



Statement concerning our hospital's current affairs

Why our non-governmental hospital is crucial for survival of the people in the Wardak Province - and far beyond

Last year Germany's Federal Ministry of Foreign Affairs (FMFA) declined our application for further support of our hospital in Afghanistan. We had asked for 50,000 € for the purchase of medicaments. Because of this negative reply it is getting more and more difficult to keep the hospital functioning and so the Wardak province with its 500,000 inhabitants may more and more turn into a "country of doomed people".

However, because of this negative reply our faithful friends of the project initiated a signature collection in November 2010. Many of our supporters and donators took part in it with great commitment. Some even initiated own activities and helped close the funding gap. Additionally we were supported by some elected municipal officers such as the mayor of Dortmund and several members of parliament. All these activities have resulted in an enormous public echo in press, radio and TV and fortunately in additional donations.

Finally the (FMFA) reacted and invited our project manager Karla Schefter to a longer meeting. In short it can be said that the (FMFA) is willing to deal with our application again if there will be a fixed exact date (not too far in the future) written into the application when the hospital will be transferred into the hands of the Afghan Ministry of Health (AMH). Quotation: "We have to make public authorities take over responsibility and also train them, notably the Afghan Ministry of Health."

In a nutshell: training and transferring the hospital into the hands of the Afghan Ministry of Health are the essential decision criteria for the approval of subsidies for the purchase of medicaments for our hospital.

So how have these criteria been implemented into our project?

For more than 20 years our hospital has been training especially women for medical jobs such as midwives and nurses. This was started by Karla Schefter and has now been taken over by our Afghan doctors and our Afghan skilled personnel. Even during Taliban rule this training wasn't interrupted.

Since the very beginning there has always been a contract between the Afghan state and us, which was renegotiated with each following government (last amended May 2010). The contract includes: In the case of our termination of the project the Chak-e-Wardak Hospital Project will go over into the hands of the AMH. The grounds belong to the state. All buildings we set up on these grounds including the fixtures and equipment will fall to the government automatically. For the running of the hospital this treaty means:

- Every year we must present the government annual audits.
- All building measures need not only be approved according to the building laws but also have to be registered and approved in view of the running of the hospital.
- Ms Schefter has to be approved of by the government as project manager of the hospital and as representative of C. P. H. A.

Our objectives for the Chak-e-Wardak Hospital Project

- We want to supply the poor and seriously ill people of the province with almost free medical care.
- The hospital is solely run by local personnel.
- Each patient has to take part in a health and hygiene training.
- The hospital is mainly financed by German donates.
- The basis of the project management is political and religious neutrality. The project management solely concentrates on medical and humanitarian objectives.

The implementation

Karla Schefter has managed the project since 1992 and has negotiated successfully with four different governments. She and her management have been recognized and acknowledged by all important public authorities. Because of her intimate knowledge about the country and its people she is the figurehead of the project. At the moment only Ms Schefter is able to manage the hospital from Germany or Kabul. This is being done in close cooperation based on mutual trust and confidence. Almost daily she has contact with the staff in Peshawar, Kabul and Chak. Twice a year the further course of the hospital is set at a staff meeting in Kabul.

In-patients are taken care of for free. The patient's relatives have to help our staff. In addition all our staff can be used for many different jobs. In summery, this saves staff (and consequently costs). Out-patients have to pay half the bazaar price for medicaments. Additionally they have to pay small treatment fees (laboratory, x-ray, tooth treatment etc.). These fees amount to 8 percent of the total income of the project.

Since 2010 patient numbers have exploded. After 79,000 patients in 2008 and 86,000 in 2009 there are over 100,000 now. About 10 % of them are in-patients. This, however, is only possible in our 60-bed-hospital because in-patients only stay for a very short time, children often share beds and because during epidemics tents with field beds are put up.

In recent years the average annual running costs of the hospital amounted to roughly 500,000 €, 90 percent of which were financed by private donations. This year the hospital has been funded to almost 100 percent through private German donations, initiated and collected mainly by talks, books and public presentations of Ms Schefter.

For two years no foreigners have been able to visit the hospital now. Also members of the Germany embassy in Kabul can't go there. But the required monitoring (in the sense of controlling) that registers every patient and every issued medicament is conscientiously done: this has been attested by three inspection reports in Afghanistan, Pakistan and Germany every year.

Conclusion

More and more humanitarian organizations are leaving the provinces – including “our” Wardak province. Thus provisioning gaps are growing. How and if we can fill these gaps has to be discussed critically again and again taking into consideration the people concerned as well as the interests of the hospital personnel.

Because of the flood catastrophes in Pakistan – even this year – prices have gone up dramatically and no one can foretell when this will come to a stop. Especially prices for staple foods, diesel and wood, but also for medicaments and medical material that we buy in Pakistan have gone up. Moreover because of rising cost of living and to avoid losing our personnel to Kabul, where wages are higher, we have had to raise our salaries moderately.

As the project has been functioning brilliantly from the very beginning and is approved and acknowledged by the Afghan authorities, the Afghan government is clearly interested in keeping the hospital running and – if necessary – in taking it over. That would be in line with the strategic objectives of the German Federal Ministry of Foreign Affairs. If this happened the hospital would still exist, but would be managed under completely different conditions: Financial criteria would have priority. The main objective of our hospital project - to supply medical and humanitarian help almost for free – would certainly be lost and we wouldn't be allowed to support the project any longer because of the by-laws of our incorporated society.

We think that this situation should be prevented and avoided as long as possible:

“Because they are human beings.”

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