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Author(s): Dr. Khadija Safi

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HEALTH CARE SERVICE DELIVERY IN AFGHANISTAN: A STRONG PEACEBUILDING TOOL

DR. KHADIJA SAFI[1]

Summary

- Dr. Khadija Safi offers her personal experience as a senior health officer for the Norwegian Afghanistan Committee (NAC) and a leader in many of their programs. Her personal observations and accounts of these programs provide a direct view of what she regards as successful trainings of female practitioners of midwifery. In addition to NAC program success in increasing midwife numbers, particularly in insecure rural areas, the paper emphasizes that courses that teach peacebuilding skills like dialogue and communications are valuable given the lived experience of midwives already practicing in the field.
- Additionally, the paper stresses that Afghan health services are still in great need of female practitioners, particularly to continue positive trends in fighting maternal mortality in childbirth. The NAC programs described will be shown as positive examples for addressing this issue.

Eight years after the arrival of international forces to Afghanistan, the International Journal of Emergency Medicine published a study which identified continued challenges to Afghanistan's health care system: insecurity, lack of infrastructure, a poor economy, weak governance, and lack

1. Dr. Khadija Safi is a gynecology specialist and senior health officer for the Norwegian Afghanistan Committee (NAC).

of health care providers. Afghanistan also faced a lack of access to health care facilities, poor hospital conditions, and a shortage of female healthcare personnel—culturally important in a conservative society that prefers women to seek treatment from women.[2] Additionally, existing health care practitioners in Emergency Departments had little or no emergency care training. With regards to medical practitioners generally, training was seen as "inconsistent" due to the lack of standardized training programs. Those who had been trained by NGOs between 2001 and 2009 did not meet the government's strict requirements. The result, according to a nationwide survey by the World Health Organization (WHO), was a shortage of at least 7,000 physicians and 20,000 nurses, midwives, and allied health professionals.

While the number of overall health care workers started improving in the last two decades, more focus is needed to increase the number of female health care providers. In 2002, only 21% of health care facilities had at least one female health care provider. This was a result of the Taliban's ban on women and girls' education between 1996 and 2001.[3] By 2009, that number had improved to 60% with international help. After 19 years of peace-building efforts in the country, there are continued improvements in the country's health care system, particularly with the number of community-based midwives and nurses, access to medical education, and the number of hospitals, health associations, and clinics. However, Afghanistan still has a long way to go.

The following account focuses specifically on programs aiming to increase the number of community-based midwives with the support of the Norwegian Afghanistan Committee (NAC). Maternal mortality has been one of the worst medical scourges in Afghanistan and still requires urgent attention. Many women in need live in rural or insecure areas. Thus, this paper will also look at the relationship between training midwives and contributing to the international peacebuilding agenda overall. As practitioners who regularly have to work in areas deemed insecure, midwives

2. Acerra, John R., Kara Iskyan, Zubair A. Qureshi, and Rahul K. Sharma. "Rebuilding the health care system in Afghanistan: an overview of primary care and emergency services." International Journal of Emergency Medicine. 2009 Jun; 2(2): 77-82. June 5 2009. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2700223/#CR18

3. Ibid.

can provide important lessons for other internationally-supported medical training programs. The NAC currently trains midwives through programs that combine both healthcare and peacebuilding components using the lessons learned by midwives practicing in less secure areas. The Community Midwives Education School in Wardak, where the author is headmistress, will be looked to as a success story among internationally-supported efforts to address the issue of female medical practitioner numbers and their role in peacebuilding. Accounts will also be given of the Midwives for Peace Workshop and other NAC programs. This will be based primarily on the author's personal experience and observations of the programs both as a female Afghan medical practitioner and a senior health officer for the NAC, involved in all of the NAC programs discussed further on.

*UN Maternal Mortality Ratio (MMR) numbers for Afghanistan 2000-2017*4

Year	Maternal mortality ratio (MMR)[a,*]	Maternal deaths[*]	HIV-related indirect maternal deaths[*]	Live births[b]	Proportion of maternal deaths among deaths of female reproductive age (PM, %)[a,*]
	Per 100 000 live births (lb)	Numbers	Numbers	Thousands	
2000	1450 [1030-1840][c]	15000	0	1024	70
2005	1140 [860-1400]	13000	1	1131	59
2010	954 [749-1210]	11000	1	1178	51
2015	701 [501-1020]	8400	1	1192	40
2017	638 [427-1010]	7700	1	1202	37

[a] MMR and PM are calculated for women 15-49 years.
[b] Live birth data are from United Nations, Population Division. World Population Prospects 2019. New York: UN Population Division, Department of Economic and Social Affairs, 2019.
[c] The uncertainty intervals (UI) for all estimates refer to the 80% uncertainty intervals (10th and 90th percentiles of the posterior distributions). This was chosen as opposed to the more standard 95% intervals because of the substantial uncertainty inherent in maternal mortality outcomes.
[*] Figures presented in the table are estimates based on national data, such as surveys or administrative records, or other sources, produced by the international agency when country data for some year(s) is not available, when multiple sources exist, or when there are data quality issues.

Annual rate of reduction based on estimated MMR (%)	
2000-2017	4.8 [1.4, 7.3]
2010-2017	5.8 [1.0, 9.4]

The Fight Against Maternal Mortality and the Norwegian Afghanistan Committee

Perhaps one of the greatest successes of international efforts in Afghanistan is their contributions to increased maternal health. Since the surveys of the early 2000s, recent data shows a continual reduction of maternal deaths.

4. "Maternal mortality in 2000-2017: Internationally comparable MMR estimates by the Maternal Mortality Estimation Inter-Agency Group (MMEIG) WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division." World Health Organization. July 30 2019. https://www.who.int/gho/maternal_health/countries/afg.pdf

By the estimates in the table above, the annual rate of reduction based on estimated Maternal Mortality Rate (MMR) in 2010-2017 is 5.8% versus 4.8% for 2000-2017 overall. Part of the story of that decrease has been international cooperation with the Afghan Ministry of Public Health and international development programs to train midwives.

The NAC, according to the WHO's database and the NAC's own mission statement, has trained 270 midwives in Afghanistan since 2002— 10% of all certified Afghan midwives total.[5] By contrast, a 2020 journal publication discussing the quality of midwife services in Afghanistan estimates that the NAC program "Advancing Maternal and Newborn Health in Afghanistan" produced "approximately 1,000 midwives" since 2002.[6] This program works through multiple local midwife-training programs and is funded by the Norwegian Agency for Development Cooperation (Norad).

Observations under NAC-Supported Programs

A reproductive age mortality survey conducted in 2002 with a non-representative sample of four out of the 360 Afghan districts revealed an estimated MMR from 1999-2002 of between 1,600 and 2,200 maternal deaths per 100,000 live births.[7] The survey also revealed an urban-rural divide: the lifetime risk of maternal death was 1 in 6 in rural areas and 1 in 9 in urban areas. When they began their work in 2002, the NAC made sure both to accommodate local culture and to give rural communities significant focus. It also coordinates its efforts with the Ministry of Public Health to ensure that program trainees are registered by the Ministry.[8]

In 2011, the NAC added a new training program: The Peace and Conflict Management Training in midwifery education. This training along with future NAC-supported programs included explicitly peacebuilding-oriented

5. "Norwegian Afghanistan Committee (NAC)." The Partnership for Maternal, Newborn & Child Health. 2020. https://www.who.int/pmnch/about/members/database/nac/en/
6. Thommesen, Trude, Hallgeir Kismul, Ian Kaplan, Khadija Safi, and Graziella Van den Bergh. ""The midwife helped me...otherwise I could have died": women's experience of professional midwifery services in rural Afghanistan- a qualitative study in the provinces Kunar and Laghman." BMC Pregnancy Childbirth. 2020; 20: 140. March 6 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7059669/
7. "Afghanistan Mortality Survey 2010." Afghan Public Health Institute Ministry of Public Health. November, 2011. https://dhsprogram.com/pubs/pdf/fr248/fr248.pdf
8. "Annual Report 2018." Norwegian Afghanistan Committee. 2019. https://afghanistan.no/wp-content/uploads/2019/12/NAC-2018-Annual-Report-low-res.pdf

components. In the Community Midwives Education School in Wardak (where the author was headmistress), 25 young girls from the area were the first cohort to receive this training the year it became available. Today, the school is active with support from the Swedish Committee for Afghanistan (SCA). Most of the description of events surrounding the 2011 training program and other NAC programs will be drawn from the observations of the author as a NAC senior health officer and member of the facilitation team for the NAC-supported Midwives for Peace program (which will be discussed further on).

The new 2011 training (which provided extracurricular credit) was initiated during the heat of a conflict between two ethnic communities in the rural villages of Wardak province: the Hazara and the Pashtun tribes. At that time, there were female students from both groups (as well as Tajiks) studying and living together as part of the midwifery education. Thus, because of the conflict, the students were often found fighting with each other in the hospital, in the class-room, and in the dormitory. Small issues were used as excuses to start fights as part of the larger Pashtun-Hazara ethnic conflict that was taking place at the time and which they were witnessing at home.[9]

The NAC program was not well-received to begin with as local health care authorities expressed disagreement towards the Peace and Conflict Management Training. The training was assumed to be political in nature (as it is related to the political peacebuilding process) and they expressed the belief that this sort of topic should be kept within specific circles (schools, families, and the work place). After seeing the positive impact of the subject and the positive behavioral change of the students, they changed their minds and accepted the training course. It could be observed that the behavior of the students (from Hazara and Pashtun ethnicities) was evolving to become friendlier. Communication between them was becoming much easier and cultural respect was developing through their time training together. This might be attributed to the fact that they were living in the same rooms in the hostel, worked in the same class and skill lab, and studied together in the same library. By having to be with each other constantly, a measure of

9. Grande, Norunn, Deeva Biabani and Khadija Safi. “Midwives for Peace: Report from workshop- February 16-19 2014- Kabul.” Midwives for Peace. 2015. http://www.peace.no/wp-content/uploads/2015/01/Midwives-for-Peace-spreads.pdf

familiarity was able to develop organically among them.

This initiative was successfully implemented for a period of time. However, due to security challenges in Wardak province, the program was put on hold in November 2012. The midwifery school was affected by a suicide attack that month and even though the incident occurred during a public holiday, service staff were injured and the school building was severely damaged. In addition, the student's documents, books, chairs and lab materials were also damaged. It took three months but the school was rehabilitated with the support of the NAC and SCA.

Presently, the students still receive training in peace and conflict management in addition to their midwife training. There are now examples of graduates from Wardak who have moved to other provinces— even hostile and insecure ones— and have become educators where they pass on their midwifery and peacebuilding training to others. The success of the Peace and Conflict Management Training evolved into a new program as a result of a new partnership with the Nansen Center for Peace and Dialogue (NCPD).

In 2014, the Norwegian peace Fund (Norges Fredsfond) requested that the NCPD apply for funds to support civilian peacebuilding.[10] Norunn Grande (the designated team leader and facilitator from the NCPD) and the Afghan-Norwegian midwife Deeva Biabani (who was born in Afghanistan and educated in Norway) conducted an advanced peace workshop in Kabul gathering midwives from five districts for a four-day workshop in February 2014. The NCPD worked with the NAC since the inspiration for their workshop had come from NAC-supported programs, particularly the Community Midwife Education (CME) program taking place in Wardak province under the supervision of the author of this article. The workshop was given greater urgency as 2014 saw the transition of responsibility for territorial security from international authorities to Afghan authorities. There was a sense that as the international military operation was coming to an end, local civil actors needed to step into the vacuum and midwives could be a relevant group.

The aim of the workshop was to support grassroots peace initiatives in Afghanistan and to help the midwives play a bridging role as peacebuilders in

10. Ibid.

local communities. International actors like the NCPD and NAC could support them with capacity building in peaceful dialogue and communications. At the workshop itself, midwives from different districts of the country shared their stories on how they managed to provide the security needed for midwife-related work in conflict affected areas. Through the workshop they were able to share their issues and best practices for conducting work in insecure situations. The effects of this dialogue was building trust between workshop participants and creating an atmosphere of confidence in which these different women could share their stories. Another effect of the workshop was to map conflicts and provide solutions by using dialogue. In 2016, a similar workshop took place in Badakhshan province with NAC staff trained in dialogue and conflict transformation. Today, this approach is in the process of being integrated into all fields of NAC work such as education, Disaster Risk Reduction (DRR), and agriculture.

Conclusion

Healthcare workers already take on an important relationship-building role in local communities in Afghanistan. As they are needed everywhere (and women in particular are in high demand given cultural norms), they have an easier time justifying their presence even in areas outside of government control. With skills provided by the NAC in communications and dialogue, midwives but also other types of health practitioners can both increase the availability of services across the country and play a part in peacebuilding (as defined by the international community supporting them). The experience of the author provides a firsthand glimpse at what is possible when women and girls are provided opportunities by international actors like the NAC.

Policy Recommendations

- To improve peacebuilding in local communities, training programs should provide courses in communications and dialogue.
- Special incentives should be created for female doctors and health care workers, such as harassment-free environments, child care within the health facilities, and contracts strictly in line with the employment laws and regulations of Afghanistan.