

Project Document

UNICEF and UNFPA

Project Title: Improvement of quality of perinatal care service to most vulnerable mothers and newborns
(First Revision and Extension of the Project)

<p>Project Duration: 21 months</p> <p>Anticipated start/end dates: August 2019-31 December 2020</p> <p>New end date: 30 April, 2021</p> <p>Fund Management Option(s): Pass-through</p>	<p>Total estimated budget*: US\$ 1,829,155</p> <p>Out of which:</p> <ol style="list-style-type: none">1. Funded Budget: US\$ 1,829,1552. Unfunded budget: 0 <p>* Total estimated budget includes both project costs and indirect support costs</p>
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<p>Sources of funded budget:</p> <ul style="list-style-type: none">• Donor (MPHSTF): US\$1,619,666• UNICEF in kind contribution US\$ 155,489• UNFPA in kind contribution US\$ US\$54,000

Names and signatures of the Participating UN organization and national counterparts

UN organization(s)	National Coordinating Authority(ies)
<p>Munir Mammadzade Representative UNICEF Uzbekistan Office</p>  <p>Signature: [Redacted]</p> <p>Date&Seal</p>	<p>Elmira Basitkhanova Deputy Minister The Ministry of Health of the Republic of Uzbekistan</p>  <p>Signature: [Redacted]</p> <p>Date&Seal</p>
<p>Yu Yu Representative UNFPA in Uzbekistan</p>  <p>Signature: [Redacted]</p> <p>Date&Seal</p>	

Executive Summary

This document outlines the first revision and extension of the Joint Programme Document on **Improvement of quality of perinatal care service to most vulnerable mothers and newborns**, the original version of which was signed in July 2019. The first revision of this document was approved in June 2020. Both documents are available at: <http://mptf.undp.org/factsheet/fund/ARL00>

The overall goal of this project is to support Ministry of Health (MOH) of the Republic of Uzbekistan and the Republic of Karakalpakstan to ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for secondary level perinatal facilities, to improve quality of maternal and newborn health service. The project will cover 8 out of 15 districts including 3 districts that have most suffered from land degradation, reduction of biodiversity, climate change, deterioration of the health of the population. The project is jointly implemented by United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA).

The COVID-19 pandemic in 2020 and subsequent quarantine measures adopted to mitigate the pandemic both within the country and worldwide have vastly affected all aspects of socio-economic life. There have been almost three months of strict lockdown that barred trainings, all sort of public engagements, non-essential travels, etc. This all prevented the program, to undertake some of the key activities and deploy necessary resources in a complementary manner. In order to circumvent the problem, UNICEF/UNFPA laid out plans for how to handle the training component amid continuing health and safety measures by introduction of distance learning for in-service training.

The pandemic has also severely impacted global health product supply chains, affecting key materials and ingredients, finished health products, logistics, shipping and more. The unprecedented surged demand for resuscitation and sterilization equipment forced many global manufacturers to re-purpose their production capacity towards manufacturing demanded equipment thus creating gap in supply of other medical goods. Therefore, it is very likely that not all procurement items would be delivered and installed by the end of the year in target facilities.

Whereas large part of the "soft component" has been accomplished and could be further expedited, the "hard" component needs additional time to be completed due to the circumstances beyond our control. In addition, implementing partners need to raise capacity of healthcare providers on how to safely operate new equipment and integrate all newly acquired skills and knowledge into everyday practice upon delivery and installation of all equipment.

The proposed amendments of program document are aimed at enabling implementing partners to effectively address these challenges:

- Four-months (till April 30, 2021) extension (Please see Tables 3 and 5 for amended Results Matrix and Work Plan)
- Deferring **\$120,193** to 2021 for UNICEF part and **\$ 96,735** for UNFPA respectively

The amounts to be deferred in UNICEF's budget would mostly cover procurement and installation of the equipment, training on how operate the equipment, four months of staff cost, and monitoring visits. For UNFPA, the amount covers procurement and installation of equipment, a number of follow up capacity building visits, some monitoring visits and four-month staff cost (Please see Tables 6.1, 6.2, 6.3 for amended budget).

- Budget amendments for UNICEF

Transferring **\$3,428** from "Contractual services" budget category to "Staff and personnel", transferring **\$10,000** from "Contractual services" to "Travel" respectively.

In this evolving context, this program non-cost extension proposal has been formulated to support and reinforce the effective fulfilment of the rights of mothers and newborns for quality perinatal services.

Table 3. Results Matrix (Amended)

This table presents amended result matrix that reflects four-month project extension.

Title of the programme:	Improvement of quality of perinatal care service to most vulnerable mothers and newborns									
UNDAF Priority Area	UNDAF Outcome 4: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course.									
Relevant National SDG(s)	SDG3. Ensure healthy lives and promote well-being for all at all ages									
Expected Results (Outcomes & outputs)	Indicators							Means of verification/ Frequency	Responsibilities (PUNOs and national partners)	
	Indicator description	Baseline		Target (cumulative)						
		Value	Year	2019	2020		2021 (New)			
				S2	S1	S2	Q1+ Apr 2020			
Programme outcomes										
Outcome By 2020 mothers and newborns in the RoK, especially the most vulnerable have received quality perinatal healthcare service.	Proportion of survival of low birth weight newborns (1000 – 2499 gr) in targeted facilities	76 % (in three selected facilities in 2018)	2018	76% (in three selected facilities (male, female)	78% (in three selected facilities (male, female)	80% (in three selected facilities (male, female)	80% (in three selected facilities (male, female)	MoH data (babies matrix)/once per 6 month	UNICEF, UNFPA MoH	
	% of mothers satisfied with perinatal health services in selected facilities	TBD after the baseline assessment in October 2019	2019				TBD after the baseline assessment in October 2019	Exit interview	UNICEF and MoH are responsible for newborn part UNFPA and MoH are responsible for maternal part	
Programme outputs										

Output 1. Secondary level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services.	1) Number of medical institutions with improved infrastructure	0	2019	0	0	At least 2 level II perinatal facilities	At least 2 level II perinatal facilities	Quarterly based on project document	UNFPA and MoH
	2) Number of medical institutions equipped with modern equipment	0	2019	0	0	0	At least 3 level II perinatal facilities	Quarterly based on Project document	UNICEF and MoH are responsible for newborn part. UNFPA and MoH are responsible for maternal part
Output 2. Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns	# of health care professionals trained	0	2019	50	300	350	400	Project report	UNICEF, UNFPA and MoH
	# of supportive supervision visits	0	2019	2	6	7	8	Project report	UNICEF, UNFPA and MoH
	% of perinatal deaths audited	0	2019	5%	15%	20%	25%	Monitoring reports, final assessment report	UNICEF and MoH
	% of maternal complications reviewed	0	2019	5%	15%	20%	25%	Monitoring reports, final assessment report	UNFPA and MoH
	Number of quality improvement plans implemented	0	2019	0	1	At least 1	At least 2	Monitoring reports, final assessment report	UNICEF and MoH
	HMIS for perinatal services developed and introduced in 3 level II maternity hospitals	No	2019	0	1	At least 1	At least 2	Monitoring reports, final assessment report	UNICEF and MoH

Activity 2.15.1. international consultant to building capacity of health care providers from selected facilities on quality improvement.	UNICEF	MoH of Uzbekistan and Karakalpakstan								20,000
Activity 2.16. Experience exchange and learning visits.	UNICEF	MoH of Uzbekistan and Karakalpakstan								9,000
Activity 2.17. Develop, strengthen and sustain mechanisms for accountability for quality of care.	UNICEF	MoH of Uzbekistan and Karakalpakstan								10,000
Activity 2.18.1. Monitoring of project implementation.	UNICEF	MoH of Uzbekistan and Karakalpakstan								18,000
Activity 2.18.2 Monitoring of project implementation.	UNFPA	MoH of Uzbekistan and Karakalpakstan								8,000
Activity 2.19. Final assessment of quality of care in three selected facilities (including household survey).	UNICEF	MoH of Uzbekistan and Karakalpakstan								12,000
Activity 2.20. Health officer NoB (16 months)	UNICEF									62,400
Activity 2.21. Programme assistant GS5 (16 months)	UNCIEF									28,800
Activity 2.22. Programme assistant GS6 (16 months)	UNFPA									25,600
Activity 2.23. Field office cost (16 months)	UNICEF									17,600
Activity 2.24.1. Bank charges	UNICEF									4,160
Activity 2.24.2. Bank charges	UNFPA									4,160
Output 2. Subtotal										601,327
Objective 2. Subtotal										601,327
Project Management Expenses										1,513,707
Indirect support cost										105,959
Total Planned Budget										1,619,666

Table 6.1 Detailed budget for UNICEF (Amended)

The table below, presents amended detailed project budget, adding new columns to describe resource allocation for 2021 and transfer between budget line items.

Detailed description	Budget Categories*	Item line budget			Amount	Year 1	Year 2	Year 3
		Item description	Unit Cost	Number of units				
Objective 1. To ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for level II perinatal referral facilities								
Output 1. Second level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services								
Activity 1.1 Development of detailed specification of equipment and medical consumables needed for selected maternities. Cost of two consultants (O&G and neonatal equipment expert). 20 working days (to assess situation and prepare detailed equipment specification, discussion with partners and finalisation of specifications, assessment of documents submitted for tender). 100 USD per day. Travel cost to Karakalpakstan Travel (\$142) and per-diem (\$35*5 days).	Supplies, commodities, materials	lump sum	\$ 2,350	2	\$ 4,700	\$ 4,700	0	0
Activity 1.4 Procurement and instalment of medical equipment and medical consumables needed for selected maternity hospitals. The detailed cost estimation is attached (annex B)	Supplies, Commodities, Materials	number	\$ 25,692	1728	\$ 443,965	0	\$ 363,035	\$ 80,930
Activity 1.6. Training for health care providers on use of equipment. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day, 17 calendar days). 5 days in each facility (15 working days). 4 trainers. Total 15 working days.	Transfers and grants to counterparts	per batch	\$ 1,700	3	\$ 5,100	0	\$ 1,000	\$ 4,100
Activity 1.7. Procurement officer (NOA 9 months)	Staff	Per month	\$ 3,336	9	\$30,028		\$30,028	
Objective 1 Subtotal					\$ 483,793	\$ 4,700	\$ 394,063	\$ 85,030
Objective 2. To increase the quality of mother and newborn health care services, and to increase the capacity of families to make informed choices about health and nutrition								
Output 2. Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns								
Activity 2.1 Baseline assessment of quality of care in three selected facilities (including household survey). Assessors' fee (\$35 per day). Assessors' travel (\$142 per one person) and per-diem (\$35 per one person per day, 9 calendar days). 2 days in 8 facilities (8 working days). 8 Assessors (two teams, 4 assessors per team). Data entry, data tabulation, analysis and report preparation.	Transfers and grants to counterparts	per batch	\$ 9,000	1	\$ 9,000	\$9,000	0	0
Activity 2.2. Development of capacity building and supervision action plan based on the results of assessment of quality of care for mothers and newborns. National experts' fee (\$35 per day). National experts' travel (\$142 per one person) and per-diem (\$35 per one person per day, 9 calendar days). 1 day in 8 facilities (8 working days). 2 National experts.	Transfers and grants to counterparts	per batch	\$ 1,500	1	\$ 1,500	\$1,500	0	0
Activity 2.3. Printing of training materials. Parents' guide. Posters. Handouts and stationary for training. 250 copies of 10 sets training materials. Handouts and stationary. Delivery cost to RoK	Contractual services	Per set	\$ 234	250	\$58,572	\$32,000	\$26,572	0
Activity 2.4. Capacity building on essential newborn care. 360 health care providers. 15 trainings (24 participants per training). Each training is 3 days. 5 trainers per training. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day, 2 days per training).	Transfers and grants to counterparts	per batch	\$ 3,100	15	\$46,500	\$46,500	0	0

Activity 2.5. Capacity building small and sick newborns. Trainings on respiratory support and trainings on advanced care for premature newborns. 5 health care providers. 3 trainings (15 participants per training). Each training is 5 days. 5 trainers per training. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day, 4 days per training).	Transfers and grants to counterparts	per batch	\$ 6,314.2	6	\$37,885	\$0	\$37,885	0
Activity 2.9.1 Training on supportive supervision. 40 health care providers and managers. 2 trainings (20 participants per training). Each training is 5 days. 4 trainers per training. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day, 4 days per training).	Contractual services	per batch	\$ 4,850	2	\$9,700		\$9,700	0
Activity 2.10.1. Supportive supervision visits to trained health care providers. National experts' fee (\$35 per day). National experts' travel (\$142 per one person) and per-diem (\$35 per one person per day, 18 calendar days). 2 days in 8 facilities (16 working days). 3 National experts'. Four visits. The first, two months after training the second, 6 months after training.	Transfers and grants to counterparts	per batch	\$ 2,000	4	\$8,000	\$1,000	\$7,000	0
Activity 2.11. Capacity building of health care providers on neonatal care by on-the-job trainings. national experts' fee (\$35 per day). National experts' travel (\$142 per one person) and per-diem (\$35 per one person per day, 26 calendar days). 3 days in 8 facilities (24 working days). 4 National experts. Three visits.	Transfers and grants to counterparts	per batch	\$9,000	3	\$27,000	\$0	\$27,000	0
Activity 2.13. Introduction of perinatal audit. Cost of one national consultant. 40 working days (to train teams from 8 facilities, 2 supportive supervision visits, support in annual report preparation). 150 USD per day. Travel cost (\$142) to Karakalpakstan and per-diem (\$56), 4 travels. 40 health care providers. 2 trainings (20 participants per training). Each training is 5 days. 1 local co-facilitator per training. Trainers fee (\$35 per day*5 days). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day* 4 days).	Transfers and grants to counterparts	per batch	\$3,800	4	\$18,000	\$0	\$18,000	0
Activity 2.14. Building capacity of health care managers from selected facilities on quality improvement. 20 health care managers. 1 training. 5 day training. 3 trainers per training. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day, 4 days per training).	Transfers and grants to counterparts	per batch	\$4,300	1	\$4,300		\$4,300	0
Activity 2.15. Building capacity of health care providers from selected facilities on quality improvement. Cost of one national consultant. 35 working days (to train teams from 8 facilities, 2 supportive supervision visits, to prepare report). 150 USD per day. Travel cost (\$142) to Karakalpakstan and per-diem (\$56), 3 travels. 63 health care providers. 3 trainings (21 participants per training). Each training is 4 days. 2 co-facilitator per training. Trainers fee (\$35 per day*12 days). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day* 3 days).	Contractual services	per batch	\$5,000	6	\$30,000		\$30,000	0
Activity 2.15.1. International consultant on quality improvement to support activity 2.15. Building capacity of healthcare providers from selected facilities on quality improvement. Cost of one international consultant (2 trips for a total 16 days)	Contractual services	per batch	\$20,000	1	\$20,000		\$20,000	0
Activity 2.16. Experience exchange and learning visits. Transportation cost, lunch for 16 local health care providers, and travel cost for 3 national experts. 1 visit in 3 facilities.	Contractual services	per batch	\$3,000	3	\$9,000	\$0	\$9,000	0
Activity 2.17. Develop, strengthen and sustain mechanisms for accountability for quality of care. Cost of one national consultant. 35 working days (to adjust software, to train teams from 8 facilities, 2 supportive supervision visits, to prepare report). 100 USD per day. Travel cost (\$142) to Karakalpakstan and per-diem (\$56), 3 travels. 24 health care providers. 2 trainings (12 participants per training). Each training is 3 days. 2 co-facilitator per training.	Contractual services	per batch	\$2,500	4	\$10,000	\$0	\$10,000	0

Trainers fee (\$35 per day*6 days). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day* 3 days).								
Activity 2.18.1. Monitoring of project implementation. UNICEF project staff travel cost (round-trip air fare+terminals) expences and per diems. Three travels each month	Travel	per month	\$1,200	15	\$18,000	\$1,500	\$12,000	\$4,500
Activity 2.19. Final assessment of quality of care in three selected facilities (including household survey). Assessors' fee (\$35 per day). Assessors' travel (\$142 per one person) and per-diem (\$35 per one person per day, 9 calendar days). 2 days in 8 facilities (8 working days). 8 Assessors (two teams, 4 assessors per team). Data entry, data tabulation, analysis and report preparation. Project documentation and preparation of human stories.	Transfers and grants to counterparts	per batch	\$12,000	1	\$12,000	0	\$12,000	0
Activity 2.20. Health officer NoB (16 months)	Staff	per month	\$3,900	16	\$62,400	0	\$46,800	\$15,600
Activity 2.21. Programe assistant GS6 (16months) UNICEF	Staff	per month	\$1,800	16	\$28,800	0	\$21,600	\$7,200
Activity 2.23. Field office cost (14 months)	General Operating and Other Direct Costs	per month	\$1,100	16	\$17,600	\$4,400	\$13,200	0
Activity 2.24.1 Bank charges (UNICEF)	General Operating and Other Direct Costs	per month	\$260	16	\$4,160	\$1,040	\$3,120	0
Objective 2 Subtotal					\$ 432,417	\$ 96,940	\$ 308,177	\$ 27,300
Total cost					\$ 916,210	\$ 101,640	\$ 702,240	\$ 112,330
Indirect support cost (7%)					\$ 64,135	\$ 7,115	\$ 49,157	\$ 7,863
TOTAL BUDGET					\$ 980,344	\$ 108,755	\$ 751,397	\$ 120,193

Table 6.1 Detailed budget for UNFPA (Amended)

The table below, presents amended detailed project budget, adding new columns to describe resource allocation for 2021.

Detailed description	Budget Categories*	Item line budget			Amount	Year 1	Year 2	Year 3
		Item description	Unit Cost	Number of units				
Objective 1. To ensure access of population to perinatal service by improving infrastructure and provision of essential equipment for level II perinatal referral facilities								
Output 1. Second level perinatal care facilities have improved infrastructure and equipped with modern equipment to ensure access of population to evidence-based and equity-perinatal health services								
Activity 1.2. Infrastructure improvement: improving of water supply, upgrading electric wiring to ensure uninterrupted power supply, including air conditioning in key rooms	Supplies, Commodities, Materials	number	\$164.62	588	\$96,766	0	\$ 96,766	0
Activity 1.3. Monitoring of quality of infrastructure improvement: Consultant-Engineer fees 2,500 USD for 6 months, travel cost+A29 294 USD x5 and DCA 35 USD per day x 15 days	Contractual services	Per month	2,833	6	\$ 16,995	0	\$16,995	0
Activity 1.5 Procurement and instalment of medical equipment and medical consumables needed for selected maternity hospitals. The detailed cost estimation is attached (Annex C)	Supplies, Commodities, Materials	number	1,720	183	\$314,826	0	\$251,919	\$62,907
Objective 1 Subtotal					\$ 428,587	0	\$ 365,680	\$ 62,907
Objective 2. To increase the quality of mother and newborn health care services, and to increase the capacity of families to make informed choices about health and nutrition								
Output 2. Health care providers at second level perinatal care facilities have increased capacity to provide quality of care, counselling and support to pregnant women and newborns								
Activity 2.6 Capacity development of midwives and obstetrician-gynaecologists on delivering high quality Emergency Obstetric Care (EmOC). 360 health care providers. 15 trainings (24 participants per training). Each training is 6 days. 5 trainers per training. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day, 2 days per training).	Contractual services	per batch	\$3,750	15	\$56,250	0	\$43,250	\$13,000
Activity 2.7 Capacity building of health care providers on EmOC by on-the-job trainings. National experts' fee (\$35 per day). National experts' travel (\$142 per one person) and per-diem (\$35 per one person per day, 26 calendar days). 3 days in 8 facilities (24 working days). 4 National experts. Three visits.	Contractual services	per batch	\$9,000	3	\$27,000	0	\$24,000	\$3,000
Activity 2.8. Capacity development of anaesthesiology – resuscitation doctors of the selected facilities on providing maternal intensive care by on-the-job trainings. 2 National experts will be hired. To implement six 5 day-long trainings	Contractual services	per batch	\$5,000	3	\$15,000	\$5,000	\$10,000	0
Activity 2.9.2 Training on supportive supervision. 40 health care providers and managers. 2 trainings (20 participants per training). Each training is 5 days. 4 trainers per training. Trainers fee (\$35 per day). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day, 4 days per training).	Contractual services	per batch	\$ 4,850	2	\$9,700	0	\$9,700	0
Activity 2.10.2. Supportive supervision visits to trained health care providers. National experts' fee (\$35 per day). National experts' travel (\$142 per one person) and per-diem (\$35 per one person per day, 18 calendar days). 2 days in 8 facilities (16 working days). 3 National experts'. Four visits. The first, two months after training the second, 6 months after training.	Contractual services	per batch	\$ 2,000	4	\$8,000	\$1,000	\$7,000	0

Activity 2.12. Introduction of Near-miss case review (NMCR). Cost of one national consultant. 40 working days (to train teams from 8 facilities, 2 supportive supervision visits, support in annual report preparation). 150 USD per day. Travel cost (\$142) to Karakalpakstan and per-diem (\$56), 4 travels. 40 health care providers. 2 trainings (20 participants per training). Each training is 5 days. 1 local co-facilitator per training. Trainers fee (\$35 per day*5 days). Trainers' travel (\$142 per one person) and per-diem (\$35 per one person per day). Per-diem for participants (\$35 per day* 4 days).	Contractual services	per batch	\$3,800	4	\$15,200	\$7,000	\$8,200	0
Activity 2.18.2. Monitoring of project implementation. UNFPA project staff travel cost (round-trip air fare+terminals) expences and per diems. Three travels each month	Travel	per month	\$500	16	\$8,000	\$1,000	\$3,000	\$4,000
Activity 2.22. Programe assistant GS6 (14 months) UNFPA	Staff	per month	\$1,600	16	\$25,600	0	\$19,000	\$6,600
Activity 2.24.2 Bank charges (UNFPA)	General Operating and Other Direct Costs	per month	\$260	16	\$4,160	\$1,040	\$2,220	\$900
Objective 2 Subtotal					\$ 168,910	\$ 15,040	\$ 126,370	\$ 27,500
Total cost					\$ 597,497	\$ 15,040	\$ 492,050	\$ 90,407
Indirect support cost (7%)					\$ 41,825	\$ 1,053	\$ 34,444	\$ 6,328
TOTAL BUDGET					\$ 639,322	\$ 16,093	\$ 526,494	\$ 96,735

Table 6.3 Consolidated Budget (Amended) The table below, presents amended project consolidated budget, adding new columns to describe resource allocation for 2021 and transfer between budget line items for UNICEF's part.

Categories	Total	Year 1	Year 2	Year 3	Allocation: MPTF			Allocation:	
					Total	UNICEF	UNFPA	Other (UNICEF and UNFPA contribution)	
1	Staff	\$ 198,317	0	\$ 117,428	\$ 29,400	\$ 146,828	\$121,228	\$ 25,600	\$ 51,489
	<i>Budget notes:</i> UNICEF: Procurement officer (NOA 9 months). Health officer NoB (14 months) and Programme assistant GS6 (14 months). UNICEF contribution: 20% of chief of child health and wellbeing section time, 10% of finance officer time and 10% of administrative officer time UNFPA: Programme assistant GS6 (14 months). UNFPA contribution: 20% of programme analyst time, 10% of finance officer time and 10% of programme assistant time								
2	Supplies, commodities, materials	\$ 860,257	0	\$ 716,420	\$143,837	\$ 860,257	\$448,665	\$411,592	0
	<i>Budget notes:</i> Equipment and medical consumables needed for selected maternities. Includes all direct and indirect costs (e.g. freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials.								
3	Equipment, vehicles and furniture (including depreciation)	0	0	0	0	0	0	0	0
	<i>Budget notes:</i> XX								
4	Contractual services (including consultants, meetings, workshops and conferences)	\$ 317,417	\$ 45,000	\$ 219,417	\$ 13,000	\$ 277,417	\$137,272	\$140,145	\$ 40,000
	<i>Budget notes:</i> Services contracted by UNICEF and UNFPA which follow organization processes. This include contracts for procurement of services (event management, procurement of stationary and etc.)								

	Travel								
5	<i>Budget notes: Monitoring of project implementation. Project staff travel costs and per diems. UNICEF contribution travel expenses and per diem of International supply specialist and also travel costs of UNICEF staff to the project site.</i>	\$ 74,000	\$ 2,500	\$ 15,000	\$ 8,500	\$ 26,000	\$ 18,000	\$ 8,000	\$ 48,000
	Transfers and grants to counterparts								
6	<i>Budget notes: Includes transfers to national counterparts and any other transfers given to an implementing partner (e.g. Republican Perinatal Center) which are not similar to a commercial service contract as per above. In IPSAS terms this would be more similar to non-exchange transactions.</i>	\$ 237,285	\$ 58,000	\$ 112,185	\$ 7,100	\$ 177,285	\$169,285	\$ 8,000	\$ 60,000
	General operating and other direct costs								
7	<i>Budget notes: Field office cost (14 months) and bank charges</i>	\$ 35,920	\$ 6,480	\$ 18,540	\$ 900	\$ 25,920	\$ 21,760	\$ 4,160	\$ 10,000
	Subtotal	\$1,723,196	\$111,980	\$1,198,990	\$202,737	\$1,513,707	\$916,210	\$597,497	\$ 209,489
8	Indirect support costs (7%)	\$ 105,959	\$ 7,839	\$ 83,929	\$ 14,192	\$ 105,959	\$ 64,134	\$ 41,825	
	TOTAL	\$1,829,155	\$119,819	\$1,282,919	\$216,929	\$1,619,666	\$980,344	\$639,322	\$ 209,489