

United Nations Development Programme

Programme of Assistance to the Palestinian People

PROJECT DOCUMENT

Project Number: PAL/01/J15/A/53/31

Project Title: Construction of a Government Hospital
In Salfet Governorate.

Duration: 18 Months

Project Site: Salfet, West Bank

ACC/UNDP Sector & Subsector: 1300 Health
1310 Health System Structure

Local Implementing Institutions: P.A. Ministry of Health
Salfet Municipality

Executing Agency: UNDP/PAPP

Estimated Start Date: November 2001

UNDP & Cost Sharing Financing:

Trust Fund:

Government of: \$1,851,852
Japan

PAPP Support \$ 148,148
Cost: (8%)

Total: \$2,000,000

Project Description:

This project will encompass the construction of a General Secondary Hospital in the Salfet District. Since the outbreak of hostilities in September 2000, the Salfet District has been isolated and encircled thus inhibiting its over 80,000 residents from seeking medical treatment at the closest medical facility in Nablus. The project will consist of the construction of a 1800 square meter 30 bed facility which will encompass basic services such as a maternity and internal medicine wards, laboratory, pharmacy, minor surgical theater, pediatric department, x-ray department, cafeteria, and emergency clinic.

On behalf of: United Nations Development Programme

Signature: T.S. Rothermel

Date: 12 Nov. 2001

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Special Representative

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Introduction

The project described in this document will finance the immediate construction of the new Salfeet Government Hospital in the West Bank through a contribution of US\$ 2,000,000 made available by the Government of Japan. UNDP through its Engineering Department will serve as Executing and Implementing Agency for the project. The project represents a major step in the implementation of the Palestinian Authority's Health Master Plan as well as to meet its current Emergency needs.

The construction of Salfeet Hospital has been selected as a priority by the Ministry of Health for the following reasons. Salfeet Governorate while not the most heavily populated of the West Bank, with a present population estimated at about 80,000, is very isolated. Unlike other Palestinian Governorates, Salfeet does not have any major medical facilities. There are no hospitals within the Governorate, and the closest Government Hospitals in Nablus, Tulkarem and Ramallah are more than one-hour drive in the best of circumstance.

During the present turmoil, and due to Salfeet's proximity to many Israeli Settlements, the city as well as the 24 towns and villages that make up the Governorate, have been virtually cut off from the remainder of the West Bank. Although, there are approximately 21 primary health care clinics spread throughout the Governorate, none of the clinics have the essential medical services to provide emergency treatment. This has been most apparent during the current turmoil.

Thus, the purpose of the Hospital is to function as a secondary referral facility for the twenty one Primary Health Care Centers throughout the district, and in turn is supported by Nablus as well as Ramallah Hospital for more complicated emergency medical treatment.

The suggested Plan for Salfeet Hospital is for the construction of an 1800 square meter facility with a 30 to 40 bed capacity, to be decided following the finalization of the detailed design. The funds available under this project will allow for the completion of the ground and first floor of the planned building. The facility will entail secondary health services such as the maternity ward, outpatient clinics, pediatric as well as internal medicine ward, and a minor surgical center. The total cost of the new hospital is estimated at US\$ 2.0 million, including all administrative and operational costs which will have been covered in total by the Government of Japan.

Context

A.1. Description of the Health Sector

In spite of formidable data problems, a fairly broad consensus exists regarding the general outlines of health conditions in the Gaza Strip and in the West Bank. Life expectancy, infant mortality and patterns of morbidity in the West Bank and Gaza are believed to be fairly similar to those typically found in lower-middle income countries. Palestinian and Israeli experts agree that life expectancy at birth is 65 to 66 years. The infant mortality rate is 40-45 infant deaths per thousand live births, which is high by international standards. Gastrointestinal and respiratory infections are reported as major problems in the Gaza Strip but not in the West Bank. High rates of respiratory and skin infections continue to be reported by residents of refugee camps due to crowded housing and poor environmental sanitation. The communicable diseases of childhood --mumps, whooping cough, tetanus, measles and polio-- have been largely controlled through a successful child immunization program. Moderate and severe malnutrition are virtually unknown. Food supplies are adequate in quantity and fairly well distributed. The customary diet is rich in proteins and fiber and low in animal products but provides too little of some micronutrients --particularly iron. Weaning practices generally are also sound. The West Bank reports high prevalence rates for cardiovascular diseases, hypertension, diabetes and cancer-- diseases usually associated with highly developed countries. However, these findings may reflect the selectivity of the sample produced by well-equipped clinics and by the aggressiveness of diagnostic efforts at these facilities. The pattern of disease is somewhat different in the Gaza Strip than in the West Bank. The two areas are distinct in terms of environmental conditions, economic circumstances, social situations and social services. Nonetheless, the reports that are available do not reveal major differences, except in the area of chronic, adult-onset diseases.

Major weaknesses in the current system of health care services have been identified in the National Health Plan (April 1994) as follows:

- * Selective rather than comprehensive services are provided which translates into inequality in the distribution of health care services.
- * The cost of health services for the consumers is high.
- * Lack of coordination among major health providers impedes the process of developing efficient health services capable of satisfying rapidly the needs of the Palestinians.
- * Lack of integration between health and social services, and, within the health sector, between Primary Health Care and Hospital Care.
- * Only approximately 20% of the population benefits from the health insurance plan.
- * In the Primary Health Care System, general practitioners do not act as "gatekeepers" and that results in a high proportion of direct referrals to hospitals.
- * The patient's choice of facilities is limited.

- * There are insufficient incentives for health personnel to improve their productivity and efficiency.
- * Public awareness of health hazards, disease protection, health facilities, and methods for an effective use of available health services is low.
- * Environmental hazards are not properly addressed.
- * There is a lack of proper and reliable data on health and health related conditions.
- * Poor management of existing facilities are leading to low efficiency as well as low quality of care and patient satisfaction.
- * Finally, there are significant variations in health status and health care geographically, socially and among different occupations within the Palestinian Territories. The ratio of hospital beds, physicians and other medical personal per 1000 population varies considerably from district to district.

Achievement of greater coordination and economic efficiency in the health sector is complicated by the fact that health services are provided by four clusters of providers who act independently of one another to a large extent. These are: (a) the Palestine National Authority's Ministry of Health; (b) UNRWA, as regards health care of refugees; (c) numerous voluntary NGO's; and (d) for profit providers (private physicians and clinics).

Serious efforts are now underway by the PNA to improve the functioning of the system. Towards this goal a National Health Plan has been formulated, which is complemented by a Master Plan for the Development of the eight Government Hospitals in the West Bank. The goals and strategies are summarized in the following section.

A.2. Host Country Strategy

The policy and strategy of the PNA for the development of the health sector in the West Bank and Gaza Strip are set out in detail in the document entitled "The National Health Plan for the Palestinian People: Objectives and Strategies", published by the Planning and Research Center in April, 1994.

The point of departure for the strategy is the recognition that health is a multi-disciplinary subject involving five related but distinct factors, namely: (a) human biology; (b) the environment; (c) human behavior; (d) health care services; and (e) economic factors. The first three of these are considered to be the most significant, leading to the conclusion that an effective health strategy must deal not only with medical care and treatment but also with disease prevention, health promotion and health protection.

Against this background the goals of the National Health Plan are as follows:

- * Forming the foundation for an action plan for all health providers;
- * Reducing health disparities among Palestinians;
- * Increasing and promoting greater access to preventive services for all Palestinians;
- * Encouraging cost effectiveness in health care delivery;
- * Regulating health personnel by adhering to specific criteria;

- * Coordinating existing health programs;
- * Establishing a comprehensive health insurance system.

The strategies for achieving these goals include the following:

- * Integrating national health goals with local health goals;
- * Focusing on improving the health status of the people who live in the health service area;
- * Using data describing health status to express goals and objectives in ways that permit evaluation of progress toward achievement;
- * Treating health services as an integrated system and evaluating the impact of proposed changes in any portion of the system on other portions of that system;
- * Considering the effects of the environment and personal behavior on health status;
- * Setting targets and priority needs in such a manner that they may be used to govern subsequent decisions and actions of health providers;
- * Influencing national policy;
- * Considering and influencing the actions of planning agencies and others that have an influence on the health system of the Palestinian people.

The National Health Plan is intended to provide a basis for the health providers to review proposed changes in the health system, to reduce deficiencies and inefficiencies, and to promote achievements to meet identified community health needs. Additionally, the National Health Plan is expected to pinpoint areas of excess and/or unnecessary duplication, and to provide guidance to address the problem of health care cost increases.

With regard to the expansion of health care facilities and hospitals in particular, it is recognized that both the increasing competition for resources and the high cost of health care are major issues, and that it is therefore necessary to plan the development of such facilities in a coordinated way based on a careful analysis of priorities.

The Health Plan is accordingly supplemented by a Master Plan which has been formulated jointly with the Israeli Civil Administration and which includes detailed proposals for the expansion and up-grading of Government hospitals in the eight districts of the West Bank¹. The Tulkarem Hospital, which is the subject of the present project proposal, is one of these.

The goals of the Hospital Master Plan are:

- * to improve the quality of services provided by the hospitals;

¹ Published under the title Development of the Government Hospitals in Judea and Samaria by the Israeli Civil Administration Health Services (November 1994) 2 Volumes.

- * to expand their bed-capacity to bring it into better proportion to the size of the population in the various districts; and
- * to reduce the significant disparities in hospital access that presently prevail among the various districts of the West Bank.

As regards the institutional framework for the delivery of health care, the strategy is to continue to foster a pluralistic and decentralized system comprising a mix of governmental and non- governmental providers (page 86 of the National Plan). Recognizing that a certain degree of central guidance is necessary to ensure effective and efficient management of the health sector, a Palestine Council of Health has been established, whose functions are described in section A.4 below.

It may be noted that the principles of decentralization and community participation have been followed in the preparation of the National Health Plan. Prior to its drafting a lengthy process was followed over some 14 months using the Nominal Group Technique (NGT). Nineteen meetings and workshops were held throughout the West Bank and Gaza Strip in which about 215 persons participated representing a mix of different community social stratus considered to be representative of users, and potential users of health services as well as health care providers in Palestine. The aim was to determine how these participants perceive health sector problems and possible approaches to their solution.

A.3. Prior and On-going Assistance

The health care sector in the Palestinian Territories has attracted a substantial amount of international donor assistance during the period of Israeli occupation and since the initiation of the Peace Process.

The largest single source of support has been UNRWA which provides basic health care to some 1 million refugees. The UNRWA budget is supported by some 60 governments and about a dozen charitable organizations. Approximately 60% of the budget for the West Bank and Gaza has been devoted to primary prevention and health promotion activities, and the remaining 40% to hospital care.

Bilateral assistance has been provided by several donors such as, Italy, Japan, Sweden, Norway and USAID.

UNDP has served as the channel and executing agency for a substantial portion of the funds provided by bilateral donors. UNDP has also provided assistance of approximately US\$ 3.0 million from its own resources for health - related activities, particularly concentrating in women's health care, providing emergency health equipment, and integrated rural development. In addition, UNDP has been chosen by donor countries such as Japan, Italy, and Norway to implement a number of projects in the Health sector. Such projects have encompassed the construction, rehabilitation, and expansion of a number of hospitals, as well as rehabilitating close to 100 primary health care clinics throughout the West Bank & Gaza Strip, as well as procuring essential medical equipment.

UNICEF has provided assistance through health project activities, mainly on education, sanitation and youth project programmes.

WHO has assisted the Palestinian Health Authority in several health areas including participating in the development of an emergency health care strategy for the current crises. and cooperated with the World Food Programme to meet the most urgent needs in health.

NGO assistance in the sector has been provided principally by local Palestinian NGO's among the most active of which have been the Red Crescent Societies, the Patient's Friend Societies, MAP UK and the very active grassroots organizations, such as the Palestinian Health Relief Committees, the Health care Committees and the Health Work Committees.

In the hospital sub-sector, the main projects assisted by international donors have been:

(a) The UNRWA supported hospital in Qalqilia in the West Bank.

(b) The UNDP has provided the following assistance:

(b.1.) expansion of three hospitals in the West Bank, namely Ittihad Hospital in Nablus, Beit Jala Hospital and Princess Alia Hospital in Hebron. The total project cost amounts to US \$ 9.3 million and is funded by the Government of Italy.

(b.2.) construction and rehabilitation of several hospital wards for Nasser Hospital in Khan Younis, as well as the Shifa Hospital and the Psychiatric Hospital in Gaza City. This project, amounting to US \$ 1,000,000 is part of the employment generation programme funded by the Government of Sweden.

(b.3.) procurement of hospital equipment and supplies, such as kitchen and laundry equipment, medical surgery instruments, cleaning supplies and other items to Nasser Hospital in Khan Younis and Shifa Hospital in Gaza City. This activity, amounting to approximately US \$ 730,000 was funded by the Government of Norway.

(b.4.) Completion of phase I of Tulkarem Hospital, the construction of the basement floor of the planned 3-floor facility. The project activity, which amounted to US \$2,050,000, was funded by the Government of Japan.

(b.5.) Completion of phase II of Tulkarem Hospital which included the construction of the ground floor of the planned 3-floor facility. The project activity, which amounted to US \$2,000,000, was funded by the Government of Japan.

b.6.) The current construction of Phase III of Tulkarem Hospital which includes the construction of the third and final floor of the planned 3-floor facility as well as the Rehabilitation of the old Government Hospital. The project activity, which amounts to US \$2,300,000, is funded by the Government of Japan.

(b.7) The current construction of the Northern Wing of the Princess Alia Hospital in Hebron which will house the emergency room and intensive care units, and will contribute to enlarge the bed capacity. The project activity is being funded through a US \$7,000,000 grant from the Government of Italy.

b.8) The procurement of Oxygen Concentrators for Beit Jala & Princess Alia Government Hospitals and the purchase of essential medical equipment for a temporary emergency facility in Salfeet and Beit Fajjar in Bethlehem District. The project activity is being funded through a US \$559,000 grant from the Government of Norway.

A.4. Institutional Framework for the Health Sector

During the period of Israeli occupation, the Israeli Civil Administration was in charge of health services in the West Bank and the Gaza Strip. With the advent of Palestinian self-rule, responsibility for the sector has been transferred to the Palestinian Authority and its Ministry of Health. A National Health Council was established to promote development and coordination of the health sector. The responsibilities of the Council were as follows:

- Development of a strategic health plan and/or a health agenda for future action
- Advising stakeholders on significant policy issues and priorities affecting both public and private health care programmes.
- Monitoring and evaluating progress towards solving health problems.
- Presenting a health perspective on social, environmental and other issues affecting both public and private health care programmes.
- Serving as a buffer between the health providers and the political forces in the areas still occupied.

As mentioned above, the health care delivery system is a mix of public and private institutions, comprising, the PA, UNRWA, NGOs and for profit providers.

Government Hospitals number nine in the West Bank with a total of about 1000 beds. Eight of these are general hospitals (680 beds) and one a psychiatric hospital (320 beds).

In the Gaza Strip, the PA operates two general hospitals (615 beds), and three specialized hospitals (ophthalmic, orthopedic and psychiatric) with a combined bed capacity of 204.

In addition to these hospitals, the PA Ministry of Health manages approximately 300 primary health centers throughout the West Bank and Gaza Strip.

UNRWA operates one hospital in the West Bank (62 beds) and has contractual arrangements with five NGO hospitals and two government hospitals, plus a large number of PHC clinics in the refugee camps.

NGO general and specialized hospitals in the West Bank number 11 with a total of 389 beds, and two in the Gaza Strip (98 beds).

Maternity Hospitals number ten in the West Bank and one in the Gaza Strip with a combined bed-capacity of 181. Eight of these are private institutions, with the remaining three operated by NGOs.

Note: The above data are for the year 1993, the latest data available. Readers interested in more detailed information regarding distribution of health care institutions by district, physicians, population ratios and other aspects of the Palestinian health care system are referred to the numerous tables included in the National Health Plan for the Palestinian People, as well as the Palestinian Health Services in the West Bank and Gaza Strip: Facts and Figures, published by the Planning and Research Center (August 1994).

B. Project Justification

B.1. Problems to be Addressed: the Present Situation

This project is intended to address three inter-related problems that presently constitute serious obstacles to adequate health care in Salfeet Governorate. First, the fact that there are no Emergency or Secondary Medical Services in the entire Salfeet Governorate for the approximately 80,000 inhabitants. Although there are 21 Primary Health Care Clinics scattered throughout the villages and towns of the Governorate, all residents who seek specialized or emergency health care must travel to either the Government Hospitals in Nablus, Tulkarem or Ramallah.

Successful completion of this hospital, together with the planned expansion of Salfeet Hospital would bring the bed/population ratio in the Salfeet Governorate to 1 per 2333, a great improvement over the present situation, and an acceptable ratio. It should be noted, that with the construction of the hospital, the Nablus Government Hospital will be alleviated from some of the burden it currently has having to serve the Salfeet Governorate

The second and **most immediate emergency** problem to be addressed by this project is the need to improve the quality of care that is currently provided in the Governorate. The current turmoil has given credence to the justification for implementation of this project. Many people have been injured throughout the Salfeet Governorate during the turmoil. Due to the road closures by the Israeli Military it was close to impossible to transport the injured to the closest Government Hospital for medical treatment. In some cases, what should be at the most a 30 minute drive, could take hours. In addition, many pregnant women who needed to get to the Government Hospital in order to give birth, were held up at checkpoints and gave birth in their vehicles resulting with great threats to their lives and their infants. Finally, Ambulances have also been affected by the turmoil in that those responding to distress calls from the Governorate were unable to either reach its destination due to the road closures or were held up at checkpoints leading out of the Governorate. With the construction of a fully functioning modern hospital the residents of the Governorate will be able to have emergency medical services in close proximity.

A third issue to which the proposed construction of Salfeet Hospital is related concerns the future of the Primary Health Care (PHC) system in the Governorate. This system now comprises a network of 21 Primary Health Clinics and will need to be expanded as the population of the area grows. While the main function of a PHC system is to provide preventive and not curative health care, one of its important functions is also to detect needs for treatment at an early stage and arrange for hospitalization if necessary. A well-functioning and expanding PHC system accordingly requires adequate secondary therapy and referral facilities.

B.2. Expected End of Project Situation

The project described in this document provides for the completion of the ground and first floor of Salfeet Hospital at an estimated cost of US\$ 2,000,000 provided by the Government of Japan²

At the end of the project, the situation will be as follows:

- (a) Construction of the ground and first Floor encompassing roughly 1800 square meters, with a bed capacity of 30-40.
- (b) The ground floor will comprise of the following units:
 - Emergency Room, Kitchen and Dining Room, Central Sterilization Unit, Machinery (electro-mechanical room), Laundry, and Stores
- (c) The first floor will comprise of the following units:
 - Laboratory, Internal Medicine, Obstetrics and Gynecological Surgery, Archives, X-Ray, Administration, Outpatient Clinic, and Pediatric Unit.

The net result of these developments will be greater access of the people of Salfeet Governorate to hospital treatment and care; an improvement in the quality of the care provided by the hospital; and improved working conditions for the medical, nursing and technical hospital staff resulting in greater job satisfaction and ability of the hospital administration to attract and retain qualified staff.

From a broader social and political point of view, implementation of this project will provide a highly visible demonstrative contribution to significant improvements in basic services and related infrastructure in the West Bank.

Additionally, during the construction works many work opportunities will be generated for the unemployed skilled and non-skilled labourers from the Salfeet District.

B.3. Target Beneficiaries

The beneficiaries of this project will be the following:

- (a) The people of Salfeet District, who will have increased access to hospital treatment and care of higher quality than is presently available to them;
- (b) The administrative and medical staff of the hospital who will be able to carry out their professional duties in a more professional manner and in a better human and technical environment;
- (d) The Palestinian Authorities at both the national and district level, who will be able to cite the project as a tangible sign of progress in a vital sector, as the West Bank returns to Palestinian self-rule.

²For full development and construction details, See Development of the Government Hospitals in Judaia and Samaria, Vol. 1 , Chapter 7 and Vol. 2, Section 3. (State of Israel, Civil Administration Health Services, Judaia and Samaria, November 1994)

- (e) The unemployed labourers who lost their jobs due to the prevailing political situation in the Palestinian Territories.

B.4. Project Strategy and Implementation Arrangements

The selection of the Construction of Salfet Hospital with external donor assistance is fully consistent with the PNA's overall strategy for the health sector as set out in the National Health Plan as well as during this current emergency situation, and summarized in section A-2 above. The hospital is an addition to the eight included in the Master Plan for hospital development in the West Bank and accordingly does not represent a random or arbitrary choice, but a link in a coordinated network of priority health facilities planned by the PA. Also, as noted in Section A.2 above, a key goal of the PA's health sector strategy is to reduce health disparities among the Palestinian people. As the most under-served Governorate in the West Bank in terms of access to quality hospital care, and the most isolated, Salfet is a logical choice for the next hospital to be expanded under the Master and Emergency Plan.

As regards implementation arrangements, UNDP will serve as the Executing Agency through its Engineering Department in close consultation with the Palestinian Ministry of Health and the Municipality of Salfet.

The Ministry of Health will provide all necessary information on the needs and priorities, as well as facilitate the implementation of the various project activities to be undertaken.

Construction will be carried out under contract with one or more building contractors selected under UNDP's normal competitive bidding procedures.

UNDP/PAPP's Environment and Infrastructure Unit will have overall responsibility of the Management of the Project through a designated Programme Management Officer (PMO).

UNDP's staff engineers will supervise the work and provide the other services listed in Section D, Project Activities below. A project site engineer will be recruited to supervise the day to day works of the project.

Following completion of the work, the Palestinian Ministry of Health will be responsible for the operation and maintenance of the hospital. Presently, there are negotiations taking place with a specialized Italian NGO that is interested in providing technical assistance in the field of emergency health situations. The assistance could be in the form of providing equipment to the hospital as well as training to the Palestinian health professionals.

B.5. Reasons for UNDP and Japanese Assistance

The construction of Salfet Hospital has been designated by the PA as high priority project that will signal the beginning of the implementation of the Master Plan for the Development of Government Hospitals in the West Bank. The PA does not have the funds to implement the project and is obliged to call upon the international community for help.

From the viewpoint of UNDP, an adequately functioning health care system is one of the essential and most basic requirements for sustainable human development. The project also has a strong poverty alleviation dimension, one of UNDP's primary objectives in Palestine, as in all countries where the Program is working. To be poor does not only mean to have a low

income; it also means being deprived of essential services or to be dependent on inadequate low - quality services, of which health services are among the most important.

It is therefore appropriate that UNDP accept the responsibility for the implementation of the project and management of the funds, which the Government of Japan has generously agreed to provide. UNDP and Japan have developed a highly productive partnership in the implementation of construction projects of this type, facilitated in great part by the special expertise available through UNDP's highly experienced Engineering Department. In principle the Israeli Government should have provided funds for the implementation of the Master Plan. Plans for all eight hospitals were completed as early as 1987. The development of the eight hospitals was initially supposed to be completed by 1995. It is stated that this did not happen due to budgetary constraints (Master Plan, Vol. I. P.6). All this notwithstanding it is appropriate that members of the international community with greater concern for the welfare of the Palestinian people now step-in to help.

6. Special Considerations

An important consideration relating to this project is that it will be of particular benefit to the women and children of Salfeet Governorate. A large proportion of the patients who seek health services and treatment are women of the area and their children. Access to more spacious, clean modern facilities that can provide obstetrical, gynecological and pediatric services of high quality, will be a great benefit to the female population of Salfeet District and their children.

A second consideration of a more political nature is the fact that as Palestinian self-rule is extended to the major towns of the West Bank it is important that the local population see tangible improvements in the infrastructure and services that directly affect the quality of their daily lives. Few projects are more visible than a new major hospital.

B.7. Coordination Arrangements

Coordination of the actual construction work including phasing of the work, timely supply of the necessary equipment and materials, etc. will be the responsibility of the building contractors who are awarded the contract, under the supervision of UNDP's own engineers.

UNDP will assist in drawing up specifications of the new items of hospital equipment and furniture that will be needed.

UNDP will also ensure full coordination with relevant Palestinian institutions, such as the Ministry of Health, the Municipality of Salfeet as well as the project design firm.

UNDP will also coordinate with the Italian NGO if it is finally decided that they would be involved in establishing the emergency war victims center in the hospital.

The Palestinian Ministry of Health will be asked to nominate a representative to act on a special coordination committee with UNDP in order to ensure all issues technical and other are dealt with in the most efficient way.

B.8. Counterpart Support Capacity

The Ministry of Health has a technical department with experienced engineers. UNDP will coordinate with them very closely, particularly during the design period and during the construction period.

As the hospital is constructed it will become necessary to recruit a number of physicians, nurses, technicians and other hospital staff. This question was discussed with the MOH and it is their judgment that the additional personnel are available and they will be able to recruit them, as needed.

The recurring costs of the completed facility will be met partly from patients' fees largely covered by their insurance, and partly from the budget of the Ministry of Health. It is expected that the necessary budgetary allocation will have been made by the time the construction work is completed. In addition, as mentioned in previous sections an Italian NGO has shown interest in providing job training for the medical and nursing staff of the new hospital and in contributing to the equipping and running cost of the hospital for at least three years.

C. Development Objective

The longer-term development objective of this project is the improvement of the health of the population of Salfet District by providing access of residents of the region to a larger, fully equipped and modernized district hospital, linked closely, on the one hand, with the Primary Health Care network of the district, and on the other, to Nablus Hospitals as tertiary referral facilities for more complicated care and treatment.

D. Immediate Objectives

The immediate objective of the project is to continue implementation of the PA's Hospital Development Master Plan for the West Bank, through the construction of the Salfet Governorate Hospital comprising the basement & ground floor facilities mentioned above.

Objectives:	Outputs:	Activities:
1.	1.1 Detailed engineering designs, working Drawings, etc. prepared on the basis of the preliminary drawings contained in the Master Plan. 1.2 Tender documents for the construction work prepared and issued, including bills of quantities, etc 1.3 Construction works implemented	1.1-1 Tenders for the design work prepared by UNDP; bids solicited and reviewed; design consultant selected and contract negotiated. 1.2-1 Prepare and issue documents (UNDP); select bids and screen them, select contractor(s); prepare and negotiate contracts.
1.4 Progress reports prepared at appropriate intervals during the above process and submitted to the donor.		1.3-1 Site preparation, procurement of construction equipment and materials, construction of the building by the selected contractor(s). 1.4-1 Prepare and submit reports.

As the final Output of the above activities

* The basement and ground floor of the new hospital building completed, and provided with the basic infrastructure for the needed medical equipment.

E. Inputs

1. By the Palestinian Authority

The PA will provide:

- a) All necessary licenses and permits.
- b) Any other logistical or administrative support that may be required to facilitate the work.
- c) The Salfeet Municipality will provide the land for the Government Hospital. Already a 10 dunum appropriate land was acquired for the hospital.

2. By the Government of Japan

- a) The Government of Japan, as the Donor, will provide funding in the amount of US\$ 2,000,000 to cover construction costs of the works. This total amount is subject to a flat 8% Administrative and Operational cost of US \$148,148.

3. By UNDP

UNDP through its Engineering Unit will provide:

- a) The support services described in Section D, Project Activities above.

UNDP through its Environment & Infrastructure Unit will provide:

- a) Management of all aspects of the project, including reporting, coordination, negotiations, site visits, etc.
- b) Assistance in the procurement of equipment and furniture if required.
- c) Financial management and accountability for the funds provided by the Donor.

F. Risks

While there may be risks that are not foreseen due to the current turmoil that may likely delay the actual construction of the hospital, UNDP will plan ahead to insure those risks are reduced. However, some questions need to be considered regarding its operation following completion of the construction phase. The one issue that comes into question is the staffing requirements, and whether the necessary number of additional trained specialist physicians, residents, nurses and other personnel will readily be available. All indications are that the additional personnel will be available.

G. Project Budget

Description	Budget (US \$)
Construction of 1800 sq. m. New Hospital Building	1,700,000
Site Engineer/civil (18 months)	48,000
United Nations Volunteer (Capacity Building Component)	15,000
Design Costs	50,000
Project Vehicle (UNDP)	18,000
Misc.	20,852
Subtotal	1,851,852
UNDP AOS (8%)	148,148
Total	2,000,000

Finally, it is anticipated that the project, although not specifically designed as an employment generation project, will create roughly 25,000 workday opportunities, thus in fact assisting to alleviate the unemployment situation in the Salfet Governorate. This figure is calculated by assuming that on average there will be 30 workers at any one time working on the construction of the project for a period of approximately 330 days.

H. Project Reporting, Review and Evaluation

H.1. Reporting

- UNDP will:
- Prepare biannually financial and operational progress reports to be submitted to the Donor.
 - Prepare any additional report, as requested by the Donor.
 - Prepare a comprehensive terminal report not later than two months after project completion.

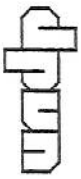


United Nations Development Programme
PAL/01/J15 - Salfest Hospital

Budget "A"

Main Source of Funds: 53 - UNDP/PAPP Trust Funds
Executing Agency: UNOPS - UNDP Office for Project Services

SBLN	Description	Implementing	Funding	Total	2001	2002	2003
010.	PERSONNEL						
014.	UN Volunteers	UNOPS	JPN				
014.01	UNV			Net Amount AOS Total	5,000 400 5,400	10,000 800 10,800	
014.99	Line Total			Net Amount AOS Total	5,000 400 5,400	10,000 800 10,800	
017.	National Consultants	UNOPS	JPN				
017.01	Site Engineer			Net Amount AOS Total	8,000 640 8,640	40,000 3,200 43,200	
017.99	Line Total			Net Amount AOS Total	8,000 640 8,640	40,000 3,200 43,200	
019.	PROJECT PERSONNEL TOTAL			Net Amount AOS Total	13,000 1,040 14,040	50,000 4,000 54,000	
020.	CONTRACTS						
021.	Contract A	UNOPS	JPN				
021.01	Design Works			Net Amount AOS Total	50,000 4,000 54,000	1,000,000 80,000 1,080,000	
021.02	Construction Works	UNOPS	JPN	Net Amount AOS Total	700,000 56,000 756,000	1,000,000 80,000 1,080,000	
021.99	Line Total			Net Amount AOS Total	750,000 60,000 810,000	1,000,000 80,000 1,080,000	



Budget " A "

Main Source of Funds: 53 - UNDP/PAPP Trust Funds
Executing Agency: UNOPS - UNDP Office for Project Services


PK

SBLN	Donor	Funding	Total	2001	2002	2003
999.	NET CONTRIBUTION	Net Contrib. AOS Total	1,851,852 148,148 2,000,000	786,000 62,880 848,880	1,065,852 85,268 1,151,120	0 0 0

PROJECT APPRAISAL COMMITTEE MINUTES

Project Title & Number: PAL/01/J15 – Construction of a Governorate Hospital in Salfeet.

Meeting Date: Thursday, the 24th of August 2001 at 10:00 AM

Participants: UNDP Mr. Willi Scholl (Chairperson) 
Mr. Omar Daoudi
Mr. Musa El Khatib
Ms. Deirdre Connolly
Mr. Leonardo Hosh
Mr. Sufian Mshasha
Mr. Gerhard Pulfer
Mr. Mounier Kleibo
~~Mr. Nader Atta~~

Counterparts: Not Present

I. Presentation of Project: Origins, background, & General Justification:

The Government of Japan has contributed the amount of US \$2,000,000 for the specific goal of the Construction of a Government Hospital in the City of Salfeet.

The following are the objectives of this phase of the project:

- (a) The construction of a fully functioning Secondary Care Government Hospital to serve the Salfeet Governorate.
- (b) In the course of implementing the above project, employment opportunities will have been created for as many unemployed workers as possible;
- (c) The capacity of the Ministry of Health would be further enhanced to undertake the crucial operation of the premises.

UNDP/PAPP will serve as the implementing/executing agency and will utilize the works of pre-qualified subcontractors identified through competitive bidding. The Ministry of Health will serve as the project counterparts and will be involved closely in all stages of implementation.

II. Record of Discussion:

- PMO Nader Atta gave a brief introduction regarding the project background and objectives.
- Willi wanted to know if the land was ready and available.
- Nader responded that there is a nice plot that has been provided by the City of Salfeet and already seen by members of our Unit.
- Mounier Kleibo requested if we could hire a UNV for the project from the project budget.
- Nader responded that he will budget a UNV Engineer for one year to work with the UNDP site engineer.
- Nader asked if it was alright with the Government of Japn to budget a Car for project activities.
- Willi responded we will wait and see if the Government of Japan has any comments regarding the car.
- Due to the Road Closures and Blockades the counterparts were unable to attend
- In conclusion, the PAC approved the project subject to the points noted in the following section of recommendations.

III. Recommendations:

Recommendation:	Designated Person to Follow Up:	Action Completed:
UNV Site Engineer	Nader	Budget Line Created
Car for Project	Nader	Gov. of Japan gave approval to project and didn't disapprove the car..
Coordination arrangements	Lana, Nader	Continuous Basis