

Requesting Organization :	World Health Organization				
Allocation Type :	2022 2nd Reserve Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of Emergency Healthcare Services to the People Affected by Earthquake in Southeastern Afghanistan				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	AFG-22/3481/RA2/H/UN/23055		
Cluster :		Project Budget in US\$:	1,685,010.38		
Planned project duration :	12 Months	Priority:			
Planned Start Date :	01/09/2022	Planned End Date :	31/08/2023		
Actual Start Date:	26/09/2022	Actual End Date:	25/09/2023		
Project Summary :	<p>An earthquake of 5.9 magnitude occurred in the Southeastern Region of Afghanistan (Paktiya and Khost provinces) at 01:30 local time on 22 June 2022. An aftershock hit Giyan district of Paktika province at 10:00 on 24 June 2022. Most destruction, injuries and deaths have been reported in the districts Gayan, Ziruk and Barmal of Paktika province and the districts Spera and Shamal in Khost province. The latest information shows that at least 1,040 people have been killed and 2,949 were injured and are in need of essential healthcare services. As per latest information available 361,634 people are in need of support for health services living in isolated and hard-to-reach communities that were devastated by the earthquake (Annex 1). To complicate the situation further, affected provinces (Paktika and Khost) have shown an upward trend of AWD cases.</p> <p>To bridge the identified gaps in emergency healthcare delivery, with this project, WHO will provide trauma and emergency medical supplies to the main district, provincial and regional hospitals of the affected areas including Paktika (Giyān, Barmal, Urgun and Sharan districts), Khost (Spera and Matun districts), and Paktya (Gardez district) provinces. For better management of the referred cases, WHO will also provide essential biomedical and radiological equipment, and technical support for installation, inventory and maintenance of the equipment in the main referral hospitals of the south-eastern region (Khost PH, Gardez PH, and Paktika PH). Furthermore, 100 staff from the main hospitals of the target areas (DHs, PHs, and RHs) will be trained in Mass Casualty Management (MSM) and Trauma and Emergency Healthcare to improve the quality of the services, the training will be followed by WHO Emergency/Trauma Care Officer follow ups on completion of the MSM plans for the target hospitals. Moreover, this project will support 4 major blood banks of the region (one in each province) with refurbishment, provision of medical supplies and equipment.</p> <p>WHO will also support infectious diseases outbreaks detection, verification, and response activities through enhancing surveillance system by provision of medical supplies and deployment of Surveillance Support Teams (SSTs). 12 SSTs (2 in each target district) will be deployed to earthquake affected six districts (Giyān, Barmal, Urgun and Sharan districts in Paktika province and Spera and Matun districts in Khost province) for early detection, investigation, and response to the outbreaks. Furthermore, as a part of response to communicable diseases outbreaks, case management kits and lab diagnostic kits will be provided to the main referral laboratories and hospitals. Case management of the severe cases of infectious diseases will be supported through the provision of full support to the infectious disease ward of Paktia Regional Hospital for 5 months.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	50,750	36,250	29,000	29,000	145,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	49,735	35,525	28,420	28,420	142,100
Internally Displaced People	1,015	725	580	580	2,900
Indirect Beneficiaries :					

At least 361,634 people affected by the earthquake will indirectly benefit from the project interventions which includes:

- Household members of the direct beneficiaries
- People living in the areas affected by the earthquake

Catchment Population:

Link with allocation strategy :

All of the proposed activities are in line with the Humanitarian Response Plan for 2022 and its strategic objective 1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce motility and morbidity.

In addition, the proposed activities are linked with the health cluster bellow eligible activities of the AHF 2nd Reserve Allocation for 2022 and their relevant locations:

- Supporting trauma care services will be done by provision of needed medical supplies, equipment, capacity building to the main hospitals and blood banks int the region- Paktika (Giyān, Barmal, Urgun and Sharan districts), Khost (Spera and Matun districts), and Paktya (Gardez district)
- Infectious disease outbreak response will be supported deploying SSTs, provision of needed medical supplies and kits to the main hospitals and laboratories, and supporting Infectious Disease Ward of the Paktiya Regional Hospitals- (Giyān, Barmal, Urgun and Sharan districts in Paktika province and Spera and Matun districts in Khost province)
- Emergency medical kits will be procured and provided to the main health facilities of Paktiya, Paktika, and Khost provinces.

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

Organization focal point :

Name	Title	Email	Phone
Dr Alaa AbouZeid	WHE Team Leader	abouzeida@who.int	+93783961828
Mr. Mohamed Kakay	External Relations and Partnership Team Lead	Kakaym@who.int	+12153078760

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

Following the earthquake in Paktia and Khost provinces on 22 June 2022, WHO visited hospitals in Khost, Paktiya and Paktika who were receiving trauma cases, to identify any immediate needs for support. While 2,989 patients were reported injured, despite initial concerns of a high number of severe cases, only a smaller proportion required inpatient care and surgical treatment. These cases were well absorbed by the regional and provincial hospitals, with a few patients referred to Kabul. Therefore the level of support required for physical rehabilitation services, occupational health and prostheses was much lower than anticipated. However, staff have requested support for further training in the management of severely injured patients in case of future events, and in improving management of a large influx of wounded patients. Consistent with other regions of Afghanistan, the overall skill level of healthcare staff in trauma cases management remains low. WHO staff visually inspected the emergency areas and inpatient services, and the condition of existing key biomedical equipment. Specific needs as each hospital were identified for biomedical equipment. All facilities reported issues with correct installation of equipment and maintenance, consistent with observations of WHO staff.

Besides the endemic diseases (measles, CCHF, malaria, and others), outbreaks of Acute watery diarrhea, Anthrax, Brucellosis, Cholera, dengue fever, Diphtheria, viral gastroenteritis, Hepatitis E, Plague, Q fever, shigellosis, varicella, and most recently, coronavirus disease (COVID-19) have been reported in the last years in Afghanistan. Since Jan 2022, the national disease surveillance and response (NDSR) system has detected and responded to more than 400 infectious disease outbreaks. Despite the continued efforts made to early detect, and timely respond to those outbreaks, yet rapid response remains a main challenge given the extensive and complex humanitarian crisis worsened by political and economic instability and a severely weakened health system. The earthquake coupled with the flash floods further complicates the situation and increased the possibility of communicable diseases outbreaks due to due to the lack of sufficient shelter, basic operational utilities (electricity, fuel), safe drinking water and basic sanitation services. In the earthquake affected provinces (Paktika and Khost), an upward trend of AWD cases has been observed. Between 25 June and 23 July 2022, a total of 2,214 AWD cases were reported in three districts (Giyān and Barmal in Paktika province, and Spera in Khost province). Samples were collected from 34 cases and RDTs were conducted, among which 17 cases were positive (positivity rate= 50.0%). (Annex 1)

3. Description Of Beneficiaries

4. Grant Request Justification

An earthquake of 5.9 magnitudes occurred in the Southeastern Region of Afghanistan (Paktiya and Khost provinces). Most destruction, injuries and deaths have been reported in the districts Gayan, Ziruk and Barmal of Paktika province and the districts Spera and Shamal in Khost province. It was estimated that there are around 361,634 people and 4,543 homes affected by the earthquake. The affected people

are in need of emergency lifesaving healthcare of different levels: trauma and emergency healthcare services, provision of essential medical supplies and equipment to the leading referral hospitals, and control of communicable disease outbreaks.

WHO supports 150 facilities providing trauma care across Afghanistan. The south-eastern region is at risk of further natural disasters (earthquake, flooding, landslide) and man-made disasters such as terrorist attacks. This project will improve capacity in the south-eastern region to respond to higher numbers of patients especially severe/critical cases. Specific training in emergency care and mass casualty management will improve case management in accordance with WHO guidelines. Biomedical equipment requires correct installation and maintenance for safety and longevity of donated items. This project will also support access to safe blood transfusion for trauma and emergency cases.

The affected areas have already reported cases of AWD and other communicable diseases. Outbreaks of measles, COVID, malaria, typhoid, hepatitis A and acute respiratory infections are a significant risk for the population due to the lack of sufficient shelter, basic operational utilities (electricity, fuel), safe drinking water and basic sanitation services. Due to the poor living conditions, preventive and control measures need to be put in place. As health priorities shift after an earthquake, health service delivery needs to adapt from the initial treatment of earthquake related injuries to more general health needs. Preparedness is required to address health needs in the medium to longer term. The impact after an earthquake on health is particularly heavy on women, children, the elderly, the disabled, and rural communities. This project will focus on preventing further morbidities and mortalities in the most affected communities through providing a comprehensive and holistic approach to the delivery of emergency healthcare services. WHO under this grant will be focusing on provision on emergency healthcare services and building the capacity of the main health facilities for responding the urgent needs and preparing for the future possible disaster.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Prevention of avoidable mortality and morbidity among the people affected by earthquake in Southeastern Afghanistan by improving access to emergency healthcare services

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2022 HRP Health Outcome 1.1: Increased and equitable access to life-saving emergency health services among vulnerable populations, particularly children under five and Pregnant and Lactating Women (PLW).	SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.	33.3
2022 HRP Health Outcome 3.1: Improved availability and access to physical rehabilitation services, for the people with disability	SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.	33.3
2022 HRP Health Outcome 1.3: Improved access to gender sensitive primary and reproductive health, and trauma care services, psychosocial support, prevention and response to communicable diseases outbreaks among IDPs, returnees, conflict affected and underserved populations	SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.	33.4

Contribution to Cluster/Sector Objectives : This project will specifically contribute to achieving the HRP Outcome 1.1 "Increased and equitable access to lifesaving emergency health services among vulnerable populations, particularly children under 5 and pregnant and lactating women (PLW)"; Outcome 3.1 "Improved availability and access to physical rehabilitation services for the people with disability"; and Outcome 1.3 "Improved access to gender sensitive primary and reproductive health, and trauma care services, psychosocial support, prevention and response to communicable disease outbreaks among IDPs, returnees, and conflict affected individuals. And Strategic Objective 1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce motility and morbidity. Thus, the interventions respond to the most acute needs identified in the Humanitarian Response Plan 2022 through provision of life-saving humanitarian assistance to conflict affected and most vulnerable under-served populations.

Outcome 1

Reduced mortality and morbidity and improving health outcomes of the individuals affected by earthquake in southeastern region of Afghanistan

Output 1.1

Description

Increased access of the people affected by the earthquake in Southeastern region of Afghanistan to emergency healthcare by provision of medical supplies and support to trauma care services

Assumptions & Risks

Assumptions

- The proactive participation of local communities and stakeholders to ensure a smooth running of health activities is promoted.
- Security situation remains the same in the targeted areas Modification MR1, MR2 and MR3:
- Sufficient cash is available to pay staff salaries and implementing partners.

Risks

- Attacks against health facilities and health workers continue to be a major risk, especially when working in areas of conflict.
- Displacement due to on-going conflict as well as unexpected massive influx will stretch the existing capacities and could have human rights implications. Overall, it is assumed that displacement trends and natural disaster emergencies remain at the same level as last year.
- Women, in particular, due to lack of access to information, are not involved in decision-making and healthcare, and as women and children are increasingly the victims of conflict-related violence, it is crucial to develop specific strategies. The latter includes gaining physical access to women and children primarily via other women (i.e. through female CHW).
- New government structures on local level are not entirely defined, which can lead to lack of ownership, conflict of power and subsequently, fraudulent activities (looting, deviation of funds).
- Lack of alignment and lack of coordination between different actors
- Lack of cash available in the country stops the Partners in delivering services to the beneficiaries.
- Sexual harassment and abuse lead to harm the beneficiaries which will affect WHO operations and WHO reputation.
- Downstream partners do not comply with WHO standards when providing services to beneficiaries
- Medical supplies procured by the Partners do not comply with WHO requirements.
- The Partners do not deliver to the beneficiaries the health services as per contracted scope of services.
- Political instability and governmental fragility to support the delivery of health services in the country.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	# of trauma cases treated	13,000	7,000	2,500	2,500	25,000

Means of Verification : DHIS2, WHO TCS system

The target for this indicator is estimated based on the WHO TCS dashboard historical data

Indicator 1.1.2	HEALTH	# of health personnel trained	50	50			100
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Means of Verification : # of healthcare workers trained in trauma and emergency topics

Indicator 1.1.3	HEALTH	Number of blood banks supported with refurbishment, equipment, and consumables					4
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Means of Verification : Project progress and final reports, monitoring reports

Indicator 1.1.4	HEALTH	Number of hospitals receiving biomedical equipment and technical engineer support					4
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Means of Verification : Project progress and final reports, monitoring reports

Indicator 1.1.5	HEALTH	# of patient receiving blood transfusion services	2,500	1,500	500	500	5,000
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Means of Verification : WHO HIM, project progress and final reports, DHIS2

The target for this indicator is estimated based on National Blood Bank historical data

Indicator 1.1.6	HEALTH	# of standard emergency medical kits distributed to the health facilities of the affected areas					332
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Means of Verification : Hospitals inventory, WHO Inventory system, utilization reports

Indicator 1.1.7	HEALTH	# of individuals benefited from the provided medical supplies	25,000	35,000	20,000	20,000	100,000
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Means of Verification : Delivery notes, monitoring visit reports, project completion reports

Activities

Activity 1.1.1

Standard Activity : Provide support to trauma care services through strengthening the capacity of trauma care facilities (e.g. Provision of supplies, staff capacity building, establishment of triage and isolation areas)

Provision of essential biomedical and radiological equipment; and technical engineering support for installation, maintenance, set-up of inventory system for the equipment of the major hospitals (Khost, PH, Gardez RH, and Paktika PH) located in SER Afghanistan.

The below actions will be undertaken to ensure proper installation and functionality of the equipment:

- Provision of biomedical and radiological equipment to the target hospitals for improving emergency care services
- The hired biomedical engineer will visit the target hospitals regularly to support correct installation of donated and existing biomedical stock, update/create inventory and support hospital focal point with maintenance activities and schedule
- Installation and maintenance of some of the biomedical equipment which were provided before for responding to the earthquake to ensure ongoing correct function

Activity 1.1.2

Standard Activity : Customized Activity

Supporting 4 major blood banks of SE region (one in each province) with necessary medical equipment and refurbishment

- 4 major hospitals from Paktiya, Paktika, and Khost will be supported
- For each blood bank the following activities will be performed, reorganisation of laboratory workspace, provision of essential biomedical equipment and blood bank consumables, simple refurbishment of blood bank laboratory and blood donation rooms to improve services and infection control

Activity 1.1.3

Standard Activity : Provide support to trauma care services through strengthening the capacity of trauma care facilities (e.g. Provision of supplies, staff capacity building, establishment of triage and isolation areas)

Frontline and managerial staff training in mass casualty management, emergency and trauma care
 - Target audience: Khost, PH, Gardez RH, and Paktika PH, 8 District hospitals (Paktika: Urgon DH, Khairkot DH; Paktiya: Zazi-Aryouob DH Samkani DH, Zurmat DH; CHCs receiving trauma cases
 - Delivery of MCM training for a total of 48 staff, and Emergency Trauma Care for 52
 - Support to each facility for completion of mass casualty plan: follow up from WHO country office emergency/trauma support officer

Activity 1.1.4

Standard Activity : Customized Activity

Provision of medical kits for covering the additional load of patients in the target health facilities
 - provision of 63 PED-SAM kits which is designed to cover 50 patients with basic health needs
 - provision of 64 NCD kits, one NCD kit is designed to respond to emergency health needs of 2,500 individuals
 - provision of 205 TESK kits, one TESK is designed to cover the emergency trauma care needs of 50 individuals

Output 1.2

Description

Infectious diseases outbreaks are early detected, timely investigated and rapidly responded in the earthquake affected areas

Assumptions & Risks

Assumptions

- The proactive participation of local communities and stakeholders to ensure a smooth running of health activities is promoted.
- Security situation remains the same in the targeted areas Modification MR1, MR2 and MR3:
- Sufficient cash is available to pay staff salaries and implementing partners.

Risks

- Attacks against health facilities and health workers continue to be a major risk, especially when working in areas of conflict.
- Displacement due to on-going conflict as well as unexpected massive influx will stretch the existing capacities and could have human rights implications. Overall, it is assumed that displacement trends and natural disaster emergencies remain at the same level as last year.
- Women, in particular, due to lack of access to information, are not involved in decision-making and healthcare, and as women and children are increasingly the victims of conflict-related violence, it is crucial to develop specific strategies. The latter includes gaining physical access to women and children primarily via other women (i.e. through female CHW).
- New government structures on local level are not entirely defined, which can lead to lack of ownership, conflict of power and subsequently, fraudulent activities (looting, deviation of funds).
- Lack of alignment and lack of coordination between different actors
- Lack of cash available in the country stops the Partners in delivering services to the beneficiaries.
- Sexual harassment and abuse lead to harm the beneficiaries which will affect WHO operations and WHO reputation.
- Downstream partners do not comply with WHO standards when providing services to beneficiaries
- Medical supplies procured by the Partners do not comply with WHO requirements.
- The Partners do not deliver to the beneficiaries the health services as per contracted scope of services.
- Political instability and governmental fragility to support the delivery of health services in the country.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of communicable disease cases referred to lab, investigated and confirmed	5,880	6,120	1,470	1,530	15,000
Means of Verification : Lab surveillance reports, DHIS2, project reports, monitoring reports							
Indicator 1.2.2	HEALTH	Number of outbreaks detected and responded to					30
Means of Verification : NDSR Reports							
Indicator 1.2.3	HEALTH	# of SSTs deployed to the high risk areas					12
Means of Verification : NDSR reports, SSTs records							
Indicator 1.2.4	HEALTH	Percentage of affected people who state that the assistance, services and/or protection provided correspond to their needs					90
Means of Verification : Beneficiary Satisfaction Survey, accountability and feedback records/reports							
Indicator 1.2.5	HEALTH	# of health personnel trained	18	6			24
Means of Verification : Training reports,							

Activities

Activity 1.2.1

Standard Activity : Strengthen infectious diseases outbreak preparedness and response (e.g. establish RRTs, support disease surveillance, provision of diagnostic and treatment kits, RCCE including printing/distribution of IEC materials and awareness campaigns, etc.)

Deployment of 12 Surveillance Support Teams (SSTs) in the districts affected by the earthquake
 There is a need to capacitate the NDSR with SSTs in the 6 affected districts of 2 provinces (Paktika and Khost) to support the outbreak investigation and response.
 - Deployment will start with the start of the project and will last for the 8-month duration of the project.
 -12 SSTs (2 per district composed of 2 members each, epi focal point, and lab focal point) will be responsible for supporting timely epidemiological investigation and response to infectious disease outbreaks.
 - These SSTs will be supported for the operational costs covering communication, transportation, capacity building workshops, trainings, logistics and supplies.

Activity 1.2.2

Standard Activity : Customized Activity

Provision of case management kits and lab kits for priority infectious diseases

- Procurement process will be done around the project year and with respect to the seasonality of different infectious diseases.
- Stocks of lab reagents and testing kits: Provision of RDTs, ELISA kits, PCR kits, VTMs, and other required supplies for priority infectious diseases including but not limited to cholera, HBV and CCHF.
- Stocks of medicines: Ensuring sufficient quantities of case management kits for epidemic prone infectious diseases including measles, and rabies.
- These supplies will be provided to the RHs in the 2 target provinces (Paktika and Khost).

Activity 1.2.3

Standard Activity : Not Selected

Support the cases management through provision of operational support to the infectious disease ward of Paktia RH. This activity will be conducted through implementing partners (IP).

"Selection of non-state actors are contingent upon the successful due diligence and risk assessment as per the Framework for Engaging Non-State Actors"

Role of WHO

- The WHO Afghanistan Country Office will be holding consultations on the ground to identify the best suitable partner to deliver these services at the target locations.
- Monitoring the implementation of the project through different WHO monitoring mechanisms
- Collecting regular technical and financial reports from the implementing partners.
- Technically reviewing, and providing feedback on the project implementation
- Provision of any additional medical supplies and equipment, when needed as per the WHO mandate
- Provision of technical advice for the better project implementation when required
- Provision of capacity building opportunity for the implementing partner if needed

Under this project, NGO will be selected adhering to the above-mentioned process to implement the following specific activities:

- Provision of food and non-Food Items supplies (e.g., fuel) and running costs of infectious disease wards in regional/provincial hospitals.
- Improve health care waste management of the infectious disease wards in the target regional hospital.

Activity 1.2.4

Standard Activity : Customized Activity

Conducting beneficiaries satisfaction survey

This survey will be used to adapt services over the course of the intervention in line with patient feedback. It will be conducted by the health facility staff approaching care takers in the health facility, and the data collected will be analyzed and shared on a monthly basis for review and integration into programming.

"Selection of non-state actors are contingent upon the successful due diligence and risk assessment as per the Framework for Engaging Non-State Actors"

Additional Targets :

M & R

Monitoring & Reporting plan

To ensure oversight and close monitoring of the project, WHO and the Afghan Health Authorities will conduct monitoring visits to the key project sites. These will be scheduled ensuring that key officials, community health shuras, civil society members, and influential community members will be present for monitoring and coordination meetings, to discuss and gather feedback on project implementation. Targeted communities will also be engaged to discuss the project. To ensure transparency, gather feedback/complaints and offer further information to populations and communities, this project will explore linking with AWAAZ Afghanistan, a country-wide call center that is currently used across predominantly humanitarian programming and is hosted under UNOPS. WHO has started the bidding and recruitment process for the implementation of TPM to all activities under its Health Emergency Program in Afghanistan, once in place reach would extend to the activities proposed here.

Besides regular data collection from the health facilities by different WHO platforms, the project activities will also be monitored using WHO regional offices and WHE focal points in southeastern region. Reporting via the sub-national teams will take place on a quarterly basis and aside quarterly program meetings aiming to review the implementation process. This will allow timely interventions should support be needed. Specific missions will be undertaken by WHO Kabul staff to project areas to monitor implementation. Monthly consumption reports will be collected from the health facilities and NGOs that receive WHO provided medical supplies and kits through a standard reporting format. WHO also provides monthly updates on beneficiaries, locations and general progress regarding all its humanitarian health projects to the report-hub platform.

Besides, for the health facilities support for provision of trauma care services, WHO collects monthly data from all the health facilities throughout the country via an online system. Monthly Trauma Care dashboards trauma care dashboards are published. Surveillance data are reported on a daily basis by 159 surveillance sentinel sites throughout the country.

Regarding reporting on the proposed activities, WHO will provide quarterly midterm reports and a final narrative report within 60 days of the end of the project implementation period. Given the operating context in Afghanistan, risk management and mitigation strategies are central to project management across all UN programs. Key risks and mitigation measures relating to this project's implementation will be discussed and adjusted on a monthly, or ad hoc basis, as needed. Bi-annually, the risk matrix will be more formally reviewed.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of essential biomedical and radiological equipment; and technical engineering support for installation, maintenance, set-up of inventory system for the equipment of the major hospitals (Khost,PH, Gardez RH, and Paktika PH) located in SER Afghanistan. The bellow actions will be undertaken to ensure proper installation and functionality of the equipment: - Provision of biomedical and radiological equipment to the target hospitals for improving emergency care services - The hired biomedical engineer will visit the target hospitals regularly to support correct installation of donated and existing biomedical stock, update/create inventory and support hospital focal point with maintenance activities and schedule - Installation and maintenance of some of the biomedical equipment which were provided before for responding to the earthquake to ensure ongoing correct function	2022									X	X	X	X
	2023	X	X	X	X	X	X	X	X				
Activity 1.1.2: Supporting 4 major blood banks of SE region (one in each province) with necessary medical equipment and refurbishment - 4 major hospitals from Paktya, Paktika, and Khost will be supported - For each blood bank the following activities will be performed, reorganisation of laboratory workspace, provision of essential biomedical equipment and blood bank consumables, simple refurbishment of blood bank laboratory and blood donation rooms to improve services and infection control	2022									X	X	X	X
	2023	X	X	X	X	X	X	X	X				
Activity 1.1.3: Frontline and managerial staff training in mass casualty management, emergency and trauma care - Target audience: Khost,PH, Gardez RH, and Paktika PH, 8 District hospitals (Paktika: Urgon DH, Khairkot DH; Paktya: Zazi-Aryouob DH Samkani DH, Zurmat DH; CHCs receiving trauma cases - Delivery of MCM training for a total of 48 staff, and Emergency Trauma Care for 52 - Support to each facility for completion of mass casualty plan: follow up from WHO country office emergency/trauma support officer	2022									X	X	X	
	2023												
Activity 1.1.4: Provision of medical kits for covering the additional load of patients in the target health facilities - provision of 63 PED-SAM kits which is designed to cover 50 patients with basic health needs - provision of 64 NCD kits, one NCD kit is designed to respond to emergency health needs of 2,500 individuals - provision of 205 TESK kits, one TESK is designed to cover the emergency trauma care needs of 50 individuals	2023	X	X	X	X	X	X	X	X				
	2022									X	X	X	X
Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs) in the districts affected by the earthquake There is a need to capacitate the NDSR with SSTs in the 6 affected districts of 2 provinces (Paktika and Khost) to support the outbreak investigation and response. - Deployment will start with the start of the project and will last for the 8-month duration of the project. -12 SSTs (2 per district composed of 2 members each, epi focal point, and lab focal point) will be responsible for supporting timely epidemiological investigation and response to infectious disease outbreaks. - These SSTs will be supported for the operational costs covering communication, transportation, capacity building workshops, trainings, logistics and supplies.	2022									X	X	X	X
	2023	X	X	X	X								
Activity 1.2.2: Provision of case management kits and lab kits for priority infectious diseases - Procurement process will be done around the project year and with respect to the seasonality of different infectious diseases. - Stocks of lab reagents and testing kits: Provision of RDTs, ELISA kits, PCR kits, VTMs, and other required supplies for priority infectious diseases including but not limited to cholera, HBV and CCHF. - Stocks of medicines: Ensuring sufficient quantities of case management kits for epidemic prone infectious diseases including measles, and rabies. - These supplies will be provided to the RHs in the 2 target provinces (Paktika and Khost).	2022									X	X	X	X
	2023	X	X	X	X	X	X	X	X				

<p>Activity 1.2.3: Support the cases management through provision of operational support to the infectious disease ward of Paktia RH. This activity will be conducted through implementing partners (IP). "Selection of non-state actors are contingent upon the successful due diligence and risk assessment as per the Framework for Engaging Non-State Actors" Role of WHO - The WHO Afghanistan Country Office will be holding consultations on the ground to identify the best suitable partner to deliver these services at the target locations. - Monitoring the implementation of the project through different WHO monitoring mechanisms - Collecting regular technical and financial reports from the implementing partners. - Technically reviewing, and providing feedback on the project implementation - Provision of any additional medical supplies and equipment, when needed as per the WHO mandate - Provision of technical advice for the better project implementation when required - Provision of capacity building opportunity for the implementing partner if needed Under this project, NGO will be selected adhering to the above-mentioned process to implement the following specific activities: - Provision of food and non-Food Items supplies (e.g., fuel) and running costs of infectious disease wards in regional/provincial hospitals. - Improve health care waste management of the infectious disease wards in the target regional hospital.</p>	2022																		X	X	X	X	
	2023	X																					
<p>Activity 1.2.4: Conducting beneficiaries satisfaction survey This survey will be used to adapt services over the course of the intervention in line with patient feedback. It will be conducted by the health facility staff approaching care takers in the health facility, and the data collected will be analyzed and shared on a monthly basis for review and integration into programming. "Selection of non-state actors are contingent upon the successful due diligence and risk assessment as per the Framework for Engaging Non-State Actors"</p>	2022																			X	X	X	X
	2023	X																					

OTHER INFO

Accountability to Affected Populations

During the project planning phase, WHO field offices collaborate closely with health committees at the provincial and health councils at local levels to seek inputs on the affected population's priority health needs in the areas of intervention. WHO will also focus on a systematic approach for identifying priority health needs through analyzing the weekly surveillance data which is collected via 519 sentinel sites all over the country. Community health workers will operationalize AAP throughout the proposed health interventions including through Community-Event Based Surveillance (CEBS) ensuring that essential information is provided to the community and religious leaders and sensitizes them on the availability of health services offered by WHO and seek their feedback that will inform project implementation. Throughout implementation, AHF-supported facilities will be closely monitored by community health shuras (councils), civil society organizations, organizations representing people with disabilities, and representative bodies of other marginalized groups to improve service quality, relevance and equitable access of health services. Community elders are involved in assessing the needs, prioritizing and planning activities, and monitoring and evaluation of interventions. Other channels to exchange information with communities will include daily awareness campaigns and morning education sessions informed by AAP approved tools. Complaints from beneficiaries will be handled with full transparency/ confidentiality through local community, regional WHO focal point, Provincial NDSR officers, national WHO focal point and Health Cluster partners. Besides conducting beneficiary satisfaction surveys, feedback from beneficiaries will be collected through NDSR focal points, during monitoring visits of the WHO national and sub-national staff, health cluster, NGOs, and community health workers. BPHS/EPHS implementers must have a complaints mechanism with a dedicated focal point and contact number, to receive confidential complaints. Project participants who don't want to submit complaints at facilities also can contact the regional and national WHO focal points, Health Cluster staff and Awaaz. WHO and partner NGOs have MoUs/data sharing agreements with Awaaz, which commit to common approaches respecting data protection protocols for confidentiality. Awareness will be spread at the morning information, through EPR and Health Cluster meetings and during health promotion sessions at the community level. All activities are coordinated with Community Health Shuras where women have some representation. Since WHO has observed the trend of a reduction in women's presence and believes that hearing women's voices is a priority, WHO has started engaging with Family Health Action Groups. Community health shuras monitor health service delivery at the district and facility level, as well as facilitate public awareness on availability of services and ensuring access to services by all members of the community. Similarly, at the district level the Youth Shuras have a strong advocacy and accountability role toward health service provision and equal access. Health facility staff will be trained to hold conversations with people about proper hygiene practices, with a focus on inclusive service provision for people with disabilities and other marginalized groups. Facility staff and community health workers also will promote good hygiene practices. Health workers also will promote health-seeking behavior on COVID-19 and other diseases. One person will be responsible for community awareness on prevention and control of communicable diseases in the SSTs. This includes orientation/ sensitizing community leaders and health shuras on RCCE approaches and skills. Moreover, to ensure healthcare staff are discussing COVID-19 prevention measures, RCCE standard PDM questions will be integrated into the patient satisfaction survey.

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

Based on the WHO global mandate and commitment, WHO has full commitment in Gender, equity and Human Rights across all three levels (HQ, regional and country), including the use of the Inter-Agency Standing Committee (IASC) gender marker to grade all emergency projects. In the contexts of implementation, individuals and groups with diverse sexual orientations, gender identities and expressions, and sex characteristics face a range of complex and often unseen harms in crisis settings. These range from protection risks of violence and abuse to being overlooked during consultation when the protection and humanitarian needs of a crisis-affected population are identified, leading to exclusion from aid distributions that are based on traditional models of the family, refusal from gender-specific shelters or programming, and denial of their self-identification in registration processes.

Gender Equity and Human rights dimensions would be mainstreamed across project interventions. The focus would be on equitable leaving no one behind approach to address multiple vulnerabilities based on gender, age, ethnicity, and other social stratifications. Multiple levels of vulnerability including age and disability will be mainstreamed in the response considering the challenges to access of services specific categories face. In full recognition that the emergencies increase exposure to and flaring of harmful practices associated with discriminatory gender norms, case management and psychosocial support will allow for immediate protection and prevention and mitigation of GBV.

WHO is emphasizing to ensure there is a gender balance between participants at training courses, implementation of the projects in other to ensure that project assessments, planning, designing, implementing, monitoring, and evaluating can be performed with due consideration of gender equality. This project will involve all groups within the communities in decision making processes. Respecting community inputs fosters a stronger relationship between organizations and their beneficiaries while supporting the preservation of dignity and independence. Specific attention will be given to taking consideration privacy and confidentiality, which is particularly important in a setting like Afghanistan, especially when dealing and handling GBV cases.

Through WHO technical support Afghanistan was the first ever country developed and endorsed comprehensive GBV Treatment Protocol and implemented across the country and it is also worth mentioning that WHO established a national advanced GBV referral center in Kabul for severe and complicated cases of GBV, the center is receiving cases from all the 34 provinces of Afghanistan and providing the necessary psychosocial counseling and services.

In addition, WHO is also an active member of UN PSEA Task Force, follows its recommended protocol and has conducted capacity building sessions for WHO staff and all implementing partners. WHO also conducted the self-assessment of each implementing partner in PSEA to enable us to identify the gaps and provide required support. All members involved in this of this project are required to have a designated PSEA policy implementing within their organization's operating structure.

WHO regularly participates in PSEA task force meetings and supports implementing partners to ensure holistic PSEA systems are in place and maintained actively. WHO and implementing partners have signed and follow a code of conduct which describes the do not harm approach furthermore, PSEA is included in organizational structures. PSEA training is required for staff and dedicated focal points responsible for promoting PSEA and ensuring staff understands the reporting mechanism. WHO has a dedicated team working with IPs to strengthen PSEA systems.

Country Specific Information

Safety and Security

Access

WHO has been considered as an impartial partner for health as regarded by the Afghan population. WHO will maximise 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 and community training. Any emerging problematic areas will be dealt with through the existing NGO working in those areas. WHO follows UN staff safety and security regulations. WHO has its presence at district, provincial and regional level through polio officers, EPR committees and National Health Coordinators. At the wider UN level, all projects underlie the Programme Criticality Assessment (PCA), which determines when certain categories of activities are required to halt deliverables and/or movements to project sites, dependent on security restrictions and the criticality of services they provide.

The Programme Criticality (PC) for this programme would be determined during the next official UN Program Criticality Assessment exercise and during preparatory work immediately prior to the start of the intervention and handled by WHO, re-assessing as needed, dependent on shifts in the context. The majority of the health-related programmes fall under PC level 2 or 1, meaning activities are able to be carried out under a higher level of risk, with appropriate risk mitigation measures in place. WHO is already present in the areas they proposed to work in. During assessment and project design, WHO already has access and complementary with local authorities and BPHS implementer as well. During the assessment visits, WHO staff had meeting in different provinces with a wide range of actors such as HMIS officers, NGO workers, PPDH's, community elders, members of CDC's, Red Crescent representatives, etc. While WHO will be engaged in the project implementation via the implementing partners for all the activities of the project, WHO is fully aware of the security context prevailing in all locations selected and have local network in all these particular locations. Team selection will pay specific attention to hiring of locals having full access to specific locations of activity implementation. Since August 2021 WHO has access to all 34 provinces of the country and is able to deliver supply in any part of the country without any security constrains. In all circumstances, safety of our staff would be paramount. Although negotiating access will be an ongoing effort, when safety is compromise, staff will retreat and continue programme and monitoring remotely. As a mitigation effort, contingency plan for service provision outside of the conflict-affected districts in "safe zone" where population can walk to has also been part of the planning process.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Biomedical Engineer (G4)	D	1	1,875.00	12	100.00	22,500.00
	<i>A Biomedical Engineer with specific ToR based in Paktiya will be hired to supervise inventory, installation, repair and set-up of maintenance schedule for Medical Equipment in SE Region for main hospitals.</i>						

1.2	Blood Bank Support Officer (G1)	D	1	500.00	12	100.00	6,000.00
	<i>One Blood Bank expert officer based in Paktiya will be hired to support the correct installation of equipment and refurbishment of the four blood banks in the region.</i>						
1.3	Biomedical Technical Focal Point (incentive)	D	8	50.00	12	100.00	4,800.00
	<i>8 Biomedical Technical Focal Points (Two in each blood bank) will be provided with incentive throughout the project to support the maintenance of the blood banks, biomedical workshop, and inventory system in four hospitals.</i>						
1.4	Monitoring Officer (NOC)	D	2	7,688.00	12	20.00	36,902.40
	<i>20 percent level of efforts of Two Monitoring Officers (one at the National Level and one at the regional level), who will monitor the implementing of the project and ensure timely achievement of the project objectives and outcome including post-project monitoring- based in Kabul and Paktiya</i>						
1.5	Supply Chain Manager (P3)	D	1	15,594.00	12	15.00	28,069.20
	<i>15 percent level of efforts of the Supply Chain Manager based in Kabul will be responsible for evaluating suppliers, products, and services, negotiating contracts, and ensuring that approved purchases are cost-efficient and of high quality.</i>						
1.6	Admin and Finance Assisstant (G6)	S	1	4,469.00	12	25.00	13,407.00
	<i>25% level of efforts of one Admin and Finance Assistant based in Kabul will be overall responsible for administrative and financial procedures of the project, including contracting procedures, and provision certified financial reports.</i>						
1.7	Emergency Specialist (P4)	D	1	19,000.00	12	25.00	57,000.00
	<i>25% level of efforts of 1 Emergency Specialist based in Kabul who will be responsible for technical planning, implementation, and oversight the Trauma Care services activities including provision of medical supplies.</i>						
1.8	Epidemiologist (P4)	D	1	19,000.00	12	20.00	45,600.00
	<i>20% level of efforts of one Epidemiologist based in Kabul will be responsible for implementation and technically over sighting the surveillance activities of the project.</i>						
1.9	National Surveillance Officer (NOC)	D	1	7,688.00	12	20.00	18,451.20
	<i>20% level of effort of one National Surveillance Officer based in Kabul for technically implementation, field coordination, and technically oversighting the surveillance and SST activities</i>						
1.10	WHO Regional Focal Points (NoC)	D	1	7,688.00	12	15.00	13,838.40
	<i>15% level of efforts of the WHO Regional Focal Point in SER based in Paktiya who will be responsible for over sighting the project implementation, coordination with other health partners in the areas of intervention, and assisting in the project monitoring.</i>						
1.11	Communication Officer (P3)	D	1	15,594.00	12	15.00	28,069.20
	<i>15% level of efforts, the Communication Officer based in Kabul will be contribute to production of communication and visibility products regularly acknowledging the contribution of AHF and its effects on the society. As well as, to the implementation of RCCE component of the project.</i>						
	Section Total						274,637.40
2. Supplies, Commodities, Materials							
2.1	Provision of Diagnostic and Case management kits for prevention and response to communicable disease outbreaks in earthquake affected areas	D	1	72,000.00	1	100.00	72,000.00
	<i>Details in Annex 2</i>						
2.2	Different modules of PED SAM kits	D	63	655.50	1	100.00	41,296.50
	<i>Details in Annex 2</i>						
2.3	Provision of NCD Kits different modules	D	64	3,069.99	1	100.00	196,479.36
	<i>Details in Annex 2</i>						
2.4	Provision of TESK different Modules	D	205	1,168.56	1	100.00	239,554.80
	<i>Details in Annex 2</i>						
2.5	Biomedical and radiological equipment and installation to the target hospitals	D	1	110,000.00	1	100.00	110,000.00
	<i>Details in Annex 2</i>						
2.6	Biomedical workshop supply and set-up	D	1	7,000.00	3	100.00	21,000.00

	<i>Details in Annex 2</i>						
2.7	Blood bank equipment and consumables	D	1	76,000.00	1	100.00	76,000.00
	<i>Details in Annex 2</i>						
2.8	Blood bank refurbishment	D	4	4,900.00	1	100.00	19,600.00
	<i>Around USD 4,000 will be provided for refurbishment of the each target blood bank- details in Annex 2</i>						
	Section Total						775,930.66
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
4. Contractual Services							
4.1	Training of SSTs on detection, verification, and response to outbreaks	D	24	150.00	1	100.00	3,600.00
	<i>24 Newly recruited SST members deployed in the affected areas will be trained on detection and verification and response to outbreaks</i>						
4.2	Training of healthcare workers in provision of trauma care services	D	24	150.00	4	100.00	14,400.00
	<i>24 healthcare workers from the target hospitals will be trained in Mass Casualty Management and first aid during a Four day training</i>						
4.3	Transportation cost for the deployed SSTs	S	3	1,200.00	8	100.00	28,800.00
	<i>3 vehicles (2 for Paktika province and 1 for Khost province) will be rented to support transportation of the SSTs to the sites</i>						
4.4	Transportation cost for the Biomedical Engineer and blood bank support officer to visit all the target facilities	S	2	50.00	12	100.00	1,200.00
	<i>The budget will be used to cover the transportation cost of the biomedical engineer and blood bank support officer who will travel to all the supported hospitals under the project for provision of technical support.</i>						
	Section Total						48,000.00
5. Travel							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
6. Transfers and Grants to Counterparts							
6.1	Supporting case management of infectious disease through provision of a full support to Infectious disease ward of Paktia Regional Hospital and Khost provincial hospital for 5 months	D	1	60,000.00	5	100.00	300,000.00
	<i>Details in Annex 2</i>						
	Section Total						300,000.00
7. General Operating and Other Direct Costs							
7.1	Communication cost for SSTs	S	24	300.00	8	100.00	57,600.00
	<i>12 SSTs (each having 2 members) will be provided with monthly communication cost detection and reporting the outbreaks</i>						
7.2	0.31% of the organization general operational and security costs	S	1	3,160,000.00	12	0.31	117,552.00
	<i>Details in Annex 2</i>						
7.3	Communication cost for the blood bank support officer and biomedical engineer	S	2	44.00	12	100.00	1,056.00

	Communication cost will be provided to the Blood Bank support officer and Biomedical Engineer for coordination and provision of support to the health facilities supported under this project.			
	Section Total			176,208.00
SubTotal	440.00			1,574,776.06
Direct				1,355,161.06
Support				219,615.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				110,234.32
Total Cost				1,685,010.38

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Paktya > Gardez	15.00000	0	0	0	0		H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.2: Supporting 4 major blood banks of SE region (one ... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo... H: Activity 1.2.3: Support the cases management through provision of... H: Activity 1.2.4: Conducting beneficiaries satisfaction survey
Paktika > Sharan	15.00000	0	0	0	0		H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.2: Supporting 4 major blood banks of SE region (one ... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo...
Paktika > Urgun	10.00000	0	0	0	0		H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo...

Paktika > Bermel	15.00000	0	0	0	0	0	H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.2: Supporting 4 major blood banks of SE region (one ... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo...
Paktika > Gyan	15.00000	0	0	0	0	0	H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.2: Supporting 4 major blood banks of SE region (one ... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo...
Khost > Khost(Matun)	15.00000	0	0	0	0	0	H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.2: Supporting 4 major blood banks of SE region (one ... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo...
Khost > Spera	15.00000	0	0	0	0	0	H: Activity 1.1.1: Provision of essential biomedical and radiologica... H: Activity 1.1.2: Supporting 4 major blood banks of SE region (one ... H: Activity 1.1.3: Frontline and managerial staff training in mass c... H: Activity 1.1.4: Provision of medical kits for covering the additi... H: Activity 1.2.1: Deployment of 12 Surveillance Support Teams (SSTs... H: Activity 1.2.2: Provision of case management kits and lab kits fo...

Documents	
Category Name	Document Description
Project Supporting Documents	HAG Endorsement.pdf
Project Supporting Documents	Protection Cluster Endorsement.pdf
Project Supporting Documents	SE HC Endorsement.pdf
Project Supporting Documents	AAP Endorsement.pdf
Project Supporting Documents	RCCE Endorsement.pdf
Project Supporting Documents	Annex 2- Budget BOQs.xlsx
Project Supporting Documents	Annex 1- WHO_HCC Sitrep#11_Earthquake_AFG_24JUL2022.pdf
Project Supporting Documents	Annex 3- Earthquake Needs Assessment Report_17 July 2022.pdf
Budget Documents	Annex 2- Budget BOQ
Budget Documents	Annex 2- Budget BOQ- FINAL.xlsx
Budget Documents	Annex 2- Budget BOQs- FINAL.xlsx

Grant Agreement	Allocation Letter_RA2_H_WHO_23055_HC signed.pdf
Grant Agreement	WHO Countersigned.pdf