

Afghanisch-Deutscher-Ärzteverein e.V. gemeinnützig

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Visit to the MCH Clinic in Jalalabad from 5 May to 7 May 2004: A Report

The City

In comparison to my visit in April of 2001 Jalalabad, with its roughly 300,000 inhabitants, seemed little changed in outward appearance: unpaved streets, open sewers, very dirty, and heavy traffic. There are obviously more goods for sale now. Foreigners are advised not to move about unaccompanied. There are no internet cafés, no public fax machines and telephone connections are only possible via the two Afghani mobile phone providers.

Medical care for the inhabitants is provided by seven medical facilities (see map): University Hospital, Public Health Hospital and four clinics for mother and child: AGDA (Afghan. German Doctors Assoc.), ISRA (Int. Saudi Arab Assoc.), UMCA (United Medical Center) HEWAD (a proper name which means “Pashtun Country”. The last two are maintained by the NCA, a Norwegian NGO. Next door there is also a small outpatient clinic: Afghan Women’s Hospital. The clinics are “monitored” by the national Health Director by way of the PHC (Privacy Health Department Care), which primarily means requesting funds from NGOs.

The MCH Clinic

The MCH Clinic – run by AGDA – is located in the southwest of the city in a building with about 300 square meters (roughly 3200 square feet) of floor space. Water and electricity are provided by its own well with a pump and a small power set (generator). For a few days now electricity has also been provided by the city. From the courtyard (waiting room and kitchen annex) there is access to the ground floor which has five rooms (each with about 15 to 20 square meters (160 to 215 square feet)) for health education, vaccinations, a pharmacy, examination rooms for women and for pregnant women.

A laboratory, an examination room for children, an office and a storage room are on the first floor. There are separate restroom facilities for patients and for members of staff. The building is clean and tidy. There are twelve employees: Dr. Koshal (director), Dr. Mirweis (pediatrician), Dr. Mahmooda (gynecologist), a lab assistant, a pharmacist, a nurse, a health educator, two nurses for vaccinations, a cleaning woman and two security guards. Dr. Koshal, a nurse for vaccinations, the lab assistant and a security guard were already working there three years ago. The others were new to me. The gynecologist has been there since April of this year.

The daily routine is well-organized, taking place in a relaxed and friendly fashion. Staff members are picked up at their homes and brought to the clinic at 8 a.m. and are driven home at 1 p.m. They work in the mornings six days of the week. The first 70 patients receive a small card that entitles them to obtain medication free of charge. Those coming later have to buy

their medications in the city using their own money. After a health education session in the courtyard patients and children are assigned to the various doctors, who may arrange for tests and/or prescriptions. After medications have been given to the patients, they receive an ID card (with their name and a number) and are then discharged. Unicef delivers refrigerated vaccines each morning.

24,590 women and children were treated here in 2003, children making up roughly 50 percent of that number. Most of the illnesses had to do with respiratory and gastro-intestinal problems. 22,035 vaccinations were given as well. While waiting all women were given health instruction in matters of nutrition, hygiene, pregnancy and common diseases.

Documentation

The pharmacist documents all of these procedures and she is extraordinarily precise in doing so. She notes the name and diagnosis of all patients in a book, whether they are entitled to medications or not. A card is kept in the clinic for each pregnant woman for the duration of her pregnancy. Furthermore she keeps a list of which medications have been given to patients, keeping track of each pill. This is done with the help of lists in which the initial monthly allotment of medications has been recorded so that the exact amount of medications still in stock can be seen on a daily basis. The lab assistant also compiles a list on a daily basis of all tests done. All vaccinations are recorded on a list on a wall and the doctors make a list of examinations monthly. Dr. Koshal summarizes all these data in a monthly report and this is faxed to Freiburg. Every three months he makes a cumulative report and these are combined into an annual report.

Costs

Costs in 2002 doubled in comparison to 2001 and in 2003 they tripled in contrast to 2002.

MCH Clinic Jalalabad	2003
Expenses	
General Expenses	3,408.33
Telephone / Fax	1,113.62
Stationary	566.81
Petrol/Electricity/Gas	1,405.47
Medical Equipment	2,061.56
Medicine	12,473.88
Transportation	2,850.00
Salaries	16,120.00
Rent of House	4,060.00
Lab materials	552.33
SUM	44,612.00
Expenses per month	3,717.67

Reduction of costs is probably only possible in the purchase of medications. The tendency of all other expenses is to go up, not down.

Future Plans

The clinic has an emergency ambulance vehicle which was brought in from Germany. The chassis frame has been fitted higher and parts that disappeared during customs inspections in Karatschi have been replaced. Following the example of the NGO Afghan Rehabilitation and Development Center (director: Dr. Sayet Fazel Rabbani), Dr. Koshal would like to create a mobile clinic. In villages they use a tent which is put up twice a week in the mornings. Eight different villages in total can thus be covered in a radius of 45 km (28 miles) within two months time. A doctor, a mid-wife, a nurse, and a lab assistant would be employed in this project which would care for about eight villages. The costs would be about 2000 Euros a month.