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International Medical Corps

Afghanistan Program

THIRD QUARTER REPORT

JANUARY 1, - MARCH 30, 1993

SUBMITTED BY:

Stephen Tomlin,  
Field Director/IMC  
International Medical Corps,  
14-F, KKK Road,  
University Town, Peshawar.

TEL/FAX: (0521)84-02-50

a. In-country Training Site

A principle objective in the phase-out of IMC's Co-operative Agreement with O/AID/Rep. is to focus on institution building and thus deliver CMCEP training, in conjunction with the Institute for Public Health (IPH), in such a manner as to upgrade the IPH training staff's skills so that training for Afghan Mid-level Health Workers may be sustained after IMC finally closes out its mandated activities with AID. Hence, most activity during this reporting period has been focused on transferring IMC training activities from Nasir Bagh in Peshawar, Pakistan, to another site within the borders of Afghanistan.

In consultation with staff from both AID/Rep. and IPH, Jalalabad was finally selected as the training site, over Qarabagh, for three reasons. First, the continuous deterioration of security conditions in and around Kabul threatened to limit students' access from a broad area of Afghanistan. Second, in order to transfer the Combined Medic Continuing Education Program (CMCEP) to IPH staff as effectively as possible, it was necessary to jump-start training activities rather than wait for the situation in Kabul to clarify, given the limited time available for the delivery of training. Third, IPH had already established Basic Health Worker Training in Jalalabad and, as a result of their own recent budget cuts, could not afford to duplicate staff nor to sustain the additional costs of a second site after IMC phases out its training operations at the end of the calendar year.

b. IMC/IPH Agreement

The agreement between IPH and IMC, by which they will jointly deliver CMCEP and Field Microscopist refresher training over the course of the year, was signed in early February. It encapsulates five objectives:

1. To consolidate the extensive health worker training that has been undertaken in previous years for the health sector of rural Afghanistan by the delivery of refresher training,
2. To ensure that IMC can transfer its health worker training expertise and resources to a central institution within the health sector of Afghanistan,

expertise and resources to a central institution within the health sector of Afghanistan,

3. To allow IPH to further develop its institutional capacity for health worker training,
4. To transfer a sustainable training capacity to within the national boundaries of Afghanistan,
5. To maximize limited available resources.

c. IMC/IPH agreement with MOPH

IPH and IMC staff met in Jalalabad with the MOPH East Zone Director and with the Director of Public Health Hospital #2, Jalalabad, to set the protocols whereby IPH/INC would utilize the Polyclinic of the Hospital as the site for the delivery of CMCEP training. It was agreed that only IPH/INC will have access to the Polyclinic and that they will have total control of the area. Clinical services will be delivered autonomously of the hospital; title and control of any IPH/INC equipment and supplies will remain with IPH/INC, and used exclusively for their activities within the Polyclinic.

d. Training Clinic/Student Hostel

The clinic, which was opened by IMC on March 7, consists of 3 exam rooms, 1 wound room, 1 nutrition and health education room, 1 pharmacy, 1 lab, 1 X-Ray, and 2 storerooms. IMC maintenance staff painted the walls and fixed the plumbing prior to occupation. A classroom for 25 students, a room for an office, and a room for a library/resource center have been made available by IPH in the adjacent School of Nursing. All students and some training and support staff are accommodated in two houses that IMC has leased. The majority of staff are living with their family or relatives in the town.

To furnish these facilities, five heavily laden Mercedes 10 tonne trucks left Nasir Bagh on Wednesday, March 3, for Jalalabad in Afghanistan. Besides furnishings, they carried equipment, and training materials from the recently closed IMC Training Center in Peshawar, Pakistan. The convoy was accompanied by 15 IMC training and support staff, whose

mission was to set up the new in-country training facility and student hostel.

e. Students

24 candidates for the CMCEP Refresher Training Course were examined in Jalalabad on March 7, 8, and 9, for admission to the course. 19 were accepted, and they were joined by one additional student who completed his examinations on March 14.

The first IMC/IPH CMCEP training course began on March 15, as scheduled.

II. OTHER IN-COUNTRY OPERATIONS

a. Clinic Supplies

On January 14, IMC Monitors and 2 medics from IMC clinics in Ghor departed from Peshawar for Kajaki district in Helmand in an attempt to recover the IMC supplies confiscated there late last Fall by Commander Akhonzada. The Monitors were able to secure the release of the medical supplies (125 sacks) that were originally destined for IMC's five health facilities in Ghor and Farah Provinces. They were then able to transport the medicines and resupply two of the five deprived health facilities: Pasaband and Taiwara clinics in Ghor Province. The Kamenj and the Tulak clinics in Ghor, and the Purchaman clinic in Farah Province could not be reached because of a severe snowstorm. Their supplies were temporarily stored in IMC's Pasaband clinic. Arrangements were made by the monitors for the supplies to be transported to the remaining clinics as soon as the weather permitted.

The Nawa and the Nad Ali clinics in Helmand Province were the only IMC health facilities that remained without supplies throughout the quarter. The ongoing hostilities in northwest Helmand continued to prevent any resupply attempts.

b. Monitoring Reports

During the last week of January, IMC received a draft Monitoring Report on Wardak and Khost, prepared by O/AID/Rep.'s DC and A Unit. In the report, the AID monitors noted that they were impressed by IMC's clinic in Khost. However, as the monitors indicated in the report, this is a facility to which IMC discontinued support in December, 1992, when it was designated as redundant by O/AID/Rep.. According to the report, the clinic staff are continuing to function and they are now seeking support with which to carry on the clinic's activities from the Arabs.

It was stated in the report that the physician, Dr. Abdul Baqi, at IMC's Shneez Hospital had left his job and gone to Kabul. Furthermore, it was stated that none of the hospital beds were present in the facility. An IMC Monitor was sent in-country to inspect the Shneez health facility in Wardak province and returned with a detailed monitoring report supported by photographs. O/AID/Rep.'s information that the beds were missing was erroneous and later proved to be a glitch in the monitoring questionnaire. However, the report confirmed O/AID/REP EC and A unit's information that the physician assigned to the hospital had quit. He had apparently left his post because of the latest salary reduction. The medics are continuing to provide in-patient care to the cases that they can manage, but to date, IMC's attempts to replace the doctor have failed since physicians in the area are not willing to work for \$110 a month. If a replacement cannot be found by April 1, IMC will have to downgrade the facility from an H3 Hospital to a C2 Clinic, and reduce 14 of the support personnel.

During the last week of the quarter, the community who are served by Shneez Hospital, Wardak Province, were told by IMC Monitors of IMC's plans to downgrade the facility to a clinic if a physician could not be found to work in the hospital. At the time of writing, a physician, originally from the area, has been identified by the community. His professional background has been vetted by IMC medical staff, he has expressed willingness to work, and he will leave Peshawar for Shneez on Monday, April 19.

IMC Monitors report that medics at health facilities are very negative about their salary cuts too, as was also evidenced in the O/AID/Rep.'s

DC and A Unit's monitoring report cited above. One IMC medic assigned to IMC's Poorak clinic in Logar province and representing his colleagues at the IMC office in Nasir Bagh, complained graphically that the \$35 salary per month is not adequate to make ends meet, even when supplemented by the small amounts of money that are collected as fees for service. He stated that the severe winter weather, freezing temperatures, and lack of money with which to buy firewood, had made it virtually impossible to examine patients.

IMC received a letter in the middle of the quarter from General Commander Haji Muhammed of Ghazni province expressing his deep disappointment over the closure of the IMC clinic in Barakat, (declared redundant by O/AID/Rep. in December). He praised and thanked IMC for the past services rendered to his people, as well as for the construction of "the beautiful health facility" in his area. Unfortunately, the goodwill toward IMC that was reflected in this letter, and which IMC has enjoyed for such a long period of time from so many quarters, is now more the exception than the rule. The majority of IMC's beneficiaries do not understand either why there have been program cuts, or why they are so severe, despite elaborate explanations.

IMC Monitors implementing the forthcoming Spring re-supply to the 17 remaining AID supported health facilities will collect objective data to offset the mainly anecdotal information that has been accruing to IMC over the last six months. This will provide a concrete means to evaluate the impact of both salary cuts and the levy of user fees on the delivery of health care from IMC clinics.

c. Clinics Mandated for Closure

IMC Monitors travelled in-country during March to inform the 16 health facilities that were mandated for closure by AID in December, but which had already been supplied by IMC through to April, of IMC's discontinued support. Prior to their departure, they attended a briefing by IMC senior staff that focused on the manner with which they could both present the issue at hand and also facilitate discussion on possible ways and means by which clinic staff may be able to keep their facilities open. Possibilities included:

- a. Obtaining full or partial support from the area Commander or local Shooras;
- b. Soliciting support from other NGOs, Arabs in particular;
- c. Raising of fees for service and drug prices;
- d. Reducing the facility staffing roster;
- e. Reducing operating hours or working part-time;
- f. Utilizing the facility to establish their own individual private practices.

The Monitors were also instructed to attempt to involve local authorities as well as local community groups in the process and seek their assistance in keeping health facilities open.

The IMC Monitors returned to Peshawar at the beginning of April. Three northern clinics located in Baghlan, Balkh, and Faryab provinces could not be reached because of road closures due to heavy snows. These three facilities will be visited by IMC Monitors when they resupply other operational clinics in the north in mid-April. In summary, they reported the following:

MUSA QALA CLINIC, HELMAND (2 ML, 1 LT, 2 Support)

Commander Mohammad Rasul Akhunzada, the reputed "Drug Lord", would not hear of any privatization scheme and was furious at IMC, the Monitor and the United States. He fired one of the 2 mid-level health workers, appointed the Laboratory Technician as the Medical Doctor in-charge, and kicked the Monitor out of his territory.

SHAKARDARA CLINIC, KABUL (1 MD, 4 ML, 1 LT, 2 Support)

The Monitor found the WHO-funded clinic building locked shut. He contacted one of the health workers, a resident of the area, who told him that on or about February 1, the staff of the clinic

jointly decided to quit and go home. Decrease in salaries, cutting of funds for fuel and expenses, and the patients inability or unwillingness to pay fees forced them to return to their homes and seek other means of livelihood. An Arab clinic in the area, charging no fees, is doing its best to handle the additional patient load.

CHAKARI CLINIC, KABUL (4 ML, 1 LT, 2 Support)

The health facility was operational. One of the four mid-level health workers and the Laboratory Technician have been working for Commander Didar who runs the Microyan (Kabul) sewage plant. Because of charging fees, initially, then coupled with hostilities in Kabul, the patient load has dropped to an average of fifteen per day. The health workers were pleased by the closure notice and expressed a desire to find an appropriate place to establish a clinic with the remaining medicines.

ARGHANDAB CLINIC, KANDAHAR (1 MD, 1 ML, 1 LT, 1 Dent, 1 Pharm,  
3 NRS, 1 MW, 2 Support)

Mullah Naqibullah, the Governor of Kandahar, on who's land the WHO-funded clinic was constructed, has taken over the facility to house his Mujahideen staff and some family members. Naqibullah of Jamiat has been fighting Haji Lalai of the Mahaz faction for the past three months. Those of the clinic staff who did not leave for their homes, are now serving with Mullah Naqibullah's forces. The Monitor describes the facility as an R & R center for Mullah's men, where cock fights, card games, and hashish smoking are some of the regular recreational activities. The Monitor reports counting 31 checkpoints between Chaman, Pak-Afghan border, and the city of Kandahar. There is a standard toll charge of Af. 1,000 per head at each post. The charge for crossing the Arghistan river by rope and chair is Af. 25,000.

GULBAHAR HOSPITAL, KAPISA (4 MD, 2 ML, 2 LT, 1 Dent, 1 Pharm,  
11 NRS, 1 MW, 26 Support)

When Ustad Farid, the former Prime Minister, returned from Kabul, he stopped the collection of fees at the hospital. The Gulbahar hospital is run like a prison for the staff. Farid provides housing for the hospital staff and is forcing a number of people to work against their will. The hospital sees 150 to 200 patients per day but admits only the most critical as inpatients. Several members of the staff told the Monitor that they will quit their jobs as soon as they can find a safe way of doing it. Surprisingly, a number of them acted very happy about the cease support notice. For obvious reasons, the IMC Monitor did not seek Ustad Farid to discuss privatization ideas.

The Monitor was asked by two of the physicians whether or not there would be employment opportunities at IMC's Shneez facility if they could manage to 'escape'.

(It was later reported that Commander Farid ordered his forces to confiscate all the remaining medications and supplies from the clinics designated for closure and transport them back to his military headquarters.)

KOHISTAN CLINIC, KAPISA (3 ML, 2 Support)

The clinic is operated by one local mid-level health worker who has agreed to run the clinic as long as the medicine lasts and he can make a living. The two other Medics quit last February and have now established a soap powder distribution business in Kabul.

ARENSE CLINIC, KUNAR (1 MD, 1 ML, 2 Support)

The doctor and the support personnel left in January as a result of the salary reductions. The mid-level health worker has already established a private practice, charging fees and selling the medicines.

BARAKI BARAK CLINIC, LOGAR (3 ML, 1 LT, 2 Support)

All personnel were present for duty. The Monitor estimates treatment of forty patients, only five were men, during the day of

his visit. The staff were very disappointed by the closure notice. Not being residents of Qalae Yossef where the clinic is located, the health workers have decided to go home when the supplies run out.

BERG CLINIC, LOGAR (4 ML, 1 LT, 2 Support)

Because of the cold weather and lack of funds for heating fuel, the clinic was not moved to the nearby WHO-funded facility in Poorak, which was completed last November. Two of the four Medics have quit, supposedly, because of the January, 93 pay decreases. The area elders have indicated their willingness to find a way to keep the clinic open.

TOTUM DARA CLINIC, PARWAN (3 ML, 2 Support)

All personnel were present and working when the Monitor arrived. When presented with the closure notice, the clinic staff became belligerent and physical. They refused to enter into discussions with the Monitor, and would not allow him to collect the Green Books since they felt that, as a result of withdrawing support, IMC was not entitled to them. They threw the Monitor out and threatened his life if he returned.

BAGRAM CLINIC, PARWAN (1 MD, 2 ML, 1 Dent, 1 LT, 3 NRS, 2 Support)

All personnel were present. Since last January, they have worked at the clinic three days a week and elsewhere the other three days to make ends meet. On hearing of the withdrawal of support, they stated that they would operate the clinic for as long as they could contrive to make ends meet.

DASHTI OPIAN CLINIC, PARWAN (3 ML, 2 Support)

The Monitor met with two of the health workers at their homes. For two weeks, they had been unable to get to the clinic because of

heavy fighting between the Hizb and the Jamiat forces in the area. The Medics did not know whether the facility or its contents remained intact.

TANGI CLINIC, WARDAK (2 ML, 1 LT, 2 Support)

According to the Tangi village elders, the clinic health workers quit their jobs and left in search of other employment at the end of January. Some medicines were sold to the local shops prior to their departure.

d. Qarabagh Hospital (Non-USAID funded)

IMC's In-Country Program Manager, Mira Khan, travelled to Qarabagh, through Kabul, two times during this quarter. His first mission in January was cut short because of the heavy fighting around the capital between Hezbe-i-Islami and government forces. During his second mission in February, he successfully supervised the transport by 20 tonne truck of equipment and supplies to IMC's privately funded hospital in Qarabagh. From the Laghman province line to Kabul and 35 kms. north to Qarabagh, Mira Khan ran into numerous factional checkpoints/posts manned by either Hezbi-i-Islami, Etehad, or Shurai Nizar forces. Passes and letters of safe passage from various Commanders, coupled with negotiated "highway taxes", enabled him to safely deliver the goods to Qarabagh and then to return without incident.

The equipment that was delivered enabled the setup of both the inpatient services and surgical capacity in the hospital buildings that were completed in October of last year.

The Qarabagh Hospital now has a medical staff comprised of seven physicians (Medical Director, two General Surgeons, Pediatrician, Obstetrician, and two General Practitioners), as well as a Dental Technician, a Pharmacist, a Lab. Technician, an X-Ray Technician, and two mid-level Medics. When the recruitment of one more female Obstetrician, one male nurse and three female nurses is finalized in early April, the medical staff will be complete. In addition, Qarabagh has a support staff of twelve.

At the last report in mid-February, the OPD in the Qarabagh Hospital was treating an average of 275 patients per day. The majority of patients attending the clinic hailed from the surrounds and from neighboring districts, with some from adjoining provinces. Despite the fear of incursions into the area as a result of the turmoil in nearby Kabul, the Qarabagh area has been quiet throughout the quarter.

In-service training has been implemented by Dr. Daim, the hospital director, for the entire medical staff, and he is fostering an atmosphere of personal and professional growth. Health education is a major component of the culture that is being inculcated in the workplace, and each health professional is spending 1 to 2 minutes delivering health messages with every patient contact.

There are now no other health facilities in the district as the NGOs that were operating the 2 health centers in the area have evacuated as a result of the instability in Kabul. UNICEF has been contacted by IMC, and IMC intends to set up cold storage for vaccines at the site and implement an EPI program within the next quarter.

The hospitals in Kabul that acted as referral centers for the two adjacent provinces are now totally inaccessible due to the insecurity. The only other assistance available in the area is an ICRC First Aid Post that was set up in early January by the roadside and from which basic dressings are delivered to the flow of displaced from Kabul, bound North for Mazar-Sharif.

#### e. Construction

With the exception of the very minor rehabilitation to the student hostel and training clinic sites in Jalalabad for improved sanitation and security, all construction activities have been in abeyance this quarter due to the winter weather conditions.

A survey will be conducted of the IMC clinic in Sang Charak, Jowzjan province, in early April, to determine a bill of quantities for the completion of the roof on the interior of the building. The Sang Charak clinic was constructed with WIIO funds, and no AID funds will be used for

its completion.

IV.

ADMINISTRATION

a. Program Issues

The new Program Director, Stephen Tomlin, arrived in early January and began work with senior project team members on a three week orientation that had been prepared for him, in order to ensure a smooth transition and a firm grasp of the critical program issues. The latter included the transfer of IMC health facilities; the transfer of IMC's training program in-country to Afghanistan; a non-funded extension to IMC's Cooperative Agreement with O/AID/Rep.; and a rational phase-out of AID supported activities over the period of that extension.

Throughout the quarter, IMC senior staff met regularly with O/AID/Rep. officers to secure the approval for the transfer of the training program to Afghanistan and to establish the modalities by which IMC would operate through to close out. When Todd Peterson, the program's interim Director, left Peshawar in early February, having implemented IMC's cost-containment initiative as mandated by O/AID/Rep., as well as having drafted an outline of an IMC phase-out plan, an agreement had been reached with IPH for joint-training, approval for transfer of the training program had been finally granted by AID, and it was known that an extension could run through to April, 1994.

b. Non-Funded Extension of Program Activities

Subsequent meetings with O/AID/Rep. have established the modalities for a non-funded extension for project activities. These are reflected in the *IMC Schedule of Activities for Phase-Out and Close-Down of Program Activities* that is attached as an appendix to this report. This schedule has been approved by O/AID/Rep.'s project officer, subject to the presentation of the finalized budget, along with a formal request for a non-funded extension through to April, 1994. In summary:

- i. No costs will be incurred after April 30, 1994, since O/AID/Rep. itself is required to have closed out the PVO Support Project, through which IMC's Cooperative Agreement is financed, by May 30, 1994.

2. IMC will deliver two CMCEP training courses in Jalalabad over a 10 month period beginning March 15, 1993, in conjunction with IPH. (As well as two refresher training courses for field microscopists.)
3. IMC will end all USAID supported activities in Afghanistan by February 28, 1994 in order to allow for an orderly closure of all USAID-funded activities.
4. IMC will re-supply its 17 remaining AID supported health facilities in the Spring and Fall of 1993. However, all facilities will be transferred to Regional Health Authorities by October, 1993. Where there are no RHAs, IMC will continue to provide support to help to "privatize" these facilities.

The request for a non-funded extension of program activities through to April '94 was formally submitted to O/AID/Rep. on April 1, 1993, along with a request for a realignment of budget line items in the Grant.

c. Personnel

Michael Chommie, IMC's Administrative Officer for the past two and one half years, completed his work with IMC's Afghanistan Program on January 14, 1993. Mr. Chommie was re-assigned to the IMC relief program in Somalia. His duties have been taken over by Shehzad Mehmood, IMC's Finance/Operations Officer. There are now just two expatriates on the program staff, and the "afghanization" of the management team is complete. When Bill Naj's contract expires at the end of April, 1993, Stephen Tomlin will be the sole expatriate for the remainder of the project life.

d. Leasehold Property

The leases of the clinic and the student hostel in Nasir Bagh were closed out when the equipment and furnishings were transferred to Jalalabad in early March. The landlord of the U Town office/house in Gulmohar Lane did not wish to renew the house lease in February, and so that too has been closed. Another house has been rented in KKK Road, which doubles as a small office, and which is being shared by Bill Naj

and Stephen Tomlin and their families.

V. STATUS OF PREVIOUSLY PLANNED ACTIVITIES  
JANUARY 1 THROUGH MARCH 31, 1993

1. Complete orientation of new IMC Program Director.  
S. Completed on Thursday, February 4.
  
2. Finalize location of IMC Afghanistan training site with MOPH and O/AID/Rep..  
S. Mandated by O/AID/Rep. to be in Jalalabad. Agreements signed with IPH and with MOPH East Zone Director for delivery of training at Public Health Hospital #2.
  
3. Move all equipment/supplies and assigned staff from Nasir Bagh to training site in Afghanistan.  
S. Completed on Wednesday, March 3.
  
4. Begin CMCEP course #IV at new training site.  
S. Course commenced March 15, as per schedule.
  
5. Re-supply clinics not supplied in the fall due to the theft of supplies.  
S. All 5 clinics resupplied by IMC Monitors in February.

6. Complete close-out of IMC's clinic and student dorm at Nasir Bagh.  
S. Both closed out week ending March 4.
  
7. Prepare for implementation of Spring clinic re-supply with MSH supplied standard kits.  
S. All kits ordered and confirmed by MSH as en train. Awaiting authorization from O/AID/Rep. to proceed.
  
8. Notify all clinics identified by O/AID/Rep. as redundant, that IMC will no longer support them.  
S. IMC Monitors departed Nasir Bagh with notifications on March 7.
  
9. Continue to phase-out IMC Peshawar operations as appropriate.  
S. Phase-out plan approved by O/AID/Rep. and on schedule.
  
10. Continue in-country program monitoring activities.  
S. Monitoring was ongoing throughout quarter where prevailing conditions allowed.
  
11. Continue to provide O/AID/Rep. and WHO with all narrative and financial reports as required.  
S. All reports submitted.

VI.

PLANNED ACTIVITIES  
MARCH 15 THROUGH JUNE 31, 1993

1. Submit phase-out budget to O/AID/Rep. for approval.
2. Submit list of project staff and their termination dates to O/AID/Rep..
3. Finalize non-funded extension of Coop. Agr. #306-0211-A-00-1206-00 w/ O/AID/Rep..
4. Prepare to close out FY 92/93.
5. Evaluate structure of Sang Charak Clinic, Jowzjan Province, for completion of construction activities (Private funds).
6. Circulate current listing of IMC health facilities/staffing roster to AID, MSH, MCI, SCA, ACBAR, WHO, UNICEF to facilitate referrals from BIWs.
7. Complete Spring re-supply of remaining 17 IMC health facilities. *(Monitors to raise and explore issues of privatization with recipient clinics and communities.)*
8. Commence collation of data re: clinic activity/fees for service/staffing rosters, to determine impact these may have on privatization.
9. Re-start construction work to finish Sang Charak Clinic, (WHO funds).
10. Reduce 1/9 In-Country Health Facility Monitors.
11. Monitors to explore local sustainable alternatives to AHSAs in

areas where IMC will finally withdraw support from clinics.

12. Provide MSH with kit requirements for Fall re-supply of remaining health facilities.
13. Evaluate community and clinic staff feedback re: diminishing support and privatization, via re-supply monitoring missions.
14. Continue to provide O/AID/Rep. with all narrative and financial reports as required.

APPENDIX 1

(5 pages)

IMC SCHEDULE OF ACTIVITIES FOR  
PHASE-OUT AND CLOSE-DOWN OF ACTIVITIES  
RE: COOP. AGRMT. #306-0211-A-00-1206-00  
W/ O/AID/Rep..

IAC SCHEDULE OF ACTIVITIES FOR  
PHASE-OUT AND CLOSE-DOWN OF ACTIVITIES  
 re: COOP. AGRNT. #306-0211-A-00-1206-00  
 w/ O/AID/REP..

	ADMINISTRATION	TRAINING	IN-COUNTRY CLINICS
O N G O I N G	<ol style="list-style-type: none"> <li>1. Submission of weekly activity reports to O/AID/Rep. until final project close-out.</li> <li>2. Submission of quarterly listing of IMC In-Country Health Facilities/staff rosters to O/AID/Rep..</li> </ol>	<ol style="list-style-type: none"> <li>1. Coordination of training activities with IPH for:            CMCEP #IV: 20 trainees            CMCEP IV : 25 trainees            F. Mic.#1 : 8 trainees            F. Mic.#2 : 8 trainees</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitoring of 57 IMC (USAID supported) health facilities as ongoing activity until either the management of the last IMC health facility is transferred, or it is privatized or closed.</li> </ol>
N O V E M B E R	<ol style="list-style-type: none"> <li>1. Finalize reduced asset inventory for disposition to RONCO.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete CMCEP course #III.</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalize transfer of management of 12 health facilities to appropriate AHSAs.</li> <li>2. Notify 12 health facilities designated as redundant of withdrawal of IMC support.</li> </ol>
D E C E M B E R	<ol style="list-style-type: none"> <li>1. Reduce staffing levels and reorganize administrative structures to better manage reduced program activities.</li> <li>2. Continue discussions with IPH for joint CMCEP training course in-country.</li> </ol>	<ol style="list-style-type: none"> <li>1. Close out Nasir Bagh Training Clinic.</li> <li>2. Pack all clinic supplies/equipment for transfer to Afghan training site.</li> </ol>	<ol style="list-style-type: none"> <li>1. Transfer EPI Program to AVICRN.</li> <li>2. Notify MSH of kit requirements for Spring resupply for remaining 17 health facilities.</li> <li>3. Reduce 10/19 In-Country Health Facility Monitors.</li> </ol>
1993			
J A N U A R Y	<ol style="list-style-type: none"> <li>1. Complete orientation of new Program Director.</li> <li>2. Submit Quarterly Report to O/AID/Rep..</li> <li>3. Determine location of in-country training site with AID and IPH.</li> <li>4. Phase-out Admin. Officer position. (2 expat. positions remain).</li> </ol>		

	ADMINISTRATION	TRAINING	IN-COUNTRY CLINICS
F E B R U A R Y	<ol style="list-style-type: none"> <li>1. Finalize agreement with IPH for joint CMCEP/Field Microscopist refresher training.</li> <li>2. Further reduce local staff when transfer of training materials/equipment in-country completed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Begin minor rehabilitation of Training Clinic site, and set-up of student hostel.</li> <li>2. Finalize procurement of additional supplies required for CMCEP #IV with MSH.</li> <li>3. Transfer clinic equipment/furnishings to T. Clinic and hostel in-country.</li> <li>4. Training staff depart for in-country set-up.</li> </ol>	
M A R C H	<ol style="list-style-type: none"> <li>1. Submit phase-out budget to O/AID/Rep. for approval.</li> <li>2. Submit list of project staff and their termination dates to O/AID/Rep..</li> </ol>	<ol style="list-style-type: none"> <li>1. T.Clinic/Hostel set-up.</li> <li>2. Pre-test students for admission to CMCEP course #IV in-country. (7/3)</li> <li>3. Commence IPH/INC CMCEP training course #IV. (15/3)</li> </ol>	<ol style="list-style-type: none"> <li>1. Evaluate structure of Sang Charak Clinic, Jowzjan Province, for completion of construction activities (WHO funds).</li> <li>2. Advise 16 health facilities that were designated as redundant in November, but which had been supplied through April '93, of the withdrawal of INC support, and facilitate their privatization process.</li> </ol>
A P R I L	<ol style="list-style-type: none"> <li>1. Submit Quarterly Report to O/AID/Rep..</li> <li>2. Phase-out In-Country Program Manager position. (1 expat. position remains.)</li> </ol>	<ol style="list-style-type: none"> <li>1. Liaise with MSH re: supply requirements for third and fourth quarter.</li> </ol>	<ol style="list-style-type: none"> <li>1. Circulate current listing of INC health facilities/staffing roster to AID, MSH, MCI, SCA, ACBAR, WHO, UNICRP to facilitate referrals from BHWs.</li> <li>2. Begin Spring re-supply of remaining 17 INC health facilities. (Monitors to raise and explore issues of privatization with recipient clinics and communities.)</li> <li>3. Commence collation of data re: clinic activity/fees for service/staffing rosters, to determine impact these may have on privatization.</li> <li>4. Re-start construction work to finish Sang Charak Clinic, (WHO funds).</li> <li>5. Reduce 1/9 In-Country Health Facility Monitors.</li> </ol>

	ADMINISTRATION	TRAINING	IN-COUNTRY CLINICS
M A Y	1. Finalize non-funded extension of Coop. Agr. #306-0211-A-00-1206-00 w/ O/AID/Rep..		1. Monitors to explore local sustainable alternatives to AHSAs in areas where IMC will finally withdraw support from clinics. 2. Complete Spring re-supply. 3. Turn over Green Books to agency with responsibility for health surveillance. 4. Reduce 3/8 In-Country Health Facility Monitors.
J U N E	1. Close out FY 92/93.		5. Provide NSH with kit requirements for Fall re-supply of remaining health facilities. 6. Community and clinic staff feedback re: diminishing support and privatization, via re-supply monitoring missions, to be evaluated.
J U L Y	1. Submit Quarterly Report to O/AID/Rep.. 2. Prepare for annual audit of financial records, with scope of work to facilitate close-out audit in April '94.	1. Complete CHCRP training course #IV. (22/7) 2. Pre-test students for admission to Field Microscopist refresher training course #I. (19/7) 3. Commence Field Microscopist refresher training course #1. (25/7)	1. Complete construction work to Sang Charak Clinic, (WHO funds). 2. Confirm status of AHSAs and their ability to take over management of IMC health facilities within their districts.
A U G U S T		1. Pre-test students for admission to CHCRP Training course #V. (9/8) 2. Commence CHCRP training course #V. (15/8) 3. Liaise with NSH re: supplies for last quarter.	1. Seek sponsors to take over management of 7 IMC health facilities in Ghor, Helmand, and Wardak Provinces where there are no AHSAs, as well as for those clinics situated where AHSAs are weak.

	ADMINISTRATION	TRAINING	IN-COUNTRY CLINICS
S E P T E M B E R		<ol style="list-style-type: none"> <li>1. Complete Field Microscopist refresher training course #I. (16/9)</li> <li>2. Pre-test students for admission to Field Microscopist refresher training course #II. (20/9)</li> <li>3. Commence Field Microscopist refresher training course #II. (26/9)</li> </ol>	<ol style="list-style-type: none"> <li>1. Begin fall re-supply to 17 remaining IMC (USAID supported) health facilities.</li> <li>2. Initiate transfer process of remaining IMC health facilities to management by AHSAs or to other local bodies in cases where it cannot be sustained.</li> </ol> <p>** NO FINANCIAL/SALARY/COMMODITY SUPPORT TO USAID SUPPORTED HEALTH FACILITIES THAT EXTENDS ACTIVITIES BEYOND APRIL 30, '94.</p>
O C T O B E R	<ol style="list-style-type: none"> <li>1. Submit Quarterly Report to O/AID/Rep..</li> </ol>		<ol style="list-style-type: none"> <li>1. Complete Fall re-supply.</li> <li>2. Turn over Green Books to agency with responsibility for health surveillance.</li> <li>3. Reduce 2/5 In-country Health Facility Monitors.</li> </ol>
N O V E M B E R		<ol style="list-style-type: none"> <li>1. Complete Field Microscopist refresher training course #II. (18/11)</li> <li>2. Finalize transition of training programs to IPH.</li> </ol>	<ol style="list-style-type: none"> <li>1. Designate for privatization those health facilities that it is not possible to transfer.</li> <li>2. Remaining monitors to focus all activity on facilitating clinic privatization process, w/senior clinic staff, community groups, etc..</li> </ol>
D E C E M B E R	<ol style="list-style-type: none"> <li>1. Update asset inventory.</li> <li>2. Submit plan for final disposition of assets to AID for approval.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete CMCRP training course #V. (15/12)</li> <li>2. Turn over Training Clinic and Student Hostel to IPH.</li> <li>3. Terminate training staff and non-essential support staff.</li> </ol>	<ol style="list-style-type: none"> <li>1. Transfer of all IMC health facilities completed. (Remaining facilities already designated for privatization.)</li> </ol>

	ADMINISTRATION	TRAINING	IN-COUNTRY CLINICS
1994			
J A N U A R Y	<ol style="list-style-type: none"> <li>1. Submit Quarterly Report to O/AID/Rep..</li> <li>2. Begin disposition of assets.</li> </ol>	<ol style="list-style-type: none"> <li>1. Complete transition of training programs, materials, and equipment to IPH.</li> </ol>	
F E B R U A R Y	<ol style="list-style-type: none"> <li>1. Cut all non-essential employees.</li> <li>2. Prepare for close-out audit/Pakistan.</li> </ol>		<ol style="list-style-type: none"> <li>1. Monitors to complete any outstanding privatization process.</li> <li>2. Final notice to health facilities designated for privatization in November of IMC's discontinued support.</li> <li>3. Terminate employment of last 3 In-Country Health Facility Monitors.</li> </ol>
		**	**
M A R C H	<ol style="list-style-type: none"> <li>1. Conduct close-out audit/Pakistan.</li> <li>2. Draft final reports to O/AID/Rep..</li> <li>3. Close down Nasir Bugh office.</li> <li>4. Complete final asset disposition.</li> </ol>	** NO FURTHER IMC IN-COUNTRY ACTIVITIES THAT UTILIZE USAID FUNDS AFTER 2.28.'92.	** NO FURTHER IN-COUNTRY ACTIVITIES BY IMC THAT UTILIZE USAID FUNDS AFTER 2.28.'94.
A P R I L	<ol style="list-style-type: none"> <li>1. Terminate all remaining local staff.</li> <li>2. Close out lease on U. Town house/office.</li> <li>3. Complete any other close out activities.</li> <li>4. Finalize all financial reporting/Pakistan.</li> <li>5. Air freight all financial records and project files to Los Angeles.</li> <li>6. Finalize close-out audit/Los Angeles.</li> <li>7. Submit final reports to O/AID/Rep..</li> </ol>		
M A Y	** PYO SUPPORT PROJECT CLOSE-OUT BY O/AID/RRP..		

APPENDIX 2  
(3 pages)

IMC HEALTH FACILITY  
AND IN-COUNTRY STAFF LIST

INC HEALTH FACILITY & STAFF LIST (APRIL, 93).

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	B	AID	09-15-92
			ML	ABDULLAH	GHULAM GHAUS	452021			
			ML	ABDUL WUOOD	GHULLAH MOHD.	452022			
			ML	HABIBULLAH	AMANULLAH	452023			
			CLNR	TOURYALAI	QAHARUDIN	000114			
			GUARD	SHER ALI	SAYED ALI	000115			
BADGHIS	QADIS	1905	QADIS	QADIS	4022	C2	L,B	AID	09-10-92
			ML	ABDUL RAHIM	RAHAZAN	462021			
			ML	GHULAM HAIDER	QALANDAR	462022			
			ML	GUL MOHD.	FAZEL HAQ	472023			
			LT	ABDUL AZIM	AKHTER MOHD.	445021			
			CLNR	MIR AFZAL	MOHD. MIR	000117			
			GUARD	MOHD. GUL	MOHD. SAYED	000118			
BAGHLAN	DOSHI	1304	WALIAN	DOSHI	4032	C2	L,B	AID	11-13-92
			ML	QUDRATULLAH	FAQUTRULLAH	442033			
			ML	YAR MOHD.	NYAZ MOHD.	442034			
			ML	MOHD. TAHER	KHAN HIRZA	432035			
			LT	MUSHTAQ	BAND ALI	435033			
			CLNR	GUL MOHD.	SHAH MOHD.	000123			
			GUARD	JAMAN GUL	QAMBAR ALI	000124			
FARAH	PURCHAMAN	2110	QARIA-E-HIZGAN	PURCHAMAN	4061	C2		AID	01-28-93
			ML	JALALUDDIN	GUL MOHD.	462061			
			ML	ABDUL SAMAD	MOHD. RAFIQ	472062			
			ML	HOOR AHMAD	ABDUL RAZAQ	742113			
			CLNR	KHAN WALI	DELAWAR KHAN	000144			
			GUARD	MERZA BAHI	RASUL BAHI	000145			
FARYAD	QARAH QUL	1805	QARAH QUL	QARAH QUL	4072	C2	B	AID	11-08-92
			ML	MOHD. JUHA	ALLAH BIKDI	452071			
			ML	ABDUL HAQ	ABDUL QADIR	452123			
			CLNR	TAZA GUL	STANA GUL	000150			
			GUARD	JUHMA GUL	MUHD. JAN	000151			
GHOR	SHAHRAK	2702	KAHENJ	KAHENJ	4091	C2	B	AID	02-01-93
			ML	ABDUL SHAUKOOR	ABDUL RAHMAN	422091			
			ML	MOHD. NASSIM	FATEH MOHD.	442092			
			CLNR	ABDUL RASUL	MOHD. RASUL	000165			
			GUARD	KHALEQUE	JAN DAD	000166			
GHOR	PASABAND	2707	DOGHOR	PASABAND	4092	C2	B	AID	02-02-93
			ML	MIRZA SAYED MOHD MULA MOHD.		432093			
			ML	KAMALUDIN	JAMALUDIN	472094			

IMC HEALTH FACILITY & STAFF LIST (APRIL, 93).

PROVINCE	DISTRICT	MCD CODE	VILLAGE	FACILITY NAME	FACILITY #	FACILITY TYPE	SERVICES OFFERED	LAST-FUNDING	MONITOR	REMARK
			Level	Staffer's Name	Father's Name	ID Code				
			CLNR	MIR MADER	SAYED MADER	000168				
			GUARD	ZIAUDIN	KAMALUDIN	000169				
GHOR	TAIWARA	2705	LAL-E-SURKH	TAIWARA	4093	C2	L	AID	01-30-93	
			ML	GHULAM HAZRAT	ABDUL HAQ	422095				
			ML	MOHAMMAD	ALIF	432096				
			LT	MOHD. HAMED	FATZ MOHD.	425091				
			CLNR	MULA JAN	GUL JAN	000171				
			GUARD	DOUSI MOHD.	AHMAD KHAN	000172				
GHOR	TULAK	2704	GULDAN	TULAK	4094	C2		AID	02-01-93	
			ML	ABDUL AZIZ	ABDUL SAMAD	442097				
			CLNR	BABA RASHID	MIR JAN	000174				
			GUARD	SHAH DAULLAH	SAYED MOHD.	000175				
HELMAND	NAWA-E-BARAKZAI	2311	GHULAM KHAN	NAWA	4101	C2		AID	04-25-92	
			ML	MOHD. MARJAN	MOHD. MUSSA	422101				
			CLNR	BAZ MOHD.	NESSAR AHMAD	000177				
			GUARD	TOUR JAN	BARI DAD	000178				
HELMAND	NADE ALI	2310	NADE ALI CENTER	NADE ALI	4103	C1	K,L	AID	04-25-92	
			MD	ASSADULLAH	HABIBULLAH	411100				
			DENT	MOHD. HABIB	MOHD. LATIF	416101				
			LT	MOHAMMADULLAH	AHIR GUL	445103				
			NRS	MIA GUL	ASADULLAH	000183				
			NRS	GHAZI	HAJI GHAMAI	000184				
			NRS	NESSAR AHMAD	SHAH MOHD.	000185				
			CLNR	MAHMOOD JAN	AHMAD JAH	000186				
			GUARD	ABDUL HAKIM	ABDUL GHAFUOR	000187				
JOWZJAN	SANG CHRAK	1702	JUYBAR	SANG CHARAK	4121	C2	B,L	AID	11-18-92	
			ML	SHAHABUDDIN	ABDUL KARIM	422124				
			ML	JANAI GUL	MOHD. AFZAL	442126				
			LT	JANAI MIR	MOHD. IBRAHIM	435122				
			CLNR	RUSTAM BAHI	ABDUL RASHID	000201				
			GUARD	AHMAD SAYED	HANIDULLAH	000202				
KAPISA	MAHNUDE RAQI	0201	SHOKHI	KAPISA CENTER	4151	C2	L	AID	10-10-92	
			ML	GHULAM DASTAGIR	GHULAM SAKHI	422151				
			ML	ATTA MOHD.	KHAN MOHD.	432452				
			ML	MOHD. KALIM	MIA LAWANG	462151				
			LT	GHULAM JATLANI	KHAWAJA JAN	415152				
			CLNR	ALI MOHD.	ABDUL HAQ	000220				
			GUARD	SAYED ULLAH	SHER JAN	000221				
PARWAN	SHEIKH ALI	0309	SHEIKH ALI	GHOPJAND	4254	C2	L	AID	10-17-92	

IMC HEALTH FACILITY & STAFF LIST (APRIL, 93).

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			
			ML	MOHD. AYAZ	ABDUL GHIAS	432251			
			ML	HABIBULLAH	ABDUL MANAN	432252			
			ML	HABIBURAHMAN	MOHD. ALAM	472252			
			LT	ABDUL ALI	ABDUL GHANI	432258			
			LT	ABDUL WAHAB	GHORBANULLAH	445251			
			CLNR	MAHUR JAH	MAHMUD KHAH	000317			
			GUARD	HUSSAIN ALI	FAQIR ALI	000318			
SAMANGAN	HAZRAT SULTAN	1505	NAWAQUL	HAZRAT SULTAN	4261	C2	B,L	AID	11-13-92
			ML	SHAH WALI	ABDUL MANAN	452261			
			ML	ABDUL KHALIQ	TASHMURAD	472263			
			ML	HAYATULLAH	MOHAMMADULLAH	472264			
			LT	BISHILLAH	SADRJUDIN	445261			
			CLNR	ALI KHAN	SARDAR KHAN	000102			
			GUARD	MIR AFZAL	MOHD. AFZAL	000103			
SAMANGAN	AIBAK	1501	SARBAGH	SARBAGH	4262	C2	B,K,L	AID	11-13-92
			ML	ABDUL HAFIZ	ABDUL AZIZ	462261			
			ML	MOHD. AMIN	AHMAD JAH	472265			
			DENT	ABDUL BASIR	ABDUL RAHMAN	426241			
			LT	MOHD. AZIM	HAZRAT GUL	435264			
			CLNR	ABDEL	JAN DEL	000323			
			GUARD	ABDUL RAZEQ	DAD KHODA	000324			
WARDAK	SAYED ABAD	0408	KALI KHEL	SHINEEZ	4280	C2	A K,L,M	AID	02-01-93
			ML	HAZAR MOHD.	ZALHAI KHAN	412281			
			ML	SURAJUDDIN	SPBAT L JAH	412282			
			ML	HEKHATULLAH	HAZAR GUL	442253			
			DENT	ABDUL RAHMAN	HABIBURAHMAN	426281			
			LT	MOHD. ARIF	SARDAR KHAN	415282			
			X-RAY	ADAM KHAN	YAR MOHD.	424285			
			NRS	ROHU MOHD.	HOOR MOHD. KHAN	000326			
			NRS	MOHD. ESAQ	MOHD. GUL KHAN	000327			
			NRS	MOHD. HASHEM	ZALHAI KHAN	000328			
			NRS	ABDUL BARI	ABDUL WODOUD	000329			
			NRS	MOHD. KHAN	GUL KHAN	000330			
			NRS	AGHA GUL	SARAJUDIN	000331			
			WH	ABDUL QUDOUS	MOHO. 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 HAMZA	000336			
			COOK	HOOR MOHD.	AMIR MOHD. KHAN	000337			
			GUARD	HAYATULLAH	AMER JAH	000338			
			GUARD	HEMAYAT	MOHD. YUNUS	000339			
			GUARD	SABER	MIR HAMZA	000340			
			GUARD	DAUD	SAHEB KHAN	000341			

APPENDIX 3

(1 page)

IMC THIRD QUARTER EXPENDITURES,  
JANUARY 1, 1993 THROUGH TO MARCH 31, 1993

INTERNATIONAL MEDICAL CORPS  
GRANT # 306-0211-A-00-1206-00

QUARTERLY GRANT EXPENDITURES  
JANUARY 01, 1993 TO APRIL 30, 1993

	JAN'1993	FEB'1993	MAR'1993	TOTAL
<b>PESHAWAR</b>				
1. Personnel	21,593	9,886	13,846	45,325
2. Transportation	4,992	2,631	3,806	11,429
3. Supplies and Equipment	18	0	0	18
4. Other Direct Cost	21,666	8,612	7,721	37,999
5. Overhead	8,206	3,592	4,313	16,111
Sub. Total \$	56,475	24,721	29,686	110,882
<b>AFGHAN CLINICS</b>				
1. Personnel	7,262	6,169	5,513	18,944
2. Transportation	3,378	162	465	4,005
3. Supplies and Equipment	0	0	0	0
4. Other Direct Cost	33	11	0	44
5. Overhead	1,815	1,078	1,016	3,909
Sub. Total \$	12,488	7,420	6,994	26,902
<b>TRAINING CENTER JALALABAD</b>				
1. Personnel	0	2,260	6,365	8,625
2. Transportation	0	397	3,501	3,898
3. Supplies and Equipment	0	0	0	0
4. Other Direct Cost	0	3,457	5,561	9,018
5. Overhead	0	1,039	2,623	3,662
Sub. Total \$	0	7,153	18,050	25,203
Total \$	68,963	39,294	54,730	162,987