## General 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: | Pasaband |
| Name of health center | Shinkot |
| Health Center Type: please select one ( H3, CHC,BHC,SHC) | CHC |
| Building ownership (private or governmental) | Government |
| Number of clinic personnel | 22 |
| Number of patients visited in clinic (daily basis) | 150 |
| Number of hospitalized patients (the max capacity) | N/A |
| Name of surveyor(s) | Ghulam Farooq ghafori |
| DATE of survey | 24-May-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´, 34.65ʺ | | E: 64°, 51´, 4.78ʺ |
| 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 Shinkot Healthcare Facility located the center of pasabnad district, Shinkot CHC was constructed several years ago, by the government. This facility employs a diverse team, including one male doctor, a HCF manager, two nurses, tow midwife, a consultant psychic, a female vaccinator, a male vaccinator, a male covid 19 vaccinator, a field vaccinator, a female nutritional consultant, a female health promoter, a female Targeted Supplementary Feeding Program (TSFP) worker, two male guard, and an ambulance driver.  The healthcare facility is well-equipped with designated rooms for the male and female Outpatient Department (OPD), nutrition services, delivery, vaccination, pharmacy, Maternal and Child Health (MCH), male and female WARD, kitchen, doctor office, laboratory, inside male & female toilet, outside clinic toilet for male & female and stock storage. It is in shinkot, central of the pasaband District in Ghor province. On average, the facility serves 150 outpatients daily.  Therefore, the ActionAid office technical team had a technical survey during the observation and technical survey the main problems found in this (CHC)are as follows:  The building has plumbing system and water Supply system but need fittings for connection.  - The ceramic and western water closet of existing toilets are damaged and need to replacement.  - The Slab of septic tank is damaged and need to repairing.  - There are hand washing sinks in the clinic rooms but for connection purpose need new fittings.  - The handles of toilets doors are damaged.  - The slab of existing septic tank is damaged.  - The existing bore well need new hand pump and solar panel with all needed materials and stand for solar array.  - The OPD room, vaccination room, nutrition room, hall and all baths and toilets do not have ceramic tile. Water source For drinking purposes, the water supply at the Shinkot Healthcare Facility (HCF) has a bore well located inside the clinic compound. During the survey, discharge of the bore well is enough for demand of clinic, and the water quality is good, however the well fittings are damaged hand pump and water pump doesn't have pipe & pipe fitting. Water storage and distributionWater Tanks There was an elevated water tank with RCC frame installed on the corner of HCF compound with 4.5m3 capacity which is enough for clinic daily use. Water supply network The connection and fitting of existing pipe network of clinic is damaged and need to proper connection. Hand washing In total 13 existing hand washing sinks are available in the clinic rooms and toilets but they are not connected to the water tank and sun water heater. Bathroom There are four bathrooms for male and female staff and patients inside the clinic building but the fittings are damaged need to fundamental repairing. Septic Tank, Toilets, and latrines.Latrines There are four latrines and six toilet outside the clinic, the problems are as below:   * The latrines don’t have any problem. * The floor tiles of W/C for male and female are damaged and there isn’t any facility for disabled people in the toilets. * The waste water drain system and water Supply system are not connected to the sources.  Septic Tank:  * The Healthcare Facility (HCF) has a stone masonry septic tank with dimensions (9.3\*3.3m). But the slab is damaged and the septic tank is full need evacuation.  Waste management The following process and system for solid waste collection and disposal in the Shinkot Healthcare Center are as below: Waste collection and separation: All types of solid waste are separately stored and collected, the available waste solid storing pits have good quality. Incineration Health care facility has a standard incinerator. Sharp pits Sharps waste is disposed of in a special unsealed pit, constructed with RCC rings. The pit is covered with a RCC slab, and it covered the pit properly and doesn't requires additional lining. Organic waste pit: The three pits are situated offsite, and far away from residential buildings.  . |
| **Technical solution in compliance with MoPH/WHO standards**  **راه حل تخنیکی مطابق ستندرد های وزارت صحت عامه وسازمان صحی جهان** | Water source  * Quantity Perspective: The Shinkot Healthcare Facility (HCF) has a bore well inside of clinic compound and it’s functional but needs a complete sit hand pump. To address this issue, ActionAid plans procure and install a hand pump. * Quality Perspective: ActionAid is committed to ensuring that the water from the borewell meets the highest standards of quality. As part of this effort, water quality testing will be conducted during the monitoring 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 |  |  |  |  |  |  |  |  |  Hand Pump installation for existing bore well We propose the installation of a new hand pump alongside solar pump on the bore well. This dual pump system will ensure a consistent and reliable water supply to the Healthcare Facility (HCF). In the event of any issues with the solar pump, the hand pump will serve as a reliable backup, allowing the HCF to continue accessing water from the well without interruption.  Furthermore, the existing borewell has apron and need to repairing. 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 Zartali Health Care Center** | | | | | Type of user | # of user | Consumption norm (Liters /day) | Total daily demand | | Outpatients | 150 | 5 | 750 | | clinic personnel | 22 | 110 | 2200 | | **Total daily water need** | | | **2950** |   Shinkot Healthcare Facility has an elevated water tank and its capacity is 2000 liter and have a separate water tank for clinic toilet and it’s capacity is 1000 lit doesn't need to extra water tank. Solar System: Fortunately, there is solar power water supply system which is functional, but the solar array need to an array frame so Action Aid plans to procure the solar array frame with installation on site.   Water reticulation within the HCH premises: To optimize the existing distribution system and accommodate the addition of new facilities, it's imperative to connect it to the new borewell and extend it to the newly constructed toilets, handwashing sinks, and handwashing stations. This will ensure efficient water distribution throughout the facility. To achieve this, we will utilize PE pipes with a diameter size of 1 inch, PN 10-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 100 meters, these PE 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 sink The 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 2 handwashing sinks in key sections of the building, bandage room and female toilets corridor.  Additionally, two of these sinks will be allocated to the male and female toilets situated behind the main building of the Shinkot Healthcare Facility (HCF).  Each handwashing sink will be equipped with essential amenities, including a shelf for soap and a mirror with shelves, ensuring convenience and practicality for users. These sinks will be securely fixed onto the walls, providing stability and durability for long-term use. Notably, the existing sinks, while functional, will receive enhancements in the form of supplied shelves for soap and mirrors with shelves, further elevating the hygiene standards within the facility.  Septic Tank, Toilets and latrines  At the clinic center, there are currently three latrines and one toilet. While the existing toilet within the Healthcare Facility (HCF) is in satisfactory condition, with a functioning water supply system and sewerage, the latrines present several issues. These include structural vulnerability, inadequate roofing, and incomplete doors, compromising user privacy. Given the irreparable nature of these latrines, ActionAid has devised plans to construct two male and two female toilets equipped with flash tanks to replace them. Additionally, these new facilities will be designed to accommodate Peoples with Disabilities (PWDs), incorporating both ramp and stand toilets.  In terms of infrastructure, the water supply for these toilets will be connected to an existing 1000-liter 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. Septic Tank: ActionAid plans to rehabilitate the existing septic tank with the following measures:   * Clean the interior of the septic tank thoroughly. * Plaster the walls to enhance durability and prevent leaks. * Construct an RCC slab to cover the septic tank securely. * Construct a pit for draining the liquid waste from the septic tank. * Install sewerage plumbing in accordance with the related drawings.  Waste managementAccording to WHO’s requirements, the perimeter of healthcare facilities must not only be protected against clinical hazardous waste but also be secure from domestic waste generated within these facilities. For this purpose Shinkot CHC already has a standard waste management system and doesn’t which is made by Action Against Hunger international organization and doesn’t need extra structures for solid wastes. |

## Period of workمدت زمان کار

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| **Start Dateتاریخ شروع** | 01-july-2024 |
| **End Dateتاریخ ختم** | 31-sept-2024 |

## 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.

### 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.

## 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 |  |  |  |  |  |