

Report on a Field Trip to Shekh Ali District, Parwan Province

July 19 - 24, 2003

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Objective

This field trip to a Rehabilitation of Central Afghanistan (RCA) clinic in Shekh Ali District, which has been supported by an MSH AHSEP grant since November 2002, was undertaken to assess the skills and knowledge of Community Health Workers (CHWs) as well as the feasibility of social marketing in a village setting. During the trip, a female master trainer and a gender specialist met with various categories of community members in seven villages to

- Assess TBAs' current and potential role in promoting maternal health;
- Assess community attitudes about females working in the health sector;
- Explore the various channels in the health and non-health sectors through which candidates for CHW and TBA training might be recruited;
- Observe the level of sensitivity in introducing literacy programs in the community.

Preliminary information on RCA activity in Shekh Ali

Shekh Ali District Population: 27,700

RCA Bahlol Clinic: Established in December 2002 with the support of USAID/AHSEP

Other clinics in Shekh Ali: Ibn Sina MCH Clinic in Shingriyon (30 minutes by car)

Training: RCA has recruited and trained 19 male and 9 female CHWs. An AHSEP male master trainer assisted in the training.

Community mapping: Two RCA staff members participated in observational study tour on community mapping in India. RCA plans to begin training CHWs in community mapping in August.

Methodology used during the field visit

- Individual interviews (with and without questionnaires);
- Group meetings;
- Social mapping.

Key findings

Evaluation of CHW skills:

The majority of CHWs demonstrated the knowledge and skills gained in training received a month and a half ago. (An evaluation of the CHWs' knowledge and skills will be provided separately from this report.) The CHWs are regularly supervised by one male CHW. Those CHWs interviewed educate community members on healthier practices on a daily basis. During a group meeting, the CHWs mentioned that they had begun to see positive changes in the community. Almost all the CHWs complained that medicine was in short supply and also requested they be provided with a salary. RCA has already planned to remedy the first complaint by distributing medicines according to the catchment population which a CHW serves. The REACH team suggested that CHWs discuss the salary issue with community leaders, requesting them to make a decision to support CHWs financially.

TBAs' current and potential role in promoting maternal health:

In the villages visited by the REACH team there were no trained birth attendants. One midwife is working in an adjacent district at least one hour away by car. Deliveries have been assisted by female family members (usually by mothers-in-law). One mother-in-law told the REACH team that she cuts the umbilical cord of the newborn with a stone because that is how it has traditionally been done. A REACH female master trainer advised the use of a new blade instead of a stone. All mothers-in-law interviewed were eager to learn more about safer ways to assist in delivery. While REACH will be training community-midwives and midwives to assist delivery with technical skills, birth attendants as well as women in the community should learn to be prepared to have safe delivery. In this case, materials and training that are friendly to a non-literate population will be essential as no birth attendants interviewed during the trip was literate.

When the REACH team asked what could be done to prevent mothers from dying from delivery-related causes, a male community leader and two untrained TBAs told the team that the community needs a female doctor (OB/GYN), proper vaccination for the pregnant women, prenatal care, and referral (including establishment of a system to send women with complications to Kabul/Charikar).

Although family planning was not mentioned as one of the ways to reduce maternal mortality, the REACH team was able to interview women, including untrained TBAs, on family planning methods. The women were familiar with condoms, pills, and injectables. Interviews with women in the community found injectables to be the most popular method of family planning; however, the women complained that this method is often not effective because they fail to remember the date 90 days later on which they will need another injection. The REACH female master trainer advised the women to keep count by drawing lines or putting beans in a bottle. The area lacks female CHWs, and female community members in the male CHWs' catchment areas find it difficult to access and/or obtain information on family planning methods.

The women in the community have a high fertility rate. When male community members mapped out their community, almost all households had pregnant women. In this area, RCA should prioritize promotion of family planning.

Community attitudes about females working in the health sector:

When community members were asked to verify a report made by an expatriate that certain Afghan communities stigmatize women who help in delivery, the REACH team found that community members were eager for women in the community to be trained in safe delivery skills. Therefore, the conclusion made by an expatriate does not apply in the community where REACH team visited.

Recruiting female candidates for CHW training and TBA training through various channels in the health and non-health sectors

In Northern provinces of Afghanistan, CHWs who are couples are hired to provide health services at the community level. The REACH team cautiously addressed the issue of increasing the number of female CHWs. When male CHWs were asked about the feasibility of introducing female family members to CHW training, most agreed with the idea. Nevertheless, further discussion will be needed at the household level and with community leaders.

The Ibn Sina clinic, located half an hour away from the RCA clinic by car, had recruited the same number of male and female CHWs (23 of each). Also, some NGOs recruit married couples to serve as CHWs.

The REACH team encountered teenagers who had received no primary education due to the war against the Taliban regime. Though schools for boys and girls have now resumed, these teens are averse to going to school with their younger siblings. If programs can be established to provide education courses to equip this generation with basic literacy and numeric skills, those who complete them could eventually be candidates to receive training and become qualified health care providers, thus eventually increasing the number of female health workers at the community level.

Sensitivity in introducing literacy programs in the community:

Most families in Shekh Ali send their boys and girls to school, and the REACH team found no resistance to educating girls. However, education for girls is limited to the elementary level (from 1st to 6th grade). Also, the higher the grade level, the smaller the number of girls in the classroom. Those non-literate adults interviewed all expressed eagerness to learn how to read and write. In addition, male community members and leaders told the REACH team that they fully support literacy courses for their female family members. One high school principal mentioned that one NGO collected information to launch the adult literacy course in the community, but nothing happened afterwards. The principal told REACH team that he and community's teachers are ready to provide adult literacy courses.

It is worth mentioning that during this field trip, the REACH team did not meet with religious leaders in the community, who may object to actions favored by the majority of community members.

Other health related concerns observed:

REACH team found a TB patient in the household. It seems that in this household, two additional family members are thought to be infected with TB. RCA CHWs were not trained to provide DOTS. Although it was the only case we observed, it addresses the public health concern in the village.

During several other individual interviews, women in the community explained that many of their husbands work outside of the village, such as Bamyan, Kabul, Peshawar, Islamabad, London and other cities. In nearby area of Shekh Ali, a wife found to be HIV-positive from her husband who works in Peshawar. While there is no data on HIV infection rate in Afghanistan, HIV education should be incorporated in CHWs' health education program.

Follow-up activities

- Ensure that UNICEF supplies enough vaccines to reach RCA program areas in Shekh Ali District

Recommendations

- Employ female medical professionals at the RCA clinic (the BPHS recommends that a Comprehensive Health Center have one female MD, two midwives, and one female nurse.)
- RCA clinic employs female MD and female medical staff.
- Those who assist deliveries should have knowledge of clean delivery.
- CHWs, especially females, should regularly monitor FP users to educate them in the proper use of FP methods, including, for example, ways to keep track of the dates for further injections.
- CHWs should make a greater effort to convince community members to utilize family planning methods, for example, by identifying target groups, talking to men, etc.
- A female supervisor may be better able to communicate with female CHWs, although there were no complaints about the current male supervisor
- Many female community members were anemic. The REACH female master trainer advised them to eat balanced meals and green vegetables. CHWs should include nutrition in health education sessions with community members.
- The nearest clinic, Ibn Sina, recruits an equal number of male and female CHWs. This strategy can be replicated in the RCA catchment area.
- The school principal has taken the initiative to introduce a health education program taught by a male CHW supervisor. RCA should encourage this community initiative.
- On forthcoming field trips, the REACH team should take along a first aid kit and a Dari version of “Where Women Have No Doctor.”

RCA initiated its community-based program under a USAID/AHSEP grant program which ends at the end of September 2003. Since Parwan province is no longer a USAID province, the Shekh Ali community will no longer be eligible for USAID/REACH funding. It is highly recommended that MOH make an exception and continue to have USAID/REACH support the community health program in this area.

ANNEX***Number of people interviewed***

Category	Number
Male CHW	3
Female CHW	5
TBA (untrained)	3
Community leader	4
Female community member	27
Male community member	5
Pharmacist (who is a school principal)	1
Total	48

Schedule of the visit

Date	Activity
Saturday, 19 July	<ul style="list-style-type: none"> • Trip to Shekh Ali • Meetings with CHWs (one male and one female), a shopkeeper, and a community leader
Sunday, 20 July	<ul style="list-style-type: none"> • Meeting with 17 CHWs (12 male and 5 female) and female patients at RCA clinic • Interview with a female CHW, using a questionnaire • Visit to a community spring rebuilt with the assistance of an MSH master trainer • Assistance provided to an emergency obstetric case
Monday, 21 July	<ul style="list-style-type: none"> • Interview with CHWs (two male and one female) • Meeting with male community members • Two meetings with female community members • Visit to an elementary school
Tuesday, 22 July	<ul style="list-style-type: none"> • Interview with a female CHW • Meeting with female community members
Wednesday, 23, July	<ul style="list-style-type: none"> • Meeting with Ibn Sina clinic on providing a vaccination program in the RCA coverage area • Interview with CHWs (one male and one female) and with one female candidate for the next CHW training
Thursday, 24 July	<ul style="list-style-type: none"> • Trip to Kabul • Meeting with the Provincial Polio Eradication Management Officer in Charikar