




## Annex 7. Annual Narrative Reports – Template

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:	<b>UNICEF: Lead Implementing Organization/Convening Agent</b> UNFPA: Implementing WHO: Implementing

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

### 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 holders<sup>1</sup>), 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.

### 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.

<sup>1</sup> 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.

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### 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.

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### **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,<sup>2</sup> 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.

### **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

<sup>2</sup> 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.

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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

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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.



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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

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					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.
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.	The Steering committee led by the MoH will ensure coordination between and engagement of partners at all levels.  The informal Health Development Partners Forum of international organizations and programmes working in the country resumed its monthly meetings under the chair of WHO. 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.  This strategic approach will improve

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					governance/coordination for RMNCAH interventions and support institutional capacity.
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 maintenance of the equipment, there might be limited funding allocations and commitments at the health centre level.	Equipment will not be maintained appropriately, reducing the impact of the intervention and 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>
Contextual	Politically exposed individuals involved in the project's	6 – Possible  No change since last assessment.	The involvement of politically exposed individuals in the project's implementation could	The programme's integrity and credibility will be undermined posing a reputational risk for the Fund and the	To address the risk of politically exposed individuals' involvement in the project's implementation, the following measures will be implemented:



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	implementation.		lead to potential conflicts of interest, lack of transparency and compromised decision-making.	PUNOs.	<ul style="list-style-type: none"> <li>- Procurement of equipment through the PUNOs' supply divisions: equipment procurement will follow a transparent and accountable process facilitated by the PUNOs' supply divisions.</li> <li>- Checks and balances through the UNICEF/UNFPA HACT (Harmonized Approach to Cash Transfers) framework.</li> <li>- Collaboration with CSOs (civil society organizations), bloggers and activists through social listening to identify potential conflicts of interest and ensure transparency.</li> </ul>
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 RMNCAH interventions and their sustainability.	<p>To ensure the needs assessment is done in a timely manner the PUNOs have:</p> <ul style="list-style-type: none"> <li>- Allocated dedicated staff to oversee and coordinate the assessment.</li> <li>- 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.</li> </ul>
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.	<p>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.</p> <p>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.</p>

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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.
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.	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.  PUNOs will maintain open communication with the MoH and Vision 2030 Secretariat and raise this issue with the Management Committee if escalation is required.

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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
<b>Outcome Indicators</b>	Survival of low-birthweight 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.						
<b>Output Indicators</b>	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	Perinatal death audits, HMIS	UNICEF

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				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.		
	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
<b>Output 2: By March 2026, 227 perinatal centres have improved capacity to provide quality and inclusive RMNCAH services.</b>						
Output Indicators	2.1 Percentage of UN-supported health facilities: a) offering delivery services with functional neonatal resuscitation equipment (functional	a) 50% b) 52%	a) 100% b) 100%	On track:  a) 50% b) 52%  70 per cent of perinatal centres	Facility assessments or surveys	WHO, UNICEF, UNFPA,

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<p>bag and mask in neonatal size) b) offering delivery services with functional obstetric emergency equipment</p>			<p>(159 out of 227) underwent facility assessment by the end of December to prepare perinatal centres for installation of selected equipment.</p>		
<p>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</p>	<p>a) 730</p>	<p>a) 15,000 b) 25,000</p>	<p>On track: a) 730  Capacity-building activities will start in 2024.</p>	<p>Training records, post-training assessments, attendance registers</p>	<p>UNICEF, UNFPA, WHO</p>
<p>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</p>	<p>20,000 a) N/A b) 20,000 women c) N/A d) 20,000 Republic of Karakalpakstan e) No</p>	<p>1,200,000 a) 600,000 women aged 15–49; 600,000 neonates b) 600,000 women</p>	<p>On track: 20 000 a) N/A b) 20,000 women c) N/A d) 20,000 Republic of Karakalpakstan e) No  The installation of modern equipment and training of the medical practitioners are planned in 2024 to provide high-quality inclusive RMNCAH services in 227 perinatal centres.</p>	<p>Facility records, HMIS</p>	<p>UNICEF, UNFPA, WHO</p>



## Annex 7. Annual Narrative Reports – Template

<b>Output 3: By March 2026, 10 million people are equipped with relevant knowledge and information to demand quality and inclusive guaranteed RMNCAH services.</b>						
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).	Training records, post training assessments, evaluation assessments	UNICEF, UNFPA

Annex 7. Annual Narrative Reports – Template

				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.		
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