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1992 ANNUAL REPORT

**MEDICAL PVO CO-FINANCING PROGRAM**

TO THE OFFICE OF THE AID REPRESENTATIVE

International Rescue Committee  
Cooperative Agreement # 306-0201-A-9826-00

Reporting Period: January 1 - December 31, 1992

## 1992 ANNUAL REPORT

### MEDICAL PVO CO-FINANCING PROGRAM

#### I. OVERVIEW

##### A. SUMMARY OF GRANT ACTIVITY

In 1992, IRC provided financial assistance to six international and Afghan NGOs through the Medical PVO Co-Financing Program. A total of U.S.\$370,474 was awarded to organizations implementing projects in both Pakistan and Afghanistan. Sub-grantee project activities included: clinical services to women and children, refresher and advanced medical training for health workers, training of traditional birth attendants, and a community survey of existing health resources. A detailed description of each sub-grantees' accomplishments is contained in section II of the report.

SUMMARY OF MEDICAL PROGRAM GRANTEE ACTIVITY FOR 1992			
NAME OF AGENCY	PROJECT LOCATION	TYPE OF ACTIVITY	AMOUNT DISBURSED BETWEEN 01/01/92-12/31/92
Afghan Obstetrics & Gynaecology Hospital	Peshawar, Pakistan	Outpatient, and inpatient medical care for women and children	\$130,000
Medical Refresher Course for Afghans	Hyatabad, Pakistan	Specialized advanced medical courses for mid-level health workers	\$29,716
Medical Training for Afghans	Hyatabad, Pakistan	One year training for mid-level health workers	\$28,474
German Afghanistan Committee	Chak-e-Wardak, Afghanistan	Hospital clinical services for men, women, and, children	\$50,000
Handicap International	Quetta, Pakistan Ghazni, Kandahar, and Helmand Afghanistan,	Training in construction of prostheses for technicians. Operation of prosthetic rehabilitation workshops in Afghanistan	\$124,284
Aide Medicale Internationale Afghanistan	Logar, Afghanistan	Assessment of area clinics, evaluation of health worker skills and follow-up training, training of traditional birth attendants	\$8,000

## **B. STRENGTHENING MANAGEMENT AND OVERSIGHT**

**Proposal Development.** During 1992, IRC instituted several new measures to strengthen the oversight and management of the Medical Grant Program. Whereas in the past, IRC served mainly as a "pass-through" for USAID funds with little involvement in proposal development or project monitoring, IRC has now assumed the lead role for these activities. A formal grant application process has been established. Potential grantees are required to meet written eligibility criteria and submit proposals according to a standardized format. IRC works closely with potential grantees to develop project ideas and has primary responsibility for review of draft proposal submissions. Final authority for approval or refusal of all proposals remains with USAID.

**Financial Management.** IRC has also increased financial auditing and field monitoring of medical grantees. In May, IRC/RAP's Assistant Internal Auditor assumed primary responsibility for the financial management of the Medical PVO Grant Program. In addition to monthly financial reporting requirements, a schedule for routine audits has been implemented. During 1992, all medical grantees were audited at least once and a total of eight audits were completed.

**Project Monitoring.** 1992 marked the beginning of involvement by IRC/RAP's monitoring team in the Medical PVO Program. On a routine basis, RAP's monitoring team conducts visits to cross-border project sites to collect information on program activities. This information is used for internal purposes only and will strengthen the accountability of projects being implemented in Afghanistan. The monitoring team successfully completed two missions in 1992. As more cross-border grants are awarded additional missions will be planned. Future grant awards will only be made to project sites that are accessible to the RAP monitoring team.

**Project Evaluation.** IRC also began conducting evaluations of longer-term grantees (those whose grants cover a period of one year or longer). The purpose of project evaluations is twofold: 1) to provide IRC and USAID with information regarding the performance of various NGOs, and 2) to provide grantees with feedback that can help strengthen their programs. During 1992, three large-scale evaluations were completed for: **The Psychiatry Centre for Afghans (PCA)**, **Afghan Obstetrics and Gynaecology Hospital (AOGH)**, **Handicap International (HI)**. As a result of these evaluations both the AOGH and HI initiated several management reforms that have improved their ability to serve patients.

## **C. NEW DIRECTIONS FOR 1993**

The Medical PVO Co-Financing Program underwent significant change and development during 1992. In response to unfolding events in Afghanistan (including the emergence of a central government in Kabul and the subsequent return of thousands of refugees to their homeland), IRC and USAID worked together to establish new priorities for the program. The new program objectives reflect a shift away from emergency medical assistance for refugees and Pakistan-based projects. Instead, the program will now target assistance in support of repatriation and

reconstruction efforts in Afghanistan. Beginning in 1993, funds will be provided to:

- 1) primary and preventive health projects that improve and protect the health of women and children,
- 2) public health projects such as sanitation, health education/training, that serve Afghan communities, particularly those affected by refugees or repatriations.

On December 20, 1992, IRC and USAID finalized an extension of the cooperative agreement. Although no new funds were provided for 1993, the program will continue to operate through March 31, 1994 using carry-over funds totalling U.S.\$ 450,960. This operating budget is significantly less than in past years, a reflection of the overall cutbacks in U.S. Government support for Afghan refugee assistance. Nevertheless, in keeping with the spirit of the new program objectives, IRC plans to focus on lower-cost public health initiatives and support fewer clinical/curative services (which tend to be more costly).

IRC and USAID jointly established funding priorities for 1993. When considering new proposals, priority will be given to:

- 1) **Urban areas.** Priority will be given to projects in **urban areas**. Urban areas may include district centers, provincial capitals, and other densely populated areas. Projects must also be physically accessible to the IRC/RAP monitoring team.
- 2) **Women and Children.** Priority will be given to projects that improve the health of **women and children** and other underserved populations.
- 3) **Types of Activities.** Priority will be given to projects with a public health/preventive focus such as: **health education, training, maternal and child health services, water and sanitation, assessment of community health needs,** and on a limited basis emergency assistance.
- 4) **Afghan Private Voluntary Organizations.** Priority will be given to Afghan PVOs which demonstrate the organizational capabilities needed to implement health activities and to international PVOs that employ Afghan staff in the implementation and management of the project.
- 5) **Sustainability.** For long-term projects (those that will continue after the grant has ended such as MCH clinics), priority will be given to projects that incorporate some measure of sustainability. Examples of measures that encourage sustainability might include: fees for service; community participation; transfer of the program or clinic to a permanent Afghan authority such as the Ministry of Public Health, Regional Health Committee, or local shura. For short-term projects (those that begin and end during the period of the grant such as a needs

assessment or training course) priority will be given to projects that demonstrate some relevance to ongoing health services in the community. For example, an organization might collect information from area clinics on the pathologies most commonly diagnosed, then use this information to design a public health education campaign.

## II. GRANT ACTIVITY

### Medical Training for Afghans (MTA)

Since 1986 MTA has trained small groups of students from under-served areas of Afghanistan to be advanced mid-level health workers. Between 1986 and January 1, 1992 88 "assistant doctors" have graduated from the course. The 16-month training program is implemented by the French organization Aide Medicale Internationale--Afghanistan (AMIA) based in Peshawar. Practical and theoretical training sessions take place in the 25 bed MTA hospital for Afghan refugees located at the Integrated Training Center (ITC) complex in Hayatabad. Courses cover a wide range of topics such as ophthalmology, dentistry, pediatrics, and public health. Students gain clinical practice during consultations at the hospital and in refugee camps. Upon completion of their training, graduates are provided with medications and medical supplies to last them several months. The majority return to their home provinces in Afghanistan to work in PVO-supported clinics.

IRC/USAID support for the project began in 1989. MTA's final grant expired September 30, 1992. During this period MTA received a total U.S.\$ 286,476. Although IRC funding for the project has ended, MTA's training program will continue at the ITC site in Hayatabad. Given the current instability in Afghanistan and the uncertainty of future donor support MTA has not yet decided whether they will relocate to Afghanistan and continue the program once the current class has graduated.

During 1992, MTA continued training of the seventh promotion class and opened a small clinic in the Azrat-e-Belal refugee camp on the outskirts of Peshawar. MTA also provided emergency medical assistance to refugees fleeing severe fighting in Kabul in early September.

A total of 20 trainees were initially enrolled in the seventh promotion class. This number was eventually reduced to 16 after four of the students failed to pass the mid-term medical exam. (The four students were discharged with a certificate in first aid and nursing care). The remainder of the class is scheduled to complete their training in early 1993.

In early 1992, MTA began providing two consultations per week to refugees in the Azrat-e-Belal camps. Because Azrat-e-Belal is an unregistered camp, residents had received little assistance from refugee organizations despite the fact that they had been living in the area for more than six years. Throughout the year, MTA students have been the only providers of medical care for Azrat-e-Belal residents.

At the request of the Afghan Ministry of Public Health, MTA sent a medical team to Jalalabad in September to assess the needs of displaced persons fleeing the fighting in Kabul. The team was asked to evaluate the possibility of establishing a clinic in Nīngarhar. The team concluded that too many temporary health programs were being established in the camps when existing health resources (namely the University Hospital) were not being refurbished and utilized. Instead, MTA agreed to reinforce an existing clinic located in Mohmand Ara district. For a period of two months MTA sent one physician and two students to the clinic for consultations one day a week.

Summary of 1992 MTA Activities	
Duration of IRC Support During 1992 -	9 months
Total Amount of IRC Funding During 1992	\$28,474
Total Number of Direct Beneficiaries	Trained 20 students
Total Number of Indirect Beneficiaries	men, women, and children patients at the MTA hospital and refugee camp clinic (data not available)

#### **Aide Medicale Internationale Afghanistan (AMIA)**

AMIA was awarded a six month grant from July 15, 1992 to January 15, 1993 to conduct public health development activities in Baraki Barak and Charkh districts of Logar Province. AMIA has been working in Logar province since 1989. The long term goal of this organization is to work with the MOPH and local authorities to establish a provincial health care system based on the WHO "Masterplan for Rehabilitation and Reconstruction". The short-term grant provided by IRC was intended to assist AMIA in laying the groundwork for on-going training and public health development activities. The major objectives of the project were to: 1) determine the baseline of existing health resources in the area by conducting a survey of clinics and evaluating the skills of health care workers, 2) improve the quality of services in Baraki Barak and Charkh by training 25 health workers in public health and outreach strategies, 3) improve the quality of available health services for women in Baraki by identifying, evaluating, and retraining 8 dais previously trained by AMIA and other organizations, 4) increase access to health care for women and reduce maternal and infant mortality by identifying and training community women as dais, and 5) strengthen the sustainability of the health care system for women in Baraki Barak by identifying and training a local female with health experience as a female trainer who will supervise the work of dais.

During 1992, AMIA sent two physicians (one female expatriate and one male Afghan) to the project site. The female physician was assigned for a three month period to promote women's health activities. The male physician remained on-site throughout the duration of the project and had primary responsibility for the clinic survey, evaluation of health worker skills, and follow-up training. All of the field activities were completed by mid-November. The last month of the

grant period was used to compile survey results and prepare the final reports.

Activities completed in the area of women's health include the following: eight community women from the village of Pande, who had previously received training as dais, were located. Following an evaluation of their skills a six week refresher course was conducted for the group. Nine women from the neighboring village of Kalai Mamai were also selected to participate in this training. Of the 17 women who received training, 15 successfully completed the course and were given dai kits. One educated woman who had previously received training from MSH to become a health trainer was located. Although she was not currently working, she expressed some interest in becoming involved in community health activities. Following an evaluation of her skills a recommendation was made that she should receive refresher training in complicated deliveries. Clinical consultations were held three mornings per week and an average of 16 women presented at each session. (Clinical services were not part of the original project design. The AMIA physician began providing these services in response to community requests). One Afghan woman was identified as a potential supervisor/trainer for dais and female community workers. Unfortunately, family obligations prevented this woman from participating in the project. Future training is contingent on AMIA's ability to locate another female physician for a short-term assignment.

Activities completed in the area of public health development include the following: A survey of 21 health facilities in Baraki Barak and Charkh was completed. The health facilities are supported by MSH, SCA, and IMC and include 16 clinics, 2 MCH clinics, 3 BHW posts. At each clinic, information was collected on: 1) the type and condition of existing equipment, 2) geographic parameters of the catchment area, 3) number of staff actively working, 4) data on pathologies diagnosed, 5) demographic characteristics of patients. An evaluation of the clinical skills of 107 workers was completed. Information was collected using survey questionnaires and through direct observation. Based on this evaluation, a community health education course for was organized. Two six-week training sessions were conducted for a total of 20 male health workers in Baraki Barak.

Although IRC funding for the project has ended, AMIA will continue its activities in Baraki Barak and Charkh. The clinic survey provides an invaluable source of up-to-date, detailed information about area health resources and common community health problems. AMIA plans to share this information with MSH, SCA, IMC and MOPH health officials. It is hoped that this information will be used to plan for the future rehabilitation and strengthening of the health care system in Baraki Barak and Charkh.

Summary of 1992 AMIA Activities	
Duration of IRC Support During 1992	6 months
Total Amount of IRC Funding During 1992	\$8,000
Total Number of Direct Beneficiaries	Trained 17 dais/female health educators Evaluated skills of 107 clinic workers Trained 20 male community health workers Assessed 21 area clinics
Total Number of Indirect Beneficiaries	Provided clinical services to 336 female patients during 7 weeks female physician was on-site.

### Medical Refresher Course for Afghans (MRCA)

MRCA's medical training program began in 1986. The program was designed to upgrade the technical skills of health professionals in various medical specialties including: surgery, x-ray, anaesthesia, dressing care, and dentistry. Students are selected from the pool of mid-level health workers already employed by NGOs implementing health activities in Afghanistan. Training takes place via practical and theoretical sessions in MRCA's 40 bed hospital for Afghan refugees at the ITC in Hayatabad. Sessions typically last two to ten weeks. Students receive intensive instruction on an individualized basis or in small groups of two to five trainees.

IRC funding for MRCA began in 1989. MRCA's final subgrant expired September 30, 1992. The total amount awarded during this period was U.S.\$ 213,716. Although IRC's support for the project has ended, MRCA plans to continue both training and curative activities and examine the feasibility of moving across the border to Afghanistan.

During the nine months of 1992 that IRC provided funding to MRCA, a total of 102 specialized trainings were conducted. Twenty four specialized courses were offered during this period. The following international organizations sent participants to MRCA trainings: Medical Training for Afghans (MTA), Management Sciences for Health (MSH), Swedish Committee for Afghanistan (SCA), German Afghanistan Committee (GAC), Norwegian Afghanistan Committee (NAC), and SERVE.

Summary of MRCA 1992 Activities	
Duration of IRC Support During 1992	9 months
Total Amount of IRC Funding During 1992	\$29,716
Total Number of Direct Beneficiaries	102 training sessions
Total Number of Indirect Beneficiaries	2,340 surgical consultations 697 inpatients

## **Afghan Obstetric and Gynaecology Hospital (AOGH)**

AOGH was founded in 1984 by an Afghan refugee physician and Afghan obstetrician/gynecologist practicing in the United States. Since that time AOGH has grown from an outpatient facility serving 30 women a month to a 24 bed hospital seeing over 2,000 outpatients per month and admitting over 500 inpatients per month. AOGH has surgical and diagnostic facilities and provides immunizations, pediatric care, health education, and practical training to female advanced and mid-level health workers from other organizations.

IRC/New York was one of the original AOGH donors. IRC/USAID support of the AOGH, through the Medical PVO Program, began in 1989. From 1989 through December 31, 1992 the AOGH received a total of U.S. \$405,876 from IRC/USAID.

Following significant repatriation of refugees from the NWFP to Afghanistan during May, June, and July, AOGH made the decision to phase out the Peshawar hospital and relocate to Ningarhar province in Afghanistan. From June onward, the hospital's attention has been focused on planning and preparing for the eventual transition to a cross-border site. Planning for the transition has been a difficult and turbulent process for the AOGH. Two events, the outbreak of hostilities in Kabul in August and the subsequent wave of new refugees coming to Peshawar have further complicated the situation. Throughout 1992, patient numbers at the Peshawar hospital remained constant despite significant refugee repatriation.

Given the deteriorating security conditions and the influx of new refugees, IRC became increasingly concerned that plans for the transition were progressing too rapidly. In September, AOGH sent two missions to Jalalabad to identify options for relocating services. The team concluded that AOGH should work independently of the government facility (University Hospital) on a separate site but within the framework of the government and the Ningarhar Shura. The team recommended that the AOGH establish a private clinic and hospital in a building that was formerly used as a school. The site selected for the new AOGH facility is located on the private property of Dr. Momand on the outskirts of Jalalabad city.

Since June, IRC has been holding regular meetings with the AOGH to negotiate what, if any, financial support could be provided for cross-border services. In the interim, IRC continued to provide support for Peshawar-based services throughout 1992 and offered to provide financial assistance for Peshawar through April 30, 1993 in the event that the AOGH decided to slow down their transition plans.

AOGH's largest donor, the Norwegian Refugee Council, agreed to finance both the cost of renovations and the cost of moving from Peshawar to Jalalabad. IRC is not willing to support a private hospital because we are concerned that such a facility would duplicate public services, divert donor resources from a more sustainable and desperately needy public institution and invest in a program which in the long run could only be sustained by prohibitively high user fees--thus excluding most Afghan women.

IRC would be willing to support an outpatient facility if the AOGH could adequately demonstrate they are pursuing collaborative activities with existing Afghan health authorities, that they have the support of local authorities to run a private OPD, and that they have some plan for sustaining the program over the long run once IRC/USAID funding has ceased.

The Peshawar AOGH is scheduled to close in February 1993. The Jalalabad OPD will open in January 1993 and the hospital will open in March or April. Negotiations between IRC and AOGH regarding future funding are continuing.

Summary of AOGH 1992 Activities													
Duration of IRC Support During 1992	12 months												
Total Amount of IRC Funding During 1992	\$130,000												
Total Number of Direct Beneficiaries	<table> <tr> <td>Outpatients</td> <td>23,791</td> </tr> <tr> <td>Inpatients</td> <td>5,768</td> </tr> <tr> <td>Babies Delivered</td> <td>4,537</td> </tr> <tr> <td>Child Immunizations</td> <td>14,791</td> </tr> <tr> <td>Women Immunizations</td> <td>3,919</td> </tr> <tr> <td>Recipients of Health Education</td> <td>41,017</td> </tr> </table>	Outpatients	23,791	Inpatients	5,768	Babies Delivered	4,537	Child Immunizations	14,791	Women Immunizations	3,919	Recipients of Health Education	41,017
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Inpatients	5,768												
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Child Immunizations	14,791												
Women Immunizations	3,919												
Recipients of Health Education	41,017												
Total Number of Indirect Beneficiaries	ARC, SCA, MOPH, SCF-UK all sent female staff for training												

### Handicap International

Handicap International (HI) is a French- and Belgian-supported NGO specializing in providing services to the disabled in developing countries throughout the world. In 1990, HI received its first grant from the Medical PVO Grant Program to provide prosthetic training to Afghan technicians and construct and equip four prosthetic rehabilitation units in Afghanistan which would be staffed by the HI graduates. Prosthetic courses were held at the HI training center in Quetta, Pakistan. HI worked with two partner agencies, Mercy Corps International (MCI) and Islamic Aid Health Center (IAHC) to establish the cross-border rehabilitation units. MCI was the implementing partner for two units located in Dara, Helmand and Panjwai, Kandahar. The other two were sponsored by the IAHC in Spendai, Ghazni and Kārni Manda, Helmand.

HI's original grant expired August 31, 1992. During 1992, HI completed a "below the knee" (BK) training session for one new MCI technician from the Kandahar rehab unit and two BK refresher trainings for IAHC technicians from Helmand. HI expanded the training component of the program and began offering "above the knee" (AK) courses for the first time. One AK training session was completed for two technicians from IAHC's Ghazni unit and MCI's Helmand unit. A second AK training was started for IAHC technicians and is scheduled to finish in early 1993.

During 1992, three of the four cross-border rehabilitation centers were operational. These were the Dara/Helmand and Panjwai/Kandahar units (operating under the supervision of MCI) and the Spendai/Ghazni unit (operating under the supervision of IAHC). Due to a number of setbacks, the fourth unit located in Mosa Qala/Helmand never became operational. Completion of the Mosa Qala unit was delayed due to disputes over payment for construction. Shortly after the unit was finally completed in early June, all of the equipment and materials were looted. Despite appeals to local commanders no effort was made to recover the stolen property. Given the volatile security conditions, IRC decided not to re-supply the unit. Consequently although the Mosa Qala technicians successfully completed their training, the rehabilitation unit is now defunct.

The three operational rehabilitation centers continued to serve patients throughout the year although low patient volume remains a serious problem. Prior to the termination of HI's original grant in August, IRC commissioned an evaluation of the two-year project. The evaluation was conducted by Ms. Diana Jelich, a public health consultant. The evaluation documented the activities that were completed during the two year period of the original grant and provided a discussion of critical issues for future planning. The report concluded that HI had fulfilled the objectives of the original pilot project and recommended that HI continue training to upgrade the skills of the technicians that were trained under the initial grant. However, the report also stressed that low patient volume at all of the cross-border rehab units was a serious problem that required attention and threatened to undermine the entire project.

Other highlights from the evaluation report included:

- \* Training and technical follow-up, provided by HI, were identified as the major strengths of the project.
- \* Integration of project technology and services with the Afghan Government and other NGO activities were among the most critical issues for future planning.

HI's original grant expired August 31, 1992. HI was granted a six-month non-funded extension to continue training at the Quetta-based unit and to support one Afghan technician in the advanced-level GTZ PETCOT training program at Peshawar University. The extension marked a significant modification to the original design of HI's Afghanistan project. HI is no longer directly involved in the management of the cross-border rehab units and has ended its financial relationship with partner agencies MCI and IAHC. HI has signed a new agreement with the partner agencies to serve as the technical advisor to the rehab units. This change means that while HI will continue to conduct training for the MCI and IAHC technicians, the cross-border rehab units will no longer receive financial support through the HI IRC/USAID-funded grant. MCI has secured funding directly from USAID to continue operating its rehab units. IAHC submitted a proposal to IRC which was approved with a January 1, 1993 start date.

Patient information from the cross-border units was collected on a cumulative basis beginning on the date that each unit became operational. Available data are as follows:

**Dara\Baghran\Helmand (Partner Agency: MCD)**

Patient Data December 1990 to October 1992

Number of patients seen:	below knee amputee	37
	above knee amputee	12
	others	276
Number of patients referred:	hospitals in Afghanistan	112
	HI-Quetta for prosthesis	10
	HI-Quetta for other	3
Number of devices given:	B.K. prosthesis	34
	crutches	297 pairs

**Spendai\Ghazni\Ghazni (Partner Agency: IAHC)**

Patient Data October 1990 to September 1992

Number of patients seen:	below knee amputee	30
	(one double amputee)	
	above knee amputee	24
	other	25
Number of patients referred:	hospitals in Afghanistan	5
	HI-Quetta for prosthesis	2
	HI-Quetta for other	1
Number of devices given:	below knee prostheses	17
	above knee prostheses:	1
	crutches:	48 (pairs)

**Nakhouni\Panjwai\Kandahar (Partner Agency: MCD)**

Patient Data February 1992 to September 1992

Number of patients seen:	below knee amputee:	24
	above knee amputee:	42
	other:	75
Number of patients referred:	hospitals in Afghanistan:	22
	to HI-Quetta for prosthesis:	46
	to HI-Quetta for other:	45
Number of devices given:	below knee prostheses:	17
	crutches:	72 (pairs)

**German Afghanistan Committee (GAC)**

GAC was formed in 1984 to provide humanitarian aid and medical relief in Afghanistan. GAC received its first USAID subgrant through the Americares Foundation in 1986. Beginning in 1989, GAC received funding directly through the IRC Medical Grant Program. In 1992 GAC operated a hospital in Chak, Wardak Afghanistan. The hospital provided the following services: OPD, laboratory, x-ray, pharmacy, minor surgery, and dental care. Between 1989 and 1992 GAC received a total of U.S.\$ 1,350,000.

GAC's grant expired June 30, 1992. IRC received GAC's final financial report in September and IRC's accountant has begun the formal close-out procedures. Despite repeated requests (both written and phone), GAC has failed to submit any narrative report for the final quarter of the grant period. A final audit of GAC was conducted on October 6 and 7, 1992. At this date, IRC auditors are still working with the GAC staff to resolve all financial matters.

Throughout the course of the grant, GAC has been consistently negligent in submitting required narrative and financial reports. Reports were often submitted late and frequently the requested information was not provided. Field staff in Peshawar and the home office in Bonn, Germany have generally been unresponsive to IRC's requests to ameliorate this problem. All of GAC's financial records are kept in the Bonn office which has hindered IRC's ability to monitor financial transactions. Furthermore, as mentioned in the last quarterly report, IRC has heard that GAC is currently under investigation in Germany. In July, IRC contacted the German Embassy to express our concern about these rumors and to request that IRC be kept informed regarding the status of the GAC investigation. To date, we have received no additional information on this matter.