



AFGA Newsletter

Issue 2 (March 2022)



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Improving Sexual & Reproductive Health (SRH), and Maternal & Child Health (MCH) for Afghan Women and Girls in Afghanistan - Funded by BMZ

For the first time, AFGA started providing health services through Family Health Houses (FHHs) in Afghanistan – funded by BMZ. It is a five months' project that began in December 2022.

AFGA started establishing 60 FHHs health facilities in the 12 most vulnerable districts in four provinces in the first phase. With this, AFGA has entered a new segment in healthcare. AFGA's experience in establishing, implementing, and providing health services through FHH health facilities was excellent. It has been able to equip FHHs health facilities with the highest quality to serve the communities in a brief period. This has been a remarkable achievement for AFGA and, at the same time, a great experience that will enable AFGA to expand.

Through two Mobile Health Clinics (MHCs), AFGA provided health services to vulnerable women, girls, and children on the outskirts of Kabul city. The MHCs provide assistance and related medicines and commodities to minorities and Internally Displaced People (IDP) at their doorsteps. A third mobile van was also procured through the project that increased the service provision and outreach of AFGA. In addition, a warehouse of around 400 square meters was constructed that expanded AFGA's warehouse and stock capacity in emergencies.

Through the BMZ-funded project, two regional offices were established and fully equipped, which enhances the AFGA's geographical outreach and ability to effectively manage its projects in the region and focus on the visibility and ability to expand further.



Basic Emergency Obstetric & New-born Care (BEmONC) Training

Through the support of IPPF Humanitarian, AFGA organized three training sessions on the Basic Emergency Obstetric & New-born Care (BEmONC) to its COMs in different provinces. The training aimed to build the capacity of the COMs on BEmONC, where the COMs gained essential knowledge of key components of BEmONC and were empowered to use their capabilities during emergencies such as childbirth. 60 COMs of the JSF project from four provinces participated in the training sessions.

The first training was conducted for 15 JSF project midwives in Badakhshan province in January 2022, followed by another session in February in Mazar-e-Sharif for 30 midwives of the Balkh and Samangan provinces. Finally, the third training session was conducted in Parwan province, in which 15 midwives participated.

The training mainly focused on building the midwives' skills in emergency cases and crisis settings and improving

their knowledge of three essential contexts of bimanual compression of the uterus, administration of the loading dose of MgSo4, and helping babies breathe. These help mothers and their newborns in remote areas where access to advanced health facilities is limited.

The training encompassed key components of BEmONC, and the trainer used theoretical and practical training methods to help the participants understand the concept and practice them in action. The participants were given enough time to ask questions and get clarity on the terminologies used during the training and share their opinions and experiences.

The training participants showed satisfaction from the sessions organized and stated that they learned the most key emergency skills that would enable them to provide services to extremely endangered mothers and their newborns.



MISP Inclusion into ANDMA's Emergency Response Plan

Afghanistan is highly prone to natural hazards, especially the earthquakes and landslides concern the northern regions. These regions have poor accessibility due to mountainous terrain, increasing the population's vulnerability. The central region of Afghanistan experiences floods and droughts recurrently, whereas the southern region is primarily drought-prone. Due to climate change, the frequency and intensity of these hazards are rising, thus increasing humanitarian needs.

While conflict remains the main driver of displacement, climate change substantially contributes to population movements. High levels of poverty, lack of livelihoods and income generating opportunities, chronic health problems, poor infrastructure, and limited knowledge of likely hazards and risks contribute to increasing the vulnerability of Afghan people in the wake of natural hazards. The situation is deteriorated by rapid urbanization and unplanned developments in cities like Kabul.

Afghanistan National Disaster Management Authority (ANDMA) is the principal executing body and nodal agency at the national level, acting as the Secretariat for the National Disaster Management Commission (NDMC). ANDMA's mandate is to coordinate all aspects related to disaster mitigation, preparedness and response. ANDMA invests in building and developing social capital and physical assets to reduce vulnerability. It supports the recovery of disaster-affected communities and assists in the long-term reintegration needs of refugees (returnees) and IDPs. However, one of the most critical aspects of humanitarian assistance is often forgotten when disaster and conflicts strike, access to essential lifesaving SRH services get even more difficult.

With the commitment to providing SRH services to clients during emergencies, AFGA advocated for the inclusion of the Minimum Initial Service Package (MISP) into ANDMA's Emergency Response Plan (ERP). As a result, the MISP package is now added to ANDMA's ERP, and it will ensure SRH services during an emergency.

AFGA's Participation in the UNHS Roundtable on Afghanistan

Mr. Najibullah Samim, the CEO of AFGA, participated in a round table organized virtually by the United Nations House Scotland (UNHS) on March 03, 2022. The event was organized under the theme: "A Humanitarian Approach to Human Rights: A Round Table Discussion on Afghanistan". The event focused on Afghanistan as a case study to explore and discuss Human Rights issues.

Dr. Gari Donn, the Executive Director of UNHS, inaugurated the roundtable with his opening remarks. Guest speakers from the United Nations Assistance Mission in Afghanistan (UNAMA), School of International Relations, University of St Andrews - UK, University of Manchester - UK, and former British Ambassador in Afghanistan delivered speeches and provided some context on the situation in Afghanistan by highlighting some key issues and concerns from their own perspectives and experiences.

As a guest speaker, Mr. Samim delivered a presentation on "A Humanitarian Approach to Human Rights: Women and Children on the Ground". He also discussed on AFGA's activities, the challenges on the ground, and answered the questions raised by the participants during the Q&A session.



AFGA Expansion - Geographically

Under the Stream-III project, AFGA expanded its SRH services to Khost province to serve the people of Bak, Alisher, and Saberi districts. These districts are far from the main city and are prone to natural disasters, rainstorms, seasonal floods, and drought. To provide the essential SRH services at the clients' doorsteps, AFGA assigned 5 COMs for each district and received the Directorate of Public Health (DoPH) support.

As of March 31, 2022, the midwives provided essential SRH services, including Human Immunodeficiency Virus (HIV), Sexually Transmitted Infections (STI), Family Planning (FP), Antenatal Care/Postnatal Care (ANC/PNC), urology, subfertility counseling, and referrals to 11,347 poor and marginalized people in these districts. Furthermore, the midwives provide short-acting contraceptives to vulnerable women and girls and support the third-trimester women with Clean Delivery Kits to safely deliver the babies at home.

AFGA Twinning Program with Action Against Hunger

Agency Coordination Body for Afghan Relief and Development (ACBAR) organized a program through which a qualified international organization is twinned with the national NGOs. This program aims to develop the national NGOs' capacity to be able and competent for the Afghanistan Humanitarian Fund (AHF) and eligible to have some allocations in the humanitarian projects of the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

AFGA started the twinning program in January 2022. ACBAR assigned Action Against Hunger (AAH) as a partner

AFGA and IPPF Partnership

As a member association, AFGA receives core funding from the IPPF and obtains technical support and collaboration from the IPPF members associations network in South Asia and beyond.

AFGA and IPPF renew their mutual agreement annually, whereas AFGA collaborates with IPPF to support its vision in Afghanistan. IPPF's financial and technical support helps AFGA ensure that sufficient and appropriately qualified resources are in place to provide life-saving Sexual and Reproductive Health, and Rights (SRHR) and FP services to vulnerable people across Afghanistan.

The midwives of the project have received various training on MISP, Pre-Marriage Counseling (PMC), and Post Abortion Care (PAC) in Kabul.

Similarly, under the BMZ-funded project, AFGA expanded its life-saving services to Logar province and provided SRH and Reproductive, Maternal, Newborn and Child Health (RMNCH) services to vulnerable people through 15 FHHs.

On the other hand, AFGA established two regional offices in Herat and Balkh provinces. It helped AFGA in covering new districts of the provinces. The regional offices serve as coordination points for the projects, strengthen the implementation capabilities for new projects, and enhance supervision and monitoring of the services provided.

and advisor for AFGA to support it in finalizing the developed documents and providing necessary training programs.

AFGA and AAH will have a joint assessment from one of AAH projects and provinces and do the benchmarking to learn new areas. AFGA will try to start new projects with AAH and have joint ventures to implement the projects.

AFGA initiated developing the policies needed for AHF registration. After meeting the criteria, AFGA will be an eligible organization for AHF funding and implement UNOCHA projects in the future.

In January 2022, AFGA and IPPF renewed their agreement for the year 2022 based on which, IPPF provides funding to support few of the initiatives/activities and core operations of AFGA. In return, AFGA ensures that adequate systems are in place to provide professional and administrative support, personnel services, and other resources to offer the intended health services.

Sustained partnership with IPPF allowed AFGA to provide services to vulnerable communities at a very challenging time; thus, AFGA is looking to strengthen the collaboration with IPPF and other international NGOs and donors through IPPF.



AFGA's Community Midwives are Providing FP Methods to Women in Hard-To-Reach Areas

Nazifa, 35, is married and has five children. She has experienced many challenges and hardships after her marriage because her husband was illiterate, unemployed, and economically weak. When Noorima, one of AFGA's midwives who was trained as part of IPPF's humanitarian program, met her for the first time, she was in the final days of her third trimester with her fifth child. Noorima gave her a Clean Delivery Kit and asked Nazifa to contact her when she felt delivery pain.

"Since I got married, we are economically weak and not able to support our children's education; therefore, I wanted to have few children; however, I did not know how to prevent unwanted pregnancies. I could not afford to go to clinics and purchase family planning methods. On the other hand, my husband was addicted to drugs for four years, and he is not supportive and cannot fulfill our children's needs". Said Nazifa.

Noorima adds, "The client felt very good and was amused that FP methods were proposed to her on her doorstep. If midwives can reach all over the country, women's problem like Nazifa's can be solved."

The parents of Nazifa live in another province and could not support her at the time of delivery hence, she called Noorima and referred to the nearest governmental maternity hospital, where she delivered her baby, and they are both okay.

During her PNC session, Nazifa said that she cannot have more than five children. She said to Noorima, "I can barely take care of my five children, and FP is necessary for me. I hope that I receive the methods from you in the long run." Noorima assured her that AFGA is providing SRH services at the community and clinical level in Balkh province, and she has the option of taking short or long-acting FP methods from AFGA's service delivery platforms, free of cost.

Afghanistan Bravehearts: 150 Midwives Home Deliver Critical Health Services to Those in Need

35 years old, Nazmina from Baghlan province felt tired during her pregnancy but did not know the reason. It took Farzana, a trained midwife, just a few minutes to realize that Nazmina was anaemic and carrying twins. She referred Nazmina for ultrasonography, where the prognosis was confirmed. Over the next few months, Farzana looked after Nazmina, who went on to deliver the babies at home. During the delivery, obstetric experts from Afghan Family Guidance Association (AFGA) Head Office guided Farzana virtually. Farzana admits she was nervous but confident because she had received training on the use of digital health tools as part of the Japan Supplementary Fund (JSF) project in April 2021 and expert advice from gynaecologists.

Muzhgan is a supervisor for Balkh province and received training from the project. The training enabled her to identify complicated and high-risk pregnancies and advise families and pregnant women anxious about the potential impact of COVID-19 on pregnancies. She is proud of her achievements as before the training she had seen many women die during childbirth, leaving many children orphaned. Reproductive Health (RH) services are scarce in Balkh province, and the support offered by Muzhgan directly helped save lives.

A Unique Project

Farzana and Muzhgan are two of the 150 Community Outreach Midwives (COMs) who received training on the “Saving Lives of Women and Girls in Rural Conflict-Prone Provinces of Afghanistan Through the Timely Provision of Quality Sexual and Reproductive Health Services” project. The Government of Japan supported the project, and AFGA implemented it. AFGA is the International Planned Parenthood Federation (IPPF) member association in Afghanistan.

The project aimed to reach over 45,000 households in 10 provinces, including Kabul, Nangarhar, Herat, Balkh, Parwan, Kapisa, Laghman, Bamyan, Badakhshan, and Samangan. The project was unique in that it delivered training to the midwives through a simulation-based digital platform. The training covered core RH services, including the basic emergency obstetrics; new-born care, preeclampsia, and post-partum haemorrhage management; management of complicated deliveries; and use of the antenatal and clean delivery kits.

Through the training, midwives upgraded their

knowledge and skills significantly. They learned to use smartphone-based integrated antenatal and clean delivery kits, including off-the-shelf devices, to measure blood pressure, haemoglobin, random blood sugar, urine tests, and monitor fetal heartbeat and growth. They were skilled in ensuring early and accurate diagnosis, make timely referrals and effectively manage pregnancy-related complications with the help and guidance of the supervisor, midwives, and obstetric experts. The tools and expertise provided by the training helped reduce deaths and severe complications among mothers and newborn.

The training addressed significant RH challenges in Afghanistan. The country has one of the highest maternal mortality rates globally with 678 per 100,000 live births attributed to postpartum haemorrhage (59.9%) and preeclampsia/eclampsia (19.8%). In addition, in Afghanistan, less than 50% of deliveries occur in hospitals. Therefore, the benefits of trained midwives reaching out to families and pregnant women are significant. This was reinforced by the country's political turmoil and the challenges of the COVID-19 pandemic, which further reduced the provision of quality RH services.

Continuity of Services in the Face of Political Upheaval - JSF Project

The project's Unique Selling Proposition (USP) was the strong support provided to midwives through virtual consultations with gynaecologists/obstetricians and the provision of appropriate technologies. Midwives could avail of expert advice and make referral linkages with different public health facilities managed by the Ministry of Public Health (MoPH) of Afghanistan.

The project faced considerable challenges. As soon as the midwives started working with local communities, the political situation in the country changed. With the new Government, many development activities ceased. Trained midwives making excellent progress with communities were scared to move outside their homes. The call center in AFGA Head Office, where the project's expert gynaecologists/obstetricians were stationed, was closed for few days. The country faced numerous challenges, including roadblocks, power outages, closure of schools, and increased burdens on health systems. The deteriorated security situation negatively affected the procurement of medicines and commodities to AFGA's static medical clinics.

However, soon after the Taliban took control of the country, they announced that development activities, including RH services, could continue. Thus, the project resumed and quickly picked up momentum. The midwives re-established contact with the households and local communities.

The need for midwives' services became more significant than ever before. The call center resumed, and the gynaecologists/obstetricians were ready to take calls, provide advice, offer handholding support and make referrals. The referral system that was activated with the project was innovative and took time to establish itself. The MoPH has a hospital-based national referral program, while the project's innovative referral program is community-based. Hospital staff were not used to handling large numbers of community-based referrals. As a result, the project team had to professionally assist the medical teams in health care facilities to ensure that the cases referred by midwives were receiving appropriate care. The efficient and welcome collaboration led to a vastly improved referral system.

Lessons Learned from the Project

- A community-based approach is very effective in remote areas of Afghanistan, where population is dispersed widely across geographical locations. In these areas, people barely have access to health facilities; they are not connected with the cities and towns and cannot afford to travel remote distances to reach health services. In such circumstances, the outreach health services save the lives of many.
- Digital Health Intervention (DHI) is successful in Afghanistan. The JSF project proved that only a tablet, an application, and an internet connection could make managing, tracking, and registering many clients a lot easier and simple than a manual system. It also simplifies and makes reporting and data management more effective.

“The midwife who came to my house was like an angel who could diagnose and treat complex diseases honestly without prejudice and discrimination.”

Noria, a beneficiary from Badakhshan province



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

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"

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.

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



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." Said Maliha Bashardost

Maliha joined AFGA in the JSF project in April 2021. She graduated from Ranaward 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 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, where 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. 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, 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 me provide better services to my clients." Said Maliha

24 years old Maliha Sahak is married, and she works as a COM in Karte Mujahid of Samangan province.

Maliha said, *"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 correction of data in the digital system of Health Management Information System (HMIS) are 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. 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 was notifying me, and I could visit my client on time. She completed her ANC visits, and after prescription of iron supplement 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, where now she is on birth control pills."*



Readers' Feedback on the First Issue of the AFGA Newsletter

"The Newsletter is a powerful testimony because of its simplicity - a reflection of AFGA's selfless and humble approach to work despite the immense challenges the team had to endure in these months. AFGA has achieved so much in spite of the disruption and everything team AFGA had to go through. I hope that IPPF can mobilise more resources in the days to come to keep up the good work you and your team are doing!"

Dr Alvaro Bermejo
Director- General
IPPF

"Commend the efforts of AFGA, especially their remarkable resilience in wake of the adversities they have been facing in the past few months."

Sonal Mehta
Regional Director
South Asia Regional Office
IPPF

"We were delighted to receive the newsletter and so happy to read about all the accomplishments of AFGA. Also, wanted to let you and your team, both in HQ and the field, know how happy and proud SARO and CO are about the work AFGA has done."

Dr Sreejit E M
Director- Programme
South Asia Regional Office
IPPF

"Appreciate your initiative to promote and advocate the good work AFGA is doing. Great to browse through it and review the excellent work."

Rajrattan Lokhande
Senior Monitoring & Evaluation Advisor
IPPF

"It is my great pleasure to extend heartfelt congratulations to AFGA management and all staff for the first issue of the Newsletter. AFGA managed to not only survive under very challenging situation in Afghanistan, but also provided lifesaving services to vulnerable people especially women and girls. As the president of the Governing Board, I will always provide whatever support is in our reach to AFGA management and staff to keep up the great work."

Dr. Nasrin Oryakhil
President- AFGA Governing Board

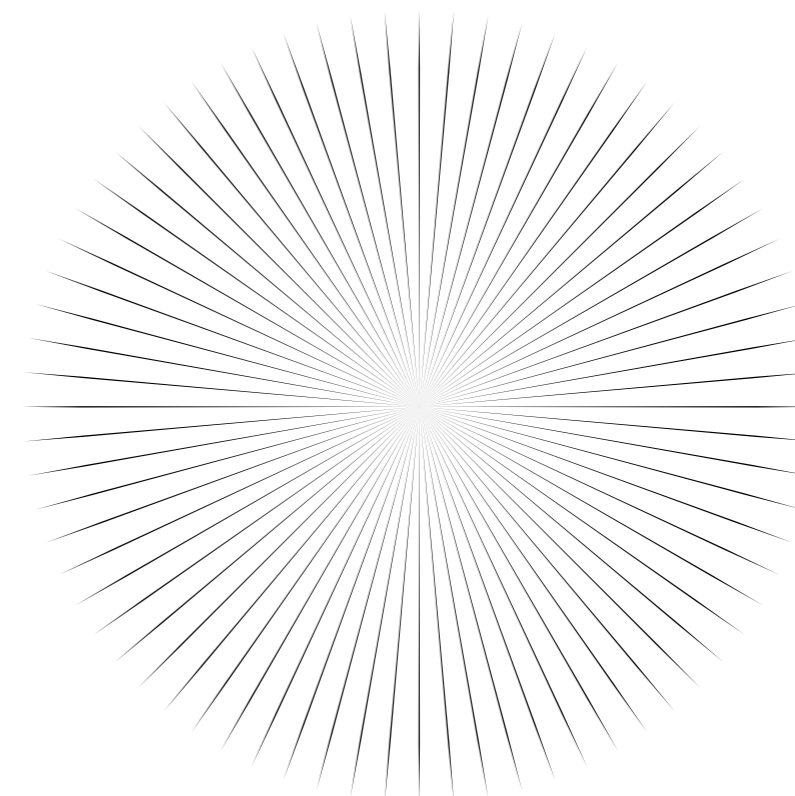
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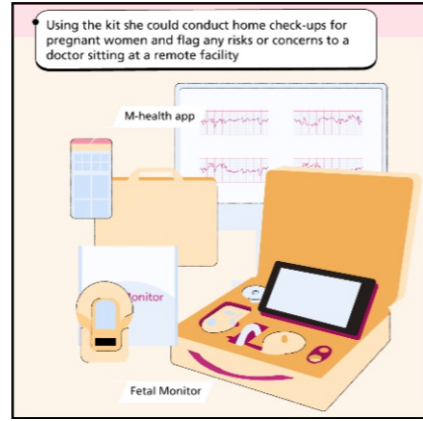
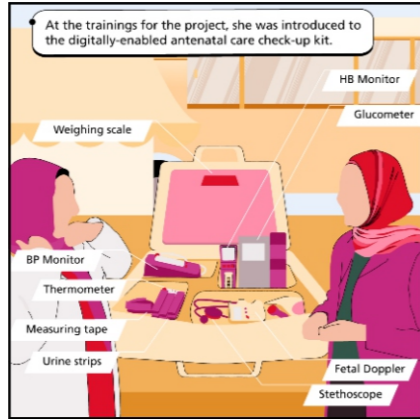
As a main partner of AFGA, the United Nations Population Fund (UNFPA) supports AFGA's different initiatives/activities where the main target population is the childbearing aged women, adolescents, and girls.

The beneficiaries are served through supplying and distribution of sufficient and high-quality family planning commodities and methods, improvement of community knowledge and information about importance of family planning, enhancing the capacity of the health service providers, supporting tertiary hospital to manage the obstetric fistula, and supply of life saving reproductive health kits during the emergency situation. Furthermore, the midwifery helpline that are providing technical support to midwives and medical staff is among the important aspects of the project.

Besides the pre-planned activities for 2022, a new initiative has been added in the AFGA work plan that is the establishment of 10 FHHs in remote areas in Balkh province to reach the most vulnerable population, including women and children. The assigned midwives will provide good quality and accessible health services to the vulnerable people on 24/7 basis.

During the year 2022, around one million women, girls, boys and children will get benefit from the services provided through the AFGA and UNFPA partnership.





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