



Iraq

[Iraqi Trust Fund]

ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2009

Submitted by:

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Country and Thematic Area²

Iraq
Health

Programme No: D2-21

Atlas Award No: 66901

MDTF Office Atlas No: UNDG 54901

Programme Title:

Support for Construction of Basrah Children Hospital

Participating Organization(s):

UNDP, WHO

Implementing Partners:

- International Organizations, including NGOs, US Army Corps of Engineers, Project Hope
- National (government, NGO) Iraqi Government, MoH Baghdad and Health Directorate Basrah, Love and Peace (NGO)

Programme Budget (from the Fund):

For Joint Programme provide breakdown by UN Organization
UN Org A: UNDP, D2-21, USD 21,750,000
UN Org B: WHO is subcontracted to provide technical advisory services.

¹ The term “programme” is used for programmes, joint programmes and projects.

² E.g. Priority Area for the Peacebuilding Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.

Programme Duration (in months): 42 months

Start date³: 22 February 2007

End date: Initiation of Operational Closure anticipated June, 2010

- Original end date 31 December 2009
- Revised end date June, 2010
- Operational Closure Date⁴ anticipated in June 2010:

Budget Revisions/Extensions:

First extension approved on 25 September 2008 till 31 March 2009

Second extension approved on 19 January 2009 till 30 June 2009

Third extension approved on 5 March 2009 till 31 December 2010

Fourth extension approved on 1 December 2009 till 30 June 2010

³ The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.

⁴ All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

NARRATIVE REPORT FORMAT

I. Purpose

- Main outputs and outcomes/objectives of the programme.

Development Goal and Immediate Objectives
<p>1. 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 rates.</p> <p>2. Improve access to quality tertiary specialized pediatric healthcare services in Basrah and the southern region of Iraq in partnership with all stakeholders, including the community.</p> <p>3. Create employment opportunities for poor and vulnerable segments of the population.</p>

Outputs, Key activities and Procurement	
Outputs	<p>1.1 Improved tertiary child healthcare services and increase in the number of referred sick children to the hospital in partnership with all stakeholders, including the community.</p> <p>1.2 Extension of the construction of the 94 bed hospital is completed.</p> <p>1.3 Medical equipment delivered and installed, and functioning catering the 94 bed 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> <p>2.1 Temporary short-term employment opportunities for unskilled and semi-skilled vulnerable and unemployed people created during the project construction phase.</p> <p>2.2 Permanent long-term employment to professionals including medical professionals, management, technicians will be created during project operation.</p>
Activities	<p>1.1.1 Contribute to the construction of Basrah Children Hospital;</p> <p>1.1.2 Contribute to the equipping of Basrah Children Hospital;</p> <p>1.1.3 Conduct community awareness campaigns and enhance partnership;</p> <p>1.2.1 Technically assist MoH in the process of procurement of spare parts and consumables;</p> <p>1.2.2 Technically assist MOH in the process of contracting Operation and Maintenance Services;</p> <p>1.3.1 Assess training needs, knowledge and skills of physicians, nurses, technicians and administrators;</p> <p>1.3.2 Conduct training programmes, support fellowships for 200 staff including physicians, nurses, technicians and administrators;</p> <p>1.3.3 Support the establishment of a functioning continued Health Professional Education Unit at Basrah Hospital;</p> <p>1.4.1 Capacity building and training programme delivered to 200 hospital health professionals and managers including physicians, nurses, technicians and administrators;</p> <p>2.1.1 Recruit skilled and semi skilled labour to assist in the construction of the building which will result in some 480,000 man days of short term</p>

	<p>employment opportunities;</p> <p>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, kitchen, and laundry.</p>
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- Relationship between Programme and the Strategic (UN) Planning Framework guiding the operations of the Fund.

UN Assistance Strategy for Iraq

UN Cluster (2) Health

Point 1 within Cluster 2 mentions the delivery of an integrated primary health care package related to women and child health, nutrition, water, sanitation, sexual and reproductive health, health and hygiene promotion.

Point 2 within Cluster 2 states that provision of primary health initiatives, especially those related to communicable disease control and those that respond to acute maternal and child health and reproductive health needs.

The Results Matrix for Cluster (2) defines as one of the programme outcomes: “Increase access to quality health care services especially for vulnerable groups and the unreached.”

UN Millennium Development Goals

The primary Millennium Development Goal addressed within this project is MDG 4 to Reduce Child Mortality, which has a goal to reduce by 2/3 the under five years of age mortality rate with indicators identified as mortality of under five; mortality of infants and proportion of one-year-old children immunized against measles. Additionally, this project addresses MDG 6 to Combat HIV/AIDS, Malaria and other diseases, and MDG 7 on environment with a focus on medical waste treatment.

Iraqi National Development Strategy

This project specifically responds to NDS 2007-2010 core pillar Three: Improving the Quality of Life, with point 2 identifying *improving quality and access to medical care*. This pillar is further discussed as Target (4): Reduce children deaths, discussing death among children below five years of age and deaths among infants, and reducing those deaths by two thirds. Goal (6): full access to water and health services.

The NDS further suggests that within Improving the Quality of Life Pillar that a top priority is to design government policies to address basic needs and direct annual public spending towards MDG as a key government priority in the coming years.

The International Compact with Iraq

The International Compact (ICI) within section 4.4.1 Delivering Basic Services: Working towards the Millennium Development Goals states: “Increase spending on health from 2.5% to minimum 4% of GDP and secure access to basic health care to all”. The Ministry of Health has further elaborated that they do not have budgets for building facilities.

The Draft National Development Plan

The draft National Development Plan is the Government of Iraq's priorities for 2010-2014. At present this project is aligned.

The Draft UNDAF

The draft UNDAF is for 2011-2014 therefore, does not affect this project, but this project is aligned and would sit within priority 4.3.

The Draft Country Programme Document

UNDP has submitted a draft Country Programme Document for 2011-2014 to the UNDP Board Secretariat and this project serves to support the development of outcome 4.

II. Resources

Financial Resources:

- This has been a joint programme working with the US Army Corps of Engineers (USACE), Project HOPE and others. UNDP has twenty (20) specific contracts to complete with fourteen (14) or seventy (70%) percent of the contracts over ninety percent completed representing 82.71% of total funds committed.
- There have been four budget revisions approved on this project with the project nearing completion. The dates are as follows:
 - First extension approved on 25 September 2008 till 31 March 2009
 - Second extension approved on 19 January 2009 till 30 June 2009
 - Third extension approved on 5 March 2009 till 31 December 2010
 - Fourth extension approved on 1 December 2009 till 30 June 2010
- Good practice and constraints in the mechanics of the financial process, transfers, identification of potential bottlenecks and coordination, etc.
- **Potential Project Issue:** Funding possibility of unforeseen cost overruns due to additional works (gaps and variations), enhanced engineering services and delays in project implementation.
- **Potential Project Issue:** The current 20 awarded contracts/work packages may have to be increased to cover gaps as other contractors depart or issues identified that may require additional funding commitments.
- **Project Issue:** USACE was no longer able to provide the engineering advisory services since May 2009. This resource gap has caused increased burden on existing UNDP staff resources.
- **Remedial Action:** UNDP has shifted and increased staff allocation to the BCH Project in engineering services and a national Iraqi consulting company has been hired to ensure on site project management services. The hiring of the consulting company has increased the monitoring costs.

Human Resources:

National Staff & Consultants:

UNDP: 2 National Staff employed:

One (1) Civil Engineer

One (1) Electrical Engineer

International Staff:

UNDP: Three (3) International Staff employed:

One (1) Project Manager

One (1) Team Leader

One (1) Engineer

III. Implementation and Monitoring Arrangements

- **Implementation Mechanisms Utilized**

UNDP was invited to become involved on this ongoing project. This project was at risk with works stopped and violence in the area escalating. Negotiations were initiated and several guarantees, including oversight of engineers by other agencies, resulting in UNDP taking on the mandate to deliver twenty (20) distinct contracts at the Basrah Children's Hospital.

UNDP has had to work through remote management due to security and restrictive movement of UN staff over the majority of Iraq with limited movement into the Red Zone. This is defined through the larger Mission (UNAMI) with no flexibility of compliance. Additionally special security circumstances existed early in the project timeline for Basrah. Therefore, facilitation through local contractors and consultant team of engineers were chosen as a viable option to implement the works components of the project. Training and building capacity is being developed with the Ministry of Health, WHO and Project Hope. The local NGO Love and Peace has completed both Phase One and Phase Two of the community awareness campaign. Good partnership and capacity have been built within the Ministry of Health.

- **Procurement Procedures**

UNDP Procurement is made through competitive process following agency procurement procedures by the experienced UNDP-Iraq Procurement Office. The UNDP-Iraq Procurement Office has demonstrated good performance over the last few years and is a major asset, on which this project has capitalized and benefited.

- **Monitoring Systems and Lessons Learned**

Implementation is ongoing and works are monitored regularly. This ensures that the contractors for various construction works packages comply with the Bill of Quantities of the projects.

In addition, UNDP's own engineer technical teams are fully engaged in advising and guiding the contractors throughout the implementation phase. The MoH engineers are present on site and they monitor daily work progress.

The implementing agents are paid by UNDP based on predetermined milestones, which are independently verified by the Project Manager and UNDP's engineer and technical team upon receipt of payment request invoices from the contractor. Payments are subject to the progress of works and the submission of all supporting documentation by the contractor including monthly progress reports, before, during and after photographs of the works.

Close monitoring is conducted after issuing certifications of substantial completion to ensure that all defects identified as outstanding items are completed.

Close monitoring will be required to ensure sustainability and that hitches are addressed once the building becomes fully operational and populated.

- **Assessments, Evaluations and Studies**

Assessment and evaluation of the ongoing projects are a continuous process whereby quality and quantity of works are measured against the original project designs and Bill of Quantities.

Any problems are reported by the independent monitoring consultant and solutions urgently sought and promptly agreed upon by all parties with the works brought back on track.

All works are quality controlled and certificates of substantial completion are issued when works have been assessed

IV. Results

- **Summary of Progress in Relation to Planned Outcomes and Outputs**

At the end of 4th Quarter 2009, twenty (20) contracts/work packages were awarded; with implementation works of fourteen (14) packages completed or nearing completion over 90% while five (5) packages are scheduled to be finalized during 2nd Quarter of 2010. One package implementation is the responsibility of the World Health Organisation (WHO).

- **Good Practice:** A meeting was held with all the partners of the BCH to review work, identify opportunities and find solutions to constraints in completing the twenty work packages. This was held in Erbil Iraq, 13-15 September 2009 where good facilities are available and all persons could participate. This proved extremely helpful as it facilitated work and acted as a combined measure on remedial action and future mitigation to avoid bottlenecks and reduce misunderstandings.

- Key outputs achieved in the reporting period

Quantitative achievements against objectives and results, as well as projected completion date of activities commenced				
1	Stone Cladding	Works are completed. Certificate of Substantial Completion issued awaiting signature by MoH.	% of planned	100
2	Residential Building	Work implementation in progress This original contract was terminated due to lack of performance on part of the Contractor. The new contract awarded on 1 June 2009 is ongoing with expected completion during 1 st Quarter 2010.	% of planned	80

3	Roads and Parking	Work implementation in progress Expected completion of Phase I as reported earlier was 15 Nov 2009 with major parts of the work completed. The completion of phase II Asphaltting is expected during Quarter 1 after solving the issue of the ditch as stated in the Issue Section of the report.	% of planned	83
4	Closed Circuit Security System	Works are completed. The Certificate of Substantial completion issued and signed by MoH. Operation of the system and Training of MoH on-going and will be finalized on 15 th January 2010.	% of planned	99
5	Steam autoclave and oxygen generation plant, fire fighting facility and perimeter wall	Works are completed. Certificate of Substantial Completion issued and awaiting signature by MoH.	% of planned	99
6	Perimeter drainage, site irrigation, well and soft landscaping	Work implementation in progress Irrigation: Imported material will be delivered to site end of Jan 2010. Soft Landscaping: Planting will begin after road and construction activities have been completed. The delivery of water has been made by MoH tankers, until such time as the permanent arrangement has been completed - anticipated in March 2010.	% of planned	65
7	Provision of back-up diesel generators and auxiliary equipment for firm Supply of Electricity	Works are completed. Operation and Maintenance is ongoing It should be noted that the 11 KV connection to the hospital is not adequate and 33 KV is required. This has been developed as a separate concept note as this not part of UNDP's mandate. Funding needs to be sought as this issue is essential to resolve.	% of planned	99
8	Medical Waste Treatment Equipment	Works are completed. Certificate of Substantial Completion issued and to be signed by MoH. Three months Operation and Maintenance and "On Site" training by the Contractor will start after initial operation of the hospital beginning during 1 st Quarter 2010.	% of planned	95
9	Oxygen Generation Plant Equipment	Works are completed. Certificate of Partial Substantial Completion issued and to be signed by MoH. There was a problem concerning	% of planned	90

		performance of the O2 generating equipment to provide uninterrupted O2 supply during the summer period when the ambient temperature reaches around 50 Degree Celsius. Overheating of the equipment was noticed. Fans and ducting required for solving the heating problem have been ordered. Three months Operation and Maintenance and “On Site” training by the contractor will start after initial operation of the hospital beginning during 1 st Quarter 2010. Equipment will be re-tested during the summer period.		
10	Gap Items	Work implementation in progress with completion during 1 st Quarter 2010.	% of planned	90
11	Warehouse	Works are completed. Certificate of Partial Substantial Completion issued awaiting signature by MoH.	% of planned	98
12	General Furniture	Installation of the goods in progress. Expected completion date will be during 1 st Quarter 2010.	% of planned	90
13	Domestic Furniture	Installation of the goods in progress. Expected completion date will be during 1 st Quarter 2010.	% of planned	90
14	Offsite Internet Connection	Works are completed. Certificate of Substantial Completion to be prepared.	% of planned	100
15	IT Equipment	Equipment handed over to MoH.	% of planned	100
16	Warehouse Shelving	The works are completed and handed over to MoH.	% of planned	100
17	Off Site Telephone	Work implementation in progress. Expected completion date anticipated during 1 st Quarter 2010.	% of planned	20
18	ASSET Management	Equipment delivered to BCH. Expected completion date during 1 st Quarter 2010.	% of planned	12
19	Community Awareness	School campaign completed. Exhibition in schools completed. Broadcasting of media spots completed.	% of planned	100
20	Capacity Building	A Letter of Agreement was signed with World Health Organization on 21 January 2009. WHO is responsible for this package.	% of planned	Work is ongoing by WHO

- Delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.

The delay in project implementation was mainly due to the following issues:

- On March 2008, a curfew imposed by the security operation in Basrah was enforced, which disabled the contractor from accessing the jobsite during March and April 2008. This resulted in an inevitable delay of some two months.
- Similarly, the security operations imposed curfew resulted in significant delays to the main contractor, MidCon, employed by Gulf Division South in Basrah, who was responsible for implementing the main hospital building premises.
- MidCon, the largest site contractor, had equipment such as trailers, offices and storage areas on substantial parts of the jobsite vacant areas. MidCon equipment occupied UNDP jobsite areas, therefore, some contracts could not be initiated until the area was vacant which included Roads and Parking, Irrigation, Landscape and Drainage systems construction.
- One of the big UNDP packages, Stone Cladding was delayed. The contract was awarded in November 2007 but terminated due to mismatch between the local Iraqi stone specified in the ITB and the technical specification provided by the hospital designer. The new ITB was launched and received only one high-priced tender, thus did not meet procurement protocol. RCP Iraq consulted ACP New York and requested a waiver, which received approval in end of August 2008. The contract was awarded beginning of September 2009.
- The delivery of Domestic Furniture and General Furniture Package were deferred. Final quantities of furniture were received from GRS in May 2008. The installation of the furniture was only possible when the works at the main hospital and accommodation buildings were finished.
- Due to shortcomings in the contractor's performance, under the Residential Building Package, and to maintain the high standard of performance in the delivery of UNDP work packages; this contract was terminated by UNDP and another ITB launched. The new contract was awarded in June 2009 and is expected to be finished 1st Quarter 2010.
- To meet the high requirements of specifications prepared by the GRS's Consultant, the ITB of the Warehouse Shelving Package has been dispatched for three times yielding non-responsive bid offers. UNDP approached the technical department of MoH and GRS on this regard. The ITB for this package was re-launched, following the MoH decision, in favor of receiving responsive bids based on a revised set of technical specifications.
- A comprehensive package was developed that identified gap items coordinating closely with Project Hope. The gap items were in relation to the work packages such as Diesel Generators, Oxygen Plant, Medical Waste Plant, CCTV and others. UNDP had extensive meetings and discussions with the Ministry of Health (MoH) in Iraq and Project Hope to identify the technical specifications of such packages with the contract awarded in June 2009.
- As a result of the above mentioned delay in Gap Items identification, it was agreed that UNDP would implement the Off Site Telephone Package. UNDP approached Ministry of Communication (MoC) in Iraq to obtain the technical specifications due to the updated Fibre Optic technology which was a requirement by MoC. The contract was awarded in May 2009.
- The US Army Corps of Engineer (USACE) informed UNDP on 11 May 2009, that USACE will no longer be involved in any activities on the site connected to UNDP's contract. Of note is that the signed Project Document stipulates that the Department of State will provide the Owner's Engineer US Army Corps of Engineers (USACE) services as an in-kind contribution. The MoU between UNDP and Department of State was signed in November 2007. This loss of engineers has affected the work and budget.
- As a remedial action, UNDP has signed a contract to the amount of approximately

160,000 USD with an Iraqi company to provide site engineering supervision until the completion of operations of the project. This arrangement does not adequately fill the gap, which included nine international engineers and seven national site supervisors. Therefore, UNDP has been forced to increase allocation of its existing staff to Basrah Children's Hospital, which has been raised to include four part-time and one full time staff. This pull-out of engineers on site by USACE has affected delivery.

- With the security restrictions and highly limited Red Zone movement within Iraq, the UN Country Team could not gain access to the site, especially during the time of violence and control of the city by the militia.
- It was identified that the 11 KV of electricity provided by other partners will not be an adequate load for the hospital requirements. Therefore, there is a need to identify additional funds for another project to bring in 33 KV. This could prove a challenge if funding is not identified for this separate project. The present situation has affected the installation and test operation of the equipment provided by this project and has already caused UPS damage due to the heavy voltage fluctuations.
- Time extension for the project was requested and obtained till end of June 2010 as a direct result of the following:
 - o Site Irrigation, Soft Landscaping Package will be completed 2nd Quarter 2010. Planting could not begin during Road and Parking Construction activities as it would be damaged.
 - o Although multiple work packages completed at the end of 4th Quarter 2009, additional six-month extensions will be required for monitoring and approval, operation and maintenance, and training activities of the following equipment:
 - Medical Waste Treatment (three months Operation and Maintenance and on-site training anticipated to start 1st Quarter 2010)
 - Oxygen Plant (three months Operation and Maintenance anticipated to start 1st Quarter 2010)
 - Diesel Generators and Auxiliary Equipment (six months Operation and Maintenance started 6th October 2009)
- The sewage system and perimeter drainage resulting in a ditch, has become a serious issue due to the unauthorized impingement of the neighbourhood sewer into the external perimeter drainage ditch. This is causing backflow into the hospital yard, which was affecting the progress of the Roads and Parking works due to increased moisture in the backfill layers. UNDP has assessed the problem with the decision that additional works will need to be implemented to stop the backflow to the hospital area.
- Key partnerships, collaborations and impact on the achievement of results.

This project addresses the decline of health services for over two decades in Basrah and the Lower South. The Basrah Children's Hospital is designed as a specialized child referral care centre focusing on paediatric oncology and after

affects of conflict, including the rise in child cancer and need for neonatology. The BCH complex will significantly ameliorate the deteriorated child health conditions and has been designed to provide services for 360 child cancer patients, 468 child intensive care patients, 354 neonatal intensive care patients, and serving 2,230 acute care pediatric patients annually.

The Hospital's construction started in 2005 with US Government funding, but faced difficulties resulting in the construction contract being terminated in June 2006. New project arrangements were made with the Iraq Reconstruction Management Office (IRMO) and the US Army Corps of Engineers (USACE) whom presently hold responsibility for site and contract management. UNDP was requested to join forces for complimenting ongoing project construction efforts.

Further to the ongoing efforts by all, UNDP was requested to support the construction of the BCH project. As such, UNDP would be contributing to several portions of the project through twenty work packages, with one package being under the responsibility of WHO. Thus, UNDP is accountable for 19 work packages.

UNDP received ITF funds in March 2007 and is working closely with the partners. This includes the rehabilitation of the building's both interior and exterior, landscaping, treatment plants and warehouse. Please refer to chart on page 7-8 for a breakdown of work packages.

Direct Partners with UNDP include:

Project HOPE is the partner for the supply of medical equipment and capacity building. Project Hope serves as a member of the Project Steering Committee.

WHO is to implement the package on capacity building for health workers. The World Health Organization serves as a member on the Project Steering Committee.

Ministry of Health Iraq is the beneficiary of the project and partner. The Ministry serves as a member of the Project Steering Committee.

Love and Peace is a local NGO that developed and implemented the community awareness campaign component of the project.

- Cross-cutting issues pertinent to the results being reported on.

Cross-cutting issues

Gender

Equal care will be provided to both the girl child and the boy child.

Emergency Response

Emergency to disaster, be it manmade or natural requires a response. The Basrah Children's Hospital will be a regional centre that can take the more serious medical cases of children.

Environment

The Children's Hospital has had some attention paid to making a pleasant environment. A medical waste treatment system has been installed in the Hospital compound, which is a high technology system of the wet thermal method using special sterilization system, shredding and compacting of waste and the removal of human and environment risk of those wastes. Drainage has also been an issue to resolve.

Human Rights and MDG

Access to health services is part of human rights within the Convention on the Rights of the Child and also is MDG 4. The Basrah Children's Hospital will offer specialized services designed to provide services for 360 cancer patients, 468 intensive care patients, 354 intensive care neonates, and serving 2,230 acute care paediatric patients annually.

Employment

Created employment opportunities: 144,000 workdays.

Direct Beneficiaries: 600 labourers.

Moreover, project implementation will indirectly result in:

Creating and sustaining employment opportunities for National Contractors.

Capacity Development

Capacity building of the MoH staff will result in improving the employment terms, conditions and future opportunities.

V. Future Work Plan

- Projected activities and expenditures for the following reporting period (1 January-31 December 2010), using the lessons learned.
 - Issuance of Certificates of Substantial Completion for specific contracts and various components will continue as and when quality assurance is passed and works completed.
 - Supply and installation of fire alarm devices.
 - Follow up on the "Ditch" drainage problem at the site.
 - Hold a second working group meeting in January 2010 in Erbil, Iraq.
 - Obtaining Operation and Maintenance Manuals from contractors.
 - Handing over to the MoH. will continue and escalate.
 - Punch list items of various completed components / packages continue to be prepared and pursued with the contractors.
 - Capacity building programme will continue.
 - Payments to the contractors as works are completed and quality assessment passed.
 - Review and approval of work packages, drawings, and field change reports (FCR) will continue to be top priority as well as requests for changes or scope of work as the activities progress on the work packages.
 - Capacity building package to be implemented and completed by WHO.

- Adjustments in strategies, targets or key outcomes and outputs planned.

No major adjustments in strategies, targets or key outcomes or outputs are planned during 2010. The WHO training package sits by itself and with WHO responsible for the completion of this one package.

VI. Performance Indicators⁵

Please kindly refer to the attached Annex for log-frame

VII. Abbreviations and Acronyms

ACP:	Advisory Committee on Procurement
BCH:	Basra Children Hospital
BoQ:	Bills of Quantities
CAC:	Community Awareness Campaign
CAP:	Contracts, Asset and Procurement Committee
CCTV:	Closed Circuit Television
CFC:	Certificate of Final Completion
CSC	Certificate of Substantial Completion
DEX:	Direct Execution
DoH:	Department of Health
EDS:	Equipment Data Sheet
EoI:	Expression of Interest
ICB:	International Competitive Bidding
ICI:	International Compact for Iraq
INGO:	International Non Governmental Organization
ISRB:	Iraqi Strategic Review Board
ITB:	Invitation to Bid
ITF:	Iraqi Trust Fund
LPAC:	Local Project Appraisal Committee
MCH:	Mother and Child Hospital
MDG:	UN Millennium Development Goal
MoEnv:	Iraqi Ministry of Environment
MoH:	Iraqi Ministry of Health
MoU:	Memorandum of Understanding
NDS:	Iraqi National Development Strategy
NGO:	Non-Governmental Organization
NEX:	National Execution
O&M:	Operations and Maintenance
RFP:	Request for Proposal
RfQ:	Request for Quotation
ToR:	Terms of Reference
TPI:	Third Party Inspection

⁵ E.g. for the UNDG Iraq Trust Fund and the MDG-F.

UNAMI: United Nations Assistance Mission for Iraq
UNCT: United Nations Country Team
UNDAF: United Nations Development Assistance Framework
UNDG: United Nations Development Group
UNDP: United Nations Development Programme
USAID: United States Agency for International Development
USDoS: United States of America Department of State
VO: Variation Order
WatSan: Water and Sanitation
WHO: World Health Organization

Appendix 1

VI. PERFORMANCE INDICATORS

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
IP Outcome 1 Improve access to quality tertiary specialized pediatric healthcare services in Basrah and the southern region of Iraq in partnership with all stakeholders, including the community.						
IP Output 1.1 Improved tertiary child healthcare services and increase in the number of referred sick children to the hospital in partnership with all stakeholders including the community.	Indicator 1.1.1 Contribute to the construction of Basrah Children Hospital;	Building partially constructed, but could not be completed with funds available by Contractor	UNDP to finalize 7 packages	Twenty (20) work packages identified Fourteen (14) packages completed and five (5) packages are scheduled to be finalized during 3 rd quarter of 2010 One (1) work package to be completed by WHO	Ongoing monitoring. Weekly and monthly reporting by Contractors and UNDP's consultant engineers Site visits, telephone updates and e-mail	
	Indicator 1.1.2 Contribute to the	Equipment not available as	UNDP to finalize	Packages ongoing:	Visual verification	Most task nearing completion

	equipping of Basrah Children Hospital;	this is a new construction	Operation and Maintenance of Oxygen Plant Equipment, Medical Waste Treatment Equipment, Generator, General	Oxygen Plant Equipment, Medical Waste Treatment Equipment, Generator, General Furniture, Domestic Furniture CCTV, Off site Internet Connection	Equipment delivered to site	Concern expressed regarding life of equipment due to requirement of hospital to have 33kV electricity installed
	Indicator 1.1.3 Conduct community awareness campaigns and enhance partnership	No community awareness campaign informing about BCH Hospital	Community Awareness activities completed UNDP to frame the drawings painted by Basrah Children and send them to BCH	Drawing Competition in 22 schools among primary school students completed - Local media campaign using TV, radio programs, advertisements, brochures and banners informing	Photos of drawing competition Air time billed Availability of brochures and media programmes	Community Awareness Campaign was conducted by Iraqi NGO, Love and Peace Society

				about BCH completed		
IP Output 1.2 Extension of the construction of the 94 bed hospital is completed.	Indicator 1.2.1 Technically assist MoH in the process of procurement of spare parts and consumables	Spare parts and consumables not available	Spare parts and consumable requirements identified and made available within anticipated budget	Identification and ordering initiating	- Spare parts included in the contracts	Output will be achieved upon completing the envisaged equipment supply, installation, testing and commissioning and training activities by Project Hope, upon handing over the hospital to MoH and starting the operational activities of the hospital.
	Indicator 1.2.2 Technically assist MOH in the process of contracting Operation and Maintenance Services	Operation and Maintenance and training activities on site Operation and Maintenance Manuals delivered to MoH	Operation and Maintenance and training activities on site finalized Operation and Maintenance Manuals delivered to MoH		In process	
IP Output 1.3 Extension of the construction of the 94 bed hospital is completed.	Indicator 1.3.1 Assess training needs, knowledge and skill gaps of physicians, nurses,	No qualified technical staff to operate BCH	Assess needs and develop training on work packages such as	UNDP training finalized Discussions with WHO	Number of persons trained Length and title of	

	technicians and administrators		Oxygen Generation Plant, Diesel Generators, Medical Waste Treatment Other health training contracted out to WHO	initiated	training Monitoring of skills when hospital opens	
	Indicator 1.3.2 Conduct training programmes, support fellowships for 200 staff; including physicians, nurses, technicians and administrators	Capacity gaps within medical staff training to operate BCH	WHO to conduct the trainings to build capacity	MoU/Agreement with WHO signed	Number of persons trained Length and title of training Monitoring of skills when hospital opens	WHO is late with the implementation, no activities observed
	Indicator 1.3.3 Support the establishment of a functioning Continued Health Professional Education Unit at Basrah	Not required				

	hospital					
IP 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.	Indicator 1.4.1 Capacity building and training programme delivered to 200 hospital health professionals and managers; including physicians, nurses, technicians and administrators	Capacity gaps within medical staff training to operate BCH	WHO completed the envisaged Capacity Building Programme	The MOU/ agreement with WHO has been signed	Number of persons trained Length and title of training Monitoring of skills when hospital opens	WHO is late with the implementation, no activities observed
IP Outcome 2 Create employment opportunities for poor and vulnerable segments of the population.						
IP Output 2.1 Temporary short-term employment opportunities for unskilled and semi-skilled vulnerable and unemployed people created during the project construction phase.	Indicator 2.1.1 Recruit skilled and semi skilled labour to assist in the construction of the building, which will result in some 480,000 man days of short term employment opportunities	High unemployment rate in South of Iraq	Short term job creation during implementation of the packages were created	20 contracts with the contractors have been signed, 144,000 workdays completed 600 paid laborers	Contractor records of staff	Output has been achieved partially through job creation opportunities during the implementation of the Civil Works and other packages, and will be completely achieved upon Substantial Completion.
IP Output 2.2 Permanent long-term employment to	Indicator 2.2.1 Recruit skilled personnel to operate the hospital	Responsibility of MoH			Responsibility of MoH	Output will be fully achieved upon starting operation of the hospital

<p>professionals, including medical professionals, management and technicians will be created during project operation.</p>	<p>,which will create approximately 510 long-term employment opportunities for hospital staff and approximately 90 long term employment opportunities for subsidiary staff for the site, facility plants, kitchen and laundry</p>					
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