

Project Document

UNICEF, UNFPA and UNODC

Project¹ Title: Investing in a resilient future of Karakalpakstan by improving health, nutrition, water, sanitation, hygiene and wellbeing of adolescents and by harnessing the talents of youth during and after COVID- 19

Project Duration: 24 months

Anticipated start/end dates: January 2021-
December 2022

Fund Management Option(s): Pass-through

Total estimated budget*: US\$ 3,550,273

Out of which:

1. Funded Budget: US\$ 3,550,273

2. Unfunded budget: 0









* Total estimated budget includes both project costs and indirect support costs

Sources of funded budget:

Donor (MPHSTF) US\$ 3,498,784
UNICEF in kind contribution: US\$ 51,489

¹ The term "project" is used for programmes, joint programmes and projects

Names and signatures of (sub) national counterparts and participating UN organizations

UN organization(s)	National Coordinating Authority(ies)
<p>Munir Mammadzade Representative UNICEF Uzbekistan Office</p> <p><i>Signature:</i> </p> <p><i>Date & Seal</i> </p>	<p>Abdukhakim Khadjibaev Minister The Ministry of Health of the Republic of Uzbekistan</p> <p><i>Signature:</i> </p> <p><i>Date & Seal</i> </p>
<p>Yu Yu Representative UNFPA in Uzbekistan</p> <p><i>Signature:</i> </p> <p><i>Date & Seal</i> </p>	<p>Sherzod Shermatov Minister The Ministry of Public Education of the Republic of Uzbekistan</p> <p><i>Signature:</i> </p> <p><i>Date & Seal</i> </p>

<p>Ashita Mittal Representative UNODC Regional Office for Central Asia</p> <p>Signature: </p> <p>Date & Seal </p>	<p>Alisher Sadullayev Director The Youth Affairs Agency of the Republic of Uzbekistan</p> <p>Signature: </p> <p>Date & Seal </p>
<p>For the MPHSTF Steering Committee Co-chair (UN)</p> <p>Ms. Helena Fraser, UN Resident Coordinator in the Republic of Uzbekistan, MPHSTF Steering Committee Co-chair</p> <p>Signature: </p> <p>Date & Seal </p>	<p>For the MPHSTF Steering Committee Co-chair (Government of Uzbekistan)</p> <p>Mr. Sardor Umurzakov, Deputy Prime Minister of the Republic of Uzbekistan, MPHSTF Steering Committee Co-chair</p> <p>Signature: </p> <p>Date & Seal</p>

Budget breakdown by source of information and participating UN organization		
Total budget (US\$): 3,550,273		
Participating UN organization	MPHSTF fund (US\$)	Participating UN organization in kind contribution (US\$)
UNICEF	3,098,027	51,489
UNFPA	200,250	
UNODC	200,507	
Total budget (US\$)	3,498,784	51,489

Acronyms and definitions

BLS	Basic life skills
GoU	Government of Uzbekistan
HCF	Health Care Facilities
IPC	Infection Prevention and Control
M&E	Monitoring and Evaluation
MCH	Maternal and child health
MOH	Ministry of Health
MOPE	Ministry of Public Education
MPHSTF	Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan
OB/GYN	Obstetrics and Gynecology
PD	Presidential Decree
PHC	Primary Health Care
RoK	Republic of Karakalpakstan
RoU	Republic of Uzbekistan
SDG	Sustainable Development Goals
SWASH	School water, sanitation and hygiene
TOT	Training of Trainers
UNDAF	United Nations Development Assistance Framework
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WASH	Water, sanitary and hygiene
WHO	World Health Organization

1. Executive Summary

Children and adolescents in Karakalpakstan experience a high incidence of acute intestinal infections over the past decade (188 per 100,000 population), which is 1.4 times higher than the average for the Republic of Uzbekistan. Anaemia prevalence among adolescent girls (10-19 years of age) (31 per cent) in Karakalpakstan was 1.7 times the national average (15 per cent). Additionally, iron deficiency anemia is associated with a compromised immunity and susceptibility to infections including COVID-19. However, the condition is preventable by iron and folic acid supplementation. A high and rising suicide and self-injury rate among adolescents indicates a significant prevalence of mental health problems among adolescents. The suicide and self-injury mortality rate in 2016 were 19.6 for children aged 10-19 years per 100,000 population and has increased consistently from year to year and almost doubled since 2008. Additionally, a large proportion of young people in Karakalpakstan face the challenge of youth unemployment and lack of opportunity. After completion of the compulsory secondary education, 54 per cent of young males and 66 per cent of young females are not in employment, education or training. Over a third of young people are dissatisfied with the education highlighting lack of practical skills obtained.

The goal of the project is that adolescent and young people are empowered to become positive agents of change and successfully realize their full potential and contribute to local socio-economic development and mitigating negative consequences of COVID-19 in the Republic of Karakalpakstan. To achieve the goal, three results are expected. Outcome 1. By 2022 adolescents (boys and girls) in three districts of the Republic of Karakalpakstan, especially the most vulnerable have improved health and nutrition status. Outcome 2. By 2022 the population in three districts of the Republic of Karakalpakstan, especially the most vulnerable, have improved access and quality health care services. Outcome 3. By 2022, the Government and the Youth Union in Karakalpakstan support, empower and engage young people, including the most vulnerable, as productive citizens and positive agents of change in their communities and the region.

The proposed action will address the immediate needs of vulnerable populations, including children, adolescents especially girls, in terms of safe and clean schools and health care facilities, other health and nutrition needs, and the need of equipping young people with social and entrepreneurial skills for successful school-to-work transition in three districts (Muynak, Kungrad, and Bozatau). The comprehensive and integrated project will address immediate needs through constructing sanitation facilities, improving access to safe water, hygiene and sanitation promotion activities, micronutrient supplementation, capacity building of school teachers and psychologists on life skills and parents on family skills, capacity building of youth worker and other national partners on social innovation and social entrepreneurship skills, and establishing telemedicine and distance learning system. The project aligns with the proposal with the Government Policies and Strategies, SDG 1, 3, 4 and 6, outcomes 1, 2, 4, 5 and 7 of UN Development Assistance Framework (2016-2020) and outcomes 2, 4 and 5 of the MPHSTF Results Framework. About 400,000 children and adolescents in Karakalpakstan will benefit from this project.

PUNOs will closely work with national and local counterparts to ensure the project efficiency, effectiveness and sustainability. Monitoring & evaluation activities will be performed in line with the requirements of the Multi-Partner Human Security Trust Fund for the Aral Sea.

To achieve the goal and objectives set for the project, a total of USD 3,550,273 is budgeted including USD 3,498,784 from MPHSTF and USD 51,489 in kind contribution from UNICEF for the period of January 2021 to December 2022.

2. Situation Analysis

The consequences of the Aral Sea environmental disaster are weighing heavily on the prospects of adolescents and the future of the region. Once the fourth largest inland lake in the world, it is currently reduced to 10 per cent of its original size. The drying up of the Aral Sea has triggered a whole range of human, socio-economic and environmental consequences for the local population of 1.9 million, **16 per cent of whom are adolescent** (aged 10-19 years old). Before the COVID-19 crisis, the poverty rate in Karakalpakstan stood at 26.3 per cent, compared to the national rate of 11.9 per cent². Extensive quarantine measures can result in higher need of support to vulnerable groups of population. As of early October 2020, Uzbekistan has registered nearly 60,000 cases of coronavirus. Out of these, about 10 per cent have been registered in the Aral Sea region. While the extent to which Karakalpakstan will be affected by the health crisis triggered by COVID-19 is unclear, the effects of the COVID -19 pandemic are likely to be compounded by the existing health, nutrition, water sanitation and hygiene conditions, as well as the socio-economic challenges of the Aral Sea environmental disaster.

Adolescents in Karakalpakstan are experiencing the impact of COVID-19 acutely, from lost jobs to family stress, mental health and other hardships. Responding to the crisis requires addressing the underlying causes of deprivation and inequalities. Adolescents must be provided with better health and the opportunities and skills they need to succeed. This is also central to achieving the Sustainable Development Goals in the region.

2.1 High intestinal infections and high micronutrient deficiencies among adolescents

The incidence of acute intestinal infections in Karakalpakstan over the past decade was 188 per 100,000 population, which is 1.4 times higher than the average for the Republic of Uzbekistan³.

Anaemia prevalence among adolescent girls (10-19 years of age) (31 per cent) in Karakalpakstan was 1.7 times the national average (15 per cent). The prevalence of folate deficiency is 53.2 per cent, the fourth highest in the country against an average of 44.6 per cent. This means that about half of women in Karakalpakstan are starting their pregnancies with deficiencies that put them at high risk of giving birth to newborns with neural tube defects. In infants and children, severe iron deficiency can lead to anemia as well as delayed growth and development. Additionally, iron deficiency anemia is associated with a compromised immunity and susceptibility to infections including COVID-19. However, the condition is preventable by iron and other micronutrient supplementation.

2.2 Determinants of intestinal infection and micronutrient deficiency

1) *Inadequate water sanitation and hygiene (WASH) in School*

Difficult environmental situations, imbalanced data, 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. Preliminary data from a sociological survey to identify behavioral factors and their role in creating risk of contact-transmitted enterobiasis and hymenolepiasis invasion showed significant shortcomings in the sanitary conditions available in schools and the personal hygiene skills among students and some parents⁴. According to MOPE, only 36% of schools in Karakalpakstan have access to running water, 2% of schools have indoor toilets and only 20% are connected to sewage systems.

²<http://nsdg.stat.uz/goal/4>

³ Ministry of Health of the Republic of Karakalpakstan

⁴ A socio-economic survey of the needs of the population in the Aral Sea region, MPTF secretariat 2017

Adequate WASH conditions beyond the household, and particularly in the school setting, are crucial to the health and education of children. Children spend a significant portion of their day at school where WASH services can improve educational opportunities and decrease the potential for disease transmission between students. WASH in schools is implicitly and explicitly captured in the post-2015 Sustainable Development Goals (SDGs). However, the data required to monitor the core indicators for WASH are currently scarce in Uzbekistan.

The social-economic survey in the Aral Sea region shows that one-third of people (33.9%) are not satisfied with drinking water supply. The main reasons are irregular water supply (26.9%), poor water quality (37.8%), and long distance to the water source (19.0%). It is required to collect data in schools of Uzbekistan on availability of drinking-water, sanitation and handwashing facilities systematically. Alternatively, where such facilities do exist, they are often inadequate in both quality and quantity. Schools with poor water, sanitation and hygiene conditions, and intense levels of person-to-person contact, are high-risk environments for children and staff, and exacerbate children's susceptibility to environmental health hazards. Large numbers of rural schools lack access to sanitary facilities like latrines and hand washing facilities.

2) lack of consumption of nutritious food and deficits in a balanced diet

Poor diet is the risk factor of most of the death and disability in the general population of Uzbekistan. While malnutrition rates declined from 2007 to 2017, risks associated with an abundance of low-quality food, such as high body mass index (BMI) values and low-density lipoprotein (LDL or "bad") cholesterol levels, increased in the general population. In Karakalpakstan only about 40 per cent of adolescents met the minimum levels of dietary diversity by eating at least 5 food groups during this time period⁵.

3) Inability to afford adequate and nutritious food because of high cost of food, low production, remoteness, lack of access to markets, and lack of income etc

Based on a social economic survey in Karakalpakstan, more than half of household expenditures (52%) are spent on food products. Given the low income of most households, survey findings point to the fact that the income of more than 60% of households does not cover the cost of the consumer basket⁶.

4) Unhealthy lifestyle.

Available burden of disease data shows there is a general shift towards chronic diseases. The majority of deaths are indirectly related to unhealthy lifestyles such as insufficient exercise.

Tobacco remains the seventh most important risk factor driving death and disability combined in the general population in Uzbekistan in the period 2007-2017, while alcohol consumption remains the ninth such risk factor⁷. Both have seen an important percentage increase in the contribution to the general mortality and disability throughout this period, including in Karakalpakstan. Alcohol use is a significant risk factor for violence against women and children in this context.

5) Inadequate school health education/information.

. According to the findings of the Institute of Social Research survey⁸, 30.5 per cent of the respondents would like to have more classes on sexual and reproductive health and healthy lifestyle, 6.5% find the

⁵ UNICEF. Uzbekistan National Nutrition Survey 2017

⁶ A socio-economic survey of the needs of the population in the Aral Sea region, MPTF secretariat 2017

⁷ IHME 2017

⁸ Institute of social research and UNFPA (2017) Promotion of a healthy lifestyle and protection of the reproductive health among young people in Uzbekistan

current amount of such classes insufficient. These findings indicate a strong interest in health issues among adolescents. Moreover, Uzbekistan accepted UN recommendations # 101 and 154 to introduce sexual and reproductive health classes into school curriculum⁹.

In the abovementioned survey, around 64 per cent of 18-19-year-olds responded that they did not receive information on sexual and reproductive health information in their secondary school, 49 per cent of boys and 42 per cent of girls did not know any modern contraception methods, 13.5 per cent of adolescent did not have information on how HIV/AIDS is transmitted. At the same time, 86 per cent of boys and 93 per cent of girls expressed a strong interest in receiving information on sexual and reproductive health.

2.3 Inadequate WASH in health care facilities

WASH services in HCFs fall short of WHO and national standards. The availability of WASH services, especially in primary-care settings where they are often absent, supports core universal health care aspects of quality, equity and dignity for all people. Basic WASH services in HCFs are fundamental to providing quality care and for ensuring that primary health commitments, as detailed in the Astana Declaration, are achieved.

Inadequate WASH in health care facilities has been linked to the spread of antimicrobial-resistant infections¹⁰, placing patients and staff at risk of serious infections that are hard to treat. Improving hand hygiene in hospital could reduce health care associated infection significantly.^{11,12}

Unsafe management of health care waste presents other health risks as well, exposing health care workers, waste handlers, patients, their families and the community to preventable infections, toxic effects, and injuries.

According to social economic survey¹³ in the Aral Sea region, one third of the households regularly attend healthcare institutions for preventive and curative services. For 99.3 per cent of households, a centralized hot water supply is not available, and one-third of people (33.9 per cent) do not have a satisfactory drinking water supply. The main reasons are irregular water supply (26.9 per cent), poor water quality (37.8 per cent), and long distances to a water source (19 per cent). 60 per cent of respondents in the surveyed areas noted a lack of water supply, a situation which is mirrored in health care facilities. Every other primary health care facility has problems with running water, hot water is available only in 9 per cent of facilities and only 77 per cent of institutions have a heating system. A quarter of facilities have problems with toilet¹⁴. Health care waste management is also a problem because there is no system for centralized or facility-based treatment.

The provision of safe water, sanitation and hygienic conditions is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring good and consistently

⁹ Ibid

¹⁰ Laxminarayan R, et al. Antibiotic resistance—the need for global solutions. *Lancet* [Internet]. 2013 [cited 25 February 2019];13(12):1057–1098. Available from: <https://www.sciencedirect.com/science/article/pii/S1473309913703189>.

¹¹ Lam BCC, Lee J, Lau YL. Hand hygiene practices in a neonatal intensive care unit: a multimodal intervention and impact on nosocomial infection. *Pediatrics* [Internet]. 2004 [cited 15 February 2019];144:5. Available from: <http://pediatrics.aappublications.org/content/pediatrics/114/5/e565.full-text.pdf>.

¹² Sadeghi-Moghaddam P, Arjmandnia M, Shokrollahi M, Aghaali M. Does training improve compliance with hand hygiene and decrease infections in the neonatal intensive care unit? A prospective study. *Journal of neonatal-perinatal medicine* [Internet]. 2015 [cited 9 March 2019];8(3):221- 5. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26485556>.

¹³ A socio-economic survey of the needs of the population in the Aral Sea region, MPTF secretariat 2017.

¹⁴ Assessment report of quality of medical services provided to women and children at the outpatient and inpatient level in 6 regions of the republic of Uzbekistan. Ministry of Health, European Union, UNICEF. 2015

applied WASH and waste management practices in health care facilities will further help to prevent human-to-human transmission of the COVID-19 virus and other infections.

2.4 Inadequate human resource in health

Challenges to the health care system include a shortage of doctors in Karakalpakstan (23.1 vs 27.4 doctors in Uzbekistan per 10,000 population), inadequate practical training in medical universities and outdated continuing professional education, among other human resource challenges.

Karakalpak Medical Institute provides continuing education services to doctors. However, the cost of attending training for health providers from Karakalpakstan is significantly higher due to geographic difficulties which disadvantage health providers from remote districts. To complete the current mandatory in-service training program, health care workers have to leave their posts for 1-2 months to attend *training* in central cities, further exacerbating the shortage of healthcare workers in remote areas.

Establishing web-based distance education would provide significant cost savings for both doctors and the Government and contribute to overcoming the shortage of doctors due to geographic remoteness obstacles. Continuing medical education opportunities for doctors practicing in remote settings can increase confidence and alleviate professional isolation; access to these opportunities is a factor for health care workers to continue practicing in remote locations¹⁵.

The COVID-19 pandemic and quarantine measures have spurred a large-scale transition to distance learning in Uzbekistan. However, the following problems in medical institutes have been highlighted: a lack of guidelines for administrators and instructors regarding roles and responsibilities; the absence of competencies for clinical components of the curricula; the lack of appropriate training for personnel; the lack of materials for students.

2.5 Opportunity Challenges

2.5.1 Youth unemployment

Based on the Rapid Needs Assessment of 2017 (UNDP), **employment issues** in the Republic of Karakalpakstan are the most acute of all regions of the country. Unemployment in the population is ranked highest among potential social risks. Currently, official **youth unemployment stands at 12.5 per cent in RoK**. However, in Karakalpakstan, after completion of secondary compulsory education, **54 per cent of young males and 66 per cent of young females** are not in employment, education or training (**NEET**)¹⁶ (Figure 1). Nationally, among young people with disabilities, the NEET rate varies from 77 per cent to 91 per cent depending on the extent of disability¹⁷.

A large proportion of young people in Uzbekistan are employed informally – 43.5 per cent among 15-24-year-olds¹⁸. Only 8 per cent of young people receive social protection benefits¹⁹. Since 2013, families with adolescents aged 14-18 are not eligible for low-income family allowances, which creates a higher risk of children dropping out of school and entering into child labor. 37 per cent of young people with severe disabilities are excluded from disability benefits. Only a very small portion of young people can access active labor market programmes and unemployment benefits.

¹⁵ White CD, Willet K, Mitchell C, Constantine S: Making a difference: education and training retains and supports rural and remote doctors in Queensland. Rural Remote Health. 2007, 7:700-707.

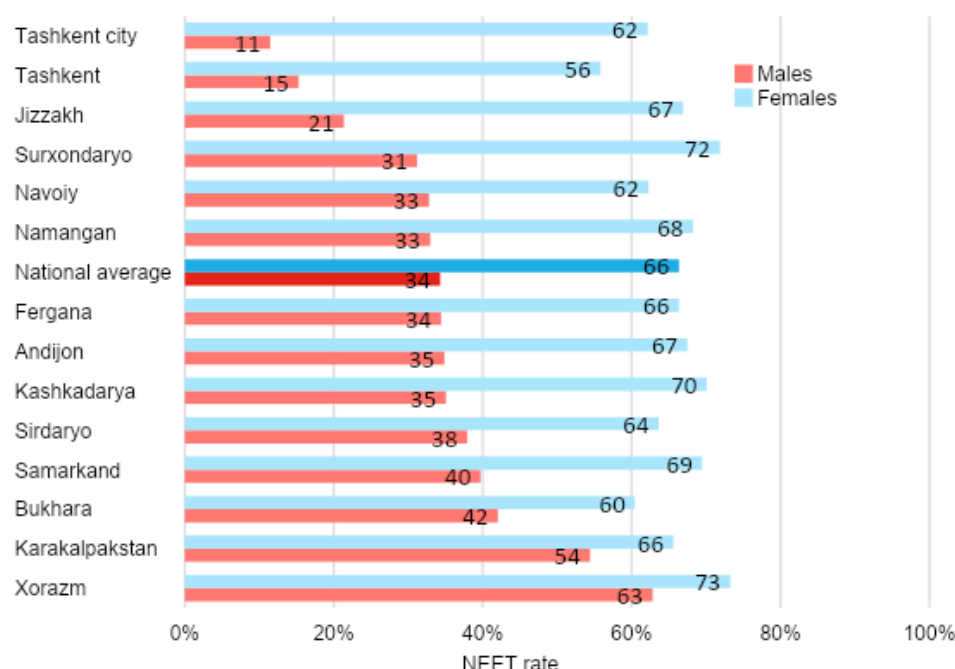
¹⁶ National household survey “Listening to Citizens of Uzbekistan” (2018) The World Bank and UNICEF

¹⁷ *ibid*

¹⁸ UNDP (2018) Sustainable employment in Uzbekistan: the status, problems and solutions

¹⁹ National household survey “Listening to Citizens of Uzbekistan” (2018) The World Bank and UNICEF

Figure 1: Percentage of population aged 18-30 years who are not in employment, education or training (NEET), by sex and region²⁰



Young people see labor migration as their main option. In Uzbekistan one in twelve young people is temporarily living abroad²¹. Despite the declining population in Karakalpakstan, migration outflow here is the highest in Uzbekistan -in one out of every five families someone is working abroad. **More than half of migrants are young people²².**

In view of the COVID-19 pandemic and quarantine restrictions, the World Bank predicts a sharp decline in growth of the economy of Uzbekistan from 5.6% in 2019 to 1.6% in 2020²³. Decreasing economic growth on the national level will lead to further deterioration of the economic situation in Karakalpakstan, resulting in massive losses of income. Given that on average 19.8% of families in Karakalpakstan regularly depend on remittances from someone in their family working abroad, roughly 380,000 persons will immediately feel a negative impact on their income as most migrants either have already returned home with no option to leave for work again or have stayed abroad with no or very limited work opportunities and protection.

2.5.2 Skills mismatch among young people

98 per cent of young people are enrolled in free and compulsory secondary education. However, due to university quotas and barely affordable tuition fees, the tertiary education enrolment rate in Uzbekistan

²⁰ Ibid

²¹ Ibid

²² Institute for social research, UNDP (2017) Socio-economic survey of the needs of the population in the Aral Sea region

²³ World Bank (2020) Europe and Central Asia Economic Update. Available from: <https://www.worldbank.org/en/region/eca/publication/europe-and-central-asia-economic-update>

was only 20 per cent in 2019, an increase from 12 per cent in 2018. In the Republic of Karakalpakstan in 2018 the rate was only 7 per cent²⁴. Among young people with disabilities, only 5 per cent are able to obtain a higher education degree, while 32 per cent do not have any education at all²⁵.

Besides limited access, evidence²⁶ demonstrates that in Karakalpakstan over 35 per cent of young people are either dissatisfied or partially dissatisfied with general secondary education and 12.7 per cent are dissatisfied with specialized secondary and vocational education. The key causes of dissatisfaction are poor education quality, insufficient supply of educational materials and long distance from settlements. Young people pointed the fact that education at all levels is based on rote learning and there is a shortage of practical, experiential learning and skills development²⁷.

The ongoing COVID-19 pandemic and subsequent social distancing and self-quarantine measures have caused unprecedented disruption of socio-economic life. In this regard, taking advantage of every opportunity to mitigate negative consequences, raise awareness, enhance health care capacity, reduce transmission and build greater resilience to shocks among adolescents is critical.

3. Strategies, including lessons learned and the proposed project

3.1 Strategy context

3.1.1 Alignment of the proposal with the Government Policies and Strategies

The current proposal aligns with following government policies and strategies:

- **Presidential Decree #5590** of 7 December 2018 on reforming the healthcare system in Uzbekistan—improving adolescent/youth health, especially in the regions, is one of the most important and immediate health security issues that the people of Karakalpakstan have;
- the Government's continued work on the implementation of international norms, notably the UN Convention on the Rights of the Child, in the national legislation;
- **Presidential Decree no. 2221** of 1 August 2014²⁸ "On the State Program for the Further Strengthening of Reproductive Health of the Population, Protection of the Health of Mothers, Children and Adolescents in Uzbekistan for 2014-2018";
- the "Concept on health development of Uzbekistan 2019-2025" approved by **Presidential Decree # 5590** and the **Action Strategy 2017-2021** includes: improving the health care and social security systems and strengthening social protection of vulnerable populations; and strengthening primary health care focusing on health promotion;
- **Presidential Decree # 4513** issued on 8 November 2019, "On improving the quality and further expanding the coverage of medical care provided to women of reproductive age, pregnant women and children" emphasized the importance of improvement of quality of care at multidisciplinary and rural family clinics;

²⁴ World bank (2018) Uzbekistan: Education Sector Analysis. Available from: <http://documents.worldbank.org/curated/en/379211551844192053/pdf/Uzbekistan-Education-Sector-Analysis.pdf>

²⁵ National household survey "Listening to Citizens of Uzbekistan" (2018) The World Bank and UNICEF

²⁶ Institute for social research, UNDP (2017) Socio-economic survey of the needs of the population in the Aral Sea region

²⁷ Takeaways from focus-group discussions on reasons of challenging school-to-work transition and youth consultations with local government conducted in 2019 in four regions of Uzbekistan conducted by UNICEF.

²⁸ Available at: <http://www.lex.uz/ru/docs/2441021>

- the **Decree of Cabinet of Ministers of the Republic of Uzbekistan # 769** issued in September 2017 and **President Decree # 4301** issued in May 2019 on the introduction of telecommunications and new ways of continuous medical education;
- 28 April 2020, President of Republic of Uzbekistan signed a **new decree** “On measures for the widespread adoption of the digital economy and e-government”. The document stated that modern high-speed Internet connection will be provided to all healthcare institutions, schools, preschool education organizations, villages and mahallas in 2020-2021;
- the **Presidential Decree no. 5325** of 2 February 2018²⁹ “On Measures to Fundamentally Improve Activities in the Field of Support for Women and Strengthening the Institution of the Family”.
- the **Resolution of the Cabinet of Ministers no. 352** of 10 May 2018³⁰ “On Measures to Further Increase the Effectiveness of Obstetric, Gynecological and Medical Care Services Provided to Girls and Women of Childbearing Age”. The resolution aimed at improving the quality of gynecological care provided to girls and adolescent girls in primary health care facilities.
- **Law no. ZRU-406** of 14 September 2016 on **State Adolescent Policy**
- the **Presidential Decree no. 5106** of 5 July 2017³¹ “On Measures to Improve the Efficiency of the State Youth Policy and Support the Activities of the Union of Youth of Uzbekistan”.
- **Resolution of the Cabinet of Ministers #187** of 06 April 2017³² “On approving of the State Educational Standards for General Secondary, Secondary Specialized and Vocational Education” prioritizes the development of “soft skills” such as “developing independent and creative thinking skills, with the ability to formulate and substantiate opinions verbally and in writing”.

3.1.2 Expected project results aligned with the SDGs

Government Resolution #841 on national SDGs extends government’s priorities on:

Target	Program’s contribution
SDG 3 Good Health and Wellbeing	
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Improving WASH in schools in primary healthcare facilities will reduce water-borne disease and parasitic disease prevalence in targeted districts of Karakalpakstan.
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Providing evidence-based information using modern information technologies will prevent substance abuse and establish healthy lifestyle habits among adolescents.
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	Evidence-based health information and availability of anonymous counselling for adolescents on the health education website will raise awareness and access to information.

²⁹ Available at: <http://lex.uz/docs/3546745>

³⁰ Available at: <http://lex.uz/docs/3730174>

³¹ Available at: <http://www.lex.uz/ru/docs/3255685>

³² Available in Uzbek at: <https://lex.uz/docs/3153714>

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	Online in-service education will improve cost-effectiveness and motivation of health care providers, especially from the remote areas and eventually will lead to higher motivation and retention of the health workforce.
SDG 6 Clean Water and Sanitation	
By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	This project aims to provide equitable access to WASH infrastructure to vulnerable children and adolescents with special focus on Menstrual Hygiene Management to empower women.
Support and strengthen the participation of local communities in improving water and sanitation management	This project will employ a participatory approach with the direct involvement of teachers' and parents' associations, and local community activists to empower local communities.
SDG 1 End poverty in all its forms everywhere	
By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	This project will improve the access of the Karakalpak population to WASH and healthcare facilities.
SDG 4 Quality education	
By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	The project will improve life, social innovation and entrepreneurial skills through school-based and non-formal education programmes.

3.2 Lessons Learned

One of the key lessons learned from the UN's experience in implementing programmes in similar settings is that delivering multiple key services in one package at the same time is efficient in terms of staff time and training, but is also cost effective, particularly for remote communities. It also demonstrates tangible multi-dimensional effects to stakeholders which is beneficial for policy advocacy and community engagement.

Lessons learnt in the early stage of the COVID-19 response on learning and coaching demonstrated that telemedicine and distance learning are important for immediate response. Telemedicine and distance learning would also help to integrate education and practical healthcare services and to address quality of care issues more efficiently. Establishing electronic communication at primary health care, district and

regional level (referral) facilities will significantly impact on some of the most challenging problems of the Karakalpakstan healthcare system, such as access to quality of health care, the distribution of limited providers, and would improve health outcomes in a cost-effective way. Establishing a telemedicine and distance learning system can contribute to population health outcomes by improving timely diagnosis and treatment, the reduction of complications and hospital stays. Doctors and other medical professionals can listen to lectures and get demonstrations of the latest technology without leaving their office. Developing a telemedicine system is one of the Government's priorities and is reflected in the President's Decree # 5590, issued in December 2018.

3.3 Project description

The main aim of the joint project is to **address the immediate needs of vulnerable populations, including adolescents, in terms of safe and clean schools and health care facilities, and other health and nutrition needs and to strengthen human capital and the resilience of youth by expanding opportunities for social innovation skills development in three districts (Muynak, Kungrad, and Bozatau).** The comprehensive and integrated project will address immediate needs through constructing sanitation facilities, improving access to safe water, hygiene and sanitation promotion activities, micronutrient supplementation, capacity building of schoolteachers and psychologists on life skills and parents on family skills, and establishing telemedicine and distance learning system. Harnessing the potential of young people, the joint project will invest in skills development and engage young people as agents of positive change in their lives, communities and the region, to overcome the consequences of COVID-19 and build a resilient future for Karakalpakstan.



Problem/Solution Table

CHALLENGES

Health Security

- High intestinal infections and high micronutrient deficiencies among adolescents and youth
- Unhealthy lifestyle and growing burden of chronic diseases

- High intestinal infections among general population
- Lack of access to quality healthcare at PHC level and general dissatisfaction with healthcare services

Social Security

- Limited access basic services and infrastructure, including water, electricity
- The most vulnerable and disadvantaged youth don't have skills and are not empowered to pursue their aspirations in finding solutions to challenges of the communities and their own building social enterprises

CAUSES

- Inadequate water sanitation and hygiene (WASH) in School
- Lack of consumption of nutritious food, deficits in a balanced diet, and inability to afford adequate and nutritious food
- Unhealthy lifestyle and inadequate school health information
- Inadequate capacity at PHC level to diagnose and manage helminthiasis

- Inadequate WASH and infection control in health care facilities
- Shortage of health personnel
- Lack of quality in-service education
- Higher cost of in-service training on health care workers from remote areas

- Limited access to WASH facilities
- Power outages

- Limited access to active labor market programs, including social entrepreneurship skills building and limited opportunities to get seed-funding to initiate a social enterprise

SOLUTIONS

- WASH infrastructure upgrade powered with green energy to address power outages
- Deworming
- Iron and Folic Acid supplementation
- Evidence-based health education at schools and online
- Provision of diagnostic equipment and test-systems to PHC facilities

- WASH infrastructure upgrade powered with green energy to address power outages
- Web-based distance education for health care providers
- Access to telemedicine

- WASH infrastructure upgrade powered with green energy to address power outages
- Solar panels to address power outages

- Social innovation and social entrepreneurship program for the most disadvantaged youth
- Support youth going through social innovation and social entrepreneurship program with electronic devices and internet connection

3.3.1 Theory of Change

The proposed Joint Project is based on the following theory of change:

If adolescent study in an improved school WASH environment, and receive micronutrient supplement and deworming services, have the knowledge and skills to maintain good health and wellbeing, seek access to health counseling service when they need it and stay positive and build resilience to difficult situations, including anxiety as a result of confinement during the COVID crisis;

Then adolescent will improve overall health, nutrition, wellbeing and their mental health;

If populations in remote areas have improved access to quality primary health care through improved WASH in primary health care facilities and telemedicine and improved health care provider capacity through distance learning;

Then quality and accessibility of health services to most vulnerable residents (boys, girls, reproductive age and residents of remote areas) will improve and their overall satisfaction with health services will increase.

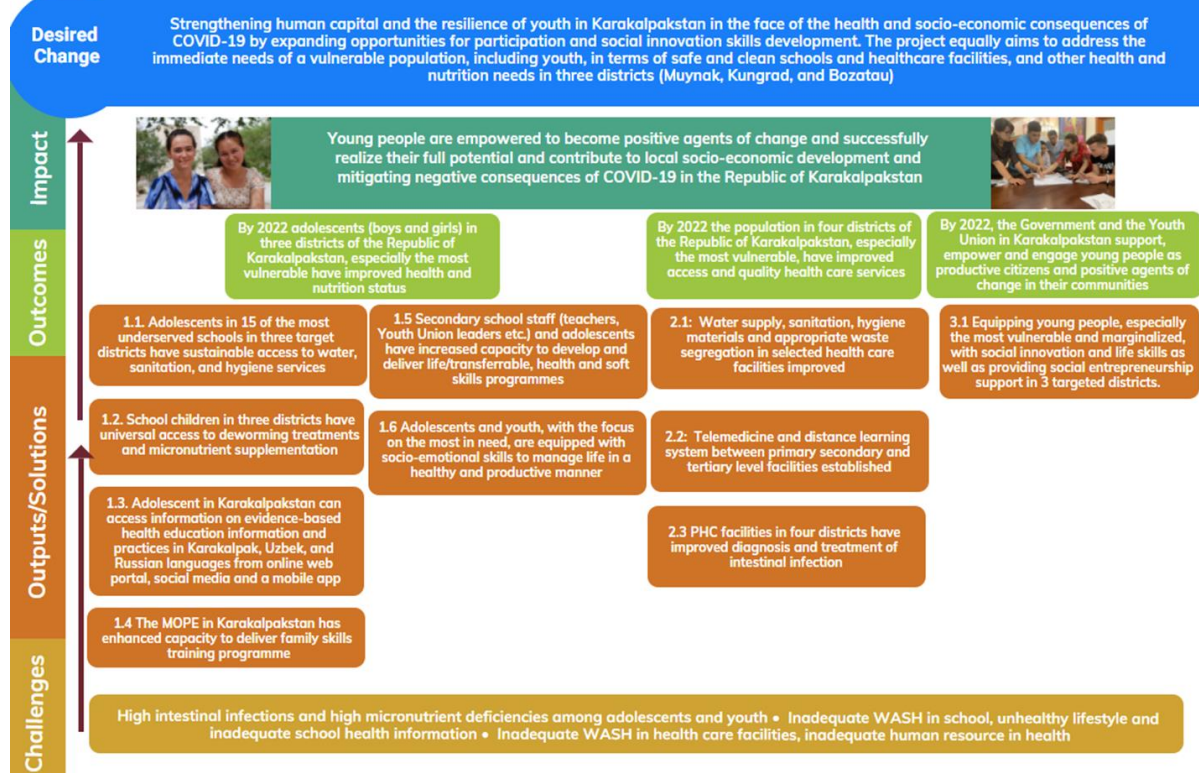
If young people have access to continuous skills development and support services;

Then young people are empowered to become positive agents of change who are confident, competent, with strong sense of connectedness with their communities; they will successfully realize their full developmental potential and contribute to mitigating the negative consequences of COVID-19 in the Republic of Karakalpakstan.



Theory of Change

Investing in a resilient future of Karakalpakstan by improving health, nutrition, water, sanitation, hygiene and wellbeing of adolescent during and after COVID-19



3.3.2 Implementation strategy

The project will employ following implementation strategies.

Service delivery

The project will improve the infrastructure of targeted health facilities and schools by investing in WASH.

The project will also provide essential equipment to the selected facilities and schools, to ensure access of population to safe quality and preventive services. The approach will ensure physical access of vulnerable groups from 3 districts of the RoK to appropriate care conditions and critical equipment. Improved infrastructure and availability of equipment will allow district-level management teams to improve efficiency and the overall performance of the healthcare and public education system in the RoK.

The project will also provide essential equipment and Internet access to the participants of the UPSHIFT programme to equalize the chances of participating for young people of all backgrounds.

Partnerships

The UN jointly with the Government and Youth Union in the Republic of Uzbekistan and Karakalpakstan will involve all stakeholders, including young people, in the planning and implementation of the project to ensure transparency and accountability. The project will also work in collaboration with the MoH and MOPE of the Republic of Uzbekistan to ensure the custom clearance of all goods received in the framework of the project realization. UN will contribute to the procurement of equipment by using the expertise of the UN Supply Division.

Evidence generation

The project, jointly with national experts, will conduct a situation analysis and assessment to identify WASH, IPC or emergency preparedness and response bottlenecks that need to be improved. WHO recommended tools to be used. All adolescents and youth interventions will be planned, implemented and evaluated jointly with adolescents based on their needs, interests and aspirations. The project lessons-learned documentation and final assessment will be used for advocacy and scale up. The project will also address the shortcomings in data collection through technical support to improve data collection and analysis.

Capacity development

The project will focus on strengthening the existing health care and public education system with a particular focus on capacity development for the effective functioning of primary health care facilities. Distance learning will contribute to a wide coverage of health care providers, teachers and students on different topics. UNICEF will support the MoH to implement strategies focused on increasing the capacity of health managers to put into practice evidence-based and equity-focused WASH improvement plans. The project will also support experience-exchange and learning visits.

All youth interventions envision capacity-building of the national partners employees through trainings, joint planning, development, delivery and evaluation of the programmes.

Innovation

In the area of health and WASH, several innovations will be used during project implementation to reduce environmental impacts while still being affordable and sustainable, even in resource-scarce environments.

- Low-cost water-treatment devices including large-membrane filters and electro-chlorinators, which allow for onsite production of chlorine.
- Environmentally friendly innovative energy products including solar arrays that power WASH-related equipment such as pumps and provide hot water and lighting for sanitation facilities.
- A mobile application of WASH FIT, which allows facility teams to track and follow up on actions and Government and partners to provide real-time support. In addition, it can be used by facility teams to share approaches on overcoming challenges or engage in friendly competitions. The provision of anonymous feedback and using approaches that do not exclude any groups of populations is an innovation.
- The distance education of health care providers, which will use innovative approaches to assess the progress of the training participants by presentation, posters about learned material, dioramas; student displays and other methodologies.
- Telemedicine at district level, which will allow health care professionals to evaluate, diagnose and treat patients at a distance using telemedicine and distance learnings technology. All technologies require human and financial resources and systems to support their effective use and ongoing operation, which will be addressed by the project.

In the area of youth development, the joint initiative seeks to build not only on provision of skills and services to youth, but also on engaging young people themselves in development and implementation, thereby fostering agency and delivering cost effective results that can be sustained over time.

- UPSHIFT combines some of the leading approaches to youth and adolescent development with human-centered approach to empower young people to become innovators and entrepreneurs. UPSHIFT combines social innovation skill-building, mentorship, incubation and seed funding, to equip young people with the skills and resources they need to identify problems in their own communities and design solutions for them. UPSHIFT's methodologies have been tailored for use with marginalized young people, closing a critical gap in Uzbekistan. A key premise of UPSHIFT is the by-youth for-youth approach. Young people's ideas and creativity are the cornerstone of the initial development of the programme. Its contextualization and adaptation are also co-designed with the target group, who are underserved, marginalized young people.
- Evidence-based life skills programs in schools will promote critical thinking, initiative and engagement among school students, prevent anti-social and risky behavior during and after COVID-19 and promote positive parenting and family functioning.

The following interventions from the proposed project will address the specific issues of the COVID-19 pandemic and its consequences:

- WASH in School and health care facilities: frequent hand washing, availability of soap and hygiene practices is key to cutting COVID-19 transmission and other infectious diseases after the pandemic.
- Online health education hub/website: Evidence-based information in Karakalpak and Uzbek on COVID-19 and other healthy lifestyle topics, interactive Question and Answer pages and social media channels managed by health professionals would raise the awareness of adolescents on COVID-19 topics and would promote health and fitness.
- Distance learning for doctors is a modern way of delivering in-service training especially during self-quarantine measures. Establishing a distance education infrastructure would allow for healthcare workers' capacity to be enhanced by providing short-courses on different aspects of COVID-19 prevention, control and management and other medical matters relevant in the region.
- Solar panels to address power outages in target locations that hamper access to education during the lockdown and the general dissemination of health information

- Social innovation programme (UPSHIFT) not only to engage youth economically, in view of increasing youth unemployment related to COVID-19, but also to support youth in developing innovative solutions for overcoming the socio-economic consequences of the pandemic.

Traditionally peers are providers of information to their peers, thus adolescents tend to talk to each other about most subjects and can disseminate correct and incorrect information including on COVID-19. By introducing peer to peer technologies in line with national legislation and COVID-19 sensitive information, awareness among adolescents can be significantly increased.

UNICEF, UNFPA and UNODC will allocate the time of their experienced staff to ensure the coherence of project implementation, the quality of results delivered, the close coordination in implementing activities, and the operational efficiency of the project.

The project resources will be used for the assessment, technical support, revision of standards, monitoring, advocacy, establishing of telemedicine and distance learning network, improving of WASH in selected medical facilities and schools, supporting adolescent in skills building and implementation of social enterprises/initiatives, and to ensure completion of the project at its end. The project with available budget will cover the northern districts of Karakalpakstan. However, government resources will have to be allocated for the maintenance of infrastructure, equipment and scale up. The project will have programme staff and will involve partners' staff to achieve the planned results. Working with partners will strengthen their capacity and ensure project sustainability.

The systems and institutional strengthening included in the project work, and its operations support, which includes work on cross-cutting themes, will deliver results for women, children, adolescents and youth in the families and communities where they live.

The project has made a clear and direct link between the planned interventions and national strategies and plans. The project will ensure effectiveness by maintaining a balance between national and regional/district and facility/school level work. The implementation strategy's success depends on an appropriate choice of partners; therefore, the project has paid special attention to the identification of appropriate partners. The coordination council and working group consisting of representatives of all stakeholders and partners will also ensure project effectiveness. Effectiveness will be maintained by situation assessment and a strong M&E framework for evidence-based programming. The project's gender mainstreaming/integration strategy will also contribute to effectiveness.

3.3.3 Beneficiaries

There are 1.8 million people living in rural and urban areas of the RoK. Out of this 181,200 (10 per cent) are living in selected districts (Muynak, Bozatau, and Kungrad). The project will cover in total 3 out of 15 districts of the RoK, namely those that have suffered most from land degradation, reduction of biodiversity, climate change, deterioration of the health of the population, to improve access to services, skills and opportunities

Outcome 1: By 2022 adolescents (boys and girls) in three districts of the Republic of Karakalpakstan, especially the most vulnerable have improved health and nutrition status

- Total schools: 15 out of 108 (14 per cent of total school in three districts of RoK)
- Total children: Approx. 5,000 out of 40,000 (12.5 per cent of children in three districts of RoK)
- For deworming: 26,000 students (100 per cent of children in three districts of RoK)
- For micronutrient supplementation (girls 10-17 years of age): approx. 10,000

- At least 1,500 adolescents and their parents will receive knowledge on healthy lifestyles and positive parenting to prevent substance abuse, develop life skills to prevent anti-social and risky behavior, and improve family outcomes and mental health during and after COVID-19.

Outcome 2: By the end of 2022, the population in three districts of the Republic of Karakalpakstan, especially the most vulnerable, have improved access and quality health care services.

Annually, the project will reach more than 181,200 people applying for health care including:

- 94,224 women and 86,976 men;
- 57,988 children up to 18 years;
- 30,000 students (15,600 boys, 14,400 girls)
- around 2,800 pregnant women and newborns.
- The project will reach 1,300 doctors, midwives, nurses, cleaning/support staff and health care managers from targeted health care facilities.
- The project will cover the Karakalpak Medical Institute, two regional level facilities, three district hospitals and 20 primary health care facilities
- Number of facilities that will improve their WASH infrastructure: 20 (74 per cent)

Outcome 3: By the end of 2022, 400 young people will be empowered through skills-building programmes and engaged in life of their communities

- 120 young people aged 14-24 participate in social innovation and social entrepreneurship programme (UPSHIFT)
- 40 communities will benefit from social innovation initiatives and new enterprises, supported by UPSHIFT
- 120 Adolescents are equipped with life and entrepreneurship skills through peer-to-peer school-based programme

3.3.4 Mainstreaming of gender and women's empowerment

The project will use a gender lens in the situation analysis and assessment to identify gender sensitive interventions. Sex-disaggregated and specific gender indicators are included in the results framework to adequately measure the gender-responsive results the project aims to achieve.

The project's main activities are designed to ensure the equal participation of women and girls in the design and implementation of project interventions. They are also direct beneficiaries of the project activities.

In particular, in Outcome 1 area of the project, UNICEF will establish WASH facilities, making sure that toilets in health care facilities and schools ensure privacy and safety for the needs of women and girls. The project will ensure that these toilets will have menstrual hygiene facilities. This very important aspect for the health of girls and female staff of schools is often overlooked. Improving WASH in schools, especially access to menstrual hygiene facilities will empower women and promote gender equality in education facilities and the workplace. The project will also provide micronutrient supplements to girls of 10-17 years of age to improve micronutrient deficiency in the region which is 40-50 per cent higher than the national average. Improved health will positively affect their education achievements, participation in school and community activities, and will have a long-term positive impact throughout their lives.

Family skills training will involve men in active parenting of children, which is often viewed as the sole responsibility of women in families. This will improve intergenerational relationships in families and among

parents themselves. More balanced responsibilities for child well-being will also contribute to greater gender equality in families and communities.

Specific measurable indicators related to gender equality and women's empowerment are the following:

- # of parents completed the family skills training programme (disaggregated by sex and age)
- # of facilitators trained on family skills training programme (disaggregated by sex and age)
- # of adolescent and teachers completed peer education programme on soft skills and healthy lifestyle (disaggregated by sex).
- # of adolescent girls and boys, young women and men of 15-24 years old completed the socio-emotional skills development programme (disaggregated by sex).

Outcome 2 of the project will improve WASH facilities in primary health care facilities. Women are at the forefront in the public health sector. They are the users of improved WASH facilities, and as users of the improved infrastructure and practices, they will also promote WASH among the population, and will support and enforce improved standards.

Specific measurable indicators related to gender equality and women's empowerment are the following:

- # of medical institutions with toilets ensured privacy and safety for the needs of women and girls
- # standards and policies for WASH in health care facilities developed/reviewed and have specific gender markers
- # of health care providers trained on WASH, infection prevention and control and WASH for health facility improvement tools (disaggregated by sex, and residence)
- # of health care professionals educated and retrained through distance learning (disaggregated by sex, and residence)

Outcome 3 focuses on engaging young people as agents of change in their communities. Peer education and UPSHIFT engagement platforms will ensure that equal numbers of male and female beneficiaries participate in their activities. In Outcome 3, specific outreach activities will be targeted at adolescent girls and young women from disadvantaged communities, the content will be made appealing to them and specific provisions will be made to ensure parents' engagement in the process, as necessary, to enable girls' participation. These are specifically focused on breaking gender stereotypes in society by empowering girls and women to become community leaders, entrepreneurs and innovators. They will drive social innovation in their communities and the region.

Specific measurable indicators related to gender equality and women's empowerment is the following:

- # of young people completed the skills development programme (disaggregated by sex and age)

A gender-responsive analysis of the project outcomes of the programme will be conducted as part of the project monitoring and reporting to stakeholders; it will include whether the planned gender-responsive results were achieved, the most effective pathways to those results, and lessons learned will be documented for future interventions.

3.3.5 Sustainability of results

All planned activities are in line with national priorities and will contribute to the national and global SDGs. The sustainability of the project will be ensured by working with the Council of Ministers of the Republic of Karakalpakstan, MOH, MOPE, Youth Union, and all other relevant departments of Government during the project period. Strategic partners' leadership and ownership during the project implementation will be ensured. The project's sustainability will be ensured by integrating the services and initiatives created by

the project into existing state-funded programmes, Government of Uzbekistan initiated reforms in youth development, public education, health care and in the medical education system.

For example, establishing a telemedicine and distance learning network is in line with MOH's efforts to establish a telemedicine and continued medical education system with focus on skill-based education. To ensure the sustainability of capacity building activities, UNICEF will work with MOH, MOPE and Medical Universities to update education training packages as part of the recognized and accredited curriculum.

Universal access to deworming tablets will be sustained by improved school WASH, availability of online health education materials in Uzbek and Karakalpak and integration of hygiene practices into school health education curriculum. In order to ensure the sustainability of micronutrient supplement, UNICEF will use its own resources to advocate national government and RoK to improve flour fortification program for example by strengthening quality assurance on flour fortification to ensure flour is fortified micronutrient supplement based on government standards.

UPSHIFT will be integrated into the existing youth entrepreneurship programmes and funding facilities with the aim of giving the most vulnerable and marginalized young people opportunities to benefit from existing programmes. Specifically, these programmes will be delivered by the Youth Union, International Innovation Center, Ministry of Innovative Development with the engagement of the Ministry of Public Education.

The project will establish a Coordination Council at regional level that guarantees the ownership and sustainability of coordinated efforts to improve the health of the population 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. 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 jointly with the MoH and MOPE. The equipment procured will be formally handed over to health facilities and the project will advocate with MoH to include the maintenance cost in a regular budget.

Health care managers will be trained in WASH FIT 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 WASH and IPC approved by the MoH by establishing regional training capacity for human development and the introduction of an enhanced statistical reporting system. The Karakalpakstan Medical 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 following approved WASH and IPC standards.

Improved infrastructure and availability of equipment for WASH and IPC 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 WASH and IPC interventions, to update curriculum in pre-service and in-service education of health providers and teachers will also contribute to the sustainability of the project results.

The sustainability of UNODC activities will be ensured by training local organizations, agencies, trainers and facilitators in the theoretical background and in the practical skills required to implement an evidence-

based cost-effective family skills training programme and its tools. The training programme and tools will be institutionalized within local government institutions with the aim of increasing and improving the implementation capacity of local organizations, agencies and practitioners to a level whereby they are able to replicate the implementation independently at different sites.

5. Results Framework

The project is in line with **UN Sustainable Development Cooperation Framework (UNSDCF) (2021-2025)**:

Outcome 1. By 2025 all people and groups in Uzbekistan, especially the most vulnerable, demand and benefit from enhanced accountable, transparent, inclusive and gender responsive governance systems and rule of law institutions for a life free from discrimination and violence.

Outcome 3. By 2025, youth, women and vulnerable groups benefit from improved access to livelihoods, decent work and expanded opportunities generated by inclusive and equitable economic growth.

Outcome 4. By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services.

Outcome 5. By 2025, the most at risk regions and communities of Uzbekistan are more resilient to climate change and disasters, and benefit from increasingly sustainable and gender-sensitive efficient management of natural resources and infrastructure, robust climate action, inclusive environmental governance and protection.

Expected project results aligned with the MPHSTF Results Framework

Indicator	Project's contribution
MPHSTF Outcome 4: The overall health of the local population is improved, and a healthy lifestyle promoted	
Per cent reduction in infant and maternal mortality: <ul style="list-style-type: none"> - Infant mortality rate (up to 1 year, per 1,000 live births) - Maternal mortality (per 100,000 live births) 	Iron and folic acid supplementation among girls 10-17 of age will reduce pregnancy complications and birth defects caused by iron-deficient anemia and folic acid deficiency. Readily accessible online evidence-based information on reproductive health and rights, family planning and healthy nutrition will further contribute to targeted indicators.
Per cent of population satisfied with health services	Readily available health information online, health workforce with access to online continuous education, and at least 20 PHC facilities with improved WASH infrastructure will contribute to general public's satisfaction with the health services.
Output 10. Investments in local health services and pharmacies (e.g. facilities and equipment) are increased	
Amount of investment in local health infrastructure with support of the MPHSTF, million USD	At least 1 million USD will be directly invested into improving WASH and telemedicine and distance learning infrastructure at PHC facilities and 81,000 USD into diagnostic equipment and testing systems for parasitic diseases.

Number of medical institutions equipped with equipment	20 PHC facilities in three targeted districts will be equipped with microscopes and testing systems for better diagnosis of parasitic diseases.
Output 11. Access to rural health clinics and to medication, primarily in remote areas, is improved	
# of functional health clinics strengthened with support of the MPHSTF	20 PHC facilities in three targeted districts will be equipped with microscopes and testing systems and 20 PHC facilities will improve WASH infrastructure.
Output 12. The quality of healthcare is improved through increased professional education	
# of health care professionals educated and retrained through distance learning	By the end of 2022, more than 1300 doctors will upgrade their knowledge through an online education platform.
Output 13. Healthy lifestyles and practices, drug and alcohol use prevention, as well as, mental health are promoted, including sanitation, vaccination, waste disposal, and local medicinal plants	
# of project and activities conducted on promotion of Healthy lifestyles with support of MPHSTF	UNICEF will develop a resource hub for adolescents so that adolescents in Karakalpakstan can access evidence-based health education information and other information. Moreover, adolescents will be equipped with basic socio-emotional skills so that they manage their lives in healthy and productive manner.
MPHSTF Outcome 2: The employment and income generation opportunities for local communities increased	
# new business initiatives started	By end of 2022, 40 social innovative solutions/enterprises will be initiated by young people through improved social innovation skills and a social entrepreneurship programme (UPSHIFT)
Output 5. Skills and knowledge of local communities to participate in new industries and to become entrepreneurs, as well as adaptability for employability are improved	
# of people trained and retrained in specialized centres to improve and develop their entrepreneurial skills/knowledge	By end of 2022, 400 young people will improve their entrepreneurial skills through social innovation skills and social entrepreneurship programme (UPSHIFT)
MPHSTF Outcome 5: The living conditions of local populations are improved, with particular focus on vulnerable groups such as women, children and youth	
Output 15. Social and community services, including pre-school education and leisure opportunities, and life skills education for children and youth are improved	
# of community members and school children covered through adolescent led peer to peer education programme with support of the MPHSTF	By the end of 2022, 160 school children will participate in a peer-to-peer school-based education programme on healthy lifestyle and reproductive health. A further 10.000 adolescents will receive knowledge from their peers.

Table 1: Results Framework

Table 1: Results Framework										
Title of the project	Investing in a resilient future of Karakalpakstan by improving health, nutrition, water, sanitation, hygiene and wellbeing of adolescent and by harnessing the talents of youth during and after COVID-19									
UNSDCF Priority Area	Outcome 1. By 2025 all people and groups in Uzbekistan, especially the most vulnerable, demand and benefit from enhanced accountable, transparent, inclusive and gender responsive governance systems and rule of law institutions for a life free from discrimination and violence.									
	Outcome 3. By 2025, youth, women and vulnerable groups benefit from improved access to livelihoods, decent work and expanded opportunities generated by inclusive and equitable economic growth.									
	Outcome 4. By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services.									
	Outcome 5. By 2025, the most at risk regions and communities of Uzbekistan are more resilient to climate change and disasters, and benefit from increasingly sustainable and gender-sensitive efficient management of natural resources and infrastructure, robust climate action, inclusive environmental governance and protection.									
	Outcome 2. By 2025, the most at risk regions and communities of Uzbekistan are more resilient to climate change and disasters, and benefit from increasingly sustainable and gender-sensitive efficient management of natural resources and infrastructure, robust climate action, inclusive environmental governance and protection.									
Relevant National SDG(s)	Ensuring a healthy lifestyle and promoting well-being for all at all ages (Goal 3); Conservation and rational use of water resources for sustainable development, ensuring their availability and development of sanitation for all (Goal 6); Reduce poverty everywhere (Goal 1); Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4); Promote sustainable and inclusive economic growth through increased productive employment and decent work for men and women (Goal 8).									
Expected Results (Outcomes & outputs)	Indicators							Means of verification n/ Frequency	Responsibilities (PUNOs and national partners)	
	Indicator description	Baseline		Target (cumulative)						
		Value	Year	2021		2022				
				S1	S2	S1	S2			
Programme outcomes	Contribute to MPHSTF outcomes:									
	Outcome 2: The employment and income generation opportunities for local communities increased									
	Outcome 4: The overall health of the local population improved, and healthy lifestyle promoted									
	Outcome 5: The living conditions of local population improved with particular focus on vulnerable groups such as women, children and youth									
Outcome 1. By 2022 adolescents (boys and girls) in three districts of the Republic of Karakalpakstan, especially the most	# of girls 10-17 supplemented with iron and folic acid supplement	0	2020	10,000	10,000	10,000	10,000	Project Report/Se mi-annually	UNICEF, MoH, MOPE	
		0	2020	10	40	60	108			

vulnerable have improved health and nutrition status	# schools providing evidence-based health and nutrition education as part of the school curriculum							Project Report/ Semi-annually	UNICEF, UNFPA, UNODC, MoH, MOPE
Programme outputs	MPHSTF Output 6: Investments in local infrastructure serving local communities (e.g. energy, access to roads, service industry, banking) are increased								
	MPHSTF Output 9: Quality of nutrition is increased through standardization, information, and education								
	MPHSTF Output 13: Healthy lifestyles and practices, drug and alcohol use prevention, as well as, mental health are promoted, including sanitation, vaccination, waste disposal, local medicinal plants								
Output 1.1 The Ministry of Public Education, and local school management teams are supported to establish sustainable access to water, sanitation, and hygiene services (WASH)	# of secondary schools with improved WASH facilities	0	2020	0	5	10	15	Project Report/ Semi-annually	UNICEF, MOPE
	# of schools with toilets ensured privacy and safety for the needs of women and girls	TBD after baseline assessment in Feb 2021	2020	0	5	10	15	Project Report/ Semi-annually	UNICEF, MOPE
	# number of WASH innovations implemented	0	2020	0	1	1	2	Project Report/ Semi-annually	UNICEF, MOPE
	amount of investments in local infrastructure with support of the MPHSTF, mln. USD	TBD after UNDP/U NESCO Project Report submission for 2020	2020	0	\$0.30	\$0.30	\$0.48	Project Report/ Semi-annually	UNICEF, MOPE
Output 1.2 Local healthcare workers have enhanced capacity and resources for universal deworming treatment and micronutrient	percent of school children STH infected	TBD after the baseline assessment in Feb 2021	2021	TBD	TBD	TBD	TBD	MOH stats/updated annually	UNICEF, MoH, MOPE

supplement of school children in three districts	# of children dewormed	0	2020	0	26,000	26,000	26,000	Project Report/ Semi-annually	UNICEF, MoH, MOPE
	# of health and education workers trained to provide anemia prevention and adolescent nutrition counselling services	0	2020	0	100	200	300	Training report/ Semi-annually	UNICEF, MoH, MOPE
Output 1.3 Adolescent in Karakalpakstan can access information on evidence-based health education information and practices in Karakalpak, Uzbek, and Russian languages from online web portal, social media and mobile app	# of videos on health-related topics in Karakalpak/Uzbek /Russian languages for children/adolescent	0	2020	0	5	7	10	Project Report/ Semi-annually	UNICEF, UNFPA, UNODC, MoH, MOPE
	# of health-related questions from public answered by health experts and posted online	0	2020	0	150	200	200	Project Report/ Semi-annually	UNICEF, UNFPA, UNODC, MoH, MOPE
	availability of web-adapted teacher's manual on healthy lifestyle in Karakalpak language online	0	2020	0	1	1	1	URL/A Semi-annually	UNICEF, MoH, MOPE
	# of teachers and community activists trained on SWASH, micronutrient supplementation and deworming counselling	0	2020	50	200	300	400	Training Report/ Semi-annually	UNICEF, MoH, MOPE

	Sustainability plan adopted by local authorities	0	2020		1	1	1	Project Report/ Semi-annually	UNICEF, UNFPA, UNODC, MoH, MOPE
Output 1.4 Ministry of Public Education in Karakalpakstan has enhanced capacity to deliver family skills training programme	Number of family members (adolescents and parents) covered by family skills training programme	0	2020	30	60	1000	1500	Training Reports/Annually	UNODC, MOPE
	Number of trained facilitators	0	2020	10	30	70	70	Training Report/ Semi-annually	
Output 1.5. Secondary school staff (biology teachers, Adolescent Union leaders etc.) and adolescents have increased capacity to develop and deliver life/transferrable, health and soft skills programmes	# of the schoolteachers, Adolescent leaders trained to use peer to peer methodology.	0	2020	10	60	80	120	Training Report/Annually	UNFPA MOPE
	# of peer educators trained	15	2020	30	80	160	160	Training Report/ Semi-annually	
	# of the adolescent reached by peer educators in two years	0	2020	1000	5000	7000	10000	Project Report/ Semi-annually	
Output 1.6 Adolescents/youth, with the focus on the most in need, are equipped with socio-emotional skills to manage life in a healthy and productive manner	# of adolescent girls and boys, young women and men of 15-24 years old completed the socio-emotional skills development programme	0	2020	50	100 (at least 50% are girls and young women)	200	300 (at least 50% are girls and young women)	Field monitoring visits/ Partner reports	UNICEF, Youth Affairs Agency, Youth Union

	# of youth workers and psychologists trained to equip young people with socio-emotional skills	0	2020	10	20	25	30	Training reports/ Semi-annually	
Outcome 2. By 2022, the population in three districts of RoK, especially the most vulnerable, has improved access to quality health care service	per cent of population satisfied with WASH conditions in target health care facilities	TBD after baseline assessment in Feb 2021	2020	TBD	TBD	at least 50%	at least 70%	Assessment Report/ Semi-annually	UNICEF, MoH
	per cent of increase of inpatient visits to primary health care facilities	TBD	Situation analysis and assessment (2020)	TBD	TBD	TBD	TBD	Assessment and Project Reports/ Semi-annually	UNICEF, MoH
Programme outputs		MPHSTF output 10: Investments in local health services and pharmacies (e.g. facilities and equipment) are increased							
		MPHSTF output 12: The quality of health care is improved through increased professional education							
Output 2.1 Health care facilities have improved water supply, sanitation, hygiene materials and appropriate waste segregation.	amount of investments in local health infrastructure with support of the MPHSTF, mln. USD	0,25	2020 Project report by UNICEF/UNFPA on the first-round project	0	\$0.25	\$0.50	\$0.50	Project Report/Annually	UNICEF, MoH
	# of medical institutions with	0	2020	2	10	15	20	Project Report/	UNICEF and MoH

	improved WASH services							Semi-annually	
	# of medical institutions with toilets ensured privacy and safety for the needs of women and girls	0	2020	2	10	15	20	Project Report/ Semi-annually	UNICEF and MoH
	# standards and policies for WASH in health care facilities developed/reviewed and have specific gender markers	0	2020	1	2	3	3	Project Report/ Semi-annually	UNICEF and MoH
	# of health care providers trained on WASH, IPC and WASH FIT (disaggregated by sex, and residence)	0	2020	100	400	500	650	Training Report/ Semi-annually	UNICEF and MoH
	# number of WASH innovations implemented	0	2020	1	2	2	2	Project Report/ Semi-annually	UNICEF and MoH
	# of supportive supervision visits conducted to trained health care providers	0	2020	0	At least 1	At least 1	At least 2	Field visit Reports/ Semi-annually	UNICEF and MoH
Output 2.2 Established telemedicine and distance learning system between primary, secondary and tertiary level facilities	# of medical institutions with functioning telecommunication equipment	0	2020	0	10	20	35	Project Report/ Semi-annually	UNICEF and MoH
		No	2020	Yes	Yes	Yes	Yes		

	Regulatory framework for telemedicine is developed and approved							Project Report/ Semi-annually	UNICEF and MoH	
	# of developed distance learning courses	0	2020	0	2	4	6	Training report/ Semi-annually	UNICEF and MoH	
	# of health care professionals educated and retrained through distance learning (disaggregated by sex, and residence)	0	2020	100	200	750	1300	Training Report/ Semi-annually	UNICEF and MoH	
Output 2.3 PHC facilities in three districts have improved WASH and infection control	# of health care providers trained on STH and infection control	0	2020	50	100	150	200	Training Report/Se mi-annually	UNICEF, MOH	
	# of updated clinical STH management standards at PHC level	0	2020	1	1	1	1	Project Report/ Semi-annually	UNICEF, MOH	
	amount of investments in local health infrastructure with support of the MPHSTF, USD	250,000	2020	Project report by UNICE F/UNF PA	30,000	60,000	81,000	81,000	Project Report/ Semi-annually	UNICEF, MOH
	# of clinics equipped with STH equipment and testing systems	0	2020	0	20	20	20	Project Report/ Semi-annually	UNICEF, MOH	
		28	2020	100	200	300	400			

Outcome 3. By 2022, the Government and the Youth Union in Karakalpakstan support, empower and engage young people, including the most vulnerable, as productive citizens and positive agents of change in their communities and the region	Number of young people who participate in or lead civic engagement initiatives (disaggregated by sex and age)							Field monitoring, reporting by partners/Annually	UNICEF, Youth Affairs Agency, Youth Union, International Innovation Center, local governors
Programme outputs	MPHSTF Output 5: Skills and knowledge of local communities to participate in new industries and to become entrepreneurs, as well as adaptability for employability are improved								
Output 3.1 Equipping young people, especially the most vulnerable and marginalized, with social innovation and life skills as well as social entrepreneurship support.	Number of young people who completed the skills development programme (disaggregated by sex and age)	28	2020	30	60	80	120	Field monitoring/ Every cycle	UNICEF, Youth Affairs Agency, Youth Union, International Innovation Center
	Number of projects initiated by participants of the programme, including social business and social initiatives (SCO)	5	2020	5	20	30	40	Field monitoring, Reporting by partners/ Every cycle	UNICEF, Youth Affairs Agency, Youth Union, International Innovation Center
	Number of projects evolved into sustainable social business or social initiatives	0	2020	0	1	3	4	Monitoring, Reporting by partners/Every cycle	UNICEF, Youth Affairs Agency, Youth Union, International Innovation Center

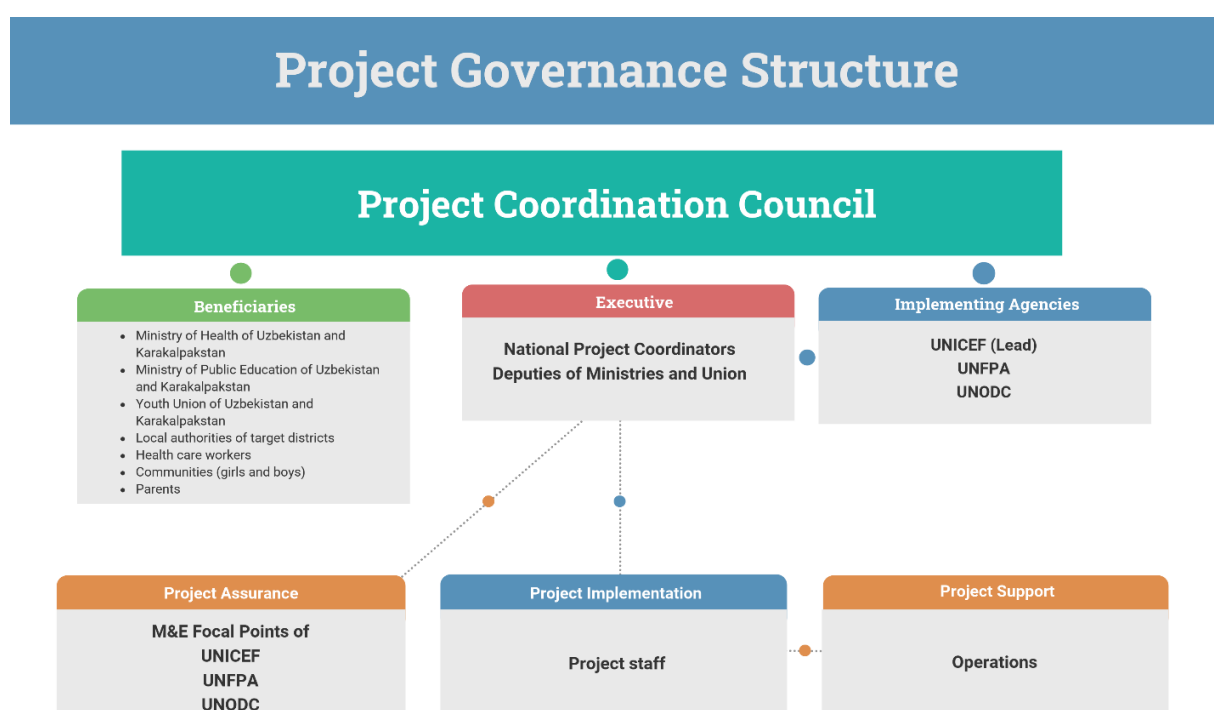
Table 2. Risk Ranking Matrix

Risks	Character	Impact	Probability	Mitigation Strategy
Long procurement of WASH equipment and construction process of WASH facilities which may jeopardize the achievement of project results	Operational	High	Medium	The procurement and construction process will start as early as possible after the specifications are agreed, and the MoH and MOPE will be requested to share and agree a list of equipment with relevant government bodies to expedite customs clearance and registration. The project will follow all national rules and regulations to ensure Government approval of construction/renovation work
Availability of water and power supply in the selected districts	Enabling environment	High	Low	Equipping of health care facilities and advocacy activities with the local government to ensure uninterrupted water and power supply for schools and health care 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
Insufficient capacities of teachers to deliver health promotion classes	Programmatic	High	Medium	The project proposal includes component on training, which will further be strengthened and tailored to the needs of staff of schools
Lack of motivation of managerial staff to improve WASH in health facilities	Performance	Medium	Medium	Developing the capacity of health managers to address barriers and bottlenecks in WASH
Lack of motivation and capacity of managers and teachers	Performance	High	Medium	Capacity development of managers and teachers. Knowledge management and exchange will be used as a tool to motivate decision makers and teachers
Insufficient capacities of health facility 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 health facilities
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 WASH FIT and support in monitoring of bottlenecks

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
Turnover of key management staff of selected facilities and schools, health care providers and teachers	Loss of support	Medium	Medium	Involvement of key decision makers in all steps of planned activities; advocacy and policy advice to local governors, MoH and MOPE
Low level of commitment from regional/local Government to systematically use the proposed platforms for youth engagement	Programmatic	High	Medium	Strong capacity-building and communication component. Showcasing good practices and benefits of youth engagement in the context of the MDHSTF project at the national and international level
Lack of motivation of the local Youth Union and school employees to adapt and implement new approaches in work with youth	Performance	High	Medium	Capacity development of Youth Union employees and schoolteachers, including training, knowledge and experience exchange, will be used to motivate Youth Union and school employees at managerial and implementing level. Building all youth interventions into existing youth policy, programmes and youth infrastructure.
Turnover of managerial staff of selected Youth Unions and schools, youth support service providers and teachers	Loss of support	Medium	Medium	Involvement of key decision makers in all steps of planned activities; advocacy and policy advice to local governors, Youth Union council at regional and national level and MOPE

6. Management and Coordination Arrangements

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



Focal points:

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The Coordination Council is viewed not only as project leadership but also as an effective mechanism for the coordination and leveraging of further resources for youth development, participation and health.

The Coordination Council will be the platform for donor coordination, harmonization and complementation of each other's work in the area of adolescent and youth development, participation and health. This will create an enabling environment to move towards a cross-sectoral approach to advancing the well-being and opportunities for adolescents in Karakalpakstan.

The Coordination Council will strengthen the Karakalpakstan MoH's and MOPE's capacity to continue the consolidation of results achieved and to ensure effective donor involvement in the health sector governance agenda. District government will be involved in ensuring availability of water, power supply, and providing funding for the sustainable provision of hygienic supplies.

Under UNDP/FAO/UNFPA project's *"Output 3.3 Strengthened community capacities and facilities to respond to the pandemic and ensure longer-term recovery,"* UNDP/FAO/UNFPA will support selected number of schools identified based on the assessment made by UNICEF led UNICEF/UNODC/UNFPA Joint Programme **"Investing in a resilient future of Karakalpakstan by improving health, nutrition, water, sanitation, hygiene and wellbeing of adolescent during and after COVID-19"** among schools in target regions to improve their access to drinking water and sanitation and enhance SWASH facilities. These activities will complement the efforts of the UNICEF led Joint Programme in order to ensure scalability and impact of the initiative on SWASH in target regions. This will allow it to deliver as One UN by facilitating a comprehensive approach in support to the enhanced awareness raising and equipping schools with proper WASH systems increasing the level of hygiene and protecting health of school children including girls in selected target districts. Those initiatives will be organized jointly with UNICEF led Joint Programme in close cooperation with the district departments of health, education department and community leaders. Educational materials will be published and disseminated among the community members, school staff, youth centers etc.

The project implementation team will closely collaborate with WHO's project "Health system assessment in the Aral Sea region" on all public health related matters. Particularly, on Output 2.2 "Telemedicine and distance learning system between primary secondary and tertiary level facilities established", we will coordinate this activity with WHO to obviate any gaps or duplication. 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. CSOs and communities will be involved in monitoring the project implementation, 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.

Adolescents and youth themselves will have an important role in governance, starting from participation in the Coordination Council to engagement in implementation and monitoring of progress. The newly established UN Youth Advisory Board members will be involved in the processes of consultations and implementation.

7. 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, UNFPA and UNODC will manage each organization's funds and implement its activities. UNICEF, UNFPA and UNODC will report to the Project Coordination Council. After agreement by The Project Coordination Council, UNICEF/UNFPA/UNODC 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.

8. Monitoring, Evaluation and Reporting

Monitoring & evaluation activities will be performed in line with the requirements of the Multi-Partner Human Security Trust Fund for the Aral Sea. The data will be collected according to the Logical Framework and indicators listed in Table 1.

After the submission of the project document, the project team will initiate an inception phase in order to develop a fine-tuned and targeted work plan based on additional consultations with national counterparts. The work plan will be discussed in the Coordination Council and endorsed in a process coordinated by UNICEF as the lead agency. The work plan will include a detailed M&E and communications plan and sequencing strategy.

The respective project focal points from each participating agency will monitor the progress and results of the day to day project activities. Various monitoring and evaluation tools will be utilized in a complementary manner, including field reports and interviews with key stakeholders and project beneficiaries.

Baselines will be set based on available data collected and through various dialogue platforms and research instruments, including a WASH in school and in health care situation analysis, and a youth safety audit.

Monitoring of progress towards set targets will include:

- Quality of trainings: Monitoring the level of knowledge acquired will be done through testing before (pre-training) and after (post-training) the training. Where required, the participant should score at least 70 per cent in post-test to qualify for certification.
- Post training follow up supervision and coaching online or onsite: 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 the trained professional and provide feedback. Methodology and indicators will be developed by UNICEF, MOH, MOPE and Youth Union, as relevant. During the project life cycle, it is proposed to conduct at least two supervision visits.
- 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 national partners and MPHSTF for further analysis and implementation.
- Field monitoring, field visits by staff, trainers and experts to conduct follow up supervision, assess the skills of trained professionals, provide feedback and observe functioning of new infrastructure and facilities.
- Reports by participating UN agencies and their partners on the implementation of various activities based on the internal monitoring, reporting and evaluation procedures and tools of each agency.

The Project team will share their findings and reports on implementation with the Coordination Council on a bi-annual basis, which will form the basis of regular reporting to the MPHSTF. The Coordination Council may also decide to create a joint monitoring team of recipient UN agencies and national counterparts to conduct field visits and otherwise monitor progress of the project.

As part of the project, support will be provided to the MoH for review of a national and regional level M&E system. 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 regional level M&E operations, and therefore local staff from the health care and public education system will be trained to routinely use information for decision-making (for example WASH FIT). 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 situation analysis and assessment of current WASH in health care facility services and schools will be conducted. Results will be used to set targets, project goals and objectives.

A final assessment of the project will be carried out in the last semester of the project to measure achievements against selected indicators. Tools used for situation analysis and assessment at the beginning of the project will be used. A stronger evidence base for WASH in health care facilities and schools as well as adolescent participation and skills development will drive continued action and investment. The project will document not just what has been done but how it has been done, the associated challenges and how they have been addressed. The project will use direct and indirect indicators such as uptake of services, patient/students and staff satisfaction, and visual cleanliness to measure the effect of WASH interventions in health care facilities or distance learning education. A report with findings and recommendations will be developed and shared with all interested parties.

The estimated allocation of resources for M&E is 80,000 USD. The project will provide an annual narrative progress report no later than three (3) months (31 March) after each calendar year and a final narrative report after the completion of activities no later than four months (30 April) after the end of the calendar year and closure of the activities. This will be based on the Memorandum of Understanding between the Participation UN Organizations (PUNOs) and the MPHSTF office on operational aspects of the UN MPHSTF for the Aral Sea Region in Uzbekistan.

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

UNICEF, as a leading agency, 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.

9. 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 UNSDCF and the Country Program Action Plan for 2021-2025 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 UNSDCF for the Republic of Uzbekistan 2021-2025, and UNFPA Country Programme Document for Uzbekistan 2021-2025.

The legal basis for UNODC's cooperation in Uzbekistan is the Agreement signed by the United Nations Development Programme and the Government of the Republic of Uzbekistan in 1994. This project will be implemented within the framework of the UNSDCF for the Republic of Uzbekistan 2021-2025, and UNODC Country Programme Document for Uzbekistan 2021-2025.

UNICEF, UNFPA and UNODC 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.

10. Work plans and budgets

Table 3. Work Plan for: Investing in a resilient future of Karakalpakstan by improving health, nutrition, water, sanitation, hygiene and wellbeing of adolescents and by harnessing the talents of youth during and after COVID-19

Period (Covered by the WP) 2021-2022

	UN organization	Implementing Partner	TIME FRAME								PLANNED BUDGET, in USD
			2021				2022				
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Objective 1. By 2022 adolescents (boys and girls) in the Republic of Karakalpakstan, especially the most vulnerable have improved health and nutrition status											
Output 1.1. Adolescent in 15 of the most underserved schools in three target districts have sustainable access to water, sanitation, and hygiene services											
Activity 1.1.1 Conducting baseline assessment of SWASH in three districts.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									22,200
Activity 1.1.2 Construction and infrastructure improvement and monitoring of quality of work.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									641,500
Activity 1.1.3 Procurement and installation of WASH and green energy equipment, procurement of hygienic supplies.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									48,000
Output 1.1. Subtotal											711,700
Output 1.2. School children in three districts have universal access to deworming treatment and micronutrient supplementation											
Activity 1.2.1 Conducting baseline assessment on prevalence of helminthiasis and micronutrient deficiencies among school aged children using MoH and MoPE stats.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									14,200

Activity 1.2.2 Conducting deworming and micronutrient supplementation among students as per WHO guidelines	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										82,000
Output 1.2. Subtotal											96,200	
Output 1.3. Adolescent in Karakalpakstan can access information on evidence-based health information and practices in Karakalpak, Uzbek, and Russian languages from online web portal & a mobile app												
Activity 1.3.1 Developing a detailed map of the website and the mobile app and getting approval from stakeholders.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										20,000
Activity 1.3.2 Contracting web developers and mobile app developers.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										64,000
Activity 1.3.3 Contracting team of experts/copywriters on health promotion.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										24,000
Activity 1.3.4 Developing content for the website and for the mobile app.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										2,000
Activity 1.3.5 Monitoring and testing the products.	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										2,000
Activity 1.3.6 Communication for development and outreach to families and communities	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan										27,000
Program Assistant GS-5 (24 months)	UNICEF											45,600
WASH Officer NO-B (19 months)	UNICEF											74,290
Output 1.3. Subtotal											260,390	

Output 1.4. (UNODC) Ministry of Public Education in Karakalpakstan has enhanced capacity in delivering family skills training programme										
Activity 1.4.1. Translation of the programme materials into Russian, Uzbek and Karakalpak languages	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								4,500
Activity 1.4.2. Adaptation of the programme materials by team of national experts	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								1,200
Activity 1.4.3. Training of trainers	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								4,720
Activity 1.4.4 - Piloting of the programme	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								13,080
Activity 1.4.5. - Training of facilitators	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								25,290
Activity 1.4.6. - Evaluation of programme implementation	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								1,400
Activity 1.4.7. - Conducting concluding round table	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								2,200
Activity 1.4.8. - Scaling up the programme	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan								64,500
Staff salary 100 % (Project Associate Family Strengthening UNODC)	UNODC									36,000

M&E	UNODC	MoH and MOPE of Uzbekistan and Karakalpakstan										10,000
Output 1.4. Subtotal											187,390	
Output 1.5. (UNFPA) Secondary school staff (teachers, Youth Union leaders) and adolescents have increased capacity in development and delivery of life/transferrable, health and soft/entrepreneurial skills programmes												
Activity 1.5.1 Four 5-day training for peer educators on soft skills which will include but not limited to healthy lifestyle, public speaking, project development and management and other soft skills etc. based on peer to peer methodology 20-25 participants per training.	UNFPA	MoH and MOPE of Uzbekistan and Karakalpakstan									30,000	
Activity 1.5.2 Four 5-day training for teachers, Youth Union leaders and medical staff on peer to peer methodology for 120 staff of selected schools, 20-25 participants per training.	UNFPA	MoH and MOPE of Uzbekistan and Karakalpakstan									30,000	
Activity 1.5.3 Publication, printing and translation of the knowledge materials, programs on peer education.	UNFPA	MoH and MOPE of Uzbekistan and Karakalpakstan									33,500	
Programme assistant 50% (UNFPA)	UNFPA										20,400	
Monitoring, needs assessment and evaluation costs (including travel, pre-and post-survey, report) (UNFPA)	UNFPA	MoH and MOPE of Uzbekistan and Karakalpakstan									7,875	
Output 1.5. Subtotal											124,775	
Output 1.6. (UNICEF SP) Adolescents/youth, with the focus on the most in need, are equipped with socio-emotional skills to manage life in a healthy and productive manner												

Activity 1.6.1 Adapting the curriculum to the context of Uzbekistan	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									2,300
Activity 1.6.2 Enhancing capacity of the selected 30 trainers, including psychologists from "Tashkhis" psychological support center, local school psychologist and youth workers from 3 district Youth Centers, on delivering socio-emotional skills-building programme by conducting a three-day ToT (fee to UNICEF international consultant - developer of the curriculum, and simultaneous translators fee)	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									2,500
Activity 1.6.3 Producing hard and digitized teaching and learning materials	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									18,900
Activity 1.6.4 Providing young people, with the focus on the most in need, with Basic Life Skills training (facilitators fee to 12 trained youth workers and/or psychologists)	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									21,600
Coordination of the programme (local consultant fee)	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									18,000
Monitoring and evaluation	UNICEF	MoH and MOPE of Uzbekistan and Karakalpakstan									2,000
Output 1.6. Subtotal											65,300
Objective 1. Subtotal											1,495,598
Objective 2. By 2022, population in selected districts of RoK, especially the most vulnerable have improved access and received safe quality health care service											
Output 2.1 Water supply, sanitation, hygiene materials and appropriate waste segregation in selected health care facilities improved.											

Activities			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Activity 2.1.1 Situation analysis and assessment.	UNICEF	MoH of Uzbekistan and Karakalpakstan									12,900
Activity 2.1.2 Set targets and define roadmap. Fee for national experts. Cost of presentation and discussions with local authorities and community members. Cost of meetings of working group (4 meetings) and steering committee (at least 5 meeting)	UNICEF	MoH of Uzbekistan and Karakalpakstan									8,000
Activity 2.1.3 Establishing of national standards and accountability mechanisms (including supportive supervision tool on WASH in health facilities). Fee for national experts. Cost of printing. Cost of national and regional meetings to present new/updated standards and accountability mechanisms (at least three meetings).	UNICEF	MoH of Uzbekistan and Karakalpakstan									12,000
Activity 2.1.4 Improvement and maintenance of infrastructure	UNICEF	MoH of Uzbekistan and Karakalpakstan									832,000
Activity 2.1.5 Monitor and reviewing data	UNICEF	MoH of Uzbekistan and Karakalpakstan									21,000
Activity 2.1.6 Health workforce capacity building including supportive supervision visits.	UNICEF	MoH of Uzbekistan and Karakalpakstan									48,000
Activity 2.1.7 Operational research, documentation and sharing learnings	UNICEF	MoH of Uzbekistan and Karakalpakstan									26,000

Output 2.1. Subtotal										959,900
Output 2.2: Telemedicine and distance learning system between primary secondary and tertiary level facilities established										
Activity 2.2.1. Development of specification for telecommunication equipment. Fee for national consultant	UNICEF	MoH of Uzbekistan and Karakalpakstan								700
Activity 2.2.2. Procurement and installation of telecommunication equipment for 35 healthcare facilities	UNICEF	MoH of Uzbekistan and Karakalpakstan								271,500
Activity 2.2.3. Development of a regulatory framework of innovative distance education and telemedicine technology. Fee for national experts. Cost of presentation and discussions with stakeholders. Cost of meetings of working group (3 meetings).	UNICEF	MoH of Uzbekistan and Karakalpakstan								6,000
Activity 2.2.4. Capacity building of health care providers on use of telecommunication equipment. Planned to conduct 7 trainings to train 70 health care facility staff (10 people in each training)	UNICEF	MoH of Uzbekistan and Karakalpakstan								14,000
Activity 2.2.5. Provision of consultation services by using of telecommunication equipment. Fee for experts and maintenance service	UNICEF	MoH of Uzbekistan and Karakalpakstan								8,000
Activity 2.2.6. Technical support from national level to consultation services. Fee for experts and travel cost	UNICEF	MoH of Uzbekistan and Karakalpakstan								6,000
Activity 2.2.7. Capacity building on distance learning methodology and tools. Planned to conduct 1 training to train 20 specialists from regional facilities and medical institute	UNICEF	MoH of Uzbekistan and Karakalpakstan								3,000

Activity 2.2.8. Development of distance learning courses. Fee for experts	UNICEF	MoH of Uzbekistan and Karakalpakstan									16,000
Activity 2.2.9 Conduction of distance education trainings.	UNICEF	MoH of Uzbekistan and Karakalpakstan									8,000
Activity 2.2.10. Monitoring of project implementation. UNICEF project staff travel cost (round-trip air fare, terminals) expenses and per diems. One travel each month	UNICEF	MoH of Uzbekistan and Karakalpakstan									60,000
Output 2.2. Subtotal											393,200
Output 2.3 PHC facilities in three districts have improved diagnosis and treatment of intestinal infection.											
Activity 2.3.1. 27 health care facilities will receive laboratory equipment to detect helminth infections among the population and will provide services to support de-worming programmes in schools.	UNICEF	MoH of Uzbekistan and Karakalpakstan									81,000
Activity 2.3.2. Training for healthcare providers on diagnostic and management of helminthiasis.	UNICEF	MoH of Uzbekistan and Karakalpakstan									12,800
Output 2.3. Subtotal											93,800
Objective 2. Subtotal											1,446,900
Health officer NO-B (19 months)	UNICEF										74,290
Supply Officer NO-A (12 months)	UNICEF										46,920
Field office cost (24 months). ICT equipment, Furniture and fittings, Communication costs	UNICEF UNFPA UNODC										19,200
Visibility. Printing of visibility materials, Media coverage	UNICEF UNFPA UNODC										2,400
Bank charges (24 months)	UNICEF										2,400
Objective 2. Total											1,703,588
Outcome 3. (UNICEF SP + UNFPA) By 2022 the Government and the Youth Union in Karakalpakstan support, empower and engage young people, including the most vulnerable, as productive citizens and positive agents of change in their communities and the region											

Output 3.1 (UNICEF SP) Equipping young people, especially the most vulnerable and marginalized, with social innovation and life skills as well as social and entrepreneurship support											
Activities			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Activity 3.1.1 Conducting training of trainers (ToT) for facilitators and mentors of UPSHIFT by UNICEF trainers (fee to trainers)	UNICEF	Youth Affairs Agency of Uzbekistan and Karakalpakstan									6,400
Activity 3.1.2 Outreach campaign to young people with the focus on the most vulnerable	UNICEF	Youth Affairs Agency of Uzbekistan and Karakalpakstan									11,400
Activity 3.1.3 Conducting week-long workshop for the selected 10 teams of young people	UNICEF	Youth Affairs Agency of Uzbekistan and Karakalpakstan									58,000
Activity 3.1.4 Supporting implementation of the most promising solutions	UNICEF	Youth Affairs Agency of Uzbekistan and Karakalpakstan									46,200
Youth Officer NoB (12 months)	UNICEF										47,652
Activity 3.1.5 Outreach campaign to young people with the focus on the most vulnerable	UNFPA	Youth Affairs Agency and MOPE of Uzbekistan and Karakalpakstan									51,500
Office costs (printing, stationary, etc.) (UNFPA)	UNFPA										3,000
Monitoring, needs assessment and evaluation costs (including travel, pre-and post-survey, report) (UNFPA)	UNFPA										7,875
Output 3.1. Subtotal											248,269
Objective 3. Subtotal											248,269
Project Management Expenses											709,414
Indirect support cost											228,892
Total Planned Budget											3,498,784

Table 4.1. Detailed budget for UNICEF

Detailed description	Budget Categories	Item line budget			Amount	Year 1	Year 2
		Item description	Unit Cost	Number of units			
Outcome 1. By 2022 adolescents (boys and girls) in the Republic of Karakalpakstan, especially the most vulnerable have improved health and nutrition status							
Output 1.1. Adolescent in 15 of the most underserved schools in three target districts have sustainable access to water, sanitation, and hygiene services							
Activity 1.1.1 Conducting baseline assessment of SWASH in three districts.							
Sub-activity 1. Field data collection. One training for 15 participants on data collection. Cost of field work for 15 assessors (fee, travel cost)	Transfers and grants to counterparts	per batch	\$8,000	1	\$8,000	\$8,000	
Sub-activity 2 Printing of report. Translation cost and printing of 200 copies	Contractual services	Per set	\$6	200	\$1,200	\$1,200	
Sub-activity 3 Meeting to present results and launch of the project. Cost of one meeting (travel cost for participants, accommodation and food)	Transfers and grants to counterparts	per batch	\$4,000	1	\$4,000	\$4,000	
Sub-activity 4 Set targets and define roadmap. Fee for national experts. Cost of presentation and discussions with local authorities and community members. Cost of meetings of working group (4 meetings) and steering committee (at least 5 meeting)	Transfers and grants to counterparts	per batch	\$1,000	9	\$9,000	\$4,000	\$5,000
Activity 1.1.2 Construction and infrastructure improvement, and monitoring of quality of work.							
Sub-activity 1 Procurement and instalment of WASH equipment (water tanks, water softener and filters, solar panels and etc.) for instalment in 15 selected schools	Supplies, Commodities, Materials	number	\$7,000	15	\$105,000	\$75,000	\$30,000
Sub-activity 2 Development of infrastructure improvement equipment maintenance plan. Fee national experts and travel cost	Contractual services	Per set	\$1,500	1	\$1,500	\$1,500	
Sub-activity 3 Improvement and maintenance of infrastructure. Building of water pipelines, building/renovation of sanitation facilities and waste management facilities in 15 selected schools	Supplies, Commodities, Materials	number	\$35,000	15	\$525,000	\$300,000	\$225,000
Sub-activity 4 Training for on use of equipment. Planned to conduct 5 trainings to train 100 school staff (20 people in each training)	Transfers and grants to counterparts	per batch	\$2,000	5	\$10,000	\$6,000	\$4,000
Activity 1.1.3 Procurement and installation of WASH and green energy equipment, procurement of hygienic supplies.							

<i>Sub-activity 1. Procurement of hygienic supplies (soap, toilet papers, hand sanitizers), solar powered pumps and lightings, water heaters, etc.</i>	Supplies, Commodities, Materials	per batch	\$3,200	15	\$48,000	\$30,000	\$18,000
Output 1.1. Total					\$711,700	\$429,700	\$282,000
Output 1.2. School children in three districts have universal access to deworming treatment and micronutrient supplementation							
Activity 1.2.1 Conducting baseline assessment on prevalence of helminthiasis and micronutrient deficiencies among school aged children using MoH and MoPE stats.							
<i>Sub-activity 1. Field data collection. One training for 15 participants on data collection. Cost of field work for 15 assessors (fee, travel cos)</i>	Transfers and grants to counterparts	per batch	\$8,000	1	\$8,000	\$8,000	
<i>Sub-activity 2 Printing of report. Translation cost and printing of 200 copies</i>	Contractual services	Per set	\$6	200	\$1,200	\$1,200	
<i>Sub-activity 3 Meeting to present results and launch of the project. Cost of one meeting (travel cost for participants, accommodation and food)</i>	Transfers and grants to counterparts	per batch	\$5,000	1	\$5,000	\$5,000	
Activity 1.2.2 Conducting deworming and micronutrient supplementation among students as per WHO guidelines							
<i>Sub-activity 1 Procurement of deworming drugs (40,000 Mebendasol doses *2)</i>	Supplies, Commodities, Materials	per batch	\$1,500	2	\$3,000	\$1,500	\$1,500
<i>Sub-activity 2 Procurement of Iron and Folic Acid Supplement (13,000 girls*52 weeks*2 years*.003 USD per dose)</i>	Supplies, Commodities, Materials	per year	\$22,000	2	\$44,000	\$22,000	\$22,000
<i>Sub-activity 3 Training for health care providers and teachers on deworming and micronutrient supplementation (108 schools*5 trainees)</i>	Transfers and grants to counterparts	per batch	\$100	108	\$10,800	\$5,400	\$5,400
<i>Sub-activity 4 Updating clinical standards on STH management and micronutrient deficiencies management (2 national experts)</i>	Transfers and grants to counterparts	per set	\$2,000	2	\$4,000	\$4,000	
<i>Sub-activity 5 Conducting supplementation campaigns in targeted districts.</i>	Transfers and grants to counterparts	per batch	\$150	108	\$16,200	\$10,000	\$6,200
<i>Sub-activity 6 Administration and monitoring of deworming and micronutrient supplementation campaign (field visits of national counterparts, monitoring reports)</i>	Transfers and grants to counterparts	per batch	\$2,000	2	\$4,000	\$2,000	\$2,000
Output 1.2. Total					\$96,200	\$59,100	\$37,100

Output 1.3. Adolescent in Karakalpakstan can access information on evidence-based health information and practices in Karakalpak, Uzbek, and Russian languages from online web portal & a mobile app							
Activity 1.3.1 Developing a detailed map of the website and the mobile app and getting approval from stakeholders.	Contractual services	per batch	\$10,000	2	\$20,000	\$15,000	\$5,000
Activity 1.3.2 Contracting web developers and mobile app developers.							
<i>Sub-activity 1 Developing health education content (10 experts*2 months)</i>	Transfers and grants to counterparts	per set	\$4,000	10	\$40,000	\$20,000	\$20,000
<i>Sub-activity 2 Contracting digital communication consultant (12 month)</i>	Contractual services	per set	\$24,000	1	\$24,000	\$20,000	\$4,000
Activity 1.3.3 Contracting team of experts/copywriters on health promotion.							
<i>Sub-activity 1 Developing infographics (2 on each 10 key topics)</i>	Contractual services	per set	\$200	20	\$4,000	\$2,000	\$2,000
<i>Sub-activity 1 Developing videos for the website and social media (10 of 2-minute videos)</i>	Contractual services	per set	\$2,000	10	\$20,000	\$10,000	\$10,000
Activity 1.3.4 Developing content for the website and for the mobile app.	Contractual services	per batch	\$2,000	1	\$2,000		\$2,000
Activity 1.3.5 Monitoring and testing the products.	Transfers and grants to counterparts	per batch	\$1,000	2	\$2,000	\$1,000	\$1,000
<i>Sub-activity 1 Training staff of medical institute and MOH (20 trainees*3)</i>	Contractual services	per set	\$500	3	\$1,500	\$500	\$1,000
Activity 1.3.6 Communication for development and outreach to families and communities							
<i>Sub-activity 1. Training for teachers' and parents' associations. (108 schools* 5 trainees), 20 trainings</i>	Transfers and grants to counterparts	per set	\$250	20	\$5,000	\$5,000	
<i>Sub-activity 2. Training aids, media coverage and printing materials. 108 schools + 27 PHC facilities + 50 communities</i>	Contractual services	per set	\$100	200	\$20,000	\$10,000	\$10,000
<i>Sub-activity 1 National experts' fee for developing sustainability plan paper for decision makers</i>	Transfers and grants to counterparts	per set	\$2,000	1	\$2,000		\$2,000
Program Assistant GS-5 (24 months)	Staff	per month	\$1,900	24	\$45,600	\$22,800	\$22,800

WASH Officer NO-B (19 months)	Staff	per month	\$3,910	19	\$74,290	\$46,920	\$27,370
Output 1.3. Total					\$260,390	\$153,220	\$107,170
Output 1.6. (UNICEF SP) Adolescents/youth, with the focus on the most in need, are equipped with socio-emotional skills to manage life in a healthy and productive manner							
Activity 1.6.1 Adapting the curriculum to the context of Uzbekistan							
<i>Sub-activity 1. Adaptation of the curriculum in consultation with local psychologists, youth workers and young people (fee to the international UNICEF consultant and translators)</i>	Contractual services	per consultation	\$800	2	\$1,600	\$1,600	
<i>Sub-activity 2. Based on the findings of the consultations, adapting the curriculum, guidelines and student's workbook to the context of Uzbekistan (international UNICEF consultant)</i>	Contractual services	per task	\$700	1	\$700	\$700	
Activity 1.6.2 Enhancing capacity of the selected 30 trainers, including psychologists from Tashkhis center, local school psychologist and youth workers from 3 district Youth Centers, on delivering socio-emotional skills-building programme by conducting a three-day ToT (fee to UNICEF international consultant - developer of the curriculum, and simultaneous translators fee)	Contractual services	per ToT	\$2,500	1	\$2,500	\$2,500	
Activity 1.6.3 Producing hard and digitized teaching and learning materials							
<i>Sub-activity 1. Printing our facilitator guide and student's workbook in Russian, Uzbek and Karakalpak languages (printing services)</i>	Contractual services	per handout	\$15	300	\$4,500	\$2,250	\$2,250
<i>Sub-activity 2. Recording skills-building sessions and digitizing student's workbook in Uzbek, Karakalpak and Russian languages (videographer services)</i>	Contractual services	per session	\$300	48	\$14,400	\$14,400	
Activity 1.6.4 Providing young people, with the focus on the most in need, with Basic Life Skills training (facilitators fee to 12 trained youth workers and/or psychologists)	Transfers and grants to counterparts	per 2-month cycle per trainer	\$200	9 cycles, 12 trainers	\$21,600	\$9,600	\$12,000
Coordination of the programme (local consultant fee)	Contractual services	per consultancy	\$18,000	24 months	\$18,000	\$9,000	\$9,000
Monitoring and evaluation	Travel	lump sum per programme			\$2,000	\$800	\$1,200
Output 1.6. Total (UNICEF SP)					\$65,300	\$40,850	\$24,450
Total cost Outcome 1					\$1,133,590	\$682,870	\$450,720
Indirect support cost (7%)					\$79,351	\$47,801	\$31,550
TOTAL BUDGET OUTCOME 1					\$1,212,941	\$730,671	\$482,270

Outcome 2. By 2022, population in selected districts of RoK, especially the most vulnerable have improved access and received safe quality health care service							
Output 2.1: Water supply, sanitation, hygiene materials and appropriate waste segregation in selected health care facilities improved.							
Activity 2.1.1 Situation analysis and assessment.							
<i>Sub-activity 1 Field data collection. One training for 15 participants on data collection. Cost of field work for 15 assessors (fee, travel cos)</i>	Transfers and grants to counterparts	per batch	\$8,000	1	\$8,000	\$8,000	
<i>Sub-activity 3 Printing of report. Translation cost and printing of 200 copies</i>	Contractual services	Per set	\$6	150	\$900	\$900	
<i>Sub-activity 4 Meeting to present results and launch of the project. Cost of one meeting (travel cost for participants, accommodation and food)</i>	Transfers and grants to counterparts	per batch	\$4,000	1	\$4,000	\$4,000	
Activity 2.1.2 Set targets and define roadmap. Fee for national experts. Cost of presentation and discussions with local authorities and community members. Cost of meetings of working group (4 meetings) and steering committee (at least 5 meeting)	Transfers and grants to counterparts	per batch	\$1,000	8	\$8,000	\$4,000	\$4,000
Activity 2.1.3 Establishing of national standards and accountability mechanisms (including supportive supervision tool on WASH in health facilities). Fee for national experts. Cost of printing. Cost of national and regional meetings to present new/updated standards and accountability mechanisms (at least three meetings).	Transfers and grants to counterparts	per batch	\$4,000	3	\$12,000	\$8,000	\$4,000
Activity 2.1.4 Improvement and maintenance of infrastructure							
<i>Sub-activity 1 Procurement and instalment of WASH equipment (water tanks, water softener and filters, solar panels and etc.) for instalment in 20 selected health care facilities</i>	Supplies, Commodities, Materials	number	\$7,000	20	\$140,000	\$100,000	\$40,000
<i>Sub-activity 2 Development of infrastructure improvement equipment maintenance plan. Fee national experts and travel cost</i>	Contractual services	Per set	\$2,000	1	\$2,000	\$2,000	
<i>Sub-activity 3 Improvement and maintenance of infrastructure. Building of water pipelines, building/renovation of sanitation facilities and waste management facilities in 20 selected health care facilities</i>	Supplies, Commodities, Materials	number	\$33,000	20	\$660,000	\$350,000	\$310,000
<i>Sub-activity 4 Training for health care providers on use of equipment. Planned to conduct 15 trainings to train 300 health care facility staff (20 people in each training)</i>	Transfers and grants to counterparts	per batch	\$2,000	15	\$30,000	\$20,000	\$10,000
Activity 2.1.5 Monitor and reviewing data							

<i>Sub-activity 1 Training for monitoring specialists. Planned to conduct 1 training on to train 20 specialists</i>	Transfers and grants to counterparts	per batch	\$6,000	1	\$6,000	\$6,000	
<i>Sub-activity 2 Three monitoring visits to collect data from health care facilities. Fee and travel cost of monitoring specialists and fee for regional experts to analyze data</i>	Transfers and grants to counterparts	per batch	\$7,000	2	\$14,000	\$7,000	\$ 7,000
<i>Sub-activity 3 Three meetings to present and discuss results. Cost of 3 meetings (travel cost for participants, accommodation and food)</i>	Transfers and grants to counterparts	per batch	\$500	2	\$1,000	\$500	\$500
Activity 2.1.6 Health workforce capacity building including supportive supervision visits							
<i>Sub-activity 1 trainings on WASH and IPC. Planned to conduct 20 trainings to train 400 health care facility staff (20 people in each training)</i>	Transfers and grants to counterparts	per batch	\$1,500	15	\$22,500	\$22,500	
<i>Sub-activity 2 Trainings on WASH FIT. Planned to conduct 6 trainings to train 120 health care facility staff (20 people in each training)</i>	Transfers and grants to counterparts	per batch	\$2,000	6	\$12,000	\$6,000	\$6,000
<i>Sub-activity 3 Training on supportive supervision. Planned to conduct 5 trainings to train 100 health care managers (20 people in each training)</i>	Transfers and grants to counterparts	per batch	\$1,500	5	\$7,500	\$5,000	\$2,500
<i>Sub-activity 4 Supportive supervision visits (at least two visits on each trained topic). Fee and travel cost for supervisors</i>	Transfers and grants to counterparts	per batch	\$1,500	4	\$6,000	\$3,000	\$3,000
Activity 2.1.7 Operational research, documentation and sharing learnings							
<i>Sub-activity 1 Advocacy meetings. Planned to conduct two meetings at regional level (80 participants per meeting) and one national meeting (80 participants). Cost include meeting room rent, participants travel cost and food.</i>	Contractual services	per batch	\$3,000	2	\$6,000	\$2,000	\$4,000
<i>Sub-activity 2 Final assessment of the project results. Fee and transportation cost for one independent expert. Data collection cost.</i>	Contractual services	per batch	\$8,000	1	\$8,000		\$8,000
<i>Sub-activity 3 The project final meeting. Planned to conduct two meetings. One at regional level (100 participants) and one at national level (100 participants). Cost include meeting room rent, participants travel cost and food.</i>	Contractual services	per batch	\$6,000	2	\$12,000		\$12,000
Output 2.1. Total					\$959,900	\$548,900	\$411,000
Output 2.2: Telemedicine and distance learning system between primary secondary and tertiary level facilities established							

Activity 2.2.1. Development of specification for telecommunication equipment. Fee for national consultant	Transfers and grants to counterparts	per batch	\$700	1	\$700	\$700	
Activity 2.2.2. Procurement and installation of telecommunication equipment for 35 healthcare facilities							
<i>Sub-activity 1 Procurement and installation of telecommunication equipment for regional (3) and district level (4) facilities</i>	Supplies, Commodities, Materials	Per set	\$33,000	7	\$231,000	\$231,000	
<i>Sub-activity 2 Procurement and installation of telecommunication equipment for primary health care facilities in 5 districts</i>	Supplies, Commodities, Materials	Per set	\$1,500	27	\$40,500	\$40,500	
Activity 2.2.3. Development of a regulatory framework of innovative distance education and telemedicine technology. Fee for national experts. Cost of presentation and discussions with stakeholders. Cost of meetings of working group (3 meetings).	Transfers and grants to counterparts	per batch	\$2,000	3	\$6,000	\$4,000	\$2,000
Activity 2.2.4. Capacity building of health care providers on use of telecommunication equipment. Planned to conduct 7 trainings to train 70 health care facility staff (10 people in each training)	Transfers and grants to counterparts	per batch	\$2,000	7	\$14,000	\$10,000	\$4,000
Activity 2.2.5. Provision of consultation services by using of telecommunication equipment. Fee for experts and maintenance service	Transfers and grants to counterparts	per year	\$4,000	2	\$8,000	\$4,000	\$4,000
Activity 2.2.6. Technical support from national level to consultation services. Fee for experts and travel cost	Transfers and grants to counterparts	per year	\$3,000	2	\$6,000	\$3,000	\$3,000
Activity 2.2.7. Capacity building on distance learning methodology and tools. Planned to conduct 1 training to train 20 specialists from regional facilities and medical institute	Contractual services	per batch	\$3,000	1	\$3,000	\$3,000	
Activity 2.2.8. Development of distance learning courses. Fee for experts	Transfers and grants to counterparts	per batch	\$2,000	8	\$16,000	\$6,000	\$10,000
Activity 2.2.9 Conduction of distance education trainings.							
<i>Sub-activity 1 Managing of distance education trainings. Fee for experts.</i>	Transfers and grants to counterparts	per year	\$4,000	2	\$8,000	\$5,000	\$3,000
Activity 2.2.10. Monitoring of project implementation. UNICEF project staff travel cost (round-trip air fare, terminals) expenses and per diems. One travel each month	Travel	per month	\$2,500	24	\$60,000	\$30,000	\$30,000

Output 2.2. Total					\$393,200	\$337,200	\$56,000
Output 2.3 PHC facilities in three districts have improved diagnosis and treatment of intestinal infection							
Activity 2.3.1. 27 health care facilities will receive laboratory equipment to detect helminth infections among the population and will provide services to support de-worming programmes in schools.							
<i>Sub-activity 1 Procuring binocular microscope, Kato-Katz testing sets, and other supplies for each PHC facility</i>	Supplies, Commodities, Materials	per batch	\$3,000	27	\$81,000	\$40,000	\$41,000
Activity 2.3.2. Training for healthcare providers on diagnostic and management of helminthiasis.							
<i>Sub-activity 1 Conducting training for healthcare providers. 8 trainings*25 trainees. 2 trainers, fees, travel, accommodation, venues.</i>	Transfers and grants to counterparts	per batch	\$600	8	\$4,800	\$2,800	\$2,000
<i>Sub-activity 2 Supportive supervision visits (at least two visits on each trained topic). Fee and travel cost for supervisors</i>	Transfers and grants to counterparts	per batch	\$2,000	4	\$8,000	\$4,000	\$4,000
Output 2.3. Total					\$93,800	\$46,800	\$47,000
Outcome 2 Total					\$1,446,900	\$932,900	\$514,000
Health officer NO-B (19 months)	Staff	per month	\$3,910	19	\$74,290	\$46,920	\$27,370
Supply Officer NO-A (12 months)	Staff	per month	\$3,910	12	\$46,920	\$46,920	
Field office cost (24 months). ICT equipment, Furniture and fittings, Communication costs	General Operating and Other Direct Costs	per month	\$800	24	\$19,200	\$7,200	\$12,000
Visibility. Printing of visibility materials, Media coverage	General Operating and Other Direct Costs	per month	\$100	24	\$2,400	\$1,200	\$1,200
Bank charges (24 months)	General Operating and Other Direct Costs	per month	\$100	24	\$2,400	\$1,200	\$1,200
Total cost					\$1,592,110	\$1,036,340	\$555,770
Indirect support cost (7%)					\$111,448	\$72,544	\$38,904
TOTAL BUDGET OUTCOME 2					\$1,703,558	\$1,108,884	\$594,674
Outcome 3. (UNICEF SP + UNFPA) By 2022 the Government and the Youth Union in Karakalpakstan support, empower and engage young people, including the most vulnerable, as productive citizens and positive agents of change in their communities and the region							

Output 3.1 (UNICEF SP) Equipping young people, especially the most vulnerable and marginalized, with social innovation and life skills as well as social and entrepreneurship support							
Activity 3.1.1 Conducting training of trainers (ToT) for facilitators and mentors of UPSHIFT by UNICEF trainers (fee to trainers)	Contractual services	per training	\$800	8	\$6,400	\$3,200	\$3,200
Activity 3.1.2 Outreach campaign to young people with the focus on the most vulnerable							
<i>Sub-activity 1: Communication and branded materials for outreach campaigns (design of posters and development of the videos)</i>	Contractual services	per set	\$1,000	1	\$1,000	\$1,000	
<i>Sub-activity 2: Communication and branded materials for outreach campaigns (print out services)</i>	Contractual services	per set	\$700	8	\$5,600	\$2,800	\$2,800
<i>Sub-activity 3: Meeting with young people and their parents at mahalla level (Travel and DSA expenses to programme manager and Youth Union employee)</i>	Transfers and grants to counterparts	per campaign	\$600	8	\$4,800	\$2,400	\$2,400
Activity 3.1.3 Conducting week-long workshop for the selected 10 teams of young people							
<i>Sub-activity 1. Delivery cost (trainers fees, food, Internet)</i>	Contractual services	per workshop	\$6,000	8	\$48,000	\$24,000	\$24,000
<i>Sub-activity 2. Providing small cash assistance to the participants</i>	Transfers and grants to counterparts	per participant	\$25	400	\$10,000	\$5,000	\$5,000
Activity 3.1.4 Supporting implementation of the most promising solutions							
Sub-activity 1. Providing seed funding	Transfers and grants to counterparts	payment per team	\$1,000	30	\$30,000	\$20,000	\$10,000
Sub-activity 2. Providing mentoring support (payment to mentors)	Transfers and grants to counterparts	per month per mentor	\$90	18	\$16,200	8,100	8,100
Youth Officer NoB (12 months)	Staff	per month	\$3,971	12	\$47,652	\$47,652	
Indirect support cost (7%)					\$11,876	\$7,991	\$3,885
Output 3.1 Total (UNICEF SP)					\$181,528	\$122,143	\$59,385
TOTAL BUDGET OUTCOME 3					\$181,528	\$122,143	\$59,385
TOTAL PROGRAM BUDGET OUTCOME 1 + OUTCOME 2 + OUTCOME 3					\$3,098,027	\$1,961,697	\$1,136,329
OVERALL BUDGET UNICEF Health					\$2,846,628	\$1,795,845	\$1,050,783
OVERALL BUDGET UNICEF SP					\$251,399	\$165,852	\$85,547

Table 4.2. Detailed budget for UNFPA

Detailed description	Budget Categories*	Item line budget			Amount	Year 1	Year 2
		Item description	Unit Cost	Number of units			
Outcome 1. By 2022 adolescents (boys and girls) in the Republic of Karakalpakstan, especially the most vulnerable have improved health and nutrition status							
Output 1.5. (UNFPA) Secondary school staff (teachers, Youth Union leaders) and adolescents have increased capacity in development and delivery of life/transferrable, health and soft/entrepreneurial skills programmes							
Activity 1.5.1 Four 5-day training for peer educators on soft skills which will include but not limited to healthy lifestyle, public speaking, project development and management and other soft skills etc. based on peer to peer methodology 20-25 participants per training.	Contractual services (including consultants, meetings, workshops and conferences)	number of trainings	\$7,500	4	\$30,000	\$15,000	\$15,000
Activity 1.5.2 Four 5 day training for teachers, Youth Union leaders and medical staff on peer to peer methodology for 120 staff of selected schools, 20-25 participants per training.	Contractual services (including consultants, meetings, workshops and conferences)	number of trainings	\$7,500	4	\$30,000	\$15,000	\$15,000
Activity 1.5.3 Publication, printing and translation of the knowledge materials, programs on peer education.							
Sub activity 1.5.3.1. Training materials, tools, publications are developed and distributed. - Approved National Tot Manual on peer education and healthy lifestyle for boys and girls separately 500 copies in Karakalpak/Russian/Uzbek languages - Other knowledge materials 250 copies	Contractual services (including consultants, meetings, workshops and conferences)	pcs	\$16	500	\$8,000	\$8,000	
Sub activity 1.5.3.2. Leaflets and other handout materials for trainings, awareness raising etc. Other training materials, kits, (stationary, production of promotion materials like t-shirts etc.)	Contractual services (including consultants, meetings, workshops	set	\$25	500	\$12,500	\$6,250	\$6,250

	and conferences)						
Sub activity 1.5.3.3. Written and oral translation services for trainings, meetings, manuals and other materials into Karakalpak language	Contractual services (including consultants, meetings, workshops and conferences)	translators	\$2,500	1	\$2,500	\$1,250	\$1,250
Sub activity 1.5.3.4 Procurement of tablets for distance learning, online workshops etc.	Supplies, commodities, materials	pcs	\$350	30	\$10,500	\$10,500	\$
Programme assistant 50% (UNFPA)	Staff	per month	\$850	24	\$20,400	\$10,200	\$10,200
Office costs (printing, stationary, etc.) (UNFPA)	General operating and other direct costs	per month	\$125	24	\$3,000	\$1,500	\$1,500
Monitoring, needs assessment and evaluation costs (including travel, pre-and post-survey, report) (UNFPA)	Transfers and grants to counterparts	per batch	\$875	9	\$7,875	\$3,500	\$4,375
Output 1.5. Total (UNFPA)					\$124,775	\$71,200	\$53,575
Total cost Outcome 1					\$124,775	\$71,200	\$53,575
Indirect support cost (7%)					\$8,734	\$4,984	\$3,750
TOTAL BUDGET OUTCOME 1					\$133,509	\$76,184	\$57,325
Outcome 3. (UNICEF SP + UNFPA) By 2022 the Government and the Youth Union in Karakalpakstan support, empower and engage young people, including the most vulnerable, as productive citizens and positive agents of change in their communities and the region							
Output 3.1 (UNICEF SP + UNFPA) Equipping young people, especially the most vulnerable and marginalized, with social innovation and life skills as well as social and entrepreneurship support							
Activity 3.1.5 Outreach campaign to young people with the focus on the most vulnerable							
Sub Activity UNFPA 1 Four 5-day training for peer educators on soft skills which will include but not limited to public speaking, project development and management and other soft skills etc. based on peer to peer methodology 20-25 participants per training.	Contractual services	number of trainings	\$7,500	6	\$45,000	\$22,500	\$22,500

Sub activity UNFPA 2 Publication, printing of the knowledge materials, programs on peer education. Training materials, tools, publications promotion materials are developed and distributed.	Contractual services	number of trainings	\$16	250	\$4,000	\$2,000	\$2,000
Sub activity 3 UNFPA Written and oral translation services for trainings, meetings, manuals and other materials into Karakalpak language	Contractual services	translators	\$2,500	1	\$2,500	\$1,250	\$1,250
Office costs (printing, stationary, etc.) (UNFPA)	General operating and other direct costs		\$125	24	\$3,000	\$1,500	\$1,500
Monitoring, needs assessment and evaluation costs (including travel, pre-and post-survey, report) (UNFPA)	Transfers and grants to counterparts		\$875	9	\$7,875	\$4,375	\$3,500
Indirect support cost (7%)					\$4,366	\$2,214	\$2,153
Output 3.1 Total (UNFPA)					\$66,741	\$33,839	\$32,903
TOTAL BUDGET OUTCOME 3					\$66,741	\$33,839	\$32,903
OVERALL BUDGET UNFPA					\$200,251	\$110,023	\$90,228

Table 4.3. Detailed budget for UNODC

Detailed description	Budget Categories*	Item line budget			Amount	Year 1	Year 2
		Item description	Unit Cost	Number of units			
Outcome 1. By 2022 adolescents (boys and girls) in the Republic of Karakalpakstan, especially the most vulnerable have improved health and nutrition status							
Output 1.4. (UNODC) Ministry of Public Education in Karakalpakstan has enhanced capacity in delivering family skills training programme							
Activity 1.4.1. Translation of the programme materials into Russian, Uzbek and Karakalpak languages	Contractual Services	per page	\$15	300	\$4,500	\$4,500	
Activity 1.4.2 - Adaptation of the programme materials by team of national experts	Contractual Services	per expert	\$200	6	\$1,200	\$1,200	
Activity 1.4.3.- Training of trainers							
Stationery and materials (pens, pencils, markers, flip-chart papers, USB-memory sticks, cardboards, sticky notes, nametags, glue sticks, scissors, balloons, buckets, blankets, small scotch, paper scotch)	Supplies, Commodities, Materials	per person	\$40	24	\$960	\$960	
Printing (manual, handouts, posters, situation cards, worksheets, magnets, certificates)	Contractual Services	per person	\$20	24	\$480	\$480	
Renting a venue	Contractual Services	per day	\$300	3	\$900	\$900	
National trainer's fee (4 trainers)	Contractual Services	daily rate	\$100	12	\$1,200	\$1,200	
National trainer's travel (Tashkent-Nukus-Tashkent)	Travel	per trainer	\$100	4	\$400	\$400	
National trainer's DSA	Travel	daily rate	\$65	12	\$780	\$780	
Meals (lunch and coffee breaks)	Contractual Services	per person	\$50	90	\$4,500	\$4,500	
Activity 1.4.4 - Piloting of the programme							
Stationery and materials (pens, pencils, markers, flip-chart papers, USB-memory sticks, nametags, balloons)	Supplies, Commodities, Materials	per family	\$40	60	\$2,400	\$2,400	
Printing (handouts, posters, situation cards, worksheets, magnets, certificates)	Contractual Services	per family	\$30	60	\$1,800	\$1,800	
Meals during 4 sessions	Contractual Services	per family	\$25	240	\$6,000	\$6,000	
Facilitators fee	Contractual Services	daily rate	\$30	96	\$2,880	\$2,880	
Activity 1.4.5. - Training of facilitators							

<i>Stationery and materials (pens, pencils, markers, flip-chart papers, USB-memory sticks, cardboards, sticky notes, nametags, glue sticks, scissors, balloons, buckets, blankets, small scotch, paper scotch)</i>	Supplies, Commodities, Materials	per person	\$40	50	\$2,000	\$2,000	
<i>Printing (manual, handouts, posters, situation cards, worksheets, magnets, certificates)</i>	Contractual Services	per person	\$20	50	\$1,000	\$1,000	
<i>Venue</i>	Contractual Services	per day	\$300	3	\$900	\$900	
<i>Meals (lunch and coffee breaks)</i>	Contractual Services	per person	\$50	160	\$8,000	\$8,000	
<i>National trainer's fee (4 trainers)</i>	Contractual Services	daily rate	\$100	12	\$1,200	\$1,200	
<i>National trainer's travel</i>	Travel	per trainer	\$100	4	\$400	\$400	
<i>National trainer's DSA</i>	Travel	daily rate	\$65	16	\$1,040	\$1,040	
<i>Participants travel</i>	Travel	per participant	\$20	50	\$1,000	\$1,000	
<i>Participants DSA</i>	Travel	daily rate	\$65	150	\$9,750	\$9,750	
Activity 1.4.6. - Evaluation of programme implementation							
<i>Printing of pre- and -post questionnaires</i>	Contractual Services	per page	\$0.2	500	\$100		\$100
<i>Evaluator's fee</i>	Contractual Services	per evaluator	\$200	4	\$800		\$800
<i>Printing/Publication of evaluation report</i>	Contractual Services	per report	\$500	1	\$500		\$500
Activity 1.4.7. - Conducting concluding round table							
<i>Venue</i>	Contractual Services	per day	\$200	1	\$200		\$200
<i>Meals</i>	Contractual Services	per person	\$40	50	\$2,000		\$2,000
Activity 1.4.8. - Scaling up the programme							
<i>Printing (handouts, posters, situation cards, worksheets, magnets, certificates) and meals during 4 sessions</i>	Contractual Services	per family	\$43	\$1,500	\$64,500		\$64,500
Staff salary 100 % (Project Associate Family Strengthening UNODC)	Staff	per month	\$1,500	24	\$36,000	\$18,000	\$18,000
General operating and other direct costs	General Operating and Other Direct Costs	per year	\$10,000	2	\$20,000	\$10,000	\$10,000
M&E	General Operating and	once	\$10,000	1	\$10,000		\$10,000

	Other Direct Costs						
Output 1.4. Total (UNODC)					\$187,390	\$81,290	\$106,100
Total cost Outcome 1					\$187,390	\$81,290	\$106,100
Indirect support cost (7%)					\$13,117	\$5,690	\$7,427
TOTAL BUDGET OUTCOME 1					\$200,507	\$86,980	\$113,527
OVERALL BUDGET UNODC					\$200,507	\$86,980	\$113,527

Table 4.4. Consolidated Budget (UNICEF, UNFPA, UNODC)

Categories		Total	Year 1	Year 2	Allocation: MPTF				Allocation:
					Total	UNICEF	UNFPA	UNODC	Other (UNICEF contribution)
1	Staff								
	Budget notes: Staff cost, including project managers, associates and other personnel: WASH Officer (NOB 19 months), Programme assistant GS5 (24 months), Health Officer (NOB 19 months), Supply Officer NOA (12 months), 50% Program Assistant (24 months), Program Assistant (24 months), Youth Officer NOB (12 months). UNICEF contribution: 20% of chief of child health and wellbeing section time, 10% of finance officer time and 10% of administrative officer time	\$396,641	\$239,412	\$105,740	\$ 345,152	\$ 288,752	\$ 20,400	\$ 36,000	\$51,489
2	Supplies, commodities, materials	\$1,893,360	\$1,205,860	\$687,500	\$1,893,360	\$ 1,877,500	\$ 10,500	\$ 5,360	

	<p><i>Budget notes:</i> <i>Improvement and maintenance of infrastructure, procurement of equipment, including all direct and indirect costs (e.g. freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials.</i> <i>Improvement and maintenance of SWASH infrastructure, Improvement and maintenance of WASH infrastructure in HCFs, Equipment for selected facilities on WASH and telecommunication.</i></p>								
3	<p>Equipment, vehicles and furniture (including depreciation)</p> <p><i>Budget notes:</i> <i>Renovation costs and procurement of required furniture</i></p>								
4	<p>Contractual services (including consultants, meetings, workshops and conferences)</p>	\$ 467,160	\$ 236,560	\$ 230,600	\$ 467,160	\$ 230,000	\$ 134,500	\$ 102,660	

	<i>Budget notes: Services contracted by UNICEF, UNODC, UNFPA which follow organization processes. This include contracts for procurement of services (event management, procurement of stationary and etc.)</i>								
5	<i>Travel</i> <i>Budget notes: Monitoring of project implementation. Project staff travel costs and per diems.</i>	\$ 75,370	\$ 44,170	\$ 31,200	\$ 75,370	\$ 62,000		\$ 13,370	
6	<i>Transfers and grants to counterparts</i> <i>Budget notes: Includes transfers to national counterparts and any other transfers given to an implementing partner (e.g. Regional Pediatric Hospital, Youth Union) which are not similar to a commercial service contract as per above.</i>	\$ 428,850	\$ 268,875	\$ 159,975	\$ 428,850	\$ 413,100	\$ 15,750		
7	<i>General operating and other direct costs</i>	\$ 60,000	\$ 22,600	\$ 37,400	\$ 60,000	\$ 24,000	\$ 6,000	\$ 30,000	

	<i>Budget notes: Direct costs for maintaining office in field, bank commissions</i>								
	Subtotal	\$ 3,321,381	\$ 2,017,477	\$ 1,252,415	\$ 3,269,892	\$ 2,895,352	\$ 187,150	\$ 187,390	\$51,489
8	Indirect support costs (7%)	\$ 228,892	\$ 141,223	\$ 87,669	\$ 228,892	\$ 202,675	\$ 13,100	13,117	
	TOTAL	\$ 3,550,273	\$ 2,158,700	\$ 1,340,084	\$ 3,498,784	\$ 3,098,027	\$ 200,250	\$ 200,507	\$51,489