

COOPERATIVE FOR AMERICAN  
RELIEF EVERYWHERE, INC.

OFFICE MEMORANDUM

To: Joseph W. Steele

Date: May 24, 1973

From: Frank T. Brechin

Subject: Report Transmittal

Ref.: 10-12 May 1973 Helmand Valley Visit

Dear Joe;

Attached is the Helmand Valley report.

Hopefully it will be found useful in rounding out the information already available, and further provide fresh insight to the current public health circumstances in that area.

Your comments appreciated.

Sincerely,

Frank T. Brechin  
Assistant Director  
CARE – Afghanistan

Cc: 108.2.6; 208; 318

FIELD REPORT  
PUBLIC HEALTH  
HELMAND VALLEY  
10-12 May 1973

GENERAL

The purpose of the trip was to hold site surveys for a possible CARE-MEDICO public health program in the Helmand Valley.

This report is to strengthen the data already in hand by being more specific about the present public health conditions in the lower valley, i.e. from the Nad-i-Ali area south to Khan Mashin. Therefore, only passing reference will be made to the P.H. Center at Girishk, and the potential work areas to the north. Further, there will be no comment on the medical facilities available in Kandahar.

Prior to beginning the surveys, visits were made the morning of 10 May 1973 to offices of both RGA and USAID. \*

At AID, Mr. David Levintow, Assistant Director for AD/HAVR expressed satisfaction that the possible project is once again gaining momentum. Mr. Levintow also inquired about the composition of the proposed team. It was explained that ideally, we would engage the services of one each:

- 1 public health doctor (male)
- 2 public health nurse (female)
- 3 nurse/midwife (female)
- 4 paramedical (male)
- 5 administrator (non-medical)

Mr. Levintow mentioned that he had heard CARE was making considerable demands on the RGA (which were not clearly spelled out) that might dampen prospects of complete RGA cooperation if pressed. He was assured that no demands had been made to date, and that RGA participation was to be a matter of contractual negotiation.

\* Working hours for June, July, August will be 0700 to 1330 hours as opposed to 0800 to 1200/1300 to 1630 during the balance of the year.

Next to be called upon was Dr. A.A. T. Hashimi, Director of the Lashkar Gah hospital and chief of public health services in the HAVA district. When the mission was explained, Dr. Hashimi assigned Dr. Marian Gul Wasiry, Internist to act as escort/guide during the tour. Both doctors expressed interest in seeing the project move ahead, and inquired if CARE-MEDICO might not take up work in Lashkar Gah hospital itself.

A comment concerning the above principles. It is understood that both expect to leave their posts in the foreseeable future: Mr. Levintov will depart on home leave sometime in June and does not anticipate returning. Indeed, several others of his staff are slated for summer transfers with no replacements mentioned. In turn, Dr. Hashimi believes he is to be transferred in September to Kabul's Wasir Akbar Khan hospital. To date, his replacement is apparently unnamed. In addition the Lashkar Gah hospital is presently without a surgeon.

#### FINDINGS

Our method of gathering the raw data about the site was straight forward enough. Without announcement we drove out in CARE's Variant to the locations described below. The information so gathered, all based on observation and conversation with local officials, has been augmented with material taken from the RGA's Fourth 5 Year Plan and other documents, plus talks with knowledgeable authorities in and out of government.

Nad-i-Ali: A third degree Woleswali with an officially estimated population of 13,000 which from Lash to the Nerken (Center) is only 20 Km. or about 20 minutes away in a west north west direction. This is the most promising of the health center sites in the valley as it has a 5 room brick building suitable for immediate functioning. In fact, it is being utilized presently by the local nurse Mr. Gul Pacha on a daily basis. It is said to be visited Sundays and Wednesdays by a team of male and female doctors and nurses in a Family Planning vehicle.

It is perhaps note worthy that, word has reached Dr. Hashimi that the Public Health Service plan to turn Nad-i-Ali into a fully staffed Basic Health Center in the immediate future - that is hopefully within 3 months. If so, the center would be staffed full time with the following personnel:

1. one doctor
2. one nurse (male)

3. one military nurse
4. one assistant nurse/midwife
5. one laboratory assistant
6. one sanitarian
7. one vaccinator

(a custodian is already on duty)

To become operational would still require some effort, however, as the only assets present at the center are a couple of desks with chairs, a table or two, a patient ledger, and that (is) about it. There is no electricity, the telephone is out of order, water (except for a jui supply) is not available at present. Of course, medical equipment and drugs are virtually non-existent at Nad-i-Ali and the other sites.

Also at Nad-i-Ali, just a few yards away from the above described building is a 1962 constructed 12 room hospital. It is said never to have been used for medical purposes. In recent years, at least it has served as a warehouse for the loval agricultural office. It too has no electricity, water (other than the jui), telephone, furnishings, or equipment. Although recently visited by acting Minister of Health, Dr. Khoshceer(sp), there have been no known announcement to activate this particular instillation.

MARJA: This area comprised mostly of army, seed, and livestock farms and which belongs administratively to Nad-i-Ali would seem to have no focal point. One of the locations of several visited called the form formally had a military hospital. In an agricultural building there are some Public Health desks, chairs, beds, and medicine cabinets stored (but unused for many years) in a 10 x 12' room. This place is 36 kilometers or about 30 minutes from Lashkar Gah.

The nurse assigned to Marja is Mr. Abdul Malik, a man of about 25 years of age. Mr. Malik lives in Block 9 of Marja, which is roughly 25 kms. From "the form". He comes in almost daily on his motorbike to check on patients. All "doctoring" is done in the bazaar, excepting for those who visit his home in Block 9, or the homes of patients into which he is invited. As there is no visiting doctor or other medical practitioner, patients Mr. Malik cannot help are sent by bus or truck to the civil hospital, Lashkar Gah.

Also in Marja, in the "Camp" a 1,000 men Army installation which is said to be the seat of a horse breeding project there is a military doctor. However, it is understood that he undertakes no public health work. Of course, this does not mean he has no private practice, but rather that the doctor has no civil medical responsibilities. The "Camp" incidentally is on the road from Lash to the "farm."

NAWA BARAKZAI: (NABA) A 4th. degree Woleswali estimated to have a population of about 14,000 is in the heart of the Shamalon area. Due south from Lash, gate 42 on the Shamalon Canal is a 25 kms. trip of about 1/2 hour duration. Here nurse Mr. Ghulam Faruk has a shell of an old agricultural building across the canal and roughly one kilometer from Nawa Merkez. When we called on him, he has a young patient lying on the floor and a few more waiting outside. Mr. Faruk's tiny station has no chairs, desk, or cabinet for his meager personal or medical possessions.

DARWESHAN: This is the principal town in Garsser, a 3rd. degree Woleswali of about 26,000 population. Situated 60 kms. or about one hour down the Shamalon Canal from Lash, Darweshan is presently dominated by the Agricultural High School with its estimated 200 students. In years past, however, it was a camp site of an American Construction Company. Among its legacies, in addition to a long abandoned swimming pool, is tap water, electricity, telephone connections, and a vacant 6 room dispensary/hospital.

Nurse Side Azam has worked and resided here for 9 years. During the first 7 years he enjoyed an office, bicycle, some medical equipment, and drugs. For the last 2 years he has received no fund or drugs from Lash, and consequently had to vacate his office, stop free distribution of drugs, etc. He now sometimes works out of a couple room at the local agricultural office. Asked why he doesn't use the old hospital, Mr. Azam replied that he was never invited to use the facility by any authority and besides several years ago, a local medical practitioner (non-government) broke into it with the apparent encouragement of the Agricultural School Director, and uses the building to treat students from the high school, do lab. work, store his drugs, etc.

#### OBSERVATIONS

The sites visited are not the only currently active ones in the valley. At the Alakadari of Khan Washin, a 10,000 population area about 110 kms. (3 hours) south via Marja there are two nurses on

station. Arrangement for a trip there were not accomplished, due largely to reluctance on the part of Dr. Hashimi to marshal the effort. The road has to cross a portion of the desert, requires a reliable 4 wheel drive vehicle, and knowledgeable driver. This trip will again be attempted, but it is understood that there are no physical facilities, equipment, etc. to evaluate.

A quick glance at the Public Health sector of the NSA's Fourth 5 Year Plan reveals that plan for Basic Health Center (BHC) in the Helmand Valley are running at least a year behind schedule. For instance, the BHCs planned for 1972 at Mooneqala and Nauzad both to the north are said to be still underconstruction, plus there are no nurses stationed at these 2nd. degree Soleswali. Further, the 1972 plan for Nawa have apparently lapsed in 1973 as to the best of our findings, construction hasn't even begun as yet. Happily, Nad-i-Ali is scheduled for 1973, and indeed looks as if it might become operational within the calendar year.

The question of what does or can a nurse do arises when one views the confines under which they practice. Most of the men have received a fair amount of training either at Kabul or Lash, and appeared interested in their work. Apparently most of their working time is spent between collecting sputum samples and forwarding the ill to Lash on the one hand while guiding the patient in carrying out the doctors orders for shots and prescription on the other. Of course, the patient must find his own way to the hospital, and generally must pay for medicine, if not treatment.

The nurses, who seem to have privately acquired motorbikes (operated at their own expense) travel among their neighbors looking for cases of TB, cholera, smallpox, chicken pox, and attending to injuries and often wounds. As example, Nurse Side Azan clears about 20 persons while recording 3 deaths yearly with knife or gun shot damage - mostly due to fight over water rights. Nurse Ghulam Faruk said he sees 12/15 people a day, 3 to 5 he treats at his station, while 10/13 are sent on to Lash. All nurses seemed envious of the malaria workers who are said to be provided motorbikes, fuel allowances, and other resources.

Local lore has it that about 16 to 18 years ago, NAVA with US help sunk 2 or 3 wells in most of all 9 villages of Nad-i-Ali Soleswali. At this time, it is said none of the well are being used, and further had not been for several years. One well visited was a tube

type with a US made hand pump built into a concrete base. One nurse said the well was too shallow, although its depth was not specified, and that as a consequence its water brackish. We pumped for awhile no water of any sort emerged. Result, not only in Nad-i-Ali, but everywhere visited, people regularly use jui water for drinking, cooking, bathing, as well as farming.

Interestingly enough, there is attached to the Lash hospital a MOPH officer, Mr. Rahmdil. This gentleman has been in the valley 18 years by his Count, serving as the Ministry's man on matters such as TB, Cholera, Thyphoid, Smallpox, etc. His role in HAVA health scheme if any is unclear to this observer. Although Mr. Rahmdil seem knowledgeable about the area (he volunteered to accompany the writer to Khan Nashin) he appears not overly involved with day to day operational concerns. This leads one to conclude that Mr. Rahmdil serves purely an administrative function for the valley in nationwide public health programs.

#### NOTES

There are several health facilities in the Helmand Valley area in addition to the military doctor at Marja "Camp" that either do not serve the general public or whose functions do not include a broad public health role.

The latter is illustrated by the Ministry of Public Health Regional hospital at Girishk, a few Kms. north of Lash via Chah-i-Anjr. This is a 25 year old 20 room brick hospital with a 20 bed capacity. It is staffed by 2 doctors, 6 nurses, and a sanitarian. There is no kitchen; the X-ray equipment is inoperable; its lab is said to be functioning, but we could not determine what tests could be ran, etc.; there is an operating room, and a limited amount of equipment and drugs; a MCHC is said to be part of the services offered.

Other, non-public installations include a HAVA ran dispensary/hospital at Cham-i-Anjr that is for its employees (and perhaps their families?). It is located within one of the HAVA yards and has not been visited by any of the people who assisted in gathering the data for this report. At Kajakai, 128 Kms. (nearly 2 hours) north from Lash, there is a private hospital ran by the US contractors to the Kajakai Hydroelectric Project (Fischback and Oman). It is staffed by a husband and wife team, the Drs. Punsalan, and a few Afghan nurses. This is a beautiful,

well equipped installation by any standards, but limited to the employees of the contractor, and thus has little significance for the general populace.

There are a number of teams of various nationalities presently doing field work in public health scattered about the country. At last count there were four. If you include the WHO consultancy, the figure rises to five groups actively involved. There is a conspicuous vacuum of Public Health assistance in the valley; particularly in light of the US \$100 million investment made to date. It could reasonably be expected that UNICEF and WHO might be amenable to channeling their aid through CARE-MEDICO to the valley if we reinforce the existing infrastructure in such a manner as to attract them.

The reader will note that travel distances to the present sites, excepting Khan Nashin, are within an hour's drive. This can be readily attributed to the fine condition of most of the roads found in the valley region. Although dirt, they are usually well maintained; a few washed out bridges hamper access to short cuts between sites but direct routes with Lash are all open. Traffic is light, but still there is a lot of dust with which to contend.

The vehicle recommended for the project is VW, with Toyota being second choice. With the exception of Khan Nashin, 2WD will serve well enough in the southern region and only Nauzad is said to need 4WD in the northern region. The fleet presently envisioned for the staffing pattern under consideration is: 2 VW sedans of bug style; 1 VW minibus; 1 VW utility vehicle. The recommendation for VW is endorsed by AID officials Consultant to HAVA.

Support for CARE-MEDICO personnel as suggested by AID in the Helmand, would be access to vehicle maintenance, Commissary, health facilities, communications, and housing. Concerning housing, it was pressed by some that if not full AID residency provisions are in the CARE/AID Contract, an effort should be made to at least attempt the inclusion of renovation as required, of installation and maintenance of utilities in HAVA provided homes. According to the AID people, it would not be unreasonable to ask for 3 homes from either USAID or HAVA.


#### COMMENT

The proposed scheme would certainly not be an effort undertaken from scratch, in view of the human resources already in place.



In terms of equipment and medicaments, however, the task on the surface appears formidable. The material resources of government are already plainly stretched beyond possible effective impact over large population segments. It is therefore instructive to keep in mind that our presence alone would not necessarily significantly alter the resource position of the RGA. At best, it might cause the existing resources to be focused where services are available to maximize their utility. That in itself may well be among the proposed project's single largest contributions if performance is to be a prime project objective.

Prepared by:

  
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Submitted on: May 24, 1973

FTB:ms

SCHEMATIC OF PROJECT AREA

IN THE HELMAND VALLEY

KEY

- 1. Road To Nausad
- 2. Road To Musa Qala
- 3. Main Road From Herat
- 4. Girishk
- 5. Main Road To Kandahar  
And Kabul With Turn Off  
For Kajakai
- 6. Chah-i-Anjr
- 7. Nad-i-Ali
- 8. LashKar Gah
- 9. Access Road From Kandahar
- 10. Marja
- 11. Nava
- 12. Darveshan
- 13. Road To Khan Nasin

