

World Health Organization and United Nations Office for
Project Services

Towards universal health coverage and security in Karakalpakstan (UHC+S)

Programme Narrative Final Report, 2021-2023



This Joint Programme is funded by the UN Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan, which is generously supported by the Government of Uzbekistan, Norway, Suomi Finland, the Republic of Korea, the European Union, Alwaleed Philanthropies, and Federal Republic of Germany.



Programme Title & Project Number <ul style="list-style-type: none"> Programme Title: <i>Towards universal health coverage and security in Karakalpakstan (UHC+S)</i> MPHSTF Office Project Reference Number: 00125932 	Country, Locality(s), Priority Area(s) / Strategic Results Uzbekistan/Karakalpakstan <i>UNSDCF Output 4.1 By 2025, capacities of health system and stakeholders are strengthened to implement efficient and transparent, innovative and inclusive Universal Health Coverage-focused policies and programmes...</i>
Participating Organization(s) <ul style="list-style-type: none"> WHO UNOPS 	Implementing Partners <ul style="list-style-type: none"> Ministries of Health of Uzbekistan and Karakalpakstan
Programme/Project Cost (US\$) Total approved budget as per project document: MPHSTF /JP Contribution: <ul style="list-style-type: none"> US\$ 425,379 Agency Contribution Government Contribution 0 Other Contributions (donors) 0 TOTAL:	Programme Duration Overall Duration (months) 35 Start Date (dd.mm.yyyy) 01.01.2021 Original End Date (dd.mm.yyyy) 30.09.2023 Current End date (dd.mm.yyyy) 30.11.2023
Programme Assessment/Review/Mid-Term Eval. Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes X No Date: dd.mm.yyyy Mid-Term Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes X No Date: dd.mm.yyyy	Report Submitted By <ul style="list-style-type: none"> Name: <i>Dr Nazokat Kasymova (temporarily assigned as responsible officer for the project)</i> Title: <i>National Professional Officer (NPO)</i> Participating Organization (Lead): <i>WHO</i> Email address: kasymovan@who.int

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ACRONYMS

HHFA	WHO's Harmonized Health Facility Assessment
KfW	German development bank
MoH	Ministry of Health
MPHSTF	Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan
NCD	non-communicable disease
PHC	Primary Health Care
PPP	Public-Private Partnership
UHC	Universal Health Coverage

EXECUTIVE SUMMARY

The drying up of the Aral Sea is among the greatest human-made global environmental disasters. Soil and food pollution, air pollution, water pollution, poor sanitation, and climatic change are known to have deleterious effects on population health. In Uzbekistan's autonomous Republic of Karakalpakstan (Aral Sea Region), WHO is supporting comprehensive health sector reform, considering the specific environmental and climatic challenges of the region.

"Towards universal health coverage and security in Karakalpakstan (UHC+S)" is WHO's first project with funding from the United Nations Multi-Partner Human Security Trust Fund (MPHSTF). Over 35 months, WHO and partners has been supporting the assessment of the health needs of the population, with a focus on Muynaq district, to inform future investment in health infrastructure and equipment at both primary and secondary levels, in health workforce capacity and digitalization to the year 2023.

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

In June 2021, WHO began supporting a technical working group comprised of teams in Muynaq, Kungrad and Nukus in the development of a business plan for the proposed medical network. This business plan was submitted to the MoH of Karakalpakstan in December 2022 and gives a clear indication of the service profiles to be provided at both hospitals, the staff and equipment needed to deliver those services, and the needed foundations in Primary Health Care (PHC) and other enablers.

Following up on the strategic direction set by the Business Plan and leveraging previous assessments, UNOPS, with WHO's assistance conducted a healthcare network feasibility study in 2023. The study evaluates three concept design options aligned with national and international standards: Two options for Muynak hospital with either a fully new 60 bed facility or extension and rehabilitation of existing buildings and a recommendation for the Extension of High-Tech Facilities and Reconstruction of Existing Buildings in Kungrad, with estimation of total costs, considering operational and management expenses, and a phased financing approach for each option. In summary, the study proposes targeted investments in hospital infrastructure, equipment, and workforce, with strategic WHO involvement to guide the public health needs, with the aim to foster a sustainable, technologically advanced, and efficient healthcare environment in the Muynak and Kungrad regions. The development of this medical network has the potential to assure better utilization of resources and increase the number of beneficiaries as well as the scope and quality of the benefits they receive.

The study's findings will be presented to the MoH of Karakalpakstan in June 2024, followed by discussions on how to implement the recommendations

I. Purpose

The project “Towards universal health coverage and security in Karakalpakstan (UHC+S)” is aligned with the United Nations Sustainable Development Cooperation Framework Outcome 4: “By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services”.

It contributes specially to Output 4.1.: “By 2025, capacities of health system and stakeholders are strengthened to implement efficient and transparent, innovative and inclusive Universal Health Coverage-focused policies and programmes, comprehensive responses to health emergencies and to promote a healthy lifestyle and health literacy among all age groups as well as quality professional development opportunities and a decent work environment for healthcare employees.”

The goal of the UHC+S project is progress towards universal health coverage (UHC) and security in the Republic of Karakalpakstan, with security broadly defined to include health emergencies, socioeconomic and environmental conditions.

UHC means that “all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship”. Health security (like human security more broadly) calls for “people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people.”

The objective of the UHC+S project is to guide investments in the health system of Karakalpakstan to the year 2023.

II. Results

i) Narrative reporting on results

Outcome 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities

This outcome was mostly achieved in 2021 via the mapping population needs and means, and sector capacities in Muynaq district for future investment in close collaboration between WHO and KfW (WHO Annual Report, [2021](#)) and via the 2023 assessment for health needs and means in Muynaq and Kungrad districts among 553 members of local communities in rural areas (Muynaq: 270 community members and Kungrad: 288 community members of which 51% youth and 78% women).

Outcome 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities

This outcome was mostly achieved in 2021 and 2022 (WHO Annual Report, [2021](#) and [2022](#)). A conceptual model of the Muynaq-Kungrad of quality service delivery and medical network was developed and recommended in the WHO Interim Assessment Report (Health and human security in the Aral Sea Region of Uzbekistan: An interim assessment of the health system and a proposal for its development, 2021). Based on this conceptual model, and further support from WHO, local teams in Muynaq, Kungrad and Nukus developed a business plan presented to the Ministry of Health of Karakalpakstan in 2022.

WHO’s assessment (Outcome 2, Outputs 2.1-2.4) concluded that the size of the Muynaq catchment area does not justify an earlier proposal for procurement of advanced equipment due to low patient volumes. Therefore, it was decided not to proceed further with Outcome 2, Output 2.5, development of a strategy for medical tourism.

Outcome 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model

Certain savings occurred in 2022-2023 under the Outcome 3, Outputs 3.1 and 3.2, through further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq. Further health workforce capacity-building activities have been undertaken during 2023 in the context of the State Health Insurance roll out within the scope of a MPHSTF project implemented jointly by WHO, UNICEF and UNFPA.

The WHO assessments conducted for facilities and its staff defined appropriate recommendations on clinical training or WHO package of essential noncommunicable (PEN) disease interventions for primary health care. The WHO PEN is the minimum standard for NCDs to strengthen national capacity, integrate and scale up care of major NCDs in primary health care. An integrated approach is particularly important for low-resource settings for efficient use of limited resources. The national PEN protocols were approved by the MoH in 2021 and introduced in Syrdarya in 2022. It is currently being introduced in Karakalpakstan within the MPHSTF project implemented jointly by WHO, UNICEF and UNFPA. The WHO Package of Essential NCD interventions will help to improve the coverage of appropriate services for people with NCDs services in primary care settings.

Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model

After consultations with relevant stakeholders (Output 4.1), the MOH and an international financial institution has expressed an interest to look at financing options for the proposed investment in “green, blue, resilient and inclusive hospitals” in Muynaq and Kungrad. A more detailed study and design, with costed options for the deployment of green technologies was required in order to proceed. A new activity (Activity 4.1.3) was therefore proposed under a reformulated Output 4.1 from “Consultations convened with MoH and MoF on fiscal space and budget formulation/execution” to “Development of a Technical Feasibility Study and Concept Design for the construction of the green hospitals” using savings under Outcomes 1-3 (Amendment to the Project Document 1 and 2). The planned activities under this output were completed in 2023 through a healthcare network feasibility study conducted by UNOPS with the support of WHO, described more in detail under Output 4.1.

The study's findings will be presented to the MoH of Karakalpakstan in June 2024, followed by discussions on how to implement the recommendations. Following this, discussions on resource mobilization will take place with key stakeholders under the leadership of the Government of Karakalpakstan and its MoH.

Outputs

Output 1.1 Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women

The target was partially achieved in cooperation with KfW pre-feasibility study that involved the consultations with 6 focus groups from Nukus city, Amudarya district and Muynak district during February-June 2021, as well as via the WHO mission including gender and community engagement experts to Muynaq along with consultations with local government and communities' leaders (mahalla leaders) responsible for health work in June 2021 (WHO Annual Report, [2021](#)). In February 2022, the WHO expert mission to Muynaq and Kungrad further consulted with community representatives on their vision for green, blue, and resilient health facilities (WHO Annual Report, [2022](#)).

In October – November 2023 the needs/means assessment among communities was conducted in Muynak and Kungrad in 2023 with a sample size of a total of 553 respondents. The sampling was carried out separately for each study area with appropriate representation of women and youth, which allowed for an analysis for each area through an age and gender equality lens. In parallel the consultation process with the communities was continued led by local NGO (community/gender specialists). In addition, the consultation meeting was conducted by the SHIF on April 13, 2024 in Kungrad district with communities leaders and healthcare professionals (total of 109 participants including 67 specialists: 62 female, 5 male and 42 mahalla representatives: 23 female, 19 male) partly within the WHO/UNICEF/UNFPA project. The results will be discussed further with the Ministry of Health and other stakeholders in Karakalpakstan in June 2024 towards development of an Action Plan on gender and communities.



Output 1.2 Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions

The target was achieved through the pre-feasibility study - WHO Harmonized Health Facility Assessment (HHFA) on service availability and readiness - in cooperation with KfW in April-May 2021 (24 facilities in total) and WHO focused visit to Muynaq and Kungrad in June 2021. Consultation with the population on their needs and means (**Output 1.1**), combined with the rapid assessment of health sector capacities (**Output 1.2**) helped to identify priority areas for future investment (**Outcome 1**) (WHO Annual Report, [2021](#)).

Output 2.1 Report developed on benefits, costs, and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq

The target under Output 2.1 of developing a report on the benefits, costs and risks of different design options was achieved on schedule, in 2021 (See: WHO Annual report, [2021](#)).

Output 2.2 Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts

Target was achieved within the WHO-led visit in June 2021 to Karakalpakstan (Muynaq district hospital, Kungrad city hospital and 6 PHC facilities), workshop in Nukus in October 2021 for hospital managers from Muynaq and Kungrad and consultations with nurses from Muynaq and Kungrad in December 2021 (160 health care providers in total). In summary, under Outcome 2, the benefits, costs and risks of the different service delivery options were analysed in a report (**Output 2.1**) and discussed with providers (**Output 2.2**) (See: WHO Annual report, [2021](#)).

Output 2.3. Broad guidance developed on financing options, linked to the national health financing strategy

A recommended model of service delivery linked to financing options aligned with the national financing strategy is being piloted in Syrdarya region since July 2021. The Syrdarya pilot established a national strategic purchaser of health services (the State Health Insurance Fund, SHIF), to introduce output-based payment and support PHC reform. Digitalization of hospital records underpins the new financing and service delivery models.

During 2023 WHO has been helping to introduce experience of the pilot to the context and specific needs in Karakalpakstan through the MPHSTF funded project implemented jointly with UNICEF and UNFPA, for detailed description of outputs and activities see WHO, UNICEF and UNFPA Joint Programme “Laying the foundations for people-centred, climate-resilient primary health care and water, sanitation and hygiene practices at healthcare facilities and schools in Karakalpakstan, Annual report 2023 and Project Document.

Related to financing options, WHO was requested to consider public-private partnership (**Output 2.4**) and medical tourism (**Output 2.5**), see below.

Output 2.4. Specific guidance developed on options for public-private partnership (PPP)

Under Output 2.4, the target of one guidance document on PPP was met ahead of schedule, in 2021. The mission of October 2021 to Nukus was joined by a WHO expert in private sector engagement and PPP. (See: WHO Annual report, [2021](#))

Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector

Based on the interim assessment conducted in 2021, the scope of the assessment of “income opportunities in medical tourism” was broadened to consider options for the establishment of the environmental health monitoring center and/or flagship of “green, blue, resilient and inclusive” hospital infrastructure. Besides, the interim assessment identified major issues in quality and patient safety in the delivery of even basic services. Before embarking on the development of a strategy for medical tourism (Output 2.5), it was recommended that a roadmap would need to be put in place for quality improvement. Therefore, it was decided not to proceed further with Outcome 2, Output 2.5.

Output 3.1. Health care management training conducted, focused on new concepts in hospital autonomy, PPP, and medical tourism

Under Output 3.1. the target is management training with focus on concepts in hospital autonomy and PPP. It was reconsidered for the collaboration with UNOPS to project documents for the construction of the hospitals in Muynaq and Kungrad. The reconsideration is also based on the WHO Interim Assessment Report (2021), which proposed to not continue with development of a medical tourism strategy, as well as the ongoing development of a National Health Strategy-2030, including areas for health financing and hospital autonomy.

However, the capacity-building activity for managers has also been conducted in pilots of Karakalpakstan by the State Health Insurance Fund (SHIF) in 2023 partly within the MPFT: WHO/UNICEF/UNFPA project. In Kungrad 16

health managers (11 male and 5 female) at hospital level were trained on the issues related to referral and new health financing model in 3-4 October 2023.

Output 3.2. Clinical training-of-trainers conducted, with cascade, based on needs identified by the assessment

Under Output 3.2, the target is to train at least 100 PHC healthcare specialists. Meanwhile, only limited catalytic funding was reserved for clinical training (about 10% of the total grant). The target was reconsidered toward project documents development for Muynaq and Kungrad hospitals by UNOPS.

In addition, healthcare professionals at 15 facilities in 3 districts (Kungrad, Kegeily, Chimbay) have been trained during 2023 within the new MPHSTF project in 2023, for detailed description of outputs and activities see WHO, UNICEF and UNFPA Joint Programme “Laying the foundations for people-centred, climate-resilient primary health care and water, sanitation and hygiene practices at healthcare facilities and schools in Karakalpakstan, Annual report 2023 and Project Document. 232 healthcare professionals trained on NCD prevention and control including PEN/HEARTS protocols in Kungrad (188 in 2023 – 141 female and 47 males; 44 female nurses or 75% and 100% accordingly). A comprehensive training package on non-clinical competencies was developed for PHC managers and healthcare specialists (family doctors and nurses) with relevant flexible modules.

Output 4.1. Development of a Technical Feasibility Study & Concept Design for the construction of the green hospitals

This target was achieved in 2023, through the feasibility study evaluating the establishment of the Muynak-Kungrad Healthcare Network conducted by UNOPS with the support from WHO. This feasibility study presents the three concept design options, aligned with national and international standards: Two options for Muynak hospital with either a fully new 60 bed facility or extension and rehabilitation of existing buildings and a recommendation for the Extension of High-Tech Facilities and Reconstruction of Existing Buildings in Kungrad.

The study provides recommendations for targeted investments in hospital infrastructure, equipment, and workforce, with strategic WHO involvement to guide the public health needs. The aim is to upgrade Muynak and Kungrad hospitals with modern technology, specialized services, and higher standards. They emphasize environmental sustainability through green building designs and renewable energy, integration of advanced medical technologies, and adherence to health standards. Infrastructure and functional efficiency are highlighted alongside ICT advancements for improved healthcare delivery. The proposals also focus on capacity building, staff training, social and environmental considerations, and specific initiatives like an oxygen production facility and water system separation, all to create a sustainable and technologically advanced healthcare environment.

Overall, the study underscores the urgency and strategic necessity of enhancing healthcare services in the Aral Sea region, advocating for environmentally sustainable solutions aligned with global health objectives.

Figure 1. Location of Muynak & Kungrad (Kungirot) Districts Map

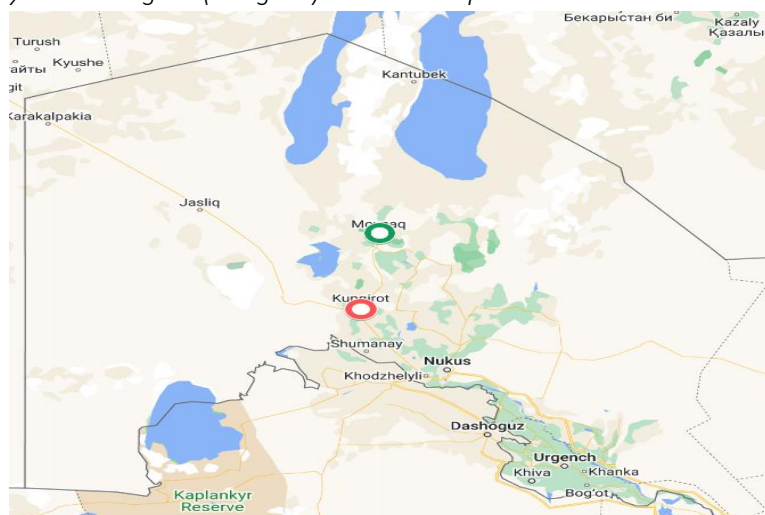


Figure 2. Option 1 - Layout of architectural concept design for a new 60 beds Hospital in Muynak. This option involves constructing a new hospital building with 60 beds, incorporating modern healthcare facilities and workflows. The plan includes utilising the existing outdoor and supplementary buildings within the hospital territory.

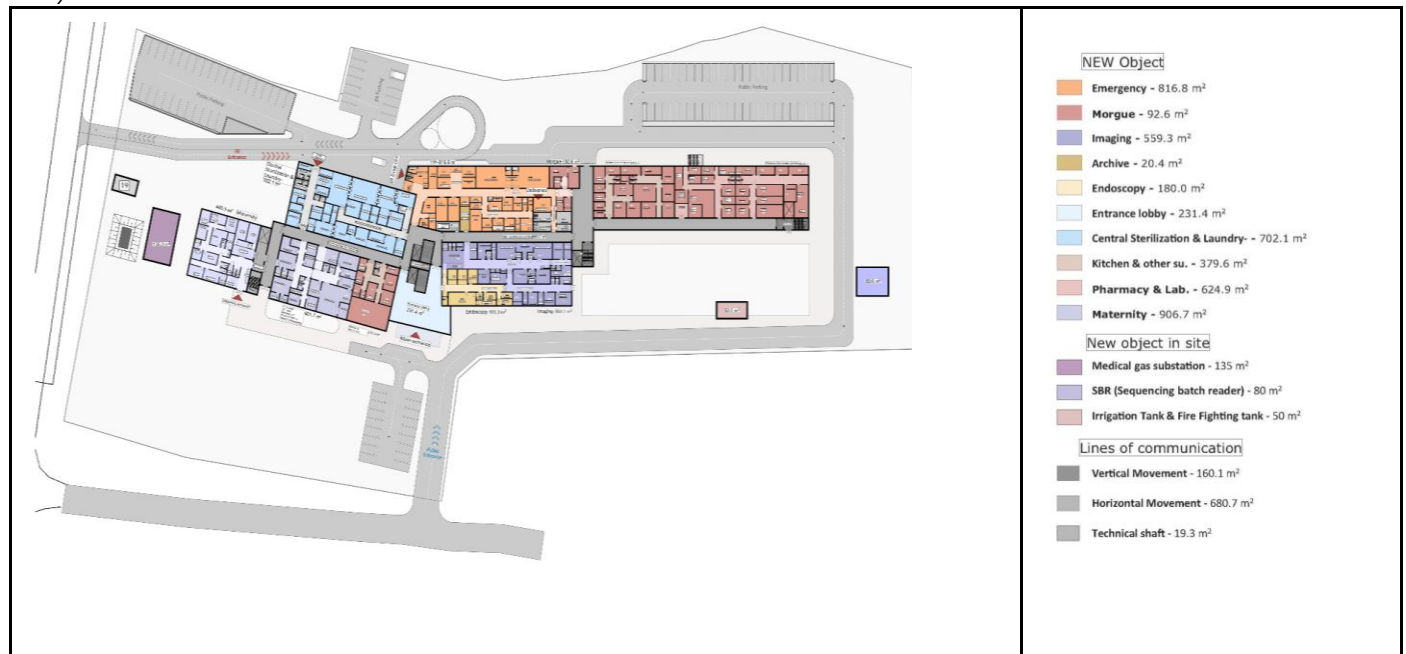


Figure 3. Option 2 - Layout of architectural concept design for extension and rehabilitation of the existing Muynak Hospital. The second option focuses on extending the high-tech facilities and rehabilitating the current hospital infrastructure. This approach aims to modernise and expand the existing structures to better serve the healthcare needs of the population.

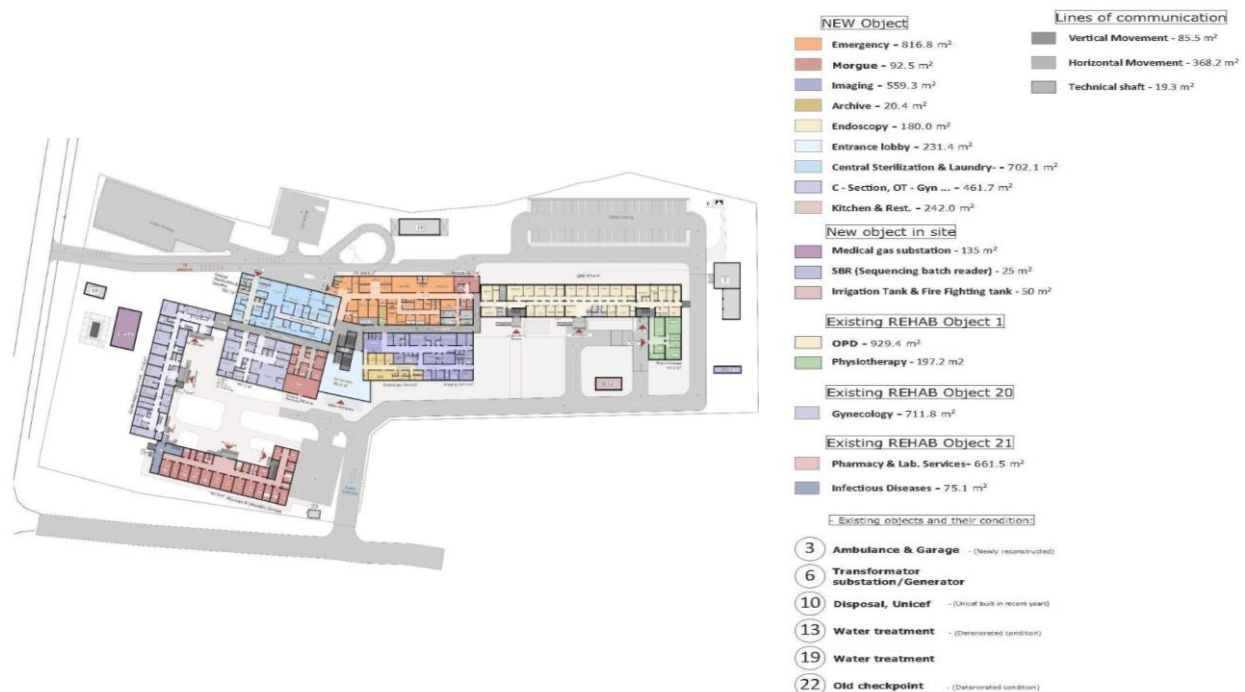
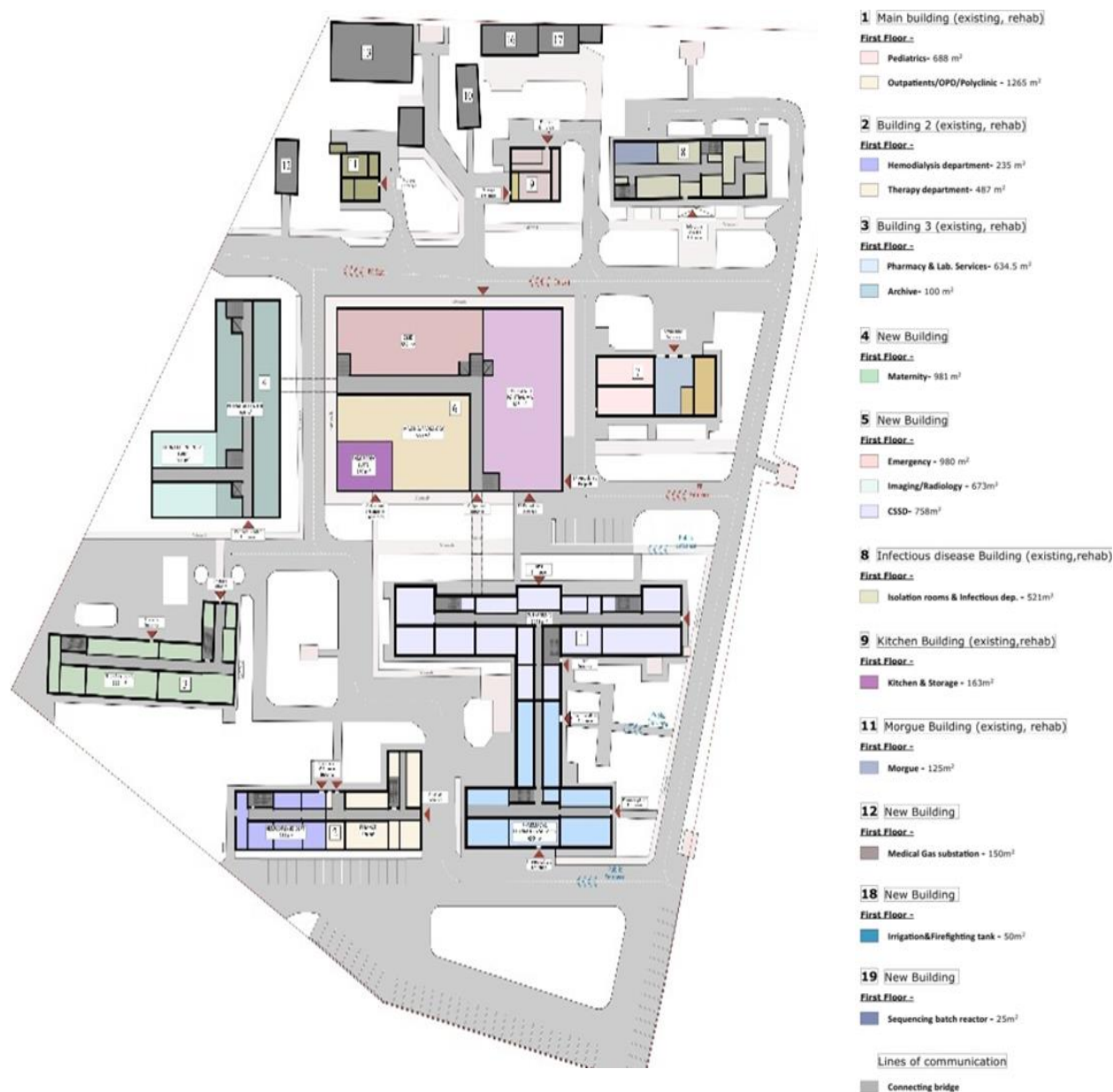


Figure 4. Strategic Architectural Master Plan for Kungrad Hospital. The overall master plan for Kungrad Hospital aims to future-proof the facility, balancing new construction with rehabilitation to extend and improve service provision.



Output 4.2 Private/external funding proposal developed to fill the funding gap

This target was achieved in 2023. Under Output 4.1, the feasibility study provided an estimation of total costs, including both operational and management expenses, and outlined a phased financing approach for each option. A comprehensive funding proposal will be developed contingent upon further discussions and agreement with the Minister of Health of Karakalpakstan.

Table 10. Estimated budget for different concept design options including Operations and Maintenance (O&M) cost

Name of Hospital	Description	Option	Estimated Budget Infrastructure USD	Estimated Budget for Medical Equipment USD	Estimated budget for ICT USD	O&M Cost: 5 - 10% of 4,5,6: USD	Total Cost with O&M USD
Muynak Hospital	A new construction of 60 beds hospital	1	\$23,409,213	\$2,537,475	\$415,653	\$1,465,773	\$27,828,114
	Renovation of existing and Extension of high tech part	2	\$17,006,638	\$2,537,475	\$149,600	\$1,119,039	\$20,812,752
Kungrad Hospital	Renovation of existing and Extension of high tech part	1	\$22,478,034	\$1,007,894	\$695,653	\$1,294,256	\$25,475,837
Total \$ US			\$39,484,672	\$3,545,369	\$845,253	\$2,413,296	\$46,288,590

Implementation mechanisms

The project has been implemented in collaboration with the MoH of the Republic of Uzbekistan and MoH of the Republic of Karakalpakstan. A Technical Working Group (TWG) was established, composed of the MoH Karakalpakstan, hospital managers and other experts from Muynaq and Kungrad. At the local level, the MoH has engaged local governance structures (khokim, makhalla) for consultations as required.

WHO and MoH have consulted with all relevant state institutions, United Nations programmes and agencies, and other development partners through regular online briefings, conducted in advance to missions to Karakalpakstan. In particular, WHO has been keeping informed the Asian Development Bank, European Investment Bank, German KfW Development Bank, German Technical Cooperation (GIZ) and Agence Francaise de Development.

Outcomes and Outputs of the project were achieved through several WHO-supported expert missions and technical meetings, both in online and offline formats.

In the light of the UNOPS becoming a Participating UN organization of the MPHSTF and continuous collaboration with WHO, UNOPS took responsibility to carry out activities related to organization and conduction of Technical Feasibility Study and development of Concept Design for the proposed green hospitals in Muynaq and Kungrad districts.

In agreement with MPHSTF, WHO returned the portion of funds to the MPHSTFO with purpose of further channeling this portion to the UNOPS. The proposed project amendments were aimed at focusing efforts on supporting the Government in mobilizing additional resources from outside the MPHSTF within the original UHC+S project timeline. The no cost extension till 30 November 2023 to the project timeline was requested with the expectation that the proposed amendments would accelerate implementation.

Starting September 2023, a comprehensive technical assessment was conducted by UNOPS, ALB Architect, WHO, and the MoH of Karakalpakstan to inform the feasibility study on the Muynak-Kungrad Healthcare Network. It included kickoff meetings, on-site evaluations, data collection through questionnaires, and interviews with key

staff. Consultations with stakeholders, including the Minister of Health of Karakalpakstan, informed additional needs and proposed upgrades for the healthcare facilities.

Delays in implementation, challenges, good practices

The main delay with the project's activities and re-programming was related to the short-term replacement of the WHO Health Policy Advisor in October 2022 after which the position became vacant again. Subsequently, a WHO National Program Officer (NPO) assumed the project's responsibilities alongside their other duties.

Discussions with community focus groups and leaders took place in 2021 (see Output 2.1), however these did not achieve the planned target in terms of the number of people consulted. Therefore, larger-scale consultations as part of the needs/means assessment were organized in 2023 ensuring that the targets were met. With a focus on women, a total of 553 community members (78 % women and 51 % youth) were consulted on the design and implementation of specific investment projects.

The questionnaire was developed in close collaboration with the SHIF and local NGOs working with communities in Karakalpakstan covering a range of topics related to organization of public health care in their districts, its quality and patient satisfaction.

The risk analysis of the initial proposal had anticipated that local populations, especially vulnerable groups, might not feel comfortable discussing their needs and that local providers may not be forthcoming with information on their actual capacities. This was not the experience of this project.

Programmatic revisions are described in Section IV.

Qualitative assessment

The UHC+S project has afforded a unique opportunity to health development partners in Uzbekistan to develop innovative and integrated solutions to health and human security in the Republic of Karakalpakstan. It has succeeded in ensuring that plans for hospital infrastructure are firmly embedded within a plan for resilient and sustainable health systems, including PHC, promoting integrated, patient-centred services and public health interventions, coordinating with other sectors, and engaging communities.

The project underscores the critical need to integrate climate resilience and sustainability into health system design and enhancement. It has produced concrete recommendations for adopting a comprehensive approach that includes environmentally friendly and energy-efficient practices in hospital design, renovations and construction that can improve healthcare service quality while reducing environmental impact in the water-scarce Aral Sea region, leveraging global and local expertise for sustainable health improvements.

WHO and UNOPS began collaborating in late 2021 in a joint mission with expertise in hospital architecture to look at functional planning for the hospitals in Muynaq and Kungrad. This partnership formalized in 2022 and continued into 2023 with the finalization of a Muynak-Kungrad Healthcare Network Feasibility Study in collaboration with technical experts from ALB Architect and MoH of Karakalpakstan.

Following on the success of this project, WHO jointly with UNICEF and UNFPA received funds of the third call of the MPHSTF and started to implement a new project with WHO components in three pilot districts (Kungrad, Kegeyli, Chimbay) and 15 PHC facilities in 2023.

ii) Indicator Based Performance Assessment

	Achieved Indicator Targets 2023	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 1: Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities Indicator: Existence of a report mapping population needs/means and sector capacities Baseline: No (2020) Planned Target: Yes by 2023	Yes	Target achieved.	Interim assessment report and KfW/Swiss TPH Reform concept for the Aral Sea Region
Output 1.1: Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth, and women Indicator 1.1.1: # of people consulted in rural areas (% youth or women) Baseline: 0 (2020) Planned Target: 500 (66%) by 2023	553 respondents in Muynak and Kungrad districts of RK 270 and 280 accordingly (78% women and girls and 51% youth).	Target over-achieved, by 53 ahead of the target. Additional consultations conducted in Kungrad with 42 communities' leaders (55% women).	This report and KfW/Swiss TPH Reform concept for the Aral Sea Region
Output 1.2: Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions Indicator 1.2.1: # of rapid assessment reports of health sector capacities Baseline: 0 Planned Target: 1 by 2023	1	Target achieved in cooperation with KfW pre-feasibility study, which conducted a survey of 24 facilities, using the WHO Harmonized Health Facility Assessment (HHFA).	WHO interim assessment report, KfW/Swiss TPH HHFA report

Outcome 2: An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities Indicator: Existence of an evidence-based model of service delivery and financing Baseline: No (2020) Planned Target: Yes by 2023	Yes	Target achieved for the service delivery model. Work on financing model took forward in a MPHSTF funded project implemented jointly by WHO, UNICEF and UNFPA project.	WHO interim assessment report, business plan for the Muynaq-Kungrad medical network, Project Document WHO/UNICEF/UNFPA
Output 2.1: Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq Indicator 2.1.1: # of reports developed on benefits, costs and risks of different design options Baseline: 0 (2020) Planned Target: 1 by 2023	1	Target achieved.	WHO interim assessment report
Output 2.2: Consultation convened with health care facilities and pharmacies on service delivery options, considering local contexts Indicator 2.2.1: # of health care providers consulted on design options Baseline: 0 (2020) Planned Target: 100 by 2023	160 of which more than 90% were women	Target over-achieved by 60, ahead of schedule, in 2021.	WHO interim assessment report, this report
Output 2.3: Broad guidance developed on financing options, linked to the national health financing strategy Indicator 2.3.1: # guidances developed on financing options Baseline: 0 (2020) Planned Target: 1 by 2023	1	Target achieved.	Mission reports of WHO consultant on Health Financing; submitted to the MoH for the National Health Strategy-2030 (draft)
Output 2.4: Specific guidance developed on options for public-private partnership (PPP) Indicator 2.4.1: # guidance developed on PPP options Baseline: 0 (2020) Planned Target: 1 by 2023	1	Target achieved ahead of schedule, in 2021.	WHO interim assessment report, trip report of WHO consultant on PPP

<p>Output 2.5: Assessment conducted on the potential to generate new income opportunities in the medical tourism sector</p> <p>Indicator 2.5.1: # of assessment reports developed</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2023</p>	1	<p>Target achieved in 2022.</p> <p>The scope of the assessment of income opportunities in medical tourism was broadened based on the interim assessment conducted in 2021. It was recommended that before embarking on the development of a strategy for medical tourism, a roadmap would need to be put in place for quality improvement.</p>	WHO interim assessment report, trip report of WHO expert on Quality Improvement
<p>Outcome 3: Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model</p> <p>Indicator: # of capacitated networks of health care workers ready for investment</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2023</p>	1	<p>Target was reconsidered.</p> <p>Partly achieved through collaboration with KfW on capacity-building for facility managers and clinicians.</p> <p>Partly taken forward project through investment in PHC workforce as part the WHO/ UNICEF / UNFPA project.</p>	WHO Interim Assessment Report (2021); Project Document WHO/UNICEF/UNFPA
<p>Output 3.1: Health care management training conducted, focused on new concepts in hospital autonomy, PPP, and medical tourism</p> <p>Indicator 3.1.1: # of health care managers trained (% women)</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 7 (50%) by 2023</p>	16 health care managers at hospital level in Kungrad (42% women)	<p>Target was reconsidered based on the recommendations from previous year's report and over-achieved by 9, ahead of schedule, in 2023.</p>	WHO Interim Assessment Report (2021)

Output 3.2: Clinical training-of-trainers conducted, with cascade, based on needs identified by the assessment Indicator 3.2.1: # of health care providers trained (% women) Baseline: 0 (2020) Planned Target: 100 (50%) by 2023	232 healthcare professionals trained in Kungrad (80% women)	Target over-achieved, by 132 ahead of the target. Partly taken forward project through investment in PHC workforce as part the WHO/ UNICEF / UNFPA project.	WHO Interim Assessment Report (2021); Project Document WHO/UNICEF/UNFPA
Outcome 4: Resources are mobilized for implementation of the recommended service delivery and financing model Indicator: Resources mobilized by the Government of Uzbekistan, development partners and /or private sector (% of estimated cost of the recommended model) Baseline: 0 (2020) Planned Target: Yes (100%) by 2023	Yes	Target achieved. The results of the Feasibility Study will be presented to the RK MoH in June 2024, followed by the discussions on the recommendations and resource mobilization with key stakeholders under the leadership of the MoH.	Feasibility study
Output 4.1: Technical Feasibility Study & Concept Design at Kungrad and Muynak hospitals Indicator 4.1.1: # of feasibility study and concept design conducted Baseline: 0 (2020) Planned Target: 1 by 2023	1	Target achieved.	Feasibility study
Output 4.2: Private/external funding proposal developed to fill the funding gap Indicator 4.2.1: Existence of a private/external funding proposal Baseline: No (2020) Planned Target: Yes by 2023.	Yes	Target achieved. The feasibility study under Output 4.1 which included an estimation of total costs, considering operational and management expenses, and a phased financing approach for each option. Further a comprehensive funding proposal will be developed under the leadership of RK MOH.	Feasibility study

III. Programmatic Revisions

As was noted in the WHO Annual Report [2021](#), the reduced need for WHO to spend activity funds on focus group discussions and facility surveys resulted in savings under Outcome 1. WHO's assessment concluded that the size of the Muynaq catchment area does not justify an earlier proposal for procurement of advanced equipment as low volumes would be a problem for both cost and effectiveness (quality). Therefore, it was decided not to proceed further with Outcome 2, Output 2.5. Further savings were realized under Outcome 3 through further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq, and possibly also in Kungrad.

In 2022, WHO made a request to the Steering Committee of the MPHSTF to re-programme savings under Outcomes 1-3 towards the development of project documents for the construction of the hospitals in Muynaq and Kungrad within joint WHO and UNOPS component with WHO leadership. A second amendment was requested in 2023. In the light of UNOPS becoming a Participating UN organization of the MPHSTF and continuous collaboration with WHO, it was proposed that UNOPS takes responsibility to carry out activities related to organization and conduction of Technical Feasibility Study and development of Concept Design for the proposed green hospitals in Muynaq and Kungrad districts (output 4.1 and 4.2). In agreement with MPHSTF, WHO returned the portion of funds to the MPTFO with purpose of further channeling this portion to the UNOPS. Furthermore, a no cost extension till 30 November 2023 to the project timeline was requested and further approved by the MPHSTF Steering Committee.

In 2023, a WHO National Program Officer (NPO) oversaw the overall coordination and monitoring & evaluation (M&E) of the project. This arrangement was due to the Health Policy Advisor position, which had managed these responsibilities 2021-22, being vacant.