

Årsberetning 2009-2010

Den Danske Afghanistan Komité

Annual Report 2009-2010

The Danish Afghanistan Committee



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Formandens beretning

Det forløbne år - 2009-2010 - har været resultatrigt for Den Danske Afghanistan Komité (DAC). Der er taget nye initiativer, og det hidtidige arbejde er blevet styrket. DAC har således fortsat kunnet yde en omfattende indsats for at sikre den afghanske befolkning i de dele af Herat-provinsen, hvor vi arbejder, sundhedsfaglig behandling og vejledning - i overensstemmelse med projektets målsætning.

Det økonomiske grundlag har været tilvejebragt ved en ny bevilling fra Udenrigsministeriet (Danida). I første omgang har vi fået en bevilling frem til januar 2011, dog med en mundtlig tilkendegivelse af, at vi kan forvente støtte i yderligere tre år. Det betyder, at vi her til efteråret skal søge en ny bevilling. Ikke på grund af uvilje fra ministeriets side, men som følge af at pengene nu kommer fra den humanitære kasse med et-årige bevillinger. Ud over støtten fra Danida modtager vi fortsat mange og værdsatte frivillige bidrag og donationer.

DAC's fokus har det seneste år, ud over den hidtidige indsats, især været på børne- og mødresundhed til gavn for befolkningen i de afsidesliggende landområder samt på videreuddannelse af det afghanske sundhedspersonale.

I den forbindelse har DAC sendt nogle af de afghanske ansatte på kurser i resten af Afghanistan samt i udlandet og har derudover igen i år haft dygtige, danske korttidskonsulenter udsendt til Herat. Jordemoder Mette Opstrup har været på Gozarah Distrikthospital (GDH) i efteråret 2009 og er i skrivende stund på vej til sit andet ophold for at rådgive og vejlede de afghanske kvinder om graviditet og fødsel.

Derudover har sygeplejerskerne Elisabeth Pettersson og Elin Petersen været i Herat for henholdsvis anden og tredje gang med det formål at videreudvikle og konsolidere den opbyggede viden og styrke gode procedurer omkring spædbørnspleje og hygiejne. Både Elisabeth og Elin befandt sig i Obeh, da der i maj i år indtraf et alvorligt mudderskred med store menneskelige og materielle omkostninger til følge. De to ydede sammen med vore afghanske medarbejdere en enestående og hurtig hjælpeindsats, hvilket DAC siger dem alle mange tak for. Hertil kan det oplyses, at mange af de afghanske medarbejdere udtrykte stor stolthed over DAC's samlede nødhjælpsindsats i forbindelse med katastrofen, men også over projektets generelle arbejde. Medarbejdernes tilfredshed med at arbejde i projektet, deres arbejdsiver og store engagement er noget, som DAC sætter meget stor pris på.

Projektdirektør Inge-Lise Aaen og projektadministrator Sumitra Mukherjee har også i de forløbne 12 måneder lagt stor energi og kompetence for dagen, hvilket har givet mange positive resultater.

Der er også sket en betydelig styrkelse af arbejdet ude i distrikterne, idet Dr. Sohail, hidtil resultatrig distriktsdirektør i Obeh, har fået ansvaret for alt opfølgende arbejde (outreach) i alle distrikter.

Words from the Chairman

Year 2009-2010 has been successful for the Danish Afghanistan Committee (DAC). DAC has started new initiatives and the existing work has been strengthened. Thus, DAC has been able to continue making an extensive effort providing health care treatment and guidance to the Afghan people in our target districts – in line with the project document.

The financial base has been provided by a new grant from the Danish Ministry of Foreign Affairs (Danida). We have been given a grant up to January 2010. However, Danida has by a verbal agreement, ensured that we can expect financial support for three more years.

The one-year-grant is not due to reluctance on the Ministry's part, but is a result of the grant now being given from Danida's humanitarian funds, providing only one-year grants. By verbal agreement Danida has ensured DAC its support until February 2014, and an application for next year's grant will be submitted to Danida shortly. Additional to the support from Danida, DAC still receives many appreciated voluntary contributions and donations.

Over the past year, DAC's area of focus has, apart from the existing work, especially been on mother and child health for the benefit of the population in the remote areas, as well as on further education of the Afghan health-care professionals. In this connection, DAC has sent some of the Afghan employees to other parts of Afghanistan and abroad in order for them to attend educational courses and seminars, and furthermore, DAC has once again sent competent Danish short-term expats to Herat. Midwife Mette Opstrup has visited Gozarah Districts Hospital (GDH) in fall 2009 and is at the time of this writing, on her way to her second visit to GDH to guide and advise the Afghan women on pregnancy and birth.

In addition, Hygiene Nurse Elisabeth Pettersson and Pediatric Public Health Nurse Elin Petersen have visited Herat for the second and third time respectively in order to consolidate and further improve the achieved knowledge and strengthen the good procedures in relation to hygiene and the general care of babies. Both Elisabeth and Elin were in Obeh, at the very moment when a serious mud slide flooded the city resulting in major human and material damages. Both of them made an exceptional emergency relief effort together with our Afghan employees, which DAC would like to give all of them a heart-felt thanks for. In this context, it is worth mentioning that many of DAC's Afghan employees expressed strong pride in DAC's overall efforts in relation to the disaster, and also in relation to the general work of the project. The employees' satisfaction and zeal for working in the project as well as their commitment are highly appreciated by DAC.

During the last 12 months, Project Director Inge-Lise Aaen and Project Administrator Sumitra Mukherjee have also showed great enthusiasm and competence, which have given many positive results.

The work in the districts has also been strengthened considerably as Dr. Sohail, a successful director who formerly has been working successfully as district director in Obeh, has been given the overall responsibility for all DAC's outreach work.

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Det skal fremhæves, at komiteens største enkeltaktivitet, GDH, i det forløbne år af den afghanske regering er blevet kåret til nationalt model-distrikthospital.

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It is worth underlining that DAC's major single activity, GDH, was chosen to be a national model district hospital by the Afghan authorities.

Viggo Fischer sammen med afghanske kolleger under projekttilsynet i slutningen af maj 2010.

Viggo Fischer along with Afghan colleagues during the annual project visit in late May 2010.



På DAC Københavns kontor i Valby er Stine Dechmann, som studerer international virksomhedskommunikation ved CBS, i marts ansat som studentermedhjælper og har blandt andet været medvirkende til at styrke DAC's informationsarbejde. Stine går på barsel fra 1. oktober og forventes at vende tilbage til DAC næste efterår. I mellemtiden tiltræder barselsvikar Julie Jeeg, som læser sociologi på Lunds Universitet.

For DAC's position udadtil i Afghanistan skal det fremhæves, at komiteens største enkeltaktivitet, GDH, i det forløbne år af den afghanske regering er blevet kåret til nationalt model-distriktshospital, som læger, sygeplejere og sygehusadministratorer skal lære metoder fra i behandling, forebyggelse og ledelse. Kåringen er glædelig. Indsatsen i Herat har hele tiden haft som mål at fremstå som forbillede. At DAC's måde at gøre tingene på fremhæves af de afghanske myndigheder som et eksempel til efterfølgelse i det øvrige afghanske sundhedssystem er naturligvis tilfredsstillende.

Herudover har DAC været godt i fokus i de danske medier. Blandt andet har journalist fra Kristeligt Dagblad Ulla Poulsen samt freelance journalist Keld Broksø begge besøgt Herat. Det er der kommet en flot mediedækning ud af. Læs mere herom på de kommende sider under "DAC i medierne".

For så vidt angår outreach-indsatsen i Herat, det vil sige bestræbelserne på at komme ud i de mange små, isolerede samfund, er dette fortsat en af DAC's hovedaktiviteter. Et nyt initiativ blev igangsat i foråret. Det drejer sig om kvindelige familierådgivere, som er nøglepersoner, der skal uddannes til at kunne undervise og rådgive kvinderne i deres landsbyer i børne- og mødresundhed, herunder især sygdomsforebyggelse. Herudover har vores mobile sundhedshold, de lokalt aktive mand-kvinde landsbyudviklingshold samt de stationære landsbysundhedsarbejdere også skabt positive resultater for de afsidesliggende små landsbyer, hvilket der kan læses mere om på de næste sider.

Stine Dechmann, who studies International Business Communication at Copenhagen Business School, has been employed as a part-time project assistant with DAC Copenhagen since March 2010. Among other things, Stine has contributed to the strengthening of DAC's information work. Stine is going on maternity leave from October 1 2010 and will return in fall next year. Julie Jeeg, who is studying sociology at Lunds University, will replace Stine until her return.

In relation to DAC's position in Afghanistan, it is worth underlining that DAC's major single activity, GDH, was chosen to be a national model district hospital by the Afghan authorities in late summer 2009. This means that doctors, nurses, and hospital administrators from all over Afghanistan are supposed to learn procedures and methods in relation to treatment, disease prevention, and management from GDH.

The appointment of GDH as a model district hospital is of course encouraging. It has always been an objective to make the work in the Herat Province inspirational. The fact that DAC's working practices are emphasized by the Afghan authorities in order to inspire the rest of the Afghan healthcare system is certainly gratifying.

Furthermore, DAC has attracted positive attention in the Danish press. Among other things, journalist from the Danish newspaper Kristeligt Dagblad Ulla Poulsen and freelance journalist Keld Broksø have both visited Herat, which has resulted in an impressive press coverage. Read more on this subject under "DAC in the press".

DAC's outreach effort in Herat – the effort to reach the remote and isolated villages – is still one of DAC's main activities. A new outreach initiative was established in spring 2010. This initiative involves so called Female Family Advisors (FFAs), who are key advisors educated to teach and counsel the women from their villages in relation to mother and child health, including disease prevention. Moreover, our Mobile Teams, our locally active male-female Village Health Development Teams and our Community Health Workers have performed well in order to create positive results for the remote villages, which will be elaborated on the following pages.

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Der er ingen tvivl om, at glæden over at have fået adgang til rent drikkevand er meget stor. Det blev fremhævet, at man allerede kan konstatere sundhedsmæssige forbedringer som for eksempel et markant fald i antallet af diarré-tilfælde.

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There is no doubt that the excitement over the newly gained access to safe water is remarkable. It was emphasized that by now it is already possible to point out health-related improvements, including a notable decline in cases of diarrhea.

Indsatsen ude i lokalsamfundene har været be- gunstiget af en forbedret sikkerhedssituation i He- rat-provinsen. En lokal oprørsleder, der angivelig var i ledtog med Taliban, fik chancen for at overgive sig. Da han nægtede, satte myndighederne, efter sigende tilskyndet af lokalbefolkningen, en væbnet aktion i gang, der har givet mere ro. Afghansk militær og politi er mere synlig end tidligere. Vi kan naturligvis ikke vide om denne stabilitet fortsætter, og området rammes undertiden af selvmordsbombere og bort- førelser, ofte knyttet til pengeafpresning.

Vi havde lejlighed til ved selvsyn at konstatere den forbedrede sikkerhed i forbindelse med det årlige projekttilsyn i slutningen af maj. Her havde vi helt nye muligheder for at komme rundt i projektområdet, også til afsidesliggende landsbyer. Deltagerne i tilsynet var DAC's kasserer Lene Ingvarlsen, bestyrelsesmed- lem Andrea Rømer Lauritsen, projektkoordinator Mingo Heiduk Tetsche, journalist Keld Broksø samt undertegnede. Vi fik blandt andet tilset tre landsbyer med nybyggede brønde – nogle af de konkrete resulta- ter af sidste års indsamling. Der er ingen tvivl om, at glæden over at have fået adgang til rent drikkevand er meget stor. Det blev fremhævet, at man allerede kan konstatere sundhedsmæssige forbedringer som for eksempel et markant fald i antallet af diarré-tilfælde.

Situationen i landet som helhed kan næppe be- skrives i få ord. Der er som bekendt betydelige sikker- hedsmæssige problemer i andre dele af landet, og det er ingen hemmelighed, at landet plages af korrupsion, især på centralt plan. Set fra undertegnedes syns- vinkel vil det være nødvendigt i de kommende år ved fordelingen af international støtte at lægge mere vægt på decentralisering og på den lokale og den regionale udvikling. Udviklingen i Herat-provinsen viser, at et tæt samarbejde mellem de udenlandske ”private” hjælpeorganisationer – NGO’erne – og de afghanske lokale myndigheder er en god kombination til at opnå resultater. I den forbindelse skal der særligt rettes en tak til Dr. Rashid, direktør for det regionale sund- hedsministerium i Herat, for det gode samarbejde samt til det italienske militærs genopbygningshold (PRT) for støtte under katastrofen i Obek.

Afslutningsvis vil jeg gerne rette en varm tak til vore afghanske ansatte for deres ihærdige indsats. De yder et vigtigt bidrag til en bedre fremtid for deres land. Et eksempel til efterfølgelse. Ligeledes tak til vore med- lemmer, samarbejdspartnere og donorer uden hvis støtte, DAC's resultater slet ikke var mulige. Dette gælder blandt andre MultiCenter Syd og Bendix Transport, der tager sig af DAC's indsamlede mate- riale. Den fortsatte støtte, økonomiske bidrag, udstyr og beklædning (se under ”Donationer”), gør det muligt for DAC ikke mindst at give indsatsen en social vinkel til gavn for udsatte grupper, der ikke er dækket af Danida-projektet.

Med venlig hilsen

p.b.v.
Viggo Fischer
formand



The efforts in the remote villages have been favored due to an improved safety and security situation in Herat Province. A local insurgent leader, who allegedly was in league with Taliban, was given an opportunity to surrender. When he refused, the authorities started an armed action, which the local population reportedly supported, and which has resulted in this a relatively peaceful situation. Furthermore, the Afghan military and police have become more visible in the province. Of course, we cannot possibly know whether this stabili- zation continues, given the fact that suicide bombs and kidnapping – the latter often related to extortion – now and then occurs in the Herat Province.

In connection with our annual project visit in late May, we could ascertain for ourselves that the security situation had improved. We were able to move around freely in the whole project area - including the remote villages. The participants on this year's project visit were DAC's treasurer Lene Ingvarlsen, board member Andrea Rømer Lauritsen, project coordinator Mingo Heiduk Tetsche, journalist Keld Broksø and the un- dersigned. We got to see three villages with newly built wells – the actual results of last year's fundraising cam- paign “Water against War”. There is no doubt that the excitement over the newly gained acces to safe water is remarkable. It was emphasized that by now it is already possible to point out health-related improve- ments, including a notable decline in cases of diarrhea.

Overall, the situation in Afghanistan is hardly de- scribable. It is a well-known fact that there are serious safety-related problems in other parts of Afghanistan, and it is no secret that the country is afflicted by corrup- tion, especially at the central level. Seen from the un- dersigned's point of view, in the years to come it will be necessary to place greater emphasis on decentralization and on the local and regional development as regards the disposition of international support. The develop- ment in the Herat Province proves that a close co-ope- ration with the NGOs and the local Afghan authorities is fruitful in order to obtain results. In this connection, DAC would like to express our sincere thanks to Dr. Rashid, director of Regional Ministry of Public Health, for the good cooperation and also to the Italian Provin- cial Reconstruction Team (PRT) for the support during the disaster in Obek.

Finally, I would like to offer our Afghan employees my best thanks for their dedicated effort. Their contribution to a better future for their country is of great importance – and an example for others to follow. Many thanks also to our members, cooperating partners, and dona- tors. Without your support, DAC's initiatives and re- sults would not be possible. Among others, this includes MultiCenter Syd and Bendix Transport Denmark A/S who manage DAC's collection of donated materials. The continuous support, contributions, and items of clothing (cf. “Contributions”) make it possible for DAC to place the project at a social angle for the benefit of vulnerable groups, who are not covered by the Danida project.

Sincerely,

On behalf of the Board
Viggo Fischer
Chairman



Udviklingen i sundhedsprojektet

I det forgangne år er der sket væsentlige fremskridt på Gozarah Distriktshospital (GDH) samt sundhedsklinikkerne i Obeh og Pashtoon Zarghoon.

GDH

Et år med fremgang på GDH skal ikke mindst ses i lyset af at hospitalet i sensommeren 2009 af Herat-provinsens sundhedsmyndigheder blev kåret til model for efterligning i hele Afghanistan på grund af dets høje faglige niveau inden for både behandling og ledelse. En anerkendelse som DAC naturligvis finder meget tilfredsstillende. Det høje faglige niveau forsøger DAC at opretholde ved forskellige initiativer på uddannelsesområdet, for eksempel via videreuddannelse af det afghanske sundhedspersonale samt brug af udsendte danske korttidskonsulenter, som nævnt i formandsberetningen.

På GDH er man desuden begyndt at lave ernæringsstatistikker over de spædbørn, der kommer på den såkaldte Baby Well Clinic. Statistikkerne viser desværre ofte, at babyerne er stærkt underernærede. Derfor er DAC gået i gang med at søge midler til initiativer, der kan afhjælpe problemet og forbedre statistikkerne.

Obeh

Klinikken i Obeh er efter katastrofen efterhånden kommet på fode igen. Klinikkenes kapacitet blev under katastrofen sat på en alvorlig prøve, men takket være udvidede funktioner så som et kirurgisk afsnit, en akutafdeling og en sengeafdeling som blev etableret i 2008, var klinikken gudskelov godt udstyret til at hjælpe så mange af de tilkadede som muligt. Derudover var ikke mindst den gode lægefaglige service og medarbejderne i netop Obeh en afgørende, positiv faktor i forhold til at kunne yde hjælp og behandling under katastrofen. De tilskadede, som ikke kunne få behandling i Obeh, blev overflyttet til andre store hospitaler, inkl. GDH, med hjælp fra det italienske PRT.



*En kvinde med sin datter på GDH's børneafdeling.
A woman with her daughter at GDH's pediatric unit.*

Health Project Development

The past year has generated considerable progress at Gozarah District Hospital (GDH) and the health centers in Obeh and Pashtoon Zarghoon.

GDH

Progress at GDH should be viewed in the light of the appointment of GDH as a national model district hospital by the Afghan authorities in late summer 2009 due to the high professional standard in relation to treatment, disease prevention, and management – a recognition which DAC highly appreciates. The high professional standard at GDH is maintained by different efforts in relation to education, including the engagement of Danish short-term expats, and further education of our Afghan employees by means of courses in Afghanistan and abroad.

At GDH nutrition statistics have been introduced in order to record the degree of malnutrition among the babies at the so called Baby Well Clinic. The statistics unfortunately show that the babies are often malnourished. Therefore, DAC has started to seek funds for initiatives which can improve the babies' health and improve the bad statistics.

Obeh

After the serious mud slide disaster in May 2010, the Comprehensive Health Center+ (CHC+) in Obeh has finally been fully restored. The center's capacity was acutely put to the test during the disaster, but thanks to the extended services such as a surgical section, an emergency department, and an inpatient unit, which were established in 2008, the center was well-equipped to help as many flood victims as possible. In addition, the professional medical service and the employees were not least an essential, positive factor in relation to providing aid and treatment. The victims, who could not get treatment locally in Obeh, were moved to other, larger Hospitals, including GDH, with the help of the Italian PRT.

DAC's sundhedsindsats DAC's Health Programme

I alt/total:

- 19 klinikker/Health Centers
- 209 sundhedsposter/Health Posts
- 14 landsbyudviklingshold/Village Health Development Teams
- 4 hold supervisorer for landsbyudviklingsholdene/Village Health Development Supervisor Teams
- 418 landsbysundhedsarbejdere/Community Health Workers
- 11 supervisorer for landsbysundhedsarbejdere/Community Health Worker Supervisors
- 4 hold supervisorer for landsbyudviklingsholdene/Village Health Development Supervisor Teams
- 3 mobile sundhedshold/Mobile Teams

Gozarah

Gozarah Distrikthospital/Gozarah District Hospital (GDH)

- 5 Basale sundhedsklinikker/Basic Health Centers (BHC)
- 3 Underklinikker/Sub Health Centers (SHC)
- Opsøgende sundhedsarbejde/Outreach:
- 104 Sundhedsposter/Health Posts (=208 sundhedsarbejdere/Community Health Workers)
- 5 Landsbyudviklingshold/Village Health Development Teams (VHDT) – total 10 persons
- 6 Supervisorer for landsbysundhedsarbejdere/Community Health Worker Supervisors
- 2 Hold supervisorer for landsbyudviklingsholdene/Village Health Development Supervisor Teams
- 1 Mobilt sundhedshold/Mobile Team

Obeh

Obehs sundhedsklinik+/Obeh Comprehensive Health Center (CHC+)

- 1 Basal sundhedsklinik/Basic Health Center (BHC)
- 2 Underklinik/Sub Health Centers (SHC)
- Opsøgende sundhedsarbejde/Outreach:
- 56 Sundhedsposter/Health Posts (=112 sundhedsarbejdere/Community Health Workers)
- 3 Landsbyudviklingshold/Village Health Development Teams (VHDT) – total 6 persons
- 2 Supervisorer for landsbysundhedsarbejdere/Community Health Worker Supervisors
- 1 Hold supervisorer for landsbyudviklingsholdene/Village Health Development Supervisor Team
- 1 Mobilt sundhedshold/Mobile Team

Pashtoon Zarghoon

Pashtonn Zarghoons sundhedsklinik+/Pashtoon Zarghoon Comprehensive Health Center (CHC+)

- 2 Basale sundhedsklinikker/Basic Health Centers (BHC)
- 3 Underklinik/Sub Health Centers (SHC)
- Opsøgende sundhedsarbejde/Outreach:
- 49 Sundhedsposter/Health Posts (=98 sundhedsarbejdere/Community Health Workers)
- 6 Landsbyudviklingshold/Village Health Development Teams (VHDT) – total 12 persons
- 3 Supervisorer for landsbysundhedsarbejdere/Community Health Worker Supervisors
- 1 Hold supervisorer for landsbyudviklingsholdene/Village Health Development Supervisor Team
- 1 Mobilt sundhedshold/Mobile Team

Pashtoon Zarghoon

Den 1. marts 2010 blev en opgraderet version af sundhedsklinikken i Pashtoon Zarghoon indviet. Opgraderingen af klinikken fra et såkaldt "Comprehensive Health Center" – CHC – til et udvidet CHC+ betyder en række forbedringer på flere medicinske områder. Blandt andet er der nu en akutafdeling, som giver mulighed for at yde basal kirurgisk hjælp til de afghanske patienter, ikke mindst kvinder der har behov for kejsersnit. Derudover har klinikken fået en øget kapacitet til at have indlagte patienter, og renovationer af toilet, bad samt en forbedring på hygiejneområdet har gjort det muligt at repræsentere en standard, der ikke er set før på klinikken.

Outreach-indsatsen

DAC's outreach-indsats har i 2009/2010 været genstand for forskellige ændringer og omstruktureringer og er stadig en af DAC's hovedaktiviteter der fortsat er af stor værdi for befolkningen i de afsidesliggende områder.

DAC's mobile sundhedshold, som vaccinerer og yder basal hjælp til landsbybefolkningen, er stadig en vigtig del af outreach. Det sidste år er antallet af mobile sundhedshold blevet reduceret, hvilket skyldes en positiv fremgang på de adskillige underklinikker i både Gozarah, Obeh og Pashtoon Zarghoon. Under-

Pashtoon Zarghoon

On March 1 2010 an upgraded version of the CHC in Pashtoon Zarghoon was opened. Just as in Obeh, the upgrade to a CHC+ meant several improvements in different medical areas. For instance, a new emergency department, which offers the Afghan patients basic surgical treatment, not least women who need caesarean sections, has been established. Moreover, the center now has greater capacity for hospitalized patients, and a restoration of toilets and bathrooms together with improved hygiene procedures have raised the standard to a level, never seen at the center before.

Outreach efforts

DAC's outreach efforts have been subject to different changes and restructuring. However, the outreach efforts are still a central part of DAC's main activities and continue to be of great importance to the rural population.

DAC's Mobile Teams (MT), who vaccinate and assist the rural population with basic health care, are still an important part of the outreach efforts. During the past year, the number of MTs has been reduced, which is due to a positive improvement in the different Sub Health Centers (SHCs) in Gozarah, Obeh, and Pashtoon Zarghoon. The SHCs have started



Indvielse af det nye CHC+ i Pashtoon Zarghoon. Til højre ses blandt andre projektdirektør Inge-Lise Aaen samt DAC's outreach-officer Mr. Solehi.

Inauguration of the new CHC+ in Pashtoon Zarghoon. To the right are Project Director Inge-Lise Aaen together with DAC's outreach officer Mr. Solehi.

klinikkerne er begyndt at give vacciner, hvorved de har lettet en del af sundhedsholdenes arbejdsbyrde, og derfor har det været hensigtsmæssigt at reducere antallet.

Også DAC's landsbyudviklingshold, der underviser landsbybefolkningen i blandt andet hygiejne, ernæring og spædbørnspleje, er blevet reduceret. Reduceringen skyldes en budgetmæssig vurdering af, at det ville være mere formålstjenligt at beholde færre og naturligvis de mest kompetente landsbyudviklingshold for derved økonomisk at kunne sikre et år mere med netop dette initiativ. Dog er den samlede supervision af landsbyudviklingsholdene forøget ved hjælp af adskillige initiativer, som sikrer, at de yder en outreach-indsats af højeste kvalitet.

I forhold til DAC's landsbysundhedsarbejdere udgør deres arbejde med at henvise tuberkulosepatienter samt patienter med gynækologiske vanskeligheder en vigtig del af en behandlingsprocedure, der er særdeles effektiv og gavnlig for den afghanske befolkning. Også uddannelsen og supervisionen af landsbysundhedsarbejderne fortsætter ufortrødent.

Hvad angår nye initiativer på outreach-området, har DAC siden foråret 2010 iværksat et pilotprojekt med kvindelige familierådgivere. De skal uddannes i at undervise kvinderne i deres landsbyer i børne- og mødresundhed, herunder sygdomsforebyggelse. De skal samarbejde med landsbyudviklingsholdene og skal som udgangspunkt være shura-medlem, for at lette

to vaccinate, and have thereby lightened the MTs' work load, which thus made it sensible to reduce the number of MTs.

The number of DAC's Village Health Development Teams (VHDTs), who teach the rural population hygiene and nutrition procedures and general care of babies, has also been reduced. The reduction is caused by a budgetary assessment which states that it would be beneficiary to keep few, competent VHDTs, and thereby making it financially possible to run the VHDT-activities for one more year. However, the general supervision of the VHDTs has been increased and several supervision efforts have been implemented in order to make sure that the VHDTs provide outreach efforts of the highest quality.

As regards DAC's Community Health Workers (CHWs), their work on referring tuberculosis patients and patients with gynecological disorders is an important part of a treatment procedure, which is highly effective and beneficial to the rural population. Like the VHDTs, the education and supervision of the CHWs continue steadily.

As to new outreach initiatives, DAC has started a project involving Female Family Advisors (FFAs), who are educated to teach and counsel the women from their villages in relation to mother and child health, including disease prevention. The FFAs collaborate with the VHDTs, and in principle, need to be Shura members, in order to make the implemen-

implementeringen af initiativet i forhold til de andre beboere i landsbyerne. Det skyldes, at shura-medlemmer i forvejen nyder en øget legitimitet og har kendskab til den lokale befolkning. Indtil videre er der i alt 15 kvindelige familierådgivere, fem per distrikt, og hvis bevillingerne rækker til det, forventes der at komme mange flere.

tation of the FFA project in the villages easier. This is due to the fact that Shura members already enjoy legitimacy and have a thorough knowledge of the population in the village. So far, 15 FFAs have been established (five per district), and it is planned to increase their numbers, if the necessary grants are being issued.

*Seniorkirurg
Dr. Nazif
sammen med
kirurg Dr.
Saber på en af
GDH's opera-
tionsstuer.*

*Senior Sur-
geon Dr. Nazif
together with
Surgeon Dr.
Saber in one of
GDH's opera-
ting theatres.*



Kvindekollegiet

DAC's kvindekollegium i Herat er stadig fuldt belagt med 96 unge kvinder. En venteliste med pt. 32 kvinder indikerer en fortsat stigende popularitet, hvilket er yderst tilfredsstillende. Omkostningerne til kollegiet har hidtil været afholdt inden for budgettet af DAC's Danida-finansierede sundhedsprojekt, men fra februar 2011 vil der ikke længere være råderum til driften af kollegiet inden for de eksisterende økonomiske rammer.

Dette er en stor udfordring for DAC, da vi ser kollegiet som en vigtig hjørnesteen i vores arbejde i forhold til at give unge kvinder i yderområderne en mulighed for at studere og samtidig bidrage til en udvikling i kvalificeret, og ikke mindst nødvendig, arbejdskraft inden for sundhedssektoren. Derfor har vi i august iværksat en kampagne, der forhåbentlig kan være med til at sætte fokus på behovet for kollegiet, således at det bliver muligt at indsamle de midler, der er nødvendige for at DAC kan fortsætte driften af det.



Female Dormitory

DAC's female dormitory in Herat is still fully booked with 96 young Afghan women. A waiting list with 32 women indicates a continuously increasing popularity, which is very satisfactory.

Up to now the dormitory costs have been paid for with DAC's Danida funds, but from February 2011, there will no longer be financial latitude for the running of the dormitory within the Danida budget. This is not satisfactory, as DAC regards the dormitory as an important part of our work on giving young Afghan women in the remote villages an opportunity for studying and thereby contributing to the development of a qualified and important labor force within the health care field.

In August 2010 DAC has therefore launched a campaign with the objective to put focus on the dormitory and hopes to be able to raise the funds needed in order to continue the running of it.



Glæden over brøndene er enorm. Som formanden for den lokale vandkomité, projektirektør Inge-Lise Aaen, siger: "De kan slet ikke få armene ned!"



According to the Chairman of DAC's water committee, Project Director Inge-Lise Aaen, the Afghans are extremely delighted with the new wells and "they cannot stop rejoicing."

Opfølgning på "Vand mod krig"

Samarbejdet mellem DAC og Politiken om projektet "Vand mod krig" har allerede nu hjulpet mange afghanere med at få adgang til rent drikkevand.

Det indsamlede beløb af godt 1.000.000 kr. har indtil videre resulteret i, at der er blevet installeret 25 brønde i 25 forskellige landsbyer i Gozarah-distriktet, som befolkningen har fået overdraget ansvaret for. Glæden over brøndene er enorm. Som formanden for den lokale vandkomité, projektirektør Inge-Lise Aaen, siger: "De kan slet ikke få armene ned!"

Ingeniør Abdul Basir Tukhy, som koordinerer implementeringen af brøndene i Herat, har skrevet mere om vandprojektet. Læs hans status senere i denne årsberetning.

Update on "Water against War"

The collaboration between DAC and the Danish newspaper Politiken in relation to the water supply project "Water against War" has already provided many Afghan citizens with the access to safe drinking water.

The collected amount of almost 1,000,000 DKK (170,000 USD) has so far resulted in 25 wells in 25 different villages in the Gozarah district; wells which the population in the villages are now responsible for. According to the Chairman of DAC's water committee, Project Director Inge-Lise Aaen, the Afghans are extremely delighted with the new wells and "they cannot stop rejoicing".

DAC's engineer Abdul Basir Tukhy, who coordinates the implementation of the wells, has written his update on the water supply project later on in this report.

En af de 25 nybyggede brønde, der sikrer afghanerne rent drikkevand

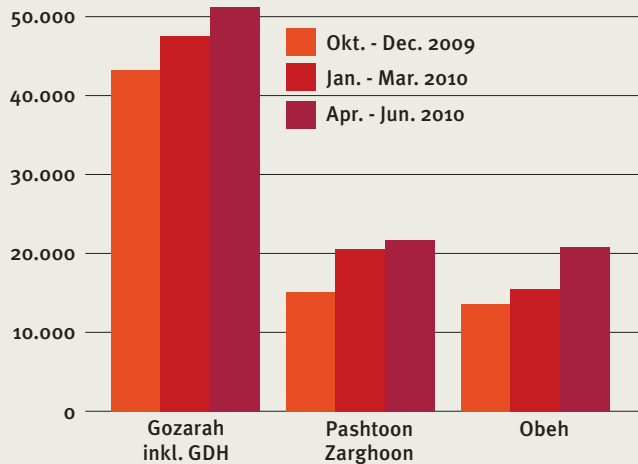
One of the 25 newly built wells, which helps the Afghans assess safe, clean drinking water.



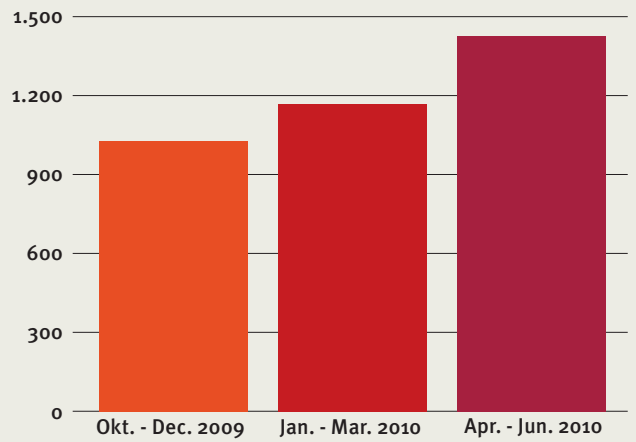
Sundhedsprojektet i tal/Health Care Project in Numbers

Ambulante patienter på sundhedsklinikkerne Outpatients in health centers

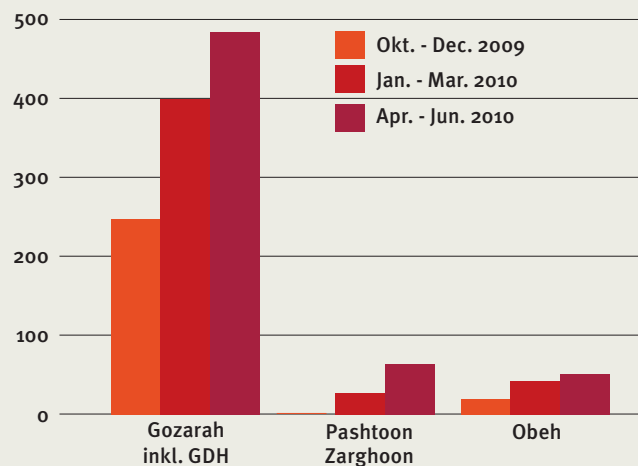
Total okt. 2009 - jun. 2010: 248.718



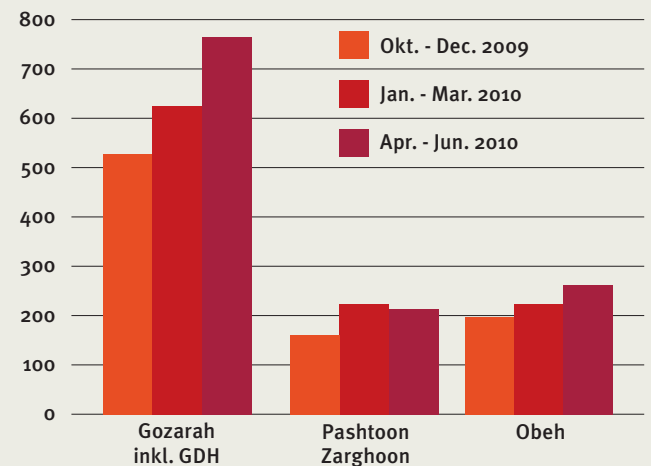
Indlagte patienter på Gozarah Distrikthospital Inpatients in Gozarah District Hospital



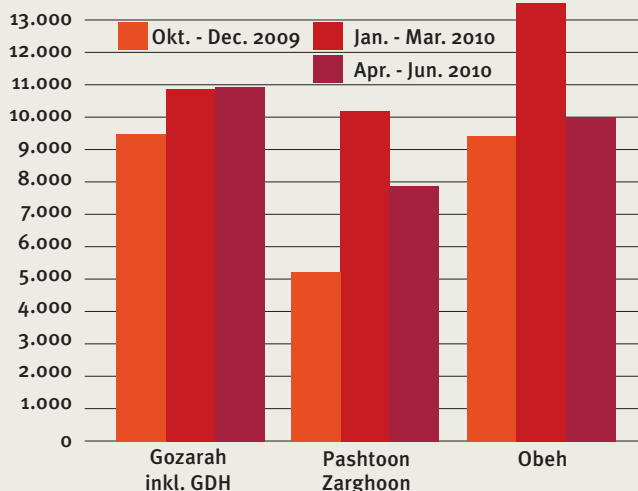
Kirurgiske indgreb Surgeries



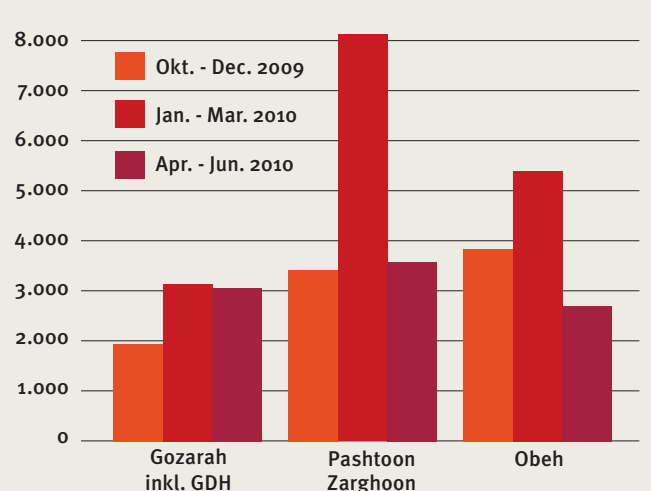
Fødsler på sundhedsklinikker Births in health centers



Vaccinationer på sundhedsklinikker Vaccinations in health centers



Vaccinationer ved mobile sundhedshold Vaccinations by Mobile Teams



Donationer

Den positive udvikling i DAC's arbejde i Herat skyldes ikke mindst de mange donationer og bidrag fra private danskere, virksomheder og foreninger.

De mange ekstra private bidrag har gjort vores sociale projekter i Herat mulige, herunder blandt andet tøj til de fattigste børn i vores Baby Well Clinics, oprettelse af baderum i Kuchi-landsbyerne samt indkøb af materialer til Kaussars sykurser for især unge kvinder og enker, som DAC efterhånden har støttet igennem en del år - og projektet er en succes: I dag afholdes der to kurser dagligt.

I forhold til sundhedsbehandling har DAC modtaget en del medicin fra Farmaceuter uden Grænser, og også DAC-medlem Bodil Lund har igen i årets løb formidlet en stor del af medicindonationerne. DAC har også modtaget større mængder særdeles anvendeligt hospitalsudstyr fra Glostrup Hospital og Multicenter Syd, meget nyt sportstøj og bolde fra DGI samt store mængder tøj, sko og legetøj fra flere medlemmer og andre engagerede privatpersoner, heriblandt Else og Eigil Jensen på Amager

Carl Eltorp fra Bendix Transport har sammen med MultiCenter Syd og de mange engagerede medhjælpere fra Nykøbing Falster igen i år ydet en stor indsats i forhold til at sørge for opbevaring, pakning og shipping og er derfor i høj grad med til at gøre forsødelserne mulige.

Den sidste container med donationerne ankom til Herat i juni og skabte stor glæde for både patienter og personale, hvis hverdag bliver forbedret radikalt med donationer som disse. Eksempelvis er en 12-årig dreng fra Gozarah meget glad for sin nye kørestol (se billedet).

DAC skylder alle ovennævnte en varm tak! Hjælpen fra jer gør en kæmpe forskel, og jeres donationer er af stor gavn for de mindst privilegerede i Afghanistan.

Udover ovennævnte donationer har DAC også modtaget den årlige bevilling fra Mellemfølkeligt Samvirkes pulje Genbrug til Syd, som dækker forsødelser-omkostningerne til Herat. Næste års bevilling er netop også blevet givet.

Den årlige ansøgning om Kulturministeriets tips- og lottomidler er blevet sendt af sted, men der ventes stadig på svar.

Contributions

The positive development in DAC's work in Herat is not least due to the many contributions from private Danes, companies, and associations.

The many extra private contributions have made our social projects in Herat possible, including clothes for the needy babies in our Baby Well Clinics, establishment of sanitary facilities in the Kuchi villages and purchase of materials for sewing courses for especially young females and widows, which DAC by now has been supporting for several years. The project is a success: Today, sewing classes are held twice daily.

In relation to healthcare treatment, DAC has received a great deal of medicine from Danish Pharmacists without Borders as well as DAC member Bodil Lund, who repeatedly has arranged medical contributions to our work. DAC has also received a large number of very useful hospital equipment from Glostrup Hospital and MultiCenter Syd.

Moreover, DAC has received new sports clothes and soccer balls from Danish Gymnastics and Sports Associations, and several members and other committed people have donated a great deal of clothes, shoes and toys. Carl Eltorp from Bendix Transport Denmark A/S has, together with MultiCenter Syd and the many dedicated assistants from Nykøbing Falster, once again given a great service in order to store, containerize and ship the collected material and equipment – without their help, DAC's shipments to Herat would not be possible.

The last container with the hospital equipment arrived in Herat in June 2010 and made both patients and employees very delighted, as their everyday life is improved radically by such contributions. A perfect example of how the donations can affect people's lives is a 12-year-old boy from Gozarah, who is very pleased with his new wheel chair (see picture below).

DAC would like to give a heart-felt thanks to all the above-mentioned people for giving their support to DAC and not least the Afghan people: Your help is making a considerable difference for many of Afghanistan's least privileged people.

Besides the mentioned contributions, DAC has also been given the yearly grant from ActionAid Denmark's Recycling for the South funds, which covers the shipping expenses to Herat. Next year's grant has also just been passed. The annual application to The Ministry of Culture's National Lottery funds has been sent, but a possible approval has not yet been confirmed.

Efter en mineulykke sidste efterår mistede denne 12-årige dreng begge sine ben. Drengen kom til behandling på GDH og har modtaget en af de kørestole, der var med i containeren fra Danmark.

After an accident involving a landmine last fall, this 12-year-old boy lost both his legs. The boy was treated at GDH, and has received one of the wheel chairs from the Danish container.



DAC i medierne

Som nævnt i formandsberetningen, har de danske medier i år igennem en række artikler rettet en del fokus på DAC's arbejde.

Freelancejournalist Keld Broksø har efter sin deltagelse i DAC's projekttilsyn i Herat i maj 2010 skrevet artiklen "Afghanistan blåstempler dansk sygehus" til Udenrigsministeriets avis Udvikling. Herudover har han lavet en opfølgning på projektet "Vand mod krig" i form af artiklen "Læsernes vand faldt på et tørt sted i Afghanistan" som blev bragt i Politiken. Også Anders Jerichow, Politikens tovholder for "Vand mod krig", har fulgt op på vandprojektet med klummen "Hilsen fra en afghansk landsby".

Kristeligt Dagblads Ulla Poulsen besøgte Herat i juni 2010, hvilket har skabt grundlag for artikelserien "Afghanistan til hverdag", der inkluderer 10 store artikler, som skildrer forskellige afghaneres hverdag. Artiklerne omhandler blandt andre en jordmoderstuderende fra DAC's kvindekollegium i Herat samt en patient fra Gozarah Distrikthospital (GDH). Udover artikelserien har Ulla Poulsen også skrevet en om udnævnelsen af GDH som nationalt model-distrikthospital.

Kristeligt Dagblad har desuden tidligere på året bragt en artikel om jordmoder Mette Opstrup spændende og indtryksrige ophold på GDH i efteråret 2009.

DAC's projektdirektør Inge-Lise Aaen er også blevet skildret en del i de danske medier. I en nyudgivet folder fra Udenrigsministeriet og Forsvarsministeriet om Danmark i Afghanistan fortæller Inge-Lise om sit arbejde hos DAC, og i juli 2010 bragte Familie Journalen et portræt af hende.

DAC sætter stor pris på det fokus, som mediedækningen er med til at skabe på vores arbejde og på den civile indsats i Afghanistan generelt, og vi ser frem til et år med fortsat godt samarbejde med den danske presse.

DAC in the Press

As mentioned under "Words from the Chairman", the Danish press has elucidated DAC's work through a number of articles over the past year.

After participating in DAC's project visit in Herat in May 2010, freelance journalist Keld Broksø has written the article "Afghanistan Accords Recognition to Danish Hospital", which was printed in the magazine Udvikling, published by the Danish Ministry of Foreign Affairs. Furthermore, Keld has written the article "Readers' Contributions Were Very Welcome in Afghanistan", which was printed in the Danish newspaper Politiken in order to give an update on the water supply project. Journalist Anders Jerichow from Politiken, who was DAC's cooperating partner in relation to the water supply project, has also written an update on the project by way of the column "Greetings from an Afghan Village".

Ulla Poulsen from the Danish newspaper Kristeligt Dagblad visited Herat in June 2010, which has resulted in a series of articles with the collective name "Everyday life in Afghanistan". This includes 10 articles, which describe the everyday life of different Afghan persons, e.g a midwifery student from DAC's female dormitory in Herat and a patient from Gozarah District Hospital (GDH).

Apart from the series of articles, Ulla Poulsen has also written an article on the appointment of GDH as a national model district hospital. Kristeligt Dagblad has moreover displayed an article on DAC's Danish expat and midwife Mette Opstrup's visit to GDH in fall 2009.

DAC's project director Inge-Lise Aaen has also been portrayed a great deal in the Danish press. In July 2010, the Danish weekly magazine Familie Journalen published a detailed portrait of Inge-Lise and her work in Herat, and Inge-Lise was quoted describing her work for DAC in a new folder on Denmark's efforts in Afghanistan published by the Danish Ministry of Foreign Affairs and the Danish Ministry of Defense.

DAC highly appreciates that the Danish press puts focus on our work in Herat and on the civil efforts in Afghanistan in general, and we look very much forward to another year with a positive cooperation with the Danish press.

Dansk sygehus skal være forbillede i Afghanistan

De afghanske sundhedsmyndigheder har udvalgt et dansk drevet sygehus i det vestlige Afghanistan som model for landets omkring 100 distrikthospitaler

AF ULLA POULSEN

Hundreder af afghanske læger, sygeplejersker og administratører vil i de kommende år lægge vejen forbi det danske drevne distrikthospital i Gozarah i nærheden af Herat i det vestlige Afghanistan for at blive klogere på, hvordan man driver et moderne og effektive afghanske

drives af Den Danske Afghanistan Komite – som model for alle Afghanistans omkring 100 distrikthospitaler på grund af dets høje faglige niveau.

Grunden til, at netop det danske hospital er blevet udvalgt som forbillede blandt distrikthospitalerne, er, at Gozarah har nået en standard, som er usædvanlig i en afghansk sammenhæng, både inden for behandling og ledelse. Dets kirurgiske døgnberedskab og dets program for bekæmpelse af tuberkulose er således kåret til landets bedste.

Udviklingen på vores hospital skiller sig positivt ud. Det viser statistikkerne. Vi arbejder mere effektivt, og vi har løftet niveauet for hygiejne og infektionsbeskyttelse.

Inge-Lise Aaen, projektdirektør

hospitalet i Gozarah – og den ene af de blot to udenlandske ansatte.

Hun glæder sig netop så meget mere over udnævnelsen til model-sygehus, fordi den også er et bevis på, at det godt kan lade

sig leve op til de internationale standarder mindeligvis i et hospital med så få personale.

Vores bestræbelser er at drive til at planlægge, og det er vi skal lære med en hel

hvorvidt man ønsker, er det en mulighed for at lade sig inspirere af de små og store

store centralsygehuse samt private hospitaler af varierende størrelse. Ifølge det afghanske sundhedsministerium har et distrikthospital mellem 30 og 75 sengepladser – Gozarah Distrikthospital har 60 senge.

befolkningen bor. Det er her freden skal vindes, siger Viggo Fischer, formand for DAC.

Danida finansierer hospitalet i Herat-provinsen, og i Udviklingsministeriet glæder man sig over, at det danske projekt er blevet udpeget som model.

Hilsen fra en afghansk landsby

Indsamlingen 'Vand mod krig' i Afghanistan har nu skaffet 20 landsbyer ny pumpe. Flere er på vej.

V i fik tilsendt et billede fra Chahsurak Pain i sidste uge. Og hvor er så bogstaveligt talt i luften for landsbyer og ret, et halvt år senere. Kiomars

sammen med Den Danske Afghanistan Komite (DAC), som står i spidsen for et sundhedsprogram for godt og vel en halv million mennesker i Heratprovinsen. Vi kunne lige så godt have kaldt det 'Vand for fred'.

I alt for mange landsbyer døjer afghanerne med både for lidt og for beskidt vand. Pointen med indsamlingen var og er, at rent vand er nøglen til helbrede. Pumper giver sundhed en chance i ufrugtbare landsbyer. Det giver også afghanerne en chance for at engagere sig i fred frem for at lade sig inddrage i dets små og store

krige.

begge dele og gerne i samarbejde med omverdenen.

Det er værd at huske. Det er muligt at hjælpe afghanerne og deres land – uanset hvad man synes om den militære indsats. Nogle gange kan det være frustrerende for afghanerne, at de i snart mange år har hørt om hjælp, men kun mærket til krig. Måske har det været fatalt, at alt for meget udvikling er skubbet i baggrunden til fordel for alt for meget krig.

Heratprovinsen har også haft sin vold, men har især ventet på, at den sociale udvikling skulle begynde. DAC's hospital er blevet udnævnt til menstergesundhedscenter for hele Afghanistan, og et kæmpeansigt net af sundhedsarbejdere, som drives af lokale og udenlandske læger og sygeplejersker, er blevet et populært, men

Det er værd at huske. Det er muligt at hjælpe afghanerne og deres land – uanset hvad man synes om den militære indsats.

samtet ind, og for modtagerne i de fjerne og forarmede landsbyer kan det betyde forskellen på liv og død, at der etableres en brønd med rent drikkevand.

I praksis er det ikke nogen smal sag. I tre af landsbyerne har det været nødvendigt at bore 100 meter ned for at finde et ordentligt vandlag. I mange landsbyer har man heldigvis kunnet nøjes med at grave eller bore 5-10-15 meter.

Det er slet med gode råd fra den danske hjælpeorganisation Dacar, med holdbare og populære håndpumper fra Grundfos og i ét tilfælde med et solpanel til at drive pumpen i en dyb brønd.

Herat har stadig brug for hjælp i forbindelse med landsbyerne.

Mudderskred i Obeh den 4.-6. maj 2010

*Elisabeth Pettersson,
hygiejnesygeplejerske:*

Elin Petersen og jeg var i Obeh i de dage, da en mudderkatastrofe skete, og dette er i korthed øjebliksbilleder derfra:

Vi ankom til sundhedsklinikken i Obeh efter fire timers kørsel ad den forfærdelige hovedvej fra Herat. Som altid blev vi hjertelig modtaget. Sidst på eftermiddagen efter dagens arbejde kørte vi til nogle varmekilder, der ligger en halv times kørsel op i bjergene, igennem et flot men barskt landskab med mørke skyer hængende tungt over bjergtoppene. Vi parkerede bilen og krydsede en lille bro over et mindre flodleje for at komme til varmekilderne. De tre baderum var optaget, så vi ventede udenfor, da helvede pludselig brød løs! Politifolk og administratoren råbte "op, op, op!" og skubbede os op ad bjergskranten. Jeg tænkte, at der måske var ved at ske et overfald, og Elin og jeg klatrede alt, hvad vi kunne højere op ad bjergskrånningen.

Pludselig hørtes rumlende vandmasser, der væltede ned ad flodlejet. Mudder, sten, træer, vand og et enkelt æsel fór forbi. Efter en time faldt vandstanden, og vi gik tilbage til bilen, men vi blev hurtigt klar over, at det ikke var muligt at køre derfra. Chaufføren måtte blive på stedet for at passe på DAC's bil (her ribber man biler for alt, der kan sælges), så vi efterlod ham samt alt, hvad vi havde af mad og drikke. De lokale politibetjente lovede at passe godt på ham og kontaktede hospitalet via satellittelefon for at få dem til at hente os det nærmeste sted, hvor vejen ikke var skyllet væk.

Traveturen "hjem" på over en time gik fem gange igennem iskoldt mudret flodvand, op over et højdedrag og ned i en anden dal, hvor hospitalets bil stod og ventede på os. Fordi Elin og jeg var udlændinge, var politichefen også kommet for at sikre, at vi kom godt hjem. Ved hospitalet fik vi sagt hjertelig tak til politichefen og hans folk, men takkede høfligt nej til hans indbydelse til middag i sit hjem. Sådan er afghanere! Kokken, som havde hentet os oppe i bjergene, tryllede middag frem og alle talte i munden på hinanden, og vi tænkte på vor gode chauffør.

Vi vågnede næste morgen klokken fem ved lyden af helikoptere. Ude i klinikafdelingerne var der mennesker alle vegne, smurt ind i mudder. Nogle var patienter, andre pårørende. Fire mandesenge og fem kvindesenge var belagt og der kom en lind strøm af tilskadekomne igennem skademodtagelsen. Omgivelserne stod under vand – man måtte igennem 10 cm muddervand for overhovedet at komme ind på syge-

Mudslide in Obeh May 4-6 2010

*Elisabeth Pettersson,
Hygiene Nurse*

Elin Petersen and I were in Obeh, when a mudslide disaster suddenly hit the district. In the following I try to present a brief up-to-the-minute account of what happened:

We arrived at the Community Health Center+ in Obeh from Herat after four hours' drive on the terrible main road. As usual, we were warmly received. Late in the afternoon after finishing our work, we drove to some hot springs in the mountains through a rough but very beautiful landscape with heavy, dark clouds hanging over our heads. We parked the car and crossed a little bridge to get to the hot springs. The three washing rooms were occupied, so we waited outside, when all hell suddenly broke loose! Policemen and the

administrator shouted "up, up, up!" and helped us up the mountain slope. For a moment, I thought that a serious assault was about to happen, so Elin and I climbed as fast as we could up the slope.

Suddenly, we heard rumbling waters rushing down the river bed. Mud, rocks, trees, water and even a donkey rushed right past us. After one hour, the water level fell, and we went back to the car, but we quickly realized that we could not drive away from there. The driver had to stay behind to watch DAC's car (whatever can be robbed will be robbed in Afghanistan), so we left him behind together with all our food and drinks. The local police promised to take good care of him, and they contacted the hospital by satellite telephone to get them to pick us up at the one spot where the road was not washed away.

The hike to this spot took more than one hour and led us through ice-cold, muddy water, over a range of hills and down to a valley where the hospital's car was waiting for us. A police man had come to check up on Elin and me, because he wanted to make sure that foreigners were safe. By the hospital, we gave him and his staff our best thanks and politely turned down his dinner invitation at his place. This is a typical example of Afghans and their hospitality! The chef, who had picked us up, conjured up a nice dinner, and everybody spoke all at once about the mud slide, and we were thinking of our incredible driver.

The next morning, we woke up at five a.m. by the sound of helicopters. In the health center, people covered in mud were everywhere. Some of them were patients, others relatives. Four beds for men and five beds for women were already occupied, and there was a steady flow of victims through the emergency room.

The surroundings of the center were flooded completely; you had to walk through a muddy water level



Hygiejnesygeplejerske Elisabeth Pettersson var udsendt som korttidskonsulent for DAC for anden gang i maj 2010.

Hygiene Nurse Elisabeth Pettersson was dispatched as short-term expat for DAC for the second time in May 2010.

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Pludselig hørtes rumlende vandmasser, der væltede ned ad flodlejet. Mudder, sten, træer, vand og et enkelt æsel fór forbi.

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Suddenly we heard rumbling waters rushing down the river bed. Mud, rocks, trees, water, and even a donkey rushed right past us.

Elisabeth Petersson var til stede under mudderskredskatastrofen i Obeh. Her hjælper DAC's outreach officer Mr. Solehi Elisabeth over den mudrede flod kort efter katastrofen.

Elisabeth Petersson was present during the mudslide disaster in Obeh. Here DAC's outreach officer Mr. Solehi helps Elisabeth cross the muddy flood shortly after the slide occurred.



huset! I løbet af natten var der kommet mere vand og mudder ned fra bjergene, og personalet havde arbejdet hele natten for enten at tætte huller mod indtrængende vand eller lave huller, så vand kunne løbe ud. Elin ringede til DAC's projektdirektør Inge-Lise Aaen for at fortælle, hvad der var sket. Inge-Lise arrangerede, at en bil med to læger og to sygeplejersker samt en masse forbindsstoffer og medicin straks blev sendt af sted fra Gozarah Distrikthospital til Obeh. De kørte turen i rekord fart: to en halv time – dobbelt så hurtigt som alle andre så kort efter mudderskredet!

Elin koncentrerede sig om børnene, og jeg tog mig af de voksne. En dreng havde slugt og indåndet mudder og havde en forfærdelig vejrtrækning. Elin, anæstesilægen og cheflægen arbejdede længe med ham, for til sidst at intubere ham i et forsøg på at skylle og suge noget af muddret op fra hans mavesæk og lunger. En militærhelikopter blev senere tilkaldt og han blev overført til det amerikanske militærhospital i Herat. En seks-årig pige havde fået mudder i øjnene. Forsigtig rengøring af øjnene med saltvand fjernede det meste, men hun ville ikke åbne øjnene, formentlig fordi der stadig var grus derinde. Det havde været lykken at have en øjenlæge i nærheden.

På kvindestuen lå en ældre kvinde indsmurt i mudder, fuldstændig tillukket for omverden. Hun havde mistet en datter. Også hun havde mudder i øjnene og ville ikke åbne dem. Vi fik båret hende over til bruserummet og vaskede hende fri for mudder i hår, ansigt, øre, hænder, krop og fødder. Det var umuligt at åbne hendes lille, stramme fletning, der ikke havde været friseret i mange år. Den lille pige med mudder i øjnene viste sig at være hendes papbarnebarn, og de to havde glæde af at ligge sammen. En stor mand havde sår og skrammer over hele kroppen. Hans hus var styrtet sammen på grund af flod- og mudderbølgen, og han havde mistet en svigermor, to koner og tre børn. Han måtte bruses fra top til tå for at fjerne muddret, inden hans mange sår kunne

of 10 cm to even get to the center! During the night, significant amounts of water and mud had rushed down the mountains once more, so the employees at the center had spent the whole night sealing all holes water-tight. Elin called DAC's project director Inge-Lise Aaen to tell her what had happened. Inge-Lise quickly arranged that a car with two doctors and two nurses together with a great deal of medical equipment was sent from Gozarah District Hospital to Obeh. They drove to Obeh in record speed: two and a half hour! This was twice as fast as everybody else who drove to Obeh shortly after the mudslide.

Elin focused her attention on the children, and I took care of the adults. A little boy had swallowed and inhaled mud and had terrible breathing difficulties. Elin, an anesthesiologist and the hospital medical director treated him for a long time, and finally intubated him as part of an effort to remove mud from his lungs and stomach. Later on, a military helicopter came and the little boy was transferred to the American military hospital in Herat. A six-year-old girl came to the center with mud in her eyes. Tender cleaning of the eyes with salt water removed most of the mud, but the girl would still not open her eyes, probably because of some gravel being lodged behind her eyelids. At that moment, it would have been ideal to have an eye specialist nearby!

In the female department an elderly woman was covered in mud and completely detached from her surroundings. She had lost her daughter. The woman also had mud in her eyes, and would not open them. We gave her a shower and washed the mud off her body. It was impossible to loosen her tight little braid, which had not been combed for many years. It turned out that the little six-year-old girl was the elderly woman's step-granddaughter, and the two of them really enjoyed lying next to each other.

A big man had bruises and wounds all over his body. His house had tumbled to pieces because of the mud slide, and he had lost his mother-in-law, two wives and

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Bageren på den anden side af gaden kom over med en kurv fyldt med tørre kager til patienter og personale, og en af rengøringskonerne havde indsamlet en stor sæk rent tøj, som erstatning for patienternes våde og mudrede tøj.

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The baker from across the street came with a basketful of cookies for patients and employees, and a cleaning lady had collected a bagful of clean clothing, which was useful since the patients only had wet and muddy clothes.

forbindes. En halvstor dreng sad i en seng med to brødre – de hørte til den store mands familie. Drengens mange sår på benene blev forbundet og han smilte forsigtigt. Afghanske børn græder sjældent, men deres øjne bliver meget store og mørke.

En mand havde et par små skrammer på kroppen, men store skrammer i sit hjerte: Han havde sin datter i hånden, da de flygtede fra vandmasserne, men han gled på en sten og gav slip på hende. Hun var en af de otte døde på hospitalet (tre kvinder og fem børn). Da jeg så dem, måtte jeg simpelthen røre ved det ene barn, for hun så blot ud som om hun sov. Trist, trist, trist.

Der skete også gode og rørende ting midt i denne katastrofetilstand. Bageren på den anden side af gaden kom over med en kurv fyldt med tørre kager til patienter og personale, og en af rengøringskonerne havde indsamlet en stor sæk rent tøj, som erstatning for patienternes våde og mudrede tøj.

Om formiddagen gik det som en løbeild i de mudrede korridorer, at regionens guvernør var på vej i militærhelikopter. Pludselig vandrede to smarte mænd ind på kvindestuen med 20 cm lange linser på deres kameraer. De sagde, at de var fra det nationale fjernsyn og havde fået lov. Jeg blev vred og sagde, at de ikke havde fået lov af patienterne og kunne derfor ikke tillade sig at komme ind på kvindestuen og fotografere. Gudskelov accepterede fotografene irettesættelsen. Jeg sagde det samme, da guvernøren kort tid efter kom ind på stuen med et hav af mennesker efter sig, inklusive fotografer. Han svarede på perfekt amerikansk, at jeg havde ret i, at det var uetisk og sendte folkene ud.

Da det stilnede af med patienter sidst på dagen blev flere læger, tekniske assistenter og Elin enige om at køre så langt, de kunne komme, for at afløse DAC's efterladte chauffør. Den sidste strækning måtte de gå til fods. De ville, om muligt, forsøge at reetablere vejen, så bil og chauffør kunne komme med tilbage.

Det lykkedes dem faktisk med hjælp fra lokale mennesker at rulle store sten ned fra bjergsiden i flodlejet og fylde huller op med mindre sten, grus og oprevne træer, således at den store firehjulstrækker til sidst langsomt kunne køre igennem de reetablerede flodlejer og op på intakt vej igen. Det var stolte og glade kollegaer der vendte hjem med en lettet chauffør!

three children. We washed his body from top to toe to be able to dress his wounds. A boy was sitting on one of the beds with his two brothers; they were all members of the big man's family. The boy's wounds on his legs were properly dressed, and he carefully gave me a smile. Afghan children rarely cry; their eyes just become wide and dark.

Another man had only a few bruises on his body, but a very sorrowful heart. He held his daughter's hand when they tried to escape the mudslide, but he slipped, and had to let go of his daughter. She was one of the eight dead victims at the hospital (three women and five children). When I saw the victims, I had to touch one of the children – it simply looked like she was asleep. Sad, sad, sad.

Also positive and moving incidents happened in the middle of this disaster. The baker from across the street came with a basketful of cookies for patients and employees, and a cleaning lady had collected a bagful of clean clothing, which was useful since the patients only had wet and muddy clothes.

Next day around noon, it was rumored that the regional governor was on his way in a military helicopter. Suddenly, two fancy men walked into the female department, with 20 cm long, high-powered lenses on their cameras. They said they came from national television and that they had permission. I got angry and told them that they could not enter the female department and start taking photographs without the patients' permission. Fortunately, they accepted my severe scolding. I told off the governor as well, when he entered the room with a bunch of photographers a few minutes later. In perfect American he said that I was right, and that it was unethical to bring all these photographers into the room, and therefore he subsequently threw them out.

When the number of patients decreased later in the afternoon, several doctors, technical assistants and Elin agreed on driving as close to DAC's abandoned driver as possible in order to relieve him. They had to walk the final miles to the car. If possible, they wanted to try to rebuild the road, so the driver and the car could return to Obeh.

By the help of local people they actually succeeded in rolling big rocks down the mountain slope into the river bed and in filling holes with rocks, gravel and wood, so the driver finally was able to drive the car slowly through the reestablished river bed and back onto the undamaged road. Our colleagues returned happy and satisfied to the center with a relieved driver!

Elisabeth i færd med at hjælpe en afghansk pige sammen med de afghanske ansatte.

Elisabeth is helping an Afghan girl together with the Afghan employees.



Afghanistan – et land hvor hjælpen nytter

Lene Ingvartsen, Kasserer for DAC

Afghanistan har en særlig duft. Det gik op for mig i bilen, netop som vi havde krydset grænsen og taget hul på den sidste bid af rejsen til Herat. Landskabet var stort set det samme som på den iranske side af grænsen og vejen lige så jævn og pæn, alligevel var noget forandret. De grønne, forunderligt bløde buede bjerge, der overalt omkransede horisonten. Den brunligt mudrede flod omgivet af grønt græs,

Afghanistan – A Country Where Aid Makes a Difference

Lene Ingvartsen, Treasurer of DAC

Afghanistan has a peculiar smell. I realized this fact in the car just as we crossed the Afghan border on our way to Herat. The scenery still looked the same as on the Iranian side of the border, and the road was just as smooth, but still something had changed. The greenish, softly curved mountains that encircle the horizon. The brownish, muddy flood surrounded by green grass, green trees and green bushes with bunches of

*DAC's kasserer
Lene Ingvart-
sen under
projektilsynet i
maj 2010.*

*DAC's
Treasurer Lene
Ingvartsen
during the
project visit in
May 2010.*



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Jeg glæder
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tive that can
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living
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grønne træer og grønne buske med klaser af lysende røde blomster. De støvede, sandfarvede klynger af huse her og der pyntet med en farvestrålende port eller et bulet metalskilt. Alt sammen virkede det på en eller anden måde mere hjemligt. Og da slog det mig: Afghanistan har en særlig duft.

Måske er det det, der gør, at de fleste, der én gang har besøgt Afghanistan, bliver så fascineret og indtaget i landet – og derfor, at det er så svært at forklare denne fascination til dem, der kun kender Afghanistan fra medierne.

Indrømmet, det var med blandede følelser, jeg pakkede min kuffert. Der var gået tre år, siden jeg sidst besøgte Afghanistan. Hvordan ville det være at se det igen? De mange nedslående historier i medierne om manglende sikkerhed og korrupsion, om afbrændte skoler, trusler mod skolepiger og overfald på afghanere, som arbejder på at genopbygge landet, havde selvfølgelig gjort indtryk. Jeg slog det ud af hovedet ved i stedet at fokusere på de positive historier, som man – om end mere sjældent – også hører fra Afghanistan. Som for eksempel den opløftende historie om DAC's sundhedssystem, og den forskel det gør for godt 600.000 mennesker. Eller den opløftende historie om indsamlingen via Politiken, som foreløbigt har resulteret i 25 brønde, der sikrer rent vand til flere tusinde mennesker i 25 landsbyer.

Som altid, når jeg besøger Afghanistan, er det de afghanske kvinder og piger og deres urimelige livsvilkår, der berører mig dybest. Når jeg ser en kvinde indhyllet i den karakteristiske dueblå burka, tænker jeg over, hvordan den definitivt udslætter ethvert kendetegn, enhver personlighed og omdanner kvinderne til én blågrå, flagrende masse. Burkaen hæmmer udsynet og gør det sværere at gå og bevæge sig. Desuden udgør den en potentiel smitekilde til alverdens sygdomme, da flere kvinder ofte må deles om den samme. Jeg har talt med afghanske kvinder; mange hader at gå med burka, og gør det kun, fordi de føler sig tvunget til det.

Jeg tænker på disse kvinder og deres manglende muligheder, når jeg ser en kvinde i burka. Jeg er meget vel klar over det traditionsbundne i landsbyerne, men er ked af, at byernes kvinder, der før havde frihed til at vælge beklædning, fortsat de fleste steder ikke kan færdes trygt i det offentlige rum med mindre de er tilhyllet. Jeg harmes over det kvindesyn, der legitimerer denne ulighed mellem kønnene. Lad dog de afghanske kvinder selv bestemme!

Modsat glæder jeg mig over ethvert tiltag, der kan forbedre kvindernes og pigernes livsvilkår og forhåbentligt give dem bedre forudsætninger og mere overskud til at tage vare på sig selv – og på længere sigt forbedre deres egne livsvilkår. Det sker f.eks., når sundhedsklinikkerne tilbyder undersøgelser under graviditet og efter fødsel, når flere kvinder får mulighed for at føde med hjælp fra andre kvinder, der har fået træning i, hvordan man gør, når flere piger og kvinder får undervisning i hygiejne og familieplanlægning, og når flere kvinder får mulighed for at gå i skole og uddanne sig. Det er vigtigt at blive ved med at støtte disse tiltag i Afghanistan – et land hvor hjælpen nytter.

luminously red flowers. The dusty, sand colored clusters of houses here and there decorated with colorful doors or dented metal plates. It all somehow seemed more homelike. And then it struck me – Afghanistan has a peculiar smell. Maybe this is why most people who visit Afghanistan become so fascinated and infatuated with the country, and why it is so difficult to explain this fascination to people who only know Afghanistan from the media.

I must admit that I packed my suitcase with mixed feelings before this trip to Herat. It had been three years since the last time I visited Afghanistan. How would it be to see it again? The many depressing stories from the media about corruption, lack of safety and security, burnt-off schools, threats against school girls, and attacks on the Afghan people who try to rebuild their country had of course impacted me deeply. However, I put it out of my mind, and instead I tried to focus on the positive stories which one - even though more rarely – also hears from Afghanistan. One example is the heartening story about DAC's health care system, and the difference it makes for 600,000 Afghan people. Or the inspiring story about DAC and the Danish newspaper Politiken's collection, which so far has resulted in 25 wells that provide clean and safe drinking water for thousands of people in 25 villages.

When I visit Afghanistan it is always the Afghan girls and women and their unfair living conditions that affect me the most. When I see a woman wrapped in the characteristic, pigeon-blue burka, I think about how it categorically erases distinctive features and personality, and how it turns the women into a faceless, blue-grey, fluttering crowd. The burka restricts visibility and freedom of movement, and is a potential source of infection with all sorts of diseases, as many women often share the same one. I have talked to the Afghan women; most of them hate wearing burka, and they only do it, because they feel pressured.

When I look at a woman wearing burka, I cannot stop thinking about their lack of possibilities. I am acutely aware that the Afghans have a tradition-bound village culture, but I am sad to see that the women in the cities, who previously were free to choose their clothing, no longer are able to move around safely and freely in public, unless they are completely covered. I feel indignant at the now dominant male view on women that justifies this gender inequality. Please, let the Afghan women decide for themselves!

Conversely, I feel pleased with every single initiative that can improve the girls' and women's living conditions and hopefully give them strength to take care of themselves – and in the longer term to improve their own living conditions. For instance, this happens when health centers offer medical examinations in relation to pregnancy and births, when more women get the opportunity to deliver by help of other women who have been trained and educated, when more girls and women learn about family planning and hygiene procedures, and when more women can attend school and get an education. It is highly important to continue the support of these initiatives in Afghanistan – because they actually make a difference.

Mit job hos DAC

Dr. Abdul Jabber Sohail, DAC's leder af den samlede outreach-indsats i Herat

Mit navn er Dr. Abdul Jabber Sohail – familienavn: Ghulam Nabi.

Jeg blev født i Zendajan distriktet, 40 km fra Herat by, hvor jeg også gik i folkeskole og gymnasium. Efter gymnasiet startede jeg på det medicinske fakultet i Kabul.

Under min afsluttende eksamen på det medicinske fakultet, arbejdede jeg et år på Herats provinshospitals forskellige afdelinger. Herefter tog jeg til Pashtoon Zarghoon (PZ) for at arbejde som distriktsdirektør. Da jeg var i PZ, var det kun Gozarah Distrikthospital der blev drevet af DAC, men efterfølgende kom DAC til både PZ og Obeh. Jeg har arbejdet som direktør for DAC i adskillige år – mere end otte år i PZ og fire år i Obeh.

Siden 13. februar 2010 har jeg været ansat på DAC's hovedkontor i Herat som leder for den samlede outreach-indsats.

Her følger en beskrivelse af mit job:

Overordnede ansvarsområder:

1. Overordnet ansvar for ledelse af outreach-indsatsen i samarbejde med DAC's medarbejdere på hovedkontoret som har det medicinske ansvar (det medicinske hold).
2. Medansvar for udvikling af nye ideer i forbindelse med vores outreach-personale.
3. Medansvar for implementering af lokalinvolvring i forbindelse med udvikling.
4. Planlægning, supervision og implementering af alle aktiviteter inden for lokalinvolvring i samarbejde med det medicinske hold og mine samarbejdspartnere Solehi og Ehsan.
5. Ansvar for kommunikationen til samarbejdspartnere.
6. Ansvar for planlægning og budgetering.
7. Hovedkoordinator og supervisor for uddannelsen af supervisor, sundhedsarbejdere og landsbyudviklingshold.
8. Ansvar for fortsat uddannelse, implementering, supervision og evaluering.
9. Deltagelse i det medicinske holds møder.
10. Kommunikation på alle niveauer for at gøre sundhedssystemet så gennemsigtigt som muligt
11. Medlem af det medicinske hold samt ledelsesholdet på DAC's hovedkontor.

Specifikke arbejdsopgaver:

1. Deltagelse i rekruttering af personale til outreach-indsatsen.
2. Ansættelse og uddannelse af undervisere, der skal undervise og supervisere outreach-personalet.
3. Planlægning og forberedelse af uddannelse.
4. Vurdering af behovet for videreuddannelse og opgradering.
5. Supervision af undervisere under deres teoretiske periode.
6. Supervision af undervisere under deres praktiske periode.

My job at DAC

Dr. Abdul Jabber Sohail, DAC's community based health care manager in Herat

My name is Dr. Abdul Jabber Sohail – family name: Ghulam Nabi.

I was born in the Zendajan District, 40 km west of Herat city, where I also went to post-primary-, mid- and high school. After finishing my high school exam, I started at the medical faculty in Kabul.

During my graduation from the medical faculty, I worked at the Herat Regional Hospital's different sections for one year. Then I went to Pashtoon Zarghoon (PZ) to work as a District Director. While I was in PZ, it was only Gozarah District Hospital that was run by DAC, but then the DAC mission came to PZ and Obeh. I have worked as a Director for DAC for a long time - more than eight years in PZ and four years in Obeh.

Since 13 February 2010, I have worked at DAC's Main office as Community Based Health Care Manager.

Here is a description of my job:

General responsibility:

1. Overall responsibility of the outreach management in cooperation with the medical team at DAC.
2. Joint responsibility for developing new ideas for our outreach employees.
3. Joint responsibility for implementation of community involvement in relation to development.
4. Planning, supervision and implementation of all the activities related to community involvement in coordination with DAC Medical Team and delegation to my direct co-workers Solehi and Ehsan.
5. Responsibility for communication to collaborators.
6. Responsibility for planning and budget.
7. Master coordinator and supervisor for the training of supervisors, CHWs, and VHDTs.
8. Responsibility for continuous training, implementation, evaluation, and supervision.
9. Participation in medical coordination meetings.
10. Communication on all levels to make the health system transparent.
11. Member of the medical team work at DAC's office and part of the management group.

Specific duties:

1. Participation in recruitment of staff for public health and fieldwork.
2. Recruitment and education of teachers for the training and supervision of the field workers.
3. Locating, arranging, and preparing training venues.
4. Estimation and planning of further training of trainers and level of upgrading.
5. Supervision of teachers during theoretic periods.
6. Supervision of teachers during practical periods.
7. Preparation of curriculum for VHDTs and other field workers.



En sygeplejerske hjælper en mor og hendes barn på GDH's Baby Well Clinic.
A nurse helps a mother and her child at GDH's Baby Well Clinic.

7. Forbederelse af uddannelsesforløb for landsbyudviklingsholdene og andet outreach-personale.

8. Forberedelse af uddannelsesmateriale til outreach-personalet, og deltagelse i både den teoretiske og praktiske undervisning af dem.

9. Ledelse og ansvar for al evaluering af outreach-personalet.

En lille historie fra mit job:

Mens jeg var direktør i PZ var der en underklinik i byen Taqcha som ligger i bjergområdet sydøst for PZ. Der var der en læge, som fortalte mig, at der var udbrudt kighoste. En assisterende overlæge, en vagt, en chauffør og undertegnede tog derfor straks til Taqcha. Det var vinter, og vi kørte i bilen i snevejr. Efter ca. en time gik bilen i stå på grund af det forfærdelige sne- og frostvejr. Vi forlod bilen og gik resten af vejen gennem de store snedriver i vores store vinterstøvler. Vi havde heldigvis tæpper og skovle med. Efter halvanden time ankom vi til klinikken i Taqcha omkring midnat. På klinikken var der intet at spise, men vi blev der alligevel i tre dage for at behandle kighostepatienterne.

Mange hilsner fra,
Dr. Abdul Jabber Sohail



Dr. Sohail, DAC's trofaste medarbejder gennem mere end 12 år, arbejder nu som leder af DAC's samlede outreach-indsats i Herat.

Dr. Sohail, DAC's faithful employee for more than 12 years, now works as community based health care manager for DAC.

8. Preparation of training material for the trainees and take part in the training of those field workers both practically and theoretically.

9. Management of the evaluation of all field workers.

Here is a little story from my daily work:

While I was in PZ as a director, there was a Sub Health Center (SHC) in Taqcha in the mountain area south east of Pash-toon Zarghoon. A medical assistant, who worked at the center, told me that there were some cases of Pertussis (whooping cough) in Taqcha. Therefore, a medical assistant, a guard, a driver and I immediately went to Taqcha. It was in the winter, and we were moving by car in the snow. After driving for an hour in the mountain, the car was not able to move any longer because the weather was too icy and cold.

We left the car on the road and walked with high boots in the snow. Fortunately, we had shovels and blankets with us. After 1 ½ hour we reached the SHC in Taqcha around midnight. In the SHC there was no food to eat, but we stayed there for three days after all to treat the Pertussis patients.

Best regards,
Dr. Abdul Jabber Sohail

Status for DAC's vandprojekt i Herat

Abdul Basir Tukhy, DAC's ingeniør og koordinator for vandprojektet.

For to år siden udbrød der koleraepidemi på grund af manglende adgang til rent drikkevand, hvilket øjeblikkeligt fik DAC til at søge midler til et vandprojekt, der kunne give de nødlidende i Herat adgang til rent drikkevand.

I 2009 besøgte Anders Jerichow fra Politiken DAC i Herat og tilbød efter sit besøg, at avisen ville forsøge at skaffe midler til bygningen af brønde i Herat. I slutningen af 2009 lykkedes det DAC sammen med Anders Jerichow og Politiken at indsamle godt 1.000.000 kr. gennem bidrag fra mange generøse danskere og private danske firmaer.

Straks efter indsamlingen begyndte vi at bygge de første 10 brønde i Gozarah-distriktet. I forbindelse med beslutningen om hvor brøndene skal bygges, samarbejder vi med det afghanske ministerium for landsbyudvikling og rehabilitering, som vi får en liste fra over de landsbyer der har størst behov for rent drikkevand. Det er ud fra denne liste, at DAC besøger landsbyerne og undersøge deres forhold, for herefter at udvælge hvilken landsby, der har det mest presserende behov for en brønd. Når beslutningen er truffet, informeres ministeriet til officiel godkendelse.

Indtil videre har vi bygget 25 brønde (og fem er lige nu under opbygning) hvilket inkluderer 22 håndpumper, en solenergibrønd samt to små el-pumper.

Landsbyen Shahrak Mohamadia i Gozarah er et godt eksempel på, hvordan vandprojektet nytter. I byen bor primært Hazara-indbyggere, en afghansk minoritet som hverken har økonomiske ressourcer eller forbindelser til regeringen eller andre indflydelsesrige personer. DAC er den første NGO, der har

Status of DAC's Water Supply Project in Herat

Abdul Basir Tukhy, DAC's engineer and coordinator of the water supply project

There was an outbreak of Cholera almost two years ago due to the lack of access to safe and clean drinking water. This made DAC determined to find funds to provide water for the needy people in Herat.

In 2009, Mr. Anders Jerichow from the Danish newspaper Politiken visited DAC in Herat, and he committed to find funds to establish clean water sources for the communities. At the end of 2009, DAC Copenhagen, together with Mr. Jerichow and Politiken, had raised around 1,000,000 DKK (170,000 USD) through the contributions of many generous Danish individuals and Danish private companies.

Soon hereafter, we started digging the first 10 wells in the Gozarah district. When deciding on where to dig wells, we are collaborating with the Afghan Ministry of Rural Rehabilitation and Development (MRRD). From the MRRD we get a list of needy

villages, and on the basis of the list, we select the right villages after proper surveys and visits to the locations. Then we officially inform MRRD.

Till now, we have finished 25 wells (another five in progress) including 22 hand pumps, one solar energy well, and two small electric pumps.

The Shahrak Mohamadia village in Gozarah is one of the very good examples of how the water supply project has benefitted needy villages, as this is a village with a Hazara population, who neither has any resources nor connections to the government and influential leaders. DAC has been the first NGO to dig a well for them, which has benefitted around 100 families, most of whom are refugees from Iran who have recently resettled in this village.

When we visited the village, we only met



DAC's ingeniør Abdul Basir Tukhy er koordinator for vandprojektet i Herat.

DAC's engineer Abdul Basir Tukhy is coordinator of the water supply project in Herat.

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egen landsby!**

”
**The children
were shouting,
and the men
were dancing
because it was
the first time
they saw that
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could get water
in their own
village!**



Nybygget brønd i landsbyen Kariz Sultan. I baggrunden ses DAC's ingeniør og koordinator for vandprojektet, Abdul Basir Tukhy.

A newly built well in the Kariz Sultan village. In the background is DAC's engineer and coordinator of the water supply project, Abdul Basir Tukhy.

bygget en brønd til dem, og det har gavnet ca. 100 familier, der primært er Hazara-flygtninge fra Iran, som for nylig har bosat sig i landsbyen. Da vi besøgte landsbyen, mødte vi stort set kun børn, kvinder og ældre mænd, eftersom de unge mænd arbejder i storbyen eller i Iran.

Folkene i byen er meget fattige. De har ingen jord til at dyrke afgrøder, og den eneste indtægt kommer fra de unge mænd, der arbejder som daglejere. De fortalte mig, at de ikke stolede på os, fordi de troede, at DAC ikke ville hjælpe dem, fordi de var Hazara. Men efter at de så brønden, blev de meget glade!

Samudzaihaa-landsbyen i Pashtoon Zarghoon er et andet godt eksempel på, hvordan vandprojektet har gavnet befolkningen.

Landsbyen er semi-Kutchi, dvs. befolket af afghanske semi-nomader. Adskillige gange har beboerne efterspurgt en brønd hos regeringen og andre NGO'er, men har på grund af en vandstand, der ligger mere end 70 m nede i jorden, hele tiden fået afslag og dermed ingen hjælp. Det har resulteret i, at beboerne har måttet hente vand fra en flod, der krydser adskillige landsbyer, hvilket gør vandet meget beskidt. Derfor har landsbyens børn været tvunget til at gå tre-fire timer til andre landsbyer for at hente vand.

Efter at vi havde besøgt Samudzaihaa-landsbyen, fortalte vi indbyggerne, at vi ville hjælpe dem. Ligesom med indbyggerne i Shahrak Mohamadia stolede de først ikke på os, men efter at have bygget brønden til dem, kunne de ikke tro deres egne øjne!

Den dag, brønden blev indviet, husker jeg som noget helt specielt. Børnene hujede og mændene dansede, fordi de for første gang så, at det kunne lade sig gøre at få rent vand i deres egen landsby! De indså, at børnene nu kunne komme i skole, fordi de ikke længere behøvede at gå tre-fire timer om dagen for at skaffe rent vand, og det gjorde dem meget glade.

Brøndene har uden tvivl ændret folks liv, men på grund af forskellige udfordringer samt en svag regering, kan vi desværre ikke udvikle hele landet på en gang.

Mit forslag er, at vi i fremtiden skal forsøge at rense Karez-systemet (underjordiske vandkanaler) samt kilderne, for at sikre rent vand til landsbyerne. På denne måde kan vi forebygge vandbårne sygdomme og redde liv.

children, women, and old men because the young men are working in the city or in Iran.

They are very poor people. They do not have any land for agriculture, and the only income comes from young men who work as hired laborers. They told me that they did not trust us at first because they thought that DAC would not do anything for them because they are Hazara. However, after digging the well, they have become very happy!

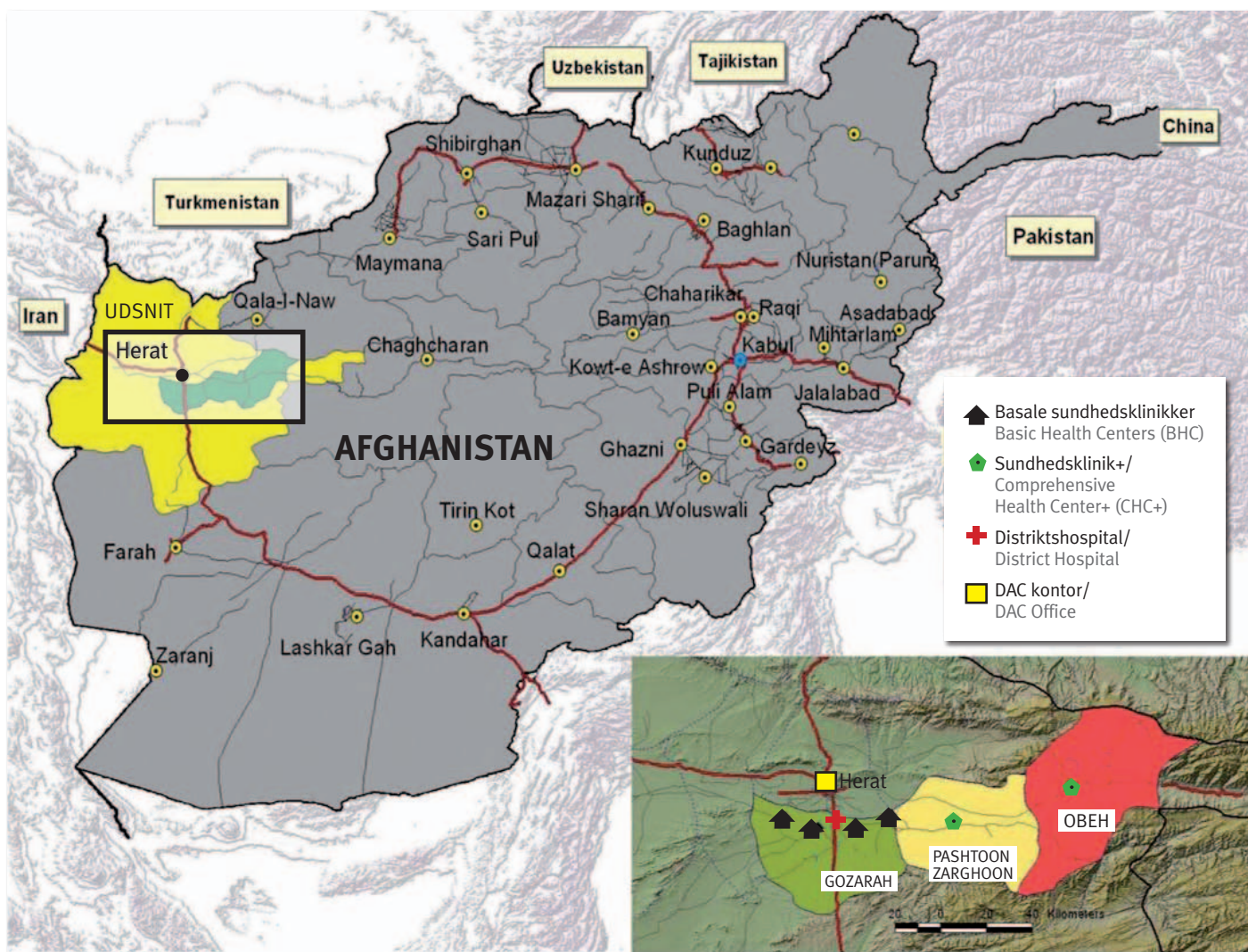
The Samudzaihaa village in Pashtoon Zarghoon is another positive example of the water supply project benefits.

The village is populated by semi-Kutchi people (Afghan semi-nomads), and several times they have requested the government and other NGOs to dig a well for them, but as the level of water is more than 70 meters down, nobody has wanted to help them. Therefore, they have been obliged to bring water from the stream which crosses hundreds of villages before them and as a result brings very dirty water. In addition, the children from the village have been obliged to go to other villages for water – villages that are three to four hours away.

After visiting the Samudzaihaa village, we told them that we would help them. As with the people in Shahrak Mohamadia, they did not trust us at first, but after installing the solar pump for them, they could not believe that the clean water was finally there in their village! The inauguration day was a very special day for me. The children were shouting, and the men were dancing because it was the first time they saw that they easily could get water in their own village! They realized that the children now could attend school, because they no longer had to go three-four hours a day to get clean water, which made them very delighted.

The wells have definitely changed people's lives. However, due to some difficulties and also a weak government, we unfortunately cannot develop all parts of the country at the same level.

For future, my suggestion is that we try to clean the Karez system (underground water tunnels) and the springs to bring clean water to the villages. Hereby, we can prevent waterborne diseases and save many lives.



MAP BY: DACAAR WSP-GIS UNIT

Kort om DAC

DAC er en upolitisk medlemsforening, stiftet i 1984, som har til formål at "yde aktiv humanitær hjælp til ofrene for krigshandlingerne i Afghanistan og til landets genopbygning". Siden 1998 har DAC arbejdet med primær sundhed i distrikterne Gozarah, Obeh og Pashtoon Zarghoon i Herat-provinsen.

Provinsen ligger i den nordvestlige del af Afghanistan og grænser op til Iran i vest og Turkmenistan i nord. Provinsen er præget af et bjergigt landskab, men nær den iranske grænse flader landskabet ud og bliver til ørken.

Provinsen har omkring 1,8 mio. indbyggere, hvoraf hovedparten er tadjikker, som taler dari (persisk). Herat by er provinsens hovedstad og har omkring 400.000 indbyggere. Byen er et vigtig administrativt og transportmæssigt knudepunkt, og DAC har sit Afghanistankontor i den gamle del af Herat by.

DAC in Short

DAC is a non-political, Danish NGO founded in 1984 with the objective to "provide humanitarian aid to the war victims of Afghanistan and support the building up of the country". Since 1998, DAC is running a primary health project in the districts of Gozarah, Obeh and Pashtoon Zarghoon in the Herat Province.

The province is located in north-west Afghanistan and borders on Iran in the west and Turkmenistan in the north. It is characterized by a mountainous landscape, but near the Iranian border, the landscape flattens and changes into desert.

The province has approx. 1,8 mio. inhabitants, of whom many are Tajiks who speak Dari (Persian).

The city of Herat is the province capital and has about 400,000 inhabitants. The city is an important center for administration and transport, and DAC has its Afghanistan office in the ancient part of the Herat City.