



UNITED NATIONS DEVELOPMENT PROGRAM

GOVERNMENT OF IRAQ

PROJECT BUDGET IRQ/03/010

Project Title:

Emergency Rehabilitation of Al-Kadhimiya Teaching Hospital

Start Year: 2003

End Year: 2004

Executing Agent: UNDP - United Nations Development Programme

Implementing Agent: UNDP - United Nations Development Programme

Revision Type: INI - INITIAL

Budget Financing (in US\$)	
INPUTS	REV "A"
UNDP	
01-UNDP-IPF / TRAC - (Trac 1.1.1	C
<b>Cost Sharing</b>	
Third Parties	3,400,100
<b>Country Office Admin. Costs:</b>	238,007
<b>TOTAL</b>	<b>3,638,107</b>

Brief Description:

The rehabilitation of Al-Kadhimiya Teaching Hospital in Baghdad serving to improve health and environmental conditions in Al-Kadhimiya District as well as ensuring employment opportunities.

Approved by:	Signature:	Date:	Name/Title:
UNDP:		30 Nov. 03	Steve [unclear] / Officer in Charge



Main Source of Funds: 01 - UNDP-IPF / TRAC - (Trac 1.1.1 & 1  
 Executing Agency: UNDP - United Nations Development Programm

SBLN	Description	Implementing	Funding	Total	2003	2004
<b>010.</b>	<b>PERSONNEL</b>					
<b>017.</b>	<b>National Consultants</b>					
017.01	Activity Coordinator	UNDP		18,900	1,575	17,325
				W/M	1.0	11.0
				Total	1,575	17,325
017.02	Activity Assistant	UNDP		10,080	840	9,240
				W/M	1.0	11.0
				Total	840	9,240
017.03	Civil Engineer	UNDP		12,600	1,050	11,550
				W/M	1.0	11.0
				Total	1,050	11,550
017.04	Electrical Engineer	UNDP		12,600	1,050	11,550
				W/M	1.0	11.0
				Total	1,050	11,550
017.05	Mechanical Engineer	UNDP		12,600	1,050	11,550
				W/M	1.0	11.0
				Total	1,050	11,550
<b>017.99</b>	<b>Line Total</b>			66,780	5,565	61,215
				W/M	5.0	55.0
				Total	5,565	61,215
<b>019.</b>	<b>PROJECT PERSONNEL TOTAL</b>			66,780	5,565	61,215
				W/M	5.0	55.0
				Total	5,565	61,215
<b>020.</b>	<b>CONTRACTS</b>					
<b>021.</b>	<b>Contract A</b>					
021.01	Rental of Vehicles	UNDP		9,450	1,050	8,400
				Total	1,050	8,400
021.02	Civil Works	UNDP		1,355,646	105,000	1,250,646
				Total	105,000	1,250,646
021.03	Electrical Works	UNDP		388,500	73,500	315,000
				Total	73,500	315,000
021.04	Mechanical Works	UNDP		456,750	36,750	420,000
				Total	36,750	420,000



SBLN	Description	Implementing	Funding	Total	2003	2004
<b>021.99</b>	<b>Line Total</b>			2,210,346 2,210,346	216,300 216,300	1,994,046 1,994,046
<b>029.</b>	<b>SUBCONTRACTS TOTAL</b>			2,210,346 2,210,346	216,300 216,300	1,994,046 1,994,046
<b>040.</b>	<b>EQUIPMENT</b>					
<b>045.</b>	<b>Equipment</b>					
045.01	Purchase of Biomedical Equipment	UNDP		1,113,000 1,113,000	63,000 63,000	1,050,000 1,050,000
045.02	Purch.of 4 Computers/Printer/Copier	UNDP		9,974 9,974	5,250 5,250	4,724 4,724
<b>045.99</b>	<b>Line Total</b>			1,122,974 1,122,974	68,250 68,250	1,054,724 1,054,724
<b>049.</b>	<b>EQUIPMENT TOTAL</b>			1,122,974 1,122,974	68,250 68,250	1,054,724 1,054,724
<b>099.</b>	<b>BUDGET TOTAL</b>			3,400,100 60.0 3,400,100	290,115 5.0 290,115	3,109,985 55.0 3,109,985



Main Source of Funds: 01 - UNDP-IPF / TRAC - (Trac 1.1.1 & 1  
 Executing Agency: UNDP - United Nations Development Programm

SBLN	Donor	Funding	Total	2003	2004
103.	Third Party cost-sharing				
103.01	JPN GOV.	JPN GOV.	3,400,100	290,115	3,109,985
		Net Contrib.	7.00	7.00	7.00
		CO Adm. %	238,007	20,308	217,699
		CO Adm.	3,638,107	310,423	3,327,684
		Total	3,400,100	290,115	3,109,985
103.99	Line Total		7.00	7.00	7.00
		Net Contrib.	238,007	20,308	217,699
		CO Adm. %	3,638,107	310,423	3,327,684
		CO Adm.			
		Total			
109.	COST SHARING TOTAL		3,400,100	290,115	3,109,985
		Net Contrib.	7.00	7.00	7.00
		CO Adm. %	238,007	20,308	217,699
		CO Adm.	3,638,107	310,423	3,327,684
		Total			
999.	NET CONTRIBUTION		0	0	0
		Net Contrib.			



**DRAFT Project Proposal**

**Project Number:**

**Project Title: Emergency Rehabilitation of Al-Kadhimiya Teaching Hospital**

*Estimated Start Date:* September 15, 2003

**Estimated End Date:** September 15, 2004

**Executing Agent:** UNDP-DEX

**Project Site:**

Primary target beneficiaries: *750,000 inhabitants of Al-Kadhimiya District; the Ministry of Health and the Ministry of Higher Education; staff in the hospital;*

Secondary target beneficiaries: *Local engineers, technicians, and labourers in the fields of construction, ventilation, air-conditioning and electrical building installations*

<u>Summary of UNDP &amp; Cost-Sharing Inputs</u>	
UNDP TRAC 1.1.3	
Cost-Sharing:	\$ -
TOTAL	\$ 3,638,107
<u>Programme Support Costs:</u>	
	UNDP
<b>BPAC Approval date:</b>	
<b>Programme Officer:</b>	

**Brief Description:**

*The rehabilitation of Al-Kadhimiya Teaching Hospital in Baghdad serves to improve health and environmental conditions in Al-Kadhimiya District as well as creating employment opportunities*

## A Context

Within the integrated UN response to the Iraq crisis, and the United Nations Appeal, UNDP is playing a key role in the delivery of humanitarian assistance including:

- Emergency repairs to infrastructure including supply of power to electric humanitarian infrastructure, and deployment of rapid assessment teams;
- Job-creation through reconstruction programmes combining emergency repair with income generation for vulnerable and unemployed people;

## B Background

The Gulf War in 1991 and the ensuing UN imposed sanctions have affected most social services. In addition, the non-availability of equipment and spare parts has led to the continued deterioration of social services and consequently affected the ability of facilities to respond to the requirements of the Iraqi population. The recent war has further added to the dire situation. Current destruction and looting has not been limited to government buildings, but has also affected hospitals and other humanitarian services throughout the country. The destruction caused by the looting and the deliberate bombing exceeds that caused by the wars and sanctions combined.

Major parts of the country's infrastructure have been destroyed, where public buildings and infrastructure, which were already in a state of despair, witnessed even more destruction. Therefore hospitals that suffered from poor repairs, and gone with sub-standard materials, are now left after looting in a devastated state that prevents them from meeting their humanitarian responsibilities. This is most apparent in the city of Baghdad as it constitutes the highest population concentration in the country, at about five (5) million, with the most diverse ethnic, social, political and religious groups.

The water and sanitation situation of most of Iraq is of serious concern and will undoubtedly have a negative impact on the health of the Iraqis. The health system is in a state of turmoil with the facilities looted and damaged, which makes it very difficult to face outbreaks of diseases due to a poor sanitation environment.

### B.1 The Health Service in Iraq<sup>1</sup>

The health care system in Iraq was based on an extensive network of primary, secondary and tertiary health care facilities, which were linked among themselves and with the community by a large fleet of ambulances and service vehicles, and by a good communications network facilitating referral. It was estimated by the Government of Iraq (GOI) that 97% and 79% of the urban and rural populations, respectively, had access to health care. While the system tended to emphasize curative aspects, it was complemented

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<sup>1</sup> Information provided by the Health Coordination Group (HCG), UNOHCI, March 2003

by a set of public health activities that included, among others, malaria control, an expanded programme of immunizations (EPI) and tuberculosis control activities.

The Gulf War, followed by more than 12 years of sanctions has resulted in significant damage to the health care system. The health facilities are now dealing with a severe shortage of critically needed items and supplies. The poor environmental quality, reported malnutrition and difficult socioeconomic conditions have seriously aggravated this health situation. In 1997, it was estimated that only one quarter of the medical equipment available in health care facilities was operational.

By 1997, major surgical interventions were reduced to 30 - 35 % of pre-sanctions levels because of an acute shortage of anaesthetics and surgical equipment and supplies. Laboratory services had declined to about 40% of pre-sanctions levels due to a lack of equipment, chemicals and reagents.

The years 1991 – 1997, between the onset of sanctions and the implementation of the humanitarian programme financed by Security Council Resolution (SCR) 986 of 1995 appear to have damaged the information services, the warehousing facilities, some of the testing facilities and communications facilities which supported distribution of medicines.

The negative effect of the decay in the health services has been reduced by various United Nations agency interventions. Reports show that infant mortality has risen from 61.7/deaths per 1000 live births in 1990 to 105 deaths/1000 live births in 2000, while malnutrition has also risen from 5.1% to 15.9% for the same period.<sup>2</sup> Fertility rate has come down from 6 children born/woman in 1990 to 4.9 children born/woman in 2001.<sup>3</sup> The Two-Year Assessment and Review exercise of the SCR 986 operation (March 1999) estimated that the reconstruction of the health care system in Iraq requires at least, investments in the range of US\$ 2 – 3 billion.

**Data on Selected Health Resources in 15 Centre/ South Governorates of Iraq, 1997 - 1999**

Year	Hospitals	Public Medical Clinics	Other Health Establishments	Hospital beds	Hospital In-patients	Hospital In-patients days	Hospital Average Bed Occupancy	Pharmacies	Laboratories
1998	196	320	1,338	30,022	1,334,536	4,894,426	44.6	2,851	432
1999	197	336	1,350	N/A	N/A	N/A	N/A	N/A	N/A

Source: Central Statistical Organization

<sup>2</sup> Source is UNDP Iraq.  
<sup>3</sup> Source is UNICEF Iraq.

**Data on Selected Health Resources in Hospitals & Other Health Establishments  
in 15 Centre/ South Governorates of Iraq, 1998 – 1999**

Year	Specialists	General Practitioners	Dentists	Pharmacists	Para-medicals	Nurses	University Nurses	Dresser	Total
1998	2,891	8,155	2,072	2,006	32,917	10,392	414	1,439	60,286
1999	3,028	7,804	2,093	2,044	34,701	10,342	456	1,389	61,857

Source: Central Statistical Organization

Within the past month, many international NGOs in addition to the WHO, UNICEF and ICRC have approached the re-instituted Ministry of Health to provide the assistance and emergency supplies, and a special committee has been formulated with the ministry to coordinate the efforts of these agencies to prevent duplication and ensure the complementarity of efforts.

**C Justification**

As the war ended and the government collapsed, a total loss of law and order ensued and total anarchy reigned throughout the country. This resulted in the looting and burning of many public institutions nationwide including hospitals, teaching hospitals and Public Health Care Centres (PHCs). Residents of some secluded parts of the city of Baghdad and in other places throughout the country were able to put together local teams of armed men that protected the health institutions in their respective areas but their numbers were few in an out of basic supplies and medication since the modus operandi of the whole ministry was destroyed thus depriving the institutions that provided the population with health services of the support of counterpart departments, sections and warehouses of the ministry. This, coupled with the fact that these institutions have long suffered from the lack of coordinated support which used to be completely subsidized by the government.

UNDP contribution in infrastructure rehabilitation sector is based on its global experience in post conflict rehabilitation but more importantly in its knowledge and experience of Iraq.

UNDP has managed projects all over Iraq for the last 27 years in collaboration with a wide array of partners. With offices in Baghdad and in the three northern governorates, just before the recent war, UNDP had a total of 500 staff in the country, with the majority is of highly qualified Iraqi professionals. The over USD 800 million project elementarity programme is a good example of UNDP's capacity to effectively implement and manage complex operations. UNDP has been providing emergency power supply and helping to rehabilitate critical infrastructures required in support of humanitarian action.



Through collaborative efforts with WHO and other sister agencies like H, well placed to play a coordination role in the emergency rehabilitation c UNDP, which has more than 25 specialised engineers working in Iraq, expertise necessary to respond to the infrastructural rehabilitation at h; the UNDP Procurement Unit in Amman has specialised experience that w the speedy procurement of the required material. WHO will provide the other input for the specialised medical and surgical equipment.

ITAT, UNDP is health facilities. an mobilise the d. Furthermore, be drawn on for ecifications and

#### **D UNDP strategy for the health sector**

Building on the fact that the Constitution of Iraq states that health is citizen, and that, with adequate circumstances provided, the Ministry of H its responsibilities towards the Iraqi population, UNDP intends to supp Health to avoid the collapse of the health services. This goal will be emergency repair of hospitals, provision of equipment, and ensuring a wo that enables the operation of health facilities as well as encourages the r of medical staff to hospitals and health centres in the country.

a right of every lth could uphold the Ministry of hieved through ng environment ular attendance

Although it has not been possible, to-date to make an in-depth assess facilities in all governorates, reports from partners and sister UN ager most of them will require varying degrees of renovation. More importantl require to be either totally or partially re-equipped. The staff of the hospit trained in utilising new equipment and will also need incentives to conl time when salaries are often not being paid. The training component however handled bilaterally by Japan and is not part of the enclosed budg

nt of the health es indicate that all hospitals will s will need to be ue working at a f this project is activities.

In a collaborative review of the situation and based on information p Health Organisation (WHO), UNDP will undertake the rehabilitation heal parts of the population of the city of Baghdad in its continuous end emergency assistance in such critical sectors and that will have a alleviating human suffering.

vided by World units that serve vour to provide sitive effect on

This particular initiative will address the rehabilitation of Al-Kadhimiya Te enable it to meet minimum requirements to provide quality health care t serves. In addition, the choice of a teaching hospital combines the provis and health education. This intervention will ultimately reduce the inci provide employment opportunities for health professionals and jump star and the restructuring of health facilities in the capital Baghdad.

hing Hospital to he population it n of health care nce of disease, he rehabilitation

#### **E DEVELOPMENT, IMMEDIATE OBJECTIVES & ACTIVITIES**

***"To respond to the immediate humanitarian needs of war-affected Ira through ensuring operational public bodies essential to the provisio services".***

***people of basic health***

## Immediate objective

*"The emergency rehabilitation of Al-Kadhimiya Teaching Hospital in the district of Baghdad to enable it to meet minimum requirements to provide quality health and health education services."*

To achieve the above objectives UNDP team will undertake the following activities:

### **activity 1:**

Detailed assessment of emergency infrastructure repair and procurement of equipment requirements

### **activity 2:**

UNDP will contract local companies to undertake emergency repair and where necessary contract internationally for equipment habilitation and supply

### **activity 3:**

In addition, a labour-intensive approach will be adopted to the extent possible, to clear and clean the hospital and immediate vicinity of rubble. Such an approach will ensure that cash is injected into the community, which will in turn help jump-start the economy.

### **Activity 4**

As required, assist in identifying training needs of medical staff. This project will however not be covering any specific training component under this budget.

It is to be noted that under this project only emergency requirements will be met.

## **F Target Beneficiaries**

The immediate beneficiaries will be the users of the hospital, which has a capacity of 400 beds. The total population thus served is estimated at approximately 750,000 people.

Improvement of the physical state and equipment at the hospital will provide a more hygienic and up to date facility that will provide its health and education services to trainees and students.

The Ministry of Health will be the main counterpart and the Ministry of Higher Education will be the secondary counterpart and beneficiary with regard to the facilities related to health education.

## **G Implementation Modality**

The project will be implemented by UNDP through Direct Execution Modality, whereby UNDP is accountable for the attainment of the project objectives and is responsible for its overall management.

UNDP will first undertake a detailed assessment. UNDP will then ensure emergency repairs to the structure, electrical supply and sanitation services of the hospital.

For civil works local contractors will be utilised. For the areas where international input is required for rehabilitation of equipment waiver of competitive bidding for international companies will be used where content is above 50%. For other equipment competitive bidding will be organized in Japan for Japanese suppliers to the extent feasible and in accordance with UNDP Financial Regulations and Rules. In this respect, and with due consideration to treating suppliers on same terms irrespective of nationality, where Japanese suppliers are not able to meet the contractual requirements of UNDP, suppliers from other countries may be contracted.

The UNDP office in Baghdad will implement this project through engineers who will undertake drawing up detailed Bills of Quantities for the works and subsequently putting up the BOQ for tendering and implementation. One team of engineers under the leadership of a Team Leader will execute and supervise the complete works. The assessment period should not be more than 30 days resulting in complete Bills of Quantities for the target institution and implementation of the works should take eleven months. In coordination with HABITAT will continue, as in other rehabilitation projects, on the provision of more cost-effective, of civil, electrical, architectural and mechanical engineers.

The project activities will be monitored regularly by UNDP. UNDP reporting financial controls and auditing procedures will be utilised. Procurement, both international and local, will be subject to UNDP rules ensuring cost-effectiveness, transparency and competitiveness.

## **H PROJECT RISKS**

The responsiveness of the project depends on the security situation and timely availability of resources. UNDP would proceed with a very flexible plan of action and continuous consultations with all its partners including local communities. The project implementation is very dependant on the situation on the ground and will require:

- a conducive environment for UNDP personnel to make assessments;

- a security situation which is considered suitable for the UNDP staff to implement the activities; and
- efficient co-ordination and cooperation between all partners and stakeholders to ensure integrated initiatives and collaborative efforts.

## I Inputs and Estimated Budget

The estimate includes the supply of the equipment in addition to installation and testing costs. UNDP will ensure that Iraqi labour is used to the maximum extent possible, and the preference be given to Japanese suppliers of machinery and equipment items.

J Estimated Budget

Item	Duration	Cos	US\$)
<b>A- Activity staff</b>			
1- Activity Coordinator at US\$1500 per month	12 mo.		3,000
2- Activity Assistant at US\$800 per month	12 mo.		9,600
2- Civil engineer at US\$1000 per month	12 mo.		2,000
3- Electrical engineer at US\$ 1000 per month	12mo.		2,000
4- Mechanical Engineer at US\$ 1000 per month	12 mo.		2,000
5- Rental of vehicles at US\$30 per day	300 days		9,000
<b>Sub-Total</b>			<b>2,600</b>
<b>B- Rehabilitation Works*</b>			
1- Civil Works		1,	5,000
2- Electrical Works			0,000
3- Mechanical Works			5,000
4- Biomedical equipment		1,	1,300
<b>Sub-Total</b>			<b>3, 1,300</b>
<b>C-Project equipment,</b>			
1- Computers, 4 No. at US\$1000 each			4,000
2- Printer, 1 No. at US\$500 each			500
3- Copier, 1 No. at US\$5000			5000
<b>Sub-Total</b>			<b>9,500</b>
<b>D- Security</b>			
<b>Total</b>			<b>3, 0,100</b>
<b>F- 7% COA</b>			
<b>Grand Total</b>			<b>3, 8,107</b>

\*Cost estimates are from Rapid Assessment reports submitted by WHO.



The United Nations Development Programme (UNDP) presents its compliments to the Permanent Mission of Japan to the United Nations and has the honor to refer to the latter's Note Verbale No. SC/03/497 dated 31 October 2003, concerning the Japanese contribution of three million six hundred thirty eight thousand one hundred seven US dollars (US\$3,638,107, hereinafter referred to as the "Grant") to the UNDP for the execution of its project entitled "Emergency Rehabilitation of Al-Kadhimiya Teaching Hospital, Iraq" (details attached).

The UNDP wishes to thank the Government of Japan for its generous contribution and confirms its acceptance.

The UNDP will assure that:

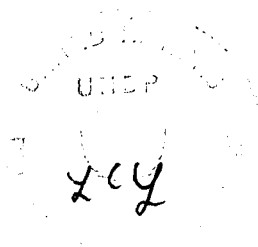
- (1) UNDP will notify the Government of Japan in writing of the number and type of US dollar bank account of the headquarters of UNDP (with the name and address of the bank) to receive the Grant from the Government of Japan.
- (2) This Grant will be used for its project "Emergency Rehabilitation of Al-Kadhimiya Teaching Hospital, Iraq" immediately, appropriately, and exclusively.
- (3) The project will be implemented in accordance with the project document concerned.
- (4) Every effort will be made to publicize and to increase the visibility of the Japanese contribution through, for example, the issuance of press releases, as well as attaching the Japanese national flag, mounting "From the people of Japan" on UNDP's equipment procured with the Grant, or placing sign boards which identify the contribution of the Government of Japan.



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- (5) A detailed report on the use and the effect of the Grant will be submitted to the Permanent Mission of Japan periodically and upon its request.
- (6) The Grant will be credited to UNDP accounts for 2003.
- (7) The Government of Japan and UNDP will consult with each other in respect to any matter that may arise from or in connection with the Grant.

The United Nations Development Programme avails itself of this opportunity to renew to the Permanent Mission of Japan to the United Nations the assurance of its highest consideration.



31 October 2003, New York

(Attachment)

The contribution of the Government of Japan decided on 17 October 2003 is earmarked to the following activities:

<u>Activity Staff</u>	<u>US\$ 72,600</u>
<u>Rehabilitation Works</u>	<u>US\$ 3,251,300</u>
<u>Project Equipment</u>	<u>US\$ 9,500</u>
<u>Security</u>	<u>US\$ 66,700</u>
<u>Cost of Agency Support</u>	<u>US\$ 238,007</u>
<u>Total</u>	<u>US\$ 3,638,107</u>