

<b>Requesting Organization :</b>	World Health Organization		
<b>Allocation Type :</b>	2023 2nd Reserve Allocation - Health Sector		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
HEALTH		100.00	
		<b>100</b>	
<b>Project Title :</b>	Sustaining Afghanistan's Public hospitals healthcare delivery to vulnerable populations		
<b>Allocation Type Category :</b>			
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	CBPF-AFG-23-R-UN-26298
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	3,959,000.00
<b>Planned project duration :</b>	2 Months 15 Days	<b>Priority:</b>	
<b>Planned Start Date :</b>	03/09/2023	<b>Planned End Date :</b>	17/11/2023
<b>Actual Start Date:</b>	03/09/2023	<b>Actual End Date:</b>	17/11/2023
<b>Project Summary :</b>	<p>The support by the International Committee of the Red Cross (ICRC) has been pivotal in sustaining Afghanistan's hospital sector, backing 33 government-owned hospitals with 7890 beds. These hospitals serve as vital referral centers, delivering essential care to a significant portion of the population. However, funding constraints have forced the ICRC to halt its support, jeopardizing the country's healthcare system's resilience.</p> <p>The discontinuation of support to the hospitals will result in increased preventable morbidity and mortality due to embedding access to health services, an increased burden on existing functional healthcare facilities, reduced responsiveness during emergencies, higher out-of-pocket expenses for patients, and a potential decline in the overall quality of health services. Due to funding limitations, ICRC stopped its support to eight MoHE hospitals by the end of April 2023 and will stop support to 25 MoPH hospitals by the end of August 2023. The stoppage of ICRC support will further deteriorate the already underfunded and under-resourced Afghanistan health system as ICRC-supported hospitals are major referral hospitals that provide services to nearly 25% of the total population in Afghanistan.</p> <p>To mitigate a potential crisis and counter the negative impacts left by ICRC's departure, WHO is proposing a strategic approach to safeguard essential healthcare services for vulnerable populations in Afghanistan. This will be achieved by facilitating the provision of critical medicines and medical consumables to 25 Ministry of Public Health (MoPH) hospitals (with a bed capacity of 6440 beds),</p>		

addressing the gap created by withdrawal of support by the ICRC. This approach guarantees the continued delivery of essential healthcare services to those who require them most, serving as a lifeline for both patients and healthcare workers. This proposed intervention not only prevents potential healthcare disruptions but also targets the reduction of mortality rates, particularly within marginalized groups. The project will have 1,857,609 beneficiaries (59% female and 41% male).

WHO will procure the needed medicine and medical supplies/ consumables using its standard procurement procedures. The procurement of medicine will be done internationally using WHO guidelines and standards for ensuring quality, efficiency and supply chain management. WHO has regional stocks in the country also a hub in Dubai which would be utilized for safe and accelerated delivery of up to 50% of medicine. The project will also include monitoring of the distribution activities and the supported hospitals through WHO designated monitoring PMU Provincial officer on a monthly basis.

To address this, the ICRC stepped in to provide operational support for hospitals previously funded directly by the previous government (NON-SEHATMANDI Hospitals). ICRC's supported 33 hospitals with a collective capacity of 7890

inpatient beds. Notably, these hospitals predominantly serve as major specialty and referral centers, extending healthcare services, including women and childcare, and have provided services to a quarter of the country's population.

All types of kits mentioned in the BoQ are available either in country or in WHO Dubai Hub. Who already starting flying and shipping several shipments from Dubai Hub. It is worth mentioning that kits will cover around 60% of the needs of the project hospitals including the most critical activities likes surgeries, deliveries, Caesarean Sections and life saving medical interventions. WHO will start immediately procurement of the loose medicines as per the BoQ shared. It is expected to take 2 months to receive those items.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
530,319	857,598	234,847	234,845	1,857,609

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	530,319	857,598	234,847	234,845	1,857,609
	0	0	0	0	0

**Indirect Beneficiaries :**

The total population of the provinces are calculated as indirect beneficiaries as all the targeted hospitals are provincial and national hospitals. The target coverage of the project is the population of the provinces.

**Catchment Population:****Link with allocation strategy :**

Proposed interventions respond to the Strategic Objective 1: Timely, multisectoral, lifesaving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity. Essential medicines and medical supplies will be delivered to target 25 Provincial and National hospitals to ensure functionality of these hospitals.

The project activities and locations are in line with the AHF allocation strategy for 2 RA 2023. The project is targeting provision of medicine and medical supplies to 25 priority hospitals located in Baghlan, Ghor, Ghazni, Herat, Nangarhar, Kabul, Kandahar, Kunduz, Balkh, Zabol, Samangan, Sar-e-Pul, Jawzjan, and Takhar 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
WHO	587,500.00
	<b>587,500.00</b>

**Organization focal point :**

Name	Title	Email	Phone

**BACKGROUND****1. Humanitarian context analysis****2. Needs assessment**

As of April 2023, ICRC conveyed its inability to sustain support for these crucial hospitals to the MoPH. Funding constraints prompted ICRC to discontinue support for the eight MoHE hospitals by the end of April 2023, and the support for the 25 MoPH hospitals is expected to cease by the end of August 2023.

WHO and the Minister of Health discussed the ramifications of ICRC withdrawal from the 25 MoPH hospitals at the Health Cluster meeting held on August 16, 2023, and in bilateral meetings as well. The Minister noted that the MoPH will cover the salary expenses of the target hospitals. However, he highlighted that they

are unable to cover the operational costs and cost of medicine, which would result in potential healthcare disruptions as the stored medicine are already nearing depletion. The Minister expressed appreciation to WHO for its potential support in procuring and delivering medicines through potential donors.

WHO

is actively engaged in negotiations with both local and central authorities to explore the feasibility of covering operational costs through local resources, at least to some degree. The MoPH may be able to partially cover some of the operational cost for some hospitals, MoPH is not expected to expand its coverage to include the procurement of medicines under any circumstances.

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### **3. Description Of Beneficiaries**

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### **4. Grant Request Justification**

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In order to avert the adverse repercussions of insufficient medical supplies in the previously ICRC-supported hospitals, WHO and the Health Cluster are actively engaging with various donors and partners to secure potential support for these hospitals. However, as of now, no concrete commitments have been made. While MoPH has committed to covering staff salaries, patient food, and fuel costs, the provision of funds for medicines and medical consumables by donors could make a significant impact. This financial allocation would empower these hospitals to maintain their healthcare delivery services and play a crucial role in reducing mortality, especially maternal and infant mortality rates.

WHO's

intention is to supply medicines and medical consumables to the 25 MoPH hospitals. This choice is based on the fact that MoHE-owned hospitals are less utilized compared to the other MoPH hospitals (prioritization), and they have been able to source their much-needed medicines and medical consumables from alternative sources. The proposed budget covers the time period from September 03 until November 17, 2023. By supporting these hospitals, the project would also fill in the specific needs of women and girls (a huge chunk of the target population) as a major part of hospital service delivery. There will be specific drugs for pregnant and lactating women and EmOC available in the target hospitals and it would contribute to reducing or at least not increasing the MMR/IMR.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Project goal: Sustaining Afghanistan's public hospitals healthcare delivery to vulnerable populations

HEALTH

Table with 3 columns: Cluster objectives, Strategic Response Plan (SRP) objectives, Percentage of activities. Row 1: 2023 HRP Health CO1: Maintain and increase access to life-saving and life-sustaining coordinated health services and information for those most vulnerable and in need; SO1: Mortality and morbidity of crisis-affected people of all gender and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance; 100

Contribution to Cluster/Sector Objectives : Contributing to SO1, the project seeks to avoid disruption in health services delivery, and ensure continuity of health care in ICRC-supported hospitals, and thereby maintaining access to life-saving health services to vulnerable communities by supplying medicines and medical consumables to the 25 MoPH hospitals with a projected beneficiary net of 1,857,609 persons.

Outcome 1

Key public hospitals have essential medicines and medical consumables in stock and deliver a full range of hospital services reducing maternal and infant mortality

Output 1.1

Description

Essential medicines and consumables are procured and distributed to public health hospitals

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	<p>Number of people received OPD services at the supported hospitals during the project period.</p>	399,023	654,343	170,706	162,863	1,386,935
<b>Means of Verification :</b>							
Indicator 1.1.2	HEALTH	<p>Number of people received IPD services through the supported hospital during the project period.</p>	131,297	203,255	75,311	60,811	470,674
<b>Means of Verification :</b>							
Indicator 1.1.3	HEALTH	<p><p class="pf0"><span class="cf0">% of people surveyed who express that the assistance they received was of appropriate quality to meet their needs </span></p><p> </p></p>	0	0	0	0	85
<b>Means of Verification :</b>							
Indicator 1.1.4	HEALTH						25
<b>Means of Verification :</b> <p>DHIS2, Hospital reports, monitoring reports</p>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Provide support to secondary health care services (e.g. Provision of medical supplies, staff capacity building, transport cost for the referral cases, etc.)</b>							
<p>Procurement of the projected Medicine and medical consumable from pre-qualified suppliers</p> <p>WHO intends to support the 25 MoPH targeted hospital through provision of essential medicines and medical consumables. ICRC has stopped supporting their support to 33 public hospitals due to lack of funding. The prioritization of these 25 hospitals is done based on the fact that MoHE-owned hospitals are less utilized compared to the MoPH hospitals, and they have been able to source their much-needed medicines and medical consumables from alternative sources (8 MoHE hospitals are hence excluded from the support).</p>							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Not Selected</b>							
<p>Delivery of the medicine and medical supplies to WHO stocks</p> <p>WHO will procure the needed medicine and medical supplies/ consumables using its standard procurement procedures. The procurement of medicine will be done internationally using WHO guidelines and standards for ensuing quality, efficiency and supply chain management. WHO has regional stocks in the country also a hub in Dubai which would be utilized for safe and accelerated delivery of up to 50% of medicine.</p>							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Not Selected</b>							
<p>Distribution and transportation of medicines and medical consumables from WHO stocks to the hospitals based on assessed needs and utilization reports. This activity will be done on a monthly basis unless there is emergency or shortage of the supplies at the hospitals.</p>							

**Activity 1.1.4****Standard Activity : Not Selected**

Monitoring of the distribution activities and the supported hospitals through WHO designated monitoring PMU Provincial officer on a monthly basis. The reports will be shared with WHO main office to follow up on the recommendations for improvement of the quality of the services.

during each monitoring visit feedback from beneficiaries will be collected anonymously through the beneficiaries feedback questionnaires. The feedback of the beneficiaries will be considered for improvement of the quality of services.

**Activity 1.1.5****Standard Activity : Not Selected**

Coordination of the project implementation with other stakeholders to ensure coordinated and effective implementation of the project activities.

The project activities will be coordinated with the MoPH as the main partner who is covering the HR and operational cost of the hospitals. Bi-monthly coordination meetings will be conducted with the Deputy Minister office for Service Provision and General Directorate of Curative Medicine to ensure timely and coordinated implementation of activities.

**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. 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. Specific missions will be undertaken by WHO Kabul staff to project areas to monitor implementation. Monitoring and reporting received from provincial health directors and/or implementing partners will also be considered. WHO also uses self-reporting from implementing partner against a set of agreed indicators (usually counter checked with their reports to HMIS at national level). WHO also provides updates on beneficiaries, locations and general progress regarding all its humanitarian health projects to the report-hub platform.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement of the projected Medicine and medical consumable from pre-qualified suppliers  WHO intends to support the 25 MoPH targeted hospital through provision of essential medicines and medical consumables. ICRC has stopped supporting their support to 33 public hospitals due to lack of funding. The prioritization of these 25 hospitals is done based on the fact that MoHE-owned hospitals are less utilized compared to the MoPH hospitals, and they have been able to source their much-needed medicines and medical consumables from alternative sources (8 MoHE hospitals are hence excluded from the support).	1												

<p>Activity 1.1.2:</p> <p>Delivery of the medicine and medical supplies to WHO stocks</p> <p>WHO will procure the needed medicine and medical supplies/ consumables using its standard procurement procedures. The procurement of medicine will be done internationally using WHO guidelines and standards for ensuing quality, efficiency and supply chain management. WHO has regional stocks in the country also a hub in Dubai which would be utilized for safe and accelerated delivery of up to 50% of medicine.</p>	1												
<p>Activity 1.1.3:</p> <p>Distribution and transportation of medicines and medical consumables from WHO stocks to the hospitals based on assessed needs and utilization reports. This activity will be done on a monthly basis unless there is emergency or shortage of the supplies at the hospitals.</p>	1												
<p>Activity 1.1.4:</p> <p>Monitoring of the distribution activities and the supported hospitals through WHO designated monitoring PMU Provincial officer on a monthly basis. The reports will be shared with WHO main office to follow up on the recommendations for improvement of the quality of the services.</p> <p>during each monitoring visit feedback from beneficiaries will be collected anonymously through the beneficiaries feedback questionnaires. The feedback of the beneficiaries will be considered for improvement of the quality of services.</p>	1												
<p>Activity 1.1.5:</p> <p>Coordination of the project implementation with other stakeholders to ensure coordinated and effective implementation of the project activities.</p> <p>The project activities will be coordinated with the MoPH as the main partner who is covering the HR and operational cost of the hospitals. Bi-monthly coordination meetings will be conducted with the Deputy Minister office for Service Provision and General Directorate of Curative Medicine to ensure timely and coordinated implementation of activities.</p>	1												

**OTHER INFO**

**Accountability to Affected Populations**

WHO's field offices seek input from communities on their priority health needs and get feedback from health committees at the provincial level and the health councils at the local levels. 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 marginalised 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. Feedback from project participants will be collected during monitoring visits by the team, women beneficiaries will be approached by women to receive their feedback. 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.

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## **Implementation Plan**

WHO has expertise in operating hospitals and their needs. Currently, WHO ensures the supply of medicines and medical consumables to 25 trauma care units located in different hospitals across the country. In recent years, WHO successfully distributed 5000 metric tons of medicines and medical consumables in Afghanistan. In addition to the main warehouse in Kabul, WHO has established a comprehensive supply chain management and distribution system, which includes standard warehouses at regional headquarters across the country. These strategically positioned stockpiles house a substantial quantity of medicines and consumables, available for distribution. Furthermore, a substantial volume of medicines and consumables are continuously flowing through the supply pipeline. For the purposes of this project, WHO will be able to deliver up to 50% of the medicines from within its in-country warehouses and Dubai Hub, thereby delivering them to the target hospitals in an accelerated manner.

## **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**

0- Does not systematically link programming actions

### **Justify Chosen Gender Marker Code**

### **Protection Mainstreaming**

WHO is committed to adhere to the “do no harm” principle and is mitigating any adverse effects of their interventions to vulnerable people and groups through its risk matrix and mitigation plan. During the planning of this action, WHO took advantage of pre-established access with local authorities and BPHS implementing partners. During the assessment visits, WHO staff met with a wide range of actors such as HMIS officers, NGO workers, PPDH's, community elders, members of the CDC or Red Crescent representatives. WHO is fully aware of the security context in all locations and maintains local networks. WHO will pay specific attention to hiring locals who have full access to activity locations. All activities are coordinated with Community Health Shuras where women have some representation, though WHO has observed that women's presence has been reduced. Other methods for seeking women's voices are being considered, such as connecting to Family Health Action Groups. Community health shuras are responsible to hold health centers accountable to the needs of their community. The community health shuras monitor the 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.

mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman"; color:black;mso-ansi-language:EN-US;mso-fareast-language:EN-US;mso-bidi-language:AR-SA"> At the district level the Youth Shuras have a strong advocacy and accountability role towards health service provision and equal access.

## **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 each district, provincial and regional level through polio officers, EPR committees and National Health Coordinators.

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Procurement of medicine to target hospitals	D	1	1,850,000.00	2	100.00	3,700,000.00
	<i>WHO's intention is to supply medicines and medical consumables to the 25 MoPH hospitals. This choice is based on the fact that MoHE-owned hospitals are less utilized compared to the other MoPH hospitals (prioritization), and they have been able to source their much-needed medicines and medical consumables from alternative sources. The proposed budget covers the time period from September 03 until November 17, 2023. BOQ is provided under documents as Annex 1. Unit cost is 1,480,000 and duration is 2.5 however the system did not allow decimals. Notably, loose medicine in the BOQ is complimentary to the kits, to make up for gaps of the standardized kits as the latter comes in specific set and volumes of medicine</i>						
	<b>Section Total</b>						<b>3,700,000.00</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>5. Travel</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
NA	NA	NA	0	0.00	0	0	0.00

	NA		
	<b>Section Total</b>		<b>0.00</b>
<b>SubTotal</b>		1.00	<b>3,700,000.00</b>
Direct			3,700,000.00
Support			
<b>PSC Cost</b>			
PSC Cost Percent			7.00
PSC Amount			259,000.00
<b>Total Cost</b>			<b>3,959,000.00</b>

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Afghanistan > Kabul > Kabul	50.00000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Nangarhar > Jalalabad	2.00000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Baghlan > Pul-e-khumri	5.00000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Ghazni > Ghazni	3.00000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Takhar > Taloqan	5.00000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...

Afghanistan > Kunduz > Kunduz	3.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Balkh > Mazar-e-Sharif	6.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Samangan > Aybak	3.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Sar-e-Pul > Sar-e-Pul	3.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Ghor > Chaghcharan	2.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Zabul > Qalat	2.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Jawzjan > Shiberghan	5.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Hirat > Herat	5.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
Afghanistan > Hilmand > Lashkargah	1.00000	0	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...

Afghanistan > Kandahar > Kandahar	5.00000	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4: Monitoring of the distribution activitie...
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#### Documents

Category Name	Document Description
Project Supporting Documents	Annex 2- List of the hospitals.xlsx
Project Supporting Documents	Annex 3- Needs Assessment.pdf
Project Supporting Documents	Annex 4- DIWG Endorsement.pdf
Budget Documents	Annex 1 BOQ
Project Supporting Documents	Annex 6- PSEA WG Endorsement.pdf
Project Supporting Documents	Annex 5- AAP WG Endorsement.pdf
Grant Agreement	CBPF-AFG-23-R-UN-26298 - Allocation Letter_Health_Health_WHO_RA2_26298_Counter Signed.pdf
Grant Agreement	Allocation Letter_Health_Health_WHO_RA2_26298_Signed.pdf