



**Final Evaluation Report: Evaluation of UNDP-UNFPA Joint Programme “Building the Resilience of Local Communities Against Health, Environmental and Economic Insecurities in the Aral Sea Region” Environment and Climate Action Cluster
June, 2022.**

International Evaluator: Mohammad Alatoon

National consultant: Madina Rajapova

**Project Title: Building the Resilience of Local Communities Against Health, Environmental and Economic Insecurities in the Aral Sea Region.
Project ID: 00123059 Responsible Parties: UNDP and UNFPA**

Purpose of the project: The Joint Programme aims to address the most urgent and immediate health and economic insecurities in the most vulnerable areas of the Aral Sea region through bringing innovative solutions to healthcare and poverty reduction initiatives.

Project start date: January 2021, Project end date: June 2022 (with 6 months extension).

Project total budget: \$ 3,211,618 Source of funding: Government of Japan.



Disclaimer	3
Executive summary	7
1. Project background	10
1.1 Problem statement	10
1.2 Programme response strategy.....	11
1.3 Programme targets.....	13
1.4 Expected results	14
1.5 Programme site	15
1.6 Programme timeframe	15
1.7 Implementation of Human Security approach in the Aral Sea region.....	15
2. Evaluation scope	16
2.1 Evaluation criteria and questions	16
2.2 Cross-cutting issues	17
3. Evaluation approach and methodology	18
3.1 Reconstructing the programme theory of change	19
3.2 Evaluation methods.....	22
3.3 Data analysis	24
4. Findings	25
4.1 Effectiveness.....	25
4.2 Impacts.....	48
4.3 Relevance	56
4.4 Coherence of the programme design	63
4.5 Efficiency	68
4.6 Sustainability	74
7. Recommendations	76
8. Lessons learned	78
Appendixes	80
Appendix 1: Evaluation Terms of Reference (TOR)	80
Appendix 2: Detailed results framework of the project.....	80



Appendix 3 –Evaluation matrix	80
Appendix 4– List of funded projects by the JP.....	80
Appendix 5 list of stakeholders interviewed for this evaluation	86
Appendix 6: Evaluation Consultant Code of Conduct Agreement Form	88

Acknowledgements

The Evaluation team would like to express gratitude to all of the project teams, partners and stakeholders who participated in the evaluation. In particular to the project management unit for facilitating the evaluation activities, as well as the UNDP and UNFPA country offices and Management Teams.

Disclaimer

This report is the work of an independent consultant, and doesn't necessarily represent the views, policy or intentions of UNDP, UNFP, the participating Governments, and project partners. The opinions and recommendations in the evaluation will be those of the Evaluator and do not necessarily reflect the position of UN agencies, or any of the project stakeholders.



List of acronyms

ANC	Antenatal Care
CDP	Community Development Plan
CHV	Community Health Volunteers
CIS	Commonwealth of Independent States
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HSC	Human Security Concept
HSU	Human Security Unit
ISR	Institute for Social Research
JICA	Japan International Cooperation Agency
KAISEN	Japanese model of quality management
MCH	Maternal Child Health
MOH	Ministry of Health
MPHSTF	Multi-Partner Human Security Trust Fund on Aral Sea
NGO	Non-Government Organization
PHC	Primary Healthcare Center
PR	Public Relations
RGP	Regional Gross Product
SDG	Sustainable Development Goals
SME	Small and medium-sized enterprises
ToC	Theory of Change



UNDP	United Nations Development Programme
UNV	United Nations Volunteers
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN JP	United Nations Joint Programme
UNODC	United Nations Office on Drug and Crime
UNTFHS	United Nations Trust Fund for Human Security
UNICEF	United Nations Children Fund
UNCT	United Nations Country Team
UN MPTF	United Nations Multi-Partner Trust Fund
VCC	Village Council of Citizens
WCU	Women’s of the Republic of Uzbekistan

List of tables

Table 1: Summary of key evaluation questions	16
Table 2: Summary of the program theory of change	19
Table 3: Programme alignment with the national health strategy of Uzbekistan.....	57
Table 4 Summary of Stakeholders engagements	68

List of figures

Figure 1 Programme site map.....	15
Figure 2: Picture of the training material provided to the participants.....	34
Figure 3: SME survey respondent on delivering SMEs on time and on budget (n=29)? ..	36
Figure 4 social infrastructure survey respondent on timeframe and budget (n=162)	43
Figure 5 Community Health Volunteers survey response on the JP support to achieve their goals effectively (n=216).....	46



Figure 6 Healthcare providers survey responses on impacts (n=108)	49
Figure 7: SMEs survey respondents' (n=29) reporting impacts.....	52
Figure 8: SMEs response to the survey on impacts (n=162).....	53
Figure 9 Trainees self-assessment of expertise before and after the trainings	54
Figure 10 Trainee survey responses to the likelihood of recommending the training to a friend (n=377).	55
Figure 11 Trainee survey responses to improve the understanding and behavioral change	55
Figure 12 Community Volunteers survey responses on impacts (n=216).....	56
Figure 13: Survey responses in relation to the relevance of JP activities to the needs of beneficiaries	59
Figure 14 Programme Management Organigram.....	71



Executive summary

Background: In the context of UN's support to the Government of Uzbekistan's on efforts to tackle the negative consequences of the Aral Sea crisis, with the financial support of the Government of Japan, UNDP and UNFPA Joint Programme "Building the Resilience of Local Communities Against Health, Environmental and Economic Insecurities in the Aral Sea region" was launched, which is being implemented in Karakalpakstan throughout 2020-2022. The Joint Programme aims to address the most urgent and immediate health and economic insecurities in the most vulnerable areas of the Aral Sea region through brining innovative solutions to healthcare and poverty reduction initiatives.

Scope: The purpose of this evaluation is to assess the achievement of Joint Programme results against what was expected to be achieved, and draws lessons that can both improve the sustainability of benefits from this project, and help in the overall enhancement of UNDP programming. The Final Evaluation (FE) attempts to achieve two primary purposes: (i) to provide evidence of results to meet accountability requirements, and (ii) to promote learning, feedback, and knowledge sharing through results and lessons learned among UNDP, UNFPA the donor and their national partners.

Evaluation approach: This evaluation uses a mix qualitative-quantitative methods to best describe project results based on the on the results framework as outlined in the project document. The evaluation used mixed methods including document review, surveys and interviews as well as general best practices of evaluation to gather qualitative and quantitative data that focus on the purpose of the evaluation and answer all of the evaluation questions from the TOR.

Findings

Effectiveness: The joint programme has successfully reached or outperformed its output targets, with stakeholders, beneficiaries and target groups generally reporting to be very satisfied. Output delivery in turn brought some important results also at the outcome level, which can be directly attributed to the JP. 26 out of the 28 targets defined in the project document have been either fully achieved or exceeded targets, with a few shortcomings observed in relation to the final awareness targets who are gaining knowledge on STI/HIV prevention and healthy lifestyle, nonetheless, these are not seen of concern as the awareness activities are naturally ongoing by UNFPA and other relevant agencies.

The main success factors of the JP are investing in capacity building and strong stakeholder engagement process. There has been a high degree of investment at both national and local capacity building, not only individual capacity upgrading (more than 15 training topics covered and well-over 4,800 people trained in total across all activities) but also institutional capacity strengthening. This is potentially a contributing factor not only for effectiveness features but also for sustainability. Also, the JP relationships with national and local stakeholders seem to be fluid and constructive and led to a higher degree of achievements/effectiveness. The JP applied effective participatory approach with stakeholders in decision making, for example, in selecting infrastructure projects and SMEs awarding, etc, this leads to greater level of ownership, and the project working group established in the Ministry of Health has been effectively used engage stakeholders and helped to reduce bureaucracy. There have been number of limiting factors for effectiveness, these include difficulties in procuring and maintaining sophisticated medical equipment, preparedness of the health system for e-technology, community readiness to adopt new innovative business models, and COVID-19 Pandemic.



Impacts: There is ample evidence that the JP achieved health and local economy-related impacts at the community level in Karakalpakstan. These impacts include better health outcomes such as improved capacity to test, screen, prevent and control cancer, and enhanced community awareness about ,and motivation for participation in, cancer screening process. At the local economy level, impacts included improved access to basic services, better business development capacities and the subsequent impacts on job creation and livelihood sustainability.

The capacity building activities in the JP has led to improved knowledge of the participants in the various subject matters as well as changing the way the day-to-day business is done based on the newly acquired knowledge. The JP managed to maintain the community volunteerism programme effectively, improved the volunteer capacities to deliver awareness activities and kept the volunteers motivated and engaged throughout the JP delivery.

Relevance: The programme goal, objectives and activities are fully aligned with the policies and strategies of the Government of Uzbekistan and Government of Karakalpakstan on addressing the Aral Sea crises. The joint program aligns directly with health and economic development-related strategic priorities, outcomes and indicators of the 2016-2020 UNDAF, the new United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 Uzbekistan, UNDP CPD 2016-2020, UNDP CPD 2021-2025, UNFPA CPD 2016-2020, and UNFPA CPD 2021-2025.

Coherence: The programme design effectively applied the Human Security approach in addressing complex threats to the survival, livelihood and dignities of populations in the Aral Sea area of the Aral Sea, this approach enabled the project design to bring together health and economic development together in one project to address human securities.

The design of the joint programme follows a standard strategy for this sort of intervention with the inclusion of an expected objective, expected outcome and outputs and key areas of activity as well as key deliverables. The programme design has strengths and weaknesses. The strengths of the design derive mainly from documenting and effective use of lesson learned from previous (similar) projects and implementation of Human Security approach in the Aral Sea region to address complex threats to the survival, livelihood and dignities of populations in the Aral Sea area. The project design could have benefited from appropriate presentation of the theory of change and defining outcomes and impacts indicators.

Programme design demonstrated good practice in documenting and utilising lessons learned from other similar projects by drawing strongly on the participatory approach in targeting those in need, adding value through the application of an integrated approach to local development, and partnership building, through engaging national, regional and local institutions in programme implementation.

Efficiency: The 6-months extension is justified based on COVID exceptional circumstances and subsequent quarantine measures imposed by the Government of Uzbekistan and negative impact on implementation of a number of the project outputs as per approved workplan. The project duration (2years plus 6 months extension) is considered a strict timeframe for a such a complex programme, however, the project management has successfully managed to achieve a lot in a very short period of time, especially when noting that most of the project timeframe coincided with the peak COVID environment.

There is ample evidence of indirect (in kind) contribution to the cost of the project activities from community and local authorities to make, for instance, the community members participated in the construction of the social infrastructure projects and local health authorities have made the physical space



available for testing equipment role of co-financing in the social infrastructure projects could have been further investigated with Government counterparts to maximize the benefit, promote ownership and potentially operationalize more social infrastructure projects. The incentive-based approach could have been considered at the outset to ensure that funds do not substitute for existing development finance or Government budgeting but provide additional funding to trigger solutions of development issues and produce the anticipated benefits.

There has been adequate project management arrangement in place, in fact, the decentralised presence of the project team in Nukus played a vital role in building strong relationship with stakeholders and facilitated day to day management and engagement.

The project's management has been adaptive and able to demonstrate flexibility in making changes if, and when, necessary to do so in order to keep the project up to date and keep it capable of producing the desired outputs as envisaged originally. This included changes to the scope of work to accommodate emerging COVID responses. This kind of quick and immediate change to the scope of work required high degree of flexibility from all involved parties including from the funding agency (i.e the Government of Japan). Risk management and reporting mechanisms were appropriate, but the M&E framework primarily tracked output delivery and recommended to include more outcome-based indicators in the future to help capturing the impacts..

Sustainability: There are number of factors contributing to the sustainability of JP benefits, these include capacity development (training outcomes), new institutional and legal frameworks (GBV's SoPs), coherent partnerships, Government ownership and the fact that outcomes and outputs are firmly imbedded institutionally.

The JP is well-positioned to set the ground for replication and upscaling, the JP has leveraged a set of strong partnerships at all levels of intervention and can look at further synergies and financing opportunities as an additional way in which sustainability, upscaling and replication can be sought.

However The JP sustainability challenges are mainly related to 1) Unclear resourcing framework of health supplies required to maintain HPV and cancer testing and control consulted with and agreed by the Ministry of Health, and 2) Despite the fact that the project has pro-actively developed data-base to enhance health monitoring, the future data management capabilities by the Ministry of Health to maintain the newly established databases for health have not been fully materialised yet, and these may affect the sustainability of effective implementation and particularly reporting on the health outcomes in the future, and 3) the future implementation of the CDP social infrastructure projects will be largely dependent on the availability of the external funding source which UN agencies are addressing through ongoing resources mobilisation.

Recommendations are provided in section 5.



1. Project background

1.1 Problem statement

Central Asia, and in particular Uzbekistan, is recognized as one of the world's most vulnerable regions to the impacts of long-term climate change. There is a growing evidence that more frequent extreme weather conditions such as droughts, heat waves, out of season frosts and storms are occurring and to large extent affecting the agriculture and thus vulnerable populations in rural areas.

The Aral Sea region remains the most vulnerable and deprived region of Uzbekistan. Once the fourth largest inland lake in the world and now down to 10% of its original size, the drying of Aral Sea set off large-scale human, environmental, socio-economic and demographic problems in the affected areas.

Once thriving in the vicinity of the Aral Sea with their rich culture and unique bioresources the current landscape where communities of Karakalpakstan live, was vividly described by the UN Secretary General Antonio Guterres as “**probably the biggest ecological catastrophe of our time**” during his visit to the region in 2017¹.

Karakalpakstan occupies 37% of the total territory of Uzbekistan, has 5.5% of its total population, but only 2.5% of total GDP of the country. The climate is naturally arid, therefore the local population has long depended on the water from the Amu Darya delta for irrigating its agriculture, and – in the past – on the Aral Sea for fishing activities.

Following the drying up of the Aral Sea and the reduced flow of water in the lower reaches of the river, local livelihoods have become increasingly threatened and multiple interconnected human security challenges emerged. The low precipitation (100–200 millimetres annually), high summer temperatures of 40°C and low winter temperatures of down to –23°C trigger frequent dust storms which now blow thousands of tones salt and toxic chemicals from the former seabed. But, the dust storm of May 2018 threatened even the people living near the Aral Sea who are used to such harsh conditions. This is taken as a sign of things turning from bad to worse. The loss of fishery industry further exacerbated by ever degrading land resources devastated economic livelihoods of people in Karakalpakstan.

As a result, around 26.3% of the population in Karakalpakstan is poor as compared to 11.9%² in the rest of the country. The survey conducted by ISR in the Aral Sea region in 2017 shows that local population depends on agriculture and remittances sent by labor migrants from among family members who work mostly in Kazakhstan and Russia. These sources of income are highly insecure, susceptible to fluctuations and insecure in terms of benefits and long-term sustainability.

Given the low income the survey also showed that more than 60% of households cannot afford to buy minimum set of goods and services included in the consumer basket, to have balanced diet lacking enough proteins and vitamins due to relatively low consumption of meat, milk and dairy products, eggs, potatoes and fruits. These are replaced by the consumption of vegetable oil and sugar which far surpass the healthy dietary norms recommended by the Ministry of Health.

¹ UN Secretary General Antonio Guterres during his visit to the region in 2017.



High poverty level, malnutrition, exposure to dust storms, deteriorating quality of drinking water negatively impacted health of local population, resulting in high rates of deceases and mortality. The incidence of anemia among children in Karakalpakstan is 30% higher, hematological diseases (leukemia, coagulopathy, etc.) 2.5 times higher, and asthma is 2 times higher than respective national averages. According to official data, tuberculosis incidence in Karakalpakstan is twice as high as the national average, whereas in most affected districts, the incidence is four times higher.

Cervical and breast cancers are among the most common cancers in the region. The annual cancer incidence data indicate a steady increase in Karakalpakstan. About 68% of these cancers are diagnosed at III-IV stages due to absence of adequate infrastructure, medical equipment, low awareness among healthcare providers and the community. These mostly preventable cancers cause premature death of women leaving their families and children devastated.

The growing pattern of outmigration of mostly men is also bringing back to their families and communities sexually transmitted infections and HIV. Uzbekistan is the third (after Russia, and Ukraine) in Europe and CIS in the rate of new HIV cases. The results of testing of 2.5 million migrants in Russia conducted in 2017 also revealed that migrants from Uzbekistan were among the top 3 countries of origins (along with Ukraine and Tajikistan) in terms of new HIV cases registered.

The socio-economic and environmental hardship is also potentially contributing to the incidence of domestic violence. Although there are limited studies on this, the available data shows 64.3% of women are exposed to some form of violence³. As the issue became so prominent in national agenda that the Government recently adopted a Resolution⁴ on developing the law on domestic violence and organizing the centers under the Women's Committee in all regions, including Karakalpakstan to help victims to recover and reintegrate to the society.

1.2 Programme response strategy

In the context of UN's support to the Government of Uzbekistan's on efforts to tackle the negative consequences of the Aral Sea crisis, with the financial support of the Government of Japan, UNDP and UNFPA Joint Programme "Building the Resilience of Local Communities Against Health, Environmental and Economic Insecurities in the Aral Sea region" is launched, which is being implemented in Karakalpakstan throughout 2020-2021 with further extension approved by the Project Board until 30 June 2022. The Joint Programme aims to address the most urgent and immediate health and economic insecurities in the most vulnerable areas of the Aral Sea region through bringing innovative solutions to healthcare and poverty reduction initiatives.

The programme strategy will be based on combining the mixture of approaches including but not limited to (i) enhancing knowledge, information, innovation and technological exchange; (ii) building people-to-people bonds; (iii) building broad based bottom-up partnerships for impactful implementation of the initiatives of the project; and (iv) enhancing capacity building of local partners to materialize the development dividends.

The programme overall goal is to address the most urgent and immediate health and economic insecurities in the most vulnerable areas of the Aral Sea region through bringing innovative solutions to healthcare and poverty reduction.



The Joint Programme has two major objectives as follows:

Objective 1: Improving the quality of healthcare services, particularly in remote rural areas through strengthening the technical and institutional capacity of local healthcare system for maternal, child and reproductive health service provision with the focus on prevention of ill health (breast and cervical cancer, sexually transmitted infections, malnutrition, etc.) and promotion of healthy lifestyle and positive health seeking behaviour involving also the Community Health Volunteers. The objective also had focus on strengthening the institutional capacity of relevant stakeholders in Karakalpakstan in preventing and responding to domestic violence.

The Objective 1 includes the following outputs:

- Output 1.1. Primary Health Care Service providers improved their capacities to deliver quality services to local population;
- Output 1.2. Population is better informed about health issues to lead healthy lifestyle by using preventive health care services and compliance to treatment regimen and local women empowered to enhance their enjoyment of sexual and reproductive health rights;
- Output 1.3 Multi-sectoral response mechanism to domestic violence strengthened in line with international standards for essential service provision and inter-sectoral coordination.

Objective2: Enhancing income generation opportunities of the affected population through inclusive business initiatives, promotion of investment for job creation, as well as through improving access to basic services. The programme selects most vulnerable rural communities and help them with participatory decentralized planning and rehabilitation of essential public services such as water supply. It will support the start-up of agricultural cooperatives and small businesses through trainings, funding innovative schemes, establishing pilot “farm field schools”. These will help people, especially women led households to use available resources, mainly land and water in the most efficient way and generate incomes toe sustain their livelihoods.

The objective includes the following outputs:

- Output 2.1 Local entrepreneurship initiatives supported with focus on skills development for rural women in agriculture, manufacturing and service sector with the aim of enhancing overall economic well-being of vulnerable communities;
- Output 2.2. Communities have increased access to rural infrastructure and business opportunities in selected sectors (agriculture, fishery, food processing, etc.);
- Output 2.3. Local communities in Karakalpakstan have skills in community-based planning and development;
- Output 2.4. Document the best-practices and results of the project and galvanize additional donor funds for replication and scale up of results through the Multi-Partner Human Security Trust Fund for Aral Sea region.



The programme overall goal is to address the most urgent and immediate health and economic insecurities in the most vulnerable areas of the Aral Sea region through bringing innovative solutions to healthcare and poverty reduction.

Programme combines the mixture of approaches including but not limited to (i) enhancing knowledge, information, innovation and technological exchange; (ii) building people-to-people bonds; (iii) building broad based bottom-up partnerships for impactful implementation of the initiatives of the project; and (iv) enhancing capacity building of local partners to materialize the development dividends.

1.3 Programme targets

The following targets were expected to be achieved by conducting the activities proposed in the programme.

- 250 primary health care providers are trained on cervical and breast cancer prevention and control;
- 12 laboratory service providers are trained on performance of new HPV testing;
- 1 fully functioning real-time PCR HPV testing laboratory is established;
- 50,000 women between the age of 30-49 from the 5 selected districts (Karauzyak, Chimbay, Kegeyli, Kungrad and Khodjeily) participate in organized one-round of cervical cancer screening program with proper follow-up;
- 40,000 newly-married and pregnant women receive anti-anemic supplements.
- Female population of the 5 selected districts (Karauzyak, Chimbay, Kegeyli, Kungrad and Khodjeily) benefited from gained knowledge on cervical and breast cancer control and prevention, resulting in early diagnosis of invasive cancers and leading to the better health outcomes.
- Over 80,000 people gained evidence-based knowledge on STI/HIV prevention;
- 15,000 rural people have better knowledge on healthy lifestyle;
- Multi-stakeholder response mechanism for domestic violence introduced;
- 15,000 (at least 50% are rural women/girls) rural people have improved access to better health infrastructure;
- 5,000 (at least 50% are rural women/girls) rural people connected to sustainable electrification;
- Over 6,000 (at least 50% are rural women/girls) of beneficiaries connected to drinking water pipelines;
- 1,200 schoolchildren have improved education facilities and have access to better quality education;
- Over 250 of women, girls and youth enhanced their entrepreneurship skills;



- 20 (at least 40% run by women/girls) new SMEs created by rural communities applying innovative technologies to tackle poverty and benefit the population of 3 target districts of Karakalpakstan;
- More than 5,000 people have improved economic and food security from the local products produced by the [20] SMEs established in the 3 target districts;
- 150 (at least 50% are for rural women/girls) new job places created;
- Over 100 rural people trained on innovative methods of managing agriculture;
- Over 2,500 local farmers/households enhanced their agricultural capacities based on best practices;
- Over 2,500 community members trained on problem identification/prioritization and WASH.

1.4 Expected results

Through the proposed interventions on addressing health and economic insecurities in the region, the programme will contribute to the achievement of the following outcomes:

- Improve health conditions of the local population through enhancing the quality of services, increasing awareness of the population including the youth on health issues, and introduction of multi-sectoral response mechanism to domestic violence;
- Expand employment and improve income generation of target rural communities through innovative projects to promote economic, food, environmental and social security;
- Improve local ownership and capacities through the implementation of community development plans and improving access to basic social services, such as drinking water and electricity;
- Replicate and upscale the projects' best practices through the MPHSTF for the Aral Sea region to provide social and economic development, preserve ecological balance, and recover the flora and fauna in the region;
- Enhancing women's role in decision making through capacity building and by improving women's access to public and municipal services (including better/quality healthcare services, access to water, etc.).
- Enhancing the capacities of communities to collect, analyze and use a range of data relevant to gender-responsive decision-making through promoting Community Development Planning, and promoting targeted gender empowerment programs at district levels.

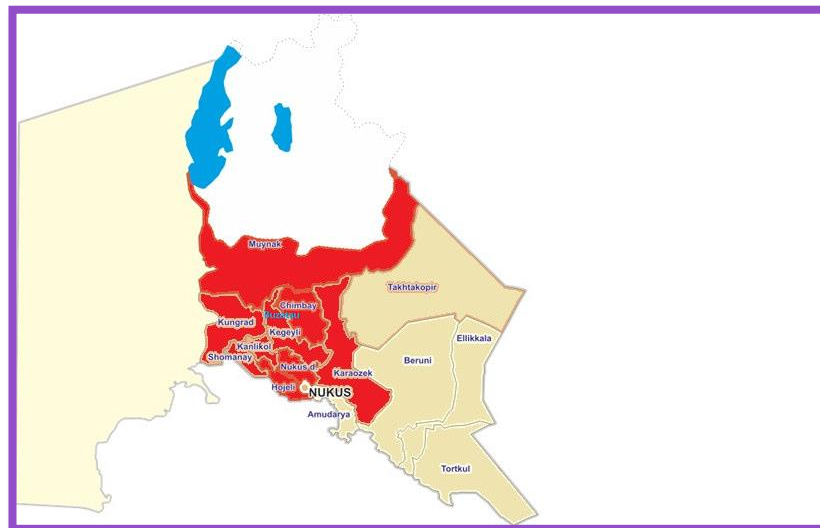


- Supporting the Women’s Committee (WC) and Business Women Association (BWA) to render consultation services to rural women on different issues (e.g. business development, property and land management).
- Jointly with the WC and BWA co-funding business proposals among unemployed women and showcase the successes for upscale.
- Job creation and enhanced access to basic social services

1.5 Programme site

The programme activities will be mainly focused on addressing the human security needs of more than 684,000 inhabitants of the ten northern districts of Karakalpakstan such as Chimbay, Karauzyak, Bozatau, Kegeyli, Hodjeli, Shumanay, Kanlikul, Kungrad, Muynak and Nukus districts.

Figure 1 Programme site map



1.6 Programme timeframe

The Programme’s initial duration was 2 years (January 2020 – December 2021) and as per decision of the Programme Board Meeting it was extended for the period of 6 months until 30 June 2022. Total budget of the Programme is USD 3,211,618 (funded by the Government of Japan).

1.7 Implementation of Human Security approach in the Aral Sea region

The programme uses the human security concept as a conceptual tool for addressing the needs of local people in the Aral Sea region. As an approach for situations of risks and crisis, the human security framework is proven to be effective for analyzing and planning for interventions adapted to the circumstances of communities affected by the Aral Sea disaster. During the course of the project’s implementation, the problem of the Aral Sea is looked at from the perspective of the people and



communities it has affected the most and the multitude of threats to their everyday survival, livelihoods and dignity.

2. Evaluation scope

This evaluation assesses the achievement of Joint Programme results against what was expected to be achieved, and draws lessons that can both improve the sustainability of benefits from this project, and help in the overall enhancement of UNDP programming. This evaluation promotes accountability and transparency, and assesses the extent of project accomplishments.

The Final Evaluation (FE) assesses the Programme performance (in terms of impact, relevance, effectiveness and efficiency), and determine outcomes and impacts (actual and potential) stemming from the project, including their sustainability. The FE attempts to achieve two primary purposes: (i) to provide evidence of results to meet accountability requirements, and (ii) to promote learning, feedback, and knowledge sharing through results and lessons learned among UNDP, UNFPA the donor and their national partners.

The FE assesses project performance against expectations set out in the project's Logical Framework/Results Framework (see ToR Appendix 1). The FE will assess results according to the criteria outlined in the Guidance for TEs of UNDP projects (United Nations Development Programme - Evaluation Guidelines (undp.org)).

2.1 Evaluation criteria and questions

The standard evaluation criteria according to UNDP evaluation policy are Relevance, Impact, Effectiveness, Efficiency and Sustainability. It is acknowledged that the ToR defined evaluation criteria such as **impact, relevance, effectiveness, efficiency, sustainability**, to review the final results and progress of the project, and here are the key overarching questions, and detailed questions are provided in the evaluation matrix in appendix 3.

Table 1: Summary of key evaluation questions



Summary of key evaluation questions	
<p>Impacts</p> <ul style="list-style-type: none"> To what extent were the objectives of the project achieved? What indicators demonstrate that? What were the major factors influencing the achievement or non-achievement of the objectives? 	<p>Effectiveness</p> <ul style="list-style-type: none"> To what extent did the project contribute to the country programme outcomes and outputs, the SDGs, the UNDP Strategic Plan, UNFPA Country Programme Document and national development priorities? To what extent were the project outputs achieved? What factors have contributed to achieving or not achieving intended country programme outputs and outcomes?
<p>Relevance</p> <ul style="list-style-type: none"> To what extent was the project in line with the national development priorities, the country programme's outputs and outcomes, the UNDP Strategic Plan, UNFPA Strategic plan and Country Programme Document and the SDGs? 	<p>Efficiency</p> <ul style="list-style-type: none"> To what extent was the project management structure as outlined in the project document efficient in generating the expected results? To what extent have the UNDP & UNFPA project implementation strategy and execution been efficient and cost-effective?
<p>Sustainability</p> <ul style="list-style-type: none"> Are there any social or political risks that may jeopardize sustainability of project outputs and the project's contributions to country programme outputs and outcomes? To what extent do mechanisms, procedures and policies exist to allow primary stakeholders to carry forward the results attained on gender equality, empowerment of women, human rights and human development? 	

2.2 Cross-cutting issues

The evaluation assesses the cross-cutting issues and their relevance to the project, this included an analysis of gender considerations, women empowerment, human rights and south-south cooperation.

Table 3: cross cutting issues in evaluation

Cross cutting issue	Relevance to the project	How the cross-cutting issue are addressed in evaluation
Human rights: Issues of concerns to poor, indigenous and physically challenged, women, men and other disadvantaged and marginalized groups	<p>Implementation of Human Security approach in the Aral Sea region. The project uses the human security concept as a conceptual tool for addressing the needs of local people in the Aral Sea region.</p> <p>Access to health care system, especially in rural areas; (Output 1.1)</p> <p>Introducing multi-sectoral response concept on domestic violence and improving quality of services; (Output 1.3)</p>	<p>Analysis of rural people with better knowledge on healthy lifestyle including better access to health services and improved livelihoods.</p> <p>Assessment of multi-sectoral response concept on domestic violence and improving quality of services</p> <p>Number of infrastructure projects that are connected to (a) improved health services for HPV testing for early detection of cervical cancer; (b)</p>



	connected to sustainable electrification; connected to drinking water pipelines; schoolchildren with improved education facilities have access to better quality education; (Output 2.3.)	sustainable electrification; (c) connected to drinking water pipelines; (d) schoolchildren with improved education facilities have access to better quality education
Gender equality: gender equality and the empowerment of women Is the gender marker assigned to this project representative of reality?	The programme has GEN-2 marker, with two-pronged focus on women's empowerment: (i) better access to the healthcare for rural women and on enhancing women's role in decision making at local level, and (ii) on innovative pilot initiatives specifically targeting women.	All beneficiary-related data will be disaggregated by gender Number of SMEs created by women and women employment percent. Clarify the current situation, numbers and percent.
South-south cooperation	Level of practical application of Japanese experts' best practices in agribusiness. Availability of inter-district value chain networks through ecommerce tools; (Output 2.2). Document the best practices and results of the project and galvanize additional donor funds for replication and scale up of results through the Multi-Partner Human Security Trust Fund for Aral Sea region. (Output 2.4)	Assessment of the use of Japanese experts' best practices in agribusiness Number of local people trained on capacity and skill building trainings? Number of new project documents formulated and presented to donors? (Output 2.4)

3. Evaluation approach and methodology

The evaluation provides evidence-based information that is credible, reliable and useful and comply with UNDG Evaluations Standards. The evaluation has been undertaken in line with UNDP principles concerning independence, credibility, utility, impartiality, transparency, disclosure, ethical, participation, competencies and capacities.

The evaluation process has been independent of UNDP and UNFPA, the Government, and project partners. The opinions and recommendations in the evaluation will be those of the Evaluator and do not necessarily reflect the position of UNDP or UNFPA, or any of the project stakeholders. Once accepted, the evaluation becomes a recognized and publicly accessible component of the project's documentation.

The evaluation has been carried out between April 2022 and June 2022 (analysis and reporting). Interviews and meetings with implementing partners, experts, beneficiaries and other key stakeholders will take place in May-June 2022 .



Evaluation is an evidence-based assessment of a project’s concept and design, its implementation and its outputs, outcomes and impacts as documented in the project document. Evidence will be gathered by reviewing documents, interviewing key, selected stakeholders and from other ad hoc observations.

Evidence-based evaluation: Evidence is essential element of the project evaluations, the evaluation is used to collect and generate evidence to support the evaluation process by engaging relevant partners in refining the theory of change in each programmatic element, identifying causal relationships, testing assumptions, assessing specific indicators and data collection methods, processing and utilizing procedures, and defining a learning and research agenda.

3.1 Reconstructing the programme theory of change

The Evaluation was based on a reconstruction of the ‘theory of change’ (ToC) of the joint programme. The ToC can be described with reference to five main elements. In particular:

- The first element refers to the **problem** addressed by the programme, e.g. the consequences of drying the Aral Sea;
- The second consists of the **inputs** available to address these challenges, which include the financial, time and human resources as well as programme partnerships with implementing partners and the engagement of other beneficiaries and stakeholders;
- The third element is the **activities** through which available resources have been deployed (for example the provision of funding/support to SMEs or capacity building activities);
- The fourth element relates to the ‘transformation’ of the **outputs** into **outcomes**, i.e. the discrete changes that the programme is expected to generate, such raised awareness and knowledge to prevent and control cervical and breast cancer.
- Finally, the fifth element refers to the expected **impact** (or development outcome) of the programme component, i.e. reducing as well as reduced gender disparities in economic participation and financial access).

The joint programme ToC is based on a set of **assumptions**, which mostly refer to: (i) the actual availability of financial and human resources; (ii) the degree of commitment and buy-in of relevant counterparts, including the beneficiaries and SMEs; and (iii) the willingness of communities to uptake new products, services and models, such as new cancer screening process. The evaluation tested these assumptions through stakeholders interviews and surveys to investigate if these assumptions were wrong or not.

The programme ToC, as reconstructed by the Consultant based on the project document and other documentation is provided below.

Table 2: Summary of the program theory of change



Summary of the program theory of change	
Problem statement	<p>The drying of Aral Sea (currently around 10% of its original size)</p> <p>Consequences: Large-scale human, environmental, socio-economic and demographic problems: Such as:</p> <ul style="list-style-type: none"> - Environmental: Deteriorating quality of drinking water, dust storms, frequent dust storms which now blow thousands of tones salt and toxic chemicals from the former seabed. - Socio-economic: increasing poverty, loss of fishery industry and other agricultural business, threatening local livelihoods, outmigration of mostly men, domestic violence. - Health impacts: malnutrition, negative health impacts from poor drinking water, high rates of deceases and mortality, high rate of diseases (Anemia, haematological diseases, asthma, Tuberculosis, Cervical and breast cancers. HIV). All these diseases are higher Karakalpakstan than national average in Uzbekistan.
Programme inputs	<p>Project total budget: \$ 3,211,618 Source of funding: Government of Japan.</p> <p>Project timeframe: 30 months (start date: January 2021, Project end date: June 2022 (with 6 months extension).</p> <p>Human resources: Project teams, expert consultants, etc</p> <p>programme partnerships with national Government in Uzbekistan and local authorities in Karakalpakstan.</p>
Programme objectives	<p>Objective 1: Improving the quality of healthcare services</p> <p>Objective2: Enhancing income generation opportunities of the affected population</p>
Programme activities	<ul style="list-style-type: none"> •Train primary health care providers are on cervical and breast cancer prevention and control; •Train laboratory service providers are on performance of new HPV testing; • Establish fully functioning real-time PCR HPV testing laboratory; • Cervical cancer screening program with proper follow-up; • Provide newly-married and pregnant women with anti-anemic supplements. • Raise knowledge on cervical and breast cancer control and prevention, resulting in early diagnosis of invasive cancers and leading to the better health outcomes. •Evidence-based knowledge on STI/HIV prevention; <ul style="list-style-type: none"> •Improve access of rural people to better health infrastructure; •Connect rural people to sustainable electrification; •Connect rural women to drinking water pipelines; •Improve schoolchildren education facilities and have access to better quality education; • Enhance women, girls and youth entrepreneurship skills; •Create new SMEs by rural communities applying innovative technologies; •Train rural people on innovative methods of managing agriculture; •Train community members on problem identification/prioritization and WASH.



	<ul style="list-style-type: none"> •Develop a new Multi-stakeholder response mechanism for domestic violence; 	
Programme outputs	<ul style="list-style-type: none"> •Output 1.1. Primary Health Care Service providers improved their capacities to deliver quality services to local population; •Output 1.2. Population is better informed about health issues to lead healthy lifestyle by using preventive health care services and compliance to treatment regimen and local women empowered to enhance their enjoyment of sexual and reproductive health rights; •Output 1.3 Multi-sectoral response mechanism to domestic violence strengthened in line with international standards for essential service provision and inter-sectoral coordination. 	<ul style="list-style-type: none"> •Output 2.1 Local entrepreneurship initiatives supported with focus on skills development for rural women in agriculture, manufacturing and service sector with the aim of enhancing overall economic well-being of vulnerable communities; •Output 2.2. Communities have increased access to rural infrastructure and business opportunities in selected sectors (agriculture, fishery, food processing, etc.); •Output 2.3. Local communities in Karakalpakstan have skills in community-based planning and development; •Output 2.4. Document the best-practices and results of the project and galvanize additional donor funds for replication and scale up of results through the Multi-Partner Human Security Trust Fund for Aral Sea region.
Will lead to		
Programme Outcomes	<ul style="list-style-type: none"> • Increased awareness of the population including the youth on health issues <ul style="list-style-type: none"> - health care providers are better able to prevent and control cervical and breast cancer - Laboratory service providers are better equipped to perform new HPV testing -Women of the targeted communities have better understanding of the cervical and breast cancer control and prevention - Women have the opportunity for early diagnosis of invasive cancers -people gained evidence-based knowledge on STI/HIV prevention; - newly-married and pregnant women are more resilient to diseases 	<ul style="list-style-type: none"> •Expanded employment and improve income generation of target rural communities • Improved local ownership and capacities of development agenda •Enhanced women’s role in decision making -Improved women’s access to public and municipal services •Enhance farmers/households agricultural capacities based on best practices; - rural people have improved access to better health infrastructure; - Communities are connected to drinking water pipelines; - women, girls and youth enhanced their entrepreneurship skills



	<ul style="list-style-type: none">• Increase knowledge of rural people on healthy lifestyle;- Effective multi-sectoral response mechanism to domestic violence among concerned agencies	
Will lead to		
Programme impacts	<ul style="list-style-type: none">• Improved health conditions of the local population• Improved access to basic social services, such as drinking water and electricity• New Jobs created• Improved people economic conditions• Improved food security from the local products produced• Reduced gender disparities in economic participation and financial access	

3.2 Evaluation methods

The methodology used in this evaluation was discussed and agreed with UNDP in the evaluation inception report. This evaluation uses a mix qualitative-quantitative approach (method) to best describe project results based on the on the results framework as outlined in the project document. The evaluation used mixed methods for data collection (document review, surveys and interviews) as well as general best practices of evaluation to gather qualitative and quantitative data that focus on the purpose of the evaluation and answer all of the evaluation questions from the TOR. Data were collected in a gender-segregated way to allow for a specific assessment of impact for man and women. The evaluation included two levels of analysis and data collection:

- A desk review of programme documentation combined with
- Independent data collected by the evaluators through interviews, and
- Surveys.

In collecting the data, due consideration given to ensure data protection aspects and confidentiality of informants. An evaluation matrix² is developed as a base for gathering of qualitative inputs for analysis. The evaluation matrix defined the objective for gathering non-biased, valid, reliable, precise, and useful data with integrity to answer the evaluation questions.

Desktop review

The initial stage involved the review of project documentation and associated documents. Project documentation has been provided by both UNDP and UNFPA. The evaluators reviewed all relevant sources of information, such as the project document, project reports – including

² The evaluation matrix is a tool that evaluators create as a map and reference in planning and conducting an evaluation. It also serves as a useful tool for summarizing and visually presenting the evaluation design and methodology for discussions with stakeholders.



annual reports, progress reports, project files, national strategic and policy documents, and any other materials that the evaluator considers useful for an evidence-based evaluation assessment.

The key output of the desktop review was to collect data and information as potential evidence that underpin evaluation, and also help the evaluator to familiarize with the project context in details.

Semi-structured interviews

Engaging stakeholder was critical for the success of the evaluation. The project involves multi-stakeholders and teams in different capacities. Throughout the evaluation process, key groups of stakeholders were engaged and interviewed using semi-structured interview³ method such as Group 1: National Government agencies, Group 2: Local Government agencies, Group 3: Project beneficiaries, Group 4: Project teams, and Group 5: Project donor – detailed list of interviewee is provided in appendix 5.

Semi-structured interview is the most robust method to collect data and information about the delivery and effectiveness of the project. Stakeholders interviews were conducted during the evaluation with various stakeholders and teams. Interviewees involved asking open questions about their perspectives of project successes, challenges and also about their particular roles in the project.

The main purpose of the engagement was to collect evidences that support evaluation process and findings and gain sufficient understanding of their perspectives on the program successes and challenges.

Surveys

The survey in this evaluation aimed to evaluate the implementation of the project and quantify the impacts on project beneficiaries. The surveys were used for data collection from the program beneficiaries. The online survey component of this evaluation was designed to primarily collect **quantitative** data from project beneficiaries to answer the KEQs with some open-ended questions to collect **qualitative** data.

Five targeted surveys have been developed targeting the following groups

- Survey 1: health care providers & laboratory service providers
- Survey 2: SMEs supported
- Survey 3: CDP and social infrastructure

³ A semi-structured interview is a method of research used most often in the social sciences, a semi-structured interview is open, allowing new ideas to be brought up during the interview as a result of what the interviewee says.



- Survey 4: Community Health Volunteers programme
- Survey 5: Trainees

Total of **892 respondents** reacted to the survey from the above-mentioned list of beneficiaries, of which **58% of the respondent were females and 42% were males**.

3.3 Data analysis

Information was analyzed and consulted with project team, and then an evaluation report draft was developed. All analysis is based on observed facts, evidence and data to inform findings to be specific, concise and supported by quantitative and/or qualitative information that is reliable, valid and generalizable. The broad range of data provides strong opportunities for triangulation. This process is essential to ensure a comprehensive and coherent understanding of the data sets, which have been generated by the evaluation.

The data analysis method involved qualitative analysis, context analysis and thematic analysis of the semi-structured interview responses and analysis of the survey data. Analysis of the context in which a project operates, in particular the political economy context, with a focus on issues of enabling environment, space for change and capacities concerned.

Data synthesis

The results of the data analysis will be synthesized against the KEQs in evidence tables, with findings generated by triangulating evidence from the desktop review, interviews, and survey.

Limitations

Implementation of the evaluation is expected to be faced by the following challenges:

- Timing – due to unpredicted circumstances, the evaluation implementation is expected in a short period of time. Risks are predicted and will be managed in time.
- Travel – COVID and international travelling restrictions have an impact on international travel. This will be mitigated by utilizing digital formats and a national consultant, who will facilitate engagements with stakeholder.
- Coordination between national- and international staff members – coordination will be ensured by close coordination between national and international consultants.
- Accessibility to stakeholders – the presence of a national consultant within the country will ensure the ability to access stakeholders.
- Data availability and accessibility especially in relation to impact indicators.
- Other issues that have been predicted to have effects upon evaluations and reviews by the UN, such as additional time needed for stakeholders to respond to the review's requests, access to online platforms by different stakeholders, were not relevant. For carrying out the review, therefore, UNEG's Guidance on Evaluation Planning and



Operation During COVID-19 was followed for the design and implementation of the assessment process.

4. Findings

4.1 Effectiveness

Findings and conclusions

1. The joint programme has successfully reached or outperformed its output targets, with stakeholders, beneficiaries and target groups generally reporting to be very satisfied. Output delivery in turn brought some important results also at the outcome level, which can be directly attributed to the JP. 26 out of the 28 targets defined in the project document have been either fully achieved or exceeded targets, with a few shortcomings observed in relation to the final awareness targets who are gaining knowledge on STI/HIV prevention and healthy lifestyle, nonetheless, these are not seen of concern as the awareness activities are naturally ongoing by UNFPA and other relevant agencies. ().
2. The main success factors of the JP are investing in capacity building and strong stakeholder engagement process. There has been a high degree of investment at both national and local capacity building, not only individual capacity upgrading (more than 15 training topics covered and well-over 4,800 people trained in total across all activities) but also institutional capacity strengthening. This is potentially a contributing factor not only for effectiveness features but also for sustainability. Also, the JP relationships with national and local stakeholders seem to be fluid and constructive and led to a higher degree of achievements/effectiveness. The JP applied effective participatory approach with stakeholders in decision making, for example, in selecting infrastructure projects and SMEs awarding, etc, this leads to greater level of ownership, and the project working group established in the Ministry of Health has been effectively used engage stakeholders and helped to reduce bureaucracy.
3. There have been number of limiting factors for effectiveness, these include difficulties in procuring and maintaining sophisticated medical equipment, preparedness of the health system for e-technology, community readiness to adopt new innovative business models, and COVID-19 Pandemic.

Effectiveness is the extent to which an intervention achieved, or is expected to achieve, its objectives and results. It is the extent to which the development intervention's objectives were achieved or are expected to be achieved considering their relative importance. It is also an aggregate gage of the merit or worth of an activity, i.e., the extent to which an intervention has attained, or is expected to attain, its major relevant objectives in a sustainable fashion and with positive institutional development impact.

The joint programme successfully reached or outperformed its output targets, with stakeholders, beneficiaries and target groups generally reporting to be very satisfied. Output delivery in turn brought some important results also at the outcome level, which can be directly attributed to the JP. **26 out of the 28 targets defined in the project document have been either fully achieved or exceeded targets.**

Objective 1: Improving the quality of healthcare services

Output 1.1. Primary Health Care Service providers improved their capacities to deliver quality services to local population



Indicators	Baseline	Target	Achieved as of May 2022	Status
1.1.1. Availability of data on systemic issues in the healthcare service provision on programme interventions	1.1.1. Lack of available data	1.1.1. Need Assessment findings available for interventions planning.	Development and implementation of a cervical cancer screening pilot programme using HPV test for primary screening and two different strategies for triage of HPV-positive women in two different areas from Uzbekistan.	Achieved
1.1.2. Number of primary health care providers trained on cervical and breast cancer prevention and control;	1.1.2. No primary health care providers trained on cervical and breast cancer prevention and control;	1.1.2. 250 primary health care providers trained on cervical and breast cancer prevention and control	498 (23 Ob & Gyns, 8 onco-gynaecologists, 150 GPs, 240 patronage nurses, 77 midwives were trained)	Target exceeded
1.1.3. Number of laboratory service providers trained on performance of new HPV testing;	1.1.3. No laboratory service providers are trained on performance of new HPV testing;	1.1.3. 12 laboratory service providers trained on performance of new HPV testing	12	Target met
1.1.4. a) Availability of fully functioning real-time PCR HPV testing laboratory; b) Number of women between the age of 30-49 undergone cervical cancer screening program with proper follow-up	1.1.4. a) Absence of fully functioning real-time PCR HPV testing laboratory b) No data about women between the age of 30-49 undergone cervical cancer screening program with proper follow-up;	1.1.4. a) 1 fully functioning Realtime PCR HPV testing laboratory is established; b) 50,000 women between the age of 30-49 undergone cervical cancer screening program with proper follow-up;	Ten PCR machines were procured, delivered and installed 49140 women passed the screening. 8 HPV machines and sets of disposables procured and installed.	Target met
1.1.5. Number of newly-married and pregnant	1.1.5. No data about newly married and pregnant women	1.1.5. 40,000 newly-married and pregnant	37,000	Target has been



women received anti-anemic supplements	supplied with anti-anemic supplements	women receive anti-anemic supplements;		largely met
--	---------------------------------------	--	--	-------------

Development and implementation of a cervical cancer screening pilot programme using HPV test for primary screening and two different strategies for triage of HPV-positive women in two different areas from Uzbekistan.

Ten PCR machines were procured, delivered and installed in Chirchik city (Tashkent region) and Republic of Karakalpakstan in eight districts of the Republic of Karakalpakstan by end of April 2021, 8 of which have been funded by the JP and the rest funded by UNFPA core resources. Disposables and other supplies required for testing delivered to the laboratories in both regions.

Pre-installation assessment conducted by UNFPA team in February 2021 resulted in more accurate estimation of resources and time required for testing of 56,000 women. Initially planned list of four districts in the Republic of Karakalpakstan was extended to eight districts to ensure even distribution of workload and better access for and communication with women. The Government made rooms available for these machine, and the JP helped to define technical requirements.

Training: 10 labs provided with 50,000 HPV test kits and other disposables such as specific brushes, gloves, plastic bags to avoid samples' contamination, etc, and during installation of the lab equipment by professional engineers, laboratory specialists were trained on how to operate and maintain the equipment. More than 20 laboratory specialists were trained on how to conduct the tests in the machine, run the reports and read the results of testing.

More than 500 gynecologists, midwives, general practitioners, patronage nurses, and oncologists from pilot districts were trained during one and five-days training conducted. Training for key specialists as OBGyns and midwives included both practical and theoretical parts of talking to woman, taking sample, shipping sample to the lab, make a colposcopy and/or VIA to confirm the visual presence of lesions on cervical cancer, counselling woman at the end of the visit, etc.

Screening operation: Starting July 2021, all districts proceeded with the recruitment of women 30-55 years old according to the selection criteria mentioned in the protocol. Recruitment was conducted in two main ways:

1. Enrolment at primary healthcare clinics. The local PHC provider team identified eligible women who were attending for routine clinic visits and invited them to participate in the pilot.
2. Enrolment from communities in the PHC clinics' catchment areas. Patronage nurses and local leaders of Mahalla identified eligible women within the communities and invited them to participate in the pilot.

49140 women passed the screening:

- 3290 (6.7%) of tested women were HPV positive
- 759 (23% of HPV positive) were sent to oncology



- 9 women (1.2% out of women sent to oncology) gone through surgical treatment of the cervical cancer
- 237 (31%) of HPV+ women with identified minimal lesions on cervix went through thermal ablation or radio wave coagulation in the polyclinic.

The speed of the testing was increasing with the highest number of recruited women during last three months of testing. It is explained by improved capacity of medical professionals working in the project and increased awareness among population due to awareness raising activities.

In order to speed up the testing process the following actions were undertaken:

- To clarify the issues raised during implementation, trainers – members of MOH Working Group, established different telegram chats with Ob&Gyns and midwives and lab specialists.
- Additional HPV machines were mobilized from TB clinic in three districts of the Republic of Karakalpakstan
- The tests were re-distributed between “good performing” districts to ensure larger enrollment of target population
- Nukus city polyclinic was engaged to the process of sample taking to enlarge covered population.

Along with testing, all HPV positive women went through colposcopy and/or VIA to confirm the cervical lesions. Depending on the lesion level, women were either referred to oncological center in Nukus city or treated at the PHC level. UNFPA supported provision of two radio-wave devices to treat minor lesions at primary level without visiting the oncological center which extended the testing protocol to include treatment for each particular woman. Oncological services provided to pilot women were closely monitored by the specialists from Republican Oncological Center, members of the MOH Working Group, with support of UNFPA at monthly basis.

The UNFPA and the French Embassy in Uzbekistan joined forces with the WHO at the end of 2019 to support the undertaking of a pilot study to evaluate the efficacy of HPV testing for primary cervical cancer screening within the context of the Uzbek health care system and to identify the problems that need to be overcome to maximize the effectiveness of HPV testing before is rolled-out to a larger population. The pilot was conducted in the city of Chirchik (4 PHC clinics) and the Republic of Karakalpakstan (11 PHC clinics) over the period from 1 April 2021 to 30 April 2022.

Implementing and running the pilot was a complex operation that involved many activities including: acquisition and provision of new equipment; training health care providers to deliver the screening tests and triage women who were screen-positive; monthly monitoring visits to evaluate progress and resolve problems; etc. All of these were successfully undertaken with the pilot identifying several problems with health service quality, coordination and capacity that need to be investigated and resolved so that an effective cervical cancer screening program can be implemented in Uzbekistan. While the pilot successfully identified the problems mentioned above, much of the data that are required to understand the causes and therefore how they can be resolved has not yet been collected. Therefore, an independent



evaluation by Dr. Philip Davies suggested actions to be undertaken to maximize the collection of these data that are required to plan and implement an effective cervical screening program⁴.

Database development: In order to ensure reliability and accurateness of data, UNFPA supported development of data base. The software includes all necessary information about patient, tests' and colposcopy/VIA results, as well as provides information about treatment and further follow up. Confidentiality of data will be ensured by the coding of each patient and secure access to the data base for limited number of project staff. The software was handed over to IT MED (IT department of the MOH) in order to be connected to general data base on medical staff and medical facilities. Due to the process of merging the features of CxCr data base and national health care data base, finalization of the data base was delayed until mid-December 2021. As a result of this delay, all concerned staff participated in the training in January 2022. Due to COVID19 related constraints introduced by the MOH at that time: no gathering for more than 10 people, UNFPA organized training in small groups to make sure that district team (ObGyn, lab specialist and IT focal point or administrator) had the opportunity to practice their skills and enter the real data from registration log book. The work with data base will be continued in QI and QII of 2022.

The data base is not fully operationalized yet due to technical issues from the IT Med side, internet connectivity issues, technological skills of the staff.

Antianemia medicines: UNFPA procured the antianemia medicines, 40 000 packs, and delivered to the Republic of Karakalpakstan. These medicines were distributed among young women and adolescent girls, who were identified by the Ministry of Health of the Republic of Karakalpalstan as primary recipients for the antianemia treatment due to anemia among pregnant women is covered through government initiative. Since anemia is one of the major reasons for complications during delivery, such preventive measure may demonstrate the benefit of anti-anemia treatment for young girls (future mothers). One pack of this medicine to cover three-months course for 1 patient which allow to cover approximately 40,000 young women and adolescent girls.

The instructions for this medicine were translated into Uzbek language and shared with the medical specialists of Republican Adolescent Center who will guide and counsel end recipients of this medicine.

The JP reported that initial data shows more than **37,000** young women and future mothers of the Republic of Karakalpakstan **improved their haemoglobin (Hb) level up to 10% after received anti-anemia pills.**

The monitoring of distribution, administration and results will be conducted by the Republican Adolescent Center staff through blood test at the beginning and the end of the course, counselling, and monthly monitoring over the treatment.

Output 1.2. Population is better informed about health issues to lead healthy lifestyle by using preventive health care services and compliance to treatment regimen and local women empowered to enhance their enjoyment of sexual and reproductive health rights

⁴ HPV Primary Cervical Screening Pilot in the Republic of Uzbekistan. Analysis of Outcomes and Recommendations to Maximize the Collection of Data Required to Design and Implement a National Cervical Cancer Screening Program, Dr. Philip Davies, 2022.



Indicators	Baseline	Target	Achieved as of May 2022	Status
1.2.1. Number of women benefited from gained knowledge on cervical and breast cancer control and prevention	1.2.1. Women are not aware of cervical and breast cancer control and prevention	1.2.1. 40,000 newly-married and pregnant women benefited from gained knowledge on cervical and breast cancer control and prevention	Not directly measured! Target is believed to have been met based on the fact that 160,000 EA of printing materials. As a result, more than 300 000 of population were covered with information related to cervical and breast cancer broadcasted through TV and radio.	Target is believed to have been met – see details below
1.2.2. Number of people gained evidence-based knowledge on STI/HIV prevention	1.2.2. Lack of evidence-based knowledge on STI/HIV prevention among rural people	1.2.2. 80,000 people gained evidence-based knowledge on STI/HIV prevention	Estimated to be more than 6,000	Ongoing activity
1.2.3. Number of teacher's manuals on healthy lifestyles published	1.2.3. No teacher's manuals on healthy lifestyles published in Karakalpak language	1.2.3. 200 teacher's manuals on healthy lifestyles published	690 in KK and 240 in Russian language.	Target exceeded:
1.2.4. Number of teachers trained on healthy lifestyles;	1.2.4. No data about teachers trained on healthy lifestyles	1.2.4. 200 teachers trained on healthy lifestyles	200 teachers	Target met
1.2.5. Number of rural people with better knowledge on healthy lifestyle	1.2.5. No data of rural people with better knowledge on healthy lifestyle	1.2.5. 15,000 rural people with better knowledge on healthy lifestyle	Estimated at 125.	Target not met

Awareness raising: More than 160 000 units of IEC materials for population and medical professionals about cervical and breast cancer control and prevention were prepared and distributed. The leaflets and brochures printed for population are being distributed through primary medical facilities and through community (makhalla) committees to ensure that appropriate counselling and explanation is provided to each of the patient or concerned person. All medical professionals and community workers will participate in one-day training to gain necessary knowledge prior to distribution. In addition to that, TV and radio broadcasting dedicating to control and prevention of cervical and breast cancers including information about pilot project will be held in May. Simultaneous start of communication activities along with the official launch of the testing phase in both project sites helped significantly increase awareness of



population nationwide. As a result, **more than 300,000 of population were covered with information related to cervical and breast cancer.**

125 volunteers learned about reproductive health, HIV/STI prevention, healthy life style and were trained on soft skills including planning and time management, facilitation skills, etc. As a result of volunteers' work **more than 6,000 community people including youth and adolescents learned about reproductive health, HIV and STI prevention, healthy lifestyle and healthy nutrition, gender, stigma and discrimination.** Young trainers on HIV prevention joined each training for volunteers to present the information on how to live with HIV, how to deal with the problem with support of friends and family. This session allowed many volunteers to know about HIV from their peers living with HIV.

Teacher's manuals on healthy lifestyles: 690 in KK and 240 in Russian language. Manual was revised and translated in cooperation with national partners into karakalpak and russian languages. in total 690 copies of karakalpak versions and 240 of Russian versions were published. COVID-19 topic was integrated into the manual.

knowledge on healthy lifestyle: 200 teachers from selected project regions participate in 8 online training sessions. Each training consisted - 2 hours in online mode and 2 hours offline mode during 4 days. 20 school girls from selected regions of Karakalpakstan were trained in 2020 using peer to peer methodology, currently girls conduct their own information sessions among peers in their districts. One hundred twenty five young volunteers were trained as facilitators to conduct information sessions about healthy lifestyle among youngsters in schools and population in communities

Output 1.3 Multi-sectoral response mechanism to domestic violence strengthened in line with international standards for essential service provision and inter-sectoral coordination.

Indicators	Baseline	Target	Achieved as of May 2022	Status
1.3.1. Availability of multistakeholder response mechanism	1.3.1. Multi-stakeholder response mechanism not in place	1.3.1. Multi-stakeholder response mechanism is in place	Multi-stakeholder response mechanism is introduced and being scaled-up	Target met
1.3.2. Availability of SOPs for key stakeholders	1.3.2. Absence of tailored SOPs for key stakeholders	1.3.2. 3 tailored SOPs developed for key stakeholders (health, law enforcement, psychological welfare, etc.)	5 SOPs developed: 1. police 2. health 3. social 4. psychological, 5. General on MSR	Target exceeded
1.3.3. Availability of set of indicators for data collection for WCU and SSC	1.3.3. Absence of indicators for data collection for WCU and SSC	1.3.3. Set of indicators developed for data	Set of developed indicators for data collection on both, GBV survivors and	Target met



		collection for WCU and SSC	perpetrators, has been developed.	
1.3.4. Number of key stakeholders trained on tailored SOPs of applying multi-sectoral response to domestic violence and data issues	1.3.4. Lack of trained key stakeholders on tailored SOPs	1.3.4. 60 key stakeholders trained on tailored SOPs of applying multisectoral response to domestic violence and data issues	60	Target met
1.3.5. Number of staff of key service providers trained on introducing multi-sectoral response concept on domestic violence and improving quality of services	1.3.5. Lack of knowledge among the staff of key service providers	1.3.5. 300 staff of key service providers on multi-sectoral response concept on domestic violence and improving quality of services.	300 staff of key service providers trained on multi-sectoral response concept on domestic violence and improving quality of services	Target met

Multi-stakeholder response mechanism and SOPs: The newly introduced SOPs are instrumental element of the JP sustainability, and the capacity building activities implemented on these SOPs followed by an official adoption of SOPs are all significant factors of sustainability of the JP benefits. The JP launched the coordinated response mechanism to prevent and respond to the domestic violence. In this regard, the project worked with police, makhalla, MOH and shelters to strengthen their capacity and to improve cooperation among them to provide social, legal, health and protection services to women.

To adapt SOPs to the national context an expert working group was formed with participation of representatives of government agencies from health sector, law enforcement, psychosocial support and civil society institutions, including NGOs of women with disabilities. In 2019 UNFPA supported trainings and study tours for the members of the working group.

The process of developing and adapting SOPs underwent several stages:

1. analysis of international and national legislation on responding to GBV in each of the 4 areas as a legal basis for the work of SOPs, and also to identify gaps to be improved for successful implementation of the SOPs
2. analysis of the national context specifics and at the local level to be taken into account
3. Amending draft SOPs based on the feedback received from leading national and international experts, WHO and UNICEF.
4. Clearing the draft SOPs with relevant line ministries: MOI, MOH, MinMakhalla
5. Translation into Uzbek and Karakalpak languages



Stakeholders from State Statistics Committee (Goskomstat) and Gender Commission of the Senate developed a system of indicators on Gender-Based Violence (GBV), and recommendations for a complete package for a statistical database on Standard Operating Procedures (SOPs) for multisectoral response to gender-based violence (for law enforcement agencies, health care system, social workers and mahalla specialists, court, prosecutor's office, employment and labor relations, staff of rehabilitation centers).

The developed system of indicators was further discussed at the meetings of the expert group on the development of Standard Operating Procedures, and presented to the main national stakeholders and service providers, including the Senate Gender Equality Committee, Gender Commission, related ministries and institutions, CSOs at the 1st initial Round table on discussion of National Action Plan on MSR to GBV for 2021-2026 (held on 9th of July, 2021) for further use at the next stage of development of a software for GBV multi-sectoral database for long-term use aimed at maintaining a unified database on response to gender based violence both from the GBV survivor and perpetrator.

Training & piloting: In August 2020 UNFPA jointly with the Gender Commission of the Senate launched piloting of the coordinated response mechanism to prevent and respond to the needs of survivors of domestic violence (i.e 'Standard Operating Procedures on multi-sectoral response to gender-based violence' which are designed to provide effective, survivor centered services in a safe and confidential manner). In total 130 representatives of the Council of Ministers of the Republic of Karakalpakstan, Ministry of Interior, Ministry of Health, Ministry of Makhalla and Family issues, Republican rehabilitation and adaptation centers learned Standard Operating Procedures which must be applied when providing healthcare, law enforcement, social and psychological services to survivors, and will apply that knowledge in Nukus city and three districts of the Republic of Karakalpakstan. In June 2021, a specialized training for key stakeholders on tailored SOPs of applying multi-sectoral response to domestic violence was conducted jointly with the Senate Commission on Gender Equality of the Republic of Uzbekistan and UNFPA, namely a three-day pilot training on "**Working with perpetrators of gender-based violence**" in the city of Nukus (15-17 June 2021). Training participants included representatives from multi-sectoral response teams on gender-based violence from the pilot mahallas in Karakalpakstan, including law enforcement, healthcare, social and psychological service providers.

The main goal of the training was to create prerequisites for improving a multi-sectoral response on the implementation of the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan dated January 4, 2020 No. 3 "On measures to improve the system of protection of women from harassment and violence" and capacity building of the relevant authorities. **The pilot training is being reviewed and its key findings and conclusions are being used while drafting the GBV National Action Plan, especially on the part dealing with working with perpetrators.**

Based on the analysis of the training results of all service providers, the main strategies in the areas of further work with the author of violence were identified, which were subsequently included in the relevant section of the National Action Plan for the Prevention of Gender-Based Violence. A number of innovative tools were developed and tested during the trainings to work with the service providers and equip them with initial tools to start working with perpetrator(s).

Stakeholders interviewed in this evaluation noted that the vision to address **the gap in working with perpetrators in GBV processes and procedures is not defined yet**, and also indicated that the professionals who are service providers to both victims and perpetrators of violence should be free from stereotypes and patriarchal attitudes, for example, there has been a wrong perception that GBV victim is



guilty especially if it is a woman. In this regard, the trainings used the tool "Truth-Myth" (developed by S. Yuldashev, psychology expert). Further, during the trainings the analysis of the answers “why do you think so” launched the discussion, during which both the participants and the trainers presented arguments about the dangers of patriarchal and traditional views for the formation of healthy relationships and the development of society. This tool is expected to reduce the risk of severe cases and ensure the safety of both the victim and the professionals working with them.

Also, the effectiveness of appeals from victims of violence and / or third parties, directly affected by the level of trust in inter-sectoral group, rehabilitation centres and local NGOs depends on the efficiency and responsibility of all related service providers. It is important to ensure to have a formally signed consolidated/joint plan (Charter) clearly defining the roles and responsibilities of the players in the response chain. The joint charter should be strictly observed by all service providers.

Scaling up: At the end of the training, a working meeting was also held with stakeholders to discuss SOPs national scale-up plan, the next steps for the perpetrator program and discussion on the multi-sectoral cooperation and coordination in the process of SOPs implementation by diverse service providers and while working with the perpetrator.

132 master trainers were training (TOT) on the SOPs in all 14 regions of the country (see figure 2), including 8 participants from the Rep of Karakalpakstan. The training covered the following types of service provision: police, healthcare and psychosocial support. The team of master trainers for SOPs’ scale up were capacitated in SOPs and trainer’s skills with the commitments to issue internal decrees and calendar plans to conduct trainings for the respective field staff in charge for MSR and allocation of internal financial, human and administrative resources necessary to implement trainings.

Figure 2: Picture of the training material provided to the participants





Objective 2: Enhancing income generation opportunities of the affected population

Output 2.1. Local entrepreneurship initiatives supported with focus on skills development for rural women in agriculture, manufacturing and service sector with the aim of enhancing overall economic well-being of vulnerable communities.

Indicators	Baseline	Target	Achieved as of May 2022	Status
2.1.1. a) Number of SMEs created by rural communities applying innovative technologies to tackle poverty and benefit the population of 3 target districts;	a) 27 SMEs created	20 new SMEs created by rural communities applying innovative technologies to tackle poverty and benefit the population of 3 target districts	33 SMEs supported (of which 31 are fully completed and 2 are yet to be completed)	Target exceeded
b) Number of people with improved economic and food security from the local products produced	b) 30,000 people	5,000 people have improved economic and food security from the local products produced	Estimated at 15,000	Target exceeded
c) Number of new job places created;	c) 123 new job places created;	150 new job places created	128 new job places are achieved (of which 47% are women) as of June 2022, and 32 new job places are expected to be achieved being created at three rural districts due to business expansion. In addition to 105 jobs already there before SMEs are supported.	On track
2.1.2. a) Number of rural people trained on innovative methods of managing agriculture;	a) Lack of knowledge on innovative methods of managing agriculture among rural people;	Over 100 rural people trained on innovative methods of managing agriculture	110 women were directly trained, the trained women are to share the knowledge with additional 1,100 women.	Target met



b) Number of local farmers/ households enhanced their agricultural capacities based on best practices;	b) Low agricultural capacities of local farmers/households;	Over 2,500 local farmers/households enhanced their agricultural capacities based on best practices;	2860 in total rural entrepreneurs and households improved capacities in various aspects of agriculture based on local, Japanese and Kyrgyz best practices. (more than 50% women)	Target met
--	---	---	---	------------

SME supported: 33 innovative projects selected by Review Committee and recommended for co-financing. 33 SMEs and private entrepreneurs supported to implement projects in Karauzyak, Chimbay and Bozatau districts. Projects included cold room, milk processing; production of compound feed for cattle; production of reed slabs; production of kozinaki and halva, bee farming, bakery, cookie production, poultry etc. The JP engaged relevant vendors to procure necessary equipment.

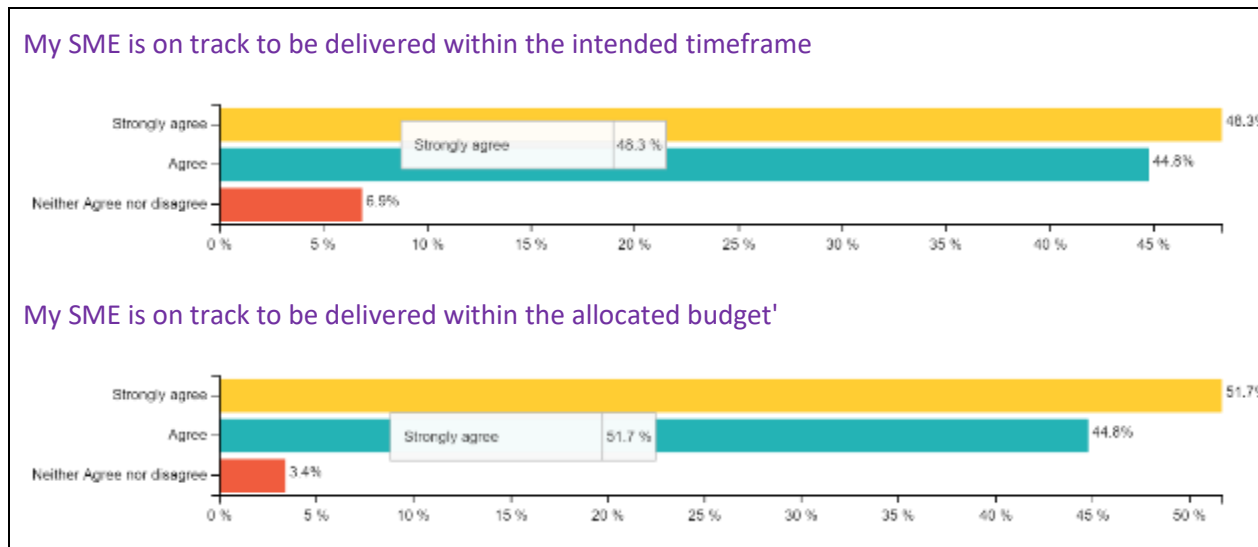
The SME funding opportunities was announced widely via TV, Newspaper, Radio and through government bodies, and SME owners were asked to develop business plan and apply for the grant. Applications were assessed and SME owners were given an opportunity to present their ideas to the selection committee. The experience of SME process demonstrated that SME business owners have limited presentation skills of their products and lack of basic business management knowledge.

Criteria for evaluating entrepreneurial initiatives received from farmers, dekhkans and households and entrepreneurs for consideration for possible co-financing within the framework of the JP included:

- Number of people benefiting (jobs created) including number of women, vocational college graduates and people with disabilities
- Level of use of innovative approaches within the project
- Experience and seniority of the group in the field of this business
- Presence of a similar business (competitors) in the area
- Initiator's contribution (capital investments, assets)
- Availability of the necessary raw materials in the area
- Product and service demand and implementation assurance, marketing and promotion
- Degree of cooperation with other economic entities in the area/region in the process of production of services/products
- Critical analysis of the business plan (identification of the main internal and external risks that may affect the further operation of the business and the provision of an alternative action plan).

To date of this evaluation 31 out of 33 are almost complete towards delivery, and 2 are at the stage of equipment delivery- see list of supported SMEs in Appendix 4. Nearly 93% of the SME survey respondents (n=29) agreed that they are on track towards achieving the work needed within defined timeframe – see figure 3 below.

Figure 3: SME survey respondent on delivering SMEs on time and on budget (n=29)?



Job creation: Through realization of 33 business projects over new job places are achieved (of which 47% are women) as of June 2022, and 32 new job places are expected to be achieved being created at three rural districts due to business expansion. In addition to 105 jobs already there before SMEs are supported. . It is important to note that jobs created are self-reported by the SMEs themselves.

In addition, within envisioned 33 projects at least [15,000] rural people in Karauzyak, Chimbay and Bozatau districts benefit from produced goods and products in two three pilot districts, which would lead to indirect further job creation.

Training: In cooperation with JICA and NGO “OVOP+1” Kyrgyzstan, [45] young and women entrepreneurs trained on Japanese style product development and marketing based on One Village-One Product principles in three districts; Participants are to share One Village-One Product (OVOP) product development to [450] rural people additionally.

[20] women in 3 pilot districts were practically trained on the production of felt and the manufacture of felt products. Skills being shared with [200] women additionally.

[45] women were practically trained on manufacturing products from reeds and straws. Additionally [450] women improved manufacturing reed and straw products, through shared knowledge and skills in three pilot districts.

[60] women and youth, owners of rural enterprises trained in 3 target districts and shared obtained skills/knowledge/best practices on innovative methods of managing agriculture with [600] respective enterprises’ employees and enhanced agricultural capacities;

Collaboration established with Uzbekistan-Japan Center and [30] owners of rural enterprises private entrepreneurs in 3 target districts trained on Japanese style business development “Basics of Kaizen” and innovative methods of managing agriculture. 45% of participants are women. Kaizen best practices are shared with [300] people.

It is noted that there has been essential need to invest in capacities before the SME selection process, therefore an Entrepreneurship Development expert was recruited by the Programme to provide



relevant guidance on business plan preparation and presentation, conduct feasibility study on new income generation projects in target districts and how to analyze risks

Digitalization solutions: The JP produced a guideline, explaining how to utilize mobile applications to solve business challenges and improve their profitability. The project conducted a desk review on digitalization solutions of agricultural economy in Aral Sea region, and [60] entrepreneurs (58% women) enhanced capacities on digital technology and e-commerce in agricultural sector in three districts by Japanese expert (IUNV). [600] people additionally enhanced knowledge on Japanese best practices. In total [2860] rural entrepreneurs and households improved capacities in various aspects of agriculture based on local, Japanese and Kyrgyz best practices.

The digitization process is one that is long and requires more resources. It is acknowledged that business environment has developed in Karakalpakstan, however, there is plenty of room for improvement, particularly payment tools and logistics (domestic and international transportation.). These challenges require the support of both the government and the private sector.

Success story

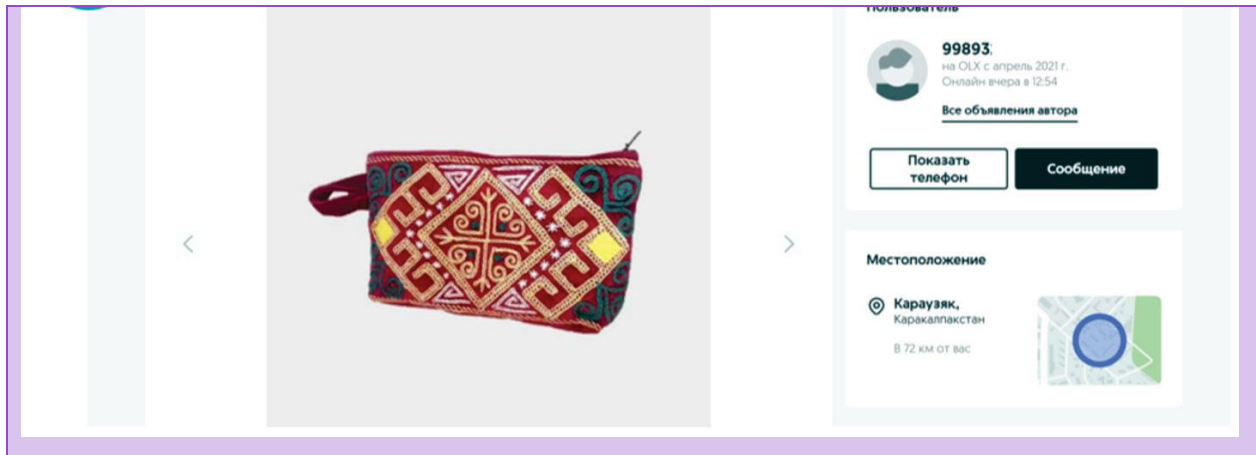
Toreeva Risgul participated the digitalization workshops and adopted some digital solutions in her business. Her attempt can be a success model and inspire other entrepreneurs. She started her business since 2019 as a craftswoman creating Karakalpak design poaches and pillows. Currently, she works with 3 colleagues and teaches sewing to 15 local youth. Her business goal is to expand her business by exporting her products to other countries. The workshops gave her new digital solutions with global success cases and motivated her to attempt new measures, particularly E-Commerce and Social Media. She planned to utilize OLX to advertise her products and share her business activities on Facebook in order to find financial donors.

E-Commerce

Firstly, she created a small photo studio using a cardboard and white paper, and then took a photo of her handmade pouch. After preparing a picture, she modified it on Microsoft PowerPoint by removing the background. Secondly, she created her OLX account and advertised it according to the manual provided to her. 12 people had checked her poach on OLX in just one day when she posted. It should be noted that all these processes are free of charge, and what she needed was a laptop with Microsoft PowerPoint and her smartphone.

Facebook

She also created her Facebook account to advertise her business globally and share her achievements with pictures of certificate she granted. Her next digital adventure to raise funds for the business expansion through cloud funding on Facebook and other platforms.



Output 2.2. Communities have increased access to rural infrastructure and business opportunities in selected sectors (agriculture, fishery, food processing, etc.).

Indicators	Baseline	Target	Achieved as of May 2022	Status
2.2.1. Availability of evidence-based data about economic potential of target communities;	Limited evidence-based data	Situational Analysis about the economic potential of target communities conducted;	Entrepreneurship landscape analysis conducted	Target met
2.2.2. Number of local people trained on capacity and skill building trainings;	829 local people	250 girls and youth trained on capacity and skill building trainings	In total 285 girls and youth trained	Target met
2.2.3. Level of practical application of Japanese experts’ best practices in agribusiness;	Lack of knowledge	Visit of Japanese experts organized to share best practices	Japanese experts shared best practices on “Basics of Kaizen”, “One Village-One Product” Japanese style of business and product development as well as “Digitalization”	Target met
2.2.4. Availability of inter-district value chain networks through commerce tools;	Absence of inter-district value chain networks	E-commerce potential increased to promote trade development among districts and establishing inter-	Usage of E-commerce, FinTech and Social Media potential is believed to be increased through series of trainings on Digitalization by	Target is believed to be met – though indicator is not fully measurable



		district value chain networks	Japanese Expert (IUNV) during March-November 2021, value chain network created among target districts.	
--	--	-------------------------------	--	--

Economic potential: The JP conducted entrepreneurship landscape analysis of the target districts (Takhtakupir, Karauzyak, Chimbay, Kegeyli and Bozatau), comparative advantage of the target districts is identified and recommendations on innovations to promote inclusive rural economic development developed, with the special focus to engage rural women and youth.

Training: 85 women and youth were trained through distance training in 5 districts (Takhtakupir, Karauzyak, Chimbay, Kegeyli and Bozatau) and increased capacities on fundamentals of business planning and entrepreneurship development. [45] young and women entrepreneurs trained on Japanese style product development and marketing based on One Village-One Product. [20] girls and women in 3 pilot districts were practically trained on the production of felt and the manufacture of felt products. [45] women were practically trained on manufacturing products from reeds and straws. [60] women and youth, owners of rural enterprises trained in 3 target districts and obtained skills/knowledge/best practices on innovative methods of managing agriculture. [30] girls and youth trained on “Basics of Kaizen”, Japanese style of business development. [60] women enhanced capacities on digital technology and e-commerce in agricultural sector. In total 285 girls and youth trained.

Best practice: Three Japanese experts shared best practices on “Basics of Kaizen”, “One Village-One Product” Japanese style of business and product development as well as “Digitalization”;

Usage of E-commerce, FinTech and Social Media potential increased through series of trainings on Digitalization by Japanese Expert (IUNV) during March-November 2021, value chain network created among target districts. Although Karakalpak people possess adequate digital environment, but they could not make the most out of it. Most of the entrepreneurs use their smartphone for basics (i.e calling) and do not utilize business applications. The training helped to understand the benefits of the applications, encouraged to actively attempt its applications.

Output 2.3. Local communities in Karakalpakstan have skills in community based planning and development

Indicators	Baseline	Target	Achieved as of May 2022	Status
2.3.1. Number of inception workshops conducted.	2.3.1. 33 inception workshops conducted; 860 community members trained on problem identification/prioritization and WASH;	20 inception workshops conducted; 2,500 community members trained on problem identification/prioritization and WASH	21 Inception workshops. 2,860 community members trained on problem identification	Target met



2.3.2. Number of CDPs developed.	2.3.2. 33 CDPs developed 860 community members trained on problem identification/prioritization and WASH	20 CDPs developed; 2,500 community members trained on problem identification/prioritization and WASH	21 CDPs developed and 180 community people trained on WASH in 2021. 300 people trained on WASH in 2022. In Total 480 trained people shared WASH knowledge with 5 family members (average). At least 2,880 community members improved knowledge on WASH. Manual on WASH in Karakalpak language developed and shared in hard and electronic versions	Target met ⁵
2.3.3. Number of infrastructures projects supported;	2.3.3. 33 infrastructure projects supported	16 infrastructure projects supported:	16 completed and 1 to be completed soon	Target met
2.3.4. Number of project estimation documents prepared;	2.3.4. 33 project estimation documents prepared;	16 project estimation documents prepared;	16 project estimation documents completed	Target met
2.3.5. Number of rural people with (a) improved access to better health infrastructure; (b)connected to sustainable electrification; (c)	21,191 rural people received access to (a) better health infrastructure; (b) sustainable electrification; (c) drinking water pipelines; (d) schoolchildren with	15,000 rural people have (a) improved access to better health infrastructure; (b)connected to sustainable electrification; (c) connected to drinking water pipelines; (d) schoolchildren with	Over 20,000 rural people have connection to sustainable electrification in three target districts, have improved access to clean drinking	Target exceeded

⁵ The project document indicates 1500 to be trained whereas Atlas data defines the target to be 160



connected to drinking water pipelines; (d) schoolchildren with improved education facilities have access to better quality education;	improved education facilities, quality education;	improved education facilities have access to better quality education;	water and benefit from having access to improved health, education facilities	
<p>Additional target added to cover additional funding of UNDP Uzbekistan and UNV Regional Office for Europe and the CIS:</p> <p>2.3.6 Improve community awareness on preventative measures of respiratory, cardiovascular, gastrointestinal diseases, mother-child health issues and COVID-19.</p>			<p>96 Community Health Volunteers in 11 districts were rewarded.</p> <p>In 2021, [250] Community Health Volunteers (women) trained on Post-Covid depression prevention in 11 districts.</p>	<p>Target met</p>

Inception workshops: 21 inception workshops have been implemented in target districts and at regional level on community mobilization for identification of community needs and preparation. [12] Inception workshops in target districts in 2021 (offline mode). In total 420 people trained in 21 communities. Trained 400 people shared skills/knowledge on Community Development Plan with [2,860] community members on problem identification and prioritization for 2021.

Community Development Plans (CPD): 21 CDPs developed. SDG localization and Human Security Concept have been conducted on remote mode in 2020 and offline mode in 2021. [9] Community Development Plans have been conducted on remote mode due to the COVID-19 pandemic situation in 2020. See list of supported CDPs in Appendix 4.

Online workshops on Water, Sanitation and Hygiene (WASH) at community levels conducted in 2020 covering over 180 community people trained on WASH in 2021. 300 people trained on WASH in 2022. In Total 480 trained people shared WASH knowledge with 5 family members (average). At least 2,880 community members improved knowledge on WASH. Manual on WASH in Karakalpak language developed and shared in hard and electronic versions

Social infrastructure: Social infrastructure projects have been identified, [9] of them completed by December 2020, [4] of them completed by 2021 end, [4] of them were due to be completed by March 2022 (Total 17). Those projects include improving access to electricity, drinking water and renovation of health and education facilities.

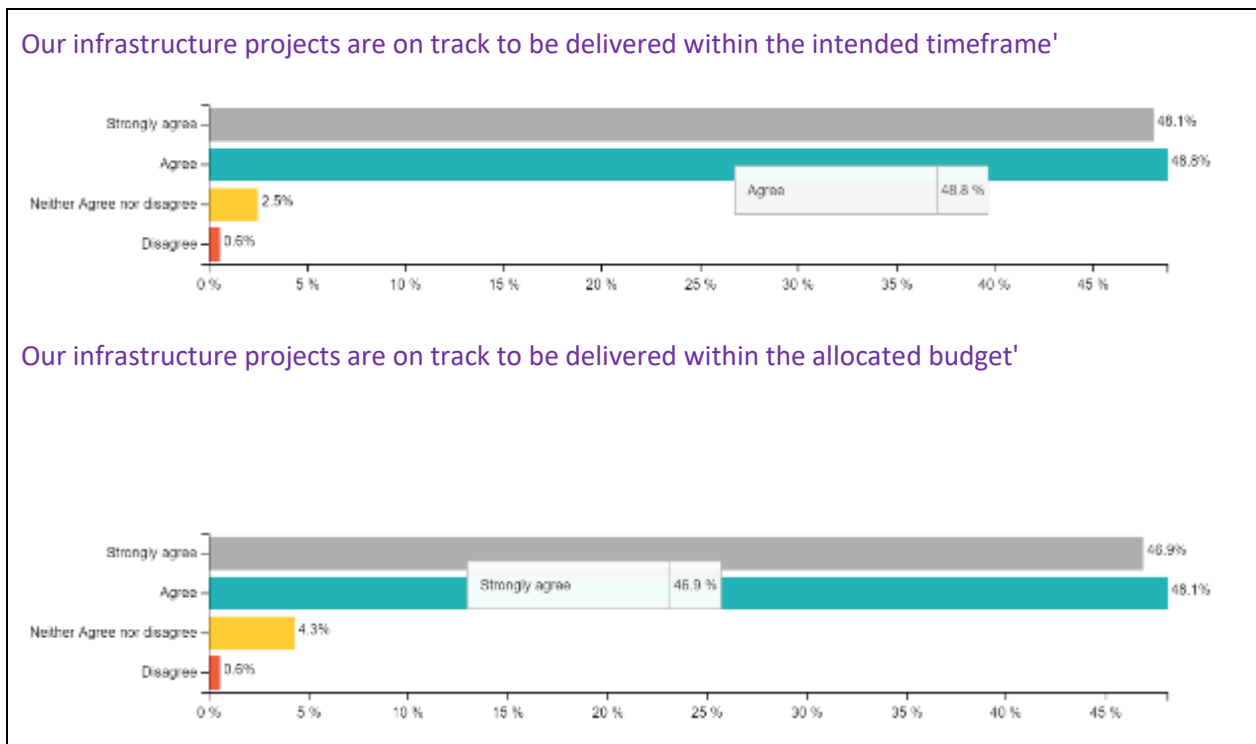
20,500 rural people in total have access to basic services through implementation of:



- 8 projects on access to drinking water
- 7 projects on access to sustainable electricity supply
- 2 projects on access to better education and health facility

To the date of this evaluation 13 out of 17 are complete towards delivery, and 1 is at the final stage of completion see list of supported infrastructure projects in Appendix 4. Nearly 95% of the SME survey respondents (n=162) agreed that they are on track towards achieving the work needed within defined timeframe and budget – see figure 3 below.

Figure 4 social infrastructure survey respondent on timeframe and budget (n=162)



Estimation document: 16 project estimation documents completed (for water supply, healthcare, education facility renovation, access to electricity); see list of supported estimation documents in Appendix 4.

Improved access to services: Over [20,000] rural people have connection to sustainable electrification in three target districts, have improved access to clean drinking water and benefit from having access to improved health, education facilities as a result of social infrastructure projects.

COVID response: For additional funding of UNDP Uzbekistan and UNV Regional Office for Europe and the CIS, [81] Community Health Volunteers in 11 districts were rewarded with 3 types of incentive prizes, who actively conducted awareness raising activities on prevention of a) Lung disease, b) Cardiovascular disease, c) Gastrointestinal disease, d) COVID-19 disease, e) Maternal-Child health, f) The best medical professional among rural population. Rewarding of CHVs was organized in cooperation with MOH Karakalpakstan for the occasion of International Volunteers Day in December 2020;





In 2021, [250] Community Health Volunteers (women) trained on Post-Covid depression prevention in 11 districts. [15] most active volunteers were rewarded with smart phones at International Volunteer Day. This is to support and encourage community health volunteers in target districts to increase their motivation and quality of activities in rural communities.

Output 2.4. Document the best practices and results of the project, galvanize donor funds for replication, and scale up through the Multi-partner Human Security Trust Fund for Aral Sea region

Indicators	Baseline	Target	Achieved as of May 2022	Status
2.4.1. Availability of functional communication strategy; Number of reports on best practices; Number of publications by national mass media reps participated in press tour;	Outdated communication strategy available; 1 Brochure with best practices developed; Limited number of publications by national mass media reps on MPHSTF activities	New communication strategy developed; at least 1 report on best practices developed; 1 Press Tour for national mass media reps organized and series of publications produced on MPHSTF activities;	Communication strategy of Joint Programme is developed, brand image developed for handouts and visibility materials	Target met
2.4.2. Number of new project documents formulated and presented to donors;	7 project documents formulated and presented to donors, 5 projects funded;	At least 1 new project proposal formulated and presented to donors	1 new project proposal formulated, submitted and approved.	Target met

Communication strategy: of Joint Programme is developed, brand image developed for handouts and visibility materials. The overall objective of the Communication Strategy is to provide appropriate visibility to the Joint Programme, communicate the JP’s objectives and progress, to a diverse range of groups within Karakalpakstan/Uzbekistan (with due attention to geographical, gender, age, and linguistic representation of the audiences), and partners for possible upscale and replication of the Programme best-practices, as well as ensure appropriate visibility of the Donor (Government of Japan).

The strategy defined communication tools such as policy briefs, case studies of success stories and major publications on a periodic basis, which will also be part of the formal reporting process of Joint Programme implementation.

Promo activities	Promo Materials & Publications
	



Public events	Analytical Products
Trainings (Thematic)	Publications
Trainings for journalists	Articles in print and electronic media
Media Tours	Video and animation films
Contests and Exhibitions	Infographics
	Corporate Web-sites
	Pages in social networks
	Blog
	Newsletter
	Promotional materials

Press Tour for national and regional media representatives organized in October 2021 to introduce results achieved within MPHSTF-1, MPHSTF-2 and Japan funded Joint Programmes. 6 national and 8 regional mass-media representatives participated. Press-releases produced in English, Uzbek, Russian shared to 50 mass media agencies and internet news channels. Event was highlighted in over 10 internet websites and 3 TV news channels and as one dedicated programme. Also, mission of UNDP, UNFPA and Embassy of Japan was organized to the Aral Sea region with participation of mass media representatives and results of Joint Programme introduced in pilot districts.

New proposal: Under the second call for proposals to MPHSTF on Aral Sea Region, the project collaborated with government institutions and provided advisory support in review and fine tuning of project proposals. The project team in cooperation with UNFPA and FAO developed a joint programme proposal “Unleashing young people’s and vulnerable citizens’ creativity and innovation by strengthening their adaptive capacity to address the economic and food insecurities in the exposed communities of the Aral Sea region”. Full pledged Project document submitted to the MPHSTF and is approved for funding. The Project launched in the beginning of 2021.

Response to Covid 19

The JP offered an immediate support to Health Care System through procurement of health products and medical equipment for combating COVID 19. Programme is closely cooperating with the Ministry of Health (MOH) of Karakalpakstan since its commencement with a **budget of USD \$2.1 million**. The JP has established special budget within the programme and identified list of necessary activities to support MOH Karakalpakstan in line with agreed plan.

Summary of JP’s responses to COVID 19 pandemic

The JP adaptively responded to the COVID pandemic by supplying:

- **1,700 sets of PPE, 20,000 face masks and 570 oximeters provided to the MoH**
- **6 artificial lung ventilation machines procured**
- **500 volunteers raised awareness and conducted 1,317 sessions for the households**
- **5 types of awareness-raising posters and brochures produced, 15,000 distributed**
- **A soap production workshop established, producing 1000 pieces / day**

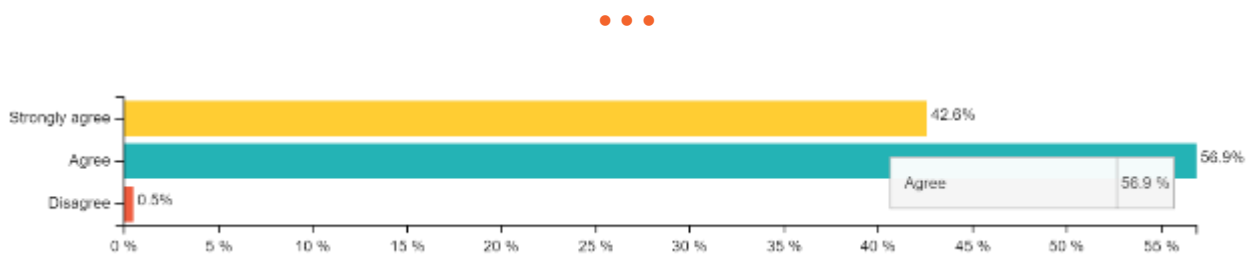


Factors that have contributed to achievements

There are a number of factors that have contributed to the accomplishments thus far. These should be anchored in further work in the concluding stage of JP in order to generate sustainable achievements. Some are internal to the Project and some are external factors. The contributing factors identified are as follows:

- **Investment in capacity building.** The JP invested heavily in capacity building, more than 15 training topics covered and well-over 4,800 people trained in total across all activities. There has been a high degree of investment at both national and local capacity building, not only individual capacity upgrading but also institutional capacity strengthening. This is potentially a contributing factor not only for effectiveness features but also for sustainability.
- **Utilizing lessons learned from other similar projects:** Programme design demonstrated good practice in documenting and utilizing lessons learned from other similar projects by drawing strongly on the participatory approach in targeting those in need, adding value through the application of an integrated approach to local development, and partnership building, through engaging national, regional and local institutions in programme implementation. This is not only manifested on the working relationships established with the different stakeholders and previous projects in the country, but also for the factual and for the potential capacity to build upon delivery models, toolkits, instruments, studies, etc., as developed nationally and locally through similar projects.
- **Strong stakeholders engagement.** The JP relationships with national and local stakeholders seem to be fluid and constructive and led to a higher degree of achievements/effectiveness. The JP is by nature embedded intensely in national and local strategy and there has been effective participatory approach with stakeholders in decision making, for example, in selecting infrastructure projects and SMEs awarding, etc, this leads to greater level of ownership. Also, the project working group established in the Ministry of Health has been effectively used engage stakeholders and helped to reduce bureaucracy. It was noted during the interviews conducted in this evaluation that stakeholders were very informed about project activities and even senior representatives were able to talk about the details of their relevant component of the JP. There has been strong support from the government in terms of provision additional resources including HPV machines, staff and transportation of samples
- **The community volunteerism programme:** The JP made a good use the community volunteer programme particularly in implementing awareness activities. The database of 2081 community volunteers in 11 target districts of Karakalpakstan were periodically updated and trained on prevention measures of various diseases, for example, More than 500 volunteers in rural areas raised their awareness on COVID-19 through online Telegram platform. 99.5% of the Community Health Volunteers survey respondents (n=216) agreed that the JP supported the members of Community Health Volunteers programme to achieve their goals effectively – see figure 5.

Figure 5 Community Health Volunteers survey response on the JP support to achieve their goals effectively (n=216)



- **Strong communication:** The JP implemented robust communication strategy to promote the JP products and services and raise awareness. There have been more than 5 TV reports, 7 Radio broadcasts, 18 articles in newspaper and online information agencies and 12 social media posts promoting the JP work. For example, TV and radio broadcasting, publication in newspapers and social media dedicated to control and prevention of cervical and breast cancers including information about pilot project being conducted at national and regional levels.

Factors that hinder achievements

There also a series of factors that are constraining factors for achievements / effectiveness thus far.

- **Procuring sophisticated medical equipment:** Procuring medical equipment has been particularly challenging due to multiple factors including the fact that these machines are not manufactured locally nor available in the local market and had to be obtained from abroad, in addition to the technical complexity of these equipment. Also, after procuring the equipment, the challenge extended to maintenance, throughout the project implementation, HPV machines' manufacturer was in constant contact with UNFPA office and ran several technical reports/ maintenance for the equipment. Nevertheless, at the end of the project, eight HPV machines out of 10 (80%) have at least one or two modules not working, which led to 15 modules out of 40 not functioning. UNFPA contacted the manufacturer and asked to deal with unreasonably high number of damages. An additional technical assessment was conducted by the engineers in March 2022 to develop the most possible and optimal solution to substitute broken modules in all eight HPV machines at no extra cost. The process will be completed in 2022.
- **Preparedness of the health system for e-technology:** The JP is designed to procure the medical equipment and train the staff on using these equipment, however, during the implementation it turned out that staff needed lot more than technological solutions, including the skills of counselling a women and talk through really serious diseases without causing community panic. In addition to inadequate computer skills for data base management capacities, these led to dis-functioning of the database until the time of this evaluation. These types of issues could have been identified earlier in the JP inception stage should the needs assessment been done in a systematic approach rather than depending only on consultations, and if identified earlier could have been better managed.
- **Community readiness to adopt new innovative business models:** The innovative component of the JP business development (e-commerce, digitization, One Village-One Product, etc) seemed to be a bit beyond the capacity of the business development community, while some of these concepts were introduced, there is no evidence that these are going to be operationalized, mainly because of the business development community isn't ready yet, and also because introducing new concepts only without testing, piloting and capacity building would not necessarily achieve an impact.
- **COVID-19 Pandemic.** Wide-ranging issues of the effect of the pandemic upon the JP, the COVID-19 has had an indelible impact on effectiveness and has been and will continue to be throughout the immediate future a hindering factor in obtaining achievements. Impact has not only been at the



administrative level, but also at the policy level from shifts in socio-economic priorities. The project beneficiaries are rural communities living in ten regions of Karakalpakstan. COVID-19 lockdown impacted all aspects of lives as health, income generation opportunities (agricultural, livestock, SME and other activities), worsened access to basic social services and etc, due to the strict requirements at the beginning aimed to mitigation of the pandemic impacts. As it is already recognized by the Government, COVID19 impacts result in increased unemployment and poverty, decrease of economy development paces and increased demand for access to basic services, social protection needs as well as health protection and urgent pandemic response measures. In this regard, Programme allocated special budget for COVID-19 response measures in the region and it is obvious that proposed solutions become even much relevant and important to mitigate the COVID19 adverse impacts through reducing/avoiding climate change related losses/damages and improving quality of health care services, income generation capabilities of rural population and access to the basic services which will contribute to the post-COVID19 recovery in Karakalpakstan.

COVID-19 outbreak and subsequent quarantine measures imposed by the Government of Uzbekistan in March 2020 have had negative impact on implementation of a number of the project outputs as per approved workplan, particularly on those activities that involve:

- travel, both international and local (study tours, local trainings for target audience, etc.);
 - meetings and consultations with local authorities and government organizations;
 - practical workshops in the fields planned for early summer and the fall;
 - field work on identification and implementation of pilot business projects.
- **Sustainability issues:** Despite strong stakeholders engagement process mentioned above, however there are specific elements of the JP that needed more attention to its sustainability. These include the CPD and the future of unfunded projects, and the role of Khokimyats in owning the CPD and its implementation. On another front, the issue of continuation of medical supplies availability beyond the project didn't seem to have been addressed, and this will carry on a critical sustainability risk on this component. These issues are further explained under sustainability section.

4.2 Impacts

Findings and conclusions

4. There is ample evidence that the JP achieved health and local economy-related impacts at the community level in Karakalpakstan. These impacts include better health outcomes such as improved capacity to test, screen, prevent and control cancer, and enhanced community awareness about ,and motivation for participation in, cancer screening process. At the local economy level, impacts included improved access to basic services, better business development capacities and the subsequent impacts on job creation and livelihood sustainability.
5. The capacity building activities in the JP has led to improved knowledge of the participants in the various subject matters as well as changing the way the day-to-day business is done based on the newly acquired knowledge.
6. The JP managed to maintain the community volunteerism programme effectively, improved the volunteer capacities to deliver awareness activities and kept the volunteers motivated and engaged throughout the JP delivery.

An impact evaluation explores the effects (positive or negative, intended or not) on individual households and institutions, and the environment created, by a given development activity such as a programme or



project. And because impact-related evidence is very limited, this evaluation involved mix method (interviews and surveys) to investigate changes beyond outputs.

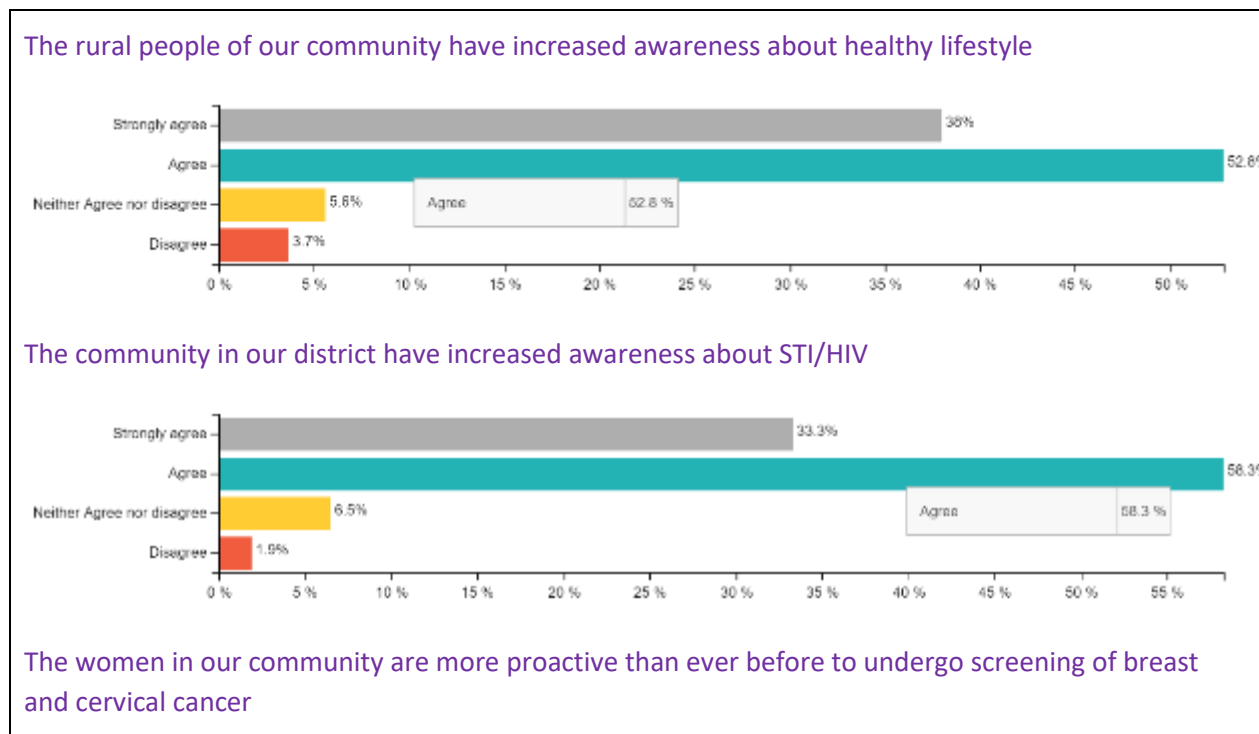
Health impacts: Cervical cancer screening in Uzbekistan was not working before the JP started so thousands of women are needlessly developing cancer and dying from a disease that is almost entirely preventable, introducing the screening system will eventually make a real difference on women health and lives. There are multiple health impacts that the JP contributed to, these include improved capacities for screening, testing, control and prevention, improved awareness, motivating women to test and receive anti-anemic supplements and improve capacities to combated COVID. One of the female interviewees in the local communities indicated that this project is so influential and it directly saves lives in their region:

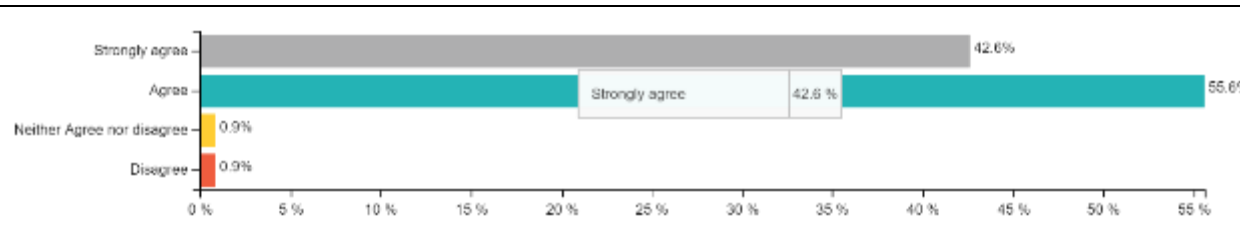
“When it comes to cancer, this support becomes matter of saving women lives in the community”

Interviewee from the local community

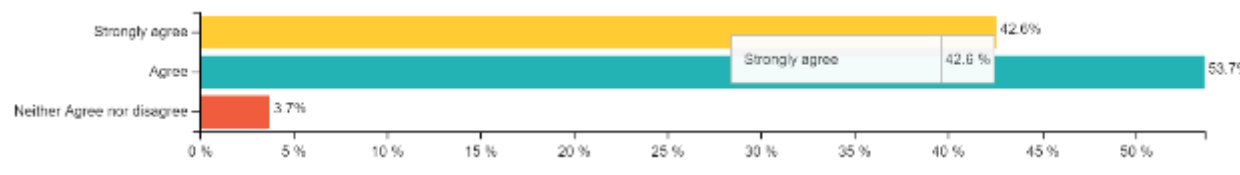
Healthcare providers survey respondents also confirmed key impacts achieved by the joint programme, below figure shows key perceptions on key impacts achieved by the JP.

Figure 6 Healthcare providers survey responses on impacts (n=108)

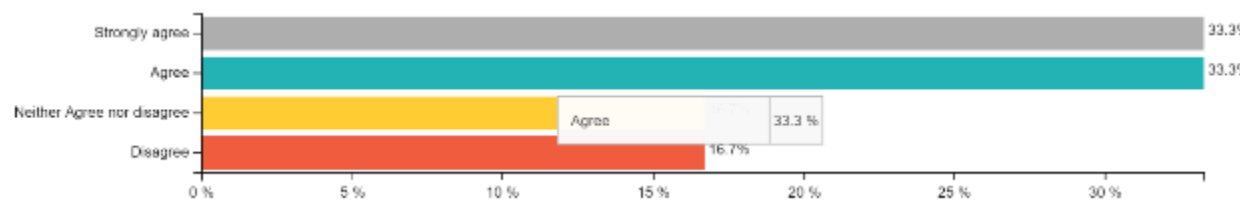




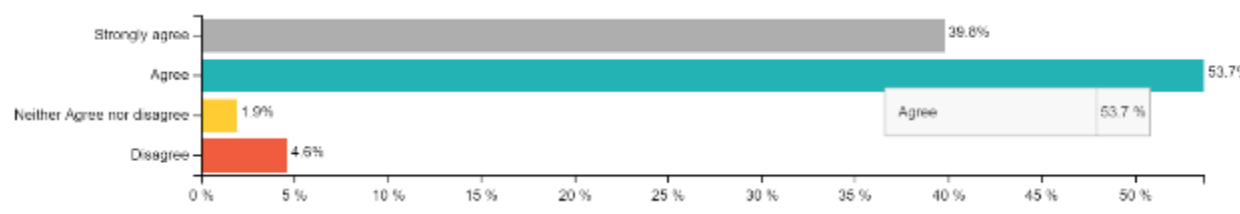
The women in our community have increased awareness about breast and cervical cancer control and prevention'



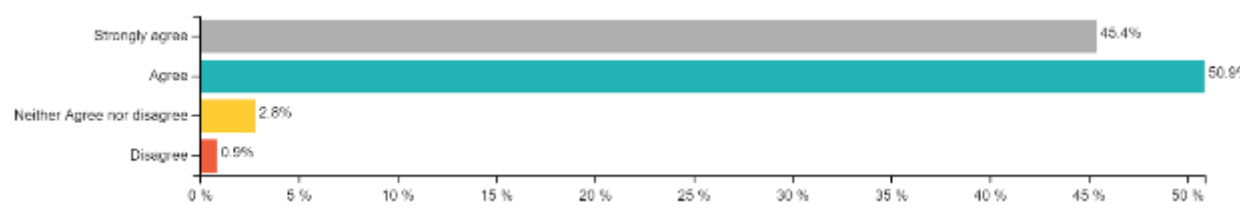
As a result of the UNFPA/UNDP project support, there are more newly married and pregnant women receiving anti-anemic supplements in our district



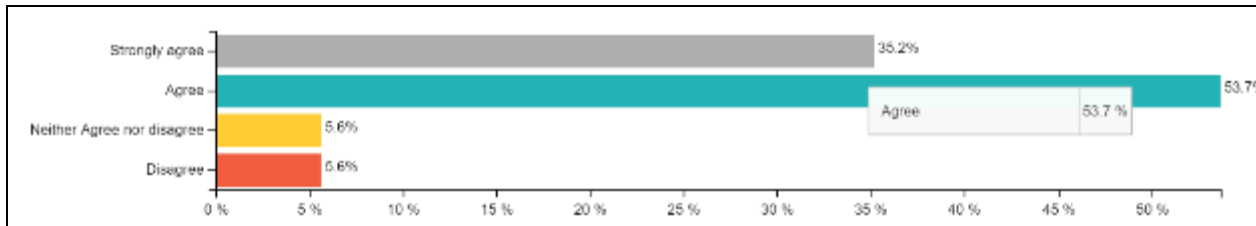
As a result of the UNFPA/UNDP project support, we are better able to track number of newly married and pregnant women receiving anti-anemic supplements in our district



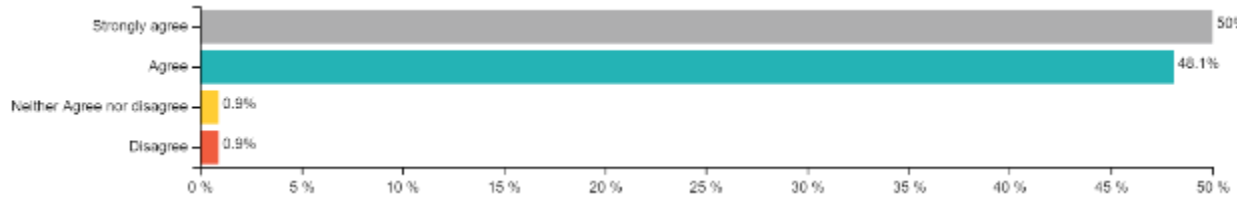
As a result of the UNFPA/UNDP project support, there are more women undergoing screening of cervical cancer in our district



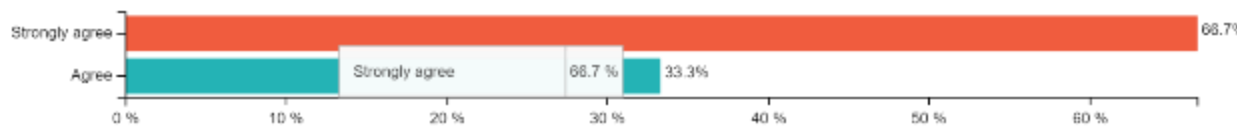
As a result of the UNFPA/UNDP project support, we were better able to combat the COVID pandemic



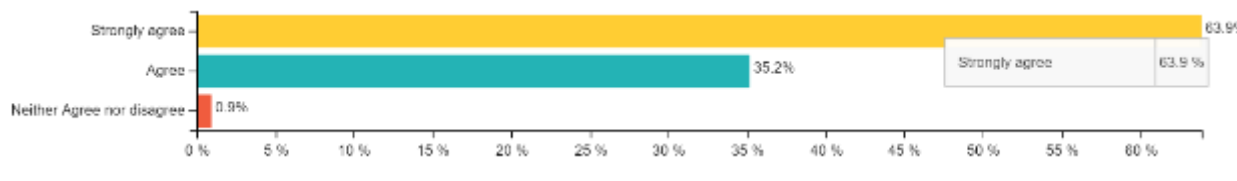
As a result of the UNFPA/UNDP project support, we are better able to perform new HPV testing



The UNFPA/UNDP project helped to improve our capacity and skills to prevent and control breast and cervical cancer



The UNFPA/UNDP project helped to obtain data about women undergoing cervical cancer through the screening programme



Gender-based Violence (GBV): The JP delivered most of the deliverables related, there is ample evidence that to enhance that JP has improved the national and local capacities to understand the implement GBV, however it is premature to measure and assess impacts of these outputs at this point of time. It is understood that the JP is introducing a transformational change on the GBV management, and it started by effectively piloting the process in Karakapakistan, the interviewees were overly optimistic that the new GBV will be adopted and upscaled. One of the interviewee said:

“Despite all challenges - I can proudly say that Karakalpakstan is among the first regions to adopt an approach for GBV response”

An interviewee

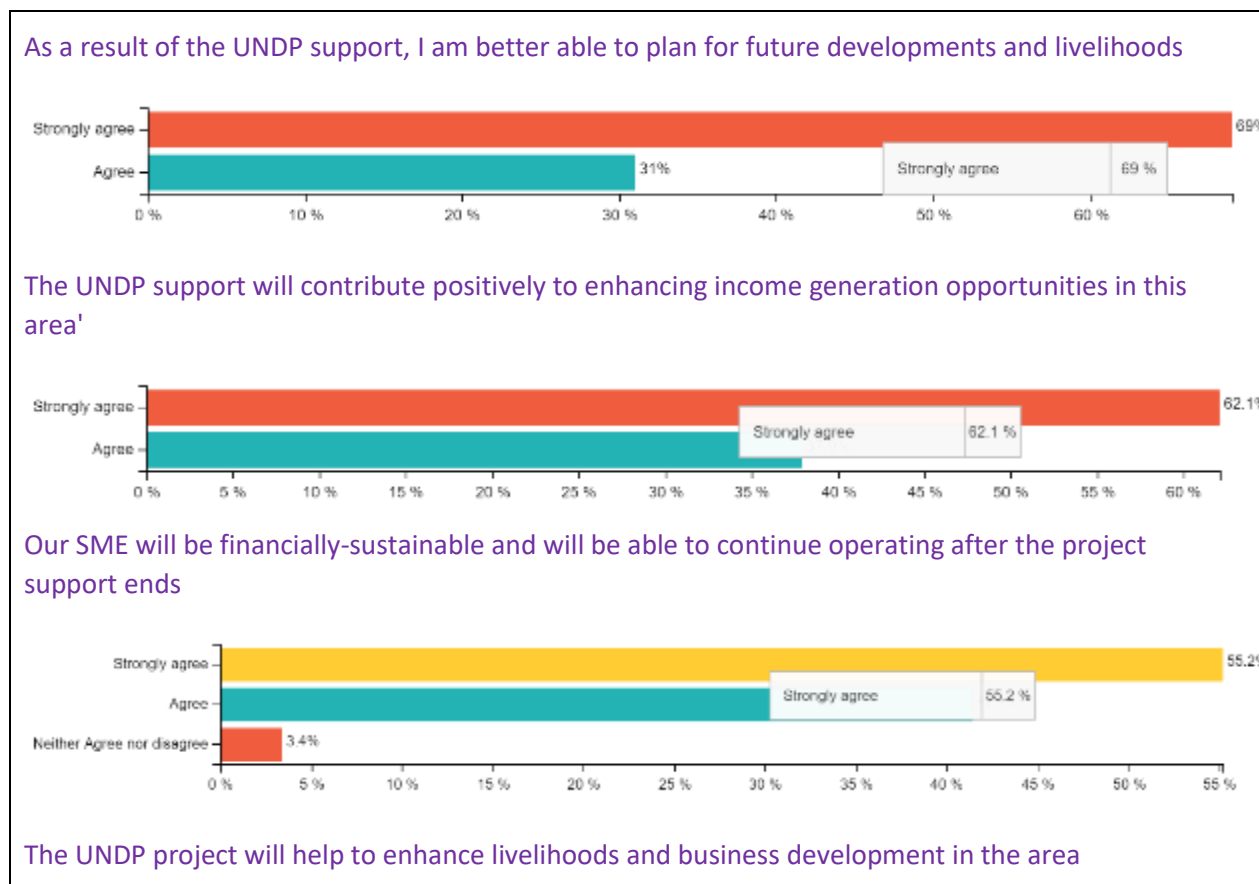


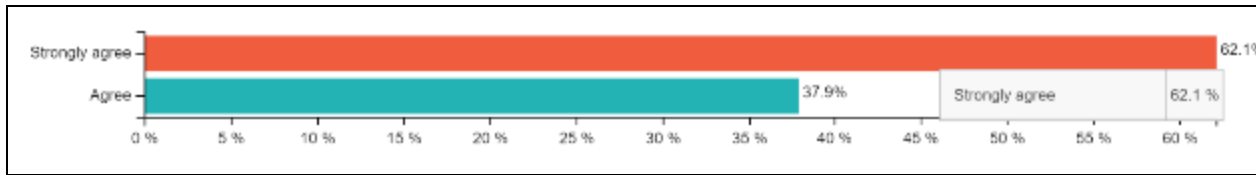
SMEs and job creation: Through realization of 33 business projects over 105 new job places (of which 45% are women) are reported to be created at three rural districts, and additional 55 new jobs are expected in the next reporting period. These projects initially created over 90 job places and will reach 160 jobs due to business expansion, the JP additionality is estimated to be 70 new jobs attributed to the JP support.

In addition, within envisioned 33 projects at least [15,000] rural people in Karauzyak, Chimbay and Bozatau districts benefit from produced goods and products in two three pilot districts, which would lead to indirect further job creation indirectly. **100%** of the survey respondents (n=26) agreed that the JP will help to enhance livelihoods and business development in the area, and that the JP is creating jobs.

More importantly, the capacity of SMEs have been improved in business management, **100%** of the survey respondents (n=29) agreed that SMEs are better able to plan for future developments and livelihoods and income generation opportunities are enhanced in their areas as a result of JP support. The JP activities will help to enhance the financial sustainability of the SMEs, 96% of the survey respondents (n=29) agreed that their SMEs will be financially-sustainable and will be able to continue operating after the project support ends, and 3.4% were unsure. See below figure.

Figure 7: SMEs survey respondents' (n=29) reporting impacts





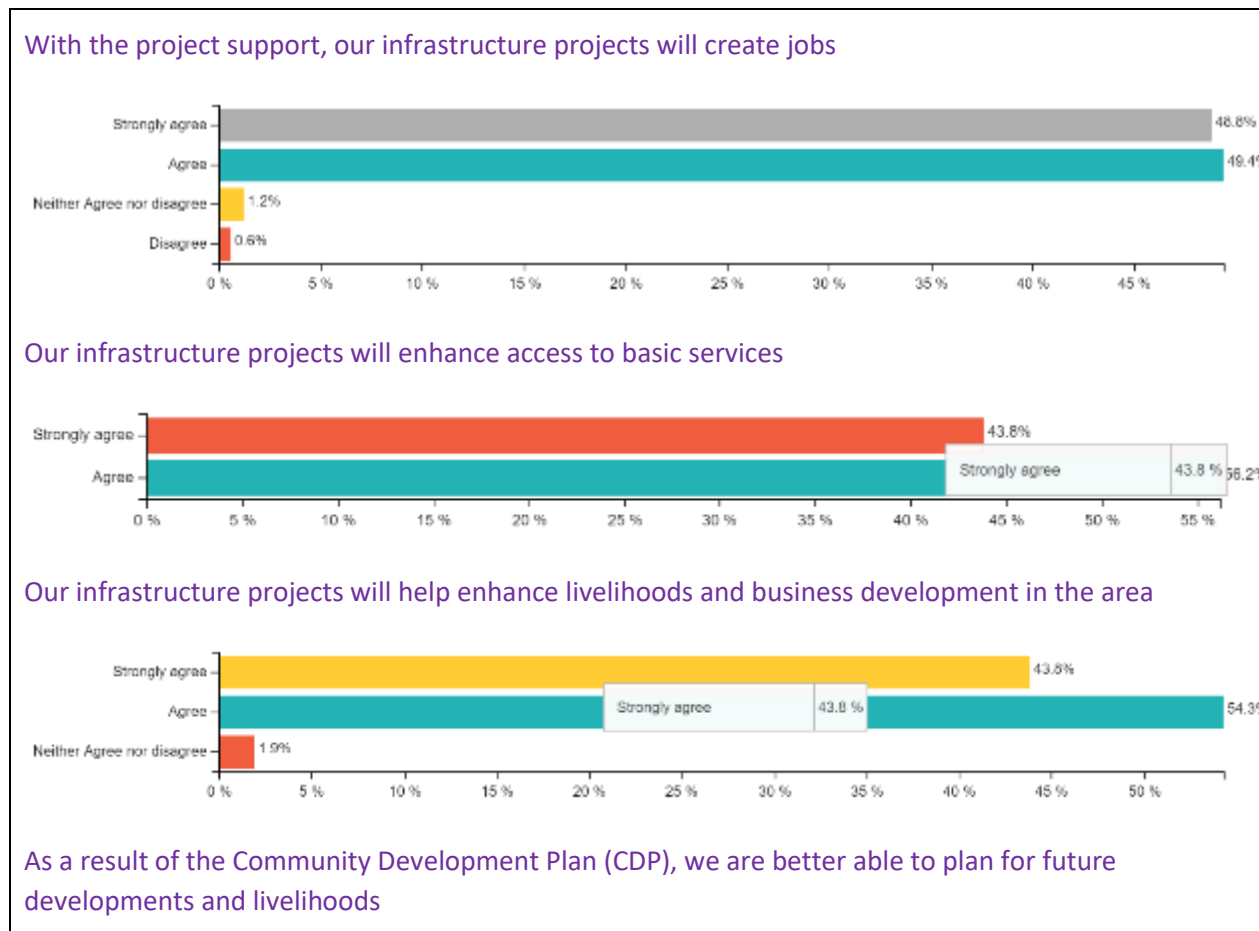
Social infrastructure and community development: There multiple impacts of delivering local development initiatives including job creation, enhancing access to basic services, enhancing livelihoods and business development and capacities to plan for sustainable development initiatives.

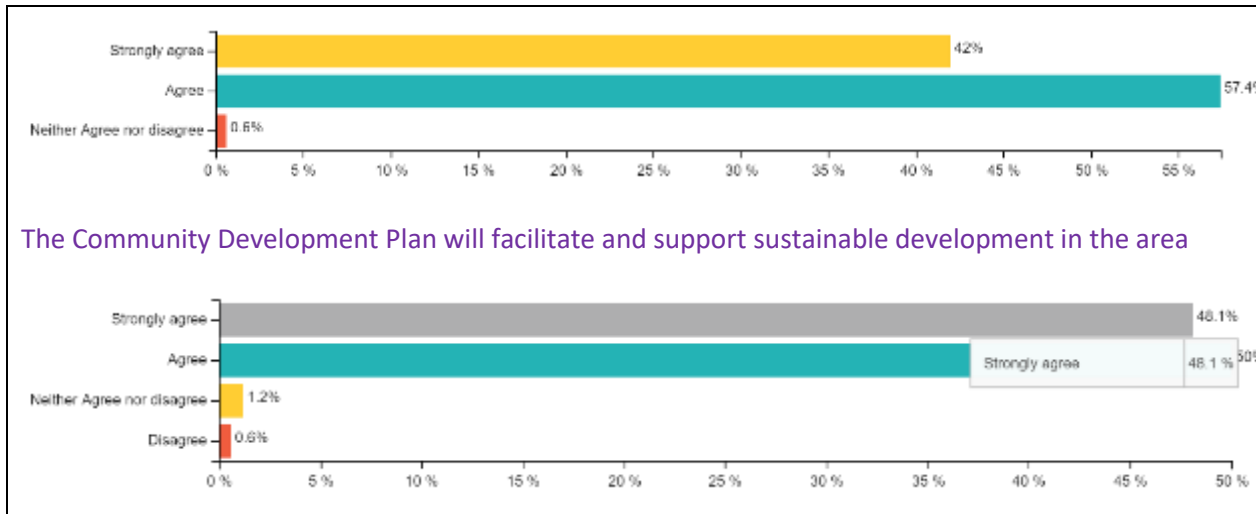
20,500 rural people in total have access to basic services through implementation of:

- 8 projects on access to drinking water
- 7 projects on access to sustainable electricity supply
- 2 projects on access to better education and health facility

The community development survey respondents overwhelmingly 97-100% of the respondents (n=162) agreed that these impacts have been achieved – see below figure.

Figure 8: SMEs response to the survey on impacts (n=162)

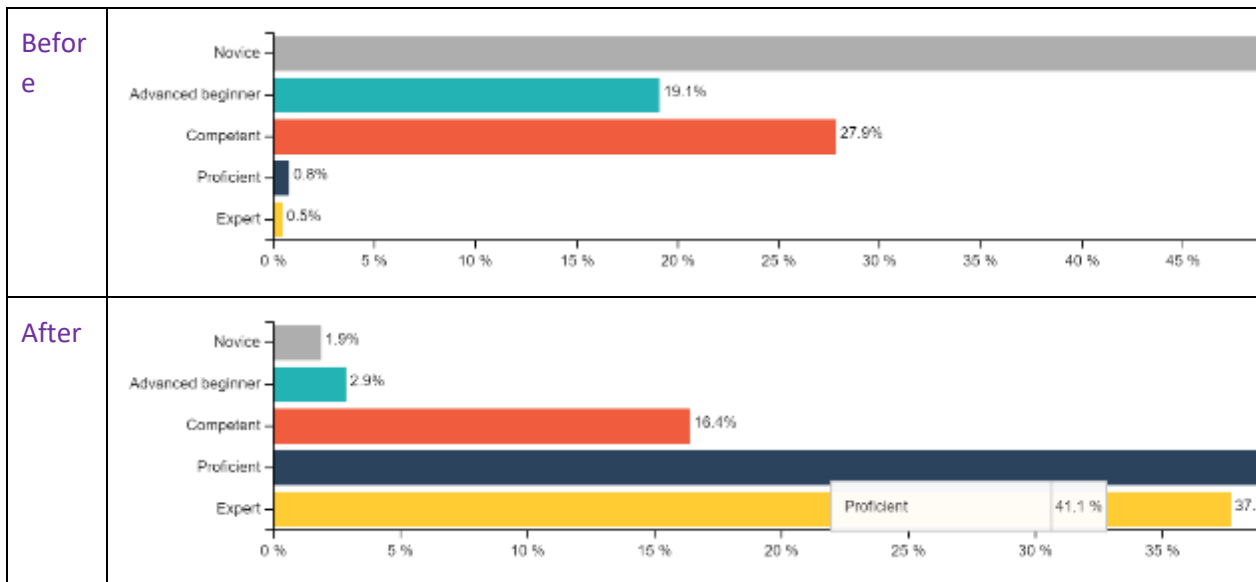




Capacity development: The JP invested heavily in capacity building, more than 15 training topics covered and well-over 4,800 people trained in total across all activities. There has been a high degree of investment at both national and local capacity building, not only individual capacity upgrading but also institutional capacity strengthening. This is potentially a contributing factor not only for effectiveness features but also for sustainability.

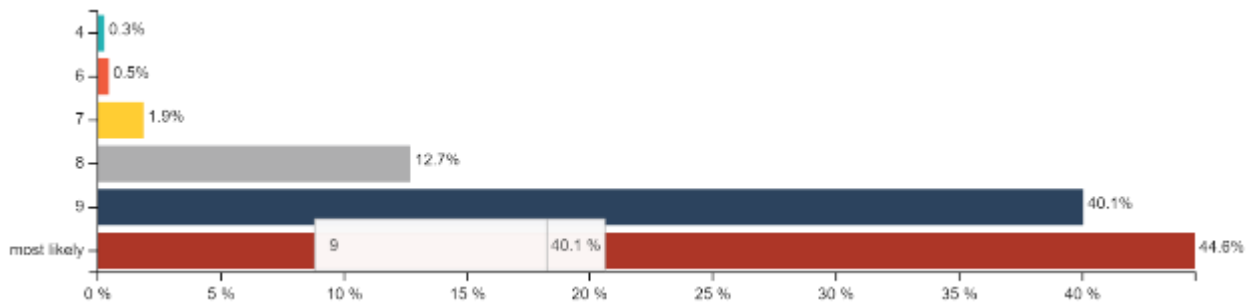
In a various training subject, ~70% of the survey respondents (n=377) rated themselves as either novice or beginners in the training subject matter before the training, and 53% of the same respondents have rated themselves to be either competent, proficient or experts after the training. See below figure.

Figure 9 Trainees self-assessment of expertise before and after the trainings



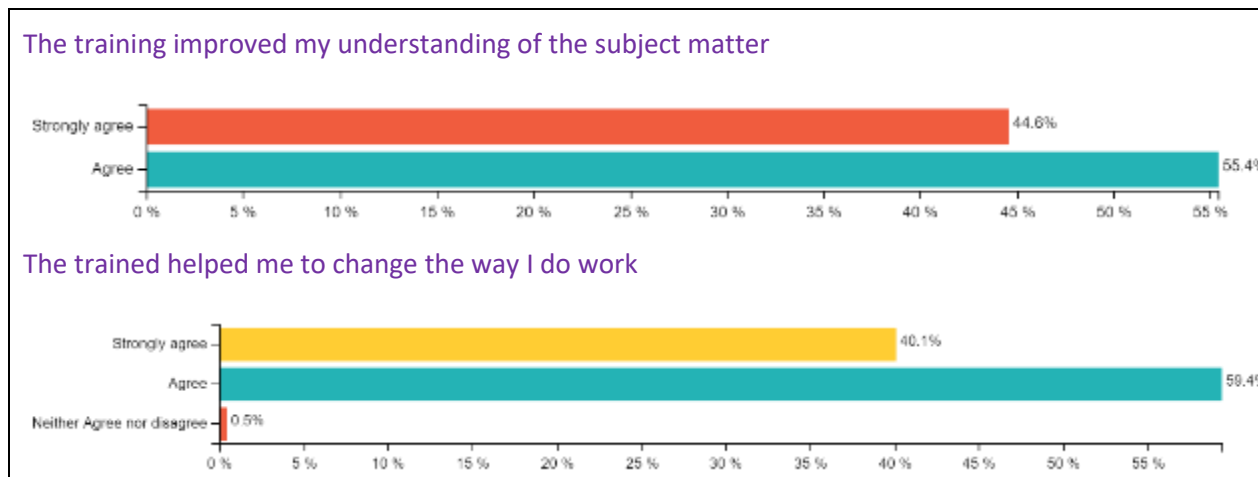
The training survey respondents indicated satisfaction with provided trainings, more than 85% the training survey respondents (n=377) are likely to recommend the same training to a friend i.e promoters and less than 1% are considered detractors.

Figure 10 Trainee survey responses to the likelihood of recommending the training to a friend (n=377).



Whilst training delivery is important, it is essential that the outcome of the training is achieved by improving the understanding of the subject matter expertise and changing behavior in the way of doing business. 100% of the trainee survey respondents (n=366) reported improvement in the level of understanding of the training subject matter, and 99% reported that they change the way of doing work as a result of the training. See figure 8.

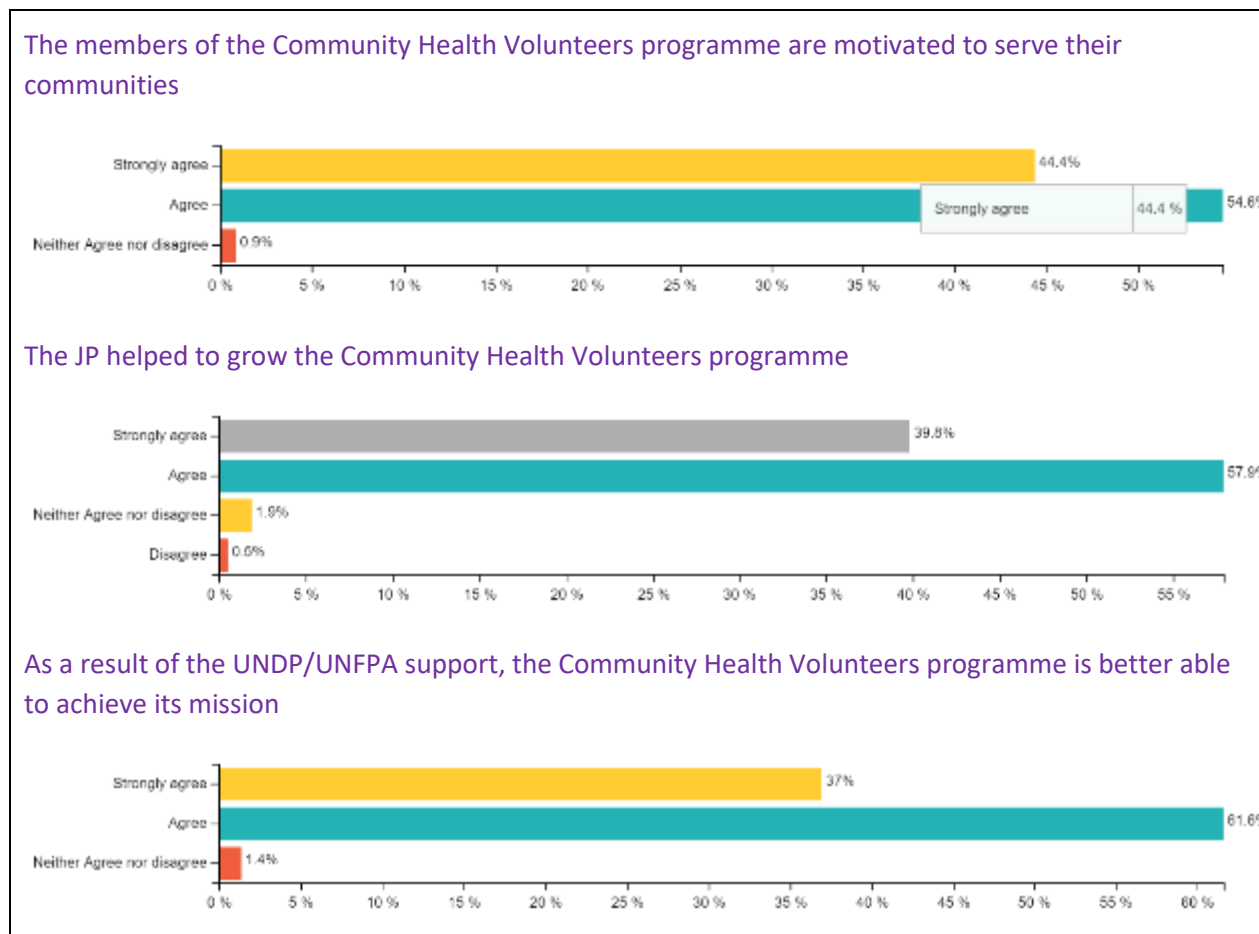
Figure 11 Trainee survey responses to improve the understanding and behavioral change



Community volunteerism: The JP made a good use the community volunteer programme particularly in implementing awareness activities. The database of 2081 community volunteers in 11 target districts of Karakalpakstan were periodically updated and trained on prevention measures of various diseases, for example, More than 500 volunteers in rural areas raised their awareness on COVID-19 through online Telegram platform. 99.5% of the Community Health Volunteers survey respondents agreed that the JP supported the members of Community Health Volunteers programme to achieve their goals effectively. In addition, the JP helped to grow the community volunteers and their ability to achieve their mission and maintain their motivation level. 100% of the Community volunteerism survey respondents (n=216) agreed that Community Health Volunteers programme is effective mechanism to promote healthy livelihood and improved resilience of communities, and also confirmed the following impacts as in below figure.



Figure 12 Community Volunteers survey responses on impacts (n=216).



4.3 Relevance

Findings and conclusions

7. The programme goal, objectives and activities are fully aligned with the policies and strategies of the Government of Uzbekistan and Government of Karakalpakstan on addressing the Aral Sea crises.
8. The joint program aligns directly with health and economic development-related strategic priorities, outcomes and indicators of the 2016-2020 UNDAF, the new United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 Uzbekistan, UNDP CPD 2016-2020, UNDP CPD 2021-2025, UNFPA CPD 2016-2020, and UNFPA CPD 2021-2025.

Relevance to the Government Policies and Strategies

Relevance to the national health strategy of the republic of Uzbekistan



The programme design aligns with the national health strategy of the republic of Uzbekistan for the period 2010-2020⁶. The strategy is supported by an implementation plan that outlines an overview of the activities that will be performed to achieve the objectives of the public health strategy. The strategy define 11 specific objectives, to which the programme, by design, contributes to at least four objectives directly.

Table 3: Programme alignment with the national health strategy of Uzbekistan.

Strategy objective	Programme contribution
Objective 3 - Public health laboratories development plan	The programme established a full functioning real-time PCR HPV testing laboratory
Objective 6 - Nutrition	Teachers trained on healthy lifestyles The programme provided newly-married and pregnant women with anti-anemic supplements.
Objective 10 - Maternal mortality	The programme provided newly-married and pregnant women with anti-anemic supplements. The programme supported control and prevention measures of cervical and breast cancer
Objective 11 - HIV/AIDS and tuberculosis	The programme offered evidence-based knowledge on STI/HIV prevention

Relevance to the State Program No 2731 of January 1, 2017 on Development of the Aral sea region on 2017-2021

The President, with a view of implementation of a set of measures aimed at improving ecological and socio-economic situation, living conditions population in the Aral Sea region, timely and effective implementation of investment projects to mitigate the effects of environmental disasters of the Aral Sea, decrees to validate State Program No 2731 of January 1, 2017 on Development of the Aral sea region on 2017-2021. The objectives of the State Program shall be creation of new jobs, ensuring employment of the population, development of the water supply system and increasing the level of supply of the population with clean potable water, improvement of sewerage systems, sanitation and disposal of household waste. In particular, the State Program envisages increase of rural development level, promoting dehkan (peasant) and family farming, greenhouse farms based upon modern water saving technologies and irrigation and expansion of irrigated land area⁷.

⁶ National health strategy of the republic of Uzbekistan for the period 2010-2020 is available [here](#)

⁷ The state program No 2731 of January 1, 2017 on Development of the Aral sea region on 2017-2021 is available [here](#)



The joint programme objectives and activities directly align with the State Program No 2731 on Development of the Aral sea region on 2017-2021. Specifically, the programme provides direct support to the local development agenda including jobs creation, development of to the Community Development Plans (CDPs), and supported SMEs. The programme has also supported the supply of the population with clean potable water infrastructure projects in the targeted districts.

Relevance to the key Government initiatives

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

In order to improve the efficiency of radical reforms, the creation of conditions to ensure the full and accelerated development of the state and society, the implementation of the priority areas for the country's modernization and liberalization of all spheres of life, the president launched a Strategy actions in five priority areas of the Republic of Uzbekistan in 2017-2021 years.

The joint programme contributes directly to this initiative, specifically to priority number III of “Priority areas of economic development and liberalization” and priority number IV. “Priorities in development of the social area” through the support of economic development in the targeted districts.

The programme aligns with **Special Programme for complex Social-Economic development of Muynak district** for the period of 2019-2021, that envisions the implementation of 195 projects (Social infrastructure development - 120 projects, and Entrepreneurship development -75 projects), with overall funding of approximately USD 3.4 billion;

The programme activities are fully aligned and built on the findings of the **needs assessment conducted in the 8 northern districts of Karakalpakstan in 2017**, which identified the following urgent priority needs of the population affected by the Aral Sea disaster: employment, environment, transportation, health, education and provision of drinking water.

Relevance to the UN Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan (MPHSTF)

The UN Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan (MPHSTF), officially launched on the margins of the 73rd UN General Assembly on November 27, 2018 serves as a unique unified platform for international development cooperation and the mobilization of donor resources to implement integrated measures and complement the efforts to address the consequences of the Aral Sea disaster by the Government in the Aral Sea region through the Human Security approach.

The MPHSTF’s programmatic areas complement existing national and UN-led efforts to mitigate the Aral Sea crisis. Proposals must contribute to one or more of the following areas that are the focus of the Fund’s Programmatic Framework: Environmental insecurity, Economic insecurity, Food insecurity, Health insecurity and Social insecurity.

The scope of the UNDP/UNFPA joint programme clearly aligned with the MPHSTF areas of work by addressing the human insecurities (social, economic and environmental) in the Aral Sea region. and also aligned with the delivery model.



Alignment with Covid response

A national Strategic Preparedness and Response Plan (SPRP) was developed for Uzbekistan, in collaboration with WHO and other partners, to provide guidance on managing the response to COVID-19. The national SPRP was issued on 19 March and updated on 6 April and outlines the immediate priorities to suppress transmission of the virus and to support health systems to respond to the pandemic. The SPRP defined 10 pillars of priority interventions to help Uzbekistan to combat the pandemic.

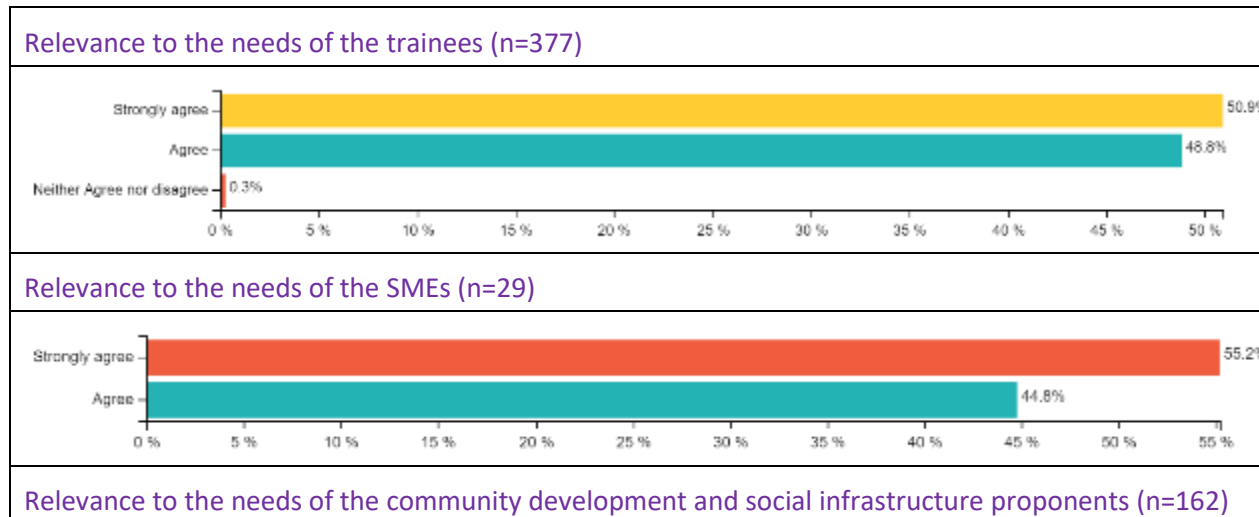
The UNDP/UNFPA joint programme has followed an adaptive management approach to accommodate the emerging priorities from the COVID SPRP. The programme added a new activity aiming to improve community awareness on preventative measures of respiratory, cardiovascular, gastrointestinal diseases, mother-child health issues and COVID-19 with additional fund from UNDP Uzbekistan. This included conducting awareness raising activities on prevention of a) Lung disease, b) Cardiovascular disease, c) Gastrointestinal disease, d) COVID-19 disease, e) Maternal-Child health, f) The best medical professional among rural population. Rewarding of CHVs was organized in cooperation with MOH Karakalpakstan for the occasion of International Volunteers Day in December 2020;

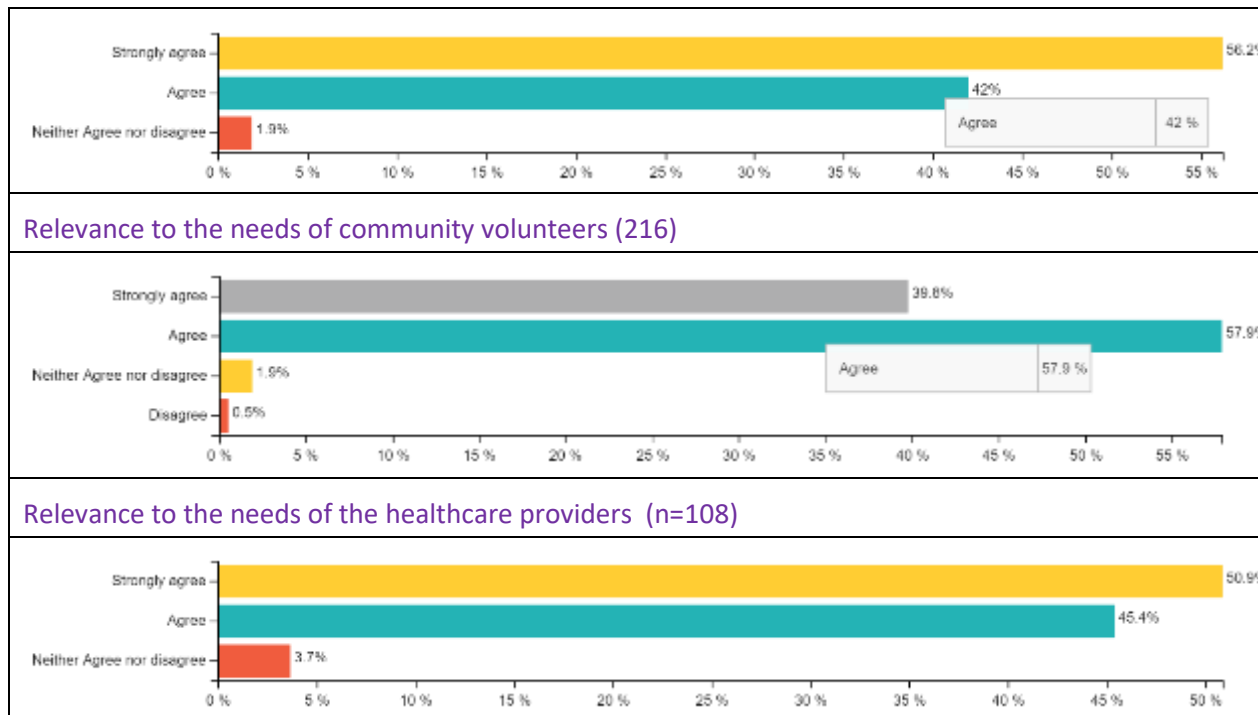
Moreover, in 2021, [250] Community Health Volunteers (women) trained on post-Covid depression prevention in 11 districts. [15] most active volunteers were rewarded with smart phones at International Volunteer Day. This is to support and encourage community health volunteers in target districts to increase their motivation and quality of activities in rural communities.

Relevance to the beneficiaries needs

The vast majority of the surveyed beneficiaries (over 750 people) have indicated that the JP activities are relevant to their needs. See below figure.

Figure 13: Survey responses in relation to the relevance of JP activities to the needs of beneficiaries





Alignment with the UNDAF

The programme was developed in line with the UNDP Strategic Plan (2018-2021), and envisions the close cooperation of two UN agencies - UNDP and UNFPA. Therefore, with the reference to the UNDP Strategic Plan, the programme will mainly focus its interventions to contribute to the following two Strategic Plan outcomes: (i) Eradicating poverty in all its forms and dimensions, and keeping people out of poverty; and (ii) Accelerating structural transformations for sustainable development, especially through innovative solutions that have multiplier effects across the Sustainable Development Goals.

The programme is contributing to achieve the Output 1&4 of the UNDAF 2016-2020.

UNDAF Outcome 1: equitable and sustainable economic growth through productive employment, improvement of environment for business, entrepreneurship and innovations expanded for all. Specifically, the joint programme contributes to the following indicators: Indicator 1.2: Share of unemployed in active labour force, Indicator 1.3: the gender gap in labour force participation rate, Indicator 1.5: the share of small business in the industry and exports, in%, Indicator 1.6: inter-regional poverty rate disparities as measured by the ratio of the sum of the four highest oblast-level poverty rates to that of the four lowest.

UNDAF Outcome 4: all people benefit from quality, equitable and accessible health services throughout their life course. The joint programme contributes to the following indicators: Indicator 4.2: Percentage of pregnant women covered by antenatal care during first trimester pregnancy, Indicator 4.3: Percentage of health facilities (maternities, child hospitals and PHC facilities) in targeted regions applying newborn and child survival standards/protocols recommended by WHO and UNICEF, Indicator 4.6: Percentage of



selected MarPs living with HiV, of them: a) injecting drug users, b) populations engaging in high risk unprotected sexual activities⁸.

The joint programme was developed in 2020 in line with 2016-2020 UNDAF, as well, the joint programme remains relevant to the new United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 Uzbekistan. Specifically the joint programme aligns with at least two out of three strategic priorities and two associated outcomes defined in the UNSDCF, the are:

- Strategic Priority B: Inclusive human capital development leading to health, well-being and resilient prosperity focused on building a society where human capital development, the generation of employment and equal socio-economic opportunities for women and men, and the promotion of full access to quality social protection and health and education services, especially for most vulnerable and those at risk, are a reality, while reducing regional inequalities.
 - Outcome 4. By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services.
- Strategic Priority C: Sustainable, climate-responsible and resilient development where actions are taken to promote effective and sustainable management of natural resources while supporting nature-based resilient development and effective and gender-responsive climate action at local level.
 - Outcome 5. By 2025, the most at risk regions and communities of Uzbekistan are more resilient to climate change and disasters, and benefit from increasingly sustainable and gender-sensitive efficient management of natural resources and infrastructure, robust climate action, inclusive environmental governance and protection⁹.

The joint programme aligns with the UNDP Country Programme Document (2016-2020), the programme contributed to the 3rd Output of the Country Programme Document **CPD Output 3 under outcome 1: Integrated, multi-sector and multi-level approach established to mitigate human security risks for communities affected by Aral Sea disaster, and CPD out 4 under outcome 2: Output 2. Water supply/efficiency of water resource management improved at national/basin/ farm levels¹⁰.**

Also, the joint programme continues to align with the new Country programme document for Uzbekistan (2021-2025), specifically the programme contributes to Output 3.1: Women, youth and people from remote rural areas benefit from better skills, sustainable jobs and strengthened livelihoods, and Output 4.4. Systems innovations advanced for integrated solutions in the Aral Sea region¹¹.

⁸ United Nations Development Assistance Framework for The Republic of Uzbekistan 2016–2020.

⁹ United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 Uzbekistan

¹⁰ Country programme document for Uzbekistan (2016-2020)

¹¹ Country programme document for Uzbekistan (2021-2025)



The joint program aligns with the United Nations Population Fund Country programme document for Uzbekistan 2016-2020, it contributes directly to the following outcomes and outputs:

- Outcome 1: Sexual and reproductive health 16. Output 1: National institutions have improved capacity to develop rights-based policies and to implement mechanisms for the delivery of integrated sexual and reproductive health services, including for maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster.
- Outcome 3: Gender equality and women’s empowerment 18. Output 1: National policies and protection systems for promoting gender equality and addressing gender-based violence are strengthened in line with CEDAW requirements¹².

The programme also continues to be relevant to the new United Nations Population Fund Country programme document for Uzbekistan 2021-2025, specifically direct contribution to the following priorities:

- Output 1. The sexual and reproductive health and rights of most vulnerable groups are fully integrated in health system reforms for universal health coverage. This output will contribute to achievement of UNSDCF Outcome 4 and UNFPA Strategic Plan Outcome 1.
- Output 1. Increased multisectoral capacity to prevent and respond to gender-based violence. This output will contribute to the achievement of UNSDCF Outcome 1 and UNFPA Strategic Plan Outcome 3¹³.

Relevance to other projects

The programme design builds on and informed by other projects implemented in response to the urgent needs of Aral Sea. Examples of other projects:

- Drought Early Warning System (DEWS) in Karakalpakstan launched to increase the climate resilience of 5,963 people (20% women) in rural communities.
- UN Joint Programme “Building the resilience of communities affected by the Aral Sea disaster through a Multi-Partner Human Security Fund for the Aral Sea” (2019-2019, donor: UNTFHS, 180,000 USD for UNESCO), aimed at mitigating the inter-connected risks to Human Security and Building the resilience of communities affected by the Aral Sea Disaster through an integrated and multi-level approach and ensuring sustainable support through the establishment of a Multi-Partner Human security Fund for the Aral Sea. It was also aimed to strengthen the livelihoods and increase the income generating opportunities through the development of sustainable tourism and traditional craftsmanship in Karakalpakstan as well as use and management of natural resources of the region.

¹² United Nations Population Fund Country programme document for Uzbekistan 2016-2020

¹³ United Nations Population Fund Country programme document for Uzbekistan 2021-2025



- Addressing the urgent human insecurities in the Aral Sea region through promoting sustainable rural development (2020 – 2021, donor: Governments of Uzbekistan and Norway, 150,000 USD for UNESCO). It aimed to address environmental, social and economic insecurities in the most vulnerable communities of the Aral Sea region through bringing comprehensive solutions in addressing the environmental issues, promoting access to basic services, improving the living standards and sustainable tourism development.
- UN Joint Programme on Sustaining Livelihoods Affected by the Aral Sea Disaster (2012 – 2015, donor: UNTFHS, USD 347,322 for UNESCO). Within the programme UNESCO contributes to improving the economic and social well-being of the communities through the crafts industries and sustainable tourism based on cultural and natural assets in Karakalpakstan. In particular, the project promoted tourism itineraries, overnight accommodation, production and sale of handicrafts, development of guidebooks and capacity building of tourism professionals. One feature was the development of yurt camps demonstrating effective energy use via solar panels and innovative water purification techniques¹⁴.

Alignment with the SDG framework

The joint programme contributes directly to number of the Sustainable Development Goals (SDGs) and associated targets, namely SDG 1 (no poverty), SDG 3 (Good health and well-being), SDG 5 (Gender equality), SDG 6 (clean water and sanitation), and SDG 8 (Decent work and economic growth. According to the 2020 Voluntary National Review of The Republic of Uzbekistan the Poverty rate stood at 11.4% with 1.4% decrease from 12.8% in 2015 to 11.4% in 2018 (poverty threshold of \$ 3.2 per day), and life expectancy increased by 1.1, from 73.5 in 2015 to 74.6 in 2018, and child mortality decreased by 0.8% from 13.9 in 2014 to 13.1 in 2018¹⁵.

4.4 Coherence of the programme design

Findings and conclusions

9. The programme design effectively applied the Human Security approach in addressing complex threats to the survival, livelihood and dignities of populations in the Aral Sea area of the Aral Sea, this approach enabled the project design to bring together health and economic development together in one project to address human securities.
10. The design of the joint programme follows a standard strategy for this sort of intervention with the inclusion of an expected objective, expected outcome and outputs and key areas of activity as well as key deliverables. The programme design has strengths and weaknesses. The strengths of the design derive mainly from documenting and effective use of lesson learned from previous (similar) projects and implementation of Human Security approach in the Aral Sea region to address complex threats to the survival, livelihood and dignities of populations in the Aral Sea area. The project design could have benefited from appropriate presentation of the theory of change and defining outcomes and impacts indicators..

¹⁴ Evaluation of the 2016-2020 Uzbekistan United Nations Development Assistance Framework

¹⁵ 2020 Voluntary National Review of The Republic of Uzbekistan



11. Programme design demonstrated good practice in documenting and utilising lessons learned from other similar projects by drawing strongly on the participatory approach in targeting those in need, adding value through the application of an integrated approach to local development, and partnership building, through engaging national, regional and local institutions in programme implementation.

Theory of Change

Theory of Change (ToC) depicts how programme activities respond to certain development problem and lead to short (output), intermediate (outcome) and long term (impact) changes. The JP project document includes robust information about the problem to be addressed, objective, outputs and to a less degree the long-term impacts. This information needed to be pulled together in a ToC section and presented in a way helps to inform the design of the results framework.

As result of not capturing and presenting information in a ToC structure, assumption underpinning the ToC have not been defined and the results framework was mostly limited to output-based indicators and less of outcome and impact indicators, for example the results framework lack of societal trends (better health and better livelihoods) and beneficiaries behaviour change.

The main analytical framework for the evaluation is provided by the programme's theory of change which helps organize the evaluation questions according to the programme's expected results at each level of its results chain.

This Evaluation was based on a reconstruction of the 'theory of change' (ToC) of the joint programme. The ToC can be described with reference to five main elements (problem statement, input, output, outcome and impacts), and also defined key assumptions underpinning the ToC See section 3.1 of this report. The evaluation matrix (appendix 3) has been developed according to the ToC structure and included extra measures to address outcomes and impacts.

Risk management

Initial risk assessments to acknowledge potential risks were developed in the design document. To mitigate potential risks, the Project Document indicates that management should propose actions to the Project Board in order to implement risk-management procedures and engage in course correction. A preliminary generic risk log is also included in the Project Document where risks are ranked according to their potential impact, severity, and probability of occurring.

However, the regular progress reports to the donor (Government of Japan) didn't included considerations for risks and possible measures towards addressing identified challenges. Risk reporting is assessed under efficiency.

Social and Environmental Standards (Safeguards)

The project design included screening of social and environmental risks, the screening process mainly aimed to strengthen quality of programming by ensuring a principled approach, maximize social and environmental opportunities and benefits, and avoid adverse impacts to people and the environment. However, the screening process didn't anticipate any possible issues with the three defined principles,



however given the programme interventions in supporting **infrastructure projects for local communities, the possible environmental and social impacts of these should have been further investigated and mitigation measures for potential risks should have been defined.**

Human rights and gender equality

The joint programme is, by its very nature, focused on human rights and women empowerment given that by working on the environment – poverty nexus it focuses on marginalised and disadvantaged groups particularly women benefiting from the JP’s interventions in contributing to enhance fulfilment of people’s economic and social rights. Furthermore, from design onward a focus on economic and women empowerment is made explicit at all levels and relevant in application.

The programme had GEN-2 marker, with two-pronged focus on women’s empowerment: (i) better access to the healthcare for rural women and on enhancing women’s role in decision making at local level, and (ii) on innovative pilot initiatives specifically targeting women. This is done as follows:

- Enhancing women’s role in decision making through capacity building and by improving women’s access to public and municipal services (including better/quality healthcare services, access to water, etc.).
- Enhancing the capacities of communities to collect, analyze and use a range of data relevant to gender-responsive decision-making through promoting Community Development Planning, and promoting targeted gender empowerment programs at district levels.
- Supporting the Women’s Committee (WC) and Business Women Association (BWA) to render consultation services to rural women on different issues (e.g. business development, property and land management)
- Jointly with the WC and BWA co-funding business proposals among unemployed women and showcase the successes for upscale.
- Job creation and access to basic social services are gender-sensitive, which means active involvement and participation of women throughout its implementation.

Moreover, the programme activities also promoted the role of women in the sustainable rural development in Karakalpakstan through capacity-building activities. Therefore, these activities contributed to improving women’s livelihoods.

Implementation of Human Security approach in the Aral Sea region

The UNTFHS funded programmes in Karakalpakstan (2012-2019) have achieved significant results through application of the human security approach in programme implementation that enabled in addressing the multi-faceted human insecurities in the Aral Sea region.

The human security approach has been proven as an optimal approach that can address complex threats to the survival, livelihood and dignities of populations in the Aral Sea area. Under these UN programmes a number of priority infrastructure and business pilot projects have been implemented on the ground that directly benefited local communities through enhancing their access to clean drinking water, energy, improved education facilities, improved healthcare services, as well as enhancing entrepreneurial skills of rural women and promoting the development of tourism. The socio-economic and environmental needs assessment conducted in 8 districts of Karakalpakstan by the ISR has documented key human insecurities



in the region and major social risks based on the human security concept. The assessment results were widely communicated in public to national and international development partners, and used in the process of formulating the evidence-based Programmatic Framework of the Multi-Partner Human Security Trust Fund for the Aral Sea region (MPHSTF)¹⁶.

The Human security concept helped to develop a better understanding of threats to people's everyday lives and how they can snowball onto other insecurity areas. Providing better understanding of interlinkages among various human insecurities, as well as by identifying people's own assessment of their needs, fears and capacities to overcome them, the human security approach helped identify comprehensive solutions. It also helped give direction and coherence to the work of the government at national and local levels, as well as to donors providing assistance precisely because it calls for a holistic, coordinated approach. This was critically important for the areas affected by the Aral Sea disaster where a large number of partners are involved. Moreover, by properly identifying the root causes and developing effective collective measures to address them, human security approach helped all partners better prioritize and coordinate their interventions within the frame of the joint programme.

Therefore, the proposed project used the human security concept as a conceptual tool for addressing the needs of local people in the Aral Sea region. As an approach for situations of risks and crisis, the human security framework is proven to be effective for analyzing and planning for interventions adapted to the circumstances of communities affected by the Aral Sea disaster. During the course of the proposed project's implementation, the problem of the Aral Sea has been looked at from the perspective of the people and communities it has affected the most and the multitude of threats to their everyday survival, livelihoods and dignity.

Lessons from other relevant projects

The design of the joint programme demonstrated good practice in documenting and building on lessons from previous programmes. For example, the experience of the two UN Joint Programmes (2012-2019) funded by the UN Human Security Trust Fund, which brought together six UN agencies working under one umbrella, have demonstrated the benefits of an integrated response to a multi-faceted problem instead of traditional stand-alone interventions. The Programmes demonstrated the value of coordination, integrated planning, but also consolidating the implementation at the field level with one coordinating entity.

The following key best-practices and lessons learned were documented:

- Drawing strongly on the participatory approach in targeting those in need through a careful evidence-based analysis.
- Value-adding through the application of an integrated approach to local development, and the identification of linkages and synergies between livelihood, health and infrastructure development components, have both helped ensure the efficiency and effectiveness of project results.
- Partnership building, through engaging national, regional and local institutions in programme implementation, has enhanced programme relevance and increased long-term sustainability.

¹⁶ Report on a Socio-economic Survey of the Needs of the Population in the Aral Sea region



- More engagement in supporting the Government to develop long-term regional strategic planning has resulted in strong institutions and mechanisms for responding to long-running and complex issues.
- The Programme has convincingly demonstrated the benefits of coordinated efforts by regional level donors to improve livelihoods

The Aral Sea region has received substantial donor attention and financial support since the mid-1990. According to the assessment of donor activities conducted in 2013 within the framework of the first UNTFHS funded project for the period 2006-2011, donor aid to the Aral Sea region amounted to USD 125 million with 43 projects (25 projects by the UN) implemented by 19 donors including donor countries, bilateral and multilateral agencies. These projects focused on many areas such as agriculture, education, healthcare, infrastructure, water supply, social sector, natural resource management, rehabilitation of environment, income generation, poverty reduction, governance, and area-based development, however the negative scale of the environmental and socio-economic issues in the region is still huge.

At the same time, while a few different interventions have taken place and considerable assistance rendered to the population of the Aral Sea Region in Uzbekistan by development partners, results have been less than anticipated because of some key challenges. Among them, the following challenges have been noted and considered by the project design which has given further strength to the JP design:

- Problems associated with the identification of relevant and effective projects based on proper assessment of needs of local populations;
- Lack of a unified development strategy and coordinated assistance to the Aral Sea Region;
- Lack of an inter-sectoral, integrated approach that can target multiple human insecurities at the same time;
- Problems of coordination between development partners and executing agencies that provide development assistance to the Aral Sea Region;
- Weak administration of development projects;
- Low level of monitoring and performance evaluation system.
- The presence of these and other problems has created obstacles for the effective use of limited assistance resources and joint initiatives among donors.

Based on above facts and findings of the Needs Assessment, the Programmatic Framework (Strategy) of the MPHSTF for Aral Sea region was developed. The MPHSTF and its projects complement and continue the efforts of the Government aimed at solving the problems of the Aral Sea region by applying a programmatic approach that supports development cooperation in a strategic, transparent and impartial fashion in line with global best practices. The current Programme document is also developed in the line with the Programmatic Framework (Strategy) of the MPHSTF for Aral Sea region.

The Government of the Republic of Uzbekistan has been actively cooperating with UN organizations including UNDP and other international partners in the development of the Concept "Aral Sea region - a zone of environmental innovation and technology". Three UNDP missions consisting of an interdisciplinary team were mobilized to elaborate a comprehensive development program for the Aral Sea region, including the drafting of the Concept of the SDGs and their implementation. The goal of this Integrated Roadmap is the implementation of the UN Resolution and the Concept, which will lead to a



sustainable improvement of the living conditions and livelihoods of people in the Aral Sea region of Uzbekistan, as well as the restoration of an active ecosystem and enhancement of biodiversity in the surrounding areas. Multilateral Roadmap on the priorities of attracting foreign investment in the Aral Sea region for 2022-2026 was approved by the GoU elaborated with the support of UNDP¹⁷.

Stakeholder participation

The programme represents a joint programme by UNDP and UNFPA and the Government of Japan acting as the main donor. For the given programme a pooled funding modality of programme implementation will be applied where the UNDP will act as the managing agent. Managing agent (UNDP) is responsible for technical and financial coordination and reporting; donor funding will be pooled under the management of Managing agent with further transfer of the relevant portion indicated in the programme budget to UNFPA using the UN Agency to UN Agency fund transfer agreement. UNDP is accountable programmatically and financially for the Joint Programme and for narrative and financial reporting.

Table 4 Summary of Stakeholders engagements

Stakeholders	Mandate
Ministry of Economy and Industry of the Republic of Uzbekistan	The Ministry of Economy is a public administration body that develops and implements long-term strategies and comprehensive programs on economic development of the country, pursuing well-thought and balanced socio-economic policy.
Council of Ministers of the Republic of Karakalpakstan	The Council of Ministers of the Republic of Karakalpakstan is the Supreme executive authority of the Republic of Karakalpakstan - the region that most suffers from the Aral Sea crisis.
Ministry of Health of the Republic of Uzbekistan	The Ministry works on realization of the national health policy, providing preservation and improvement of populations' health, development of prevention health care, promotion of healthy life styles and enforcement of constitutional rights of citizens for getting quality healthcare services, ensuring equal access of population to all types of health care services.
Women's Committee of the Republic of Uzbekistan	The WCRU works to protect the rights of women, ensure their full participation in the social, political, economic and cultural life of the country, the spiritual and intellectual growth of women and youth.

4.5 Efficiency

Findings and conclusions

¹⁷

https://dunyo.info/en/site/inner/the_roadmap_on_the_priorities_of_attracting_foreign_investment_in_the_aral_sea_region_approved-CVi



12. The 6-months extension is justified based on COVID exceptional circumstances and subsequent quarantine measures imposed by the Government of Uzbekistan and negative impact on implementation of a number of the project outputs as per approved workplan. The project duration (2years plus 6 month extension) is considered a strict timeframe for a such a complex programme, however, the project management has successfully managed to achieve a lot in a very short period of time, especially when noting that most of the project timeframe coincided with the peak COVID environment.
13. There is ample evidence of indirect (in kind) contribution to the cost of the project activities from community and local authorities to make, for instance, the community members participated in the construction of the social infrastructure projects and local health authorities have made the physical space available for testing equipment .
14. There has been adequate project management arrangement in place, in fact, the decentralised presence of the project team in Nukus played a vital role in building strong relationship with stakeholders and facilitated day to day management and engagement.
15. The project's management has been adaptive and able to demonstrate flexibility in making changes if, and when, necessary to do so in order to keep the project up to date and keep it capable of producing the desired outputs as envisaged originally. This included changes to the scope of work to accommodate emerging COVID responses. This kind of quick and immediate change to the scope of work required high degree of flexibility from all involved parties including from the funding agency (i.e the Government of Japan).
16. Risk management and reporting mechanisms were appropriate, but the M&E framework primarily tracked output delivery and recommended to include more outcome-based indicators in the future to help capturing the impacts.

Efficiency is the extent to which an intervention delivers, or is likely to deliver, results in an economic and timely way. For this, economic is defined as the conversion of inputs (funds, expertise, natural resources, time, etc.) into outputs, outcomes and impacts, in the most cost-effective way possible, as compared to feasible alternatives in the context.¹⁸

Finance: Total spending was in line with committed and allocated funds, by June 2022, total of JP expenditures is \$3,089,250 account to 98%. The budget for UNFPA component (objective 1) is \$1,429.920 and for UNDP component (objective 2) is \$1,724,598.61. The remainder balance is on track to be totally spent by the end of Q2 2022.

Agency	Allocated budget	Spent as of end Q1 of 2022	Financial delivery %	Balance amount	Remarks
UNDP	\$1,724,598	\$ 1,683,775	98%	40,823	Balance amount committed and will be delivered in Q2 2022
UNFPA	\$ 1,429,920	\$ 1,405,475	98%	24,445	Balance amount expected be delivered in Q2 2022
Total	\$3,154,518	\$ 3,089,250	98%	65,268	

¹⁸ OECD/DAC Network on Development Evaluation. Better Criteria for Better Evaluation. Revised Evaluation Criteria Definitions and Principles for Use. February 2020.



The Project has financial controls and a very close monitoring of expenditures. These not only responding to the UNDP requisites but also catering to donor requirements since UNDP is ultimately responsible for this. The JP has suitable financial reporting processes in place to track progress of budget versus expenditure, aligning activities/outputs reporting to the corresponding financial budgets. As indicated in several documents, it also closely monitors compliance with donor parameters, eligible expenses, percentage ratio of expenditures between outputs, and other such matters. Reports on expenditures and results are regularly submitted to donors through project progress reports.

The project managed to outperform some of the targets without exceeding allocated budget, for example, the project supported 33 SMEs instead of only 20 without needing to change the budget, and similar scenario with number of PCR testing machines.

The beneficiaries perspective on the cost-effectiveness was overly positive, where 96% of the survey respondents (n=892) agreed that the JP has implemented a cost-effective approach in delivering the activities.

At the strategic level, the financing landscape for the Aral Sea human security approach is a complex one, and the financing this particular JP is seen to bring upscaling financing opportunities for example using the open budget framework and the recent funding from Islamic Development Bank made available.

Co-financing: The funded SMEs needed to demonstrate financial feasibility and that funding available by the project is achieving incremental benefits and enhancement on the business including extra jobs to be created. However, the selected social infrastructure projects (one from each CDP) were funded by the project in full after been prioritized among many others. The urgent nature of the community needs and project intervention to support basic services (i.e drinking water and health medical supplies) has rightly guided the direct financing modality of this project for medical supplies and social infrastructure. It would be however recommended for future similar projects to investigate opportunities to introduce incentive-based support and negotiate the role of co-financing in the social infrastructure projects with Government counterparts to maximize the benefit, promote ownership and potentially operationalize more social infrastructure projects. The incremental cost approach could have been considered at the outset to ensure that funds do not substitute for existing development finance or Government budgeting but provide additional funding to trigger solutions of development issues and produce the anticipated benefits.

Timeliness: The project officially started on January 1st 2020, and was initially due to be complete on December 31st 2021, however a 6-month no cost extension was granted due to COVID pandemic, the new end date if the programme is 30 June 2022. The 6-months extension is justified based on COVID exceptional circumstances and subsequent quarantine measures imposed by the Government of Uzbekistan and negative impact on implementation of a number of the project outputs as per approved workplan. One of the major impacts of the COVID was the delay on the supply of sophisticated equipment procured from international sources and the restrictions added on cargo. COVID-19 outbreak and subsequent quarantine measures imposed by the Government of Uzbekistan in March 2020 have had negative impact on implementation of a number of the project outputs as per approved workplan, particularly on those activities that involve:



- travel, both international and local (study tours, local trainings for target audience, etc.);
- meetings and consultations with local authorities and government organizations;
- practical workshops in the fields planned for early summer and the fall;
- field work on identification and implementation of pilot business projects.

Although, these limitations delayed implementation or completion of some activities, they did not significantly affect the overall results of the project. The project continued implementation of its activities remotely, where and when it was possible. Adaptive management measures were effectively taken during project implementation to avoid further delays or disruptions in project implementation including engaging with stakeholders via the available online platforms (ex zoom).

The project duration (2years plus 6 month extension) is considered a strict timeframe for a such a complex programme, however, the project management has successfully managed to achieve a lot in a very short period of time, especially when noting that most of the project timeframe coincided with the peak COVID environment.

Management arrangements and human resources

There has been adequate project management arrangement in place, in fact, the decentralised presence of the project team in Nukus played a vital role in building strong relationship with stakeholders and facilitated day to day management and engagement.

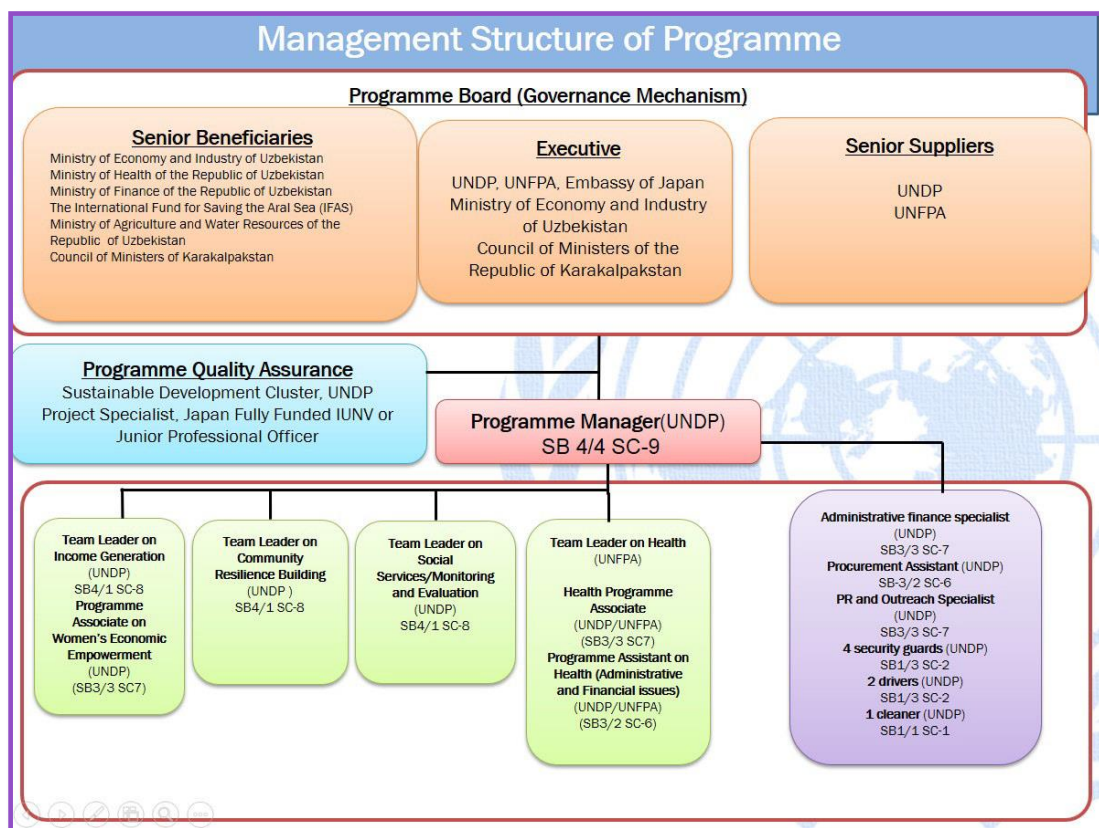
The joint programme has been administered and implemented by UNDP (managing agent) and UNFPA jointly with the Ministry of Economy and Industry of Uzbekistan, Ministry of Health of Uzbekistan, the Council of Ministers of Karakalpakstan and other local partners. Close coordination with the national government (key ministries and institutions) to ensure alignment with the strategic priorities and timely feedback on the course of the project implementation.

The Programme Board is the group responsible for making by consensus management decisions for the programme, including the changes to the project strategy and/or budget. In order to ensure UNDP's ultimate accountability, Programme Board decisions are made in accordance to standards that shall ensure best value for money, fairness, integrity transparency and effective international competition. Programme reviews by this group are made at designated decision points during the running of the programme, or as necessary when raised by the Joint Programme Manager.

For efficiency purposes, the majority of the project team were located in Nukus office, while PR Specialist and Procurement Assistant are to be based in Tashkent. The Programme Manager stationed in Nukus is responsible for the overall programme coordination, with focus on monitoring of programme implementation and reporting, dialogue with national and regional authorities, NGOs, as well as on resource mobilization. The Programme team in Nukus is tasked with on-the ground implementation of the planned activities, including close dialogue with communities, regional authorities and other stakeholders involved in the project implementation, and support the Project Manager in monitoring of progress.

At the district level, the socio-economic departments of the target district Khokimyats (Major's office - responsible for district socio-economic development and implementing national programs), and the structure of the health ministry will be fully engaged in implementing the project activities. The management approach used in the previous program implemented by the UN system in the Aral Sea region proved its effectiveness.

Figure 14 Programme Management Organigram



The survey respondents reported high level of satisfaction with the JP partnership and engagement process, over **95%** of the respondents (n = 772) agreed that the JP project management worked collaboratively with the beneficiaries in effective manner.

Adaptive management involves changes made to the project in order to still achieve the outcomes and objective. It is not to be confused with doing something different to that which was set out in the Project Document, but to adapt to emerging challenges and opportunities as project evolves. Adaptive management was used regularly to adapt to a constantly changing environment; particularly for committing JP resources to respond to emerging COVID need.

Adapting to COVID-19 Pandemic. Wide-ranging issues of the effect of the pandemic upon the JP, the COVID-19 has had an indelible impact on effectiveness and has been and will continue to be throughout the immediate future a hindering factor in obtaining achievements. Impact has not only been at the administrative level, but also at the policy level from shifts in socio-economic priorities. The project beneficiaries are rural communities living in ten regions of Karakalpakstan. COVID-19 lockdown impacted all aspects of lives as health, income generation opportunities (agricultural, livestock, SME and other activities), worsened access to basic social services and etc, due to the strict requirements at the beginning aimed to mitigation of the pandemic impacts. As it is already recognized by the Government, COVID19 impacts result in increased unemployment and poverty, decrease of economy development paces and increased demand for access to basic services, social protection needs as well as health protection and urgent pandemic response measures. In this regard, Programme allocated special budget for COVID-19



response measures in the region and it is obvious that proposed solutions become even much relevant and important to mitigate the COVID19 adverse impacts through reducing/avoiding climate change related losses/damages and improving quality of health care services, income generation capabilities of rural population and access to the basic services which will contribute to the post-COVID19 recovery in Karakalpakstan.

The project's management has been adaptive and able to demonstrate flexibility in making changes if, and when, necessary to do so in order to keep the project up to date and keep it capable of producing the desired outputs as envisaged originally. This included, changes to the scope of work to accommodate emerging COVID responses. This kind of quick and immediate change to the scope of work required high degree of flexibility from all involved parties including from the funding agency (i.e the Government of Japan).

Monitoring and reporting: To monitor the progress of the programme, a baseline (quantitative and qualitative indicators) established and documented in the project document, and have been regularly assessed in order to document the progress, and deploy corrective measures as might be applicable in consultation with the Programme Board. The defined indicators in the results framework are primarily tracking output and lack for impact indicators. This evaluation suggested more impact-level indicators and collected data on these indicators via surveys and interviews (see impacts section).

The programme has been working with the Embassy of Japan in the process of monitoring of the results achieved. UNDP and UNFPA ensured that their internal and component specific monitoring systems are aligned with the endorsed M&E Framework and M&E Plan.

The results of the monitoring have been brought to the attention of the Programme Board, which serves as a mechanism for review, analysis and taking necessary decision and actions in the course of the programme. UNDP and UNFPA facilitated the process of the field monitoring jointly with national partners through visits to the project sites, meeting with beneficiaries and getting direct feedback on the progress and results of the programme. Such feedback mechanism is designed to improve the relevance and effectiveness of programme interventions.

The day-to-day technical and financial monitoring of the implementation of the programme has been a continuous process, and part of the implementing partner's responsibilities. To this aim, the programme established an internal, technical and financial monitoring system and elaborate regular progress reports (not less than annual) and final reports.

Reporting: Overall, the reporting mechanisms have adequately served the purposes of informing on progress, financial delivery and identifying challenges to be addressed. At the component/project level, the JP teams in UNDP and UNFPA provided detailed annual progress reports to the Japan Government as well as, in connection with the yearly meeting of the project board which will review the programme progress and will ensure effective coordination of the programme activities with all partners, and will provide strategic guidance to the programme.

The JP project document identified 8 key risks at the design stage, these didn't seem to have been monitored an updated regularly. An Atlas-generated risks report shows only sub-set of the risks identified



in the project document and are not up to date. It is important to re-iterate the critical role of risk identification and management in project management practices and to include risk in progress reporting.

4.6 Sustainability

Findings and conclusions

5. There are number of factors contributing to the sustainability of JP benefits, these include capacity development (training outcomes), new institutional and legal frameworks (GBV's SoPs), coherent partnerships, Government ownership and the fact that outcomes and outputs are firmly imbedded institutionally.
6. The JP is well-positioned to set the ground for replication and upscaling, the JP has leveraged a set of strong partnerships at all levels of intervention and can look at further synergies and financing opportunities as an additional way in which sustainability, upscaling and replication can be sought.
7. The JP sustainability challenges are mainly related to 1) Unclear resourcing framework of health supplies required to maintain HPV and cancer testing and control consulted with and agreed by the Ministry of Health, and 2) Despite the fact that the project has pro-actively developed data-base to enhance health monitoring, the future data management capabilities by the Ministry of Health to maintain the newly established databases for health have not been fully materialised yet, and these may affect the sustainability of effective implementation and particularly reporting on the health outcomes in the future, and 3) the future implementation of the CDP social infrastructure projects will be largely dependent on the availability of the external funding source which UN agencies are addressing through ongoing resources mobilisation.

A project's sustainability is understood to be the extent to which the net benefits of an intervention continue, or are likely to continue once an intervention has ended. In case of this JP, efforts and consequent results rely on the continued use of the promoted capacities, solutions and application of the support received by the JP stakeholders and beneficiaries.

Institutional & Governance: There were a number of existing and created institutions that the JP worked with. Such institutional frameworks are the backbone to not only for project success, but also for uptake, adoption and sustainability of project actions. In terms of introducing new institutional setups, the JP helped to establish a working group at the national level of the Ministry of Health to oversee the project activities, the working has helped very much so far in reducing bureaucracy and is expected to continue coordination. The Working group was formed from the key specialists in gynaecology, oncology and laboratory area, pilot regions' representatives, head of MCH department of Tashkent region and Chief Ob&Gyn of the Ministry of Health of the Republic of Uzbekistan actively participating in all meetings of Working group. Specialists of the Working group are in constant contact with WHO experts who provide technical expertise in different aspects of the screening and treatment. Also, key specialists developed training programme with the respective materials for gynaecologists, oncologists, GPs and nurses/midwives.

As a result of close collaboration between UNFPA and WHO, relevant technical documentation such as training materials, forms and instructions is reviewed by the international experts to ensure high quality and alignment with best practices. The team of specialists (ObGyns and Oncologist) regularly visited the polyclinics and provided support and mentorship to facilitate the diagnosing of cervical cancer/lesions in women.



On the GBV front, the newly introduced SOPs are instrumental element of the JP sustainability, and the capacity building activities implemented on these SOPs followed by an official adoption of SOPs are all significant factors of sustainability of the JP benefits. The JP launched the coordinated response mechanism to prevent and respond to the domestic violence. In this regard, the project worked with police, makhalla, MOH and shelters to strengthen their capacity and to improve cooperation among them to provide social, legal, health and protection services to women.

Stakeholder noted that the vision to address the gap in working with perpetrators in GBV processes and procedures is not defined yet, and special attention should be given to developing skills of government officials in identifying violence and the ability to distance themselves from their own gender views and beliefs to ensure a professional approach in corrective work with the aggressor.

Also, the effectiveness of appeals from victims of violence and / or third parties, directly affected by the level of trust in inter-sectoral group, rehabilitation centres and local NGOs depends on the efficiency and responsibility of all related service providers. It is important to ensure to have a formally signed consolidated/joint plan (Charter) clearly defining the roles and responsibilities of the players in the response chain. The joint charter should be strictly observed by all service providers.

Partnerships: In line with their general satisfaction with and appreciation for the piloted solutions and provided support, the JP's partners have been effectively engaged throughout the JP. The JP management has built a large body of support with both state and non-state actors. There is a degree of pride in the outcomes of the JP which suggests that it has effectively anticipated outputs and outcomes. This has largely been due to the "energy" of the JP to get various messages across to broad sections of government, institutions and civil society. This "energy" has ensured that every opportunity has been capitalised to the maximum. For example, awareness and importantly in utilising social media, etc., have all been innovative and carried out with such enthusiasm and motivation that it is hard to see the issues slipping down the agenda after the JP closes.

Capacity building is an important element of the JP sustainability. The JP invested heavily in capacity building, more than 15 training topics covered, and hundreds of people trained in total across all activities. There has been a high degree of investment at both national and local capacity building, not only individual capacity upgrading but also institutional capacity strengthening. This is potentially a contributing factor not only for effectiveness features but also for sustainability. Nonetheless, it is important to note that there still capacity gaps to implement health control and prevention measures and local economic development, and where institutional weaknesses to do the same are still enduring.

The capacity building activities helped to improve the understanding of the usefulness and value added of the promoted solutions in both health and business development domains and hence the prospects for their continued use of gained knowledge. For instance, the gained skills to screen cancer and use the newly introduced medical equipment are likely to continue growing as these equipment continued to be used, similarly, skills gained by entrepreneurs will likely pay off on the current and future business developments.

At the level of institutional capacity building, the JP also invested substantive resource in providing the knowledge and tools for maintaining the benefits, however, the TE is concerned about the fact that



databases for health and GBV have not been fully materialised yet, and these may affect the sustainability of effective implementation and particularly reporting on the health and GBV outcomes in the future.

Future resourcing: the future implementation of the CDP social infrastructure projects will be largely dependent on the availability of the external funding source which UN agencies are addressing through ongoing resources mobilisation..

It is understood and justified that the JP makes resources available for medical supplies to enable massive testing of ~50 thousand women in a very short period of time, however, there is clear risk that medical supplies could be a serious issue in some of the laboratories if no further resourcing in place after the JP funding ends.

The CDPs have been instrumental in defining development needs for rural communities, the JP produced [21] CDPs altogether based on extensive consultation with community leaders in rural areas. The JP has implemented a consultative prioritisation process to identify the top priority project to be funded by the JP, however the unfunded projects under the CDPs have no clear ownership and resourcing strategy.

Further Support and Incentives: The JP is well-positioned to set the ground for replication and upscaling, the JP has leveraged a set of strong partnerships at all levels of intervention and can look at further synergies and financing opportunities as an additional way in which sustainability, upscaling and replication can be sought. Interviewed stakeholders generally called for follow-up or additional support. Specifically, the stakeholders are seeking additional support for, among many other, geographical expansion of the JP services into additional districts in Karakalpakstan, more medical equipment and supplies, social infrastructure projects and empowering farmers to implement water conservation projects with sophisticated irrigations and crops management. These suggestions may offer a starting base for further consultation on needs and future projects.

For many stakeholders, sustainability is merely perceived to be that there would a follow up project and funding and they tend to understand that sustainability is further funding to continue work at the national and global level.

Beneficiaries' perception on sustainability: The overwhelming majority of the beneficiaries reported through the survey significant satisfaction that the JP benefits and outputs are going to continue beyond project ending date. Over **95%** of the survey respondents (n=892) have agreed that JP benefits are going to continue beyond the JP timeframe.

8. Recommendations

Based on the findings, and in line with some of the lessons learned outlined, this sub-section proposes some recommendations for actions prior project closure as well as recommendations for future programming and implementation.

1. Consider the following activities to drive a better structured approach for sustaining the final products and benefits of the JP.

An exit strategy is not to be confused with UNDP/UNFPA ongoing support, expansion, replication and scale up. The exit strategy concerns the sustainability of the outputs and outcomes of this particular JP to fosters



sustainability and mitigates risks of failure. The suggested activities involve a mix of enabling the environment for continuation of certain services (such as finalizing the data base), and transfer of ownership and responsibility for JP activities and outputs from the JP management team to concerned stakeholders, particularly Governments.

The JP to consider the following elements:

- A resourcing framework of health supplies required to maintain HPV and cancer testing and control consulted with and agreed by the Ministry of Health.
- A roadmap for implementing the recommendation raised in the assessment of National Cervical Cancer Screening Program in Uzbekistan by Dr. Philip Davies¹⁹.
- Promote ownership of the CDP and project estimation documents by local authorities backed by clear plan of operationalization and financing. This is not to say that CDPs have not been successfully implemented by the JP, but rather that they require a home after the JP's closure, and still need time to mature or, that their benefits are such that it is desirable to upscale them through other projects or existing government programmes.
- Define the roles and responsibilities for the after JP closure, specifically for monitoring the implementation of SMEs and social infrastructure projects by the Hakkimiate and cancer testing by the local ministry of health.
- Define the vision to address the gap in working with perpetrators in GBV processes and procedures and SOPs.
- Finalize the databases for health and GBV to enable effective reporting on the health and GBV outcomes in the future.
- Define the future (ongoing) role of the working group established at the Ministry of Health to continue overseeing the cancer control and prevention measures.

2. Strengthen the M&E System beyond the Output Level. It is recommended that the M&E systems of UNDP/UNFPA interventions include relevant indicators and targets related to all levels of the results chain (i.e. outputs, outcomes and impact). In particular, business development initiatives would benefit from the inclusion of outcome level indicators towards measuring the momentum at the market level or behavioural changes (e.g. the number of SMEs actively applying e-commerce and digitisation). Also, with regard to health impacts, indicators need to trends in cancer control and prevention, and targeted communities changing behaviours based awareness rather than number of people targeted in the campaign..

3. Investigate and negotiate the role of co-financing in the social infrastructure projects with Government counterparts to maximize the benefit, promote ownership and potentially operationalize more social infrastructure projects. The incremental cost approach could have been considered at the outset to ensure that funds do not substitute for existing development finance or Government budgeting but provide additional funding to trigger solutions of development issues and produce the anticipated benefits.

4. Develop future proposals for future directions underlining the main objectives of the JP

The JP has been successful in what it has achieved. However, there is still considerable needs to continue addressing the human, environmental, socio-economic and demographic consequences of

¹⁹ Recommendations for Implementing a National Cervical Cancer Screening Program in Uzbekistan, Dr Philip Davies, May 2022.



the drying of Aral Sea. The stakeholders engaged in this evaluation suggested valid ideas that could be a starting point for a follow up projects, these include:

- Build Business Innovation Initiatives
- Further advance the work on GBV SOPs and set up the manual on working with aggressors. (1) There is a big gap in the national system, working on the legal act on gender violence. (2) It is necessary to regularly conduct and update training on SOPs (3) A unified database on the issue should be organized
- Water conservation, irrigations technologies and crops management were strongly recommended stakeholders as an area of needed support.
- Funding of business innovation pilots is essential for the testing of new products/services, models and approaches as upfront costs during the start period are generally high. The JP delivered a good start on introducing e-commercial and digital solutions to the business, however, innovations also take time and resources to scale up. Since scale is important for demonstrating the business case to both private sector actors and final beneficiaries, UNDP interventions could also consider providing longer and more dedicated assistance to certain SMEs for full implementation of digital and e-commerce solutions. Also, there is a strong opportunity for south south cooperation to demonstrate real cases studies from Tajikistan and Kazakhstan for implementing the Japan model, e-commerce and digitalization.

5. Conduct the final evaluation for such programme a few months before the closing date.

The main objective of a final evaluation is to measure the development results and potential impacts generated by the Joint Programme (JP) and compare these results against the expected outcomes set at the outset of the JP. As stated in the guidelines, a final evaluation is summative in nature. However, the final review often identifies few weak points that could be mitigated/addressed if there would be a few more months between the end of the evaluation process and the closure of the programme. It would allow the programme implementation team to review these recommendations and possibly address them. It is often the case with recommendations for disseminating programme results and also specific points such as, for instance, the first recommendation in this report, which could easily be addressed if there was enough time and resources available.

9. Lessons learned

- 1. Adaptive management approach coupled with flexibility can be the solution:** The JP, like all other projects, has been hit by COVID which has had an indelible impact on effectiveness and has been and will continue to be throughout the immediate future a hindering factor in obtaining achievements. The project's management has been adaptive and able to demonstrate flexibility in making changes if, and when, necessary to do so in order to keep the project up to date and keep it capable of producing the desired outputs as envisaged originally. This included, changes to the scope of work to accommodate emerging COVID responses. This kind of quick and immediate change to the scope of work required high degree of flexibility from all involved parties including from the funding agency (i.e the Government of Japan).



- 2. Sustainability of project outputs and benefits starts from the design stage:** This evaluation discusses number of sustainability issues, and the evaluation demonstrate how instrumental sustainability can be towards achieving the broader goals of a project. Indeed, we cannot afford waiting until after activities are implemented to consider sustainability, it is important to learn that planning for a sustainable outcome starts from the early beginning of the design stage of a project. A good project design that answers the question of “what next?” and “so what?”. Response to these questions will shape a good understanding of sustainability strategy.
- 3. Local presence of project management team on the ground makes a big difference:** The provision of continuous support from a project management team at the local level including also competent and trusted local consultants is essential for understanding the local context as well as for creating and maintaining relationships, especially with local counterparts. It is evident in this JP that the decentralised presence of the project team in Nukus played a vital role in building strong relationship with stakeholders and facilitated day to day management and engagement.
- 4. Business innovations require time and resources** to pilot and scale up and should hence be allowed sufficient implementation periods and support in order to promote results and ensure sustainability. The JP delivered a good start on introducing e-commercial and digital solutions to the business, however, innovations also take time and resources to scale up. Since scale is important for demonstrating the business case to both private sector actors and final beneficiaries, UNDP interventions could also consider providing longer and more dedicated assistance to certain SMEs for full implementation of digital and e-commerce solutions. Also, there is a strong opportunity for south-south cooperation to demonstrate real cases studies from Tajikistan and Kazakhstan for implementing the Japan model, e-commerce and digitalization.



Appendixes

Appendix 1: Evaluation Terms of Reference (TOR)

Provided separately

Appendix 2: Detailed results framework of the project

Project results framework included in the ToR

Appendix 3 –Evaluation matrix

Provided separately

Appendix 4– List of funded projects by the JP

List of supported SMEs

№	Project type	Status
Chimbay district		
1	Cold room storage for vegetables and fruit	Active
2	Production of cookies	Active
3	Bee farming	Active
4	Bee farming	Active
5	Bee farming	Active
6	Bakery	Active
7	Production of feed pellets	Active
8	Film and tunnel stacker for agriculture	Active
9	Bakery	Inactive, due to family reasons
10	Wool processing workshop	At the stage of equipment delivery
Karauzyak district		
11	Production of feed pellets	Active
12	Coldroom storage for vegetables and fruit	Active
13	Laser engraving workshop	Active



14	Bakery	Active
15	Bee farming	Active
16	Poultry farming (incubator)	Active
17	Production of socks	Active
18	Bee farming	Active
19	Flour mill production workshop	Active
20	Poultry farming (incubator)	Active
21	Poultry farming (incubator)	Active
22	Bee farming	Active
Bozatau district		
23	Production of kozinaki, halva and other sweets	Active
24	Production of reed mat	Active
25	Milk processing workshop	Active
26	Coldroom storage for vegetables and fruit	Active
27	Production of furniture	Active
28	Tekstile production	Active
29	Packaging of agriculture products	Active
30	Bee farming	Active
31	Bee farming	Active
32	Bee farming	Active
33	Bee farming	Active
34	Production of decorative panels 'Tunicafon'	At the stage of equipment delivery

List of supported social infrastructure projects

#	Name of the project	Location	Fulfilled in	Status
1	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Saransha" community, VCC "Erkindarya", Bozatau district	2020	Active
2	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Kalenaul" community, VCC "Kuskanatau", Bozatau district	2020	Active
3	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Khalmurat tore" community, VCC	2020	Active



		"Kizil ozek", Chimbay district		
4	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Taq jap" community, VCC "Taq jap", Chimbay district	2020	Active
5	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Akpolat" community, VCC "Esimozek", Karauzak district	2020	Active
6	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Qaramoyin" community, VCC "Madeniyat", Karauzak district	2020	Active
7	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Turkmen aul" community, VCC "Kutlimakan", Karauzak district	2020	Active
8	Construction of the water supply network (1.3 km)	"Orjap" community, VCC "Orjap", Chimbay district	2020	Active
9	Reconstruction of the medical facility building	"Aspantay" community, VCC "Aspantay", Bozatau district	2020	Active
10	Reconstruction works at school No. 7	"Bayterek" community, VCC "Erkindarya", Bozatau district	2021	Active
11	Reconstruction of water desilination station, Reverse Osmosis equipment installation with a capacity of 8 m3 and construction of the water supply network (5 km)	"Koshkar-jykkkan" community, VCC "May-jap", Chimbay district	2021	Active
12	Installation of water purification equipment (Reverse osmosis)	"Dobal" community. Bozatau district	2021	Active
13	Construction of the water supply network (11 km)	"Zhanamakan" community, VCC "Bakhitli", Chimbay district	2021	Active
14	Reconstruction of water desilination station, Reverse Osmosis equipment installation	"Ageden" community, VCC	2021	Active



	with a capacity of 8 m3 and construction of the water supply network (7 km)	"Erkindarya", Bozatau district		
15	Reconstruction of water desilination station and construction of the water supply network (9 km)	"Korimli" community, VCC "Karauzak", Karauzak district	2021	Active
16	Reconstruction of water desilination station, Reverse Osmosis equipment installation with a capacity of 8 m3 and construction of the water supply network (5 km)	"Utegen aul" community, VCC "Madeniyat", Karauzak district	2021	Active
17	Construction of the water supply network (2.2 km)	"Gujimli" community, VCC "Gujimli", Chimbay district	2022	Active

List of supported CDPs

#	District	Community	Year of Development
1	Bozatau	"Saransha" community, VCC "Erkindarya"	2020
2	Bozatau	"Bozatau" community, VCC "Erkindarya"	2020
3	Bozatau	VCC "Kuskanatau"	2020
4	Bozatau	"Aspantay" community, VCC "Aspantay"	2021
5	Bozatau	VCC "Koksu"	2021
6	Bozatau	"Bozatau" community, VCC "Bozatau"	2021
7	Chimbay	VCC "Kizilozek"	2020
8	Chimbay	VCC "Mayjap"	2020
9	Chimbay	VCC "Takjap"	2020



10	Chimbay	VCC "Kenes"	2021
11	Chimbay	VCC "Gujimli"	2021
12	Chimbay	VCC "Bakhitli"	2021
13	Karauzak	VCC "Esimozek"	2020
14	Karauzak	VCC "Madeniyat"	2020
15	Karauzak	VCC "Kutli makan"	2020
16	Karauzak	VCC "A.Dosnazarov"	2021
17	Karauzak	VCC "Koybak"	2021
18	Karauzak	VCC "Berdakh"	2021
19	Karauzak	VCC "Sabir Kamalov"	2021
20	Karauzak	VCC "Karauzak"	2021
21	Karauzak	VCC "Kuralpa"	2021

List of supported document estimations

#	Name of the project	Location	Fulfilled in	Status
1	Construction of the water supply network (1.3 km)	"Orjap" community, VCC "Orjap", Chimbay district	2020	Active
2	Reconstruction of the medical facility building	"Aspantay" community, VCC "Aspantay", Bozatau district	2020	Active
3	Reconstruction works at school No. 7	"Bayterek" community, VCC "Erkindarya", Bozatau district	2021	Active
4	Reconstruction of water desilination station, Reverse Osmosis equipment installation with a capacity of 8 m3 and	"Koshkar-jykkar" community, VCC "May-jap", Chimbay district	2021	Active



	construction of the water supply network (5 km)			
5	Installation of water purification equipment (Reverse osmosis)	"Dobal" community, Bozatau district	2021	Active
6	Construction of the water supply network (11 km)	"Zhanamakan" community, VCC "Bakhitli", Chimbay district	2021	Active
7	Reconstruction of water desilination station, Reverse Osmosis equipment installation with a capacity of 8 m3 and construction of the water supply network (7 km)	"Ageden" community, VCC "Erkindarya", Bozatau district	2021	Active
8	Reconstruction of water desilination station and construction of the water supply network (9 km)	"Korimli" community, VCC "Karauzak", Karauzak district	2021	Active
9	Reconstruction of water desilination station, Reverse Osmosis equipment installation with a capacity of 8 m3 and construction of the water supply network (5 km)	"Utegen aul" community, VCC "Madeniyat", Karauzak district	2021	Active
	Construction of the water supply network (2.2 km)	"Gujimli" community, VCC "Gujimli", Chimbay district	2022	Active
10	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Saransha" community, VCC "Erkindarya", Bozatau district	2020	Active
11	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Kalenuul" community, VCC "Kuskanatau", Bozatau district	2020	Active
12	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Khalmurat tore" community, VCC "Kizil ozek", Chimbay district	2020	Active
13	Electricity supply to the local population. Installation of an	"Taq jap" community, VCC "Taq jap", Chimbay district	2020	Active



	electric transformer with a capacity of 250 KVA			
14	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Akpolat" community, VCC "Esimozek", Karauzak district	2020	Active
15	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Qaramoyin" community, VCC "Madeniyat", Karauzak district	2020	Active
16	Electricity supply to the local population. Installation of an electric transformer with a capacity of 250 KVA	"Turkmen aul" community, VCC "Kutlimakan", Karauzak district	2020	Active

Appendix 5 list of stakeholders interviewed for this evaluation

Project Team:

Alisher Utemisov- Joint Programme Manager (UNDP)
 Sultanbek Baymurotov - Team Leader on Community Resilience building (UNDP)
 Nargiza Fuzailova - Programme Analyst Reproductive Health (UNFPA)
 Eleonora Fayzullaeva - Individual consultant (UNFPA)
 Ditora Ganieva – National Programme Analyst on Gender Issues (UNFPA).
 Nadejda Loginova – National Programme Associate on Management and Coordination (UNFPA)
 Murat Mustapaev - Team Leader on Income Generation
 Nabira Djemutova - Specialist on youth and women empowerment
 Berdibek Nagmetov - Team Leader on Social Services and M&E
 Bakhadur Paluaniyazov - Head of Environment and Climate Action Cluster, UNDP Uzbekistan

Main Stakeholders:

Bayram Kutlimurotov - Head of department in KK Branch of CCI
 Uzakbergen Utambetov - Khokim of Karauzyak district
 Bakhtijan Khabibullaev-Deputy Chairman of Council of Ministers of the Republic of Karakalpakstan
 Nurbek Boranbaev - Chief Specialist at Farmers council
 Inoyatova Nodira Miranvarovna - National trainer, obstetrician, and gynecologist
 Maria Fayzrakhmanova - Head of Laboratory RSNPMC A&G
 Zakhirova Nargiza- Republican Center of Oncology and Radiology, Head of the Department of Oncogynecology
 Aybek Tajetdinov - Khokim of Chimbay district
 Arslan Uteuliev - Deputy Khokim on Investment and foreign trade
 Elzaxhan Ibragimova Chief Specialist of the Committee Family and Women of Karakalpakstan
 Gender equality issues
 Amanova Roza – Psychologist in the Nukus Rehabilitation Center
 Meruert Sultanmurotova - Chief gynecologist of Nukus, regional project coordinator
 Sarbinaz Abdurashitova-Obstetrician-gynecologist of Khojeli district Multidisciplinary polyclinic
 Dildora Amirkulova – Gender specialist



Marat Kurbaniyazov - Head of Department. Ministry of Agriculture of Karakalpakstan / Regional departments of agriculture

Murat Ismailov - Minister of Health of Karakalpakstan

Akmal Askarov - Deputy Minister of Health of Karakalpakstan

Mishenova Roza - Chief Nurse of the Healthcare Ministry of Karakalpakstan/Head of Nurses Association of Karakalpakstan. Community Health Volunteers Coordinator

Ruslan Turmanov - National Consultant on CDP development

Donor:

Tae Takita-Sato - First Secretary of Embassy of Japan in Uzbekistan

Nishikawa Naoko- Project Coordinator in Uzbekistan-Japan Center



Appendix 6: Evaluation Consultant Code of Conduct Agreement Form

Evaluation Consultant Agreement Form²⁰

Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: Mohammad Alatoom

Name of Consultancy Organization (where relevant): N/A

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed on *April, 2022*.

Signature: _____

²⁰www.unevaluation.org/unegcodeofconduct