

Mini-University on Introduction of High-Impact Interventions and Innovative Approaches in Health



Venue: Kandahar Province, Feroz Hotel, Conference room

Date: 29 September 2016

Time: 8:30 am_ 4:00 pm

Executive Summary:

The second mini-university on introduction of high-impact interventions and innovative approaches in health with special focus on Respectful Maternity Care was conducted on 29 Sep 2016 in Kandahar province. The event organized and led professional associations including AMA, ANA and AFSOG in close consultation with MoPH-RHD under technical and financial support of HEMAYAT.

This event was a 1-day forum that can be described as an “academic networking and marketing event.” Participants were often experts in a Sexual Reproductive Maternal and Newborn Child Health (SRMNCH) and they met to informally present and exchanged new ideas. The event offered a variety of different sessions including presentations, round tables, skills sessions and posters, highlighting evidence-based best practices. It focused on practical learning programs targeting medical professionals, students, public health experts, NGOs, professional associations, civil societies, and communities from from Kandahar, Zabul and Helmand provinces. In addition to gaining access to technical knowledge, participants were also able to engage in networking opportunities with a cross-section of Health professionals.

Objectives:

- Introducing high-impact RMNCH interventions to MoPH partners with especial focus on RMC
- Advocating and Marketing for Professional Associations
- Highlighting the importance of the day of birth for better care
- Increasing community Engagement for gender equity

Detailed Report:

The second mini university on introduction of high-impact interventions and innovative approaches in health with the special focus on RMC and better care on day of birth was held on 29 Sep 2016 in Kandahar province at Feroz Conference Hall. The event organized and led by MoPH- RHD and professional associations including AMA, ANA and AFSOG in close consultation with MoPH-RHD. Over 100 people as representatives of Provincial Health Directorates, BPHS, and EPHS implementing agencies, health care professionals, students, public health experts, Health related NGOs, professional associations including AMA, ANA, AFSOG, ANPHA , and APHA from Helmand, Kandahar and Zabul participated in the event.

On behalf of Kandahar PHD, Dr. Ferozi welcomed participants and then Dr. Rizwanullah from RHD officially launched the program. He said based on Kabul Declaration for Maternal and Child Health: “**The MoPH in Afghanistan is committed to leverage newly available evidence, improve accountability and accelerate improvements in coverage of high impact interventions**”.

Interactive Presentations:

The event was designed to provide health care professionals with important concepts and methods to improve quality of services by updating their clinical knowledge and skills according to evidence-based practices. Additionally, all participants had a chance to share their excellence in practice and knowledge, learn about the challenges facing in health system, and enjoy mutual support amongst colleagues.



On the job training for new graduated midwives through AMA mentorship program

Knowledge Update and Skill demonstration:

- **Improving the capacity of prevention, detection of PE/E at different Level**

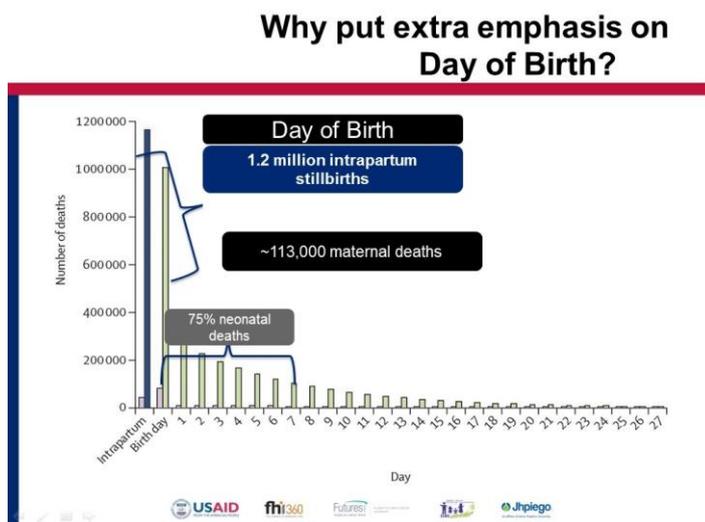
Screening for pre-eclampsia, the second leading cause of maternal mortality in low- and middle-income countries, can reduce the global burden of maternal mortality. However, current antenatal screening efforts are largely clinic-based and use

devices that are not always adaptable for use in non-clinic settings. This presentation discussed about when many Afghan pregnant women do not have access to facility-based screening, what can be done to increase screening coverage for pre-

In this session first participants oriented on gender concepts and quality standards for gender-sensitive and GBV-responsive health services then they shared their experience about the gender-related barriers in health.

- **Improving Quality care with the focus on Day of Birth**

Most of Maternal and new natal mortality occurred in day of birth so planning for effective maternity care must go beyond doing the right things to do things right...



- **Respectful Maternity Care & Patient Charter of Rights**

Respectful Maternity Care & Patient Charter of Rights: Respectful Maternal Care (RMC) is considered to be an essential component of 'quality maternal and newborn health services' and Disrespect and Abuse (D&A) during birth is known to be a significant barrier to increasing facility based births as well as a breach of right- based approaches to care.

Advancing respectful dignified care is a priority for Afghanistan in efforts to increase facility birth and ensure effective implementation of women's rights in health services. In support of this an interactive session on RMC conducted to orient the participants on the concept of RMC and D&A. A total number of 27 participants attended the session including head of hospitals and head of different departments of Herat Regional Hospital. At the end of session there were interesting discussion on integration of RMC into reproductive health system and even going beyond promote it further to respectful care for all.

- **Capacity Building of midwives through innovative approach (mentorship)**

Mentorship is a process that strengthens the quality of health services at all levels of health system, and focuses on identifying, solving problems, facilitate provision of resources, support the implementation of standards, teamwork and improvement of communication.

- **Uterine Balloon Tamponed :**

Postpartum hemorrhage is an obstetrical emergency that can follow vaginal or cesarean delivery. It is one of the leading causes of maternal mortality, especially in the developing world. Early use of intrauterine balloon tamponade is a way of limiting ongoing uterine blood loss while initiating other measures, and can be readily implemented by providers with minimal training.

Participants from Helmand: UBT can be a life-saving intervention, especially in low-resource settings like my clinic where blood transfusion and surgical facilities may not be available .

- **Exploring perceptions of nurses for career switch in Kabul, Afghanistan: A Qualitative exploratory study**

This study has identified some of the pertinent reasons resulting in nurse's turnover in Kabul with potential implications for the whole of Afghanistan. The findings of this study will help policy and health systems stakeholders including those at Ministry of Public Health of the country to initiate effective strategies to mitigate these reasons and factors leading to reduced shortage and improved retention of nurses.

- **Group discussion on Nursing in Afghanistan & challenges to move forward**

Societal stigma of nursing profession, dearth of educational and growth opportunities, lack of financial and immaterial rewards emerged as the main reasons behind the nurses' turnover. Additionally, lack of appropriate working environment, workload, quality of relationship with coworkers, lack of fulfillment of job expectations and individuals' own personal and family circumstances, weak organizational management lack of attention on part of the health authorities and policymakers drive nurses to leave the profession

- **The importance of family planning to child survival and PPIUCD skill demonstration**

Family planning, including breastfeeding, is among the most cost-effective ways of reducing infant mortality. Provision of IUCD in the immediate postpartum period offers an effective and safe method for spacing and limiting births. Taking advantage of the immediate postpartum period for counselling on family planning, IUCD is a good option as a contraceptive method.

Conclusion and Closing remark:

Dr. Faizi Kandahar provincial health directorate concluded the program: "Increasing the number of midwives reduced the maternal mortality but to keep this success we should equip them with technical update and new knowledge as we did today."

He said: “After today RMC session, I hope to end the disrespect and abuse care in your clinic.”

Challenges during the event:

As the program started later than expected time so program organizers faced some challenges with shortage of time.

Workshop Environment:

The environment of the venue where the workshop was conducted was good in terms of weather condition, accessibility, lighting and wide hall with well-arranged tables, chairs and stage. Furthermore, one of the participants was asked regarding the environment of the venue they expressed their happiness and did not have any objection in this regard.

Acronyms

Afghan Midwifery Association	AMA
Afghan Nursing Association	ANA
Afghanistan Society of Gynecologist	AFSOG
Afghan National Public Health Association	ANPHA
Afghanistan Private Hospital Association	APHA
Ministry of Public Health	MoPH
Reproductive Health Directorate	RHD

Khaje Abdullahi Ansari Hall:

Registration	AMA	8:30_9:00
Recitation of Holly Quran	TBD	9:00_9:05
Welcome Speech	Dr. Ferozi / Kandahar PHD representative	9:05_9:10
Opening Speech	Dr. Rizwan Ullah/ RHD representative	9:10_9:15
Role of HEMAYAT to support MoPH & Mini University in a glance	Dr. Khesraw / HEMAYAT Representative	9:15_9:30

Sessions: 5 minutes to select the sessions

Abunasr Farabi Room	Zakerya Razi Room	Aboali Sina Balkhi Room	Professor Gazanfar Room	Time
<p>1.Improving the capacity of prevention, detection of PE/E at different Level</p> <p>Mw. Freshta and Mw. Kobra Haidari CME trainer, Midwifery Officer AMA /HEMAYAT PowerPoint Presentation</p> <p>2.PPH prevention in community and facility levels</p> <p>Mw. Maliha and Mw. Kobra Haidari CME trainer; Midwifery Officer AMA /HEMAYAT PowerPoint Presentation</p>	<p>1.Essential Care for Every Baby including the Routine use of Chlorhexidine gel for cord care</p> <p>Dr. Rizwan Ullah NBC senioPr officer RHD MoPH Poster Presentation</p> <p>2.Helping Babies Breath</p> <p>Dr. Rizwan Ullah NBC senior officer RHD MoPH Skill Demonstration & Poster Presentations</p>	<p>1.Improving Gender Equity in Afghanistan Health service</p> <p>Dr. Rostam Roain PC Nimroz HEMAYAT PowerPoint Presentations</p> <p>2. Improving Quality care with the focus on Day of Birth</p> <p>Massoma Jafari Advisory Board AMA PowerPoint Presentation</p>	<p>1. Respectful Maternity Care & Patient Charter of Rights</p> <p>Ms. Hella Gharshin EB members AMA Poster & Video Presentations</p> <p>2.10 Golden years in Afghanistan Midwifery & challenges to move forward</p> <p>Mrs. Hella Gharshin & Fatima Rahim / EB members AMA PowerPoint Presentation</p>	9:30_10:30
Tea Break – Open discussion and Networking				10:30_11:45
	<p>1.Capacity Building of midwives through innovative approach (mentorship)</p> <p>Mrs. Fatima Rahimi, Parween Omerzai Program officer AMA</p>	<p>1.Exploring perceptions of nurses for career switch in Kabul, Afghanistan: A Qualitative exploratory study</p> <p>Mr. Tawab Baryalai Member/ ANA PowerPoint presentation</p>	<p>1.The importance of family planning to child survival</p> <p>Dr. Freshta Member/ AFSOG PowerPoint Presentation</p>	11:45_12:45

	<p>2.Uterine Balloon Tamponed to Prevent PHH</p> <p>Mrs. Roya Hamdard, Parween Omerzai Provincial Midwifery Officer AMA/ HEMAYAT,Program officer AMA Skill Demonstration</p>	<p>2.Nursing in Afghanistan & challenges to move forward</p> <p>Ostad Reza Safdari Nursing advisor HEMAYAT/ANA Roundtable</p>	<p>2.Demonstration of Post- Partum IUCD</p> <p>Dr. Palwasha Member/ AFSOG Skills demonstration</p>	
Lunch Break – Open discussion and Networking				12:45_1:45
Small group Discussion for each province to review experiences and propose 2 priority areas to larger plenary		HEMAYAT Provincial Coordinators and AMA officers from Helmand, Zabul ,Orzgan, Kandahar		1:45_2:15
Conclusion & Closing remarks		Kandahar PHD		2:15_2:30