

Amendment to the Project Document

WHO

Project¹ Title: **Towards universal health coverage and security in Karakalpakstan (UHC+S)**
(First amendment of the Project)

<p>Project Duration: <u>33 months</u></p> <p>Anticipated start/end dates: <u>1 Jan 2021 – 30 Sept 2023</u></p> <p>Fund Management Option(s): <u>pass-through</u> (Parallel, pooled, pass-through, combination)</p> <p>Managing or Administrative Agent: <u>N/A</u></p>	<p>Total estimated budget*: US\$ 425,379</p> <p>Out of which:</p> <p>1. Funded Budget: US\$ 425,379</p> <p>2. Unfunded budget: 0</p> <p>* Total estimated budget includes both project costs and indirect support costs</p>
	<p>Sources of funded budget:</p> <p>Donor (MPHSTF) US\$ 425,379</p>

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>Dr Hans Kluge Regional Director World Health Organization Regional Office for Europe</p> <p>Signature _____</p> <p>Date & Seal 1 March 2003</p> 	<p>Mr Amrillo Inoyatov Minister The Ministry of Health of the Republic of Uzbekistan</p> <p>Signature: _____</p> <p>Date & Seal 13.04.2003</p> 

Executive Summary

This document outlines the first revision of the Project Document titled “Towards universal health coverage and security in Karakalpakstan (UHC+S)”, the original version of which was signed in January of 2021. The document is available at: <https://mptf.undp.org/sites/default/files/documents/35000/33679>

UHC+S is WHO’s first project with funding from the United Nations Multi-Partner Human Security Trust Fund (MPHSTF) for the Aral Sea region in Uzbekistan. Over 33 months, WHO and partners are supporting the assessment of the health needs of the population, with a focus on Muynaq district, to inform future investment in health infrastructure and equipment at both primary and secondary levels, in health workforce capacity and digitalization to the year 2023.

In 2021/2022, multidisciplinary teams of WHO experts visited health facilities and community groups in Muynaq city and surrounding district, as well as in Kungrad city, located midway between Muynaq and the capital, Nukus. The experts put forward a proposal for comprehensive investments in the health sector, based on a model of connecting a more fit-for-purpose hospital in Muynaq to an extended referral hospital in Kungrad.

The development of this network has the potential to assure better utilization of resources. It will increase the number of beneficiaries as well as the scope and quality of the benefits they receive. It involved investing not only in new fixed facility infrastructure and equipment, but also in the health workforce, including family doctors and community volunteers, as well as mobile teams and telemedicine.

A technical working group comprised of teams in Muynaq, Kungrad and Nukus has been supported in the development of a business plan for the proposed Muynaq-Kungrad medical network. This business plan gives a clear indication of the service profiles to be provided at both hospitals, the staff and equipment needed to deliver those services.

Please refer to the “Annual Programme Narrative Progress Report, 2021” for a full account of progress towards outputs and outcomes of results framework: <https://mptf.undp.org/sites/default/files/documents/40000/38550>

As proposed in the original project document, WHO worked closely with the German KfW Development Bank to ensure complementarity of the UHC+S project with their planned pre-feasibility study for investments in the Aral Sea Region. In particular, WHO and KfW collaborated in identifying priority population health needs and health sector capacities to be developed.

WHO supported KfW in consultation with the populations and assessments of health facilities in Muynaq district in 2021 (Outputs 1.1 and 1.2). This support was provided in terms of WHO products and staff time. The reduced need for WHO to spend activity funds on focus group discussions and facility surveys resulted in savings under Outcome 1, Output 1.2.

Additional savings are expected in 2022-2023 under Outcome 3, Outputs 3.1 and 3.2, though further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq, and possibly also in Kungrad. Future capacity-building activities are to be undertaken in

the context of the roll out State Health Insurance from 2023, with financial support from a separate award and/or other sources.

WHO's assessment (Outcome 2, Outputs 2.1-2.4) concluded that the size of the Muynaq catchment area does not justify an earlier proposal for procurement of advanced equipment like magnetic resonance imaging or cardiac catheterization laboratories. Low volumes would be a problem for both cost and effectiveness (quality).

Indeed, the interim assessment identified major issues in quality and patient safety in the delivery of even basic services. Before embarking on the development of a strategy for medical tourism (Output 2.5), it was recommended that a roadmap would need to be put in place for quality improvement. Therefore, it was decided not to proceed further with Outcome 2, Output 2.5.

Consideration of options for income opportunities in the medical sector shifted instead towards development of terms of reference for a flagship project of "green, blue, resilient and inclusive" (hereafter, green) hospital infrastructure. WHO supported local stakeholders in articulating a vision for what this would look like in practice, with a comprehensive list of minimum requirements and desired features.

Meanwhile, under Outcome 4, after consultations with relevant stakeholders (Output 4.1), interest has been expressed by both MOH and an international financial institution (IFI) to look at financing options for the proposed green hospitals in Muynaq and Kungrad. However, in order to proceed, a more detailed study and design, with costed options for the deployment of green technologies, is needed.

A new activity (Activity 4.1.3) is therefore being proposed under a reformulated Output 4.1, towards the development of a Technical Feasibility Study & Concept Design for the construction of the green hospitals. WHO is requesting to use savings under Outcomes 1-3 in support of this new activity under Outcome 4. There are minimal changes to allocations across budget categories.

The proposed amendments of project document are aimed at focusing efforts on supporting the Government of Uzbekistan in mobilizing additional resources from outside the MPHSTF within the original UHC+S project timeline. No extension to the project timeline is being requested. In fact, the proposed amendments will help to accelerate implementation of the project.

In summary, the proposed budget amendments are to:

- Transfer from Outcome 1 to Outcome 4: US\$16,000
- Transfer from Outcome 2 to Outcome 4: US\$57,000
- Transfer from Outcome 3 to Outcome 4: US\$56,500
- Transfer from Contractual services to General operating and other direct costs: US\$18,000
- Transfer from Contractual services to Travel: US\$ 750
- Transfer from 2023 to 2022: US\$43,500
- Transfer from 2021 to 2022: US\$40,660

For further details, please refer below to the amended Work Plan (Table 1), Detailed Budget (Table 2.1) and Consolidated Budget (Table 2.2).

Table 1. Results Framework (amended)

Title of the project:	Towards universal health coverage and security in Karakalpakstan (UHC+S)											
UNDAF Priority Area	Outcome 4: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course.											
Relevant National SDG(s)	SDG 3 – Ensure healthy lives and promote well-being for all at all ages [SDG 11 – Make cities and human settlements inclusive, safe, resilient and sustainable] [SDG 8 – Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all]											
Expected Results (Outcomes & outputs)	Indicators									Means of verification/ Frequency	Responsibilities (PUNO and national partners)	
	Indicator description	Baseline		Target (cumulative)								
		Value	Year	2021		2022		2023				
				S1	S2	S1	S2	S1	S2			
Project outcomes	Contribution to the MPHSTF outcomes: Outcome 4 – The overall health of the local population improved and healthy lifestyle promoted [Outcome 5 – The living conditions of local populations improved, with focus on vulnerable groups such as women, children and youth] [Outcome 2 – The employment and income generation opportunities for local communities increased]											
Outcome 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities	Existence of a report mapping population needs/means and sector capacities	No	2020	No	Yes	Yes	Yes	Yes	Yes	Yes	Publications / annually	WHO, MOH
Project outputs	Contribution to the MPHSTF outputs: Output 11 – Access to rural health clinics and to medication primarily in remote areas is improved [Output 16 – The local governance system for addressing the human security needs of the population is improved]											
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation	# of people consulted in rural areas (% youth or women)	0	2020	0	500 (66 %)	500 (66%)	500 (66 %)	500 (66%)	500 (66%)	500 (66%)	Travel reports / quarterly	WHO, MOH

Project outputs	Contribution to the MPHSTF Outputs: Output 10 – Investments in local health services and pharmacies (e.g. facilities and equipment) are increased Output 6 – Investments in local infrastructure serving local communities are increased: energy, access roads] Output 7 – Local infrastructure investments for access and distribution of clean water are increased]											WHO, MOH, UNOPS
NEW Output 4.1. Technical Feasibility Study & Concept Design	Existence of a feasibility study and concept design	0	2020	0	0	0	0	4	4	Agreements, contracts / annually	WHO, MOH, UNOPS	
Output 4.2. Private/external funding proposal developed to fill the funding gap	Existence of a private/external funding proposal	No	2020	No	No	Yes	Yes	Yes	Yes	Agreements, contracts / annually	WHO, MOH, UNOPS, MIFT	

Table 4. Work Plan (amended) for “Towards universal health coverage and security in Karakalpakstan (UHC+S)”²

Period: 33 months

	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD
			2021 ²				2022				2023				
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3		
Objective 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities															
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women															
Activity 1.1.1. Mission of assessment members	WHO		x												9,400
Activity 1.1.2. Development of the assessment tools (e.g. surveys) and implementation	WHO	MOH	x												11,000
Activity 1.1.3. Summary report preparation and dissemination	WHO	MOH												x	5,000
												Output 1.1. Subtotal	25,400		
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions															
Activity 1.2.1. Mission of assessment members	WHO													x	9,400

² At the end of each year (December) PUNOs submits the progress report to the Steering Committee

Output 2.3. Broad guidance disseminated on financing options, linked to the broader health financing strategy, including the Syrdarya pilot										
Activity 2.3.1. Modelling possible health financing options	WHO	MOH, MOF						x	x	11,000
Activity 2.3.2. Report preparation and dissemination	WHO	MOH, MOF						x		0
Output 2.3. Subtotal										11,000
Output 2.4. Specific guidance disseminated on options for public-private partnership										
Activity 2.4.1. Technical consultations with health providers (private/public) and relevant development partners in this space	WHO	MOH, MOF, MIFT						x	x	8,000
Activity 2.4.2. Modelling possible private-public partnership's options	WHO	MOH, MOF, MIFT						x		8,000
Activity 2.4.3. Report preparation and dissemination	WHO	MOH, MOF, MIFT						x		0
Output 2.4. Subtotal										16,000
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector										
Activity 2.5.1. Technical consultations with relevant development partners in this space	WHO	MOH, MOF, MIFT						x	x	4,000

Activity 2.5.2. Support to the work of relevant development partners in this space	WHO	MOH, MOF, MIFT								x	x	x							0
Activity 2.5.3. Report preparation and dissemination	WHO	MOH, MOF, MIFT										x							0
Output 2.5. Subtotal																	4,000.		
Objective 2. Subtotal																	93,600		
Objective 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model																			
Output 3.1. Health care management training conducted, focused on piloting the recommended model																			
Activity 3.1.1. Study tour to Syrdarya pilot region	WHO	MOH																x	8,400
Activity 3.1.2. Development of training curriculum and TOT	WHO	MOH							x	x	x								16,000
Activity 3.1.3. Cascade trainings	WHO	MOH																x	0
Output 3.1. Subtotal																	24,400		
Output 3.2. Clinical training-of-trainers conducted, with cascade, focused on international knowledge transfer																			
Activity 3.2.2. Study tour to Syrdarya pilot region	WHO	MOH																x	0
Activity 3.2.1. Development of training curriculum and TOT conduction	WHO	MOH							x	x	x								0

Table 5.1. Detailed Budget (amended)

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units				
Outcome 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities								
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women								
Activity 1.1.1. Mission of assessment members	Travel	10 days travel (international) of 1 WHO experts/consultant	7,000	1	7,000	7,000	0	0
	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	2	2,400	2,400	0	0
	Contractual services	Consultations/meetings, consultancy fees (1 international expert for 20 days)	8,000	1	8,000	8,000	0	0
Activity 1.1.2. Development of the assessment tools (e.g. surveys) and implementation	Contractual services	Consultations/meetings, consultancy fees (1 local consultant for 30 days)	3,000	1	3,000	3,000	0	0
	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000	5,000	0	0
Activity 1.1.3. Summary report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000	5,000	0	0
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions								
Activity 1.2.1. Mission of assessment members	Travel	10 days travel (international) of 1 WHO international experts/consultants	7,000	1	7,000	7,000	0	0
	Travel	7 days travel (local) of 1 WHO staff with 1 interpreter	1,200	2	2,400	2,400	0	0
Activity 1.2.2. Desk review, development of the assessment tools and implementation	Contractual services	Consultations/meetings, consultancy fees (1 international experts for 20 days)	8,000	0	0	0	0	0
	Contractual services	Consultations/meetings, consultancy fees for 1 local expert for 30 days)	3,000	0	0	0	0	0

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units				
Activity 1.2.3. Full report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	
Outcome 1 Subtotal				34,800	34,800	0	0	
Outcome 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities								
Output 2.1. Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq								
Activity 2.1.1. WHO team (HSS/PH/HF/HWF) missions	Travel	10 days travel (international) of 4 WHO international experts/consultants	7,000	4	28,000	0	0	
	Travel	7 days travel (local) of 2 WHO staff with 1 interpreter	1,200	3	3,600	0	0	
Activity 2.1.2. Modelling service delivery options, with benefit, cost and risks analysis	Contractual services	Consultancy fees (2 international experts for 20 days)	8,000	2	16,000	0	0	
	Contractual services	Consultancy fees (1 local consultant for 30 days)	3,000	1	3,000	0	0	
Output 2.2. Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts, linked to the Syrdarya pilot								
Activity 2.2.1. Technical consultations with health providers (clinical and management) and pharmacies	Contractual services	Technical meetings and focus group discussions	4000	3	12,000	0	0	
Output 2.3. Broad guidance disseminated on financing options, linked to the broader health financing strategy, including the Syrdarya pilot								
	Contractual services	Consultancy fee (1 international experts for 20 days)	8,000	1	8,000	0	0	

Detailed description	Budget Categories*	Item line budget				Total Amount (in USD)	Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units					
Activity 2.3.1. Modelling possible health financing options	Contractual services	Consultancy fees (1 local experts for 30 days)	3,000	1	3,000	3,000	0	0	
Activity 2.3.2. Report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	0	
Output 2.4. Specific guidance disseminated on options for public-private partnership									
Activity 2.4.1. Technical consultations with health providers (private/public) and relevant development partners in this space	Contractual services	Technical meetings and focus group discussions	4000	2	8,000	8,000	0	0	
Activity 2.4.2. Modelling possible private-public partnership's options	Contractual services	Consultancy fees (1 international expert for 20 days)	8,000	1	8,000	8,000	0	0	
	Contractual services	Consultancy fees (1 local expert for 30 days)	3,000	0	0	0	0	0	
Activity 2.4.3. Report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	0	
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector									
Activity 2.5.1. Technical consultations with relevant development partners in this space	Contractual services	Technical meetings	4,000	1	4,000	4,000	0	0	
Activity 2.5.2. Support to the work of relevant development partners in this space	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	0	0	0	0	0	
	Contractual services	Consultancy fees (1 local expert for 30 days)	3,000	0	0	0	0	0	
Activity 2.5.3. Report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	0	

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units				
Outcome 2 Subtotal				93,600	93,600	0	0	
Outcome 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model								
Output 3.1. Health care management training conducted, focussed on piloting the recommended model								
Activity 3.1.1. Study tour to Syrdarya pilot region	Travel	Travel for 7 days (7 people)	1,200	7	8,400	0	8,400	
Activity 3.1.2. Development of training curriculum and TOT	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	2	16,000	8,000	8,000	
Activity 3.1.3. Cascade trainings	Contractual services	Series of cascade trainings for health managers conducted (7X7 participants in last year)	1,500	0	0	0	0	
Output 3.2. Clinical training-of-trainers conducted, with cascade, focussed on international knowledge transfer								
Activity 3.2.2. Study tour to Syrdarya pilot region	Travel	Travel for 7 days (10 people)	1,200	0	0	0	0	
Activity 3.2.1. Development of training curriculum and TOT conduction	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	0	0	0	0	
Activity 3.2.3. Cascade trainings	Contractual services	Series of cascade trainings for health managers conducted (10X10 participants in last year)	1,500	0	0	0	0	
Outcome 3 Subtotal				24,400	8,000	16,400	0	
Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model								
NEW Output 4.1. Technical Feasibility Study & Concept Design								
Activity 4.1.1. Domestic travel	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	0	0	0	0	
Activity 4.1.2. Consultative meetings	Contractual services	Consultations / meetings	4,000	0	0	0	0	
NEW Activity 4.2.3. Technical Feasibility Study & Concept Design	Contractual services	International consultant: Infrastructure Project Manager (International ICA4)	18,300	2	36,600	0	36,600	

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units				
	Contractual services	International consultant: Civil Engineer (Local LICA9, 100%)	2,525	4	10,100	0	10,100	
	Contractual services	International consultant: Biomedical Procurement Officer (IICA2)	8,050	1	8,050	0	8,050	
	Travel	Travel of international consultants to Uzbekistan	2,792	6	16,750	0	16,750	
	Contractual services	Hiring of local company to coordinate the activity in line with context and national requirements (includes local consultant fees, travel and operations costs)	60,000	1	60,000	0	60,000	
	General operating and other direct costs	General operating and other direct costs related to management of the local company	3,000	6	18,000	0	18,000	
Output 4.2. Private/external funding proposal developed to fill the funding gap								
Activity 4.2.1. Domestic travel	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	4	4,800	0	4,800	
Activity 4.2.2. Consultative meetings	Contractual services	Consultations / meetings	4,000	0	0	0	0	
Outcome 4 Subtotal					154,300	0	154,300	
Staff and operating expenses								
National Officer (NPO-B) - for Monitoring and Evaluation	Staff and other staff costs	FTE months per year	5,100	4	61,200	20,400	20,400	
Administrative assistant (G-5)	Staff and other staff costs	FTE months per year	2,250	3	20,250	6,750	6,750	
Staff Subtotal					81,450	27,150	27,150	

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units				
Operating expenses	General operating and other direct costs	IT and office supplies per year	3,000	3	3,000	3,000	3,000	
Total cost					166,550	46,550	184,450	
Indirect support cost 7%					11,659	3,259	12,912	
Total budget					425,379	42%	46%	

Table S.2. Consolidated Budget (in USD) (amended)

	Categories	Total	Year 1	Year 2	Year 3 Q1-Q3	Allocation: MPTF	Allocation: Other (specify)
1	Staff National Officer (NPO-B) - for Monitoring and Evaluation (0.33 FTE) and Administrative assistant (G-5) (0.25 FTE)	81,450	27,150	27,150	27,150	81,450	200,000 (WHO staff time)
2	Supplies, commodities, materials	0	0	0	0	0	0
3	Equipment, vehicles and furniture (including depreciation)	0	0	0	0	0	0
4	Contractual services (including consultants, meetings, workshops and conferences) <i>Includes international consultants, and a lump sum for hiring of local company to coordinate Technical Feasibility Study & Concept Design (Activity 4.2.3) in line with context and national requirements (includes expert fees, travel and operations costs)</i>	208,750	86,000	8,000	114,750	208,750	0
5	Travel <i>Travel of international consultants and WHO staff (travel of experts from local company is included in contractual services above)</i>	80,350	50,400	8,400	21,550	80,350	0
6	Transfers and grants to counterparts	0	0	0	0	0	0
7	General operating and other direct costs <i>Includes general operating and other direct costs related to management of the local company</i>	27,000	3,000	21,000	3,000	27,000	0
	Subtotal	397,550	166,550	64,550	166,450	397,550	0
8	Indirect support costs	27,829	11,659	4,519	11,652	27,829	0
	TOTAL	425,379	178,209	69,069	178,102	425,379	