Annex 2

Project Document

UNICEF and UNFPA

Project Title: Improvement of quality of perinatal care service to most vulnerable mothers and newborns

Project Duration: 17 months Anticipated start/end dates: August 2019-December 2020 Fund Management Option(s): Pass-through	Total estimated budget*: US$ 1,829,155 Out of which: 1. Funded Budget: US$ 1,829,155 2. Unfunded budget: 0 * Total estimated budget includes both project costs and indirect support costs

Sources of funded budget:

- Donor (MPHSTF): US$1,619,666
- UNICEF in kind contribution US$ 155,489
- UNFPA in kind contribution US$ US$54,000

Budget breakdown by source of information and participating UN organization		
Total budget (US$):	1,829,155	
Participating UN organization	MPHSTF fund (US$)	Participating UN organization in kind contribution (US$)
UNICEF	980,345	155,489
UNFPA	639,322	54,000
Total budget (US$)	1,619,666	209,489

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Acronyms

CSOs	Civil society organizations
DIVA	Diagnose, Intervene, Verify and Adjust
DMU	District Medical Unit
KbRSSC of O&G	Karakalpakstan branch of Republic Specialized Scientific Center of Obstetrics-Gynecology
M&E	Monitoring and evaluation
MCH	Maternal and child health
MoH	Ministry of Health
MPHSTF	Multi-partner human security trust fund for the Aral Sea Region
NMR	Neonatal mortality rate
NGOs	Non-government organizations
PUNOs	Participation UN Organizations
RoK	Republic of Karakalpakstan

1. Executive Summary

Uzbekistan's under 5 mortality rate decreased in recent decades largely due to the mortality reduction in the post-neonatal period. Neonatal mortality rate (NMR) reduced at a much slower pace, due in large part to demonstrable sub-standard quality of care[1]. Although maternal mortality ratio (MMR) and stillbirth rate in Uzbekistan have reduced significantly, disparities between Aral Sea region and other regions of the country remain. Most deaths are preventable and/or can be effectively treated. Systemic reform efforts are needed to address health system challenges by upgrading the infrastructure, supplying essential equipment, and improving the quality of care.

The overall goal of this project is to support the Ministries of Health of the Republic of Uzbekistan and the Republic of Karakalpakstan (RoK) to ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for secondary level perinatal referral facilities, and to improve quality of maternal and newborn health service. The project will cover 8 out of 15 districts including 3 districts that have most suffered from land degradation, reduction of biodiversity, climate change, deterioration of the health of the population. Annually, about 20,000 pregnant women and newborns will benefit from this project.

The expected outcome is by 2020 mothers and newborns in the RoK, especially the most vulnerable have received quality perinatal healthcare service. The outputs are:

- Secondary level perinatal care facilities have improved their infrastructure and are equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services.

- Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns.

These results aligned with the results framework of UN Multi-Partner Human Security Trust Fund for the Aral Sea region (MPHSTF) and United Nations Development Assistant Framework (UNDAF) outcomes.

The project will use following implementation strategies to achieve results namely, improvement of service delivery, build partnerships, contribute to capacity building and evidence generation. Monitoring and evaluation plan will be put in place at the start of the project. The project will establish a Coordination Council for coordination and project management to ensure smooth implementation and sustainability of the project. The project will also address gender issues and women's empowerment.

To achieve the goal and objectives set for the project, a total of 1,829,155 USD is budgeted including USD 1,619,666 from MPHSTF and USD 209,489 in kind contribution from UNICEF (USD155,489) and UNFPA (USD54,000), for the period of August 2019 to December 2020.

[1] UNICEF, situation analysis on neonatal health in Uzbekistan 2018

2. Situation Analysis

The Aral Sea region remains the most vulnerable and deprived region of Uzbekistan. Once the fourth largest inland lake in the world, it is currently down to 10% of its original size. The drying of the Aral Sea has triggered large-scale health, environmental, socio-economic and demographic problems in affected areas.

The climate is naturally arid, therefore the local population has long depended on the water from the Amu Darya for agriculture irrigation, and – in the past - on the Aral Sea for fishing activities. Following the drying up of the Aral Sea and the reduced flow of water in the lower reaches of the river, local livelihoods have become increasingly threatened and multiple interconnected health challenges have emerged.

The low precipitation (100–200 millimetres annually), high summer temperatures of 40°C and low winter temperatures of down to −23°C trigger frequent dust storms which now blow thousands of tonnes of salt and toxic chemicals from the former seabed.

High poverty levels, malnutrition, exposure to dust storms, and the deteriorating quality of drinking water have negatively impacted the health of the local population, resulting in high rates of disease and mortality. The incidence of anemia among children in Karakalpakstan is 30% higher, hematological diseases (leukemia, coagulopathy, etc.) 2.5 times higher, and asthma is 2 times higher than respective national averages.

The maternal mortality ratio (MMR) declined from 33.1 in 2000 to 21.0[2] in 2017 per 100 000 live-births in Uzbekistan. Nevertheless, in Karakalpakstan the ratio at 28.7 in 2018 was considerablly higher than the national average. Most maternal deaths were caused by severe bleeding, pre-eclampsia and sepsis. Therefore, there is still room for improvement since most maternal deaths can be averted if women have timely access to quality maternal health care services to deal with issues related to pregnancy and childbirth. The health of mothers and the condition of childbirth substantially influence the health of newborns. Thus, ensuring the good health of mothers and improving maternal health care is also very important to reducing neonatal mortality.

According to the State Committee on Statistics, in 2000 the infant mortality rate in The RoK totaled 20.5 per 1000 live births, and the neonatal mortality rate was 7 per 1000 live births. By 2013, infant and neonatal mortality rates decreased to 11.4 and 6.2 per 1000 live births respectively. However, this is under-estimated as Uzbekistan did not use standard definition recommended by WHO.

Table 1 shows a slight downward trend in the birth rate in comparison with 2015. The number of stillbirths remains high with a slight decrease. The absolute number of newborn deaths in the first week of life tends to gradually increase. Consequently, the perinatal mortality rate also slightly increased in 2017 then decreased in 2018. In the past four years there has been a growth trend in neonatal mortality.

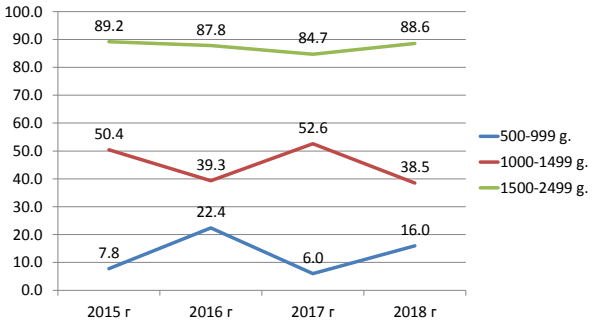
[2] https://gender.stat.uz/ru/osnovnye-pokazateli/demografiya/smertnost/122-materinskaya-smertnost-ru

Table 1. Data on births and mortality, by years (2015, 2016, 2017 and 2018) in Karakalpakstan[3]

	Maternal mortality	Live births. Abs. number	Stillbirths. Abs. number	Stillbirths in antenatal period.	Stillbirths in intranatal period.	Deaths in the first 0-6 days. Abs. number	Deaths in the late neonatal period. Abs. number	Total deaths in the neonatal period. Abs. number	Perinatal mortality.	Early neonatal mortality. Per 1000 live birth	Late neonatal mortality. Per 1000 live birth	Neonatal mortality. Per 1000 live birth
2015	31.6	40978	253	246	7	294	47	341	13.3	7.2	1.1	8.3
2016	25.8	38982	262	255	7	302	59	361	14.4	7.7	1.5	9.3
2017	13.8	36230	234	224	10	325	66	391	15.3	9.0	1.8	10.8
2018	28.7	38464	183	179	4	326	57	383	13.2	8.5	1.5	10.0

Analysis of survival rates of newborns in The RoK[1] across all weight groups (Figure 1) revealed an increase in the survival of babies born at 500-999 grams of body weight from 7.8% in 2015 to 16% in 2018. A slight decrease in survival is observed in the weight group of 1000-1499 grams from 50.4% to 38.5%. Survival of newborns weighing between 1500-2499 grams in 2018 is greater at around 88% but lower than in the majority of other regions of the republic of Uzbekistan. However, this weight group has a large potential for reducing neonatal mortality, as there are effective and affordable nursing technologies to save lives of such newborns.

Figure 1. Newborn survival rate by weight groups



The leading causes of early neonatal mortality in The RoK are conditions related to prematurity (67.8%), congenital anomalies (9.8%), and infection (8.2%). In the late neonatal period, prematurity (56%) remains as the first reason, but the second cause of deaths is infections (15%) and third is congenital anomalies (9%)[4].

The Ministry of Health (MoH) of the Republic of Uzbkistan issued order No. 185 on the Regionalization of Perinatal Services in the Republic of Uzbekistan in 2014. This order approved detailed physical standards for equipment, furniture, medical instruments and assistance kits in maternity hospitals, by level (I, II and III) and specific ward/unit; lists of the skills, knowledge and competencies of specialized staff (e.g. neonatologist, obstetrician etc.) by level and a list and categorization of maternity hospitals in Uzbekistan by level and region.

[3] BABIES matrix data provided by MoH
[4] Ibid.

According to the order, Level I perinatal care facilities provide services to normal pregnancies/deliveries or with minimal risks during pregnancy/deliveries, having 37 or more weeks of gestation period, and ensure the care of newborns who are healthy or have minimal adaptation problems. Level II perinatal of care facilities provide specialized services to normal pregnancies/deliveries with minimal or high risks of pregnancy/delivery, as well as premature delivery around the 34 weeks of gestation period, and ensure care of newborns, including those who need specialized treatment and care. Level III of perinatal care facilities provide specialized services to normal pregnancies/deliveries with minimal, medium and high risks of pregnancy/delivery, as well as premature delivery before 34 weeks of gestation, ensure care of newborns, including those who need highly specialized and intensive treatment and care, which are not available at the second level.

The MoH of Republic of Uzbekistan with MoH in the RoK decided to give tertiary (level III) facility status to the Karakalpak branch of Republican Specialized Scientific Center of Obstetrician-Genecology (KbRSSC of O&G). The maternity wards at District Medical Unit (DMU) of Beruni and Kungrad districts and maternity ward of Nukus city medical unit were selected as level II perinatal facilities. Remaining maternity hospitals are considered as level I perinatal care facilities.

The tertiary perinatal healthcare institutions in the RoK provide care to more than 70% of newborns with extremely low and very low body weight and to more than 40% of low-weight babies born prematurely. The high birth rate of low-weight babies in the tertiary perinatal center, leads to an overload of intensive care units and intensive care centers as opposed to the situation in primary and secondary perinatal institutions. The overload in tertiary perinatal healthcare institutions can be prevented if level II facilities can provide care based on MoH criteria for regionalization of perinatal services.

The maternity ward of Beruni DMU is providing a service for a population of 181,000 and will be the referral institution for Turtkul and Ellikala districts which have a population of over 360,000. The public service radius of Beruni maternity ward will be around 100 kilometres[5]. The maternity ward of Kungrad DMU is providing a service for a population of 128,000, and will be the referral institution for three districts (Muynak, Shumanay and Konlikul) with a collective population of over 140,000. The public service radius of Kungrad maternity ward will increase and reach for more than 100 kilometres. The maternity ward of Nukus city medical unit will provide service for a population of 331,000 from the capital of the republic and to districts surrounding the city.

Data about major health care indicators on perinatal services is presented in table 2. Annually, more than 8,500 deliveries happen in maternity hospitals selected as second level facilities; this is 23% of the total number of deliveries in The RoK. Undoubtedly, the number of deliveries will soon increase as maternity hospitals will start functioning as referral institutions. Around 10% of deliveries deemed complicated according to referral criteria will be forwarded to referral facilities and will require special care.

[5] Data provided by MoH of the RoK

Table 2. Major healthcare indicators of targeted level II perinatal care facilities (2018)[6]

	Number of population	Number of deliveries	Fertility rate	Maternal mortality	Perinatal mortality	Neonatal mortality
Beruni district	183,900	4,618	24.1	22.5	12.0	8.0
Kungrad district	128,500	2,676	20.1	39.1	8.6	7.2
Nukus city	331,164	1,568	18.8	34.2	18.7	17.5

The proportion of complicated deliveries fluctuates from 6% to 16% in these perinatal facilities. One in every 5 pregnant women have pregnancy complications that need special attention and care. The survival rate of newborns in the weight group 1000-1499 grams in second level facilities is 52%. The survival of newborns weighing between 1500-2499 grams in 2018 is 94%. The introduction of effective, evidence-based and affordable medical technologies will help to save 50-75% low birth weight newborns and will result in decreasing neonatal and infant mortality.

An endline study on "Improvement of Mother and Child Health Services. Phase II" project[7] conducted in 2015 allowed for the identification of common problems related to infrastructure, namely: water supply interruptions, no access to hot water, power outages, and insufficient heat/cooling sources in maternity. However, in spite of significant government efforts, level II perinatal care facilities are still facing problems related to infrastructure, for instance, power fluctuation and outages influencing the provision of care for pregnant women and newborns. Beruni district maternity has been facing problems with interrupted water supply and high humidity in some rooms. Oxygen is not available in the delivery rooms and neonatal intensive care units. Wiring for medical equipment requires replacement to ensure the operation of modern equipment in all target facilities. Taking into account the fact that the sharply continental climate in summer time is very hot, cooling equipment in maternity hospitals is also important to ensure comfortable conditions for patients and medical personal.

An assessment visit conducted by UNICEF, UNFPA and MoH of the RoK in 2019 identified that the available equipment did not meet minimum requirements for maternity, surgery and neonatal wards. Most of the equipment was procured around 10 years ago. The available equipment cannot cover the needs of the second level facility to ensure quality of care. Taking into account that the leading cause of neonatal mortality is immaturity, special equipment for low birth weight babies should be in place. Medical staff should also have knowledge and skills to operate modern equipment.

Despite notable improvements over the past years, uneven and sub-optimal quality of care remains an important determinant of the health status of pregnant mothers and newborns. Protocols, guidelines, tools (e.g. the BABIES Matrix) and audit procedures have been introduced in maternity hospitals, however there are indications that their use in case management and record keeping is problematic. The quality of maternal and newborn care has room for improvement in the care for small sick newborns and maternal complications. Laboratory support is performing slightly better; however, some investments are

[6] Data provided by MoH of the RoK

[7] Ministry of Health of the Republic of Uzbekistan, European Union and UNICEF (2015) Summary of Results. Endline Assessment of the Quality of Outpatient and Inpatient Medical Services Provided to Women and Children In Uzbekistan. Project "Improvement of Mother and Child Health Services. Phase II".

necessary to ensure provision of care based on standards. For example, the availability of rapid tests should be improved.

While the availability of health data (e.g. demographics, resources, activity of health facilities, health financing) does not appear to be a concern, the same cannot be said of data quality. The Presidential Decree on health care reforms has indicated the importance of improving health management information systems. The second level perinatal facilities in the RoK have shortcomings in data collected on deliveries, perinatal outcomes and newborn development, therefore, data collection processes, practices and analysis in maternity hospitals should be improved.

According to Uzbekistan National Nutrition Survey data from 2017, exclusive breastfeeding for the first six months in the RoK is 68.8 per cent. There is significant room for improvement in exclusive breastfeeding practice. The knowledge of mothers on newborn danger signs, essential care for newborn and essential care for small babies also requires attention. The counselling skills of health care providers should be improved to ensure appropriate knowledge and practices among the target population to prevent the negative impact of behaviors on the health of the population, especially mothers and newborns.

Overall, while the available evidence highlights the MOH's efforts and commitment towards reforming maternal and newborn care in the RoK and notes improvements over the past few years, serious shortcomings remain. Three level II perinatal facilities do not have appropriate equipment and conditions to ensure the high-quality health services and access to modern life saving technologies for pregnant women and newborns. Significant efforts should be made to ensure quality of care for mothers and newborns. Special attention should be focused on capacity building of health care providers on providing evidence-based care, the use of modern equipment and raising the awareness of the target population. Therefore, the MoH of the Republic of Uzbekistan with the MoH of the RoK has requested UNICEF and UNFPA to support them in establishing level II perinatal care institutions that are in accordance with approved standards of care.

3. Strategies, including lessons learned and the proposed project

Strategic Context

The Government of Uzbekistan gives high priority to maternal and child health. The President of the Republic of Uzbekistan Shavkat Mirziyoyev in his speech on 7 March 2019 on the occasion of the upcoming International Women's day, noted that ensuring public health would be the future of the country, and a very important element of public health was the health of women and children. In this regard, he emphasized the importance of perinatal, screening centers, and centers of reproductive health, multidisciplinary and rural family clinics.

Since 2005, the country managed to reduce maternal mortality by 30%, and infant mortality by almost 2.5 times due to early detection and timely treatment. In 2018 alone as a result of screening during pregnancy, the risk of developing severe pathologies in 5,000 newborns was prevented.

According to the Presidential Decree #5590 of 7 December 2018 on reforming the healthcare system in Uzbekistan one of the areas to improve is maternal and child health, especially in the regions. For this, the government gave high priority to equipping and improving the work of level 2 and 3 perinatal institutions. As a result of these actions the government envisions a further reduction of maternal death from 21 in 2017 to 15 in 2025, neonatal death from 7.8 to 5, infant mortality from 11.5 to 7.5, and child (under 5) mortality from 15.4 to 9.8.

Government Resolution #841 on national SDGs extends government's maternal and child health related priorities until 2030 with the following targets:

- By 2030 reduce maternal mortality ratio by one third;
- By 2030 reduce newborn and child (under 5) mortality by half.

A socio-economic survey of the needs of the population in the Aral Sea region conducted in 2017[8] also indicatedthat the quality and accessibility of healthcare services did not meet people's expectations. The programmatic framework of MPHSTF further clarifies this by noting that infant (up to 1 year) and child (up to 5 years) mortality in The RoK is 1.3 and 1.2 times higher than the national average, and maternal mortality rate is 1.5 times higher.

Maternal and child health are at the center of the government's health agenda. The people of Karakalpakstan also voiced health as one of the biggest health insecurities prevalent in the region. Maternal and child health indicators in this region are far lower than national averages. In this regard, the current project proposal focuses on one of the most important and immediate health security issues that the people of Karakalpakstan have.

Lessons learned

MoH, UNICEF and European Union "Improvement of Mother and Child Health" Phase II large-scale project in early 2010 had attempted to strengthen institutions and develop capacity in eight regions and has resulted in significant improvement of health care situation in the selected regions in terms of knowledge and specialist skills, practice, and provision of basic equipment and drugs. However, at that time, WHO's quality of care framework was not available. The interventions were not in a systematic way, the monitoring system, procurement and logistics require further improvement. The referral system is also insufficient.[9]

The project will also contribute to the achievement of UNDAF Outcome 4: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course. The project will especially increase the number of health facilities in targeted regions applying newborn and child survival standards/protocols recommended by WHO and UNICEF.

[8] A socio-economic survey of the needs of the population in the Aral Sea region, MPHSTF secretariat 2017

[9] [Report on the results of the endline assessment of the quality of medical services provided to women, newborns and children at outpatient and inpatient levels in the Republic of Uzbekistan], 2015

The project goal will contribute to human security in the Aral Sea region with a special emphasis on Mother and Newborn Health Care (SDG 3).

The objectives of this project is to support the MoH of The RoK:

- to ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for level II perinatal referral facilities
- to increase the quality of mother and newborn health care services, and to increase the awareness of families to make informed choices about health and nutrition.

The expected project outcome, "by 2020 mothers and newborns in The RoK, especially the most vulnerable have received quality perinatal healthcare service", is in line with the MPHSTF result framework OUTCOME 4: The overall health of the local population improved, and healthy lifestyle promoted.

The project will employ following implementation strategy.

- **Service delivery**

The project will improve the infrastructure of targeted referral facilities by investing in improving water supply, upgrading wiring to ensure uninterrupted power supply for all equipment in the maternity, install ventilation and the air conditioning in key rooms.

The project will also provide essential, modern equipment to three facilities, to ensure access of women with complicated deliveries, sick and small newborns to life saving technologies. The approach will ensure physical assess of vulnerable groups of mothers and newborns from 8 districts of The RoK to appropriate hospital care conditions and critical life-saving equipment. Improved infrastructure and availability of equipment will allow district-level management teams to improve referral system efficiency and the overall performance of the perinatal healthcare system in The RoK.

- **Partnerships**

UNICEF and UNFPA jointly with the MoH of the Republic of Uzbekistan and Karakalpakstan conducted a rapid needs assessment in three level II facilities. Based on the rapid assessment, a preliminary list of necessary equipment has been developed. Representatives of local governments will be fully involved in project implementation to ensure transparency and accountability. The project will also work in collaboration with the MoH of the Republic of Uzbekistan to ensure the custom clearance of all goods received in the framework of the project realization. UNICEF will contribute to the procurement of equipment by covering the travel costs and per-diems of the international supply specialist. UNICEF and UNFPA will do their best to collocate project implementation staff with the team of the UN Joint Program to ensure synergies and better coordination with the UN JP existing health focus.

- **Evidence generation**

The project, jointly with national experts, will conduct a baseline assessment of quality of care for mothers and newborns in 8 perinatal care facilities, to identify bottlenecks and key areas of pregnancy, childbirth and newborn care that need to be improved. The WHO tool "Assessment tool for the quality of hospital care for mothers and newborn babies" will be used.

Based on the results and recommendation of the assessment of quality of care for mothers and newborns a capacity building and supervision action plan will be developed in collaboration with national, local experts and the project staff. The plan will include critical areas for improving quality of maternal and newborn care. A detailed implementation timeline and responsible specialists which will be used by the project governance team to monitor implementation status.

A final assessment of the project will be done during the last semester of the project to measure achievements against selected indicators. The same WHO tool ("Assessment tool for the quality of hospital care for mothers and newborn babies") used for baseline assessment will be used for this activity. The partners will be involved in the final assessment to ensure accountability. Qualitative data collection will be part of the final assessment and will allow for data collection that is non-numeric, will help to explore how decisions are made and will provide detailed insight. A report with findings and recommendations will be developed and shared with all interested parties. The project will pay special attention to documenting achievements and will develop human interest stories to share with all stakeholders and future potential donors.

The project will also address the shortcomings in data collection through technical support to improve data collection and analysis.

- **Capacity development**

The program will focus on strengthening the existing perinatal care system with particular focus on capacity development for the effective functioning of level II referral facilities. Before capacity building activities, the project, in consultation with national counterparts, will identify training materials to be used.

Taking into account that the leading cause of neonatal deaths is prematurity, advanced training on care for premature babies will be organized. The national team of trainers will train the team of neonatologists and neonatal nurses on the latest evidence-based technologies.

The project will also provide training in Emergency obstetric care for obstetrician-gynaecologists and midwifes from the selected facilities, in addition to developing practical anaesthesiology skills– resuscitation doctors focused on providing quality intensive care during labour when needed. Technical assistance will be provided for capacity building and establishing supportive supervision.

The MoH has a policy on supervision and the project will use this opportunity to equip health managers and health care providers from selected facilities with expertise on Supportive Supervision. National level experts will be involved in capacity building on supervision. Forty managers and experienced health care providers will be trained on how to perform different types of supportive supervision to ensure the improvement of quality of care in their facilities. The next important step to ensuring the application of new knowledge and skills in every day practice is supportive supervision visits. At least 3 national and local teams of experts (obstetrician-gynecologist, neonatologist and midwife) will visit facilities were staff have been trained, to help them to identify barriers in the implementation of new practices, find solutions and support them in addressing problems. Supervisors will use visits to maintain knowledge and skills gained

during the trainings and to provide practical support in the provision of care for mothers and newborns. Supervisors will provide coaching online or onsite to health care providers. Two visits will be supported by the project, the first two months after training and the second, 6 months after training. The supervisors will work for at least 2 days in each facility.

Another proven way to ensure the sustainability of evidence-based technologies is on-the-job trainings. The top experts (obstetrician-gynecologist, neonatologist, midwife and neonatal nurse) at the national level will work for at least 3 days in selected facilities together with health care providers. The national experts will teach facility staff based on a "peer to peer" approach. Health care professionals from targeted facilities will also receive the opportunity to work in tertiary level national perinatal care facilities to learn in depth about some important and complicated healthcare technologies.

In addition, a perinatal audit and Near Miss Case review will be introduced to ensure a continuous quality improvement process. Effective maternal and perinatal audits are associated with improved quality of care and a reduction of severe adverse outcome. Although maternal audits at the level of care have been formally introduced in The RoK, little information is available about their existence, performance, and practical barriers to their implementation. Perinatal audit implementation is planned by the MoH in 2019 and will help to keep health professionals informed of the deficiencies/successes in their practice. The project will use expertise available at the national level to build capacity and to support implementation at district level in The RoK. Activity will start by capacity building of teams from 8 maternity hospitals (40 managers and health professionals). To ensure, at management level, support, motivation and recognition of need and at the implementation level, motivation, commitment, dedication, insight and expertise, a national expert will provide two supportive supervision visits and will provide technical support in preparing an annual audit report with recommendations.

UNICEF is supporting the MoH of the Republic of Uzbekistan to implement strategies focused on increasing the capacity of health managers to put into practice evidence-based and equity-focused district health system strengthening plans. UNICEF support to District Health System Strengthening resulted in the improvement of regional health system performance by 33 % in Surkhandarya and by 28 % in Khorezm regions by 2018. This was measured by overall quality scores and compared to a 2016 baseline District Health System Bottleneck Assessment. UNICEF will use the experience gained there in The RoK. The project will arrange training of managers on the four steps—Diagnose, Intervene, Verify and Adjust (DIVA) to strengthen the district health system, build managerial capacity and empower communities. 20 health managers from 8 maternity hospitals will be trained how to use the methodology and tools support a systematic examination of supply-side, demand-side and managerial performance bottlenecks, and provides district teams with better data for assessing the effectiveness and quality of the services they provide.

Sixty-three health care providers will be trained in continuous quality improvement. The purpose of continuous quality improvement programs is to improve health care by identifying problems, implementing and monitoring corrective action and studying its effectiveness. An international and national trainer will facilitate the workshop. The cost (fee and travel) of the international expert will be UNICEF's contribution to the project.

The project will support managers to use DIVA as a routine and integrated approach to track the achievement of improved mothers and newborns survival outcomes and will support health professionals to implement continuous quality improvement measurements through technical support and supportive supervision visits. Support will also be provided to ensure that planned and implemented activities are responsive to the specific needs of marginalized groups.

The project will also support experience-exchange and learning visits. This is an instrument to improve the knowledge and practices of the visitors and their organizations, and to integrate the experience gained from the visit into their daily lives. The aim is to exchange experiences and discover new viewpoints and approaches on a specific theme. At least one visit to three level II perinatal facilities will be organized in collaboration with local health authorities.

The project will establish training rooms for health care providers and procure simulation equipment to conduct training.

To implement those strategies, the project will hire two national consultants (one expert in the field of neonatology and the second in obstetrics equipment) to develop a specification of equipment and medical consumables needed for selected level II perinatal care facilities. In addition, the project will hire an national supply officer for nine months to support in the development of the specification of equipment and procurement process. The specification for each type of equipment will be developed in close collaboration with national and regional partners and agreed with the MoH.

As result of the implementation of the above-mentioned strategies, three level II perinatal care facilities will have improved infrastructure and will be equipped with modern equipment to ensure access of the population to evidence-based and equitable perinatal health services

Project team will regularly monitor the progress, identify problems, refine and adapt implementation strategies, and assess the efficiency of interventions. Support will be provided to MoH for review of national and oblast level monitoring and evaluation (M&E) systems on MCH. A system of regular meetings by the district and regional health team will be enhanced/established to stimulate use of information. The project will use an internal monitoring approach to ensure quality of trainings and supervision visits. A joint monitoring team with MoH and MPHSTF will be established to monitor the progress of the project. The project will create a training database for project reporting.

To ensure the sustainability of the project, UNICEF and UNFPA will work at the national level with the MoH of Uzbekistan. UNICEF will provide technical support in developing/adapting 4 guidelines and standards in the field of neonatal care. UNICEF will support the updating of the neonatal care curriculum in pre-service and in-service education for health providers. As a long-term sustainability activity UNICEF will support the MoH in the development of a costed Maternal Newborn Child Health basic package and MNCH indicators by providing international expertise and support from a national working group. In addition, UNICEF will support the development of a quality improvement strategy, mechanism, tools and performance indicators at the national level. An international expert will be recruited by UNICEF and will provide support to the project to implement continues quality improvement activities.

The UNICEF child health and wellbeing section chief will allocate 20% of their time to supervising project implementation and providing overall technical guidance on this project. UNICEF finance and administrative officers will allocate 10% of their time to ensuring financial support to this project implementation.

The UNFPA programme analyst on reproductive health will be allocating 20% of his time to the project activities and its implementation, in addition to 10% of time allocation of the Administrative and finance associate for this project.

Improved quality of services and counselling skills will reduce preventable deaths and will attract pregnant women, especially the most vulnerable, to use perinatal care services. By focusing on the most vulnerable, the whole health system will achieve better outcomes for all mothers and newborns.

Beneficiaries

There are 1.4 million people living in rural and urban areas of The RoK. Out of this 643,000 are living in selected districts (Beruni, Kungrad districts and Nukus city) and 500,000 live in districts (Turtkul, Ellikala, Muynak, Shumanay and Konlikul) which refer their pregnant women with complications and sick and small newborns to level II referral facilities. The project will cover in total 8 out of 15 districts of The RoK to improve perinatal care service, including the 3 districts that have suffered most from land degradation, reduction of biodiversity, climate change, deterioration of the health of the population.
Annually, the project will reach more than 8,000 pregnant women and newborns living in targeted districts and around 9,800 pregnant women and newborns living in five referring districts.
It will reach 90 doctors (including obstetrician – gynecologists, neonatologists and resuscitation doctors), 200 midwives, 160 nurses and 20 health care managers.
In the longer term, the Karakalpakstan health sector and its beneficiaries will benefit from low cost, high impact maternal newborn health care services. Effective implementation of evidence based medical care will contribute to a reduction of maternal and neonatal morbidity and mortality.

Mainstreaming of gender and women's empowerment

The project will train nurses and other health care professionals to develop their capacity to be gender sensitive in all aspects of care, irrespective of culture, religion, class, race and socio-economic status. Improvement of quality of care will cover issues related to discriminatory attitudes of health care sector workers.

In addition, the project will strengthen positive engagement among fathers and male relatives in caregiving in support of newborn health. The project will primarily address the notion that newborn care is only a women's issue. Some strategies that have proven to be effective in the facilities include interventions where men engage in "skin to skin", "kangaroo mother care" and early childhood development. The project will invest in generating more evidence and analyzing sex-disaggregated data for newborns.

The project will measure, and report sex-disaggregated data on births, neonatal mortality and morbidity. The project Logical framework matrix has information on indicators related to gender equality and women's empowerment.

Sustainability

The Ministry of Health (MoH) issued order No. 185 on the Regionalization of Perinatal Services in the Republic of Uzbekistan in 2014. This project supports MoH to implement this order and the project will be sustained further while MoH implements this order.

The project will establish a Coordination Council at regional level as an output of the project that guarantees the ownership and sustainability of coordinated efforts to improve maternal and newborn health in the RoK. The project will ensure a shift of the Coordination Council from a project-based approach to a sector-wide approach. This serves as a platform for policy dialogue, supporting health reform and the exchange of experience among relevant stakeholders in maternal newborn and child health. It contributes to system level changes and the sustainability of interventions implemented with the support of different partners. A technical assessment of the cost of equipment will be conducted and training on how to use the equipment will be conducted and jointly with the MoH. The equipment procured will be formally handover to health facilities and the project will advocate with MoH to including maintenance cost in regular budget.

Health care managers will be trained in continuous quality improvement approaches to ensure the integration of sustainable elements by addressing identified health system barriers/bottlenecks. To support the sustainability of quality MCH services, the project will ensure the introduction of new knowledge and skills in daily practice through a supportive supervision and mentoring approach. The project will support the introduction of evidence-based standards of care approved by the MoH by establishing regional training capacity for human development and the introduction of an enhanced statistical reporting system. The Nukus branch of Tashkent Medical Pediatric Institute and Karakalpak center for post-service training will be involved in capacity building and will continue to train new cohorts of students, who, from the start of their professional careers, can contribute to reducing neonatal mortality rates and improving maternal health by applying life-saving skills for mothers and newborns.

The sustainability of service delivery will be ensured through the application of modern approaches for maternal and newborn survival through building the capacity of all health professionals involved in the provision of care at level II facilities. The project will establish and equip training rooms in each facility to provide opportunities for health care providers to practice skills and maintain knowledge.

Improved infrastructure and availability of new life saving equipment will ensure access to quality health care services and the project will advocate for putting in place a maintenance system.

In addition, activities supported by UNICEF at the national level to create an enabling environment, to formulate evidence-based regulatory frameworks and budgets for key maternal and newborn health packages of interventions, to update neonatal care curriculum in pre-service and in-service education of health providers will also contribute to the sustainability of the project results.

UNICEF will focus on improving quality of newborn care including procurement of equipment related to newborn health and capacity building on improving quality of newborn care. While UNFPA will focus on

improving quality of maternal care including procurement of equipment related to maternal health and capacity building on improving quality of maternal health care. UNFPA will support improving the infrastructure of targeted referral facilities by investing in improving water supply, upgrading wiring to ensure uninterrupted power supply for all equipment in the maternity, introduction ventilation and the provision of air conditioning in key rooms. The joint work between UNICEF and UNFPA is crucial as newborn health cannot be improved without improving maternal health.

4. Results Framework

Situation and determinant analyses suggest that inadequate infrastructure, lack of equipment, poor quality of health services, especially at referral facilities, and the poor knowledge and practices of caregivers are the major bottlenecks for mother and child survival and wellbeing.

Substantial improvements in maternal and newborn health can only be achieved through a comprehensive approach that combines both supply, quality and demand side interventions. Improving infrastructure, making available modern equipment, ensuring access to quality maternal and newborn care and influencing populations' knowledge, and attitudes are key effective strategies that will impact on maternal and newborn health. The project outputs are focused on eliminating the above-mentioned bottlenecks. Outputs developed under the outcome are based on Government priorities, UNDAF priorities and the situation analysis.
Expected outcome result: By 2020 mothers and newborns in The RoK, especially the most vulnerable have received quality perinatal healthcare services.

Output 1: Second level perinatal care facilities have improved infrastructure and are equipped with modern equipment

Rationale: Sustainable access to perinatal health care services and a reduction in equity gaps could be achieved through addressing priority bottlenecks in infrastructure and the availability of essential equipment for women with complicated deliveries and sick and small newborns.

The assumptions are that health will continue to be high on the national, regional and district level government agenda and government will continue to allocate human and financial resources for equitable and quality health programmes and interventions. In particular, it is assumed that delivering services to the most disadvantaged is given priority. The referral system will be functioning. The population will have more trust in health care facilities with appropriate infrastructures and modern equipment and will utilize the potential of the perinatal referral system.

The main risks in implementing the outputs are: availability of water and power supply in the selected districts; insufficient supplies and commodities for provision of care; low ownership of local government in supporting the project; lack of motivation of managerial staff to improve the perinatal referral system; lack of knowledge and skills of health care providers to use equipment. Complicated customs clearance and the registration rules applied to new equipment may take a long time and influence project implementation.

Mitigating risks**:** measures will be focused on advocacy activities with the local government to ensure uninterrupted water and power supply for level II perinatal facilities; policy dialogue and advocacy will be used to ensure funds allocation for procurement of supplies and commodities for provision of care for mothers and newborns; developing the capacity of health managers to address the barriers and bottlenecks in an effective referral system; building the capacity of health care providers on use of modern equipment. To work with MoH and other government officials to ensure the smooth customs clearance and registration of new equipment

Output 2: Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns

Rationale: A sustainable and progressive realization of women's and children's rights and a reduction in equity gaps could be achieved through changes at the system level. This will translate into effectively addressing priority bottlenecks to providing evidence-based and high impact interventions that ensure mother and child survival, and development. The reduction of maternal and neonatal mortality in Karakalpakistan has reached acritical point where future decreases are impossible without improving the quality of perinatal care and removing key bottlenecks and barriers related to quality and demand. UNICEF and UNFPA has been working to introduce highly effective life-saving technologies for the mother, as well as newborn health care to improve the quality of services and reduce morbidity and mortality rates. Under this output the project will focus on reducing the quality of care side bottlenecks, specifically related to emergency obstetric care, neonatal resuscitation and care for premature newborns.

The assumption is that the systematic approach to capacity building to health care providers and continued support of level II facilities' health workers with adequate supervision and monitoring will improve quality of care on emergency obstetric care, neonatal resuscitation and care for premature newborns and improve mothers' practices on newborn care and development. This will contribute to better mother and child survival. Health professionals will be open to receiving new knowledge and skills to improve their practices.

The main risks in implementing the outputs are: lack of managerial support to implement appropriate quality of care and use of data for evidence-based decision making; lack of reliable data for decision making; insufficient budget allocation for medicine and supply; lack of motivation and capacity of health care providers; low sustainability of supportive supervision system, turnover of key management staff of selected facilities and health care providers.

Mitigating risks measures will be focused on advocacy activities with the local government to ensure provision of funds for procurement of medicine and supply for level II perinatal facilities; creation of enabling environment for strengthening supportive supervision and motivation; capacity development of health managers and health care providers; introduction of software for routine data collection; involvement of key decision makers in all steps of planned activities; advocacy and policy advice to create an operating space for developing quality improvement plans; knowledge management and exchange will be used as a tool for dissemination of results and to motivate decision makers and health professionals. Table 3 Result Matrix provide result framework. Table 4 Risk Ranking Matrix provides full risk log.

Results Framework

Table 3. Results Matrix

Title of the programme:	Improvement of quality of perinatal care service to most vulnerable mothers and newborns							
UNDAF Priority Area	UNDAF Outcome 4: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course.							
Relevant National SDG(s)	SDG3. Ensure healthy lives and promote well-being for all at all ages							
Expected Results (Outcomes & outputs)	**Indicators**						**Means of verification/ Frequency**	**Responsibilities** (PUNOs and national partners)
	Indicator description	**Baseline**		**Target** (cumulative)				
		Value	**Year**	**2019**	**2020**			
				S2	**S1**	**S2**		
Programme outcomes	Contribution to the MPHSTF outcomes: The overall health of the local population improved, and healthy lifestyle promoted.							
Outcome By 2020 mothers and newborns in the RoK, especially the most vulnerable have received quality	Proportion of survival of low birth weight newborns (1000 – 2499 gr) in targeted facilities	76 % (in three selected facilities in 2018)	2018	76% (in three selected facilities (male, female)	78% (in three selected facilities (male, female)	80% (in three selected facilities (male, female)	MoH data (babies matrix)/once per 6 month	UNICEF, UNFPA MoH

perinatal healthcare service.	% of mothers satisfied with perinatal health services in selected facilities	TBD after the baseline assessment in October 2019	2019			TBD after the baseline assessment in October 2019	Exit interview	UNICEF and MoH are responsible for newborn part UNFPA and MoH are responsible for maternal part
Programme outputs								
Output 1. Secondary level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services.	1) Number of medical institutions with improved infrastructure	0	2019	0	0	At least 2 level II perinatal facilities	Quarterly based on project document	UNFPA and MoH
	2) Number of medical institutions equipped with modern equipment	0	2019	0	0	At least 3 level II perinatal facilities	Quarterly based on Project document	UNICEF and MoH are responsible for newborn part. UNFPA and MoH are responsible for maternal part
Output 2. Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and	# of health care professionals trained	0	2019	50	300	400	Project report	UNICEF, UNFPA and MoH
	# of supportive supervision visits	0	2019	2	6	8	Project report	UNICEF, UNFPA and MoH
	% of perinatal deaths audited	0	2019	5%	15%	25%	Monitoring reports,	UNICEF and MoH

support to pregnant women and newborns							final assessment report	
	% of maternal complications reviewed	0	2019	5%	15%	25%	Monitoring reports, final assessment report	UNFPA and MoH
	Number of quality improvement plans implemented	0	2019	0	1	At least 2	Monitoring reports, final assessment report	UNICEF and MoH
	HMIS for perinatal services developed and introduced in 3 level II maternity hospitals	No	2019	0	1	At least 2	Monitoring reports, final assessment report	UNICEF and MoH

Table 4. Risk Ranking Matrix

Risks	Character	Impact	Probability	Mitigation Strategy
Long procurement and registration process for new medical equipment which may jeopardize the achievement of project results	Operational	High	Medium	The procurement process will start as early as possible after the specifications are agreed, and the MoH will be requested to share and agree list of equipment with relevant government bodies to expedite custom clearance and registration.
Availability of water and power supply in the selected districts	Enabling environment	High	Low	Advocacy activities with the local government to ensure uninterrupted water and power supply for level II perinatal facilities
Insufficient supplies and commodities for provision of care	Enabling environment	High	Medium	Policy dialogue and advocacy will be used to ensure funds allocation for procurement of supplies and commodities for provision of care for mothers and newborns
Lack of motivation of managerial staff to improve perinatal referral system	Performance	Medium	Medium	Developing the capacity of health managers to address barriers and bottlenecks in effective referral system
Insufficient capacities of perinatal centers' staff to master new equipment and provide quality services	Programmatic	High	Medium	The project proposal includes component on training, which will further be strengthened and tailored to the needs of staff of perinatal centers
Lack of managerial support to implement appropriate quality of care and use of data for evidence-based decision making	Programmatic	High	Medium	Capacity building of managers on DIVA approach and support in HIMS (software) implementation
Lack of motivation and capacity of health care providers	Performance	High	Medium	Capacity development of health managers and health care providers and supportive supervision. Knowledge management and exchange will be used as a tool to motivate decision makers and health care providers
Low sustainability of supportive supervision system	Programmatic	Medium	Medium	Creation of enabling environment for strengthening supportive supervisions and motivation
Turn over of key management staff of selected facilities and health care providers	Loss of support	Medium	Medium	Involvement of key decision makers in all steps of planned activities; advocacy and policy advice to local governors and MoH

5. Management and Coordination Arrangements

The project will establish a Coordination Council at regional level for coordination and project management to guarantee the sustainability of the coordinated efforts to improve maternal and newborn health in the RoK. The coordination Council will be the main entity in the project governance structure. Representatives of the MoH of Uzbekistan and Karakalpakstan, the management of selected district health care services, district and regional governors, representatives of non-government organizations (NGOs), civil society organizations (CSOs), the trained community health volunteers of UN JP in Aral Sea Region, community and UN agencies will be members of the Coordination Council. The MoH of Uzbekistan and Karakalpakstan will lead the Coordination Council. The council will be responsible for building partnerships and coordination with other stakeholders (civil society, local government).

The coordination Council is viewed not only as project leadership but also as an effective mechanism for the coordination and leveraging of resources for maternal, newborn and child health care.

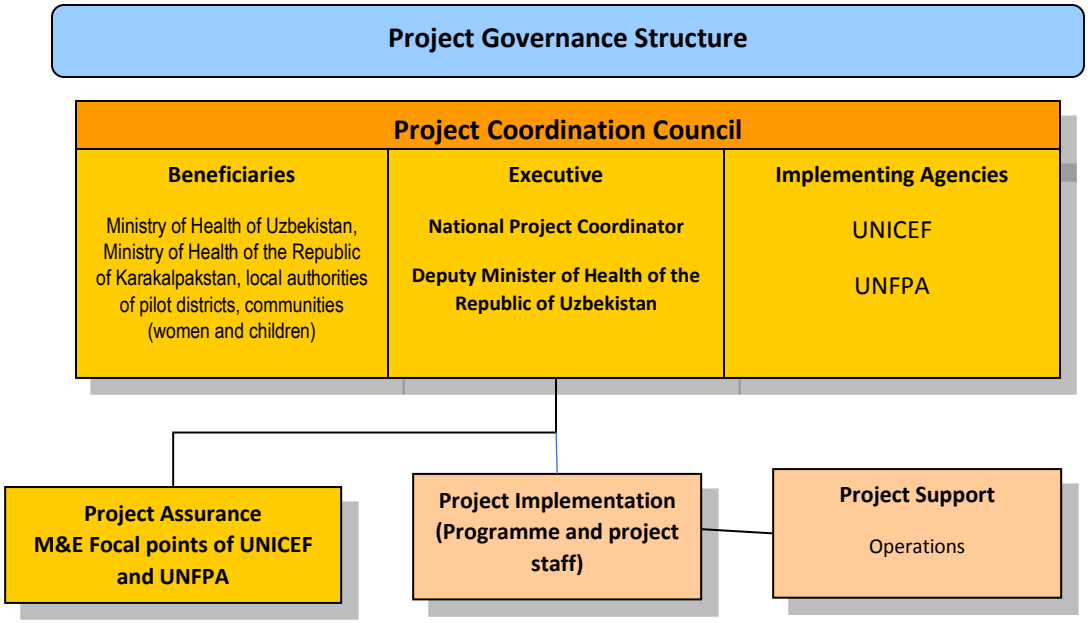
The MCH Coordination Council will be the platform for donor coordination, harmonization and complementation of each other's work in the MCH sector. This will create an enabling environment to move towards a Sector Wide Approach in health.

The MCH Coordination Council will strengthen the Karakalpakstan MoH's capacity to continue the consolidation of achieved results and to ensure effective donor involvement in the health sector governance agenda.

National institutions such the Republican Specialized Scientific Practical Medical Center of Pediatrics, the Republican Perinatal and Tashkent perinatal Centers, the Tashkent Postgraduate Medical Institute will be involved in project implementation at the national level. The national institutions will provide support in building practical skills, improvement of facility management capacity, supportive supervision, introduction of continuous quality improvement measures and measurement of achievements.

Regional level III, (KbRSSC of O&G will also be involved in supportive supervision, the introduction of continuous quality improvement measures and measurement of achievements.

District government will be involved in ensuring availability of water, power supply, providing funding for the sustainable provision of medicines and supply. The participation of NGOs, CSOs and community representatives will help to achieve better targeting and improve the project's quality of implementation. In particular, NGOs, CSOs, trained community health volunteers and community representatives will be involved in demand generation and in advocacy for the utilization of perinatal services. CSOs and communities will be involved in monitoring the project implementation and will be involved in the baseline assessment and actively participate in the decision-making process via the Coordination Council throughout the planning and implementation process.



Focal points:

Name	Organization	Position	telephone	Email
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Fakhriddin Nizamov	UNICEF	Health officer	998933990557	fnizamov@unicef.org
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Bekhruz Yusupov	UNFPA	NPO on Reproductive Health	998946495121	yusupov@unfpa.org

6. Fund Management Arrangements

The proposed project will be implemented under the pass-through funding modality. UNICEF will be the lead/convening agency in implementing this project. Therefore, UNICEF will be responsible for consolidating Narrative reports and submitting them to the MPHSTF Secretariat and UNDP MPTF Office.

UNICEF and UNFPA will manage each organization funds and implements its activities. UNICEF and UNFPA will report to Project Coordination Council. After agreed by The Project Coordination Council, UNICEF/UNFPA will report to MPHSTF.

Transfer of cash to national Implementing Partners will be in accordance with applicable policies, processes and procedures of the participating UN organizations.

7. Monitoring, Evaluation and Reporting

Within the framework of the M&E System the project will lay the foundation for regular reviews during the implementation of the project. The M&E will involve a monitoring progress in implementation, identifying problems, refining and adaptation of implementation strategies and assessing the efficiency of interventions. Support will be provided to the MoH for review of national and oblast level M&E system on MCH. This revision will contribute to developing standardized protocols, guidelines and training materials for data collection, analysis and reporting systems.

There are limited human resources to support and sustain Oblast level M&E operations, and therefore local staff will be trained to routinely use information for decision-making (DIVA training). Trained health providers will receive two post training follow up and supervision visits. Quality control and strong feedback mechanisms for data collection, processing and analysis will be created including cross-checking for accuracy, logical and internal consistencies to assess reliability, and wherever possible, additional validation methods will be used. A system of regular meetings by the district, regional health team will be enhanced/established to stimulate use of information. As information is reviewed, best practices will be shared, problems identified, and solutions proposed for the improvement of maternal and newborn health services.

Internal monitoring:
The internal monitoring system will be focused on the process of monitoring the training and supervision system. The following monitoring system will be applied for the above-mentioned purpose.

- Quality of trainings: Monitoring the level of knowledge acquired will be done through testing before (pre –test) and after (post –test) of the training. The participant should score at least 70% in post-test to qualify for certification.
- Post training follow up supervision and coaching online or onsite: The trainers will carry out integrated supportive supervision visits after 2 and 6 months and as a one of their tasks will assess the skills of trained professional and provide feedback. Methodology and indicators will be developed by UNICEF, MOH and WHO. During the project life cycle, it is proposed to conduct two supervision visits.

- A joint monitoring team with MoH and MPHSTF will be established to monitor the progress of the project. The JMT findings and recommendations will be presented in the project Coordination Council meetings for review and to bring them into practice.
- The project will create a database of training activities to capture more information from the internal monitoring process and to give access to all interested parties for project assessment and reporting. The database and periodic monitoring report will be shared with the MoH and MPHSTF for further analysis and implementation.

The joint programme results framework provides a basis for programme monitoring and reporting. UNICEF and UNFPA will use their internal monitoring and evaluation (M&E) procedures and requirements, while the programme steering committee will provide overall programme oversight.

Final assessment of the project will be done in the last semester of the project to measure achievements against selected indicators. The same WHO tool ("Assessment tool for the quality of hospital care for mothers and newborn babies") used for the baseline assessment will be used for this activity. The tool can measure improvements and provide information on quality of care and changes in patient satisfaction. The tool will provide an opportunity to report project indicators. Partners will be involved in the final assessment to ensure accountability. Qualitative data collection will be a part of the final assessment and will allow for collecting data that is non-numeric and helps to explore how decisions are made and will provide detailed insight. A report with findings and recommendations will be developed and shared with all interested parties. The estimated allocation of resources for M&E is 105,000 USD.

UNICEF will provide annual narrative progress report no latter that three (3) months (31 March) after calendar year and final narrative reports after the completion of activities no later than four months (30 April) after end of the calendar year and closure of the activities based on the Memorandum of Understanding between the Participation UN Organizations (PUNOs) and the UNDP MPTF office on operational aspects of the UN MPHSTF for the Aral Sea Region in Uzbekistan.

Annual financial report as of 31 December with respect to the funds disbursed to it from the MPHSTF Administrative Agent, to be provided no later than four months (30 April) after end of calendar year. Certified final financial statement and final financial report after the completion of the activities to be provided no later than five months (31 May) after the end of the calendar year.

UNICEF will consolidate narrative progress and financial reports and submit these consolidated reports to the Administrative Agent and MPHSTF Technical Secretariat which in turn will submit the consolidated reports to each donor that has contributed to the Fund, as well as the Steering Committee, in accordance with the timetable established in the Standard Administrative Arrangements signed between the donor and MPHSTF Administrative Agent (UNDP MPTF Office).

8. Legal Context or Basis of Relationship

The legal basis for UNICEF's cooperation in the country is the signed Basic Cooperation Agreement between the Government of Uzbekistan and UNICEF in 1994. This project will be implemented within the framework of Country Program Action Plan for 2016-2020 signed between UNICEF and the Government of Uzbekistan.

The legal basis for UNFPA's cooperation in Uzbekistan is the Agreement signed by the United Nations Development Programme and the Government of the Republic of Uzbekistan on 10 June, 1993. This project will be implemented within the framework of the United Nations Development Assistance Framework for the Republic of Uzbekistan 2016-2020, and UNFPA Country Programme Document for Uzbekistan 2016-2020.

UNICEF and UNFPA agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Project are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm. This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.

9. Work plans and budgets

Table 5. Work Plan for: Improvement of quality of perinatal care service to most vulnerable mothers and newborns

Period (Covered by the WP) 2019, 2020

	UN organization	Implementing Partner	TIME FRAME[1]						PLANNED BUDGET, in USD
			2019		2020				
			Q3	Q4	Q1	Q2	Q3	Q4	
Objective 1. To ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for level II perinatal referral facilities									
Output 1. Secondary level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services.									
Activity 1.1 Development of detailed specification of equipment and medical consumables needed for selected maternities.	UNICEF	MoH of Uzbekistan and Karakalpakstan							4,700
Activity 1.2. Infrastructure improvement: improving of water supply, upgrading electric wiring to ensure uninterrupted power supply, including air conditioning in key rooms.	UNFPA	MoH of Uzbekistan and Karakalpakstan							96,766
Activity 1.3. Monitoring of quality of infrastructure improvement.	UNFPA	MoH of Uzbekistan and Karakalpakstan							16,995
Activity 1.4 Procurement and instalment of medical equipment and medical consumables needed for selected maternity hospitals.	UNICEF	MoH of Uzbekistan and Karakalpakstan							443,965

Activity 1.5 Procurement and instalment of medical equipment and medical consumables needed for selected maternity hospitals.	UNFPA	MoH of Uzbekistan and Karakalpakstan							314,826
Activity 1.6. Training for health care providers on use of equipment.	UNICEF	MoH of Uzbekistan and Karakalpakstan							5,100
Activity 1.7. Procurement officer (N0A 9 months)	UNICEF	MoH of Uzbekistan and Karakalpakstan							30,028
							Output 1. Subtotal		**912,380**
							Objective 1. Subtotal		**912,380**
Objective 2. To increase the quality of mother and newborn health care services, and to increase the awareness of families to make informed choices about health and nutrition.									
Output 2.1 Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns									
Activities			Q3	Q4	Q1	Q2	Q3	Q4	
Activity 2.1 Baseline assessment of quality of care in three selected facilities (including household survey).	UNICEF	MoH of Uzbekistan and Karakalpakstan, National							9,000
Activity 2.2. Development of capacity building and supervision action plan based on the results of assessment of quality of care for mothers and newborns.	UNICEF	MoH of Uzbekistan and Karakalpakstan							1,500
Activity 2.3 Printing of training materials. Parents' guide. Posters. Handouts and stationary for training.	UNICEF	MoH of Uzbekistan and Karakalpakstan							72,000

Activity 2.4. Capacity building on essential newborn care.	UNICEF	MoH of Uzbekistan and Karakalpakstan							46,500
Activity 2.5. Capacity building small and sick newborns. Trainings on respiratory support and trainings on advanced care for premature newborns.	UNICEF	MoH of Uzbekistan and Karakalpakstan							37,885
Activity 2.6 Capacity development of midwifes and obstetrician-gynaecologists on delivering high quality Emergency Obstetric Care (EmOC)	UNFPA	MoH of Uzbekistan and Karakalpakstan							56,250
Activity 2.7 Capacity building of health care providers on EmOC by on-the-job trainings	UNFPA	MoH of Uzbekistan and Karakalpakstan							27,000
Activity 2.8. Capacity development of anaesthesiology – resuscitation doctors of the selected facilities on providing maternal intensive care by on-the-job trainings	UNFPA	MoH of Uzbekistan and Karakalpakstan							15,000
Activity 2.9.1 Training on supportive supervision on neonatal care.	UNICEF	MoH of Uzbekistan and Karakalpakstan							9,700
Activity 2.9.2 Training on supportive supervision on obstetrician-gynecological care	UNFPA	MoH of Uzbekistan and Karakalpakstan							9,700
Activity 2.10.1Supportive supervision visits to health care providers trained on neonatal care.	UNICEF	MoH of Uzbekistan and Karakalpakstan							8,000
Activity 2.10.2 Supportive supervision visits to health care providers trained on obstetrician-gynecological care.	UNFPA	MoH of Uzbekistan and Karakalpakstan							8,000
Activity 2.11. Capacity building of health care providers on neonatal care by on-the-job trainings.	UNICEF	MoH of Uzbekistan and Karakalpakstan							27,000

Activity 2.12. Introduction of Near-miss case review (NMCR)	UNFPA	MoH of Uzbekistan and Karakalpakstan							15,200
Activity 2.13. Introduction of perinatal audit.	UNICEF	MoH of Uzbekistan and Karakalpakstan							18,000
Activity 2.14. Building capacity of health care managers from selected facilities on quality improvement.	UNICEF	MoH of Uzbekistan and Karakalpakstan							4,300
Activity 2.15. Building capacity of health care providers from selected facilities on quality improvement.	UNICEF	MoH of Uzbekistan and Karakalpakstan							30,000
Activity 2.15.1. internatioanl consultant to building capacity of health care providers from selected facilities on quality improvement.	UNICEF	MoH of Uzbekistan and Karakalpakstan							20,000
Activity 2.16. Experience exchange and learning visits.	UNICEF	MoH of Uzbekistan and Karakalpakstan							9,000
Activity 2.17. Develop, strengthen and sustain mechanisms for accountability for quality of care.	UNICEF	MoH of Uzbekistan and Karakalpakstan							10,000
Activity 2.18.1. Monitoring of project implementation.	UNICEF	MoH of Uzbekistan and Karakalpakstan							8,000
Activity 2.18.2 Monitoring of project implementation.	UNFPA	MoH of Uzbekistan and Karakalpakstan							8,000
Activity 2.19. Final assessment of quality of care in three selected facilities (including household survey).	UNICEF	MoH of Uzbekistan and Karakalpakstan							12,000

Activity 2.20. Health officer NoB (16 months)	UNICEF								56,036
Activity 2.21. Programme assistant GS5 (16 months)	UNCIEF								31,736
Activity 2.22. Programme assistant GS6 (16 months)	UNFPA								25,600
Activity 2.23. Field office cost (16 months)	UNICEF								17,600
Activity 2.24.1. Bank charges	UNICEF								4,160
Activity 2.24.2. Bank charges	UNFPA								4,160
								Output 2. Subtotal	**601,327**
								Objective 2. Subtotal	**601,327**
								Project Management Expenses	**1,513,707**
								Indirect support cost	**105,959**
								Total Planned Budget	**1,619,666**

Table 6.1. Detailed budget for UNICEF

Detailed description	Budget Categories*	Item line budget			Amount	Year 1	Year 2
		Item description	Unit Cost	Number of units			
Objective 1. To ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for level II perinatal referral facilities							
Output 1. Second level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services							
Activity 1.1 Development of detailed specification of equipment and medical consumables needed for selected maternities. Cost of two consultants (O&G and neonatal equipment expert). 20 working days (to assess situation and prepare detailed equipment specification, discussion with partners and finalization of specifications, assessment of documents submitted for tender). 100 USD per day. Travel cost to Karakalpakstan Travel ($142) and per-diem ($35*5 days).	Supplies, commodities, materials	lump sum	$2,350	2	4,700	$4,700	0
Activity 1.4 Procurement and instalment of medical equipment and medical consumables needed for selected maternity hospitals. The detailed cost estimation is attached (annex B)	Supplies, Commodities, Materials	Number	$25,692	17.28	443,965		$443,965

Activity 1.6. Training for health care providers on use of equipment. Trainers fee ($35 per day). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day, 17 calendar days). 5 days in each facility (15 working days). 4 trainers. Total 15 working days.	Transfers and grants to counterparts	per batch	$1,700	3	5,100	$1,000	$4,100
Activity 1.7. Procurement officer (N0A 9 months)	Staff	Per month	$3,336	9	30,028	$13,346	$16,682
Objective 1 Subtotal					**$483,793**	**$19,046**	**$464,747**
Objective 2. To increase the quality of mother and newborn health care services, and to increase the capacity of families to make informed choices about health and nutrition							
Output 2. Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns							
Activity 2.1 Baseline assessment of quality of care in three selected facilities (including household survey). Assessors' fee ($35 per day). Assessors' travel ($142 per one person) and per-diem ($35 per one person per day, 9 calendar days). 2 days in 8 facilities (8 working days). 8 Assessors (two teams, 4 assessors per team). Data entry, data tabulation, analysis and report preparation.	Transfers and grants to counterparts	per batch	$9,000	1	9,000	9,000	0
Activity 2.2. Development of capacity building and supervision action plan based on the results of assessment of quality of care for mothers and newborns. National experts' fee ($35 per day). National experts' travel ($142 per one person) and per-diem ($35 per one person per day, 9 calendar days). 1 day in 8 facilities (8 working days). 2 National experts.	Transfers and grants to counterparts	per batch	$1,500	1	1,500	1,500	0

Activity 2.3. Printing of training materials. Parents' guide. Posters. Handouts and stationary for training. 250 copies of 10 sets training materials. Handouts and stationary. Delivery cost to the RoK	Contractual services	Per set	$288	250	72,000	32,000	40,000
Activity 2.4. Capacity building on essential newborn care. 360 health care providers. 15 trainings (24 participants per training). Each training is 3 days. 5 trainers per training. Trainers fee ($35 per day). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day, 2 days per training).	Transfers and grants to counterparts	per batch	$3,100	15	46,500	46,500	0
Activity 2.5. Capacity building small and sick newborns. Trainings on respiratory support and trainings on advanced care for premature newborns. 5 health care providers. 3 trainings (15 participants per training). Each training is 5 days. 5 trainers per training. Trainers fee ($35 per day). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day, 4 days per training) and monitoring.	Transfers and grants to counterparts	per batch	$6,314.2	6	37,885	0	37,885

Activity 2.9.1. Training on supportive supervision on neonatal care. 40 health care providers and managers. 2 trainings (20 participants per training). Each training is 5 days. 4 trainers per training. Trainers fee ($35 per day). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day, 4 days per training).	Contractual services	per batch	$4,850	2	9,700		9,700
Activity 2.10.1 Supportive supervision visits to trained health care providers. National experts' fee ($35 per day). National experts' travel ($142 per one person) and per-diem ($35 per one person per day, 18 calendar days). 2 days in 8 facilities (16 working days). 3 National experts'. Four visits. The first, two months after training the second, 6 months after training.	Transfers and grants to counterparts	per batch	$2,000	4	8,000	1,000	7,000
Activity 2.11. Capacity building of health care providers on neonatal care by on-the-job trainings. national experts' fee ($35 per day). National experts' travel ($142 per one person) and per-diem ($35 per one person per day, 26 calendar days). 3 days in 8 facilities (24 working days). 4 National experts. Three visits.	Transfers and grants to counterparts	per batch	$9,000	3	27,000	0	27,000

Activity 2.13. Introduction of perinatal audit. Cost of one national consultant. 40 working days (to train teams from 8 facilities, 2 supportive supervision visits, support in annual report preparation). 150 USD per day. Travel cost ($142) to Karakalpakstan and per-diem ($56), 4 travels. 40 health care providers. 2 trainings (20 participants per training). Each training is 5 days. 1 local co-facilitator per training. Trainers fee ($35 per day*5 days). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day* 4 days) and monitoring	Transfers and grants to counterparts	per batch	$3,800	4	18,000	9,800	8,200
Activity 2.14. Building capacity of health care managers from selected facilities on quality improvement. 20 health care managers. 1 training. 5 day training. 3 trainers per training. Trainers fee ($35 per day). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day, 4 days per training).	Transfers and grants to counterparts	per batch	$4,300	1	4,300	4,300	0

Activity 2.15. Building capacity of health care providers from selected facilities on quality improvement. Cost of one national consultant. 35 working days (to train teams from 8 facilities, 2 supportive supervision visits, to prepare report). 150 USD per day. Travel cost ($142) to Karakalpakstan and per-diem ($56), 3 travels. 63 health care providers. 3 trainings (21 participants per training). Each training is 4 days. 2 co-facilitators per training. Trainers fee ($35 per day*12 days). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day* 3 days) and monitoring	Contractual services	per batch	$5,000	6	30,000	15,000	15,000
Activity 2.15.1. International consultant on quality improvement to support activity 2.15 Building capacity of health care providers from selected facilities on quality improvement. Cost of one international consultant (2 trips for a total 16 days).	Contractual services	per batch	$20,000	1	20,000	10,000	10,000
Activity 2.16. Experience exchange and learning visits. Transportation cost, lunch for 16 local health care providers, and travel cost for 3 national experts. 1 visit in 3 facilities.	Contractual services	per batch	$3,000	3	9,000	0	9,000

Activity 2.17. Develop, strengthen and sustain mechanisms for accountability for quality of care. Cost of one national consultant. 35 working days (to adjust software, to train teams from 8 facilities, 2 supportive supervision visits, to prepare report). 100 USD per day. Travel cost ($142) to Karakalpakstan and per-diem ($56), 3 travels. 24 health care providers. 2 trainings (12 participants per training). Each training is 3 days. 2 co-facilitator per training. Trainers fee ($35 per day*6 days). Trainers' travel ($142 per one person) and per-diem ($35 per one person per day). Per-diem for participants ($35 per day* 3 days) and monitoring	Contractual services	per batch	$2,500	4	10,000	1200	8,800
Activity 2.18.1 Monitoring of project implementation. UNICEF project staff travel cost (round-trip air fare+terminals) expenses and per diems.	Travel	per month	$500	16	8,000	2,000	6,000
Activity 2.19. Final assessment of quality of care in three selected facilities (including household survey). Assessors' fee ($35 per day). Assessors' travel ($142 per one person) and per-diem ($35 per one person per day, 9 calendar days). 2 days in 8 facilities (8 working days). 8 Assessors (two teams, 4 assessors per team). Data entry, data tabulation, analysis and report preparation. Project documentation and preparation of human stories.	Transfers and grants to counterparts	per batch	$12,000	1	12,000	0	12,000
Activity 2.20. Health officer NoB (16 months)	Staff	per month	$3,502	16	56,036	13,412	42,624

Activity 2.21. Programme assistant GS5 (16 months) UNICEF	Staff	per month	$1,984	16	31,736	7,640	24,096
Activity 2.23. Field office cost (16 months)	General Operating and Other Direct Costs	per month	$1,100	16	17,600	4,400	13,200
Activity 2.24.1 Bank charges (UNICEF)	General Operating and Other Direct Costs	per month	$260	16	4,160	1,040	3,120
Objective 2 Subtotal					**$432,417**	**$158,792**	**$273,625**
Total cost					916,210	177,838	738,372
Indirect support cost (7%)					$64,134	$12,448	$51,686
TOTAL BUDGET					**980,344**	**190,286**	**790,058**

Table 6.2. Detailed budget for UNFPA

Detailed description	Budget Categories*	Item line budget			Amount	Year 1	Year 2
		Item description	Unit Cost	Number of units			
Objective 1. To ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for level II perinatal referral facilities							
Output 1. Second level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services							
Activity 1.2. Infrastructure improvement: improving of water supply, upgrading electric wiring to ensure uninterrupted power supply, including air conditioning in key rooms.	Supplies, commodities, materials	number	$164.62	588	$96,766	$96,766	0
Activity 1.3. Monitoring of quality of infrastructure improvement: Consultant-Engineer fees 2,500 USD for 6 months, travel cost+A29 294 USD x5 and DCA 35 USD per day x 15 days	Contractual services	per month	$2,833	6	$16,995	$16,995	0
Activity 1.5. Procurement and instalment of medical equipment and medical consumables needed for selected maternity hospitals. The detailed cost estimation is attached (Annex C)	Supplies, Commodities, Materials	number	$1,720	183	$314,826	0	$314,826
Objective 1. Subtotal					**$428,587**	**$113,761**	**$314,826**
Objective 2. To increase the quality of mother and newborn health care services, and to increase the capacity of families to make informed choices about health and nutrition							
Output 2. Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns							

Activity 2.6. Capacity development of midwifes and obstetrician-gynecologists on delivering high quality Emergency Obstetric Care (EmOC). 360 health care providers. 15 trainings (24 participants/training). Each training is 6 days. 5 trainers/training. Trainers fee ($35/day). Trainers' travel ($142/person) and per-diem ($35/person/ day). Per-diem for participants ($35/day, 2 day training).	Contractual services	per batch	$3,750	15	56,250	7,500	48,750
Activity 2.7 Capacity building of health care providers on EmOC by on-the-job trainings. National experts' fee ($35/day). National experts' travel ($142/person) and per-diem ($35/person/day, 26 days). 3 days in 8 facilities (24 days). 4 National experts. Three visits.	Contractual services	per batch	$9,000	3	27,000	9,000	18,000
Activity 2.8. Capacity development of anesthesiology – resuscitation doctors of the selected facilities on providing maternal intensive care on-the-job trainings. 2 Nat. experts. Six 5 day trainings	Contractual services	Per batch	$5,000	3	15,000	5,000	10,000
Activity 2.9.2 Training on supportive obstetrician-gynecological care. 80 health care providers and managers. 4 trainings (20 participants/training). Each training is 5 days. 4 trainers per training. Trainers fee ($35/day/trainer). Trainers' travel ($142/person) and per-diem ($35/person/ day). Per-diem for participants ($35 per day, 4 days per training).	Contractual services	per batch	$4,850	2	9,700	0	9,700

Activity 2.10.2 Supportive supervision visits to trained health care providers. National experts' fee ($35 per day). National experts' travel ($142 per one person) and per-diem ($35 per 1 person/day, 18 days). 2 days in 8 facilities (16 days). 3 National experts'. 4 visits. The 1st, 2 months after training, the 2nd, 6 months after training.	Contractual services	per batch	$2,000	4	8,000	1,000	7,000
Activity 2.12. Introduction of Near-miss case review (NMCR). 1 national consultant. 40 working days (to train teams from 8 facilities, 2 supportive supervision visits, support in annual report preparation). 150 USD/day. Travel cost ($142) to Karakalpakstan and per-diem ($56), 4 travels. 40 health care providers. 2 trainings (20 participants/training). Each training is 5 days. 1 local co-facilitator/training. Trainers fee ($35 per day*5 days). Trainers' travel ($142/person) and per-diem ($35/person/day). Per-diem for participants ($35 per day* 4 days).	Contractual services	per batch	$3,800	4	15,200	7,000	8,200
Activity 2.18.2 Monitoring of project implem-n. UNFPA project staff travel cost (round-trip fare+terminals) and per diems.	Travel	per month	$500	16	8,000	2,000	6,000
Activity 2.22. Programme Assistant SC6	Staff	per month	$1,600	16	25,600	6,400	19,200
Activity 2.24.2 Bank charges (UNFPA)	General Operating Costs	per month	$260	16	4,160	1,040	3,120
Objective 2 Subtotal					**$168,910**	**$38,940**	**$129,970**
Total cost					$597,497	$152,701	$444,796
Indirect support cost (7%)					$41,825	$10,689	$31,136
TOTAL BUDGET UNFPA					**$639,322**	**$163,390**	**$475,932**

Table 6.3. Consolidated Budget

	Categories	Total	Year 1	Year 2	Allocation: MPTF			Allocation:
					Total	UNICEF	UNFPA	Other (UNICEF and UNFPA contribution)
1	Staff Budget notes: UNICEF: Procurement officer (N0A 9 months). Health officer NoB (16 months) and Programe assistant GS5 (16 months). UNICEF contribution: 20% of chief of child health and wellbeing section time, 10% of finance officer time and 10% of administrative officer time UNFPA: Programe assistant GS5 (16 months). UNFPA contribution: 20% of programme analyst time, 10% of finance officer time and 10% of programme assistant time	$194,889	$40,798	$102,602	$143,400	$117,800	$25,600	$51,489
2	Supplies, commodities, materials Budget notes: Equipment and medical consumables needed for selected maternities.Includes all direct and indirect costs (e.g. freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials.	$860,257	$101,466	$758,791	$860,257	$448,665	$411,592	0
3	Equipment, vehicles and furniture (including depreciation) Budget notes: XX							

4	Contractual services (including consultants, meetings, workshops and conferences) Budget notes:Services contracted by UNICEF and UNFPA which follow organization processes. This include contracts for procurement of services (event management, procurement of stationary and etc.)	$330,845	$103,695	$187,150	$290,845	$150,700	$140,145	$40,000
5	Travel Budget notes: Monitoring of project implementation. Project staff travel costs and per diems.UNICEF contribution travel expenses and per diem of International supply specialist and also travel costs of UNICEF staff to the project site.	$64,000	$4,000	$12,000	$16,000	$8,000	$8,000	$48,000
6	Transfers and grants to counterparts Budget notes: Includes transfers to national counterparts and any other transfers given to an implementing partner (e.g. Republican Perinatal Center) which are not similar to a commercial service contract as per above. In IPSAS terms this would be more similar to non-exchange transactions.	$237,285	$74,100	$103,185	$177,285	$169,285	$8,000	$60,000
7	General operating and other direct costs Budget notes: Field office cost (16 months) and bank charges	$35,920	$6,480	$19,440	$25,920			$10,000
	Subtotal	**$1,723,196**	**$330,539**	**$1,183,168**	**$1,513,707**			**$209,489**
8	Indirect support costs (7%)	$120,624	$23,138	$82,822	$105,959			
	TOTAL	**$1,843,819**	**$353,676**	**$1,265,990**	**$1,619,666**			**$209,489**