



# Technical Assistance Report

---

Project Number: 52340-002  
Transaction Technical Assistance (TRTA)  
November 2019

## Uzbekistan: Preparation of the Integrated Perinatal Care Project (Financed by the Japan Fund for Poverty Reduction)

This document is being disclosed to the public in accordance with ADB's Access to Information Policy.

Asian Development Bank

**CURRENCY EQUIVALENTS**  
**CURRENCY EQUIVALENTS**  
(as of 25 November 2019)

Currency unit	–	sum (SUM)
SUM1.00	=	\$0.0001052654
\$1.00	=	SUM9499.80

**ABBREVIATIONS**

ADB	–	Asian Development Bank
EMR	–	electronic medical records
IMR	–	infant mortality rate
MMR	–	maternal mortality rate
MOH	–	Ministry of Health
TA	–	technical assistance
TOR	–	terms of reference
UHC	–	universal health coverage

**NOTE**

- (i) In this report, "\$" refers to United States dollars.

<b>Vice-President</b>	Shixin Chen, Operations 1
<b>Director General</b>	Werner Liepach, Central and West Asia Department (CWRD)
<b>Director</b>	Rie Hiraoka, Social Sector Division, CWRD
<b>Team leader</b>	Hiddo Huitzing, Health Specialist, CWRD
<b>Team members</b>	Farida Djumabaeva, Associate Project Analyst, CWRD Jenevieve Javier, Associate Project Analyst, CWRD Jose Tiburcio Nicolas, Senior Social Development Specialist (Safeguards), CWRD Christina Pak, Counsel, Office of the General Counsel Diep Pham, Senior Financial Management Specialist, CWRD Mary Alice Rosero, Social Development Specialist (Gender and Development), CWRD Syed Asim Ali Sabzwari, Environment Specialist, CWRD Laureen Felisienne Tapnio, Operations Assistant, CWRD
<b>Peer reviewer</b>	Eduardo Banzon, Principal Health Specialist, Sustainable Development and Climate Change Department

In preparing any country program or strategy, financing any project, or by making any designation of or reference to a particular territory or geographic area in this document, the Asian Development Bank does not intend to make any judgments as to the legal or other status of any territory or area.

## CONTENTS

	<b>Page</b>
TRANSACTION TECHNICAL ASSISTANCE AT A GLANCE	
I. THE ENSUING PROJECT	1
II. THE TECHNICAL ASSISTANCE	1
A. Justification	1
B. Outputs and Activities	2
C. Cost and Financing	2
D. Implementation Arrangements	3
E. Governance	4
APPENDIXES:	
1. Cost Estimates and Financing Plan	5
2. List of Linked Documents	6

## TRANSACTION TECHNICAL ASSISTANCE AT A GLANCE

<b>1. Basic Data</b>		<b>Project Number:</b> 52340-002	
<b>Project Name</b>	Integrated Perinatal Care Project	<b>Department/Division</b>	CWRD/CWSS
<b>Nature of Activity</b>	Project Preparation	<b>Executing Agency</b>	Ministry of Health
<b>Modality</b>	Regular		
<b>Country</b>	Uzbekistan		
<b>2. Sector</b>	<b>Subsector(s)</b>	<b>ADB Financing (\$ million)</b>	
		<b>Total</b>	<b>0.00</b>
<b>3. Operational Priorities</b>		<b>Climate Change Information</b>	
✓ Addressing remaining poverty and reducing inequalities		Climate Change impact on the Project	Low
✓ Accelerating progress in gender equality			
✓ Strengthening governance and institutional capacity			
<b>Sustainable Development Goals</b>		<b>Gender Equity and Mainstreaming</b>	
SDG 1.4, 1.a		Gender Equity (GEN)	✓
SDG 3.1, 3.2, 3.7			
SDG 5.1, 5.6		<b>Poverty Targeting</b>	
SDG 10.2		Geographic Targeting	✓
<b>4. Risk Categorization</b>	Low		
<b>5. Safeguard Categorization</b>	Safeguard Policy Statement does not apply		
<b>6. Financing</b>			
<b>Modality and Sources</b>		<b>Amount (\$ million)</b>	
<b>ADB</b>		<b>0.00</b>	
None			0.00
<b>Cofinancing</b>		<b>1.20</b>	
Japan Fund for Poverty Reduction (Full ADB Administration)			1.20
<b>Counterpart</b>		<b>0.00</b>	
None			0.00
<b>Total</b>		<b>1.20</b>	
<b>Currency of ADB Financing:</b> US Dollar			

## I. THE ENSUING PROJECT

1. Uzbekistan's health indicators have shown significant and continuous improvement. According to the World Bank, between 2003 and 2018 the maternal mortality rate (MMR) dropped from 51 to 36 per 100,000 live births, while infant mortality rate (IMR) and the neonatal mortality rate (NMR) decreased between 2003 and 2017 from 46 to 20 and 26 to 12 per 1,000 live births, respectively.<sup>1</sup> Official statistics indicate an MMR of 17.7 per 100,000 live births in 2017.<sup>2</sup> Despite these improvements in health indicators, Uzbekistan's MMR, IMR, and NMR rates are still lagging behind the World Bank estimated average<sup>3</sup> mortality rates for the Europe and Central Asia region which are 16.0 for MMR, 8.6 for IMR and 5.1 for NRM (2015 estimates).<sup>4</sup> The Government of Uzbekistan has adopted the achievement of the United Nations Sustainable Development Goals (SDGs),<sup>5</sup> and maternal and child health care (MCH) has become a main priority area of the government policy which is reflected in all the national concepts, strategies, and programs.<sup>6</sup>

2. The Asian Development Bank (ADB) will support the government in their quest of improving the quality of perinatal care.<sup>7</sup> The intended impact is a reduction of the maternal and neonatal mortality rates through an appropriate utilization of quality perinatal care services. There are four outputs: (i) perinatal centers modernized and upgraded; (ii) referral system strengthened; (iii) quality adherence at perinatal centers enhanced; and (iv) maternal health seeking behavior improved.

## II. THE TECHNICAL ASSISTANCE

### A. Justification

3. The proposed Integrated Perinatal Care Project, aligns with the first operational strategy of ADB's Strategy 2030, which aims to achieve better health for all by improving the quality and coverage of government healthcare services and supporting to improve access to quality healthcare services.<sup>8</sup>

4. The transaction technical assistance (TRTA) will help the Government of Uzbekistan to (i) review the technical, economic and financial viability of the project and ascertain the project rationale, scope, cost, schedule, implementation arrangements, risks and mitigation measures;

---

<sup>1</sup> World Bank. 2017. <https://data.worldbank.org/country/uzbekistan> (accessed 25 August 2019).

neonatal mortality rate, infant mortality rate: <https://data.unicef.org/country/uzb/#> (accessed 25 August 2019).

<sup>2</sup> A difference with the World Bank estimate which can be due to several factors such as the use different systems of collecting data, different attribution of cause of death, and underreporting at facilities.

<sup>3</sup> World Bank. 2015/ <https://data.worldbank.org/region/europe-and-central-asia> (accessed 25 August 2019) and Maternal mortality rate: WHO, 2015. *Trends in Maternal Mortality: 1990–2015*.

<sup>4</sup> The average MMR for the Organisation for Economic Co-operation and Development (OECD) countries was 8.1 in 2018. Source: OECD/WHO. 2018. *Health at a Glance: Asia/Pacific 2018: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris. [https://doi.org/10.1787/health\\_glance\\_ap-2018-en](https://doi.org/10.1787/health_glance_ap-2018-en).

<sup>5</sup> Resolution of the Cabinet of Ministers of 20 October 2018 No.841. "On measures to implement National goals and Targets in the field of Sustainable Development for the period up to 2030".

<sup>6</sup> Resolution of the President of the Republic of Uzbekistan dated 11 February 2016 No.PP-№2650 "On measures to further improve the system for protection of maternity and childhood in the Republic for 2016-2020".

Presidential Decree of 12 July 2018 No.UP-5590 "On comprehensive measures to fundamentally improve the healthcare system of the Republic of Uzbekistan".

<sup>7</sup> The Government of Uzbekistan requested inclusion of the improving perinatal services project in the Country Operations Business Plan 2020–2022.

<sup>8</sup> ADB, 2018, *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. Manila.

(ii) ensure compliance with ADB's safeguard policy statement (2009) and identify mitigation measures and institutional strengthening; and (iii) assist the project executing agency and implementing agency undertake advance actions for the ensuing project.<sup>9</sup>

## **B. Outputs and Activities**

5. **Output 1: Feasibility study and project due diligence undertaken.** This will include (i) assisting in the preparation of all documents required for project processing, including linked documents and project administration manual, (ii) preparation of bidding documents for procurement of goods and works contracts and request(s) for proposals for recruitment of project implementation support consultants, and (iii) project implementation startup support.

6. An inspection of equipment at the perinatal health facilities and investigation of the infrastructure (i.e. buildings, wards) in which the new medical equipment will be operationalized will lead to a detailed needs assessment in terms of equipment and infrastructure of the perinatal centers. A survey into the reasons of the observed delay of women seeking maternal health care will lead to the preparation of terms of reference (TOR) to improve maternal health seeking behavior. The baseline assessment for the project will establish baseline indicators for bed occupancy rates, intramural maternal mortality rates, and other relevant indicators to be agreed with the government for the project.

7. A review of the existing electronic medical records (EMRs) will form the basis for the TOR for the design of a fully functional EMR intended for system wide use, and to be integrated into the National Integrated Health Management Information System (NIHMIS). Finally, an appraisal of the current (intramural) quality of perinatal care and current licensing and attestation practices will contribute to the preparation of the TOR for the design of a tailored training and capacity building plan for perinatal and primary healthcare staff, while strengthening the professional attestation.

8. **Output 2: Perinatal services delivery plan for Fergana Valley performed.** A pilot health sector master plan, perinatal services delivery plan (PSDP) in the Fergana Valley (i.e. Fergana, Namangan and Andijan Regions) will be elaborated. All health facilities providing or contributing to perinatal care, including the primary healthcare level facilities, will be mapped and, based on population projections and disease profiles, a forecasting of health services needs in terms of beds, facilities and staffing will be made. A software tool in Microsoft Excel for national roll-out of the hospital masterplan will be handed over to the Ministry of Health (MOH).

## **C. Cost and Financing**

9. The technical assistance (TA) is estimated to cost \$1,300,000, of which \$1,200,000 will be financed on a grant basis by the Japan Fund for Poverty Reduction and administered by ADB. The key expenditure items are listed in Appendix 1.

10. Eligible expenditures include: (i) consultant services, and (ii) non-consultant costs for local training and workshops, minimal equipment such as computers, etc., and operating costs essential to carry out the TA, including vehicle rental, if justified. Non-consultant costs should be kept to a minimum. The following are ineligible expenditures: (i) purchase of vehicles, (ii) salaries for civil servants, (iii) foreign travel, (iv) scholarships or long internships, (v) detailed engineering

---

<sup>9</sup> TA to be published online in November 2019.

design, (vi) civil works and other related expenses, and (vii) those under ADB's List of Ineligible Items (or Negative List) and Prohibited Investment Activities List.

11. The government will provide counterpart support in the form of office accommodation for the project implementation unit and consultants, venue meetings, access to data, and other in-kind contributions. The government was informed that approval of the TA does not commit ADB to finance any ensuing project.

#### D. Implementation Arrangements

12. ADB will administer the TA. The TA will be implemented from November 2019 to August 2021. The Social Sector Division of ADB's Central and West Asia Regional Department will select, supervise and evaluate consultants, and will be the coordinator of consulting inputs and activities. The MOH will be the executing agency.

13. The implementation arrangements are summarized in the table.

Implementation Arrangements			
Aspects	Arrangements		
Indicative implementation period	November 2019–October 2021		
Executing agency	Ministry of Health		
Implementing agency	Social Sector Division of Central and West Asia Department		
Consultants	To be selected and engaged by ADB		
	Firm selection: QCBS	International (20 person-months)	\$602,000
		National (39 person-months)	\$402,000
	Individual selection: ICS	International (5 person-months)	\$134,000
		National (5 person-months)	\$57,000
Procurement	To be procured by consultants		
	Office equipment (Shopping for Goods)	1 contract	\$5,000
Disbursement	The TA resources will be disbursed following ADB's <i>Technical Assistance Disbursement Handbook</i> (2010, as amended from time to time).		
Asset turnover or disposal arrangement upon TA completion	Consultant will transfer office equipment upon TA completion to the Ministry of Health.		

ADB= Asian Development Bank, ICS = individual consultant selection, QCBS = quality- and cost-based selection, TA = technical assistance.

Source: Asian Development Bank

14. **Consulting services.** ADB will engage the consultants following the ADB Procurement Policy (2017, as amended from time to time) and its associated staff instructions.<sup>10</sup> The consultants will provide 69 person-months of consulting service in healthcare and financial planning, health needs and technology assessment, and surveying and capacity building. The quality- and cost-based selection method will be followed (quality–cost ratio of 90:10). A simplified technical proposal will be required. The TA consultants may procure equipment according to ADB's Procurement Policy (2017, as amended time to time) and its associated project

<sup>10</sup> Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 2).

administration instructions and/or staff instructions. The equipment procured will be transferred to the MOH upon completion of the TA.

#### **E. Governance**

15. The TA will help conduct the due diligence for the ensuing program including the project procurement risk assessment, financial management assessment, financial evaluation, financial analysis, risk assessment, and risk management plan. The TA will undertake safeguard screening and categorization results and prepare safeguard documents on environment and involuntary resettlement. The due diligence will be conducted in accordance with the respective ADB guidelines and requirements.



**COST ESTIMATES AND FINANCING PLAN**  
(\$'000)

<b>Item</b>	<b>Amount</b>
<b>Japan Fund for Poverty Reduction<sup>a</sup></b>	
1. Consultants	
a. Remuneration and per diem	
i. International consultants	604.0
ii. National consultants <sup>b</sup>	259.0
b. Out-of-pocket expenditures	
i. International and local travel	75.0
ii. Goods (rental and/or purchase) <sup>c</sup>	5.0
iii. Surveys	100.0
iv. Training, seminars, and conferences	26.0
v. Reports and communications	5.0
vi. Printed external publications	6.0
2. Contingencies	120.0
<b>Total</b>	<b>1,200.0</b>

Note: The technical assistance (TA) is estimated to cost \$1,300,000, of which \$1,200,000 will be financed from the Japan Fund for Poverty Reduction are presented in the table above. The government will provide counterpart support in the form of counterpart staff, office accommodation, a meeting room, and other in-kind contributions. The value of the government contribution is estimated to account for 8% of the total TA cost.

<sup>a</sup> Administered by the Asian Development Bank.

<sup>b</sup> Includes local support staff / consultants

<sup>c</sup> Includes computers, multifunction printer with scanner, and small office supplies. Equipment will be turned over to the executing agency upon completion of TA activities.

Source: Asian Development Bank estimates.

**LIST OF LINKED DOCUMENTS**

<http://www.adb.org/Documents/LinkedDocs/?id=52340-002-TARreport>

Terms of Reference for Consultants