

Afghan Midwives

Improving the Quality of Health Services

I am a midwife by profession, I provide capacity-building support for the Midwives working in the health care system on quality improvement tools and high-impact health interventions. I also lead the activities with the Afghan Midwives Association, to collaborate on the capacity building of midwives, advocacy for the rights of midwives, and standardization of the midwifery profession through revision of curricula and standards. I also work with the American College of Nurse-Midwives on capacity-building activities for targeted midwives in different provinces.

Besides all that, of course, I have some managerial activities, like tracking activities at the provincial level and traveling to provinces—for instance, I recently visited some Provinces for a monitoring visit—to oversee the quality of maternal and neonatal health services. I visited some health facilities to observe the quality of services and the quality improvement programs.

Still, there are security threats and concerns in the country, especially for women. One of the biggest issues is that, under the new regime, a woman cannot travel without a *Maharam*, which is a male companion. I didn't have a male companion to accompany me in traveling to the provinces, so I took my aunt with me. But, since we were two women traveling together without a male companion, the hotel would not give us accommodation to stay at night. Thankfully, our colleagues, allowed us to stay in their homes while we visited the provinces.

While I was in one of the provinces, when I met my colleagues, their first questions always were: *“Who came with you? Who will stay with you? Have you come alone from Kabul?”* This made me feel really scared. Other colleagues asked me, *“Why didn't you wear a burka?”* I didn't bring a burka with me; I had just a hijab—a long dress—and a big veil, but not a burka. I also had a mask to cover my face. But my colleagues in the provincial office said things to me like, *“We are using the burka so that no one can recognize who we are. Why didn't you bring a burka with you? This is dangerous!”* When I hear things like this and think about these issues, I can become fearful.



Not only are changes happening at the personal level for women, but also within the structure of our government. Previously, women were working in the Ministry of Justice, Ministry of Finance, Ministry of Education, and other ministries, but right now, it is only in the Ministry of Public Health that women are represented. Women no longer have any role at the policy level, or at the decision-making level, but they are still allowed to work in the lower levels of the Ministry of Public Health.

But even in the Ministry of Public Health, the offices for males and females have been separated. In coordination meetings, men and women are not allowed to sit together. This is affecting the work, including at the health facility level. For example, at one of the district hospitals in Kabul that I visited recently, the midwives and female doctors were conducting their own morning reports, weekly reports, and monthly reports, while the head of the hospital, along with the male staff, were conducting their own meetings. There is no collaboration. To give another example, a midwife who is working in a health facility may need to contact a vaccinator. She might need to coordinate with the pharmacy, or with the laboratory department. She may need to have contact with the blood bank. But these are the departments where we have male staff. There is no female staff. How can female doctors or female midwives provide quality services when they cannot collaborate with the male staff of the health facility?

We are working on quality improvement for health, and these are the challenges that we are facing right now. I fear that these policies of segregation will have a negative impact on health—especially the health of women and children—and the health system. Beyond this, I have heard that in other ministries, women are experiencing depression and mental illness due to the restrictions upon them.

We are trying to be brave, trying to be driven. We are trying to work to help our communities and help women, which is our priority. But we are struggling.