



World Health Organization
Country Office - the Islamic Republic of Iran

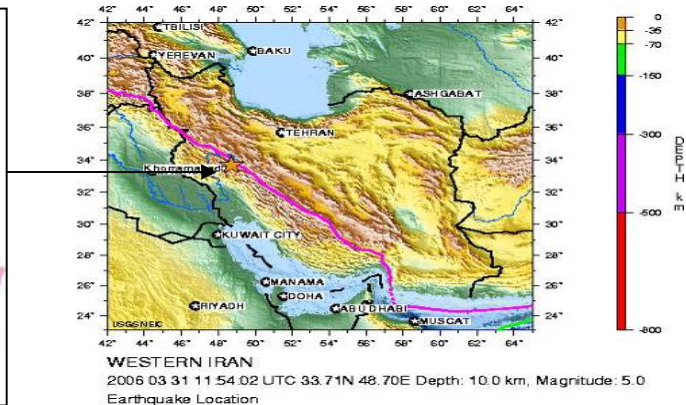
Project Proposal

Reconstruction of Imam General Hospital in Boroujerd District of Lorestan Province, the Islamic Republic of Iran



I. BACKGROUND

On 30 and 31 March 2006, a series of earthquakes ranging from 2.8 to 6 on the Richter scale hit different locations of the southwestern province of Lorestan; the strongest ones hit Doroud and Borujerd Districts which incurred some 2000 injuries and 72 casualties as well as serious damage to over 35 000 houses and physical infra-structures in the area.



The relatively small number of casualties and deaths is attributed to the community's positive response to the alert system, utilizing loud speakers and pick-ups, which was triggered by local authorities following the early strikes of the quake in order to evacuate the residences prior to the major shock of 31 March.



Among the infra-structure destroyed there were several primary health care facilities used to provide local population with basic health/medical needs. Only in Borujerd district, 6 health centres and 36 health houses (HHs) sustained variable degrees of damage ranging from 30-100%, and the two main hospitals (Imam and Chamran) with a total bed capacity of 200 (100 beds each) sustained severe damage. The Imam General hospital is a 75 year old facility, built of mud-bricks without foundation, and rendered completely non-functional soon after the earthquakes.

The health authorities, paralysed by the loss of the hospital bed capacity, evacuated most injured victims to the nearby cities and provinces. However, this was not a durable solution to meet the immediate and mid-term basic health and medical needs of the people in the area. Consequently, two days later, the government managed to pitch some tents next to the damaged Imam hospital to help provide basic health care services to the people.

Despite the serious damage to the facility and insecurity of the building of Chamran hospital for any health activities, the medical services resumed immediately following the major shock in order to plug the gap in health service created by destruction of Imam hospital.

In the second day of the shock, the Sepah (The Revolutionary Army) established a 60 bed field hospital adjacent to Chamran Hospital which helped in providing immediate emergency medical services and referrals especially for traumatology cases. The field hospital served for one month following the earthquake.

The local and national authorities explored the possibility of using mobile hospitals, however due to WHO advice and to lack of adequate financial resources this option was not pursued.

The provincial government identified a ten hectare plot to establish a modern, earthquake-resistant, 200 bed, general hospital in Boroujerd to act as a referral and tertiary facility for the district as well as an emergency back up facility for the nearby regions.

The latest government statistics prior to the earthquake indicated a population of approximately 329 000 living in Boroujerd district. This reveals a rate of 1 bed per 1645 population; far from the recommended international standard of 2 beds per 1000 population (WHO Standard). After the earthquake, this rate deteriorated to become 1 bed per 3290 population, indicating that the local population is suffering inadequate medical care which is detrimental to the overall health situation in the province. This is due to the fact that one hospital (Imam Hospital) is completely non-functional and the other one (Chamran) is providing services despite the serious damage sustained; being unsafe for both the staff and patients receiving medical care.

Horrified by the deteriorated health care indicators precipitated by the earthquake, the provincial and district health authorities pleaded to WHO to provide assistance for reconstruction of a new hospital in Boroujerd District.

Following the official request from the health authorities, the WHO field team jointly with the Government Housing Foundation (HF) and the District Health Network (DHN) authorities assessed the hospitals and verified the need for reconstruction of a new hospital (**Annex 1: Result of the joint assessment for health facilities and report on assessment of the two hospitals**).

II. OVERALL RESPONSE

WHO immediate response to the earthquake

Within 24 hours of the earthquake WHO deployed an emergency field officer, as part of the UN response team, to the affected area for rapid assessment of the situation. Later, WHO augmented its presence in the field with two more technical staff (program assistant and logistic officer) to assist MOH and partners and to ensure effective coordination of health cluster response.

Soon after the rapid assessment, WHO dispatched two New Emergency Health Kits (NEHK) to Dorud and Boroujerd, sufficient to cover health and medical needs of 20 000 people for three months.

To enhance access to quality primary health care services for the affected population, WHO managed to secure funds to establish four fully equipped emergency health centres (HCs), consisting of prefabricated containers with basic medical and general equipment and furniture. Two HCs were established in two of the most damaged villages in each of Dorud and Boroujerd districts. Three villages in Dorud were also provided with prefabricated containers to make two HHs functional.

III. THE WHO IN THE ISLAMIC REPUBLIC OF IRAN IN BRIEF

WHO has six core functions built into its mandate:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.
- Setting norms and standards, and promoting and monitoring their implementation.
- Articulating ethical and evidence-based policy options.
- Providing technical support, catalysing change, and building sustainable institutional capacity.
- Monitoring the health situation and assessing health needs.

The Country Cooperation Strategy (CCS) for the Islamic Republic of Iran was developed in June 2004. It is an analytical framework and agreed statement for WHO's cooperation with the national authorities highlighting what the WHO will do in the short to medium term and how it will operate to achieve its intended objectives. Six directions have been determined by the CCS for collaborative assistance:

- Promoting health as central to sustainable human and economic development;
- Enhancing leadership capacities for reforming the health system;
- Applying risk management approaches to effectively deal with behaviour related disorders and conditions;
- Addressing the unfinished and emerging agenda for communicable diseases;
- Promoting a culture of research and technological development; and
- Strengthening institutional mechanisms for effective emergency and humanitarian action for health.

The programmes and activities supported by WHO include:

- Capacity building component, such as fellowships and trainings, for eligible Iranian professionals working in the health sector to pursue diploma courses and/or participate in national and international workshops.
- Fielding experts/consultants to provide technical assistance in specific areas
- Funding research, particularly operational research
- Exchanging information

WHO works with other players including: UN agencies, donors, nongovernmental organizations, WHO collaborating centres, private sector and communities to promote the health and quality of life of the entire population.

WHO priority programmes

1. Emergency and Humanitarian Assistance

The Islamic Republic of Iran is one of the most vulnerable countries of the world for natural disasters. The devastating earthquake that hit the city of Bam on 26 December 2003 claimed almost 30 000 lives and left more than 23 000 injured and more homeless.

As the lead UN agency in health, WHO in the Islamic Republic of Iran was among the very first international organizations to engage actively in the urgent humanitarian response efforts as well as in the long-term recovery and rehabilitation process in Bam. The WHO flash appeal succeeded to attract international donors' contributions to support the response operations during the relief and subsequent recovery and rehabilitation phases.

During the early period, assistance was provided for ensuring adequate preventive and curative services, securing safe water supply, improving the environmental sanitation conditions and food safety, establishing

a disease surveillance system to protect the community against outbreak, and ensuring timely rehabilitation of the healthcare delivery system focusing on the establishment of temporary health centres.

WHO also responded to the other areas affected by disasters e.g. Zarand and Lorestan as well as extending technical assistance to the earthquake-affected population in Pakistan.

2. Development of Health Systems

Given the epidemiological and demographic transitions in the country, radical changes are needed to enhance the performance of the Iranian health system. WHO on behalf of the Ministry of Health is executing a Health Sector Reform Project supported by the World Bank. The interventions not only focus on health care delivery, but also on governance and health financing. In this regard, work is underway for designing and testing various modalities, particularly the expansion of health insurance aiming to provide universal coverage to the rural areas and more vulnerable sections of the society.

Micronutrient deficiencies are one of the most common nutritional problems in the Islamic Republic of Iran. Based on a successful flour fortification pilot study implemented from 2001 (in Boshehr province) showing an improvement in haemoglobin and serum ferritin among the target population, a national plan for flour fortification is being developed as a joint project with World Bank.

Most of the vaccine requirements for the expanded program for immunization are produced in the country. To assure the quality of vaccine product, the MOH&ME developed a project financed through a World Bank loan with WHO acting as the executing agency to enhance the capacity of the National Regulatory Authority (NRA). The project is developing guidelines, standard operating procedures and training of staff from the NRA, the Food and Drug Control Laboratory, and manufacturers.

3. Disease Control and Health Promotion

WHO is focusing on a number of programmes in the country designed to decrease communicable and non-communicable diseases and promote healthy lifestyles and management systems.

WHO has supported the health authorities to establish a functioning epidemiological surveillance system. The quality of the system and its high sensitivity to detect outbreaks provided a critical and effective tool to monitor and control outbreaks like cholera and avian Influenza.

Measles vaccination coverage is generally very high in the country and the Ministry of Health aims at eliminating the disease. To this end, a national mass campaign for measles elimination was conducted and more than 30 million 5-25 year-olds were vaccinated during late 2003 and early 2004. WHO extended its support through provision of supplies and equipment for evaluation of the measles immunization effectiveness.

The country faces a serious problem of substance abuse with around 3.7 million abusers and opium dependants. Among injecting drug users, 90% are male and 10% females and the average age of users is 35 years. A national strategy against substance abuse has been devised based on supply reduction including an abstinence based approach. Methadone based treatment is being adopted, which has led to a reduction in the number of users and in violence. An outreach HIV/AIDS system of mobile clinics has also been designed for street drug users.

The annual consumption of tobacco is estimated at 54 billion cigarettes of which about 12 billion are produced by the national tobacco industry and the remaining are being imported through illegal channels. To launch a nationwide program to reverse the current trend, WHO worked closely with the Iranian Parliament in many sessions and meetings in the process of ratifying the Framework Convention on Tobacco Control.

WHO in collaboration with the MOH&ME and the School of Public health, Tehran University of Medical Sciences, is supporting an International Diploma Course on Malaria Program Planning and Management in the areas of epidemiology, case management, malaria drug policy, entomology, and vector control, planning, and management. Participants from Eastern Mediterranean Region Member States and other regions are benefiting from this training.

4. Health for Sustainable Development

WHO advocates and supports the Community-Based Initiatives (CBIs) which aim at improving the health and quality of life of local communities through their involvement in different health, poverty alleviation and socioeconomic development activities.

The CBIs include Basic Development Needs (BDN), Healthy City Program (HCP), Healthy Village Program (HVP), and Women in Health and Development (WHD).

By end of 2005, the total coverage of CBI in the Islamic Republic of Iran was 19 healthy cities with the population of 5 036 488; 43 healthy villages with 78 856; and 17 BDN areas with 27 730 populations.

WHO is facilitating the role and participation of the Islamic Republic of Iran in the newly established Commission on Social Determinants of Health (SDH) and for developing a national strategy for providing a solid evidence base for action on the SDH, and facilitating further work in reducing the health inequities.

The Islamic Republic of Iran is undergoing rapid industrialization in its food industry with over 5000 food manufacturers, many of whom export their products abroad. WHO is conducting a Food Safety Program, the objectives of which are increasing consumers' knowledge and awareness of food products and increasing the knowledge of technical experts and heads of food industries on Hazard Analysis Critical Control Point.

5. Research and Governing Bodies

Health system research is one of WHO's priority areas. Through WHO support, the country has undertaken a national health research system analysis, the purpose of which is to identify the weaknesses and strengths of the health research system and make recommendations for future national policy and direction.

WHO is further supporting nine research centres in collaboration with the Ministry of Health in order to design participatory empowerment plans and community-based research in population research stations.

WHO has been assigned as the chair of the UN Theme Group for the Islamic Republic of Iran's Capacity Strengthening on Millennium Development Goals (MDGs), Human Rights, and Good Governance. Major achievements include:

- Increased public awareness and advocacy activities on MDGs – roundtables with media, preparation for producing TV programs on MDGs with the state radio and TV, MDG posters publication and exhibitions.
- Strengthening the national statistical system to include gender and regionally disaggregated data collection, analysis, dissemination, and utilization for monitoring the MDGs.

WHO is fully engaged in preparing advocacy materials and celebrating the Health Day, Population Day, Zoonoses Day, No Tobacco Day, Asthma Day, Blood Donors Day, Tuberculosis Day, Mental Health Day, Older Person Day, Suicide Day, and World AIDS Day.

6. The Library and Information Centre

These facilities are fully operational since April 2005 and are providing regular services to government agencies, academia, civil society organizations and general public.

The library collection consists of more than 8000 titles; subscription to 40 international journals and a collection of WHO posters and non-print materials.

WHO produces series of advocacy and documentation materials that highlight the main activities and events. These include quarterly newsletter, annual and biennial reports and other publications such as the WHO Response to the Earthquake in Bam and Zarand. The publications are widely distributed within the government sectors, universities and research institutes, diplomatic missions and UN agencies in the Islamic Republic of Iran, WHO country offices within the Eastern Mediterranean Region, the Regional Office and Headquarters.

7. Developing effective Partnership

WHO country office has established effective partnership with different organizations, academic institutes and government sectors and signed memorandum of understanding or joint plans of action in this regard (UNIDO, UNICEF, Ministry of Welfare and Social Security, Imam Khomeini Relief Foundation, Kerman University of Medical Sciences, etc). The agreements established a framework for mutual cooperation for the development and implementation of joint endeavours aiming at promoting the health and wellbeing of the people.

IV. PROJECT OBJECTIVE

The project aims at assisting local health authorities to secure necessary funds for reconstruction of a new, 200 bed capacity, general hospital in the city of Boroujerd to provide quality health and medical care services for the population of Boroujerd district.

The hospital will have basic units such as General Surgery with necessary operation theatres, Emergency Wards, Paediatrics, Internal Wards, Obstetrics/Gynaecology, Nursery and corresponding technical and administrative supporting units.

V. PROJECT SUMMARY

The land has already been identified and the necessary documents (Plans and drawings) and preparatory formalities finalized by the local authorities. The District Health Network owns the land which is the pre-requisite, set by the Ministry of Housing, necessary for issuance of the construction work permit. Therefore, for the initiation of the project, administrative ground work is set.

Following formalities and upon confirmation of the donation to the WHO headquarters, the WHO Country Office will proceed with the local/international bidding process for construction. It is expected that within three months the selection process will be completed in order to start the project.

In the course of the bidding and at the time of signature of the formal agreement with the winner, a representative of the donor organization/agency will participate with the team identified to run the project. The managing team will use its capacity in the area and invite experts to monitor the reconstruction activities to the final stage.

Meanwhile, WHO will ensure generation of additional resources by other potential local/international donors as well as the national government to purchase basic, high quality medical/technical equipment to be available upon completion of the reconstruction.

Following completion and all required formalities, the hospital will be handed over to the Government of the Islamic Republic of Iran in an official ceremony in the name of the donor country and WHO as technical partner to the project.

Details of the project implementation and the work plan will be submitted upon finalization of formalities with concerned government departments of the Islamic Republic of Iran and in particular the Ministry of Health.

VI. PROJECT COST

Activity	Cost estimates	Time frame
Bidding and initial technical work for project development and finalization	\$ 20,000	3 months
Construction work including labourers and all incurred expenses	\$ 2,500,000	12 months
Chiller, laundry, central heating system, water and gas pipelining	\$ 500,000	12 months
Technical support and technical staff recruited for the project	\$ 200,000	15 months
Monitoring and Evaluation	\$ 50,000	18 months
Documentation and reporting	\$ 30,000	6 months
Overhead (7% for emergency projects)	\$231,000	15 months
Total	\$ 3,531,000	15 months

It is estimated that cost of the project is approximately \$ 3 531 000. Detailed break down of the project cost will be submitted upon finalization of the construction plan and drawings by the relevant government technical experts in the field.

VII. PROJECT DURATION

The expected project duration is one calendar year with successful completion of the building and delivery for utilization. Therefore, it is planned for the new facility to be fully operational in 15 months following successful finalization of the procedures of donation.

VIII. REPORTING SYSTEM

- Mid-term financial and narrative report will be submitted after nine months following initiation of the project
- Final narrative and financial report will be submitted within 3 months after closure of the project

IX. MONITORING AND EVALUATION

- A continuous monitoring system will be implemented as part of project activities as indicated above
- Regular reviews and evaluation will be undertaken at four month intervals
- M&E Reports will be shared with donors and partners in timely course.

X. CONCLUSION

- Donations to this effect are considered a great contribution to the health of needy beneficiaries i.e. the poor people of Boroujerd in Lorestan province who currently lack access to quality health care.
- WHO will ensure high technical expertise and accountability for implementation of the project
- In all advocacy and media coverage, in-kind donations for this project will be highlighted and reflected.

Annex 1:

Result of the joint WHO/DHN/HF field assessment for the health facilities in Boroujerd District

List of affected Health Facilities in Boroujerd				
Name of Rural Health Center	Name of Health Houses	No. of Villages under cover	No. of Families	Population
	Dinar Abad	5	236	1073
	Kenarvand	7	86	453
	Dartoot	6	123	664
Boz Azna	Basri	2	174	915
	Alak abad	1	150	655
	Darb astaneh	4	192	951
	Bozazna	2	258	1147
	Shirvan	3	288	1388
	Ganjineh	1	184	894
Shirvan	Gharesoo	2	165	754
	Asadkhanee	2	267	1233
	Papoolak	2	108	588
	Khayan	1	510	2103
	Abasabad	2	136	611
Khayan	Goshe Mohsenebn	2	245	1265
	Valiyan	2	139	629
	Ghaleno falakadin	2	590	2749
	Shah viran sofia	3	91	545
Shahid Tasbihee	Nasir abad	3	86	455
	Vazir abad	2	128	651
	Shams abad	7	208	1269
	Ghagani kosh	1	122	573
	kiuore	2	160	722
Shams Abad	Ghenarestan	1	165	757
	Zereshgah	1	262	324
	Haji abad	1	137	725
	Raband sofia	11	89	487
	Pelkan sofia	7	219	1054
	Hemat abad	4	322	1676
	Tanjoor	2		
	Dehsheykhan	2	130	605
Hemat abad	Keydan	2	243	1197
	Jahan abad 1	1	465	2368
	Jahan abad 2	1	473	2118
	Tabrijan	2	189	971
	Valanjerd	1	323	1430
Total	36	100	8146	39056

Health faculties	Total Number	Number affected		
Total UHC	14	0		
Total RHC	13	6		
Total HH	85	36		

Report of the joint assessment of the two hospitals (Reflected in the letter of appeal submitted by Lorestan University of Medical Sciences to the WRO office)

1. Imam Hospital

The facility was built 75 years ago. The equipments are very old and outdated and the majority are bad or non-functional. The skeleton is constructed of mud brick, wood and the roof is made of wooden shingles. The previous structural changes in the hospital, which were made on ad hoc bases, rendered the structure quite vulnerable.

The loose foundation of the building makes it unsuitable for any fortification exercise. Big cracks and loosening of the structure are quite noticeable in all parts of the building.



2. Chamran Hospital

The hospital is over 40 years old. The equipment is very old and outdated and the majority are bad or non-functional. The skeleton is made of iron, but not a strong enough foundation and unfortunately, the skeleton is not properly fixed to the foundation.

The pillars, fixtures, fortified cemented roof, welding, and roof armature structure are weak and, from an engineering view point, are not accurately calculated with regard to the connections and resistance and therefore can not resist any major jolt. Cracks are noticeable in different parts of the building.



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