

## Transitional Islamic Government of Afghanistan Ministry of Health Health Care and Promotion Department Department of Pharmaceutical Affairs

# **Guidelines on Medical Equipment Donations**

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"Technical and financial support for. the development and publication of the Guidelines on Medical Equipment Donations 2003 Edition was provided by the USAID-funded Afghanistan Health Services Enhancement Project. Implemented by Management Sciences for Health." **Introduction:** The Afghan Ministry of Health (MOH) appreciates all assistance that foreign governments have provided and are committed to continue providing in the health sector. To assure full benefit is derived from the resource that are so generously offered to Afghanistan in the health sector we have developed this guideline for donations of medical equipment. It is hoped this will minimize the donation of items that may not be suitable in Afghanistan and provide for the improved efficiency of health facilities.

**Descriptions:** Prior to a donation agreement being settled, the donor and the Afghanistan MOH will make a thorough evaluation of the requirements of both parties. The final choice of equipment will be limited by need, cost, environment and operational conditions, the availability of supplies, of spare parts, and the quality of maintenance services.

The following steps will help both parties work through their responsibilities, understand what is expected of them, decide if the items in the donation should be accepted, if a purchase of an alternative should be recommended, or if changes should be made to a particular donation.

# CORE PRINCIPLES FOR A DONATION

- 1 Maximum benefit to the Ministry of Health
- 2 Respect for wishes and authority of the Ministry of Health
- 3 No double standards in quality
- 4 Effective communication between donor and Ministry of Health

### 1. Standardize equipment list

At this point in time Afghanistan does not have a national standard equipment list developed. However, an interim minimum list based on WHO recommendations formedical supplies and equipment needs at different levels of health care will be used to help guide donations for the time being. The references for these lists are: 1) Supplies and Equipment, Price Estimates, Standard Items in Common Use, May 1998, WHO, Geneva and 2) WHO, KITS, July 1998.

2. The MOH overall criteria that will be used to review donation offers includes:

**Staff** with the necessary experience and training required for installation, operation, and maintenance is available. Alternatively, the donation should contain a component for the training of both the clinical staff and the technical service staff required to operate and maintain the equipment.

**Location** - Site accessibility and the space available for the equipment must be determined prior to accepting the donation.

.Climatic and environmental conditions - Afghanistan is a country of extremes in temperature with both dusty and humid conditions. Donated equipment should be capable of withstanding these conditions.

**Utilities:** Most part of Afghanistan does not have reliable electricity and all electrical equipment must be accompanied by a stabilizer. The voltage through out the country is 220, frequency 11 0, and phase II. Water is also a scare commodity in the country and is hard and is usually not very pure. In urban areas there is piped or well water but in rural areas the source is most likely a well or river. Equipment requiring pure water should include a water purifier/filter as part of the donation.

**Support services** required for operation, procedures, and clinical use of the equipment must be available at reasonable cost locally or provided as part of the donation. Modern equipment may offer a wide variety of operational modes and may simplify the performance of certain procedures but it is often very expensive and may need both health specialists and a manufactures' service network for maintenance and repair which are not available in Afghanistan. In these cases, alternative equipment should be sought.

**Maintenance costs** - Each item of donated equipment should be accompanied by three years of spare parts and be evaluated against the level of expert technical staff required to maintain it.

Availability of consumables - Equipment requiring consumables should be donated with a three year supply.

**Donation of consumables** - When a donation contains consumable items they must be of sufficient quantity, estimated at a three month supply for the targeted health facility, to make the effort of inventory and disbursement worthwhile.

**Donation of computers -** The MOH currently uses IBM compatible computers with Microsoft operating system. Offers of computers less than two years old and compatible with the established system are welcome and acceptable to the MOH. Donation of used computers should have accompanying manuals and technical documents in English along with service records. Consumables and spare parts for three years should also be part of the donation

**Delivery of equipment and supplies** - It is expected that the donor take into consideration the limitations of the MOH at this time to receive and distribute equipment and supplies to their final destination. The cost of delivery and distribution should be included as part of the donation. Estimated costs for delivery are available from the MOH upon request.

#### 3 Check-list

A check-list is a useful tool supplied by the MOH to any interested donor. The checklist is used to ensure the donor considers all issues discussed above and provides all necessary information that will ensure a successful donation for both parties. The checklist is found in Appendix A

#### .4 Donor Responsibilities

The donor has the following responsibilities:

**1.** Communicate with the MOH - The donor will request a comprehensive description of equipment required by the MOH (including their check-list) before supplying any equipment.

Ensure that any conditions that cannot be fulfilled are communicated to the MOH. An agreement on ail conditions should be reached before shipping the equipment. This ensures that the equipment supplied is clinically, economically, and technologically appropriate.

**2. Supply fully functional equipment** - Equipment whether new or reconditioned, should be tested and all essential parts, accessories and working materials included before shipment. A basic list of all components must be provided to the MOH. Second-hand equipment should be fully rebuilt or reconditioned. Evidence that the manufacturer continues to produce spare parts by furnishing the contact information and the "life expectancy" of the equipment should be indicated. Old, broken, outmoded, and redundant equipment for which spare parts and consumables are no longer available, or equipment which is no longer supported by the manufacturer, is as useless in Afghanistan as it would be in the donor's country. If it is difficult for the donor to service the equipment, it will be impossible for service to be acquired in Afghanistan. Such items are not welcome.

**3. Supply all technical documents -** These' include ail installation, operation, maintenance, and repair manuals. It is particularly important to include technical diagrams as the symbols used are usually international. The technical documents should be supplied in Dari, Pashto, or English. The need for these documents applies even when expatriate staff is provided to help in the initial stages.

**4. Supply an initial requirement of consumables and spare parts -** To avoid lengthy and complicated procurement procedures. Equipment should be supplied with an initial consignment of consumables and 'spare parts expected to last at least three years, and a full list of spare parts. The list must clearly indicate the part name and number, and full name and address (including phone, telex and fax numbers, if possible) of the manufacturer or authorized dealer.

**5. Ensure proper packaging -** The consignment is likely to endure long periods in ships, airplanes, trains, motor vehicles, and donkeys or by hand. The packaging must therefore be strong and sturdy to withstand rough handling and to minimize damage during transportation. It should also: 1) Include a clear packing list identify all components, 2) Be of a size that can be handled using simple mechanical devices and manual labor

**6.** Supply shipping documents promptly - Consignments have been known to remain at ports for months, facing possible damage and accumulating demurrage charges (penalty for delayed action) due to late submission of shipping documents. Prompt submission of documents is essential and should be sent by express insured mail. DHL service is available in Afghanistan.

**7. Offer technical assistance** – Where possible, promote, recommend and provide training for the use and maintenance of the equipment. On site training is usually very useful.

**8. Understand import regulations of the recipient country -** There may be regulations which restrict who can receive donations, and which indicate taxes and other charges. It is important to know about these conditions. It is also important to assess the ability of the recipient to pay the accompanying local costs.

5. Communication

When a donor is inclined to provide a donation equipment and supplies communication should be established with the International Department of the MOH. The donor and the MOH will get together as equal partners to work out how the effort and goodwill involved in making a donation can best be put to use. The Afghanistan MOH reserves the right to decline acceptance of a proposed donation in part or in whole and to make suggestions for alternatives that may better meet current needs. The donor agrees not to substitute items without the expressed written consent of the MOH.

## APPENDIX A

- 1. Name of equipment
- 2. Description of equipment
- 3. If used, age of equipment, maintenance record, and life expectancy
- 4. Equipment type included on national Standard Equipment List
- **5.** Technical specifications
- 6. Functions required
- 7. Special requirements

#### 8. Staff available for:

- a) Installation
- b) Operation
- c) Maintenance

#### 9. Location:

- a) Site
- b) Size
- c) Accessibility
- d) Type of building
- 10. Climate required for optimal function:
  - a) Temperature range Day / Night

#### b) Humidity - Maximum /Minimum

- c) Ventilation system
- d) Other factors

#### **11. Utilities required:**

- a) Power supply
- b) Fuel type
- c) Voltage
- d) Frequency
- e) Phase
- f) Other issues
- g) Water system
- h) Water type

#### **12.** Consumables

- *a) Name of each item*
- *b) Description of each item*
- c) Quantity of each item
- *d) Expiration date of sterile supplies*

#### **13. Shipping documents**

- *a)* Shipping company identified
- b) Documents submitted one month prior to shipment
- c) All local costs included in the donation (taxes, inventory, disbursement)

#### 14. Cost to final destination - estimated and included as part of the donation

<sup>1</sup> The MOH is developing a list of acceptable medical supplies and the required minimum quantity of each item at different facility levels.