



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

Participating UN Organisation: United Nations Development Programme	Cluster: Cluster D: Health and Nutrition
---	--

Programme/Project Manager: Name: Mr. Basil Comnas DRR-Infrastructure Address: UNDP-Iraq, Amman, Jordan Telephone: +962 79 6233377 E-mail: basil.comnas@undp.org	Cluster Coordinator: Name: Dr Naeema Al Gasseern Address: UN Health Cluster Coordinator Telephone: E-mail: algasseern@irq.emro.who.int
---	---

Programme/Project Title: Support to the Construction of the Basrah Children's Hospital Programme/Project Number: D2-21	Programme/Project Location: Basrah City – Basrah Governorate
---	--

Programme/Project Description: This project addresses the decline of health services over more than two decades in Basrah and lower South. The MoH reported in 2004, non communicable diseases are becoming the leading cause of death. The report illustrates alarmingly high under-5 mortality rates as Basrah population lacks access to adequate child healthcare facilities. The on-going Basrah Children's Hospital (BCH) project is designed as a specialized child referral care centre focussing on paediatric oncology to significantly ameliorate the deteriorated child health conditions in the Basra Governorate and the entire southern region of Iraq. The overall BCH project comprises construction and equipping of a healthcare center of excellence in technology, practice, training and administration for provision of a sustainable high-impact paediatric health services including prevention, early diagnosis and treatment employing standard therapies, largely unavailable in Iraq. The BCH complex has been designed to provide for 360 cancer, 468 intensive care, 354 neonatal intensive care, and 2,230 acute care paediatric patients annually.	Cluster Coordinator: UNDG ITF: US\$21,750,000 Govt. Input: Core: Other: US\$21,750,000 US Government through IMRO US\$ 45.3 million US US\$ 30.0 million Government Project Hope MoH in-Kind Contribution 9.8 million TOTAL: 108.6 million
---	---

Govt of Iraq Line Ministry Responsible: Ministry of Health (MoH)	Programme/Project Duration: Start date: 1 Feb 07, End date: 14 Nov 08
--	---

Review & Approval Dates:	
Line Ministry Approval:	18/1/2007
Cluster Review Date:	10/1/2007
Cluster Manager Group Review Date:	
ISRB Approval Date:	14/2/2007
Steering Committee Approval Date:	

	Signature	Date	Name Title
UN Agency Name: UNDP		22/03/2007	Paolo Lembo, Director
Chairman UNDG ITF SC:		22/3/07	Jean-Marie-Fakhouri, DSRSG



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND
PROJECT DOCUMENT COVER SHEET

Development Goal:

(Not more than one statement, with reference to the Joint UN-Iraq Assistance Strategy matrices)

The development goal for this project is aligned with the targets of Iraq's National Development Strategy (2005) including health strategy and will contribute towards reducing child mortality rate.

Key Immediate Objectives:

(List in numbered format)

Immediate Objective 1: Improve access to quality tertiary, specialized paediatric healthcare services in Basrah and the southern region of Iraq in partnership with all stakeholders including the community;

Immediate Objective 2: Create employment opportunities for poor and vulnerable segments of the population.

Outputs:

List in reference to the key immediate objectives (i.e. 1.1, 1.2, 2.1, 2.2, etc.)

Outputs Related To Objective No. 1: *(Improve access to quality tertiary, specialized paediatric healthcare services in Basrah and the southern region of Iraq in partnership with all stakeholders including the community)*

Output 1.1: Improved the tertiary child healthcare services and increase in the number of referred sick children to the hospital in partnership of all stakeholders including the community,;

Output 1.2: Extension of the construction of the 94 beds hospital is completed;

Output 1.3: Medical equipments delivered and installed and functioning catering the 94 beds hospital;

Output 1.4: Two hundred (200) hospital health professionals and managers (physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers) have completed short term and long term trainings.

Outputs Related To Objective No. 2: *(Create employment opportunities for poor and vulnerable segments of the population)*

Output 2.1: Temporary short-term employment opportunities to unskilled and semi skilled vulnerable and unemployed people will be created during the project construction phase.

Output 2.2: Permanent long-term employment to professionals including medical professionals, management, technicians and so forth will be created during project operation.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

Key Activities:

List in reference to the outputs (i.e. 1.1.1, 1.2.1, 2.1.1, 2.2.1, etc.)

Activities Related to Output No. 1.1:

Activity 1.1.1: Contribute to the construction of the Basrah Children hospital.

Activity 1.1.2: Contribute to the equipping of the Basrah Children hospital.

Activity 1.1.3: Conducting community awareness campaigns and enhancing their partnership.

Activities Related to Output No. 1.2:

Activity 1.2.1: Technically assist MoH in the process of procurement spare parts and consumables

Activity 1.2.2: Technically assist the MoH in the process of contracting an Operation and Maintenance (O&M) services.

Activities Related to Output No. 1.3:

Activity 1.3.1: Assess training needs, knowledge and skill gaps of physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers

Activity 1.3.2: Conduct training programs, support fellowships for 200 staff including physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers)

Activity 1.3.3: Support the establishment of a functioning Continuing Health Professional Education units at the Basrah Hospital

Activities Related to Output No. 1.4:

Activity 1.4.1: Capacity building and training programmes delivered to two hundred (200) hospital health professionals and managers including physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers.

Activities Related to Output No. 2.1:

Activity 2.1.1: Recruit skilled and semi skilled labor to assist in the construction of the building which will create approximately 800 man-days of short-term employment for 600 workers during the construction period, thus resulting in some 480,000 man-days of short-term employment opportunities.

Activities Related to Output No. 2.2:

Activity 2.2.1: Recruit skilled personnel to operate the Hospital which will create approximately 510 long-term employment opportunities for hospital staff and approximately 90 long-term employment opportunities of subsidiary staff for the site, facility plants, kitchens, laundry...etc.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND
PROJECT DOCUMENT COVER SHEET



D2-21

**UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND**

PROJECT DOCUMENT COVER SHEET

LOGICAL FRAMEWORK

UNDG IT.7 proposes to utilise the log frame below for programme/project submissions because it:

- *Has been used in the UN strategic planning process for Iraq;*
- *Brings together in one place a clear, concise and accessible statement of all of the key components of programme/project submitted;*
- *Indicates the logic of how the programme/project is expected to work, separating out the various levels in the hierarchy of objectives, and helping to ensure that inputs, activities, outputs and objectives are not confused with each other;*
- *Provides a basis for monitoring and evaluation by identifying indicators of success and a means of quantitative or qualitative assessment, which will be essential for reporting on implementation to donors.*



D2-21 UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND
PROJECT DOCUMENT COVER SHEET

Logical Framework

Objectives	Measurable indicators	Means of verification	Important assumptions
Development Objective			
<ul style="list-style-type: none"> ▪ The development goal for this project is aligned with the targets of Iraq's National Development Strategy (2005) including health strategy and will contribute towards reducing child mortality rate. 	<ul style="list-style-type: none"> ▪ Infant Mortality rates, under five child mortality rates and similar indicators 	<ul style="list-style-type: none"> ▪ WHO and UNICEF reports and surveys. ▪ MoH reports and surveys. ▪ Post-execution impact assessment. 	<ul style="list-style-type: none"> ▪ WHO, UNICEF, MoH and similar surveys will be continued. ▪ Security situation does not deteriorate further; ▪ Close working relationships with MoH and community at Governorate level



**D2-21 UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND
PROJECT DOCUMENT COVER SHEET**

Immediate Objectives:			(Immediate Objective to Development Objective)
Immediate Objective 1 Improve access to quality tertiary, specialized paediatric healthcare services in Basrah and the Southern region of Iraq.	<ul style="list-style-type: none"> ▪ MoH reports on Child mortality rates and similar indicators. ▪ Length of hospital stay reports; ▪ Increase in number of referrals; ▪ Child health care services levels. 	<ul style="list-style-type: none"> ▪ Physical project. ▪ WHO and UNICEF reports and surveys. ▪ MoH reports and surveys. ▪ Post-execution impact assessment. 	<ul style="list-style-type: none"> ▪ WHO, UNICEF, MoH and similar surveys will be continued. ▪ Security situation does not deteriorate further
Outputs 1.1 Improved the tertiary child healthcare services and increase in the number of referred sick children to the hospital. 1.2 Extension of the construction of the 94 beds hospital is completed 1.3 Medical equipments delivered and installed and functioning	<ul style="list-style-type: none"> ▪ Under five child mortality rates and similar indicators. ▪ Number of rejected cases. ▪ The construction is completed and; ▪ the hospital fully furnished; ▪ Hospital admission rates. ▪ Number and type of equipment delivered; 	<ul style="list-style-type: none"> ▪ WHO and UNICEF reports and surveys. ▪ MoH reports and surveys. ▪ MoH reports and surveys. ▪ Receipt Report and Certificates ▪ Payment certificates and financial reports. ▪ Municipal records and reports. ▪ Hospital records and reports. ▪ Post-execution impact assessment ▪ Receipt Report and Certificates ▪ Payment certificates and 	(Outputs to immediate objective) <ul style="list-style-type: none"> ▪ WHO, UNICEF, MoH and similar surveys will be continued. ▪ Security situation does not deteriorate further ▪ WHO, UNICEF, MoH and similar surveys will be continued. ▪ Trained staff is retained by the hospital. ▪ Security situation does not deteriorate further ▪ WHO, UNICEF, MoH and similar surveys will be continued.



D2-21 UNITED NATIONS DEVELOPMENT GROUP

IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

Immediate Objectives:		financial reports Post-execution assessment Assessment report on knowledge and skills status of the personnel Project records and reports. Capacity building programme reports	(Immediate Objective to Development Objective) Trained staff is retained by the hospital. Security situation does not deteriorate further Security situation does not deteriorate further
<p>catering the 94 beds hospital;</p> <p>1.4 Two hundred (200) hospital health professionals and managers (physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers) have completed short term and long term trainings</p>	<ul style="list-style-type: none"> ▪ Medical Equipments installed; ▪ Number of staff is trained on installing medical equipment. ▪ Number of rejected cases. ▪ No. of training days provided ▪ Training programmes curricula 	<ul style="list-style-type: none"> ▪ Reports of site visits; ▪ Firm fixed contracts ▪ Engineering Committee Report ▪ MoH and project Committee reports. ▪ Hospital records and reports. ▪ Medical equipment training report. 	<ul style="list-style-type: none"> ▪ Security situation does not deteriorate further ▪ Security situation does not deteriorate further
Activities:	Inputs:	Indicator	(Activity to Output)
<p>1.1.1 Contribute to the construction of the Basrah Children hospital.</p> <p>1.1.2 Contribute to the equipping of the Basrah Children hospital.</p> <p>1.1.3 Conducting community awareness campaigns and</p>	<ul style="list-style-type: none"> ▪ US\$ 11,151,495 to be verified existence of the physical project ▪ US\$ 1,200,000 General Equipment ▪ US\$ 1,500,000 Misc. Equipment ▪ US\$ 4,000,000 Furniture All to be verified supply of the physical equipment ▪ Number of community events held; 	<ul style="list-style-type: none"> ▪ Reports of site visits; ▪ Firm fixed contracts ▪ Engineering Committee Report ▪ MoH and project Committee reports. ▪ Hospital records and reports. ▪ Medical equipment training report. ▪ Notes for Record for the meetings; 	<ul style="list-style-type: none"> ▪ Security situation does not deteriorate further ▪ Security situation does not deteriorate further ▪ Security situation does not deteriorate further



D2-21 UNITED NATIONS DEVELOPMENT GROUP

IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

			(Immediate Objective to Development Objective)
<p>Immediate Objectives:</p> <p>enhancing their partnership</p>	<ul style="list-style-type: none"> ▪ Number of community leaders meeting with the project team; ▪ Number of information flyers and advocacy materials developed. ▪ <u>UNDP totalling USD 0.1 million complementing The Iraq Reconstruction Management Office (IRMO)</u> 	<ul style="list-style-type: none"> ▪ Reports for the events. 	
<p>Outputs</p> <p>1.2.1 Technically assist MoH in the process of procurement spare parts and consumables</p> <p>1.2.2 Technically assist the MoH in the process of contracting an Operation and Maintenance (O&M) services</p>	<ul style="list-style-type: none"> ▪ At MoH cost. ▪ Technical support provided by UNDP; ▪ To be verified through sustainability of the provided assets and nominal healthcare services level ▪ At MoH cost. ▪ To be verified through sustainability of the provided assets and nominal healthcare services level 	<ul style="list-style-type: none"> ▪ MoH/UNDP reports; ▪ Signed contract agreement by MoH; ▪ Physical deliverables. ▪ Post execution assessment ▪ Signed contract agreement ▪ Delivery report 	<p>(Outputs to immediate objective)</p> <ul style="list-style-type: none"> ▪ MoH maintains the intended strategy. ▪ Security situation does not deteriorate further ▪ MoH maintains the intended strategy. ▪ Security situation does not deteriorate further
<p>1.3.1 Assess training needs, knowledge and skill gaps of</p>	<ul style="list-style-type: none"> ▪ <u>UNDP totalling USD 2.1 million complementing project Hope</u> 	<ul style="list-style-type: none"> ▪ Assessment report on knowledge and skills status of 	<ul style="list-style-type: none"> ▪ Security situation does not deteriorate further



PROJECT DOCUMENT COVER SHEET

Outputs			(Outputs to immediate objective)
<p>(physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers)</p> <p>1.3.2 Conduct training programs, support fellowships for 200 staff including physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers)</p>	<p><u>work (USD 10 million):</u></p> <ul style="list-style-type: none"> ▪ Knowledge gaps and needs are identified in each category; ▪ Number of personnel to be trained in each category; ▪ US\$ 2,100,000 ▪ Number of personnel in each category completed training and fellowships; ▪ Frequency of medical equipment maintenance needed reported; ▪ Quality assurance report ▪ Number of Audio visual equipment ▪ List of teaching learning material and documents available; ▪ Number of trained teaching staff ▪ Number of continuing education courses on site; ▪ US\$ 2,100,000 ▪ Number of personnel in each category completed training and fellowships; ▪ Frequency of medical equipment maintenance needed reported; ▪ Quality assurance report 	<p>the personnel</p> <ul style="list-style-type: none"> ▪ Project records and reports. ▪ Capacity building programme reports ▪ Project records and reports. ▪ Capacity building programme reports ▪ Maintenance reports ▪ Post execution assessment 	<ul style="list-style-type: none"> ▪ Security situation does not deteriorate further
<p>1.3.3 Support the establishment of a functioning Continuing Health-Professional Education unit at the Basrah Hospital.</p>	<ul style="list-style-type: none"> ▪ Number of Audio visual equipment ▪ List of teaching learning material and documents available; ▪ Number of trained teaching staff ▪ Number of continuing education courses on site; ▪ US\$ 2,100,000 ▪ Number of personnel in each category completed training and fellowships; ▪ Frequency of medical equipment maintenance needed reported; ▪ Quality assurance report 	<ul style="list-style-type: none"> ▪ Project records and reports. ▪ Capacity building programme reports ▪ Post execution assessment 	<ul style="list-style-type: none"> ▪ Security situation does not deteriorate further
<p>1.4.1: Capacity building and training programmes delivered to two hundred (200) hospital health professionals and managers including physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers.</p>	<ul style="list-style-type: none"> ▪ US\$ 2,100,000 ▪ Number of personnel in each category completed training and fellowships; ▪ Frequency of medical equipment maintenance needed reported; ▪ Quality assurance report 	<ul style="list-style-type: none"> ▪ Project records and reports. ▪ Capacity building programme reports ▪ Maintenance reports ▪ Post execution assessment 	<ul style="list-style-type: none"> ▪ Security situation does not deteriorate further



D2-21 UNITED NATIONS DEVELOPMENT GROUP

IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

Immediate Objectives:			(Immediate Objective to Development Objective)
<p>Immediate Objective 2 Create employment opportunities for poor and vulnerable segments of the population.</p>	<ul style="list-style-type: none"> ▪ Number of short term employment created in the project course of implementation. ▪ Number of long term employment created during hospital operation. 	<ul style="list-style-type: none"> ▪ ILCS and similar surveys. ▪ Project log-books and records ▪ Municipality records. ▪ Post-execution impact assessment. 	<ul style="list-style-type: none"> ▪ ILCS and similar surveys will be continued and cover these areas and subjects ▪ Municipality covers these areas and subjects in its data collection ▪ Security situation does not deteriorate further
<p>Outputs</p> <p>2.1 Temporary short-term employment opportunities to unskilled and semi skilled vulnerable and unemployed people will be created during the project construction phase</p> <p>2.2 Permanent long-term employment to professionals including medical professionals, management, technicians and so forth will be created during project operation.</p>	<ul style="list-style-type: none"> ▪ Number of short term employment created in the project course of implementation. ▪ Number of long term employment created during hospital operation. ▪ Number of short term employment created in the project course of implementation. ▪ Number of long term employment created during hospital operation. 	<ul style="list-style-type: none"> ▪ ILCS and similar surveys. ▪ Project log-books and records ▪ Municipality records. ▪ Post-execution impact assessment. ▪ ILCS and similar surveys. ▪ Project log-books and records ▪ Municipality records. ▪ Post-execution impact assessment. 	<p>(Outputs to immediate objective)</p> <ul style="list-style-type: none"> ▪ ILCS and similar surveys will be continued and cover these areas and subjects ▪ Municipality covers these areas and subjects in its data collection ▪ Security situation does not deteriorate further ▪ ILCS and similar surveys will be continued and cover these areas and subjects ▪ Municipality covers these areas and subjects in its data collection ▪ Security situation does not deteriorate further



**D2-21 UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND**

PROJECT DOCUMENT COVER SHEET

Immediate Objectives:	Inputs:	Indicator	(Immediate Objective to Development Objective) (Activity to Output)
Activities: 2.1.1 Recruit skilled and semi skilled labor to assist in the construction of the building which will create approximately 800 man-days of short-term employment for 600 workers during the construction period, thus resulting in some 480,000 man-days of short-term employment opportunities.	<ul style="list-style-type: none"> ▪ Number of skilled and semi skilled personnel recruited during the project duration; ▪ Number of working days ▪ The entire project resources 	<ul style="list-style-type: none"> ▪ Receipt Report and Certificates. ▪ ILCS and similar surveys. ▪ Project log-books and records ▪ Municipality records. ▪ Post-execution impact assessment. 	<ul style="list-style-type: none"> ▪ ILCS and similar surveys will be continued and cover these areas and subjects ▪ Municipality covers these areas and subjects in its data collection ▪ Security situation does not deteriorate further
2.2.1 Recruit skilled personnel to operate the Hospital which will create approximately 510 long-term employment opportunities for hospital staff and approximately 90 long-term employment opportunities of subsidiary staff for the site, facility plants, kitchens, laundry...etc.	<ul style="list-style-type: none"> ▪ The entire project resources ▪ Number of personnel assigned to the hospital by MoH and recruited; 	<ul style="list-style-type: none"> ▪ Receipt Report and Certificates. ▪ ILCS and similar surveys. ▪ Project log-books and records ▪ Municipality records. ▪ Post-execution impact assessment. 	<ul style="list-style-type: none"> ▪ ILCS and similar surveys will be continued and cover these areas and subjects ▪ Municipality covers these areas and subjects in its data collection ▪ Security situation does not deteriorate further



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

2. PROGRAMME/PROJECT JUSTIFICATION

Background

2.1.1 What is the rationale and context to the programme/project, and the approach adopted?

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, coupled with the ongoing violence, has resulted in bringing the attention of all involved to the urgent needs of the sector.

Since 1990, there has been a grievous decline in the Iraqi people health with child and maternal mortality rates doubling and adult mortality increasing exponentially. Several studies and reports attributed this situation to many factors including lack of tangible sector investments, deficient operation and maintenance (O&M) practices and lack of exposure of the medical professional to up-to-date practices for some 28 years. Accordingly, the Iraqi health sector was assessed as requiring special attention if adequate medical care for the most seriously diseased children of Iraq is to be provided.

The 2004 Multiple Indicator Rapid Assessment (IMIRA) household survey reports that 9% of the 19,800 households suffer from chronic illnesses. The large magnitude of the problem compounded by lack of adequate health care. From hospital based data and information routinely collected by the Iraqi Ministry of Health (MoH), it is certain that inadequate nutrition, low incomes, shortages of drugs and medical equipment, intellectual isolation and emigration of health personnel have seriously affected the prognosis of persons with chronic illnesses during the last two decades. With the exception of cancer, there are no published epidemiological reports on non communicable diseases.

The cancer registry reports an increase in the number and proportion of cases of leukemia in the southern governorates of Iraq since 1993. At present, a mere 8% of children stricken with leukemia survive in Iraq as compared to 80% in the United States. Many medical professionals in the country deal with cancer treatment, but there are no full-time surgical oncologists in Iraq. There are no functioning linear accelerators in Iraq and radiotherapy facilities, which exist in only two northern Iraqi cities, are outdated and inadequate. As such, a pressing need to train full-time oncology specialists, needle cytology, oncologist nurses, palliative nurses, radiotherapy assistants, radiation physicists, dosimetrists and engineers for future linear accelerator services was identified as an immediate requirement.

In this context and in coherence to the UN Millennium Development Goals (MDG's), National Development Goals (NDG's) and in full alignment with the central government of Iraq strategy and in full collaboration with the Iraqi MoH, the Basrah Children Hospital (BCH) project was launched.

Based on World Health Organization (WHO) statistics, which indicates that 53 percent of



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

Iraqis are adolescents, the BCH will not only be limited to meeting the specialized medical needs of Basrah City and neighboring towns, yet will extend to support more than half of the population of Basrah Governorate.

Given the unique geographic location, immediately adjacent to Basrah University Campus, the BCH will also complement the Basrah Medical College and comprise a support base for training physicians and nurses in the Basrah Governorate with particular reference to the intended function of providing the facilities necessary for training and critical oncology care in Iraq.

Within the framework of the United States of America (US)-Iraq assistance programme, the US Government launched the BCH project, which was re-launched following some shortfalls, and is about 35% complete at the time being. In light of the project resource limitations and realizing the need to amalgamate international efforts, the United Nations Development Programme (UNDP)-Iraq Country Office was requested to join forces for complimenting ongoing project construction efforts.

2.1.1.1 Project Evolution Overview

Based on the above background, Project HOPE was invited with the US Government to participate in a public-private partnership to establish a "state of the art" pediatric hospital in Basrah in July 2003 for which the Iraqi MoH was a key stakeholder. As such, the United States Agency for International Development (USAID) assumed the responsibility of the construction part of the BCH project, whereas Project HOPE accepted the responsibility for providing major medical items of equipment and delivering a capacity building and training programme keyed to providing the enabling environment for a state-of-the-art modern functioning hospital to serve the needs of the Children of Basrah and Southern Iraq.

In this context, USAID contracted Bechtel National Inc. (BNI) to complete the construction of the BCH. The BCH project was originally scheduled for completion in December 2005. However, due to being overspent and 9 months behind schedule, the US government carried out an assessment mission June 2006 to evaluate project progress and the required resources for completion. The mission concluded that poor contractor performance and inadequate management oversight were key reasons to the project implementation status. Furthermore, The Special Inspector General for Iraqi Reconstruction (SIGIR) carried out a project audit, the conclusions of which were coherent with the assessment mission and attributed the project status to poor performance and mismanagement, according to which The Iraq Reconstruction Management Office (IRMO) requested the USAID to terminate work in June 2006.

On 27 Jun 2006, the U.S. Embassy, Iraq issued a cable outlining the programme transfer of the BCH project from USAID to IRMO. Accordingly, a Memorandum of Understanding (MoU) was signed between USAID and IRMO officially transferring programme and project management of the BCH project, completely on 27 July 2006. Following such, and up to 30 Sep 2006, IRMO has actively worked the complicated matter of programme transfer to include multiple cost-to-complete exercises, scope development, interagency data calls, justification and approval submittals, and final contract development leading up to the award of the new construction contract to complete the BCH in its entirety and in



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

accordance with the BNI contract original scope.

In this context, IRMO awarded a new construction contract to MDCON on 30 Sep 2006. IRMO and Project HOPE signed an MoU to solidify the partnership between both organizations in the effort to build and equip the hospital on 4 October 2006. IRMO also awarded contracts to Hospitals Development Planners (HDP) and Medical Equipment International Co. (UHS), the Architect-Engineer firm of record and medical equipment design firm respectively, to provide additional design analysis, medical equipment gap analysis and correction, and affirm, throughout the construction phase, that the project is being constructed in accordance with the original plans and medical equipment specifications, which will provided the added value of having an additional construction oversight to ensure design conformance and quality plus proper integration of medical equipment.

Since the award of the various contracts, IRMO turned the BCH effort into a platform construction project. IRMO and Middle East Contracting Co. (MIDCON) developed modern quality control and accident prevention plans. MIDCON fully implemented these plans into their business practices and is translating them into Arabic so all workers can benefit from this knowledge. The BCH site is, presently, one of the safest, cleanest, and best organized job sites in all of Iraq. In addition to excellent construction practices, the community is fully behind this project and this was clearly illustrated during an "open house" on 19 December 2006 where numerous leaders and over 100 children participated in the festivities.

The most recently conducted project assessment concluded that the BCH project is ahead of schedule.

2.1.1.2 UNDP Project Milestones and Constraints

The overall BCH project comprises construction and equipping of a healthcare center of excellence in technology, practice, training and administration for provision of a sustainable high-impact pediatric health services including prevention, early diagnosis and treatment employing standard therapies, otherwise unavailable in Iraq. The BCH complex has been designed to cater for 360 cancer, 468 intensive care, 354 neonatal intensive care, and 2,230 acute care pediatric patients annually.

Based on the foregoing sections, UNDP shall be complimenting the ongoing efforts of IRMO and its partners. As such, UNDP shall be contributing to several portions of the project including civil works construction, supply of equipment, supply of furniture...etc.

As mentioned earlier, IRMO entered into a contract agreement with MIDCON for implementing the civil works, which includes a "Bid Option" for implementing additional necessary works for which the resources were not available.

Given the very competitive prices offered by MIDCON for implementing the "Bid Option" scope of work and having assessed that it will, most likely, receive double the MIDCON offer, if a new bid is pursued, UNDP intends to explore every opportunity to enter into a contract agreement with MIDCON for the "Bid Option" scope of work. In the course of



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

exploring this possibility, UNDP shall be employing its standard procurement guidelines and procedures for ensuring value and quality for money.

However, given the fact that the MIDCON offer for the "Bid Option" expiry date is 29-01-2007, UNDP has identified an urgent need to fast-track the approval process of the current project document and subsequent procedures with the purpose of meeting the aforementioned deadline.

2.1.1.3 UNDP Proposed Project Scope of Work

UNDP is part of a partnership arrangement with IRMO and Project Hope, will work in consultation to support all efforts in the construction, equipment and capacity building of the Basrah Children Hospital. However, it is important to record that UNDP will only be accountable for the elements of work that are set forth in this project document and its annexes. Given the fact that the entire project is ongoing and various activities have been designated for UNDP's contribution, UNDP's envisaged scope of work can be outlined as follows:

Civil Works-Construction Contract Remaining Full Scope (MIDCON): These items of works comprise the remaining portions of the ongoing MIDCON contract, which have been designated for UNDP's contribution.

- Landscaping
- Light Murals
- Roads, Parking / Pavement
- Rubber Flooring
- Kitchen / Laundry Equipment Installation
- Construction Furnishings, Fixtures, and Signage
- Electrical Finishes
- Mechanical Finishes
- Conveyor System
- Lobby flooring – Jordanian Stone
- Exterior finish – stone cladding
- Bed Head Units Installation
- Guard house (note: this item might be replaced by other work to avoid project delays)
- Residence Building (note: this item might be replaced by other work to avoid project delays)

Civil Works-Additional Construction Requirements (Under Design)

- Medical Logistics Warehouse - a 1,000 square meter / 8,000 cubic meter, environmentally conditioned, pre-engineered structure to provide consumable and medicine storage to sustain hospital operations.
- Connect BCH to public off-site utilities (water, electric, sewer, and fiber optic).
- Oxygen generation plant - provides medical-grade oxygen to service the BCH.
- Steam autoclave – provides system to handle / dispose of medical waste for the BCH.
- Site drainage and treatment of perimeter drainage ditch – to mitigate risks of standing water by ensuring proper drainage from site.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

- Stand-by generator busing - the current system for backup power (four backup generators feeding four individual and separate distribution branches) is not designed to shunt the power from any one of the generators to the critical load branch and requires a modification. This modification corrects the system to provide down stream bussing and/or synchronization of loads and is compatible with the existing design.

Equipment Supply and Installation- Facility General Equipment:

These include a variety of equipment as annexed hereto.

Equipment Supply and Installation- Miscellaneous Equipment and Items:

These include a variety of general equipment including yet not limited to:

- Remaining interior finishes (i.e. wall hangings, visual accents, donor recognition wall, design amenities)
- Close Caption Television (CCTV) system procurement and installation
- Linear Accelerator (LINAC) accessories (door, radiation resistant glass window, intercom system, door controllers, laser light, set-up lights, air compressor, and emergency off switch)
- Radiation resistant glass window in General Radiology Room
- Radio frequency cage with door in Magnetic Resonance Imaging (MRI) room
- Decorative panels in MRI cage
- X-ray lead lining in General Radiology / Fluoroscopy / Computed Tomography (CT) Rooms
- Partitions in General Radiology Rooms
- Chillers for equipment (CT/MRI/LINAC) - likely already taken care of, but capacity/compatibility needs to be checked
- Shielded doors/frames in General Radiology / Fluoroscopy / CT Rooms
- Deep well for landscaping irrigation (if determined necessary)

Equipment-Supply of Furniture:

These include a variety of furniture as annexed hereto.

Capacity Building and Training:

- Delivery of a capacity building and training programme for hospital administrators, facility engineers, and biomedical engineers at modern hospitals in Jordan and Oman as annexed hereto.
- Delivery of an equipment training programme for the hospital medical technicians as annexed hereto.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

2.1.2 What experience does the organisation have in working on this issue in Iraq or countries in similar circumstances? This should reflect lessons learned.

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 theatre equipment.
- Capacity building.

On the rehabilitation of Umm Qasr General Hospital, UNDP, in collaboration with WHO, 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 theatres.
- 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 theatre and equipment.
- Capacity building.

Furthermore, UNDP is currently in the process of entering into a bilateral agreement for the construction/rehabilitation of the following projects:

- Rehabilitation of Ramadi General Hospital (400 beds).
- Rehabilitation of Tikrit General Hospital (400 beds).
- Construction and equipping of Halabja Maternity and Child Hospital.

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

Lessons learned:

Throughout the years, UNDP-Iraq culminated extensive knowledge related to the various Iraqi sectors. The following summarizes important aspects of such:

- Adoption of a bottom-up participatory approach is crucial for programmes/projects



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

success from conceptualization through O&M.

- Community participation and promotion of community ownership is essential for the interventions impacts to be sustained.
- Capacitating the Iraqi counterparts and know-how transfer are crucial for sustaining all programmes/projects provided assets and for sustaining the sector.

2.2 Programme/Project Approach

Please address all of the following issues/questions in relation to programme/project design and definition:

2.2.1 What problem(s) does the programme/project address? What specific assessments have been made and by whom?

This project addresses the inadequacy of specialized child health care facilities and lack of exposure to up-to-date medical and healthcare practices and knowledge. As such, the overall project will fully/partially address the following issues:

- Limited access to specialized child healthcare facilities;
- Inexistence of specialized paediatric services;
- Deteriorated child health care services;
- Increase in the number and proportion of leukaemia cases in southern Iraq;
- Inexistence of full-time surgical oncologists in Iraq;
- Lack of functioning linear accelerators in Iraq and radiotherapy facilities;
- Lack of training facilities and critical oncology care in Iraq;
- Lack of exposure to up-to-date medical and healthcare practices;
- Lack of specialized medical and healthcare training facilities;
- Deteriorated socio-economic conditions.

It should be noted that the BCH project was based on an Iraqi health sector analysis in the year 2003 by Project HOPE and in full coherence to the Iraqi Government National Development Strategy. The Iraqi MoH has also ranked the project as a top priority in its sector development strategy.

As mentioned earlier, the project has undergone full detailed designs and preparation of bid documents, which are all available to UNDP for immediate implementation upon conclusion of all preceding approvals and procedures.

2.2.2 Indicate which cluster(s) and matrix outcome(s) from the Joint UN-Iraq Assistance strategy this programme/project addresses.

The current project proposal is fully coherent with the 2006-07 UN Strategy for Assistance to Iraq contributing to the overall targets of reducing morbidity and mortality and providing adequate and focused sector support. It will address the following matrix outcomes of the Health and Nutrition Cluster from the Joint-UN Iraq assistance strategy for 2006-2007 by the end of the year 2007:



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

1. Reduce the Under-5 and Infant Mortality Rate by 50%.
2. Increase access to quality health care services especially for vulnerable groups and the un-reached.
3. Emergency preparedness and response ensured.
4. Enabling environment for healthy lifestyles ensured.

The project shall also contribute to numerous matrix outcomes for other clusters with particular reference to poverty alleviation through "Provision of income generation opportunities and employment". It is also worth noting that creation of employment opportunities is directly related to the overall peace building current violence reduction initiatives.

2.2.3 What is the expected impact of the programme/project? What could be potentially negative impact of the programme/project?

The project will enhance the local capacity in planning and managing construction of such a large health facility. It will also increase the MOH's skills at all levels in appropriate reporting and recording. The involvement of community and their ownership of the project will ensure the sustainability to support the functioning of the hospital. The project has undergone a detailed Environmental Impact Assessment (EIA) in the preparatory phases, which was carried out at the onset of the project under the BECHTEL contract. The comprehensive project feasibility study combining all feasibility aspects including environmental, economic, financial, social...etc concluded the project as feasible. Nevertheless, the EIA identified minor negative impacts and addresses an environmental mitigation management plan for such.

In the course of the ongoing project implementation, the environmental mitigation management plan is being fully implemented and undergoes routine audits and verification. It is worth noting that within UNDP's envisaged arrangements with IRMO, and in its capacity as the "Owner's Engineer", IRMO shall be responsible for enforcing the environmental mitigation management plan.

2.2.4 Indicate the beneficiaries of the programme/project.

The project will result in direct and indirect tangible benefits to a wide spectrum of the Iraqi population and sectors. These can be summarized as follows:

Direct Beneficiaries (# and classifications):

The direct project beneficiaries shall include:

- The entire population of Basrah Governorate totalling some 1,797,821 inhabitants.
- At least 1,000,000 families of the Southern Iraq population.
- Approximately 480,000 man-days of short-term employment opportunities in the course of project implementation.
- Six hundred (600) long-term employment opportunities in the course of project operation.
- Medical and healthcare professionals over the entire nation.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

- Basra University.
- Local businesses providing construction materials, supplies, and other necessities for the BCH project and operation

Indirect Beneficiaries (# and classifications):

The indirect project beneficiaries shall include:

- Approximately 800 families of the employed workers on the BCH construction totalling some 4,800 inhabitants (assuming an average family comprises 6 members).
- Approximately 600 families of the employed workers on the BCH operation totalling some 3,600 inhabitants (assuming an average family comprises 6 members).
- Local businesses providing food, clothes, and other necessities for families associated with the BCH project and operation.

Since the project also addresses the broader perspective of peace building and halting the volatile security situation, the entire Iraqi population will also benefit from the outcomes of the project since it can create a nucleus of prosperity that can be replicated elsewhere nationwide.

2.2.5 How does the programme/project design ensure the participation of all stakeholders?

The project proposal draws on the priorities articulated in the National Development Strategy of Iraq for the year 2005-07 and stems from the Iraqi MoH priority required assistance programme. In brief, the project is in full conformity with the following:

- The Iraqi MoH list of priority required projects.
- The Iraqi central government priorities and development strategies.
- The UN MDG's.
- The UN NDG's.
- The National Development Strategy of Iraq for the year 2005-07.

As such, the project is also fundamentally based on a participatory and consultative process involving all stakeholders and is anchored to a participatory approach of all involved.

It should be noted that in the current course of project implementation, the Iraqi regional MoH is fully involved in all activities. In this context, the Iraqi regional MoH has designated 3 of its engineers for participating in all implementation activities and who will later on manage all BCH systems.

In its commitment to ensuring national ownership, UNDP in collaboration with its development partners (i.e. IRMO and its agents and partners) shall involve the MoH at Baghdad level (i.e. at central government level) in all relevant project activities. As such, UNDP will kick-start the project by organizing and conducting a high level meeting involving all involved and engaging MoH, at central government level, to employ its standard procedures for ensuring national project ownership. In this context, and within the context of its standard procedures, MoH, at central government level, shall assign two



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

multidisciplinary engineering committees for supervising, verifying, certifying...etc all site activities. It is worth noting that the one committee comprises the core working group whereas the second comprises a follow-up committee for ensuring all relevant measures are being strictly applied.

2.2.6 Does the programme/project address the needs of particularly vulnerable or marginalised groups? Who are they and how are their needs addressed?

The project addresses the dire needs of the southern Iraq Children, in general, and Basra Governorate Children, in particular, having been marginalized for through decades of neglect.

From an overall prospective and at the fundamental level, the project area based on the identified marginalized group in terms of inferiority of the available healthcare and medical services as reflected by relevant health indicators.

At the micro level, the project specifically addresses the needs of the following groups:

- Children.
- Poor and vulnerable inhabitants of the project area.
- Vulnerable population groups including women and young girls.
- Healthcare and medical professionals.

Special target groups related provisions such as employment creation is a centre piece of the project's programme from human rights prospective.

It should be noted that difficulty in accessing adequate child healthcare and medical services has a higher impact on the poor and particularly poor women whom are the primary caregivers to their respective households. Furthermore, the project one of the project pillars will cater for employment creation, which will equally address the entire range of poor community.

2.2.7 How does this programme/project benefit men and women? If not specifically designed to address gender issues, how will gender issues be addressed?

At the national level, the envisaged capacity building programme shall benefit women and men equally. As a matter of fact the project completed and ongoing capacity building programmes, the capacity building programme under this project is a continuation to which, have been paying due consideration to gender mainstreaming. To exemplify this, Nurse Sukaina is 1 of the 2 B.Sc holding nurses assigned to the BCH and 1 of only 23 B.Sc holding nurses in the entire Basrah Governorate. She was mentored and tutored at the Massachusetts General Hospital in Boston including exposure to numerous field mentoring tours. The particular "Nursing Leadership Training" component of the capacity building programme, which aims at training some 250 nurses, shall, in fact, be more focused on women since they are key contributors in the field as annexed hereto.

Bearing in mind that women are key contributors in the medical field, in general, and in the



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

child healthcare field, in particular, it should be noted that all capacity building programme aspects shall address such from conceptualization through delivery. As such, particular attention shall be paid, during the selection process of the recipients of the capacity building programme, that these are gender balanced, which shall be one of the criteria for selecting from among MoH nominees. The particular capacity building programme details such as delivery venue, session schedules and durations and so forth. As annexed hereto, some of international capacity building venues have been carefully selected in Jordan and Oman to meet any language, social, cultural...etc barrier that has a higher impact on female nurses as compared to male nurses.

The only capacity building programme component envisaged for delivery in the US, namely: Hospital Management & Leadership, might not meet all particular gender needs. Nevertheless, preparatory introductory training shall be carried out, with particular reference to female professionals, for laying the grounds for such. It is worth noting that the same gender balance criteria shall be met during the selection process of the MoH nominees. This component of the programme is rather focused on developing key managerial and leadership positions, which shall, at least, equally benefit women and men.

While the capacity building programme may seem a generic programme that could be delivered to generic staff, and given the very specialized nature of the envisaged BCH services, all selected capacity building programme recipients will be required to have a minimum service timeframe with the BCH, which, in addition to ensuring capacitated staff retention, will offer a gender balanced staff matrix. As a matter of fact, it is UNDP/WHO belief that female beneficiaries of the programme will surpass male beneficiaries.

In the course of developing, reviewing, revising...etc the capacity building programmes curriculum, content, details...etc, special attention shall be paid to ensure that the particular needs of men and women are met, gender issues sensitization as related to procedures is addressed in addition to numerous gender related issues.

At a broader level, access to such specialized healthcare services is likely to ease part of the burden off women and girls whom are otherwise the primary caregivers to their respective households. It should be noted that unavailability of this type of medical service imposes an undue burden on households especially as related to having to travel to distant cities under the current security situation, which will relieve a major burden imposed on both male and female members of households.

Furthermore, the high unemployment rates affect both men and women in the sense that even in households where women are unemployed, the economic and financial burdens imposed by unemployment are felt and dealt with by women being the primary actors in the family economy. They are also their respective household caregivers and thus financial and economic burdens fall disproportionately upon their shoulders. On the same broad level, children will also gain from improved socio-economic conditions reflecting on their enhanced survival and well-being.

Although the project may have negative impact on relations of family and sick children...etc, it is UNDP's belief that the overall net impacts on gender are positive with a significant improvement on the overall family conditions and with a maximized positive impact on women in particular.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND
PROJECT DOCUMENT COVER SHEET

2.2.8 *Have environmental concerns been addressed including environmental impact/risk assessment conducted where relevant?*

As mentioned earlier, the project has undergone a detailed Environmental Impact Assessment (EIA) in the preparatory phases. The comprehensive project feasibility study combining all feasibility aspects including environmental, economic, financial, social...etc concluded the project as feasible. Nevertheless, the EIA identified minor negative impacts and addresses an environmental mitigation management plan for such.

In the course of the ongoing project implementation, the environmental mitigation management plan is being fully implemented and undergoes routine audits and verification.

As such, and as an integral part of the environmental management plan, water spraying is exercised to keep dust levels within acceptable limits, use of barricades, safety signs, construction equipment are selected to produce acceptable noise levels, excavated trenches are properly back-filled and the surplus excavated material/debris disposed of at suitable sites causing minimal admissible nuisance.

2.2.9 *To what degree does this project generate direct and/or indirect employment opportunities?*

One of the main project backbones is improving the currently deteriorated socio-economic conditions through creating employment opportunities that would allow a minimum acceptable decent living standard to respective employed inhabitants' families.

As mentioned earlier, the project will provide the following categories and numbers of employment opportunities:

- Approximately 480,000 man-days of short-term employment opportunities in the course of project implementation.
- Six hundred (600) long-term employment opportunities in the course of project operation.

Furthermore, the project shall enhance the respective medical and healthcare professionals career pursue having underwent proper specialized capacity building.

2.2.10 *Does this project contribute towards the attainment of the MDGs in Iraq? Which Goal in particular?*

The project will directly contribute to the achievement of MDGs in Iraq including:

- Reduce child mortality (MDG 4)
- Combat HIV/AIDS, malaria and other diseases (MDG 6)



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

By contributing towards peace building a more stable community could be a healthier environment for attaining the MDG's.

2.2.11 Are there specific issues in relation to the security situation? How will they be handled?

Although the BCH compound has experienced no insurgent attacks within the site and only a few minor intimidation incidents off-site, Basrah cannot be considered a permissive environment. IRMO has greatly enhanced site security in recent months through launching an advocacy campaign for the local communities. As such, a community open house and media events to communicate how significantly this project will improve the quality of life for all of southern Iraq have been co-sponsored with local officials, which shall continue as a measure for ensuring community/stakeholder's participation. The direct result of the community awareness and advocacy campaign was reflected through commitment of the community leaders (i.e. Sheikhs) of the two residential areas in the immediate surrounding of the BCH to improve the off-site security utilizing their own resources in deference to the beneficial impact they expect for their citizens from the hospital.

From an on-site prospective, 24/7 site security is provided through the civil works contractor totalling some 100 security personnel.

It is worth noting that UNDP is already heavily involved in the lower south of Iraq, the implementation under which proceeded relatively smooth. It is therefore expected that project implementation will proceed smoothly. Moreover, the concern of the security specialists have been taken into consideration and budgeted for.

Bearing in mind the volatile security situation in the project area, and having consulted with expert consultants, security specialists, contractors and so forth, a security budget of 2% have been accounted for to cover all security associated costs including personnel, materials, services and other.

Reduction of risk exposure

Given the present security situation and the agreed upon implementation strategy, UNDP shall not field any of its international staff to Basrah. The project will be managed by IRMO as UNDP's owner's engineer. IRMO will operate from the MNF secure compound at the Basrah airport. IRMO project management team in Basrah will continue to visit the project site several times per week, travelling and working on-site utilizing its contracted personal security resources. IRMO will continue to maintain daily supervision of the project site with contracted local national quality control engineers and the three Iraqi engineers from Basrah's provincial MoH. UNDP may consider fielding one of its staff at an appropriate location to exercise project oversight and monitoring pending security clearance.

The UNDP programme management team in Amman will communicate with IRMO and its agents' programme management team in Basrah and Baghdad on regular basis by telephone, satellite video links, and email.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

Private contractors will make their own security arrangements to ensure the safety of their staff and the works (see also the coordination with DSS below).

Expenses for security in equipment transportation/storage outside Iraq

The present security situation also affects costs of equipment transportation or storage. Therefore security and insurance surcharges must be factored into agreements with the transport contractor or equipment supplier.

DSS responsibility for equipment delivery and hand-over to client:

DSS protocols require an Iraqi Official be designated responsible liaison for security purposes. UNDP will coordinate initial links between the designated official and Department of Safety and Security (DSS). For deliveries of goods to the project site and coverage of security related expenses, plans are in place for close coordination with respective security authorities including DSS to ensure safe delivery of procured goods.

2.2.12 How does the programme/project relate to existing ministerial structures and how will it contribute to capacity building in ministries?

At the national level, IRMO is imbedded with and has the primary development responsibility among all international agencies in Iraq for all of Iraq's 30 non-security ministries. IRMO and its project relevant partners have furthermore developed and maintained active working relationships with 13 of the Iraqi ministries bearing a responsibility for reconstruction. IRMO have worked closely with the Iraqi MoH to develop concepts for integrating the BCH as a referral and teaching hospital into the Iraqi health systems network throughout southern Iraq, an issue that WHO have also closely worked on with MoH for ensuring integrity. IRMO worked with the MoH and Ministry of Municipalities and Public Works (MMPW) on needs assessment, planning, project development, and policy formulation for this project. IRMO and Project HOPE have been working closely with Basrah's provincial leadership and government officials on the same venue. Basrah's Governorate provided three engineers who are involved with all aspects of planning and construction at the site with the intent of remaining as the permanent operations and maintenance technical leadership staff for the facilities. Project HOPE provided and will continue to provide capacity development training to the hospital staff and local Governorate planners who will remain to provide long-term support.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

3. MANAGEMENT ARRANGEMENTS

Give a brief description of programme/project implementation and monitoring arrangements to ensure the cost-effective and efficient attainment of the outputs identified in the logical framework, including:

3.1 Programme/project implementation and supervision arrangements; indicate in-country and region based capacity of organisation; indicate names, and expertise of any implementing partners

The BCH is a large and complex medical facility project involving specialized construction that must allow for the installation of multiple health systems requiring detailed integration of sensitive, hi-tech, and architecturally significant medical equipment with the systems and building necessary for supporting it. The project entails meeting numerous boundary conditions for achieving success. These include the necessity of employing experienced contractors and the executing partners must have the ability, experience, and will to operate in a non-permissive environment.

Since UNDP is envisaged to engage with present execution partners some four months following official commencement, it shall exert its best endeavours to synchronize its support to leverage existing plans and ongoing efforts of training, procurement, construction, and capacity development.

3.1.1 Implementation

To achieve effective project execution and given IRMO's involvement since project onset, established relationships with present contractors and authorities, capacity to operate and travel within areas not currently easily accessible to UN personnel and for project activities synchronization and alignment UNDP intends to enter into a MoU with IRMO, and subsequently its agents, for project site activities.

As such, UNDP shall explore every opportunity to enter into an "Owner's Engineer" agreement with IRMO and thus its agents/partners for managing all project site activities including construction management, monitoring, supervision, verification, measurements, payments certification and so forth. It should be noted that the envisaged Owner's Engineer role encompasses all project related consulting services with particular reference to managing, supervising, monitoring, certifying, verifying...etc all jobsite construction/erection/installation activities.

UNDP envisages entering into a contract agreement with MIDCON for civil works construction, which constituted part of IRMO's original bidding package. Although not clear at this stage, UNDP envisages to procure all project equipment, furniture, supplies....etc through competitive bidding.

It is worth noting that IRMO has engaged MIDCON, HDP, and UHS as contractors on this project. All three are highly experienced in the domain of hospital projects in the Middle East, and are all based in Amman, Jordan.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

With respect to technical project related matters such as review of designs, specification, bills of quantities, technical evaluation of bids, reviewing the capacity building programmes technical materials, supervising the capacity building programmes and the like, UNDP will provide technical and commercial excellence in all related aspects. It is also expected to ensure the crucial liaisons and coordination activities with the MoH at all levels and shall furthermore integrate the BCH within the regional and national healthcare and medical sector services including definition of standards, norms, procedures...etc for referral.

All procurement notices shall be posted on the UNDP and the UNDG ITF website.

3.1.2 Procurement Processes

To achieve effective delivery of the various component of the project, UNDP will:

- Picking back on previous orders for those items and supplies previously procured through UNDP, IAPSO and/or other organisations within the UN family.
- Advertise for Request for Quotations, Request for Proposals, Invitation to Bid as necessary in accordance with financial rules and regulations.

Where feasible, materials and equipment will be procured locally.

3.1.3 Monitoring

As mentioned earlier, UNDP shall enter into an "Owner's Engineer" agreement MoU with IRMO for managing all project site activities. IRMO will be providing such as an in-kind contribution to the project.

IRMO will operate from Coalition Forces secure compound at the Basrah airport. IRMO's project management team in Basrah will continue to visit the project site several times per week, travelling and working on-site under its own security resources.

IRMO will continue to maintain daily supervision of the project site with contracted local national quality control engineers and the three Iraqi engineers from Basrah's provincial MoH. Pending security clearance, UNDP may station one representative within the Coalition Forces secure compound to monitor this project as one of the many ongoing projects UNDP is executing in the region. This representative will have access to a UN personal security detail to make occasional site visits. The UNDP programme management team in Amman will communicate with their Basrah representative and IRMO programme management team in Baghdad and Basrah on regular basis by telephone, satellite video links, and email.

UNDP shall furthermore appoint a national consultant as a verification consultant for verifying site activities at intermittent basis and later on assessing project impact.

3.1.4 Post Implementation Assessment/Impact Evaluation



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

UNDP will appoint an independent national consultant to carry out post implementation assessment and impact evaluation. The consultant shall employ a set of predefined indicators that have been measured against pre-project benchmarks and compare the same to post-implementation values. As such, a full set of established indicators will be monitored against pre and post implementation thresholds and hence overall project impact shall be assessed.

3.1.5 Indicate in-country and region based capacity of organisation

UNDP capacity is based on the presence of consultants on the ground carrying out activities on its behalf. Four (4) consulting firms specialized in civil, water and sanitation, electricity network and generation, and RO rehabilitation are currently contracted by UNDP. Furthermore, UNDP is conducting regular visits to Southern Iraq and coordinating with the Multi-National Forces (MNF) to provide needed survey maps, particular needs assessments in respect of water and sanitation.

On the regional level, UNDP currently has two offices situated in Amman and Kuwait coordinating efforts to deliver infrastructure projects inside Iraq.

UNDP has a sub-office in Erbil and a small team working from Baghdad to further facilitate implementation and monitoring of its various sector projects in Iraq.

IRMO has offices in most major cities in Iraq and has easy and safe access to the hospital site. It also has extensive experience in managing large and small projects in Iraq, having managed over 12 billion US\$ worth of construction projects over the past three years, in all areas of Iraq, under a variety of challenging security environments.

3.1.6 Indicate names, and expertise of any implementing partners

The main implementing partner will be IRMO and its agents/partners. IRMO has already successfully completed a first phase of rehabilitation at BCH. With outlays over 5 billion USD, IRMO is a solid partner with extensive experience in Iraq. The primary responsibility for engineering and construction management, and all issues related thereto, shall be with IRMO.

3.2 Specify delivery mechanism(s) chosen, reflecting security conditions and in particular detailing proposed use of international staff in Iraq both from private contractors and NGOs

Given the present security situation, the intention is to maintain a low profile. As such, there will be very limited need to field international staff to Iraq and off-shore management will be pursued. The project will be managed and executed by an International project manager and a National staff project assistant working from Amman. The project manager will coordinate with IRMO on a daily basis through telephones and e-correspondence. IRMO will submit frequent progress reports including financial reports.



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

All site activities including construction management, monitoring, supervision, verification, measurements, payments certification and so forth shall be carried out by IRMO in its capacity as UNDP's Owner's Engineer in addition to the possibility of fielding a UNDP representative as deemed possible and required.

3.3 Indicate line ministry counterparts and their management role in the implementation of the programme/project

As mentioned earlier, the current project is in full conformity to the National Development Strategy of Iraq for the year 2005-07 and health in Iraq 2004 and stems from the Iraqi MoH priority required assistance programme, is in alignment with the Iraqi MoH priority required projects and is inline with the Iraqi central government priorities and development strategies.

The Iraqi MoH has designated 3 engineers who actively participate in all site implementation management activities and will, following, handover, be responsible for the BCH management.

Furthermore, UNDP is planning to reinforce its project-related ties with the Iraqi MoH through involving it more in project implementation activities. As such, technical materials (drawings, Bills of Quantities...etc.) shall be reviewed and approved by the counterparts in collaboration with UNDP as deemed relevant and required. In addition, certificates of completion will be issued only upon agreement of the counterparts via official written letters of acceptance.

As mentioned earlier, In its commitment to ensuring national ownership, UNDP in collaboration with its development partners (IRMO and its agents and partners) shall involve the MoH at Baghdad level (i.e. at central government level) in all relevant project activities. As such, it is UNDP's intent to kick-start the project by organizing and conducting for a high level meeting involving all involved and requesting MoH, at central government level, to employ its standard procedures for ensuring national project ownership. In this context, it is envisaged that MoH, at central government level, shall assign two multidisciplinary engineering committees for supervising, verifying, certifying...etc all site activities. UNDP understands the one committee comprises the core working group whereas the second comprises a follow-up committee for ensuring all relevant measures are being strictly applied.

3.4 Indicate inter-agency and cluster cooperation if applicable and the role of the other agencies involved.

UNDP plans to consult with WHO, as deemed necessary and appropriate, thus benefiting from WHO's extensive sector experience. It is envisaged that the project as part of UN Health and Nutrition Cluster as part of support to the MoH- Primary Health Care System including the referral system. The management of the BCH with other existing and planned healthcare facilities and systems in the region and throughout Iraq, and will contribute a key role in the successful engagement of the various Iraqi Line Ministries, and its



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

provincial and municipal authorities in the successful commissioning and operation of the BCH

3.5 Indicate the overall timeframe for the programme/project and work plan (please provide project work plan as annex)

Project implementation timeframe foreseen to be 23 months.

3.6 In order to indicate the appropriateness and value for money of the proposed activities and modalities of implementation, provide evidence of: the reliability of the costing of programme/project inputs and comparability with other UN organisations; arrangements for procuring and transporting programme/project inputs; and local appropriateness and acceptability of the inputs.

The project will follow UN procurement methods, which ensures value and quality for money. This shall particularly apply in the case of engaging with MIDCON, where value for money shall be assessed and verified. However, it should be noted that IRMO have undergone an extensive negotiation process with MIDCON to achieve the ongoing construction contract.

As such, UNDP shall renegotiate to assume the existing MIDCON option which is now set to expire on 29 January 2007. This sole source contracting is justified by the extremely competitive pricing already contained in the option, and the facts that MIDCON is already mobilized on-site, providing all site security and services, performing well, and is ahead of schedule. IRMO will attempt to renegotiate the MIDCON bid option to extend its expiration date, maintain its competitive pricing guarantees, and realign its construction elements to contain less time sensitive priorities.

In brief, all pricing information contained in the current proposal is based on current prices and unit rates of ongoing contracts within the BCH project implementation.

It should be noted that the entire project was priced based on the hypothesis that UNDP would be able to engage into negotiations with MIDCON prior to its offer expiry date. If delays are encountered there will be a reasonable possibility that prices will increase with a consequent increase in the overall project budget.

3.7 Systems for programme/project monitoring (including financial tracking and accounting audit), quality control, and impact assessment; methods for data collection and monitoring

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



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

project objectives. Due to the need for transparency, accountability, and complete cooperation between the parties, IRMO and its agents shall provide periodic reports, both as required by IRMO, and as required by UNDP, and shall provide any report to any of the involved parties, as expeditiously as is possible, using electronic communications whenever feasible. Wherever possible, IRMO shall be permitted to provide reports prepared for one party to also satisfy reporting requirements for the other parties involved.

UNDP shall also appoint a verification consultant the task of whom will be to verify all work being performed on regular intervals. As such, the consultant will carry out frequent verification missions to verify quantities, quality and similar parameters.

Moreover, UNDP shall benefit of MoH's participation at both the central government and local levels. In this context, UNDP shall also be receiving progress reports, conducting progress meetings and communicating with both with the purpose of verifying project progress status and thus ensuring all project activities are to the prescribed performance level.

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 through which lessons learned can be easily derived from similar interventions of other country offices.

4. ANALYSIS OF RISKS AND ASSUMPTIONS

Key assumptions with regard to external factors that are outside programme/project control but nevertheless necessary to the achievement of programme/project outputs and purpose should be stated in the log frame.

4.1 Aside from those issues indicated in 2.2.11, assess other main potential causes of failure, their likelihood of occurrence, and their consequences

The major risk in the context of Iraq is the deterioration of the security in the selected area or their close vicinity to a degree that implementation could not be continued. Political instability is also a factor that could disturb implementation. 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 areas for project locations.

4.2 Indicate the options considered and the steps taken in programme/project design and implementation to address, and minimise or mitigate the potential risks indicated in 4.1 and 2.2.11

There will be no need to field international staff to Iraq, given the present security situation. Wherever possible, telecommunications will be used, and personnel will travel to Amman out- rather than personnel travelling to Iraq.

The project management will keep DSS, formerly known as UNSECOORD, informed



D2-21

UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

PROJECT DOCUMENT COVER SHEET

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 will request the coordinates such designated official and provide the contact details to DSS.

In the event the security situation deteriorates 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.

It is worth noting that IRMO project management staff conducts regular site quality assurance visits along with their local national staff engineers continuous on-site presence. IRMO and MIDCON also developed modern quality control and accident prevention plans to ensure a quality and safe project. The local community, government, and media are provided regular updates to keep the public properly informed of the project and future benefits. In addition to the above, UNDP has identified the following measures, already included in the project execution strategy, that will furthermore reduce project risks:

- Full involvement of MoH at all levels,
- Full project documentation, and
- Option of project suspension.

4.2.1 Security Budget for Project (0.5%)

It is recognized that projects of ilk as such should budget 2% of project costs for security (including personnel, materials and services costs). Nevertheless, given that IRMO, its partners and contractors have all such measures in place, and following consultation with UNDP security personnel, the allowed security budget was limited to 0.5%.

4.3 Indicate any undertakings or agreements made with partners which impact on programme/project implementation. Indicate how observance of undertakings will be monitored and the implications of non-compliance.

Following project approval and transfer of funds, UNDP envisages entering into a MoU with IRMO to act as UNDP's Owner's Engineer.

Built on 17.5 acres, the BCH will be a state-of-the-art acute and referral care hospital with a focus on paediatric oncology. The hospital complex contains 19,800 square meters of space and includes a 94-bed main hospital building, two (2) utility buildings, and a 36-bed residence hall. The two (2) story hospital building includes the following:

- 86 paediatric acute care beds culturally sized to accommodate patients and attending family including 8 single occupancy beds to accommodate patient and family and provide privacy



D2-21

**UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND**

PROJECT DOCUMENT COVER SHEET

- 8 PICU bed module to accommodate equipment, staff and family
- 7 NICU bassinets in ward configuration to accommodate highly specialized equipment and coverage by neonatal professional staff members
- 4 Mothers Overnight Stay bedrooms
- 2 Operating Rooms; 1 special procedure room; 5 pre-op beds, 4 post-op beds
- 2 surgical procedures rooms for outpatient surgery, endoscopic procedures with 2 treatment beds
- Emergency Room with 1 trauma station; 5 triage/exam/consultation rooms; 2 treatment cubicles; 1 minor treatment room; 6 each 24-hour observation beds
- 13 general outpatient primary care examination rooms for various specialties, some outfitted with special equipment
- 1 Dental suite; 1 ENT room; 1 Audiology room; 1 Ophthalmology room
- Auditorium, classroom, physician's library, study room, resident offices
- Residence building with 18 rooms (36 beds); 2 overnight physician suites; 2 study rooms



Basil Comnas
 <basil.comnas@undp.org>
 03/13/2007 01:10 PM

To "Seifeldin Abbaro" <seifeldin.abbaro@undp.org>
 cc "Shadin Goussous" <goussous@un.org>, "Pamela Husain"
 <husainp@un.org>, "Amira Al-UAR"
 <amira.al-uar@undp.org>, "Elballa Hagona"
 bcc

Subject FW: Basra Children Hospital - signed project document

Dear Seif,

Sending again.

Best wishes.

Basil

Basil St.George Comnas
 Deputy Resident Representative
 Infrastructure Unit
 UNDP Iraq
 tel. +962-(0) 560 8351
 mob +962-(0) 9 623 3377

From: Sylvain Merlen [mailto:sylvain.merlen@undp.org]
Sent: Monday, March 12, 2007 2:55 PM
To: seifeldin.abbaro@undp.org; goussous@un.org; amira.al-uar@undp.org
Cc: 'Jorn Sorensen'; 'Steve Vilonel'; 'Basil Comnas'; 'Elballa Hagona'
Subject: Basra Children Hospital - signed project document



Dear Seif,



Please find attached the signed project document concerning Basrah Children Hospital, for circulation to steering committee members (and Jean-Marie's signature in due time).

Warm Regards,
 Sylvain Merlen
 Programme Officer
 UNDP-Iraq
 +962 79 633 0077

PS: Note the following approval dates, not featuring on the signed copy have been added to the MS Word project document:

Line Ministry Approval:	18/1/2007
Cluster Review Date:	10/1/2007
Cluster Manager Group Review Date:	
ISRB Approval Date:	14/2/2007
Steering Committee Approval Date:	

 Signed Cover Sheet - BSH Project Document.pdf  Letter from MoH approving Basra hospital.JPG

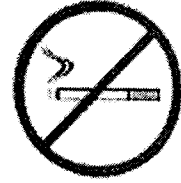
 UNDG-ITF Budget Format Jan 31 2007.xls  UNDG-ITF-Submission Form Basrah Children Hospital 31 Jan 06.pdf

 UNDP workplan (drafted with WHO support 31 Jan 2007).xls

 UNDP BCH Project Proposal-Final 31 01 07 - with dates of approval.doc

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

جمهورية العراق
وزارة الصحة
مكتب الوزير / الصحة الدولية



العدد : ٦٠٤

التاريخ : ١١ / ١٨ / ٢٠٠٧

الى / منسفة مجموعة الصحة التابعة للامم المتحدة في العراق

وممثل منظمة الصحة العالمية في العراق

الدكتورة نعيمة القصير المحترمة

م/ مشروع مستشفى البصرة للاطفال

تحية طبية

ضمن التوجيهات الاستراتيجية لوزارة الصحة العراقية لتحسين نظام الرعاية الصحية الاولية مع الاحالة وتوصيل الخدمات الطبية ذا النوعية للاطفال في العراق ، نود التأكيد على ضرورة تقبلت الدعم الكافي لتكملة مشروع مستشفى البصرة للاطفال وذلك من خلال تمويل المشروع من قبل صندوق اعادة

اعمار العراق للامم المتحدة وبدعم من البرنامج الائتماني التابع للامم المتحدة UNDP

راجون سرعة الاستجابة لهذا الطلب نظراً للاولوية القصوى لهذا ، حيث ستخدم المستشفى المواطنين

وخاصة الاطفال بمحافظة البصرة والمحافظات الجنوبية القريبة منها.

شاكرين تعاونكم معنا .. مع التقدير

الدكتور عامر الخزائبي

الوكيل الفني للوزارة

٢٠٠٧/١١/ ١٨

نسخة الى /

مكتب الوزير .. للتفضل بالاطلاع .. مع التقدير

PROGRAMME/PROJECT BUDGET
PROJECT NO:
PROJECT TITLE:

Budget Category	Item Description	Unit	Unit Cost	Q3	Total Budget (US\$)	ESTIMATED UTILIZATION OF RESOURCES (US\$)						
						Budget	Commitment	Disbursement	Budget	Commitment	Disbursement	
						2007		2008				
PERSONNEL												
1.1 National Programme/Project Personnel	Project Coordinator	Mo	3,000	22	66,000	66,000	66,000	33,000	0	0	0	33,000
1.2 International Programme/Project Personnel	Project Manager - (70% Charging)	Mo	15,000	22	323,400	323,400	323,400	160,180	0	0	0	163,220
	Bio-medical Engineer - (30% Charging)	Mo	14,000	22	231,000	231,000	231,000	115,500	0	0	0	115,500
1.3 National Consultants					0	0	0	0	0	0	0	0
1.4 International Consultants					0	0	0	0	0	0	0	0
CONTRACTS												
2.1 Consultancy Services					11,463,095	11,463,095	11,463,095	6,239,017	0	0	0	5,204,078
2.1.1 Verification and Post-Execution Consultant		sum	150,000	1	311,600	311,600	311,600	168,120	0	0	0	143,480
2.1.2 Miscellaneous short-term consultants- (20% Charging)		Mo	14,000	22	150,000	150,000	150,000	75,000	0	0	0	75,000
2.1.3 Community Awareness and Advocacy campaign		sum	100,000	1	61,600	61,600	61,600	43,120	0	0	0	18,480
2.2 Civil Works					11,151,495	11,151,495	11,151,495	6,090,897	0	0	0	5,060,598
2.2.1 Construction Contract Remaining Full Scope		sum	5,151,495	1	5,151,495	5,151,495	5,151,495	3,090,897	0	0	0	2,060,598
2.2.2 Additional Construction Requirements (Under Design)		sum	6,000,000	1	6,000,000	6,000,000	6,000,000	3,000,000	0	0	0	3,000,000
TRAINING												
3.1 Capacity Development / Operator Training		sum	2,100,000	1	2,100,000	2,100,000	2,100,000	1,050,000	0	0	0	1,050,000
EQUIPMENT												
4.1 Supply and Installation of Equipment					2,700,000	2,700,000	2,700,000	270,000	0	0	0	2,430,000
4.1.1 Facility General Equipment		sum	1,200,000	1	2,700,000	2,700,000	2,700,000	270,000	0	0	0	2,430,000
4.1.2 Miscellaneous Equipment and Items		sum	1,500,000	1	1,200,000	1,200,000	1,200,000	120,000	0	0	0	1,080,000
SUPPLIES/COMMODITIES												
4.1 Furniture		sum	4,000,000	1	4,000,000	4,000,000	4,000,000	0	0	0	0	4,000,000
4.1.1 Facility Furniture		sum	4,000,000	1	4,000,000	4,000,000	4,000,000	0	0	0	0	4,000,000
STAFF/STAFF ONLY FOR PROJECTS												
7.1 DSA/Travel - Amman/Kuwait/Iraq		sum	30,000		15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
PROGRAMME/PROJECT SUB-TOTAL						20,682,495	20,667,495	20,667,495	7,807,197	15,000	15,000	12,875,298
MISCELLANEOUS (Should Not Exceed 3% of BI.3)												
		sum	50,000		25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000
		sum	50,000		25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000
SECURITY (Should Not Exceed 2% of BI.3)												
		sum	103,412		37,120	37,120	37,120	37,120	66,292	66,292	66,292	66,292
		sum	103,412		37,120	37,120	37,120	37,120	66,292	66,292	66,292	66,292
AGENCY MANAGEMENT SUPPORT COST (Including Monitoring & Reporting)												
		sum	914,092		328,115	328,115	328,115	328,115	585,977	585,977	585,977	585,977
		sum	914,092		328,115	328,115	328,115	328,115	585,977	585,977	585,977	585,977
PROGRAMME/PROJECT BUDGET TOTAL						21,750,000	21,057,730	21,057,730	8,197,432	692,270	692,270	13,552,568

Project name and number: Support to the Construction of the Basrah Children's Hospital	Development Goal: The development goal for this project is aligned with the targets of Iraq's National Development Strategy (2005) including health strategy and will contribute towards reducing child mortality rate				
key immediate objective No. 1: Improve access to quality tertiary, specialized paediatric healthcare services in Basrah and the southern region of Iraq in partnership with all stakeholders including the community					
Outputs:					
Output 1.1: Improved the tertiary child healthcare services and increase in the number of referred sick children to the hospital in partnership of all stakeholders including the community					
Output 1.2: Extension of the construction of the 94 beds hospital is completed					
Output 1.3: Medical equipments delivered and installed and functioning catering the 94 beds hospital					
Output 1.4: Two hundred (200) hospital health professionals and managers (physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers) have completed short term and long term trainings					
	Activity	Time Frame From To		Inputs needed	Budget US\$
1.1.1	Contribute to the construction of the Basrah Children hospital	Feb-07	Jul-08	Remaining Portion of MIDCON Contract and additional works	11,151,485
1.1.2	Contribute to the equipping of the Basrah Children hospital	Jul-07	Nov-08	general medical equipment, miscellaneous equipment and furniture	6,700,000
1.1.3	Conducting community awareness and advocacy campaigns and enhancing their partnership	Feb-07	Nov-08	Events organized and carried out	100,000
1.2.1	Technically assist MoH in the process of procurement spare parts and consumables	Jul-07	Jul-08	IRMO Scope	
1.2.2	Technically assist the MoH (O&M) services in the process of contracting an Operation and Maintenance	Jul-07	Jul-08	IRMO Scope	9,800,000
1.3.1	Assess training needs, knowledge and skill gaps of (physicians, nurses, technicians and administrators, facility engineers and biomedical engineers)	May-07	Jul-07	Project HOPE	
1.3.2	Conduct training programs, support fellowships for 200 staff including physicians, nurses, technicians, administrators, facility engineers, and biomedical engineers)	Aug-07	Aug-08		2,100,000
1.3.3	Support the establishment of a functioning Continuing Health Professional Education units at the Basrah Hospital.	May-07	Aug-08	Project HOPE	10,000,000
key immediate objective No. 2: Create employment opportunities for poor and vulnerable segments of the population					
Outputs:					
2.1	Temporary short-term employment opportunities to unskilled and semi skilled vulnerable and unemployed people will be created during the project construction phase				
2.2	Permanent long-term employment to professionals including medical professionals, management, technicians and so forth will be created during project operation				
2.3	Improved socio-economic conditions in the covered area				
	Activity	Time Frame From To		Inputs needed	Budget US\$
2.1.1	Recruit skilled and semi skilled labor to assist in the construction of the building which will create approximately 800 man-days of short-term employment for 800 workers during the construction period, thus resulting in some 480,000 man-days of short-term employment opportunities	Feb-07	Nov-08	Part of the overall capacity development and building programme by all parties	N/A
2.2.2	Recruit skilled personnel to operate the Hospital which will create approximately 510 long-term employment opportunities or hospital staff and approximately 90 long-term employment opportunities of subsidiary staff or the site, facility plants, kitchens, laundry...etc	May-07	Aug-08	Part of the overall capacity development and building programme by all parties	N/A