1. GENERAL SITUATION

Between 15th to 18th of November 1996, MERLIN carried out an assessment of Badghis Province. This was prompted by heavy fighting which broke out between Dostum’s troops and the Talibans, causing thousands of people to flee from their homes in the districts of Murghab and Ghormach.

MERLIN’s assessment found health services in Badghis to be desperate inadequate and this situation was further compounded by the recent movement of internally displaced people (IDP’s).

Directly after the evaluation mission, a delivery of drugs and medical disposables was sent to Badghis to cover the immediate needs of Qala-Naw hospital and its out-patient department during winter when access to Badghis Province is extremely difficult.

A second and more detailed assessment was carried out in January 1997. At this occasion, MERLIN worked in very close collaboration with the local health authorities to adapt the original project proposal to the then prevailing political situation.

The project focused on reactivating the quasi totally collapsed health care sector in the Badghis Province with emphasis on surgical activities because of the nearby front-line and maternal and child health because women and children had very difficult access to health care in the Qala-Naw Hospital due to the presence of Talibans. Planning of the peripheral BHC’s to be installed was another priority as was the preparation of an emergency response to be able to cope with a sudden large movement of populations.

The project proposal received ECHO funding from the 1st of March to the 31st of July 1997.

The MERLIN mission in Qala-Naw started officially on the 15th of March with the arrival of the MERLIN medical co-ordinator and logistician.

The exodus of IDP’s (Internally Displaced People) who started to leave since November Ghormach and Murghab districts heading for Herat, continued till May. At the end of May about 20,000 IDP’s were counted in the camps of Herat.

During the month of March, Dostum troops bombed very regularly the city of Qala-Naw and the frontline was situated on the Murghab river with Taliban troops on one bank of the river and the Dostum troops on the other. The air bombardments were always during daytime and when it was clear weather.
The planes made big cercles while dropping only one or two bombs, resulting in relatively small amounts of casualties but with an increase of tension for the local population hiding for hours and hours in small holes dug between two walls of mud. Where most of the bombs were aimed to destroy the airstrip and the neighbouring Taliban headquarters, several among them hit the residential areas and the bazaar in the center of the city.

People, mostly women, children and the elderly left Qala-Naw giving the city the aspect of a ghost city. Only some men stayed to guard the properties. The Taliban authorities obliged all the people to put a white flag on every front gate so that the entire city looked like one great Taliban headquarters.

At the end of the month of March, the frontline moved considerably. The old frontline on the Northern part of the Morghab river moved towards the outskirts of Sang Atesh where the frontline on the Southern part of the river moved towards Durei-Boum. A anti-Taliban MiG-21 jet was shot down at the outskirts of Qala-Naw city while bombing. This was probably the reason bombing decreased from that moment on. Most of the Taliban commanders left the Herat headquarters and were based in Qala-Naw.

The health care services in Qala-Naw hospital were working on minimal activity as so many people had left and most of the doctors were in Herat. The hospital served as a first aid hospital only as no surgeon was available. After having received the first aid treatment, the wounded military people were transferred by helicopter to either ICRC hospital in Kandahar either to Herat Provincial Hospital.

The civilians were left in the surgical ward in extremely poor conditions not because of a lack of material and drugs but because of the lack of nursing and surgical staff. Consultations in the out-patient department decreased dramatically.

In April, the frontline didn’t move much. During the Eid celebrations, there was only limited fighting. After Eid, large Taliban troop reinforcements arrived in Herat on a daily basis before heading north-east to Badghis frontline. Among them were “foreign” Islamic Jihad fighters from Pakistan and Bangladesh who seem to be more religiously motivated rather than mercenaries or soldiers sent by their governments.

In May, General Abdul Malik broke his alliance with General Dostum and made an agreement with the Taliban. This opened up the Badghis frontline frontline with General Malik’s forces turning and advancing on Mazar-I Sharif. Mazar was soon captured and General Dostum fled the country.
The agreement between Malik and the Talibans allowed Malik to remain in control of Mazar and the northern region, but the Talibans didn’t like this and tried to impose their authority on Mazat. Malik then attacked the Taliban in Mazar and drove them back to the Murghab river where the old frontline has been re-established.

2. MERLIN’S ACTIVITIES

During the month of March, MERLIN assessed the rehabilitation to be done on MCH clinic, office, pharmacy and accommodation for both local and expatriate staff. Contacts were made with contractors in Herat as no specialist construction personnel is available in Qala-Naw. This involved a lot of travelling between Herat and Badghis in extreme poor weather conditions. Due to the heavy snowfall, the Zab-Zap pass was often blocked for several days. Trucks transporting IDP’s and tanks broke down on the pass causing long queuing lines for several hours or days.

Because all material has to be transported from Herat, MERLIN faced high transport costs. And because Badghis is very remote and difficult to access, material which can be found locally such as fuel and wood is very expensive.

MERLIN started also with the recruitment of specialist staff. Since no English speakers are available in Qala-Naw, we were obliged to recruit a logistician, office manager and translators in Herat. Those people have to receive a living and hardship allowance as they are out-stationed and in an at-risk zone.

To assure minimal security for both expatriate and local staff, MERLIN had to construct a sandbag bunker in the office/residence compound.

Cars were rented, generators bought, drugs, medical equipment and logistic material ordered from London.

In April, the new MERLIN logistician arrived.

The health care services in Qala-Naw hospital were working on minimal activity as so many people had left and most of the doctors were in Herat. MERLIN had several meetings with the MoPH in Qala-Naw to organise the work but dialogue was difficult for several reasons. Due to the insecurity most of the involved partners were absent one after the other. Issues such as employment and training of female staff are very sensitive under the strict rule of the Taliban administration. Most of the discussions were financial orientated rather than technical or organisational like enquiries for salaries and sophisticated equipment.
A small office and warehouse in Herat was set up to stock the material received from London and became the logistic and communication liaison between Farah, Badghis and Peshawar.

Alistair Troup, executive MERLIN director in London visited Qala-Naw. Security guidelines including the construction of a container bunker in the compound and different evacuation scenarios were discussed at that occasion.

The rehabilitations works started only at the end of April. The delay was caused by the Eid celebrations and the extremely difficult road conditions. All material and staff had to be brought in from Herat over the Zab-Zab pass where the snow disappeared slowly with major floods in the entire province of Badghis. Roads were washed away, vehicles blocked in the mud on the already narrow mountain tracks, so trips to and from Herat took a very long time and were wearing for both cars and staff.

Priority for rehabilitation was given to the MCH clinic and the basic residence.

In May started also the rehabilitation of the office and the pharmacy and warehouse. The works were nearly ready by the end of May. At present drugs and equipment were transported in small quantities from Herat as MERLIN kept the stock in its warehouse in Herat. The bulk of the stock will stay in Herat for security reasons till political situation becomes more transparent.

The MERLIN surgical nurse arrived and made a detailed need assessment of both surgical ward and emergency room in close collaboration with the MoPH surgeon and nurses. Priority was given to the rehabilitation and re-organisation of the emergency room and training of nursing staff.

Negotiations with the MoPH continued and it was decided that MERLIN would pay an incentive for all hospital staff whether or not they are involved in surgical activities. One female gynaecologist, one male general practitioner and two female nurses were identified for the MCH clinic of Qala-Naw as well as a doctor and health worker for Qadis BHC.

The medical coordinator left for one week to Iran to assess the medical needs of Birjand and Caen Province after a major earthquake.

With the fall of Mazar-I-Sharif and the consequent disappearance of the Badghis frontline and small amounts of IDP's heading from Herat to Badghis, MERLIN reacted promptly on the new emergency situation by ordering emergency medical and logistic material from London.
London sent emergency dispensary tents, plastic sheet, medical dispensary kits and a hospital kit. Locations for immediate installation of aidpost were identified in Muchur, Gulchin and Laman. Contacts were made with the demining agencies who agreed upon surveying in the regions of Morghab, Durei-Boum and Sang Atesh before installation of basic health centers in these locations.

Sarah Hall, the medical advisor for the Asia desk visited Qala-Naw.

A few days later when the situation shifted again and the Malik troops were advancing towards the Morghab river, the MERLIN team evacuated for Herat. At the same time, the Taliban MFA authorities of the MFA refused the renewal of the stay visa for the medical coordinator who left immediately for Peshawar.

Because of the severe security problems, MERLIN had difficulties to recruit expatriate staff and this factor played also a major role in the delay of the first part of this project. The medical doctor, the midwife and the water and sanitation engineer will be arriving in the beginning of June.

3. CONCLUSIONS

MERLIN will concentrate on the 3 axes of work which were introduced in the first part of the project.

4.1. Hospital of Qala-Naw

The surgical MERLIN nurse will continue to focus on pre- and post operative care by intensive on the job training for nurses in close collaboration with the local surgeon. She remains responsible for the re-organisation of the surgical ward pharmacy with supplies of drugs, medical disposables and surgical equipment and maintaining of a correct stock keeping system. She is responsible for the re-organisation of both emergency room and operation theatre including sterilisation and laundry facilities in close collaboration with the MERLIN water and sanitation engineer. She is also responsible for the monthly morbidity and mortality reports which have been introduced in both emergency room and surgical ward.

The MERLIN water and sanitation engineer will implement the rehabilitation of emergency room and operation theatre, the construction and rehabilitation of the water and sanitation system, the construction of the laboratory and the organisation of a proper waste disposal including training sessions in hygiene awareness and maintenance.

MERLIN will continue to pay staff incentives to motivate the staff.
The MERLIN doctor will assist the MERLIN mid-wife in the organisation of the female ward and paediatric department. An intensive feeding program for severely malnourished children will be integrated in the paediatric ward. The water and sanitation engineer will build a delivery room in this ward. The MERLIN doctor will supervise the laboratory activities including the epidemiological data monitoring and reporting.

4.2. MCH clinic in Qala-Naw city

The MERLIN mid-wife is responsible for the overall management of the clinic. This clinic provides curative care for women and children under 5 years old. Preventive activities include antenatal care, post-natal care, family planning, EPI, child growth monitoring and health education sessions.

The MERLIN nurse is responsible for the monthly reporting of both curative and preventive activities. She will introduce a proper referral system to the hospital of Qala-Naw. She is also responsible for the drug management system.

4.3. Peripheral BHC's

The MERLIN doctor is assisting the MERLIN logistician setting up the planned peripheral BHC's. The first step is to install dispensary tents instead of going immediately into rehabilitation or construction works. This has several advantages: quick installation and therefore quick health care delivered to the already very vulnerable population; MERLIN is immediately in the areas to monitor movements of populations and has the possibility to change the location in case we are not covering the target population.

The MERLIN doctor will work in close collaboration with MoPH and the demining agencies. She is responsible for the drug management system and the monthly reporting. She will organise intensive training courses in Qala-Naw for all health personnel followed up by on-the-job-training and close supervision.

In the beginning only curative care will be provided. Preventive activities for women and children will be introduced and integrated under the condition female staff can be identified and trained.
MERLIN is continue to pay salaries for one doctor and one health worker or nurse by BHC. A financial participation from the population will only be introduced once stability regains in the area.

4.4. Capacity building

MERLIN proposes a long term approach to allow capacity building to take place within the MoPH.

MERLIN will assist the MoPH in starting up the Provincial Health Management Team and will rehabilitate a meeting room in the hospital for this purpose.

MERLIN will organise training courses in health planning and management for both hospital and peripheral health staff on a regular basis.

4.5. Emergency preparedness

MERLIN will continue to assure the emergency preparedness by continuous monitoring of the epidemiological trends of diseases, by quick response to population movements and epidemics and by correct management of the stockpile of medical, surgical and logistic supplies.