**Final Project Evaluation Report**

**Project Title:**

**Improving quality of social services delivery for persons with disabilities and lonely elderly people in Uzbekistan**

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# List of acronyms and abbreviations

|  |  |
| --- | --- |
| AWP | Annual Work Plan |
| CBR | Community Based Rehabilitation |
| CPAP | Country Programme Action Plan |
| CPD | Country Programme Document |
| CRPD | UN Convention on the rights of persons with disabilities |
| CSE | Centres for Support to Employment |
| CSESP | (former) Centres for support to Employment and Social Protection |
| GGU | Good Governance Unit |
| IRP | Individual Rehabilitation Plan |
| ISSP | Individual Social Services Programmes |
| MDG | Millenium Development Goals |
| MfDR | Management for Development Results |
| MoL | Ministry of Labour |
| MLSPP | (former) Ministry of Labour and Social Protection of the Population |
| MoF | Ministry of Finance |
| MoH | Ministry of Health |
| PD | Project Document |
| PwD | People with Disabilities |
| RBM | Results Based Management |
| RRF | Results and Resources Framework |
| SDG | Sustainable Development Goals |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United National Development Programme |
| UNICEF | United Nations Children’s Fund |
| VTEK | Medical Labour Commission |

# Executive Summary

***Introduction***

Present Final Evaluation Report concerns the Joint project ”Improving the quality of social service delivery for lonely elderly and persons with disabilities” in Uzbekistan, which was implemented between 1 October 2014 en 31 December 2016.

The project consisted of *two main project components/results*: (1) a more system oriented component concerned with the social (services) policy, legislation, institutional reform and information system development and (2) a more practice oriented component concerned with the social service delivery mechanisms, quality of social services, educational standards for professionals and capacity building. A third (3) supplementary project strand aimed at developing social partnerships between government and non-governmental service providers.

The Project’s Implementing Partner was at first the MLSPP but after the transfer of social assistance policy responsibilities to the MoH in early 2016, the latter became *the second national Implementing Partner*.

***The Evaluation***

The evaluation aimed primarily at assessing the *relevance*, *performance* and *management arrangements* of the project. The evaluation was based on desk-research of the available documentation and on information obtained during a one-week country visit when meetings with different stakeholders were held.

Some *lessons learned* are drawn and *recommendations for future follow-up actions* are presented. In a separate document a concept for a new development intervention is proposed for further reflection and fine-tuning.

***Findings***

The operational context

The Project benefited initially from a *strong leadership* resulting in fast and determined action on ambitious goals such as the vertical functional review of the MLSPP and preparations for a new law on social services. The 2015 Year of Attention and Care for the Senior Generation coincided with the first year of the Project’s implementation, putting the specific target group of lonely elderly and PwD at the centre of public policy making. The project interventions were *neatly embedded into the national priorities* allowing for direct contributions to the State Programme and to the related Decree #237 of the Cabinet of Ministers. Some *unexpected external developments* however strongly interfered with the project operations putting the achievement of the results at serious risk. The decision to transfer social protection responsibilities from the MLSPP to the MoH in February 2016 implied a sudden expansion of the MoH’s already large policy mandate in an area in which it had no in-house expertise while the responsibilities of the MoL were reduced to the employment field. The transfer had implications for the organizational structures and personnel at central level but also at lower levels of government under the health and employment policy strands. The change furthermore meant that some of the project deliverables lost their immediate relevance while others had to be redefined in order to take into account the new situation. Finally it created also substantial administrative challenges for the project. *New external factors and developments* may furthermore impact on the social protection institutional set-up in Uzbekistan such as the possible transfer of the VTEK from the Pension Fund to the MoH and the decision to enlarge the monitoring responsibilities on cash benefits to the Centres for Support to Employment in the districts. Both seem to become implemented in the course of 2017. The ongoing administrative restructuring seems to reveal a growing emphasis on medical approaches towards social services provision and a rather narrow interpretation of the concept of “social services”, underpinning the *need for an intensive reflection on the development of a national vision* regarding an integrated social protection system in line with the social protection floors approach.

The project planning, formulation and implementation

The project was carefully prepared and planned, and fitted well in the CPAP 2010-2015 framework under Outcome 1.1 “capacity of the central and local authorities enhanced to develop social protection policies for vulnerable groups”. It primarily had a top-down approach channeling its interventions *mainly to the central level administration* and less so to the lower levels of government. The project was the third in a sequel of three consecutive UNDP development interventions, revealing the need to ensure the *interconnectedness across the programming cycles* and *need to ensure sustainability of the actions initiated under previous cycles*.

The development intervention addressed the needs of *a specific category of vulnerable persons (lonely elderly and PwD) concerning one thematic area or one type of social services (home care services).* This specific focus definitely had advantages as it served as the reference point for the design and scope of the activities and deliverables such as legislation, standard setting, methodological guidance and capacity building. The total number of beneficiaries concerned remains however rather modest in view of the larger group of elderly and PwD and their needs for services. The focus seems also to have implied a shift in favour of the elderly and to social care services and less to disability and employment related services. In other words

The project had a *short implementation time* in view of its ambitious objectives and was implemented by a *small project team.* A second Implementing Partner had to be included in the middle of the project implementation, which caused some disruption and delays, but the Project Board and team were able to *effectively implement corrective actions*, ensuring the delivery of some key results and limiting the adverse consequence to a minimum and within a short extension.

Summary of the evaluation results

In spite of the unexpected transfer of responsibilities in the social protection policy domain about six months prior to the original end date, the project *delivered on most of its planned* ***outputs***: vertical review of the MLSPP and recommendations, (draft) law on social services, policy briefs and papers on social policy issues, regulations/by-laws introducing case management and methodologies for services aimed at the lonely elderly and PwD, standards for home care services for the lonely elderly and PwD, standards for wheelchair production, implementation of needs assessments, development of in-service training courses, a new BA/MA on social work targeting services for elderly and PwD and some capacity building activities.

However, some of the *results at output level could not be achieved in full* as a consequence of the change and the time that was needed to implement the transfer of responsibilities including the formal involvement of the MoH into the Project: the development of a unified information system, delivery of some trainings and the development of structural partnerships between the MoH and NGOs in social services.

Other outputs were strictly speaking delivered but they *lost part of their relevance* (vertical functional review of the MLSSP) or *remained in fact merely proposals or draft documents without effective implementation* (standards for home care services, training programme for in service training at MoH, introduction of new BA/Ma in social work for elderly and PwD, standards for the development of wheelchairs, ToR for UIS development and for design of the Register). It should be noted though that most often the delivery of the documents and proposals were as such planned for as the final project deliverables and the PD / RRF did not expect their effective enforcement or implementation.

Several of the outputs/activities had *to be adapted* in terms of their scope and timing in order to take into account the administrative restructuring and the MoH as main Project Partner such as the in service training programme.

*New outputs*, which were not initially planned for, were also delivered: work on the Guidebook for the implementation of the IRP and accompanying trainings of the VTEK and two peculiars project responses on direct request from the MLSSP: needs assessment of homeless families in Termez city and a survey on social security contribution and taxation capacities of farmers and micro enterprises.

*In summary, at output level, the project achieved its main results with demonstrated determination and with sufficient flexibility to take on board ad hoc requests from the Project Partner. However a substantial number of outputs need further follow-up and effective implementation.*

At **outcome level** the project’s success was more diverse. The *legislative framework* on social services has been effectively changed with a direct contribution from the project, which is a major achievement given the complexity of the law-making process, the context and multitude of stakeholders involved and the short time frame that was available. The law provides an initial basic framework and legal basis, which is a step forward in social service regulatory framework but further adjustments are needed in the future in order to become a framework law for an integrated social services system targeting all vulnerable categories of the population. The *social protection policy framework* however does not seem to have been directly affected or improved by the Project. The vertical functional review performed on the MLSPP became, in spite of its quality, partially redundant in a context where the MLSPP lost its social protection policy portfolio. Additional administrative re-organisation in social protection and social services has been decided upon, also after completion of the project, which is pointing at a relative unstable policy environment and changing administrative set up of the system. The third targeted outcome concerned an *improved Information System environment* on social services and their beneficiaries and also in this regard it occurs that no systemic change has been achieved.

The project’s performance scores much better in what regards the outcomes regarding the improvement of the quality of social services and more in particular regarding *the home care services for lonely elderly and PwD*. The Project directly contributed to Decree #237 and introduced measures that had a direct impact on the quality of life of the ultimate beneficiaries such as the extended list of food products and freedom of choice for lonely elderly and PwD. The attached regulations concerned with the procedures for the delivery of home care services and for the provision of an extended food parcels to lonely elderly and PwD were of particular high quality. Adequate and practice oriented methodologies, instruments and forms were introduced and training –though only for a limited number of professionals- was conducted. The project contributed furthermore by means of applying the introduced methodologies in practice and on real individual cases and beneficiaries. Most importantly is that the project was able to tackle one of the key challenges in any development process concerned with social services: designing the business processes in terms of the identification of persons at risk, procedures for needs assessment, development of individual social services programmes and service responses with clear allocation of roles/responsibilities of the different local public agents at community (Mahalla’s) and at district level while also introducing the administrative forms and instruments that are to be used. As such the result and outputs can serve as a model for replication to other social services and they have a clear potential for a nation wide roll-out with accompanying training activities for those public administration bodies that work with the ultimate beneficiaries. Other Project outputs also contributed to the outcome on improved social services though to a varying degree and with lesser immediate impact: standards for home care services, technical specifications for wheel chair production, various training activities, new BA/MA in social work focusing on elderly and PwD and the design of an in-service training course for the MoH. Effective implementation is still needed in order to increase their sustainability. Interesting, though not planned for at the conceptual phase of the project is the Guidebook on the IRP and related training activities. The latter activity was also very practice oriented targeting VTEK and developing IRP forms and training modules, but its contribution to longer term effects remain somewhat questionable inaslong as capacities in specialized areas (vocational assessment, training, rehabilitation, assessment of social functioning ..) are not developed and no appropriate mix of social, vocational and employment related services are available in direct response to the IRPs.

The Intervention, including the results and outputs envisaged, were very **relevant** and well embedded into the national policy priorities and strategic programming of UNDP. In terms of **ownership** the picture is more complex**.** The leadership of the original Implementing Partner was instrumental for effectively making progress ensuring thereby a strong involvement from the MLSPP staff. The MoH received unexpectedly the social protection portfolio in spring 2016 and appears not to have been fully prepared for taking up this new policy domain. There was insufficient time to effectively internalise the project’s intermediate results and a real ownership of the delivered project results can consequently be questioned. As for the other stakeholders VTEK and the Pension Fund benefited directly from some project activities in which they had a direct stake. Some activities involved NGOs or DPOs and based on the feed back received during the evaluation, there may be room for greater implication. The project was generally speaking quite **effective.** Some of the outputs reached stages that only could have been hoped for at the project’s start (adoption of the law on social services, adoption of the wheelchair production standards, etc.). A very short project extension was necessary in order to ensure that other outputs could still be delivered in a context that the new Implementing partner had to be taken on board. Some outputs were however not or insufficiently realised as a consequence of the transfer of responsibilities. At general level, the project’s implementation seems to have been also **efficient.** The relatively small core team demonstrated determination and was strongly involved into the content of the project work. Independent experts were primarily national consultants with international contributions focused on short-term expertise that was not readily available locally. The project furthermore realised some direct return on investment through it direct contribution to Decree #237 which extended the food parcel composition which lonely elderly and PwD are entitled to free of charge and which is financed from state resources for the years to come. Another concrete result achieved with minimum resources concerned the assessment of homeless families in Termez city on direct request by the MLSPP. Assessing the efficiency of the project more deeply would however require additional data that were no yet received such as the resource overview breakdown per result and a working days distribution table per activity/result and per person. Of major concern is the **sustainability** of the different results achieved and hence of the project outcomes. Most results and outputs were formulated in the PD in terms of ‘drafts developed’, ‘proposals made’ or ‘recommendations formulated’. They need however follow-up action and implementation in order to ensure real effective change and hence sustainability. The new Implementing Partner doesn’t share the same institutional memory of the project’s history and development work and may have other policy priorities than social protection. This may further undermine the chances that the different proposals are put into practice.

***Some Lessons Learned***

1. The *ownership and leadership of the Project Partner* is the best guarantee for successful progress and outcomes;
2. Strong *interconnectedness* *of the Project goals and priorities with the national policy priorities* increases the potential of projects to bring about ambitious and systemic change;
3. The development intervention focused on a *two-tiered approach* : (1) systemic change and (2) operational change. By doing so the project minimized and contained the risk for failure due to unexpected external developments that have largest impact on the former. Practice oriented results and deliverables, which are useful for professionals, create greater ownership;
4. The adoption of primary legislation is a process in which a multitude of organisations is involved. The legislative instrument finally adopted is the result of consensus building between the different contributors and interest groups. The project has taken a pragmatic approach in this respect and this has resulted in a parliamentary act, which for the first time regulates social services in the country. The act itself is certainly subject to improvements but it is at least a first stepping stone and legal basis for the further development of the system;
5. The development of methodologies, instruments, tools and forms, and the accompanying training of professionals active in the system appear to have been the most relevant, effective and efficient outputs of the project and can serve as *models for further replication in the wider social services sector*: (1) regulation accompanying the Decree #237 with the needs assessment and ISSP procedures and forms and the food parcel distribution procedures, (2) standards for home care services to lonely elderly and PwD, (3) Guidebook on the IRP.
6. Training and capacity building activities in the different areas reached only a modest total number of participants. Capacity building and training need to be rolled out on *a nation wide scale* in order to ensure maximum effect especially in view of increased enforcement needs. Training of trainer schemes could be considered in this respect.
7. Projects that envisage far-going institutional reforms including legislative changes / reviews and information system development require an implementation period of *at least 36 months*
8. The project successfully implemented *actions in reply to ad-hoc requests* from the Implementing Partner demonstrating its flexibility and fast responsiveness.
9. Whereas an UIS was scheduled as part of the activities of the project, the result was only very partially achieved. The originally envisaged IS may have been too complex in its design and scope whereas *a more simple IT intervention on data collection* regarding the Muruvvat and Sakhovat institutions proved to be more successful and of immediate use for the public administration.
10. A *communication strategy* and action plan, which includes public awareness raising actions during the project implementation, will definitely contribute to a wider awareness beyond the inner circle of organisations and persons who are directly involved in the project activities;
11. The project re-confirmed that there is at present no national shared vision on the (future) system of social protection and services. Concepts such as social protection, social assistance and social services are *not clearly defined*;
12. Social Protection by nature is multi-sectoral and developing social protection policies require multi-agency approaches. When systemic change is envisaged and related policy portfolio’s are entrusted to different ministries, it is important to ensure a *high involvement of the different stakeholders* (social, health, employment and education) that goes beyond the mere participation in a Project Board.
13. Essential social services are by their very nature services for individuals and families provided in their vicinity and hence in the communities. The *lower levels of government and administration are a key stakeholder* for any project that concerns the development of social services and need to be systematically included into the project activities. A bottom-up approach is therefor recommended and complementary to activities that envisage top-down structural change.
14. The concept of PwD represents persons with wide ranging type of disabilities: physical, sensory, intellectual and mental disabilities. Programme, Project and Policy interventions need to give due consideration to the great diversity that exists and the need for customised policy responses that depend on the functioning of the persons concerned and not on disease or disability classifications.
15. Knowledge and experience regarding concepts, practices, methodologies and instruments concerning CRPD, CBR, ICF, vocational assessment, vocational rehabilitation, supported employment schemes and de-institutionalisation is insufficiently available locally. Exchanges with other countries and international expertise in these domains appear to be necessary in order to increase the knowledge and understanding among policy makers and lead staff in the central administration.

***Recommendations***

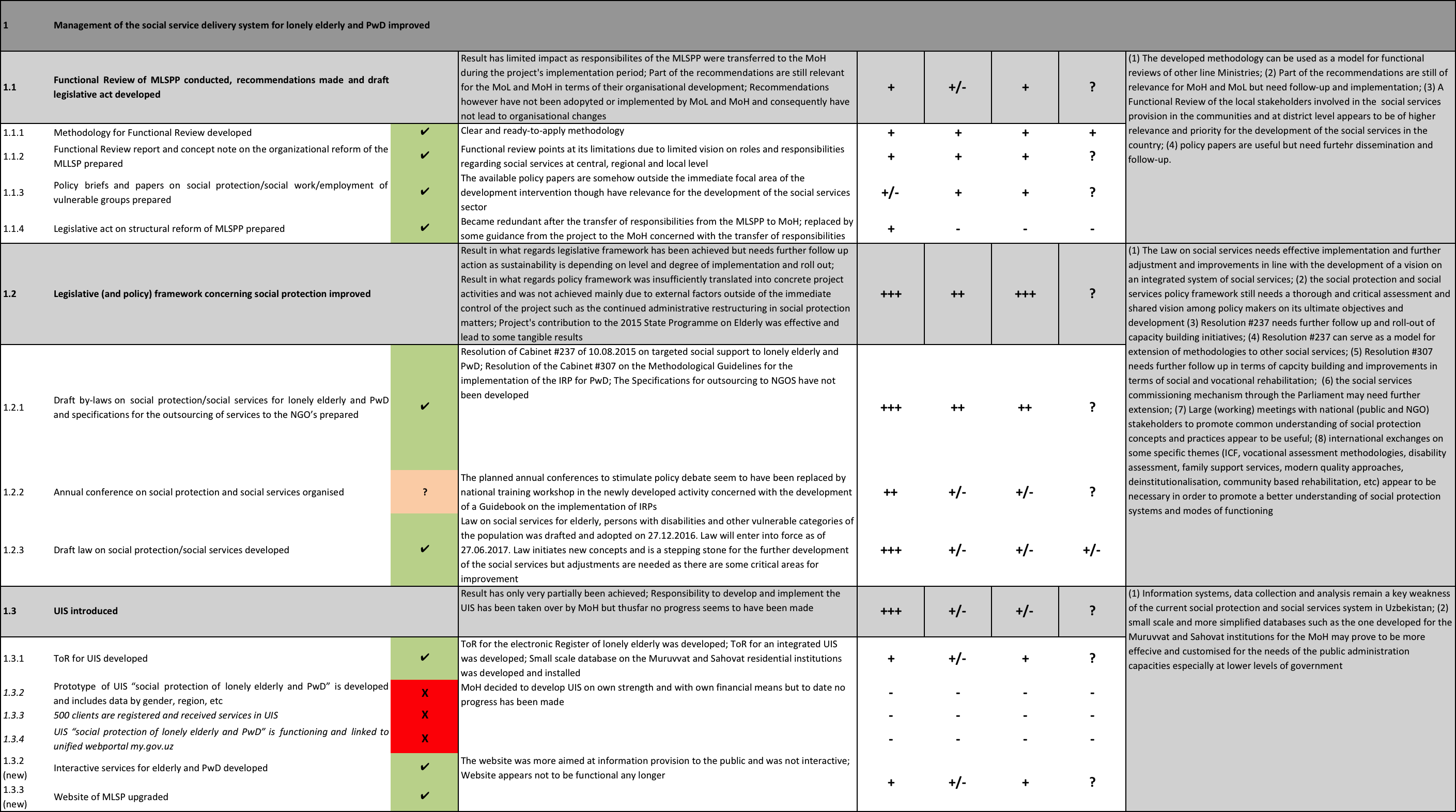
1. *Take action* to step up the enforcement and implementation of the results and outputs realized under the Intervention as they remain of a high concern and question the sustainability of the project’s outcome especially in a situation where the Implementing Partner has changed shortly before the project completion.

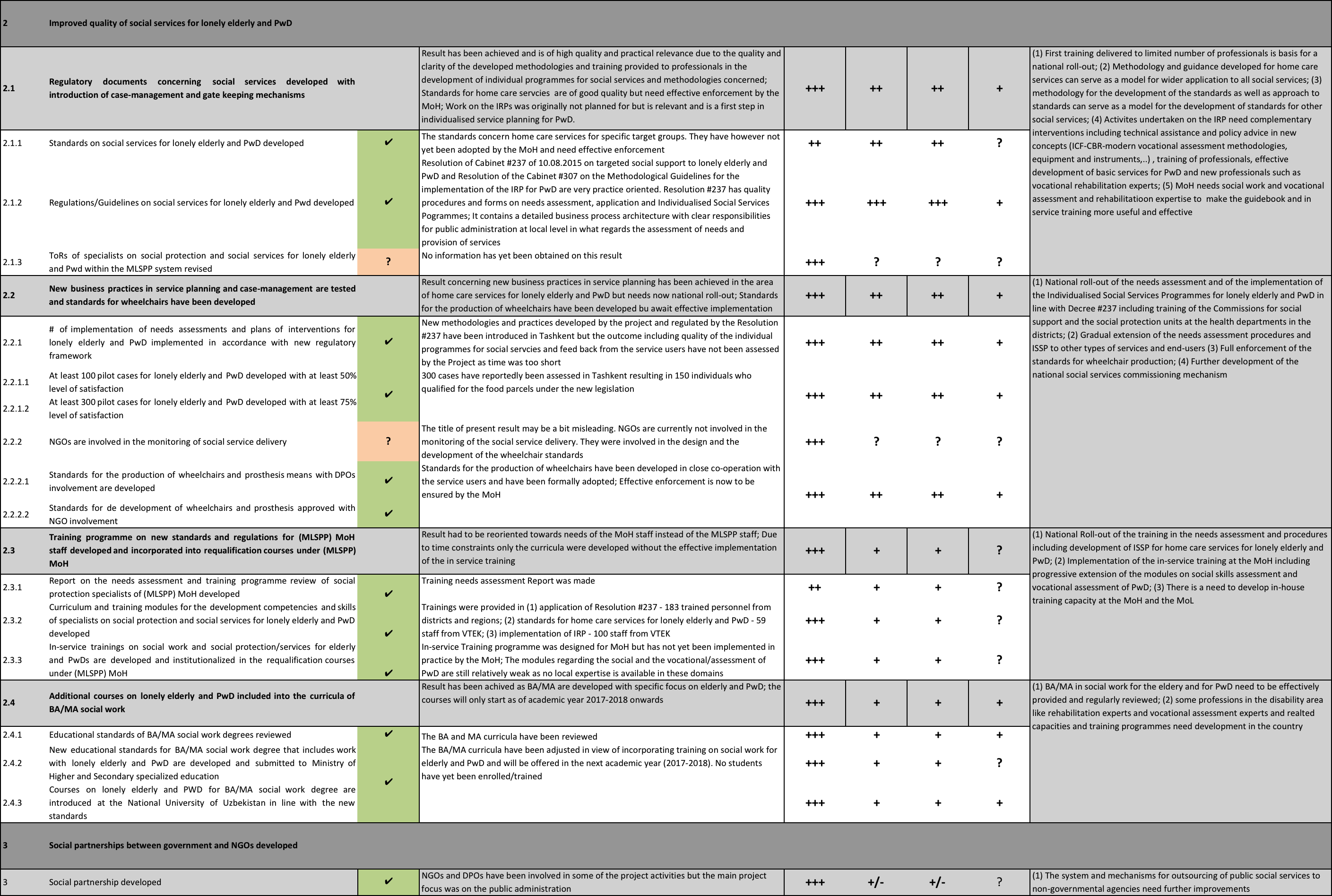
Immediate action should be taken by the MoH to enforce/implement/follow-up on the following matters:

* 1. Full country wide implementation of Decree #237 and of procedures/forms for assessment, applications and development of Individualised Social Services Programmes;
  2. Consideration of the functional review recommendations insofar as they concern the MoH’s responsibilities;
  3. Development of the UIS, Register of the Eldery and PwD, information system on service providers and the implementation of the database concerned with the Muruvvat and Sakhovat residential institutions;
  4. Adoption and enforcement including monitoring of the standards for home care services for elderly and PwD;
  5. Ensure enforcement of the standards for wheelchair production;
  6. Implement the IRP methodology and elaborate on the social and professional assessment and services’ dimensions;
  7. Effectively implement the in-service training for the staff.

1. When new projects are designed in future Programming, *consider*
   1. To ensure maximum interconnectedness and continuation between subsequent Projects of different Programming cycles and maintain support to interventions until effective enforcement and nation wide roll-out;
   2. To build further on the fundaments laid by the intervention and to consider nation wide roll-out of certain capacity building trajectories and expansion to other types of socials services;
   3. To continue to address the need for a stable social policy framework which is based on a national vision, shared by all policy making bodies, on a social protection floor for Uzbekistan and on its progressive development in terms of coverage by both the cash benefits and the social services for all vulnerable groups;
   4. To include/maintain a strong focus on the access level of social services (Mahalla’s in interaction with the District levels) and on practices, methodologies and instruments with training at the social service delivery level.
   5. To introduce concepts, practices and methodologies related to social services regarding which there is only very limited national knowledge/expertise: ICF, vocational assessment, rehabilitation, …
   6. To apply longer time frame for projects, deploy larger core teams, consider regional presence of team
2. Promote further the grant and social contracting mechanisms with the key stakeholders including the Oliyi Majlis and the Commission for Administration of Funds of the Public Fund for support to NGOs and other civil society organisations and more in particular in what regards the grant scheme : (1) the need to organize annual or bi-annual grant competitions exclusively aimed at the provision of social services by NGOs, (2) increase the minimum grant amounts and (3) ensure the effective introduction of case management practices; in what regards the social contracting : to improve the legislation and practices

Table 1: Evaluation Board





# Introduction

Present Report is the output from the final project evaluation concerning the Joint UNDP-MLSPP-MoH project ”Improving the quality of social service delivery for lonely elderly and persons with disabilities” in Uzbekistan, which UNDP, Uzbekistan initiated in spring 2017.

The evaluation was conducted by an international independent consultant[[1]](#footnote-1).

The objectives of the final evaluation can be summarized as follows:

1. to assess the relevance, performance and management arrangements of the project
2. to draw lessons learned, *and*
3. to formulate recommendations for future follow-up actions

In addition the consultant was expected to prepare for a new project proposal, to identify its objectives and activities, propose the main implementing partner and monitoring and evaluation mechanisms in accordance with the UNDP practices.

In the following chapters, the evaluation findings are presented. Chapter 2 presents a description of the development intervention itself with an overview of the main results as they were conceived in the CPD and RRF. In the two subsequent chapters, the scope of the evaluation is defined (Chapter 3) and some explanation given on the evaluation methodology that was applied (Chapter 4). Chapter 5 presents the main findings of the evaluation focusing on four principle dimensions: (1) the project’s operational context, (2) the project design, (3) the results and outputs and (4) the managing and monitoring arrangements. The conclusions are presented in Chapter 6 whereas the lessons learned and recommendations are covered in Chapters 7 and 8 respectively.

# Description of the Intervention

This report presents the findings of the ex-post evaluation of the project entitled “Improving quality of the social service delivery for persons with disabilities and lonely elderly” in Uzbelistan. The project was implemented between 01.10.2014 and 31.12.2016[[2]](#footnote-2). The Implementing Partner at the start of the project was the MLSPP. After the transfer of responsibilities in the field of social protection from (the former) MLSPP to the MoH in the early stages of 2016 the latter ministry became the second national Implementing Partner[[3]](#footnote-3).

The PD formulated the **main goal of the project** as ‘to promote ***the institutional reform of the MLSPP*** with the aim to ***improve social services for persons with disabilities and lonely elderly****’*. In its brief description[[4]](#footnote-4) the PD defines 4 project components: (1) legislative framework concerned with social services improved; (2) functional review of MLSPP conducted and recommendations made; (3) quality of social services improved through the development of standards and user satisfaction feed back mechanisms and (4) capacity building. In a subsequent chapter[[5]](#footnote-5) however 2 main project components are maintained:

(1) management of social service delivery system for PwD and lonely elderly improved *and*

(2) quality of social services for PwD and lonely elderly improved.

The PD RRF (including the listing of activities in the RRF) appears to have kept the 2 component approach as it defines the output targets, indicators and baselines within 2 components: (1) **management of the social service delivery system for lonely elderly and PwD improved** and (2) **quality of the social services for lonely elderly and PwD improved**. The PD furthermore defines an additional component concerning (3) **the** **development of social partnerships between government and non-governmental service providers**.

When examining the PD and RRF more in detail it occurs that the development intervention was aimed to specifically address the *thematic area of one particular type of social services for some very specific targets groups[[6]](#footnote-6): home care services for lonely elderly and Persons with Disabilities*. The project targeted at first the ***national policy and legislative level*** through *(the preparation for) an institutional reform at central level* and through *a legislative reform of the primary and secondary legislation concerned with the social services for these specific target groups*. Secondly the project aimed to intervene in *the* ***operational dimension*** of the home care provision by *developing standards for these specific social services*, by *introducing new concepts in the social service delivery such as case management, gate-keeping and user satisfaction feed back mechanisms* and by *promoting the information systems* concerned with providers and end-users of the home care services. Thirdly the project envisaged to set ***new educational standards*** concerned with social work for elderly and PwD, adapted in-service training at the MLSPP (MoH) and an adjusted BA/MA curriculum in order to include approaches targeting PwD and lonely elderly and to implement specific ***capacity building activities***.

Table 2 : Overview of Results and outputs according to original PD and RRF

|  |  |
| --- | --- |
| **1** | **Management of the social service delivery system for lonely elderly and PwD improved** |
| **1.1** | **Functional Review of MLSPP conducted, recommendations made and draft legislative act developed** |
| 1.1.1 | Methodology for Functional Review developed |
| 1.1.2 | Functional Review report and concept note on the organizational reform of the MLSP prepared |
| 1.1.3 | Policy briefs and papers on social protection/social work/employment of vulnerable groups prepared |
| 1.1.4 | Legislative act on structural reform of MLSP prepared |
| **1.2** | **Legislative (and policy) framework concerning social protection improved** |
| 1.2.1 | Draft by-laws on social protection/social services for lonely elderly and PwD and specifications for the outsourcing of services to the NGO’s prepared |
| 1.2.2 | Annual conference on social protection and social services organised |
| 1.2.3 | Draft law on social protection/social services developed |
| **1.3** | **UIS introduced** |
| 1.3.1 | ToR for UIS developed |
| *1.3.2* | *Prototype of UIS “social protection of lonely elderly and PwD” is developed and includes data by gender, region, etc[[7]](#footnote-7)* |
| *1.3.3* | *500 clients are registered and received services in UIS* |
| *1.3.4* | *UIS “social protection of lonely elderly and PwD” is functioning and linked t unified webportal my.gov.uz* |
| 1.3.2 (new) | Interactive services for elderly and PwD developed |
| 1.3.3 (new) | Website of MLSPP upgraded |
| **2** | **Improved quality of social services for lonely elderly and PwD** |
| **2.1** | **Regulatory documents concerning social services developed with introduction of case-management and gate keeping mechanisms** |
| 2.1.1 | Standards on social services for lonely elderly and PwD developed |
| 2.1.2 | Regulations/Guidelines on social services for lonely elderly and Pwd developed |
| 2.1.3 | ToRs of specialists on social protection and social services for lonely elderly and Pwd within the MLSP system revised |
| **2.2** | **New business practices in service planning and case-management are tested and standards for wheelchairs have been developed** |
| 2.2.1 | # of implementation of needs assessments and plans of interventions for lonely elderly and PwD implemented in accordance with new regulatory framework |
| 2.2.1.1 | At least 100 pilot cases for lonely elderly and PwD developed with at least 50% level of satisfaction |
|  | At least 300 pilot cases for lonely elderly and PwD developed with at least 75% level of satisfaction |
| 2.2.2 | NGOs are involved in the monitoring of social service delivery |
| 2.2.2.1 | Standards for the production of wheelchairs and prosthesis means with DPOs involvement are developed |
| 2.2.2.2 | Standards for de development of wheelchairs and prosthesis approved with NGO involvement |
| **2.3** | **Training programme on new standards and regulations for MLSPP staff developed and incorporated into requalification courses under MLSPP** |
| 2.3.1 | Report on the needs assessment and training programme review of socialprotection specialists of MLSP developed |
| 2.3.2 | Curriculum and training modules for the development competencies and skills of specialists on social protection and social services for lonely elderly and PwD developed |
| 2.3.3 | In-service trainings on social work and social protection/services for elderly and PwDs are developed and institutionalized in the requalification courses under MLSP |
| **2.4** | **Additional courses on lonely elderly and PwD included into the curricula of BA/MA social work** |
| 2.4.1 | Educational standards of BA/MA social work degrees reviewed |
| 2.4.2 | New educational standards for BA/Ma social work degree that includes work with lonely elderly and PwD are developed and submitted to Ministry of Higher and Secondary specialized education |
| 2.4.3 | Courses on lonely elderly and PWD for BA/MA social work degree are introduced at the National University of Uzbekistan in line with the new standards |
| **3** | **Social partnerships between government and NGOs developed** |

The Project’s Implementing Partner was at first the MLSPP, which was at the Project’s conception responsible for social protection policy making[[8]](#footnote-8) in Uzbekistan. When the social protection policy domain was moved to the MoH in February 2016, the latter institution practically became the principle counterpart of the Project. Noteworthy in this regard it that the transfer happened only a few months before the project’s original end date.

The project’s original time frame was 24 months.

The Project’s core team was composed of a Project Manager, a Social Protection Specialist and an Administrative Assistant. Technical expertise was provided by several national and international short-term consultants.

# Evaluation Scope and objectives

The evaluation’s main objective is to provide a clear *source for future planning and prioritization of UNDP Uzbekistan activities[[9]](#footnote-9)* in the area of social development and social services for people in vulnerable situations. As a consequence the end-users of the report are primarily the UNDP Uzbekistan staff entrusted with the programming of future (UNDP) interventions in the social protection domain, the Uzbek policy makers in charge of social (services – protection) policy and other prime stakeholders.

The general scope or purpose of the Evaluation as defined in the ToR for the evaluation is as follows:

* To assess **overall performance** of the Project (against the objectives and outcomes formulated in the Project Document)
* To assess the **relevance**
* To assess the **effectiveness** and **efficiency**
* To assess the **sustainability**
* To analyse the **implementation** and **management** arrangements
* To list and document **lessons** concerning the **Project Design**, **implementation** and **management**
* To assess **changes in the baseline situation** and provide **guidance** for the future

The more detailed description of the evaluation’s scope in the ToR includes in addition an **assessment of other areas such as the risk management strategy and implementation**, the **partnership strategy**, the **project finance** and the **UNDP contribution**.

Apart from the evaluation as such, specific attention has to be paid to the **lessons learned** and to the **formulation of recommendations**.

Finally a **new RRF** is expected to be drawn up together with the accompanying implementation mode and the monitoring and evaluation mechanism.

# Evaluation Approach and Methods and data analysis

The evaluation is based on desk review of the available project-related documents and on a limited number of interviews with stakeholders conducted during an in-country visit in early April 2017 and some follow-up exchanges by email/phone.

The documentary review concerned project preparation documents, Annual Work Plans and minutes of the annual Project Board meetings as well as specific project deliverables and outputs. An overview of the documents examined is presented in Annex 3.

The consultant received the main project documents, which were available in English, from the UNDP GGU prior to the country visit and prepared for a list of questions for clarification, an overview of additional documents to be examined and a proposal for interviews to be held. During the country visit, additional documents were shared with the consultant and project documents available only in Russian or in Uzbek, were presented and their content described and discussed.

Interviews in person were conducted with some of the key stakeholders during a 8 days country visit: UNDP staff, Project Team members and national consultants, UNICEF, representatives from the MoH (new department concerned with social services for the lonely elderly), Pension Fund, Medical Social Inspection and medical-labour commissions of the Tashkent city and districts. An overview of the interviews is attached in Annex 2.

Unfortunately no meetings in person were possible with the former MLSPP, DPOs and university professors. Questions were drafted, translated into Russian and sent by email to the counterparts concerned.

The sources for present evaluation (both in terms of written evidence and in terms of interviewees) were consequently *rather limited to those that were most directly involved with the project implementation* itself. They represented however a fair basis for the analysis and evaluation of the project results, especially at project output level.

The project implementation documentation, which was made available during the evaluation, consisted of the AWP, the annual and final Reviews and the original Risk Log, which was rather concise in the PD. In terms of resource allocation the information on the costs and on the spending was made available, but there was few information on how resources were planned per activity during the implementation. Measuring the efficiency of individual results, outputs and activities is consequently difficult.

Important furthermore in this regard is that the original RFF contained primarily baselines and indicators that concerned project outputs and deliverables: “the availability of the functional review of the MLSPP”, “draft of legislative acts and by-laws”, “availability of regulatory documents on social services introducing case management” and “the introduction of training programmes” are output indicators measuring whether the project has actually delivered or measuring the difference between a pre-project situation in which these outputs were not existing and the situation upon project completion. The indicators furthermore concerned for the most part the production of some sort of written materials or documents such as legislation and regulations, course programmes or functional review documents. Few indicators concerned the actual implementation and follow-up actions of these document production cycles, measuring the sustainability and longer term effects of the delivered outputs and results.

Few indicators in the RRF allow for a more in-depth evaluation on project outcomes, measuring for instance the number of improved practices in social services provision, trained personnel, number of wheelchairs produced in line with the standards adopted, etc. The few indicators that go beyond the mere output level use baselines that refer to the pre-project situation at output level and have no broader connection with data related to the wider context or sector.

The previous reveal some of the weaknesses and challenges in both the project context and at project design level. There are *currently only very limited data on social services available, data are fragmented and their collection is spread among different national organisations with no systematic collection, exchange and analysis*. The data available concern primarily quantitative data on administration related matters such as the number of staff in the public structures (including institutions) and the financial data on costs but not on the types of services provided and the quality thereof and on the service users especially when non institution based services and non governmental services are concerned.

The progressive development of systemic data collection and analysis on social services and service users remains undoubtedly a key priority for the policy makers.

# Findings

## General operational context

The Project benefited from a ***strong leadership of the Project Partner*** during the first stages of the Implementation Period. Work towards the ambitious goals - like the functional review of the MLSPP and preparation for a new law on social services – advanced well in the initial stages of the project and MLSPP leadership and staff as well as other Uzbek stakeholders including DPO were strongly involved in the project activities.

The Presidential Decision to have 2015 as the ***Year of attention and Care for the Senior generation*** put the specific vulnerable groups targeted by the Project at the centre of public attention and national policy making. The 2015 State Programme on the Year of the Elderly coincided with the first year of the Project implementation and offered great opportunities to jointly advance on the cause of the lonely elderly en PwD. The project’s interventions were neatly embedded into the national priorities and the project directly contributed to the design and scope of the State Programme and the related Decree #237 of the Cabinet of Ministers. This *interconnectedness between the national policy priorities and the UNDP project* undoubtedly contributed to the initial successful progress of the Project and the ultimate achievement of the project results.

The project’s implementation was however deeply affected by ***unexpected developments*** outside of the immediate control of the Project’s Partner and Project Implementation Team. Some of these developments strongly interfered with the project operations and potentially undermined the (timely) achievement of the main project results. Whereas ultimately the Project seems to have handled the risks of failure rather adequately, *new risks* have occurred since the completion of the project following a series of decisions related to the administrative restructuring of the social protection sector.

The Presidential Decision in early 2016 *to* ***transfer the social protection responsibilities from the MLSPP to the MoH*** strongly interfered with the Project operations. The at that time already *completed vertical functional review* of the MLSPP and related set of recommendations (with a strong focus on the delivery of social assistance and social services policies) lost a great deal of its immediate value and relevance as the policy responsibilities concerned with social assistance and social services were allocated to another line Ministry with already wide public policy responsibilities in the health care domain. The MoH became unexpectedly responsible for a new policy domain without having the in-house social protection expertise or capacities. The transfer in itself seems to have been implemented in a rather top-down directive manner with *limited preparation* and attention for the accompanying process. The transfer of responsibilities also had implications for the *social assistance personnel* at central and more local level as they needed to be transferred to the newly appointed Ministry and it substructures at regional and district level. At a more operational level of the Project, the MoH had to be brought on board as a new Project Partner in the middle of the implementation period, a process that – logically- required substantial time. The change implied substantial *administrative challenges* at the project operational level (office, approval letters, transfer of equipment, signing tri-partite Action Plans, inclusion of a new national partner, etc.), created a delay in the project implementation and affected the implementation of some intended activities (such as the national rolling out of training initiatives). Finally, the transfer seems also to have already directly impacted on the *sustainability of the some of the project results* that were achieved unless corrective steps are taken in the immediate future to reverse the possible negative outcome.

Since late 2016, some ***new external factors and developments*** have occurred which may have repercussions for the longer term results of the project, such as the subsequent changes of the minister’s position at the MoH. New administrative reform decisions have been taken in the social protection field. The VTEK will remain in place but it is likely that they will be transferred from the MoF (Pension Fund) to the MoH in spring 2017. Some of the monitoring responsibilities that were entrusted to the Pension Fund are now being re-allocated back to the MoL and the Centres for Support to Employment in the districts.

These most recent developments are likely to further *affect the institutional memory and ownership of the project results* like for instance the work on the methodology for needs assessment and individual social service plans for persons in vulnerable situations, the development of the standards for home care services and the methodology of the IRP which was directly aimed at the VTEK’s daily practices, unless determined action is taken to prevent the risks from actually materializing.

The ***newly introduced social protection administrative set-up*** appears in general terms to have strengthened the *medical approach* towards ‘social services’ with the MoH in charge and health professionals in lead. The Medical-Social Inspection and the Medical-labour commissions (VTEK) entrusted with disability certification are now being incorporated under the MoH’s mandate and the public (social – home care) services are moved to the Health structures at district level. “Social Protection” has disappeared from the central Ministries’ names and is now at least administratively conceived as part of the Health portfolio.

There is furthermore strong indication that the ***concept of social services in itself has been narrowed significantly*** *at least in as far as the administrative organization is concerned*. The latest MoH’s organization chart at central level seems to include only home care services for lonely elderly and PwD, and is demarcating its responsibility only to a specific (relatively small) target group and to some specific services for this target group. The question raises now on who at central policy making level is responsible for social protection policies for the wider group of elderly and PwD, for families and children and for all other persons who are in a vulnerable situation. In other words, a gap in public social policy coverage at central level seems to have occurred.

These recent developments seem to underpin the urgent ***need for an intensive reflection on the development of an Uzbek national vision regarding an integrated social protection system*** in line with the social protection floor approach detailing thereby the minimum level of basic income and access to basic public (social-health-education-employment and other) services across the life span for every citizen in the country.

## The project as part of the Programming Cycle

### Project Preparation, Programming and Planning

There is good evidence that the development intervention was ***carefully prepared and planned*** in due consultation with the other UN agencies and with the main governmental and non governmental stakeholders in Uzbekistan. In general terms, the PD is well embedded into the wider UNDP strategic plans and the 2010-2015 UNDAF in spite of its particular focus on specific target groups and on specific social services. The 5-year UNDAFs themselves are the result of a consultative process between the UN and the Government of Uzbekistan in order to maximally align UN donor assistance with the national priorities and needs. UNDAF provides a common operational framework for development activities and is complemented by the individual UN Agencies programming documents. UNDAF is signed off by the representative from the government of Uzbekistan and by the different UN Agencies.

Some ***general observations*** can be made in what regards the result chain and the linkages between the Intervention logic of the Project and its contributions to the wider objectives of the strategic planning at UNDP and UN level. They are not meant to be all embracing and are based on the desk review of the available documents.

The PD key results aimed to contribute to the CPAP 2010-2015 Outcome 1.1 “capacity of the central and local authorities enhanced to develop and implement economic and social security policies aimed at welfare improvement of vulnerable groups”[[10]](#footnote-10). Noteworthy in this regard is that the Project primarily focused on enhancing the capacities of *the central authorities* and that the intended results and activities were not directly aimed at reaching out to the lower levels of government. The project had consequently *a strong top-down approach* aiming more at the national policy making level than at the local level of the districts, cities and communities (where social services are usually provided).

The CPAP Outcome 1.1 in its turn aimed to contribute to one of the 4 principle Outcomes of the UNDAF 2010-2015: Outcome 2 on Social services is targeting enhanced access to and utilization of relevant and quality basic (essential) social services. The UNDAF explicitly refers in this ‘social services’ perspective to education and health care services, to malnutrition in childhood and inadequate nutrition in adulthood, tobacco and alcohol abuse, HIV, and to the situation of children with disabilities, children deprived of parental care and children in conflict with the law as areas for the development of social services, pointing thereby at the need to enhance family support services. Not specifically mentioned in the PD is that the CPAP Outcome 1.1 also contributed to UNDAF Outcome 1 concerned with the improved economic well-being of vulnerable groups through Output 1.1.4: central and local authorities’ capacities enhanced to address the rights and the needs of vulnerable groups through targeted social security policies.

The project primarily aimed at institutional reform of the central level with the ultimate aim to improve the social service delivery and more specifically the home care services provided at the residence of lonely elderly and persons with disabilities. *Its selected target groups, “(lonely) elderly and adult persons with disabilities” were not as such explicitly aimed at in the UNDAF 2010-2015*. This appears however to be an unfortunate omission in the 2010-2015 programming cycle. Persons with disabilities and elderly, especially those in most vulnerable situations like isolated individuals, persons with intellectual and mental disabilities, especially in more rural areas were at the beginning of the programming cycle undoubtedly among the most vulnerable and in need of adequate and quality basic social services.

The current UNDAF 2016-2020[[11]](#footnote-11) explicitly mentions the elderly and adult persons with disabilities (next to families and children) as vulnerable groups and as the prime target groups for more targeted social allowances and pensions on the one hand and for improved social services on the other hand. The current UNDAF promulgates consequently a more structured and comprehensive approach that is based on the social protection floor approach of ILO Convention 202. Social Protection ensures (1) a basic income for those out of work and for those who are confronted with external shocks and (2) access to a set of essential basic services across all stages of the life course. Social services for mothers/families and infants/young children/youngsters (with special focus to the disability strand, children left without parental care and children in conflict with the law) to adult persons with disabilities and to the elderly appear are to be addressed when gradually developing a comprehensive social protection system.

The PD is on the other hand closely connected with the UNDP Strategic Plan for 2014-2017 and more in particular with Outcome 3 on the “strengthening of institutions to progressively deliver universal access to basic public services” and its Output 3.2 “ functions, financing and capacities of subnational level institutions enabled to deliver improved basic services and respond to the priorities voiced by the public”. Also in this respect one can observe that the Intervention was primarily oriented to the functions, financing and capacities of the central agencies as opposed to the sub-national institutions mentioned in the Strategic Plan.

The minutes of the Local Project Appraisal Committee meeting of August 2014 – in which several government representatives as well as civil society participated- reveal a clear *interest in and awareness on the existing challenges of the lonely elderly and persons with disabilities* and point at various areas of intervention. They confirm a *strong commitment* from the side of the MLSPP and other stakeholders to bring about change through the projected Intervention. The minutes also confirm that the Advisory Council on Disability and DPOs were actively involved into the project preparations and that their proposals were properly reflected into the Project Document. Noteworthy here however is that most of the issues raised during the Appraisal Committee’s meeting concerned very operational needs (standards for wheelchairs, provision of food packages, social work curriculum, palliative care services, etc.) and not the more structural and far-reaching changes the project intended to tackle such as the institutional reform, vertical functional review and and legislative changes. *National stakeholders expressed their needs for very tangible results and outputs as closely as possible connected with the daily practices in the social service provision for the elderly and PwD*.

The development cooperation was the third UNDP-MLSPP consecutive project and was preceded by the 2008-2011 ACCESS project an promoting accessibility, civic consciousness, employment and social support for PwD and the 2011-2014 IESP (Inclusive Employment and Social Partnership Project). The two previous projects were more focused on the employment (integration) strand for PwD and less so on public social care services. They included the development of annual employment programme methodologies, the development of work integration social enterprises, the development of an information system on employment and NGO based social services including the piloting of home care services with case management methodologies and contained larger awareness raising actions.

Without entering into a larger scale exercise of assessing the performance and success of the continued support throughout the 2008-2016 period in the development of social services for the elderly and PwD, it occurs that each of the consecutive projects had different directions and objectives and were targeting different target groups. Questions raise on the longer-term sustainability of the previous projects’ results and the interconnectedness between the different project programming cycles. The Project under present evaluation aimed to bring about institutional change at the Implementing Partner with whom a long term and successful relationship had already been established, to develop primary and secondary legislation concerned with social services for different vulnerable categories of the population and to design methodologies and instruments with practical relevance for the professionals working in direct contact with the service users. Its focus was more on social care services (home care services which are in Uzbekistan typically provided by public agents to lonely elderly and PwD) and less on employment support services and as a consequence of this choice, the project tended to become in its design more oriented towards (disabled) elderly than to PwD of employment age.

The interconnectedness across the programming cycles ensuring continued support and increased sustainability may be a matter for further consideration when new initiatives are being programmed.

### Project Formulation: Concept and Design

The PD clearly defines the ***ultimate targets groups*** of the development intervention: *lonely elderly and adult PwD*. By focusing on these two categories of persons in vulnerable situations and hence as project beneficiaries (lonely elderly and adult persons with disabilities), the project intervention *clearly demarcated its boundaries* as other groups in vulnerable situations such as f.i. families and children (with disabilities), HIV patients or victims domestic violence were not part of the original project scope.

This approach had definitely major ***advantages*** as many of the envisaged results, activities and outputs are specific for one particular group of vulnerable persons though not necessarily for others (development of standards for certain services, training of professionals, design of individual plans, etc.). Merging the two categories into a joint Project target group also made sense from a conceptual point of view as many types of services are very similar (though not necessarily identical) for the two groups concerned *certainly when it concerns age-related types of disabilities service users are confronted with*.

The project furthermore focused its approach around ***one specific type of existing social services*** *e.g.* home care services for lonely (and lonely living) elderly and PwD. These home care services were, at the time that the Project was designed, provided by the public Centres for Employment and Social Protection[[12]](#footnote-12).

The combined focus on the lonely elderly and PWD on the one hand and on the home care services on the other seems to have served as *the principle reference point for the design of the Results Framework (especially with regard to Result 2)*. Legislation, standard setting, methodological guidance and capacity building that were envisaged were closely connected with the indicated target groups and services.

Whereas this approach undoubtedly strengthened the focus of the Project during the relatively short implementation period, ***some observations*** relating to the project concept and design need some further reflection.

Result 1 concerning the systemic change potentially had a much wider personal and material scope than Result 2[[13]](#footnote-13), which was concerned with the quality of some services and for some defined target groups. The adoption of primary legislation on social services and the conducting of a vertical functional review of the MLSPP under the first project strand automatically touch on the wider role and responsibilities of the MLSPP than only those concerned with (home care) services for lonely elderly and PwD. The *difference in the spectrum between Result 1 and 2* may have been the cause of some of the challenges that have occurred during the project implementation such as those experienced during the development of the Law on social services for elderly, PwD and other vulnerable groups.

The total number of lonely elderly and PwD who are currently served by home care support services is *relatively low* compared to the overall number of elderly and PwD in the country. Reports mention the figure of 17.000 individuals out of whom about 3.000 are lonely elderly or PwD without close relatives. Whereas this focus obviously ensured the delivery of tangible and customized results (such as the standards for home care services, etc), one may not overlook the needs of the vast majority of elderly and adult PwD in the country and the overall absence of social services for the mentioned target groups such as day care centres, rehabilitation services and the like.

Most of the persons who belong to the ultimate target group of the Project are *lonely elderly*. This appears to have slightly shifted the project’s orientation away from adult persons with disabilities who are of employment age. The *focus became more on a certain type of (home) social care services and less on services that bridge the gap with the employment field for PwD such as vocational assessment, rehabilitation, occupational therapy, supported employment schemes* etc. To some extent this was counterbalanced with the project activities concerned with the IRP that were introduced.

When defining its target groups the project appears not to have fully taken into account the *wide range and types of disabilities*. It occurs that physical and sensory disabilities may have been more affected by the Intervention whereas persons with mental and with intellectual disabilities fell in practice outside of the scope of the Project Intervention as it is very unlikely that they belong to the group of persons who are entitled to home care services as defined under the present legislation.

The project design planned for a functional review of one line Ministry, the MLSPP. Conducting a functional review of a central policy making body definitely has its merits. It was the first time such a review was applied in Uzbekistan. If fully desired and owned by the public body it may trigger reflection on its organisational performance and lead to gradual change. One may wonder however whether a functional review of a Ministry is an absolute priority for the development of the social services sector. The MLSPP was at the start of the project the lead agency in social protection policies but several other Ministries and Agencies also did have important responsibilities in the social protection policy domain. The intended review included the analysis of the MLSPP substructures in the districts, hence it was rather a vertical review. However, when social services are concerned the horizontal dimension and co-operation between different agencies operating at the same territorial levels may be of a higher importance than the screening of one individual organization. A review of the functions and responsibilities of the different institutions operating at the mahalla and district levels and analysis of the business processes concerned with the identification of the needs, in-take and assessment of service users, case management and delivery of customized services to the service users, monitoring of the service provision, and existing referral practices appear to be of critical importance for the design and development of a functional social services system. The same applies to the higher levels of government including at central level where different ministries and agencies have roles and responsibilities in the social protection domain.

The introductory chapter of present report describes the envisaged results of the Intervention as mentioned in the original RRF of the PD.

A closer examination of these results reveal some substantial differences in terms of their respective scope, potential for achievement, level of complexity, required inputs, time frame and related risk management.

1. to address the thematic area of social services for some specific targets groups through *(the preparation for) an institutional reform at central level* and through *a legislative reform of the primary and secondary legislation concerned with the social services for these specific target groups*.
2. to intervene in the operational dimension of the social service provision by *developing standards for some specific social services*, by *introducing new concepts in the social service delivery such as case management, gate-keeping and user satisfaction feed back mechanisms* and by *promoting the information systems* concerned with providers and end-users of the social services.
3. to set new educational standards concerned with social work, to introduce customised in-service training in the MLSP and an adjusted BA/MA curriculum at the university while at the same time to implement specific capacity building activities.
4. To develop new social partnerships.

Group (1) concerns primarily *systematic change* and require a vision on the future overall social protection policies including administrative organization at all levels of government. The achievement requires a very strong engagement from several national decision makers and public bodies and a strong leadership to actually enforce the vision. An institutional and legislative reform is typically a top-down process, complex undertaking, time consuming and very demanding for those that are affected while it easily triggers opposition from different sides. Identified risks can have a severe impact on the project should they materialize.

Group (2) concerns the social services *operations and modes of functioning*. It also concerns some system changes as it touches on the roles/responsibilities and ways of co-operation of all organisations involved in the financing/provision/monitoring of social services. Changes however are primarily affecting practices and hence primarily the (social work and other) professionals who are active in the social services provision. Altering business practices and ways of inter-institutional co-operation is also time consuming and requires an open mindset of the decision makers and willingness of professionals to enter into the changing of practices one usually has been applying for long. Ideally the process of change is more bottom-up drawing from the experience of the practitioners. The risks are of a lesser weight than those related to Group (1) and they usually can be mitigated for.

Group (3) concern *capacity building, education and training* of present and future professionals and aim at a greater degree of institutionalised education at the established education institutions and formalised continuous in service training inside the public administration. Introducing new educational standards and BA/MA curricula are time consuming operations and the effectiveness at outcome level becomes established only upon graduation of the first group of students some years later. In service and on-the-job training curricula are more easy to design but are depending on the willingness of the public administration to formalize them and put them into effect.

Group (4) concern the co-operation between public bodies and non-governmental organisations in the area of social services provision and monitoring, an exercise that is complex in all countries over the world as it presupposes a vision on the roles and responsibilities of public and non governmental agencies in the financing and the provision of the services, methodologies for the commissioning of social services, licensing of providers, functional monitoring and evaluation systems, etc.

The PD in its original version put strong emphasis on the ambitious systemic change targets (Group 1). These project’s results and outputs were very ambitious for a two year’s project implementation time and the risks relatively high. The focus on one main Partner increased the risks substantially as became apparent when the decision was made to transfer the social protection portfolio to another central Ministry. The project design tried however to *strike some balance between the more fundamental systemic change* (Group 1 - Result 1) and *the more practice oriented results* (Group 2 and 3 - Result 2). The combined approach to focus on both systemic and operational change proved to be *an effective approach* in view of delivering results. They are by nature very complementary and mutually reinforcing and in this particular project’s context it was the best safeguard for ultimate success. The practice oriented results, which focused primarily on the development of methodologies, tools and instruments concerned with the daily practices of the public social services for lonely elderly and PwD, were definitely of greater success than the systemic change activities which were originally envisaged by the PD.

### Project Implementation and Monitoring Arrangements

The PD described in detail the roles and responsibilities of all Partners and the Project team in the management and monitoring arrangements. The main Implementing Partner was the MLSSP but different other stakeholders were identified as members of the Project Board. Project assurance was delegated to the GGU and RMU of UNDP whereas the UNDP Country office was entrusted with supporting services.

Reporting requirements were established with quarterly assessment and progress reporting, Issue and Risk Logs, Lesson-learned Log and a Monitoring Schedule Plan. AWP production and Annual Review cycles complemented the monitoring arrangements.

The Project’s core team as proposed in the PD consisted of three persons including a Project Manager, a Social Protection Specialist and an Administrative Assistant.

## 5.3 Project Outputs and Outcomes

### 5.3.1 Management of the social service delivery for lonely elderly and PwD

#### Result 1.1.1, 1.1.2 and 1.1.4: Vertical Functional Review with recommendations on structural changes and a draft legislative act[[14]](#footnote-14)

The Functional Review of the MLSPP was initiated in 2014 as one of the first project activities. The Functional Review concerned the Central Ministry and its affiliated central agencies, regional (de-concentrated) and local structures. Some of the public bodies that were included into the scope of the Review are providing public social services to beneficiaries such as the Republican and Regional Rehabilitation Centres for PwD (1 + 10), “Muruvvat” and “Sahovat” houses for persons with disabilities and elderly (31 centres) and Local Rayon Centres for Support to Employment and Social protection (193)[[15]](#footnote-15). The FR concerned the Employment, Labour and Social Protection dimensions (functions) of the MLSPP[[16]](#footnote-16).

A detailed FR methodology was developed which included structured questionnaires for the interviews and overview tables for the mapping of the functions. A Working Group was established, all relevant legal and administrative regulations were reviewed and more than 50 interviews with staff from central and territorial level were held.

The Inception Report[[17]](#footnote-17) late 2014 pointed at one of the key limitations the review was confronted with: the *absence of a vision on a national policy framework and public governance system concerned with social protection and social services*. In other words the Inception Report confirmed what generally is considered the absolute number 1 - key challenge of the social protection sector in Uzbekistan.

The Final report on the Vertical Functional Review of the MLSPP was produced mid 2015. The Report is very detailed and to the point. It contains alternative options for the functional organizational set-up of the MLSPP with proposals for general change (such as the drastic reduction and simplification of regulations) as well as proposals for adjustments of the current portfolio (in areas of social protection, labour and employment), the structures/departments, individual tasks and staff numbers. The Report contains in total more than 50 specific recommendations for consideration by the MLSPP leadership. A model for an Action Plan was also included.

*The Vertical Review of the MLSPP was the first of its kind in Uzbekistan and therefor in its own a unique undertaking in the public administration. The work, including methodology and deliverables, were timely produced, very detailed and of high quality not in the least because of the participatory way in which the process was run with clear involvement of the main partner and staff from all levels of the organization. However, as was already commented on previously in the chapter concerned with the Project Design, questions may be raised as to the priority of the result in the wider context of the social protection and social services sector needs for change and interventions and as to the fact that only one line Ministry (though being the lead in social protection at the project’s start) was included into the functional review.*

The Final report presented the findings of the MLSPP Review and made some clear recommendations for follow up actions (in the social protection domain)**: “***Overall, the whole mandate of the MLSPP in the social protection field is loosely defined and scattered across the system of the MLSPP. In general, social protection includes all functional categories (from policy making to service delivery) and involves all territorial levels. In essence, there is a need for major reshuffling of the whole portfolio on social protection – top to bottom – which should include, as a minimum the following 8 recommendations*:

1. Introduction of quality management in social protection: quality standards, with development of quality management (including control and oversight).
2. Focus on target groups most in need of social assistance (including creation and enforcement of clear criteria for selection).
3. Make a major shift from mere material and financial support to development policies and programmes for those most in need of social assistance, including investment into development of the profession of social workers, and into research on social and vocational rehabilitation and occupational therapy.
4. Introduce personalized development programmes and counselling support for the main target groups in social protection.
5. Organize major retraining of existing staff, and in the case of “social workers” their replacement with professionals.
6. Introduce mechanisms by which social support will be increasingly provided by communities and society at large, as well as developing a legal framework (with standards and oversight mechanisms) for delivery of social assistance by private sector (e.g. private homes for elderly)
7. Increase of the capacity of MLSPP to identify the needs and opportunities, and promote mainstreaming of social protection in policy areas and portfolios of other ministries and institutions (first and foremost, improving the link between employment support and social protection within MLSPP).
8. Improve of the performance management of social care institutions – and introduction of multi-sectoral approach (in particular with regard to health sector) in those institutions.”

The completed vertical functional review has not resulted in the envisaged development of legislation accompanying the structural reform of the MLSPP as an unexpected external factor interfered.

The Presidential Decision to transfer *the social protection/assistance policy domain to the MoH reduced the MLSPP policy mandate and scope to employment and labour.* The MoH became responsible for social assistance but became Project Partner only after the completion of the Vertical Review of the MLSPP. The *MoH was consequently not involved in the preparatory work and proceedings of the Review*, an essential condition to ensure full ownership and subsequent action. At local level the CSESP were transformed into CSE exclusively focusing on support to employment services, whereas Units of Social Protection were set up in the District Health Departments. The CSESP Social protection personnel were transferred to these new units under the Health Strand though this process reportedly implied a 5% overall staff reduction[[18]](#footnote-18). In spring 2017 the CSE received however a new responsibility concerned with the monitoring of the cash benefits for the poor families, which previously was entrusted to the Pension Fund under the MoF.

The restructuring had serious repercussions on the administrative organization of social protection and in particular on social services. Social Protection staff at central and at local level were moved and their departments included into the Ministry of Health structures. The restructuring does not seem to have ended as in the beginning of 2017, the VTEK were subordinated to the MoH whereas the responsibility for monitoring the cash benefits for poorer families has now been entrusted to the CSE.

The administrative restructuring seems at first sight to have reduced the usability of the Vertical Functional Review for the MLSP at least in what regards the social protection recommendations (as opposed to the more general and those concerned with labour and employment). *However, most of the recommendations on social protection still stand and are to be seriously considered by the new Ministry in charge, the MoH, for further consideration and implementation. Also, the set of recommendations of a more general nature and those that concern Employment and Labour, information systems and organizational performance are still of direct relevance to the MoL and should also be given consideration for implementation.* The *methodology for the vertical functional review* that was developed under the Project can furthermore *serve as a model* for reviewing the functions and responsibilities of other line ministries and related public agents in the future.

**Vertical Functional Review**

In summary, the Project achieved its original target in a timely manner and with active participation of the original Project Partner and its staff. The methodology applied and the deliverables produced are of good quality. Due to external circumstances beyond the control of the Project Team and original Project Partner the sustainability and impact of the results are however under serious threat. This may turn the invested effort into a failure. The latter can be prevented only if due consideration is given by both the MoL and MoH to the set of recommendations which have been formulated and action is taken to analyse and eventually internalize and regulate the proposed changes into the daily administrative organization and practices. The follow-up actions are recommended to be implemented in the following quarter as the institutional memory on the project results is likely to fade away as time evolves.

At the same time, the methodology and instruments for the functional review are an ideal basis for replicating the exercise in other public organisations. In particular one could consider to apply the methodology on the MoH and its substructures and/or on the different organisations which are involved in the social service delivery at district level.

However, the previous needs to be carefully weighted in a more global perspective and prioritization of the most urgent needs that would need to be addressed when developing the social protection and social services system into a more integrated and comprehensive national system with due access to the basic cash benefits and needs for persons in vulnerable situations. A horizontal functional review at central and at district level examining the mutual roles and responsibilities of all agencies involved in social (including health, education and employment) services and the business process architecture concerned with the needs identification and subsequent responses appear to be of higher priority than a focus on one single Agency or Ministry.

#### Result 1.1.3: Policy briefs and papers on social protection/social work/employment of vulnerable groups prepared[[19]](#footnote-19)

The Final Project Review Report mentions that two main publications were produced in the course of 2016 under the Project: “The status and prospects of government support to NGOs that provide social services” and “the role of social enterprises in employment and social protection of the populations”. Both subjects have some indirect relevance for the Intervention and questions raise as to their immediate relevance for achieving the results that have been set. The publications themselves refer to another joint UNDP-Ministry of Labour project entitled “inclusive employment and social partnership” which was the predecessor of the present Intervention under evaluation.

The 2016 policy paper “On government support to NGOs that provide social services” presents an analysis of the current system through which NGOs receive state financial support to provide social services. The current system is directly managed by the Parliament (Oliy Majlis) through the Public Fund for support of NGOs and other civil society organisations. The latter Fund allocated grants and subsidies to about 1.200 “socially oriented” NGOs and organises “state social contracting to an estimated number of NGOs that provide social services[[20]](#footnote-20). The analysis reveals further that almost al NGOS that provide social services received state financial support through the state grants and hence through participation in public grant competitions. Clear recommendations are made in view of improving the system and promoting NGO social provision through the grant scheme : (1) organization of separate annual grant competitions to support NGOs’ social service provision, (2) increase of the minimum grant amount, (3) increase the number of projects/social services and (4) introduce case management and step up efforts to monitor the effectiveness of the grants. The study furthermore recommends to improve the legislation and practices concerned with the state contracting[[21]](#footnote-21).

A second 2016 policy paper is analyzing the situation and role of social enterprises in employment and social protection of vulnerable groups and provides a detailed state of affairs regarding the types of ‘social enterprises and organisations’, the challenges related to their financial stability and estimates on the employment of vulnerable groups in the social enterprises. The paper discusses several ways to increase the number of social enterprises and makes clear recommendations such as the expansion of the list of enterprises that can get the tax credit when employing in its affiliated enterprises at least 50 PwD among its staff (now only granted to public associations of PwD), the introduction of other tax incentives when companies employ vulnerable categories, the extension of the list of vulnerable categories and include other groups then only PwD when tax incentives are given to companies, the introduction of a new legal personality “social co-operative” and tax exemption measures for NGOs who deliver specific social services to vulnerable groups.

The Project furthermore conducted on a direct request from the MLSPP a research and survey of about 560 small and micro enterprises, farmers and individual entrepreneurs on issues of non-formal employment and taxation in the Djizak Region. The research was conducted in collaboration with the MLSPP, the State Tax Committee, the Pension Fund and the Sate Statistics Committee.

The result in itself had only very indirect relevance for the project undertaking as it was primarily concerned with the taxation or contribution basis for the insurance-based pension system. The latter is increasingly under high pressure as many potential participants are currently out of its coverage and the system is at present primarily functioning on the participation of those in formal employment with a large proportion of civil servants. Surveying micro enterprises, self-employed and those in informal employment is definitely an important research activity the results of which can be used for further policy making and decisions regarding the financing of the pension system but one may wonder whether it fitted properly with the objectives of the project which was more oriented to social services delivery processes and not to cash social protection benefits. On the other hand, by contributing the Project responded on a direct request from the central agencies in charge of social protection, demonstrating its flexible approach in addressing immediate policy requests.

**Policy papers – social contracting – social enterprises**

Whereas the themes covered by the policy papers and research activities developed under the Project were not entirely or directly connected with the principal results that were envisaged, they are relevant in view of developing the social services sector in Uzbekistan. Their content is very informative and the analysis presented is to the point. The recommendations are concrete and useful for the policy makers in the social services domain and should be give due consideration.

#### Results 1.2.1 and 1.2.3: Legislative (and policy) framework concerning social protection improved[[22]](#footnote-22)

A considerable part of the project resources and efforts have been allocated to the analysis of the legislative framework concerned with social services in Uzbekistan and to the development of a new primary law on social services. The original PD also referred to the improvement of the social policy framework, on which basis primary and secondary legislation is usually construed.

In what regards the *improvement of the* ***social protection policy framework***, it is doubtful whether the Project has managed to reach out to all social protection sector policy and decision makers in order to align viewpoints and to have a *common vision on the future of the overall social protection system including social services in Uzbekistan*. More so, there is recent circumstantial evidence that there is in fact *no shared understanding among the policy makers about the relevance but also the importance of adequate social protection arrangements for citizens who are in a vulnerable situation at some point across their life span*. This applies to the system of the cash benefits and allowances and their interconnectedness but even more so to public social services. Basic social services are often not available in the communities and the services are administration-oriented with little attention to prevention. The available social services are often institution-based solutions serving primarily the ‘traditional’ categories of service users with emphasis on more passive interventions and characterized by a prominent medical approach. The provision of the services is furthermore fragmented between different public administration bodies and providers operating in the districts without adequate exchanges and co-operation. Recent developments seem to further push social protection of the national policy priority agenda as the new 2017-2021 national development strategy barely mentions the sector and ‘social protection’ is no longer included into the name of any Ministry. The ongoing reshuffling of social protection responsibilities between different Ministries at central level but also within the territories has pushed social protection back into the medical sphere. As a consequence social protection and social services are likely to become subject to approaches by health professionals only and its multidimensional character and linkages with the social, education and labour market sectors may become reduced.

In spite of the above mentioned overall policy context which was specifically relevant for the later stages of the project and still is at the moment of writing present report in spring 2017, the Project has nevertheless contributed to *very concrete results at policy making level* by means of its support to the 2015 State Programme “Year of Attention and Care for the senior Generation” which was funded by substantial financial resources from the government[[23]](#footnote-23).

1. Draft law on social services for elderly people, persons with disabilities and other vulnerable groups of the population (art. 2)
2. Introduction of individual programmes for social services for elderly people (art. 8)
3. Introduction of *benefits for transportation* (art. 13)
4. Improving the quality and quantity of the *food parcels* provided to elderly and persons with disabilities living alone (art. 14)
5. Introduction of state grants for NGO based social services for elderly people (art. 21)
6. Widening of the categories of people eligible for *free-of-charge rehabilitation equipment* (art. 26)
7. Introduction of a hospice system (art. 32)

Each of the 7 direct contributions from the Project to the 2015 State Programme had a particular direct or indirect relevance for the ultimate target groups (lonely elderly and persons with disabilities) of the Project. Contributions (3), (4), (6) and (7) concerned in kind benefits or services directly provided to the beneficiaries, whereas (1), (2) and (5) indirectly benefited the targets groups as they concerned the legislation framework, the methodologies applied in social work practices and the financing of social services provision.

**Social protection policy framework improved**

In summary, there is sufficient evidence to state that the social protection policy framework has not been improved over the past three years. An administrative reform was initiated about a year ago with far reaching changes in policy and operational responsibilities at central and local level respectively affecting thereby the already unclear governance system in social protection and social services. There is some clear indication that social protection and social services are more and more conceived from a (public) health (care) perspective and that social services are constrained to the very few services that were already in place: home care services for lonely elderly and PwD, medical disability certification services, medical rehabilitation services for persons with physical disabilities, residential care for persons (including children) with severe physical and intellectual disabilities and for children without parental care. The development of a national holistic vision on social protection and services with a stable and clear governance system at central but also at district level appears more than ever the key objective for the years to come.

The allocation of policy responsibilities to the MoH may on the other hand present itself as a new opportunity especially in what regards the development of family and child support services focusing on mothers, infants and young children and the gradual expansion of its scope to families with youngsters and adult individuals in vulnerable situations. Linkages with the responsibilities in Education and Employment (but also to Justice, social protection cash benefits, etc) would in all cases need to be looked at and incorporated into the governance system. The previous can only work if and when the MoH will take up its leadership and conceive social protection as a priority policy domain.

Work under the Project concerned with ***the legislative framework*** focused first on **primary legislation** and in second instance on some implementing regulations[[24]](#footnote-24). The legal analysis, consultation with all relevant stakeholders and drafting and reviewing of the new law on social services was done in a participatory way ensuring maximum involvement and contributions from the various stakeholders. Different draft versions of the law were produced, allowing for comments and proposals for change by the Project Partners, public administration bodies, NGOs, DPOs and international agencies. The law was finally adopted in October 2016 by the Parliament and signed by the President on 26 December 2016. The law will be in force as of mid 2017.

As in any law making process, the final text of the law is the result of a long process of consultation with various organizations, which each have an interest and are likely to have different views and opinions. The original text of the draft law dates back from late spring 2015 and focused on social services for elderly and adult persons with disabilities and other vulnerable groups including children. The text was very detailed and contained amongst other, definitions of concepts, allocation of responsibilities between the different stakeholders at central, regional and local level and a description of the different methodological stages between the needs assessment and the service provision. During the different rounds of consultations, comments were provided by different organisations including from UNICEF. The adoption process became subject to intensive exchanges about the scope of the of law (general social services for all vulnerable groups as opposed to a law concerned with social services for elderly and persons with disabilities; inter-linkages between the social services and the cash benefit schemes) and its comprehensiveness in terms of covering the social services related to families and children. In subsequent months the law was further adjusted and the text was substantially reduced. Many of the original provisions were removed and important parts did not make it in the adopted final version of the law.

Hereafter some of the main observations regarding the adopted law on social services are listed. They are based on a quick assessment conduced by the author of present report during the in country visit:

* The law does not define the key terms and concepts;
* The law limits the “vulnerable categories” of the population to lonely elderly and elderly living alone, persons with disabilities of category I and II, children without parental care and persons with ‘socially significant’ diseases. It excludes thereby a large part of the population and/or situations of vulnerability from its scope and hence from the scope of social services: elderly persons who are not lonely or living alone, persons with mild disabilities, children in general and children in single parent families, children in conflict with the law, situations of poverty, domestic violence, substance use, homelessness, exploitation and abuse, human trafficking, natural disasters, …
* The law does not define roles nor does it allocate responsibilities to the different vertical public structures at the different levels of government;
* The law does not make responsibilities compulsory for the public authorities but merely defines the general scope of their possible interventions with the exception that the Self governing bodies have to ensure that the Social Support Commissions shall function and are responsible for the needs identification;
* The law remains unclear in terms of the State’s commitment to finance a minimum level of social services (the basic services or social protection floor);
* Some basic social services have not been included such as emergency services and shelters and family and child support services;
* The laws does not define staffing requirements in what regards social service provision nor does it refer to social service professionals such as social workers;

**The law on social services for elderly, people with disabilities and other vulnerable groups of the population**

In summary, the Project achieved – though with some difficulty – its target to draft and present the draft law on social services for elderly, persons with disabilities and other vulnerable groups of the population. More so, the law itself was adopted and will become enforced as of mid 2017. In terms of the content and scope of the new law, there are undoubtedly a series of areas for further improvement and fine tuning like the definition of persons in vulnerable situations, the allocation of roles and compulsory responsibilities of the different public bodies and the thematic coverage of social services so as to include family and child support services, services in emergency situations and others. On a more positive note one can say that a legislative framework for social services has now been created as a basis for further development and adjustment. The law does refer to concepts such as needs analysis, the development of individual programmes for services, targeted and customized approaches in service provision, standards of social services and new types of social services such as Day (care) centres and has already ingredients for transposing the legal framework into practice. As of 26 June 2017, the law enters into force and as of then the scene has been prepared for an effective implementation in the administrative practices.

#### Result 1.2.2 : Annual conferences on social protection and social services organised

The original PD planned to have annual conferences on social protection and social services with a view to stimulate policy debate in the country. It occurs from the evaluation that the original intention to organize such conferences were abandoned and that instead meetings were implemented within the scope of some project activities such as the national seminars for the VTEK professionals organized in the project activities concerned with the Guidebook for the development of IRPs for PwD.

Whereas the organization of national workshops and trainings for social protection staff has particular relevance in view of creating ownership and ensure effective implementation of the new regulations and methodologies that have been designed with the support of the project, more regional or international conferences equally have their benefits especially when national social policies and the development of social protection systems are concerned. The latter can promote the exchange of experiences between comparable social protection systems or introduce new concepts and practices. The organization of conferences and workshops with foreign and international expertise can also assist in the introduction of new social protection/social services concepts and methodologies and raise awareness among policy makers in Uzbekistan on new international trends, practices, models and instruments in areas where such expertise is not available in the country: ICF, vocational assessment methodologies and instruments, vocational rehabilitation, specialized retraining programmes for PwD, Community Based Rehabilitation (CBR), models of basic services for PwD including concepts of independent living, personal assistants, occupational therapy methodologies, sheltered and supported employment schemes, social protection floors, etc.

#### Result 1.3 : Unified Information System introduced

The PD indicates in detail the envisaged work aimed at the development, the testing and the piloting of a Unified Information System (UIS) containing a Registry of Beneficiaries and a database on the social service providers and social services provided to the registered service-users. The PD furthermore required the Information System to become integrated with the already existing databases under the Labour and Health strands of the MoL and MoH respectively. The PD in its descriptive part[[25]](#footnote-25) is however not entirely clear as to whether the IS development concerned only services for lonely elderly and PwD or all types of social services[[26]](#footnote-26).

The evaluation interviews revealed that the project work on the UIS encountered some challenges mainly caused by the administrative restructuring and transfer of social protection responsibilities to the MoH in the middle of the project. This implied that the entire concept of the UIS had to be revisited and adapted in order to become more aligned with the existing databases and information system at the MoH. Available reports furthermore mention that the MoH decided to develop the IS with own resources.

With the assistance from specialized consultants the Project developed two Terms of Reference and technical specifications: ToR for an electronic Register for lonely elderly and PwD who receive social services and the ToR for a wider Inter-Agency information system. Both sets of documents, which are very detailed, were submitted to the MoH for further consideration.

However, during the April evaluation country visit, it occurred that no further steps were undertaken yet by the MoH with regard to the development of the electronic Register for lonely elderly and PwD and the Unified Information System. It remains unclear whether and how the need for adequate data collection on social services and service users will be addressed in the future.

At the request of the MoH a ‘software application’ for the monitoring of management indicators of the Muruvvat and Sahovat residential care institutions was developed and installed at the Social Assistance department of the MoH[[27]](#footnote-27).[[28]](#footnote-28) The development and installation of a first centralised database concerned with the large residential care institutions is a first step and can serve as a starting point for the continuous development and improvement of an information system on social services.

***Unified Information System***

In summary, one of the key results that was envisaged by the Project concerned the further development of data collection systems focused on social services and service users for the specific target group of lonely elderly and PwD with linkages to the existing databases at the MLSPP. Whereas the result in itself appeared to be very ambitious from the onset in terms of its scope, complexity and time for implementation, its achievement was hypothecated by the decision to transfer social protection policies to the MoH in the beginning of 2016. The latter administrative restructuring implied that the UIS activities had to be downsized as there was no realistic chance any longer to develop and implement a functional Register or unified information system in the time that was left. Instead the project developed two separate technical specifications. On direct request from the MoH a small scale database was developed and installed concerned with the management data of the Muruvvat and Sahovat residential homes. This can constitute a first step in the regular collection of data on public residential care services for children and adults with disabilities and needs effective implementation and continuous improvement.

The development of adequate databases and information systems concerned with social services remains an area that should deserve high priority by social policy makers and the public administration in charge of social protection administration tasks.

### 5.3.2 Improved quality of social services for lonely elderly and PwD

#### Result 2.1: Regulatory documents concerning social services developed with introduction of case-management and gate-keeping mechanisms

**Result 2.1.1: Standards for home care services for lonely eldery and PwD**

The project actively worked on the development of *standards for home care services for lonely elderly and PwD*. The preparatory work involved stakeholders including DPOs. The set of 19 standards were tested in Tashkent city and Tashkent Region. The standards allocate responsibilities to the different public bodies and detail the indicators for measurement. The standards furthermore pay due attention to the rights of the service users and include feed back mechanisms. Some 59 staff members of the departments of medical-social assistance from the Tashkent city and Tashkent region participated in training activities implemented by the Project.

The draft document with the standards was submitted to the MoH but at the time of writing present report they were not yet formally adopted. During the evaluation mission in April 2017, representatives from the MOH however confirmed that the standards are likely to become adopted before summer 2017.

The methodology applied for the development of the standards and the approach regarding the standards themselves are of good quality. Attention is paid to the process of service delivery including to the involvement of the service users in feedback and review mechanisms. A first group of professionals has received training in the methodology and in the contents and scope of the quality standards. In other words the basis has been laid for follow-up action: formal adoption of the standards and the related internal communication and dissemination, roll-out in the other districts ideally with some training, effective implementation and monitoring on the implementation including periodic reporting. The monitoring when effectively applied can constitute a valuable source for data and information collection on the home care services, the service users and their needs.

The methodology and standards can furthermore serve as a starting point and model for the development and/or improvement of standards for other types of social services: social services that are already in place -like residential care services (Sakhovat, Muruvvat) and medical rehabilitation services- and new social services that would need gradual development in the country: basic family and child support services, day care services for PwD, day care services for elderly, community based rehabilitation, vocational assessment and rehabilitation, centres/shelters for victims of domestic violence, ..

**Standards for home care services for lonely elderly and PwD**

The target in its strict meaning has been achieved and the standards have been developed in a collaborative way paying due attention to the rights and involvement of the service users in the service provision.

However, the standards themselves have not yet been formally adopted by the MoH and are consequently not yet enforced. Only a limited number of professionals (Tashkent district) have received training.

A good basis has been laid but effective implementation, dissemination, monitoring and training is necessary to bring about effective and longer term results. If effectively implemented throughout all districts, regular monitoring can provide the necessary data for further policy development in the area of home care services.

A model for the development of standards for social services is in place and can be used for the other existing and future social services.

**Result 2.1.2: Resolution #237 and the Regulation on the procedure for the provision of social services and social assistance and on the implementation of the Individual Social Services Programme**

The Project was actively involved in the development of the Regulation attached to Decree #237 of the Cabinet of Ministers on “measures to further strengthen targeted social protection and support for the elderly and PwD”, which was adopted on 10 August 2015. The Decree puts several new methodologies and regulations into effect as of the beginning of 2016[[29]](#footnote-29):

* The procedure related to the provision of social assistance and social services to lonely elderly and PwD including the enforcement of the Individual Programme for social services
* Forms and instruments to be used for the individual needs assessment and for he provision of the social services by the Commissions for social support of the mahallas’s and by the Centres for Support to Employment and Social Protection
* List of basic food and hygiene products for single and lonely elderly and PwD
* The procedure for assessing the eligibility of lonely elderly and PwD to basic food and hygiene products free of charge
* Forms and instruments to be used by the Commissions for social support and the Centres for support to employment and social protection

The Decree assigns the MLSPP with the task to create a Single Register for the elderly and the PwD who receive social services and social assistance and to develop appropriate standards for the services and the Ministry of Higher and specialized education with the task to submit proposals for educational programmes in the field of social work for elderly and PwD.

The Regulation on “the procedure for the provision of social services and social assistance to elderly and PWd and on the introduction and implementation of Individual Social Services Programmes” which is annexed to the Decree of the Cabinet, provides at first *a short but well developed list of relevant concepts and definitions* and is from that specific angle of better quality than the current provisions of the law itself.

The Regulation furthermore provides for a *well-balanced description of the types of social services* (for lonely elderly and PwD) and introduces the community based services concept, social care services provided at the home of the elderly, day-care and ‘temporary’ centres and more residential services.

The Regulation makes an Individual Social Service Programme compulsory[[30]](#footnote-30) regarding the service users who are assessed as eligible and attaches the forms that need to be used for the needs assessment and for the ISSP. It describes in detail the case management process including the identification and needs assessment of potential service users, development of individual programmes of social services with reference to the different state support mechanisms. The Regulation allocates clear responsibilities to the different state bodies and local administration units in the organization and provision of assistance and support to the eligible lonely elderly and PwD and is as such a *very well developed* description of the processes and steps that are required when potential service users are (to be) identified, assessed, advised and provided with a concrete response from the public social service providers[[31]](#footnote-31). The Commissions for social support at the Mahalla’s are entrusted with the initial identification of the service users in the communities and preliminary needs assessment upon which a joint action with the staff from the Centres for employment and social protection support is undertaken. House-to-house visits on a quarterly basis are introduced. The Regulation introduces the ‘Personal List’ or the centralized listing of the lonely elderly and PwD and requires the Centres to regularly provide the collected data and information into the centralised database, which is maintained by the MLSPP. The Personal list is hence the basis for data collection and monitoring of the services.

The assessment and ISSP forms attached in Annex 4 to the Decree are very detailed and encompass a wide range of assessment fields apart from collecting the personal data and information on friends and relatives, such as the assessment of the health status, assessment of the performance of elementary activities of self-help (measured on the Barthel scale concerning the activities of daily living ADL) and performance of more complex actions (Scale of Lawton), the housing conditions, access to social protection measures and the communication and leisure activities of the assessed individuals.

Some observations can be made when assessing the quality of the methodologies and instruments introduced under Decree #237.

The project result concerned with the development of regulations and by laws on new methodologies and practices concerned with case management as materialized in the Decree #237 is undoubtedly *one of the key results that has been achieved by the Project*. *Highly relevant, very effective and efficient and the deliverables themselves are of high quality*. The activities targeted one of the core challenges the social services system has been confronted e.g. the need to conduct needs assessment in the communities and design functional mechanisms of co-operation between the existing structures at local level with precisely described roles and responsibilities and usable instruments for the needs assessment and development of the ISSP.

The transfer of responsibilities to oversee and implement the initiated methodologies from the MLSPP to the MoH however needs immediate attention as there is a risk that the balanced approach and methodologies designed by the Project will become changed into purely medical approaches. The newly established units on social protection inside the health departments at district level need internal communication and training on the developed methodologies for the needs assessment and the ISSP and relationships with the commissions for social support of the Mahalla’s need to be established. Responsibilities regarding the Single Register and the ‘Personal List’ are now being vested with the MoH and need effective implementation.

The description of the business processes architecture for the needs assessment and production of the ISSP as well as the instruments and forms designed under Decree #237 are of good quality and can serve as models for replication when the scope of the social services interventions is widened to a broader group of service users and not only the lonely elderly and PwD. At the moment and based on the Regulation, ISSP are to be completed only for those lonely elderly who, after assessment, are included into the Personal List. In subsequent stages of the development of the social services, one could consider to extend the scope of the ISSP to all elderly and PwD (and not only the lonely single) and also -but with some adjustments- to other categories of vulnerable persons and families.

Annex 3 to the Decree #237 of the Cabinet of Ministers introduces the Regulation on the procedure for the free provision of basic food and hygiene products to single and lonely elderly and PwD. Apart from introducing some basic definitions on the eligibility of the elderly and PwD, the right to chose freely is established. The regulation furthermore describes the co-operation mechanisms between the Mahalla’s, the financial department of the districts, the centre for support to employment and social protection and the food production company or intermediate company and the financial transfer mechanisms between the MoF and the districts. A scheme detailing the roles and responsibilities of the public agencies involved in the food parcel delivery is attached in annex to the Regulation as is also the application form to be sued by the lonely elderly and PwD.

The procedures established for the food parcel provision are clear and the paper forms easy to implement. They are closely connected with the general procedures for the needs assessment and the development of the ISSP.

The Decree #237 in what regards the free food parcel provision had a direct impact for the lives of some 3.000 eligible single lonely elderly and PwD as the food parcel (including hygiene products) was extended from 9 to 15 items, higher quality product requirements were introduced and eligible elderly’s own choice for selection of the content of the food packages was improved.

**Decree #237 and the introduction of new practices in case management, procedures and individual social services programmes**

The target that was set at the beginning of the Project was successfully achieved and the implemented activities and outputs proved to be of high relevance, effective and efficient. The methodologies, business processes, instruments and forms that were developed and formally introduced by the Decree #237 are of high quality and are ready-to-implement into practice.

The administrative restructuring at central level and at district level however may hamper the effective roll out of the new methodologies and instruments in the country and there is a risk that the approach may be turned back into a pure medical model with reduced attention to the functioning of the service users in society. Follow up action is consequently desired in order to ensure effective enforcement including dissemination and training of the staff from the Commissions of social support and the newly established units of social assistance in the Health Departments at district level.

The approach taken by the project as well as the methodologies and instruments (including assessment forms and ISSP) developed can serve as models for replication to the needs assessment and social service provision of a broader category of vulnerable groups. The detailed description of the roles and responsibilities of the local public agents during the different stages of the needs assessment and provision of services is a very good starting point for the development of an integrated social services system at the local level covering all vulnerable categories of the population and a balanced range of different types of social services.

The procedure for the free food parcel provision and the extension of the list of products had a direct impact on the lives of some 3.000 eligible individuals.

#### Result 2.2: New business practices in service planning and case-management are tested and standards for wheelchairs have been developed

**Result 2.2.1: Practices in case management and standards in home care services for lonely elderly and PwD**

As described in previous chapters the Project successfully contributed to the design of Resolution #237 concerned with the targeting of social protection for lonely elderly and PwD (containing the methodologies for case management at local level) and to the development of standards for home care services, the latter however not yet been put into practice pending a decision by the MoH.

The PD under its result 2.2.1 aimed at implementing the developed regulations and standards also into the social services practices. 300 individual needs assessments and individual plans were envisaged for actual implementation under the project in line with the new regulations that were developed with support of the Project. The PD also expected that the service interventions resulting from the needs assessment of the identified lonely elderly and PwD would be monitored and that the service users would have had the opportunity to provide feed back on the services that they had obtained following the needs assessment and the development of the individual plan.

Apart from the reference in the Final Project internal Review Report that “in 2016 some 300 new cases of lonely elderly were opened and Individual Programmes for assistance were started in Tashkent city and region out of whom about 150 were identified eligible for the food parcels” and the available information related to the training activities (see further) no additional evidence was revealed about this particular activity during the evaluation. Assessing whether and how the needs assessments were conducted in practice and whether/how the individual programmes were made was hence not possible. Also not to verify on the effective monitoring and possibility for the service users to give feed back.

Whereas there is no reason to doubt about the information provided into to Final Project Review Report, the importance of this particular result cannot be underestimated when evaluating the overall project’s results because it is proof of a very concrete and tangible result ensuring the direct relevance of the project’s interventions for the daily operational practices and social service delivery and consequently for some selected individual service users. The number of persons who benefited from the project’s activity may be rather moderate with about 300 elderly assessed and 150 identified as qualifying for the food parcel in Tashkent, it is a substantial improvement of the quality of live for each of the persons concerned.

A national roll-out of the needs assessment, development of individual programmes and formulation of social service responses for lonely elderly and PwD should ideally be implemented in the months to come so as to increase the impact of the changes and methodologies initiated by the Project. A periodic monitoring and review mechanism with the accompanying data collection is furthermore to be considered.

As mentioned elsewhere, the actual introduction of the standards relating to home care services into practice is depending on a MoH decision and has not yet started.

**Results 2.2.2: National standards en technical specifications for wheelchairs[[32]](#footnote-32)**

The Project initiated a review of the local practices concerning the manufacturing of wheelchairs. In the absence of a National Standard, the local production of wheelchairs did not meet the needs of the end-users. Wheelchair users, local production companies, representatives of the MoL and MoH and the Uzstandart State Agency were consulted in a preparatory research which lead to the development of the State Standard “technical conditions” which provide for the technical and normative basis for the production, quality control and procurement of wheelchairs with a predefined minimum quality. The project procured some samples of quality wheelchairs and other rehabilitation equipment from abroad, which were used as models for the development of the national standards.

The draft Technical Conditions were reviewed by the Technical Committee of Uzstandart and subsequently submitted to the MoH for approval and adoption. Late December 2016 the MoH formally adopted the standards for wheelchairs.

The methodology for the development of the standards and technical specifications for wheelchair production was of good quality and all relevant stakeholders were involved in the process. The result provided a very concrete response to the expectations of the sector as can be evidenced from the Minutes of the Project Appraisal Committee. It now has to be seen how the standards will be enforced in practice and will bring about effective change for the wheelchair users in Uzbekistan.

The project in addition provided technical assistance to the MLSPP in the procurement of 3.000 wheelchairs, which were provided to wheelchair users.

**Standards for wheelchairs**

The target relating to the development of standards for the manufacturing of wheelchairs was fully achieved by the Project and put into practice through the adoption by the MoH of the administrative regulation introducing the new standards.

Hence the project realized a very tangible result, which potentially can benefit the lives of an estimated number of 7.000 wheelchair[[33]](#footnote-33) users in Uzbekistan.

However, it remains to be seen to what extent the manufacturing companies will effectively apply the standards with a view to produce wheelchairs of higher quality. Further monitoring on the effective implementation of the standards is hence required. If applied effectively the monitoring can gradually also serve as a relevant source for data collection on wheelchairs and on the service users and their needs.

**Result 2.2.3: Additional project interventions in case management practices**

On direct request of the MLSPP, the project intervened in the specific case of 70 homeless families (about 200 individuals) who were residing in temporary residence facilities in the city of Termez without having access to adequate social services. Project consultants developed a customized needs assessment methodology for the homeless families concerned and gathered all local public stakeholders and service providers in order to design and implement individual programmes for social services with allocation of responsibilities to the different local agencies.

**Applying needs assessment and development of individual programmes for social services in practice - Termez city**

Whereas the activity was not originally planned for in the PD and the intervention in terms of its target group was deviating from its original scope, the intervention itself proved to be very successful in many ways. First the project proved its flexibility in responding fast to a request from the main Project Partner and reallocate resources for its implementation. Second, the activity is one of the few very tangible results of the Project, which directly concern the actual social service delivery processes in the local communities and have direct relevance and impact on the lives of vulnerable persons. Thirdly the methodology applied and the results achieved in terms of service responses for the families concerned can be a model for very efficient and low-cost project interventions with maximum impact at local level as it forces local public administration and service providers to co-operate and find solutions for real cases. The approach and methodology applied should be replicated in a wider range of localities and communities.

#### Result 2.3: Training on new standards and regulations for (MLSPP) MoH staff developed and incorporated into requalification courses under (MLSPP) MoH

**Training in case management and social services practices for lonely elderly and PwD**

The Project contributed to the preparation of Resolution #237 and trained about 183 staff of the district and region level from all over the country on the new Regulation. The training paid specific attention to the methodologies for the needs assessment and development of individual programmes for lonely elderly and PwD in need of home care services. The training provided basic knowledge on physiology and psychology of elderly and PwD and trained the participants in the skills to deliver paramedical assistance and first aid and on the assessment of functional capacities and limitations of elderly and PwD. The training also covered areas such as health life style, duties and responsibilities of social workers and the basics of the organisation and management of social services.

The training activity concerned with the case management and the development of individual programmes on social services for lonely elderly and PwD was the largest of the training activities conducted under the project in terms of numbers of participants reached. In terms of its scope and content but also in terms of its direct relevance for the current business practices applied in the sector, the training was one of the best results achieved by the project as it made the work performed at more systemic level (assistance to the adoption of the Resolution and Regulation) directly relevant for the professionals working on a daily basis with the ultimate target groups and service users.

In spite of its success, the overall sustainability and impact of the training need however to be carefully considered. The training was a one-off exercise, introducing the new methodologies and providing basic knowledge transfer and skills development for ultimately a selected number of professionals and not for all staff of the public system. The training was also focused on a specific type of services for ultimately a relative small group of end users.

**Training in methodologies in case management and development of individual programmes of social services for lonely elderly and PwD**

The training delivered was of high relevance and as such it was probably the best result achieved by the project since it completed the policy making cycle from assisting the government in policy advice and the drafting of concrete regulations incorporating new methodologies and business processes in social service delivery to effectively implementing the newly regulated methodologies in daily practice and ensuring that a first group of professionals effectively became acquainted and trained in the new practices.

Due to time and budgetary constraints but also due to the administrative restructuring and related transfer of personnel at central and district level, the training and capacity building was limited in terms of the number of professionals reached. The focus furthermore remained primarily on home care services for lonely elderly and PwD, the original scope set out by the Project.

An extension and continuation of the training programme to reach out to the larger group of professionals involved in service delivery to elderly and PwD is recommendable.

The project approach, which was applied to provide concrete policy advice and contribute to drafting new regulations but ensuring at the same time that these regulations are also effectively transposed into the administrative practices and training, can definitely serve as a model of good practice and reference for new project initiatives in the social protection and social services sector.

**Training in standards for home care services to lonely elderly and PwD**

About 60 persons from the VTEK from the Tashkent city and region have reportedly been involved into training activities on the standards for home care services for lonely elderly and PwD, which were elaborated by the Project.

In spite of its relevance and of the good quality of the deliverables produced including the methodology for developing the standards, the result concerning the training seems to be more of a soft nature. Awareness has been raised among a (small) group of civil servants on some new quality approaches, which put the service user more at the central point of attention in the service delivery allowing for more customized approaches and feedback mechanisms, but the standards have thusfar not been regulated by the MoH and are hence not enforced. The evaluation furthermore revealed that it is not fully certain that the standards will be adopted in their entirety and that changes may be introduced.

It remains to be seen whether the standards will become adopted and to what extent their scope and content will become changed as there is a risk that the service-user orientation and attention for her/his rights including social dimension in the draft version of the standards may become reduced and/or that the pure medical approach on home care services may become priority.

**Capacity building for VTEK – disability certification and IRP**

The present activity aimed at improving the practices of the medical-labour commissions (VTEKs) in the disability certification and in the development of IRPs for PwD, and was not foreseen as such in the original PD. The VTEKs technically resorted under the Pension Fund and the MoF and were as such not functioning under the MLSPP or MoH’s structures[[34]](#footnote-34).

The Project undertook an assessment of the practices applied by the medical-labour commissions related to the certification of disability (or invalidity) and developed a Methodological Guidebook for the development of IRP for PwDs. The Guidebook was tested and later on adopted by the Medical-Social Inspection as the practical guide for the staff of all the medical-labour commissions. It was also incorporated into the in-service re-qualification training module established at the MoH.

The Project trained some 100 staff of the medical-labour commissions from the country in two national workshops during which disability certification and methodologies for the development of IRPs were discussed.

The work performed by the Project on this result aimed to address many critical challenges of the disability sector in Uzbekistan: disability certification, development of IRPs, capacity building of professionals, bridging the linkage between the disability assessment and the labour market, etc. The produced deliverables have been developed in close consultation with the professionals currently tasked with the disability certification and the materials have been included into the formal retraining courses offered by the MoH. The activity has certainly raised awareness on important concepts and dimensions such as the WHO’s ICF approach, individualized rehabilitation plans for PwD and social and vocational rehabilitation services. The training provided to about 100 staff of the medical-labour commissions from all over the country on the introduction of the new IRP methodologies paved the way for an increased awareness among disability assessment medical professionals about the need for social and vocational rehabilitation responses as an integrated part of the global rehabilitation plan for PwD next to the medical rehabilitation and the access to cash benefits as the only response to the disability diagnosis.

Some observations are to be made however in this regard.

IRP are critical instruments in the disability assessment processes but they have no practical meaning when the only existing services in response to the IRP concern medical rehabilitation and when this (medical) rehabilitation is only available for a very limited group of PwDs (persons with physical and sensory disability) and not for a substantial group of PwD who are not in need of medical rehabilitation services but are depending on other types of social, psychological and professional services. In other words, in the absence of adequate service responses to the outcomes of disability assessment, the use and implementation of IRP has only limited value.

VTEK are composed of health professionals, disability certification is medically conceived and resulting in a categorization of an individual into three disability classes: severe, moderate and mild. The classification is primarily important for the access to cash benefits in the form of a disability pension and only in second instance for access to services. VTEK, until recently subordinated to the Pension Fund, diagnose people and based on the medical diagnosis, the patients qualify or not for a cash payment from the Pension Fund. Persons certified with severe and moderate disability (categories I and II) do not qualify for professional rehabilitation measures whereas persons with mild disabilities (category III) are not entitled to cash benefits.

The VTEK has now been tasked to develop IRP that include a social and a professional component but there is no expertise in social and professional rehabilitation available in the VTEK nor in the MoH as the commissions are composed of medical doctors without involvement of qualified social workers, vocational assessment specialists and rehabilitation experts. The VTEK checks and decides on the disability status of individuals and formulates recommendations but there is no obligation to enforce an adequate follow-up. VTEK and the MoH have consequently no leverage to ensure that the social and professional needs of the assessed PwD will in practice be attended to by specialized social services.

**Training - VTEK – IRP – Disability assessment**

The activities and results envisaged were as such not planned for in the PD. They are nevertheless highly relevant for the social services and disability sector as they touch on some critical weaknesses of the current social protection system for children and adults with disabilities in Uzbekistan.

The project has initiated the first step and raised awareness among the key professionals who are at the moment entrusted with the disability certification of PwD on internationally recognized approaches regarding disability. A new instrument in the form of the IRP has been introduced and internally enforced by the VTEK structures and initial training has been provided to medical doctors who are member of the medical-labour commissions from the entire country. Awareness has been raised among the VTEK on a broader and more integrated service response for PwD once they have certified the PwD as a person with severe, moderate or mild disability and hence on access (or not) to cash benefits and medical rehabilitation. This potentially can benefit about 20.000 PwD who are annually assessed by the VTEK[[35]](#footnote-35).

Continuation of the initial steps that have been undertaken is now of high importance: the concept of disability and of disability certification should be further examined and gradually adjusted in legislation and in practice. All types of disability including physical, sensory, intellectual and mental disabilities need to be incorporated into a national definition on disability. A distinction with long term incapacity for work due to an accident or injury occurred during the working career could be made, connecting the latter more with the current insurance based old age pension system. Adequate vocational assessment methodologies, mechanisms, equipment and services are to be progressively introduced and vocational and professional rehabilitation services set up. This implies that occupational therapists and rehabilitation specialists will become trained and employed into the sector alongside the health staff. The disability assessment and social services system needs furthermore social workers who will accompany the PwD and the family during the assessment and rehabilitation processes. In terms of the disability assessment itself, due consideration should be given to the gradual introduction of the ICF methodology and instruments which will enable the sector to widen its scope towards a more social model of disability services in line with the CRPD.

Community based rehabilitation services with early detection mechanisms and integrated health/social/education responses provided in the communities to families with children with disabilities as well as basic services for adult persons with disabilities are in need of development. Special attention should be given to children and adults with intellectual and mental disabilities, as they are the groups who are currently mostly underserved or placed in larger residential care institutions.

**In-service training**

Due to the transfer of social protection responsibilities to the MoH, the activities under presents result had to be re-oriented. In stead of designing a training programme for staff of the MLSPP and incorporation into the formal MLSPP in service training curriculum, a training and requalification course on services for elderly and PwD was needed for the staff of the MoH.

The project developed guidelines and a detailed curriculum for an in service training (qualification upgrade) course on (medical and social) services for (lonely) elderly and PwD. The training course (counting for 144 hours of training) is aimed at the *health staff* under the MoH structures at central and district level and is incorporated into the formal continued training programme of the Tashkent Medical Postgraduate Institute (the Institute of postgraduate training for medical staff) which is the body that is entrusted with the in service training for the civil servants employed by the MoH.

The guidelines and training programme were formally adopted on 7 January 2017[[36]](#footnote-36), right after the completion of the Project.

Whereas strictly speaking the target has been achieved, some further observations seem justified in this regard.

The training (requalification) courses have not yet been provided and it remains to be seen to what extent the MoH will effectively implement the guidelines and training programme in practice. Questions raise also on the in house training capacities at the MoH especially in what regards the training components on social and legal assistance for the elderly and PwD.

#### Result 2.4: Additional courses on elderly and PwD included in the curricula BA/MA social Work

Prior to the Project’s intervention the existing curricula in social work at the National University of Uzbekistan focused primarily on families and children. Under the Project the curricula were reviewed with involvement of the DPO’s and other stakeholders and the scope was extended in order to include social work specifically aimed at elderly and PwD. The new curriculum and course materials will be introduced as of next academic year 2017-2018.

The sustainability of this result is depending on the effective enrolment of students into the new BA/MA as of next academic year and on the job prospects they have in the Uzbek social services sector. Both MoH and MoL can take up a lead role in the design of a Human Resources Master plan for the social protection sector in Uzbekistan. The latter would need to be realistic and build further on the current capacities available in the system, from the level of the Mahalla’s, the districts, regions and at national level.

## 5.4 Managing and Monitoring Arrangements

The project initially advanced in a determined way and made substantial progress on the different project components in the first year of implementation. This was due to the high commitment from the Implementing Partner, the interconnectedness of the project objectives with national policy priorities during the 2015 Year of the elderly and the quality work done by the core Project Team. Matters changed profoundly after the early 2016 Presidential Decision to transfer policy responsibilities in social protection to the MoH and progress on several project results and activities stranded for some time only to partially catch up towards the end phase of the project. The fact that in spite of these difficult circumstances, most activities and outputs could still be delivered is for a great extent the credit of the first Implementing Partner (continued support and facilitation) and the Project/UNDP staff and leadership.

The Project Board convened three times during the project’s implementation period with one meeting devoted to the installation of the new Implementing Partner, about 6 months before the original completion date. For complex projects in which numerous stakeholders are involved, one could consider to organize more regular Board meetings (2 per year) in order to allow for faster updates on progress and challenges with those organisations, which are not involved on a continued/daily basis.

Given the project’s scope and ambitions, the composition of the proposed core project team was relatively small with only 1.5 FTE[[37]](#footnote-37) devoted to more content related matters and technical assistance.

Changes occurred within the core team’s composition during the project’s implementation and the original Project Manager who got a job opportunity with a longer-term perspective was replaced by a new Project Manager. In spite of the team’s size, the project was able to deliver various outputs of good quality and within very tight deadlines. Substantial time during the project implementation was devoted to obtaining necessary approvals from the Implementing Partner(s), a matter that was complicated further after the transfer of social protection policies to the MoH. Equipment was adequately transferred upon project completion. All in all the Project Team managed the project well throughout the entire project duration and demonstrated high commitment and engagement to the project cause. Several outputs are of good quality and the team showed is flexible and fast (re-)action capacity by responding to some ad-hoc requests from the Implementing Partner.

The external consultants were deployed on the basis of individual ToR and in accordance with UNDP procedures for recruitment. No aggregated information could however be obtained on the working days allocation and distribution between the various independent experts who were deployed. There was also no information available on the assessment of the performance of the independent consultants. Both issues may deserve some attention when new projects are implemented.

There was furthermore little ‘soft’ information available during the evaluation on project progress and results apart from the information obtained during the ex-post evaluation interviews conducted during the evaluation mission in April. Written documentary information on project progress that was obtained were the more formal documents that were approved by the Board and some replies received in reply the to the written evaluation questions (DPOs, university professors).

# Conclusions

In spite of the unexpected transfer of responsibilities in the social protection policy domain from the original Implementing Partner (MLSPP) to a new/second Implementing Partner (MoH) about six months prior to the original end date, the Intervention *delivered on most of its planned* ***outputs***: vertical review of the MLSPP and recommendations, (draft) law on social services, policy briefs and papers on social policy issues, regulations/by-laws introducing case management and methodologies for services aimed at the lonely elderly and PwD, standards for home care services for the lonely elderly and PwD, standards for wheelchair production, implementation of # of needs assessments, development of in-service training courses, a new BA/MA on social work targeting services for elderly and PwD and some capacity building activities.

However, some of the *results at output level could not be achieved in full* as a consequence of the change and the time that was needed to implement the transfer of responsibilities including formal involvement into the Project: the development of a unified information system, delivery of some trainings and the development of structural partnerships between the MoH and NGOs in social services.

Other outputs were strictly speaking delivered but they *lost part of their relevance* (vertical functional review of the MLSSP) or *remained in fact merely proposals or draft documents without effective implementation* (standards for home care services, training programme for in service training at MoH, introduction of new BA/Ma in social work for elderly and PwD, standards for the development of wheelchairs, ToR for UIS development and for design of the Register). It should be noted though that most often the delivery of the documents and proposals were as such planned for as the final project deliverables and the PD / RRF did not expect their effective enforcement or implementation.

Several of the outputs/activities had *to be adapted* in terms of their scope and timing in order to take into account the administrative restructuring and the MoH as main Project Partner such as the in service training programme.

*New outputs*, which were not initially planned for, were also delivered: work on the Guidebook for the implementation of the IRP and accompanying trainings of the VTEK and two peculiars project responses on direct request from the MLSSP: needs assessment of homeless families in Termez city and a survey on social security contribution and taxation capacities of farmers and micro enterprises.

*In summary, at output level, the project achieved its main results with demonstrated determination and with sufficient flexibility to take on board ad hoc requests from the Project Partner. However a substantial number of outputs need further follow-up and effective implementation.*

At **outcome level** the project’s success was more diverse. The *legislative framework* on social services has been effectively changed with a direct contribution from the project, which is a major achievement given the complexity of the law-making process, the context and multitude of stakeholders involved and the short time frame that was available. The law provides an initial basic framework and legal basis, which is a step forward in social service regulatory framework but further adjustments are needed in the future in order to become a framework law for an integrated social services system targeting all vulnerable categories of the population. The *social protection policy framework* however does not seem to have been directly affected or improved by the Project. The vertical functional review performed on the MLSPP became, in spite of its quality, partially redundant in a context where the MLSPP lost its social protection policy portfolio. Additional administrative re-organisation in social protection and social services has been decided upon, also after completion of the project, which is pointing at a relative unstable policy environment and changing administrative set up of the system. The third targeted outcome concerned an *improved Information System environment* on social services and their beneficiaries and also in this regard it occurs that no systemic change has been achieved.

The project’s performance scores much better in what regards the outcomes regarding the improvement of the quality of social services and more in particular regarding *the home care services for lonely elderly and PwD*. The Project directly contributed to Decree #237 and introduced measures that had a direct impact on the quality of life of the ultimate beneficiaries such as the extended list of food products and freedom of choice for lonely elderly and PwD. The attached regulations concerned with the procedures for the delivery of home care services and for the provision of an extended food parcels to lonely elderly and PwD were of particular high quality. Adequate and practice oriented methodologies, instruments and forms were introduced and training –though only for a limited number of professionals- was conducted. The project contributed furthermore by means of applying the introduced methodologies in practice and on real individual cases and beneficiaries. Most importantly is that the project was able to tackle one of the key challenges in any development process concerned with social services: designing the business processes in terms of the identification of persons at risk, procedures for needs assessment, development of individual social services programmes and service responses with clear allocation of roles/responsibilities of the different local public agents at community (Mahalla’s) and at district level while also introducing the administrative forms and instruments that are to be used. As such the result and outputs can serve as a model for replication to other social services and they have a clear potential for a nation wide roll-out with accompanying training activities for those public administration bodies that work with the ultimate beneficiaries. Other Project outputs also contributed to the outcome on improved social services though to a varying degree and with lesser immediate impact: standards for home care services, technical specifications for wheel chair production, various training activities, new BA/MA in social work focusing on elderly and PwD and the design of an in-service training course for the MoH. Effective implementation is still needed in order to increase their sustainability. Interesting, though not planned for at the conceptual phase of the project is the Guidebook on the IRP and related training activities. The latter activity was also very practice oriented targeting VTEK and developing IRP forms and training modules, but its contribution to longer term effects remain somewhat questionable inaslong as capacities in specialized areas (vocational assessment, training, rehabilitation, assessment of social functioning ..) are not developed and no appropriate mix of social, vocational and employment related services are available in direct response to the IRPs.

The Intervention, including the results and outputs envisaged, were very **relevant** and well embedded into the national policy priorities and strategic programming of UNDP. In terms of **ownership** the picture is more complex**.** The leadership of the original Implementing Partner was instrumental for effectively making progress ensuring thereby a strong involvement from the MLSPP staff. The MoH received unexpectedly the social protection portfolio in spring 2016 and appears not to have been fully prepared for taking up this new policy domain. There was insufficient time to effectively internalise the project’s intermediate results and a real ownership of the delivered project results can consequently be questioned. As for the other stakeholders VTEK and the Pension Fund benefited directly from some project activities in which they had a direct stake. Some activities involved NGOs or DPOs and based on the feed back received during the evaluation, there may be room for greater implication. The project was generally speaking quite **effective.** Some of the outputs reached stages that only could have been hoped for at the project’s start (adoption of the law on social services, adoption of the wheelchair production standards, etc.). A very short project extension was necessary in order to ensure that other outputs could still be delivered in a context that the new Implementing partner had to be taken on board. Some outputs were however not or insufficiently realised as a consequence of the transfer of responsibilities. At general level, the project’s implementation seems to have been also **efficient.** The relatively small core team demonstrated determination and was strongly involved into the content of the project work. Independent experts were primarily national consultants with international contributions focused on short-term expertise that was not readily available locally. The project furthermore realised some direct return on investment through it direct contribution to Decree #237 which extended the food parcel composition which lonely elderly and PwD are entitled to free of charge and which is financed from state resources for the years to come. Another concrete result achieved with minimum resources concerned the assessment of homeless families in Termez city on direct request by the MLSPP. Assessing the efficiency of the project more deeply would however require additional data that were no yet received such as the resource overview breakdown per result and a working days distribution table per activity/result and per person. Of major concern is the **sustainability** of the different results achieved and hence of the project outcomes. Most results and outputs were formulated in the PD in terms of ‘drafts developed’, ‘proposals made’ or ‘recommendations formulated’. They need however follow-up action and implementation in order to ensure real effective change and hence sustainability. The new Implementing Partner doesn’t share the same institutional memory of the project’s history and development work and may have other policy priorities than social protection. This may further undermine the chances that the different proposals are put into practice.

# Lessons Learned

## 7.1 Lessons learned from the Intervention

In present chapter an attempt is made to present some lessons learned from the evaluation of the Intervention, or “new knowledge gained from the particular circumstance (intervention, context outcomes, evaluation methods,..) that are applicable to a similar context”.

1. The *ownership and leadership of the Project Partner* is the best guarantee for successful outcomes as was the case during the first phase of the Project’s implementation; Changing/Adding a new Implementing Partner during the course of the Project implementation requires determined action to ensure interest and full commitment;
2. Strong *interconnectedness* *of the Project goals and priorities with the national policy priorities* (Year of the Elderly and Stage Programme 2015) increases the potential of projects to bring about ambitious and systemic change; In absence of such a strong interconnectedness it is in the present operational context doubtful whether Projects with too ambitious goals will be successful.
3. The Intervention focused on a *two-tiered approach* and the results envisaged concerned both (1) systemic change and (2) operational change. By doing so the project minimized and contained the risk for failure due to unexpected external developments that had largest impact on the former. The envisaged structural reforms (legislation, functional review, information systems) in social protection were well balanced with concrete and tangible outputs (methodologies, instruments, forms, etc.) that were relevant and useable in the daily practices of the social services provision.
4. Drafting of primary legislation is a time consuming effort in which plenty of stakeholders have an interest. The adoption of primary legislation is a process during which several changes and adjustments are proposed by a multitude of organisations each of them acting from an own perspective. A legislative instrument finally adopted is often the result of consensus building between the different contributors and interest groups. The project has taken a pragmatic approach in this respect and this has resulted in a parliamentary act, which for the first time is regulating social services in the country. The act itself is certainly subject to improvements but it is at least a first stepping stone and legal basis for the further development of the system.
5. The development of methodologies, instruments, tools and forms, and the accompanying training of professionals active in the system appear to have been the most relevant, effective and efficient outputs of the project and can serve as *models for further replication in the wider social services sector*: (1) regulation accompanying the Decree #237 with the needs assessment and ISSP procedures and forms and the food parcel distribution procedures, (2) standards for home care services to lonely elderly and PwD, (3) Guidebook on the IRP. Whereas (2) and (3) still need actual enforcement by the new Implementing Partner, (1) is of particular relevance as it touches on the *business process architecture concerned with the needs assessment and the provision of social services at local level* (being it only for home care services for a few eligible service users). The description of the procedure with allocation of responsibilities between the Commissions for Social Support (Mahalla’s) the (former) Centres for support to employment and social protection at district level and other local public agents as well as the forms (assessment, application and ISSP forms) are examples that can be used to design similar procedures and forms for other types of social services and service-users.
6. Training and capacity building activities in the different areas were practice oriented but reached only a modest total number of participants, often only professionals from the Tashkent region or leading staff of the district units (as opposed to the staff concerned with the daily provision of services to service users). Capacity building and training need to be rolled out on *a nation wide scale* in order to ensure maximum effect especially in view of increased enforcement needs. Training of trainer schemes could be considered in this respect.
7. Projects that envisage far-going institutional reforms including legislative changes / reviews and information system development require an implementation period of *at least 36 months* in order to allow for an adequate preparation and adoption/installation time and for effective implementation and training of professionals involved;
8. The project successfully implemented *actions in reply to ad-hoc requests* from the Implementing Partner demonstrating its flexibility and fast responsiveness. Project design should allow for some flexibility and fast action when needs arise and reserve resources for these purposes.
9. Quality baselines and data collection concerned with social protection and social services remain a structural challenge in Uzbekistan. Whereas an UIS was scheduled as part of the activities of the project, the result was only partially achieved. The originally envisaged IS may have been too complex in its design and scope whereas *a more simple IT intervention on data collection* regarding the Muruvvat and Sakhovat institutions proved to be more successful and of immediate use for the public administration.
10. A *communication strategy* and action plan, which includes public awareness raising actions during the project implementation, will definitely contribute to a wider awareness beyond the inner circle of organisations and persons who are directly involved in the project activities.

## 7.2 General Lessons learned

1. The project re-confirmed that there is at present no national shared vision on the (future) system of social protection and services. Concepts such as social protection, social assistance and social services are not clearly defined and
2. Social Protection by nature is multi-sectoral and developing social protection policies require multi-agency approaches. When systemic change is envisaged and related policy portfolio’s are entrusted to different ministries, it is important to ensure a *high involvement of the different stakeholders* (social, health, employment and education) that goes beyond the mere participation in a Project Board.
3. Essential social services contained in the social protection floor definition, encompass the social, education, health and employment services at access level and hence within the local communities. Social services are by their very nature services for individuals and families provided in their vicinity and hence in the communities. The *lower levels of government and administration are a key stakeholder* for any project that concerns the development of social services and need to be systematically included into the project activities. A bottom-up approach is therefor recommended and complementary to activities that envisage top-down structural change.
4. The concept of PwD represents persons with wide ranging type of disabilities: physical, sensory, intellectual and mental disabilities. Programme, Project and Policy interventions need to give due consideration to the great diversity that exists and the need for customised policy responses that depend on the functioning of the persons concerned and not on disease or disability classifications. The gradual development of social services need to equally take this into account with adequate care and rehabilitation responses that go beyond the pure medical diagnosis and treatment and take into account the social, vocational and employment needs of the persons concerned.
5. Knowledge and experience regarding concepts, practices, methodologies and instruments concerning CRPD, CBR, ICF, vocational assessment, vocational rehabilitation, supported employment schemes and de-institutionalisation is insufficiently available locally. Exchanges with other countries and international expertise in these domains appear to be necessary in order to increase the knowledge and understanding among policy makers and lead staff in the central administration.

# Recommendations

In the previous chapter some lessons learned were presented. They all contain elements for further reflection and consideration when new project initiatives are taken.

Hereafter some recommendations are made in an attempt to be as practical and feasible as possible in line with the guidance provided by the UNDP Guidelines on evaluation. Specific attention is paid to the sustainability of the Intervention.

1. *Take action* to step up the enforcement and implementation of the results and outputs realized under the Intervention as they remain of a high concern and question the sustainability of the project’s outcome especially in a situation where the Implementing Partner has changed shortly before the project completion.

Immediate action should be taken by the MoH to enforce/implement/follow-up on the following matters:

* 1. Full country wide implementation of Decree #237 and of procedures/forms for assessment, applications and development of Individualised Social Services Programmes;
  2. Consideration of the functional review recommendations insofar as they concern the MoH’s responsibilities;
  3. Development of the UIS, Register of the Eldery and PwD, information system on service providers and the implementation of the database concerned with the Muruvvat and Sakhovat residential institutions;
  4. Adoption and enforcement including monitoring of the standards for home care services for elderly and PwD;
  5. Ensure enforcement of the standards for wheelchair production;
  6. Implement the IRP methodology and elaborate on the social and professional assessment and services’ dimensions;
  7. Effectively implement the in-service training for the staff.

1. When new projects are designed in future Programming, *consider*
   1. To ensure maximum interconnectedness and continuation between subsequent Projects of different Programming cycles and maintain support to interventions until effective enforcement and nation wide roll-out;
   2. To build further on the fundaments laid by the intervention and to consider nation wide roll-out of certain capacity building trajectories and expansion to other types of socials services;
   3. To continue to address the need for a stable social policy framework which is based on a national vision, shared by all policy making bodies, on a social protection floor for Uzbekistan and on its progressive development in terms of coverage by both the cash benefits and the social services for all vulnerable groups;
   4. To include/maintain a strong focus on the access level of social services (Mahalla’s in interaction with the District levels) and on practices, methodologies and instruments with training at the social service delivery level.
   5. To introduce concepts, practices and methodologies related to social services regarding which there is only very limited national knowledge/expertise: ICF, vocational assessment, rehabilitation, …
   6. To apply longer time frame for projects, deploy larger core teams, consider regional presence of team
2. Promote further the grant and social contracting mechanisms with the key stakeholders including the Oliyi Majlis and the Commission for Administration of Funds of the Public Fund for support to NGOs and other civil society organisations and more in particular in what regards the grant scheme : (1) the need to organize annual or bi-annual grant competitions exclusively aimed at the provision of social services by NGOs, (2) increase the minimum grant amounts and (3) ensure the effective introduction of case management practices; in what regards the social contracting : to improve the legislation and practices

# ANNEXES

## Annex 1: ToR for the evaluation

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|  | **UNITED NATIONS DEVELOPMENT PROGRAMME**  **JOB DESCRIPTION** |

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| **I. Position Information** | |
| Position Title:  Type:  Project Title/Department:  Location:  Duration of the service:  Reports To: | International Consultant for final evaluation of Social Services project  IC contract; independent evaluation of the UNDP project  Good Governance Unit, UNDP Uzbekistan  Home based and one field trip to Uzbekistan (Tashkent city)  Tashkent, Uzbekistan  15 days during March-April 2017, part-time  6 w.d. desk work in the country of residence (March 3-10, 2017)  5 w.d. mission to Tashkent (March 13-17, 2017)  4 w.d. desk work in country of residence (April 9-12, 2017)  Head of Good Governance Unit, UNDP Uzbekistan CO |

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| **II. Background** |
| The main goal of the joint project of UNDP, Ministry of Labor and the Ministry of Health is to promote institutional reform of Ministry of Labor with the aim to improve social services for persons with disabilities and lonely elderly. The goal achieved through the implementation of the following project components: further improvement of legislative framework on social service delivery; functional review and proposed streamlining of the Ministry of labor, widening the scope, development of standards and improving quality of social services; introducing feedback mechanism for measuring user satisfaction; organization of joint capacity building activities for civil servants and civil society organizations.  Since its foundation in 2014 the project has developed a number of initiatives and activities successfully implemented: assistance in drafting of the law on social services for lonely elderly and people with disabilities, assistance in drafting of Resolution #237 On further improvement of social services for lonely elderly and PWDs, assistance in drafting of standards for service provision for lonely elderly and PWDs.  A number of capacity building activities and training materials were performed for the staff of Ministry of Labor and Ministry of Health devoted to issues of provision of quality services for lonely elderly and PWDs. A number of International consultants were engaged in order to share with the Ministries international experience in different aspects of reform of social development area.  Since [the project](http://www.uz.undp.org/content/uzbekistan/en/home/operations/projects/democratic_governance/improving-quality-of-social-service-delivery-for-persons-with-di.html) was completed in December 2016, UNDP intend to engage independent consultant for evaluation of project outcomes in early 2017. |

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| **III. Objectives of the Evaluation / Evaluation requirements and methodology** |
| This Final Evaluation is initiated by the UNDP Uzbekistan and aims to assess the relevance, performance, management arrangements and success of the project and provide recommendations for possible follow-up. Based on internal assessment and continuous positive feedback of the stakeholders and project beneficiaries, it is envisaged that UNDP Uzbekistan remains committed in continuing its efforts in this field. Therefore, it is anticipated that the outcomes of the evaluation will be a clear source for future planning and prioritization of UNDP Uzbekistan activities in the field of further improvement in the area of social development and delivery of social services for vulnerable population of Uzbekistan. The evaluation will have to provide to UNDP complete and convincing evidence to support its findings. Particular emphasis should be put on the project results, the lessons learned from the project and recommendations for the follow-up activities.  This evaluation is to be undertaken in line with the evaluation policy of UNDP ([http://www.undp.org/content/undp/en/home/operations/accountability/evaluation/evaluation\_policyofundp](http://www.undp.org/content/undp/en/home/operations/accountability/evaluation/evaluation_policyofundp/)) and the UNDP Handbook on Monitoring and Evaluating for Results <http://web.undp.org/evaluation/handbook/index.html>).  The assignment will take place within the first quarter 2017. It will involve desk work and meetings with national partners and stakeholders, including project beneficiaries. The consultant will work in close collaboration with UNDP Uzbekistan CO and relevant stakeholders.  *EVALUATION OBJECTIVES:*  The evaluation is intended to provide a comprehensive overall assessment of the project and to provide recommendations for exit strategy and/or follow-up activities.  The purpose of the Final Evaluation is:   * To assess overall performance against the Project objective and outcomes as set out in Project Document. * To assess the effectiveness and efficiency of the Project. * To analyze critically the implementation and management arrangements of the Project. * To assess the sustainability of the project’s interventions. * To list and document lessons concerning Project design, implementation and management. * To assess Project relevance to national priorities. * To assess changes in the baseline situation and provide guidance for the future activities.   Project performance will be measured based on Project’s Results and Resources Framework, which provides clear indicators for project implementation. The Report of the Final Evaluation will be stand-alone document that substantiates its recommendations and conclusions.  EVALUATION:  Under the direct supervision of the Head of Good Governance Unit, the International Consultant for evaluation will be responsible for the completion of the following tasks and duties:  Project concept and design: The evaluator will assess the project concept and design. He/she should review and provide an evaluation of the project strategy, planned outputs, activities and inputs, implementation modality, clarity and effectiveness of management arrangements and cost-effectiveness of approaches taken in relation to the overall project objectives. The evaluator will assess the achievement of results and targets against the project work plans.  Implementation: The evaluation will assess the implementation of the project in terms of quality and timeliness of inputs, efficiency and effectiveness of activities carried out. Effectiveness of management, the quality and timeliness of monitoring and backstopping by all parties to the project should also be evaluated. In particular, the evaluation is to assess the Project team’s use of adaptive management in project implementation.  Project outputs, outcomes: The evaluation will assess the outputs in relation to the CP outcomes, achieved by the project as well as the likely sustainability of project results. This should encompass an assessment of the achievement of the immediate objectives and the contribution to attaining the overall objective of the project. The evaluation should also assess the extent to which the implementation of the project has been inclusive of relevant stakeholders and to which it has been able to create collaboration between different partners. The evaluation will also examine if the project has had significant unexpected effects, whether of beneficial or detrimental character.  The Final Evaluation will also cover the following aspects:  ***Results and effectiveness*:**  Changes in development conditions*.* Address the following questions, with a focus on the perception of change among stakeholders:   * What are main outputs and outcomes of the project? * What are the impacts of the project? Do they have equal value for women and men beneficiaries? * Has project contributed to establishment of efficient national institutional frameworks for promotion of quality service provision to the beneficiaries of the project? * Has the UNDP partnership strategy been appropriate and effective? * Has awareness on project outcomes among stakeholders been increased? * Has attention of stakeholders to improvement of quality services for lonely elderly and PWDs increased and has it been reflected in concrete actions? * Has capacity of state bodies been increased? * Has services provided by state institutions to project beneficiaries improved?   Measurement of change*:* Progress towards results should be based on a comparison of indicators before and after the project intervention.  Project strategy: How and why outputs contribute to the achievement of the expected results. Examine their relevance and whether they provide the most effective route towards results.  Sustainability: Extent to which the benefits of the project will continue, within or outside the project domain, after it has come to an end. Relevant factors include for example: development of a sustainability strategy, establishment of financial and economic instruments and mechanisms, mainstreaming project objectives into the local economy, etc.  ***Project’s Adaptive Management Framework:***  Monitoring Systems   * + Assess the monitoring tools currently being used:   + Do they provide the necessary information?     - Do they involve key partners?     - Are they efficient?     - Do they encourage disaggregation of data (by sex, region, age, education)?     - Are additional tools required?   Risk Management   * Validate whether the risks identified in the project document and the ATLAS Risk Management module are the most important and whether the risk ratings applied are appropriate Describe any additional risks identified and suggest risk ratings and possible risk management strategies to be adopted for the future activities.   Work Planning   * Assess the use of the logical framework as a management tool during implementation and changes made to it; * Assess the use of routinely updated workplans; * Are work planning processes result-based? If not, suggest ways to re-orientate work planning. * Assess financial management of the project, with specific reference to the cost-effectiveness of interventions.     Reporting   * Assess whether UNDP reporting requirements were met. * Assess whether disaggregated data is being used.   ***Underlying Factors***   * Assess the underlying factors beyond the project’s immediate control that influence outcomes and results. Consider the appropriateness and effectiveness of the project’s management strategies for these factors. * Assess the effect of any incorrect assumptions made by the project.   ***UNDP Contribution***   * Assess whether UNDP’s outputs and interventions can be credibly linked to achievement of the outcome, including the outputs, programmes, projects and soft and hard assistance that contributed to the outcome; * Assess the role of UNDP against the requirements set out in the UNDP Handbook on Monitoring and Evaluating for Results; * Assess implementation of the new UNDP requirements outlined in the UNDP User Guide, especially the Project Assurance role; * Assess the UNDP contribution to the project “soft” assistance (policy advice & dialogue, advocacy, coordination).   ***Partnership Strategy***   * Assess how partners are involved in the project’s adaptive management framework: (i) Involving partners and stakeholders in the selection of indicators and other measures of performance; (ii) Using already existing data and statistics; and (iii) Analyzing progress towards results and determining project strategies. * Identify opportunities for stronger substantive partnerships in the future. * Assess how local stakeholders participate in project management and decision-making. Include analysis of strengths and weaknesses of the approach adopted by the project and suggestions for improvement. * Assessment of collaboration between governments, intergovernmental and non-governmental organizations. * Assessment of collaboration between implementation units of other related projects. * Assessment of local partnerships. * Transfer of capacity to the national institutions.   ***Project Finance:***   * Assess the cost-effectiveness of the project interventions.   ***Formulation of a new results framework for future partnership***  The purpose of the formulation of the new results framework for future partnership is to identify the potential entry points for development intervention in the areas of further improvement of social services for PWDs, lonely elderly and other vulnerable parts of population. The documents to be prepared by international consultant during formulation of the new results framework for future partnership should comply with UNDP standards on results-based management, and templates for project document. UNDP Good Governance Unit will provide these necessary templates to the International consultant.  Under the direct supervision of the Head of Good Governance Unit the International Consultant for evaluation of the Project and the formulation of the new results framework for future partnership will be responsible for the completion of the following tasks and duties:  •Analyze major lessons learned from Project`s previous activities and conduct country context analysis in order to determine background of problems showing the need/demand for the new results framework for future partnership;  •Prepare project proposal, project justification, identifying the main implementing partner, key stakeholders and beneficiaries, overall goals and specific objectives, a list of main activities, duration, and outputs, potential risks and estimated budget;  •Draft the Results and Resource Framework (RRF) for the proposal on the new results framework for future partnership. The template for RRF will be provided by UNDP Good Governance Unit;  •Advise to UNDP senior management on organization structure for the possible new project, including description of roles and responsibilities of project team members;  •Propose monitoring and evaluation mechanism as well as quality management for activity results during the new project implementation.  *EVALUATION METHODOLOGY:*  The Final Evaluation will be done through a combination of techniques, including   * Desk review of all relevant documentation (project outputs and other materials); * Consultations with stakeholders (partners and beneficiaries) and UNDP staff; * Validation exercise with UNDP CO and national partners of Project.   Evaluation should involve the wider possible range of stakeholders. |

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| **IV. Deliverables and timeframe** | | | | |
| The duration of the assignment is up to 15 working days, including writing of the final report in the period of March-April 2017. The final timeframe will be agreed upon in the beginning of consultancy assignment. All deliverables should be submitted to UNDP by the International Consultant in English. | | | | |
| # | ***Deliverables*** | ***Deadlines*** | | |
| 1 | Monitoring and Evalution work plan and report outline, including plan of meetings with stakeholders | March 11, 2017 | | |
| 2 | Draft Evaluation report, includng Annex on analysis of validation results for preliminary findings with stakeholders | April 5, 2017 | | |
| 3 | Final evaluation report | April 20, 2017 | | |
| ***Tentative timeframe*** | | | | ***Working days*** |
|  | Desk review based on of briefings with the project team and GGU. | |  | 6 days |
|  | Interviews with local stakeholders, questionnaires, focus groups. Validation of preliminary findings with stakeholders through circulation of initial reports for comments | |  | 5 days |
|  | Preparation of draft evaluation report and incorporation of comments.  Submission of Final Evaluation Report. | |  | 4 days |

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| **V. Payment Conditions** |
| This is a lump sum that should include costs (honorarium, travel, DSA, visa, etc) of consultancy required to produce the above deliverables. Payment will be released in two following installments:   1. Upon submission and acceptance by Programme Unit of UNDP of the deliverable 1 - 25% of the lump sum 2. Upon submission and acceptance by Programme Unit of UNDP of the deliverable 2 - 30% of the lump sum 3. Upon submission acceptance by Programme Unit of UNDP of the deliverable 3 - 45% of the lump sum. |

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| **VI. Recruitment Qualifications** | |
| Education: | * Master Degree in social science, sociology, economics, law, public administration, public policy, humanitarian sciences and other areas relevant for the assignment is required |
| Experience: | * At least 4 years of practical experience in any of the following areas is required: institutional organization and public sector in complex environments, project management, monitoring and evaluation of development projects in social sector; * Out of 4 yeas, at least 1 year of experience with results-based management evaluation methodologies, participatory monitoring approaches and applying SMART indicators is required; * Previous experience with social sector reform, and social sector related project design and implementation, preferably in Uzbekistan is an asset; * Awareness of gender issues and knowledge of gender mainstreaming techniques is an asset; * Project evaluation experiences within UN system will be considered an asset. |
| Language Requirements: | * Fluency in English is required. Good knowledge of Russian is an asset; |
| Others: | * Strong communication skills, client-orientation, ability to work in a team; * Initiative, analytical judgment, ability to work under pressure, ethics and honesty; * Understanding of human rights, gender and cultural dimensions. * Advanced ability to use IT equipment and software. |

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| **V. Signatures - Post Description Certification** |
| Incumbent *(if applicable)*  Name Signature Date |
| Chief Division/Section:  Mr. Azizkhon Bakhadirov / a.i. Head of Good Governance Unit Signature Date |

## Annex 2: Programme of the in country visit

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| **Monday, April 3, 2017** | |
| 09:15 | Meeting with former Project staff |
| 10:45 | Meeting with UNICEF |
| 12:00 | Meeting with ILO |
| 13:00 | Lunch |
| 14:00 | Meeting in Ministry of Health, Department for organization of medical and social aid for PwDs, war veterans, lonely elderly and other vulnerable groups |
| 17:00 | Meeting with former Project staff |
| **Tuesday, April 4, 2017** | |
| 09:30 | Meeting in Sector of organization of medical and social aid for PwDs, elderly and other socially vulnerable groups of population, Department of health of Tashkent |
| 11:00 | Meeting in Ministry of Labour |
| 13:00 | Lunch |
| 14:00 | Meeting in Tashkent Institute for Advanced Training of Doctors |
| 16:00 | Meeting in residential house «Muruvvat» |
| **Wednesday, April 5, 2017** | |
| 09:30 | Meeting in Ministry of Finance, General department of funding the social sector and science |
| 11:00 | Meeting in National Centre of Rehabilitation and Prosthesis for PwDs |
| 13:00 | Lunch |
| 14:00 | Meeting in residential house «Sakhovat» |
| **Thursday, April 6, 2017** | |
| 11:00 | Evaluation report preparation |
| 13:00 | Lunch |
| 14:30 | Presentation of preliminary findings involving national partners |

**Annex 3. List of institutions visited and persons met/interviewed**

UNDP CO Programme Unit www.uz.undp.org

* Mr. Azizkhon BAKHADIROV, Programme Analyst on Rule of Law, a.i. Head of Good Governance Unit (GGU)
* Mr. Laziz TURSUNOV, Programe Associate on Public Policy, GGU

PROJECT TEAM “Improving quality of social service delivery for persons with disabilities and lonely elderly people in Uzbekistan”

* Mr. Kamolkhon Jiyankhodjaev, former Project Manager
* Ms. Yana Chicherina, former Project Manager
* Mr. Jamoliddin Ismailov, former Task Manager of project
* Mr. Pavel Prudnikov, Administrative and Finance Assistant

MINISTRY OF HEALTH – [www.minzdrav.uz](http://www.minzdrav.uz)

* Mr. Alisher INAKOV, Head of Department for organization of medical and social aid for PwDs, war veterans, lonely elderly and other vulnerable groups, Ministry of Health

Meeting in REPUBLICAN INSPECTION OF MEDICO-SOCIAL EXAMINATION

* Mr. Dilshod Sultanov, Executive director of [extrabudgetary Pension Fund](http://context.reverso.net/%D0%BF%D0%B5%D1%80%D0%B5%D0%B2%D0%BE%D0%B4/%D0%B0%D0%BD%D0%B3%D0%BB%D0%B8%D0%B9%D1%81%D0%BA%D0%B8%D0%B9-%D1%80%D1%83%D1%81%D1%81%D0%BA%D0%B8%D0%B9/extrabudgetary+Pension+Fund) under the Ministry of Finance of the Republic of Uzbekistan
* Mr. Umarali Nazarmatov, Deputy Head of Inspection
* Ms. Shakhnoza Khodjaeva, Senior specialist of Inspection
* Mr. Abdughafur Narzullaev, Head of analysis and methodological guidance Unit
* Mr. Khurshid Alimov, deputy Head of medical and social expertise Unit

PRINCIPAL OCCUPATIONAL MEDICAL ASSESSMENT BOARDS (VTEK or *alternatively Medical Labor Expert Commissions*) OF TASHKENT CITY

* Mr. Ibrokhim Razykov, Chairman of Principal Occupational medical assessment board of Tashkent city
* Mr. Erkin Saidov, Deputy Chairman of Principal Occupational medical assessment board of Tashkent city
* Representatives from district and inter-district specialized Occupational medical assessment boards of Tashkent city

NATIONAL CENTRE OF REHABILITATION AND PROSTHESIS for PwDs

* Mr. Asqar MUMINOV, Chief Medical Officer
* Mr. Zayniddin BEKMURADOV, Deputy Chief Medical Officer on Treatment

UNICEF in Uzbekistan, www.unicef.org/infobycountry/uzbekistan.html

* Mr. Ulugbek Olimov, Social Policy Officer

NGO

* Ms. Shakhnoza Ikramova, Director of non-State educational institutions “Umnichka”

Contacts via e-mail

* Mr. Aziz Abdukhakimov, Minister of Labour
* Mr. Anton Hausen, Chief Technical Adviser, ILO in Uzbekistan
* DPOs
* National University of Uzbekistan professors

## Annex 4: List of supporting documents reviewed

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| **General** |
| A Companion Guide to the handbook on planning, monitoring and evaluating for development results for programme units en evaluators (2011), UNDP |
| Handbook on planning, monitoring and evaluating for development results (2009), UNDP and Addendum Updated Guidance on Evaluation in the handbook on planning, monitoring and evaluating for development results (2011), UNDP |
| Building Social Protection Floors for all, ILO (2015) |
| Concept Note, A vision on universal social protection, World Bank Group and ILO |
| Quality Checklist for Evaluation Reports (2010), UNEG |
| **Policy documents and other relevant materials** |
| The Action Strategy for the further development of Uzbekistan, 2017 – 2021, Presidential Decree |
| Chicherina Y., Ismailov J. and Sharapov B., *The status and prospects of government support to NGOs that provide social services,* Tashkent(2016), UNDP and Ministry of Labour of Uzbekistan |
| Chicherina Y. and Ismailov J., *The role of social enterprises in employment an social protection of population,* Tashkent (2016), UNDP and Ministry of Labour of Uzbekistan |
| Hauben H., *Social Protection in Uzbekistan at the brink of 2016: some reflections and preliminary recommendations,* Tashkent (02.02.2016), UNDP |
| Marnie S. and Papa J. *Linking Social Protection and Social Inclusion*, UNDP in Europe and the CIS, (2016) |
| Rava N., *Vertical Functional Review of the Ministry of Labour and Social Protection of the Population, Inception Report,* Tashkent (23.12.2014), UNDP and Ministry of Labour and Social Protection of the Population |
| **Legislation** |
| Law of the Republic of Uzbekistan “on social services for the elderly, disabled and other socially vulnerable categories of the population” |
| Decree of the Cabinet of the Ministers of the Republic of Uzbekistan on “Measures to further strengthen targeted social protection and support for the elderly and disabled” |
| **Programming documents** |
| Country Programme Document for Uzbekistan (2010-2015), (July 2009), UNDP |
| Country Programme Document for Uzbekistan (2016-2020), New York, (September 2015), UNDP, UNPF and UNOPS |
| The UN Country Programme Action Plan (CPAP) 2010-2015, Uzbekistan, UNDP and Government of Uzbekistan |
| UNDAF for the Republic of Uzbekistan, 2010-2015 |
| UNDAF for the Republic of Uzbekistan, 2016-2020 |
| Joint Work Plan for the Years 2016-2017, UNDAF 2016 |
| **Project Documents** |
| Project Document “Improving the quality of social services delivery for persons with disability and lonely elderly in Uzbekistan”, UNDP and Ministry of Labour and Social Protection of the Population, September 2014 |
| Minutes Local Project Appraisal Committee Meeting, 29.08.2014 |
| Minutes Project Board, 09.07.2015 |
| AWP 2014 including Project Budget |
| AWP 2015 including Project Budget |
| AWP 2016 including Project Budget |
| Annual Review Report, 30.12.2016 |
| Final Project Review Report, 30.12.2016 |
| 3-party Action Plan for June – December 2016 |
| News Bulletin of the project, Tashkent (2016) |

1. Harald Hauben (harald.hauben@eftheia.eu) [↑](#footnote-ref-1)
2. The original project implementation period ended on 30/09/2016 after an original implementation time of 24 months but was extended with an additional three months until 31/12/2016 [↑](#footnote-ref-2)
3. Most of the envisaged results of the project relate to the policy competences in social services field. The transfer of this policy area to the MoH meant in practice that the new Ministry became the main Implementing Partner. [↑](#footnote-ref-3)
4. on the cover page 1 [↑](#footnote-ref-4)
5. PD, page 14 [↑](#footnote-ref-5)
6. The description used in the different chapters of the PD is not always coherent and sometimes misleading. Often reference is made to ‘PwD and lonely elderly’ or to ‘social services’ without specifying that it in fact only concerned a specific target group e.g. lonely elderly and (lonely) PwD or the end users of one specific type of (public) social services which was already in place: the ‘home care services for lonely elderly and PwD”. The RRF is however clearer in this respect. [↑](#footnote-ref-6)
7. Activities 1.3.2, 1.3.3 and 1.3.4 were changed and reformulated following a review and decision of the Project Board on 09.07.2015 [↑](#footnote-ref-7)
8. See however the observations related to the functional distribution of ‘social protection’ responsibilities between different central ministries in “Social protection in Uzbekistan at the brink of 2016: some reflections and preliminary recommendations”, H. Hauben, UNDP Uzbekistan 2016 [↑](#footnote-ref-8)
9. ToR for the evaluation page 1, chapter III : Objectives of the Evaluation [↑](#footnote-ref-9)
10. The CPAP 2010-2015 itself however does not seem to include under its Outcome 1.1, specific outputs that are specifically concerned with the improvement of social services delivery. [↑](#footnote-ref-10)
11. Description of UNDAF Outcome 2, UNDF 2016-2020, page 26 [↑](#footnote-ref-11)
12. The responsibilities of the CESP were in the course of the project transferred to the units for social assistance inside the District Health Department. [↑](#footnote-ref-12)
13. The educational standards and capacity building activities also had a wider scope and aimed at elderly and PwD [↑](#footnote-ref-13)
14. The output targets covered in present chapter concern more in particular targets 1.1.1, 1.1.2 and 1.1.4 as presented in the RRF of the PD [↑](#footnote-ref-14)
15. Now being transformed into the Centres for support to Employment [↑](#footnote-ref-15)
16. For the purposes of present report attention is focused on the social protection function of the Ministry and not on the employment and Labour functions. [↑](#footnote-ref-16)
17. UNDP, Vertical Functional Review of the Ministry of Labour and Social Protection of the population in Uzbekistan, Inception Report, Dr N. Rava, 23.12.2014 [↑](#footnote-ref-17)
18. According to Article 5 of Decree of President as of 22 February 2016.

    Source: <http://lex.uz/pages/getpage.aspx?lact_id=2906383> [↑](#footnote-ref-18)
19. This part concerns output target 1.1.3 as presented in the RRF of the PD [↑](#footnote-ref-19)
20. “The Status and prospects of government support to NGOs that provide social services”, UNDP, Tashkent, 2016, page 23 [↑](#footnote-ref-20)
21. Law of the Republic of Uzbekistan “on social partnership” dd 25.09.2014 [↑](#footnote-ref-21)
22. The subchapter concerns the output targets 1.2.1 and 1.2.3 of the RRF of the PD [↑](#footnote-ref-22)
23. 12 billion UZS [↑](#footnote-ref-23)
24. The evaluation of the results concerned with the secondary legislation and implementing regulations is included into subsequent chapters. [↑](#footnote-ref-24)
25. page 15 of the PD [↑](#footnote-ref-25)
26. The RRF refers to lonely elderly and PwD. [↑](#footnote-ref-26)
27. Information taken from the Project Final Review Report, page 6 [↑](#footnote-ref-27)
28. Unfortunately no detailed description of the application and its technical specifications including functionalities were available during the evaluation mission. [↑](#footnote-ref-28)
29. The list of food products for lonely elderly and PwD became effective as of the 1st of September 2016 [↑](#footnote-ref-29)
30. Part IV of the Regulation, provision #13 [↑](#footnote-ref-30)
31. Annex 1 to the Regulation provides a very clear overview of the responsibilities and the overall business processes concerned with the needs identification and the provision of the social services [↑](#footnote-ref-31)
32. The RFF mentions as result “NGOs involved in the monitoring of social service delivery” but the scope of activities planned was restricted to the development of standards for wheelchairs, hence the renaming of the Result. [↑](#footnote-ref-32)
33. Figure taken from the Final Review Report [↑](#footnote-ref-33)
34. This situation has now been changed as the VTEK were transferred to the MoH in early 2017. [↑](#footnote-ref-34)
35. Figure provided by the Final Project Review Report, p.6 [↑](#footnote-ref-35)
36. Reference code 14.00.33 [↑](#footnote-ref-36)
37. Assumption is made that the Project Manager was on a half time basis available for content related work, the other half time allocated to management and co-ordination [↑](#footnote-ref-37)