



Government
of Japan

United Nations
Development Programme



برنامج الأمم المتحدة الإنمائي

Iraq

Conflict Victim Assistance in the Northern Region of Iraq

PROJECT PROPOSAL



December, 2006

Agency: UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)	
Address: United Nations Development Programme 1 United Nations Plaza New York, NY 10017 USA Contact person: Paolo Lembo Director UNDP Iraq Paolo.Lembo@undp.org +962 6 560 8330	TOTAL PROJECT COST US \$ 12,100,000
	CONTRIBUTION FROM Gov. of Japan US \$ 12,100,000
	Banking information:
Project title: Conflict Victim Assistance in the Northern Region of Iraq	
Description of the problem: The combination of wars and sanctions severely affected the health sector in Iraq. Focused and coordinated support are required if the current problems are to be mitigated. In particular, populations in rural areas of the Kurdistan regions suffer from a lack of health care services. The potential health risk of pregnant women and children in Halabja is outstandingly high as there is no proper facility for maternal and child health available in the city. Moreover there are more than 3000 Landmine /UXO survivors mainly from poor and vulnerable groups in the society. More than 40% of these survivors used to be bread winners but today many of the survivors suffer from severe disabilities and are neglected, often discriminated against by society as well as deprived of their basic rights.	PROJECT DURATION 24 months Tentative March 2007 to Feb 2009
	IMPLEMENTATION MODALITY Direct Execution (DEX)
Project Summary: The objective of this project is to support the victim assistance service provisions in Erbil, Duhok and Sulaimaniyah Governorates. This includes 1) strengthening of the emergency response; 2) psychological, physical and social rehabilitation of people with disabilities through the provision of training for personnel at rehabilitation centers as well as vocational training for people with disabilities followed by business startup support. This will support 150 survivors per year with physical rehabilitation as well as vocational training to enable them to gain sustainable socioeconomic independence. Building on existing facilities, the project will support re-function of four Prosthetic Limb Centers in Dahuk, Diwana, and Sulaimaniyah with the ability to provide physical and psychological rehabilitation for 1,100 victims of landmines and explosive ordinances and provide 150 survivors with vocational training and sustainable income generation annually. The project also focuses on assisting vulnerable groups in the city of Halabja in Sulaimaniyah governorate. In response to the absence of health care facilities, the project includes a major component concerned with construction and equipping an specialized hospital for Maternal and Child Health including training and staff housing facilities in Halabja city in Sulaimaniyah. Within the project context, the hospital facility will be constructed and equipped with, among others, all up-to-date medical, biomedical, diagnostic, laboratory and equipment with adequate capacity to accommodate 50 patients per day and including staff residence and a training facility. Upon completion, the project will create a functional Maternity & Child Health facility in Halabja and will contribute in reducing the immediate health risks among children and women. The project will also contribute to specialized capacity building and maintenance of such among local and regional medical doctors and specialists including introduction to the latest developments in the field with particular emphasis on exposure to chemical weapons.	

A. PROJECT BACKGROUND / CONTEXT

Large oil reserves and abundant natural and human resources enabled Iraq to attain the status of a middle-income country in the 1970s. However three wars and international economic sanctions have stifled economic growth and development and debilitated basic infrastructure and social services. The combination of wars, sanctions and neglect have left many of the Iraqi sectors dysfunctional. Although the needs are dire and extend to cover all sectors, the extremely deteriorated health sector situation, medical facilities status and capacity has resulted in bringing the attention of all involved to the urgent needs of the sector. Although the mentioned problems are nationwide prevalent, the impacts are, at least, twice as prominent in the Northern region, in general, and in the Halabja town in Sulaimaniyah in particular.

The North Iraqi populations, especially that of Halabja town, are among the largest civilian populations subjected to chemical and/or biological weapons due to the 1988 exposure. As such, the Halabja town is suffering the highest cancer-caused mortality rates; severe handicapped birth disorders and child Mortality. Major medical disorders such as heart failure and pulmonary disorders resulted in dramatic population life expectancy declination as opposed to other neighboring surrounding communities.

While these weapons had many appalling direct effects such as immediate death, skin and eye burns, the former Iraqi regime documents, detailing long-term impacts, indicate such weapons were deliberately used to cause cancers, birth defects, neurological problems and infertility. For example, aflatoxin, an agent that does not incapacitate on the battlefield, but which causes liver cancer, was mixed with tear gas for dispersal. In addition, conventional 1000-pound bombs were used to deliver irradiated zirconium in doses calculated to sterilize human beings. Thus, while appearing to deliver conventional munitions, unseen radiation sterilizes those exposed and causes birth defects and cancers.

Victims of landmines and explosive remnants of war (ERW) continue to suffer from severe disabilities, are neglected and often discriminated against by society and are deprived of their basic rights. People with disabilities suffer from high levels of poverty, unemployment, exclusion from society and available employment opportunities and other development opportunities including social reintegration a fact which propagates vulnerability and dependency among the victims.

Based on human rights-based approach, the project provides comprehensive support to victims ranging from emergency response, psychological, physical and social rehabilitation. It also provides the victims with vocational training in order to help them restore their human dignity and enable them to gain socioeconomic independence.

WHO and UNDP Mine Action will continue to advocate for the rights of the Mine Victims as part of their mandates and core functions.

UNDP-IRAQ Experience in Victim Assistance

Infrastructure- Health Infrastructure Rehabilitation

UNDP has a strong commitment to the delivery of humanitarian assistance to the people of Iraq and in particular has a proven track record in several sectors including Infrastructure and Governance. Of relevance to the current proposal, UNDP has gained extensive experience in the health sector support as related to rehabilitation of hospitals.

UNDP has, to date, completed rehabilitation of Khadimya and Umm Qasr hospitals in Baghdad and Basra respectively. The “Rehabilitation of Khadimya Teaching Hospital” in Baghdad included numerous components including, yet was not limited to:

- Rehabilitation of all hospital facilities including Reverse Osmosis Unit, sewage treatment system, electrical systems.

- Rehabilitation of all hospital water closets and sanitary fixtures.
- Supply and installation of medical, laboratory, mortuary units, biomedical, and operation theater equipment.
- Capacity building.

On the rehabilitation of Umm Qasr General Hospital, UNDP carried out a comprehensive scope of works addressing several issues including physical rehabilitation, employment creation and capacity building. UNDP's accomplished scope of work included yet was not limited to:

- Complete rehabilitation of the hospital civil works.
- Construction of 2 operation theaters.
- Construction of services annex rooms.
- Complete replacement of general utilities including electrical distribution, power generation, water distribution and sewage disposal.
- Supply and installation of medical, water chillers, air conditioning system, laboratory, mortuary units, biomedical, operation theater and equipment.
- Capacity building.

UNDP's track record also encompasses several other sectors including water and sanitation, electricity, ports, transportation and others.

Mine Action-Assistance for People with Disabilities including Victims of Landmines and ERW

UNDP Mine Action Team is geared towards the delivery of humanitarian assistance to the people of Iraq and in particular has a proven track record in implementing comprehensive Mine Action programmes. During the oil for food programme, the United Nations mine action team developed a programme in the Northern region. This programme was at the forefront of mine action programmes throughout the world in its initiation and implementation of an integrated approach to mine action, involving the local communities in the prioritisation, planning, and execution phases of programme activities, including victim assistance.

In the Northern region, there are currently 21 first aid posts with the monthly capacity of 3,150 patients, 2 general hospitals with the monthly capacity of 1,200, 4 Orthopedic Centers and 8 orthopedic outreach posts.

Due to the inadequate infrastructure and capacity, one of the essential pillars of mine action – victim assistance – has not been fully achieved to date. Capitalizing on the UN's experiences in developing victim assistance mechanism in the Northern region from 2000 to 2003, a policy coordination Workshop on Victim Surveillance/Victim Assistance (VS/VA) was jointly organized in August 2006 by UNDP and WHO, where the UNDP part was supported by the Government of Japan.

The Workshop drew officials and representatives from the Iraqi Government and VS/VA experts from the NGO sector who are active in the field, in addition to survivors.

Action Points resulting from the workshop highlighted the importance of continuing and further strengthening community based victim assistance programme, a fact that was confirmed both by the Iraqi Kurdistan Regional Mine Action Center (IKMAC) based in Erbil and Duhuk and the General Directorate for Mine Action based in Sulaimaniyah governorate.

Meanwhile the inhabitants of the impacted areas are continuously educated through mine risk awareness activities, which also play a preventive role for safety of at risk population.

B SITUATION ANALYSIS

B.1 Problem to be addressed - The current situation

Victims of chemical and biological weapons

It is necessary to pursue preventative and curable measures if the health problem in Halabja is to be reversed. However, due to both the political and security instability in Iraq, it is difficult to conduct preventative measures, at the present time, due to lack of both basic researches on long-term effects of exposed population and environmental risks caused by chemical weapons in Halabja.

In Halabja, lack of proper maternal and child care health (MCH) service is one of the most crucial health problems. Due to suspected long-term effect of chemical exposure, birth defect and fetal death rates are higher than rest of areas in Northern Iraq.

Victims of landmines and explosive remnants of war (ERW)

Victims of landmines and ERW continue to suffer from severe disabilities, are neglected and often discriminated by society and are deprived of their basic rights. People with disabilities suffer from high levels of poverty, unemployment, and the exclusion from the society and employment opportunities. Based on human rights-based approach, the project provides comprehensive support to victims ranging from emergency response, psychological, physical and social rehabilitation. It also provides the victims with vocational training in order to help them restore their human dignity and enable them to gain socioeconomic independence.

B.2 Justification

Support for victims of chemical and biological weapons in Halabja

It is necessary to pursue preventative and curable measures if the health problem in Halabja is to be addressed. However, due to both the political and security instability in Iraq, it is difficult to conduct preventative measures, at the present time, due to lack of both basic researches on long-term effects of exposed population and environmental risks caused by chemical weapons in Halabja.

In Halabja, lack of proper maternal and child care health (MCH) service is one of the most crucial health problems. Due to suspected long-term effect of chemical exposure, birth defect and fetal death rates are higher than rest of areas in Northern Iraq.

Although the need of MCH service is dire, there is only a very limited space and capacity for MCH care available at the existing Halabja Hospital. The MCH ward at the Halabja hospital has only 6 doctors with limited space, while they receive around 2000 children as outpatients and 150 children and 150 delivery cases as inpatients on monthly basis (See table 1 & 2). It should be noted that the influx of patients have been increasing due to the massive population movement (i.e. internal immigration) from remote areas to cities for economical reasons. Moreover, the MCH ward has limited capacity for higher treatment despite of high and medically complicated potential MCH risk among the population. Currently, most of the patients who require advanced treatment are obliged to travel either to Sulaimanyha, Erbil or Baghdad, which comprises an unbearable burden for the vulnerable population groups.

Table 1: Inpatients of Children and Pregnant women admitted to Halabja Hospital

Month	No. of Children (both sexes)	Delivery cases
Jan.2006	48	175
Feb.2006	28	104

March 2006	41	138
April 2006	52	131
May 2006	87	177
June 2006	321	125
July 2006	136	119
August 2006	209	174
September 2006	172	146

Table 2: Outpatient Children (1-15 years) admitted to Halabja Hospital

Month	No. of Children (both sexes)
Jan.2006	1780
Feb.2006	2311
March 2006	1870
April 2006	2212
May 2006	2145
June 2006	2396
July 2006	2257
August 2006	2381
September 2006	2969

Furthermore, the Halabja hospital is currently undergoing severe understaffing problems in the medical doctor category due to its remote location close-by to the Iranian border. It is worthwhile noting that in Northern Iraq, professionals, such as doctors, prefer to reside in larger cities like Sulaimania unless the other offered locations have adequate physical health facilities and proper family accommodation. As such, it is important to provide the enabling environment for retaining medical staff in towns like Halabja. This can be accommodated through provision of staff housing attached to hospitals.

Based on the foregoing sections, there is an urgent need to construct and equip a specialized MCH hospital provided with all staff housing and training facilities.

Assistance (psychosocial and socioeconomic reintegration) for victims of landmines and ERW

Currently, there are four centers on orthopedic, rehabilitation and vocational training centers in Diana, Dahuk and Suleimaniyah. These are 1) the Diana Orthopedic/Rehabilitation and Vocational Center (DPLC), 2) the Dahuk Orthopedic/Rehabilitation and Vocational Training Center, 3) the Kurdistan Organizations for Rehabilitation of Disabled (KORD) in Suleimaniyah¹ and 4) the Emergency Rehabilitation and Vocational Training Center in Suleimaniyah.

To date, both DPLC and the Dahuk centers are operating and functioning partially. At DPLC, there used to be over 100 staff members working but the number was decreased to around 30 people due to the fact that the organization became unable to pay their monthly salaries. As a result, rehabilitation and vocational training sections were closed, whilst its orthopedic section is partially functioning.

Likewise, the Dahuk center used to employ approximately 50 personnel for both the center itself as well as outreach posts. Due to the dire source of financial resources and political attentions, they had to reduce the number to 15 staff members. Outreach posts stopped functioning and the center is currently functioning for orthopedic services with limited capacity.

In regard to the KORD and the Emergency centers, these two are currently in operation. However, they need more training as well as financial resources to implement follow-up activities of "post-vocational

¹ This KORD center is located in Halabja. This center is different from the Halabja Hospital managed by the Ministry of Health, the Kurdistan Regional Government.

training.” The latter includes, inter alia, provision of micro grants, through the centers, for income generation activities.

B3. Target Beneficiaries

The project will result in direct and indirect tangible benefits to a significant portion of the town residents, as well as other services within the project area.

Direct beneficiaries in this program are:

- People with disabilities, including victims of landmines and ERW (approximately 3,000 survivors) in Dahuk, Suleimaniyah and Erbil governorates.
- Patients for maternity and child health care in Halabja city, Suleymaniyah.

Indirect beneficiaries include:

- The entire population of Halabja totaling some 80,000 inhabitants.
- The medical doctors and specialists to which the specialized capacity building programme will be delivered.
- The local health institutions, including NGOs (both national and international) and hospital authorities and personnel.

C. PROJECT STRATEGY

C.1. Health Infrastructure Rehabilitation

Within the integrated UN response to the Iraq crisis, UNDP has assumed a key role in the delivery of humanitarian assistance. UNDP has carried out large projects in Iraq in terms of infrastructure rehabilitation including hospitals, electricity, water and sanitation, ports, transportation and dredging. These projects illustrate UNDP's capacity to effectively implement and manage complex humanitarian and rehabilitation operations. Coordination mechanisms are already in place and include rapidly deployable assessment teams to determine damage and rehabilitation needs.

The proposed MCH Hospital project in Halabja is in keeping with UNDP's overall strategy of delivering humanitarian assistance. This project responds directly to the current humanitarian crisis in the project area and will result in tangible benefits to some 80,000 inhabitants. Given the geopolitical sensitivities, UNDP shall pursue a well programmed coordination and collaboration mechanism involving the central government in Baghdad as represented by the Iraqi MoH and relevant ministries and institutions, Northern local government as represented by the Kurdish MoH and relevant ministries and institutions, and the existing hospital management. Having familiarized itself with the extent and magnitude of the existing problem in Halabja town as related to exposure of the population to toxic weapons (i.e. biological and chemical), UNDP has designed its intervention in such a manner that immediately responds to the identified problems. As such, the proposed project comprises the following:

1. Construction of a 50 beds, accommodation capacity, MCH hospital in Halabja town,
2. Equipping of the hospital with required specialized and general equipment,
3. Construction of a staff housing facility as an annex to the Halabja hospital, and
4. Delivering a capacity building programme for the Halabja medical staff on MCH.

MCH Hospital Intervention

Under this component of the scope, the complete MCH hospital facility will be constructed with a total accommodation capacity of 50 beds complete with all required services, water closets, operation room, laboratory, water closets, rooms, internal and external facilities, switchboards, lighting, call system, ventilation system, air conditioning system, air handling...etc.

MCH Hospital Equipment

Under this component of the scope, the hospital will be provided with all required specialized and general medical equipment and general facilities including:

- Laboratory equipment including analyzers, microscopes, centrifuges...etc.
- Medical gas equipment including vacuum plant, oxygen system, medical air...etc.
- Diagnostic equipment including x-ray units, ultrasonic units, developers...etc.
- Maternity equipment including sterilizers, operation table, anaesthesia machine, incubators...etc.
- General hospital Furniture

Vendor training for all supplied equipment shall be delivered to cover all operation and maintenance (O&M) aspects. To facilitate downstream O&M, all equipment shall be provided with O&M manuals including logbooks, troubleshooting instruction, preventive maintenance checklists, corrective maintenance checklists (as applicable), consumables replacement checklists...etc.

Staff Housing Facility

Under this component of the scope, the hospital will be provided with a staff housing facility through construction of the civil works building and providing such with all required facilities such as bedrooms, guest rooms, dining rooms, water closets, air handling, switchboards, lighting...etc.

Capacity Building Component

Under this component of the scope, a three dimensional capacity building programme shall be delivered. The first component shall be delivered to medical doctors and specialists in Halabja covering the fields of mother and child care. The training contents will be prepared after paying due consideration to the long-term effect of chemical and biological exposure among the population. In Halabja, mothers and infants mortality is a result of the failure to treat the following six, potentially preventable, diseases:

- Maternal haemorrhage
- Maternal and infant infection
- Severe maternal pre eclampsia and eclampsia
- Severe maternal malnutrition and anaemia in pregnancy
- Obstructed labour
- Major maternal medical conditions: diabetes, lung, thyroid, cardiac conditions

The training will cover the above mentioned areas aiming to stop deaths among mothers and children.

The second component shall be delivered to medical staff and technicians covering vendor training for carrying out all operation and maintenance for the provided equipment.

The third capacity building programme shall be delivered to specialized staff covering asset management systems and shall aim at enabling them to exercise stock control, programme orders, identify available parts and stock...etc.

Project Execution

The project will be executed by UNDP's under its direct execution modality (DEX) and it will be accountable for the project's objectives and will assume responsibility for its overall management.

A significant element of the project will be the assessment of both needs and the impact of the program: to this end, a substantial baseline will be made, and the project will be monitored in accordance with standard procedures (external monitoring during the implementation phase, periodic monitoring and

final assessment)- both for probity in implementation and periodic delivery progress assessment of specified project results against their targets, and the achievements of the project objectives. Implementation Consultants submit weekly and monthly progress reports including financial reports.

The financial monitoring and disbursement is conducted through the UNDP office in Amman. All retention monies are finally released to the NGO after receiving proper certification from the consultants and the counterparts and upon issuance of the Final Acceptance.

Finally, UNDP uses the Atlas system, which is an up-to-date tool to record, monitor, and report project execution and all financial transactions. This tool is Web based and thus is accessible to all UNDP country offices worldwide and lessons learned can be easily derived from similar interventions of other country offices.

C2 Victim Assistance

The project will start with a comprehensive needs assessment making use of the pilot victim surveillance project in Erbil. Moreover, the project will put a premium on capacity development of local populations working for emergency clinics, rehabilitation centers, and the victims themselves, with a view to ensuring the continuation of a VA support system after the end of project duration. Medical training including psychosocial support will be provided by WHO, drawing creative examples from the experiences of different countries. UNDP will focus on socioeconomic reintegration of victims by ensuring both the supply and demand sides of the labor market, promoting self-employment and facilitating access to capital for people with disabilities, whilst providing advice in field coordination and management to the Kurdish Authorities.

UNDP will support awareness raising and social mobilization of human rights for people with disabilities. It will also raise awareness of the risks and threats emanating from landmines and ERWs using other resources. Educating people about threats, safe behavior, and human rights is equally important for prevention and reduction of incidences, and for the increase of self-esteem and dignity of people with disabilities.

The comprehensive Victim Assistance modality to be institutionalized by this project will present an exemplary case in emergency medical responses to mine victims and to other types of incidents and resulting disabilities promoting the integration of disabled people within the Iraqi communities. The project will also address any gender based needs in Survivor Assistance.

D. DEVELOPMENT OBJECTIVE

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D.1 Overall Objective for Victim Assistance

Comprehensive support for victims of conflicts provided in the Northern Region with particular emphasis on child mortality reduction, maternal health improvement and people with disabilities.

D.2 Immediate Objectives, Outputs and Activities

Immediate Objective 1: Reduce child mortality and Improve maternal health in Halabja.

Output 1.1: A new MCH hospital in Halabja capable of handling all maternity and child health care requirements.

Activity 1.1.1 Construction of the MCH hospital.

Activity 1.1.2 Supply and installation of all required equipment including medical, general...etc including delivery of vendor O&M training and O&M manuals.

Immediate Objective 2: Encourage Medical Professional to Reside and Practice in Halabja.

Output 2.1: General improvement in the health conditions

Output 2.2: General improvement in the socio-economic conditions

Activity 2.1.1 Construction of staff housing facility annex

Activity 2.1.2 provision of all required facilities, amenities...etc for the facility

[Common to both]

Immediate Objective 3: Build the Current Medical Professional's Capacity in Relation to Toxic Exposure and Asset Management

Output 3.1: Professional medical doctors and specialists capable of practicing preventive and curing measures to control toxic exposure

Activity 3.1.1 Delivery of a comprehensive capacity building and training programme covering preventive and curing measures to control toxic exposures

Output 3.2: Complete control over all stocks, spare parts, consumables...etc

Activity 3.2.1 Delivery of a comprehensive assets management capacity building and training programme

Immediate objective 4: Provide comprehensive health care and socio-economic reintegration support to peoples with disabilities including survivors of landmines/ERWs (WHO and UNDP)

Output 4.1: Emergency responsiveness strengthened (WHO)

Activity 4.1.1 Strengthening first aid centres



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Activity 4.1.2	Training of health personnel
Activity 4.1.3	Educating community about emergency response
Activity 4.1.4	Support for transportation
Output 4.2:	Physical rehabilitation services provided (WHO)
Activity 4.2.1	Training for technical personnel including physiotherapists
Activity 4.2.2	Manufacturing fabricating aids and appliances
Activity 4.2.3	Developing a system for service delivery to the community
Output 4.3:	Psychological and community support provided, and awareness of human rights of people with disabilities (both children and adults) increased (WHO)
Activity 4.3.1	Educational materials for self-care, family care
Activity 4.3.2	Training of trainers of CBR personnel
Activity 4.3.3	Training for all CBR personnel
Activity 4.3.4	Capacity building for self-help groups and NGOs for CBR
Output 4.4:	New personnel recruited and trained for the Orthopedic/Rehabilitation and Vocational Training Centers in Diana and Dahuk (UNDP)
Activity 4.4.1	List cut necessary functions (posts) for the Diana Orthopedic/Rehabilitation and Vocational Training Center in Erbil as well as the Dahuk Orthopedic/Rehabilitation and Vocational Training Center in Dahuk.
Activity 4.4.2	Selection of personnel (preferable those who had left the Centers due to a lack of financial resources)
Activity 4.4.3	Management planning on sustainability (after the end of the two-year project) and consultation with local stakeholders, including among others, the Ministry of Health and local NGOs.
Output 4.5	Management and technical capacity of personnel of four Centers increased (The Orthopedic/Rehabilitation and Vocational Training Centers in Dahuk and Erbil as well as KORD and the Emergency Centers in Suleimaniyah) (UNDP)
Activity 4.5.1	Development of training of trainers for rehabilitation and vocational skills development
Activity 4.5.2	Roll out of training and defines follow up activities
Activity 4.5.3	Planning of management capacity training for the Center managers
Activity 4.5.4	Implementation of management training and monitoring
Output 4.6	Partial refurbishment of the Emergency Center and the KORD (UNDP)
Activity 4.6.1	Identification of needs for refurbishment determined (for washing rooms, toilets and corridors for people with disabilities)

- Activity 4.6.2 Implementation of refurbishment
- Output 4.7** Victims of landmines/ERW as well as people with disabilities provided with comprehensive support (orthopedic, rehabilitation and vocational training) (UNDP)
- Activity 4.7.1 Reaction to victims/people with disabilities for the availability and accessibility of 4 centers.
- Activity 4.7.2 Provision of orthopedic and rehabilitation services
- Activity 4.7.3 Vocational training needs assessments conducted taking demand-side of labor market into account (such as employment opportunity to work as a center's staff member and self-employment business startups – target as 150 jobs for people with disabilities)
UNDP
- Output 4.8** Provision of micro grants for self-employment & income generation activities
- Activity 4.8.1 Identification of sustainable income generation activities for people with disabilities through market research, including interviews with local stakeholders, especially but are not limited to, agricultural cooperative and manufacturing cooperatives.
- Activity 4.8.2 Provision of micro grants to trained people with disabilities/victims
- Activity 4.8.3 Follow up support for sustainability of employment and income generation coaching.
- Activity 4.8.4 Consultation with trained people with disabilities/victims for their concerns and/or identification of their further needs to increase their socioeconomic independency.

E. PROJECT IMPLEMENTATION

E.1 Project Execution

Maternal and Child Health Hospital Component

Implementation Modality

Under its DEX modality, UNDP will engage with a reputable NGO for project implementation under framework of a cooperation agreement context. UNDP will apply several criteria for identifying such an NGO including strong management and technical experiences, solid knowledge and experience in Halabja. It is UNDP's intent to pursue a turn-key project whereby the selected NGO would be responsible for implementing the entire project scope including, among others, civil works, supply of equipment, capacity building, and vendor training, except for the asset management component, which will be substantively supported by UNDP. In this context, UNDP's scope would be bearing the overall project responsibility including: project management; ensure the quality and value for money aspects; verify the BoQs as per its standard procedures; assist in the technical sides as deemed required; interfere at key junctures; taking charge of all financial aspects including budgeting; disbursements progress reporting and so forth

Central Government Coordination and Procurement Assistance

UNDP shall be responsible for coordination and playing a liaison role with the Central Government in Baghdad represented by the Iraqi MoH and other relevant parties. Such a role shall be carried out through UNDP's Baghdad office. UNDP will also responsible for providing its technical support in the

procurement process including advising on suppliers, assistance with obtaining customs exemption, assistance with customs clearance procedures and so forth.

Monitoring and UNDP's Technical Support

UNDP intends to appoint a consultant on the ground to carry out implementation monitoring, verification, certification, enabling it to certify payments. All such activities will be supported by UNDP's offices in Amman, Baghdad and Erbil utilizing UNDP's state-of-the-art telecommunication means such as VSAT, which we are familiar with and have successfully employed on most of our projects, with particular reference to GoJ funded projects.

For pursuing such an implementation modality, and having already identified an optimum candidate, UNDP shall first of all pre-qualify an international NGO for implementing the project. The said NGO shall first of all undergo proper pre-qualification and capacity assessment to ensure adequacy of experience, financial status, capacity...etc to meet the project requirements. Following pre-qualification, UNDP shall seek its headquarters approval for engaging with the NGO as a policy matter.

It is foreseen that the NGO shall procure construction works from the local market. The equipment shall also be procured from the local market, although all being imported, to guarantee existence of after sales service. The vendor training shall be part of the equipment package and will, most probably delivered by local agent staff. The specialized capacity programmes shall be delivered by the NGO experts.

Following the approval of the proposal, a detailed work plan will be prepared for the entire project including consultancy services, procurement of supplies, construction, installation, testing, commissioning...etc. All technical documents including technical specifications and construction drawings will be prepared by the NGO in an adequate manner to enable ready evaluation of bids, select a Contractor and finally to sign a contract for the works, and for the Contractor to carry out the works. Delivery mechanisms shall be scheduled in coordination with the consultants and counterparts.

All designs, specifications, drawings...etc shall be prepared in close collaboration with all relevant local authorities and shall be subject to UNDP's review and approval.

Capacity Building

Under this component of the scope, a three dimensional capacity building programme shall be delivered. The first component shall be delivered to medical doctors and specialists in Halabja covering the fields of mother and child care. The training contents will be prepared after paying due consideration to the long-term effect of chemical and biological exposure among the population. In Halabja, mothers and infants mortality is a result of the failure to treat the following six, potentially preventable, diseases:

- Maternal haemorrhage
- Maternal and infant infection
- Severe maternal pre eclampsia and eclampsia
- Severe maternal malnutrition and anaemia in pregnancy
- Obstructed labour
- Major maternal medical conditions: diabetes, lung, thyroid, cardiac conditions

The training will cover the above mentioned areas aiming to stop deaths among mothers and children.

The second component is aimed at medical staff and technicians covering vendor training for carrying out all operation and maintenance for the provided equipment and shall be delivered as part of the equipment supply package.

The third capacity building component is for specialized staff covering asset management systems and shall aim at enabling them to exercise stock control, programme orders, identify available parts and stock...etc and shall also be delivered by the NGO.

Victim Assistance implementation

The overall programme will be implemented in stages with clearly defined areas of responsibility. Final scopes of work will be detailed between the General Directorate for Mine Action (GDMA), the Iraqi Kurdistan Mine Action Center (IKMAC), and the Ministry of Health of the Northern region.

This is a joint project between WHO and UNDP within the overall context of UN Mine Action which also includes the overall objective of strengthening existing Victim Assistance services. WHO will provide the technical expertise for the health related areas of the project and UNDP together with the Kurdish Authorities will coordinate the various activities.

E.2 Project Management

Health Infrastructure Rehabilitation

As mentioned earlier and similar to all remotely managed projects, UNDP will appoint a consultant to act on behalf on UNDP on all site matters. UNDP shall furthermore utilize its state-of-the-art communication facilities including VSAT to exert a firm grip on all site activities.

UNDP project manager will monitor the project activities on daily basis. Well-established reporting, financial controls and auditing procedures will be utilised. There will be regular meetings with all involved including the NGO and the counterparts to assess progress and determine any corrective measures that may be required. UNDP shall furthermore contribute a vital role in ensuring value and quality for money, verify all prepared designs, drawings, specifications...etc, site work verification and certification, certify all payments and so forth.

Victim Assistance management

The project will be managed on the ground by a UNDP National Programme Officer together with a WHO Programme Officer, and supported by the UNDP Mine Action Team based in Amman, Jordan for the duration of the project. The UNDP Iraq Mine Action Team is the lead agency and is responsible for the overall guidance of the project.

Respective agencies shall prepare and submit relevant financial and substantive reports on their components and parts of the project to the lead agency.

A project management committee consisting of the Kurdish Ministry of Health, IKMAC, GDMA, WHO and UNDP will oversee the project.

E.3 Monitoring and Evaluation

Health Infrastructure Rehabilitation

UNDP will appoint its own consultant on-the-ground to monitor and supervise all site activities. As part of its assignment, UNDP's consultant shall verify completion of all works as per project designs, drawings, specifications...etc and shall certify all due payments.

An overall assessment of the effectiveness of the rehabilitation will be carried out by UNDP and the MoH at the completion of the project. The effectiveness of all planned capacity building and training programmes will also be monitored as part of UNDP's consultant assignment.

Victim Assistance M&E

The Project management committee shall conduct regular visits to the project providing advice and assistance to the implementing partners as and when necessary. Furthermore, the Ministry of Health in Northern Region, IKMAC and GDMA will assist in the monitoring of the actual service provision. A set of measurable indicators will be used to guide the total programme.

Regular monitoring will be carried out as part of normal project management. An overall assessment of the effectiveness of this program will be carried out by UNDP and WHO along with the Ministry of Health in the Northern region, GDMA and IKMAC. UNDP and WHO are responsible for compiling the monitoring and evaluation reports for respective components. The effectiveness and skills transfer to local population will also be monitored.

E.4 Project Risks

The major risk in the context of Iraq is the deterioration of the security in the area or its close vicinity to a degree that implementation could not be continued. Political instability is also a factor that could disturb implementation, with a new government structure with objectives different from previous governments. This is unlikely to have serious consequences at the local level but will be monitored closely: indeed, security considerations have been taken into account when selecting the relevant area for the project location. UNDP is already very much involved and gained popular support nationwide through its numerous interventions, the implementation of which ran relatively smoothly. It is therefore expected that project implementation will also proceed smoothly.

There will be no requirement to field international staff to Iraq, given the present security situation. Wherever possible, telecommunications will be used, and personnel will come out- rather than personnel go into Iraq.

The project management will keep DSS, formerly known as UNSECOORD, informed during all stages of the project implementation and progress. In addition DSS advice will be sought before certain critical events such as missions, deliveries, etc. take place. The counterparts will also be requested to coordinate with security institutions on ground to ensure a secure and reliable environment for project implementation.

Additionally, DSS requires the designation of an Iraqi Official responsible for security for liaison purposes. UNDP Infrastructure will request the coordinates such designated official and provide the contact details to DSS.

When the security situation has deteriorated to the extent where it is not safe to deliver the inputs, delivery of equipment will be delayed or redirected to other sites until such time that the situation permits.

Particular victim assistance includes the potential migration of skilled health care service providers from the VA programme.

It is recognized that projects of this kind should budget 2% of project costs for security (including personnel, materials and services costs). This sum is not meant to cover any direct project related costs but is a higher percentage than the 0.5% rule of thumb generally used. The additional 1.5% budgeted in the project is to cover security and insurance costs and is to be part of agreements with the transport contractor or equipment supplier. Although the earlier 0.5% will be charged under all conditions, the latter 1.5% will only be charged as incurred and at cost. In the event savings are achieved on security budgets (i.e. 1.5%), such will be reversed to other budget lines entailing physical implementation.

F. BUDGET SUMMARY (ANNEX A)

Details of an indicative budget are given in the table below:

Iraq

Budget Category	Item Description	Unit	Unit Cost (US\$)	Quantity	Total Budget (US\$)
1	PERSONNEL				739,898
1.1	National Programme/Project Personnel				153,898
1.1.1	Construction of Halabja MCH Hospital (UNDP)	Sum	0	0	0
1.1.2	Victim Assistance - Mine Action (UNDP)	Sum	107,898	1	107,898
1.1.3	Victim Assistance - (WHO)	Sum	46,000	1	46,000
1.2	International Programme/Project Personnel				586,000
1.2.1	Construction of Halabja MCH Hospital (UNDP)	Sum	456,000	1	456,000
1.2.2	Victim Assistance - Mine Action (UNDP)	Sum	0	0	0
1.2.3	Victim Assistance - (WHO)	Sum	130,000	1	130,000
2	CONTRACTS				10,085,107
2.1.1	Construction of Halabja MCH Hospital (UNDP)	Sum	8,015,339	1	8,015,339
2.1.2	Victim Assistance - Mine Action (UNDP)	Sum	982,068	1	982,068
2.1.3	Victim Assistance - (WHO)	Sum	1,087,700	1	1,087,700
3	TRAINING				30,000
3.1	Construction of Halabja MCH Hospital (UNDP)	Sum	30,000	1	30,000
3.2	Victim Assistance - Mine Action (UNDP) - Included under contracts, supervised by UNDP national officer		0	0	0
3.3	Victim Assistance - (WHO) - Included under contracts, supervised by WHO officers		0	0	0
4	TRAVEL				78,000
4.1	Construction of Halabja MCH Hospital (UNDP)	Sum	70,000	1	70,000
4.2	Victim Assistance - Mine Action (UNDP)	Sum	8,000	1	8,000
4.4	Victim Assistance - (WHO)	Sum	0	0	0
5	PROGRAMME/PROJECT SUB-TOTAL				10,933,005
6	MISCELLANEOUS				138,151
6.1	Construction of Halabja MCH Hospital (UNDP)	Sum	120,891	1	120,891
6.2	Victim Assistance - Mine Action (UNDP)	Sum	0	0	0
6.3	Victim Assistance - (WHO)	Sum	17,260	1	17,260
7	SECURITY				237,255
7.1	Construction of Halabja MCH Hospital (UNDP)	Sum	186,275	1	186,275
7.2	Victim Assistance - Mine Action (UNDP)	Sum	23,529	1	23,529
7.3	Victim Assistance - (WHO)	Sum	27,451	1	27,451
9	AGENCY MANAGEMENT SUPPORT COST (Including Monitoring & Reporting)				791,589
9.1	Construction of Halabja MCH Hospital (UNDP)	Sum	621,495	1	621,495
9.2	Victim Assistance - Mine Action (UNDP)	Sum	78,505	1	78,505
9.3	Victim Assistance - (WHO)	Sum	91,589	1	91,589
10	PROGRAMME/PROJECT BUDGET TOTAL				12,100,000

G. HALABJA MCH BUDGET-UNDP (ANNEX B)

Budget Category	Item Description	Unit	Rate	Quantity	Amount
1	PERSONNEL				456,000
1.1	National Programme/Project Personnel				0
1.2	International Programme/Project Personnel				456,000
1.2.1	Project Manager - P5 (Partial Input - 50% of 24 months)	Mo	18,000	12	216,000
1.2.2	Multi-Sectoral Engineer (Partial Input - 50% of 24 months)	Mo	15,000	12	180,000
1.2.3	Financial Officer (Partial Input - 8.33% of 24 months)	Mo	15,000	2	30,000
1.2.4	Procurement/Contracts Officer (Partial Input - 8.33% of 24 months)	Mo	15,000	2	30,000
2	CONTRACTS				8,015,339
2.1	UNDP: International Consultants				129,000
2.1.2	Specialist - Quantity Surveyor	Week	6,500	4	26,000
2.1.8	Specialist - Asset Management	Week	6,500	2	13,000
2.2	UNDP National Contracts				
2.2.1	National Monitoring Consultant	Sum	90,000	1	90,000
2.3	NGO				7,886,339
2.3.1	<u>Staff & Operating Costs</u>				
(a)	Salaries	Sum	762,400	1	762,400
(b)	Benefits & Allowances	Sum	147,960	1	147,960
(c)	Travel	Sum	108,200	1	108,200
(d)	Equipment	Sum	19,450	1	19,450
(e)	Operating Costs	Sum	332,400	1	332,400
2.3.2	<u>Intervention Costs</u>				
(a)	Hospital construction	Sum	3,300,000	1	3,300,000
(b)	Staff House Construction	Sum	500,000	1	500,000
(c)	Equipment	Sum	2,000,000	1	2,000,000
(d)	Training	Sum	200,000	1	200,000
2.3.3	<u>Overhead Cost</u>				
(a)	Overheads Calculated at 7% of Total NGO Costs	%		7%	515,929
3	TRAINING				30,000
3.1	Asset Management (inclusive of Software & Hardware)	Sum	30,000	1	30,000
4	TRAVEL				70,000
4.1	DSA/Travel - Amman / Iraq (UNDP)	Sum	30,000	1	30,000
4.2	DSA/Travel - Amman / Iraq (Trainees & Counterparts)	Sum	20,000	1	20,000
4.4	DSA/Travel - Amman / Iraq (National Consultants)	Sum	20,000	1	20,000
5	PROGRAMME/PROJECT SUB-TOTAL				8,571,339
6	MISCELLANEOUS				120,891
6.1	Courier, Telecommunications Costs, etc.	Sum		1	120,891
					0
7	SECURITY				186,275
7.1	UNDP Security (Fixed at 0.5%)	Sum		1	47,264
7.2	Project Related Costs (Security Escorts; Body Armoring; etc.)	Sum		1	139,011
9	AGENCY MANAGEMENT SUPPORT COST (Including Monitoring & Reporting)	Sum			621,495
9.1	Total Administrative Costs (7%)	%		7%	621,495
10	PROGRAMME/PROJECT BUDGET TOTAL				9,500,000

H. VICTIM ASSISTANCE BUDGET-UNDP (ANNEX C)

Iraq

No.	Item Description	Unit	Unit Cost (US\$)	Qty	Total Budget (US\$)	Number of Staff
A. Diana Orthopedic/Rehabilitation and Vocational Training Center (DP)						
1	PERSONNEL/ National Staff				158,400	36
1.1	Specialist Staff				45,000	9
1.1.1	Director Orthopedic Surgeon (partial input 50% cost sharing)	Mo	800	9	7,200	1
1.1.2	Senior Administrator (partial input 50%)	Mo	450	9	4,050	1
1.1.3	Orthopedic Work shop Officer (partial input 50%)	Mo	450	9	4,050	1
1.1.4	Finance Officer (partial input 50%)	Mo	450	9	4,050	1
1.1.5	Logistic & Procurement Officer (partial input 50%)	Mo	450	9	4,050	1
1.1.6	CBR Officer	Mo	450	36	16,200	2
1.1.7	Domestic Supervisor (partial input 50%)	Mo	300	9	2,700	1
1.1.8	Maintenance Supervisor (partial input 50%)	Mo	300	9	2,700	1
1.1.9	Orthopedic Technician (partial input 30%)	Mo	0	0	0	To be coordinated with WHO
1.1.10	Head Physiotherapy (partial input 50%)	Mo	0	0	0	
1.1.11	Physiotherapist (partial input 50%)	Mo		0	0	
1.2	Support staff				72,750	17
1.2.1	Administration Entry Clerk (partial input 50%)	Mo	250	9	2,250	1
1.2.2	Social Researcher (Labor market researcher)	Mo	450	18	8,100	1
1.2.3	CBR Clerk	Mo	200	18	3,600	1
1.2.4	Store Keeper (partial input 50%)	Mo	0	0	0	0
1.2.5	Maintenance Technician (partial input 50%)	Mo	200	9	1,800	1
1.2.6	Builder	Mo	200	18	3,600	1
1.2.7	Head Vocational Training Teacher	Mo	450	18	8,100	1
1.2.8	Vocational Training Teacher	Mo	350	54	18,900	3
1.2.9	Ass. Teacher	Mo	250	48	12,000	4
1.2.10	Field Team	Mo	300	24	7,200	2
1.2.11	Receptionist	Mo	200	18	3,600	1
1.2.12	Trainees Helper	Mo	200	18	3,600	1
1.3	Back-up staff				40,650	10
1.3.1	Driver / Transport Supervisor (partial input 50%)	Mo	400	6	2,400	1
1.3.2	Cook	Mo	200	36	7,200	2
1.3.3	Ass. Cook	Mo	150	48	7,200	2
1.3.4	Cleaner (partial input 50%)	Mo	150	36	5,400	2
1.3.5	Laundry	Mo	150	36	5,400	
1.3.6	Gardener (partial input 50%)	Mo			0	2
1.3.7	Head Guard (partial input 50%)	Mo	250	9	2,250	
1.3.8	Guards (partial input 50%)	Mo	200	54	10,800	1
2	CONTRACTS					
3	Training				47,880	
3.1	Training materials (Wood/Leather/Metal)	Mo	1,800	18	32,400	
3.2	Medicine for trainees	Mo	70	24	1,680	



No.	Item Description	Unit	Unit Cost (US\$)	Qty	Total Budget (US\$)	Number of Staff
3.3	Transport	Mo	500	24	12,000	Iraq
3.4	Shoes, Clothes		300	6	1,800	
4	Rehab/Vocational Training operating/logistical costs				168,128	
4.1	Food for Patients	Mo	1,300	24	31,200	
4.2	Food for Staff	Mo	1,300	24	31,200	
4.3	Cleaning and disinfecting products	Mo	400	24	9,600	
4.4	Water and Sanitation	Mo	250	24	6,000	
4.5	Local transport	Mo	100	24	2,400	
4.6	Rented Vehicles	Mo	600	24	14,400	
4.7	Kerosene/Diesel/Fuel / Electricity / Gas	Mo	1,000	24	24,000	
4.8	Fuel for Generator	Mo	800	24	19,200	
4.9	Communication equipment	Mo	200	24	4,800	
4.10	Building Maintenance	Mo	500	24	12,000	
4.11	Equipment / Machines Maintenance	Mo	300	24	7,200	
4.12	Stationary	Mo	250	12	3,000	
4.13	Furniture		200	11	2,200	
4.14	Staff Uniform	Sum	928	1	928	
5	Socio-Economic Reintegration of victims				92,500	
5.1	Income Generations/Psychosocial Support for disabled	Sum	4,000	20	80,000	
5.2	House modification	Mo	500	25	12,500	
B: Dahuk Orthopedic/Rehabilitation and Vocational Training Center (DORC)					307,000	
1	PERSONNEL/ National Staff				48,820	16
1.1	Specialist Staff				18,450	4
1.1.1	Director Orthopedic Surgeon (partial input 50%)	Mo	800	9	7,200	1
1.1.2	Administrator (partial input 50%)	Mo	450	9	4,050	1
1.1.3	Admin. Assistance (partial input 50%)	Mo	400	9	3,600	1
1.1.4	Finance Assistant (partial input 50%)	Mo	400	9	3,600	1
1.1.5	Chief Orthopedic technician (partial input 50%)	Mo	0	0	0	To be coordinated with WHO
1.1.6	Orthopedic technician (partial input 50%)	Mo	0	0	0	
1.1.7	Physiotherapist (partial input 50%)	Mo	0	0	0	
1.2	Support staff				13,950	6
1.2.1	Data Entry (partial input 50%)	Mo	200	9	1,800	1
1.2.2	Store Keeper (partial input 50%)	Mo	250	9	2,250	1
1.2.3	Maintenance Technician (partial input 50%)	Mo	200	18	3,600	2
1.2.4	Field Team	Mo	250	18	4,500	1
1.2.5	Receptionist	Mo	200	9	1,800	1
1.3	Back-up staff				16,420	6
1.3.1	Driver (partial input 50%)	Mo	250	9	2,250	1
1.3.2	Cook	Mo	200	36	7,200	1
1.3.3	Cleaner (partial input 50%)	Mo	130	24	3,120	1
1.3.4	Chief guard (partial input 50%)	Mo	250	1	250	1
1.3.5	Guards (partial input 50%)	Mo	200	18	3,600	2
2	CONTRACTS				0	
3	Training				35,280	
3.1	Training materials (Wood/Leather/Metal)	Mo	1,300	18	23,400	

No.	Item Description	Unit	Unit Cost (US\$)	Qty	Total Budget (US\$)	Number of Staff
3.2	Medicine for trainees	Mo	70	24	1,680	<i>Iraq</i>
3.3	Transport	Mo	350	24	8,400	
3.4	Shoes, Clothes	Mo	100	18	1,800	
4	Rehab/Vocational Training operating/logistical costs				146,900	
4.1	Food for Patients	Mo	1,000	24	24,000	
4.2	Food for Staff	Mo	1,000	24	24,000	
4.3	Cleaning and disinfecting products	Mo	500	24	12,000	
4.4	Water and Sanitation	Mo	250	24	6,000	
4.5	Local transport	Mo	100	24	2,400	
4.6	Rented Vehicles	Mo	600	24	14,400	
4.7	Kerosene / Diesel/Fuel / Electricity / Gas	Mo	1,000	24	24,000	
4.8	Fuel for Generator	Mo	800	24	19,200	
4.9	Communication equipment	Mo	200	24	4,800	
4.10	Building Maintenance	Mo	300	24	7,200	
4.11	Equipment / Machines Maintenance	Mo	250	24	6,000	
4.12	Furniture		200	12	2,400	
4.13	Staff Uniform	Sum	500	1	500	
5	Socio-Economic Reintegration of victims				70,000	
5.1	Income Generations/Psychosocial Support for disabled	Sum	4,000	15	60,000	It is estimated to open 15 cooperative workshops or income generation projects for victims during 24 months. The cost for one project rounded as 4000/ each. The amount is not including any staff cost.
5.2	House modification	Mo	500	20	10,000	This assists victims mobility inside their houses (i.e. making ramps, handles in the WC and showers,...etc.) . It is estimated to modify 20 houses during the 24 months and each one will cost 500 USD. It is not



UNDP

No.	Item Description	Unit	Unit Cost (US\$)	Qty	Total Budget (US\$)	Number of Staff
						including staff cost. <i>Iraq</i>
C. Kurdistan Organization for Rehabilitation of Disabled (KORD)					87,500	
1	Socio-Economic Reintegration of victims				87,500	
1.1	Income Generations/Psychosocial Support for disabled	Sum	4,000	20	80,000	It is estimated to open 20 cooperative workshops or income generation projects for victims during 24 months. The cost for one project rounded as 4000/ each. The amount is not including any staff cost.
1.2	House modification	Mo	500	15	7,500	This assists victims mobility inside their houses (i.e. making ramps, handles in the WC and showers,...etc.) . It is estimated to modify 15 houses during the 12 months and each one will cost 500 USD. It is not including staff cost.
D. EMERGENCY Rehabilitation and Vocational Training Center					29,660	
1	Training;				29,660	
1.1	Training materials (Wood/Leather/Metal)	Mo	1,500	12	18,000	Cost for training victims in the Rehab / Vocational training center before opening the cooperative workshop or any other



No.	Item Description	Unit	Unit Cost (US\$)	Qty	Total Budget (US\$)	Number of Staff
						income generation projects.
1.2	Medicine for trainees	Mo	70	18	1,260	
1.3	Transport	Mo	350	24	8,400	
1.4	Shoes, Clothes	Mo	100	20	2,000	
2	Socio-Economic Reintegration of victims				97,000	
2.1	Income Generations/Psychosocial Support for disabled	Sum	4,000	23	92,000	It is estimated to open 23 cooperative workshops or income generation projects for victims during 24 months. The cost for one project rounded as 4000/ each. The amount is not including any staff cost.
2.2	House modification	Mo	500	10	5,000	This assists victims mobility inside their houses (i.e. making rumps, handles in the WC and showers,...etc.) . It is estimated to modify 10 houses during the 12 months and each one will cost 500 USD. It is not including staff cost.
E: UNDP						
1	TRAVEL for National Programme Specialist 2 years				8,000	
1.1	DSA/Travel - Amman / Iraq (UNDP)	Sum	8,000	1	8,000	
2	Programme Specialist (NATIONAL) 2 years				107,898	
2.1	National Programme Specialist (2 yrs)	Sum	107,898	1	107,898	
F: PROGRAMME/PROJECT SUB-TOTAL					109,266	
G : MISCELLANEOUS (Should Not Exceed 3% of BL F)					0	
1	Courier, Telecommunications Costs, etc.	Sum		1		



No.	Item Description	Unit	Unit Cost (US\$)	Qty	Total Budget (US\$)	Number of Staff
H : SECURITY (Should Not Exceed 2%)					23,529	<i>Iraq</i>
1	UNDP Security (Fixed at 0,5%)	Sum		1	5,970	
2	Project Related Costs (Security Escorts; Body Armouring; etc.)	Sum		1	17,559	
I : AGENCY MANAGEMENT SUPPORT COST (Including Monitoring & Reporting)		Sum			78,505	
1	Total Administrative Costs (7%)	%		7%	78,505	
J : PROGRAMME PROJECT BUDGET TOTAL					1,200,000	

I. VICTIM ASSISTANCE BUDGET-WHO (ANNEX D)

Budget Category	Item Description	Unit	Unit Cost	Quantity	Amount
1	PERSONNEL				176,000
1.1	National Programme/Project Personnel				
1.1.1	Physical Therapist (Partial input)	Sum	20,000	1	20,000
1.1.2	Psychological Therapist (Partial input)	Sum	20,000	1	20,000
1.1.2	Administrator / Finance Officer (Partial input)	Sum	6,000	1	6,000
1.2	International Programme/Project Personnel				
1.2.1	Project Staff - P3	Sum	130,000	1	130,000
2	CONTRACTS				1,087,700
2.1	International Consultants				
2.1.1	Assessment Consultant	Mon	10,000	2	20,000
2.1.2	Survey Materials Consultant	Sum	5,000	1	5,000
2.1.3	Baseline Survey Consultant	Sum	50,000	1	50,000
2.1.4	Data Analysis Consultant	Sum	25,000	1	25,000
2.2	Output 4.1. Emergency responsiveness strengthened				
2.2.1	Strengthening of peripheral basic emergency units	Sum	20,000	1	20,000
2.2.2	Training of health and social personnel	Sum	100,000	1	100,000
2.2.3	Educating community about emergency response	Sum	30,000	1	30,000
2.2.4	Support for transportation of mine survivors	Sum	10,000	1	10,000
2.3	Output 4.2. Rehabilitation of Workshop for Physical rehabilitation services				
2.3.1	Training for technical personnel including physiotherapists, including one year fellowship for 2 physiotherapists and 2 psychologists)	Sum	100,000	1	100,000
2.3.2	Standards setting and manufacturing fabricating aids and appliances	Sum	277,700	1	277,700
2.3.3	Developing a system for service delivery to the community	Sum	100,000	1	100,000
2.4	Output 4.3. Psychological and community support provided, and awareness of human rights of people with disabilities (both children and adults) increased (WHO)				
2.4.1	Educational materials for self-care, family care	Sum	100,000	1	100,000
2.4.2	Training of trainers of CBR personnel	Sum	50,000	1	50,000
2.4.3	Training for all CBR personnel	Sum	100,000	1	100,000
2.4.4	Capacity building for self-help groups and NGOs for CBR	Sum	100,000	1	100,000
5	PROGRAMME/PROJECT SUB-TOTAL				1,263,700
6	MISCELLANEOUS				17,260
6.1	Courier, Telecommunications Costs, etc.	Sum		1	17,260
7	SECURITY				27,451
7.1	UNDP Security (Fixed at 0,5%)	Sum		1	6,965
7.2	Project Related Costs (Security Escorts; Body Armoring; etc.)	Sum		1	20,486
9	AGENCY MANAGEMENT SUPPORT COST (Including Monitoring; & Reporting)	Sum			91,589
9.1	Total Administrative Costs (7%)	%		7%	91,589
10	PROGRAMME/PROJECT BUDGET TOTAL				1,400,000



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