

JOINT PROGRAMME DOCUMENT

Country: Afghanistan

Programme Title: **Sustaining Essential Services in Ataturk Hospital**

Joint Programme Outcome(s): This project falls under the following outcome areas of the UN Transitional Engagement Framework (TEF) for Afghanistan:

- Outcome 2: By the end of 2022, essential services are sustained that address basic human needs for the people in Afghanistan.
- Outcome 3: By the end of 2022, Afghanistan will preserve social investments and community-level systems essential to meeting basic human needs, protect gains to the SDGs, and develop scenarios for future engagement.

Total estimated budget*: US\$3.6 million

Out of which:

1. Funded Budget: US\$3.6 million
2. Unfunded budget: US\$ 0

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

Programme Duration: 20 Months

Anticipated start/end dates: 1 May 2022 to 31 December 2023

Sources of funded budget:

- STFA: US\$ 3.6 million
- Donor ...
- Donor ...
- UN Org ...
- UN Org ...
- NGO ...

Names and signatures of participating UN Organisations

UN Organisations

Name of Representative: Dr. Aleksandar Sasha Bodiroza

Signature: 

Name of Organization: United Nations Population Fund (UNFPA)

Date & Seal: 03-Jul-2023

Name of Representative: Stephen Anthony Rodriques

Signature: 

Name of Organization: United Nations Development Programme (UNDP) *Date & Seal:* 03-Jul-2023

Name of Representative: Dr Luo Dapeng

Signature: 

Name of Organization: World Health Organization (WHO) *Date & Seal:* 23-Jul-2023

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Executive summary

Afghanistan is facing a severe economic and humanitarian crisis. Even before the regime change on 15 August 2021, extremely disturbing trends in health were witnessed in Afghanistan, which were exacerbated by COVID-19. Fully dependent on donor funding, high out-of-pocket expenditures, lack of social protection schemes had been the major challenges for the health sector even in the time when the sector had the full support of the international community.

The current situation in the country requires immediate responses for life-saving assistance and provision of essential services across communities and the United Nations (UN) remains committed to provide unwavering support to the people of Afghanistan¹. The new UN Transitional Engagement Framework (TEF), launched in January 2022, represents the common basis for the UN and partners to deliver a coordinated and effective crisis response after the powershift in August 2021.

The Joint Programme "Sustaining Essential Services in Ataturk Hospital" contributes directly to the two main outcomes of the TEF: Sustain essential services (outcome 2); and preserve social investments and community-level systems essential to meeting basic human needs (outcome 3). It is a part of the unprecedented efforts of the UN and partners to 'deliver as one' in the new socio-economic and political landscape in Afghanistan.

This proposal aims to support the provision of uninterrupted health services of two strategic health care facilities in Afghanistan, as part of the immediate response to the potential collapse of the health system in the country - benefiting over 148,067 individuals, including women and children from vulnerable communities, during the period May 2022 to December 2023. As part of this overarching objective, the initiative will also support (i) access to information on reproductive health care services and COVID-19 prevention and awareness raising on GBV; (ii) enhancement of technical capacities of medical personnel (nurses and doctors) and (iii) improvements in the water and sanitation facilities and systems.

The roles of UN agencies will be complementary: WHO will be supporting the main operations of the two hospitals (including procurement of health supplies and equipment; personnel management and training); UNFPA will be providing technical assistance for Ataturk Hospital to establish and support an integrated youth center in the hospital; UNDP's role will be to support the rehabilitation of the WASH systems based on the needs assessment, which has identified areas that require targeted support, including procurement and construction.

The proposed approaches and activities are informed by the comparative advantages, experience, footprint, and capacity of UNDP, UNFPA, and WHO. Beyond, and building on, this particular initiative, these STFA Participating UN Organizations are working to jointly programme and deliver interventions across the country, bringing the strengths of the three agencies. The agencies will be contributing their technical expertise, management, and oversight capacities, and will be engaging with implementing partners to capacitate and ensure quality health service delivery.

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1. Situation analysis (Problem Analysis, regional focus, and beneficiaries)

With the ongoing transition and, bearing in mind that access to international financial assets is being frozen, Afghanistan is facing a severe economic crisis. As the country is already prone to natural disasters, the deteriorating economic situation is indeed contributing to a humanitarian crisis and to food shortages. According to the UN, 18.4 million Afghans, including 10 million children, need humanitarian aid. Inflation is rampant and due to the liquidity crisis, many Afghans have lost their jobs and those in jobs are often no longer receiving timely salaries. This is the case for most of the civil servants including the hospitals in Kabul. The United Nations Development Programme (UNDP) has warned that 97% of Afghans could fall below the poverty line in 2022 (compared to 72% in 2021).

Even before the regime change on 15 August 2021, extremely disturbing trends in health were witnessed in Afghanistan, which were exacerbated by COVID-19. Fully dependent on donor funding, high out-of-pocket expenditures, lack of social protection schemes had been the major challenges for the health sector even during the times when the sector had full support of the international community.

Adolescents faced several challenges and marginalization in previous years – and these are now exacerbated due to the latest humanitarian crisis, including a rise in poverty and hardship for young people affecting their quality of life and impacting their aspirations and morals. High rates of child marriage, 10% of women aged 15 to 19 have already given birth, and 4% of them are pregnant with their first child – such situation has consequently led to increasing maternal death rates in the country. There are also high levels of GBV among adolescents, girls and young women. About 87% of women and adolescent girls experienced at least one form of violence. Overall weak access to reliable reproductive health service information and youth-friendly services is exacerbated with the abrupt decline of the few youth peer education services and networks.

The focus on adolescents' access to reproductive health service information is rooted in the fact that complications during pregnancy and childbirth is the leading cause of death for 15-19 year-old girls. The risk of pregnancy-related death is still twice as high for girls aged 15-19, and five times higher for girls aged 10-14, compared to women in their 20s. And the unmet need for family planning is the highest amongst 15-19 year-old age group.

The political and economic instability in Afghanistan has deepened pre-existing fragility in the health care system and causes substantial operational constraints for the approximate 70 hospitals financed from public sources. The freezing of assets had a great impact on the health sector which was mostly run by the on-budget support through the World Bank administered multi-donor trust fund. The interruption of the Sehatmandi programme in most provinces led to significant gaps in basic service provision, salaries of service staff, supplies of medicines and equipment. The UN agencies released emergency funds (\$45m) to keep health facilities operating until the end of the year. However, over 30 regional and provincial hospitals are currently excluded from the direct support of aid agencies. These facilities are mainly for services such as general surgery, internal medicine, neurology, pediatrics, physical therapy, emergency malnutrition and orthopedics. As emergency care and trauma management services are not included in the current Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) structure, the hospitals are struggling to meet the population's rising health needs.

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2. Strategies including lessons learned and the proposed joint programme

A. Background and Context

UNDP, UNFPA, and WHO aim to prevent the collapse of the health system and secure the gains obtained during the past two decades through the proposed joint programme, **Sustaining Essential Services in Ataturk Hospital**. The programme will contribute directly to two main outcomes of the TEF: sustain essential services (outcome 2); and preserve social investments and community-level systems essential to meeting basic human needs (outcome 3). It is part of the unprecedented efforts of the United Nations and partners to 'deliver as one' in the new landscape in Afghanistan.

The ABADEI Strategy is the foundation of this programme and the main framework for UN and partners to provide immediate assistance across the country under the STFA. It offers an integrated approach to programming for community resilience based on four pillars: 1) provision of essential services; 2) community livelihoods and local economic activities; 3) protection of farm-based livelihoods from natural disasters; 4) community resilience and social cohesion. This initiative falls under the first pillar of the ABADEI Strategy - 'Provision of Essential Services'. It seeks to contribute to address basic human needs in the health sector, under output 1.1 under the Strategy: "Essential basic services and infrastructure (Health, Wash, SWM, Education, etc.)".

B. Objectives

This proposal aims to sustain and improve the provision of essential health services along WHO's core elements or 'six building blocks' of health system strengthening, including the workforce, procurement, medical & surgical supplies, availability of equipment, protocols and guidelines - and building on complementarities with UNFPA and UNDP.

The initiative will seek to ensure uninterrupted health services during the period May 2022 to December 2023 in Ataturk Hospital which is one of the strategic health facilities in Afghanistan, as part of the immediate response to the potential collapse of the health system in the country - benefiting over 148,067 individuals, including women, youth and children from vulnerable communities. As part of this overarching objective, the initiative will also support (i) access to information on reproductive health care services, COVID-19 prevention and awareness raising on GBV; (ii) enhancement of technical capacities of medical personnel (nurses and doctors) and (iii) improvements in the facilities' water and sanitation systems.

Due to its strategic importance, Ataturk hospital has received, prior to the start of this proposal, financial support from the WHO for four months, January to April 2022, for the running costs of the hospital, including donations of essential medicines and medical supplies. However, such support has only been a short-term stopgap measure that does not address longer-term requirements and sustainability issues. The proposed intervention by UNDP, UNFPA, and WHO would build on, and complement, the initial intervention led by WHO.

C. Expected Beneficiaries

The three agencies propose to support strategically chosen tertiary care hospitals, namely - Ataturk Children's Hospital, which is a public health facility.

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The Ataturk Hospital is a pediatric care and referral hospital in Afghanistan. It was established in 1983 and is in Kabul District 3. The services provided by Ataturk Hospital include internal medicine, surgery, and treatment for malnutrition. It also offers Post Graduate Medical Education in Pediatric Medicine and Surgery. This is the national tertiary care facility that gets referrals within Kabul and across Afghanistan. With around 200 beds, Ataturk Hospital is the second major childcare referral public hospital in Afghanistan. The hospital is staffed with 257 healthcare workers with an annual outpatient and inpatient visit reported as 65,000 and around 12,000 respectively. The basic operating costs (electricity, fuel, and other costs) of the hospital are covered per their designation as a government public health facility. However, the last three months' staff have not been paid for services and education as part of the freezing of Sehatmandi Project, which is to be addressed via this intervention. If this facility is not supported with appropriate resources, the national asset will collapse and adversely impact children's health. Due to its strategic importance, Ataturk hospital received financial support from the WHO for three months, January to March 2022, for the running costs of the hospital, including donations of essential medicines and medical supplies. However, this is only a short-term stopgap measure, and the proposed intervention by UNDP, UNFPA, and WHO would address the longer-term needs.

Direct beneficiaries are populations in need of inpatient care living in the catchment area of all selected hospitals as well as hospital staff providing the needed inpatient services. The targeted population under this project is summarized in the table below:

Selected Hospital	Men	Women	Boys	Girls	Total
Ataturk Hospital			74,033	74,034	148,067

D. Complementarity with the Sehatmandi Project

The delivery of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) was financed by three main donors (the World Bank, EU, and USAID) and implemented by NGOs in 31 provinces through a contracting-out mechanism. Since 2003, the three major donors of the health sector (the World Bank, EU, and the USAID) have supported the health service delivery in a specific number of provinces, while in 2013, all these donors made a coordinated approach under the SEHAT project, which the World Bank administered. The SEHAT project has been replaced by the Sehatmandi project starting from 1st July 2018, for a period of three years. The Ministry of Public Health (MoPH) and its partners were in the process of extending the Sehatmandi project when the regime collapsed in mid-August 2021. It resulted in the temporary suspension of the Sehatmandi project, causing uncertainty and unavailability of essential services in the health facilities.

In September 2021, UNDP, with the financial support of the Global Fund, took over the Sehatmandi project with the aim of sustaining the BPHS and EPHS in Afghanistan for a period of one month. From November 2021 to January 2022, the Sehatmandi project is being implemented through WHO and UNICEF with funding from the Central Emergency Response Fund (CERF). Through the Afghanistan Reconstruction Trust Fund (ARTF), funding has been secured to support the implementation of the Sehatmandi project until June 2022.

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E. Complementarity with other WHO initiatives

WHO currently has funding of \$399,761 until April 2022. After April 2022, no additional funding is available to support the on-going hospital operations unless additional funding is secured. WHO has verbally committed to continue supporting the hospital operations for the remainder of 2022, however the remaining funds have not yet been mobilized to cover the period from May to December 2022.

Areas of support, budget and time period	WHO support to Ataturk Hospital		Support to Ataturk through STFA (first extension)	STFA Bridge funding phase from (July – December 2023)	Total
	Prior to joint proposal	Under the joint proposal (STFA Support)			
Areas of support	1. Operational support to the hospital via an NGO implementing partner (100 beds)	1. Operational support to hospital via an NGO implementing partner (100 beds) 2. Priority rehabilitation work	No cost Extension phase of Operational support to hospital via an NGO implementing partner (100 beds)	Additional fundings approved by STFA SC to support the hospital for additional 6 months, until end of Dec 2023 as a bridging fund.	
Planned budget	\$399,761	1,203,150	\$ 941,600	1,115,776	3,260,526
Time period	12.01.2022 – 11.04.2022 3 months	01.05.2022 – 31.10.2022 6 months	01.11.2022 - 31.05.2023 7 months	01.7.2023 - 31.12.2023 7 months ¹	Total 23 months

¹ WHO will finance the Ataturk Hospital operations from its internal resources for the month of June 2023, only, while STFA will provide support for the remaining 6 months (July – Dec 2023)

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F. The Proposed Joint Programme and STFA Interagency Coordination

The proposed approaches and activities were informed by the comparative advantages, experience, footprints, and capacities of UNDP, UNFPA, and WHO. Beyond this particular initiative, the agencies are working jointly to programme and deliver interventions across the country, bringing together the strengths of three agencies that have a broad range of expertise and experience. The agencies will be contributing their technical know-how, management, and oversight to work via implementing partners to capacitate and ensure quality health service delivery for Afghanistan.

(i) The role of UNFPA

UNFPA's work in Afghanistan ensures reproductive health services and a comprehensive health sector response to GBV via an array of service delivery points, which have been contextualized and tested in the Afghan context based on the needs of the community and targeting the unique needs of vulnerable women and girls. Through its different services, UNFPA provides services that cover all of Afghanistan's 34 provinces. UNFPA brings substantive and extensive experience in working with adolescents and youth on reproductive health services and GBV issues. Since 2012, UNFPA supported 26 Youth Health Corners (YHC) as integrated spaces with existing health services that provide: counseling and awareness sessions on family planning (FP) and provision of contraceptives, mental health issues, puberty, physical and psychosocial changes, pregnancy (including testing services) and reproductive health rights of young people, in addition to others. The service providers are trained to provide referral services, including to GBV services. Health corners reached 37,000 young people in 2021. YHC are established in Laghman, Nangarhar, Kunar, Samangan, Badakhshan, Bamyan, Herat, Kabul, Kandahar, and Balkh. Also, UNFPA brings more than 20 years of experience in adolescents girls empowerment to end child marriage, and adopts community mobilization approaches to health awareness raising, adopting peer education approaches, and strengthening adolescent led networks, including Y-PEER network. UNFPA provides technical oversight and management while working with implementing partners to provide service delivery.

(ii) The role of UNDP

UNDP works in Afghanistan across the humanitarian and development community to develop common strategies to strengthen the links between relief, recovery, and development. UNDP also hosts the Global Cluster on Early Recovery. This builds on UNDP's long-standing experience working at the nexus of health, humanitarian responses, disaster risk reduction, emergency preparedness and early recovery; its role as interim Principal Recipient (PR) of funding from the Global Fund (GF) and work designing and providing social support interventions in the context of HIV, Ebola, and COVID-19. UNDP also has experience introducing innovative technologies and approaches to increase the resilience for health systems, including digital procurement, satellite imagery to forecast disease patterns and solar energy in health facilities and is a leader in global efforts to minimize the environmental footprint of the health sector.

UNDP particularly has vast experience supporting health interventions in the context of crisis, humanitarian relief efforts, ensuring integration with other sectoral initiatives – including water and sanitation initiatives. UNDP has a strong track record of delivering funds, procuring health products, providing fiduciary oversight, and managing risks in the most challenging country situations as evidenced by its partnerships with the GF and Gavi, amongst others.

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(iii) The role of WHO

WHO's objective is to deliver essential health services to over 16 million people in 34 provinces under the strategic priorities of the 2022 HRP to reduce avoidable morbidities and mortalities amongst the people of Afghanistan. In doing so, it will follow two strategic directions in addressing the country's health needs. Its priority is to support the ongoing delivery of essential health services through BPHS and EPHS facilities while extending coverage and service delivery to chronically underserved areas. WHO will also expand and scale up its emergency health service delivery to address the rapidly expanding humanitarian health needs all over the country.

By way of background, WHO has largely increased its presence on national and sub-national levels to sustain the delivery of health services and ensure a coordinated response to the ongoing health emergency. WHO will improve access to emergency primary health care services, including the provision of reproductive health services, maternal, neonatal, child health and medical care for children with severe acute malnutrition with complications, treatment for non-communicable diseases and routine immunization, especially in remote and underserved areas by increasing the number of mobile and static health teams. Operationally supporting key hospitals all over the country will increase access to secondary and tertiary care. WHO will strengthen COVID-19 prevention and response strategies by increasing diagnostic capacity and expanding testing, treatment, and vaccination access. WHO will upgrade and enhance the National Disease Surveillance and Response (NDSR) system at national and sub-national levels for timely case detection, reporting and response. Support will be given to emergency and trauma care facilities, including physical rehabilitation and referral services, medical supplies and equipment, training for health professionals in trauma care and blood bank services, and rehabilitation for conflict-affected individuals. WHO intends to scale up its logistics operations, improve supply chain tracking tools, increase storage capacity across Afghanistan and establish a land-based supply chain as soon as cross-border transportation from Pakistan becomes available.

G. Lessons Learned and Challenges

Given the often changing and fluid situation in Afghanistan, UNDP and UNFPA have learned that an integrated and flexible approach is needed to programming. Based on the accumulated experience of the agencies, the following lessons have been incorporated into the design of this joint programme:

- The prevailing political situation in Afghanistan, coupled with looming security concerns and increased poverty, pose the most notable risks for this project. To mitigate such risks, the agencies will regularly engage with all stakeholders and continue to serve communities at large on a non-partisan basis. The ethos of one of the stakeholders to be engaged for this initiative, the Aga Khan Development Network (AKDN), is also based on a pluralistic approach, which supports an inclusive society. This is the underpinning of the strong bond between the AKDN, UN agencies and the communities that it serves, which notably has not weakened over the years, even during the recent crisis in the country.

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- Limited banking operations also constitutes a risk. However, alternative liquidity arrangements, with the support of the broader UN system in Afghanistan, will be explored, when and if needed, together with the Responsible Parties to manage cash flow issues and ensure the smooth financial management of the project.
- Discontinuity of financial support after this grant. This may create a reputational risk for this initiative, and therefore a longer-term perspective is important.
- The Omicron variant of COVID-19 (or other emerging variants) is another risk. At present, the situation in Afghanistan remains unpredictable – nevertheless, COVID-19 testing lab facilities are active for timely diagnosis and remedial action.
- Due to the unstable political situation- with concomitant impact on trade - there is a possibility of shortage of supplies; however, to mitigate this, the PUNOs and the Responsible Parties will agree on adequate risk mitigation measures to minimize disruptions in supplies – including through advance bulk purchases, to ensure sufficient time for re-stocking regularly used items in case of delays in shipments, where feasible and if/as required.

3. Results framework

The following Results matrix summarizes the key outcomes, sub-outputs indicators and targets expected to be delivered under this Joint Programme

Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
STFA: Integrated Result 1: Provision of Essential Services &	STFA: IR 1.1 Output 1.1 Essential basic services and infrastructure (health ¹ , WASH, SWM, education etc.) including COVID-19 support and the establishment of youth center enabled and supported	1.1.1 # of OPD Consultations 1.1.2 # Of patients admitted 1.1.3. # Of patients referred to the hospital	0	1.1.1: 101309 1.1.2.: 12,818 1.1.3.: 208 1.1.4.: 80% (a) At least 40% female population will be provided	1.1.1: 46,758 1.1.2: 5916 1.1.3:96 1.1.4:80% (a) At least 40% female population will	1.1.1: 148,067 1.1.2: 18,731 1.1.3:301 1.1.4:80% (a) At least 40%

¹ Under this sub-output, this joint initiative will contribute in particular to ensure the provision of uninterrupted and improved service delivery in the target facilities, throughout the project duration. A gender-marker exercise will be conducted during the first quarter of implementation; progress against the gender-marker will be included in the project's regular quarterly reports.

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Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
Infrastructure		1.1.4. Bed Occupancy Rate		hospital essential services (b) Total Surgeries – approximately 1232	be provided hospital essential services (b) 568	female population will be provided hospital essential services (b) 1,800
		1.2. Number of adolescent girls and boys reached by the youth center (UNFPA)	0	1.2: 9,000	N/A	N/A
		1.3. Youth Center is established and providing services (UNFPA)	0	1.3: 1 Center is established and functional 3000 Counseling sessions of adolescent through UNPFA	N/A	N/A
		1.4. Fill rate of (i) required medical and surgical supplies (%), (ii) food supplies	N.A.	1.4. (i) 85% fill rate of required medical, surgical supplies (ii) 100% fill rate for food supplies	1.4. (i) 85% fill rate of required medical, surgical supplies (ii) 100% fill rate for food supplies	1.4. (i) 85% fill rate of required medical, surgical supplies (ii) 100% fill rate for food supplies

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Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
		1.5. No. of trained personnel, including nurses and doctors*	N.A	- 50% staff will certify Basic Life Support Program, Pediatric Advanced Life Support	30 % additional staff will certify Basic Life Support Program, Pediatric Advanced Life Support	Total 80% staff will certify Basic Life Support Program, Pediatric Advanced Life Support
				40% Administrative and ancillary staff to receive trainings disaggregated by name trainings.	30% additional Administrative and ancillary staff to receive trainings Disaggregated by name trainings.	Total 70% Administrative and ancillary staff to receive trainings Disaggregated by name trainings.
		1.6. No. of enabled diagnostic procedures		Laboratory testing in-house: 18000 Radiology procedures: 5475	Laboratory testing in-house: 8,300 Radiology procedures: 2,526	Laboratory testing in-house: 26,300 Radiology procedures: 8,001
90% of the trained staff	5% additional staff will have knowledge and skills of providing	95% of the trained staff	N/A			

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Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
have knowledge and skills of providing quality health care services	quality health care services	have knowledge and skills of providing quality health care services				
90% of patients are satisfied with the hospital services	90% of patients are satisfied with the hospital services	90% of patients are satisfied with the hospital services	N/A			
NA			NA			

Ataturk Hospital Personnel

No	No Position/job title	Number
1	Doctors	20
2	Assistant Doctors	36
3	Lab Technician	16
4	Nurses	59
5	Pharmacists	7
6	Administrative staff	16

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7	Support staff	103
Total		257

4. Management and coordination arrangements

A. Management Arrangements

PUNOs will engage with implementing partners such as AKDN/FMIC to deliver on relevant project activities –which will also complement the technical support and value-addition of adolescent health services by UNFPA; the overall technical assistance for the operations of health facilities by WHO, and WASH-related activities by UNDP. This will provide an opportunity to UNDP, UNFPA, WHO and AKDN to collaborate and explore more opportunities for synergies and complementarities in future. WHO will provide technical and operational support to the selected hospitals and, together with the other PUNOs, participate in the Project Board to support the overall project objectives.

FMIC has been selected due to its competitive advantage in terms of both technical capacities as well as logistical/locational advantages for the implementation of the relevant interventions specified in the workplace.

(i) French Medical Institute for Mothers and Children (FMIC)

The AKDN has taken a broad and long-range approach to health that addresses some of the chronic health issues in poor communities. Since 2002, AKDN and its partners have committed over USD 1 billion in development assistance to the country. AKDN provides primary and secondary health care in Afghanistan through the Sehatmandi project mechanism in three provinces comprising two provincial hospitals, nine district hospitals, 37 comprehensive health centres and 226 basic and sub-health centres covering a population of 2.7 million people. A critical additional element of AKDN's contributions in health care is its management of the FMIC. A not-for-profit tertiary hospital based in Kabul, FMIC is a 'national asset' that has provided quality health care services to over 1.5 million people from all 34 provinces in Afghanistan since its inception in 2006. It is Afghanistan's first hospital to be certified by the International Organization for Standardization (ISO:9001).

FMIC makes it possible for low-income Afghan families to obtain international-quality health care, including major surgeries and other complex care, regardless of their ability to pay. Around 33% of the inpatients at FMIC earn less than 2 USD per day. FMIC's Patient Welfare Programme (PWP) pays some or all their fees. The poorest people pay nothing for their treatment at FMIC. To date, FMIC has invested 41.6M USD in patient welfare, through which over 600,000 patients from all 34 provinces in Afghanistan have benefited. Given the situation of chronic poverty due to COVID-19 pandemic and insecurity, the demand for PWP is increasing.

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(ii) Afghan Family Guidance Association (AFGA)

UNFPA will be working with AFGA to pilot the integrated youth center. It is one of the oldest nongovernmental organizations in Afghanistan. AFGA was set up in 1968 with the aim of providing families, women specifically, with sexual and reproductive health counselling and contraceptives. As the country was engulfed by the conflict, AFGA had to cease its activities temporarily, reopening in 2002. The organization initiated and implemented activities that empowered women and youth to learn more about and take decisions regarding their sexual and reproductive health.

UNFPA has selected AFGA due to its competitive advantage in both capacity and geography for the implementation of youth focused interventions at Ataturk Hospital. This intervention falls under UNFPA's larger national commitment to SRHR and GBV interventions in Afghanistan to ensure the most needy population and residing in underserved and remote areas have access to lifesaving services.

B. Methodology and Approach

As a development agency with a crisis prevention, response, and recovery role, UNDP is well positioned to support countries across a broad spectrum - from crisis to early recovery - and to do so in close collaboration with other UN agencies – such as WHO and UNFPA - to ensure actions to help people move from humanitarian relief towards self-sustaining development. UNDP will work closely with WHO and UNFPA to leverage and build on the collective efforts by three agencies across and beyond the humanitarian spectrum - leveraging their experience supporting health interventions in the context of crisis humanitarian relief efforts, while ensuring integration with other sectoral initiatives.

UNDP, in close collaboration with WHO, UNFPA and other partners, will oversee timely/risk-based financing of activities, conduct monitoring and evaluation, support longer-term capacity development of expertise for eligible partners and technical personnel, and ensure that implementation is as per the approved work plans, policies and procedures. This role will be carried out by WHO from June 2023 till end of the project as the extension is related to the WHO part.

a. Partner/Responsible Agency

WHO

The role of WHO will be complementary to that of UNDP and UNFPA. WHO will contribute to providing operational support to the selected hospitals. Under this function, WHO will contribute to sustaining the operations of the hospitals (e.g., through support to medical personnel; provision of medical supplies, etc.) as well as capacity building of technical personnel - to enable the discharge of medical services to the wider community.

UNFPA

UNFPA will provide technical and operational assistance to Ataturk Hospital to establish and support an integrated youth center in the hospital, covering the expenses of youth workers, youth educators, and youth friendly ICT/IEC materials. The youth center will be an integrated service focusing on:

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- (a) Awareness raising on reproductive health services and healthy lifestyles, including COVID-19 awareness. The Youth Health Center (YHC) will capitalize on UNFPA pilot experience in Afghanistan to establish YHC integrated in health facilities. The YHC will be a one-stop center in the hospital to provide youth friendly services and encourage adolescents (and specifically young women and girls) visiting to reach out for reproductive health services and health lifestyles information and access referral services. The Youth Center will provide information and raise awareness among adolescent boys and girls to reduce the risk of early and unwanted pregnancy, sexually transmitted infections (STIs), and vulnerable to the dangers of tobacco use, alcohol, and other drugs, but also raise awareness around the COVID-19 pandemic. In several cases young girls subjected to child marriage, will get counseling around family planning methods and referral services. The services are provided by trained staff including youth educators who will provide the services.
- (b) Provide comprehensive adolescents and youth programming that focuses on Child Marriage prevention, adolescent girl empowerment, and men and boy engagement to end GBV. UNFPA will activate "Girl Shine" –a program model and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings. "Girl Shine" has been designed to help contribute to the improved prevention of and response to violence against adolescent girls in humanitarian settings by providing them with skills and knowledge to identify types of GBV and seek support services if they experience or are at risk of GBV. Additionally, UNFPA will work with young boys in the "Champions of Change" program as building on long-term, sustainable social movement by actively involving young men in the gender equality conversation. Engaging boys and young men in reframing healthy definitions of masculinity is critical to achieving gender equality. "Champions of Change" helps equip young people with the knowledge and the skills to stand up for their peers and help build communities free from stigma, exclusion and violence.
- (c) The programme also supports increased intergenerational dialogue by engaging parents, caregivers and other influential community members to support adolescents in their journey of change by discussing issues such as gender equality, sexual and reproductive health and rights and GBV.
- (d) Enhance community engagement by activating youth peer educators. The youth center will be the hub for youth volunteers from the area, who will support outreach for young adolescents and their families to learn about the center services, but also to lead interactive awareness sessions, distribution of ICT materials, and lead youth-led initiatives in the hospital that are based on community needs.

UNDP

The role of UNDP will be complementary to that of UNFPA and WHO. While UNFPA will provide specialized services to introduce, for the first time in this facility, 'YHC' (with an array of services described in the preceding section), UNDP will be responsible for providing the overall coordination of the project implementation and will collaborate with other partners operating in the health sector, including - besides UNFPA and WHO - UNICEF, ICRC and other international NGOs, to facilitate linkages and coordination in the delivery of integrated health services. UNDP

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will also be responsible for the periodic reporting to the STFA Steering Committee on implementing the activities and fund utilization to ensure the achievement of the planned results. In addition to overall coordination, UNDP will support the rehabilitation of the WASH systems based on the needs assessment that has identified areas of the system requiring targeted support, including procurement and construction.

1. Support in Procurement and Supply Management: UNDP will work with WHO to elaborate and implement operational strategies to ensure efficient management of procurement and supply chain processes and oversight in line with relevant regulations (building on UNDP's extensive experience as Principal Recipient of the Global Fund). Procurement reports and regular updates on the procurement processes will be jointly provided, facilitating knowledge-building and knowledge-sharing.
2. Support in quality assurance and oversight: UNDP will work with WHO and UNFPA to ensure the timely delivery of planned activities pertaining to this programme

Responsible Party: FMIC

WHO will contract FMIC to deliver the project working in close coordination with UNFPA and UNDP. Under the overall guidance and supervision of WHO, FMIC will provide technical support to Ataturk hospital for:

1. Supporting effective disbursement systems to cover the stipends to hospital staff.
2. Ensuring the availability of medical and surgical supplies, food, equipment maintenance and administrative support as per the allocated budget.
3. Ensuring provision of basic training to key healthcare staff (doctors, nurses, allied health professionals, support staff, and administration) for better service delivery, and work to introduce standard protocols and procedures that support evidence-based practices.
4. Providing technical assistance to management and supporting best practices.
5. Establishment of a transparent referral system and protocols between Ataturk and third party providers.
6. Hiring a Program Coordinator and team to manage the programme. The Program coordinator will be based in Ataturk Hospital and liaise with the specialized teams of the Responsible Party to ensure smooth implementation of the program. S/he will engage with Ataturk Hospital management as appropriate, as well as with relevant Responsible Parties and PUNOs, to share information, discuss proposed activities and provide regular updates - ensuring decisions are fully owned by the management of the target health facility.
7. Improving the Ataturk Hospital facility wherever possible and according to available financial resources.
8. Developing a Monitoring and Evaluation (M&E) plan that is embedded within the programme implementation, to measure the effectiveness of the activities implemented, and expected outcomes noted in section 3.

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Future Plans

1. Based on the needs of the hospital, and availability of funds, in the medium to long-term, further support through relevant Responsible Parties could be provided through a) training and development of human resources, b) equipment maintenance, c) procurement, d) health information systems development, e) facility and infrastructure management, and f) implementing quality management systems.
2. The youth center would be a hub for adolescents, girls, and boys to access information and awareness raising related to their health, SRHR and GBV including Child Marriage. In the future the center would expand channels of community engagement by activating the role of adolescents and youth in the design, planning, implementation, information-management, and monitoring of the youth center services.

Exit Strategy:

The Ataturk Hospital has been supported through STFA since May 2022 and will continue to be supported until the end of December 2023, including the provision of recurring costs i.e., salaries and operations cost of the hospital. The nature of services/operation in Ataturk Hospital requires sufficient and continued financial support, which goes beyond the scope of the Basic Human Needs (BHN) focus of the project, which has time, cost, and scope constraints. Given PUNO's mandate through STFA to support vulnerable communities through interventions that have long-lasting and durable solutions, it is crucial to have a clear exit strategy for the current project, which would ensure smooth transition from STFA's PUNOs to relevant stakeholders for a more sustainable funding source for regular operations and maintenance of the hospital.

As part of the exit strategy, all concerned parties to the project, in particular, WHO – given its mandate, and as the health cluster lead in Afghanistan- will lead discussions with the Hospital authority and efforts to mobilize resources from other sources, including domestic sources, for the continuation of operations in the hospital, in particular for recurring costs such as, salaries, operations and maintenance cost, medical and non-medical supplies; and costs related to the development and expansion of the hospital infrastructure and personnel. In addition, WHO, through the Health cluster lead role, will also strive to initiate dialogues with the DFA as the primary owner of the Hospital to take the lead in operating the subject hospital beyond December 2023. STFA will also continue to seek options and advocate for the Ataturk Hospital' development nature of support from other partners/funding sources.

WHO has already initiated the dialogue with the de facto MoPH and Hospital administration and sensitized the de facto MoPH about the prospects of future donors funding for support beyond 2023. Hospital administration and the de fact MoPH are already in close communication with Turkish government to find financial resources for the hospital. WHO is also planning to raise again the issue from the cluster plate form to find donors for the support of this important hospital.

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5. Fund management arrangements

The Special Trust Fund for Afghanistan has a two-tier decision-making and coordination structure, the High-Level Advisory Board and the Steering Committee. The High-Level Advisory Board led by the DSRSG/RC/HC for the Special Trust Fund for Afghanistan (STFA), provides final endorsement on the resource allocation strategy and priorities to be funded through the STFA as well as overall guidance and advice to the Steering Committee on strategic and policy issues. In addition, it oversees the overall efficiency and responsiveness of the funds and its activities and facilitates the coherence of the Fund's operations with other funding instruments. The Steering Committee (SC) and the Technical Coordination Working Group (TCWG) established under the STFA will include representatives of all Participating UN Organisations and contributing donors.

a. The Participating UN Organizations

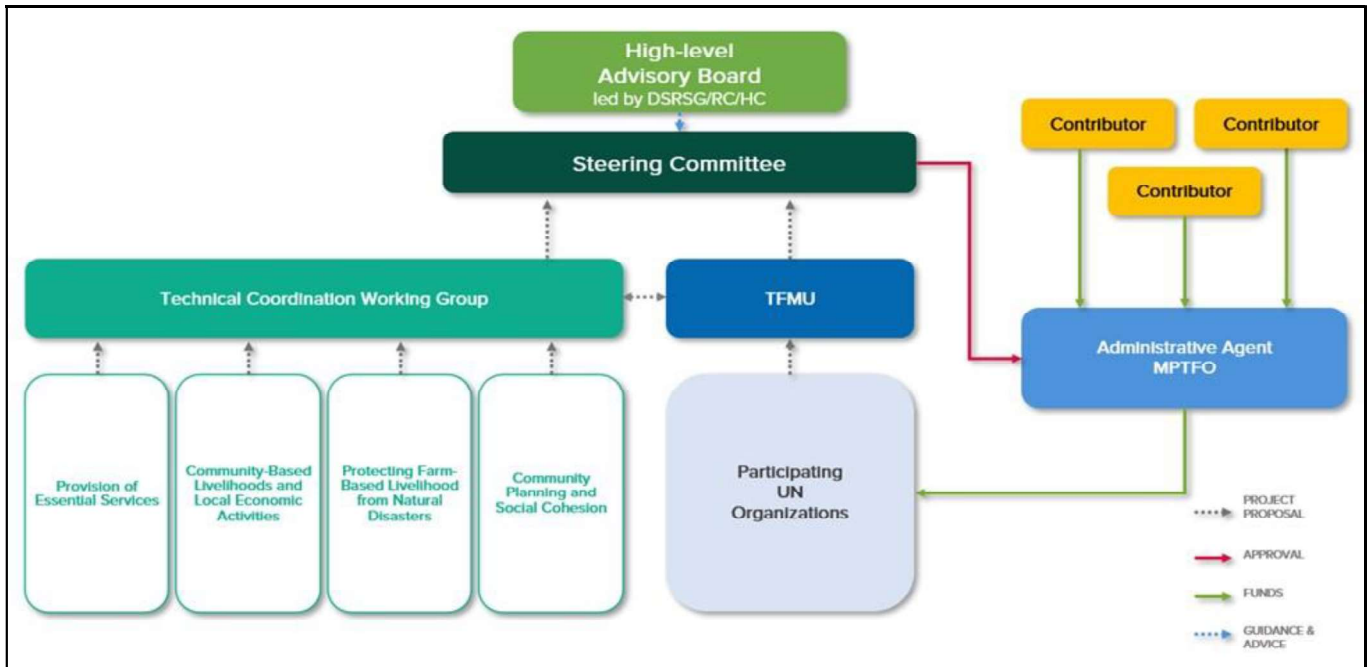
Resources will be allocated to the relevant Participating UN Organizations (PUNO), i.e. the UN - AFPs that have signed the Memorandum of Understanding with the Administrative Agent (the role of which is elaborated in the section below), based on the joint UN programmes and allocation-specific work plans submitted by a designated lead/convening agency on behalf of PUNOs. While each of the relevant PUNOs will assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent, the designated lead agency will be responsible for coordination of interventions between PUNOs. Allocated funds will be administered by each PUNO in accordance with its own regulations, rules, directives, and procedures. Indirect costs of the PUNO recovered through programme support costs will be harmonized at 7%. Implementing Partners can receive funding from the Fund through the PUNOs.

b. The Administrative Agent (AA)

The Fund is administered by the UNDP Multi-Partner Trust Fund Office (MPTF-O), acting as the Administrative Agent. The responsibility of the AA is based on the UNDG "Protocol on the Administrative Agent for Multi-Donor Trust Funds, Joint Programmes, and One UN Funds". The AA is entitled to allocate an administrative fee of one percent (1%) of the amount contributed by each donor, to meet the costs of performing the AA function.

The STFA governance structure will be supported through the secretariat functions by the TFMU as reflected below.

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6. Monitoring, evaluation and reporting

The Monitoring and evaluation (M&E) mechanism will be based on the principles of Result-Based Management (RMB). The M&E Framework will be created to ensure accountability and timely implementation of the project against the agreed work plan, process and outputs indicators, as well as targets.

Information and data related to this project will be collected regularly, analyzed, and shared among the partners. The findings during monitoring and reporting will be analyzed to measure the performance and used for improving performance during the implementation period.

Finally, a Monitoring and Evaluation Officer will be assigned to collect the data periodically and prepare the monthly, quarterly and end of the project report. S/he will closely work with the Project Coordinator to take the necessary actions to achieve the desired results. S/he will also be responsible for monitoring the Key Performance Indicators (KPI) and share updates with the management.

UNDP will coordinate the preparation of periodic progress reports that will cover planned key activities, progress implementation, analysis of the interventions, as well as challenges and possible corrective actions or mitigation measures. A final report will also be prepared at the end of the project detailing a summary of results achieved against pre-defined annual targets at the output level, challenges, and key lessons learned.

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7. Legal context or basis of relationship

This joint programme will be implemented per the mechanisms in the TEF (2022), in particular in section 6 as follows:

UN Coordination Mechanisms

7.1. UN Coordination Structure

The UN System in Afghanistan is led by the Special Representative of the UN Secretary General (SRSG) who leads the overall political engagement of the UN and is the designated UN Security Official. The SRSG is the Head of the United Nations Assistance Mission in Afghanistan (UNAMA), an integrated mission, which operates under the UN Security Council mandate articulated in resolution 2596 adopted on 17 September 2021 and extended through 15 March 2022. The SRSG has two Deputies (DSRSG): one for Political and one for humanitarian and Development coordination. The latter serves as UN Resident Coordinator (RC) and Humanitarian Coordinator (HC) and coordinates the work of the UN Agencies, Funds and Programmes across Afghanistan. The DSRSG/UN RC/HC coordinates the UN system's activities under the TEF that brings together the collective work and outcomes of the UN Agencies that constitute the United Nations Country Team (UNCT) and Chairs the Humanitarian Country Team (HCT), which includes many UN Agencies.

7.2. UN Engagement with the de facto authorities

Political engagement with the de facto authorities in Afghanistan is led by the SRSG. The UN Security Council resolution 2596 stresses the critical importance of the continued presence of UNAMA and other UN Agencies, Funds and Programmes across Afghanistan, and calls upon all Afghan and international parties to coordinate with UNAMA in the implementation of its mandate and to ensure the safety, security and freedom of movement of UN and associated personnel throughout the country. UNAMA provides political good offices in Afghanistan; supports the process of peace and reconciliation; monitors and promotes human rights and the protection of civilians; promotes good governance and the respect of the rule of law; and encourages regional cooperation. UN Agencies, Funds and Programmes will continue to engage with the de facto authorities at national and sub-national levels to enable the carrying out of their activities under the TEF UN principles of engagement. The UN will carry out its activities through, but not limited to, non-governmental implementing partners including the Community Development Councils and other community-based organizations, national and international non-governmental organizations, faith-based organizations, and the private sector, in compliance with applicable international sanctions regimes. The UN will reaffirm (as per SC resolution 2593) the importance of upholding human rights and the rule of law including those of women, children and minorities, and encourage all parties to seek an inclusive, negotiated political settlement, with the full, equal and meaningful participation of women, that responds to the desire of Afghans to sustain and build on Afghanistan's gains over the last twenty years. The UN will further (as per SC resolution 2596) encourage all parties to allow full, safe and unhindered access to ensure humanitarian assistance reaches all those in need, and advocate for the respect of their obligations under international humanitarian law in all circumstances. The best way to promote stability and future

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international support is to create space for a sustained and structured policy dialogue between the *de facto* authorities, other Afghan stakeholders and the wider region and international community.

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8. Work plans and budgets

	Activity	Plan	2022				2023			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.	Provide technical Assistance to target facilities to ensure uninterrupted services.	1. Provide technical assistance to ensure uninterrupted existing service provision to end-users, including children under age 16.			X	X			X	X
		2. Advisory services to strengthen policies, procedures, and protocols where applicable - and encourage facility management to adopt these according to their needs.								
		3. Program coordinator to liaise with management to ensure that all available services are being offered to patients.			X	X			X	X
		4. Improve the quality management system: Provide required department-wise quality indicators and train and the key staff to collect and monitor the data quarterly.								
		5. Support equipment maintenance wherever possible and spare parts are available.			X	X			X	X
		6. Develop and submit quarterly programmatic reports to all stakeholders according to the needs.			X	X			X	X
		7. Procurement of required capital equipment.								
2.	Disbursement of stipends to all onboard staff on a timely manner (before 3 rd of each month).	1. Ensure that an effective Human Resources data management system is set up, with due attention to information privacy and data protection, and in alignment with the terms of relevant responsible party agreements.								

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Activity	Plan	2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2. Support the processing of monthly payroll (through bank transfers and/or cash transfers), following due diligence procedures			X	X			X	X
3. Ensure the provision of all the Medical, Surgical and Pharmaceutical supplies at the target hospital during the contract period; and that challenges related to WASH facilities are addressed.	1. Obtain the list of required medical, surgical and pharmaceutical supplies from the Hospital management team and in consultation with PUNOs.			X	X			X	X
	2. Obtain Request of quotations and proposals from potential suppliers, in alignment with PUNOs' relevant requirements.		X						
	3. Prepare a protocol for emergency procurement in close consultation with relevant PUNOs								
	4. Hand over the procured items to the Hospital management with their acknowledgement.			X	X				
	5. Maintain 85% fill rate of required medical, surgical supplies.			X	X				
	6. Maintain 100% fill rate for food supplies			X	X				
	7. Utilization of these items to service patients (this will be the primary responsibility of target hospitals).			X	X				

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	Activity	Plan	2022				2023			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		8. Undertake interventions to support improvements in WASH facilities in the target hospital			X	X				
4.	Provide opportunities specially to paramedical and support	(1. Conduct a detailed need assessment 2. Develop action plan and identify appropriate human and material resources 3. Implement the plan and monitor the outcome. 4. Conduct pre and post evaluations for all trainings and share with the target hospitals for follow up. 5. Provide on-the-job learning opportunities to at least 10 doctors and 20 nurses. 6. Areas and number of staff training: a. Certify 50% medical and nursing staff for Basic Life Support Program b. Pediatric Advance Life Support c. 50% Allied Service Staff 40% Administrative and ancillary staff								
5.	Financial management	1. Appoint a Finance Officer								

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Activity	Plan	2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2. Ensure the set-up/operation of adequate ERP financial management system for adequate financial control and oversight.								
	3. Ensure financial processes are in compliance with/aligned with relevant PUNOs' rules and regulations.			X	X				
	4. Conduct/carry due diligence for all suppliers against relevant international sanctions.			X	X				
	5. Prepare and submit quarterly financial reports to all stakeholders.			X	X				

Integrated Youth Center and Child Marriage Programming

Activity	Q1	Q2	Q3	Q4
1 Renovation and equipping the Youth Center	X			
2 Youth Center Management and Delivery of Youth Friendly Services		X		
		X	X	X
	X	X	X	X

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3	Child Marriage Program and Community Mobilization via peer educators	1. Train staff of Girls Shine and Champions of Change programs		X		
		2. Three Outreach activities for youth and community		X	X	X
		3. Implement weekly sessions for the program and community sessions			X	X
		4. Youth Led Initiatives in the hospital			X	X
4	Create ICT and EST materials	1. Youth consultation on topics and approach 2. Produce 5 communication materials to be utilized in the youth center		X		X

The proposed budget of US\$3.6 million will ensure provision of essential services in the Ataturk National Hospital and cover the operations, human resource, and medical supplies costs for the remainder of 2022. A more itemized budget breakdown will be provided after obtaining detailed information about Ataturk - including volumes, activities, supplies, staffing etc.

UNDG COST CATEGORY	WHO (US\$)	UNFPA (US\$)	UNDP (US\$)	Total (US\$)
Staff and other personnel costs	80,850	51,360		132,210
Supplies, Commodities, Materials	821,820	6,760		828,580
Equipment, Vehicles and Furniture including Depreciation	107,698	1,000		108,698
Contractual Services	330,437	163,469	75,000	568,906
Travel	8,947			8,947
Transfers and Grants Counterparts	617,968			617,968
General Operating and Other Direct Costs	1,079,500	11,055		1,090,555
Sub-Total	3,047,220	233,644	75,000	3,355,864
Indirect Support Costs (7%)	213,306	16,356	5,250	234,910
MPTFO AA fee (1%)				36,270
Total	3,260,526	250,000	80,250	3,627,046

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1. This includes staff costs from Implementing partner.
2. This is related to medical, surgical, and pharmaceutical supplies for patients.
3. This includes two crash carts and non-medical equipment and freight cost thereon and 1 laptop for UNFPA.
4. Includes costs for the WASH intervention in the Ataturk Hospital
5. This includes stipend for Ataturk hospital staff, fuel, food items for patients and staff, audit fee and other general and administrative costs.
6. This relates to GMS cost and MPTF Administration Fee

UNFPA Budget - Upon agreement the total is \$250,000 The below sheet includes the detailed budget

https://docs.google.com/spreadsheets/d/1Q7qFBwoJoCbLRs0mJsKGbPhlO5x2kj_n/edit#gid=654632774

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Annex I: Risk Log

A brief description of the expected content for each of these sections is provided below.

No.	Description	Date Identified	Type	Risk Rating	Countermeasures/ Management Response	Owner	Submitted, updated by	Last Update	Status
1.	Community resistance/ fear of youth engagement in the youth center Lack of youth friendly services capacity		medium	medium	Multi Stakeholder engagement in the youth center creation from Q1	UNFPA			
2.	Lack of youth friendly services capacity		Medium	Medium 6	Invest in capacity building for staff and youth educators including refresher trainings	UNFPA			
3.	The prevailing political situation in Afghanistan, coupled with looming security concerns and increased poverty, pose the most notable risks for this project	Feb 2022	High	High 9	Regularly engage with all stakeholders and continue to serve communities at large on a non-partisan basis. Ensure full adoption of TEF guiding principles (neutrality, impartiality, etc.)	UNDP, WHO, UNFPA, FMIC,			
4.	Limited banking operations	Feb 2022	Medium	Medium 6	Put in place alternative cash management protocols to address potential liquidity challenges, in close coordination with PUNOs and the wider UN system in Afghanistan	UNDP, WHO, UNFPA, FMIC,			

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No.	Description	Date Identified	Type	Risk Rating	Countermeasures/ Management Response	Owner	Submitted, updated by	Last Update	Status
5.	Surge of Covid-19	Feb - 2022	Medium	Medium 6	Ensure the adoption of adequate COVID-19 protocols as required (distancing, mask wearing, testing, etc. as and when required). Regularly monitor the COVID-19 situation and activate additional precautionary measures as/when if required.	FMIC, WHO			
6.	Due to unstable political situation, there is a possibility of shortage of supplies	Feb - 2022	High	High 12	Develop protocols for emergency procurement of health supplies	FMIC, WHO			
7.	Non-availability of funds to target facilities, adversely impact the patient care	Feb 2022	High	High 12	Step up advocacy efforts to support resource mobilization efforts for target facilities (as well as other health facilities in critical need)	All			

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No.	Description	Date Identified	Type	Risk Rating	Countermeasures/ Management Response	Owner	Submitted, updated by	Last Update	Status
8.	Challenges in influencing decisionmakers in the target hospitals (lack of consensus; no common understanding on issues to be addressed, etc.). This project is providing "Technical Assistance" only, not responsible for day-to-day operations, hence it may be challenging to influence the local management.	Feb 2022	High	high 9	The Responsible party will engage with WHO and other PUNOs to ensure robust communication protocols with the management of the target health facilities. This is with a view to ensuring a common understanding of roles and responsibilities, using an inclusive and consultative approach, while ensuring ownership of decisions by the hospital technical management team.	—			

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Addendum

Amendment to the Joint Programme Document “Sustaining Essential Services in Ataturk Hospital”

31.05.2023

The Participating UN Organizations (PUNOs) have agreed to amend the Joint Programme Document “Sustaining Essential Services in Ataturk Hospital” in line with the decisions of the STFA Steering Committee. Amendments are marked in gray in the revised Joint Project Document and cover the following:


1. Revision of end date of project – to 31 December 2023
2. Revision of results framework (Annex 1) and workplan (Annex 2)
3. Revision of budget to include a new allocation to the World Health Organization

The revised budget is indicated below

In USD\$

Participating UN Organization	Budget Amount (as per Original Joint Project Document)	Revised Budget	Change in Budget
WHO	2,144,750	3,260,526	1,115,776
UNFPA	250,000	250,000	0
UNDP	80,250	80,250	0
MPTF AA Fee	25,000	36,270	11,270
Total	2,500,000	3,627,046	1,127,046

On behalf of WHO

Name of Representative: Dr Luo Dapeng Signature: 

Date: 23-Jun-2023

DocuSigned by:

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On behalf of UNDP

Name of Representative: Stephen Rodrigues

Signature: 

Date: 03-Jul-2023

DocuSigned by:

E14E13DF2D1D467...

On behalf of UNFPA

Name of Representative: Dr Aleksandar Sasha Bodirosa

Signature: 

Date: 03-Jul-2023

DocuSigned by:

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03-Jul-2023

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ANNEX I

. Results framework

The following Results matrix summarizes the key outcomes, sub-outputs indicators and targets expected to be delivered under this Joint Programme

Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
STFA: Integrated Result 1: Provision of Essential Services & Infrastructure	STFA: IR 1.1 Output 1.1 Essential basic services and infrastructure (health ¹ , WASH, SWM, education etc.) including COVID-19 support and the establishment of youth center enabled and supported	1.1.1 # of OPD Consultations	0	1.1.1: 101309	1.1.1: 46,758	1.1.1: 148,067
		1.1.2 # Of patients admitted		1.1.2.: 12,818	1.1.2: 5916	1.1.2: 18,731
		1.1.3. # Of patients referred to the hospital		1.1.3.: 208	1.1.3:96	1.1.3:301
		1.1.4. Bed Occupancy Rate		1.1.4.: 80%	1.1.4:80%	1.1.4:80%
				(c) At least 40% female population will be provided hospital essential services	(a) At least 40% female population will be provided hospital essential services	(b) At least 40% female population will be provided hospital essential services
				(d) Total Surgeries – approximately 1232	(b) 568	
						(b) 1,800

¹ Under this sub-output, this joint initiative will contribute in particular to ensure the provision of uninterrupted and improved service delivery in the target facilities, throughout the project duration. A gender-marker exercise will be conducted during the first quarter of implementation; progress against the gender-marker will be included in the project's regular quarterly reports.

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Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
		1.2. Number of adolescent girls and boys reached by the youth center (UNFPA)	0	1.2: 9,000	N/A	N/A
		1.3. Youth Center is established and providing services (UNFPA)	0	1.3: 1 Center is established and functional 3000 Counseling sessions of adolescent through UNPFA	N/A	N/A
		1.4. Fill rate of (i) required medical and surgical supplies (%), (ii) food supplies	N.A.	1.4. (i) 85% fill rate of required medical, surgical supplies (ii) 100% fill rate for food supplies	1.4. (iii) 85% fill rate of required medical, surgical supplies (iv) 100% fill rate for food supplies	1.4. (iii) 85% fill rate of required medical, surgical supplies (iv) 100% fill rate for food supplies
		1.5. No. of trained personnel, including nurses and doctors*	N.A	- 50% staff will certify Basic Life Support Program, Pediatric Advanced Life Support	30 % additional staff will certify Basic Life Support Program, Pediatric Advanced Life Support	Total 80% staff will certify Basic Life Support Program, Pediatric Advanced Life Support
				40% Administrative and ancillary staff to receive trainings disaggregated by name trainings.	30% additional Administrative and ancillary staff to receive trainings Disaggregated by name trainings.	Total 70% Administrative and ancillary staff to receive trainings Disaggregated by name trainings.

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Integrated Result	Sub-Outputs	Indicators	Baselines	Targets (May 2022- May 2023)	Additional targets as per amendment (June- Dec 2023)	Total Target (May 2022- Dec 2023)
		1.6. No. of enabled diagnostic procedures		Laboratory testing in-house: 18000 Radiology procedures: 5475	Laboratory testing in-house: 8,300 Radiology procedures: 2,526	Laboratory testing in-house: 26,300 Radiology procedures: 8,001
90% of the trained staff have knowledge and skills of providing quality health care services	5% additional staff will have knowledge and skills of providing quality health care services	95% of the trained staff have knowledge and skills of providing quality health care services	N/A			
90% of patients are satisfied with the hospital services	90% of patients are satisfied with the hospital services	90% of patients are satisfied with the hospital services	N/A			
NA			NA			

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Annex 2

Work plans and budgets

Activities		2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Provide technical Assistance to target facilities to ensure uninterrupted services.	1. Provide technical assistance to ensure uninterrupted existing service provision to end-users, including children under age 16.			X	X			x	x
	2. Advisory services to strengthen policies, procedures, and protocols where applicable - and encourage facility management to adopt these according to their needs.								
	3. Program coordinator to liaise with management to ensure that all available services are being offered to patients.			X	X			x	x
	4. Improve the quality management system: Provide required department-wise quality indicators and train and the key staff to collect and monitor the data quarterly.								
	5. Support equipment maintenance wherever possible and spare parts are available.			X	X			x	x
	6. Develop and submit quarterly programmatic reports to all stakeholders according to the needs.			X	X			x	x
	7. Procurement of required capital equipment.								
2. Disbursement of stipends to all onboard staff on a timely manner (before 3 rd of each month).	1. Ensure that an effective Human Resources data management system is set up, with due attention to information privacy and data protection, and in alignment with the terms of relevant responsible party agreements.								

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Activities		2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
				X	X			x	x
3.	Ensure the provision of all the Medical, Surgical and Pharmaceutical supplies at the target hospital during the contract period; and that challenges related to WASH facilities are addressed.			X	X			x	x
	1. Obtain the list of required medical, surgical and pharmaceutical supplies from the Hospital management team and in consultation with PUNOs.								
	2. Obtain Request of quotations and proposals from potential suppliers, in alignment with PUNOs' relevant requirements.		X						
	3. Prepare a protocol for emergency procurement in close consultation with relevant PUNOs								
	4. Hand over the procured items to the Hospital management with their acknowledgement.			X	X				
	5. Maintain 85% fill rate of required medical, surgical supplies.			X	X				
	6. Maintain 100% fill rate for food supplies			X	X				
	7. Utilization of these items to service patients (this will be the primary responsibility of target hospitals).			X	X				
	8. Undertake interventions to support improvements in WASH facilities in the target hospital			X	X				

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	Activities	2022				2023				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
4.	Provide building op (training) specially to paramedical and support	1. Conduct a detailed need assessment								
		2. Develop action plan and identify appropriate human and material resources								
		3. Implement the plan and monitor the outcome.			X	X				
		4. Conduct pre and post evaluations for all trainings and share with the target hospitals for follow up.			X	X				
		5. Provide on-the-job learning opportunities to at least 10 doctors and 20 nurses.			X	X				
		6. Areas and number of staff training: d. Certify 50% medical and nursing staff for Basic Life Support Program e. Pediatric Advance Life Support f. 50% Allied Service Staff 40% Administrative and ancillary staff			X	X				
5.	Financial management	2. Appoint a Finance Officer								
		2. Ensure the set-up/operation of adequate ERP financial management system for adequate financial control and oversight.								
		3. Ensure financial processes are in compliance with/aligned with relevant PUNOs' rules and regulations.			X	X				

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Activities	2022				2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4. Conduct/carry due diligence for all suppliers against relevant international sanctions.			X	X				
5. Prepare and submit quarterly financial reports to all stakeholders.			X	X				

The proposed budget of US\$3.6 million will ensure provision of essential services in the Ataturk National Hospital and cover the operations, human resource, and medical supplies costs for the remainder of 2022. A more itemized budget breakdown will be provided after obtaining detailed information about Ataturk - including volumes, activities, supplies, staffing etc.

UNDG COST CATEGORY	WHO (US\$)	UNFPA (US\$)	UNDP (US\$)	Total (US\$)
Staff and other personnel costs	80,850	51,360		132,210
Supplies, Commodities, Materials	821,820	6,760		828,580
Equipment, Vehicles and Furniture including Depreciation	107,698	1,000		108,698
Contractual Services	330,437	163,469	75,000	568,906
Travel	8,947			8,947
Transfers and Grants Counterparts	617,968			617,968
General Operating and Other Direct Costs	1,079,500	11,055		1,090,555
Sub-Total	3,047,220	233,644	75,000	3,355,864
Indirect Support Costs (7%)	213,306	16,356	5,250	234,910
MPTFO AA fee (1%)				36,270
Total	3,260,526	250,000	80,250	3,627,046