Project Document

Project[1] Title: **Towards universal health coverage and security in Karakalpakstan (UHC+S)**

Project Duration: 33 months Anticipated start/end dates: 1 Jan 2021 – 30 Sept 2023 Fund Management Option(s): pass-through (Parallel, pooled, pass-through, combination) Managing or Administrative Agent: N/A	Total estimated budget*: US$ 425,379 Out of which: 1. Funded Budget: US$ 425,379 2. Unfunded budget: 0 * Total estimated budget includes both project costs and indirect support costs

Sources of funded budget: Donor (MPHSTF) US$ 425,379

[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)
Dr Hans Kluge Regional Director World Health Organization Regional Office for Europe *Signature* [redacted] *Date & Seal* 12.01.2021	Abdukhakim Khadjibaev Minister The Ministry of Health of the Republic of Uzbekistan *Signature* [redacted] *Date & Seal*

For the Steering Committee Co-chair (UN):	**For the Steering Committee Co-chair (Government of Uzbekistan):**
Ms. Helena Fraser, UN Resident Coordinator in the Republic of Uzbekistan, MPHSTF Steering Committee Co-ch[redacted] *Signature:* [redacted] *Date & Seal* 26 Jan 2024	Mr. Sardor Umurzakov, Deputy Prime Minister of the Republic of Uzbekistan, MPHSTF Steering Committee Co-chair *Signature:* [redacted] *Date & Seal* [redacted]

1. Executive Summary

The drainage of the Aral Sea since the 1960s has resulted in land degradation and desertification of vast areas of Karakalpakstan. Today, 37% of the overall population of Karakalpakstan, and almost 50% of the rural population, do not have access to centralized 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. Changes in the quality of the water and air, exacerbated by poverty and low social capital, have had a particularly disastrous impact on health.

Contaminated water has led to a 6-fold increase in hepatitis A virus infection in Muynak district. Anemia and respiratory diseases are attributed to exposure to dust and air pollution. The incidence rate of anemia among children in Karakalpakstan is 8818.6 cases per 100,000 people, compared to a national average of 6844.3 per 100,000. Anemia among pregnant women is almost 2 times the national average. At 106.3 cases per 100,000 people, the incidence of tuberculosis is 50% higher than the country average.

A new project proposal currently being discussed by the Ministry of Health would see the construction in Muynak district of a 100-bed multiprofile hospital. It would be equipped with a modern diagnostic laboratory and state-of-the-art medical equipment. The Ministry of Health is considering an external management mechanism allowing for foreign investors to manage the hospital, based on the principles of Public-Private Partnership (PPP).

The proposal for a multiprofile hospital is welcome evidence of the commitment of the Government of Uzbekistan to the health security of the people of the Aral Sea region. However, further assessment is required. To appraise this plan and, as appropriate, improve its design, a comprehensive health system assessment is needed, looking at the needs and means of the population, as well as the capacities of health service providers. This assessment should consider all options, including reorganization of the existing health facilities and workforce in the region, facilitated by new technologies, such as telemedicine, that may help in overcoming some of the challenges in delivering services to remote and sparse populations.

This project, "Towards universal health coverage and security in Karakalpakstan (UHC+S)", will provide an assessment of the health needs of the population, to inform future investment in health facilities, medical equipment, and health workforce capacity to the year 2023. These health sector investments must consider the broader human security situation of the region, including water, energy and road infrastructure. While focused on improving health outcomes, this project addresses other human security needs, including employment/income and good governance.

Consultation with the population on their needs and means (**Output 1.1**) will be combined with the rapid assessment of health sector capacities (**Output 1.2**) to identify priority areas for future investment (**Outcome 1**).

The benefits, costs and risks of the different service delivery options will be analysed in a report (**Output 2.1**) and discussed with providers (**Output 2.2**). The service delivery options will be supported by financing options aligned with the national financing strategy (see below) which is being piloted in Syrdarya (**Output 2.3**), giving consideration to PPP (**Output 2.4**) and medical tourism (**Output 2.5**), towards an evidence-based model of service delivery and financing (**Outcome 2**), in line with the priorities identified.

Health care management training (**Output 3.1**) and clinical training-of-trainers (**Output 3.2**) will strengthen human resource capacity (**Outcome 3**) to absorb future investment and implement the recommended delivery and financing model. Management training will focus on concepts in hospital autonomy, and PPP. The specifics of the clinical training will depend on needs identified by the assessment, and only limited catalytic funding is reserved for clinical training (about 10% of the total grant).

Finally, consultations convened with Ministry of Health and Ministry of Finance on fiscal space will help with domestic budget formulation and, as the project progresses, with its execution (**Output 4.1**). A funding gap will remain, however, so private and/or external funding proposals will be developed (**Output 4.2**) to help mobilize the resources needed (**Outcome 5**) for implementation of the recommended model.

This assessment is urgent in the context of the current global pandemic, not only in terms of testing, tracing and treatment of COVID-19 cases. The project will give special attention to the needs of the entire population and capacities of the whole health system during the pandemic, including maintaining essential health services and preventing and controlling co-morbidities that increase the risk of severe COVID-19.

This assessment is also timely with respect to the development of a new model of health service delivery and financing that will be piloted in the Syrdarya region beginning in 2021.[2] The Syrdarya pilot establishes a single national pooling and purchasing agency and strategic purchasing reforms to support a redesign of service delivery focused on primary care, linked to more effective and efficient higher-level care. The health system assessment for Karakalpakstan must anticipate the future roll-out of these country-wide reforms.

To achieve the goal and objectives set for the project, a total of US$ 425 379 is budgeted, for the period of January 2021 to September 2023. About 50% of the MPHSTF funds are to be spent on health system assessment within the first 12 months, followed by capacity-building based on the outcomes of that assessment; the last 9 months consist of light support towards mobilization of resources for investment in infrastructure and equipment, again based on the assessment.

2. Situation Analysis

The Republic of Karakalpakstan is the largest of the 14 regions of the country of Uzbekistan, enjoying the status of an autonomous republic. It is also one of the poorest regions of the country, with a poverty rate of 27.6% in 2016, compared to 13.3% in the neighbouring region of Khorezm.[3] Poverty is reflected in social capital, with 75% of the population of Karakalpakstan expressing

[2] Presidential Resolution PP-4890 "On measures of implementation of new organizational model in health care and mechanisms of State Health Insurance in Syrdarya region ", 12 November 2020.

[3] http://aral.mptf.uz/site/statistical.html

dissatisfaction with local authorities and the role of the mahallas in ensuring stability and security in the wide sense of the word.

The drainage of the Aral Sea since the 1960s has resulted in land degradation and desertification of vast areas of Karakalpakstan. Today, 37% of the overall population of Karakalpakstan, and almost 50% of the rural population, do not have access to centralized 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 in is 7.9%, and youth unemployment is 12.5%.

Changes in the quality of the water and air, exacerbated by poverty and low social capital, have had a particularly disastrous impact on health.

Contaminated water has led to a 6-fold increase in hepatitis A virus infection in Muynak district. Anemia and respiratory diseases are attributed to exposure to dust and air pollution. The incidence rate of anemia among children in Karakalpakstan is 8818.6 cases per 100,000 people, compared to a national average of 6844.3 per 100,000. Anemia among pregnant women is almost 2 times the national average. At 106.3 cases per 100,000 people, the incidence of tuberculosis is 50% higher than the country average.

The mortality rate in Karakalpakstan is 4.7 per 1000 population, with a high of 5 in Muynak district. Cardiovascular diseases are the leading cause of death, followed by respiratory diseases. Focus group interviews point to respiratory diseases, cardiovascular disease, diabetes, anemia, dermatological disease, tuberculosis and cancer as the priority health concerns of the population. Among the regions of Uzbekistan, it has the highest rate of maternal mortality (1.5 times the national average) and infant mortality (1.3 times).

In a 2017 survey, only half of respondents were satisfied with the quality of health services they received. The reasons cited were the low quality of urgent medical help, the remoteness of medical stations, unqualified staff, poor medical equipment and lack of sub-specialized doctors. 41.3% of respondents expressed the need to improvement access to medicines. The main reasons were the remoteness of pharmacies (57.5%) and the high cost of medicines (37.6%).

Poor access to medicines cannot be disentangled from the lack of quality services. Novel treatments for hepatitis C virus infection are affordable and highly cost-effective but require capacity for diagnosis and case management. The high incidence of multi-drug resistant tuberculosis points to the need to at the same time address inappropriate use of medicines, especially antibiotics.

The republic's population of 1.9 million is served by 38 hospitals, 141 clinics and 188 rural medical units, or 1.9 per 10,000 population. There are 23.2 doctors (94.9 nurses) per 10,000 population, compared to 26.1 (90.6) in Khorezm and 26.2 (106.3) in Uzbekistan as a whole. However, health facilities and workers are poorly distributed, and they lack the capacity to deliver high-quality specialist services.

There is limited capacity for cardiology, endocrinology, neurology, traumatology, and neurosurgery, including in cases among children. Minimally invasive endovascular and laparoscopic high-tech surgical procedures for the blood vessels and abdominal cavity are not available. Complex treatments for deformations of the musculoskeletal system are also not available.

Demand for modern diagnostic methods and medical care is high and unmet. Coverage with certain types of modern treatment methods is only 30%. About one third of patients are redirected to the city of Tashkent for treatment. Others travel to foreign countries to seek more highly qualified medical care.

In 2018, health care utilization was 883.1 per 1000 population, for a total of about 1.7 million patient registrations. See **Table A**. Health care utilization is driven by respiratory diseases, followed by blood diseases and diseases of the digestive, urinary and endocrine systems. Relatively fewer examinations of the cardiovascular system are being done. In Muynak district, the overall utilization was 967.8 per 1000 people per year.

Table A. Population and health care utilization in the Republic of Karakalpakstan and neighbouring regions

	Uzbekistan			**Kazakhstan**		
	Karakalpakstan		Khorazm	Aktobe	Kizilorda	Mangistau
	All districts	*Muynak*				
Population (millions), 2019	1.9	0.02	1.8	0.60	0.23	0.41
Utilization (per 1000 population), 2018	883.1	967.8	838.8	-	-	-
Respiratory	26.0	n/a	-	-	-	-
Blood	25.7	n/a	-	-	-	-
Digestive	8.7	n/a	-	-	-	-
Urinary	7.6	n/a	-	-	-	-
Endocrine	6.5	n/a	-	-	-	-

Source: Ministry and Health. n/a: not available

Population estimates for the neighboring region of Khorazm and three neighboring regions of Kazakhstan (Mangistau, Kizilorda and Aktobe) are also summarized in **Table A**. These regions share some common health challenges. Improved health security in Karakalpakstan could also benefit the people of Khorezm and nearby villages of Kazakhstan.

Improved health security will have knock-on benefits that extended beyond health outcomes. The health sector is an important source of employment (4200 doctors and 17 200 nurses) in its own right. Reductions in premature death, absenteeism and presenteeism, due to more accessible and higher quality health services, will increase labour productivity and in turn employment and income opportunities across the economy. These benefits are, however, difficult to quantify, due to limited data.

This brief situation analysis describes the health insecurities faced by the population of Karakalpakstan and makes a case for mitigating them. At the same time, it reveals the paucity of data and other information. Despite many projects having been undertaken over the years to

improve health, no comprehensive quantitative or qualitative assessment of their impact is available[4].

A new project proposal currently being discussed by the Ministry of Health would see the construction in Muynak district of a 100-bed multiprofile hospital, for treatment of adults (75 beds) and children (25 beds). It would be equipped with a modern diagnostic laboratory and state-of-the-art medical equipment. It would have a capacity to perform about 2000 cardiosurgical surgeries per year, 1700 pituitary, thyroid and adrenal glands surgeries, and 1000 neurosurgical and trauma surgeries.

It has been proposed that the hospital would be financed on a mixed basis, with the state budget, and the clinic's own revenues and attracted sources (grants, sponsorship funds, etc.) at a ratio of 50/50. The Ministry of Health is considering an external management mechanism allowing for foreign investors to manage the hospital through a Board of Trustees, based on the principles of Public-Private Partnership (PPP).

The cost of the above proposal is estimated at US$ 25.0 million. Following a visit in January 2020 of the delegation of the "Chong" Hospital (South Korea), including a meeting with the Deputy Minister of Investments and Foreign Trade of the Republic of Uzbekistan, the South Koreans offered to manage any newly created multidisciplinary hospital, with direct investments in the amount of up to US$ 2.0 million.

The success of the proposal will depend, however, on investments in the road infrastructure. The distance between the capital of the Republic of Karakalpakstan, Nukus, to Muynak district is 210 km; the road conditions are poor and public transport is insufficient. In accordance with the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 37 dated January 16, 2019 "On measures for the comprehensive socio-economic development of the Muynak district of the Republic of Karakalpakstan", it is planned to modernize the local infrastructure, including repair of the Kungrad-Muynak highway, and upgrade the drinking water supply and sewage system facilities of the Muynak district.

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This project, "Towards universal health coverage and security in Karakalpakstan (UHC+S)", will provide an assessment of the health needs of the population, to inform future investment in health facilities, medical equipment, and health workforce capacity. These health sector investments must consider the broader human security situation of the region, including water, energy and road infrastructure. While focused on improving health outcomes, this project addresses other human

[4] WHO has received from the Ministry of Health only unpublished information on the health situation in Republic of Karakalpakstan.

security needs, including employment/income and good governance. The recent opening of a new airport and proposed United Nations resolution to declare the Aral Sea region an area of ecological innovation and technologies reflect the ambitious plans of the Government to galvanize the region. These ambitions require that the health system assessment consider the potential of the health sector as a point of growth for employment and income in the region, including through hospital-adjacent infrastructure (hotels, hostels, catering and consumer services) in Muynak district.

This assessment is urgent in the context of the current global pandemic, not only in terms of testing, tracing and treatment of COVID-19 cases. The project will give special attention to the needs of the entire population and capacities of the whole health system during the pandemic, including maintaining essential health services and preventing and controlling co-morbidities that increase the risk of severe COVID-19.

This assessment is also important for the longer-term disease elimination agenda of the SDGs (SDG 3.3), including elimination of hepatitis C virus, TB, and vaccine-preventable diseases as public health problems. This health system assessment will help ensure that future disease elimination efforts in Karakalpakstan will be coordinated and sustained, including through integrated disease surveillance and response (IDSR), that can be leveraged to help prevent the next outbreak.

This assessment is also timely with respect to the development of a new model of health service delivery and financing that will be piloted in the Syrdarya region beginning in 2021.[5] The Syrdarya pilot establishes a single national pooling and purchasing agency and strategic purchasing reforms to support a redesign of service delivery focused on primary care, linked to to more effective and efficient higher-level care. The pilot is a key component of a draft national health financing strategy that also envisages more PPP, and, ambitiously, a hub for medical tourism in central Asia. The health system assessment for Karakalpakstan must anticipate the future roll-out of these country-wide reforms.

4. Strategies, including lessons learned and the proposed project

Strategic context

Government Policies and Strategies to address the Aral Sea crisis

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

- Government Strategy on Five Priority Directions of Development of the Republic of Uzbekistan in 2017-2021;

[5] Presidential Resolution PP-4890 "On measures of implementation of new organizational model in health care and mechanisms of State Health Insurance in Syrdarya region ", 12 November 2020.

- Roadmap between Government of Uzbekistan and UN for 2017-2020 and National Development Action Strategy for 2017-2021
- "Concept on the Fundamental Improvement of the Health System of the Republic of Uzbekistan 2019-2025".
- The draft Health Financing Strategy of the Ministry of Health and related "Concept of Pilot Introduction of Public Health Insurance in the Syrdarya Region in 2021-2022"

The Concept on the Fundamental Improvement of the Health System seeks, amongst other things, to reform the health financing system to ensure equal access to health care, financial protection of the population and the equitable distribution of resources. It targets a reduction of out-of-pocket expenditure on health to 30% of total health expenditure.

The draft Health Financing Strategy of the Ministry of Health and related "Concept of Pilot Introduction of Public Health Insurance in the Syrdarya Region in 2021-2022" provide strategic direction towards the establishment of a single national pooling and purchasing agency, and introduction of a State Guaranteed Benefit Package. They advance strategic purchasing reforms to support a redesign of service delivery focused on primary care, linked to more effective and efficient higher-level care.

The Health Financing Strategy also envisages more PPP, and a hub for medical tourism in central Asia. These aspects of the strategy have relevance for Karalpakstan. Resolution No. 37 of the Cabinet of Ministers and the recent opening of a new airport reflect the ambitions of the Government in the region. These, in turn, require that the health system assessment consider the potential of the health sector as a point of growth for employment and income.

The UHC+S project seeks to expand on and then identifying solutions to addressing the findings of the Need Assessment, conducted within the UN Joint Programme in 2017. Those findings included, as described in the Situation Analysis, that: 41.3% of respondents expressed the need to improvement access to medicines; and only half of survey respondents were satisfied with the quality of health services.

While focused on health needs, this project seeks to address other needs, namely:

- Employment: 49.8% of respondents are not satisfied with the employment due to the lack of full-time jobs (76.2%) and low salary (21.6%).
- Governance: 75% of those interviewed in Karakalpakstan expressed dissatisfaction with local authorities and the role of the mahallas in ensuring stability and security.

The recommendations coming out of the assessment, whatever the chosen model of service delivery and financing, will also have to address the constraints to health and health providers by the lack of basic infrastructure, namely:

- Water: 60% of respondents in surveyed areas noted the lack of water supply. 33% were dissatisfied with access to drinking water.
- Energy: According to survey results, the satisfaction of the population's needs with natural and liquefied gas are 48.6% and fuel 34.4%. The main reasons are irregular supply, late delivery of cylinders with liquefied gas, high cost.

- Roads: According to the survey, 43.2% of the population is not satisfied, and 24.3% is partially satisfied with the transport infrastructure facilities operations

The Sustainable Development Goals

The project will contribute to ensuring healthy lives and promoting well-being for all at all ages (SDG3) by:

- Improving the access of rural and poor population to high-quality specialist services
- Reducing financial hardship of the population, including medical and other costs, such as travel and lost income

United Nations Development Assistance Framework

The project proposal is aligned with the following two outcomes of the UNDAF 2016-2020:

- UNDAF Outcome 4: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course.
- UNDAF Outcome 6: By 2020, rural population benefit from sustainable management of natural resources and resilience to disasters and climate change.

The project is also aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) Outcome # 4: "by 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality social services". The UNSDCF document is being finalized.

Alignment with the MPHSTF Programmatic Framework and Results Framework

The UHC+S project is aligned with the MPHSTF Theory of Change, reflecting in its design elements of all six clusters of inter-related problems: Environmental insecurity; Economic insecurity; Food insecurity; Health insecurity; Social insecurity; and Ineffectiveness of donor assistance.

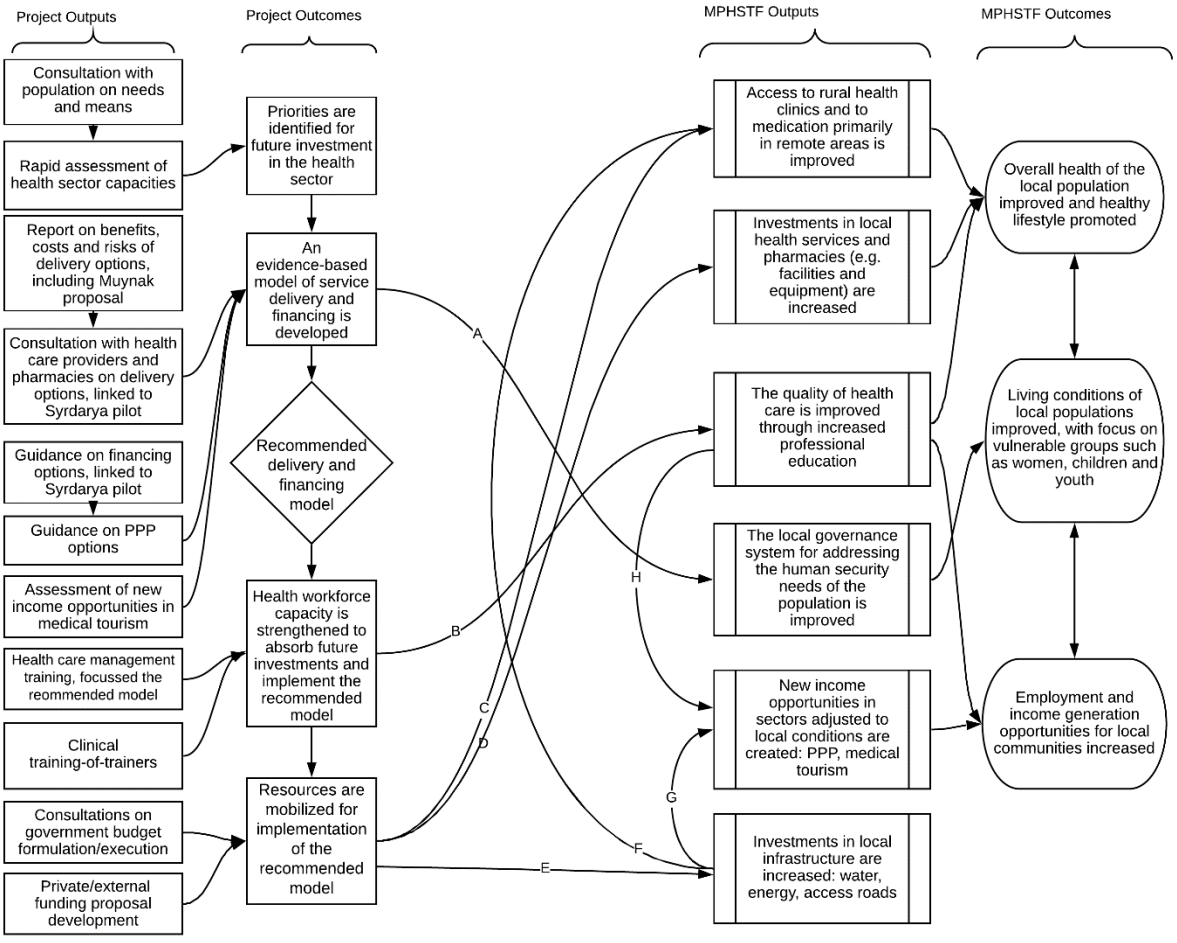
It adopts a human security approach through its emphasis on: integrated action for health, infrastructure, employment, and governance; multi-stakeholder partnership, including private-public-partnership (PPP); localisation and 'leaving no one behind' through extensive consultation with communities and their leaders, especially women and youth; and prevention and resilience through social health protection.

The Theory of Change for this project is depicted **Figure 1**. Here we describe the relationship between project outcomes (second column) and MPHSTF outputs and outcomes (third and fourth columns). The project outputs as described in more detail further below, as part of the logical framework.

In **Figure 1**, a mapping of population health needs and sector capacities helps identify priorities for future investment in the sector. Consultation on the benefits, costs and risks of different options for service delivery informs the development of a recommended delivery model. This delivery model is supported by a health financing, including options for PPP and medical tourism. Once

there is consensus on the delivery and financing model, human resource capacity is strengthened to absorb future investment and implement the model. With this capacity demonstrated, it is easier to mobilize further resources for implementation.

Figure 1. Theory of Change



Assumptions: **A**: the consultation process build on local governance and is inclusive of rural populations, women and youth; **B**: chosen design options are appropriate, training is effective and gender-balanced, and a balanced workforce is retained; **C-D**: mobilized resources are sufficient and are deployed according to plan; **E**: mobilized resources include investments in water, energy and roads; **F**: investments in water, energy and roads are sufficient to increase access to service-ready facilities; **G-H**: Infrastructure and quality of health care are sufficiently improved to increase interest in public-private partnership (PPP) and/or viability of medical tourism.

The mapping of population health needs and means improves local governance, to the extent that consultation is inclusive of rural populations, women and youth. Women, who make up more than 80% of the frontline health workforce, are well-represented also in the consultation around options for service delivery design. Building consensus around a recommended service delivery and financing model requires engagement of decision-makers from the mahalla to the republican level. The mechanisms and processes by which local communities and decision-makers are empowered help to inform other projects in human security.

Strengthened human resource capacity improves the quality of health care, provided that chosen design options are appropriate, training is effective and gender-balanced, and a balanced workforce is retained. The longer-term employment prospects of re-trained health workers are improved, especially among vulnerable groups such as women, for whom opportunities within the specialist and management cadres have been more limited than on the frontlines. Their job satisfaction (and living condition) also improves.

Mobilized resources improve access to rural health clinics and increase investment in facilities and equipment, provided that mobilized resources are deployed according to plan. Rural access also depends on investments in water, energy and road infrastructure, which are stimulated in part by health sector investments. If public and private investments in water and energy infrastructure are significant, local communities benefit from short-term employment opportunities in construction. Investments in road infrastructure provide longer term benefits across many sectors.

Improved quality of care and increased infrastructure investments lead to increased interest in PPP and viability of medical tourism, both of which create new employment and income opportunities. A model for PPP that emerges from this project helps to inform other projects seeking innovative solutions to the complex human security challenges of the Aral Sea region.

The proposed project

The project is in line with the thematic directions specified in the 2nd Call for Proposals, which focusses on the Youth and Innovations thematic and Health Security priority area within the MPHSTF Programmatic Framework.

The project seeks to build consensus around plan for health service delivery and financing through local consultation, including youth groups. It emphasizes innovation in service delivery and financing centered on health technologies and PPP. It also explores new income generating opportunities through medical tourism.

The project outcomes described in **Figure 1** (Theory of Change) and **Table 1** (Logical Framework) are aligned with the MPHSTF Programmatic Framework, namely in the types of interventions that the project seeks to inform:

- *Tackling health problems through the development of proper infrastructure and equipment*: in its assessment and recommendation of design options, the project will consider water, energy and transport infrastructure (linking with the other UN agencies of the MPHSTF and their projects).
- *Improving access to rural health clinics primarily in remote areas*: the project will identify the best design options for service delivery, including, as appropriate, the strengthening of the network of health facilities in rural areas.
- *Tackling health insecurities through education*: the project will build capacity for implementation of the recommended design options through training of medical specialists and managers on new technologies and approaches; it will create incentives for health promotion and rational use of antibiotics.
- *Increasing immunity against diseases by increasing access to medicines*: the project will consider the role of public health interventions such as immunization, as well as the role of pharmacies; the capacity and logistics for a drug benefit package will be assessed.

The project is also aligned with the human security approach of the MPHSTF Programmatic Framework to those interventions:

- *People-centred*: the project will involve and mobilize communities and community leaders for problem identification and planning; the assessment will consider options for PPP.
- *Context-specific*: the project will inform investments in the health sector in that are appropriate for the region, developing partnerships, including through PPP, to ensure sustainability over the long term.
- *Comprehensive*: the assessment will consider design options to address health needs in a comprehensive way; if those needs are best addressed by the establishment of a multi-profile hospital in one district (e.g. Muynak), it will need to consider road access from other parts of the Republic, as well as water and energy infrastructure; partnerships with other sectors will be formalized through the governance arrangements.
- *Preventive*: the project will make catalytic investment in education, knowledge, skills for health workers so that they can mitigate future employment and income risks in a rapidly changing sector; one of the goals of universal health coverage embedded within the proposal is to prevent financial hardship due to illness.

5. Results Framework

The **goal** of the UHC+S project is progress towards universal health coverage (UHC) and security in the Republic of Karakalpakstan.

UHC means that “all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while

also ensuring that the use of these services does not expose the user to financial hardship". Health security (like human security more broadly) calls for "people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people."

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

A logical framework is provided in **Table 1**.

In short, consultation with the population on their needs and means (**Output 1.1**) will be combined with the rapid assessment of health sector capacities (**Output 1.2**) to identify priority areas for future investment (**Outcome 1**).

The benefits, costs and risks of the different service delivery options will be analysed in a report (**Output 2.1**) and discussed with providers (**Output 2.2**); linked to this report, the feasibility study of the Muynak clinic will use the standard format of the MOH of Uzbekistan. Thea service delivery options will be supported by financing options aligned with the national financing strategy (see "Strategic context" below) which is being piloted in Syrdarya (**Output 2.3**), giving consideration to PPP (**Output 2.4**) and medical tourism (**Output 2.5**), towards an evidence-based model of service delivery and financing (**Outcome 2**), in line with the priorities identified.

Health care management training (**Output 3.1**) and clinical training-of-trainers (**Output 3.2**) will strengthen human resource capacity (**Outcome 3**) to absorb future investment and implement the recommended delivery and financing model. Management training will focus on concepts in hospital autonomy, and PPP. The specifics of the clinical training will depend on needs identified by the assessment, and only limited catalytic funding is reserved for clinical training (about 10% of the total grant).

Finally, consultations convened with Ministry of Health and Ministry of Finance on fiscal space will help with domestic budget formulation and, as the project progresses, with its execution (**Output 4.1**). A funding gap will remain, however, so private and/or external funding proposals will be developed (**Output 4.2**) to help mobilize the resources needed (**Outcome 5**) for implementation of the recommended model.

This project caries some risks. The most probable of these are shown in **Table 2**.

Table 1. Results Framework

Title of the project:	**Towards universal health coverage and security in Karakalpakstan** (UHC+S)										
UNDAF Priority Area	**Outcome 4**: By 2020, all people benefit from quality, equitable and accessible health services throughout their life course.										
Relevant National SDG(s)	**SDG 3** – Ensure healthy lives and promote well-being for all at all ages **[SDG 11** – Make cities and human settlements inclusive, safe, resilient and sustainable] **[SDG 8** – Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all]										
Expected Results (Outcomes & outputs)	**Indicators**									**Means of verification/ Frequency**	**Responsibilities** (PUNO and national partners)
	Indicator description	**Baseline**		**Target (cumulative)**							
		Value	**Year**	**2021**		**2022**		**2023**			
				S1	S2	S1	S2	S1	S2		
Project outcomes	**Contribution to the MPHSTF outcomes:** **Outcome 4** – The overall health of the local population improved and healthy lifestyle promoted [**Outcome 5** – The living conditions of local populations improved, with focus on vulnerable groups such as women, children and youth] [**Outcome 2** – The employment and income generation opportunities for local communities increased]										
Outcome 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities	Existence of a report mapping population needs/means and sector capacities	No	2020	No	Yes	Yes	Yes	Yes	Yes	Publications / annually	WHO, MOH
Project outputs	**Contribution to the MPHSTF outputs:** **Output 11** – Access to rural health clinics and to medication primarily in remote areas is improved [**Output 16** – The local governance system for addressing the human security needs of the population is improved]										
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with	# of people consulted in rural areas (% youth or women)	0	2020	0	500 (66 %)	500 (66%)	500 (66 %)	500 (66%)	500 (66%)	Travel reports / quarterly	WHO, MOH

strong representation from rural areas, youth and women											
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions	# of rapid assessment reports of health sector capacities	0	2020	1	1	1	1	1	1	Assessment report / annually	WHO, MOH
Outcome 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities	Existence of an evidence-based model of service delivery and financing	No	2020	No	Yes	Yes	Yes	Yes	Yes	Minutes of meeting / twice annually	WHO, MOH
Project outputs	**Contribution to the MPHSTF Outputs:** **Output 10** – Investments in local health services and pharmacies (e.g. facilities and equipment) are increased [**Output 4** – New income opportunities in sectors adjusted to local conditions are created: PPP, medical tourism]										
Output 2.1. Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq	# of reports developed on benefits, costs and risks of different design options	0	2020	1	1	1	1	1	1	Publication / annually	WHO, MOH
Output 2.2. Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts	# of health care providers and pharmacies consulted on design options (% women)	0	2020	0	0	100	100	100	100	Travel report / quarterly	WHO, MOH

Output 2.3. Broad guidance developed on financing options, linked to the national health financing strategy	# guidances developed on financing options	0	2020	0	0	0	1	1	1	Publications / annually	WHO, MOH
Output 2.4. Specific guidance developed on options for public-private partnership	# guidances developed on PPP options	0	2020	0	0	0	1	1	1	Publications / annually	WHO, MOH
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector	# of assessment reports developed	0	2020	0	0	0	1	1	1	Assessment / annually	WHO, MOH
Outcome 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model	# of capacitated networks of health care workers ready for investment	0	2020	0	0	0	0	1	1	Investment appraisal document / annually	WHO, MOH
Project outputs	**Contribution to the MPHSTF Outputs:** **Output 12** – The quality of health care is improved through increased professional education										
Output 3.1. Health care management training conducted, focussed on new concepts in hospital autonomy, PPP, and medical tourism	# of health care managers trained (% women)	0	2020	0	0	0	7 (50%)	49 (50%)	49 (50%)	Post-training evaluation / twice annually	WHO, MOH
Output 3.2. Clinical training-of-trainers conducted, with cascade,	# of health care providers trained (% women)	0	2020	0	0		10 (50%)	100 (50%)	100 (50%)	Post-training evaluation / twice annually	WHO, MOH

based on needs identified by the assessment											
Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model	Resources mobilized by the Government of Uzbekistan, development partners and /or private sector (% of estimated cost of the recommended model)	No	2020	0	0%	0%	50%	100 %	100 %	Financial reports / annually	MOH
Project outputs	**Contribution to the MPHSTF Outputs:** **Output 10** – Investments in local health services and pharmacies (e.g. facilities and equipment) are increased [**Output 6** – Investments in local infrastructure serving local communities are increased: energy, access roads] [**Output 7** – Local infrastructure investments for access and distribution of clean water are increased]										
Output 4.1. Consultations convened with MOH and MOF on fiscal space and budget formulation/execution	# of consultations convened on fiscal space and budget formulation/execution	0	2020	0	0	0	2	4	4	Minutes of meeting / twice annually	WHO, MOH
Output 4.2. Private/external funding proposal developed to fill the funding gap	Existence of a private/external funding proposal	No	2020	No	No	Yes	Yes	Yes	Yes	Agreements, contracts / annually	WHO, MOH

Table 2. Risk Ranking Matrix

Risks	Character	Impact	Probability	Mitigation Strategy
Local populations, especially vulnerable groups, do not feel comfortable expressing their needs	Contextual	Medium	Medium	Different methods of elicitation may be considered, including anonymous feedback
Local providers are not forthcoming with information on their true capacities	Institutional	Minimal	Medium	Providers need to be involved not only in the assessment of capacities, but also in the discussion about reform options
Data and other evidence presented in the assessment only partially inform the decision about which delivery and financing options to choose	Institutional	Minimal	Medium	There is always a political economy dimension to public choice; policy makers must be assisted in understanding and communicating the evidence base for their decision, as it relates to the different stakeholder groups
Trained health care workers and managers leave the local facilities in pursuit of employment elsewhere	Programmatic	Medium	Medium	Design options must consider incentive effects for health care workers
Mobilized resources are insufficient, including for needs in water, energy and road infrastructure	Programmatic	High	Medium	Potential sources of funding should be engaged early in the process; the scope of the plan (including service delivery and financing options) might have to be adjusted to reflect availability of resources
Infrastructure and quality of health care are not sufficiently improved to generate interest in public-private partnership (PPP) and/or medical tourism	Programmatic	Medium	Medium	Contingency plans for mobilizing resources from more traditional sources, including domestic government budget, must be considered

Beneficiaries

This project has the potential to benefit the 1.9 million residents of the Republic of Karakalpakstan, regardless of location, age, gender, or other socio-economic determinants. However, the assessment of population needs will focus on youth (30% aged 15-29) and women (50%).

The assessment of health system capacities (and water,and energy infrastructure) will center on Muynak district, with its population of about 20,000. To the extent that the project succeeds in

mobilizing public and private investments in health and other infrastructure, the community of Muynak stands to benefit from short-term employment opportunities. Medical tourism may provide longer term benefits.

The analysis of service delivery and financing options will consider access from other districts of Karakalpakstan to Muynak, with a focus on rural area populations (50%). To the extent that the project succeeds in mobilizing public and private investments in road infrastructure, the living conditions of those rural populations could be improved.

In addition to health benefits, more than 1000 health care workers of the region stand to benefit from management or clinical training, that will improve their longer-term employment prospects and job satisfaction.

Mainstreaming of gender and women's empowerment

Equity is firmly embedded within the logical framework of the project. The assessment of needs and capacities, and analysis of service delivery and financing options, will all be done through the lens of equity, including gender equity.

The consultative process by which the needs of the population will be assessed will place a heavy emphasis on the representation of women and youth (**Output 1.1**). The logical framework targets that 66% of all participants of consultations will be women or youth.

The capacity building component of the project will empower women and improve their skills and secure employment. It targets that more 50% of training participants, including specialist clinical (**Output 3.1**) and management training (**Output 3.2**), will be women.

Gender will be mainstreamed also within the content of the trainings.

Sustainability and cost-effectiveness

Sustainability is firmly embedded within the logical framework of the project. The assessment of needs and capacities, and analysis of service delivery and financing options, will all be done through the lens of sustainability.

The sustainability of service delivery will be ensured through the reporting of benefits, costs and risks of the different service delivery and financing options (**Output 2.1**).

Consultations with health service providers and pharmacies will include private sector engagement, with PPP serving as one possible option (**Output 2.2**).

The capacity building component includes clinical training for service delivery reforms but also management training for the financing reforms (**Outputs 3.1 and 3.2**).

The project includes as one of its outcomes the mobilization of funding from other sources, including the Government of Uzbekistan (**Outputs 4.1 and 4.2**).

Governance arrangements and partnerships, as described above, maximize the probability of mobilizing these resources. The TWG may serve as part of the governance structure overseeing

implementation of the plan that is to be developed and of the funds that are to be mobilized by this project.

With an eye on broader health systems reforms at the country level, the project will link to the MoH's Health Financing Strategy and "Concept of Pilot Introduction of Public Health Insurance in the Syrdarya Region in 2021-2022", which WHO is already supporting.

Cost-effectiveness is also firmly embedded within the logical framework of the project. The assessment of needs and capacities, and analysis of service delivery and financing options, will include an analysis of cost-effectiveness.

Outcome 1, based a mapping of population needs/means and sector capacities", will help ensure that the plan that is developed makes the right match between population needs and health sector capacities. Outcome 2, based on a report of the benefits, costs and risks of service delivery options, will ensure that the investments made are those with the greatest benefit per dollar spent, recognizing that benefits are uncertain and that they need to be equitable distributed across the population.

Meanwhile, strengthening human resource capacity to absorb future investment and implement the recommended model (**Outcome 3**), will itself be implemented in a cost-efficient and effective manner. Training will occur in a cascade approach. Both clinical and management training may be delivered through PPP, in connection with possible foreign private investment in the project.

In pursuing these outcomes, the project with link to the MoH's Health Financing Strategy and "Concept of Pilot Introduction of Public Health Insurance in the Syrdarya Region in 2021-2022", which WHO is already supporting. This will ensure maximum effectiveness of the project in the context of broader health system reform nationwide.

6. Management and Coordination Arrangements

The WHO Country Office in Uzbekistan under guidance of the WHO Representative will be responsible for the project funds. The award will be administered by the WHO Country Office under clear guidance of WHO EURO in accordance with its regulations, rules, policies and procedures, including those relating to interest. Administration of the project will be supported by country-based program assistants and under the supervision of the administrative and finance unit at the WHO EURO.

The implementation of the project activities will be coordinated by the WHO Country Office, carried out in accordance with its regulations, rules, policies and procedures, including those relating to procurement as well as the selection and assessment of implementing partners. Transfers to implementing partners will be in accordance with applicable policies, processes and procedures established by WHO. Staff will be hired and evaluated through a transparent selection process according to WHO policies.

The project will be implemented in collaboration with Ministry of Health (MoH) of Uzbekistan and MoH of Republic of Karakalpakstan. WHO and MoH will work closely with all relevant state institutions, UN programmes and agencies, and other development partners. Development partners will be invited to provide expertise from the related sectors of water, energy and roads, as well as on PPP.

Invited partners will include UNDP and UNICEF (lead agencies of other MPHSTF-funded projects). The Asian Development Bank, European Investment Bank, European Bank for Reconstruction and Development, German KfW Development Bank and the World Bank will also be invited as observers to the activities of the project. The multilateral banks are already partnered with the Government of Uzbekistan in health financing and health information systems reforms, as well as health management training and PPP initiatives. The Central Asia Regional Economic Cooperation (CAREC) Program of the ADB is looking to strengthen health security as a part of economic corridor development.

In particular, WHO has initiated discussions with the German KfW Development Bank to ensure complementarity of this project with their planned support to the development of a master plan for the health sector in the Aral Sea Region. We are proposing close collaboration in mapping and forecasting, with WHO supporting consultation with the population and health care providers, ensuring linkages to the national health financing strategy and Syrdarya pilot. Once a recommended model of service delivery and financing is agreed, WHO will focus on the assessment of the potential to generate new income opportunities in the medical tourism sector, including on options for public-private partnership, as well as capacity-building for implementation.

MoH will be requested to establish a Technical Working Group (TWG) composed of MoH, WHO, and invited partners, to provide technical guidance to the implementation of the project. At the local level, MoH will engage local governance structures (aul, kishlak, makhalla) for consultations on the needs of the population, with a focus on representation of youth and women. It will also engage health facilities and pharmacies in assessments of the capacities of the sector, and consultations on reform options.

7. Fund Management Arrangements

WHO will be the lead/convening agency in implementing this project. Therefore, WHO will be responsible for consolidating Narrative reports and submitting them to the MPHSTF Secretariat and UNDP MPTF Office. WHO will establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds disbursed to it by the Administrative Agent from the Fund Account. That separate ledger account will be administered by WHO in accordance with its own regulations, rules, policies and procedures, including those relating to interest. WHO will use the funds disbursed to it by the Administrative Agent from the Fund Account to carry out the activities for which it is responsible as set out in the approved programmatic document, as well as for its indirect costs. The implementation of the project activities will be the responsibility of WHO and will be carried out by WHO in accordance with its own applicable regulations, rules, policies and procedures including those relating to procurement as well as the selection and assessment of implementing partners. Accordingly, personnel will be engaged and administered, equipment, supplies and services purchased, and contracts entered into in accordance with the provisions of such regulations, rules, policies and procedures.

Ownership of equipment and supplies procured, and intellectual property rights associated with works produced, using funds transferred to WHO under the Memorandum of Understanding between the PUNOs and UNDP MPTF Office on operational aspects of the MPHSTF will be determined in accordance with the regulations, rules, policies and procedures applicable to WHO,

including any agreement with the relevant Host Government, if applicable. Where WHO wishes to carry out its Fund activities through or in collaboration with a third party, it will be responsible for discharging all commitments and obligations with such third parties.

Transfer of cash to national Implementing Partners: Within the proposed project, there is no plan for the transfer of cash to the national implementing partners.

8. Monitoring, Evaluation and Reporting

Project monitoring and evaluation will be regularly conducted in accordance with the established procedures of WHO.

Once a quarter, the TWG will discuss progress towards the indicators of the logical framework and suggest corrective measures as applicable. At least twice annually, WHO 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.

WHO will be responsible for annual reports to the MPHSTF Technical Secretariat. Every report shall provide an accurate account of implementation of the project activities, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and outcomes) as measured by the indicators of the logical framework (Table 1).

A final evaluation will be conducted by WHO within the last 3 months of the project, guided by a realist evaluation framework. This evaluation will identify contexts and mechanisms that enabled and hindered implementation of the project and use of the health system assessment to inform investments in the health sector, including capacity-building as well as infrastructure and equipment. This evaluation will be based on project documents as well as qualitative interviews with various stakeholder groups.

The proposed project has allocated 15% of the total budget for monitoring and evaluation of project implementation.

Reporting:

Project reporting will be conducted in line with the reporting requirements of the MPHSTF within the timeframes indicated in the MOU between the Participating UN Organizations and UNDP MPTF Office as follows:

Financial Reports

1. Each Participating UN Organization will provide the Administrative Agent with the following financial statements and reports prepared in accordance with the accounting and reporting procedures applicable to the Participating UN Organization concerned, as set forth in the TOR. The Participating UN Organizations will endeavour to harmonize their reporting formats to the extent possible.

(a) Annual financial report as of 31 December with respect to the funds disbursed to it from the Fund Account, to be provided no later than four (4) months (30 April) after the end of the calendar year; and

(b) Certified final financial statements and final financial reports after the completion of the activities in the approved programmatic document, including the final year of the activities in the approved programmatic document, to be provided no later than five (5) months (31 May) after the end of the calendar year in which the financial closure of the activities in the approved programmatic document occurs, or according to the time period specified in the financial regulations and rules of the Participating UN Organization, whichever is earlier.

Narrative Reports

2. WHO will provide the Administrative Agent and MPHSTF Technical Secretariat with the following narrative reports prepared in accordance with the reporting procedures applicable to the Participating UN Organization concerned, as set forth in the TOR. The Participating UN Organizations will endeavour to harmonize their reporting formats to the extent possible.

(a) Annual narrative progress reports, to be provided no later than three (3) months (31 March) after the end of the calendar year; and

(b) Final narrative reports, after the completion of the activities in the approved programmatic document, including the final year of the activities in the approved programmatic document, to be provided no later than four months (30 April) after the end of the calendar year in which the operational closure of the activities in the approved programmatic document occurs.

9. Legal Context or Basis of Relationship

Table 3: Basis of Relationship

Participating UN organization	Memorandum of Understanding for Multi-Partner Human Security Trust Fund for the Aral Sea Region using Pass-Through Fund Management
WHO	The WHO Office was established in accordance with the Basic Agreement between the World Health Organization and the Government of Uzbekistan for the establishment of technical advisory cooperation relations signed in 1994. The Office was established in 1997.

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

The Government of Uzbekistan and the UNCT have signed and pledged to adhere to the Uzbekistan UNDAF document (9 June 2015), whereby the UN agencies will work closely with

the Government of Uzbekistan towards achieving Uzbekistan's national development priorities under the five-year Action Strategy for Development, Agenda 2030, the Sustainable Development Goals framed by Post-2015 global development agenda, and all other commitments under ratified UN conventions.

The UNDAF 2016-2020 document, which is the basis of cooperation between the Government of Uzbekistan and the UNCT, is a critical programming instrument for the UN System to provide coherent and harmonized response to national priorities and in line with the nascent Sustainable Development Goals (SDGs) for the post-2015 period, tailored to the local context. In particular, it is focused on benefitting the most vulnerable populations in the country, linked to Uzbekistan's obligations under its ratification of various international human rights instruments.

The Government of Uzbekistan has consistently worked to address the negative consequences of the Aral Sea catastrophe and to maintain the ecological balance in the Aral sea basin. In his speech, at the 75th session of the UN General Assembly in New York, the President of the Republic of Uzbekistan, once again drew attention to the environmental challenge, and underlined that the Aral Sea problem requires the joint efforts of all central Asian countries.

The 2030 Development Agenda puts a strong emphasis on "leaving no one behind", and on focusing first on populations lagging furthest in development. During his visit in June 2017, UN Secretary-General Antonio Guterres stated that the Aral sea crisis «is probably the biggest ecological catastrophe of our time. And it demonstrates that humankind can destroy the planet».

The MPHSTF for the Aral sea region in Uzbekistan, under the aegis of the UN, serves as a unique unified platform for international development cooperation and the mobilization of donor resources to implement integrated measures. The UNDAF for Uzbekistan (2016-2020) contains two key thematic areas that directly correspond to the needs of the people of the Aral sea region.

10. Work plans and budgets

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

Period (Covered by the WP) 33 months

	UN organization	Implementing Partner	TIME FRAME											PLANNED BUDGET, in USD
			2021[6]				2022				2023			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Objective 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities														
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women														
Activity 1.1.1. Mission of assessment members	*WHO*		*x*	*x*										**9,400**
Activity 1.1.2. Development of the assessment tools (e.g. surveys) and implementation	*WHO*	*MOH*	*x*	*x*										**11,000**
Activity 1.1.3. Summary report preparation and dissemination	*WHO*	*MOH*			*x*									**5,000**
													Output 1.1. Subtotal	**25,400**
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions														

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

Activity 1.2.1. Mission of assessment members	*WHO*			*x*										**9,400**
Activity 1.2.2. Desk review, development of the assessment tools and implementation	*WHO*	*MOH, KfW*		*x*										**11,000**
Activity 1.2.3. Full report preparation and dissemination	*WHO*	*MOH, KfW*			*x*									**5,000**
													Output 1.2. Subtotal	**25,400**
													Objective 1. Subtotal	**50,800**
Objective 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities														
Output 2.1. Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq														
Activity 2.1.1. WHO team missions	*WHO*	*MOH*			*x*	*x*								**31,600**
Activity 2.1.2. Modelling service delivery options, with benefit, cost and risks analysis	*WHO*	*MOH, KfW*				*x*	*x*							**22,000**
													Output 2.1. Subtotal	**53,600**
Output 2.2. Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts, linked to the Syrdarya pilot														
Activity 2.2.1. Technical consultations with health providers (clinical and	*WHO*	*MOH*			*x*	*x*	*x*							**12,000**

management) and pharmacies														
													Output 2.2. Subtotal	**12,000**
Output 2.3. Broad guidance disseminated on financing options, linked to the broader health financing strategy, including the Syrdarya pilot														
Activity 2.3.1. Modelling possible health financing options	*WHO*	*MOH, MOF*			*x*	*x*	*x*							**11,000**
Activity 2.3.2. Report preparation and dissemination	*WHO*	*MOH, MOF*					*x*							**5,000**
													Output 2.3. Subtotal	**16,000**
Output 2.4. Output 2.4. Specific guidance disseminated on options for public-private partnership														
Activity 2.4.1. Technical consultations with health providers (private/public) and relevant development partners in this space	*WHO*	*MOH, MOF, MIFT*			*x*	*x*	*x*							**12,000**
Activity 2.4.2. Modelling possible private-public partnership's options	*WHO*	*MOH, MOF, MIFT*				*x*	*x*							**14,000**
Activity 2.4.3. Report preparation and dissemination	*WHO*	*MOH, MOF, MIFT*					*x*							**5000**
													Output 2.4. Subtotal	**31,000**
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector														

Activity 2.5.1. Technical consultations with relevant development partners in this space	*WHO*	*MOH, MOF, MIFT*				*x*	*x*	*x*						**8,000**
Activity 2.5.2. Support to the work of relevant development partners in this space	*WHO*	*MOH, MOF, MIFT*						*x*	x	x	x			**25,000**
Activity 2.5.3. Report preparation and dissemination	*WHO*	*MOH, MOF, MIFT*									x			**5,000**
													Output 2.5. Subtotal	**38,000**
													Objective 2. Subtotal	**150,600**
Objective 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model														
Output 3.1. Health care management training conducted, focused on piloting the recommended model														
Activity 3.1.1. Study tour to Syrdarya pilot region	*WHO*	*MOH*						*x*						**8,400**
Activity 3.1.2. Development of training curriculum and TOT	*WHO*	*MOH*				*x*	*x*	*x*	x					**16,000**
Activity 3.1.3. Cascade trainings	*WHO*	*MOH*							x	x	x			**12,000**
													Output 3.1. Subtotal	**36,400**
Output 3.2. Clinical training-of-trainers conducted, with cascade, focussed on international knowledge transfer														
Activity 3.2.2. Study tour to Syrdarya pilot region	*WHO*	*MOH*						*x*						**12,000**

Activity 3.2.1. Development of training curriculum and TOT conduction	*WHO*	*MOH*				*x*	*x*	*x*	x					**16,000**
Activity 3.2.3. Cascade trainings	*WHO*	*MOH*							x	x	x			**16,500**
													Output 3.2. Subtotal	**44,500**
													Objective 2. Subtotal	**80,900**
Objective 4. Resources are mobilized for implementation of the recommended service delivery and financing model														
Output 4.1. Consultations convened with MOH and MOF on fiscal space and budget formulation/execution														
Activity 4.1.1. Domestic travel	*WHO*	*MOH, MOF*								x	x	x	x	**4,800**
Activity 4.1.2. Consultative meetings	*WHO*	*MOH, MOF*								x	x	x	x	**8,000**
													Output 4.1. Subtotal	**12,800**
Output 4.2. Private/external funding proposal developed to fill the funding gap														
Activity 4.2.1. Domestic travel	*WHO*	*MOH, MOF, MIFT*								x	x	x	x	**4,000**
Activity 4.2.2. Consultative meetings	*WHO*	*MOH, MOF, MIFT*								x	x	x	x	**8,000**
													Output 4.2. Subtotal	**12,000**
													Objective 4. Subtotal	**24,800**
													Project Management Expenses	**90,450**
													Indirect support cost	**27,829**
													Total Planned Budget	**425,379**

Table 5.1. Detailed budget

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)		Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units					
Outcome 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities									
Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women									
Activity 1.1.1. Mission of assessment members	Travel	10 days travel (international) of 1 WHO experts/consultant	7,000	1	7,000		7,000	0	0
	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	2	2,400		2,400	0	0
Activity 1.1.2. Development of the assessment tools (e.g. surveys) and implementation	Contractual services	Consultations/meetings, consultancy fees (1 international expert for 20 days)	8,000	1	8,000		8,000	0	0
	Contractual services	Consultations/meetings, consultancy fees (1 local consultant for 30 days)	3,000	1	3,000		3,000	0	0
Activity 1.1.3. Summary report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000		5,000	0	0
Output 1.2. Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions									
Activity 1.2.1. Mission of assessment members	Travel	10 days travel (international) of 1 WHO international experts/consultants	7,000	1	7,000		7,000	0	0
	Travel	7 days travel (local) of 1 WHO staff with 1 interpreter	1,200	2	2,400		2,400	0	0
Activity 1.2.2. Desk review, development of the	Contractual services	Consultations/meetings, consultancy fees (1 international experts for 20 days)	8,000	1	8,000		8,000	0	0

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)		Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units					
assessment tools and implementation	Contractual services	Consultations/meetings, consultancy fees for 1 local expert for 30 days)	3,000	1	3,000		3,000	0	0
Activity 1.2.3. Full **r**eport preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000		5,000	0	0
Outcome 1 Subtotal					**50,800**		**50,800**	**0**	**0**
Outcome 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities									
Output 2.1. Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq									
Activity 2.1.1. WHO team (HSS/PH/HF/HWF) missions	Travel	10 days travel (international) of 4 WHO international experts/consultants	7,000	4	28,000		28,000	0	0
	Travel	7 days travel (local) of 2 WHO staff with 1 interpreter	1,200	3	3,600		3,600	0	0
Activity 2.1.2. Modelling service delivery options, with benefit, cost and risks analysis	Contractual services	Consultancy fees (2 international experts for 20 days)	8,000	2	16,000		16,000	0	0
	Contractual services	Consultancy fees (1 local consultant for 30 days)	3,000	2	6,000		3,000	3,000	0
Output 2.2. Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts, linked to the Syrdarya pilot									
Activity 2.2.1. Technical consultations with health providers (clinical and management) and pharmacies	Contractual services	Technical meetings and focus group discussions	4000	3	12,000		12,000	0	0

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)		Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units					
Output 2.3. Broad guidance disseminated on financing options, linked to the broader health financing strategy, including the Syrdarya pilot									
Activity 2.3.1. Modelling possible health financing options	Contractual services	Consultancy fee (1 international experts for 20 days)	8,000	1	8,000		8,000	0	0
	Contractual services	Consultancy fees (1 local experts for 30 days)	3,000	1	3,000		3,000	0	0
Activity 2.3.2. Report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000		0	5,000	0
Output 2.4. Specific guidance disseminated on options for public-private partnership									
Activity 2.4.1. Technical consultations with health providers (private/public) and relevant development partners in this space	Contractual services	Technical meetings and focus group discussions	4000	3	12,000		8,000	4,000	0
Activity 2.4.2. Modelling possible private-public partnership's options	Contractual services	Consultancy fees (1 international expert for 20 days)	8,000	1	8,000		8,000	0	0
	Contractual services	Consultancy fees (1 local expert for 30 days)	3,000	2	6,000		3,000	3,000	0
Activity 2.4.3. Report preparation and dissemination	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000		0	5,000	0
Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector									
Activity 2.5.1. Technical consultations with relevant development partners in this space	Contractual services	Technical meetings	4000	2	8,000		4,000	4,000	0

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)		Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units					
Activity 2.5.2. Support to the work of relevant development partners in this space	Contractual services	Consultancy fees (1 international experts for 20 days)	8,000	2	16,000		8,000	8,000	0
	Contractual services	Consultancy fees (1 local expert for 30 days)	3,000	3	9,000		3,000	3,000	3,000
Activity 2.5.3. Report preparation and dissesmination	Contractual services	Translation, editing, printing, dissemination	5,000	1	5,000		0	0	5,000
Outcome 2 Subtotal					**150,600**		**107,600**	**35,000**	**8,000**
Outcome 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model									
Output 3.1. Health care management training conducted, focussed on piloting the recommended model									
Activity 3.1.1. Study tour to Syrdarya pilot region	Travel	Travel for 7 days (7 people)	1,200	7	8,400		0	8,400	0
Activity 3.1.2. Development of training curriculum and TOT	Contractual services	Consultancy fees (1 international experts for 20 days)	8000	2	16,000		8,000	8,000	0
Activity 3.1.3. Cascade trainings	Contractual services	Series of cascade trainings for health managers conducted (7X7 participants in last year)	1,500	8	12,000		0	1,500	10,500
Output 3.2. Clinical training-of-trainers conducted, with cascade, focussed on international knowledge transfer									
Activity 3.2.2. Study tour to Syrdarya pilot region	Travel	Travel for 7 days (10 people)	1,200	10	12,000		0	12,000	0
Activity 3.2.1. Development of training curriculum and TOT conduction	Contractual services	Consultancy fees (1 international experts for 20 days)	8000	3	16,000		8,000	8,000	0
Activity 3.2.3. Cascade trainings	Contractual services	Series of cascade trainings for health managers conducted (10X10 participants in last year)	1,500	11	16,500		0	1,500	15,000
Outcome 3 Subtotal					**80,900**		**16,000**	**39,400**	**25,500**

Detailed description	Budget Categories*	Item line budget			Total Amount (in USD)		Year 1	Year 2	Year 3 Q1-Q3
		Item description	Unit cost	Number of units					
Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model									
Output 4.1. Consultations convened with MOH and MOF on fiscal space and budget formulation/execution									
Activity 4.1.1. Domestic travel	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,200	4	4,800		0	2,400	2,400
Activity 4.1.2. Consultative meetings	Contractual services	Consultations / meetings	4,000	2	8,000		0	4,000	4,000
Output 4.2. Private/external funding proposal developed to fill the funding gap									
Activity 4.2.1. Domestic travel	Travel	7 days travel (local) of 1 local staff and 1 interpreter	1,000	4	4,000		0	2,000	2,000
Activity 4.2.2. Consultative meetings	Contractual services	Consultations / meetings	4,000	2	8,000		0	4,000	4,000
Outcome 4 Subtotal					**24,800**		**0**	**12,400**	**12,400**
Staff and operating expenses									
National Officer (NPO-B) - for Monitoring and Evaluation	Staff and other staff costs	FTE months per year	5,100	4	61,200		20,400	20,400	20,400
Administrative assistant (G-5)	Staff and other staff costs	FTE months per year	2,250	3	20,250		6,750	6,750	6,750
Staff Subtotal					81,450		27,150	27,150	27,150
Operating expenses	General operating and other direct costs	IT and office supplies per year	3,000	3	9,000		3,000	3,000	3,000
Total cost					397,550		204,550	116,950	76,050
Indirect support cost 7%					27,829		14,319	8,187	5,324
Total budget					**425,379**		**51%**	**29%**	**19%**

Table 5.2. Consolidated Budget (in USD)

	Categories	Total	Year 1	Year 2	Year 3 Q1-Q3	Allocation: MPTF	Allocation: Other (specify)
1	Staff	81,450	27,150	27,150	27,150	81,450	
2	Supplies, commodities, materials	0	0	0	0	0	
3	Equipment, vehicles and furniture (including depreciation) *Budget notes: none*	0	0	0	0	0	
4	Contractual services (including consultants, meetings, workshops and conferences)	227,500	124,000	62,000	41,500	227,500	
5	Travel	79,600	50,400	24,800	4,400	79,600	
6	Transfers and grants to counterparts	0	0	0	0	0	
7	General operating and other direct costs	9,000	3,000	3,000	3,000	9,000	
	Subtotal	397,550	204,550	116,950	76,050	397,550	
8	Indirect support costs	27,829	14,319	8,187	5,324	27,829	
	TOTAL	**425,379**	**218,869**	**125,137**	**81,374**	**425,379**	