

Action Document for the EU Regional Trust Fund in Response to the Syrian crisis to be used for the decisions of the Operational Board

1. IDENTIFICATION

Title/Number	Support to mother and child critical health care services in Iraq (phase 2)		
Total cost	Total estimated cost: EUR 5 million Total amount drawn from the Trust Fund: EUR 5 million		
Country	Iraq		
Locations	Dohuk, Nineveh		
Implementing Partner (s)	Associazione Italiana per la solidarieta tra i popoli; A.I.S.P.O.		
Main Stakeholder (s)	Department of HEALTH, DOHUK		
Aid method / Method of implementation	Direct management through: Grant		
SDGs	Maternal mortality ratio (SDG 3.2.1) Neo-natal mortality rate (SDG 3.2.2) Universal Health Coverage (UHC) index (SDG 3.8.1.)		
DAC-code	122	Sector	Health
Objectives	Increase the quality of mother and child and critical health care for IDPs, refugees and the affected host population through strengthening the health system and staff capacities		
Main Activities	<ol style="list-style-type: none"> 1. Reinforce quality of mother and child health services for Syrian refugees, internally displaced persons and host communities in in the targeted health centre. 2. Reinforce critical care at the targeted emergency and trauma hospitals. 		

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives¹

The overall objective is to increase the quality of mother and child and critical care for IDPs, refugees and the affected host population through strengthening the health system and staff capacities.

The specific objectives of the action are:

1. Reinforce quality of mother and child health services for Syrian refugees, internal displaced persons and host communities in the targeted health centre.
2. Reinforce critical care at the targeted emergency and trauma hospitals.

The action is in line with the Overall Objective of the EU Regional Trust Fund in Response to the Syrian Crisis, (EUTF Syria) "to provide a coherent and reinforced aid response to the Syrian crisis on a regional scale, responding primarily to the needs of refugees from Syria in neighbouring countries, as well as of the communities hosting the refugees and their administrations, in particular as regards resilience and early recovery", the Action will contribute to the Specific Objective 4, access to Health services of the current Results Framework.

2.2. Context

2.2.1. Country context, if applicable

The Syrian conflict has triggered the world's largest humanitarian crisis. Refugees from Syria are the biggest refugee population from a single conflict in a generation, with over 4.8 million Syrian refugees in neighbouring countries and the wider region. Countries bordering Syria are hosting most of the refugees. In Iraq, the Kurdish Region of Iraq has received the vast majority of 245.000 Syrian refugees². In addition, the regional authorities host about 1.2 million Iraqi internally displaced persons (IDPs).

Iraq has in particular suffered from the effects of the Syrian crises. The weak political consensus and sectarian tensions the country witnessed in the aftermath of the US lead invasion in 2003, left Iraq with weak institutions and a political class conflicting with itself. With the Syrian war lasting for years, the inner Iraqi frictions increased and serve to compound the problems.

The appearance of Dae'sh in Iraq is the proven spill-over effect of the Syrian conflict to Iraq and the subsequent acceleration of inner Iraqi frictions. Dae'sh initially considered a terrorist network, became a force holding and controlling territory. The successful fight against Dae'sh not only bound tremendous resources and demanded a high toll of lives but also caused again a wave of displacements.

Whereas the figures of refugees are reported to be stable, a return is occurring as well as internal forced displacement. The Kurdish authorities do consider that the Syrian refugees are in a protracted displacement situation which they assume is likely to continue in the coming years. The complexity of the crisis will prevent the majority of the refugees and some IDPs from returning to their homes in liberated areas³.

¹ Please note - the objectives stated here should be coherent with those presented in the Logical Framework Matrix in annex 1 and in section 3.1

² Statement from the KRG's Joint Crisis Coordination Centre; 18th September 2018

³ *idem*

2.2.2. Sector context: policies and challenges

Health care services in Iraq have suffered – as other public services due to the revenue shortages - from budgetary funding gaps in the sector, complemented by, lack of (management) capacities in place to address the additional needs as a result of displacement and violence as well as health care infrastructure not meeting international standards. However, health services in Iraq are for free for those seeking help in public health facilities.

The ongoing violence inside Syria and central part of Iraq have increased the of the pressure on all health services in areas adjacent to both such as the Duhok Governorate in the Kurdish Region in Iraq (KRI) meeting the increased caseload. The programme is a response to the request of Dohuk Health services outlining that Dohuk hosts the largest number of Syrian refugees and IDPs in the Kurdish region. Moreover, 95 percent of IDPs and refugees currently do not have the intention to return to their places of origin. That leaves the Dohuk Health services struggling with an additional 60 percent workload by equally maintaining quality and free of charge services to serve a community of around 2 million people.

Kurdish Regional Government (KRG) key policy priorities for health⁴ are (1) introducing a sound health care financing system; (2) improving availability and quality of clinical services; (3) promoting preventive services, and (4) improving public sector management regulatory, and policy capacity.

There has been little progress on the above priorities due to the ongoing conflict absorbing a significant amount of GDP, the ongoing political struggle of division of public funds between the federal Government in Baghdad and the regional Government of Kurdistan as well as the challenging economic situation for a country highly dependent on the international price of oil (oil exports constitutes more than 95 percent of state revenue). This has negatively affected the Government's fiscal ability to meet its budgetary commitments to pay the salaries of civil servants (most recent information indicates that 70 percent of outstanding salaries are paid).

In addition, mother and child care is a key priority for the region and the international community. In the targeted region increasing numbers of women deliver babies at home, in without access to appropriate antenatal care and follow-up.

Critical care for IDPs, refugees and the affected host population is also of high importance to avoid the spread of infectious and contagious illnesses, and treatment of conflict related traumas and wounds which still occur frequently.

2.3. Lessons learnt

- The Iraq context warrants a coherent and comprehensive programme to support Syrian refugees, Iraqis in need⁵ of assistance (8.7 million people), IDPs (1.5 million) and their host communities.

For a more strategic, comprehensive and effective EU support in Iraq the strong interlinkage between EU humanitarian and EU development assistance is instrumental. Complementarities and the respective added value of EU instruments must be maximised. The context is challenging for longer term planning cycles; short to medium term engagement has to be designed flexible enough to be able to react meaningful to the fast moving operational theatre

- The EUTF Syria and the region Health intervention in Iraq has been described by external monitoring experts as a successful programme in terms of approach (combination of infrastructure rehabilitation and capacity building) and in terms of cost effectiveness.

⁴ [A Vision for the Future, Kurdistan Region of Iraq 2020](#)

⁵ 2018 Humanitarian Response Plan Iraq;

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iraq_2018_hrp.pdf

- It is important to take into consideration the reputation of potential implementing partners in terms of international stakeholders and corresponding authorities. An comprehensive approach has to include a mixture of trainings and mentoring assignment to improve health staff capacities

2.4. Complementary actions

The EUTF Syria has a total commitment for Iraq of EUR 112 million. The following programmes are currently implemented:

- AISPO, a specialised health NGO, the EUTF is enhancing equitable access to, quality, use and coverage of essential health care for refugees, Internally Displaced Persons and host communities (*N.B. the proposed action is to continue, extend and build upon the successes of this programme*);
- The Iraqi red crescent society with support by the Norwegian, Danish and Swedish Red Cross are implementing a programme to improve the wellbeing, resilience and peaceful co-existence among vulnerable refugees, IDPs and host communities through training, start up support vocational and business development trainings amongst other things;
- The Qudra programme managed by GIZ is cooperating with the Joint Crisis Coordination Centres (JCC) of the Kurdistan Region to finance targeted local investment in the three northern Governorates. A total of 24 community based projects focusing on basic services or improved infrastructure will reach up to 50.000 people;
- *Cooperazione Italiana* and *Agence Francaise Development* are tasked to implement a resilience and social cohesion programme in the Kurdish Region of Iraq to improve the living conditions and improve quality of basic social services;
- FAO is rehabilitating irrigation infrastructure (Al Jazeera irrigation scheme) which includes the cleaning, repair and reinstallation of pumping stations and destroyed bridges to increase agriculture output and support 30.000 vulnerable households;
- Mine Advisory Group/Handicap International are implementing a demining programme to reduce the risk of physical injury or death. Removal of hazardous material is foreseen as well as risk education of vulnerable population;
- The programme HOPES, with DAAD in the lead, as well as EUTF programme with SPARK aims to establish a permanent higher education counselling service for Syrian refugees;
- UN Women programme for the EUTF Syria will provide cash-for-work opportunities for refugees and small grants for women together with targeted business training, coaching and mentoring;
- The 'Youth Resolve ' programme also works on resilience, education, social cohesion, and livelihood opportunities. World Vision and its partners are providing job opportunities, apprenticeships, and vocational trainings to allow beneficiaries to transit from education to work;

The project has been developed within the framework of a joint long-term strategy developed in cooperation with the Directorate General of Health, according to agreed and shared priorities and needs. Focusing on building resilience of the beneficiaries and on long term sustainability, it aims to improve local capacities in delivering quality emergency medical services. The action also very positively builds upon and complements AISPO-ECHO's established partnership in the health sector in the same area of intervention. The action, thus, represents an opportunity to implement an effective transition from humanitarian aid to resilience and a relevant example of the

operationalisation of the humanitarian-development nexus (Iraq identified as humanitarian-development nexus country in September 2017 FAC).

2.5. Donor co-ordination

The EU Delegation in Baghdad is in close contact with EU Member States (MS) and chairs regular meetings of the development counsellors. In general it may be said that the numbers of international donors in the health sector in general and in mother child care in particular are limited.

For health in the province of Dohuk, local authorities assume the role as coordinator amongst donors and implementing partners.

In Brussels, EU and MS coordinate in the EU Council Working Party Middle East and Gulf. The EUTF Syria management team coordinates and liaises with the donors contributing to the Trust Fund, currently consisting of 22 member states plus Turkey, as well as other actors involved in the Syrian crisis response. Moreover, the Trust Fund management also coordinates with its contracted implementing partners and other relevant stakeholders on regional level and cross border issues.

3. DETAILED DESCRIPTION

3.1. Objectives/Expected Results⁶

The action under review aims at reinforcing essential medical care at the Primary Health Centre (PHC) level in Duhok Governorate facilities as well as at the paediatric and at the maternal Hospitals in Duhok City, by improving both, infrastructure and quality of care.

The **Overall Objective** of the programme is to increase the quality of mother and child and critical care for IDPs, refugees and the affected host population through strengthening the health system and staff capacities

The **Specific Objectives** are:

- Reinforce quality of Mother and Child health services for Syrian refugees, internally displaced persons and host communities in in the targeted health centre.
- Reinforce critical care at the targeted emergency and trauma hospitals.

Indicative Results are:

An indicative log frame reflecting all of the above is included in Annex 1.

The expected indicative results are:

- Improved health infrastructure in three key hospitals and a selected PHC;
- Strengthened human capacity to deliver maternal and child health care services, including emergency care, and
- Improved quality of emergency care services.

⁶ The overall objective and specific objectives should correspond with those given in the Logframe in Annex 1

3.2. Activities

The envisaged indicative activities are noted below.

- Demolition of the below minimum standard delivery room of the Akre Maternity Hospital. Subsequently, rebuild the delivery room with sufficient capacity to meet the anticipated increased case load while also improving the quality of the services. Also supplied would be basic medical equipment and furniture for the delivery room and the sub-intensive neonatal care unit in Akre, including an oxygen factory.
- Capacity building of staff through training and technical assistance both in the delivery room and in the new care unit for new-borns, with special focus on infection prevention and control.
- Renovation of the Outpatient Department at Hevi Pediatric Hospital in Duhok as well as light renovation of the old wing of the Hevi Pediatric Hospital, and supply of new furniture and essential medical equipment also for Dohuk Maternity Hospital.
- Capacity building of staff with special focus on the new outpatient department and the medical wards. Attention will be given to the topic of infection prevention and control.
- Renovation of the delivery rooms at the Basic Emergency Obstetric and New-born Care units in Qasrok and Bardarash strategic Primary Health Care (PHC) with supply of essential equipment.
- Renovation of two operating theatres in Amedy and supply of essential biomedical equipment. Technical assistance for the organization of the hospital spaces and work flows.
- Expansion of the Intensive Care Unit of Duhok Emergency and Trauma Hospital as well as Renovation of the observation area including the supply of medical furniture for the expanded Intensive Care Unit (ICU) and the renovated observation rooms (beds, ventilators, monitors, etc.).
- Capacity building of Duhok Emergency and Trauma Hospital staff, with particular attention to infection prevention and control inside the new intensive care unit and observation rooms.
- Provide technical assistance to inter-governorate network between Ninewa and Duhok, to facilitate and improve the referral of patients. Once the institutional links are strengthened the programme may provide the necessary ambulances to ensure transport of patients from Ninewa.

3.3. Risks and assumptions

The main risks are:

- Deterioration of the security situation or manmade disasters;
- Increased political tensions between the Government of Iraq and the Kurdish Regional Government and an interrupted political reform agenda for the country, and
- Deterioration of the economic situation of the country (sensitive to oil price changes).

The assumptions for the success of the project and its implementation include:

- Safe access to all targeted health facilities;

- Sustained commitment and leadership of the Kurdish authorities, and
- Availability of material and equipment of required standards.

Mitigating measures have been considered, including:

- Observation of external (security) risks in order to react quickly and efficiently, and
- Robust and flexible operational planning which can adapt to changes in the context and absorb temporary delays.

Implementing partners will be requested to address identified risks to ensure their mitigation.

The risk analysis should propose relevant mitigation actions for all risks identified.

Risks	Risk level (H/M/L)	Mitigating measures
Deterioration of the security situation within Iraq and in Syria.	M	Constant political dialogue with the national actors and close monitoring of the public debate.
Manmade disasters.	M	Flexibility in operational plans to adjust and accommodate unpredictable events.
Increased political tensions between the Government of Iraq and the Kurdish Regional Government.	M	Continued and constant engagement of the International community in general and the EU in particular.
Authorities will be hampered in responding to the influx or presence of people due to political constraints and limitations on capacities and resources.	H	The programme design (combination of infrastructure rehabilitation and Capacity building) is made to be less vulnerable to such risks by maintaining the maximum possible knowledge transfer and infrastructure sustainability.
Deterioration of the economic situation of the country which leads to increased demand for public services and lack of financing.	L	Operational planning emphasis on adequate referral system.
Assumptions <ul style="list-style-type: none"> • Security and economic situation do not deteriorate; • Safe access to all targeted health facilities; • Sustained political commitment and leadership of the Kurdish authorities , and that evidence built through the Action will be reported to government leadership for resource allocation decisions; • Availability of material and equipment in required standards, and • Willingness of host communities to engage in the action. 		

3.4. Cross-cutting issues

Cross-cutting issues will be incorporated into the programme design, verified through field monitoring and by analysis of programme reports.

Gender equality: is an integral part of the project's design, implementation, monitoring and evaluation since gender equality is acknowledged as a critical and essential component for achieving SDG targets.

The programme will integrate a Rights-Based Approach in each step of the project cycle from identification, formulation, implementation, monitoring to evaluation.

Resilience: The programme aims to establish equitable access for targeted groups. The process of improving quality of services with active engagement of partners will contribute to grass-roots reconciliation. Engagement and implementation may not be possible without establishing an element of trust also amongst groups which are otherwise ill-disposed towards each other.

3.5. Stakeholders

The primary stakeholders of this proposed action are:

- EU Member States contributing to the Trust Fund;
- Syrian refugees, internally displaced persons and host communities;
- The Government of Iraq; the Regional Government of Kurdistan, and
- Other international partners.

3.6. Contribution to SDGs

This intervention is relevant for the 2030 Agenda. It contributes primarily to the progressive achievement of SDG(s) Goal 3 Ensure healthy lives and promote well-being for all at all ages.

The programme contributes to SDG Maternal mortality ratio (3.2.1), Neo-natal mortality rate (3.2.2) and Universal Health Coverage (3.2.2).

Finally and by facilitating access to reproductive health, the programme creates an interlinkage with SDG 5 targets to gender equality and empower women and girls.

3.7. Intervention Logic

The proposed action is relevant and coherent with ongoing work on the EU Humanitarian and Development Nexus work. This action is also in line with and contributes to the New EU Consensus on Development, para 27: '*... support partner countries in their efforts to build strong, good-quality and resilient health systems, by providing equitable access to health services and universal health coverage.*'

The protracted displacement for Syrian refugees in the Kurdish Region of Iraq is likely to continue for years, in the absence of suitable conditions for return to Syria. Some IDPs may also be inclined to stay in displacement if their places of origin remain insecure and in absence of a concrete reconstruction plan in areas previously controlled by ISIS.

The strategy of EUTF Syria is to strengthen resilience of host governments authorities in general and health authorities in particular. In such, the EUTF Syria aims to develop successful pilot programmes – in the case of Iraq on governorate level – to improve the capacity and improve critical infrastructure.

With this action, governorate health authorities will be supported to provide better services. Key medical infrastructure is upgraded in order to create a regional champion which could serve as a role model in other governorates of the country.

The programme builds on a successful and efficient implemented EUTF programme and in complementarity with the ongoing humanitarian health programme in the country. As such the programme aims to build upon a successful partnership, and established and assessed approach.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

In order to implement this action, it is not foreseen to conclude a financing agreement with the Government of the partner countries.

4.2. Indicative operational implementation period

The indicative operational implementation period of this action, during which the activities described in section 3.2 will be carried out is 36 months. A possible extension of the implementation period may be decided by the Manager, and immediately communicated to the Operational Board.

4.3. Implementation components and modules

4.3.1. Grant (direct management)

Under the responsibility of the Commission's authorising officer the recourse to an award of a grant without a call for proposals can be in principle used. In the case for the EUTF Syria, the Authorising Officer by Sub-Delegation can authorise a direct grant as the country in question – Iraq – is covered by a specific crises declaration⁷.

The direct award of this action is justified.

The proposed implementing partner AISPO is selected based on the unique technical competence and operational food hold in the targeted area. These operational and technical capabilities have been confirmed by external assessment of the first phase of the programme and are confirmed by the close cooperation between the implementing partner and the governorate health authorities.

The proposed implementing partner was assessed by an external party which confirmed and commented its technical and operational capabilities. The implementer has developed a high degree of specialisation in the field of rehabilitation of targeted infrastructure, gained the trust of the local authorities and demonstrated the ability to improve the health care system in general and the mother/child care in particular. The nature of the Action demands a very close cooperation with local authorities to ensure sustainability of the action. The implementer has proven track records to be able to deliver on this.

Exception to the non-retroactivity of costs may be granted if justified to ensure smooth continuation of activities and avoid the increase of transformational costs. The Commission authorises that the costs incurred may be recognised as eligible as of the approval of the corresponding Action Document.

⁷ ARES (2017) 3521743 – 23/07/2018

The maximum possible rate of co-financing for the grants is 80% of the total eligible costs of the action.

If full financing is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. If full funding is essential, the applicant has to provide adequate justification to be accepted by Manager, in respect of the principles of equal treatment and sound financial management.

4.4. Indicative budget

Module	EU contribution (amount in EUR)	Indicative third party contribution, in currency identified
Direct Award for a Grant	5.000.000	
Total	5.000.000	

Costs for monitoring, evaluation, communication and visibility shall be included in the projects' budgets as included in each contract.

4.5. Performance monitoring and reporting

Monitoring shall be ensured primarily through EU Delegations in-country and in particular with the assistance of specific Trust Fund field and liaison officers posted within the EU Delegations. In addition, the EU Trust Fund has an independent Monitoring and Evaluation exercise to accompany all Fund programmes and ensure that targets are met and lessons learnt can be incorporated into other EUTF actions.

The purpose of the EUTF Syria Monitoring and Evaluation Framework is to assess, across various levels, the degree to which the Overall Objective of the Trust Fund has been achieved. Partners implementing this Action will comply with the ad hoc Monitoring and Evaluation Framework developed for the EUTF Syria as well as with the reporting requirements and tools being developed by the EU Trust Fund.

The implementing partner shall establish a permanent internally, technical and financial monitoring system for the Action and elaborate regular progress reports and final reports.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

The monitoring and evaluation exercises noted above will represent milestones in the implementation of the activities. These regular assessments will constitute a basis for a possible decision of suspension or revision of activities, should the conditions on the ground not allow for their proper implementation.

4.6. Evaluation and audit

Overall, evaluation of the EUTF is mandated by the Constitutive Agreement of the Fund (article 13): "The Trust Fund and the Actions financed by it will be subject to the evaluation rules applicable to EU external programmes, in order to ensure the respect of the principles of economy,

efficiency and effectiveness.” Detailed provisions for the Evaluation of EUTF-funded Actions are defined by the strategy for portfolio evaluations.

To support the fulfilment of the mandate of the EUTF reinforcing the EUTF capacity to bring a change in the cooperation area, the projects will carry out a number of evaluations.

Projects should carry out a final evaluation, and one external audit per year. A mid-term evaluation may also be considered. Whenever possible, evaluations will be jointly carried out by partners.

If necessary, *ad hoc* audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission.

4.7. Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. Beneficiaries, host communities and administrations in Syria's neighbouring countries, the European public, EU Member States and other stakeholders of the Trust Fund need to be informed about the EU's efforts as the leading donor in the Syria crisis response. Insufficient visibility of the EU's actions weakens the EU's political traction in the region and its standing in Europe. Unsatisfactory recognition of knowledge of EU assistance also has a potential to negatively affect the EU's political efforts to resolve the Syria crisis and its future role in a post-peace agreement transition.

Communication and visibility is an important part of all EUTF Syria programmes and must be factored in to underline the programme's importance at all stages of the planning and implementation. Each implementer is required to draw up a comprehensive visibility, communication and outreach plan for their respective target country/community and submit a copy for approval to the EUTF Syria Communication and Outreach Lead. The related costs will be covered by the project budgets. The measures shall be implemented by the implementing consortium/ia, and/or contractors, and/or grant beneficiaries. Appropriate contractual obligations shall be included in, respectively, procurement and grant contracts.

The global objective of the EUTF Syria communication and visibility campaigns, and hence of the implementing partner, is to improve recognition, public awareness and visibility of the comprehensive and joint EU efforts to effectively address the consequences of the Syrian and Iraqi crises. This should be done by highlighting the Action's real-life impact and results among defined target audiences in the affected region but also vis-à-vis the general public, donors and stakeholders in the EU Member States.

The Communication and Visibility Manual for European Union External Action together with specific requirements for the EUTF Syria serve as a reference for the Communication and Visibility Plan of the Action and the relevant contractual obligations. According to the EUTF Syria's Visibility and Communications strategy all communication and outreach campaigns must be evidence-based, people-oriented and easily understandable. Regional outreach and communication must be conflict sensitive, strategic, do no harm and mindful of the differentiation in messaging for beneficiaries and stakeholders in each country of operation of the Action. The campaigns must place the beneficiaries at the centre and thus ensure adequate ownership. Messaging should have a human face, be empathic, honest, transparent, direct, unambiguous, neutral and conducive to a highly sensitive human and political environment, in addition to being gender-sensitive and gender-balanced.

Furthermore, campaigns should also include components of participatory and engaging communication, where the beneficiary becomes a key actor. This will support the EUTF Syria's programmes in promoting social cohesion, inclusion, dialogue and help mitigate tensions and misperceptions between refugee and host communities.

ANNEX 1 - INDICATIVE LOGFRAME MATRIX (max. 2 pages)

Important note: The overall objective should be one of the outcome statements in the Overarching EUTF Syria Results Framework. It should also use the associated performance indicator(s). The specific objective must be coherent with one result given in the EUTF Syria Results Framework (RF). Each Specific Objective must use the performance indicator(s) linked to the selected result from the RF.

Additional note: The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition)

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (at least one indicator per expected result)	Sources and means of verification	Assumptions
Impact (Overall objective)	To contribute to increase the quality of mother and child and critical care for IDPs, refugees and the affected host population through strengthening the health system and staff capacities	Percentage of neonatal and infant mortality rate at Maternity and Hevi hospitals Birth rate inside targeted health facilities Mortality rate in the targeted health facilities	Annual review of Ministry of Health – Dohuk Directorate General of Health Hospital and PHC statistics Ministry of Health statistics	<i>Not applicable</i>

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (at least one indicator per expected result)	Sources and means of verification	Assumptions
Outcome(s) (Specific Objective(s))	<p>SO1: Reinforce quality of Mother and Child health services for Syrian refugees, internally displaced persons and host communities in in the targeted health centre</p> <p>SO2; Reinforce critical care at the targeted emergency and trauma hospitals</p>	<p>(SO1) Number of referrals from Akre to Duhok Maternity Hospital</p> <p>(SO1) Number of pregnant women receiving 4 or more antenatal consultations</p> <p>(SO1) Number of women attending at least one postnatal care visit at the supported health facilities</p> <p>(SO2) Number of cases treated in emergency services</p> <p>(SO2) Nosocomial infection rate of patients</p>	<p>Annual review of Ministry of Health – Dohuk Directorate General of Health, Hospital and PHC statistics, Ministry of Health statistics, QINs and ROM reports</p> <p>PHC statistics, Hospital statistics, QINs and ROM reports</p>	<p>No major natural or manmade disasters</p> <p>The political, security and economic situation does not deteriorate</p> <p>Safe access to all targeted health facilities.</p> <p>Sustained commitment and leadership of Kurdish authorities.</p>

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (at least one indicator per expected result)	Sources and means of verification	Assumptions
Other Results (Outputs and/or Short-term Outcomes)	<p>1.1 Improved health infrastructure in three key hospitals and a selected PHC</p> <p>1.2 Strengthened human capacity to deliver maternal and child health care services, including emergency care</p> <p>2.1 Improved quality of emergency care services</p>	<p>I-R1.1 Number health facilities renovated and/or upgraded in standards</p> <p>I-R1.1 Number of facilities furnished and/or equipped, including intensive care units for new born</p> <p>I-R1.2-R.2.1 Number of professional staff trained (disaggregated by gender and type of service: primary/emergency)</p> <p>I-R2.1 Number of intensive care unit bed increased at Emergency and Trauma Hospital</p>	<p>QIN and ROM reports; Executive drawings; Tender documents; Site visits reports;</p> <p>Project's progress reports; Hospital statistics;</p> <p>Post-training tests; Evaluation reports; QIN and ROM reports; Attendance list of capacity building sessions;</p>	<p>Duhok DGoH cooperation and support</p> <p>Poor system of data collection; hospitals overstretched because of the increased demand of services</p> <p>Availability of goods, construction materials, medical equipment meeting required standards</p> <p>Inability of women with their child to reach the hospitals/PHCs (e.g. lack of public means of transportations)</p> <p>Qualified local companies apply for the bidding</p>