

TITLE:

Help ensure access to essential primary health care in Afghanistan

CHALLENGE:

Afghanistan's public health system is close to collapse severely impacting the quality of care and availability of services to the most vulnerable and marginalized

Since the withdrawal of the US and NATO forces in August 2021 and return to power of the Taliban, reduced international financial support, a rapid decline in Afghanistan's economy, inflation driven by global commodity shocks, emigration, and restrictions on women's movement and employment have resulted in:

- closure of health clinics (in 2022, 30% households reported that they had no functional health facility accessible within a one-hour walk)
- shortage of medicine, medical supplies and equipment
- limited access to qualified healthcare workers
- low or unpaid staff

A drastic rise in poverty, an increase in hunger and malnutrition and on-going outbreaks of life-threatening diseases (polio, measles, malaria, dengue, cholera and COVID-19) add further strain on an already fragile health system.

During 2023, it is estimated:

- 17.6 million people will be in need of health assistance
- 875,000 children will suffer from severe acute malnutrition (SAM), 2.3 million children from moderate acute malnutrition (MAM), and 840,000 pregnant women and lactating mothers from acute malnutrition.

(Humanitarian Needs Overview Afghanistan (2023))

These figures are expected to deteriorate further if the current drought enters a third year with women and girls hit hardest as their rights and opportunities are becoming increasingly restricted.

SOLUTION:

Set-up and establish a hybrid-financed primary health care facility in Kabul, Afghanistan

AfD's Expertise:

Action for Development (AfD) has 10 years' experience in managing primary health care projects. Recognizing the risk of a national health system dependent on international donors and the need for a more sustainable financing model, AfD developed a hybrid financed model (donations and user fee) for funding a health facility. This model aimed to minimise the impact of falling international funding and government health spending at the same time ensuring affordable quality services for the most vulnerable and marginalized.

Financing:

Phase 1: \$65,000 will enable the set-up of the health facility and ensure services are well established over a 3 year period.

Phase 2: \$7,500 per annum and user fee income will enable the on-going operations (year 4 onwards) of the health facility. AfD is committed to seeking this regular additional support for phase 2 to ensure the long-term provision of primary care health care.

Refer to *Implementation & Budget Plan* under 'Additional Documents' for further details.

Community Engagement:

Communities are at the centre of all AfD's projects. Staff, where possible, will be recruited locally. Regular and effective community engagement will enable AfD to better meet the needs and expectations of the community, to build relationships based on trust and empower communities to take an active role in their own health.

LONG-TERM IMPACT:

- Essential primary health care services including OPD, maternal and newborn care, child - health and nutrition services, laboratory and pharmacy available and accessible to a catchment population of ~50,000
- Primary health care needs met for ~2,500 patients per month
- Accessible health care for everyone. Patients are charged \$0.6 - \$0.7 (~10-20% the cost of for-profit private clinic charges) for OPD, ultrasound and lab services; family planning, ante and post-natal care and vaccinations are provided free. Most vulnerable and marginalized (~250 patients per month) receive all health services free of charge. - -
- Medicine costs covered for those who cannot afford all or part their prescription.
- Local employment opportunities
- Strong community engagement through trusted community members delivering care
- Communities take an active role in their own health
- Creation of a 75% self-sustaining health facility, managed by the community for the community, that can be fully sustained beyond 3 years (Phase 2) at a cost of \$7,500 per annum, equating to \$0.25 per patient.
- Reduced morbidity and mortality in local community

RESOURCES:

<https://actfordev.org/>

<https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-response-plan-2023-march-2023>

DONATION SUGGESTIONS:

- \$15 Covers medicine costs for 10 patients who otherwise could not afford the necessary treatment
- \$30 Enables 50 vulnerable people requiring OPD services to receive care free of charge.
- \$100 Pays for lab reagents for 1 month, enabling testing for bacterial, viral and parasitic infections etc.
- \$200 Pays for equipment used to assess nutritional status of children and mothers aiding identification and appropriate management of acute malnutrition
- \$250 Pays a month's salary for a Dr who diagnoses and treats around 600 patients per month
- \$500 Pays for basic OPD equipment including stethoscope, sphygmomanometer, patella hammer, otoscope, examining table, sterilizer etc.

- \$1,400 Covers the cost of a vaccinator for one year. They play a key role administering vital vaccines protecting children from life-threatening diseases such as diphtheria, tetanus, and pertussis.

Implementation and Budget Plan

Phase 1: Set-up and 3 Year Establishment

	Set-up / Pre-operational Stage	Operational Phase
	- 3 months	Year 1
Activities	Identify site Order equipment, furniture, medical supplies and medicines Recruit and train staff	Scale up health facility operations 0 to 100% over 1 st year. Services to include: OPD, maternal and newborn care, nutrition screening and management of malnutrition, vaccinations, laboratory, and on-site pharmacy.
Income (\$)	0	12 K
Expenditure (\$)	(20 K)	(31.5 K)
Profit/Loss (\$)	(20 K)	(19.5 K)
Cumulative Profit/Loss (\$)	(20 K)	(39.5 K)

	Operational Phase	
	Year 2	Year 3
Activities	Health facility providing essential primary health care to catchment population Provision available to ensure up to 10% patients free health care and up to 20% patients assistance with medicine costs	Health facility providing essential primary health care to catchment population Provision available to ensure up to 10% patients free health care and up to 20% patients assistance with medicine costs
Income (\$)	24 K	24 K
Expenditure (\$)	(31.5 K)	(31.5 K)
Profit/Loss (\$)	(7.5 K)	(7.5 K)
Cumulative Profit/Loss (\$)	(47 K)	5) K)

TOTAL Budget: \$65,000 (\$54,500 + \$10,500 buffer*)

* allows for variation in exchange rate, equipment repair/replacement, supplier cost increases, staff training needs etc.

Phase 2: Stable Operations

Operational Phase

	Year 4 +
Activities	Health facility providing essential primary health care to catchment population Provision available to ensure up to 10% of patients free health care and up to 20% of patients assistance with medicine costs
Income (\$)	24 K
Expenditure (\$)	(31.5 K)
Profit/Loss (\$) each year	(7.5 K)