

PROJECT APPLICATION

A- Summary Sheet:

1. **Project Title:** AFGHAN RECONSTRUCTIVE SURGERY AND BURN CENTER.
2. **Province, District:** 114 first St. Karte Parwan, Kabul City Afghanistan
3. **Starting Date:** 09-01-08
4. **Duration:** Ongoing
5. **Goals or Objectives:** Rehabilitation of the disabled.
 - Treatment of patients especially women and children in fresh burn and reconstructive surgery field.
 - To reestablish the Reconstructive Surgery and Burn Center with a fully trained team inside Afghanistan.
 - Provide education and psychotherapy to improve the self-esteem and rights of women and children.
 - To train the medical and administrative teams, especially young female doctors and nurses for other cities in Afghanistan supporting employment.
 - Make available emergency burn care for soldiers awaiting transport
6. **Activities:**
 - Treatment of patients.
 - Provide training for medical teams (with utilization of telemedicine)
 - Education programs for patients and their families.
7. **Beneficiaries:**
 - Disabled Afghans who are living in Afghanistan and patients from neighboring countries
 - Establish more centers across Afghanistan.
8. **Total Cost: 2009 Budget attached**

9. Organization Contact Person:

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Or The Grossman Burn Foundation www.grossmanburnfoundation.org

B- Project Description:

1. Background and Justification:

Afghanistan is a country that recently disengaged from decades of war. According to United Nation reports the Afghan Russian war and the later civil war left behind approximately 2.5 million people dead and about 1.0 million disabled. With the passage of time the number of disable people will increase in Afghanistan because of the lack of proper medical treatment. Afghanistan is a country with primitive health care facilities and general hospitals that lack advanced special centers. Especially, the absence of a reconstructive surgery and burn center throughout Afghanistan. Disable people who could have used these centers to gain full recovery are not receiving the proper medical attention therefore are living a miserable life are a burden to the shoulders of their families and society. With respect to the absence of this important center, patients are not getting proper treatment, with continuous explosion of land mines from previous wars, on going tribal wars, congenital disability, new burns is increasing the number of disabled patients. This segment of the society that is mostly compromised of women and children are living miserable lives with the addition of psychological complexities. Without any future hope these despaired patients are driven to suicides, drug addiction, self destruction including burning of ones self, many of these teenagers and young adults will join forces with wrong doers and terrorist groups that are conducting criminal behavior in the society. With these issues in mind, we need to open a reconstructive surgery and burn center in Afghanistan which is a humanitarian step. With this need in mind in January of 1996 for the first time in the medical history of Afghanistan, Dr. Abdul Asat established such a center. It started to operate and due to the Taliban policies this center was ordered to shut down in the December of 1997.

a. Present Situation:

A number of governmental, non-governmental, United Nations and international organization are currently inside of Afghanistan involved in the entire reconstruction of Afghan infrastructure.

In a public survey that was conducted by Dr. Abdul Asat in 1992 at 85 different villages in the provinces of Kunar and Paktia. The budget was allocated and given by UNHCR. Approximately 15,500 individuals were interviewed and about 11.5% were disabled. 5.0% of the disabled were non-war related and 6.5% were war related. 18.0% of the war related patients were amputated. Other war related disabilities included burns, burn contracture of joints disfigurement, head and spinal injury, mental disability and deafness. Non-war related disabilities such as polio, meningitis, eye infection, congenital deformities like clubfoot, cleft lip and palate, blindness and deafness. The significant part of this survey shows that over 20% of the disabled by utilizing reconstructive surgery operations can become normal members of the society.

Reconstructive surgery and burn treatment is hardly mentioned in reports regarding Afghanistan. Reconstructive surgery could save countless lives, minimize the number of unnecessary amputations, subsequent sorrow, service and money.

Currently, Afghanistan does not have the proper centers to treat the patients in the field of reconstructive surgery and burns. The untreated patients will not only suffer from both physical and emotional scars but will also become a heavy burden on the shoulders of their family, society and country. These untreated individuals will not be useful and productive members of a new Afghanistan.

b. Background and Detailed Location:

In 1988, Dr. Jawed Iqbal a Pakistani plastic surgeon and Dr. Abdul Asat an Afghan doctor began the project for disabled Afghans called 'Darul Salaam Plastic and Reconstructive surgery hospital' in Peshawar Pakistan. From January 1990 Radda Barnen (save the children Swedish) took the financial responsibility of the project. This aid lasted until the end of 1992. In 1993, the aid donated by Save the Children of Sweden was reduced by 50% and was stopped at the end of December in 1993. In order to keep the project active UNHCR contributed from time to time.

In 1989, after the commencement of this project, young Afghan doctors were employed for the purpose of learning the required plastic surgery training and in 1990 as an equipped team (plastic surgeon, anesthesia technician and nurses). Their training started academically and after the completion of three years and performing more than 2,800 plastic and reconstructive surgery operations. During the training European and American specialist were also cooperating with this newly formed team lead by plastic surgeon Dr. Abdul Asat. The team has 23-months hands on experience in operation in Kabul city. 790 cases were operated without any complication or problem. Furthermore, Dr. Abdul Asat implemented unparallel administrative management that was never seen before in Afghanistan's medical clerical tasks.

c. Target Beneficiaries:

- Fresh burned and disabled who are living in Afghanistan.
- The health sectors will have capable and qualified personnel.

d. Local Partner(s):

- Grossman Burn Foundation and Direct Relief International

e. Special Consideration:

An American doctor first introduced plastic surgery in Afghanistan in 1979/80 at Maiwand hospital in Kabul. Due to political instability his project came to an end in 1982. During the war only ICRC was involved in treating war patients. However, no notable plastic surgeon was present to perform the needed medical treatment. The decades of war makes the Plastic and Reconstructive surgery an immediate need. The first team with proper training, qualification, and adequate experience, including surgeon, anesthetists and nurses who formed to treat the Afghan disable. This team was the first Afghan plastic and reconstructive surgery team in Afghanistan medical history. This newly team was under the leadership of Dr. Abdul Asat which established its reconstructive surgery unit in Kabul city at January of 1996. 790 difficult cases were operated without any complication in Kabul using very simple surgery instrument. Dr. Abdul Asat's innovative management tasks allowed for more training of surgeons, nurses, medical information for the public and informed people about the treatment of such disabilities. Almost every patient was turned down by other Afghan hospitals and believed their disability was incurable.

f. Development Objective:

This organization intended to:

- Contribute to the standardization of competence of Afghan health personnel and the resources in health section for present and future Afghanistan.
- Provide special men power to the health sector in Afghanistan at more advanced level.

2. Immediate Objective and Targets:

a. Objective:

- Treatment of fresh burn.
- Rehabilitation of disabled.
- Treatment of patient who are related to the field of reconstructive surgery and burns.
- Keeping and durability as an active reconstructive surgery and burn center in Kabul city with a best medical team.
- Provide education classes to prevent burn and improve their self-esteem and right for women.

b. Output Expected:

This integrated project not only provide health services in the field of reconstructive surgery, nursing.

- Activities planned.
- To continue operating room work.
- To arrange O.P.D service.
- Make educational classes for patients and their families and show educational films.
- Psychotherapy for the patient and their family.

3. Implementation strategy:

We will establish a center with capacity of 20 beds this center will lead by plastic and reconstructive surgeon Dr. Abdul Asat (see attached paper). The OPD services will be run by the doctors two days weekly (accept emergency fresh burn). The patients who need further treatment will be admitted in the center and will pay for admitting fee (a few amounts). It is responsibility of the center to provide food and medicine which are needed for the patients. The patients who are admitted in the center an specially the ones who under go surgical operation, have to eat a meal rich in proteins and for the reason that the majority are poor people and almost come from other parts of Afghanistan so they are not able to prepare required food and drugs.

The specialist doctors will provide theoretical and practical training for the doctors and nurses. We will have a psychotherapist and social worker to provide education and psychotherapy for patients and their families (because these patients will be for long time in the contact of center).

5. Risks and Constraints:

The security is fair in Kabul City, however, other organizations are successfully working in Kabul at this time. In addition we have developed strong relationships with the military and United Nations.

6. Inputs required:

Inputs of project are:

- Personnel staff salary.
- Equipments and materials.
- Miscellaneous/Administration.

7. Project time table:

Work will be 5 days per week and employee will work 8 hours per day. We will print out a schedule for doctors, nurses and workers. They will continue their work according to the schedule.

Budget:

Annual 12 month budget on Excel Spreadsheet available upon request

Photo of Center at: www.ARSBC.com

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Abdul Karim Asat M.D.

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|------------------------|---|--|-------------------|
| Education | [1980-1985]
M.D | Kabul Medical University | Kabul Afghanistan |
| | [1989-1992]
D.P.R.S | Institute of Plastic and Reconstructive
Surgery Darus Salam | Pakistan |
| Work experience | [2003-2007] | American National Red Cross | U.S.A |
| | Proctor for state nursing board exam | | |
| | <ul style="list-style-type: none">• Conduct and examine board exam of assistant nurses to verify their nursing certification.• Teaching CPR and first aid classes. | | |
| | [1998-1999] | Al-Kuwiat Surgical Hospital | Pakistan |
| | Chief of plastic and Reconstructive Surgery Department | | |
| | <ul style="list-style-type: none">• Coordinate operation schedules, operating complicated cases and teaching young doctors. | | |
| | [1996-1997] | Maywand Hospital | Kabul |
| | Medical Coordinator and Chief Surgeon | | |
| | <ul style="list-style-type: none">• Coordinate all medical activities, control the operation schedule, operating Complicated cases and teach young doctors and other medical staff. | | |
| | [1995-1996] | MRCA Hospital | Pakistan |
| | Medical Coordinator and Chief Surgeon | | |
| | <ul style="list-style-type: none">• Coordinate all medical activities, control the operation schedule, operating Complicated cases and teach young doctors. | | |
| | [1994-1995] | MRCA Hospital | Pakistan |
| | Plastic and Reconstructive Surgeon | | |
| | <ul style="list-style-type: none">• Operated relevant plastic and reconstructive surgery cases. | | |

[1992-1994] Institute of Plastic and Reconstructive Surgery Darus Salam Pakistan

Surgeon and Trainer

- Operated relevant plastic and reconstructive surgery cases and conducted trainings together with training unit of the hospital.

[1989-1992] Institute of Plastic and Reconstructive Surgery Darus Salam Pakistan

Residency in Plastic and Reconstructive Surgery

- Doing intern ship while learning skill and theory of plastic and
- Reconstructive surgery (4 years).

[1985-1988] Aliabad Teaching Hospital Kabul

Residency in General Surgery Department

- Residency in general surgery department and anesthesia

Other professional Educational Programs

[2001-2003] Kaplan Medical College California, USA
Preparing for USMLE board exam

California, USA [2007] Los Angeles Valley College

Medical Insurance Coding and Billing Specialist

3600 cases experience in Plastic and Reconstructive surgery field.

Islamic Republic of Afghanistan
Ministry of Economy
NGOs Department



جمهوری اسلامی افغانستان

وزارت اقتصاد

ریاست مؤسسات غیر دولتی

Certificate of Registration

جواز نامه فعالیت

Form Registration No. () Date: () / () / ()
Base Registration Number: () ID Number: ()

(ARSBC)

To: *Afghan Reconstructive and Barn Center*
Organization
به مؤسسه محترم (مركز بني و بنوي حثي حثي افغان)

According to the final decision No: (1005) Dated
of High Evaluation commission of NGOs
your Organization is entitled to work in Afghanistan
as an NGO.
You shall respect and observe the Afghanistan
Constitution, NGO law and the rest of laws and
regulations enforced in the Islamic Republic of
Afghanistan.

با اساسی تصویب کمیسیون عالی ارزیابی مؤسسات غیر دولتی
تحت فیصله شماره (۱۰۰۵) مورخ ۱۳۸۶ / ۰۵ / ۱۸ برای مؤسسه شما
اجازه فعالیت در افغانستان منظور است. مؤسسه مکلف است در احکامات
حویث تمام مواد مخرج قانون اساسی، قانون مؤسسات غیر دولتی
و سایر قوانین و مقررات نافذه جمهوری اسلامی افغانستان را رعایت نماید.

با احترام



وزیر اقتصاد و رئیس کمیسیون عالی ارزیابی

Minister of Economy