

Annual Report

2014- 2015

This report covers the period from 1st May 2014– 30 Apr 2015. The Organization of Afghan Midwives with the financial support of Cordaid implements the project.

**Mentorship
Project -
Performance
Based
Financing**

Cordaid
Member of the international network of Catholic development organizations

Post bus 16440
2500 BK Den Haag
LutherseBurgwal 10

Tel. 070 3136 300
Fax. 070 3136 301
E-mail: cordaid@cordaid.nl

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LIST OF ACRONYMS

AMA	Afghan Midwives Association
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CHC	Community Health Center
CME	Community Midwifery Education
DH	District Hospital
OAM	Organization of Afghan Midwives
PBF	Performance Based Financing
PHD	Provincial Health Director
PRHO	Provincial Reproductive Health Officer

1. Basic data

1.1. Project title and number: Mentorship Project and No 110987

1.2. Name organization: Organization of Afghan Midwives

1.3. Name contract holder: Ms. Mursal Musawi

1.4. Project starting date: 1st May 2014

1.5. Reporting period: 1st May 2014 – 30 Apr 2015

1.6. Final Report

2. Summary

Mentorship Program for the graduated midwives is a kind of program not only in Afghanistan but also in the entire region. The Afghan Midwives Association (AMA) has been implementing a mentorship program since 2011. The Mentorship program seeks to strength care system & quality of care by providing continuing education to health care providers (midwives) and working towards creating a more efficient clinical setting. The main objective of the project is to build professional capacity of midwives in targeted provinces so; they are capable of providing quality maternal and newborn care services. The primary target group is midwives working in the health facilities and the primary beneficiaries would be mothers, newborns and families of the catchment area. The secondary target group will be provincial health directorates and implementers of the basic package of health services of selected provinces.

Major activities carried out were recruitment of staff at OAM office including coordinator, officer and consultant, hiring of mentors and selection of health facilities with close coordination with provincial health directorate and BPHS implementers. In addition, some new assessment tools were developed and base line, midline and end line assessment of the identified facilities was conducted. Major activities carried out during this annual report. The project has 9 mentors, 23 health facilities and 39 mentees. At the same time through base line, midline and end line assessment project staff and mentors are well aware of their targets. In addition, the other major activities carried out during this era were completion of mentors training, mentees orientation and successful completion of the first, second and third session of the mentors in the health facilities.

From the beginning of the third quarter and last days of the second quarter we revised the budget resource center and sent it to the Cordaid, but they had been post bonding to answer our emails, we received their comments really late. Consequently they said they refunded the budget for the resource center. Therefore we will not have resource center for the targeted provinces.

During this reporting there were some main challenges which are as below:

1. The prevailing political unrest, which coupled with, perceived insecurity in Zabul and Urozgan provinces;

2. Making potential understand about this Performance Based Financing – we lost many potential mentor because they were not satisfied with the daily wedges.
3. Three mentors of the Urozgan province do not want to continue because of the insecure environment and PBF.
4. Mentor of Zabul province was trying her best to manage her level, but she also had complaining about compromised living conditions.
5. Few of the health facilities were replaced by new health facilities due to midwives absence.
6. Nonentity of the focal points for the monitoring and supervision of the mentors in provinces.

However, as organization we believe challenges are there to make us stronger so we never lost our optimism and worked hard to achieve our target and we will continue putting our full efforts to make this model of PBF successful.

3. Context

During the all fourth quarters political unrest was there and at some point in time it got worse as well especially during the time of the preliminary result announcement of presidential election and having acting ministers Similarly, security situation was not good even at the provincial levels.

OAM enjoys cordial working relationship with its stakeholders in particular with Ministry of Public Health and provincial health directorates and BPHS and EPHS implementers. During the phases of implementation, OAM staff received support of all key stakeholders in all three provinces.

OAM understand the volatility of environment where it operates. The main risk we predicted was uncertain political and social insecurities and in relation to this project our assumption was remain same in the project implementation sites. However, because of our proactive approach and advance precautions we were able to overcome them. We performed all the planned activities in close coordination and collaboration of local/provincial authorities and Cordaid health team. For example in Zabul and Urozgan it was difficult to select all the planned health facilities due to worsening security risk; therefore, in consensus with Cordaid health team, BPHS implementers and PHDs less than planned number of facilities were selected. However, more health facilities were identified in Balkh province, which is comparatively secure province.

AMA/OAM is widely known as one of the largest advocacy body for midwives, women and families in the country. AMA/OAM has the strength of more than 3000 members across Afghanistan and has presence in all 34 provinces in the form of its provincial chapters. The cohesiveness amongst members makes it a powerful body. In addition, the presence at central and peripheral level promotes the concept of power sharing from the central level to local level, which can facilitate the improvement in health care system. The project is playing a role of catalyst because it is bringing AMA not only closer to its members needs but at the same time project is helping AMA to identifying the real needs of midwives, mothers and

families. Lastly, project is facilitating the OAM/AMA in making the working relationship stronger with its key stakeholders.

4. Objectives

- Established a functional mentorship program which facilitates the retention of Competencies of newly/graduated midwives to meet the national midwifery standards and increased confidence in their role as ‘midwife’
- Increased client satisfaction especially those who are utilizing the services of mentees
- Increased utilization of midwifery services or (demand generation – community mobilization via client satisfaction) in the mentorship program implementation sites
- Increased job satisfaction of midwives working under mentorship program
- Conduct mentorship visits
- Orientation training of mentors (3 days) For further detailed please refer to training report
- Orientation of mentees (60 days orientation and target setting in their own provinces by mentors).
- Conducted base line, mid-line and end line assessments evaluation
- Conducted base line, mid line and end-line evaluation, comparative analysis and report writing
- Conducted randomly client exit interviews or retrospective interviews with clients
- Conducted quality assessment by using MoPH quality assurance tools
- Collected baseline ,midline and end line data on the utilization of midwifery services from the health facility/HMIS
- Recognized the efforts/contributions of midwife by introducing performance based financing (PBF) system

5. Activities accomplished

- 5.1. Reported on the activities carried out as compared to the activities planned
- 5.2. Hiring of project staff and consultant
- 5.3. New Tools for the staff and client satisfaction
- 5.4. Identification and selection of districts and health facilities
- 5.5. Hiring of mentors
- 5.6. Baseline, midline and endline Assessments
- 5.7. Orientation and training of mentors – for details please refer to the training report
- 5.8. Held coordination meetings with PHDs in Center and provinces, BPHS implementers and Cordaid.
- 5.9. Conducted first, second and third mentorship session by all mentors in covered provinces.

- 5.10. Data entry and analysis of the base line, midline and end line assessments mentorship and satisfaction tools.

5.2 Hiring of Project Staff and Consultant

During the first quarter the staffing at central office level was completed this includes coordinator and a part time project officer. Initially, it was challenging to find coordinator, as most of interested candidates were not willing to visit Zabul and Urozgan provinces. However, finally a capable candidate was hired to manage the project. An international consultant (Ms. Fatima Gohar) was also hired to facilitate the initial implementation phase. Ms. Gohar joined the project on 24th June 2014. The main tasks of the consultant was to facilitate the initial implementation processes. This was one month consultancy with a specific terms of reference; however, due to unfinished tasks, consultant stayed longer with the project team i.e. till 17th August 2014.

5.3 New Tools for the staff and client satisfaction

With the technical support of the consultant, two new tools were developed, field tested and finalized. The tools were developed to see the effect of PBF on the staff satisfaction and at the same time if can have any trickledown effect on the client satisfaction. After the finalization of the tools, they were utilized to collect the baseline information from client and staff.

5.4 Identification and selection of districts and health facilities

23 Health facilities and mentors selected with close coordination and collaboration of Provincial Health Directors (PHDs) and BPHS&EPHS implementers and AMA provincial directors in Balkh, Zabul and Urozgan provinces.

Balkh Province		
Districts	Health Facilities	No. Mentees
Mazar-e-Sharif	BHC Yolmmarab	1
	SC Ali Abad	1
	SC Camp-e-sakhi	1
	CHC Langarkhana	2
	CHC Noor-e-khoda	2
	BHC AliChopan	1
	BHC Sher Abad	1
Khulm	CHC Sarhang	2

	CHC Qurghan	2
Doulat Abad	DH Doulatabad	4
	BHC Qarshegak	1
Total number	11	18

Urozgan Province		
Districts	Health Facilities	No. Mentees
Chora	CHC Chora	2
	SC Naweveala	1
TirinKot	BHC Surkhmorghab	1
	CHC Yaklingah	2
	SC Garmab	1
Dehrawod	BHC Dewanawar	1
	DH Dehrawod	4
Total number	7	12

Zabul Province		
Districts	Health Facilities	No. Mentees
Shahjoy	DH Shahjoy	4
Trance-Jaldak	SC Ghashi Robot	1
	CHC Shahresafa	2
Qalat	Mobile Clinic Senack	1
Trance-Jaldak	BHC Jaldak	1
Total number	5	9

5.5 Hiring of mentors

While developing the proposal we planned to hire mentors from Kabul but unfortunately during the hiring process we were unable to find any mentor willing to work in Zabul and Urozgan Provinces. The main reason behind the concerns was the deteriorating security situation in the provinces.

In order to mitigate this risk the plan B was to identify potential mentors from the provinces. However, this was quite hectic job because of two reasons:

1. Since there is no data/information system which shows the number of jobless midwives with their credentials.
2. PBF is a new approach and at time it becomes difficult to convince potential midwives.

Nevertheless, after putting lots of efforts, team of OAM/AMA was able to solve this issue with some variations:

- 3 mentors for Urozgan – team was able to identify three mentors from the same province but unfortunately two mentor signed the contract as according to rest of the mentor, money is less for travel because facilities are far and there is no direct transportation facility. Then few more midwives were identified from Kabul but they also refused because of long stay, insecurity and less daily wage to cover their transport and lodging. Eventually the project team was able to motivate one of the midwife to work as mentor in the two districts of Urozgan, which means she will perform the job of two mentors and will be paid accordingly.
- After first session the mentor from Kabul which was working as two mentors and the mentors from Urozgan province stopped working with us, therefore we hired three new mentors from Urozgan one for each district.
- After the second session we fired one of the mentors from Chora district due to non-satisfaction of performance. Then we replace the Zabul mentor to the Urozgan after she was done in Zabul.
- 2 mentors for Zabul – Could not get any one from the province but was able to identify one potential mentor from Kabul. After knowing about the program she was ready to work for all the health facilities in Zabul which means she would perform the job of two mentors; hence, will be paid accordingly.
- 4 mentors for Balkh – 3 from Balkh and one from Kabul

5.6 Baseline, midline and end line Assessments

The base line, midline and end line assessments were conducted in Balkh, Urozgan and Zabul provinces and following are the preliminary cumulative results of each province. The assessment had three parts:

- i. Assessment of knowledge, skills and attitude

- ii. Assessment of Client Satisfaction
- iii. Assessment of Staff Satisfaction

Methodology

The main methodologies included structured interviews and observations.

Data collection

The assessors visited the health facilities and collected data by using the standard AMA mentorship tools and newly developed client and staff satisfaction tools.

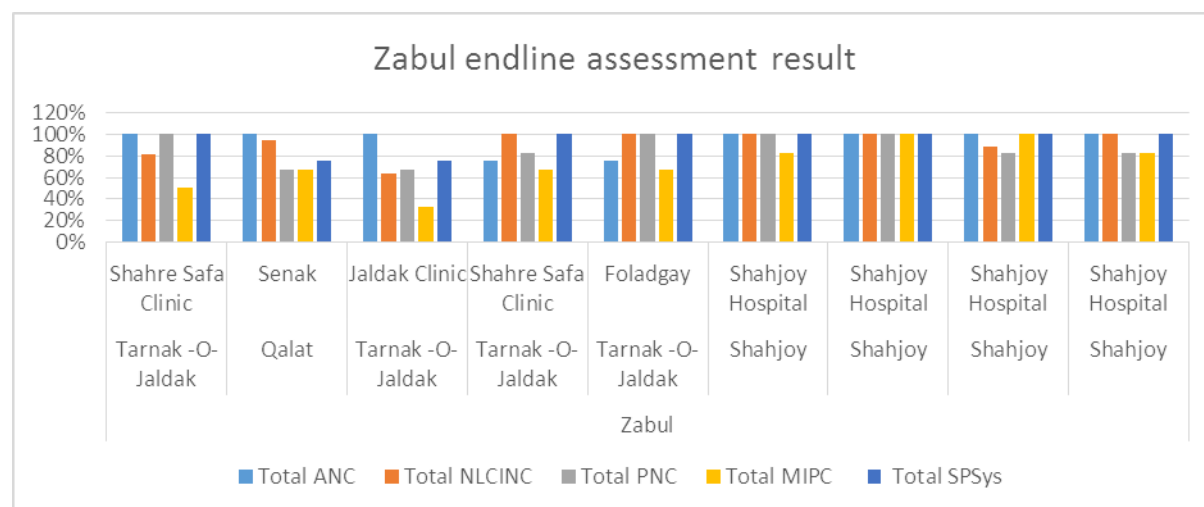
Data analysis

All data from the assessment were registered, documented and analyzed. The data was systematically described and summarized, and presented through descriptive statistics.

Zabul province:

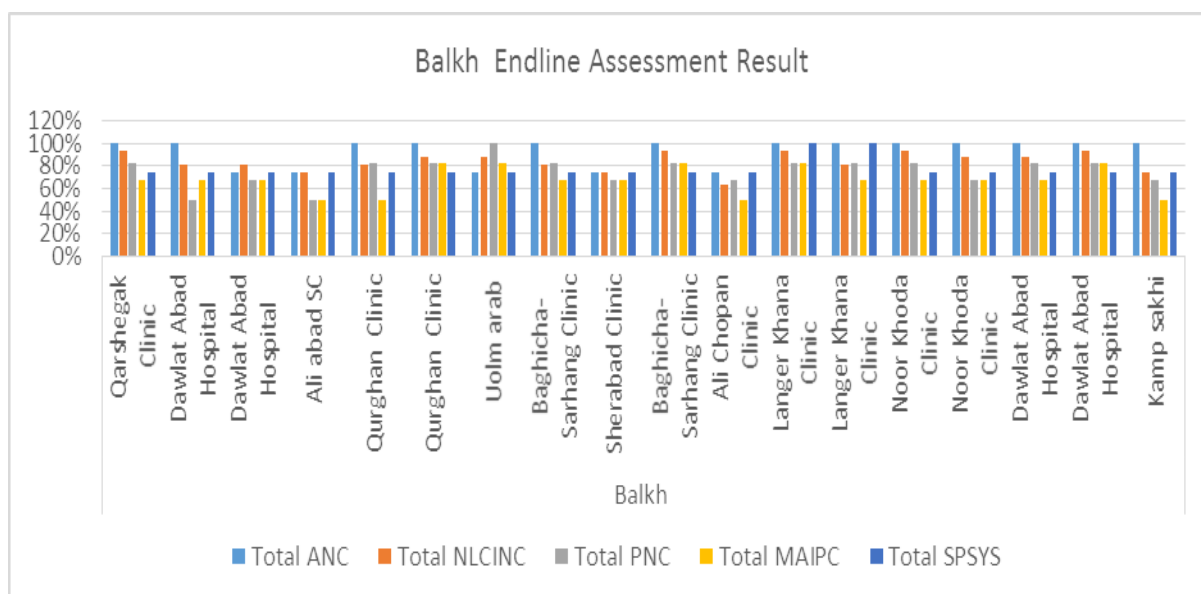
On 7 July, 2014, 23 December, 2014 and On 9 March, 2015 a coordination meeting conducted by AMA mentorship program coordinator with Zabul PHD Dr. Lal Mohammad, AMA provincial director in order to select health facilities and mentors for mentorship program of 2014

Finally based on mentorship selection criteria and examination process of mentors 1 mentor was selected as 2 mentors.



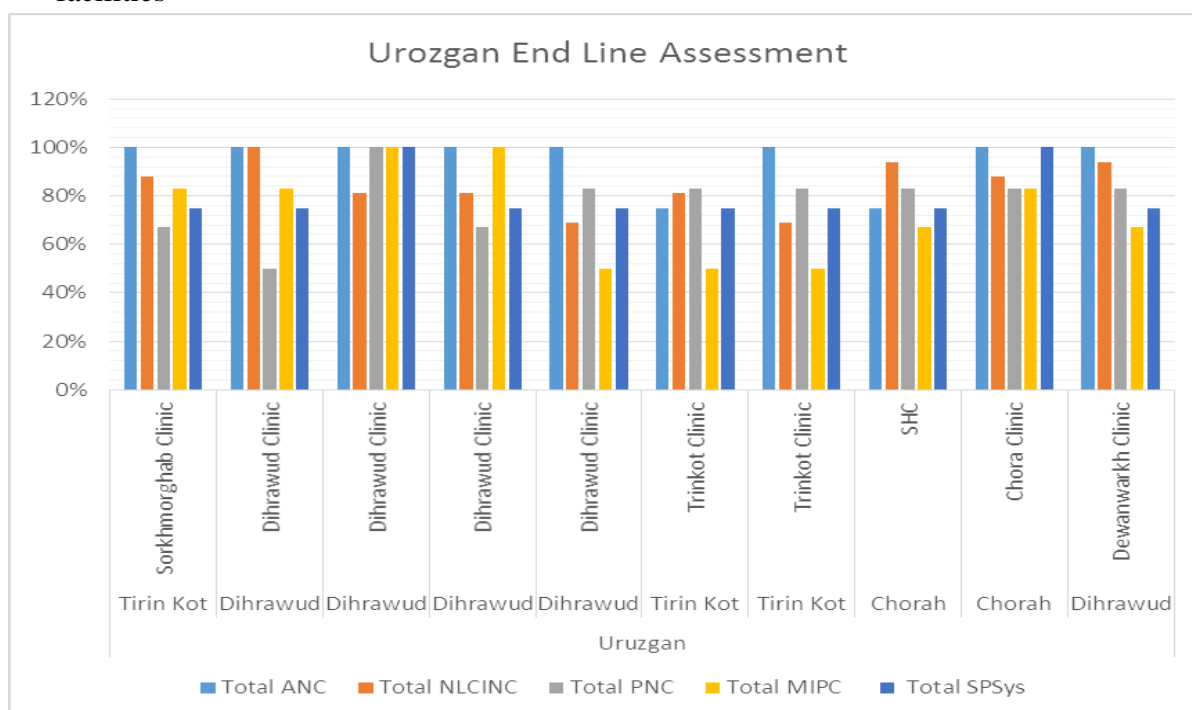
Balkh province:

On 14 July, 2014, On 4 December 2014 and On 5 April 2015 a coordination meeting conducted by the program officer and coordinator with Balkh BPHS implementer between Dr. Honey Mukhtar Dr. Bizhan Nasery. As outcome of the meeting 11 health facilities are selected for mentorship in Balkh province



Urozgan Province

On 12st July 2014 , On 13 January 2015 and On 12 March 2015 a coordination meeting conducted in Urozgan provincial health directorate in order to select mentors and health facilities



A meeting were conducted with Cordaid team about resource center, progress and challenges, probable recommendations. And verification report, progress and challenges of the project and probable recommendations. These are the outcome of the

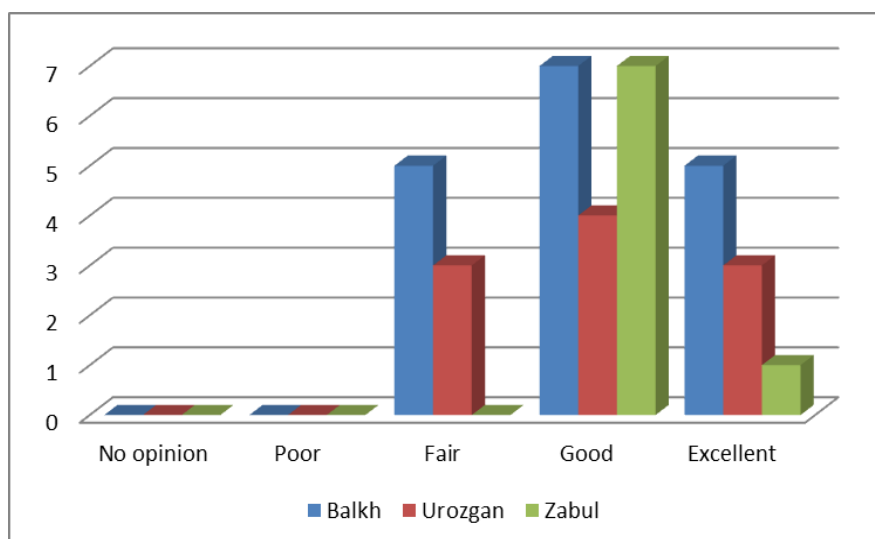
meetings as we were able to share the concerns and challenges. Cordaid health team was supportive, and financial issues were also discussed.

Findings

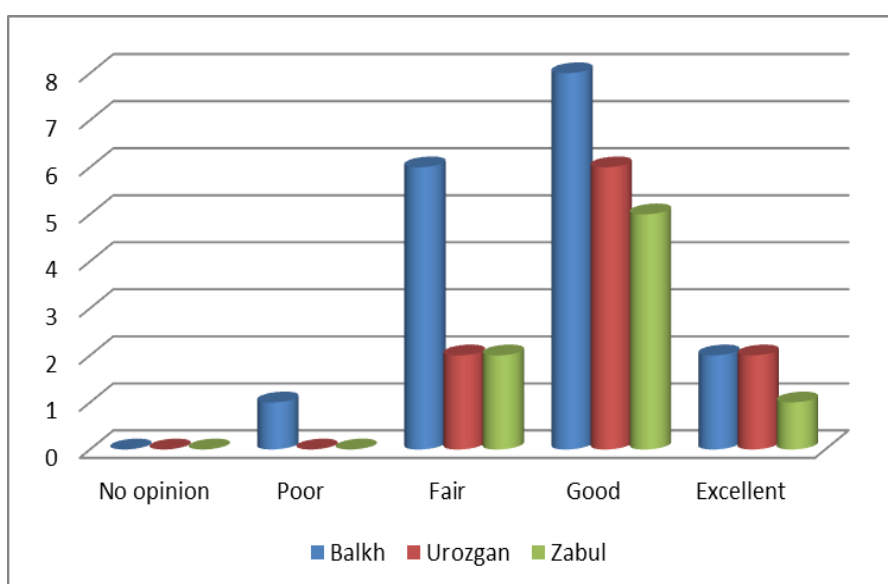
The main findings have been categorized in following manner:

Staff Satisfaction:

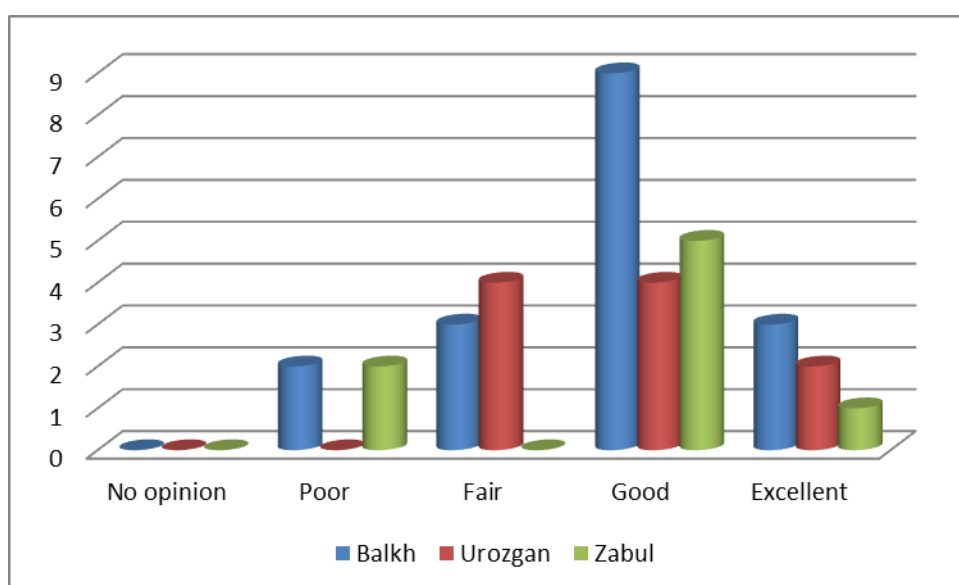
Total 35 midwives were interviewed for staff satisfaction survey. Ages ranges from 19 to 40. The work experience varied upto 10 years. The endline assessment showed some steady progress in different aspects of staff satisfaction. For instance, in baseline 34% of staff were satisfied with the post follow – up training; whereas, in midline 71% whereas 100 percent staff claimed their satisfaction with the post follow-up training. However, staff suggested for the need of continuous capacity building process.



Opinion about post follow-up training



Satisfied with the access to equipment/supplies



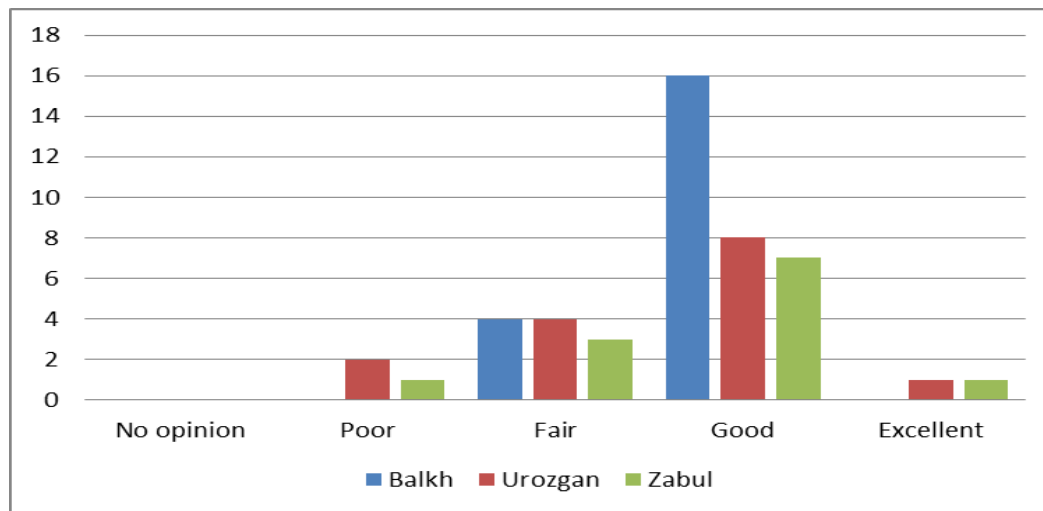
Salary compared to the work you perform

Client Satisfaction

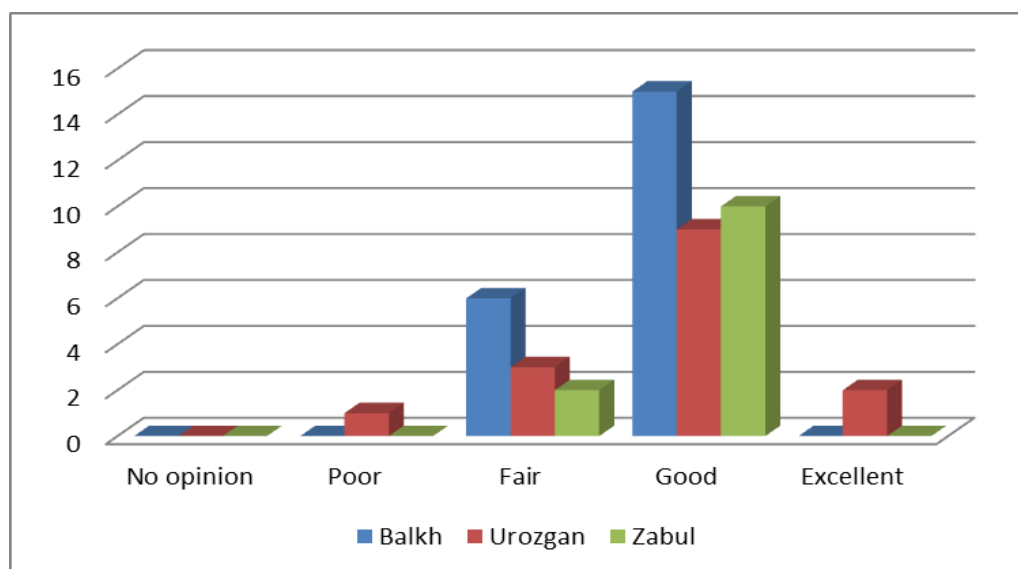
Total 37 respondents from all three provinces were interviewed for the client satisfaction. Majority of the respondents were female. Interview was taken in the premises of hospital which may have some respondent biasness. Below graphs are mentioning their level of satisfaction with the some of the aspects of quality of care.

However, in endline more than 90% of the respondents mentioned their opinion as good

about the quality of care and information as shown in below figure:

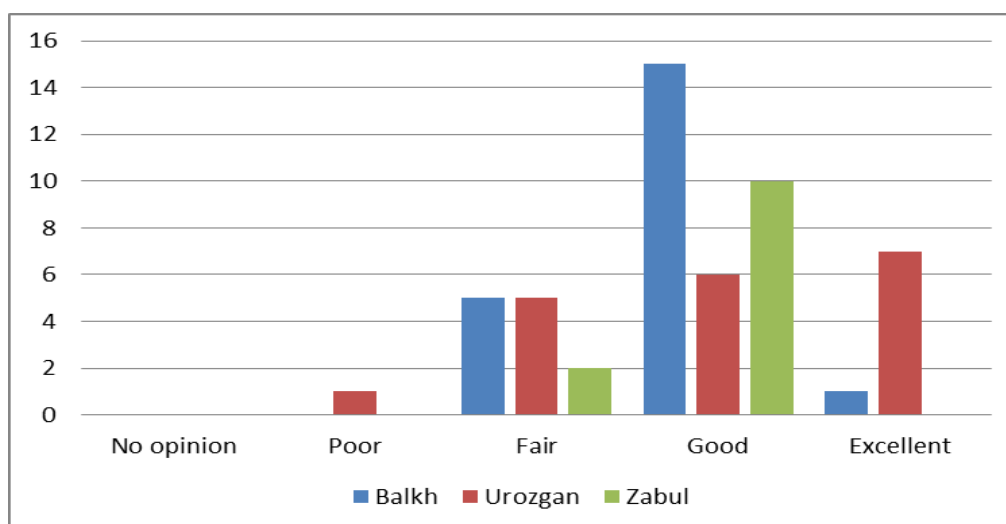


Quality of Care and Information



Opinion about Friendliness and Respect of Health Care Provider

More than 90% of the respondents felt that health care providers are friendly and respectful; however, still there half of the respondents were not fully satisfied with the statement.



Opinion about cleanliness

7. Limitations:

We're not able to have resource centers for the mentioned provinces due to the budget refunding.

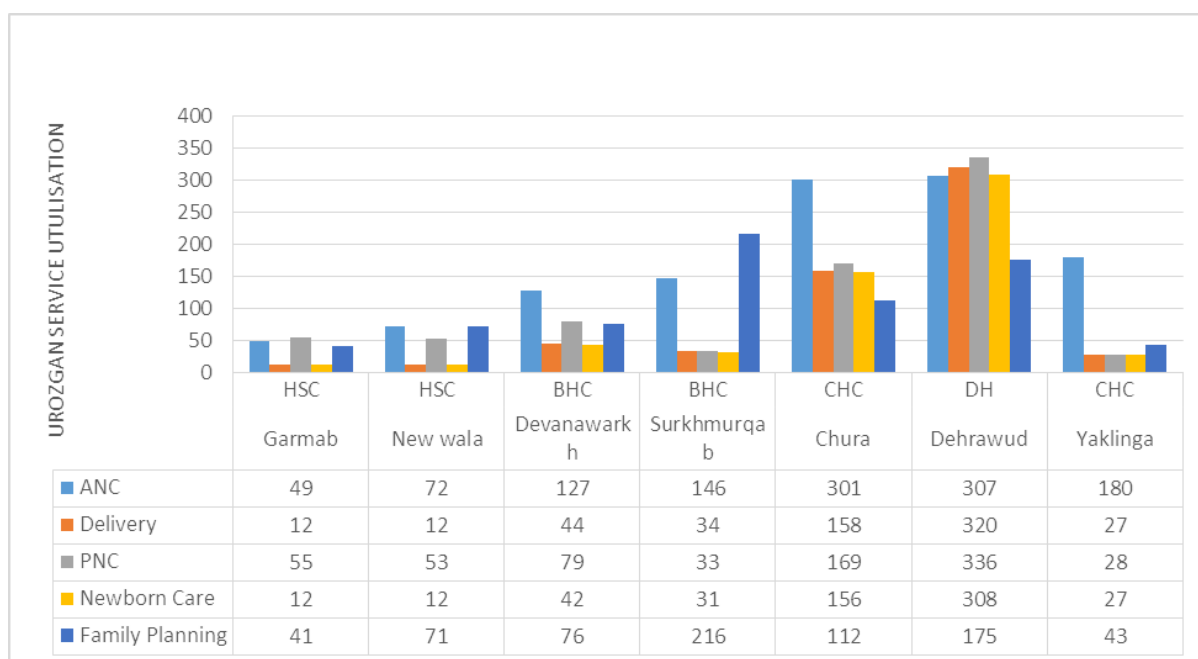
8. Output

- 6.2 Continued coordination meetings with PHDs, MoPH central, BPHS implementers and Cordaid
- 6.3 Conducted end line assessment along with data entry and analysis of the end line assessment mentorship and satisfaction tools
- 6.4 Conducted third mentorship session by all mentors
- 6.5 Collected the data for the service utilization from PBHS implementers and share the targets with mentors and mentees

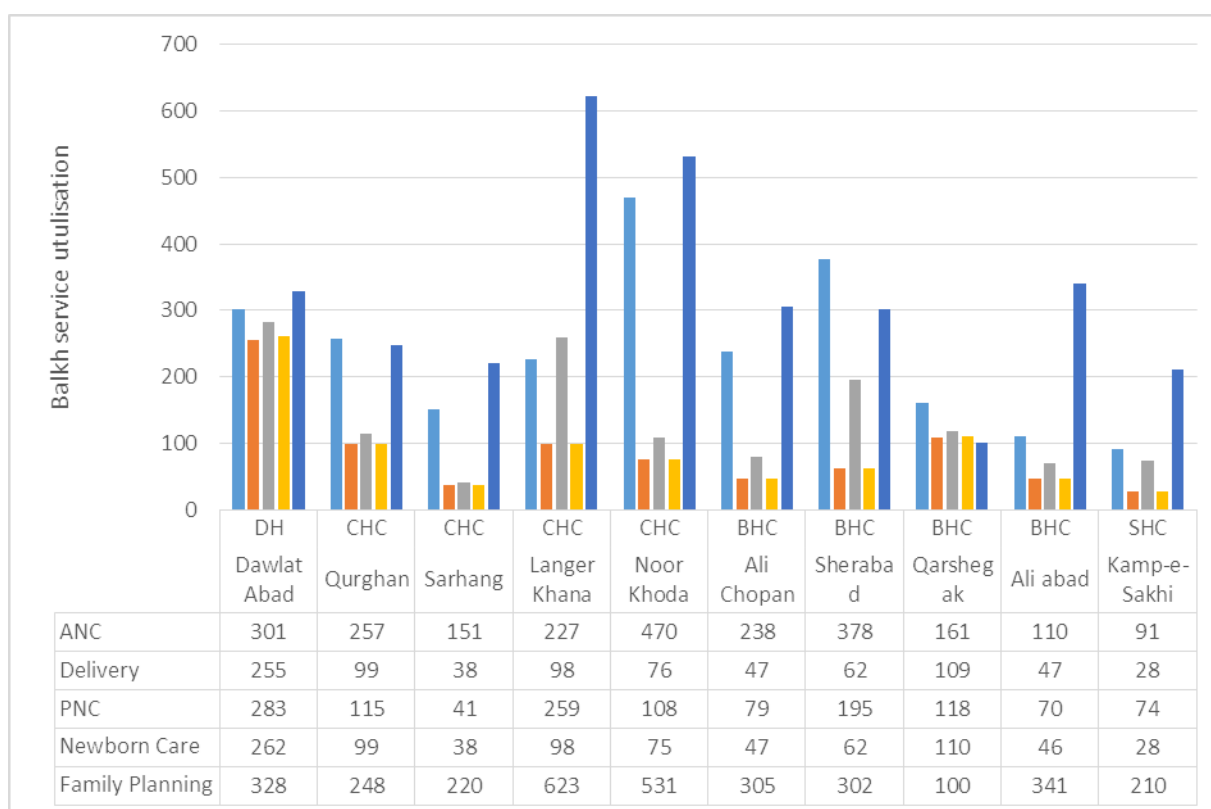
9. Outcome

Service Utilization Indicators

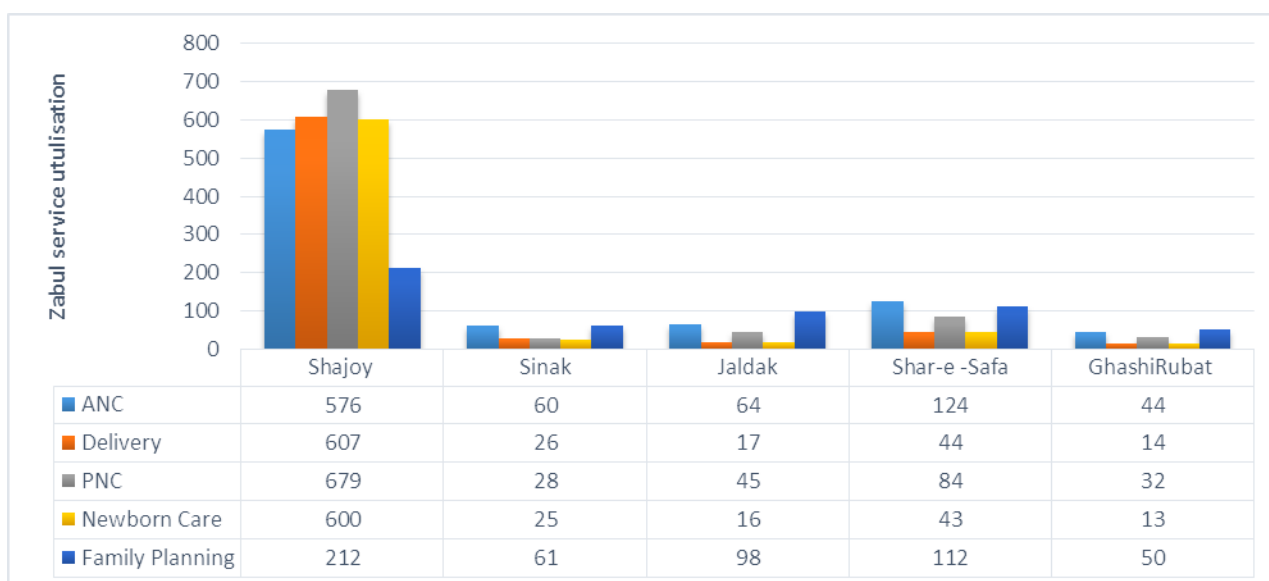
- 9.1. 50% Change in knowledge, attitude and practice of mentees
- 9.2. 39 of mentees providing care according to set standards
- 9.3. 20 % increase from baseline assessment in client satisfaction
- 9.4. 3 of complete mentorship sessions conducted to each HF (3weeks)
- 9.5. Change from baseline in results of the ANC
- 9.6. Change in results of Delivery(institutional and home deliveries conducted by mentee)
- 9.7. Change in results of PNC
- 9.8. increase in job satisfaction of staff (mentee's)



Urozgan end line – Service Utilization January, February and March 2015



Balk end line – Service Utilization January, February and March 2015



Zabul End line – Service Utilization January, February and March 2015

Limitations:

The baseline, midline and end line assessments had its limitations. Firstly, low budget because most of the facilities were far than expected. This budget limitation had an impact on the duration of the assessment.

Secondly, due to time shortage the team of assessors could not get enough chance to interview either all the midwives deployed in the health facility (shifting duties) or the clients. In most cases by the time assessors reached to health facility number of client was already less particularly in BHCs and SCs.

5.8 Coordination Meetings with Central MoPH, PHDs and BPHS Implementers

Coordination meetings conducted by the AMA mentorship program coordinator and AMA technical officer at provincial level in order to select mentors, districts and health facilities.

Executive Director met with the Dr. Hakim Aziz representative on 23rd July 2014 to orient him about the project and request for his support.

On 7 July, 2014 and 23 December , 2014 and On 9 March, 2015 coordination meeting conducted by AMA mentorship program coordinator with Zabul PHD Dr. Lal Mohammad, AMA provincial director in order to select health facilities and mentors for mentorship program of 2014. The PHD was very happy and he expressed his gratitude to AMA and Cordaid for such fruitful program, and he hoped that the mentorship program would expand and implemented in all the provinces of Afghanistan. Finally based on

mentorship selection criteria and examination process of mentors 2 mentors should be selected.

On 12st July 2014 On 13 January 2015 and On 12 March 2015 a coordination meeting conducted in Urozgan provincial health directorate in order to select mentors and 7 health facilities,

On 14 July, 2014 On 4 December 2014 and On 5 April 2015 a coordination meeting conducted by the program officer with Balkh BPHS implementer. As outcome of the meeting 11 health facilities are selected for mentorship 2014 in Balkh province. During the same visit meeting with the deputy provincial health director Dr. Asadullah Sharifi was conducted and he was informed about the project. He was positive but he asked for MOU between AMA, MoPH and BPHS implementer.

In Urozgan, Zabul and Balkh provinces AMA/OAM mentorship coordinator and AMA provincial midwives with close coordination and collaboration of BPHS & EPHS implementers and PHD have done a baseline, midline and end line assessments of selected HFs successfully

Meetings were conducted with the Cordaid team in order to discuss the progress, challenges and probable recommendations. Dates of the meetings were 6th July, 9th July and 13 July 2014 and 4th Feb 2015 and 2 and 23 Apr 2015. These were productive meetings as we were able to share the concerns/challenges. Cordaid health team was supportive and mutually we agreed on the number of health facilities, mentors and mentees. Financial issues were also discussed and some of them are still under discussion.

Any changes agreed with Cordaid in the intervening period.

The PBF – mentorship project was signed in June 2014 but is effective from 1st May 2014. This caused a bit delay in the planned activities for the first quarter. However, still the team at office worked hard to achieve most of the planned activities. Keeping in view this delay, OAM/AMA with the agreement of Cordaid health team revised the action plan and submitted to Cordaid.

As per the approved proposal the number of facilities was 27 and same was the number of mentees. However, during the facility selection process, the OAM/AMA team realized the fact that it would be unfair to recruit only one midwife as mentee because the performance of the facility is dependent on the performance of the all midwives. Secondly, providing mentorship facility to only one staff may also lead to some level of staff demotivation to the other midwife working in the same unit which can cause low productivity. Hence, keeping in view the mentioned points all facility midwives were considered to be mentees.

As a result, now we had 39 mentees; which is quite bigger than what was planned. The facilities were selected in consensus with the BPHS& EPHS implementers and PHDs. The main criteria were security and geographical accessibilities. Keeping the security

situation in view, total number of facilities selected is 23 out of 27. However, this does not mean that organization has compromise with the number, in fact now project will be covering more catchment areas because now there are more district hospitals and Comprehensive Health Centers (CHCs). By virtue of this the primary beneficiaries are now more – as DH and CHCs cover large number of population with increase clientage.

Moreover, due to delays in the MoU process, with the mutual agreement of Cordaid team, revised action plan along with request for budget adjustment has been submitted to the responsible authorities in Cordaid.

6 Output

- 6.1. Fifteen coordination meetings were conducted
- 6.6 Three survey tools were developed
- 6.7 Nine mentors selected via a competitive recruitment process
- 6.8 Six field visits conducted for baseline, midline and end line assessments of the covered provinces
- 6.9 Twenty- three health facilities are selected
- 6.10 Thirty nine mentees are selected
- 6.11 Continued coordination meetings with PHDs, MoPH central, BPHS implementer and Cordaid
- 6.12 Initiated the purchasing process for the resource centers
- 6.13 Orientation and training 9 mentors
- 6.14 Orientation of all mentees
- 6.15 Conducted 1st second and third mentorship session by all the mentors in all three provinces
- 6.16 Mentors would be conducting internal assessments and reporting back to the project coordinator
- 6.17 Collect the data for the service utilization from PBHS implementer and share the targets with mentors and mentees

7 Outcome

Service Utilization Indicators

- 7.1. 50% Change in knowledge, attitude and practice of mentees
- 7.2. 39 of mentees providing care according to set standards
- 7.3.20 increase from baseline assessment in client satisfaction
- 7.4 3 of complete mentorship sessions conducted to each HF (3weeks)
- 7.5 Change from baseline in results of the ANC
- 7.6 Change in results of Delivery(institutional and home deliveries conducted by mentee)

- 7.7 Change in results of PNC
- 7.8 increase in job satisfaction of staff (mentee's)

8 Organization

8.1 General

- In general there was not any obvious change happened. However, one important development was below:
- With the support of HPP, organization will be establishing its Indirect Cost Rate (ICR), which will be implemented for new projects.
- However, we are in the process to bring some organizational change and soon we shall be inviting all the partners and donors for a meeting.
- HPP project was accomplished, and few staff as executive director, finance manager, communication officer and IT officer has accomplished their jobs and left the office.
- The admin and finance assistant are normally continuing their jobs.
- The technical officer from the Cordaid project has left for maternity leave
- Application of the mentorship for the Jbigo has been completed
- BoD meeting has been conducted in Kabul province

Preparation for IDM and 2015 congress is in progress

9 Human Interest stories

It was for the first time that we has such a project to the secure and non-secure provinces.

At the first, the problem we had was hiring mentors.

According to the provincial customs and culture and social illiteracy it was hard to find

Someone especially midwives to hire, however we hired nine mentors were able to hold sessions with 39 mentees.

The success we approached was to train a large amount of mentees. We know certainly they will help their fellows and avoid the maternity deaths and complications.

According the reports, service utilization and the client's interview we held we are sure we had success achievements and went through all based planned.



Delivery set on baseline assessment



delivery set on end line assessment



**During end line assessment
In urozgan province mentees and mentor**

9.2 Website – under construction

1.3 Newsletter – hard copies are available will be shared with Cordaid office

10 Forecast

11 Challenges

2. SC Sajawul in (Trencot of Urozgan)was replaced by SC garmab for the first session because mentee of SC Sajawul had some problem
3. CHC Syoray in Zabul province was replaced by BHC Jaldac because one of the mentee resigned and another mentee had some problems.
4. SC camp e sahki in Balkh province for baseline assessment but there is no mentee in this HF
5. Mentor of Urozgan resigned from her position – she was working for two districts and was performing the job of two mentors. OAM was looking for another mentor for Urozgan; however, it is becoming difficult due to security and perceived low package by midwives.
6. From the beginning of the third quarter and last days of the second quarter we revised the budget resource center and sent it to the Cordaid, but they had been post bonding to answer our emails, we received their comments really late. Consequently

they said they refunded the budget for the resource center. Therefore we will not have resource center for the targeted provinces.

7. Nonentity of the focal points for the monitoring and supervision of the mentors in provinces.
8. The third session of the mentorship has not been performed for the top security problems on the way of Capital of Urozgan province Trinkot, Garmaab health facility.
9. The prevailing political unrest, which coupled with, perceived insecurity in Zabul and Urozgan provinces
10. Making potential understanding about this Performance Based Financing (PBF) ,we have lost many potential mentors because they were not satisfied with the daily wedges
11. The mentor of Urozgan province Chura District did not performed her duty properly for the second session, and she resigned, so we selected another mentor instead. And we witnessed the success on third session.
12. All mentors are waiting for the third and fourth quarter 40% salary. Unsatisfactory is appeared due to none on time payment.