students in The Midwifery School and in clinical settings  
Midwives in two hospitals in Jalalabad, Wardak and Kabul  
Midwives in the district clinics of Laghman and Nangarhar  
NAC staff: Country director, project advisor, health director, health advisor and financial manager  
The president and the vice-president of Afghan Midwifery Association (AMA)

### **Group sessions**

The staff at the Hewad clinic met with the team for group interview and discussion. All the staff with the director was present. They were asked about their qualifications, training background, if they had taken part in any upgrading programs given by NAC or others. Challenges and problems in their work at the clinic were also discussed.

In the Midwifery school the team met with the six teachers, all female. They were interviewed about their education and background, the new midwifery curriculum, the clinical sites and how the midwifery education could change the situation for women in Afghanistan.

We met with 23 of the students at the midwifery school, two were away that day. The students were asked where they came from, where they would like to work, and their opinion about the curriculum, practice and their teachers. The students and teachers were asked all the questions from 5.1-5.8 in the TOR.

### **Documents revised**

#### **Proposals and reports**

The team leader had meetings with FOKUS and the leader of NAC women's group in Oslo and cooperated in the work of TOR. In Afghanistan the team has revised documents from FOKUS and NAC, including proposals, financial and narrative reports for both projects from the start and the last project proposals for 2008.

#### **National Health Plans and Curricula for the two Midwifery Educations**

The evaluation team identified four central health documents as the background for the evaluation 1. The Basic Package of Health Services for Afghanistan, 2005/1384. (BPHS) (Revised from 2003). 2. The Essential Package of Hospital Services for Afghanistan. (2005/1384). (EPHS) 3. Curricula for

Midwifery education programs, both for Community Midwifery Education and Hospital Midwifery. 4. National Reproductive Health Strategy 2006 – 2009. The two first documents are the core of health organization in Afghanistan today. The first and the two last documents are vital to the two FOKUS projects that are evaluated.

#### **Documentation used by doctors and midwives in clinical settings.**

The team members have seen and verified documents used by the health professionals in the Hewad clinic. We have seen documents used by midwives in their clinical practice; in antenatal clinics they used the health card, health passports, vaccination cards and family planning cards. Partographs are used by midwives during birth, both in clinics and hospitals. There were birth protocols in all the clinics and hospitals.

#### **Field visits**

Community Midwifery school and District Hospital in Wardak  
Jalalabad. Two visits to the Hewad clinic and two visits to the Nangarhar IHS  
Nangarhar Community Hospital and University Hospital of Nangarhar  
Visits to four district clinics in Laghman and Nangarhar  
Visits to Rabia Balkhi hospital in Kabul.

The visit to Wardak was done by the team leader in cooperation with representatives of the Swedish Committee for Afghanistan (SCA). This was a community midwifery education and the hospital was a district hospital. SCA is responsible for health in Wardak Province and therefore responsible for two district hospitals and 20 clinics plus the midwifery education. It was useful to see a midwifery education supported by another Nordic NGO.

The team stayed 8 days in Jalalabad at the Spinghar Hotel. In Jalalabad the team was accompanied by Dr Shirzad, the Health manager in NAC and the NAC driver. Dr Shirzad was setting up all the meetings that were necessary for the team. He was also with the team leader on the daytrip to Laghman and Nangarhar to interview midwives working in district clinics. Dr Shirzad was not present, and did not take part in any of the interviews or discussions with any of the stakeholders.

The team used written questionnaires for most of the interviews. The answers were noted and later written into the electronic document after discussions within the team. We acknowledge that our findings are not objective, but rely on our interpretations of the findings and the information we got. To ensure our findings we used a type of triangulation of information; we asked the same questions to three or more people working within the same project or on the same topic, to see if we could find different opinions or discrepancies in the information. If we found the information not coherent, we checked with more sources before we concluded.

## SECTION 2: FINDINGS and ANALYSES of DATA



A woman with her daughter at the Hewad clinic.

### **Project: Hewad Mother and Child Health Clinic, Health Education and HIV/AIDS Awareness Program**

Hewad MCH clinic is situated in district 4 in Jalalabad. The organization is renting a place with two buildings with a garden in front. In January this year they built a room for birth, equipped for normal deliveries and they were in the process of adding a room for post-natal care. These additions were not part of the funding from FOKUS. At the time of the first team visit the clinic was busy with approximately 20 women and their children waiting for service. The total number of patients during a day is more than 100. The clinic has qualified staff and had the necessary equipment for a MCH clinic. They are providing services as:

- Antenatal and birth care
- Family planning
- Health education
- Vaccination, TB control
- Medical services from GP doctors
- Dental service
- Laboratory service

The staff consists of 17 members. Four were males, one administrator, two guards and one laboratory technician. The rest of staff was female. Two medical doctors, two nurse/midwives working as nurses, one midwife, two vaccinators, two health educators, one dentist, one woman in the Pharmacy, one receptionist, one cleaner.

By interviewing patients we found that a large number of them came from outside Jalalabad city. They came here because the clinic had female staff and because they trusted the clinic from previous experience. They told us that there were other clinics closer to their homes, but they were not sure if these were from the Ministry or private. They preferred to come to this clinic that they knew from before. The patients we interviewed seemed satisfied with the services and the staff.

The clinic seemed clean. The atmosphere was friendly both among patients and the staff of the clinic.

**The findings are numbered as to follow the scope of evaluation from the TOR, Chapter III. (Appendix 1).**

### **1. Partner cooperation.**

The communication between the partners Hewad and NAC, Kabul is good. The team found the reporting and supervising system was working well. The administrative staff of the clinic takes part in meetings and discussions relevant for the project. Some of the staff had been to a Gender conference in Kabul and one of the doctors had been to a conference in Thailand sponsored by FOKUS.

All financial issues were discussed between the two organisations. The auditing was done by NAC in Kabul and in Pakistan, but Hewad was planning to do its audits in Jalalabad by next year. This was welcomed by NAC. When it comes to project proposals, NAC does most of the job with suggestions and inputs from Hewad. We saw and read quarterly financial reports from both Hewad and NAC; all original bills were stamped by NAC to ensure that they could not be used for other projects. We were given free access to all the files we asked for. The team found that the cooperation and reporting systems were satisfactory.

The Hewad clinic is still a Mother and Child Health Clinic. This is stated clearly in all documents and in interviews with the founder and the staff. This means that they are outside the MoPH regulations where clinics are organized according to scope of activities and are meant to cover certain number of the population. They have been advised to change this by the MoPH in Jalalabad. The changes necessary to become a Comprehensive Health Clinic (in the MoPH system) will mean to have 24 hours service, and to give primary healthcare to all the population of the sector of Jalalabad where the clinic is situated. This may be difficult to manage within the budget given by FOKUS, but it is an important point for NAC to address and eventually to look for other sponsors.

### **2. Achievement of objectives**

The clinic is providing women and children with free health care service. The other immediate objectives are difficult to assess as they are very general, for instant the objectives to improve general health status or to increase awareness about HIV/Aids. The staff could not present any surveys or other measures to show that these targets are met. It is unclear what they do to reach these goals, except giving general information to patients in the clinic and at home visits.

In the proposal Hewads long term objectives are written as if everything in the health sector is the same as in 2001. The comprehensive national health plans are not mentioned. The evaluation team believe that Hewad/ NAC should be part of the national plans for health, especially the BPHS, as it concerns clinics. There are good opportunities for private clinics in these plans.

Comments on the activities and expected results for the year

Most of the activities planned were established, but the team is critical to the quality of some of them. For instance; An emergency section is established in the second floor. This gives difficult access for people in an emergency situation. In fact we could only envision a child that could be carried to manage to reach this room if he/she was injured. This is therefore not an appropriate place. The room was not well equipped for emergencies. Another challenge considering the quality of care: It was not possible to give any privacy for the patients visiting the GP-doctors. The door to that was open and the midwife and her patients had to pass the doctors going to the antenatal care office. Hewad had established a vaccination point in the clinic. The material and part of the salaries were supplied by the MoPH.

Hygienic procedures could not be performed in a correct way in any of the clinical rooms. The only running water source was in the “bath room”, and the tap was placed near the floor. They had some water containers outside the dental- and emergency clinics, but we found this not satisfactory

## Health education

The two health educators were sitting in the waiting area with posters and other written material about health, nutrition and family planning. They showed the material and talked to the women. This was done while the women were waiting for the doctors. The waiting place has a roof over the benches, but it is not in a closed space. This will be cold and uncomfortable during winter and in rain. Health promotion needs more time than it was given here, and it needs a proper place where women can concentrate and discuss the information given. We were told that health information is also given when the health educators are visiting the homes of the women. We did not take part in any home visits.

## **HIV/Aids information.**

We found that the clinics activity in this field was limited. As part of the general health information the women were also informed about risks and protection for HIV and Aids. The health educators and the doctors knew where to refer a patient who was in need of testing. This is a central clinic in Jalalabad. The director of Hewad and his assistant told us that they would like to start a testing program for HIV in the clinic. They could not specify why this was needed. They had not identified a big number of patients with HIV /Aids or any risk groups among their patients. They had no staff that had any special knowledge in this health field. When the team asked the MoPH representatives in Jalalabad about these plans from Hewad, they had not heard from the leader of the clinic about these plans and they disagreed. They would not like Hewad to start a program without having any special competence in the matter. They would prefer the staff in the Hewad clinic to support the central HIV/Aids clinic in Jalalabad.

## **Target group**

Their target group was described in all the proposals from Hewad to be “ 45 000 widows and other vulnerable women and children”. This number was difficult to verify. The director of Hewad could not explain where the number came from; it could not be verified by number of visits or from the population in certain parts of Jalalabad. They could not tell the team how many widows were visiting the clinic. In observing the patients for two days we can attest that the majority of patients seemed to be poor women and that the clinic were busy.

## **3. Gender equality and women’s empowerment**

The clinic can be said to empower women in the way that it gives work to 13 women. All these women, except one, had relevant education. Their salaries will strengthen their position in their families and empower them in family decisions. The clinic does give service to female patients. One could argue that the health education given, at least in theory, should give the women information and thereby possibilities for healthier life. We do not see any clear empowerment strategy for the patients in this project.

## **4. Infrastructure – patient friendly clinic**

The physical organization of the clinic is not patient friendly. It could be largely improved by changing the space that today is used as offices to space for the patients. The evaluation team suggests the following: There are two offices on the ground floor which could be used for patients. The smallest office near to the entrance, could be used as an Emergency/ treatment room where one of the GP doctors could work. The room that was allotted for the two GPs was too narrow and small and gave very little possibility for privacy for the patients. The bigger office could be used as waiting room and for health education for patients and for in-service training for the staff. The administration could use the room in the second floor which today is used for family planning / emergency.

## 5. Relevance of the services given

Hewad are still maintaining this clinic as a Mother and Child Clinic (MCH) while Afghanistan MoPH has since 2002 changed the organization of the health services, and that does not any longer include MCH. The Hewad clinic gives relevant services that put them on the same level as a Comprehensive Health Centre (CHC). But the difference is that their opening hours are officially from 8 a.m to 1 p.m., while a CHC should be open for 24 hours. Especially for the emergency service and the service to women giving birth and to newborn babies, the opening hours are not appropriate. A CHC gives service to all the population in a designated area, while the Hewad clinic does not provide for male patients above 15 years of age. To change from a MCH with 4 – 5 hours opening time to a 24 hours service will of course need adjustments for the budget and the staff. The discussion on how to change should include Hewad, MoPH and NAC.

We find the quality of the services was mostly satisfactory. The medical personal were adequately trained, sensitive to women's medical needs. The midwife gave the patients privacy, but this was more difficult for the two doctors who worked close together in a half-open room. There were no main obstacles for reaching the clinic for the women, as it was close to bus stops. But the short opening time is not using the premises and the staff's competency in an effective way.

The documentation used for the Out patient department was not up to standard because they did not fill in the diagnoses for all the patients in their patient log. After discussions with the staff we found that this may be due to misunderstanding of messages from the MoPH. It should be corrected

## 6. Sustainability and perspectives.

This project will not be self sustainable without donor support. Even the MoPH system has to be supported by international and national NGOs and other sources because of the critical financial and security situation in Afghanistan. The evaluation team strongly recommends that the Hewad clinic follows the MoPH system of health services. From the provincial health director office in Jalalabad the team was informed that they had several critical remarks towards the Hewad clinic, the main content of these were that Hewad does not comply to the new organization of health services in Afghanistan. The support from FOKUS is clearly promoting the clinic. Hewad also get support from MoPH when it comes to supervision, vaccination material and salaries for the two vaccinators. NAC is offering support in the form of supervision and training of the staff.



Midwifery students and the team leader in the classroom in Jalalabad

## **Project IHS Hospital Midwifery Education**

The IHS Hospital Midwifery Education is located inside the Nangarhar Hospital area. It is a pleasant area and the building was well guarded and looked after. The evaluation team used the standards that was made by MoPH to check the premises

The midwifery program started as a three year program in 2002. This was changed by the MoPH in 2004 all over Afghanistan. The reason was the urgent needs in the communities for midwives. MoPH wants to enlarge the program to a three year Bachelor program in the future. This will take time and it will need bigger budgets and more trained teachers. As for the situation in Afghanistan today we believe that the programmes are satisfying the urgent needs for trained birth attendants and has good qualities.

### **1. Partner cooperation**

The communication between the IHS and NAC Kabul is good. The reporting and supervising system was functioning well. All financial issues were discussed between the two organisations. The auditing was done by NAC in Kabul. When it comes to project proposals, NAC does most of the job with suggestions and inputs from the Institute. The team found that financial reporting was according to good standards. The team read quarterly reports from both the Institute and NAC. All the original bills were stamped by NAC, in order not to be used for other projects. We were given free access to what ever files we asked for. The team found that the system was overall satisfactory

### **2. Achievements of objectives**

The team finds that the objectives have been achieved; 25 female students are currently enrolled in the program. A total of 196 students have graduated from the Hospital midwifery education since 2002. The target of MoPH is to produce 8000 midwives in all over Afghanistan by 2010, there is almost 2000 so far. The administrative staff of IHS and the teachers in the Midwifery program takes part in meetings and discussions relevant for the project. Three of the staff had been to a Gender conference in Thailand supported by FOKUS. The students are from different areas in Laghman, Kunar and Nangarhar and Nuristan. One student was from Wardak. Their families and students have written a contract that at the end of their education they will go back to their communities to work at least for five year. In discussion with students, they were all planning to do this.

The midwives that are educated from this program (and other similar programs) are working in clinics and hospitals. Oral information from health professionals working in the hospitals gives us reason to believe that the maternal mortality rates are being reduced; there is no actual survey on this. During our work in Kabul a survey from John Hopkins University stated that the mortality rates for children, less than five years of age, had been reduced by 16 % from 2002. These are estimates, but based on a rather big sample. A very positive result!

The education and work as a midwife strengthen the women in many ways; they learn more than what is in the curriculum by staying in the Institute for two years. They get more social skills, learn more about the society at large and get to know other women from other parts of Afghanistan. They will also meet foreigners coming to visit the project. All of these factors are empowering them. The Institute has a good reputation and more families are sending their girls to be educated here. There are few job opportunities for both men and women in the peripheries of the provinces. To be a midwife means that you can have a good job with a decent salary even in the districts. This gives respect in the family and in the society at large.

In addition to the Hospital Midwifery program run by IHS a community midwifery program with students from Nuristan was finishing in December 2007. This program is supported by an American NGO. They shared the premises in the Institute with the NAC supported program. There were no plans for another Community midwifery program in 2008. In Laghman province, Ibn Sina, an Afghan NGO, has a Community Midwife program.

### **3. Gender equality and women's empowerment**

The project staff, especially the teachers, are aware of gender issues. The midwifery education and profession give the women higher status in the household, and in the community. They will have an income and get respect from the society in their job. This will not only influence their own immediate family members, but also the other members of the society. We was told that some families were not willing to send their daughters to get the education in the beginning of the program, but today many will do so. The Institute did a supervision of the work of their former students in early 2007. This was aimed to find if there were problems or discrepancies between the school program and the actual clinical work. They found that between 80- 90% of the midwives are employed, most of them in governmental sector, but some were working with NGOs. For example are 10 to 12 midwives back in Nuristan province and working there. (Information from interview and e-mail correspondence with IHS director Waheedullah, Jalalabad)

It's the team's opinion from discussions with a number of informers that the midwifery program is empowering large number of women by giving them a good education, good job opportunities and a decent salary. It gives them social respect within the family and the community. This improves the women status when it comes to decision making and it promotes gender equality.

**4. Infrastructure** – The team visited the building for the midwifery program and the study hall which was available for all types of students. We saw the classrooms, two skill-labs, the computer room, the library and the teacher's room. We were participating in one theoretical lesson where one of the teachers had a lesson. She was lecturing and using a doll and other relevant equipment for the topic. The class was divided into four groups for discussion of a case study on a new- born baby with asphyxia. The students were eager and it was a good atmosphere in the classroom. We visited the two skills lab which was very well equipped. The students trained here with the instructors and in groups. The methods and the equipment used were similar to what is being used in midwifery education in Norway. The teaching system seemed relevant and modern in content and method. All the teaching facilities were well equipped and seemed very good.

The Institute provides secure and good facilities for the students. The premises were well guarded and the female staff seemed very supportive. There was a kindergarten for the four students that had small children, and the children looked healthy and well provided for.

The hostel was basic and clean. The sleeping room in hostel had 16 bunk beds in one room. To us that seemed a bit overcrowded. The students were satisfied with food and lodging. They had a free phone for contacting their families. It was visiting facilities for families outside the main house.

### **5. Assess the relevance of the education provided**

We interviewed 23 students in the classroom and we interviewed several students that we met in the clinical settings. They were all very enthusiastic about their education. The students are motivated by their own interest and their knowledge about the difficult situation for women in Afghanistan. They all want to work as midwives after the program was finished. They had the support from their family and their local society. When we asked what they will do if their future husband would not allow them to work; they replied that either they will not marry him, or they will gradually talk him into it and make him understand. The students got extra English training courses and we met the teacher briefly, she is Canadian and lives in Jalalabad with her husband.

When asked, the students found no obstacles in study, travel and living arrangements. They found that the curriculum, the training, the quality and quantity of teaching aids were good and appropriate for midwifery education.

The midwifery curriculum used in Jalalabad does follow the MoPH standard. This School got very good marks from the evaluation group from MoPH that came to test the standard for the midwifery education. NAC is providing salaries for all the teachers, stationary, transport and running cost for the dormitory.

The teaching methods seemed adequate and the teachers were qualified, one as MD, five as midwives. Four of the midwives were recruited immediately after graduating in 2005. They were also working 20% in the hospitals clinical field to ensure their knowledge and experience in practice.

### **Clinical sites**

We visited the clinical sites for the students; The Emergency Obstetric Care at the MoPH Hospital and the University Teaching Hospital in Jalalabad, under Ministry of Higher Education. We saw the Gynecology and Obstetrical wards in both hospitals and the Children Department at the University Hospital

The team was told that the clinical sites were according to standard of MOPH. We found the standard clearly lower than at the teaching hospital, Rabia Balkhi in Kabul, which the team visited later. Both the hospitals were very busy; there were patients in all the corridors and in overcrowded rooms. Their families were camping outside the building. All the clinical sites had a number of activities relevant for the midwifery students so the students were gaining a lot of experience. They met women with normal pregnancies and birth, but also a big number of complicated cases coming from smaller hospitals, clinics or homes. They will also be taking part in all types of births and see different ways of assisting the women. We can not assess the quality of the actual teaching at the clinical sites, but the doctors and the midwives were very positive towards the students and the midwifery education. The older midwives told us that this new education was clearly much better than the ones they had attended in the early nineties. The Afghan Midwifery Association considers the clinical practise to be the biggest challenge in the midwifery education. (Many teachers in midwifery educations in Europe will say the same about their own educational programs).

### **Point 6**

The project is clearly sustainable in terms of socio-cultural factors and resources. But the MoPH do not have the financial capacity to sustain the project if the donor withdraws support. This is the situation in all of Afghanistan today. The team finds that this project is in accordance with the new FOKUS strategy strengthening women's rights and economic power.

## **OBSTACLES**

### **Security risks are the main obstacle for any evaluation team in Afghanistan today**

In Kabul the team felt free to meet and talk to all the people we wanted to meet. It was easy to meet with Afghan officials from the MoPH. It was also easy to arrange visits to hospitals both in Kabul and Jalalabad. The main problem was to reach midwives in the districts. To meet with midwives who were educated from earlier programs and were working in clinics in the districts were a challenge. The team-leader, together with the health advisor from NAC, managed to see four midwives, and interview three of them, in clinics in Nangarhar and Logar. The clinics were not really in remote areas, but they were outside the city and away from the main road. But it is a security risk to all participants to take a foreigner out in the district. We found that we could not travel any further and take more risks.

## **SECTION 3. CONCLUSIONS AND RECOMMENDATIONS**

### **The Hewad clinic**

We support continuing support to the Hewad Clinic for 2008 because they give service to poor women and children in Jalalabad and the nearest districts. We will strongly ask NAC and Hewad to reorganize the clinic to correspond with the guidelines from MoPH. Neither local nor foreign NGOs can ignore national plans which are vital to people's health. There is a lack of effectiveness and misuse of resources when the clinic is only open for four to five hours daily. The clinic should be open for 24 hours for at least part of the services, as the Emergency and Birth care. Hewad should also reorganize the physical structure of the clinic to provide better service for the patients.

The clinic is empowering women in a way that it gives work to 13 women. The clinic gives service to female patients and children under 15 years. One could argue that the health education and HIV/Aids information given, at least in theory, will strengthen the women with some information and possibility to choose a healthier life. The team is not convinced that the form of health information given is effective.

The project is fulfilling their objectives to a certain degree. Their services are limited due to short opening hours. Most of the objectives are difficult to assess due to their general nature and they are not quantifiable. The immediate objectives are not measurable. When it comes to activities and expected results for the year, most of the activities listed are established. But the evaluation team do question the quality of some of the services as the Emergency care.

### **The IHS Hospital Midwifery Education**

The team strongly recommends FOKUS to keep funding the midwifery education because this project is relevant to the major task that the Afghan society is facing in reducing maternal and child mortality. It is effective in enrolling students from different parts of the four provinces around Jalalabad and educating midwives. They have good standards of education which is evaluated by professional groups sent by the MoPH. The program gives education and secures job possibilities for young women. It empowers women and elevates their status in the family and in their society. It supports family economy in remote areas, where there are a few job opportunities for both sexes. The program and the stay in the teaching environment for two years gives the students better social skills which they bring back to their families which improve the situation in the family and also inspires other families to send their daughters to get the education.

We found that the projects objectives are being achieved. A total of 196 midwives have been educated as midwives from this program. Today 25 young women from the provinces of Nuristan, Kunar, Nangarhar and Laghman are enrolled. In interviews with midwives in hospitals and clinics in Laghman, Nangarhar and Wardak they told us that their colleges from the midwifery school were working. This means that the women can improve their own life and that of their children and families. "Education gives knowledge, respect and power", said one of the teachers.

We would like to see more women in the leadership of the Institute of Health Sciences. The teachers we met in the midwifery education were young and seemed very capable. They should be considered as part of the leadership for the institute.

## **Final remark**

FOKUS and NAC support health projects that are important and especially the midwifery program is part of the positive changes taking place in Afghanistan. The projects are not financially sustainable without support from international organizations. All the health system in Afghanistan is today absolutely dependent on foreign aid and will be so for many years to come. Afghanistan's MoPH has health plans and goals that are relevant and important to the health needs for their people. These plans are effectuated by a large group of foreign donors and international and national organizations. Adherence to national plans is fundamental in this situation; where many actors with different backgrounds and ideas have the financial power and the Afghan ministry lacks independent funding...

## **REFERENCES**

### **Documents from Ministry of Public Health, Afghanistan**

1. The Basic Package of Health Services for Afghanistan, 2005/1384. (Revised from 2003).
2. The Essential Package of Hospital Services for Afghanistan. (2005/1384).
3. Curricula for Midwifery Education Programs, both for Community Midwifery Education and Hospital Midwifery. 2004
4. National Reproductive Health Strategy 2006 – 2009.

### **Reports on Afghanistan, population, security and health**

1. <http://www.senliscouncil.net>
2. [www.USAID.org](http://www.USAID.org)
3. <http://www.cmi.no>
4. [www.rawa.org/UNICEF.htm](http://www.rawa.org/UNICEF.htm)
5. [www.cia.gov/publications/factbook/geos/af.html](http://www.cia.gov/publications/factbook/geos/af.html)
6. <http://www.who.int/en/> Safe Motherhood

### **Other literature**

- Rostami-Power, Elaheh. *Afghan women. Identity and invasion*. Zed books. London/New York 2007.
- Øvretveit, John. *Metoder for utvardering av helso- och sjukvård och organisasjonsförendringar*. Studentlitteratur. Sweden. 2001
- Rashid, Ahmad. *Taliban. Islam, oil and the new great game in Central Asia*. I.B.Tauris Publishers. London/New York.2000
- Shah, Saira. *The storytellers daughter*. Penguin Books. London 2004

Documents from FOKUS, strategy and annual reports.

NAC reports from the Hewad and Hospital Midwifery Education projects

## *Appendix 1: Terms of Reference*

- Mother and Child Health (MCH) Clinic, Health Education and HIV/AIDS Awareness Program TV-AiN-AFG-07
- Midwife Education GLO-06/281-14

### **I. PROJECT DESCRIPTIONS**

#### **1. Mother and Child Health (MCH) Clinic, Health Education and HIV/AIDS Awareness Program**

##### Project background:

Proper and even basic health care is not available for all the people in Jalalabad City, especially for women and children. Poverty is another major and general problem in the region, which has added to the poor health status of the people. Lack of adequate health education does also contribute to the health related problems. Experiences have shown that many families are not able to feed their children as needed. Poor feeding habits result in an increase of diseases among children less than five years of age. The MCH project is located in an area where women and children have greatly suffered from the negative consequences of war and conflicts in the country. Hewad is providing free health care services to the vulnerable population in the area, where the mortality rate among women and children is very high. The statistics show that 165 infant children/1000 live birth die and 260 under five-children/1000 live birth die in Afghanistan. Also 1700 women die per each 100,000 births in the country. In addition the population of the region has been suffering from different types of communicable diseases such as malaria, typhoid, diarrhea, TB, skin diseases, eye diseases, and other infectious diseases.

Under the coverage this project, widows and vulnerable women and children receive quality health care services. In addition, the clinic organizes health education and HIV/AIDS awareness activities.

The project is implemented by Hewad Reconstruction, Health and Humanitarian Assistance Committee, a long standing partner of the Norwegian Afghanistan committee (NAC). From 1997 – 2005 the project received financial support from NORAD. For the period 2006-2008 the project receives funding from the FOKUS' TV campaign fund.

##### **Long term objectives of the project:**

The overall development goal is to improve the very poor health status of the vulnerable women and children in the eastern region especially in Jalalabad City. In addition Hewad specifically target women and children residing in very remote areas of Afghanistan where there is little access to proper health service, education and other living facilities. Moreover, since the fall of the Taliban regime and the new political developments in the country, women got the opportunity to have a greater chance to work within the social sectors and benefit from the humanitarian aids delivered by the world community as well. Hewad provides health education, information, and service to women and children in order to improve their living conditions. With the financial support from FOKUS, Hewad also creates job opportunities for some women through this clinic and its other projects targeting women.

##### **Immediate Objectives:**

With the implementation of this project (clinic), Hewad wishes to achieve the following goals:

- To provide the women and children with free quality health care services.

- To provide Emergency Obstetric Care (EOC) services to the vulnerable women through MCH clinic.
- To control the communicable disease from spreading out to other part of the population.
- To improve general health status of residents of the targeted area.
- To decrease morbidity and mortality rates especially among women and children.
- To improve personal and environmental hygiene through timely health education.
- To increase awareness regarding health related issues among the community.
- To increase awareness regarding HIV/AIDS in the community in particular among those women who are being victimized by the negative effects from the war.
- To promote Family Planning concepts among the community.
- Encouraging women's participation to the social and development activities in the country.

**Target groups - direct and indirect beneficiaries:**

Hewad targeted 45 000 widows and other vulnerable women and children in the area as the direct beneficiaries. Additionally, the project staff members and their respective families will also benefit from the project.

**Geographic location:**

Hewad MCH clinic is located in Jalalabad city, but the clinic will also provide services to the needy people of other surrounding districts and villages where there are no female doctors or female medical staff available.

**Activities and expected results for the year (quantitative and qualitative):**

- Hewad will re-furnish/re-organize the clinic with provision of all necessary medical tools and equipments
- Employment of new required number staff for clinic.
- Provision of satisfactory OPD services to all the attending patients.
- To re-establish a vaccination point in the clinic and provided with all required materials.
- To screen and treat communicable diseases within all the project life.
- Establishing of emergency section in clinic for receiving emergency patients.
- To establish the EOC section in order to provide proper emergency assistance during the delivery of mothers at the clinic.
- To re-establish well-equipped dental section in clinic.
- To conduct health education sessions for women and patients attending clinic.
- Establishment of pharmacy section the in clinic for dispensing of medicines to out door patient as well as to in door patients.
- Establishment of Laboratory for the routine examinations in the clinic

**2. Midwife Education**

**Project background:**

Women and children most often have a higher burden of illness and death in all underdeveloped countries. While this is also true for Afghanistan, cultural practices often make the situation worse. Afghan women, especially in the rural areas, are often prevented from being treated by male doctors. At the same time, the country has an alarming lack of qualified female health personnel, which results from both war and cultural barriers that avert women from active participation in the work force. The project was established in order to increase the access to Mother and Child Healthcare for women residing in remote areas of the eastern region and to provide professional education and job opportunities as midwives for women from remote districts. With funding from NORAD/FOKUS,

NAC has supported education for midwives studying at the Intermediate Medical Institute of Nangarhar since 2002. The first batch of trained midwives graduated from the institute at the end of June 2005. The female graduates were the first ever to graduate as midwives in Afghanistan. Midwifery Education Program, Institute of Health Science, Nangarhar Public Health Hospital is the implementing partner.

**Long term objectives of the project:**

The overall development goal of the project is to improve the reproductive health status among Afghan women and children by assisting the Afghan authorities in their efforts to educate much needed female health staff. Moreover, being able to acquire professional skills within the health sector will strengthen the enrolled women's social and economical position in the Afghan society and being of "value" and "importance" both for their families and for the country as well as empower them personally.

**Immediate Objectives:**

- To support female students in their efforts to become qualified midwives.
- To enhance the technical and administrative capacity of the Nangarhar Institute of Health Science.
- To support the Ministry of Public Health in their task to produce qualified health workers
- To reduce the mortality rate among childbearing/delivering women and children less than five years of age by creating access to qualitative healthcare in remote areas of the eastern region.

**Target groups - direct and indirect beneficiaries:**

The students enrolled in the Midwifery Education Program will directly benefit from the project while a vast number of women and children in remote areas of the eastern region will indirectly benefit from the project in that they will receive greater access to healthcare. The whole region has a population of approximately 1,900,000 inhabitants.

**Geographic location:**

The midwife students are enrolled at the IHS in Jalalabad City, the provincial capital of Nangarhar Province located at the eastern border to Pakistan. However, NAC are also actively trying to enroll students from the remote areas of Nangarhar Province as well as from the remote areas of the neighboring provinces of Kunar, Laghman and Nuristan. The program will be supervised from the NAC regional office located in Jalalabad City and overall monitored and evaluated by the NAC central office in Kabul.

**Activities and expected results for the year (quantitative and qualitative):**

- The anticipated numbers of female students will get education in midwifery
- The courses will follow the standard curriculum set out by MoPH and the students' acquired knowledge will be tested in recurrent exams.
- NAC will provide salaries for the teachers tutoring at the midwife section at the Nangarhar Institute for Health Services. NAC will furthermore provide stationary and other needed equipment plus transportation cost for the students.
- NAC will continue to arrange English training courses for the students, which they follow during their free time.
- The NAC female MCH officer will continue to teach classes at IHS on a pro bono basis and give the female students moral encouragement.
- NAC will financially contribute to the midwife education and will supervise all financial transactions through the NAC Finance Department.
- The NAC Health Manager, Senior Health Officer and MCH Officer will monitor all activities on a regular basis and give medical technical assistance to IHS whenever needed.

- The NAC management will coordinate all efforts and support with other NGOs supporting other medical sections at IHS.
- NAC will continue its cooperation and continuous dialogue with the Afghan authorities on both a central and local level.

## **II. PURPOSE OF THE EVALUATION**

FOKUS has supported various NAC projects in Afghanistan since the early 1990s. Due to the political situation in Afghanistan, however, and particularly in view of the instability of the security situation, visits, assessments and evaluations of FOKUS supported interventions have been postponed and cancelled several times. An external evaluation of the ongoing FOKUS supported projects is hence initiated in order to receive advice regarding future cooperation with NAC in its work to improve women's situation in Afghanistan.

The evaluator team should bear in mind the administrative difficulties and changes NAC has faced during the last years (ref. 2004 evaluation report by Are Knudsen (CMI), Hamidullah Natiq and Sadiqa Basiri).

On the basis of the above, NAC and FOKUS have agreed to contract two external consultants who will evaluate the effectiveness, efficiency, relevance and results of the two projects currently supported by FOKUS.

The evaluation process is designed to provide information that will:

- Determine the degree to which the projects are likely to fulfil their objectives and results.
- Be constructive and useful for the cooperating parties by structuring experiences and providing lessons learned which can be used to strengthen and further develop the project.
- Promote learning among both cooperating partners, as well as other relevant parties such as local authorities, local NGOs, external donor NORAD and other relevant institutions.

## **III. SCOPE OF THE EVALUATION**

The following key questions should be (or have been addressed) addressed by the consultant:

### *1. Partner cooperation*

- 1.1 Mutual understanding and communication between Hewad and NAC and Nangarhar Institute of Health Science and NAC (interchange, mutual learning and added value).
- 1.2 Narrative and financial reporting
- 1.3 Financial issues: budgets and funding, accounts, auditing
- 1.4 In which way Hewad promotes female employees
- 1.5 Role of NAC Norway and FOKUS

### *2. Achievement of objectives*

- 2.1 To what extent have the projects' objectives been achieved or are expected to be achieved?
- 2.2 To what extent have the target groups been reached?
- 2.3. Which factors have promoted or impeded the implementation of the project?
- 2.4. Are there other institutions offering similar services?

### *3. Gender equality and women's empowerment*

- 3.1 In what ways do the project staff reflect on ‘gender issues’ related to providing midwife education/medical services for the local women?
- 3.2 What impact has these projects’ approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?
- 3.3 How do the projects improve the chances of the women involved to improve their own lives in terms of economic and social conditions and create chances for them to get involved in decision making processes?

4. *Infrastructure*

4.1. Are the available material resources (classrooms, housing facilities, clinic facilities, medical equipment and supplies etc) sufficient and appropriate for accomplishing the projects’ objectives?

5. *Assess the relevance of the education provided and services given*

Midwife education:

- 5.1 What is the motivation of the students for studying at the institute and what do they expect from their studies?
- 5.2 What do the students intend to do after finishing training at the institute and what do they actually do after finalizing the studies?
- 5.3. Are there any obstacles for female students in terms of difficulties with travel and living arrangements in order to be able to study and subsequently work?
- 5.4 Does the curriculum reflect the educational needs of the students and what are the consequences of the reduction of the study program from three to two years?
- 5.5 Does the training at the institute involve relevant social and medical skills needed for work in the communities in order to reduce the high mother- and child mortality rate?
- 5.6 Is the quality and quantity of the teaching aids and other educational materials appropriate for the achievement of the project objectives?
- 5.7 Are the teaching methods used appropriate to the needs of the students?
- 5.8. Do the teachers have adequate background and skills?

MCH clinic:

- 5.9. Assessment of the quality of the services provided in the MCH clinic
- 5.10 Are the medical personnel adequately trained?
- 5.11 Is the staff sensitive to women’s needs and issues of privacy?
- 5.12 Are there any obstacles for women to reach the clinic when needed and is the clinic staff sensitive to these issues?
- 5.13 Are the opening hours suitable for the women?

6. *Sustainability and perspectives*

- 6.1 Are the projects sustainable in terms of long-term financial sustainability and in terms of socio-cultural factors and resources?
- 6.2 Do partners have the financial capacity to sustain the benefits of the projects when donor support has been withdrawn? Is it possible for IHS type of project to be self sustainable?
- 6.2 Are the projects in accordance with the thematic priorities given in the revised FOKUS strategy 2009-2012 which stresses a more rights based approach?

#### **IV. EVALUATION METHODOLOGY**

**The aim** is to create a learning opportunity for all and to encourage self-evaluation for all participants. Both the processes and the results will be addressed, but effectiveness and impact are most important. Evaluative, analytical and participatory techniques will be used.

##### **Documents to be revised**

- Proposals and reports, both financial and narrative, for both projects
- National plans for primary health care and health educations
- National statistics on Maternal and Child
- The curriculum for the Midwifery education / National curriculum, if that is different from the one used at the school
- Documents used by the midwives in Ante-natal care and in the Hospital during birth

##### **Individual interviews with stakeholders**

###### NAC staff

- Ministry of Health (Department for Public Health/ Primary Health and Education)
- Health advisors in the Municipality of Jalabad/Nangarhar
- Administration of the Clinic and the School
- Doctors and Nurses in the clinic
- Teachers at the school
- Patients at the Clinic
- Midwifery students
- Midwives in the nearest hospital
- Midwives in the district clinics (as distant from Jalalabad as possible)
- Staff at the Midwives Association

##### **Group sessions**

- The staff at the clinic
- NAC staff
- The teachers at the school
- The students of the school

##### **Phase One: Preparation**

- |              |  |
|--------------|--|
| Purpose      | Develop ToR, select consultants, prepares project partners and develop the evaluation plan.  |
| Participants | NAC, Norway and Kabul, FOKUS and consultants.  |
| Deliverables | Evaluation workplan and schedule.<br>Description of project goals and results.<br>An initial list of evaluation questions (indicators) |

##### **Phase Two: Data collection and interpretation:**

- |              |                                      |
|--------------|--------------------------------------|
| Purpose      | Collect, analyse and interpret data. |
| Participants | Consultants                          |
| Deliverables | Develop final report outline.        |

Phase Three: Feedback and reporting.

Purpose	Prepare, validate and distribute the final assessment report
Participants	Consultant
Deliverables	Final report

## V. CONSULTANTS

One Norwegian (Norwegian & English speaking) female leader of the team with professional development evaluation and health background, who has extensive experience from Afghanistan and the capacity to collect all the material and write the evaluation report.

One local (English & local language speaking) consultant with extensive knowledge of Afghan society, culture and health situation, and with some knowledge of evaluation tools.

## VI. EVALUATION TIME TABLE

August-October: Preparatory phase: finalize Terms of Reference and nominate consultants, prepare workplan and schedule. Consultant develops methodology paper, including goals, indicators for evaluation & initial list of evaluation questions. Data collection starts by reviewing project materials provided by NAC and FOKUS and communication with FOKUS and NAC in Norway.

November: Fieldwork phase: Consultant travels to Jalalabad for approximately ten days for data collection, interviews, meetings and fact-finding. The consultant should also talk to the NAC office in Kabul.

December/January: Analysis of data, prepare outline of report and writing of report.

15 January: First draft submitted to FOKUS and NAC Norway and Kabul and Hewad for comments.

25 January: Final Comments from FOKUS, NAC Norway and Kabul and Hewad to be submitted back to consultants.

31 January: Final report in English submitted to FOKUS, NAC Norway and Kabul.

## VII. FINAL REPORT OUTLINE

The evaluation report should be brief and concise (not more than 20 pages excl. annexes) and include the following information:

- Executive summary (maximum 2 pages)
- Background, brief description of project, activities, NAC, HEWAD and FOKUS' roles
- Brief description of the target group and the beneficiaries
- Methodology of the assessment, objectives, criteria and indicators, methods used to evaluate.
- Presentation of findings and analysis of data
- Obstacles
- Conclusions and recommendations for NAC, HEWAD and FOKUS
- Annex of references, list of interviews etc

## Appendix 2: List of Interviews

### Interviews and meetings: Afghanistan

Date	Persons met	Title	Organization	Place
12 Nov	Saida Faiq Ayoobi	Safe motherhood Reprd.Health	MoPH	Kabul
12 Nov	Dr. Loudin	Director	IHS	Kabul
	Malalai	Leader of midwifery program	IHS	Kabul
	Dr Satar	Regional Deputy	IHS	Kabul
12 Nov	Dr. Alawee	Director Children & Adolescence	MoPH	Kabul
14 Nov	Amanullah Nasrat	Director	Hewad	Jalalabad
	Dr. Abdul Basit	Finance\Admin Manager	Hewad	Jalalabad
	Dr. Seema	Medical Officer	Hewad	Jalalabad
	Jamila Jan	Dentist	Hewad	Jalalabad
	Dr. Shukria	Medical Doctor	Hewad	Jalalabad
	Freshta	Midwife	Hewad	Jalalabad
15 Nov	Dr. Waheedullah.S	Director	IHS	Jalalabad
	Dr. Sayed Afandi	Focal point	IHS	Jalalabad
	Dr. Khalilullah Aman	Admin Deputy	IHS	Jalalabad
	Palwasha	Teacher midwife	IHS	Jalalabad
	Soghla	Teacher/ midwife	IHS	Jalalabad
	Najia	Teacher midwife	IHS	Jalalabad
	Basira	Teacher midwife	IHS	Jalalabad
	Wahida	Teacher midwife	IHS	Jalalabad
	Dr. Razia	Medical Doctor	IHS clinic	Jalalabad
17 Nov	Dr. Fazal Ilahi	Regional Officer	IMCI	Jalalabad
	Dr. Zarmina	RH Officer	MoPH	Jalalabad
18 Nov	Dr. Ajmal Pardes	Provincial Health Director	MoPH	Jalalabad
	Dr. Baz M. Shirzad	PHD Deputy HIV AIDS Focal Point	MoPH	Jalalabad
20 Nov	Dr. Nazeefa Dost	HMIS Senior Officer	NAC	Kabul
	Dr. Tor Khan Shirzad	Health Manager	NAC	Kabul
21 Nov	Marina Coblentz	Program Advisor	NAC	Kabul
	A.Jamil Noori	Finance Manager	NAC	Kabul
23 Nov	Murida	Midwife	KAKAS clinic	Laghman
23 Nov	Pashtana	Midwife	Brac Clinic	Nangarhar
23 Nov	Asri Gul	Midwife	Volunteer Afghan Doctors	Jalalabad
25 Nov	Feroza Moshtari	Vice president	Midwife Ass.	Kabul
	Zamarai Ahmadzai	Country Director	NAC	Kabul

## Appendix 3: Interview and answers

QUESTIONS FOR ADMINISTRATION AND STAFF AND PATIENTS AT MCH CLINIC.  
HEWAD. HIV /AIDS awareness Programs

### Immediate Objectives:

With the implementation of this project (clinic), HEWAD wishes to achieve the following goals:

- To provide the women and children with free quality health care services.
- To provide Emergency Obstetric Care (EOC) services to the vulnerable women through MCH clinic.
- To control the communicable disease from spreading out to other part of the population.
- To improve general health status of residents of the targeted area.
- To decrease morbidity and mortality rates especially among women and children.
- To improve personal and environmental hygiene through timely health education.
- To increase awareness regarding health related issues among the community.
- To increase awareness regarding HIV/AIDS in the community in particular among those women who are being victimized by the negative effects from the war.
- To promote Family Planning concepts among the community.
- Encouraging women's participation to the social and development activities in the country.

### Achievement of objectives

*How do they measure and find if they have reached these objectives. For example: How to decrease morbidity and mortality rates among women and children?*

They can not know this because from start of 2007 till date they had only 44 patients, (delivering mothers) the number is too small for getting any statistics. But they send their data to the Ministry of Public health.

### H

*To what extent have the projects' objectives been achieved or are expected to be achieved?*

Answer: They think they have over achieved their objectives. In the basic package of health services, MCH is not included, but HEWAD has got special permit due to urgent need of areas people.

*Target groups: 45000 widows? How do they know its 45000?*

Answer: Little unclear explanation here, but at the end they mentioned that it is maybe 45000 visits not widows or number of women.

### *What do vulnerable women mean to them?*

Answer: Women with poor economy, poor houses, with addicted or disabled husbands, widows, and women with husbands away from home.

### *To what extent have the target groups been reached?*

Answer: The target has been over reached, but the team still has to check the numbers.

Which factors have promoted or impeded the implementation of the project?

Answer: not any particular impeding factor, everything well.

Are there other institutions offering similar services?

Answer: No there are no other institutions offering similar services.

### **Activities and expected results for the year (quantitative and qualitative):**

#### ***Check if these results are reached***

- HEWAD will re-furnish/re-organize the clinic with provision of all necessary medical tools and equipment: **Yes**
- Employment of new required number staff for clinic. **Yes 2007 four new employees**
- Provision of satisfactory OPD services to all the attending patients. **Yes**
- To re-establish a vaccination point in the clinic and provided with all required materials. **Yes**
- To screen and treat communicable diseases within all the project life. **Yes**
- Establishing of emergency section in clinic for receiving emergency patients. **Yes but not easily accessible, second floor with steps.**
- To establish the EOC section in order to provide proper emergency assistance during the delivery of mothers at the clinic. **Yes, but outside FOKUS budget.**
- To re-establish well-equipped dental section in clinic. **Yes**
- To conduct health education sessions for women and patients attending clinic. **Yes**
- Establishment of pharmacy section the in clinic for dispensing of medicines to out door patient as well as to in door patients. **Yes**
- Establishment of Laboratory for the routine examinations in the clinic. **Yes**

### **Partner cooperation**

Mutual understanding and communication between HEWAD and NAC and Nangarhar Institute of Health Science (IHS) and NAC (interchange, mutual learning and added value).

### **Narrative and financial reporting**

#### ***What is being reported? Can we see a narrative report for 2006 and 2007?***

Most of communications through email. They send financial reports and activity reports quarterly to NAC Kabul and to the ministry of public health. All copies of reports are available in the office.

Are there common meetings to discuss yearly reports between Jalalabad and NAC Kabul?

NAC Kabul is writing project proposal in consultation with HEWAD. There is an annual committee coming from NAC Kabul to HEWAD to discuss end results of the year.

#### ***How often do the NAC Health admin come for visits to Jalalabad?***

The New health coordinator has been with NAC for two months, and within this time he has been to HEWAD four times. These visits were not registered in the visiting book since February.

### **Financial issues: budgets and funding, accounts, auditing**

#### ***How are the funds transferred from Kabul NAC to HEWAD?***

Via National Bank of Pakistan every quarter of the year. All financial documents regarding these transfers were present and checked by the team.

Who is making the budget?  
The staff of HEWAD and sent to NAC for suggestions.

***Are there other NGOs involved in any of the HEWAD projects?***

Yes, HEWAD has agriculture projects, engineering projects, and other health projects elsewhere. They are registered with MOPH, Ministry of Women affairs, Ministry agriculture, it is also member of Women's Network It has projects, Mepo, WHO, WFP, UNICEF, UNHCR, MOPH and MRRD.

***Is the HEWAD account audited in Jalalabad***

So far the audit has been carried out in Kabul NAC, by Rafqat Babur & Co. But HEWAD want to have their own audit at the end of 2007 and next year.

Support from the ministry of health: 6000 AFS for two vaccinators monthly.

They do not know anything about expat staff travelling costs.

**Gender equality and women's empowerment**

***In which way do HEWAD promotes female employees***

They have 14 female staff out of 18 which is good indication that they are giving priority to women.

***Are there women in the leadership of the organisation?***

For the clinic one male/ and one female in the leadership. Out of seven directors, 3 are female in Hewad as a whole.

In what ways does the project staff reflect on 'gender issues' related to providing medical services for the local women?

All services are for local women clearly.

What impact has these projects' approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?

The fourteen female members all have the job, salary and there fore some power in the society. It also gives some empowerment to the female patients through health education to take the decision of coming to the clinic and bringing other family members.

How do the projects improve the chances of the women involved to improve their own lives in terms of economic and social conditions and create chances for them to get involved in decision making processes?

The above answer applies here too.

**The Role of NAC Norway and FOKUS**

***Do HEWAD know the background /ideology of the Norwegian organisations?***

Yes, they knew NAC, they new FOKUS was working for women in many parts of the world, and that FOKUS paid for a women doctor travelling to Thailand in for a health workshop.

Have there been any visits from Norway NAC before?

Yes, by deputy director, and general secretary, and last visits by Linda, and Noor Saba

## **Sustainability and Perspective**

### ***Are the services free or there are some contribution from patients?***

The patients are paying 2Afs for registration for each visit and 20% of medicine costs, except, malaria, TB, and Contraceptive and iron are free, and free mosquito net for pregnant women.

## **Quantifications**

### ***Number of patients daily in the clinic during the last month?***

OPD, two doctors had 16775 patients till Nov 18 from 1<sup>st</sup> Jan 2007.

Dentist had 1872 extractions and 1323 fillings for patients with dental problems.

How many male? Only male children under 15.

How many female?

Check the register for one day or more and see what the diagnoses are?

How many deliveries daily? Monthly?

Total since beginning January 2007, it was 44.

For family planning in 2007 till Nov 13<sup>th</sup>, 238 patients.

114 inject able, Depo-Provera , 116 pills, 14 condom, 3 IUD.

Emergency/dressing room for the month of Oct 2007. 97 patients. 28 were under 10 male, 5 was under 5 year female, and the rest was women.

## **Assessment of the quality of the services provided in the MCH clinic,**

### **Check and note the quality**

#### ***Is there waiting room available?***

Yes and covered with Roof and benches available. They have improved their referral system after from comments from MOPH, so now they have referral sheets given to patients to take to the hospital.

#### **We should have a copy of Dr. Sherzads email sent to Hewad in Sept.**

There was no exemption letter present to say that they could continue as MCH.

#### ***Is the Staff available and friendly?***

Yes, the patients said so too, and they looked very nice and friendly.

Documentation:

We checked the registration book for the OPD and we found that under diagnosis there were among the adults a big group was diagnosed as (other). The treatment for these other diagnosis was very often a type of antibiotics. They explained that they have done this because of the tally sheet and they were told to do IHS by MOPH supervisor, but the year before, they had done it rightly writing specified diagnosis.

#### ***Is the Clinic fully equipped?***

Yes, but simple and basic but clean. There are wash basins with running water in any of the offices, there is just a tab in the toilet and a container with running water outside the dentists office with

soap. Infection control also was there in (emergency) family planning room. The system is according to the standard.

***Number of staff? How many nurses, midwives and how many doctors?***

18, 1 nurse, 2 midwife, 1 dentist, 1 dispenser, 2 vaccinators, 1 lab technician (male), 2 doctors, 1 financial officer (also medical doctor), 2 health educators, 1 receptionist (dental assistant) 2 cleaners, 2 guards (male)..

- Antenatal care , **yes**
- Natal care, **yes**
- Post natal care, **yes**
- Dental care, **yes**
- Labour room for normal and assisted deliveries, (**vacuum**)
- Laboratory services, **yes**
- Free and subsidised (only 10% of actual price) medicine, corrected to 20%. They are not using the essential drug list, they buy drugs from the registered pharmacists, but this is not the same as buying from the registered companies.
- OPD services for other diseases for example acute respiratory tract infection, diarrhoea, sore throat, **yes**
- Vaccination against the six killing diseases in children and TT vaccination to women of childbearing age. **yes**

**Questions for the STAFF**

***Are the medical personnel adequately trained?***

Yes they are.

***Doctors-Did they attend any training courses? When and where?***

Yes they attended trainings in 2006 and 2007. For example malaria in 2007, TB in 2006, gender training in 2007, vaccinators were both trained this year. Two midwives were graduated in 2006. Capacity Development Program from USAID training was also attended by Admin/ financial officer.

***What kind of training have they received?***

Answered above

***When was the last training?***

Answered above

***Which midwifery and nursing programs are the midwives nurses educated from and how many years of education?***

2 were nurse/midwife with three year education, 1 was from community midwifery with 18 months education.

**Questions about the PATIENTS**

***What type of info is given post partum to the patient?***

Breast feeding, bleeding, fever, family planning.

***Is the staff sensitive to women's needs and issues of privacy?***

Yes they are to a great extent. For example not informing mother in-law about contraceptive and TB.

***What types of documents are used during ante-natal care?***

They have standard charts from ministry, and they use partographs. And birth protocol in the delivery room.

***Do they use Partograms for the labour?***

Yes

***Do the patient rooms have partition curtains to secure privacy?***

It was not necessary because the room was small and for only one patient at a time.

***Where do the patients get the HIV/AIDS test? If in the clinic, is privacy ensured?***

No, but they are planning to.

***Did they ever find a patient with positive HIV/AIDS? If yes, what was the advice?***

No. But they know where they should refer them patient if they suspect one.

***Are there any obstacles for women to reach the clinic when needed and is the clinic staff sensitive to these issues?***

Easy access, but short opening hours, 8am to 1pm.

***Do the staffs mobilize community health workers if the patient has a problem to come to the clinic?***

Yes their health educators are mobilized on daily basis.

***Is the clinic open for 24 hours? If not: Are the opening hours suitable for the women?***

No, only open for 8am to 1pm, but only one person is in the hospital from 1 to 4pm, then the clinic is closed all together.

***How does the clinic organize health education and HIV/AIDS awareness activities?***

The health educators are informing waiting patients on daily basis by using of flip charts and posters, and also they have home visits.

***How often and what type of material are being used? How many participants attended and when was the last time they had the awareness event?***

See above answer. Around fourteen patients were setting in the waiting area at the same time.

### **Direct Questions for the patients**

Describe Type of patient:

One old women following her pregnant and they came from 20km away. And there was another woman accompanying her 4/5 year old daughter who had skin problem in her head. They preferred this clinic much over the ones that are present in their own districts because it is very cheap and the staff is female and friendly.

Is this the first time the patient is here or has she been here before?

They have been there before.

Is the patient pleased from the service?

All the patients we talked to were very pleased.

If mother with small child: What info has she received about breast feeding?

Yes a mother with 5 months daughter (twins), she was pleased from the clinic services and staff, she had info about breastfeeding but she was giving also some traditional homeopathic medicine too to her children. (Zoof) and (Morinaga) dried milk powder which is especially for kids. The baby looked small and yellowish pale.

If the baby is less than six months: Ask about the baby feeding in the last 24 hours?

Answer above.

If she is pregnant, did she get info about danger signs? Which ones?

Yes, five month pregnant lady, third visit to clinic. She was happy with services and the staff, she was informed that if her water broke, bleeding, or had severe pain, she has to visit a doctor.

**The Teams findings, conclusions:**

Good active cleaning, simple basic, many services, very short opening hours especially for delivery services. It is a good project, but the projects proposal should in accordance with real life in clinic. It is a mid size clinic, more services than CHCs, for example they have dental clinic and comprehensive health clinics do not have that. We met at least 6 patients who came from very far away places; one even came from a different province because they are happy with the services and female staff here. But Hewad and NAC should have a closer coordination with the ministry of public health and follow the standards.

We have their drug list and we have to compare it with essential drug list. We also have their salary sheet.

### **Questions for Hospital Midwifery School. Administration, students and teachers**

#### 2. Midwifery Education

##### **Project background:**

Women and children most often have a higher burden of illness and death in all underdeveloped countries. While this is also true for Afghanistan, cultural practices often make the situation worse. Afghan women, especially in the rural areas, are often prevented from being treated by male doctors. At the same time, the country has an alarming lack of qualified female health personnel, which results from both war and cultural barriers that avert women from active participation in the work force. The project was established in order to increase the access to Mother and Child Healthcare (MCH) for women residing in remote areas of the eastern region and to provide professional education and job opportunities as midwives for women from remote districts. With funding from NORAD/FOKUS, NAC has supported education for midwives studying at the Intermediate Medical Institute of Nangarhar since 2002. The first batch of trained midwives graduated from the institute at the end of June 2005. The female graduates were the first ever to graduate as midwives in Afghanistan. Institute of Health Science, Nangarhar is the implementing partner for the Midwifery Education Program,

##### **Long term objectives of the project:**

The overall development goal of the project is to improve the reproductive health status among Afghan women and children by assisting the Afghan authorities in their efforts to educate much needed female health staff. Moreover, being able to acquire professional skills within the health sector will strengthen the enrolled women's social and economical position in the Afghan society and being of "value" and "importance" both for their families and for the country as well as empower them personally.

**Question:** *Considering graduated students, do you think the long term objective has been achieved? For example: how many are employed now, how much are the salaries?*

**Answer:** Since the start (2002) they have graduated 196 students. The target of MOPH is to produce 8000 midwives in all over Afghanistan by 2010, now there is 2000 so far.

Midwives gain the training and the profession simultaneously which will give them higher status in the household, and community. They get income and also respect from the society which will not only influence their own immediate family members but also the other members of the society for example some families who were not willing to send their daughters to get the education will do so now. Today 90% of the midwives are employed. For example between 10 to 12 midwives are back in Nuristan province.

##### **Immediate Objectives:**

- To support female students in their efforts to become qualified midwives.

Yes

- To enhance the technical and administrative capacity of the Nangarhar Institute of Health Science.

The teachers and administration get different types of training, for example, they have been to leadership and management training, family planning, TOT.

- To support the Ministry of Public Health in their task to produce qualified health workers

Yes

- To reduce the mortality rate among childbearing/delivering women and children less than five years of age by creating access to qualitative healthcare in remote areas of the eastern region.

National health assessment survey by John Hopkins is a comprehensive survey; they surveyed 25 places in one province in a month. Out of this 25, 15 BHC, 7 CHC, and 3 district hospitals.

Infant mortality rate in 2003 it was 161/1000, now in 2007 its 130/1000.

**Question:** Do you think you are reaching these immediate objectives, and can u give us examples to

each of the above points? **Answer as above**

Target groups - direct and indirect beneficiaries: The students enrolled in the Midwifery Education Program will directly benefit from the project while a vast number of women and children in remote areas of the eastern region will indirectly benefit from the project in that they will receive greater access to healthcare. The whole region has a population of approximately 1,900,000 inhabitants.

#### **Geographic location:**

The midwife students are enrolled at the IHS in Jalalabad City, the provincial capital of Nangarhar Province located at the eastern border to Pakistan. However, NAC are also actively trying to enroll students from the remote areas of Nangarhar Province as well as from the remote areas of the neighboring provinces of Kunar, Laghman and Nuristan. The program will be supervised from the NAC regional office located in Jalalabad City and overall monitored and evaluated by the NAC central office in Kabul.

**Question: Do they have students from Laghman, Kunar and Nuristan, and Nangarhar?**

**Do the students go back to their original places after graduating?**

Yes students coming from Laghman, Kunar, Nuristan, and remote areas of Nangarhar.

They have some of kind of guarantee letter from these students that they once finished they will go back to their original communities to work.

Midwives students of IHS should be graduates of 12<sup>th</sup> grade generally, but the ministry has given Nangarhar permission to exempts from this because there is not many 12 year graduate in Nangarhar and the students from “Kankor exam” are not willing to come for example from Herat and Mazar to Jalalabad.

**Activities and expected results for the year (quantitative and qualitative):**

- The anticipated numbers of female students that will get education in midwifery

**Answer: 25 right now**

Note: Information from NAC, in 2002 to 2005, 70 enrolled 61 graduated  
003 to 005 40 enrolled, 25 graduated.  
004 to 006, 20 enrolled, and 36 graduated.  
005 to 007, 25 enrolled, and 23 graduated.  
006, 25 enrolled, they are still here.

- The reason from “drop out from the program?

Answer: failed in more than three subjects. They students are allowed to take the exam again the next year. No favouritism could be played because only codes were used in exam papers not names. There is strict exam condition.

- The courses will follow the standard curriculum set out by MoPH and the students’ acquired knowledge will be tested in recurrent exams.

Yes and any change will be discussed with central committee.

- NAC will provide salaries for the teachers tutoring at the midwife section at the Nangarhar Institute for Health Services. NAC will furthermore provide stationary and other needed equipment plus transportation cost for the students.

From 2007 NAC has been providing everything for the program, from 2002 until 2007 they provided every thing except accommodation. AMC was providing accommodation at that time.

- NAC will continue to arrange English training courses for the students, which they follow during their free time.

Yes NAC is arranging English and Computers courses. They had 10 computers sets.

- The NAC female MCH officer will continue to teach classes at IHS on a pro bono basis and give the female students moral encouragement.

This was before 2006. Now the NAC have closed the office in Jalalabad.

- NAC will financially contribute to the midwife education and will supervise all financial transactions through the NAC Finance Department.

Yes

- The NAC Health Manager, Senior Health Officer and MCH Officer will monitor all activities on a regular basis and give medical technical assistance to IHS whenever needed.

Yes at least once per month

- The NAC management will coordinate all efforts and support with other NGOs supporting other medical sections at IHS.

IBN SINA is supporting the nursing school, SCA are supporting a community midwifery program that will finish in December and all of them will be employed. IMC is now responsible for Nuristan.

- Did the midwifery program since its start get any support from other NGOs except NAC?

No, not since 2007

- Are there other sources, such as ministry? Other NGO helping towards the program?

The ministry owns the building, electricity partially. They do not provide any money for the program. IHS says that the teachers do not get any salary from the government but there is a process (PRR) that will start beginning of next year where they will possibly a small salary, but the process will take time, may be more than a year.

### **Partner cooperation**

Mutual understanding and communication between the Nangarhar Institute of Health Science (IHS) and NAC (interchange, mutual learning and added value).

### **Narrative and financial reporting**

#### ***What is being reported? Can we see a narrative report for 2006 and 2007?***

Quarterly financial and Activity reports are sent to NAC Kabul every three months. We saw the financial report of the first three months of the year. We saw the budget and original receipts and transfer orders, all stamped and signed, the expenditure for the first three months of 2007 was 559830 AFS. And there was Quotations for purchases more than 5000 AFS.

Are there common meetings to discuss yearly reports between Jalalabad and NAC Kabul?

Yes consultations about budgets proposals coming from Jalalabad to NAC.

How often do the NAC Health admin come for visits to Jalalabad?

At least once a month, the new health admin has been 3 times in two months.

#### **Financial issues: budgets and funding, accounts, auditing**

How are the funds transferred from Kabul NAC to IHS?

Via National Bank of Pakistan

Who is making the budget?

IHS staff and send to NAC for consultation. IHS was not aware that there was money available at the end of 2006 that should have been spent.

Are there other NGOs involved in any of the IHS projects?

Is the IHS account audited in Jalalabad **No, its audited in Kabul NAC.**

#### **Gender equality and women's empowerment**

In which way do IHS promotes female employees

Midwives are women, 20 female employees in midwifery, 2 men,

#### ***Are there women in the leadership of the organisation?***

1 out of 4. Basri who is also representative of AMA, Afghan midwifery association.

In what ways does the project staff reflect on 'gender issues.

Answered above.

What impact has these projects' approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?

Answered above

How do the projects improve the chances of the women involved to improve their own of economic and social conditions and create chances for them to get involved in decision making processes?

Answered above

### **The Role of NAC Norway and FOKUS**

***Does IHS know the background /ideology of the Norwegian organisations?***

Yes, FOCUS is a women organization working for betterment of women around the world; they have helped financially two of their midwives to Thailand for a workshop.

Have there been any visits from Norway NAC before?

Yes, Marina Kabul, Linda and Noor Saba.

**Sustainability and Perspective**

***Are the education free\_or there are some contribution from the students?***

There is no financial contribution from students, all is covered by the program. Students are having some duties in the hostel kitchen and to keep their rooms tidy.

What is covered by students, for example transportation, books,

**NO**

4. Infrastructure

4.1. Are the available material resources (classrooms, housing facilities, clinic facilities, medical equipment and supplies etc) sufficient and appropriate for accomplishing the projects' objectives?

**Performance Standards**

1. The school has the basic infrastructure to function effectively.

General study hall for all the students, open until 4 pm, lots of chairs and tables and good books and three rooms for group work.

2. The school facilities are clean.

Yes

3. The school compound is safe and secure.

Yes

4. Classrooms are comfortable and properly equipped for teaching.

Yes

5. The learning lab is properly equipped for practical learning sessions.

Yes

6. The learning lab is accessible for independent practice.

Yes

7. The leaning lab's anatomic models are in functional state.

Yes very good

8. The library space is appropriately equipped and organized.

Yes

9. The library has appropriate reference materials.

Yes

10. The library is open to students on demand.

Yes

11. The hostel (dormitory) is adequately furnished and suitable for women with small children.

Yes, very simple and basic, but clean and nice. Capacity for 60 persons. All students had access to mobile phone with free credit. Visiting room for family outside the hostel. An honest guard.

12. The nutrition meals are provided to students.

Yes

5. Assess the relevance of the education provided and services given

## TEACHERS

Midwife education:

What is the motivation of the students for studying at the institute and what do they expect from their studies?

They are all interested to serve their families and communities who are in help and they also get support of their families.

What do the students intend to do after finishing training at the institute and what do they actually do after finalizing the studies?

They want to go back to their communities and start working. Most of them work. A small number of them are not allowed after the wedding.

Are there any obstacles for female students in terms of difficulties with travel and living arrangements in order to be able to study and subsequently work?

No problems, the students go and visit their families on national holidays or in case of events, positive or negative, but other than that not. Students with children are mostly from Nuristan and Laghman and their husbands come to meet them some times.

Does the curriculum reflect the educational needs of the students and what are the consequences of the reduction of the study program from three to two years?

Yes, but some of them say that they should have the right to prescribe some drugs and should be taught how to do that.

Does the training at the institute involve relevant social and medical skills needed for work in the communities in order to reduce the high mother- and child mortality rate?

Yes, 1700/100000 is the maternal mortality now but the goal is to reduce. The midwives know the drugs, how it works, she has all types of info to reduce the mortality rate. They rarely see women dying in the hospital in the last two years.

Is the quality and quantity of the teaching aids and other educational materials appropriate for the achievement of the project objectives?

Everything is here, enough.

### ***Are the teaching methods used appropriate to the needs of the students?***

It used to be only lectures first, but now they are using group works, brainstorming, role play and a method called effective teaching skills (ETS)

Do the teachers have adequate background and skills?

Yes, there were six teachers there, 1 was a medical doctor, 1 graduated in 2000, she has practice from HEWAD and Emergency maternity care (EMC) and she was a teacher from 2003. The responsible lady for dormitory had finished in 2005. Three were graduated from 12<sup>th</sup> grade; they had to do 20% clinical work according to policy.

## STUDENTS

Midwife education:

Where do the students come from, geographical location.

There were 23 students present, one absent, one wedding leave. Three from Nuristan, 2 from Besood, 4 from Shinwari, 8 from Kunar, 2 from Khogiani, 2 from Laghman, 1 from Sorkhrod, 1 from Kama, 1 from Wardak, 1 from Tora Bora.

***What is the educational background?***

All students graduated from 10<sup>th</sup> Class. 4 of the students were married with children.

What is the motivation of the students for studying at the institute and what do they expect from their studies?

Self interest, to decrease the high mortality rate of women and children, they come from remote areas where there were no midwives and they had relatives who had died so the problem was close to them and are willing to go and work in their communities.

What do the students intend to do after finishing training at the institute and what do they actually do after finalizing the studies?

All go back to their homes states where they have come from. E.g. one was going back to Barge Matal in Nuristan and the ones from Besood were willing to go back to Besood.

Are there any obstacles for female students in terms of difficulties with travel and living arrangements in order to be able to study and subsequently work?

Not really, but one student from Kunar was saying that it was too far away. It is easy for them to contact their families because there is a free mobile for students to talk to their families.

Does the curriculum reflect the educational needs of the students and what are the consequences of the reduction of the study program from three to two years?

Yes, the curriculum is good. It has been compared it to the curriculum's before, and it is more detailed and better.

Does the training at the institute involve relevant social and medical skills needed for work in the communities in order to reduce the high mother- and child mortality rate?

Whatever we learn from here we can apply in practice, well prepared, three times check out at the skill lab, they felt they were well trained for real life practice. And practical work daily. They leant social skills like secure privacy for women and to give support to the women.

Is the quality and quantity of the teaching aids and other educational materials appropriate for the achievement of the project objectives?

Everything is here , enough. They divided into groups to attend the computer class each group got to attend each computer class twice a week at least. They learn also some English.

***Are the teaching methods used appropriate to the needs of the students?***

The students are satisfied with the teachers, but they mentioned that their teacher's salaries are too low; they were worried that the teachers were going to find better paid jobs and leave the midwifery school.

***Do the teachers have adequate background and skills?***

They were satisfied with their teachers.

Report from Lecture:

The topic was a newborn baby with Asphyxia. We came in the middle of the lecture, the teacher was demonstrating on a doll, how to support the breathing of the baby with an ambo bag. Then the students were divided into four groups and were given tasks to discuss a case concerning the same situation. The students were all familiar with this system of teaching method.

List of employees with Salaries and list of enrolled and graduated students were provided to the team by the director of IHS.

**Conclusion:** The project looked very organized and equipped. The team's opinion is very positive towards the education and IHS team. The director seemed straight and hard working and honest. The teachers and lab seems very smart and well done. The clinical sites were a bit tight and tough but standard for Afghanistan.

We had visits to two clinical sites, emergency obstetric care at the ministry of public health, and the University of teaching hospital under the ministry of higher education. We were received very nicely by both sites and showed all facilities. In university hospital we also saw the new natal ward, the rooms were warm, and the mothers were there. We saw a mother may be aged 16 to 18, she had already 3 babies at home, she was in the new natal room with her premature son, who also had twin who had died.

### **Info from Provincial Health Director, MoPH Jalalabad, Nangarhar**

#### **Dr. Ajmal Pardes**

He had no complaints from midwifery education, he said that the program is very useful. It is motivating women on many levels, it gives salaries and work. Afghanistan needs support for these programs.

IHS comments on Hewad.

- Hewad is not a part of the new system, BPHS, they do not use the standards of the MOPH, either they do not come to the NGO meetings or they send some one who are not in a decision making position.
- There was no transparency about funding; officially he was not informed that Hewad was receiving funds.
- He thought that the Quarterly Financial and Activity reports should be sent to the ministry on quarter basis.
- NAC have no contacts in Ministry in Jalabad.
- Hewad do not use the essential drug list, they are hiring people with poor documents, for example students from Pakistan that could be false.
- Other NGOs are following ministry's rules and regulations such as BRAC, Health Net, IMC, UMCA and many others. They all fully respect the ministry's rules and restrictions.
- Hewad should be a CHC, not a MCH; it should be 24 hour open and start treating male patients too.
- Hewad does not have good disinfection methods. It does not have incinerator so how do they dispose sharp objects like needles.

### **Deputy of PHD and focal point for HIV/AIDS**

#### **Dr. Baz Mohammad Sherzad**

He said in the eastern region they had 3 provincial hospitals, 21 CHCs, 54 BHC and they are building 13 sub centers that are in the process.

Inside Jalalabad there are 6 districts, and each district should have one clinic and Hewad is one of them. He had very little info about Hewad activities regarding HIV/AIDS. He had asked in the NGO meetings all the NGOs if they had something about HIV/AIDS, but Hewad had kept silent, only SCA and UNICEF.

MOPH has a centre named VCCT and if Hewad wants funding for HIV/AIDS, they should come there. Why is Hewad no opened for 24 hours, they are not following the CHC rules, they are given all types of documents and standards if they ask for it. They are in contact everyday since they are getting vaccines from the ministry on daily basis.

So IHS conclusion was that this clinic should follow the MOPH strategy and be open 24 hours and start treating male patients too.

NAC headquarter Kabul

### ***QUESTIONS FOR Health Department in NAC headquarter in Kabul***

#### **Back ground of staff being interviewed**

Name: Dr Nazifa Dost

Position: HMIS (Health Management Information system) senior officer

Education: MD (Medical Doctor) from Nangarhar Medical faculty

How long have they worked with NAC?

Jan.2006, for one and half year as MCH officer, from Feb, 2007 as HMIS senior officer

Q. how do you see your strategic role in the Afghan health sector?

Using mixed strategy of NAC and MOPH. Since MOPH developed the new strategies by the name of BPHS and EPHS, so we are implementing the BPHS. But there are no discriminations for us to work in rural areas of Afghanistan. NAC working in very insecurity and remote areas of Afghanistan but due to good strategies that we have and use we do not face problems in the field

Q. how do you see your partners (Hewad and IHS) in Jalalabad role in the new Afghan health system?

I am very satisfy with there work , from the reports that I receive from them in regular based I analyze and I am very happy from them because they really work hard to reach the targets, we set some targets for them and we can see that they are some time near to the target or have crass the targets.

Q. Which meetings regarding health arranged by NGOs or ministry of health, do NAC participate in?

E.g. which meetings you have participated in 2007?

Yes we do like NTCC (National Technical Coordination Comity) meetings.

BPHS related meetings, HMIS related meetings, HSSP (Health Service Supporting) and MSH meetings

Q. Which meetings have you attended with UNICEF & WHO which are relevant to the project in Jalalabad?

Yes, not only we but we also invite partners from Jalalabad if it is needed to attend the meetings

Q. When did the NAC office in Jalalabad close? How has this affected the follow up of projects in Jalalabad? **Was about 2005 but I am not sure about it. Yes I think it was in 2005. Not affected the follow up much because of email and 2times visit of Dr. per month.**

Q. How do NAC assist in capacity building of their partners?

By providing the on job training, other trainings like leadership, managements, TB (DOTS) training, EOS and Reproductive Health related trainings

Q. How does NAC coordinate with the Ministry of Public Health in Kabul and Jalalabdad?

Attending meetings, supervisions, and some trainings from MOPH to our Partners (HEWAD and IHS)

### 1. *Partner cooperation*

Mutual understanding and communication between HEWAD and NAC and Nangarhar Institute of Health Science (IHS) and NAC (interchange, mutual learning and added value).

Q. How is the coordination with implementing partner and NAC regarding proposal writing and strategy plans for these two projects?

Information is coming from field and analysis of information is happening in office but if there is a problem NAC will call them and will solve the problem. Mostly it is not big problems with HEWAD and IHS, for proposal writing it is the responsibility of line manager and senior HMIS officer is assist him, proposals are drafted in Jalalabad and it will be edited in NAC Kabul by health manager

Q. Do you know the background info about Hewad and IHS?

Yes, Mr Aman Nasrat is the one who started the HEWAD.

Q. Are you satisfied with their performances?

Yes very satisfied

Q. Are there common meetings to discuss yearly reports between Jalalabad and NAC Kabul?

Yes we are going for supervision in regular based according to our plan at least once in a month but some time it we also meet them based on need.

Q. How are the NAC routines when it comes to visits to the projects in Jalalabad?

Supervision and need based meetings; the health manager is responsible to meet with both partners and PHD (Provincial Health Director)

### 2. *Achievement of objectives*

Q. To what extent have the projects' objectives been achieved or are expected to be achieved?

We set some targets for them and we receive quarterly reports from them after analysis of the reports we found that some time they cross the targets, that is why I am very satisfied with their works

Q. To what extent have the target groups been reached?

I am not sure about 45000 widows

Q. Which factors have promoted or impeded the implementation of the project?

Good security, good transportation, female staffs

Q. Are there other institutions offering similar services?

Not really

### 3. *Gender equality and women's empowerment*

Q. What impact has these projects' approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?

Those who are graduated from IHS will be employees; they will receive salaries, will gain social respects in the society, and will be able to bring changes in women to improve their life.

Q. How do the projects improve the chances of the women involved to improve their own lives in terms of economic and social conditions and create chances for them to get involved in decision making processes?

There is monthly meeting in HEWAD clinic with the people of the community, they provide health education, and they also send the health educators to the field to visit home to home and provide health education and teach the family how to help their self.

**NOTE:**

HEWAD should work as CHC.

I wish the continuation of IHS and establishing of such programs in Ghazni province and other districts of Ghazni

NAC headquarter Kabul

QUESTIONS FOR Health Department in NAC headquarter in Kabul

**Back ground of staff being interviewed**

Name: Dr Torkhan

Position: Medical Doctor

Education: Health manager

How long have they worked with NAC? [Sep ,2007](#)

Q. how do you see your strategic role in the Afghan health sector?

NAC is covering 7 districts of Afghanistan; where no any other NGO can works due to security problem that it have. Ghazni is one of the provinces with security problem that NAC is working on that is why NAC is receiving many appreciation letters from Ghazni province. Even the community is asking that if NAC can start the school (education) program in Ghazni the will cooperate and will assist NAC to work there closely. Therefore I thing NAC is playing a satisfactory role in promoting of Afghanistan.

Q. how do you see your partners (Hewad and IHS) in Jalalabad role in the new Afghan health system? Since you know there are many problems in MOPH regarding the coordination but IHS is one of the successful parts of MOPH which build a very good coordination with them. It is their second group of midwives that will graduate from IHS and is a good achievement. So we are satisfy with their works

Q. Which meetings regarding health arranged by NGOs or ministry of health, do NAC participate in? E.g. which meetings you have participated in 2007?

Yes we do like NTCC (National Technical Coordination Comity) meetings, GCMU meeting for revision of NAC budget for Ghazni province, IMCI meetings which is part of BPHS but NAC is not BPHS implementer in Jalalabad.

Q. Which meetings have you attended with UNICEF & WHO which are relevant to the project in Jalalabad?

Yes, UNICEF for hygiene material for school programs

Q. When did the NAC office in Jalalabad close? How has this affected the follow up of projects in Jalalabad? Was about 2005 , I asked about rehabilitation of that office but since it is a small project in Jalalabad and there are many easy ways to contact like email and mobile phones , so NAC think that there is no need of sub office .

Q. How do NAC assist in capacity building of their partners?

By providing the on job training, other trainings like leadership, managements, report writing, proposal writing etc, as you know that the director of IHS was in Bangladesh

Q. How does NAC coordinate with the Ministry of Public Health in Kabul and Jalalabad?

Attending NTCC meetings, round tables, PHCC meetings by HEWAD and IHS

### 1. *Partner cooperation*

Mutual understanding and communication between HEWAD and NAC and Nangarhar Institute of Health Science (IHS) and NAC (interchange, mutual learning and added value).

Q. How is the coordination with implementing partner and NAC regarding proposal writing and strategy plans for these two projects?

We draft the proposal in case of the need we collect the information from field and then send it to Jalalabad for final comments.

Q. Do you know the background info about Hewad and IHS?

Yes, Mr Aman Nasrat is the one who started the HEWAD.

Q. Are you satisfied with their performances?

Yes, very satisfied from the works and the results that we receive from them especially from IHS.

Q. Are there common meetings to discuss yearly reports between Jalalabad and NAC Kabul?

Yes, we are going for supervision in regular based according to our plan at least once in a month, we do communication, coordination meetings, feedback, sharing responsibilities, quarterly meetings with both partners, there is also some need based meetings.

Q. How are the NAC routines when it comes to visits to the projects in Jalalabad?

Once per month or twice per month

### 2. *Achievement of objectives*

Q. To what extent have the projects' objectives been achieved or are expected to be achieved?

Yes, they have achieved

Q. To what extent have the target groups been reached?

I am not sure about 45,000 widows

Q. Which factors have promoted or impeded the implementation of the project?

Follow up of MOPH, continuation of projects, support to provide double class of training for midwives, emphasize in hospital midwifery trainings which is very important, correct selection and need based training,

Q. Are there other institutions offering similar services?

Not really

### 3. *Gender equality and women's empowerment*

Q. What impact has these projects' approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?

Those who are graduated from IHS will be employees; they will receive salaries, will gain social respects in the society, and will be able to bring changes in women to improve their life.

How do the projects improve the chances of the women involved to improve their own lives in terms of economic and social conditions and create chances for them to get involved in decision making processes?

Literacy is a big issue so by IHS we can make ladies to be the leaders of their families, permute their decision making capacities by both projects

**NOTE:**

HEWAD should work as CHC and should establish community based program which is emphasis on training of community health workers , and should had night duty and NAC is sure that if the project continued for year 2008 , NAC will focus in these 2 issues.

NAC headquarter Kabul

QUESTIONS FOR the Project Advisor in NAC headquarter in Kabul

**Back ground of staff being interviewed?**

Name: Marina Coblentz

Position: Program Advisor

Education: Bachelor of finance

Q. how long has you worked with NAC?

Since 2006(one year)

Q. how do you see your strategic role in the Afghan health sector?

Health is the area that I have lest involve. But I have visited both of the projects. Till 2005 the only director of NAC was foreigner, in 2005 the post has been nationalized, and an Afghan was selected as NAC director .due to need of same skills, I am here to assist them. The main responsibilities of advisor is as follow

- Activity related to donors
- Drafting the project proposal
- Drafting the donors reports
- Program strategy
- Priorities
- Donor's interest
- Capacity building
- Government strategy

Q. how do you see your partners (Hewad and IHS) in Jalalabad role in the new Afghan health system?

Based on my one visit from projects I would like to say that the both projects are very useful

Midwifery has to important effect for the Afghan women.

It will directly improve the health status of mother and small children, thousands of position will be filled by the midwives working in MCH clinic and are graduated from HIS. This means it is often the only opportunity for women to be educated and have their own salary. It may have some negative point but still these two projects need to be functional. But it needs some improvement regarding the medical equipments, building etc.

I don't know how many % of these midwives will go back to their communities but in context of Afghanistan if 70% of midwives goes back to their communities it is a great success .despite of mothers the children that are living with them in the same compass of education they will also learn and change of behave will happen.

For MCH I know that the director is a man but the rest of the staff are all females, in my opinion the director of MCH should be a leady not a man. For MCH I think it needs to be renewed , better equipped , specially Gyn \Obs and dental section, the doctors should be trained , needs better space , waiting rooms, delivery room was is very small, and keeping the privacy .

Q. Which meetings regarding health arranged by NGOs or ministry of health, do NAC participate in?

E.g. which meetings you have participated in 2007?

Yes, the health deoprtment people is responsible to attend

Q. Which meetings have you attended with UNICEF & WHO which are relevant to the project in Jalalabad?

Q. When did the NAC office in Jalalabad close? How has this affected the follow up of projects in Jalalabad?

Well it was the time during 2005; I am not sure about it

Q. How are the NAC routines when it comes to visits to the projects in Jalalabad?

Well there is a plan in health department regarding to that plan the people from NAC visit the project monthly, we also go there based on need. Some time the director of HEWAD and IHS is coming here Often I have meet them here.

Q. How does NAC coordinate with the ministry of public health in Kabul and Jalalabad?

Attending in meetings

#### *1. Partner cooperation*

Mutual understanding and communication between HEWAD and NAC and Nangarhar Institute of Health Science (IHS) and NAC (interchange, mutual learning and added value).

Q. Background info about Hewad and IHS? Are they satisfied with their performances?

Q. How do they assist in capacity building of their partners?

Providing trainings, on job trainings, our target is to involve more than 50% of women in trainings and workshops.

Q. How is the coordination with implementing partner and NAC regarding proposal writing and strategy plans for these two projects?

Since the implementers do not have enough skills to write proposals, the proposals are drafted here in NAC and sending to HEWAD and IHS for final comments. For example the proposal for 2008 drafted in the main office NAC Kabul and then send to HEWAD. But I wish that for next year the proposals should be drafted in field and send for us to the main office Kabul for review.

Q. In hiring of teachers at the IHS, are NAC involved?

No, NAC may not involve directly but if we see non performances, we will point out and show them but we are not directly involve to hiring or firing of their staff.

Q. In hiring of staff at the Hewad clinic, is NAC involved?

No, NAC may not involve directly but if we see non performances, we will point out and show them but we are not directly involve to hiring or firing of their staff.

Q. Are there common meetings to discuss yearly reports between Jalalabad and NAC Kabul?

Yes, according the plan and also vocationally I meet the directors of them here in Kabul main office

Q. How often do the NAC Health admin visit the projects in Jalalabad?

According to the plan, then after visit, they will have report and the report is send to partners as feedback

#### **Financial issues: budgets and funding, accounts, auditing**

Q. How is the funds transferred from Oslo to Kabul to Jalalabad?

Should be asked from the financial department

Q.Are there other NGOs involved in any of the projects?

Not really

Q.Is the account audited in Jalalabad

Should be asked from the financial department

Q. Has there been any visits from any health professionals from Norway to the projects in Jalalabad?

Not, since I am here and on the bases of my knowledge there was no one.

2. Achievement of objectives

Q. To what extent have the projects' objectives been achieved or are expected to be achieved?

Q. To what extent have the target groups been reached?

Q. Which factors have promoted or impeded the implementation of the project?

More medical, clean, friendly, warm , renovations on equipment , building , trainings etc, means better funding and capacity building .

Q. Are there other institutions offering similar services?

No

### **3. Gender equality and women's empowerment**

Q. In what ways do the project staff reflect on 'gender issues' related to providing midwife education/medical services for the local women?

Q. What impact has these projects' approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?

Q.How do the projects improve the chances of the women involved to improve their own lives in terms of economic and social conditions and create chances for them to get involved in decision making processes?

Note: 3 weeks after my coming here I plan to conduct some training on hygiene in office for supporting our staff, we had 3 trainings in this issue, which was very successful. Till now. I can see the changes on some of the staff. And I think it is not only here in office it is some thing that they will bring it in their homes.

Now we are selling our hygiene kit to other NGOs

### **QUESTIONS FOR Finance Department in NAC headquarter in Kabul**

Back ground of staff being interviewed?

Name: Abdul Jamil Noori

Position: finance Manger

Education,  
How long have they worked with NAC? 1993

**financial reporting**

Q. What is being reported from the projects? Can we see a financial report for 2006 and 2007?  
Quarterly financial and activity reports with all supported documents like vouchers , ledgers' etc. then we will check and stamp on all documents and will keep the copy .and send the original one to them back for their documentations. Some time if we feel that they need for training , one of our office will go and train then in financial issues.

Q. How are the funds transferred? From Oslo to Kabul, from Kabul to Jalalabad?

Focus send the money to Oslo then from Oslo to Peshawar. From Peshawar the money transfer to Kabul in National Bank of Pakistan in NAC account, from NAC account we will change the money and will send to Jalalabad in partners account in Afghani. Since we had problem in transferring the money direct to Kabul and at that time there was no any trusted Bank in Afghanistan so we decide that the found will come trough Standard Chartered Band of Pakistan.

Q. Who is involved in making the budget?

HEWAD and IHS is preparing the budget in the format that we have provided them, then sending to main office NAC Kabul , here we will check and put it in NAC format ,

Q. Are there other NGOs involved in any of the projects in Jalalabad?

I am not sure about it, but I am sure that there are no any other financial resources for the 2 project.

Q. Are the accounts audited in Jalalabad?

NAC all project is audited in Kabul, these to project is a part of it, the project should be audited in Jalalabad. Hewad is planning that at the end of this year they will audit in Jalalabad but IHS is not interested in this issue.

Q. Could you please explain why there is surplus funding for 2006 for both project? For midwifery 8.0059 NOK, and for Hewad 10.710 NOK?

First it is not from Hewad and IHS , it is from different project and is not only for year 2006, secondly due to changes in rate of exchange , there is some money extra so it is due to these 2 reason

NOTE: I am satisfied with Hewad but less happy from IHS although the documentation system of IHS is very good but they do not response timely. For example if we need some financial document we have to ask them many time, and we will get it very late.

NAC headquarter Kabul

QUESTIONS FOR The Country Director in NAC headquarter in Kabul

**Back ground of staff being interviewed?**

Name Zamarai Ahamadzai  
Position Country Director  
education Master of Social Sciences

How long have you worked with NAC?  
Since Nov 2002

Q. how do you see your strategic role in the Afghan health sector?

They are implementer in Ghazni, they have been there since 1986. In 2004 when MOPH strategy changed, they left from Eastern region. They have now two small project IHS and Hewad, and now they are implementors in Ghazni.

Q. how do you see your partners (Hewad and IHS) in Jalalabad role in the new Afghan health system?  
Good partnership with Both. NAC has to have a local partner for implementation so they knew Hewad from before, so they kept them. Both are good, giving reports, no problems, on time, they listen to suggestions and follow NAC Kabul.

Q. When did the NAC office in Jalalabad close? How has this affected the follow up of projects in Jalalabad?

NAC closed at the end of 2005 in Jalalabad, they had handed over most of the projects of eastern region so the office was not necessary and they had to cut admin costs.

Q. How are the NAC routines when it comes to visits to the projects in Jalalabad?

Now the roads are good, its easy to go and visit, so both medical staff are visiting regularly, himself and financial staff family are in Peshawar, so they also go to visit on their way to Pakistan.

Q. How does NAC coordinate with the ministry of health in Kabul and Jalalabad?

Dr. Ludin from IHS is very often here in NAC and he also goes to IHS to see him. So close contact. He had met Dr. Pardes and IHS deputy in Jalalabad several times. Because he is not a medical person it's the health officers who attend meetings, he only goes if there are big financial discussions.

### **1. Partner cooperation**

Mutual understanding and communication between HEWAD and NAC and Nangarhar Institute of Health Science (IHS) and NAC (interchange, mutual learning and added value).

Q. Background info about Hewad and IHS? Are they satisfied with their performances?

Yes

Q. How do they assist in capacity building of their partners?

They have funding from NORAD from capacity building, and they are doing this not only for NAC but for all partners. For example they send two teachers from IHS and one doctor from Hewad to Thailand for a general workshop. 2 people from Hewad and IHS sent to Pakistan for management's course. And may other examples were given.

Q. How is the coordination with implementing partner and NAC regarding proposal writing and strategy plans for these two projects?

NAC staff assists, helps and corrects all proposals.

### **Financial issues: budgets and funding, accounts, auditing**

Q. Are there other NGOs involved in any of the projects?

In 2007 no, but for IHS, IMC has given some support in 2006.

Q. Has there been any visits from any health professionals from Norway to the projects in Jalalabad?

No health professionals during the last five years.

### **2. Achievement of objectives**

Q. To what extent have the projects' objectives been achieved or are expected to be achieved?

We have achieved more than 70% of our objectives.

Q. To what extent have the target groups been reached?

Both programs are reaching their target groups. The midwifery program has improved the status of women and children and decreased the mortality rate of women according to the John Hopkins report.

Q. Which factors have promoted or impeded the implementation of the project?

NAC was known in the eastern region, so they got demands from the ministry, Dr. Lodin, so there are needs and requests for help. So many factors are promoting these projects.

Q. What impact has these projects' approaches (health services and education) had on the empowerment of women in the area, and to what extent has it been effective in promoting gender equality?

It has a direct in the empowerment and gender equality.

Q. How do the projects improve the chances of the women involved to improve their own lives in terms of economic and social conditions and create chances for them to get involved in decision making processes?

Yes it has direct positive impact.

Figure 1: Map of Afghanistan

Map of Afghanistan



KEY		
<span style="background-color: #4CAF50; color: white; padding: 2px;"> </span> Pashtun	<span style="background-color: #2196F3; color: white; padding: 2px;"> </span> Aimak	<span style="background-color: #8BC34A; color: white; padding: 2px;"> </span> Nuristani
<span style="background-color: #395468; color: white; padding: 2px;"> </span> Tajik	<span style="background-color: #FF9800; color: white; padding: 2px;"> </span> Baluchi	<span style="background-color: #A1887F; color: white; padding: 2px;"> </span> Pamiri
<span style="background-color: #9C27B0; color: white; padding: 2px;"> </span> Hazara	<span style="background-color: #FFC107; color: white; padding: 2px;"> </span> Kyrgyz	<span style="background-color: #546E7A; color: white; padding: 2px;"> </span> Other
<span style="background-color: #E57373; color: white; padding: 2px;"> </span> Uzbek	<span style="background-color: #D97023; color: white; padding: 2px;"> </span> Turkmen	



