

4. LESSONS LEARNED

Curative care

Following AMI protocols and guidelines

According to the participants:

- MoH should provide protocols to all health facilities, in order to be understandable for all and used all over the country, as a standard. They should also be accompanied by training courses, provided by MoH or by the implementing partner.
- More training on protocols should be provided for the hospital of Mehterlam, because it is a provincial hospital.
- The training programs on protocols should be more adapted to the level and the knowledge of the staff.
- The training topics should be chosen together with the staff, in order to answer to their needs and they should include training on new protocols : pathologies which are not well known to the doctors (i.e. rheumatic fever, cardiology, ECG, kidney pathology, etc...) and new nursing techniques for the nurses.
- More advanced training should be provided in foreign countries (i.e. France, Pakistan), especially on pediatrics.
- At least one doctor should be trained for each specialization.
- All training courses should be provided by specialists or by more qualified trainers, and not by general practitioners, in order to be more complete and to be sure that the level of the trainer is higher than that of the trainee
- Training courses need to be frequently reviewed and updated in order to keep up with new developments in medicine as changes in Afghanistan. Modifications in protocols should be identified by the coordination team, and staff should be kept informed of these changes.
- Documents with protocols and resume of trainings should be bound together and provided to all participants, with one extra copy for the library.
- Expatriates should come to the hospital more often to supervise the implementation and follow-up of the protocols.

According to the evaluators:

- AMI should provide some protocols to the doctors to be observed by everyone, in order to:
 - facilitate the decision concerning treatment of the patients
 - insure proper management of the patients
 - insure joint management of the patients
 - facilitate the work of the supervisor
- Protocols should be discussed with field workers and finalized jointly during workshops.
- Protocols should be identified and developed for each medical department and all types of health services (primary health care and secondary health care)
- AMI should have a clear strategy for the implementation and use of protocols developed and provided by other organizations
- To keep a copy of all the protocols in the hospital, clinics and main office.

AMI management for follow-up of patients

Concerning the health passport

- should be free, in order to be accessible for everyone
- the number of pages inside should be increased
- the pages should be lined
- the pages should contain a framework (like ANC cards or previous prescriptions of AMI) or a stamp, with some information to be filled in (i.e. date, blood pressure, pulse, respiratory rate, weight, diagnosis, treatment, etc...) In this way, the health passport will be easier to fill in and this will save time. It will help the health workers to remember to write down some important points. It will also look more "official" and the patient will become aware of the importance of this tool.

Concerning the ANC card

- should be reviewed because there is a lack of space for some questions and some questions that patients cannot answer
- should be shorter to take less time

Concerning both health passport and ANC card

- should be readily available (no stock shortages), in sufficient quantity, supplied regularly and on time.
- there should be copies: one to be kept by the patient, and one kept in the clinic. In this case, a special cupboard should be organized for that purpose and to keep them in good condition. This will increase the workload, but it is a necessary measure.

Concerning general management

- there should be some tools like the health passport and ANC card for every type of medical activity, in order to manage the activities
- there should be a midwife in all the clinics for follow-up of the pregnant women
- there should be better management within the team working daily with women, to keep their ANC card in the right place (inside a cupboard and not on the desk) so as to recover it easily.
- there should be a separate card or registration book for chronic diseases, to be kept in the clinic, alongside pre-existing tools
- patients should receive more HE in order to be aware of the importance of ng-monitoring certain diseases. There should also be some awareness-raising programs on radio or television about the importance of the follow-up process.
- there should be more follow-up in the villages (i.e. dahias for follow-up of PW, home visitors for malnourished children, CHW, etc...) in order to determine if the treatment is administered correctly and how the patient is responding.
- every month, the card should be reviewed or re-checked, to detect defaulter patients, and to send a TBA or home visitor to check them at home. For this, AMI should recruit and train new female health workers or TBAs and provide them with transportation.
- AMI should re-initiate nutrition programs as people are not properly following the nutrition education guidelines. If no food is distributed to moderately malnourished patients, they run the risk of fast becoming severely malnourished.

Patients satisfied with the curative care services provided by the health facilities

- In case of necessity or a big problem with the patient, the hospital should allow men to enter the female ward. When the patient cannot leave their bed, the men should be allowed to do a short visit
- Clinics should be built in an official or public place with open and free access areas, so as to allow people to come and go without any problem.
- There should be two separate consulting rooms, one for women and one for men, even if there is only one male doctor to examine all of them. According to the men, a female doctor is not really necessary, but a female consultation room is. If this is not possible, there should be at least 2 examination beds in the room.
- Staff numbers are insufficient and should be increased. If there could be a female health worker in the clinic, it would be better, because she would be able to treat women's diseases more thoroughly. An extra doctor, preferably a woman, should be recruited by the clinic to reduce the number of patients the doctor has to deal with. According to women, this new doctor should be a pediatrician, because children and adults are examined by the same doctor. Men also asked for a lab technician in the clinic.
- The supply and distribution of prescription drugs should be controlled by expatriates and not by local staff
- The general opinion is that prescription drugs should be free and accessible to everybody
- There should also be a doctor on duty in the afternoon and at night in the clinics.

Training***AMI training program***

- To be satisfactory, the hospital health workers should receive technical trainings about new subjects or about how to deal more effectively with some of the problems that they have. Of course, the training must be in accordance with the level of the participants. If possible, they should last longer, not exceeding 20-30.
- In case not all the health workers of a department can take part in the training, AMI should occasionally select trainees that already have basic knowledge of the topic in question, instead of new trainees who do not know anything about the subject. (e.g. US training held in Peshawar).
- The location of the training should be easily accessible for everyone, and should be varied, in order to learn different things from different places.
- There should be more new topics covered.
- According to the group, training courses should always begin at a basic level (initial training) to be updated by refresher courses. Each year, there should be a number of refresher courses offered to each department (x-ray, laboratory, surgery, nursing, pediatrics, etc...).

Utilization of the written materials produced for training sessions

- The manager should receive new books or documents straight from the director, register them and organize them upon receipt.
- All staff should be kept regularly informed as to the availability of new books or documents, individually or as a group (meetings with all the staff to discuss use of library and answer their questions).
- Several copies of each training document should be available.

Exemption schemes :

- The community should be involved in the exemption system, kept informed about the system and we need to improve the sense of solidarity in the community.
- It is important to establish a clear exemption protocol developed in collaboration between AMI, MoH and the community.
- The community needs to be the key element in identification of the poor and needy.

- Improve the coordination with other partners and authorities in the province. Implement a monitoring system.

Management of health facilities :

- All departments need to be involved in the HMT by an elected member in addition to the director, administrator and MoH representative.
- AMI has to provide systematic feed-back to the HMT propositions.
- To review and clarify the HMT mandate.
- The current cost recovery system is working well and needs to be utilized to increase the access to health care of the poorest.
- AMI could be a partner for MoH in formulating the national health financing policy.
- Continue the current system of supervision carried by local staff, but grant them more decision-making capacities and improve their feed-back practices.
- Increase the number of supervisions carried out by expatriates.

Women's health

- Recruit female staff for clinics and improve the network of TBAs.
- Raise awareness of families regarding the importance of ANC/PNC.
- Increase the geographical accessibility of HF for women.
- Raise awareness through health education in clinics, in media, in villages...
- Establish a specific FP room in each HF with appropriate and skilled staff and material.
- Involvement of male staff in FP activities for men.
- Continue the current good practices on deliveries in the hospital.
- Increase the awareness of the staff regarding caring for newborn babies.

Health education

- Assign a special room for the HE session in the hospital.
- Reinforce the capacity of the HE in terms of practice.
- Recruit one Pashaï speaker to carry out HE for the hospital and for each HF.

CONCLUSION

In most evaluations, the last step in the process consists in the development of recommendations. In the case where the program evaluated is ongoing, evaluation results should be integrated into the program. Often, however, there is a lack of continuity between evaluation results and their use in program planning. Sometimes when the incorporation of findings is left for “later” it never happens. Many excellent evaluation reports have been carefully kept for years on program managers’ shelves only to gather dust and never be used. To overcome this problem, it was suggested that the evaluation exercise include the present step in which a draft action plan for the program is developed based on the evaluation findings and lessons learned.

To do this, we organized a one-day “lessons learned workshop” in order to share findings and recommendations with the major stakeholders of the AMI program in the Eastern Zone (see photos in appendices). More than 30 people were present and it was an opportunity to share knowledge about the program and its implementation difficulties. The interest of such a workshop also lay in allowing the stakeholders to appropriate the evaluation findings and lessons learned and to determine how to implement them in future programs. We divided the whole group into 6 topics and work groups in order to begin the process of action plan development and increase the possibility of appropriation. Each group were instructed to develop an action plan and to specify, for each of the “lessons learned”, what, where and when they will act and finally who will run the projected tasks (see appendices).

An important aspect of any evaluation is that the findings be shared with all program collaborators and transmitted back to the communities where the data was collected. It is critical that everyone involved in the program be not only informed of important lessons learnt, but also have an opportunity to discuss the results. This is why we suggested that a presentation on the findings should be organized in the Laghman province as soon as possible.

The day after this workshop the consultant acted as moderator to a meeting with the desk officer from Paris, the Country Director and the expatriate evaluation member in order to plan the rest of the evaluation and the recommendations implementation.

Thus, it was decided to organize the following action plan over the following weeks:

1. Establish an evaluation steering committee to decide which actions must be implemented after a participative process. It was decided that the following 6 people should be involved in this committee: the Country director, the Medical Coordinator, the General Medical Coordinator, the General Administrator, the Director of Metherlam Hospital, the Expatriate Physician.
2. The steering committee will name one person responsible of each of the 6 topics/ work groups and one general coordinator
3. Each group manager will organize some work groups in order to develop a topics action plan
4. A one day workshop will be organized to share information with the major stakeholders on the action plan elaborated for all the topics
5. In the light of this final workshop, the evaluation steering committee will take decisions in order to implement the most feasible actions