



Sarah Leahy, Project Coordinator, MSF Ireland – Helmand Province, Afghanistan

Committee members, My name is Sarah. I'm a Project Coordinator with MSF. I worked in Lashkar Gah, Helmand Province, from January until September 2021. I was on the ground working with our team of almost 1,000 staff before, during and after the transition of government from GOA to IEA and witnessed first-hand the challenges encountered by the Afghan people during the conflict and in the immediate post-conflict phase. Since the change in power, Médecins Sans Frontières has continued to provide life-saving medical care to people in dire need across the country.

In five locations across Afghanistan, our medical teams are treating emergency trauma cases, supporting people with chronic conditions and welcoming new life to the world in uncertain times. MSF is working in Lashkar Gah and Kandahar, both in the south, Herat in the west and Kunduz in the north. MSF also runs a maternity hospital in Khost, in the east.

Hospitals and medical facilities across the country are under extreme pressure, with staff and equipment shortages due to a severe lack of funding.

At Boost Hospital, we have more than 1,300 staff – it's one of MSF's largest projects in the world. The hospital itself now has at least 700 patients arriving every day. Sometimes it's 900, and most of them are children.

Levels of severe acute malnutrition have risen in MSF supported facilities in recent months. An average of 400 children per month are being treated with Severe Acute Malnutrition in Boost Hospital. In the feeding centre, our team is working day and night to treat the direct medical complications of malnutrition, as well as constantly preparing therapeutic foods to feed every child three times a day.

Every one of these young patients is under five years old. Many of them are also suffering from worrying complications such as pneumonia, diarrhoea or gastrointestinal problems. I saw the increase in children suffering with SAM with my own eyes in Helmand Province last year.

This is likely due to: persistent drought, food scarcity, an improved security situation, an economic crisis and a health system in a state of disarray. As the only fully functional public hospital in the province, Boost hospital in Lashkar Gah is very busy. Other public health facilities both within Lashkar Gah city as well as in nearby rural provinces continue to struggle to deliver services.

An average of 60 babies per day are delivered in the maternity dep; **100 babies were born in one single day in September** -the highest number the hospital had ever seen – and in November 1,900 deliveries were completed for a third consecutive month. These are babies and Mothers who, without the services of MSF, would not have access to free Maternity Care.

Seeing the crisis through the eyes of our national staff colleagues from Afghanistan is very insightful. One of my colleagues, Mohammad, a doctor who has worked at Boost Hospital since 2010 noted:

*'We are seeing double the usual numbers of patients in the feeding centre recently. Our main concern now is that we're running out of beds. At the moment, it's two families – one mother and one child – to every hospital bed. We work hard to be flexible, but we can only admit the sickest. This means*

*triaging patients is really important, and we make sure that those we can't admit are seen elsewhere in the hospital. Despite this, it is calm inside the feeding centre. Although many mothers are anxious, they are happy that they are here and that their children are receiving high quality medical care".*

Mohammed told me how the healthcare system has all but collapsed in Helmand, and people are now travelling from very far districts in the north of the province to reach MSF. These are journeys that can take well over three hours and that's very far when a child is very sick. The people who do reach MSF are the lucky ones. Many people arrive on foot.

Mohammed told me of a family who came from a town called Musa Qala, which was under Taliban control as far back as 2020, and from where only a few patients have ever reached us. Their story helps explain the crisis:

*The family were very poor and struggled to find food while the young mother was pregnant. This is the same for many families now – there are no jobs and everything in the market is very expensive. People also have very limited access to information on health, so when their child is severely sick, they sometimes don't know what to do or where to go. When the baby was born, the young mother became very weak and couldn't breastfeed her child. The little girl was malnourished from the very first day of her life. Although we treat many patients for around three weeks, this little girl has now been with us in the feeding centre for three months. She is still weak, but we hope she will improve with our care.*

Committee members, for years the healthcare system in Afghanistan has been underfunded, understaffed and under equipped and is reliant on foreign donors. One of the great risks for the health system there now is the risk of total collapse due to a lack of international support. The ripple effect of sanctions and other measures placed on Afghanistan's new government is being felt deeply nationwide. The country faces near economic and institutional collapse, including an inability to provide the most basic services and pay civil servant salaries. The banking sector is paralyzed, which prevents people from accessing their lifesavings and complicates even the delivery of humanitarian assistance. High rates of inflation are further increasing the strain on the majority of Afghans who routinely struggle just to survive. The United Nations stated in November 2021 that nearly 23 million people, or 55 per cent of the Afghan population, are estimated to be in crisis or experiencing emergency levels of food insecurity.

Policymakers and donors must prove that they are committed to preserving or improving the welfare of the Afghan people by ensuring that punitive measures taken against the Taliban regime and its members do not make an extreme humanitarian and socioeconomic situation much worse and potentially irreversible.

Thank you, I will pass to my colleague Frauke Ossig, Emergency Coordinator with MSF.

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