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QUARTERLY NARRATIVE REPORT
TO THE AFGHAN FIELD OFFICE
MEDICAL PVO CO-FINANCING PROGRAM

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

Reporting Period: July 1 - September 30, 1993

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QUARTERLY NARRATIVE REPORT

MEDICAL PVO CO-FINANCING PROGRAM

I. SUMMARY

Since receiving official notification from USAID in May that USAID funds cannot be used to support new NGO health activities IRC/RAP has been investigating alternative sources of donor support. While the USAID-funded "Medical PVO Co-Financing Program" will cease to exist in its current form, when the IRC/USAID cooperative agreement expires on April 30, 1994, IRC plans to continue its grant assistance program for Afghan NGOs. In its new form, IRC's assistance program for Afghan NGOs, known as the Rural Assistance Program, will support rehabilitative projects in agriculture, irrigation, road repair, primary/preventive health, and education in those areas of Afghanistan where there is active or potential repatriation.

RAP has already begun to make the transition from a fully USAID-funded program to a multi-donor funded program. New funding has been secured from Stichting Vluchteling and UNHCR to continue support for Afghan NGOs in 1993 and 1994. IRC and the European Community are concluding negotiations on a two-year agreement that should be finalized by the end of November 1993. This agreement would provide support for RAP through 1995.

Two new health subgrants were awarded in July financed with non-USAID funds. Throughout the summer subgrants were also made in the agriculture, irrigation, and road repair sectors using non-USAID funds.

~~Close-out of the USAID-funded Medical PVO Co-Financing Program is continuing according to schedule.~~ IRC submitted the phase-out plan to USAID in August. There are currently two active USAID-funded subgrantees the Islamic Aid Health Centre (IAHC) and the Mujahid Emergency Medical Center (MMC) remaining in the Program. The USAID-funded subgrant to the Afghan Amputee Bicyclists for Recreation and Rehabilitation (AABRAR) expired in July although AABRAR is continuing their program in Jalalabad with support from other donors.

II. PVO ACTIVITY AND ISSUES

Mujahid Emergency Medical Center

During the months of July and August, female medical staff (including the six members of the Family Training Program team and one additional female MMC nurse) attended seminars on oral rehydration and the management of diarrhea.

The female staff continued to visit patient families in their homes in Qasaba as well as refugee camps adjacent to Jalalabad City. Female teams, consisting of one doctor and two L.H.V.s. are routinely accompanied on their visits by MMC male counterparts. Female staff meet with the female members of a household inside the house while male staff simultaneously discuss health

issues with the male relatives in the courtyard. This model of home visiting seems to be effective on several levels. The use of mixed gender teams seems to have increased mobility for MMC female staff by providing them with "security" as well as a socially acceptable male escort. The presence of a legitimate "male escort" has in some cases broadened the catchment area for home visits. In addition, the use of mixed gender teams has been well received by the community and has enabled MMC to communicate family health messages to males who, in many cases, have a great deal of influence over the health and well being of the children in the family.

Home visiting continued according to schedule during July and August. In early September MMC decided to temporarily suspend home visiting activities due to disturbances in Jalalabad following the assassination of Commander Shimali. By the end of September home visiting activities had been resumed on a partially reduced schedule. Staff are proceeding cautiously and have not encountered any problems. This quarter MMC also began distributing incentive items such as soap and supplemental foods for infants to mothers during clinic and home visits. These items are distributed during education sessions and are intended to encourage mothers to adopt the health practices discussed during the session.

In July, IRC sent a medical monitor to visit the MMC program in Jalalabad. The findings from this mission have been sent to USAID under separate cover. The report confirmed that the MCH clinic is well organized; staff are competent, motivated, and professional; there is a good system of referral and follow-up between the home visiting activities and the clinic; and that MMC enjoys broad-based support from the community. The main problem facing the MCH program continues to be the lack of sufficient space to serve the large number of female and pediatric patients that are presenting for services.

A summary of MMC beneficiary data is presented in the table below. Detailed statistics are available in MMC's attached report.

Summary of MMC Beneficiary Data: July 1 - September 30, 1993		
Number of families visited*		86
Number of	Women visited in the home	427
Number of	Children (0-4 years of age) visited in the home	214
Number of	Children (5-15 years of age) visited in the home	153
Vaccination beneficiaries**		3,294

* Numbers are somewhat lower than expected due to decrease in activity during September. See MMC report for monthly breakdown of figures.

** Detailed vaccination beneficiary data is presented in the MMC quarterly report.

Islamic Aid Health Centre

IAHC is continuing their efforts to increase the number of patients presenting for services in the workshop and to upgrade the skills of the technicians. As part of the ongoing partnership with IAHC, Handicap International (HI) had planned to send a mission to the Spendai Unit to assess the quality of the work performed by the technicians. Based on this technical assessment, which was to have taken place in August, HI planned to design a one month course for the technicians to upgrade their skills and teach them how to construct the "superior foot". Unfortunately, the mission was postponed due to security problems on the road between Quetta and Ghazni. Security in the Ghazni area surrounding the IAHC workshop has not been a problem. The assessment has been rescheduled for October. HI hopes to offer the training course to two of the technicians in late October or early November.

In the meantime, progress has been made in the effort to increase the number of patients presenting for services. Last January, IAHC and HI worked together to establish realistic prosthetic production and patient recruitment goals. A production goal of two completed prosthetic devices per technician each month (or a total of eight prosthetic devices per month) was established. In August, the Spendai Unit exceeded the goal by completing the production of nine prosthetic devices during the month. As winter approaches the number of patients is likely to decrease again as heavy snow and inclement weather prevent people from travelling to the Rehab Unit.

In September, IRC sent a monitoring team to the Spendai Unit to collect information on IAHC's outreach activities and to gain an impression of community awareness of IAHC services for the disabled. Overall, IRC staff were impressed with IAHC's efforts to generate community awareness about the services provided by the Unit. Staff appear to use the motorcycle to visit patient homes and nearby clinics on a regular basis. Posters had reportedly been hung in Ghazni City (although this could not be confirmed). On route to Spendai the IRC team asked passersby about IAHC and found that the majority of people were familiar with IAHC services. In addition, reciprocal referral of patients routinely occurs between the Rehab Unit and the local clinic. All of this indicates that outreach efforts have at least heightened awareness within the community and the local clinic about IAHC services. IRC has recommended that IAHC conduct a survey of the surrounding area to estimate the number of disabled persons who might need services. This information could be used to target future outreach activities.

Afghan Amputee Bicyclists for Recreation and Rehabilitation

AABRAR was awarded a one month no-cost extension to complete the renovations on the center in Jalalabad. The extension expired on July 5, 1993. The final audit has been conducted and should be finalized by the end of October. Although IRC/USAID funding for the project has ended, AABRAR is continuing their activities with support from other donors. AABRAR submitted a video with highlights of the bicycle race and center-based activities. A copy of the video tape was sent to USAID under separate cover.

In July a monitor was sent to the AABRAR center in Jalalabad to document the progress that was made in implementing activities. Highlights of the visit are as follows. At the time of the visit, 20 lower limb amputees were enrolled in the 30 day rehabilitative cycle course. All of the trainees were in attendance and literacy, first aid, and bicycle repair courses were being offered according to schedule. Both female and male patients were receiving physical therapy at the Center on a daily basis. Male patients were also visited in their homes. AABRAR has initiated coordinating activities with Kuwaiti Red Crescent Society, Sandy Gall for Afghanistan, and the Apprenticeship Scheme for Afghans. AABRAR is working to establish a system of referrals among these programs. Transportation for the disabled trainees to and from the bicycle training ground was identified as a crucial need by program staff.

III. UPDATE ON PHASEOUT ACTIVITIES

IRC is continuing the close-out of the Medical PVO Co-Financing Program. The complete inventory list of assets valued over U.S.\$ 500, which are held by either IRC or the subgrantees, was submitted to USAID on September 29th. IRC has requested that USAID grant title of subgrantee-held property to IRC who in turn would grant title to the respective subgrantees. IRC has also requested that title to the IRC-held assets be granted outright to IRC since the RAP program will continue after USAID support has ended.

Close-out audits of subgrantees are continuing. With the exception of AABRAR and AOGH all the accounts of all other non-active subgrantees have been finalized. As mentioned earlier, AABRAR's account should be finalized by the end of October. No problems are anticipated. The close-out of the AOGH subgrant (which expired nearly eight months ago on February 28, 1993) has been delayed. The re-location of the AOGH to Jalalabad has seriously impeded IRC's ability to obtain access to the required financial documents. Since AOGH no longer has a full time representative in Peshawar communication is cumbersome and sporadic. AOGH staff have been slow to cooperate with IRC auditors in providing the necessary information. As a result IRC established November 31 as the final date by which we plan to close the account. If AOGH has not submitted the necessary documentation by this date, IRC plans to submit the partial findings from the audit report to USAID. USAID would then have the option pursue further action as they saw fit.

Mujahid Emergency Medical Center
(MMC)

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مرکز کمکهای عاجل صحی مجاهد



GUL HAJI PLAZA UNIVERSITY ROAD PESHAWAR N. W F. P. PAKISTAN.

MMC/Family Training Program Activities
Report for IRC from July, 1st-Sep, 30th, 1993

Project title: F.T.P.
Name of organization: Mujahid Medical Center(MMC).
Report's type: Quarterly report.
Project location: Jalal Abad city down town.
Date of reporting period: From July first-september 30th, 1993.
Date submitted: October, 10, 1993

SUMMARY OF PROGRESS:

The course which had been arranged for the up grading of the knowledge of the female staff successfully finished. The visiting area, covered all Qasaba areas adjacent to Jalal Abad city, and other refugee camps.

Soaps, Towels, Powdered baby milk, cerelac(baby food) and others like biscuit were distributed by the visiting team through family visits.

COMPLETED ACTIVITIES:

The home visiting about to complete in Qasaba areas, from the beginning of the program MMC/FTP personnel, particularly the visiting team distributed the following item through visiting the families and to whom (women) they visited the MMC poly clinic.

- Morinaga a powdered baby milk 768 can (200gr each).
- Cerelac wheat baby food 743 pockets
- Tea time biscuit 11520 loaves.
- Baby soaps (9 doz) 108 bars (9x12).
- Towels (27x16) = (96) pieces.
- Towels (3x20) = (120) pieces.
- Lifebouy soap (Pak made)(6x12) = 72 bars.
- Lux soap (12x12) = 144 bars.

Through the visiting our team visited 86 families that shows in below chart:

Number of families	July	August	September	Totals
Families visited	30	41	15	86
Of women	167	220	40	427
Of children(0-5)Years	60	123	31	214
Of children(6-15)years	52	80	21	153

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Mujahid Emergency Medical Center
(MMC)



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مرکز کمکهای عاجل صححي مجاهد

GUL HAJI PLAZA UNIVERSITY ROAD PESHAWAR N. W F. P. PAKISTAN.

PROBLEM ENCOUNTERED DURING IMPLEMENTATION

Up to now there is no any problem to debar the ongoing program neither from the armed men (Mujahideen) nor from a common man, but in the first week of september, 1993, relatively there were some confusing circumstances at Jalal Abad city, after the assassinating of commander shumali on 7 Sep, 1993 the security were deteriorated, therefore the FTP proper team put off the home visiting.

UNANTICIPATED ACTIVITIES

During this period, the MMC administration received, some commodities from USAID bona fide humanitarian assistance for Afghanistan such as:

<u>Food</u>		<u>Non Food</u>	
Sugar	3000kg	Blankets	200 each
Rice	5000kg	Tarpaulins	50 each
Chick peas	3000kg	Bamboo poles	200 each
Dal Chana	3000kg		
Tea black	0.3 MT		
Salt	0.2 MT		
Ghee	2505kg		

MMC decided to distribute the above commodities as soon as possible, and some of them have been distributed to the deserving people of Afghanistan, moreover the MMC attended meetings at Jalal Abad city as regard to health and other problems.

WORK PLAN:

We hope that the rest of the program will continue in accordance the planning, it may benefit both the workers of the program, in generally Afghan community.

ADDITION INFORMATION:

From July first to September, 30th 1993 the MMC clinics, at Jalal Abad and Kabul Pole Charkhi treated (104) injured (12808) OPD, Malarial positive cases (1864), from these number (1628) P.V and (236) P.F

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Mujahid Emergency Medical Center
(MMC)



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مرکز کمکهای عاجل صحی مجاہد

GUL HAJI PLAZA UNIVERSITY ROAD PESHAWAR N. W. F. P. PAKISTAN.

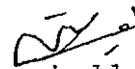
VACCINATION SECTION

(from 1st July to September, 30th, 1993)

	<u>July</u>	<u>August</u>	<u>September</u>	<u>Totals</u>
Measles:	45	130	95	270
<u>B.C.G:</u>				
D1	90	132	149	371
<u>Polio:</u>				
D1-	131	116	148	395
D2-	129	113	148	390
D3-	123	129	148	400
<u>D.F.T:</u>				
D1-	131	116	148	395
D2-	129	113	148	390
D3-	113	129	148	390
<u>T.T.P:</u>				
D1-	26	39	51	116
D2-	33	30	12	75
<u>T.T.nP:</u>				
D1-	8	20	46	74
D2-	17	3	8	28

With best regard.

Thanks


Naqubullah
MMC secretary

FORMAT FOR IRC NARRATIVE REPORT

A

- * Rehabilitation workshop for handicapped
- * Islamic Aid Health Centre (IAHC).
- * Quarterly Narrative Report.
- * Espande Ghazni.
- * For the period of July 1st to Sept 30th 1993.
- * Prepared by Mohd Saeed, Coordinator, Rehab Unit.
- * Oct 2nd, 1993.

B SUMMARY PROGRESS:

During the month of Sept '93, HI asked two technicians from Espande Rehab WS to attend a monthly training for new designed foot at Quetta. The technicians brought, when came a summarized report in letter form from Obidullah WS supervisor. He was satisfied and happy with his work and number of patients the WS receives. When Obidullah left for Ghazni in July, IAHC sent through him a number of letters and advices so as to bring more improvement to the WS in encouraging patients and administrative field. IAHC provided paints and other material with an amount as advance to paint the WS and do other maintainance such as repairs.

The security of the area is reported to be safe and the local communities are busy in the rehabilitation of their areas. It should also be mentioned that according to WS Supervisor report, the IRC's mission was received on the 1st of Sept 1993. He said the mission was briefed about the Unit's activities and was let know the patients' records.

C COMPLETED ACTIVITIES :

According to the report sent recently from the WS Supervisor, the number of prosthesis given is summarily written as under :

June	5	prosthesis
July	3	prosthesis
August	9	prosthesis

In the above mentioned prosthesis A.K. and B.K. are included covering male and female handicapped patients. A number of crutches are also distributed to the patients which will reported exactly in the next reports.

D PROBLEMS ENCOUNTERED DURING THE IMPLEMENTATION :

No major problem has been encountered during this quarter, except the delay in sending HI's mission to the Ghazni WS which mostly is based on the reason of personal security on the way to Ghazni.

E SOLUTION PROPOSED :

HI technical mission's main goal was to assess work quality of the WS technicians which can also take place at Quetta when they arrive for a month training proposed by Handicap International.

F UNANTICIPATED ACTIVITIES :

Delay in the arrival of the technicians Ghulam Sakhi and A. Wakil was unanticipated and were sent back to Ghazni and are asked to come later.

G WORK PLAN :

I, Mohd Saeed, has planned to join IAHC's mission who is going to take a trip to Ghazni. I will assess the WS generally and will include my conclusion in the report which will be written afterwards, It is planned by HI to conduct a monthly training for 2 WS technicians on newly designed foot.

IAHC sent a letter asking Ghulam Sakhi and A. Wakil to come to Quetta and join the mentioned training starts on the 20 of October.

H ADDITIONAL INFORMATION :

The physiotherapist was not able to work on the conditions IAHC required and the scale of salary it could pay however difficult it was and which was equalled to the scale IAHC kept on Afghan standard. Hopefully I can report more after I visit the WS and receive WS reports from Ghazni in the near future.

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QUARTERLY NARRATIVE REPORT
TO THE OFFICE OF THE AID REPRESENTATIVE
MEDICAL PVO CO-FINANCING PROGRAM

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

Reporting Period: July 1 - September 30, 1992

QUARTERLY NARRATIVE REPORT

MEDICAL PVO CO-FINANCING PROGRAM

Currently, the Medical PVO program has three active grantees. Two are continuing to operate existing projects in Pakistan while one is initiating public health activities cross-border in Afghanistan. This quarter, Aide Medicale Internationale Afghanistan was awarded a six-month grant to begin work in Logar province. Handicap International was granted a six month non-funded extension to continue prosthetics training in Quetta. The Afghan Obstetrics & Gynaecological Hospital continued providing services in its Peshawar-based facility while exploring options for transferring to Afghanistan.

IRC and USAID continued negotiations to extend the Cooperative Agreement for the Medical PVO Co-Financing Program. The current agreement expires December 31, 1992. Recent developments in Afghanistan (including the establishment of a new central government in Kabul and the subsequent return of thousands of refugees to their homeland) necessitate a re-examination of the overall program objectives. IRC is working closely with USAID to draft an amendment to the agreement that will specify new funding priorities for the program. The priorities should be consistent with USAID's overall health strategy and would provide a framework for the Medical PVO grant program to operate in post-war Afghanistan. The new program direction reflects a shift away from emergency medical assistance for refugees and emphasizes medical assistance in support of repatriation and reconstruction efforts. Funding priorities will provide IRC with guidance in soliciting new project proposals and determining which proposals to submit to USAID with a recommendation for funding. Until the new funding priorities are agreed upon by IRC and USAID, no new proposals are being accepted for review. It is hoped that new funding priorities will be established by the end of October and that the new cooperative agreement can be finalized by November.

The final evaluation of Handicap International's Afghanistan Program was completed in August by Ms. Diana Jelic, public health consultant to IRC. 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.

This quarter marked the beginning of involvement by IRC/RAP's monitoring team in the Medical PVO program. On a routine basis, RAP's monitoring team will conduct visits to cross-border project sites to collect information on program activities. This information will be used for internal purposes only and will strengthen the accountability of projects being implemented in Afghanistan. The monitoring team successfully completed one mission this quarter. As more cross-border grants are awarded, additional missions will be planned.

IRC's internal auditor also completed financial audits of Handicap International (and its partner agencies Islamic Aid Health Center and Mercy Corps International), Medical Training for Afghans, and Medical Refresher Course for Afghans.

PVO ACTIVITY AND ISSUES

Medical Training for Afghans (MTA)

MTA's grant expired September 30, 1992. Although IRC funding for the project has ended MTA's training program will continue at the ITC site in Hayatabad. Eventually MTA plans to re-locate to Afghanistan once a partner hospital is identified and the security situation is stable.

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 Nangahar. 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 has agreed to reinforce an existing clinic located in Mohmand Ara district. Each week one physician and two MTA students will travel to the clinic for consultations. The MTA team will also function as a mobile unit providing medical care to surrounding villages. MTA has agreed to accept one nurse from the MOPH for training. Upon completion of the training the nurse will assume responsibility for the dressing room of either the University Hospital or a district clinic and will be provided with necessary supplies by MTA.

Training at the ITC site continued according to schedule. Lectures on the following topics were completed this quarter: ophthalmology, dentistry, pediatrics, and public health. Students also attended a surgical training at MRCA. Written and practical exams were given on a monthly basis. The students are in the final months of their training and have been given greater responsibility for patient care. Students are continuing to provide two consultations per week to refugees in the Azrat-e-Belal camps. (This is the only medical care available to residents of these unregistered camps). In addition, beginning in September, students are alone on duty in the hospital when a nurse or physician is on call at home.

Nine MTA graduates visited Peshawar from Afghanistan to re-supply their clinics. During the visit, MTA evaluated their skills.

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 and Charkh districts of Logar Province. The major goals of the project are 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 available health care by providing training to local health workers, 3) improve access to health care for women by identifying and training community women as dais.

During this quarter, 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 will remain throughout the duration of the project and will concentrate on the clinic survey, evaluation of health worker skills, and follow-up training.

Eight community women from 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 MSH female health trainer was also identified. 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. AMIA's female physician has finished her assignment in the community. One Afghan woman was identified as a potential trainer. AMIA hopes to train this local woman to be the supervisor/trainer for dais and female community workers. Future training is contingent on AMIA's ability to locate another female physician for a short-term assignment.

A survey of all area medical facilities operated by MSH, SCA, and MCI was completed. (The exact number of clinics visited is not known. Field staff are currently preparing a detailed report). 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 86 workers was completed. Based on this evaluation, a training course for male health workers was organized. The first six week training session began in September for 12 students from Baraki-Barak district. Training will continue next quarter for a new group of 13 students that have already been selected.

Medical Refresher Course for Afghans (MRCA)

MRCA grant expired September 30, 1992. 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. A total of 43 training sessions were held in the surgical hospital. The majority of students were from the Medical Training for Afghans (MTA) program. Ten specialized trainings were given in dressing care, anaesthesia, and dentistry for students from NGOs operating clinics in Afghanistan. The following organizations sent participants to MRCA trainings: MTA, Management Sciences for Health, Swedish Committee for Afghanistan, and Aide Medicale Internationale Afghanistan.

MRCA's patient load increased slightly from last quarter. This quarter, MRCA conducted 864 surgical consultations, 224 surgical acts and reported a bed occupancy rate of 80

percent. The percentage of child patients increased significantly from 15 percent of the total patient load to 35 percent. Fifty-six percent of the patients were men and 8 percent were women.

Plans to expand the dental clinic moved forward according to schedule. With the arrival of an Afghan female dentist a new female section has been established. The old dental clinic is now being staffed by two Afghan dentists under the supervision of one expatriate dentist.

Afghan Obstetric and Gynecology Hospital (AOGH)

The AOGH is continuing to develop and revise plans for the eventual transfer of services to Afghanistan. Although AOGH has not experienced any decline in patient load at the Peshawar facility, the hospital is anxious to move ahead with plans for the move (partly in response to donor interest in discontinuing support for Pakistan-based programs and initiating cross-border activities). In September, AOGH sent two missions to Jalalabad to identify options for re-locating 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 Nangrahar Shura. The team recommended that the AOGH establish a private clinic and hospital in a building that was formerly used as a school. The proposed site is located on the private property of Dr. Momand on the outskirts of Jalalabad city. Some renovations are needed, but AOGH is prepared to open an outpatient unit as early as December 1, 1992. To date, none of the donors, including IRC or Norwegian Refugee Council have agreed to provide financial support for the proposed private facility. IRC is concerned that a private facility would duplicate public health services and divert resources away from public facilities which are perhaps more sustainable in the long run. IRC has expressed this concern to the AOGH and discussions are continuing.

The patient load at AOGH actually increased over last quarter indicating that there is still a great need for ob/gyn services among Afghan refugee women in Peshawar. The hospital reported that many of the patients this quarter were new refugees fleeing the recent fighting in Kabul. In general these women tended to have more education than patients typically presenting for services and the hospital noted an increase in the number of requests for birth spacing among this population.

A total of 7,753 patients presented for services this quarter compared to 7,153 last quarter. The number of outpatients increased to a total of 6,363. AOGH health educators provided health education messages to approximately 11,000 women in the clinics and wards and 1,101 babies were delivered.

AOGH continued implementing the recommendations of the donor evaluation study. Ms. Laila Ugland, from the Norwegian Refugee Council, has been seconded to the hospital and continues to assist with management reforms. A new organizational structure has been implemented. Hospital rules and regulations have been revised. Job descriptions and

employee contracts have been completed in English, and will be compiled into an employee handbook as soon as the Pashto translation is completed. The new accounting system has also been introduced.

Dr. Julia McEwan, obstetrician/gynecologist from VSO, joined AOGH in August. She has introduced in-service training for staff several afternoons a week and is working to strengthen the supervisory system between senior and junior medical staff.

Handicap International

Handicap International's 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 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 Mercy Corps International (MCI) and Islamic Aid Health Center (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 HI's IRC funded grant. MCI has secured funding directly from USAID to continue operating its rehab units. IAHC has submitted a proposal to IRC which is currently under consideration.

HI initiated three new trainings in July with technicians from all the units. These are new or refresher trainings for the manufacture of the below knee (BK) and above knee (AK) prosthesis. IAHC sent two technicians (one from the Mosa Qala, Helmand unit and one from Spendai, Ghazni) to attend AK training. MCI sent a new technician from Nakhuni, Punjwai for initial instruction in BK construction. (This technician was recently hired to replace the technician who was killed during the summer). MCI was supposed to send one technician from Dara, Helmand but to date he has not shown up. Unfortunately, the trainings have been interrupted by unforeseen events. On two occasions, a commander recalled the Mosa Qala technician to the field and the Spendai technician had to leave the session for two weeks because of a death in the family. HI has been working with the partner agencies to address these problems and plans to continue the trainings on a delayed schedule.

As mentioned earlier, the final evaluation of HI's original two year grant was completed by Ms. Diana Jelich, public health consultant to IRC. The evaluation found that HI had fulfilled the objectives of the original pilot project. The final report recommended that HI continue training to upgrade the skills of the technicians that were trained under the initial grant and concluded that HI has a role to play in developing the future service system for the disabled in Afghanistan.

Highlights from the report included:

- * Training and technical follow-up, provided by Handicap, were identified as the major strength of the project.
- * Low patient volume at the cross-border rehab units was identified as the most significant issue which had arisen during program implementation.
- * Integration of project technology and services with the Afghan Government and other NGO activities was among the most critical issues for future planning.

Low patient volume at the cross-border units continues to be a problem. HI is working with the partner agencies to devise ways to increase the number of patients presenting for services. Sporadic fighting in Baghram created a security problem for patients trying to come to the MCI unit in Dara. The IAHC Spendai unit was given a motorbike to conduct outreach missions to surrounding villages; patient volume did increase but not as much as HI and IAHC had hoped. The unit will continue outreach activities for one more quarter to see if there is any improvement.

Because HI is no longer directly involved in the management of the rehab units, their role in addressing the problem of low patient volume will be limited to that of technical advisor. All new donors who provide financial support to the rehab units should be aware of this serious problem and should work closely with MCI and IAHC on this issue. Most recent data for the rehab units is as follows:

Dara\Baghram\Helmand (Partner Agency: MCI)

The unit did not submit updated figures for the second or third quarter. No new information is available on patient volume. The rehab unit suffered some structural damage due to summer rains. Repair of the roof and walls is underway but the floor needs to be re-surfaced.

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:	to hospitals in Afghanistan:	5
	to HI-Quetta for prosthesis:	2
	to HI-Quetta for other:	1

Number of devices given:	below knee prostheses:	17
	above knee prostheses:	1
	crutches:	48 (pairs)

The Spendai unit has made some progress in increasing patient numbers. A total of 32 patients were seen in the five month period between May and September, 1992. During that time, three below knee prostheses, 1 above the knee prostheses, and 15 pairs of crutches were manufactured. Outreach efforts will continue. However, heavy snow during winter months is likely to have a significant impact on patient numbers in January and February.

Karni Manda\Mosa Qala\Helmand (Partner Agency: IAHC)

IAHC filed a written report confirming that the Mosa Qala unit had been looted. According to the report, the physical building, windows, and doors are intact. However, all tools and materials with the exception of two work tables and two cabinets have been stolen. The unit has not been re-supplied and is no longer functioning. One technician from the unit is currently attending the HI AK training. IAHC has submitted a proposal to IRC to re-locate the unit to Kajaki.

Nakhouni\Panjwai\Kandahar (Partner Agency: MCI)

Patient Data February 1992 to June 1992

Number of patients seen:	below knee amputee:	18
	above knee amputee:	31
	other:	62
Number of patients referred:	to hospitals in Afghanistan:	20
	to HI-Quetta for prosthesis:	35
	to HI-Quetta for other:	36
Number of devices given:	below knee prostheses:	11
	crutches:	68 (pairs)

The unit continues to work at a temporary location in Panjwai bazaar. A visit to the site by two members of the HI team confirmed that the building is too small and dark to function as a workshop. (During the visit the supervisor had to go outside to fill out his documents). Construction of a permanent site is underway. Dr. Imam from MCI recently visited the site and reported that the building should be ready for use by the end of November. A new technician was hired to replace the one that was killed during the summer. Despite these setbacks the Panjwai site continues to have the highest level of activity of all four of the rehab units. A total of 48 patients presented for services in the three month period March through June, 1992. During that time 7 below knee prostheses

and 34 pairs of crutches were constructed.

German Afghanistan Committee (GAC)

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. IRC will continue to pursue this matter.

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.

PROPOSALS RECEIVED

As mentioned earlier in the report, no new proposals are being accepted for review until funding priorities for the program are agreed upon by IRC and USAID. The following organizations submitted short concept papers, describing their ideas for possible proposals.

Mujahid Emergency Medical Center submitted a concept paper outlining their idea for a "family care education program" based out of Jalalabad. MMC would train female medical personnel in health education methods. These women would serve as outreach workers visiting families, in their homes, to educate mothers on preventive health topics such as nutrition and food preparation, ante-natal care, and the importance of immunization.

International Federation of Red Cross and Red Crescent Societies submitted a concept paper to conduct a basic health training program for primary and secondary school teachers.

Islamic Aid Health Center submitted a draft proposal to continue operating the prosthesis rehabilitation units in Spendai, Ghazni and Mosa Qala, Helmand. Since the time of the initial submission, several developments (including the looting of the Mosa Qala unit, and the final evaluation of the HI program) have altered IAHC's program plans. IAHC is working to revise their original proposal.

Health Unlimited submitted a concept paper detailing their idea for a proposal to support a health education training program for MCH workers in Zabul province.

PROPOSALS APPROVED

Aide Medicale International Afghanistan's proposal to initiate public health activities in Logar province was approved by USAID.

PROPOSALS REJECTED

The proposal from Save the Children U.S. to establish two maternal and child health clinics, one in Ghazni and the other in Baghlan province was submitted by IRC to USAID for approval and rejected.



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International Rescue Committee

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QUARTERLY NARRATIVE REPORT
TO THE OFFICE OF THE AID REPRESENTATIVE
MEDICAL PVO CO-FINANCING PROGRAM

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

Reporting Period: October 1 - December 31, 1991

QUARTERLY NARRATIVE REPORT
MEDICAL PVO CO-FINANCING PROGRAM

SUMMARY-IRC

In the quarter running from October 1 to December 31, 1991, IRC conducted an evaluation of the Psychiatry Centre for Afghans, provided support to the Coordination of Medical Committees in its close-out process, began drafting a scope of work for the evaluation of the Afghan Ob/Gyn Hospital, and drafted proposal and reporting guidelines. IRC is continuing to revise the proposal guidelines in an attempt to make them as useful and user-friendly as possible. Julie Bolger of the Afghan Ob/Gyn Hospital pilot-tested the draft proposal format and made comments and another NGO is currently developing a proposal using the guidelines. The reporting guidelines were provided to subgrantees in mid-December.

In response to USAID's request, IRC is continuing to look into possible public health or MCH refugee camp activities. In November, IRC met with Dr. Naveeda Bano, UNHCR Programme Officer (Health), to investigate how USAID funds might be used to improve the health status of refugee women and children. She explained that the Project Directorate for Health (PDH) runs 108 medical units in refugee camps; NGOs run 90. PDH sets the standards for medical units in all camps, including those not funded by UNHCR.

In Dr. Naveeda's opinion, most camps are adequately served in terms of health; the exceptions are located in remote areas with often poor weather conditions, including North and South Waziristan, D.I. Khan, Bannu, and Chitral. She noted that donor funding is decreasing and new funds are needed to support existing BHUs. For example, Union Aid for Afghan Refugees, formerly funded by the West German government, had been advised that funds were no longer available and was looking for organizations willing to take over its six or seven BHUs. Not all camps have health outreach activities or significant MCH activities. She advised that organizations contemplating new activities coordinate with PDH and the other organizations providing services in those areas to avoid duplication. To date, no organization has been able to develop a good plan to provide community health services in Bannu and D.I. Khan, which she said hosted migratory refugee populations present only five months a year.

With the amount of funds currently available through the Medical PVO Co-Financing Program, supporting BHUs is a very remote possibility. One NGO is currently developing a proposal to provide home-based preventive health outreach services in Akora Khattak refugee camp. If this model proves successful, it could be transferable to more remote camps including Bannu and D.I. Khan. One problem with supporting non-BHU health activities, however, is the difficulty organizations often have in coordinating their activities or cooperating with each other. This problem will likely become more pronounced as funding decreases and NGOs see each other as competitors for scarce resources.

In the next quarter, IRC will conduct evaluations of the Afghan Obstetrics and Gynaecology Hospital in Peshawar and of Handicap International, which is based in Quetta. IRC will continue to provide guidance and technical assistance to its subgrantees and will solicit proposals from potential grantees. IRC is also contemplating contracting a study examining the context of Afghan health activities in Pakistan and Afghanistan and recommending funding and other support strategies for PVOs such as IRC.

Medical PVO Co-Financing Program Quarterly Narrative Report

PVO ACTIVITY AND ISSUES

German Afghanistan Committee (GAC)

During the reporting quarter, GAC made the decision to request another organization to take over the operation of its Yakaolang hospital. GAC experienced serious difficulties in supporting and supplying this facility. MSH will operate the hospital from January 1992 on. GAC has requested that it be permitted to use its USAID funds budgeted for Yakaolang on its Chak hospital.

In November, RAP's internal auditors reviewed GAC's accounting records for the previous grant period and discovered several reporting problems. Many of these were due to the fact that GAC's accountant is attached to the Bonn office and not on the spot; others were simply accounting errors. It was also clear from the audit that IRC needed to provide clearer accounting and reporting guidance to GAC. Guidelines were provided, and GAC responded rapidly by sending a staff member to Germany to work with GAC's head office on its budget, bringing original receipts from Germany for IRC review, and submitting revised budgets for its previous and current grants. These are under review and IRC will submit budget revision requests to USAID.

IRC has informed GAC that its USAID funding will cease at the end of the current grant period. During this quarter, IRC will provide GAC with guidance for closing out its IRC subgrant.

Medical Training for Afghans (MTA)

During the reporting quarter, MTA began its seventh promotion for 19 students and continued to participate in the running of the ITC training hospital in Hayatabad. It was unable to open a BHU training site in the Azrat-e-Billal refugee camp as hoped as the building being contributed by the community was not finished. MTA hopes construction will be completed by January 25. After that, the BHU will be used as a field training site for one-month rotations of groups of two or three MTA students.

MTA has developed a four-to-five week refresher training curriculum for its graduates. This training includes staff evaluations based on practical work done in the mornings at the MTA OPD and MRCA hospital and one week training modules conducted in the afternoons in the areas of public health, pediatrics, gynaecology, and dermatology. A fifth module is "free," and will address student training requests. Currently, five students are participating in this program.

IRC has informed MTA that its USAID funding will cease at the end of the current grant period. MTA has approached the European Community for additional funds and will request support from French organizations as well. During this quarter, IRC will conduct an internal audit of MTA and provide it with guidance for closing out its IRC subgrant.

Medical Refresher Courses for Afghans (MRCA)

From October through December, MRCA conducted a total of 15 refresher trainings, ranging in length from one to seven weeks. MRCA also gave some lectures to the seventh promotion of MTA students and planned the training in surgery, anesthesia, dentistry, and nursing care it will provide to this group beginning in March. During the reporting quarter, MRCA conducted 231 surgical acts and had a bed occupancy rate of 83 percent.

Again, IRC has informed MRCA that USAID funding will no longer be available after the end of its current grant. MRCA will also seek additional European Community funding. During this quarter, IRC will conduct an internal audit of MRCA and provide it with guidance for closing out its IRC subgrant.

Medical PVO Co-Financing Program Quarterly Narrative Report

Handicap International (HI)

With the lifting of the ban, one barrier to supplying the Nakhouni and Karni Manda units has been lifted. Fighting on the way to Karni Manda may now delay the transfer of materials to that unit. Construction of the Karni Manda unit is nearly completed; construction of the Nakhouni unit will not begin until spring. Work there will begin in a temporary space provided by MCI.

The ban had a serious impact on HI's activities inside; the commencements of two workshops were delayed and HI could not monitor any of the workshops sites. As planned, evaluations were held in Quetta using photographic documentation and samples.

This quarter, IRC will conduct an evaluation of HI. The evaluation should build on the December visit to HI of its Brussels-based program director, which provided it with an opportunity for program assessment. Issues to be considered will include recent discussions among WHO, ICRC, Sandy Gall, GTZ, and HI about standardizing prosthetic technology, integration and coordination with HI's cooperators (MCI and IAHC), retraining of technicians, the small number of patients seen, and new activities HI might undertake with funds remaining in its grant.

PROPOSALS RECEIVED

Prior to October 1991, IRC had received proposals from the Afghan Relief Foundation (ARF) soliciting support for an MCH clinic in Hayatabad, from AOGH requesting funding for its nurse-midwife training program, and from Shuhada Clinic in Quetta requesting funding for clinic equipment. IRC has since learned that ARF received support from elsewhere and probably no longer needs funds. IRC and USAID decided not to consider funding additional AOGH until the evaluation had been completed.

As noted in our previous quarterly report, IRC decided to postpone considering Shuhada Clinic's proposal until NRC/NCA had completed its review of INDOORS, the organ through which it funds Shuhada Clinic. The financial portion of this review has been completed, but a management component which will look at Shuhada Clinic as well is continuing through March. USAID has advised IRC that it will provide Shuhada Clinic with funds to support an accountant through its Democracy and Pluralism Initiative (DPI). Dr. Sima of Shuhada Clinic indicates that the clinic is now fairly well fixed for funds, but that some needs still exist. She plans to solicit some funds from IRC in the near future. She would prefer support for her hospital in Jaghoori, but has been advised that this is currently an impossibility.

One form of assistance IRC might provide Dr. Sima and Shuhada Clinic is some technical assistance for the training programs she runs for various female health workers. If desirable, IRC could fund a consultant to review her training program objectives and curricula and assist her to improve her training activities.

During the reporting quarter IRC was approached by three organizations interested in developing proposals. Help the Afghans Foundation (HAF), a Dutch organization which solicits and channels funds to a variety of relief activities, plans to request funds to help it support a children's clinic run by the Afghan Health and Social Assistance Organization (AHSOA). This non-surgical clinic is one of a limited number of in-patient facilities for Afghan children in the Peshawar area. It also has an OPD for children. Until now, most funding has been provided through HAF and HELP Germany. HAF manages clinic funding on behalf of AHSOA, which does not seem to have developed this capability yet. IRC expects to receive a proposal from HAF in January.

The Afghan Women Welfare Organization (AWWO), a new NGO, is developing a proposal for IRC to run TBA training for women and home-based preventive health outreach to women and children in one of the Akora Khattak refugee camps. AWWO has performed a needs assessment in this camp, obtained community agreement, obtained agreement to cooperate from the other organizations providing curative services in the camp, and is in the process of soliciting moral support from PDH. IRC expects to receive this proposal in January as well.

Medical PVO Co-Financing Program Quarterly Report

Dr. Mujahid of the Eye Clinic for Afghan Refugees has also approached IRC for funding for his Peshawar clinic, for a clinic in Quetta, and for a course to teach Afghans to treat eye diseases in refugee camps and in Afghanistan. Dr. Mujahid began his clinic four years ago and sees outpatients, inpatients, and surgical patients in his Peshawar clinic. He has received funding in the past from AustCare, IOM, and some private German donations. The Australian government has also gifted him with equipment. His IOM contract was for two years only and ended in October. His AustCare funding was to have run out in December, leaving him with no funds for salaries or medications. He indicated that in winter, his clinic sees 40 to 50 patients per day, while in summer, about 100 people seek treatment daily. Dr. Mujahid also operates a mobile eye team which visits six refugee camps within a 70 mile radius of Peshawar. It appears that this team is separately funded.

Dr. Mujahid indicated that the most frequent problems he sees are trachoma, conjunctivitis, glaucoma, ductocystitis, and ireistis. He noted the need for preventive activities and education in refugee camps. For example, it is common for mothers with trachoma to transmit their disease to their children by using their chadars as face towels.

IRC will consider the Eye Clinic for Afghan Refugees' needs and request during the current quarter. Outreach to women and children may be a possibility, as curative care for these groups is often put off until it is too late.