Evaluation Report

FINAL

External Evaluation of the Program
Support to Hospital Midwifery Education in Afghanistan
(2010-2014)

Undertaken by Vibeke Munk Petersen and
Dr. Samay Hamed

December 2014
## List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA</td>
<td>Afghan Midwives Association</td>
</tr>
<tr>
<td>AMNEAB</td>
<td>Afghanistan Midwifery &amp; Nursing Education Accreditation Board</td>
</tr>
<tr>
<td>BEOC</td>
<td>Basic Emergency Obstetric Care</td>
</tr>
<tr>
<td>BPHS</td>
<td>Basic Package of Health Care Services</td>
</tr>
<tr>
<td>BRO</td>
<td>Badakhshan Regional Office (NAC)</td>
</tr>
<tr>
<td>CHNE</td>
<td>Community Health Nurse Education</td>
</tr>
<tr>
<td>CME</td>
<td>Community Midwife Education</td>
</tr>
<tr>
<td>DNJ</td>
<td>Norwegian Association of Midwives</td>
</tr>
<tr>
<td>DOPH</td>
<td>Department of Public Health</td>
</tr>
<tr>
<td>ET</td>
<td>Evaluation Team</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FOKUS</td>
<td>Forum for Women and Development, Norway</td>
</tr>
<tr>
<td>HNTPO</td>
<td>HealthNET TPO/Cordaid (NGO)</td>
</tr>
<tr>
<td>IHS</td>
<td>Institute of Health Sciences, (Jalalabad in Nangarhar Province)</td>
</tr>
<tr>
<td>LDP</td>
<td>Leadership Development Program</td>
</tr>
<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MFA</td>
<td>Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>MOHE</td>
<td>Ministry of Higher Education</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NAC</td>
<td>Norwegian Afghanistan Committee</td>
</tr>
<tr>
<td>NCA</td>
<td>Norwegian Church Aid</td>
</tr>
<tr>
<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
</tr>
<tr>
<td>OAM</td>
<td>Organization of Afghan Midwives</td>
</tr>
<tr>
<td>RHO</td>
<td>Provincial Reproductive Health Officers</td>
</tr>
<tr>
<td>RH Services</td>
<td>Reproductive Health Services</td>
</tr>
<tr>
<td>RX</td>
<td>Recommendation</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities, Threats</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
</tr>
</tbody>
</table>
Acknowledgements
The Evaluation Team (ET) wishes to express their appreciation and gratitude for the support to this evaluation and the collaboration of all persons and partner organizations visited, and their willingness to enter into open discussions on the program. Especially the ET would like to thank:

Norwegian Afghanistan Committee (NAC), Institute of Health Sciences (IHS) in Jalalabad, Afghan Midwives Association (AMA) in Jalalabad/Kabul, Forum for Women and Development, Norway (FOKUS), Norwegian Association of Midwives (DNJ), the Afghan diaspora in Norway, students, staff and midwives in Jalalabad for the generous time they took to respond to our requests for information and made time available for personal interviews, focus group discussions and meetings.

NAC and their partners, AMA and IHS, for documentation and a work program, which made it possible for the ET to make efficient use of the limited time available. This was highly appreciated.

NAC who provided us throughout this evaluation with advice, support and background information.

The staff in NAC Kabul Central Office, who assisted with the logistical arrangements for the various site visits.

The ET consisted of team leader Vibeke Munk Petersen, PEMconsult and Dr Samay Hamed. An evaluation mission to Afghanistan (Jalalabad and Kabul) took place from October 19-27.
1 Executive Summary

The overall purpose and objective of the program is to increase women’s access to reproductive rights and to decrease the maternal and child mortality through the deployment of educated and empowered midwives to underserved districts. The program consists of two components, i.e. 1) Hospital Midwifery Training; and 2) Networking with the Afghan Midwives Association (AMA). An overall goal has been to strengthen AMA’s organisational and technical capacity to function as an independent association working to enhance the rights of its members and midwives as a profession, empower women to participate actively in development processes in Afghanistan, train and build capacity of its members, improve services delivered by midwives, and support women to explore economic development opportunities.

The purpose of this evaluation is to provide the Norwegian Afghanistan Committee (NAC), the Norwegian Association of Midwives (DNJ), Afghan partner organizations, and Forum for Women and Development in Norway (FOKUS) with an assessment of the extent to which the objectives of the overall program in Afghanistan have been achieved, and to inform future program development.

NAC’s role in the program has been to administer the program in collaboration with DNJ, which besides 10 percent of the financial support from NAC and DNJ has been funded by FOKUS through a grant from NORAD. The two partner organisations in Afghanistan are: 1) Institute of Health Science (IHS) in Nangarhar Province and 2) AMA under the supervision of NAC Kabul office. The support of NAC has been crucial. During the start-up of the program NAC has been responsible of establishing financial management procedures, and for the whole program period to provide close support and follow-up with the Afghan and Norwegian partners to ensure that goals, results and activities according to the agreed logical framework matrix have been obtained. This has besides capacity development/training and close monitoring missions to Nangarhar province, and meetings with partner organisations in Kabul resulted in that the whole administrative procedures to ensure quality assured reports are delivered in due time, audits are carried out, etc. Weekly, at times daily on-the-job training has been provided by the NAC Internal Auditor to the admin & finance officer to ensure sufficient documentation and systems to be in place before the audit of the program. Similarly, NAC has provided advices on how to progress in order to get AMA on its own feet, etc. In the process of developing AMA from a fully volunteer association into a professional organisation meeting the requirements, rules and regulations, and bureaucracy of the Government of Afghanistan, has shown to be a challenging task. NAC’s responsibility has with other words included daily supervision, management, coordination and facilitation of component implementation including to ensure that annual work plans for each components have been made as well as to ensure financial and narrative reports have been delivered, to ensure facilitation of contract and service provision of Norwegian and Afghan partners and ministries/boards, monitoring of progress of the individual components, and to provide recommendations where necessary as well as strategic considerations for improvements. All partner organisations have reported good and satisfied feedback to the ET on NAC’s administration of the program.

For the ET it has been important to adopt a participatory approach while maintaining an independent view point. An inclusive methodology have been used in the sense of participation in an expert-led evaluation. For the assessment of project performance and implementation structures, the participation focused on getting accurate information, ensuring all views were heard and that balanced judgement was made based on data and information gathered. This information
and its interpretation was tested with key stakeholders and through ongoing dialogue with NAC, and its partner organizations, as well as with DNJ and FOKUS. In relation to future program management and implementation, the focus for the ET has been on testing the implications of the evaluation findings and recommendations. The ET wanted to ensure that the evaluation followed the principles of propriety, feasibility, accuracy, and utility.

The evaluation comprises three main phases: a) preparation, b) Afghanistan field work, and c) analysis and reporting, during which a combination of methods has been used to gather information in order to triangulate information/data and thereby ensure their solidity. Interviews have been a particularly important method, as the stakeholders are the ones responsible for – and with the main interest in – achieving the intended results/change. The evaluation has focused on documenting impact/outcomes. Where these did not fully live up to the expectations and targets outlined in the ToR the team has tried to identify the underlying causes/problems; e.g. whether they were caused by insufficient inputs and activity implementation gaps or were due to shortcomings in the program design, or the underlying project analysis or institutional analysis of stakeholder capacity. The findings have formed the basis for the analysis of program performance vis-à-vis relevance, efficiency, effectiveness, impact, and sustainability of methods and mechanisms established for the management of each component as well as compliance with program requirements and procedures. Both positive/intended and negative/unintended impacts and outcomes have been mapped.

The external evaluation of the program Support to Hospital Midwifery Education in Afghanistan, 2012-14 is overall assessed very positively - with NAC as the coordinating body of the partner organizations, i.e. FOKUS that has funded the program through a grant from NORAD, DNJ; and the Afghan partners IHS and AMA. The program is very relevant, and the proposed objectives and outcomes are considered adequate. The education of midwives program builds on existing structures, modalities and lessons learned since the project began in 2002 and has turned out to be quite successful.

The technical standard of the IHS staff and trainers has increased considerable during the program phase. Close to 100 percent of enrolled students graduated during 2010-14, and were employed as midwives at health facilities in Nangarhar district to provide health care for women and children in rural areas - besides ensuring economic income possibilities for themselves and their families. Actually, working as a midwife has turned out to be one of the few professions open to women by most political and religious factions in conservative and traditional Afghan communities, not least because of the program partners’ persistent lobbying and advocacy through media and governmental organisations. Further 28 midwives from Kabul and six provinces including Nangarhar have during a four phase program received an AMA leadership development training course. Recently, the Afghan and Nursing Education Accreditation Bureau, which is the highest organ for coordination of midwifery-related issues and standardisation of quality of midwifery education in Afghanistan nominated the Hospital Midwifery Education in Nangarhar under the program to have the best standard/quality in the country.

NAC is considered to be a very committed and experienced organization in Afghanistan, which with its professional and administrative capacity has carried out the development activities within the program considering the full existing and portfolio of the organization. NAC has a well function secretariat and qualified and experienced staff with good procedures in place, and has made sure
that regular monitoring and support visits to Nangarhar have taken place and that financial as well as narrative reports have been submitted in a timely manner.

The relevance and strategy of the program, including activities and best practices in the main focal areas, are considered to be in top. However, for a next phase it is recommended to strengthen the AMA component in Nangarhar, as AMA here has not yet really been established as a strong decentralised partner organization for its members - for various reasons.

The program has been carried out in line with NAC/FOKUS’s criteria for funding. Overall the criteria in the contracts between NAC/FOKUS and IHS/AMA have been fulfilled and there are no major issues of concern. However, with a program approach unlike the former project approach, it is recommended that the next phase develop a common program document for all involved partners (maybe starting with a common workshop to order to know each other’s components/expectations), which should comprise: 1) Definition of responsibilities between the program partners; 2) Clear program objectives and implementation strategy; and 3) Brief component descriptions of the Hospital Midwifery Education in Afghanistan Program.

The program is characterised by a good and committed long-term cooperation between government institutions and NGOs, and the program has no doubt benefitted from a multi-donor approach, involving many partners with specific strengths and inputs. The established extracurricular activities in the education program have been highly commended by all stakeholders. NAC/FOKUS/DNJ and their Afghan partners have in their activities managed to connect the traditional national midwifery education curriculum with not only an enhanced rights based perspective for midwives as a profession, but also to improve living conditions/economic development opportunities and to empower women to participate actively in development processes in Afghanistan. It is recommended that IHS/MOPH and MOHE consider the possibilities to include these activities in the existing curriculum for Hospital Midwifery Education, maybe with an official pilot phase in the next phase - and if possible to let a National Research institute follow and document the process and advantages.

The program objectives focus on empowering women to participate actively in development processes in Afghanistan, and on support to women to explore economic development opportunities, etc. – activities that are mainly carried out through extracurricular activities. These activities did not seem to have been the focus for monitoring and evaluation. It would strengthen the program if a more comprehensive monitoring system was developed, which beside the curriculum activities should measure improvements related to both income and non-income factors such as health status, influence over decision-making, social networking etc. that can be linked to economic empowerment.

Each organization has its own monitoring system, and the program would benefit from a common Monitoring and Evaluation (M&E) System. This M & E system could be based on an existing system and should be based on a participatory program approach between NAC (DNJ), IHS and AMA. The M & E system could be finalized during an inception phase. It is very important to include all partners’ views and experiences accordingly to decide and develop a system on how and in which way monitoring and evaluation should take place in order to develop indicators/outputs/benchmarks to monitor real impact/actually see the impact, which are not primarily relied on quantitative data.
The organizational and financial management set-up is considered as appropriate in both NAC and IHS. Funds have been transferred to a separate bank account to each of the partners upon receipt of work plans and budgets and rendering of account for the previous transfer. NAC is familiar with the implementation of both national and international programs and projects, and they have an account system that connects international projects/programs at an appropriate level of detail, and the partners account systems and software have been approved by NAC. All partners have shown good feedbacks. Financial and narrative reports have been delivered in a timely manner. The ET finds however, that the systematization of common experiences/lessons learned could be strengthened.

The Hospital Midwifery Education Program has proved to be low-cost effective and able to rapidly increase the number of educated midwives in Afghanistan and to establish a set-up whereby the midwives are willing to work in some of the most remote and insecure areas. It has been an important wish from the various stakeholders, i.e. students, teachers, and graduated midwives to be ensured refresher trainings after graduation to keep the midwives skilled and less isolated. A possibility of having access to a bachelor degree within midwifery at the district level has been a demanding request too.

The education of midwives program builds on existing structures, modalities and lessons learned since the project began in 2002 and has turned out to be quite successful, and fully in line with national priorities. The curriculum covers a period of two years consisting of four semesters.

The students and graduated midwives were pleased with the extracurricular activities, such as computer training skills, English lessons, and training within peace and human right subjects, which they would like to see expanded. Through these extracurricular activities they felt empowered.

An overall observation has been that the program is highly respected by all people, organisations/institutions and Ministry representatives interviewed by the ET. The multi partner approach together with NAC’s long support and presence in Afghanistan back to 1979 after the Soviet invasion leaves the organisation with a good name and a reliable organisation. FOKUS has supported NAC projects in Afghanistan since the early 1990s. Through the program support to Hospital Midwifery Education in Afghanistan the overall objective to increase as well women’s access to reproductive rights as to decrease the maternal and child mortality through the deployment of educated and empowered midwives to underserved districts has been carried through in a country with a huge sceptic against education and empowerment of women. The good cooperation between the three Norwegian organisations and IHS, AMA and MoPH/MOHE has proved to be strong and successful though the funding procedures have been difficult too with funding passing through many intermediate stages – sometimes delaying release of funding. A lesson learned shows that it takes time to build such a program and that the strong focus and commitment of the program partners has led to the success.

Interviews and the five success stories (annex 5) by the students and graduated midwives give an overall picture that IHS/NAC through the Hospital Midwifery Education program has managed to ensure that midwives have got an education whereby they feel equipped to do their work, empowered as women and respected by their families and local communities - and proud to work in their communities, as well as to be able to support their families financially. Through the program the graduated midwives were deployed at health centres in Nangarhar district, providing access to
reproductive health for women and their children. Due to traditional cultural constraints in Afghanistan, women are often prevented from working outside their home, not least in conservative areas of Afghanistan such as the eastern part of the country. However, the job as a midwife has been accepted in the local communities. As women, they feel they have a voice through their education.

A lesson learned has been that unless the midwives’ advocacy network which operate at higher levels as AMA/OMA in Kabul link into processes and sub-organisations that are well embedded at district levels, there will always be a gap between ownership of certain agendas by a fairly small and elitist group of advocates (AMA/OMA in Kabul) and as here the midwives at the district level. These limits from higher to lower levels are currently weak and need to be strengthened in a next phase.

At the design level, it would also enhance a program participation if a common monitoring and evaluation system was agreed upon to ensure indicators/outputs/benchmarks to monitor real impact/actually see the impact, which are not primarily relied on quantitative data that there has been a tendency to monitor out from during this phase.

Based on the evaluation findings and the official need of at least 50001 more educated midwives in Afghanistan, as well as the need for strengthening the midwives’ organization in the provinces, the ET recommends an extension of the program with another five years (two plus three).

2. Background

The program is funded by Forum for Women and Development (FOKUS) in Norway, and administered by the Norwegian Afghanistan Committee (NAC) in Norway and in Kabul in collaboration with the Norwegian Association of Midwives (DNJ). NAC and DNJ also contributes with ten percent of the financial support. The program encompasses two partner organizations in Afghanistan; Institute of Health Science (IHS) in Nangarhar Province and the Afghan Midwives Association (AMA) in Nangarhar under the supervision of NAC Kabul office.

From 2015 onwards, FOKUS member organizations receiving grants from NORAD in their own capacity shall no longer be entitled to financial support via FOKUS’ grant from NORAD. Since NAC receives substantial funds from NORAD/MFA for other projects, FOKUS will not be allowed to support IHS or AMA financially post 2014. NAC will continue to give high priority to midwife education, and the evaluation will give directions for NAC’s future support to the training, however during the field trip, the ET was informed that a funding on September 18, 2014 had been approved between NORAD and NAC for Program 2014-2016 Advancing Maternal and Newborn Health in Afghanistan - Community Midwife and Community Nurse Khost and Kapisa and Hospital Midwife Education, IHS, Nangarhar, and support to AMA local branches.

The program seeks to increase women’s access to reproductive rights and decrease the maternal and child mortality through the deployment of educated and empowered midwives to underserved districts. In addition IHS specifically targets women and children in very remote areas of Afghanistan, with little or no access to proper health facilities, and trained and skilful midwives. The program

---

1 According to HIS/MOPH in Nangarhar and UNFPA, 2011
consists of two components: 1) Hospital Midwife Training and 2) Networking with AMA. It has been a goal to strengthen AMA’s organizational and technical capacity to function as an independent association working to enhance the rights of its members and midwives as a profession, empower women to participate actively in development processes in Afghanistan, train and build capacity of its members, improve services delivered by midwives, and support women to explore economic development opportunities. Thus, the possibility to acquire skills in different professions will strengthen women’s social and economic position in Afghan society. Moreover, being of “value” and “importance” both for their families and for the country will empower them personally. The program seeks in other words to contribute to the improvement of women’s status in Afghanistan in terms of 1) improved health and 2) professional and economic advancement.

The midwife education is a two years course, with incorporated trainee services. The first semester focuses on pre-clinical topics, while the remaining three semesters are dedicated to the development of clinical skills for midwifery, including those for basic maternal and new-born care, the management of complications in pregnancy and childbirth, and for the provision of other related services for women and/or mothers and infants.

3. **Methodology**

3.1 **Overall purpose and objective**

The overall purpose of this evaluation was to provide NAC, DNJ, partner organizations, and FOKUS with an assessment of the extent to which the objectives of the overall program in Afghanistan have been achieved, and to inform future program development.

1) The evaluation should, in a structured manner, review impact and draw out lessons learned for the implementing organizations, NAC, DNJ and FOKUS.

2) The evaluation should provide information on the way forward for the program after the phasing out of support from FOKUS.

3) The evaluation should give recommendations and inform the future development of suitable objectives, achievable results and measurable indicators.

The immediate goal/objective of the Hospital Midwifery Education program for 2010-12 was:

*Empowerment of women through higher education within health and deployment in rural areas, which further increase women’s access to reproductive rights and decrease the maternal and child mortality*

The evaluation has been based on the stated purpose of the program. The overall focus for the evaluation has been to assess the quality of the proposed support, including relevance, comprehensiveness, consistency, and technical and financial soundness.
3.2 Methods and material

Data collection is based on interviews, meetings and focus group discussions and has involved the following activities:

- Review of listed documents
- Meeting with NAC in Kabul
- Meeting with IHS in Jalalabad/director, staff/trainers/supportive staff
- Meeting with AMA representative in Jalalabad
- Meeting with Midwifery students in Jalalabad
- Meeting with graduated students in Jalalabad
- Meeting with AMA in Kabul
- Meeting with MOPH in Kabul
- De-briefing meeting with NAC, Kabul
- Skype interviews with NAC Norway/Kabul
- Skype interviews with FOKUS, Norway
- Skype interviews with DNJ, Norway
- Skype interviews with the Norwegian Diaspora

The ET has carried out in-depth interviews and Focus Groups Discussions with about 40 persons representing the above mentioned groups.

The evaluation mission to Afghanistan (Jalalabad and Kabul), took place from October 19-27 (including travel days), of which two days were spent in Jalalabad.

The fieldwork serve the purpose of triangulation whereby the ET crosschecked the validity and comprehensiveness of the information gathered from the documentary review.

At the end of the fieldtrip to Jalalabad and Kabul, a debriefing meeting was held with NAC official at the office in Kabul summarising key findings and recommendations of the mission and testing of the accuracy and comprehensiveness of the findings and recommendations.

A combination of methods have been used to gather information used to triangulate information/data and thereby ensure their solidity. M&E data has been used in combination with other documentation and interviews/consultations with stakeholders. Particularly the interviews were important, as the key persons interviewed were the ones responsible for – and with the main interest in – achieving the intended results/change. The evaluation focused on documenting impact/outcomes. When these did not fully live up to the expectations and targets outlined in the ToR, the ET tried to identify the underlying causes/problems; e.g. whether they were caused by insufficient inputs and activity implementation gaps; were due to shortcomings in the program design; the underlying project analysis; or institutional analysis of stakeholder capacity. The findings has formed the basis for the analysis of program performance vis-à-vis relevance, efficiency, effectiveness, impact, and participation - of methods and mechanisms established for the management of each component as well as compliance with program requirements and procedures. Both positive/intended and negative/unintended impacts and outcomes have been described.

Questionnaires (appendix 8) were made to selected students in their final year and to graduated midwives in Jalalabad. They all responded back positively. The questionnaires were backed by focus
discussion group interviews. Interviews were carried out with teachers and supportive staff at IHS, with head of AMA in Nangarhar, with the director of IHS at the Institute of Health Sciences in Jalalabad/Ministry of Public Health (MoPH). A short SWOT analysis was made with AMA and IHS in Jalalabad. In Kabul interviews were held with NAC director and other staffs, with AMA and with MoPH.

4 Analysis of the Program

4.1 Assessment of IHS engagement

IHS in Jalalabad is a government institution and one of 11 medical training institutes in Afghanistan, and one of five Institutes of Health Sciences. The midwifery education at the school follows the standard curriculum of the Ministry of Public Health (MoPH), but the education program in Nangarhar is also under the Ministry of Higher Education (MoHE) that introduces the students to the IHS, meaning that the selection is allowed to be made through the local authorities, and not as usually only through MoPH’s normal criteria — to ensure students from remote areas. The education goes in line with the National Priority Plan to improve and expand existing health service delivery and contributes to the priorities of the MoPH to: 1) Training of female health professionals; 2) increase the number of female professionals in remote health facilities and thereby expanding women’s and children’s access to health services, who are the most vulnerable groups in the country. As a longer term goal, midwifery education contributes to the MoPH’s priority of reducing mother and children’s mortality and morbidity rate and the government’s goal of reaching the MDG’s (which might be difficult under the present condition as a fragile state). Secondly, maternal and reproductive health is an explicitly prioritised area of health service development according to MoPH’s health strategy and NPP.

IHS requests NAC for assistance on a yearly basis/contract to carry out the Hospital Midwifery Training at Nangarhar Institute of Health Sciences. In 2014 for instance, the applied funding of USD 142,576 was to provide support for a project to train midwives of four provinces. Concrete activities/outputs and outcomes were for instance for 2014:

1. 25 new students and 31 second year students have received Hospital Midwife Education according to the MoPH curriculum as well as extracurricular training.
2. 3 out of 34 graduated students work as midwives and provide health care for women and children in rural areas.
3. 34 women have economic income opportunities based on their skills.
4. The technical level and capacity has increased amongst the IHS staff and trainers.
5. The dormitory and nursery are suitable and utilized by the students.

NAC has more than 30 years of positive experience in project management and implementation of development projects/programs, and the organisation has built up a good working relationship with its partner organisations. The distribution of work between the NAC and its partners with NAC as program lead has worked fine. NAC leaves a large part of responsibility for implementation to the partner, which in turn undertakes to keep NAC oriented and to take advice from NAC. Through regular program visits NAC has built up a friendly relationship and mutual trust with its partners.

NAC has been responsible for the overall program management, to commission periodic internal audits as well as commission external audits, to ensure that IHS has developed an overall project
monitoring and evaluation plan including a list of staff who would be responsible for implementation of the project as well as staff that would be responsible for financial management according to NAC’s guidelines within the first month of signing the contract, and to carry out regular monitoring and evaluation of the ongoing activities in order to ensure transparency and accountability. For each quarter report implantation plans should be included for the following quarter. NAC also supported IHS in the training of staff. The IHS director acts as the project manager and oversees the overall project activities, while a course coordinator has been responsible for the academic section, and an administrative finance officer has been responsible for the relevant department. Besides, 12 trainers have been teaching students as well as supportive staff. NAC has ensured that reports, narrative and financial have been provided by IHS on a quarterly basis as well as final reports have been following appropriate NAC templates and payment procedures. Included in the report formats were challenges and lessons learned during the implementation, such as problems, delays, or adverse conditions which materially impaired the ability to meet the objectives, and did also include a statement of action taken and any assistance required to resolve occurred situations – and lessons learned.

NAC has a satisfactory monitoring and evaluation format for its staff when visiting the projects mostly on a monthly basis or every second month. According to both IHS and AMA, NAC has provided a good sparring and ensured immediate follow-ups on requested concerns that have been reported and provided training to staff when needed, which is one of the major factors to the success of the program. NAC has acted as the coordinating body for the various cooperating partners, other NGO’s, ministries and boards.

IHS appears as a very competent and engaged institution under the leadership of Dr. Waheedullah Shinwari, and the ET felt that there was a good and relaxed atmosphere between the students, teachers and other support staff. All reports, audits, etc. and the actual implementation of the agreed activities and operation of the projects have been carried out in good order from 2010-14, and records/ledgers/cashbooks/stock books/other records have been kept in a satisfactory way. It was easy to see that there was a good relationship between NAC and IHS. NAC had supported IHS in building its capacity and had provided ongoing support in an open and good manner to the program and its stakeholders. Major concerns raised by IHS has been to get more staff attached to ensure the quality of services, especially according to a need or trainers and master trainers. Another issue mentioned was that contracts were signed very late each year, delaying the upstart of the projects.

Recently, the Afghan Midwife and Nursing Education Accreditation Board (AMNEAB) that is the highest organ for coordination of Midwifery-related issues and standardisation of quality of midwifery education in the country has nominated the Hospital Midwifery Education Program in Nangarhar to have the best standard in Afghanistan. AMNEAB has monthly meetings and ensures the quality of midwifery education programs in 34 provinces in the country. NAC is an executive member of the Board, and coordinates activities with AMNEAB and MoPH both on national and provincial level. Besides, NAC coordinates with other NGOs working on health issues in Afghanistan. NAC has supported IHS on as well technical as administrative issues.

The students and graduated midwives were pleased with the extracurricular activities, such as computer training skills, English lessons, and training within peace and human right subjects, which they would like to see expanded. Through these extracurricular activities they felt empowered.
RX 2: It is recommended to discuss possibilities with IHS/MOPH and MOHE for in future to include these activities in the existing curriculum for Hospital Midwifery Education, maybe with an official pilot phase for the next phase - and if possible to let a National Research institute follow and document the process and advantages.

In 2013 NAC and IHS discussed the enrolment criteria of students with MoHP and MoHE, as it turned out to be difficult to recruit students from the most remote areas, who were willing to go back to work there afterwards. As this is the overall objective of the NAC/FOKUS funding, it was decided to allow some flexibility, as described above to ensure enough students from remote areas. Before, students were selected through the MoHE Concord examination, but from now on AMNEAB was actively allowed to support the recruiting process in Nangarhar and select the students directly. Students graduated from 10th class could however not join IHS, but they could join Community Midwife courses. Afterwards there has been no problems in recruiting enough interested and motivated students. The ET was informed during the fieldtrip to Jalalabad that the public attitude towards midwives and their education seems to have changed considerable during 2010-14, as stated in the quotations by IHS on top in this chapter, not least because of NAC/FOKUS/IHS and AMA’s advocacy and lobbying. Most of the students interviewed told they had been encouraged by their families, neighbours and people in their villages to apply for the Midwifery Education, which they had been informed about in public media.

The ET finds that the program with IHS being responsible of the Hospital Midwifery Educational Program in Nangarhar is on a good track. Regular monitoring visit reports from NAC Kabul and interviews show that things raised during those missions are taken seriously and have been improved in good order before a following monitoring meeting. An overall request from the students, teachers and graduated midwives as well as IHS and AMA during the field visit was to get a bachelor and a master degree on top of the two-year midwifery education in Nangahar. As it is now, there is only one possibility to get a bachelor degree in Afghanistan, which is at a recently established private university in Kabul. Another related issue is that it is difficult to get teachers that are qualified enough in Nangarhar and above the levels of their students, because of the missing possibilities for further education. A tendency in Nangarhar seems also to be a relatively high trainers turn over, also explained was due to teachers had been educated in Kabul, and preferred to work there.

RX 3: It is recommended to work for the establishment of a bachelor degree in Jalalabad for graduated midwives.

During the field visit to IHS in Jalalabad the ET team had interviews, FGD’s, and meetings with IHS director, AMA representative, students, graduated midwives, teachers and support staff. They all told the ET, that when concern had been raised, these concerns were quickly addressed. A present concern, however, seems to be rather serious and to need urgent action, i.e. that the students told that they do not get sufficient help/supervision in their clinical situations. Based on the midwifery study standards, students are required to practice in hospitals. NAC and IHS has earlier had meetings with the hospital management to address some issues related to quality, and resolutions were found to improve the quality. The hospital in Jalalabad is run by an NGO called HealthNET TPO/Cordaid, and the issue raised with the students’ practice at the hospital is that the Governmental Hospital staff (especially doctors, nurses and midwives) are not helping students during practice in Jalal Abad hospital. The reason students stated this challenge was: 1) Ego of doctors (which was told is common in Afghanistan in relation to nurses and midwives, as the doctors
According to the students and midwives interviewed were thinking they have a higher social and educational position than others – it was especially difficult if their teachers were with; 2) Midwives at the hospital were afraid that midwives/teachers at IHS would get their jobs; 3) Finally the students were concerned about their future job possibilities, even though they had got commitment from their local health clinics to give them job after graduation. They feared that the local health clinics might close within 2 years as they were dependent of donor funding. An issue for NAC/IHS/AMA might therefore be to ensure more clear commitment from the Government accordingly.

For the graduated midwives one concern was lack of medical equipment: All graduated midwives working in remote areas complained about the lack of equipment and medicine. Another issue was a wish for more capacity building in their provinces, which they thought AMA should work more for to ensure to reach midwives in remote districts. The midwives also raised the issue that the target group – the population in Nangarhar - seems to be much higher that estimated. This has caused much more pressure on health facilities than foreseen, and thereby also on the midwives. Reliable demographic statistics and indicators of child and maternal health could be an issue for IHS/AMA to deal with in future.

Finally the issue about security was raised. Two years ago a Hospital Midwifery School in another province was damaged by an attack to a nearby facility.

Fortunately, it happened on a public holiday, where all students were absent. During 2013 the security situation in Afghanistan was told to be considerably worse than in 2012, but better than in 2011. Nangarhar is statistically one of the most insecure provinces in Afghanistan, and in 2014, probably because of the election many attacks have taken place.

4.1.1 Progress towards achievement of the immediate objective and outputs, 2010-12

It is the opinion of the ET that the program activities have been carried out satisfactory, and that they thus have fulfilled the immediate objective.

In regards to the outputs:

Output 1: 90 new students and 34 second-year students had received Hospital Midwifery Education.

The ET observes that only 73 midwives had been trained, but almost everybody enrolled fulfilled their studies. The reason explained to the ET for the considerable deviation was that at the beginning of the program phase 2010-12 it was difficult to attract enough students, but with advocacy and lobbying in media and government, the program managed to turn this tendency.

Output 2: 85 graduated students work as midwives and provide healthcare for women and children in rural areas.

At the end of 2012, 65 midwives were employed. The process for those graduated in 2012 is expected to take three months, and this was in process.

Output 3: 115 women have economic income opportunities based on their skills.

This is nearly the expected number taking into consideration that the recruitment process for the last graduated students is expected to take three months. However, besides the Board-accredited hospital midwifery education the extra curriculum activities within basic computer skills and English
during their last semester have helped them find employment as midwives. In 2011 46 out of 49 graduated had been employed with a monthly salary ranging from Afs 7500-20,000, and of the 24 midwives graduating in 2012, 16 had already found deployment before finishing their study - (those who worked in the most remote areas got the bigger salary).

**Output 4: Increased technical level of IHS staff and trainers.**

A NAC monitoring visit in 2012 showed that the technical standard had improved, and reports from AMNEAB in 2012 also showed that the trainings met AMNEAB’s standards and that the training had been improved since 2011. The staff had been provided training and capacity building by IHS within: Effective teaching skill (4 staff members); Family planning (2 staff members); New born care (3 staff members); AMA congress (4 staff members and 12 students); Infection prevention (2 staff members); LDP program (3 staff members); Accounting (2 staff members); Quick book (2 staff members); Report writing (2 staff members).

**Output 5: Dormitory and nursery are suitable and utilised by the students.**

The ET observed that the students have been allowed by their parents to go to Jalalabad for a two years study and to live at a hostel. The dormitory and nursery followed the AMNEAB’s rules and regulations, and IHS had provided safe and comfortable accommodation for the students. In 2012: 33 students were living in the hostel (13 of them of second year and 20 of first year). Twelve children were in kindergarten, of which four of them were children of the trainers.

### 4.1.2 Progress towards achievement of the immediate objective and outputs, 2013-14

From 2013-14 the immediate goal/objective of the Hospital Midwifery Education program was:

*To increase women’s access to reproductive rights and decrease the maternal and child mortality through the deployment of educated and empowered midwives to underserved districts.*

**Output 1:** 25 new students and 34 second-year students have received Hospital Midwife Education according to the MOPH curriculum as well as extra-curricular training.

All 34 students graduated and 31 students were enrolled instead of 25, as five had accommodation with families in Jalalabad and did not require kindergarten of nursery.

**Output 2:** 32 of 34 graduated students work as midwives and provide health care for women and children in rural areas.

Normally the completion of the employment process takes about three months, but by the end of 2013\(^2\), 50 percent were already been ensured employment before finishing their studies.

**Output 3:** 34 women have economic income opportunities based on their skills.

Working as a midwife has turned out to be one of the few professions open to women by most political and religious factions in conservative and traditional Afghan communities. The ET was told by all stakeholders that this positive view on midwives had happened during the program phase, mainly due to AMA, NAC and other program partners’ persistent lobbying and advocacy through

---

\(^2\) Unfortunately, the ET has not been able to get some figures from 2014.
media and governmental institutions. The work as midwife today provides a good opportunity for these young women to have an income and to support their families.

**Output 4:** The technical level and capacity has increased amongst the IHS staff and trainers.

IHS staff and trainers had participated in capacity building workshops on effective teaching skills; revised / upgraded curriculum; and BEOC (Basic Emergency Obstetric Care) workshops, as well as participation in governing body meetings - trainings that had actually been used in practice, and not just been used for personally winning.

**Output 5:** The dormitory and nursery are suitable and utilized by students.

As within the former phase the dormitory and nursery follow the AMNEAB’s rules and regulations, and they seem to be appropriate, and well appreciated by the students. All students we talked with had only positive things to say about dormitories and nurseries.

**Output 6:** An evaluation of AMA’s Leadership Development Program has been conducted.

An evaluation has been conducted, which was positive that the LDP program had managed to improve leadership capabilities of provincial AMA branches midwives to support planning, managing, supervising, monitoring and evaluating the delivery of high quality midwifery services and had brought a positive change in their work places and the communities they were serving. The Leadership Development Program (LDP), was a program that was implemented for members of AMA - 28 midwives from Kabul and the provinces of Samangan, Herat, Badakhshan, Kandahar, Balkh and Nangarhar - during four phases from 2010-12. The program took place in Kabul with the purpose to improve the health status of mothers and their families and provide quality midwifery services through strengthening of the midwifery profession by improving and strengthening AMA’s organizational and technical capacity to function with a well-functioning leadership. The main objectives of the LDP were: 1) Advocating for the rights of its members and midwives as a profession; 2) Participating actively in development process of RH services at national level; 3) Training and capacity building of AMA members, and 4) Improving service delivery by midwives”.

**Output 7:** The provincial branch of AMA in Nangarhar has been provided with needs-based support in order to better assist the future midwives of the school.

### 4.2 Assessment of AMA engagement

AMA is categorised as an association, and the staff is working on a voluntarily basis as associations in Afghanistan are not allowed to receive foreign funding. AMA was founded in 2005 in order to support a growing number of midwives and to improve and ensure their continued training. As a midwifery led non-political and national NGO, its primary purpose is to implement programs that build the capacity of midwives and increase access to quality midwifery services. Beginning with 80 members in 2005, AMA today has about 3000 paying members (midwives and students) from 33 provincial chapters out of about 3500 practising midwifes countrywide. In addition to these 3500 midwives, MOPH estimates that there is a need for at least 3000 additional midwifes in Afghanistan.

In 2012 a decision was taken among AMA partners to maintain AMA as a member driven association registered within the Ministry of Justice and to establish an Organization of Afghan Midwives (OAM)
through the Ministry of Economy as an implementing organization working closely with AMA. Both institutions are centralised in Kabul and registered under two different Ministries. Although OAM receives a lot of donor funding worldwide, it has proven difficult to get an overview of how the funds are spent. This is why NAC together with its partner organizations decided to let the funding to AMA/OAM in Kabul go through NAC. OAM’s strengths depends on its capacity to implement quality programs and to continuously support a thriving membership of the AMA. It seems to be a rather complicated set-up, not least when the funding is supposed to strengthen AMA at the regional level, in Nangarhar. It takes time to build up a strong association – a kind of union for midwives, but with only the money from the members it would seem to be rather impossible to run an office and to create a professional Network at the regional level without additional funding.

During this program phase a Leadership Development Program (LDP) for 28 AMA officials from Samangan, Herat, Badakhshan, Kandahar, Balkh and Nangarhar took place in Kabul and was evaluated by NAC/OAM in 2012. However, only one person participated from Nangarhar.

The LDP had the purpose during four phases from 2010-11 to improve the health status of mothers and their families and provide quality midwifery services through strengthening of the midwifery profession by improving and strengthening AMA’s organizational and technical capacity to function with a well-functioning leadership. The main objectives for the LDP were: 1) Advocating for the rights of its members and midwives as a profession; 2) Participating actively in development process of RH services at national level; 3) Training and capacity building of AMA members; and 4) Improving service delivery by midwives.” With the LDP, AMA wanted to reinforce individual members’ capacity to build teams, to analyse real workplace challenges, and to design a model to overcome those challenges. Action plans for 2011-13 were developed for six of the provinces that joined the LDP (including Nangarhar) to improve the activities at the provincial level.

There is no doubt that AMA has been able to promote the rights of midwives towards the government donors, partners and health professionals, and today communities are now interested in sending their children to midwifery school. AMA is represented in reproductive health committees at central and national levels and is on several occasions consulted by the government on reproductive health issues and gives policy advice to MoPH and MoHE.

However, besides some support for AMA used to strengthen the AMA staff in the national office in Kabul and the LDP, AMA support has mainly been no-cost interventions (AMA staff is working on a voluntarily basis). In Nangarhar Province, NAC/FOKUS has financed a part of an office rent in 2010-12 for AMA (the room, unfortunately, was not fit for an office, and another solution still remains to be found). Besides office and LDP an office car had been donated by NAC/FOKUS that is used to manage all AMA component transportation in Nangarhar – cost for fuel and maintenance is covered under another donor grant.

AMA depends heavily on donor support and it would not be possible to keep momentum and ensure conditions at the ground in the provinces and in the most remote areas, and for Nangarhar with additional funding from the program to ensure recommended activities to strengthen AMA here. It is observed by the ET that there seems to be little communication between AMA in Kabul and in the provinces, and very few activities are taking place in practice at the provincial level. However, AMA Kabul liaises on a quarterly basis through meetings, emails and telephone communication with all of its provincial chapters, and participates as key technical members regularly at workshops and meetings with MOPH, MoHE and other relevant stakeholders such as midwifery education.
institutions, where they provide technical advice to various groups, such as MoPH’s Reproductive Health Task Force; Afghanistan Midwifery & Nursing Education Accreditation Board (AMNEAB); Reproductive Health Trainings Committee; Mother and Child Health (MNH) group; Family Planning Regional Conference Committee; Technical Advisory Group (TAG) to MoPH; Steering Committee Meetings MoPH; Basic Package of Health services workshops; Provincial Reproductive Health Officers (RHO) workshops Advocacy campaigns for safe motherhoods conducted by MoPH; etc.

RX 4: It is recommended to focus a new LDP on strengthening AMA in the provinces to be able to build up local secretariats and networking activities – and to include at least two to three persons from each province to ensure possibilities for cooperation afterwards.

RX 5: It is recommended to establish a Network for midwives within AMA in the provinces/districts with Nangarhar as a pilot phase for 2015-16. Funding should either 1) be directed through OAM to AMA in Kabul, but with clear directions for the funding to be used in Nangarhar, and at the same time making lobbying with the Government for the possibility of having direct funding though AMA in a next phase; or alternatively 2) be administrated by NAC Kabul, as the ET understands NAC’s scepticism against the Kabul centralised OAM/AMA, where is it difficult to get an overview how money from multiple donor support is spent in practice.

It has proven difficult to find suited office space within IHS, which would be a requirement if an association function is to be established to handle interests/challenges for midwives at provincial level. Funding will be needed for running the association, as well as an action plan. Here DNJ could play a major role.

RX 6: It is recommended to ensure AMA gets an office within IHS and effective training from DNJ Norway to become an organization that in practice will be able to serve its members and keep records, ensure their members rights and work, and also establish a network among the midwives and the NGO’s responsible for the health services where the midwives are working, develop the existing newsletter, get a homepage, etc.

One of the issues discussing with students, staff and graduated midwives in Jalalabad during the field trip was access to supplementary training and networking after graduation. Many demanded a bachelor degree in midwifery education in Nangarhar, as well as supplementary training courses. The extracurricular activities that are part of their education were much praised, but for instance internet access was still very restricted for students during their study, and afterward in the remote areas even more.

RX 7: it is recommended to ensure that all teachers/trainers/students have permanent access to internet, as well as to negotiate with NGO’s responsible for health services in the districts that the midwives can get regular access to computers and internet.

RX 8: It is recommended that DNJ together with AMA/IHS Jalalabad develop a monthly net based/Skype and mobile phone based educational program for graduated midwives to keep them updated.

Almost all students, teachers and midwives requested more possibilities for exchange visits to Norway, workshops and further training. However, through further discussions with the ET, IHS; AMA and NAC it turned out that it actually would be more appropriate to have exchange visits in
neighbouring countries such as Pakistan and India, with a good midwifery education. They were not aware this might be an option, and it might be much easier for the women to be allowed to travel to those places, both by their families and foreign authorities.

**RX 9:** It is recommended to establish exchange visits in some of the neighbouring countries as Pakistan and India, and maybe mentorship arrangements, which will be cheaper, but also much easier for the women to be allowed by their families, and more relevant.

The students and graduated midwives were pleased with the training in peace and human right subjects, which they would like to be expanded. Through these extracurricular activities they felt empowered to discuss various challenges with officials, as for instance security, working conditions, etc. It was mentioned that the traditional subservient role of midwives compared to medical doctors, still is an issue, both for the practising midwives – not least when something went wrong where they were often blamed, or on night duties, where the doctors ignored them when the midwives student’s teachers were accompanying them.

**RX 10:** It is recommended to strengthen the extra curriculum especially peace and human right subject.

Another major concern for the midwives, staff and students were cultural barriers. In Afghanistan, husbands often do not allow their wives to go to school, and when they have finished their training, midwives traditionally needs to be accompanied by their husbands, or another male family member when travelling to remote areas on duty. This put an extra pressure on those women, which is difficult to deal with – and might be an issue for AMA – as either the husband needs to be absent from his own works for periods (without any compensation) to follow his wife, or the midwives may not be able to visit those areas before somebody can go with.

### 4.3 Assessment of program administration and financial management

The ET’s overall assessment is that this program - on the basis of available information – is managed efficiently (no huge underspent) and successfully by both NAC in Kabul and by IHS in Nangarhar. It is good value for money and the program should be eligible for continued support.

NAC has 35 years of experience in project management and implementation of development projects/programs in Afghanistan, and the organization has built up a good working relationship with its partner organizations in Norway, Nangarhar and Kabul. NAC leaves a large part of responsibility for implementation to the partners, who in turn keep NAC informed and take advice from NAC/FOKUS/DNJ. Through regular project visits (about every second month) NAC has built up a relationship based on mutual trust with its partners.

In future funding will be provided through NORAD directly to NAC as described before, but it is envisaged that FOKUS will still be co-operating with NAC in various activities on a more ad-hoc basis.

Financial and narrative reports - and the quality of reports - have been delivered timely.

The organizational and financial management set-up is considered appropriate in both NAC and IHS. Funds have been transferred to a separate bank account to each of the partners upon receipt of
work plans and budgets and rendering of account for the previous transfer. NAC is used to run programs and projects nationally and internationally in a professional way. NAC has an account system that connects international projects/programs at an appropriate level of detail, and the partners account systems and software have been approved by NAC. All partners have shown good feedbacks.

One thing that could be strengthened is a programmatic systematisation of common experiences/lessons learned.

**RX 11**: For a next phase the ET would recommend to consider working on a systematisation of common experiences

The ET notes that during the program phase individual contracts were entered between NAC/FOKUS and DNJ, IHS and AMA, without necessarily making sure that all partners knew each other’s components and without ensuring that partner organizations took into consideration the overall program cycles as such.

The funding from FOKUS (NORAD) to NAC and from NAC to IHS and AMA is approved on a yearly basis against multi-annual proposals (2-3 years), and grants have generally been relatively small in nature. This reflects the limited timeframe of the overall allocation, limiting the scope and period of the individual grants. All grants have been administered centrally by NAC, Kabul.

The Support to Midwifery Education Program in Afghanistan has had a broad thematic focus within the areas of empowering women to participate actively in development processes in Afghanistan; to improve services delivered by midwives, and support women to explore economic development opportunities.

The short time span of the evaluation did not allow in depth financial assessment, but audit reports have been studied, and the ET didn’t find any problems, except for the delayed release of funding from FOKUS, especially at the upstart of a program phase, one time with nearly half a year, which made it difficult for especially staff members at IHS and towards suppliers. This is not foreseen for a new phase, where the funding will be transferred directly from NORAD to NAC, and therefore have fewer channels to go through – but it did not prevent the program from being implemented successfully. The overall impression of NAC is that it is a very competent and engaged organization capable to administrate the program, and that all necessary administrative and financial guidelines and procedures are in place for running international projects/programs.

However, the ET has two overall recommendations for a next phase concerning administration and cooperation between partners for all to know the program/components expected obligations/commitments.

**RX 12**: It is recommended that a new program phase develop a common program document for all involved partner in order to know each other’s components/expectations, which comprises: 1) Responsibilities between the partners of the program; 2) Clear program objectives and implementation strategy; 3) Brief component descriptions of the Hospital Midwifery Education in Afghanistan Program.
For each subcomponent, it would be important to have: 1) The component’s objectives and success criteria; 2) Justification/problem analysis; 3) Context of the component; 4) Partners; 5) Implementation strategy; 6) Overall expected outputs; 7) Component period and activities; 8) Budget; 9) Assumptions and risks; 10) Sustainability/exit strategy (even though Afghanistan is categorised as a fragile state, and therefore might differ from other development programs elsewhere); Clear monitoring and evaluation criteria; 12) Evaluation and systematisation of experiences; 13) Division of responsibilities and tasks in the project implementation.

RX 13: It is recommended to ensure during the formulation of the program document a close cooperation between partners in order to ensure full understanding and commitment and thereby ensuring the best basis for a common understanding, lobbying and advocacy for the program.

4.4 Monitoring and reporting

It would strengthen the program to develop/ or use an overall Monitoring and Evaluation system for the program based on participatory program approach between NAC (DNJ), IHS and AMA. A theory of change approach might also sharpen the planning and implementation of the new program phase. Use of a theory of change approach during the design phase, would increase the likelihood that partners have clearly specified the program’s intended outcomes, the activities that need to be implemented in order to achieve the expected outcomes, and the contextual factors that are likely to influence them.

RX 14: Each organization has its own way of monitoring, but it would strengthen the program to have a common system. It is recommended that the M & E system is finalised during the inception phase, and adjusted as part of a final evaluation before a possible new phase. It is very important to include all partners’ views and experiences accordingly to decide and develop a system on how and in which way monitoring and evaluation should take place in order to develop indicators/outputs/benchmarks to monitor real impact/actually see the impact, which are not primarily relied on quantitative data.

4.5 Assessment of NAC, DNJ and FOKUS engagement

Overall, the program has no doubt benefitted from the multi-partner approach with their specific strengths and inputs, though it has also had some challenges, not least with the two levels of overall administration of funding from NORAD, first through FOKUS and then NAC with administrative costs to both organizations. It is envisaged that FOKUS and NAC will continue the good cooperation/coordination in some activities, though it might be as two separate programs. It is also envisaged that DNJ in a next phase could play a more proactive role in strengthening AMA at the institutionally level in the provinces with Nangarhar as a pilot phase – and maybe occasionally provide external training sessions from Norway through Skype, webpage or other media.

NAC has been the coordinating body for all cooperating partners from Norway and Afghanistan, which they have carried out in a most professional way.
FOKUS has especially been promoting that women’s reproductive, economic and political rights in Afghanistan have been enhanced through the program. FOKUS has also established the contact to DNJ to support AMA in the organisational set up and trainings, not least according to the established exciting extracurricular activities, which have been much emphasised by all partners - not least by the students and graduated midwives that through those extracurricular activities/trainings felt empowered to carry out their duties in the communities. The support to AMA is however recommended to be strengthened in a next face, even though FOKUS will not be having the funding function. The diaspora component could also be strengthened in a next phase, as for this phase it has more or less been established through one person, Ms. Deeva Biabani, who grow up in Afghanistan, but lives and studied in Norway.

The program builds on the Afghanistan Committee's existing efforts to improve reproductive health and economic and political rights of women in Afghanistan. The project targeted 2,215 women under the overall scope of AMA, of which 115 were midwife students. For a next phase it is recommended to provide more direct support to AMA for the decentralisation and strengthening of AMA as a Network and secretariat for its members at the district level. In Nangarhar there has been a good relationship between IHS and AMA, though a suited office wasn’t found for AMA at the institute.

IHS has had a good relationship with relationship with the other partners and have been established and ensured a good dialogue between the donors, NAC, the ministries of MoPH and MOHE, and the Accreditation Board, health clinics under national and international NGOs, etc.

The partners seem to have been relatively good in coordinating activities, and to keep regular contact, and NAC Norway seems to have been good in supporting NAC Kabul with the coordination between the Norwegian partners. All partners, i.e. NAC Kabul/Norway, DNJ and FOKUS seem to have been very engaged in the program and to have contributed positively to establish the activities they have been involved in. However, as described above a programmatic approach would benefit the development of a common program document with all it includes. Both FOKUS and DNJ has had biannually workshops and follow-up visits. Advocacy and lobbying through various media in both Norway and Afghanistan is a priority of the Norwegian and Afghan partners. The Norwegian Diaspora has been involved through the midwife, Ms. Deeva Biabani, who grow up in Afghanistan, but lives and studied in Norway. Deeva is a member of DNJ and has taken part in one project follow up mission, she has been at IHS for a month to write her thesis, and now she is involved in “midwife for peace” and has visited Afghanistan twice 2014. Deeva’s engagement has been highly appreciated by both IHS, AMA and NAC.

5 Main Findings

Relevance

The external evaluation of the program Support to Hospital Midwifery Education in Afghanistan, 2012-14 is overall assessed very positively - with NAC as the coordinating body of the partner organizations. The program is very relevant, and the proposed objectives and outcomes are considered adequate. The education of midwives program builds on existing structures, modalities and lessons learned since the project began in 2002 and has turned out to be quite successful, and fully in line with national priorities. The curriculum covers a period of two years consisting of four
semesters, 1) first semester covers pre-clinical subjects, 2) the second to fourth semester are dedicated to the development of clinical skills. A minimum of 60% of semester 2-4 is spent in clinical practice.

NAC is considered to be a very committed and experienced organization in Afghanistan, which with its professional and administrative capacity has carried out the development activities within the program considering the full existing and portfolio of the organization. NAC has a well-functioning secretariat and qualified and experienced staff with good procedures in place, and has made sure that regular monitoring and support visits to Nangarhar have taken place and that financial as well as narrative reports have been submitted in a timely manner.

The relevance and strategy of the program, including activities and best practices in the main focal areas, are considered to be in top. However, for a next phase it is recommended to strengthen the AMA component in Nangarhar, as AMA here has not yet really been established as a strong decentralised partner organization for its members - for various reasons.

Based on the evaluation findings and the official need of at least 3000 more educated midwives in Afghanistan, as well as the need for strengthening the midwives’ organization in the provinces, the ET recommends an extension of the program with another five years (two plus three).

The ET considers the program and NAC’s strategy, as outlined in the strategy document for 2010-14 as well as in FOKUS’S development strategy, as highly relevant, and the program is considered to be relevant by the involved ministries and stakeholders. The ET recommends to strengthen the association and the Network at the provincial level – maybe with Nangarhar as a pilot project in the next phase, as the Midwifery Education Program here has been nominated as the best midwifery program in Afghanistan by MoPH and the Afghan Midwives Education Accreditation Board.

As one of the overall objectives of the program is to also ensure that midwives are going to work in the most remote and difficult areas, Nangarhar could be a good example for a pilot project too as being one of the most disadvantaged and isolated areas in Afghanistan. Remoteness, security, poor transportation and communication in the larger part of the province has not least before made it difficult to always provide basic midwifery services to the marginalised. The illiterate rate has been high here due to low awareness of benefits of education, but the perception has slowly changed according to education and status of midwives. Poor health, malnutrition and poverty has been prevailing in Nangarhar.

The ET has however observed, that the estimation of the target group – the population in Nangarhar – seems to be based on some old statistics, and that the actual population is much higher. As a consequence, the pressure on the health facilities is much higher than anticipated, and thereby also on the midwives. AMA needs to address the issues of reliable statistics on inhabitants and indicators of child and maternal health in future.

The program is aligned with the development needs identified during many years of support to hospital midwifery educational activities in Afghanistan. Development priorities and activities have been determined by needs, partly based on a bottom-up approach partly based on the governmental curriculum. Besides the official curriculum, NAC and its partners have managed to establish extra curriculum activities to improve women’s reproductive health and rights in Afghanistan as well as the midwives possibilities of employment after graduation. The ET
recommends to develop a common program document and understanding of the subcomponents for a next phase, which might give an added value to the program. Although the program seems to have benefitted from a large number of partners, there are challenges, not least with the two levels of overall administration of funding from NORAD, first through FOKUS and then NAC with administrative costs to both organizations. It is envisaged that FOKUS and NAC will continue the good cooperation/coordination of some activities, though it might be as two separate programs. It is also envisaged that DNJ in a next phase plays a more proactive role in strengthening AMA at the institutionally level in the provinces with Nangarhar as a pilot phase – and provides external training sessions through Skype, webpage or other media.

The partners seem to have been relatively good at coordinating activities, and to have been in regular contact. DNJ has biannually workshops and follow-up visits. Advocacy and lobbying activities through various media and ministries, etc., have been a high priority to the Norwegian and Afghan partners.

For a next phase the ET recommends that the program includes a systematisation of common experiences.

Effectiveness

Overall, concerns related to the effectiveness of the program objectives are few, and NAC has been monitoring the program closely and ensured adequate training and things were followed up when needed, however the following issues were raised by partners and stakeholders to consider for a next phase. Issues of concern raised by stakeholders was that AMA was not strong enough at the provincial level (in Nangarhar) to ensure the members interests. The members demanded a stronger presence of the organization in Nangarhar and network activities to be carried out among the members here, such as more possibilities for capacity building and further trainings. Midwives were feeling very isolated at their duty stations in the most remote areas. It is difficult to consider it as lack of effectiveness for this program phase, where funding has not been allocated much for directly to strengthen AMA in Nangarhar. However, DNJ have provided regular visits and technical support to AMA and has supported the drafting of the Council’s constitution and ToR, etc., and ensured is has been presented to MoHP for endorsement. AMA did carry out a leadership training program in 2012.

IHS seems to have managed the educational component in a good way in Nangarhar and has fulfilled the overall project goal of empowerment of women through higher education within health and deployment in rural areas, which further increase women’s access to reproductive rights and decrease the maternal and child mortality. Almost all indicators from 2010-14 have been fulfilled, or adequate action been taken to ensure fulfilment as fast as possible. Qualified technical staff/trainers, supportive and administrative staff have been provided and trained according to the agreement with NAC/FOKUS. Management as well as implementation arrangements for the running of the education of midwives in Nangarhar have been carried out in a satisfied way. The ET collected various information such as students’ satisfaction with training facilities, materials and teaching practices, and the courses did follow national curriculum and criteria approved by MoPH and Afghan Midwives Education Accreditation Board. Transportation, security and stationary for students as well as dormitory (food and accommodation) and nursery were also suitable and utilized by the
students, and extra curriculum activities as for instance English and Computer classes, training of trainers in methodology, family planning, EOC and other technical subjects were organised.

Other issues raised for consideration in relation to effectiveness were that funding from Norway had sometimes been delayed during contract upstarts, so that salaries/fees had not been paid on time (it was mainly one time, that the donor support had been delayed with 6 months), this however it considered to be easier to avoid in future with one link less for the administrative procedures; lack of Pashto medical books; limited internet access for students, and security issues, especially during practical work.

**Efficiency**

In the evaluation of the program’s efficiency the ET has weighted the achievements of the program’s major objective. Additional information was obtained during the course of the field visit, interviews and focus group discussions. The ET has not had access to the full set of different checklists and program reports, because of time constraint, but based on those submitted, reporting have been carried out in a good manner, and audits reports were fine.

Almost all enrolled students graduated. Educational criteria has been adjusted in the program to ensure that students from remote areas were included in the program and that students who have passed the concur exams became interested in joining the midwifery education (see chapter 3.2 IHS). To ensure that graduated midwives return to their remote areas, an agreement/contract was made between the students, MOPH/NAC/IHS and their local community officials, that the students only receive their midwifery certificates after three years of work after graduation. Most of the midwives were given a 3-years contracts or commitments in their local district health clinics.

The ET finds that the program’s financial resources have been converted into good results.

**Sustainability**

Sustainability has to been seen in the perspective of Afghanistan being a fragile state. It is worldwide acknowledged that conventional aid instruments and principles of aid effectiveness are difficult to apply in fragile states. The program builds on existing structures and lessons learned from former phases of FOKUS support to NAC, DNJ and partner organizations. A commitment has been built into the design of the applied program. In another context an issue would have been the long-term commitment of the donor without putting increased demands on MOPH in Jalalabad to gradually take more financial responsibilities to ensure the continuity/ownership of the continued education of midwives after donor phasing out. However, Afghanistan cannot afford to run such programs without donor support, and NGOs are in charge of most of the health services, including most health clinics in Afghanistan. It is the ET’s assessment that the program’s interventions delivered (i.e. improvement of services delivered by midwives, and the support to women to explore economic development opportunities) will continue to bring benefits to the stakeholders – even after program termination.

If AMA manages to build up networking activities and local secretariats in the districts to serve its members it would strengthen the organisation and sustainability.
The government in Afghanistan is not in a position to keep the standards, equipment, staff, etc. without funding. Funding is also the major issue in the communities and therefore most health facilities in Afghanistan are run by national or international NGO’s.

The Hospital Midwifery Education Program is a very relevant program, meeting significant needs. The benefits are clear and well appreciated by the communities, and IHS under the Ministry is actually also paying a good part of the actual costs. Coordination between the responsible Ministries seems to be good as well as the coordination between NAC, FOKUS, DNJ, IHS and partly AMA. Financially funding has been spent optimally, and with a good value for money, and almost 100 percent of the students graduate and become a job as midwife afterwards - in some of the most remote areas.

**Participation**

All the involved partners have been very engaged and committed to ensure the best options for the Hospital Midwifery Program. NAC has been responsible for the overall program management, much involved in monitoring and advising the program components, not least IHS in Nangarhar, while FOKUS/DNJ have been especially involved in extracurricular activities and in supporting the organisational development of AMA. Except for DNJ the Norwegian partners have a long and strong record from working in Afghanistan, and for a next program phase DNJ has gained a lot of experiences from this phase that will make them more prepared to support AMA in its institutional set-up at the district level.

The ET finds that there is still room to improve and enhance the program and common participation approach unlike a former project approach. One way of improving this approach would be to maybe during a week’s workshop to produce a common program document at the design level for a next phase between the partners that comprises responsibilities among partners, etc., as described in RX 12-14. Until now individual contracts have been made without necessary ensuring that all partners were aware of each other’s obligations, and thereby ensuring a major understanding of the importance of a common program and responsibilities between partners.

At the design level, it would also enhance a program participation if a common monitoring and evaluation system was agreed upon to ensure indicators/outputs/benchmarks to monitor real impact/actually see the impact, which are not primarily relied on quantitative data that there has been a tendency to monitor out from during this phase.

6 **Recommendations and Lessons learnt**

The Hospital Midwifery Education Program has proved to be low-cost effective and able to rapidly increase the number of educated midwives in Afghanistan and to establish a set-up whereby the midwives are willing to work in some of the most remote and insecure areas. It has been an important wish from the various stakeholders, i.e. students, teachers, and graduated midwives to be ensured refresher trainings after graduation to keep the midwives skilled and less isolated. A
possibility of having access to a bachelor degree within midwifery at the district level has been a demanding request too.

An overall observation has been that the program is highly respected by all people, organisations/institutions and Ministry representatives interviewed by the ET. The multi partner approach together with NAC’s long support and presence in Afghanistan back to 1979 after the Soviet invasion leaves the organisation with a good name and a reliable organisation. FOKUS has supported NAC projects in Afghanistan since the early 1990s. Through the program support to Hospital Midwifery Education in Afghanistan the overall objective to increase as well women’s access to reproductive rights as to decrease the maternal and child mortality through the deployment of educated and empowered midwives to underserved districts has been carried through in a country with a huge sceptic against education and empowerment of women. The good cooperation between the three Norwegian organisations and IHS, AMA and MoPH/MOHE has proved to be strong and successful though the funding procedures have been difficult too with funding passing through many intermediate stages – sometimes delaying release of funding. A lesson learned shows that it takes time to build such a program and that the strong focus and commitment of the program partners has led to the success.

According to MoPH and IHS as well as UNFPA in 2011, another 5000 educated midwives are needed in Afghanistan to reach the estimated number for national coverage, why the ET recommends the program to be extended with another five years – but to ensure that AMA is being established in the districts to be able to protect the interests of its members concerning salary and employment, as well as to maintain and develop the professional and ethic standard of midwives – not least in the districts, graduated midwives as well as the local partners. IHS/AMA have put emphasis on the need for a bachelor degree at the district level to ensure the standard of the education here. Though it has not been part of the program the ET recommends it to be considered in a next phase as one of the lessons learned.

In terms of programmatic effectiveness and impact there are also several lessons in relation to the use of the district (as opposed to Kabul) approach. For instance, unless the midwives’ advocacy network which operate at higher levels as AMA/OMA in Kabul link into processes and sub-organisations that are well embedded at district levels, there will always be a gap between ownership of certain agendas by a fairly small and elitist group of advocates (AMA/OMA in Kabul) and as here the midwives at the district level. These limits from higher to lower levels are currently weak and need to be strengthened in a next phase.

Innovative and complementary approaches, in particular in areas related to economic empowerment with social, cultural, legal as well as financial aspects at play, will not be effective and sustainable at the district level if they are not providing the necessary expertise and skills to support and facilitate implementation of such activities in the districts. Enough decentralisation in AMA’s network structure is needed to firmly place the focus of information/capacity development/network/ownership at this level.

DNJ has been member of FOKUS since 1995, but has not had the long working experience in Afghanistan as NAC and FOKUS, however, they are very committed and willing to support a next phase of the program with a strengthened support to AMA at the district level, and again it is a lesson learned that things take time, not least in a fragile state as Afghanistan.
Effectiveness can vary considerably when programs are implemented within organisations with limited resources and capacities - not least in a fragile state. It is important that the activities and flexibilities of the program design reflect these realities. Moreover, it becomes very difficult to monitor and evaluate what changes may occur due to a particular program intervention, when reports are too narrowly focusing in measurable outputs and results instead of reporting on a limited number of outcomes in the targeted change processes – especially with the extra-curricular activities. It has been recommended to think these aspects into a next program phase with a common program document.

IHS in Nangarhar/MoPH/MOHE have been playing a crucial role to ensure the success of the program at the ground level with a good support from NAC. Another lessons learned is that the graduated midwives and students have been very satisfied with the extra-curricular activities, which they told had empowered them. The ET finds the educational standard at IHS good and in line with the national priorities/standard, and the process of the program has maintained its focus on realistic and agreed outcomes. Interviews and the five success stories (annex 5) by the students and graduated midwives also give an overall picture that IHS through the Hospital Midwifery Education program has managed to ensure that midwives have got an education whereby they feel equipped to do their work, empowered as women and respected by their families and local communities - and proud to work in their communities, as well as to be able to support their families financially. Through the program the graduated midwives were deployed at health centres in Nangarhar district, providing access to reproductive health for women and their children. Due to traditional cultural constraints in Afghanistan, women are often prevented from working outside their home, not least in conservative areas of Afghanistan such as the eastern part of the country. However, the job as a midwife has been accepted in the local communities. As women, they feel they have a voice through their education.

RX 1: It is recommended to extend the program with another five years (two plus three), in order to ensure education of additional midwives, as the need for midwives in Afghanistan is estimated to be at least 5000 more than the present 3500 midwives.

RX 2: It is recommended to discuss possibilities with IHS/MOPH and MOHE for in future to include these activities in the existing curriculum for Hospital Midwifery Education, maybe with an official pilot phase for the next phase - and if possible to let a National Research institute follow and document the process and advantages.

RX 3: It is recommended to work for the establishment of a bachelor degree in Jalalabad for graduated midwives.

RX 4: It is recommended to focus a new LDP on strengthening AMA in the provinces to be able to build up local secretariats and Networking activities – and to include at least two to three persons from each province to ensure possibilities for cooperation afterwards.

RX 5: It is recommended to establish a Network for midwives with AMA in the provinces/districts with Nangarhar as a pilot phase for 2015-16. Funding should either 1) be directed through OMA to AMA in Kabul, but with clear directions for the funding to be used in Nangarhar, and at the same time making lobbying with the Government for the possibility of having direct funding though AMA in a next phase; or alternatively 2) be administrated by NAC Kabul, as the ET deals with NAC’s sceptic
against the Kabul centralised OMA/AMA, where is it difficult to get an overview how money from multiple donor support is spent in practice.

**RX 6:** It is recommended to ensure AMA gets an office at IHS and effective training from DNJ Norway to be an organization that in practice will be able to serve its members and keep records, ensure their members rights and work, and also establish a network among the midwives and the NGO’s responsible for the health services where the midwives are working, develop the existing newsletter, get a homepage, etc.

**RX 7:** It is recommended to ensure that all teachers/trainers/students have permanent access to internet, as well as to negotiate with NGO’s responsible for health services in the districts that the midwives can get regular access to computers and internet.

**RX 8:** It is recommended that DNJ together with AMA/IHS Jalalabad develop a monthly net based/Skype and mobile phone based educational program for graduated midwives to keep them updated.

**RX 9:** It is recommended to establish exchange visits in some of the neighbouring countries as Pakistan and India, and maybe mentorship arrangements, which will be cheaper, but also much easier for the women to be allowed to attend by their families, and more relevant.

**RX 10:** It is recommended to strengthen the extra curriculum especially peace and human right subject.

**RX 11:** For a next phase the ET would recommend to consider working on a systematisation of common experiences.

**RX 12:** It is recommended for a new program phase to develop a common program document for all involved partner to know each other’s components/expectations, which comprises: 1) Responsibilities between the partners of the program; 2) Clear program objectives and implementation strategy; 3) Brief component descriptions of the Hospital Midwifery Education in Afghanistan Program. For each subcomponent, it would be important to have: 1) The component’s objectives and success criteria; 2) Justification/problem analysis; 3) Context of the component; 4) Partners; 5) Implementation strategy; 6) Overall expected outputs; 7) Component period and activities; 8) Budget; 9) Assumptions and risks; 10) Sustainability/exit strategy (even though Afghanistan is categorised as a fragile state, and therefore might differ from other development programs elsewhere); Clear monitoring and evaluation criteria; 12) Evaluation and systematisation of experiences; 13) Division of responsibilities and tasks in the project implementation.

**RX 13:** It is recommended already in the writing process of the program document to ensure a close cooperation between partners to ensure full understanding and commitment and thereby ensuring the best basis for a common understanding, lobbying and advocacy for the program.

**RX 14:** Each organization has its own way of monitoring, but it would strengthen the program to have a common guideline. The M & E guideline is recommended to be finalised for use by the partners during the inception phase, and to possibly be adjusted as part of a final evaluation before a possible new phase. It is very important to include all partners’ views and experiences accordingly to decide and develop a system on how and in which way monitoring and evaluation should take
place in order to develop indicators/outputs/benchmarks to monitor real impact/actually see the impact, which are not primarily relied on quantitative data.
ANNEX 1  Terms of Reference (ToR)

External evaluation of the program

Support to Hospital Midwifery Education in Afghanistan
(2010-2014)

The program is funded by FOKUS - Forum for Women and Development – in Norway, and is administered by the Norwegian Afghanistan Committee (NAC) in collaboration with the Norwegian Association of Midwives (DNJ). NAC and DNJ also contributes with ten percent of the financial support. The program encompasses two partner organizations in Afghanistan; Institute of Health Science (IHS) in Nangarhar Province and the Afghan Midwives Association (AMA) under the supervision of NAC Kabul office.

The program seeks to increase women’s access to reproductive rights and decrease the maternal and child mortality through the deployment of educated and empowered midwives to underserved districts. It consists of two components; Hospital Midwife Training and Networking with AMA. It has been a goal to strengthen AMA’s organizational and technical capacity to function as an independent association working to enhance the rights of its members and midwives as a profession, empower women to participate actively in development processes in Afghanistan, train and build capacity of its members, improve services delivered by midwives, and support women to explore economic development opportunities.

BACKGROUND

FOKUS – Forum for Women and Development – is a knowledge and resource center for international women’s issues with an emphasis on the spreading of information and women-centered development cooperation. FOKUS’ primary goal is to contribute to the improvement of women’s social, economic, and political situation internationally. The organization consists of 67 women’s organizations and women’s committees in political parties, trade unions, and solidarity and aid organizations. FOKUS supports projects run by women’s organizations in Africa, Latin America and Asia.

Project collaboration constitutes a key part of the activities of FOKUS. Through support to project-based cooperation between Norwegian organizations and their partner organizations, FOKUS aims to contribute to the improvement of the conditions of women internationally. Efforts to strengthen the position of women must be based on systematic, holistic and long-term activities at all levels and in all segments of society.

The Norwegian Afghanistan Committee (NAC) started out as a solidarity organization after the Soviet invasion of Afghanistan in 1979. The purpose of NAC is to support the long-term interests of Afghanistan through solidarity work and practical development activities in the country, and to promote knowledge about Afghanistan, the country and its culture. The NAC Women’s Group has been member of FOKUS since the establishment in 1995.

The Norwegian Association of Midwives (DNJ) is a trade union for midwives, as well as an arena for professional development. DNJ is independent and national, and organizes the majority of midwives in Norway. The association was founded in 1908, and is among the oldest trade unions for women in Norway.

The purpose of DNJ is to:

- protect the interests of the members in issues concerning salary and employment
- protect the autonomy of midwives in coherence with the tradition of midwifery
- work for an independent education for midwives which strengthens the profession
- maintain and develop the professional and ethical standard of midwives
- strengthen international awareness, both through the organization and its members

DNJ is a member of The Nordic Association of Midwives and International Confederation of Midwives (ICM), and has been a member organization of FOKUS since 1995.
Scope and purpose of the evaluation
FOKUS has supported various NAC projects in Afghanistan since the early 1990s. The education of midwives at the IHS in Nangarhar province has received support from FOKUS and back-donor Norad since 2002. FOKUS also provided financial support to a mother and child clinic (HEWAD) in the same province during the years 1997-2008, and a joint external evaluation of HEWAD and IHS was conducted in 2007. Midwife education was also a component in the comprehensive Norad-initiated evaluation of the results of Norwegian development cooperation with Afghanistan (2001-2011) in 2012.

In 2010, the midwives associations in Norway and Afghanistan were included as new program partners. It was thought that an inclusion of these two sister organizations would provide useful and strategic added-value to the overall goal of improving women’s reproductive health and rights in Afghanistan. Due to organizational changes, some administrative adjustments have been made over the years (2010-2014).

The purpose of this evaluation is to provide NAC (WG), DNJ, partner organizations, and FOKUS with an assessment of the extent to which the objectives of the overall program in Afghanistan have been achieved and to inform future program development.

However, Norad has decided that from 2015 onwards, FOKUS member organizations receiving grants from Norad in their own capacity shall no longer be entitled to financial support via FOKUS’ grant from Norad. Since NAC receives substantial funds from Norad/MFA for other projects, FOKUS will not be allowed to support IHS or AMA financially post 2014. NAC will continue to give high priority to midwife education, and the evaluation will give directions for NAC’s future support to the training.

1) The evaluation shall, in a structured manner, review impact and draw out lessons learned for the implementing organizations, NAC, DNJ and FOKUS.
2) The evaluation shall provide information on the way forward for the program after the phasing out of support from FOKUS.
3) The evaluation shall give recommendations and inform the future development of suitable objectives, achievable results and measurable indicators.

Main Evaluation Questions
1) Review the impact of the overall program consisting of the IHS and AMA projects. To what extent have they met stated objectives, results and indicators spelled out in the proposals?

This should include, but is not limited to, an assessment of the following;
- Relevance; of the projects to the target population
- Effectiveness; in achieving the purpose, major factors influencing this
- Efficiency; projects structured in the most efficient way
- Sustainability; financial and organizational
- Participation; by the target group in developing, implementing and evaluating the projects.
2) What has been the impact of working within a program including more partners, as opposed to working with single partners? Which changes in program design and administration are needed for achieving greater impact?
3) How have the projects related to each other, in regard to collaboration, replication, complementarity and added value to each other’s work? How often have the program partners met, and how have they communicated?
4) Review internal monitoring and evaluation tools and processes of the partner organizations and NAC. Assess the financial management of the program with regard to FOKUS/contract requirements.
5) Has the administration of the projects been more efficient as a result of working in a program (planning and budgeting, financial and narrative reporting)?
6) What has the Norwegian organizations’ added value to the program been? How has communication about program-related matters functioned between NAC (WG), DNJ, FOKUS and the partners? FOKUS has also
provided earmarked financial support to include members of the Afghan diaspora in Norway. In what way has this contributed to the project collaboration and fulfilment of results?

7) Identify lessons learnt and recommendations for similar projects using the key learning points of this project and suggest areas for further developments.

**Proposed Assignment Approach and Methodology**

It is expected that the evaluator will propose the methodology of the evaluation by taking the following elements into consideration.

**Review of documents/Literature Review**

While the consultant should have access to all project documentation, it is thought that the following key documents will be most relevant:

- Program/project applications and annual reports in the period 2010-2014
- Organizational strategies/strategic documents (IHS, AMA, NAC, DNJ and FOKUS)
- FOKUS criteria for program and project support and thematic guidelines
- EVALUATION REPORT Afghanistan, November 2007
- Afghanistan Mortality Survey 2010
- Evaluation of Norwegian Development Cooperation with Afghanistan 2001-2011 (Norad 2012)
- AMA Internal review of leadership development program component (2013)

These documents will be prepared and forwarded to the consultant in due course. A report of the document review is to be attached as annexure to the main evaluation report.

The evaluation should mainly be based on qualitative methodological approaches. The evaluation team should make use of:

- Interviews, focus group discussions with participants and beneficiaries, track previous participants from the beginning of this program period.
- Interviews with staff and relevant member/partner organizations.
- Interviews with stakeholders (the scope of relevant stakeholders will be defined in the initial meetings with the partner organizations)
- Review relevant documents
- Observation of training/project implementation

The evaluation team should assess the relevance of using case studies and most significant change methods to document the achievements of the program.

**Deliverables**

The expected deliverables include:

- An inception report/evaluation plan;
- Data collection instruments and field notes;
- A presentation of initial evaluation findings/first draft for face-to-face discussion with the NAC;
- Full final evaluation report, approx. 30 pages, of publishable quality;
- At least 5 evidence-based case studies of the program successes/best practices to be drawn on for learning within NAC program and possibly publication;
- Executive Summary, stand alone, ‘communicable’, 4 pages maximum;

The final evaluation report will be written in English and translated into Dari and Pashtu, and made available both electronically- and in hard copies.

The report should include;
1. Table of contents.
2. An executive summary that can be used as a document in its own right. It should include the major findings and summarizes conclusions and recommendations
3. The objectives of the evaluation.
4. A justification of the methods and techniques used and any bias or limitations of the evaluation.
5. A presentation of the findings and the analysis thereof, clearly indicating the evidence base and giving concrete examples of qualitative findings.
6. Recommendations should be practical and if necessary divided for various actors and stakeholders.

Report appendices should include: ToR, technique used (list of questions etc.), list of abbreviations, list of documents and bibliography, data collection tools, list of respondents interviewed and CV’s of the evaluation team.

**Phases, timelines and deliverables**
The final evaluation, including writing and translation of the report, is expected to be **finalized by 10 December 2014**.

A draft report shall be presented for comments by the two partner organizations, NAC, DNJ and FOKUS by 10 November. The final report shall be ready by 10 December and be presented collectively for the partner organizations, NAC, DNJ and FOKUS shortly after this.

A plan for initial meetings with the organizations, the number of days spent with each and a detailed progress plan shall be presented by the selected evaluation team before starting up.

A preliminary estimation of the time-line for the evaluation:
Oct: Initial preparation, reading of documents, inception report: 3 days
Oct: IHS: 4 days visit, including visits to former students (graduated in 2010, 2011, 2012 and 2013) working in different types of health facilities outside Jalalabad.
AMA: 2 days visit
NAC Kabul office: 1-day visit
NAC, DNJ and FOKUS – interview via skype/electronic conference facilities: 2 days
Oct: Writing of draft report: 7 days
10 Nov: Presentation of draft report: 1 day
20 Nov: Deadline for comments and feedback to the draft report
25 Nov: Finalization of the report: 2 days
30 Nov: Translation of the report into Dari and Pashtu: 8 days
8 Dec: Proofreading and editing of Dari and Pashtu versions of the report (by the NAC Health Team)

**Responsibility of NAC and the Evaluation Team**

**NAC’s responsibility**
NAC Country Director, Health Team and M&E Specialist will represent NAC at this final evaluation. The Senior Health Officer will be responsible – on behalf of NAC - for supporting the evaluation as and when necessary. Specifically, the NAC Kabul Team will hold responsibility for the following action/s,
- Inputs to design the evaluation, key questions for research, providing information materials, providing feedback of the evaluation
- Arrange field activities with partner organizations, and other stakeholders and acting as the liaison with the evaluation team
- Logistical arrangements as and when necessary
- Comment and provide input to the report
- Approve all the deliverables
- Proofread the and edit the Dari and Pashtu versions of the report

**Evaluation team’s responsibility**
• Carrying out the final evaluation
• Day-to-day management of the final evaluation process
• Logistical arrangements for field visits if necessary
• Regular progress reporting to NAC Country Director
• Development of results and recommendations
• Production of deliverables in accordance with contractual requirements.

Evaluation Team Composition and Reporting Relationship
The team shall have a designated team leader. The designated team leader will need wide respect and credibility within the field, excellent knowledge of women rights, reproductive health, theory and practice, and a good understanding of Afghanistan health system. The Team Leader will report to the NAC Country Director, based in Kabul in Afghanistan. NAC shall be responsible for selection and briefing of the evaluation team, but the team members and final ToR have to be approved by DNJ and FOKUS in advance. The partner organizations will play a supportive role including logistics and mobilization.

Criteria for selection of the evaluation team include:
• There must be a strong female representation in the team, and at least one member must come from Afghanistan.
• The team must have experience and knowledge of the following areas: Education/ women’s rights/ (reproductive) health and rights/development programming /financial reviewing/organizational building.
• Experience in conducting developmental evaluation processes.
• Extensive experience in participatory methods/research.
• Demonstrable experience of producing high quality, credible evaluations (examples required).
• Demonstrable experience of working with/evaluating NGO work (preferably in Afghanistan)
• At least one of the team members must have knowledge of Dari and Pashto.

The team leader should develop a terms of reference for the other team member to clarify roles, division of work and deliverables. None of the members of the evaluation team may have a stake in the outcome of the evaluation.

Budget
A total of up to NOK 200.000, approximately USD 33.000 incl. VAT and taxes will be allocated for the total evaluation. Estimate includes travel costs of the evaluation team, the total number of working days needed for a team of 2 consultants, per diem, accommodation, professional translation of the report into both Dari and Pashtu, and any other relevant cost.

How to apply
The application should contain:
• Profile of the consultant with traceable references and electronic copies of 1-3 previous works/published materials relevant to this assignment.
• Proposed Approach, Methodology, Timing and Outputs - detailed description of the manner in which the consultant would respond to the TOR. You should include the number of person-days in each specialization that you consider necessary to carry out all work required.
• Proposed Team Structure
• Proposed Project Team Members
• Professional fee quotation indicating envisaged actions, the requested fee for the work in the job description.
• Letter of Interest (Maximum one page)

Any requests for clarification should be referred to ain@afghanistan.no with copy to health@nacaf.org. Please send a proposal for undertaking task with detailed profiles and professional fee quotation to ain@afghanistan.no with copy to both health@nacaf.org and monitoring@nacaf.org by 27 August 2014.
### ANNEX 2  Field visit program, October 19-27

**Monday, Oct. 20, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.30</td>
<td>Arrival to Kabul</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.00</td>
<td>Introduction meeting with Kenneth Ehsan,</td>
<td>NAC Staff House</td>
<td>Pick-up by NAC Kabul</td>
</tr>
<tr>
<td></td>
<td>Finance Manager, NAC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tuesday, Oct. 21, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00-11.30</td>
<td>Travel with UN flight and pick-up to hotel,</td>
<td>Jalalabad</td>
<td>Flights, accommodation and pick-up organised by NAC Kabul</td>
</tr>
<tr>
<td>11.30-17.30</td>
<td>Jalalabad</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meetings with IHS and AMA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Wednesday, Oct. 22, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00 – 17.00</td>
<td>Meetings with IHS, AMA, Midwife students/</td>
<td>Jalalabad</td>
<td>local transportation organised by NAC Kabul</td>
</tr>
<tr>
<td></td>
<td>graduates, teachers and support staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Thursday, Oct. 23, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 – 15.30</td>
<td>Travel from Jalalabad to Kabul</td>
<td>Kabul</td>
<td>Flights, and local transportation organised by NAC Kabul</td>
</tr>
</tbody>
</table>

**Friday, Oct. 24, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-16.00</td>
<td>Team meetings</td>
<td>Kabul</td>
<td></td>
</tr>
<tr>
<td>17.00</td>
<td>Skype interview with NAC country director</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Terje Magnussønn Watterdal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Program</td>
<td>Location</td>
<td>Remarks</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>10.30</td>
<td>Entry papers stamped at office in town</td>
<td>Kabul</td>
<td>Transport to be organised by NAC</td>
</tr>
<tr>
<td>12.30-13.30</td>
<td>Meeting with Shakila Bidar, NAC</td>
<td>NAC staff House, Kabul</td>
<td></td>
</tr>
<tr>
<td>14.00-16.30</td>
<td>Meeting with AMA (main office)</td>
<td>AMA’s office, Kabul</td>
<td></td>
</tr>
</tbody>
</table>

Sunday, Oct. 26, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-16.00</td>
<td>Meetings with staff at NAC and de-briefing</td>
<td>NAC-office, Kabul</td>
<td>Transport to be organised by NAC</td>
</tr>
</tbody>
</table>

Monday, Oct. 27, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Program</th>
<th>Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00</td>
<td>Departure for Kabul Airport</td>
<td>Kabul</td>
<td>Transport to be organised by NAC</td>
</tr>
</tbody>
</table>
ANNEX 3  Technique used (list of questions etc.)

The key elements of our approach are outlined in the following:

1. Adopting a participatory approach while maintaining an independent view point. An inclusive methodology have been used in the sense of participation in an expert-led evaluation. For the assessment of project performance and implementation structures, the participation focused on getting accurate information, ensuring all views were heard and that balanced judgement was made based on data and information gathered. This information and its interpretation was tested with key stakeholders and through ongoing dialogue with NAC, and its partner organizations as well as with IJN and FOKUS. In relation to future project management and implementation, the focus was on testing the implications of the evaluation findings and recommendations.

2. We wanted to ensure that the evaluation followed the principles of propriety, feasibility, accuracy, and utility: The table below shows how we implemented these principles.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Means of implementing the principles</th>
</tr>
</thead>
</table>
| Propriety | - All views were solicited and heard.  
- Access of stakeholders to the evaluation team (by email if nothing else).  
- Ensuring views were not misrepresented or taken out of context.  
- Pre-judgment on motives were not made.  
- Focus was on systems, structures, processes, institutional procedures and governance; not undue focus on individuals or groups.  
- Statements were balanced and fair.  
- The evaluation took departure in a contextual understanding. |
| Feasibility | - The limitations of the evaluation has been clearly outlined.  
- Attempt has not been made to go beyond where the data and facts could lead.  
- Critical assessment of data gaps. |
| Accuracy | - Critical assessment of data quality.  
- Triangulation and validation of information by using a variety of qualitative and quantitative methods for gathering data and information, including program documentation, other relevant documentation (e.g. statistical data), and stakeholder consultations.  
- Assessment based on factual findings, reliable data and observations.  
- Transparency of methods, tools, and sources of information. |
| Utility | - Findings, recommendations, and their possible implications have been tested and validated with key stakeholders.  
- Recommendations have been accompanied by an assessment of “how easy to Implement.”  
- Recommendations have clearly stated where it would be relevant: Who should be responsible/what resources would be required. |

3. Balancing looking backwards with looking forwards: This has been particularly important for this evaluation, which comprises both evaluation and recommendations for future implementation. Looking backwards was first and foremost about results, and a results-based evaluation approach has been particularly helpful. Where evidence of results has been difficult to obtain, the evaluation has needed to look at processes and examine how convincing they were. Here the following questions have been relevant:

- Did the program address the difficult questions?
- Did the process maintain a focus on realistic outcomes?
- Did the program show initiative and take risks or just play safe?
- Were assumptions actively challenged and tested?
- Did the program seek feedback – did it adapt and learn during the process?
- Did the program engage with partners and bring synergies into play?

Looking forward implied looking at how lessons were applied and would result in tangible recommendations for future program implementation, and possibly revisions. For this program it has been important to identify what would be realistic according to the lacking funding from FOKUS. It has been important to identify the implications of lessons learned on objectives, planning, and management practice, choice of partners and beneficiaries, focus, and scope of work; as well as on more mundane aspects such as administration and procedures. Furthermore, it has been important to test the appropriateness and feasibility of recommendations with stakeholders.

The evaluation comprised three main phases: a) preparation, b) Afghanistan field work, and c) analysis and reporting, during which a combination of methods has been used to gather information in order to triangulate information/data and thereby ensure their solidity. Interviews have been a particularly important method, as the stakeholders are the ones responsible for – and with the main interest in – achieving the intended results/change. The evaluation has focused on documenting impact/outcomes. Where these did not fully live up to the expectations and targets outlined in the ToR; then the team has tried to identify the underlying causes/problems; e.g. whether they were caused by insufficient inputs and activity implementation gaps or were due to shortcomings in the program design, or the underlying project analysis or institutional analysis of stakeholder capacity. The findings have formed the basis for the analysis of program performance vis-à-vis relevance, efficiency, effectiveness, impact, and sustainability of methods and mechanisms established for the management of each component as well as compliance with program requirements and procedures. Both positive/intended and negative/unintended impacts and outcomes have been mapped.

**Preparation:** At the arrival to Kabul (as the contract came the day before the team travelled to Kabul) the team discussed the assignment with NAC and agreed on the proposed methodology for carrying out the assignment with particular reference to the issues listed in the ToR. During the preparation phase, the team familiarised itself with available program procedures and review program documentation (including proposals, monitoring reports and data, progress reports and other documents) to get a good understanding of the program “Support to Hospital Midwifery Education in Afghanistan, 2010-14” and identify key issues and possible information gaps to be addressed during the field work. Furthermore, the team studied relevant background documentation in order to familiarise itself with the broader context in which the program has been situated. This enabled the team to better analyse the relevance of the program vis-à-vis stakeholders needs as well as program work and priorities. Interviews with staff plus other relevant stakeholders and beneficiaries have been undertaken to, a) get their perspectives on the program, b) Discuss key priorities, initial findings and issues (e.g. data quality/gaps), c) discuss the proposed methodology.

**Afghanistan fieldwork:** NAC and its partner organizations have been responsible for organising and financing local transport/security in Afghanistan. The evaluation has during this phase assessed a) the relevance of program objectives and activities in the local and national context, b) the progress of activities and outputs against the intentions /ToR b) their effectiveness in delivering the intended results, and d) the likelihood of achieving sustained impact. The quality of M&E information available has been assessed and taken into consideration when interpreting data. Throughout the evaluation process, there has been a strong emphasis on stakeholder participation (Interviews with staff and relevant member/partner organizations; FGD’s with midwives- and graduated students); interviews with relevant stakeholders and observation of
education/equipment. At the end of the fieldwork, a brief de-briefing (because of time limit) was carried out to discuss and validate findings and initial recommendations with NAC in Kabul.

Analysis and reporting: After completion of fieldwork, further analysis of the information gathered has taken place based on the ToR. The findings have been translated into tangible and implementable recommendations. Follow-up consultations with staff and other stakeholders over email/Skype/phone has taken place to clarify specific issues as well as to test findings and recommendations with other stakeholders and beneficiaries. The draft evaluation report including at least 5 evidence based case studies of the program successes/best practices have been drawn for learning within NAC program and possible publication will be prepared and submitted to NAC together with a stand-alone Executive Summary and draft report for feedback and comments, which will be taken into account in the final evaluation report.
ANNEX 4  List of documents and bibliography reviewed

AMA:
- Contract FOKUS/NAC for AMA, 2010
- Contract FOKUS/NAC for AMA, 2011
- Contract FOKUS/NAC for AMA, 2012
- FOKUS Follow-up letter concerning AMA, 2014
- Result Report, AMA, 2010
- AMA Report, 2011
- AMA Report, 2012

IHS:
- Contract FOKUS/NAC for IHS, 2010
- Contract FOKUS/NAC for IHS, 2011
- Contract FOKUS/NAC for IHS, 2012
- Contract FOKUS/NAC for IHS, 2014
- Result Report, IHS, 2010
- IHS Report, 2011
- IHS Report, 2012
- IHS Report, 2013
- IHS application for FOKUS/NAC for 2013/14
- IHS application for FOKUS/NAC for 2013/14
- Institute of Health Sciences Midwifery Program, Midwifery Curriculum, 2004

Evaluation Reports:
- Leadership Development Program, Evaluation Report, 2013, by Organization for Afghan Midwives (OAM) and Afghan Midwives Association (AMA). Founded by Norwegian Afghanistan Committee (NAC)
- Evaluation Report, 2007, Afghanistan of the NAC/FOKUS supported Program

Other Documents:
- Code of Conduct for Visitors, NAC
- Terms Of Reference, External Evaluation of the Program: Support to Hospital Midwifery Education in Afghanistan, 2010-2014, NAC
- FOKUS Strategy 2012-2016
- FOKUS’ Periodic Results Report 2010 – 2013 to Norad
- AMA-OAM transition Document
- NAC Monthly Program Implementation Status Reports
- Midwifery Education in Afghanistan, 2009, School Management, Section 4
- Midwifery Education in Afghanistan, 2009, Clinical Areas where Student Midwives undertake Clinical Experience
- Midwifery Education in Afghanistan, 2009, Clinical Instruction and Practice, Section two
- Midwifery Education in Afghanistan, 2009, Classrooms and Practical Instructions, Section one
- Midwifery Education in Afghanistan, 2009, School Infrastructure and Training Materials, Section three
- Report, Midwives for Peace, Sept. 2014
- NAC Strategy, 2010-14
- NAC, Annual Audit Reports
- Afghanistan Midwifery and Nursing Education Accreditation Board, Assessment Score Sheet
- Islamic Republic of Afghanistan, Ministry of Public Health, Accreditation Certificate
- NAC; Søknad om midler til Diaspora Deltakelse i 2011
- http://www.jordmorforeningen.no/Hjem/Organisasjon/Styringsdokumenter/Oppdragsdokument
- http://www.norad.no/no/evaluering/publikasjoner/publikasjon?key=392660
- http://www.fokuskvinner.no/PageFiles/3023/Criteria%20for%20program%20and%20project%20support.pdf
ANNEX  Five Success Stories

Story one:

During my duty, one night at the Emergency Obstetric Centre’s (EOC) ward a woman was transferred from Batticoot District in Nangarhar province, who had started her delivery at home. Even though the placenta was excluded she still had severe bleeding, and after the examination we found that the uterus had not been contracted and she had uterine atone. I immediately began to help her. At first I massaged her uterus, but the bleeding did not stop, later on I gave her 20 IU of Oxytocin as infusion, and after every 15 minutes I frequently gave her massage.

As soon as the uterus contracted, the bleeding stopped. When the bleeding stopped I got very happy and ensured that there was no further problems. She was under supervision for six more hours before she finally was declared absolutely ok and save from risk.

By Breshna Shinwari

Story two:

I am teacher at the Midwifery Department. One night on my duty at the Emergency Obstetric Centre’s (EOC) ward I was faced with a woman, who had a very complicated delivery. The shoulder of the baby was blocked and the woman was suffering badly from the situation. I immediately started to help her. After using the skills I had been trained in, I was able to give the woman a normal delivery. After the delivery I took care of her and the baby, and found that they were both feeling very well.

We stayed with the mother and her baby for another six more hours for supervision. I was really pleased and happy to see that both mother and baby were healthy and save, and it will always be a really good memorandum.

By: Arzo Morad

Story three:

After graduation from the midwifery program and getting job as a midwife not only my relatives and neighbours, but also I was very motivated when I returned home. Shortly after, around 4pm one of our relatives nervously came and told me that it was time for her daughter in law to deliver and kindly requested me to cooperate and help her with the delivery.

When I checked the woman the baby was in a breech position so I informed her attendants that this would be a complicated delivery and that she had to be taken to the hospital. However, it was getting late and there was no transportation facilities to convey her to the hospital - and she would not manage to reach the hospital in due time. Based on my education and experience I began to help her with the delivery: first I came the feet of the baby then his hands as a circled shape, and finally the head was delivered as well.

Afterwards, I gave it a little more time for the placenta to come out after an examination, where everything turned out to be fine. Everybody were really happy and pleased, and they wished me all the best and success in future. To be honest, I was really proud, and it will always be a great memorandum in my life that I will never be forget.

By Fouzia

Story 4:
Once I had gone to Naray district of Kuner province there was a Community Midwife (CME) helping a woman at the time for her delivery. Before the delivery the pregnant woman started to get pains. She was injected with Oxytoxin, but the patient was in a very bad situation and mean time she got a severe bleeding as well. She was referred to the clinic where I worked, and immediately we began to support her during her delivery. We performed the active phase of labour management and the process of re-socialisation. Both the baby and mother were rescued and were healthy and able to go back to Naray district afterwards. We told the Community Midwife to help as much as possible and to continuously give the message to every pregnant woman to come to the clinic before the time of delivery.

Anonymous

Story 5:

I was at the Central Hospital of Nangarhar. I went for training. Among the patients I saw a woman weeping. Another woman stood beside her and was very upset and frightened. She had abdominal pains. When she saw my white dress she became calm and quiet. I asked the woman next to her why she was crying. She told she was the pregnant woman’s brother’s wife. The pregnant woman had 9 girls and now she was pregnant for the tenth time. Therefore she feared that it might be a girl again. There was no medical clinic in their village. My father had to borrow money so we could come to the town. We walked part of the way and then took a car and drove fast.

The birth pain started and I was frightened by the physician that something would go wrong, and I might be blamed. Her son was born, but dead. Two women cried. Her dead child was a boy, and she was much chocked that the baby was dead. The woman cried and said: if we had had a clinic in our village my baby might have been born alive.

She was whimpering in the bed. I examined her abdomen again and realised that there was another baby. Everybody were very excited. We started to work again. The second baby was born: a boy! What a beautiful moment: the birth of a child had changed the fate of a woman. It was a great moment for the family. I’m happy, I was able to help. I am proud that I am a midwife.

Fawzia, Midwife trainer
ANNEX 6 CV’s of the evaluation team

6.1 Curriculum Vitae – Ms Vibeke Munk Petersen

CURRICULUM VITAE

NAME: Vibeke Munk Petersen
CONTACT INFO: vmp@pem.dk
Mobile: +45 4040 6587
NATIONALITY: Danish
EDUCATION: M.Scient, International Development & History
PROFESSION: Partner and senior adviser, PEMconsult a/s

Key areas of expertise:
Vibeke Munk Petersen is a qualified political scientist with more than 20 years’ experience with international development assistance from all phases of the project/programme cycle. Ms Vibeke Munk Petersen has extensive experience from design, review, implementation and evaluation of sector programmes for Danida and other development partners. She has:

- 20 years of experience working across sectors with bilateral and multilateral clients.
- Comprehensive experience with all stages of the programme/project cycle, including design/planning, appraisal, management/implementation, progress monitoring, supervision, review/evaluation, and implementation support. This experience is gained from positions/consultancies with Danida, Norad, the World Bank, EU, the UN system and with international NGOs.
- Good experience with natural resource management, water management, rural development, climate change adaptation and environment and climate change mainstreaming into economic development.
- Comprehensive professional experience with gender equality; community and institutional development; democratization/good governance and human rights based approaches (HRBA).
- Comprehensive fragile state and post-conflict states experience (long-term and short term).
- Comprehensive experience with institutional aspects, capacity assessment, governance and coordination.
- Strong record in working with partnership programmes covering funding and administration of programmes, and recommendations for partnership co-operation.
- Good experience with national and sub-national planning and budgeting processes and mainstreaming of environment and climate change, sector planning, (incl. budget support, basket funding, project funding).
- Process facilitation, liaison, consultation, and partnership building skills with multiple stakeholders, including government agencies at central and local level, bilateral and multilateral donors, international and local NGOs, local communities, and research institutions.

Membership of Professional Associations

- Member of the International Humanitarian Preparedness Group, Ministry of Foreign Affairs, Denmark 2008-
- Member of the Board, PEMconsult, 2014-
- Member of the Board, Open Afghanistan, 2014-
- Member of QFU, Women for Development, 2008-
- Member of the Board of Directors, SilentGreen.EU, 2013-
- Member of the Council of MS/Action Aid Denmark,
Countries of Work Experience

- **Asia/Middle East**: Afghanistan, Bangladesh, China, Egypt, Nepal, Philippines, Vietnam
- **Africa**: Burkina Faso, DRC Congo, Ethiopia, Ghana, Kenya, Lesotho, Mali, Niger, Nigeria, Senegal, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe
- **Central and Southern America**: Cuba, Guyana

### Employment Record:

<table>
<thead>
<tr>
<th>Dates of employment</th>
<th>Name of employing organization</th>
<th>Positions held</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2013- present</td>
<td>PEMconsult A/S</td>
<td>Partner, senior adviser, and member of the Board</td>
</tr>
<tr>
<td>04/2007-09/2013</td>
<td>Danish Centre for Culture and Development under Danida</td>
<td>Head of long-term Development Programmes, managing them for the Danish Embassies in Afghanistan, Vietnam, Mali, Tanzania, Uganda, and a regional Programme for Creative Industries in Africa</td>
</tr>
<tr>
<td>10/2002-03/2007</td>
<td>Nordic Consulting Group</td>
<td>Partner, member of the Board, and senior adviser</td>
</tr>
<tr>
<td>02/2001-09/2002</td>
<td>CARE Denmark/Danish 92 Group/Danida (Miljøsekretariatet),</td>
<td>Coordinator to promote knowledge of global climate change, desertification and land degradation as well as promoting knowledge of UNCCD among Danish NGO’s and companies.</td>
</tr>
<tr>
<td>09/1997-01/2001</td>
<td>MS and Ministry of Health, Kenya</td>
<td>Organisational adviser (long-term position) for a major community based Health Care Programme in Turkana including mobile clinics/health centre/clinics and hospital.</td>
</tr>
<tr>
<td>08/1994 – 08/1997</td>
<td>Danish Refugee Council</td>
<td>Coordinator</td>
</tr>
<tr>
<td>02/1989-08/1989</td>
<td>Economic Faculty at Sichuan University and Roskilde University</td>
<td>Research study (long term position) on women’s rights and work conditions</td>
</tr>
</tbody>
</table>

### Education:

<table>
<thead>
<tr>
<th>Names of institutions</th>
<th>Degree obtained</th>
<th>Dates of obtainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Roskilde</td>
<td>M.Sc. in International Development and M.Sc in History</td>
<td>06/1994</td>
</tr>
</tbody>
</table>

### Languages: (indicate proficiency: good, fair, or poor in speaking, reading, and writing)

<table>
<thead>
<tr>
<th>Language</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danish</td>
<td>Mother tongue</td>
<td>Mother tongue</td>
<td>Mother tongue</td>
</tr>
<tr>
<td>English</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>German</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>French</td>
<td>Fair</td>
<td>Good</td>
<td>Fair</td>
</tr>
</tbody>
</table>

### PROFESSIONAL EXPERIENCE (SELECTED ASSIGNMENTS):

Name of assignment | External Evaluation of the Support to Hospital Midwifery Education Programme in Afghanistan
<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>Client</td>
<td>Norwegian Afghanistan Committee (NAC) and Fokus (Women for Development) – funded by NORAD.</td>
</tr>
</tbody>
</table>
| Main project features | The purpose of this evaluation was to provide NAC, DNJ, partner organisations, and FOKUS with an assessment of the extent to which the objectives of the overall programme in Afghanistan have been achieved and to inform future programme development. The evaluation was guided by some of the following key questions.  
- Review the impact of the overall programme consisting of the IHS and AMA projects. To what extent did they meet stated objectives, results and indicators spelled out in the proposals?  
- What had been the impact of working within a programme including more partners. Which changes in programme design and administration were needed to achieve greater impact?  
- Review internal monitoring and evaluation tools and processes of the partner organisations and NAC. Assess the financial management of the program with regard to FOKUS/contract requirements. |
| Position held | Team Leader |

| Name of assignment | A culture and development programme empowering young people in Mali, Burkina and Niger |
| Year | 2014 |
| Location | Niger, Mali, Burkina Faso |
| Client | BØRNEfonden DK |
| Main project features | To provide sparring regarding preparation of a concept note: A culture and development programme empowering young people in Mali, Burkina and Niger, and building bridge between North and South in each of the countries and regionally. Writing ToR for a fact-finding mission. |
| Position held | Culture and Development Specialist |

| Name of assignment | Evaluation of THE VELUX FOUNDATIONS’ Joint Environment Programme (VEP) to draw lessons learned |
| Year | 2014 |
| Location | Global |
| Client | The Velux Foundations – the Villum Foundation & the Velux Foundation |
| Main project features | The intention of the evaluation was to learn from the experiences so far in order to ensure knowledge transfer to the new foundations as well as inspiration to a next phase (VEP 2.0).  
From an external perspective, the purpose of the evaluation was to assess how well the initial strategy had been implemented and whether VEP had exploited/made use of/taken up the particular role/special room available for philanthropic foundations between public funding and private funding. The findings were to be presented as lessons learned and suggestions for forward looking improvements. |
| Position held | Environment and sustainability specialist |
| Activities performed | - To develop a short methodology including: i) set of between 5 and 8 key evaluation questions to be agreed with the secretariat; ii) a sampling for a questionnaire based survey; iii) telephone interviews/Focus Group Discussions, and iii) meetings.  
- To develop a Survey Monkey to grantees and other stakeholders, e.g. applicants, authorities, organisations, and other foundations.  
- To assess the results from the survey.  
- To undertake targeted telephone interviews and meetings with grantees and other stakeholders as appropriate.  
- To report on the main findings in relation to the evaluation questions. |
- To depict the lessons learned and their implication for the future funding arrangements.
- To give recommendations for the way forward.

The evaluation questions focused on the relevance and efficiency of the VEP considering aspects such as the theory of change, value added by VEP, choice of partners (relevance) as well as the value for money, transaction costs of the financial support mechanisms (efficiency). To a lesser extent and mainly at the overall strategic level (not individual project level) the evaluation looked at effectiveness, impact and sustainability.

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Capacity Assessment/Appraisal to Prepare for Programme - Participatory Management of Natural Resources and Improved Livelihoods in and around Important Bird Areas 2015-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2014</td>
</tr>
<tr>
<td>Location</td>
<td>Kenya /Uganda/Nepal</td>
</tr>
<tr>
<td>Client</td>
<td>CISU/DOF</td>
</tr>
<tr>
<td>Main project features</td>
<td>Participatory Management of Natural Resources and Improved Livelihoods in and around Important Bird Areas 2015-2017</td>
</tr>
<tr>
<td>Position held</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Activities performed</td>
<td>To assess the extent to which DOF has the professional and administrative capacity to carry out its Danida/CISU supported development activities within the proposed programme approach considering the full existing and planned portfolio of the organisation. To assess the relevance and strategy of the proposed programme including considerations of activities by other stakeholders/communities and best practices in the main focus areas and internationally.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Appraisal of the Climate Change Adaption and Mitigation Project (CCAMP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2014</td>
</tr>
<tr>
<td>Location</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>Client</td>
<td>DANIDA</td>
</tr>
<tr>
<td>Main project features</td>
<td>In continuation of a recently approved support to a Climate Change Adaptation Pilot Project, and as part of preparing for Denmark’s planned support to a Green Growth Programme from 2016, the intention is to support a Thematic Programme CCAMP with a total budget of DKK 50 million, starting mid-2014. The CCAMP is supposed to consist of three Development Engagements: i) Climate Change Adaptation engagement (CCAE); ii) Renewable Energy Engagement (REE); and iii) Energy Efficiency engagement (EEE).</td>
</tr>
<tr>
<td>Position held</td>
<td>Gender and Human Rights Specialist</td>
</tr>
<tr>
<td>Activities performed</td>
<td>The objective of the appraisal was to provide an independent assessment of the Draft Thematic Programme. Document for the Climate Change Adaption and Mitigation Project. A field trip was carried out to the Delta.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>End of Project Evaluation of an Eco-School Programme in Malawi: Promoting Education for Sustainable Development (ESD) in Malawian Primary schools as a tool for sustainable community development.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2013/14</td>
</tr>
<tr>
<td>Location</td>
<td>Malawi</td>
</tr>
<tr>
<td>Client</td>
<td>Danish Outdoor Council</td>
</tr>
<tr>
<td>Main project features</td>
<td>End of Project Evaluation of an Eco-School Programme in Malawi: Promoting Education for Sustainable Development (ESD) in Malawian Primary schools as a tool for sustainable community development. In close cooperation with relevant Ministries and local gov. inst.</td>
</tr>
<tr>
<td>Position held</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Activities performed</td>
<td>The purpose of the evaluation was to verify that all outputs had been achieved quantitatively as well as qualitatively, that objectives had been met and finally to come up with recommendations for a new programme phase.</td>
</tr>
<tr>
<td>Name of assignment</td>
<td>Head of long term culture and development programmes</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Year</td>
<td>2007-2013</td>
</tr>
<tr>
<td>Location</td>
<td>Afghanistan, Vietnam, Mali, Tanzania, Uganda; and a Regional Programme within creative industries covering 15 countries in Africa.</td>
</tr>
<tr>
<td>Client</td>
<td>Danish Embassies and the Danish Centre for Culture and Development</td>
</tr>
<tr>
<td>Main project features</td>
<td>Formulating and heading development programmes for the Danish Embassies: In Afghanistan the programme consisted of the following components: 1) Establishment of a youth house for 2000 youngsters in Kabul; 2) Establishment of Afghanistan’s first library for children and boxes of books to schools in most regions; 3) Forum theatre (training of 3 theatres - afterwards touring in most regions) with violence against women and corruption as some of the main themes (shown in more than 200 commnities with up to 1000 audiences at each performance discussing the theme during the performance; 4) Panel debates together with the Danish Institute for Human Rights (in radio) at 5 universities with professional journalist and a network of 50 NGO’s discussing critical issues as women rights, etc; 5) A programme for street children using sport and music to get into contact with them to ensure a basic education/shelter for them in various regions; 6) Mini Cirkus activities for children; 7) Music education at the National Music Academy in Kabul; 8) A training platform for professional Afghan photographers</td>
</tr>
<tr>
<td>Position held</td>
<td>Team Leader and head of programmes</td>
</tr>
<tr>
<td>Activities performed</td>
<td>To formulate, monitor progress of programme activities for the Danish Embassies to verify that all outputs are achieved and objectives met. All programmes are partner based with institutional development and gender/human rights based approaches (HRBA), and most including conflict, resolution and post-conflict initiatives/settings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Aligning Central Government, Local Authorities and Communities for Better Service Delivery, Malawi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2007</td>
</tr>
<tr>
<td>Location</td>
<td>Malawi</td>
</tr>
<tr>
<td>Client</td>
<td>World Bank</td>
</tr>
<tr>
<td>Main project features</td>
<td>The following three key areas were addressed: 1. Participatory planning at community and local authority levels 2. local authority regulatory function (aligning the centre with lower levels). 3. Role of strategic communication in enhancing accountability.</td>
</tr>
<tr>
<td>Position held</td>
<td>Sociologist</td>
</tr>
<tr>
<td>Activities performed</td>
<td>The programme was monitored and evaluated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Working group on the integration of Disaster Risk Reduction and Disaster Preparedness into Danish humanitarian and development assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2006/07</td>
</tr>
<tr>
<td>Location</td>
<td>Denmark and Global</td>
</tr>
<tr>
<td>Client</td>
<td>DANIDA</td>
</tr>
<tr>
<td>Main project features</td>
<td>The objective of the MFA DRRP working group was to facilitate – through the MFA Programme Committee – the integration of DRRP activities in Danish Development Assistance in relevant co-operation countries and in sector programmes</td>
</tr>
<tr>
<td>Position held</td>
<td>Dry-land/ Food Security/Gender Specialist</td>
</tr>
<tr>
<td>Activities performed</td>
<td>Participating in the working group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Evaluation of the UNICEF Integrated Community Development Project in the Chittagong Hill Tracts, Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2006/07</td>
</tr>
<tr>
<td>Location</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>Client</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Main project features</td>
<td>In 1991 UNICEF and the Government of Bangladesh jointly formulated the integrated Community Development Project under the direct supervision of the Chittagong Hill Tracts Development Board with the responsible line Ministry being the Ministry of Chittagong Hill Tracts Affairs. Between 1997-2005, 2220 para centres were constructed in 1839 paras in the three CHT districts. This was an evaluation of the state of art (daily functions and achievements) of a sample of 343 para-centres at both community and local authority levels in</td>
</tr>
</tbody>
</table>
Bangladesh, and to make recommendations on how this could be strengthened based on best practices Evaluation of the management and coordination mechanisms.

<table>
<thead>
<tr>
<th>Position held</th>
<th>Gender/ Community/Institutional Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities performed</td>
<td>The evaluation involved a quantitative survey (face-to-face interviews based on questionnaires) conducted during two months among a representative sample of of 289 para workers, 295 para centre management committees (PCMSs), and 149 household members together with observation ealks in 100 para centres. The focus was in the functioning of the para centres, the commitment and performances of PCMSs and project officials, and the communities’ access to and use of the para centres.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Mid-term Review of the Natural Resources Management Component, under DANIDA’s Special Environmental Assistance 2004-2007, particularly in the Game Management Areas around the Kafue and Lower Zambezi National Parks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2006</td>
</tr>
<tr>
<td>Location</td>
<td>Zambia</td>
</tr>
<tr>
<td>Client</td>
<td>DANIDA</td>
</tr>
<tr>
<td>Main project features</td>
<td>The purpose of the assignment was to review the component and provide guidance on the ongoing efforts to formulate an environmental support programme (ESPS) in the area of natural resources management. Thus, the review took stock of the performance of the NRM Component and the lessons learned, and provided guidance on whether and how to further develop the NRM interventions within the overall ESPS.</td>
</tr>
<tr>
<td>Position held</td>
<td>Sociologist</td>
</tr>
<tr>
<td>Activities performed</td>
<td>To monitor progress of programme activities and to verify that all outputs are achieved and objectives met and to come up with recommendations for improvement.</td>
</tr>
</tbody>
</table>
were in particularly education, water, health, road, and power. A particular focus was to monitor the six states’ progress at both community and local authority levels.

<table>
<thead>
<tr>
<th>Position held</th>
<th>Sociologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities performed</td>
<td>To establish an intermediary unit between the World Bank, the Government (various Ministries) and communities for community poverty reduction programmes. Assessment of the progress of the CPRP Fund. Special attention was given to the issue of value for money.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Implementation Completion Report Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2005</td>
</tr>
<tr>
<td>Location</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>Client</td>
<td>World Bank</td>
</tr>
<tr>
<td>Main project features</td>
<td>Implementation Completion Report Mission to monitor Ethiopia’s Social Rehabilitation and Development Fund Project (ESRDF) at community and local authority levels in Ethiopia. The overall objectives in the ESRDF strategy, as outlined in the SAR, can be listed as follows:</td>
</tr>
<tr>
<td></td>
<td>- To ensure that ESRDF finances sub-projects that benefit women;</td>
</tr>
<tr>
<td></td>
<td>- To ensure that processes used for sub-project promotion, appraisal, monitoring, and evaluation do not have any adverse impact on women;</td>
</tr>
<tr>
<td></td>
<td>- To build women’s capacity to participate in community activities;</td>
</tr>
<tr>
<td></td>
<td>- To strengthen the commitment of ESRDF and its partner agencies towards social and economic progress of women.</td>
</tr>
<tr>
<td>In implementing the project, ESRDF specific objectives were:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- To pay special consideration to women’s priorities and needs;</td>
</tr>
<tr>
<td></td>
<td>- To focus on women’s direct participation in the sub-project cycle;</td>
</tr>
<tr>
<td></td>
<td>- To prepare a gender checklist to be used during screening and appraisal to identify whether a proposed sub-project has a potentially negative impact on women;</td>
</tr>
<tr>
<td></td>
<td>- To promote proposals that emphasize benefits for women (emphasis on women’s priorities, their participation in CPC, and participation in training activities);</td>
</tr>
<tr>
<td></td>
<td>- To make all efforts to recruit women in ESRDF staff;</td>
</tr>
<tr>
<td></td>
<td>- To design and operate the management information system so as to report on the participation of women in ESRDF and on the impact of sub-projects on women.</td>
</tr>
<tr>
<td></td>
<td>- At project inception, gender action plans were developed, but then ERSDF lost some of the initial momentum to implement them. Although around 50 percent of beneficiaries were poor women, ESRDF did not bring major changes in their (low) participation in decision-making bodies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position held</th>
<th>PRSP and Gender Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities performed</td>
<td>To monitor progress of programme activities and to verify that all outputs are achieved including preparing an environmental and social impact assessment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Gender Impact Study of selected World Bank-assisted projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2004</td>
</tr>
<tr>
<td>Location</td>
<td>Philippines</td>
</tr>
<tr>
<td>Client</td>
<td>World Bank</td>
</tr>
<tr>
<td>Main project features</td>
<td>Assessment of four ongoing projects in terms of the extent and nature of engagement of women and men in the Social Funds activities in the Philippines reviewing four Programmes</td>
</tr>
<tr>
<td>Position held</td>
<td>Team Leader</td>
</tr>
<tr>
<td>Activities performed</td>
<td>To monitor progress of programme activities and to verify that all outputs are achieved and objectives met. To come up with recommendations and for lessons learned.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of assignment</th>
<th>Appraisal of the World Bank’s Land Programme for Ethiopia and the Ethiopian Land Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2004</td>
</tr>
<tr>
<td>Location</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>Client</td>
<td>World Bank</td>
</tr>
<tr>
<td>Main project features</td>
<td>Appraisal of the World Bank’s Land Programme for Ethiopia and the Ethiopian Land Policy</td>
</tr>
</tbody>
</table>
## Position held
Sociologist

## Activities performed
To monitor progress of programme activities and to verify that all outputs are achieved and objectives met. To come up with recommendations and for lessons learned.

### Name of assignment
**Coordination of Danish NGOs in the promotion and implementation of UNCCD**

<table>
<thead>
<tr>
<th>Year</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Denmark/global</td>
</tr>
<tr>
<td>Client</td>
<td>CARE Denmark/Danish 92-group/Danida (&quot;Miljøsekretariatet&quot;)</td>
</tr>
</tbody>
</table>

## Main project features
Worldwide, one billion people in 110 nations directly earn their livelihoods in drylands – and nearly all of these people and the land on which they depend are at a constant risk because of land degradation and desertification. To enhance the role of Danish NGO’s in the promotion and impl. of UNCCD and information/knowl. sharing/debating of global climate change, desertif. land degradation issues.

## Position held
Co-ordinator/Member of the Danish portfolio

## Activities performed
To coordinate activities, monitor progress, report and organize joint meetings and conferences at UNCCD and EC. To identify survival strategies to support communities to combat desertification and to minimize desertification that leads to famine, malnutrition, epidemics, economic and social instability and migration, which in turn can cause or increase desertification. To establish strategies to minimise that poverty also contributes to land degradation in drylands as communities exploit natural resources for the sake of survival, loosing future sustainability in the process. To initiate participatory and a long-term commitment to the problem of a given area, affected by land degradation as important mechanisms in tackling desertification in dryland regions. Participatory democracy means, focusing on Human Security and the emphasis on the human rights of communities and individuals – a rights based approach.

### Name of assignment
**Community Based Health Care Programme, Turkana**

<table>
<thead>
<tr>
<th>Year</th>
<th>1997-2001 (4-year position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Kenya</td>
</tr>
<tr>
<td>Client</td>
<td>MS Kenya and Ministry of Health, Kenya</td>
</tr>
</tbody>
</table>

## Main project features
To manage a regional Community Based Health Care Programme (in Turkana, Northern Kenya) with mobile clinics/health centres/clinics/hospital, and to advise pastoralist communities/programme in ASAL development and institutional planning; conflict and resolution across boarders, and Poverty Reduction Strategies with gender and environment as key crosscutting elements. Member of the MS-Kenya Policy Advisory Board.

## Position held
Organisational Adviser

## Activities performed
To administrate and monitor progress of programme activities and to verify that all outputs are achieved and objectives met. To come up with recommendations for improvement.
6.2 Curriculum Vitae - Dr. Samay Hamed

Dr. Samay Hamed

samay_hamed1@hotmail.com

Name: Samay Hamed

Nationality: Afghan

Education:

1. Medical doctor, MD on Internal Medicine, Balkh Medical College
2. Master of Persian /Dari language and Literature Balkh Night Faculty
3. 9 months Project management classes, CCA Pakistan 1998
4. 4 months Health projects management ICRC

Jobs in Health sector:

• President of health commission of International Federation of Red Cross and Red Crescent Society and Afghan Red Crescent Society 1995 to 1998
• Health consultant of the president of Afghanistan 1998
• Health education and human rights senior advisor for Cooperation Center for Afghanistan

Jobs in other sectors in recent 5 years:

Consultant job on Afghanistan for:

• Danish Center for Culture and Development/DCCD (long-term contract for 7 years, 2008-13)
• World Human Rights Foundation
• World Association against music censorship FREEMUSE
• Senior advisor of Tolo TV, Lemar TV and Radio Arman FM
• Senior advisor of Afghanistan National TV

Jobs as CEO:
• Afghanistan Culture House
• Arezo Global radio and TV

Health Cooperation activities:
• Lectures to provincial health coordinators of Afghan Red Crescent Society
• Lectures on Health information system for Health directors of northern region of Afghanistan
• Workshops on health education for midwives trained by Ministry of Education
• Workshop on Health TV show content management for TV hosts and producers of 14 TV stations
• Lectures on Health right for Human rights NGOs

Written books about health:
• New methods of medical record in Afghanistan
• Health education through art

Some Health Project Evaluations:
• Monitoring Health Education system of 19 provincial medical clinics of International Federation for Red Cross and Red Crescent Society, June 1997.
• Monitoring and evaluation of First aid training project for school teachers at 9 provinces of Afghanistan, March 2002 (For Ministry of Health, Afghanistan)

Note: Beside medical project management works, Dr. Samay Hamed is a well-known poet, music director and TV director of Afghanistan, who had published 32 books and written more than 100 songs for Afghan singers across the world. He has always worked with gender and human rights. He has won 3 International Awards, e.g. International Free Press Award 2003 USD, Kurt Tocholsky literature prize 2010 Sweden and World Empowered Poet Award 2014 CANADA. He is a member of PEN International.
ANNEX 7  Questionnaires – Midwife students

7.1  Questionnaires – Midwife student

Which district do you come from? Nangarhar province, Dara-i-Noor district

Year 1, 2, or graduated: Graduated

Your age and are you married:

1. From where did you get the information about the possibility to apply for Midwife study in Jalalabad? Higher education examination information / University entrance exam (concor)

2. What made you apply for the education as Midwife in Jalalabad?
To be a midwife is a matter of social respect, helping my family and serve our country. It is also a steep towards women rights. It motivated me to get this education.

3. What were the criteria to enter the study?
18+ age, 12th grade educational background; Examination.

4. What was your own educational background before entering the study?
12th Grade.

5. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
Yes the job was guaranteed by singing a commitment with Dara-i-Noor health clinic and MOPH.

6. Do you stay at the dormitory or where do stay while studying?
Yes I had stayed in the dormitory and I went home from Dormitory after graduation.

7. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
Never

8. How do you find the study? Do teachers always arrive for classes, etc?
Perfect, teachers arrived always in time and even helped us with education during free time.

9. Do you have any suggestions for improvements of the study?
More capacity building workshops

10. Do you have any problems in regard to the study, if yes please specify:
No but we need more workshops after graduation

11. Is your family encouraging your study?
They had always supported me in this regards.

7.2  Questionnaires – Midwife student
Which district do you come from? Nangarhar Province, KAMA district

Year 1, 2, or graduated: 2

Your age and are you married: single

From where did you get the information about the possibility to apply for Midwife study in Jalalabad?

TV announcement and my uncle’s family

1. What made you apply for the education as Midwife in Jalalabad?
   I saw a women dying in our village during delivery. So I got the motivation to be a midwife and serve my country.

2. What were the criteria to enter the study?
   18+ age; 12th grade education background; Examination; She should come from a rural area

3. What was your own educational background before entering the study?
   12th Grade

4. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   Our regional health clinic and my family agreed to support me to get a job. I had promised them to work in our district.

5. Do you stay at the dormitory or where do stay while studying?
   No, I am staying in my uncle’s house because I don’t have transportation problem.

6. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   No, it is paid by our school not us.

7. How do you find the study? Do teachers always arrive for classes, etc?
   Our study is standard. Teachers are helpful and always been in school during study.

8. Do you have any suggestions for improvements of the study?
   We have no problem in our school, but we want more education after graduation. It is our concern.

9. Do you have any problems in regard to the study, if yes please specify:
   Our only problem is in Practice, if our teachers are with us during night Watch in hospital some of hospital workers are not giving us a job to do.
   (now teachers are with us).

10. Is your family encouraging your study?
    Yes, this is a result of their encouragement that we are studying.

7.3 Questionnaires – Midwife student

Which district do you come from? Laghman province, Qargha district

Year 1, 2, or graduated: 2
1. From where did you get the information about the possibility to apply for Midwife study in Jalalabad?
   Media

2. What made you apply for the education as Midwife in Jalalabad?
   My uncle’s daughter died during delivery. So I decided to be a midwife. A very qualified Midwife to reduce mortality rate of maters and neonatal.

3. What were the criteria to enter the study?
   18+ age, 12th grade educational background; Examination; Interview on Midwife job in future.

4. What was your own educational background before entering the study?
   12th Grade

5. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   Yes the job was guaranteed by signing a commitment with our district health clinic.

6. Do you stay at the dormitory or where do stay while studying?
   No, I am staying in my uncle’s home nearby.

7. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   I am not in dormitory, but I don’t pay for other issues.

8. How do you find the study? Do teachers always arrive for classes, etc?
   Standard, perfect, present.

9. Do you have any suggestions for improvements of the study?
   More workshops, further education after graduation.

10. Do you have any problems in regard to the study, if yes please specify:
    No

11. Is your family encouraging your study?
    100 percent.

7.4 Questionnaires – Midwife student

Which district do you come from? Kabul province, Char Asiab district.

Year 1, 2, or graduated: 2

Your age and are you married: 22 years, single

From where did you get the information about the possibility to apply for Midwife study in Jalalabad?

Media and one of my relatives, who had been student at this school.
1. What made you apply for the education as Midwife in Jalalabad?
   My aim was to reduce the rates of infant and maternal mortality. Afghanistan is a country suffering by war and needs help. There is no midwife in our district and I want to serve my land.

2. What were the criteria to enter the study?
   18+ age; 12th grade educational background; Examination; we should work in our district after graduation

3. What was your own educational background before entering the study?
   12th Grade.

4. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   I had signed a commitment letter with my district health clinic to come back and work there.

5. Do you stay at the dormitory or where do stay while studying?
   No, I am staying in a shelter house.

6. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   No, the office of our school is providing all for us.

7. How do you find the study? Do teachers always arrive for classes, etc?
   It is perfect. They are doing their job good and especially they repeat all chapters and difficult practice issues again near examination to prepare us well.

8. Do you have any suggestions for improvements of the study?
   More practice in the hospital, especially medical staff of the hospital should help us more.

9. Do you have any problems in regard to the study, if yes please specify:
   Some of the hospital workers are not supportive, they are not allowing us to do more job.

10. Is your family encouraging your study?
    My mother encouraged me to help other mothers. All family members are supportive.

7.5 Questionnaires – Midwife student

Which district do you come from? Kabul province, RODAT district

Year 1, 2, or graduated: graduated

Your age and are you married: single

From where did you get the information about the possibility to apply for Midwife study in Jalalabad?
Concor Examination

1. What made you apply for the education as Midwife in Jalalabad?
   It was a concern for me to reduce infant and maternal mortality.
2. What were the criteria to enter the study?
   18+ age; 12th grade educational background; Concor Examination

3. A commitment from our family

4. What was your own educational background before entering the study?
   12th Grade

5. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   I had signed a commitment letter with BHC Sorkhroad Shamshppr health clinic to come back and work there.

6. Do you stay at the dormitory or where do you stay while studying?
   No, I am staying in our house.

7. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   No, all is paid by an NGO (NAC)

8. How do you find the study? Do teachers always arrive for classes, etc?
   Interesting and a good study. Teachers on time and helpful.

9. Do you have any suggestions for improvements of the study?
   More education

10. Do you have any problems in regard to the study, if yes please specify:
    No

11. Is your family encouraging your study?
    Yes.

7.6 Questionnaires – Midwife student

Which district do you come from? Kabul province, RODAT district

Year 1, 2, or graduated: 2

Your age and are you married: 23,

From where did you get the information about the possibility to apply for Midwife study in Jalalabad?
   Radio and TV

1. What made you apply for the education as Midwife in Jalalabad?
   I want to help my family through my income and try to reduce the rates of infant and maternal mortality.

2. What were the criteria to enter the study?
   12th grade educational background; Examination
3. What was your own educational background before entering the study?
   12th Grade.

4. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   I had not signed to get job, but I had committed to go back to my district and work there.

5. Do you stay at the dormitory or where do you stay while studying?
   No, I am staying in my uncle’s house.

6. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   No

7. How do you find the study? Do teachers always arrive for classes, etc?
   No problem. They are doing their job nicely and standard.

8. Do you have any suggestions for improvements of the study?
   Not yet. Our study is good.

9. Do you have any problems in regard to the study, if yes please specify:
   When there are teachers with us during night watch in hospital, health workers are not giving us a job to do. (Note: They are jealous against our teachers). If our teachers are not with us during Night hospital job it would be good.

10. Is your family encouraging your study?
   Yes, they supported us to join this school.

7.7 Questionnaires – Midwife student

Which district do you come from? Laghman province, Alinigar district

Year 1, 2, or graduated: 2

Your age and are you married: 21, Single

1. From where did you get the information about the possibility to apply for Midwife study in Jalalabad?
   Media and local publication

2. What made you apply for the education as Midwife in Jalalabad?
   As maternal mortality is high in our country I decided to be midwife. I wanted also to have an income.

3. What were the criteria to enter the study?
   12th grade educational background; Examination; 18 year old

4. What was your own educational background before entering the study?
5. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   Health clinic in our area had committed itself to give me a job. There will be more opportunities in future.

6. Do you stay at the dormitory or where do stay while studying?
   Yes

7. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   Never

8. How do you find the study? Do teachers always arrive for classes, etc?
   Our study is good both in theory and practice. Teachers are great.

9. Do you have any suggestions for improvements of the study?
   Further education (Bachelor), more workshops.

10. Do you have any problems in regard to the study, if yes please specify:
    Hospital staff should help us more. Some of them are not helping when our teachers are there during night shift.

11. Is your family encouraging your study?
    Yes.

7.8 Questionnaires – Midwife

Which district do you come from? Kunar province, Manogai district

Year 1, 2, or graduated: graduated

Your age and are you married: 21, married

1. From where did you get the information about the possibility to apply for Midwife study in Jalalabad?
   Radio

2. What made you apply for the education as Midwife in Jalalabad?
   We had a problem in our village. There were just traditional social midwives. I wanted to join the school to solve the problem and help our people as a professional midwife. Our villagers and my family had also encouraged me.

3. What were the criteria to enter the study?
   12th grade educational background; Examination; 18 year old

4. What was your own educational background before entering the study?
   12th Grade
5. Before you started the study, were you then guaranteed a job as a midwife after your study? If yes in your own district? Did you sign any commitments accordingly?
   I had a commitment from Behsod Tangi CHC, Kunar Province.

6. Do you stay at the dormitory or where do you stay while studying?
   I was there, yes.

7. Have you paid anything for the study, or for staying at the dormitory, for materials/books, and for food? If yes, please specify.
   Never.

8. How do you find the study? Do teachers always arrive for classes, etc?
   It was great. We are using that in our job now.

9. Do you have any suggestions for improvements of the study?
   More education. We want to be educated more and more (Bachelor, master)

10. Do you have any problems in regard to the study, if yes please specify:
    We had not have a problem.

11. Is your family encouraging your study?
    Yes
ANNEX 8  SWOT Analysis, IHS and AMA, Jalalabad

Strengths:
- Supporters
- Well coordination
- Well communication
- MoPH support
- AMA support
- Community support
- Interest of people
- Commitment of & skill full staff
- Well coordination with hospital management

Weaknesses:
- Some cultural barriers
- No exposure visit (foreign countries)

Opportunities:
- Donors
- Well-equipped training centres
- Well trained trainers
- Well management staff
- Near hospital and health facilities (practical site)

Threats:
- Security
- Strikes
- Suicide bombing
- Geographical access
SWOT Analysis, Dr Khadija Safi, NAC

Strength
- Enroll students from various provinces hence affording opportunities for underserved areas
- Strong relationship among stakeholders, AMA, NAC, IHS and Provincial Health Department
- Good teaching and accommodation facilities
- Opportunities for interaction of different ethnicity and learning
- Relevant Curriculum
- Strong emphasis on maintaining standards, high rating from the midwifery accreditation board
- Committed NAC, and IHS staff
- Regular support provided from NAC
- Better accountability systems
- Flexible recruiting requirements allowing students with less qualifications to be enrolled. This gives an opportunity for underserved areas to send students to the program
- Community acceptance of the program

Weaknesses
- Incentives sometimes are not paid on time, this depend largely with donor support
- Students who have passed concur exams are not interested in joining midwifery education
- Lack of Pashto medical books
- Internet access for students is very limited
- No opportunities for midwifery higher education in Afghanistan
- Security
- Cultural barriers –some husbands do not allow their wife to go to school

Opportunities
- Donors interested in supporting midwifery education especially NORAD
- Communities are now interested in sending their children to midwifery school

Threats
- Security
- Donor pulling out
- High trainers turn over

Recommendations
- Continue support of midwifery education
- Explore the possibility of having midwifery higher education
- Avail internet facilities for students to help them to read widely and research
- Strengthen the extra curriculum especially peace and human right subject
- Continue to develop midwifery magazine/newsletter. At the moment is published once per year and it is important to produce the newsletter and share other midwifery schools.