Project Document

UNICEF

Project[1] Title: Enhancing Climate-Resilient and Safe Water, Sanitation, Hygiene, and Health Services for the Most Affected Communities in Four Districts of Karakalpakstan

Project Duration: 7 months Anticipated start/end dates: June 2024- December 2024 Fund Management Option(s): Pass-through	Total estimated budget*: US$ 1,020,000 Out of which: 1. Funded Budget: US$ 1,020,000 2. Unfunded budget: 0 * Total estimated budget includes both project costs and indirect support costs
	Sources of funded budget: Donor (MPHSTF) US$ 900,000 UNICEF in kind contribution: US$ 120,000

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

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

UN organization(s)	**National Coordinating Authority(ies)**
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	Ms. Gulistan Khojabaeva Minister The Ministry of Pre-school and School Education of the Republic of Karakalpakstan *Signature:* [redacted] *Date & Seal* 29.05.2024
For the MPHSTF Steering Committee Co-chair (UN) Ms. Ankita Mittal UN Resident Coordinator in the Republic of Uzbekistan, MPHSTF Steering Committee Co-chair *Signature* [redacted] Date & Seal 30.05.2024	For the MPHSTF Steering Committee Co-chair (Government of Uzbekistan) Mr. Sazid Sadrator, Minister Ministry of Investments, Industry and Trade of the Republic of Uzbekistan, MPHSTF Steering Committee Co-chair *Signature:* [redacted] Date & Seal

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I. Brief Project/Programme Information	
Project/programme title	**Enhancing Climate-Resilient and Safe Water, Sanitation, Hygiene, and Health Services for the Most Affected Communities in Four Districts of Karakalpakstan**
Name of the applicant(s)	Participating UN Organizations: **UNICEF** Implementing entities: • Ministry of Health of Uzbekistan • Ministry of Health of Karakalpakstan • Ministry of Pre-school and School Education of Uzbekistan • Ministry of Pre-school and School Education of Karakalpakstan
Indicate the programmatic priority area you are applying for (mark as applicable) in the context of the **Fund's Outcome 1: The stress on local communities due to the deteriorating environmental situation reduced, and its outputs.**	• Environmental security □ Economic security □ Food security • Health security • Social security
Location of the project/programme	Republic of Karakalpakstan, with a focus on Nukus city, Muynak, Kungrad, Bozataw and Takhtakopir districts
Total project/programme cost, USD Amount of MPHSTF funds requested, USD	US$ 1,020,000 (UNICEF: 120,000) US$ 900,000
Proposed duration of the project/programme implementation	7 Months
Anticipated Start and End dates	Start (d/m/y) 01/06/2024 End (d/m/y) 31/12/2024

Budget breakdown by source of information and participating UN organization		
Total budget (US$):	1,020,000	
Participating UN organization	MPHSTF fund (US$)	Participating UN organization in kind contribution (US$)
UNICEF	900,000	120,000
Total budget (US$)	900,000	120,000

Acronyms and definitions

GoU	Government of Uzbekistan
HCF	Health Care Facilities
IOGT	Internet of Good Things (UNICEF Online Platform)
IPC	Infection Prevention and Control
M&E	Monitoring and Evaluation
MCH	Maternal and child health
MEECC	Ministry of Ecology, Environment Protection and Climate Change
MOH	Ministry of Health
MOPSE	Ministry of Pre-school and School Education
MPHSTF	Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan
OB/GYN	Obstetrics and Gynecology
PD	Presidential Decree
PHC	Primary Health Care
RoK	Republic of Karakalpakstan
RoU	Republic of Uzbekistan
SDG	Sustainable Development Goals
SWASH	School water, sanitation and hygiene
TOT	Training of Trainers
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene

I. Executive Summary

The shrinking of the Aral Sea since the 1960s has resulted in land degradation and desertification of vast areas of Karakalpakstan. Today, 37% of the Republic of Karakalpakstan's (RoK) population and almost 50% of the rural population do not have access to centralised drinking water. More than 75 million tons of dust and poisonous salts ascend annually from the new desert "Aralkum", at concentrations exceeding 2.7 times the normal rate. It is an ecological and socio-economic disaster. The average unemployment rate is 7.9%, and youth unemployment is 12.5%.[2]

To improve the climate change adaptation of communities and the health and education outcomes of the population of the Republic of Karakalpakstan, UNICEF emphasises the importance of strengthening community environmental protection and health and education systems. This is done through strengthening the provision of climate-resilient WASH and health services in communities, including healthcare facilities and schools.

The goals of the project are to:

- Improving access to safe drinking water and climate-resilient health services to 15,824 people in four districts of Karakalpakstan
- Strengthening the monitoring systems of the Ministry of Health of Karakalpakstan and ten mahallas for data-driven climate-resilient WASH interventions
- Empowering 5,116 children and adolescents with the knowledge and information to demand quality and inclusive climate-resilient WASH services.

To achieve the goals, the following result is expected.

- Outcome 1. By the end of the project, the most vulnerable people, including women and children, in four districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH/health services and climate-resilient communities.

The comprehensive and integrated project will address the immediate needs of the population, including children and adolescents through:

1.1: By the end of the project, at least 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services.
1.2: By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.
1.3: By the end of the project, at least 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services

The project aligns with the proposal with the Government Policies and Strategies, SDG 2, 3, 5, 6, 7 and 13, outcomes 4 and 5 of United Nations Sustainable Development Cooperation Framework (UNSDCF) (2021-2025) and outcomes 1 and 4 of the Multi-Partner Human Security Trust Fund for the Aral Sea Results Framework. The project will overall benefit

[2] State Committee of the Republic of Uzbekistan on Statistics, https://www.stat.uz

228,217 people, and directly benefitting to at least 15,824 people including 5,116 school children and adolescents in Karakalpakstan.

UNICEF will closely work with national and local counterparts to ensure the project efficiency, effectiveness and sustainability. Monitoring & evaluation activities will be performed in line with the requirements of the Multi-Partner Human Security Trust Fund for the Aral Sea.

To achieve the goal and objectives set for the project, a total of US$ 1,020,000 is budgeted including US$ 900,000 from MPHSTF and US$ 120,000 in kind contribution from UNICEF for the period of June 2024 to December 2024.

II. Project / Programme Information

1. Situational Analysis

1.1. Background and rationale

The shrinking of the Aral Sea since the 1960s has resulted in land degradation and desertification of vast areas of Karakalpakstan. Today, 37% of the Republic of Karakalpakstan's (RoK) population and almost 50% of the rural population do not have access to centralised drinking water. More than 75 million tons of dust and poisonous salts ascend annually from the new desert "Aralkum", at concentrations exceeding 2.7 times the normal rate. It is an ecological and socio-economic disaster. The average unemployment rate is 7.9%, and youth unemployment is 12.5%[3].

According to the Multi-Partner Human Security Trust Fund for the Aral Sea Region 2017 needs assessment in eight districts of the Republic of Karakalpakstan, 34% of the population is dissatisfied with its access to drinking water, given the poor quality of water (37.8%), irregular water supply (26.9%) and long distance to the water source (19.0%)[4]. More than half of the water samples collected from 77 open-water reservoirs did not meet chemical norms, and 20% did not meet bacteriological norms. More than 60% of water probes taken from drinking water sources (wells and tubular wells, hand cranes for pumping groundwater) did not meet sanitary requirements on chemical and 10.0% on bacteriological content.

Water and air quality changes, exacerbated by poverty and low social capital, have had a disastrous health impact. Dust and air pollution exposure contribute to the prevalence of anaemia and respiratory diseases. The incidence rate of anaemia among children in Karakalpakstan is 8818.6 cases per 100,000 people, compared to a national average of 6844.3 per 100,000. Anaemia among pregnant women is almost two times the national average. At 106.3 cases per 100,000 people, the incidence of tuberculosis is 50% higher than the country average[5].

In recent years, Uzbekistan has significantly improved access to water and sanitation services. According to the latest available data from the UNICEF Multiple Indicator Cluster Survey (MICS) in 2021-22, 96.8% of the household population is utilising improved drinking water sources, reflecting the nation's commitment to ensuring clean and safe drinking water for its citizens. However, challenges persist, as 25.9% of household members still lack drinking water on their premises, and 17.9% do not have access to handwashing facilities within their dwellings, yards, or plots. This indicates a need for targeted interventions to address these disparities in access to basic necessities at the community level.

[3] State Committee of the Republic of Uzbekistan on Statistics, https://www.stat.uz

[4] MHPSTF 2017 Needs Assessment in 8 districts of the Republic of Karakalpakstan

[5] Ministry of Health of the Republic of Karakalpakstan

The sanitation landscape also exhibits promising trends, with 93.6% of the household population benefiting from improved sanitation facilities. Despite this progress, the remaining 6.4% represents a considerable number of people still lacking proper sanitation, underscoring the importance of continuing efforts to reach these underserved populations[6].

The situation in educational institutions reveals disparities between urban and rural areas. While 88% of urban schools have basic water services, only 65% of rural schools enjoy the same privilege, leaving a significant proportion (19%) without access to water services. Similarly, within sanitation, 86% of urban schools have basic sanitation services compared to 63% in rural areas. Addressing these disparities is crucial for ensuring equitable access to WASH services for students nationwide as it represents an enabling factor for increasing girls' attendance and overall child wellbeing[7].

According to UNICEF's WASH in Health Care Facilities assessment conducted in 2020, 36% of district-level health care facilities (HCFs) in RoK meet the standards of basic water services, and 64% of district HCFs had limited water services. The basic water services at the PHC level meet standards in 37% of facilities. Eight per cent had limited water services, and 60% lacked basic water services. The hot running water situation does not meet the target in 53% of PHC facilities in RoK. Sanitation services at the PHC level are in the worst situation compared to other health facility services. Seven per cent of HCFs meet basic sanitation services at the PHC level.

Uzbekistan's commitment to menstrual hygiene is reflected in the data, with a high percentage of women aged 15-49 using appropriate materials for menstrual management. However, there are gaps, as 7.2% of women did not participate in social activities, work or school due to their last menstruation in the past 12 months. This underscores the need for comprehensive menstrual hygiene management programs to ensure women and girls' participation and address the menstrual health stigma.

Climate change poses additional challenges to the WASH and health sector in Uzbekistan. The country is experiencing shifts in precipitation patterns, increased frequency of droughts, and extreme weather events. These climate impacts can disrupt water availability, compromise water quality, and affect the functionality of water supply and sanitation infrastructure. The changing climate may also exacerbate vulnerabilities and disparities in accessing WASH services, particularly in remote and marginalised communities.

According to UNICEF’s 2023 Heatwave Study, the heatwaves in Uzbekistan range from 43°C up to 47°C, testing human tolerance to the heat of about 9.6 million children. Additionally, 91% of children under 18 are exposed to heatwaves. The heatwave study has also identified significant impacts in Uzbekistan on the following sectors: health, agriculture and livestock, labour and productivity, poverty, and vulnerability. For example, working hours equivalent to 22,000 full-time jobs are expected to be lost to heat stress by 2030 (vs. 3,000 in 1995).

The connection between mental health and climate change has gained widespread recognition as a crucial issue in recent years. It is now well understood that climate change poses a substantial threat to mental health and overall well-being, in addition to its environmental and economic consequences. UNICEF’s Adolescent Mental Health and Psychosocial Wellbeing at Schools Survey (2022) showed that almost 1 in 10 students suffered from moderate to extremely severe depression. Additionally, according to the 2021-2022 Uzbekistan MICS Survey, 12.9% of children aged 5-17 years old experience anxiety, and 6% suffer from depression. These estimates are notably higher in regions most affected by climate change, specifically the Western Region (Republic of Karakalpakstan, Bukhara, Navoiy and Korezm) and the Southern Region (Kashkadarya and Surkhandarya). The World Health Organization (WHO)

[6] UNICEF MICS 2021-2022

[7] UNICEF 2020 Rapid Assessment of WASH in Schools

emphasizes the necessity for integrated strategies that merge climate action with mental health programs, highlighting community-based approaches to alleviate vulnerabilities.

Integrating climate resilience into WASH and health interventions to address these climate challenges is crucial. Climate-resilient WASH practices and infrastructure can help ensure the availability and sustainability of WASH and health services, even in the face of climate change impacts. By considering climate factors in planning, design, and implementation, the proposed program can contribute to building the resilience of WASH systems and communities safeguarding the health and wellbeing of the population in the face of a changing climate.

To improve the climate change adaptation of communities and the health and education outcomes of the population of the Republic of Karakalpakstan, UNICEF emphasises the importance of strengthening community environmental protection and health and education systems. This is done through strengthening the provision of climate-resilient WASH and health services in communities, including healthcare facilities and schools. UNICEF focuses on an integrated approach to address the following bottlenecks:

- Limited access to quality and safe drinking water in remote communities
- Absence of sewage water treatment facilities in districts, where centralised sewage system is established.
- Inadequate WASH in healthcare facilities leads to the spread of antimicrobial-resistant infections, placing patients and staff at risk of serious infections.
- Inadequate water, sanitation and hygiene (WASH) conditions in schools may affect children's learning ability. These include helminth infections, long-term exposure to chemical contaminants in water (e. g. lead and arsenic), and diarrheal diseases, all of which force many schoolchildren to be absent from school.
- Insufficient knowledge, attitude, practice and norms on climate change and adaptation measures, climate-resilient WASH solutions, water saving and treatment technologies, innovative and renewable energy sources.
- District local government (khakimiyats) administration and mahallas lack capacity to plan, budget, and allocate for data-driven climate change and adaptation actions, climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans.
- Lack of necessary equipment and consumables for drinking water monitoring in the laboratory of the Karakalpakstan Board of the Committee for Sanitary and Epidemiological Wellbeing and Public Health of the Republic of Uzbekistan

To address the multifaceted nature of environmental insecurity and the bottlenecks above, UNICEF will apply a comprehensive and cross-sectoral approach. The project will build upon previous investments from the first, second and third rounds of the Multi-Partner Human Security Trust Fund for the Aral Sea region funding to amplify results.

UNICEF will focus on providing access to quality and safe drinking water for remote communities; capacity building and awareness raising on climate change and adaptation in schools, health care facilities, and communities; and strengthening the linkages between WASH, climate change and nutrition through service delivery and social behaviour change in Kungrad, Muynak, Bozataw and Takhtakopir districts of the Republic of Karakalpakstan.

Key focus areas include:

- Small-scale renovation of a water treatment facility in Takhtakopir district and water supply systems in mahallas, with climate-resilient design principles
- Strengthen water quality monitoring system and data management tools for the Karakalpakstan Board of the Committee for Sanitary Epidemiological Welfare and Public Health.
- Improve the capacity of district local government (khakimiyats) administration and mahallas to plan, budget, and allocate for data-driven climate-resilient WASH

interventions through community-driven programming, including evidence-based development and monitoring of action plans.
- Improve the capacity of teachers, health and WASH workers to provide quality integrated climate change and adaptation interventions, WASH and nutrition counselling and services while promoting healthy WASH and climate-resilient practices.
- Implement an integrated nutrition and WASH interventions in schools through the WASH three-star approach, integrating climate resilience components[8].
- Addressing harmful social and gender norms, attitudes and practices to improve WASH outcomes—focusing on Adolescent Girls and Young Women (AGYW) participation.

2. Project relevance

2.1. Goal and Objectives

Based on the underlying problems identified, the programme will intervene through systems strengthening, social and behaviour change (SBC) and participation, cross-sectoral linkages, partnerships, and evidence generation as the key strategies to achieve the desired results. Strengthening systems is critical to climate-resilient WASH services, including water quality monitoring. The programme will support capacity development, quality assurance interventions, and water quality testing equipment procurement. The programme will use social and behaviour change (SBC) and and beneficiary participation to address the social norms and harmful practices affecting health-seeking behaviours while supporting the participation of adolescent girls and young women and communities in improving their resilience to climate change. Partnerships are essential; the programme will build upon the investments in previous rounds of MPHSTF funding to amplify results. Finally, the programme will focus on cross-sectoral linkages between WASH, nutrition, health, and disaster risk reduction and management to deliver integrated interventions with a life-cycle approach.

The programme's goal is that by the end of the project, the most vulnerable people in four districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH services. The programme will expand community-level climate change and adaptation and climate-resilient WASH/health services in most affected communities in four districts of Karakalpakstan (Muynak, Kungrad, Bozataw and Takhtakopir). The comprehensive and integrated programme will address the immediate needs of at least 15,824 population, including at least 5,116 children and adolescents. The programme is expected to deliver results in three critical domains: enabling environment, supply, and demand. Specifically:

- Improving access to safe drinking water and climate-resilient health services to 15,824 people in four districts of Karakalpakstan
- Strengthening the monitoring systems of the Ministry of Health of Karakalpakstan and ten mahallas for data-driven climate-resilient WASH interventions
- Empowering 5,116 children and adolescents with the knowledge and information to demand quality and inclusive climate-resilient WASH services.

The results will be achieved through one outcome and three outputs:

Outcome 1: By the end of the project, the most vulnerable people, including women and

[8] The Three Star Approach is designed to improve the effectiveness of hygiene practices, including menstrual health, in schools. https://globalhandwashing.org/wp-content/uploads/2015/03/UNICEF_Field_Guide-3_Star-Guide1.pdf

children, in four districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH/health services and climate-resilient communities.

Output 1.1: By the end of the project, at least 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services.

Output 1.2: By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.

Output 1.3: By the end of the project, at least 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services.

2.2. Theory of Change

The programme's vision is to improve the most vulnerable population's access to climate-resilient WASH and health services in four districts of RoK by providing safe, clean drinking water, health and nutrition services and contributing towards improved community-level climate change adaptation and resilience.

The integrated programme interventions will address the following bottlenecks:

- Limited access to quality and safe drinking water in remote communities
- Absence of sewage water treatment facilities in districts, where centralised sewage system is established.
- Inadequate WASH in healthcare facilities leads to the spread of antimicrobial-resistant infections, placing patients and staff at risk of serious infections.
- Inadequate water, sanitation and hygiene (WASH) conditions in schools may affect children's learning ability. These include helminth infections, long-term exposure to chemical contaminants in water (e. g. lead and arsenic), and diarrheal diseases, all of which force many schoolchildren to be absent from school.
- Insufficient knowledge, attitude, practice and norms on climate change and adaptation measures, climate-resilient WASH solutions, water saving and treatment technologies, innovative and renewable energy sources.
- District local government (khakimiyats) administration and mahallas lack capacity to plan, budget, and allocate for data-driven climate change and adaptation actions, climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans.
- Lack of necessary equipment and consumables for drinking water monitoring in the laboratory of the Karakalpakstan Board of the Committee for Sanitary and Epidemiological Wellbeing and Public Health of the Republic of Uzbekistan

To address these bottlenecks, programme interventions will focus on:

- Small-scale renovation of a water treatment facility in Takhtakopir district and water supply systems in mahallas, with climate-resilient design principles
- Strengthen water quality monitoring system and data management tools for the Karakalpakstan Board of the Committee for Sanitary Epidemiological Welfare and Public Health.
- Improve the capacity of district local government (khakimiyats) administration and mahallas to plan, budget, and allocate for data-driven climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans.

- Improve the capacity of teachers, health and WASH workers to provide quality integrated climate change and adaptation interventions, WASH and nutrition counselling and services while promoting healthy WASH and climate-resilient practices.
- Implement an integrated nutrition and WASH interventions in schools through the WASH three-star approach, integrating climate resilience components.
- Addressing harmful social and gender norms, attitudes and practices to improve WASH outcomes—focusing on Adolescent Girls and Young Women (AGYW) participation.

The proposed programme is based on the following Theory of Change:

If people, including women and children, from the most vulnerable communities within four districts of Karakalpakstan have access to quality and safe drinking water and improved climate-adapted health services;

If the Ministry of Health and ten mahallas within four districts of Karakalpakstan have improved monitoring systems for data-driven programming to support community climate resilience;

If communities, including children, parents and caregivers, have adequate knowledge, skills and practices on climate change and adaptation measures, climate resilient WASH and renewable energy sources;

Then by the end of the project, the most vulnerable people in four districts of Karakalpakstan will benefit from gender-responsive, inclusive and climate-resilient WASH/health services.

<table>
<tr><td colspan="2">Theory of Change</td><td>Project Title: Enhancing Climate-Resilient and Safe Water, Sanitation, Hygiene, and Health Services for the Most Affected Communities in Four Districts of Karakalpakstan

Project Vision: Improve the most vulnerable population's access to climate-resilient WASH and health services in four districts of RoK by providing safe, clean drinking water, health and nutrition services and contributing towards improved community-level climate change adaptation and resilience.</td></tr>
<tr><td>Desired Change</td><td colspan="2">To improve the climate-resilient WASH and health services in communities, including healthcare facilities and schools.</td></tr>
<tr><td>Impact</td><td colspan="2">The most vulnerable people in four districts of Karakalpakstan will benefit from gender-responsive, inclusive and climate-resilient WASH/health services</td></tr>
<tr><td>Outcome</td><td>By the end of the project, the most vulnerable people, including women and children, in four</td><td>By the end of the project, 15,824 people and 5,116 children and adolescents, especially the most vulnerable, aged 7-18 in Muynak, Kungrad, Bozataw and Takhtakopir districts of the Republic of Karakalpakstan have improved access to safe</td></tr>
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	districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH/health services and climate-resilient communities.	drinking water and climate resilient health services, strengthened drinking water quality monitoring system, knowledge and information on quality inclusive climate-resilient WASH services.
Outputs/Solutions	1.1. By the end of the project, at least 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services.	
	1.2. By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.	
	1.3. By the end of the project, at least 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services	
Challenges	Limited access to quality and safe drinking water in remote communities; Absence of sewage water treatment facilities in districts, where centralised sewage system is established; Inadequate WASH in healthcare facilities leads to the spread of antimicrobial-resistant infections, placing patients and staff at risk of serious infections; Inadequate water, sanitation and hygiene (WASH) conditions in schools may affect children's learning ability. These include helminth infections, long-term exposure to chemical contaminants in water (e. g. lead and arsenic), and diarrheal diseases, all of which force many schoolchildren to be absent from school; Insufficient knowledge, attitude, practice and norms on climate change and adaptation measures, climate-resilient WASH solutions, water saving and treatment technologies, innovative and renewable energy sources; District local government (khakimiyats) administration and mahallas lack capacity to plan, budget, and allocate for data-driven climate change and adaptation actions, climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans; Lack of necessary equipment and consumables for drinking water monitoring in the laboratory of the Karakalpakstan Board of the Committee for Sanitary and Epidemiological Wellbeing and Public Health of the Republic of Uzbekistan	

2.3. Strategic Context

The project goal and objectives are fully aligned with the following policies and strategies of the Government of Uzbekistan:

- Laws "On Water and Water Use", "On State Sanitary Supervision" Presidential Decree #5590 of 7 December 2018 on reforming the healthcare system in Uzbekistan—improving adolescent/youth health, especially in the regions, is one of the most important and immediate health security issues that the people of Karakalpakstan.
- Presidential Decree #PP4887 of 10 November 2020 on" Further actions on improvement of healthy nutrition of the population".
- Presidential Decree #UP-6099 of 30 October 2020 on "Measures for the wide implementation of a healthy lifestyle and further development of mass sport "Presidential Decree, dated 30.10.2019, No. PD-5863 "On approval of the concept of environmental protection of the Republic of Uzbekistan until 2030"
- Presidential Decree PD-6110 "On implementation of new mechanisms in the work of primary health facilities and further increase of efficiency of current health reforms"
- Presidential Resolution PP-4891 "On additional measures for ensuring public health through increasing efficiency of the work on health prevention."
- Presidential Resolution PP-4513 "On improving the quality and further expanding the coverage of medical care provided to women of reproductive age, pregnant women and children"

The project will contribute to ensuring availability and sustainable management of water and sanitation for all (SDG 6), by ensuring that people, including the most vulnerable) have access to safe and inclusive water and sanitation in selected communities by providing access to clean drinking water. Strengthening the system for monitoring the quality of drinking water will enhance the improvement of safe and quality drinking water services in the region.

The project will contribute to ensure healthy lives and promote wellbeing for all at all ages (SDG 2 and 3) by improving the capacity of healthcare workers on climate-resilient WASH, nutrition and infection control and prevention interventions.

The project will contribute to achieving the gender equality and empower all women and girls (SDG 5) by making a special focus on Menstrual Health and Hygiene (MHH) to empower women at communities, health care facilities and schools. This project will employ a participatory approach with the direct involvement of teachers' and parents' associations, local community activists, and beneficiaries to empower local communities.

The project will contribute to SDG 7 (Affordable and Clean Energy) by applying solar panels, lighting, and pumps in drinking water supply interventions.

The project will contribute to SDG 13 (Climate Action) by conducting capacity building and awareness raising activities on climate change and its health impact to people in targeted communities, healthcare facilities and schools.

The project proposal is fully aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) (2021-2025), under People and Prosperity and Planet:

- Outcome 4. By 2025, the most vulnerable benefit from enhanced access to gender sensitive quality health, education and social services. (National SDG 1, 2, 3, 4, 5, 8, 10, 11 and 16).
- Outcome 5: By 2025, the most at-risk regions and communities of Uzbekistan are more resilient to climate change and disasters, and benefit from increasingly sustainable and gender-sensitive efficient management of natural resources and infrastructure, robust climate action, inclusive environmental governance and protection (national SDGs: 1, 2, 5, 6, 7, 8, 9, 11, 12, 13,15)

2.4. Programmatic Relevance

Ensuring access of most affected communities to quality and safe drinking water will reduce the stress on local communities due to deteriorating environmental situation in the region. Piloting new technology reverse osmosis system for drinking water treatment, installation of solar panels will contribute to improving the quality of drinking water and energy resources saving and foster further replication of the initiative by state-funded programs. Increased knowledge, skills and practices of local communities on climate change and adaptation, climate-resilient WASH interventions will strengthen their abilities to take climate change response and mitigation measures, apply innovative and climate-resilient WASH solutions at household and institutional levels. Enhancing the technical capacity of the Karakalpakstan Board of the Committee for Sanitary and Epidemiological Welfare and Public Health institution will strengthen the regional system for monitoring the quality of drinking water and addressing them through local regulatory processes.

Expected project results aligned with the MPHSTF Results Framework

Indicator	Project's contribution
MPHSTF Outcome 1: The stress on local communities due to the deteriorating environmental situation reduced	
Output 1: Local management practices and knowledge of ecosystem services are improved	
% of communities with access to ecosystem services	At least 300 community leaders from 10 communities, 50 people from 4 district khakimiyat representatives and 300 teachers and 300 healthcare workers enhanced their knowledge and skills on climate change and adaptation, community-resilient WASH services topics.
Output 2: New technologies in the area of water purification, agroforestry, afforestation, and soil stabilisation are piloted	
# of pilot projects that test out new technologies adjusted to local conditions	1 drinking water treatment facility will be renovated by installation of reverse osmosis system for water purification
Output 3: The quality of water, air and soil pollution is monitored and addressed through local regulatory practices	
% of water/air quality monitoring laboratories regularly reporting through the automated surveillance system	At least one regional Sanitation and Hygiene Laboratory of Karakalpakstan Board of the Committee for Sanitary and Epidemiological Welfare and Public Health institution will be equipped modern laboratory equipment, enhance capacity of staff and obtain unified information system for timely recording, reporting and analysis of data related to monitoring the quality of drinking water.
MPHSTF Outcome 3: Local community access to affordable and healthy food and clean drinking water secured	

Output 7. Local infrastructure investments for access and distribution of clean water are increased	
amount of investments in water access and distribution infrastructure with the support of the MPHSTF, mln. USD	At least 10,000 people will get access to clean drinking water through installation of water pipeline systems and renovation of water supply pump stations.
MPHSTF Outcome 4: The overall health of the local population is improved, and healthy lifestyle promoted	
Output 12. The quality of health care is improved through increased professional education	
# of health care professionals educated and retrained through distance learning	300 healthcare workers from 20 healthcare facilities will be trained on climate-resilience WASH, gender-based violence (GBV) mitigation, nutrition and Infection Control and Prevention (IPC).
Output 13. Healthy lifestyles and practices, drug and alcohol use prevention, as well as, mental health are promoted, including sanitation, vaccination, waste disposal, and local medicinal plants	
% of populations responding positively to new healthy lifestyles in survey	5,116 children and adolescents in four districts of Karakalpakstan will be equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services.

Output 1.1: By the end of the project, at least 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services

This output will focus on ten communities from Muynak, Kungrad, Bozataw and Takhtakopir districts to improve access to quality and safe water supply systems. Through this output, UNICEF will identify the scope of work and renovate water supply systems to improve access to safe drinking water for 15,824 people. Given the linkages between WASH, nutrition and health, UNICEF will further support the capacity building of 300 healthcare workers from 20 healthcare facilities on climate-resilience WASH, gender-based violence (GBV) mitigation, nutrition and Infection Control and Prevention (IPC). This will improve climate-adapted health services in the 20 healthcare facilities, benefitting 15,824 people. Additionally, UNICEF will use the school to deliver nutrition-specific interventions such as deworming, nutrition counselling, and micronutrient/iron-folic acid supplementation.

Activity 1.1.1. Situational analysis and assessment for access to clean drinking water in 10 mahallas

UNICEF will conduct a thorough situational analysis and assessment of clean drinking water access in 10 mahallas within the four districts. The approach involves careful selection of diverse mahallas, followed by data collection through surveys, interviews, and on-site

assessments. The assessment includes a detailed inspection of water infrastructure, including sources, distribution networks, and storage facilities, along with rigorous water quality analysis at various points. Community engagement plays a crucial role, involving meetings and discussions to gather local insights and understand specific needs and challenges. The anticipated result is a concise report summarising the current state of infrastructure, water quality, community perspectives, and policy recommendations. This report will serve as a foundation for tailored interventions aimed at enhancing access to clean drinking water in the identified mahallas.

Activity 1.1.2. Improvement and maintenance of infrastructure on water supply systems in 10 mahallas

UNICEF will focus on enhancing and renovating water supply infrastructure in 10 mahallas within the 4 districts. Based on the results of the assessment of existing systems, the approach involves strategic planning for upgrades, prioritizing critical areas, and incorporating modern climate-resilient technologies for long-term efficacy. Implementation includes community engagement to communicate plans and encourage participation, alongside capacity building through training for sustainable infrastructure management. The expected outcome is a significantly improved and well-maintained water supply infrastructure, reflecting both enhanced technical capabilities and increased community involvement, ultimately contributing to sustained access to climate-resilient and safe drinking water in the selected mahallas.

Activity 1.1.3. Capacity building of the 50 representatives from 10 mahalla committees in the sustainable operation, maintenance, and management of water supply systems

UNICEF will build the capacity of 50 representatives from 10 mahalla committees in the sustainable operation, maintenance, and management of water supply systems. Based on the mahalla vulnerability assessment findings and recommendations, UNICEF will conduct tailored training programs, and hands-on workshops to enhance their proficiency in dealing with and maintaining water systems. The expected outcome is a strengthened cadre of committee representatives with improved knowledge and practical skills, fostering collaboration and knowledge exchange among them. This will empower the mahalla committees to actively contribute to the sustainable management of water supply systems in their respective areas.

Output 1.2: By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.

This output will focus on improving the capacity of district local government (khakimiyats) administration and mahallas to plan, budget, and allocate for data-driven climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans. The project will identify the list and technical specifications of laboratory equipment and consumables and ensure the delivery, procurement and installation. The project will conduct laboratory technician capacity building and develop information systems for monitoring drinking water quality.

Activity 1.2.1. Conduct Community Vulnerability/Risk Analysis in 10 mahallas

UNICEF will conduct a community vulnerability and risk analysis to climate change in 10 mahallas. Through active engagement with local communities, the approach combines qualitative and quantitative data collection methods, including surveys and workshops, to

gain insights into current vulnerabilities and climate-related risks. Employing climate modelling tools, the analysis extends to assessing potential future climate scenarios and their impacts on the community, such as extreme weather events. The expected outcome is a comprehensive report providing community-driven perspectives, data-driven analyses, and visual representations of vulnerabilities and risks, laying the groundwork for targeted climate resilience strategies and interventions in the 10 mahallas.

Activity 1.2.2. Strengthen the capacity of 50 representatives from district local government (khakimiyats) administration and 10 mahalla committees to plan, budget, and allocate for data-driven climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans.

UNICEF will strengthen the capacity of 50 representatives from district local government administrations and 10 mahalla committees in planning, budgeting, and resource allocation for data-driven climate-resilient WASH interventions. Through specialized training programs, the initiative emphasizes evidence-based development principles, equipping participants with the skills to make informed decisions based on the results of the climate risk assessment. The approach encourages community-driven programming, fostering collaboration with local communities to align interventions with their needs and priorities. The expected result is a skilled cadre capable of developing evidence-based action plans, including robust monitoring mechanisms, to effectively implement and assess the impact of climate-resilient WASH interventions over time.

Activity 1.2.3. Procurement, delivery and installation of laboratory equipment and consumables

UNICEF will develop a comprehensive list and technical specifications for laboratory equipment and consumables essential for monitoring the quality of drinking water. This activity aims to provide a detailed guide for procurement. The approach involves close collaboration with specialists to gather information on the need for water quality testing. The expected outcome is a well-documented list and specifications that will enable informed decision-making in the procurement process, ensuring the laboratory is equipped to conduct precise and reliable assessments of drinking water quality.

Based on the technical specifications, UNICEF will procure, deliver, and install laboratory equipment and consumables, with the ultimate goal of enabling effective monitoring of drinking water quality. The approach involves a meticulous vendor selection process based on technical specifications, emphasizing reliability and cost-effectiveness. A detailed procurement plan, including timelines and budget allocation, ensures a streamlined acquisition process. Coordination with vendors guarantees timely and secure delivery, and a structured installation process overseen by skilled technicians ensures that all equipment is properly set up to meet operational standards. The expected outcome is a fully operational laboratory ready to conduct precise and reliable assessments of drinking water quality, thereby contributing to improved water safety in the targeted area.

Activity 1.2.4. Capacity building of 30 laboratory technicians on monitoring the quality of drinking water

UNICEF will enhance the capacities of 30 laboratory technicians to monitor the quality of drinking water. Through the development of a specialized training program, UNICEF will focus on practical, hands-on sessions covering sampling techniques, analytical methods,

and result interpretation. Emphasis is placed on maintaining high standards of accuracy and precision through a robust quality assurance component. The expected outcome is a well-trained cadre of technicians with enhanced proficiency, contributing to the reliability and accuracy of drinking water quality assessments. Continuous learning opportunities and knowledge-sharing sessions are integrated to ensure technicians stay updated on the latest advancements in water quality monitoring, fostering a culture of ongoing improvement in their respective areas.

Activity 1.2.5. Develop the information system for data management on monitoring the quality of drinking water.

UNICEF will develop an information system for streamlined data management in monitoring the quality of drinking water. Following a data landscape analysis, UNICEF will design a tailored system, incorporating database architecture, user interfaces, and advanced technologies to optimize data collection, storage, retrieval, and analysis. The expected outcome is an operational information system that enhances the efficiency of drinking water quality monitoring efforts. User training sessions ensure that stakeholders are proficient in utilizing the system, fostering improved data management and informed decision-making in initiatives related to drinking water quality.

Output 1.3: By the end of December 2024, at least 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services.

Under this output, UNICEF will improve the capacity of parents/caregivers, teachers, children, community leaders, and health and WASH workers to provide quality integrated climate change and adaptation interventions, WASH and nutrition counselling and services while promoting healthy WASH and climate-resilient practices. Building from investments in previous funding rounds, UNICEF will implement the WASH Three Star Approach in 15 schools. UNICEF will train 300 teachers and 400 schoolchildren to reach 5,116 children and adolescents with knowledge and information to demand inclusive, climate-resilient WASH and health services. The programme will complement the interventions with integrated nutrition and health interventions, integrating climate resilience components. The social and behavioural change activities will address the harmful social and gender norms, attitudes and practices to improve WASH outcomes, primarily focusing on adolescent girls and young women. UNICEF will focus on adolescent girls and young women's participation in GBV risk mitigation, mental health and climate change adaptation.

Activity 1.3.1. Conduct capacity building for 300 health workers to promote WASH/nutrition practices, Micro-Nutrient Program/Iron and Folic Acid Supplementation (MNP/IFAS), and deworming, including training, job aid, IPC tools, and education materials.

UNICEF will strengthen the capacity of 300 health workers, focusing on WASH practices, nutrition education, and the implementation of the Micronutrient supplements/Iron and Folic Acid Supplementation (MNP/IFAS) and deworming initiatives. The approach involves tailored training programs, the provision of practical job aids and Interpersonal Communication (IPC) tools, and the distribution of educational materials. Additionally, healthcare workers will provide micronutrient powder and iron folic acid supplementation to children and adolescents. The anticipated outcome is a skilled and knowledgeable cadre of health workers proficient in promoting WASH and nutrition practices, effectively implementing MNP/IFAS, and conducting deworming programs. This initiative is expected to result in improved community awareness, behavioral change, and overall positive health outcomes in the targeted districts.

Activity 1.3.2. Capacity building of 300 community people on climate change and adaptation interventions, WASH and climate-resilient practices.

UNICEF will build the capacity of 300 community members, aiming to enhance their understanding of climate change, adaptation interventions, and climate-resilient Water, Sanitation, and Hygiene (WASH) practices. Through a well-designed training program featuring participatory methods and practical applications, community engagement is prioritized, fostering a sense of ownership and empowerment. The expected outcome is a more knowledgeable and skilled community capable of implementing climate-resilient WASH practices, contributing to increased resilience and sustainable water management in the face of climate-related challenges. The localized context ensures that the training content is relevant and applicable to the specific needs and experiences of the community.

Activity 1.3.3. Capacity building of 300 teachers and 400 school children on climate change and adaptation, climate-resilient WASH by implementing the WASH Three Star Approach

UNICEF will build the capacity of 300 teachers and 400 school children through the implementation of the WASH Three Star Approach[9], with a specific focus on climate change, adaptation, and climate-resilient Water, Sanitation, and Hygiene (WASH) practices. Through practical demonstrations and exercises within the school environment, both teachers and students gain hands-on experience in climate-resilient WASH practices. Additionally, the initiative aims to integrate these crucial topics into the school curriculum, fostering long-term awareness and behavioural change. The anticipated outcome is an educated and engaged educational community capable of promoting sustainable WASH practices and climate resilience within the school and beyond, ultimately reaching 27,535 children through trained teachers and students.

Activity 1.3.4. Conduct Behavior Change Communication Campaign on climate change and adaptation, climate-resilient WASH by engaging mass media, social media, digital platforms, and, community engagement.

UNICEF will implement a Behavior Change Communication (BCC) campaign to address climate change, adaptation, and climate-resilient Water, Sanitation, and Hygiene (WASH) practices. The campaign will be based on the results of the UNICEF Knowledge, Attitudes, Practices, and Norms (KAPN) survey. The campaign design incorporates compelling narratives and messaging strategies, utilizing a multichannel approach that includes mass media, social media, digital platforms, and community engagement events. With an emphasis on community involvement, the initiative encourages local ownership and understanding of the campaign messages through interactive sessions and workshops. The expected outcome is a widespread and impactful BCC campaign that effectively communicates key messages, fostering behavior change, and increasing awareness of climate resilience and sustainable WASH practices. Continuous monitoring and evaluation will allow for adjustments to ensure the campaign remains relevant and influential throughout its duration.

Activity 1.3.5. Implement adolescent girls and young women-led initiatives in schools on adolescent health (including mental health, GBV risk mitigation, climate change, menstrual health and hygiene)

UNICEF will focus on adolescent participation and promoting initiatives led by adolescent girls and young women in schools, empowering them to address critical aspects of adolescent health, including mental health, gender-based violence (GBV) risk mitigation,

[9] The Three Star Approach is designed to improve the effectiveness of hygiene practices, including menstrual health, in schools. https://globalhandwashing.org/wp-content/uploads/2015/03/UNICEF_Field_Guide-3_Star-Guide1.pdf

climate change awareness, and menstrual health and hygiene. Through empowerment programs and comprehensive health education, these young leaders will drive initiatives that extend beyond schools, promoting a broader understanding of adolescent health issues within the community. The peer-to-peer engagement model fosters a supportive environment for open dialogue and shared experiences, contributing to positive behavioural changes. The expected outcome is a series of impactful initiatives that not only address immediate health concerns but also create a lasting impact on the broader community's awareness and understanding of adolescent health.

Activity 1.3.6. Rollout of Bebbo, parenting app, through capacity building of patronage nurses and healthcare workers on utilisation.

UNICEF will roll out the Bebbo parenting app, which emphasises responsive care for parents and caregivers. The app has over 350,000 users in Uzbekistan. The initiative involves capacity-building sessions for patronage nurses and healthcare workers are conducted to empower them in effectively utilizing the app as a tool for promoting responsive care practices. The user-friendly interface of the app facilitates easy access to information on child health and early childhood development. Through community outreach programs, the initiative aims to raise awareness and encourage the adoption of the Bebbo app among parents and caregivers, fostering a supportive environment for responsive parenting practices within the targeted community.

Activity 1.3.7 Operational research & knowledge management

Under this activity, UNICEF will document the promising practices and lessons learned on new interventions related to community WASH, community and adolescent girls and youth focused social and behaviour change communication, as well as piloting WASH Three Star Approach throughout programme interventions.

The project promotes an integrated and multi-sectoral approach by addressing environmental, health and social insecurities covering the WASH and nutrition, and climate-change topics.

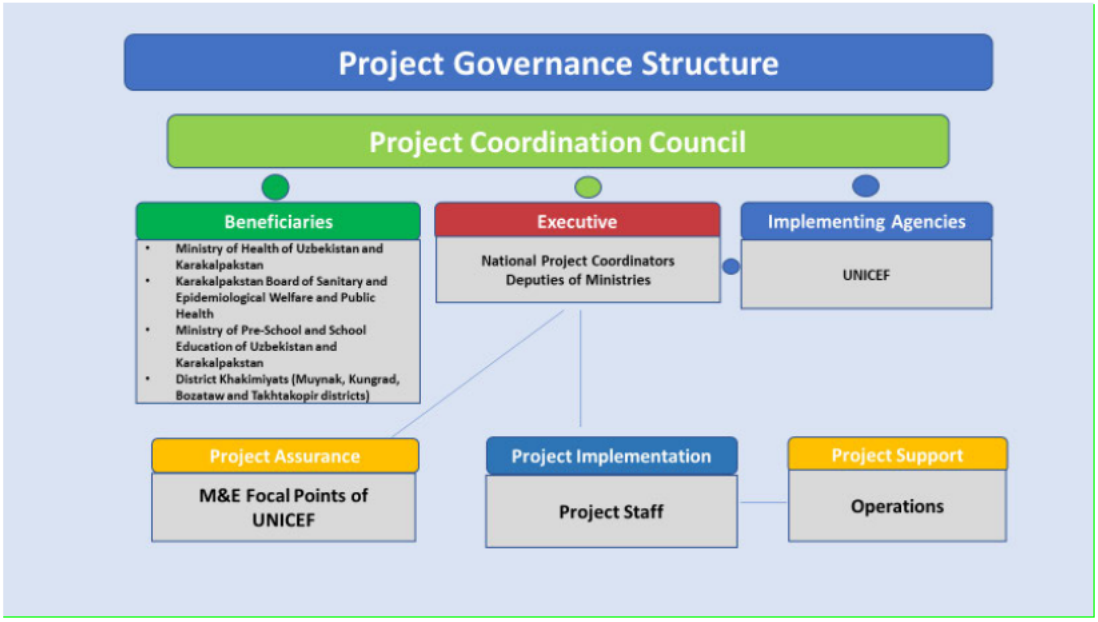
The project will build the existing government mechanisms aimed at providing high quality evidence-based services to population. This includes community resilient WASH infrastructure for communities, human resources capacity, strengthening the established digital platforms for enhancing the capacity of healthcare and education personnel and raising awareness of general public. The project interventions will be implemented in synergy with government priorities and implementing agencies' mandate. At the end of the project, all results will be handed over to the government partners for further work and development of an improved climate-resilient WASH system and development of an improved PHC system.

3. Governance arrangements and Partnerships

The programme will use the Project Coordination Council at the regional level established by currently implemented projects for coordination and project management to guarantee the sustainability of the coordinated efforts. The Project Coordination Council will be the main entity in the project governance structure. Representatives of the Ministry of Health (MOH), Karakalpakstan Board of the Committee for Sanitary Epidemiological Welfare and Public Health of the Republic of Uzbekistan, Ministry of Pre-school and School Education (MOPSE) of the Republic of Uzbekistan and the Republic of Karakalpakstan, Council of Ministers of the Republic of Karakalpakstan, the management of selected district health care services and district education departments, district and regional governors (district khakimiyats), civil

society organisations (CSOs) and community representatives will be members of the Coordination Council. The Council of Ministers of the Republic of Karakalpakstan will lead the Coordination Council. The Coordination Council will be responsible for building partnerships and coordination with other stakeholders (civil society, local government).
The Project Coordination Council will be the platform for donor coordination, harmonisation and complementation of project work between UNICEF and regional and district partners in the area of primary healthcare and education system, adolescent and youth development. This will create an enabling environment to move towards a cross-sectoral approach to advancing the wellbeing and opportunities for people in Karakalpakstan.

The Project Coordination Council will support the Karakalpakstan MOH and MOPSE capacity to continue to consolidate results achieved and to ensure effective donor involvement in the health and education sector governance agenda. District government representatives will be involved in providing necessary support for smooth implementation of the project, apply the gained experience and best practices on climate change and adaption, climate-resilient WASH interventions, community mobilisation and support community action plans through district government budget and resource mobilisation from other sources. It is envisioned that government authorities will develop and implement state programs for operation and technical maintenance of constructed/renovated WASH facilities, ensuring availability of water, power supply, and providing funding for the sustainable provision of hygienic supplies.



The participation of civil society organisations (CSOs), and community representatives will help to achieve better targeting and improve the project's quality of implementation. In particular, CSOs, trained community health volunteers and community representatives will be involved in community climate resilience interventions, demand generation, and advocacy. CSOs and communities will be involved in identification of community priorities and formulating the Community Development Plans and costed action plans, capacity building activities on planning and budgeting, technical maintenance of WASH facilities, project implementation, and actively participate in the decision-making process through the Coordination Council during the planning and implementation process.

List national, local partners, CSOs and communities and outline a strategy to ensure the stakeholders engagement and describe their respective roles and responsibilities.

- **The Ministry of Health (MOH)** at national and regional level will be the main partner in the implementation of capacity building activities on WASH and IPC in target districts.
- **The Karakalpakstan Board of Sanitary and Epidemiological Welfare and Public Health** will be the main partner in the implementation of project output on improving the capacity of the Laboratory for monitoring the quality of drinking water and development of information system for data management.
- **The Ministry of Pre-school and School Education (MOPSE)** at national and regional level will be the main partner in the implementation WASH Three Star Approach in 15 selected schools, implementation of capacity building component for climate-resilient WASH, operation and technical maintenance of WASH facilities, climate change and health impact, interventions on menstrual health and hygiene for adolescent girls.
- **The Ministry of Ecology, Environment Protection and Climate Change** at national and regional level will be the supporting partner development of educational materials and conducting Behavior Change Communication Campaign on climate changes and adaptation, climate-resilient WASH by engaging mass media, social media, digital platforms, and, community engagement.
- **District Khakimiyats and Mahalla Committees** at district level will support the programme activities in organizing community mobilization events, identification of vulnerable communities for providing access to safe drinking water and participate in climate-resilient WASH and Budgeting workshops.
- **Global Green Growth Institute in Uzbekistan** is an international NGO, implementing a project "Green Rehabilitation Investment Project for Karakalpakstan Republic to Address Impact of the Aral Sea Crisis" (Aral Sea GRIP) in Karakalpakstan. UNICEF will cooperate with GGGI on knowledge exchange on climate change and adaptation interventions for community people and school children.
- **Karakalpakstan National Center on New Methodologies for Teachers Training under the Ministry of Pre-school and School Education of the Republic of Karakalpakstan** will be the key partner to coordinate and participate in the implementation of project activities on climate change adaptation and climate resilient WASH in schools.

4. Beneficiaries

- 15,824 people from 4 target districts (Muynak, Kungrad, Bozataw, Takhtakopir districts), including:
  - 7,797 women and 8,027 men;
  - including 5,116 children (2,607 boys, 2,509 girls)
- 300 healthcare workers from 3 target districts
- 30 laboratory technicians
- 50 representatives from the 4-district local government administration (khakimiyats) and 10 mahalla committees

5. Mainstreaming of gender and women's empowerment

The project will use the results of the 2024 WASH knowledge, attitudes, practices, and norms survey to inform programming—especially related to menstrual health and hygiene and WASH gender-based violence (GBV) risk mitigation. Sex-disaggregated and specific gender indicators are included in the results framework to adequately measure the gender-responsive results the project aims to achieve.

The project's main activities are designed to ensure the equal participation of women and girls in the design and implementation of project interventions. They are also direct beneficiaries of the project activities.

The capacity-building component of the project will empower women and improve their knowledge and increase demand for timely health services. The programme will ensure that at least 50% of training participants, including clinical and management trainings on WASH, nutrition, Micro-Nutrient Program/Iron and Folic Acid Supplementation (MNP/IFAS), deworming, climate change and adaptation, will be women.

The project will improve access to clean drinking water in 10 communities. Women are at the forefront in the social sector. They are the users of improved clean drinking water facilities. They will also promote positive knowledge, attitude, norms and practices on social and behavior change communication on climate-resilient WASH, climate change adaptation and mitigation interventions among the population.

UNICEF will promote WASH Three Star Approach, which includes the improvement of efficient use of established climate-smart WASH facilities, making sure that toilets in schools and healthcare facilities ensure privacy and safety for the needs of women and girls. Promoting awareness raising activities and addressing harmful practices and taboos on menstrual health and hygiene will have a positive impact for the health of girls and female staff of schools. Improved health will positively affect their education achievements, participation in school and community activities, and will have a long-term positive impact throughout their lives.

Specific measurable indicators related to gender equality and women's empowerment are the following:

- Number of health workers receiving the skills and support for delivering essential maternal, newborn and child health services
- Number of women and adolescent girls reached whose menstrual health and hygiene needs are addressed.

6. Sustainability

All planned activities align with national priorities and will contribute to the national and global SDGs. The sustainability of the project will be ensured by working with the Council of Ministers of the Republic of Karakalpakstan, MOH, MOPSE and all other relevant departments of Government during the project period. Strategic partners' leadership and ownership during the project implementation will be ensured. The project's sustainability will be ensured by integrating the services and initiatives created by the project into existing state-funded programmes, Government of Uzbekistan initiated reforms in public health, public education, school feeding program, climate change in the health and education system.

The Coordination Council will serve as a platform to discuss plans and progress on supporting climate change response and adaptation measures, promoting climate-resilient, gender responsive and inclusive WASH, strengthening the system for operation and technical maintenance of already constructed WASH facilities in schools and healthcare facilities, advocate for supply with spare parts and hygiene items for sustainable operation of WASH facilities, share the results of information system for monitoring the quality of drinking water to adopt informed decision making and planning state resources for addressing the challenges related to WASH and climate change response, implementation of health and nutrition programs and the exchange of experience among relevant stakeholders. It contributes to system level changes and the sustainability of interventions implemented with the support of different partners.

Health care managers will be trained in WASH, nutrition, IPC to ensure the integration of sustainable elements by addressing identified health system barriers/bottlenecks. To support the sustainability of quality MCH services, the project will ensure the introduction of new knowledge and skills in daily practice through a supportive supervision and mentoring approach. UNICEF currently working with MOH, MOPSE, Ministry of Construction and the Agency for Strategic Reforms under the President of the Republic of Uzbekistan to review and revise the existing WASH standards (Building Codes, Sanitary Norms and Procedures) for schools, pre-school education facilities and healthcare facilities from climate-resilience, gender responsive and inclusiveness lenses. During the project capacity building trainings for government representatives on WASH Planning and Budgeting, these revised and endorsed WASH standards will be introduced to project beneficiaries, including local government representatives for further application and reference while planning and implementation of state-funded social infrastructure projects for schools, pre-school facilities and healthcare facilities.

7. Risks and Assumptions

The assumptions are that providing quality health services to the population will continue to be high on the national, regional and district level government agenda and the government will continue to allocate human and financial resources for equitable and quality health programmes and interventions. It is assumed that delivering services to the most disadvantaged is given priority. The local authorities and community will support improvement of the quality of WASH services in health care facilities and schools. The population will have more trust in health care facilities with appropriate infrastructures, equipment and sanitation will utilise the potential of the health care system. MOH and MOPSE will support distance learning mechanism and health care providers, teachers and school children will be interested to use this education approach. The assumption is that the systematic approach to capacity building by using traditional and innovative approaches of health care providers and continued support of health workers with adequate supervision and monitoring will improve quality of care, ensure implementation of infection preventive measures and readiness for infection epidemics. This will contribute to population health and environment security in the Republic of Karakalpakstan.

Dialogue with people, including women and youth, remains the priority and focus of the state policy. The Government is interested in improving the institutional and legal framework for comprehensive support of women and youth, by facilitating their participation in decision-making processes and fostering their social and civic engagement.

Risks:

The programme is designed considering the potential risks that might affect implementation.

Given the limited time frame of seven months, and UNICEF Uzbekistan’s experience in previous rounds of Multi-Partner Human Security Trust Fund for the Aral Sea region funding regarding construction — UNICEF will not be undertaking major construction or renovations. UNICEF estimates that a minimum of one year is required to complete the construction/renovations works.

Another risk is related to budget deficiency in relation to staff costs in case of projects non-cost extension.

The influence of social and cultural practices and beliefs on health and WASH behaviors is a contextual risk with a medium probability of occurrence. If not addressed effectively, these factors could undermine the program's objectives by inhibiting the adoption of essential health and hygiene practices. Additionally, the program faces a high contextual risk due to the potential impact of natural disasters, which could disrupt UNICEF's operations and hinder

the delivery of vital services. Another critical risk is the high programmatic risk associated with political commitment potentially impeding project delivery. Without sustained political support, the project's progress may be delayed, jeopardising the positive changes achieved thus far. Furthermore, programmatic challenges include a medium risk of insufficient coordination between partners, which could compromise the program's overall effectiveness.

Mitigation:

In response to these identified risks, UNICEF developed a robust set of mitigation strategies to safeguard the success of program.

In case if the construction and renovation work take longer time than the current planned period due to harsh weather conditions, possible delays of construction process related to UNICEF procurement and bidding policies and procedures, delays by vendors in delivery and installation of equipment and materials, including any other external causes beyond the UNICEF's influence, UNICEF will review the project's non-cost extension at the Project Coordination Council, as stated in the Governance arrangement. If the issue has been agreed at project level, then the project team will request MPHSTF for non-cost extension of the project.

In case of project non-cost extension, project will request MPHSTF to approve revised budget with re-distribution of funds under activities to cover staff costs.

Recognising the impact of social and cultural factors, UNICEF plans to deploy evidence-informed social behaviour change plans and community mobilisation initiatives. These efforts aim to enhance the acceptability and uptake of WASH/health services, mitigating the contextual risk associated with social norm influences. To address the high contextual risk posed by natural disasters, UNICEF will establish a contingency plan through its routine systems, leveraging the Emergency Preparedness Platform to ensure swift and effective responses in times of crisis. In the face of high programmatic risks, particularly political challenges, UNICEF is committed to sustained advocacy for political support, emphasising the importance of WASH, health, and climate-resilient services. UNICEF also plans to bolster partner coordination through improved governance, institutional capacity support, and active participation in technical working groups. Additionally, to counter the risk of insufficient domestic funding towards equipment and systems maintenance, UNICEF will advocate for the commitment to equipment maintenance to be documented, ensuring the long-term sustainability of the program's impact. Through these comprehensive mitigation strategies, UNICEF aims to navigate and overcome the diverse potential risks of program.

8. Arrangements for Monitoring, Reporting and Evaluation

Project monitoring and evaluation will be regularly conducted in accordance with the established procedures of UNICEF, aligned with the requirements of the Multi-Partner Human Security Trust Fund for the Aral Sea.

After the submission of the project document, the project team will initiate an inception phase so that to develop a fine-tuned and targeted work plan based on additional consultations with national counterparts. The work plan will be discussed in the Coordination Council and endorsed in a process coordinated by UNICEF. The work plan will include a detailed M&E and communications plan and sequencing strategy.

The respective UNICEF project focal point will monitor the progress and results of the day-to-day project activities. Various monitoring and evaluation tools will be utilised in a complementary manner, including field reports and interviews with key stakeholders and project beneficiaries.

Baselines will be set based on available data collected and through various dialogue platforms and research instruments, including a WASH in schools and healthcare facilities situation analysis, WASH Knowledge, Attitude, Practices and Norms survey, Uzbekistan National Nutrition Survey, U-Report, IOGT and other available data sources.

Once a quarter, UNICEF team will discuss progress towards the indicators of the logical framework and suggest corrective measures as applicable. At least twice annually, UNICEF will facilitate the process of the field missions jointly with national partners through visits to the project sites, meeting with beneficiaries and getting direct feedback on the progress and results of the project, as well as risks and actions taken to manage risks.

UNICEF will be responsible for reporting to the MPHSTF Technical Secretariat. Every report will provide an accurate account of the implementation of the project activities, challenges encountered, changes introduced, and the degree of achievement of its results (outputs and outcome) as measured by the indicators of the Logical Framework (Table 1).

The project will include the following monitoring activities:

1. Quality of training: This will be ensured through pre- and post-training survey to measure the effectiveness of training materials, approaches and facilitation. The average of final test should be more than 70%
2. Quality of renovation works: the project design and estimation documents will go through state expertise from the Karakalpakstan Board of State Architectural and Construction Supervision. The construction/renovation works will be monitored by project construction engineers and contracted project design institute for quality assurance and authorship supervision.
3. Post training follow up and coaching: This will be conducted through constant monitoring and regular field visits of the trainers/coachers to ensure all questions are answered and challenges resolved.
4. The project will create a database of training activities to capture gender, age, urban/rural, district, specialty, institution/organisation/community disaggregated data and other relevant information from the internal monitoring process and to give access to all interested parties for project assessment and reporting. The database and periodic monitoring report will be shared with national partners and MPHSTF for further analysis and implementation.
5. The quality of equipment performance will be checked by the specialists through generating regular technical reports, checking and cleaning equipment as agreed in warrantee/maintenance protocol.
6. Field monitoring by project staff will ensure timely and high-quality delivery of project activities and alignment with the project plans. Reports developed after field trip will provide a list of key findings and recommendations for further improvement of the project implementation.
7. A joint monitoring team (JMT) with MOH, MOPSE and MPHSTF will be established to monitor the progress of the project. The JMT findings and recommendations will be presented in the Project Coordination Council meetings for review and to bring them into practice.
8. Reports by partners on the implementation of various activities will be based on the UNICEF monitoring, reporting and evaluation procedures and tools.

Trained health providers and teachers will receive two post-training follow-up and supervision visits. Quality control and strong feedback mechanisms for data collection, processing and analysis will be created including cross-checking for accuracy, logical and

internal consistencies to assess reliability, and wherever possible, additional validation methods will be used. A system of regular meetings by the district, regional health and education team will be enhanced/established to stimulate use of information. As information is reviewed, best practices will be shared, problems identified, and solutions proposed for the improvement of quality of health and education services.

UNICEF will document the promising practices and lessons learned on new interventions related to community WASH, community and adolescent girls and youth focused social and behaviour change communication, as well as piloting WASH Three Star Approach throughout programme interventions.

The project has allocated up to 5% of the total budget for monitoring and assessment of project implementation.

The project will provide an annual narrative progress report no later than three (3) months (31 March) after each calendar year and a final narrative report after the completion of activities no later than four months (30 April) after the end of the calendar year and closure of the activities. This will be based on the Memorandum of Understanding between the Participation UN Organizations (PUNOs) and the MPHSTF office on the UN MPHSTF operational aspects for the Aral Sea Region in Uzbekistan.

Annual financial reports as of 31 December 2024, with respect to the funds disbursed to it from the MPHSTF Administrative Agent, are to be provided no later than four months (30 April, 2025) after the end of calendar year. A certified final financial statement and final financial report after the completion of the activities will be provided no later than five months (31 May, 2025) after the end of the calendar year.

UNICEF will prepare Narrative Annual Project Progress Report, Final Project Report and financial reports and submit to the Administrative Agent and MPHSTF Technical Secretariat, which in turn will submit the consolidated reports to each donor that has contributed to the Fund, as well as the Steering Committee, in accordance with the timetable established in the Standard Administrative Arrangements signed between the donor and MPHSTF Administrative Agent.

9. Arrangements for Communication and Visibility

The communication and visibility plan aims at creating awareness among local communities, implementing partners, donors, the media, and elected representatives about the project impact, as well as ensuring the visibility of the MPHSTF, all donors to the wellbeing of the people of Karakalpakstan. The Project Communication Plan will be designed in line with the MPHSTF Communications, Branding and Marketing Strategy. The main objective of the Communication Plan is to provide a list of key activities to increase awareness of the national partners and international donors about relevant problems in Aral Sea region under the project scope and impact of project activities. The Plan will include but not limited by the following activities:

- Showcasing the impact of the work on people and communities by highlighting the impact of water structure renovations and capacity building interventions.
- Publications of articles in local and national newspapers about MPHSTF project, its activities and expected results in overall and about successes and challenges revealed in each project area.
- Broadcasting interviews and discussions with the specialists on local and national TV and Radio

- Broad use of web sources for distribution of the information related to the project activities, initiating discussion around that to increase awareness and interest of population.
- Round tables and meetings with the government officials and target population to discuss the project objectives through lens of local traditions and culture.
- Focusing on the target population benefit through development of human-interest stories, connecting to beneficiaries, knowing how their lives were changed after the project.
- Interim and final reports will provide evidence-based information about results of project interventions and its benefit for the target population.
- Regular meetings with the Steering committee, MPHSTF Technical Secretariat, line ministries will allow informing them about progress and achievements within the project, challenges, and problems along with possible solutions.

UNICEF will use its office capacity to implement the Communication Plan, including the UNICEF Communication Section and Knowledge Management Officer. However, additional technical resources will be needed, such as professional photographers and videographers, designers and editors, who will be hired on an additional technical resource on temporary basis.
The project will consider dissemination and communication actions during the lifetime of the project. The development of awareness raising, visibility and promotion materials will take place in the initial phase of the project as per the Communication Plan, including the specific materials and tools for identified target audiences. These materials and tools, together with the project visual identity, provide the basis to build on for the communication activities that will be developed at a later stage. The rationale for this approach is that at the beginning of the project, the main purpose is to raise awareness on the existence of the project itself, and to engage with the specific targeted groups: government officials, healthcare and education managers, health care providers and schoolteachers and children, community people, etc. At a later stage, the focus will shift towards communicating results. Nevertheless, dissemination activities will continue throughout the project, the difference is that communication will increase pace as the project evolves.

10. Financial proposal

Basic hand hygiene is one of the most cost-effective and overall effective ways of stopping the spread of the corona virus. Millions of dollars are being poured into pharmaceutical projects, but nothing created thus far is as effective at stopping the virus as a basic bar of soap. Every dollar invested in water and sanitation returns US$4.3 and an estimated gain of 1.5% of global gross domestic product (GDP) through reduced health care costs, as well as providing benefits such as reduced pollution, greater workplace productivity and greater dignity, privacy and safety.

The project resources will be enough for the assessment, technical support, monitoring, advocacy, improvement of WASH behaviours in selected schools, promoting climate-smart innovative approaches in infrastructure improvement, scaling up digital and face-to-face platforms for children and youth engagement, supporting young people in raising awareness on health impacts of climate change. The programme's budget will cover the most disadvantaged northern districts of Karakalpakstan. However, government resources must be allocated to maintain infrastructure, equipment and scale up. The programme includes programme staff and will involve partners' staff to achieve the planned results. Working with partners will strengthen their capacity and ensure project sustainability.

UNICEF will provide in-kind contributions in the form of services and time of selected national and international experts. The outcomes of UNICEF's other project on revision of WASH standards and findings of WASH KAPN survey will be applied design and implementation of awareness raising activities and rolling out regional SBC strategy on climate-resilient WASH, climate change adaptation interventions of the given proposal. UNICEF will also utilize best international practices from other UNICEF Country Offices for the implementation of WASH Three Star Approach and development of Operation and Technical Maintenance Plans for sustainable functioning of WASH in Schools interventions. The project implementation requires strategic guidance from national partners in selecting evidence-informed improvement options based on the current duty bearer capacities. UNICEF experts will support implementing interventions for quality and performance improvement for rights holders and duty bearers. UNICEF's contribution is USD 120,000 indicated in the annexed Budget.

11. Attachments

Attachment Name/Title:

- Letter of support from Committee for Sanitary Epidemiological Welfare and Public Health under the Ministry of Health of Uzbekistan
- Letter of support from Ministry of Health of Karakalpakstan
- Letter of Support from the National Center for Training Teachers to New Methods of the Republic of Karakalpakstan under the Ministry of Pre-school and School Education of the Republic of Karakalpakstan

Table 1. Logical Framework

Title of the programme:	**Enhancing Climate-Resilient and Safe Water, Sanitation, Hygiene, and Health Services for the Most Affected Communities in Four Districts of Karakalpakstan**						
UNSDCF Priority Area	**Outcome 4. By 2025, the most vulnerable benefit from enhanced access to gender sensitive quality health, education and social services (national SDGs: 1, 2, 4, 5, 8, 10, and 11).** **Outcome 5: By 2025, the most at-risk regions and communities of Uzbekistan are more resilient to climate change and disasters, and benefit from increasingly sustainable and gender-sensitive efficient management of natural resources and infrastructure, robust climate action, inclusive environmental governance and protection (national SDGs: 1, 2, 5, 6, 7, 8, 9, 11, 12, 13,15)**						
Relevant National SDG(s)	**National SDG 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 11, 12, 13, 14 and 16**						
Expected Results (Outcomes & outputs)	**Indicators**					**Means of verification/ Frequency**	**Responsibilities** (PUNOs and national partners)
	Indicator description	**Baseline**		**Target** 2024			
		Value	Year	S1	S2		
Programme outcome	Contribution to the MPHSTF Outcomes **Outcome 1: The stress on local communities due to the deteriorating environmental situation reduced** **Outcome 3: Local community access to affordable and healthy food and clean drinking water secured** **Outcome 4: The overall health of the local population improved and healthy lifestyle promoted**						
Outcome: By the end of the project, the most vulnerable people, including women and children, in four districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH/health services and climate-resilient communities.	% of the population with access to clean water	70.1%	2022	70.1%	72%	State Statistics	UNICEF, District Khakimiyats, Mahalla Committees
	Child mortality rate (1-5 year)	16.3%	2023	16.3%	15%	State Statistics	MOH, UNICEF

Programme outputs	Contribution to the MPHSTF Outputs **Output 1. Local management practices and knowledge of ecosystem services are improved** **Output 2. New technologies in the area of water purification, agroforestry, afforestation, and soil stabilisation are piloted** **Output 3. The quality of water, air and soil pollution is monitored and addressed through local regulatory practices** **Output 7. Local infrastructure investments for access and distribution of clean water are increased** **Output 9. The quality of nutrition is increased through standardization, regulation, monitoring, information, and education** **Output 12. The quality of health care is improved through increased professional education** **Output 13. Healthy lifestyles and practices, drug and alcohol use prevention, as well as, mental health are promoted, including sanitation, vaccination, waste disposal, and local medicinal plants**						
Output 1.1. By the end of the project, at least 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services.	# of people reached with at least basic water that is safe and available when needed	320,289	2023	320,289	336,289 (n=15,824)	Programme records and reports	UNICEF, District Khakimiyats, Mahalla Committees
	amount of investments in water access and distribution infrastructure with the support of the MPHSTF, mln. USD	1.291	2022	1.291	1.621 (n=0.330)	Programme records and reports	UNICEF
	# of community representatives with improved knowledge on sustainable operation, maintenance, and management of water supply systems	0	2023	0	50	Programme records and reports, Training Reports	UNICEF, District Khakimiyats, Mahalla Committees

Output 1.2. By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.	# of communities with child-friendly frameworks (Community Action Plans) for emergency/climate change preparedness and/or early/anticipatory action	0	2023	0	10	Sector project/ programme reports	UNICEF, District Khakimiyats, Mahalla Committees, Ministry of Ecology, Environmental Protection and Climate Change (MEEPCC)
	# of representatives from district khakimiyats and mahalla committees equipped with the skills to plan, budget, and allocate for data-driven climate-resilient WASH interventions	0	2023	0	50	Programme records and reports, Training Reports	UNICEF, District Khakimiyats, Mahalla Committees
	# of newly established or improved water quality monitoring laboratories	0	2023	0	1	Programme records and reports, Transfer acts	MOH, UNICEF
Output 1.3. By the end of the project, at least 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and	# of health workers receiving the skills and support for delivering essential maternal,	1,448	2023	1,448	1,748 (n=300)	Programme records and reports, Training Reports	UNICEF, MOH

inclusive climate-resilient WASH and health services	newborn and child health services						
	Number of women and adolescent girls reached whose menstrual health and hygiene needs are addressed	2,303	2023	2,303	3,768 (n=1,465)	Programme records and reports, School reports	UNICEF, MOPSE
	Number of children, adolescents and young people engaged in action and advocacy to address climate change, unsustainable energy use and/or environmental degradation	300	2023	300	700 (n=400)	Programme records and reports	UNICEF, MOPSE, District Khakimiyats, Mahalla Committees, MEEPCC
	# of teachers trained on healthy lifestyles	1585	2022	1585	1885 (n=300)	Programme records and reports, School reports	UNICEF, MOPSE
	Number of schools that practice daily group handwashing through WASH 3 Star Approach	0	2023	0	15	Programme records and reports, School reports	UNICEF, MOPSE

Table 2. Risk Ranking Matrix

Risks	Character	Impact	Probability	Mitigation Strategy
As per UNICEF previous work experience on WASH construction projects, the given project time frame of 7 months would create risk for timely completed of construction works and handing over to beneficiary party	Programmatic	High	High	UNICEF will constantly monitor the construction process and provide notification and submit relevant documents to MPHSTF Technical Secretariat for project non-cost extension considering the required timeframes for successful completion of construction works.
In case of project non-cost extension, the project will have budget deficiency for staff costs	Financial	High	High	Since the current staff costs were estimated for 7 months, in case of non-cost extension (NCE), the project will provide budget revision with redistribution of project budget by activities to cover the staff costs for the extended project period.
Social and cultural practices and beliefs negatively affect health/WASH behaviours	Contextual	Low	Medium	UNICEF will develop a robust evidence-informed social behaviour change plan with messages to support behaviour change communication activities. UNICEF will work to mobilise communities to increase the acceptability and uptake of WASH/Health services.
Natural disasters negatively affect UNICEF's performance	Contextual	High	Low	UNICEF will establish a contingency plan through its routine systems (Emergency Preparedness Platform)
Political commitment impeding project delivery	Programmatic	High	Low	UNICEF will continue advocating for political support of WASH/Health/Climate resilient services to sustain the positive changes achieved by project

Lack of coordination between partners	Programmatic	Medium	Low	UNICEF will support institutional capacity and improved governance/coordination of programme interventions participation in technical working Groups. The Steering Committee will ensure coordination between and engagement of partners at all levels
Government does not allocate sufficient domestic funding towards the maintenance of the procured equipment/ consumables	Contextual	High	Medium	To ensure the success of the programme, UNICEF will ensure that Government's commitment towards maintenance of the procured equipment is recorded in minutes in the Steering Committee meetings and advocate for its inclusion in protocols and Cabinet of Ministers resolutions.

Table 3. Work Plan for UNICEF Programme: Enhancing Climate-Resilient and Safe Water, Sanitation, Hygiene, and Health Services for the Most Affected Communities in Four Districts of Karakalpakstan

Period (Covered by the WP) June 1 – December 31, 2024

	UN organization	Implementing Partner	TIME FRAME 2024			Planned Budget, in USD
			Q2	Q3	Q4	
Objective 1. By the end of the project, the most vulnerable people, including women and children, in four districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH/health services and climate-resilient communities.						
Output 1.1. By the end of the project, 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services						
Activity 1.1.1. Situational analysis and assessment of clean drinking water facilities for further interventions in 10 mahallas	UNICEF	District Khakimiyats, Mahalla Committees				$ 8,000
Activity 1.1.2. Improvement and maintenance of infrastructure on water supply systems in 10 mahallas	UNICEF	District Khakimiyats, Mahalla Committees				$ 316,000
Activity 1.1.3. Capacity building of the 50 representatives from 10 mahalla committees in the sustainable operation, maintenance, and management of water supply systems	UNICEF	District Khakimiyats, Mahalla Committees				$ 20,000
					Output 1.1. Subtotal	**$ 344,000**
Output 1.2. By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.						
Activity 1.2.1. Conduct Community Vulnerability/Risk Analysis	UNICEF	District Khakimiyats, Mahalla Committees				$ 11,000
Activity 1.2.2. Strengthen the capacity of 50 representatives from district local government (khakimiyats) administration and 10 mahalla committees to plan, budget, and allocate for data-driven climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans.	UNICEF	District Khakimiyats, Mahalla Committees				$ 17,000
Activity 1.2.3. Procurement, delivery and installation of laboratory equipment and consumables	UNICEF	MOH, RepSES RoK				$ 71,000
Activity 1.2.4. Capacity building of laboratory technicians on monitoring the quality of drinking water	UNICEF	MOH, RepSES RoK				$ 7,600
Activity 1.2.5. Develop the information system for data management on monitoring the quality of drinking water	UNICEF	MOH, RepSES RoK				$ 35,000

					Output 1.2. Subtotal	**$ 141,600**
Output 1.3. By the end of the project, 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services						
Activity 1.3.1. Conduct capacity building for 300 health workers to promote WASH/nutrition practices, Micro-Nutrient Program/Iron and Folic Acid Supplementation (MNP/IFAS), and deworming, including training, job aid, IPC tools, and education materials.	UNICEF	MOH				$ 64,000
Activity 1.3.2. Capacity building of 300 community people on climate change and adaptation interventions, WASH and climate-resilient practices.	UNICEF	District Khakimiyats, Mahalla Committees				$ 20,000
Activity 1.3.3. Capacity building of 300 teachers and 400 school children on climate change and adaptation, climate-resilient WASH by implementing the WASH Three Star Approach	UNICEF	MOPSE				$ 34,000
Activity 1.3.4. Conduct Behavior Change Communication Campaign on climate change and adaptation, climate-resilient WASH by engaging mass media, social media, digital platforms, and, community engagement.	UNICEF	MOH, MEEPCC, District Khakimiyats, Mahalla Committees, GGGI, Mass Media				$ 70,000
Activity 1.3.5. Implement adolescent girls and young women-led initiatives in schools on adolescent health (including mental health, GBV risk mitigation, climate change, menstrual health and hygiene)	UNICEF	MOPSE				$ 34,000
Activity 1.3.6. Rollout of Bebbo, parenting app, through capacity building of patronage nurses and healthcare workers on utilisation.	UNICEF	MOH				$ 9,000
Activity 1.3.7 Operational research & knowledge management	UNICEF	MOH, MOPSE, MEEPCC, District Khakimiyats, Mahalla Committees				$ 5,000
					Output 1.3. Subtotal	**$ 236,000**
					Total for Programme (Objective 1)	**$ 721,600**
					Programme Management Expenses	**$ 119,521**
					Total direct cost	**$ 841,121**
					Indirect support cost	**$ 58,878**
					Total Planned Budget	**$ 900,000**

Table 4.1. Detailed budget

Detailed description	Budget Categories*	Item line budget			Total Amount, in USD (7 months)
		Item description	Unit cost	Number of units	
Objective 1. By the end of the project, the most vulnerable people, including women and children, in four districts of Karakalpakstan will benefit from gender-responsive, inclusive, and climate-resilient WASH/health services and climate-resilient communities.					
Output 1.1. By the end of the project, 15,824 people in four districts of Karakalpakstan have improved access to safe drinking water and climate-adapted health services					**$ 344,000**
Activity 1.1.1. Situational analysis and assessment of clean drinking water facilities for further interventions in 10 mahallas					$ 8,000
Sub-activity 1.1.1.1. Situational Analysis and development of ToR for water supply infrastructure improvement in 10 mahallas	Contractual services (including consultants, meetings, workshops, and conferences)	lump sum. Fee for 50 working days (100 USD per day) and travel cost for experts (1000 USD)	$ 8,000	1	$ 8,000
Activity 1.1.2. Improvement and maintenance of infrastructure on water supply systems in 10 mahallas					$ 316,000
Sub-activity 1.1.2.1 Development of infrastructure improvement design and receive the Government approval	Contractual services (including consultants, meetings, workshops and conferences)	Fee of national design company	$ 25,000	1	$ 25,000
Sub-activity 1.1.2.2 Procurement and installation of water purification equipment	Supplies, Commodities, Materials	Per set. Water tanks, water softener and filters, solar panels and etc procurement and installation for 1 community	$ 50,000	1	$ 50,000
Sub-activity 1.1.2.3 Improvement and maintenance of infrastructure.	Supplies, Commodities, Materials	Per set. Building of water supply network, building/renovation of water treatment plant and pump station in 10 selected communities	$ 22,000	10	$ 220,000
Sub-activity 1.1.2.4 National Consultants/Local Construction Engineer's fee for technical supervision of 10 community water supply projects	Contractual services	Per month (7 months)	$ 3,000	7	$ 21,000

Activity 1.1.3. Capacity building of the 50 representatives from 10 mahalla committees in the sustainable operation, maintenance, and management of water supply systems					$ 20,000
Sub-activity 1.1.3.1 Development of training materials on sustainable operation, maintenance, and management of water supply systems	Transfers and grants to counterparts	per batch	$ 1,000	2	$ 2,000
Sub-activity 1.1.3.2 Printing training materials on sustainable operation, maintenance, and management of water supply systems	Contractual services (including consultants, meetings, workshops and conferences)	Per set. Per set. Operation and maintenance guidelines, handouts, pre- and post- training questionnaires for 50 community representatives (50 copies)	$ 20	50	$ 1,000
Sub-activity 1.1.3.3 Trainings on sustainable operation, maintenance, and management of water supply systems	Transfers and grants to counterparts	Per batch. Planned to conduct 2 trainings to train 50 HCP (25 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 4,000	2	$ 8,000
Sub-activity 1.1.3.4 National Consultant/Community Mobilization Specialist's fee	Contractual services	lump sum. Fee for 6 months, including travel cost for experts (1000 USD per month)	$ 1,500	6	$ 9,000
Output 1.2. By the end of the project, the Ministry of Health of Karakalpakstan and ten mahallas will have strengthened monitoring systems for data-driven climate-resilient WASH interventions through community-driven programming, community action plans and water quality testing.					**$ 141,600**
Activity 1.2.1. Conduct Community Vulnerability/Risk Analysis					$ 11,000
Sub-activity 1.2.1.1. Field data collection. One training for 10 participants on data collection. Cost of field work for 10 assessors (fee, travel costs)	Transfers and grants to counterparts	per batch	$ 5,000	1	$ 5,000
Sub-activity 1.2.1.2 Design and printing of report. Translation cost and printing of 200 copies	Contractual services	Per set	$ 20	100	$ 2,000
Sub-activity 1.2.1.3 Meeting to present results and launch of the project. Cost of one meeting (travel cost for participants, accommodation, and food)	Transfers and grants to counterparts	per batch	$ 1,000	1	$ 1,000

Sub-activity 1.2.1.4 Set targets and define roadmap, development of Community Vulnerability Risk Analysis Report. Fee for national experts. Cost of presentation and discussions with local authorities and community members. Cost of meetings of working group (3 meetings)	Transfers and grants to counterparts	per batch	$ 500	3	$ 1,500
Sub-activity 1.2.1.5 Organize community consultation and validation meetings. Submission of Final Report. Cost of one meeting (travel cost for participants, accommodation, and food)	Transfers and grants to counterparts	per batch	$ 1,500	1	$ 1,500
Activity 1.2.2. Strengthen the capacity of 50 representatives from district local government (khakimiyats) administration and 10 mahalla committees to plan, budget, and allocate for data-driven climate-resilient WASH interventions through community-driven programming, including evidence-based development and monitoring of action plans.					**$ 17,000**
Sub-activity 1.2.2.1 Development of training materials on planning and budgeting	Transfers and grants to counterparts	per batch	$ 1,000	2	$ 2,000
Sub-activity 1.2.2.2 Printing training materials on planning and budgeting	Contractual services (including consultants, meetings, workshops, and conferences)	Per set. Per set. Operation and maintenance guidelines, handouts, pre- and post- training questionnaires for 50 district administration and mahalla committee representatives (50 copies)	$ 20	50	$ 1,000
Sub-activity 1.2.2.3 Trainings on planning and budgeting	Transfers and grants to counterparts	Per batch. Planned to conduct 2 trainings to train 50 HCP (25 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 4,000	2	$ 8,000
Sub-activity 1.2.2.4 National Consultant/Public Finance for Community Specialist's fee	Contractual services	lump sum. Fee for 6 months, including travel cost for experts (1000 USD per month)	$ 1,000	6	$ 6,000

Activity 1.2.3. Procurement, delivery and installation of laboratory equipment and consumables					**$ 71,000**
Sub-activity 1.2.3.1 Fee and travel cost for one Laboratory expert	Contractual services (including consultants, meetings, workshops, and conferences)	lump sum. Fee of the expert for 3 days, per-diems and travel cost	$ 1,000	1	$ 1,000
Sub-activity 1.2.3.2. Procurement of Laboratory equipment and consumables, delivery and installation to target laboratory.	Supplies, Commodities, Materials	Per set. Cost of laboratory equipment and consumables sets. Delivery to Laboratory and installation cost	$ 70,000	1	$ 70,000
Activity 1.2.4. Capacity building of laboratory technicians on monitoring the quality of drinking water					**$ 7,600**
Sub-activity 1.2.4.1 Development of training materials on monitoring the quality of drinking water	Transfers and grants to counterparts	per batch	$ 2,000	1	$ 2,000
Sub-activity 1.2.4.2 Printing training materials on monitoring the quality of drinking water	Contractual services (including consultants, meetings, workshops, and conferences)	Per set. Operation and maintenance guidelines, handouts, pre- and post-training questionnaires for 30 lab technicians (30 copies)	$ 20	30	$ 600
Sub-activity 1.2.4.3 Trainings on monitoring the quality of drinking water	Transfers and grants to counterparts	Per batch. Planned to conduct 1 training to train 30 lab technicians (30 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 5,000	1	$ 5,000
Activity 1.2.5. Develop the information system for data management on monitoring the quality of drinking water					**$ 35,000**
Sub-activity 1.2.5.1 Fee and travel cost for ICT and research agency to develop, test and installation of the information system for data management on monitoring the quality of drinking water	Contractual services (including consultants, meetings, workshops, and conferences)	Per set. Per set. Information system software and manuals development, testing and installation, technical support	$ 30,000	1	$ 30,000

Sub-activity 1.2.5.2 Fee and travel cost for Digital Landscape Analysis Specialist	Contractual services (including consultants, meetings, workshops, and conferences)	Per set. Per set. Information system software and manuals development, testing and installation, technical support	$ 5,000	1	$ 5,000
Output 1.3. By the end of the project, 5,116 children and adolescents in four districts of Karakalpakstan are equipped with relevant knowledge and information to demand quality and inclusive climate-resilient WASH and health services					**$ 236,000**
Activity 1.3.1. Conduct capacity building for 300 health workers to promote WASH/nutrition practices, Micro-Nutrient Program/Iron and Folic Acid Supplementation (MNP/IFAS), and deworming, including training, job aid, IPC tools, and education materials.					$ 64,000
Sub-activity 1.3.1.1 Design of WASH, IPC, MNP/IFAS, deworming training materials	Contractual services	Per set. Per set. WASH, IPC, MNP/IFAS, deworming guidelines, handouts	$ 12,000	1	$ 12,000
Sub-activity 1.3.1.2 Printing of WASH, IPC, MNP/IFAS, deworming training materials	Contractual services (including consultants, meetings, workshops and conferences)	Per set. Per set. WASH and IPC, MNP/IFAS, deworming guidelines, handouts, pre- and post- training questionnaires for 300 health care providers (300 copies for each topic)	$ 5,000	2	$ 10,000
Sub-activity 1.3.1.3 Trainings on WASH	Transfers and grants to counterparts	Per batch. Planned to conduct 10 trainings to train 300 HCP (30 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 1,200	10	$ 12,000
Sub-activity 1.3.1.4 Trainings on IPC.	Transfers and grants to counterparts	Per batch. Planned to conduct 10 trainings to train 300 HCP (30 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 1,200	10	$ 12,000

Sub-activity 1.3.1.5 Trainings on Micro-nutrient program, iron and folic acid supplementation.	Transfers and grants to counterparts	Per batch. Planned to conduct 10 trainings to train 300 HCP (30 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 1,200	10	$ 12,000
Sub-activity 1.3.1.6 National Consultant/Training Coordination and Monitoring Specialist's fee	Contractual services	lump sum. Fee for 6 months, including travel cost for experts (1000 USD per month)	$ 1,000	6	$ 6,000
Activity 1.3.2. Capacity building of 300 community people on climate change and adaptation interventions, WASH and climate-resilient practices.					**$ 20,000**
Sub-activity 1.3.2.1 Adapt the design of Climate Change Adaptation, WASH and Climate Resilient Practices training materials	Contractual services	Per set. Climate Change Adaptation, WASH and Climate Resilient Practices training materials, handouts	$ 2,000	1	$ 2,000
Sub-activity 1.3.2.2 Printing of Climate Change Adaptation, WASH and Climate Resilient Practices training materials	Contractual services (including consultants, meetings, workshops and conferences)	Per set. Climate Change Adaptation, WASH and Climate Resilient Practices training materials, handouts, pre- and post- training questionnaires for 300 community people (300 copies for each topic)	$ 3,000	2	$ 6,000
Sub-activity 1.3.2.3 Trainings on Climate Change Adaptation, WASH and Climate Resilient Practices training materials	Transfers and grants to counterparts	Per batch. Planned to conduct 10 trainings to train 300 community people (30 people in each training). Training cost includes trainers fee, per-diems travel cost, catering, stationary.	$ 1,200	10	$ 12,000
Activity 1.3.3. Capacity building of 300 teachers and 400 school children on climate change and adaptation, climate-resilient WASH by implementing the WASH Three Star Approach					**$ 34,000**
Sub-activity 1.3.3.1. Training for teachers' and parents' associations, school nurses on WASH, nutrition and climate change topics. (300 trainees), 10 trainings	Transfers and grants to counterparts	per set	$ 1,200	10	$ 12,000

Sub-activity 1.3.3.2 Training for 400 school children and development of peer-to-peer groups on WASH, nutrition and climate change topics (400 trainees), 15 trainings	Transfers and grants to counterparts	per set	$ 1,200	15	$ 18,000
Sub-activity 1.3.3.3 Training aids, media coverage and printing materials. 300 copies	Contractual services	per set	$ 20	200	$ 4,000
Activity 1.3.4. Conduct Behavior Change Communication Campaign on climate change and adaptation, climate-resilient WASH by engaging mass media, social media, digital platforms, and, community engagement.					**$ 70,000**
Sub-activity 1.3.4.1 Development of EIC materials for community people, school teachers, children and parents	Transfers and grants to counterparts	Per batch	$ 1,000	5	$ 5,000
Sub-activity 1.3.4.2 Printing and production of IEC materials in communities, schools (in three languages)	Contractual services	Per batch	$ 1,000	5	$ 5,000
Sub-activity 1.3.4.3 Organize awareness raising BCC campaigns for communities and schools	Contractual services	Per batch	$ 1,000	20	$ 20,000
Sub-activity 1.3.4.4 Developmen of climate change and adaptation materials for IOGT platform	Contractual services (including consultants, meetings, workshops, and conferences)	Per batch	$ 30,000	1	$ 30,000
Sub-activity 1.3.4.5 Fee for translator	Contractual services (including consultants, meetings, workshops, and conferences)	lump sum. Fee of translator	$ 10,000	1	$ 10,000
Activity 1.3.5. Implement adolescent girls and young women-led initiatives in schools on adolescent health (including mental health, GBV risk mitigation, climate change, menstrual health and hygiene)					**$ 34,000**
Sub-activity 1.3.5.1 Development of EIC materials for adolescent girls and young women-led initiatives in schools on adolescent health	Transfers and grants to counterparts	Per batch	$ 1,000	5	$ 5,000
Sub-activity 1.3.5.2 Printing and production of IEC materials adolescent girls and young women-led initiatives in schools on adolescent health	Contractual services	Per batch	$ 1,000	5	$ 5,000

Sub-activity 1.3.5.3 Organize awareness raising sessions for adolescent girls and young women-led initiatives in schools on adolescent health	Contractual services	Per batch	$ 2,000	12	$ 24,000
Activity 1.3.6. Rollout of Bebbo, parenting app, through capacity building of patronage nurses and healthcare workers on utilisation.					**$ 9,000**
Sub-activity 1.3.6.1 Training for patronage nurses and healthcare workers on Bebbo, parenting app. (300 trainees), 10 trainings	Transfers and grants to counterparts	per set	$ 600	10	$ 6,000
Sub-activity 1.3.6.2 Training aids, media coverage and printing materials. 300 copies	Contractual services	per set	$ 10	300	$ 3,000
Activity 1.3.7 Operational research & knowledge management					$ 5,000
Sub-activity 1.3.7.1 Documentation of promising practices and lessons learned. Fee and transportation cost for National Consultant on documentation of best practices and lessons learned.	Contractual services	Per batch	$ 5,000	1	$ 5,000
Programme Subtotal					**$ 721,600**
Programme Officer/WASH NoB (7 months)	**Staff**	**per month**	$ 6,650	7	$ 46,550
Social and Behaviour Change Officer/NoB (3 months)	**Staff**	**per month**	$ 6,650	3	$ 19,950
Program Assistant GS-6 (3 months)	Staff	per month	$ 4,525	3	$ 13,575
Supply Officer NOA (3 months)	Staff	per month	$ 6,400	3	$ 19,200
Programme Monitoring & HACT assurance	General Operating and Other Direct Costs	programme monitoring and financial assurances, per month	$ 2,750	6	$ 16,500
Operations Costs	General Operating and Other Direct Costs	Bank Charges, Admin, etc. per month	$ 535	7	$ 3,746
UNICEF staff and operations cost subtotal					**$ 119,521**
Total direct cost					**$ 841,121**
Indirect support cost (HQ 7%)					**$ 58,878**
Total indirect support cost					**$ 58,878**
TOTAL BUDGET					**$ 900,000**

Table 4.2. Consolidated Budget (UNICEF)

	Categories	Total	Year 1	Allocation: MPTF	Allocation: UNICEF Core Resources
1	Staff *Budget notes: UNICEF: Programme Officer/WASH NoB (7 months), SBC Officer NOB (3 months), Supply Officer NOA (3 months), Program Assistant GS-6 (3 months). UNICEF contribution: 20% of chief of child health and wellbeing section time, 10% of finance officer time and 10% of administrative officer time.*	219,275.00	99,275.00	99,275.00	120,000.00
2	Supplies, commodities, materials *Budget notes: UNICEF: Improvement and maintenance of WASH infrastructure, Equipment and consumables for selected laboratory. Includes all direct and indirect costs (e.g. freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials.*	340,000.00	340,000.00	340,000.00	$00.00
3	Equipment, vehicles and furniture (including depreciation) *Budget notes: XX*	$00.00	$00.00	$00.00	$00.00
4	Contractual services (including consultants, meetings, workshops and conferences) *Budget notes: Services contracted by UNICEF which follow organization processes. This includes contracts for procurement of services (event management, printing of training materials and etc.).*	251,600.00	251,600.00	251,600.00	$00.00
5	Travel *Budget notes: XX*	$00.00	$00.00	$00.00	$00.00
6	Transfers and grants to counterparts *Budget notes: Includes transfers given to an implementing partner (e.g. Regional Pediatric Hospital) which are not similar to a commercial service contract as per above. In IPSAS terms this would be more similar to non-exchange transactions.*	130,000.00	130,000.00	130,000.00	$00.00
7	General operating and other direct costs *Budget notes: Programme monitoring, HACT assurance costs and bank charges*	20,246.40	20,246.40	20,246.40	$00.00
	Subtotal	961,121.40	841,121.40	841,121.40	$00.00
8	Indirect support costs	58,878.50	58,878.50	58,878.50	$00.00
	TOTAL	1,020,000	900,000	900,000	$00.00