

2023 ISHONCH FUND ANNUAL REPORT





Foreword by the Management Committee

It is with a sense of responsibility and gratitude that we present the 2023 Annual Report of the Ishonch Fund. In these pages, you will find not just financial figures and project updates, but a testament to the power of trust, transparency, and our commitment to the people of Uzbekistan.

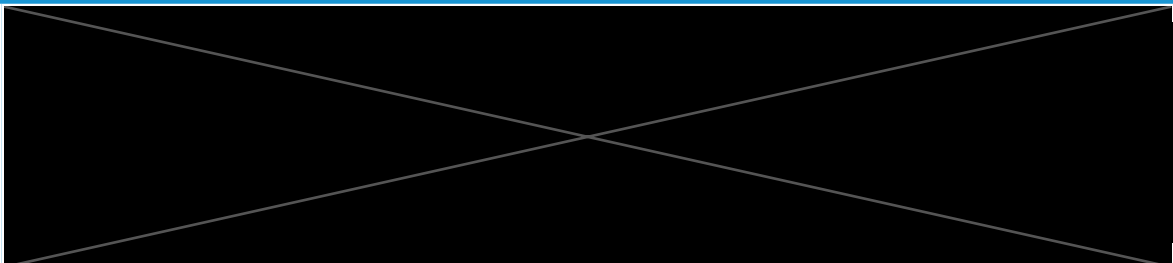
At the heart of our work lies a fundamental principle: the restituted assets entrusted to us do not belong to any one entity or government. They belong to the people of Uzbekistan. This principle guides every decision made by the Management Committee as we allocate resources to realize the Sustainable Development Goals (SDGs) through transformative UN projects aimed at improving the lives of ordinary citizens across the country.

A milestone this year was the approval of the very first project which will provide all 227 perinatal centers nationwide with new professional skills and advanced medical equipment. As a result, every citizen in Uzbekistan will have access to better medical services, regardless of which province or district they live in.

Central to the success of the Fund is the contribution of the Civil Society Advisory Council (CSAC). We thank the members of the CSAC, whose diverse expertise and active participation ensure that the voices of Uzbekistan's civil society are heard. From gender equality to anti-corruption initiatives, from media freedom to free speech advocacy, the CSAC brings together a wealth of knowledge and experience.

The Ishonch Fund is not just about disbursing funds; it is about building trust – trust in the process, trust in our partners, and trust in the promise of a better future for all people living in Uzbekistan. We thank all stakeholders, including the Fund's Secretariat, for their continuous work in this direction.

As we look ahead to the challenges and opportunities that lie before us, we reaffirm our commitment to the principles of trust, transparency, and partnership as the foundation for returning the restituted assets for the benefit of the people of Uzbekistan.



ISHONCH PROGRESS AT A GLANCE

US\$ 131

million
pledged

US\$ 95

million
paid in

by the Swiss Government, as custodian of the recovered funds

First approved Joint Programme:

Every Mother and Child Survives and Thrives: Reducing Preventable Maternal and Newborn Deaths in 227 Perinatal Centres of Uzbekistan

US\$ 43.5 million allocated

for **1 Joint Programme**

Implemented by **3 PUNOs**
UNICEF / UNFPA / WHO

To reduce preventable maternal and newborn deaths in **227 Perinatal Centres**

Directly benefitting **1.2 million women**
and newborns across Uzbekistan

1 Resource Allocation Strategy (RAS)

focused on i) reduced maternal and infant mortality and ii) inclusive and equitable quality education.

8

Management
Committee Meetings
during 2023

11

Meetings of the Civil
Society Advisory
Council (CSAC)



1 INTRODUCTION

The *Uzbekistan Vision 2030 Fund*, also known as the “Ishonch Fund,” was established in August 2022 based on an [agreement](#) between the Swiss Confederation and the Republic of Uzbekistan on the modalities for the return of illegally acquired assets forfeited in the Swiss Confederation to the benefit of the population of Uzbekistan. The Fund supports principled, transparent, and effective asset restitution via UN programmes aimed at accelerating Uzbekistan’s national reform agenda and the realization of the SDGs. The financing is used to bring tangible and transformative results to the people of Uzbekistan.

As the first Joint Programme of the Ishonch Fund was approved in September 2023, this report focuses on key milestones and operational updates, as much of 2023 was focused on getting the foundational elements of the Fund in place and preparing a pipeline of potential Joint Programmes.



2 KEY MILESTONES

In 2023, the Ishonch Fund achieved several key milestones through close partnership between the United Nations and the Governments of Uzbekistan and Switzerland.

- In March, **the Fund's first Resource Allocation Strategy (RAS) was approved**, focusing on the first phase of Fund's allocations on two strategic priorities: i) reduced maternal and infant mortality and ii) inclusive and equitable quality education.
- In April, **the Civil Society Advisory Council (CSAC) was officially established** to ensure constructive interaction between the Fund and representatives of national and international civil society and academia.
- In September, **the Fund allocated US\$ 43.5 million to a new UN joint programme** aimed at significantly reducing preventable maternal and newborn deaths in Uzbekistan. One of the key goals of the joint programme – which will have national coverage – is to increase the survival rate of low-birth-weight babies from seventy-five percent to ninety percent. It is being implemented jointly by UNICEF, UNFPA and WHO working closely with the Ministry of Health.
- **Recruitment for the Fund's Secretariat is almost complete.** The team is comprised of two international and three national specialists as well as a national consultant responsible for facilitation of the Civil Society Advisory Council cooperation with the Fund.
- **Key operational documents were developed throughout the year**, including Conflicts of Interest procedures, Grievance Mechanism Guide in English, Uzbek and Russian, Visibility Guidelines, Monitoring, Evaluation and Learning (MEL) Strategy and monitoring framework, and Crisis Communication Standard Operating Procedure.

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This consolidated narrative report covering the period from 1 January to 31 December 2023 was prepared by the Secretariat and it showcases the substantive progress achieved in the implementation of the Fund. This report is accessible to the public through the [Fund website](#), ensuring transparency and accountability.

August 2022

Fund established at ceremony in Bern, Switzerland
Switzerland and Uzbekistan signed Restitution Agreement
Standard Administrative Agreement (SAA) signed
Fund Terms of Reference (TOR) approved
Standard Memorandum of Understanding signed by 22 UN agencies

September 2022

\$95 million paid into the fund
by Switzerland as the custodian
of the recovered funds

October 2022

Secretariat Direct Cost Project
Document approved

November 2022

Operations Manual approved
Communications and Visibility
Strategy approved

March 2023

HLSC approves the Fund Resource
Allocation Strategy (RAS) and
the TOR for the Civil Society
Advisory Council (CSAC)

April 2023

TOR for the Project
Assessment
Committee (PAC)
approved
CSAC officially
established

June 2023

Fund Visibility
Guidelines developed

September 2023

\$ 43.5 million allocated
for first Joint Programme
Monitoring, Evaluation
and Learning (MEL)
Strategy and monitoring
framework approved

October 2023

World Bank joined
the Fund, enabling
it to be an
implementing
organization

October 2023

Crisis Communication
Standard Operating
Procedure developed

November 2023

CSAC annual
in-person gathering
including meeting
with MC



3 FUND GOVERNANCE

Management Committee (MC): The MC is responsible for the management of the Fund. It is co-chaired by its members with voting rights, which include one representative of Uzbekistan, one representative of Switzerland and the UN Resident Coordinator for Uzbekistan. The Management Committee met 8 times during 2023. The key decisions taken by the MC are summarized in the table below. More comprehensive Decision Summary logs are available on the Gateway.

Table 1. Key Decisions Taken at 2023 Ishonch Fund Governance Structures

Date	Key Decision Items
11 January	The Management Committee approves the first Resource Allocation Strategy (RAS), allocating two-thirds of the first tranche of pledged funds (US\$ 87 million of US\$ 131 million to: (i) reduced maternal and infant mortality (50%) and (ii) inclusive and equitable quality public education (50%), with a strong transversal anti-corruption component. The Management Committee approves Civil Society Advisory Council (CSAC) Terms of Reference (TOR).
10 March	The High-Level Steering Committee of the Fund endorsed the first RAS and the CSAC TOR. The decision was taken to increase the Secretariat's capacity with a dedicated CSAC focal point. The Document Retention, Dissemination and Accessibility process adopted.
21 April	The World Bank formally joined the Fund and was invited as an observer to the MC. Agreement to convene an ad-hoc MC to discuss the education sector and for the UN to share all draft project concepts for the health and education sectors.
1 June	The Management Committee reviewed the project development process for both health and education sectors that respond to the approved RAS.
16 June	The Management Committee provided feedback on the Maternal and Perinatal Care Project Proposal. The Management Committee agreed on a budget cap of US\$ 20 million for construction of new schools, reserving US\$ 23.5 million to from the RAS to be utilized to enhance quality education through various means, such as refurbishment of existing schools, equipment, teacher training, capacity building, and awareness campaigns.
12 July	The Management Committee provided additional feedback on the Maternal and Perinatal Care Project Proposal.
9 August	The Management Committee discussed accountability measures for the Fund including Conflicts of Interest Procedures and the Monitoring, Evaluation and Learning (MEL) Strategy.
13 September	The Management Committee officially signed the project proposal "Every mother and child survives and thrives: Reducing preventable maternal and newborn deaths in 227 perinatal centres of Uzbekistan" (mptf_00243_00005) with an allocation of US\$ 43.5m to be implemented by UNICEF, UNFPA and WHO. The MEL Strategy was approved on a non-objection basis.

High-level Strategic Committee (HLSC): The HLSC maintains political dialogue on the restitution, provides recommendations on the strategic direction and structure of the Uzbekistan Vision 2030 Fund, and provides oversight over its strategic direction. The HLSC Committee met once in 2023 to review the RAS and the TOR of the CSAC, both of which were validated via non-objection with minutes available publicly at https://mptf.undp.org/sites/default/files/documents/high_level_strategic_committee_meeting_minutes.pdf.

The **Civil Society Advisory Council (CSAC)** is composed of representatives of national and international civil society organizations, and academia. It ensures interaction between the Uzbekistan Vision 2030 Fund and civil society through a consultative role.

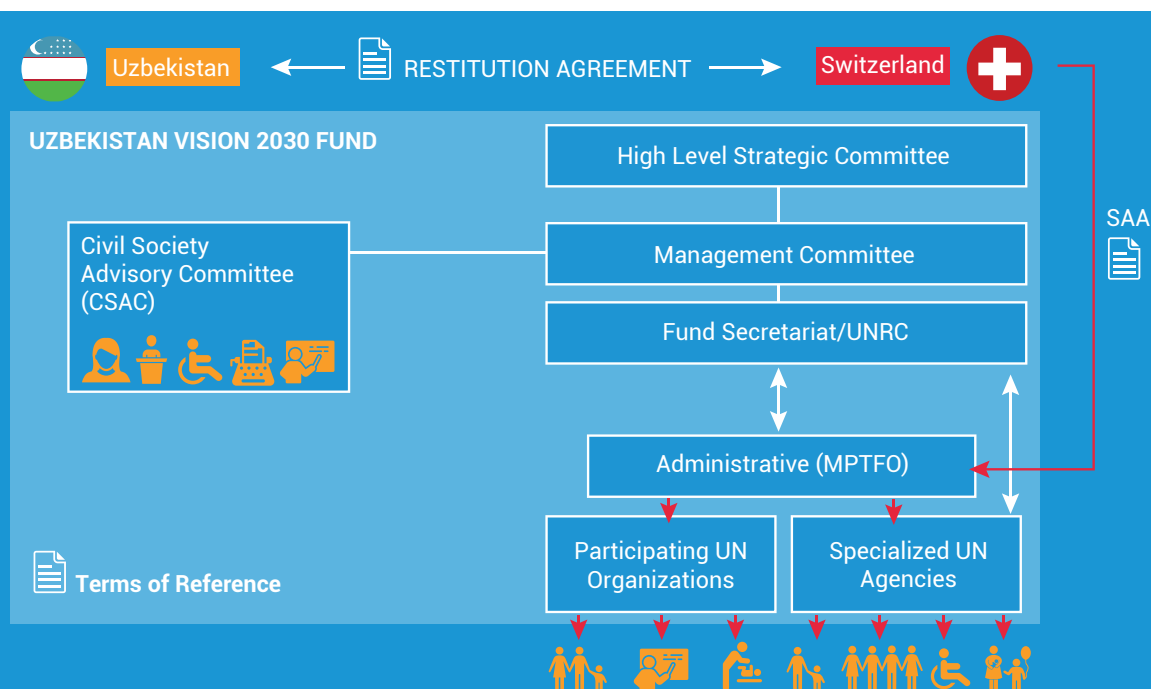
The **Secretariat** is housed in the UN Resident Coordinator's Office in Tashkent. It supports the Management Committee and the High-level Strategic Committee in all their tasks and is responsible for the daily management of the Uzbekistan Vision 2030 Fund.

The **Administrative Agent (AA)** for the Fund is the UNDP Multi-Partner Trust Fund Office (MPTF-O), a service provider for the UN system on UN multi-partner trust funds design and administration. The MPTFO administers the funds transferred to the Uzbekistan Vision 2030 Fund, in accordance with decisions by the Management Committee.

Implementing Organizations include Participating UN Organizations (PUNOs) and any UN Specialized Agencies that have a signed MOU or equivalent with the AA. To date, **22 PUNOs and the World Bank** have **signed MOUs** with the AA, enabling them to operate as Implementing Organizations for the Fund.

The Fund is anchored in the [UN Sustainable Development Cooperation Framework 2021-25 \(UNSDCF\)](#) and its successors. The UNSDCF was developed through participatory and inclusive consultations with UN entities, national stakeholders, contributors, international financial institutions (IFIs) and other development partners. The Fund leverages the UNSDCF Implementation Architecture, which three Results Groups are responsible for operationalizing the framework, facilitating collaboration, and monitoring and reporting on progress; five thematic groups mainstream the framework's guiding principles; and three programme support groups focus on monitoring, evaluation, and data; communications; and operations management.

Figure 1. Governance Structure for the Ishonch Fund





4 OPERATIONAL UPDATES

Pipeline Development – Health

The UN Joint Programme (JP): *“Every Mother and Child Survives and Thrives: Reducing Preventable Maternal and Newborn Deaths in 227 Perinatal Centres of Uzbekistan.”* was approved by the MC on 13 September 2023 with PUNOs receiving the funds on 20 September 2023.

In close collaboration with government counterparts, PUNOs invested significant effort to develop the JP Proposal. The PUNOs assessed over 70 percent of perinatal centres in Uzbekistan, evaluating equipment availability and functionality, staff capabilities and infrastructure suitability. Specifically, in collaboration with the National Technical Working Group, the PUNOs developed a national facility assessment tool and built the capacity of a team of 18 assessors, including specialized medical professionals and engineers, through training and hands-on testing.

The PUNOs developed technical specifications for 100 percent (n=23) of the maternal and neonatal care devices required to equip the 227 perinatal centres. With technical support from independent experts from the Quara Group (UNFPA long-term agreement holders), PUNOs, in collaboration with the National Technical Working Group, developed specifications for seven pieces of equipment from scratch, and further revised seven technical specifications to align them with international standards and United Nations protocols.

Twelve laboratory specialists from national and regional perinatal centres underwent a training course on the modified WHO laboratory assessment tool from 21 to 23 November. Subsequently, on 24 November, the trained specialists, with the support of a WHO expert, conducted a successful assessment of the Republican perinatal centre laboratory.

As part of a broader social and behaviour change initiative, the PUNOs conducted an in-depth literature review of recent studies and research to gain a clearer understanding of the current family issues, attitudes and practices affecting timely health-seeking behaviours.

PUNOs have driven transformative progress in health care in Uzbekistan. Through technical assistance and facilitating policy dialogue, the PUNOs supported the Government of Uzbekistan (GoU) to initiate the development of the Health Strategy 2030, prioritizing primary health care and enhancing reproductive, maternal, neonatal, child and adolescent health services. Their advocacy led to the adoption of the Presidential Decree No. 296, improving health-care quality, and securing vital commodities. The PUNOs revitalized the country's health governance by establishing the Health Development Partners Forum and coordinating the GoU's inputs into and review of the United Nations Inter-Agency Group for Child Mortality Estimation's data.

PUNOs have invested significant time in other proposals for the Ishonch Fund pipeline. Reporting on such efforts will only be included for approved proposals in subsequent reports.

Civil society engagement

The Civil Society Advisory Council (CSAC) was officially established on 21 April 2023 following the endorsement by non-objection of its Terms of Reference (TOR) by the Fund's High-Level Steering Committee. Nineteen nominees for the CSAC, agreed with the Management Committee, were invited to join the council. The TOR for the CSAC Chair and Vice-Chair were developed and approved by the members who then elected their Chair and Vice-Chair through a transparent and open process.

During the first Project Assessment Committee (PAC) meeting for the Perinatal Health project, a CSAC member was invited to participate with observer status. To enhance early consultations on projects development, the practice of seeking inputs from the CSAC on project concepts and draft proposals was introduced.

Since the establishment of the CSAC in April, it has held eleven meetings, including two quarterly meetings, one of which was an annual in-person gathering, one meeting of the CSAC with the Fund's Management Committee, four meetings of the CSAC leadership with the Fund's Secretariat, and four meetings of the CSAC with PUNOs to discuss put forward project proposals. During these meetings, the CSAC had the opportunity to meet with all members of the Management Committee and exchange views on approved projects as well as on projects currently in development. In addition to discussions of the plans and organizational issues, the CSAC members became acquainted with the Uzbekistan Vision 2030 Fund procedures and guiding documents such as the Operations Manual, MEL Strategy and participated in workshops on the UNSDCF, communication channels and Risk management specifically aimed at raising capacities of the CSAC members.

As part of the approved Perinatal Health project, a field trip to a perinatal centre in the Tashkent region was organized for CSAC members to gain first-hand knowledge of the current situation in these centers.

The CSAC Chair, Vice-Chair, and Secretariat staff meet every month to get an update on the Fund's activities and discuss upcoming plans for the CSAC contribution to the Fund operations.

Communications

To ensure transparency and public access to the major documents of the Fund: Memorandum of Understanding, Standard Administrative Agreement, Terms of References as well as strategies, reports, meeting minutes, press releases were regularly uploaded to the Gateway website: <https://mptf.undp.org/fund/uzb00>.

For the convenience of local population, press releases and news were published in Uzbek language at the UN Uzbekistan website: <https://uzbekistan.un.org/en> and at the UN Uzbekistan official Telegram channel, Facebook and X (Twitter), with tags of stakeholders and partners.

The new ishonch.org website was launched in both Uzbek and English in response to a request made by the CSAC to the Management Committee.

Following the approval of the first project funded by the Uzbekistan Vision 2030 Fund in the Health area, a [press release](#) was issued and republished by more than 20 local news channels in Uzbek and Russian languages plus in 10 international media sources, including BBC monitoring, Interfax, Eurouz, Central Asia at <https://uzbekistan.un.org/en/246302-restitution-new-un-programme-reduce-preventable-maternal-and-new-born-deaths-uzbekistan>. The Secretariat carried out ongoing media monitoring and analysis of public opinion and comments, enabling the Fund to address concerns raised by the people of Uzbekistan.

The Secretariat developed a guideline for use of the Uzbekistan Vision 2030 Fund logo to provide a framework for communications and visibility activities and events of projects funded by the Uzbekistan Vision 2030 Fund. To ensure the visibility of the Fund and for a further use by the participating UN agencies, the following guiding documents were developed: a) Visibility and Logo application Guidelines with sample designs of several items; b) press release template in English/Uzbek/Russian languages; c) list of links to various communication channels of stakeholders; d) one-pager about the fund basics and focus areas of the first RAS; e) illustrations to raise awareness about Uzbekistan Vision 2030 Fund projects. The Communications and Visibility Strategy of the Fund became operationalized. To ensure the correct application of the Fund's Communication Strategy and Logo Usage Guidelines, these documents were presented to communication specialists of the implementing agencies (UNICEF, UNFPA, WHO) at the meeting in September 2023. During the annual meeting in November 2023, the CSAC members gained knowledge about the Fund's and its stakeholders' communications channels. Following the request of the CSAC, information about the meeting with photos and members' emails was published on websites so that ordinary people could contact CSAC members directly if a need arises: [Meeting of Civil Society Advisory Council of Uzbekistan Vision 2030 Fund | United Nations in Uzbekistan](#).

To minimize reputational risks, all communication and visibility efforts of the Fund are treated as potentially sensitive. A Crisis Communication Procedure was developed to define general measures during a crisis, roles and responsibilities, sample messages to answer potential questions and contacts of staff who can form the temporary crisis re-

sponse team. Messages were developed in advance and approved by the Management Committee to ensure that accurate and consistent information is communicated to internal and external stakeholders quickly during a crisis. The objective of this document is to prepare the Uzbekistan Vision 2030 Fund to effectively respond and communicate during an incident or situation, when complexity or gravity of potential negative consequence on the reputation requires coordinated multidisciplinary response. This Crisis Communication Procedure is designed to help the Uzbekistan Vision 2030 Fund maintain its reputation by addressing crises more efficiently and effectively through better communication. Procedures aim to maintain public trust, minimize damage and to protect the Fund's and stakeholders' reputation.



Civil Society Advisory Council Statement

The Civil Society Advisory Council (CSAC) was established in April 2023 and ensures interaction between the Uzbekistan Vision 2030 Fund and civil society in an advisory role.

In 2023, the CSAC organized two quarterly meetings on 24 August and 31 October. Additionally, CSAC members actively participated in three Project Assessment Committee (PAC) meetings and engaged in four project development discussions with UN agencies.

As per the CSAC's decision, Nazifa Kamalova, a CSAC member, was appointed to serve on the Steering Committee for the Perinatal and Maternal Health project. Additionally, she was chosen to be part of the commission responsible for overseeing the tender process for the procurement of medical equipment. The members of the CSAC actively participated in three capacity-building trainings organized by the Secretariat. These trainings were designed to enhance their knowledge and skills in key areas relevant to their roles and responsibilities.

On November 2, the CSAC conducted a visit to the Perinatal Center in the Chinaz district of the Tashkent region for monitoring purposes. The center is currently undergoing preparations to be equipped with new medical equipment. This project, carried out in collaboration with the Ministry of Health, aims to make a substantial impact on reducing maternal and newborn mortality rates in the region.

During the monitoring visit, it was observed that the Perinatal Center in the Chinaz district is in urgent need of updating its existing equipment. For example, the condition of the chairs for women in labor was found to be rusted and outdated, dating back to the last century. Similarly, the baby changing tables were dilapidated and require immediate replacement.

The monitoring visit was attended by several key individuals, including Sayyora Khodjaeva, the chair of the CSAC, Patrick Mutzenberg, the CSAC vice-chair, Nazifa Kamalova, a CSAC member, and Manzura Khusnidinova, the Secretariat CSAC Focal Point. They were accompanied by Mrs. E. Bositkhonova, the Deputy Minister of Health of the Republic of Uzbekistan, along with representatives from regional and district health departments.

During the visit, discussions were held with Mrs. E. Bositkhonova regarding the progress of work carried out by the Khokimiyats in terms of preparing the premises for the installation of the new equipment. It was noted that the Ministry had issued instructions on this matter to all regional khokims and the Republic of Karakalpakstan.



5 LESSONS LEARNED & FORWARD LOOK

While the Ishonch Fund achieved significant operational milestones, important lessons have also been learned over the course of 2023 that should inform the way forward.

Lesson #1: Transparency, openness and consultations are particularly important given the context of the Fund and the fact that many stakeholders are showing interest in how the funds are allocated.

Lesson #2: Prioritization of intervention areas is important to ensure the Fund achieves a tangible impact for the people of Uzbekistan.

Lesson #3: Long term planning anchored in the UNSDCF is important to ensure the Fund delivers transformative impact for the people of Uzbekistan.

Lesson #4: The establishment of the Civil Society Advisory Council (CSAC) is a significant achievement and asset for the Fund. The engagement with the CSAC can be deepened, for example by having the CSAC observe tender processes and project steering committees.

Lesson #5: The Fund can benefit from the experiences of other initiatives and Funds in other jurisdictions. Both programmatically and in terms of optimizing accountability measures.

Lesson#6: The Fund could anchor its programming and external communication more in the SDGs which provide a robust and well documented framework for delivering development value for the people of Uzbekistan.

Looking ahead, the Management Committee commits for 2024 to be a year of:

- **delivery in the health sector** as the first approved Joint Programme begins to yield results to reduce maternal and infant mortality.
- **further pipeline development in the education sector**, as programmes are expected to be approved in line with the approved Resource Allocation Strategy.
- **strengthened engagement with the CSAC**, ensuring meaningful dialogue around the strategic direction of the Fund and Joint Programme approval.
- **greater transparency to the public**, with more outreach and greater accessibility of information, including in the Uzbek language.

ANNEX 1. ISHONCH FUND MONITORING FRAMEWORK

Fund Operational Performance

Indicators	Annual target	Achieved	Status	Source
Governance				
# of annual Management Committee Meetings	4		8	MC minutes
# of annual CSAC Meetings	4		<11> ¹	CSAC minutes
% of active projects with an anti-corruption capacity development component in accordance with the RAS	100%		100%	Project Documents
% of MPTF projects consulted on with relevant RG/TGs during design	100%		100%	RG/TG minutes
% of MPTF projects consulted on with CSAC during design	100%		100%	CSAC minutes
Delivery rate of approved projects against established thresholds, %	85%		N/A ²	Gateway
Share of proposals passed through PAC with an average score 3.5 and above, %	95%		75% ³	PAC minutes
Alignment with the UNSDCF principles				
% of active projects with a gender marker of GEM-2: GEWE is a significant objective of the key activity ⁴	50%		100%	Gateway
% of direct Ishonch Fund beneficiaries who are women and girls	TBD by funded projects 1) 75% for Perinatal Health project		1) 75%	Project/programme reports
MEL and Accountability				
Annual progress reports publicly accessible on the Gateway	100%		100%	Gateway
% of projects/programmes for which reporting submitted in line with schedule	100%		100%	Gateway
% of projects/programmes providing clear evidence of tangible results and impact for the people of Uzbekistan	100%		100%	Gateway

1 These include 2 quarterly meetings, of which one was an in-person meeting, 1 meeting of the CSAC with the Management Committee, 4 meetings of the CSAC leadership with the Secretariat and 4 project development discussions between CSAC and UN agencies.

2 The funding for the project was approved in September 2023 with implementation results to be included in the next reporting cycle.

3 In 2023, PUNOs submitted three project proposals with two proposals passing through PAC with a required average score.

4 The original approved monitoring framework had framed the indicator to focus on GEM-3. It is proposed to reorient this to GEM-2, in line with the strategic orientation of the Fund, which is for the benefit of all people in Uzbekistan, not only women and girls.

Fund Results

This section will be expanded based on the outcome indicators set for the specific project/programme approved for the funding.

Thematic priorities ¹	Indicators ²	Baseline	Targets (2025)	Achieved	Status – 2024 (will be included in next reporting cycle)	Source
Health Sector: Reduced maternal and infant mortality	Percentage of survival of low-birth-weight newborns in 227 perinatal centres, (%) a) 500-1500 grams b) 1500-2000 grams	a) 50% b) 80% (2023)	a) 85% b) 95%			Health flagship
	Preventable maternal deaths (%)	77.3% (2022)	45%			Health flagship
	Number of Neonates, Women, and Adolescents Benefited from UN Supported High-Quality Inclusive RM-NCAH Services in 227 Perinatal Centers Disaggregation: a) Age, b) gender, c) rural/urban, d) regional disaggregation, e) humanitarian context	20,000 (2022) a) N/A b) 20,000 women c) N/A d) 20,000 Republic of Karakalpakstan e) No	1,200,000 a) 600,000 women 15-49; 600,000 neonates b) 600,000 women			Health flagship
	Number of People Reached through Direct Community Consultations	0 (2023)	20,000			

Annex 2. KEY TERMS AND ACRONYMS

AA	Administrative Agent (the MPTFO)
CSAC	Civil Society Advisory Council
Fund	Uzbekistan Vision 2030 Fund (or “Ishonch Fund”)
HLSC	High-Level Strategic Committee
IFI	International Financial Institution
MC	Management Committee
MEL	Monitoring, Evaluation, and Learning
MOU	Memorandum of Understanding between PUNOs and the MPTFO regarding the Operational Aspects of the Fund
MPTFO	UN Multi-Partner Trust Fund Office
PUNO	Participating UN Organizations
UN RC	United Nations Resident Coordinator
RAS	Resource Allocation Strategy
SAA	Standard Administrative Arrangement between the Swiss Federal Council as custodian of funds recovered in Switzerland, on behalf of and for the benefit of the population of the Republic of Uzbekistan, and the MPTFO
SDGs	Sustainable Development Goals
TOR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team. The UNCT is the main inter-agency mechanism in a country for inter-agency coordination, coherence and decision-making. It is led by the UN Resident Coordinator and composed of the representatives of UNSDG entities
UNDG	United Nations Development Group
UNEG	United Nations Evaluation Group
UNSDCF	United Nations Sustainable Development Cooperation Framework for Uzbekistan 2021-2025 ⁵ and its successors
UNSDG	United Nations Sustainable Development Group

⁵ <https://uzbekistan.un.org/index.php/en/94416-united-nations-sustainable-development-cooperation-framework-2021-2025-uzbekistan>

Annex 3. "EVERY MOTHER AND CHILD SURVIVES AND THRIVES: REDUCING PREVENTABLE MATERNAL AND NEWBORN DEATHS IN 227 PERINATAL CENTRES OF UZBEKISTAN" PROJECT/PROGRAMME ANNUAL NARRATIVE REPORT

Project/programme title (short):	Window A. Maternal and Perinatal Care
MPTFO Project ID:	MPTF_00243 Uzbekistan Vision 2030 Fund:
Start date:	20/September/2023
Planned end date:	26/March/2026
Total budget as per ProDoc:	US\$ 43,500,000
Implementing organizations:	UNICEF: Lead Implementing Organization/Convening Agent; UNFPA: Implementing; WHO: Implementing

	Implementing Organization:	Report approved by:	Position/Title	Signature
1.	UNICEF [Lead/convening agent]	Geoffrey Ijumba	Representative, ad interim	<i>Geoffrey Ijumba</i>
2.	UNFPA	Nigina Abaszade	Representative	<i>Nigina Abaszade</i>
3.	WHO	Asheena Khalakdina	WHO Representative, Head of Country Office	<i>Asheena Khalakdina</i>

Annual Highlights

1. The participating UN organizations (PUNOs) have driven transformative progress in health care in Uzbekistan. Through technical assistance and facilitating policy dialogue, the PUNOs supported the Government of Uzbekistan (Government of Uzbekistan) to initiate the development of the Health Strategy 2030, prioritizing primary health care and enhancing reproductive, maternal, neonatal, child and adolescent health services. Their advocacy led to the adoption of Presidential Decree No. 296, improving health-care quality and securing vital commodities. The PUNOs revitalized the country's health governance by establishing the Health Development Partners Forum and coordinating the Government of Uzbekistan's inputs into and review of the United Nations Inter-agency Group for Child Mortality Estimation's data.
2. The PUNOs assessed over 70 per cent of perinatal centres in Uzbekistan, evaluating equipment availability and functionality, staff capabilities and infrastructure suitability. Specifically, in collaboration with the National Technical Working Group, the PUNOs developed a national facility assessment tool and built the capacity of a team of 18 assessors, including specialized medical professionals and engineers, through training and hands-on testing.
3. The PUNOs developed technical specifications for 100 per cent (n=23) of the maternal and neonatal care devices required to equip the 227 perinatal centres. With technical support from independent experts from the Quara Group (UNFPA long-term agreement holders⁶), PUNOs, in collaboration with the National Technical Working Group, developed specifications for seven pieces of equipment from scratch, and further revised seven technical specifications to align them with international standards and United Nations protocols.

⁶ A long-term agreement (LTA) is a contract between a United Nations entity and a supplier that defines the terms for future orders of goods or services. LTAs are developed through a complex solicitation process, which must consider not only the quality of the goods/services under consideration but also the capability of the selected supplier to fulfil orders for the full period of coverage. It is usually prepared by the headquarters of the United Nations organization.

Progress update by component/outcome

Progress Rating: On-track

Outcome: By March 2026, the most vulnerable neonates, adolescents, and women will benefit from gender-responsive quality RMNCAH services

Key achievements:

During the three-month reporting period, the PUNOs made a considerable contribution to and progress in enabling an environment that promotes access for the most vulnerable women, neonates, children and adolescents to gender-responsive and high-quality reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services. By providing technical assistance and facilitating policy dialogue, the PUNOs supported the Government of Uzbekistan in developing strategic documents to prioritize reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) services for the most vulnerable. Specifically, with the PUNOs' expertise and guidance, the Ministry of Health (MoH) initiated the development of the Health Strategy 2030. The preliminary priority areas strongly focus on primary health care and improving RMNCAH services.

Through their advocacy, the PUNOs contributed to the Government of Uzbekistan's reaffirmation of its commitment to improving the protection of RMNCAH services. Specifically, through Presidential Decree No. 296, the Government of Uzbekistan committed to improving the quality of health services for mothers and children, including procuring essential commodities, such as micronutrient supplements and reproductive health commodities, through the PUNOs. Such actions create an enabling environment for implementing critical interventions within the programme and are aligned with the programme's key objectives.

The PUNOs continued to support improvements in the country's health governance. In the absence of a functional country platform for health operating under the Agency for Strategic Reforms, the PUNOs' support was integral to initiating a coordinated health response. They supported the establishment of the Health Development Partners Forum, which allows development partners to report their progress in supporting the health sector, including RMNCAH services. This platform is co-chaired by WHO and functions in close collaboration with UNICEF and UNFPA.

The PUNOs supported the Government of Uzbekistan in improving the availability of data for evidence-informed decision-making. With their support, the Government of Uzbekistan provided inputs into the child mortality estimates of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). These estimates will be available in the first quarter of 2024 and will provide up-to-date child mortality data for the country using internationally recognized methodologies and the latest data.



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.

Governance

To address barriers to achieving an enabling environment for RMNCAH services in 227 perinatal centres, the PUNOs initiated the creation of a Steering Committee, consisting of representatives of the MoH, the Ministry of Economy and Finances (MEF), the Vision 2030 Secretariat, the Joint Programme Team, international financial institutions (IFIs) and development partners, whereas a representative of the Civil Society Advisory Committee (CSAC) will take part as an observer. UNICEF, UNFPA and WHO will serve as technical advisers to the Steering Committee, with UNICEF providing secretariat support. The Steering Committee is co-chaired by the MoH and UNICEF/UNFPA on a six-monthly rotation. The Steering Committee will ensure that the programme is aligned with national policies and strategies and use its influence and authority to assist the programme to achieve its outcome and overcoming any barriers or obstacles.

To ensure the effective technical implementation of the programme, the PUNOs have established two technical working groups (TWGs). These groups, composed of PUNO and MoH specialists, are tasked with overseeing different aspects of the programme. One TWG is responsible for appraising service delivery at perinatal centres. The other TWG, which is still under development, although its terms of reference (ToR) are established, is charged with managing the social and behaviour change and community mobilization aspects of the programme.

At the end of December 2023, the PUNOs and the MoH convened a joint planning meeting. This facilitated efficient planning and coordination of relevant interventions and development of work plans for 2024. In addition, the meeting gave key stakeholders clarity on the programme's outcomes and outputs, monitoring and evaluation strategy, and knowledge documentation methods.

Policies, guidelines and clinical protocols

Using technical expertise mobilized through the programme, the PUNOs updated the following national protocols in accordance with WHO recommendations: (1) Premature rupture of membranes; (2) Abnormal uterine bleeding; (3) Inflammatory diseases of the pelvic organs; (4) Ectopic pregnancy; (5) Induction of labour; (6) Polycystic ovary syndrome; (7) Diagnosis and treatment of cardiovascular diseases during pregnancy; and (8) Endometriosis: diagnosis and management tactics. The PUNOs will use these protocols in capacity development interventions to improve the skills of health-care workers, enabling them to provide high-quality RMNCAH services.

Baseline assessment of corruption risks

WHO has in place global policy recommendations on reinforcing the focus on anti-corruption, transparency and accountability in national health policies, strategies and plans. In addition, the WHO Technical Group on Anti-corruption, Transparency and Accountability has developed a global assessment tool, which will be adapted and used in Uzbekistan. The core consultant and technical experts for this work were identified at the WHO regional office level.

Output 2. By March 2026, 227 perinatal centres have improved capacity to provide quality and inclusive RMNCAH services.

The PUNOs assessed over 70 per cent of the 227 perinatal centres in Uzbekistan, evaluating equipment availability and functionality, staff capabilities and infrastructure suitability. They engaged an experienced international expert to facilitate and coordinate this process. In partnership with the National Technical Working Group experts, the international consultant developed and validated two questionnaires and established the schedule for field visits. A team of 18 experts designated by the MoH, including seven doctors of obstetrics and gynaecology, six neonatologists and two engineers, received thorough training in conducting the assessment and utilizing the questionnaires. The assessment commenced on 4 December 2023 and, by the end of December, it had covered 159 perinatal centres across 10 regions, namely Khorezm, Namangan, the Republic of Karakalpakstan, Andijan, Samarkand, Navoi, Syrdarya, Fergana, Bukhara and Jizzakh. Throughout the assessment process, UNICEF and UNFPA staff monitored the data collection process to ensure its quality and accuracy.

The PUNOs developed technical specifications for 100 per cent (n=23) of the maternal and neonatal care devices required to equip the 227 perinatal centres. Through a UNFPA long-term agreement,⁷ the PUNOs engaged a group of independent technical experts from Quara Group, a specialist consultancy agency renowned for its expertise in health-care systems, to develop and elaborate specifications for crucial life-saving maternal and neonatal care equipment. In particular, specifications for 23 medical equipment items, of which 14 will be supplied by UNICEF and 9 by UNFPA, ranging from therapeutic hypothermia equipment for newborns to maternity-related devices such as infusion pumps, were developed in line with national standards, and United Nations quality assurance protocols and procurement procedures. The parameters for 7 of the 14 items to be supplied by UNICEF were developed from scratch, and specifications for the remaining seven items initially agreed with the MoH were further revised. The PUNOs ensured that their recommendations, comments and remarks did not unduly restrict the technical specifications in order to avoid any potential procurement risks. The descriptions of the specifications and parameters and the supply provisions and conditions underwent a thorough review by both the MoH and the TWG through meetings, extensive consultations and discussions. On 27 December, the MoH endorsed the finalized list of technical specifications.

Twelve laboratory specialists from national and regional perinatal centres underwent a three-day training course on the modified WHO laboratory assessment tool from 21 to 23 November. The training equipped them with the skills to comprehensively assess their laboratory capacities and identify areas for improvement. Subsequently, on 24 November, the trained specialists, with the support of a WHO expert, conducted a successful assessment of the republican perinatal centre laboratory.

⁷ A long-term agreement (LTA) is a contract between a United Nations entity and a supplier that defines the terms for future orders of goods or services. LTAs are developed through a complex solicitation process, which must consider not only the quality of the goods/ services under consideration but also the capability of the selected supplier to fulfil orders for the full period of coverage. It is usually prepared by the headquarters of the United Nations organisation.

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

The PUNOs developed a ToR for the Social and Behavioural Change Technical Working Group, which will coordinate social and behaviour change interventions (including research) and focus group discussions. Composed of officials from the MoH, PUNO specialists and other stakeholders, the TWG will develop key messages, identify communication channels, and create training modules on interpersonal communication skills. As part of a broader social and behaviour change initiative, the PUNOs conducted an in-depth literature review of recent studies and research to gain a clearer understanding of the current family issues, attitudes and practices affecting timely health-seeking behaviours.

Challenges:

Essential life-saving maternal and neonatal care equipment

During the development of the technical specifications, the PUNOs recognized that excessively precise specifications could favour a particular brand of equipment and undermine competitive bidding by limiting the eligible alternatives. To address this, the PUNOs involved a group of independent technical experts to review the recommendations of national partners and ensure that they were aligned with technical requirements and standards and allowed competitive and fair bidding. After numerous reviews, consultations and meetings, the national TWG endorsed the list of equipment specifications on 27 December 2023, which will be presented to the Steering Committee on 29 January 2024 for approval. PUNOs identified this challenge as a newly identified risk in the risk framework.

The PUNOs understood the exigency expressed by the Government of Uzbekistan to accelerate the procurement processes in order to meet the urgent needs of the most vulnerable women and neonates. However, this could pose risks to the integrity and transparency of the procurement process, as well as the quality and value for money of the goods or services acquired. Procurement involves several steps, including planning, market research, tendering, evaluation, contract management and reporting, that are



essential to ensure fair competition, accountability and efficiency. The PUNOs will ensure that the procurement process follows the principles of transparency, accountability and fairness, and that the equipment meets the technical specifications and standards of the national partners. The perinatal centre equipment procurement process is advancing as planned and remains on track.

The Government of Uzbekistan requirement for mandatory registration of commodities and equipment involves suppliers submitting detailed documentation about the equipment and their companies. This requirement could potentially limit the number of suppliers willing to participate in the bidding process because of the additional documentation and procedures involved. The PUNOs are seeking clear guidance from the Government of Uzbekistan on whether registration is necessary, so that they can include these requirements in the tender. There have been instances where this requirement has been waived by a resolution from the Cabinet of Ministers. However, if national partners do not waive this mandatory registration in this case, it could reduce the number of suppliers taking part in the tender process and negatively affect fair competition. In addition, the lack of a designated storage facility for the equipment that will be procured remains a concern. This could affect the timeline of the programme, as the equipment will need to be stored securely. However, the PUNOs will continue to liaise with the Government of Uzbekistan to prioritize these issues and ensure the timely procurement of essential perinatal equipment. PUNOs identified this challenge as a newly identified risk in the risk framework.

Perinatal centre facility assessments

During the visits to health-care centres for the perinatal centre assessment, some health professionals misinterpreted the purpose and nature of the assessment. They perceived the visits as appraisals of their individual performance, expressing concern about potential disciplinary action based on the assessment outcomes. This misapprehension led to hesitancy in providing accurate data and information. To mitigate this issue, the assessment team clearly explained the aim and scope of the assessment and explained that the objective was not to judge the performance or competence of health professionals. The assessors addressed the professionals' questions and concerns, expressed appreciation for their participation, and reassured them their data and information would be protected. The PUNOs will also share the results and recommendations of the assessment with the health-care professionals working in the perinatal centres.

The preliminary findings of the assessments reveal a need for renovation of almost all perinatal centres, without which the installation of essential equipment may be impractical. The deteriorating condition of the buildings, including the power supply, cables, and water, hygiene and sanitation (WASH) facilities, and the availability of technical staff, may necessitate substantial financial investment by the perinatal centres and/or the local administrations (khokimiyats). Furthermore, local health-care personnel will require additional knowledge and skills in order to operate and maintain advanced technology, which poses a threat to the effective delivery of high-quality health-care services. The assessments also highlighted understaffing in maternity care across various specialties, encompassing both medical and technical fields. This shortage can be attributed to a lack of specific roles in the staffing structure and/or insufficient remuneration.



Planning, coordination and communication

The restructuring of key maternal and child health institutions in the framework of the ongoing reforms, namely the centres of reproductive health and the Specialized Scientific and Practical Medical Center for Obstetrics and Gynecology, affects the planning and implementation of the programme interventions, including capacity-building activities. PUNOs identified this challenge as a newly identified risk in the risk framework.

Looking ahead:

Essential life-saving maternal and neonatal care equipment

The PUNOs are liaising with their supply divisions to cross-check the availability of items in the MoH-endorsed list of technical specifications of essential equipment with their supply catalogues and long-term agreements. They will present the final list of specifications to the Steering Committee for approval in January 2024. Once approved, the PUNOs will procure the equipment in three lots, with simple equipment (lamps, scales, etc.) procured first. This is equipment that is independent of perinatal centre renovations. The more technologically advanced equipment, such as incubators and continuous positive airway pressure (CPAP) machines, will be procured in the subsequent lots, as the perinatal centres become ready. The PUNOs will continue to liaise with the MoH and MEF to ensure that the Government of Uzbekistan allocates resources for warehousing, customs and equipment registration. The PUNOs have yet to receive agreement from the Government of Uzbekistan on these issues.

Perinatal centre facility assessment

The assessment is scheduled to be completed by the end of January 2024, following which a comprehensive final report with key findings and recommendations will be submitted to the MoH. The report will provide recommendations to the Ministry on the renovations required to enable the perinatal centres to accept the essential equipment. In addition, based on the report, the PUNOs will support the formulation of an action plan, which will

align relevant capacity-building interventions with the needs identified for each centre and prioritize the procurement of necessary life-saving maternal and neonatal care equipment within specific geographical areas as the perinatal centre renovations are completed.

Social and behaviour change

The PUNOs will prioritize research and data collection to gather insights into the behavioural aspects of women and their family members aimed at identifying drivers of behaviour and key barriers to seeking RMNCAH services. Through existing technical expertise, the PUNOs will develop a three-day module on interpersonal communication skills to establish a core team of master trainers. The introduction of pre-test materials and training of trainers will take place throughout February and March 2024.

Laboratory assessment

The laboratory assessment of central and regional perinatal centres is scheduled to continue in January and February. In addition, WHO international experts will provide training on laboratory quality management for the heads of clinical diagnostic laboratories at both republican and regional perinatal centres during the same period.

Capacity-building

Following the updating of key protocols and modules, a team of WHO experts will conduct a training of trainers course for national-level experts in the first quarter of 2024. The training of trainers will prepare the key experts to cascade the training to perinatal centres and primary health-care settings. The cascade training courses are expected to start in quarter two 2024.

Quality-of-care assessment

The PUNOs will conduct the quality-of-care assessment in quarter one 2024. WHO international experts will train experts from the National Technical Working Group on the assessment tool and methodology. The data collection process is expected to last two weeks, and the results will be available by quarter two 2024. The WHO tools that were updated in 2022-2023 will be adapted and used for this assessment.

Corruption risk assessment

WHO technical experts will conduct an inception mission for the corruption risk assessment in quarter one 2024. The majority of the data collection is expected to be completed in quarters three and four of 2024. The results of the assessment will be used to develop key recommendations for the Government of Uzbekistan to reduce corruption in the health sector.



Risk Framework for Project/Programme: Maternal and Perinatal Care (Updated as of December 2023)

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.

Overall Risk Rating: Moderate

Category of risk	Risks	Risk level for project/programme	Implications for project/programme	Implications for the Fund	Treatment
Contextual/ Programmatic/ Institutional	High priority risks for project/programme	Risk level = likelihood × impact Trajectory (increased, decreased, no change since last assessment)	Analysis of the implications for the project/programme	Analysis of the implications for the Fund	Current treatment measures being taken and/or proposed treatment measures
Contextual	Social and cultural practices and beliefs negatively affect health-seeking behaviours and uptake of RMNCAH services.	12 – Possible No change since last assessment.	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 and behaviour change plan with messages to support behaviour change communication activities. UNICEF will work to mobilize communities to increase the acceptability and uptake of RMNCAH services. UNFPA will support community-based activities in the area of maternal and adolescent health, and develop relevant messages to support behaviour changes and communication activities. WHO will support national leadership in developing evidence-based policy and strategies on RMNCAH within the Health Strategy 2030 being developed by the MoH.
Programmatic	Political commitment impeding project delivery.	5 – Moderate Decreased since last assessment.	A reduced political commitment to ensuring high-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 political support for RMNCAH services to sustain the positive changes achieved by the project. Since the last assessment, there is an increased political commitment to RMNCAH through the adoption of Presidential Resolution No. 296, dated 8 September 2023, which focuses on improving maternal and child health as well as reproductive health of the population. Additionally, the Government of Uzbekistan adopted the Uzbekistan 2030 Strategy which has a strong focus on RMNCAH.
Contextual	Lack of commitment of national counterparts to cooperate in implementation of anti-corruption activities.	12 – Probable No change since last assessment.	Institutions and systems may not be created, and the relevant data will not be disclosed without cooperation of national counterparts, leading to failure to establish strong anti-corruption and anti-fraud mechanisms.	The programme 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. UNICEF and UNFPA jointly applied to the MoH to waive the mandatory requirements for registration of the equipment expected as part of the project to reduce the expenses associated with procurement.

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Institutional	IFI investments not allocated to perinatal care during programme implementation.	12 – Possible No change since last assessment.	Delays in allocating IFI investments in perinatal care may lead to reduced impact of the programme's results given the high level of need for equipment, capacity development and SBC for RMNCAH in the country and the complementarity of the 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 that the IFI investments are approved and implemented swiftly.
Programmatic	Lack of coordination between partners.	6 – Improbable Decreased since last assessment.	No coordination between central and decentralized levels and between partners delivering RMNCAH interventions, leading to subpar service provision and duplication of interventions.	The Fund will not achieve value for money and will have a reduced impact.	<p>The Steering committee led by the MoH will ensure coordination between and engagement of partners at all levels.</p> <p>The informal Health Development Partners Forum of international organizations and programmes working in the country resumed its monthly meetings under the chair of WHO.</p> <p>PUNOs will regularly present progress on the project and inform the international health community about its core issues. WHO provides technical support to the MoH on development/review for the Health Strategy 2030 and consultations with international partners on health in the country, including strengthening its RMNCAH section. Based on the Health Strategy development process the MoH will facilitate the country platform for health.</p> <p>This strategic approach will improve governance/coordination for RMNCAH interventions and support institutional capacity.</p>

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Institutional	Delays in installation of the equipment due to the Government of Uzbekistan not carrying out high-quality infrastructure renovations, as required, at perinatal centres.	16 – Probable No change since last assessment.	Despite the Government of Uzbekistan'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.	<p>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 government agencies. This assessment aims to identify areas of improvement and guide decision-making processes for effective implementation.</p> <p>To ensure the success of the programme, the PUNOs will ensure that Government of Uzbekistan's commitment to ensuring infrastructure readiness is minuted in the Management Committee's approval and advocate its inclusion in protocols and Cabinet of Ministers resolutions.</p> <p>An assessment of the readiness of selected 227 perinatal centres for equipment installation was started on 4 December with the final report to be ready by the end of January and shared with the MoH to inform it of the further renovation to be conducted before procurement of equipment.</p>
Contextual	The Government of Uzbekistan does not allocate sufficient domestic funding for the maintenance of the procured equipment.	16 – Probable No change since last assessment.	Despite the Government of Uzbekistan's commitment to fund the be limited funding allocations and commitments at the health centre level maintenance of the equipment, there might.	Equipment will not be maintained appropriately, reducing the impact of the intervention and its sustainability.	<p>To ensure the success of the programme, the PUNOs will ensure that Government of Uzbekistan's commitment to the maintenance of the procured equipment is minuted in the Management Committee's approval and advocate its inclusion in protocols and Cabinet of Ministers resolutions.</p> <p>The facility assessment report with key findings and recommendations will be shared with the MoH and presented to the Steering Committee for appropriate action before procurement of equipment.</p>

Risk Framework for Project/Programme: Maternal and Perinatal Care (Updated as of December 2023)

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Contextual	Politically exposed individuals involved in the project's implementation.	6 – Possible No change since last assessment.	The involvement of politically exposed individuals in the project's implementation could lead to potential conflicts of interest, lack of transparency and compromised decision-making.	The programme's integrity and credibility will be undermined posing a reputational risk for the Fund and the PUNOs.	To address the risk of politically exposed individuals' involvement in the project's implementation, the following measures will be implemented: <ul style="list-style-type: none"> • Procurement of equipment through the PUNOs' supply divisions: equipment procurement will follow a transparent and accountable process facilitated by the PUNOs' supply divisions. • Checks and balances through the UNICEF/UNFPA HACT (Harmonized Approach to Cash Transfers) framework. • Collaboration with CSOs (civil society organizations), bloggers and activists through social listening to identify potential conflicts of interest and ensure transparency.
Programmatic	Equipment needs assessment not conducted in good time.	8 – Improbable Decreased since last assessment.	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 time frame, reducing the impact of the RM-NCAH interventions and their sustainability.	To ensure the needs assessment is done in a timely manner the PUNOs have: <ul style="list-style-type: none"> • Allocated dedicated staff to oversee and coordinate the assessment. • Involved relevant stakeholders, such as the MoH, technical experts, MEF and perinatal centres, early in the process. Their active participation and collaboration have been instrumental in expediting the assessment by streamlining communication, data sharing, and decision-making. The initial results of the assessment will be shared at a technical meeting on 25 and 26 January 2024 and with the Steering Committee at the end of January 2024.

Risk Framework for Project/Programme: Maternal and Perinatal Care (Updated as of December 2023)

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Programmatic	Equipment technical specifications are developed to favour a particular company.	12 – Possible Newly identified risk.	Excessively precise technical specifications can favour a particular equipment brand, reducing competition in bidding by limiting eligible alternatives.	The principles of value for money and transparency are compromised posing a reputational risk for the Fund and the PUNOs.	PUNOs hired an expert international institution to guide the technical working group in developing the technical specifications, providing insights and recommendations in areas where the company deems the specifications are too precise or could limit the number of companies that can bid. PUNOs will maintain open communication with the MoH and Vision 2030 Secretariat and raise issues of high risk to the Management Committee if escalation is required.
Contextual	Turnover of key personnel within the MoH's management	12 – Possible Newly identified risk.	Frequent turnover at MoH significantly affects various aspects of the programme, disrupting the retention of crucial institutional knowledge and leading to challenges in both official and informal communication channels. Moreover, it may cause delays and obstacles in effectively implementing the programme interventions.	The Fund will have a reduced impact due to delays in programmatic implementation.	The ongoing structural changes in the national health system involve turnover of senior staff in the MoH. PUNOs will maintain communication with MoH technical and decision-making staff to ensure the smooth continuation of planned activities.

Risk Framework for Project/Programme: Maternal and Perinatal Care (Updated as of December 2023)

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Overall Risk Rating: Moderate

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Programmatic	The mandatory registration of commodities in Uzbekistan, can narrow the field of qualified equipment suppliers participating in tender processes, thereby adversely impacting equitable competition.	12- Possible Newly identified risk	The mandatory registration of commodities in Uzbekistan could narrow the field of eligible equipment suppliers participating in tender processes, thereby adversely impacting equitable competition.	The principle of value for money is compromised posing a reputational risk for the Fund and the PUNOs.	<p>PUNOs sent an official communication to the MoH, urging collaboration with the Government of Uzbekistan to seek a waiver for the registration requirements applicable to the equipment procured under the Vision 2030 project.</p> <p>PUNOs will maintain open communication with the MoH and Vision 2030 Secretariat and raise this issue with the Management Committee if escalation is required.</p>

Results Framework

Outcome 1: By March 2026, the most vulnerable neonates, adolescents and women will benefit from gender-responsive quality RMNCAH services.

		Baseline (2022)	Target (March-2026)	Current Status (Dec-2023)	Means of verification	Responsible Org
Outcome Indicators	Survival of low-birth-weight newborns in 227 perinatal centres (%) a) 500–1500 g b) 1500–2000 g	a) 70% b) 80%	a) 85% b) 95%	On track a) 50% b) 80% Data are based on official statistics from the MoH as at the end of December 2023. The data from the Ministry refers to 229 perinatal centres. As at December 2023, 227 perinatal centres were functional. No explanation was provided for the decrease in newborn survival for at 500–1500 g birthweight.	MoH HMIS (Babies matrix)	UNICEF, WHO, UNFPA
	Preventable maternal deaths (%)	77.3%	45%	On track 77.3% No new data. Data will be available on an annual basis.	Hospitals/health facility records; HMIS, CEMD reports	UNFPA, UNICEF, WHO

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.

Output Indicators	1.1 Percentage of perinatal deaths audited	30%	70%	On track 23% The decrease in perinatal deaths audited is due to some perinatal centres not conducting perinatal death audits during the reporting period. UNICEF will intensify the scaling up of perinatal death audits by the end of the second quarter of 2024, including strengthening the capacity of previously identified perinatal centres through supportive supervision.	Perinatal death audits, HMIS	UNICEF
	1.2 Percentage of maternal complications reviewed	13.3%	70%	On track: 13.3% There are no comparable data available. The indicator will be updated at the end of 2024 after planned NMCR activities take place.	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%	On track a) No b) 0 WHO will use its global policy recommendations on reinforcing the focus on anti-corruption, transparency and accountability (ACTA) in national health policies, strategies and plans (2019–2023)	Documents/regulations/SOPs	WHO

Results Framework

Outcome 1: By March 2026, the most vulnerable neonates, adolescents and women will benefit from gender-responsive quality RMNCAH services.

		Baseline (2022)	Target (March-2026)	Current Status (Dec-2023)	Means of verification	Responsible Org
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Output 2: By March 2026, 227 perinatal centres have improved capacity to provide quality and inclusive RMNCAH services.

Output Indicators	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%	On track: a) 50% b) 52% 70 per cent of perinatal centres (159 out of 227) underwent facility assessment by the end of December to prepare perinatal centres for installation of selected equipment.	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	On track: a) 730 Capacity-building activities will start in 2024.	Training records, post-training assessments, attendance registers	UNICEF, UNFPA, WHO
	2.3 Number of neonates, women, and adolescents benefiting from UN-supported high-quality inclusive RMNCAH services in 227 perinatal centres 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 Karakalpakstan e) No	1,200,000 a) 600,000 women aged 15–49; 600,000 neonates b) 600,000 women	1,200,000 a) 600,000 women aged 15–49; 600,000 neonates b) 600,000 women	Facility records, HMIS	UNICEF, UNFPA, WHO

Results Framework

Outcome 1: By March 2026, the most vulnerable neonates, adolescents and women will benefit from gender-responsive quality RMNCAH services.

		Baseline (2022)	Target (March-2026)	Current Status (Dec-2023)	Means of verification	Responsible Org
Output 3: By March 2026, 10 million people are equipped with relevant knowledge and information to demand quality and inclusive guaranteed RMNCAH services.						
Output indicators	3.1. Number of people equipped with relevant knowledge and information to demand high-quality and inclusive state-guaranteed RMNCAH services	0	10 million	On track 0 Evidence-informed social and behaviour change plan with messages to support behaviour change communication activities will be developed to address key barriers to adopting positive behaviour. Updated Information on the number of people equipped with relevant knowledge and information to be provided by the end of 2024.	Google Analytics; Uzbekistan advertising agency reports	UNICEF, UNFPA
	3.2 Number of people reached through direct community consultations	0	20,000	On track 0 Information on the number of people reached through direct community consultations to be provided by the end of 2024.	Meeting records, attendance sheets, 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 seeking out of RMNCAH services	0	50,000	On track 0 Activities will start in March and April 2024 to train around 50,000 health-care providers (on infection prevention and control). The three-day training module, including videos and other materials, is to be approved by the TWG and MoH by the end of February 2024.	Training records, post training assessments, evaluation assessments	UNICEF, UNFPA