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Introduction

This last quarter has seen a deterioration of the security situation in Afghanistan with factional fighting in both Kandahar and in Parwan Provinces that made supply routes insecure, with a number of agencies reporting substantial losses as a result of looting.

The optimism that accompanied the signing of the Jalalabad Accord by all of the faction leaders earlier this year has now completely evaporated, despite the cease-fire that made in Tagab in December. The day after the close of this reporting period, on January 1, 1994, heavy fighting erupted in Kabul, which has included high altitude bombing of the city whilst combatants trade rockets and artillery throughout the daylight hours.

An alliance of parties calling itself the Supreme Coordination Council of the Islamic Revolution of Afghanistan and composed of Hezb-e-Islami (Hekmatyar), the Shi'ite Hezb-e-Wahdat, Prof. Mojaddedi's Afghan Liberation Front and General Dostom's Junbush-e-Milli Islami Afghanistan, have joined themselves in pitched battle against President Rabbani's government troops. In reaction, fighting has also broken out in Northern Afghanistan, in Mazar-Sharif in Balkh Province as well as in Fariab and Kunduz Provinces. Lines have been drawn along ethnic grounds rather than from previous political or religious associations, with Pashtoons, Uzbeks and Hazaras fighting Tajiks.

Reports from Afghanistan are conflicting and often sketchy. However, there is no doubt that the latest battle in Kabul has taken a heavy toll of life and property. The city's hospitals have not escaped from the intense rocketing, shelling and bombing, and two have been reported as taking direct hits, including the well-equipped Military Hospital. A lack of both electrical power and water has severely compromised their ability to treat the wounded, and a shortage of transport has made it difficult to take the injured for treatment to the hospitals which have also been reported as overflowing. Grave concern has also been expressed for the low food and fuel stocks of the civilian population, and many shops have been described as destroyed or closed.

Factional fighting has killed more than 10,000 people in Kabul alone since the Islamic factions ousted the communist government in April, 1992 and then started fighting amongst themselves. UNHCR is concerned about its capacity to cope with a new exodus of refugees to Iran, Pakistan, and possibly Uzbekistan and Tajikistan. The number of internally displaced has risen, with refugees fleeing to Northern Afghanistan and to Jalalabad in the South.



Medical Training Activities

The two final USAID-supported refresher training courses for both Mid-Level Health Workers (MLHWs) and Field Microscopists (FMs) were successfully completed during this quarter by IMC in Jalalabad. As per USAID's mandate to deliver the training in collaboration with an indigenous Afghan organization to whom IMC training expertise and capacity could be transferred, the Institute for Public Health (IPH) were given a lead role in the delivery of the two final courses. IPH staff made significant contributions to the successful outcomes of the two courses and were fully familiarized with the Combined Continuing Education curricula for both MLHWs and FMs. However, as a result of the current funding crisis in Afghanistan's health sector, it is questionable whether IPH can now afford to conduct further CMCEP/CFMCEP training.

The Polyclinic of the Public Health Hospital #1 in Jalalabad, in which the training was based, was handed back to the hospital authorities on December 16. It is of interest to note that the same work ethic and discipline which were established at IMC's Nasir Bagh clinical facility in Peshawar prevailed at the Polyclinic throughout the IMC/IPH training that was delivered there, entirely under the direction and supervision of IMC's Afghan management and training staff.

Indirectly, one unexpected result was that the community had its expectations raised apropos the quality and efficacy of health care delivery as a consequence of its exposure to IMC medical staff and trainees' working practices, especially since the Polyclinic was operated under the same restraints and with the same limited resources as many of the other health facilities in Ningarhar Province. One very evident result was to be seen in the general cleanliness and hygiene of the hospital in which the Polyclinic is situated, and which improved immeasurably during the term of IMC/IPH training delivery on site.

Another unanticipated direct result of IMC's program in Jalalabad was that the more than 47,000 patients that were examined and treated in the facility since its opening in March were exposed to the health messages that accompanied every patient consult. Indeed, the greater emphasis on public health, environmental health, and health education in the content of these two latter MLHW refresher training courses had an impact not just on the trainees and their patients, but also upon the working practices of the IMC/IPH trainers' colleagues working for other institutions and agencies, including the Jalalabad medical faculty's University Hospital, the Sehat Ana (Public Hospital), and the Jalalabad Nursing School, as well as in the clinics of other NGOs. Many health professionals benefited from the forum for dialogue that was sparked by the delivery of CMCEP training in the area, and there was as much interest shown in the training methodology as there was shown to the course content. WHO, UNICEF, and IPH/MOPH capitalized upon this, and invited IMC trainers to conduct and facilitate four workshops for health professionals on CDD, ARI, and TB during this last quarter.

The specific details of the two continuing education courses that were concluded during the quarter are as follows:

Refresher Training for Mid-level Health Workers/CMCEP #V

Twenty one trainees graduated from the IMC/IPH 18 week Combined Mid-Level Continuing Education Program (CMCEP) for MLHWs in Jalalabad on December 15, 1993. The final exams (60% practical/40% written) that were administered earlier in the week were proctored by representatives from WHO, IPH, IMC, and the Swedish Committee for Afghanistan (SCA). The average final score indicated a 40 percentile gain on the average entry level scores, as follows:

	Low Score	High Score	Average Score
Entry Test:	31%	69%	52%
Exit Test:	82%	98%	92%

Of the six IMC-trained MLHWs in the group, all six ranked in the first six places in of the final written and the final practical skills evaluation. The two low-scoring MLHWs in the entry test, who were both accepted into the course on a probation period, were both able to graduate: one with a final score of 85% and the other with a final score of 87%. Credit for this is due to the entire training staff who provided extra tuition at one time or another, to the IMC Training Coordinator for identifying their specific needs and closely monitoring their progress, and to the trainees themselves who rose so admirably to the challenge: taking all of the additional classes and clinic rotations, and for coping so well with the heavy work load.

All the graduating students were presented with a CMCEP certificate duly endorsed by WHO/Afghanistan at a ceremony attended by representatives of MOPH, IPH, IMC, and the Ningarhar Shura, as well as by representatives from NGOs working in the health sector. The trainees, in exit interviews, expressed their satisfaction with the delivery of the training course and its administration, and a good number commented on the appropriateness of the training activities in relation to their own work in the rural areas of Afghanistan. All the students were appreciative of the course's emphasis on public health, environmental health, health education, and entrepreneurial skills, and, as health providers within the community, they were mindful of their role as local leaders and agents of change - determined to teach their people how to help themselves in an environment of increasing needs and dwindling resources.

A total of 468 teaching hours were recorded throughout the course (60% practical/40% theory). The students' practicals included working in the following area of the Polyclinic:

- **Medical Clinic:** Activities included taking patient histories; making physical examinations; patient drug instruction; patient education; and overall clinic management.
- **MCII/Nutrition/Health Education Unit:** Activities included assessment of infant/child nutritional status; the delivery of instructions and advice to mothers re: nutrition, preparation and use of ORS packets, preparation and use of home-made ORS; patient education; and immunization awareness.

- **Observation Room:** Activities included taking patient histories; making physical examinations; recording and monitoring vital signs; administering drugs (oral and injectable); setting-up and monitoring IV infusions; wound care; burn care; progressive note-taking; patient education; and patient report-writing.
- **Pharmacy:** Activities included dosage calculation; dispensing; delivering instructions to patients re: drugs; patient education; and store-keeping.
- **Wound Room:** Activities included assessment of ear/nose/throat conditions; skin problem diagnosis and management; drug prescription; assessment of trauma and burns; the delivery of first aid; the recording of vital signs; circumcision; the utilization of sterile technique; simple sterilization procedures; and patient education.
- **Dental Clinic:** Activities included dental hygiene; the detection of abscesses; the treatment of other minor dental problems; and patient education.
- **Laboratory:** Activities focused only on the preparation of smears for malaria.

Close attention was paid to the trainees' work in each activity area by the physician trainers, the nursing staff, the health educator, and the pharmacist. Each utilized a standard skills checklist and noted their comments in each student's notebook on a daily basis. An exam was administered each week as well as at mid-term and at the conclusion of the course. The weekly exam contained 25 questions and took approximately one hour to complete. Students who scored less than 70% in the exam were given an oral exam three days later that covered the same lecture material.

The training staff met once each week throughout the course to review the written exam results, the practical checklists and the student notebooks. They discussed issues regarding the performance of each student and planned extra-curricular activities for students that were identified as weak in particular areas. Student problems were noted at this meeting and discussed with each student the next day with suggested solutions.

After both the mid-term and final exams, a progress report was written for each student that dealt with their theoretical knowledge and their practical skills, as well as which noted their attitude, attendance, and any particular problems. A copy of this report was sent to the students' parent agencies.

Refresher Training for Field Microscopists/CFMCEP #II

The second IMC/IPH Combined Field Microscopist Continuing Education Program (CFMCEP) began in Jalalabad on October 3, 1993. The participants included 4 IMC Field Microscopists (FMs) from Ghor, Wardak, Samangan, and Helmand provinces. Additionally, there were three Swedish Committee FMs from Maidan, Logar, and Khost provinces, and one UMCA FM from Ningarhar Province, as well as one MSF/Holland FM from Ningarhar Province who audited the last four weeks of the course.

The participant from UMCA was dropped from the course after the fourth week for reasons of non-attendance. The remaining seven participants, all who had previously received the basic FM training course that had been approved by WHO, all passed the final written and practical exams and graduated successfully on December 1, 1993. MSF/Holland's Lab. Tech. Training Coordinator from Peshawar proctored the final exams (70% practical/30% written), and the average final scores of 86% indicated a 20 percentile gain on the average entry scores of 66%.

The training was delivered within the Polyclinic that is utilized for CMCEP training, and the students were all provided with board and lodging at the IMC Student Hostel in Jalalabad. A total of 293 teaching hours were recorded throughout the course (70% practical and 30% theory). Students also served additional clinical rotations at the Sehat Ama Hospital for Infectious Diseases, Jalalabad, and at the Malaria Control Center, Jalalabad. The CFMCEP students' clinical experience at the three sites included the following:

- **Introduction to the Laboratory:** Activities included an orientation to laboratory set-up; the handling of instruments; the use and maintenance of microscopes; sterilization; preparation of solutions, weight/volume and volume/volume; laboratory hazards and personal safety; laboratory first aid; registration; record-keeping; and report writing.
- **Blood Examination:** Activities included methods of collecting blood; slide preparation including thick and thin smears for malaria; staining and follow-up; counting HB, WBC, and DLC; the washing and safe disposal of slides.
- **Urine Examination:** Activities included methods of urine collection; macroscopic examination and tests for albumin, sugar and PH; slide preparation; microscopic examination; washing slides; and the safe disposal of specimens.
- **Stool Examination:** Activities included methods of collecting stool samples; macroscopic examination for color and consistency; making slides with lugol and normal saline; microscopic examination; washing slides; and the safe disposal of specimens.
- **Sputum Examination:** Activities included methods of collecting sputum samples; macroscopic examination; slide preparation and staining; microscopic examination; washing slides; and the safe disposal of specimens.

Each student was issued with a complete CFMCEP course manual in either Dari or Pashto, and with a copy of the USAID-printed Color Atlas for Field Microscopists, also in the appropriate language, as well as, upon graduation, a certificate endorsed by WHO.

The students' progress was evaluated daily with notations in their lab. notebooks and with special attention paid to their practical work. A weekly exam that focused on the previous week's lecture material and practical work was delivered each Thursday of the course. The exam consisted of twenty questions and, with the practical exercises, took three hours to complete. The students' daily and weekly evaluations were discussed by the training staff

at a weekly staff meeting and shared with the students along with any suggested solutions to problems the following day.

A final progress report for each student was sent to their parent agency after graduation (4 IMC, 3 SCA).

Training Supervision and Coordination

Dr. Anwarulhaq, IMC Deputy Director and in charge of all IMC medical and training activities, has visited Jalalabad at least two times per month during the quarter. He spent three or four days on site during each visit. He has monitored the quality of the training delivery through classroom/clinic observations on each occasion, as well as coordinated with staff from IPH, MOPH, and other NGOs in both Jalalabad and Peshawar.

One coordination meeting in November was attended by the Minister of Public Health, Dr. Fatimie, who, after consultation with representatives from the MOPH's IPH, expressed his satisfaction with the way in which the IMC training program and the transfer of IMC capacity to IPH were proceeding in Jalalabad.

IPH's Dr. Shahpadshah and Dr. Babak coordinated the MLHW and FM refresher training programs respectively during this last quarter. However, Dr. Roohullah Shabon, the IMC Training Coordinator remained on the IPH/IMC training staff in Jalalabad throughout the quarter to advise and monitor the activities of both coordinators.

Polyclinic/Training Clinic Activities

After the successful completion of the IMC USAID-funded CMCEP training program on December 15, IMC withdrew all of its USAID-funded support from the Polyclinic of the Public Health Hospital #1 in which both MLHW and FM refresher training had been based since March 15, 1993. During the prior ten months of activity, the following services were delivered to the people of Jalalabad and its environs by IMC physician trainers, IMC clinic support staff, and IMC/IPH trainees:

Total patients examined and treated:	47,225
Medical cases:	17,785
Surgical cases:	19,952
Triage cases:	9,488
Total malnourished cases:	461
Severely malnourished:	317
Moderately malnourished:	144
Total laboratory investigations:	8,512
Total malaria blood smears:	3,996
PV + ve	2,245
PF + ve	521
MP-ve	1,239
Total sputum stains:	261
AFB + ve	106
AFB-ve	155
Other lab. specimens (blood, urine, stool etc.)	4,257

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Other In-Country Operations

Fall Re-Supply of IMC's 17 USAID-Supported Health Facilities in Afghanistan

The Fall re-supply initiative and delivery of salary support to IMC's 17 USAID-supported health facilities that commenced at the beginning of September was completed during this quarter without any incidents of note. The status of the health facilities, as per the IMC Monitors' reports, is as follows:

Farah Province

Purchman Clinic #4061

Type C2, MCD Coae 2110
3 ML, 2 Support

All staff were present at their duties. An average of 15 patients per day were treated during the quarter: 33% children, 47% adult female, and 20% adult male.

Interviews with the community indicated that they were satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Fees for service have been collected from 30% of patients during the quarter. The monitor's inventory indicated the presence of only a small quantity of medicines before the new clinic supply kit was unpacked.

Ghor Province

Taiwara Clinic #4093

Type C2, MCD Code 2705
2 ML, 1 LT, 2 Support

One MLHW was present at the clinic, since his colleague, Muhammad was attending the IMC MLHW refresher training in Jalalabad. The lab tech was also absent - apparently attending a training course in Quetta from which he did not plan to return to Taiwara. His salary was thus returned to the Peshawar office and his position terminated. An average of 15 patients per day were treated during the quarter: 40% children, 27% adult female, and 33% adult male.

Interviews with the community indicated that they are satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. In contrast to last Spring when only 10% of patients were paying fees for service, 40% were paying during the quarter. The clinic staff did not complain again about their salary reductions.

Pasaband Clinic #4092

Type C2, MCD Code 2707
2 ML, 2 Support

All staff were present at their duties. An average of 32 patients per day were treated during the quarter: 44% children, 19% adult female, and 37% adult male.

Interviews with the community indicated that they were satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Only 5% of patients have paid fees for service during the quarter. However, this is an improvement on the zero participation of six months ago in this area of extreme poverty. The monitor's inventory indicated the presence of no medicines before the new clinic supply kit was unpacked.

Tulak Clinic #4094

**Type C2, MCD Code 2704
1 ML, 2 Support**

All staff were present at their duties. An average of 30 patients per day were treated during the quarter: 40% children, 17% adult female, and 43% adult male.

Interviews with the community indicated that they were satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Only 10% of patients have paid fees for service during the quarter. However, this is an improvement on the zero participation of six months ago in this area of extreme poverty. The monitor's inventory indicated the presence of no medicines before the new clinic supply kit was unpacked.

Kamenj Clinic #4091

**Type C2, MCD Code 2702
2 ML, 2 Support**

The monitor was unable to travel to Kamenj as a result of heavy fighting in the area between Hezbi-e-Islami and Jamiat Islami forces. Communication by radio with the Kamenj District Officer indicated that the facility had been closed since July as a result of the MLHWs transferring to new jobs in Herat. Since there are no other facilities in the district, and the nearest referral center is a four day journey from Kamenj, the monitor, acting on instructions from IMC/Peshawar, returned the payrolls to Pakistan, but stored the clinic supplies in the IMC Taiwara facility for safekeeping and obtained a receipt from the Taiwara District Officer.

IMC has advised the SSWA, to whom the management of IMC clinics in Ghor Province have been transferred, to relocate a MLHW to Kamenj and to then collect the supplies from the Taiwara District Officer for the people of Kamenj.

Badghis Province**Kushke-Kohna Clinic #4021**Type C2, MCD Code 1902
3 ML, 2 Support

All staff were present at their duties. An average of 15 patients per day were treated during the quarter: 33% children, 47% adult female, and 20% adult male.

Interviews with the community indicated that they were satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Fees for service have been collected from 30% of patients during the quarter. The monitor's inventory indicated the presence of only a small quantity of medicines before the new clinic supply kit was unpacked.

Qadis Clinic #4022Type C2, MCD Code 1905
3 ML, 1 LT, 2 Support

All staff were present with the exception of Gul Mohd. who was attending the IMC MLHW refresher training in Jalalabad. An average of 12 patients per day were treated during the quarter: 42% children, 33% adult female, and 25% adult male.

Interviews with the community indicated that they are satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. The majority of patients are now paying fees for service.

Helmand Province**Nawa Clinic #4101**Type C2, MCD Code 2311
1 ML, 2 Support

All staff were present at their duties. An average of 15 patients per day were treated during the quarter: 33% children, 47% adult female, and 20% adult male.

Interviews with the community indicated that they were satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Fees for service were collected from the majority of patients during the quarter. The monitor's inventory indicated the presence of no medicines before the new clinic supply kit was unpacked.

Nad-e-Ali Clinic #4103Type C2, MCD Code 2310
1 MD, 1 LT, 1 Dent., 3 Nurses, 2
Support

All staff were present with the exception of Mohammadullah, who was attending the IMC FM refresher training in Jalalabad. An average of 10 patients per day were treated during the quarter: 40% children, 30% adult female, and 30% adult male.

Interviews with the community indicated that they are satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the

facility in case of illness. 30% of patients are now paying fees for service. However, a resupply kit was not delivered to the facility since no medicines had been dispensed in the previous six months as a result of the fighting in the area. The staff had been examining patients in Lashkargah prior to their resettlement in Nad-e-Ali, but writing prescriptions for patients to purchase in the bazaar.

Jowzjan Province

Sang Charak Clinic #4121

Type C2, MCD Code 1702
2 ML, 1 LT, 2 Support

All staff were present at the facility. An average of 10 patients per day were treated during the quarter: 40% children, 20% adult female, and 40% adult male. However, the medics had been writing prescriptions for patients to purchase in the bazaar since the clinic supplies and payrolls were stolen in transit through Baghlan during the Spring.

Interviews with the community indicated that they were satisfied with the medical care that they had been receiving from the staff, although they complained about the lack of medicines. Many cases of cholera were reported during the Summer which the medics had been unable to treat as a result of a lack of IV fluids in the area. Patients were referred to Sarpul Hospital for treatment (40 km. distant). 30% of patients paid fees for service despite the lack of medicines.

Faryab Province

Qaram Qul Clinic #4072

Type C2, MCD Code 1805
2 ML, 2 Support

All staff were present at the facility with the exception of Abdulhaq, MLHW. He had been absent for three months and so his salary was returned to Peshawar. An average of 15 patients per day were treated during the quarter: 40% children, 33% adult female, and 27% adult male. The medics were writing prescriptions for patients to purchase in the bazaar during the Summer, since the clinic supplies and payrolls were stolen in transit through Baghlan during the Spring.

Interviews with the community indicated that they were satisfied with the medical care that they had been receiving from the staff, although they complained about the lack of medicines. A few cases of cholera were reported during the Summer, for which the medics had referred patients to Shaberghan Hospital for treatment (65 km. distant). 70% of patients paid fees for service during the reporting period despite the lack of medicines.

Samangan Province

Hazrat Sultan Clinic #4261

Type C2, MCD Code 1505
3 ML, 1 LT, 2 Support

All staff were present with the exception of Abdul Khaliq (MLHW) and Bismillah (FM), who were both attending the IMC refresher training programs in Jalalabad. An average of 16 patients per day were treated during the reporting period: 44% children, 25% adult female, and 31% adult male. The medics had been writing prescriptions for patients to purchase in the bazaar since the clinic supplies and payrolls were stolen in transit through Baghlan during the Spring, although the local commander had made some medicines available.

Interviews with the community indicated that they were satisfied with the medical care that they had been receiving from the staff, although they complained about the lack of medicines. Fees for service were being collected from 40% of patients.

Sarbagh Clinic #4262

Type C2, MCD Code 1501
2 ML, 1 Dent, 1 LT, 2 Support

All staff were present at their duties, with the exception of FM M. Azim who was absent and whose salary was withheld. An average of 27 patients per day were treated during the quarter: 56% children, 18% adult female, and 26% adult male. However, the medics had been writing prescriptions for patients to purchase in the bazaar since the clinic supplies and payrolls were stolen in transit through Baghlan during the Spring.

Interviews with the community indicated that they were satisfied with the medical care that they had been receiving from the staff, although they complained about the lack of medicines. Sixteen cases of cholera were reported during the summer, and they were successfully treated by the medics. 20% of patients paid fees for service during the reporting period despite the lack of medicines.

Parwan Province

Ghorband Clinic #4254

Type C2, MCD Code 0309
4 ML, 1 LT, 2 Support

All staff were present with the exception of Abdul Wahab, who was attending the IMC FM refresher training in Jalalabad. An average of 45 patients per day were treated during the reporting period: 22% children, 44% adult female, and 34% adult male.

Interviews with the community indicated that they are satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. 35% of patients are now paying fees for service. The monitor's inventory indicated only a few packets of ORS before the re-supply kit was unpacked.

Wardak Province**Shneez Hospital #4280**

Type H3, MCD Code 0408
1 MD, 2 ML, 1 Dent, 1 LT, 1 X-ray, 6 Nrs, 10 Support

All staff were present at their duties, with the exception of the lab. tech. who was attending the IMC FM refresher training course in Jalalabad. The average number of patients kept under observation for 24 hours in the hospital was 4 per day. The average number of patients examined and treated in the OPD during the reporting period was 65 per day: 38% children, 31% adult female, and 31% adult male.

The most common diseases, in rank order, were ARI, diarrhea, gastritis, and parasites. Patients are referred from the facility to either Kabul or Ghazni.

Fees for service are paid by 90% of patients, and interviews with both patients and the community indicated that they are satisfied with the facility's service delivery and that they are utilizing the facility when sick.

Kapisa Province**Kapisa Center Clinic #4151**

Type C2, MCD Code 0201
3 ML, 2 Support

All staff were present at their duties. An average of 15 patients per day were treated during the quarter: 47% children, 33% adult female, and 20% adult male.

Interviews with the community indicated that they were satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Fees for service were collected from only 10% of patients during the reporting period. This, however, is an improvement on the zero participation recorded in the Spring and has subsequently increased as a result of a visit to the community leaders by the IMC In-Country Manager. The monitor's inventory indicated the presence of no medicines before the new clinic supply kit was unpacked.

Baghlan Province**Dosni Clinic #4032**

Type C2, MCD Code 1304
3 ML, 1 LT, 2 Support

All staff were present with the exception of Yar Mohd. who was attending the IMC MLHW refresher training course in Jalalabad. The lab. tech., Mushtaq, had recently returned from Jalalabad where he had attended the IMC FM refresher training course. An average of 30 patients per day attend the clinic: 27% children, 33% adult female, and 40% adult male.

Interviews with the community indicated that they are satisfied with the medical care that they are receiving from the staff, and that they are regularly utilizing the facility in case of illness. Fees for service were paid by 60% of patients attending the clinic during the reporting period. The monitor reported that no medicines were left in stock upon his arrival.

Transfer of IMC USAID-Supported Health Facilities to Regional Health Authorities

As per IMC's approved phase-out plan of USAID-supported activities, IMC has been mandated to transfer the management and support of the maximum number of IMC USAID-supported health facilities to the Regional Health Authorities (RHAs) that have been established and supported by MSH as sustainable institutions.

In pursuit of this objective, the IMC Deputy Director has continued to meet with representatives of the RHAs in Peshawar during the quarter. IMC has arranged for the transfer of 14 out of the 17 remaining IMC USAID-supported health facilities, as follows:

<u>PROVINCE</u>	<u>FACILITY</u>	<u>#</u>	<u>TYPE</u>	<u>\$\$\$</u>	<u>TRANSFERRED TO:</u>
Badghis	Kushk-e-Kohna	4021	C2	30%	SSWA
Badghis	Qadis	4022	C2	90%	SSWA
Baghlan	Doshi	4032	C2	60%	SCNA
Farah	Purchaman	4061	C2	65%	SSWA
Faryab	Qaram Qul	4072	C2	70%	SCNA
Ghor	Kamenj	4091	C2	?	SSWA
Ghor	Pasaband	4092	C2	5%	SSWA
Ghor	Taiwara	4093	C2	10%	SSWA
Ghor	Tulak	4094	C2	10%	SSWA
Helmand	Nawa	4101	C2	95%	---
Helmand	Nad-e-Ali	4103	C2	30%	---
Jowzjan	Sang Charak	4121	C2	30%	SCNA
Kapisa	Kapisa Center	4151	C2	10%	SCWA
Parwan	Ghorband	4254	C2	35%	HCCA
Samangan	Hazrat Sultan	4261	C2	40%	SCNA
Samangan	Sarbagh	4262	C2	20%	SCNA
Wardak	Shneez	4280	H3	90%	---

The column labeled \$\$\$ above, indicates the percentage of patient visits at which fees for service are collected.)

There is no RHA that extends its sphere of activity to Helmand Province. Thus, the IMC In-Country Manager has had a series of meetings with the senior clinic staff and community leaders in the villages where the two facilities are situated re: self-sufficiency and privatization. The MLHW in Nawa and the community that the clinic serves have been very receptive to the idea, as indicated by the number of patients that are now paying fees for service. IMC is confident that the delivery of health care services from this clinic will continue after support is withdrawn in 1994.

The clinic in Nad-e-Ali, however, is staffed by too many individuals for the community to support. Furthermore, the senior medical staff member is an MD whose personal expectations are too high. IMC has suggested to the community that they replace him with a MLHW and reduce the clinic support staff. IMC will make over the title of the clinic

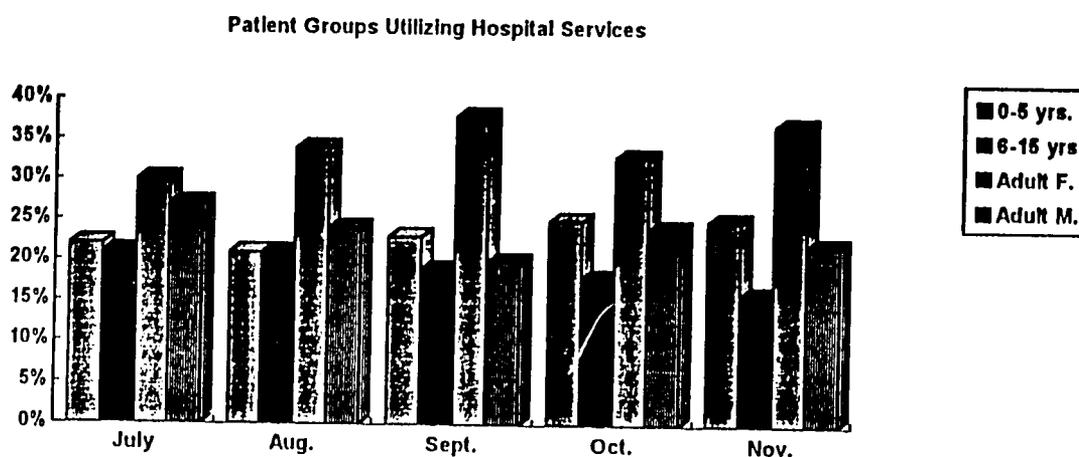
equipment to the local shura in January, 1994 when IMC delivers the final notice of discontinued support so that they may be empowered to take this option.

The Swedish Committee for Afghanistan (SCA) has indicated to IMC that it would be interested in supporting the Shneez H3 facility in Wardak Province. However, the clinic staff and the local community feel that this means that the facility will eventually fall under the factional control of Hezb-e-Islami. Thus, they have both requested that the facility be privatized and placed under the control of the local Shura who will continue to expand the community's support and also seek donation of medicines from Arab organizations. This commitment is reflected in the high number of patients from whom fees for service are now being collected, as well as from the community's determination earlier this year to contribute to the facility the revenue from the crops grown on 16 acres of common land. The IMC In-Country Manager will make one last visit to Shneez in January to facilitate the final transfer.

IMC Hickey Hospital, Qarabagh

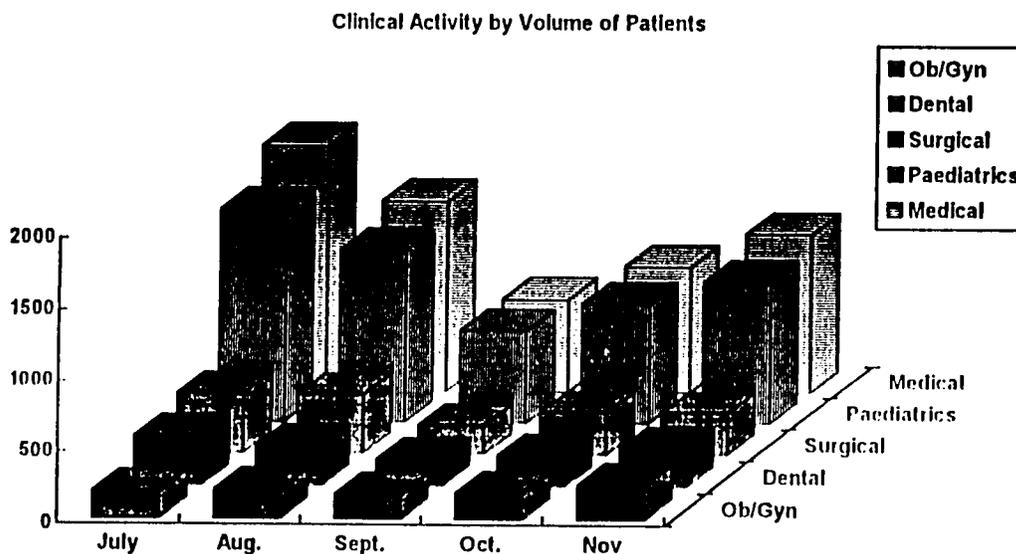
The privately-funded 30-bed IMC Hickey Hospital that serves the district of Qarabagh in Kabul Province, as well as the four contiguous districts of Istalif, Kalakan, Mir Bachakot, and Shakar Dara [MCD Codes 0109 through 0113], has delivered curative and preventive services throughout the quarter. These include a full range of medical and surgical services, as well as an MCH and a clinic-based EPI program.

The collection of fees for service that was introduced earlier this year in August is proceeding well, with a Afs. 300 fee collected from 94% of the patients attending the hospital during this quarter. A comprehensive three-month summary of the hospital's service delivery statistics (September through to November, 1993) is included in the appendices of this report. As a result of the renewed heavy fighting in Kabul, statistics for December cannot be included since all communication with Qarabagh has been cut. Although the number of patients utilizing the facility has decreased since fees for service were introduced, the proportions of patient groups ie. women, children etc. have not changed, as is illustrated in the chart below.



Although the number of patients treated in September (2,088) relative to the number of patients treated in July (5,121) declined by 59%, the number of patients treated began to recover in October (2,681) and November (3,186), the latter representing only a 20% decline on the July utilization rate. This recovery may be related to disease patterns, but it is also definitely linked to the growing understanding in the community of the need for the local support of health services. In pursuit of this, both the Hospital Director and the IMC In-Country manager have continued to meet with community elders, religious leaders, and local commanders throughout the quarter.

The major volume of activity is in the clinics of the Out-Patients Department, the principle activities of which are medical, pediatric, ob/gyn, surgical and dental. It is of interest to note that whilst patient utilization of services fell off dramatically in September and October after fees for service were introduced in mid-August, the demand for pediatric services has begun to recover, and the demand for ob/gyn services has actually increased significantly - by 33% since July. This results directly from the increasing community support for the Maternal and Child Health programs that were launched in August and which Dr. Daim, the Hospital Director, is marketing to community leaders, and also from the presence of female health providers in the hospital (1 Ob/Gyn specialist and 2 nurses).



Whilst the hot summer weather exacerbated the incidence of diarrheal disease amongst patients during the previous quarter, it is to be noted that the incidence of respiratory infections began to increase significantly in November with the onset of Winter. Verbal reports indicate that this trend continued through December.

In-service training continued at the hospital throughout the quarter. Topics presented at seminars arranged by the physicians for their peers included abdominal leveling and aseities; indigestion, nausea, and vomiting; anorexia; tuberculosis and hematemeses; melena and hematochezia. Additionally, one of the nurses attended a short refresher course in Kabul on Maternal Child Health at the MOPH's Department of Maternal and Child Health. She was refreshed on a variety of topics that included the clinic registration of children 0-5 years; nutrition; immunization; the management of pregnancy, and the diseases associated

18

with pregnancy. She will return to Kabul in January to attend a follow on course that is to be delivered by MSH through the Institute of Public Health.

(Currently, the Government of the Islamic Republic of Afghanistan is reviewing its restriction on the distribution of birth control aids, for which there is a heavy and unmet demand amongst the women of Qarabagh in order that they may space their pregnancies. The Government is scheduled to review this restriction with WHO at the beginning of the next quarter and there is some optimism amongst health professionals that the ban will be lifted. Similar restrictions were removed in neighboring Iran in December.)

The International Assistance Mission's mobile ophthalmic medical team which is based in Kabul continued to visit the hospital each month during the quarter and treated an average of 60 patients during each visit. The Swedish Committee for Afghanistan (SCA) donated a quantity of high energy biscuits for distribution to the malnourished children that attend the MCH clinic, and MSF (France) donated oxygen (of which there has been an acute shortage) to the Operating Theater in November. As a result of a meeting with the MOPH in November to make contingency plans for the treatment of trauma patients from Kabul should fighting again break out and hospital services in the city collapse as a result of a lack of water or electrical supply, the IMC Hickey Hospital was nominated as the emergency treatment center to which patients from the North of the city would be evacuated for treatment. WHO agreed to supply the hospital with emergency surgical kits to be stored in emergency preparedness. However, the renewed heavy fighting broke out before the kits were delivered.

Since IMC's USAID-supported training activities have closed out in Jalalabad, it is IMC's intention to transfer and focus IMC training activities at the IMC Hickey Hospital in Qarabagh in 1994. A tentative date for the resumption of MLHW refresher training has been set for March 25. This initiative has been coordinated with the SCA, from whom a substantial number of MLHWs have availed themselves of IMC training opportunities in the past, and SCA has now agreed to pay a per capita fee to IMC for further refresher training opportunities.

Transfer of Project Assets to IMC/Qarabagh, and Donations of Commodities

IMC submitted a request to USAID for the disposition to IMC of IMC non-expendable project assets which had been purchased with USAID funds and which had an original purchase value of more than \$1,000. The justification for this request was the IMC Board of Directors' continued commitment to the needs of the Afghan people, and its decision this last summer to continue IMC training activities and service delivery at the Hickey Hospital, utilizing private funds. The request was approved in mid-December and title to the following items was transferred to IMC for use at the both the hospital and at the Peshawar support office:

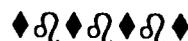
2 Photocopiers	1 Ambulance	1 Hino Truck
1 75 KVA Generator	1 Mini-Bus	1 Telephone Switchboard
1 8 KVA Backup Generator	3 Land cruisers	1 Dental Chair
1 VCR Camera	2 Pickup Trucks	2 Computers

At the close-out of the IMC USAID-supported training program in Jalalabad, title to the clinical equipment that was utilized in the IMC/IPH Polyclinic Training Center was transferred to IPH as per the agreement that was made between IMC and IPH earlier this year. However, a quantity of duplicate IMC teaching aids and instructional materials for which IPH had no need were transferred by IMC to the Hickey Hospital for utilization in future IMC training initiatives.

At the end of the quarter, IMC received a donation of Department of Defense (DOD) excess commodities from USAID that consisted of cold-weather clothing for distribution from the IMC Hickey Hospital to the poor and needy in the District of Qarabagh. It included 300 wool blankets, 500 pairs of leather boots, 500 cold-weather parka jackets, 500 sleeping bags, and 500 pairs of trousers. However, it has not been possible to move these commodities in country as a result of both the insecurity on the Jalalabad to Kabul highway on which a number of trucks were looted in December, and of new restrictions on the transit of commodities to Afghanistan through Torkham that were introduced by the Government of Pakistan in December.

IMC has made two further requests for surplus commodities to be utilized at the Qarabagh Hospital and which are still pending. One is to USAID for DOD excess medical equipment and supplies, and the other is to MSH, the USAID contractor, for the disposition of surplus medicines to IMC/Qarabagh from the MSH supply warehouse that is being closed out along with all other USAID-supported programs in Afghanistan.

All assets and commodities that have been designated for IMC/Qarabagh are securely stored in either Jalalabad, Afghanistan, or in Peshawar, Pakistan. Nothing will be moved through Kabul to Qarabagh until the security conditions improve and their safe passage can be guaranteed.



Administration

Program Issues

The schedule for the phase-out of IMC's USAID-supported activities was amended in mid-November to accommodate the IMC headquarters' request to USAID's O/AFO for the transfer of the incumbent Project Director to the IMC Regional Office for East Africa. Since the close-out of in-country operations had proceeded so smoothly during the past year, USAID agreed to bring forward the IMC project completion date from April 31 to February 28, 1994, and to IMC to delegate full country director authorities to Dr. Anwarulhaq, the IMC Deputy Director who covered so ably as Acting Director during Stephen Tomlin's absence in the October of this reporting period. Thus, at the end of this quarter, Dr. Anwarulhaq Jabarkhail assumed the role of Project Director to the IMC program in Afghanistan, effective January 1, 1994.

The new project completion date has been confirmed in Amendment #6 to USAID's Cooperative Agreement with IMC.

As mentioned above, IMC submitted a request to USAID in November for the disposition to IMC of IMC non-expendable project assets which had been purchased with USAID funds and which had an original purchase value of more than \$1,000, along with a list of all such assets. The justification for this request was the IMC Board of Directors' continued commitment to the needs of the Afghan people, and its decision this last summer to continue IMC training activities and service delivery at the Hickey Hospital, utilizing private funds. The request was approved in mid-December and title to the following items was transferred to IMC for use at the both the hospital and at the Peshawar support office:

2 Photocopiers	1 Ambulance	1 Hino Truck
1 75 KVA Generator	1 Mini-Bus	1 Telephone Switchboard
1 8 KVA Backup Generator	3 Land cruisers	1 Dental Chair
1 VCR Camera	2 Pickup Trucks	2 Computers

The disposition of these assets to IMC will be reflected in Amendment #7 to USAID's Cooperative Agreement with IMC, which is awaiting preparation by the USAID Contracts Officer but which will be signed in January, 1994.

Personnel

A request to USAID from IMC to employ SMS security guards for the final phase of the close-out was approved by USAID's O/AFO in December. Contingency funds that were included in the budget for the non-funded extension of the Cooperative Agreement, which was approved by USAID earlier this year, will be utilized for this purpose.

The employment of the Afghan guards at both Nasir Bagh and at University Town was terminated at the end of December, along with that of the Jalalabad training and support staff, and with that of other non-essential staff in Nasir Bagh.

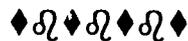
Coordination

There have been regular contacts with USAID's O/AFO staff throughout the quarter, and the Project Officer has been kept informed of all project developments through weekly activity reports, and more recently through bi-weekly situation reports on phase-out activities. All USAID requests for information have been promptly dealt with.

A USAID consultant, Susan Scribner, from the University of Maryland met with senior IMC staff in November to discuss IMC's increasingly positive experiences with cost recovery at both IMC and USAID-supported health facilities through the payment of fees-for-service.

IMC senior staff have attended NGO coordination meetings during the quarter in Kabul, Jalalabad, and Peshawar. The IMC Deputy Director has attended coordination meetings with the Ministry of Public Health, and on three occasions this quarter has met with the Minister of Public Health.

IMC participated in an "information day" exhibition in November, along with forty other Pakistan-based NGOs that are involved in training activities in Afghanistan. The IMC exhibit focused on the variety of training curriculums and materials that have been developed by IMC during its nine years of activity in Afghanistan.



PURPOSE LEVEL MONITORING SYSTEM
USAID PROJECT:
COMPONENT:
USAID PROJECT OFFICER:

December 31, 1993
PVO SUPPORT PROJECT (306-0211) HEALTH
International Medical Corps [IMC]
Douglas Palmer

• **STATUS AS OF 12/31/93**

A. SIGNIFICANT ACCOMPLISHMENTS (DURING LAST NINE MONTHS):

i. Continued IMC Program administration as per the approved month-by-month phase-out plan:

- 05/93: IMC Program Phase-out Plan approved by USAID with modification to Co-operative Agrmt. # 306-0211-A-00-1206-05 that:
 - a. Extended completion date up to April 30, 1994 without any additional funds;
 - b. Approved realigned/revised budget line items;
 - c. Approved IMC's month-by-month Phase-Out Plan; Employee Termination Schedule, and Health Facilities Transfer List.
- 07/93 Quarterly report of IMC project activities submitted with financial statements to USAID.
- 10/93 Amendment to coop. agr. establishing indirect cost rate at 18.19% approved by USAID.
- 10/93 Quarterly report of IMC project activities submitted with financial statements to USAID.
- 11/93 Inventory of non-expendable project assets with value of \$1,000+ submitted to USAID, with plan for appropriate disposition.
- 11/93 Earlier project completion date of 2/28/94 approved by USAID.
- 12/93 Asset disposition plan approved by USAID.
- 12/93 Request for disposition of surplus medicines to IMC submitted to MSH, for use in the IMC Qarabagh Hospital.
- 12/93 Request for disposition of surplus DOD medical equipment and supplies to IMC submitted to USAID, for use in the IMC Qarabagh Hospital.
- 01/94 Quarterly report of IMC project activities submitted with financial statements to USAID.

ii. Continued implementation of IMC In-Country Program Phase-Out:

- 07/93 Completed Spring re-supply and monitoring of 13/17 remaining IMC USAID-supported health facilities (supplies and payrolls of 4 clinics stolen in Pul-i-Khumri district 05/93).
- 06/93 Completed construction activities of Sang Charak Clinic, Jawzjan province (private funds).
- 04-07/93 Monitors raised and explored issues of privatization with recipient clinics and communities for the sustainable delivery of local health care services.
- 07/93 Initiated transfer process of health facilities to appropriate RHAs.
- 09/93 Confirmed status of RHAs and their ability to takeover management of 13 IMC health facilities and sought sponsors to take-over 4 IMC health facilities in areas where there are no RHAs.
- 09/93 Initiated final re-supply to 17 remaining IMC USAID-supported health facilities.

- 10/93 Designated for privatization 3 health facilities that it is not possible to transfer, and Monitors initiated activities to facilitate clinic privatization process w/senior clinic staff, community groups etc..
 - 10/93 Completed final re-supply and salary payments to 17 remaining IMC USAID-supported health facilities (Komenj Clinic temporarily closed due to fighting).
 - 11/93 Completed transfer of all 14 eligible health facilities to RHAs.
 - 12/93 Completed all financial/salary/commodity support to IMC in-country health facilities.
- iii. Continued the implementation of income-generating activities of health facilities inside Afghanistan, to promote sustainability.
- 10/93 IMC In-Country Manager completed tour of all IMC in-country facilities at which he met with senior clinic staff, commanders, community groups etc. to encourage payment of fees for service.
 - 11/93 Monitors reported that fees for service are being collected by all 16 health facilities monitored. 45% of all patients are paying fees, although in some clinics 10% of patients are paying and in others 90%.
- iv. Continued collaborative training program with Institute for Public Health (IPH) in Jalalabad, Afghanistan:
- 07/93 Completed joint IPH/IMC CMCEP Course #IV - 19 MLHWs refreshed.
 - 08/93 Commenced joint IPH/IMC CMCEP Course #V with 22 students.
 - 08/93 Transferred coordination of CMCEP training to IPH appointee.
 - 09/93 Completed joint IPH/IMC Field Microscopist Refresher Training Course #I - 7 Field Microscopists refreshed.
 - 09/93 Commenced joint IPH/IMC Field Microscopist Refresher Training Course #II with 8 students.
 - 11/93 Completed joint IPH/IMC Field Microscopist Refresher Training Course #II - 8 Field Microscopists refreshed.
 - 12/93 Completed joint IPH/IMC CMCEP Course #V - 22 MLHWs refreshed.
 - 12/93 47,225 patients were treated and 8,512 lab. examinations were performed at the IPH/IMC Training Center Polyclinic during the 9 months of IMC USAID-supported training activity in Afghanistan.
 - 12/93 Closed-out training center in Jalalabad with appropriate disposition of assets to IPH.
 - 12/93 Completed transfer of IMC training capacity to IPH and all of IMC's USAID-supported training activities as per phase-out plan.
- v. Provided emergency assistance to Afghan institutions with cholera patients during summer epidemic:
- 08/93 Delivered and set-up 4 DOD-surplus tents for isolation ward at IMC privately-funded Hickey hospital in Qarabagh district, Kabul province.
 - 08/93 Procured, delivered, and monitored usage of IV fluids and medications to Shafakhana Intanee, Kabul, the city's referral hospital for infectious diseases.
- vi. Reduced staffing levels as per phase-out plan of USAID-supported activities:
- 03/93 Expatriate In-Country Program Director position phased-out (one expatriate remains).
 - 03/93 1 Health Facility Monitor position phased-out (8 monitors remain).
 - 06/93 3 Health Facility Monitor positions phased-out (5 monitors remain).

- 06/93 Clinic Maintenance Engineer position phased-out.
- 08/93 2 Health Facility Monitor positions phased-out (3 monitors remain).
- 11/93 1 Health Facility Monitor positions phased-out (2 monitors remain).
- 12/93 Jalalabad Trainer positions and training center support staff positions phased-out.
- 12/93 Non-essential staff positions phased-out in Nasir Bagh and University Town.

vii. Continued to satisfy program's financial controls and reporting requirements:

- Provided monthly expenditure reports to IMC Headquarters/Los Angeles.
- Provided monthly financial statements/reports to the USAID Controller's Office.
- Provided quarterly financial summaries to USAID.
- 06/93 Produced financial statements, FY93.
- 09/93 Completed annual audit of project expenditures, FY93.

B. IMPORTANT ACTIONS (DURING NEXT TWO MONTHS)

i. Continue phase-out of IMC's USAID-supported program as per the approved month-by-month phase-out plan:

1. IMC health facilities in Afghanistan:

- a. 1/94 Complete any outstanding privatization process and deliver notices to the three facilities designated for privatization of IMC's discontinued support.

2. IMC Program administration:

- a. 1/94 Close-out University Town house lease.
- b. 1/94 Complete disposition of non-expendable assets.
- c. 1/94 Terminate employment of all remaining non-essential employees.
- d. 2/94 Finalize report on IMC Program during life of PVO Support Project for submission to USAID.
- e. 2/94 Conduct close-out audits/Pakistan
- f. 2/94 Prepare and ship essential project records to Los Angeles.
- g. 2/94 Close-out Nasir Bagh office lease.
- h. 2/94 Terminate all remaining project staff and close-out all remaining activities by February 28, 1994.

C. PURPOSE LEVEL INDICATORS

	BASE YEAR 1986-1992	FY 94	CUM. TO DATE	ACD 2/94 TGT.
1. IMC Health Facilities/Afghanistan				
a. # Established	59	0	59	59
b. # Transferred or phased-out	2	54	56	56
c. # Privatized		3	3	3
2. IMC EPI				
a. # Women/Children fully immunized	217,105	0	217,10	217,10
b. # EPI teams transferred or phased out		19	5 19	5 19
3. IMC Training Programs (# students trained)				
a. IMC Basic Medic Course	270	0	270	270
b. CMCEP Mid level Refresher Course	65	57	122	126
c. IMC 9 week MLHW Refresher Course	57	0	57	56
d. Physician Refresher Training Course	18	0	18	18
e. Basic Lab. Tech. Training Course	46	0	46	46
f. Field Microscopist Refresher Training Course	-	7	15	16
g. EPI Vaccinator Training Course	13	0	13	13
4. Revenue Generation				
a. # IMC health facilities where implemented	39	12	51	48



INTERNATIONAL MEDICAL CORPS

Hickey Hospital

Quarterly Statistical Report

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SUMMARY OF STATISTICS,

(1)

QARABAGII HOSPITAL,

SEPTEMBER, 1993.

<u>OPD</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>	<u>ADMISSION</u>
<u>MEDICAL</u>	<u>650</u>	<u>31 %</u>	<u>13</u>
<u>PEADIATRIC</u>	<u>657</u>	<u>31 %</u>	<u>23</u>
<u>OBGYN</u>	<u>171</u>	<u>8 %</u>	<u>8</u>
<u>SURGERY</u>	<u>208</u>	<u>10 %</u>	<u>16</u>
<u>EYE</u>	<u>48</u>	<u>2 %</u>	<u>2</u>
<u>ENT</u>	<u>68</u>	<u>3 %</u>	<u>3</u>
<u>SKIN</u>	<u>96</u>	<u>5 %</u>	<u>5</u>
<u>DENTAL</u>	<u>190</u>	<u>9 %</u>	<u>9</u>
<u>TRIAGE</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>TOTAL</u>	<u>2088</u>		<u>79</u>

<u>TOTAL # IN-PATIENTS</u>	<u>AGE INCIDENCE:</u>		
<u>60</u>	<u>0-5</u>	<u>470</u>	<u>23 %</u>
<u>TOTAL # OF PATIENTS</u>	<u>5-15</u>	<u>404</u>	<u>19 %</u>
<u>DISCHARGED</u>	<u>ADULT FEMALE</u>	<u>788</u>	<u>38 %</u>
<u>46</u>	<u>ADULT MALE</u>	<u>426</u>	<u>20 %</u>
<u>TOTAL # OF DEATHS</u>			
<u>0</u>			

<u>OT PROCEDURES</u>	<u>16</u>
<u>LABORATORY TESTS</u>	<u>1069</u>
<u>X-RAYS</u>	<u>2088</u>

<u>TOTAL NUMBER OF CHILDREN RECEIVED VACCINE =</u>	<u>527</u>
<u>TOTAL NUMBER OF WOMEN RECEIVED VACCINE =</u>	<u>120</u>
<u>TOTAL NUMBER OF PATIENTS TREATED =</u>	<u>---</u>

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SUMMARY OF STATISTICS,

(2)

WARABACH HOSPITAL

OCTOBER, 1923.

OPD	NUMBER	PERCENTAGE	ADMISSION
MEDICAL	881	33 %	18
PEDIATRIC	846	32 %	12
OBGYN	182	7 %	5
SURGERY	302	11 %	11
EYE	36	1 %	
ENT	100	4 %	
SKIN	112	4 %	
DENTAL	222	8 %	
TRIAGE	0	0	
TOTAL	2681	100 %	

TOTAL # OF PATIENTS	AGE INCIDENCE (EXCLUDING TRIAGE):		
54			
TOTAL # OF PATIENTS DISCHARGED	0-5	674	25 %
46	5-15	474	18 %
TOTAL # OF DEATHS	ADULT FEMALE	885	33 %
2	ADULT MALE	648	24 %

OF PROCEDURES	
LABORATORY TESTS	1531
X RAYS	0

TOTAL NUMBER OF CHILDREN RECEIVED VACCINE	552
TOTAL NUMBER OF WOMEN RECEIVED VACCINE	182
TOTAL NUMBER OF PATIENTS TREATED	2681

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SUMMARY OF STATISTICS,

(3)

OAKLAND HOSPITAL

NOVEMBER, 1925.

DEPT.	NUMBER	PERCENTAGE	ADMISSION
MEDICAL	1113	35 %	18
PEDIATRIC	1004	32 %	30
GYN	242	8 %	1
SURGERY	304	10 %	13
EYE	40	1 %	
ENT	97	3 %	
SKIN	111	3 %	
DENTAL	275	9 %	
TRICAGE			
TOTAL	3186	100 %	62

TOTAL # OF PATIENTS	AGE INCIDENCE (EXCLUDING TRICAGE):	
62	0-5	794 25 %
TOTAL # OF PATIENTS DISCHARGED	5-15	523 16 %
50	ADULT FEMALE	1166 37 %
TOTAL # OF DEATHS	ADULT MALE	703 22 %
2		

OF PROCEDURES	11
LABORATORY TESTS	1738
X RAYS	135

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SEPTEMBER, 1993.

MEDICAL OPD.

DISEASES :

1. <u>RESPIRATORY SYSTEM</u>	<u>158</u>	=	<u>24</u> %
2. <u>GASTRO INTESTINAL SYSTEM</u>	<u>165</u>	=	<u>25</u> %
<u>A. DIARRHEA</u>	<u>31</u>	=	<u>5</u> %
<u>B. OTHERS</u>	<u>134</u>	=	<u>21</u> %
3. <u>JOINT & MUSCLE DISEASES</u>	<u>83</u>	=	<u>13</u> %
4. <u>UROGENITAL SYSTEM</u>	<u>63</u>	=	<u>10</u> %
5. <u>CARDIO VASCULAR SYSTEM</u>	<u>29</u>	=	<u>4</u> %
6. <u>BLOOD DISORDERS</u>	<u>5</u>	=	<u>1</u> %
7. <u>NEUROLOGY</u>	<u>21</u>	=	<u>3</u> %
8. <u>ENDOCRINE</u>	<u>0</u>	=	<u>0</u> %
9. <u>PSYCHIATRY</u>	<u>3</u>	=	<u>0</u> %
10. <u>TYPHOID</u>	<u>29</u>	=	<u>4</u> %
11. <u>MALARIA</u>	<u>48</u>	=	<u>7</u> %
12. <u>T.B</u>	<u>8</u>	=	<u>1</u> %
13. <u>MISC.</u>	<u>38</u>	=	<u>6</u> %
<u>TOTAL NUMBER OF PATIENTS EXAMINED & TREATED</u>	<u>650</u>		

AGE INCIDENCE :

<u>ADULT MALE</u>	<u>205</u>	<u>32</u> %
<u>ADULT FEMALE</u>	<u>445</u>	<u>68</u> %

BEST AVAILABLE COPY

OCTOBER, 1993.

MEDICAL OPD.

<i>DISEASES:</i>			
1.	<i>RESPIRATORY SYSTEM</i>	264	= 30 %
2.	<i>GASTRO INTESTINAL SYSTEM</i>	137	= 16 %
	<i>A. DIARRHEA</i>	27	= 3 %
	<i>B. OTHERS</i>	110	= 12 %
3.	<i>JOINT & MUSCLE DISEASES</i>	103	= 12 %
4.	<i>UROGENITAL SYSTEM</i>	98	= 11 %
5.	<i>CARDIO VASCULAR SYSTEM</i>	52	= 6 %
6.	<i>BLOOD DISORDERS</i>	6	= 1 %
7.	<i>NEUROLOGY</i>	28	= 3 %
8.	<i>ENDOCRINE</i>	5	= 1 %
9.	<i>PSYCHIATRY</i>	1	= 0 %
10.	<i>TYPHOID</i>	24	= 3 %
11.	<i>MALARIA</i>	40	= 5 %
12.	<i>T. B</i>	4	= 0 %
13.	<i>MISC.</i>	119	= 23 %
<i>TOTAL NUMBER OF PATIENTS EXAMINED & TREATED</i>		<u>881</u>	

<i>AGE INCIDENCE:</i>			
<i>ADULT MALE</i>	367	42	%
<i>ADULT FEMALE</i>	514	58	%

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QARABAGH HOSPITAL.

MEDICAL OPD.

NOVENBER, 1993.

DISEASES:	NUMBER	PERCENTAGE
1. RESPIRATORY SYSTEM	478	= 43 %
2. GASTRO INTESTINAL SYSTEM		= %
A. DIARRHEA	37	= 3 %
B. OTHERS	174	= 16 %
3. JOINT & MUSCLE DISEASES	118	= 11 %
4. UROGENITAL SYSTEM	104	= 9 %
5. CARDIO VASCULAR SYSTEM	61	= 5 %
6. BLOOD DISORDERS	11	= 1 %
7. NEUROLOGY	4	= 0 %
8. ENDOCRINE	3	= 0 %
9. PSYCHIATRY	12	= 1 %
10. TYPHOID	18	= 2 %
11. MALARIA	21	= 2 %
12. T. B	8	= 1 %
13. MISC.	64	= 6 %
TOTAL NUMBER OF PATIENTS EXAMINED & TREATED	<u>1113</u>	

AGE INCIDENCE:		
ADULT MALE	415	37 %
ADULT FEMALE	698	63 %

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SEPTEMBER, 1993.

MEDICAL WARD

<u>DISEASES:</u>		
1.	<u>ACUTE GASTROENTERITIS</u>	<u>4</u> <u>31 %</u>
2.	<u>TYPHOID</u>	<u>3</u> <u>23 %</u>
3.	<u>CHOLERA</u>	<u>3</u> <u>23 %</u>
4.	<u>MENINGITIS</u>	<u>1</u> <u>8 %</u>
5.	<u>ANAEMIA</u>	<u>1</u> <u>8 %</u>
6.	<u>RHEUMATOID ARTHRITIS</u>	<u>1</u> <u>8 %</u>
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
<u>TOTAL ADMISSIONS</u>		<u>13</u>

<u>AGE INCIDENCE:</u>		
<u>ADULT MALE</u>	<u>5</u>	<u>38 %</u>
<u>ADULT FEMALE</u>	<u>8</u>	<u>62 %</u>

OCTOBER, 1993.

MEDICAL WARD

DISEASES:

1.	<u>ACUTE GASTROENTERITIS</u>	<u>6</u>	<u>33 %</u>
2.	<u>TYPHOID</u>	<u>4</u>	<u>22 %</u>
3.	<u>BRONCHOPNEUMONIA</u>	<u>2</u>	<u>11 %</u>
4.	<u>MENINGITIS</u>	<u>1</u>	<u>6 %</u>
5.	<u>CUSHING'S DISEASE</u>	<u>1</u>	<u>6 %</u>
6.	<u>PLEURAL EFFUSION</u>	<u>2</u>	<u>11 %</u>
7.	<u>CHF</u>	<u>1</u>	<u>6 %</u>
8.	<u>HEMIPLEGIA</u>	<u>1</u>	<u>6 %</u>
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
TOTAL ADMISSIONS		<u>18</u>	

AGE INCIDENCE:

ADULT MALE	<u>10</u>	<u>56 %</u>
ADULT FEMALE	<u>8</u>	<u>44 %</u>

BEST AVAILABLE COPY

MEDICAL WARD

NOVEMBER, 1993.

<u>DISEASES:</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. <u>ACUTE GASTROENTERITIS</u>	<u>6</u>	= <u>33 %</u>
2. <u>TYPHOID FEVER</u>	<u>3</u>	= <u>17 %</u>
3. <u>ACUTE FOOD POISONING</u>	<u>1</u>	= <u>6 %</u>
4. <u>HEPATITIS</u>	<u>1</u>	= <u>6 %</u>
5. <u>RHEUMATIC FEVER</u>	<u>1</u>	= <u>6 %</u>
6. <u>RADICULITIS</u>	<u>1</u>	= <u>6 %</u>
7. <u>ASCITES</u>	<u>1</u>	= <u>6 %</u>
8. <u>EPIGLOTTITIS</u>	<u>1</u>	= <u>5 %</u>
9. <u>HYPERTENSION</u>	<u>1</u>	= <u>5 %</u>
10. <u>NEPHRITIS</u>	<u>1</u>	= <u>5 %</u>
11. <u>ORGANOPHOSPHATE POISONING</u>	<u>1</u>	= <u>5 %</u>
12. _____	_____	= _____
13. _____	_____	= _____
14. _____	_____	= _____
15. _____	_____	= _____
16. _____	_____	= _____
17. _____	_____	= _____
18. _____	_____	= _____
19. _____	_____	= _____
20. _____	_____	= _____
TOTAL ADMISSIONS	<u>18</u>	

AGE INCIDENCE:

ADULT MALE	<u>8</u>	<u>44 %</u>
ADULT FEMALE	<u>10</u>	<u>56 %</u>

BEST AVAILABLE COPY

SEPTEMBER, 1993.

PAEDIATRIC OPD.

DISEASES :

<u>1. RESPIRATORY SYSTEM</u>	<u>228</u>	=	<u>35</u> %
<u>2. GASTRO INTESTINAL SYSTEM</u>	<u>225</u>	=	<u>34</u> %
<u>A. DIARRHEA</u>	<u>167</u>	=	<u>25</u> %
<u>B. OTHERS</u>	<u>58</u>	=	<u>9</u> %
<u>3. JOINT & MUSCLE DISEASES</u>	<u>1</u>	=	<u>0</u> %
<u>4. UROGENITAL SYSTEM</u>	<u>10</u>	=	<u>2</u> %
<u>5. CARDIO VASCULAR SYSTEM</u>	<u>4</u>	=	<u>1</u> %
<u>6. BLOOD DISORDERS</u>	<u>3</u>	=	<u>0</u> %
<u>7. NEUROLOGY</u>	<u>1</u>	=	<u>0</u> %
<u>8. ENDOCRINE</u>	<u>2</u>	=	<u>0</u> %
<u>9. PSYCHIATRY</u>	<u>0</u>	=	<u>0</u> %
<u>10. TYPHOID</u>	<u>43</u>	=	<u>7</u> %
<u>11. MALARIA</u>	<u>40</u>	=	<u>6</u> %
<u>12. T.B</u>	<u>5</u>	=	<u>1</u> %
<u>13. POLIO</u>	<u>0</u>	=	<u>0</u> %
<u>14. DEPTHERIA</u>	<u>0</u>	=	<u>0</u> %
<u>15. PERTUSIS (WHOOPING COUGH)</u>	<u>9</u>	=	<u>1</u> %
<u>16. MEASLES</u>	<u>14</u>	=	<u>2</u> %
<u>17. TETANUS</u>	<u>0</u>	=	<u>0</u> %
<u>18. MALNUTRITION</u>	<u>11</u>	=	<u>2</u> %
<u>19. MISC.</u>	<u>61</u>	=	<u>9</u> %
<u>TOTAL NUMBER OF PATIENTS EXAMINED & TREATED</u>	<u>657</u>		

AGE INCIDENCE :

<u>0-5</u>	<u>414</u>	<u>63</u> %
<u>5-15</u>	<u>243</u>	<u>37</u> %

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OCTOBER, 1993.

PAEDIATRIC OPD.

DISEASES:		
1. RESPIRATORY SYSTEM	270	= 32 %
2. GASTRO INTESTINAL SYSTEM	254	= 30 %
A. DIARRHEA	180	= 71 %
B. OTHERS	74	= 29 %
3. JOINT & MUSCLE DISEASES	2	= 0 %
4. UROGENITAL SYSTEM	11	= 1 %
5. CARDIO VASCULAR SYSTEM	0	= 0 %
6. BLOOD DISORDERS	3	= 0 %
7. NEUROLOGY	2	= 0 %
8. ENDOCRINE	1	= 0 %
9. PSYCHIATRY	0	= 0 %
10. TYPHOID	26	= 3 %
11. MALARIA	28	= 3 %
12. T.B	7	= 1 %
13. POLIO	0	= 0 %
14. DEPTHERIA	0	= 0 %
15. PERTUSSIS (WHOOPIING COUGH)	5	= 1 %
16. MEASLES	6	= 1 %
17. TETANUS	0	= 0 %
18. MALNUTRITION	22	= 3 %
19. MISC.	209	= 25 %
TOTAL NUMBER OF PATIENTS EXAMINED & TREATED	846	

AGE INCIDENCE:		
0-5	564	67 %
5-15	282	33 %

PAEDIATRIC OPD.

NOVEMBER, 1993.

<u>DISEASES:</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. <u>RESPIRATORY SYSTEM</u>	<u>587</u>	= <u>58</u> %
2. <u>GASTRO INTESTINAL SYSTEM</u>	<u>230</u>	= <u>23</u> %
A. <u>DIARRHEA</u>	<u>160</u>	= <u>16</u> %
B. <u>OTHERS</u>	<u>70</u>	= <u>7</u> %
3. <u>JOINT & MUSCLE DISEASES</u>	<u>3</u>	= <u>0</u> %
4. <u>UROGENITAL SYSTEM</u>	<u>19</u>	= <u>2</u> %
5. <u>CARDIO VASCULAR SYSTEM</u>	<u>4</u>	= <u>0</u> %
6. <u>BLOOD DISORDERS</u>	<u>14</u>	= <u>1</u> %
7. <u>NEUROLOGY</u>	<u>2</u>	= <u>0</u> %
8. <u>ENDOCRINE</u>	<u>1</u>	= <u>0</u> %
9. <u>PSYCHIATRY</u>	<u>0</u>	= <u>0</u> %
10. <u>TYPHOID</u>	<u>27</u>	= <u>3</u> %
11. <u>MALARIA</u>	<u>6</u>	= <u>1</u> %
12. <u>T.B</u>	<u>3</u>	= <u>0</u> %
13. <u>POLIO</u>	<u>1</u>	= <u>0</u> %
14. <u>DIPHTHERIA</u>	<u>0</u>	= <u>0</u> %
15. <u>PERTUSSIS (WHOOPIING COUGH)</u>	<u>0</u>	= <u>0</u> %
16. <u>MEASLES</u>	<u>43</u>	= <u>4</u> %
17. <u>TETANUS</u>	<u>0</u>	= <u>0</u> %
18. <u>MALNUTRITION</u>	<u>17</u>	= <u>2</u> %
19. <u>MISC.</u>	<u>47</u>	= <u>5</u> %
<u>TOTAL NUMBER OF PATIENTS EXAMINED & TREATED</u>	<u>1004</u>	

<u>AGE INCIDENCE:</u>		
<u>0-5</u>	<u>672</u>	<u>67</u> %
<u>5-15</u>	<u>332</u>	<u>33</u> %

SEPTEMBER, 1993.

PEDIATRIC WARD

<u>DISEASES</u>		
1. ACUTE GASTROENTERITIS	9	39 %
2. TYPHOID	4	17 %
3. SEPTICAEMIA	1	4 %
4. POST MEASELES DYSENTRY	1	4 %
5. POST MEASLES LARYNGITIS	1	4 %
6. CHRONIC DIARRHEA	1	4 %
7. TUBERCULOUS MENINGITIS	1	4 %
8. BRONCHOPNEUMONIA	3	13 %
9. ACUTE HEPATITIS	1	4 %
10. ANAEMIA	1	4 %
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTAL ADMISSIONS	23	

<u>AGE INCIDENCE:</u>		
0-5	17	74 %
5-15	6	26 %

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OCTOBER, 1993.

PEDIATRIC WARD

DISEASES		
1. ACUTE GASTROENTERITIS	3	16 %
2. TYPHOID	5	26 %
3. MALNUTRITION + CHRONIC DYSENTRY	2	11 %
4. POST MEASLES PNEUMONIA	3	16 %
5. MALARIA	1	5 %
6. BRONCHO PNEUMONIA	2	11 %
7. ASCARIASIS	1	5 %
8. POST MEASLES DYSENTRY	2	11 %
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTAL ADMISSIONS	19	

AGE INCIDENCE:		
0-5	12	63 %
5-15	7	37 %

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PEDIATRIC WARD

NOVEMBER, 1993.

<u>DISEASES:</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. TYPHOID FEVER	7	= 23 %
2. MEASLES	6	= 20 %
3. ASCARIDOSIS	1	= 3 %
4. SEVERE ANEMIA	1	= 3 %
5. ACUTE GASTROENTERITIS	1	= 3 %
6. BRONCHO PNEUMONIA	8	= 27 %
7. AMEBIASIS+DEHYDRATION	1	= 3 %
8. SUB ACUTE BACTERIAL ENDOCARDITIS	1	= 3 %
9. RHEUMATIC FEVER	1	= 3 %
10. NEPHRITIS	1	= 4 %
11. LYRYNGITIS	1	= 4 %
12. SEVERE MALNUTRITION	1	= 4 %
13.		=
14.		=
15.		=
16.		=
17.		=
18.		=
19.		=
20.		=
<u>TOTAL ADMISSIONS</u>	<u>30</u>	

<u>AGE INCIDENCE:</u>		
0-5	11	37 %
5-15	19	63 %

BEST AVAILABLE COPY

SEPTEMBER, 1993.

SURGERY OPD

<u>DISEASES</u>		
1.	<u>FRACTURE</u>	<u>8</u> <u>4 %</u>
2.	<u>URINE RETENTION</u>	<u>1</u> <u>0 %</u>
3.	<u>ACUTE ABDOMEN</u>	<u>3</u> <u>1 %</u>
4.	<u>BURN</u>	<u>4</u> <u>2 %</u>
5.	<u>ABSCESS</u>	<u>14</u> <u>7 %</u>
6.	<u>WOUND</u>	<u>85</u> <u>41 %</u>
7.	<u>HEAD INJURY</u>	<u>4</u> <u>2 %</u>
8.	<u>TRAUMA</u>	<u>14</u> <u>7 %</u>
9.	<u>RENAL COLIC</u>	<u>4</u> <u>2 %</u>
10.	<u>FINGER INFECTION</u>	<u>16</u> <u>8 %</u>
11.	<u>FOREIGN BODY (FB)</u>	<u>2</u> <u>1 %</u>
12.	<u>ADENITIS</u>	<u>4</u> <u>2 %</u>
13.	<u>L.B.P.</u>	<u>5</u> <u>2 %</u>
14.	<u>BREAST MASS</u>	<u>1</u> <u>0 %</u>
15.	<u>PHLEBITIS</u>	<u>1</u> <u>0 %</u>
16.	<u>OSTEOMYELITIS</u>	<u>5</u> <u>1 %</u>
17.	<u>CELLULITIS</u>	<u>5</u> <u>2 %</u>
18.	<u>CLEFT LIP</u>	<u>1</u> <u>0 %</u>
19.	<u>ANAL PROLAPS</u>	<u>1</u> <u>0 %</u>
20.	<u>MISC.</u>	<u>32</u> <u>15 %</u>
<u>TOTAL NUMBER OF DRESSING DONE</u>		<u>126</u>
<u>TOTAL NUMBER OF PATIENTS SEEN</u>		<u>208</u>

<u>AGE INCIDENCE:</u>		
<u>0-5</u>	<u>21</u>	<u>10 %</u>
<u>5-15</u>	<u>60</u>	<u>29 %</u>
<u>ADULT MALE</u>	<u>100</u>	<u>48 %</u>
<u>ADULT FEMALE</u>	<u>27</u>	<u>13 %</u>

BEST AVAILABLE COPY

OCTOBER, 1993.

SURGERY OPD

<u>DISEASES</u>		
1.	<u>FRACTURE</u>	<u>8</u> <u>3 %</u>
2.	<u>URINE RETENTION</u>	<u>1</u> <u>0 %</u>
3.	<u>ACUTE ABDOMEN</u>	<u>1</u> <u>0 %</u>
4.	<u>BURN</u>	<u>18</u> <u>6 %</u>
5.	<u>ABSCESS</u>	<u>29</u> <u>10 %</u>
6.	<u>WOUND</u>	<u>73</u> <u>24 %</u>
7.	<u>HEAD INJURY</u>	<u>3</u> <u>1 %</u>
8.	<u>TRAUMA</u>	<u>25</u> <u>8 %</u>
9.	<u>INJURIES</u>	<u>25</u> <u>8 %</u>
10.	<u>LOW BACK PAIN</u>	<u>9</u> <u>3 %</u>
11.	<u>PANCREATITIS</u>	<u>6</u> <u>2 %</u>
12.	<u>OSTEOMYALITIS</u>	<u>4</u> <u>1 %</u>
13.	<u>CELLULITIS</u>	<u>4</u> <u>1 %</u>
14.	<u>ADENITIS</u>	<u>3</u> <u>1 %</u>
15.	<u>ORCHITIS</u>	<u>2</u> <u>1 %</u>
16.	<u>HEMORRHOID</u>	<u>2</u> <u>1 %</u>
17.	<u>MINE INJURY</u>	<u>2</u> <u>1 %</u>
18.	<u>GOITRE</u>	<u>1</u> <u>0 %</u>
19.	<u>GUN SHOT INJURY</u>	<u>1</u> <u>0 %</u>
20.	<u>MISC.</u>	<u>85</u> <u>28 %</u>
<u>TOTAL NUMBER OF DRESSING DONE</u>		<u>156</u>
<u>TOTAL NUMBER OF PATIENTS SEEN</u>		<u>302</u>

<u>AGE INCIDENCE:</u>		
<u>0-5</u>	<u>40</u>	<u>13 %</u>
<u>5-15</u>	<u>71</u>	<u>24 %</u>
<u>ADULT MALE</u>	<u>147</u>	<u>49 %</u>
<u>ADULT FEMALE</u>	<u>44</u>	<u>15 %</u>

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<u>DISEASES</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. FRACTURE	13	4 %
2. URINE RETENTION	2	1 %
3. ACUTE ABDOMEN	2	1 %
4. BURN	31	10 %
5. ABSCESS	39	13 %
6. WOUND	83	27 %
7. HEAD INJURY	8	3 %
8. TRAUMA	28	9 %
9. LUMBOSCIATALGIA	13	4 %
10. OSTEOMYLITIS	8	3 %
11. CYSTITIS+CHOLIC RENAL	7	2 %
12. ARTHRITIS	4	1 %
13. GOITER	3	1 %
14. RECTAL PROLAPSE	2	1 %
15. HEMORRHOID	2	1 %
16. VARICOSE VEIN	2	1 %
17. CH. CHOLECYSTITIS	2	1 %
18. HERNIA	2	1 %
19. ORCHITIS	1	0 %
20. MISC.	52	17 %
TOTAL NUMBER OF DRESSING DONE	184	
TOTAL NUMBER OF PATIENTS SEEN	304	

<u>AGE INCIDENCE:</u>		
0-5	54	17 %
5-15	78	26 %
ADULT MALE	134	44 %
ADULT FEMALE	40	13 %

SEPTEMBER, 1993.

SURGICAL WARD

DISEASES	TYPE OF SURGERY IF DONE
1. DOG BITE	DEBRIDEMENT
2. THIGH INJURY	DEBRIDEMENT
3. LUMBER ABSCESS	DRAINAGE
4. RT KNEE BULLET INJURY	DEBRIDEMENT + POP
5. CANNON SHELL INJURY	AMPUTATION + DEBRIDEMENT
6. CANNON SHELL MULTIPLE INJURIES	DEBRIDEMENT
7. BOTH LEG INJURIES	
8. LT BUTTOCK INJURY AND FINGER FRACTURE	DEBRIDEMENT + POP
9. RT SIDE CHEST INJURY	CHEST TUBE
10. RT ELBOW & ANKLE INJURY	DEBRIDEMENT + POP
11. BOTH HANDS DOG BITE	DEBRIDEMENT + SPLINT
12. LT FOOT INJURY (CAR ACCIDENT)	" + SUTURE
13. SKIN DEFECT	SKIN GRAFT
14. ABSCESS	DRAINAGE
15. CANNON SHELL INJURIES	DEBRIDEMENT
16. CANNON SHELL LF FOOT INJURY	DEBRIDEMENT + SPLINT
17.	
18.	
19.	
20.	
TOTAL SURGICAL CASES	16

AGE INCIDENCE:		
0-5	1	6 %
5-15	7	44 %
ADULT MALE	8	50 %
ADULT FEMALE	0	0 %

<u>DISEASES</u>		<u>TYPE OF SURGERY IF DONE</u>	
1.	HEAD TRAUMA	(4)	36%
2.	TRAUMATIC AMPUTATION DUE TO MINE EXPLOSION	(2)	18%
3.	ABDOMINAL INJURY	(1)	9%
4.	ACUTE CHOLECYSTITIS	(1)	9%
5.	HEMIPLEGIA	(1)	9%
6.	MULTIPLE ABSCESS	(1)	9%
7.	RIGHT LEG ROCKET INJURY	(1)	9%
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
TOTAL SURGICAL CASES		11	

<u>AGE INCIDENCE:</u>		
0-5	2	18 %
5-15	3	27 %
ADULT MALE	5	45 %
ADULT FEMALE	1	9 %

SURGICAL WARD

NOVEMBER, 1993.

<u>DISEASES</u>	<u>(CASES) %</u>	<u>TYPE OF SURGERY IF DONE</u>
1. <u>ABDOMEN PENETRATED INJURY+RT. TRAUMATIC AMPUTATION+TIBIA, FRACTURE (MINE EXPLOSION)</u>	<u>(1) 8%</u>	<u>LAPAROTOMY+AMPUTATION+DEBRIDEMENT & TRACTION</u>
2. <u>RT. TRAUMATIC AMPUTATION + LT. TIBIA FRACTURE MINE EXPLOSION</u>	<u>(1) 8%</u>	<u>AMPUTATION+DEBRIDEMENT+SPLINT</u>
3. <u>LEG INJURY+TIBIA & FIBULA FRACTURE (MINE EXPLOSION)</u>	<u>(1) 8%</u>	<u>DEBRIDEMENT + SECONDRY SUTURE + P.O.P</u>
4. <u>RT. THIGH INJURY + LEG INJURIES (ROCKET EXPLOSION)</u>	<u>(1) 8%</u>	<u>DEBRIDEMENT + SUTURE</u>
5. <u>MULTIPLE INJURIES (ROCKET EXPLOSION)</u>	<u>(4) 31%</u>	<u>DEBRIDEMENT + SUTURE</u>
6. <u>HEAD INJURY</u>	<u>(2) 15%</u>	<u>DEBRIDEMENT</u>
7. <u>FIRST TOE GANGRENE</u>	<u>(1) 8%</u>	<u>AMPUTATION</u>
8. <u>BALANOPOSTHITIS</u>	<u>(1) 8%</u>	<u>CONSERVATION</u>
9. <u>LUMBAR FISTULA</u>	<u>(1) 8%</u>	<u>CONSERVATION</u>
<u>TOTAL SURGICAL CASES</u>	<u>13</u>	

<u>AGE INCIDENCE:</u>		
<u>0-5</u>	<u>1</u>	<u>8 %</u>
<u>5-15</u>	<u>2</u>	<u>15 %</u>
<u>ADULT MALE</u>	<u>9</u>	<u>69 %</u>
<u>ADULT FEMALE</u>	<u>1</u>	<u>8 %</u>

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SEPTEMBER, 1993.

OPERATION THEATRE.

DISEASES	TYPE OF SURGERY	COMPLICATION IF ANY
1. CANNON SHELL INJURY BOTH LEGS	AMPUTATION	
2. CANNON SHELL INJURY 3	DEBRIDEMENT	
3. RT SIDE CHEST INJURY	CHEST TUBE	
4. SKIN DEFECT	SKIN GRAFT	
5. ABSCESS, 2 CASES	DRAINAGE	
6. DOG BITE, 2 CASES	DEBRIDEMENT + SPLINT	
7. MULTIPLE INJURIES 6	DEBRIDEMENT + POP	
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TOTAL NUMBER OF OPERATIONS PERFORMED =		16

OCTOBER, 1993.

OPERATION THEATRE.

<u>DISEASES</u>	<u>TYPE OF SURGERY</u>	<u>COMPLICATION IF ANY</u>
1. TRAUMATIC AMPUTATION	AMPUTATION	NO COMPLICATION
2. MULTIPLE ABSCESS	DRAINAGE	NO COMPLICATION
3. ABDOMINAL & LEG INJURY	DEBRIDEMENT	NO COMPLICATION
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TOTAL NUMBER OF OPERATIONS PERFORMED = <u>3</u>		

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NOVEMBER, 1993.

DISEASES	TYPE OF SURGERY	COMPLICATION IF ANY
1. ABDOMINAL PENETRATED INJURY+RT. TRAUMATIC AMPUTATION+LT. TIBIA FRACTURE	LAPAROTOMY+AMPUTA- TION+DEBRIDEMENT + TRACTION	
2. RT. TRAUMATIC AMPUT- ATION+LT. TIBIA FRA- CTURE	AMPUTATION + DEBR- IDEMENT + SUTURE	
3. LEG INJURIES + TIBIA & FIBULA FRACTURE	DEBRIDEMENT+SECON- DARY SUTURE + POP	
4. MULTIPLE INJURIES	DEBRIDEMENT+SUTURE + SPLINT	
5. HEAD INJURIES	DEBRIDEMENT+SUTURE	
6. TOE GANGRENE	AMPUTATION	
7.		
8.		
9.		
10.		
TOTAL NUMBER OF OPERATIONS PERFORMED = 11		

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SEPTEMBER, 1993.

OBGYN OPD.

<u>DISEASES:</u>		
1. PREGNANCY	83	49 %
2. VAGINITIS	7	4 %
3. SALPINGITIS	26	15 %
4. PROLAPSE	7	4 %
5. DYSMENORRHEA	6	4 %
6. METRORRHAGEA	2	1 %
7. THREATENED ABORTION	7	4 %
8. PPH	10	6 %
9. AMENORRHEA	6	4 %
10. CERVICITIS	2	1 %
11. HYPERMENORRHEA	2	1 %
12. HYPEREMESIS GRAVIDERUM	11	6 %
13. INFERTILITY	2	1 %
14.		
15.		
16.		
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20.		
TOTAL NUMBER OF PATIENTS SEEN AND TREATED		171

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OCTOBER, 1993.

OBGYN OPD.

DISEASES:

1. PREGNANCY	112	62 %
2. VAGINITIS	13	7 %
3. SALPINGITIS	19	10 %
4. PROLAPSE	5	3 %
5. DYSMENORRHEA	11	6 %
6. METRORRHAGEA	12	7 %
7. THREATENED ABORTION	10	5 %
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20.		
TOTAL NUMBER OF PATIENTS SEEN AND TREATED	182	

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OBGYN OPD.

NOVEMBER, 1993.

DISEASES:	NUMBER	PERCENTAGE
1. PREGNANCY	142	= 59 %
2. VAGINITIS	28	= 12 %
3. SALPINGITIS	25	= 10 %
4. PROLAPSE	6	= 2 %
5. DYSMENORRHEA	22	= 9 %
6. METRITIS	8	= 3 %
7. THREATENED ABORTION	10	= 4 %
8. POST DELIVERY SEPTI- CEMIA	1	= 1 %
9.		=
10.		=
11.		=
12.		=
13.		=
14.		=
15.		=
16.		=
17.		=
18.		=
19.		=
20.		=
TOTAL NUMBER OF PATIENTS SEEN AND TREATED	242	

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SEPTEMBER, 1993.

OBGYN WARD.

DISEASES		PROCEDURE IF DONE
1. DELIVERY	6 %	NORMAL DELIVERY
2. INCOMPLETE ABORTION	1 %	CURRETTAGE
3. RETAINED PACENTA	1 %	CURRETTAGE
4.	%	
5.	%	
6.	%	
7.	%	
8.	%	
9.	%	
10.	%	
11.	%	
12.	%	
13.	%	
14.	%	
15.	%	
16.	%	
17.	%	
18.	%	
19.	%	
20.	%	
TOTAL ADMISSIONS	8	

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OCTOBER, 1993.

OBGYN WARD.

DISEASES		PROCEDURE IF DONE
1. PREGNANCY	(3) 60%	DELIVERY
2. INCOMPLETE ABORTION + HEMERRHAGIC SHOCK	(2) 40%	REANIMATION + CURETTAGE
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TOTAL ADMISSIONS	5	

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OBGYN WARD.

NOVEMBER, 1993.

DISEASES	(CASES) / %	PROCEDURE IF DONE
1. 9 MONTHS PREGNANCY	(11) / 68%	DELIVERY
2. 9 MONTHS PREGNANCY + TOXEMIA	(1) / 6%	DELIVERY
3. INCOMPLETE ABORTION	(3) / 20%	CURRETAGE
4. POST DELIVERY SEPT	(1) / 6%	ADMITTED
5.		
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20.		
TOTAL ADMISSIONS	16	

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SEPTEMBER, 1993.

EYE OPD.

DISEASES		
1. CONJUNCTIVITIS	33	69 %
2. SPRING CATARRH	3	6 %
3. PTRYGIUM	1	2 %
4. GLAUCOMA	1	2 %
5. ALLERGIC CONJUNCTIVITIS	2	4 %
6. HORDIULUM	4	8 %
7. SUB CONJ HEMORRHAGE	1	2 %
8. EYE TUMOR	1	2 %
9. NLD-BLACK	1	2 %
10. TRACHOMA	1	2 %
TOTAL EYE CASES	48	

AGE INCIDENCE:		
0-5	5	10 %
5-15	28	58 %
ADULT MALE	10	21 %
ADULT FEMALE	5	10 %

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OCTOBER, 1993.

EYE OPD.

DISEASES

1. CONJUNCTIVITIS	23	64 %
2. ALLERGIC CONJUNCTIVITIS	4	11 %
3. EYE TRAUMA	2	6 %
4. HORDIULUM	1	3 %
5. PTRYGIUM	1	3 %
6. VITAMIN A DEFICIENCY	1	3 %
7. CORNEAL OPACITY	1	3 %
8. IRITIS	1	3 %
9. BLEPHARITIS	1	3 %
10. PHELECTENUTAR CONJUUCTIVITIES	1	3 %
TOTAL EYE CASES	36	

AGE INCIDENCE:

0-5	6	17 %
5-15	12	33 %
ADULT MALE	12	33 %
ADULT FEMALE	6	17 %

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EYE OPD.

NOVEMBER, 1993.

<u>DISEASES</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. ACUTE CONJUNCTIVITIS	19	= 48 %
2. ALLERGIC CONJUNCTIVITIS	10	= 25 %
3. CYST.	2	= 5 %
4. HORDIULUM	2	= 5 %
5. PTRYGIUM	2	= 5 %
6. VITAMIN A DEFICIENCY	1	= 2 %
7. TRACHOMA	1	= 3 %
8. CHL. DACRIOCYSTITIS	1	= 3 %
9. REFRACTIVE ERROR	1	= 2 %
10. TRAUMATIC CATARACT	1	= 2 %
TOTAL EYE CASES	40	

<u>AGE INCIDENCE;</u>		
0-5	6	15 %
5-15	12	30 %
ADULT MALE	10	25 %
ADULT FEMALE	12	30 %

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SEPTEMBER, 1993.

E.N.T. OPD.

DISEASES		
1. TONSILLITIS	27	40 %
2. OTITIS MEDIA	24	35 %
3. WAX	9	13 %
4. DEAFNESS	2	3 %
5. SINUSITIS	1	1 %
6. PHARYNGITIS	5	7 %
7.		
8.		
9.		
10.		
TOTAL E.N.T. CASES	68	

AGE INCIDENCE:		
0-5	6	9 %
5-15	23	34 %
ADULT MALE	14	21 %
ADULT FEMALE	25	37 %

BEST AVAILABLE COPY

OCTOBER, 1993.

E. N. T. OPD,

DISEASES		
1. TONSILLITIS	32	32 %
2. OTITIS MEDIA	47	47 %
3. OTITIS EXTERNA	4	4 %
4. WAX	8	8 %
5. NASAL FRUNCLE	1	1 %
6. RHINITIS	1	1 %
7. PHARANGITIS	3	3 %
8. EPISTAXIS	4	4 %
9.	0	0 %
10.	0	0 %
TOTAL ENT CASES	100	

AGE INCIDENCE:		
0-5	31	31 %
5-15	26	24 %
ADULT MALE	22	22 %
ADULT FEMALE	21	21 %

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E.N.T. OPD.

NOVEMBER, 1993.

DISEASES	NUMBER	PERCENTAGE
1. TONSILLITIS	32	= 33 %
2. OTITIS MEDIA	42	= 43 %
3. OTITIS EXTERN	4	= 4 %
4. EAR WAX	13	= 14 %
5. PERITONSILAR ABSCESS	2	= 2 %
6. MASTOIDITIS	1	= 1 %
7. PHARANGITIS	2	= 2 %
8. SINUSITIS	1	= 1 %
9.		=
10.		=
TOTAL ENT CASES	97	

AGE INCIDENCE:		
0-5	26	27 %
5-15	22	23 %
ADULT MALE	27	27 %
ADULT FEMALE	22	23 %

BEST AVAILABLE COPY

SEPTEMBER, 1993.

SKIN OPD.

DISEASES		
1. IMPETIGO	32	33 %
2. ALLERGIC SKIN RASH	13	14 %
3. ECZEMA	23	24 %
4. DERMITITIS	9	9 %
5. SCABIES	4	4 %
6. ACNE	4	4 %
7. URTICARIA	2	2 %
8. LEISHMANIA	2	2 %
9. PYODERMIA	4	4 %
10. MISC.	3	3 %
TOTAL SKIN CASES	96	

AGE INCIDENCE:		
0-5	18	19 %
5-15	24	25 %
ADULT MALE	29	30 %
ADULT FEMALE	25	26 %

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OCTOBER, 1993.

SKIN OPD.

DISEASES		
1. ECZEMA	25	22 %
2. DERMATITIS	19	17 %
3. XERODERMIA	2	2 %
4. IMPETIGO	51	46 %
5. URTICARIA	3	3 %
6. SCABIES	4	4 %
7. PSORIASIS	1	1 %
8. LEISHMANIA	4	4 %
9. TENIA CAPITIS	1	1 %
10. SCLERODERMA	2	2 %
TOTAL SKIN CASES	112	

AGE INCIDENCE:		
0-5	28	25 %
5-15	38	34 %
ADULT MALE	33	30 %
ADULT FEMALE	13	12 %

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SKIN OPD.

NOVEMBER, 1993.

<u>DISEASES</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. ECZEMA	22	= 20 %
2. DERMATITIS	10	= 9 %
3. VETILIGO	1	= 1 %
4. IMPETIGO	40	= 36 %
5. URTICARIA	12	= 11 %
6. SCABIES	5	= 4 %
7. PSORIASIS	2	= 2 %
8. LEISHMANIA	2	= 2 %
9. TENEA INFECTION	6	= 5 %
10. PYODERMIA	11	= 10 %
TOTAL SKIN CASES	111	

<u>AGE INCIDENCE:</u>		
0-5	30	27 %
5-15	43	39 %
ADULT MALE	21	19 %
ADULT FEMALE	17	15 %

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SEPTEMBER, 1993.

DENTAL OPD.

DISEASES			
1.	EXTRACTION	130	68 %
2.	CALCULAS	8	4 %
3.	ABSCESS	12	6 %
4.	CARIES	30	16 %
5.	GINGIVITIS	4	2 %
6.	CYST	6	3 %
7.			
8.			
9.			
10.			
TOTAL DENTAL CASES		190	

AGE INCIDENCE:		
0-5	6	3 %
5-15	26	14 %
ADULT MALE	68	36 %
ADULT FEMALE	90	47 %

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OCTOBER, 1993.

DENTAL OPD.

DISEASES

1.	EXTRACTION	177	80 %
2.	CALCULAS	3	1 %
3.	ABSCESS	14	6 %
4.	CARIES	23	10 %
5.	GINGIVITIS	4	2 %
6.	CYST.	1	0 %
7.			
8.			
9.			
10.			
TOTAL DENTAL CASES		222	

AGE INCIDENCE:

0-5	5	2 %
5-15	45	20 %
ADULT MALE	67	30 %
ADULT FEMALE	105	47 %

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DENTAL OPD.

NOVEMBER, 1993.

<u>DISEASES</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
1. EXTRACTION	166	= 60 %
2. CALCULAS	21	= 8 %
3. ABSCESS	16	= 6 %
4. CRIES	55	= 20 %
5. GINGIVITIS	9	= 3 %
6. CYST.	8	= 3 %
7.		=
8.		=
9.		=
10.		=
<u>TOTAL DENTAL CASES</u>	<u>275</u>	

<u>AGE INCIDENCE:</u>		
0-5	16	6 %
5-15	36	13 %
ADULT MALE	98	36 %
ADULT FEMALE	125	45 %

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LABORATORY REPORT,

SEPTEMBER, 1993.

-	STOOL EXAM	306	29 %
-	URINE	102	10 %
-	MALARIA	393	37 %
-	SPUTUM	0	0 %
-	Hb	15	1 %
-	TLC	88	8 %
-	DLC	41	4 %
-	ESR	16	2 %
-	BLOOD FILM	8	1 %
-	BLOOD GROUPING	29	3 %
-	FBS	11	1 %
-	WIDAL TEST	36	3 %
-	PREGNANCY TEST	17	2 %
-	CSF	4	0 %
-	BT/CT	3	0 %
-	TOTAL	1069	

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LABORATORY REPORT,

OCTOBER, 1993.

- STOOL EXAM	217
- URINE	166
- MALARIA	604
- SPUTUM	1
- Hb	35
- TLC	240
- DLC	102
- ESR	61
- BLOOD FILM	7
- BLOOD GROUPING	22
- FBS	20
- WIDAL TEST	5
- PREGNANCY TEST	28
- CSF (PANDY CELLS)	6
- BT/CT	15
- REVOLTA TEST	2
- TOTAL	1531

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- STOOL EXAM	336
- URINE	218
- MALARIA	503
- SPUTUM	13
- Hb	90
- TLC	166
- DLC	93
- ESR	68
- BLOOD FILM	15
- BLOOD GROUPING	73
- FBS	10
- WIDAL TEST	102
- PREGNANCY TEST	21
- CSF (PANDY CELLS)	14
- RT/CT	11
- REVOLTA TEST	5
- TOTAL	1738

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INTERNATIONAL MEDICAL CORPS

**Health Facility
&
In-Country Staff List**

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IMC HEALTH FACILITY & STAFF LIST (JANUARY, 1994).

PROVINCE	DISTRICT	MCD CODE	VILLAGE	FACILITY NAME	FACILITY #	FACILITY TYPE	SERVICES OFFERED	LAST-FUNDING MONITOR	REMARKS
			Level	Staffer's Name	Father's Name	ID Code			
BADGHIS	KUSHK-E-KOHNA	1902	BUZA KHURAK	KUSHK-E-KOHNA	4021	C2		AID	10-03-93
			ML	ABDULLAH	GHULAM GHAUS	452021			
			ML	ABDUL WUOOD	GHULLAM MOHD.	452022			
			ML	HABIBULLAH	AMANULLAH	452023			
			CLNR	ABDUL QAYUM	ABDUL KHALIQ	000114			
			GUARD	GHULAM MUHAMMAD	GHULAM SAKHI	000115			
BADGHIS	QADIS	1905	QADIS	QADIS	4022	C2		AID	10-10-93
			ML	ABDUL RAHIM	RAMAZAN	462021			
			ML	GHULAM HAIDER	QALANDAR	462022			
			ML	GUL MOHD.	FAZEL HAQ	472023			
			LT	ABDUL AZIM	AKHTER MOHD.	445021			
			CLNR	RAMZAN	MUHAMMAD	000117			
			GUARD	QALANDAR	MUZAFAR	000118			
BAGHLAN	DOSHI	1304	WALIAN	DOSHI	4032	C2		AID	09-10-93
			ML	QUDRATULLAH	FAQUIRULLAH	442033			
			ML	YAR MOHD.	NYAZ MOHD.	442034			
			ML	MOHD. TAHER	KHAN MIRZA	432035			
			LT	MUSHTAQ	BAND ALI	435033			
			CLNR	ABDUL QADEER	KHALID	000123			
			GUARD	ABDUL SATAR	BISMILLAH	000124			
FARAH	PURCHAMAN	2110	QARIA-E-NIZGAN	PURCHAMAN	4061	C2		AID	10-11-93
			ML	JALALUDDIN	GUL MOHD.	462061			
			ML	ABDUL SAMAD	MOHD. RAFIQ	472062			
			ML	NOOR AHMAD	ABDUL RAZAQ	742113			
			CLNR	GULBU DIN	M. JAN	000144			
			GUARD	M. NADER	M. KABIR	000145			
FARYAB	QARAM QUL	1805	QARAM QUL	QARAM QUL	4072	C2		AID	09-21-93
			ML	MOHD. JUMA	ALLAH BIRDI	452071			
			CLNR	SAKHI	M. TAHIR	000150			
			GUARD	ABDUL RASOOL	M. NABI	000151			
GHOR	PASABAND	2707	DOGHOR	PASABAND	4092	C2		AID	11-02-93
			ML	MIRZA SAYED MOHDMULA MOHD.		432093			
			ML	KAMALUDIN	JAMALUDIN	472094			
			CLNR	GHOUS MUHAMMAD	M. AMIN	000168			
			GUARD	ABDULLAH	BESMILLAH	000169			
GHOR	TAIWARA	2705	LAL-E-SURKH	TAIWARA	4093	C2		AID	10-19-93
			ML	GHULAM HAZRAT	ABDUL HAQ	422095			
			ML	MOHAMMAD	ALIF	432096			
			CLNR	KHUSHDIL	ROOHULLAH	000171			

IMC HEALTH FACILITY & STAFF LIST (JANUARY, 1994).

PROVINCE	DISTRICT	MCD CODE	VILLAGE	FACILITY NAME	FACILITY #	FACILITY TYPE	SERVICES OFFERED	LAST-FUNDING MONITOR	REMARKS
			Level	Staffer's Name	Father's Name	ID Code			
			GUARD	HAZAMUDIN	M. ANWAR	000172			
GHOR	TULAK	2704	GULDAN	TULAK	4094	C2		AID	10-24-93
			ML	ABDUL AZIZ	ABDUL SAMAD	442097			
			CLNR	A. HAKIM	A. HALIM	000174			
			GUARD	A. WAHAB	A. GHAFAR	000175			
HELMAND	NAWA-E-BARAKZAI	2311	GHULAM KHAN	NAWA	4101	C2		AID	09-26-93
			ML	MOHD. MARJAN	MOHD. MUSSA	422101			
			CLNR	BAZ MOHD.	NESAR AHMAD	000177			
			GUARD	TOUR JAN	BARI DAD	000178			
HELMAND	NADE ALI	2310	NADE ALI CENTER	NADE ALI	4103	C1	K,L	AID	09-26-93
			MD	ASSADULLAH	HABIBULLAH	411100			
			DENT	MOHD. HABIB	MOHD. LATIF	416101			
			LT	MOHAMMADULLAH	AMIR GUL	445103			
			NRS	MIA GUL	ASADULLAH	000183			
			NRS	GHANI	HAJI GHAMAI	000184			
			NRS	NESAR AHMAD	SHAH MOHD.	000185			
			CLNR	MAHMOOD JAN	AHMAD JAN	000186			
			GUARD	ABDUL HAKIM	ABDUL GHAFUOR	000187			
JOWZJAN	SANG CHRAK	1702	JUWBAR	SANG CHARAK	4121	C2	B,L	AID	09-23-93
			ML	SHAHABUDDIN	ABDUL KARIM	422124			
			ML	JANAT GUL	MOHD. AFZAL	442126			
			LT	JANAT MIR	MOHD. IBRAHIM	435122			
			CLNR	MULLAH HUSSAIN	MIRA KHAN	000201			
			GUARD	M. SALEH	ABDUL HAQ	000202			
KABUL	QARABAGH	0112	QARABAGH	QARABAGH		H2	A,H,K,L,M, Q,R,S,U,E,	PRIVATE	12-23-93
			MD	DR. DAIM	ABDUL RAZAQ	1001			
			MD	DR. ABDULLAH	ABDUL REHMAN	1002			
			MD	DR. AHMED JAN	MOHD. TALIB	1003			
			MD	DR. MOHD. IQBAL	GHULAM SHAH	1004			
			MD	DR. SAMAI	MOHD. BARAT	1005			
			MD	DR. LATIFA	ABDUL ALI	1006			
			MD	DR. BADAM GUL	BESMILLAH	1007			
			NURSE	SULTAN MOHD.	SHER MOHD.	1008			
			NURSE	SORAYA	ABDUL AZIZ	1009			
			NURSE	RAZIA	MOHD. RAHIM	1010			
			ADMIN	A. WAHAB	A. GHAFUOR	1011			
			LAB TECH.	HAMDULLAH	GUL AHMED	1012			
			DENT. TECH.	AYAMUDDIN	FAIZUDDIN	1013			
			X-RAY TECH.	GHULAM RABBANI	GHULAM NABI	1014			
			MEDIC	ABDUL SABOUR	ABDUL RAHIM	1015			
			MEDIC	ABDUL REHMAN	YAR MOHD.	1016			
			MEDIC	ABDULLAH	BISMILLAH	1017			

IMC HEALTH FACILITY & STAFF LIST (JANUARY, 1994).

PROVINCE	DISTRICT	MCD CODE	VILLAGE	FACILITY NAME	FACILITY #	FACILITY TYPE	SERVICES OFFERED	LAST-FUNDING MONITOR	REMARKS
			Level	Staffer's Name	Father's Name	ID Code			
			PHARMACIST	FAZAL MOHD.	AQA MOHD.	1018			
			MAINTENANCE	AYAZ	ABDUL GHAYAS	2001			
			COOK	M. ZAMAN	M. NAZAM	2002			
			COOK	A. JABAR	RUSTAM KHAN	2003			
			REGISTRAR	G. NABI	M. DAWAD	2004			
			CLEANER	M. SABER	M. ALAM	2005			
			CLEANER	BESHILLAH	ABDULLAH	2006			
			LAUNDROR	M. MUSA	M. ASLAM	2007			
			GUARD	ABDUL REHMAN	M. GHAUS	2008			
			GUARD	A. GHANI	HAZAR GUL	2009			
			GUARD	LAL MOHD.	ALI JAN	2010			
			GUARD	M. HANIF	ABUL FARAD	2011			
			GUARD	AMANULLAH	GHULAM JAN	2012			
			GUARD	A. WAKEL	A. RASUL	2013			
			GUARD	GUL AHMED	M. SAIG	2014			
			GUARD	ZARIF SHAH	ZAMAN SHAH	2015			
KAPISA	MAHMUDE RAQI	0201	SHOKHI	KAPISA CENTER	4151	C2	L	AID	09-30-93
			ML	GHULAM DASTAGIR	GHULAM SAKHI	422151			
			ML	ATTA MOHD.	KHAN MOHD.	432452			
			ML	MOHD. KALIM	MIA LAWANG	462151			
			CLNR	ALI MOHD.	ABDUL HAQ	000220			
			GUARD	SAYED ULLAH	SHER JAN	000221			
PARWAN	SHEIKH ALI	0309	SHEIKH ALI	GHORBAND	4254	C2	L	AID	09-29-93
			ML	MOHD. AYAZ	ABDUL GHIAS	432251			
			ML	HABIBULLAH	ABDUL MANAN	432252			
			ML	HABIBURAHMAN	MOHD. ALAM	472252			
			ML	ABDUL ALI	ABDUL GHANI	432258			
			LT	ABDUL WAHAB	GHORBANULLAH	445251			
			CLNR	A. MAJEED	M. KHAN	000317			
			GUARD	A. BAQI	GUL MOHD.	000318			
SAMANGAN	HAZRAT SULTAN	1505	HAWAQUL	HAZRAT SULTAN	4261	C2	L	AID	09-18-93
			ML	SHAH WALI	ABDUL MANAN	452261			
			ML	ABDUL KHALIQ	TASHMURAD	472263			
			ML	HAYATULLAH	MOHAMMADULLAH	472264			
			LT	BISMILLAH	SADRUDIN	445261			
			CLNR	ALI KHAN	SARDAR KHAN	000102			
			GUARD	MIR AFZAL	MOHD. AFZAL	000103			
SAMANGAN	AIBAK	1501	SARBAGH	SARBAGH	4262	C2	K,L	AID	09-14-93
			ML	ABDUL HAFIZ	ABDUL AZIZ	462261			
			ML	MOHD. AMIN	AHMAD JAN	472265			
			DENT	ABDUL BASIR	ABDUL RAHMAN	426241			
			CLNR	ABDEL	JAN DEL	000323			
			GUARD	ABDUL RAZEQ	DAD KHODA	000324			

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IMC HEALTH FACILITY & STAFF LIST (JANUARY, 1994).

PROVINCE	DISTRICT	MCD CODE	VILLAGE	FACILITY NAME	FACILITY #	FACILITY TYPE	SERVICES OFFERED	LAST- FUNDING MONITOR	REMARKS
			Level	Staffer's Name	Father's Name	ID Code			
WARDAK	SAYED ABAD	0408	MALI KHEL	SHNEEZ	4280	H3	K,L,M	AID	11-08-93
			MD	DR. M. ARIF	HASANUDDIN	401282			
			ML	NAZAR MOHD.	ZALMAI KHAN	412281			
			ML	SURAJUDDIN	SPBAT LJAM	412282			
			DENT	ABDUL RAHMAN	HABIBURAHMAN	426281			
			LT	MOHD. ARIF	SARDAR KHAN	415282			
			X-RAY	ADAM KHAN	YAR MOHD.	424285			
			NRS	ROHU MOHD.	NOOR MOHD. KHAN	000326			
			NRS	MOHD. ESAQ	MOHD. GUL KHAN	000327			
			NRS	MOHD. HASHEM	ZALMAI KHAN	000328			
			NRS	ABDUL BAQI	ABDULLAH	000329			
			NRS	MOHD. KHAN	GUL KHAN	000330			
			NRS	AGHA GUL	SARAJUDIN	000331			
			WH	ABDUL QUDOUS	MOHD. KHAN	000332			
			CLNR	WAIS MOHD.	MOHD. JAN	000333			
			COOK	MOHD. GUL	SAHEB KHAN	000334			
			COOK	GUL AHMAD	ABDUL AHAD KHAN	000335			
			COOK	ZAA JAN	MIR HANZA	000336			
			COOK	NOOR MOHD.	AMIR MOHD. KHAN	000337			
			GUARD	HAYATULLAH	AMER JAN	000338			
			GUARD	HEMAYAT	MOHD. YUNUS	000339			
			GUARD	A. MALOOK	M. KARIM	000340			
			GUARD	DAUD	SAHEB KHAN	000341			

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