

Cover Page	
Fund	MPTF_00243: Uzbekistan Vision 2030 Fund
Project/programme title (short)	Window A. Maternal and Perinatal Care
Project/programme title (long)	EVERY MOTHER AND CHILD SURVIVES AND THRIVES: REDUCING PREVENTABLE MATERNAL AND NEWBORN DEATHS IN 227 PERINATAL CENTRES OF UZBEKISTAN
MPTFO Project ID	MPTF_00243_00005
Timeframe	Anticipated start date: 20/September/2023
	Anticipated end date: 26/March/2026
Implementing Organizations (PUNOs and/or Window C Implementing Organizations)	Convening Agent: UNICEF Participating Agencies: UNFPA & WHO
Other implementing partners	Ministry of Health, NAEMM (National Association of Electronic Mass Media) and the National Radio and TV Company
Contact of each Implementing Organization	<p>Munir Mammadzade, Representative UNICEF mmammadzade@unicef.org +998 71 233 9512</p> <p>Asheena Khalakdina, WHO Representative and Head of Country Office, Uzbekistan khalakdinaa@who.int +998 71 281 5172</p> <p>Yu Yu, Representative UNFPA yu@unfpa.org +998 71 120 6897</p>
Universal Markers³¹	Gender Marker: (select one option) GEM-2: GEWE is a significant objective of the Key Activity's overall intent
Fund Specific Markers	Fund Window: A
Programme/ Project Cost	Requested budget: \$43,500,000 UNICEF: \$24,809,388 (single tranche) UNFPA: \$16,583,167 (single tranche) WHO: \$2,107,445 (single tranche)
Thematic keywords	neonatal health, maternal health, quality of care, anti-corruption; health systems strengthening in perinatal care; SDG3

Declaration of commitment and signatures

By signing this Joint Programme document, all signatories commit to work together in a spirit of partnership to achieve the results identified in the **results framework, work plan and budget**.

Fund Management Committee		
<p><i>Ms. Consuelo Vidal-Bruce</i></p> <p>Signature </p> <p></p> <p>UN Resident Coordinator ad interim to the Republic of Uzbekistan</p> <p>Date 13 SEP 2023</p>	<p><i>Mr. Ilkhom Norkulov,</i></p> <p>Signature </p> <p></p> <p>First Deputy Minister of Economy and Finance of the Republic of Uzbekistan</p> <p>Date 13 SEP 2023</p>	<p><i>Mr. Konstantin Obolensky</i></p> <p>Signature </p> <p></p> <p>Ambassador of Switzerland to the Republic of Uzbekistan</p> <p>Date 13 SEP 2023</p>
Government Partners		
<p><i>Mr. Amrillo Inoyatov,</i></p> <p>Signature </p> <p></p> <p>Minister of Health of the Republic of Uzbekistan</p> <p>Date 13 SEP 2023</p>		
UN Organizations		
<p><i>Mr. Munir Mammadzade</i></p> <p>Signature </p> <p></p> <p>Representative of UNICEF to the Republic of Uzbekistan</p> <p>Date 13 SEP 2023</p>	<p><i>Mr. Yu Yu</i></p> <p>Signature </p> <p></p> <p>Representative of UNFPA to the Republic of Uzbekistan</p> <p>Date 13 SEP 2023</p>	<p><i>Dr Hans Kluge</i></p> <p>Signature </p> <p></p> <p>WHO Regional Director for Europe</p> <p>Date 26 Sep 2023</p>

Joint/Programme Title: **EVERY MOTHER AND CHILD SURVIVES AND THRIVES: REDUCING PREVENTABLE MATERNAL AND NEWBORN DEATHS IN 227 PERINATAL CENTRES OF UZBEKISTAN**

Total Budget: US\$ 43,500,000

1. What is the specific challenge the project/programme seeks to address?

The first month of life – the neonatal period – is the most vulnerable time for a child’s survival. Three-quarters of all neonatal deaths globally occur in the first week of life.¹ Every day, 42 newborns die in Uzbekistan, and neonatal mortality is increasing - from 12 per 1,000 live births in 2018 to 17 per 1,000 live births in 2022.^{2 3 4} When a woman dies in childbirth, the likelihood of her newborn dying also increases.⁵ Progress in reducing the maternal mortality rate (MMR) in Uzbekistan has stagnated since 2015. The MMR currently stands at 30 per 100,000 live births, and the lifetime risk of maternal mortality in Uzbekistan is three folds higher than the average in Europe and Central Asia.⁶ Bleeding, eclampsia, sepsis, and other health conditions aggravated by pregnancy made up 69% of all maternal deaths in the last ten years.⁷

The alarming mortality rates among newborns and their mothers are driven by overlapping root causes related to limited health worker capacity, obsolete medical equipment and the prevalence of corruption, which together severely limit the performance of the health service delivery system. At the primary health level, 77% of patronage nurses were found to not know about danger signs during pregnancy.⁸ A Ministry of Health assessment on the readiness of perinatal centres tested 111,000 pieces of equipment in maternity institutions and determined that over 42% needed replacement. Bottlenecks in procurement methods, contract awards, and contract management hinder the efficiency of public sector spending.⁹ Corruption has profound effects on health-related outcomes and has been referred to as “the biggest threat for the future of health globally.”¹⁰

Demand side limitations – such as social norms and the lack of financial resources to access health services – are also significant hurdles for reducing maternal and neonatal mortality in Uzbekistan. Maternal health issues remain primarily a female-only topic, with men feeling they have little or no responsibility. Many people do not access services due to the cost, especially people with disabilities and other vulnerable groups. Many others receive poor-quality services even when they pay out-of-pocket. Nearly 14.4% of households in Uzbekistan have incurred catastrophic health expenditures, and 2,400 people were estimated in 2022 to be pushed into poverty every day as a result of spending on health.¹¹

2. What is the proposed solution? How does the project/programme address the identified challenge?

Many maternal and newborn deaths can be prevented through improved care of women before and during pregnancy and care provided around the time of birth, including skilled care and emergency obstetric care, immediate care for every newborn baby (breastfeeding support, cord and thermal care), and newborn resuscitation. Additionally, care of small and ill newborn babies, including intensive care, kangaroo mother care, and prevention or management of neonatal infections, is essential. The estimated effect of scaling up interventions on maternal and neonatal deaths and

¹ The Lancet, Every Newborn: An Executive Summary for The Lancet’s Series, May 2014.

² MICS, 2022

³ UNICEF. Level & Trends in child Mortality, Report 2019

⁴ The neonatal mortality rate of 7.7 per 1000 live births for Uzbekistan, as reported in the 2022 UNIGME estimates (published in January 2023), does not include the MICS 2021/2022 data due to its unavailability at the time of estimation. Therefore, this figure may not fully reflect the most recent data on neonatal mortality in Uzbekistan.

⁵ Moucheraud C, Worku A, Molla M, Finlay JE, Leaning J, Yamin A. Consequences of maternal mortality on infant and child survival: a 25-year longitudinal analysis in Butajira Ethiopia (1987-2011). *Reprod Health*. 2015 May 6;12 Suppl 1(Suppl 1):S4. doi: 10.1186/1742-4755-12-S1-S4. Epub 2015 May 6. PMID: 26001059; PMCID: PMC4423767.

⁶ WHO (2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. <https://www.who.int/publications/i/item/9789240068759>

⁷ Confidential Enquiry on Maternal Death report (2013-2020).

⁸ UNFPA’s 2021 Assessment of Quality of Antenatal Care (ANC)

⁹ UNICEF’s 2022 Human Resources for Immunization & Health Supply Chain Rapid Assessment

¹⁰ Garcia 2019. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30310-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30310-X/fulltext)

¹¹ Uzbekistan Public Expenditure Review, World Bank, 2022

stillbirths has the potential to save 2.1 million lives globally by 2035.^{12 13}

This Joint Programme addresses the underlying causes driving maternal and newborn deaths in 227 perinatal centres as identified in the United Nations Common Country Analysis: Uzbekistan (2021) as well as recent sector reviews such as the World Bank's 2022 Public Expenditure Review, the Asian Development Bank's (ADB) Feasibility Assessment for Perinatal Care (2022) and the Multiple Indicator Cluster Survey (MICS 2022). The programme rationale is in line with Uzbekistan's Development Strategy for 2022-2026, the Government of Uzbekistan's Action Plan on Maternal and Child Health 2022-2026, and Output 4.1 from the United Nations Sustainable Development Cooperation Framework (UNSCDF).

The objective of the joint programme is to reduce preventable maternal and newborn deaths by 2026 by:

- Strengthening MOH's and the 227 perinatal centres' governance mechanisms (including inter-sectoral and multi-partner coordination), policies, guidelines and clinical protocols;
- Improving the capacity of 227 perinatal centres to provide quality and inclusive reproductive, maternal, neonatal, child, adolescent health (RMNCAH) services; and
- Empowering 10 million people with the knowledge to demand quality and inclusive guaranteed RMNCAH services.

Theory of change:

If 227 perinatal centres' governance mechanisms, policies, guidelines, and clinical protocols are strengthened (with a focus on transparency and anti-corruption);

If the capacities of the 227 perinatal centres to provide quality inclusive reproductive, maternal, neonatal, child, and adolescent health services with efficiency, integrity and transparency is strengthened (with a focus on procurement of essential equipment and capacity building of health care workers);

If communities, with a focus on adolescent girls and women, have the knowledge to access guaranteed RMNCAH services;

Then by March 2026, the most vulnerable neonates, adolescents and women will benefit from gender-responsive quality health services and preventable maternal and newborn deaths will be reduced.

3. Who is the target population?

The Joint Programme will prioritize its efforts towards enhancing the well-being of neonates, women, adolescents, caregivers, and health care workers across all 227 perinatal centres in Uzbekistan. Its direct beneficiaries will encompass:

- 600,000 pregnant women receiving targeted support and care throughout pregnancy, delivery, and birth
- 600,000 newborns, ensuring their survival and provision of necessary interventions.
- 50,000 health care providers at perinatal care facilities and primary health care (PHC) level, equipping them with the skills and knowledge essential for delivering quality RMNCAH services, including IPC

Indirect beneficiaries: approx. 10 million individuals through strategic mass media and communications initiatives.

4. Catalytic and/or transformational potential

According to a publication in the Lancet, investments in newborn survival have a triple return: care around the time of birth saves mothers and their newborn babies and prevents stillbirths and disability. An investment of US\$ 1 in childbirth will bring a return on investment of US\$ 11.5 to US\$ 32.5. USAID estimated that maternal and newborn mortality leads to US\$ 15 billion in lost potential productivity globally every year. There are also long-term benefits because investment in children's health leads to better adult health, increased labour supply and productivity and, in older age, later

¹² Evidence shows investing in these areas can reduce maternal deaths by 41%, stillbirths by 26%, and neonatal deaths by 39%. Care of small and sick newborns through kangaroo mother care and level two newborn care can improve neonatal survival by 30%.

¹³ Nove A, Friberg IK, de Bernis L, McConville F, Moran AC, Najjamba M, Ten Hoop-Bender P, Tracy S, Homer CSE. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. Lancet Glob Health. 2021 Jan;9(1):e24-e32. doi: 10.1016/S2214-109X(20)30397-1. Epub 2020 Dec 1. PMID: 33275948; PMCID: PMC7758876.

retirement and more significant social participation.^{14 15}

Investments in maternal, newborn, and child health along the continuum of care from pre-pregnancy to childhood and beyond will strengthen Uzbekistan's national health system, whether public or private. Maternal and newborn health access and outcome indicators are sensitive measures of the health system. If a country can provide 24-hour quality emergency care to women experiencing pregnancy complications, it is a sign that its health system has the necessary physical and human resources.

Investments in perinatal health through the Fund will demonstrate to the people of Uzbekistan how Vision 2030 funds make a difference in their lives. The most vulnerable will benefit from enhanced access to gender-sensitive quality health services. The results can be showcased to all interested parties and, most importantly, to the people of Uzbekistan.

Joint programme implementation will be based on the latest evidence, global best practices, and lessons learned from a similar project implemented in Karakalpakstan, through which UNICEF and UNFPA realised promising achievements in 21 months, including:

- Over 12,000 mothers and their newborns received improved quality of care at the targeted perinatal centres.
- Survival rates of low-birth-weight newborns increased to 80% (from 76%).
- Patient satisfaction with health care services increased to 80% from 66.4%.

5. Who will deliver this project/programme?

The Joint Programme Team assumes responsibility for the effective management of results throughout the entire duration of the programme, adhering to the approved results framework, work plan, and budget. The team comprises three Participating United Nations Organizations (PUNOs) which bring their distinct expertise and contributions to the initiative:

- UNICEF: With a focus on engaging and convening partners, UNICEF plays a crucial role in supporting multi-sectoral coordination, procurement, and the implementation of high-impact interventions RMNCAH. This includes ensuring integration, scale, efficiency, and sustainability, while promoting innovation and beneficiary engagement. As convening agent, UNICEF leads the overall coordination of the Joint Programme, overseeing the timely delivery of interventions, reporting, communication, knowledge sharing, and technical assistance. The recruitment of a Programme Officer for Monitoring and Evaluation (M&E) and a Knowledge Management Technical Advisor further strengthens the programme's monitoring and knowledge management efforts.
- WHO: WHO focuses on health governance and anti-corruption measures. It engages in partnerships where joint action is required, establishes norms and standards, monitors their implementation, and provides evidence-based policy options. WHO also offers technical support and assists in building sustainable institutional capacity to ensure the programme's success.
- UNFPA: UNFPA contributes by supporting policy and guidelines development in maternal health and sexual and reproductive health and rights (SRHR). It complements the efforts of other PUNOs in the quality implementation of high-impact interventions, particularly in maternal health and integrated SRHR. UNFPA also supports community mobilization and capacity development. In terms of programme monitoring, coordination, and reporting, UNFPA's in-house M&E Officer actively participates in these activities.

Any saved resources during the implementation can be re-programmed in line with the agreed result framework in consultation with the Ministry of Health.

The Joint Programme is overseen by the RMNCAH sub-group of the Ministry of Health's Country Platform for Health, acting as the Steering Committee. This committee, co-chaired by the Ministry of Health and UNICEF/UNFPA on an

¹⁴ Suhrcke M, McKee M, Stuckler D, Saoto Arce R, Tsovala S, Mortensen J. The contribution of health to the economy in the European Union. *Public Health*. 2006;120(11):994–1001 (<https://www.ncbi.nlm.nih.gov/pubmed/17027052>, accessed 2 May 2018).

¹⁵ Bukov A, Maas I, Lampert T. Social participation in very old age: cross-sectional and longitudinal findings from BASE. Berlin Aging Study. *J Gerontol B Psychol Sci Soc Sci*. 2002;57(6):510–7.)

annual rotation, assumes accountability for managing the Joint Programme and achieving its intended results. It consists of relevant departments of the Ministry of Health, representatives from the Vision 2030 Secretariat, the Asian Development Bank (ADB), international financial institutions (IFIs), civil society organizations (CSOs), development partners, and the Joint Programme Team. UNICEF, UNFPA, and WHO serve as technical advisors to the Steering Committee, with UNICEF providing secretariat support.

Project / Programme Description	
Objective(s)	<p>Reduce preventable maternal and newborn deaths by 2026 by:</p> <ul style="list-style-type: none"> ● Strengthening MOH's and the 227 perinatal centres' governance mechanisms (including inter-sectoral and multi-partner coordination), policies, guidelines and clinical protocols; ● Improving the capacity of 227 perinatal centres to provide quality and inclusive reproductive, maternal, neonatal, child, adolescent health (RMNCAH) services; ● Empowering 10 million people with the knowledge to demand quality and inclusive guaranteed RMNCAH services.
Theory of Change	<p>If 227 perinatal centres' governance mechanisms, policies, guidelines, and clinical protocols are strengthened (with a focus on transparency and anti-corruption);</p> <p>If the capacities of the 227 perinatal centres to provide quality inclusive reproductive, maternal, neonatal, child, and adolescent health services with efficiency, integrity and transparency is strengthened (with a focus on procurement of essential equipment and capacity building of health care workers);</p> <p>If communities, with a focus on adolescent girls and women, have the knowledge to access guaranteed RMNCAH services;</p> <p>Then by March 2026, the most vulnerable neonates, adolescents and women will benefit from gender-responsive quality RMNCAH services and preventable maternal and newborn deaths will be reduced.</p> <p>These priorities directly contribute to strategic priority B and outcome 4 of the 2021-2025 United Nations Sustainable Development Cooperation Framework (UNSCDF) and SDG 3, while also indirectly contributing to the achievement of SDGs 1, 5, 10, 13, and 17.</p> <p>Anti-fraud and corruption measures have been integrated into the overall Theory of Change, spanning across results areas, including policy formulation, safeguarding procurement processes, distribution protocols, usage and maintenance procedures, and community engagements. Additionally, the program is committed to enhancing the evidence generation in anticipation of the potential adoption of a comprehensive system-wide approach to combat corruption within the health sector</p>
Geographic scope	<p>The joint programme is designed to have a wide-reaching impact across Uzbekistan, targeting a total of 227 perinatal centres (100%) in 14 regions, which include Tashkent City and the Republic of Karakalpakstan. This comprehensive coverage will ensure that 600,000 women and 600,000 neonates benefit from the programme's interventions.</p> <p>The program aims to achieve national coverage by improving service delivery in 227 perinatal centres</p>

	<p>(71 tertiary, 150 secondary level and 6 primary level) and if applicable, extending support to additional facilities as required. Furthermore, an encompassing communication campaign has been designed to target the entire country at a national level, as well as reach regions, districts, and communities. This concerted effort ensures comprehensive outreach and engagement across the nation, maximizing the program's impact and effectiveness.</p>
<p><i>Components / outcomes</i></p>	<p>Outcome: By March 2026, the most vulnerable neonates, adolescents, and women will benefit from gender-responsive quality RMNCAH services, reducing preventable maternal and newborn deaths</p> <p>The Joint Programme will improve the quality of RMNCAH services provided in 227 perinatal centres and create enabling factors to sustain the improvements beyond the programme's implementation. Additionally, the Joint Programme will contribute to stakeholder and development partner investments in the health system being sensitive to the needs of the most vulnerable neonates, adolescents, and women in the delivery of services and to neonates, adolescents and women having improved health outcomes.</p> <p>Output 1: By March 2026, the MOH and the 227 supported perinatal centres have strengthened governance mechanisms (including inter-sectoral and multi-partner coordination), policies, guidelines and clinical protocols to deliver transparent and inclusive RMNCAH services.</p> <p>The Joint Programme will address barriers within the enabling environment on RMNCAH at the within the 227 perinatal centres. At the national level, the programme will support the Government to strengthen policy, coordination, and governance through support to the Country Platform for Health, co-chaired by the Ministry of Health and WHO. WHO will provide secretariat support to this platform and ensure the direct link with the UNSCDF Health Sub-group. Additionally, the programme will support the Maternal and Child Health Sub-group—which will act as the Joint Programme's Steering Committee—co-chaired by the Ministry of Health and UNICEF/UNFPA (on annual rotation).</p> <p>A strong emphasis will be provided to support the Government to strengthen the 227 perinatal centres capacity to mitigate the risk of fraud and corruption. Alongside the Joint Programmes' baseline assessment, a baseline assessment on corruption risks and vulnerabilities will be conducted. The assessment will be based on WHO's work on incorporating an anti-corruption lens into health systems assessments¹⁶ and will be conducted within the WHO Quality of Care assessment package in perinatal care facilities. Based on previous experience, assessment results will be available within six months of the programme's inception. The joint programme will follow-up with capacity building to address specific vulnerabilities identified during the assessment, prioritizing risk areas and interventions identified. At the national level, a multi-stakeholder policy dialogue will be facilitated with government agencies, civil society, population representatives, UN agencies, and development partners supported by the Global Network for Anti-Corruption, Transparency and Accountability (GNACTA) on ACTA integration in the health system.</p> <p>Output 2: By March 2026, 227 perinatal centres have improved capacity to provide quality and inclusive RMNCAH services.</p> <p>The Joint Programme will invest in improving the readiness of 227 perinatal centres (100%) to provide quality services by procuring modern life-saving equipment for maternity houses and improving laboratory and diagnostic capacities. There has been a lack of substantial investments in Maternal, Neonatal, and Child Health (MNCH) equipment in Uzbekistan, with 43% of the existing equipment considered obsolete¹⁷. A comprehensive needs assessment conducted by the ADB between 2021 and 2022 revealed a significant equipment gap of \$120 million USD in 227 perinatal facilities. Obsolete equipment is a significant driver in the country's high maternal and neonatal mortality rates.</p>

¹⁶ <https://www.who.int/publications/i/item/9789241515177>

¹⁷ MOH, 2022

Based on recommendations from technical experts within the Ministry of Health (MOH), the procurement focus will primarily be on neonatal resuscitation and emergency obstetric equipment. The PUNOs will collaborate with the MOH expert group to prepare the final list of equipment and supplies to be procured. The Joint Programme will complement the Asian Development Bank's (ADB) planned US\$ 100 million loan for the Improvement of Perinatal Care Project by complementing investments beyond the loan's envelope to meet the equipment needs in the country. The Joint Programme is negotiating cost savings by directly procuring through participating agencies' Supply Divisions with a reduced handling fee of five per cent. If approved, the cost-savings will be allocated towards the procurement of essential equipment.

All 227 centers (100%) within the project's scope will receive identical equipment based on their needs. All equipment specifications and requirements will be developed and approved in collaboration with the Ministry of Health through a designated technical working group¹⁸. Regional and district health workers will be engaged throughout the process through consultations to ensure the identified equipment meets their requirements. The PUNOs will conduct a comprehensive situation assessment of the 227 perinatal centres. This assessment aims to gather data and insights on the current infrastructure, equipment, and resources available in these centres. By understanding the existing conditions, the PUNOs make recommendations to the Ministry of Health on infrastructure requirements for perinatal centres to accept the identified equipment. This activity serves as a crucial foundation for subsequent procurement and capacity-building efforts. The equipment will be procured in lots, to ensure the perinatal centres are ready to accept them based on the situation assessment's recommendations. The preliminary prices of the equipment are based on UNICEF and UNFPA's Supply Division catalogue prices and the PUNOs experience in implementing similar programmes in the Republic of Karakalpakstan. The procurement process will follow UNICEF and UNFPA procurement policies and procedures to ensure maximum transparency and open dialogue with the government of the Republic of Uzbekistan. PUNOs will follow anti-corruption measures during in-country logistic and facilitate targeted use of installed equipment by facilities through development of clear monitoring and reporting mechanisms. Moreover, the PUNOs will continue investing in the MoH capacity to improve its own procurement system in line with international standards on transparency and anti-corruption.

A comprehensive plan for maintenance and repair will be collaboratively developed between the Ministry of Health, regional governments, and each of the 227 perinatal centres. This plan will ensure the long-term sustainability and functionality of the equipment.

The Joint Programme will facilitate comprehensive and integrated in-service capacity-building interventions specifically tailored to address quality of care (QoC) dimensions within the 227 perinatal centres. A primary focus will be on augmenting the skills and competencies of health workers, equipping them with the necessary expertise to provide quality RMNCAH services. Capacity building will be vital in empowering healthcare providers and administrators to address corruption-related risks effectively. Training programs will enhance awareness and knowledge of ethical practices, anti-corruption measures, transparency and reporting mechanisms. This will enable healthcare personnel to identify and mitigate corruption vulnerabilities within the perinatal centres.

Moreover, the programme will encompass a wide range of QoC interventions. These initiatives encompass in-service training, clinical mentorship, laboratory quality improvement, antimicrobial stewardship, supportive supervision, near-missed cases review, provision of family planning services, as well as the implementation of youth-friendly health services. Additionally, the scope of perinatal death audits will be expanded, encompassing all 227 perinatal centres, and selected primary healthcare points.

The capacity-building interventions implemented by the PUNOs are grounded in evidence-informed training packages, tools, and guidelines. To tailor training plans for each country, WHO conducts quality assessments of antenatal, postnatal, maternal, neonatal, and paediatric care, utilising

¹⁸ The technical working group developed a preliminary equipment and distribution list, based on perinatal centre needs (in Annex)

	<p>updated WHO tools from 2021. Expert teams from WHO are available to train local professionals on the utilisation of the following tools¹⁹:</p> <ul style="list-style-type: none"> • Effective Perinatal Care training package (revised in 2021) • Training packages that include simulator-base practical parts: <ul style="list-style-type: none"> • Use of WHO partogram (2020) for management of delivery (2022) • Assisted vaginal delivery: vacuum extraction (2022) • Neonatal resuscitation (2022) • Preterm delivery (2022) • Shoulders dystocia (2022) • Hypertensive disorders during pregnancy, childbirth and postpartum (2022) • Enteral feeding of preterm and term newborns (2022) • Training on Paediatric Care at Primary Health Care (based on WHO Pocket Book, 2022) • Training of Supportive Supervisors (Obstetrician/Gynaecologists, Neonatologists, Paediatricians, Midwives, Paediatric Nurses) • Trainings on death audits/reviews, based on WHO guidelines/publications: <ul style="list-style-type: none"> • Near-Miss Care Review (based on WHO publication 2016, 3rd edition) • Perinatal Death Audit • Paediatric Death Audit (under development) • Confidential Enquiry into Maternal Death <p>The joint programme includes in-service professional training for medical practitioners. Trained medical university staff will benefit from the trainings and act as Trainers of Trainers (ToTs) during each training session. These trainings aim to enhance the knowledge and skills of healthcare professionals, ultimately improving the quality of care provided in the areas of perinatal, maternal, neonatal, and paediatric health.</p> <p>The preliminary calculation based on capacity building estimates developed together with the MOH Technical Working group has shown that US\$5,498,996 will be allocated in total. The estimate was based on the principles of educating critical mass of the medical practitioners to ensure sustainability of the new skills and knowledge and included: obstetrician-gynecologists, neonatologists, neonatal nurses, midwives, general practitioners, patronage nurses, lab specialists.</p> <p>As per UN operational guideline used for HACT processes, the following rates were used for estimate: a) daily meal per participant: \$12, b) daily subsistence per traveller: \$50 (in case of regional training this cost will cover full DSA for national trainers and approx. 30% of participants attending from remote districts), c) approx. cost of round tickets/local transportation: \$50-100 (depends on training location), d) training materials cost. As a result of this calculation, in overall 41,500 medical practitioners should be covered by capacity building interventions which cost US\$5,498,996 in average. The total estimate is not fixed and depends on many factors such as inflation, increase of air/road cost, etc.</p> <p>Project will apply the Harmonized Approach to Cash Transfers (HACT) framework, implemented by UNICEF and UNFPA, to ensure accountability and transparency. This framework includes assurance activities such as micro-assessments, quarterly financial monitoring and expenditure reporting, and spot checks. These activities provide independent oversight and verification of project funds, minimizing the risk of misappropriation or misuse. HACT delineates the roles and responsibilities of staff members in mitigating fraud risks associated with implementing partners. It ensures that each implementing partner, in this case legal entities/institutions under the Ministry of Health in charge of capacity development and trainings (Republican Perinatal Center and City Perinatal Center, Republican Center of Obstetrics and Gynaecology, etc.), undergoes assessments using various methods and tools to evaluate their suitability and performance, thereby preventing and detecting</p>
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¹⁹ All tools have HIV integrated within their modules.

fraud in the utilisation of programme resources. Strong coordination mechanisms with the Ministry of Health are established to oversee processes, results, and achievements. Furthermore, on top of the assurance activities by PUNOs, the Treasury under the Ministry of Economy and Finance will apply its own system to scrutinize all direct cash transfers to the public institutions.

To ensure the efficacy and integrity of the health worker capacity-building interventions, robust measures will be implemented to integrate anti-corruption and compliance frameworks, based on WHO's experience in the sector. This proactive approach will help safeguard against malpractice and unethical conduct, reinforcing a culture of transparency and accountability within the perinatal centres.

All UN registered suppliers sign on to the United Nations Supplier Code of Conduct. The code addresses labour conditions, human rights, environmental issues, and ethics—including fraud, corruption, and sexual exploitation and abuse. The participating UN agencies will plan for appropriate procurement with the MOH and stakeholders—defining strategic essential commodities and type of competition. Additionally, checks and balances will be further reinforced into the approval and procurement process; including segregation of duties, and independent review committees to ensure due process is followed. Procurement compliance monitoring will be an integral and on-going activity within the programme.

Output 3: By March 2026, 10 million people are equipped with relevant knowledge and information to demand quality and inclusive guaranteed RMNCAH services.

To improve the demand for quality and inclusive guaranteed RMNCAH services, the Joint Programme will employ evidence-informed interventions tested in Uzbekistan during the COVID-19 pandemic and the subsequent introduction of COVID-19 and HPV vaccines. The Joint Programme will focus on evidence generation by developing behavioural insights tools to address the barriers in health-seeking behaviour for RMNCAH, including social norms. The programme will conduct a behaviour change communication campaign to promote maternal and caregiver health-seeking behaviours through community mobilisation, social marketing and mass communication through TV, street advertisements, and social media. Additionally, the Joint Programme will include capacity development of healthcare workers on behaviour change communication (BCC) and interpersonal communication (IPC) through job aids, supportive supervision, and IPC skills development. Through community consultations with engagement of health workers and patronage nurses in makhallas 20,000 adults in remote and hard to reach areas will be reached directly, and through mass communications (TV, radio, street ads, etc.) and 50% of the adult population (i.e., 10 million) will be reached with behaviourally informed messages. The target for the Joint Programme was derived from a highly effective Covid-19 public vaccination social marketing campaign, which achieved an impressive outreach to 18 million individuals within a span of one year. This remarkable accomplishment was made possible through the strategic utilization of behaviorally informed messages. Community consultations will serve as a valuable supplement to the patronage nurses' home visiting program implemented by the Ministry of Health (MOH).

Community consultations play a pivotal role in fostering effective communication and establishing robust linkages that are instrumental to the government's implementation of the home visiting programme. These consultations serve a crucial purpose, facilitating meaningful engagement with community members, enabling their active participation in the decision-making process. By seeking the input, feedback, and insights of the community, the joint programme can gain a comprehensive understanding of their unique needs and challenges. Ultimately, this collaborative approach enhances the effectiveness and relevance of the joint programme, ensuring that it addresses the specific requirements of the community and achieves the desired outcomes in an inclusive and sustainable manner.

This combined approach aims to effectively engage with and support a target population of 600,000 pregnant and breastfeeding women within the catchment area of 227 perinatal centres. By incorporating community consultations alongside the existing home visits, the Joint Programme

	<p>seeks to enhance outreach efforts, ensure comprehensive coverage, and provide tailored support to meet the specific needs of these women.</p> <p>The Joint Programme will evaluate the impact of the behavioural messages through the Joint Programmes' final evaluation. The Joint Programme incorporates regular monitoring and metrics to track the reach and engagement of these messages as part of the planned activities. UNICEF and UNFPA bring a wealth of experience in implementing effective communication, advocacy, and Social and Behaviour Change (SBC) campaigns. The key partners in developing and disseminating SBC messages include the Ministry of Health (MoH), Yuksalish, and the Red Crescent. Additionally, the Joint Programme will collaborate with NAEMM (National Association of Electronic Mass Media) and the National Radio and TV Company to amplify our messaging. To further maximize our outreach, UNICEF has engaged Uzbek advertising agencies to secure billboard spaces in every city. Furthermore, the Joint Programme will actively collaborate with private sector companies and various state entities to ensure the widespread dissemination of the behavioural messages. The approach is built upon valuable insights and lessons derived from the successful implementation of HPV introduction and COVID-19 vaccination programs.</p> <p>The proposed activities are complementary to the interventions within the planned ADB loan. The Joint Programme will primarily focus on behaviour change interventions to address the behavioural barriers that are hindering women of fertility age to seek health care support before and during pregnancy. The data collected through behavioural insights can inform the media campaigns proposed by ADB to raise awareness of women and families on antenatal care practices, focusing on empowering young women. This will foster the enduring continuity of interventions beyond the joint program's implementation, facilitating the ongoing enhancement of behavior change.</p> <p>Utilizing communication as a powerful tool, the joint programme aims to raise awareness and foster a culture of integrity, actively engaging stakeholders in the fight against corruption. By effectively disseminating information, promoting transparency, and cultivating a sense of accountability, the community mobilization efforts seeks to empower individuals to actively participate in anti-corruption efforts, ultimately strengthening ethical practices and mitigating the prevalence of corrupt practices.</p> <p>The Joint Programme will facilitate a systematic change in Social and Behaviour Change Communication (SBCC) strategies, with a specific focus on promoting improved healthy behaviours related to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), including family planning. Further implementation in this area will be done through the proposed ADB loan to ensure sustainability.</p> <p>On the supply side, the Joint Programme's interventions will be focused on building the behaviour change communication (BCC) and interpersonal communication (IPC) of medical personnel of primary health care facilities. To ensure the sustainability of the intervention, UNICEF will work with the national partners on the integration of the BCC/IPC training module to the in-service training curricula of the health workers.</p> <p>The Joint Programme will collaborate closely with the Ministry of Health (MoH) to determine the most suitable institution for the SBC interventions. In preparation for the training of patronage nurses, UNICEF has already ensured the inclusion of the Interpersonal Communication (IPC) manual in the pre-training curriculum. Our collaborative efforts involve partnering with three esteemed organizations operating under the jurisdiction of the MoH. These organizations include the Center on Medical Education Development, responsible for pre-service and vocational institutions; the Center of Professional Qualification Enhancement of Healthcare Providers, offering in-service training for chief nurses; and the In-service Center, catering to patronage nurses, including those working in private clinics. It is worth noting that all these organizations operate at a national level and have established branches in every region of Uzbekistan.</p> <p>To ensure robust accountability, the Joint Programme will actively incorporate feedback</p>
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mechanisms. Notably, the programme will leverage existing technologies and platforms, such as the Internet of Good Things (IoGT) and the Bebbo application, to effectively gather the population's feedback on various health-related matters. It is worth noting that the IoGT possesses the capability to reach even the most vulnerable populations, thereby promoting inclusivity.

Moreover, the programme will integrate elements of online social listening through a dedicated Telegram channel, as well as incorporate social listening during community consultations. These measures are put in place to enhance accountability by actively engaging with and attentively considering the perspectives and concerns of the population.

The program aims to promote citizen oversight and encourage a participatory approach to healthcare governance by actively involving communities.

Community engagement plays a crucial role in combating corruption by promoting accountability, transparency, and citizen oversight in healthcare provision. Here's how the various interventions mentioned lead to anti-corruption efforts:

- **Awareness campaigns:** By conducting awareness campaigns, the community becomes informed about their rights, entitlements, and the healthcare services available to them. This knowledge empowers community members to demand their rightful services and be vigilant about any corrupt practices that may hinder their access to quality healthcare.
- **Social Listening:** Establishing feedback mechanisms, such as social listening through social media and community mobilisation, enables community members to voice their concerns, share experiences, and report any instances of corruption they may have witnessed or encountered. These mechanisms provide an avenue for direct communication between the community, healthcare providers PUNOs fostering transparency and encouraging the reporting of corrupt activities.

Costing anti-corruption integration - methodology:

UN worldwide uses the different markers to track the financial contribution under different lenses for programming, such as SDG target, gender equality or human rights. However, there are no clear guidelines exist on how to integrate anti-corruption measures within planned activities. Therefore, PUNOs developed few possible scenarios for this project to reflect the financial contribution to anti-corruption measures within the activities planned under Output 2 and 3 (output 1 has Activity 1.1.5 and Activity 1.1.6 fully related to anti-corruption measures).

Scenario 1:

Interventions	%	Remarks
Activity 1.1.5 and Activity 1.1.6	100%	Fully focused on Anti-corruption
Selected capacity building activities	20%	1 out of 5 days in average per training will be dedicated on misuse, fraud, ethic principles, code of conduct
Handling fee for procurement	5%	Ensuring alignment with procurement-related, transparency and monitoring
Staff cost	30%	Staff to ensure UN key principles are fully observed in project interventions, monitoring and reporting
Monitoring and Evaluation	100%	Direct interventions addressing anti-corruption

As a result of such selective approach the total to address anti-corruption constitutes US\$4,271,816 or 9,8% out of the total amount.

Scenario 2:

In case we exclude the international procurement share of the budget that cannot mainstream anti-corruption measures, it would constitute around 42% of the programmable soft component

	<p>(excludes procurement and overhead which is inclusive of handling fee).</p> <p>Implementation Timeline</p> <p>The implementation process will take a phased approach, encompassing inception, implementation, and evaluation, ensuring a systematic and effective execution based on the implementation timeline in Annexe.</p> <p>The initial inception phase sets the foundation for the joint programme. A baseline assessment, including a behavioural insights study, will be carried out to establish a comprehensive understanding of the current situation and set the foundation for measuring the impact of the Joint Programme's interventions. These assessments serve as a vital benchmark against which progress will be measured. Additionally, procurement planning will take place to ensure the availability of necessary resources, supplies, and equipment for the programme's successful implementation. Simultaneously, a thorough review of protocols, job aids, and standards will be conducted to align all stakeholders and ensure consistency in practices and outcomes.</p> <p>With the results obtained from the assessments, behavioural insights, and the review of standards, curriculum, and job aids, the second phase commences. This phase includes installing essential equipment, capacity-building activities and social behaviour change interventions.</p>
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UNSDCF Principles	
Leave No One Behind	<p>The 2030 Agenda sets the world's time-bound and measurable goals to improve all people's lives, with an explicitly defined pledge to "leave no one behind". In this context, disaggregated data is essential to meet, leaving no one behind commitment. The programme will invest in strengthening quality, routine, and timely disaggregated data in 227 perinatal centres that is used for targeting and decision-making. The programme will focus on the determinants of discrimination, geography, governance, social economic status, and risk of shocks as key elements to identify the most vulnerable women and neonates and reach them with quality services. Data will be triangulated with various information sources to identify the most vulnerable population using the five determinant factors to ensure that the programme is responsive to the needs of those most vulnerable. Additionally, community mobilization and BCC interventions will identify key barriers that hinder the most vulnerable population's right to quality, free, and guaranteed RMNCAH services. Issues related to people at risk or living with HIV are addressed and integrated through the standards and protocols. Specifically, the programme addresses HIV prevention and the elimination of mother-to-child transmission (eMTCT) by enhancing antenatal care (ANC) services and sexual and reproductive health and rights (SRHR) services.</p>
Human rights-based approach	<p>The Joint Programme's vision is to fulfil every mother and neonate's right to quality and free health. Additionally, the UN will ensure communities have access to health-related education and information. To promote positive norms and end harmful practices, the UN will engage in advocacy and evidence-informed social and behaviour change interventions at the community, regional and national levels, within villages, and across professional and religious groups. The UN will support delivering quality health services and meaningful community participation to fulfil every woman and neonate's rights. The programme will focus on changing negative social norms for sustained improvement in the survival of mothers and neonates. Additionally, quality of care interventions, such as perinatal death audits, identify key barriers that hinder the most vulnerable population's right to quality RMNCAH services.</p> <p>The program will contribute to the implementation of UN Treaty Bodies recommendations, namely the UN Committee on the Right of the Child (CRC), the UN Committee on Economic, Social and Cultural Rights (CESCR) and the UN Committee Elimination of Discrimination against Women</p>

	(CEDAW).
Gender equality and women's empowerment:	<p>Poor health of women of reproductive age is one of the most significant contributors to infant and child mortality and morbidity in Uzbekistan. According to UNFPA, 60% of women who died at district maternities could have been referred to and saved at better equipped hospitals²⁰. Despite major reductions in infant and maternal mortality in recent years, maternal and newborn health remains a priority.</p> <p>Social norms, such as limited discussion of maternal health practices, continue to be a significant bottleneck towards reducing maternal and neonatal mortality. Maternal health issues remain mainly a female-only topic, with men feeling they have little or no responsibility. Three per cent of women aged 20 to 24 years are married by 18 years²¹. While the prevalence is not high compared to other countries, the estimate is significant in absolute numbers. The practice is deeply entrenched in socio-cultural norms and practices. Early marriage is often followed by immediate pregnancy and childbirth—which increases the risk of maternal and neonatal mortality. The SBC interventions under output 3 will have a gender lens to promote gender equality and empower women.</p> <p>In order to effectively tackle the impact of social norms on health-seeking behaviors, the current health protocols and packages have been designed to seamlessly integrate gender considerations. Within this framework, particular attention is given to addressing gender issues through various strategies. Notably, family planning counseling and consultations are implemented to facilitate informed decision-making and empower women in exercising their reproductive rights. Additionally, the promotion of HIV partner testing serves as a means to enhance awareness and engagement among couples in combating the spread of the virus.</p> <p>In line with the UN System-Wide Action Plan on Gender Equality, the programme will focus on gender-sensitive and transformative interventions to target behaviours and harmful cultural practices affecting women. The programme will mainstream gender analysis, promote community-level interventions to end discriminatory practices and tackle harmful social norms. The SBC interventions under output three will have a gender lens to promote gender equality and empower women.</p>
Accountability:	<p>The joint programme is fully aligned with national priorities, would strengthen national health systems, and would support transparency and accountability measures.</p> <p>Uzbekistan's Development Strategy for 2022-2026 commits the Government to improve the accessibility and quality of health services. Additionally, it focuses on improving health indicators through reforms in many areas, including providing primary health care, emergency medical services, and medical assistance to vulnerable persons. Numerous programmes and legislative acts formalised these objectives, including:</p> <ul style="list-style-type: none"> • Presidential decree # 87 "On Measures to further speed up of the work on systematic support of families and women", dated 7 March 2022 • Presidential decree # 4513 "On increase of quality and further scale up of medical services rendered to women of reproductive age, pregnant and children" dated 8 November 2019 • Presidential Decree # 5590, "On Comprehensive Measures to Radically Improve the Healthcare System of the Republic of Uzbekistan", dated 7 Dec 2018 • Concept for the Development of the Healthcare System of the Republic of Uzbekistan for 2019-2025

²⁰ UNFPA, Country Program Document, 2020, https://www.unfpa.org/sites/default/files/portal-document/DP.FPA_CPD_UZB_5_-_Uzbekistan_CPD_-_FINAL_-_16Dec20.pdf, p.2

²¹ MICS, 2022

	<ul style="list-style-type: none"> • The Programme of Implementation of the Concept of Healthcare System Development in the Republic of Uzbekistan in 2019-2021 <p>In 2022 four documents of the President of the Republic of Uzbekistan were devoted to MNH, including the Decree of March 07, 2022, No. UP-87, Resolution of April 25, 2022, No. PP-216, and two protocols of instructions, which tasks for developing and strengthening maternity and perinatal institutions.</p> <p>Since 2009 Confidential Enquiry on Maternal Death (CEMD) implemented by the Ministry of Health of the Republic of Uzbekistan serves as a solid instrument for collecting the evidence of maternal death, with review and analysis of each case to develop recommendations for decision-makers for further improvement in MCH services. Additionally, since 2021, UNICEF has supported the Government of Uzbekistan to implement perinatal death audits, which analysis and review causes of neonatal deaths, helps inform an actionable plan, and incorporates the mother’s feedback and participation in the process. Both interventions are key in the Joint Programme’s implementation to improve accountability, transparency, and governance.</p> <p>WHO’s experience in anti-corruption within the health sector demonstrates that focusing solely on implementing anti-corruption activities within the maternal and child health sector would yield limited productivity and potentially introduce risks. Adopting a holistic approach by integrating anti-corruption, transparency, and accountability activities across the entire healthcare sector is crucial. This collaborative effort should involve both the Ministries of Health and Public Administration.</p> <p>Implementing partial measures within a specific sub-sector carries the following potential risks:</p> <ul style="list-style-type: none"> • Generating confusion among staff and beneficiaries across various healthcare sectors due to creating parallel processes and practices. • Encountering implementation challenges when attempting to confine desired changes to a single sub-sector. More substantial impact is likely to be achieved through reforms that encompass primary healthcare (PHC) as a whole. • Facing difficulties in adopting subsequent interventions. Without a long-term anti-corruption vision, an isolated intervention within this programme may appear disjointed and challenging to integrate and align with future initiatives as they are introduced in the coming years. <p>In the short term, the proposed WHO anti-corruption initiatives within the joint program are sufficient to identify the challenges in combating corruption within perinatal centres and offer actionable recommendations. However, in the long term, the United Nations, development partners, international financial institutions (IFIs), and Ministry of Health counterparts must prioritise a stand-alone anti-corruption intervention within the health sector. This intervention should be closely aligned with broader ongoing reforms and strategies, particularly in digitisation, to ensure seamless integration and comprehensive progress in addressing corruption within the health sector.</p>
<p>Sustainability (environmental):</p>	<p>UNICEF’s Sustainable Procurement Procedure considers environmental, social, and economic issues in supply planning, procurement strategies and decisions wherever feasible and as applicable. UNICEF considers the full supply chain cycles, from requirements definition through to use by the end users, monitoring and evaluation, and disposal and decommissioning. UNICEF strives for the reduction of the negative environmental impact a product or services has over its whole life-cycle, including issues such as greenhouse gas emissions, preservations of natural ecosystems, waste reduction and management, and air and water pollution which is one of three</p>

	<p>pillars of UNICEF sustainable procurement. UNICEF will make sure that this Procedure and pillar are adhered to through the programme. Additionally, UNICEF will continue to promote and implement climate resilient health care waste management systems throughout the country—through other resources.</p> <p>UNFPA follows the recommendations of Environmental Efficiency and Green Procurement strategies to minimize hazardous effect to the environment, natural and cultural resources in all aspects including energy reduction strategies in operating the offices and programmes, switching to renewable energy sources, reducing use of paper-based documents and use of plastic during meetings, ensuring suppliers and supplies procured are safe for environment.</p>
Resilience	<p>UNSDCF Strategic Priority B, Outcome 4 envisages enhancing access to gender-sensitive quality health services to the most vulnerable by promoting universal health coverage through health system strengthening. It also emphasises providing technical support for efficient and sustainable service delivery systems in reproductive, maternal, neonatal and child health (RMNCAH). Improving the quality of care at 227 perinatal centres will reduce maternal and newborn deaths. A key aspect to the work is the Joint Programme’s focus on implementation and monitoring of evidence-based standards of quality of care. These evidence-informed quality-of-care interventions are cost-effective approaches recommended by WHO as best practices in all situations—humanitarian, and development contexts.</p> <p>Additional to the comprehensive approach, which includes the use of evidence-based guidelines, targeted training, job aides, local facilitation, supervision, and face- to-face feedback (mentoring) the Joint Programme will also focus on a life-cycle approach to ensure access to and quality of adolescent health, antenatal care, childbirth, and post-natal care in health facilities to improve their health outcomes and resilience.</p>

Value for Money	
Cost efficiency and effectiveness	<p>By incorporating in-kind contributions and implementing a cost-sharing approach for M&E and Program Management Costs, the joint programme demonstrates a professional and strategic approach to resource utilization. The joint programme incorporates in-kind contributions from PUNOs core resources within the budget (USD\$ 2,868,553) to leverage existing resources and maximize the joint programme’s impact and overall budgetary value.</p> <p>Cost efficiency will be ensured through PUNOs established programme delivery systems, and the established partnerships with the regional governorates and national Government. Whenever possible, co-financing mechanisms and ownership from local authorities will be ensured (i.e., local authorities financing infrastructure renovations). Communication and advocacy will be critical to build political will, position its unique comparative advantage points, and sharing emerging lessons learned at the national and community level.</p> <p>UNICEF and UNFPA have a strong comparative advantage in procurement within the Republic of Uzbekistan and globally. They have procurement and delivery leadership in product categories within the United Nations notably in health, nutrition, and education. Both agencies’ Supply Divisions have its supply and logistics headquarters located in Copenhagen, which is also the home to the largest humanitarian warehouse in the world. The Supply Division ensures cost-effective provision of supplies through its bargaining role in the global market ensuring value for money.</p>
Sustainability of results (financial):	<p>The Joint Programme will make a substantial contribution to the improvement of 227 perinatal centres, complimenting the planned ADB loan. The programme will leverage existing infrastructure and systems to implement its activities effectively. To ensure the long-term impact of the joint project activities, policies and protocols will be updated and sustained. Continuous advocacy</p>

	<p>efforts will be undertaken to encourage government allocation towards equipment maintenance through outsourcing, and the potential introduction of medical technical positions in perinatal centres. Additionally, capacity building activities will be sustained by incorporating relevant updates into medical curricula for both pre- and in-service training, ensuring healthcare professionals receive the necessary knowledge and skills.</p> <p>The Joint Programme serves as a valuable complement to a planned 100 million USD loan from the Asian Development Bank (ADB); however, it should be noted that the success of the project does not hinge solely on the approval of this loan. Even in the event of potential delays in the loan's approval process, the Joint Programme remains committed to achieving its intended outcomes and delivering tangible results.</p>
<p>Delivery as ONE UN</p>	<p>The joint project is grounded in the mandates and capacities of UN agencies, which complement each other and are integrated across all activities. Leveraging UNICEF's expertise in neonatal health, UNFPA's expertise in maternal health, and WHO's specialization in policy and strategy improvement, the joint project brings together a comprehensive range of knowledge and skills. Through these collaborative efforts, the Joint Programme aims to strengthen and enhance the planned changes, ensuring a holistic and impactful approach towards achieving its objectives.</p> <p>To ensure a coordinated and coherent delivery, the Joint Program (JP) staff will meet monthly to discuss progress and address any challenges that arise during the implementation phase. Additionally, daily interventions and communication will be facilitated through a dedicated Telegram group, allowing staff members to collaborate and share updates in real-time.</p> <p>To further support the coordination efforts UNICEF, as a convening agent, will be designated to provide overall coordination across the joint program. This role will ensure that all PUNOs are aligned and working towards common goals. As part of their responsibilities, the convening agent will consolidate the reporting, streamlining the process and providing a comprehensive overview of the program's progress.</p> <p>To bolster the convening agent's functions, two additional roles will be recruited. These positions will be responsible for monitoring the overall implementation of the joint program, collecting relevant data, and preparing reports to support the convening agent's coordination efforts. Additionally, they will document the program's activities, outcomes, and lessons learned, facilitating knowledge management and future program development.</p> <p>By establishing PUNOs and implementing these coordination mechanisms, the joint program will benefit from enhanced collaboration, streamlined communication, and improved reporting. This will result in a more efficient and effective implementation of the program's objectives, ultimately leading to greater impact and outcomes in the targeted areas.</p>
<p>Programme Management Costs</p>	<p>To ensure the successful implementation of the Joint Programme, various staff members will be allocated specific percentages of their time and effort towards the programme. These individuals bring diverse expertise and play crucial roles in different aspects of the programme's implementation. The joint programme also incurs various operational costs necessary for its smooth functioning. These operational costs are essential for ensuring efficient coordination, implementation, and administration of the joint programme, allowing it to achieve its intended objectives effectively.</p> <p>The allocation of Programme Management costs adheres to the stipulated guidelines outlined in the Vision 2030 Operational Manual. These costs are maintained within the established threshold of 8% and are further capped at 5% of the total funds to be mobilized for the programme. This approach ensures responsible and efficient utilization of resources while maintaining rigorous financial oversight and accountability throughout the programme. By adhering to these predefined</p>

	<p>limits, the PUNOs demonstrate a commitment to optimal cost management and effective allocation of funds, aligning with the overarching goals and objectives of Vision 2030.</p>
<p>Monitoring, Evaluation and Learning (300 words)</p>	<p>Throughout the entire joint programme, monitoring and documentation play a crucial role for timely and efficient achievement of the results and to ensure anti-corruption measures are adequately incorporated in all relevant activities. To ensure effective monitoring and evaluation of the Joint Programme, the PUNOs identified several key activities. Joint monitoring visits will be conducted, where representatives from relevant stakeholders, including the Ministry of Health (MoH) and PUNOs, will collaborate to assess the progress and implementation of the initiatives. These visits are valuable opportunities for information sharing and feedback exchange, enabling PUNOs to make informed adjustments to our strategies. Furthermore, micro assessments and spot checks will be conducted regularly to monitor specific aspects of the program and ensure compliance with established standards and guidelines.</p> <p>A dedicated Programme Officer (M&E; P-4) level will be appointed and cost-shared to support these efforts. This officer will oversee the monitoring and evaluation processes, ensuring accurate data collection and facilitating the analysis of results for evidence-based decision-making. The M&E officer will also have the overall responsibility for programme implementation monitoring.</p> <p>As part of the Joint Programme's knowledge management and documenting lessons learned, PUNOs will prioritise the documentation of promising practices throughout the program. This documentation will serve as a valuable resource for future reference, enabling us to identify effective strategies and replicate successful interventions in other settings. A Knowledge Management Officer will oversee this process, ensuring that the knowledge generated from the initiatives are properly captured, organised, and shared within the organisations, relevant stakeholders, and the public.</p> <p>Additionally, report quality assurance will be crucial to the Joint Programme's documentation and reporting activities. The PUNOs have rigorous quality control measures to review and verify the reports' accuracy, completeness, and consistency. This supports maintaining the highest reporting standards, ensuring that findings and progress are accurately communicated to internal and external audiences. Through robust documentation and reporting processes, the PUNOs aim to enhance transparency, accountability, and the sharing of best practices to drive meaningful change in maternal and perinatal care.</p> <p>The final stage of the joint programme implementation is the evaluation in the first quarter of 2026. This comprehensive evaluation aims to assess the programme's results against the theory of change and results framework. The findings from this evaluation will inform future programming decisions and provide valuable insights for similar programmes.</p> <p>The joint programme ensures a systematic and evidence-based approach by adopting a phased approach and integrating monitoring, evaluation, and learning throughout the implementation. This collaborative effort maximises the chances of success and ultimately contributes to the positive transformation of the targeted area.</p> <p>The joint program aims to create a culture of transparency, accountability, and good governance within the perinatal centres. By addressing corruption risks, updating guidelines, strengthening capacities, and engaging communities, the program ensures that resources are utilized efficiently and that mothers and newborns receive high-quality care in a transparent and accountable healthcare system.</p>

<p>Risk Management (Addressing key risks)</p>	<p>To address issues related to implementing partners and the risk of politically exposed individuals' involvement in the project implementation, the following measures will be implemented:</p> <ul style="list-style-type: none"> • Procurement of equipment through the PUNO Supply Divisions: Equipment procurement will follow a transparent and accountable process facilitated by the PUNO Supply Divisions. This ensures adherence to established procurement guidelines and reduces the potential influence of politically exposed individuals. • Checks and balances through the UNICEF/UNFPA HACT framework: The project will implement the Harmonized Approach to Cash Transfers (HACT) framework²², implemented by UNICEF and UNFPA, to ensure accountability and transparency. This framework includes assurance activities such as micro-assessments, quarterly financial monitoring and expenditure reporting, and spot checks. These activities provide independent oversight and verification of project funds, minimizing the risk of misappropriation or misuse. HACT delineates the roles and responsibilities of staff members in mitigating fraud risks associated with implementing partners. It ensures that each implementing partner undergoes assessments using various methods and tools to evaluate their suitability and performance, thereby preventing and detecting fraud in the utilisation of programme resources. Strong coordination mechanisms with the Ministry of Health are established to oversee processes, results, and achievements. <p>By implementing these mitigation measures, the project aims to mitigate the potential negative impacts arising from the involvement of politically exposed individuals and ensure transparency, accountability, and effective utilization of resources.</p> <p>In adherence to the principles of the United Nations, all registered suppliers must adhere to the UN Supplier Code of Conduct. This code encompasses labor conditions, human rights, environmental considerations, and ethical guidelines, including provisions addressing fraud, corruption, and sexual exploitation and abuse. The participating UN agencies, in collaboration with the Ministry of Health and relevant stakeholders, strategically plan procurement activities, defining essential commodities and determining the appropriate procurement methods, such as open, limited, or direct procurement. Additional checks and balances, including the segregation of duties and independent review committees, are implemented to ensure adherence to due process. All equipment procurement will be facilitated through the Supply Divisions of UNICEF and UNFPA, ensuring efficient and transparent processes.</p>
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Partnerships and Stakeholder Engagement	
<p>Governance arrangements</p>	<p>The Project Steering Committee will take responsibility over the project management and the achievement of desired outcomes in close coordination with the RMNCAH sub-group of the Health Group under the Country Platform co-led by MoH and WHO. The Project Steering Committee is convened and led by the Ministry of Health, and the lead agency, i.e. UNICEF. Its membership comprises relevant departments of the Ministry of Health and the Joint Programme Team as members with the Vision 2030 Secretariat, and the Civil Society Advisory Committee (CSAC) as observers,</p> <p>The primary mandate of the Project Steering Committee is to ensure effective implementation, policy coherence, program effectiveness, efficiency, and knowledge sharing by fostering stronger coordination among national programs and partner investments within the RMNCAH sub-group.</p>

²² <https://unsdg.un.org/sites/default/files/HACT-2014-UNDG-Framework-EN.pdf>

	<p>As the Project Steering Committee for the Joint Programme will oversee the planning, implementation, and reporting of the programme. This includes approving the Joint Programme's annual or multi-year work plan, commissioning joint monitoring visits and evaluations when applicable, and reviewing quarterly updates as well as endorsing the annual progress and financial reports.</p> <p>The RMNCAH Sub-Group will convene semi-annually, with the possibility of increasing the frequency to every other month as the implementation progresses whereas Project Steering Committee will meet on quarterly basis.</p> <p>The Joint Programme Team, composed of PUNOs, will be responsible for managing the programme's results as per the approved results framework, work plan, and budget. The Joint Programme team will be composed of the three PUNOs:</p> <ul style="list-style-type: none"> ● UNICEF: Provides support in engaging and convening partners, supporting multi-sectoral coordination, procurement, and quality implementation of high-impact interventions for RMNCAH, ensuring integration, scale, efficiency, and sustainability while fostering innovation and beneficiary engagement and participation. UNICEF will provide overall coordination on implementing the Joint Programme, including timely delivery of intervention and reporting, communication, knowledge sharing, and technical assistance to implementing partners. ● WHO: Provides support in health governance and anti-corruption, engages in partnerships where joint action is needed, sets norms and standards, and monitors their implementation; provides evidence-based policy options; provides technical support, and builds sustainable institutional capacity. ● UNFPA: Provides support in policy and guidelines development in maternal health and sexual reproductive health and rights (SRHR), procurement, complementing other PUNOs to the quality implementation of high-impact interventions, especially on maternal health and integrated SRHR, and supporting community mobilisation and their capacity development.
<p>Other Partnerships</p>	<p>Partnerships will be established with development partners and international financial institutions (IFIs) in key areas that the Joint Programme does not directly address, such as Health Management Information Systems and Health Financing. Specifically, the PUNOs will collaborate with GIZ and KfW to influence the allocation of KfW's EUR 50.5 million agreement with the Government of Uzbekistan, which focuses on enhancing the digitalisation of the healthcare system. Through the Country Platform for Health, the PUNOs will advocate for greater efficiencies in health financing and support the Health Sector Reforms, which aim to ensure guaranteed, inclusive, and cost-free health services for the population.</p> <p>UNICEF recognises the importance of partnerships in achieving comprehensive and sustainable outcomes. As part of its strategy, UNICEF will actively engage with media organizations, professional associations, civil society organizations, and academic institutions. These partnerships will foster collective efforts and synergies, enabling the programme to leverage diverse perspectives, expertise, and resources. By collaborating with these stakeholders, UNICEF aims to enhance the impact and reach of the Joint Programme's interventions, fostering a multisectoral approach to address the needs of women, newborns, caregivers, and healthcare workers.</p> <p>WHO will forge partnerships with Collaborating Centers and Institutes across the European Region to strengthen its initiatives in Uzbekistan. In addition, WHO will collaborate closely with the Government of Uzbekistan, civil society organizations, mass media outlets, medical academia, professional associations, and ministries responsible for health-related matters. These collaborative efforts aim to maximize the impact of the Joint Programme's interventions, ensuring alignment with national</p>

	<p>priorities and fostering sustainable health systems and services.</p> <p>UNFPA will collaborate with national entities responsible for maternal services, focusing on building their capacity to sustain the outcomes of capacity-building activities. Additionally, media organizations and civil society entities will be actively engaged to work alongside the population, promoting awareness and participation in achieving improved maternal and child health outcomes.</p> <p>The Ministry of Health (MOH) holds the primary responsibility for overseeing perinatal care services. With the authority and mandate to mobilize healthcare workers (HCWs), the MOH plays a crucial role in ensuring continuous capacity building efforts. As the owner of the program results, the MOH is accountable for the sustainability of these outcomes beyond the implementation period.</p> <p>Additional partners may include:</p> <ul style="list-style-type: none"> • Yuksalish has the national mandate to mobilize communities, playing a crucial role in engaging and involving the public. • The Red Crescent is a global leader in health-related community engagement, and in Uzbekistan, they boast the largest cohort of community-based volunteers. • NAEMM provides access to radio and TV platforms, allowing for increased visibility and national orientation of media-based campaigns and Behaviour Change Communication (BCC) efforts. <p>All implementing partners will be involved based on the outcome of open selection process.</p> <p>Through these strategic partnerships, UNICEF, WHO, and UNFPA aim to harness collective expertise, resources, and influence to effectively address the challenges and opportunities in maternal and neonatal health in Uzbekistan, fostering sustainable change.</p>
<p>Staffing arrangements</p>	<p>UNICEF will utilize existing technical staff for implementation, whose salaries will be cost-shared with core resources, ensuring optimal resource allocation within the Joint Programme. To support its functions as convening agent for the joint programme, UNICEF will recruit two key positions: a Programme Officer M&E (P-4) to provide vital support in terms of programme monitoring, coordination, and reporting and a Knowledge Management TA to facilitate knowledge management, documentation, and dissemination of lessons learned, thereby enhancing the programme's engagement and visibility with the public.</p> <p>UNFPA will use existing HR resources based in Uzbekistan on cost-share basis to ensure timely, effective, and efficient implementation of the joint Programme.</p> <p>WHO will build on existing HR arrangements and recruit an additional NO, a Programme management officer (PMO) and one GS-level (50%) staff.</p>

Risk Framework for Projects/Programmes

Specify the key risks that could threaten the achievement of results within the chosen strategy and describe treatment measures (current and/or proposed) using the table below. This form must also describe risks related to partners including but not limited to background checks and relationships, if any, to politically exposed individuals including their family members and/or business partners.

Risk Category	Risks	Risk Level	Implications for programme	Implications for Fund	Treatment
Contextual	Social and cultural practices and beliefs negatively affect health-seeking behaviours and uptake of RMNCAH services	12- Possible	Social and cultural norms may lead to low demand for and uptake of RMNCAH services, leading to increased maternal and neonatal morbidity and mortality.	The Fund will not contribute to the achievement of the SDGs or the 2030 Agenda.	UNICEF will develop a robust evidence-informed social behaviour change plan with messages to support behaviour change communication activities. UNICEF will work to mobilise communities to increase the acceptability and uptake of RMNCAH services. UNFPA will support community-based activities in the area of maternal and adolescents' health, develop relevant messages to support behaviour changes and communication activities., WHO will support national leadership in developing evidence-based policy and strategies on RMNCAH.
Programmatic	Political commitment impeding project delivery	5- Moderate	A reduced political commitment to ensuring quality and free RMNCAH services may lead to reduced access to health services, leading to increased maternal and neonatal morbidity and mortality.	The Fund will not contribute to the achievement of the SDGs or the 2030 Agenda.	The PUNOs will continue advocating for political support of RMNCH services to sustain the positive changes achieved by project
Contextual	Lack of commitment of national counterparts to cooperate in implementation of anti-corruption activities.	12- Probable	Institutions and systems may not be created, and the relevant data will not be disclosed without cooperation of national counterparts, leading to failure in establishing strong anti-corruption and anti-fraud mechanisms.	The Program outcome will not be achieved, challenging the achievement of the SDGs or the 2030 Agenda.	The PUNOs will raise concerns to the ISHONCH FUND Management Committee, and the highest level of Governance of the Republic of Uzbekistan to overcome the bureaucratic obstacles.
Institutional	IFI investments not allocated towards perinatal care during programme implementation	12- Possible	Delay of IFI investments in perinatal care may lead to reduced impact of the JP's programme results given the high needs for equipment, capacity development, SBC for RMNACH in the country and complementarity of both funds.	The Fund will not contribute to equipping all facilities with the required essential medical equipment and health worker capacity building. Despite this, the Fund will be able to achieve its desired results.	The PUNOs will continue to advocate and support coordination of IFI investments in perinatal care through technical assistance to the technical working group to ensure the IFI investments are approved and implemented swiftly.
Programmatic	Lack of coordination between partners	6- Improbable	No coordination between central and decentralized levels and	The Fund will not achieve value for money and will	WHO, with PUNOs supporting, will support institutional capacity and

				between partners delivering RMNCAH interventions, leading to subpar service provision and duplication of interventions.	have a reduced impact.	improved governance/coordination of RMNCAH interventions through the RMNCAH Sub-Group of the Ministry of Health's Country Platform for Health. Steering committee led by the MOH will ensure coordination between and engagement of partners at all levels
Institutional	Delay in installation of the equipment due to the Government not performing infrastructure renovations, as required, at perinatal centres.	16- Probable	Despite the national Government's commitment to fund the required infrastructure renovations, there might be limited funding allocations and commitments at the regional level	There will be significant delays in the delivery and use of the required essential equipment, reducing the impact of the interventions.	The Participating United Nations Organizations (PUNOs) will conduct a comprehensive assessment of the perinatal centres at the outset of the programme, providing valuable insights and recommendations to both the national and regional governments. This assessment aims to identify areas of improvement and guide decision-making processes for effective implementation. To ensure the success of the programme, the PUNOs will ensure that Government's commitment towards infrastructure readiness is minuted in the Management Committee's approval and advocate for its inclusion in protocols and Cabinet of Ministers resolutions.	
Contextual	Government does not allocate sufficient domestic funding towards the maintenance of the procured equipment.	16- Probable	Despite the national Government's commitment to fund maintenance of the equipment, there might be limited funding allocations and commitments at the health centre level.	Equipment will not be maintained appropriately, reducing the impact of the intervention and their sustainability.	To ensure the success of the programme, the PUNOs will ensure that Government's commitment towards maintenance of the procured equipment is minuted in the Management Committee's approval and advocate for its inclusion in protocols and Cabinet of Ministers resolutions.	
Contextual	Politically exposed individuals involved in the project implementation	6-Possible	The involvement of politically exposed individuals in the project implementation could lead to potential conflicts of interest, lack of transparency, and compromised decision-making.	The Joint Programme's integrity and credibility will be undermined.	To address the risk of politically exposed individuals' involvement in the project implementation, the following measures will be implemented: -Procurement of equipment through the PUNO Supply Divisions: Equipment procurement will follow a transparent and accountable process facilitated by the PUNO Supply Divisions. -Checks and balances through the UNICEF/UNFPA HACT framework -Collaboration with CSOs, bloggers, and activists through social listening to identify potential conflicts of interest and ensure transparency.	
Programmatic	Equipment needs assessment not conducted timely	8- Improbable	The equipment needs assessment may not be conducted within the required timeframe, potentially leading to delays in identifying and addressing equipment gaps in perinatal centres.	Equipment will not be procured and installed within the required timeframe, reducing the impact of the intervention and their sustainability.	To ensure the needs assessment is done in a timely manner the PUNOs will: Allocate dedicated staff to oversee and coordinate the assessment. Involve relevant stakeholders, such as the Ministry of Health, technical experts, and perinatal centres, early in the process. Their active participation and collaboration will expedite the assessment by streamlining communication, data sharing, and decision-making.	

Results Framework						
Outcome 1: By March 2026, the most vulnerable neonates, adolescents and women will benefit from gender-responsive quality RMNCAH services.						
Outcome Indicators	Baseline 2022	Target (March-26)	Means of verification	Responsible Org		
Percentage of survival of low-birthweight newborns in 227 perinatal centres (%) a) 500-1500 gr b) 1500-2000 gr	a) 70% b) 80%	a) 85% b) 95%	MOH HMIS (babies matrix)	UNICEF, WHO, UNFPA		
Preventable maternal deaths (%)	77.3%	45%	Hospitals/ health facility records; HMIS, CEMD reports	UNFPA, UNICEF, WHO		
Output Indicators	Output 1: By March 2026, the MOH and the 227 supported perinatal centres have strengthened governance mechanisms (including inter-sectoral and multi-partner coordination), policies, guidelines and clinical protocols to deliver transparent and inclusive RMNCHA services.					
1.1 Percentage of perinatal deaths audited* <i>Identifies system barriers and include accountability-related recommendations</i>	30%	70%	perinatal death audits, HMIS	UNICEF		
1.2 Percentage of maternal complications reviewed	13.3%	70%	Maternal audits, HMIS	UNFPA		
1.3 Policies or guidelines to prevent and address corruption are in place and implemented in 227 perinatal centres: a) policy developed/approved b) percentage of facilities implementing policy	A) No B) 0	A) Yes B) 70%	Documents/regulations/SOPs	WHO		
Output Indicators	Output 2 By March 2026, 227 perinatal centres have improved capacity to provide quality and inclusive RMNCAH services					
2.1 Percentage of UN-supported health facilities: A) offering delivery services with functional neonatal resuscitation equipment (functional bag and mask in neonatal size) B) offering delivery services with functional obstetric emergency equipment	A) 50% B) 52%	A) 100% B) 100%	Facility assessments or surveys	WHO, UNFPA, UNICEF		
2.2 Number of health care providers in UN-supported perinatal care facilities have increased capacity to provide transparent quality of care, counselling and support to pregnant women and neonates A) Perinatal Centre workers B) Primary Health Care Workers	A) 730	A) 15,000 B) 25,000	Training records, post training assessments, attendance registers	UNICEF UNFPA WHO		
2.3 Number of Neonates, Women, and Adolescents Benefited from UN Supported High-Quality Inclusive RMNCAH Services in 227 Perinatal Centers Disaggregation: a) Age, b) gender, c) rural/urban, d) regional disaggregation, e) humanitarian context	20,000 a) N/A b) 20,000 women c) N/A d) 20,000 Republic of	1,200,000 a) 600,000 women 15-49; 600,000 neonates b) 600,000 women	Facility records, HMIS	UNICEF, UNFPA, WHO		

	Karakalpakstan e)/No			
Output 3: By March 2026, 10 million people are equipped with relevant knowledge and information to demand quality and inclusive guaranteed RMNCAH services				
3.1. Number of people equipped with relevant knowledge and information to demand quality and inclusive state guaranteed RMNCAH services*. <i>Addressing out of pocket expenditures and corrupt practices</i>	0	10 million	Google Analytics; Uzbekistan Advertising Agency Reports	UNICEF, UNFPA
3.2 Number of People Reached through Direct Community Consultations* <i>Community engagement to expand civic space and promote transparency</i>	0	20,000	Meeting records, attendance sheets, or community consultation reports	UNICEF, UNFPA
3.3 Number of health service providers at the primary health care facilities with improved interpersonal communication skills to promote health-seeking behaviour for RMNCAH	0	50,000	Training records, post training assessments, evaluation assessments	UNICEF, UNFPA

SDG Targets and Indicators			
Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
X	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators (See Annex 9 for full list)			
[Depending on the selected SDG please indicate the relevant target and indicators. Options will be provided]			
Target	Indicator # and Description		Estimated % Budget allocated
3.1.1	Maternal mortality ratio per 100,000 live births (NSDG 3.1.1)		50
3.2.2	Neonatal mortality rate, per 1,000 live births (NSDG 3.2.2)		50


UNDG BUDGET FORMAT USED FOR TRUST FUND REPORTING

All figures in US\$

CATEGORY	UNICEF	UNFPA	WHO	Total
1 Staff and other personnel costs	\$1,051,117	490,351	405,000	1,946,468
2 Supplies, Commodities, Materials	18,605,404	12,373,602	0	30,979,007
3 Equipment, Vehicles and Furniture including Depreciation	0	0	0	0
4 Contractual Services	615,000	257,000.00	960,000	1,832,000
5 Travel	178,000	107,500.00	239,575	525,075
6 Transfers and Grants to Counterparts ²³	2,694,823	2,249,833	350,000	5,294,656
7 General Operating and Other Direct Costs	42,000	20,000	15,000	77,000
Total Programme Costs	23,186,344	15,498,287	1,969,575	40,654,206
8 Indirect Support Costs (7%)	1,623,044	1,084,880	137,870	2,845,794
TOTAL Pass-Through Amount	24,809,388	16,583,167	2,107,445	43,500,000²⁴

Signatures of Requesting Implementing Organizations

(To be completed by ALL Implementing Organizations of the project/programme)

Implementing Organizations	Signature	Date	Name/Title
UNICEF (convening agent) UNFPA WHO			Munir Mammadzade Representative Yu Yu, Representative Asheena Khalakdina, WR

²³ This item refers to transfers to the Ministry of Health and implementing partners implementing capacity-building interventions.

²⁴ Does not include US\$ 2,868,553.75 PUNO in-kind contribution