



Tracking Sheet

PROJECT ATLAS NAME: *Health Care Services in the West Bank (EMRI)*

PROPOSAL #: AWARD #: PROJECT #: *00059147* DONOR (NAME):

AGREEMENTS CONTRACTS LETTERS/MEMO'S AWP PROJECT DOC. OTHERS:

SUBJECT: *EMRI (LPAC)*

TITLE	NAME	DATE IN	ACTION	DATE OUT	SIGNATURE
PROJECT MANAGER					
PROGRAMME ANALYST	FADI HIDMI	<i>30/5/08</i>		<i>30/5/08</i>	<i>Fadi</i>
TEAM LEADER / <i>Acting ch. LPAC</i>	GHIKAKO KODAMA <i>Rima</i>	<i>3/6/08</i>			
PROGRAMME SUPPORT (INCLUDING PA/TRAVEL/ PROCUREMENT / HR/ FINANCE)					
COMMUNICATIONS					
SECURITY					
EXECUTIVE OFFICE	<i>Ahmad</i>				
DSR (O)					
DSR (P)	<i>Roberto</i>	<i>10/6/08</i>	<i>OK</i>	<i>17/6</i>	<i>[Signature]</i>
SR	<i>JENS</i>				

Comments:

** Rima should clear as acting LPAC chair. Ahmad*
- signed. - [Signature]
Back to Hana Farid

United Nations Development Programme

Programme of Assistance to the Palestinian People
برنامج الأمم المتحدة الإنمائي / برنامج مساعدة الشعب الفلسطيني



Reference: 08/April

Date: 03 April 2008

Local Programme Advisory Committee (LPAC)

Attendees:

Chairperson: Rima Abu Middain on behalf of Ahmad Al Hammal

A handwritten signature in black ink, appearing to read 'Rima', is written over a horizontal line.

Member: Johan Potgieter

Participant: Nasser Faqih

Participant: Fadi Hidmi

Participant: Johnny Theodory, Engineering Department

Presenter: Reem Abdel Hadi

Secretary: Nazira Hamed

Several handwritten signatures and dates are present. One signature is dated '22/4/08'. Another signature is dated '20/4/08'. There are also some illegible handwritten notes.

LPAC Recommendations:

Evaluation:

Case Title: : Emergency Medical Relief Initiative for the Public Health Care Facilities (EMRI)

Presented by: Reem Abdel Hadi

Status: The committee met on the aforementioned date and approved the project document upon completion of the following recommendations:

- 1- Attach the table of the Management structure. P.14

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COVER PAGE

Country: occupied Palestinian territory

UNDAF Outcome(s)/Indicator(s)¹:

(Link to UNDAF outcome., If no UNDAF, leave blank)

Expected Outcome(s)/Indicator (s):

Service provision and access to health services of governmental public hospitals in the West Bank and Gaza are improved.

Expected Output(s)/Annual Targets:

Health care services facilities, provision of medical equipment and supplements and capacities of three governorates hospitals are improved.

(GP/RP/CP outputs linked to the above CP outcome)

Executing Entity:

UNDP/PAPP

Implementing agencies

UNDP/PAPP

Narrative

The objective of the project is to improve health care services and facilities and enhance the capacities of public hospitals in the West Bank and Gaza Strip, through rehabilitation and construction, equipping and furnishing of 3 selected hospitals in Jenin, Tulkarem, and Qalqelia. In addition to the construction of the facilities, the project will supply medical equipment and ambulances to benefit larger group of the general population.

Programme Period: **2007-2009**
 Programme Component: _____
 Project Title: **Emergency Medical Relief Initiative for the Public Health Care Facilities (EMRI)**
 Project ID: 059147
 Project Duration: **24 Months**
 Management Arrangement: **UNDP**

Total Budget	10,001,057
Allocated resources:	
• Government	Japan 00141
• Regular	_____
• Other:	
	• Donor JAPAN
	• Donor _____
	• Donor _____
• In kind contributions	_____
• Unfunded budget:	_____

Agreed by (Government): _____

Agreed by (Executing entity²): _____

Agreed by (UNDP): _____

Roberto Valente on behalf of Special Rep. of UNDP

¹ For global/regional projects, this is not required

² If an NGO is the Executing entity, it would not sign this page, but rather the Project Cooperation Agreement

COMPONENT 2: SITUATION ANALYSIS

Situation of the Public Health Services in the Occupied Palestinian Territory (oPt)

The Palestinian Ministry of Health (MOH) is the principal organization for ensuring a well-governed health system. Its main roles are: health care provision; regulation and legislation; human resource development in the health sector; surveillance; and financing through insurance. In addition, the MOH is the main health care provider and employer within the health sector. The Ministry manages 60% of health services and all public health programmes in the oPt. Furthermore, it monitors the remaining 40% of health services which are provided by UNRWA, nongovernmental organizations, private sector, and hospitals outside the oPt.³

Recently the fiscal and political pressure imposed on the health system which makes it difficult for the MOH to be fully responsive, efficient and effective in meeting the health needs of the communities. The continuously deteriorating situation within the oPt has resulted in depriving the Palestinian people of access to essential services in particular the health care system which has been fragmented by the lack of access.

These main constraints can be summarized as follows:

1. Lack of sufficient funding to health care facilities to ensure proper expansion of services to meet community needs, deterioration in the quality of equipment facilities and furniture. During the past 2 years, the fiscal challenges faced by the Government have further deepened this problem, leaving hospitals with large burden with accumulated needs.
2. The closure and segregation of the Palestinian community between the West Bank and Gaza Strip, rural and urban areas, districts and governorates in the WB and Gaza, and the lack of mobility, for people and supplies. All have contributed to limitation of patient and provider access to health care facilities, and distorted the capacity for providing public with where the pressure has increased for some hospitals.
3. Inability of the NGOs and the private sector to intervene in providing alternative services especially in secondary and tertiary health services.
4. With the population growing at approximately 4% per year, this growth did not go parallel with the growth and development of public health services. The health system is hard-pressed to maintain the high service standards to which citizens have become accustomed; this has distracted attention from the pursuit of more strategic development goals. Social safety net arrangements are becoming increasingly large (in terms of expenditure).⁴

³ WORLD HEALTH ORGANIZATION FIFTY-SIXTH WORLD HEALTH ASSEMBLY A56/INF.DOC./5
Provisional agenda item 19 17 May 2003 Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

⁴ Unpublished Palestinian Reform Development Plan 2008

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To contribute to ease some of these pressures, the MOH conducted an assessment for the most priority interventions which can take place in the short-term. These interventions can be summarized as follows:

1. Immediate rehabilitation and construction of health care facilities in the districts of Jenin and Tulkarem in order to expand the capacity of health treatment in these two districts.
2. The equipping of Qalqelia hospital with necessary medical equipment related to secondary and tertiary health care services.
3. Providing ambulances to facilitate the access of patients to secondary and tertiary health care services.

In response to the national needs addressed and assessed by the MOH, UNDP with assistance from the Government of Japan mobilized sufficient resources to implement the above 3 priorities.

COMPONENT 3: STRATEGY

The Palestinian Reform Development Plan - PRDP 2008-2011, and the UNDP/PAPP strategy, both stressed the importance of promoting sustainable livelihoods, self reliance of the Palestinian community to develop environmental conditions and access to environmental assets that are closely linked to the livelihoods, health and security of the oPt, in addition to the development of efficient, responsive and accountable institutions.

With regards to health care and its importance as a social service, UNDP/PAPP is determined to increase access to such a service, through the construction and rehabilitation of facilities which can host the system procedures and human resources available at the MOH. Therefore, this project is in compliance with the national and the UNDP/PAPP strategies which aim to remove obstacles to human development and create an enabling environment for development

The improvement of the Health care services facilities, provision of medical equipment and supplements and capacities of the three selected governorates hospitals, is expected to provide better services and access to health services of Governmental public hospitals in the West Bank and Gaza. Especially under the continuous closure and movement restrictions, this prevents citizens from seeking treatment to reach other health care services outside their districts or town.

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COMPONENT 4: RESULTS AND RESOURCES FRAMEWORK

The project aims at improving the health care services facilities, provision of medical equipment, supplements and capacities of three governorates hospitals.

The project activities are:

1. **Civil Works for Public Hospitals:** Construction of additional floors in two public hospitals, namely Tulkarem and Jenin hospitals.
2. **Equipment and Furniture:** Equipping and furnishing Qalqelia Hospital, providing the MOH with ambulances and medical equipment to be distributed among different public hospitals in the WB and Gaza.
3. **Supplies and Materials:** 197 Beds provision to hospitals under construction
4. **Establishing a Project Implementation Unit:** The unit will encompass competent personnel in management, engineering and procurement.

PROJECT RESULTS AND RESOURCES FRAMEWORK

<p>Intended Outcome as stated in the Country/ Regional/ Global Programme Results and Resource Framework:</p> <p>Service provision and access to health services of Governmental public hospitals in the West bank and Gaza are improved.</p>				
<p>Outcome indicators as stated in the Country/ Regional/ Global Programme Results and Resources Framework, including baseline and targets.</p> <ol style="list-style-type: none"> 1. Numbers of patients (females and males) to be served are increased. 2. Quantity of medical equipment and ambulances are increased. 				
<p>Applicable MYFF Service Line:</p>				
<p>Partnership Strategy</p>				
<p>Project title and ID (ATLAS Award ID):</p>				
Intended Outputs	Output Targets for (years)	Indicative Activities	Responsible parties	Inputs
Health care services facilities, provision of medical equipment and supplements and capacities of three governorates hospitals are improved.	60% of Tulkarem Hospital construction will be completed. 50% of Jenin Hospital Construction will be completed.	<p>1.1 Construction of additional floors in Two public hospitals, namely Tulkarem and Jenin Hospitals</p> <p>1.1.1 Preparing the Designs and tender documents</p> <p>1.1.2 Initiating and proceeding with the bidding process.</p> <p>1.1.3 Awarding contract/s</p>	UNDP	4,531,500 (Excluding GMS 7%)

		1.1.4 Recruitment process of the PIU (Project Manager and site engineers)		
70% of furniture and Equipment to Qalailia Hospital are provided.		<p>1.2 Equipping and furnishing Qalqelia Hospital</p> <p>1.2.1 Identifying specifications</p> <p>1.2.2 Bids Process</p> <p>1.2.3 Awarding the contracts</p> <p>1.2.4 Delivery of equipment</p> <p>1.3 Equipment and Furniture to be provided to the MOH to distribute it in different governorates in West bank and Gaza</p> <p>1.3.1 Identifying specifications</p> <p>1.3.2 Bids Process</p> <p>1.3.3 Awarding the contracts</p> <p>1.3.4 Delivery of equipment and Furniture</p>	UNDP	\$ 1,940,140
Upon the completion of the Construction works, by the end of 2009, 197 beds are provided to Tulkarem and Jenin hospitals.		<p>1.4 197 Beds provision to hospitals under construction</p> <p>1.4.1 Identifying specifications</p> <p>1.4.2 Bids Process</p> <p>1.4.3 Awarding the contracts</p>	UNDP	\$ 236,400

COMPONENT 5: ANNUAL WORK PLAN BUDGET SHEET

Annual Work Plan Budget Sheet - Year 2008

EXPECTED OUTPUTS and indicators including annual targets	PLANNED ACTIVITIES <i>List all activities including M&E to be undertaken during the year towards stated CP outputs</i>	TIMEFRAME				RESPONSIBLE PARTY	Source of Funds	Budget Description	Amount In UD \$
		Q1	Q2	Q3	Q4				
Health care services facilities are constructed, provision of medical equipments and supplements and capacities of three governorates hospitals are improved.	<p>1. Civil Works / Construction Construction of one additional floor of 2,185 sqm (Gynecology Department) in Tulkarem Hospital to accommodate 85 beds. construction of 2 additional floors for Jenin Public Hospital of 2,810 sqm. 1st floor will serve as labs, and surgery departments, with a capacity of 64 beds. 2nd floor children department which will include 48 beds and 20 incubators for the newborn babies.</p>	X	X	X	X	UNDP	40500	Contractual Services	2,675,250 (Excluding GMS 7%)
	Equipping and furnishing Qalqilia Hospital	X	X	X	X	UNDP	40500	Equipment & Furniture	1,164,084 (Excluding GMS 7%)
	Equipment provision to overall West bank	X	X	X	X	UNDP	40500	Materials & Goods	969,720
	Provision 197 beds to the Ministry of Health	X	X	X	X	UNDP	40500	Equipment & Furniture	0

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	Provision of Ambulances				UNDP	40500	Equipment & Furniture	144,000
	Miscellaneous							12,000
	Project Implementation Unit including: project Manager, assistant, engineers, procurement specialist. In addition to office space, supplies and materials, utilities and security.	X	X	X	UNDP	40500	Contractual Services	436,271
Sub-Total of all activities								5,401,325.20
GMS								378,092.75
TOTAL								5,779,417.75

Annual Work Plan Budget Sheet - Year 2009

EXPECTED OUTPUTS and indicators including annual targets	PLANNED ACTIVITIES <i>List all activities including M&E to be undertaken during the year towards stated CP outputs</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount In UD \$
		Health care services facilities, provision of medical equipment and supplements and capacities of three governorates hospitals are improved.	1. Civil Works / Construction of one additional floor of 2,185 sqm (Gynecology Department) in Tuikarem Hospital to accommodate 85 beds. construction of 2 additional floors for Jenin Public Hospital of 2,810 sqm. 1st floor will serve as labs, and surgery departments, with a capacity of 64 beds. 2nd floor children department which will include 48 beds and 20 incubators for the newborn babies.	X	X		X	X	UNDP

COMPONENT 6: MANAGEMENT ARRANGEMENTS

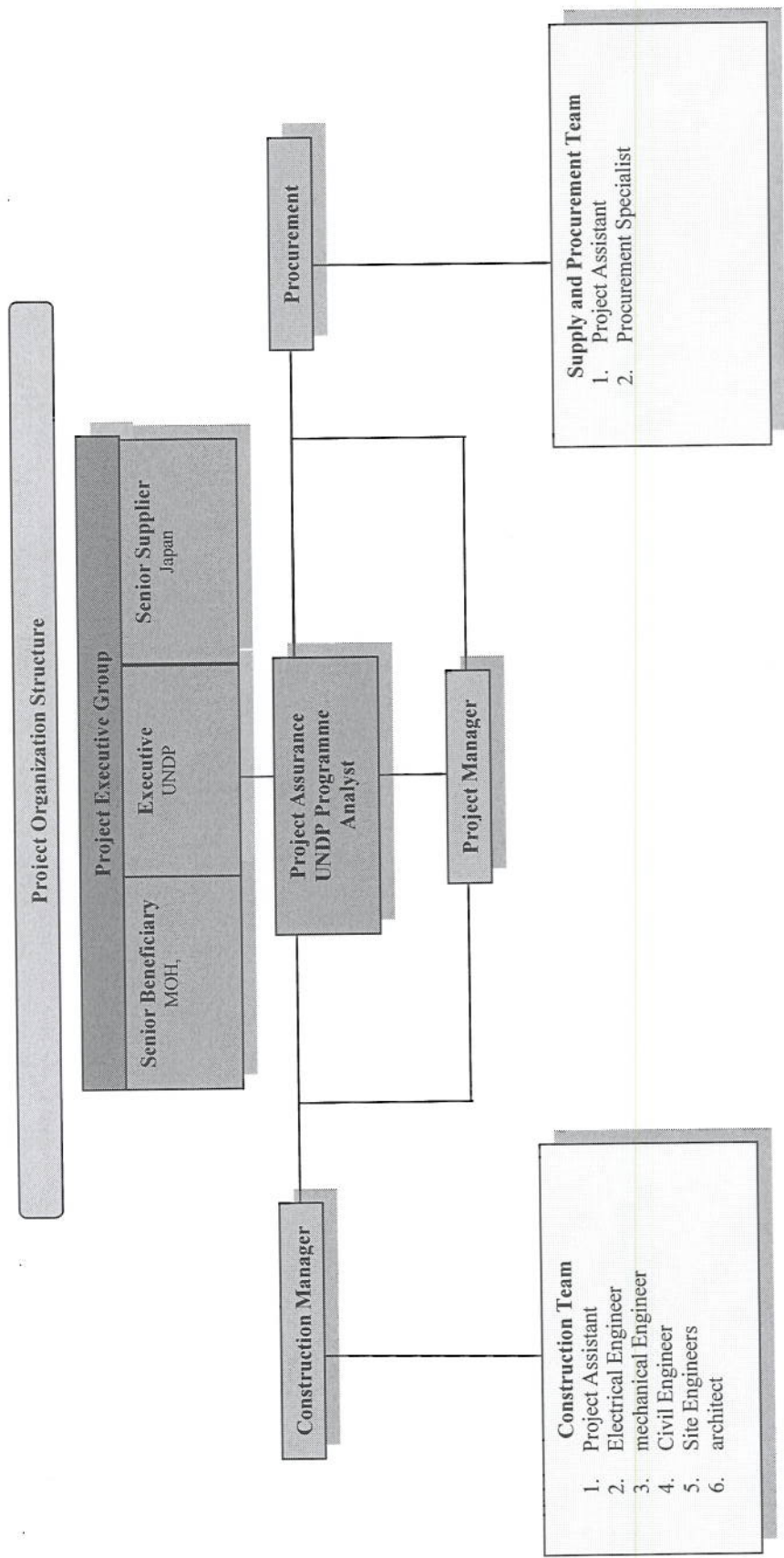
UNDP will enter in agreements with the Government of Japan (Donor) and exchange of letters between UNDP/PAPP and the Ministry of Health (counterpart), to facilitate the everyday follow up on implementation, a Project Implementation Unit will be established to implement this project.

UNDP/PAPP will be the executing agency for the project, responsible for the administration of funds, supervising and monitoring of project's implementation.

The Project Executive Board which is formed of the Ministry of Health, the Government of Japan and UNDP, will be responsible for making management decisions by consensus, for the project when guidance is required by the Project Manger. The decisions of the Committee should be made in accordance with standards that shall ensure best value of money, fairness and transparency.

The project quality assurance role will be the responsibility of the Programme Analyst in which he/she will provide project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed.

The Project Manger will be responsible for running the project on a day-to-day basis on behalf of the Project Executive Board within the parameters laid down by the board. The Project Manger's prime responsibility is to ensure the quality implementation of the results framework as specified in the project document. The Construction Manger will be appointed by UNDP/PAPP's and will be supported by the Engineering and Procurement units as needed.



COMPONENT 7: MONITORING AND EVALUATION

Monitoring and Evaluation are on going process, which will be made according to UNDP procedures. The project will be following the UNDP Project Planning, Reporting, Monitoring and Evaluation Circulars.

The project will be monitored a daily basis by the PIU and the MOH, effective monitoring requires assessment of project progress against the implementation plan and the management of any exceptions. In carrying out such monitoring activities, the tools such as quality log, issues log, risks log, and lessons learnt log, which are usually set during the Initiation Stage will be updated in different timeframes. Overall monitoring of the project outputs will be through the submission of progress reports based on the achievement of agreed milestones and a set of detailed indicators. The project will be evaluated according to UNDP's procedures.

The Project Manager will submit regular monthly reports to the Project Executive Group, and as needed. The MOH will appoint among its staff a representative who will be the counterpart of the PIU, acting on behalf of the MOH as liaison with UNDP.

Year 2008 - 2009

The Annual Work Plan (AWP) Monitoring Tool

CP Component _____
 Executing Entity _____

EXPECTED OUTPUTS AND INDICATORS including annual targets	PLANNED ACTIVITIES List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs	EXPENDITURES List actual expenditures against activities completed	RESULTS OF ACTIVITIES For each activity, state the results of the activity	PROGRESS TOWARDS ACHIEVING OUTPUTS Using data on annual indicator targets, state progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: <ul style="list-style-type: none"> ▪ Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerged ▪ Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues
OUTPUT 1: Health care services facilities, provision of medical equipment and supplements and capacities of three governorates hospitals are improved.	Civil Works for hospitals / Construction		2 additional floors in Jenin Hospital are constructed, and 1 additional floor in Tulkarem hospital is constructed.	
INDICATOR 1.1 Numbers of beds are increased.	Equipment, Furniture and ambulances		Qalqelia public hospital is equipped and furnished. Additional public hospitals in the WB & Gaza selected by the MOH are equipped. Three ambulances are provided to the MOH.	
INDICATOR 1.2 Number of patients receiving health services are increased.	Supplies and materials		Beds for 2 hospitals (112 Jenin, 85 Tulkarem) are provided.	
	Project Management - Project Implementation Unit (PIU)		Full functional support team	