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VHS, FIW & NCHD PROGRAMS ASSESSMENT REPORT

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I INTRODUCTION:

Afghanistan the war-stricken country have sustained heavy losses in different fields of life over the last fifteen years. However, from time to time efforts have been made by a number of humanitarian organizations to relieve the Afghan nation's pain to the possible maximum extent.

To improve the health status of the Afghan women and children the MSH/AHSSP has initiated some female training programs at the household and community levels. That is Volunteer Health Sisters (VHS), Female Health Workers (FHW) and Mother and Child Health Officers (MCHO) programs. to assess the progress of the above mentioned programs as well as the knowledge and skills of the trainers and trainees, Dr. Hasibullah Technical coordinator and evaluator MCH Dept./MSH and Dr. Shah Agha, MCH Dept./MOPH planned to carry out a thorough assessment of all three programs in 13 provinces(see page 2). Other objectives of the assessment trip were as follows:

- To determine the demand for contraceptives.
- To check which facilities offer vaccination
- To Study the possibility of conducting a Baseline Survey at the household level in order to evaluate the VHS program.

- To beg the advice and suggestions of the people involved in MCH activities in respect to the further improvement of MCH services, as well as know the problems/constraints they are confronting in performing their duties.

- To practically teach the newly-appointed MCH Regional Health officers how to carry out technical field activities such as assessments, supervision, surveys etc. in their catchment areas.

Dr. Shah Agha was to do the assessment in six provinces. i.e Ningrahar, Kuner Laghman, Paktia, Logar, and Kabul. While Dr. Hasibullah was to carry out the same activities in seven provinces i.e Ghazni, Wardak, Kapisa, Bamyan, Juzjan, Kunduz, and Takhar. The following is a consolidated report from all 13 provinces.

II METHODOLOGY:

In order to assess the knowledge and skills of trainers and trainees, as well as the progress of the programs various methods such as direct observation, using questionnaires, interviewing the trainers, trainees (where possible) and the community members were applied. All of the information gained have been recorded in the VHS, FHW and MCHO forms.

This assessment was an internal type of evaluation. The benefit was that the assessment team and the Trainer/Supervisors are completely familiar with the program. However, there may be a potential bias as the responses to many of the questions mainly came from the Trainer/Supervisor. While carrying out the assessment this fact was expected due to cultural reasons.

III RESULTS:

A. VOLUNTEER HEALTH SISTER PROGRAM

Totally 10 VHS sites were planned to be assessed (see page 3).

VHS, FHW AND MCHO SITES

#	Facility #	Province	District	VHS	FHW	MCHO
1	700	Logar	Baraki Barak	+	+	
2	7003	Juzjan	Sangcharak		+	
3	7006	Ghazni	Jaghori		+	
4	7012	Ghazni	Khwaja Omari		+	
5	1191	Ghazni	Malestan	+		
6	1187	Ghazni	Qarbaghi	+		
7	7007	Kapisa	Panjshir		+	
8	7014	Kabul	Shakardara		+	+
9	7046	Kabul	Shakardara		+	+
10	7027	Takhar	Taloqan	+	+	
11	7031	Laghman	Alishang		+	
12	7042	Bamian	Shibar		+	
13	7044	Paktia	Khost	+	+	
14	T.center	Paktia	Khost	+		
15	7049	Ningrahar	Surkhrud	+	+	+
16	1060	Ningrahar	Mohmandara	+		
17	1064	Kuner	Bar Kuner	+		
18	1134	Wardak	Jalriz	+		
19	7043	Kunduz	Imam saheb		+	+
20	7047	Kabul	Istalif			+
21	7051	Logar	Charkh			+
22	7041	Laghman	Dawlatshah		+	
	Total	13	20	10	14	6

VHS PILOT SITES

#	CLINIC/POST#	VHS TRAINERS NAME	PROVINCE	DISTRICT	VILLAGE	No. OF VHS TRAINED	REMARKS
1	7001	Wazir Gul	Logar	Baraki Barak	Baraki	10	Assessed
2	7027	Dr. Rona & Dr. Khalig	Takhar	Talogan	Talogan	3	Assessed
3	Training Center	Dr. Afzal & Dr. Waliullah	Paktia	Khost	Khost	- 6	Assessed
4	7049	Dr. Humayoon Mrs. Zari Gul	Ningrahar	Surkhrud	Mariam Yaka	22	Assessed
5	1064	Obatdullah	Kuner	Bar Kuner	Jaja	7	Assessed
6	1060	Dr. Eisa	Ningrahar	Mohmandara	Basawal	8	Assessed
7	1044	Dr. Latifa	Paktia	Khost	Khost	2	Assessed
8	1191	Dr. Amin	Ghazni	Malestan	Makanak	10	The trainer was interviewed in Pakistan
9	1187	Dr. Ali Akber	Ghazni	Ghazni	Qarabaghi	5+?	Absent
10	1134	S.M.Zahir	Wardak	Jalriz	Sanglakh		Cancelled
Total							73

3

The In-charge of clinic # 1187, Dr. Ali Akber, was absent on the day of assessment. According to the clinic staff i.e. Mr. Zalmi (Dentist) and Mr. Qurban (Gaurd) he had left for Peshawar on June 10th due to his sickness. Some people from the catchment area of the clinic were interviewed .. all of whom were quite satisfied with the health services being offered to them.

The first VHS program Assessment (Nov.-Oct.92) indicated that the first steps towards the implementation of this program i.e introducing the program to the local authorities and the community , and beginning the selection and recruitment of some VHSs had been taken successfully. While the recent assessment shows that the VHS program has entered a new phase of its progress that may be explained as follows:

a- A total number of 73 VHSs have been trained to date (inside Afghanistan).

b- In some VHS sites some people, other than VHSs, have also been trained who either in turn train VHSs or convey the health messages to other people themselves. Two examples are given bellows:

- Dr Ali Akber the In-charge of clinic 1187 located in Ghazni has trained some school teachers in his area. He has also provided them with VHSs supply. Besides teaching the prime health messages to the students and asking them to convey these messages to their families some the teachers has trained their family members or relatives as VHSs.
 - Dr. Rona and Dr. Khaliq clinic # 7027, Tekhar, have trained some of the female staff of the clinic who assist them in training VHSs as well as FHWs.
- d. A good monitoring system has been established in all VHSs pilot sites. All of the VHS trainers/supervisors know how to correctly complete the VHS monitoring tools. Almost all of the VHSs know how to complete the monthly monitoring tool (Monitoring tool #1). However, only two-third of them regularly return their monitoring tools on a monthly basis.
- e. A good supervisory system has also been set up in all VHS pilot sites. All of the VHS trainer/supervisors have their own supervisory schedules and regularly (mostly on a monthly basis), supervise their VHSs. Supervision is carried out either directly or indirectly. All of the VHSs trainers/supervisors also use VHS supervisory Review forms and keep records.
- f. A referral system has been established. Almost all of the VHSs refer serious cases to the facilities where their trainers are working. The community help transfer serious cases to health facilities by providing them locally available transportation means.
- g. The results of interviews with some VHSs show that they have retained most of what has been taught to them.

VHS TRAINER/SUPERVISORS' VIEWS AND SUGGESTIONS with respect to the improvement of VHS program.

-Paying good salaries to VHS T/S and giving incentives to VHSs at least to the most active ones are the two key factors that will encourage both the VHSs and the VHS trainer/supervisors to work harder and with more interest.

-It will be much more better if the VHS trainers are provided with more VHS supply. For example, Dr. Humayoon and Mrs. Zari Gul MCHO said, "the In-charge of a girls' school located in our area has promised to introduce us up to one hundred female trainees as VHSs. But unfortunately we don't have enough VHS supply for so many people.....".

-Taking pictures from VHSs is culturally not acceptable. In fact, it may, sometimes, cause serious trouble.

POSSIBILITY OF CONDUCTING A BASELINE SURVEY AT THE HOUSEHOLD LEVEL has also been discussed with VHS T/Ss, the result of which has been summarized on page 6.

B. FEMALE HEALTH WORKER PROGRAM:

Totally 14 FHW sites had been planned to be assessed in 11 provinces see page 7).

THE POSSIBILITY OF CONDUCTING A BASELINE SURVEY AT THE HOUSEHOLD LEVEL IN VHS PILOT SITES

#	NAME OF VHS TRAINER	# OF VHS	PROVINCE	CAN THE VHS TRAINERS/ CONDUCT THE SURVEY?	IN HOW MANY VILLAGES?	HOW MANY FAMILIES/DAY	FOR HOW LONG?	SURVEY IN FEBRUARY
1	Zari Gyl & Dr. Humayoon	20	Ningrahar	Yes	10	6	As long as required	Possible
2	Obaidullah	7	Kuner	Yes	5	20-25	1 month	possible
3	Wazir Gul & Anis Gul	10	Logar	Yes	1-District	5-6	as long as required	Impossible
4	Dr. Afzal	6	Paktia	Yes	1-district	8	" "	Possible
5	Dr. Khaliq & Dr. Rona	3	Takhar	Yes	4-5	5-7	" "	Possible but difficult
6	Dr. Ali Akber	5+?	Ghazni	Yes	?	?	?	difficult
7	Dr. Amin	10	Ghazni	Yes	6-7	5	As long as required	Impossible
8	Dr. Eisa	8	Ningrahar	Suspended				
9	Dr. Laifia		Paktia	Yes	The whole province if transportation means available.	5	1-2 weeks	Possible
10	S.M.Zahir		Wardak	Cancelled				

FHW SITES

#	CLINIC/POS T#	FHW TRAINER	PROVINCE	DISTRICT	VILLAGE	NOF FHW's TRAINED	REMARKS
1	7001	Anis Gul	Logar	Baraki Barak	Baraki	60	Assessed
2	7012	Dr. Nazir	Ghazni	Khawaja Omeri	Noburja	15	Assessed
3	7007	Mrs. Aamina	Kapisa	Panjshir	Qala-i-Feraj	40	Assessed
4	7014	Dr. Jamila	Kabul	Shakar Dara	Sakeh Khil	4	Assessed
5	7031	Mrs. Rima	Laghman	Alishang	Qala-i-Tak	45	Assessed
6	7044	Dr. Latifa	Paktia	Khost	Khost	3	Assessed
7	7049	Dr. Humayoon & Mrs. Zari Gul	Ningrahar	Surkh Rud	Miran Yaka	13	Assessed
8	7043	Mrs. Suraya	Kunduz	Imam Sahab	Center	5	Assessed
9	7027	Dr. Khalid Dr. Rona	Takhar	Talogan	Talogan	85	Assessed
10	7041	Mrs. Del Afrooz	Laghman	Dawlat Shah	Zarkama	27	Assessed
11	7042	Mrs. Agela	Bamian	Shibar	Kallo	?	Not Assessed
12	7003	Mrs. Aya Jan	Juzjan	Sangcharak	Alagian	?	Not Assessed
13	7006	Mrs. Fatima	Ghazni	Jaghori	Loman	?	Not Assessed
14	7046	Mrs. Shaima	Kabul	Shakardara	Aqa Ali Shektho	?	Absent
Total						297	

MCH post #7046 was not assessed as the person in-charge was on leave.

MCH post #7003, 7006 and 7042 weren't visited due to security reasons. The assessment results in other sites are as follows:

- a- In the remaining 10 sites a total number of 297 FHWs have been trained to most of whom almost all of the topics(*)included inthe FHW Teaching Manual prepared by UNHCR have been taught. More or less 70% of the trained FHWs had previously been Traditional Birth Attendants (TBAs).
- b- Fourteen FHWs have been interviewed and their knowledge and skills on the aforementioned topics assessed using the FHW program Questionnaire (see page 9).

-
- a- Microbes and Hand washing
 - b- Household Cleanliness
 - c- Tetanus
 - d- Normal Pregnancy
 - e- Home visits During Pregnancy
 - f- Danger sings in pregnancy
 - g- Normal Labor
 - h- Danger Signs in Labor
 - i- Normal Delivery
 - j- Danger Signs at Delivery
 - k- Vaccination
 - l- Home Visits during the first days after delivery
 - m- Danger Signs in the first few days
 - n- Home visits to children in the first two years.
 - o- Danger signs in children
 - p- Diarrhoea

RESULT SHEET OF FHWs

#	NAME OF FHW	CLINIC/POST #	PROVINCE	EXCELLENT	GOOD	FAIR
1	Gul Shireen	7049	Ningrahar	X		
2	Nafas Gul	**	**	X		
3	Benafsha	**	- **	- X		
4	Kaw taro	**	**	X		
5	Zakira	7031	Laghman			X
6	Said Bibi	**	**			X
7	Nindara	**	**			X
8	Razima	**	**		X	
9	Fatima	7041	**		X	
10	Gul Andam	**	**		X	
11	Bibi Janata	**	**		X	
12	Raziqa	**	**		X	
13	Shabnam	7001	Logar	X		
14	Afghan Gul	7043	Kunduz	X		
Total	14	5	4	6	5	3

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c- The FHW trainers' knowledge and skills have also been assessed using a special questionnaire. For the results see table below:

#	Name of the FHW Trainer	Clinic/Post#	Province	Excellent	Good	Fair
1	Dr. Latifa	7044	Paktia	X		
2	Mrs. Anis Gul	7001	Logar	X		
3	Mrs. Del Afrooz	7041	Laghman	X		
4	Mrs. Rina	7031	Laghman		X	
5	Mrs. Fakhria	7012	Ghazni	X		
6	Mrs. Amina	7007	Kapisa		X	
7	Dr. Jamila	7014	Kabul	X		
8	Dr. Naila	7027	Takhar	X		
9	Mrs. Suraya	7043	Kunduz	X		
10	Mrs. Zari Gul	7049	Ningrahar	X		
	Total	10	9	8	2	

- d- All of the trainers evaluate the FHWs knowledge and skills at the end of each session and each topic.
- c- The FHWs are also supervised by their trainers. Supervision is usually carried out while a FHW is conducting a home delivery.
- f- Many FHW trainers conduct refresher course(*)while some others don't.The reasons given by trainers for not conductig such courses follow:
 - Lack of teaching materials.
 - The FHWs are not willing to take such courses . That is the topics covered are not interesting for them.
- g- A good referral system exists inside this program. Almost all of the FHWs refer complicated cases to the facilities where their trainers are working or to the nearest hospital.

Note: To lay groundwork for establishing a monitoring system in FHW program, FHW Monthly Monitoring tool was introduced to all FHW trainers visited. It was also explained why and how to use them. Besides, every trainer was given one FHW picture book in order to improve and facilitate the teaching-learning process.

* Refresher courses are conducted on the following topics:

- a. Safe motherhood
- b. Malaria
- c. Tuberculosis
- d. First Aid
- e. Dental Care

FHW TRAINERS SUGGESTION/REMARKS REGARDING THE IMPROVEMENT OF FHW PROGRAM.

- Two important factors that slowed down the implementation of this program at the beginning were: Old Afghan tradition and lack of incentive and privileges for FHWs.
- Since most of the Afghan people are poor, giving incentive even a little to them could prove encouraging and as a result facilitate and accelerate the FHW's selection and recruitment process to a large extent.
- Observing two points will further improve our program. That is, regular and prompt supply and giving incentives such as gifts etc to FHWs.
- The In-charge of clinic #7041 located in Laghman province said: "Our community has got strict religions rules. In addition, women are to carry the burden of daily work on their shoulders. Therefore, they hardly ever get a chance to come to the clinic. And it is when they get a serious health problem.
- By free distribution of foodstuff or things of this sort to the people of the area we could easily win their support and recruit more FHWs.
- The more the visual teaching aids such as posters, flipcharts, etc. to be distribute among the people the more the health messages will spread.
- Observing the following points will play a great role in the development and improvement of the FHW program-
 - a. Aprons should be given to FHWs to put on while conducting a delivery.
 - b. FHWs should be given some expenses for Nutrition Demonstration Program.
 - c. All FHWs should be paid salaries

C. MOTHER AND CHILD HEALTH OFFICER PROGRAM:

Six MCHO sites had been scheduled to be assessed of which only five were visited (see page 13).

#	MCHO's Name	CLINIC/POST #	PROVINCE	REMARKS
1	Mrs. Suraya	7043	Kunduz	Assessed
2	Mrs. Zari Gul	7049	Ningrahar	Assessed
3	Mrs. Shaima	7046	Kabul	Absent
4	Mrs. Hasina	7047	Kabul	Assessed
5	Mrs. Fahima	7051	Logar	Not existing
6	Mrs. Aqila	7042	Bamian	Not assessed

MCH posts # 7046 and 7047 located in kabul were closed on the day of visit as the In-charge s of these facilities were on leave. However, the residents of the area were satisfied with their services being offered to them.

One MCH post (7051) which was supposed to be in Churkh district of Logar province didn't exist at all.

Two MCH posts 7049 located in Ningrahar and 7043 in Kunduz were assessed. Assessment results may be summarized as follows:

The staff of the facilities have got written job descriptions.

The posts are open 6 days a week (Fridays closed) from 8:00 am to 12:00 or 3:00pm. Female training program such as VHS and FHW training programs are conducted two days a week for 1-2 hours in the morning.

The staff of these facilities are using good prescribing habits.

The MCHOs also make some visits in the houses which are not very far from their houses for many purposes such as curative service, emergencies, follow-up etc.

The green books are up-to-date and accurately completed.

On the average 30-40 patients daily apply to each MCHO posts 20-30% of whom are children under age 5 while 50-60% are women between age 15-45.

Neither of the MCHO posts had Nutrition Demonstration Program as they receive no funds for this purpose from any organization. However, on the average 4-5 mild and sever cases of malnutrition are monthly diagnosed in each of the facilities.

Neither of these facilities offer vaccination.

The medical staff of both facilities conduct Health Education Sessions on family planning, etc. Health Education sessions are usually conducted in the mornings when the patients gather in the waiting room.

Contraceptives are distributed only to those women who request for them.

The MCHOs are also involved in some community outreach activities such as conducting health education session in the schools, teaching the correct way of building community based latrines to the people etc. The MCH facilities don't sell drugs. However, they charge fees i.e 100/patient. Most of the people can afford it.

MCHO's SUGGESTIONS AND REMARKS REGARDING THE IMPROVEMENT OF MCH ACTIVITIES.

- a- The In-charge of clinic #7049 located in Ningrahar expressed that they are badly in the need of:
 - Transportation means for clinic staff.
 - Expenses for building rent, electricity, nutrition demonstration program.
 - All six vaccines + T.T.
 - More anti-Malaria drugs (for prevention and treatment)

b- The In-charges of MCHO post 7043 located in Kunduz said:

"By the time we received the reagents needed for Glucose-Urea an Protein-Urea tests they had already been expired".

"We have got good results from pregnancy tests. However, the Mullahs disapprove of such practices, we hope you will continue supplying materials needed for such purposes in the future too".

IV-ANNEX:

Besides assessing the female training programs i.e. VHS, FHW and MCHO programs some other activities have also been done during the assessment trip that may be summarized as follows:

- a- To give training to the MCH Regional Health Officers.
The MCH RHO for shora-i-Nazar, Mr Ali Ahmad Nahzatyar, joined Dr. Hasibullah in Kabul and assisted him in assessing 4 MCH facilities in 3 provinces i.e. Kapisa, Kunduz, and Takhar.

The MCH/RHO for Hazajat area, Dr. Nazir, assisted Dr. Hasibullah in carrying out the assessment in Ghazni province.

Dr. Humayoon the MCH/RHO for south and southeast zone joined Dr. Shah Agha in Ningrahar and assisted him in assessing 4 MCH facilities in 3 provinces i.e. Ningrahar, Kuner and Laghman.

In addition to giving practical training to all of the aforementioned newly appointed MCH/RHOs on how to carry out field activities such as supervision, assessment, survey etc. they were also briefed about their role and specific responsibilities as MCH/RHOs in the future. Moreover the workplans of MCH/MSH and MCH/MOPH were explained to them in detail.

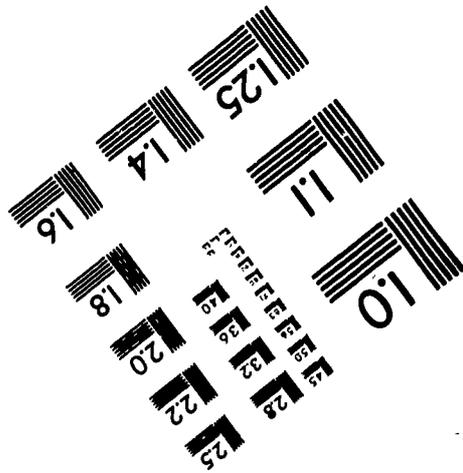
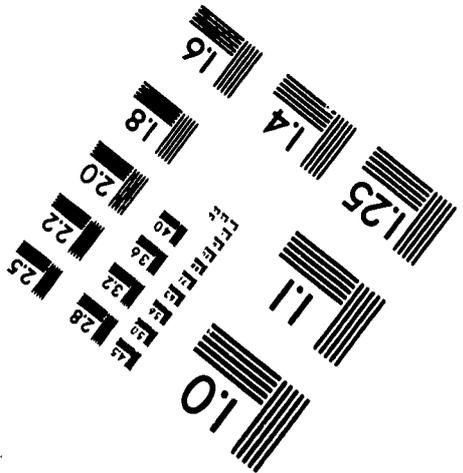
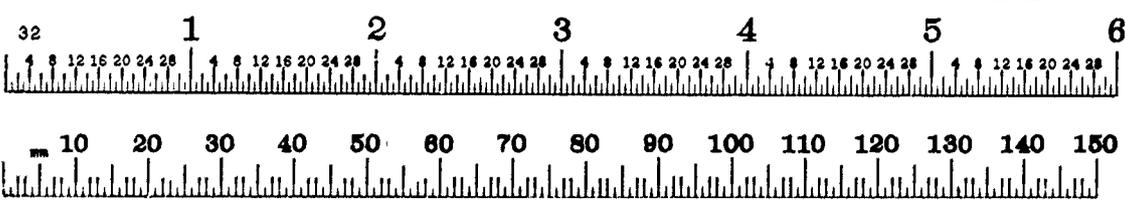
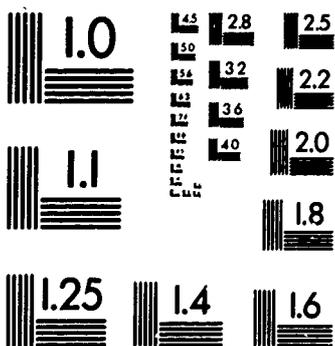
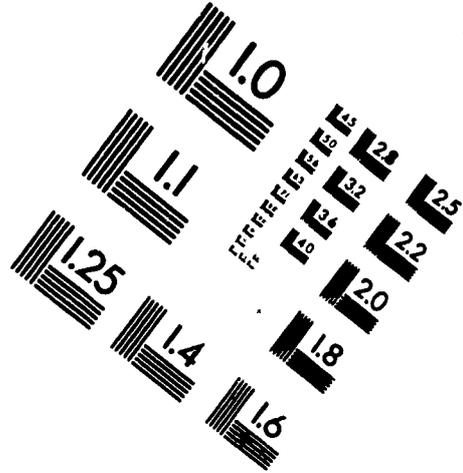
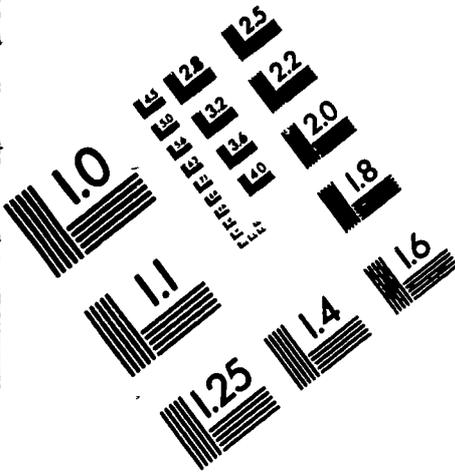
- b- To assess the possibility of conducting a baseline survey at the household level. (see page 6).
- c- To determine the demand for contraceptives from the information collected in this regard one may easily see that the majority of people in most of the MCH facilities' areas have a demand for contraceptives (especially pills). Condom is, however, socially and culturally not acceptable for almost all of them.
- d- To check which MCH facilities offer vaccination: Except two MCH facilities i.e. # 1064 Located in Kuner province and #7027 located in Takhar province none of the MCH facilities visited offer vaccination. However, the people living in the MCH facilities catchment area understand the advantages of vaccination and are willing to get their children vaccinated. Similarly, many women are ready to undergo T.T vaccination.

V- THE EVALUATORS REMARKS AND RECOMMENDATION

Considering the factors listed below that badly affect the process of implementation of female training programs and the provision of health services, the progress of female training program such as VHS and FHW program as well as the quality and quantity of health services being offered by the MCH facilities are quite satisfactory. However, by making more efforts they could be further improved.

- a- Unstable security and political condition, don't give people a chance to fully concentrate on their specific official responsibilities.
- b- Strict religious and cultural practices e.g. observing purdah deprive the male trainers of the chance to have free access to the female trainees in order to recruit train and supervise them.
- c- Old tradition, beliefs and health habits that have been existing through decades and centuries are not easy to quit or modify.
- d- Frequent migration of people from one place to another due to security and economical reasons as well as women's responsibilities inside the house and/or on the field make it difficult for the trainers to maintain regular contact with their trainees. Taking the following measures will play a crucial role in general and female training programs in particular:
 - 1- The number of female VHS and FHW trainers should be increased.
 - 2- If budget permits the trainers salaries should be increased to some extent. In addition, some (non-financial and/or financial) incentives should be given to the most active trainers and trainees.
 - 3- More contraceptive (pills and ampules) should be supplied to MCH facilities.
 - 4- To maintain regular contact with MCH facilities staff and provide them a stable support regular assessment and supervision of all MCH facilities should be carried out by MCH Regional Health Officers and other responsible authorities.
 - 5- Coordination between MCH services and EPI services should be improved.

IMAGE EVALUATION TEST TARGET (MT-3)



APPLIED IMAGE
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