

Wakhan Development Partnership Wakhan Community Health and Development Project

A team conducted a brief feasibility study for a project in Wakhan in 2000. In 2002 a detailed survey in 28 villages in the middle third of the district, covering a population of approximately 6000 was conducted. One third of households were surveyed. This survey covered demography, health, agriculture and living conditions.

One third of children died before the age of 5, 2% of pregnancies ended in the death of the mother.

In 2003, a project base was established in the upper part of Wakhan. The area covered starts 30km west of the district administrative centre, and extends 120 km east to Sarhad-e-Boroghil.

Community Health Work

Community Health Work started in July 2003. Each of the 28 communities was asked to select one or two women to receive training in basic health issues – early breastfeeding, child nutrition, treatment of diarrhoea and pneumonia, hygienic childbirth, and treatment of other common illnesses. Child growth monitoring was added in 2006. Each woman is given a kit containing 10 simple medicines and dressing materials.





Vaccination

In February 2007, 2 men were sent on a government vaccination training course, and now do monthly vaccination rounds for women and children.



Tuberculosis outreach work

These same two men were also trained to do ZN staining for diagnosis of TB, and in the principles of DOTS for the treatment of TB.

Work in the Pamir Mountains

1400 nomads of Kirghiz ethnicity live in small family groups in the Pamir Mountains. The team is responsible for vaccination for this population, and is also doing some very basic training and medicine distribution.



Other issues

Nutrition and fertiliser distribution

In the 2002 Survey, 50% of children from 12 – 23 months, and 25% of children from 24 – 35 months were malnourished. In 2003, 2004 and 2005, a small amount of ready made children's food supplements were distributed. In 2006, 50kg of fertiliser was distributed to each household, and in the autumn, 25kg of wheat and 25kg of peas were collected by each village council, which was then redistributed to each household for feeding children under 3. This strategy is considerably cheaper than distributing ready prepared food stuffs, and brings benefits to the children targeted, and also additional benefits to the rest of the household in that the increased yields exceed the 50kg of food each household has to donate to the food bank.. This has been repeated in 2007. Demonstrations of how to make a 'superflour' porridge were given.

A trial vegetable garden is being cultivate at the project base, and green house is being constructed.

Smoke Pollution

Household smoke pollution is a big problem. It is clear from research all over the world that smoke pollution in the house significantly increases death from lung disease in both adults and children. In consultation with the community, the team designed a flued stove, which is currently undergoing trials in 15 households.

In the year to April 2006, child mortality had fallen to 20%, a reduction of around 40%

Project Plan for 2007-8.

Currently, the team comprises 2 ex-patriate doctors (one man and one woman), an ex-patriate community health trainer, 2 local vaccinators and a driver.

Aga Khan Health Services have responsibility for the District under the Basic Package of Health Services Programme (National Health Plan), and the team is working along side them.

The personnel will divide into 2 teams, each with a doctor and a vaccinator. Each community will be visited at least 9 times a year, by each team alternately.

During these visits;

1. All children under 3 will be weighed, and nutritional advice given to those failing to thrive. During 2008, this part of the programme will be handed over to become the responsibility of the village council, who should conduct a monthly weighing day.
2. Children and women of child-bearing age will receive routine vaccinations, according to the Government EPI programme
3. Women of child-bearing age will be invited to receive contraceptive injections.
4. TB patients under treatment will be examined for compliance with treatment, and sputum samples collected from suspected cases and contacts.
5. Sick people presenting will be examined by a doctor, and treated appropriately. On the months when the female doctor is present, pregnant women will be examined for routine antenatal care (this will be on every visit if a local midwife can be recruited)





The stove programme will be rolled out to all 600 households, if the trials are successful.

Fertiliser distribution will be repeated, and vegetable garden and greenhouse projects continue.

Vaccinations and some basic health training will be conducted in the Pamir Kirghiz communities.

Budget July 2007 – June 2008

	£	
Transport	5400	this is for transporting medicines and fuel, and for flights for the team from Kabul
Mobile Clinic Expenses	2300	most of this is car expenses
Medicines and medical equipment	7500	
Pamir Work transport	2700	Vaccination and training for the population in the high mountains. Most of this is hiring yaks for
Fertiliser	19000	This is the cost of the fertiliser, and the transport
Smoke reduction stoves	5000	This is half the cost of the materials for the stoves each household will pay the other half
Salaries	4850	
Staff Training and Development	700	
Communications	1000	Because we are so remote, we need a satellite internet system, which is expensive.
Office expenses	700	
Total	49150	