

Amendment to the Project Document

WHO & UNOPS




Project¹ Title: **Towards universal health coverage and security in Karakalpakstan (UHC+S)**

(Second amendment of the Project)

<p>Project Duration: <u>35 months</u></p> <p>Anticipated start/end dates: <u>1 Jan 2021 – 30 Nov 2023</u></p> <p>Fund Management Option(s): <u>pass-through</u> (Parallel, pooled, pass-through, combination)</p> <p>Managing or Administrative Agent: <u>N/A</u></p>	<p>Total estimated budget*: US\$ 425,379</p> <p>Out of which:</p> <p>1. Funded Budget: US\$ 425,379</p> <p>2. Unfunded budget: 0</p> <p>* Total estimated budget includes both project costs and indirect support costs</p>
	<p>Sources of funded budget:</p> <p>Donor (MPHSTF) US\$ 425,379</p>

¹ The term "project" is used for programmes, joint programmes and projects

Names and signatures of (sub) national counterparts and participating UN organizations

UN organization(s)	National Coordinating Authority(ies)
<p>Dr Hans Kluge Regional Director World Health Organization Regional Office for Europe</p> <p><i>Signature</i> [Redacted]</p> <p><i>Date & Seal</i> 23 June 2023</p> 	<p>Mr Amrillo Inoyatov Minister The Ministry of Health of the Republic of Uzbekistan</p> <p><i>Signature:</i> [Redacted]</p> <p><i>Date & Seal</i> 10/07/23</p> 
<p>Freya Von Grootte Director UNOPS Austria Multi-Country Office (AUMCO)</p> <p><i>Signature</i> [Redacted]</p> <p><i>Date & Seal</i> 16/06/2023</p> 	

Executive Summary

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

UHC+S is WHO’s first project with funding from the United Nations Multi-Partner Human Security Trust Fund (MPHSTF) for the Aral Sea region in Uzbekistan. Over 35 months, WHO and partners are supporting the assessment of the health needs of the population, with a focus on Muynaq district, to inform future investment in health infrastructure and equipment at both primary and secondary levels, in health workforce capacity and digitalization to the year 2023.

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

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

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

Please refer to the “Annual Programme Narrative Progress Report, 2022” for a full account of progress towards outputs and outcomes of results framework: <https://mptf.undp.org/sites/default/files/documents/40000/38550>

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

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

Additional savings are expected in 2023 under Outcome 3 (Output 3.1 and 3.2), through further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq, and possibly also in Kungrad. Future capacity-building activities are to be undertaken in the context of the roll out of State Health Insurance from 2023, with financial support from a separate award and/or other sources.

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

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

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

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

A new activity (Activity 4.1.3) is therefore being proposed under a reformulated Output 4.1, towards the development of a Technical Feasibility Study & Concept Design for the construction of the green hospitals that will be implemented by the UN Office for Project Services (UNOPS) which signed a Memorandum of Understanding with the MPTFO in January 2023 to become a Participating UN Organization (PUNO). WHO is requesting to use savings under Outcomes 1-3 in support of this new activity under Outcome 4 making WHO and PUNOs led by WHO in line with the roles and responsibilities table on page 7 of this document under fund management arrangements. There are minimal changes to allocations across budget categories.

The following deliverables are associated with activity 4.1.3 (the Technical Feasibility Study), where UNOPS will manage the following project activities:

- As-built functional drawings of Muynak Hospital and of selected buildings at Kungrad Hospital (plans, sections, elevations) and schedule of accommodation of existing facilities reflected therein.
- Preliminary architectural design of a new connected 60 bed hospital at Muynak (plans, sections, elevations in 1:500 and 1:200 scales) including functional layout and schedule of

accommodation including any gender-related considerations using a “Technical elements to prepare the Terms of Reference to upgrade health infrastructure in the Aral Sea Region” document (prepared and submitted by WHO).

- Alternate preliminary architectural design for rehabilitation, upgrade and new build elements in the existing Muynak Hospital (plans, sections, elevations in 1:500 and 1:200 scales) including functional layout and schedule of accommodation including any gender-related considerations.
- Strategic masterplan for future development at Kungrad Hospital (1:500).
- Preliminary architectural design for extension and expansion of selected buildings at Kungrad Hospital (plans, sections, elevations in 1:500 and 1:200 scales) including functional layout and schedule of accommodation.
- Medical equipment and furniture needs assessment (availability and condition report, needs according to proposed interventions).
- Water and energy needs assessment and strategy, including appropriate technical standards to be attained.
- Preliminary cost estimates of proposed interventions, including alternate.

The proposed amendments of the project document are aimed at distinguishing the roles and responsibilities of WHO and UNOPS as Participating UN Organizations to this MPHSTF and focusing the efforts on supporting the Government of Uzbekistan in mobilizing additional resources from outside the MPHSTF. Savings have been registered in Outputs 3 and 4, as well as in Project management costs due to reduction of staff costs and optimization of operating and other direct costs, and, thus, the reprogramming of funds is being requested for certain budget lines as indicated below.

Additionally, a two-month extension to the project timeline until November 2023 is requested to ensure enough time for completion of the feasibility study and finalization of all planned activities.

In summary, the proposed budget amendments are to:

- Transfer from Staff costs to Outcome 1: US\$ 3,700
- Transfer from Outcome 3 to Outcome 1: US\$ 2,800
- Transfer from Outcome 4 to Outcome 1: US\$ 4,300
- Transfer from Staff and operating expenses to Outcome 1: US\$ 6,000
- Transfer from Staff and operating expenses to Outcome 2: US\$ 51,300
- Reprogramming of funds by transferring \$160,500 from WHO to UNOPS via MPTF

For further details, please refer below to the amended Work Plan (Table 4), Detailed Budget for WHO (Table 5.1), Detailed Budget for UNOPS (Table 5.2) and Consolidated Budget (Table 5.3).

Table 2: Risk Ranking Matrix (amended)

<p>Feasibility study: Data management for fostered infrastructure assessment and concept design: Lack of good data on current site status and infrastructure institutional expectancies can lead to errors in assessment, concept design and, therefore, final implementation in the future.</p>	<p>Institutional</p>	<p>High</p>	<p>Medium</p>	<p>UNOPS will assess with its internal engineers all design considerations for future implementation. UNOPS will create specific partner exchange mechanisms with WHO and MoH to continuously be updated on aspects that need to be taken into consideration within the design stage</p>
<p>Feasibility study: Institutional agreement on scope for implementation: Concept design and implementation should not be influenced by continuous changes on the overall agreement for the scope of action</p>	<p>Institutional</p>	<p>Medium</p>	<p>Low</p>	<p>UNOPS will continuously engage with WHO for updates on assessment progress so any additional feedback that may influence project design is duly incorporated.</p>
<p>Feasibility study: Implementation timeframe is delayed due to a lack of access to key stakeholders: Project stages could be delayed leading to an overall delay of the project deliverables</p>	<p>Contextual</p>	<p>Medium</p>	<p>Medium</p>	<p>Upon commencement key stakeholder meetings will be held to establish close contacts and present the project timelines and deliverables related to each stakeholder engagement. At each stage review the progress on a monthly basis, and consider if any revision is required such as acceleration, re-allocation of resources.</p>

				Ensure full sponsorship of Key stakeholders such as MoH, WHO and MPHSTF through project implementation.
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Legal Context or Basis of Relationship

Table 3: Basis of Relationship

Participating UN organization	Memorandum of Understanding for Multi-Partner Human Security Trust Fund for the Aral Sea Region using Pass-Through Fund Management
WHO	The WHO Office was established in accordance with the Basic Agreement between the World Health Organization and the Government of Uzbekistan for the establishment of technical advisory cooperation relations signed in 1994. The Office was established in 1994.
UNOPS	The UNOPS office in Uzbekistan was established in Dec 2022 based on an exchange of letters with the Government of Uzbekistan signed on 25 September 2021.

In November 2020, WHO signed the Memorandum of Understanding with the UNDP MPTF Office on operational aspects of the MPHSTF. WHO is considered a Participating UN Organizations to this MPHSTF for Aral Sea Region and is a member of the UNCT.

In January 2023, UNOPS signed the Memorandum of Understanding with the UNDP MPTF Office on operational aspects of the MPHSTF. UNOPS is considered a Participating UN Organization to this MPHSTF for the Aral Sea Region and is a member of the UNCT and a signatory to the UN Sustainable Development Cooperation Framework for Uzbekistan 2021-25.

Fund Management Arrangements (amended)

Roles and responsibilities

Stakeholder	Responsibilities	Comments
WHO (Lead PUNO of project)	<p>Project Management: Overall management of the project as lead Participating UN Organization - all work plan activities except activity 4.1.3 (which is the responsibility of UNOPS)</p> <ul style="list-style-type: none"> - Work closely with relevant partners working in the Health Sector, including arranging consultations with MoH and other partners as relevant regarding the programme plans and findings - Consolidate narrative reports (including inputs from UNOPS) and submit them to the MPHSTF Technical Secretariat as required by MoU - The implementation of the programme activities (apart from activity 4.1.3) are the responsibility of WHO and will be carried out by WHO in accordance with its own applicable regulations, rules, policies and procedures including those relating to procurement as well as the selection and assessment of implementing partners. Accordingly, personnel will be engaged and administered, equipment, supplies and services purchased, and contracts entered into in accordance with the provisions of such regulations, rules, policies and procedures. 	Under clear guidance of WHO EURO in accordance with its regulations, rules, policies and procedures



Stakeholder	Responsibilities	Comments
UNOPS (PUNO)	<p>Project Management: Overall management of the project activity 4.1.3: Technical feasibility study and concept design of 2 hospitals (in Muynak and Kungrad in Karakalpakstan), including technical/monitoring oversight and quality assurance, including financial management and reporting of the component in line with MoU UNOPS has signed with the Aral Sea MPHSTF on 27 January 2023</p> <p>Project implementation, including programme and financial management and reporting for activity 4.1.3 - Conduct of finance, procurement, logistics human resources and administration processes under UNOPS rules and regulations</p> <p>Contribute to Joint Programme reporting in line with MoU, coordinated by lead PUNO (WHO) regarding activity 4.1.3 Assessment and feasibility study of 2 facilities, Kungrad and Muynak hospitals</p> <p>Stakeholder engagement and communications, including through a Steering Committee, and escalation of relevant issues and risks to lead PUNO WHO and Steering Committee, as needed</p> <p>Activities UNOPS is responsible for:</p> <ul style="list-style-type: none"> • As-built functional drawings of Muynak Hospital and of selected 	Activities in coordination with selected suppliers under UNOPS rules where needed e.g. technical services consultant firm



Stakeholder	Responsibilities	Comments
	<p>buildings at Kungrad Hospital (plans, sections, elevations) and schedule of accommodation of existing facilities reflected therein.</p> <ul style="list-style-type: none"> • Preliminary architectural design of a new connected 60 bed hospital at Muynak (plans, sections, elevations in 1:500 and 1:200 scales) including functional layout and schedule of accommodation including any gender-related considerations. • Alternate preliminary architectural design for rehabilitation, upgrade and new build elements in the existing Muynak Hospital (plans, sections, elevations in 1:500 and 1:200 scales) including functional layout and schedule of accommodation including any gender-related considerations. • Strategic masterplan for future development at Kungrad Hospital (1:500). • Preliminary architectural design for extension and expansion of selected buildings at Kungrad Hospital (plans, sections, elevations in 1:500 and 1:200 scales) including functional layout and schedule of accommodation. • Medical equipment and furniture needs assessment (availability and condition report, needs according to proposed interventions). • Water and energy needs assessment and strategy, including appropriate technical standards to be attained. 	



Stakeholder	Responsibilities	Comments
Ministry of Health of the Republic of Uzbekistan & Ministry of Health of Karakalpakstan	<p>Support the project partners (WHO, UNOPS) in gaining access to the relevant sites as needed.</p> <p>Engage local governance structures (aul, kishlak, mahalla) for consultations on the needs of the population, with a focus on representation of youth and women. Take part in MoH Technical Working Group (TWG) composed of MoH and WHO established for guidance for the programme in 2021</p>	
Ministry of Investment and International Trade of the Republic of Uzbekistan (MIIT, formerly MIFT)	<p>Co-chair of Aral Sea MPHSTF steering committee</p> <p>Take part in future consultations on potential funding sources for recommended infrastructure works (after feasibility studies conducted)</p>	



Table 1. Results Framework (amended)

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

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

Period: 35 months

	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD		
			2021 ²				2022				2023						
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Objective 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities																	
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women																	
Activity 1.1.1. Mission of assessment members	WHO		x														11,200
Activity 1.1.2. Development of the assessment tools (e.g. surveys) and implementation	WHO	MOH	x	x											x		25,000
Activity 1.1.3. Summary report preparation and dissemination	WHO	MOH													x		7,000

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

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	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD	
			2021				2022				2023					
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Output 1.1. Subtotal													43,200			
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions																
Activity 1.2.1. Mission of assessment members	WHO		x													8,400
Activity 1.2.2. Desk review, development of the assessment tools and implementation	WHO	MOH, KfW	x													0
Activity 1.2.3. Full report preparation and dissemination	WHO	MOH, KfW			x											0
Output 1.2. Subtotal													8,400			
Objective 1. Subtotal													51,600			
Objective 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities																
Output 2.1. Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq																

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	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD		
			2021 ²				2022				2023						
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Activity 2.1.1. WHO team missions	WHO	MOH			x	x				x							46,900
Activity 2.1.2. Modelling service delivery options, with benefit, cost and risks analysis	WHO	MOH, KfW				x							x				38,000
Output 2.1. Subtotal																	84,900
Output 2.2. Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts, linked to the Syrdarya pilot																	
Activity 2.2.1. Technical consultations with health providers (clinical and management) and pharmacies	WHO	MOH			x					x							21,000
Output 2.2. Subtotal																	21,000
Output 2.3. Broad guidance disseminated on financing options, linked to the broader health financing strategy, including the Syrdarya pilot																	

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	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD			
			2021 ²				2022				2023							
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Activity 2.3.1. Modelling possible health financing options	WHO	MOH, MOF			x	x												18,000
Activity 2.3.2. Report preparation and dissemination	WHO	MOH, MOF								x								0
Output 2.3. Subtotal																	18,000	
Output 2.4. Output 2.4. Specific guidance disseminated on options for public-private partnership																		
Activity 2.4.1. Technical consultations with health providers (private/public) and relevant development partners in this space	WHO	MOH, MOF, MIFT				x												9,000
Activity 2.4.2. Modelling possible private-public partnership's options	WHO	MOH, MOF, MIFT																8,000

	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD				
			2021 ²				2022				2023								
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
Activity 2.4.3. Report preparation and dissemination	WHO	MOH, MOF, MIFT								x								0	
			Output 2.4. Subtotal												17,000				
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector																			
Activity 2.5.1. Technical consultations with relevant development partners in this space	WHO	MOH, MOF, MIFT																	4,000
Activity 2.5.2. Support to the work of relevant development partners in this space	WHO	MOH, MOF, MIFT																	0
Activity 2.5.3. Report preparation and dissemination	WHO	MOH, MOF, MIFT																	0
			Output 2.5. Subtotal												4,000				
			Objective 2. Subtotal												144,900				

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	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD		
			2021 ²				2022				2023						
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Objective 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model																	
Output 3.1. Health care management training conducted, focused on piloting the recommended model																	
Activity 3.1.1. Study tour to Syrdarya pilot region	WHO	MOH								x							5,600
Activity 3.1.2. Development of training curriculum and TOT	WHO	MOH				x				x							16,000
Activity 3.1.3. Cascade trainings	WHO	MOH												x			0
												Output 3.1. Subtotal			21,600		
Output 3.2. Clinical training-of-trainers conducted, with cascade, focused on international knowledge transfer																	
Activity 3.2.2. Study tour to Syrdarya pilot region	WHO	MOH														x	0

	UN organization	Implementing Partner	TIME FRAME												PLANNED BUDGET, in USD			
			2021 ²				2022				2023							
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Activity 3.2.1. Development of training curriculum and TOT conduction	WHO	MOH				x				x								0
Activity 3.2.3. Cascade trainings	WHO	MOH								x				x				0
												Output 3.2. Subtotal	0					
												Objective 3. Subtotal	21,600					
Objective 4. Resources are mobilized for implementation of the recommended service delivery and financing model																		
Output 4.1. Consultations convened with MOH and MOF on fiscal space and budget formulation/execution																		
Activity 4.1.1. Domestic travel	WHO	MOH, MOF														x	x	0
Activity 4.1.2. Consultative meetings	WHO	MOH, MOF														x	x	0
NEW Activity 4.1.3. Technical Feasibility Study & Concept Design	WHO, UNOPS (responsible)	MOH, MOF														x	x	150,000
												Output 4.1. Subtotal	150,000					

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Table 5.1. Detailed Budget for WHO (amended)

Detailed description	Implementing agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
Outcome 1. Priorities are identified for future investment in the health sector, based on mapping of population needs/means and sector capacities									
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women									
Activity 1.1.1. Mission of assessment members	WHO	Travel	10 days travel (international) of 1 WHO experts/consultant	8,800	1	8,800	8,800	0	0
	WHO	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	2	2,400	2,400	0	0
Activity 1.1.2. Development of the assessment tools (e.g. surveys) and implementation	WHO	Contractual services	Consultations/meetings, consultancy fees (1 international expert for 20 days)	8,000	2	16,000	8,000	0	8,000
	WHO	Contractual services	Consultations/meetings, consultancy fees (1 local consultant for 30 days)	3,000	3	9,000	3,000	0	6,000
Activity 1.1.3. Summary report preparation and dissemination	WHO	Contractual services	Translation, editing, printing, dissemination	7,000	1	7,000	5,300	0	1,700
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions									
Activity 1.2.1. Mission of assessment members	WHO	Travel	10 days travel (international) of 1 WHO international experts/consultants	7,000	1	7,000	7,000	0	0

Detailed description	Implement agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
	WHO	Travel	7 days travel (local) of 1 WHO staff with 1 interpreter	700	2	1,400	0	0	
Activity 1.2.2. Desk review, development of the assessment tools and implementation	WHO	Contractual services	Consultations/meetings, consultancy fees (1 international experts for 20 days)	8,000	0	0	0	0	
	WHO	Contractual services	Consultations/meetings, consultancy fees for 1 local expert for 30 days)	3,000	0	0	0	0	
Activity 1.2.3. Full report preparation and dissemination	WHO	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	
Outcome 1 Subtotal						35,900	0	15,700	
Outcome 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities									
Output 2.1. Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq									
Activity 2.1.1. WHO team (HSS/PH/HF/HWF) missions	WHO	Travel	10 days travel (international) of 5 WHO international experts/consultants	7,700	5	21,000	17,500	0	
	WHO	Travel	7 days travel (local) of 3 WHO staff with 1 interpreter	1,200	7	5,100	3,300	0	
Activity 2.1.2. Modelling service delivery options, with	WHO	Contractual services	Consultancy fees (4 international experts for 20 days)	8,000	4	1,200	30,800	0	

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Detailed description	Implementing agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
benefit, cost and risks analysis	WHO	Contractual services	Consultancy fees (2 local consultant for 30 days)	3,000	2	6,000	0	6,000	0
Output 2.2. Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts, linked to the Syrdarya pilot									
Activity 2.2.1. Technical consultations with health providers (clinical and management) and pharmacies	WHO	Contractual services	Technical meetings and focus group discussions	7,000	3	21,000	2,100	15,100	3,800
Output 2.3. Broad guidance disseminated on financing options, linked to the broader health financing strategy, including the Syrdarya pilot									
Activity 2.3.1. Modelling possible health financing options	WHO	Contractual services	Consultancy fee (1 international experts for 20 days)	8,000	2	16,000	0	16,000	0
Activity 2.3.2. Report preparation and dissemination	WHO	Contractual services	Consultancy fees (1 local experts for 30 days)	2,000	1	2,000	0	2,000	0
	WHO	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	0
Output 2.4. Specific guidance disseminated on options for public-private partnership									
Activity 2.4.1. Technical consultations with health providers (private/public) and relevant development partners in this space	WHO	Contractual services	Technical meetings and focus group discussions	4,500	2	9,000	6,200	0	2,800

Detailed description	Implement agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
Activity 2.4.2. Modelling possible private-public partnership's options	WHO	Contractual services	Consultancy fees (1 international expert for 20 days)	8,000	1	8,000	0	0	
Activity 2.4.3. Report preparation and dissemination	WHO	Contractual services	Consultancy fees (1 local expert for 30 days)	3,000	0	0	0	0	
Activity 2.4.3. Report preparation and dissemination	WHO	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector									
Activity 2.5.1. Technical consultations with relevant development partners in this space	WHO	Contractual services	Technical meetings	4,000	1	4,000	0	4,000	0
Activity 2.5.2. Support to the work of relevant development partners in this space	WHO	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	0	0	0	0	0
Activity 2.5.3. Report preparation and dissemination	WHO	Contractual services	Consultancy fees (1 local expert for 30 days)	3,000	0	0	0	0	0
Activity 2.5.3. Report preparation and dissemination	WHO	Contractual services	Translation, editing, printing, dissemination	5,000	0	0	0	0	0
Outcome 2 Subtotal						144,900	43,600	94,700	6,600
Outcome 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model									
Output 3.1. Health care management training conducted, focussed on piloting the recommended model									

Detailed description	Implement agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
Activity 3.1.1. Study tour to Syrdarya pilot region	WHO	Travel	Travel for 7 days (7 people)	800	7	5,600	0	0	
Activity 3.1.2. Development of training curriculum and TOT	WHO	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	2	16,000	16,000	0	
Activity 3.1.3. Cascade trainings	WHO	Contractual services	Series of cascade trainings for health managers conducted (7X7 participants in last year)	1,500	0	0	0	0	
Output 3.2. Clinical training-of-trainers conducted, with cascade, focussed on international knowledge transfer									
Activity 3.2.2. Study tour to Syrdarya pilot region	WHO	Travel	Travel for 7 days (10 people)	1,200	0	0	0	0	
Activity 3.2.1. Development of training curriculum and TOT conduction	WHO	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	0	0	0	0	
Activity 3.2.3. Cascade trainings	WHO	Contractual services	Series of cascade trainings for health managers conducted (10X10 participants in last year)	1,500	0	0	0	0	
Outcome 3 Subtotal						21,600	5,600	16,000	
Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model									
Output 4.1. Consultations convened with MOH and MOF on fiscal space and budget formulation/execution									

Detailed description	Implementing agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
Activity 4.1.1.1. Domestic travel	WHO	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	0	0	0	0	
Activity 4.1.1.2. Consultative meetings	WHO	Contractual services	Consultations / meetings	4,000	0	0	0	0	
Output 4.2. Private/external funding proposal developed to fill the funding gap									
Activity 4.2.1.1. Domestic travel	WHO	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	0	0	0	0	
Activity 4.2.1.2. Consultative meetings	WHO	Contractual services	Consultations / meetings	4,000	0	0	0	0	
Outcome 4 Subtotal					0	0	0	0	
Staff and operating expenses									
National Officer (NPO-B) - for Monitoring and Evaluation	WHO	Staff and other staff costs	FTE months per year	5,100	1.22	6,200	0	6,200	
Administrative assistant (G-5)	WHO	Staff and other staff costs	FTE months per year	2,250	9	20,250	6,750	6,750	
Staff Subtotal						26,450	6,750	12,950	
Operating expenses	WHO	General operating and other direct costs	IT and office supplies per year	3,000	1	3,000	0	1,250	
Total cost						247,550	90,850	119,200	
Indirect support cost 7%						17,329	6,430	8,344	
Total budget						264,879	98,280	127,544	

Table 5.2. Detailed Budget for UNOPS

Detailed description	Implementing agency	Budget Categories*	Item line budget			Total Amount (in USD)	Year 1 rev. 2	Year 2 rev. 2	Year 3 rev. 2
			Item description	Unit cost	Number of units				
Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model									
Output 4.1. Technical feasibility study									
Activity 4.1.3. Technical Feasibility Study & Concept Design	UNOPS	Contractual services	International consultant: Infrastructure Project Manager (International ICA4)	18,300	2	36,600	0	0	36,600
Activity 4.1.3. Technical Feasibility Study & Concept Design	UNOPS	Contractual services	International consultant: Civil Engineer (Local LICA9, 100%)	2,523	4	10,092	0	0	10,092
Activity 4.1.3. Technical Feasibility Study & Concept Design	UNOPS	Contractual services	International consultant: Biomedical Procurement Officer (IICA2)	8,050	1	8,050	0	0	8,050
Activity 4.1.3. Technical Feasibility Study & Concept Design	UNOPS	Travel	Travel of international consultants to Uzbekistan	2,792	6	16,750	0	0	16,750
Activity 4.1.3. Technical Feasibility Study & Concept Design	UNOPS	Contractual services	Hiring of local company to coordinate the activity in line with context and national requirements (includes local consultant fees, travel and operations costs)	60,000	1	60,000	0	0	60,000
Activity 4.1.3. Technical Feasibility Study & Concept Design	UNOPS	General operating and other direct costs	General operating and other direct costs related to management of the local company	3,085	6	18,508	0	0	18,508
Total cost						150,000	0	0	150,000
Indirect support cost 7%						10,500	0	0	10,500
Total budget						160,500	0	0	160,500

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Table S.3. Consolidated Budget (in USD) (amended)

	Categories	Total Allocation: MPTF	Year 1		Year 2		Year 3		Allocation: Other (specify)
			WHO		WHO		WHO	UNOPS	
1	Staff	26,450	6,750		6,750	12,950	0		MOH, WHO
	<i>Budget notes: XX</i>	0							
2	Supplies, commodities, materials	0	0		0	0	0	0	0
	<i>Budget notes: none</i>	0							
3	Equipment, vehicles and furniture (including depreciation)	0	0		0	0	0	0	0
	<i>Budget notes: none</i>	0							
4	Contractual services (including consultants, meetings, workshops and conferences)	260,742	33,800		89,900	22,300	114,742	0	0
	<i>Budget notes: XX</i>	0							
5	Travel	88,850	51,300		20,800	0	16,750	0	0
	<i>Budget notes: organization of travel of WHO international consultants, travel expenses of local consultants (visits from Tashkent to Republic of Karakalpakstan), travel of WHO staff to Republic of Karakalpakstan, WHO Euro assessment missions etc.</i>	0							
6	Transfers and grants to counterparts	0	0		0	0	0	0	0
	<i>Budget notes: none</i>	0							
7	General operating and other direct costs	21,508	0		1,750	1,250	18,508	0	0
	<i>Budget notes: 3 notebooks, office running cost- electricity, internet, heating etc for 3 years</i>								
	Subtotal	397,550	91,850		119,200	36,500	150,000	0	0
8	Indirect support costs	27,829	6,430		8,344	2,555	10,500	0	0
	TOTAL	425,379	98,280		127,544	39,055	160,500	0	0

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