

Requesting Organization :	World Health Organization				
Allocation Type :	2017 - 2nd Reserve Allocation - Herat Hospital Renovation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Construction of Triage Area in Herat Regional Hospital				
Allocation Type Category :	Core activities				
OPS Details					
Project Code :		Fund Project Code :	AFG-17/3481/RA2/H/UN/6886		
Cluster :		Project Budget in US\$:	46,897.84		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/10/2017	Planned End Date :	31/03/2018		
Actual Start Date:	01/10/2017	Actual End Date:	31/03/2018		
Project Summary :	As part of Mass Casualty Management (MCM) preparedness plan in the province of Herat, this project proposes to construct a much-needed triage area near the entrance gate of the Herat Regional Hospital. This will allow proper space for effective and efficient triage (classification) of victims in future mass casualty events and will allow prioritization of casualties and delivery of service to those in need of life-saving interventions.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	24,347	22,001	16,860	15,750	78,958
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	15,424	14,364	11,439	10,982	52,209
Refugees	8,923	7,637	5,421	4,768	26,749
Indirect Beneficiaries :					
Indirect beneficiary include host community Men: 72320 Women: 66756 Boys: 51889 Girls: 49564					
Catchment Population:					
436,300 in the district of Herat City which utilizes Herat Regional Hospital as the sole referral facility in trauma care.					
Link with allocation strategy :					
The project is linked to objective 1 of Health Cluster HRP plan: Ensure access to emergency care, effective trauma care and mass casualty management for shock affected populations. The allocation strategy for this project is developed to achieve the four objectives of HRP 2017 1. Immediate humanitarian needs of shock affected populations are met. 2. Lives are saved by ensuring access to emergency health and protective services and respect for International Humanitarian Law. 3. The impact of shock induced acute vulnerability is mitigated in the medium term 4. Humanitarian conditions in hard-to-access areas of Afghanistan are improved.					
Sub-Grants to Implementing Partners :					
	Partner Name	Partner Type	Budget in US\$		

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
World Health Organization	5,000.00
	5,000.00

Organization focal point :

Name	Title	Email	Phone
Dr Dauod Altaf	Acting Team Leader Emergency Health	altafm@who.int	0782200342
Hadi Khosbeen	Financial Assistance	khosbeenh@who.int	0782200364
Mamraj Sharma	Administrative Officer	sharmam@who.int	078585777

BACKGROUND**1. Humanitarian context analysis**

Afghanistan has one of the longest protracted emergencies with increasing severity from conflict. It also remains exposed to frequent natural disasters and the resulting mass population movement. The conflicts have had direct impact on the health status of affected populations, both physically and mentally, as they affect the ability and capacity of health care service to provide life-saving provision. The same geographical areas affected by conflict are regularly exposed to natural disasters (Hazards) and having highly vulnerable population with limited access (White areas) to basic services and inadequate capacity to face the crisis. This makes the population in those areas at a very high risk for weapon wounds, injuries due to natural disasters, outbreaks of infectious diseases, maternal and childhood diseases and mental health problems.

While Herat had been a relatively peaceful province, the recent upsurge of violence and conflict in the region has significantly impacted the security in Herat, including the capital city. In the last two months 3 major suicide attacks shook the city with hundreds of civilian casualties resulted. The recent attack inside a mosque left over 30 dead and around 100 injured. Herat Regional Hospital (HRH) located in the center of Herat City is not only covering for Herat Province but as regional center is serving four provinces including Ghor, Badghis and Farah as some of the most conflict affected high priority area bringing hundreds of weapon wounded referrals to the hospital. The hospital delivers specialized tertiary level health services to the people of Herat, Badghis, Ghor, Farah and Nimroz provinces. The Hospital was initially designed for 200 beds. In view of the mounting needs it was later extended to 400 beds and as then further expanded to 650 beds. The hospital, on average, receives between 1000-1500 OPD and IPD patients per day. While ideally the bed occupancy should be kept around 75-80% in order to maintain a high level of preparedness for any incident when large number of patients may need to be served, the bed occupancy rate in the hospital has continuously remained above 100%. In most cases, it has been more than 120%.

Mass casualty Management (MCM) initiative was introduced and plan was developed in 2015. The plan has been reviewed in 2016 in Herat city and again reviewed in Kabul in May 2017. Both revisions realize that MCM plan was not implemented properly in Herat Regional Hospital as it was planned. And gaps were identified in regards to space, equipment/supplies, OPD management, emergency room structure, staff rotation, human resources, linkage with relevant departments such as (blood bank, Herat ambulance) and other sectoral partners. Based on the latest MCM plan review and in the aftermath of the recent mosque attack in the city and simultaneous visit of the HC to Herat, the establishment of a triage area in the hospital was identified as complimentary to ongoing efforts to strengthen the preparedness and response capacity of the Regional Hospital to mass casualty incidents. Thus, WHO in consultation with the PHD and HRH assessed has designed a plan for establishment of a triage area in the hospital.

2. Needs assessment

While Herat had been a relatively peaceful province, the recent upsurge of violence and conflict in the region has significantly impacted the security in Herat, including the capital city. In the last two months 3 major suicide attacks shook the city with hundreds of civilian casualties resulted. The recent attack inside a mosque left over 30 dead and around 100 injured. Herat Regional Hospital (HRH) located in the center of Herat City is not only covering for Herat Province but as regional center is serving four provinces including Ghor, Badghis and Farah as some of the most conflict affected high priority area bringing hundreds of weapon wounded referrals to the hospital. The hospital delivers specialized tertiary level health services to the people of Herat, Badghis, Ghor, Farah and Nimroz provinces. The Hospital was initially designed for 200 beds. In view of the mounting needs it was later extended to 400 beds and as then further expanded to 650 beds. The hospital, on average, receives between 1000-1500 OPD and IPD patients per day. While ideally the bed occupancy should be kept around 75-80% in order to maintain a high level of preparedness for any incident when large number of patients may need to be served, the bed occupancy rate in the hospital has continuously remained above 100%. In most cases, it has been more than 120%.

3. Description Of Beneficiaries

The Triage area which is basically designed to serve the initial in-hospital stabilization and triage of victims of mass casualty incidents. Additionally, under normal conditions the area could be used for waiting area of OPD patients and those relatives attending the IPD patients. While the number of mass casualties including traffic accidents in the hospital could be estimated around 3000 per year, there would be an average of 3000 OPD patients and IPD attendants using the waiting area.

4. Grant Request Justification

Mass casualty Management (MCM) initiative was introduced and plan was developed in year 2015. The plan has been reviewed in 2016 in Herat city and again reviewed in Kabul in May 2017. Both reviews realized that MCM plan was not implemented properly in Hospital as it was planned. Gaps were identified in regards to space, equipment/supplies, OPD management, emergency room structure, staff rotation, human resources, linkage with relevant departments such as (blood bank, Herat ambulance) and other sectoral partners. While the mass casualty plan is mainly focusing the space, equipment, capacity building and availability of essential staff as major considerations, given the size of the hospital with huge number of weapon wounded patients received from 5 provinces mostly affected by conflict the hospital need space for triage area. For the time being, the hospital do not have that space as under often harsh climatic conditions (hot in summer and cold in winter) the patients could not be triaged in open area and mostly they are rushed to emergency ward with limited space and beds. The triage area will allow adequate space and protection from sun and rain while provide the space for effective and efficient stabilization and triage of the mass casualty incidents.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

- provide space for triage of mass casualty incidents
- ensure effective trauma care and mass casualty management for shock affected population

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people	2017-SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law.	100

Contribution to Cluster/Sector Objectives : The triage area will allow adequate space and protection from the sun and rain while it will provide the space for effective and efficient stabilization and triage of the mass casualty incidents. This is in line with ensuring effective trauma care service and mass casualty management for shock affected populations including those affected by conflict.

Outcome 1

The outcome will be a safe and operational space for stabilization and triage of mass casualty incidents leading the effective life saving trauma care services to weapon wounded patients.

Output 1.1

Description

2000 wounded will receive effective trauma care services at the hospital.

Assumptions & Risks

No deterioration in security situation and BPHS partners continue to provide inpatient services.
 Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
 Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
 The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
 Cultural barriers to women participation in the project activities
 In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
 The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	RA2- Number of provincial hospitals with mass casualty management plan and minimum response capacity					1

Means of Verification : Medical records

Indicator 1.1.2	HEALTH	Number of people receiving effective trauma care services.					150,000
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Means of Verification : Medical records

Indicator 1.1.3	HEALTH	RA2- Number of provincial hospitals with mass casualty management plan and minimum response capacity					1
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Means of Verification :

Activities

Activity 1.1.1

Pre-project assessment and architectural planning

Activity 1.1.2

Construction of Triage area.

Activity 1.1.3

Stock and supply triage area.

Additional Targets :

M & R

Monitoring & Reporting plan

Project will be monitored by standard WHO monitoring and reporting methodology on a monthly basis, which is consistent with Health Clusters and OCHA monitoring and reporting mechanism. Regular direct visits from regional focal points will be conducted to verify project activities on a quarterly basis to support reporting periods. During supervision, WHO focal point will assess performance of construction, discuss about their needs, and provide on-the-job training. The project team will use checklists and prepare a brief report after supervision and monitoring visits. Within each facility, the culture of supportive supervision will also be promoted.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Pre-project assessment and architectural planning	2017										X	X	
	2018												
Activity 1.1.2: Construction of Triage area.	2017											X	X
	2018	X	X										
Activity 1.1.3: Stock and supply triage area.	2017												
	2018		X	X									

OTHER INFO

Accountability to Affected Populations

WHO will focus on a systematic approach for identification of the prioritized needs of community; thus making the best efforts to reflect such intention while planning our activities in line with community's needs. The implementation parts of this objective can be achieved through active and meaningful involvement of community elders in assessing the needs, prioritizing and planning activities, and monitoring and evaluation of interventions. The most in need and vulnerable groups will be encouraged to participate in the process. Contact with Community health workers through the various health, nutrition, WASH and protection interventions including surveillance, capacity and awareness trainings ensure that they provide information to the community and religious leaders to sensitize them on the availability of these services. Awareness campaigns, education sessions and consultation contact time at health facilities would be utilized to communicate the necessary awareness creation among the beneficiaries. Feedback from clients will be collected through the implementation partners as well as during monitoring visits by the team.

Representatives from the community shuras, district governor's office and the provincial governor's office will be involved during the planning, implementation and monitoring stages.

Implementation Plan

Architectural drawing is being done at support a effective and efficient way for the triage area to support the hospital. Construction will take place immediately after approval of the project. Regular monitoring of the progress and standardized supplies will be implemented.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Public Health	PHD as line department representing MoPH at the provincial level, will help in site selection, develop coordination with all stakeholders including governor office, security department and agencies working in Health
Health Cluster	Coordination at national and provincial level, technical guidance and backstopping
BPHS/EPHS Implementing Agencies	Collaboration in the implementation of the referral system and the improvement of the health services in the province
OCHA	Conflict-induced IDPs/ undocumented returnees. Coordination in targeting beneficiaries.
ARCS and ICRC	Coordinated activities in trauma care

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

The project will address the needs of population affected by physical trauma and deprived of effective emergency trauma care facilities due to conflicts and inadequate capacity. Recently, children and women have become more vulnerable for trauma among the conflict affected population. Particularly children are affected by ERWs, pregnant and lactating women would face imminent threats due to their poor living conditions in the displaced location. This project will address the special needs of women and children in terms of emergency trauma care including first aid, stabilization and referral.

The needs assessment was done to identify the high risk areas for conflicts and the information gathered include the breakdown by age and sex distribution of war trauma cases and displaced population. Hence the interventions have been planned according to the need of males, females and children. For example, majority of the trauma cases are (63%) male adults; and around 37% are children (24% increase in 2016) and women thus the activities under trauma care will include the supplies that are specially needed for females and children particularly the items under mass casualty management kits are specially includes clothes, equipment and supplies for females and children. Other standard kits also include necessary supplies for women and children. Training for female mental health staff and rehabilitation staff would be much emphasized. GBV training will be provided to men and women health care worker. GBV training will strengthen role of men in prevention of GBV.

Protection Mainstreaming

With the ongoing emergency intervention WHO has increased its best practices in protection of beneficiaries. The strictest confidentiality on caseloads and beneficiaries lists will be ensured. Additionally the use of protection check-list from PC, adapted to the intervention in the 16 priority districts and 29 at risk districts will ensure the respect of the four key elements of Protection Mainstreaming.

The extended access that WHO enjoys in all provinces, including Herat will benefit people in hard-to-reach areas to be assisted with life-saving aid, creating a sphere of confidence that proved to be successful for reaching victims of gender-based violence or persons with disabilities (including mental health problems). Within the Protection Cluster WHO is participating to the development of an standardized training for GBV Treatment Protocol.

Moreover, the principle of "Do No Harm" will be ensured and WHO is committed to sustainable achievement to avoid the rupture of services for the people and to ensure the quality of the services delivered. The treatment of men, women and children will be done through appropriate trained staff and the presence of drugs will ensure the efficiency of the treatment. To ensure the Do No Harm principle, the training of the staff in remote areas will be done to stabilize and treat the patients and ensure a proper referral. Persons with disabilities and elders will be treated by the health workers and referred with the escort person to the health facilities if necessary through the referral system

Country Specific Information

Safety and Security

WHO provides security measures according to the Minimum Operating Security Standards (MOSS) and appropriate insurance conditions. Travel to sites is regulated and advised by security advisories obtaining at the time of visit to minimize risk associated with conflict and insecurity situations . WHO will maximize the opportunities that lie within the security management policies to take acceptable risks when warranted and use alternative methods to reduce risks.

Access

WHO has been considered as an impartial partner for health as regarded by the Afghan population. Additionally in conflict areas, health facilities and staff were preserved by both conflicting parties since they don't want to affect access to services. WHO will maximize the opportunities that lie within the security management policies to take acceptable risks when warranted and use alternative methods to reduce risks.WHO maintains a physical presence in the field offices where the project will be implemented with the field staff having access to all the health facilities. Many of the areas targeted in this project are accessible at provincial hospital and district hospitals. Any emerging problematic areas will be dealt with through the existing NGO working in that areas. WHO follows UN staff safety and security regulations.

There is not issue in term of access for the construction project

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Supplies, Commodities, Materials							
2.1	Supply and construction	D	1	43,829.76	1	100.00	43,829.76
	<i>Please see BoQ</i>						
	Section Total						43,829.76
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00

	NA										
	Section Total									0.00	
5. Travel											
NA	NA					NA	0	0.00	0	0	0.00
	NA										
	Section Total									0.00	
6. Transfers and Grants to Counterparts											
NA	NA					NA	0	0.00	0	0	0.00
	NA										
	Section Total									0.00	
7. General Operating and Other Direct Costs											
NA	NA					NA	0	0.00	0	0	0.00
	NA										
	Section Total									0.00	
SubTotal							1.00			43,829.76	
Direct										43,829.76	
Support											
PSC Cost											
PSC Cost Percent										7.00	
PSC Amount										3,068.08	
Total Cost										46,897.84	
Project Locations											
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name				
		Men	Women	Boys	Girls	Total					
Hirat -> Herat	100	24,347	22,001	16,860	15,750	78,958	Activity 1.1.1 : Pre-project assessment and architectural planning Activity 1.1.2 : Construction of Triage area. Activity 1.1.3 : Stock and supply triage area.				
Documents											
Category Name					Document Description						
Project Supporting Documents					SH.pdf						
Project Supporting Documents					SH.1.pdf						
Project Supporting Documents					sh2.pdf						
Project Supporting Documents					sh3.pdf						
Budget Documents					20170910-123943_BOQ.xlsx						
Grant Agreement					WHO - 6886 - Allocation Letter signed.pdf						