## Health Facility Expansion/Renovation

### Basic Information:

1. Ministry name: 2. Project Name:

3. Health center/hospital location: □Urban □Rural4. Please select the Governorate, and write down District, Sub-district and the Village of the project location:

Governorate: □Erbil □ Sulemani □ Dohuk □ Garmian □Rapareen □ Region

District:

Sub-district:

Village:

Collective Town:

5. GPS Coordinates (*if known*) Latitude: Longitude: □ Not Known

6. What type of project is this?

□Renovation □Expansion

7. What type of health facility is this currently?

□ Branch/Sub-Center □ Main PHC □ Family Center

□ Specialized medical center □ Hospital □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If you know the type of facility by its letter code, please indicate that here:

□ A □ B  □ C □ D □ E □ F

9. What will the health facility type be after expansion/renovation (*if differen*t):

□ Branch/Sub-Center □ Main PHC □ Family Center

□ Specialized medical center □ Hospital □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If you know the type of facility by its letter code after expansion/renovation, please indicate that here (*if different*):

□ A □ B  □ C □ D □ E □ F

11. Does this health center/hospital currently provide more than general health service (primary care)?

□ Yes□ No

12. Please check all other services that are currently offered at this health center/hospital:

□ Vaccination □ Injection □ Oral Rehydration Salts □ Growth Monitoring □Radiology □ Family Planning □ Maternity (labor & delivery) □ Mental Health Management □ Hypertension Screening □ Surgery □ Diabetes Screening □ TB treatment □ Dental □ Vision □ Lab services □ Emergency Services □ Health Education □ Pharmacy □ Other:

13. Please check all the services that will be offered at this health center/hospital after expansion/renovation (*if different*):

□ Vaccination □ Injection □ Oral Rehydration Salts □ Growth Monitoring □Radiology □ Family Planning □ Maternity (labor & delivery) □ Mental Health Management □ Hypertension Screening □ Surgery □ Diabetes Screening □ TB treatment □ Dental □ Vision □ Lab services □ Emergency Services □ Health Education □ Pharmacy □ Other:

Catchment:

14. How many people does this health facility currently serve?

15. How many people will this health facility serve after renovation/expansion?

### Justification of Need:

16. What is the main reason that this health facility expansion or renovation is needed?

□Demand: will accommodate for current overcrowding

□Will update building maintenance to meet government standards

□Will provide additional health services needed

□Will provide increased or different hours of operation

□ Other:\_\_\_\_\_\_\_\_\_\_

17. What is the distance (Km) from the next health center/hospital that offers the same or similar services?

18. What is the name of this nearest health center/hospital?

19. What type of health facility is this nearest facility?

□ Branch/Sub-Center □ Main PHC □ Family Center

□ Specialized medical center □ Hospital □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Catchment- How many people does this other health facility serve?

### Staffing, Capacity and Equipment:

21. How many staff members does the health center/hospital currently support/employ?

Medical Doctors: Dentist: Pharmacists: Nurses: Other:

22. How many more staff members will the updated health center/hospital support/employ? (*indicate 0 if no changes*)

Medical Doctors: Dentist: Pharmacists: Nurses: Other:

23. How many shifts per day does the health center/hospital operate? (*Select all that apply*)

□ 1 (Morning) □ 2 (Afternoon) □ 3 (Overnight)

24. Indicate additional shifts per day after renovation/expansion *(if any)*:

□ 1 (Morning) □ 2 (Afternoon) □ 3 (Overnight)

25. How many staff currently work each shift each day?

□ 1 (Morning): □ 2 (Afternoon): □3 (Overnight):

26. How many staff will work each shift each day after renovation/expansion?

□ 1 (Morning): □ 2 (Afternoon): □3 (Overnight):

27. How many patients can currently be seen at one time for doctor visits, vaccination, injection, etc.?

28.How many patients will be seen one time after renovation/expansion?

29. How many patient consultation rooms does this facility currently have?

30.How many patient consultation rooms will this facility have after renovation/expansion?

31. How many staff office rooms does this facility currently have?

32. How many staff office rooms will this facility have after renovation/expansion?

33. How may staff residence rooms does this facility have?

34. How may staff residence rooms will this facility have after renovation/expansion?

35. How many beds does the health facility have?

36. How many beds will the health facility have after renovation/expansion?

37. Which of the following equipment items does the health center/hospital currently have? (*check all that apply*)

□Telephone lines □ Computers for administrative functions □ Internet Access

□ Weighing scale □ Ultrasound/sonogram □ Dental X-ray machine □ Non-dental X-ray machine □ Lab equipment □ EKG machine

□ Basic Essential Medicines □Ambulance □Other:\_\_\_\_\_\_\_\_\_

38. What additional equipment items *(if any)* will the health center/hospital have after renovation/expansion? (*check all that apply*)

□Telephone lines □ Computers for administrative functions □ Internet Access

□ Weighing scale □ Ultrasound/sonogram □ Dental X-ray machine □ Non-dental X-ray machine □ Lab equipment □ EKG machine

□ Basic Essential Medicines □Ambulance □Other:\_\_\_\_\_\_\_\_\_

### Land

39. Health Facility Dimensions:

Current Indoor Space (Square Meters): Current Outdoor Space (Square Meters):

New Indoor Space (Square Meters): New Outdoor Space (Square Meters):

40. If more land is needed for this expansion/renovation, is land available for constructing this health facility? □Yes □ No

41. Have all the necessary permits for use of land been acquired? □Yes □ No

42. Please explain any pending procedures to obtain land and land permits:

43. Total land for the health facility property in hectares to be purchased:

### Costs

44. Please attach the Bill of Quantities (BoQ) to this form.

To calculate project costs, the BoQ should include a detailed list of materials, equipment, and labor needed for the health facility construction. For each category, this list should include for each item: unit, quantity, cost per unit, and total cost. *Eg. square meters of land, 400 m², 3000 IQD, 1,200,000 IQD.*

*\* For the cost of labor please calculate this cost by the summation of square meters of land. This is estimated by land measurement against number of people working on the project.\**

From the BoQ, summarize the costs in the following categories:

45. Estimated total cost of all materials:

46. Estimated total cost of all equipment:

47. Estimated total cost of all labor:

48. Total cost of land: