

Lessons Learned Exercise
International Medical Corps Interventions at
Rabia Balkhi Hospital 2004-2011



PRELIMINARY FINDINGS

**ON BEHALF OF
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Purpose & Methodology



- To take stock of the outcomes and indirect benefits derived by the Rabia Balkhi Hospital (RBH) and by IMC based on the entire program for reproductive health capacity building (2004-2011).
- Desk review
- Focus Group Discussions
- Key Informant Interviews
- Observation

Rabia Balkhi Hospital - Background



- 1986 started with 259 beds
- 1991 was started by the name of Rabia Balkhi Hospital
- Now 200 beds with 373 staff (30 nurses, 76 midwives, 72 OBGYN residents and 19 specialist physicians)
- Obstetrics , Gynecology , Internal Medicine and General surgery wards

Main Program Objectives



Since 2004, IMC has implemented four projects at RBH funded by DHHS. Each project was designed to increase the capacity of RBH to provide quality reproductive health services. The major project objectives included:

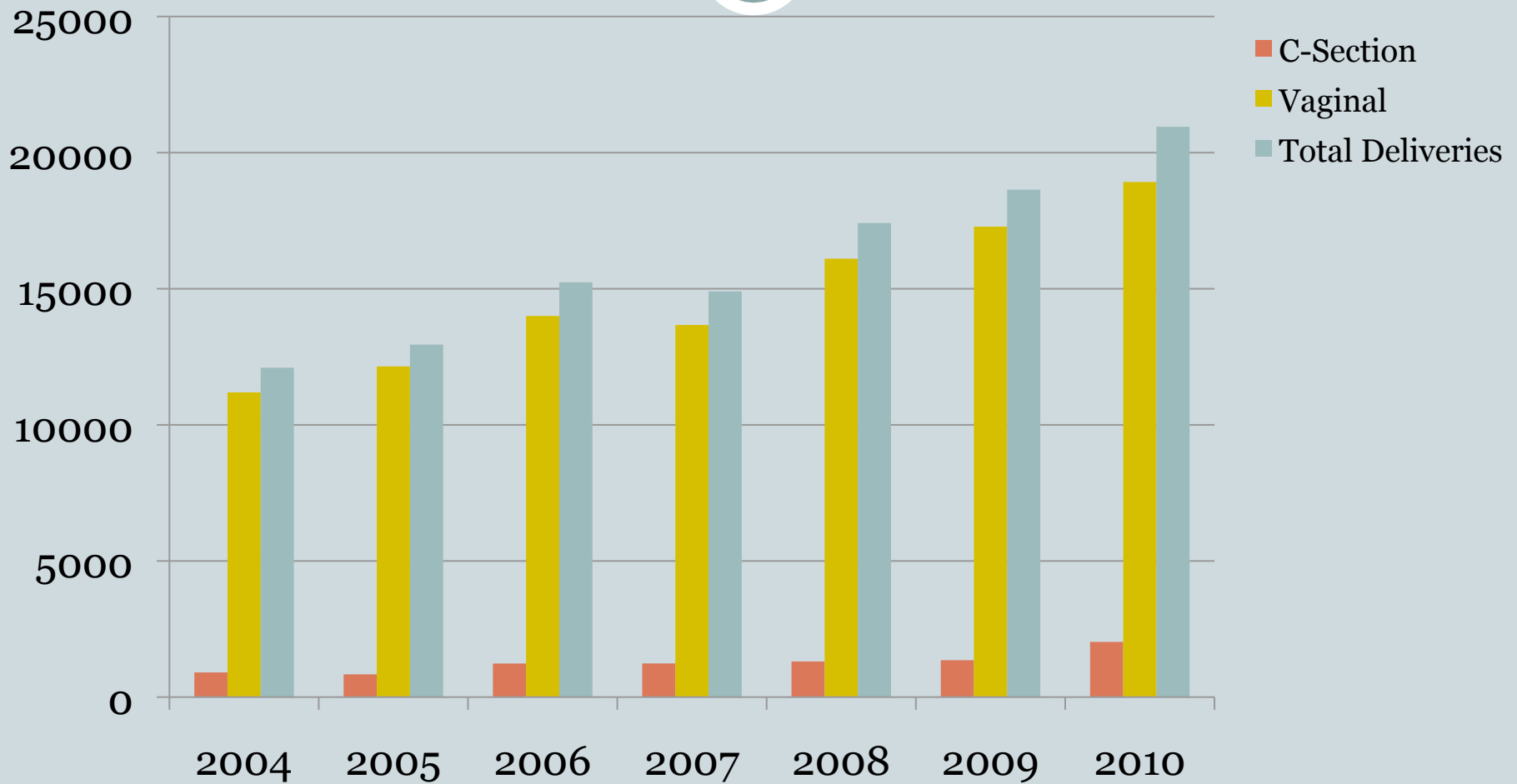
- To improve the skills of RBH physicians, nurses, midwives and other medical professionals through clinical training and quality assurance mechanisms.
- To support development of an Obstetrics-Gynecology Residency Training Program.
- To enhance the quality of trainings through the provision of logistical support to program staff and to RBH overall.
- To establish a functional and sustainable procurement system.

Kabul Demographics



- 4 Government-run Maternity Hospitals, private clinics, private hospitals, home births
- 3.6 M people in Kabul City (Afghan CSO 2010-2011)
- 1 CEMOC + 4 BEMOC per 500,000 → 7 CEMOC and 28 BEMOC (per international standards)
- ~165,600 expected births annually in Kabul
- Estimate 15% will need EMOC = 24,840
- Estimate 5% -15% of total births will need CS = minimum of 8,240

Deliveries at RBH 2004-2010



Total Out Patient Consultations



Main Achievements

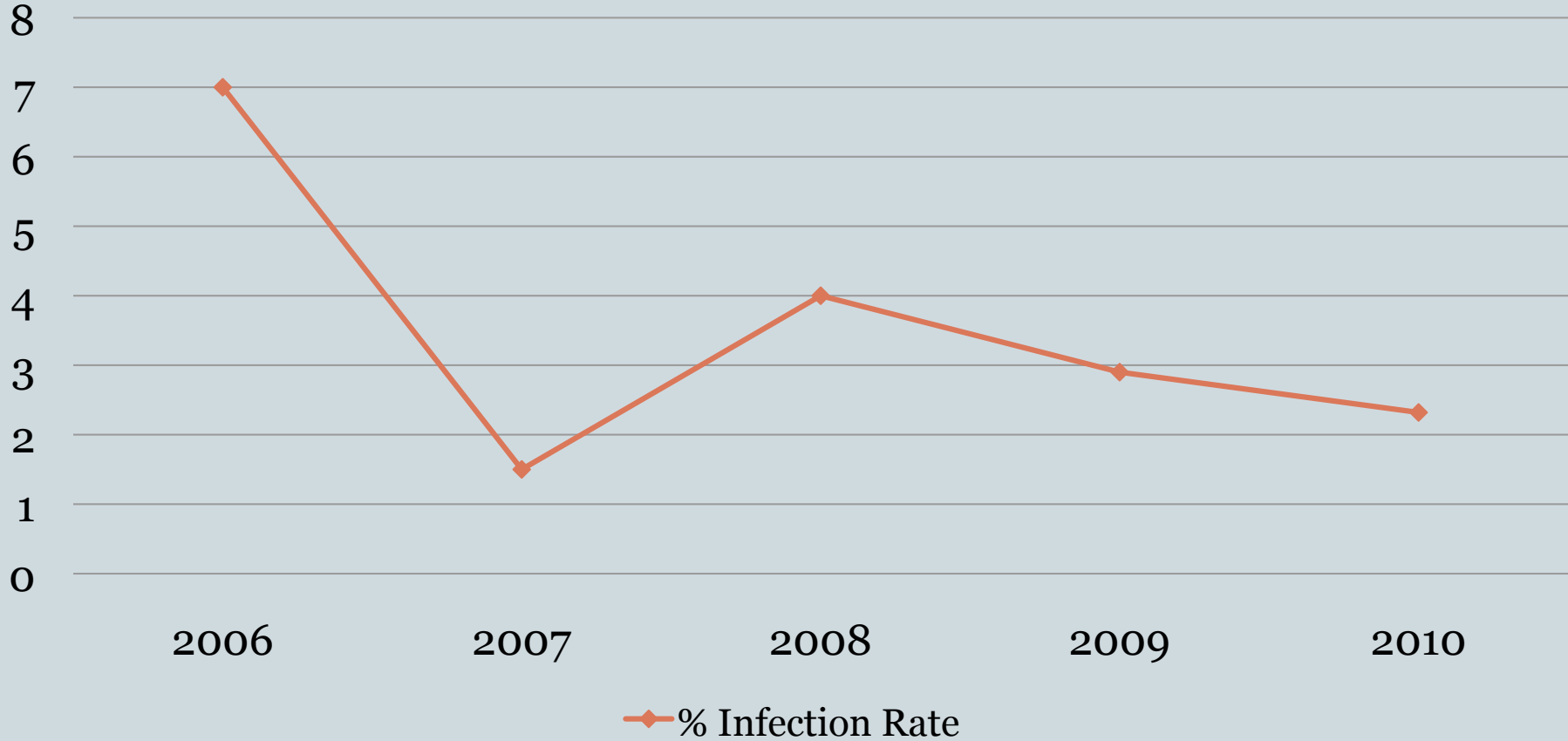


- ❑ Developed in-service curriculums for OBGYN, Midwives, Nurses, Pediatricians, Anesthetists and Allied Staff – more than 200 providers benefited from IMC direct training 2004-2009. Curriculums endorsed by MOPH. OBGYN and Midwife training sustained through Master Trainers.
- ❑ Midwives able to perform full scope of work (ie. AMTSL, Partograph consistently used, episiotomy, MVA)
- ❑ Infection rate declined
- ❑ C-section “decision to incision time” reduced
- ❑ Medical records system (medical history, orders, progress notes, test results etc) & improved documentation
- ❑ SOPs & guidelines produced
- ❑ IMC provided \$1.4M in essential drugs, medical equipment & supplies and rehabilitation to date
- ❑ Pharmaceutical management strengthened, in particular inventory management, warehousing of drugs, lab reagents and medical supplies
- ❑ Master lists for biomedical equipment, laboratory reagents and drugs and medical supplies developed

Infection Prevention



% Infection Rate



Main Challenges



- Staff turnover, inconsistent entry into program, lack of standardization in pre-service training
- Weak PHC services in Kabul
- Lack of transparency and difficult market environment for supply chain
- Weak MOPH systems
- Multiple stakeholders
- Internal turnover of staff over duration of intervention
- HMIS database weak

Lessons Learned



- Active learning processes for in-service training very effective: theory & practice, peer mentoring, ongoing assessment (KAS), accommodations for new hires → possibly link to accreditation
- A holistic approach to capacity building of clinical health providers at hospital to ensure continuum of care (ie. beyond OBGYNs & midwives)
- Clinical skills building must be combined with supply chain of essential drugs and equipment to produce desired results
- Inputs at systems level required to achieve optimum results
 - Human Resources (hire, train, retain qualified staff)
 - Supply Chain (reinforce existing system, avoid parallel systems)
 - Standardization of pre-service & in-service training & professional assoc.
 - PHC in Kabul – referral, case load and follow-up
 - HMIS is critical – should follow national guidelines where established