Charikar Provincial Hospital, Afghanistan

Charikar Hospital is the main health facility for 14 districts in the Parwan province. It is located in the Shalimany plain on the main road linking Kabul to the north. It is in a strategic location, and could serve as a referral hospital, filtering caseloads for Kabul hospitals.

The hospital was looted on several occasions and suffered badly from the war, having been for several years in the frontline between the Northern Alliance. The hospital is in extremely bad condition, with no basic equipment nor water supply or electricity. It consists of three blocks in a state of complete degradation and includes a new building that is only partially completed. Its theoretical capacity of 40 beds is presently reduced to one bed.

Few emergency operations are performed (reportedly three caesarean sections over the last two weeks) and the number of outpatient consultations on the day of the visit amounted to around 90. Drug supply has been sporadic (recently WHO has donated an emergency kit), x-ray equipment has been out of order since a long time; the EPI cold chain and sterilizing equipment have been recently relocated in the hospital, but EPI activities have not yet started. Blood transfusions are carried out, but reportedly the reagents used for compatibility tests are out of date.

The staff consists of 8 doctors and 45 among nurses, midwives, technicians, etc., but the staff has not been paid for a long time. The hospital has received support from two NGOs, AMI (Aid Medical International) and Emergency that have rehabilitated part of a block. Another NGO, International Medical Corps (IMC), plans to support MCH and emergency obstetric care by rehabilitating part of the facilities and providing equipment, supplies and technical assistance.

WHO is now discussing the rehabilitation of the Charikar hospital with UNHCR and IMC. UNHCR’s beneficiaries in Afghanistan are both refugee and IDP’s returnees. Organized repatriation will start in Spring of next year, with assistance for transport, food for travel, a cash grant and a repatriation package (blankets, clothing, soap, kitchen set, etc). On the basis of a local assessment, further assistance (seeds, tools, shelter, etc) will be provided to returnees on arrival. Quick Impact Projects (QIP’s) in support to reintegration of returnees are already being implemented, targeting water supply, social sectors, agriculture, income generation projects, etc.
Health and education are priority sectors in areas of return. UNHCR inputs (up to 100,000 USD per project) target physical rehabilitation and equipment, and do not include start-up costs. UNHCR sub-contracts NGOs for the implementation of QIP's, and can ensure supervision of the implementation.

A substantial number of IDPs and refugees returnees are expected in the Shalimany plain and Charikar hospital is located in a priority area for UNHCR. UNHCR would be willing to co-fund a project with WHO, with IMC and Emergency as implementing agencies. A joint detailed need assessment in the hospital will be carried out to identify priority rehabilitation needs, inputs and responsibilities of the respective agencies. Rehabilitation work cannot start before spring. It can be anticipated that the rehabilitation of the whole hospital will require much more substantial inputs than what UNHCR and IMC are willing to make available. It is proposed, therefore, that the joint assessment concentrates on the most urgent interventions (such as water supply, electricity, basic equipment, completion of the new block that could accommodate 20-30 beds, including maternity, operating theatre and in-patients wards), which would allow for the resumption of activities in a reasonable time. The rehabilitation of the old blocks could be postponed to a second phase.

A comprehensive database of *Who is doing What, Where in Afghanistan* is an important tool for purposes of health relief coordination and recovery planning, and WHO-Afghanistan counts to set up and maintain a database of NGOs interventions (geographical areas, type of programme implemented, inputs provided, timeframe, etc.). At the same time, WHO will be in the position to identify key health facilities that require immediate interventions. Projects for the rehabilitation of PHC facilities and selected referral hospitals could be submitted under the consolidated appeal. A joint WHO-UNHCR-IMC project for the rehabilitation of the Charikar provincial hospital could represent a first instance of future collaboration.