

USAID RFA-Program Title –Afghanistan Job Creation Program

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Abbreviation Used

ANM-Auxiliary Nurse Midwife
 AJCP-Afghanistan Job Creation Program
 BMD- Bone Mineral Density
 CT- Computerized Tomography
 ECG- Electrocardiogram
 EEG-Electroencephalogram
 HIV-Human Immunodeficiency Virus
 HK-Housekeeping
 ICU-Intensive Care Unit
 IPD- Inpatient Department
 MRI- Magnetic Resonance Imaging
 NGO- Non-Governmental Organization
 OPD- Outpatient Department
 PET- Positron Emission Tomography
 PFT- Pulmonary Function test
 RMO-Resident Medical Officer
 Sqkms- Square Kilometers
 USG- Ultrasonography
 UN- United Nations

Executive Summary

How this 77 Bed hospital will help to complete the two overarching objectives of the Afghanistan Jobs Creation Program (AJCP)?

Objective 1: Generate Revenue and Sustainable Jobs by Supporting Value Chain Development in MSMEs;

As following are the list of Medical Schools in Afghanistan each year around 300 Undergraduates, 100 Post Graduates Medical students, 200 Nursing students and 100 Technicians graduate per year, so these students will get the job opportunity in 77 bedded hospital. Afghan Medical Graduates, Post Graduates, Nurses, Technicians and Non Medical Staff will be provided continuous on Job Internship, Training by the experienced Medical Practitioners, Doctors, Nurses, Technicians, Hospital Administrators from India, Pakistan, Europe USA who will be permanently living in the top 3 floors of the 13 Storey Building specially constructed for the 77 Bed Hospital.

Following is the list of medical colleges in Afghanistan.

Medical Schools in Afghanistan:

- Faculty of Medicine Avicenna State Medical Institute of Kabul
- Faculty of Medicine Shaikh Zayed University Khost City
- Faculty of Medicine State Medical Institute of Nangarhar Jalalabad
- Herat Medical School Herat
- Ibne-Sina Balkh Medical School Mazar I Sharif
- Kabul Medical University Jamal Mena, Kabul, Afghanistan

Following is the manpower requirement in hospital.

Personnel	Requirement
Doctors (Including Consultant, Intensivist, RMO)	45 Doctors
Nursing staff (Including staff nurses, ANM)	121 Nurses
Technicians (Anaesthesia, pathology, phlebotomist, X-ray, MRI)	18
Patient care attended and HK staff	70
Higher Management	10
Other administrative staff	70
Total	334

So, by Above Table we can assess the how much job opportunity will be provided with the hospital with every stratum of economy.

Objective 2: Support Trade Promotion and Facilitate Afghan Businesses in Increasing Exports

Plus, as it is hospital the material requirement is huge including pharmaceutical drugs, surgical material and stationary material, providing local vendors to develop their business in supply chain.

I. Demographics of Afghanistan

Afghanistan has a population of 34,169,847 (July 2017) occupying a land area of 652,86 Square Kilometre.

The decadal population growth rate has been 2.32%.

The population density of 50 people per square kilometre with 26.7% population living in urban areas.

Total dependency ratio is 87% of which youth dependency ratio: 82.3% and elderly dependency ratio: 4.6%.

Afghanistan Population Clock

What is the population of Afghanistan (as of July 3, 2017)	34,169,847
Last UN Estimate (July 1, 2017)	34,169,169
Births Per Day	593
Deaths Per Day	144

I. Healthcare Scenario of Afghanistan

An estimated 6 million people have no access, or insufficient access to health care.

There are many barriers to creating an accessible, effective, and sustainable health care system in Afghanistan. The main challenges of rebuilding Afghanistan's health care system include lack of security, lack of infrastructure, economic hardship, poor coordination among government and health care providers, difficult access to health care facilities, unsuitable hospital conditions, and few trained health care workers, especially women.

Health care quality and resources available vary widely from urban to rural areas. Hospitals outside of Kabul have a difficult time providing anything more than rudimentary care. Patients' bed and other equipment are insufficient. If there is medical equipment, most

health care workers are not properly trained to operate or maintain it. Electricity is intermittent and running water is usually dirty. Medications for hospitalized patients must be purchased from an outside pharmacy by family members and brought to the hospital.

Another issue is economic instability. Nearly 70% of Afghans live in extreme poverty with a 32% unemployment rate.

Density of health infrastructure per 1,000 population: -

- Physicians: 0.27
- Nursing and midwifery personnel: 0.5
- Dentistry: 0.047
- Hospital beds: 0.5

There is acute shortage of health workforce. The Ministry of Public Health cannot employ those trained by some NGOs because they do not meet the government's strict requirements. As a result, a nationwide survey indicated a shortage of at least 7,000 physicians and 20,000 nurses, midwives, and allied health professionals. Moreover, the salary for physicians is too low for a reasonable standard of living, forcing physicians to practice at hospitals or public clinics in the morning and spend the afternoon in private clinics. The few residency training programs that exist provide minimal guidance in terms of lectures, clinical practice, or supervision. Upon completion of the programs, few health care workers desire to work in rural areas due to the poor living and working conditions, lack of education for their children, security issues, and poor transportation.

The country's main priorities in the health sector include:

- Restored and upgraded health care facilities, including expanded provision of services to rural areas still unreachable;
- Ensured availability of essential drugs;
- Funding for services expansion, addressing inefficiencies in out-sourcing;
- Strengthened health information system (including surveillance);
- Trained health workers for sectors where shortage is acute (e.g. midwives, female nurses);
- Strengthened capacity of national authorities in emergency preparedness and response, mainly for the recurrent natural disasters.

Need of hospital in Afghanistan

Health in Afghanistan is unsatisfactory but slowly improving. The Ministry of Public Health oversees all matters concerning the health of Afghanistan's population. According to the Human Development Index, Afghanistan is the 15th least developed country in the world. Its average life expectancy at birth is reported at around 60 years. The country's maternal mortality rate is 396 deaths/100,000 live births and its infant mortality rate is 66 to 112.8 deaths in every 1,000 live births.

Around 500 Afghans travel daily to Pakistan and India for Medical Treatment which leads to high personal medical expenses and out flow of foreign exchange so the 77 Bed Spain Grah Hospital will save money and time of the Afghan People and Foreign Exchange of Afghanistan.

Currently Afghan nationals are fighting with many epidemic diseases such as Tuberculosis, HIV, leprosy, Hepatitis B, Poliomyelitis, Typhoid fever etc.

So, taking into consideration of above all points Green Eco have initiated the plan for 77 bedded well equipped multi-speciality hospital.

Technical Proposal

In View of the ever-increasing population of the city of Kabul, **77-bedded General Hospital had become a necessity.**

BROAD OBJECTIVES OF THE PROJECT

The SPAIN GRAH hospital in Kabul, is intending to meet the medico-social needs of various communities of different economic status, has been obliged to adjust its various services/facilities of general nature. The broad objectives of the 70 bedded multi-Specialty SPAIN GRAH hospitals are cited below:

- i. To provide comprehensive health care, encompassing preventive, promotive, curative and rehabilitative health care to the residents of Afghanistan Kabul drawn from the urban/semi-urban and rural areas.
- ii. To provide out-patient, in-patient and round the clock maternity and emergency care services of all basic and supportive general specialties. These services would be provided free to the poor whereas the more affluent component of the society will add gradually to the government revenue.
- iii. To provide round the clock facilities of intensive care unit, and neonatal intensive care unit.
- iv. To provide round the clock state of the art diagnostic services/facilities in clinical pathology, including, clinical biochemistry, microbiology and radiology, including ultrasound and CT scan and MRI

- v. To provide few specialized services in clinical, diagnostic and therapeutic fields like in pulmonology, nephrology, neonatology, urology etc.
- vi. To provide cost effective dialysis facility for which R-O water plant is build. This dialysis facility will of great help for the patients suffering from Chronic Kidney diseases with a comparative low cost, as we know people with kidney diseases require frequent Heamo-dialysis depending upon their chronicity.
- vii. To act as a free medical institution for direct/first level contact for patients and as a secondary level referral center for the referred cases from nearby smaller hospitals (Government/private), health centers, polyclinics and dispensaries situated in Kabul Afghanistan.
- viii. To reduce considerably the present workload of other hospitals, thereby offer maximum relief to the economically weaker section and middle section of the people residing in rural and semi-urban areas of Kabul Afghanistan.
- ix. To participate in various national health programmes, including National Family Welfare Programme, by linking with various Government/private hospitals and health centers (horizontally and vertically) and providing necessary infrastructure and facilities as per their demands.
- x. To render facilities for conducting research activities relating to different specialties, as and when required.
- xi. Last but not the least the hospital, as a measure for future expansion, in response to the changing trend in hospital services, would also provide facilities/services (clinical, diagnostic, therapeutic) of various other specialties in future depending upon the real needs of the population.

The key tasks within our business plan are to:

- Improve access to all clinical services
- Focus on improving quality and safety of our services
- Improves transition processes to adult services
- Enhances our research and education focus
- Continues to improve organizational governance and accountability
- Prepares for the successful transition to the New RCH
- Further develops our partnerships in care

SERVICE STRUCTURE

The table below shows the types of services that will be delivered in this hospital.

Types of Services

Medicine	Bed
OPD	8
Casualty	6
ICU	6
Labour and delivery	6
Dialysis	6
Paediatric IPD	15
General ward	20
Private rooms	10
Total	77

Along with that we are providing OPD services including Medicine, Orthopedic, Obstetrics and gynecology, Pediatric, Ophthalmology, ENT, Dental.

Radiology including X-ray, Mammography, BMD, USG, 2D Echo, PFT to advance CT Scan, PET scan, MRI, EEG.

And Advanced Pathology Laboratory including Histology, cytology, microbiology.

Around the clock pharmacy services.

ACCREDITATION

Options for international accreditation were included. Accreditation aims at achieving the best standards with the available resources, placing emphasis on overall performance and patient safety. Hence the quality of the management team and the quality control is pivotal. The goal of accreditation can be reached within 3-5 years, but it is important to consider the high cost and the effect on service demand due to affordability.

The Strategic Plan for Sprain Grah Hospital has following strategic goals:

1. Excellence in healthcare
2. Leadership in research and education
3. Focus on quality and safety
4. Improve organisational environment

Opportunities for Improvement

1. Excellence in Healthcare

- Improve elective surgery access
- Improve discharge planning
- Improve implementation of Patient and Family Centred Care
- Continue to review models of care and ensure outcomes are evidence based

2. Leadership in Research and Education

- Research and education framework to be implemented

3. Focus on Quality and Safety

- Continue the development and implementation of our annual Quality and Safety Plan.

4. Improved Organisational Environment

- Complete the report framework for financial efficiency and effectiveness
- Foster a culture of continuous improvement - where achievements are celebrated and learnings shared
- Review and finalise the workforce plan
- Develop and implement the HR strategic plan
- Further enhance the nursing recruitment and retention strategy

Performance Monitoring Plan

Hospital performance can be measures on following indicators

Inpatient flow	Revenue cycle
1. Inpatient raw mortality rate	1. Total operating margin
2. Harm events per 1,000 patient days	2. A/R days due to coding
3. Bed turnover	3. Total A/R days outstanding
4. Readmission rate	4. Total A/P days outstanding
5 Occupancy rates	5. Cash receipt to bad debt
8. Average length of stay	6. Claims denial rate
9. Average cost per discharge	7. Days of cash on hand
10. Patient satisfaction	8. Total operating margin

Cost Analysis

FINANCIAL MODEL ASSUMPTIONS

The Financial model incorporated the following key assumptions:

- Full financial sustainability is maintained.
- Achieving international standards of operations.
- Full professional staffing to accommodation capacity projections and utilization.
- Adequate level of equipment and maintenance.

Key elements in considering the revenues and expenses are:

- Costs of remediation required prior to commissioning.
- Initial cost of equipping the hospital
- On-going building lifecycle maintained and cyclical equipment replacement.
- Building is not self-owned so yearly rent is considered.

Cost Estimation

Given cost is in \$ format

Year	2018	2019	2020	2021	2022
REVENUE					
Inpatient revenue	301546	398040	510819	642172	794688
OPD Revenue	172065	190872	211239	233324	257296
Doctor consulting fee (20% share)	34029	44918	65309	72468	89679
Inpatient service revenue	2880692	3485637	4217621	5103322	6175019
Pathology Revenue	1287720	1558141.2	1885350	2281274	2760342
Radiology department revenue	1924786	2117272	2329005	2561910	2818104
Ambulance revenue	5896	7075	8254	9433	10613
Pharmacy Revenue	257538	289107	322670	358427	396595
Operating Revenue	3032	3638	4245	4851	5458
Total	6867306	8094704	9554517	11267184	13307798
EXPENSES					
Building Rent	2,00,000	2,00,000	2,00,000	2,00,000	2,00,000
Material purchase % Maintenance Cost	5994198	599419	1198839	1798259	2397679
Salaries and wedges	2331528	2564680	2821148	3103263	3413590
HIS system	50000	10000	10000	10000	10000
Operating expense	7075	8490	9905	11320	12735
Ambulance expenses	13757	16509	19260	22012	24763
Total	8596559	3399100	4259154	5144856	6058768