



KEY FIGURES:

- 25 DONORS
- 16 IMPLEMENTING UN ORGANIZATIONS
- US\$1,149 mill TOTAL GROSS DEPOSITS
- US\$903.66 mill APPROVED & FUNDED TOTAL OF 116 PROJECTS
- US\$703.5 mill (78%) OF APPROVED FUNDING CONTRACTUALLY COMMITTED
- US\$598.6 mill (66%) OF APPROVED FUNDING DISBURSED
- US\$493 mill CONTRACT AWARDS POSTED ON WEBSITE www.irffi.org
- 21 PROJECTS OPERATIONALLY COMPLETED

1. LATEST NEWS

Gross Donor Contributions

During the month of February 2007 the UNDG Iraq Trust Fund (ITF) received from:

- European Commission Euro 9.5mill (US\$ 12.295mill) earmarked to Refugees, IDPs and Durable Solutions Cluster (F), focusing on internally displaced people.
- Australia AUD 2.5 mill (US\$ 1.94mill) earmarked to FAO for Agriculture in the Agriculture, Food Security, Environment and Natural Resources Management Cluster (A), and
- Spain Euro 11.5mill (US\$ 15.12mill) earmarked to UNDP for the Governance and Human Development Cluster (C).

Total deposits at end of February amounted to \$1,15 billion.

For further details refer to Donor Contributions link on the UNDG ITF section of the IRFFI web site (www.irffi.org).

UN Secretary-General to convene meeting on the International Compact with Iraq (ICI) in New York on 16 March 2007

Since the high level meeting on Iraq convened by the former UN Secretary-General on 18 September 2006, the International Compact document has been developed through the work of the Preparatory Group of the ICI. In this context the Secretary-General Ban Ki-moon, is convening a meeting to give the Government of Iraq an opportunity to brief governments on the details of the Compact framework, report on the progress made in the implementation of commitments under the ICI, and seek broader support for the Government of Iraq.

The Secretary-General indicated in his quarterly report on Iraq published on 12 March that positive political progress and a reduction of violence are essential preconditions for the success of the Compact.

The UN Assistance Mission in Iraq and the UN Country Team will continue reconstruction efforts wherever possible, including providing support for the International Compact, while also maintaining a strong advocacy role in humanitarian and human rights issues.

Fifth International Reconstruction Fund Facility for Iraq (IRFFI) Donor Committee Meeting in Istanbul, Turkey 20 March 2007

At the invitation of the Government of Turkey the Fifth IRFFI Donor Committee meeting will take place in Istanbul, Turkey on 20 March, 2007.

An expanded briefing for the Iraq Reconstruction Forum will be held on 19 March, to be chaired by H.E. Dr. Ali Baban Minister of Planning and Development Cooperation, where the Government of Iraq will provide details on its reconstruction vision and priorities to a broader group of donors. The International Compact for Iraq and the new National Development Strategy will be presented as well as an update on multilateral contributions to reconstruction from the United Nations and the World Bank. Sectoral and regional views on reconstruction priorities will be given by the Government of Iraq and an update provided on the Donor Assistance Database.

At the 20 March Istanbul Donor Committee meeting, the United Nations and the World Bank will present reports on the activities undertaken under the two windows of the IRFFI- the UNDG Iraq Trust Fund and the World Bank Trust Fund. The Donor Committee will also consider various strategic and policy issues related to the scope and future operations of the IRFFI.

Briefing held in Geneva on the humanitarian situation in Iraq on 2 March 2007

A briefing was convened by Margareta Wahlstrom, Deputy Emergency Relief Coordinator, on 2 March 2007 in Geneva to discuss the humanitarian situation in Iraq. Jean-Marie Fakhouri, DSRSG/RC/Humanitarian Coordinator (HC) for Iraq, provided an overview of the challenges and opportunities for undertaking humanitarian action, and highlighted the possible ways forward with concrete follow-up recommendations. The briefing brought together a number of Member States, including all major donors, Iraq and neighbouring countries, as well as representatives of UN agencies, IFRC, ICRC and several NGOs.

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*Fifth IRFFI /IRFO Meeting
19 - 20 March 2007
Istanbul, Turkey*

Latest News (continued)

Main points of discussion included the lack of security and access to basic social services, which is creating a protection and human rights crisis that is precipitating both internal and external displacements. The regional impact of the humanitarian situation was also emphasized. There was widespread recognition of these problems, and a call for strengthened humanitarian coordination to be facilitated by OCHA in support of the HC and UN country team for Iraq.

Several Governments acknowledged the important role of OCHA in facilitating improved coordination, information management, and advocacy efforts, and pledged their support in this respect. A key outcome of the briefing was a commitment by the HC to lead the UN country team and other humanitarian partners in developing a strategic framework for humanitarian action for Iraq by the end of March, with support from OCHA. In this regard, OCHA has also decided to re-establish an office in Amman, Jordan to provide more sustained support to the HC and the UN country team for Iraq in mounting appropriate responses to the emerging humanitarian situation.

UNICEF issued in February 2007 an update on the Situation of Children in Iraq

In February UNICEF issued a bulletin to partners on the situation of children and women in Iraq and giving an overview of UNICEF's ongoing programmes and impact. It provides a window onto the growing plight of Iraq's most vulnerable citizens and the scale of UNICEF's work to support them.

UNICEF is responding at several levels to Iraq's deteriorating humanitarian situation. On 5 February, Iraq was officially added to the global UNICEF list of emergency countries. This decision, while sad news in many ways, will enable UNICEF Iraq to move even faster to mobilize supplies and implement a large-scale relief operation.

Iraqi women and children are feeling the impact of insecurity and displacement in ever more complex and distressing ways. Displaced families and families living in overwhelmed "host" communities are suffering equally. Of all the issues facing children UNICEF is particularly concerned about the high drop out rates for primary education in the Lower South and South-Centre. Attendance problems continue to be compounded by school closures and other restrictions in Baghdad as a result of ongoing violence there. The most recent reports by some Iraq Ministry of Education officials indicate that attendance rates in some parts of the capital may now be as low as 30 per cent. UNICEF is also concerned about reports that some hospitals are struggling to find supplies to treat patients., and that children's care is being compromised.

Any adequate response must necessarily include both traditional "humanitarian" relief and strategies to help communities to find more sustained solutions. UNICEF's focus will remain on provision of basic social services, both as part of UNICEF's humanitarian response and commitment to the development of

Iraq's communities and civil society.

Publication of Unsatisfied Basic Needs Survey by Ministry of Planning and Development Cooperation and UNDP on 18 February 2007

Steady collaboration between the Ministry of Planning and Development Cooperation and the United Nations Development Programme (UNDP) has resulted in the implementation and launching of the largest ever survey on living conditions in Iraq. The survey was undertaken in 2004 by the Iraqi Central Organizations of Statistics and Information Technology, with the technical and financial support of UNDP. A national team conducted an in-depth analysis of the survey's results, and constructed maps of the levels of deprivation of basic needs, which were categorized into six main fields: education, health, infrastructure, housing, housing environment, and household economic status. The study applied a methodology of measuring the unsatisfied basic needs in describing the level of deprivation in each of the six fields, as determined by the living standards survey of 2004.

This is the first methodological, multidimensional analysis of deprivation in Iraq of its kind; poverty and deprivation were not previously subject to such extensive analysis and research, due to the lack of transparency regarding indicators which directly touch the lives of citizens. The survey indicates that from a middle income economy in the 1970s and 1980s, one third of today's population lives in poverty with five per cent living in extreme poverty.

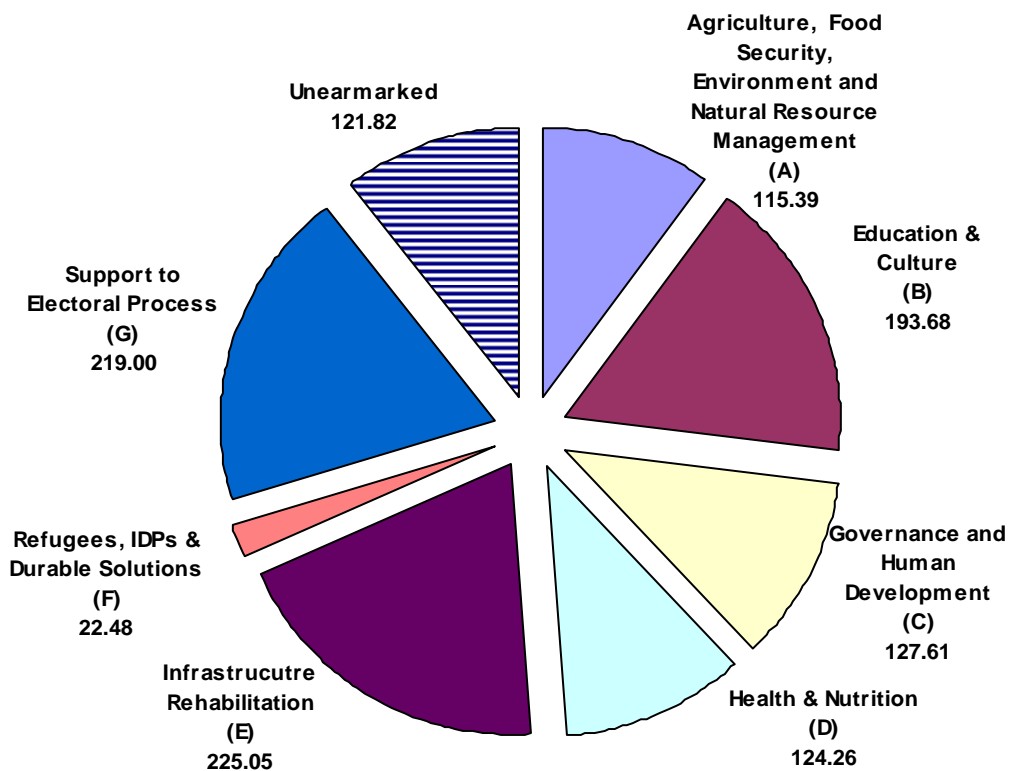
UNDG ITF February Newsletter features UNDG implementation modalities

Given the strong interest of donors in learning more about UN implementation modalities in Iraq, including monitoring and evaluation, this newsletter provides examples from WHO, Cluster F (Refugees, IDPs & Durable Solutions) and UNICEF. The Progress Update on UNDG ITF of 2 March 2007, submitted for the Fifth IRFFI Donor Committee meeting, includes extensive information on similar implementation modalities of the UN Agencies.



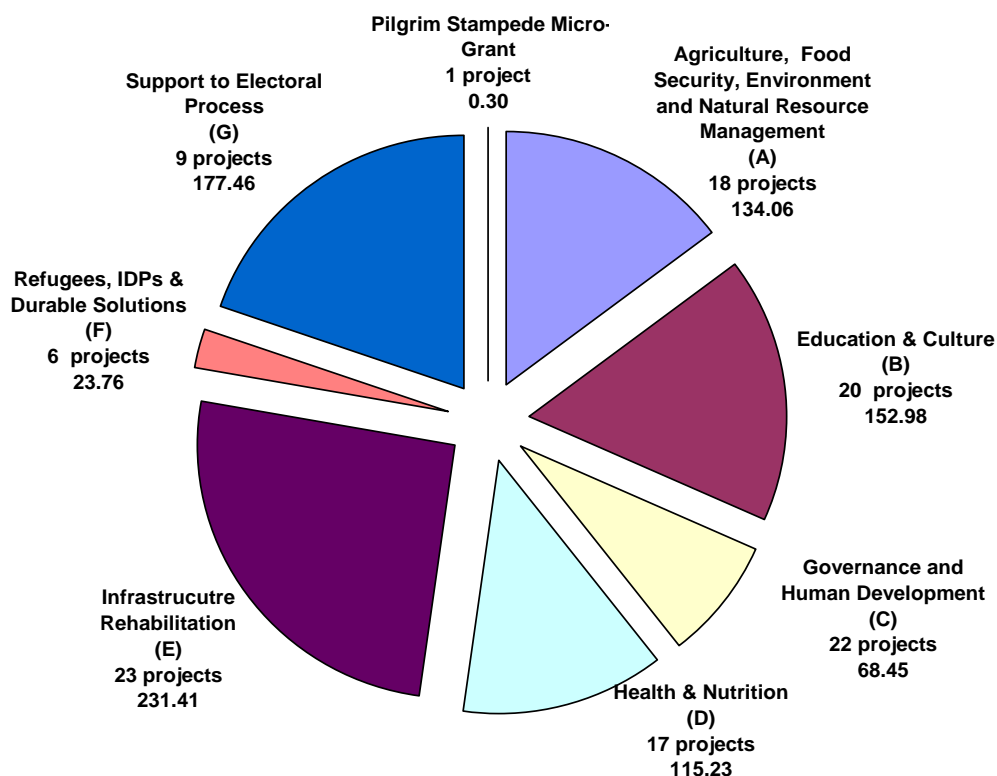
2. FINANCIAL SUMMARY

2.1 Donor Deposits, breakdown by Cluster and Donor (\$US mill)



Donor	Gross Deposit (US\$ mill)
EC	473.49
JAPAN	360.95
SPAIN	62.63
UK	55.54
CANADA	46.40
ITALY	29.78
AUSTRALIA	23.96
DENMARK	12.41
KOREA	11.00
SWEDEN	10.62
GERMANY	10.00
NORWAY	7.01
NETHERLANDS	6.70
FINLAND	6.23
INDIA	5.00
KUWAIT	5.00
QATAR	5.00
USA	5.00
GREECE	3.63
NEW ZEALAND	3.36
LUXEMBOURG	2.32
BELGIUM	1.32
IRELAND	1.23
ICELAND	0.50
TURKEY	0.20
TOTAL	1,149.29

2.2 Approved Funding, breakdown by Cluster and Implementing UN Organization (\$US mill)



Agency	Approved Funding (US\$ mill)	No. of Projects
UNDP	255.05	24
UNOPS	158.59	18
UNICEF	124.12	10
WHO	94.30	13
FAO	75.32	7
UNHABITAT	58.39	8
UNESCO	39.14	13
UNIDO	21.88	5
UNEP	16.61	3
WFP	14.19	2
UNHCR	13.42	4
UNFPA	12.60	1
ESCWA	8.34	4
UNDP/A/EAD	7.80	1
UNIFEM	3.57	2
ILO	0.32	1
TOTAL	903.66	116

3. Implementation Modalities including Monitoring and Evaluation Mechanisms

Implementation Modalities, Monitoring and Evaluation mechanisms of WHO supported Programmes/Projects in Iraq

All programmes/activities supported by WHO, are an integral part of the Ministry of Health & World Health Organizations Joint Programme Review Mission (JPRM) for the biennium (2006-2007). When the work plan for the biennium is developed, also performance indicators are discussed with line ministries' experts. These constitute the benchmarks against which implementation progress is assessed.

Under the JPRM, there are several programmes/projects/activities supported by WHO in some cases with specific monitoring and reporting arrangements. An overview on these monitoring and evaluation modalities is therefore provided by groups of programmes or projects so as to highlight the specificities of each set of activities monitored and evaluated as follows: (a) Immunizations campaigns, (b) Rehabilitation projects, (c) Communicable disease surveillance, (d) Quality of services delivery (procurement of goods) (e) General monitoring

Immunization campaigns

For immunization programmes, there is an Independent Monitoring process which is a joint activity undertaken by WHO, Iraq Red Crescent Society (IRCS) and medical schools. WHO has contracted IRCS to conduct independent monitoring for immunization activities, in particular those that are under the National Immunization Days (NIDs).

Objectives of the campaigns

Active search in the Most Risky Areas to detect and immunize any child left or not reached by the immunization teams during the current campaign; Vaccinate any unvaccinated child; Identify the reasons for failure to vaccinate and immediately feed back to responsible health centre, district and province. Immediate feedback to health authorities in the locality to discuss and solve shortcomings or obstacles revealed by monitoring.

Methodology

All districts are targeted by independent monitoring. In each district 3-4 high risk health centers are selected. This means that the independent monitoring is biased towards high risk and disadvantaged groups. Within each high risk area, the immunization status of at least 30 under five children are evaluated leading to a total of 90-120 children evaluated in each district every day starting from the second day of NIDs. For each day, children monitored are supposed to be vaccinated the day before.

A one page questionnaire is completed for every 30 children and volunteers from IRCS collect data.

District supervisors selected from interested medical schools staff supervise collection, compilation and summary of data; one supervisor is selected for each district.

District supervisors will discuss the finding of monitoring with the

governorate Director General of the Health Department and district directors in the daily meetings to monitor progress of NIDs.

Orientation meetings and training workshops and discussion are held with all supervisors and field workers. Governorates' supervisors are responsible for the training of monitors. Medical schools are responsible for data entry, analysis and the final report writing. The report provides figures by district, governorate and for the whole country. The report shows also reasons of failure to vaccinate.

Lessons learnt

Monitors and supervisors should be well motivated; field oriented and must have good communication skills and sound knowledge of the area.

- Good, detailed and clear micro-planning is essential for monitoring.
- Close coordination, mutual understanding and harmony with MoH is essential for the immediate management of problems.
- Monitors alert health staff at all levels thus improving performance.
- Monitoring is a powerful tool for problem detection and immediate action.
- Independent monitoring of PNIDs, proved its effectiveness in maintaining vitality of the immunization activities.

Whenever the causes of non-vaccination are detected, DOH in all governorates can formulate effective measures to deal with these causes and to find the suitable solutions.

In addition to independent monitoring, WHO has used the following tools to ensure and maintain the quality standards of surveillance activities:

Internal review of Polio eradication activities: by independent internal reviewers, selected from experienced medical schools staff. The selected professionals are trained and provided with standard protocols for field activities that include all hospitals with special emphasis on children hospitals. Internal review findings and recommendations are discussed and agreed upon with MoH concerned staff. Special training and orientation sessions are designed for training of surveillance staff to understand and overcome identified deficiencies and draw backs. Two internal reviews were conducted in 2004 and 2006 and are available.

Annual Accreditation of National Polio and National Measles Laboratories: This is part of the global network for these laboratories. It is done according to standard global procedures including sending of unknown panels and testing all positive samples and a percentage of the negative samples.

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

Both laboratories are now accredited and their results are recognized by WHO global network.

Weekly monitoring of Polio and Measles incidence and surveillance activities performance are measures against a set of standard global indicators. Weekly feed back is sent to all surveillance staff at all levels. There is monthly monitoring of coverage progress among infants by essential vaccines as well as the availability of vaccines and the status of the cold chain system.

Monitoring rehabilitation projects

All rehabilitation projects are implemented based on the Guidelines on physical rehabilitation projects in Iraq agreed upon by the Ministries of Health (MOH) and Environment (MOEnv) and WHO in 2004. These guidelines provide detailed information on how each stage with its micro-steps is dealt with for each WHO supported programme/project with a physical rehabilitation component. These are described in the Progress Update report of 2 March 2007. For each stage, there is a set of information/data and background documents required before the stage can be reviewed by both MOH and WHO monitoring structures in place.

Accountability and Monitoring structures

For any rehabilitation project, regardless its scope, there are always an MOH/Engineering Supervisory Team/Committee and a WHO Engineering Team to oversee the whole process and to supervise project implementation.

In order to ensure accountability at all stages, there is an accountability and monitoring system in each line ministry which is mandatory for WHO supported projects. Within WHO, an accountability and monitoring system is in place and follows each stage of implementation from central level to the project site through a network of Regional and governorate engineer focal points.

WHO does not pay any advance to the line Ministry and every single activity accomplished which requires payment is rigorously scrutinized and reviewed at several levels. In the case of advanced payment to the contractor (if requested and justified), there are also Standing Operating Procedures to be followed before the WHO finance Unit can release funds upon WR approval and the amount will be not more than the preliminary amount for insurance deposited by the contractor as warranty.

The same scrutiny applies to interim payments and final payments. In the latter, there are two specific committees tasked to make the final measurements and approve or reject the contractor's request for final payment in case it is found that the work accomplished is not in compliance, in term of quality and quantity, with the agreed specifications in the BOQs. The first acceptance certificate will be issued by the line Ministry in consultation with WHO.

Monitoring of communicable disease surveillance

Given the threats posed to public health should any major communicable disease outbreak occur, all programmes related to the surveillance of communicable diseases are carefully monitored and each suspect case fully investigated. To achieve such level of confidence in the surveillance system requires good coordination

and communication at all levels and in particular at the district levels. The reporting systems must be sufficiently rapid and sensitive to be able to prepare the required response.

A WHO international public health officer based in Amman coordinates the monitoring of the implementation of communicable diseases activities and provides technical support on a daily basis both at central and governorates levels. Inside Iraq, seven WHO national medical officers (One in Erbil, one in Dahuk, one in Suleimaniyah, one in Mosul, one in Baghdad and two in the South) are following the implementation on a daily basis with continuous coordination with MOH staff at governorate DOH level. There is a network of WHO focal points who send weekly public health reports to WHO Amman in addition to the reports received from CDC Baghdad regarding different activities implemented. This system of double checks assists in making comparison between data/information received from CDC Baghdad and these submitted by WHO focal points and hence allow early detection of potential areas of problems requiring immediate attention.

CDC Baghdad provides WHO with monthly communicable diseases data so that the analysis can be done on the trends of each one of the communicable disease reported on. These data are also important to assess the impact of different interventions supported by WHO

Procurement

To ensure that goods procured are of the desired quality and are properly delivered, installed, commissioned and that proper training for application, use and maintenance is implemented, a number of steps (explained below) are considered.

In order to establish the needs of the Healthcare facilities/Laboratories, a needs assessment is carried out. Extensive consultations between WHO and the concerned healthcare facilities are held to agree on the final requirements and every effort is made to ensure that specifications meet and satisfy users' requirements. General performance oriented technical specifications are written down for all the items of required medical equipment and supplies, including cost estimates, required training package, post-delivery services and suggested suppliers/vendors.

The choice of specific medical equipment takes into account that the more complex an instrument is the more the end-user will depend on the support of a supplier/local agent for installation and maintenance. Hence, choosing High-Technology equipment should be considered only if vendors have capable agents in Iraq or training facilities outside Iraq to train the end-users on clinical and technical applications (Equipment faults could be avoided if the user has clear understanding of the equipment operation).

WHO procedures for tendering and contract awarding are applied to the purchasing and delivery of equipment and supplies.

The vendors are requested to provide technical specification/data sheets for all equipment components and supplies, including description of all major features and performance specifications, as follow:

Manufacturer and model name;

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

Physical, environmental, and electrical utility requirements (i.e. steam, medical gas, vacuum requirements); and

Physical dimensions and weight of the unit.

The vendors are requested to provide the Quality assurance and Quality control for all supplies and equipment procured.

All procured consignments are covered by insurance valid for 90 days from date of arrival to Iraq till duration of 1 year less one day).

For procurement of laboratory equipment the vendors are requested to provide lists for reagents, consumables, and disposables including pricing.

Procured supplies should have A MINIMUM 75% of MAXIMUM shelf life at date of shipment.

WHO facilitates direct communication between vendors and end-user to ensure that manufacturer's pre-installation requirements on the newly procured equipment are met.

Receiving reports for consignments procured and delivered to end users in Iraq are issued and compiled and reviewed by WHO Country Office and thereafter submitted to WHO Regional and HQ offices acknowledging safe receipt and satisfactory functioning of the equipment and supplies.

One year warranty from date of arrival/installation is provided by the manufacturer for all items procured. During this period WHO field staffs conduct site visits to assess the performance of the equipment provided as well as to check and assess for any fault and malfunction and report accordingly.

General Monitoring

WHO maintains close collaboration with all Iraqi key partners (MOH, other line Ministries and technical team at the end-user/beneficiary sites/facilities) and engages them in each step from project proposal formulation till final execution of the project components.

WHO implements through line ministries' staff, WHO international and national staff, private contractors, regional authorities and ensures involvement of community and religious leaders. Implementation of projects is guided by the Project Steering Committee (PSC) which is composed of representatives (senior officials) of the line ministries, WHO and other UN agencies in case of multi-agency and multi-ministries involvement as it is the case for instance for Food safety project. In most of cases, in addition to the PSC, there is a line Ministry team tasked to monitor the project implementation. The team works closely with WHO relevant national officers and WHO focal points inside Iraq tasked to monitor the implementation with defined responsibilities and roles.

In terms of the rehabilitation works, WHO in coordination with line Ministries prepares all the drawings, bill of quantities and the bidding documents. The line Ministry announces the tender in Iraqi local newspaper, after receiving offers from local contractors and the offers pass through several committees (Bid opening, analysis and review committees), then a double check has to be done by WHO Technical staff at the field level and then by WHO Country Office in Amman where all documents are scrutinized by the Technical team led by the Technical Officer in charge before submitting the project documents to WHO Representative for ap-

proval. This is to ensure that all the process is done according to both WHO and Ministry rules and regulations and are in accordance with the guidelines for rehabilitation projects.

During the project implementation, both WHO and line Ministries engineer teams supervise and monitor the works.

For the procurement of goods, this is done through procurement section at either WHO country, regional and HQ offices depending on the amount of money involved and availability of required supplies on the local market. The procured goods are shipped to Iraq through Jordan and the installation is the responsibility of the suppliers with supervision from both WHO and the line Ministries

WHO Supervisory Teams and focal points are in daily contacts with line ministry teams at central and governorate levels. This is in addition to ad hoc visits to the project sites to monitor and provide technical advice to ministries staff. Monthly meetings and reporting are conducted to update on the implementation status of the project components.

Regular meetings of the PSC are held in Amman according to the frequency established for each project (generally every six months). Also, technical project review meetings are conducted in Amman between WHO and line ministry technical teams involved in the implementation. This is in addition to meetings held with Ministry officials during project related capacity building activities conducted in Amman.

Many ad hoc meetings are also held with high level officials of the line Ministries to follow-up on the project implementation and decide on any required corrective measures. WHO in consultation with the counterparts facilitate the implementation of training of trainers programs outside Iraq where the participants become trainers for the technical staff inside Iraq. Such approach was used in many of WHO/UNICEF projects and it is considered one of the success stories in terms of implementation approaches. WHO is using different innovative communication modus operandi such as Tele/video conferencing and enhanced access to internet which facilitate interactions despite the current security strains.

Monitoring Reporting requirements

There are regular reports that the monitoring teams must submit to WHO through the WHO regional focal points. These include daily and weekly progress reports which provide systematic information on:

- Rate of implemented work against the initial bill of quantities (BOQs)
- Joint supervision by line Ministries and WHO engineering teams to ensure that the contracted specifications had been implemented.
- Measurements to ensure that only actual executed quantities of work will be paid for

Any suggestion to change the specifications must be supported by a strong justification and the subsequent implication on the overall cost must be agreed upon after negotiation

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

of the new prices based on local market survey. Evidence of the work progress through photos and video films (time to time so as to show the progress before, during and after implementation has also to be provided.

Cluster F (Refugees, IDPs and Durable Solutions) Implementation Mechanisms (based on input by IOM, UNOPS and UNHCR)RMO

Since 2003, humanitarian actors in Iraq faced a difficult and extremely unusual operational environment: insecure, unpredictable and highly politicised. In response, agencies have adopted – to varying degrees – remote management practices. While remote management modalities vary, Cluster F agencies recognize the need for close monitoring and evaluation of humanitarian operations, as well as consistent interagency management mechanisms.

Monitoring and evaluation, integral components of sound project management, are greatly affected by the absence of international staff inside Iraq. Agencies engaged in remote implementation realized that the role of an independent international expert to monitor progress, evaluate results and assess impact cannot be easily transferred to local actors, and have been refining tools to address these challenges and gaps. Local partners and colleagues contribute to project development and implementation through their commitment to achievement, knowledge of the region and access. However, monitoring and evaluation requires an independence and distance which may prove difficult, even risky, for local colleagues in the event of disputes.

On 22 February 2007, UNHCR convened a Remote Management Operations Workshops in Geneva, focusing on reviewing and enhancing humanitarian delivery inside Iraq. Participating Cluster F member agencies included IOM, UNICEF, OCHA, WHO and WFP as well as key partners such as ICRC, IFRC and NCCI. The workshop investigated existing best practices for remote management and identified effective solutions to existing challenges, especially in relation to collaboration, communication and coordination and with particular focus on increasing support to national staff and implementing partners inside Iraq.

The level and success in programme delivery remains a function of (i) access, (ii) presence of strong international NGOs and national NGOs, (iii) appropriate monitoring and evaluation mechanisms, (iv) availability of resources; and (v) innovative and flexible approaches to local conditions in light of existing security measures. *Constraints* for remote management of operations include: security and access; turnover of government staff; difficulty in data collection and analysis; limited in-person interaction, with national staff working from home; the lack of a functioning banking system; monitoring (notably, delays in identifying solutions and identifying the vulnerable) and power and other services cuts. *Prerequisites* for effective remote management operations include a minimum level of security, good communications, electricity, fuel, experienced staff and reliable counterparts.

In light of the available limitations and needs inside Iraq, agency *best practices* relating to the implementation of projects include: home offices (with each staff member having their own internet facility and fax); absence of markings/emblems on equipment and locations; strong communications with central, regional and local government authorities and other relevant stakeholders (e.g. tribes), as well as with respective Head Offices in Amman and Kuwait; and continuous reporting systems.

Monitoring and Evaluation by Independent Contractors

In order to meet these challenges, Cluster F agencies have introduced independent monitoring to many projects. A qualified international agency, capable of carrying independent monitoring, evaluation and impact assessments is identified, and contracted through a competitive bidding exercise. The contractor reports to agency management in Amman or Kuwait, and is tasked to visit project sites and carry out assignments on behalf of the (remote) Project Manager. Hiring independent contractors to verify the work of the implementing partners is a cross-verification method that will be employed as and when necessary to support the highly qualified national staff, who have proven to be capable of direct supervision of the projects (when possible) while agency international staff is outside of Iraq. Independent contractors can also be used for evaluation purposes.

Independent contractor arrangements have allowed agencies to maintain perspective on developments and achievements on the ground, not only improving capacity to respond to problems, delays, changed circumstances and to draw lessons learned for future activities, but also to document results, achievements and the impact of donor funding in Iraq.

Monitoring and Reporting by Implementing Partners

Since project implementation in Iraq is limited by the security restrictions on staff movement in Iraq, several methods are being adopted to ensure effective implementation, including regular project monitoring:

Agencies carefully select implementing partners based on factors including their credibility, international and in-country knowledge and operational experience and demonstrated implementing capacity inside Iraq.

In grant agreements, milestones are set throughout the project upon which progress is measured and payment instalments are released.

When safe for implementing partners or participants, digital pictures of the different stages of the project will be taken to document project activities and results.

Rolling payments disbursed during the project implementation are contingent upon monitoring and reporting in accordance with established targets.

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

Upon the completion of the project, a final report will be produced including both project activities and financial situation. The report will be submitted to the donor and other concerned stakeholders, where applicable and produced following standard formats.

In addition, Implementing Partners (IP) are required to supply reports in addition to the standard reporting requirements, such as:

Monthly Progress Reports against performance indicators;

Photo albums and at times video films;

Monthly Statistical and Analytical Reports by LAICs;

Monthly IDP Profiles;

Quarterly Monitoring and Needs Assessment Reports on IDP-impacted and selected return areas; and Needs and Intentions Surveys.

IPs are also required to submit official certificate/attestation from local authorities on satisfactory completion of works and achievement of expected results.

Increased Deployment and Visibility inside Iraq

In 2006, UNHCR's oversight and monitoring ability was considerably increased in the three Northern Governorates by permanently deploying one international staff in Erbil and establishing UNHCR Sub-Office in the UN New Compound. With the adoption of new and more flexible approaches to security rules, agency national staff in Northern Iraq and parts of the South are conducting more frequent field visits and will be increasingly involved in needs assessment, monitoring and evaluation activities. In addition, international staff undertake regular missions to the North for coordination and monitoring purposes, and more frequent missions to Baghdad.

Ways Forward in 2007

For 2007, humanitarian agencies inside Iraq have defined a clear operational strategy and tried to formulate achievable and measurable targets to better apply results-based programming. This facilitates monitoring of implementation progress and evaluation of project impacts. Agencies will also reinforce and increase mechanisms for monitoring and evaluation, including:

Training of IP staff in monitoring and evaluation in order to establish a network of skilled monitors and a peer monitoring among IPs.

The effectiveness of joint monitoring teams, composed of representatives of the local authority, beneficiaries, an external NGO and the Cluster F agency will also be tested.

At mid-year and end-year, certain agencies will contract a private firm for independent evaluation of the achievements and impact of projects.

Certain agencies will hire a reputable audit firm to audit all sub-agreements.

Agencies may request intra-agency support in providing additional tools and ideas based on previous experiences in remote management operations.

IPs may be required to provide beneficiary testimonials of achievements.

Agencies may also request internal evaluation of operations in Iraq to record lessons learned and best practices for the benefit of similar future operations or to adjust ongoing projects, as necessary.

UNICEF Operational Modalities in Iraq 2004-2007: Overview

In light of the ongoing security challenges in Iraq, which began with the August 2003 bombing of the UN building in Baghdad and thereafter steadily declined the Iraq country office was continuously challenged to develop and implement new and effective operational modalities to allow UNICEF to continue to deliver a national programme of assistance for children on a substantial scale [approximate annual throughput of 100 Million US\$ in 2003/4/5] while ensuring least exposure of national staff and safeguarding the transparency and integrity of processes.

In many ways, UNICEF provided leadership to the other UN Country Team (UNCT) Agencies engaged in humanitarian response, reconstruction and development activities- to re-think previous modus operandi and establish effective ways of delivering assistance despite the unprecedented challenges. This prominently includes:

1. A trusted national network of Iraq-based facilitators:

UNICEF has contracted over 100 Iraqi professionals inside Iraq as programme facilitators, with a number working directly for each programme sector. These Facilitators were selected from a pool of recently-separated UN staff (primarily UNICEF staff) who had worked for the Oil for Food Programme (OFFP).

The reach of these Facilitators is truly nationwide, with each assigned specific governorates to cover through regular travel and liaison with local councils and other authorities.

Facilitators are tasked to monitor delivery of supplies, safe transfer of cash assistance, completion of locally-contracted operations and liaison with key authorities and communities. They also monitor the quality of assistance reaching the children.

Specialized Engineer Facilitators are also able to monitor and assess the quality of Iraq-based reconstruction and rehabilitation works. Assessments are done jointly with technical staff from the relevant government department, including a minuted handover process, documentation of completed work (through photography showing "before" and "after" rehabilitation) and a certifying letter from the Governorate as well as

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

the Government of Iraq (GoI) partners addressed to UNICEF. Payments are processed based on UNICEF's receipt of all the above documents.

Facilitators also act as effective "eyes and ears", gathering information on key emerging issues, keeping UNICEF in close touch with developments on the ground and assisting in the refinement of programmes. Through the work of the Facilitators, all ongoing programme implementation has been monitored, despite the extremely difficult programme environment. Certification of work, e.g. in the reconstruction/rehabilitation of water and sewage plants, has enabled prompt payments and timely completion of projects.

In 2007, UNICEF's Baghdad-based national staff were redeployed to Erbil, Basra and Iraq Support Center in Amman (ISCA) Office. Overall verification, certification and reporting processes were revised to allow the most senior Facilitators having the responsibility to verify the accomplishment of different programme activities with supporting written and visual documentation.

UNICEF is in the process of evaluating this already successful modality with a view to drawing lessons from the process and expanding the network to meet Iraq's growing needs.

2. Flexible approaches to supply and logistics:

(a) Delivery mechanisms

During 2005 and 2006, an annual supply throughput of about US\$ 62 million and over US\$ 15 million in infrastructure reconstruction activity was provided to support programme delivery. Working from a distance, with minimal staff support inside the country, has made this one of the most challenging operations that UNICEF has handled globally.

A system was established for direct delivery of supplies from ports of discharge in neighboring countries (Aqaba in Jordan and Mersin in Turkey) to all 18 Iraqi Governorates under a "Through Bill of Lading", thereby keeping provision of UNICEF Global Insurance intact and saving significant amounts in transit insurance and trans-shipment. UNICEF also signed a Standard Operating Procedure (SOP) with the local Clearing and Forwarding agent based on the same terms and conditions as the Global Forwarder (K&N – Kuehne Nagel) agreement, allowing pricing for UNICEF to remain competitive.

As the security situations deteriorated further in 2005 and 2006, UNICEF increasingly routed incoming goods directly to the partners in the Governorates, instead of through UNICEF warehouses or through the central warehouses of the ministries.

Consignee Signatory Panels were established within the GoI partners to provide Proof of Delivery (POD) at the Governorate/Directorate level, enabling safe delivery of supplies to the 18 Governorates, instead of central delivery in Baghdad and redistribution via secondary transportation means as formerly practiced. This not only resulted in speedy deliveries to the Gover-

norates but also reduced transportation cost. Staff in Governorate warehouses have also been authorized to receive goods and certify Transporters' Cargo Movement Report (CMR)/Waybills to be used as POD.

Four neighbouring countries are used as corridors, particularly Mersin (Turkey) and Aqaba (Jordan). The cost of freight and inland transportation is cheaper through Aqaba port; however the security situation in Anbar remains a major constraint to this route. Other overall challenges include congestion within ports, which can result in delays in clearance and demurrage charges. UNICEF continues to assess the security situation on a daily basis before any movement of goods into Iraq.

To enhance procurement inside Iraq, market survey and enlistment of new suppliers were undertaken in the North as well as Central Baghdad at the end of 2006. Since the Erbil office is operational, UNICEF has also increased its local procurement in the North. Inflation remains a concern for local procurement. In the future, UNICEF is planning to initiate bidding electronically for suppliers mainly from inside Iraq and from the Region. This process will reduce the bidding time in addition to also reducing dependency on courier services in the event the situation deteriorates further.

UNICEF has entered into Long Term Arrangement with several Transportation Companies in Baghdad, Basra and Erbil to transport supplies from UNICEF warehouses. Contracts are continually revised to reflect rising fuel prices. UNICEF is also exploring "Direct Ordering (DO)" for procurement of supplies by utilizing its Copenhagen based Supply Division - managed Long Term Agreements.

(b) Warehousing

UNICEF maintains three warehouses with pre-positioned supplies inside Iraq (Baghdad, Basra and Erbil) and one outside (Zarqa in Jordan).

In September 2006, the UNICEF office and its warehouse in Erbil were relocated into the UN common premises. This has resulted in easy secure access to pre-positioned supplies as well as a reduction in operational costs. The warehouse in Basra is critical to supply the South, but remains costly (about US\$ 12,000 per month). Cheaper options are being explored but have not yet been identified.

The Baghdad warehouse is managed by UNICEF Facilitators. The authority of opening the warehouse for any activity has been delegated to the Chief of Supply & Logistics along with the security officers. In order to ensure integrity of the process, a double locks system has been put in place with each Facilitator holding the key for one lock.

UNICEF also maintains temporary transit storage in Baghdad in the form of refill-able containers. Stocks are released and delivered to beneficiaries without having to go through the full

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

security clearance necessary for opening the warehouse. This approach has proved particularly rapid and effective for the delivery of urgent humanitarian aid. UNICEF continues to rent and maintain its transit warehouse in the Zarqa free zone for pre-positioning of emergency supplies.

3. Innovative contractual and bidding procedures:

Apart from the large supply needs, the Iraq Programme is confronted with huge demand for rehabilitation work in all sectors demanding extensive efforts to obtain, assess and award bids for a range of contract types.

Introduction of new modalities for bidding and issuance of institutional contracts inside Iraq were well established by the second quarter of 2004, managed through use of an international courier service company. The steps under this new arrangement are provided in the Progress Update of 2 March 2007. Bills of Quantities (BOQ) are prepared inside Iraq jointly by the government engineers at the Governorates and the Iraqi engineers working for UNICEF under an institutional contract. These are costed jointly by the government and UNICEF-contracted engineers. The BOQs are shared with ISCA office where technical assessment and costing is verified. The BOQs are then referred back to the relevant ministries in Baghdad where the ministry verifies it to be in line with the government policies/ procedures/ specifications etc. The ministry certifies the BOQs and shares these with UNICEF for bidding. The ministry certified BOQs are passed on to the Contracts unit for bidding. A pre-qualification process was established in 2004 to evaluate the capacity of contractors/suppliers and NGOs. Bidding documents are delivered to Iraq by an international courier service in sealed envelopes to the pre-qualified companies.

The bid responses are subsequently collected in Iraq by international courier in sealed envelopes and delivered to UNICEF Amman office for further action. UNICEF follows its standard procedures for procurement which includes public bid opening, and award of contracts. The Governorate partners are informed of the Contractor who will execute the work. After the award of contracts, the supervision and monitoring of the project is undertaken by Gol partners and UNICEF Facilitators. Usually a 3 to 5 member independent committee is formed at the Governorate level to monitor the progress. This committee also verifies and certifies the work. After completion, a handover committee is responsible to undertake the quality control and certify completion of work before processing payment.

Costs of rehabilitation projects in 2006 have increased by approximately 50% as compared to 2003. UNICEF is in the process of revalidating the credibility of the contractors through the Gol and the municipalities, to prevent sub-contracting and ensure that work is completed as per terms and conditions. All payments to the Iraqi contractors are currently made in Amman. This so far has not been a problem as all the Iraqi companies working with UNICEF travel to Amman frequently.

4. Establishing secure payment mechanisms:

The banking system in Iraq effectively collapsed in late 2003. As a result, UNICEF had to look for alternative ways of making payments in Iraq. Risks and costs of available options were evaluated and the following methods of payments were adopted:

Money Supplier: a Money Supplier is selected through a competitive bidding process, and a contract is signed with the Money Supplier. Under this system UNICEF requests the Money Supplier to pay a specific amount to a specific person/institution in Iraq. The Money Supplier makes the payment, and submits proof of payment to UNICEF. UNICEF reimburses the Money Supplier - the amount paid plus an agreed amount of commission. Payment can be made both in USD or local currency.

Citibank - Cash: an agreement is signed with the Citibank in Amman to make cash payments in Iraq. Citibank makes the payment based on a written request from UNICEF.

Bank Accounts in Iraq and Amman: UNICEF maintains a USD and local currency account with a bank in Baghdad. Accounts are also maintained with Citibank in Amman. Most contractors and some suppliers and counterparts are paid through the Citibank Account in Amman.

5. Expanding national partnerships

a. The government of Iraq:

UNICEF's programmes are planned jointly with the Gol and the Kurdistan Regional Government (KRG). The Gol has just co-signed the new country programme for the period 2007-10 and, based on the same, the detailed Gol/ UNICEF annual work plan for 2007;

However, the programme delivery mechanisms are flexible, involving counterparts both at the central level but increasingly so at the decentralized governorate/ sub-governorate levels given serious decline in security conditions.

Regular meetings take place between UNICEF and key Gol/KRG partners both in Amman and in Erbil using Radio and Tele link, video/Audio conferencing and face to face meetings. This allows for close-to-optimal co-ordination of plans and ownership of programmes. Programme status is regularly reviewed through the year and course corrections made as necessary.

b. INGOs/NGOs/Civil society groups:

During emergencies, in addition to the Government's outreach system, UNICEF's key operating partner has so far been the Iraqi Red Crescent Society (IRCS), which has a national reach, proven delivery mechanisms and an operating umbrella of impartiality. UNICEF has invested significant energy in boosting the capacity of its NGO partners, particularly the IRCS, to be able to plan, co-ordinate with the UN, evalu-

3. Implementation Modalities including Monitoring and Evaluation Mechanisms (continued)

ate activities and deliver even more support to families. UNICEF's partnership with the IRCS has allowed essential humanitarian relief to reach displaced families and other communities in distress, even in insecure or remote areas.

However, the growing threats to humanitarian space and the corresponding increase in constraints to operations for all major organizations inside Iraq have led UNICEF to seek out broader alternatives for humanitarian response.

As is widely known, Iraq's civil society is still extremely under-developed after decades of under-support. Despite this, UNICEF is strengthening its co-operation with a range of civil society partners who have been vetted by a process involving Facilitators, GoI, the IRCS, the NGO Co-ordination Committee in Iraq (NCCI) and other trusted partners. Through this process, UNICEF is actively looking to expanding its intelligence on community-based organizations and strengthening its local partnerships, to enable supplies and other critical assistance to reach children in the event that government and existing partners are unable to deliver as in the past.

This "community-based" approach will become increasingly important as a strategy to ensure an adequate humanitarian response for displaced families and other vulnerable groups in 2007 and beyond.

UNICEF's Evaluation of the Integrated Basic Services Project (IBSP) in Iraq

Background. The Integrated Basic Services Project, funded by the UNDG ITF, aimed to improve quality and facilitate access to education, health and water and sanitation services around 110 disadvantaged schools in six governorates (Basrah, Missan, Thiqr, Wassit, Erbil and Baghdad). Using an integrated approach, partners of the project intended to increase synergy between schools, Primary Health Centers (PHCs) and water distribution networks to reduce incidence of disease and increase school attendance particularly of girls. The project components included upgrading school facilities to Child Friendly School standards, health screening, rehabilitating PHCs and water treatment and distribution facilities, provision of essential vaccines and basic medicines and strengthening cross sector awareness (linkages) through support for Parent Teacher Associations (PTAs), training for teachers and PHC staff, and hygiene promotion.

Methodology. An external team, including the National Centre for Consultancy and Management Development of the Ministry of Planning and Development Cooperation and an international consultant, designed the evaluation strategy and tools. The team collected data from December 2006 to February 2007 and compiled findings by governorate, allowing extraction of lessons and good practices relative to the unique contexts.

Findings. The project established a respectable foundation for achieving stronger linkages between the basic services supporting children and the communities. General benefits noted by interviewees included the following:

For schools and PHCs - Improved working environments due to the supplies received and rehabilitation conducted; Increased service utilization reflected by increase in attendance rates

Increased immunization coverage and frequency of antenatal check-ups as well as reduction of morbidity related to diarrhoeal diseases in several project areas.

A significant degree of beneficiary satisfaction indicated by happiness of students and community satisfaction with PHC services and access to safe water.

Enhanced awareness towards integrated services for local area development amongst all partners.

Suggestions for Improvement from Stakeholders

Time frame: The six month time frame for the project was not adequate for implementation of a complex project in the volatile and changing context of Iraq. Activities, particularly rehabilitation, capacity development and community involvement, required more time for completion. Time must be allowed for sufficient consultation with stakeholders at all levels and through all stages of project development and implementation, and flexibility is needed to adjust activities to changing circumstances in view of area specific constraints and facilitating factors.

Coordination and Monitoring: Strong coordination is required between services to achieve synergy. Stakeholders such as teachers, parents, local councils and governorate staff can undertake specific responsibilities to strengthen proper implementation and monitoring to ensure that standards are met efficiently and to improve communications across the services.

Utilization of Services: The linkages between services require continuous assessment in order to address possible extenuating factors - fluctuating availability of electricity; increase in student numbers; presence of several shifts in schools; the rudimentary infrastructure in the schools; and lack of basic services such as sewage systems in some governorates.



Fifth IRFFI /IRFO Meeting

19 - 20 March 2007

Istanbul, Turkey

4. PROJECT COMMITMENTS & DISBURSEMENTS

Implementing UN agencies have to date **legally committed \$703.5 million** and **disbursed \$599 million of total approved funding (which amounts to \$903.66mill for the implementation of 116 projects)**. Tables 4.1 and 4.2 provide a summary of project commitments and disbursements by UN Cluster and Participating UN Organization, respectively. Figures for the period February 2007 are based on latest available information from various operational units of the Iraq UN Country Team and provide updates on the progress made in 2007. **As of end February 2007, agencies' average commitment and disbursement rates amount to 78% and 66% of approved funding, respectively.**

Table 4.1 CLUSTER COMMITMENTS AND DISBURSEMENTS SUMMARY, US\$ 000s

		2004-2006		2007		TOTAL		
CLUSTER	APPROVED FUNDING	July 2004-End December 2006 ACTUALS		January 2007 - End February 2007 ACTUALS		July 2004 - End February 2007 ACTUALS		
		COM ^A	DISB ^B	COM ^C	DISB ^D	COM	DISB	
A	Agriculture, Food Security, Environment and Natural Resource Management	134,055	91,592	66,280	3,376	3,289	94,968	69,569
							71%	52%
B	Education and Culture	152,984	122,510	97,389	4,953	1,874	127,464	99,263
							83%	65%
C	Governance and Human Development	68,449	30,391	29,333	1,777	1,686	32,167	31,020
							47%	45%
D	Health and Nutrition	115,232	85,575	69,482	546	2,211	86,121	71,693
							75%	62%
E	Infrastructure Rehabilitation	231,414	173,038	140,437	1,777	2,994	174,815	143,431
							76%	62%
F	Refugees, IDPs and Durable Solutions	23,765	21,645	20,875	1,496	0	23,141	20,875
							97%	88%
G	Support to Electoral Process	177,457	164,449	162,277	118	218	164,567	162,496
							93%	92%
	* Emergency Response Pilgrim Stampede Micro-Grant	300	274	261	21	0	295	261
							98%	87%
TOTAL		903,656	689,473	586,335	14,064	12,273	703,537	598,607
							78%	66%

* Humanitarian Emergency Project funded from Fund Earned Interest

NOTES:

A/ Legally binding contracts signed in 2004, 2005 and 2006 (including multi-year commitments which may be disbursed in future years)

B/ Disbursements made in 2004, 2005 and 2006

C/ New legally binding contracts signed in 2007

D/ Disbursements made in 2007 (including disbursements made against outstanding 2004 and 2005 commitments)

Table 4.2 AGENCY COMMITMENTS AND DISBURSEMENT SUMMARY, US\$ 000s

AGENCY	APPROVED FUNDING	2004-2006		2007		TOTAL	
		July 2004-End December 2006 ACTUALS		January 2007 - End February 2007 ACTUALS		July 2004 - End February 2007 ACTUALS	
		COM ^A	DISB ^B	COM ^C	DISB ^D	COM	DISB
ESCWA	8,340	5,107	3,616	225	94	5,332	3,710
						64%	44%
FAO	75,322	55,049	33,393	1,675	2,483	56,724	35,876
						75%	48%
ILO	321	315	316	0	0	315	316
						98%	98%
UNDP	255,048	181,047	164,754	708	1,290	181,755	166,045
						71%	65%
UNDPA/EAD	7,802	6,710	5,310	25	25	6,735	5,335
						86%	68%
UNEP	16,605	15,737	13,192	0	292	15,737	13,484
						95%	81%
UNESCO	39,139	27,099	23,091	1,376	386	28,475	23,476
						73%	60%
UNFPA	12,603	9,146	6,382	30	76	9,176	6,458
						73%	51%
UNHABITAT	58,393	48,061	37,587	2,279	3,315	50,340	40,902
						86%	70%
UNHCR	13,423	11,927	11,799	1,496	0	13,423	11,799
						100%	88%
UNICEF	124,125	101,447	73,652	3,113	963	104,560	74,616
						84%	60%
UNIDO	21,876	7,650	7,166	1,026	468	8,676	7,634
						40%	35%
UNIFEM	3,575	3,386	3,386	0	0	3,386	3,386
						95%	95%
UNOPS*	158,588	133,761	130,805	2,103	1,068	135,864	131,873
						86%	83%
WFP	14,194	12,169	7,659	-575	167	11,595	7,826
						82%	55%
WHO	94,304	70,862	64,226	585	1,645	71,446	65,871
						76%	70%
TOTAL	903,656	689,473	586,335	14,064	12,273	703,537	598,607
						78%	66%

* includes Humanitarian Emergency

NOTES:

A/ Legally binding contracts signed in 2004, 2005 and 2006 (including multi-year commitments which may be disbursed in future years)

B/ Disbursements made in 2004, 2005 and 2006

C/ New legally binding contracts signed in 2007

D/ Disbursements made in 2007 (including disbursements made against outstanding 2004, 2005 and 2006 commitments)

5. CONTRACTS AWARDED UNDER UNDG ITF-FUNDED PROJECTS

Table 6.1 Value and Number of Awards by Country US\$ (as posted on website www.irffi.org)

VALUE AND NUMBER OF AWARDS BY COUNTRY										
Country	July- Dec 2004		Jan- Dec 2005		Jan-Dec 2006		Jan - Feb 2007		Total 2004 - 2006	
	Awards	Amount	Awards	Amount	Awards	Amount	Awards	Amount	Awards	Amount
Australia	1	15,664	2	473,222					3	488,886
Austria	4	641,557	13	4,469,176	2	124,812	1	28,715	20	5,264,260
Bahrain			7	2,337,656					7	2,337,656
Belgium	1	22,500,000							1	22,500,000
Canada			4	187,228	1	12,000			5	199,228
China	20	34,872,695	9	13,464,478					29	48,337,173
Croatia			1	11,780					1	11,780
Cyprus			3	219,835					3	219,835
Czech Republic	1	287,522	2	5,980,425	1	23,681			4	6,291,628
Denmark	8	11,118,139	17	20,588,584	15	737,367			40	32,444,090
Egypt	11	210,364	23	895,763	2	40,927			36	1,147,054
Finland			2	211,154					2	211,154
France	4	210,377	21	1,857,513	3	654,094			28	2,721,984
Germany	9	1,473,443	60	6,504,379	19	11,482,237			88	19,460,059
India	1	26,496	10	1,859,428					11	1,885,924
Indonesia			1	112,000	1	2,948			2	114,948
Iran (Islamic Republic of)	1	56,980	3	55,635					4	112,615
Iraq	78	8,128,524	458	49,108,686	177	25,890,986			713	83,128,196
Ireland			2	79,696					2	79,696
Italy	6	1,603,691	30	7,459,626	5	174,317			41	9,237,634
Japan	8	17,317,159	20	52,053,602	6	342,219			34	69,712,980
Jordan	51	6,295,890	127	12,574,369	110	1,049,459	8	89,846	296	20,009,564
Kenya			1	284,457					1	284,457
Kuwait	1	304,750	13	3,623,003					14	3,927,753
Lebanon	3	2,637,565	13	2,263,206					16	4,900,771
Liechtenstein	1	22,700,000							1	22,700,000
Morocco			1	16,400					1	16,400
Netherlands	10	1,784,903	22	4,125,272	5	975,210			37	6,885,385
New Zealand	1	160,997							1	160,997
Norway	1	41,000			1	4,962			2	45,962
Oman	4	493,485	6	1,457,456	4	489,610			14	2,440,551
Other			1	44,632					1	44,632
Pakistan			1	15,062					1	15,062
Saudi Arabia			4	314,019	1	153,000			5	467,019
Slovenia			2	380,980					2	380,980
South Africa			3	42,188	1	6,700			4	48,888
Spain			2	150,595	1	24,623			3	175,218
Sudan			1	78,975					1	78,975
Sweden	2	12,680,046	3	106,731	4	166,529			9	12,953,306
Switzerland	5	184,332	25	2,069,252	1	27,660			31	2,281,244
Syrian Arab Republic			3	463,061					3	463,061
Thailand	1	8,221	1	43,836					2	52,057
Tunisia	2	38,650	2	47,340					4	85,990
Turkey	6	2,446,956	1	452,500					7	2,899,456
United Arab Emirates	1	32,500	7	41,390,975	5	100,142	1	2,760	14	41,526,377
United Kingdom	23	14,596,065	57	37,540,997	27	2,271,854	1	65,490	108	54,474,406
United States	8	1,562,414	18	7,821,762	8	249,642	1	9,800	35	9,643,618
Total	273	164,430,385	1,002	283,236,934	400	45,004,979	12	196,611	1,687	492,868,909

To date, contracts for a total value of \$ 493 mill awarded to Suppliers from 47 countries are posted on the IRFFI web-site.

Contract award details, procurement method, for what, to whom, when and for how much posted on the website