



Submission Form for Programme/Budget Revision COVID-19 Response and Recovery Fund

Part A: Programme Summary <i>(To be completed by the RCO)</i>				
Date of Submission:	21.02.2022			
Country/Region:	Turkey/EECA			
RCO Contact:	Bülent Açıkgöz			
List of RUNOs:	UNFPA, WHO, UNHCR			
Programme Title:	Promoting Innovative Service Provision Models to Support the COVID-19 Health System Response Joint Programme			
Total Approved Budget: (COVID-19 MPTF funds only)	850,000\$			
Duration:	Starting Date:	12.02.2021	Completion Date:	31.03.2022

1. Type of Programme or Budget Revision Requested

- Change of programme scope (*submit revised ProDoc and Budget*)
 Budget revision (*submit revised Budget*)
 Extension of project duration (*submit updated Budget, if different*)

New completion date: 30.06.2022

2. Reason revision is being requested:

We kindly request to have a 3-months cost extension and end the project on 31 July 2022 (with WHO completing its activities by end June 2022), with additional total funding request of USD 109,923. The main reason for this cost extension request is the unprecedented volatility of Turkish lira. Although the USD/TRY rate was 7 in February 2021 at the beginning of project implementation, it was around 18 by the end of year. The rate is currently 13+ as TL continues to fluctuate. Hence, the change in the value of the TRY created a force majeure for the project's implementation, although it is on track and overachieved its targets, and had an impact on the overall budget. The cost extension requested will provide the project an opportunity to expand the project's impact for the beneficiaries at the times of COVID-19.

Detailed justification for Result 1 – implemented by UNFPA:

It specifically affected the utilization of the staff costs since all salaries and capacity building activities under Result 1 were fixed to TRY. The reason for the request of additional \$50,000 for Result 1 is mainly related to increase in salaries of the UN Staff (including non-



pensionable bonuses) as well as the price of contractual services (see revised budget) due to the volatility in TL. It should be noted that the project is implemented in line with the proposal. In component one, 10 mobile health units have provided over 100,000 Covid-19, SRH and/or GBV services to 41,771 beneficiaries whereas the project originally was expected to reach out 11,000 beneficiaries via 6 mobile units. Furthermore, mobile health units expanded the types of services they provide in coordination with Provincial Health Directorates to fill in the gaps in improving access to healthcare services delivery related to Covid-19 and other essential needs. They now also provide support to mass distribution of vaccines and awareness raising about vaccination, especially to pregnant women.

Detailed justification under Result 2 – implemented by WHO:

With a view to raise the impact of the UNJP outcomes specified under Result 2 and deliver/complete and further expand the specified activities under this component, there will be a need for additional 59.923 USD (including general operating/direct and indirect costs) to meet the additional 3 months of salary for Technical Officer staff (April-June 2022); procurement and deployment of IT equipment for the health centers and completion of training materials and capacity development programmes addressing the MoH provincial and central level staff.

3. Documents Attached:

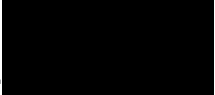
- Revised Budget (*for change in budget*)
 Revised Programme Document (*for change in programme scope*)

Part B: Signature (To be completed by ALL Recipient UN Organizations)			
On behalf of Recipient UN Organizations:	Signature	Date	Name/Title
UNFPA	[REDACTED]	21-Feb-2022	Hassan Mohtashami /Representative
WHO	[REDACTED]	21-Feb-2022	Batyr Berdyklychev /Representative
UNHCR	[REDACTED]	25-Feb-2022	Philippe Leclerc /Representative
On behalf of the UN Resident Coordinator:			
UN Resident Coordinator	[REDACTED]	25-Feb-2022	Alvaro Rodriguez/ Resident



			Coordinator
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Part C: Administrative Review <i>(To be completed by the Fund Secretariat)</i>
<input type="checkbox"/> Revision requiring Special Designate's approval
4. Comments by the Fund Secretariat:
5. Recommendation by the Fund Secretariat:

Part D: Decision of the Secretary-General's Designate for the COVID19 MPTF <i>(To be completed by the Secretariat)</i>
<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve with modification/condition <input type="checkbox"/> Defer
Comments (if any):
Secretary-General's Designate for the COVID19 MPTF and Chair of the Joint SDG Fund Operational Steering Committee, Mr. Haoliang Xu
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><p>.....  Signature</p></div><div style="width: 30%; text-align: center;"><p>11-Mar-2022 Date</p></div></div>

REVISED DETAILED WORKPLAN FOR

'INNOVATIVE SERVICE PROVISION MODELS TO SUPPORT THE COVID-19 HEALTH SYSTEM RESPONSE IN TURKEY JOINT PROGRAMME'

The detailed work plan below explains how project will further increase its impact under Result 1 Activity 2 and Result 2 during the proposed 3-months cost extension with additional funding of USD 110,000.

Table 1. Detailed Workplan

	Sub-activities under Result 1 Activity 2	April 2022	May 2022	June 2022	Remarks	Additional funding
1	COVID-19 Filiation Services (screening, tracking, sampling, providing medication etc.)				During the proposed 3-months cost extension, the project will continue to address the significant challenges remain in the field. Cost extension of the project for three more months would provide significant contribution to project objectives by ensuring quality and interrupted access to COVID-19 and SRH related services by vulnerable groups and help us provide approximately 33,000 more services and reach out to additional 18,000 people who are in need (see Table 2). Among those groups are pregnant women and refugees who still have limited or no access not only to COVID-19 related services including vaccination but also others such as family planning, post-natal and pre-natal care. In this regard, throughout the extended period, additional 3000 pregnant women and 8250 refugees are expected to receive at least 10,000 more services (including COVID-19 filiation, vaccination and SRH services) from our mobile units. Furthermore, additional funds with a 3-month extension will provide enough time and resources for the smooth integration and sustainability of the mobile health units to existing	USD 50,000
2	COVID-19 Vaccination Services, (specifically targeting pregnant women and					

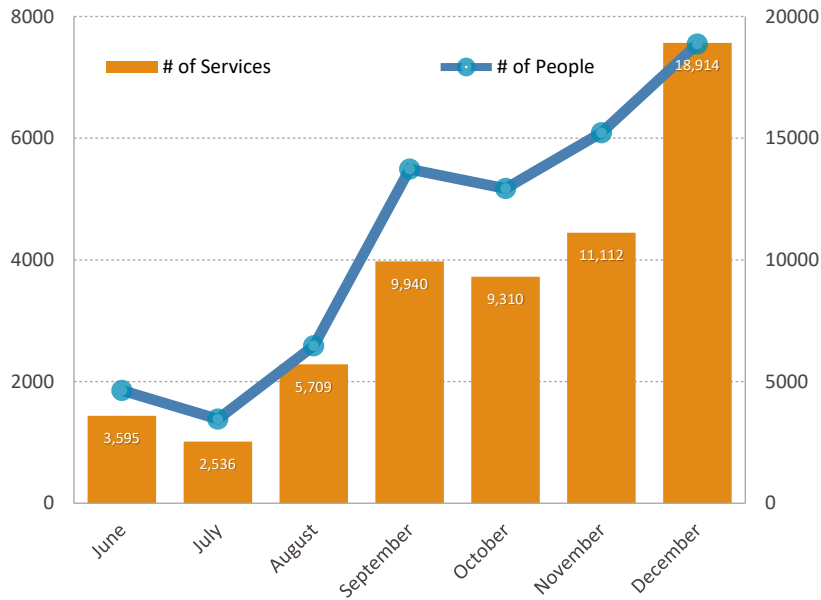
	vulnerable groups)				systems (i.e. mobile service provision to seasonal agriculture workers) run by the Turkish Government through regular discussions with the Ministry of Health in the process of Covid-19 pandemic becoming an endemic.	
3	SRH services and counselling (incl. pregnant women follow-up)					
	Activities under Result 2	April 2022	May 2022	June 2022	Remarks	Additional funding
1	Telemedicine for increased access and coverage of services: A Telemedicine service delivery platform is piloted in primary health care facilities to increase access to services among vulnerable populations.				<p>During the extension period and with the additional budget, additional 3 months of salary for Technical Officer staff will be met. In addition, 120 Headset, 80 Webcam and 8 Laptops will be procured.</p> <p>Training will be held for 342 MoH provincial level staff in pilot provinces and 14 MoH central level staff how to use training materials and guidelines which have been developed within scope of the project. Instead of the 18 videos suggested in the project, 39 longer and more comprehensive training and information videos were prepared.</p> <p>The titles and contents of the training documents were increased by the Ministry of Health to expand the telehealth services planned to be established throughout the country and to address not only chronic diseases and risk factors but also other diseases. In addition, Telemedicine Application Guide E-book, telemedicine dictionary, telemedicine question set, telemedicine frequently asked questions documents were prepared. 21 different brochures and 2 different posters were designed for patients and healthcare professionals. The consultancy team of the Ministry of Health would be worked with to prepare the telehealth infrastructure legally and to determine the laws and regulations needed, therefore it was foreseen that no money would be spent in the budget. However, since there were deficiencies in the preparation of the desired draft law, legal consultancy was obtained with the</p>	USD 59,923

					recommendation of the Ministry of Health, and the draft law was prepared and shared with the Ministry of Health.	
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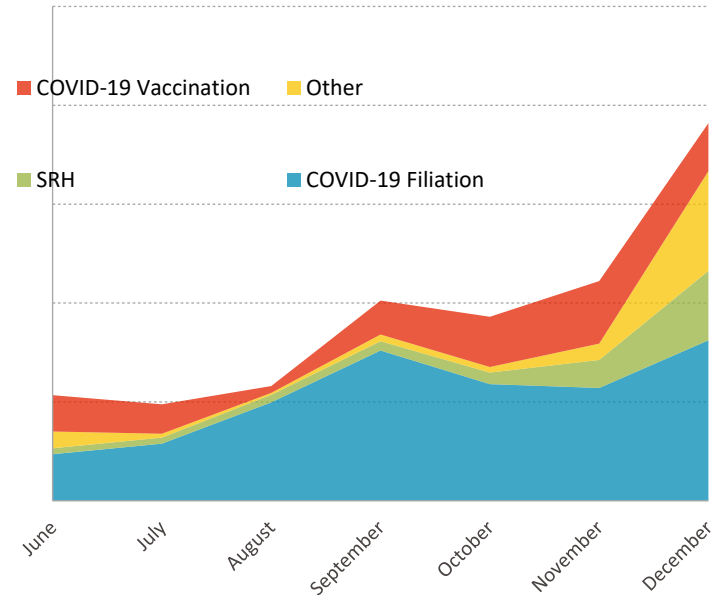
Additional justification on Result 1:

The project has always adopted an implementation modality where mobile health units are agile and flexible enough to fill important gaps in supporting the health system response in Turkey to Covid-19, which have enabled us in achieving project’s overall impact. The project originally has the target of reaching out to 11,000 people through six mobile health units (MHUs) in terms of COVID-19 screening and tracking services (filiation) as well as SRH and GBV counselling. As of early 2022, the project had increased the number of MHUs and overachieved its target, hence reached out to **32,537 beneficiaries with 10 MHUs** (see Graph 1). In addition, services have been diversified and prioritized based on the needs and gaps of beneficiaries and national partners in the field. (see Graph 2)

Graph 1. Service Provision



Graph 2. Service Types



The situation related to the pandemic in Turkey during the months of July and August of 2021 required MHUs to provide, to a large extent, COVID-19 filiation services to vulnerable populations. During that time, this type of service represented 63 percent of overall services. Whereas, with the vaccine distribution gained pace in the following months, MHUs joined the mass vaccination campaign within the guidance of the Ministry of Health and so far vaccinated almost **15000 people in mobile clinics and tents**. Due to the relative slowdown in the infection rate during September and November, the project team had the opportunity to focus on a specific target group which are pregnant women, statistically one of the worst hit by the pandemic. In that sense, **6 out of 10 mobile units have been specifically assigned to follow-up pregnant women** to raise their awareness not only on COVID-19 vaccination and other preventive measures but also on sexual and reproductive health. This has manifested itself on the share of SRH services which increased from 7 percent of overall services in October to 11 percent by the end of December. During this time period, MHUs have delivered face-to-face trainings to almost **500 pregnant women**, made over **5000 phone interviews**, paid **2423 house visits** and **vaccinated 610 pregnant women**. As a result of such alterations in service provision, the range, impact and effectiveness of the project have been improved.

Table 2. Additional Project Targets for the Extended Period

	April	May	June
# of people reached out by MHUs	5500	6000	6500
# of services by MHUs	10500	11000	11500
# of people vaccinated by MHUs	1500	1750	2000
# of refugees reached out by MHUs	2500	2750	3000
# of pregnant women reached out by MHUs	900	1000	1100
# of SRH services by MHUs	1500	1750	2000

During the proposed 3-months cost extension, the project will continue to address the significant challenges remain in the field. Cost extension of the project for three more months would provide significant contribution to project objectives by ensuring quality and interrupted access to COVID-19 and SRH related services by vulnerable groups and help us provide approximately 33,000 more services and reach out to additional 18,000 people who are in need (see Table 2). In addition, additional funds with a 3 months extension will provide enough time and resources for the smooth integration and sustainability of the mobile health units through regular discussions with the Ministry of Health in the process of Covid-19 pandemic becoming an endemic.

Additional justification on Result 2:

With a view to raise the impact of the UNJP outcomes specified under Result 2 and deliver/complete the specified activities under this component, there will be a need for additional 59,923 USD (including general operating/direct and indirect costs) to meet the additional 3 months of salary for Technical Officer staff (April-June 2022); procurement and deployment of IT equipment for the health centers and completion of training materials and capacity development programmes addressing the MoH provincial and central level staff.