



**UNITED NATIONS DEVELOPMENT GROUP IRAQ TRUST FUND
PROJECT # 66901:D2-21**

**ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010**

Programme Title & Number
<ul style="list-style-type: none"> • Programme Title: Support for Construction of Basrah Children's Hospital • Programme Number) :D2-21 • MDTF Office Atlas Number: <i>UNDG66901</i>

Country, Locality(s), Thematic Area(s)
<p><i>Iraq, Basrah and Marshlands (South)</i></p> <p><i>Child Health</i></p>

Participating Organization(s)
<p>United Nations Development Programme (UNDP)</p>

Implementing Partners
<ul style="list-style-type: none"> • World Health Organization (WHO) through Letter of Agreement • International Organizations, including NGOs: Project Hope and local NGO Love and Peace Society • National (Government, NGO) Iraqi Government, Ministry of Health Baghdad and Health Directorate Basrah

Programme/Project Cost (US\$)
<p align="right">21,750,000</p> <p>MDTF Fund Contribution:</p> <p>Agency Contribution</p> <p>Government Contribution</p> <p>Other Contribution (donor)</p> <p>TOTAL: US\$ 21,750,000.00</p>

Programme Duration (months)	
Overall Duration	22 February 2007 till 31 December 2011
Start Date	22 February 2007
End Date	31 December 2009
Revised End Date	31 December 2011
Operational Closure Date	31 December 2011
Expected Financial Closure Date	30 April 2012

Programme Assessments/Mid-Term Evaluation
<p>Assessment Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date:</p> <p>Mid-Evaluation Report <input type="checkbox"/> Yes <input type="checkbox"/> No Date:</p> <p>Each component building package has a series of assessment and evaluations to meet for quality control as well as a 12 month liability period.</p>

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This project is coming to an end with the Basrah Children’s Hospital opened to provide health services on 22 October 2010. Eighteen of the nineteen component building packages are complete and training was initiated.

I. Purpose

The main outputs of the programme are listed above and the related outputs and activities in the boxes below which directly relate. This is further reflected in the Logframe.

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.
2. 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.
3. Create employment opportunities for poor and vulnerable segments of the population.

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 employment</p>

	<p>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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- This programme directly relates to multiple UN strategic frameworks as well as to the Iraqi strategic frameworks. In addition this project directly relates to the Millennium Development Goals.

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 (NDS)

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.



- During 2010 the UN Country Team made a transition in the documents in which it used. Three key new documents were developed which have a direct affect on this project and UNDP-Iraq. These documents are described below.

DEVELOPMENT ASSISTANCE FRAMEWORK FOR IRAQ 2011-2014 (UNDAF)

The United Nations Development Assistance Framework (UNDAF) was prepared by the United Nations Country Team in Iraq in consultation with the Government of Iraq and other partners, with the aim of improving the lives of the people of Iraq, and particularly the most vulnerable, in alignment with the national priorities and Millennium Development Goals. The United Nations Development Assistance Framework (UNDAF) 2011-2014 is the first for Iraq, marking a significant milestone in the nation's recovery and transition towards longer term development. Based upon and prepared in parallel with the Iraq Five Year National Development Plan (NDP) 2010-2014, the UNDAF provides a coherent and coordinated strategy for the delivery of UN assistance that embodies the Paris Principles, and supports the newly elected Iraqi administration in meeting its various obligations. The focus of the UNDAF implementation is to foster national capacity and leadership of the development process, within governmental, non-governmental and social institutions, in order to transition the country from the impact of violence and repression characterizing recent decades. Five UNDAF priorities have been identified, providing the scope and strategic direction of the UN system's support to Iraq in the next four years, namely:

1. Improved governance, including the protection of human rights.
2. Inclusive, more equitable and sustainable economic growth.
3. Environmental management and compliance with ratified international environmental treaties and obligations.
4. Increased access to quality essential services.
5. Investment in human capital and empowerment of women, youth and children.

UNDP Country Programme Document (CPD)

The first Country Programme was endorsed by GoI and approved by the Executive Board of UNDP on 3 September 2010. The Country Programme is aligned with the National Development Plan and is nested within the UNDAF. UNDP has identified four priority areas of synergy with National Development Plan and UNDAF, namely: a) fostering inclusive participation, b) strengthening accountable and responsive governing institutions; c) promoting inclusive growth, gender equality, climate change mitigation and adaptation and MDG achievement; and d) restoring the foundations for development. The Country Programme takes into account that UNDP operates under the overall mandate of the United Nations Assistance Mission in Iraq (UNAMI) focussing on the role of supporting the Government of Iraq (GoI) in the transition towards national reconciliation, peace and stability through work on governance, poverty alleviation, economic recovery and environment guided by conflict prevention and recovery approaches identified in five outcomes and respective outputs. Five Country Programme priorities have been identified, providing the scope and strategic direction of UNDP to Iraq in the next four years, namely:



- 1) GoI and civil society have strengthened participatory mechanisms in place for electoral processes, national dialogue and reconciliation
- 2) Enhanced rule of law, protection and respect for human rights in line with international standards
- 3) Strengthened regulatory frameworks, institutions and processes in place for accountable, transparent and participatory governance at national and local levels
- 4) GoI has the institutional framework to develop and implement MDG-based pro-poor, equitable and inclusive socio-economic and environmental policies and strategies
- 5) Enabling policy and frameworks for rapid economic recovery, inclusive and diversified growth and private sector development

UNDP Country Programme Action Plan (CPAP)

The CPAP was signed on 14 March 2011. The CPAP is a signed legal agreement between the Government and UNDP based upon the Country Programme Document. The 2011-2014 CPAP is a four-year living document defining the mutual cooperation and programme of work shared between the Government and UNDP. It is a response to the specific challenges identified in the UN Common Country Assessment 2009 and the UN response as outlined in the UN Development Assistance Framework 2011-2014. These, in turn, take account of the Millennium Development Goals, the Iraq National Development Plan as well as the lessons learned from past UNDP programming in Iraq. The CPAP, has been prepared in close consultation with key stakeholders, defines the goals, and broad outline of strategies and activities that the Government and UNDP jointly subscribe to, with agreed financial parameters. The CPAP further elaborates the five CPD outcomes and respective outputs of UNDP which has incorporated this ITF project.

II. Resources

Financial Resources:

Project Extensions:

- First extension approved on 25th September 2008 till 31st March 2009
- Second extension approved on 19th January 2009 till 30th June 2009
- Third extension approved on 5th March 2009 till 31st December 2009
- Fourth extension approved on 1st December 2009 till 30th June 2010
- Fifth extension approved on 21st June 2010 till 31st December 2011

Human Resources:

- National Staff & Consultants: (2) UNDP National staff have been employed:
 - One (1) Civil Engineer
 - One (1) Electrical Engineer



Partial cost share with support staff

- International Staff: (3) UNDP international staff have been employed:

One (1) Project Manager

One (1) Team Leader

One (1) Electrical Engineer

Partial cost share with support staff

II. Implementation and Monitoring Arrangements

- Implementation mechanisms primarily utilized.

Due to the prevailing security situation and restrictions placed on the movement of UN staff over the majority of Iraq, in addition to the unique security conditions in Basrah City, local contractors and consultant team of engineers were chosen to implement the rehabilitation component of the project. The training and building capacity is being developed with the Ministry of Health, WHO and Project Hope. The local NGO Love and Peace has implemented Phase One and Phase Two of the community awareness campaign.

- Procurement procedures utilized.

UNDP Iraq follows the Financial Regulation and Rules (FRR) and the Procurement Manual posted under the Programme and Operations Policies and Procedures (POPP) which provides the framework to carry out procurement processes. The following bullets serve as guiding principles within the procurement process at UNDP Iraq. These principles are:

- Best Value for Money
- Fairness, Integrity, Transparency
- Effective International Competition

UNDP defines procurement as the overall process of acquiring goods, civil works and services which includes all functions from the identification of needs, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration through the end of a services' contract or the useful life of an asset. UNDP has two primary documents, the Financial Regulations and Rules and Procurement Manual, which specify solicitation procedures for supply of goods, services, or works, including appropriate methods for evaluating and selecting awardees and possible contracts. The Regulations and Rules and Procurement Manual also indicate which conditions justify waiving the competitive tendering process in favor of direct contracting.



Further, in order to ensure compliance with UNDP regulations, rules, policies and procedures, all procurement activities at UNDP-Iraq are subject to a review and approval process prior to an award of a procurement contract.

In summary UNDP-Iraq Procurement Unit follows the rules, regulation and there is no variance in standard procedures.

The UNDP-Iraq Office has demonstrated performance over the last few years and is a major asset, on which this project has capitalized and benefited. In some cases competitors were not responding due to the security situation in Basrah.

- Monitoring system.

The Basrah Children's Hospital opened 22 October 2010.

Implementation was ongoing during 2010 and works were being completed and monitored regularly. Contractors for various construction works packages have complied with the Bill of Quantities of the projects.

In addition, UNDP's own engineer technical team fully engaged in advising and guiding the contractors throughout the implementation phase. The MOH engineers were present on site and monitored daily work progress.

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, etc

Eighteen of the twenty work packages are fully completed and are in the twelve month liability period. An additional package remains 99% complete due to the need for electricity which is being sorted by the Ministry of Electricity and the Ministry of Health. The final package is training of staff which is through a letter of agreement with WHO.

- Assessments, evaluations or studies undertaken.

Assessment and evaluation of the ongoing projects is continuously monitored against the original project designs and Bill of Quantities. Any slight change of scope or problems are reported by the independent monitoring consultant and solutions urgently sought and promptly agreed by all parties to bring the works brought back on track.

At the end of the building project a twelve month liability period is established to ensure the quality of design and the products. This is relevant to 19 of the 20 work packages.



III. Results

The UNDP work-packages of the Basrah Children's Hospital were completed and the hospital opened on 22 October 2010.

- In January 2010 a second coordination meeting was organized in Erbil for all the hospital projects, including Basrah Children's Hospital. This meeting was extremely helpful as difficult issues were resolved. This meeting was attended by the Ministry of Health (MoH), UNDP and representatives of all contractors working on all sub-projects of the BCH project.
- On 14 April 2010, a meeting was organized in Amman to discuss ways forward and prepare the capacity- building activities. This meeting was attended by the Ministry of Health Iraq, UNDP and WHO.
- On 19-20 May 2010, a capacity-building meeting was organized in Beirut to finalize the Capacity Building Plan. This meeting was attended by the Ministry of Health (MoH), Basrah Children Hospital (BCH), UNDP and WHO.
- The one-year extension request was approved by Steering Committee on 21 June 2010 for operational completion of the hospital packages, including the capacity development until June 2011 and closure of the project by December 2011.
- On 5-6 August 2010, a Capacity Building and Coordination Technical Meeting was held in Istanbul. This meeting was attended by the Ministry of Health (MoH), Basrah Children Hospital (BCH), UNDP and WHO.
- At the end of 4th Quarter 2010 18 of the 19 UNDP packages/contracts had been completed with the only outstanding being medical waste at 99% that is waiting for electricity that is being facilitated by the Ministry of Electricity and the Ministry of Health.
- WHO and UNDP entered into a Letter Of Agreement regarding training of medical staff and is the remaining outstanding package with cash advanced to expedite delivery within the ITF timeframe.

Report on the key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.

Quantitative Achievements against Objectives and Results			% of planned
1	Stone Cladding.	Work completed	100
2	Residential Building.	Works completed	100
3	Roads and Parking.	Works completed.	100
4	Closed Circuit Security System.	Works completed.	100
5	Steam autoclave and oxygen generation plant, fire fighting facility and perimeter wall.	Works completed.	100
6	Perimeter Drainage, Site Irrigation, Well and Soft Landscaping.	Irrigation: Works completed. Soft Landscaping: Works completed.	100
7	Provision of back-up diesel generators and auxiliary equipment for firm supply of electricity.	Works completed.	100
8	Medical Waste Treatment Equipment.	Works completed. Operations and maintenance postponed due to no electricity.	99
9	Oxygen Generation Plant Equipment.	Works completed.	100
10	Gap Items.	Works completed.	100
11	Warehouse.	Works completed.	100
12	General Furniture.	Installation completed.	100
13	Domestic Furniture.	Installation completed.	100
14	Offsite Internet Connection.	Works completed.	100
15	IT Equipment.	Equipment handed over to Ministry of Health.	100
16	Warehouse Shelving.	Works completed.	100
17	Off Site Telephone.	Work Completed.	100
18	ASSET Management.	Equipment delivered.	100
19	Community Awareness.	School campaign completed. Exhibition in schools completed. Broadcasting of media spots completed.	100
20	Capacity Building.	A Letter of Agreement was signed with World Health Organization on 21 January 2009. WHO is responsible for this package and work is progressing with an eighteen-month extension requested to complete the capacity development component. Advanced payment of \$2.1M has been completed to WHO for the capacity building deliverables in accordance to the LOA between WHO and UNDP.	Work is ongoing by WHO. The one-year extension was approved by Steering Committee on 21 June 2010 for completing the WHO capacity building activities until December 2011.



This specialist Ministry of Health hospital will serve children in the southern section of Iraq from multiple Governorates.

Direct Beneficiaries	Number of Beneficiaries¹
Children	938,605 (potential)
IDPs	Unknown at this time
Indirect beneficiaries	200 hospital staff
Employment generation (men/women)	480,000 work days 510 long-term opportunities for hospital staff 90 for subsidiary staff

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

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 the Project Document signed stipulating that 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. As a remedial action, UNDP has signed a contract to the amount of approximately 160,000 USD with an Iraqi Company to provide the site engineering supervision. 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.

It was identified that the supply of electricity of 11 KV by other partners will not be an adequate load for the hospital requirements. Therefore, there was a need to identify additional funds for another project to bring in 33 KV. This had impact on the UNDP component of the project and was a separate project. A project concept note was prepared and approved within the UNDP Peer Review Process. UNDP took this issue to the Local Government and established the importance of the case, which has now been approved by the Local Government.

There was a problem to find a match for the specifications of the stone for the building. This took some time to identify, multiple waivers within procurement and modifications in contracts to proceed.

The sewage system/perimeter drainage/ditch became a serious issue due to the unauthorized impingement of the neighborhood sewer into the external perimeter drainage ditch. This caused backflow into the hospital yard. UNDP assessed the problem with the decision that additional works

¹ The number of potential beneficiaries is based on the population statistics in the 2004 COSIT report issued by the Ministry of Planning and Development Cooperation of Iraq. Male and female children age distributions 0-19 have been computed and a relative ratio based on the latest recorded population census for Basrah Governorate, with a total population of approx. 1,797,821, of which approx. 52.21 are below 19 years of age, has thereby been established.



needed to be implemented to stop the backflow to the hospital area. Additional works completed at the end of 2nd Quarter 2010.

The Basrah Children's Hospital was planned to be opened in July 2010 but delayed till October 2010 due to the lack of power.

The Basrah Children's Hospital continues to be a red zone movement. The drawdown of the American troops in 3rd Quarter 2010 affected movements and accommodation for both UNDP international and national staff.

- The key partnerships and collaborations, and explain how such relationships 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 to significantly ameliorate the deteriorated child health conditions and the after affects of conflict. The BCH complex has been designed to provide services for 360 pediatric cancer patients, 468 intensive care pediatric patients, 354 neonatal intensive care, 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) who presently hold responsibility for site and contract management. UNDP was requested to join forces for complimenting ongoing project construction efforts. As such, the UNDP contribution resulted in the identification of twenty work packages.

UNDP: UNDP received ITF funds in March 2007 and worked closely with the partners. This included the rehabilitation of the building both interior and exterior, landscaping, treatment plants and warehouse. Please refer to Section IV: 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 Project Steering Committee.

WHO: is to implement the package on capacity building for Health Workers. 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 Project Steering Committee

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

- Other highlights and cross-cutting issues pertinent to the results being reported on.

Access to health services is part of human rights within the Convention on the Rights of the Child and also within the Millennium Development Goals. These are specialized services designed to provide services for 360 paediatric cancer patients, 468 paediatric intensive care patients, 354 intensive care neonates, and serving 2,230 acute care paediatric patients annually.

Created employment opportunities: 144,000 workdays.

Training to 200 staff at the hospital.

Direct Beneficiaries: 600 labourers.

IV. Future Work Plan

- The projected activities and expenditures for the following reporting period (1 January-31 December 2011), using the lessons learned during the previous reporting period.
 - Issuance of certificates of Final Completion for various packages/contracts will continue into 2011 as the defects liability period is for twelve months.
 - Releasing the performance guarantees and/or retention money for various packages at the end of defects liability periods and upon receiving certificates of final completion.
 - Preparing close out reports for all packages.
 - Implementation and completion of the WHO component on capacity building.

No major adjustments in strategies, targets or key outcomes or outputs are planned or anticipated during 2011. If a need or issue is identified these will be highlighted in the respective quarterly reports.



VI. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
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.							
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 coordinate between MOH and WHO regarding the Capacity Building package UNDP to complete 19 workpackages Basrah Children's Hospital to open for services in 2010.	The Hospital opened on 22 October 2010 for services to children in the area. Twenty (20) work packages identified Eighteen (18) of the Nineteen (19) UNDP packages/contracts had been completed with the only UNDP package outstanding is medical waste at 99%. The remaining outstanding package is WHO training which is through a LOA with cash advanced.	The specifications on the dark stone in the original design caused variance The sewage system/perimeter drainage/ditch became a serious issue due to unauthorized impingement of the neighborhood sewer causing backflow into the hospital yard. This was corrected 2 nd quarter 2010 The identification that the supply of 11 KV by other partners was not	Ongoing monitoring. Issuance of certificates of final completion upon the end of Defects Liability periods and final quality assurance/contr ol.	The Hospital opened on 22 October 2010 for services to children in the area.



					adequate. This has affected the completion of the final UNDP work package. UNDP assisted in taking this issue to the Local Government who approved the project in 2010.		
Indicator 1.1.2 Contribute to the equipping of Basrah Children Hospital;	Equipment not available as this is a new construction	UNDP to finalize Operation and Maintenance Medical Waste Treatment plant.	Packages ongoing: Medical Waste Treatment equipment, Nineteen work packages are in the twelve months defects and liability period.	Delays were experienced due to shelving specifications and bids not meeting the standard	Visual verification Equipment delivered to site Handover documentation of assets to Ministry of Health		
Indicator 1.1.3 Conduct community awareness campaigns and enhance partnership	No community awareness campaign informing about BCH Hospital		Community Awareness activities completed		Community Awareness Campaign completed. Conducted by Iraqi NGO, Love and Peace Society	UNDP framed the drawings painted by Basrah Children during the campaign and handed	



							them over to BCH
Output 1.2 Extension of the construction of the 94 bed hospital 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, procured and handed over to the Ministry of Health	Spare parts included in the contracts	Asset and procurement records Hand over records to Ministry of Health	
	Indicator 1.2.2 Technically assist MOH in the process of contracting Operation and Maintenance Services		Operation, maintenance and training activities on site were finalized Operation and Maintenance Manuals delivered to MoH	Manuals delivered Training needs identified by WHO During the 12 month liability period monitoring of maintenance and potential defects to be identified and corrected		Training Manuals delivered Established a 12 month liability period for quality assurance.	
IP Output 1.3 Medical equipment delivered and installed, and functioning catering the 94 bed	Indicator 1.3.1 Assess training needs, knowledge and skill gaps of physicians, nurses, technicians and	Capacity gaps with technical staff to operate BCH	Assessment conducted by WHO to identify training needs, knowledge and skill gaps.	WHO responsible for work package as UNDP signed an LOA with WHO	Cash advanced to WHO for 2.1 Million for assessment and capacity building package to expedite work package	Responsibilities in Letter of Agreement between WHO and UNDP	



hospital.	administrators		Assessment and Capacity Development / and operator training final work package.				
	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	200 Basrah Children Hospital Staff to be trained by WHO	This work-package handed over to WHO	Letter of Agreement signed between UNDP and WHO and deliverables identified. Number of persons trained and sign in sheets of training Length and title of training	WHO is experiencing some delay in the implementation UNDP transferred 2.1M USD to WHO as an advanced payment for the Capacity Building package.
	Indicator 1.3.3 Support the establishment of a	Not required					Specific training by WHO in 1.3.2



	functioning continued Health Professional Education Unit at Basrah 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 skill set to operate equipment and provide the specialized pediatric services at BCH	WHO to conduct a series of trainings to develop capacity based on needs identified in the assessment			<ul style="list-style-type: none"> Deliverables identified in the Letter of Agreement Number of persons trained Length and title of training Exam marks 	<p>WHO is delayed the implementation</p> <p>A Letter of Agreement with sister agency WHO signed</p> <p>UNDP transferred 2.1M to WHO as an advanced payment for the Capacity Building package.</p>



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	144,000 workdays completed 600 paid laborers	Contractor records of staff	Output has been achieved through job creation opportunities during the implementation of the Civil Works and other packages.	20 contracts with the contractors been signed
IP Output 2.2 Permanent long-term employment to professionals including medical professionals,	Indicator 2.2.1 Recruit skilled personnel to operate the hospital which will create approximately 510 long term employment opportunities				Responsibility of indicator handed over to the Ministry of Health	Output will be fully achieved with the full operation of the hospital by Ministry of Health.	Handed over to the Ministry of Health for sustainability, and assurance that their recruitment procedures followed.



management, technicians will be created during project operation.	for hospital staff and approximately 90 long term employment opportunities for subsidiary staff for the site, facility plants, kitchen, and laundry.						