Зображення, що містить текст, картинка

Автоматично згенерований опис

**‘Promotion of Social Infrastructure Development – USIF VIII**

**(BMZ**-**No.: 2020 679 40)**

05.2021 – 07.2024

**Operation and Maintenance Concept**



**CONTENTS**

I. Introduction………………………………………………………………………………………………….3-4

1.1. Project objective & its background……………………………………………………………………3

1.2. Project stakeholders...……………………………………………………………………………………4

II. Proposed Operation and Maintenance (O&M) Concept..………………………………5-24

2.1. Project measures with direct impact on operation of facilities subject to rehabilitation……………………………………………………………………………………………………5-9

DED development…..………………………………………………………………………………………5-7

Construction works execution…..……………………………………………………………………….7-8

Procurement and supply of medical equipment/devices……………………………………….8-9

Environmental and social management activities…………………………………………………….9

2.2. Measures for ensuring proper operation and maintenance of the restored facilities upon their commissioning……………………………………………………………………………..10-18

Elimination of the construction deficiencies…..………………………………………………..10-11

Cleaning………………………………………………………………………………………………………11-12

Waste management….……………………………………………………………………………………….13

Routine technical servicing. Minor repairs……..………………………………………………..13-17

Major repairs (overhaul)………………………………………………………………………………..17-18

2.3. Overview of stakeholders roles and responsibilities….…………………………………18-24

MRTOT’s mandate…………………………………………………………………………………………..19

USIF’s area of responsibility…………………………………………………………………………..19-20

Role of the International Implementation Consultant………………………………………..20-21

Communities ownership and participation……………………………………………………….21-22

Medical institutions responsibilities…………………………………………………………………22-23

KfW’s authority………………………………………………………………………………………………...24

III.  Conclusions…………………………………………………………………………………………..24-25

**Chapter I. Introduction**

* 1. **Project objective and its background**

The purpose of the Project is to strengthen the healthcare facilities by patients-friendly and energy-efficient renovation and supply of medical equipment at selected project locations of Ukraine stipulated in the Grant and Project Agreement. The Project will include primary healthcare centers and secondary healthcare facilities which provide inpatient and outpatient aftercare for patients ailing or experienced COVID-19, who are in need of treatment of this disease consequences.

This will contribute to the sustainable, social development of Ukraine, to the improvement of healthcare and to strengthening of local government in the participating areas of Ukraine. Furthermore, it will contribute to improved living conditions of the population through the minimization of health risks. The target group will be the inhabitants in the catchment area of the selected project locations.

Primary and secondary healthcare facilities (separate buildings or internal premises), prioritizing an energy-efficient renovation, which should be considered during the selection of the objects. Within secondary healthcare facilities (hospitals) the focus of investments shall be made on departments (specialists’ practices) in medical areas directly related to COVID-19 aftercare.

The Project will include about 10 SPs (Subprojects) concerning the patient-friendly and energy-efficient renovation of healthcare facilities and equipping them with the necessary medical equipment for outpatient care, including the follow-up care, for COVID-19 patients.

The total Project cost is EUR 13.10 million and the Grant amount is EUR 13.10 million in accordance with the Separate Agreement between USIF and KfW of 14.05.2021. EUR 10.5 million are allocated for subprojects implementation (user friendly and energy efficient rehabilitation of selected medical institutions and their equipment) and EUR 0.5 million are envisaged for financing of capacity building activities for end users/subprojects operators and PEA. Higher budget (up to EUR 800,000.00) for reconstruction of each specific medical institution is envisaged in comparison with the previous projects.

**1.2. Project stakeholders**

The Project has a number of stakeholders, including:



Kreditanstalt für Wiederaufbau, the German State Development Bank represents German Government and acts as the Financier and the Project Implementation Supervisor from the German side



The Ministry for Reintegration of the Temporary Occupied Territories of Ukraine (MRTOT), being the Project Recipient and its Beneficiary, represents the Government of Ukraine and acts as the Project Implementation Supervisor from Ukrainian side



The Ukrainian Social Investment Fund (USIF) acts as the Project Executing Agency, responsible for overall implementation of the Project

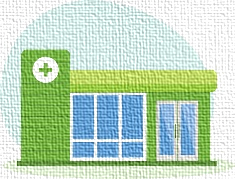
Зображення, що містить текст, картинка

Автоматично згенерований опис

International Consultant and its Team



Partner local communities - owners of the medical institutions, being renovated under the Project, and represented by Subproject Implementation Partners (SIPs) to a certain extent



Partner medical institutions - medical institutions (MI), being renovated under the Project, which act as balance holders of MI facilities, and represented by SIPs to a certain extent

Each stakeholder has its role and responsibilities in designing, implementation and evaluation of the operation and maintenance measures, specified in this Concept.

**Chapter II. Proposed Operation and Maintenance (O&M) Concept**

The proposed O&M Concept is developed in pursuance of subparagraph 2.4. ‘Provisions for the Proper Operation of the Project’ of the Separate Agreement between KfW and USIF of 14.05.2021, stating that ‘…to secure the proper operation of the Project, the Project-Executing Agency shall submit an operation and maintenance concept, containing environmental and social management framework drawn up in cooperation with the Implementation Consultant…’.

It contains information about Project measures having direct impact on operation of facilities subject to rehabilitation as well as ones to be taken for ensuring proper operation and maintenance of the restored facilities upon their commissioning.

It also defines roles and responsibilities of the Project stakeholders their planning, organization, execution and evaluation.

2.1.  Project measures with direct impact on operation of facilities subject to rehabilitation

O&M activities under this Concept should not be limited to the measures taken after the Project completion, as the basis for further proper operation of the rehabilitated facilities is laid as early as at the stage of design and cost estimate documentation development (hereinafter - DED development).

**DED development**

Under the previous KfW-funded Projects, apart from USIF VII Project, responsibilities for DED development and financing of those services rested with owners (local authorities) of facilities, intended for renovation. Due to the fact, that local authorities had no relevant competences and local designers in their majority lacked sufficient expertise, the developed design documentation in many cases was of the very poor quality. Hence, it was decided to substantially change the situation under USIF VII and this Project. Thus, DED development services in the framework of USIF VIII Project are being financed from the specifically allocated Project funds and procured on the basis of the scrupulously elaborated TOR for DED development services.

The said TOR, considering provisions of Law of Ukraine (paragraph 2 of Article 8) of 22.06.2017 #2118-VIII ‘On energy efficiency of buildings’, contains specific requirements for elaboration of energy audit/energy management measures and further construction design supervision. It is also obviously envisages compliance with the actual legislation of Ukraine that determines the rules for the design of buildings and structures of all types of health care facilities, as well as medical facilities, built-in or parts of other facilities, consolidated in the State Construction Standards (SCS) B.2.2-10: 2019, - the normative act of the Ministry for development of communities and territories of Ukraine. In accordance with these rules, the buildings of health care facilities must be designed in such a way as to comply with requirements of infection control, sanitary norms and regulations. These rules provide comprehensive answers to such questions as: premises composition, their equipment, capacity, purpose, conditions for location of medical institutions in residential/public buildings, requirements for engineering and technical measures of civil protection. The energy efficiency class of buildings, calculated magnitudes of heat transfer resistance values, total annual energy consumption, ventilation and microclimate requirements are determined by these rules as well. In addition to that

• capacities of hospital wards - both ordinary and for parents with children or mothers with newborns;

• comfort in the wards and their provision with sanitary rooms;

• special equipment for wards;

• inclusiveness of medical institutions;

• design of office space for staff;

• arrangement of public spaces: designs of halls, receptions, cafes, drugstores, places for baby carriages, waiting areas;

• recuperation and ventilation conditions, etc. are spelled out by SCS.

USIF, on the basis of such a comprehensive TOR, which might be further adjusted to be in compliance with the enhanced requirements to energy efficiency, announces and holds tenders to select appropriately qualified DED development contractors. Following the tender selection of contractors, USIF, the designer and the participating community conclude trilateral contacts for each individual facility in order to ensure further prompt approval of the developed DED by the facility owner. When the contract with the winning bidder is signed, USIF closely monitors its proper implementation and exercises rigorous control over the quality of design and cost estimate documentation in the course of its development and at its passing through the expertise. Designing decisions are being additionally studied and verified by the International Consultant’s Team.

It is assumed, that the aforementioned approach to procurement and supervision of the DED development services would allow to obtain high quality DED documentation, forming a basis for successful execution of the defined construction works and ensuring further proper operation of the renovated facilities.

The conducted researches in this domain, show that operation and maintenance expenses often reach from three to five times a building's initial construction costs and can equate to 60% to 80% of all life cycle costs. In case of a building reconstruction/renovation the relevant ratio might be even higher.

Hence, maintainability of a building is a subject that should be thoroughly studied and considered not only in the construction and operations phases, but also in the feasibility, planning and design phases as well.

USIF intends to consider the maintainability matter deliberately already at design development stage and encourage designers to suggest decisions, increasing a building maintainability as well as effectiveness of its operation.

Special attention to this end is planned to be paid to implementation of energy efficiency measures, including heating, ventilation and air-conditioning.

In addition to that, a building balance – holder, following a design development, will be provided with all the necessary information for further operation and maintenance of a building, including data on all construction technologies and engineering systems, as well as the characteristics of the equipment used. This information will allow a balance holder to effectively implement a building operation and maintenance measures, encompassing routine technical servicing and minor repairs.

**Construction works execution**

Selection of the competent and masterful contractors for construction works execution is ensured by use of the standard bidding documentation (SBD), agreed upon by KfW and containing numerous requirements to the qualification, experience and financial capabilities of the winning bidders. Construction works contracts, concluded between the communities, contractors and USIF, are based on the contract pattern, incorporated in SBD and envisaging availability of all necessary tools for efficient contract management. At the stage of the contract conclusion, USIF meticulously verifies its compliance with the design decisions, environmental and social management requirements, national and international good practice occupational health and safety standards as well as the aforementioned SCS. Particular attention is paid to validation of the bill of quantities (BoQs) and specifications of the construction materials to be ascertained in the accuracy of the construction costs and ensure durability of the restored buildings utilization, which primarily depends on the quality of building materials. It’s apparent, that the selection of the appropriate materials is only one of the necessary components for the quality and longevity of the construction. The other one is associated with the strict observance of rules and technologies of construction works execution.

Possibilities for supervision over construction works performance, in accordance with the Project and concluded agreements terms as well as provisions of the actual Ukrainian legislation, are provided for a number of interested persons and entities, including USIF, International Consultant’s Team, representatives of the engaged companies, rendering technical supervision and design supervision services, communities (represented by self-government authorities - objects owners, partner medical institutions management - objects balance-holders and SIPs members), Ukrainian supervisory authorities and KfW, which is entitled to arrange regular technical audits of the renovated facilities. It is expected, that under such a rigorous control, construction works will be executed qualitatively enough to ensure proper durable operation of the restored medical institutions. Moreover, it can be inferred, that implementation of envisaged by DED energy efficiency decisions in the course of construction, will lead to considerable reduction of costs, required for further operation of the rehabilitated institutions.

**Procurement and supply of medical equipment/devices**

It is obvious that the proper operation of medical care institutions is impossible without necessary medical equipment and devices, including means of personal protection for their medical staff, being of particular demand during the COVID-19 pandemic. These needs are duly reflected in the aforementioned Separate Agreement (subparagraph 1.1.5), stating that In addition to investments in modern basic equipment in accordance with the current Ukrainian standards (Order No. 148 of January 26, 2018 of the Ukrainian Ministry of Health), the renovated health centers will be equipped with the necessary medical equipment for the outpatient (after)care of COVID-19 patients at short notice. This includes personal protective equipment for medical staff in designated health facilities (disinfectants and special protective clothing) and the procurement of necessary medical equipment in connection with COVID infections (including diagnostic devices for secondary diseases caused by COVID-19).

Considering the aforementioned, USIF will conduct the survey to identify the relevant needs of the hospitals and ambulatories and on its basis will purchase and supply the required equipment to partner medical institutions.

The warranty period of the equipment, to be procured with the Project funds will be at least 12 months since equipment acceptance. The warranty will include maintenance, replacement of defective equipment/parts and equipment repair. During the warranty period, the supplier will be obliged to rectify all the revealed defects free of charge not later than 14 days from the date of receipt of the corresponding notice.

As far as the complex equipment is concerned, corresponding design decisions will be taken to ensure its proper further installation and maintenance by certified specialists (if required).

Evidently, partner medical institutions will have lost this kind of support after the Project completion. But no equipment shortage is expected due to the fact that all of them have concluded agreements with National Health Service of Ukraine and enjoy backing, including the financial one, from their communities.

**Environmental and social management activities**

To avoid risks related to construction works execution and further operation of the restored facilities, which might be caused by complaints of residents of adjacent territories and claims of regulatory authorities, environmental and social screening as well as other actions, envisaged by the Environmental and Social Management Framework (ESMF), should be made. In accordance with p. 2.4 of the Separate Agreement, a draft ESMF, to serve as a basis for implementation of all environmental and social management measures, including elaboration of Environmental and Social Management Plans for all SPs and their further fulfillment, is annexed to this Concept.

2.2. Measures for ensuring proper operation and maintenance of the restored facilities upon their commissioning

**Elimination of construction deficiencies**

The Civil Code of Ukraine (Article 884) and provisions of the concluded construction contracts provide for guarantees of the quality of construction works, performed by the contractors. In practical terms it means, that the contractor guarantees compliance of the construction object with indicators, defined in DED and capability of its operation during the warranty period. The warranty period is a time interval during which, the contractor undertakes to eliminate the revealed defects at its own expense provided that the construction object is used in the proper manner. The warranty period (the period for detection and elimination of the detected deficiencies) begins since the construction object is accepted by the customer as evidenced by the last certificate of works completion under the contract, signed by its Parties, and lasts for 12 months. It’s worth mentioning, that the warranty period is extended for the time when the facility could not be operated due to defects for which the contractor is responsible. That is, the warranty period is suspended for the time of availability of obstacles for the due object operation.

In order to ensure implicit fulfillment by contractors of their warranty obligations, the terms of the construction contracts stipulate that 10% of each payment are retained as a guarantee of the full completion of works and a guarantee of absence/or elimination of deficiencies detected within the warranty period. The first half of the accumulated amount, 5% of the total works cost, is paid to the contractor upon signing of the last certificate of works completion under the contract. The second half of the accumulated amount (5% of total works cost) is paid to the contractor upon the warranty period expiration. The aforementioned allows construction customers, through addressing USIF or by their own, put forward claims for elimination of the detected deficiencies and demand their due accomplishment on the basis of provisions of concluded contracts and the Law of Ukraine #1023-XII of 12.05.1991 ‘On protection of consumers rights’ (as amended). It, in its turn, implies, that the technical state of restored ambulatories will enable them to properly operate within at least one year after the construction works completion. It should be noted, though, that USIF can ensure proper fulfillment of the warranty period conditions by contractors within the Project implementation period. After that time, this responsibility will be assigned to the International Consultant’s Team for three more months.

**Cleaning**

Cleaning belongs to the important measures, aimed to ensure durable operation of buildings and structures. Hence, certain requirements are put forward for cleaning, which, among other things, relate to its quality and regularity. The Order of the Ministry of Health of Ukraine (hereinafter – MOH) of 02.04.2013 #259 (as amended in 2019) determines the state sanitary norms and rules as well as anti-epidemic requirements for health care institutions providing primary medical (health) care.

Sanitary and anti-epidemic requirements for health care facilities that provide inpatient medical care currently not approved in Ukraine. Therefore, secondary healthcare institutions may use other general rules / regulations of sanitary requirements including Oder #259.

Section VIII of Oder #259 stipulates, that all premises, equipment, medical and other equipment must be kept clean. Wet cleaning of the premises (treatment of floors, furniture, equipment, window sills, doors) should be carried out at least twice a day with detergents and disinfectants. Cleaning equipment must be marked with the indication of the premises and types of cleaning works, used for its intended purpose, disinfected and stored in a special room or cabinet (outside the medical offices). MOH Instruction of #236 of 04.04.2012 and its additional recommendations specifies that cleaning in a surgical health care facilities should be organized in the following manner:

| **Type** | **Time/Regularity** | **Staff Responsibilities** |
| --- | --- | --- |
| Preliminary | Daily, before beginning of medical institution operation | Tidying up the workplace, wet cleaning of all surfaces |
| Recurring | During each working day | Cleaning by wiping as prescribed by paragraph 12.6 of the aforementioned MOH Instruction of 04.04.2012 # 236. Wet disinfection depending on the functional purpose of rooms and departments |
| Final | At the end of the working day | Tidying up the workplace, wet cleaning of all surfaces |
| Total clean-up | Monthly/Weekly | Total clean-up with washing of the rooms’ walls, windows, floors, equipment, inventory, lighting should be carried out monthly in accordance with the fixed schedule. General cleaning (washing and disinfection) of procedural and other rooms with aseptic treatment is carried out weekly |

Currently in Ukraine there are no regulations on the number of technical staff in medical institutions. However, medical institutions managers, to ensure availability of necessary human resources to accomplish the cleaning tasks, can use the latest version of the cancelled MOH Order of 11.05.2016  # 427 ‘On staffing standards and standard staff of a health care institution’. The Order stipulates that one cleaning person per 350 square meters of the floor covered with ceramic tiles and 425 square meters covered with linoleum should be hired and admitted to the Health care facilities.

It is recommended, that each standing alone (detached) clinic should have at least one junior nurse (cleaner nurse). In case of a bigger ambulatory such position is included in the staff based on the number of in-staff physicians (one junior nurse per 5 physicians). In addition to that, Section II of the said MOH Order (of 02.04.2013 #259) requires, that operational and household wastes generated on the territory of healthcare institutions, providing medical care, be disposed of in accordance with the provisions of the State Sanitary Norms and Rules for Maintenance of Populated Areas, approved by the MOH Order of 17.03.2011 # 145. Health care facilities should also carry out daily cleaning of their territories as well as cleaning, washing and disinfection of garbage collectors, containers and sites of their placement. To that end, Health care facilities and detached ambulatories are staffed by janitors in accordance with the following calculation, envisaged by MOH Order of 11.05.2016  # 427: one janitor’s position per 2700 square meters, but not less than 0.5 position per clinic.

**Waste management**

In order to ensure transportation, storage, processing, utilization, neutralization and disposal of wastes as well as deratization and insect disinfestation Health care facilities conclude contracts with providers of communal services, rendered on the basis of the Order of 10.08.04 #150 (as amended) of the State Committee of Ukraine on housing and communal services, elaborated in pursuance of the provisions of the Law of Ukraine ‘On Housing and Communal services’ #1875-IV of 24.06.2004. In accordance with the indicative list of services, approved by the said Order, maintenance and other measures as well as their frequency are determined. Thus, waste removal could be done on a daily basis, while deratization and insect disinfestation are recommended to be conducted at least twice a year. Particular attention should be paid to the medical waste management in the manner, prescribed by the MOH Order of 08.06.2015 # 325.

It is worth mentioning, that cleaning and sanitary measures are closely monitored by the management of medical institutions (chief medical officers, their deputies and household officers), corresponding communities, district and regional supervising authorities. As it was already mentioned, these measures ensure proper and safe operation of the medical institutions, contributing to extension of viability of the utilized facilities.

**Routine technical servicing.**

**Minor repairs.**

Technical servicing (maintenance) of buildings is a set of works aimed at keeping a proper operability of building elements or the specified parameters/ functional modes of the technical equipment. Technical servicing system must ensure safe and uninterrupted operation of buildings, engineering networks and equipment during the entire period, specified as a building lifetime. Building maintenance envisages performance of a number of works and measures, including monitoring its state through regular technical examinations/assessments, ensuring its serviceability and operability by technical care and servicing, adjustment and regulation of engineering systems, etc. Control over a building technical state is carried out by introduction and implementation of technical inspection system. This system presupposes conducting of:

- scheduled examinations (of a general or preventive nature);

- unscheduled inspections;

- direct maintenance measures.

The results of the said examinations and inspections form a basis for organization and performance of minor repairs and planning the major overhaul works, if necessary.

It should be noted that sections VI, VI and VII of MOH Order of 02.04.2013 #259 set certain specific requirements to water supply, sewerage, heating, ventilation, air conditioning, lighting, etc. Some of them are reproduced below:

* medical institutions, should be equipped with water supply and sewerage, centralized hot water supply;
* heating, ventilation and air conditioning systems must provide optimal conditions for the microclimate and air environment of the premises of the medical institutions;
* their facilities should be equipped with plenum - and - exhaust ventilation systems with mechanical impulse and natural exhaust without mechanical impulse;
* to disinfect air and surfaces, the rooms are to equipped with bactericidal irradiators or other devices for air disinfection, approved for use in the prescribed manner;
* the temperature in the medical institutions’ premises should meet the following requirements:

|  |  |
| --- | --- |
| Premises names | Specified air temperature, °С |
|
| Procedural /examination/ room, vaccination point | 22 |
| Reception, inquiry service room (helpdesk), lobby, dressing room | 18 |

* working premises of health care facilities should be provided with standard natural lighting;
* it is necessary to install in the examination rooms wall and local (portable) lamps to make the spectrum of light sources as close to natural as possible.

Health care institutions are capable enough to meet these requirements and ensure regular technical examinations/assessments of the proper functioning of the above systems since in accordance with already mentioned MOH Order of 11.05.2016 # 427, they can have a technician for the operation of buildings, structures, engineering networks and systems (1 position per 4 detached clinics, but not less than 1 position per Health care institutions), a comprehensive building maintenance and repair worker (1 position per 4 detached clinics, but not less than 1 position per Health care institutions) and an electrician (1 per each medical institution) in their staff.

The above is also applicable to the technical care, servicing and even minor (current) repairs.

In accordance with the explanations of the State Committee of Ukraine on construction and architecture (predecessor of actually functioning Ministry of communities and territories of Ukraine), provided in its letter 30.04.2003 # 7/7-401, current repairs are defined as systematic and timely support of operational qualities and prevention of premature deterioration of structures and engineering equipment.

In order to begin minor repairs, a head of a medical institution forms a commission, which conducts inspection of the premises and draws up a defective act with the list of required works and their costs on its basis. These costs can be calculated by an institution independently with consideration of the current level of prices for labor and material-technical resources, as it is stated in the letter of the Ministry of Regional Development of Ukraine (predecessor of actually functioning Ministry of communities and territories of Ukraine) of 05.03.2019 # 7/15.2/3696-19, containing explanations related to non-contracted (in-house) manner of construction and rehabilitation works execution. If medical institution has no sufficient funding for the needed repair, it should address the community (self-government) authorities with the request to allocate necessary funds in the community budget, through revision of the actual one or at formation of the next year budget.

In accordance with another letter of the said Ministry (of 15.05.2015 # 8/15-232-15), provisions of the Cabinet of Ministers of Ukraine Resolution of 11.05.2011 # 560 and the Order of the Ministry of Regional Development of Ukraine of 16.05.2011 #45 are not applicable for minor repairs, which means that medical institutions do not need any formal design and cost estimate documentation to perform minor repairs.

The indicative list of minor and major (overhaul) repairs can be found in the already mentioned Order of 10.08.04 #150 of the State Committee of Ukraine on housing and communal services ‘On approval of the Indicative list of services for maintenance of buildings/structures and adjacent territories and services on repair of premises, building and structures’. The above measures, as the ones being of utmost importance for appropriate functioning of the medical institutions and serving for prolongation of the longevity of their facilities, are rigorously controlled by the management of medical institutions (chief medical officers, their deputies and household officers), as well as corresponding communities and other supervisory authorities.

It should be mentioned, though, that medical institutions, as an alternative and in addition, could also make use of the concluded contracts of with providers of communal services, if any, and on the basis of documents referred to above (Order of 10.08.04 #150 of the State Committee of Ukraine on housing and communal services and indicative list of services, approved by the said Order, as well as related menu of maintenance and other measures), benefit from their assistance pertinent to technical examinations, care, servicing and minor repairs.

The part of this menu is reproduced below:

|  |  |  |
| --- | --- | --- |
| **Works list** | **Works scopes** | **Regularity** |
| Current repairs of structural elements of indoor systems of hot and cold water supply, drainage, heat supply, drain sewerage and technical devices of buildings and elements of external arrangement | Routine maintenance works in accordance with the approved schedule of current repairs, compiled based on the results of general inspections of buildings, as well as appeals and consumer applications | According to the schedule during the year or following the appeals/consumer applications |
| Technical servicing of indoor heating, water supply and drainage systems | Routine maintenance works  (visiting, inspection, checking of operation and technical state) | As needed, but at least once a quarter |
| Preventive work (cleaning, elimination of blockages, malfunctions and leaks in systems) | As needed |
| Technical servicing and minor (current) repairs of fire automation and smoke removal systems, as well as other indoor engineering systems, if any | Routine maintenance works  (visiting, inspection, checking of operation and technical state) | As needed, but at least once a month |
| Repair works in accordance with the established specifications | According to the schedule during the year |
| Technical servicing of smoke ventilation ducts | Routine maintenance works  (visiting, inspection, checking of a draft availability in smoke and ventilation ducts) | Twice a year |
| Cleaning of smoke and ventilation ducts | As needed |
| Technical servicing of elevators | Routine maintenance works  (visiting, inspection, checking of operation and technical state) | As needed, but at least once a month |
| Repair works | According to the schedule and the established specifications |
| Elimination of unforeseen failures | As needed |
| Technical servicing o  f lighting | Routine maintenance works  (visiting, inspection, checking of operation and technical state of electric networks, power plants, electric light circuit breakers, etc.) | As needed, but at least once a month |
| Power lines repairs and other minor repairs | As needed |
| Elimination of accidents | As needed |

**Major repairs (overhaul)**

In accordance with paragraph 3.7 of the State Construction Standard A.2.2-3: 2014, overhaul is a set of works without changing the geometric dimensions and functional purpose of the object during the replacement or restoration of structures or engineering systems and equipment.

In the letter of the State Committee of Ukraine on construction and architecture of 30.04.2003 # 7/7-401 this notion is defined as a set of repair and construction works, envisaging replacement, restoration and modernization of structures and equipment of buildings due to their physical deterioration and destruction, improvement of their operational parameters as well as improving the planning of the building and landscaping without changing construction dimensions of the object.

Major repairs works, as stipulated by the Resolution of the Cabinet of Ministers of Ukraine of 11.05.2011 # 560, should be accomplished on the basis of the developed design and cost estimate documentation (DED), which undergone the state expertise. DED development may be entrusted not only to the engaged specialist, but also to an employee of a medical institution. It could be done, though, exclusively in case he/she has a corresponding qualification certificate.

Ukrainian legislation clearly determines the rules for design and construction of buildings and structures of all types of health care facilities, including built - in or forming a part of other facilities, and is documented as a normative act of the Ministry of Development communities and territories of Ukraine: State Building Standard B.2.2-10: 2019. This act provides answers to such important questions as composition of premises, equipment, capacity, purpose, conditions of location of institutions in residential buildings and public buildings, requirements for engineering and technical measures of civil protection, energy efficiency class of buildings, calculated indices of heat transfer resistance, total annual energy consumption, ventilation and microclimate, etc. Apart from that it states that new and reconstructed buildings of health care facilities must be designed in such a way as to comply with these norms as well as requirements of infection control and sanitary norms regulations.

Additional designing and construction requirements can be found in Sections III - IV of the already mentioned above MOH Order of 02.04.2013 #259.

It is worth mentioning as well that general construction rules and conditions are set out in the Laws of Ukraine ‘On regulation of urban construction activities’ and ‘On architectural activity’.

Turning back to the State Construction Standard A.2.2-3: 2014, it should be pointed out that it is possible to perform the major repairs works only in a part of the building, provided that this part, as evidenced by the corresponding documents, can be used autonomously. It’s a very important provision, since as it stated above, the overhaul does not always implies suspension of functioning of the whole facility and its part or parts might continue to be operational (subject to the confirmed autonomy).

2.3. Overview of stakeholders related roles and responsibilities

The enumerated measures are to be taken during various stages of the Project implementation and upon its completion. Obligations on their performance by stakeholders are imposed by different documents, including the Separate Agreement between KfW and the Ukrainian Social Investment Fund (USIF) of 14.05.2021, the Consulting Contract between USIF and the International Implementation Consultant of 15.11.2021, Cooperation Memorandums and Framework Agreements with objects owners (communities), balance-holders (medical institutions) and Subproject Implementation Partners (SIP, initiative groups). Some commitments, especially those related to communities and medical institutions responsibilities, are stipulated directly in Ukrainian legislation or in corresponding normative and regulatory acts of Ukraine.

**MRTOT mandate**

Being the Project Recepient and its Beneficiary, the Ministry for Reintegration of the Temporary Occupied Territories of Ukraine (MRTOT) acts as a guarantor of the intended use of the grant funds, exercise overall guidance and monitoring of the Project implementation and provides support in achieving the Project objectives, including a possibility of long-term use of Project results.

**USIF’s area of responsibility**

USIF, in accordance with aforementioned Separate Agreement, is responsible for the overall implementation of the Project.

As far as the aforementioned measures are concerned, USIF, as the Project Executing Agency, is, in particularly, in charge of:

* selection, on the basis of the corresponding TOR, of the qualified contractors for development of DED, containing energy efficiency measures and envisaging further design (author) supervision;
* financing and exercising control over designers’ work, verification of design decisions and suggested energy saving measures, allowing to ensure further durable and prudent operation of the renovated facilities;
* selection, based on the standard bidding documentation (SBD), of competent and masterful contractors for construction works execution;
* financing and ensuring, together with technical supervision and design companies/engineers, rigorous control over the completeness and quality of construction works execution, laying the foundation for longevity of renovated facilities functioning;
* securing implicit fulfillment by contractors of their warranty obligations until the date of the Project completion;
* procurement and supply of the required medical equipment and means of personal protection for medical staff to support proper operation of the partner medical institutions;
* organization of trainings for interested representatives of medical institutions on operation of energy efficiently renovated objects, on their requests.

It is noteworthy that at the stage of SP selection, objects owners (communities), on USIF’s request, provided it with the official guarantee letters, confirming that the medical institutions’ facilities would be used for intended purposes for at least 15 years after the Project completion. At the same stage, USIF, through examination of submitted documentation assured itself in medical institutions sustainability, including availability of concluded contracts with the National Health Service of Ukraine/NHSU, which ensures payments for provided medical services and medical staff wages, and communities’ capabilities to finance maintenance, pay for utilities and other current expenses of corresponding medical institutions.

By the provisions of the Framework Agreements USIF will contractually oblige partner communities, medical institutions and SIPs to develop, reconcile with USIF and ensure implementation of the detailed plans for the long-term maintenance of the rehabilitated facilities (including any non-governmental sources of funding to cover maintenance and repair costs) as a part of corresponding viability plans.

**Role of the International Implementation Consultant**

International Implementation Consultant (IIC) role as well as tasks of the IIC Team to be formed by it are described in the aforementioned Separate Agreement and set out in more detail in the corresponding Consulting Contract, concluded on 15.11.2021.

Some of them will have a direct relation to the said measures, namely:

#### Verification of the proposed energy-efficiency, energy-audit and rehabilitation measures;

#### Support in the preparation of the detailed design of the SPs and preparation of design briefs (summaries of detailed designs) in English language;

#### Development and implementation of an Environmental and Social Management Framework (ESMF);

#### Supervision of the performing and commissioning of the works;

#### Supervision of the environmental and social impacts and occupational safety of the project and their compliance with respective legal requirements;

#### Support of the PEA in quality control, impact monitoring and reporting;

#### Verification of post construction energy audits and detailed evaluation of actual achieved energy savings;

* Setting-up of an operation and maintenance concept, including revision and refinement of the Project Operation and Maintenance Concept, developed by USIF, elaboration of a viability plan structure, development of O&M manuals and holding of energy efficiency training for energy managers and caretakers of rehabilitated buildings to ensure an energy efficient operation of buildings.

**Communities ownership and participation**

With adoption in September 2020 of the Law of Ukraine # 3614 ‘On amendments to the Budget Code of Ukraine, bringing in line the provisions of budget legislation with the administrative-territorial reform completion’, corresponding local revenues and expenditures were redistributed between the budgets of territorial communities and districts. The major part of financial resources, in accordance with that Law, was reallocated for territorial communities. Along this that the objects of communal property (included health facilities) were transferred from the ownership of district councils to the territorial communities. Hence, community’s self-government authorities were not only granted more rights and funds, but were also endowed with additional responsibilities.

Local self-governments, as the owner of the health facilities, became liable for their operation, payment for utilities and other current expenses. In addition to that they were made accountable for further development of medical institutions in order to guarantee provision of the quality medical services for communities’ residents.

In terms of the Project, corresponding concluded cooperation memorandums and framework agreements as well as this O&M Concept, they are in charge of the following:

* provision USIF with necessary data for design development;
* endorsement of the designing tasks;
* approval of design and cost estimate documentation upon its development and passing through expertise;
* provision of Subproject Implementation Partners/SIPs (initiative groups) with the letter of authority to represent them during subprojects (SPs) implementation;
* participation, via the established SIPs, in procurements of works, goods and services, necessary for SPs implementation;
* direct or indirect supervision of SPs implementation, including execution of construction works, their completeness and quality;
* registering of all deficiencies, revealed at execution of works, supply of goods, provision of services, including those revealed at the warranty period and immediate information of USIF about the revealed deficiencies;
* taking necessary measures to put the renovated objects into operation (ensuring object commissioning);
* securing utilization of the restored medical institutions’ facilities for intended purposes for at least 15 years after the Project completion, as envisaged by the official guarantee letters guarantee, submitted at the stage of SPs selection;
* consideration, approval and ensuring due implementation of the plans for the long-term maintenance of the rehabilitated facilities (including any non-governmental sources of funding to cover maintenance and repair costs) as a part of corresponding viability plans.
* exercising control over proper maintenance of renovated medical institutions facilities by their balance-holders, provision support, including the financial one, in implementation of such O&M measures as technical servicing, minor and major repairs, etc.

**Medical institutions responsibilities**

Medical institutions, as balance – holders of the facilities, have numerous responsibilities, assigned by Ukrainian legislation as well as regulatory and normative acts, the requirements of which are detailed above. Some additional obligations are imposed on them in accordance with the concluded cooperation memorandums and framework agreements. Their responsibilities and tasks, related to aforementioned measures, are summarized and provided below:

* provision USIF with necessary data for design development;
* participation in endorsement of the designing tasks;
* provision of Subproject Implementation Partners/SIPs (initiative groups) with the written authorization to perform works, specified by DED;
* exercising, within their competence, of ongoing control over SP implementation and execution of each agreement/contract concluded in connection with SP implementation in order to ensure that the volume, quality and cost of works/goods/services are in accordance with DED and terms of agreements/contracts concluded with contractors;
* registering of all deficiencies, revealed at execution of works, supply of goods, provision of services, including those revealed at the warranty and immediate information of USIF about the revealed deficiencies;
* taking part, together with the object owners, in implementation of necessary measures to put the renovated objects into operation (ensuring object commissioning);
* ensuring development, reconciliation with self-government authorities (communities) and due implementation, alongside with them, of the plans of the restored objects viability, containing details related to O&M measures and their financing;
* securing of the quality and timely accomplishment of O&M measures, including cleaning, waste management, technical servicing, minor and major repairs in compliance with above-mentioned sanitary and other related requirements, to contribute to the longevity of renovated facilities operation;
* development plans for regular preventive maintenance;
* ensuring that personnel is trained for maintenance, examination and testing, calibration and repair are available to the hospital;
* ensuring that trained personnel has the necessary equipment for testing, calibration, maintenance and repair;
* ensuring that all instruction manuals, operation manuals or repair instructions for each equipment collected, and accessible to the technical personnel at any time of the day;
* development of reporting forms for e.g., defects and failures, checklists for maintenance and repair;
* development of budget projections and cost estimates for preventive maintenance, repair, future overhaul or replacement, and finally disposal of the equipment, etc. to be considered and approved by self-government authorities in the form of annual communities’ budgets;
* implementation of the effective internal reporting system of defects and failures of equipment;
* communicating shutdowns and repair schedules to internal stakeholders and employees.

**KfW’s authority**

KfW acts not only as the Financier and the Project Implementation Supervisor from the German side under this Project. Through revision and approval of SPs selection formula, TORs, Standard Bidding Documentation, contracts templates and other documents, including this one, the Bank provides its guidance and assist the Project Executing Agency in the accurate implementation of the Project.

KfW’s valuable comments and complements to the SPs selection formula, enabled USIF to choose and include in the implementation list medical institutions, possessing necessary sustainability and being capable to accomplish the tasks, envisaged by the Project terms, and to meet the requirements, imposed by Ukrainian laws, by-laws and regulations.

The TORs, Standard Bidding Documentation, contracts templates and other documents updated by the Bank serve for selection of qualified and reliable contractors and carrying out of the efficient contract management. Regular technical audits, organized and held by KfW, are very helpful not only for registration and elimination of the revealed deficiencies, but also for gaining additional experience in organization, management and supervision of construction works execution.

It should be noted that the aforementioned Bank’s activities are of utmost importance for ensuring proper operation of the rehabilitated medical institutions’ facilities within the specified time period.

Moreover, KfW, as stipulated in the corresponding framework agreements between USIF, objects owners, balance-holders and SIPs, is granted the rights to inspect SPs, their operation and any documentation on SPs implementation, including through visiting of the objects of construction, at any time.

**Chapter III.  Conclusions**

In order to ensure proper operation of the renovated medical institutions’ facilities within the specified time period and their maintenance, each designated stakeholder should explicitly, fully and timely fulfill the undertaken obligations and its responsibilities.

Some of these obligations/responsibilities, as it was already said, are provided for by the Project terms as well as referred to above agreements, memorandums, contracts, etc. Hence, their poor fulfillment by one party is a matter of non-compliance with contractual arrangements, causing immediate reaction and possible interventions from other Project stakeholders or affected parties.

Others, especially the ones related to carrying out maintenance measures, are imposed by Ukrainian legislation, directives and regulations. Their due observation is, respectively, closely followed and enforced, if needed, by higher and supervisory authorities.

Despite that, the viability plans, containing detailed O&M measures and sources of their financing, will be prepared by relevant medical institutions/SIPs/communities for all SP, on the basis of the structure, elaborated by USIF with the support of the International Consultant and its Team.

Upon their examination, verification and adjustment (if needed) by USIF, these plans will become integral parts of the Framework agreements between USIF, object-owners, balance-holders and SIPs.

Hence, partner medical institutions and self-government authorities will be contractually obliged to perform the O&M measures, included in the viability plans.

USIF will have a possibility to monitor and periodically check implementation of these plans until the end of the Project. The IC could proceed with corresponding monitoring after that time.

As it is stated above, USIF and IC will facilitate implementation of O&M measures through holding trainings for caretakers of the rehabilitated facilities to ensure a proper and energy efficient operation of the buildings.

No other mechanisms or organizational structures are suggested to be introduced or established with the aim of implementation of this Concept.