

United Nations Development Group Iraq Trust Fund

Project #: D2-11

OPERATIONALLY CLOSED

Date and Quarter Updated: 15 April 2010, (1 January-31 March 2010)

Participating UN Organisation: WHO	Sector: Health and Nutrition
Government of Iraq – Responsible Line Ministry: Ministry of Health	

Title	Emergency Medical Oxygen Supply and Production (Project recently reprogrammed for Emergency Humanitarian Response)				
Geographic Location	No specific location (Implementation coordination is done at central level but beneficiaries are located all over the country)				
Project Cost	US\$ 2,824,760				
Duration	9 September 2005-30 November 2006, suspension of activities and then resumption from 10 April 2008- 31 December 2008, The first extension from 31 December 2008 to 31 March 2009 and second from 1 April to 31 October 2009. A final six month extension has been requested until 30 April 2010 has been granted.				
Approval Date (SC)	1 September 2005	Starting Date	9 Sept 2005	Completion Date	30 April 2010.
Project Description	<p>The original project (a quick impact project) aimed at providing medical oxygen to all hospitals in Baghdad, Mosul and Kirkuk governorates as a temporally measure for these hospitals to meet their six month oxygen needs, the time for the MOH to find a suitable solution for a long term oxygen supply solution.</p> <p>The project sought also to provide a reliable, sustained and long term arrangements for an uninterrupted oxygen supply in Iraq through installation of 3 medium size oxygen production plants/units (1 in Baghdad, 1 in Basrah and 1 in Diwaniyah) as a pilot project to be expanded to the entire country with government own resources.</p> <p>However, following several obstacles which were documented in the previous reports and correspondences, the implementation of the project component for the procurement and installation of the three oxygen plants was interrupted in November 2006 and a decision was taken by WHO in March 2007 to return the remaining funds. However, because of urgent acute humanitarian needs faced by the country, particularly in March- April 2008, the Ministry strongly recommended the use of available funds for emergency humanitarian response. Based on the Ministry's request, the DSRSG, Chairperson of the UNDG ITF Steering Committee approved on 10 April 2008 the project scope change and resumption of the project. Details regarding the four main activities under the revised project are given under section: "Key activities and procurement" below.</p>				

Development Goal and Immediate Objectives

<p>The main development goal and immediate objectives of the project remain almost the same as in the initial project. These include two aspects:</p> <ul style="list-style-type: none"> ▪ Increase access to quality health intensive care services especially for vulnerable groups and increase emergency preparedness and response capacity to deal with emergencies; ▪ Reduce disability and mortality, including maternal and less than 5 mortality rate due to the lack basic emergency medicines, including oxygen and other anesthetics among patients requiring emergency health care.
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Outputs, Key activities and Procurement

Outputs	<ul style="list-style-type: none"> • Timely response to emergencies in intensive care units through better access to needed emergency medicines and supplies • Improved outcomes of visits to hospital emergency units with reduced morbidity and mortality 		
Activities	<p>Under the reprogrammed project, there are four main activities planned which are:</p> <ul style="list-style-type: none"> • Provision of a list of emergency medicines and supplies requested by the MOH. • Replacement of some of the basic life support equipment and supplies in a number of ambulances • Capacity building (training of trainers) on professionals involved in emergencies with focus on workers involved in first aid and ambulance management and blood transfusions • Update the report of on first aid and medical gases services which was conducted early 2006. 		
Procurement (major items)	Procurement of emergency medicines and medical supplies, life support equipment and supplies for ambulances.		
Funds Committed (as of 30 September 09)	US\$ 2,824,781	% of approved	100
Funds Disbursed	US\$ 2,085,065	% of approved	74

Forecast final date	30 April 2010	Delay (months)	50
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Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	Not applicable (beneficiaries are patients)	N/A
Women	Idem as above	N/A
Children	Idem as above	N/A
IDPs	Idem as above	N/A
Others	Idem as above	N/A
Indirect beneficiaries	Any patient in Iraq is considered as indirect beneficiary	N/A
Employment generation (men/women)	About 5 of which 3 are male	100

Quantitative achievements against objectives and results			
Review and update the report on national survey on first aid and medical gases	The review of data collected during the field continues but some difficulties remain as it was explained before	% of planned	70
Provision of a list of emergency medicines and supplies	As indicated in the previous report all the items requested by the MOH have been ordered. Delivery process has been almost complete.	% of planned	100
Replacement of basic life support equipment and supplies in a number of ambulances	All emergency medicines and supplies requested for use in ambulances have been procured.	% of planned	100
Capacity building (training of trainers) on professionals involved in emergencies with focus on workers involved in first aid and ambulance management and blood transfusions	As earlier reported, all training activities which were planned under the programme have been completed. In addition, training materials needed by professionals trained for training others (TOT) have been procured and delivered during the reporting period. Items procured included among others IT equipment, anatomical models (dummies) for use in emergency medicine training halls in the governorates and medical equipment and supplies needed during practical sessions of training in intensive care and resuscitation.	% of planned	100

Qualitative achievements against objectives and results (limited to the period under review)
<p>Some progress has been made in the review of field data which were compiled during the actual survey so as to validate the findings highlighted in the initial report. However as it was mentioned in the previous report, the fact that all MOH officials who participated to the project are no more in the Ministry has rendered the review of field data difficult.</p> <p>Regarding the procurement process of items requested by the Ministry of Health, there were 3 separate lists of 9 anaesthetics, 42 sutures of different types and 10 types of external fixation devices. Following is the delivery status of category items:</p> <ul style="list-style-type: none"> - Sutures: All the 42 different types of sutures ordered have been delivered to Iraq with a total value of \$213,780 - Purchase orders for all the 10 anesthetics have been issued with a total value of about \$500,000. The delivery to Iraq is complete for the 10 items. - Quadruple blood bags with a total value of \$97,200 have been ordered and have been delivered in April 2009 to Baghdad and to Jordan Ministry of Health to reimburse the loan previously given to Iraq through WHO. - For the external fixation devices, as mentioned above, there has been much progress during the reporting period. A partial shipment of 23 different components of external fixators worth of about \$160,000 has been delivered in Iraq during the reporting period and the items are already being used. During the reporting period, additional quantities of anaesthetics (Thiopental) valued at \$ 88,372 have been delivered. Also all training materials and equipments described under capacity building above have been procured and delivered during the reporting period. <p>The final report will be prepared as soon as all disbursements for items recently delivered are completed.</p>

Main implementation constraints & challenges (2-3 sentences)
<p>The major constraint has been related to the review of the report on the first aid and medical gases services. It has proven difficult to review the data without having the initial field data which were collected during the actual survey as none of MOH professionals who were involved in the field data collection is still in the MOH.</p>