## 10General information معلومات عمومی

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| **FCDO – Driving Action for Wellbeing to Avert Mortality (DAWAM) Project**  **تلاش برای رفا و کاهش مرگ و میر** | |
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| **Administration of survey** | **مدیریت سروی** |
| Name of province: | Ghor |
| Name of district: | Saghar |
| Name of health center | Saghar CHC |
| Health Center Type: please select one ( H3, CHC,BHC,SHC) | CHC+ |
| Building ownership (private or governmental) | Government |
| Number of clinic personnel | 24 |
| Number of patients visited in clinic (daily basis) | 320 |
| Number of hospitalized patients (the max capacity) | 15 |
| Name of surveyor(s) | Farid Ahmad Qaderi |
| DATE of survey | 07-June-24 |

## Description of workتشریح کار

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| **Scope of intervention**  **عرصه حمایت** | | **All three component require major maintenance:** | |
| **Perimeter protection** | | The provision and improvement of Water, Sanitation, and Hygiene (WASH) facilities play a pivotal role in safeguarding human health and overall well-being. These initiatives serve multifaceted purposes, ranging from the prevention of waterborne and diarrheal diseases to the control of vector-borne illnesses. Additionally, they contribute to the enhancement of health and nutrition outcomes, mitigate the risk of epidemics, and foster dignity and safety among communities. Economically, investing in WASH facilities yields significant benefits, while also ensuring environmental protection and alignment with international sustainability and health standards.  To enhance the capacity of healthcare workers to uphold hygiene standards, ActionAid is committed to revitalizing and enhancing existing Water, Sanitation, and Hygiene (WASH) facilities in targeted Healthcare Facilities (HCFs). | |
| **Clinic map** نقشه کلینیک | | | |
| GPS of HCF: Please collect the GPS related HCF building جی پی اس نقاط کلیدی: لطفا جی پی کلنیک مربوطه را بگیرید: | | | |
| 1 | N: 33° 41’ 58.670” | | E: 63° 51’ 01.783" |
| Please draw a freehand sketch of the HCF facility; point out : Main building – Sanitation facilities, water source , waste disposal site ) | | | |
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## Project feasibilityامکان پذیری پروژه

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| **Parameters inspection and findings**  **بررسی پارامترها و یافته ها** | Background information: The clinic center of Saghar is constructed 22 years ago by CHA organization. In this clinic there are one surgical specialist (male), one MD doctor (male) two nurses ( male) one pharmacist (male), one anesthesiologist (male), one ambulance driver (male), three guards( male), five midwifes (female), one nurse (female), one MD doctor(female) one Mental health consultant (female) , one Nutrition consultant (female) , one admin (male),. So totally there are about 24 personal working at this clinic center. The clinic center has Two buildings one is main clinic building; one is family house. It also has got laboratory, doctor room, drug store, Admin office This health care facility is located at the center of Saghar District  This HCF serves to the whole people living in Saghar area . The clinic center can serve for 15 bed patients, 320 outpatients on diurnal basis with 208 males and 112 females.  The main challenge facing this health center is the lack of clean water inside the clinic building and sanitation services, which leads to the spread of diseases. Currently, the water of the clinic is supply from the existing stand tap which is out site of the clinic building and did not connected with the plumbing system.  Therefore, the ActionAid office technical team had a technical survey during the observation and technical survey the main problems found in this HFC are as follows:  -The building water supply system and the waste water system are damaged and need to fundamental repairing  -The water supply system of the clinic is from the existing stand tap which is out site of the clinic building and did not connected with the plumbing system.  -There is no stable hand washing facility in the clinic rooms.  - There isn't enough toilets in the clinic area (for males and female) they are using from a dry pit latrine which is not  protected  - The HCF rooms & corridor floors are made from PCC it's problematic during washing and  cleaning  - The septic tank and kitchen do not have a drain well.  - There is no protected waste management system in the HCF field, and they are currently using a metallic stove for burning the waste, the waste pits are protected and do not need repairing.  -Existing septic tank needs evacuation and cleaning. Water source For both clinical use and drinking purposes, the water supply at the Saghar Healthcare Facility (HCF) is provided by a public gravity water supply network that also serves the Saghar community. During the survey, the tap within the Saghar HFC compound showed good water yield and quality if we connect this tap to the clinic water supply system then the lack of water inside the building will be solved. Water storage and distributionWater Tanks Two water tanks are currently installed at Saghar clinic: one metallic tank with a capacity of 2000 liters and one high-capacity polyethylene tank also with a capacity of 2000 liters. Unfortunately, the polyethylene tank was installed on the clinic's roof, which is constructed using local materials (wood and clay) and was unable to support the weight of the tank, resulting in a collapse. To address this issue and prevent future incidents, it has been advised to construct an elevated RCC stand to properly support the water tank Hand washing In total 2 hand washing sinks are installed inside the clinic need to repair and connect to the system and 17 new hand washing sink will install. Bathroom There are two bathrooms inside the main building and one other inside the clinic staff building. However, they do not have bath fixtures such as a shower or floor drain. They were built locally and during bathing, clinic staff use a jerry can. Additionally, these bathrooms are not connected to a septic tank. The drain water from the bathrooms falls close to the wall, which can cause damage to the wall. Latrines There are currently two single latrines at the clinic, but no proper toilets available.   * The latrines are locally constructed and lack modern toilet facilities. * The interior surfaces of the latrines, including the walls and floors, are neither washable nor easy to clean. * There is no access to water in the latrines. * The latrines are not equipped with facilities to accommodate persons with disabilities (PWDs).  Septic Tank: The Healthcare Facility (HCF) has a stone masonry septic tank with dimensions (6.7x3.7). Although the stone masonry work has been completed, this septic tank needs evacuation and cleaning.  Furthermore, there is no leach field to drain the liquid waste from the septic tank. Waste management The following process and system for solid waste collection and disposal are in place at the Saghar Healthcare Center: Waste collection and separation: Although all types of solid waste are separately stored and collected, the available bins are of low quality and insufficient to handle the daily volume of disposed waste. Incineration A temporary metallic incinerator is available on the premises, positioned over a pit to allow ash to be directly emptied into it. However, the incinerator is not functioning properly. The surface is not sealed, allowing rainwater to enter the pit. Sharp pits Sharps waste is disposed of in a special unsealed pit, constructed with RCC cover. The pit is covered with an RCC slab; it does not need additional lining. Organic waste pit: Organic waste pit is disposed of in a special unsealed pit, constructed with RCC cover. The pit is covered with an RCC slab; it does not need additional lining. |
| **Hjn n b bTechnical solution in compliance with MoPH/WHO standards**  **راه حل تخنیکی مطابق ستندرد های وزارت صحت عامه وسازمان صحی جهان** | Water source  1. From the quantity point of view: the existed tap has good water yield and quality if we connect this tap to the clinic water supply system then the lack of water inside the building will be solve.   2- Quality Perspective: ActionAid is committed to ensuring that the water from the tap meets the highest standards of quality. As part of this effort, water quality testing will be conducted during the drilling process to ensure compliance with the WHO water quality standards. The results of the water analysis will be documented and included in the table below.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Parameters | Turbidity (NTU | Color | Odor | Water Temperature | TTC (CFU/100ml | PH | TDS | Arsenic | | WHO Guideline | <5 NTU | None Detected | Not Offensive | 25C° - 30C° | 0/100ml | 6.5 to 8.5 | 1000 ppm | 10µg/l | | Lab Result |  |  |  |  |  |  |  |  |  Water storage and distributionWater tank (water availability)  |  |  | | --- | --- | | **WHO suggested minimum water quantities in health care facilities** | | | Use | Guideline quantity | | Outpatients | 5 liters/consultation | | In patients | 40–60 liters/patient/day | | Operating theatre / maternity | 100 liters/intervention | | Dry or supplementary feeding center | 0.5–5 liters/consultation | | Wet supplementary feeding center | 15 liters/consultation | | Inpatient therapeutic feeding center | 30 liters/patient/day | | Cholera treatment center | 60 liters/patient/day | | Severe acute respiratory diseases isolation center | 100 liters/patient/day | | Viral hemorrhagic fever isolation center | 300–400 liters/patient/day |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Total daily water demand of Saghar Health Care Center** | | | | | | Type of user | # of user | | Consumption norm (Liters /day) | Total daily demand | | Outpatients | 320 | | 5 | 1600 | | In bed patients | 15 | | 100 | 1500 | | clinic personnel | 24 | | 110 | 2640 | | Total daily water need | | | | 5740Liters | | Daily available Water from tap | | Total daily water need | | Difference (L) | | 19440Liter | | 5740 Liters | | 13700 liters |   To ensure an uninterrupted water supply for at least 48 hours, it's imperative to have adequate water storage capacity. Based on our calculations, there is enough water during the day to supply water for the system to avoid any shortage we recommend the installation of existed water tank to the water supply network. The water tank is factory-made from high-density polyethylene, ensuring durability, lightness, and ease of handling. Its perfectly smooth inner surface allows for easy cleaning with traditional detergents. The tank is supplied with a top screwed lid and includes all necessary accessories and fittings and the water tanks is planned to be connected to the new water supply system inside the building and toilet. Solar System: A functional solar system was installed in this clinic by WHO two years ago, following observation and consultation with an electrician expert. The system has been working effectively, with the only remaining task being to bury the wires currently above ground for enhanced safety and aesthetics.  Remember!  Each solar pump item needs to be supplied by a registered customs license seller with the following standard certifications:  FCC C009911 Standard, ISO 0991:2000 Standard, UL Standard, TUV Standard Water reticulation within the BHC premises: To optimize the existing distribution system and accommodate the addition of new facilities, it's imperative to connect it to the tap and extend it to the newly constructed toilets, handwashing sinks, this will ensure efficient water distribution throughout the facility. To achieve this, we will utilize PPR pipes with a diameter size of 1 inch, PN 25-bar.  Moreover, to guarantee the longevity and reliability of the system, the pipes will be buried at a depth of at least 80 cm from the ground level. This strategic placement not only protects the pipes from external damage but also helps maintain consistent water flow, particularly during colder seasons when the risk of freezing is heightened.  With a total length of 65 meters, these PPR pipes will seamlessly integrate with the existing distribution network, facilitating uninterrupted water supply to the newly established amenities. By preventing leakages and minimizing water wastage, this comprehensive approach not only enhances the functionality of the system but also promotes sustainability and responsible resource management. Hand washing sinkThe installation of handwashing sinks within healthcare facilities is paramount for effective infection control, adherence to hygiene standards, and the enhancement of overall health outcomes. By ensuring that healthcare workers, patients, and visitors have easy access to handwashing facilities, the spread of infections can be significantly reduced, thereby supporting compliance with protocols and minimizing health risks. This initiative ultimately results in lower infection rates, heightened staff productivity, improved patient care, and an overall safer environment within the healthcare setting.Moreover, the presence of handwashing sinks fosters hygiene awareness, contributing to broader public health initiatives and promoting a culture of cleanliness and wellness. To address this critical need, ActionAid has outlined plans to install a total of 17 new ceramic handwashing sinks in key sections of the building, including the (OPD rooms. Surgery room, bed patient room, delivery room, toilet’s corridor, …..) and the other 2 existing hand washing sink shall be conned to the building water supply system and sewerage also Shelf for soap, and mirror with Shelves, should be supplied and fixed on the walls.Septic Tank: ActionAid plans to rehabilitate the existing septic tank with the following measures: Clean the interior of the septic tank thoroughly.Construct a pit for draining the liquid waste from the septic tank.Connection sewerage system to septic tankToilets and latrines At the Saghar Health Care Facility (HCF), there are currently two dry pit latrines at the clinic premises which present several significant issues. These issues include the absence of hand-washing facilities, non-washable surfaces, and small pits that fill up quickly. To address these problems, ActionAid has devised a comprehensive plan to upgrade the existing latrines into fully equipped toilets.  For the delivery room there is not any bath & toilet so we planned to construct one single Bath & toilet adjoining to the delivery room also we upgrade the existing bath with wester water closet and head shower equipment.  The existing toilet at clinic site is not enough for the clinic staff and patients so we consider to construct a double male and female toilets the new toilets will be equipped with flush tanks and adjacent hand-washing sinks to ensure proper hygiene. Additionally, the facilities will be designed to accommodate People with Disabilities (PWDs), incorporating railings to the toilet stairs to enhance accessibility and safety.  This upgrade aims to improve sanitation, hygiene, and accessibility at the Saghar HCF, providing a more hygienic and inclusive environment for all users.  In terms of infrastructure, the water supply for these toilets will be connected from elevated water tank, ensuring consistent access to water. Furthermore, the sewer pipes will be connected to a septic tank to manage waste effectively. All construction and plumbing work will adhere closely to the specifications outlined in the relevant drawings, ensuring the durability and functionality of the new facilities.  following actions are planned for upgrading the existing latrines and new toilets.   * Flash tanks should be installed at each toilet and latrines * The latrines should be connected to the water network * Making the internal surface of walls and floors washable by using tile and ceramic. Totally 103.4 square meters of walls and floor needs to be furnished by tile and 361 square meters of walls and floor needs to be furnished by ceramic. * For two latrines should install the eastern water closet with flash tanks and for four toilets should install the western water closet with flash tanks in order to install the p-traps properly to avoid bad odors. * Plumbing work such connection of water closet to main sewer and connection of cold-water pipes to pipe network should be done. * Trash bins should be mounted at each latrine and toilet.  Waste managementAccording to WHO’s requirements, the perimeter of healthcare facilities must be protected not only against clinical hazardous waste but also from domestic waste generated within these facilities. To achieve optimal hygienic conditions, ActionAid plans to construct a standard solid waste management system at the Saghar Health Care Center. The planned construction includes the following:Incinerator Construction: The incinerator will be constructed with reinforced cement concrete (RCC), and its pit will be made of brick masonry, adhering to the specified drawings.Waste Disposal Pits: the existed pits of organic waste (such as placental waste) and hazardous waste (such as sharp objects) are already functionally work there is no need for any extra workIncineration Area Security: The incineration area will be secured by erecting a fence with galvanized iron (GI) pipe poles and gates to prevent unauthorized access.These measures will ensure a safe, secure, and hygienic environment for waste management at the Saghar Health Care Center. |
|  | Note: An allocation of 3% of the total cost has been designated for miscellaneous and unexpected expenses. Contractors may claim overspend only when changes in the definable feature of work are recommended and approved by the Action Aid superintendent and AAA budget holder. |

## Period of workمدت زمان کار

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| **Start Dateتاریخ شروع** |  |
| **End Dateتاریخ ختم** |  |

## Summary of BoQ

Bill of Quantity and Technical drawings are attached to this Upgrading plan.

بل تعداد و رسامی های تخنیکی به این پلان پروژه ضمیمه شده است.

## Signatoriesامضا کننده گان

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| --- | --- | --- | --- | --- | --- |
| ActionAidاکشن اید | | | DopH and HCF agents نماینده ریاست صحت عامه ومرکزصحی | | |
| Name and position  نام و وظیفه | Date  تاریخ | Signature  امضا | Name and position  نام و وظیفه | Date  تاریخ | Signature  امضا |
| Project Coordinator  کوردیناتور پروژه |  |  |  |  |  |
| WASH Specialist  متخصص واش |  |  |  |  |  |
| Program Manager  مدیر پروگرام |  |  |  |  |  |