

**GOVERNMENT OF ARAB REPUBLIC OF EGYPT  
(Ministry of Health & Population, Cairo Governorate)**

**EMBASSY OF THE ITALIAN REPUBLIC in Egypt**

**UNITED NATIONS DEVELOPMENT PROGRAMME**

**Project Title:**

**Participatory & Integrated Health & Urban Social Development (HUSD)  
Award Number: 00044434**

**Brief Description**

The project supports the efforts of the Government of Egypt to improve the quality of life for its citizens in urban areas and is designed to:

1. Increase access to quality health care through the establishment of a model Family Health Center (FHC) in El Sahel District in Cairo using a framework that has been developed and tested by the International Public Health Unit (IPHU) of the *Universita Cattolica Sacro Cuore* in several developing countries' urban environments.
2. Strengthen the capacities of local institutions and stakeholders in El Sahel/Shubra for participatory local planning and development.

The innovation of this project is to enhance the quality of services provided by the FHC through building on the know-how and expertise of Italy; establishing linkages between the FHC and social and community development in addition to strengthening the partnership between the Ministry of Health and the NGOs,

**SIGNATURE PAGE**

**UNDAF Outcome:**

**Country:** Egypt

**Outcome 3:** By 2011, regional human development disparities are reduced, including reducing the gender gap, and environmental sustainability improved

**Expected Outcome(s):**

Capacities and partnerships developed of local governance actors for policy formulation, service delivery and resource management

**Expected Outputs:**

Output (A): Project Management Structure is in Place  
 Output (B): The Family Health Centre (FHC) in Shubra District of Cairo is established and operating  
 Output (C): Capacities of local institutions and stakeholders in El Sahel are strengthened for participatory local planning and development

**Implementing partner:**

Ministry of Health and Population (MoHP)

**Other Partners:**

- Embassy of the Italian Republic in Egypt
- Cairo Governorate

**Programme Period:** 2007 - 2011

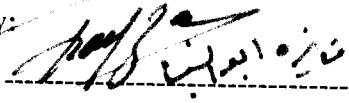
**UNDP CP Outcome:** Decentralization policies formulated/reformed, adopted and implemented with improved capacity of institutions at the local level in participatory planning, resource management and service delivery

**Project Title:**  
*Participatory & Integrated Health and Social Urban Development (HSUD)*

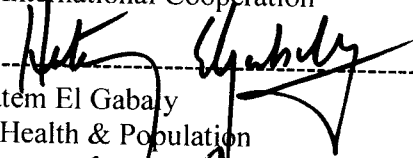
**Project Duration:** 3 years

<b>Budget</b>	
<b>Total budget:</b>	<b>\$ 1,387,523</b>
<b>Allocated resources:</b>	
• Italian Govt. (€1,000,000) (N.B. Exchange Rate is 0.759)	\$ 1,317,523
• UNDP:	\$ 70,000
<b>In kind contributions:</b>	
• The Catholic University will provide expert advice for the architectural design of the FHC	
• The Governorate of Cairo will allocate land in El Merkassi St; MoHP will construct Family Health Center and will allocate furnished office space for the project within its premises	

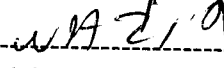
**Agreed by:**

Signature  -----  
 H.E. Dr. Fayza Abounaga  
 Minister of International Cooperation


Date: -----

Signature  -----  
 H.E. Dr. Hatem El Gabaly  
 Minister of Health & Population

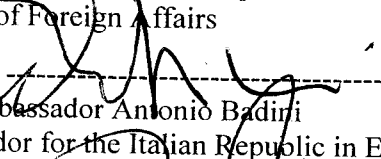
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Signature  -----  
 H.E. Dr. Abdel Azim Morsi Wazir  
 Governor of Cairo

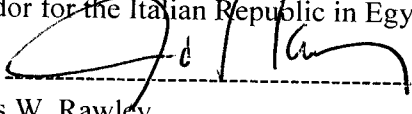
Date: -----

Signature  -----  
 H.E. Mr. Ayman Zaineldin  
 Deputy Assistant Foreign Minister and  
 Director of International Cooperation  
 Ministry of Foreign Affairs

Date: -----

Signature  -----  
 H.E. Ambassador Antonio Badini  
 Ambassador for the Italian Republic in Egypt.

Date: -----

Signature  -----  
 Mr. James W. Rawley  
 Resident Representative, UNDP

Date: -----

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## Acronyms and Abbreviations

AWP	Annual Work Plan
CBO	Community Based Organizations
CCA	Common Country Assessment
FHC	Family Health Center
GoE	Government of Egypt
HUSD	Participatory & Integrated Health & Urban Social Development
ICT	Information & Communications Technology
IPHU	International Public Health Unit or the Cattolica Universita del Sacro Cuore
ISS	Implementation Support Service
IT	Information Technology
JMC	Joint Management Committee
MCIT	Ministry of Communications and Information Technology
MDG	Millennium Development Goals
MOFA	Ministry of Foreign Affairs
MoHP	Ministry of Health and Population
MSE	Micro and Small Enterprises
MYFF	Multi-year Funding Framework
NEX	National Execution
NGO	Non-Governmental Organization
PMU	Project Management Unit
POP	Project Operations Plan
SRF	Strategic Results Framework
TOR	Terms of Reference

## SECTION ONE

### PART I: Situation Analysis

The Millennium Declaration spells out the commitment to help people achieve their human capabilities which allow them to lead the life they value. The 1997 Human Development Report demonstrated how poverty is more than the lack of income; rather it is a “deprivation in the valuable things a person can do or be”. These deprivations include deficits in education, health, equity in political and social rights and security. This sentiment had already been endorsed by Egypt and other nations in the 1993 Vienna Declaration, where there was agreement that “extreme poverty and social exclusion constitute a violation of human dignity” (1993 Conference on Human Rights). The United Nations 2005 Common Country Assessment (CCA) ([www.undp.org.eg/programme/projects.htm](http://www.undp.org.eg/programme/projects.htm)) for Egypt discusses the development challenges facing Egypt and analyzes human capabilities and state capabilities through the lens of the government’s obligation towards its citizens in fulfilling social, economic and political entitlements.

Good health is one of the most basic human capabilities necessary for people to achieve their full potential in life, and one of the most crucial claimable rights in a society. It lies at the heart of human security and is the basis for protecting the individual from illness, disability and avoidable death. In Egypt, the country is reported to be on track to reach the MDGs of reducing maternal mortality and child mortality by  $\frac{3}{4}$  and  $\frac{2}{3}$  respectively. Egypt’s progress in reducing poverty over the years is largely due to the remarkable progress in improving the country’s health indicators. This has included establishing an extensive network of primary health care facilities and providing access to basic health services to almost the entire population (95 % of the population is within 5km of a facility). Modern technology for health care and pharmaceuticals are largely available and communicable diseases are decreasing, with massive immunization campaigns becoming a regular part of the health care system. This success is largely due to major government investments which started in the 1970s. The strategy of the Health Sector according to the Declaration by President Mubarak on 7 July 2005 is based on:

- The provision of targeted public subsidies covering the cost of health care for the poor,
- Stepping up public health programmes for the population at large (managing public goods such as disease prevention, hygiene, health education and literacy, immunization)
- Creation of a universal insurance coverage system of health risks, anchored on a well-functioning insurance market and on an efficient health insurer of last resort (the government).
- Moving from pilots into sector-wide reform and governance/legal framework enforcement, for adequate and sustainable fiscal resources, for efficient mechanisms of pooling risks, for effective targeting of those in need and for powerful incentives at the level of quality and productivity of service delivery, based on equity, relevance, appropriateness and affordability.

In 1996, the Ministry of Health and Population (MoHP) launched a re-assessment of the health sector situation and recognized a need to explore alternatives for a comprehensive reform. As a result, Government of Egypt (GoE) adopted the Health Sector Reform Program (HSRP) for Egypt, which lays out a framework for undertaking a comprehensive reform of the health sector over the medium- and long-term. HSRP (1997-2006) aimed at the

introduction of the “Family Health Model” in 5 governorates. In addition to the reform and expansion of social health insurance, HSRP<sup>1</sup> focused on:

- Introduction of a Family Health Fund (FHF), granting a Basic benefits Package (BPP) to insured families implemented at primary care level in pilot Governorates;
- Redefinition of the MoHP role on regulatory functions, establishing quality norms and standards and a mechanism of accreditation and licensing to enforce standards, and to consolidate the multiple vertical public health programmes;
- Training, deployment and retaining family health physicians, nurses, and allied health professionals; with emphasis on preventive health care;
- Government health delivery system management decentralization to governorates and districts, with greater managerial autonomy at facility level;
- Rationalization of public investment in health infrastructure and health manpower, based on local area planning, and stabilization of investments in the sector;
- Pharmaceutical sector rationalization and essential drug list formulation;
- Accreditation of and regular supervision of FHC and FHU at primary level.

The aim of the Health Sector Reform Program HSRP (1997-2006) is the development of the Egyptian health care system to guarantee efficiency, quality, and long-term financial sustainability with reduction of the current major geographic and income level inequities regarding health outcomes, access, and spending and to be capable to provide relevant and appropriate services to deal with the large existing communicable disease burden and the large and increasing non-communicable disease and injury burden resulting from the health transition. Based on lessons learnt and evidence gained during HSRP Phase I, the GoE is now implementing concrete steps to reshape the health system, increasing its efficiency and improving its effectiveness within a sustainable financial and regulatory framework as follows:

- MoHP will focus *on policy formulation* and population-based public health programmes (phasing-out its direct provision of health services);
- A National Health Insurance Fund (NHIF) will be established to define and buy a health benefit package *for all citizens* (decentralized at governorate level);
- NHIF will contract *public and private health-care providers*, to be organized as autonomous entities at Governorate level;
- Health service *quality and safety will be regulated* by independent, professional, non-governmental bodies under the surveillance of an Egyptian Council for Quality Assurance and Accreditation, dealing with quality standards and accreditation of public and private providers.

The Family Health Model represents the framework for reform that HSRP Phase II will contribute to expand and consolidate, capitalizing on lessons learnt from HSRP Phase I and on policy adopted by the President for the Egyptian health system development. The main outputs envisaged by HSRP Phase II are:

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<sup>1</sup> HSRP was jointly financed by the GoE, the World Bank, the European Union, and USAID. In 2000, the African Development Bank joined the financial stakeholders. Infrastructure upgrading and equipping was partially funded by the Social Fund for Development, in cooperation with MoHP.

- Redefinition of MoHP and HIO institutional setting, functions, tasks and missions on a manner consistent with the reform principles that ensure governance-based and strengthened regulatory capacity in order to guarantee public goods delivery;
- Expanded BBP, including primary, specialist, and secondary inpatient care, based on epidemiological, social and financial considerations to make it equitable, affordable and sustainable;
- Requalification of personnel, reorienting medical education and introducing CPD to incorporate modern public health and service management knowledge and skills, family medicine and addressing legislative provisions for staff juridical status;
- Fair networking of providers, public and private entities integrated by means of accreditation and relicensing programmes managed by a dedicated entity over viewing quality, appropriateness of care (overuse, especially for inpatients; underuse especially at primary level and for “unvalued” services, such as prevention, promotion, public health) and gate-keeping/referral functions, while guaranteeing access to the poor and the vulnerable and equity in resource distribution;
- Single-payer organization (the reformed HIO, incorporating FHF) serving as the insurance administrator that would separate financing from provision of care. The payor would pool health-care funds, contract with provider networks, pay providers, administer beneficiaries enrolment, and perform other insurance functions. It would be financed by premium sharing and co-payments from beneficiaries, and contributions from government (currently paid to facilities via budgets and worker salaries) and employers;
- Consumer participation and rights and a clear provision of, e.g., exemption policies for the poor.

The expected results of the HSRP are as follows:

- Better and efficient health system governance, with a clear division of responsibilities between the MoHP, Governorates and district health authorities, purchasers, providers, and beneficiaries.
- An efficient and sustained social health insurance system, properly organized and managed by a single payor (NHIF), capable to generate revenues as a mix of premium-based (payroll and others) and taxation-based sources, financially sustainable, able to cover the whole population, offering a negotiated and defined BBP, capable to contract public and private providers, and to remunerate them according to a stated mechanism.
- Regular review and adaptation of an evidence-based BBP delivered through the FHM as epidemiological, technical and economic developments require.
- Sound investment planning based on rationalisation of the health-care infrastructure, mainly at primary and secondary and eventually tertiary levels, with an expansion of the FHM beyond the geographic areas presently covered and based on HSRP pilot Governorates.
- Long-term planning and reorientation of human resources, with outputs appropriate in volume, profile and distribution, skilled to manage the reformed services and the new paradigm for health.
- A well-established and rolled-out system of quality assurance and continuous quality improvement, with Continuous Professional Development (CPD)-based revalidation of staff, the adoption of clinical guidelines, formal and compulsory accreditation of facilities, and formal quality audit and supervision, supporting performance-based budgeting and remuneration.

The proposed Family Health Center (FHC) will be located in El Merkassi Street in the Burham Shiakha (sub-district) of Shubra which has a population of 20,500. The area is well serviced with potable water and sewage systems. The services of the area include two hospitals: the General Hospital of Khezendara, with 230 doctors, 128 nurses and 147 beds, and the Shubra Teaching Hospital with 487 medical staff, 404 nurses and 457 beds. The Ministry of Health and Population maintains records of births and deaths in Shubra and vaccinations, and monitors contagious diseases and water quality.

A large number (125) of very small NGOs are registered in Shubra district and some will be participating in discussions with project staff and consultants in the needs assessment phase of the project to determine the social upgrading requirements of the area. This is because the living conditions and quality of life varies markedly between Egypt's various regions and within the urban conglomerations. Rapid population expansion has led to fast growth of poorly-serviced, high density dwelling areas particularly in Cairo. This situation can be rectified by upgrading partial services and providing those that are missing altogether.

## **PART II: Project Strategy**

The present project responds to the MOHP policies; Outcome 3 of the UNDAF 2007 – 2011 stating that “By 2011, regional human development disparities are reduced, including reducing the gender gap, and environmental sustainability improved” as well as the UNDP CP 2007-2011 calling for “Decentralization policies formulated/reformed, adopted and implemented with improved capacity of institutions at the local level in participatory planning, resource management and service delivery”, the purpose of this project is two-fold:

- To increase access to quality health care through the establishment of a model FHC in Shubra District in Cairo; and
- To promote participatory local development in the same area through building the capacity of local NGOs, enhancing local governance and promoting ICT for local development. This will be achieved through strengthening the capacity of local institutions in participatory planning and development.

The strategy of the project is to enhance the quality of the services provided by the FHC through building on the expertise of the Sacro Cuore Catholic University in Italy; establishing linkages with community and social development and strengthening the partnership of MOH with NGOs. To achieve results in this respect the project components are as follows:

### **I. Establishing a Family Health Center**

The project will build, equip, and train the staff of the Family Health Center (FHC) to be established in El Sahel district of Cairo, using a framework that has been developed and tested by the International Public Health Unit (IPHU) of the Universita Cattolica Sacro Cuore in several developing countries' urban environments. The arrangements are as follows:

- A site has been selected and agreed to by the Cairo Governorate and the Ministry of Health and Population for the location of the Family Health Center (FHC) – 37 Merkassi Street, El Sahel District of Cairo;
- The Governorate of Cairo will demolish the existing building in the selected location
- The Ministry of Health and Population will bear the cost to construct the FHC. The MoHP will procure equipment and furniture according to government rules and regulations. This equipment and furnished will be financed by this project. Furthermore, the MoHP will recruit the staff for the centre and will also identify members of the staff of the FHC for advanced training in Rome;



- Consultants from IPHU, Università Cattolica Sacro Cuore will supervise center construction, equipping, staff training, establishment of procedures and initiate data collection consistent with the innovative FHC model they have developed;
- The Università Cattolica Sacro Cuore will also undertake the following:
  - a) Conduct three training courses (i) Community Health Worker; (ii) Traditional Birth Attendants; (iii) Health Education. The courses will establish modern concepts of hospital hygiene, sanitary economy, clinical governance, verification of quality and appropriateness of service delivery; and the ethics and justice of issues in the field.
  - b) Conduct research such as verification of the epidemiology and social-sanitary data, modalities of collection of demographic and socio-sanitary data and data transmission usability.
  - c) Research the sanitary needs of the area;
  - d) Give advice on design of the building;

The exact activities/detailed work plan for this component will be developed jointly by the Ministry of Health and Population and the Catholic University.

### ***Design of the FHC:***

The architect for the building of the FHC and the relevant senior MoHP official will, by the invitation of the Italian Cooperation, visit Rome prior to construction to view the innovations to urban FHCs that have been developed through years of experience by the Università de Sacro Cuore and to discuss their applicability to the Egyptian situation.

The design of the building will have space for a dental clinic and a laboratory for clinical analysis. The two units will be equipped either at the expenses of the present project budget or from funds which may be forthcoming during the project period.

### ***Role of the Dental Clinic***

In all population groups and at all ages in developing countries, there is a need for dental prevention and surgery both to replace and conserve, which represents the basic methods of creating an acceptable level of oral health and an adequate level of chewing capacity.

The creation of a complete dental clinic, endowed with modern equipment and a dental laboratory for making dentures, will be a valid response to the needs of the population.

### ***Role of the Clinical Analysis Laboratory***

The setting up of a laboratory for clinical, microbiological and immunological analysis capable of processing from 100 to 150 blood and microbiological samples a day, using automatic and semiautomatic instruments and managed by a computerised operating system, represents a fundamental means of offering prevention and hygiene during pregnancy and prevention and care for infectious diseases, STD and vascular and metabolic diseases such as diabetes type 2 as well as checking for nutritional deficits and parasitic diseases. The laboratory will also be capable of diagnosis in the case of urgent surgical, obstetric and internist pathologies requiring hospitalisation in well equipped centres such as the Umberto Primo Hospital.

Furthermore, data from the laboratory, cross-referenced with the use of applied ultrasound in gynaecology, obstetrics, internal medicine and paediatrics will provide the diagnostic-therapeutic system of the new FHC with important operating power and a high level of specificity in the assistance provided.

## **II. Capacities of local institutions and stakeholders in El Sahel/Shoubra are strengthened for participatory local planning and development**

This project component is designed to strengthen the community outreach of the FHC through the improvement of individual, societal and institutional capacities, the promotion of partnerships among citizens, local leaders, NGOs, the private sector and local executives and the engagement of all stakeholders as actors and beneficiaries of local development. It builds on the knowledge and lessons learned through the implementation of the programme of collaboration between the Ministry of Planning and Local Development and UNDP in the *Municipal Initiative for Strategic Recovery (MISR)*. The project will specifically enhance participation of women, youth and the poor in achieving local development aiming at improving the living conditions. Promoting a culture of participation and stakeholder involvement through the working group modality for the collective identification and prioritization of issues, challenges and ultimately areas for intervention by the project;

- Building upon locally available capacities to ensure efficiency and ownership
- Promoting a culture of human rights
- Gender mainstreaming in all project activities (conduct of gender analysis; ensure participation of women as actors and beneficiaries)

The project will conduct needs assessment/social profile of El Sahel/Shubra area which will comprise a) an assessment of the social and cultural environment of the local community; and b) an assessment of needs for capacity development of local NGOs; local popular councils, local authorities and local leaders; c) an assessment of youth skills and skill gaps; d) an assessment of available ICT facilities and infrastructure in schools and NGOs; e) identification of project partners; etc.. The synthesis report of the findings of these assessments as well as the social profile will be shared with local stakeholders through the organization of consultations and/or workshops to identify issues and challenges. This will be followed by the formulation of working/focus groups around the selected issues to dialogue and debate interventions, projects and priorities.

The outcome of this process will be the activities to be supported by this project to enhance the local community and environment and to strengthen the outreach of the FHC. To consolidate this process, the project will

1. Strengthen the capacity and role of local NGOs in areas such as programme/project design and implementation; monitoring and evaluation, service delivery; knowledge management and access to ICT; advocacy and networking; gender mainstreaming, and targeting vulnerable groups.
2. Promote civic education, volunteerism and community service through the organisation of local events such as workshops, seminars and competitions in public hygiene, illiteracy eradication, women political participation; citizenship rights and environmental awareness; ICT for development.
3. Establish partnerships among key actors at the local level namely NGOs, CBOs, the private sector, local authorities and the local popular council to enhance the local environment;
4. Build the capacity of local leaders; and local authorities and the local popular council in negotiation skills, needs assessment and participatory planning, monitoring and evaluation to link with government efforts and plans for decentralisation.

For the implementation of this project component, the project will work with the Governorate of Cairo, with the local popular council, local authorities as well as a lead NGO and a coalition of NGOs in the local area.

### **Communication Strategy**

To achieve the desired impact of the above activities, the project will develop and implement a communications strategy. The purpose is to make visible the project outputs, best practices and lessons learned as well as to raise awareness on the innovative approaches in the FHC and participatory development in urban areas.

### **Project Time Frame**

The overall duration for this project is three years starting from the date of signing the project document and the technical input by the Univesita del Sacro Cuore is scheduled for 18 months. The demolition is to be completed before the end of 2006. The construction work will start immediately after demolition is completed.

<b>Universita del Sacro Cuore 18mths total</b>		
<b>Min. of Health &amp; Governorate</b>		
2006	2007	2008
<b>UNDP social interventions and participatory upgrading</b>		

The first visit for setting up of methodology guidelines in collaboration with the local Health Boards – in social health research and the main indicators with regard to population structures, social and health needs, culture and religious traditions and selecting and developing suitable factors and analytical methodology is scheduled for 1 month. The second, longer, visit will commence about 2 months before completion of construction and will cover the creation of special areas such as the dental clinic, equipping and testing the equipment at the FHC, training, establishing the administrative framework, setting up of IT and management links, and processing of the data and study of the research results and the FHC work organisation. The component on participatory local development will run the entire three years of the project. Attached hereto as **Annex A** are the following

- Time Frame for Project Activities covering *Project Component I : Establishing a Model Family Health Center*
- Time Frame for Project Activities covering *Project Component II: Demonstrating a Model of Participatory Local Development*

### **PART III: Management Arrangements**

The project will be executed by the Ministry of Health & Population (MoHP) and the UNDP Country Office will provide support services for national execution (NEX). The letter of agreement for the provision of these support services is attached hereto as **Annex B**. The project duration is three years commencing upon signature of the project document and ending in December 2009. MoHP will provide office space for the project, clearly marked with the UNDP logo as well as that of the Government of Italy. The office space will contain the necessary furniture and equipment for efficient project monitoring operations.

The project will operate in accordance with the UNDP regulations, except for the procurement of equipment and furniture for the FHC where the MoHP will apply government

rules and regulations which are attached hereto as **Annex C**. UNDP **will** transfer the necessary funds for the procurement of equipment to MoHP (in accordance with the project budget) upon receipt of a letter from MoHP to this effect. The selection of the Project Officer will be in accordance with UNDP principles of transparency and openness, giving full and equal opportunities to all candidates. The draft TOR for the Project Officer is attached hereto as **Annex D**.

### **1. *Steering Committee***

The Committee will have the overall oversight of the project's strategic objectives and will approve the Annual Work Plan and the Project Operations Plan and any variations that alter the Project Outputs or overall budget figure (however, variations to indicative activities and lower levels in the work plans can be made by the Executive Committee). The Steering Committee will meet twice annually and will be composed of:

- The Minister of Health and Population (Chairman)
- The Minister of International Co-operation
- The Governor of Cairo
- Director, International Cooperation Department, Ministry of Foreign Affairs
- The Ambassador of Italy
- UNDP Resident Representative

Note: The counterpart Department in the Ministry of Health and Population is yet to be identified.

### **2. *Executive Committee***

The Executive Committee is responsible for follow-up on project activities and progress and for approving quarterly work plans and variations to Indicative Activities and budget line changes within activities. The Executive Committee will meet at least every quarter and will be composed of:

- MoHP Representative
- Italian Cooperation Representative
- UNDP Representative
- FHC Advisor (when in Egypt)
- FHC Co-Director (when in Egypt)
- FHC Director
- The Project Officer

### ***Project Officer***

The Project officer will be responsible for the following:

- To manage the social component of the project
- To coordinate and prepare the financial and progress reports of the project
- To prepare the Project Operations Plan (POP) and Annual Work Plans (AWP).
- Monitoring & evaluation: To follow-up on project reporting requirements, collate progress into quarterly and annual reports for UNDP; coordinate preparation of evaluations and Steering Committee meeting presentations and minutes.
- Procurement & finance: Procurement of furniture and equipment for the FHC will undertaken by the MoHP in accordance with GoE regulations. Other procurement, such as procurement of equipment for the PSU, and finance matters will be carried out in accordance with UNDP regulations.

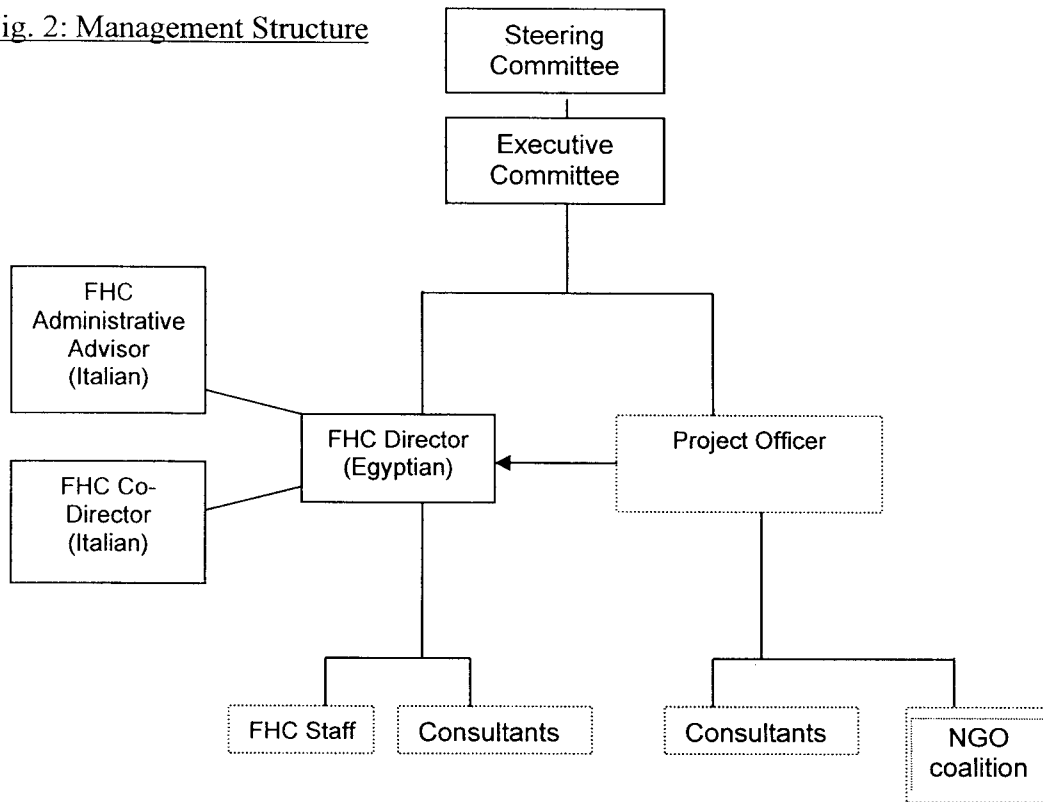
- Personnel: To prepare Terms of Reference for Short Term Consultants, subcontracts and job descriptions for staff on monthly contracts, and act as liaison between persons or organizations hired by the project and the finance department.
- To act as secretariat for the Steering Committee and the Executive Committee

***FHC Co-Director, Advisor***

The responsibilities of these two persons are to be prepared by the Catholic University.

The project Management Structure is as follows:

Fig. 2: Management Structure



The roles of FHC Co-Director and FHC Administrative Advisor are above all a guarantee of IPHU responsibility for activities organised and carried out on site both in social health research and in setting up and opening FHC operating activities. They represent the cultural and operating continuity built up during the training period at the Catholic University and a guarantee of the application of the same innovative principles in both the initial social health context and FHC activities in the Shubra district, in agreement and the local Health Boards. More specifically they are responsible for planning, organising and creating the informational and operational framework necessary to make the Shubra FHC the chief reference centre in the country for cultural, operating and administrative health innovation in Egypt.

## **PART IV: Monitoring & Evaluation**

To be able to measure and assess the project performance and to manage the outcome and outputs as reflected in the Project Results and Resources Framework, the following UNDP Monitoring and Evaluation tools will be deployed:

**1. Project Operation Plan (POP):** Will be prepared by the project to monitor yearly progress towards the achievement of results at the outcome/output levels, through the establishment of indicators and annual targets, the timeframe of the POP covers the lifetime of the project. The POP will be prepared immediately upon signature of the project document and at the start-up of project activities

**2. Project Annual Work plan (AWP):** Has a time frame of 12 months and thus a new AWP will be prepared for each year of project implementation. The AWP will reflect activities and relevant indicators which will be used to measure progress and performance. The AWP will be prepared immediately upon signature of the project document and at the start-up of project activities

**3. Project Steering Committee:** To ensure commitment, ownership, follow-up and feedback on performance.

**4. Project Progress Report:** The PSU, lead by the Project Officer, will prepare biannual progress reports as required by the Steering Committee to assess progress towards the implementation of the Annual Work Plan.

**5. Project Evaluation:** The project will be evaluated by an independent national consultant (financed under the budget allocated for local consultants.) The timing of the project evaluation, as well as the terms of reference for the evaluation will be agreed upon by the Project Steering Committee.

The monitoring and evaluation will also take into account:

- Project inclusiveness of local leadership
- Project ownership by the local community
- Project inclusiveness and participation of the local community
- Project sensitivity to gender, pro poor and human rights approaches
- Documentation, publication and dissemination of all project outputs and knowledge products

## **PART V: Legal Context**

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Egypt and the United Nations Development Programme, signed by the parties on January 19, 1987. The host country-implementing agency shall, for the purpose of the Standard Basic Assistance Agreement, refer to the government cooperating agency described in that agreement.

The following types of revisions may be made to this project document with the signature of the UNDP Resident Representative only, provided he or she has assured that the other signatories of the project document have no objections to the proposed changes:

- Revisions in, or additions of, any of the annexes of the project document; and

- Revisions, which do not involve significant changes in the immediate objectives, outputs or activities of the project, but are caused by the rearrangement of inputs already agreed to or by cost increases due to inflation.
- Mandatory annual revisions to re-phase the delivery of agreed project inputs or increased expert or other costs due to inflation or take into account agency expenditure flexibility.

## **SECTION TWO**

### ***Results & Resources Framework:***

Please, see the next page

<b>Results and Resources Framework</b>	
<b>Intended Outcome as stated in the UNDP MYFF (Multi Year Funding Framework):</b>	
Decentralization policies formulated on the local level/ in El Sahel Area, adopted and implemented with improved capacity of institutions at the local level in participatory planning, resource management and service delivery	
<b>Outcome indicator as stated in the Country Programme Results and Resources Framework, including baseline and target.</b>	
<u>Indicators:</u>	
Number of cities/villages with regulated participatory urban/rural plans	
<u>Baseline:</u>	
<ul style="list-style-type: none"> <li>• There is no FHC in EL Sahel District</li> <li>• Large number of NGOs with minimal capacities</li> </ul>	
<b>Applicable MYFF Service Line: S.L. 2.6 Decentralization, local governance and urban/rural development.</b>	
<b>Partnership Strategy :</b> Ministry of Health, Governorate of Cairo, local council, local executives, NGOs	
<b>Project title and ID:</b> <i>Participatory &amp; Integrated Health and Social Urban Development (HSUD)(Project Intended Outcome)</i>	

<b>Intended Outputs</b>	<b>Output Targets</b>	<b>Indicative Activities</b>	<b>Responsible parties</b>	<b>Inputs</b>
<b>1. Family Health Center (FHC) in El-Shubra District of Cairo is established and operating</b>	Family Health Center (FHC) is operational  Document on the FHC as a best practice is disseminated to all health directorates and development partners	<ul style="list-style-type: none"> <li>• Demolish the existing building at Merkassi Street</li> <li>• Construct the FHC</li> <li>• Field mission by IPHU to supervise construction and equipping of the FHC</li> <li>• Equip and furnish the FHC</li> <li>• Document the novelty of the FHC management model</li> <li>• Initiate data collection and conduct research for the staff of the FHC</li> <li>• Conduct three training courses locally</li> </ul>	Governorate of Cairo, MoHP, IPHU	International consultants, workshops and training programmes



		<ul style="list-style-type: none"> <li>• Conduct advanced training/fellowships for selected staff of the FHC in Rome</li> </ul>		
<p><b>2. Capacities of local institutions and stakeholders in El Sahel are strengthened for participatory local planning and development</b></p>	<p>Project set-up is in place</p>	<ul style="list-style-type: none"> <li>• Recruit full-time Project Officer (PO)</li> <li>• Recruit Project Assistant (PA)</li> <li>• Establish Steering Committee and Executive Committee</li> <li>• Recruit Communication Consultant to develop and implement communication strategy</li> </ul>	<p>UNDP and MoHP</p>	<p>National consultants, office equipment, miscellaneous</p>
	<p>Areas of intervention, to be addressed by the project are implemented</p>	<ul style="list-style-type: none"> <li>• Identify stakeholders</li> <li>• Organize workshops with local NGOs</li> <li>• Conduct needs assessment</li> <li>• Share findings and identify priorities</li> <li>• Design interventions</li> <li>• Implement selected activities and interventions</li> </ul>	<p>UNDP, local NGOs</p>	
	<p>The capacity and the Role of Local NGOs is strengthened</p>	<ul style="list-style-type: none"> <li>• Assess the needs for capacity development for NGOs</li> <li>• Organize workshop and one-on-one meetings with local NGOs.</li> <li>• Support and strengthen the programmes of local NGOs</li> <li>• Facilitate partnerships among key actors and key NGOs</li> </ul>	<p>UNDP, NGOs</p>	<p>National consultants, workshops and seminars</p>

	Community mobilized and partnerships established	<ul style="list-style-type: none"> <li>• Organise local events, competitions on topics such as illiteracy, political participation, women and girls rights, ICT for development</li> <li>• Establish partnerships among key actors at the local level namely NGOs, the private sector, local authorities and the local popular council.</li> <li>• Organize training programmes and workshops for local leaders and local authorities, monitoring and evaluation to link with government efforts and plans for decentralisation.</li> </ul>	UNDP, local NGOs	National consultants, workshops and seminars, miscellaneous,
	Lessons learned and best practices in participatory local development in Shoubra is disseminated to development partners and practitioners	<ul style="list-style-type: none"> <li>• Document project experiences</li> </ul>	UNDP, local NGOs	National consultants,

### SECTION THREE

#### Project Budget

- The Project Budget is attached as **Annex E**.
- The budget includes 5% Facilities and Administration to UNDP.
- Implementation Support Services (ISS) costs will be recovered and charged the same budget line as the project input itself, based on the universal price list.
- A cost-sharing Agreement was signed by UNDP and the Embassy of Italy to reflect the Payment schedule of the cost sharing contribution, the percentage for facilities and administration etc. The agreement is attached as **Annex F**.
- The project budget is reflected in US\$ according to the rate of 0.759. The budget will be adjusted to reflect the exchange rate at the time of transfer of cost sharing.

Upon signature of document	UNDP	\$ 70,000
Upon signature of document	Italian Government	€500,000
Upon presentation of the first Annual Progress Report		€500,000

### SECTION FOUR

#### *Other arrangements:*

#### *Relationship of the Shubra Family Health Center with the Italian Umberto Primo Hospital.*

#### *First Consideration*

The Italian Umberto 1° Hospital is a historic institution, present in Egypt since the end of the nineteenth century. In the many years of providing health services to the Cairo population it has always encountered compliance and good will among patients.

In the initial phase of the project, while the FHC is under construction, the three-week long Theoretical and Practical Preparatory Course will take place in fact in the Umberto 1° Hospital. The organisation of the course in Cairo will be directed by an attaché from the Italian Embassy delegated by the Ambassador in agreement with the MoHP, the Faculty of Medicine in the Ain Shams University, the management of the Umberto 1° Hospital and the IPHU.

The course, besides bringing together students and lecturers from different cultures, experiences and origins, will be of special importance because it will make the Umberto 1° Hospital the cultural heart of a very significant initiative in fundamental health innovation at national level.

The Course will also offer the possibility of getting to know the participants in order to facilitate selection for the successive advanced training phase in Italy.

### ***Second Consideration***

The Umberto I° Hospital represents an ideal and indispensable partner for surgical and internist treatment of urgent and other pathologies, thanks to its tradition as an Italian foundation, its relative closeness to the Shubra FHC site and the presence of good diagnosis and treatment sections.

### ***Third Consideration***

Cultural and operating collaboration between the Shubra FHC and the Umberto I° Hospital could yield a synergy of health intent and innovation at a very significant national level. Therefore, the project will explore the possibility of installing tele-medical facilities, in order to strengthen the links and the exchange of knowledge between the FHC and Umberto I° Hospital as well as other hospitals in Rome.

**Annex E**

**Project Work Plan and Budget**

**Year:** 2008-2010

**Project Number:** Exchange Rate: 1 \$ US = 0.844 Euro

**Project Title:** Participatory & Integrated Health & Urban Social Development (HUSD)

Expected output	Key activities	Timeframe			Resp. Party	Fund	Donor	Budget Description	Planned Budget		
		2008	2009	2010					Amount In \$ US F&A not deducted	Amount in \$ US F&A not deducted	Amount in € F&A not deducted
Participatory & Integrated Health & Urban Social Development (HUSD)	1. Family Health Center in El Shubra is established and operating	X	X		IC	Italy	71300 local consultants	\$ 82,938	\$ 78,791	€ 70,000	
					IC/IPHU	Italy	71200 International Cons	\$ 208,531	\$ 198,104	€ 176,000	
			X		IC	Italy	72600 Grants	\$ 99,526	\$ 94,550	€ 84,000	
					IC/IPHU	Italy	74500 Miscellaneous	\$ 82,938	\$ 78,791	€ 70,000	
					MOH	Italy	72200 Equipment & Furniture	\$ 355,450	\$ 337,678	€ 300,000	
	<b>Total F&amp;A (5%)</b>							\$ 829,383	\$ 829,383	€ 700,000	
	<b>TOTAL</b>							\$ 100,000	\$ 95,000	€ 84,400	
	2. Capacities of local institutions and stakeholders in El Sahel are strengthened for participatory local planning and development.				UNDP/	Italy	72800 Information Tech. Equipment	\$ 112,000	\$ 106,400	€ 94,528	
					UNDP	Italy	71300 Local consultants	\$ 60,000	\$ 57,000	€ 50,640	
					UNDP	Italy	72200 Equipment & Furniture	\$ 13,000	\$ 12,350	€ 10,972	
			X		UNDP	Italy	72400 Communications & Audio Visual Equipment	\$ 70,450	\$ 66,927	€ 59,460	
					UNDP	UNDP	71400 Contract Ser. Ind	\$ 62,000	\$ 62,000	€ 52,328	
					UNDP	UNDP	72400 Communications & Audio Visual Equipment	\$ 3,000	\$ 3,000	€ 2,532	
					UNDP	UNDP	74200 Publications/Print	\$ 5,000	\$ 5,000	€ 4,220	
					UNDP	UNDP			\$ 17,773		
	<b>Total F&amp;A (5%)</b>							\$ 425,450	\$ 425,450	€ 359,080	
	<b>TOTAL</b>							\$ 59,242	\$ 59,242	€ 51,059,080	
	<b>F&amp;A (5%)</b>							\$ 1,254,834	\$ 1,254,834	€ 1,059,080	
	<b>TOTAL</b>										



## Annual Work Plan

Egypt - Cairo

Report Date: 6/12/2007

Award Id: 00044434  
 Award Title: Urban Dev. in Shubra  
 Year: 2008

Project ID	Expected Outputs	Key Activities	Timeframe		Responsible Party	Planned Budget				
			Start	End		Fund	Donor	Budget Descr	Amount US\$	
00052243	Urban Dev. in Shubra	Family Health Center			EGY-Ministry Of Health And Pop	30000	ITA	71200	International Consultants	54,976.19
					EGY-Ministry Of Health And Pop	04000	UNDP	71400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	71400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	72200	Equipment and Furniture	0.00
					EGY-Ministry Of Health And Pop	04000	UNDP	72400	Communic & Audio Visual Equip	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	72600	Grants	40,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	72800	Information Technology Equipm	35,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	74100	Professional Services	500.00
					EGY-Ministry Of Health And Pop	04000	UNDP	74200	Audio Visual&Print Prod Costs	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	74500	Miscellaneous Expenses	71,738.00
					EGY-Ministry Of Health And Pop	30000	ITA	75100	Facilities & Administration	10,085.00
					EGY-Ministry Of Health And Pop	30000	ITA	71300	Local Consultants	20,000.00
					EGY-Ministry Of Health And Pop	04000	UNDP	71400	Contractual Services - Individ	15,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	71400	Contractual Services - Individ	25,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	72200	Equipment and Furniture	38,262.70
					EGY-Ministry Of Health And Pop	04000	UNDP	72400	Communic & Audio Visual Equip	5,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	72400	Communic & Audio Visual Equip	9,452.39
					EGY-Ministry Of Health And Pop	30000	ITA	72800	Information Technology Equipm	20,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	74100	Professional Services	1,500.00
					EGY-Ministry Of Health And Pop	04000	UNDP	74200	Audio Visual&Print Prod Costs	5,000.00
		EGY-Ministry Of Health And Pop	30000	ITA	74500	Miscellaneous Expenses	0.00			
		EGY-Ministry Of Health And Pop	30000	ITA	75100	Facilities & Administration	5,985.72			
		EGY-Ministry Of Health And Pop	04000	UNDP	71400	Contractual Services - Individ	0.00			
		EGY-Ministry Of Health And Pop	30000	ITA	71400	Contractual Services - Individ	0.00			
		EGY-Ministry Of Health And Pop	04000	UNDP	72400	Communic & Audio Visual Equip	0.00			
		EGY-Ministry Of Health And Pop	30000	ITA	72400	Communic & Audio Visual Equip	0.00			
		EGY-Ministry Of Health And Pop	04000	UNDP	74200	Audio Visual&Print Prod Costs	0.00			
		EGY-Ministry Of Health And Pop	30000	ITA	74200	Audio Visual&Print Prod Costs	0.00			
		EGY-Ministry Of Health And Pop	30000	ITA	74500	Miscellaneous Expenses	0.00			
		EGY-Ministry Of Health And Pop	30000	ITA	75100	Facilities & Administration	0.00			
		Project Support Unit								



## Annual Work Plan

Egypt - Cairo

Report Date: 6/12/2007

Award Id: 00044434  
 Award Title: Urban Dev. in Shubra  
 Year: 2009

Project ID	Expected Outputs	Key Activities	Timeframe		Responsible Party	Planned Budget				
			Start	End		Fund	Donor	Budget Descr	Amount US\$	
00052243	Urban Dev. in Shubra	Family Health Center			EGY-Ministry Of Health And Pop	30000	ITA	71200	International Consultants	110,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	71300	Local Consultants	77,275.00
					EGY-Ministry Of Health And Pop	30000	ITA	72200	Equipment and Furniture	134,238.00
					EGY-Ministry Of Health And Pop	30000	ITA	72600	Grants	40,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	74500	Miscellaneous Expenses	72,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	75100	Facilities & Administration	21,675.65
					EGY-Ministry Of Health And Pop	30000	ITA	71300	Local Consultants	40,000.00
		Model of Part. Local Dev.			EGY-Ministry Of Health And Pop	30000	ITP	71400	Contractual Services - Individ	15,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	71400	Contractual Services - Individ	30,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	72200	Contractual Services - Individ	12,487.00
					EGY-Ministry Of Health And Pop	04000	UNDP	72400	Equipment and Furniture	5,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	72400	Communic & Audio Visual Equip	40,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	72400	Communic & Audio Visual Equip	60,536.90
					EGY-Ministry Of Health And Pop	30000	ITA	72800	Information Technology Equipm	5,000.00
					EGY-Ministry Of Health And Pop	04000	UNDP	74200	Audio Visual&Print Prod Costs	10,000.00
					EGY-Ministry Of Health And Pop	30000	ITA	74200	Audio Visual&Print Prod Costs	36,688.57
					EGY-Ministry Of Health And Pop	30000	ITA	74500	Miscellaneous Expenses	11,484.88
					EGY-Ministry Of Health And Pop	04000	UNDP	71400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	71400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	04000	UNDP	72400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	72400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	04000	UNDP	72400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	72400	Contractual Services - Individ	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	74500	Miscellaneous Expenses	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	75100	Facilities & Administration	0.00
					EGY-Ministry Of Health And Pop	30000	ITA	75100	Facilities & Administration	0.00
<b>TOTAL</b>										<b>721,386.00</b>
<b>GRAND TOTAL</b>										<b>721,386.00</b>

## Budget Allocation of the Italian Cooperation (in Euro's)

### II. Establishing a Family Health Center in El Shubra District

<b>Personnel</b>	
• Project Coordination [ <i>International Consultants</i> ]	€ 20.000
• Italian Organization and Management Advisor [ <i>International Consultants</i> ]	€ 60.000
• Italian Medical Co-Director (6 m/m including travel)	€ 40.000
<u>[<i>International Consultants</i>]</u>	
<b>Training</b>	
• Trainers and Consultants Missions (10 Experts) [ <i>International Consultants</i> ]	€ 40.000
• Field Training and Research, mainly conducted by Egyptian Experts:	€ 70.000
Data gathering, interviews, questionnaires, papers and presentation of the results	
<u>[<i>Local Consultants</i>]</u>	
• FHC Staff Training (by the Order of Malta) [ <i>Miscellaneous</i> ]	€ 50.000
• Egyptian High Level Consultants and Trainers [ <i>Miscellaneous</i> ]	€ 20.000
• Fellowship for Egyptian Doctors and Nurses [ <i>Grants</i> ]	€ 84.000
<b>FHC Furniture, Equipment and Instruments</b>	
• Furniture, Equipment, Instruments and 1 Ambulance	€ 300.000
<u>[<i>Equipment and Furniture</i>]</u>	
<b>III. <u>Demonstrating a Model for Participatory Local Development</u></b>	
• Programme of Social Rehabilitation and Development of the area (by UNDP)	€ 300.000
<b>TOTAL (Contribution from The Italian Cooperation)</b>	<b>€ 1,000,000</b>
<b>TOTAL (Contributions from UNDP) (\$ 70,000)</b>	
Subtotal contribution to Component II (US \$ 425,450)	€ 357.080
<b><u>GRAND TOTAL</u></b>	<b>€ 1.059,080</b>



## **Annex F**

### **Third Party Cost Sharing Agreement**

#### **Between the Embassy of Italy of the Italian Ministry of Foreign Affairs (The Donor) and the United Nations Development Program (UNDP)**

**Whereas** a Project Document (hereinafter referred to as PD) for the Implementation of the Project "*Participatory and Integrated Health and Urban Social Development*" (hereinafter referred to as the Project) in co-operation with the Ministry of Health in Egypt assigned between The Ministry of Health, The Ministry of Foreign Affairs, the Governorate of Cairo and the United Nations Development Program on ----

**Whereas** the Donor Hereby agrees to contribute funds to UNDP on a cost-sharing basis for the implementation of the Project, which is described in the UNDP Project Document (Annex 1) that has to be considered an integral part of the present Agreement,

**Whereas** UNDP is prepared to receive and administer the contribution for the implementation of this Project

**Whereas** the Government of Egypt has been duly informed of the contribution of the Donor to the Project

**Whereas** the Egyptian Government has designated the Ministry of Health and Population (MoHP) as the Executing Agency of the Project

**NOW THEREFORE**, UNDP and the Donor hereby agree as follows:

#### **Article I - The Contribution**

1. The Donor shall in accordance with the schedule of payments set below (January 2007 – December 2009), contribute to UNDP the amount of Euro1,000,000. The contribution shall be deposited in the

UNDP Euro Contributions Account  
Account number 600862722022  
Bank of America  
One Alie Street, London  
Swift Address:BOFAGB22

The amount will be transferred as follows:

<u>Schedule of Payment</u>	<u>Amount</u>
Upon signature	Euro500,000
Upon submission of the Annual Progress Report reflecting Completion of the construction of the FHC by MOHP	Euro500,000

1. The above schedule of payments takes into account the requirement that the payments shall be made in advance of the implementation of planned activities. It may be amended to be consistent with the progress of project delivery.
2. UNDP shall receive and administer the payment in accordance with the regulations, rules and directives of UNDP.
3. All financial accounts and statements shall be expressed in Euros, and may be drawn from financial statements denominated in other currencies as per the UNDP legislative requirements. Where necessary, actual expenditure will be converted into Euro using the rate of exchange at which the Donor's contribution was recorded in UNDP account.

#### **Article II - Utilization of the Contribution**

1. The implementation of the responsibilities of UNDP and of the Executing Agency pursuant to this Agreement and the Project Document shall be dependent on receipt by UNDP of the contribution in accordance with the schedule of payments as set out in Article I, paragraph 1, above.
2. If unforeseen increases in expenditures or commitments become apparent, whether owing to inflationary factors, fluctuation in exchange rates or unforeseen contingencies, UNDP shall notify the Donor and consult with the Donor on the manner in which such commitments and liabilities may be satisfied. UNDP shall submit to the Donor on a timely basis a supplementary estimate showing the further financing that will be necessary. The donor will use its best endeavors to obtain the additional funds required. If additional funds will not be available, the rearrangement of inputs and the revision of the Project activities will be jointly agreed by the Donor, UNDP and MOHP.
3. If the payments, referred to in Article I, paragraph 1 above, are not received in accordance with the payment schedule, after the Donor's approval of the financial statement reports, the assistance to be provided to the project under this Agreement may be reduced, suspended or terminated by UNDP.
4. Any interest income attributable to the contribution shall be credited to UNDP Account of the Project and shall be returned to the Donor, or upon the Donor approval, utilized for Project activities in accordance with the established UNDP procedures.

### **Article III - Administration and Reporting**

1. Project management and expenditures shall be governed by the regulations, rules and directives of UNDP and in accordance with the PD directions .
2. UNDP Headquarters and country office shall provide to the Donor and the MOHP the following reports prepared in accordance with UNDP accounting and reporting procedures;
  - a. Project Progress Reports and Financial Statements  
within six months after the date of completion or termination of the Agreement, a final report summarizing Project activities and impact of activities as well as provisional financial data.
  - c. From UNDP, on completion of the Project, a certified financial statement to be submitted no later than 30 June of the year following the financial closing of the project.
3. UNDP agrees to submit the annual national execution audit reports (according to UNDP financial rules and regulations) to the Donor no later than June of the following year, along with a financial report that will consist of a statement of accounts of all reimbursable, salary and other expenditures certified by a chartered accountant; the financial report will follow the budget outlined for the period in question and it will reflect at least the same details as this initial budget (as it appears in the proposal) covering the period;

### **Article IV. Administrative and Support Services**

1. In accordance with the decisions and directives of UNDP's Executive Board the contribution shall include:
  - a) 5% General Management Service Fees (GMS) cost incurred by UNDP in administering the contribution.
  - b) Implementation Support Services (ISS) costs will be recovered and charged the same budget line as the project input itself, based on the universal price list.
  - c) Audit fees will be charged to the project budget
2. The aggregate of the amounts budgeted for the project, together with the estimated costs of reimbursement of related support services, shall not exceed the total resources available to the project under this Agreement as well as funds which may be available to the project .

### **Article V - Equipment**

Ownership of equipment, supplies and other properties financed from the contribution shall vest in UNDP. Following operational completion of the Project, ownership of equipment, supplies or other properties shall be transferred to the Implementing Partner.

### **Article VI - Auditing**

The contribution shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP. Should an Audit Report of the Board of Auditors of UNDP to its governing body contain observations relevant to the contributions, such information shall be made available to the Donor.

### **Article VII - Completion of the Agreement**

1. UNDP shall notify the Donor when all activities relating to the Project have been completed.
2. Notwithstanding the completion of the Project, UNDP shall continue to hold unutilized contributions until all commitments and liabilities incurred in the implementation of the Project have been satisfied and project activities brought to an orderly conclusion.
3. If, for unforeseen reasons, the unutilized contributions prove insufficient to meet such commitments and liabilities, UNDP shall notify the Donor and consult with the Donor on the manner in which such commitments and liabilities may be satisfied.
4. Any payments that remain unexpended after such commitments and liabilities have been satisfied shall be returned to the Donor.

### **Article VIII - Termination of the Agreement**

1. After consultations have taken place between the Donor, UNDP and the Government of Egypt, this Agreement may be terminated by UNDP or by the Donor. The Agreement shall cease to be in force 30 (thirty) days after either of the Parties has given notice in writing to the other Party of its decision to terminate the Agreement.
2. Notwithstanding termination of this Agreement, UNDP shall continue to hold unutilized contributions and liabilities incurred in implementation of the Project up to the date of termination have been satisfied and Project activities brought to an orderly conclusion.
3. Any contributions that remain unexpended after such commitments and liabilities have been satisfied shall be returned to the Donor.

**Article IX. Amendment of the Agreement**

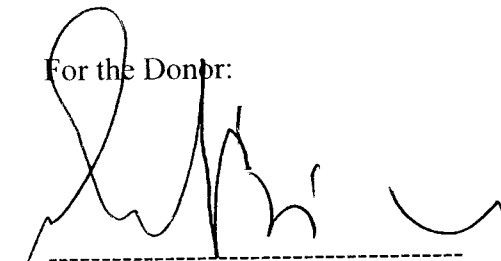
The Agreement may be amended through an exchange of letters between the Donor and UNDP. The letters exchanged to this effect shall become an integral part of the Agreement.

**Article X - Entry Into Force**

This Agreement shall enter into force upon signature and deposit by the Donor of the first contribution-payment to be made in accordance with the schedule of payments set out in Article I, paragraph 1 of this Agreement and the signature of the Project Document by the concerned parties.

IN WITNESS WHEREOF, the undersigned, being duly authorized thereto, have signed the present Agreement in the English language in two copies.

For the Donor:

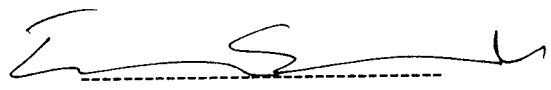


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H.E. Ambassador Antonio Badini  
Ambassador of Italy

Date:-----



For UNDP:



-----  
Mr. James W. Rawley  
Resident Representative

Date:-----

