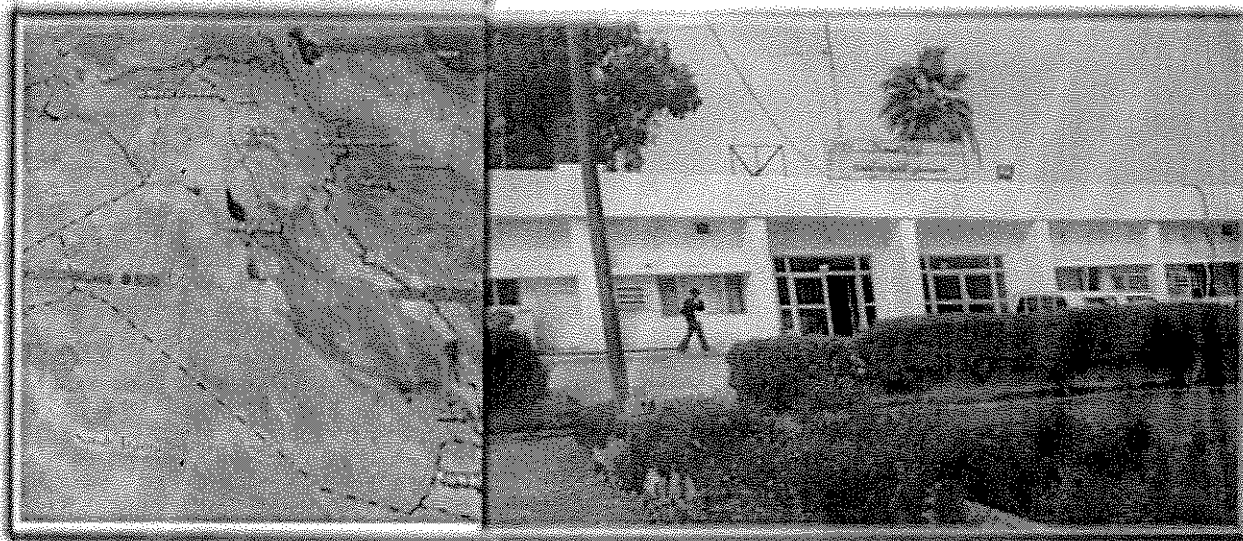




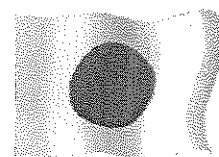
UN
DP

Iraq

Project for the Establishment of a Maternity & Children's Hospital in Fallujah



UNDP, WHO & UNFPA Partnership Project



January 2008

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A.

PROJECT SUMMARY INFORMATION		
Agency: UNDP in partnership with WHO and UNFPA		
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 8396	TOTAL PROJECT COST	USD 17,896,226
	CONTRIBUTION FROM Government of Japan	USD 17,896,226
	Banking information:	
Project title: Project for the Establishment of a Maternity & Children's Hospital in Fallujah		
Description of the problem: The city of Fallujah, in Al-Anbar Governorate, experienced some of the greatest violence and conflict in Iraq since May 2003. This has taken a large toll on the people, the local economy and basic social services. Although the security situation has improved during 2007, the hard-won stability and security could be lost again if reconstruction and recovery efforts aimed at allowing the population to share in the "peace dividend" are not forthcoming. The health situation of women and children in Fallujah is of particular concern. A new General Hospital is being built and the Ministry of Health plans to convert the site of the old General Hospital into a Maternity & Children's Hospital with sufficient capacity to provide adequate secondary-level services. The Government of Japan has decided to pursue establishment of the above mentioned hospital.	PROJECT DURATION	24 months from date of receipt of funding
	IMPLEMENTATION MODALITY	Direct Execution (DEX)
Project Summary: The proposed project aims at improving access to and quality of secondary-level maternal, reproductive and pediatric health care in Fallujah and environs by supporting the establishment of a Maternity & Children's Hospital in Fallujah on the site of the current General Hospital. Main activities will include: (1) renovation of civil, general and internal hospital facilities; (2) renovation of existing and provision/installation of new equipment; (3) arranging for the proper long-term functioning of the hospital by ensuring adequate staffing, budgeting and provision of supplies by the Ministry of Health; (4) strengthening hospital management and the capacity of staff to operate and maintain equipment and facilities and to provide best-practice mother & child health care; and (5) raising awareness among the wider population on the establishment of the hospital as part of the "dividend of peace". The project will be implemented by UNDP in close partnership with WHO and UNFPA.		

Agreed by UNDP: _____



Date: _____

B. PROJECT BACKGROUND / CONTEXT

A.1 Geography & Population

Al-Anbar Governorate is the largest province in Iraq by area (138,501 km², slightly bigger than Greece or Arkansas). Its total population is currently estimated to number between 1.2 and 1.3 million.¹ This makes Anbar the province with by far the lowest population density in Iraq. The province consists mainly of large uninhabited areas of desert and the population, which is overwhelmingly Sunni Muslim Arab, is concentrated in just seven towns. The provincial capital Ramadi and the city of Fallujah are by far the biggest towns with well over 400,000 inhabitants each (up to 2003). Fallujah, the second largest city after Ramadi, is located 70 km. west of Baghdad along the banks of the Euphrates River. Its population, including surrounding villages, is currently estimated at approximately 500,000.²

A.2 Security and Main Developments since 2003

Anbar experienced some of the greatest violence and conflict of any Iraqi governorate since May 2003. Insurgents, increasingly infiltrated by Al-Qaeda, took control of the main towns. In response, the Multi-National Forces (MNF) staged two major operations in Fallujah and Ramadi in 2004, which, while causing major destruction and displacement of people³, failed to defeat and remove the insurgents. During 2005 and most of 2006, the province was considered all but "lost" to Al-Qaeda, with frequent attacks thwarting any attempt at controlling the province militarily and undertaking reconstruction and recovery efforts.

In the course of 2006, tribal leaders, including some that had supported the insurgency, united against foreign militants and Al-Qaeda operatives. Fierce fighting continued throughout 2006 and early 2007, but after October 2006 the tribal leaders started gaining the upper hand. In March 2007, Abdul Sattar Abu Risha (Sheikh Sittar), who was leading the alliance of Sunni tribal leaders against Al-Qaeda called Sahawat Al-Anbar (Anbar Awakening) met President Al-Maliki and confirmed the movement's alignment with the Government. On 13 September 2007, he was assassinated shortly after meeting US President George W. Bush and Iraqi leaders in Ramadi.

Following the defeats inflicted on Al-Qaeda operatives in the province, the security situation in Anbar has greatly improved, but remains fragile, particularly in Hit, Anah and Rawah. Fallujah, however, is reported to be relatively calm. At present, the Anbar Rescue Council tribal coalition (Anbar Awakening) continues to expand its control over the province, with reconstruction efforts picking up in areas under their control. However, movement is severely restricted due to numerous checkpoints established by the Council.

A.3 Basic Services and Mother & Child Health Situation

The conflict and violence has taken a large toll on Anbar Province, both in economic and in social terms. However, Fallujah seems somewhat better off than most other parts of the province in spite of the massive population movements during the 2004 military campaigns. Water supply is available in most of the Fallujah and electricity provision has recently improved. Most of the schools are open and others are planning to be built. The General Hospital and several health clinics are functioning, albeit with severe difficulties, lacking medicine, equipment, proper water treatment and reliable electricity supply.⁴

¹ Most reports by UN and International Agencies use a population figure within this range.

² UNDP Preliminary Assessment Report for Fallujah General Hospital, December 2007

³ Over 250,000 people were displaced from Fallujah, triggered by the second MNF military operation conducted in November 2004. Most people returned in the course of 2005.

⁴ Most information taken from Anbar – Post-February 2006 IDP Needs Assessment – May 2007, IOM.

With regards to mother and child health conditions in Iraq⁵, the past decades of war, sanctions and sectarian conflict has caused immense suffering, particularly to women and children as the most vulnerable members of the community. By 2006, Iraq had nearly five million children under five years old.

Adequate health and nutrition during pregnancy and while breastfeeding are key to the survival of mothers, as well as to the safe delivery and survival of infants and under-five children. According to data collected after 2003, Iraq has the highest infant mortality and under five mortality rates among the Arab neighboring countries, triggered by increasing incidence of malnutrition and diseases, which stabilized at a high rate at the end of sanction in 2003.

The main causes of child mortality are diarrhea diseases and acute respiratory infections exacerbated by poor nutrition and low birth weight. This has resulted in an infant mortality rate (IMR) of 35 per 10,000 live births and an under-five mortality rate (U5MR) of 41 per 10,000 live births while the mortality rate for women is 129 per 10,000. The annual number of deaths of women from pregnancy-related causes in Iraq is 193 per 100,000 live births, compared to 160 in Syria and 41 in Jordan. Another cause of high rates of infant and child mortality is the need, particularly for Internally Displaced People, to walk for long distances to obtain drinking water.

Children have been paying the price of low food availability and access to health care. Low birth weight (less than 2,500 grams) reduced slightly from 15% to 12% of infants, but is still unacceptably high. The underweight prevalence from 6-59 months (moderate & severe) in rural areas is 8.4% and according to Fallujah hospital the number of new born under 2,500 grams has increased from 104 in June 2007 to reach 123 in September 2007.

Data from the 2006 IOM Anbar Assessment Report illustrates that health services in the governorate are inadequate for the entire community and health care facilities for children and women are particularly poor and ineffective, exacerbated by shortage of medicine, medical equipment and medical personnel. As a result, many patients have to travel long distances for treatment.

The lack of capacity is exacerbated by the high turnover of medical and paramedical staff, particularly at higher professional levels, due to the precarious security situation. Moreover, staff has had little opportunity to update their knowledge during the last 20 years. This became apparent after 2003 when international organizations introduced vast amounts of modern and high-tech equipment without considering the lack of capacity to run and maintain such equipment, while the immediate needs of communities were being neglected. Provision of equipment with which Iraqi medical and paramedical staff is familiar is urgently required and the capacity of staff to raise awareness among the population on mother and child health needs to be substantially increased.

Therefore, while Fallujah now enjoys relative calm, the hard-won stability and security could easily be lost again if it does not receive full support in undertaking reconstruction and recovery efforts that promptly improve the lives of many. Officials repeatedly express their wish to see the pace of reconstruction quicken as recognition and reward for all the inhabitants who have played such an important role and paid a hefty price in quelling the insurgency in Fallujah. In this respect, improving access of women and children to quality medical care, in line with Millennium Development Goals 4 "reducing child mortality" and 5 "improve maternal health" will ensure equitable improvement of health conditions for all families of Fallujah and surrounding areas.

⁵ Data and information on mother and child health in Iraq and Anbar presented in this section are mainly obtained from: Rekindling Hope in a Time of Crisis - A situation analysis (UNICEF, August 2007); Monitoring the situation of Children and Women - Findings from Iraq Multiple Indicator Cluster Survey (Preliminary Report, March 2007); Birth statistics from Fallujah General Hospital 2007; and Anbar Assessment Report, November 2006, International Organization for Migration.

It is against this background that the Government of Japan has expressed the intention to support the establishment of a dedicated Maternity and Children's Hospital in Fallujah and has requested UNDP Iraq to formulate a project proposal to this effect.

A.4 Government of Japan and UNDP Experience and Partnership in the Health Sector

The Government of Japan is a key player in Iraq in terms of providing humanitarian, recovery and development assistance. Since 2003, Japan has provided approximately USD 1.66 billion in grand aid and technical cooperation and up to USD 2.1 billion for ten Japanese ODA loan projects by August 2007 (out of a total of USD 3.5 billion).⁶ Among the many sectors Japan is involved with, support to the health sector is an important pillar. Thirteen General Hospitals, which were constructed by Japanese companies in the 1980s⁷ are being rehabilitated and provided with equipment. The proposed Maternity and Children's Hospital in Fallujah would be carried out as an additional activity.

UNDP has a proven track record in several sectors including Recovery and Crisis Prevention, Governance, Poverty Alleviation, Mine Action and Infrastructure Rehabilitation. The latter encompasses major interventions in the sectors of electricity, ports, civil aviation, water and sanitation, and health. In the health sector, UNDP's track record includes reconstruction, provision of equipment and capacity building in the Umm Qasr General Hospital and in the Khadimiya Teaching Hospital in Baghdad, which was funded by Japan. Currently, UNDP and the GoJ partner on the full rehabilitation of General Hospitals in Tikrit and Ramadi and the Maternity and Children's Hospital in Halabja. UNDP is also involved in the establishment of the Basra Children's Hospital.⁸

Extending the partnership between the Government of Japan and UNDP to supporting the establishment of the Maternity and Children's Hospital in Fallujah rests therefore on a solid foundation of successful collaboration, long-standing experience and an impressive track record of results that have a positive impact on improving living conditions of millions of Iraqi people.

A.5 Experience of Partner United Nations Agencies

Besides the Government of Japan and UNDP, the project will be a joint partnership effort with WHO and UNFPA, which are the United Nations' key specialized agency and fund in the area of reproductive health and women and children's needs. Their extensive expertise globally and in Iraq will be extended to this project, in particular in the areas of capacity building, hospital management and awareness campaigns, as outlined in Section C "Programme Strategy". The following paragraphs provide a short introductory summary of the activities and experience of the three organizations in Iraq.

WHO in Iraq:

Following the war and the total collapse of the health system, WHO supports the Iraqi Ministry of Health in jumpstarting the health system. This concept consists of supporting the supply distribution system, reconstruction of hospitals and clinics and resumption of priority public health programmes. Among these public health programmes are: surveillance, communicable disease control, environmental health, nursing, nutrition, immunization and support to health care delivery systems. Non-communicable diseases

⁶ More info about GoJ activities in Iraq can be found at http://www.mofa.go.jp/region/middle_e/iraq/index.html. The figures are obtained from http://www.mofa.go.jp/region/middle_e/iraq/issue2003/assistance/assist0610.pdf.

⁷ Rehabilitation of Falluja Maternity & Child Hospital, ITEC International Total Engineering Corporation, December 2007.

⁸ The GoJ/IBIC-UNDP partnership goes far beyond the health sector, including; dredging of the approach channel to Iraq's seaport Umm Qasr; contribution to the Iraq Rapid Employment Programme; rehabilitation of the National Dispatch Center; rehabilitation of thermal and gas power stations in Mussaib, Hartha, Taji and Mosul; electricity network reinforcement in Muthanna; assistance to electricity distribution master planning; capacity building and institutional reinforcement of Muthanna Governorate; and capacity building of law enforcement in Basra. More information on UNDP in Iraq can be found at <http://www.iq.undp.org/>.

and mental health were identified as second priority. The six key areas of the health system in which WHO is active in Iraq are: (1) Access to quality health services; (2) human resource development; (3) environmental health; (4) mother and child health and reproductive health; (5) prevention and control of diseases; and (6) emergency preparedness and response.⁹

UNFPA in Iraq:

UNFPA has been active in Iraq since 1972. As a result of its efforts, the number of facilities providing reproductive health services increased from 37 in 1995 to 146 in 2001. As a part of extensive contingency planning before the conflict, UNFPA and its partners recruited and trained personnel and positioned essential maternal health supplies both inside Iraq and in potential refugee settings in neighboring countries. The Fund has delivered reproductive health equipment, supplies and essential medicine to health facilities in 15 Iraqi governorates, including facilities run by the Iraqi Family Planning Association and women's NGOs. Emergency medical equipment has also been delivered to key sites in neighboring countries. When the situation permits, UNFPA and its partners will step up efforts to increase access to antenatal care and emergency obstetric care inside Iraq, to reduce maternal deaths and neo-natal deaths.¹⁰

⁹ More information on WHO in Iraq can be found at <http://www.emro.who.int/iraq/index.htm>.

¹⁰ More information on UNFPA in Iraq can be found at <http://www.unfpa.org/emergencies/iraq/index.htm>.

B SITUATION ANALYSIS

B.1 Problem to be addressed - The current situation

The present General Hospital of Fallujah is located about 3 kilometers west of the center of town on the banks of the Euphrates River. In view of the dilapidated state of this hospital and the fact that its facilities are too small to adequately accommodate services and patients, the Ministry of Health has decided to build a new General Hospital located about 4 kilometers east of the town center. This new hospital is currently under construction and is expected to be completed by April 2008. The new hospital will be used as General Hospital, while the present General Hospital will be converted to a Maternity & Children's Hospital. The new General Hospital will not include gynecological, obstetrics and pediatric departments, which means that the planned Maternity and Children's Hospital will be the only secondary facility of its kind for Fallujah and environs.¹¹ The following picture shows the location of the old General Hospital, to be converted to a Maternity and Children's Hospital, and the new General Hospital:

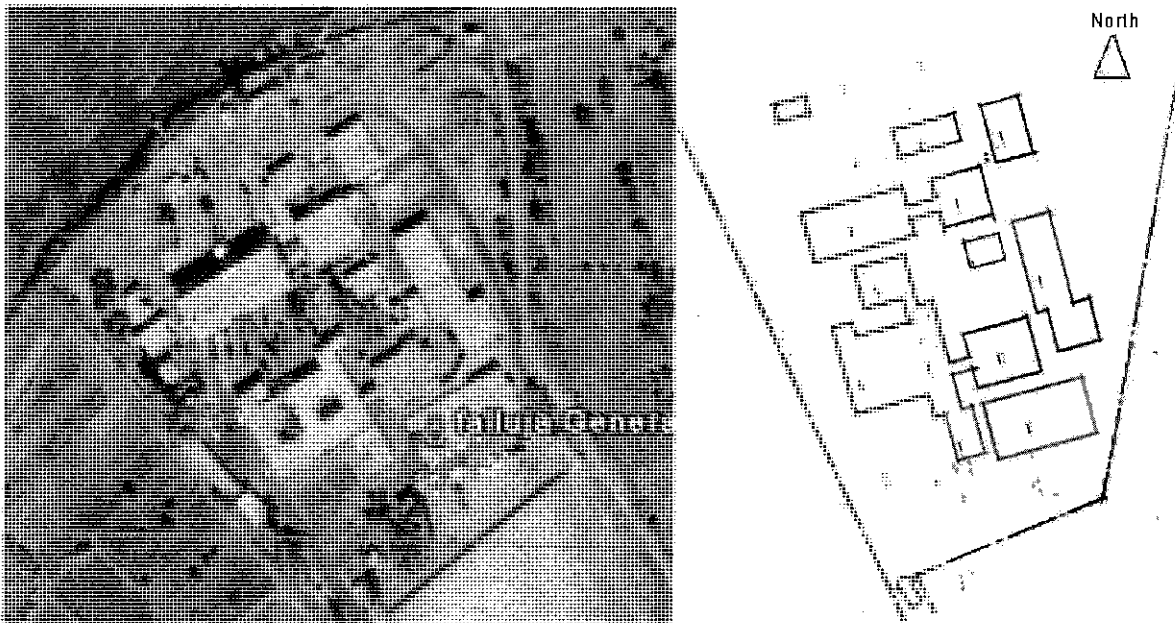


(Map-1: Location of existing and new Fallujah General Hospitals)

The existing General Hospital covers an area of about 30,000 square meters and has separate buildings for each department, as can be seen on the image and schematic drawing below. The total area covered by buildings is 10,000 square meters. The hospital has currently 480 staff and 163 beds, which are fully occupied. The new General Hospital will have 200 beds. All departments, except obstetrics, gynecology and pediatric, will move to the new hospital. The conversion of the old General Hospital into a Maternity

¹¹ Separating maternity and children's health care facilities from general hospital facilities seems to be common in Iraq, possibly for cultural/religious reasons. Seven out of thirteen General Hospitals constructed by Japanese companies in the 1980s do not have obstetrics, gynecology and pediatric departments (Rehabilitation of Falluja Maternity & Child Hospital, ITEC International Total Engineering Corporation, December 2007).

and Children's Hospital will therefore result in a downsizing of the facilities to focus on these departments and related support facilities only.



(Map-2: Site plan of Fallujah General Hospital)

For planning the interventions under this project and determining the methodology, inputs have been used from an assessment recently carried out by ITEC-Hospico¹², an independent site assessment carried out by UNDP during the proposal preparation period, data from WHO, UNFPA and UNICEF, as well as contacts and meetings with officials from the Iraqi Ministry of Health, Anbar Governorate Health Department, Fallujah General Hospital and the before-mentioned UN Agencies. The information presented below and further in the document therefore presents a fairly accurate picture of the current situation, needs' and required scope of works, but further detailed assessments will be required to fully identify the required scope of works, define the exact type and kind of required equipment and determine training and public awareness needs.

The present condition of maternal and general health facilities is aggravating the existing humanitarian crisis in Fallujah. The preliminary assessments already carried out for the hospital present substantial immediate needs in terms of medical equipment, general facilities and services. Based on the available information, the required interventions can be categorized under five broad headings:

1. Civil and General Facilities Interventions
2. Internal Hospital Facilities
3. Medical and Specialized Equipment
4. Capacity Building and Asset Management
5. Awareness Campaigns

Civil and General Facilities Interventions:

Following years of neglect, wars and sanctions, the civil structure of the hospital require urgent renovation to halt the structural degradation. In this context, UNDP intends, following detailed assessment and verification, to carry out all required rehabilitation works on the buildings that will be used for the Maternity and Children's Hospital, including civil works for rehabilitation and conversion; sewage and water treatment; rain water drainage system; electrical works; medical gases system; etc. Also, compound works on roads, gardens, car parking and staff residences are required.

¹² Rehabilitation of Falluja Maternity & Child Hospital, ITEC International Total Engineering Corporation, December 2007

Internal Hospital Facilities:

The present condition of internal hospital facilities is extremely poor. According to available information, UNDP foresees the need to address most internal facilities including hospital lifts (i.e. patients, beds, and guest's lifts), water closets, plumbing systems and sanitary fixtures, internal lighting system, painting, kitchen and laundry facilities and air conditioning among others.

Medical and Specialized Equipment:

The biggest need of the hospital is in medical and specialized equipment. Most of the equipment, including what was recently donated, will be transferred to the new general hospital. In this context, it is foreseen that, following in-depth verification, a large quantity of equipment will need to be supplied for the maternity and children's department and for the hospital administration. UNDP intends to supply equipment compatible with the existing equipment and facilities. This can be achieved through procurement via the original equipment manufacturer.

Capacity Building and Asset Management:

The long period of isolation and sanctions has resulted in a significant loss of capacity; the knowledge of Iraqi professionals is often outdated and exposure to the latest technological developments is very limited. It is therefore intended to deliver a comprehensive capacity building programme to all categories of hospital staff with the purpose of enabling them to operate and maintain all rehabilitated hospital equipment and facilities as per manufacturer recommendations and the latest scientific developments. Beyond Operation & Maintenance training, the conversion of the hospital presents an opportunity to provide refresher training to the medical staff remaining in the converted hospital in best-practice mother and child care. Management training will aim at readying the staff of the newly converted hospital to operate specifically as a maternity and children's hospital. It is also intended to implant an asset management system for the hospital. This programme will assist hospital management to schedule maintenance, programme spare parts and consumables delivery among many other benefits.

Awareness Campaigns:

Awareness campaigns will be launched to inform the staff of the network of 32 city and village Primary Health Centers and the wider population of Fallujah about the construction of the new General Hospital and the conversion of the old one into a dedicated Maternity & Children's Hospital as part of the "dividend of peace." (See Annex)

B.2 Justification

Any city around the world that is the size of Fallujah, or even much smaller, needs adequate secondary-level maternity and child health facilities. Given the precarious reproductive health situation in Iraq, such facilities become even more essential. While the current General Hospital does have an obstetrics department, it is much too small for its purpose and requires urgent rehabilitation. The situation in the obstetrics department is particularly critical, with bed occupancy ranging from 120% to 470%.¹³ In 2006, there were 6,840 deliveries in the department, which is equivalent to an average of almost 19 per day. 1,218 cesarean sections were performed (3.3 per day on average) and 700 babies were born prematurely with a weight of less than 2 kg (2 per day). In a city the size of Fallujah and environs (500,000 inhabitants) one can expect roughly 20,000 pregnancies per year. According to the Iraq Family Health Survey 2006/2007 this number of pregnancies will result in 17,500 deliveries. Still according to the same survey, roughly 64% will take place in a health facility. Therefore, the existing obstetrics department seems to capture about 40% of all deliveries that take place in Fallujah and its surroundings and about 60% of all health facilities deliveries which underlines its key importance.

¹³ Bed occupancy rates in the gynecological and pediatrics departments were less dramatic, ranging from 30-83% for the first and 55-90% for the latter.

The five main causes of maternal death are hemorrhage, unsafe abortion, obstructed labor, hypertensive disorders and sepsis. While small reductions in the death rates from these causes have been achieved through community-based programmes of family planning and training of birth attendants, a more substantial and sustained reduction in death rates requires access to adequate facilities to treat obstetric emergencies at a first referral level or where these facilities exist. Consequently, health and survival in pregnancy and childbirth depend to a great extent upon the early detection of complications and the referral of women to a facility where they can get appropriate care. (See Annex for further information)

Given the fact that the new General Hospital will not include maternity and children's health departments, it is essential that the old hospital will be properly converted and rehabilitated to adequately accommodate these functions.

B.3 Target Beneficiaries

The project will result in tangible benefits to a significant portion of the towns' inhabitants, as well as other health services within the project area. Direct beneficiaries are those that are direct recipients of the project's outputs and/or directly involved in the project's activities, while indirect beneficiaries are those that stand to benefit from the project's outputs.

Direct Beneficiaries: The direct project beneficiaries, or recipients, will include:

- The Health Department of Fallujah municipality, the hospital management and personnel and the hospital's patients through the provision of adequate quality maternity and child health care services
- Management and personnel of the hospital will benefit from a comprehensive capacity building programme
- Patients of the Primary Health Centers who will benefit from increased opportunities to be referred to adequate quality secondary-level maternity and child care services
- A number of households will benefit from the project through employment of one or more of its members during the reconstruction and rehabilitation of the hospital.

Indirect Beneficiaries:

- The entire population of Fallujah and environs totaling 500,000 inhabitants through improved access to adequate quality maternity and child health care services and through awareness campaigns to be launched through the network of 32 city and village Primary Health Centers in and around Fallujah

C. PROJECT STRATEGY

Based on the available information to date, the overall funding requirements for rehabilitating and converting the hospital could exceed those available from the Government of Japan. Therefore, this proposal will cover the priority hospital rehabilitation requirements ensuring at least minimal high quality operating standards. For any additional needs that cannot be covered under the available budget of this project, detailed engineering documentation will be handed over to the Iraqi Ministry of Health for further pursuit.

C.1 Sequence of Work for Fallujah Hospital Project

The project will be carried out in four sequential phases (I-IV) and one continuous phase (V), as outlined below:

Phase I: Project Inception Stage (3 months duration)

- Establish the Project Steering Committee (PSC) (See Annex for the composition)
- Review of available data and delineation of required information
- Data collection and records documentation
- Review and analysis of collected data
- Field verification of collected data and site investigations
- Establish project scope of works and preliminary cost estimates
- Establish project procurement strategy
- Preparation of Project Inception Report

Phase II: Feasibility, Designs, Cost Estimates and Technical Specifications (4 months duration)

- Preparation of detailed designs and drawings
- Preparation of Detailed Designs and Bidding Documents Report

Phase III: Bidding Support (4 months duration)

- Pre-qualification of contractors and suppliers
- Invitation to Bid and evaluation
- Contract(s) award

Phase IV: Site Work Management and Supervision (13 months duration)

- Implementation of civil works
- Supply of new equipment
- Substantial completion of all project related works.
- Final report and financial closure.

Phase V: Training, Capacity Building and Awareness Campaign (24 months duration)

- Community awareness campaign to inform the wider population of Fallujah on the project
- Technical training of hospital staff
- Managerial and Total Quality Management training
- Management of Information Systems – software and hardware training
- Asset management – software and hardware training

UNDP, WHO and UNFPA will coordinate activities throughout the duration of the project. However, UNDP will principally focus on the implementation of Phases I-IV while WHO and UNFPA will be responsible for Phase V.

C.2 Project Duration and Time Line

The total duration of the project is expected to be 24 months as presented in the following time-line chart for each of the four phases mentioned in C1 above:

Phase	Month																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
I	■	■	■																					
II				■	■	■	■																	
III								■	■	■	■													
IV												■	■	■	■	■	■	■	■	■	■	■	■	■
V																								

D. OBJECTIVES, OUTPUTS AND ACTIVITIES

D.1 Development Objective

The Development Objective of the project is “to contribute to the development of core health sector systems and capacities and increase the population’s access to essential and adequate health services”, which is aligned with the targets of Iraq’s National Development Strategy (2005) and Millennium Development Goals 4 and 5: “to reduce child mortality” and “improve maternal health”. (See Annex)

As such, the project is part of the overall response to the ongoing humanitarian crisis in conflict-ridden Iraq aiming at reestablishing access of the population to adequate medical and health services and in particular to providing adequate maternal, reproductive and pediatric health care in the city of Fallujah in Anbar Governorate.

The establishment of a dedicated maternity and children’s hospital is expected to increase the capacity of the health system in Fallujah to improve maternal health and reduce child mortality and to allow the population to share in the “dividends of peace”.

D.2 Immediate Objectives, Outputs and Activities

Immediate Objective 1: To improve access to and quality of secondary-level maternal, reproductive and pediatric health physical facilities in Fallujah and environs

Output 1.1: An adequately renovated Maternity and Children’s Hospital in Fallujah

- Activity 1.1.1: Undertake detailed technical assessment of renovation needs of civil, general and internal hospital facilities
- Activity 1.1.2: Determine priorities for renovation in accordance with available budget
- Activity 1.1.3: Prepare detailed technical specifications, bills of quantities and bidding documents
- Activity 1.1.4: Undertake Competitive Bidding for selected work packages
- Activity 1.1.5: Evaluate bids received, select contractors and sign contracts for works
- Activity 1.1.6: Implementation and monitoring of works
- Activity 1.1.7: Final payments to contractors based on evaluation and certification of works performed

Output 1.2: An adequately equipped Maternity and Children’s Hospital in Fallujah

- Activity 1.2.1: Undertake detailed technical assessment of existing equipment and additional equipment needs
- Activity 1.2.2: Determine priorities for procurement of required equipment and essential spare parts in accordance with available budget
- Activity 1.2.3: Prepare detailed technical specifications, bills of quantities and bidding documents
- Activity 1.2.4: Undertake International Competitive Bidding for procurement, transportation and installation of selected equipment
- Activity 1.2.5: Evaluate bids received, select contractors/suppliers and sign contracts
- Activity 1.2.6: Implementation and monitoring of procurement, transportation and installation of equipment

Activity 1.2.7: Final payments to contractors/suppliers based on evaluation and certification of works performed

Output 1.3: An adequately supplied and functioning Maternity and Children's Hospital in Fallujah

Activity 1.3.1: Obtain full agreement from Iraqi Ministry of Health and Anbar/Fallujah Health Departments on renovation and equipping of the hospital

Activity 1.3.2: Obtain full details from Iraqi Ministry of Health and Anbar/Fallujah Health Departments on planned staffing and budget of and provision of medical supplies for the hospital

Activity 1.3.3: Handover of completed works and equipment to health authorities

Activity 1.3.4: Handover of detailed specifications of remaining works/equipment to health authorities for future realization

Immediate Objective 2: To strengthen the capacity of hospital staff to provide quality secondary-level maternal, reproductive and pediatric health care in Fallujah and environs

Output 2.1: Adequate capacity established to operate and maintain rehabilitated hospital equipment and facilities as per manufacturer recommendations and the latest scientific developments

Activity 2.1.1: Undertake capacity assessment and identify capacity building and training needs

Activity 2.1.2: Identify, select and contract capacity building providers to develop training modules, identify trainees and undertake capacity building and training (See Annex for selection criteria of the provider)

Activity 2.1.3: Implementation and monitoring of capacity building and training activities

Activity 2.1.4: Final payments to capacity building providers based on evaluation and certification of trainees' gained capacity

Output 2.2: Best practice mother and child care established among medical staff

Activity 2.2.1: Undertake capacity assessment and identify capacity building and training needs

Activity 2.2.2: Identify, select and contract capacity building providers to develop training modules, identify trainees and undertake capacity building and training

Activity 2.2.3: Implementation and monitoring of capacity building and training activities

Activity 2.2.4: Final payments to capacity building providers based on evaluation and certification of trainees' gained capacity

Output 2.3: Adequate hospital management capacity established

Activity 2.3.1: Undertake functional analysis of hospital and management capacity assessment

Activity 2.3.2: Identify management capacity building and training needs, including asset management

Activity 2.3.2: Identify, select and contract capacity building providers to develop management systems, training modules, identify trainees and undertake management capacity building and training

Activity 2.3.3: Implementation and monitoring of management systems, capacity building and training activities

Activity 2.3.4: Final payments to capacity building providers based on evaluation and certification of trainees' gained capacity and (asset) management systems in place

Immediate Objective 3: To raise awareness among the wider population on the establishment of the hospital and the resulting “dividend of peace”

Output 3.1: *Improved awareness among the wider population of Fallujah on the “dividend of peace” resulting from the establishment of the hospital*

Activity 3.1.2: Identify, select and contract qualified governmental or non-governmental organization to develop and undertake awareness campaign among the wider population of Fallujah on the establishment of the hospital

Activity 3.1.3: Implementation and monitoring of awareness campaign

Activity 3.1.4: Final payment to contractor based on evaluation of awareness raised among population

E. IMPLEMENTATION AND MANAGEMENT ARRANGEMENTS

Within the integrated UN response to the Iraq crisis, UNDP, WHO, UNFPA and UNICEF have assumed key roles in the delivery of humanitarian and recovery assistance in the health sector. 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, a capacity that will be maximized for the purpose of this project through close partnership with and the deployment of specialized expertise in implementation from WHO and UNFPA, in particular in capacity building of health staff and authorities. (See Annex for detailed roles & approaches of WHO and UNFPA)

E.1 Project Implementation

The Project's team of experts and specialists will work in close collaboration with the hospital's management and the Ministry of Health counterparts from conceptualization to final handover. The overall Project will be implemented in stages with clearly defined areas of responsibility for UNDP and the Partner Agencies.

This includes in first instance the finalization of the assessments and thus the scope of rehabilitation and other activities within the overall budgetary limitations. 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. UNDP will also prepare all technical documents including technical specifications and construction drawings, all of which will be sufficient to permit UNDP to evaluate bids, select a contractor and finally to sign a contract for the works, and for the contractor to carry out the works. Delivery mechanisms will be scheduled in coordination with the consultants and counterparts through local contractors. All procurement notices will be posted on the UNDP and the UNDG ITF website.

Subsequently, the UNDP procurement section in Amman will carry out the procurement of all required equipment as well as the various spare parts, consumables, works, software, hardware, etc. Although not definite at this stage, international bidding will be utilized for procuring the entire project scope except for the works component, which will undergo local bidding. Alternatively, UNDP might consider a single source award, where a single contractor is contracted for carrying out the entire scope of works, although this is not the preferred option. UNDP's procurement Unit will arrange for a competitive bidding process for all procurement exercises. Capacity building activities and the awareness campaign will be carried out through the Partner Agencies in accordance with transparent rules and regulations for procurement and contracting. Training of the relevant operation and maintenance of the equipment will be carried out as part of the contract.

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

E.2 Project Management

The project will be executed under UNDP's Direct Execution Modality (DEX), whereby UNDP is accountable for the project's objectives and is responsible for its overall management. A Project Management Board will be established, based on the UNDP corporate PRINCE2 methodology for project management under which UNDP, the Partner UN Agencies (WHO and UNFPA), the Government of Japan and the Government of Iraq will provide oversight, ensure coordination and verify timely delivery

of inputs, activities and outputs towards the achievement of objectives as outlined in the project document and work plans.

UNDP will appoint a project manager with relevant background, qualifications and experience in hospital rehabilitation, public health systems and health care delivery to manage the day-to-day implementation of the programme, in close collaboration with the UNDP health team, the project managers and focal points appointed by the partner agencies, as well as health authorities from the Ministry of Health in Baghdad, the Anbar and Fallujah Technical Departments and the Hospital Management.

Regular technical and financial reporting to the Government of Japan, UNDP and the partner agencies, as well as the Government of Iraq, will be carried out on the basis of well-established systems of monitoring and progress tracking (see E.3).

E.3 Monitoring and Evaluation

The Project will be monitored in accordance with standard procedures (external monitoring during the implementation phase, periodic monitoring and final assessment). Project monitoring and evaluation will be based upon periodic assessment of the progress of the delivery of specified Project results against their targets, and the achievements of the Project objectives.

All procurement notices are posted on the UNDP and the UNDG Iraq Trust Fund websites.

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 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.

UNDP employs 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 financial managers and controllers worldwide.
(See Annex for further elaboration)

E.4 Project Risks

The main risk in the context of Iraq is the potential for sudden deterioration of the security situation in the area or its close vicinity to a degree that implementation has to be suspended. Political instability is also a factor that could affect implementation, for example in case of a new government structure with objectives different from previous governments. The latter is not as likely to have serious consequences at the local level as the former, but all aspects of security will be monitored closely: indeed, security considerations have been taken into account when selecting the relevant area for the project location. In this respect, security in Fallujah has improved considerably over the past year. UNDP has undertaken numerous interventions nationwide of which the implementation ran relatively smoothly. It is therefore expected that the implementation of the proposed project will also proceed largely unhindered.

There will be no requirement to field international staff to Fallujah, given the present security situation. Wherever possible, telecommunications will be used and meetings with national counterparts will mainly be held outside Iraq. Private contractors will be required to make their own security arrangements to ensure the safety of their staff and the works
(See Annex for further elaboration)

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

Additionally, UNDSS requires the designation of an Iraqi security official for liaison purposes. UNDP will request contact details of this designated official and provide these to UNDSS.

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

It is recognized that projects of this kind in Iraq 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% norm generally used. The additional 1.5% budgeted in the project is to cover Iraq-specific security and insurance costs and is to be part of agreements with the transport contractor or equipment supplier.

UNDP plans to partner with the Government of Japan to support the conversion of the old Fallujah general hospital into a Maternity and Pediatric Hospital as part of the “peace dividend” for the population of Fallujah and environs



F. PROJECT BUDGET

FALLUJAH MCH - PROJECT BUDGET					
	Item Description	Unit	Rate (\$USD)	Qty	Total (\$USD)
1	PROJECT PERSONNEL				2,106,000
1.1	<i>National Programme/Project Personnel</i>				144,000
1.1.1	National Project Officer	Mo	3,000	24	72000
1.1.2	Project Assistant	Mo	3,000	24	72000
1.2	<i>International Programme/Project Personnel</i>				1,962,000
1.2.1	Project Manager P5	Mo	18,000	24	432,000
1.2.2	Bio-Medical Engineer	Mo	15,000	24	360,000
1.2.3	Multi Sectorial Engineers	Mo	15,000	24	360,000
1.2.4	Procurement Officer (Partial Input)	Mo	15,000	18	270,000
1.2.5	Operations Officer (Partial Input)	Mo	15,000	18	270,000
1.2.6	Senior Health Officer (Partial Input)	Mo	15,000	18	270,000
2	CONSULTANTS				998,400
2.1	International / National Consultants				998,400
2.1.1	Owners Engineer Consultant Company (International/National)				
2.1.1.1	International - Assessment & Detail Design Work	Sum	345,600	1	345,600
2.1.1.2	International - Supervisor	Sum	345,600	1	345,600
2.1.1.3	National - Assessment & Detail Design Work	Sum	57,600	1	57,600
2.1.1.4	National - Supervisor	Sum	115,200	1	115,200
2.1.2	National Consultant - Baseline Data Establishment	Sum	72,000	1	72,000
2.1.3	International Specialist - Quantity Surveyor	Sum	37,440	1	37,440
2.1.4	International Specialist - Training - Asset Management	Sum	24,960	1	24,960
3	TRAINING				1,135,000
3.1	UNFPA capacity building programme and awareness campaign	Sum	325,000	1	325,000
3.2	WHO capacity building programme	Sum	650,000	1	650,000
3.4	UNDP Asset Management - Software and Hardware	Sum	160,000	1	160,000
4	EQUIPMENT & CONTRACTS				11,412,400
4.1	<i>Interior and Exterior works</i>				525,000
4.1.1	Interior	Sum	330,000	1	330,000
4.1.2	Exterior		195,000	1	195,000
4.2	General Facilities				6,514,000
4.2.1	<i>Electrical</i>				2,080,000
4.2.1.1	Upgrading mains supply system	Sum	210,000	1	210,000
4.2.1.2	Upgrading backup DG supply system	Sum	235,000	1	235,000
4.2.1.3	Building electrical Installations	Sum	450,000	1	450,000
4.2.1.4	Fire Alarm System	Sum	150,000	1	150,000
4.2.1.5	Communications Systems	Sum	250,000	1	250,000
4.2.1.6	IT Networking and Equipment	Sum	135,000	1	135,000
4.2.1.7	Security System	Sum	200,000	1	200,000
4.2.1.8	Electrical Equipment Training	Sum	150,000	1	150,000
4.2.1.9	Initial Operation & Maintenance inclu. supply of consumable	Sum	300,000	1	300,000

UNDP, WHO & UNFPA Partnership Project
Project for the Establishment of a Maternity & Children's Hospital in Fallujah

FALLUJAH MCH - PROJECT BUDGET					
	Item Description	Unit	Rate (\$USD)	Qty	Total (\$USD)
4.2.2	<i>Water Supply, Sewage and Air conditioning</i>				3,020,000
4.2.2.1	Water Treatment System	Sum	420,000	1	420,000
4.2.2.2	Water Supply Pipe Replacement	Sum	350,000	1	350,000
4.2.2.3	Water Supply Pump	Sum	250,000	1	250,000
4.2.2.4	Boiler and Softener	Sum	600,000	1	600,000
4.2.2.5	Hot Water Supply Pipe Replacement	Sum	350,000	1	350,000
4.2.2.6	Hot Water Supply Pump	Sum	180,000	1	180,000
4.2.2.7	Sewage Treatment Unit	Sum	390,000	1	390,000
4.2.2.8	Sewer Lines Replacement	Sum	180,000	1	180,000
4.2.2.9	Sewage Pump	Sum	80,000	1	80,000
4.2.2.10	Sanitary Fixtures	Sum	220,000	1	220,000
4.2.3	<i>Medical Facilities</i>	Sum			1,414,000
4.2.3.1	Medical Gases Piping System	Sum	360,000	1	360,000
4.2.3.2	Bed Head Units (120 units)	Sum	520,000	1	520,000
4.2.3.3	Oxygen Generating/Storing Plant	Sum	350,000	1	350,000
4.2.3.4	Medical Waste Treatment Unit	Sum	145,000	1	145,000
4.2.3.5	Surgical Scrub Sinks	Sum	39,000	1	39,000
4.3	<i>Medical Equipments including spare parts for one year</i>				4,373,400
4.3.1	Laboratory	Sum	350,000	1	350,000
4.3.2	Radiology	Sum	1,070,000	1	1070,000
4.3.3	Operation Rooms	Sum	974,200	1	974,200
4.3.4	Delivery Rooms	Sum	467,000	1	467,000
4.3.5	NICU,ICU	Sum	1,154,600	1	1154,600
4.3.6	Out Patients	Sum	357,600	1	357,600
5	TRAVEL				326,973
5.1	DSA/Travel - Amman / Iraq (UNDP, WHO and UNFPA)	Sum	126,973	1	126,973
5.2	DSA/Travel - Amman / Iraq (Trainees & Counterparts)	Sum	100,000	1	100,000
5.3	DSA/Travel - International / Amman / Iraq (Consultants)	Sum	100,000	1	100,000
6	PROGRAMME/PROJECT SUB-TOTAL				15,978,773
7	MISCELLANEOUS (Should Not Exceed 3% of BL 6)				479,363.19
7.1	Office space, courier, communications, etc	Sum	479,363	1	479,363.19
8	SECURITY (Should Not Exceed 2%)				319,575.46
8.1	UNDP Security (Fixed at 0.5%)	Sum	79,894	1	79,893.865
8.2	Project Related Costs (Security Escorts; Body Armoring, etc.)	Sum	235,259	1	239,681.595
9	AGENCY MANAGEMENT SUPPORT COST	Sum			1,118,514.11
9.1	Total Administrative Costs (7%)		1,118,514		1,118,514.11
10	PROGRAMME/PROJECT BUDGET TOTAL				17,896,226

ANNEX I: BoQ Medical Equipment & Hospital Medical Furniture

Department	No	Description	Qty
Laboratory	1	Analyzer, Chemistry, Automated	1
	2	Hemoglobin meter	1
	3	Blood Cell Counter	1
	4	Spectrophotometer, UV/Visible	1
	5	Blood Gas Analyzer	1
	6	Blood Bank Refrigerator	3
	7	Sterilizer for Laboratory (Vertical Type)	1
	8	Fume Hood	1
	9	Laminar Airflow Unit, Type B, Class II	1
	10	Refrigerators, Laboratory	2
	11	Freezers, Laboratory	2
	12	Water Bath, Laboratory	2
	13	Washer, Lab-ware	1
	14	Microelysia System	1
	15	Bilirubinometer	2
	16	Eye / Face Washing Fountain	2
	17	Water Purification System	1
	18	Urine Analyzer	1
	19	Coagulation Meter	1
Radiology	1	X Ray Unit General	1
	2	Ultrasound Apparatus, General Color	1
	3	Mammography Unit	1
	4	Bone Densitometer	1
Operation Room	1	Operation Table	4
	2	Anesthesia Apparatus w/Ventilator	4
	3	Patient Monitor	4
	4	Defibrillator	2
	5	Steam Sterilizer	1
	6	Warming Cabinet	2
	7	Operating Microscope	1
	8	Electrosurgical Unit	4
	9	Service Column, Retractable	4
	10	Service Column, Multi-movement	4
	11	Instrument Table	12
	12	Surgical Light, Mobile	2
	13	C-arm Fluoroscopy X-Ray Unit	1
	14	Stretchers	6
Delivery Department	1	Delivery Bed	6
	2	Fetal Heart Detector	4
	3	Ultrasound Apparatus, B/W	2
	4	Electrolyte Analyzer	1
	5	Steam Sterilizer	1
	6	Baby Incubator	4
	7	Baby Cot	20
	8	Vacuum Extractor, Obstetrical	4
	9	Intra-Partum Fetal Heart Monitor	2

	10	Crash Carts	2
	11	Wheelchair (Adult)	6
	12	Scale, Infant, Digital	2
	13	Pump, Breast Feeding	4
NICU, ICU	1	ICU Bed	6
	2	Central Monitoring Station	2
	3	Patient Monitor, Adult	6
	4	Defibrillator / Monitor	2
	5	Ventilator, Adult	6
	6	Blood Gas Analyzer	1
	7	X-ray Unit, Mobile	1
	8	Ultrasound Apparatus, B/W	1
	9	Baby Incubator	6
	10	Patient Monitor, Neonatal	6
	11	Infant Warmer	6
	12	Infant Ventilator	6
	13	Phototherapy Unit, Hyperbilirubinemia	6
	14	Infusion Pump	12
	15	Syringe Pump	12
Out-patient	1	Table, Examination, Obstetric	6
	2	Ultrasound Apparatus, B/W	4
	3	ECG	2
	4	Dressing Carts	6
	5	Medicine Cabinets	6

ANNEX II: For the attention of Senior Management and the Project Manager

Awareness (communication) campaigns (p. 8):

Awareness (communication) campaigns will be launched to inform the staff of the network of 32 city and village Primary Health Care Centers and the wider population of Fallujah about the construction of the new General Hospital and the conversion of the old one into a dedicated Maternity & Children's Hospital. The information communicated to the staff members of the health facilities will result in improving referral to the hospital and better utilization. These campaigns are most importantly aimed to enhance community knowledge of the conversion of the old hospital into a modern better equipped maternity and children hospital operated by better trained health care workers. This will lead to creating a sense of ownership among the population and will build the cognizance of the "dividend of peace". These awareness (communication) campaigns will be designed and implemented by UNFPA. UNFPA will carry out an assessment of the situation and the best strategy to deliver these campaigns. Based on the assessment results, campaigns will be implemented.

Elaboration on the needs of children (p. 9):

According to UNICEF's report "Situation of Children in Iraq 2003" infant mortality at that time was 107 per 1,000 live births, over double what it was at the end of the 1980s (47), and that under-five mortality is 131 deaths per 1,000 live births, two and-a-half times what it was a decade ago (56). It also notes that 15.9% of children suffer from being moderately to severely underweight or from general malnutrition; 22.1% suffer from moderate to severe stunting or chronic malnutrition; and 5.9% suffer from moderate-severe stunting and chronic malnutrition.

The immediate causes for this situation include disease and malnutrition, with preventable illnesses such as diarrhea and respiratory infections accounting for 70% of the mortality. In 1998, 22.8% of children – more than one in five - suffered from malnutrition. Nearly a quarter of babies were low birth weight, indicating malnutrition in mothers. Micronutrient deficiencies also affect the population.

Composition of the Steering Committee (p. 10):

A steering committee will be formed to provide policy guidance on the project implementation, high level problem solving mechanism and overall monitoring of the project implementation. The steering committee will consist of representative of the Iraqi Ministry of Health, representatives from the Anbar Department of Health, Director of the Fallujah maternity and children Hospital (once appointed), community representative and UNDP.

Increased access of the population to essential and adequate health services (p. 12):

The establishment of a dedicated, modern and well equipped maternity and children's hospital in Fallujah, enhanced services provided free of charge, coupled with communication campaigns will attract the local residents to access the hospital, especially women who may otherwise feel restrained due to cultural and religious reasons.

Selection criteria for contracting external expertise (p.13):

The capacity building activities will be carried out by WHO. WHO has a well developed network of training institutes and individual trainers from all over the Eastern Mediterranean Region (WHO EMRO region) and from all over the world. WHO will select trainers from among this network based on their technical experience and expertise to meet the identified training needs and their availability to deliver the training at the time required and best cost efficiency.

Roles and Approaches of Partners (p. 15):

WHO will be responsible for capacity building activities which will be delivered to the hospital staff. WHO has developed experience over a long period of time in designing and delivering training programs to health care workers. WHO will carry out a training needs assessment, based on which the required training activities will be developed and delivered. WHO will co-ordinate its activities with UNFPA and UNDP.

UNFPA will be responsible for the implementation of the awareness (communication) campaign to the health care workers in the health facilities in Fallujah health centers and to the residents of Fallujah and the surrounding villages. In consultation with WHO and UNDP, UNFPA will develop and deliver capacity building activities on safe motherhood.

Monitoring & Evaluation Plan and approach to develop baseline information (p. 16):

The project will be monitored by the project steering committee with its representatives of local officials and UNDP.

1. The following methods will be applied to monitor the project's construction implementation:
 - Materials tested in Iraqi laboratories to ensure conformity with the standards;
 - Local contractors reporting work progress (rate of implemented work & measurements) verified;
 - Anbar DoH engineers on the ground;
 - Field visits of UNDP staff members;
 - Evidence of the work progress through photos and video films;
 - All payments are effectuated upon verification of work completed by DoH.
2. The following methods will be applied to procure the equipment & supplies and monitor their delivery to the hospital:
 - Standard specs for equipment and supplies developed;
 - Assess cost benefit analysis of needs presented by the line ministry, running and maintenance costs, feasibility of use, availability of capable HR to operate and maintain it;
 - Competitive bidding process;
 - Follow up on installation;
 - Ensure contracts awarded include spare parts/supplies for one year and training of staff on maintenance and methods of operation;
 - Reports from Anbar DoH and Hospital staff verifying number and categories of equipment and supplies received and installed to the hospital and tested including visual photos films;
 - Payment will be made upon verification by the DoH and hospital administration of the previous item.
3. Capacity building activities will be monitored through reports by WHO and UNFPA and through participation of UNDP staff. The following will be monitored:
 - Selection of participants according to set criteria agreed with the DoH, MoH and UNDP;
 - Nomination of participants by DoH;
 - Teaching guidelines, pre and post evaluation tools developed and implemented;
 - Results of pre and post tests;
 - Payment effectuated upon verification of attendance;
 - Follow up on trainees upon completion.
4. Awareness (communication) campaigns will be monitored through reports received from UNFPA. The following will be monitored:
 - Number and method of campaign activities made to the health workers in the health centers of Fallujah against the plan;
 - Number and method of campaign activities made to the community members against the plan.
6. A consultant will be appointed to create a list of the outcomes of the project and their baseline status so that results are clearly defined and measurement of progress will be monitored.
7. End of project evaluation by an independent institution.

Elaboration of risks (P. 16):

Apart from the security and political risks elaborated in the text of the proposal, the following could be considered as potential risks as well:

1. Risk of failure of the Anbar DoH to allocate the required staff to operate the hospital, which may cause delay in operating the hospital.
2. Price inflation may cause a problem in completing work packages in accordance with the price quoted in the tender document by the contractor.

These matters will be discussed with the project steering committee and decision will be sought. Implementation of the decision and progress will be monitored to ensure that staff is allocated to the hospital. Price inflation will be monitored and if reached to a level hindering project implementation, the matter will be raised to the project steering committee for their decision.