



Afghan Family Guidance Association (AFGA)

Success Stories Booklet
2023





Preface

Afghan Family Guidance Association (AFGA) is one of the oldest non-governmental organizations in Afghanistan established in 1968. AFGA provides families, women especially, with sexual and reproductive health counseling and contraceptives. AFGA is a fully accredited member association of the International Planned Parenthood Federation (IPPF). Afghan Family Guidance Association works in 13 provinces of Afghanistan by running nine static clinics, 14 mobile health clinics, 80 Family Health Houses (FHHs), and 46 Community Outreach Midwives. Five static clinics are in Kabul and the 4 are in Nangarhar, Balkh, Herat, and Parwan provinces. AFGA has 7 regional/provincial offices in Parwan, Kapisa, Balkh, Herat, Samangan, Logar, and Kandahar provinces.


AFGA is working in many key areas including RMNCAH and RH Services, Youth Empowerment, Humanitarian Response and Preparedness and Women Empowerment through different projects in order to improve the RH, Maternal and Child Health (MCH) of Vulnerable Populations in Afghanistan.

This Success Stories Booklet highlights the human-interest stories and provision of services to the clients through AFGA different projects and service delivery points.



Table of Contents

“Day or Night” AFGA's Community Outreach Midwives are Dedicated to Serving Women in Need	1
Saving Lives through Timely Health Intervention.....	3
Saving Lives - The Story of Aziza Rasa	3
AFGA Established the First FHH in Balkh Province	5
Samina Received Health Services in Critical Situations	7
COM's Counselling Changed Father's Negative Mindset about Female Infants	9
Poverty and Coldness, A Small and Poor Family Story.....	11
Providing Health Services in Emergency Situations.....	13
AFGA Health Staff Saved Live of a Mother and Her Child	15
AFGA's Response to Earthquack Affected Population in Paktika Province	17
Effective Counseling for Family Planning Methods.....	19
A Young Boy Receives Winterization Kit	21
Effective Counselling Changed the Clinet's Negative Mindset about Using Family Planning Methods	23
Effectiveness of Vitamin Angel Tablets Saved Lives of Mothers.....	25
AFGA Established the First FHH in Zarghon Shahr Village of Logar Province	27
AFGA Midwifery Help Line (MHL).....	29
Happiness of Joi Shor – Watani District Residents for being the Owners of a Health Center and a Health Midwife.....	31
A Trainee became a Trainer.....	33
Diary of a COM Providing Obstetric Care in Critical Situations.....	35



“Day or Night” AFGA's Community Outreach Midwives are Dedicated to Serving Women in Need

Sajja, 26 years old is married and has four children. Her husband lost his job in August 2021. The family recently became displaced, and Sajja said they were “sad and afraid”. When AFGA Community Outreach Midwife visited her, Sajja was pregnant, and she was advised on the services that were available to her free of charge, including prenatal care, and was given information about a nearby hospital when it was time for her delivery. Sajja was worried about being away from her family. Marina, one of AFGA's COM who was trained as part of IPPF's humanitarian program, assured Sajja that she would be ready to support her as much as it takes, “no matter if it is day or night”.

Marina continues, “When she was about to give birth, she called and asked me for help. I made sure to reach her on time and take her to the hospital. I made sure to ask the patient about her health. I knew she was worried that her close relatives were away from her. Yet, I made sure to support her morally that I am at her service, and she frequently thanked me for standing by her side”.

Marina continued to stay in contact with Sajja through the birth of her baby and visited her at the hospital. Marina was trained through IPPF and AFGA's Stream-III humanitarian response that provides RH services in remote areas in five provinces of Afghanistan (Kabul, Nangarhar, Khost, Balkh, and Herat). This project aims to deliver SRH services after the political deterioration experienced in Afghanistan during 2021, which threatened SRH service delivery sustainability due to the limitation of cash in the banking system.

COMs provide HIV, STI, Family Planning, ANC, PNC, Urology, subfertility counseling, and referral services for poor and marginalized people who might not be able to prioritize SRH health due to financial problems.

Stream 3 Emergency Response Project is an IPPF humanitarian internal fund. Afghan Family Guidance Association (AFGA) and International Planned Parenthood Federation (IPPF) are committed to providing Minimum Initial Service Package (MISP) to the affected population during/post-crisis.



Saving Lives through Timely Health Intervention

Hawa Gul Hosseini, a 25 years old midwife. is the mother of one child and lives in Dowlat Abad district of Balkh province where access to even basic health facilities is a challenge.

She is the only health worker who lives there and her presence is too important for the population of Dawlat Abad. Like other midwives providing RH services under the AFGA's JSF project, she also achieved new experiences like using technology in providing services in the field and capacity building through many pieces of training during this project. She is grateful for the JSF project. The Japan Supplementary Fund (JSF) is a project that the Japan Government supports. It provides essential RH services at the community level in 10 provinces of Afghanistan through competent Community Outreach Midwives (COMs).

Here are two important cases which she covered successfully and at the right time during her duty as outreach midwife of the JSF project.

- During this period, she provided various types of services and witnessed many types of health cases as a result of poor knowledge of people to understand medical conditions because there was no health worker to give them information, which then resulted in the malpractice of health staff. One of the patients was suffering from severe pre-eclampsia, day by day her condition got worsened and developed seizures. As a result, her family members, take her to a local Mullah and he burned her tongue, nose, and neck that she is under the effect of (Jinn). When her health condition got severely worsened her family members brought her to the hospital. Doctors diagnosed eclampsia and tried their best to treat the woman successfully.
- The other case is about a client who was in labor, and after many unsuccessful attempts by TBA and midwives of a clinic, she did not deliver instead they harm the patient more by malpractice. She evaluate the condition of the patient and realized that the patient should refer to the health center for better management the client survived and the staff of the health center appreciated her job, So she refer her at the right time without any delay.



Saving Lives - The Story of Aziza Rasa

Aziza Rasa, 25 years old, is a JSF project COM who provides lifesaving services to vulnerable women and girls in one of the most deprived suburbs of Kabul, the company area. Communities in this underdeveloped area of Kabul do not have easy access to health facilities. Lack of accessibility sometimes results in the loss of lives. The situation in the area is further aggravated as many of the IDPs moved to this area due to the recent political and security upheaval in the country.

Aziza Rasa provides RH services to women and girls at risk of disease and infection in the mentioned area. She also looks after 55 pregnant mothers and gives them pre and post-delivery medical services.

Since August 2021, Aziza has helped many women receive timely services at their doorsteps. Some of these women would have lost their lives if she could not reach them with urgent medical support.

"I am thankful to Aziza as she saved my life because I could not afford to go to the hospital," Mariam said.

Aziza referred Mariam to a private hospital as she was expected to get into labor soon. She had a complication during delivery.

When the doctors visited her, Mariam was bleeding, and the nurse at the hospital administered medication and assured her that she would get better.

Mariam was discharged after spending six hours in the hospital; however, on the way home, the bleeding worsened.

Mariam's health condition changed to critical, and she was not in the position to wait until she got back to the hospital.

Her husband immediately called Aziza and informed her of the situation, and when she arrived, Mariam was bleeding profusely.

Aziza immediately connected a serum with oxytocin and tried to remove the remaining pieces of the placenta. There were many blood clots, and Aziza's intervention helped save Mariam's life.

"I am thrilled that I could help Mariam and also relieve her family from tension," Aziza said.



AFGA Established the First FHH in Balkh Province

Under the IPPF NORAD-funded project, AFGA launched a Health Center in the Ghulam Jan district of Balkh province. The Family Health House (FHH) in this district offers quality health services such as Antenatal Care/Postnatal Care (ANC/PNC), Family Planning (FP), childbirth delivery and growth monitoring, screening and referring, and counseling services to the children under 5 years old who have critical health conditions.

Bibi Hangama, a midwife of Ghulam Jan FHH, offers 24-hour health services to the women and children in the village, who are mainly poor and are deprived of primary health services. Besides, Bibi Hangama provides counseling services on clean dressing, proper nutrition, and hygiene. Furthermore, she provides health education to the village people for an hour daily. Ghulam Jan village is one of the 137 villages in Balkh province where 1,060 families live. The nearest health center to this village is 15 KM far, which is equivalent to a three-hour walk for a pregnant woman.

People of this village have been deprived of health services and health centers for decades. Hundreds of mothers lost their lives due to a lack of health facilities, and still, a high percentage of mothers die during childbirth.

By launching the Ghulam Jan FHH, the first solid step is being taken by AFGA and IPPF to provide quality health services to the people in this village.

“This is the first time that the people of Ghulam Jan village consider themselves the owner of a health center. They are thrilled and grateful to AFGA for launching the FHH.” Bibi Hangama said.

Under the NORAD-funded project, AFGA has established a total of 15 FHHs in different district of Balkh province that provides health services to the vulnerable populations in the white areas.

Through financial support of IPPF's NORAD Project, AFGA implements a project with the goal of saving the lives of women and girls through Improving Reproductive Health (RH), and Maternal and Child Health (MCH) provides quality RH and MCH services through a multi-pronged, community-led approach in 11 rural provinces of Afghanistan



Samina Received Health Services in Critical Situations

On August 25, 2022, a mother and her 18-months child “named Samina” were referred to Ghulam Jan FHH with signs and symptoms of diarrhea, nausea, persistent anorexia, weight loss, persistent crying, and lethargy. After taking the child's history, she was registered with the diagnosis of Severe Acute Malnutrition SAM.

The child's height and weight were measured on the first visit, where the weight and Mid-Upper Arm Circumference MUAC were 7.6 kg and 10.9 cm respectively.

Bibi Hangama, the AFGA FHH midwife under the IPPF's NORAD Project visited the child and provided the necessary health and counseling services, including good and proper nutrition, better hygiene, and use of medicine. The midwife advised the mother to bring Samina for proper screening and growth monitoring every week.

Moreover, Samina was referred to the nearest basic health center (Balkh Hospital) to receive further health services and the nutrition package of Ready-to-Use Therapeutic Food RUTF "plumpy nuts".

However, since Samina's family is poor and cannot afford the daily transportation to Balkh Hospital, it was recommended for them to take plumpy nuts with an appetite test daily under the supervision of the midwife. Samina's mother comes to Ghulam Jan FHH with joy and enthusiasm every day and witnesses her child gains weight.

“Samina is the first patient of Ghulam Jan FHH and her mother comes to this FHH every morning, which shows the quality of health services of the FHH and people's trust in it.” Bibi Hangama said.

After a month, with the regular checkups in place, Samina's weight and MUAC increased to 8.1 kg and 11.3 cm respectively, which shows rapid improvement and well nutrition of the child.

“This is a great and pleasant news for us. We are very happy and thankful to Ghulam Jan FHH services that saved our daughter's life and treated her in the best possible way.” Samina's family said.





COM's Counselling Changed Father's Negative Mindset about Female Infants

Every morning that I was conducting the ANC and PNC health training for women, a young woman was attending the training and leaving early without referring to the midwife for taking medicine or advice. This situation made me doubtful of the woman, so I tried to find out what was happening.

One day when I was registering the woman in training, I started talking with her. It was apparent from her face that she was hiding something; therefore, her eyes were tearful. I started a friendly conversation with her and tried to gain her trust. I told her about the high level of confidentiality on the COMs and the project. At the end of our first session, I told her the date and time of our next meeting. But she did not attend the training nor the meeting. I thought that my efforts were not sufficient to gain her trust. A few days later, she attended the training again. She asked me to have a private meeting. I warmly welcomed her, and after checking her up, I asked about the reason for her absence. This time she could not stop herself and constantly cried. After some time, she started to tell her story.

“My name is Mah Pari, and I am pregnant. I have two daughters, and if I give birth to the third, my husband will divorce me. After the ultrasound checkup, the doctor told me that I bear a baby girl. Therefore, I am afraid to share the result with my husband. The reason that I leave the training early is that I memorize the topics you are discussing in the training and I try to share those points with my husband in order to convince him about the possibility of having a third baby girl. But my husband still has a negative idea about baby girls and says that he will marry another woman in case I give birth to another girl. My husband believes that new medications such as Folic Acid tablets have caused the women to bear female infants.”

While hearing her painful story, I was crying too. I promised her that we would do our best to bring positive changes to this negative culture and her husband's mindset. I assured her that our project has been able to change similar beliefs in men during the project cycle. I scheduled several consultation sessions with her husband, and fortunately, after a couple of weeks, I changed the man's belief about having baby girls.

Mah Pari's husband is now aware that their future infant is a princess. Surprisingly, the man brings his wife for ANC checkups on time. He persists that we should prescribe more Folic Acid and other medicines for Mah Pari to deliver a healthy child.





Poverty and Coldness, A Small and Poor Family Story

Poverty and joblessness, are the two ugly issues that Afghan people are facing for a long time. And because of these issues, people are not able to continue their life as they desired.

This success story is written regarding the living situation of Ms. Farkhunda an Afghan 34 years old woman.

Ms. Farkhunda is a tailor and lives in the Ala Say district of Kapisa province of Afghanistan. It's a long time since her husband is jobless and they face many challenges.

Their living area is one of the most remote and mountainous areas with non-asphalt roads and vehicles barely go to their area. Only vehicles with supporting gear can go.

Ms. Farkhunda complains about the cold weather in their living area. She says because of being mountains and geographic location, while the weather is rainy and snowy even, we cannot suffer the coldness and we don't have enough goods to keep our home warm.

Fortunately, AFGA with the support of UNFPA's fund donated a double-user blanket and 3 tarpaulins.

Farkhunda's husband Omid, while thanking AFGA said that these blankets are too much useful for us and can help us to keep warm. He added that their house floor is damaged due to rain and whenever it rains, water enters the rooms and needs to be rebuilt.

Meanwhile, Ms. Farkhunda appreciated the AFGA and UNFPA support and said that because of poverty, people cannot purchase such high-quality blankets, and instead of that, people are using PATO (Shaal) or low-quality items as blankets.

The United Nations Population Fund (UNFPA) is the United Nation's SRH agency. Their mission is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. AFGA is a crucial partner of UNFPA at the country level. AFGA has been implementing a number of projects/initiatives in reproductive health, family planning, humanitarian and youth, through UNFPA financial support.



Providing Health Services in Emergency Situations

Ms. Malalai is a 35 years old woman who lives in Khushi district of Logar Province. It is 15 years since she got married and unfortunately, she doesn't have any children due to which her husband got a second marriage. During the past years, she had serious health problems but neither her husband took her to the hospital, nor she had permission to go to a doctor.

Dr. Masouda Aziz Ahmadzai, a Gynecologist, and one of AFGA's medical staff under IPPF Stream-3 Flood Emergency Response Project in the Mobile Health Team (MHT) provides Minimum Initial Service Package (MISP). AFGA provides MISP services to the affected population through IPPF Stream-3 Flood Emergency Response Project in Logar province through 2 mobile clinics. Dr. Masouda along with other team members visited their target sites to provide services, and luckily met Ms. Malalai who visited AFGA MHT and was very worried and upset about her issue.

Understanding Ms. Malalai's health issues, Dr. Masouda behaved very friendly with her so that she could freely speak about her health problems privately.

Ms. Malalai cried about her health issues and her inability to receive health services due to the non-availability of health facilities near her house. Dr. Masouda, after taking her consent, conducted necessary examinations, and physical check-ups, took her to a special and well-equipped room inside AFGA MHT in Khushi district, and after an examination, and Drape +Prep, Polypectomy was performed with local anesthesia.

Fortunately, after a while, she revisited AFGA mobile clinic and really appreciated Dr. Masouda for getting pregnant and saving her from a very huge problem. She said that she couldn't believe that one day she will get pregnant and her problems will be solved in their own district.

"I couldn't believe that one day I will be able to get pregnant and give birth to a baby. I appreciate AFGA's services which solve our health problems in our own district, thank you AFGA for providing quality health services," Malalai said



AFGA Health Staff Saved Live of a Mother and Her Child

Khatimagula – a 37 years illiterate old married woman with five children who lives her entire life in the Giyan district of Paktika Province. She delivered all of her children at home with the support of a traditional birth attendant. Since there's a lack of enough female staff in Occupational Therapy(OT) at Sub Health Centres (SHC). Besides, there's a stigma among the local community. They usually do not want their females to be cured by male staff at health centers.

Dr. Lima Samoon, Gynaecologist, one of AFGA's medical staff from the Stream 3 earthquake response project in Static Clinic is providing Minimum Initial Service Package (MISP) along with other team members. One day Khatimagul along with her husband came to the clinic while complaining of pain. Dr. Lima Samoon did the examination of the patient and diagnosed that the she was suffering from labor pain and further found that the patient's fetus was vertical in representation due to which the patient cannot deliver normally. It was abnormal and it could lead the patient and the baby to death.

Furthermore, the patient's referral was not possible due to dumpy and mountainous road conditions. The distance between Provincial Health Center and Giyan camp was approximately 3 and a half hours.

Fortunately, there was a Basic Health Center (BHC) in Giyan district and after the earthquake, Paktika's Provincial Public Health Directorate (PPHD) created an Occupational Therapy (OT) in the BHC. Therefore, the gynecologist decided to take the patient to the OT and operate the cesarean section (C-section). The C-section took around 2 hours due to a lack of well-experienced supporting staff such as midwives and nurses. The C-section was conducted successfully. However, the baby's APGAR score was relatively low. The gynecologist did the resuscitation and the APGAR score became normal.

Fortunately, the mother and baby were discharged after five hours. This was probably the only C-Section operation in the Gayan district of Paktika in its entire history.

Khatimagul's Husband Says: "I wholeheartedly thank AFGA and their professional medical staff that came to our village, provided quality health services to our patients, and saved my wife and child's lives. Before AFGA's arrival to the Giyan District, the people were usually visiting PHC or they were going to Kabul which is very far away and most of the time the patients were dying on the way to hospitals and health centers."



AFGA's Response to Earthquake Affected Population in Paktika Province

Immediately after the earthquake in Gayan District of Paktika province in June 2022, AFGA through IPPF's Stream 3 project, deployed a team of health workers to provide Minimum Initial Service Package (MISP) to affected population. Hundreds of people were injured and many lost their lives and thousands of people displaced. Many women were in need of basic health services.

One of these women is Surah who came to the AFGA Static Clinic in the Gayan District. Living in Gayan district of Paktika province, Surah is a 32-year-old woman. It has been 12 years that she is married and is the mother of 6 children. Her youngest child is only 6 months of age. Surah didn't know anything about and had not used any family planning methods between her pregnancies which caused her and her infants to suffer from severe malnutrition.

One day Ms. Surah along with her husband visited AFGA clinic and met Dr. Marya Saqeb a gynecologist. When Dr. Marya checked her health condition, she found that she suffers from severe malnutrition due to consecutive deliveries. Dr. Marya provided counseling, she accepted using contraceptive-POP tablets method. She states that by using this tablet her milk has increased, her little child has gained weight compared to the previous month, and has less diarrhea. The contraceptive helped her to avoid consecutive pregnancies and consequently enabled her to feed her child properly.

Ms. Sura expressed her deep happiness with the provision of health services by AFGA and said that Allah will reward you.

In rural Afghanistan, the awareness of people about family planning methods and their acceptance are very low.



Effective Counseling for Family Planning Methods

Despite developments in Afghanistan's healthcare sector in the last two decades. In most of the remote districts/ areas of Afghanistan, people don't have full access even to basic health and hygiene services. An example of this issue could be Badakhshan the northeastern province of Afghanistan.

Badakhshan is one of the 10 provinces where the Afghan family guidance association - AFGA has community outreach midwives for providing door-to-door quality services in RH and MCH for women of reproductive age and young girls under NORAD Project for the last two years.

One of the main services that community outreach midwives are involved in, is to provide the distribution of short-term family planning and counseling and referral of long-acting reversible family planning methods packages (Implant and IUD).

Ms. Hanifa Olker is one of NORAD Project's COM in the capital of Badakhshan province, Faiz Abad City. She has 12 years of professional experience in this field and has many key achievements. Ms. Olker has been working with Afghan Family Guidance Association – AFGA as a community outreach midwife for two years.

Ms. Halima (allonym), and her husband were not ready to use birth spacing methods due to myths that she had heard from other women regarding the negative side effects of these methods. But recurrent pregnancies and no solution for it had made her weak and hopeless and the solution was not clear to her.

Ms. Hanifa Olker fortunately, made all the issues clear and made it easy for her and her husband to make a wise decision. So, after many counseling sessions both of them agreed and chose the (Sayapress) a subcutaneous type of injectable method for having birth space. During visits and follow-ups of clients, the health workers face many challenges and need to motivate people/families to accept such health services.

The family planning method is necessary for some circumstances due to it leads to positive community development, Healthier babies, and fewer medical problems for mother and child and etc. In addition, providing effective and satisfactory counseling is vital for convincing such clients and their families regarding the benefits of birth spacing methods.



A Young Boy Receives Winterization Kit

Javid (Allonym), a 12-year-old boy came to AFGA's Winterization Kits Distribution Site in Logar to receive humanitarian aid. Javid is an orphan boy who has lost his father during war. He is the eldest child of his family having 4 sisters and lives with his mother and uncle. He belongs to a very poor family where her mother and himself are the breadwinner of his family. He was very keen to go to school and continue his education but due to poverty, he cannot go to school.

Javid, on behalf of his mother, came to receive the humanitarian aid, as her mother couldn't come to the site due to snow and cold weather. The humanitarian aid consisted of blankets and tarpaulin, through the financial support of UNFPA.

Javid says that his family cannot afford to buy blankets due to very poor economic situation. He is thanking UNFPA and AFGA for helping them in such conditions and he is expecting more support and help in the future.

AFGA is proud that through the financial support of the UNFPA Project, distributed the winterization kits to affected and vulnerable populations of the country, during this critical situation.

"I am happy with such kind of Humanitarian aid. I was dreaming about sleeping under the warm and smooth blanket. I wanted to become a doctor in the future, but due to poor economic situations, I and my siblings are not able to go to school. I collect little woods/bushes from the desert and hills for winter in order to heat ourselves and use them for cooking " Javid said





Effective Counselling Changed the Client's Negative Mindset about Using Family Planning Methods

Madina is 28 years old who has married five years ago. She has two children and lives in 7th district of Kabul City. Her two children died and she also had one abortion. She was physically very weak and consecutive pregnancies was highly dangerous for her and her child.

She visited AFGA static clinic in Rabia Balkhi in November 2022 for a check-up and consultation with the AFGA gynecologist and midwife. International Planned Parenthood Federation (IPPF) is the core and primary source of AFGA funding for its program implementation. AFGA is making joint advocacy efforts on Reproductive Health (RH) with other stakeholders to achieve policy and legislation change. Through IPPF Core funding, AFGA is delivering a quality integrated package of essential services through 9 Family Welfare Centers, 10 community outreach midwives, and two mobile clinics in six provinces of Afghanistan (Kabul, Kapisa, Balkh, Herat, Parwan, and Nangarhar).

During the health and family planning counseling services, the AFGA Static Clinic counsellor who works under the Core Fund Project, found that she didn't use any family planning methods till now.

When the clinic counsellor and doctors talked and told her to use family planning methods for better management of her deliveries, she denied it. The counselor emphasized the benefits of family planning methods and told her that these methods are very safe and will ensure the health of mothers and children.

Finally, Madina agreed to use the Implant method. After using the family planning method, she referred back to the clinic and thanked all the AFGA Static Clinic staff for their guidance and support.

" I am very glad that through our clinic and reproductive health services such as HIV, STI, ANC, HBV, GBV, infertility and etc. we have solved small and severe health problems of our clients. We are committed to providing quality health counseling services to our clients in the future as well"

Dr. Anusha Amiri
Rabia Balkhi Clinic Counsellor



Effectiveness of Vitamin Angel Tablets Saved Lives of Mothers

Tahmina is 35 years old. She is a resident of the Chahar Asiab District of Kabul. It's been 18 years that she is married. She has 7 children. She had 2 abortions due to not using the family planning methods between her deliveries. On the other hand, Wajiha and her children were at risk of malnutrition and vitamin deficiency due to successive deliveries.

Therefore, she was referred to the AFGA Istiqlal Static Clinic by one of her friends. The static clinic midwife checked the patient's condition and provided Vitamin Angel and Folic Acid to her.

On the other hand, the patient was convinced to use one of the Family Planning methods. The patient agreed to use the DMPA method of family planning.

"As a counsellor, I can say that the correct counselling is very important for all the clients who are visiting the clinic. At the end of the counselling, the clients can easily choose which family planning method to use." Dr. Maryam Pamiri

Since 2022, she is a regular client of Istiqlal Static Clinic which is funded under the AFGA's IPPF Core Fund Project.

As a result of using quality Vitamin Angel Tablets and family planning methods, her health condition got better. Tahmina and her family are happy with the services that AFGA's Static Clinic provides.

"I am very happy and satisfied with the services that AFGA Static Clinic provides. I wholeheartedly thank all doctors and midwives for their healthcare and counselling services. Since I use the family planning services as well as Vitamin Angel Tablets that AFGA provides my health condition got better." She also added that the AFGA static clinic staff listens to our problems and gives us proper counselling services." Tahmina said



AFGA Established the First FHH in Zarghon Shahr Village of Logar Province

Robina is a 19- years- old girl who lives in Zarghoon Shahr village of Mohammad Agha district of Logar Province. She is illiterate and can only read small chapters of the Holy Quran. Robina lives in a family that does not allow their daughters to go to school and study, they are only allowed to go to religion courses and learn the Holy Quran.

Robina says that the AFGA FHH in the Zarghon Shahr village is the only health facility in their village that works under the AFGA NORAD Project.

Robina had menstrual problems and anemia. The AFGA FHH midwife while checking up on the patient's condition found out that she has menstrual problems and anemia. On the other hand, she was suffering from Kidney pain due to an infection.

The FHH midwife provided medicines including Folic Acid, Brufen, and Amoxicillin tablets for her Anemia and kidney infection.

Robina says: "I am very happy and satisfied with the services provided by the AFGA FHH. Before the establishment of AFGA FHH in this village, we were not allowed to go to clinics outside the village for the treatment of our diseases. With the launch of AFGA FHH, we can easily go to the clinic and solve most of our health problems. We also receive counseling about Breast cancer and menstrual hygiene."

Robina, her family, and the whole village are happy with the services and medicines that AFGA's FHH provides.

This FHH has started its work in January 2023 and since then more than 30 women come to the Family Health House on daily bases and receive basic health and family planning services.



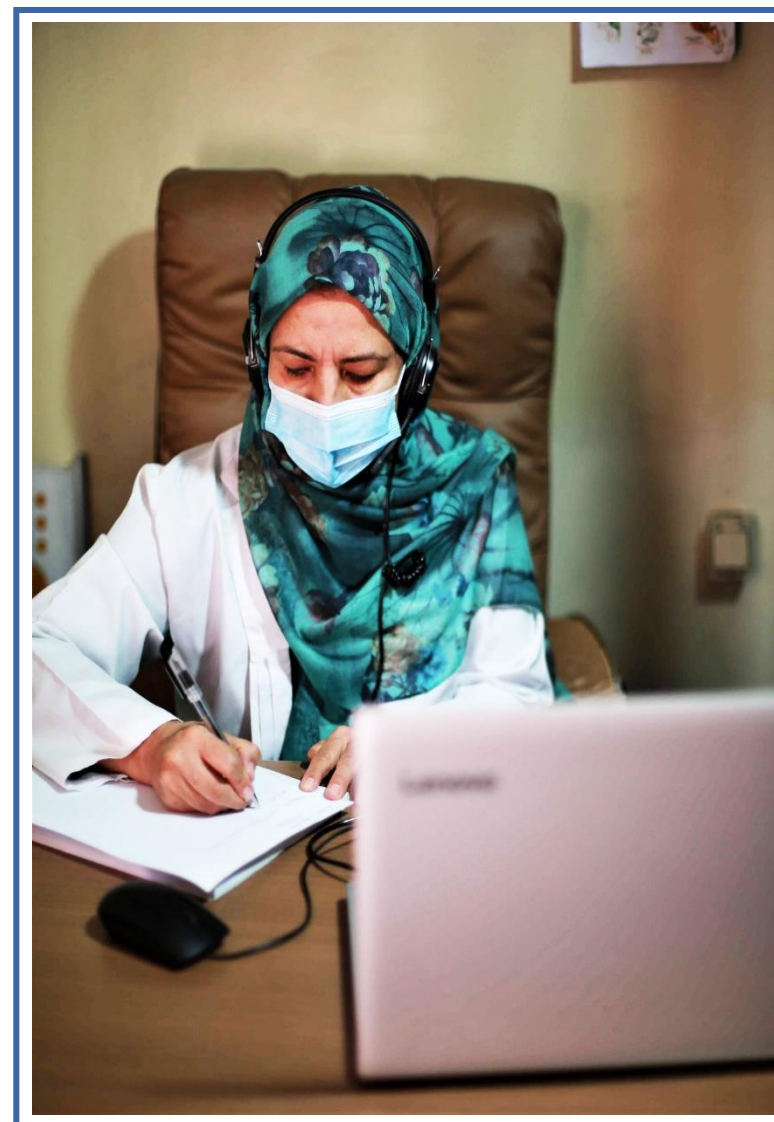
AFGA Midwifery Help Line (MHL)

Midwifery Helpline (MHL) was established in 2016 through UNFPA financial support in the Rabia Balkhi Maternity Hospital in Kabul. The purpose of MHL is to provide technical support to the Family Health Houses (FHHs) Midwives and the general public in Hard-to-Reach areas of Afghanistan.

The hotline number has been promoted widely among the general public and FHH midwives. Gynecologists and midwives receive calls 24/7 from the community in need of support for SRH services that MHL provides technical assistance. During the COVID-19 pandemic, MHL provided quality SRH, FP, counseling, and services to women and girls.

The package of services provided through MHL includes Family Planning, Postpartum Hemorrhage, Misoprostol protocol, Abdominal pain in early pregnancy, Hemorrhoid, Birth asphyxia, Lab EX during pregnancy, Information About Placenta, Types of Uterus, Abortion and etc.

Calls received and the services provided through Midwifery Help Line are recorded in the digital tool, which generates reports, and dashboard analytics. MHL is equipped with communication tools and a dashboard that records each call and the services provided. Through Midwifery Help Line more than 20,000 services are being provided every year.





Happiness of Joi Shor – Watani District Residents for being the Owners of a Health Center and a Health Midwife

The FHH for the Joi Shor – Watani district has started operating on August 2022 under the NORAD Project. The FHH provides ANC, PNC, FP, delivery, children under monitoring, screening, referring and counseling services.

The midwife for Joi Shor -Watani FHH Bibi Najma is not from the area but offers 24-hour services to the women and children of the village.

With the exception of the targeted and determined indicators, Bibi Najma also provides services and counseling to the people of this village for other health cases such as dressing, hygiene and nutrition. She gives health education to the people of the area every morning from 7:20 am to 08:00 am.

Joi Shor-Watani Village is one of the 34 villages of Chemtal district in Balkh province, which has 400 families and a population of more than 2000 (ANC: 80, PNC: 80, Delivery: 80, Children under 2 years: 160, and Children under 5 years: 400). Geographically located in the middle of 5 villages, this village is away 60 km from Mazare Sharif City and 10 km from the center of Chemtal District.

The nearest health facility is 10 km from this village, which is equivalent to a three-hour walk for a pregnant woman. The men of this village are farmers and their women are unemployed and illiterate, almost all of them are poor. They have been deprived of health services for centuries, hundred mothers have lost their lives due to the lack of health facilities, and there is still a high percentage of deaths during childbirth...etc.

This is the first time that the people of this village have considered themselves the owners of a health center and a health midwife; they are very happy and grateful to AFGA and IPPF for this.



A Trainee became a Trainer Struggle makes strong minds!

Jina added: "It was difficult to believe that such training programs and advisory sessions could be this much effective and directly change my mind and lifestyle. Now I am becoming a new character with different habits and behaviors. I act, think, and behave positively; even while facing challenges, I could deal with them differently than before."

Before joining the training programs and advisory sessions, Jina thought that she would never find solutions or have a tight sleep because of her problems; even she says that these mental problems and shocks changed her into a negative, disappointed, hopeless, and sleepy person. Nothing was interesting to her, and she couldn't even think about her future.

Jina Abedi participated as an active member of the training programs in the Youth Center, and she got to attend different and effective seminars about Mental health, Future and Family Planning, hygiene, RH services, Advisory presentations and etc.

She appreciated the activities of AFGA, UNFPA, and the Youth Center for the young generation, especially those who faced such problems in their lives. She also thanks all those people who worked closely with her to change her lifestyle and mind.

She has a brief message to youth, especially girls, that they should never be disappointed, every problem has a solution, therefore, be strong, and think positively.

She added " Now I trust that I can also be a trainer for those who have faced problems like me"

This story focuses on the life of a young 25-year-old Afghan girl who faced too many challenges in her life and, after participating in the youth center's training programs, became a role model for the other girls.

Jina Abedi is 25 and graduated from high school. She lives in a poor family with her brothers. Her father and mother died many years ago. She is the only girl in the family, with lots of responsibilities.

From childhood till now, she has faced lots of challenges because she did not have a supporter in her family.

Since last year, Jina was in tension and fully depressed. But when she met with the youth educators in AFGA's youth center a Positive change occurred in her life.

Ms. Tahmina, a youth educator in the youth center of AFGA, has talked with her in different advisory sessions, and after these sessions, she participated in the training programs of the youth center in Ataturk Hospital.

Jina says that these advisory sessions and training programs were a golden chance for her that changed her life and made her optimistic towards a bright future.

Aside from these efforts, the youth center of AFGA has referred Jina to Ms. Enjila, a female doctor in Ataturk Hospital, for more discussions and advices.

Jina's tension and depression levels were too much high, as she says many times, she has tried to hurt herself and others.



Diary of a COM Providing Obstetric Care in Critical Situations

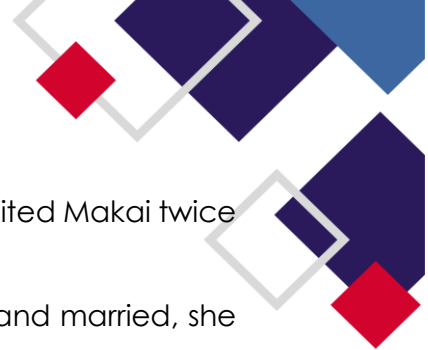
"People in my village cannot access the health centers easily, and medical emergencies are the toughest situations for families to deal. Being a midwife in a place like this allows me to provide much-needed services, particularly to pregnant women." Maliha Bashardost Said"

Maliha joined AFGA in the JSF project in April 2021. She graduated from the Rahnaward Institute of Health Science and has an excellent academic background and extensive work experience. She recounts a particularly challenging experience of providing lifesaving support to a mother and child in her community.

Maliha tells the story as follows: We heard a knock at our door in the late evening, around 7:45 pm. My husband attended the door and found a man who said he was looking for me because his wife was sick. I took my equipment kit and went along with him. As I approached the house, I realized the family had been anxiously waiting and were relieved to see me arrive. They told me that Makai, the pregnant woman, visited the hospital in the morning, but the doctors said that she still had time for delivery. As it was getting cold, the family decided to return home.

In the evening, she went into labor, and they couldn't go back to the hospital. Makai was in pain, and three other women were putting pressure on her abdomen during contractions. I requested them to stop that, as it was an unfair practice. Makai was 24, and her youngest child was five years old. I checked the fetal heart and her vitals, and everything was normal. She looked tired and weak, so I asked for some food and water to be given to her. Contractions gradually increased, and at 11:00 pm, she delivered a baby boy.

The passage of the baby from the birth canal was a little tricky but fortunately, the delivery was successful. After drying the baby and getting him dressed to keep him warm, I cut the cord and ensured early breastfeeding. I checked the placenta, and the birth canal for lacerations, and the tonicity of the uterus.



There was no problem, and I prescribed the analgesic and iron supplement to Makai. Everything went well, and I visited Makai twice for PNC checkups. I also provided the necessary information on immunization for the newborn.

The capacity-building programs of JSF helped Maliha to provide better services to the clients. She is 24 years old and married, she works as a COM in Karte Mujahid of Samangan province.

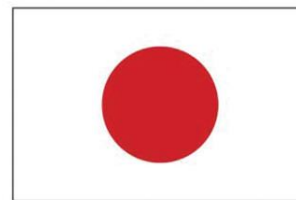
"I am proud to be a health staff. I have learned many new things about MCH and SRHR services. The most invaluable experience for me is using a digital system for recording data of our services. Searching, sharing, and correcting of data in the digital system of Health Management Information Systems (HMIS) is so easy, where the added advantage is the proper and safe storage of data." She added, "In the beginning, people from the community were not familiar with the system of providing medical services. When I started entering data on the tablet, they doubted that I would misuse their personal information. Maliha said

Gradually they realized the importance of this project and the services we are providing. As an outreach midwife for the JSF project, I have provided various MCH and SRH services and have been able to reach out to those who could not even access the most basic health care services earlier.

Maliha mentioned a short story of a client who was pregnant and anemic. "Thanks to the Care Mother application that notifies me to visit my client on time. She completed her ANC visits, and after a prescription of iron supplements and diet consultation, she is now healthy." She added, "Bano Gul was unaware of the FP methods, and her family was against using them. She had to give birth every year. As a result, she was weaker and often sick. After multiple visits with her family, they finally understood the importance of spacing births, and now she is on birth control pills.



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